

Caduceus

19 DEC 1969



MEDICAL STUDENTS' CENTRE,
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EDITORIAL

UNION OR DISUNION?

"A house divided against itself cannot stand. . . . I do not expect the Union to be divided and I do not expect the house to fall, but I do expect it will cease to be divided."
Abraham Lincoln.

It was the bitter cry of Lyon Sharman that the Chinese people were of a disintegrating character. How far this is true the Editor leaves his readers to find out. To the Editor himself, the recent election of the Students' Union simply illustrates the disintegrating character of medical students in this University.

Ever since the beginning of the two-miles-separation from the Union in 1965, medical students have been thinking much more of themselves than of the Union. It is as if we are in a semi-autonomous state, recognizing only the suzerainty of the far, far away Union. Who is to blame for this? Both sides. It may be that Lim, Yung and Yeoh thought that they themselves were medical students and the liaison at that time was still good. But time was changing, and since Faure's era medical students have their interests drifted in such a direction and with such a speed as to crystallize in the Open Letter of February the third*. Now even one step further — no medical student will care to run a post in the Union Executive Committee in the coming session!

Such apathy is no doubt a shame upon us medical students. Our President-elect must have been deeply disappointed as well as surprised when he found that the medical students he approached to form a cabinet were too mindful of other things to help in the running of the Union. What was passing through their minds the Editor does not want to guess, but it is true that, in general, the level of Union consciousness among medical students is at present at its very nadir. Is this to continue? It must not. In a sense we are in a paradoxical position: we medical students are here to learn to serve, but we do not even want to serve our own fellow Union members! The President-elect has the responsibility of seeing to this. He is confronted with a trend which he has to break and which his predecessors have failed to do so.

Should this trend not be broken, the immediate effect will be the continued isolation of the medical student. But the ultimate end is still to the detriment of the Union. Any disintegrating element must be removed by all means. Surely a house divided against itself cannot stand!

* Caduceus, vol. no. 2, p. 1.

From The Medical Students' Council

At the campaign visit by the proposed union executives to Medical Society on Nov. 27, 1969, some unhappy episodes had turned up. Then a summary of the campaign visit was compiled by members of the Society present during the meeting.

Subsequently an Emergency Council Meeting was held on Nov. 29, 1969 to discuss the issue and the following resolutions were made:

- (a) "That the Medical Students' Council recognizes the report compiled by a group of medical students as a true factual report of the campaign visit by the proposed union executives to the Medical Society on Nov. 27, 1969 and regrets that such unhappy incidents had occurred during the campaign visit."
- (b) "That the Medical Students' Council considers the action taken by members of the Medical Society present under those circumstances justified."

It was also decided that a copy of the report and the above resolutions be sent to Caduceus for publication so as to give a clear account of what had happened

and the stand of the Medical Students' Council to the student public.

Ambrose Ng
General Secretary

Dean's Undergrad Committee Meeting

Nov. 14, 1969. L.W.K.

1. Date of Final Examination in Paediatrics — this will depend on the External Examiner. It will be as early as possible in January, 1970.
2. Allocation of House Office in 1970 will be as usual unless the present Final Year wants to have a new system.
3. The Nuffield Scholarship is now open to application to the Final Year students.
4. A sound system in O.P.D. will be installed.
5. All lecturers in Surgery will be urged to make use of the sound system in lectures.
6. A notice board in Tsan Yok Hospital for the Medical Society was approved.
7. The Chairman's request of borrowing the Filing Cabinet was declined.
8. The Dean disapproved the setting up of a table-tennis table in the locker room.
9. The Dean promised to consider the possibility of reducing the supplementary exam. fees.
10. The Dean promised a future Society Office when the Medic Centre is reconstructed.
11. Deflation of tyres — the Dean strongly disapproved of this unbecoming act. He further remarked that **ANYBODY CAUGHT ON THE SPOT DEFLATING OTHER'S CAR-TYRES WILL BE SEVERELY PENALISED.**

THE CAMPAIGN VISIT BY THE PROPOSED UNION EX-CO TO THE MEDICAL SOCIETY ON 27TH NOV., 1969

The meeting was held in the Physiology Lecture Theatre in the Medical Students' Centre, Sassoon Road at 5.30 p.m. on November 27th, 1969.

At 6.30 p.m. the chairman of the meeting, Mr. Stephen Ng requested from the chair that a proposal be made to let another member to take over the chair for the rest of the meeting. It was then proposed and seconded that Mr. Ambrose Ng, should be the chairman for the rest of the meeting. The proposal was carried.

At 7.00 p.m. a note was passed by the proposed Internal Affairs Secretary to the chairman of the meeting reminding him that the proposed cabinet had to

go to St. John's College at 8.00 p.m. Informed of this, the floor proposed that either the proposed cabinet made other arrangement with St. John's College Stu-

dents' Association so as to allow the present meeting to go on or arranged another meeting with members of the Medical Society at any other date before the Election General Meeting. It was then remarked by the proposed president that it was 'nonsensical' to make other arrangement with St. John's College Students' Association and 'impossible' to arrange another meeting with the Medical Society due to their tight schedule. He further remarked that it would be 'non-courteous' to alter the arrangement with St. John's College. It was then remarked by Mr. Wong Shou Pang that it would neither be courteous to the Medical Society if they left when all the members present requested them to stay.

It was then asked by the floor whether the proposed president thought it adequate to give only two hours forty-five mins. to this meeting with the Medical Society while a much longer time was given to hostel visits. The proposed president answered that actually it was already the longest time they ever spent in faculty visits and from their experience, faculty visits never took such a long time. Then Mr. Stephen Ng reminded the proposed president that experience gained from visits to other faculty societies need not be applicable to the Medical Society.

It was then requested by the floor that the proposed president revealed their schedule to see if it would be possible to find a date for another meeting. The proposed president remarked that they had their own right to keep the schedule only to themselves.

It was then proposed by Mr. Stephen Ng and seconded by the floor that the proposed cabinet should leave the Medical Students' Centre at that moment.

At this juncture the proposed deputy president proposed to adjourn the meeting for 5 mins. for their own discussion and this was accepted by the floor. The meeting adjourned temporarily at 7.05 p.m.

The proposed cabinet returned to the meeting after 20 mins. and the proposed president remarked that they were ready to listen to any 'reasonable' suggestions for a 'reasonable' extension of time. It was asked by the floor what he considered as reasonable extension. The proposed president then replied that they must leave at 8.30 p.m. the latest.

Mr. Stephen Ng then restated his former motion and it was seconded and carried unanimously.

The meeting adjourned at 7.28 p.m.

JOHN NG SPEAKS..

Dear Medical Students,

Let me refer again to what happened during our campaign at the Medic Centre. Well, personally I regret that it resolved in a sort of disturbed atmosphere, and I apologise on behalf of all my colleagues that we had failed to steer the questioning period in such a way so that those present were satisfied.

But do let me explain one thing. We respect every Union Member's opinion, and that will not of course exclude the Medical Students. And campaign is a sort of exchange based on goodwill, and all obligations arising from what is termed a campaign will also be derived from goodwill as well. So it can be understood that, when we went to campaign at the Medic Centre, we had always held the members there in respect.

And concerning why we were actually required to leave, I think people are more advised not to have a presumption beforehand that this is because we were non-courteous in the first place. If it could only be remembered that a campaign is based on goodwill, they will certainly be more sympathetic towards our case. Of course we understand that there is no rule stating that there is

any limit to a campaign period, that's why I repeated again and again goodwill. Well, our scheduled campaign within the week was so tight that we actually had to go to two to three places every single day, not to mention that for the hostels, the hours usually lasted from eight p.m. to two a.m. Why such a tight schedule? People may ask. Well, for your information, we actually had to prepare our programmes in printable form and able to stand up to all queries, producing four thousand copies, including translation, stabling etc. within about one week's time. And again, we had to prepare about three thousand copies in such a form that they can be sent to all Union Members, so that after the close of the nomination, there was just not much time left to do all the necessary work before the E.G.M. And on the evening when we went to the Medic Centre, we actually scheduled it to be from 5.30 p.m. to 7.30, so that we could have half an hour for our dinner before we go to the St. John's at eight. But at the request of the Medical Students present, we, as a courtesy gesture on our part were willing to sacrifice our dinner time to extend the time to 8.30 p.m. But this was refused immediately, interpreted as an act of insincerity. And the rest you know.

Again questions may be raised, why not rearrange with St. John for another date? I suppose people will only reflect, is this not in turn a non-courteous act to St. John? How many days were actually left before the E.G.M.? Three, a Saturday, a Sunday and the following Monday. I suppose the first two days are out, and Monday evening and night is the time we must rest for the E.G.M. on the following morning. So what chances were left for as for a rearrangement either for the Medic Students or St. John?

Perhaps I have spoken too much, but only to clarify the very important issue that there is the false impression that the proposed cabinet had been non-courteous to the Medical Students.

I suppose if it is really the case that we are all working for the good of Union Members, let us work in cooperation.

Yours etc.,
John Ng.

OUR ANATOMY DEPARTMENT TO-DAY

In view of the general interest in our new Professor of Anatomy and the changes he has instituted in the Department, an interview was arranged with Professor Lisowski who has kindly supplied us the required information during a pleasant one-hour chat.

A formal tutorial system has been established in the Anatomy course, with one tutor shepherding twenty students. They are scheduled to meet in the Dissecting Laboratory on every dissection afternoon, where they receive tutorial guidance on theoretical or practical points during their practical work. There are now no Gross Anatomy lectures. The stress is on living anatomy. Lectures on Embryology, Histology and Neurology are preserved. In Histology, too, groups of students are assigned to particular topics so that they do not have to wander around looking for help.

As for the ever-menacing vivas, they have been reduced in number to only five — one viva after completion of each part of the body, viz. upper limb, lower limb, thorax, abdomen, and head. The Comprehensive Examination system is preserved in part, only those who fail have to repeat this examination in the following term. There are also tests in neurology and histology.

The Professor advocates emphasis on less bulky textbooks like Grant, etc. Large volumes like Gray's Anatomy are banished.

Other possible changes are under consideration. A new subject will be instituted — Radiological Anatomy. With this new course, future medical students will be saved the embarrassing situation of fumbling around with radiographs in their clinical years. In addition it is hoped to introduce courses on cell biology and human growth and development with the help of other departments in the Faculty of Medicine.

We have also touched on the possibility of getting back medical graduates as staff in the Department. In Birmingham and some other universities, students interested in Anatomy are allowed to spend an extra year in Anatomy and obtain their B.Sc. degree before going on to finish their medical training. Therefore these universities usually har-

vest much of what they sow — and indeed some of the very best crops too. However, Hong-kong is in a peculiar situation, as it is in many other aspects. Most, if not all, medical graduates are absorbed by clinical work. It is also difficult to get Science graduates since the Department is not a member of the Science Faculty and the course is not open to Science students as part of their degree courses.

News in Brief

—Interfaculty debate:— so far, we have defeated Faculty of Science, and Faculty of Social Sciences, but lost to Faculty of Arts, but we can still enter the final.

—Medic Barbecue:— this first social function of session 1969-70 was held on 8th December at 7.30 p.m. at the Sports Centre, and was well attended.

CORRESPONDENCE

Dear Sir,

No doubt, it is regrettable that we have yet to witness medical students (and staff) immersed in art and culture in any of the Medical Society functions, at least not in the recent few years. It does not follow, however, that culture and art must be the chief ingredient in one and all of the functions organised by the Society.

Sillel will probably agree that it is silly to look for an exposition of Newton's Laws in the Shakespearean plays which he must have read, or an explanation of the fundamental principles of modern clinical psychology in Bacon's Essays. Sillel will without a shadow of doubt deride me should I ask him to derive a set of equations concerning cubes and squares using a painting from the school of cubists.

Standards and values must be set. They must be set according to the occasion. We do not condemn Shakespeare for not knowing Newton, Bacon for his unscientific approach, or the cubist for not being a mathematician. For the same reason we cannot condemn the Medic Nite for not being an exhibition of art and culture.

The majority of students went to the Medic Nite for an evening of fun and unrestrained entertainment. It was an occasion when what was ridiculous in the faculty, among the students and between the students and staff was brought to the fore.

We cannot stand these performances. Despite their exaggeration and sarcasm, they reveal but candidly what we are. After all, who can stand themselves ridiculed; even worse, by people in the know. Better perform on loftier subjects, better break the confines of the hospital and the faculty, better stake our claims on art and culture, anything is better than the show of our hides.

Any jokes on sex, to the saintly, is by definition a dirty joke, which reminds me of a columnist who answered all questions on masturbation by telling the young man to sublimate his sexual frustration, and that masturbation is a sin not forgiven on heaven or earth, despite Kinsey's report that most males admit to having masturbated, that masturbation or restraint from it bears no association to achievement in life.

When we enter the university, we are very very conscious that we have proven ourselves the cream of society, the elite. Let there be art; let there be culture. So we cry. But let us not forget that art and culture is but one side of life. Each Dr. Jekyll has his own Hyde. So long as Hyde does not act with malicious intent, allowing him to roam once in a while may not be as dreadful as it appears to be.

Flinging technical terms commonly employed in drama and other art forms does not even prove one's ability to appreciate art. Mere term flinging is only the hallmark of the pseudo-intellectual.

To face the truth, none of the "plays" put up that evening was anything near art. What Sillel has labelled "Conflict in drama" (戲劇性的衝突) "intense dramatic atmosphere" (濃厚舞台劇的氣息) "surprises in the plot" (一波三折的劇情) were but tricks that the various classes have picked up here and there and used to good advantage. At

best, these were their technical success. But they entertained.

I would like to see medical students produce plays worthy of the name of drama, the Medical Society arrange concerts and other cultural activities. But all in due course and on appropriate occasions.

I believe, despite claims to the contrary, that most medical students, including myself, realise that the sickness of the sick, and the health of the healthy, is still their ultimate responsibility, and that they are working and preparing themselves for this responsibility.

But human nature being what it is, entertainment is essential to its sanity, come hunger, starvation or disease, flood, famine or fire. And each man must be allowed to choose his form of entertainment, provided it does others no harm.

So say it not to their shame when youth in all its vitality appears a bit drunk to you.

And drop that tin-foil halo of yours.

Yours sincerely,
Bun-Sing.

Editor's Note:

It takes neither vulgarity nor indecency to show "youth is in all its vitality". The Editor has no objection, whatsoever, to laughter and enjoyment in the Medic Nite. But, undoubtedly we can do better than tickling our fancy only with obscene jests.

One may let loose one's own Hyde, sure, at one's own discretion. But mark that Hyde, having got so violent, had ruined Dr. Jekyll in the end.

Everybody can have a soul, why can't our Caduceus? And this 'soul' of our newspaper may not deserve the mock and jeer of your so called "tin-foil halo".

Dear Sir,

It is very well to learn of the "revival" of the 'Caduceus'; but where has the "Elixir" gone?

It is so gratifying for any medical graduate to receive this monthly "Caduceus" and learn of the Medical Activities in the Queen Mary Hospital Compound.

In the middle of the 50's I was, among others had tried hard to bring back the "Caduceus"; and so far we failed and instead we had to go on with the "Elixir" in three publications a year. In those years it was hard to achieve to satisfy the Medical Society during my tenure of office as the chief editor of the magazine.

I must congratulate you on this account; but I should be grateful if you could inform me as the whereabouts of the Elixir.

In the recent issues of the "Caduceus" there was a short biography of Prof. F. Chang of Anatomy and his resignation and retreat to New Zealand.

When he first came to H.K.U. in 1955 to take up the Chair of Anatomy, I was, amongst others, the first batch of students taught by him; and we owed much to him as well as inspired by him.

He certainly was and is a distinguished and respected scholar that H.K.U. will miss him very much.

Since his arrival in the 50's we learnt of his poor health and very much concerned about him.

Should be very much grateful if you could inform me of his conditions from time to time or alternatively supply me (if he permits) with his address in New Zealand.

Thanks.

(M.B. AU-YEUNG)
(graduate of 1960)

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THE PSYCHE OF MEDICAL STUDENTS—AND THE MEDIC NITE

by C. S. Ho

Medical students are in a very strange situation. They possess a strange knowledge — in the sense that they understand the structure and functioning of their own bodies — a knowledge that no other students possess to a similar extent. They possess a high rank in our society, and they are conscious, and ever anxious, of their superiority. Yet, under the high pressure of their studies, they have no time to reveal themselves fully in social relations.

Aggressiveness And Frustration

Everyone knows that the Faculty of Medicine is the most difficult to enter among other faculties in our University. Students who are able to enter it must have extra high results in their Matriculation examination. They therefore must be intelligent and, more important, be possessing a strong libido. This means that they are more aggressive than average.

When an aggressive person faces a passive person, their characters are complementary, and mutual compensation occurs. They can thus go on happily with each other. However, when aggressive persons face aggressive persons, they cannot get on so well. Someone will be less aggressive and be blown down by the more aggressive. Thus, there is a much higher chance of frustration among medical students, and frustration of an originally aggressive character is so much stronger in effect than that of an average person.

Superiority

Medic students feel that they are superior to other students.

Before they enter this faculty, they have been praised by their teachers and fellow sixth-form students as clever, hard-working, eager, etc. When they know that they are admitted into this faculty (but before their first year really begins), their sense of superiority further mounts.

The situation is completely different when their academic year really begins. They find themselves isolated from the rest of the university students. Such isolation leaves them to face day after day students of own quality. In other words, their superiority is always masked by their being confined to a group of fellow Medics.

However, their sense of superiority still persists. Therefore they gradually accumulate the subconscious drive to show it.

Academic Work

Actually, their frustration can be removed, and their superiority satisfied, if they are given time — time to date the girls whom they like (but, alas, these girls are so far away), time to read more on the subjects of literature, Philosophy and Metaphysics, and thus improve their

"mental world", and time to actualize themselves, to fulfill their potentialities in other fields.

However, their heavy academic work leaves them with no time to do these things. They possess the talents, the superiority and the social privilege (or prestige?) that they have no time to make use of. Instead, they see other people carrying the better girls away in their arms, enjoying heartily, and running most of the posts in the Union and the various clubs. And, these people, they know are less talented, have less social prestige and had been inferior to them when they were school-mates in secondary schools. So, the Medical students become more and more 苦悶 and the frustration goes on and on.

Repression And Social Rank

There is a lack in medic boys of self-imposed repression concerning sex. This is due to two reasons:

Firstly, the insignificance of girls in this faculty, compared with, say, the Arts Faculty (In conjunctions, it should be pointed out here that the medical students referred to in this essay are actually boys). Naturally, when the boy is together with the girl, he tends to behave himself in a more respectable way. The external limitation so set will gradually spread inwards to mould his mind. On the hand, if there is 'no' girls, he will be so 'free' to speak of anything he likes, without further consideration, and without the fear of hurting the ladies. The effect of this can easily be observed by comparing the conditions inside a "mixed" hostel and a men's hostel.

Secondly, the medical students among other students, solely possess the knowledge concerning their own bodies. This has very important influences on their moral concepts. They no longer keep to the moral standards that they have had before. They are going farther and farther away from vitalism. "Why so many damned rules, standards, sacredness, etc. when Man is but a machine, a system of reactions, and sensations are but to protect the individual, to motivate and drive him so that he may live, so that his species may continue to perpetuate!"

Thus, with the going on of time, the previous restrictions which he had in his secondary-school days gradually fade away.

It would be expected, then, from what has been said, that medic boys would utter foul slangs and speak of sex everywhere and at every moment of the day. However, it is not so. This is because they are aware that they have a high standing in — society. They have to show themselves serious, reliable and respectable in the public. This interesting contradiction can be seen from the fact that when two medic boys are talking to each other, they dare speak of anything — really anything, including those never heard from the mouths of other student, while if he is speaking with another person (particularly a person who is not a U-student), he would appear so polite, sincere and respectable.

The critical point concerning this is that the restriction is not a self-originated, self-generated and automatic one. It is a super-imposed one, placed on them by

the pressure of masspsychology.

And what would the result be?

A resentment against the restrictions, and a resentment against their own pretensions, and their own selves.

Summary Of The Psychic State

An aggressive but frustrated person, possessing a subconscious tendency to show off superiority; who is free from moral boundaries in his thinking, but has to pretend repeatedly; who is unable to find a normal outlet, and who has no higher level of pursuit due to the lack of time to fulfill the self.

(Please note that the above does not apply to EVERY medical student. There are of course those who are extraordinarily able. However, it probably does apply to the greater number of medic boys.)

The Outcome

Due to frustration, they become unscrupulous; just do not care what they are doing; possess no desire for improvement; and allow themselves to be drifted on and on.

But, at the same time, they want to show superiority. The effect due to frustration in this case leads them to show their superiority in a wrong way — by doing something that others dare not do, by doing something so ugly — that they have the gut, and the privilege, to do such things. Partly, this is also due to their subconscious desire to revenge against the restrictions imposed on them.

These same things lead to the development of psychological delinquents. Luckily, the possession of a social rank and a promising future prevent the medic boys from doing so.

Then, there come the Medic Nite.

The Medic Nite

The Medic Nite was definitely not designed for such purposes originally. However, the students naturally show the outcome of their psychic state in the performances they put up during the night. In other words, the performances of the Medic Nite become one of their outlets (another outlet of very similar nature is, perhaps, gambling, sensations.). Their medical knowledge, in this case, only makes them more likely, and allows them, in satisfying their depressed mind, to choose the pathway of doing 濁野 in their Medic Nite.

Thus, the Medic Nite has become an occasion unconstitutionally but traditionally recognized as the time to put off all reputations, restrictions and other considerations in order to satisfy their desires — the desires of such a highly abnormal psyche.

Conclusion

So, we have such an occasion, and such performances, going on and on. We defend such performances in terms of tradition, but have we ever thought of how such tradition originates? and why do we defend them at all — because we subconsciously welcome such performances ourselves!

Postscript

In connection with this, I would like to bring to your notice an interesting point. In the Second Union Night, the performances that resemble those in the Medic Night come from the Men's hostels, and of the three all — male hostels (resident ones) the one with the greatest number of medic boys puts up a show that matches the Medic Nite to the greatest extent.

H.K.U. Medical Society 1st Council Meeting

(13th November)

by L.W.K.

1. Professor Huang, our President, and Dr. Paul Yue, our Hon. Treasurer, were introduced to the Council.
2. Dr. Joseph Pan was elected the medical practitioner not under University full time employment to serve on Elixir Loan Fund Board.
3. Mr. Stephen Ho was elected to be the Chief Editor of Elixir.
4. Mr. Peter Lau Kwing Fu was elected to be the Editor-in-Chief of Caduceus.
5. The Council approved of the Caduceus Council Representative's proposal of changing the Constitution of the Caduceus Standing Committee to allow for an Hon. Legal Adviser and a previous board representative sitting in the Editorial Board.
6. Mr. Laurence Chan was elected to be the Director of SCOME of ARMSA.
7. Mr. Paul Lam was elected to be member without portfolio of ARMSA executive board.
8. It was decided that Mr. Chiu Cheung Shing would head the Organizing Committee of our Society in the Stall of Union Carnival and also be our representative in the Stall Subcommittee.
9. The setting up of a Standing Committee on Health was discussed. The following motions were proposed and passed:
 - (a) "That a Standing Committee on Health be set up by Medical Society"
 - (b) "That we set up an adhoc committee of three members to draft up the Constitution for setting up the Standing Committee on Health to be presented to the Council at the next Council Meeting."
10. The members of the adhoc committee were elected. They were Miss Della Chu, Mr. Paul Lam and Mr. Wong Kwok Kee.
11. Concerning the Blood Donation Campaign, the Council authorises the Ex-Co to carry out the Campaign in conjunction with H.K.F.S. and H.K. Red Cross.
12. The Council authorises the Ex-Co to look into the possibility of changing the canteen caterer.
13. A report on the progress of the Medical Fraternity Committee was delivered by Mr. Lam Wah Kit on behalf of Mr. Chiu Tak Wai. It was decided that the possibility of the abolition of the post of Development Officer was to be considered by the Medical Fraternity Committee.
14. The motion "that the Medical Society will not pay for the newspapers in the Medical Students' Centre" was proposed and passed.
15. Mr. Lee Tze Yuen was elected to be the Faculty Representative to the Physical Education Committee.
16. The E.A.S. brought up the issue of compulsory Faculty Society Membership to be discussed. The motion "that this Council disapprove the principle of Compulsory Faculty Society Membership" was proposed and passed.

INAUGURAL LECTURE BY PROFESSOR HUANG

An Inaugural Lecture on "Food Customs & Microbial Food Poisoning" was delivered by Professor C.T. Huang, M.B. (Lingnan), Ph.D. (Leeds), M.C. Path., Professor of Microbiology on Thursday, November 6, 1969, 5.30 p.m. in Pathology Lecture Theatre of the Pathology Building.

VIVA, VIVA!

Aviv.

Alas, betimes the strike of two,

The cadavers lay in their peaceful pool.

Majestically framed, the tutors sat,

To await the glory of the slaughter threat.

But lo, the slumber-crowned, bookish-drowned

Hundred and twenty- scrouged the Dissection Room.

Their fears, doubly redoubled ten times strong,

Heralded the forthcoming mourn.

With timing clock set, postures erect,

The slaughterers began their attack.

"Describe this bone," the charging soared,

And the sheep out their contents poured.

Whence, for one distilled focused moment,

The normallest abnormalities happened.

The normal eyes curiously short-sighted find,

And the short-sighted went blind.

The foramen vanished, the insertions stained,

The useful forgotten, while the useless remained.

Slow as snail the creeping minutes passed,

The seige continued, whence at last

The omnipotent clock with its almighty roar,

Brought in the air of freedom — once more!

MEDICAL SOCIETY H.K.U.S.U. ANNUAL FINANCIAL REPORT (1968-1969)

INCOME:	
Balance from last year	\$1033.39
Subscription from 1st year members	\$4800.00
Co-op profit	\$ 559.80
Total	\$6393.19
EXPENDITURE:	
Chairman (Stationery)	\$ 30.00
General Secretary (Stationery, handbook and Presidential Address)	\$ 549.00
External Affairs Secretary (Postage, transportation and stationery)	\$ 100.00
Internal Affairs Secretary (Newspaper, magazines, Book-clips and miscellaneous)	\$ 256.70
Social Secretary (BBQ)	\$ 250.00
(Medic-Arts Get Together)	\$ 440.00
(Launch Picnic)	\$ 100.00
(Medic Nite)	\$ 210.00
Sports Secretary (Training)	\$ 350.00
(Souvenirs)	\$ 700.00
Loan to ARMSA President	\$ 200.00
Health Project (Blood Donation)	\$ 40.40
Medical Fraternity Committee (Refreshment, Stationery)	\$ 111.25
ARMSA subscription, 2 years, US\$25/year	\$ 305.00
Repayment to Bursar, H.K.U.	\$ 500.00
Souvenirs for resigned staff	\$ 117.00
Refreshment for Council Meetings and last AGM	\$ 90.70
Souvenirs for out-going President, Vice-president, Hon. Treasurer and Graduates Representative	\$ 80.00
Total	\$4430.05
SOCIETY ASSETS (Stock Goods in Co-op)	\$ 302.10
CREDIT DUE (loan to ARMSA President)	\$ 200.00
BALANCE (Total CASH)	\$1661.04

(The Financial Secretary apologises for the confusion that arose in the 23rd AGM concerning the Financial Report '68-'69 because of misplacement of certain items.)

IN SCANDINAVIA

20th Medical Summer School in Denmark is going to be arranged by The International Medical Cooperation Committee of the Medical Students' Council University of Copenhagen, Aarhus and Odense. The time is from August 5 to 26, 1970. It will accommodate 40 preclinical students. The fee is US\$120 (accommodation included). There will be a series of lectures (in English), ward and O.T. rounds and visits to medical and social institutes and possibly trips to Copenhagen, Northsea and Aarhus (\$25 extra). The deadline will be May 1st, 1970. For further information, please contact our External Affairs Secretary or write to I.M.C.C., Aarhus Afdeling, Gustav Wiedsvvej 31, 800 Aarhus C, Denmark.

From August 11-29, 1970, another medical school of similar nature — the 16th Annual Medical Summer School in Scandinavia will be organised for medical students. For further information, please contact our External Affairs Secretary. (R. Ng)

「MEDIC NITE」的戲劇表演?

曉山

任何文章若然用上「評」字，即表示作者對某一件事情有深切的瞭解，並非憑空吹噓，或是憑個人的主觀和偏愛，而作某種的「評論」。

談談演技吧，若果嚴格來說，全晚沒有一位演得「好」，(請諒)，許多地方過火的過火，呆板的呆板，台位常走得不合情理而背台，這些都是演戲最基本的不能犯的錯誤。Stiel 君的「拍案叫好」，使我懷疑他(她)看戲的水平。

Stiel 君的腦筋非常靈活，任何事都可以轉到「性」方面，那便無話可說了。我很奇怪，為什麼 Stiel 君會說「生有醫院」那劇的前奏曲使人臉紅? 生育，是很正常的事，雖然表現手法或有誇張一點，但還不失其真實處。由此點想想，Stiel 君及一切認為「臉紅」的人，都該多多學習「避震」，還有更多「臉紅」的事等着你們呢! 做醫生，可不容易哩!

劇本、導演和演員是三位一體，普通的劇評，都是針對這三點而論，再加上佈景、音響及燈光等等。在這裏，我不欲在這方面多言，因為我覺得 Medic Nite 的戲是無庸評論的，以下會有理由解釋。現在只是摘要地指出前文的若干錯誤。第一，演員的聲調，應要大小控制自如，「Stage Whisper」，大概 Stiel 君該聽過這名詞吧。為什麼要說「沒有盡量利用高音」呢? 知道「味高峯」是演員的大忌? 第二，Stiel 君說「二年級的表演」洋着濃厚的舞台氣息! 若果真要用這一句，是因為演員們都化了裝，尤其女孩子的衣服極漂亮，但與真正的「舞台氣息」，相去十萬八千里哩! 演戲最重要的是演員間的合作，默契和反應，不要去看說話的那個人，他必然不會太差，這是表演的機會嘛! 要留意的，是旁邊的人; 以我所見，前台的男孩子與後排的女孩子，就是分開兩大截，前有前在「肉麻」，後有後的在臉紅，老天! 舞台氣息! 第三，

對呀! 內容全是涉及院系中的事，這無甚切實的小插曲，也不是「件事」，是否演莎士比亞劇才算文化? 為什麼不把眼光放在比較輕鬆一些的事上面? 老實說，如果真要做莎劇，必是個失敗。「性」是題材之要點? 我可不同意，整個晚上，台上可沒有人說這些話，兩個人相愛，那不是很「羅曼蒂克」的事? 器官移植，腎臟是有大有小，兩個捐了一個，可不再是個完整的人哪! 要得太太同意，絕不過份，反正兩人結婚之後，合而為一了。這有什麼「自暴其醜」? 任何說話，你可以想得很壞，也可以想得很正派，大概

同意文科的人說我們沒文化，因為我們 Medic Nite 表演「不佳」，為什麼不去想想 2nd Union Nite，難道那些戲比我們好? 難道編、導、演的都是醫科的人? 荒謬之極! 不想清楚而同意別人的話，說的人已經沒思想的了，同意的更沒思想的人! 每年的 Medic Nite 都是最多參加的集會，君所言之「致命傷」，先天下之憂而憂矣!

我相信要醒覺的，倒還是 Stiel 君，既然對一個集會的評價已經那麼低，為什麼要自我虐待去看呢? 明年想清楚才好呀!

MERRY CHRISTMAS AND A HAPPY NEW YEAR

FROM



Caduceus

偶感二則

鳴

遊艇「嘩啦啦」的開走了，我推一下我的眼鏡，望着那慢慢遠去的光點在黑漆的海面消失，心中悵然，有點空虛，很不舒服。各人都在談得興高采烈，我獨無言，沒有人發現我的失常。一連幾日，我感到很納悶，沉默寡言。心中的鬱悶沒有傾訴的對象，益加深了我的沉重心情。這幾天我眼，彷彿要透我的心事。『爲什麼?』

我把目光從海上收回來，望着她那充滿疑問的一點感觸，想起來真有點傻! 她很留神的聽着，眼睛在催促我說下去。『妳還記得船上的兩個侍應生嗎?』

「妳有留意他們兩個都很年輕?」

她眨了眨眼，沒有作聲。

「唔，差不多吧。」她應了一句。

「他們正值求學之年，却爲了生活在船上作侍應生，連讀書的機會也沒有，我替他們感到很難過。當他們替我們預備下午茶及晚餐，我心中很不安，有點不忍心。大家都是青年人，他們和我們沒有什麼不同，只不過他們家景困難便要服侍我們要樂了!」

「是呀，那天我們晚上十時多才回來，他們連上夜校的時間也沒有，我也覺得很悲慘!」

「就是因爲明知他們悲慘而自己又沒有什麼能力幫助他們，我才覺得很悶!」

她默默不語，似乎明白了我的心事。

我們相對默然，眺望海景，心却一直向下沉……

下了課，我忽忽走出講室，趕着離開。

「鳴，爲什麼這樣的匆忙?」有人叫着。

「補習?」他神秘的笑了笑，「鬼才相信呢! 九成九去!」

我笑了，沒有答話。我懶得跟他再分辨，由他誤會好了，反正他們也不會相信的了。跟他們揮揮手，從太平門出去了。

在巴士上，同學們都在談論某部電影，我只有聽的份兒。

「喂，鳴，你認爲怎樣?」

「我沒有意見。」我搖搖頭說道。

「怎麼會沒有意見的?」

「我沒有看過這部片。」

「現在功課清閒，你連電影也不去看? 我記得你女朋友不喜歡看電影呢?」他笑着說。

「我也不是不想看，只不過是沒有空。」

「現在也沒有空，你攪什麼鬼的?」

我苦笑一下，望出窗外。

究竟爲了什麼? 還不是爲了補習。我的空餘時間都用來補習，還那裏有空去看電影! 雖然我浩愛電影，可是功課要緊，電影留待他日才看吧! 我的其他嗜好如橋牌，羽毛球、籃球、乒乓球和旅行等等都是因爲同一原因而放棄了。

多次有人問我：「你爲什麼要補習呢?」我都回答：「只因爲我自己試過賺錢，知道賺錢不易，所以不想伸手向父親要零用錢。」他們聽了，似乎不明所以! 這也難怪他們不明白我補習的動機，因爲他們重來也沒有賺過五分錢; 他們的零用錢以及一切使用都是從父親處伸手取來(當然包括上夜總會開支在內)!

ERYTHROPOIETIN

In 1906 Carnot and Deflandre first suggested that the stimulus for erythroid regeneration after bleeding might be humorally mediated. Half a century later, Reissman showed that exposure to hypoxia of one member of a pair of parabiotic rats resulted in erythrocytosis in both animals and Stohman et al observed generalized erythroid hyperplasia with erythrocytosis in a patient with patent ductus arteriosus and regional hypoxia from reversed shunting. Since then evidence has accumulated indicating a humoral regulation of erythropoiesis. The production of the hormone, which has been called erythropoietin, is in turn regulated by a feedback mechanism whereby production increases in the presence of tissue hypoxia and decreases or stops when the oxygen demand of the tissues is met with. The maintenance of a normal red cell volume is believed to be achieved through a delicately balanced equilibrium as obtains in other feedback systems, e.g. the pituitary-adrenal axis. The sensing mechanism for the tissue hypoxia which must, by inference, be a very sensitive device has however eluded localization and identification.

SITE OF PRODUCTION

In the study of the physiology of erythropoietin, as has been true of many other situations, knowledge of the normal has been gained through studies of the abnormal.

The anaemia of chronic renal failure is well known and erythrocytosis has been encountered in association with hyperne-

phroma and other unilateral and bilateral renal diseases. It is therefore not surprising that the kidneys were among the earliest organs incriminated as the source of erythropoietin. With the development of more reliable and sensitive methods in the bioassay of the hormone, the implication was further reinforced as a deficiency of plasma erythropoietin

activity was demonstrated in renal failure and an enhanced activity found either in the plasma, tumour or contents of renal cysts in the case of renal erythrocytosis. In man the kidney is unlikely to be the only site of erythropoietin production because even after bilateral nephrectomy erythropoiesis does not stop altogether. Recently

an increased erythropoietin activity has been demonstrated in the plasma of an anephric man following haemorrhage.

Erythrocytosis has been observed in diseases of other organs, including cerebellar haemangioblastoma, hepatocellular carcinoma, uterine fibroids and pheochromocytoma. In many instances there was evidence of increased erythropoietin production and in some erythropoietin activity could be found in the diseased organ. One is therefore tempted to conclude that erythropoietin may be produced, at least potentially so, by various organs in the body though in the normal state more efficiently by the kidneys.

MECHANISM OF ACTION

It is often futile to talk about the biochemical role played by any substance unless it can be obtained and therefore tested in a pure form. In the case of erythropoietin, this criticism looms as a yet unsurmountable hurdle. Material for study is obtained either from the plasma of animals made anaemic by bleeding or acetylphenylhydrazine or from the urine of patients with aplastic anaemia or chronic iron deficiency. About the structure of the "purified" erythropoietin thus obtained, all that is known is that it is most probably a glycoprotein of relatively small molecular weight (variously estimated to be between 10,000 and 100,000) containing sialic acid which is essential for its biological activity.

Many experimental models have been devised for the study of the mode of the hormone's action. The consensus of opinion is that it acts primarily on the stem-cell, inducing the synthesis of enzymes and proteins which commit the cell to the erythroid line of development. Although it has been observed to exert some influence on the later stages of the erythron, the continued presence of erythropoietin is not necessary for normal maturation.

CLINICAL CONSIDERATIONS

Has erythropoietin found any clinical applications? Many a fervent worker in the field would answer in the affirmative.

He will indeed be a poor physician who relies on the changes in erythropoietin production for the differentiation of polycythaemia vera, hypoxia-induced erythrocytosis and the erythrocytosis associated with neoplasms. Nevertheless observations so far have indicated three distinct patterns of erythropoietin excretion (probably reflecting its production) in these three categories of diseases. In polycythaemia vera, it is not unexpected that erythropoietin production is toned down as the result of the negative feedback. Thus plasma and urinary erythropoietin is invariably undetectable in such patients. When phlebotomy is carried out bringing the red cell volume to normal values, the supply of oxygen to tissues remains adequate and therefore no rise in erythropoietin excretion is observed. In hypoxic patients with compensatory erythrocytosis, very often no increase in plasma erythropoietin and only minimal increase in urinary erythropoietin is detected. This suggests that in order to keep an expanded red cell volume at a steady level, it is only

necessary to have a normal or high normal daily production of erythropoietin. When such a patient is phlebotomised the capacity of oxygen carriage is reduced and the hypoxia becomes decompensated. An increase in erythropoietin excretion is the expected finding. Lastly in erythrocytosis associated with neoplastic diseases, an autonomous over-production of erythropoietin or erythropoietin-like substance accounts for the elevation of red cell mass. In these patients both plasma and urinary erythropoietin have been found to be increased, sometimes to very high levels, indicating the unphysiological nature of the situation. In a limited number of patients studied, phlebotomy has no enhancing effect on the urinary erythropoietin activity.

Another clinical application is more relevant to those parts of the world where erythroblastosis foetalis from Rh-incompatibility is a problem. With the advent of intrauterine transfusion to the foetus, it is important to have a means of assessing whether and when such a procedure is indicated. Various parameters may indicate the presence of haemolysis but none gives any idea of the severity of the resultant anaemia which is the decisive factor for viability of the foetus. Erythropoietin was found to pass from the foetus into the amniotic fluid and the levels of erythropoietin therein were found to correlate well with the degree of anaemia in the foetus.

Since the level of amniotic erythropoietin in fact measures the extent of foetal hypoxia, the investigation can be profitably employed in the haemolytic disease due to other blood group incompatibilities and to detect foetal hypoxia from other causes such as maternal diabetes, toxæmia of pregnancy and post-maturity.

It is obviously premature at this moment to consider the therapeutic exploitation of erythropoietin. Theoretically because its biological activity is not species-specific and by itself antigenicity is low, there is no reason why it may not be used in a way insulin has found itself employed over the decades. However, even when erythropoietin can be made available commercially, the practical question has to be answered, perhaps best by the uraemic patient himself, whether he prefers a daily injection of erythropoietin or a monthly transfusion of blood.

T.S.C.

Medicine Today

An Enzyme System of T.B. that specifically reacts with Isoniazid

In vitro, an enzyme system is discovered to react with isoniazid producing a pigment. It is suggested that initially, an enzyme-substrate complex is formed with isoniazid which displaces a precursor of the pigment. When metabolisable substrates are added, however, death of the cells follows, due to either altered enzyme function or toxin produced by pigment precursor. In resistant strain, since isoniazid can also enter the cells, it is suggested the enzyme system is absent.

(P.G.P.)

INTESTINAL CAPILLARIASIS

T. SUN Department of Microbiology

In the Annual Meeting of the American Society of Tropical Medicine recently held in Washington D.C., the American and Philippine researchers warned that a disease called intestinal capillariasis found in the Philippines can possibly spread to other countries. This report has caused alarm and curiosity in many places. Since the disease is still new in Parasitology, a brief introduction of it may be helpful.

The disease was, in fact, first discovered in the Philippines in 1963 but its importance was not fully recognised until 1967 when an outbreak occurred in Tagudin town of Ilocos Sur and its neighbouring areas. It was first reported as a "mystery disease" which brought to the death of 100 patients out of about 700 confirmed cases. The etiology was at first controversial, but it was established when a special medical team was sent to the epidemic area to investigate into the cause. *Capillaria* eggs were then identified in the stools of most of the patients.

Capillariasis is a common parasitic disease of the rats and the causal agent is *Capillaria hepatica*, a round worm which involves the liver of the host. Human infection with *Capillaria hepatica* is rare and accidental. However, in intestinal capillariasis, the parasite is exclusively localized in the small intestine causing a sprue-like syndrome. Because of the marked difference in clinical manifestations and also because of minor morphological variations, the worm in intestinal capillariasis is considered to be a new species and the disease caused by it a distinguished form of capillariasis.

The life cycle of this parasite has not been worked out. Since many patients had a history of eating raw fish and/or shrimps, which were then considered to be the transport but not the intermediate hosts. Experimental infection by feeding embryonated eggs of the parasite to mice, rats and dogs failed to establish infection in these animals, however.

Both *Capillaria* and *Trichuris* belong to the family of *Trichuridae*. Their eggs are somewhat similar except that those of *Capillaria* are slightly smaller (45.5 x 21 u) than those of *Trichuris* (50 x 25 u). The egg of the former may also be distinguished from that of the latter by its striated egg shell and the less prominent polar plugs. It is not surprising that in some of the reported series, *Capillaria* eggs were mistaken for *Trichuris* eggs in stool examination. The adult worm of intestinal capillariasis is usually seen in the small intestine, more often in the jejunum than in the ileum and least in the duodenum. As many as 40,000 worms have been seen in the intestinal content of a case at autopsy. The sex ratio of the worm is about 1:5 with the female worm predominating. The female worm is also larger than the male worm in size. It measures

3.8 x 0.04 mm and the male measures 2.8 x 0.03 mm. The adult worm attaches to the intestinal mucosa either by inserting the anterior portion into the mucosa, or leaving both the anterior and posterior ends free in the lumen. The enormous numbers of adults found in an individual case made it quite unlikely that the infection is entirely exogenous. Also, the worm-burden was sometimes higher at the time of relapse than in primary infection. Multiplication of the worm in the intestinal mucosa similar to that of *Strongyloides stercoralis* was, therefore, suggested.

The pathological changes in the small intestine may be described in 4 aspects:—

1. Alterations in the mucosal pattern — this is manifested as blunting, flattening or or complete obliteration of the villi, deepening and cystic dilatation of the crypts of Lieberkuhn and reduction of the thickness of the mucosa.

2. Epithelial changes — there is cuboidal or squamous metaplasia and sometimes syncytial arrangement of the contiguous cells. The Goblet cells are reduced in numbers.

3. Stromal or interstitial changes — in the lamina propria the stroma is infiltrated mainly by plasma cells, lymphocytes and macrophages and by a few eosinophils and neutrophils. Mild to moderate local fibrosis and petechial haemorrhage may also be encountered.

4. Tissue invasion by the parasite — the worms embedded only in the mucosa. Inflammatory reaction surrounding the parasite in the tissue proper is absent.

The parenchymatous organs usually show various forms of degeneration and reduction in

weight. This may result from the ill-effects caused by the parasite on the nutritional status of the host.

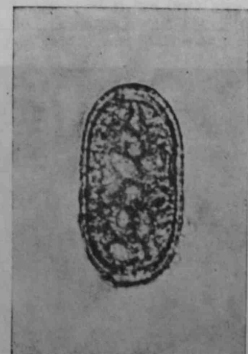
Clinically, the disease resembles sprue. In view of the morphological changes in the intestine which will obviously affect the function of absorption of nutriment, the symptoms are self explanatory. In fact, before the discovery of *Capillaria* eggs in the stools of the patients the first few cases were diagnosed as mal-absorption syndrome of unknown etiology. The major symptoms are diarrhoea, abdominal pain, lassitude and weight loss. Low grade fever, vomiting, serous effusion and pedal oedema may also occur. The patient may finally develop into marked emaciation and die of malnutrition or dehydration. Some authors emphasized that the negative findings such as absence of jaundice, organomegaly or significant pallor are significant in differential diagnosis.

The results of radiological examination of the intestine varied in different patients, but features similar to those found in sprue was reported in one case.

The blood pictures are usually normal, except that the eosinophil count increases steadily. Hypoproteinaemia, hypocalcaemia, hypocholesterolemia, low serum iron, and low total iron-binding capacity have also been reported.

A firm diagnosis can only be established by the discovery of the eggs of the parasite in the stools or the adult worms in the small intestine. Peroral intestinal biopsy may be helpful, but the intestinal lesions can only be considered specific by virtue of the presence of the *Capillaria* worm.

Drugs effective for treatment of trichuriasis such as Dithiazanine (Telmid) and Thiabendazole (Mintezol) have been applied to the treatment of this disease. They are effective in killing the *Capillaria* worms, but the rate of relapse is high, for many patients require re-admission to hospital up to four times. The relapse is thought to be due to existence of "typical" and "atypical" strains of the parasite, which may respond to the drugs differently. After the withdrawal of the drug, the resistant strain multiplies again. Nevertheless, the incidence and mortality rate of the disease have been greatly reduced by treatment. The warning given by the American and Philippine scientists is still hypothetical. This strange malady has, up to now, not been spread outside of the Philippines.



(*Capillaria* Egg)

啟思

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醫學生的文化與教養

馮海柱

得睹二位小同學在「啟思」撰文非議我們的「醫科夜」，微有不快，因為他們實在大大的誤解了「醫科夜」的真義。本人虛長一丁點兒，自感有為他人啓蒙的衝動，所謂救貧亦救媚，亦是醫界玉律之一。

愚見一向以為教育之道，不在讀聖賢書，而在體驗人生，在於塵垢之地的翻動，然後才可以試學做個「文化」的人。只曉得在家裏讀莎翁雪梨（其實這些勞什子亞水都讀過），或和些所謂大學生的不文不化的文科生談些不文的現象，而空著急地冤枉地面紅，這是正一藏在象牙塔中，萬事不得超生，可悲。

小同學提及「文化」「教養」等詞，然未能盡釋，似乎不明白什麼叫做文化。愚見以為「文化」者，「文」已後「化」也。讀者諸君啊，這個「化」字大有文章。譬若在一个幽默劇中振臂高呼：「救救牛奶媽嘔嘔細路仔啦！」又如如世軍之流在很歡熱的週年舞會叫嚷：「罪人懺悔！快挖清荷包奉獻。」等等，都是不化。小同學自出娘胎以來，只見過兩個「醫科夜」，該經驗尚淺，居然妄評長短，大言驚人，亦屬不化。所謂多一事長一智，勸勸世人還是慎言為要；乘青氣未散，俗氣未生之時，正好大事吸收學習，看化紅塵才能做個又文又化的好醫生。說不定在這個學分先後的圈子裏，也能够後來居上，此也。

醫生是很特別的一等人，將來責任重大，人命關天，確是非同小可；所以須要特別的教養。最基本的必要是有同情心，能够著作犧牲，你要問自己：「假如半夜三更，對面王爺奶陣痛要生仔，自己會不會開開暖暖的棉被，去幫她一點氣力？」如果你以為：「免啦，叫她坐的士自己去貧醫院算數！」你還是趁早回頭，改讀文科之類。第二必要是「有救無類」，譬如一個吧女染了越南玫瑰，或者墮胎不成流血不止，爬到你的診所，你不能說：「醜死怪！面紅！否決醫你個大罪人。」老老教授講過：「做醫生專責只醫身體，那x的靈魂勞什子，是牧師的生意！」（大意如是，意譯，本人不負任何責任。）第三必要是切戒大驚小怪，譬如大肚老妻被老妻斬了一刀，但他還是永遠的愛她，你這個緊張張醫生，急急去報警，這不是通情理，亦是這個。第四必要是見色不能亂，這點似乎是老生常談，但亦是小同學最難克服的，譬如女有女病，疑生乳癌，你看她時口乾手顫面紅耳耳，又或過度有型，當她是豬肉似的檢驗，甚傷她人的柔細情感，有負病人給你的信心。

教養的一部份，就是能够容讓，能够接納，能够吸收。「醫科夜」是歷史悠久的開心菓之夜，是娛樂時娛樂的娛樂，但亦不是全無文化，小同學不文不化，所以走眼（即係走寶）耳。以例證之，本年第五年級級出「生仔悲喜劇」，可謂寓人生於幽默，無得頂！小同學封住面紅，看不到做媽媽的淒厲，看不到「接生婆」的醜態，看不到醫學生的苦悶。各部門的講師有教落：「有不明白的地方，適宜急急請教你的Tutor。」說到「醫科夜」各劇內容貧乏，只是片面之詞，或許前兩三劇的確稍嫌貧乏，不過參加演出即是學習，將來他們一定愈老愈辣，小同學試觀之。

這四點基本的教養，怎樣可以求到呢？正是條條大路通羅馬，要靠自己的機緣和福份，不過要緊記着，病人的安危悲樂，全仗醫生的技藝和這些機緣和福份。歸根究底，還是要多學習，多體驗，看化一點，不要閉門造車，更要虛心自省；或許學有小乘，濟世救人，又能自娛，也是功德，善哉。

回音

四年前，我懷着滿腔熱情，參加了學生會合唱團的演出，得來的是對合唱團組織、人事和表演，誠懇地指出該合唱團的弊端，自以為操詞婉轉，意見客觀，現在翻出來看看，雖然當時的指責大部份仍是正確的，但完全忽略了對別人困難的諒解，而我對大學生活的感受，也過於狹窄，不够成熟。

「評Medic Nite的戲劇表演」一文的作者，令我想起當年的自己，坦率得可愛，也天真得有點幼稚。

戲劇本來便是醫學生的課外活動，況且大家都沒有什麼時候準備，假如用這來做衡量我們文化程度的準則，那很抱歉，我們確是沒有什麼文化的。

晚會的戲劇內容不出醫學範圍，並不表示醫科學生思想貧乏，以目光淺窄，沒有知識，沒有教養。很簡單，一如野火會中為什麼不宜選音域太廣，音調太悲的歌來唱一般。無他，只因不適合環境所需。

醫學生晚會的戲劇比賽，原意是增加晚會的情趣，只要能令氣氛融和，戲劇的內容，表演的水準，倒在其次了。舉個例子，在同學們表演時，台下不斷暗叫，這種行為，雖很難為普通人所接納，但不少妙語，往往與台上的表演相映成趣，更令哄堂發笑。

藝術的欣賞是多方面的，完善不一定更感人，缺陷也不一定使人憎厭。家書對遊子來說，比文豪的傑作，讀來更溫暖；同學參差不齊的歌聲，對快要畢業的學生來說，比歌唱家清脆的表演唱，聽來更親切。

同一件事，不同的人，從不同的角度看，便有不同的解釋，生活因為這樣，才會多姿多采。因此最後，容我替五級同學的戲劇製作辯護；那段「令男觀衆嘩然，女觀衆面紅」的劇本，很慚愧，我認為正是全劇精華所在，妙在固可圈可點。做過產科的同學看來，這段楔子固然明瞭不過，聽過產婦呻吟的同學，也會心知肚明，暗裏偷笑。相信只有那些太純潔的同學，才會「嘩然而紅」的。可能是「目中無妓，心中更有妓」吧。

請再批評：
「目中有妓，心中更有妓。」
「目中無妓，心中亦無妓。」
「夏蟲語冰？」

MEDIC BBQ



我的辨

其一小引
這本來傳來不是什麼的辨正，但前幾天從編輯先生口中傳來消息，得知我在上一期啟思那編譯Medic Nite的文章，引來不少批評和非議，因此為了避免引起誤會和猜疑，便決定寫一篇澄清態度和立場的文章，倉卒間却找不到一個更好題目，祇得勉強名之為「辨正」，讀者諸君有發覺下面的只不過是篇拉雜談話，請勿見怪。

其一二談性、唱高調與價值觀念
有人以為對「性」的追求是人最原始的本性，因此對說一些色情的故事，或一些「味」深長的笑話等這些，認為是「天公地道」的事情。因此，如果有人斥之為下流、無恥，他們就說：「你們這輩假道學，不要唱高調了，還是把面具扯下來吧！」

但我絕不同意這種看法。人類最基本的價值，根本在其能以理智去控制原始的衝動（也即哲學家們所謂的「獸我」）所以人類社會才能進步，文化才能發展，使人成為萬物之靈。當然，在原始時代的人們的行為，獸性所佔的比重很大，但隨著文化的進化，人類漸漸不甘於僅是尋求肉體上或生理上的滿足，而開始作心靈上的探索，從而發展開來的就是哲學、文學、音樂及其他方面的藝術。這都是人類高級靈性的表現。

因此，我以為一個真正現代文明人的生活中，「性」所佔的部份，應該是微不足道。但究竟為什麼在第二次世界大戰後，竟然起了一個所謂「性解放」的運動呢？這不過是隨著物質文明的高度發展，人們心靈空虛，從而追求人性本能的一種結果；而且這却成了一個「惡性循環」，使到人類科學方面發展得越快，與心靈的隔漠也越來越深了！

當然，如果在你的價值觀念中，以為追求物慾上的滿足，是人生最高目的；那麼，我也沒有什麼話說。但我總以為是糟透了上帝賜給我們的生命，而與禽獸有何分別！

正 SILEL

其三談傳統與反叛
有些人說：「傳統就是傳統，以前的人都是這樣做，你又要求怎樣？」

但我提醒一下他們，任何傳統永遠都是在被改進，或甚至被打破。看看達爾文的進化論，林的解放黑奴，孫中山先生的提倡民主，我們就可以知道這個世界上如果沒有這羣勇於反叛，敢於反抗傳統的人，真是不知是什麼的樣子了！不過，很多人對傳統做法，無論好壞總含有一種敬畏之心，以「人人都是那樣的」為藉口，實行「鸵鳥」政策，因循保守，實際上却是胆小怕事。這樣的人我稱之為「投降主義」者，因為他們可能心中也明傳統的壞處，但却永遠在逃避責任，而對現實低頭。「差不多」和「阿Q」的「沒有辦法」，實是這些人的最好寫照。

我以為人生的真義在不斷的奮鬥和不斷的改進；而所謂傳統就經常是前進的絆腳石，所以積極的人生應包括不停的向傳統挑戰；壞的傳統自然要毫無保留的被拋棄，就算是好的，也要經常的被改良，以免為時代所淘汰。

其四後記
寫完上文之後翻翻看，發覺真的不算是篇「辨正」。不過，無論怎樣，總希望我已把我的部份人生觀表達了出來，以闡明為甚麼我對Medic Nite有那樣的想法。