Caduceus

MEDICAL STUDENTS' CENTRE,
SASSOON ROAD,
HONG KONG.

VOLUME 1 NO. 10 OFFICIAL PUBLICATION OF THE MEDICAL SOCIETY H.K.U.S.U. 15TH OCTOBER, 1969

EDITORIAL

ASIAN REGIONAL MEDICAL STUDENT ASSOCIATION

With the election of the new executive board members and the termination of the fourth general assembly, we envisage ARMSA entering its fourth year of existance. As the host country for the general assembly this year, we are at a particularly favourable position to assess the results of the past, the projects of the future and in general the value of such an international medical students' association in Asia.

We can look at ARMSA from two widely different angles. If we come down to concrete terms, and ask ourselves, what, in fact, has ARMSA done in the past three years? I am afraid we must admit that results are not as good as what can be expected. There are two issues of Medicasia; a few health projects most of which can just as well carried out by local medical societies; some exchange students and one or two surveys on medical education. When compared with the amount of effort spent, the heavy expanditure involved, it is doubtless that ARMSA projects not only are expensive, but also are far from catering for the welfare of the average medical student.

Criticising the association from the above standpoint, it seems that we are reaping only a poor harvest from such a great deal of effort. Yet we see ARMSA proudly entering a fourth year, with ever increasing support, enthusiasm and confidence from all its member countries. Why? If we review the situation from another angle, an angle which many of us tend to forget, the reason is quite obvious.

As medical students, we aim at improving the administration of the local medical society, at the development of a better system of medical education, at raising our professional standards so that we can better serve our community. We need dynamic and inspired people to shoulder these responsibilities, to initiate new plans and to overcome the hardships encountered. It is through intimate contact with medical students in places far apart, that we become aware of our own situation and discover the points that require improvements. It is through comparison with others that we know the defects in our own system. It is from the experience of other people that we can know in advance the pitfalls in our new plans. Most important of all, it is through the exchange of ideas, with groups of people faced with similar difficulties and problems, that we get the inspiration and motivation that are so essential for MEDICAL STUDENTS WHO CARE ARMSA, and by forming a close link between medical students in Asia, ARMSA has much to contribute in these respects. Contributions which cannot be seen or felt immediately, but are nevertheless most constructive and valuable.

EMPTY PROMISES?

It has been said that political agitators are the ones most capable of lavishing attractive promises and yet achieving little. We do not know how some of our student leaders have come to inherit this. Are we to understand that promises are nothing but part of election porpaganda; or are they merely made in order to become sacrifices of some expedient policy? Moreover, when matters arise, we must do what we deem essential even if these have not been promised, not to mention those already so.

History is cruel, very cruel. There is not a single one of us who will not eventually come to face the verdict of history. Time has elapsed so quickly that the ones we elected last year are coming to the end of their terms of office. True, the year is a successful one, as every year seems to be. But this has been a stormy year, too, and as the tide of University Reforms ebbs, that of Union Reforms rises. We were promised that a new post would be created, the job of which is to maintain liason with the Union . . . But we seem to be as ignorant of affairs two miles away as we did one year ago. Where was he when the Loke Yew Hall thundered on January 30th? Where was he when all Union Council Members were hotly discussing the John Lau affair?

The achievements of our Society Ex-co have been moderate, and we congratulate them upon their fruitful efforts. Yet as we read their election manifesto again we cannot be without doubts as to how much more can still be done, at least how much more in their minds one year ago. Where are the Film Shows promised as part of acadmeic and cultural activities? When was the Fund Raising Scheme carried out? Has every class got past examination papers from the Society? Why has the Co-opt. become a show window for tantalisation? We have yet to see the "acceptable quality" of the food of the Medic Nite this year. Lastly but by no means the least, we are disappointed that our Society has not shown our gratitude towards Professor Francis Chang when he retired last month. This is in sharp contrast to what the Society did years ago when Professor Stock left Hong Kong for a more honourable post.

Promises are not meant to be made and broken, except by skillful unscrupulous politicians. People running for posts, keep your own promises and always be ready to do more than that, too!

Armsa Fourth General Assembly

The fourth general assembly of ARMSA was held from September 20—September 27 at Medical Students' Centre, Sassoon Road. Countries represented were Australia, Hong Kong, India, Indonesia, Israel, Malaysia and Singapore. A representative from the Japan International Medical Students Association observed in one of the plenary meetings.

The opening ceremony held on Sept. 20 at 3 p.m. began with a welcoming speech given by Mr. Wong Kwok Kee, chairman of the Medical Society. This was followed by an address by Mr. Kevin Loh, President of ARMSA. The meeting was declared open by Professor J.B. Gibson. The opening ceremony was followed by a reception Cocktail party held in the Faculty Board Room.

A sight seeing tour to the New Territories was arranged the next day. The delegates were most interested at looking across the Chinese border at Lok Ma Chau.

The meeting proper began on Sept. 22. It comprised seven plenary sessions and meetings of various committees. Items discussed included reports from the old executive board members and various working committee. A symposium on medical education, defects of the system and possible ways of improvement were discussed.

During the week meetings were arranged with council members of the Chinese Medical Association, British Medical Association Hong Kong Branch and Executive Members of the Hong Kong University Students' Union. A launch picnic held on Sept. 24 helped to refresh the delegates from the long hours of meeting.

The organising committee also arranged a visit to the Queen Elizabeth Hospital and British Military Hospital, where the delegates were kindly entertained by Col. Lepper and Col. Robinson.

The closing session was held on Sept. 27. The relation of ARMSA with IFMSA was brought up for discussion. It was also unanimously agreed that ARMSA should remain non-political. The venue for the next general assembly was decided to be in Sidney, Australia sometime in August 1970. The meeting ended after executive board members for the session 1969-

New from the Medic Council

The last council meeting of the present session was being held on the October 6, at 5.30 p.m. in the Medical Canteen.

Certain decisions made were of immediate interest to all medical students and reported as follows.

A Sportsman of the Year for the Medical Society was chosen on the basis of sportsmanship, participation, sports skill and popularity in the University. Nominations are as follows:

5th year:
William Yeung,
Timothy Teoh,
Chiu Tak Wai,
Lawrence Lai,
Wong Chun Kuen

4th year:
York Chow,
Tan Kwok Thye,
Paul Yip,
Victor Abbas.

3rd year:
James Hwang.

Mr. Wong Chun Kuen was chosen as Sports-man of the year by the showing of hands among the councillors.

The Council also agreed to participate in the Union Carnival in principle to set up a stall. All the proceeds of the Carnival will be going to the Sports Association for the Biennial Intervarsity Games to be held in Kula Lumpur next year.

The Annual General Meeting of Medical Society will be postponed to 28th October because of the shortage of time for the preparation of the medical night, which will be held on the 21st October, 1969 instead.

Clinico-Pathological Conferences

The programmes of the following six sessions were announced:—

October 16th
Renal Cysts — Dept. of Surgery

October 30th
A Case of Pelvic Tumour — Dept. of Obstetrics & Gynaecology

November 13th
A Case of Multiple Fractures — Dept. of Orthopaedic Surgery.

November 27th
Students' Session in conjunction with the Department of Medicine

December 11th
A Patient with Coma — Dept. of Surgery

N.B. The conferences will be held in the Pathology Lecture Theatre at 4.30 p.m.

The ECFMG Exam

S.S.

On Wednesday morning, 10th September 1969,a group of doctors and doctors to be gathered in St. Joseph's College, Kennedy Road, Hong Kong. They were there to take the ECFMG Examination. At the same time, in other parts of the world: United States, South America, Europe, Middle East, Far East etc., the same examination took place.

The Examination of the Education Council for Foreign Medical Graduates — ECFMG Exam. — is held semi-annually (February and September) for all those physicians whose basic medical degree was conferred by schools outside the United States, Puerto Rico and Canada. These 'foreign' medical graduates, in spite of their training, cannot practise medicine in any form in the United States. An ECFMG certification is a pre-requisite for work in any field concerned with the care of a patient, it may be internship or residence in Graduates' training, appointment in a hospital or independent practice. Even in clinical research, in Radiology, Pathology etc., one needs ECFMG certification. Indeed, passing the ECFMG Exam. is the first step that must be taken for anyone who wishes to enter U.S.A. for training or for medical practice.

In Hong Kong, among the hundred or so people who took the examination in September, there were newly graduated doctors, practising physicians, doctors graduated from mainland China or Taiwan and final year medical students of H.K.U. Having obtained the necessary material from the American consulate or from the ECFMG in Philadelphia, they sent in the application form and documents together with US$15 which is a portion of the total charge of US$65 for the certification. The remainder is to be collected later. The Examination consists of morning and afternoon sessions. About 360 multiple choice questions are set on clinical subjects (Medicine, Surgery, Pediatrics, Gynaecology and Obstetrics) on basic medical science (Anatomy, Biochemistry, Physiology, Pharmocology, Bacteriology and Pathology) and on English too! "Quite a tough exam," a candidate remarked, "you need to score 75 for passing and it's not an easy job!"

Apart from medical graduates, medical students who were graduate in 12 month's time can also take part in this examination. In addition to the usual procedure of application, they have to furnish undergrad medical credential as well as statement by the Dean of the Medical Faculty. In the preparation for the examination, they have to study in advance those subjects they have not clerked before. Nevertheless, many final year students are interested in the ECFMG. Reasons are not lacking; on the point of graduation, often, one is still groping in the dark, anxious for one's future, and ready to seize any opportunity. Each year, about three quarters of the graduates took the ECFMG Exam. before gradaution. How many eventually went over to the States, no one can tell, but, judging from the constant demand for doctors in Hong Kong, the number must be considerable.

The aim of the ECFMG is to promote advanced studies for foreign medical graduates in the United States. It has been blamed for providing the means of brain-drain and causing shortage of medical men in needy countries. However, it is up to the medical graduates to decide. He may feel it is his obligation to serve the community to which he owed his training. It may be his compassion for his countrymen that askes him to stay. On the other hand, he may leave his country for knowledge's sake, for brighter futures and better prospects. In this age of scientific advancements, lands across the Pacific held the greatest charm. Fascinated by news of great discoveries and numerous research projects, one would dream dreams and build castles in the air. Years of struggle, failures and loveliness may lie ahead, still the ambitious will launch out.

Songs From East Side Story

TODAY

by New Medic

Only you, you're the only thing
I'll see forever.
In my eyes, in my world, and in
everything I do.
Nothing without you, ever.
And there's nothing for me but
Medicine,
Every sight that I see's M.B.,
B.S.
M.B., B.S.
Only you, you're the only
thought I know,
No matter where I go,
You'll be the only thought I
know.
Today, today, it all began today.
I'm admitted as medic today.
Today, today, there's only you
today,
What you are, what you mean,
what you say.
Last night, all night I had a feeling a miracle would happen,
I know now I was right.
O there you are, and what was
just alphabets is a degree.
Today, today, the world is full
of books,
With notes and cases all in the
way.
Today, today, e'en the skeleton
looks
Something nice, shiny white,
bright and gay.
Last night the hospital was still
a place where I'd dread to go
in,
Where only dyings stay.
But here you are, and what was
just a ward is the world today.

MEDICINE

by New Graduate

The most wonderful course I've
ever known,
Medicine, Medicine, Medicine,
Medicine,
The most wonderful course in
the world that's ever known,
Medicine, Medicine, Medicine,
Medicine, Medicine, Medicine,
Medicine, I've just passed a
course called Medicine,
And suddenly that term will
never be the same to me—,
Medicine, I've just passed a
course called Medicine,
And suddenly I found how wonderful a course can be —
Medicine.
Take it hard, I'd end in Castle
Peak,
But looking back, it's almost like
playing.
Medicine, I'll never stop saying
Medicine, Medicine, Medicine,
Medicine, Medicine, Medicine,
Medicine, Medicine, Medicine,
Medicine.
Take it hard, I'd end in Castle
Peak,
But looking back, it's almost like
playing.
Medicine, I'll never stop saying
Medicine,
The most wonderful sound I've
ever heard, Medicine.

SOMETIME, SOMEWHERE

by Houseman

There's a place for me, somewhere a place for me,
Deep and quiet, without night-call,
Wait for me, somewhere.
There's some time for me, some day a time for me,
Time to have rest, time to spare,
Time to sleep, time to spare.
Some day, somewhere, I'll find a new way of living,
Without night-call or case-taking,
Somewhere.
There's a place for me, a time and place for me,
No more the lowest animal,
No new case to take on first call,
Somehow, some day.

CORRESPONDENCE

The Editor,
Caduceus.

Dear Sir,

I was overwhelmed with joy to see a short biography of our beloved and much respected Professor Francis Chang. In recalling back our student days, no words of the most famous writer can express our gratitude and appreciation towards our noble professor Fr. Chang.

I seemed to have lost something when I learned that he has gone to settle down in New Zealand. I should be most grateful if you can give me his address so that I can enquire abuot his health on and off.

Many thanks and best regards,

Peter Tang.
Sincerely,

Editor's note:

Dr. Tang, we are certainly glad to learn that among the graduates, there is still someone like you, caring for those who have taught us the Art.

The address of Professor Francis Chang will be sent to you separately.

A gynaecological clerk,

Your name and address are required to show good faith and not necessarily for publication. However, your complaint had been referred to the appropriate department.

— The Editor.

STOP PRESS

The Union Council called for the 3rd Emergency General Meeting to decide on the Senate representation issue. The meeting will be held on 22nd Oct. at 5.30 p.m.

* * *

The Annual General Meeting of the Medical Society will be held on the 28th October, at 5.30 p.m., at the Physiology Lecture Theatre.

* * *

Mr. Wong Shou Pang was elected as the External Affair Secretary by the Medical Student Council, for the year 1969-1970, to be rectified at the A.G.M.

4TH GENERAL ASSEMBLY

ARMSA SPECIAL

PRESIDENT'S REPORT

(Session 1968-1969)

It is my intention in my report to give a general review of the work done by the Executive Board during the past year, in particular our relation with IFMSA, membership drive in Asia, which fall within my special concern. I shall also briefly trace my contacts with the other offices in the Executive Board, though I believe a more detailed account will be available from the Vice-President's report.

IFMSA

Co-ordination and communication with IFMSA officials have been most satisfactory and rewarding during my term of office. I started off my term with efforts to introduce other ARMSA EBM to their counterparts in IFMSA so that cooperation between the two associations can be started on all levels. One of the most pressing problem facing ARMSA during the 3rd General Assembly was the high annual subscription to IFMSA as a regional member. Through negotiation with the President and Treasurer of IFMSA, ARMSA was offered a reduction in membership fees to 50% of the ordinary calculated value, which amounts to US$62.50. This will be continued for a trial period of two years, after which a reassessment will be made by both parties concerned. I think this is a generous and considerate gesture from IFMSA. Other matters concerning finance worth mentioning in this report are that ARMSA was offered a grant of US$40 annually for acting as a Regional Information Centre, and a travel grant of US$400 for an ARMSA delegate to attend the 18th IFMSA Congress in Israel in August this year.

Concerning our position in IFMSA, there is a move in IFMSA towards establishing regional Vice-Presidents and ARMSA will in future be assured of a position in the IFMSA Executive Board by electing a delegate to act as the Asian Vice-President, I believe Mr. Lee Wah Hin (Director, SCOP) who attended the IFMSA G.A. on my behalf will have more to report on this and because of his knowledge in IFMSA and ARMSA, both the Vice-President and myself have confirmed his appointment to the position as liaison officer in Asia for IFMSA for the coming session.

Throughout the year, IFMSA has also cooperated with my office in the membership drive in Asia and I must say this cooperation has been very helpful. I met the IFMSA President, Mr. Richard Hamilton, briefly in April in Hong Kong and had some useful discussion with him. In conclusion, I think IFMSA places a lot of hope and confidence in ARMSA, and I would strongly encourage our continued support and cooperation with IFMSA in the coming years. I would also like to thank especially Mr. Richard Hamilton, President, and Mr. Mogens Dahl, Treasurer, for their kind advice and help throughout the year.

CONTACT WITH NON-MEMBER ASIAN COUNTRIES

This was done by correspondence and personal contact.

Thailand: On my trip back from the 3rd General Assembly, I passed through Bangkok and met the President of the Siriraj Medical students Union who played host to me. We had some very useful

MESSAGE FROM THE PRESIDENT

Medical Society, H.K.U.S.U.

On behalf of the Hong Kong Medical Society, I wish to welcome very warmly the delegates of the Asian Regional Medical Students Association to their General Assembly in Hong Kong once again.

Much good can come out of the interchange of views and experience between students with different backgrounds but similar aims, and the birth of the Association and its success in bringing together medical students from countries so widely separated as those in Asia was a major feat. But the milestones of development are slipping by. This year's General Assembly must play, not obstetrician, but paediatrician and make sure that the Association matures in a way that is worthy of its opportunities. I believe that this is one of the main concerns of the Assembly this year and I wish you every success in planning wisely.

I hope you feel that great things can be achieved even without lavish finance or universal agreement on small constitutional points and that you will not content yourself with pious hopes that other people will do more for medical students. If A.R.M.S.A. means no more than that, or an opportunity for the favoured few to travel, or if it is a sort of rich man's club, then it will not attract much interest or attention and it will miss exciting opportunities for acts of real value. A strong association is built on the enthusiasm of its members for worthwhile objectives and on their preparedness to work and sacrifive their own personal interests for the objectives.

In the Asian region, perhaps more than elsewhere, the twentieth century and its medicine confront the past, and the confrontation adds to the confusions of a rapidly changing world. We inherit the past not to throw away but to help us judge and use the new aright, and in a contracting world we inherit the other man's past as well as our own. To understand his point of view we need points of contact and there are few points of contact so strong as the common study of medicine with its shared techniques and aims for the betterment of man.

Although in Hong Kong we have many contacts with the old as well as the new, we sometimes feel ourselves cut off from the rest of the world where we sometimes imagine bigger things are happening. Doubtless we are not alone in this, but at all events we value our overseas contacts highly. I am sure that as delegates of A.R.M.S.A. you all possess a lively interest in fields larger than your own local scene and a desire to understand medicine in more than a local context. You will find this understanding if you start by giving what you can of your own heritage and experience to others elsewhere but you will be lost if you aim for you own immediate gain. Lively thought, active participation and unselfish effort to make the Asian region a place of better medicine will bring you its own reward in the end.

I hope you will not shirk at this meeting the task of translating the aims of A.R.M.S.A. into terms of practical endeavour and that you will be imaginative in seeing your opportunities.

I hope too that you will find time to enjoy all aspects of your visit including the social events that have been arranged. In acting as hosts the Hong Kong University Medical Society has been greatly assisted by generous help from medical and other groups and from individuals in Hong Kong and we are very grateful to them. In this and in other ways Hong Kong is ready to welcome you.

Hong Kong University
James B. Gibson
President,
Medical Society

PRESIDENT'S REPORT

discussion and their association was very keen to participate in ARMSA. I followed up the contact with numerous correspondence but failed to obtain reply. This is certainly a most promising potential member for ARMSA and more contact in the future is going to produce result.

Philippines: In September, 1968, I delegated Mr. Mak, a Hong Kong University medical student with the task of contacting the medical students in the University of Philippines in Manila. Further correspondence did not result in any reply.

South Korea: Regular contact was established with the Yonsei University College of Medicine. I met with their student represnetative, Mr. Lee Won Kyu, in Hong Kong In March 1969 and played host to him. Medical students in Yonsei University is very keen to participate fully in ARMSA. I have already received a letter from the President of their student union, Mr. Sang Joon Lee, indicating intention to apply for full membership in ARMSA. Owing to travel restrictions, representatives from South Korea may not be able to attend the 4th G.A. owing to the short notice, but certainly follow up contacts will be very fruitful.

Japan: Regular contact has been established with Mr. Yoshikazu Arai, President of JIMSA. JIMSA is now an Associate member in IFMSA. JIMSA is now ready to participate fully in ARMSA. Further understanding was established when Mr. Woo Chi Pang, immediate Past President, ARMSA, visited the JIMSA President in June this year.

In order to admit a new member, it is necessary that the non-member country should be represented at the General Assembly. As we had considerable difficulty in finding a venue this year, and that the G.A. was called at such short notice, potential member countries most probably cannot be represented and fine chances are unnecessarily wasted.

THE ARMSA EXECUTED BOARD

Vice-President: I must start off by thanking the Vice-President, Mr. Richard Nf of Singapore for his very close cooperation and loyal support, especially in times of difficuulties and crises, when the two of us have to carry out difficult and often painful decisions. However, we mamage to see eye to eye on most major issues. He had kept a close watch on the development of the other offices in the Executive Board, and never failed to offer advice and help to them when necessary. His trip through Europe, especially discussions with WHO, Israel, and Bombay, as earlier reported, have been particularly fruitful and valuable to the Association.

The Secretary General: Contact with Mr. A. Jai Mohan of Malaysia has been very unsatisfactory. So Far, I have received only one letter from him. Despite repeated correspondence and request to perform his duties in ARMSA, there was no reply.

ARMSA-NEWS was not published, membership fees was not collected and in general, the central administrative role of the secretariat was not fulfilled. This has caused a considerable amount of difficulty in the functioning of ARMSA. In the end, I was forced to bring up the matter to the Malaysian Medical Society and no formal solution was given to me. Since the position of the Secretariat is to be of two years, I hope a satisfactory solution will come about from the Malaysian delegation during the G.A.

SCOP: Mr. Lee Wah Hin of Singapore, Director of SCOP, has contributed a lot to ARMSA this year. His office had kept informed regularly on the progress in the development and production of the second issue of Medicasia. This issue, I have no doubt, will be of high standard and will probably be available to member countries at the time of this G.A. I hope member countries will in future contribute actively to our journal.

Mr. Lee attended the 18th IFMSA G.A. in Israel on my behalf. His report on this conference will be considered separately in the G.A.

SCOPE: Mr. Abdul Radjak is to be highly commended for a fine start in our Professional Exchange Scheme. He had kept me in regular contact with the development in his office and also with National Exchange Officers in member countries. He was on the point of starting the first ARMSA student exchanges between Indonesia, Hong Kong, Singapore and Malaysia, but I received no further news. Mr. Radjak has certainly done a great deal for P.E. and also for furthering the aims and work of ARMSA in Indonesia. I offer my sincere congratulations.

SCOME: Mr. Abdul Kader Hussein of Malaysia conducted a survey on Medical Education in Malaysia and informed me of the progress. However, I was informed of a change of Director later in the session. I never heard from the new Director, Mr. Charles David Vijayan, so that I do not know of the results of such a survey.

SCOH: This is another office which both the Vice-President and myself lost contact of for more than half a year. I have received only one letter from Mr. A.E. Soorya, the Director from India. The situation was so desparate that the Vice-President and myself decided to transfer the office to Malaysia so that the all important activities in Health will not be held up. Subsequently Mr. Chan See Ien of Malaysia was appointed Director. He has made a remarkable effort to organise the International Blood Donation Campaign. However, health projects were organised very successfully in individual countries. Worth mentioning were the social health porject in Indonesia which was attended by representative from member countries and the numerous other projects, including the 'Detection of Diabetes' campaigns in Bombay, India. All such projects are worth of our special support for this is the best way we can demonstrate to the public that our association serve the community at large.

VENUE FOR 4TH ARMSA G.A.

Since the start of my term, I have tried to keep closely in touch with the progress of organisation for the 4th G.A. When I could not receive any news from Dr. A.E. Soorya, I had doubts whether Bombay, India would actually host this conference. I began to ask for volunteer countries to take up the task in my circulars in January, but no positive reply returned. After the Vice-President's trip to Bombay, it was confirmed that Bombay would would not host the 4th G.A. I circulated around a referendum circular to get popular opinion concerning the venue and timing for the conference. The results showed Singapore and Hong Kong to be first and second choice respectively. I requested Singapore to considre the proposal and was turned down because their society has a very heavy schedule for the coming session. I turned to Hong Kong with the proposal to host a small G.A. and was luckily accepted. The decision to host the G.A. was only made on 21st, August, 1969, exactly 1 month before the date set for the G.A.

All I can say about this change of venue in the G.A. is that a lot of difficulty and time wasting will occur and this can be avoided if member countries are more careful in their choice of venue.

In conclusion, I would say that the Executive Board has been unfortunate that there have been breakdown in several offices which caused a lot of unnecessary disruption in our activities. It serves to illustrate that member countries have to be very careful in their delegation if duties and responsibilities in the future and provisions must be made that urgent transfer of duty can be effected should a breakdown in work occur in any office.

Recommendations for changes will be submitted in a separate working paper to this General Assembly.

Kevin Loh,
President.

INTRODUCING A.R.M.S.A.

History:

In May 1951, at Copenhagen, the International Federation of Medical Student Associations (IFMSA) came into being. Membership to the new organisation was derived mainly from medical associations within Europe with the unfortunate result that activities became centred to this region.

Member associaions separated from the European area by enormous distances found participation in many of the programmes difficult. Austarlia in particular was much affected. This led one of its past presidents to suggest a regional grouping of medical student bodies in Asia. Dr. John Lynch, then Director of Standing Committee on Liaison in IMFSA, pursued this idea more vigorously. He met local medical student leaders during his trip through Asia and gained warm support for the proposed Asian Regional Medical Student Association (ARMSA).

ARMSA finally materialised in March, 1966, with its inaugural conference in Singapore attended by delegates from Australia, Hong Kong, Malaysia and Singapore. It was a modest beginning but a beginning nonetheless.

Aims:

ARMSA is founded purely on grounds of professional interest, transcending the barriers of race, religion and politics. It respects the autonomy of member associations by its rigid adherence to the policy of non-interferenre in internal affairs.

The Assoriation upholds the popular notion that medicine is international. This is reflected in its aim "to study and to promote the interest of medical student co-operation." It proposes "to promote activities in student health and student relief." It strives "to render help in all cases where medical students can be of assistance."

In pursuit of these aims, it realises the vital importance of maintaining some form of permanent contact between medical association in Asia and Australasia. This is reflected in its resolution to promote "international correspondence" and "professional exchanges of medical students between various countries." Towards this end it has embarked on a detailed study of medical education in this region with a view to encouraging the recognition of clinical clerkships and courses attended in all countries and the promotion of academic vacation courses. The Association further publishes news of medical interest internationally and acts as a liaison between member associations and world organisations in fields of common interests.

Membership:

Membership is open to all national associations representing a majority of medical students in any country in Asia and Australasia. Where only one medical school exists this assumes the status of a national association and is admitted as such. Present members include Australia, Hong Kong, Malaysia, Singapore, India, Indonesia and Israel as an associate member.

The General Assembly:

The governing body of ARMSA is the General Assembly which annually gathers representatives from member countries. This reviews the progress of the Association in the past session, decides the working programme for the next session and finally elects an executive board to carry out its proposals. The Executive Board includes four standing committees, namely, professional exchange (S.C.O.P.-E.), Publications (S.C.O.P.), Medical Education (S.C.O.M.) and Health (S.C.O.H.). These committees cater for activities in accordance with the aims of ARMSA as well as to provide the leadership in their respective fields.

Relations:

ARMSA has made considerable headway in its relationship with other organisations. It had from the very outset recognised the need for co-operation with national and international organisations especially in health and relief work. It was only natural that the first formal contact should have been with IFMSA, an allied and similarly structured organisation. Subsequently it established cordial relations with World University Service (WUS) and also collaborated with the latter in one of its earliest projects.

Effective liaison has been established with many other medical schools in Asia, many of whom have expressed interest in membership of ARMSA.

ASIAN REGIONAL MEDICAL STUDENTS ASSOCIATION EXECUTIVE BOARD MEMBERS, 1969-70.

President:	Lee Wah Hin	(Indonesia)
Vice-President:	Abdul Radzak	(Singapore)
Secretariate:	Malaysia	
Standing committee on health:	India	
Standing committee on publication:	Singapore	
Standing committee on professional exchange:	Indonesia.	
Standing committee on medical education:	Hong Kong.	
Executive board members without portfolio:	Australia Hong Kong.	
Immediate past president:	Kevin Loh (Hong Kong).	

'Mr.' K, a natural — reprinted by kind permission of 'Nature' magazine

"You chaps are going on whether you like it or not!"

Practical Exercise Tolerance

(or defying cardio pulmonary function between Sai Kung and Shatin)

A.L.

What is the best way to keep trim and shed those extra pounds? The great men of the University Surgical Unit sat round a table and thought up a way. And if you think they said lipectomy, think again. Instead they recommended some exercise, take a hike perhaps, and take some porters — uh, sorry, students along . . .

Plans were hurriedly thrown together and not long after, on a Saturday morning, we met for the trip to Sai Kung. Disaster struck early when one of the three groups, led by an eminent urologist, were thwarted in its attempt to get there. Belching smoke, their minibus came to an unscheduled halt. Despite efficient| resuscitatory measures the wretched machine refused to respond, and it was abandoned in favour of a healthier specimen that happpened to be passing at the time. This setback overcome, we assembled and prepared to move off behind our leader who was appropriately rugged and attired professionally in shorts and walking boots. Close behind him came an elderly gentleman, also in shorts who seemed to be relying heavily on his walking stick for support. And then of course, came the rest of us, a truly mixed bag of humankind.

With the sun beating down our necks we moved up the first obstacle — a hill that seemed vertical to most. Our grunts and groans were easily audible though conversation was necessarily kept to a minimum. Many heartbeats later, with parched throats and lactic acid in our limbs, we arrived at the top, wondering all the while why on earth we were doing what we were doing. Accepting the situation with resignation, we carried on till lunchtime. This was a well earned break for all and we commenced to recharge ourselves with food. I wonder what it is that makes people like to sing on a full stomach, but that is what some of the students tried to do by way of whiling away the time. Another well known personality, far more imaginative, put on a display of clothes-shedding and (near) nude abathing which should qualify him for next year's Woodstock Art and Music Festival . . .

Well all good things come to an end, and once again we picked ourselves up for the trudge to Shatin. Some time later, when total exhaustion was nearing for all, one of our better known medical students, slipped and went crashing onto the rocks. Fortunately, he suffered only a bad shaking and a classical case of neurogenic shock. Even more fortunately, this was recognised by the rest of us as a golden opportunity to end our own suffering. "Poor chap". "I'm sure we must not let him continue". "It's our duty to get him back right way". And so we all volunteered to take him back by ferry! How wonderful — no face lost, no detraction from our manhood. So ended our day, and though some remained unscathed, the majority decided that swapping a pot belly for dehydration and fallen arches is a poor trade.

THE MAN AND HIS MACHING

Y.

HISTORY:

As early as 1913 Abel et al introduced the first experimental model of an extracorporal haemodialyser, but it was not until thirty years later, Kolff in 1943 developed the rotating drum dialyser and established the practical use of the modern artifical kidney. It had been used for haemodialysis in acute renal failure and certain drug intoxications. Owing to the limited number of blood vessel cannulation sites, it was not possible to treat chronic uraemic patient by haemodialysis. In 1960 Quinton, Dillard and Scribner developed the permanent Teflon-Silastic arterio-venous shunt and thereby made possible the repeated access to the patients circulation for the purpose of intermitant haemodialysis.

KOLFF TWIN-COIL DIALYSER:

The Kolff dialysing unit consists of two parallel cellophane tubes 10.85 m long encased in a fiberglass mesh and wrapped around a central core 10.8 cm in diameter to produce a dialysing area of 1.9 m^2. This unit is immersed in a 100 litre bath containing the dialysing fluid. Blood is drawn from the radial artery and pumped through the coil and returned to the patient via the cephalic vein. The dialysing fluid is pumped up through and around the cellophane coils containing blood in the manner of a small fountain. Unwanted solutes in the blood diffuse into the bath according the blood-bath concentration gradient.

The bath fluid contains sodium, potassium, calcium, magnesium, bicarbonate, chloride and glucose. The exact concentration of any of these substances can be adjusted to the need of the individual patient. Thus, the potassium concentration is generally kept at 2 mEq/-litre to remove excessive potassium, and sodium at 130 mEq/-litre to control hypertension. The fluid is made isotonic with glucose to avoid haemolysis, and can be made hypertonice to achieve ultrafiltration as in treating oedematous patient.

This is an efficient artifical kidney and when used for six hours twice weekly it can substitute human kidney function by releiving the symptons of uraemia and keeping the patient alive. It would have been an ideal dialyser if not for its inherit disadvantages. Its large internal volume requires 800-1,200 ml of blood to prime the machine before each dialysis. The twin coils have a high resistance and need a mechanical pump to propel blood through the system, thus it is unsafe to operate without adequate supervision. The Kolff dialyser installed at the Queen Mary Hospital in 1962 had proven its value in the treatment of acute and chronic renal failure and drug intoxication.

KIIL DIALYSER:

For maintaining chronic uraemic patient on intermitant haemodialysis the Kiil dialyser introduced in 1960 and modified by Cole has certain advantages. It has two working compartments sandwiched by three polypropylene boards. Each compartment is lined by two thin cellophane membranes inside which the blood flows, while the dialysate circulates in the opposite direction outside the membranes through the grooves in the boards. It has a dialysing surface of 1.12m^2 and requires a small volume of blood, 200 ml, to prime it. Because of the linear flow along the boards, the resistance is low and adequate circulation can be provided by the patient's arterial pressure, thus it avoids the use of a pump and its accompanying hazards. The dialysate is supplied from a concentrate storage tank and diluted with tap water by an accurate proportioning pump. The fully automated delivery system together with temperature and pressure monitoring devices are housed in one unit.

The dialyser has to be cleaned assembled, sterilised by formaline and flushed prior to use, but once in operation, it requires a minimum of attention. Together with its safety features it is particularly suitable for home dialysis. Its efficiency after eight hours dialysis is comparable to that of the Kolff dialyser, and it has been widely used in many centres with chronic dialysis programme.

MEDICAL CARE:

Medical care of the patient on intermitant dialysis will be considered under the following headings:—

1. Care of the arterio-venous shount.

Asepsis and gentle handling of the cannulas during dialysis is essential. Regular observations, protection against sudden and excessive movement of the limb is necessary to avoid infection, angulation and clotting of the shunt. The average survival time for arterial cannulas is nine months and venous cannulas seven months.

2. Biochemical control.

The uraemic biochemical control depends upon the residual renal function, diet and efficiency of dialysis. Factors leading to protein hypercatabolism, such as infection, trauma and gastrointestinal bleeding will cause a rapid rise in nitrogenous waste products. The stable patient will have an average pre-dialysis blood urea of 150mg/100ml and post-dialysis 50mg/100ml. However, the range of control is considerable and patient's well-being does not correlate invariably with the predialysis biochemical picture.

3. Diet.

Protein restriction is necessary to prevent excessive accumulation of its waste products. 20 Gm of first class protein with high caloric intake, 2,500 calories in the form of carbohydrate and fat, together with multivitamin and iron preparation form the standard Giovannetti diet. 100 mEq potassium, 15 mEq sodium and 300 ml of fluid are allowed daily. These are adjusted so that the patient does not gain more than 1 Kg in weight between each dialysis. A more liberal diet may be allowed if facility for dialysing thrice weekly is available, as in home dialysis.

4. Anaemia.

This is not corrected by haemodialysis. The haemoglobin level usually lies between 6-8 Gm/100ml with a haematocrit around 25-30%. The transfusion requirement on Kiil dialysis is on average 1 L/month.

5. Other complications.

Metastatic calcification and secondary hyperparathyroidism may occur in long term dialysis. Pericarditis and cardic tamponade occurs as complications of end-stage renal failure or may be due to heparinisation during dialysis. Amenorrhoea and sterility are characteristic in the female, while importance and inferlity are common among the male uraemic.

MORTALITY:

The majority of death occured as a result of 'natural causes' such as myocardial infarction or during the first year of treatment programme when inexperience is an important factor. Transfusion hepatitis accounts for a number of death and is an unavoidable factor. 'The properly selected cooperative patient treated by experienced dialysis centre should have an almost 100% chance of at least five year survival' said Shaldon 1966.

An Introduction To Surgery

Y.Y.

POST-GRADUATE WORK

Most undergraduates know next to nothing about post-graduate work and studies. What little we know may well be far from the truth since the information is largely acquired by word-of-mouth. In view of this, the Caduceus will present a series of articles featuring this vital subject. Though nothing more than a mere outline can be given, it is hoped that they will give a better insight into what may be our future work. It is too early yet to know the details but some general knowledge is helpful. To make this a success, readers' suggestions and advice are needed.

The following article on Surgery will be our opening article. In this introductory article, we will confine ourselves mainly to General Surgery, with particular reference to training under the University Surgical Unit. Here, we would like to express our deepest thanks to Professor G.B. Ong whose generous assistance and guidance have made this article possible.

BASIC QUALITIES

Before we embark on the subject matter of Surgery itself, the first important thing is to find out what basic qualities a good surgeon should possess. The Professor's view is that a surgeon must have stamina, i.e. power of endurance and vigour. Physical strength is not essential but one must be prepared for long hours of hard work. Intellectually, one must be able to make correct decisions quickly. Needless to say, one must also have good knowledge and ab able to apply it intelligently. In addition, it takes a good touch of Internal Medicine for a surgeon to perform his work well.

FEMALES IN SURGERY

In a recent survey done by the Caduceus, it was found that male students considered Surgery as unsuitable for the fair sex (with no strong protests from the female students). As a matter of fact, in the past, there had never a female surgeon in the University but there is now a female Lecturer in the USU, who has just come back to Hongkong.

There is a multiplicity of factors that nurture this traditional disinclination of females to be surgeons. The prejudice of male patients against female surgeons may be one factor. On the other hand, female doctors usually prefer to care for their own sex. Emotional and physical factors have also been implicated. However, some women can be tougher and have more delicate hands. Therefore, Surgery is really not a private domain for men.

In fact, there is nothing to bar a woman who sees Surgery as her target. At least the USU is impartial to female graduates.

INTERN WORK

After graduation, it is necessary to serve as Resident House Officer in 'Medicine' for six months and a similar period in Surgery in order to qualify for full medical registration. If one intends to specialise in Surgery later on, it is better to do General Surgery than Surgical Specialties but this is not absolutely essential. By doing General Surgery than Surgical Specialties but this is not absolutely essential. By doing General Surgery, one may have better acquaintance with basic surgical principles.

The USU chooses its interns on the basis of the qualities already mentioned, viz. stamina, knowledge and a quick mind. Academic achievement counts but it alone does not produce a good surgeon. The USU prefers those who are willing to dedicate themselves to Surgery itself and not aiming at General Practice.

An intern is assigned to routine ward duties with particular attention to pre-operative and post-operative care of patients. He must write and keep good notes on patients. It is erroneous to cherish the idea that he has got rid of his books for good. He must keep on reading.

An intern is required to assist at operations and should endeavour to pick up practical surgical technique therefrom. He can do minor surgical cases, e.g. circumcision and injection of haemorrhoids. He may also be allowed to do some routine and emergency cases, e.g. appendicetomy, perforations, drainage and aspirations, but only when under supervision.

BASIC TRAINING

Any qualified doctor with a M.B.B.S. degree can apply for training under the USU. The choice of trainees depends on the same merits as in the case of House Officers.

Doctors training under different units have more or less the same chance of acquiring scholarships and qualifications. Personal capability and achievement are very important. Better training is also advantageous.

Generally, a minimum of four years' basic training is required. Three years should be spend in General Surgery and the rest in Surgical Specialties. The training programme is so arranged that each trainee is given opportunity to familiarize with every aspect of Surgery.

QUALIFICATIONS

F.R.C.S. is the fundamental qualification in Surgery. However, contrary to some students' belief, it is not an essential before one can take charge of an operation.

In the Commonwealth, there are five colleges offering equivalent qualifications, viz. England, Edinburgh, Australia, Glasgow and Ireland.

The examination in all cases consists of two parts — Primary and Final. After two years of training, one should be able to pass the Primary and after two more years, the Final.

In all instances, the candidate must go to the respective countries for examination with the exception of the Primary Examination of Edinburgh and Australia, in which cases it can be conducted in Hongkong. The expenses can be covered personally or by scholarships.

The Primary Examination consists of Anatomy, Physiology including Biochemistry, and Pathology including Microbiology. The Final Examination consists of Principles and Practice of Surgery, Clinical Surgery, Operative Surgery and Surgical Pathology.

There are other qualifications. For example, the degree of Master of Surgery is acquired by thesis writing and not by the usual examinations. There are American qualifications but in the Commonwealth, the F.R.C.S. is fundamental. In order to be elected to F.A.C.S., a surgeon must have at least seven years of training and five sponsors or nominators.

SURGICAL SPECIALTIES

The specialised fields of Surgery are E.N.T., Orthopaedics, Neurosurgery, Paediatric Surgery, Thoracic Surgery and Ophthalmology. One does not need further qualifications in order to practise as a Specialist but certainly require more training and knowledge. The period of training needed varies. (Note: It is not intended to deal with these Surgical Specialties in detail here. If requests arise, they may appear in later issues.)

啟思

香港大學學生會醫學會月刊

第一卷 第十期

一九六九年十月十五日

The views expressed by our contributors are not necessarily those of the editorial board.

The Editorial Board wishes to thank the Special Support of the Glaxo Lab. Ltd.

To Know Our Freshmen

LWK

At the Freshmen Information Service on 29th August, the Freshmen were asked to fill in a form concerning their personal records and details. The purpose of this is to see in which particular field each freshman is good at, and thus enable the Medical Society to incorporate new members to carry out its various functions. These details are now reproduced in a statistical form so that everyone, including the freshmen themselves, may have a fair idea of what material our first year is composed of.

		BOY	GIRL
1.	Number of forms returned:	90	15
2.	Matriculations results:		
	(1) Three distinctions	3	1
	(2) Two distinctions	15	1
	(3) One distinction	32	6
	(4) Number of credits obtained	142	21
	Other comments: In general, they are strongest in Chemistry, next in Physics, and then in Biology. They are however weakest in the Use of English.		
3.	Sports: (school or house teams standard)		
	(1) Swimming	6	3
	(2) Athletics	9	0
	(3) Ball-games	24	4
	(4) No interest in sports	56	6
4.	Official posts and activities:		
	(1) Having been Chairman of clubs/societies	20	8
	(2) Head or Vice Head Prefect	2	2
	(3) Monitors or school prefects	24	5
	Other comments: With the deepest sympathy, we record that one claimed he was the 'late' chairman of a club, but with the deepest admiration, we find that one is the chairman of Chairmen Association.		
	(4) No posts held whatsoever	49	3
	(5) Neither sports nor posts	34	2
5.	Miscellaneous:		
	(1) Have experience or interest in school or class magazine production	22	2
	(2) Have experience or interest in arranging social activities such as parties, launch picnic, barbecues	37	3
	(3) Have experience or interest in photography (Many, however, crossed out the word 'experience')		
	(4) Have experience or interest in poster design	9	1
	(5) Interested in singing, folk dance, musical instruments verse-speaking, etc.	30	12
	(6) Know how to type	41	10
	(7) Give no tick against any of the above 6 items	18	1