

LAMENT By: L.

To Truth.

Here you lie, dear, lifeless as death itself,
And silence, secret as a fading leaf in autumn, falls —
strikes the deep sorrow of my lyres.

Suddenly comes the knell of you,
it wounds my heart with languor

Should man forget his high-mindedness
when all most he could
are to hate each other, and —

Killing pains with pains,
Baptising suffering with suffering?

Or to pretend that he does not know
even if he is walking his nightmare,

Or to remain taciturn like a portrait, unreal
live, as empty as once he was

— or his father was — before, before the Deluge?

Atoms, Molecules, Chaos,
Nights and Days,

Lands and Seas,

Centuries and Years.

O dear, grant me the wisdom to learn,
after all, what the quintessence of life is,
what to follow, what to love,

So that I may not be lost
in my fearful pilgrimage.

Wherefore are all these troubles, dear?

Here peacefully you lie, forgetting
the lands you have walked,
the seeds you have sown.

Wherefore are the tightly closing eyelids,
the wordless tears?



Correction—"A Life to Consider"

Wrong information was noted in the last paragraph of the article entitled "Abortion — A life to Consider" printed in Vol VL No. 6 June, 1974, page 2, column 3.

Vaginal washout with any form of solution including stilboestrol within 24-48 hours after rape has been used to prevent pregnancy and has been found to be an unreliable method. The present day accepted method for prevention of pregnancy in case of rape is oral administration of estrogen in form of Ethenyl Oestradiol 5 mgm daily for 5 days started within 24 to 48 hours after unprotected coitus. In a study of 2000 patients, no pregnancy was observed. Vaginal washout should only be used in addition to oral estrogen treatment.

Editor.

MERCK SHARP & DOHME INTERNATIONAL FELLOWSHIPS IN CLINICAL PHARMACOLOGY

The Merck Company Foundation invites applications for awards of four Fellowships in 1975. The object of the Fellowship is to provide up to two years' training for overseas physicians in clinical pharmacology at a university center in the United States. Candidates should have a medical degree and license in their own countries, three years of post-graduate experience and assurance of a suitable position for teaching and research in clinical pharmacology in their own countries on completion of training.

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"It is a tale, told by an idiot, full of sound and fury, signifying nothing".

— A visit to the Castle Peak Hospital.

On 7 Aug., a group of students found themselves in front of the entrance of the Castle Peak Hospital. After introducing themselves to the Senior Nursing Officer, Miss Yip, they were led around the hospital.

The first stop of the visit was the men's ward. There are 14 men's wards and 10 women's wards, each being crowded with over 100 patients — theoretically the number should be smaller — under the care of 4 nurses. The newly arrived patients are first put into an admission ward, afterwards an observation ward where their behaviours are subject to study. The potentially dangerous ones would be temporarily locked up.

The occupational therapy rooms — 5 altogether — with 1 study room, enable the patients to participate in, if they wish, various

productive works according to their abilities, like woodwork, rattan work, etc. The proceeds obtained from the products are used to cover the expenditure of the recreational activities for the patients. In addition a magazine is published by the patients. (Not the "Mad". EDITOR)

Once a week, table tennis and billiard games are organised for the patients in a social centre.

The treatment ward, equipped with a ECT machine, is separated for patients who need isolation and those who require only general treatment.

For more recreational activities a concert hall and a rehabilitation ward are incorporated into the hospital complex. One of these activities provide the patients opportunity to work in farm — there

being a New Life Farm near the hospital — and in factory, in the one just outside that farm.

The Forensic ward is the last station of the trip. Accomodating criminal and refractory patients, it is well guarded against escape. Special rooms with safety devices are used to cage in destructive patients, for their own and the others' sakes. Psychiatric criminals are not included as they are sent to Sui Lam (小欖) instead of here.

During the visit — as most visits of such nature were bound to face with — lots of queries. Though these had been answered with the help of the personnel at work, still, as the visitors found out when they were leaving, the enigma of life posed to them the even more permanently puzzling questions.

"An Affair to Remember" — A Visit to David Trench Rehabilitation Centre

On August 3, a visit was made to the David Trench Rehabilitation Centre by Caduceus. The aim of this visit was to broaden the scope of knowledge of the students. However, not too many people — in fact, only two, one of whom was the writer — turned up that day. In spite of this, to be really understating, general phlegm on our side, our presence was still greeted warmly. Hereby, sincere thanks are given to all the personnel who had helped us so chivalrously with our untimely visit.

The following is a brief report on the visit. Not intending to be exhaustive, and informative, it serves as good as a most general theme on the range of work in which the centre is engaged.

The centre is divided into seven functional units: psychiatry, occupational therapy, physiotherapy, orthopaedics, maternal and child health, dental, and prosthetics. The last one, being probably preoccupied with its work at that time, was not intended for a visit.

Psychiatry Unit

The rehabilitation centre receives only day patients and there are no accommodation facilities. Only patients who have doctors' recommendations are accepted. The minor cases are dealt with and the patients discharged; the more serious ones are treated in the wards but are discharged at the end of the day. In the most serious cases, the patients are immediately dispatched to the Castle Peak Hospital.

Occupational therapy unit

To deal with patients who need training in certain skills or movements after recovery from

mental or physical sickness, or due to hereditary malformations, the assistance of the specialists in occupational therapy are called in. The patients are assigned different kinds of manual work like sewing, woodwork, knitting, assembling plastic utensils, ratten work and what not. The products, are sent to factories and the proceeds so obtained are used to cover the expenditure of the patients.

In a room floored with plastic mattresses, we saw many attractive toys. Instead of for mere playing, the toys served the more subtle purpose of inducing physically handicapped children to do certain kinds of desirable exercises — without them most children are reluctant to cooperate. Most of the toys are like ordinary ones and, apparently, few if not none are designed specifically for the service of medicine. Each child is given about half an hour per visit — a time barely adequate for its job — to play around with the toys selected for him or her, under the supervision of the officer in charge. The number of visits per week, as well as the duration of the treatment period, depend on individual cases. Expectedly, manpower is lacking, and it is never too wise for the parents to learn the trick of the job and try it out at home.

Physiotherapy unit

Other than depending upon simple physical training, physiotherapy exploits much more sophisticated devices to accomplish its end, thus ultrasonic therapy, short wave therapy, infrared therapy and possibly others also, find their places here. There is a spacious ward in which the patients are put into various therapeutic positions with the aid of ropes and springs hanging down

from the roofs of the patients' beds. In its neighbourhood is a gymnasium, not much different from an ordinary one, for the patients. "Mobilisation and strengthening are the two goals of physiotherapy," said the specialist on the spot.

What is more surprising is the built-in water pool with its temperature thermostat at 37 C. Through buoyancy upon the body, the water permits patients suffering from stiff joints to do rehabilitating exercises.

Maternal and Child Health unit

Unlike the other units, the MCH's subject are people sound and healthy. The MCH, with an eye on extending free medical care to infants from birth up to five years of age, concentrates its efforts on teaching inexperienced mothers ways to nurse and feed their babies; on family planning, inoculations for the infants, checkups for the mothers and children, and home visits (e.g. when the mother forgets to bring her baby for inoculation). Theoretically, the family of every new-born within the district under the centre's care should be visited, but practically, when hands are falling short behind work, preference is given to premature babies.

Dental Clinic

Probably more appropriately called dental laboratory, the dental clinic is only for the making of dentures based on models sent in by outside dentists.

Since time was limited, we just could manage to hurry on with our unfinished visit, scattering a last brief glimpse here and there before saying goodbye.

justified reasons being offered; money change hands between those in power and those in affluence without being questioned. Of course, something must be done to show that the ruling bodies care for their people. So there are the housing schemes, compulsory free primary education, free medical services, maintenance of law and order. All sound fascinating, yet none is carried out effectively or thoroughly. Angry voices are raised but never heard; demonstrations are intended but often suppressed. And so discontent begins to creep into the hearts of the honest majority.

People put the blame on the local government for the social injustice, something which I agree without reserve. But it is also my wish to say that behind the limelight there is, additionally, the "big boss" up north. Any thing cannot possibly be carried out without the consent or knowledge of the "big boss". That's why I wrote "ruling bodies" above instead of "ruling body". If it were only one ruling body, the story will be much simpler. Nevertheless, these two ruling bodies, one in front and the other behind the scene, both have their own "intelligent" means to achieve their ends, which are regrettably the same.



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Whose "Paradise" is it?

"Shopper's paradise" (that's what they used to call it) — what a splendid name given to that small island on the south of the vast, somehow mysterious continent. The affluent ones, the tourists, the so called "Tai Pans", may find the name well-founded. But to the four million residents there, it is, certainly, not their "paradise" in any sense of the word.

The majority of the people there have a common aim — to be able to settle down in a place where they can have a brief spell of peace. They possess all the virtues that are required of a good citizen: patience, tolerance, diligence and above all, silence. But rather amazingly, the ruling bodies there do not appreciate these virtues; instead, they take advantage of them. Hence food prices soar up without any

Within twenty years from now, the rich and the powerful will have packed their bags and left without even turning their heads around, leaving the majority behind, pondering and asking, "What will happen to us?", "Will we be taken over?" In short, this island is not at all being cared for, but constantly being exploited.

To Quote Winston Churchill "Never have so much been extracted from so many by so few".

by Sea

Editor Note to the writer: Are you convinced of such a backdoor alliance in policy between the two governments — as you put it — more out of seasons and evidences than out of conjectures?

誤會吧？

學知

聽到了一些有關對醫學生的批評，覺得不符事實，於是便產生了不吐不快之感。

有人說：「進入醫學院的大部份學生，滿腦子都是金錢和地位。」試問我們周圍的同學，他們勤勤懇懇的讀書，若問他們幹嗎這樣努力，都說要過考試關嘛；再問，將來希望當個怎樣的醫生呢？多回答要做一個普通的醫生，貢獻自己一分力量。滿腦子車子、房子、金子的可能，但絕不是多數！再看我們的老師，他們邊教學邊研究，工作時間相當長，可是薪金不過是幾千元。就算畢業同學面臨選擇服務崗位的時候，也仍然希望留在醫院工作，祇是職位不足夠時，就不得不出來掛牌或出洋行醫了，而他們的收入大多都是什麼天文數字。這些事實都說明了抱着名利主義讀醫科的只佔極少數而已；而大多數都是抱着良好願望，希望將來當個好醫生，服務社會的。倘若說，醫科生的理想不合乎實際，那倒還比較真實一點。很多本以為讀好書，做好份內工作，行的仁心仁術，人道主義，這個社會就得到健康，這個世界也因自己所發的一分熱而得到光明。可是一旦當起醫生來的時候，對社會實際的醫療情況接觸多了，却發覺原來病人是如此源源不絕，有些本來應該早來接受治療的，却因狀元不足而要延期，或因工作關係而把疾病延誤了，也有很多病例是可以預防，却没有做到，例如工作條件不好致工傷事故常常發生、交通事故、環境衛生惡劣而做成的傳染病、社會悲劇引致殺傷等等，難怪有些人說醫生只能替部份病人暫時解除部份的痛苦，而真正要提高市民的健康水平，工作真的不簡單呢！

所謂「醫科生不關心社會，連醫學界所發生的事情也沒有多大反應」，或許有其真實性，可是，脫離社會的，並不祇是醫學生，不是嗎？在整個中學大學課程裏，那裏有鼓勵學生們認識社會，培養分析事物的能力呢？現在，認識社會已

批孔？

友

在大多數國家的法律條文內，都明令任何罪犯在逃匿若干時候而不被捕獲，則其控罪將被撤消，據此乃基於人道主義精神。

孔夫子，生於二千多年前，死亦於二千多年前，生前未受審訊，然而死後二千多年竟被宣判為民族罪人，更因被告缺席，而未有辯方律師代為申訴，所以審訊情況一面倒，卒判決如上。

余生晚也，素惡習古文，除中學時被迫背誦三數篇外，平時甚少涉獵，對夫子言行根本不懂（或云似懂非懂），然而少時耳濡目染，潛意識中形成一印象，夫子乃至善至聖之人，中華道德之模範，孫中山、史懷德、及後等實踐力行之精神，和救國救民的熱誠，確令人折服，對夫子至高無上的地位不禁有所懷疑，然以其影響後世之大，亦覺其不失為我國歷史上的一偉大人物。

所以乍聞其被批被鬥，不禁目瞪口呆，不知所措，凡數日始驚魂甫定，決心弄個明白，不

初成趨勢。在醫學院內，同學亦很多是關心醫療界的事情的，只是事情多着，需要時間和途徑去深入了解。兩年前的暑假，百多位同學一同作了一個對香港醫療情況的社會調查，得益亦不少，可是却不知怎的，並沒有像本來訂下的計劃那樣，把調查結果整理刊出，聽說其中很複雜，就連資料也石沈大海，才使同學們感到既失望又莫明所以。自十年計劃發表後，同學亦有意分析其內容，譬如：那些數據是否正確呢？多了建設就能解決醫生荒了嗎？醫生多了，醫生對病人的態度就會好嗎？普通醫生的技術，有什麼方法保持他的水準呢？政府醫院究竟有什麼原因素致使醫生外流呢？對於本港的非英屬聯邦醫生，當局為什麼不採取接納態度呢？多建醫學院固然好，但是師資、儀器、經濟方面都會有問題嗎？這許多許多問題，都很需要我們深入的探討，雖然對這些問題或會聽過一些解釋，却還覺未夠深入。對於問題的探討，必要有認真的調查，才能進行全面的分析；否則，只掌握些片面現象，過份誇張，甚至隨便下結論，都不是研究事物的科學態度。

既然，醫學制度本身與社會各方面都有密切的聯繫，對問題作探討也就要全面地認識社會。其實這個要求已反映在醫學院活動的方向——多接觸社會，多分析社會現象，提高社會意識。就讓我們以實際行動回答別人對我們的批評吧！

值得注意的事

「八月八日，四百七十名非英聯邦醫科大學畢業生為爭取職業權益，要求當局安排工作，集體前往醫務衛生處。」對於這件事，我們醫科同學應該怎樣看待呢？希望大家深思。

編委會

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□無腸

沉思着，沉思着，髮間又添了幾根華髮，正是最好暢的日子，偏又最似頹唐的時刻。人都云苦了枯索書狀子。我只要淡淡的謝，因為我的生活在這孤島、世界、宇宙於心裏早已慢慢凝成一種感激，把理論上的徬徨都瓦解了。把沉思摘下，以象徵我對生活的感激的迴照。

追

機軋、機軋.....
是時空的怒吼聲
機軋、機軋.....
是把永恆吞噬的詛咒
它
烏黑光亮冰冷熾熱
是電氣
是崩雲
它
輾碎、輾碎萬千無聲樹影
不幸捲入它的路底！
它
燃燼、燃燼無算分子
偶爾闖入它的胸襟！
而你
偏要拋棄你的青春
妄想背負你未捆好的行囊
去趕上它的凶途。
看，道旁淌着的是嘶傷的熱血
是絕望的飲泣
是奮鬪的汗豆
而你，你的鞋子裏是砂！
歇下吧，你
莫妄想堅忍你的苦楚
那是你的眼、你的耳、你的腿、你的一切
前面零落着的是榴彈烙過的骨頭
豺狼捐棄的腐肉
人吃入遺下的屍體。

由它去吧，孩子
那理想的列車

一個農村工作營

一千人

一千人等自大嶼山作三日短程歸來，餘興未盡，於是大家聚處一室，把如骨鯁在喉之言，傾注而成一七彩大拼盤；祇是大家「骨鯁」吐得太急了，結果大拼盤沒有做成，祇落得一碟甜酸苦辣的味兒。

「超過現有環境去認識農村生活 透過工作使同學間交流深入」

同學們參加工作營，不是為了那兩句堂皇的口號，祇是在課本的沙灘上煎熬得久了，都渴望被驟雨淋淋一頓的快感。這場雨也來的好，它洗掉了我們在薄扶林道沾上的塵土，也潤滑了思考外界事物的機器，同學們更在那兩聲中掘近了沙灘裏枯草的心。

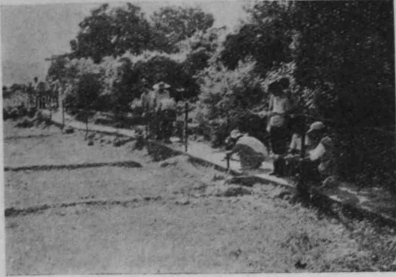
有所見、有所聞、有所思

首兩天於東涌逗留，總覺得香港之最佳農作區，何以有許多不田長草，菜地蓋沙？經數日來與村民交談，却發現現在寧靜的農村裏，隱伏着很多值得探討的問題。

農民的耕地，都是祖傳下來的，或是從農戶那裏租來作業的，東涌就和很多地方一樣，較年長的留在村裏，青年人大多到城市謀生。對於較年長的，東涌是他們生長的地方，他們都願意在鄉間守業；但在他們黝黑的皮膚底下，却留着辛酸的血液。

第一夜與四位村民於東涌夜談，他們都以「兄弟同胞」相待，他們簡單而誠懇有力的說明，直使我愧得同農民的失去了信心。政府為了整體的水務計劃，不惜鑿穿羣山繞繞的流，如今祇能給「洗石壩的牆」。農民受到風災水災於有關的，地方未能給予適當的賠償；天災過後，農民求助於有關方面，有人事者自然暢通無阻，富裕者以「損失可觀」而獲濟援，窮困者以「損失有限」而白跑數遍，以是農民於痛苦中獲得教訓，在困境裏學會團結互助，更而透過「在祖國同胞互助精神」支持下的農務工會把這團結的力量盡量發揮。

當地雖有鄉事會的設立，而其委員亦是由農民中來，但他們或因「填飽自己肚子之後，以不生事為妙」，或因距離高層官僚機器太遠，始終未能對農民作出實際的貢獻。反之，農務工會雖在「鬥爭」中取得偉大勝利，但在對個別情形



而人總是要吃飯的，團結也不能要人們勒著肚皮。當我們提出在下游再築堤壩備水灌溉時，農民祇歎息人力財力的短缺，及無法上達當局以考慮這項恩賜了。他們感受，已不剩餘的祇呈於我們的眼前，初則為此秘密所震動，然後則留憾於當局與農民之不能諒解。當局之疏忽，自農民的立場即可得最深的感受，而血淚寫成的事例，多至「講幾日都講不完」。但設若當局曾作些微的努力，農民又何時知道當局的美意？以農林處進行改良品種的研究來說，我們覺得農民都不能拿出耐心及時間，乃至損失這些改進農產的機會。而這個問題又繞到對當局失去信心一點上，於是我們祇好說這是「社會的錯」。

三句不離本行

又有人打着醫學生的口腔，請大家看看這裏的醫療設備。想想這個問題，談談你們的感想，東涌盛行一種土法療疾，以木灰濾水較適，再以此水製成粉服食，名「灰水粉」。此法奇怪，但行之有年，當驗其效。而現代醫學發達，給東涌帶來了甚麼？村民說：全區祇有一間診所，而每星期祇得數小時有人當值；大嶼山祇有一間醫院，但祇是徒負虛名，事實就在這裏，我們想說些甚麼，又不知說些甚麼。

下一代的悲哀

農村裏勞動力是最可貴的，於是重男輕女的現象自然產生。而勞力是掙錢，可掙更多的錢，於是人力外流。年長的已在鄉下生了根，走不了；年青的很多都走了出去，年幼的長大了怎樣呢？從前村民讀兩三年書便下田工作，長大後便以此教導兒女，讓他們知道「耕田就不會沒飯吃」。現在城市的影响已開始搖撼鄉

間，於是也有些村民因子女入大學而驕傲，因子女成才而安慰，因子女出人頭地而死也瞑目。這股力量祇是打著呵欠，還不完全醒來。教育未能於鄉間普及，農民募集數十萬搭棚看戲酬神佑田而不去辦學，寧坐數田園荒廢而不試圖以下一代知識能重建農村。在另一方面，現代化產品流入農村，却帶給含苞待放的小心靈無盡的好奇與幻想；小孩子們從唱民歌講故事而學時代曲談談實珠，大孩子們們從喜愛比賽樹游泳而競向時髦；如此種種，均為時代巨輪的滾動聲。這一思想的進步，正代表農村的進步，但這進步是否加速農村走向末路窮途？

年青的朋友們，時代巨輪是由我們推動的；農村面臨厄運，村民也說「十年後地上生出草來」，我們不但要保存社會的這一面，還要使它拾起頭來，農民忽視教育，是以它不切實際，好好的材料還不是給它糟蹋掉，但如果在農村推行一些對當地有實效的教育制度，那麼村裏的孩子不還是更好的材料？可惜的是人已經為時代巨輪所震慄，真的推動它已遠遠不及設著省力多了。

「最徹底之認識方法，就是透過實在的接觸！」

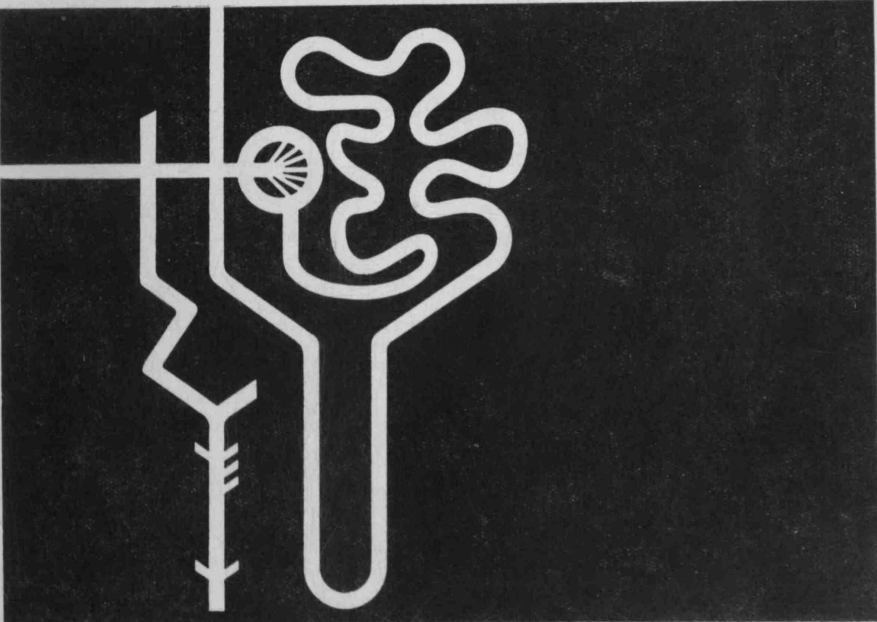
我們都在圖畫裡

農村總是有她嬌弱的一面。一對戴笠帽的小女孩，趕著一頭黃牛，後面跟著一黑一白兩只小狗，在狹窄的田基上走了過去，而跳躍的倒影總是跟著他們。走向岸邊時經過一塊插了秧田，微風盪漾，恍如一張名貴的嫩綠色的紙氈；一陣走下去打幾個滾滾的衝動，然而生。在河上的一個老翁揀載著一位姑娘，放舟向上去游去了。這一切那的游目騁懷，都不工作完畢，放下農具坐在草地上談論著工作的成果，仰臥的，坐的，以帽子作扇的，喝水的——我們都在圖畫裏。

心靈的橋樑

晚上，一個同學提出互相探討及批評，竟替這次旅遊增添不少寶貴的回憶。程序極為簡單，在此寫下來還有野人獻曝的感覺。談話以A君開始，A君先界述自己的背景與思想繼而眾人隨意提出問題請A君作答，至互相滿意時轉以B君為中心。不但增進對被問者的認識，在同學發問時，更可觀察發問者的做人態度。無奈睡意襲人，堅持至深夜者當然為數寥寥。一千人等追憶當夜情景，一位同學就以朦朧睡去，錯失良機而引為大憾。我們總算做得比口說更好，「透過交流使同學間交流更深入。」

Ceporan injection of cephaloridine
antibiotic of choice
for urinary tract infections



Ceporan is the antibiotic of choice in the treatment of urinary tract infections caused by most strains of both gram-positive and gram-negative organisms. It is almost entirely excreted by the kidneys and appears in the urine in high concentrations. In acute conditions the urine can be rendered sterile quickly and symptoms often subside rapidly. Ceporan is also valuable as cover before and after urinary tract surgery.

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soft tissue infections. Ceporan injections are remarkably painless and make the whole dose of the antibiotic available to the body. Many acute infections will clear rapidly within 2 to 5 days. More chronic infections require longer treatment. Presentation Vials: 1 and 5 x 250 or 500 mg Vials: 1 and 5 x 1 gram Ceporan is a trade marks

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啟思

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聯誼會簡介

An introduction
of the
FRATERNITY
COMMITTEE

聯誼會供給資料
啓思編輯部整理

按：Fraternity Committee的中文譯名為「聯誼會」尙待法定。

聯誼會是醫學會中的一個常務委員會。其任務在於：一、維繫醫學院各班同學之間的友誼，二、給予新生學業上及社會上的有關資料，三、協助新生解決在校的困難，四、促進同學對文化、社會及體育的興趣。所以實為消除班與班之間隔膜的主力，亦是建立醫學院團結景象的前鋒之一。

聯誼會的成立已有幾年，資歷不算老，而每一年的工作都是在進行不斷的探索和改進。今年的聯誼會負責同學亦總結了過往的經驗，訂下來的的工作方針及草議。

或許由於醫學院同學功課比較忙，而且每班上課考試時間不同，以致以往出現這樣的情況：活動的重點在迎新，而參與迎新的舊生多為三年班同學。低一班的同學有覺得自己還未過考試關，沒有什麼讀書經驗可以付出，也有連自己對很多校內、校外的事都不大清楚，更難說帮助别人了。而高班的同學又謂類於上課，無暇照顧新同學，更或連第一、二年的功課，讀書經驗都忘記得七七八八了。其實對於每班的特點的確應該照顧到。但是，既然新同學初到醫學院，對很多事物都會感到陌生；即使在醫學院中又會遇到很多新的問題；及至畢業後，大家都會在這個醫療界裏一同服務社會；所以，醫學院各班的同學實在有必要要互相交流經驗，互相幫助，取長補短。不可因為自己在某方面認識比較少而放棄參加迎新，其實很多時，舊生也會從中學到很多東西的。雖然今年迎新還採用導師制度，而導師多為三、四年班同學，然而很多迎新項目都歡迎及鼓勵其他班同學參加。這也是今年會的工作方針之一。另外一點就是：在學期中，視當時條件而舉辦一些維繫各班的活動，更重要的，還是靠導師與新生們雙方主動地交往，聯誼會有責任多使新生去除了不必要的心理負擔，大膽向舊生請教，使他們知道舊生都會樂意幫忙的。亦要向導師強調其責任，要先掌握多些資料，熱誠協助新生，相信大部份

舊生都能做到這點。

根據這些方針，迎新活動訂下多次：

一、迎新日（八月廿九日）——派發有關資料，及參觀醫學院。

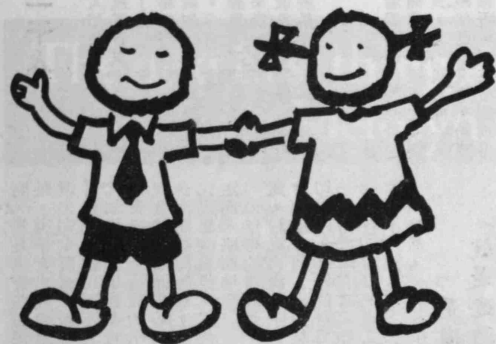
二、賣舊書（八月三十日）

三、迎新營（九月十九至二十日）——節目豐富，歡迎各班同學參加。

四、聯誼之夜（九月下旬）——此乃創舉，暫定節目有辯論，話劇三套，一套由新生主演，其餘兩套分別由Preclinical及Clinical同學負責，以反映該課程的特點及學校生活。還希望邀請實習醫生、醫生及老師表演。這個首創成功與否，實有賴各同學的支持和擁護！

五、友誼賽（開學後）

最後，聯誼會負責同學表示他們明白舉辦的活動不應祇是迎新，可是實際活動要待開學後視具體情況而定。強調一點，就是導師制度是可以發揮其最大作用，而醫學會也有很多其他活動，讓各班同學走在一起，共同進行的！



給某年青人的一封信

祝福

我們是今天早上在專科診所中認識的。你不是患了什麼病，只是回來覆診；更重要的，你向我提出了目前碰到的困難。對於你的困難，我是極表同情的，可是却不知如何開解你、幫助你。當時我所說的，恐怕也沒有用處，其實心中確有千言萬語，但又不知從何說起。祇有放工後，冷靜下來，才給你寫這封信。

你本是患了發羊吊的，精神不能過於緊張，工作不能過於操勞，否則便會發作。十多年來的掙扎，終於噙上了中三，可是雖已盡全力，換取得來的成績却是令你失望的。這個，我十分理解。在這種教育制度下，先不談課程是否合乎實際，但其繁多實在非大多數同學所能消受。中學畢業後，還有正常的情緒，平衡的精神狀態，而不是被神經衰弱所害的同學佔多少，我們醫務人員，是很清楚的。你不要怨自己質素低，天生愚蠢；不，決不；只是這個教育並不是真正為發揮我們的才能而設的，以致淘汰了不少人材。就算能苟延殘喘而得以繼續升學的，也不敢自稱聰明，只是較為僥倖罷了。你不可自咎，既盡了力，就算了吧，無需過於苦惱，免致舊病復發吧！

看樣子，你也不能不停學了。可是，同意你停學，也就是給你帶來尋找工作的好處了，在這社會裏，人浮於事，僧多粥少，以往中學畢業後能接受專門訓練，或受聘的職位，至今要有大學預科程度才可，就是大學畢業生吧，有些亦要遭失業之痛！又試問你以中三的程度，能找什麼工作呢？當然，像你這樣的年青人，都要求找一份

有前途的工作，可是你又是如何理解這個所謂「前途」呢？倘若說「前途」就是有升職機會，職業穩定的，恐怕只有專業人員才比較有保證。可是這些擁有專業訓練的機會否選擇一個中三的學生呢。這個應作考慮。其實，有意義的工作不祇是這些的！你說希望不會是當工人，難道你說工人的工作不崇高嗎？沒有他們的辛勤勞動，社會的工業怎會發展，財富又從那裏來呢？只是在這個社會裏，他們的生活不受保障，沒有地位，尤其在這百物高漲，經濟危機底下，更遭大量失業之苦，致令當工人被視為沒前途。可是，既然他們的工作是有如此重要的社會價值，地位是應當提高的，這種「沒前途」的現象只是暫時的！照以往的經驗，中三生出來做事，做工人的可能性相當高，雖有工業蕭條狀態，年青人總比老年人易受聘，但到被發覺有發羊吊時，又不知會如何對待你。無論如何，當你要面臨當工人時，決不要逃避，要看到地位低的不是你一個人，而是千萬萬的工人。工人「前途不景」是暫時的，時代的發展，會致使所有該有前途的人得到前途。

現在對你抉擇的意見是：同意你先停學，再找工作，儘管嘗試到政府職業輔導處把你情況說清楚，或許有幫助。但當你又要面臨當工人時，就記得我的話，不要灰心，擦亮眼睛，好好幹，只要不太危險，太緊張的工作，你是應付得來的。希望你保重身體，並祝前途光明！

××× ×月×日

啓思錄

每文 (了解) 了

一個人的思想與心靈，可以比作一本書，如果難被了解，不下幾個原因：

- (一) 其內容複雜深奧，充滿無比智慧，非一般凡夫俗子所能領略。
- (二) 內容充滿混亂矛盾，根本無理可尋。
- (三) 內容空洞、幼稚、無聊，提不起他人興趣，更無論了解。
- (四) 自己把自己束諸高閣，無人能與它接觸，所以無法了解。

四個原因之中，只有第一個原因較值得同情，唯是世上不會有很天才哲學家。而自我陶醉的人却不少。當不能被了解，他們不會考慮其他原因，却一口咬定是他人愚昧無知。把自己一開始就擺在如此高高在上的地位是危險的，它除了滿足一下虛榮心之外，不能帶給你什麼。而一旦自己的原因是屬於後三項，混亂、空洞或孤立便只會永無止境。

退一步來說，即使自己的原因屬於第一項，謙遜一下去考慮其他原因也會有益處，這樣才是求更進步的一個方法。何況，只有能與人分享的智慧方是有價值的智慧。

所以，當發覺自己不能為人了解，或甚至自己不能了解自己，應視之為可足羞恥的缺點去力求改正，而不是去作其孤芳自賞式的感歎或憤世嫉俗式的自傲。