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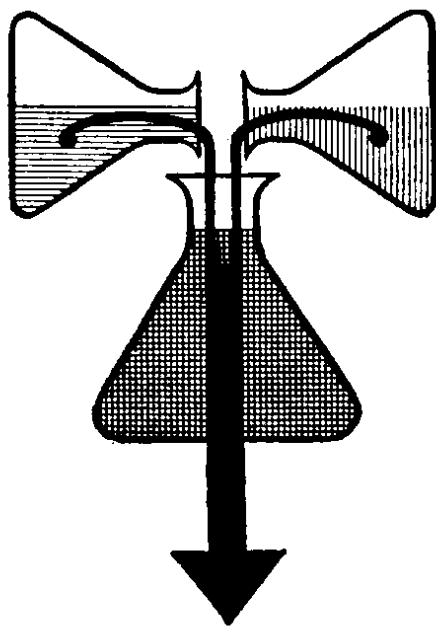
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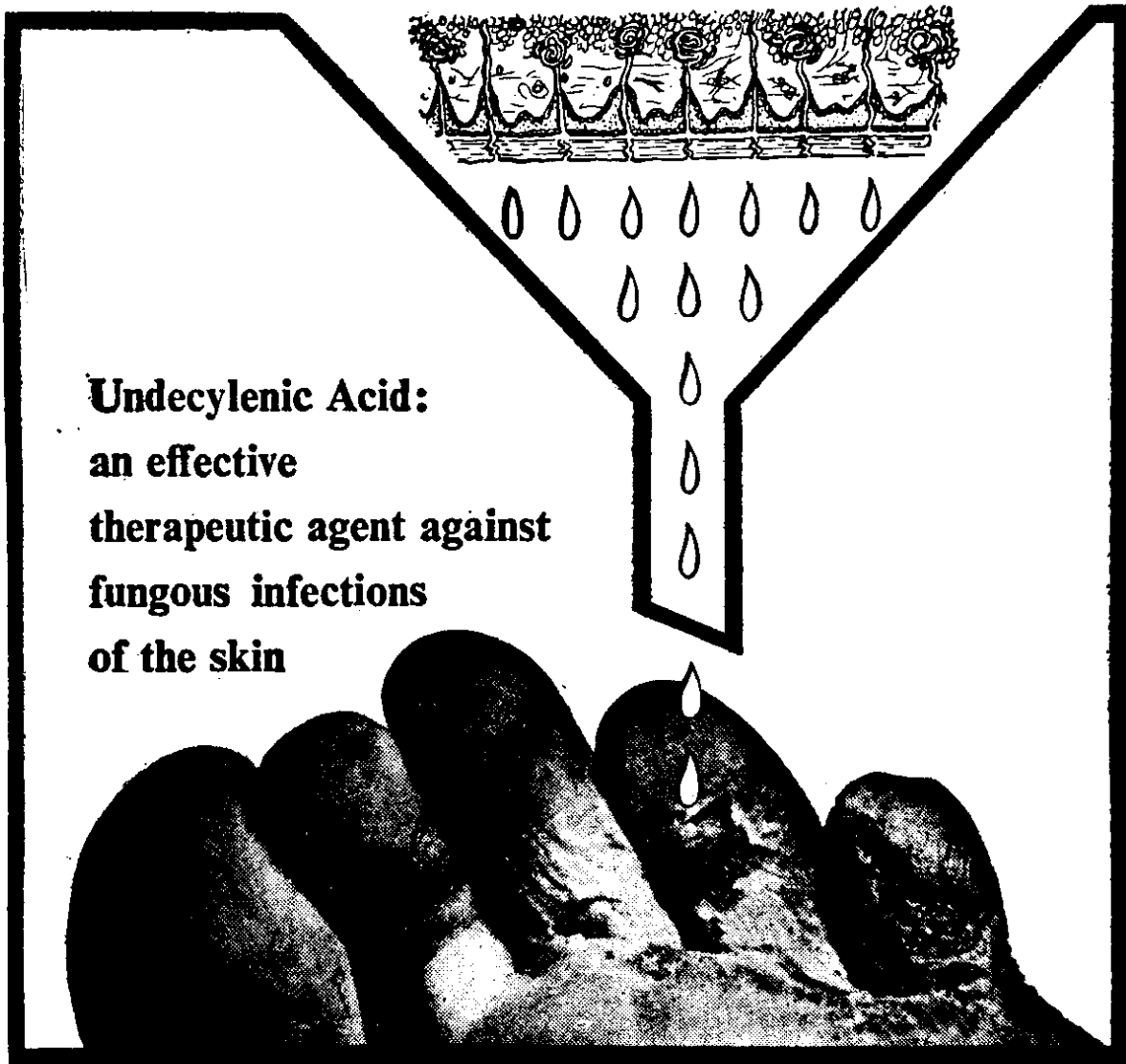
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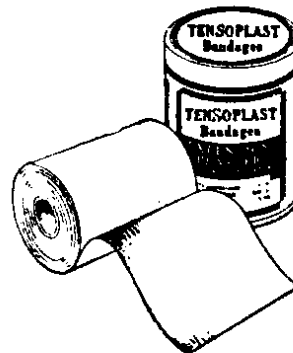
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MAY 1954

JOURNAL OF THE MEDICAL SOCIETY OF HONG KONG UNIVERSITY

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ELIXIR

JOURNAL OF THE HONGKONG UNIVERSITY MEDICAL SOCIETY

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The Editors wish to acknowledge the enthusiastic and skilful co-operation of Mr. William Little of the Advertising and Publicity Bureau, who has made it his business to see that this issue of Elixir should be as good as he could make it.

EDITORIAL

IN THIS ISSUE of ELIXIR, the third since the journal's inception in 1950, we have tried to include not only items of general interest, but also one or two articles dealing with controversial problems. These latter we present, not because it is supposed that they offer any final answer to the difficult questions with which they deal, but in the hope that they will stimulate thought and discussion.

There will always be some topical controversy or attitude or proposal affecting the special interests of the medical student, and it is right that the journal of the Medical Society should be a means whereby thoughtful and informed comment on current faculty affairs may be made public.

But comment invites reply, and a journal which appears only once a year (or once in three years) gives no opportunity for reply, because in the course of a year (or three years) what has been said is forgotten. Furthermore, events are rapid, years are long, and a publication which appears only once a year cannot hope to be accepted as a normal instrument of opinion.

For these reasons we consider that there are good grounds for publishing ELIXIR once in each term. Not in so fat and fair a form as heretofore; but less more often.

It may be argued that if it has proved impossible to sustain even an annual appearance, then it is unrealistic to hope for three issues a year. But is this really so?

As things stand, once a year, somebody looks at the calendar and says: "Lord! March already!"

In two months, ELIXIR has to be out, and, like as not, an examination has to be passed. A panic period sets in. Notices are issued imploring contributions, unwilling advertisers are coerced into buying half a page With the Compliments of, and if all goes well, an ill-considered hotch-potch makes its appearance something after the due date.

If ELIXIR were established as an accepted and frequent feature of the student year, a production routine would rapidly develop. There would no longer be any question of a sudden and concentrated effort in the way of collection of material or arrangements for publication, but there would instead be a continuing, steady and entirely manageable effort towards which any undergraduate could contribute without prejudice to the claims of learning. There would be no dead-line for contributors. An acceptable item would appear in the next issue after its receipt, or perhaps the one after that. The editors could do their job by giving an hour three times a week, and the man is yet to be born who has not an hour to spare three times a week.

We hope that ELIXIR will appear again at Christmas, and the time to start writing for it is now — at your leisure.

Doctors or Technicians?

ON ANOTHER PAGE are some lines on the Profession of Physic written for us by Edmund Blunden, and in them the poet draws the character of a doctor, and sees him as a wise man; a man of high purpose; a man who develops a "kind philosophy".

In these day when penicillin can do, and do more rapidly and certainly, tasks that in earlier years demanded consecrated skill and care at the bed side, there is a danger that the medical man will lose his traditional relationship to the patient; a relationship in which he stood as a sharer of the burden of sickness; and that he will become instead merely an agent to order technical investigations, and to authorise the dispensation of remedies designed and produced in the laboratory. Pneumonia can be treated over the telephone.

What was once an art is becoming increasingly a science. Where diagnosis was once a matter of relating the knowledge gained from a sensitive relationship between physician and patient to the physician's own experience, it is now more often a question of subjecting the results of specific investigations to an objective analysis. The doctor becomes ever more occupied with things outside the ward, and the patient, the person sick, something like fodder for an elaborate and efficient machine.

And yet the need of the sick for comfort and courage has not changed.

WHAT MAKES A DOCTOR?

Certainly now a doctor must be something of a scientist, but to take his proper place as a healer of the sick (and not just a mender of damaged cells) he must also be a philosopher. A man of sympathy and human understanding.

In the past, since treatment and diagnosis necessarily meant close personal contact between doctor and patient, this human understanding grew in the practitioner almost as a matter of course. Now it is not so. A man nowadays may pursue a successful career in medicine by understanding tissues, even though he be ignorant of men. Some will find the old attitude because it is in their nature. Others will not, because the necessity is never put upon them.

It seems, therefore, that the training of a doctor should include lessons in the understanding of people; for should a man go out into practice without this art, the glittering magic of the syringe may blind him for ever.

How far does a medical training in this University produce a good doctor?

CHANGED ATTITUDES

Before the war the University was a lively place. Then, as now, medical students formed the majority of undergraduates, but in those days the medical students were the merriest and the most enterprising.

There was an enthusiasm for sports not seen since the war. There was an active social life. Dances were packed. Staff and students met one another on equal terms, and a sympathy existed between them.

The present-day students are half-alive compared with their predecessors. They bury themselves in text-books and seem to have no thought or interest beyond the next examination.

Societies exist, and sports are organised, but in order to secure the smallest support for these things a few, rare enthusiasts must needs go round on bended knee, imploring interest. Players are scanty; spectators almost unknown. The lack of feeling over Union elections is heartbreaking, yet students here are the presumed source of tomorrow's leaders in the colony.

Before the war the Hong Kong graduate had a reputation both here and in Malaya as a man who thought for himself.

FEAR OF FAILURE

In the post-war period, failures in examinations have been commoner, and the penalties of failure more severe.

Money is tighter, and for the majority of undergraduates it is important that the university course should be completed in the shortest possible time. In our own Faculty, failure holds a greater threat than cash loss. Classes are large, and because of this, those who cannot pass pre-clinical examinations with some promptitude are asked to discontinue their studies to make way for others coming on. Second M.B. assumes the status of a hangman's noose.

In addition changes take place with bewildering rapidity in Faculty regulations governing survival; or at least, in the fashion in which such regulations are applied. A student never knows just where he stands, except that failure is a very dangerous thing.

LANGUAGE DIFFICULTY

Before the war, two thirds of all students were from overseas. That is to say, they came from places where English is the common tongue. They learned it in childhood and used it in the daily round. English was a language of the hostels. Many students not only spoke and wrote, but thought in English.

Today the majority of students are natives of Hong Kong. They have learnt their English not at home, but at school. They use English in the lecture room, but Cantonese in the corridors. They think in Cantonese.

The result is a real difficulty in following courses. Half of a class is unable to take intelligible lecture notes; and the wisdom of the teacher is copied wearily at second-hand some time afterwards from the notes of less handicapped class-mates.

Technical texts, often far from perfect in their own clarity of expression, are read slowly and laboriously. A free approach to the staff is inhibited by reluctance to launch into conversation in an uneasy tongue.

CONSEQUENCES

At present students enter upon courses with little idea of how to tackle the task before them, or indeed, of what that task is.

They know that casualties are high, and are discouraged by the experience of the first few classes in which difficulties of language appear as difficulties of the subject.

An almost religious attitude colours approach to the body of knowledge. Authors, lecturers and would-be mentors are regarded more as priests and prophets who gain their knowledge from tablets found on mountain tops, or by a divine insight not granted to the ordinary mind.

The prospect of ever coming to any reasonable terms with such mysterious and elevated affairs seems slim indeed. Students therefore lack confidence, fear examinations, and react to what appear as the Labours of Hercules by a hard and devoted, but scarcely profitable attempt to absorb from massive texts a huge armamentarium of sterile facts. Thought lies sleeping.

Even those best able to cope with their work share a general preoccupation with the terrors of the next examination; and so grim is the battle with learning that little energy or enthusiasm remain for any efforts in other directions. It is even imagined that this sort of narrow-mindedness is demanded by authority, and students will refuse to attend a University dance upon the excuse that they would be seen by their professors, and that such a sign of flightiness would be gravely recorded to their discredit.

The only relaxation undertaken is passive. Time can be taken off to watch a film, or to listen to a jam-session, but no strength can be found to act a play or try painting a picture.

The wider life is ignored in favour of the single task, so that now, when leaders of broad understanding are most needed, undergraduates are neglecting the pursuit of wisdom, and crucifying themselves upon the cross of subjects; without, it is to be feared, much hope of a second coming.

REMEDIES

One of the great things about going to a university is that during the undergraduate years a student has opportunity to interest himself in the qualities and the attitudes of the many different sorts of people with whom he lives and works. He has a chance to find amongst his fellow students those who have similar interests to his own, or interests of which he has perhaps never before been aware, and he can join with others in all manner of endeavours and activities from political argument to ping-pong.

He can do all this with an ease, and to an extent, that will never again be possible once he is out in the wage-earning world; and if he misses the chance, he will be missing the best the university has to offer.

The chance is largely being missed in this University today for reasons already discussed. What is to be done about it?

It is not suggested that a student should neglect his work, or be careless as to examination results. Indeed, honest effort is necessary in coping with a university course; but there are twenty-four hours in a day, and the healthy balance is one between hard work and hard play. It is the present unhealthy, unbalance, and often ineffectual attitude towards work which must be altered.

It is difficult to see how the standard of English in Hong Kong school-leavers can be much improved, for in learning a language, even the best schooling is no substitute for practice in everyday life. In the University, however, something might be done.

It is worth considering the possibility of making it a rule that nothing but English is spoken within the confines of the University. Would the true purpose and value of such a move be appreciated, or would it be interpreted as an example of arrogant imperialism? Certain it is that if the habit were established, six months residence would so improve the fluency of any new student that language would no longer be a problem.

Large classes mean that it is impossible for teachers to discover and discuss the intellectual difficulties of individual undergraduates, and the differences between learning at school and learning at a university are so profound that most of those who make the change require some help and guidance during the period of transition. Any number can be crowded into a room to hear a lecture, and large numbers can be jammed into a laboratory in order to perform a set exercise, but there is no substitute for personal contact and discussion between student and teacher, for in some degree each student's difficulties and needs are unique.

There is a good case for reducing the size of classes, or increasing the number of experienced teachers; whichever course be the most expedient. It is better to deal well with a smaller number than to make shift with an impressive crowd.

The disturbing effect upon students of frequent changes in the application of regulations should be recognised. It is a sound principle to publish new procedures well before the date that they go into effect, and ideally no new ruling on academic matters should effect any student already embarked upon a course of studies.

Here, then, are three ways in which the academic atmosphere might be improved. If students can thus gain a greater confidence in their approach to learning, they will achieve far more, and with less labour. Their minds and their spirits will be freed, and the natural result will be a revival of the broad and satisfying life known here before the war.

Support for this belief is given by one small Faculty whose students do, apparently, know where they are going; and who are, as a consequence, outstandingly the liveliest and most enterprising of all.

DOCTORS OR TECHNICIANS?

No complaint can be laid against the quality of the teaching in the Medical Faculty, and opinion abroad fosters our conceit that the Hong Kong medical graduate is, professionally speaking, the equal of any, but is he a Good Physician?

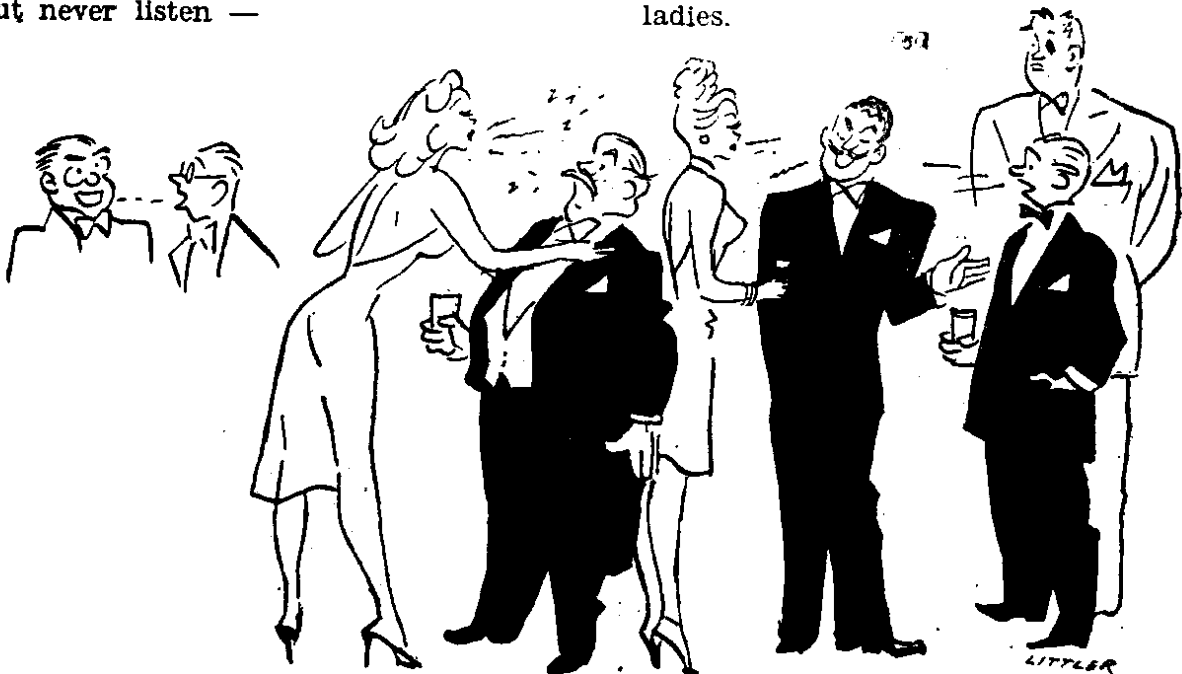
Any medical student of some years standing can name teachers in the Faculty who not only dictate and demonstrate modern knowledge, but who try constantly to point the true meaning of the medical life. Yet a doctor, to deserve the title, must be a whole man, and that is an end not to be reached within the margins of a professional school, however great the teachers

Only if university life as a whole sets the seeds of wisdom and understanding can we be confident that our Faculty breeds doctors.

We take it that the term implies not only a skill in physic, but also the possession of a "kind philosophy".

The difficulty at these affairs,
 These jolly affairs,
 These merry alcoholic conversaziones,
 These arty tarty parties,
 Where all the nicer, brighter people meet
 And talk and talk and talk
 But never listen —

The difficulty is
 To distinguish
 Between the ladies who are not quite gentlemen
 And the gentlemen who are not quite ladies.



Non-Registrable Practitioners and Local Graduates

A QUESTION OF EMPLOYMENT

A CONSIDERABLE AMOUNT of interest, and indeed feeling, exists concerning the employment by the Hong Kong Medical Department of doctors (largely from the interior of China) who do not possess a registrable qualification.

The question is becoming one of increasing concern in view of two main factors. In the first place the University, since 1952, has been providing a regular flow of some forty medical graduates a year; and in the second place the general public has increasingly tended to seek treatment at Government clinics rather than from private practitioners. There are more of these clinics; money is tighter; and public confidence in the Government medical services is growing.

For these reasons the chances of a new graduate being able to establish a successful private practice are diminishing, and it is likely that more and more of them will seek employment with the Government.

Many feel, therefore, that the doctors with unregistrable qualifications at present employed by the Government are filling positions which should properly be open to local men.

In view of the importance of the problem we felt that it would be worthwhile to present statements from four persons well qualified to express an opinion in the matter.

These we print below without further comment, except to query the somewhat surprising view expressed by the Director of Medical Services that it can be no part of his Department's function to improve the general standard of medical practice in the colony by providing opportunity for post-graduate experience.

THE DIRECTOR OF MEDICAL AND HEALTH SERVICES, HONG KONG GOVERNMENT

I have been requested by the Editor to make a statement regarding the prospects of employment of Hong Kong University medical graduates by the Medical Department. I understand that the first big batch of post war graduates will by July 1st. have completed their pre-registration hospital experience and will go into private practice, or seek employment in Government Service or take up higher post graduate studies. My advice to these graduates is to think carefully about their future career and make up their minds definitely as to which of the three courses they intend to take.

The Medical Department is in need of doctors who intend to make their work in the department their life career. It is a big department with plenty of interesting and useful work for the young graduate both in the health and clinical fields. If the recommendation of the Salaries Commission is accepted by Government, local graduates after obtaining their year of pre-registration hospital experience will be able to enter direct into the Medical Officer scale.

During the post war years when the Department was faced with urgent health problems due to the aftermath of the war, and the resignation of doctors from the Government service for private practice during the post war boom, the Department was forced to employ medical graduates with non registrable qualifications from Chinese universities. Without these officers it would not be possible for the Government Medical and Health Services which have been expanding due to the huge influx of refugees from the mainland, to continue at the level and degree of efficiency considered necessary in the Colony. These officers are of a wide range of qualification, experience and competency. Contract terms are being given to those of undoubted skill and experience, but those who are not considered to be of the same quality are still on temporary appointment.

It will be realised that it would be difficult for the Department to carry on its work efficiently and competently if it has to continually train batches of young inexperienced graduates who leave the service after they have gained the necessary experience. Thus it is reluctant to engage men and women who only intend to serve a few years to obtain further experience, make contacts and then resign to enter private practice. It is, however, very willing to employ any local graduate who wishes to make a permanent career in the service.

THE PRESIDENT OF THE HONG KONG UNIVERSITY ALUMNI ASSOCIATION

This is a most touchy subject. On broad principles one cannot help but look after the interests of our Alma Mater, for its products should hold our immediate attention. Young medical graduates will be pouring out at an average rate of about forty a year. It is reasonable to conclude that the local graduates should be given first preference in Government service. At the same time we have to bear in mind the debt we owe to the overseas members of our profession who played no small part during these post-war years in raising and maintaining the general health of the public at large. It is not right to dispense with them now that Hong Kong University graduates are available. This is no easy problem, but one that requires a careful study of the situation and the material at hand. It is my fervent hope that a happy medium be worked out to cope with the demands of the situation.

THE PRESIDENT OF THE CHINESE MEDICAL ASSOCIATION

My personal leanings should not surprise anyone, once it is realized that I am a graduate of the University of Hong Kong. I consider it a duty of the senior members of the profession who have read medicine at our University to look after the interests of the younger generation. Some of us have time and again voiced our opinion in the right quarters that the local graduates should be given priority in Government appointments.

I contend that every facility should be given the local medical graduate to advance in his profession; so that he may take his rightful place, not only as a healer of the sick, but also as a useful citizen to the community. He must enjoy both security and opportunity.

I gather that plans are afoot to make all this possible, and I am positive that the outcome will satisfy all concerned.

THE DEAN OF THE FACULTY OF MEDICINE, HONG KONG UNIVERSITY

The future of the post-war medical graduates of Hong Kong University is a problem which is of interest not only to the graduates themselves but to the University and the Government as well as to the population at large.

At present there are several possibilities which offer themselves to a graduate who is about to finish the year of resident hospital experience which is now a compulsory requirement before permanent registration as a medical practitioner can be obtained. A graduate may elect to go straight into private practice, or he may decide to seek further hospital appointments with a view to specialising in a certain branch of medicine, or he may make up his mind to enter Government Service or some other form of institutional service such as the Tung Wah Group of hospitals. There is also the type of graduate who wishes to do further post-graduate hospital appointments, not necessarily with the idea of specialising, but rather in order to fit himself in an all round fashion for general practice or for other types of medical work. Finally there are a certain number of openings for graduates who wish to take up teaching in pre-clinical as well as clinical subjects. A steady demand exists for men and women who are interested in the teaching of anatomy and physiology, pathology and bacteriology, as well as the main clinical subjects and their related specialties.

The law of supply and demand must operate in medicine as in everything else, but it cannot yet, by any means, be claimed that Hong Kong is saturated with doctors. There are fewer than 500

names on the Register of Medical and Surgical Practitioners in Hong Kong, which gives less than 1 qualified medical man to every 5000 of the population. It is true that there are many doctors working in Government Service to-day who are not registrable in Hong Kong. Not a few of these doctors have proved their worth and have been given contracts by the Government in view of the fact that they have rendered good service at a time when it was much needed. There are others, who are on temporary terms of service, who will no doubt make way for suitable Hong Kong University graduates when they become available.

There is no doubt that a big demand exists for more hospital posts to satisfy the needs of those who wish to do further post-graduate training. All of the house officer posts are at present taken up by graduates doing their compulsory year of internship, and this situation will remain until either the output of graduates diminishes or the number of hospital posts increases. At present the only posts available for graduates wishing to do more than the compulsory year of residency in hospital are the Clinical Assistantships offered by the University. It is hoped that Government may later on be able to establish some senior house officer posts to bridge the gap between the first year resident posts and the fully fledged Medical Officer posts.

In conclusion I should like to voice the belief that, given the necessary spirit of determination, our graduates will succeed in finding the particular sphere of work in which their qualities may be utilised to the full.

"Work needed for a man who lost his job. He graduated from senior school in Peking and is willing to take up any work even as houseman. No English."

Small Ad., Sunday Examiner,
April 16th., 1954

GOVERNMENT MEDICAL DEPARTMENT NOT INTERESTED?

Cardio - Audiometry

A New Science

OUR BELOVED DEPARTMENT of physiology let its hair down and went to town on December the fifth. Much overworked, the serious minded pedagogues sought escape from their labours by machinating a deliberate and pre-meditated hoax in the very heart of our tranquil campus.

A solitary notice posted in the Department attracted the juniors—the more innocent and gullible members of our fold. A clinical demonstration by an eminent visitor, Professor Braun-Tigerstedt of the University of Baden-burg, a specialist in Cardio-audiometry, became the talk of the morning. At nine-thirty a.m., the usually clamorous second and third year medicos, veiled in a mantle of expectation, thronged the chemistry lecture theatre. The presence of distinguished members of other faculties precipitated a grave atmosphere of hushed silence.

Shortly after ten a.m., Professor Kilborn appeared on the flower-decked platform to deliver an introductory talk. Professor B.T., he said, was a distinguished scientist whose name ranked with those of Sir Stamford Oxenham, Lord Mount St. Clair and Dr. John Smithers, and whose revolutionary discoveries could be found in the *Journal of Cardio-Audiometry* (which, incidentally, costs £48.0.6. per annum). To the delight of the conscientious listeners, he began to quote extracts from professor B.T.'s epoch making' articles. Paper rustled, note-books opened, and the audience began to scribble

vigorously hurried notes. But their zest soon turned into consternation when the lecture became a challenge to vocabulary and spelling. The stoutest hearts crumpled, and the most accomplished exponents of short-hand gaped in perplexity in the face of words such as aminocholinprotoadrenosterolesterase.

Now, however, the more enlightened scholars found their despair changing magically into joy, for a series of outrageous statements left no doubt as to what sort of thing lay ahead.

".....the activity of the Purkinje fibres is initiated by a co-enzyme Q; a peculiar compound containing..... ytterbium, zirconium, and highly reactive xenon Piezoelectric measurements, combined with paper spectrophoresis, microencephalography and astrophysiognomy, have indicated that the motion of the heart and blood, like that of the astral bodies, is relative..... Ballistocardiography inclines us to believe that too many are still blinded by the fallacious doctrines of Harveyism, which mistakenly teaches that the heart and blood are in motion while the body passively accepts the sanguinary fluid.....actually the heart and blood are immobile; it is the body which moves, relative to the heart and blood."

With the introduction ended, Professor B.T. made his appearance amidst thunderous applause. The famous research worker had a fiery red crop on his calvarium, thick, bushy, brunette whiskers, and a pair of huge, horn-

rimmed glasses on his prominent nose. His accent had a definite Continental flavour, although its exact source was difficult to judge. He wore a white gown with Property of Flash Kilborn's Circus blazoned across the chest. A stethoscope dangled from his neck. He trotted truculently before the audience, and we learned with difficulty that he was going to use Cardio-Audiometry to cure a very sick patient. Braun-Tigerstedt they might call him, but a kyp-hotic stoop, a characteristic strutting gait, and a pipe jutting out of the corner of the mouth labelled him unmistakably as our own dear Dr. Gould. With a majestic wave he tore aside an innocent looking screen, and exposed a deathly pale male, lying on a dissecting table.

"Hm! A most unusual cashe," muttered the professor. "Nothing's de matter with him apparently, unless de cardiovascular shystem ish dishrupted." Whereupon he applied a microphone to the praecordium. A loud-speaker amplified the normal lubb-dub so that the sounds could be heard by all: and apparently normal waves were seen on a cathode-ray oscillograph.

"Jusht ash I thought," he barked. "De heart ish not beating fasht enough. Nothing'sh better than a shwig of wishky to liven thingsh up." Out came a gigantic syringe, and down plunged the needle to administer an intravenous injection of alcohol. The tachycardia produced was fantastic, but the thumping of the heart soon assumed the twang of a zither. Anton Karas, in fact! It was the Harry Lime theme!

From then on, things went literally with a bang. A hugely distended abdomen subsided in a rushing whistle of wind. Catheterisation with a thing the size of a drain-pipe produced sever-

al lumps of sugar and several pints of beer; both distributed as free gifts to the audience. An operation offering the only hope of survival for the patient, an anaesthetic was administered until the anaesthetic trolley blew up.

Relaxation was then obtained by the good old method of cracking the patient over the head with a mallet, and the belly was opened. A passing plumber was taken on as assistant, but dismissed when his monkey-wrench ruptured a vessel which sent a six foot bloody fountain into the front row of the stalls. Four feet of taenia sausa-geta, two rolls of diphylobothrium lavatripapyra, and a mother rabbit with her brood of seven little bunnies were extracted in quick succession from the gaping wound. Intermittent minor explosions from deep down in the pelvis sent showers of confetti into the air.

The professor came forward to demonstrate the pathology of the operation specimens, but hardly had he begun when the patient's belly began to swell once more with alarming speed, shortly to burst with a fearsome blast and a cloud of smoke. When the smoke cleared, a Union Jack was seen, fluttering bravely from a mast that protruded from the abdomen.

Plumes of red, white and blue smoke issued forth from the wound, Rule Britannia sounded from the loud-speaker, and the professor and his staff stood at the salute. Then the smoke plumes died away, the flag came down to half-mast, and to the strains of Chopin's funeral march the professor, his assistants, and all who had helped in this brilliant presentation sadly marched away, to be followed by a suddenly resuscitated patient crying: "Wait for me!"
G.L.

Overheard At A Professorial Ward Round.

Professor:— (Looking at marrow smear)
"Who Stained This!?"

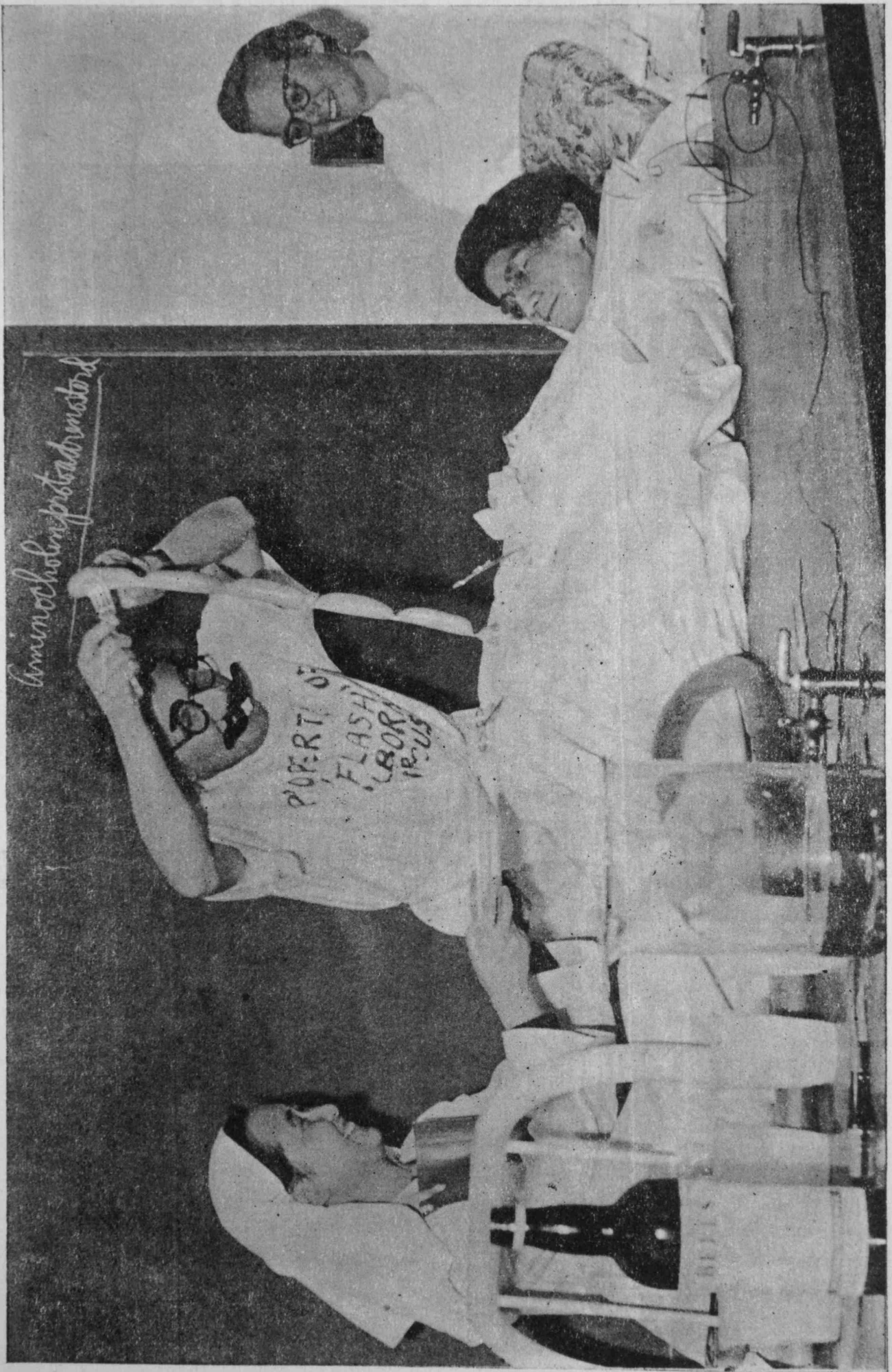
No answer.

Professor:— (In thundering voice)
"WHO STAINED THIS!!!?"

Trembling Houseman:— (In tiny voice)
"I did."

Professor:—
"Well, it's JOLLY GOOD!"

DIPLOCOCCUS.



A MEDICAL DICTIONARY



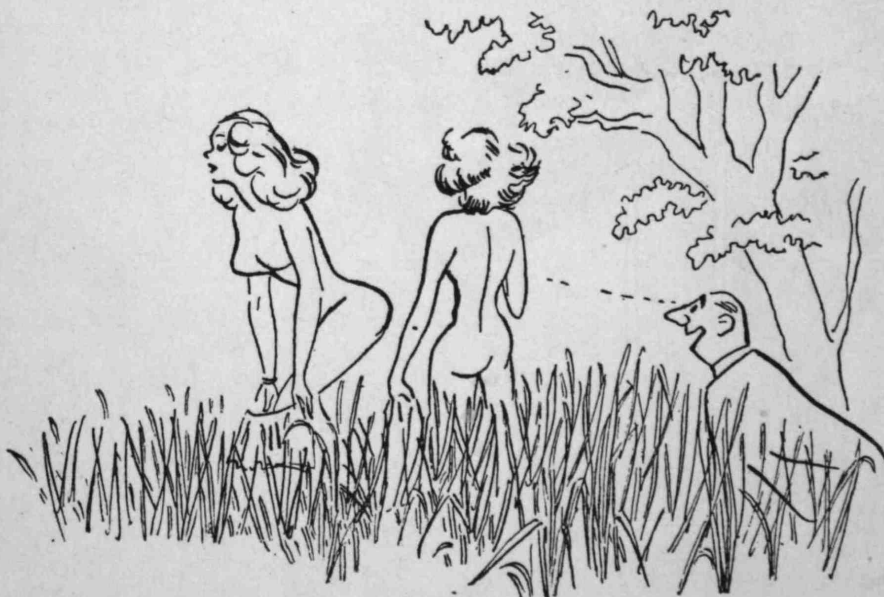
RED CELL



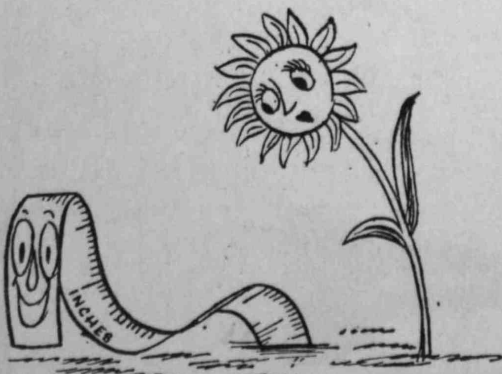
GENERAL MALAISE



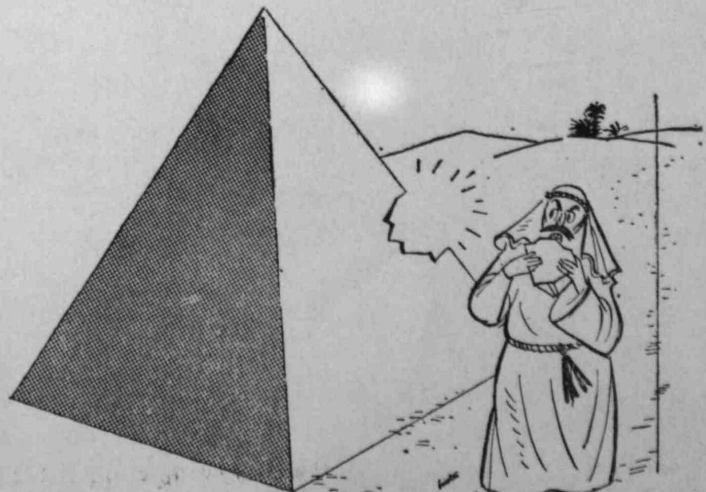
MEDICAL JU.



FIELD OF VISION



TAPEWORM



PYRAMIDAL LESION

Surgeons are Such Simple Souls . . .



But it would indeed be a wonder if a physician did not often make mistakes. For there are much too many things and circumstances which he must take into account when treating his patient. He must know the patient's constitution, his inclinations, his activities, and even the nature of his thoughts and imagination. He must also take into account the external circumstances, the nature of the place, the character of the air and climate, the position of the planets and their influence. He must know the causes of the disease itself, the symptoms, the attacks, and the critical periods; he must know the potency of the remedies, the weight, the form, the origin, the age and dosage.

These are the elements which he must combine together and synchronise in order to obtain a happy balance. If he should overlook one little thing, if only one of the cogs in his complicated calculations does not function properly, then all can be lost. But how difficult it is to determine every single one of the points mentioned. For example, how can the physician recognise the specific characteristic of a disease, when every disease has so many symptoms? For this reason I consider surgery to be far more promising, because here what is done can be seen and felt, and because here there is not so much to be guessed and to be assumed.

Michael De Montaigne

The Jennings - Logan Report ★

CHAPTER NINE of "A Report on the University of Hong Kong" by Sir Ivor Jennings and Mr. D. W. Logan holds some forthright comments upon the Faculty of Medicine. The first paragraph ends with these words: "We have no doubt that a radical improvement in the facilities for the entire medical course is essential if the standard of the medical degree of the University of Hong Kong is to be maintained and kept comparable with those of universities in other parts of the Commonwealth."

"The accommodation for teaching the main subjects of anatomy and physiology is totally inadequate," runs the comment. Urgently recommended is extra space for the Department of Anatomy, proper provision for the teaching of histology, a separate Department of Biochemistry, expansion of the Department of Physiology, including arrangements for the teaching of pharmacology as part of the pre-clinical course, and additional equipment for all departments. The suggestion is made that the Departments of Pathology and Medical Research be moved elsewhere, and the buildings given to the pre-clinical Departments. In addition, and if possible, one or more floors should be added to the present Anatomy and Physiology building.

The authors see two major sources of difficulty in organizing clinical teaching. Firstly all clinical instruction must take place in Government clinics and hospitals, and yet there is no formal recognition by Government of any obligation to provide facilities for such teaching. Secondly, half of the 482 beds that could be used for teaching in the Queen Mary Hospital are under the control of Government Medical Officers who are under no obligation to share in the teaching unless they so desire, with the result that 43 of these beds are not at present open to students.

Three things are asked for; that Government should formally charge the Director of Medical and Health Services with responsibility for providing adequate facilities for the training of clinical students; that with the opening of the new Kowloon Hospital, Government Medical Officers at present at the Queen Mary should be transferred, leaving the medical staff of the Queen Mary to be supplied entirely by the University; that in order that matters of mutual interest to Government and the University may be properly arranged, a co-ordinating board containing representatives of both parties be set up at once.

★ Sir Ivor Jennings, Q.C., M.A., Litt. D., L.L.D., Vice-Chancellor of the University of Ceylon; and D.W. Logan, Esq., B.C.L., M.A., D.Phil., Principal of the University of London; were invited by the Chancellor, with the approval of the Council, to visit Hong Kong and to examine and make recommendations on the constitution, function and financial requirements of the University. They arrived in the colony on September 8, 1953, and left on September 24.

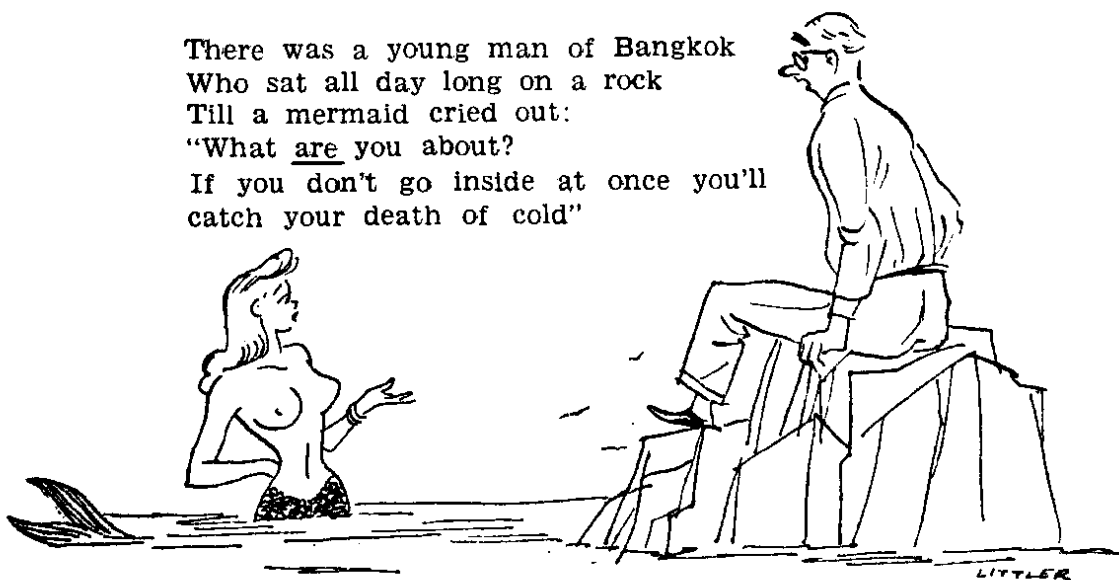
Stress is laid upon the inadequacy of the physical provisions for clinical teaching and practice. It is hoped that the new Tsan Yuk Hospital will satisfy the Department of Obstetrics and Gynaecology, but other needs remain. A new Pathology Building is to be put up by the side of the Queen Mary Hospital. It is recommended that this building should be spacious enough not only to satisfy the demands of teaching and research, but also to deal with all the routine pathological work of the hospital. The building should also include a clinical lecture theatre seating 250, common rooms, a refectory, and a small departmental library. A residential building is necessary for students during their periods of clerking, dressing and casualty duty; and for clinical assistants, who should live near the hospital.

The remaining need is for an adequate out-patients' department, either at the Queen Mary, or elsewhere. The present department at Sai Ying Pun is described in the most depressing terms, and wonder is expressed that good clinical work is even feasible under such appalling conditions.

In summing up, the authors describe the Medical Faculty as being at present ill-housed and under-staffed. Pre-clinical deficiencies can be remedied by the University, provided sufficient money is made available; but clinical deficiencies can only be cured with full Government co-operation. The costliness of meeting the recommendations is admitted but the supreme importance of a first-rate medical school to the community is emphasised. The interesting point is made that the essential medical services at present provided by the clinical members of the Medical Faculty save Government at least \$500,000 a year.

Medical undergraduates will welcome this strong plea for improvement in a Faculty which, though the largest of the University, has lately seemed something of a Cinderella. Since the Report was published, Government has made available the money needed to implement its recommendations. We shall all hope that wisdom will prevail, for if such is the case, first things will come first, and the Medical Faculty will receive the support, both from within and without the University, that its history, its being and its promise deserve.

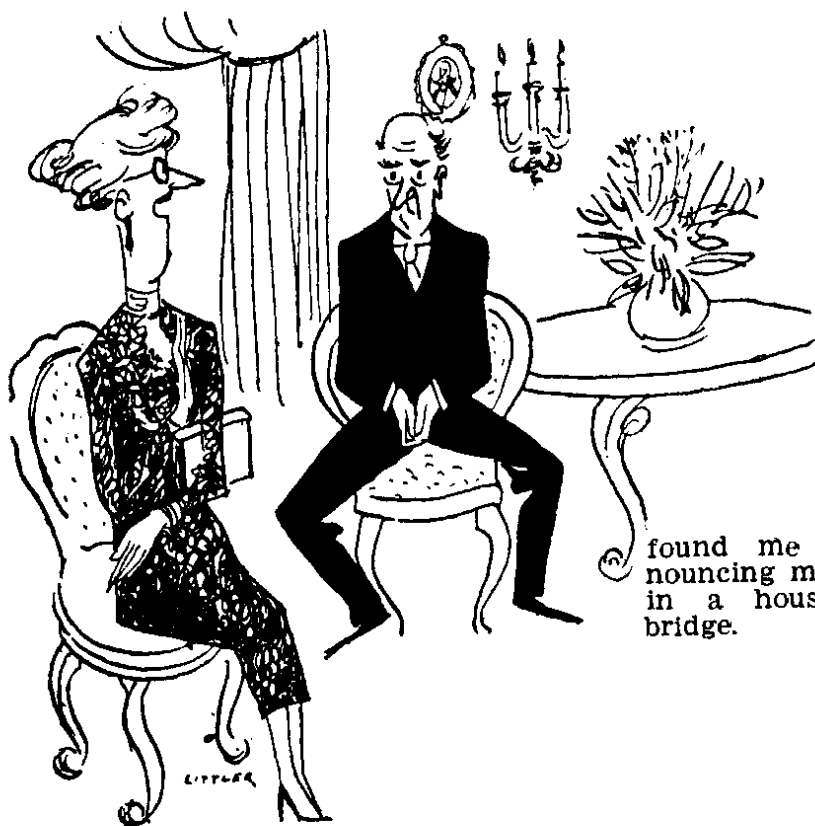
There was a young man of Bangkok
Who sat all day long on a rock
Till a mermaid cried out:
"What are you about?
If you don't go inside at once you'll
catch your death of cold"



The "Ask-Awake" Woman

I Suppose I first obtained some understanding of what has been variously called 'paranormal', 'psychic' and psi-phenomena from attending the lectures of the late Dr. J. T. H. MacCurdy on abnormal psychology in his study in Corpus Christi College, Cambridge. He was a brilliant lecturer and no less able a raconteur, and had personally known Morton Prince, whose studies (in his spare time away from medical practice) on hysterical dissociation of the personality in the case of Sally Beauchamp had become classic, and who had all the time maintained that so-called psychic phenomena could be studied through the discipline of abnormal psychology. Cambridge had for a long time taken a serious academic interest in these matters. Even before the foundation of the austere Society for Psychical Research in London in 1882, an event which marked the beginning of serious organized research in this field, there had been in Cambridge a 'Ghost Society', a name less foppish than the corresponding 'Phasmatological Society' in Oxford, but itself apparently something more than one of those fly-by-night University Societies, which are so illuminating but so unstable in their brilliance. One of the founders of the Society for Psychical Research was F. W. H. Myers of Trinity College, a classical scholar and a psychologist associated with the Cambridge Psychology Laboratory in its earliest days. Another of the principal founders was Myer's one-time tutor, Henry Sidgwick, who later became Professor of Moral Philosophy at the University. Professor C. D. Broad, holding the same chair, has been consistently stressing the importance of the subject for professional philosophers and is noted for his perspicacious theories concerning such phenomena. Another psychologist at the Laboratory, R. H. Thouless, who used to give instruction in psychological testing, was responsible for the introduction of the term 'psi-phenomena', and was later President of the Society for Psychical Research. It is interesting to note that the University has a Perrott Studentship for research in this field.

There was of course no formal instruction in the subject, and I do not want to give the impression that students were being trained to be ghost-chasers. Psychology as a science is peculiarly fitted for the propagation of nonsense in the hands of the naive and unwary, and there was no need to weaken the discipline further by prematurely adding to it the still controversial findings and techniques of psychic research. Yet it is impossible for the student of abnormal psychology not to find himself confronted with material related to paranormal phenomena, as for example, hysterical splitting of the personality (so well dramatised by the tale of Dr. Jekyll and Mr. Hyde), hysterical automatism like spontaneous writing, and the psychology of time perception. The probable relevance of these to so-called spirit-mediumship, planchette writing and alleged powers of precognition seems easily acceptable. It is clear also that if telepathy and clairvoyance are really possible, theories as to their nature must seriously take into account the nature of the unconscious mind, and in this connection it is of interest to note that F. W. H. Myers in his formulation of the 'sub-liminal self' anticipated the ideas of Janet and Freud. Those who feel so inclined can find in Professor Conklin's 'Textbook of Abnormal Psychology' a whole chapter devoted to a conservative examination of paranormal phenomena from the point of view of orthodox psychology. Neuro-psychiatry too helps to shed light on all these matters. I knew a man who, discovering that I was reading psychology, was most anxious to confide to me certain experiences which he had felt unable to tell others; he sometimes felt as though he was outside himself and watching his own person from a distance. Being a layman he

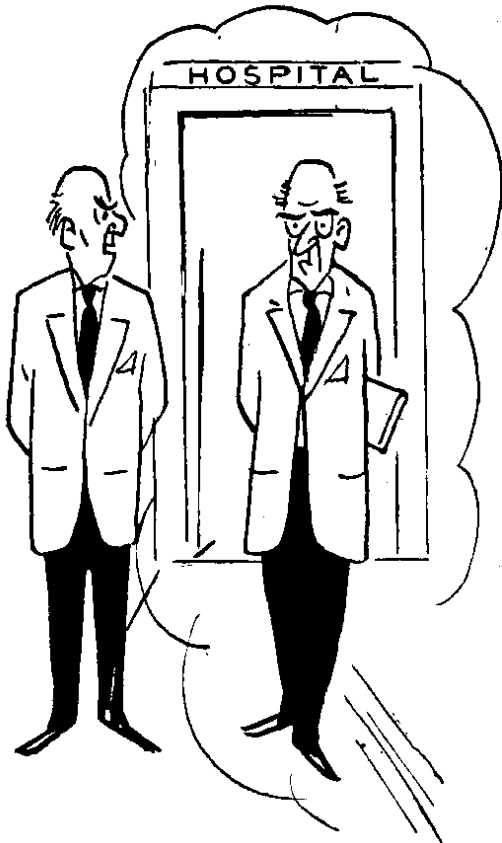


found me one day announcing myself to a lady in a house in Knightsbridge.

spoke of it in terms of the 'astral body'. We now know that this must have been a manifestation of an epileptic aura, especially after the recent entertaining contribution of the French neuro-psychiatrist, Professor Lhermitte, on the subject of 'autosopic' hallucinations. In Hong Kong I have come across one case in an epileptoid doctor, who most seriously told me that in full consciousness he sometimes saw himself walking back from his hospital to his quarters.

In London there was opportunity to see for myself the activities of those who called themselves spiritualists, members of a cult perpetuating the belief in the existence of spirits after death and their return to the world of the living through the agency of mediums—a belief as old as man himself. I happened to fall into the company of a Chinese Tibetologist, whose interest in Tantric Buddhism had quite naturally overflowed into the fields of spiritualism and of psychical research. I saw a couple of 'psychometrists' practising their profession. These are not to be confused with the psychometrists of orthodox academic psychology, who are impressively mathematical gentlemen quite able to reduce your intelligence and your different personality traits, by means of psychological tests, into a number of ciphers. But those 'psychometrists' claim to possess telepathic and

precognitive powers about you if they held in their hands certain objects belonging to you like a fountainpen (and will not scruple to charge you 5/- for doing so). Like most of these kind of 'psycnic' revelations, what they said was vague and susceptible of different interpretations, and I could never evaluate the accuracy of what they revealed, or exclude the possibility of chance coincidences. However, London University has awarded a Ph.D. degree for a piece of research work testing the claims of 'psychometry' by an experimental psychologist called J. Hettinger, who appeared to have demonstrated that the accuracy of some of the cases he studied was statistically significant. My dabbling into such matters—and it could not be dignified by any other name—found me one day announcing myself to a lady in a house in Knightsbridge in order to see something of the techniques which the spiritualists used to develop their alleged powers of mediumship. My presence was received with no surprise; yet this could hardly have been otherwise, for what could be more appropriate at a seance than the presence of an extraneous oriental? It is embarrassing now to relate, but I even found myself holding hands with others next to me, all sitted in a circle—everyone a middle-aged woman but myself—in a drawing-room of faded gentility, darkened by heavy red drapery. We were asked to wait in solemnness and patience



in full consciousness he sometimes saw himself walking back from his hospital to his quarters.

for the visit of the 'control', but nothing happened. The day was not propitious, and we were not sufficiently 'developed'. No doubt if one was suggestible, or hysterical, or already convinced, all sorts of interesting thoughts, feelings and perhaps even perceptions might have occurred in such an atmosphere. But fortunately or unfortunately I was none of these, and moreover, neither female nor middle-aged. I did not sit in the circle again; and, as the Persian poet would say, I came out by the same door where in I went. There is no need to dwell further on these things especially since I cannot be sure of the good-will of my readers, whose good sense and robust scepticism I am not disposed to impugn.

Back in Hong Kong the pursuit of my vocation gradually convinced me of two things. One was the prevalence of hysterical reactions among women patients of the inadequately educated class, not unfrequently taking the form of a psychosis. The other was that it was precisely these persons who most firmly and vividly believed in ghosts and spirits with their penchant for returning through mediums to the positive, yang world of light and maleness.

The combination of these two factors sometimes produced in our mental patients syndromes of spirit, ghost, devil or God-possession, either partial

or complete, which were of great interest. These occurred in hysteria, or more rarely in schizophrenia, and while not peculiar to our cultural setting, they are probably more frequent here. These persons were unfortunate in that they were seized by their illness at the wrong time and perhaps the wrong place—with the result that they were forced into isolation from their fellows. If they (or at least some of the more frankly hysterical, exalted and impressive ones) had been fortunate in the circumstances of their illness they might have qualified (perhaps) as religious 'enthusiasts' and become the founders of aberrant religious sects. Their charisma would have become institutionalized.

The Chinese, like the early Greeks and Romans, have of course a long tradition of worship of the spirits of the dead; and this has been embellished and aggravated by a degenerate Taoism, and abetted by a transformed Buddhism. One might go so far as to say that traditionally all but the agnostic and humanistic Confucians and those followers of Buddha who remained purists have been believers in 'spiritualism'. For the majority this belief normally brought with it nothing in the way of ecstatic or orgiastic experiences, but on the contrary intercourse with the spirits of the departed has been most matter-of-fact and even prosaic. It is hardly a matter for surprise then that there should exist a cult, and a commercialized one at that, whereby for a consideration one could call on the spirits of one's departed relatives and friends to possess a medium and thus enter into communication with it. The medium is always a woman of at least middle age, popularly called the 'ask-awake woman' (man-seng p'oh in Cantonese).

Here and there in the more seamy districts of Hong Kong you will find them, each with a local reputation. I do not know how numerous they are, but many working class women will have heard of one somewhere or other. Some tell me that they have a sign for their profession, made up of a coin and a junk, but I have come across three, and not found them with this.

There is one in a side-lane off Wan-chai Road in a crowded tenement, on top of a hard-ware store. The front room overlooking the street contains an altar with the usual apparatus of Taoist-Buddhist worship. Against the altar, pasted on the wall, is a large sheet of red paper on which is written in bold characters the names of nearly thirty of the Taoist gods, with the Goddess of Mercy and Ch'ai T'in Tai seng sharing the place of honour. On the altar too are porcelain images of these two deities. The woman is grey-haired and far from robust. She sits in front of the altar with legs crossed in the approved fashion, lights some joss-sticks, and with hands clasped in prayer starts to chant in her village dialect. You have already told her that you want to call a spirit, and when she feels ready she will quite unceremoniously tell you to put three dollars

on the altar. Then she enquires your name and that of the spirit you are anxious to contact, and also where that spirit first departed its mortal body, i.e., where the dead man was buried. She resumes her chant, meanwhile fingering some grains of rice in a plate. It is necessary first for her to identify the spirit, and she will describe various ones to you, describing their build, their age, their relationship to you and so forth. By what is obviously a process of trial and error she will come to the departed person you have in mind, and when you admit this she may suddenly appear more eager, and her voice may take on more expression. Sometimes if the spirit appears to be unhappy she may even sigh loud and long, and I have seen some women cry when this happens.

I suppose if you really believe in this and have been indoctrinated in the best school, it cannot be an unsolemn and unmoving occasion. The medium sometimes wipes her own eyes too, but I suspect it is because of the fumes from the joss. It is possible that these help to induce a dissociated condition (if indeed such a state occurs) just as the ancient Greek oracles made use of narcotizing vapours.



She will then proceed to speak to you directly as though the spirit itself has possessed her. She will say that she (or he) is glad to be called, that she is happy or otherwise, that she lacks this or that in her other world, and that perhaps you could help by burning, in the recognized way, effigies of what she needs. It would be all very humdrum and matter of fact were it not supposed to be a spirit talking to you. But, incidentally, she will bring in all manner of remarks about the relationship of the dead person to you, from which you can check to what extent the spirit is really genuine, or to put it in another way, whether the medium really is possessed of powers of retrocognition, or of telepathy in tapping perhaps your own memories of the departed.

She sits in front of the altar with legs crossed in the approved fashion

I must say I have never been convinced. I have seen real cases of hysterical trance states, or states of dissociation in mental patients, but these women somehow did not strike one as being genuine. Perhaps I have been unlucky, because I have no doubt that many of them must have suffered from true dissociated conditions some time or other in the past before they discovered, or before it was suggested to them, that they had the apparent power of calling on spirits of the dead to possess them. There is nothing to prevent a woman who has had such spontaneous psychopathological experiences from capitalizing upon them later through conscious pretence.

Many of these women will also for one dollar tell you your fate and fortune for a longer or shorter period, that is to say, they will be acting as clairvoyants, with ability to see and know physical events of the past, present or future through paranormal means. Thus she will give you advice on what is to befall you, but apparently she can see only the various potential trends of fate concerning you, for it appears that you can do something positive to get the better, as it were, of your own future destiny. Naturally I have not been able to make a proper study of these matters, but of what I have seen I am profoundly sceptical. Even if there is such a thing as paranormal cognition it does not follow that anyone can turn it into an applied science (or art). But what I do know is that many ignorant women are imposed upon and defrauded by these clairvoyants, many of whom are shrewd and practised women. It is a cult appealing to women and exploited by women. From my own point of view not only was there nothing charismatic about these mediums, but there was very little of psychiatric interest either. The sociologist or social psychologist, however, will have to explain why this cult continues to flourish, and what effect belief in it has on the behaviour of its devotees. It will be well nevertheless to refrain from holding them in complete disdain, for is it not merely their nearness to us which dissociates them in our mind from the Pythonesses of Delphi and of Dodona, with their measure of mystery and romance?

The general attitude of educated men and women towards parapsychology is one of tolerance and condescension, if not of open levity. This is all to the good, for if this field is important for human knowledge, it is easily the most

complex, elusive, and difficult to understand; and there cannot be too much doubt, scepticism and criticism over it. Yet when all is said and done the educated person who disclaims a reasonable interest in it is surely a humbug; and the student of psychology who completely closes his mind to it is a knave and not worth his salt. Let it be remembered that in the past in Europe the phenomena of insanity were regarded as the result of occult and supernatural influences inextricably mixed up with black and white magic; today psychiatry, though far from being an exact science, possesses a fund of empirical knowledge as well as rational formulations not without their value when tested in practice, and what is more important, it carries with it the attitude and aims of natural science in trying rationally to bring to order the apparently disordered irrational and unexplainable behaviour of those who are socially defined as madmen.

Can one then say that the psychical research movement (I do not mean the spiritualist movement) has a special significance for us against our own cultural background? The fundamental fact is that while exploiters of ignorance like astrologers, palmists, phrenologists, numerologists, psychometrists and mercenary mediums are in the West isolated and very much on the defensive, among us these persons (plus chronomancers, geomancers, etc.) have an influence far beyond their numbers, because they are backed by an age-old cultural tradition, which, wanting in scientific method and natural knowledge, has not been able to discriminate their true worth, or lack of worth. The Puritans had gone far towards disenchanting the Western world of fairies, goblins, devils, pagan gods and other spirits. But even they could not or did not prevent for example the grotesque flood of superstition that resulted in the Salem witch-trials, and it was, after all, the steady growth of scientific humanism, which in post-Renaissance Europe it has been the function of the University to foster, that finally de-spiritualized to such a great extent the Western world. In China, the Confucians, while disdaining all supernatural notions, and in spite of being far less other-worldly in their thinking than the Puritans, in practice tolerated for the masses of people the spiritism and occultism for which they had no use themselves.

Humanists who suggest that there are values in the scientific attitude of great worth to civilization are assailed from several quarters nowadays, and made to appear foolish; but their point of view can never be fully grasped by those who have lived only within the province of scientific humanism itself. If then the question is posed for any honest and unprejudiced person, what attitude he is to adopt towards spiri-

tualism and our 'ask-awake' woman, he must surely consider all these things. His answer will depend on whether he has been brought up in a society buttressed by rationalism and scientific knowledge, or in one shot through with magic and abracadabra. It will, I think, also depend on whether he has or not a wholly romantic temperament.

P.M. YAP



ANAESTHESIA

Dragging him-
self from bed,
Slowly,
Cautiously,
And by great
effort,
On the morn-
ing after
The night be-
fore;
He made his
laborious way
to the mirror,
And looking,
Said:
"God! I look
awful!
I bet I feel
awful".



It is rude to go about
Without any clothes on
Because usually
Clothes allow our fellows
A certain opportunity
For the exercise of imagination.
They therefore enjoy the sight of us
A good deal better
Than would be the case
Did we impose upon them
The bare facts.
Indeed,
Without clothes,
We should find it very difficult to
look each other in the face.

Anxious to support the movement towards a resurgence of sparkle in University life, the Society has, at great expense, engaged the services of a

columnist from a land where everything is just wonderful. He will make regular comments upon University affairs, and his first contribution is printed below.

Campus Comments

CUTE CURVACIOUS CHERRY CHAN, Law School sophomore, has won her alpha beta gamma globulin phi omega sorority key following last year's triumphal victory in the Freshman Elections, when she captured the coveted title of "Freshest Girl of the Year". Nice work Cherry! Keep going!

Cherry is currently taking courses in beauty culture, home cooking, natural philosophy, astral physics, psychology and landscape gardening. Cherry says she usually rates 'ninety plus' in 'objectives', but hopes to do even better in her Junior Year when she plans to major in industrial chemistry.

Looks and brains! Wow! What a girl! Howse about it Fellers?

DID THE CINDERS fly at last month's track meet with the Kowloon College City Slickers, or did they didn't? They was red hot! But red! Hefty Husky Harry Huang covered the hundred yard dash in thirty seconds dead, thus slashing Streaker Soo's previous best of fifty-two by almost half.

Harry snapped the tape so fast he fell right into the welcoming arms of Mayor Bernachi; there to present the trophy. "Hey!" quipped the city boss, "Not so fast! You're only running a track race.

You're not running for Mayor. You gotta show some restraint!".

LOTTIE POTT, Varsity's energetic librarianette, has great plans for the new library. She aims to take on six Book Hostesses. "Books are not enough," opines latitudinous Lottie. "You gotta give the place a homesy touch. You gotta be customer conscious."

We're with you Lottie! Pick 'em good!

PRESIDENT WALK'S COMMENCEMENT speech held hint of a Senate sub-committee to investigate un-Hong Kong activities amongst Faculty members. Asked to comment, Spike Wong, Social Convener of the Varsity Chapter of the World Federation for Freedom and Democracy, snapped back "Count me in. Why, some of them Faculty guys goes round preaching that all of us boys did ought to learn to think for ourselves. What the hell do we pay them for, I'd like to know? If you call that democracy, well, it ain't my kind."

Since the President's speech some of the intellectuals on the staff have dropped 'essay-type' grade tests in favour of the more popular 'objectives'. Nuff said!

More next time folks! S'long!

GLOSSARY OF TERMS USED

(in order of appearance)

Campus—The grounds of a university.

Curvaceous—Fully developed; similar to Miss Russell.

Sophomore—Second year student (app. f. *sophom*, SOPHISM+-OR).

Alpha beta gamma globulin phi omega sorority key—The emblem of a girls' club.

Freshman—First year student.

To rate—To estimate worth or value of; but used here to mean to be estimated at a worth or value of.

Objectives—Tests of knowledge in which the student is presented with a large number of simple statements appertaining to the knowledge under test; the student being required to designate each statement as either "true" or false".

Example: "The world is flat" (geography).
Answer: "False".

(cf. 'Essay-type' grade tests)

Junior Year—The third year spent at a university.

To major in (a subject)—To pay special attention to (a subject during the period of a course of study).

Howse about it Fellers?—Do not you gentlemen feel that this is an opportunity not to be missed?

Cinders—Material used to surface an athletic running track.

Or did they didn't?—Or did they not? (rhet. query plus the implication: "Yes, they most certainly did").

But red—Note especially and take it for certain that (they were, it is, etc.) red.

City boss—The leading member of an urban community.

You gotta—It is appropriate that you should.

Librarianette—A female librarian.

Book Hostess—The term 'hostess' once applied to women who entertained guests, but is now used to designate an attractive young female who by her presence makes an unpleasant set of circumstances appear tolerable. Hence 'Air Hostess', 'Dental Hostess' and, in the present writing, 'Book Hostess'.

Homesy—Homely.

President—Head of a university.

Commencement—Congregation.

Democracy—Term once used to describe a political system involving government by the people, of the people, and for the people; but now used to describe any good sort of political system (i.e. as practiced by a nation on the user's side) as opposed to any bad sort of political system (i.e. as practiced by a nation on the other side).

Intellectuals (derogatory)—People who think.

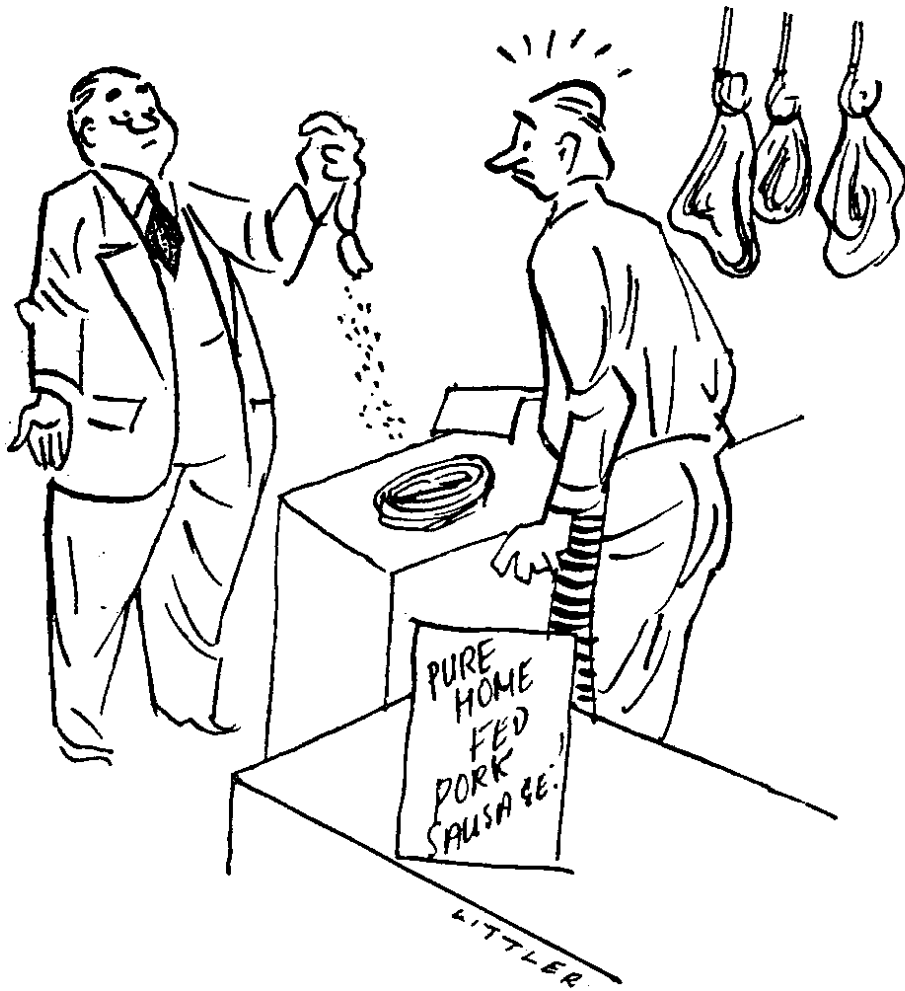
'Essay-type' grade tests—Tests of knowledge in which the student is required to demonstrate his grasp of the knowledge under test by the construction of consecutive and meaningful sentences. Now almost obs.
(cf. 'objectives')

Nuff said—There is no need to say any more.

S'long—Farewell for the time being.

EDITORIAL NOTE

We supply this glossary in order to aid the understanding of those undergraduates who are not yet familiar with the vocabulary of the sparkling, new life. It is hoped, however, that everybody will make a real effort to catch up with modern thought, so that future instalments of this column will not require any explanation.



Shoot That Man!

"Ho!"
Shouted the enraged customer,
"Here I go, buying a nice pork sausage,
And when I get it home
And eat it,
What do I find?
Half of it's nothing but breadcrumbs.
Call that a fair deal?
Well?
Do you?
Do you?"

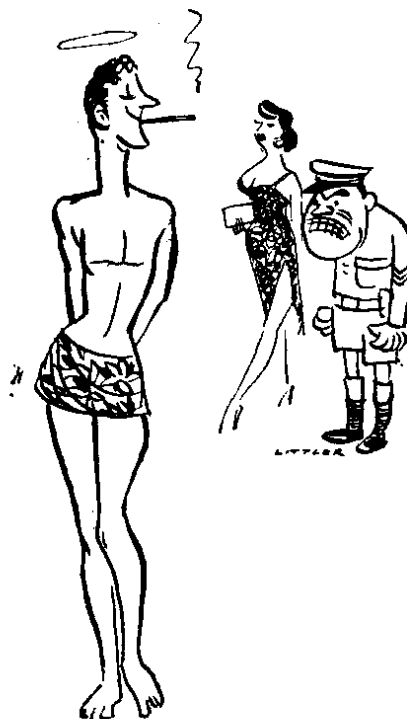
"I regret"
Said the butcher,
Smiling sadly,
"Any slight inconvenience that may
have been caused.
No offence meant,
But what with the cost of living,
And shortages,
And all, and all,
I'm finding it very hard to make both
ends meat."

EASTERN APPROACHES



There was a young man of Calcutta
Who developed a horrible stutta
While out for a walk.
He attempted to talk
And lost his false teeth in the gutta.

There was a young man of Hong Kong
Who never did anything wrong
'Til one day he tried
Out of motives of pride
To promenade in a sarong



There was a young girl of Japan
Who had nothing to wear but a fan
'Til a lad from Manila
Lent her a mantilla.
What a beautifully modest young man!



Where Do The Tea In Society?

"Have Another Cup of tea," said the March Hare.

"But I haven't had a first cup yet," replied Alice.

Well I sympathise with that girl, deed I do, liking my caffeine hot, sweet and milky. In a lifetime of tea drinking I can recall many occasions enjoyably associated with the fragrant leaf. "Name one!" will snap the seasoned debater. But there's the rub and that's my bind. Is there a seasoned debater amongst us?

The world being what it is, is divided into medical students and others. A field survey amongst the former group (the last field survey I made I caught a cold—must take a ground sheet next time) reveals an alarming high incidence of vacillation of the vocals, aretynoid arrest, Passavants paralysis and tremor of the pterygoids, the whole constituting Doolittle's syndrome. Mention of a syndrome reflexly stimulates thought to therapy, and the Medical Students' Society provides the answer readily to hand.

Inseparable from the organisation of any medical school is the students' society, the complement of but not necessarily a compliment to the faculty.

Activities of such a society should be as prominent as a stethoscope in a fourth year pocket. Too often however, are they as few and far between as a pen torch in an outpatient clinic. That is a pity. You are missing a great deal.

M.S.S., having the assured membership of the largest body of students in the University, has unrivalled opportunities to thrive as a society. Just as a healthy infant is a noisy one, so is a thriving society one in which voices are raised in discussion, debate, forum, quorum and never boredom. But frequently, frequently.

Most good habits are regular ones, as the advertisements will tell us. It is only a point of view of course but there is a lot to be said for regular weekly society meetings. "Why?" you may ask. Because like brimstone and treacle and

spinach they are good for you: sort of vocal vitamins as you might say. Only by engendering the M.S.S. habit can unflagging support and enthusiasm for society activities be stimulated.

This presupposes that there is any merit in having a medical students' society at all. Can this doubt be sustained? Perhaps they are outmoded relics of more leisurely past undergraduate days. A vestigeal appendage that disuse atrophy will relegate to history. Surely not, the need today is as great as it ever was. Besides being a source of communal pleasure M.S.S. has a noteworthy contribution to make to the training of the neophyte medico. On the register he will embark on a professional lifetime of giving opinion, so let him start being self opinionated now in his own society—if he can. Opportunity for public speaking on topics of lighter vein will offset that self-conscious aphonia befalling many when suddenly called upon to go solo in class, and anyone who has discussed such an urgent topic as "Can a bearded man tell a bare faced lie?" would be a formidable candidate for any examiner. M.S.S. is the common meeting ground of all the medics otherwise corralled by timetables into years throughout the course. Meetings should provide an excuse for letting academic back hair down in like minded company.

With impromptu speeches, debates and clinical meetings the programme could be a full one. Your participation should be such that when the cap graces your brow and you are no longer a medical student, you feel as much a graduate from your own society as a graduate of medicine.

A good society deserves a good badge. Equally a good badge merits a good society. You have an excellent badge. Why not weave some sibilant threads amongst the gold?

"But what's all this got to do with tea?" asks Alice.

Quite simple really, you serve the tea before the meetings—get it?

Laurie Tinckler

The Art of Retinal Examination

THE EXAMINATION OF a fundus is fraught with many pitfalls for the average student, but despite good work on the part of Jonathan Mildew (and incidentally more members are always welcome to join the Society for the Abolition of Retinal Examinations) certain unfeeling tyrants insist on its performance. In this short article, it is hoped that a few tips may be passed on.

First and foremost, it must be emphasised that every earnest student should carry an ophthalmoscope and wave it in the face of all and sundry. Yet let it be said at once that the instrument must never be used except under duress. Promiscuous viewing of the retinae merely shows one up as a beginner and is at the same time frankly discouraging. Rule number one is, in fact, never to view a retina except under definite orders.

When there is no escape, assemble your ophthalmoscope slowly (it is wise to carry the batteries separately, as they have then to be put in, and this allows time to settle your rather confused ideas). Whilst this operation is being undertaken, run over rapidly in your mind the peculiarities of the one who wants to know "what you see". It may be all right to use the right eye, but for some it is wiser to have a go with the left, even if blind in that eye.

Approach the patient with as carefree an air as is possible under the circumstances, and establish friendly relations with a little idle chatter—if the all-knowing one does not understand the colloquial tongue, it is often useful to ask the patient if many people have gazed into his eyes, and if so what they saw. Also discover discreetly if he is blind or if the eye is glass—this may help materially.

Now for the real thing. Turning on the light, peer into the eye, taking care that the beam of light does not stray too far on to the patient's forehead or into your own eye. What happens next depends upon the examiner. Should he possess an ophthalmoscope of his own of which he is particularly proud, turn and ask politely if you may borrow it, and fight down your horror of a multitude of wheels, lights and excrescences. On the other hand, if you feel that you were expected to attend with all the essentia for a complete physical examination, make do with your own. Allow a pause while you gaze in the general direction of the eye, and then allow a low whistle of amazement, quickly checked, to escape. This proves to all that you have SEEN SOMETHING.

This brings us to the report. The real art of the examination lies in an appreciation of the rule that you will not be asked to look at the retina unless there is something wrong with it. Your answer will of course depend upon how many others before you have gazed in vain, and what they pretended to see. It is always safe to start with papilloedema, keeping a wary eye on HIS face. If disbelief is registered, modify this by saying "or at any rate, blurring of the nasal side of the disc". When the effects of this have subsided, take a deep breath, and throw in haemorrhages, exudates and tortuosity of vessels. Pigmentation can be mentioned as a last resort.

The final rule is to return the ophthalmoscope with a show of politeness before your premature departure from the room.

M.K.

TWO POEMS

By

EDMUND BLUNDEN

ON THE PROFESSION OF PHYSIC

*When in my quiet time I have reviewed,
As far as I could go, the multitude
Of man's abilities and faculties,
Considering which the noblest of them is,
My youthful judgement has persisted still,
And chief of every marvellous mortal skill
I quote the art of medicine, and I praise
Those spirits who give laborious nights and days,
Both youth and age, to this. How they have yearned
To live as nature's confidants, how learned
Her ways by centuries of watchfulness,
Vision and trial, I need not now express;
But rather sing how in this earthly state,
Where gifts so often serve greed, fear and hate,
The good physician moves pre-eminent
For the pure brightness of a fair intent,
Only on all men's equal blessing bent.
And in his work and round lives this reward
For all he sacrifices: his mind stored
With more of life and of a deeper sense
Than others meet, as though omnipotence
Invited to some private conference.
True he will say, we have hardly yet begun,
But he's a lord of life if anyone,
And this mysterious show of pleasure and pain,
Of sickness and of health, of mad and sane,
Still as he goes he best of all can see,
And thence acquire a kind philosophy.*

THE UNIVERSITY

*This too is the House Beautiful;
Enter, and dwell
Long as you may;
Certain it is, the turret bell
Rings hours and weeks and years away,
But here is no blind hurry. Green and cool,*

*The laurel and the palm enshrine
These rooms and halls
Where a light falls
From a mind divine,
On forms of thought and truth desired,
On simple things which have inspired.*

*Here learning's deep old fountains play,
And laden tables spread;
Drink gratefully and feast each day,
And in due time with wreath of bay
You shall adorn your head.*

*Yet think that leafy triumph less
Than the graces here,
But graces which, they say, appear
Only as you with eagerness
And very heartily possess
The House, and hold it dear.*

*They say, while still that hourbell chimes,
The very House with its plain wealth
From classic and from modern times
Might sicken from its placid health,
Did those who enter fail to love
More than one tree in all the grove,
Or by not giving not receive
The full delight of Academe.
Come, live then for as in these years,
And let no future tears
Grieve
For a broken dream.*

The Tsan Yuk Maternity Hospital

In the colony of Hong Kong, there are some Hospitals that have for long been famous not only for the distinction of the work carried out in them, but also for their individual atmosphere and unique histories. There can be few institutions which have been served with such devoted loyalty and inspired such lasting affection as these hospitals. However, there is one such Hospital which must be singled out; and a short history of this institution and the remarkable characters who have served it, will go far to explain the devotion and the esteem in which it is so widely held.

If you go down Western Street and come to its junction with Third Street, on the thickly populated slope between Bonham Road and Queen's Road West and in one of the most congested areas in Hong Kong, you will come across "a neat, plain and not inelegant red building".

This is the Tsan Yuk Maternity Hospital, for many years the largest maternity hospital in Hong Kong. The people know the hospital well, and clinical medical students, midwives and medical graduates of the Hong Kong University know it very well. Through its iron gate—from year to year, have come and gone thousands of mothers and babies and from its heart have gone to almost every place in China and the Far East those Doctors, students and midwives who have received their Obstetric training within its walls. This present structure will house the hospital only for a short further period, for before the year is out, it will move to its

new premises now being constructed in a place not far removed from its present site.

The original Tsan Yuk Maternity hospital was erected at a cost of \$94,000 on a piece of land given free by the Hong Kong Government. The inception of the hospital was very largely due to the pioneer endeavours of DR. ALICE HICKLING who demonstrated the great need. Her object was the provision of a much needed maternity service in this colony, and at the same time, the provision of an institution which could serve as a training school for Chinese girls who wished to become midwives.

During its early years, the hospital was under the management of the Chinese Public Dispensary Committee of which the late DR. THE HON. S.W. TSO, C.B.E., L.L.D., was chairman. It was opened free of debt due to the generosity of private donors and local guilds and firms. The beds were donated by another charitable institution, the Tung Wah Hospital, and the bedside lockers, chairs and other equipment were the gifts of the Sai Ying Pun Kai Fong.

The hospital was opened on the 17th. October 1922—

"the neat, plain and not inelegant red building—having the decent appearance and all the accommodation one could wish in a house devoted to charity and to public purpose—without that ostentatious magnificence which too often in a great measure defeats the humane and noble ends of such pious and

TSAN YUK AT WORK



New patients have ante-natal records completed by student midwives



Obstetrical clerks conduct normal deliveries under supervision



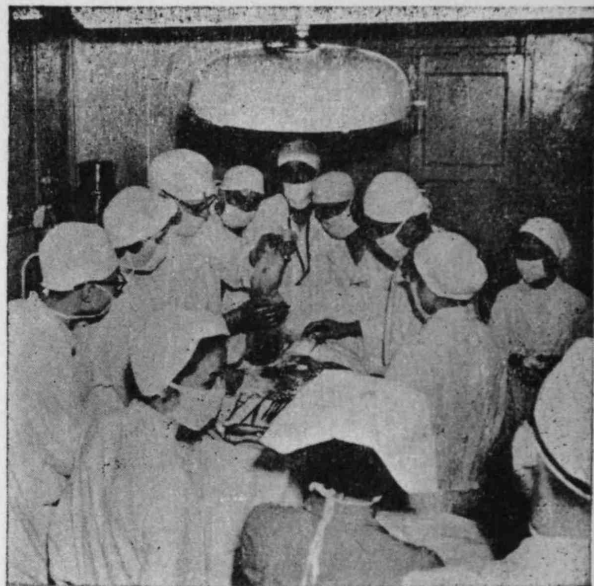
Relaxed and happy after delivery



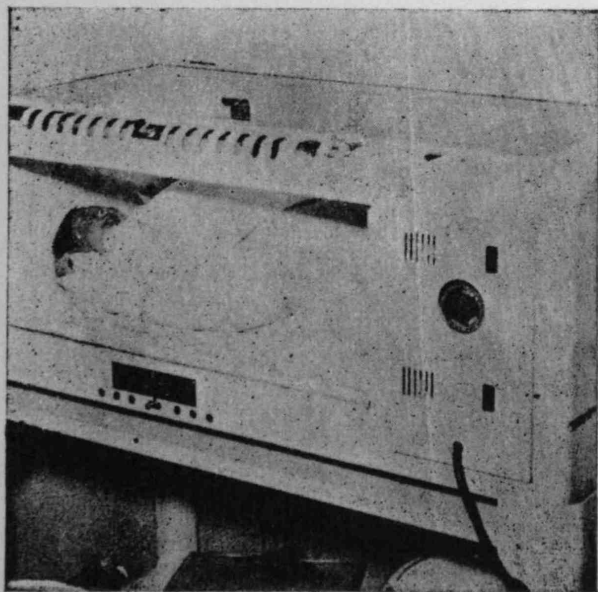
Students relax as well



A patient needing caesarian section is examined. . .



. . . a little later the baby is successfully delivered. . .



. . . and placed in an incubator.



In March 1950 the fifty thousandth Tsan Yuk baby was born.

charitable institutions where those sums are squandered in useless decorations that ought to be employed in administering health to the sick".

The hospital was declared open by Mrs. E.R. HALLIFAX wife of the then Secretary for Chinese Affairs.

In his opening speech, MR. HALLIFAX said—

"We have to build up standards—— We start well and we hope to continue well, to set a high standard and to keep it."

How well these ideals have been truly kept!

The Tsan Yuk Maternity Hospital had its first link with the Hong Kong University in 1926, and this firm association with the University's Department of Obstetrics was due in great measure to the foresight and efforts of PROFESSOR TOTTENHAM realised the then occupied the Chair of Obstetrics and Gynaecology at the University. PROFESSOR Tottenham realised the value of the Tsan Yuk Maternity hospital. It was ideal as a training institution for medical students as well as for midwives. His views received excellent support from DR. HICKING and through their co-operation this present union had been forged.

On January 1st. 1934 the hospital which had hitherto been administered as part of the Chinese Public Dispensary system, became a Government Hospital. With Government help and finance, the hospital expanded; and the number of beds available for Maternity cases was increased to 60.

Through the courtesy of the Government, the liaison between the University and the hospital was still more firmly established. It now appears that this will remain well-fostered perennially. Because of this great and excellent co-operation, all concerned have

benefitted—the University has good facilities for training its medical students as well as for Obstetrical research; the general public receives the best medical care and service available; and the Government prides itself on the fact that it is able to provide for its people the best maternity service there is in this colony.

Guests who attended the opening ceremony of the hospital in 1922 were conducted on a tour of the institution. At that time, on the ground floor, they saw a Receiving Room, a Main Hall, a Dining Room and a Kitchen together with quarters for the "amah". There were 2 well appointed roomy wards on the first floor—each capable of accommodating 5 patients, also a few private rooms. A similar provision was made on the second floor which contained in addition an operating room, a sterilising room, a labour room and duty rooms. On the top floor, quarters were provided for the Matron and the Nursing staff. At that time altogether, the hospital contained 30 beds and was staffed by a Surgeon in Charge (part time), the Matron, 2 Nurses and 5 amahs. 6 pupil midwives were soon added to the establishment. During the first full year of running, there were 436 admissions—a figure which steadily grew to reach the 1,000 mark within the first 5 years of the hospital's existence. When the institution became a Government hospital, the number of beds were increased to 60 and the medical staff of the hospital at that time consisted of PROFESSOR R.E. TOTTENHAM, and his assistant DR. D.K. SAMY with DR. H.Y. CHENG and DR. L.Y. HUI as House Officers. DR. D.K. SAMY is now a well-known Obstetrician and Gynaecologist in the colony and is the President of the Hong Kong University Alumni Association. DR. H.Y. CHENG is now the Medical Officer-in-charge of the Tsan Yuk Hospital—which post she has occupied since 1946.

DR. ALICE HICKLING however did not live to see this change-over to a Government institution. She died in 1928 having remained closely associated with

the high ideals and the work in the hospital for the first 6 years of its existence.

But there is one personality who has been associated with the hospital since its inception, and who is still alive in this colony, but who has since retired. She is none other than MISS S.C. LEUNG—who has been the Matron of the institution from its opening day until 1952 when she retired. Thousands of mothers and babies have received her excellent care and scores of pupil midwives have benefitted from her teachings and from her strong enforcement of nursing and midwifery discipline.

To-day—if these same guests who were present at the opening ceremony, had again been able to visit this hospital—they would have found the ground-floor entrance almost blocked by about two hundred expectant mothers attending a busy ante-natal clinic.

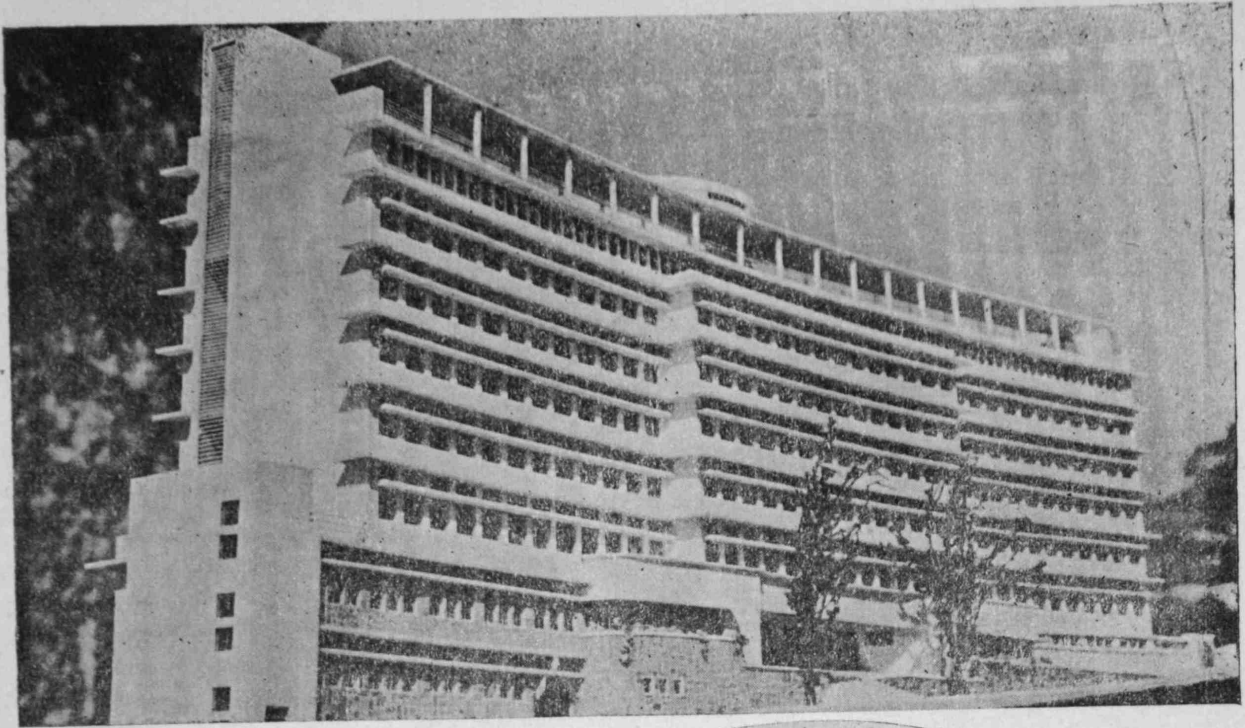
The Wards which originally contained 30 beds have been stretched to the limit of possibility to hold 75 beds; and with an additional 12 beds in an annexe next door the total bed-capacity of the hospital has now reached 87.

The hospital has, for many years, been handling about 10 per cent of all the births in the colony. But in recent years there has been such a phenomenal increase, that the hospital is now forced to undertake about three times the amount of work for which it was properly equipped. In a census taken on 17th October 1952, on the occasion of the 30th anniversary of the founding of the hospital, figures showed that the wards contained the astonishing number of 147 In-Patients; the ante-natal clinic was attended by 211 expectant mothers and 24 babies were born in that twenty-four hours. To give an idea of the constant and ever expanding service of the hospital—both in quantity as well as quality; it is proper to append figures from 1926 to the present date.

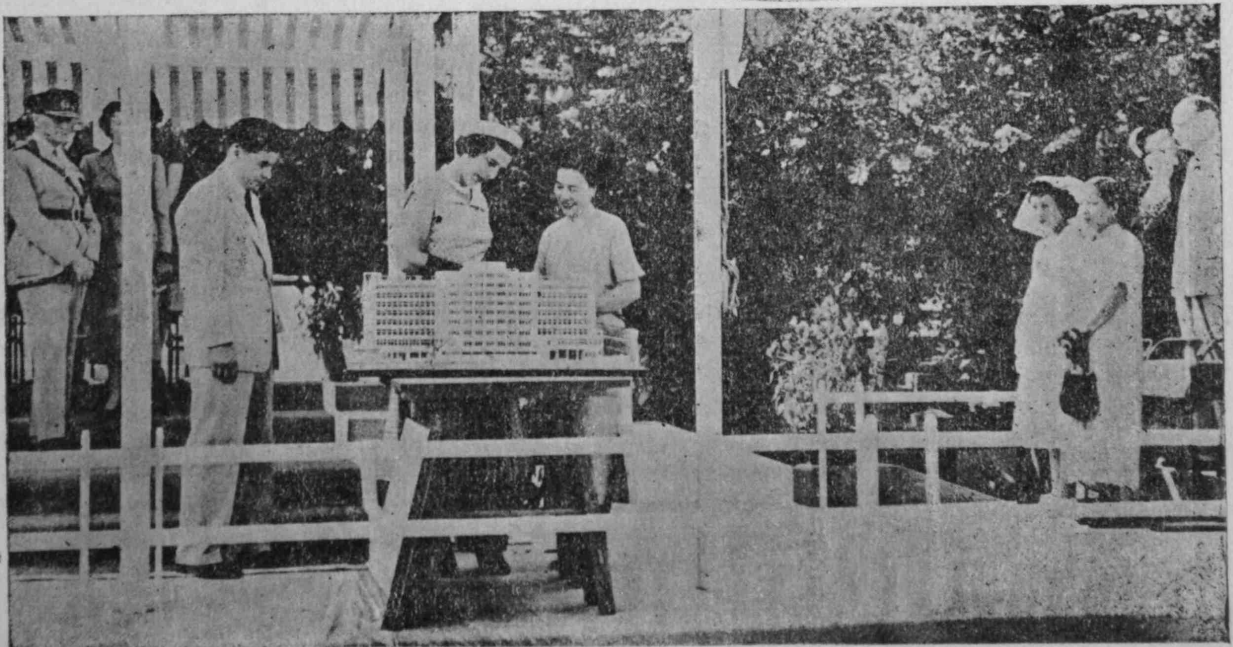
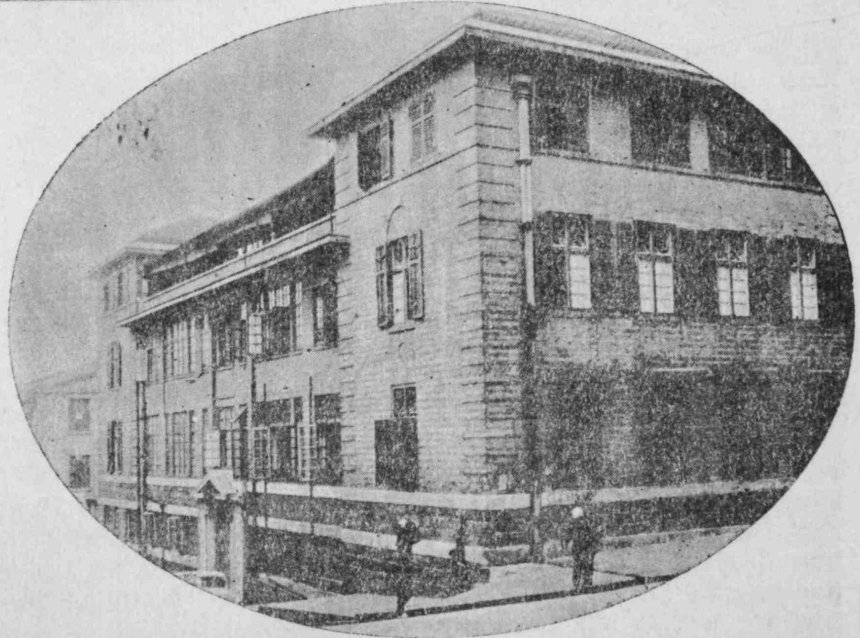
YEAR	TOTAL ADMISSIONS
1926	465
1927	865
1928	1646
1929	1944
1930	1778
1931	1974
1932	1927
1933	2018
1934	2121
1935	2408
1936	2367
1937	2359
1938	2397
1939	3328
1940	3856
War Period	
1946	3012
1947	4176
1948	4830
1949	4572
1950	5385
1951	6199
1952	7216
1953	7221

Present day figures considerably exceed the total volume of work carried out by the Rotunda Hospital in Dublin, with its vastly greater facilities. The increase in admissions and booked cases is partly due to the encouragement which has been given to Chinese mothers to avail themselves of the services offered by the Hospital's ante-natal clinics. Chinese mothers are quick to realise the value of good ante-natal care with the result that in 1953, 97.5 per cent of admissions were booked cases as compared to 1939 when the figure was only 8 per cent.

Such figures would appear to mean that quantity has superseded quality and that the high standards so carefully built up must inevitably suffer. But strangely enough, the results of the hospital have not shown the deterioration which might have been expected; and the Hospital's Maternal and Infantile mortality figures would compare favourably with many hospitals in the United Kingdom. Thus for example in 1953, the Maternal Mortality rate was only 0.45 per thousand and the combin-



THE OLD AND THE NEW
The architect's model of the new building is shown above; to the right is the present building; below Her Royal Highness the Duchess of Kent inspects the model at the stone-laying ceremony.



ed Still-birth and Neo-Natal Mortality ratal rate reached 2.44%.

To cope with this amount of work, the staff of the hospital now embraces a full-time panel of 10 Doctors, a Matron, 1 Senior Sister, 1 Assistant Sister, 1 Staff Nurse, 15 Staff Midwives, 32 Pupil Midwives and 29 amahs.

THE NEW TSAN YUK MATERNITY HOSPITAL

IN A REPORT which was published in 1929, PROFESSOR R.E. TOTTENHAM said: "To my mind, the University Obstetrical Department and the Tsan Yuk Hospital are dependent on one another, and their union should lead in time to the development of one of the best midwifery clinics in the Far East."

These words of PROFESSOR TOTTENHAM are coming nearer to fruition and will be truly fulfilled sometime early in 1955.

When PROFESSOR TOTTENHAM retired, his position was filled by PROFESSOR W.C.W. NIXON who not only maintained the link between the hospital and the University but also strengthened it. PROFESSOR NIXON has since left the Department and is currently one of the Professors of Obstetrics & Gynaecology in the University of London as well as the Director of the Obstetric Unit of the University College Hospital. With his departure, there appeared a new personality on the scene. His great love for his work, his patience, his understanding and his kindness have endeared him to all classes of patients and to all groups of medical students and graduates. He is the present Professor of Obstetrics and Gynaecology and concurrently Dean of the Faculty of Medicine of the University—PROFESSOR GORDON KING O.B.E., F.R.C.S., F.R.C.O.G. After the war, PROFESSOR KING took upon his shoulders the task of rehabilitating the hospital. He had to face the manifold problems involved. The phenomenal increase in the volume of the work at the hospital must not involve the deterioration of the quality of the service. Largely through his efforts, the Hong Kong public has been made

to realise that the time has long been reached when the present building of the Tsan Yuk hospital is no longer adequate for the purpose for which it was intended. A new building provides the only answer to the pressing problems and needs of the Tsan Yuk Hospital. The hope of a new and up-to-date Maternity Hospital as envisaged by PROFESSOR KING has now been brought to fulfilment by the generous and magnificent gesture of the Hong Kong Jockey Club which has donated a sum of \$3,500,000 for the building and equipping of an entirely new hospital on a splendid site in Hospital Road, only a short distance away from the existing hospital.

In October 1952, H.R.H. the DUCHESS OF KENT visited the colony of Hong Kong and in the course of her visit, she attended a public ceremony during which she laid the Foundation Stone of the new Tsan Yuk Hospital at Hospital Road.

When she said—"I declare this stone well and truly laid", work had gone underway for the construction of a new seven storey building for the new hospital.

The new hospital will contain 200 beds as well as accommodation for a resident staff of 7 Doctors, a Matron, 28 Nurses, 72 Pupil Midwives and 88 amahs. In addition, facilities will be provided for 12 medical students to reside in the hospital during their obstetrical clerkship. There will be a splendidly equipped ante-natal department with 6 examining rooms and facilities for dealing with 150 patients at one time. The wards will make an overall provision for 200 patients including an ante-natal ward for 26 patients and also a certain amount of First and Second Class accommodation.

Each floor will have its own delivery suite and there will be a total of 25 labour beds, 8 delivery rooms and 2 operating theatres divided amongst the four floors on which the wards are situated. Features in the new hospital will include a well-equipped laboratory,

a Blood Bank, an X-Ray Department and a special nursery designed for the care of premature babies.

All facilities and equipment will be modernised. Special provision has been made for the teaching of medical students and Pupil Midwives and a specially designed lecture room and a library have been included in the plan. Ample provision has also been made for the storage of records as well as for offices.

It is anticipated that the Tsan Yuk Maternity Hospital will spend its last Christmas in its present buildings which have served it so long and so well, this year.

When it moves to its new premises early in 1955, its functions will remain

unaltered. Such functions are four in number, viz:

1. Service to the Community
2. Training of Midwives
3. Training of Medical Students.
4. Post-Graduate Training

In its new building, however, it will be possible to give far more effective expression to their fulfilment under larger and more favourable environments.

The opening of this new hospital will be an event to which the colony should look forward, for the new Tsan Yuk Hospital with PROFESSOR GORDON KING at its helm, will surely emerge to become "one of the best midwifery clinics in the Far East." T.H.L.



Above, left to right, Professor Gordon King, Dr. Alice Hickling and Dr. S.W. Tso. Below, expectant mothers crowding the groundfloor entrance as they await attention at a busy ante-natal clinic.

ON DISEASE

IN ALL OUR daily doings and undoings, how many of us stop, even for a moment, to appreciate those things which we are all so apt to overlook and take for granted? Do we ever stop to drink in the pageant of Nature that is parading before these mortal eyes of ours in a never-ending stream? For therein lies all that mortal man depends on, for his environment is a concrete entity without which he would cease to exist. This basic fact was so well appreciated by our remote forebears that they achieved an attitude to which we owe all of what we are to-day. As civilized man progresses he is so apt to forget these fundamentals and to dabble, so to speak, in the branches instead of the trunk, let alone the roots of the life that surrounds us. Disease lies not in the minute scientific details of some microorganism or other but in the environment of the individual and his response to it.

The items that Nature provides to sustain us would form a substantial list did we but choose the highlights. The air we breathe, the sunshine, the rain. The vegetation around us that protects and feeds. The earth we live on and all its living creatures. The variations we are subjected to in this our mortal life are but expressions of these basic factors and our response to them.

Man is such a compound of complex processes that he is prone to more changes than any of the more lowly creatures. His make-up is an intimate linking together of different systems dealing with separate functions, overlapping, aiding and abetting each other towards the maintenance of life. The derangement therein which we term

disease may therefore effect one system in particular, by exciting a response therefrom, or two or more systems overlapping. Indeed, within the same system one would expect as many variations as exist in Nature's panoply of change and counterchange. Not only may different changes be manifest, but also various gradations of such changes. Hence the broad spectrum of so many disease processes, which extend within themselves or encroach upon what might seem the proper province of another. Thus there can never be the typical disease, but only the occurrence of changes which go together to resemble some recognised and named process. Not only are there myriads of factors which can go to cause change in man, but also numerous modes and degrees of response thereto. The assessment of disease is the assessment of the patient, and of all the things concerned with him which go to produce the ailment and the reaction. The patient is not something to be fitted into a few lines of description in a textbook, but a delicate entity all by himself. Treatment can never be good if this is forgotten. Goethe wrote:

"Dame Nature plays unceasingly with the infinite variations of the individual diseases, but the great thing is not to be misled, and to abstract the general permanent rule that governs her behaviour."

It is to this end that "we of medicine" strive;—towards a better adaptation to the influence of all that goes on around us;—and we seek the means much as the ancient alchemists sought the Fountain of Youth and the cure-all Panacea.

T.R.

Ichthyanthropoid

Full man, erect in harshness, makes he
pause,
And plucks with flowering hand the sea,
And scattering his toil with thought said
He at the sea remembers thee;
Cupping in hard hands his marvellous
head,
He listens that made, timidly,
The father of a thing of mystery.

He conquers when the winds rave.
Erect, eating his off-shore bread,
And ever and anon spitting to the lee,
He divides feathly the hissing wave.
But the sea creatures other uses have;
Deep they glide—they are only fed,
Still some wild out of the sea fly.

He leans down on the helm, watching
the clouds,
And she leans along the rocks, singing;
Over the sea the known words come
Like restless waves, forever pursuing
and desiring
All but the hard, opaque and rigid shore.
The dear words throned the night, and
he in awe
Leaps to the song, lest it split in the
tense black shrouds.

Down, down, hand in hand off the rock
they must go,
And like no sea is the sea with a
mermaid in.
Drifting with hollow sound and empty
flow
The tail with monstrous force waves
slow;
They dart into the depth, slipping
By landward signs; shining and vanish-
ing
White water lifts her lip and lines her
chin.

In the abyss, under the keel and the
chart,
Lo! the deaf eel in darkness through
her spreading hair
Wanders straight, ripely to the warm
gulf afar
Of birth and absolution, gliding apart
With great faint eyes and fulness un-
der the heart.
Senseless the man hangs breathing at
the mermaid's ear;
She draws him down and wraps him in
her hair.

The ship rakes at the moon, stinging
the sea,
And the stars stream high and away.
Borne where the scales lap the flesh of
the earth,
The mermaid carries him coiled in
backward birth;
Rapt in a fishes womb away
He dreams terrific waters, till his birth
Is cancelled, and the echoes of his
sweet words die.

ADRIAN ROWE-EVANS



CONCENTRATION



AND REPOSE

TALL STORY

Then there's the one about the man
Who fell
More or less on purpose
From the top of the Eiffel Tower
And whose boots
Striking the struts as he passed
Beat out
In perfect tone and time
And to the delight of the assembled citizens
The Dead March in Saul.
Perfect, that is,
Save for the last strut
Which was a trifle flat.
The man
Being of a sensitive disposition
Returned to the top and repeated the performance
But from the other side of the tower —
This time with conspicuous success

The Mayo Clinic

THE MAYO CLINIC is in Rochester, Minnesota; and Rochester, Minnesota is a small, mid-western town in the middle of the vast mid-western plains. Rochester, Minn. is not to be confused with Rochester, N.Y. Rochester N.Y. is an industrial city near the shores of Lake Ontario where Mr. Eastman made his photographic millions. Rochester, Minn., on the other hand, is miles away from anywhere, and the train runs regular every Wednesday. But you can get to Rochester well enough, for Rochester has an air-port, and U.S. Highways 14, 52 and 63 meet there and cross; and the air-port is there, and the three roads bend to touch this little town because of the genius of Poppa Mayo and Poppa Mayo's two bright boys, Will and Charley.

Poppa Mayo was born in England, in Manchester, on May 31st., 1819; but he was a restless and ambitious soul, and by 1855 he had got as far as Minnesota, where there is more sun and more space and more chance for a man. The story goes that Poppa, having settled down to medical practice and the raising of a family, decided one day that the place he had chosen was not good enough, so he packed his bag and mounted his pony trap and told his trusting wife and children that he was off to find a better hole, and that when he'd found it, he'd send for them. In this way he came to Rochester, whose unsuspecting citizens he joined in 1863.

Old Will (his name was William Worrall Mayo) soon made his presence felt. He was a surgeon, and ancient inhabitants still remember him chiefly

as a bluff and almost legendary figure who would brave the winter floods and storms to ride by horse to distant, lonely farms to open bellies on the kitchen table.

"No side about Old Will," they'll tell you. "Come stridin' down the street, 'e would; high hat and cane and proud as you like, then into the bar and take a drink with the best of 'em"

But Old Will was more than a good, honest, country doctor; Old Will was a genius. One thing he understood: that surgery is just a special sort of treatment, and good surgeons need good physicians by their side; so what did he do? He employed physicians, and he employed more surgeons, and he set up in Rochester a clinic—what they call a poly-clinic nowadays — where patients could come and share the skill of several men, and get, as the saying goes, the entire works.

This was the start of what is now the finest business organisation in the United States.

Old Will died in 1911, but not before the Mayo Clinic was a prosperous, going concern; and not before he had trained his two boys, Young Will and Charley, up to the task of carrying on. There was no break in progress when Old Will died, for the two brothers were ready and waiting.

"Ah!" says the oldest inhabitant, "bright lads, they were. Always away, one of them was. First one, then the other. Over in Europe—learning, learning, watching operations, finding out

how the hospitals was run. Now it's **them** comes over here to learn."

From the time the brothers took over, the Clinic went ahead with a bang. Year by year the buildings grew, and year by year the staff increased as more and more patients flocked to Rochester to enjoy the benefits of this highly organised medical workshop.

As the reputation of the Clinic grew, the brothers were able to offer salaries and technical facilities that would attract some of the best medical talent in the States, and so the institution became a self-improving snowball, and as trade got better and better, larger and larger sums from profits were ploughed back into the business.

There is a story of a millionaire from one of the Southern states who was sick, and sent for one of the brothers to come and see him. The brother wrote back to say that he could not come, but that if the gentleman wished, he could come to Rochester to be seen at the Clinic. The millionaire cabled:

"Come at once. Money no object"

Brother Mayo replied:

"Money no object, Not coming".

A far cry from the days when Poppa set off on his horse in the snow.

When the brothers died, they were themselves millionaires.

TODAY THE CLINIC is a non-profit-making organisation. There are two vast medical buildings some sixteen stories high where patients are seen, and there is a Medical Sciences Building housing some of the finest equipment in the world, where research in all branches of medical science is carried out.

The entire property is owned by a body known as the Mayo Foundation. The Mayo Clinic itself is an association of the professional members of the staff. The Clinic derives its income from the fees paid by patients. Out of this money the clinic pays all salaries,

all running expenses, and rent to the Mayo Foundation for use of the buildings. The money then remaining is handed over to the Foundation, and is used for the furtherance of medical research and education.

The Foundation's contribution to medical education is the provision of 500 Fellowships. Five hundred medical men of senior house-officer status are employed at a salary of U.S.\$5,000 a year and upwards. They take part in the daily work of the Clinic, being attached to one or other of the 300 members of the permanent staff. There are thus 800 doctors at work. The Fellows not only learn their trade during the year or more they spend at Rochester, but they also form the greater part of the labour corps of the machine. When they leave and go back home (most of them are Americans) it is as ambassadors of the Clinic, and as agents for the introduction of new patients.

The Foundation's contribution to research lies in the maintenance of the Medical Sciences Building, and the employment of a large staff of first class scientists. Here too, the permanent staff is supplemented by Research Fellows. Papers of high quality, bearing the name of the Clinic, flow in a constant stream from this source, and further glorify the name of Mayo throughout the land. At any of the numerous meetings and conventions which enliven the medical year in the States, the Mayo scientists may be depended upon to provide an excellent and well-staged show.

Thus are the profits spent. Where does all this money come from?

It comes from the patients, and the patients who crowd into Rochester each year are now numbered in hundreds of thousands.

Anybody can go to the Clinic. A patient may be referred by his own practitioner to a particular member of the Clinic's staff, or a patient may just walk in and say that he wants to see a doctor.

Every doctor in the Clinic, be he a cardiologist, or an endocrinologist, or a neurologist, or a thoracic surgeon, takes part in the sifting of new patients. The patients first register at a desk in the main hall, and unless they ask by name for the services of a specific doctor, they are distributed by rote amongst the staff.

"Right," says the Miss at the desk. "You go to Room 526. Next! Right! Room 631."

And so on.

Once seen, a patient may be retained by the doctor he first gets to, or he may be passed on to a colleague with special knowledge. Thus, although the staff members may, and usually do, specialize in some particular branch of medical practice, each is first and foremost a member of the general staff.

Following the first consultation, the patient is usually sent on a tour of the Clinic to undergo a series of special investigations such as X-ray, blood analysis, electrocardiography. Everything that needs to be done is done right there on the spot and with the minimum of delay.

The doctors are well paid, but in addition to the basic salary, there is a bonus system, which considerably increases the income of the more successful staff members. The amount available for distribution as a bonus is based on the total income (and thus the total number of attendances) for the year; and the size of a man's share depends upon his value to the Clinic. Thus a Nobel prize will gain the winner a very handsome increase in pay, and if a doctor has 50 or 500 or 5,000 patients referred to him by name from outside practitioners, or asking for him by name at the desk, then he is credited with having been responsible for bringing those patients to the Clinic, and his bonus benefits accordingly.

The fees chargeable are not fixed, and no questions about a patient's ability to pay arise until treatment is complete. When the doctors have

finished, the patient goes to the accounts office with a card from his doctor showing what has been done (how many consultations, X-rays, surgical operations and what have you) and suggesting the proper fee

Sometimes the patient says he can't meet the bill. Then it is within the accountant's absolute discretion to reduce the charge there and then and without further enquiry to whatever sum he thinks fit. Sometimes, on the other hand, the accountant may consider the suggested charge too small, and may ask for more. These men are skilled at sizing up their client's financial state with the aid of nothing more than their eyes and a few brief questions.

It is a proud boast that no patient has ever been taken to court for non-payment of fees.

"Give 'em time. They'll always pay in the end," they say.

This attitude is, of course, well known. Nobody, therefore, hesitates to become a customer simply for fear of the bill.

The Clinic provides good, competent service for about half the fee a private doctor would demand. For this reason, the Clinic has not so rosy a reputation with the profession within the States as it enjoys abroad.

* * *

THEN ALL IS philanthropy, is it? Well no, not quite all. Side by side with the Mayo Foundation and the Mayo Clinic exists a third organization; the Kahler Corporation, and the Kahler Corporation is a profit making concern.

A lot of the patients need hospital treatment, and the Clinic has no beds. Rochester, however, has many hospitals to which patients may go, and the Clinic staff will look after them there. Hospital charges are nothing to do with the Clinic. They are a separate and additional item. Most of the hospitals belong to the Kahler Corporation.

If the patient needs drugs or surgical appliances, then Rochester has many drug-stores from which such items may be purchased. Most of the drug-stores belong to the Kahler Corporation.

Moreover, the patients (those who are not in hospital) and the patients' friends and relations have to sleep somewhere whilst they are in Rochester; and they have to eat somewhere. To meet this need the Kahler Corporation has provided a number of excellent hotels and restaurants. Next to the main Clinic buildings is the Kahler Hotel. It is not quite so big as the Clinic, but it is not very small, and the top two floors have been equipped by a considerate management as a first class nursing home.

Rochester has a population of 60,000. Several times that number of patients register annually at the Clinic, and most of them will bring at least one friend along to lend support.

Some towns have mountain scenery to attract visitors, and some have warm beaches, and some have ancient monuments, but Rochester has the Mayo Clinic, which is an all-weather, all-season crowd catcher.

"Ay," says the oldest inhabitant. "They was great men, was Will and Charley. Did a lot for Rochester, they did."

EVERYTHING ABOUT THE Mayo Clinic is impressive. The traveller to Rochester by night sees, whilst yet a long way off, a bright and flashing light breaking

across the flatness of the corn-lands. When the town is reached, he finds this friendly beacon is a search-light, spinning round and around atop the tower of the Clinic.

Near to the Clinic is a medical museum, admission free to all and sundry, and here the patient, having had his gallstones diagnosed, or having heard the truth about his kidneys, can spend a pleasant afternoon, browsing amongst the pots, seeing for himself just what it all means; and every hour, on the hour, the lights go down and a life-size plastic man lights up and slowly turns upon his pedestal, and through a microphone, the gentle old curator gives an anatomical address, couched in simple language for the layman's ear.

Up in the Clinic tower is a carillon. At five-o'clock each evening sweet chimes are played by one of the few carillonists extant in the States. Already there is some concern amongst the Directors as to what will happen when he (as he, being mortal, must) some day departs. But for the moment he is there, and at five each week-day, and at nine on Sunday mornings, the bells peal forth.

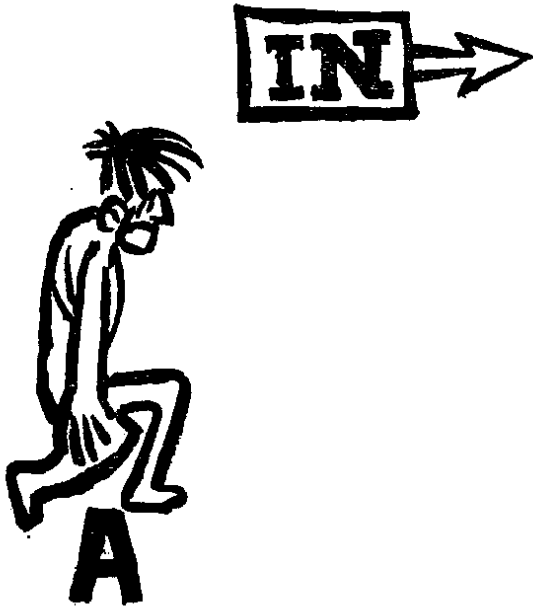
It is a rich, emotional experience to awaken on a quiet Sabbath morn in this Lourdes of the Middle West, and to hear the good old tunes roll out in vibrant ecstasy across the plains.

Holy, Holy, Holy! Poppa, Will and Charley!

Early in the morning our song shall rise to thee. D.W.G.

Routine Investigation and Treatment

(2054)

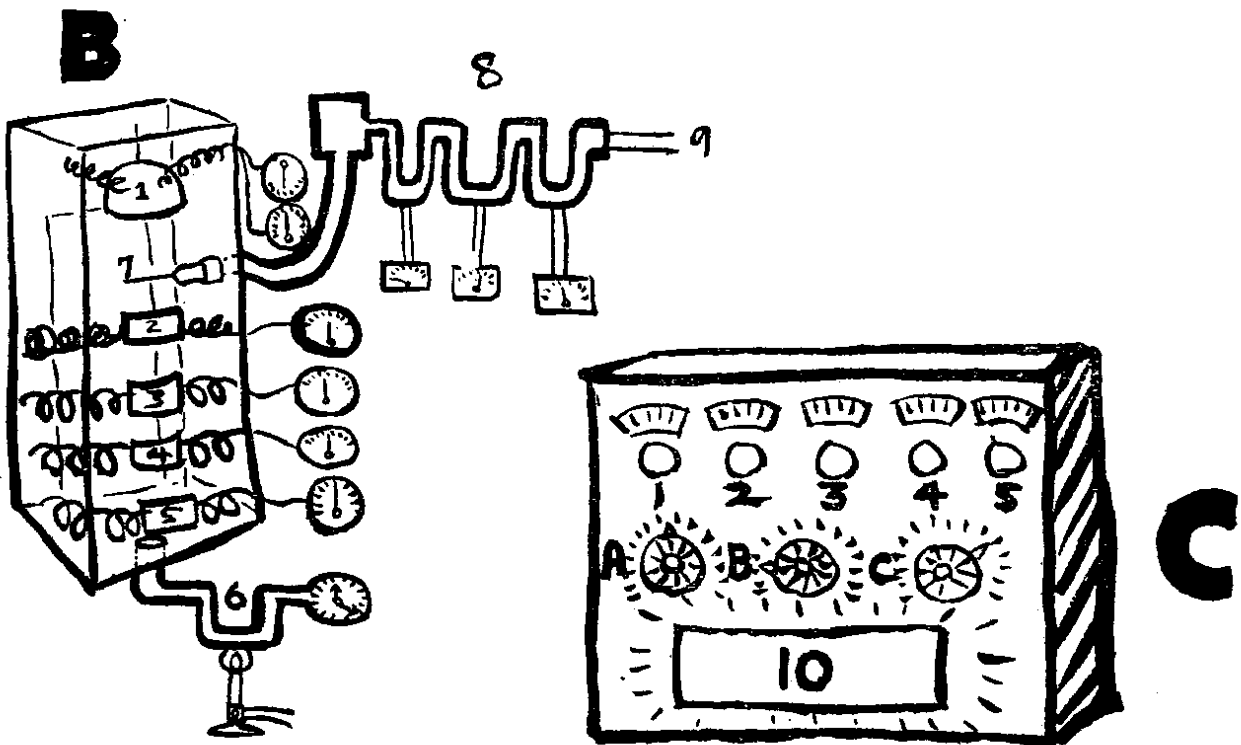


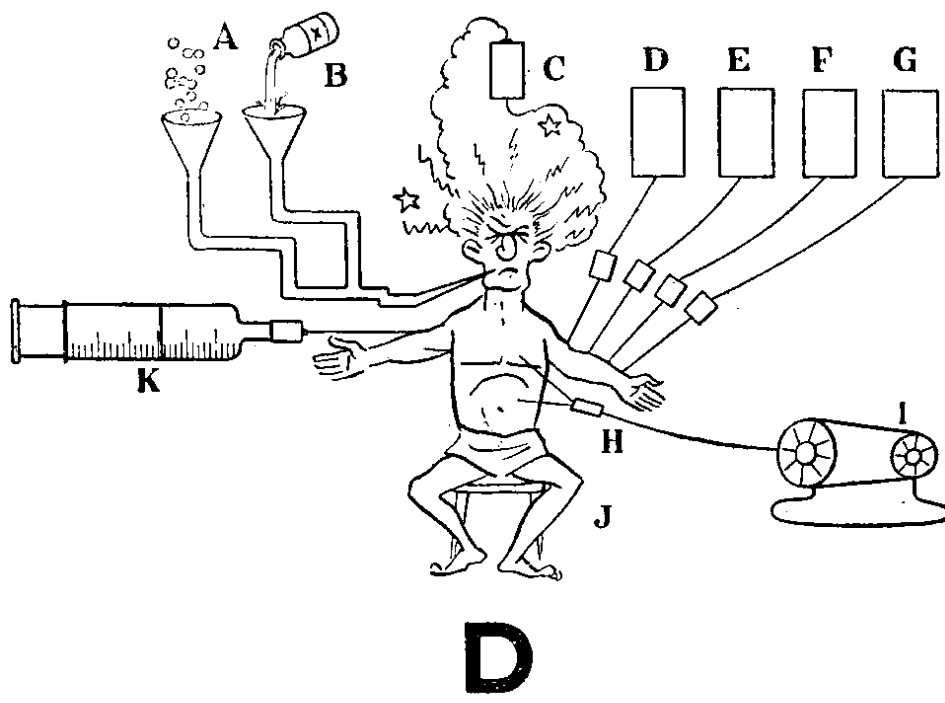
Patient (A) enters Investigation Cabinet (B). Here he is subject to the scrutiny of:

- 1) The Electroencephalogram
- 2) The Electrocardiograph
- 3) The Abdominogram
- 4) The Pyelogram
- 5) The Footogram
- 6) Urinalysis machine
- 7) The "blood needle" which takes 50 c.c. of blood for haemoanalysis in the apparatus marked "8." (Excess blood is transported to the Blood Bank by pipe No. 9. Analysed blood is collected and the calcium content removed to give rickety children.)

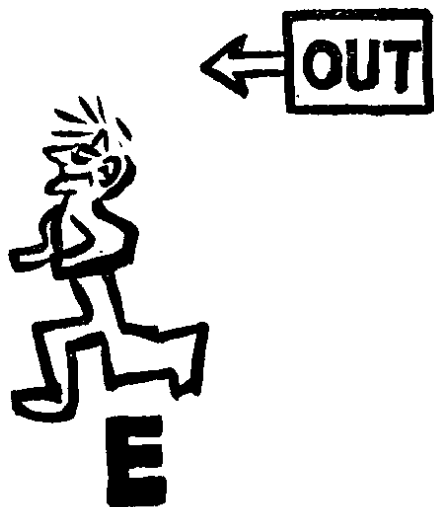
The recordings on the respective dials are noted.

The Diagnosis Machine (C) is then set by turning dials 1, 2 & 3, & knobs A, B, & C. The diagnosis is flashed on the Screen. (10)





The patient is then treated accordingly (D). Multivitamin pills (A) and extra broad spectrum antibiotics (B) are poured down patient's throat. Battery (C) supplies energy for electrotherapy of patient's mental condition. (It does not matter if he is sane or insane) Then comes the routine series of intramuscular injections of "tonics" for the heart (D), liver (E), kidney (F) and adrenal cortex (G). Needles (H) are used for thoracocentesis and abdominocentesis with suction provided by pump (I). If patient has no fluid in the pleural or abdominal cavities the pump can work backwards and then suck the saline flush out again (the lavage effect is especially efficacious in conditions like acne vulgaris of the gut). Patient sits on stool (J) which is also an enema apparatus. Syringe (K) is used for administration of specific antiserum. (Given by intravenous route).



Patient leaves by other door feeling fit and fine again (E), unless there is a short-circuit somewhere and the wrong treatment is given. But then, what he can't feel won't hurt him.

T.R.

Lucky For Some

THE EIGHTEENTH OF MARCH was indeed a day; a day of sadness and joy. Shortly after noon, the results of the 1954 Second M.B. examinations were posted, and the fate of each of those who had anxiously gathered around the Dean's office since half-past-eight in the morning was known.

To those successful it was a big day. Radiant with happiness, they received the hearty congratulations of their friends.

At last, with many months of hard work behind them, they had conquered the second greatest stumbling block in the course of their medical studies.

To those who failed it was also a day; a day of broken ambition, and even of tears. Seeing their ill-fortune, many left without a word.

I, a failure, departed after congratulating some of my most intimate successful classmates. With leaden heart, I dragged back to the hostel and locked myself in my room. My mind was a total blank. I did not know what to think, and I did not really want to think;—no, not for a while yet. How long I thus remained I do not remember, but finally I took out the papers in which I had failed and looked at them. The questions seemed fair enough. Perhaps I was more ignorant than I guessed. Perhaps I had not caught the elusive 'meaning' of the questions. I had failed to get a clear idea of what the examiners wanted. I reflected, somewhat bitterly, that it was easier to ask than to answer. But whatever the cause, I had failed.

"Well," I thought at last, "you have failed, and you might as well face it," so, steeling myself, I left the sanctuary

of my room and went out into the corridor. There I met the warden.

Now, he is one of the nicest men you could hope to meet. He stood there with some of my hostel-mates, and already he knew the results. When he saw me he said "Sorry Y. It's tough, isn't it?"

"Yes," I said, "but I'll try again. That's all there is to it." And I forced a smile. But somehow that sympathy pulled a trigger, and I excused myself and went back to my room and I cried like a baby.

Through the window I could see the birds. I had seen them before on countless occasions, in that very same frame, but now they seemed to mean more to me. They symbolised a careless freedom for which I yearned. Below the window children played. How I wished I could be a bird or a child! They are happy and have nothing in the world to worry about. But are birds really happy, I wondered? And children grow up, and their trials will come. And so I wondered this and that, and I blamed myself, and I blamed my God, and I finally said "To hell with it all!" And out I went to enjoy myself.

Well, it was all right so long as I was out, but once I got back the grey depression settled again. I sat, and I brooded, and I worried.

Then the worthwhile thing happened. I got a sense of proportions. I saw that failing Second M.B. was little enough in face of the trials that might beset a man. All life is a struggle, and sometimes one succeeds, and sometimes not. I went to bed happier, except for one thought: "Tomorrow I shall have to write home." CONTRIBUTED

Tetanus Of Cardiac Muscle In The Frog

BY WU TAI TE

From the 2nd Year Class in the Department of Physiology

THAT IT IS impossible to produce tetanus in cardiac muscle is pointed out in various textbooks, and the following extract from "Applied Physiology" by Wright (1952) is typical of the statements made.

"Throughout the period of contraction, heart muscle is absolutely refractory and does not respond at all to external stimuli. Summation effects are impossible, because one contraction must be completed and recovered from before a fresh one can be set up; as a consequence, heart muscle cannot develop a tetanus."

Figures 1 and 2 are reproductions of traces made during the course of class experiments, and showing what appears to be a state of tetanus. The apex of a frog's heart *in situ* was attached to a heart lever, and the ventricle was stimulated by a faradic current from an induction coil through electrodes placed directly on the muscle.

DISCUSSION

It appears from the tracings that in order to obtain a phenomenon resembling cardiac tetanus, both the voltage and the frequency of the applied current must be high.

Burridge (1920) recorded tetanus as a result of applying faradic current to isolated hearts perfused with Ringer's solution. He attributed the phenomenon to an abnormal ionic environment arising from the experimental conditions. Robb (1952) studying the behaviour of perfused hearts from small mammals at different temperatures, frequently observed additional and larger beats falling within the period of relaxation of a normal contraction, which he interpreted as summation. He therefore concluded that the heart muscle could not be a syncytium, as it is commonly supposed to be.

The interest in these observations lies in the fact that they completely contradict orthodox views on the behaviour of cardiac muscle. Two quite different explanations are offered by the authors quoted above. The present writer hopes to be able to undertake further work on the problem.

The co-operation of David Yee in obtaining these tracings is gratefully acknowledged.

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Robb, J.S. (1952). *Amer. J. Physiol.* **171**, 365
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FIG. 1

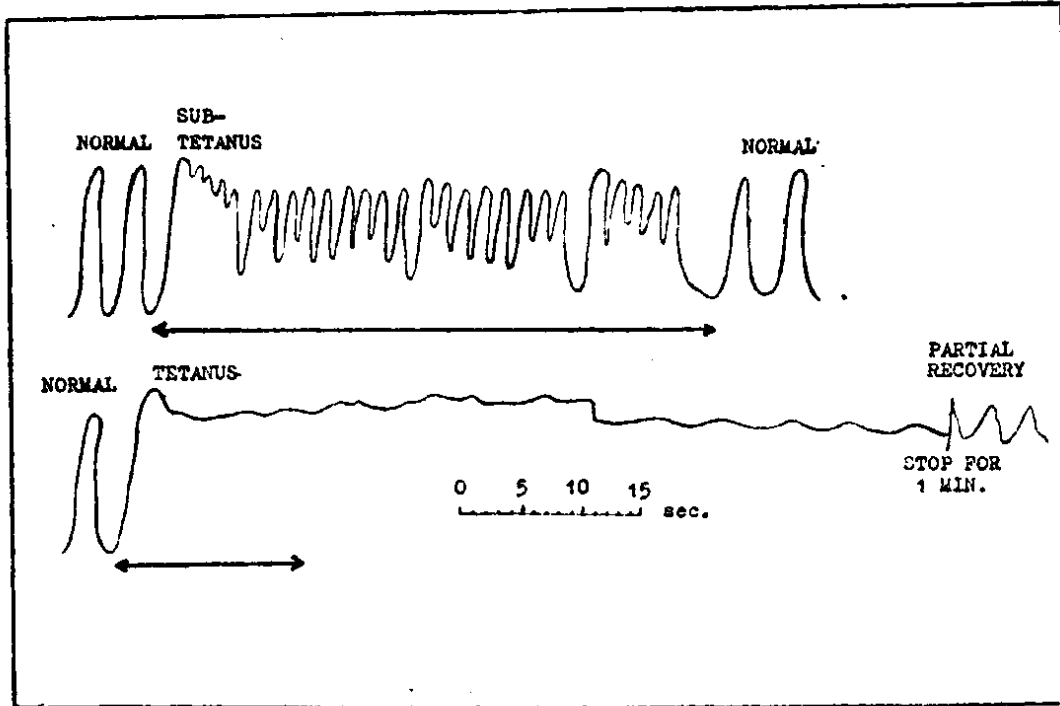


FIG. 2

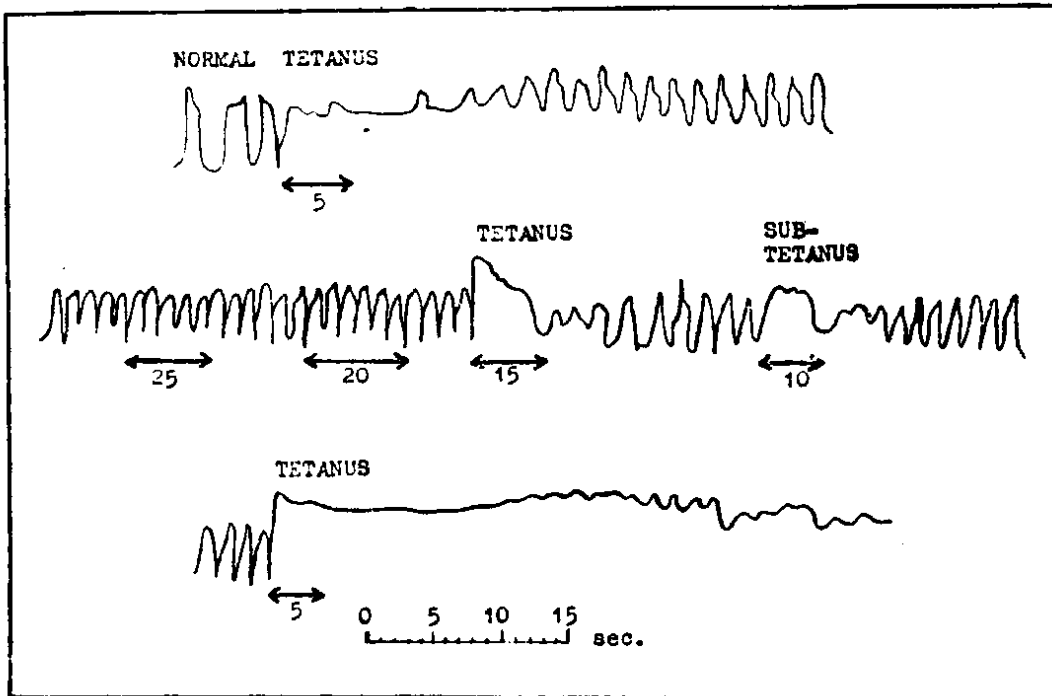


Fig. 1.

Apparent sub-tetanus (upper) and tetanus (lower) produced in frog's heart by stimulating ventricle with faradic current. The arrows mark the duration of the stimulus. In the upper tracing the frequency of the stimulating current was between 300-500 per minute; and in the lower tracing, 1,000-3,000 per minute.

Fig. 2.

Tracings obtained during an experiment designed to demonstrate the rhythmic response of cardiac muscle during a continuous stimulus. The arrows indicate the duration of stimulation. The figures below the arrows show the distance in centimetres between the primary and secondary coils of the inductorium. Approximate frequency of applied current: 1,000-3,000 per minute.

VISITORS



TEA AND CAKES

Left to right: Dr. O.K. Skinsnes, Dr. C.T. Huang, Professor Hou Pao-Chang, Dr. W.D. Forbus. Dr. Forbus, Professor of Pathology at Duke University, N. Carolina, visited Hong Kong as external examiner in December 1953. He came here from Taiwan University, where he had helped to establish a new pathology department. Before leaving Hong Kong he lectured to the Medical Society on Reactions of the Reticulo-Endothelial System.



PHYSIOLOGIST AND WIFE

Professor and Mrs. E. M. Glaser snapped on the verandah of Professor Kilborn's flat. Professor Glaser came as external examiner for the March 2nd. M.B. examinations. Whilst here he gave a fascinating talk on his researches concerning blood storage in the human body.



FROM PARIS

On April 3rd. Professor Laplane of the University of Paris lectured to an audience of students, practitioners and midwives on the care of the premature infant. The Professor was on a lecture tour, and passed through the colony on his way between Saigon and Tokyo.



TOP BRASS

Mr. Tudor Thomas, President of the British Medical Association, chatting to the Vice-Chancellor after his lecture on Tradition and Advance in Medicine. The President is famous for his work on corneal grafting. He visited Hong Kong in April during the course of a tour of overseas Branches of the Association.

Kenelm Hutchinson Digby

O.B.E., M.B., F.R.C.S.

KENELM DIGBY, Emeritus Professor of Surgery in the University of Hong Kong, died in London on February 23rd., 1954, at the age of 69.

Born in London, the son of the late William Digby, C.I.E., he studied medicine at Guy's Hospital, winning the Michael Harris, Hilton, and Beaney prizes. After qualifying in 1907 he continued work at Guy's as a house officer, and later as surgical registrar and anaesthetist.

In 1910 he took the F.R.C.S. In 1912 he was appointed principal medical officer to the old Great Central Railway, but in the next year he came to Hong Kong as professor of anatomy; a year after the University was founded.

Two years later, in addition to his post as anatomist, he became Ho Tung professor in clinical surgery, and surgical consultant to the Government of Hong Kong. In 1923 he gave up anatomy in order to fill the Chair of Surgery, from which he retired in 1948.

During the Japanese occupation of Hong Kong, Professor Digby was interned at Stanley, where his fine work as senior surgeon to the camp hospital is gratefully remembered by many civilian internees to whom he had given both treatment and courage during the difficult years of captivity.

He had chosen internment because he reckoned it his duty to serve in the camp, despite the attempts of the Japanese to persuade him to stay outside and continue his surgical work at Queen Mary Hospital.

After the liberation, in 1945, Digby spent a short convalescence in England,



and then returned to the colony. He shortly retired from the Chair of Surgery, but continued an active consulting practice in Hong Kong until 1949, when failing health forced him to return to England.

Even then it was not to rest, for he continued a life-long interest in research by working at the Buckston Browne research farm of the Royal College of Surgeons on the role of sub-epithelial lymphatic glands in immune reactions.

A member of the British Medical Association for many years, he was president of the Hong Kong and China branch in 1946, and after his return to England served on the Council of the Association as representative of the South-East Asia branches.

He wrote many papers on many aspects of medicine, and in 1919 published a book entitled *Immunity in Health: the Function of the Tonsils and the Appendix*.

He was appointed O.B.E. in the 1939 Birthday Honours for medical services in Hong Kong

The debt of gratitude owed to Professor Digby by the University for the great and effective interest which he always took in its well-being and development was recognised when, upon retirement from the Chair of Surgery, he was made Professor Emeritus.

That a similar debt is recognised by his many old friends, students and patients is shown by the fact that upon news of his death, a committee was formed to collect funds for the establishment of a Digby Scholarship.

To Mrs. Digby, who shared with her husband the affection and respect of so many, and to his surviving daughter, goes our deepest sympathy.

G.H.T. writes:

"One sunny afternoon in the year 1913 I met a happy young English couple — he holding her hand — slowly wending their way up Pokfulam Road towards our newly built University. They were newly married.

I soon learnt all about this handsome young man. He was our new Professor of Anatomy. He was a Guy's man. He was a Fellow of the Royal College of Surgeons of England. And, above all, he had a captivating name — Kenelm Hutchinson Digby.

* * *

It was a long time before I called on the couple. I went to their house on University Path and rang the bell. I was admitted and ushered upstairs. A siffock awaited me. I found the Professor distracted. His first-born daughter lay dying. He was helpless, and so was I. When the end came, the grief-stricken young father tenderly carried the daughter to her mother in the next room, and I silently and sorrowfully crept out of the house.

Later, I received a touching letter together with a memento, which I have treasured to this day.

They bore their sorrow bravely, and when their second daughter came their cup of happiness was full again.

* * *

Digby was a staunch and loyal friend.

but he could be very outspoken, and oftentimes his words hurt; but then one knew exactly where one stood with him; and no one ever doubted his sincerity. He looked squarely at one when speaking, and one instinctively knew that he was absolutely straightforward and that in him there was no guile.

* * *

Digby was an original thinker and a born teacher. No students ever feared him; they loved and admired him for the way he treated them, taught them, and inspired them.

His outpatient sessions were like medical club meetings where students presented, discussed, and argued their cases. He warned them against loose thinking and stressed the importance of accurate description. He advised them to cultivate a scientific habit of mind. He never bluffed. He often said: 'I do not know' or 'I forget. I will look it up. Remind me the next time.' And students did invariably remind him.

He brought with him the surgical traditions and teaching of Guy's, and those who had imbibed them were appreciative and grateful.

In the operating room he was extremely polite to his assistants. He always prefaced his wishes by such phrases as: 'Would you mind', 'May I', 'Allow me', 'Might I suggest'.

Of course, he had his little weaknesses. Long, long ago, at one of our Medical Society's concerts, a skit upon Digby's fads was staged in the Great Hall. 'Professor Spadeby' was ably and humorously imitated by my old friend, Mustapha Bin Osman; and the students present rocked with merriment, and probably Digby also as he saw himself as others saw him.

As an examiner Digby was very understanding and human. At an operative surgery examination a candidate was given a finger amputation to do. When Digby went round later he found the finger still attached. He asked what the trouble was, and the candidate told him that he 'gave up'; whereupon Digby advised him to get the finger off

somehow, even if he had to bite it off; and in this way he might possibly get a few marks for the operation.

* * *

Digby's home life was one of perfect harmony. His devotion to his wife was remarkable. He addressed her in endearing terms, and it was no mere conventional way of addressing a spouse but was an expression of deep tenderness.

The first time my wife and I were invited to their home for dinner I was embarrassed to find that he was 'dressed' and I was not. He put me at ease by saying that he always dressed for

dinner even when they were alone — just for his wife.

It was forty years ago that I first saw that happy young couple. Forty years later, my mind's eye saw the same couple—not young, but 'with silver threads among the gold', within the precincts of Guy's. It was a cold and dull February day. This time she was holding his hands — feeble hands that once had been so steady and ready to soothe and to save. With a sad-happy heart, so full of sweet memories of that noble life, she tenderly held the hands until she knew that she was alone, all alone."

How often are we to die, before we go quite off this stage?

In every friend we lose a part of ourselves, and the best part.

POPE.

NOTES & NEWS

ADMISSION.

The minimum age of entry to the University has been raised from sixteen to seventeen, effective from September 1955.

Limitation on admissions to the Faculty of Medicine from September 1954 has been set at sixty four.

APPOINTMENTS.

Dr. T.B. Teoh, M.B., B.S. Hong Kong, Ph. D. Leeds, as Lecturer in Pathology, 1953.

Dr. Marjorie M.C. Lee, M.D. (West China Union), Demonstrator, as Lecturer in Anatomy, from September 1953.

Dr. Doris Gray, M. Sc., Ph. D. (Western Ontario), as Lecturer in Biochemistry in the Department of Physiology, from September 1953.

Dr. L.F. Tinckler, M.B., Ch. B. L'pool, L.R.C.P., F.R.C.S. Eng., Lecturer in Surgery, also as Acting Head Department of Anatomy from February 1954.

Dr. R.H.J. Hamlin, M.A. (Hons.), M.B., Ch. B. (N.Z.), M.R.C.O.G., as Assistant Lecturer in Obstetrics and Gynaecology, from March 1954.

GENERAL MEDICAL COUNCIL.

Under the new intern requirements, diplomas granted by the University of Hong Kong after January 1, 1953 have been recognised for purposes of registration under certain conditions.

HONOURS.

In the New Year's Honours List, 1953

Dr. the Hon. Alberto Maria Rodrigues: Member of the Most Excellent Order of the British Empire.

In the Coronation Honours List, 1953

Professor Gordon King, Dean of the Faculty of Medicine and Professor of Obstetrics and Gynaecology: Officer of the Most Excellent Order of the British Empire.

In the New Year's Honours List, 1954

Dr. the Hon. Mustafa bin Osman, M.D., B.S. (Hong Kong), State Surgeon of Kedah and Perlis States, Malaya: Companion of the Most Excellent Order of the British Empire.

BENEFACTIONS BY THE CHINA MEDICAL BOARD.

FELLOWSHIP.

One year fellowship in the United States of America to Dr. Y.C. Pan, Assistant Lecturer in Medicine. He will do Clinical Research in Cardiology at Peter Bent Brigham Hospital, Harvard Medical School, Boston.

DEPARTMENT OF PHYSIOLOGY.

Funds for the purchase of a Sanborn four-channel physiological recorder and three electrical manometers.

US\$6,500.00 for equipment including a refrigerated centrifuge, a spectrophotometer and various smaller items.

DEPARTMENT OF PATHOLOGY.

US\$75,000.00 towards equipping the new Pathology Building.

LEAVE OF ABSENCE.

Long Leave has been granted to Professor F.E. Stock, M.B., B.S. Lond., F.R.C.S. Eng., F.A.C.S., D.T.M.&H. Edin., Professor of Surgery, from February 2, 1954, for eleven months.

Long Leave has been granted to Dr D.W.C. Chun, M.B., B.S. Hong Kong, F.R.C.S. Edin., M.R.C.O.G., Senior Lecturer in Obstetrics & Gynaecology, from March 1, 1954, for four months.

Dr. Pan Yin-Chi, Assistant Lecturer in Medicine, has been granted leave of absence for one year from November 5, 1954, to take up a China Medical Board Fellowship in the United States of America.

PERSONALIA.

Professor Gordon King, O.B.E., has been elected an Honorary Fellow of the American Association of Obstetricians, Gynaecologists and Abdominal Surgeons. In August 1953 he was granted leave to attend the First World Congress on Medical Education in London.

Professor F.E. Stock has been invited to read a paper on "Tumours of Blood Vessels" at the Clinical Congress of the Pan-Pacific Surgical Association in October 1954. The Inter-University Council for Higher Education in the Colonies has also invited him to represent the Colonial Universities and University Colleges at the Jubilee Celebrations of the University of Leeds.

Professor Hou Pao-Chang, Professor of Pathology, has been invited to attend the Fifth Conference of the International Society of Geographical Pathology to be held in Washington, D.C. from September 6 to 10, 1954, and to present papers on primary carcinoma of the liver and on bronchogenic carcinoma.

Dr. Nora Tregear, Student Health Officer, is to represent the University at the Annual Meeting of the British Student Health Officers' Association to be held at Aberdeen University in July 1954.

Professor R.A. Willis, M.D., D.Sc., F.R.C.P., Professor of Pathology of the University of Leeds, has accepted the appointment of External Examiner in Pathology for the Degree Examinations in December 1954. During his three weeks stay in the Colony, he will deliver four lectures.

POST-GRADUATE STUDIES.

M.R.C.P. London, 1952

Dr. Gerald Choa, M.B., B.S. Hong Kong, D.T.M.&H. L'pool, Lecturer in Medicine, Hong Kong University.

PH.D. Leeds, 1952

Dr. T.B. Teoh, M.B., B.S. Hong Kong, Lecturer in Pathology, Hong Kong University.

B.Sc. London, 1952

Dr. D.W. Gould, M.R.C.S., L.R.C.P., D.T.M.&H., Senior Lecturer in Physiology, Hong Kong University.

F.R.C.S. Eng., F.R.C.S., Edin, 1952

Dr. G.B. Ong, M.B., B.S. Hong Kong, at present Surgeon, Kowloon Hospital.

M.R.C.O.G. 1953

Dr. Christina Chow, M.B., B.S., Hong Kong, in private practice, Kowloon.

F.R.C.S. Edin., 1954

Dr. George Choa, M.B., B.S., Hong Kong, attached to Government Surgical Unit, Queen Mary Hospital, due shortly from U.K.

D. Obst. R.C.O.G. 1953

Dr. Lam Yu Shing, M.B., B.S., Hong Kong. Dr. Chua Seng Giap, M.B., B.S., Hong Kong.

PRIZES.

The Ho Kam Tong Prize for Social Medicine

Mr. Khoo Boon Keng in May 1953.

Gordon King Prize in Obstetrics & Gynaecology

Dr. Lee Lai Hang in the Final Examination in Obstetrics & Gynaecology in May 1953.

C.P. Fong Prize in Internal Medicine

Dr. Rosie Young Tse-tse

Dr. John Anderson Gold Medal

Dr. Sylvia Chui Sai Hang for obtaining the highest aggregate of marks in all professional examinations in her university career. She won distinctions both in Medicine & Surgery in the Final Examination.

The Aw Boon Haw Prize in Obstetrical and Gynaecological Pathology open to all medical graduates of the University of Hong Kong of not more than three years' standing.

Dr. T.B. Teoh, M.B., B.S., Ph.D., shared it with.

Dr. K.K. Chow, M.B., B.S.,

C.P. Fong Prize for Pathology and Bacteriology to be awarded.

The Janet McLure Kilborn Prize, formerly awarded at West China Union University, has been temporarily established at the University of Hong Kong for award to a woman undergraduate on the results of the Second University Examination, Part II, in physiology and biochemistry.

Miss Fong Pui Wai, March, 1954

The Ng Li Hing Prize for obtaining the highest number of marks in anatomy in the Second University Examination, Part II.

Mr. Lai Kai Sum, March 1954.

Ho Fook and Chan Kai Ming Prize for obtaining the highest aggregate of marks in all subjects in the Second University Examination.

Mr. Lai Kai Sum, March 1954.

PUBLICATIONS

McFadzean, A.J.S. & Choa, G.H. (1953) **Haemolytic Anaemia in Typhoid Fever.** Brit. Med. J. ii, 360

McFadzean, A.J.S. & Choa G.H. (1953). **The Neuroparalytic Accidents of Antirabies Vaccination.** Trans. Roy. Soc. Trop. Med. & Hyg. 47, 372

McFadzean, A.J.S., Chang, K.P.S. & Wong, C.C. (1953). **Solitary Pyogenic Abscess of the Liver Treated by Closed Aspiration and Antibiotics.** Brit. J. Surg. 41, 141

McFadzean, A.J.S. & Gray, J. (1953) **Hepatic Venous Hum in Cirrhosis of Liver.** Lancet. 265, 1128

Stock F.E. (1953). **Diffuse Systemic Haemangiomas.** Brit. J. Surg. 41, 273

Stock, F.E. (1954). **Repair of Large Herniae with Nylon Mesh** Lancet. 266, 395

Teoh, T.B. (1953). **The Structure & Development of Walthard Nests** J. Path. & Bact. 46, 433

Teoh, T.B. (1953). **The Histogenesis of Brenner Tumours of the Ovary** J. Path. & Bact. 46, 441

SCHOLARSHIP

Mr. Hiro Advaney, in memory of his mother, has given money to pay for the full medical course of a woman student. The scholarship is administered by the Hong Kong Junior Chamber of Commerce, and is awarded upon the results of the Hong Kong Matriculation Examination. The J.C.C. hope to maintain the scholarship through public donations after the expiration of the first award.

No award was made in 1953, and the first scholar therefore remains to be appointed.

*There was a young man of Kowloon
Who was born twenty minutes too soon.
When they said: "You're too early."
He became rather surly,
Cauling: "Who the Hell pricked my balloon?"*

DIARY

1953

September

1st. First Term begins. Supplementary Degree Examinations begin.

8th. Sir Ivor Jennings & D. W. Logan arrive in colony.

October

22nd. Medical Society elections.

December

5th. "Prof. Braun-Tigerstedt" A Medical Skit.

11th. Prof. W.D. Forbus, Duke University, U.S.A. Lecture: "Reactions of Reticulo-Endothelial System"

19th. First Term ends.

1954

January

2nd. Second Term begins

February

6th. Medical Society Annual Ball, Great Hall.

24th. Presidential Address, Dr. Stephen Chang, "Foot Prints on the Sands of Time"

March

12th. Prof. E.M. Glaser, University of Malaya, Lecture: "Blood Stores in the Human Body"

1954

March

15th. 'Congregation, Degrees of M.B., B.S. conferred on 19 successful candidates

18th. Second Term ends.

April

3rd. Prof. Laplane, University of Paris.

Lecture: "Medical Care of the Premature Infant."

8th. Mr. Tudor Thomas, President, British Medical Association. Lecture: "Tradition and Advance in Medicine."

10th. Cricket, Medicals Vs. Rest, Sir William Hornell Shield won by Medicals.

May

3rd. Prof. Gordon King, Dean, Faculty of Medicine, Lecture and film: "Advanced Extra-uterine Pregnancy."

17th. Degree Examinations begin

June

21st. Congregation, Degrees of M.B., B.S. to be conferred on successful candidates.

30th. Third Term ends.

POINT OF VIEW

"Dogs, the dear creatures"
Said the lady
Sipping her sherry
As though it were senna,
Necessary but nasty,
"I adore them,
I simply love them,
So quaint, so charming,
And so clever!
Much more intelligent than lots of
people,
I think.

My Fifi now,
She's almost human.
Why, do you know! The other day - - -"
"Madam!"
Interrupted the gentleman on her left,
"The sympathy lying between yourself
and Fifi
Is touching,
To say the least of it.
But is it that little Fifi is almost human;
Or might it be
That you yourself
Are rather beastly?"

COMPETITION

WE OFFER FOUR CASH PRIZES to be won by contributors to the next issue of ELIXIR. There will be two prizes for literary contributions, and two prizes for pictorial contributions. The first prize in each group will be \$125 and the second prize \$75.

RULES

- 1) The prizes will be awarded to the contributors of what are, in the Editors' opinion, the two best literary and the two best pictorial items submitted by undergraduates of Hong Kong University for publication in the next issue of ELIXIR.
- 2) The competition is open to all undergraduates of the University.
- 3) All items submitted must be the original work of the contributor.
- 4) All items submitted become the property of the Medical Society, and may be published in the next or any subsequent issue of ELIXIR, whether or not the contributor wins a prize.
- 5) Literary contributions may be in any form, either verse or prose, and of any length up to 3,500 words.
- 6) Pictorial contributions may be in any medium (e.g. photographs, line drawings, paintings) and may consist of a single picture or a connected series of pictures. They must, however, be suitable for reproduction.
- 7) Contributions may deal with any subject, but, other things being equal, some preference will be given to those having a medical flavour.
- 8) A competitor may submit more than one item, and may enter both sections of the competition, but no competitor may be awarded more than one prize.
- 9) The Editors will assume that all contributions submitted before the closing date are to be considered for a prize unless a statement to the contrary accompanies the item.
- 10) All entries must be in the hands of the Editors by October 1st., 1954, and should be addressed to **The Editors of Elixir, c/o The Department of Physiology, Hong Kong University.**

MICAWBER ON INTERNS



ONE OF THOSE queer new animals, an Intern, whose like have lately been flooding the hospitals, was heard to complain that on graduation in the Good Old Days one got a job as a houseman at a salary of \$730 a month. There was so much work that no time remained for worry or spending.

Result: prosperity and contentment.

Now the new graduate gets \$400 a month and nothing to do. He spends half his time worrying and half his time spending.

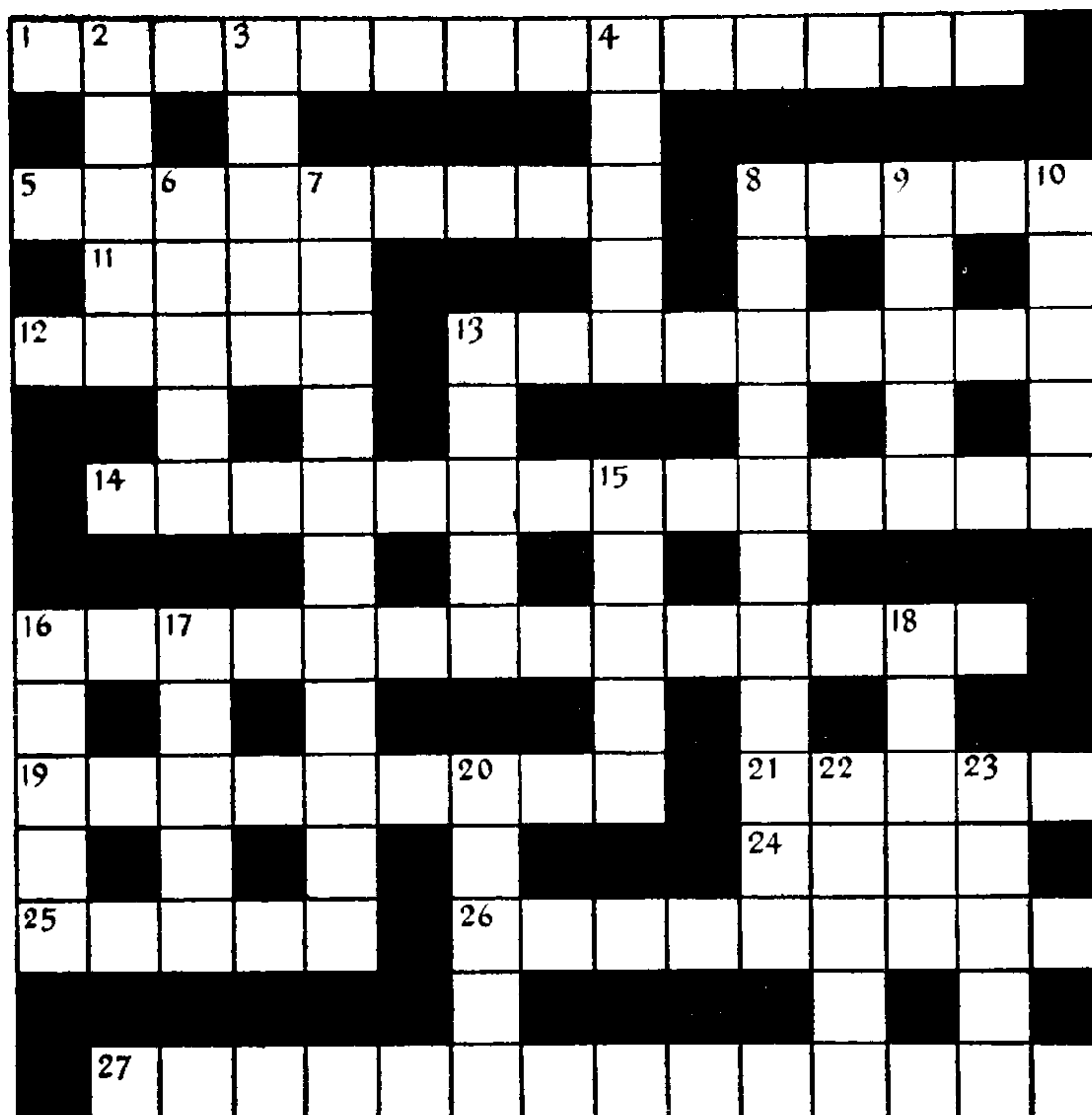
Result: poverty and dyspepsia.

But the tale is unfair. Not all Interns are unemployed. A fortunate few are engaged day and night in medical research, counting the white cells from dear little bunny rabbits.

CROSS WORD COMPETITION

A prize of \$100 will be awarded to the sender of the first correct solution to be opened by the Editors. The competition is open to all undergraduates of the University. Detach the page apposite and send the completed puzzle, enclosed in a sealed envelope marked "Crossword" to The Editors of Elixir, c/o Department of Physiology, Hong Kong University. Only the printed puzzle will be accepted. No copies or answer lists. The closing date is July 1st., 1954

CROSSWORD COMPETITION



ACROSS

- (1) Propulsive power of storks? (9,5)
- (5) Osseous Cathay (4,5)
- (8) Particulate clouds (5)
- (11) The operative character seems to be insisting upon herself (4)
- (12) Genetical term in Genesis (5)
- (13) Having one to hand is scarcely regarded as a drawback by the surgeon (9)
- (14) Sounds a sticky sort of a soldier (5,9)
- (16) Is this organ adrift because of bad navigation? (8,6)
- (19) Esther Williams when wet (9)
- (21) Smite in a disorderly fashion (5)
- (24) Person when unqualified: dog when great (4)
- (25) "They hand in hand with wandering—and slow Through Eden took their solitary way." (Paradise Lost) (5)
- (26) Eat crocus (anagram) (9)
- (27) Not places where they sell uranium (6,8)

DOWN

- (2) "And he who gives a child —— Builds palaces in Kingdom come," (Masefield) (1,4)
- (3) Is in and produces a sudden emanation (5)
- (4) But do you mix it with the flour to make tipsy cakes? (5)
- (6) Donkeys shouldn't suffer from this sort of blindness (5)
- (7) They obviously twelve across the eight down (4,7)
- (8) Children with gangrenous toes? (4,3,4)
- (9) Devilish pseudonym (5)
- (19) Ample cover for Hindu women (5)
- (13) Reins can be adapted to the fiddler's use (5)
- (15) Dissipated dandies (5)
- (16) "Now——the glimmering landscape on the sight" (Gray) (5)
- (17) Surely the cat weighs more than this! (5)
- (18) Model enactments protect a girl's name (5)
- (20) You'd think "The Importance of Being Earnest" was a film certain of being able to boast at least one (5)
- (22) Confused attic (5)
- (23) Gas, water, electric or taxi (5)

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Progynon C tablets of 0.02 mg. ethinyl oestradiol each
Progynon M tablets of 0.2 mg. ethinyl oestradiol each
Progynon ointment: tube with 20 g. ointment = 2 mg. oestradiol
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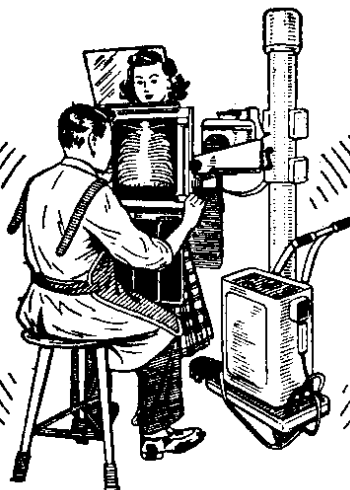
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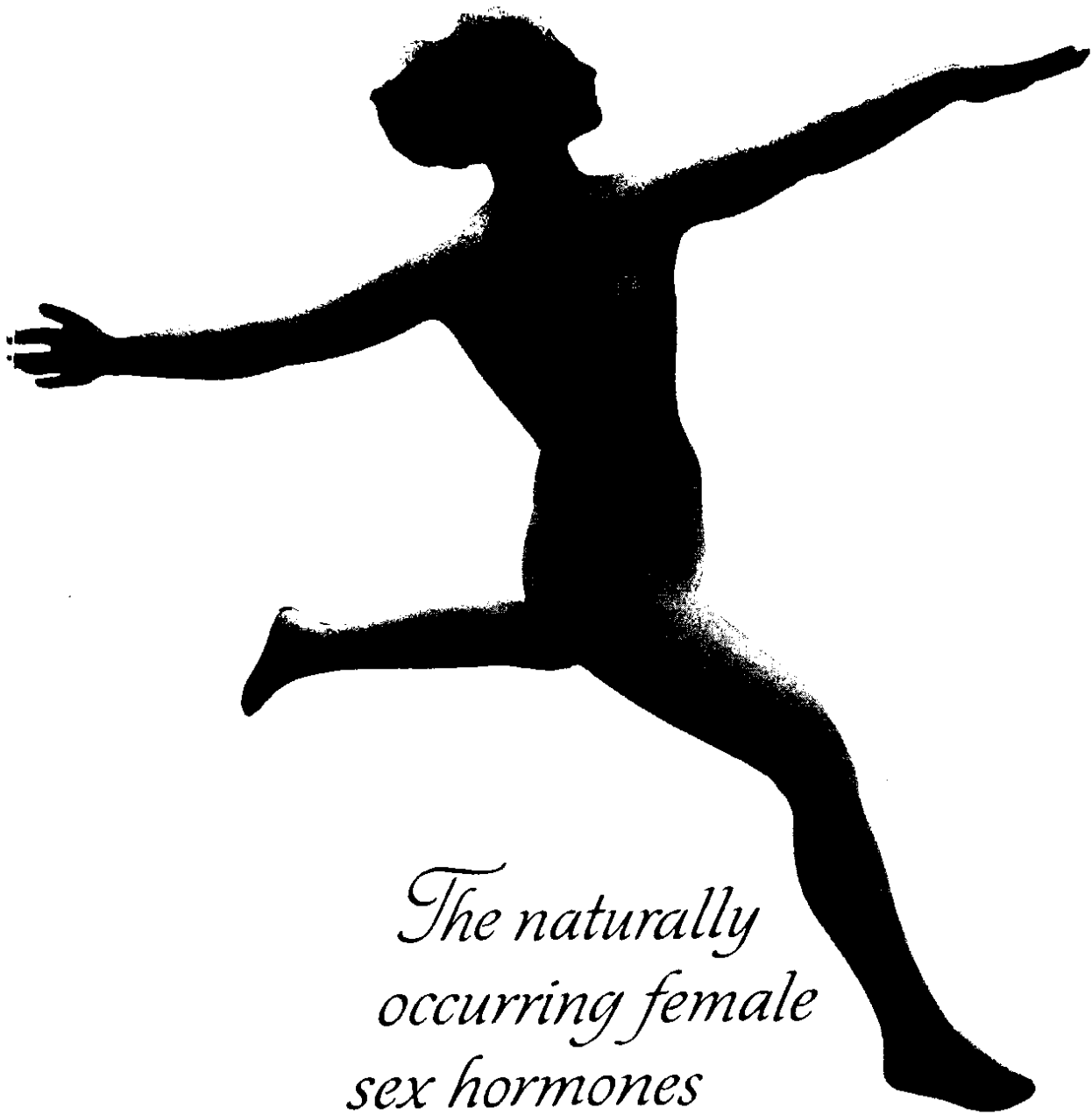
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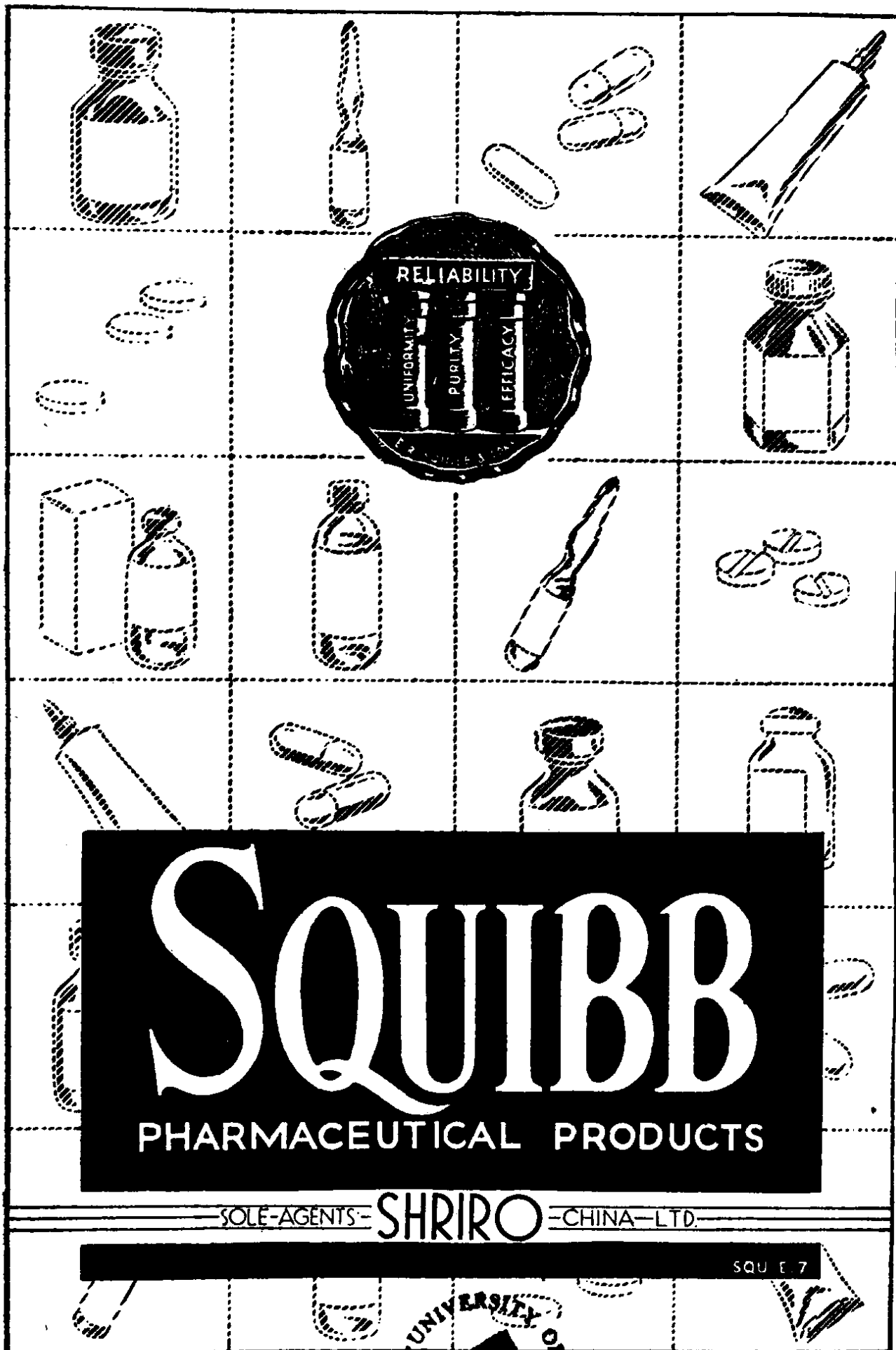
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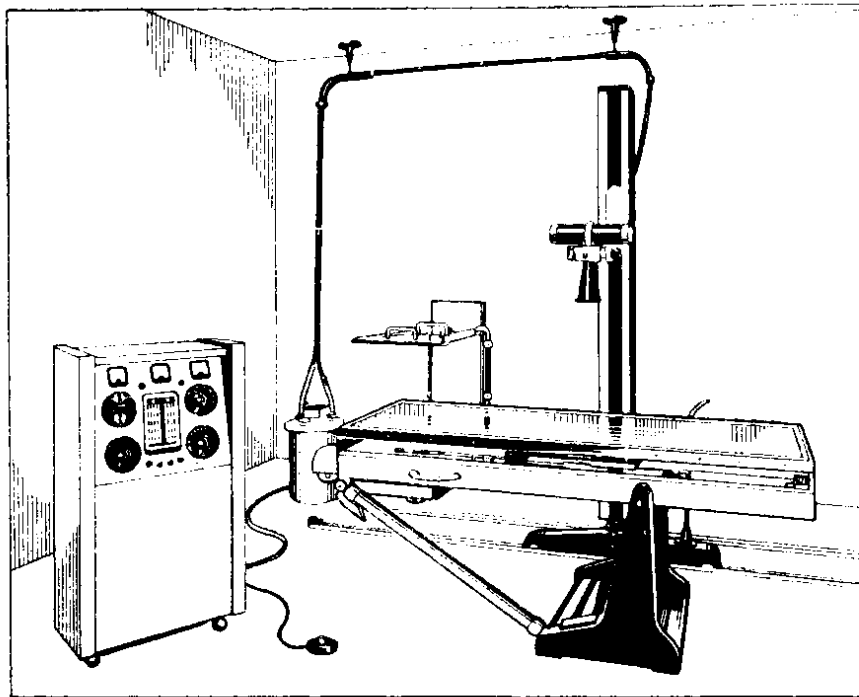


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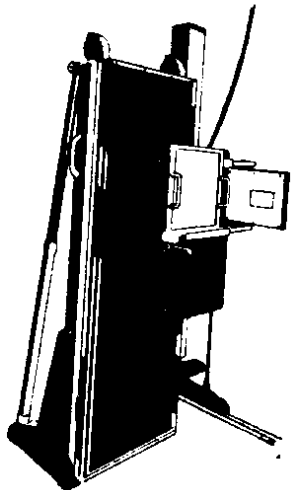
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