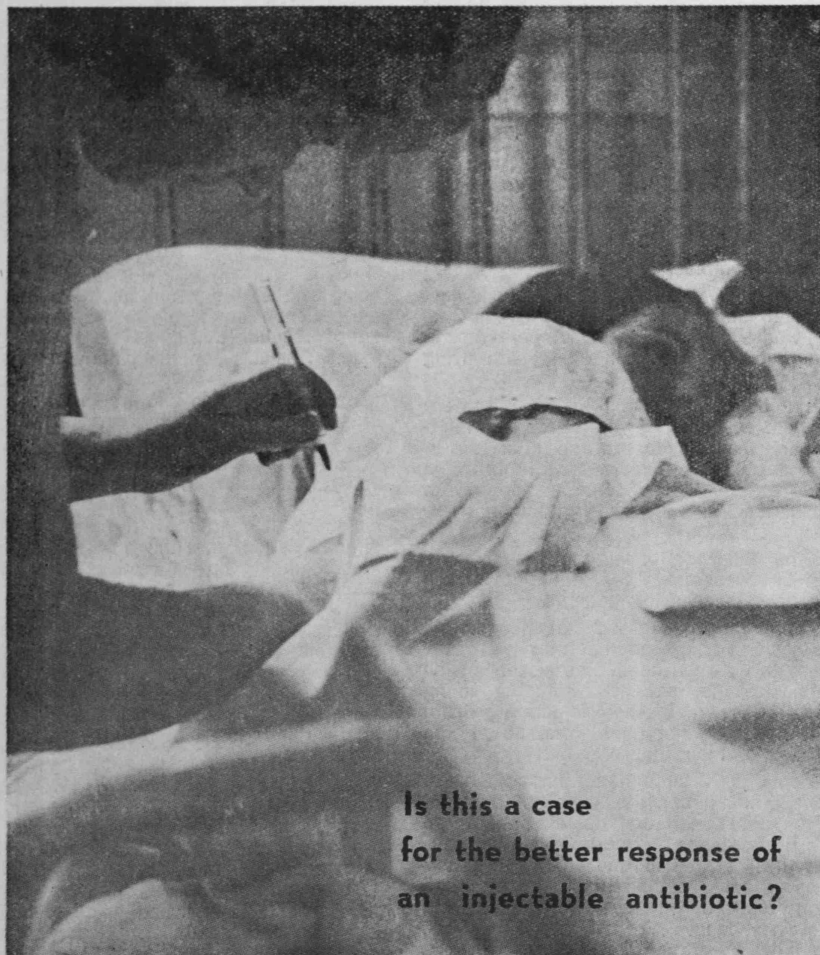


## Executive Committee (1974-75) has been elected with the following results:

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*Wish them every success in the year to come.*



**Is this a case  
for the better response of  
an injectable antibiotic?**

A 30 year old woman (18 weeks pregnant) was admitted to hospital with a urinary tract infection that presented itself as a relapse after initial oral treatment by her GP. She has pyrexia, rigors, backache and pyuria. To prevent the development of [chronic pyelonephritis, treatment must be initiated as quickly as possible.

Only an injectable antibiotic penetrates quickly to the infected tissues, giving rapid, high blood levels and a better and more reliable response. Ceporan is the injectable antibiotic to use. It achieves high urine and renal tissue levels and gives a rapid kill of sensitive bacteria. It has a wide range of activity against many Gram-negative organisms—especially *E. coli* and *Proteus mirabilis*—and most Gram-positive organisms (including penicillin-resistant staphylococci).

In addition Ceporan has very low toxicity, little cross-sensitization with penicillin and is virtually painless on injection. When you need the better response of an injectable antibiotic for renal infections, you can rely on Ceporan.

**Ceporan  
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(Continued from page 1)

he pleads (usually with God) for a little extension of time "to finish unfinished business".

This is our last chance, for members of the health profession and family members, to assist him to put his house in order, to make a last will, or concern himself with the care of children that might be left behind. When the bargaining time is up, the patient enters the depression stage. The patient first mourns past losses. He then stops relating verbally, and enters the period of silent, preparatory grief, in which he begins to mourn future losses. It is during this silent grief period that the healthy people in his environment begin to have problems. We tolerate silent grief poorly, and we respond to a crying man all too often with the superficial encouragement to "cheer up."

It is strange that we allow a widow to grieve for a year when she loses one beloved person, but we show little sympathy when a man cries, who after all shows courage in facing the impending loss of everything and everybody he has ever loved! We encourage our patients to cry and help them not to feel "unmanly or cowardly" during this time of separation and deatthoxis. We respect his needs to see less visitors, to reduce the laboratory tests to an absolute minimum and, if humanly possible, to allow him to die at home rather than in an institution.

If we can accept our patients' needs and do not project our own needs the dying person will then reach the final stage of true acceptance. He is without fear and anguish often with minimal pain and simply expressing his comfort by a silent pressing of the hand and a statement, perhaps, "My time is very close and it is all right". Tolstoy perhaps knew this final acceptance when he described Ilyich in his final moments of life, saying, "In place of death, there was light"; then Ilyich proclaimed, "So that's what it is! What joy!" Then he muttered, "It is finished, Death is finished . . ."

Anyone who has passed through this valley of shadows with his patients has experienced this great sense of peace and perhaps even accomplishment. When our patients pass from this life, it should always be remembered that we too, the members of the helping profession, experience a great sense of peace and accomplishment when he have been able to stay with these patients from the initial stage of denial, through the periods of testing and anger, through the times of tears and mourning, to this final feeling of victory and acceptance.

Nobody better than dying patients themselves will ultimately help us work through our own fears and help us to reach the acceptance of our own finiteness, hopefully, years before we have to die. This is their gift to us, if we do not desert them in the time of this crisis.

### The Caduceus Editorial Board

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### Deadling for Essays

Please note that all essays for publication in any coming issue are to reach the Editorial Board by the end of the month preceding that issue.

The views expressed by our contributors are not necessarily those of the Editorial Board.

The EB wishes to thank the special support of Glaxo Hong Kong Ltd.

CORRESPONDENCE:

Boycotting the Canteen??  
19th, November, 74.

Dear Editors,

Please be kind enough to spare a few lines for printing this letter in the Caduceus. Thanks.

I'm sure most of us who have taken a meal in our canteen within the past couple of weeks have noticed some change in the quality as well as quantity of food supplied by the new caterer — the lucheon meat slices have got smaller, the rice is half-cooked and....

I was told that the contract had been signed for one year and I daren't imagine what we'll be like if things are left as it is now. Can anything positive be done in addition to boycotting it as many of us have been doing?

Yours,  
Yan.

EDITOR'S NOTE: The Executive Committee has already contacted the caterer and the caterer has promised to improve the service.

(STOP PRESS: Medical Students' Council has decided to terminate the contract with the present caterer and the present service will end on 31st, Jan., 75. For detail, please refer to notice put up by the Executive Committee.)

Dear Readers,

Merry Christmas

and

Happy New Year



EB of Caduceus

(上接第一版)  
君有如此大分歧，是否就只因爲二千多年老子還未知有進化論？但道德經現時在熟知進化論及物質文明高度發展的西方，備受學者推崇，成爲聖經以來，譯本最多的書籍，又是什麼原因呢？道家如何法道，K君應詳加研究及三思。  
K君末段所說「一把辛酸淚」，語焉不詳，不知何所指，如果是說他的思想乃由於一些慘痛經驗，以致對人類失望而來，我希望K君能避免用情緒於思想，否則便只有流於偏激。天才與瘋子云云，有希特拉的例子，想我已不必多言。至於對不能破了解的感嘆，希望K君看看我前幾期

一篇以「了解」爲題的文章。  
累累千言，皆出於關心及對討論的眞誠，如有得罪之處，還請K君見諒。最後，我還想說一句，我並不是反對「自我主義」，我膚淺的哲學知識大概也不容我反對，相信要支持自我主義，還有很多其他哲學方法，我只希望K君不要冤枉達爾文，不要冤枉天道。  
編者按：K君於本月需應付2nd MB, Part II之各項考試及測驗，無暇執筆，或會於下期回稿，特此轉告。  
又因啓思經費來源短缺，來稿皆以精簡爲佳。

THE HONG KONG MEDICAL ASSOCIATION



The Hong Kong Medical Association would like to inform First Year Medical Students that they are eligible to become Student Members.

- All students of the Medical Faculty of Hong Kong University and who are bona-fide members of the HKU Medical Society, are eligible to apply for temporary membership of the Hong Kong Medical Association.
  - These applications will have to be verified and sponsored by the HKU Medical Society or the University authorities and to be approved by the Council at its regular monthly meetings.
  - These temporary members will henceforth be known as Student Members.
  - Such membership will automatically be considered to have lapsed once the student member ceases to be a recognised student of the H.K.U. Medical Faculty or a bona-fide member of the H.K.U. Medical Society.
  - Student Members are required to pay an annual fee of HK\$5.00. As from 1st April 1972, the annual fee will be HK\$10.00. No entrance fee will be charged.
  - Once they become qualified to join the Association as full regular members (i.e. when they become registered with the Hong Kong Medical Council), their names will automatically be transferred to the Roster of Regular Members on receipt of a communication to this effect from the student member concerned on payment of prescribed fees.
  - Student Members are entitled to make full use of various amenities offered by the Association such as:
    - the Club House situated at Wyndham Mansion;
    - Bathing sheds situated at
      - South Bay, Hong Kong;
      - 1 1/2 miles, Castle Peak Road, Kowloon;
    - participation in all social functions organized by the Association;
    - attendance at scientific and clinical meetings and all refresher courses run by the Association;
    - a free copy of the H.K.M.A. Bulletin.
  - Student Members do not have the right
    - to vote at Association Meetings;
    - to hold office;
    - to have Association car badge or any other identity that may imply the holder to have professional recognition.
  - Student Members, not being full regular members of the Association have no liabilities under the Constitution of the Association.
- Obtain your Application Forms from the HKU Medical Society office or from the H.K.M.A. Premises at Wyndham Mansion, 6/F., Wyndham St., H.K. Tel. 5-231898.

神奇 止痛帶

WONDER PAIN KILLER

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各種疼痛及發炎症如發燒頭痛胃痛牙痛風濕痛等以至過度操勞而引致疲倦具有特特效効更可作旅行冰袋之代用品

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- 保存在冰箱內冰凍1小時即可應用
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每條

5.-

# 啟思

香港大學學生會  
醫學會月刊

六卷十二期

本期發行四千份  
一九七四年十二月

啓思錄

## 替天行道？

每文

K君第二篇文章之仍然以哲學理論為大前提，可知他仍不能脫出他第一篇文意之錯誤。固然，任何科學的終極目標是尋求真理，但條件是遵守每一科學的方法，不能混淆，否則，便只是違背一個不知何處。從任何角度入手，但從任何角度胡亂入手。譬如說詩歌中可尋着「道」的真諦，條件便是我們必須明白遵守詩歌的「道」，否則若連其中文字詞句已誤解，又如何得「道」？又如音樂，若果用欣賞繪畫的方法，用眼看去，能「看」出什麼東西？研究科學問題心理學上心理成熟的標準亦須遵守科學的方法，不能以哲學觀點去做，除非你是以研究哲學為出發點。

不過，從K君的兩篇文章看來，顯然他所欲表達的是一種哲學思想，而非志在研究心理成熟的定義，所謂反對教授說標準云云，只是借題發揮，但又借不得其法而已。雖然如此，我仍是很願意與他討論下去的，但這樣便必須先弄清楚K君所要表達的思想以再訂另一個討論範圍。簡單直捷的，K君要表達的思想是什麼呢？他是說：「一個人（或一羣人），在某種環境內的自私自利或損人利己是極合乎大自然的，因為這才是從進化論上適者生存，優勝劣敗的原則。」

這是一個很值得討論的問題，但這當然不是一個新思想，曾經把這思想發揮得最淋漓盡致的要算是希特勒了。在「我的奮鬥」一書中，處處可以看到類似的思想，希特勒認為優越民族是有職責為自己的利益去征服、指使、奪取及消滅那些較低下的民族，因為「在千千萬萬屬於更佳民族的人也要留在毫無價值的地位時，還繼續鍛鍊一羣天生的半壞人（指非洲人）去做什麼律師等等，簡直是一個瘋狂的罪行……如此許許多多的人成于成堆在下賤的沼澤內退化下去，是違反造物主的首意。」顯然，希特勒也是從進化論等理論來「看」出「造物主」的首意的，因為他除了強調民族優越，更強調民族純化（Race Purity），他的「純化」，便是他的種族。再者，希特勒也認為他「拉毀了人類自上帝之自欺欺人」呢！因為他的「我的奮鬥」，原名便是「我四年來對於語言、愚蠢、和怯懦的奮鬥」。

至於希特勒思想對諸行動的後果，現在且略。如果K君以歷史為訓，請注視這一點，有目共睹，看「維爾格特」（WEIGERT）對「我的奮鬥」的批評：「那半支教育的希特勒是受以下各種不同影響的堆砌品：MACHIAVELLI之無道義的國法，WAGNER 玄秘的國家論及浪漫主義，達爾文的有種進化論，GOBINEAU 與 CHAMBERLAIN 之種族論，HENDRIK WILLEM VAN LOON 形容它為：「盧梭之天賦及舊約的聖經預言家的瘋狂憤怒的混合。」總而言之，史家認為希特勒對歷史無認識，人類學家以其種族觀點為荒謬……。

表面看來，K君的思想或許不及希特勒的激進，因為他還強調「在適應社會的情形下」，（說得淺白一些，便是如社會容許或不受社會約束，或逃避過社會約束的情形下）但我們明白社會約束，如道德、法律、人情等等，歸根結底，都是本乎一些共同信念，（一個實用的哲學家，每每便是社會學家，）約束與否，約束在什麼環境內自私自利企圖消滅他人或其他社會來為自己或自己社會的生存利益，乃是「替天行道」，所謂「某種」環境的標準，便只會因競爭的尖銳化而越來越降低致消失，至於後來，不難想像。既然醫學學生，就讓我們想想標準消失後在醫學上的可能後果。首先，先天缺憾的嬰兒應該淘汰，因為他們是健康人的負擔，過多的嬰兒應受淘汰，如此類推，老年病者要殺，重病必死的要殺，患遺傳病者要殺，甚至一切其他病者大概也要殺，必醫治，因為醫藥消費是其他健康人的一個大負擔，而反正是疾病是大自然的淘汰手段，可以自己病好的才是長壽。後果是否真的如此，還有辯論餘地，但無論如何，K君與希特勒的思想皆出於對進化論同樣之誤解，則是毫無疑問，個體進化不能漠視全體進化，我以為在上一篇文章中已說得很明白，現在想來，或許還是自己筆拙的緣故。

既然如此，就讓我引用一些學者的見解。以下原文載於GODDGE的哲學著作「THE ASCENT OF LIFE」第一一三頁至一一六頁，「談對天擇論的誤解」：

「雖然達爾文說過所謂「生存競爭」只是用在一個廣泛及比喻的意義上，但表面看來他給人的印象是以鬥爭為必要……在十九世紀末，角鬥式的進化觀念引起各種不同的思想：DRUMMOND 和 KROPOTKIN 等大大以它為不滿，但又有人視此為殘酷甚至為金科玉律，認為該應用社會方面，即所謂「社會主義」上，如英國的SPENCER等。由現代較佳的眼光來看，發現這些矛盾完全乃錯誤所致，只是由於對「生存競爭」等語的誤解，即由於對「鬥爭」之中心，在系統性的分別繁殖。在某種情形下，這是由別種生存而導致，而分別生存可以由個體間之鬥爭及某些個體之毀滅而導致——此即達爾文理論所謂生存競爭，但分別生存可以完全由非暴力而來……當兩類草在同一草坪上生長，因為面積之不足繁殖，他們可被形容為在「鬥爭」，大量種子因而不能生存。但這種並無什麼大角鬥或無情的勝利，在這些例子中，分別生存由和平而來。當達爾文形容所謂「生存競爭」為「一比喻，他可能心目中有些例子。可惜此詞句在大眾中的意義，使他們致地容易產生誤解」；其實，天擇之不需要戰鬥和什麼原始式行動，是不可能有什麼疑問的……：整件事之恢復一個較正確的概念是由承認「合作互助」在進化論的地位而來……：DOBZANSKY說：「事實上競爭不是自我中心主義者，也不是博愛主義者，較正確的說法，它是機會主義者。J.MONTAGU說：「

總括而論，很多人提出的所謂進化論較為偏愛合作體一說可能更確。」

引如此的一段，希望K君明白。否則，請參照原文或任何有關書籍，因為這個誤解，在哲學上幾乎已是老生常談。

此外，還有「替天行道」的問題。古時中國的野心家為滿足自己的私慾，每每便打出這個旗號。但天道為奧，是否可得，人類智慧發展至今，仍是未知之數，是否靠一兩項科學理論（注意：還是理論，）或甚至理論的斷章取義或誤解，便自命滿足而行動或行動其行動？K君處處以天道為依歸，當知「人法地，地法天，天法道，道法自然」的道家思想，道德經云：「道可道非常道，」可道之道已非常道，難道還有可行之道？再看道家的人生觀：道德經云：「何謂大身者，吾所以有大患，為吾有身；及吾無身，吾有何患！」莊子曰：「至人無己」，都是無我主義。法道之出出發點相同，但結論與K（下轉第二版）

## 徵求稿件

- (一) 來稿請用原稿紙繕寫
  - (二) 切勿一紙兩面寫
  - (三) 請附真實姓名及年級
  - (四) 稿件以不超過一千五百字為佳
  - (五) 來稿可投儲信箱或郵寄
  - (六) 截稿期限：每月月底
  - (七) 漫稿、圖片等一律歡迎。
- 希望各同學投稿

## 談談啟思之修憲

陳礎光

相信各同學亦會留意到最近有關「啟思」修改憲章事宜，其發起人為現屆數位編輯，其中主旨為盼望「啟思」能更具代表性，更能負起一份刊物的責任。其修改之項目有二：（一）將由評議會選舉改由同學普選。（二）編輯之決策須召開編委會議定。（三）設立不信任票制度。

首先討論選舉制度問題：總編輯、秘書、財務及總務四職，過去是由評議會直接選舉，這可收到快捷簡便之利。但是編委會之政策從未直接受過各同學之挑戰，未免流於缺乏代表性之弊。試想外界人士認定啟思所載的便代表了醫學學生之意識形態，倘若刊登的並非全面代表醫學學生，外界便會建立一個錯誤的形象。（不要忘記啟思每期發行有四千份之多！）部份編輯從過去經驗中得到一個結論是應「選政於民」，也就是該四位編輯應由同學直接選出。（這並不是對評議會之代表性表示懷疑而為求盡善盡美之道。又倘若選制度為同學通過，啟思在評議會仍是僅佔一席，故勿誤此為與評議會爭權之舉。）

至於第二點之修改是以限制總編輯之權力，使其能真正代表編委會。現今之憲章是並無「一切決策須由會議決定」之條文，若是主編能尊重其他成員而讓各人議定政策，則一切條文都是多餘之舉。倘遇固執無羈之人時，則此項更改實在必要。某些報刊的事例現今仍嘍嘍在目，我們有焉能不作警惕！

關於「不信任票」之制度，則是對編委會的約束。若有令同學不滿之處，可藉「不信任票」制度來解決，免至在競選時會有「口不對心」之欺騙行為。

有人或會以為此是欲「學苑」而作東施效顰，事實上參考學苑之痛苦經歷而作未雨綢繆之準備，免得他日徒作亡羊補牢之舉。相信各人亦了解前車可鑒的道理。

事實上，評議會方面亦擬設立一修憲委員會進行修章事宜，可惜一切更改將留待明年始能完成，故不能解決目前火速之急。只是忙中未免有過，故此希望修憲委員會能將未盡善之處繼續修改，以求合乎同學需要。

上述之各項憲章修改建議，是為各同學之利益而作，希望各同學關心啟思並投票通過。

（有關修改啟思憲章事宜，啟思編委會絕對支持其開放改革之精神，並呼籲各同學到場討論！