

KNOW YOUR SOCIETY !!!



In view of the present situation that the majority of medical students is unfamiliar with or even ignorant of the structure of the Medical Society, the Editorial Board of Caduceus (1974) would like to make some sort of brief introduction on this matter in the issues to come. To begin with, a table is constructed based on the Constitution stated in the Medic Handbook (1972-1973).

MEDICAL SOCIETY is composed of:

Ordinary Members, Associate Members and Honorary Life Members.

(an Executive Committee is elected annually from the Ordinary Members — Chairman, Vice-Chairman, General Secretary, External Affairs Secretary, Financial Secretary, Sports Secretary and Social Secretary.)

MEDICAL STUDENTS' COUNCIL:

- Council Chairman)
- Executive Committee)
- President)
- Vice-President)
- Hon. Treasurer) with voting right
- Class Representatives) in the
(two from each class)) Council Meetings
- Associate Members)
- Representative)
- Ex-Chairman)
- Student Representative of the)
Faculty to University Senate)
- Representatives from Standing Committees and
local executive board members of ARMSA. (one
from each) — with full speaking right but no
voting right in the Council Meetings.

STANDING COMMITTEES:

(The Council have the power to appoint Sub-Committees and Standing Committees for any specific purpose.)

I. FRATERNITY COMMITTEE:

- Hon. Advisor (a staff from the three preclinical department)

- Administrative Officer) elected
- Education and Information) by
Officer) Council
- Hon. Secretary and a board of committee
members consisting of representatives from
each year. (elected by the Fraternity Com-
mittee)

II. ELIXIR STANDING COMMITTEE:

- Financial Manager)
- General Manager) elected by the Council
- Chief Editor)
- Ex-Chief Editor
- a board of editors (elected by the Elixir
standing committee)

III. STANDING COMMITTEE ON HEALTH HKUMS:

- Health Officer) elected by
- Assistant Health Officer) the Council
- two to five committee members (elected by
the Health Officer and the Assistant Health
Officer)

IV. SOCIETY NEWSPAPER EDITORIAL BOARD:

- Hon. Advisory (associate member on staff of
Medical Faculty)
- Editor-in-Chief)
- two General Editors) elected by
(Secretary and Treasurer)) the Council
- Managing Editor)
- Chief Editor of Elixir
- Representative of previous EB
- Section Editors (elected by the Chief Editor,
two General Editors and the Managing
Editors)
- (Hon. Legal Advisor may be invited)

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References:

1. *Brit. med. J.*, 1972, 3, 314.
2. *Lancet*, 1973, 1, 151.
3. *Brit. med. J.*, 1972, 1, 585
4. *Lancet*, 1972, 1, 1361.
5. *Brit. med. J.*, 1972, 2, 110.

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AGING CHANGES OF AORTA IN HONG KONG CHINESE

by Mr. K. M. K. Leung

Editor's Note: The following is a summary from the report "Aging changes of Aorta in Hong Kong Chinese" by three of the students of our Faculty. They are third-year students and this survey was made, between the beginning of July 1973 to the students of our Faculty, and this survey was made, between the beginning of July 1973 to the beginning of December, 1973, under the supervision of some of the staffs of the Medical Faculty, and the sponsorship of the Bank of America. The EB wishes to thank the authors for allowing the publication of the summary of their report, and sincerely hopes that their work can serve as a stimulation to other students for creative works.

A total of 49 aortae were obtained at necropsy from Chinese of all age groups. The gross appearance of any atheromatous changes were immediately noted. Sections of the abdominal bifurcation of the aortae were employed for microscopic study because our studies find that it represented the most frequent site of atheromatous changes. (see Table 1) A total of 43 sections were studied (the remaining 6 were not available because they were reserved by the Pathology Department for other purposes.)

Table 1 Incidence of occurrence of atheroma in male and female.

Age	> 60		30-60		< 30	
	male	female	male	female	male	female
Sex	12	8	9	5	7	8
Aorta and Thoracic	8 (67%)	6 (75%)	2 (22%)	2 (40%)	0	0
Bifurcat	9 (75%)	5 (62%)	3 (33%)	1 (20%)	0	0
Bifurcation	10 (83%)	6 (75%)	3 (33%)	2 (40%)	0	0

Results and Comments:

The manifestation of atherosclerosis in Chinese follows the general pattern as described for other races. However, it occurs at a later age. The early manifestation in the form of fatty streaks are minimal in young adults, in contrast to the high incidence described by other investigators and the International Atherosclerosis Project (but our study has not included staining of the aorta with Sudan IV). There is no distinct sex difference in atherosclerosis of the aorta among Chinese of over 60 yr. old. In contrast to classical beliefs, between the age of 30-60, a slight female predominance was found. The relative lack of a sex difference in raised atherosclerotic plaque of the aorta and the excess of fatty streaks in the aorta of women have also been noted by other investigators. If the female hormones have any protective effect against atherosclerosis, this effect probably manifests more on the coronary artery (thus leading to a lower incidence of coronary heart disease in premenopausal female), and not in the appearance of fatty streaks or atheroma in aorta.

The abdominal aorta was found to be more susceptible to atherosclerosis (see Table 1). This may be related to the fact that the human abdominal aorta, unlike other parts of the aorta, has no vasa-vasorum in the media. As a result, it is more prone to degenerative changes and suffers more severe damages, e.g. aneurysm secondary to atherosclerosis. This well-known selective susceptibility

of segments of the arterial wall to develop atheroma suggests that arteries do not play a passive role in the pathogenesis of atherosclerosis.

Table 2 Change of elastica with age.

	0	I	II	III
10yr.	11 (100%)			
11-20yr.	no data	obtained		
21-30yr.	1M		1F	
31-40yr.			1M	
41-50yr.	1M	3F		
51-60yr.		2M		4M, 2F
61-70yr.			2M, 1F	2F
71-80 yr.			3M	4M, 2F
81-90 yr.				2F

Though atherosclerotic change is rare in the younger age groups, it increases with age and reach a high percentage beyond 60 yr. old. (see Table 2) As lesions vary greatly among individuals in our study, it is probable that association of age with atherosclerosis is due to continued exposure to etiological agents, and not to aging as an intrinsic process in the arteries.

Histological studies showed that local accumulation of acid mucopolysaccharides as an early sign of break-up of the elastica media. Breaking up of the elastica was not essential for atherosclerosis, though they may occur hand in hand (see Table 3). Fragmentation of the elastica occurred in all cases beyond the fifth decade. However, younger adults also showed this change occasionally.

Involvement in the female appeared earlier and more severe than that in the opposite sex. The degree of damage to the wall of the aorta was not appreciated grossly.

The association of damage to the aortic wall of any type with accumulation of acid mucopolysaccharides have been described in other literature.

From our study, the relationship of atherosclerosis and acid mucopolysaccharide is not definite, although an attempt was made to study it histochemically. We think that more than one staining technique should be employed for this purpose in order to get better results.

Zugibe also found no apparent relationship existing between lipid and acid mucopolysaccharides in his study on coronary artery, aorta and cerebral arteries. There were also conflicting ideas on the subject among other investigators.

The number of cases are relatively small for us to draw definite conclusion about the pattern of atherosclerosis in Chinese with absolute certainty. Data is lacking for certain age group. Nevertheless, we believe that a reasonable inference can be made about the extent and severity of atherosclerosis in Hong Kong Chinese by measuring lesions of the aorta in a sample of autopsied persons from that population.

Table 3 Relationship between elastica damage and atherosclerosis.

	Grading of elastica damage			
	0	I	II	III
10yr.	6 ◊ 5 ◊			
11-20	no data			
21-30	◊		◊	
31-40			◊	
41-50	◊	2 ◊, Δ		
51-60		◊ O		2 ◊, O, ◊, ◻
61-70			◊, Δ, ◻, Δ	◊, ◻
71-80			◊, O, ◻	4 ◻, O, ◻
81-90				◻ ◻

key: grading of atheroma

♂	grade	♀
◊	0	◊
Δ	1	Δ
O	2	⊙
◻	3	◻

Introduction:

Atherosclerosis is the direct cause of myocardial infarct which accounts for the highest mortality of adults in the Western countries. That Oriental people are less susceptible to atherosclerosis than Westerners is well documented. The factors which cause this difference are multiple, e.g. diet, endocrine and physical habits but the basic pathology of atherosclerosis is destruction of the structural components of the arteries with deposition of plasma materials. Baló (1966) has demonstrated a high concentration of blood elastase in atherosclerotic patients. This implies that a change of the substrate i.e. the elastic fibres, an important component of the arteries may be of prime importance in the initiation of atherosclerosis. The fact that atherosclerosis never occurs in newborn, is rare in young adults and is frequent in old people indicates that ageing is also an important factor.

Components of aorta of different age group groups of Hong Kong Chinese, who died in Tsan Yuk Hospital or Queen Mary Hospital and were referred to the Pathology Department of the Hong Kong University for autopsy, were used for study in this survey, both microscopically and macroscopically. It is hope that the information gathered from this study would contribute to our knowledge of the natural history of atherosclerosis and serve as a basis for further studies of this important process in Chinese.

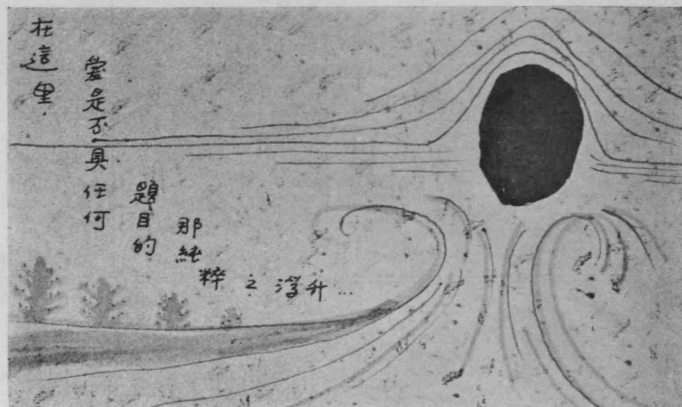
一 浩

愛並不是一個人與一人的關係，它是一種心態 (Attitude)，一種性格的傾向 (Orientation of character)，它連繫著一個人與整個世界，而不是與單一個愛的對象，祇愛一個人的愛不是真愛，祇是一種寄生的附屬關係，或個人主義的強調。可是，大多數人却以為愛是全賴對象，而不是自己去愛的力量。

※ ※ ※
去愛一個人是愛的能力的集中和付諸實行，
※ ※ ※

人們常害怕得不著愛，其實，更多人在不自覺中畏懼去愛，因為愛是在無任何保證下的自我承諾，完全地獻出自己，希望著自己的愛亦能令對方產生愛，愛是出於信心，沒有信心的人必貧於愛。

譯自弗洛姆著，「愛的藝術」



在這里

愛是不具任何

目的

那純

粹之淨升

(一) 封 信

。落雁。

某同學：

人生的目的，不是祇為了實現幻想式美麗的爱情。世界是這樣的大，不平的事是這樣的多，作為一個大學生，一個未來社會的棟樑，我們的責任是很重大的。

不錯，成功的愛情是很美麗的，它將幸福帶給一個自覺沒有希望的人，但是反過來看，它也能把幸福帶離一個快樂的人。很不幸地，後者發生的次數比前者多出數十倍。生命就是這樣，要得到十全十美的一生真是談何容易。前人曾說：「年輕人多憧憬於愛情，但以乎百份之九十的爱情故事的發展都跟隨一條金科玉律：『男女因誤會而結識，因了解而分手。』」這些話。看來好像是一些反式的看法，但當您冷靜的思想，便能看出其中的真理。不要誤會我是冷血動物，我不是反對年輕人談愛情（我是多麼的希望他們能得到成功與快樂），但我却反對他們將愛情看成一。讓我向您說出一一些衷心話：友情比愛情可貴，因友情祇會帶給人類快樂，而永不會帶來痛苦。

最後，請原諒我不能當面說出以上所寫的話，因您是女，我是男，在這個時代，這個地方，男女仍是有別的。一個不願用真姓名的三年級同學
一九七三年十二月十二日。

× × ×

編者按：節自徐志摩詩集「這是一個懦怯的世界」，獻與落雁君，共勉。

這是一個懦怯的世界：容不得戀愛，容不得戀愛！

披散你的滿頭髮，赤露你的一雙腳，

跟着我來，我的戀愛，拋棄這個世界，

殉我們的戀愛！……

聽憑荆棘把我們的脚心刺透，聽憑冰雹劈破我們的頭，……

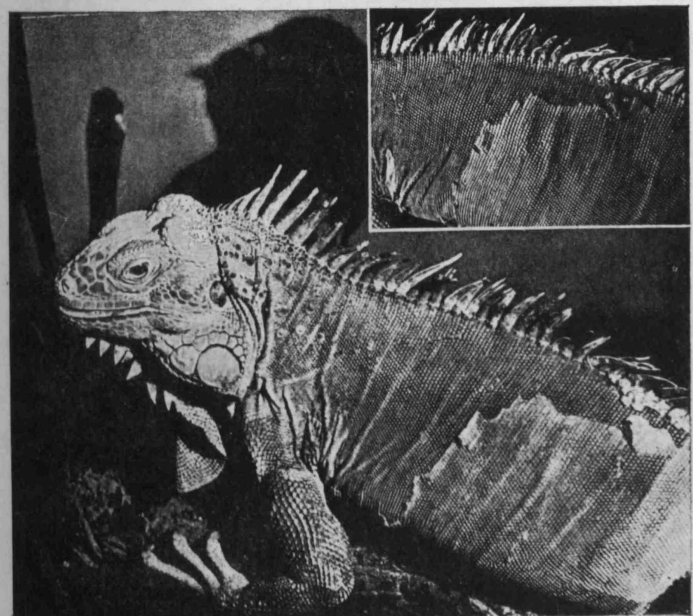
逃出了牢籠，恢復我們的自由！跟着我來，我的戀愛！

人間已經掉落在我們的後背——……
戀愛，由自——辭別了人間，永遠！

無 題

源

一間小房子。
門開了。
他打量一下。走到枱前。
「你也讀聖經嗎？」
「是，中學時，聖經是全班第一的。」
「信主嗎？」
「信。」
「有到過教堂嗎？」
「沒有興趣。」
「為什麼？」
「我喜歡讀聖經，我信主的存在，我信主的話只是，不上教堂。」
「這間房很大，海景很美。」
「我和彼得住。這是我的床，那是他的…」
「彼得？」
「我最要好的朋友。」
「你的小熊？」
「約翰送的。」
「也是最要好的朋友吧？」
「鬧翻了。」
「……」
「你也有最要好的朋友嗎？」
「沒有。」
「那你準是很寂寞的了。」
「不，我有讀不完的書，做不完的工作。我愛花，小孩，橋，還有，那小房子。」
「兩紅心。」
「三無王。」
「六紅心。」
「……」
「你又賭錢嗎？」
「不，這是娛樂，不是賭！」
「教條規定，不准賭博，你曉嗎？」
「但教主准許我們娛樂嘛。」
「……」



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ICI (CHINA) LIMITED.
Union House, 16th Floor.

Patients with inflammatory dermatoses may often wish that they could step out of their old skin with all its defects and, like the Iguana, emerge with a healthy new skin. Unfortunately they can't - so for them the next best thing to a new skin is 'Metosyn'. It would seem therefore, that fluocinonide ['Metosyn'] is an important advance in the treatment of psoriasis and eczema compared to betamethasone valerate.
Actq Dermatovener, Suppl. (1972), 47, 64-65

