The Elixir

Hong Kong University

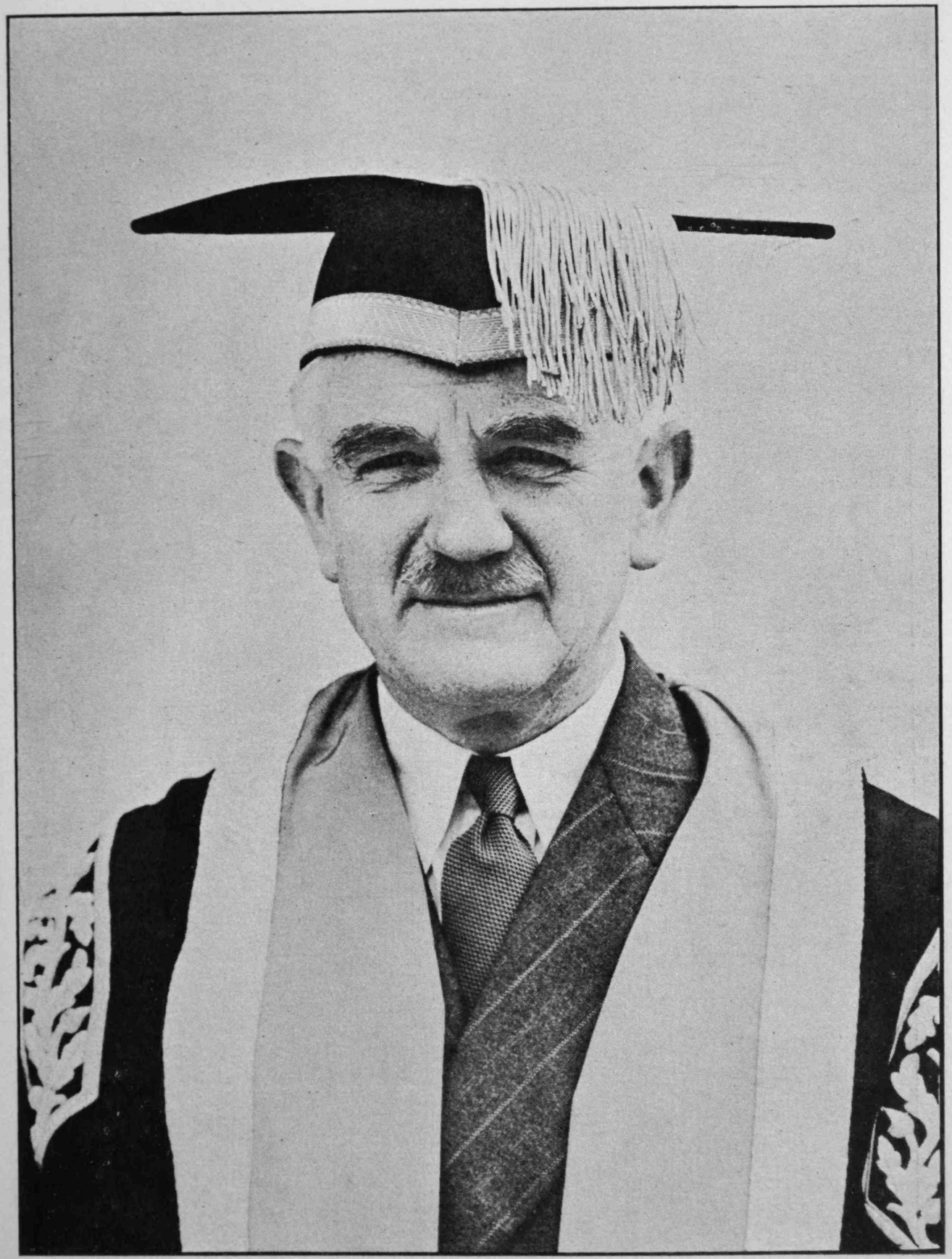
Medical Society Magazine

1951

— Printed by St. Louis Industrial School, West Point, Hong Kong. —

THE ELIXIR 1951.

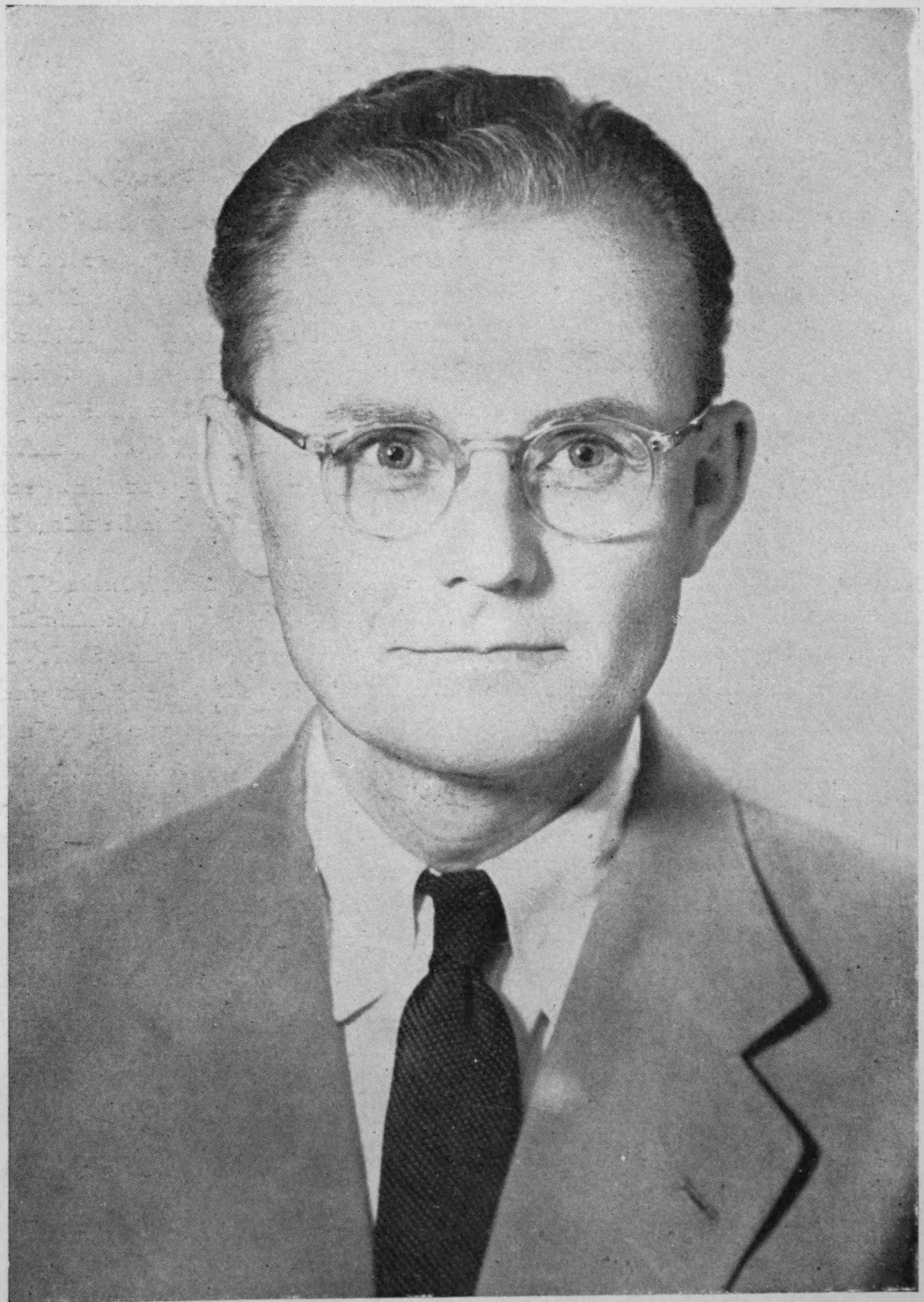
THE VICE-CHANCELLOR



Prof. L. T. Ride,

C.B.E., E.D., M.A., DM., B. Ch. (Oxon), LL. D. (Toronto).

THE DEAN



Prof. S.M. Banfill,
M.B.E., B.A. (Bishop's) M.D., C.M. (McGill).

Editorial Board

Editor:	Peter C. Y. Lee
Assistant Editor:	Albert Dasen
Associate Editor:	Prof. A.J.S. McFadzean
Art Editor:	Robert J. Barnes
Photographer:	K. C. Yung
Business Manager:	Howell Jones

Office-bearers of the Medical Society 1950/51

President:	Prof. S. M. Banfill
Chairman:	Ip Cheng Hing
Hon.Secretary;	Howell Jones
Hon. Treasurer:	Dr. George Choa
Final Year Representative:	Ooi Seng Poi
Five Year Representative:	David Todd
Fourth Year Representative.	Emmanuel Chang
Third Year Representative:	Li Kwok Chu
Second Year Representative:	Liok Yew Hiew
First year Representative:	William Lee
Women Undergraduate Representative:	Irene Osmund
Graduate Representative:	Raymond Ruiz

List of Contributors

Prof. S.M. Banfill	Dr. O.K. Skinsnes
Dr. .I.C. Fang	E.K. Tang
Dr. P.A.M van de Linde	Jonathan Mildew
Vet.	Tabes
Dazzy	Frank Slaughter
Frank	Dementia Praecox
Beri-beri	XY
Thiamin	Poco Loco de Coco
Prof. P. C. Hou	Hon. Sec., Medical Society

EDITORIAL

Glancing through the Table of Contents of this year's Elixir, our readers will notice that the number of light and humourous articles are much more than those of last year's publication. This is due to the decision of the Editorial Board to restrict the number of articles by the Professors and Staff to a minimun and to encourage contributions from student members of the Faculty. The final aim of our editorial policy is, of course, to publish a magazine that is entirely by the students, for the students and about the students. How far towards this end we can go depends on the co-operation of each and every member of our Society. Let us hope that this co-operation will not be lacking.

The originality and artistic presentation of the photographic essay — Destination Q.M.H.—deserve special mention. The photographs were taken by Mr. K C. Yung of the Pathology Department and the words and arrangements are the 'brain-child' of our very competent Art Editor, Mr. R. J. Barnes. As always, our Associate Editor, Professor A.J.S. McFadzean, is there whenever help and advice are needed. To him and to our contributors and others we extend our sincere thanks. Full credit must be given for the fine printing job the St. Louis Industrial School has done.

Mention was made in the Editorial of last year's Elixir about the teaching conditions in the Queen Mary Hospital. What with three full clinical classes this year and the coming up soon of the present third year students, the 'congestion' will be more than acutely felt. Douglas Guthrie's "A History of Medicine" contains a translation from Martial's Epigram (A. D. 40-102) which described the clinical teaching as was practised in Rome during that time:

"I'm ill. I send for Symmachus; he's here,
A hundred students following in the rear;
All paw my chest, with hands as cold as snow:
I had no fever, but I have it now."

Little did he know that eighteen centuries later similar conditions would still exist. There is no doubt that there is an urgent need for expansion. Let us hope that this will materialise soon.

OBITUARY

(An obituary address given by **Prof. A.J.S. McFadzean** *in memory of* **Dr. C. P. Fong** *on 17th, October, 1951.)*

Ladies and Gentlemen:

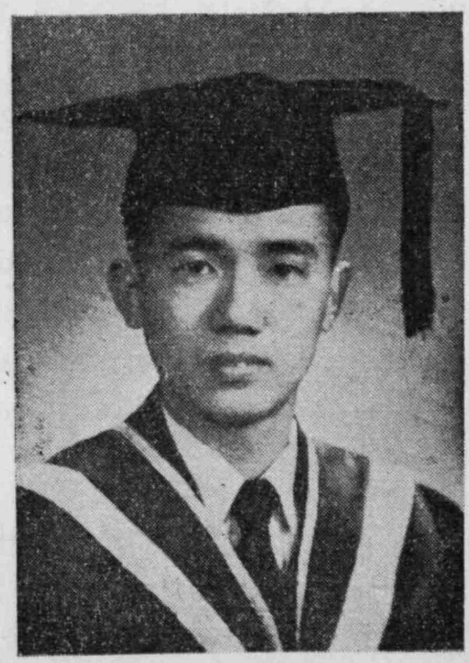
I have called you together to pay tribute to the memory of Dr. Fong Chun Piu better known to us all as "C.P." He was a man of no ordinary talents and I knew him, and speak of him, as student, colleague and friend.

He was a Hong Kong lad educated at Queen's College and, in 1941, he matriculated in the Faculty of Medicine in our University. The Japanese occupation cut short his medical career and, like so many others, he turned to Free China. Enrolling initially in the University of Lingnan he was attached to the Chung Cheng Medical School. According to the Law of Hippocrates a medical student must have "a favourable position for study" but this was not for "C.P." for the school had to flee before the Japanese successively from Yung Sing to Kanchow and from there to Chang Ting in Fukien. After returning to Nanchang he graduated M. D. and despite the vicissitudes of the formative period of his undergraduate career he had already given earnest of outstanding ability.

In 1948, after a period of interneship in Shanghai he re-entered the University of Hong Kong and commenced the course required to obtain the M.B.,B S. and it was in this period that I came to know "C.P." My memory of him as a student is very clear. His grasp of the Principles of Medicine was astonishing and he could cut the dead wood from a case history with remarkable accuracy and speed. He had a true enquiring mind, never did he seek assistance in enquiry till he had exhausted all sources available to him. He seemed to know each case before it was presented for he spent much of his time in the wards and laboratory on his own. In my early days I used to think he was employed therein in some capacity unknown to me. I remember late one night coming upon Dr. Gerald Choa and Dr. C. C. Wong arguing over some complication in a patient's condition. There was a third figure who for a time went unnoticed. This was C. P. Fong effacing himself as usual yet it was he who had originally noted that complication. In his year there was none of comparable stature although many were good. Here was a man who required little undergraduate teaching for he had the faculty of observing for himself. Well might he rather than Hans Sloane have been the recipient of Sydenham's advice, "Go to the bed-side; there alone can you learn disease.',

As was to be expected in the Final Examination he led the field. The External Examiner in Medicine after his viva gave his opinion in one word, "Amazing!"

To my delight he expressed the desire to take up Medicine and that desire he never relinquished. There followed for me an association which will always be a treasured memory. To a would-be assistant Gull said "I will help you, provided you will help yourself." There was no need for that proviso with "C.P." for I have never known a Resident who could achieve so much on his own with such quiet efficiency. It afforded him no small pleasure on receiving instructions on the investigation of some patient to say, "Done already!"



The late Dr. C.P. Fong

To the world he was modest. In a letter received yesterday from his father he writes, "I had not known of the accomplishments of my late son until you spoke of him to me." In himself, however, there was a knowledge of his efficiency and a confidence in that knowledge. He knew his limitations but he knew, too, his scope. He was as ready to do battle for his opinions as he was to confess ignorance. Intellectual honesty was indeed strong in him and his loyalty beyond reproach.

Perhaps in his relationship with patients did his qualities show to the best advantage. Throughout his year as a Resident not one irregular dissmissal occurred in his wards not one patient refused treatment. The secret lay in his understanding of the patient's difficulties. He would sit by the bed of the poor and the lowly, as he sat by the bed of the rich and the great, explaining

their disease and the stages of treatment, gaining a confidence seldom vouchsafed one so young. On one occasion I apologised to a patient for having failed to visit him the day before to be met with the reply, "That's all right, Dr. Fong saw me." He was indeed capable of handling the complexities of the human mind and the many shades of human personality. He loved man and "where there is love of man there is love of the Art." Nothing which concerned the well-being of his patients was too minute for his attention.

His colleagues, and I was one of them, held him in the highest esteem and affection. We never knew much of him save as "C.P." the man and doctor. Any enquiry outside the daily routine was met with gentle but firm rebuff. His own life was very much his own.

With the nursing staff his associations were ideal. He would co-operate to the utmost and accept advice in nursing care. However, the least encroachment on his preserves or any deviation from his instructions met with suitable reprimand.

In June, 1951 he went to Professor Hou to obtain the background of Pathology so essential to the Physician. In that short time he endeared himself to the staff and came to occupy high place in the esteem of Professor Hou.

To you I have painted the picture of the near-perfect junior for such indeed he was We shall never know how great his brilliance would have been or how far it would have shed light in dark places but this we do know he was a Graduate in Medicine of such quality that our University can well be proud of

We shall not see his like again. Take him as an ideal and you cannof stray.

If I have sounded in any way emotional I would remind you of one passage in the Hippocratic Oath which has been read to you more than once. "I swear to hold my teacher in this Art equal to my own parents." On Sunday it seemed as though I had lost a son.

—— ◆ ——

"To live in hearts we leave behind,
Is not to die."

— Campbell —

THE EVOLUTION OF ANATOMY TO THE TIME OF HARVEY

(An address given to the Hong Kong University Medical Society on 9th, March, 1961)

By Prof. S. M. Banfill

A knowledge of human structure is the foundation of Medicine. The position of Anatomy in the medical curriculum may be compared with its place in Medical History. The medical student must learn Anatomy before he can benefit from clinical instruction, as Mankind had to learn Anatomy before Scientific Medicine could be evolved.

The development of Science is a process which has been rapidly gaining momentum. Medicine has changed tremendously in our own lifetime; it has much more recent than ancient history. Anatomy, which of necessity preceded the development of Medicine, is really a product of the 16th Century with a background which narrows rapidly as it is traced into the past.

The scope of my subject is immense because it includes all the early history of Medicine when every physician was an anatomist a d every anatomist a physician. It becomes necessary to select a few outstanding figures for attention and to sketch very lightly the great gaps of intervening history.

Some enthusiasts start the story of Anatomy with those Stone Age cave drawings of fat women and muscular men which might serve for anatomical drawings of Somatotypes. However it would be much less fanciful to start with the Greeks who gave the subject its name and whose contribution was considerable though they were hampered by their reluctance for dissecting the human body.

The first definite reference to Anatomy is that of ALCMAEON who lived about 500 B.C. He apparently dissected a goat and discovered the Auditory tubes as he produced the remarkable story that goats breathe through their ears. He also distinguished between arteries, carrying air, and veins, carrying blood. He stated that the brain was the seat of the senses and the intellect and he discovered the optic nerves.

HIPPOCRATES, the father of Medicine lived about 100 years later. He had scientific method, sound observation and logical reasoning but very inaccurate Anatomy. His writings which may be regarded as representing the knowledge of the day do not distinguish between artery and vein or between nerve tendon and ligament. He thought the brain a gland and the heart an air pump.

Another hundred years brings us to ARISTOTLE who is often described as the greatest scientific genius the world has ever seen. He was a philosopher of Athens and was employed by Philip of Macedonia as tutor for his son Alexander. Alexander conquered the world and he put tremendous wealth at the disposal of Aristotle to pursue his interest in biology. Aristotle and his helpers collected over 500 animals from all over the world which he dissected, classified and attempted to explain. Many of his ideas were sound; his conception of a Ladder of Nature is a forerunner of the theory of evolution. He founded the science of Comparative Anatomy, but did not dissect man.

In Anatomy he distinguished between the Aorta and Vena Cava. He mixed up nerves and all the other structures which looked like them. He described the heart in some detail and pronounced it the seat of the intelligence. He gave a good account of the Gastro-intestinal tract applying to it many of the names we use to-day.

He was very good at Embryology. In fact it was 2000 years before his work was even equalled.

The death of Alexander the Great was followed by the flowering of his City of Alexandria under the Ptolemies. This family founded a great library. They collected what was left of Greek culture and encouraged it in its last creative effort. They provided human bodies for dissection and established the first school of Human Anatomy. Just how much they accomplished we do not know because none of their work has come directly down to us. A new order arose in the world and its followers felt that they should destroy the old and start completely anew, so they destroyed the library by the novel process of sending the books to the public baths to be used as fuel.

We know from the works of Galen and others that the Anatomy chool of Alexandria was established and directed by two great men, Herophilus and Erasistratus.

HEROPHILUS was essentially an anatomist and he may have been the first to practise public dissection of the human body. He studied the brain and its venous sinuses, in fact until very recently the confluence of the sinuses was called the Torcular Herophili. He was the first to name the duodenum and to describe the pulmonary artery. His mate ERASISTRATUS was the first physiologist. He distinguished between motor and sensory nerves, which seems a remarkable achievement; however some of his other ideas were not so happy. He believed that the air entered the lungs and then the heart where it was changed into "Vital Spirit" and was distributed to the body by the arteries. This idea once started was very tenacious and was really only laid by the discovery of the circulation of the blood by Harvey.

The Roman writer CELSUS in describing the methods used by the Alexandrians said that they procured criminals and dissected them alive. This is a charge so often unjustly levelled at Anatomists that I think it can be ignored.

After the Greeks came the Romans who scorned to soil their hands with the practice of Medicine which they considered a calling fit only for foreigners and slaves. Naturally with this attitude they contributed nothing to our knowledge but they provided the setting for a remarkable foreigner named GALEN who due to his real merit, dogmatism and self-assurance dominated Medicine for 1400 years.

Galen was a Greek, he had been given an excellent education first in Philosophy then in Medicine, finishing up with a course of Anatomy at Alexandria where he remained until he was 28 years of age when he regarded himself as possessing all the knowledge then attainable from teachers. He finally settled in Rome as the Physician to the Emperor and there he found plenty of time for research and writing, producing 500 books of which 80 still exist.

Galen's claim to fame is chiefly as the founder of experimental physiology. He did experimental hemisection of the spinal cord at different levels. He cut the recurrent laryngeal nerve and recorded the result. His weakness was his fondness for theories; he had an easy answer for every problem substituting a system of medical philosophy for any simple notation of facts.

Let him explain for us the movement of the blood — " The blood is formed from food in the liver where it is endowed with the " Natural Spirit." It passes to the right ventricle whence it is distributed partly to the lungs partly by passing through pores in the interventricular septum to the left ventricle where it mixes with blood and " Vital Spirit " from the lungs. The blood reaching the brain becomes charged with " Animal Spirit " and is carried to the body by hollow nerves to endow the body with sensation and motion." This nonsense was taught in the medical school for 1400 years. Galen apparently had recognized that the arteries contained blood, not merely air as others had it. He saw that the blood was put in motion but he did not visualize a circulation but rather an ebb and flow.

Galen recognized the value of Anatomy. He said: " A physician without anatomical knowledge is like an architect without a plan." His numerous books on Anatomy must be regarded as representing the knowledge of his day as well as his own contribution. He was under a great handicap, as dissection of the human body had become illegal, so he studied the monkey dog, cow and pig and unhesitatingly described his results as human anatomy.

Galen was industrious and painstaking, but he was not honest and as he became the final Authority on Human Anatomy he established the belief that man possessed the segmented sternum of the monkey, the many-lobed liver of the hog, the hip bones of the ox and the uterus of the dog.

Galen regarded the body as a mere vehicle for the soul and his views met with the approval of the rising religions of Christianity and Islam. It was the age of Authority and once established an idea could not be doubted without danger of punishment for heresy. Through the dull-witted Middle Ages there could be no further progress until, with the rebirth of learning and the weakening of ecclesiastical Authority, Paracelsus could begin his lectures by burning the books of Galen and Vesalius could demonstrate unanswerably that Galen's Anatomy was false.

After Galen came a long period of darkness when the people of Europe were so preoccupied with the difficulty of staying in this world or the necessity of gaining the next that they had no thought for learning. This period coincides with the flowering of Arabian Medicine which was a bright spot in a world of darkness. However due to the Islamic prohibition of dissection it contributed nothing to our story.

The first sign of the awakening of Europe was the founding of a Medical School at Salerno in Italy about the year 800 A.D. There COPHO published the first text book of practical Anatomy called "The Anatomy of the Pig." Possibly in that day and age he had good reason for feeling that the pig was a close relation of mankind.

At Bologna there was a famous law school which gradually became known as a School of Anatomy. This is no coincidence because when human dissections began there about 1300 A.D. they were really in the nature of Medico-legal examinations. Later dissection was also used to verify the standard text book which was an Arabic version of the works of Galen.

In 1316 a further sign of progress was the appointment of MONDINO DE LUCCI as Professor of Anatomy at Bologna. He is often called the restorer of Anatomy and he did in fact publish a dissecting manual which ran through 39 Editions — nine more than Gray has accomplished to date. However a critical examination shows that this book was full of Galenical errors and contained nothing new. One valuable innovation Mondino did make. He got down from the professorial chair and, assisted by ALEXANDRA GALIONE, the first known female demonstrator, he did the dissection himself.

Then came the Renaissance — the rebirth of Europe — when everywhere there began a revival of the ancient culture of Greece and Rome. This was

accompanied by a change in the outlook of thinking men who sought to escape from the domination of Authority and to replace it by that independence of outlook which is necessary for scientific investigation. This movement reached a peak in 1543 when Vesalius published his book *De Humani Corporis Fabrica* and "Medicine passed from darkness into sunlight."

One contribution to Anatomy in the period of awakening was an interesting consequence of the revival of classic art and a renewed appreciation of the beauty of the human body. The great artists of the period were men of versatile ability and wide interests. They investigated surface anatomy and published books on human proportion and they did not stop at the surface, but they dissected the human body. There are speculations as to how this came about. As in Florence the painters formed a sub-group of the Guild of Physicians and Apothecaries, it is reasonable to suppose that they were called in to help their guild brothers do a little dissection and from pure interest went on to contribute to the knowledge of the subject. Thus the great artists Michael Angelo, Raphael, Donatello and many others, as Ruskin said, "Polluted their word with the Science of the Sepulchre."

The greatest of the artists anatomists was that versatile genius Leonardo da Vinci. He had many original ideas, among other things he visualized aircraft, submarines and the science of geology. He apparently intended to publish a great work on Anatomy and in preparation for it he made 750 beautiful and accurate anatomical sketches. However the great work was abandoned, as were the aircraft and submarine, and after his death in 1519 the sketches were lost. If they had been published at that time we might well recognize Leonardo as the reformer of Anatomy; but when they did come to light the great work had already been done.

The lost drawings were eventually found 250 years later by the Anatomist William Hunter. He was obstetrician to Queen Charlotte, the wife of George III, and during one of his periods of waiting for the Queen in the Royal Library he picked up a folio of drawings and found to his amazement that they were Leonardo's work. How they got to Windsor is another story and perhaps it is no coincidence that their first English owner was Charles I who did so much to aid William Harvey.

We have now arrived at the climax of the story with the appearance of ANDREAS VESALIUS, the greatest of all anatomists, called by Garrison "the most commanding figure in Medicine from Galen to Harvey." He was born in Belgium in 1514, his father was a German and his mother an Englishwoman. He was educated in France and belongs to the Italian School of Anatomists. He is as international as Medicine.

He belonged like so many doctors to a family with a medical tradition and his father held the influential position of Apothecary to the Emperor. He took his premedical course at the University of Louvain and then went to Paris at the age of 14 to study under that famous teacher of Anatomy, Jacques Dubois (Sylvius).

This Sylvius was a hard customer. He was a former teacher in the Faculty of Arts but being jealous of the higher pay received by the Medical Faculty he studied Medicine and got a degree at 51 years of age and was later appointed Professor of Anatomy. He was a forceful teacher but he was a blind, indiscriminate and irrational admirer of Galen. His course came straight out of the book and was accompanied by demonstrations on the dog. As he was against any change and relied entirely on the authority of Galen, he cannot be considered the source of Vesalius' inspiration. Vesalius however, followed the course with great energy and enthusiasm. He repaired its deficiencies for himself; he went on body-snatching expeditions and finally managed to steal, at great risk to his life, the skeleton of a criminal with ligaments intact which hung in chains outside the city of Louvain.

After finishing his course at Paris, Vesalius went to Venice and there he made friends with another Belgian whose name was Jan Stephen Van Calcar, an artist and a pupil of Titian, who was later the illustrator of Vesalius' great work.

Vesalius was soon appointed Professor of Anatomy at Padua and later he became concurrently professor at Bologna and Pisa. He taught classes of 500 students, his method being to dissect and talk at the same time. His audiences listened with enthusiasm, fired by his interest and energy, recognizihg that for the first time in the history of the subject the truth was being revealed.

In 1543, after three years of work, he published with the aid of Van Calcar a book called *De Humani Corporis Fabrica.* This was the first great work of Modern Science, or as Osler has it "The greatest book ever written." It was beautifully printed and illustrated. It depicted and described Anatomy as Vesalius himself had seen it in the human body. With one clean sweep it cleared away the ape's sternum, pig's liver, dog's uterus, ox's hip bones. Man could now be himself. Gone for good were ancient traditions such as Adam's missing rib and the fabulous resurrection bone of Luz. In their place stood Modern Anatomy, a precise chart of the body, the starting point of Modern Medicine.

Vesalius, however, was a child of his age. He could be positive about Anatomy which he could see but on questions of Galenical physiology he was

not prepared to be dogmatic. Here is an example of his cautious approach. Galen had said that the blood passes through the interventricular septum by means of pores. Vesalius saw there were no pores but he couldn't bring himself to deny the theory. Instead, he said, "We are driven to wonder at the handiwork of the Almighty by means of which the blood sweats from the right to the left ventricle through pores which escape the human vision."

Vesalius still adhered to the theory that the only movement of the blood was an ebb and flow in the veins, the arteries being air passages.

That Vesalius was wise to be cautious is shown by an incident which happened just 10 years later. The anatomist Servetus was burned at the stake for heresy by the religious reformer Calvin. Servetus had made a great discovery; he had demonstrated the pulmonary circulation and he had made the mistake of notifying the world of the discovery in a religious tract called *Restitutio Christianismi*. Both he and his tract perished in the flames.

Vesalius did not escape without criticism, in fact he aroused a storm of protest. His harshest critic was his old teacher Sylvius. Vesalius said that the human hip bone did not flare as described by Galen. Sylvius answered, "For generations men have been wearing tight trousers, and the hip bone has become deformed." Vesalius said that the human liver was unlike that of the pig. Sylvius said, "Alas! Man has changed but not for the better." Said Sylvius to sum up the situation, "This madman Vesalius is poisoning the air of Europe with his vapourings."

Vesalius did not accept criticism easily. In a rage he burned his manuscripts and resigned his posts. At 30 years of age his career as an anatomist was finished. He had shown the way. He left the fight to his pupils and successors.

He accepted the post of Court Physician to the Emperor Charles V and later to his son Philip II. We know very little of his subsequent career though he appears once at a historic moment when he met Ambroise Pare' "the greatest surgeon" in consultation at the death-bed of the King of France.

In 1564 he left Madrid to go on a pilgrimage to the Holy Sepulchre. The reason for this action is uncertain. It is said that he was accused of vivesection and had fallen into the hands of the Inquisition, and though rescued by Philip II he was forced to go on the pilgrimage to make amends. On the return journey his ship was wrecked on the Island of Zante and there he died as a result of exposure.

To form an estimate of the work of Vesalius one must think of him as a young student brought up in an atmosphere where original thought was a sin

even punishable by death. He had no one to whom he could turn for guidance but had to use his own reason to estimate the unsoundness of the current teaching. In spite of these difficulties, as a result of personal observation, he produced the book; which, in Osler's words, was "The greatest book ever written from which Modern Medicine dates."

A copy of the drawing of Vesalius done by Jan Stephen Van Calcar for the *Fabrica* is to be seen hanging in Ricci Hall.

After Vesalius, the story of Anatomy becomes too involved to be followed in any detail. Given the stimulus and shown the way, a horde of anatomists carried on the great work. Their names became household words in Medicine i.e. Fallopius, Eustachius, Malpighi and many more. In one way it is sad that the recent scientific revision of the nomenclature has removed their names from common use and broken a tie with the past. These workers rapidly increased the knowledge of structure and applied it to a better understanding of function. Nowhere is this shown better than in the demonstration of the circulation of the blood.

The old idea of an "ebb and flow" in the veins was believed by Erasistratus, Galen and Vesalius. They did not agree on the role played by the arteries. Galen seems to have been the only one to regard the arteriers as carriers o blood.

The first step towards the truth was the discovery of the pulmonary circulation by SERVETUS in 1553. However as his book perished with him in flames at Geneva this knowledge was not broadcast. Three years later an excellent account of the pulmonary circulation was published by COLUMBUS, the successor of Vesalius at Padua, and considering the haracter of this man there is at least a suspicion that he had had a quick look at the work of Servetus who perhaps should get all the credit.

The next step, the demonstration of the systemic circulation was a result in part of the description of the valves of veins. They had been noticed by Erasistratus, the Alexandrian, by Vesalius and others and were particularly studied by Fabricius, a successor of Vesalius at Padua, who had published a work entitled *The little Doors of the Veins.* He thought they were a mechanism to prevent over-distension and it was left to his student William Harvey to show their true significonce.

WILLIAM HARVEY lived from 1578 — 1657. It is said of him that he brought the Renaissance to England and his life has been the subject of many biographies.

He was born at Folkestone and educated at the Grammar School of Canterbury at Cambridge at Padua.

A few years after his return to England he was appointed physician to St. Bartholomew's Hospital and Lumleian Lecturer on Anatomy and Surgery. This last post provided for a series of lectures, twice a week throughout the year. According to instructions the lecturer was "to dissect all the body of man for five days together as well before as after dinner if the bodies may last so long without annoy." Harvey gave his first course in 1616 and held the appointment for 40 years. The notes for this first course are preserved and they contain the statement that "The movement of the blood is constantly in a circle and is brought about by the beat of the heart." Like so many true statements made in lectures this seems to have passed unnoticed.

In 1618 he was appointed physician to James I and in 1625 to Charles I. His association with this unfortunate monarch was of great value to him as the King was interested in his work, encouraged him and supplied him with deer from the Royal Park for his experiments.

In 1628 Harvey published his great work called in English *Anatomical Treatise on the Movement of Heart and Blood in Animal* better known as *De Motu Cordis.* In it he showed that the heart was the central motive force and that the blood was in motion in a circle. Furthermore, he proved it by experimental procedures. He ligated veins and arteries and observed the effect. He calculated the amount of blood expelled at each heartbeast to show that the entire volume of blood would be used up in a short time if it did not go in a circle. This research has served as a model for all research workers since his day. Harvey's attitude is strikingly different from that of Galen — Harvey proved his point, he advanced no dogmatic theories as to why the blood circulated. He said simply "whether for the sake of nourishment or for the communication of heat is not certain."

Many other anatomists had seen the valves in the veins but they had not seen them with the perception of Harvey. Last year, the "**Elixir**" contained this paragraph written by Robert Boyle: "I asked our famous Harvey what were the things that induced him to think of a circulation of the blood? He answer'd me, that when he took notice that the Valves in the Veins of so many several Parts of the Body, were so plac'd that they gave free passage to the Blood Towards the Heart, but oppos'd the passage of the Venal Blood the Contrary way. He was invited to imagine, that so Provident a Cause as Nature had not Plac'd so many Valves without Design: and no Design seem'd more probable, than That, since the Blood could not well, because of the interposing Valves, be sent by the Veins to the Limbs, it should be Sent

through the Arteries, and Return through the Veins, whose Valves did not oppose its course that way."

There was one bit of evidence for his theory which Harvey did not supply. He knew there must be a connection between the smallest arteries and veins to complete the circulation but not knowing of the microscope he had no means of proving it. The final proof was supplied by Marcello Malpighi about 50 years later when he saw the capillaries in the lung of a frog.

Harvey like Vesalius stirred up a storm of protest and we should not be surprised to hear that his severest critic was the Professor of Anatomy at Paris, Jean Riolan, a successor of Sylvius. Paris seems to have been the stronghold of Galenism. However, the protest was short-lived as Authority had never recovered from the assault of Vesalius. The new ideas were quickly accepted and Harvey, undaunted by opposition, went on to live a long and active life.

His later work, though not as well known as *De Motu Cordis*, was the best contribution to the study of Embryology since Aristotle.

Harvey lived through the troubled years of the Civil War at Oxford where he had the misfortune to have his later manuscripts on Embryology destroyed by Parliamentary troopers. He was bound, as the Physician to the King, to be involved in the war and an interesting glimpse has come down to us of Harvey looking after the Royal children under a hedge while their father fought the Battle of Edgehill.

Honoured and respected, with his ideas universally accepted, Harvey died in 1657 in his 80th Year.

We have seen that during the 16th Century Vesalius and his followers and successors established Anatomy as a useful science and at the same time replaced a blind belief in Authority by a rational viewpoint. We have seen that Harvey using the new knowledge demonstrated the circulation of the blood by experimental procedures. It is beyond our scope to show how from these beginnings the mass of knowledge grew to its present proportions but we have seen something of the historical foundation on which it rests. I hope this brief introduction will stimulate you to investigate for yourselves something of the fascinating past of our profession.

BIBLIOGRAPHY

Craigie David (1910) — *History of Anatomy — Encyclopaedia Britannica 11th Edition.*

Garrison, F. H. (1929) — *An Introduction to the History of Medicine* — *Saunders.*

Guthrie, Douglas (1945) — *A History of Medicine* — *Nelson.*
Haggard, H. (1929) — *Devils Drugs and Doctors* — *Harpers*
Singer, Charles (1942) — *To Vesalius on the 4th Centehary of his* ***De Humani Corporis Fabrica*** *Journal of Anatomy Vol. 77.*

BEGINNINGS OF ASEPSIS: Letter from Lister to Pasteur:

"My dear Sir — Allow me to beg your acceptance of a pamphlet of some investigations into the subject which you have done so much to elucidate, the germ theory of fermentative changes. I flatter myself that you may read with some interest what I have written on the organism which you were the first to describe in your Memoire sur la fermentation appelee lactique.

"I do not know whether the records of British Surgery ever meet your eye. If so, you will have seen from time to time notices of the antiseptic system of treatment, which I have been labouring for the last nine years to bring to perfection.

"Allow me to take this opportunity to tender you my most cordial thanks for having, by your brilliant researches, demonstrated to me the truth of the germ theory of putrefaction. and thus furnished me with the principle upon which alone the antiseptic system can be carried out. Should you at any time visit Edinburgh, it would, I believe, give you sincere gratification to see at our hospital how largely mankind is being benefited by your labours.

"I need hardly add that it would afford me the highest gratification to show you how greatly surgery is indebted to you.

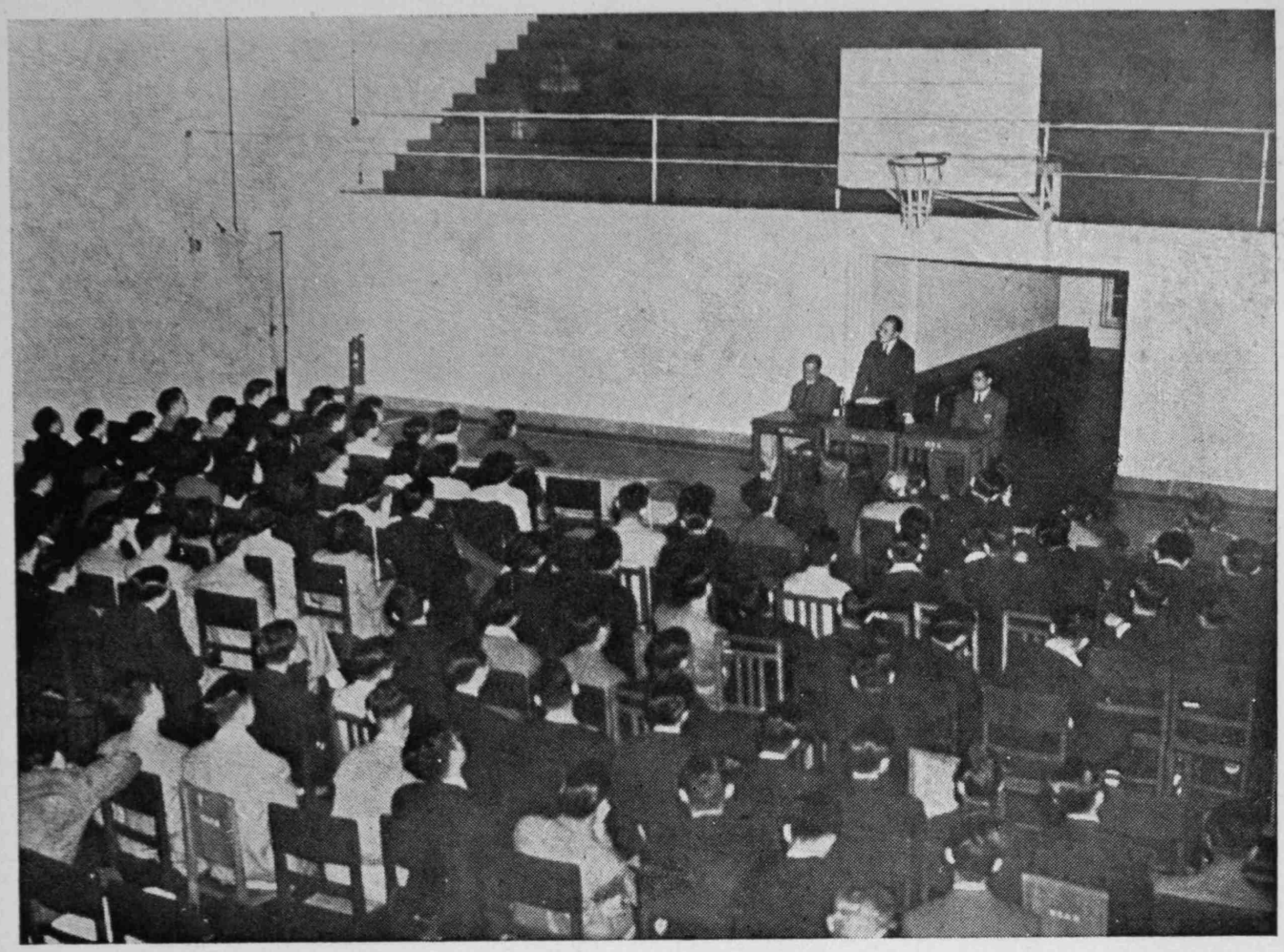
"Forgive the freedom with which a common love of science inpires me, and

"Believe me, with profound respect,

"Yours very sincerely,

"Joseph Lister."

— *Rene Vallery-Rodat: The Life of Pasteur, Vol. II, page 16.*



— PICTURES TAKEN DURING THE PRESIDENTIAL ADDRESS —

— Jonathan Mildew —

"Now you are completely sterile."

"Are we allowed to bring pets to the hospital?"

An Introduction to Craniology.

(with digressions.)

One horrible morning, someone pushed a skull at me. I recognised it as such and presumed that the matter could safely be left at that. But no! First I must learn several Latin names which mean, as far as I could ever make out, TOP-SIDE, FRONT-SIDE, BOTTOM-SIDE' BACK-SIDE, and SIDE. Having mastered these intricacies, I found I was now able to hold the skull the right way up, although I consider holding it up the wrong way more efficient since, in this position, that peculiar V-shaped bone with a lot of teeth in it does not fall away from the main mass. When I suggested to the Professor that, if nature had foreseen this simple fact, fewer people would wander around with their mouths open, he was polite but firm.

When the Good God designed the skull, I feel that he intended to leave the various sides smooth, clean and unadulterated. The result was to have been a cubist's dream. Then, for some reason, completely undisclosed by thousands of years of human existence. he decided that man should function. To function, it was deemed necessary that he should have nerves, muscles and blood-vessels. At this point the Creator either became bloody-minded or started hitting the grape-juice pitcher. Instead of laying things out in nice neat rows, everything of a kind together, he went berserk. Nerves and blood vessels were pushed through bone; muscles were made to overlap and conceal multitudes of branches of this and that; and perfectly respectable layers of fascia were commanded to condense and form all sorts of obscure ligaments. Inside the skull, not content with one simple covering for that relatively unimportant structure in most people' the brain, he decided to have three coverings; one soft; one not so soft; and another which is a damned sight too hard and gets reflected, off and on, to every things inside the skull. Gone were those six virgin planes and in their place appeared a twisted maze of anatomical relations which have been the pride and joy of anatomists through the ages, from Galen to S. M. B.

The errors of Creation are all too apparent and I shall not continue to decry them. Let us now turn to the man—made aspect of the skull. At this point, those who respect classical tradition may stop reading—(if they haven't already stopped!). I am now approaching, of course, the subject of nomenclature. In spite of the saner influence of surgeons and the like who wanted to call things by such easily remembered names as *Hunter's Canal, Poupart's Ligament, Cave of Reizius, Nerve of Bell, Waldeyer's Ring, Pouch of Douglas*

and . . . er (for further examples of eponyms occurring in the skull (! !) readers will please' refer to A Lee McGregor's *Synopsis of Surgical Anatomy*, just as I had to), anatomists went haywire and started to learn Latin and Greek. And so we have, the *zygomatico - temporal process*, the *pterygopalatine fossa*, the *otic ganglion* (or was it the idiotic ganglion ?), the *levator labii alequae nasi* and its elder brother, the *levator palpebrae superioris*. These and other tongue twisters compose that series of terminological atrocities known as the **Revised Nomenclature.** I feel that the anatomists could profit from the army practice of doing everything by numbers. Take for instance the Cranial Nerves. After much dissection and comparison, somebody discovered that there were twelve, and sometimes thirteen, cranial nerves. The same person, or perhaps it was someone else, then had the divine inspiration of numbering them. This caused a great furore amongst the classical elders who insisted that *Trigeminal, Glossopharyngeal, Vagus* and *Hypoglossal* were so much easier for them to remember than 5, 9, 10 and 12. "The cad, sir ! What is anatomy coming to?" they frothed. In the end, they compromised, saying that the Cranial Nerves may be numbered but that Roman numerals must be used to preserve the classical tradition ! ! !

I bring you now to one of the lighter aspects of the study of the skull. First obtain for yourself a pipe-cleaner. Having twisted it the wrong way without avail for about five minutes, twist it the other way for ten minutes and you will find, to your great joy, that the two pieces of very malleable wire of which it is composed come apart and the white cotton falls away from between them. You are now the proud possessor of an instrument known as a 'skull-seeker', discovered and named by me. Many are the happy and utterly profitless hours I have twiddled away with this . . . . .

Exercise 1. To prove that the orbital cavity is connected with the middle cranial fossa.

Method (a)

Just look and see for yourself. But this method is far too simple and uninteresting.

Method (b)

Hold the skull (with top and mandible removed.) up to the light, delicately poising it on the thumb and first two fingers. Take hold of the seeker with the right hand and, casting caution to the winds, jab boldly into the orbital cavity. The seeker will buckle neatly into the shape of an 'S' and the great science of Craniology will have profited exactly nothing by your experiment. Do not be daunted, however. Try again.

The starting position is the same as before, except that this time you squint along the seeker with one eye and aim for a glimmer of light you will see at the far end of the orbital cavity. Now strike. To your great satisfaction the probe meets with no resistance, and exultantly you peep into the top of the skull to see where the probe has come out. Somehow or other it seems to have changed its mind at the last moment and declined to lower itself into the middle cranial fossa. It is cocked up at a jaunty angle above a thing known to all infidels as the Turkish saddle. Prolonged concentration upon a textbook diagram will reveal the existence of a hole called the optic foramen. Further considerable research and comparison will convince you that said hole is the one from which your way ward seeker is now protruding. If you allow your eye to wander carelessly over the same diagram, you will see a long slit just below the optic foramen. This slit is the Superior Orbital Fissure known and beloved by all Medical students for the structures which allegedly pass through it. Laborious manipulation with the seeker will prove, an hour or so later, that the orbital cavity is indeed connected with the middle cranial fossa by the kind offices of the Superior Orbital Fissure.

Exercise 2. To prove that the middle cranial fossa is connected with the orbital cavity

Method (a)

As before.

Method (b)

The technique is very much more involved this time. The student places his eye opposite the orbital cavity (Right eye for left cavity and left eye for right cavity.) and operates with his seeker from the cranial fossa end of the problem. Frankly, brethren, I have never been able to accomplish this manipulation and therefore consider it beyond the best of human ability and ingenuity. You are however at liberty to practice it at your own risk and I shall be please to recommend a very good optic surgeon to you after you have pierced your cornea with the seeker.

These, and many other gaieties comprise the study of the skull, and I exhort all third year medicals to take joy in them and be not dismayed by them. If, at the end of your third year, you feel you have not had true value for your money, spend another 3 months doing a revision course. In this way, I am sure you will achieve the utmost satisfaction, and, who knows ?—some day you may even become a doctor !

TABES

"Frailty, thy name is woman." Have mercy on those poor souls who are entangled within .....

THE INFERNAL TRIANGLE

CHARACTERS:

CLONUS ***(the boy friend).***
FASCIOLA. ***(CLONUS' girl).***
B. KOH LAI. ***(the other man).***

SCENE I.

The UNION TEA ROOM. Evening. FASCIOLA is sitting alone in a remote corner impatiently suturing a sweater. The tea-room is practically deserted. She wears a gentian violet dress over which is draped a cute little omentum. Enter B. KOH LAI.

B. Koh Lai: Darling!

Fasciola: ***(with exophthalmos):*** Sweetheart! At long last! A bit longer and my acute love for you would have turned chronic. Did you have a stable decussation from Kowloon?

B.K.L.: Yes, my dear. I taxed my motility as much as I could for I feared Clonus might get here first. Now that we have reached the climax, shall we metastasize fast?

(There is a little hyperpnoea).

Fasciola: No, no, let us celebrate! Clonus is incarcerated at Queen Mary Hospital with acute myocarditis and we have all the time between us. Rumour has it that prognosis is rather grave. I saw Dr. Kill Dear myself.

B.K.L.: Well! Well! That settles it. He will be latent for a while at least. You look dehydrated, dear. Let's order some fluids.

(B.K.L. makes the order. Soon a flask and 2 beakers are produced by the waiter).

Fluids plus plus?

Fasciola: Yes please — that's the optimum concentration.

(The vessels walls clink. There are fluid thrills).

B.K.L.: Darling! To us!

Fasciola: To us!

(They deglutate).

B.K.L.: Darling! When I accomodate myself into your stellate optics in the semilunar light, I become euphoric!

Fasciola: Dearest, you do look febrile. If Clonus finds us thus, there will be marked clubbing, which will precpitate a caput succedaneum on your crown.

B.K.L.: I admit he is a bit virulent at times, but my allergic sensitivity for you is becoming malignant.

(There is chemotaxis and a proximation of orbicularis oria).

Hmm! More forced fluids?

Fasciola: No, thank you, not now. I have a balanced diet awaiting us in my abode. We shall metastasize there.

(They exteriorize).

SCENE II.

FASCIOLA'S dining-room. The lights are dim. More infusions are consumed. The table is set for two. They phagocytose the meal in raptured silence and retire to the sitting-room. There is soft music. They execute a St. Vitus dance to the titilating music of Babinsky and his Moonstruck Seranaders. There is a sudden stasis of taxis outside the house. FASCIOLA rushes to the window and sees CLONUS ejaculating from a taxi!

Fasciola: It's Clonus! I must screen you fast — behind the one lateral to the fireplace under that fornix. You must not be manifest when he arrives.

(Resection of door revealing CLONUS in the orifice).

Fasciola: Darling! what a surprise! You should not be ambulatory in your now degenerate constitution. What happened?

Clonus: I was wrongly diagnosed. It was'nt my myocardium at all but really my cerebral cortex, as they later found out. It appears there is an apparent "shortening" of one of those long association fibers, as the E.E.G. showed. I was advised to have complete physical and mental rest for quite some time and I would be N.A.D. again. ***(Embrace).*** But darling! You feel febrile! You're not pathological are you?

Fasciola: No, no, dear. I'm only in the excitement stage. Your recent malady has been a constant diaphoretic. Besides my mind has been so hyperdistended of late. But you should be at home and in confinement to bed. You might become toxic!

Clonus: I was on my way home, as a matter of fact, but thought I would herniate in and break the good news to you first. What's that! (***He vasoconstricts***). There's an opaque shadow behind that screen! There's a foreign body in the house!

(***He peristalsizes towards the screen***).

Fasciola: No, no dear!

Clonus: I am going to perform an aspiration of that sulcus. (***He exerts forcible retraction of the screen demonstrating B. KOH LAI***). You! you purulent focus! How long have you been in exudation? (***He fulminates***).

B.K.L.: I...er...I just transfused myself a few minutes ago. As a matter of fact, I was about to slough off when you infiltrated.

Clonus: You have tried to anastomose with my girl. You have let the cover slip off your morbid intentions. I'll fix you!

Fasciola: No, no, please!

Clonus: Don't be macrostomic, woman! I wish to manipulate this fungating mass. I will traumatize him!

Fasciola: Don't you dare percuss him. Palpate me first. I feel sorry for him.

Clonus: What? You double-crossing parasite! You wish me to dissect him? You've always had an overactive sympathetic. I'm going to make a threshold substance of him this minute!

Fasciola: Stop! (***She has ptosis et kyphosis***). I must confess, I am Koh Laiophilic!

(***CLONUS is immobilised.***)

Clonus: So! I am greatly shocked. I have noticed a malignant change in you lately. There has been a shifting dullness about you. But then you were always fluctuant. Now I see the pathogenesis. This virus has obviously infiltrated your heart. After having been prodromal all this time, he has at last decided to become symptomatic. And to think that all these days your feelings towards me were sterile.

Fasciola: (***Lacrimally***): It is not as bad as naked-eye appearances.

Clonus: (***To B.K.L.***): You have been intersecting with my girl.

B.K.L.: Don't be so biliary. Our conjoint love was only an affinity.

Clonus: Don't be bactericidal! I am saturated with grief. I see no solution. You have precipitated a nasty situation. My cardiac embarrassment is profound. I am going to massively necrose you both! That will settle further adhesions between you.

(CLONUS withdraws a vicious-looking scapel from its sheath.)

I shall incise you both and then perform extensive tracheotomy on myself!

(FASCIOLA and B. KOH LAI are ischaemic and fibrillating. Suddenly there are coarse rales of the door-bell).

Voice: Doorotomy! Are you home, Fasciola?

(B.K.L. heaves a sigh of symptomatic relief.)

B.K.L.: Ha! ha! That's Fasciola's friend calling on her. You had better open the door.

(There are heavy paroxysmal percussions on the door. CLONUS phonates a hippocratic oath and rotates towards the door. In that split second B.K.L. lifts a chair and brings it crashing down on CLONUS' occiput).

Now! Your corpuscles be upon your own cranium!

(CLONUS' pseudopodia give way under the impact and he collapses on to the basement membrane in a state of anaesthesia. B. KOH LAI and FASCIOLA become ectopic via the caudal end of the house and make good their escape).

Aetiology: FRANK SLAUGHTER.

The above characters are entirely malicious. Any resemblance to person or persons living or dead, in Q.M.H. or the University is purely intentional and complementary.

On Haemolytic Diseases.

"The haemolytic diseases are the children and the spleen is their mother, but the father is still unknown and possibly there are several fathers."—*Text-book of Pathology, Fifth Edition, by William Boyd, page* 841.

RANDOM RHYMES

The laziest of all was Dirk,

Extolled and proclaimed as a shirk.

He'd labour, poor jerk,

To get out of work.

No wonder young Dirk's such a quirk.

What can cure a broken heart?

Digitalis from the start?

Nix, stupid,

Just cupid.

With his cunning bow and shaft

Pierce your cardia fore and aft,

Leaving you convulsed again,

In the throes of love and pain.

Young Anaesthesio Renaldo da Motta

Was a successful exam-question spotter.

He got through Cambridge with ease,

And the pre-med. if you please.

But the finals sent him down to the gotter.

The objective of the World Health Organisation shall be the attainment by all people of the highest possible level of health. The responsibilities for attaining these ideals rests not only on the W.H.O. and on national grounds, but on the peoples of the world.

THE DEVELOPMENT OF INTERNATIONAL HEALTH

by Dr. I. C. Fang

Inasmuch as international health is by no means a new activity in the field of public health, it may be profitable to review briefly the background prior to the establishment of the World Health Organisation.

As far back as the middle of the fourteenth century, the countries of southern Europe and the Mediterranean tried to wall off epidemic invasions by isolating ships suspected of carrying diseased persons. Venice, being a commercial centre and therefore very vulnerable to epidemics, was the first to institute this practice. In order to enforce the sanitary regulations there a sanitary board was established in 1348. As the incubation periods of infectious diseases were unknown in those days, all ships were isolated outside the harbour for a period of forty days — hence the term "Quarantine."

During the first part of the last century, several epidemics of cholera visited Europe. Six international sanitary conferences were held but, owing to the technical disputes which were inextricably mixed with political controversies, rivalries and conflicts of national interests, not one valid treaty was produced. However, when medical science discovered the causes of epidemic diseases and the factors which influence their diffusion, it became possible to attack the problem in a scientific way. The technical disputes and political controversies which were responsible for all the failures in reaching an agreement for international control of epidemic diseases were soon overcome. During the last decade of the nineteenth century four sanitary conferences were held, each resulting in a convention. The conventions of 1892, 1893, 1894 and 1897 were subsequently consolidated in a single instrument, the International Sanitary Convention of 3rd December 1903.

The basic features of the International Sanitary Convention of 1903 are that it is obligatory to every signatory state:

1. To notify all other signatories of the appearance in its territories of certain communicable diseases specified in the convention, and
2. When so notified, to refrain from imposing against the stricken country defence measures in excess of the maximum permitted by the convention.

Because of the strategic location of Egypt along the major sea route from the East over which cholera epidemics had frequently been introduced into Europe, and furthermore because the danger of epidemic inroads through the Suez Canal was particularly acute during the annual Moslem pilgrimage to the holy places, the Convention contained special provisions for the Suez Canal and its neighbouring countries, designed to establish under international administration barriers against disease. It also provided detailed regulations for the Moslem pilgrimage.

These basic features of the 1903 Convention remained practically unaltered, although it was revised in 1912, 1926, 1938 and 1944 in order to bring international methods of disease control in line with advances in epidemiological knowledge and to improve the system of compulsory notification of diseases. Prophylactic measures allowed by the convention have gradually been made less onerous and more effective. With the rapid expansion of air travel, new measures had to be taken to deal with new problems arising out of this new means of transport.

In addition to the international sanitary conventions mentioned, which are intended to be truly international, a series of Pan American sanitary conventions has been concluded. The difference between the two is that the Pan American is a regional agreement, and goes further in that it requires compulsory notification for ten communicable diseases, whereas under the international convention notification of only five diseases is required.

During and after the first World War, large areas of eastern Europe suffered exceedingly from virulent typhus and relapsing fever epidemics, often accompanied by dysentery, cholera, malaria and smallpox. Military operations and movement of refugees across the continent greatly accelerated the diffusion of these epidemics. The whole of Europe was threatened with a major catastrophe unless the westward spread of these diseases could be checked. This could be done only through a new approach in international co-operation: that is, international assistance to countries unable to cope with epidemic conditions within their own borders and co-ordinated efforts against epidemics by the health authorities of different states.

The first example of large scale international aid to a country to control epidemics was that given to Serbia in 1915. In that year Serbia had the worst typhus and relapsing fever epidemic, the diseases apparently having been introduced by Austrian prisoners of war. At the height of the epidemic, nine thousand persons were stricken daily, and the mortality rate ranged from 20 to 70 per cent. The Serbian army was virtually crippled. Serbia appealed

for help to its allies, and not only Great Britain, France and Russia, but also the United States and other neutrals as well, immediately responded to the plea. An International Sanitary Commission was set up to co-ordinate relief work. Funds, medical supplies, doctors and nurses were sent into Serbia and took over the medical and health services of the country. Its vigorous anti-typhus epidemic campaign suppressed the epidemic in about six months.

The second example concerned Russia. Immediately after the first World War, when existing health machinery broke down because of war and revolution, and resistance to disease was lowered by famine and misery, typhus flared into epidemic form and spread virtually throughout all Russia. It is estimated that in the period from 1917 to 1921 there were at least twenty five million cases of typhus in Russia, of which more than ten per cent resulted in death. With the return of the Polish peasants, who were driven into Russia during the war, the Russian typhus epidemic became a serious threat to the health of Europe. It was evident that unless prompt measures were taken to prevent the spread of the disease, all Europe would eventually be engulfed. This was a task that could not be performed without close co-ordination of the health services of all European states in a joint anti-typhus campaign. The challenge was met, and met successfully, by the newly established League of Nations, acting under the authority given it by Article 23 (F) of the Covenant to "take steps in matters of international concern for the prevention and control of disease."

On May 9, 1920, the Council of the League authorised the establishment of a temporary Epidemic Commission, which asked for and received contributions from members of the League, as well as from private sources. The first need was for accurate information concerning health conditions in Russia, and arrangements were made with Moscow for the interchange of epidemiological information. Unlike the International Sanitary Commission, which supervised the anti-typhus campaign in Serbia, the League Epidemic Commission did not itself engage in medical work, but acted as a sort of international general staff, directing and co-ordinating the work of national health administrations and assisting them with money, medical supplies, etc., when needed.

At the suggestion of the League, the Polish Government convened a European Health Conference at Warsaw, March 20–28, 1922. Here, for the first time, there was drawn up a plan for a joint campaign against disease. The conference drew up a series of resolutions laying down basic principles and recommending that states share in the cost of the campaign. The conference also suggested that neighbouring countries conclude bilateral sanitary conventions to improve

co-ordination of health measures. The most important achievement of the Warsaw conference, however, was that it opened the way for direct communication between national health administrations, by-passing the usual diplomatic channels, and thereby helped to make possible the development of the League's world-wide epidemiological information service.

Prior to the creation of the World Health Organisation, there were in existence four inter-governmental health services, namely the Pan-American Sanitary Bureau, the International Public Health Office, the Health Organisation of the League of Nations, and the Health Division of UNRRA. It is important to note that these bodies were without executive power, authorized only to collect and distribute technical and scientific information and statistical data, to give advice and assistance to governments upon request, and to act as liaison organs between national health administrations. With the creation of the World Health Organisation, the work of the League of Nations Health Organisation and the advisory health services of UNRRA were carried on by WHO, that of the International Public Health Office was taken over later, and soon the Pan-American Sanitary Bureau will also be integrated into WH . So eventually there will be only one organ to be concerned with international health — namely the World Health Organisation.

In view of the importance of international co-operation in the field of public health, the delegates to the United Nations Conference at San Francisco included " Health " in the list of subjects under the Charter entrusted to the United Nations Economic and Social Council. The delegates of Brazil and China submitted a declaration which recommended that an international health conference be convened at the earliest possible moment to establish an international health organisation which could be brought into relationship with the Economic and Social Council. This was unanimously approved.

When the Social and Economic Council was established in January 1946, one of its first acts was to set up an International Technical Preparatory Committee to prepare the agenda for the forthcoming international health conference. This conference assembled in New York on June 19, 1946, and produced three international agreements:

(1) The Constitution of the World Health Organisation.

(2) The Protocol concerning the International Public Health Office.

(3) The Arrangements concluded to establish an Interim Commission of the World Health Organisation.

The Interim Commission of the World Health Organisation lasted more than two years before twenty-six nations ratified its Constitution, when the World Health Organisation finally came into being on September 1, 1948. During this interim period the Commission undertook other technical programmes besides assuming the numerous technical responsibilities of former international health organisations — these are the Health Organisation of the League of Nations, the International Public Health Office and the Health Division of UNRRA. A technical publication programme covering such matters as epidemiology, health legislation and the work of the expert committees has been established and is now in full operation. One of the most interesting activities of the Interim Commission was the world-wide fellowship programme. During the life of the Commission about three hundred and fifty candidates from ten countries had been placed for special studies in American, Canadian and European institutions. Besides the fellowship programme, the Commission also aided the health authorities of China, Ethiopia, Greece, Italy, Austria, Hungary and Poland.

It might be useful for our understanding of the World Health Organisation to review briefly some of the highlights of its Constitution. I propose therefore to read to you the preamble and the first and second chapters of the Constitution before embarking on its general review.

PREAMBLE:

The States parties to this Constitution declare, in conformity with the Charter of the United Nations, that the following principles are basic to the happiness, harmonious relations and security of all peoples:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.

The health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and States.

The achievement of any State in the promotion and protection of health is of value to all.

Unequal development in different countries in the promotion of health and control of disease, especially communicable disease, is a common danger.

Health development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development.

The extension to all peoples of the benefits of medical, Psychological and related knowledge is essential to the fullest attainment of health.

Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people.

Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.

Accepting these principles, and for the purpose of co-operation among themselves with others to promote and protect the health of all peoples, the contracting parties agree to the present Constitution and hereby establish the World Health Organisation as a specialised agency within the terms of Article 57 of the Charter of the United Nations.

CHAPTER I — OBJECTIVE — Article 1: The objective of the World Health Organisation . . . shall be the attainment by all peoples of the highest possible level of Health.

CHAPTER II — FUNCTIONS — Article 2: In order to achieve its objective, the functions of the Organisation shall be:

(a) to act as the directing and co-ordinating authority on international health work;

(b) to establish and maintain effective collaboration with the United Nations, specialised agencies, governmental health administrations, professional groups and such other organisations as may be deemed appropriate;

(c) to assist governments, upon request, in strengthening health services;

(d) to furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of governments;

(e) to provide or assist in providing, upon the request of the United Nations, health services and facilities to special groups, such as the peoples of Trust Territories;

(f) to establish and maintain such administrative and technical services as may be required, including epidemiological and statistical services;

(g) to stimulate and advance work to eradicate epidemic, endemic and other diseases;

(h) to promote, in co-operation with other specialised agencies where necessary, the prevention of accidental injuries;

(i) to promote, in co-operation with other specialised agencies where necessary, the improvement of nutrition, housing, sanitation, recreation economic or working conditions and other aspects of environmental hygiene;

(j) to promote co-operation among scientific and professional groups which contribute to the advancement of health;

(k) to propose conventions, agreements and regulations, and make recommendations with respect to international health matters and to perform such duties as may be assigned thereby to the Organisation and are consistent with its objective;

(l) to promote maternal and child health and welfare and to foster the ability to live harmoniously in a changing total environment;

(m) to foster activities in the field of mental health, especially those affecting the harmony of human relations;

(n) to promote and conduct research in the field of health;

(o) to promote improved standards of teaching and training in the health, medical and related professions;

(p) to study and report on, in co-operation with other specialised agencies' where necessary, administrative and social techniques affecting public health and medical care from preventive and curative points of view, including hospital services and social security;

(q) to provide information, counsel and assistance in the field of health;

(r) to assist in developing an informed public opinion among all peoples on matters of health;

(s) to establish and review as necessary international nomenclatures of disease, of causes of death and of public health practices;

(t) to standardise diagnostic procedures as necessary;

(u) to develop, establish and promote international standards with respect to food, biological, pharmaceutical and similar products;

(v) generally to take all necessary action to attain the objective of the Organisation.

The broad statement of the preamble and the comprehensiveness of its functions are indicative that the powers contemplated are far greater than those of any previous international organisation in this field. In its stated objectives, it has completely broken away from the traditional negative and defensive concept of public health. Its philosophy is positive and creative.

The membership of the World Health Organisation is open to all states. Members of the United Nations can become members at any time by accepting the Constitution. The States whose governments were invited to send observers to the New York Conference could automatically become members by accepting the Constitution prior to the first session of the Assembly. Other states may be admitted by a majority vote of the Health Assembly. Territories which are not responsible for the conduct of their international relations may be admitted as Associate Members by the Health Assembly upon application made on behalf of such territory by the member or other authority having responsibility for its international relations. By the end of January 1951 seventy-five countries had joined WHO. Thus the scope of the World Health Organisation is potentially world-wide.

The structure of the World Health Organisation somewhat resembles that of the League Health Organisation. It has a Health Assembly, an Executive Board and a Secretariat.

The Health Assembly, which determines the policy of the Organisation, is made up of delegates of the member nations. Each member nation is represented in the Assembly by not more than three delegates, and has one vote. It meets once a year at a place determined by the Assembly and the Board.

The Executive Board acts as the executive organ of the Health Assembly. It consists of eighteen members, elected by he Health Assembly for a period of three years, and it meets about twice a year. It prepares the Agenda for the Assembly, outlines for the Assembly a programme of work for the Organisation, and may submit advice or proposals to the Assembly on its own initiative. It can take emergency measures within the function and financial resources of the Organisation to deal with events requring immediate action. The Board is authorised by the Constitution to establish committees to serve any purpose within the competence of the Organisation, either on the direction of the Assembly or by the Board's own initiative or on the proposal of the Director-General.

The Secretariat functions under the direction and supervision of the Director-General, who is the chief technical and administrative officer of the Organisation. He is nominated by the Executive Board and elected by the

Assembly. He serves as Secretary of the Assembly, the Executive Board and all commissions and committees of the Organisation, and of conferences convened by it. He prepares and submits annually, to the Board, budgetary estimates and financial statements for the Organisation. He appoints the staff of the Secretariat in accordance with regulations established by the Assembly.

Realising that too great a degree of centralisation should be avoided, the Constitution provides that the Health Assembly may establish as an integral part of the Organisation, a regional organisation within any area which it determines, subject to the approval of a majority of the member states within that area. There will be a Regional Committee and a Regional Office in each area. Subject to the general authority of the Director-General of the Organisation, the Regional Office shall be the administrative organ of the Regional Committee. In addition it shall carry out within the Region the decisions of the Health Assembly and of the Board. The machinery thus provided will be well adapted to attain desirable decentralised flexibility combined with a unified world programme.

This unified world programme now embraces many activities, which can be grouped under two broad headings — Technical Services and Operational Services. The first group gathers facts and administers international regulations. The second applies knowledge and techniques developed in any one part of the world to other areas having similar problems.

Briefly, the Technical Services include such matters as:

Biological Standardisation — which ensures that the doses of many drugs are measured in international units, thereby adding to the safety of the patient;

Unification of Pharmacopaeias — which ensures uniform strength and standard formulae for numerous medicines all over the world;

Epidemiological Intelligence — which broadcasts daily information to the whole world about the outbreak of serious epidemic diseases anywhere, so that necessary steps can be taken by health administrations, ships and aircraft, to avoid danger. WHO also has research groups working on parasitic diseases, virus diseases and tuberculosis. In addition there is a Division devoted to the production of technical publications and scientific works which are distributed and read all over the world.

The Operational Services include the provision of expert consultants and demonstration teams, who work together with local health personnel in different countries until these have acquired the necessary skill to carry on the work for themselves. An ever-expanding Fellowship Programme enables doctors,

nurses and other health workers to undertake special studies and research outside their own countries, thus learning new techniques which they can apply latter at home. To help those who remain in their own countries to study, assistance is given to improve educational institutions and training courses.

WHO is co-operating fully in the United Nations programme of Technical Assistance for Economic Development. Many potentially rich and fertile areas throughout the world cannot be fully developed because disease is rampant, and therefore miserably poor crops are harvested by a few workers, often incapacitated by sickness, from land which would support large populations. Attempts are now being made to drive disease from these areas and so increase the prosperity and standard of living of those who live there, and enable them to produce enough to export to less fertile areas.

The decentralisation policy has now very largely come into effect. There are Regional Offices for the Americas, for the Eastern Mediterranean, for South-East Asia and for the Western Pacific, and there are also Special Offices for Europe and for Africa — these last two at present operating from Headquarters in Geneva.

In the Western Pacific Region, which has its temporary headquarters in Hongkong, a number of projects are already under way, and many more are proposed for the coming years. In accordance with the policy of the Organisation, the emphasis is on prevention. Maternal and child health teams are working to improve the care given to mothers and babies, and so cut down the high infant mortality rates which still persist in many areas. Malaria teams are working to clear disease-carrying mosquitoes from fertile land, to rid the farmers of malaria and enable them to produce more food. Teams of doctors and nurses are vaccinating thousands of children with BCG to increase their resistance to tuberculosis. Since one of the major health problems in the Far East is the desperate shortage of trained personnel, a great deal of attention is being given to the possibility of giving assistance to educational institutions, to help them to train their own people to high standards so that they will be equipped to organise and administer the national health programmes. The fellowships scheme, already mentioned, is still in operation and its scope has been extended considerably. Key people in national health work are given opportunities to study abroad so that on their return they can help to improve the health services of their countries and pass on what they have learned to others.

It may be recalled that the Constitution of WHO provides that the Organisation shall establish effective relations and co-operate closely with

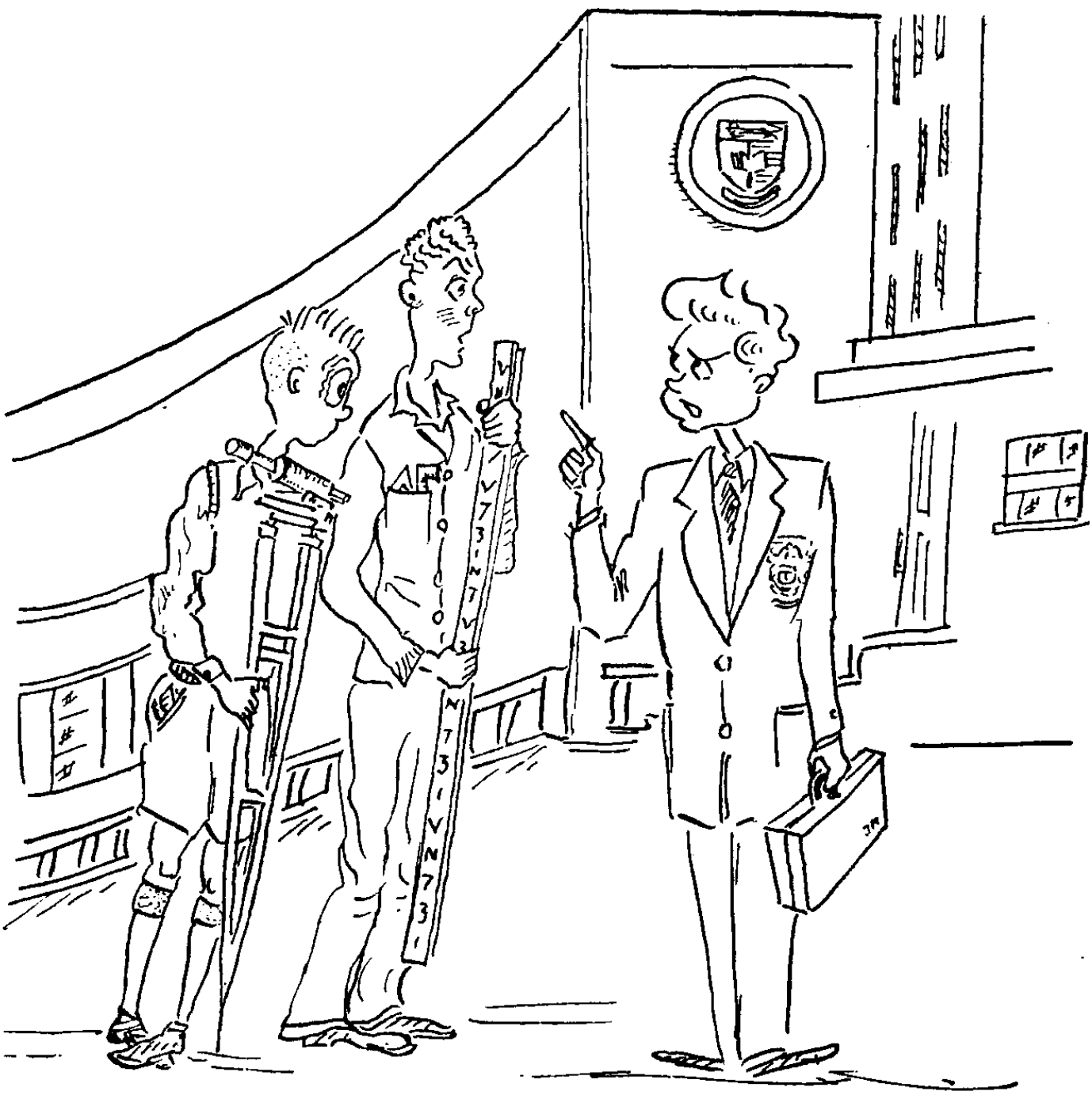
such other inter government agencies as may be desirable and that it may, on matters within its competence, make suitable arrangements for consultation and co-operation with non-governmental international organisations. Through the establishment of joint committees and in some cases permanent liaison officers, full consultation and collaboration are being maintained with the United Nations, UNESCO, FAO, UNICEF, ICAO and other specialised agencies and non-governmental organisations. For example, a joint Committee on Child Nutrition of WHO and FAO was formed early in 1947 to advice the International Children's Emergency Fund, and it prepared a report on Child Nutrition. This report was used as the basis for the world-wide child feeding programme of the UNICEF, and has been translated into the five official languages of the United Nations. A WHO Expert Committee of Habit-Forming Drugs is advising the Commission on Narcotic Drugs of the Economic and Social Council with regard to pharmacological and clinical aspects of drug addiction. So the relation and co-operation between WHO and inter-governmental and non-governmental organisations are both broad and close.

In conclusion I do not think I can do better than to repeat what Dr. Brock Chisholm once wrote:

"The World Health Organisation is more than just an international health agency. It challenges historical precedents in the field of health which have been largely negativistic and defensive. The World Health Organisation is a positive, creative force with broad objectives, reaching forward to embrace nearly all levels of human activity. Its Constitution is truly the Magna Carta of Health, and constitutes one of the most powerful international instruments designed to help man attain a better standard of living. Its creed proclaims that 'the health of all peoples is fundamental to the attainment of peace and security and is dependent upon the fullest co-operation of individuals and states' The responsibility for attaining these ideals rests not only on the World Health Organisation and on national governments, but on the peoples of the world."

Though ignorance is bliss,
'Tis better to be wise.

Examinee.



" You gram negative, acid-fast, gelatin-non-liquifying, porteolytic, non-sporing diplococcal facultative anaerobes. "

MEDICAL ORGY

OR

A Story with a Moral

Mac, *a* Scott, *co-incidentally of good* Stock, *lived in* **Bradford Hill.** *He was a* Hutchinson Hunter *and was* Bailey *in* Love *with his* Gunn. *One day he went to the* Craig *with the intention to* Welsh *himself when he* Shaw *a* Gray Cornybeare *approaching and he did* Yap, " *I am not* **Samson** *and consider it* Wright *to* Grollman *and* Slaughter *this* Bastedo *with my shooting* Ian "

He took a Pott-*shot and* Pang *went his only bullet astray. His heart* Thorpe *and he thought it* Schafer *to run away; but, being a good* Christian *and, remembering his* Parson's *advice, he faced the* Ogilvie *like a* Mann. *He was* Faust *to fight.*

The beare, sure of its prey, did Frohlich *and slipped on the* Peels *of* Appleton *left by* **Mac**'s *former visits and* Fretchered *its* McNee. *Siezing this* Goulden *opportunity,* **Mac** *shouted:* " *By* Christopher, *I can now kill thee with a* Handsfield *of* Jones " *And indeed he did, and* Hou.

Like a King *he did* Ride *to town and sold the fur for a* Price. *To cerebrate the victory, he* Micks *some* Gordon *with the beer he* Brews *himself and* Porritt *down his* E.N.T. *until he was* Stitt *and* Clough *And so it came to pass that both the* Cornybeare *and* **Mac** *were* Cooked.

MORAL: Mad people write mad articles.

Madder people read them.

Dementia Praecox.

Famed for his intensive work on "Recent Research on Parasitology" and his exhausting article on "The Patella Jerk," B. A. J. Mildew has again accepted the honour to bestow on his fellow medics part of his vast accummulation of knowledge acquired during the past two years in his treatise on .....

THE SWAB-WHEN-YOU-CAN TECHNIQUE

Being the first of my kind to have assisted the Professor at the Operation Theatre, I was asked by the student body in general and the class representative in particular to write a treatise on the subject. I am fully aware of the responsibility regarding the aforesaid treatise as hordes of hero-worshippers will be following my advice. With this in mind I shall endeavour to give a complete as well as a comprehensive survey of the theory, technique and disasters of assisting at an operation.

It is essential to bear in mind or better still, remember by heart the main features of the operation. Needless to say, the most important part of the operation is swabbing. Hence the title "The Swab-when-you-can Technique." I admit that the above title is rather American. But to be emphatic, one has either to be American or Scottish.

You will find that tradition requires of you a cap, mask and gown. These you can procure *without* difficulty from the sister-in-charge. It is recommended, however, that you keep a spare cap and mask in your pocket, just in case. Before donning the afore-mentioned apparel, there is usually someone around to see that you wash your hands and arms. It is better to do so without arguement. You scrub your hands, arms and face with a hard brush until you are just able to see superficial fascia, then stop. Dip your hands and arms in 90% alcohol and rinse your mouth with the same. Stand and wait for the nurse or the O.T. attendant to get a sterile gown for you. When you realize that no sterile gown is forthcoming, look around to see that no one is watching and get it yourself.

After you have powdered your hands, slip on the rubber gloves and then adjust your mask and spectacles. If you have time try making eyes at the nurses. Usually however, you will have to rush to the O.T. to find the peritoneum has been incised. But you may be lucky; if so, you will see the subcutaneous incision and witness the clamping and tying of arteries. During this process, do not have your fat hands near the area of operation as you are liable to get all five thumbs clamped, cut and ligated.

Destination Q.M.H.

A Photographic Essay

Doc's Eye View.

» Students are clamouring for a bus to take them to the hospital and back. By the way things are around here, they might as well ask for a helicopter to carry them straight up to the third floor lecture room.

» Actually, history-taking is not such a tedious and unrewarding task. I know. My present girl-friend is the daughter of one of the patients assigned to me on a Saturday morning.

» The Medical Research Lab, is just next door to the School of Anatomy. Very efficient arrangement. Anybody that has been done over with by the former will certainly make good dissecting specimens.

» Then there is a nurse who always takes off 10% of the pulse rate and 20% of the blood pressure from the patients she is attending to. That's for her personality, she says.

» A quick-thinking student came up with a new alibi the other day when he heard the Professor shout, "Wake up there, you (censored). I am asking you what is the normal White Count." "But, Professor, I am not sleeping. I just closed my eyes for a short prayer before answering you."

» Then there was Jones a la Moustacho,
Whose face was akin to a picasso.
He grins a bushy grin,
Showing toothless gums within,
And sings his favourite tune "Il Bacio".

» Overheard : "Familiarity breeds attempt".

Meantime, it is best to get the swabs ready. Use three rolls of gauze for each ring forceps. Prepare about a dozen such swabs. You will find that there not enough ring forceps. Therefore appropriate a few Kochers from the tray on the left. By this time, the abdomen will be fully exposed and from henceforth the operation begins to mount rapidly in tempo. Pulsating arteries are seen. The guts ooze pass the incision wound with the viscera floating in a pool of red. The hands of the surgeon splash joyfully within the peritoneal cavity. All is well. Everybody is in ecstacy — except the patient.

Every now and then, the surgeon mumbles under the mask and waves his right hand under your nose. This means he wants an instrument. If you think he wants a scalpel, pass him a forceps. Ten to one he will not need a scalpel — neither will he need a forceps. Odds are against you; but it is better to have a pair of forceps flung at you than a scalpel.

Other O. T. assistants, ably aidded by the anaesthetic ward clerks, at this stage are busy with the intravenous drip, rubbing haematomas and opening avenues of thought as to which vein is the best to attack. A cutting down is invariably decided upon, the vein being ligated, severed and thrombosed in time. All these lead to the climax, when you yourself without the aid of any living soul will be about to perform the fateful swabbing.

Hold the swab-forceps between both thumbs. The axis must be held at an angle of 47 degrees (Centigrade, not Fahrenheit.), the wrist remaining limp (as in percussion) and the arm poised in readiness. Breathing should be regular, slow and deep. Don't mind the extrcystoles. When time is ripe, swoop down upon the operation area, inverting the forceps to an angle of 124 degrees in one movement and passing the gauzed end of the instrument over the bloodiest field. You don't have to apologise, but call the nurse to wipe the blood off the surgeon's face. The right time to swab is when the surgeon is not looking or when he is hacking at the tumour. When he hacks, you hack. If he hacks again, you hack again. Sometimes the surgeon cramps one's style by swabbing also. All you have to do is to parry with a volcellum and quickly swab with the other hand. This can go on indefinitely or until you are precipitated bodily out of the O.T. Do not be discouraged by the surgeon's playfulness. Just manoeuvre your joints into their proper places. Get a nurse to nurse your bruises and swab your wounds, reminding her that she should always — *always swab gently!*

EDITOR'S NOTE: Jonathan Mildew is a medical student. He will probably always be a medical student. Like most of us, he likes to think he is a gay fellow, a shriek with women, and a genius in the medical world. He is a willing worker and will agree to do any job, medical or otherwise (preferably otherwise). In any case, however, he invariably puts his foot in it. Well, who doesn't? When I first met Mildew, I thought he was a moron. Now I am convinced he is a moron.

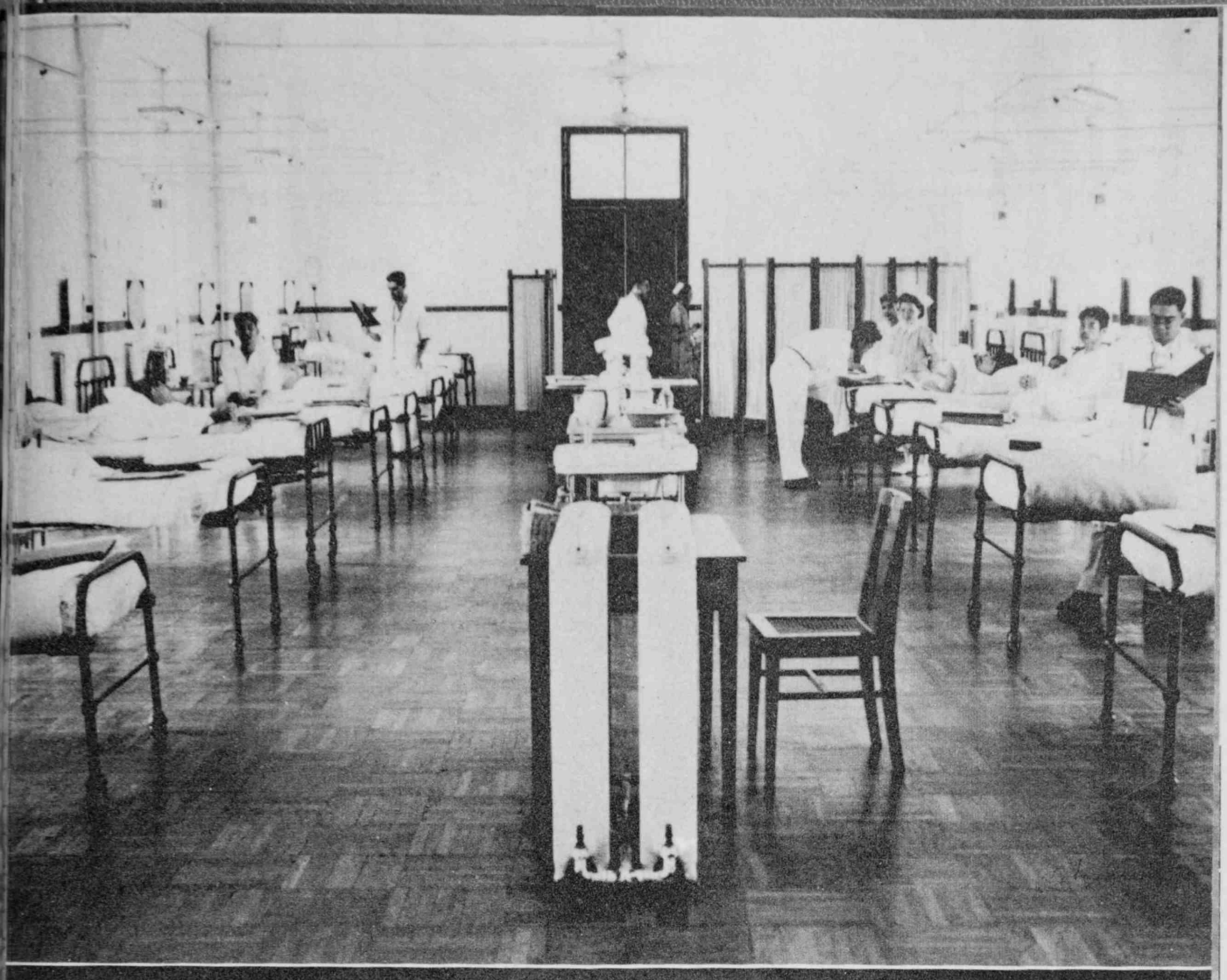

Medicine sometimes cu
It often relieves;
But always consoles.

17th July 1951. 2 p. m.

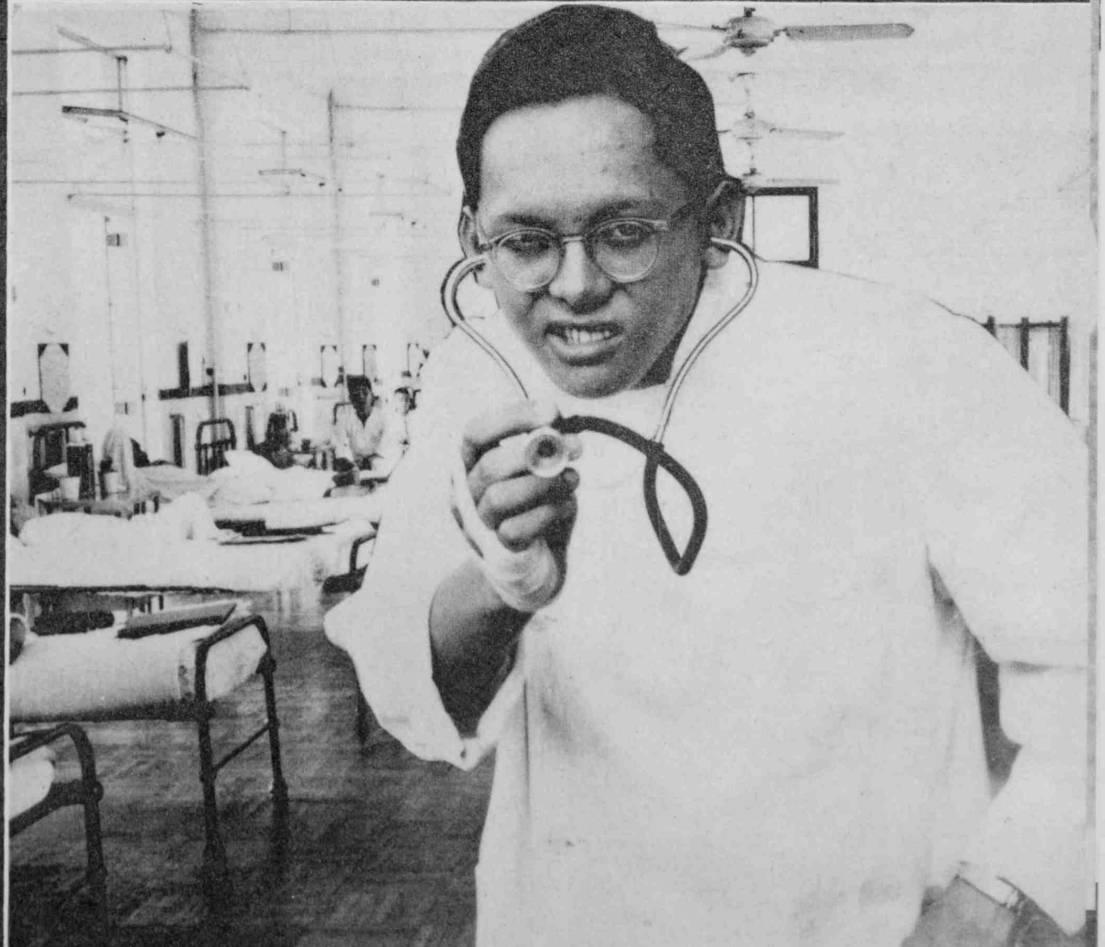
Rows of fellow-patients await medical attention at the Sai Ying Pun out-patients'. Most o us are anxious to get into hospital for it is said that treatment there is at its best.

17th July 1951. 3.30 p. m.

Within the semi-private consulting room I watched the business-like proceedings of the me cal officer, the deft movements of the nurses and the professorial looks of some young docto

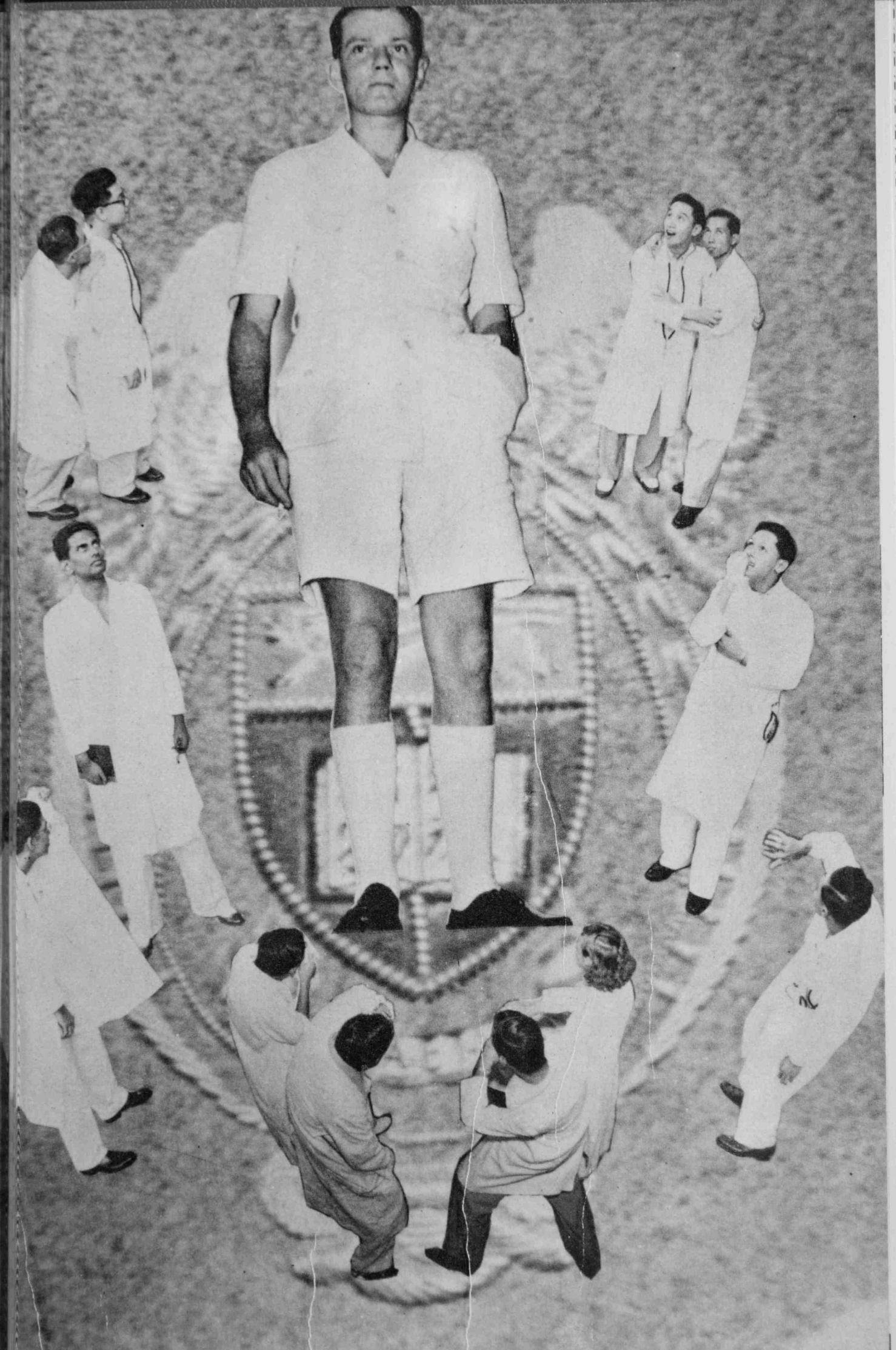


.....so this is how a general ward looks like! Everything seems so calm and tranquil.....

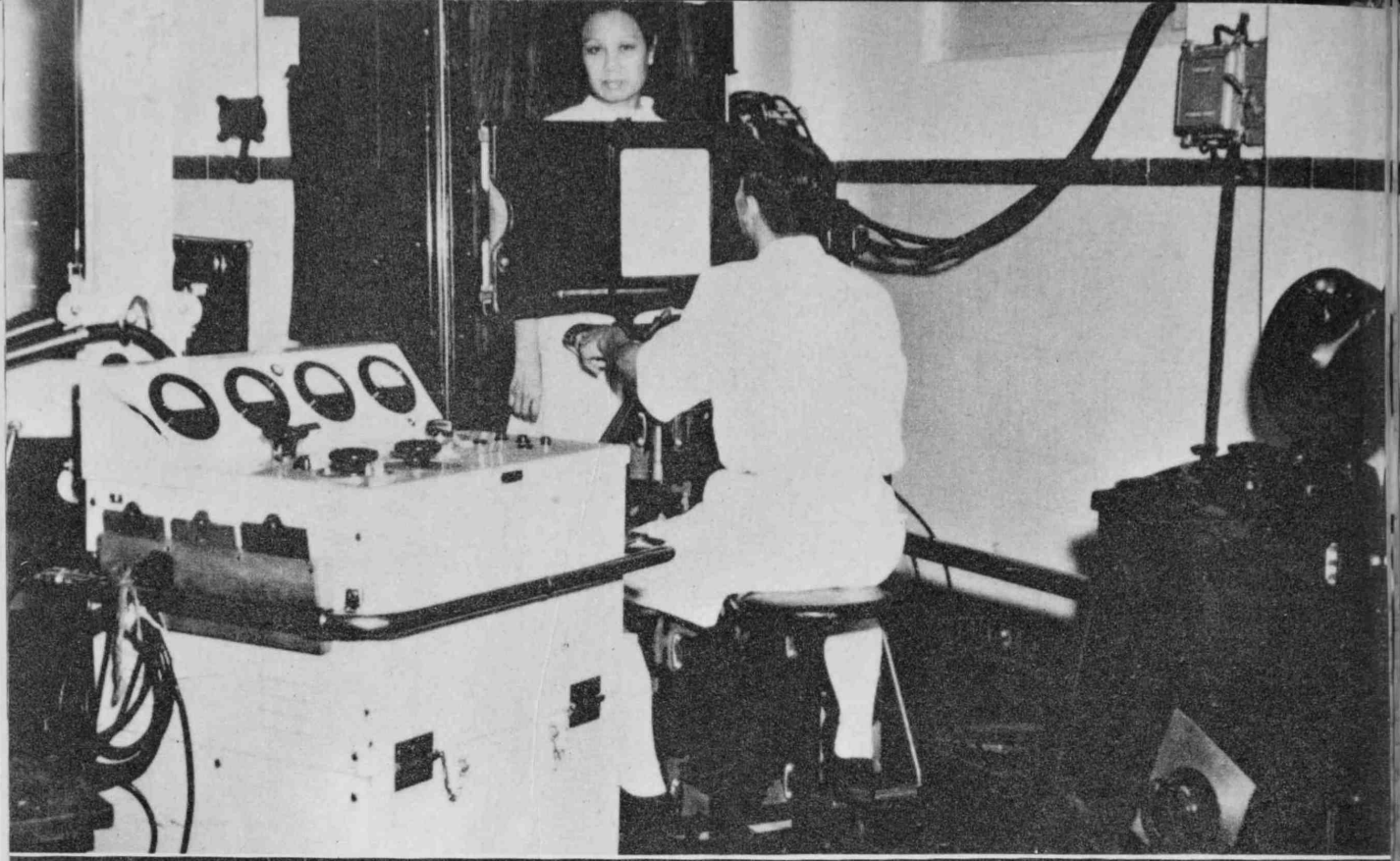


ıly 1951. 6.00 p.m.
he "calm" was
dispelled by an
ion — a doctor or
thing — which
ed upon me, smiled
nurse, gesticulated
dresser, and exam-
me from head to foot.

18th July 1951. 9.00 a. m.
In walked a troupe herded by a red-faced doctor, holding a whip -- no, a stethoscope. He asked many questions and it was obvious from his

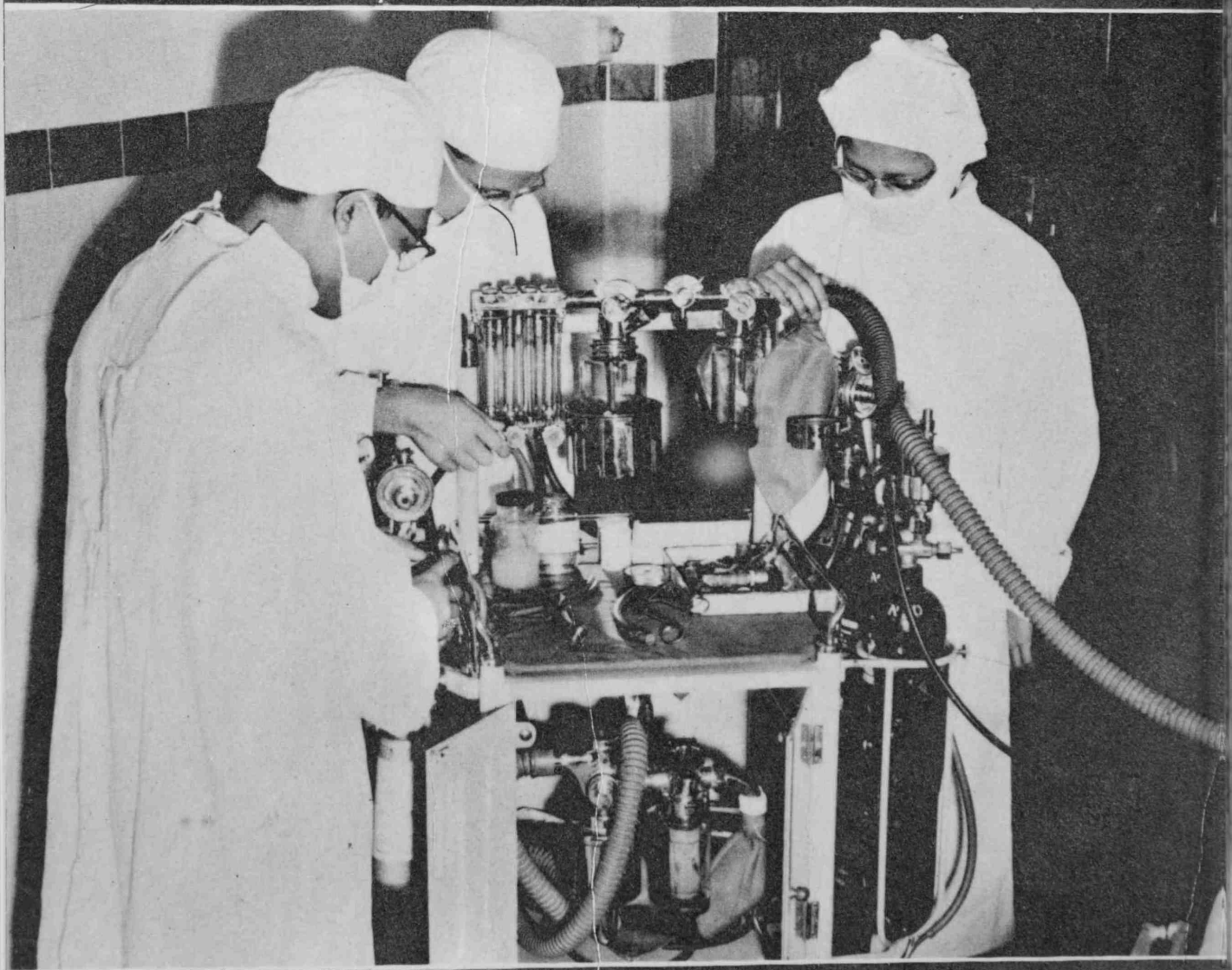


18th July 1951. 11.30 a.m.
It was not long before I realised that most of the said troupe were students



18th July 1951. 4.00 p. m.

Whereupon I was led into a dark room, offered a drink of paste and posed for photographs. The large hand-writing on the X-ray form, being duly deciphered by the houseman, indicated the need for an operation.



20th July 1951. 9.00 a. m. In the operating theatre.

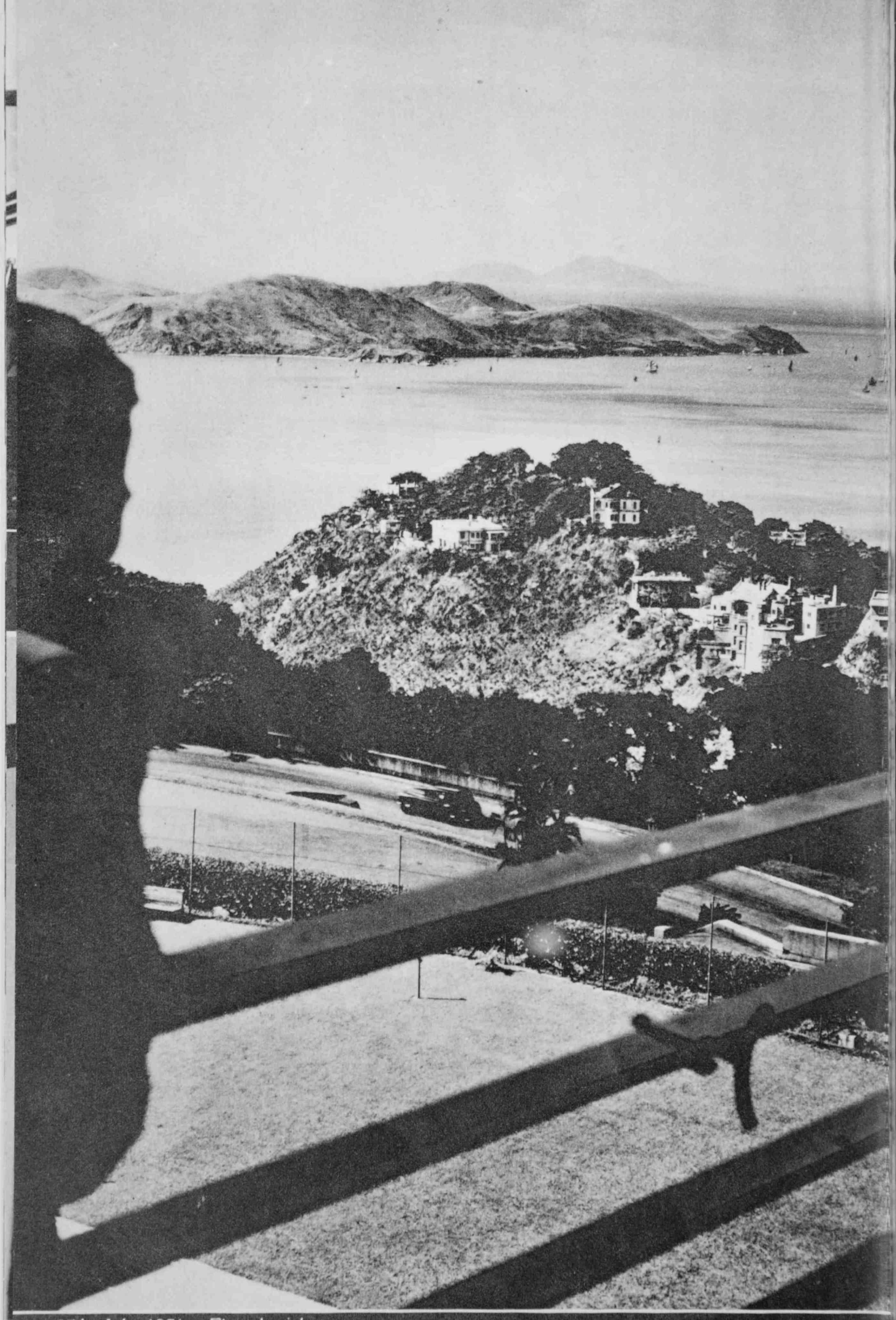
They wheeled in this contraption..... I asked the nurse to wheel me out; but she simply

20th July 1951. 9 something.

The surgeons were ready -- the operation form having been signed. I could say nothing except prayers.

21st July 1951. 10.00 a. m.

There's nothing like attention to lift a man from the dumps. But I'd be happier if the bus



25th July 1951. Five days later.

I was able to enjoy the beauty of the morning, the exhilarating air, the peace and quiet of O.M.H. as I passed beyond the academic interests of the medical students

Some Basic Concepts in the Pathology of Leprosy

by Dr. Olaf K. Skinsnes.

Human beings live in a world populated with a great host of micro-organisms which are essentially parasitic in nature, that is, they seek habitation in the animal body in their effort to obtain food and to propagate. In so doing they do injury to the host's tissues. Such injury may be mild or severe, rapidly developing or so slow in appearing that weeks and months of active disease may obtain without producing fatal or even significant damage to the body.

The organisms best adapted to this parasitic mode of existance are those iwhich can establish themselves in the host with the least disturbance. If marked damage is caused to the host's tissues, or if the parasite is markedly rritating, the defense mechanisms of the host may be called into action almost explosively and the parasite may be expelled. A successful parasite should ideally be capable of living in its host for a long time without damaging vital organs which might lead to death. Death of the host necessitates the parasite finding a new host if it is to survive. With interruption to its tenure of habitation it faces the possibility of destruction through unfavorable external circumstances or through inability to find a new host.

Defense Mechanisms of the Body

The body has a complex mechanism with which to defend itself. One of the most effective barriers to parasitic invasion is the intact skin which prevents many microorganisms from gaining access to the underlying tissues. Other body surfaces such as the mucous membranes of the oral cavity, the stomach and the intestines share this function. Once the parasite breaches these external barriers and gains access to the deeper lying tissues, inflammation follows. The defense mechanisms are mobilized in an attempt to destroy the invader and to repair such damage as may have been caused. The four cardinal signs of this inflamatory process were summarized by the Roman, Celsus (about 30 B. C.—38 A.D.), as (1) rubor — redness, (2) tumor — swelling, (3) calor — heat, and (4) dolor — pain, to which may be added a fifth, functio laesa — disturbance in function. These are commonly familiar to us as being present in abscesses.

These signs are evidences of changes in the affected part produced by dilation of blood vessels, the pouring out of inflamatory exudate into the tissues and the accumulation of numerous defensive cells. Generally speaking two cell types are most important reactors in the majority of diseases. Each has its particular characteristics. The polymorphonuclear leukocytes, known

familiary in medicine as "polys" and the macrophages or histiocytes are both phagocytic, that is they have the ability to engulf particular matter such as bacteria and tissue debris. The former accumulate rapidly in an area of injury and are capable of coping effectively with many types of bacteria. Their death, together with the death of bacteria and the liquefaction of dead tissues results in the formation of pus which is so commonly seen, for example, in abscesses and carbuncles. The "polys," however, are not as long lived as the macrophages and do not have as great phagocytic ability as the latter. If they are unable to dispose of the infection, the more slowly appearing macrophages gradually take over the major burden of clearing out the invaders and disposing of the debris. These cells are very versatile, being able to phagocytose a great variety of substances and being able to combine into larger forms known as giant cells. In addition, these macrophages are capable of being transformed into cells known as fibroblasts. The fibroblasts produce collagen and thus the substance of scar tissue is formed and the defect resulting from the tissue destruction produced by the invading parasite and the subsequent inflammatory reaction is filled.

In the case of certain infections and injuries, this process of scar tissue formation, designed though it be to repair damaged tissues, may be more harmful to the body than the original infection. This is at least partially true in some manifestations of leprosy.

The Leprosy Bacillus as a Parasite

The Mycobacterium leprae (bacillus causing leprosy) belongs to the large group of organisms which are incapable of sustaining life independantly of a suitable living host and which are therefore known as parasites. It is well adapted to such an existance. The leprosy bacillus causes disturbances primarily in the deeper layers of theskin and about peripheral nerves, more rarely affecting the internal organs and even then not producing major damage in these structures. Leprosy accordingly rarely kills the patient though it may so weaken him that he becomes susceptible to some other infection which may finally cause his death. In sparing the viscerae leprosy permits longer survival but this long survival in the presence of the disease allows marked deformities to appear. Since the disease is mainly one of skin and peripheral nerves these deformities are readily evident to the most casual observer. Ultimately they very often cause the host to be cast out from his community, but not before the bacillus has had opportunity for transfer to a new host. The very fear of being cast out from among his fellow beings causes the patient to hide his leprosy as long as possible and in so doing he very likely transmits it to a new host.

In its close adaptation to human parasitism the leprosy bacillus has become so specialized as to present a serious weakness in its ability to survive. Children form the age group most susceptible to the disease and leprosy is maintained in a community primarily through child infection. Since the infection begins thus in the early age groups and since it does not produce a rapidly fatal disease the bacillus is assured of many years of existence in the host and of many opportunities for transmission to a new host. On the other hand, so limited a host range provides a weak link capable of breaking the whole train of leprosy transmission. If the contact between children and infected parents or other leprous adult can be broken, the disease can largely be prevented and eradicated. Repeated experimental attempts have been made to innoculate the bacillus into adult volunteers in an effort to transmit the disease with only negligible success. Thus some enthusiasts have been prompted to go so far as to state that it is impossible for adults to acquire the disease. This is not true. There is a subtle relationship between the innoculating dose of bacillus, the host's immunity and the necessity of repeated exposures for transmission of the disease in most instances. The proper combination has not been achieved in experimental work as yet. Some adults, however, are more susceptible than others, that is, their natural immunity is less effective. There are undoubted instances where adults who have had contact with a source of infection only in later life have subsequently developed leprosy.

Two common misconceptions in regard to the transmission of leprosy are worthy of refutation. Leprosy is not transmitted congenitally. A child born of leprous parents, if removed from parental contact or other leprous contact at birth, will not develope the disease. Secondly, leprosy is not a venereal disease.

As a parasite the leprosy bacillus has yet another weakness. It is clear that the chances of survival of a parasite are greater the wider its choice of potential hosts. The human type of leprosy is unknown in animals. One of the major difficulties in research into the pathology of leprosy has been our inability to transmit the disease to any experimental animal. Leprosy, therefore, can not smoulder in an animal reservoir awaiting a chance to reinfect a human community from which the disease has been eradicated, as can certain other diseases.

The Host's Reaction to the Leprosy Bacillus

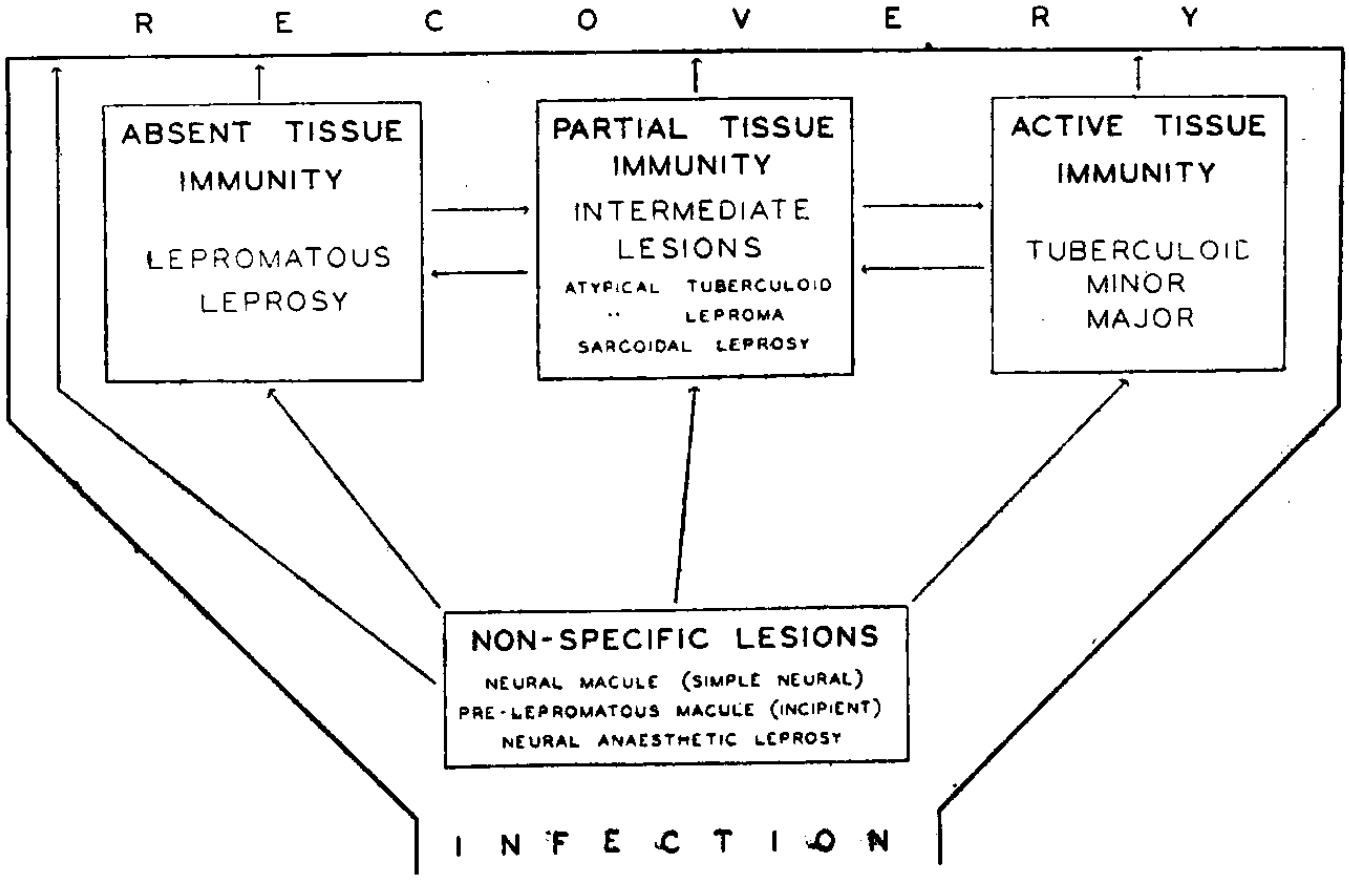
It seems that the leprosy bacillus usually gains entrance to the body through some minor scratch, cut or insect bite which interrupts the continuity of the skin. Repeated innoculations may be necessary to establish the disease

Chance contact with a leprous patient in an outpatient clinic or on a visit to a leprosarium is quite unlikely to result in its development. Again, it is the child exposed to prolonged contact with leprosy within the family or neighborhood who is most likely to develope leprosy.

After the bacillus gains entrance it apparently lies dormant for a long time. Or, perhaps its rate of multiplication is so slow that a prolonged period is necessary to produce sufficient bacilli to elicite grossly observable tissue changes. Eventally, however, the bacillus spreads and infiltrates the subcutaneous and subepithelial tissues — all with minimal tissue damage and minimal inflammatory changes in the early stages. The organism stimulates the chronic type of tissue reaction characterized by macrophage activity. For some reason, probably related to the high fat and wax composition of the bacillus, the " polys " are unable to cope with this invader. The macrophages are more effective but even so the bacillus is able to live within these phagocytic cells for some time and the macrophages become swollen with bacilli, assuming a charateristic vacuolated or foamy appearance which results in their being called " foam cells " or leprae cells."

THE PATHOGENESIS OF LEPROSY

(BASED ON COCHRANE'S CLASSIFICATION)



Both natural and acquired immunity in leprosy seems to be predominantly a tissue rather than a humoral phenomenon. In some individuals immunity is low and tremendous numbers of bacilli are found in the tissues. One investigator, by count, found an average of 2,529 million bacilli per cubic centimeter of tissue in a number of patients investigated. The total number of bacilli in such an individual reaches astronomical proportions. These patients show the "tumor" sign of inflammation to a marked degree in that nodules composed of bacilli and inflammatory cells, predominantly macrophages, appear widely in the skin. Such leprosy, the lepromatous form, is sometimes known as "nodular leprosy" and in advanced instances the nodule formation and swelling of the facial tissues may be so pronounced as to give the features a lion-like appearance to which the descriptive term, leonine facies, is applied. The lepromatous patients with low immunity and harboring great nnmbers of bacilli are contagious and are most likely to pass the disease to others.

In other individuals the tissue defenses are more effective and the macrophage response, together with other immune mechanisms, localizes the bacilli. The lesions are more sharply demarcated and very few bacilli are found in the tissues. Since the imflammation seen here resembles that seen in tuberculosis, this is known as tuberculoid leprosy. These patients are generally considered incapable of transmitting the disease to others. It may be prudent not to be too dogmatic in this statement and to suggest rather that they are far less likely to transmit the disease than are lepromatous patients.

Lying between these two major types of leprosy are a variety of other manifestations termed intermediate, and accounted for by varying degrees of active tissue immunity in different individuals.

To properly understand the disease one must keep in mind the fact that immunity is a dynamic state, varying from time to time and modified by experiences of malnutrition and intercurrent debilitating disease. Accordingly, the various types of leprosy just outlined are not absolutely fixed. Patients may on occasion show transformation from one type of manifestation to another.

Peripheral nerves may be involved in any types of leprosy (though usually more extensively in tuberculoid leprosy) and the former classification of neural leprosy as a separate type is no longer justified in the pathologic sense though it is still used clinically. There is mild inflammation in and about small nerve branches as well as larger nerve trunks, slow destruction of the involved nerve fibres and eventual partial or complete replacement of the nerve by scar tissue. The small bones of the extremities atrophy as do also the muscles of hands, forearms, feet and lower legs, and a variety of deformities result. The

facial nerves may be involved and the innervation of the eyelids may be so affected as to render the eyelids incapable of being properly closed. The eye then becomes liable to a variety of diseases and injuries and finally blindness may result. This is but one example of a number of complications that may arise.

Watching the intermittent but nevertheless relentless progress of the disease in many patients one may be tempted to assume that the defense mechanisms of the body are of no avail in the fight against the leprosy bacillus. This is not so. Approximately half of all children who develop the disease recover without treatment after suffering only mild lesions. Many cases of tuberculoid leprosy resolve and heal, also without treatment. It is estimated that only half of all children exposed to the disease and who might be expected to contract it, actually develop its manifestations. We have already seen how resistant adults are to acquiring leprosy. All these actualities are evidences of considerable effectiveness on the part of the defense mechanisms.

It has already been pointed out that the immune state may fluctuate in degree and effectiveness. Intercurrent debilitating disease interferring with the host's nutrition may, for example, cause a lowering of antibody production both of the cellular and humoral variety. The production of inflammatory cells likewise may be interfered with. Thus, in leprosy as in many other diseases, there is a constant fluctuation in the fortunes of war. At times the defense mechanisms may seem to have the upper hand while at other times the disease advances. In some patients there is eventual "burning out" of the active disease processes though the deformities contracted in the fight may persist. In others the disease slowly progresses, causing various crippling deformities, till finally the host is so weakened that he is incapable of mobilizing an effective defense against yet another invading porasite. Leprosy itself rarely causes significant damage to any vital organ, but its debilitating effects may so weaken the defense that the host finally succumbs to some intercurrent infection. Leprosy itself rarely causes death but it not uncommonly prepares the way for death.

The Significance of the Sulphone Drugs in Leprosy

With the development of the sulphone drugs medical therapeutics entered upon a new era and it has become possible to treat more effectively a wide range of bacterial diseases. Gradually a number of compounds, having as their parent substance Diamino-diphenyl-sulphone, have been found which have some effect on leprosy. These substances have largely superseded chalmoog a oil.

The new therapeutic agents have been widely publicised as drugs capable of causing miraculous cures in leprosy. The facts, however, are not quite so rosy. The sulphones are apparently incapable of killing the leprosy bacillus, that is, they are not bactericidal. What they do is to so interfere in the metabolism of the bacillus that growth and multiplication of the organism is slowed or arrested. The sulphones, therefore, are bacteriostatic. As the growth and spread of the bacillus is at least partially suspended, the defense mechanisms are given an opportunity to "catch up" with the bacillus and to eradicate it. The final cure or arrest of the disease is then due to a combined action on the part of the drug and the chemotherapeutic agent. Even so it may take months or even several years to effect the cure of a leprous patient. It is evident that the advent of these newer chemotherapeutic agents does not warrent a disregard of the body's defense mechanisms. The physician must understand and strengthen these defenses through proper therapeutics, even as he employs the sulphones of choice to give the defenses a more favorable opportunity.

An Opportunity for the University

The reader may ere this have wondered at the propriety of singling out reprosy from the many diseases seen in Hongkong for presentation in the *Elixir*. In partial justification, an opportunity may be pointed out.

During the past two years, through the cooperation of the Department of Pathology and more lately of the Department of Medical Research, a beginning has been made in creating at the University of Hongkong facilities for research into the problems of leprosy. A basic collection of teaching and study materials unique to this part of the world has been accumulated and several lines of investigation have been broached. During this same time the Hongkong community has begun to realize the sociological problems and the medical opportunities presented by the leprous patients in its midst. A lepros arium had been established, and though still in its infancy, it is making lapid progress in the development of a physical plant capable of meeting the problems presented.

Taken together these developments provide the opportunity of developing through cooperation between the University, the leprosarium and the Hongkong community, a modest but useful research and training center for the study of this disease concerning which there are so many misconceptions. It is hoped that within a year or so housing facilities at the leprosarium will be adequate to provide opportunity for students in the medical faculty as well as graduate physicians to acquire a basic Understanding of leprosy and its management.

Herein lies yet another opportunity for the University to serve the comumnity.

MY EYES HAVE SEEN THE GLORY.....

Fellow males! Fellow bearers of the single genetical X! Brother strugglers in what is rapidly becoming a woman's world! My eyes have seen the Glory of the Lady Ho Tung Hostel. Need I say more? No, but I will. Were I a poet or a composer I would pour forth a description rich with nuances of light and shade. As it is, I am a mere inarticulate medical male, ill-equipped to paint the picture that I would. So let me tell you the tale in my own uncouth style.

I dont quite know how it all happened, but, in a weak moment, I and several other victims found ourselves helping certain ladies to move their lock, stock and barrel into the Lady Ho Tung Hall. Having moved enough baggage to equip a large expeditionary force, we prepared to make a strategic withdrawal. But we were to be thwarted and our plans nipped in the bud. With electric smiles switched on to full voltage, these sweet young things proceeded to add insult to injury by insisting that they should show us around their new hostel. Resigning ourselves to our inevitable fate, we fell in behind a painfully condescending young amazon who never let us forget, even for a moment, how lucky we were to cast eyes upon this Holy of Holies.

We were first taken into a huge dining hall where footmen and footwomen dashed around tables which were laden with the most sumptuous fare. We promptly asked our guide what the occasion was. She confirmed our worst fears by saying that this was just the usual evening meal.

Our lady friend then showed us a set of magnificent rooms on the ground floor and one of our number suggested brightly that this must be the Warden's apartment. I cannot adequately describe the look of utter contempt or the withering tones of our guide as she said, "Nuts, dear boy, these are the servants quarters."

Next we had to climb about twenty flights of stairs to the dizzy heights of the top floor. As we reached each landing we were puzzled by the full length wall mirrors to be thereon. The occurrence of mirrors in a Women's Hostel was not surprising in itself. We were simply at a loss to explain the location

of these mirrors. Why put them on a landing? We were not to wonder for long for closer scrutiny of the landing yeilded the answer. On each landing within easy preening distance of the mirror, was the little shelf for the floor telephone.

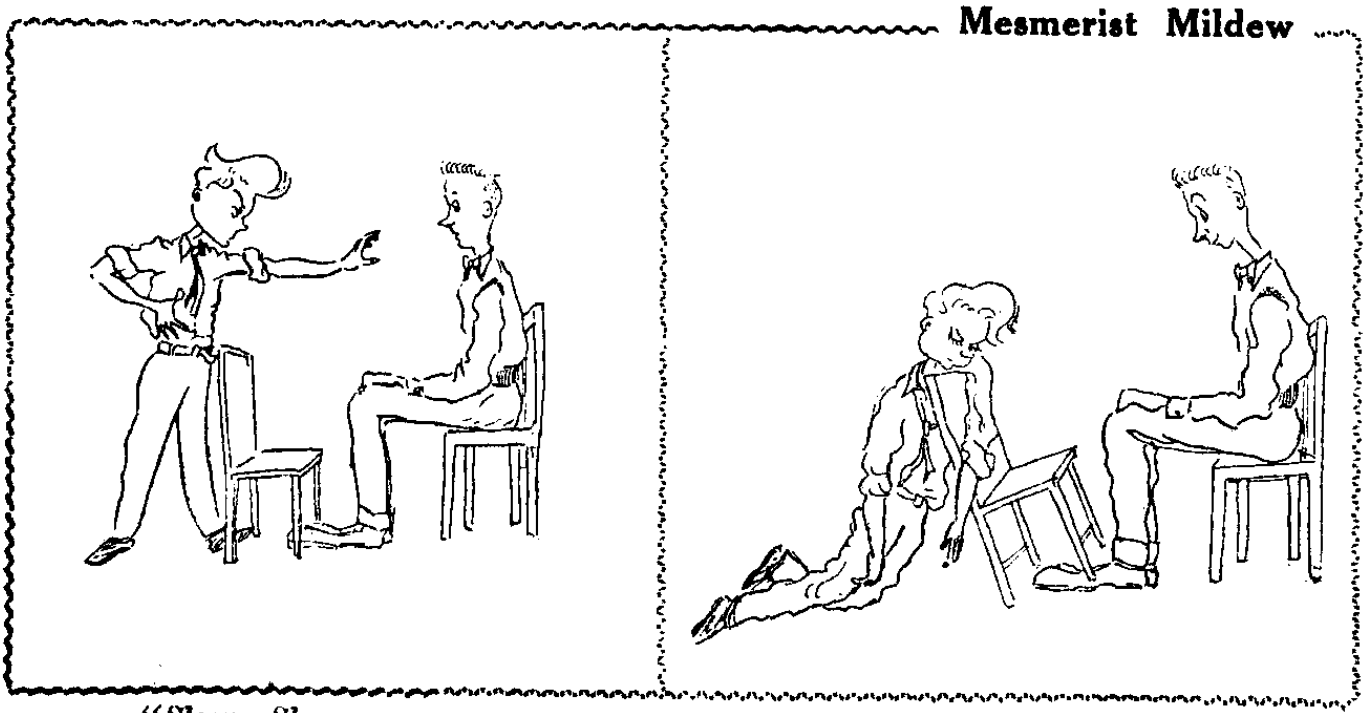
And then the rooms! They contained a desk, an anglepoise lamp, a built-in dressing table complete with mirror, an easy chair, a desk chair (made to measure), a wide bed, and, to crown it all, a venetian blind over the window. Our leading lady complained bitterly that having to operate the blind by hand was most inconvenient!!! The double rooms which were on show looked rather like furnished flats. We were shown into one room which had a radio at one end and a phonograph at the other!

At last, about two hours later, it was all over. Outraged and demoralised we fled into the night.

I climbed the stairs to my pigeon-hole on the third floor of one of the men's hostels. Opening the door, I squeezed my carcass into the confined space within. Having removed the day's accumulation of soot from the bed I collapsed thereon and lay cursing the fact of having been born a male. For mine eyes had seen the glory.....

X Y

Mesmerist Mildew



"Sleep, Sleep, your eyes are heavy, your eyes are heavy, Sleep, Sleep....."

"WHY INDUSTRIAL HEALTH".

by Dr. P.A.M. van de Linde,

"Why Industrial Health?". Why, in these days of specialisation, is it necessary that medical men should devote themselves exclusively to the study of the health of those working in Industry?

The first part of the answer to that question is his question is historical, the second biological.

In the mid-eighteenth century a revolution took place in Industry. One of its effects was that in the cotton mills and coal mines, labour became cheap and children could be profitably employed where formerly skilled workmen were required. A tremendous amount of exploitation and ill-treatment took place and, fifty years later, the doctors of Manchester made the observation that the children in the mill districts were less healthy than others and suffered from an "infectious fever" as they called it. They pursued this and found it to be due to the appalling conditions under which the children worked.

Dissatisfied, they formed a body calling itself the "Manchester Board of Health" which pressed for reform and in 1802 achieved the passing of the first legislation in this field. It was called the "Health and Morals of apprentices Act" and laid down certain minimum standards for the sanitation of the mills and the education of the young employees.

These doctors had drawn attention to a law of nature –that every living organism thrives best in a certain environment; if you put it into an unfavourable environment the stresses which are imposed may cause the organism to weaken or succumb.

The environment of Industry has four aspects of which each may produce ill effects. It is, firstly, physical; the noise, heat or humidity of a factory are unnatural and may adversely affect the worker; it is biological—when a large number of people are grouped into a crowded workshop the chances of airborne infection are significantly raised; thirdly, it is chemical—workers in many trades today are exposed to the dust or fume of, or to direct contact with, an ever-increasing range of toxic substances; finally it is psychological—a host of problems confront the worker who is regimented, with a mass of his fellow men, into a job which is to be carried on without rest for every day of his working life: relations with his supervisors and colleagues, monotony and fatigue, the impact of trades unions, worries about his home and family. All these are matters that the doctor concerned with the worker's health must be prepared to face.

The history of Industrial Medicine reads, in many places, like detective fiction, for one problem which daily comes before its students is the decision as to whether or not symptoms of ill-health in a worker are due to industrial causes or not, and if they are what particular influence is the root of the trouble.

"What fraction of the dust to which he is exposed gives the coal-miner his cough and shortness of breath?".... "Do the heat rays from a furnace of molten glass cause cataract in glassblowers?".... "Why did so many of the Schneeberg miners die of lung cancer?". These are typical of the problems to be solved by medicine in Industry.

Having solved the problem of cause and effect the remedy has to be found and many are the methods adopted to ensure the safety of the worker. Sometimes it is possible to use a harmless instead of a toxic substance—phosphorus sesquisulphide has replaced the fatal white phosphorus in the making of matches; carborundum grindstones are used instead of silicosis-producing wheels.

A change in the processes followed may protect the worker from toxic dust or fume; the mixture of white lead with oil during its manufacture stops the dust from filling the atmosphere of the workshop and the painter is protected from the same hazard by the use of waterproof sandpaper which is moistened before rubbing down lead paint.

In many trades the emclosure of manufacturing processes or the application of exhaust ventilation serve to remove dust or fume before they can reach the worker but often, though as a last resort, some form of protective clothing must be worn by the workman himself. Such means of protection should be used only when others prove impossible of application · the surest methods are those which do not depend on the whims of the worker and which cannot be interfered with by him.

I conclude with the words of Sir Thomas Legge—the Hong Kong born and educated "Father of Industrial Medicine"-

If you can bring an influence to bear external to the workman—that is, one over which he can exercise no control—you will be successful; and if you cannot or do not, you will never be wholly successful".

An importance phase of medicine is the ability to appraise the literature correctly. — *Hippocrates.*

Tsan Yuk Baby

Husky, lusty — toothless true
I howled till I was livid blue.
Grasped by heel, and hung invert'd,
" My first boy! " the student blurt'd.

Bruised all over, but still alive;
Oh, wonder! How did I survive ?
Umbilical cord sniped way from me,
At last I breathe a little free.

Eye drops, oil bath, each in turn
Midwives struggle while I squirm.
Student medics nearby lurk,
Flirting with eyes and feigning work.

Measured, weighed, dressed and dry;
Now I think I shall not die.
Returned to mama, smiling gay;
How many feeds get I a day?

We..... have to be driven, drilled, schooled and equipped that we may be in a position to doctor the most sacred and intricate of God's creation — Homo Sapiens.

WHAT'S WHAT, AND HOW!

The finished product of the Schools of Anatomy and Physiology heaves a sigh of relief as he sets foot in the huge grey building, the Hospital — the house of many mysteries. He is there by virtue of his scholastic achievements and is akin to a Columbus, for his dream has become a reality. Little does he know that the "gods" were kind and still less does he suspect that his dream will turn into a nightmare. Does he realise that only the fittest will survive? Does he visualise that he will be caged in a precarious arena for a minimum of three years, where sweat, blood and tears are the vogue? Well, he will live and learn.

From the dissecting table and the cadaver to the bed and the patient is indeed a mighty jump — from the inanimate to the animate. Even Boycott cannot fathom the mystery of life, but keeps wondering "how people go on living with bodies so maimed, disordered and worn out."

He senses the characteristic hospital odour, the disinfectants mingled with something which he later recognises as diseased tissue, tempered throughout by the multitude of fragrances that emmanate from the nymphs in pink, white and purple. He sees the titanic struggle between life and death, aided by modern witchcraft, the healing knife or the shadow guessing X-ray. All these make the green clinical student ponder.

Yes, this house of many mysteries is like a beehive. There is a thought and a purpose behind every move. Even the outburst of a teacher or the winning smile of a nurse or the wink of a "fresh" medical student have specific purposes. The neophyte is lost in admiration of that complex machinery which hums with the tempo of life, personal and yet impersonal, tolerant but firm, all in all fulfilling the demands of the world's noblest profession — the alleviation of human suffering.

He listens to the Hippocratic Oath and a chill runs up and down his spine. He begins to question himself just as he did when he read of Harvey and the circulation of the blood. It is indeed a noble profession. Can he make the

grade? Has he the qualities that go to make a healer? He braces and arms himself for the struggle ahead of him only to meet his Waterloo at the very first ward round.

Guided by the "Bible," he is introduced to the A B C of clinical medicine with its questionnaires, the expected and unexpected answers, the four cardinal points, inspection, palpation, percussion and auscultation, and the everchanging moods of the patients and the teachers.

Take a hint from one proud of his many battle scars and still merrily licking his recent wounds.

Tip I. Develop a philosophy of living. Life is what one carves out for himself though often mouled by environment. Do not permit the environment to hound or haunt you. Walk into the building as though you own it. Bat an eyelid, permit your imagination to run riot, or give in to the diverse tentacles which attempt to imprison an unsuspecting mind, and all is lost.

Tip II. Seek or create humour amongst your daily woes and you will pile up knowledge worthy of your teachers.

Tip III. Get up on the wrong side of the bed in the morning if you may but be sure you are on the right side when examining a patient.

Tip IV. Do not sit on the bed. It is unethical to get too personal with the patient.

Tip V. A pretty girl may be like a melody, yet during a physical examination it is deemed unnecessary to harp on the facial attributes of the patient.

Tip VI. Kneel and mutter a prayer when palpating an abdomen for often you know not what you feel. Win the confidence of the patient and half the battle is won. Be gentle when you palpate, for remember the way to a man's heart is through his stomoch.

Tip VI. Elicit the "jerks" in the manner drummed in to you. Remember the poise, the angle, the flourish and the finish. It should exhibit the "rebound phenomenon" and must register on your solar plexus, as not to belittle the great exponent of this fine art, our Jonathan Mildew.

These are but a few pointers to bear in mind. Time marches on, and more often than not, you are not in step with it. Do not worry, your "second wind" will not fail you.

The routine examinations, together with the signs and symptons of the diseased processes of the different systems in the human body, have been implanted into you. Whether they fell on fertile soil or were scattered by the four winds is the question many a teacher is breaking his heart over. Do not disappoint them, for never before has so much been done for so many by so very few.

Remember the old adage "correct practice makes perfect." Take the initiative. Go back to your rooms, stand in front of a full length mirror and imitate a ptosis, facial paralysis or paresis. Then there are the different abnormal gaits. The spastic or sticky gait of a hemiplegic, the stamping gait of a Mussolini, the reeling or drunken gait which of course comes naturally through habitual drinking, followed by the high stepping gait of little Adolph, the waddling gait of Uncle Donald and the festinant gait of the dunder-headed shuffling pill roller, eternally chasing his centre of gravity. The medical student has his hands full. He definitely has neither the time or the energy to participate in sports. These medical gymnastics will certainly keep him fighting fit.

To break the monotony there is a hoard of other exercises. The fine art of percussion with its free and easy movements will develop both the wrists and forearms. Then there is the thoracic cage — the bugbear of many a medico. Proceed from the normal to the abnormal; the slow and deep respiration to the shallow and rapid variety. Throw in Cheyne-Stokes' and Biot's types and your vital capacity will most certainly be the envy of many a pearl diver of the South Seas.

Now we come to *L'affaire du coeur;* separate the mind from it and examine the pulsating organ; read about its many lesions and listen to its murmurs as it grunts and grumbles under the strain of disease and compensation. No greater opportunity could a virtuoso have to appreciate a rising crescendo, a fall in pitch, a flutter or a fibrillation vibrate than to listen to an abnormal heart after the funeral march of a "big-hearted" individual. To the undergraduate these are but a part and parcel of daily life. He has trained

his vocal chords and his glib tongue to articulate these with ease. Is it any wonder why medicos are usually silver-tongued orators and interesting conversationalists!

Tempus fugit. A year has lapsed and the "Seniors" are all set to run the gauntlet as the academic year begins. The poor creature struts around with the air of a veteran rarely satisfying the crave of his juniors for the know-how of the various situations. Sooner or later D-Day arrives. He is called up and the 3rd degree session is on. His fellow seniors quake with him. His juniors chuckle with mirth (not audibly of course) at the plight of a martyr (one who suffers for his belief and conviction). The poor soul holds on to the bed-post for dear life trying to piece together the shreds of his failing memory pertaining to the case being presented. He tries in vain to sharpen his numbed senses for the coming onslaught.

"WHAT DO YOU SEE, LADDIE?" The "Sixty-four Dollar" hits the poor ward clerk with such an impact as to blanch him. The once insensible prespiration flows down in torrents. A brain-storm rages within his cranium and his tongue quivers in unison with his now rapid and shallow respiration.

Such a creature, often considered in certain high brow circles as the lowest form of animal life must inevitably take a turn for the worse. A mental aberration may nurse a revolt but, by and large, due to the cumulative effect of the sublethal doses, it acquires a remarkable and commendable degree of tolerance.

It is often said that a man gets what he deserves and deserves what he gets. Flavour this piece of jargon with a sense of insecurity and dress it with an omnipresent scrutiny, the resulting vegetable will be a liability and we wonder if any stimulant will restore its once human traits. Ah! But we forget Father Time, our great healer and ally, he will always protect us from this fate and restore to us our normal faculties. During the interim period when time seems to stand still, one has to be mentally insulated. So take heed.

Tip VIII. Try to be cool and calm. Do not be perturbed else you will be collected. Ignore all V_1, V_2 or MC.

Tip IX. Keep your shirt on. You look more decent that way. You may be the target of his flying missiles—bits of chalk, a duster, or a text book. Do not be upset. Prof. is merely showering his love on you.

Tip X. Do not use abbreviations in the spoken or the written word. Be certain to size up the interrogator and bear in mind the choice of words and their pronounciation in his presence. Keep at it and you will surely end up a linguist.

Tip XI. If in a tight spot play the part of a fool. That should be easy! If your Broca's area is still functioning, rely on the good old Scotch courage and whisper, "*Usquebaugh* ℨ *X Stat.*"

Yes, dear colleagues, it is a dog's life. We, who have chosen to probe into the pathological states of the human body and superficially scratch into the unknown depths of the human mind, have to be driven, drilled, schooled and equipped that we may be in a position to doctor the most sacred and intricate of God's creation — Homo Sapiens.

VET.

— ● —

Regimen Sanitatis Salerni presented to Robert of Normandy, son of the Conqueror, returning from the Holy Land, by John of Milan, chief of the Medical School, Circa 1097

"Salerno's school in conclave high unites
To counsel England's king, and thus indites:
If thou to health and vigour would'st attain,
Shun mighty cares; all angers deem profane;
From heavy suppers and much wine abstain;
Nor trivial count it after pompous fare
To rise from table and to take air.
Shun idle noonday slumbers, nor delay
The urgent calls of nature to obey.
These rules if thou wilt follow to the end,
Thy life to greater length thou may'st extend."

— *Roswell Park: An Epitome of the History of Medicine, 2nd. Edition.*

During one of those dull moments in a lecture when you find it so difficult to stay awake, you may let your mind wander. Suddenly you have an inspiration and you write.....

THE LECTURE-ROOM LYRICS

I

(*Sung to the tune of* **My Bonnie**

My Bonnie rushed over to Manson,
The disc of a retina to see.
She slipped on the peel of an orange;
Oh, bring back my ophthalmoscope to me.

My Bonnie palpated the thorax,
My Bonnie auscultated the knee.
McFadzean was standing behind her,
Oh, bring back my Bonnie to me.

II

(*Sung to the tune of* **You are My Sunshine**

You are my lubb-dup, my only lubb-dup;
You make me happy, when you're O.K.
But when you lubb-dupff, and then you lubff-dup;
I know that something's gone astray.

They told me once, dear, you have no murmurs;
And that my heart would never fail.
But Streptococcus, has sensitised me;
And so to better lands I sail.

Poco Loco de Coco

NOTES ON THE HISTORY OF SMALL POX IN CHINA

by Prof. Hou Pao-Chang.

No mention was made of small pox in any medical or vernacular books written before the Han Dynasty (漢代)(202 B.C. — 220 A.D.) The earliest description of the disease was made by Tao Hung Ching (陶弘景) (452-556 A.D.) After him medical literature in China referred to it by different names and confused it with other diseases such as typhoid, measles, and chicken pox. The first authentic case recorded was on a man named Tsui Chan (崔瞻) of North Chi (北齊) (550-577 A.D.) who recovered from a fever with scars on his face. Judging from this record it is reasonable to believe the statement made by Tung Chi (董汲) that small pox was first introduced into the mainland of China by the Tartars in about 4th century A.D.

As early as the 5th century small pox was recognized as an infectious disease. Tao Hung Ching (陶弘景) and Sun Sze Miao (孫思邈) referred to it in their respective books as an epidemic (天行). Chen Wen Chung (陳文中) of the 11th century strongly believed that if one child of the family was struck down with the disease, the other children could hardly escape from infection. Su Shih (蘇軾) recommended that the clothes worn by patients suffering from any infectious disease should be steamed in order to prevent its spread.

In the 11th century A.D. Tung Chi (董汲) and Chien Yi (錢乙) differentiated small pox from typhoid fever. Chang Kao (張果) pointed out the difference between chicken pox and small pox in the 12th century A.D. as follows: "There are two different kinds of pocks. In one the membrane is not thin. The skin around the pocks is red. The contents of the pocks may be purulent in nature. This is called the Wooden pox. (木痘) and is more serious. The other kind of pocks have very thin membranes and look like water blisters. The pocks dry up as soon as they are ruptured. After shedding of the scabs, no scars are left. This is called the water pox (水痘) and it is not as serious as wooden pox." Since then the term "water pox" became common usage in China as a description of Chicken pox. Hsuei Chi (薛己) distinguished small-pox from measles in the 16th century. In the middle of the 15th century Wan Chuan (萬全) stated that a person can suffer from small pox only once in a life time.

The first book on the subject was written by Tung Chi (董汲), printed in the year 1093 A.D. In about 1254 A.D. Chen Wen Chung (陳文中) published his book on small pox and measles. He divided the disease of small pox into five different stages:

(1) 2nd to 3rd day after the onset when eruptions appear

(2) 4th to 5th day when pustulation begins: (a) the size of the pustules varies; (b) in mild cases the skin around the pocks is red. The pocks themselves are smooth, shiny and translucent; and (c) in serious cases the pocks are greyish white, pustulous and closely packed together. The apices of the pustules are depressed.

(3) 6th to 7th day; (a) in mild cases the pustules are fully expanded, red, smooth and shiny; (b) in serious cases the patient has high fever, rapid respiration and distension of abdomen.

(4) 8th to 9th day when the pustules are fully expanded and faint bluish in colour

(5) 10th to 11th day when scabs gradually form and the patient begins to recover.

Unfortunately neither book is extant but frequent excerpts occur in subsequent medical writings. It was not until 1552 that Wan Chuan (萬全) published his monumental work on small pox.

The death rate from small pox was high. Chen Wen Chung (陳文中) in the 13th century, stated that 5-6 cases out of 10 died of the disease. Wang Chi' (汪機) described the mortality of the epidemic in 1530 at An-Hwei as over 50 per cent. Complications of small pox were recognized by physicians early in China. Chao Yuan Fang (巢元方) of the 6th century A.D. knew that eruptions of the pocks were not limited to the face but could occur also in eyes, mouth, nose and intestines. Noma as a complication of small pox was mentioned by Chien Yi (錢乙) in the 11th century. Broncho-pneumonia was not known but its symptoms had been described in the 11th century as chills, difficulty in breathing, cough and redness of chin. Chien Yi (錢乙) apprehended the unfavourable prognosis of such complications.

Inoculation against small pox

According to a legend, inoculation against small pox was first introduced into North China by a nun from Mount Omei (峨眉山) in Sze Chuan (四川) about the 11th century. But inoculation against small pox was not mentioned in medical literature of that period. The first glimpse of the subject was found in Sun Yi Kwei's (孫一奎) book "Chih Shuei Hsuan Chu" (赤水玄珠) printed in the year 1576 A.D. In about 1668 Tung Han (董含) described a method of inoculation practiced in An King as follows: "Serum collected from the pustules of a mild epidermic case of small pox is carefully preserved in a porcelain bottle. Smear the serum on the underwear of a healthy child and let him wear it. Fever and headache should occur at the end of three

days. Eruptions should appear after the fifth day". In a book written by Chang. Fu Yi (張福溢) in 1666 A.D. the method of inoculation practiced in Hunan (湖南) was mentioned. "The quilt used by a mild case of epidemic small pox is preserved. Cover a normal child with it. Incubation will take 7-14 days. Two to three days after the onset of headache and fever eruptions will appear." It was said that 6-7 out of 10 cases were efficacious and only one out of a hundred had bad consequences. These methods proved to be effective in reducing the severity and death rate of the disease. A whole book devoted to inoculations against small pox was compiled by Chu Chuen Ku (朱純嘏) in 1713 A.D. followed by another published in 1741 by Chang Yan in which he described the methods in detail: "Collect scabs from the pustules from a mild case and wrap them in clean paper. When they are dry pound them in a mortar. Add water drop by drop until a thin paste is formed. The temperature of the water varies according to the season—cold water in summer, warm in Spring and Autumn and warmer water in winter. Tie a piece of thread to a ball of cotton wool soaked in the paste. Insert the ball into the nostril of a healthy child, right side for a female and left for a male. The thread will act as a safety device, preventing the ball of cotton wool from being aspirated into the trachea. The length of time required depends on the age of the child—6 hours for a child under one year and 20 hours for a child between 2-3". It was said that fever usually occurred 7 days after application and eruptions appeared 3 days after the onset of fever. The pocks were said to be few in number and contain clear fluid. Small nodules usually appeared on the neck, same side as the nostril in which the cotton wool had been inserted.

In 1743 the "Imperial Survey of Medicine" (醫宗金鑑) was published containing details of inoculations against small pox, outlining the following more common methods:

(1) Shui Miao (水苗): Insert into nostril cotton wool soaked in paste made from scabs.

(2) Han Miao (旱苗): Blow dry powder made from scabs into the nostrils.

(3) Tou Yi (痘衣): Let a healthy child wear the underwear of a small pox patient for 2-3 days.

(4) Stain the under garment of a normal child with serum collected from pocks.

A most interesting book on inoculation against small pox was written by Chu Yi-liang (朱一良) about 1750 A.D., describing the two schools of inoculations: the Hu Chow (湖州) School advocated the use of scabs from primary epidemic small pox cases, called the Sheng Miao (生苗)

or raw medium; the Sung Kiang (松江) School recommended the use of scabs from cases previously inoculated, was called the Shu-Miao (熟苗) or ripe medium. But both schools agreed on the method of preparing the medium. "Collect scabs from mild cases of small pox. Carefully wrap them in a sheet of thin and clean paper on which the name of the child, site of scabs obtained and date of collection are recorded. Let an adult put this package in his pocket for a few hours until the scabs dry. Put the package into a porcelain bottle. Wrap the bottle with paper and seal it with bee-wax. Put it in a bamboo tube, the two ends of which are sealed by wax. Put the tube into a bigger bamboo tube filled with honey, the two ends being again sealed with wax. Wind a piece of string round the tube, one end tied to a stone. Put the tube into a well, weighed down by stone. The free end of the string is outside the well". The scabs were believed to remain active for at least two months. In his book, Chu Yi Liang (朱一良) emphasized the importance of selecting scabs from a mild case of epidemic small pox to inoculate the second child and from the second to the third and so forth. By the 7th transfer the disease (poison as he called it) became so mild that no more than 40-50 eruptions would appear on the body. This, as we understand now, is due to the attenuation of virus.

The aim of inoculation was to reduce the severity of the disease. A number of prescriptions had been entered in medical books with a view to minimize the number of pocks. By experience people of olden days learned that children infected by severe cases had severe consequences, those by mild cases a favourable prognosis. Arising out of this knowledge, quilts and undergarments from mild cases were given to normal children. Later on, powder and paste made from scabs were introduced through the nostrils. This latter method came nearer to the principle of vaccination. The use of repeatedly transferred virus was a near approach to Jenner's principle of vaccination.

I believe the idea of reducing the severity of small pox originated in the Sung Dynasty, and was most probably invented by the Taoists, who were most prosperous in that period. Mt. Omei (峨眉山) had been the venue of the Taoists, and it is probable that this had inspired the legend that inoculation was introduced by a nun from that mountain. It is unfortunate that experiments did not continue, from which a true method of vaccination against small pox might have been discovered. According to literatures, failure was due to mishandling and lack of a clear understanding of the principle of inoculation by practitioners.

Jenner's method of vaccination was first introduced into China by the East India Co. in 1803 A. D, the vaccine actually arriving in Kwangtung in October. With the co-operation of some Hongkong business men

this method of vaccination was tried on a number of healthy children; but the result was a failure, because the potency of the virus had been reduced in transit. A second attempt was made in Spring 1805, by bringing a vaccinated boy from Manila to Macao, from whose pustules serum was collected and innoculated into healthy children. This time it was a success. Then the serum from the pustules was smeared on an ivory knife, which was wrapped with a sheet of paper and brought to Peking. Vaccine was made by washing the knife in water and again the results were favourable. At that time a Chinese physician named Chiu Hao Chuan (邱浩川) served as assistant to the vaccinator at Macau. He was so impressed by the results that he wrote a book on the history and practice of Jenner's vaccination, published in 1817, interpolating peculiar ideas of his own, such as inoculating two different spots on each arm in the case of an infant and 6 spots on each arm in the case of an older child—left arm for males and right for females. His book became as popular as the practice of vaccination itself. Mr. Yuen Yuen (阮元) the then Governor of Liang Kwang (兩廣總督) wrote a pamphlet commenting on the success of vaccination. Since then Jenner's vaccination was widely adopted by the public in China. Clinics for vaccination were established in different provinces in the course of a short time. Small pox is no longer the horrible disease which took such heavy tolls years ago.

Belching As A Pastime.

The sequence (of belching) is: (1) discomfort attributed to "wind"; (2) futile attempts to belch, there being little or no air in the stomach; each effort to belch is followed by an involuntary gulp of air; (3) when those attempts at belching have been repeated several times the stomach has accumulated enough air for the potient to belch, *which he does to his satisfaction.*— ***Essentials of Materia Medica, Pharmacology and Therapeutics, Fourth Edition, by R. H. Micks, page*** 178.

My First Clinical Days

The 4th year marks the beginning of our clinical days. The day that we enter the portals of Queen Mary is our initiation into the land of lumps and bumps, of human suffering and misery, of infection and inflammation. Here is a place where the student either reaffirms his lofty ideals or these just fade away and recede into the abyss of broken resolutions.

The sudden transition from the sheltered confines of Anatomy and Physiology to the wide, almost limitless field of applied clinical Medicine is bewildering to the majority of students. Perhaps this is due to the fact that in the former, a chartered course has already been set whilst the latter demands more of the students' own initiative and self relionce. A little more time is necessary for adaptation.

Junior medical clerking is a formidable job. There is always a right and a wrong way of doing things and it is while being medical clerks that the right method is drilled into the student. Everything can be summed up into one word — SYSTEM. One is taught to systematise one's thoughts, to take a history and to examine a patient systematically (the catchword being IPPA—Inspection, palpation, Percussion, Auscultation), to go according to the different systems of the body and most important of all to the system of the particular demonstrator of that moment; and since there are so many of them one has to learn diplomacy as well. Anyway, to have a system is better than to have none.

The main feature is the clinical ward round. This is one of the few places where the ladies fail to claim their prerogative of their own accord. Here is where one's sympathy goes not to the weaker sex but to the smaller weaker fellows who somehow or other get edged to the front line to face the barrage, whereas those in the outer perimeter have more time to think and are subjected to less nervous tension. Fresh from and exalted by the memory of passing the 2nd M.B., students enter the wards, some with a peacock strut, some with a positive Brudzinski neck sign and some with stethoscopes peeping from small pockets ostensibly made for the purpose, little realising that they are armed only with Anatomy and Physiology made rusty by the Summer vacation. The end result is well known. With the exception of the industrious few, students after the clinical ward round present a sorry sight. They file out slowly, silently, sheepishly; some even with kyphosis superimposed upon lordosis presenting a sorry though as graceful a picture as one of those danger signs one sees on the New Territory roads.

Lectures are mostly didactic and are wonderfully prepared and delivered to meet with the requirements of the average student. But as the Chinese saying goes "one picture is as good as a thousand words", and quoting from another eminent writer, "one in the eye is as good as two on the ear", so it is pretty difficult and sometimes impossible to visualise a three dimensional dynamic process (say a surgical procedure) purely by description or even by a two dimensional still plate. Clinical demonstrations, autopsies and C.P.C's are a help in this direction. But the practical Pharmacology class is a real improvement for it is not only didactic and heuristic, but an aid to memory as well.

During his Junior Surgical Clerkship, the student is taught all about tumours and abnormal humours, infections and inflammations, lacerations and fractures and how to deal with them surgically or conservatively in emergencies or otherwise. Most of the surgical procedures are taught in the classrooms and as such it is pretty difficult for the student to visualise the practical and technical side of things. As the situation stands, students after completing the 4th year still do not know what a radium bomb or needle looks like, have not seen different type needles, various bougies, catheters, forceps, let alone know how to use them. Television is a far cry, but it would at least be wonderful to see the technic of different operations performed in films or on a corpse.

The O.P.D. is an excellent place to learn. It provides the student, firstly, with cases not already diagnosed for him (half the thrill is gone if it is so); secondly, with cases very willing to co-operate, unlike those already in the wards, who become tired and indignant over the same questioning and physical examination week in and week out and each time by a different person (who wouldn't be?). The O.P.D. is also the place where the student is left to his own resources in coming to a clinical diagnosis. The pleasure and pride that come to the junior student on making a correct diagnosis or on being told it is the most probable one is comparable to the feelings of the astronomer who suddenly discovers a new heavenly body swimming into his ken—feelings which are not dampened by the oft-repeated fact that diagnosis is not the be-all and end-all of medicine, but more important still, is the thought process whereby one arrives at a logical conclusion. Anyway. a pat on the back forms a much needed boost to the student's ebbing morale.

The 4th year also includes a course in Pathology and Parasitology. The volume of work, the high tempo, the almost limitless scope and the never-ending demands of the wards on the time and attention of the student all constitute to make the clinical days of the 4th year a clinical daze.

Dazzy.

DOCTORS IN SKIRTS

One usually visualises a medical student as somebody in a clean white gown, not someone in a flowery skirt. Still, I must admit that white gowns can be worn over flowery skirts — and women will wear anything these days — so women must aspire to be doctors.

But, in spite of everything, our young ladies will have to agree that a woman's primary purpose in life is a biological one. As such, she is a creator. It is a noble function, because she enriches the world directly and creates in the truest sense of the word. Her reproductive function is made even nobler when she devotes her entire self to the education of her children and hence to produce worthy citizens, for which no school nor any amount of academic knowledge can do any good without the basis resting in the influence of a mother and the favourable environment of a home.

A woman's make-up, both psychological and physical, unfits her for the medical Profession. Psychologically, she is emotional, timid, and coquettish. She may become a doctor, but her profession is only a condition and it does not change her emotional temperament because it is against her innate self. Therefore, she is never a doctor in the strict sense of the word.

Physically, she cannot endure the strain that the course demands without the corresponding detrimental effects to her delicate attractiveness. Our young ladies do their utmost to throw aside their beauty while most others strive to preserve it.

Well acquainted with these facts, women yet follow the medical walk of life. Why do they do this? There are three main reasons. These are a crave for achievement, a misguided desire for spinsterhood, and a firm believe that they can manage a pratice as well as a home.

The woman is born into a world which from time immorial has been a man-made one. She feels inferior, insecure, and being frightened develops an aggressive defiance. She strives to live by the man's standard of achievement, because achievement is his most importment value. She temporarily forgets that her way of life is in just being. Her world is in creation and the setting of a standard for the art of living. Her greatest achievement can never be in the discovery of something as yet unknown, but in the provision of the simpler and more spiritual things in life.

The woman who considers herself capable of managing a home and a practice simultaneously is an ambitious one. The management of a home is, in itself, a full-time occupation. She is wife and companion to her husband, mother and teacher to her children, and the lady of the house. Add to this her being a doctor to her patients and maintaining a growing practice, I shall not be far wrong in stating that the one who succeeds is exceptional, if not entirely non-existent. Even if she succeeds, the merit is not all her own. Credit is due to those men who brace themselves so patiently to become the husbands of such women and thus contribute so much towards their happiness.

Those women who vow to lead a celibate life are heading for disillusionment. A woman's way is not to observe life but to live in it. Her intuition is understandable only on the grounds that she is within things and not a spectator without. She has to belong to something or someone; and for this reason, her life is but a shell which no profession nor any amount of social contact can fill without marriage.

In essence, her mission on earth is aready a noble one. There is absolutely no necessity for her to intrude into the man's domain. On her rests the future generations. Hers is a sacred trust which she must eventually fullfil, that her life be rich and full. It is, therefore, absurd that she should divorce herself from what her innermost self dictates, and reject that legacy of happiness which is rightfully her very own, to reach for an intangible one that in middle-age will leave her frustrated, alone, and devoid of everything but a profession which she once thought she wanted more than anything else in the world.

FRANK.

EDITOR'S NOTE: This article was written by a member of another faculty in response to the request to write about his opinion of medical students.

Believe It or Flop.

In a group of girls who died from ultimate effects of swallowing highly radioactive substances while painting the dials of luminous watches, 27% of the deaths were due to osteogenic sarcoma. It was calculated that in the year 3491 A.D. the skeleton of one of these girls would still be giving off 185,000 alpha particles per second, each of these travelling at the rate of 18,000 miles per second.—*Text-book of Pathology, Fifth Edition, by William Boyd, page* 969.

The sea-eagle hangs suspended in a never-ending sky. Exquisite dominion is his; detached and tranquil he surveys the seawet rock.....

Spring on the Seawet Rock

(*Extract from "A Many-Splendoured Thing," a book about Hongkong, in process of publication*).

Unquenched exuberance, laughter rich and thickly poured, rapture leaf-feathered, shadow-trammelled, blossom-studded, bird-molested sky-encompassed, skimming wind and reckless leaping sunlight and so many young desires.

Thrum of wings, burst of buds, call of cuckoo. Spring is come home.

O seawet rock, thronged, thronged and swarming with hunger and wealth and want and misery; abundance and waste; vice and purity and corruption and law and justice; privilege and charities and private property; Monopoly and Big Business and Tuberculosis; beauty and horror; window of democracy, Hongkong, haven of Shanghai racketeers and American missionaries and Chinese professors and international businessmen and out-of-job generals; refuge of refugees and political exiles; end of the road to rejects of the New World and relics of Old Order; Grand Hotel of men at a loose end and men on the make and men with nowhere else to go; outpost of Empire, Hongkong, excrescence of the skin of China with two million four hundred thousand Chinese; deep roaring, bustling eternal market, Hongkong, where life and love and souls and blood and all things made and grown under the sun are bought and sold and smuggled and squandered, spring is come home to you.

There are places on the rock, in the rickety-laddery perilous swarm of vertical streets of the overwhelming poor, in front of man-replete festering tenements, on the odorous Praya redolent with sweat and crated wood and salted fish and apples and gasoline and flour and sewing machines and red peppers and sea-rottenness; up the seaward-brooding hills; in stone and sand and bracken and elephant grass; with pulped bad oranges and rotten cabbage and spit and urine and dust; with Bokhara rugs and Peking jade and polished teakwood floors and dulcet voices and teacups; on lonely paths with all the sumptuous night-jewelled city sprawling in the night; places where my heart goes wild, wild-beating, wildly lost as ever anything was lost.

Compact and driven, pleasure and pain, ecstasy disbodied, insentient, separate, detached. A momentary capture of oneself entire, alone, aloof from all desire. Silence then, silence slow and beautiful swinging on the hills, in the soft sunlight of spring.

"I have lost myself. It is like a death."

Birdsong. Lovely felicitous birdsong, clear, clear, calling the dawn the beautiful morning. The orioles, the orioles round the Peak singing before the Europeans rise from sleep, and he and I walking in the fine stinging mist sharp on our faces. Dawn treading down the mist shaping the vulture-hovering castles of cloud, proud turrets lifting the vast clean vault of heaven higher, higher, and all the birds bursting their hearts with passionate spring.

Oh, listen. The orioles, the bulbuls, the rough magpie, the Come-to-the-Peak haha bird, and the parakeets and the yellow-faced flower-pecker, and the cuckoo loud and mad.

"If this be madness, let us be always mad."

Oh pain, pain, calling as the orioles call round the Peak in the fine sweet dawn. Exquisite pain one with our joy always.

"I have not loved enough. I have not loved enough.

Extreme insatiable hunger and thirst, vivid acute anguish, fever of life running, pounding, hammering, thrusting, leaping, overflowing. Do you see? Did you hear? Can you smell? Feel it! Overhead, underfoot, in the air, about us, beyond.

All that men pray for, eyes to see, ears to hear, hearts to encompass, all this and much more ours in the fierce frenzied spring.

"What are you frightened of?"

"Terrible things. Shadows. I do not know."

"War? Could war destroy us?"

"War destroys everything. Perhaps war."

April is such a cruel month.

Honeysuckle, frangipani, sweet cassia over the grey furry walls crevissed with fern and tapestried with moss, snarled and coiled and tangled with the wide-spreading roots of trees growing straight out of the stone walls, looping and holding the old walls of Hongkong together. Bastions and fortresses of property tree-girdled and moss-bound. Honeysuckle, frangipani, sweet cassia, scent on the roads of spring.

And the azaleas.

Earth exultation, flaunting shameless, flaring their purple and pink loveliness naked up the hill opposite Government House, up the University, climbing the hills, hurtling the slopes to the sea and the seawet rock drowned in the red folly challenging the sky.

"Who wants to be immortal when beauty is so mortal? I had rather be a flower in your hair."

A blank spring moon, young mistrustful hollow-cheeked, star-scurrying cloud-pursued, wild and hungry moon pressing swiftly upon the long roads of the dark spring sky.

Star lulled quiet seas, falling stars starfish in the sea, quiet, quietly desolate in the soft night of spring.

"It is hard not to want to have and to hold It is hard not to possess and to own."

We found the first spring irises, tender and small, hidden blue irises, wet with small rain in the hills.

"Oh, look, look," said he, and knelt with cupped hands, and our dog stood back attentive, beautiful ebony muzzle quivering towards him.

It rained a little while more then out sprang the sun We cooled the beer in torrent water down the rocks, and we and the dog drank.

O lovely passion slurred always for men are so frightened. Burning flame men seek to cage and capture, to tame and drive, to shabby and diminish and pare and taint and deaden in a thousand thousand ways. Unbearable hunger of life.

"And now an inch of passion breeds its own inch of dust."

"How wise the poets who never forget the other side of the gold coin we spend, Janus-faced life."

"To travel is better than to arrive. To wait is joyful dalliance."

"We are bound forever. This is the end of all search. This spring."

"You know there is..... something else."

"Not yet. Not yet. I must have you first."

And then in the clear sun sudden our immense terror, and dark the whole bright world with thing nameless coming near, and in love and terror we hid our faces, trembling.

"Not yet, not yet. Life is very sweet."

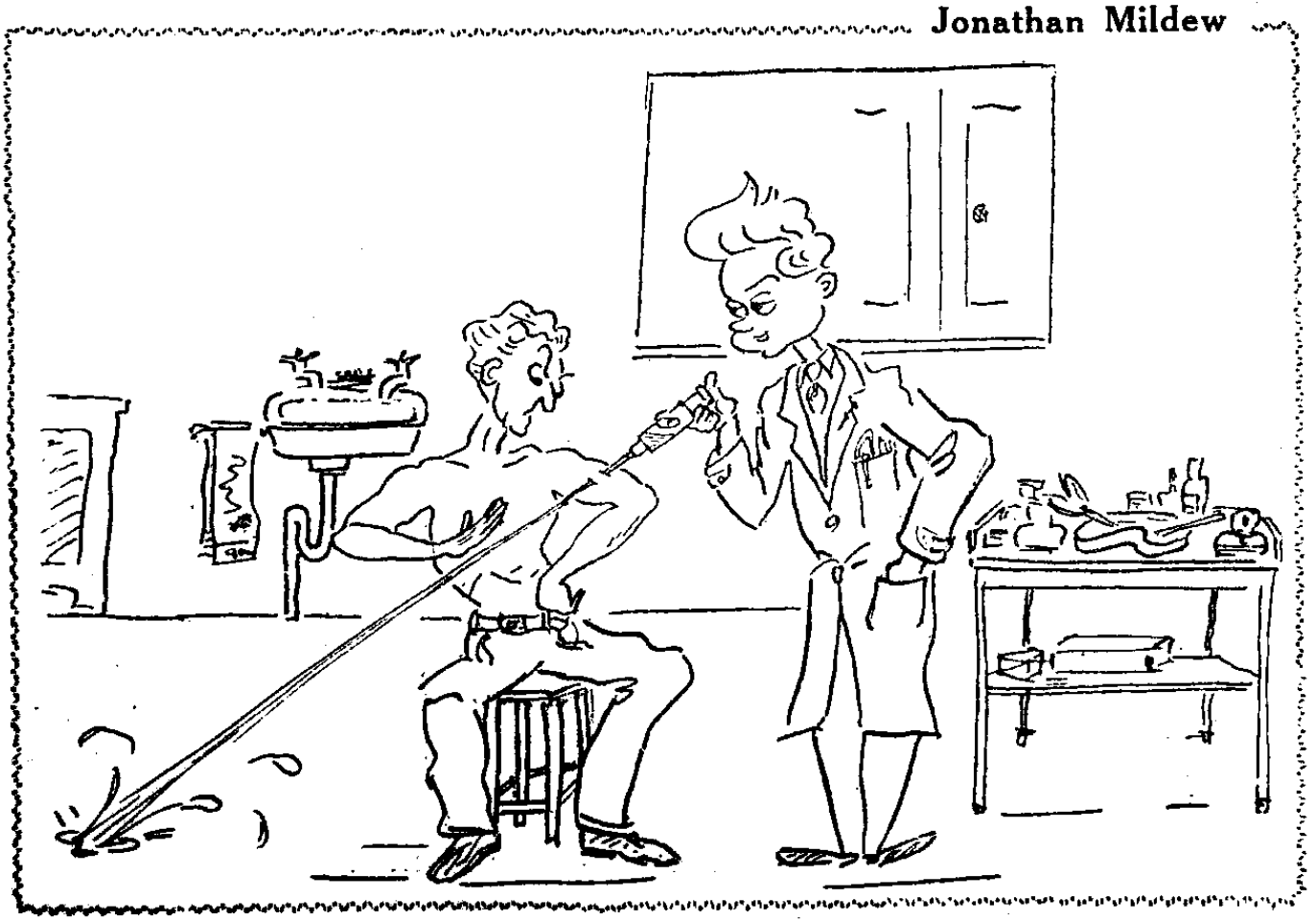
At evening the gold and blood of sunset, the long-muzzled grey-backed golden-bellied otters of cloud, swift-gathered for a kill, a terrible kill behind the implacable sullen hills. How cruel God who made His creatures so beautiful that they may prey upon each other, spirit and limb and life. God who made the mantis, slim jade murderess with the razor jaws, and the oriole with the liquid golden voice, and the civet-cat and the sparrow-hawk swift pouncing, and the bamboo snake and the sea-eagle sky-suspended; hair and feather and scale, claw and dart and beak each a miracle that they may end as this suu has done, in terror and torn flesh and spilt blood and agony.

"We must accept it and tolerate it, though it is intolerable."

And then the night wind, filling the world and the darkness. He and I.

E. K. Tang.

Jonathan Mildew



Worm's-Eye View

Join me, dear readers, at that curse and abomination of all reasonable beings, the 8-30 lecture in the huge classroom. Let us sit among the elite in the nether rows and see the fun. At 8.30 sharp, in comes the Lecturer. He hands the roll-call sheet to the girl with the best legs in the front row and bestows upon her one of his most winning smiles. He then plays with his notes or bits of coloured chalk until she has recovered from the shock of his charm. There is a further short interlude while he finds out, from another front-row lass, just where he got to in the last lecture.

A deathly stillness has now descended upon us and he is ready to start. At this point the door is opened cautiously and a very apprehensive face peeps around it. HE turns and glowers at the latecomer who has not had the sense to close the door and go away. There is a minor explosion and he is again ready to start. After 10 minutes or so HE notices that his delivery is exceptionally powerful today and, to our dismay in the 93rd. row, throws the American microphone on to the floor. As though to compensate for this synthetic abuse of his oratorical powers his voice drops to a pleasant conversational pitch. The glamour rows scribble like mad while the chairs in the good old 93rd creak as we all strain forwards to hear.

All goes smoothly until someone in the 3rd. row, looking at his watch and finding that it is still the middle of the night, cannot resist a nostalgic yawn. This precipitates a storm indignation from His Nibs who has failed to realise that if Elizabeth Taylor herself was lecturing at 8.30 on Sexual Behaviour in the American Male, it would still be impossible to stifle that yawn.

10. a.m. finds us at the Queen Mary sitting in various states of neurosis in six rows of chairs which are placed perilously near to a belecturered rostrum. (Those from the third row back should be comforted by the knowledge that HE is a lousy shot with the chalk at anything beyond the 2nd. row.) Out in front he has the three victims of the day — one 4th. year anatomo physiologist and to seniors who have long been purged of all heresy. Only too true are the lines —

"Full well the boding tremblers learned to trace
the day's disaster in his morning face . . .

Right now he's glowering at the history sheet and has reached the place where its says "Patient does not smoke, drink or indulge in any other bad habits." There immediately follows an energetic dissertation upon the high qualities of Scotch Whisky, its medicinal value, its National origin, its relatively low Fusel Oil content and its deplorably high price in Hong Kong.

As the applause subsides HE thinks up a real brain shaker and fires at the 4th. year victim. Because he's new to the game, the victim finds the right answer first time. Now, brethren, this is *not* the thing to do. Remember, whereas the emphasis is on oratory in the lecture, in the clinic the emphasis is upon histrionics. If you give the right answer first time you cut short a flow of rich Shakespearean invective; you nip in the bud that first class entertainment for which we have all been waiting, in fact, you are not playing according to the rules. So consider the feelings of the lecturer and audience alike and act stoopid. But don't worry about it too much because he'll get you on the next bounce. If you've assured him, correctly, that the blood supply to the Occipital Lobe does indeed come from the Brachial Artery, the next question he'll ask you is "Why?" and that's sure to fix you.

Another favourite is 'Occupation.' "Young man, what is this patient's occupation?" he says casually to victim No. 2. "Factory worker, sir." the answer comes back promptly. Heads are bowed before the rising storm as he takes careful aim with the duster which incidentally hits victim No. 3. Victim No. 2 hastens to explain that the patient hand-operates the machine which puts the uplift in false figures. Victim No. 1 is then asked if he thinks this is significant. Whilst No. 1 blushes vigorously the Lecturer tells of MacGillicuddy's exhaustive research concerning occupational diseases in the Outer Hebrides and how, after many years of bitter opposition, he finally convinced the medical world that bag-pipe playing was in no way associated with the incidence of perforated ear-drum in Highland Regiments. — And so it goes on, until at 12-o'clock he strides out with 30 extra mms. of systolic blood pressure, leaving behind him 50 cases of supra-renal cortical failure.

This impression would not be complete unless I tell you about the somewhat recalcitrant patient who had been called to order by the lecturer. "Hell" said he, "this is awful! He treats me just like a medical student."

BERI-BERI

BIRD'S EYE VIEW

" He that sinneth.....let him fall into the hand of the physician "

Ecclesiasticus.

Oh! Student! Look to the Law of Hippocrates.

" Whoever is to acquire a competent knowledge of medicine, ought to be possessed of the following advantages: a natural disposition; instruction; a favourable position for the study; early tuition; love of labour; discipline. First of all, a natural talent is required; for, when Nature opposes, everything else is vain; but when Nature leads the way to what is most excellent, instruction in the art takes place, which the student must try **to appropriate to himself by reflection,** becoming an early pupil in a place well adapted for instruction. He must also bring to the task **a love of labour and perseverance,** so that the instruction taking root may bring forth proper and abundant fruits."

" Instruction in medicine is like the culture of the productions of the earth. For our natural disposition is, as it were, the soil; the tenets of our teacher are, as it were, the seed; instruction in youth is like the planting of the seed in the ground at the proper season; the place where the instruction is communicated is like the food imparted to vegetables by the atmosphere; **diligent study is like the cultivation of the fields;** and it is time which imparts strength to all things and brings them to maturity."

" Having brought all these requisites to the study of medicine, and having acquired a true knowledge of it, we shall thus, in travelling through the cities, be esteemed physicians not only in name but in reality. But **inexperience is a bad treasure,** and a bad fund to those who possess it, whether in opinion or reality, being **devoid of self-reliance** and contentedness, and **the nurse both of timidity and audacity. For timidity betrays a want of powers,** and **audacity a want of skill.** There are, indeed, two things, knowledge and opinion, of which the one makes its possessor really to know, the other to be ignorant."

Can you tell me of a gardener worthy of his salt who would not prune, ruthlessly, dead wood from his trees, who would fail to uproot the unfruitful, who would not destroy the slugs which assailed his plants and who leaves the weeds to flourish?

How appropriate is the pseudonym of the writer of Worm's Eye View. Literally translated from Singhalese Beri Beri is " I cannot," indeed an undergraduate disease.

In the Aphorisms, Hippocrates has much to say that applies to this disease, its prognosis and treatment.

"When the disease is very acute, it is attended with extremely severe symptoms in its first stage and a strict regimen must be followed. When this is not the case we may depart as far from the severity of the regimen as the disease; by its mildness, is removed from the extreme."

"Patients who transgress are thereby more hurt; for every such transgression, whatever it may be, is followed by greater consequences."

"If fright and despondency last for a long time it is a melancholic affection."

"Delirium attended with laughter is less dangerous than delirium attended with serious mood."

"Sweats are dangerous when they do not occur on critical days, when they are strong and quickly forced out of the forehead, either in the form of drops or in streams; such a sweat proceeds from prolonged affliction."

"If the tongue suddenly lose its power the affection is of a melancholic nature."

On yawning — a common symptom:-

"Sleep, when beyond due measure, is bad." "Spontaneous lassitude indicates disease."

"Anxiety and yawning — wine, drunk with an an equal portion of water removes these complaints."

"For extreme diseases extreme strictness of treatment is most suitable."

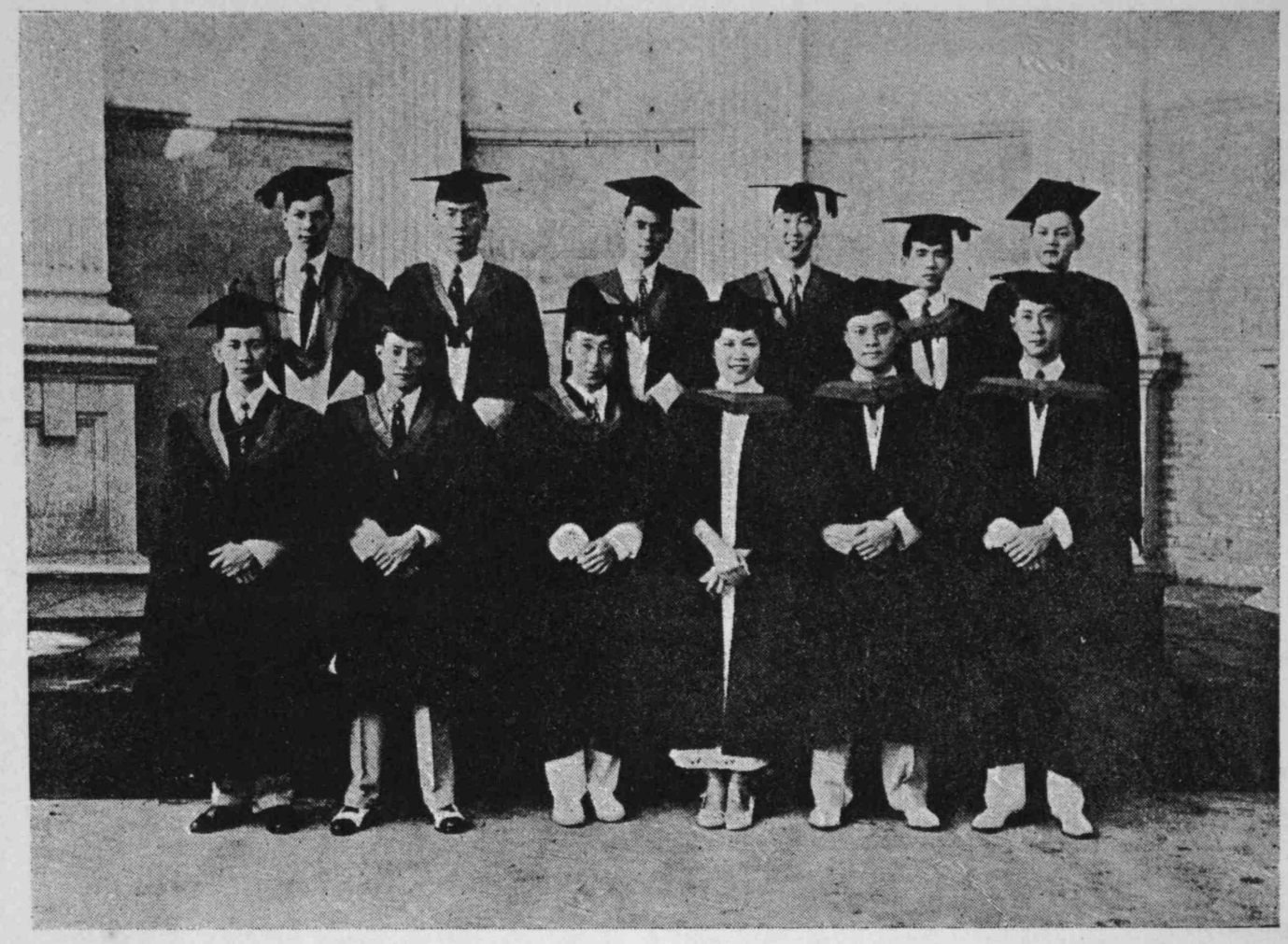
"Those who are accustomed to habitual labours, although they be weak or old, bear them better than strong and young persons who have never toiled."

"Young people for the most part have a crisis in their complaints, some in 40 days, some in 7 months and some in 7 years." God help me if I have tolerate the last!

"We must form a particular judgment of the patient whether he will support the regimen until the acme of the disease or whether he will sink previously."

For the disease "I cannot" th I AM ine's specific unless the changes are irreversible. If they are, freedom from persecution is yours, wear the gaudiest raiment for never will you need to recognise the injunction "a Physician must be sober in his dress."

THIAMINE



— Class of May, 1950 —

From Left to Right: 2nd Row: Dr. K.K. Kwong, Dr. K.K. Chow, Dr. Chew Wei, Dr. S.T. Hiew, Dr. C.P. Fong, Dr. O.U. Lau.

1st Row: Dr. P.S. Ma, Dr. E.A. Tan, Dr. T.T. Chin, Dr. Angela Wong, Dr. H.Y. Fung, Dr. Y.K. Tso.

— Class of December, 1950 —

From Left to Right: Drs. Y.C. Pan, K.H. Chau, R. Ruiz, S.G. Chua, T.M. Lim, C.N. Lee.

GOSSIP COLUMN

CLASS OF MAY 1949

Chan Sui Lun

Formerly known as 'Professor', is now happily married and a Medical Officer at Tung Wah Hospital.

Chow Pak Hang, Philip

'Uncle Chow' will soon be a father. He can be located either at the Victoria Mortuary, or at the Department of Pathology where he is Demonstrator.

Eu Gaik Choo, Eleanor

Having dazzled Hong Kong with her marriage to Dr. Tan Ewe Aik, she is now keeping house as well as working in the Paediatrics Department, Penang General Hospital, Malaya.

Fang Sin Yang, Harry

Surgeon and family man, having just recently received a bouncing baby boy into the home. Is also far from losing any weight.

Khoo Kee Seang

Being a Medical Officer at Kowloon Hospital has certainly not discouraged him from being a frequent Ho Tung-er

Lo Sui Tung

Now working at Tung Wah Eastern Hospital.

Ng Boon Sneh

Has been assisting his father in his practice ever since returning to Kuala Lumpur, Malaya in August, 1950.

Wong Cheung Chih

Climaxing his one year appointment as a Pathologist with a wedding this Summer, can now be seen daily in the wards and corridors of Queen Mary Hospital encircled by medical students and his pipe.

Yong Yut Lin

Currently seen as a Demonstrator in the Department of Pathology, is also keeping home fires burning for Dr. C.C. Pun.

CLASS OF DECEMBER 1949

Au Hung Cho

A flourishing practice, a car and Hon. Secretary for the local Chinese Medical Association - what else could a man wish for?

Cheng Wai Yue, Rosalind

Nothing much to say here but plenty to see. Still doing Gynaecology with the University Gynaecological Unit. (Ever heard of HK1717?)

Lum Pak Huen

'Old Man Lum' is now working with the Government Medical Services at Kuala Lumpur, Malaya.

Pun Chung Chik

A husband for two months, is working at Tung Wah Eastern Hospital.

Wong Chak Wang

Currently being dubbed a dying duck, is also, we hope, the solution to the riddle of HK1717. He is a housestaff at the Hong Kong Sanitorium as well.

CLASS OF MAY 1950

Chai Kim Swee

Well established in practice at Kajang, Malaya and is happily married to a former Arts student of the University of Malaya. They spent their honeymoon here in Hong Kong, *but how many of us saw him?*

Chew Wei

'Old Man of Tsan Yuk Hospital' without the inmates, of course. Now House Surgeon to Professor Stock.

Chin Thiam Tsiew

Has left Nethersole for Kwong Wah Hospital. Doing fine.

Chow Ki Kit

Seems to have fallen in love with Tsan Yuk Hospital but it is in the air that he will leave for the States fairly soon.

Fung Hon Yin

Take one look, and you see a surgeon. Look twice and you see another of these non-eligible bachelors. Currently with the University Surgical Unit at Queen Mary Hospital.

Hiew Siew Ting

Young, smart and eligible, was recently awarded the name of 'Two-timer' though we all know he doesn't mean to do it. Currently doing medicine with the University Medical Unit at Queen Mary Hospital.

Kwong Kwok Kwai

After the wedding bells, private practice, and a good one too.

Lau Ong Ui

Now at Kwong Wah Hospital with T.T. Chin; has been caught, but not tied.

Ma Pak Shee

Currently working at Nethersole Hospital.

Tan Ewe Aik

After returning to Penang with his family (comprising the Dr. Eleanor Eu), he settled for medicine at the Penang General Hospital.

Tso Yin Kai

Dubbed 'the most eligible bachelor' at a certain party, he certainly stands equal with S.T.. Formerly House Obstetrician and then Gynaecologist, is now in private practice.

Wong Cheuk Sang

'Angel' is now with the University Surgical Unit at Queen Mary Hospital.

CLASS OF DECEMBER 1950

Chau Kai Hang

'Handsome' Chau has certainly not lost any of his looks. Quite an asset when you are working in a well staffed hospital like in Queen Mary!

Chua Sin Giap

'Small Boy' is now a big one at Tsan Yuk Hospital. Inmates are forever looking for the nice 'little' doctor.

Lam Tat Chi

Now at Tung Wah Hospital, is married, has two sons, and happy.

Lee Chi Nam

Nothing on the earth can worry "Cockroach." Currently at Tung Wah Eastern Hospital.

Lim Tin Mooi

Married with much fanfare this summer, is at present at the Hong Kong Sanitorium. In former days he was official money collector of Queen Mary Hospital's Housemen Quarters.

Pau Yin Chi

The Department of Medicine's Official Chauffer, used to own a car that would rain inside. Although Houseman in Medicine, he is often seen, outside office hours, in or near the O.T.. Has also taken over Lim Tit Mooi's job at the Housemen Quarters.

Ruiz, Ramon

Senor Ruiz is now a houseman in the University Medical Unit at Queen Mary Hospital. He finds his work most enjoyable and even the Professor guesses why.

CLASS OF MAY 1951

Chan Pui Lan

Joined the housestaff of Nethersole immediately after qualifying. Doing well.

Chiew Beng Kiam

'Granny' is now Clinical Assistant in the University Gynaecology Unit at Queen Mary. Having a wonderful time, I bet!

Leung Sui Seng

Famous for his one-man band of flute and harmonica, S.S. is now Houseman of the Government Surgical Unit at Queen Mary.

FACULTY NEWS

»» Some time ago, one of the local papers carried a news item about a proposed five-year course for the study of Medicine in this University. Since then, the truth of the statement was the subject of debate among many of the students. To clarify this point, an interview was sought with the Registrar who brought the writer's notice to Statute III of the Hongkong University which states: "No degree in Medicine or Surgery shall be conferred on any person who has not completed a five years' course of medical study at a University or other place of learning, including at least two years at the University of Hongkong" He particularly emphasised on the phrase "a five years' course of medical study", which together with one year of pre-medical study will make up a total of six years in all. Hence, there is no material change in the Calender of the Medical Faculty, he added.

»» It is with deep regret that we have to record the pending departure of Professor S.M. Banfill, our Professor of Anatomy and Dean of the Medical Faculty, who will be leaving Hongkong to take up the post of Associate Professor of Anatomy at his alma mater, the University of McGill. Professor Banfill has been with the University since it re-opened after the war in 1946. Anyone who is familiar with the history of rehabilitation of the Medical Faculty in general and the Department of Anatomy in particular will appreciate the very important and decisive role he played. He will be very much missed by those connected with the Univesity and all who know him. The Medical Society thanks him for his invaluable advice and guidance during his term as President and wishes him every success in his new appointment. Professor Gordon King has taken over the chair as Dean of the Faculty and Dr. E. Anderton will be temporarily in charge of the Department of Anatomy.

»» All of us are proud of the fact that Professor F E. Stock, our Professor of Surgery and Head of the Department of Medical Research, was elected twice to deliver lectures to the Royal College of Surgeons of England as Hunterian Professor (the first time in 1948 on the topic "Surgical Approach to Essential Hypertension", and this year on the topic "Surgical Treatment of Cirrhosis of Liver"). More recently, he was elected to the fellowship of the American College of Surgeons. To him, we extend our heartiest congratulations. Professor Stock will be returning to Hongkong from the States on or about 22nd November. 1951.

»» The H.K.U. Surgical Team is greatly strengthened by the appointment of Dr. A.R. Hodgson, a graduate of Edinburgh University and former assistant to the famous Dr. Brittain, as Senior Lecturer in Orthopedics. His appointment besides being the first of its kind in the history of our Faculty, also fulfills the crying need for a competent orthopedic surgeon in Hongkong.

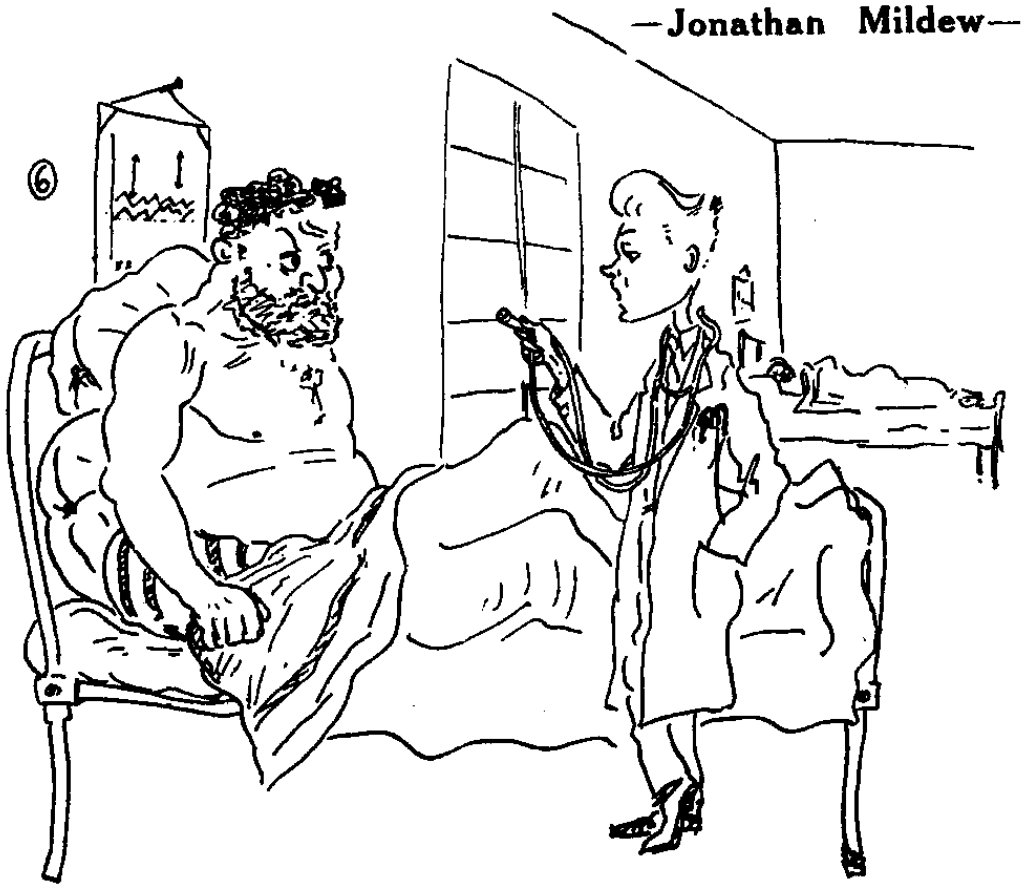
»» The clinical students will be sorry to hear that Dr. Philip Mao, the present acting head of the Department of Surgery, will be leaving the University Surgical Unit in December for an appointment in Kowloon Hospital. The 5th and 6th year students will no doubt miss his very instructive O.P.D.s on Wednesday afternoons. He wants us to know that he enjoyed his three years in the University. The fact that he will be in Kowloon makes no difference to him and that he is just as willing to help anyone of us as ever before. We extend to him our very best wishes for his future success.

»» Dr. K.L. Hui, a graduate of our University and also of Shanghai Medical College in Chungking and at present Resident Surgeon of Presbyterian Hospital of New York, will be coming soon to take Dr. Philip Mao's place as Senior Lecturer in Surgery. Dr. Hui was also recently elected to the followship of the American College of Surgeons together with Professor F.E. Stock.

»» Those 6th year students who had done their Obs. and Gyn. assignments will be sorry to hear that Dr. Barbara Mao has left Tsan Yuk Hospital for an appointment in Kowloon Hospital.

»» Dr. S.H. Wong, M.B., B.S. (Hongkong,) M.R.C.O.G., the former chief resident in the gynaecological unit of Presbyterian Hospital of New York, will be joining the Staff of this Faculty soon as Lecturer in the Department of Obstetrics and Gynaecology.

—Jonathan Mildew—



"No, you are not strong enough to leave the hospital."

How good is your Medical Vocabulary?

How much do you know about medical terminology? Mildew thinks any ordinary medical student should *not* be able to answer the following terms correctly (at least, not according to how he interprets them). Get them all right and you are rated an idiot, better than ten will keep you among the imbeciles, under seven makes you a moron. And none? By Gosh, you are normal!

Sort them out below and see how you rate :

(1)	Insulin.	(a)	Baby-sitters.
(2)	Bed-sore.	(b)	What Shirley Temple left behind.
(3)	Belladonna.	(c)	Shock-absorber
(4)	Bilirubin.	(d)	The privilege of a professor.
(5)	Caesarean Section.	(e)	The yellow streak in some people.
(6)	Flatulence.	(f)	The attainment of which makes a hero a hero or a dope-fiend a dope-fiend.
(7)	Funiculitis.	(g)	Grounds for divorce.
(8)	Aegophony	(h)	She stops all normal secretions.
(9)	Heroin.	(i)	Crossing the Rubicon.
(10)	Hysteria.	(j)	Self-inflated ego.
(11)	Amaas.	(k)	Aria from an opera.
(12)	Agar.	(l)	Noise made when you pull Billy's beard.
(13)	Retina	(m)	One thing which you cannot see with an ophthalmoscope but which you can bluff about.

Answers.

(1) (c); (2) (g): (3) (h); (4) (e); (5) (i); (6) (j); (7) (k); (8) (l); (9) (f); (10) (d); (11) (a); (12) (b); (13) (m);

The pharmacological approach to the relief of asthma

THE SEPARATION of the inhibitory from the excitant effect of adrena line has long been a pharmacological problem; for the satisfactory control of an asthmatic attack a drug possessing only the inhibitory action is desirable.

Such a medicament has been found in ISOPRENALINE (ISOPROPYL-*nor*-ADRENALINE), which also has the following advantages:—

(1) Produces greater relaxation of smooth muscle.

(2) Is fully effective by the oral route.

As a safe and effective preparation for self-administration by patients with asthma, ISOPROPYL-*nor*-ADRENALINE is the drug of choice.

Isoprenaline-Boots

Tablets of 0.02G. in bottles of 25 and 100 for sublingual administration.
1 per cent. aqueous solution in bottles of 10 ml. for inhalation.

Literature and furthet imformation from

SWIRE & MACLAINE LTD.

1, CONNAUGHT ROAD, CENTRAL, HONG KONG

TEL. NO. 21159

Sole Selling Agents in

HONG KONG & CHINA & JAPAN

Boots

Review

— AT THE MEDICAL BURLESQUE —

The Medical Burlesque.

On November 17th. last year the Medical Society made an effort to welcome newcomers to the Faculty of Medicine. We tried to improve a little on the conventional tea and cakes by asking each medical year to contribute one or two items of entertainment. The programme included several excellent items from the newcomers themselves, and we cannot commend too highly their spirit in responding so readily to our request.

Amongst the many items was a third year versus second year Quiz which was ably handled by David Todd. The Quiz was judged by Dr. Skinsnes who following established practice in pathology exams, gave a free mark to any lady who smiled before answering a question.

Dr. Gould rose to the occasion and appearing as an ancient Polish medico, gave us his views on the "Occurrence of Cleft-Palate in people wot talk funny." He stated that this was to be his last public performance since increased physiological demands upon his time forced him to retire from the stage!

The highlight of the evening was Haroon Abdullah's presentation of the Chinese Medicine Man which kept the audience rolling in the aisles for 20 minutes. It was a masterpiece and we hope Haroon has cooked up something similar for 1951.

The smooth conducting of the programme was entirely the result of our very competent M. C., Mr. Bobby Barnes.

The expenses for refreshments etc. were met by the Medical Society and entrance was free.

We sincerely hope that the Burlesque will become a yearly event in the Medical Society and that the programme will become bigger and better every year.

Hon. Sec.

Annual Report

Following the fourth Annual General Meeting in October last year the Medical Society held its first function at the Eu Tong Seng Gymnasiu on Friday, November 17th, 1950 at 8.00 p.m. The function took the form of a 'Medical Burlesque' in which each Medical year presented items for the entertaiment of the rest. The primary purpose of the ocasion was to welcome newcomers to the Faculty of Medicine. It was a success to say the least, and much of that success was due to the enthusiastic response of the members, both as audience and performers.

Up until Christmas 1950, the energies of the Committee were mainly directed towards obtaining various facilities for the students. The chief consideration was transport for clinical students to and from the Q.M.H. Arrangements for the conversion of lorries into buses by the United Delivery Company were successfully concluded and police permisson was obtained to carry out the scheme. At this point, we were told to wait and see what the Students' Union were going to do about it, because the purchase of a University Bus was part of the Union programme last year. The Union, in turn, was waiting to see whether the University would pay the cost of a bus instead of the Union. In the meantime, clinical students were still paying 30 cents per day for the discomfort of travelling with the China Motor Bus company. The Medical Society then took the matter up with the University authorities directly. Unfortunately the number of students travelling altered so often at that time, due to changes in time-table, that we were not able to come to a satisfactory conclusion with the C.M.B. Negotiations were still going on at the end of the academic year when they were dropped because classes come to an end. It is hoped that the new committee will feel in no way daunted by our lack of success in this matter and will reopon the matter with the University Authorities, or go ahead with arrangements on their own.

In January last year coat-hooks, a notice board and a case rack were installed in the Queen Mary Hospital Students Room and we are very grateful to the Chief Steward of the Hospital for permission to make the necessary alterations. We regret that the facilities have not been adapted to accomodate the new 4th. year as yet, but we know that the new committee will Hospital attend to the matter immediately.

On Monday, January 22nd. the Editorial Board of 1951 Edition of the 'Elixir' met for the first time under the Editor Mr. Peter Lee and the associate editor, Professor A.J.S. McFadzean. Since the 'Elixer' is not in print at the

time of presenting this report, it has been decided that the present Editorial Board shall stand unaltered until the Magazine has been published.

Dr. Frazer and Dr. Skinsnes spoke to the Society on Friday, February, 9th., 1951 on leprosy. The talk was as non-technical as possible and was very interestingly illustrated with Kodachrome slides. A large number of members attended and the talk went over very well.

On Friday, February 16th., 1951, the Medical Society was challenged by the Women's Undergraduate Club to deny that "Medicine is a suitable subject for women." The affray took place on their home ground in the Ladies Common Room and in spite of a convincing and brilliant exposition by the two speakers from the Medical Society the Ladies carried the voting. It is to be regretfully recorded for posterit that one misguiden male voted for the ladies.

The Presidential Address on March 9th., 1951 was well attended in spite of the impending 2nd. MB examinations. The President spoke on the Evolution of Anatomy and the talk was followed by tea, cakes and sandwiches arranged for with the Catholic Club by our very competent Mr. Emmanuel Chang.

Wedensday, March 28th., 1951 was the day of our Annual Dance which twas held this year at the Gripps Ballroom, Hong Kong Hotel The results o he 2nd.M.B. examinations came out the day before and opportunist committeef members were to be seen selling tickets at the Notice Board. 350 people sat down for supper and in spite of a some what crowded dance-floor seemed to enjoy themselves very much.

After the Annual Dance, examinations seized the senior years by the throat and extinguished all enthusiasm for extra-curricular activities.

During the summer vacation the Society lost its Hon. Treas. Dr George Choa, who has gone to England for further studies. The Society made Dr. Choa a parting gift of $ 100 to he used for any purpose be thought fit. His duties are being carried out by the Hon. Sec. temporarily.

On October 12th.,1951, the Society was given the pleasure of hearing Dr. C.K.Wong speak on the History of Chinese Medicine in the Pathology Department.

Our last official act was a very sad one indeed when we sent a wreath from the Medical Society expressing our Deepest Sympathy with the family of the late Dr.C.P.Fong in their recent bereavement.

The Committee wishes to express their thanks for the advice and cooperation which they have recieved throughout the year from the Dean, and President, Professor Banfill, and from two of our Vice-Presidents, Professor Hou Pao-Chang and Professor McFadzean.

LETTER TO THE EDITOR.

Dear Sir,

I am sure that I voice the opinion of students of all faculties when I propose a vote of thanks to our Librarian, Mrs. Dorothea Scott.

We medical students feel particularly grateful because she has transformed the Medical Section from the ill-lit morgue that it was into one of the most pleasant rooms in the library. The books and magazines in the section are now properly classified and the library hours have been extended up until 7 p.m. on 6 days a week.

Thank you very much, Mrs. Scott.

Yours sincerely,

QUACK.

Your Needs

OWLLAND'S

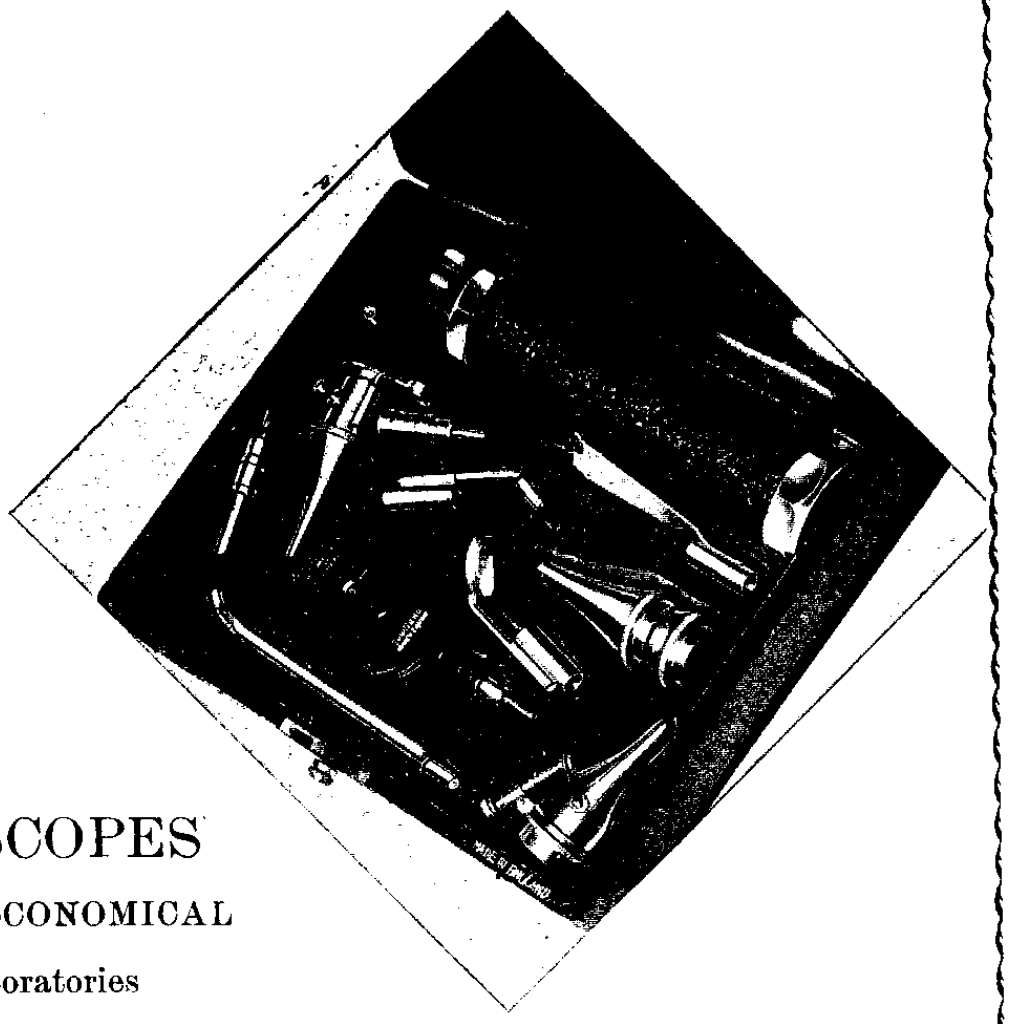
E. E. N. T.

IAGNOSTIC SETS

AND

M A Y

HTHALMOSCOPE



TSON'S MICROSCOPES

DABLE, SERVICEABLE, ECONOMICAL

or Students, Physicians, Laboratories

SURGICAL INSTRUMENTS

In nickel-plated chrome-plated and stainless steel

HAEMACYTOMERS with improved Neubauer Double Counting Chamber

HAEMOGLOBINOMETERS, Sahli

BLOOD SEDIMENTATION APPARATUS

BLOOD PRESSURE APPARATUS, mercurial

Stocks carried by

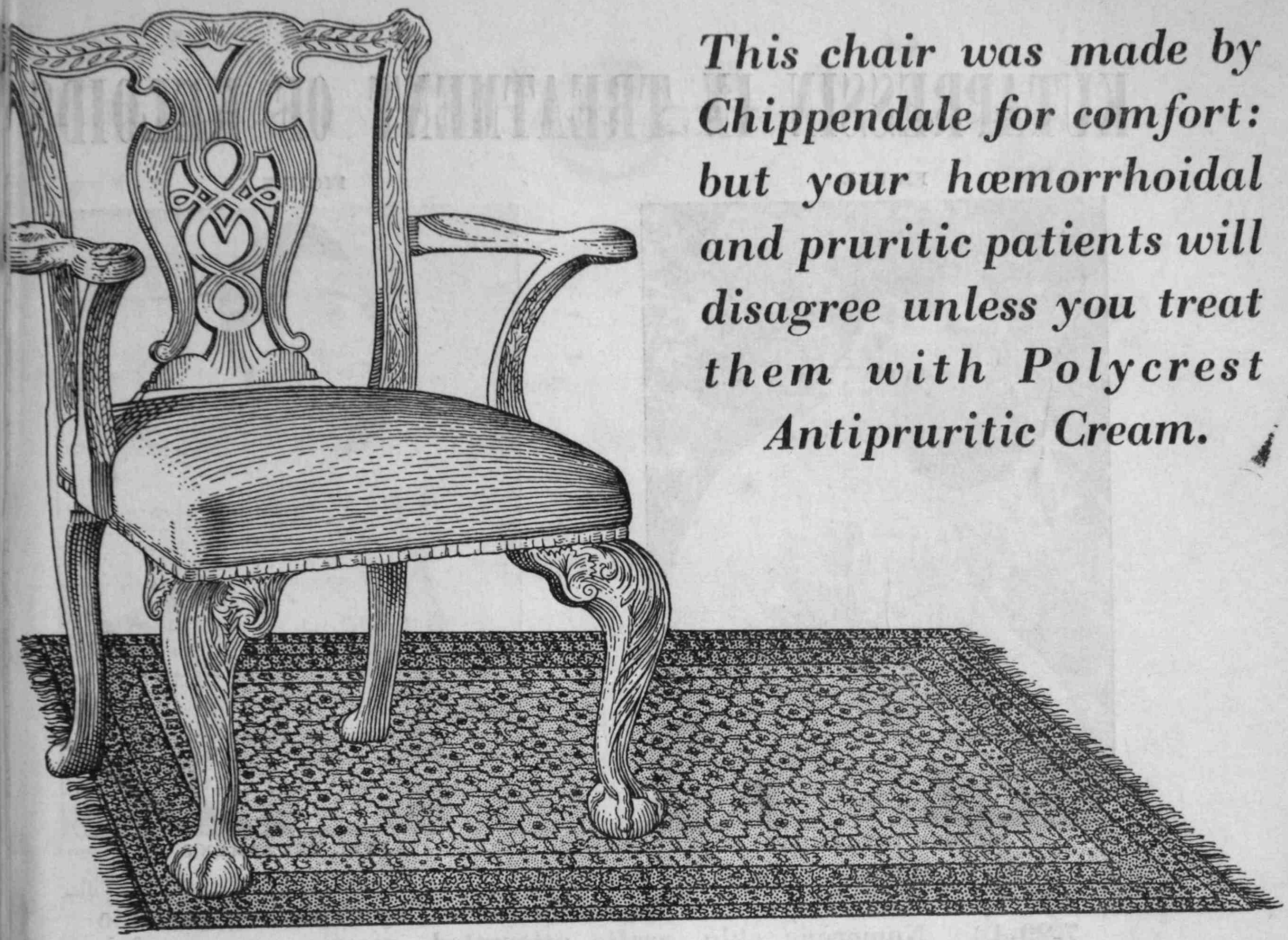
Sole Agents

ACME CHEMICAL & SURGICAL CO.

12-14 Queen's Road Central, 3rd floor.

HONG KONG

TEL. 30825



This chair was made by Chippendale for comfort: but your hæmorrhoidal and pruritic patients will disagree unless you treat them with Polycrest Antipruritic Cream.

Antipruritic treatment to be effective should offer simultaneous "causal and symptomatic" therapy in order to break the "vicious circle" of itching — scratching — secondary infection — more itching — more desperate scratching — superimposed infection — and so on, to prevent aggravation of the condition.

Polycrest Antipruritic Cream, by combining the powerful bacteriostatic and fungicidal properties of phenylmercuric nitrate (0.25%) with the rapid and sustained local anæsthetic effect of amethocaine (0.5%) and benzocaine (5%) assures prompt and long-lasting comfort for your hæmorrhoidal and pruritic patients, while the necessarily slower fungicidal and bacteriostatic action develops.

polycrest antipruritic cream

In menopausal pruritus vulvæ
MENOPAX ANTIPRURITIC CREAM,
combining local stilbœstrol therapy with local anæsthesia is indicated.

C.P.L. preparations have no B.P., B.P.C. or N.F. equivalents and may be freely prescribed as they comply with the relevant recommendations of the Cohen Report.

Professional samples and literature on request

CLINICAL PRODUCTS LTD CPL **RICHMOND, SURREY, ENGLAND**

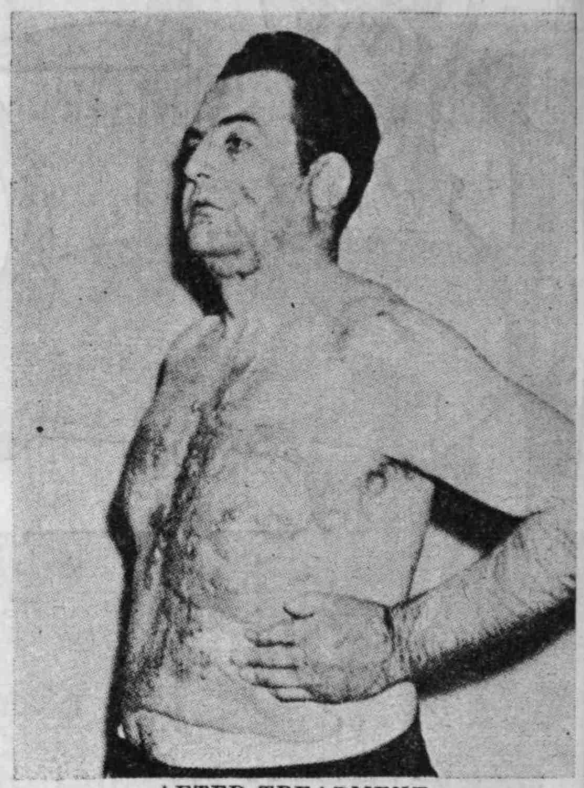
SOLE AGENTS: BABOUD, MARY & CIE (H.K.) LTD., FRENCH BANK BLDG., HONG KONG

KUTAPRESSIN IN TREATMENT OF KELOIDS

FIGURE 1.

BEFORE TREATMENT

FIGURE 2.



AFTER TREATMENT

J.M.O., white, male, age-39. Severely burned by exploding gasoline 7-29-48. Numerous skin grafts attempted, mostly unsuccessful. Fig. 1 - Before Kutapressin therapy. Extensive keloids on face, under chin, bebind ear; on hands, chest and upper abdomen. Patient obese, despondent and unable to work. Fig. 2 - After 15 - 2 cc. injections of Kutapressin. Keloid almost gone from face and under chin. Marked reduction in other areas. Can now clench hand. Better skin tone on face. Mental attitude splendid. Patient is active, less obese and is able to work.

KUTAPRESSIN is a newly isolated cutaneous vasoconstricting principle developed by the Kremers-Urban laboratories. It is proving valuable not only in the treatment of keloids but also in acne, pruritis ani and associated disorders.

Available in 5 cc. and 10 cc. multiple dose vials.

KREMERS-URBAN CO.

PHARAMACEUTICAL CHEMISTS SINCE 1894

MILWAUKEE WISCONSIN, U.S.A.

Sole Agents in Hong Kong

THE NEW CHINA DRUG CO.

413, CHINA BUILDING

HONG KONG TEL. 33420

— PRINTED BY ST. LOUIS INDUSTRIAL SCHOOL, WEST POINT, H.K. —