Caduceus

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EDITORIAL

Student "Leaders"

" . . . . holy men I thought ye,
Upon my soul, two reverend cardinal virtues;
But cardinal sins and hollow hearts I fear ye."
— *King Henry the Eighth,* Shakespeare.

It was with deep surprise and regret that we recently learned that some student "leaders" were shown to be nothing better than Pharisees. How disappointed are we when we remember they were elected by us and we reassured them with our confidence not too long ago! O tempora! O mores!

A leader should have sound principles, lofty and sublime, to guide him along. Deviation from these principles is to be rejected. One cannot say that capability alone is adequate. Among his many duties, the leader is to act as a model for as well as a representative of his followers. He who governs well and yet is of unbecoming conduct is hardly justified to be called a leader. He simply *misleads* not only his followers but also the general public, for people say," Qualis rex, talis grex." Shame is thereby brought upon every inidvidual member of the group.

We demand therefore not men to fill up posts, but true leaders with high priciples: principia, non homines. Both power and money may lead to corruption, but one with *honesty and charity* should be able to resist such temptations. History must not be permitted to repeat itself.

Really of No Use?

It has been said that medical students are the "lowest being" in the hospital and that they serve no useful purpose at all. The validity of such statements is open to criticism, especially when we think of the friends having their specialty clerkship in obstetrics. We like to suggest that medical students are useful in some peculiar ways.

All over the world, medical students have been used as normal controls for various human medical data. A recent example in our Faculty is the Vascular Fragility Test. Every student in a certain year "volunteered" to have a Vascular Fragility Test done on him or her, and the results will be used as the normal control. Though some of the "volunteers" may not be too happy with the mode of "selection", the Editor would like to reassure them, in a fashionable way, that we have all but joined our counterparts all over the world in sharing the pride that we have, to some extent, cast a minor 'prop' which has made the advance of medical knowledge possible!?

Another interesting, yet painful nichname for medical students is "the Walking Blood Bank"! Mind you, the "Bank" only stores fresh blood, rich both in platelets and clotting factors. Whenever emergency need arises, a few medical students may be called upon to show their generosity by munificient blood donation. Most of the students are glad to do so because it is more blessed to give than to receive, not because they want to retort, "Who says that we are of no use!"

STOP PRESS

Union President Resigned

In the 7th regular meeting of the Hong Kong University Students' Union Council held from 5.30 p.m., August 8 to 3.00 a.m. August 9, it was resolved that a Vote of Censure be passed on Mr. John Lau, the Union President, for unbecoming conduct and negligence of duty in

1. failing to open application to Union members a delegates to the World Assembly of Youths Conference 1969 (to be held in Belgium);
2. applying to be a delegate to the World Assembly of Youths Conference without the proper mandate;
3. applying for external funds in the name of the Hong Kong Federation of Students before such power and right were granted to him.

The Council refused to accept any hearsay evidence on the various issues, and every accusation was backed up with 'sound' evidences. The Vice-President of the HKFS was called up during the meeting to come out from Chung Chi College to give testimony concerning the HKFS issue. On the other hand Mr. John Lau failed to give satisfactory answer to the Council, and finally a Vote of Censure was passed on him.

The Council also resolved that Mr. John Lau and Mr. Yung Kam Chuen be withdrawn as delegates of the Hong Kong University Students' Union to the Hong Kong Federation of Students, and the HKU Students' Union Council will not be held responsible for their future action in the Hong Kong Federation of Students.

At the same meeting Mr. Lau handed in his resignation which was accepted by the Council. Mr. Rafael Hui was appointed Acting President for a month, at the end of which there will be a by-election for a new President.

(C.E.)

ORIENTATION

As part of the Familiarisation Programme organised by the 67 potential medical students visited the Medical Student Centre on the afternoon of 24th July.

As they arrived accompanied by Mr. John Lau and an official, they were welcomed by our chairman, Mr. Wong Kwok Kee. Subsequently they were ushered into the Physiology Lecture Theatre. 3 talks on our faculty roughly outlined the 'medic' life for them.

The first talk was given by Mr. Wong Kwok Kee. He elaborated on the various subjects in each academic year, the exams we had to face and the various clerkships. There was some difficulty in explaining some of the medical terms we had got so used to.

The second one was given by Miss Della Chu on the life of a medical student: Our relative isolation from the rest of the campus, and our unique professional training were mentioned. She stressed on the personal element in our career, and the development of a proper attitude to patients. She finished off by saying that equality between man and woman spelt true in the profession.

Mr. Paul Lam then talked on the prospects of our graduates. He touched on the possibilities of going abroad, going into private practice, and entering special field of study or research. Lastly he talked on the pay of our medical graduate.

A short period of question time followed. What to majority seemed to be interested in seemed to be the 'mortality rate' of the various exams, the expensed and the new regulations regarding application to our faculty.

The eager young men (and a few ladies) were guided in small groups round the preclinical building, the library and finally they were treated with some soft drinks in the canteen. What fascinated them most seemed to be the two anatomy museums. They spent much time in studying the specimens. Many frankly admitted awe in the midst staring cadavers.

It is a pity that the paraclinical and clinical building could not be included in the tour. Also a few talks could not introduce our life fully. The most ideal would be letting them attend one of our lectures — quite an impracticable idea !

Judging from the preponderance of man among the group, the present situation in our faculty — preponderance of male students — is not to change in the near future.

Such a programme is very commendable, as the students have an idea what their future career is like. They can change their mind before it is too late if their character do not fit such life. They would be prepared for hard word and yet also expect fun when they write down 'Medical Faculty' on their application form.

VISITING FRIENDS

The Nuffield Exchange Scheme has brought us two new friends, Dr. Alastair H. Charmers and Mr. Andrew P. Brooks. Dr. Charmers has just graduated from University of Cambridge. Mr. Brooks is a fourth year medic from Sheffield.

They arrived at Hong Kong on the 16th July, 1969, and have been staying at the University Hall since.

Asked what they thought about Hong Kong since they came, they said everything was more than they expected — the sceneries were more beautiful; the city more crowded; the hostel more comfortable; the sun more hot.

They have been attending some lectures and ward-rounds. At present, they are taking the Medicine Specialty Clerkship. Mr. Brooks hopes to attend some lectures in Parasitology, a subject hardly taught in Sheffield.

Dr. Charmers said that although they could not talk with the patients here, they always managed to communicate through the nursing staff. The nurses and the patients have been very cooperative.

Both Dr. Charmers and Mr. Brooks agree that medical students in Hong Kong are more hard-working than in England. This applies also to the staff-members; they said their lecturers were mostly practitioners or consultants who took up teaching as their part-time job, whereas it was the reverse here. (Perhaps this accounts for the greater devotion of our teaching-staff.)

The people here, according to them, are more academic-minded than in U.K. Qualification for scholarships and various posts in Hong Kong is mainly based on academic credits, whereas in U.K., they count more on the social side. Take the Nuffield Scholarship, for instance, those who received it during the previous years were either the chairman of Medical Society or the champion of certain sports. However, this year they are basing it more on academic credits.

Their teaching programme is more or less like ours, but they only have summer vacation during first year. This change brought to them by the Nuffield Scholaship is a wonderful break of the continuous studying programme they have been working since first year's summer vacation. They will be staying on until October this year.

NEW UNIVERSITY CLINIC

The University clinic was moved to "West Gate House" on 2nd-3rd August, and opened on 5th August morning. The Clinic telephone numbers remain unchanged.

9th Dean's Undergrad Committee Meeting

17th July, 1969

1. Professor Ong, our Acting Dean, informed the Committee of the proposed building extension plan in the Medic Centre:
   2 floors to be built above the library—1 for library
   1 for Dean's Office
   The present Dean's Office to be used for hostel
   Basement of library to be converted to Common Room and Locker Room
   Alternative suggestion—the present Faculty Room to be used for one big Common Room
   Locker Room to be in basement of Library
2. The Acting Dean proposed that a Blood Donation Campaign be sponsored by the Medical Society.
3. The Acting Dean was asked to look into the possibility of providing mosquito-nets for the Medic Hostel.
4. The Acting Dean was also asked to look into the possibility of providing microphones for tutorial rooms for Medicine and Surgery OPD.

MEMORIES

Young man

Three years ago, I landed in this part of the University. Before long, I was brought face to face with experiences which were quite alien to me. Pricking my own fingers as if blood-thirsty, pithing a poor little frog, cutting someone else's body into unrecognisable pieces were quite an experience, not to mention the revolting smell of carbylamine. However, the most impressive of all was the incredible amount of black-and-white we had to digest and simulate. Years ago, I was told that medical students worked 18 hours a day. Though exaggerated, this is not far from the truth.

During the first year, our life was shadowed by the Anatomy vivas — something which we had to go through every two weeks. As put by a fellow student, they were capbale of reducing life expectancy by as much as two years. Nevertheless, it was these very inquisitional tortures that saved us from inevitable downfall in the 1st M.B. The Anatomy results were thus prevented from approaching that of Biochemistry.

The only formal examination we had in the first year was Organic Chemistry which proved itself no obstacle at all, provided one could sacrifice two week's Christmas holiday.

The summer vacation was marred by the turmoils around the Colony. When the new terms started, the Anatomy Comprehensive Examination was just too happy to meet us. It gave us a test dose of the dreaded examination ahead. When the results were posted, some found that they had overestimated their tutors' demands. Others began to realize how inadequate they were.

As the days flashed by, the menace posed by the impending examination became more and more in evidence. Indeed, Doomsday seemed in sight. We created more and more panic among ourselves by saying to each other, "I am certainly going to fail", including the potential honour-students who, for some reason, joined in the fun. We all muttered, "How did our predecessors manage to pass, by crook or by fluke?"

Anatomy was pushed from its supreme seat and in its place, Physiology sprouted. Certainly this could not be the consequence of frequent multiple-choice tests (which we tackled well enough by forming on-the-spot discussion groups). We began to realize that Physiology had no horizons. The more we got to know it, the less tangible it became. We began to curse the Anatomy vivas.

Biochemistry, a relatively young science, is definitely refreshing and inspiring, particularly for those who like new stuff. But year after year, it is the last of the three subjects to touch off the alarm system in a medical student. (Naturally the students' "bias" leads to bias on the part of the other party.) The textbooks are less bulky and the usual examination questions demand only intelligent application of well-grasped concepts and basic principles, good thinking and presentation, and not a whole lot of regurgitated material as in the case of certain other subjects. At the last minute I switched to another book which I considered richer in "concepts" and came through with no bruises. (The Wheel of Fortune must have turned in my favour since my Mathematics is nothing to crow about.)

Our tension rose to a precarious point and things like palpitations appeared. It seemed as if we were about to tackle towering giants. Our brain circuits seemed all worked up.

Like a nightmare, the examination was at last over. Our troubles, however did not end there. We held our breath and waited for the Day of Enumeration. We could not afford to fail one more subject, since there was dire danger of ending in the mud for twelve solid months.

The results were soon posted. The survivors drew in a long breath. Those who were shipwrecked still had to hang on for another year. Somehow we had the misconception that the biggest bar had been thrown over its belly. We felt as if we had the whole world in our hands, when in fact the 2nd M.B. was looming overhead.

Then we got new friends — Pathology, Microbiology and Pharmacology. It was a refreshing and revitalising change. With Pathology we experienced the first taste of really good University teaching plus concise comprehensive notes issued regularly.

We found Micro-biology a dangerous subject but it succeeded in demonstrating that staff-student relationship was not so bad after all.

At the same time we got to know how meticulous pharmacological experimentation could get. The enthusiasm soon waned. However we must thank the Professor for enlightening us with Physiographs and indoor television. In Pharmacology lectures, our eyes were on the screen, our hands scribbling, our thoughts travelling places and our auditory impulses picked up but neither integrated nor interpreted. The situation stands in sharp contrast to the Medicine lectures, where our senses are on the alert and we will be offered a bottle of Scotch whisky before the guillotine if we cannot help the desire to take notes.

In the third year, everything came in successive volleys. Just as we were striving to throw Satan through the window, we got the Devil knocking at the front door, Gremlin climbing in via the fire-escape, and 牛鬼蛇神 pouring in through the backdoor. Our hands were always tied. When the long hot summer ended, Medicine and Surgery came into the scene. Anyhow, the 2nd M.B. was the current boss and deserved highest priority. Less urgent matters could be managed by Fate.

Then once more we felt insecurity as time clicked away happily, but this time it took us many months to become conscious of its pressure. After a clinical attack, we had probably acquired a certain degree of immunity.

After the second Christmas, Pharmacology resigned to a corner. (but still lurking there). Then Social Medicine came out of the blues.

The 2nd M.B. Part I was now over. There were no incidents or surprises except that the results were exceedingly good. The theory that medical students cannot survive without "tips" is no longer tenable. The most important factor is "reasonable questions".

Through these years most of us have been trained to work steadily and not to depend on emergency stuffing, though there are the usual individual variations. Studying has become so much a part of our routine life that it threatens to deprive us of contact with the outside world. However we are not pure-breed bookworms. Quite a number of us are fliring around town collecting nectar every season of the year and faithful to their books only during the two critical months. In addition we read books other than Davidson — indeed all varieties.

Does medical students deserve their University degree? If one assumes the attitude of a perfectionist, we surely belong in the Kennedy Town Incinerator. From a normal human point of view, it is gross injustice even to contemplate accusing us of lacking scholarship and caring for nothing but passing examinations by hook or by crook. Idealism and reality must be clearly distinguished. We are not here to study every basic science in meticulous detail. Our target is Medical science. Our hands are already full. Even when we are working at this rate, it is obvious that we will be able to grasp but a very small chunk of Surgery, Medicine and what-not after three years' clinical course. We can only try our best and hope for the best.

So until we can find something much mightier than Essence of Chicken, working 24 hours a day is out of the question. Hence we cannot be expected to probe into the depths of the "basic sciences". If we attempt to do so, we will only get drowned. We must separate reality from idealism. An overloaded person cannot be expected to be an expert in every field. I hope everyone will keep this in mind.

Correspondence

Dear Editor,

Once I read an article by a senior medical student in 'the 'Undergrad' describing junior medical students who walked down Sassoon Road wearing white gowns as 'butchers in white'. I quite disagreed with the description because wearing a white gown in public was entirely a personal freedom and could have done nobody any harm as to deserve the name 'butchers'. But now I do meet 'butchers', yes, 'butchers' they are, not walking down the road but haunting in the wards.

To specify the nature of these 'butchers' would entail committing myself in pin-pointing characters which is not at all my intention. My feeling is that a physician is also a humanist. To be the former he should be a conscientious student of the medical sciences. To be the latter he should be a compassionist to his suffering fellowmen. Short of that, he is but a 'butcher'. In other words, a non-competent physician kills physically; a non-sympathetic one slaughters mentally.

Admittedly, that it is almost a perfection that one can be both competent and sympathetic. To be as competent as a physician as never to make a mistake is akin to telling a fairy tale. There is a limitation as regarding to one's intelligence and the maximum effort that one can pay to our studies. Human errors become so inevitable every now and then. But as students we should at least work hard in order to achieve what little bit we can to eliminate any unnecessary errors that might arise in the future leading to other people's misfortune. Another thing we can do is to be gentle and considerate to our patients. They came into hospitals to receive treatment and not experiment. A co-operative patient to medical students is almost a gift. We should at least try to be more understanding on our part.

In view of that, to fellow students who 'despise' hard work and those who are incapable of being sympathetic, I hesitate not to call them 'butchers'. Small butchers they are now, big 'butchers' they will become in the future.

The Cat.

Puzzle puzzle

Hongkong's counterpart of Astronaut Armstrong is at present serving his quarantine in the Orthopaedics ward. Do you want an autograph? He is non-infectious. Pay him a visit at A4.

豬腸粉的風雲

老黃

李先生是一位小職員，月薪祇有五百多元。因爲入息有限，夫婦兩口子賃了一層舊樓的中間房作居停。幸虧沒有兒女，生活還過得去。同居除了包租婆六嬸住在尾房之外，前房的住客是陳先生的一家，此外走廊的床位還住上了一個姓王的。王先生雖然結了婚，可是過的是王老五生活，因爲妻兒仍留在大陸。他幹的是雜工，一天到晚很少留在家裏。包租婆六嬸已六十過外，丈夫死去了多時，也沒有兒女，祇靠租金收入來養活。可是秉性良善，從不催租，最喜歡打蔴雀，每天都到隔壁三姑那裏打其衞生蔴雀，有時連飯也懶得煑，啃啃麵包就算一餐了。這一層樓原本相安無事，但問題却出在前房陳姓一伙人那裏。陳先生幹的是經紀，無固定的入息，是一位好好先生。一家六口，大小兒女一共四名，大的孩子才十一歲，最幼的女兒還在襁褓中。陳師奶是一個壯碩的婦人，不知是否天性如此，抑或是受了生活的折磨，一天到晚都嚕嚕嘟嘟，不是罵丈夫便是罵孩子。又愛和同居吵架，人家都讓她三分，背後却叫她做「厲的呼聲」呢。在李先生夫婦搬進來之前，中間房本來住有姓潘的一家，因不願活受罪，搬來不及一月，寧願犧牲了一個月上期租金，也馬上退租了。

這一天剛好返工的返工，上學的上學去。家裏祇剩下李師奶，陳師奶和她的兩個幼小的孩子。李師奶正在廚房裏洗衣服，恰巧陳師奶也到廚房裏生火煑飯。平時，當陳師奶在廚房裏的時候，李師奶總讓她，不敢和她同在一起，怕的是她底罵人習慣。碰巧幾天來都下着大雨，今天剛巧有了太陽。爲了下雨之故，李師奶積下來許多衣服還沒有洗，特地到廚房裏來趕快地把髒的衣服清理一吓，好讓李先生不用天天穿着一身臭汗的衣服上班去。

李師奶是念過中學的，念完高中一，突因家境不好要輟學出來做事，因此認識了李先生而結爲夫婦。平時沈默寡言，雖然爲了生活問題有時會對自己丈夫嘮叨兩句，總不見高聲大氣，和別人吵咀更少有了。雖然爲了用廚房的問題李師奶和陳師奶也曾爭吵過好幾次，最後勝利都是屬於陳師奶。今天因爲趕着洗衣服，明知陳師奶要獨霸廚房，不顧利害也要到廚房裏去了。

陳師奶一邊洗米煑飯，一邊自言自語，看見了李師奶扭開了水龍頭洗衣服，已週身不高興。碰巧李師奶大力擦衣服之際，無意中把水濺到她身上去，陳師奶於是發作起來：「喂喂喂，人地要水洗米落鑊呀，點解你成日霸住個水喉，我重駛煑飯嘅！」李師奶：「邊個霸住個水喉呀，你要水用唔會開聲咩。你睇我咁大盆衫，你要洗嘅，今日洗唔完，話唔埋添日又落雨了，你叫我嘅先生着乜嘢返工呀！」陳師奶：「你嘅丈夫要着光鮮衣服返工去，難道我嘅丈夫唔駛食飯返工咩？」李師奶：「我冇話唔俾你用水喉，祇要你肯開句聲便是，何況水缸裏面有水，點解你唔擺嚟用呢？」陳師奶：「既然缸裏面有水，你又唔用來洗衫呢，偏偏要霸住個水喉。」李師奶：「水缸嘅水點夠過衣服嚟！你正一係撐鷄婆！」「乜話，你叫我做撐鷄婆？你先正係撐鷄婆，蛋都冇一隻痾吓！」

這麼，你一言我一語，她們吵起架來。今天剛好她們的先生都上班去了，包租婆又過了隔壁打蔴雀，她們的吵聲愈來愈大；正在一起地玩的兩個小孩子給唬怕了，縮做一團，那幼女哭起上來，更加上了一把聲。

門鈴響了，細B跑去開門，進來的是陳先生，他剛下班回來，在門外已聽到他的娘子和別人吵罵聲。陳先生：「阿B嘅阿媽，點解又咁勞氣呀？爲乜事同邊個嘈起上來？」陳師奶：「乜話，你話我嘈交？你快啲來睇吓，今日你冇晏食了，人地霸住個水喉洗衣服，冇水，叫我點樣煑飯俾你食呢！你今日要扎炮了！」

李師奶：「陳先生，我並冇霸住個水喉，祇因前幾日都落雨，衣服壓起來，趁今日有熱頭，我趕住將個嗰衫洗好佢罷了。水缸有水可以用來煑飯啊！」陳先生：「又係嘅，缸裏嘅水可以煑飯啊，點解一定要同人地爭呢！」陳師奶：「乜話，你都幫埋佢，唔幫我呀。一日都係你唔爭氣，住係呢的咁嘅衰地方，有本事自己租一層樓住啊，唔駛同人地一齊用廚房了。我煑唔到飯，你冇晏食了。」陳先生：「咁又何必呢。大家同埋住，一人讓一步係哪。」李師奶：「陳先生，唔係我唔讓你嘅太太，佢要用水喉，出句聲，我唔會同佢爭嘅。」陳師奶：「讓，讓，讓你個死人頭，如果知道我日日都係呢個時候煑飯，就唔好走入來阻手阻腳了。」

門鈴又響，進來的是李先生。看見他的女人面紅耳熱地和人家爭論着。李先生：「萍，點解你會同人地噎起交來？」李師奶：「阿明，我唔係要噎交嘅，有時佛都會激出火嚟，你快來分吓道理啦。」

兩個男人各自把他們的婆娘勸開，屋子裏才平靜起來。最後還是李先生出主意說：「老陳，今天我女人爲了洗衣服，累到你一家冇飯食，真過意唔去。不如咁啦，由我做東，請你一家大細到外面食晏去，你地最緊賞面，我地到鄰街大龍樓去好唔好？」陳先生：「老李，唔好客氣了，我女人還趕得及煑飯俾我食嘅，無謂破費了。」李先生：「咁你太唔賞面了。難道你地仍然怪我女人嗎？」陳先生：「好了，好了，你咁俾面，我地大家一齊去，下次輪到我請哪。阿B嘅阿媽，快的着衫呀。」

陳師奶條氣雖然仍然唔多順，實在也來不及煑飯，聽見有人請客，正好吃他一頓，出點鳥氣。於是匆匆地穿好衣服，帶着兩個孩子，一家大細跟着李先生下樓去。李先生：「萍，點解重唔穿好衣服同我地一齊去呢？」李師奶：「阿明，我唔去了。你睇咁大堆衫重未洗好，你地去哪。」

大龍樓上鬧哄哄，點心妹高叫着蝦餃燒賣叉燒飽。李先生和陳先生的一家吃得很高興，把剛才的衝突沖淡了。陳師奶正忙着餵她的小寶寶蝦女。

「豬腸粉，好靚嘅豬腸粉。」點心妹高聲地喊着。「喂！夥記，來兩碟豬腸粉。」李先生叫伙計過來，「老陳，大龍樓嘅豬腸粉最出名，等我買些點心回去俾你大B，二B佢地食吧。」「老李，唔好客氣了，你買的番去俾你太太食啦。又食又拈點好意思嚟。」李先生：「喂！夥記，唔該你再俾兩碟豬腸粉，兩籠蝦餃，兩籠燒賣，分開兩個盒來裝起佢，唔該你埋單啦。」

夜幕低垂，四週寂寞，人們都在夢鄉裏。這一層樓，經過早上的爭吵，午間的和解，突然聞聽見大B叫起上來：「阿媽、阿媽，我個肚好痛，我要去則所呀！」陳師奶：「吓，咁大個仔，肚痛要去廁所唔係去到夠囉。高聲大叫，嘈醒晒人呀。」「唔係呀阿媽，我已去過廁所好幾次了，怕嘈醒你，故此冇俾你知道。而家痛到頂唔順，而且想嘔添。」

睡眼矇矓的陳先生給吵醒了。「喂，點解咁臭呀！」回頭一看，不得了，臭味是睡在身邊的二B那裏發出來。用手一摸，「阿B嘅阿媽，唔得了，乜二B咁大個仔都拉起屎來嚟！」二B也哇的哭起來，也嚷着肚子痛呢。跟着細B和蝦女也都醒了，哇哇地大哭，也嘔吐起來。

陳先生：「點解我個肚都有的吾妥呢？唔通中左乜嘢毒？」陳師奶：「一日都係你個貪心鬼，人地請飲茶，死慌執輸左就去唔切。而家俾人地撚化了，食出禍事來！」話口未完，「喂、喂，點解我個肚好似捲着咁痛呢喂！」

那邊廂，睡在冷巷的王先生和包租婆也給吵醒了；聽見陳先生一家出了事，趕忙走過來看看。陳師奶大哭大鬧地叫着「啊喲！眞正冇陰功，害得我一家好慘呀。唔通同你有十世寃仇咩，都唔駛咁樣整鬼我地嚟！」本來已醒着的李師奶，忍不着回答起來：「陳師奶，你唔好咁講。我阿明也有去飲茶，一定在茶樓食錯左嘢，佢而家正在則所中，如果害了你地一家，也害了佢自己呢，這是意外啊！」

還是王先生有見地：「大家不要吵，這大概是食錯了嘢，先打九九九報警，將佢地送去醫院救治去。」包租婆也怕在她家裏發生人命事件，匆匆地跑到隔壁三姑處借電話報警去了。

鳴鳴的警號，劃破了夜靜的長空，左鄰右里的人以爲發生了什麼亂子，都探頭出窗外張望。救傷車把陳先生一家大細，和李先生送往醫院去，李師奶和王先生也隨車護送他們去了。

在醫院的急症室裏，醫生、護士正忙來忙去。值夜班的登記員剛想把筆子放下，伸伸懶腰，看見救傷車服務員帶着一大伙人進來：「乜又來一單？」救傷車服務員：「是的，今晚我們出動了好幾次了。單單都是又痾又嘔，難道是霍亂不成？老哥，請你爽的手，話唔埋我地又要出動了。」登記員：「嘿，奇怪了，點解單單都是來自灣仔嘅呢？」

那邊護士和助理員正忙着替人洗胃，一方面兩個值班的實習醫生向着病人探查病歷。

甲實習醫生：「奇怪了，爲什麼今晚好幾宗痾嘔肚痛的病人都說吃過了豬腸粉呢。」乙實習醫生：「他們都說吃過了大龍樓賣出的豬腸粉呢。那裏的豬腸粉是很有名的，我也吃過好幾次。」甲：「我們一定要把這些資料報告主治醫生去。」乙：「請等一等，先告訴護士們把從病人洗出來的胃液和他們的嘔吐物及大便等等留起來，預備送到實驗室檢查去。」甲：「好的，你告訴護士們去吧，我馬上打電話報告何醫生去。」

何醫生從電話裏知道了發生了事情，立即趕到急症室來。了解過情況之後，馬上搖電話到實驗室的張主任家裏：「張主任嗎？我是急症室的何醫生，很對不起把你吵醒，這裏剛才來了幾十宗又吐又瀉的病人，每個都說今天在大龍樓吃過了豬腸粉。我想是食物中毒，要留起些什麼給你們檢查去？」張主任：「請把病人的胃液或吐出的食物和大便留下來送給我們檢查吧。我馬上到實驗室來。不過，我想你還是盡快通知總部去，叫他們明天一早採取行動，派人到大龍樓去，搜集了昨天剩下來的豬腸粉和製豬腸粉的器皿送來檢查，全部有關的人員亦要檢查一吓。」

天亮了，衞生人員大舉出動到大龍樓去把可疑的物品帶同張主任的實驗室來。此外，另外一批人員分別到各病人家裏，把可疑的剩餘食物都帶回來。因此，張主任的實驗室堆積着許多食物和器皿，工作人員都大忙特忙。當天的報上也登出了「幾十人染上了食物中毒」的頭條新聞。

經過了塗片檢查，差不多每一個病人的胃液或大便都存有金黃葡萄球菌，剩下來的豬腸粉亦有金黃葡萄球菌，而且數量很多，幾乎每公升有七億多隻，這是驚人的數字呢。

張主任對他底下屬說：「金黃葡萄球菌在自然界裏隨處分佈着，來源是帶菌者的鼻腔和皮膚。不過每公升有七億多隻是不可忽視的了。我們先把胃液和大便及一切要檢驗的物品接種到血瓊脂平板，含有百分之六鹽培養基，和含有Phonophlalew Bhesphate培養基上。這些都是用以分離金黃葡萄球菌的培養基。當然不要忘記接種在用以分離沙門氏桿菌和魏氏梭型菌的培養基上。不過，從臨床症狀底報告，潛服期這麼短，病人又吐又瀉，又有腹痛，看來是葡萄球菌的食物中毒。但我們也不要把其他的放過，每一個培養程序都不可遺漏。培養出來之後，如果是金黃葡萄球菌，我們首先看看它能否把血漿凝固，假如能夠的話，則把它所分離出來的菌株交給梁技士作噬菌體分類，看看它們是否同一類型。[illegible]金黃葡萄球菌株都能夠產生腸毒素，但這一毒素不易從實驗室測定出來，因爲祇有人類對它有敏感。假若從同一宗食物中毒案各方面分離出來的菌株都屬同一類型，則可無疑問，這宗食物中毒必是這一類型葡萄球菌的菌株所引起的了。」

原來自然界裏有比細菌更細的噬菌體。它們寄生在細菌的細胞裏，很會揀飲擇食，祇寄生在它們所樂意寄生的菌種裏，有些可以把細菌體化解起來。有一族噬菌體祇寄生在金黃葡萄球菌細胞裏而把它們化解起來。不單如此，同一的葡萄球菌菌株，也可給好幾型的噬菌體同時化解。不過這多型的噬菌體化解現象亦有一定的規程的。至今已發現能化解金黃葡萄球菌的噬菌體一共有二十多型。從它們受各型噬菌體化解的共通結果，我們可以把葡萄球菌分爲五大類。食物若果給金黃葡萄球菌染污了，在炎熱的天氣裏，或者寒冷時煑好的食物，在保暖情形下不馬上吃去，葡萄球菌在染污上的食物裏孳生繁殖，同時產生腸毒素。吃進這樣的食物，也同時吃進了腸毒素。病人腸道受到了腸毒素的刺激，因而發生了嘔吐、肚痛、和腹瀉等症狀了。

金黃葡萄球菌可以從無病帶菌者傳播到食物裏。尤其是膳務人員。如果他們是帶菌者，潛伏在他們的鼻腔、口腔、或皮膚上面的葡萄球菌，便會很容易地染污了食物了。

梁技士檢驗結果，指出從病人嘔吐出來的食物，胃液和大便，及剩下了的豬腸粉都存有金黃葡萄球菌，而且都屬於42E/47噬菌體類型。因此證明了這一次食物中毒案，所有病人皆因吃了大龍樓的豬腸粉而起的。

這邊廂，李先生和陳先生一家經過一天的留院，大家拖着疲乏的身軀回到家裏來。老李向老陳致深切的歉意。老陳却安慰着老李說：「這不關你的事，你也染上了食物中毒，同時又有這麼多人一起地都染上了，眞是無巧不成書，這是意外啊！」陳師奶本來想嘮叨兩句，若果不是李師奶碍着她煑飯，他一家那裏會跟人家到外面吃去呢。那末，就不會染上了食物中毒了。可是，因爲鬧到面紅面綠，雖想發作幾句，也有氣無力了。這一層樓從來沒有過這麼的寧靜呢。

他方面張主任的實驗室和衞生工作人員的工作並沒有停頓到。他們要繼續去找出這一次食物中毒案的來源。有關當局把大龍樓暫時封閉起來。將所有廚房和樓面的員工的肛門拭子和鼻腔拭子搜集起來送到張主任的實驗室去作細菌檢驗。經過培養之後，在點心師傅的鼻腔拭子裏檢到了多量的42E/47噬菌體型的金黃葡萄球菌。從這一位大師傅左手食指上一個瘡瘡也把同型的金黃葡萄球菌培養出來。原來這一位大師傅是一位鼻腔帶菌者。兩週前因切肉不愼弄傷了左手食指，給他自己鼻腔裏的金黃葡萄球菌染污了傷口，發生了局部膿腫。他認爲是皮毛之患，沒有去看醫生，過了好幾天傷口自然療合了，但葡萄球菌仍潛藏着在手指裏因而傳到豬腸粉去。又因近日天氣炎熱，豬腸粉在早上弄好，到中午才發賣，有足夠的時間讓葡萄球菌繁殖起來。衞生當局於是下令把大龍樓點心部所有器皿滅菌消毒。又將大師傅送進醫院裏住一個時期，等他手上的瘡子和鼻腔裏的葡萄球菌治好了才准許他回到工作崗位去。一場豬腸粉所惹起的風雲，至此才算平息下去。幸虧是給金黃葡萄球菌染汙了，若果給霍亂弧形菌染污的話，則「呢鑊杰了」呢！

啟思

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要說的話……

嘜

「女孩子嘛！怎麼適合讀這門功課！」

「她們不像女人，沒有女人的氣質。」

「畢業之後她們能作些什麼有爲的事？」

「是呀！浪費時間金錢，結婚之後便一無可爲了。」

「我才不要她們做女朋友呢！機械人！」

「…………」

「…………」

做醫學生已經不易，但做個女的醫學生就更困難，雖說「男女平等」，是有識之士的時髦論調，不過，在這所最高學府的醫學院中，却有很多人都看不開，使作爲一個女醫學生，感受到有一種無形的排擠，錯誤的評論，甚至是侮辱！

人各有志，自己喜歡的，當然要做，別人憑着什麼來說女人不能當醫生？自然，他們的理由很多，但分析起來，實不堪一提！

在一般頭腦頑固的人來說，女孩子應該避嫌，男女授受不親呀！女孩子去檢驗男人，成何體統？這些人的腦根，就是不會轉彎，當你去看症的時候，你是醫生，那人是病人，你要做的是管病，並非管是男是女，再說，既然女的看不得男的，難道男的又看得女的？荒謬之極！

當醫生的女孩子，都是不像女孩子的，沒有了那份「氣質」。我想請問說這些話的人（當然是男孩子啦！）解釋一下什麼是「像不像女人」？如果他們想的只是濃粧艷抹，穿紅着綠，嬌聲爹氣，諸多做作的女孩子的話，實在可憐他們眼光的短小淺窄，對於這些目光如豆的人，我寄予十二分同情，他們的選擇實在太……爲什麼不到百貨公司買個花瓶，又或是個洋娃娃呢？當一位醫生，在言語上不免大胆坦白，很多使人面紅耳熱的事，都要開門見山地問，而且態度要嚴謹，服裝要端正，這對那些欣賞能力低而只重外表的人來說，當然是——不像女人啦！但對待病人的那份小心體貼，瞭解溫柔，男孩子實在望塵莫及，而這些，才是「女人的氣質」！

有人又說，女孩子結了婚，便當不了醫生，結果花了時間金錢，對社會一無貢獻，如果她們繼續當醫生，便是個壞透的主婦和母親了。這些論調，是否太武斷？是否是一位成功的醫生，主婦和母親，完全是個別論。是否要做一些轟轟烈烈的事，才能說對社會有貢獻？難道清道夫便沒用？有多少人是解放黑奴的林肯，國父孫中山？結了婚的醫生，不論男女，都有一部份時間是放在家庭上，但你會說，是女的養孩子呀？不錯，但養孩子只是幾個月的時間，孩子生了出來，責任父母得平均分担。一個人如果時間分配得好，不難面面俱圓，不必擁有最好最多，只要能對你微少的所有盡責，便可以了。反過來說，是否沒有職業的女人會是好主婦，會養育出好子女呢？否定的例子實在太多了，你會要一個迷在四方城，遊於娛樂場所的女人做太太，還是要一個分神於病人的女人做太太呢？這當然是一個極端問題！

女醫生只合做產、婦、兒科，她們的能力太少了！不過，這全是因爲在這方面，女醫生比男醫生勝上幾着，物盡其用，人盡其才，這並非低能的顯示哩！看男孩子抱小孩的鷄手鴨脚怪相，不提也罷！

歸結來說，反對女孩子學醫的男士，其實都是自私心作祟，不想與他們自以爲「低一等」的女人平排；醫生是一門吃香而又使人羨慕的職業，對一般其他的女孩子來說，醫生是一張上佳的長期飯票，「醫生太太」，多吸引的名稱！所以，那些讀醫的男孩子，打着「醫生」的旗號，洋洋自得，那份優越感令他們飄飄若仙，認爲所有女孩子都會給他們以「青眼」；可惜，他們那份自大狂在女醫學生面前使不出來，好悲！而那些不是學醫的男士，更是錯覺地認爲這一些女孩子是高不可攀，生人勿近啦！這就是人之爲名利，把人身以外的東西看得太重了，爲同僚的男醫士提一忠告，看清楚人家是喜歡你哪，還是你的名銜呢？不要給自己的錯覺、優越感和自大狂矇閉了眼睛才好！若果你是眞眞的喜歡一個人，管他或她是作什麼的呢？

最後，希望人人面對現實，你不喜歡女孩子學醫嗎？但是她們已經做到了，反對又何用？白花氣力而矣！何必左說右管呢，人人有選擇的自由，干卿低事？在所有院系中，只有醫學院的人對女醫學生最「關心」，多謝了，還是把這精神去多看兩頁書吧！反對女孩子讀醫，爲什麼不去反對男孩子讀文科呢？

不是詩

力

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　一切都在等待你
書本在等待你——等待你給它劃花臉
病人在等待你——等待你熱情的關懷
青春也在等待你——等待着裝點你歡樂的
笑容
　　而你
又等待着什麼呢？
　想想吧
暑假之後
恐怕連想的機會也給剝脫掉——對嗎？

六九年夏

跌倒

陳嘉富

無數次的跌倒，
我都竭力站起來，
還將腰挺得硬直，
好像事情沒有發生過一樣。

無數次的跌倒，
我都可以站起來，
可是，終會有一次，
輭弱的雙腿，不再撐持我。

血裸裸的心，
一角一角地損落，
我要在殘缺的心上，
把銅鉛注入腐蝕的洞，
用牛筋縫合撕破的痕，
它將成爲世界上最堅實的東西。

然後
帶我到暴雨狂風，
到荆棘叢中，
我要嘲笑他們，
我不懼怕跌倒，
他們永不能再折磨我了。

我的心，已失去血肉，
我的腿，已變爲機械，
一切的折挫，祇是過去的回憶……

THE CORTISONE RESEARCH STORY

It is almost 50 years since the American biochemist Kendall began to investigate the chemical substance secreted by the adrenal cortex. Within ten years he was able to announce the isolation of no fewer than 28 highly complex compounds. Four of these were biologically active and Kendall named them Compound A, B, E (cortisone) and F (hydrocortisone). Half a ton of bovine adrenals are needed to produce even a small dose of Compound A and Kendall spent three years synthesising it only to find that the substance failed in its final tests.

He then turned his attention to Compound E (cortisone) and by 1948 a fewd grams were available for testing. In the following year the results of thee first clinical trials were announced.

Cortisone, as a new and useful weapon in the treatment of rheumatism, was launched in the United States in 1949.

Cortisone is a member of a chemical group called sterols, one of which, ergosterol, occurs in yeast. Glaxo first chose this as the starting material and in 12 months had elaborated a new synthetic method for the production of cortisone. It was later decided that this method would be too costly and a fresh starting material, hecogenin, was investigated.

Hecogenin is found in the juice of the sisal plant and, although the proportion present is very small, there is a very large volume of juice, so supplies adequate to the company's needs were available. The juice is expressed and fermented in East Africa and a solid concentrate transferred to Britain. The crude hecogenin is purified with a sub sequent processing to cortical hormones, using methods discovered in the chemical research and development departments in London.

In the event, many new methods were invented, worked out and then discarded as uneconomio before one was finally chosen to go into production of cortisone and hydrocortisone in 1955.

The research continued to seek still better methods. When they were found they were introduced into production to increase the yields and reduce the costs of the products.

During the same period new hormones, prednisolone and prednisone, had become important, and to make them the processes had to be altered yet again — another two year's work. The research departments also provided methods of making acetates, hemi-succinates and phosphetes of these hormones as required.

A new phase was entered in 1958 with an attempt to find an improved method of making betamethasone. The compound was known, and was known to be highly active but the existing method of synthesis was not suitable for production. A major effort was put into this and after two years a satisfactory method had been built up and production was undertaken.

The chemists engaged on the corticosteroid research project had to carry out a good deal of what might be named molecule surgery; some parts of the molecule had to be cut off, some had to be rebuilt to a different shape, some had to be moved from one position to another. In the case of betamethasone the methyl group and fluorine atom are like the small scars that may be the only visible signs of a major surgical operation. The chemists had to cut deeply into the synthetic reaction chain to reach a point at which these groups could be introduced. All these "operations" require a high degree of skill and experience, both theoretical and practical.

The degree of surgery needed on the reaction chain from hecogenin to the end porducts was variable. The chemists did not convert hydrocortisone directly to prednisolone, though the two compounds are so similar; they went back a few stages and converted one of the intermediates. Indeed, so many processes started from one particular intermediate towards the end of the sequence that it became known locally as "Clapham Junction".

For betamethasone the chemists had to retrace their steps further back, and indeed, after the substance had been marketed, new research identified a still more efficient process and a totally new sequence of reactions was worked out in detail and put into production.

Later research undertook to try and improve the performance of betamethasone as a topical sterol for use in thee treatment of skin diseases which are widespread, uncomfortable, and unsightly. Many derivatives, modifications and esters were made until betamethasone 17-valerate was selected as likely to be an effective substance. Extensive clinical trials confirmed this and it was marketed in 1963.