

Successive governments became concerned about the increasing and possible excessive cost of prescriptions and apparent ease with which certificates authorising the free provision of medical and surgical appliances were issued, and in June, 1952 a charge was imposed of one shilling for each National Health Service prescription form dispensed, an amount which has since been increased. The charges were imposed in order to reduce the cost of the Health Service to the nation by both yielding revenue and reducing surplus demand.

The National Health Service was the boldest of the ventures made during the period of reconstruction which followed the Second World War. On the whole, however, the criticisms of its working have been criticisms of the structure and functioning of the service rather than of the idea of a publicly maintained health service freely available to all and financed out of public funds.

Thus, for example, Political and Economic Planning, surveying the reactions of a sample 734 families to the social services, found that the health service was the most widely used and generally appreciated of all social services, and the tenth anniversary of the service was accompanied by a chorus of appreciation.

Whatever its shortcomings, and attention has been drawn to some of them above, the service marks the recognition by the community that the maintenance of health and the treatment of sickness are public responsibilities and it has given men and women throughout the country free access to medical treatment and care. This in itself is no mean achievement.

**Recommendations on Medical Development in Hong Kong — "Good Samaritan Policy"?**

It is high time that the authorities should start to tackle the ubiquitous lecherous anarchy that prevails in private practice in the colony. One should recognize that uncensored laissez-faire is an evil as far as medical practice is concerned. Private practitioners should be subject to some degree of state control.

A fixed scale of charges should be worked out that would be binding on all private practitioners. Refresher course on recent development of pharmaceutical research should be made compulsory at regular intervals.

In the long-run, the working of private doctors into a national system and measures taken to improve the working conditions of the government-employed doctor should be seriously considered to offset the blanchism offered by profitable private practice.

More importantly, one should stop being deluded by protestations that Hong Kong cannot possibly afford National Health Service for its four million residents. If Britain in 1946 could make it, one sees little reason why with some effort, Hong Kong in the prosperous 1970's could not.

To those, who cherish a beatific vision to see the institutionalization of the "Good Samaritan" Policy in Hong Kong, would certainly be disappointed by the report of the Medical Development Advisory Committee to be tabled on the Legislative Council on 31st October.

B. Ng.

**Reference**

- 1) Official Records of the World Health Organization
- 2) Records of the Medical and Health Department, Hong Kong
- 3) The State and the Citizen by J. D. Mabbott, 1948
- 4) The Social Services of Modern England, by M. Penelope Hall

**THE CADUCEUS EDITORIAL BOARD**

Hon. Adviser: Dr. A. van Langenberg	梁雅達
Editor-in-chief: Betty Ng	伍玉明
Managing Editor: Chan Kam Ping	陳錦平
Secretary: Katherine O'Hoy	雷潔瑩
Treasurer: Wu Ho Hon	胡可漢
Special Chinese Editor: Joseph Chow	周斯富
General Contributing Editors:	
Karen Lam	林小玲
Leo Luk	陸道平
Circulation Manager: Tse Chung Hing	謝松興
Official Photographer: Raymond Lam	林學洵
Survey Analyst: Lo Hong Yuen	盧康源
Advertisement Manager: Chan Chung I	陳崇一

*"If a drug could be produced that had the anti-asthmatic properties of steroids without their side effects, the trials and tribulations of asthmatic patients would be at an end."*

Lancet (1966) 2, 1354.

**steroid control without steroid side effects**

Extensive clinical trials of Becotide Inhaler have shown that it gives effective control of asthmatic symptoms in patients who are no longer obtaining adequate relief from bronchodilators or sodium cromoglycate.

In addition it has been shown that Becotide Inhaler therapy can be used successfully to replace systemic steroids even in asthmatic patients who have become steroid dependent.

In a double-blind controlled trial involving asthmatic patients, Becotide Inhaler provided control which was at least as effective as that obtained from oral prednisolone; the only significant difference was that plasma cortisol levels were not depressed with Becotide Inhaler therapy.

(Brit. med. J., 1972, 3, 314)

**IMPORTANT**

Clinical trials have highlighted the need to pay particular attention to the selection and clinical management of patients.

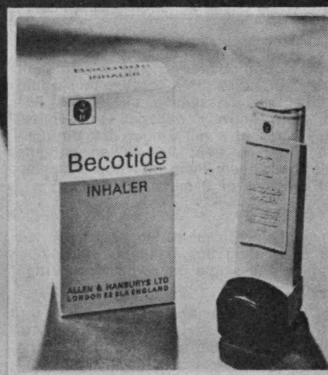
It is also important that the patient uses Becotide Inhaler correctly and regularly and that it is not confused with bronchodilator aerosols.

Becotide Inhaler ensures for your asthmatic patients:

- A more effective treatment controlling the three main pathological processes involved in asthma—bronchospasm, oedema of bronchial mucosa, and hypersecretion of mucus.
- Freedom from steroid side effects including adrenal suppression.
- A fuller and less restricted life as the advantages of steroid therapy can be introduced at an earlier stage of the disease.

**PRESENTATION**

Becotide Inhaler is a metered aerosol which delivers 50 mcg. beclomethasone dipropionate (BP) per inhalation. Each container of Becotide Inhaler provides 200 inhalations.



**Becotide INHALER**  
puts steroid therapy in its place

For more information, available on request

**Glaxo**

Glaxo (Hong Kong) Ltd.,  
2/F, Ferry Building, 200, Canton Road, North Point, Hong Kong  
Telephone: 5411001  
Glaxo (UK) Ltd., Ware, Herts., SG12 1JF, England  
Glaxo (Singapore) Pte. Ltd., 11, Upper Cross Street, Singapore

**IN AND ABOUT**

**Getting to Know You . . . .  
Statistics of Freshmen 1973**

**1. General Statistics of Freshmen 1973**

	Men	Women
(i) Number of students entering the Faculty of Medicine in 1973: . . . . .	136	14
(ii) Number of forms returned . . . . .	125	12
(iii) Number of foreign students . . . . .	2	2
(iv) Number of students exempted from matriculation . . . . .	2	3

**2. Matriculation Results: Biology group**

(i) Number of students . . . . .	118	8
(ii) Three distinctions . . . . .	8	nil
(iii) Two distinctions . . . . .	9	2
(iv) One distinction . . . . .	45	2
(v) Total number of credits obtained . . . . .	218	17

**Mathematics group**

(i) Number of students . . . . .	5	1
(ii) Two distinctions . . . . .	3	1
(iii) One distinction . . . . .	2	nil
(iv) Total number of credits obtained . . . . .	4	1

Excluding Use of English, the range of grade points for men is 3-10, for women is 6-9. Coincidentally the average grade point for both sexes is 7.4. (Grade points: A = 1, B = 2, C = 3, D = 4, E = 5).

In general boys are strongest in Chemistry and weakest in Use of English, while girls are good at both Biology and Use of English.

**3. 8 students have brothers/sisters studying medicine in H.K.U.**

**4. Responsible posts held in previous schools.**

	Men	Women
(i) Head or Vice Head Prefect . . . . .	7	2
(ii) School prefect or Chairman of club/society . . . . .	38	8
(iii) Library prefect or committee members of club/society . . . . .	41	3
(iv) Editors . . . . .	13	1
(v) No post . . . . .	18	nil

**5. Participation in activities outside school . . . . .**

23	3
----	---

**6. Experience/interest**

(i) Experience in publication . . . . .	35	6
(ii) General skill (photography, poster design, typing) . . . . .	53	7
(iii) Experience or interest in arranging/participating in social activities, cultural activities and current affairs . . . . .	61	10
(iv) Interest or experience in singing, playing musical instrument, verse-speaking, etc. . . . .	65	9
(v) Experience in organising/participating in exhibition or organising/attending similar activities . . . . .	55	10

**7. We are now expecting the arrival of two freshmen as we are informed that they would be born on 13th December, 1973 and 22nd November, 1973 respectively.**

**An Hon. Legal Adviser?**

It is believed that in our legally complicated days we would be in dire need of an Hon. Legal Adviser for the Medical Society to give advice on the signing of contracts and the like. That the Medical Society shall invite an Hon. Legal Adviser for a term of office for two years was the proposal put forward by our very persuasive Vice-Chairman, Mr. Lee Ka-Yan at the 5th Council Meeting. The proposal was passed at the meeting.

The basic argument appeared to be that "no harm's done".

Well said! When such is the reason for action it is small surprise that executive members of the Society appear to the non-involved students to be engaged perpetually in meaningless activities.

**Multi-Image Slide Show**

with contemporary music  
"Story of a Revolutionary Encounter of a Chinese Overseas Student"  
"Metamorphosis II"  
Date: 15th November, 1973 (Thursday)  
Time: 12:50 to 1:50 p.m.  
Place: Physiology Lecture Theatre  
All are invited.

**Seniors Suffering From . . . .**

The inter-year swimming gala ended up with co-championships being awarded to first and second years.

Seniors suffering from acute attacks of malignant physical incompetence?

# ARMSA AND IMFSA SPECIAL

## Report of the VIIIth General Assembly of ARMSA

- Section  
1.00 **General**  
1.10 Date: 13th to 18th August, 1973.  
1.20 Place: Jawaharlal Nehru Medical College, Aligarh Muslim University, Aligarh, Uttar Pradesh, India.  
1.30 Attendance: Australia, Bangladesh, Hong Kong, India, Indonesia, Israel, Japan, Malaysia, Singapore.  
Visitor: Poland.  
1.40 Chairman of the General Assembly: Mr. Ajit Sachdeva (India)  
Vice-Chairman: Mr. Richard Rawson (Australia)

- Section  
2.00 **Admission of New Member Association**  
Japan (JIMSA: Japan International Medical Students' Association) and Bangladesh were admitted as full members of ARMSA at the VIIIth General Assembly.

- Section  
3.00 **Subcommittees and Their Reports**  
3.10 **Credentials Committee**  
3.11 Chairman: Miss Betty Ng (Hong Kong)  
Members: Mr. Ajit Sachdeva (India)  
Mr. Zenro Inaba (Japan)  
3.12 Appropriate status (delegate, official observer and official visitor) was granted to different participants.  
3.13 The committee reminded the General Assembly that each delegation would have only one vote.  
3.14 The official observers were given full speaking right but no voting right.  
3.15 The official visitor from Poland was accorded the right to speak in the General Assembly with permission from the Chair only.

- 3.20 **Steering Committee**  
3.21 Chairman: Mr. Cheong Pak Yean (Singapore)  
Members: Mr. Raveendran K. (Malaysia)  
Mr. Douglas McEvoy (Australia)  
Mr. Sudarshan K. Vaid (India)  
Mr. G. S. Dhaliwal (India — Organizing Committee)  
3.22 The salient topics in the agenda proposed by the Steering Committee for discussion in the VIIIth General Assembly were:  
3.22 a) Appointment of a Constitution Review Committee and the adoption of its report.  
3.22 b) Reports of the Executive Board.  
3.22 c) Publication and publicity.  
3.22 d) ARMSA Projects.  
3.22 e) Future organisation of ARMSA and its relationship with IMFSA.  
3.22 f) Membership drive — the modus appendi.  
3.22 g) Delegation of responsibilities and duties.

- 3.30 **Finance Committee**  
3.31 Chairman: Mr. Ridzwan Bakar (Malaysia)  
Members: Mr. Hiroshi Takahashi (Japan)  
Mr. Zaidul Hasan (Bangladesh)  
Miss Isabel Kapoor (India)  
3.32 Recommendations made by the Finance Committee were:

- 3.32 a) Subscription rates be fixed and made equal for all member associations for the following reasons:  
(i) Difficulty in counting the actual number of members in member associations.  
(ii) Unavailability of sufficient foreign exchange facilities especially for countries with a large number of members.  
(iii) Existence of different systems in counting the number of members in each member association, e.g., in Japan, JIMSA has two stages of registration — the individual school and then the individual student.  
This recommendation would involve alteration of the relevant sections of the Bye Laws by the VIIIth General Assembly.  
3.32 b) Following resolution passed by the VIIIth General Assembly, the annual subscription rate be fixed at 10,000 yen (Yen ten thousand only) This amount is equivalent to US\$37.59 at an exchange rate of US\$1.00 = ¥2.66.  
3.32 c) In those countries with foreign exchange difficulties, the method of payment should be decided at the VIIIth General Assembly.

- Section  
4.00 **Reports of the Executive Board**  
The respective reports of the President, the Secretary General, the Treasurer, the Director of

SCOPE (Standing Committee on Professional Exchange) and the National Vice-Presidents of member countries were discussed and adopted. The report from the Director of SCOP (Standing Committee on Publications) was unavailable as attempts to publish Medicasia had not been successful.

(The report of the President, Mr. Cheong Pak Yean, would be put in the appendix of this report for general reference.)

Section  
5.00 **Major Resolutions Passed in the General Assembly**

- 5.10 That the All India Medical Students' Association (AIMSA) be authorised to embark on an ARMSA project to promote the standard of public health and general well-being of the Indian people, and members countries would attempt to assist AIMSA in the supply of resources if possible.

- 5.20 That all Asian countries which are not yet members of ARMSA be approached to join ARMSA and specific countries be assigned to member countries to follow up in 1973-1974: Korea to Japan, Ceylon to India, China to Hong Kong.

- 5.30 That the SCOP Director would print an information folder on ARMSA, its organization and projects, in such quantity as to reach each individual member student.

- 5.40 That the General Assembly has deliberated over the relation of ARMSA with IMFSA concerning the proposed scheme of regionalization. (Note: Member countries of ARMSA, by and large, were not too enthusiastic about the incorporation of ARMSA into IMFSA. A heated controversy arose between the regionalisation and anti-regionalisation supporters. The particular session concerned lasted until 4:00 a.m. in the morning!)

- 5.50 That the National Vice-President of each member country would ensure that ARMSA News would be published in own medical students' publication.

- 5.60 That Medicasia be printed twice a year, of about 20-30 pages in size, approximately 20,000 in quantity and that it would preferably cover news and reports of students' activities.

- 5.70 That the Immediate Past President be invited to act as an adviser to ARMSA and to sit on the Executive Board with no voting right.

- 5.80 That the recommendation made by the Constitution Review Committee, concerning the post of Treasurer to be held by a different member country other than the Secretary General, be adopted.

- 5.90 That travel grants to the Executive Board members be granted.

- 5.91 Grant of M\$400 be made for the Secretary General as travel allowance to attend the VIIIth General Assembly.

- 5.92 Grant of M\$400 be made for the Treasurer as travel allowance to attend the VIIIth General Assembly.

- 5.93 Grant of M\$250 and M\$150 be made for the president as travel allowance to attend respectively the VIIIth General Assembly and the Rural Health Project in Medan and Central Java.

Section  
6.00 **ARMSA Projects in 1973-74**

In accordance with the aim of ARMSA to establish projects in the field of health and relief work, four projects would be carried on in the coming year.

- 6.10 In India, medical students under the auspices of ARMSA and AIMSA would attempt to set up a "model village". Working with students from other disciplines, they would embark on a comprehensive programme aimed at furthering the education standard, understanding of family control techniques, promotion of public health measures etc. of the indigenous population. As resources of Indian medical students are limited, any contribution from member countries of ARMSA would be deeply appreciated.

- 6.20 Clerkship or internship in the Community Health Centres in Israel. No travel grants would be available but accommodation would be offered to ARMSA members.

- 6.30 Rural Health Project in Medan has been started.

- 6.40 Rural Health Project in Central Java would continue as it is met with considerable success in promoting the general health of remote villages. Members of ARMSA were urged to participate.

Section  
7.00 **Venue for the VIIIth General Assembly of ARMSA**

- 7.10 Malaysia offered to host the next General Assembly in Kuala Lumpur subject to confirmation within one month after the VIIIth General Assembly.

- 7.20 The second offer came from Australia in the event Malaysia failed to be the venue for the next General Assembly.

- Section  
8.00 **ARMSA Executive Board for 1973-74**  
8.10 President: Mr. Richard Rawson (Australia)  
8.20 Secretary General: Malaysia  
8.30 Treasurer: Japan  
8.40 Director of SCOPE: Hong Kong  
8.50 Director of SCOP: Australia  
8.60 The National Vice-Presidents of respective member countries, preferably be the delegates attending the VIIIth General Assembly.

### ARMSA SYMPOSIUMS

Two symposiums were arranged by the Organizing Committee. Though not forming part of the General Assembly proper, they formed part of one's very unique experience in India. They represented two very stimulating sessions in which medical students from all over Asia gathered together to discuss the urging problems that plagued their world today.

#### Rural Health Care in the Third World . . .

. . . was the topic of the first symposium held in New Delhi. Among the speakers invited to give introductory speeches, were Professor V. Ramalingawami and the Minister of Health in India.

It was pointed out that in India the rural population constitutes 80% of the total population. However, there are eight times more doctors in the urban areas than in the country. The horrendous brain drain of qualified doctors to Western countries coupled with the reluctance of the city-bred to serve in the rural areas where the living standards are considerably lower, has engendered a dangerous situation in which the medical care of the villages suffered incredible neglect, leading to rampant epidemics. The low sanitary standards have but added fuel to the flame.

Making service in rural areas compulsory to doctors and fledgling doctors has not been too feasible in the democracy that is India. A scheme to train indigenous personnel with the aim of finally enlisting them in the medical team is awaiting approval. Further, illiteracy has rendered the population nonreceptive to propaganda on family planning. At the same time, a high infant mortality rate is still being reported, to nobody's surprise.

In Australia, it was pointed out that the problem of providing medical service to a rural population does not exist to any significant degree. However attempt to provide some sort of coverage to the aborigine sector of the society has been repeatedly frustrated.

In Malaysia, the need of foreign aid and resources to assist in the provision of sufficient medical care of the rural areas is thought highly desirable.

In Hong Kong, a highly urbanized congested, commercial city, the problem of rural health care hardly exists. It was pointed out, however, her neighbour across the border, China, has been singly successful among the Third World countries in combatting the immense discrepancies that persist in the standard and quality of medical attention of urban and rural sectors of the population. This has been achieved by complete self-reliance on her own resources and a refreshing radicalism in the training of medical personnel, with the emergence of the bare-foot doctors who are actively engaged in promoting preventive measures, holding epidemics in check.

On the whole, the seminar was well organized. Members of the press and public had been invited to attend. Insight to the pressing problem of our time have been shared, and interesting views put forward.

#### Environmental Pollution. . .

. . . was the topic of the second seminar held on the quiet reclusive campus of Aligarh Muslim University.

The session included vehement condemnation of French nuclear testing in the Pacific and denouncement of the cigarette-smoker as it has been claimed that the non-smoker breathes in three times as much carbon monoxide than does the smoker himself!

Credit must be given here for the studious papers presented by Indian medical students at the seminar, together with slides.

Delegates from Australia, Japan and Hong Kong as well as the visitor from Poland each presented a paper on various aspect of pollution. (B. Ng)

APPENDIX: EXCERPTS FROM THE REPORT OF THE PRESIDENT OF ARMSA TO THE SEVENTH ARMSA GENERAL ASSEMBLY IN ALIGARH, INDIA 1973

INTRODUCTION

I have been associated with ARMSA for the past three years, first as President of the Singapore Medical Students, then as National Vice-President for ARMSA and then President of the 6th Executive Board of ARMSA. During the three years, I have learnt much from working in ARMSA and have also made many friends through it. It is my pleasure to write this report to the VIIth ARMSA General Assembly (G.A.) and share some of my thoughts about ARMSA with you.

The first part of every section of the report would be a record of the events during the year with some comments and the second part, my recommendations for consideration by the G.A.

The Organisation of ARMSA & Relations with IFMSA

I kept very close contact with the IFMSA Executive Board (E.B.) and the ARMSA Secretariat (42 letters written to IFMSA E.B. and about 15 to ARMSA Secretariat, and one result of this is the closely co-ordinated ARMSA events and the IFMSA G.A.)

In my capacity as the IFMSA Vice-President for Asia, I advocated strongly for the regionalisation of IFMSA. As a result of my working paper to the IFMSA Winter meeting in Athens, the IFMSA E.B. supported the regionalisation. When I met Raveendran in Singapore in April, we discussed the possibilities about organisational structure and drafted the 'Open Letter', which was circulated through IFMSA news. The 'Open Letter' was also endorsed by the IFMSA 22nd G.A. organising committee. The structure proposed was discussed in the June IFMSA E.B. meeting in Aarhus, but a final decision would only be taken in the IFMSA E.B.M. in Singapore just before the IFMSA G.A.

Another point I strongly maintained is that there should only be one international medical students movement and that all other organisations e.g ARMSA should be associated to it officially. This concept was endorsed in the IFMSA June Executive Board Meeting.

I was a member of the Constitutional Review Committee which drafted the present constitution in Sydney 1971 and though I feel that the present streamline structure of IFMSA is quite workable, the 7th G.A. may like to again look into the constitution. In particular, I feel that the Immediate Past President should be included as a non-voting member of the E. B. as is the practice in IFMSA. I feel that this is necessary to provide continuity. Many other aspects of the organisation as proposed in the 'Open Letter' could of course not be settled until the 22nd IFMSA G.A. is over. However, I feel that a general

consensus must be obtained so that ARMSA views can effectively be represented.

Recommendations

- (1) That a constitutional review committee be set up to look into amendments to the constitution.
(2) That the relations of ARMSA with IFMSA and the future organisation of IFMSA and the International Medical Students Movement be discussed and consensus obtained for a joint stand in the IFMSA G.A.
(3) That the Immediate Past President of ARMSA be one of the official spokesmen of ARMSA for the 22nd IFMSA G.A.

ARMSA PROJECTS

Two projects are organised by the Indonesian students for ARMSA this year, i.e. of North Sumatra and the second, Central Java.

The first, in North Sumatra, was initiated by me when I visited Medan and the University of North Sumatra on suggestion of Hariman, NVP for Indonesia. Together with Mr. Tan Yong Mong, Secretary of IFMSA Asian Regional Office, I travelled through the Kisaran district visiting and talking to doctors and public health officials and viewing the facilities and medical set-up of the project area. A report of this project has already been printed in IFMSA news.

The second project in Central Java — I have also written a report in the ARMSA news. I flew to Jakarta and then travelled to central Java by land to meet students and officials of the project in Semarang.

Recommendations

- (1) That projects for next year be discussed and plans formulated for their implementation. That project besides Rural Health projects be also discussed.
(2) That the President of ARMSA be the ARMSA Executive to whom the project Directors and the NVP be responsible for the actualization of the projects.

STUDENT EXCHANGES

Avi Sartani, ARMSA Director of SCOPE has done a lot to promote professional exchanges for ARMSA. With increased contacts especially with many ARMSA members attending the IFMSA G.A., I am sure that more exchanges will follow.

There are at present many students doing clerkships in ARMSA countries but not under ARMSA or IFMSA. I have personally spoken to some of these students and it seems that they did not use ARMSA or IFMSA because they have never heard about ARMSA or IFMSA through their National Medical Students Association!

The other way of student exchange is through good-will visits. Visits are best arranged bilateral, through personal contacts and I hope that members could discuss these possibilities in this manner.

Recommendations

(1) That greater effort be directed to promoting professional exchanges both within Asia and with other countries.

(2) That greater publicity be given by National Medical Associations of the professional exchanges organised under IFMSA and ARMSA.

Relations With Other Students Organisations

I was invited to Japan to attend the International Development Symposium in Tokyo and the First Asian Student Conference in Osaka in August 1972. We had many useful discussions.

I made contacts with OIESEC (economic students) and IAESTE-ASIA (Engineering students) and we decided to form a pro tem committee to look into the possibilities of forming some permanent contact and also organised joint projects. As a result we decided to form a pro tem committee of the Asian Students Committee on Technical Education (ASCOTE) and I was elected President.

I met these Japanese students again on two occasions in Singapore and we made some plans for joint inter-disciplinary project which unfortunately is not implemented yet. I am still following up the contacts closely.

The Second Asian Students Leader Conference is scheduled in Bangkok just before the ARMSA G.A. but to date I am not sure whether it is going to be actually held. The reason is that there are some differences of opinion between a fraction of Thai students and the Japanese students who are sponsoring the conference.

I would be willing to further these contacts made if given the mandate.

Recommendations

- (1) That the G.A. endorse the efforts made to establish communication with students of other disciplines on a regional basis.
(2) That the Immediate Past President be given the mandate from ARMSA to continue the contacts with these students for ARMSA year 1973-74.

The VII General Assembly

I would like to congratulate the organising committee from the All India Medical Students Association for successfully organising this G.A. My best wishes go to all the delegates and members attending. The VII G.A. is an important G.A. for ARMSA as the future shape of the International Medical Student Movement in Asia and indirectly the world would be decided here. I hope that much would come out of the G.A. for ARMSA.

Sincerely,

CHEONG PAK YEAN

With the Compliments

of

The Hong Kong Central Hospital Ltd.

Hong Kong
Lower Albert Road
Tel: 5-223141

總代理 信德船務有限公司

售票處：香港中環新填地
貨運部：電話：5-457021-6

澳門旅遊服務處

代訂售港澳各大客輪水翼船來回船票

代訂澳門各大酒店客房(不收任何手續費用)

中區服務處：皇后大道中48號萬年大廈 電話：5-239760
尖沙咀服務處：九龍尖沙咀星光行地下商行 電話：3-672838
旺角服務處：九龍通菜街230號 電話：3-807193



# REPORT OF THE XXII<sup>TH</sup> GENERAL ASSEMBLY OF IMFSA

The 22nd General Assembly of the International Federation of Medical Students Association (IFMSA) was held in the University of Singapore this year from 19th August till 31st August.

The GA was divided into several parts. In addition to the GA Proper, there were also commissions on 'Environmental Pollution' and 'Drug Abuse'. These were followed by the Asian Regional Seminar on Population Overgrowth organised by IFMSA, IMSOP (International Medical Students Organisation on Population) and the Medical Society, University of Singapore.

Delegates from 25 countries attended the General Assembly (GA) proper: Australia, Austria, Belgium, Denmark, Finland, West Germany, Ghana, Hong Kong, India, Indonesia, Israel, Italy, Japan, Malaysia, Netherlands, Nigeria, Poland, Rhodesia, Singapore, Sweden, Switzerland, United Kingdom, U.S.A., Thailand.

More than thirty countries took part in the Seminar on Population Overgrowth. In addition to the above countries, Cambodia, Guyana, Iran, New Zealand, Philippines, Sri-Lanka also participated.

The Delegation from Hong Kong consisted of five members: Mr. Lee Ka-yan, David, Mr. Choi Ho Keung, Peter, Mr. Lo Hong Yuen, Albert, Mr. Lee Kin Wan, Kenneth and Mr. Chan Ka Kam.

## Particulars of the GA Proper

1. Chairman of GA meetings: Mr. Mogens Huttel (Denmark), Vice-Chairman: Mr. Richard Rawson (Australia).

2. Reports from the Executive Board Members were discussed and received. These include reports from the President, Secretary General, Treasurer, Director of SCOPE, Director of SCOME, Regional Vice-Presidents of Africa, Asia and Europe.

3. Subcommittees — Credential Committee and Financial Subcommittee were elected. Hong Kong is one of the five countries in the Financial Subcommittee. The Financial Subcommittee recommended that:

- IFMSA financial year should be from 1st June to 31st May. The Treasurer must present the Balance Sheet and audited accounts of the immediate past financial year at the GA.
- The IFMSA accounts and Balance Sheet be first audited by a registered professional accountant and this report is to be submitted to the Financial Subcommittee for approval.
- IFMSA GA 1974 re-defines the financial situation concerning:
  - general policy on income and especially expenditure,
  - the calculation of membership fees.
- IFMSA GA 1973 received the Treasurer's report but did not accept the books as being audited.

## Acknowledgement

The Medical Society wishes to acknowledge the following for their generous support in financing the delegations, without which, the participation in these Assemblies would not have been possible:—

The Hong Kong Medical Association  
Mr. Henry Fok  
British American Tobacco Co. (H.K.) Ltd.  
Board of directors of Po Leung Kuk  
The Chinese General Chamber of Commerce  
Dr. Otto Au  
Dr. Denny Hauang  
Dr. S. S. Kwan  
Dr. Cheung Wan  
Dr. W. P. Woo  
Dr. P. C. Y. Lee  
Dr. P. W. Yee  
Dr. K. P. Chan  
Dr. T. L. Quong  
Dr. K. Kwan  
Dr. Choa Wing Sien  
Dr. Tseung Fat In  
Dr. H. Fang  
Dr. Godwin Chan  
Dr. C. K. Hon  
Dr. Fung Yee Tsang  
Dr. Pau Wing Foo  
Dr. Sung Wing Choo  
Dr. P. W. C. Mao  
Dr. Peter C. Y. Wong  
Dr. Au Kam Fai  
Dr. Robert Fung  
Dr. James Chang  
Mr. Szeto Wai  
Mr. Lee Quo Wei  
Dr. Lai Chung Yue  
Mr. Oswald Cheung

## 4. Motions passed in the GA —

### a. Regionalization

- IFMSA shall work towards 5 regions, which are Europe, Asia, Africa, North America and South America.
- The Executive Board (EB) should consist of President, Secretary General, Treasurer, Regional Presidents, Directors of SCOME and SCOPE and Immediate Past President.
- All National Member Associations should name a liaison officer to IFMSA and send the name to the secretariat as soon as possible after the GA.
- Whenever relations with international bodies are considered it will be handled by the international EB.

### b. Executive Board (EB) posts

That candidates for an EB post must be medical students at the time of election, and if possible officers for the EB who are to be holding office for two years ought not be final year students.

### c. Standing Committee on Medical Education (SCOME)

- That we still want a Director of SCOME on an international level who shall be responsible for passing on information between the different Regions.
- That the primary task of the Director of National Member Associations on medical SCOME be to facilitate a flow of ideas between education.
- The Director of SCOME should not organise meetings, seminars or projects.

### d. Standing Committee on Professional Exchange (SCOPE)



7 resolutions were made concerning the programme and timetable for the developing of of SCOPE. One of the planned cooperation programmes is between Singapore and Hong Kong.

### e. Reports

- EB or other members who propose changes in the structure or policy of IFMSA at a GA must circulate their proposals to National Member Associations 2 months in advance of the GA. Delegates to the GA must then bring the considered opinion of their National Member Association on these matters. The EB is able to introduce additional important matters if the majority of the GA allows it.
- Failure to give due notice of proposals prevents the GA being truly representative of its member countries and therefore proposals made after the time limit are ineligible for consideration at the GA.
- That all official reports of officers be circulated to National Member Associations

one month before the IFMSA GA. If this condition is not complied with the report in question will be ineligible for presentation and discussion at the GA, unless the GA gives the permission.

### f. Condemnation of nuclear tests

- Considering the possible biological effects that may result from exposure of human populations to low dose radiation, this assembly condemns the actions of those countries which continue to test nuclear weapons in the atmosphere.

### g. Relations to international organisations

- Relations to the International Union of Students be on a consultative status.
- IFMSA sees no common basis for a very close cooperation with International Medical Students be on a consultative status. Medical Students Organisation on Population (IMSOP) because of the different structural basis upon which IMFSA works and hence the GA proposal to invite IMSOP to be a standing committee in IFMSA is withdrawn.
- Realizing the importance of population dynamics and family planning, IMFSA would like to express the desire to support fully any medical student activity in this direction and wish to declare whole-hearted support for the World Population Year 1974 (WPY) proposed by the United Nations.

### 5. Future Meetings

- The venue of the 23rd GA 1974 will be Haifa, Israel. The topic of "Medicine: Science & Technology" will be chosen as the theme for the international seminar in the GA.
- The 24th GA 1975 will be held in Philadelphia, U.S.A.

### 6. New Executive Board Members

President: Mr. Alex Ooi (Singapore)  
Immediate Past President: Mr. Mogens Huttel (Denmark)

Secretary General: Mr. Bengt Lindstrom (Finland)  
Treasurer: Mr. Carl-August Lindgren (Finland)  
Director of SCOPE: Mr. Peter Schatzer (Austria)  
Director of SCOME: Mr. Dare Demuren (Nigeria)  
RVP Africa: Mr. Oladapo Ashiru (Nigeria)  
RVP Asia: Mr. Richard Rawson (Australia)  
RVP Europe: Mr. Mark de Baets (Belgium)  
RVP North America: Mr. Richard Lester (U.S.A.)

### 7. New Member

Thailand was accepted as a member of IFMSA in this G.A.

The Medical Society, University of Singapore has done a very good job in preparing and organising this GA. They had indeed contributed a lot to the success of the GA.  
(Lee Ka-yan, David)

## Commission on Drug Abuse

The commission began with a forum on "Current World Drug Scene and Control Measures". This was followed by two addresses, one on the role of medical students in the community in relation to drug abuse and the other on how thoroughly the subject of drug abuse should be dealt with in the medical curriculum. Then there were reports from delegates who briefly discussed the situation in their country and what medical students were doing to combat drug abuse. Mr. Choi Ho Keung presented a report and Mr. Choi was also a member of the commission committee.

### Recommendations

The following are general recommendations on how the medical students can help to fight drug abuse. Implementation of any recommendation would depend on the system of education in the particular country and whether students are interested enough to get involved.

#### I. Primary Prevention

i.e. basically a matter of preventing the problem as much as possible and aims directly at the initial causes of the condition.

##### A. Education

1. *Of Self* — before medical students can involve themselves in helping others, they must first gain sufficient knowledge of the subject. Also, the students must first possess interest and then get the lecturers interested. Education can take the form of:

a) Lecture — it is best if a series of lectures on drug abuse could be given. If this is not possible, then the subject could be stressed in the teaching of the various subjects, e.g. pharmacology, social medicine etc.

b) practical experience — In Malaysia, every medical student is allotted one drug abuser to be under his care. The student follow up the abuser after discharge from the wards.

In Sweden, groups of medical students move into suburbs and mix with all sorts of people in these surroundings. There they discuss problems not only from the medical but also social standpoint. This is especially useful in dealing with young drug abusers.

c) Talks by drug addicts, debates, discussions.

#### 2. *Of Students*

Medical students can help in organising:

- a) discussions, talks, debates,
- b) anti-narcotic dramas,
- c) poster designing.

#### 3. *Of General Public*

Medical students can render help in:

- a) preparation of programmes for radio and television,
- b) preparing posters, pamphlets,
- c) writing articles for press,
- d) arranging public lectures.

#### B. *Prevention of Drug Trafficking*

It was felt that there was little that

medical students could do in this field.

#### II. Secondary Prevention

Directed to the addicts and incorporate early recognition of the case and the institution of adequate treatment with hopeful curative results.

To help a drug abuser, he should be treated as a person in need of help and not as a subject of study.

For early recognition of the case, recognition of the cause of abusing drugs is necessary. Medical students can aid in studies and surveys to determine what exactly are the main causes in their respective societies. As for treatment, medical students can help:

- a. in manning out-patient clinics.
- b. by working in drug teams which can consist of:
  - 1) social worker
  - 2) psychologist/psychiatrist
  - 3) doctor
  - 4) medical students
- c. in treatment centres
  - 1) as counsellors/paracounsellors
  - 2) in organising discussions talks, debates, seminars.
- d. by assisting in the community in which they live.

#### III. Tertiary Prevention

i.e. the problems of the period following addiction where the social involvement and rehabilitation aspects become important.

1. Aid in the teaching of a vocation suitable to the patients' ability and interest. Medical students can also aid in the patients' choice of a vocation and be a source of friendship and encouragement.
2. Aid in the assessment and preparation of the family for the return of the patient.
3. Probation service — to act as counsellors / paracounsellors and listen to the problems at the same time.
4. Aid in seeking financial assistance and jobs.
5. Arrangement of follow-up medical care and examination.
6. Arrangement and recommendation for repeated treatment in case of relapse.
7. Other personal services.

— The idea is that medical students themselves take the initiative to organise community health projects and field work on the epidemiology of new diseases in addition to carrying out work on a hospital level.

— Students from various universities or faculties can also come together in a joint effort to study the detrimental effects of pollutants on man.

### Recommendations

#### I. Medical Education

It was agreed that a dynamic intense course on environmental pollution is necessary and this course be continually correlated with the clinical subjects in the medical curriculum. One should be well versed in the scientific method on how to plan a survey, collect and analyse data.

The qualified persons in charge of the actual implementation of the course should be thoroughly informed on the subject so that he is able to give objective knowledge from which the students can make their own appreciation on the seriousness of the situation.

It is again emphasised that since no expert on environment pollution is available at the moment, medical students need to take the initiative to implement field work to collect epidemiological information on pollution.

It was agreed that a dynamic intense course on environmental student reports on work done in their countries on the prevention of environmental pollution be sent to IFMSA.

#### II. Post-graduate course

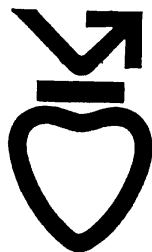
A post-graduate course on environmental medicine was suggested. The environmental doctors would need to do epidemiological studies, diagnose and treat patients; and to implement preventive measures to curb any particular pollutant.

#### III. University policies

The university should not be an 'ivory tower', isolated from the community which it is supposed to serve.

The hospital must be made more accessible to the public and there should be a feedback to the population on which any studies and research work were done.

The consensus was that students should attempt to influence the making of university policies towards the implementation of a course on environmental pollution and related subjects.



# Eraldin

Practolol

Trade mark

provides long-term protection against coronary insufficiency

- ♥ Reduces myocardial ischaemia - reduces pain
- ♥ Increases capacity for work
- ♥ Simple dosage, three times a day, well tolerated
- ♥ Benefits are progressive with long-term therapy



Imperial Chemical Industries Limited  
Pharmaceuticals Division  
Alderley Park, Macclesfield  
Cheshire, England

Sole Agents in Hong Kong:-  
ICI (CHINA) LIMITED.  
Union House, 16th Floor.

## Commission on "Environment Pollution"

The commission consisted of talks by delegates from some countries and workshop sessions. Mr. Lo Hong Yuen and Mr. Chan Ka Kam of Hong Kong gave talks on this topic and the response was good.

The following is a summary of the commission:

#### Concept of Environmental Pollution

This concept refers to all uncomfortable factors in the environment made by human activity.

#### Role of medical personnel

- A greater emphasis on social and preventive medicine is needed. Epidemiological studies are necessary for doctors to practise medicine on a community health basis.
- This is highly essential as people suffering from certain disease may not seek medical aid as they may think that the disease is incurable or other factors like finance, transport, educational level may prevent them from visiting the doctor.
- Hence any laboratory and research work should accompany community health projects.

## ASIAN REGIONAL SEMINAR ON POPULATION OVERGROWTH

This seminar was a project of the Medical Society, University of Singapore in collaboration with IFMSA and IMSOP. More than 30 countries attended this seminar.

The seminar was divided into six workshop sessions. Before the workshop session, there was a keynote address given by an expert on that field. Then the assembly was divided into four groups to have their group discussions. Our delegates were very active in the discussions.

The following topics were discussed in the seminar:

1. Demographic trends in Asia & dangers of population overgrowth (excluding economic dangers).
2. Population overgrowth & economic development in Asia.
3. Barriers against the acceptance of family planning programmes in Asia.
4. Role of governmental, international and voluntary agencies in population dynamics and family planning.
5. Role of a student in community services with respect to population dynamics and family planning.
6. Implications in the medical curriculum.

一點感想

霞



近來每讀到啓思，都有一種喜悅感，眼看到我們的學院報有了新的氣息，能夠提出一些以往不願談或不該談的問題來討論，可以得到醫學院的同學對自已周圍所發生的事物物都很有關心。我聽到了些別個學院的同學批評我們，認為我們除了關心醫學方面之外，就很少會關心到社會，國家和世界等問題。我明白我們醫學院同學在應付功課上已感到吃力，那裏還有時間和精力來關心課本以外的東西呢？我個人就常給這問題煩擾著。第二：我們學的是專門科技，所以很少會接觸一些人文科學的問題。第三，我們不但是就讀在這最高學府，而還是在各院系中，被認為是天之驕子的醫學院，將來畢業不愁工作，前途與錢途均有，對於現實已很滿足，那還顧管那麼許多。第四，我們地理上與其他院系隔離，所以與其他院系的同學接觸少，接受衝擊機會不多。現在有些同學能克服這些客觀環境的限制，關心我們周圍切身的問題，也可算得是一個突破，其實我們醫學院同學在學校時只是專心讀書

不問世事，可能對作爲一個醫學生無太大損害，但是如果我们真是真心真意要作爲一個爲社會服務的醫生，並不是爲了多掙些錢，混口好飯吃，我們便不能只讀書不思考其他問題，我們畢業後會到醫院去工作，將會接觸到各階層的病人，他們不但受疾病的困擾，還受更難解決的社會問題所困擾著，我們作爲一個希望爲社會服務的醫生，又能否坐視不理。曾經有一位師兄在爲一個被污辱了的八歲女童做完手術之後悲憤地說：「我們醫生能做什麼，除了做一些縫紉補補的功夫之外，又能做些什麼，她已經受了社會的烙印，我們除了無情地再把她投回殘酷的社會去，由她接受別人的歧視和壓迫之外，我們能怎樣。當我想用手撫摸安慰她時，她可能因爲受了過度的驚慌，驚恐地哭起來，我立刻收回手，看看自己的手，看看那不幸的小病人，不由我不問我這雙手是否也會幫助過做成了她現在的不幸。」不少醫學院的醫生，解救病人的痛苦，但當他們走到醫院去看到一些被社會壓迫到半瘋不癲的吧女，看到一些因打架而受傷的人，看到因股票失敗而輕生

癌症常識展覽會

香港大學醫學會主辦的癌症常識展覽會已分別於九月十九日至廿日、九月廿一至廿二日在皇仁書院及伊利沙白中學舉行，由香港大學校長黃勵松博士在皇仁書院主持剪綵揭幕。是次展覽的籌備委員會是由醫學院一至三年級的同學組成，並邀請五間中學的學生參加工作，更得到香港防癌協會及多位老師的協助，搜集有關癌症的資料的圖片及標本，使這次展覽會能圖文並茂，內容充實。

是次展覽會的對象是一般市民，尤其是中學生。展覽的目的是要介紹癌症知識，希望大家對癌症有所認識之後，知道及時診斷治療的重要，不再諱疾忌醫；其次還要指出癌症的早期症狀，提醒大家若一旦發現有癌症的可能徵狀，便立刻接受檢查，最重要的是使大眾對癌症有正確的觀念，而不致引起杯弓蛇影的反效果。

展覽會分爲三個部份展出：(一) 癌症的一般概念；(二) 香港常見的幾種癌症；(三) 癌症研究的新發展。希望能夠將癌症的知識，清楚地介紹給大家。內容已全部編成幻燈片，可供各界外借。

展覽會展出的時間是由上午十時至下午六時，因得到電視及電台的協助，大肆宣傳，所以連日來參觀的人士非常踴躍，約有萬多人，其中大部份爲學生及中年人；會場更有香港防癌協會的傳單及有關展覽會的冊子免費派閱。

綜合各方面之意見，顯示這次展覽會很有意義，大致上甚爲成功。大部份參觀人士都建議以後能多舉辦此類有關健康常識的展覽會；一部份更希望是次展覽會能限期，惟因學期開始，故未能實現。

參與籌備此次展覽的同學會花了不少的時間及心血，不辭勞苦、任勞任怨，在展覽期間他們更熱心講解，不過他們都認爲這是極有意義的工作。

中國週

學聯會舉辦的中國週，是近年來大專界掀起「熱心社會、認識中國」的口號。這次爲期十四天的活動所包圍的意義是多方面的。

首先，落實了大專學生近年來提倡的「熱心社會、認識中國」的口號。同時更把這熱潮進一步地推廣。這是一個全面性地介紹中國的活動，內容從各方面作介紹，讓同學以開放、客觀的態度對祖國作一次深刻的了解。

同時，這一次是八間大專院校的聯校活動，象徵着本港大專界同學的空前團結。在這兩個星期中，大家共同攜手，互相鼓勵，互相學習，在「認識中國、關心中國」的道路上謀求進步。這次活動並非局限於大專界同學，亦開放給社會各界，使這次活動更帶有社會性的深長意義。

在加強各院校間聯系時，對校內同學的團結亦有促進的作用。參與這活動的同學來自不同的院系、宿舍。在這兩個星期的共同努力中，他們不但能夠加深對國家的認識，更加深了他們之間之聯系。特別是新同學，他們在學期開始時，就能夠親身體驗認識中國的熱火朝天的情況，對於今後認識中國的隊伍中增加了不少有朝氣的力量。

最後，希望這次「中國週」是「認識國家」運動中的一個里程碑，同學們不但可以檢閱過去對關心自己國家、民族所作過的一點努力，更爲未來「認識國家」運動的推展打下一個良好的基礎，展望將來，認識我們的國家的熱潮將會更蓬勃地發展起來。

的商人，在這種不健全的社會制度之下，我們醫生所擔當的是什麼角色。其實有些同學並不是不察覺到社會問題的存，只是怕被別人利用所以不敢理，與己無關，所以不願理，我會嘗試與一些同學談學生運動，他們都表示不願理，理由是自己對這些不太認識。我的意見是：主要的問題不是認識與否，而是在學生界所標榜的認識社會，關心國家這方向是否對。如果是對的話我們就應該參加，而且只有通過參與我們才能增加我們的認識。有些同學不明白爲什麼一些積極參與學運的同學會對一些表面上與己無關的問題這麼熱心，於是就懷疑積極同學別有用心，有不可告人的背景，其實這只是因爲互相接觸的機會少所引至的誤會。就我個人與一些積極同學的接觸，他們的誠懇，對理想的真誠，對流俗的不附從，使我不能相信他們是什麼職業學生。或者有些

聰

智慧並沒有統一的定義，因爲其間所包含的因素是如此多與不明確。值得注意的是在現時通用的幾十個不同智慧的定義中，大多數都提及適應力爲一個重要因素，這包括著名哲學家及精神學家「耶士培」和「史頓」的定義。

對一個「富創造性」或「意志堅強」的人來說，謂能適應乃智慧之徵象，似乎無可接受的，因爲是適應的意義，似乎便是不滿於一個社會，不去改造而去適應它，是否便是智慧呢？去解答這問題，我們來存在的矛盾，我們要小心研究這適應的觀念。適應並非是投降。精神上適應與決定物類進化之生物上的適應一樣含有競爭性與積極性。心理學上對適應的解釋是一個人學習初學，可以摒除情感或其他不相干行爲的能力 (E. J. P. Chaplin, Dictionary of Psychology)。是故，譬如一個人在學習駕駛的時候，屢出錯誤 (不相干的行爲) 或大發雷霆 (情感上的行爲) 都可以說不能適應和不智。這譬喻是直接和簡單的，因爲我們確知在駕駛的時候，什麼是

啓思錄



因此，適應與否，並不取決於我們是否去積極改變或不改變環境，而是決於我們能否用一個「適應的態度」去做。而適應在心理上的意義是如此重大而要求又如此之高，適應能力乃智慧之一部份是無可置疑的。

智

智

(五)

慧



# 啟思

香港大學學生會  
醫學會月刊

第五卷  
第十期

一九七三年十月

## Profile of the Medical Student in Hong Kong

KAN KWOK CHOI, ET AL\*

### 4 無病呻吟 Society Consciousness

「學生與社會事務」座談 Dr. Braga is very much disappointed at the poor spirit and lack of society consciousness among medical students. It is an exact contrast to the high spirit of students in the pre-war period, so testified

最後我希望以後能有更多座談會舉行  
多同學與會捧場，為醫學院帶來一股「關心社會」的熱潮，不再被指為「冷漠的一羣」。

5 「小兒護理指導展覽會」  
該計劃之工作人員之幹勁與熱誠，足以使參觀人士有所感。得與該輩青年共同從事此項富有意義的工作，誠一樂事。  
謹誌數言，并祝展出成功。  
香港大學醫學院小兒科教授  
李邦教授

6 寫於中醫週後  
健康委員會 中醫週籌備委員會  
觀衆意見一束  
(錄自意見簿)

7 A Survey of Senior and Junior R  
Sponsored jointly by  
Elixir and First Year Class Assoc

Do you notice any class discrimination or discrimination between preclinical and clinical students?

Discrimination is very pronounced and wide spread.

Your impression on the majority of upperclass students are that they are

- a. Harsh 9
- b. Indifferent 24
- c. Sociable and friendly 10
- d. You have no chance of getting in contact with them 40
- d. Very variable 34.

### 還等待何時?

素

同樣地，在過往的二十多年，不知多少的社會工作者，其中更有遠赴重洋的外籍人士，本着人道主義者的愛心，拋棄個人的利益，為遭受遺棄的一羣謀取他們應有的福利。在福利一項重要的貢獻，便是廉價的醫療服務。喜靈洲瘋院、胸病療養院、大口環牙科醫院等設施，皆充份表示志願團體的積極行動。加上與醫務處的緊密合作，能為本地市民提供更妥善的醫療照顧。其以康復的設施而言，近年來，筆者欣聞專業的醫學人士設立信譽，通過銷量廣泛的報章，為市民解除疑難。香港醫學會、香港牙醫學會、香港小規模的展覽及海報的設計比賽等，加上專業人士推行的牙齒健康週、心臟週等，皆能充份利用大眾媒介以收到預期的效果。雙赤裸的肉手，沉默地，認真地為本港的市民——尤其是被忽畧的一羣——服務。

你或會無心自問，我們這羣醫學學生，這班社會的「精英」，又會扮演過怎樣子的角色呢？在醫學院內，我們否下苦功，許諾言，要無愧於父母、師長及納稅人？(圖一及圖二)對努力工作的同學，五年的艱苦生涯，總算獲得應有的醫療知識，但其它方面的發展呢？體能的鍛鍊，待人接物的態度，獨立思考的能力，社會的責任感，國家的歸屬感等等，是否同樣受到應有的重視，獲得應有的發展呢？(圖三、四)。

### RADICAL VIEW MEDICAL PROF

黃夢花

Hong Kong medical profession so thoroughly westernised that it wants to maintain and may be increase the distance between itself and most of the people and only concern itself with social or political issues when these seem to affect the professions, salary interests or work conditions etc.?

話要說回來，「大仙」這稱呼，無形中代表着一個要不得的傳統，不知在多少年前，任其滋生，叢長，徒然替醫學院平添不少特色。(圖上)當然，隨着年輪的增長，「大仙」的無理取鬧態度，圖書館內的喧囂，週年聚會(MEDIC NITE)的「大丈夫」的搗亂行為(圖八)；班際運動會(INTER-CLASS SPORTS COMPETITION)的偏袒舉動等(圖九)，皆是值得「讚許」，值得「吹噓」罷，雖然大家不是受教於五四的北大或抗戰的重慶，畢竟大家會接受多年的教育，祇要在日常生活中下一點克制，一點決心，不必要的「誤解」，不論人有的或傳統的，總會被排除。例如在對外的活動中，縱使其間有看不少內部的困難，在邁進同一目標的當時，彼此能互相諒解，能夠在有意義的工作中作更深入的認識。

### MEDIC NITE — an evening of barely masked obscenities, both on stage and off and little restrained audience participation



A senior raiding the stage

### PROTEST WITHDRAWAL

The Tug-of-War Dispute  
Our act of withdrawal from the Braga Cup competition this year serves as a strong protest to the fact that fairness and justice and promotion of Sportsmanship have not been achieved in the games of the Braga Cup. Because some members of the Society have been exercising their influence of seniority over the junior members, and the ultimate desire to capture the championship has clouded the minds of so many who then so willingly discard with their sense of sportsmanship. We are forcing the

### 醫生對香港社會如何作出更大貢獻

不能不思考的時代，希望他們像世界各地覺悟的青年一樣，對自己的將來，先有了更清晰的認識，更明白自己將來的責任。學成而入世行醫時，始能出污泥而不染，始能出淤泥而不染。

UR IS THE Hong Kong medical profession so thoroughly westernised that it wants to maintain and may be increase the distance between itself and most of the people and only concern itself with social or political issues when these seem to affect the professions, salary interests or work conditions etc.?

各位醫學院的同學，在我們週圍，已有很多人期待着你的救護，亦已有不少志願人士伸出援手，你願意將來加入他們的行列嗎？那樣，你還等待何時呢？

九七