

"UNDERSTANDING"

25th October, 1970. The Chairman, Medic Society, H.K.U.
 Dear Mr. Ng,
 I beg to inform you that the

Hong Kong University Students' Union is going to organise an Open Day on the 7th November, 1970; the aims of which are two-fold — to open all the premises of the University Campus in order to

present a true picture of student life and activities in this University, and to facilitate a closer understanding between HKU and the society at large. I shall be most grateful if your Society will kindly participate in this project and submit a detailed programme with a proposed budget to the Organising Committee as soon as possible.

I beg also to apologise for the late notice of this formal invitation and for all past administrative misunderstandings between the organising committee and the Medic Society. Poor Health and overwork resulted in my sudden admission to and stay in the Queen Mary Hospital; this occasioned the subsequent and unfortunate delays in the above-mentioned correspondence. However, I am confident that you, Mr. Chairman, will accept my apologies as such circumstances are beyond human control. I would like also that this letter be made public to all Medical Students, and I look forward to all your understanding, support, and co-operation with the Union Central in future.

Thanking you for your attention,

I am,
 yours sincerely,
 Annie Liang

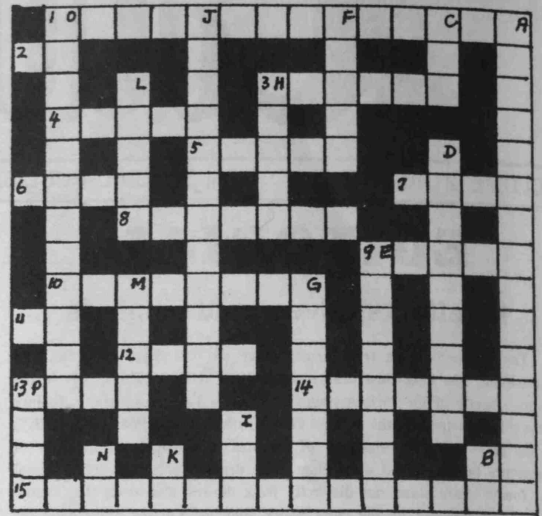
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A CHALLENGE TO ALL

by LAM

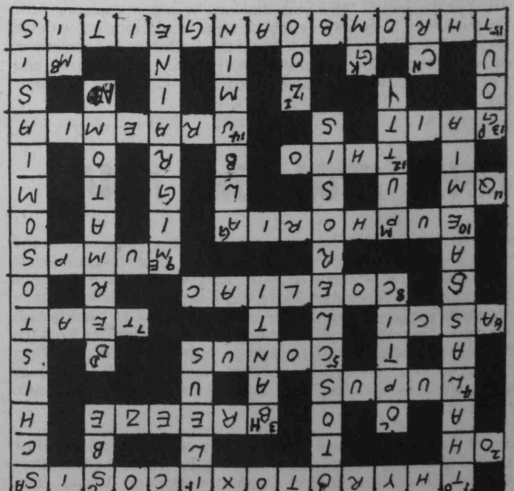


ACROSS

- A patient presents with:-
 a. proptosis, b. warm clammy hands,
 c. oligomenorrhoea. Diagnosis?
- Hydroxy ion.
- Soft blowing wind.
- Synonym of "wolf".
- A cone.
- Abbreviation for 'American Society for Clinical Investigations'.
- The nipple of the mammary gland.
- Pertaining to the abdomen.
- A patient presents with:-
 a. fever, c. painful swelling beneath the ear,
 b. headache, d. rash a few days later.
 Diagnosis?
- An abnormal or exaggerated sense of well-being.
- Queen Mary's Hospital.
- A prefix signifying the presence of sulphur.
- The manner or style of walking.
- A patient presents with:-
 a. nausea, vomiting c. hypertension
 b. anaemia, d. metabolic acidosis.
 Diagnosis?
- Inflammation of the intima of a blood vessel with clot formation.

DOWN

- Infestation of a blood fluke.
- Mitral incompetence.
- A patient presents with:-
 a. persistent fever, b. anaemia,
 c. 'cafe'-au-lait' complexion.
 Diagnosis?
- An abnormal or perverted growth of skin tissue.
- A syndrome characterized by periodic headache, often one-sided, and accompanied by nausea, vomiting and various sensory disturbances.
- Obstruction of the intestine.
- Name of an Italian pathologist.
- a. splenomegaly, c. leukopenia.
 b. anaemia, d. later cirrhosis of liver.
 —? 's disease.
- A place where animals are kept for exhibition.
- Formation of spongy bone in the capsule of the labyrinth of the ear.
- The basic unit of mass (weight) of the metric system.
- A pliable, sticky material.
- Chromium.
- A patient presents with:-
 a. anaemia b. Mongoloid appearance.
 Diagnosis?



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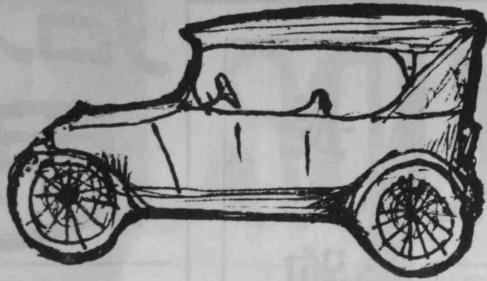
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Although replaced by the more shapely Escort in the production of 1 litre saloon by Ford, the Anglia is not yet an obsolete car. Far from it, one still sees many such vehicles around, the conditions of which varying from a total wreck to quite well polished ones. Quite a few are tuned up for racing purposes, and one which is often seen belongs to a garage in Gloucester road—a monster with fat tyres and hostile looks. This is a fine example of the glory created by Broad-speed Anglias in the international racing track, beating even Fraser Imps and Cooper S.

DESCRIPTION:

Somewhat classically, the Anglia possesses the features of headlamp channels and rear "fins" for tail-lamps. The body is tall and the standard tyres narrow. In every angle it is a demure two-doored saloon except one feature—a rear glass panel which is sloping the opposite way most rear panels slope. It gives very good rear visibility from the driver's seat

even when it is raining but deprives the car of a rear parcel shelf which is sometimes necessary.

PERFORMANCE:

0-50 mph in 17.4 sec. and a top speed of 74 mph as such is not slow but somehow the feel of the car is slow. It is essential to rev the engine hard in order to get good acceleration but one is often Reluctant to do so because straining of the engine is both heard and felt at high revolutions. Also the earlier Ford gears boxes are not as good as the recent ones and at high revolutions one gets a noisy crunch when changing from 2nd to 3rd which is not exactly desirable.

Although the car can reach up to 60 mph with ease, one is reluctant to do so because the suspension is very soft and when one encounter bumps the springs would throw the driver up and down like a ball. Roll around corners is horrible— one has to lean hard against the door for support. The standard tyres are 5.20-13 Goodyear G8 cross ply

tyres and when these show signs of aging the controllability of the car diminishes, straight line stability is virtually lost until new ones are replaced. Shod with 155-13 radials, stability is much better.

ECONOMY:

Moderate for a 1 litre saloon, the Anglia returns 29.3 miles to the gallon. In practice one is very happy with anything near 28 mpg.

The Anglia does not excel in space economy. With its length and height one expects a roomy car with a fair size boot. One look at the inside proves disappointing. The rear bench of seat can only seat two adults and leg room is very meagre. In short the mini is a lot more spacious. The actual utilisable of the boot is smaller than that of a BLMC 1100. Externally the tail is seen to be a long thing, but interiorly much space is sacrificed for the spare wheel and the wheelarches which leaves little flat loading space. There is no door pockets inside the passenger's cabin. The rear

parcel is eliminated by the sloping rear glass panel and the only parcel space left is a shallow low parcel shelf and a lockable glove box.

LUXURY:

Although there is neither wooden fascia nor breathing real leather, the interior of the car has its refined looks. Every thing is well fitted and the seats and fascia, although covered by PVC, show good craftsmanship.

The instruments—a speedometer and a fuel and temperature gauges—look austere, being adorned lavishly with chrome rimmed panels.

DURABILITY:

It gives very few teething troubles although it is not famous for being durable. One outstanding feature is that the paintwork is very well finished, and cars 3 or 4 years old can still look new if adequately maintained.

One thing which is almost

a contraindication for the purchase of the Anglia is the design of the front suspension. There seems an intrinsic weakness in the joints of the front suspension that at moderate speeds and on rough roads the steering wheel shakes and wobbles. It can be cured by a radial overhaul of the suspension but only to recur again after some time.

The chrome finishings are excellent durable— those bumpers and wheel covers with an age of 5 years still looks new.

SUMMARY:

Here is a car not noted for its performance nor economy but with a tinge of longevity. For every day use it is alright but on trips such as fast touring round the island one can only get limited pleasure out of it. Perhaps with its long history of success in Group 5 racing, one should but a secondhand Anglia and tune it up, raising the mere 39 bhp to 124 bhp by fuel injection and speeds past Cortina 1600Es!!

THE IMMUNOLOGY OF CHOLERA

Editor's note: This is an article from the Far East Medical Journal, Vol. 6, Aug., 1970.

In field trials with cholera vaccine in recent years, the maximum protection observed was in the range 30%-80%, with significant immunity enduring for only 3-6 months. These figures leave considerable room for improvement. A WHO Scientific Group on Cholera Immunology met in Teheran in September 1968 to discuss ways of improving cholera vaccines.

Local intestinal immunity

The report of the Scientific Group first reviews recent concepts in cholera immunity. During the past few years it has been found that immunity to cholera appears to depend not only on serological immunity but also on a local intestinal immune mechanism. There is growing evidence of antibody formation in the tissues of the intestinal tract—possibly "secretory" IgA, the major antibody globulin found in various epithelial secretions. Success in the immunological control of cholera therefore appears to depend very largely on a clear understanding of the nature of intestinal immune mechanisms.

Secretory IgA differs from serum IgA in a number of respects. The latter is a 7S monomer, whereas the former appears for the most part to be a dimer having an additional peptide chain with a molecular weight of 50,000. Resistance to some viral infections in human volunteers has been correlated with the level of IgA antibody in nasopharyngeal secretions. With influenza vaccine, better results have been achieved when it has been administered as an aerosol than when it has been injected.

Two types of immunity

The pathogenesis of cholera appears to involve two fundamental processes—the establishment of infection by *Vibrio cholerae* in the intestinal lumen and the production by the infecting

organism of a toxin that causes the diarrhoea. Correspondingly, there seem to be two separate immune mechanisms for these processes, which may be referred to as antibacterial immunity and antitoxic immunity.

Antibacterial immunity probably occurs in the lumen rather than in the intestinal tissues. A number of theories have been advanced to account for it, such as interference with bacterial adherence, phagocytosis, and bacteriolysis, but there is no definite evidence to support any of them. Antibacterial immunity can be induced in man by parenteral vaccines containing killed whole cells or lipopoly-saccharide.

The site where the cholera toxin acts has not yet been established. Studies in the rabbit and the dog suggest that it may be at the epithelial surface of the intestine. In the dog, repeated intestinal challenges with toxin do not seem to induce immunity to subsequent toxin challenge, but protection can be achieved by parenteral administration of a toxin-containing vaccine. Such vaccines have not been tried in man. Humans develop serum antibodies that neutralize the toxin following an attack of cholera, and these have been shown to be IgG. No studies have been reported relating this antibody to immunity in man, and the relative importance of antitoxic and antibacterial immunity remains undefined.

Oral and parenteral vaccination

The value of oral as opposed to parenteral vaccination cannot yet be assessed. If the studies carried out on dogs are any guide, antitoxic immunity probably cannot be induced by the oral route. Antibacterial immunity, on the other hand, can be induced by the oral route, but whether it is better than that conferred by parenteral vaccine is open to doubt. Parenteral vaccine produces

a better vibriocidal antibody response than the natural response following an attack of cholera. Moreover, it is thought that in endemic cholera areas children may be reinfected year after year, from which it would follow that oral immunization does not provide sufficient protection against another challenge. The evidence at the moment thus favours parenteral administration, but if research on the immune mechanism within the lumen shows that secretory IgA plays a major role then oral immunization may be important.

Reinfection with cholera vibrios is common in endemic areas, but recurrent disease is rare. The natural exposure of children to cholera infection causes a steady rise, at the rate of 5% a year, in the prevalence of vibriocidal antibodies, but it may be remarked that adults living in non-endemic areas like the USA or Czechoslovakia also show a low but significant prevalence of vibriocidal antibodies, possibly arising from contact with antigenically related bacteria such as *Brucella* and *Pseudomonas*.

Level of immunity

The determination of the level of immunity is a difficult problem in cholera. Measurement of the antibody titre does not provide a reliable guide. Even in the relatively simple case of diphtheria the relationship between antibody titre and immunity is not straight forward, since the process of accelerated production of antitoxin by a secondary response allows a person with a low initial level of antibody to manufacture additional supplies. Cholera being an intestinal infection, the crucial confrontation of the vibrios with antibody occurs in the gut lumen. The levels of the serum antibodies can bear only an indirect relation to the vibriocidal system within

the gut. It is doubtful whether antibodies requiring the complement factors present in blood serum can function within the intestinal lumen, although it is possible that a reaction involving an increase in permeability of the gut vessels might convey enough of these complement factors into the lumen. Alternatively, immunity may depend on the fraction of IgA capable of exerting a vibriocidal effect in the presence of lysozyme and in the absence of complement factors. The level of antibody within the gut cannot be expected to correlate simply with the level of IgA in the serum, since considerable amounts of IgA are manufactured locally within the intestinal wall.

Improvement of vaccines

The Scientific Group agreed that the fluid vaccines at present available cannot be expected to produce either a high degree of immunity or long-lasting protection. The protection offered by these vaccines has been poorest in children less than 10 years of age.

Present vaccines use killed whole cells, preferably of stable smooth antigenic strains. The Group considered that stock strains of known characteristics are preferable to fresh isolates. No significance is attached to the differences between the "El Tor" and "classic" biotypes as far as vaccine production is concerned, since they are antigenically almost identical.

There is at the moment considerable interest in the possible use of vaccines containing living avirulent vibrios, since it has been observed repeatedly that, in certain species of experimental animals, immunization with living vibrios results in higher protective antibody titres against experimental enteric cholera than does

immunization with killed vaccine. In humans, safety must be a prime consideration. Oral Vaccines must be able to multiply in the human gut without causing disease. They must have a high degree of stability and no tendency to revert to virulence, and the vibrios must possess several suitable genetic markers to allow for their precise identification. Considerable time will be needed to perfect such vaccines to the point of readiness for extensive human trials, and the Group believed that serious efforts in this direction should be initiated soon, together with a study of the possible use of live parenteral vaccines.

Meanwhile progress should be made toward more readily attainable goals, such as the production of combined bacterial and toxin-toxid vaccines, the development of vaccines containing adjuvants, and the study of killed oral vaccine. In general, the Group thought that the best and most immediate prospect for enhancing the efficacy of cholera vaccine lies in adding the toxin (or toxoid) antigen to existing cholera vaccines, which at present have little or no ability to induce antitoxin formation.

The duration of the immunity induced by present vaccines might be extended by the use of suitable adjuvants. Aluminium compounds are recognized as the safest, and vast experience of their use in other vaccines has been gathered. Evidence of their ability to enhance the immune response to cholera vaccine is already available. Oil adjuvants are more effective than aluminium compounds but they have a lower safety record and have produced severe reactions when added to tetanus toxoid, cholera vaccine, and typhoid vaccine. On the other hand they have achieved an impressive record of safety with influenza vaccines, and their continued study is to be encouraged.

啟思

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長跑家之旅

斯富

烈日，城西，廣場。
黑壓壓的人羣，充塞着每一個開口，每一條通道，每一張座椅。熙攘，喧鬧。

長跑家修長的影子，落漠地站在起點線前。蒼白的臉龐，雪白的運動裝，銀白的跑鞋；白，正如雲所喜愛，所擁有一切，沒有半絲污點，半絲瑕疪。

一頃間劇烈的暈眩，疲乏的眼臉，乾枯的咀唇；這一回可能就是最終的死亡之旅。為什麼不？獵犬喪在山上，老兵歿於戰場，長跑家安息在乾爽的道路上。

深黑的運動衣，漆黑的跑鞋，黝黑的肌膚，魁梧的身軀搶奪了長跑家失神的目光：一張陌生的臉孔，一個魔鬼，一個命運。

號令員的手槍指向半空，觀眾的嘴巴閉得嚴絲不透，長跑手們的掌心滲着汗珠。令人窒息的靜。空無一人的廣場，只有長跑家和雲依偎着的影子，旋轉在如茵的草坪中央。微風飛掠着烏黑的秀髮，飄蕩着潔白的裙端。一絲淺笑，一絲甜蜜。

槍聲帶給空氣的震盪，按動了長跑家身上每一個樞紐，刺激起每一個熱練的細胞，修長有力的雙腿機動性地揮動着，那麼節拍，那麼調協。眼前只有一個烏黑的身影，一個好的開端。

長跑家永遠不會領得太前，也不會墮得太後；領前使人失去進取，墮後使人失去信心。公家席的前排，一張百皺的臉，一對渴望的眼睛，一個熱心的父老，祈求着勝利。對一條窮鄉僻壤，芝麻綠豆般的勝利都會帶來無限光采，更何況是一個長跑家，戰無不勝的長跑家。

黑衣人健碩的身軀，仍然擋在視線的前面。跑鞋底的鐵釘，挖動着跑道上的泥土，發出單調的聲音，就像雲牀前那白色的小擺鐘。

刺目的陽光，昏瞶着疲乏的眼臉，胸前閃耀奪目的金牌，輝映着一張張興奮的臉孔，意氣風揚的長跑家，屹立在英雄式的獎台上，白色的倩影，帶着嘉許的微笑。勝利，即使獎狀掛滿了雲臥房的牆壁，即使獎牌堆滿了榻榻的小几，長跑家仍然要勝利，就為了那情深的一眼，醉人的微笑。

黑衣人仍然領在前頭，那麼穩健，那麼沉實。單調的步伐聲仍然在耳畔響着，那麼蕭索，那麼寂寞。

名譽席的末端，一張肥胖的咀臉，一個市儈的笑容，一個惡名遠播的鄉紳。肥大的手指，數着花花綠綠的鈔票，一絲血脈，一絲銅臭，是勝利的代價，為什麼不？人總得吃飯，人總得生活，人總得生存。

最後的一圈了。腦後的步履有點凌亂，一個跑手開始透著大氣。扭曲的肌肉，戰抖的咀唇，就像雲那歇斯底里的臉孔；醫生的診證

書，在雲的手中變成粉碎的紙屑，飛揚在空中。雲默默地離去了，深黑的禮服，強忍着的淚珠，窈窕的背影，消失在朦朧的淚影中，永遠看不見他失敗，永遠看不見他倒下。人知道要面對現實，但人卻總是在逃避。

腦後的步履更形凌亂，眼前的黑衣人卻是了無倦容。經驗告訴他，該是發力的時候了。場畔方臉的教練，撐着四方的咀巴，焦急，煩燥。人們總是貪圖勝利，人們總是不會明白，沒有了白色的微笑，長跑家不再需要勝利，他只是要不停地跑，跑到時光的盡頭，生命的尾聲。長跑家始終不會發力，因為沒有人能敵得過他的最後衝刺，從來沒有。

暈眩再度侵蝕着他的腦袋，眼皮沉重得翻不起來，乾澀的喉頭冒着火焰。黑衣人勢如破竹地衝向依稀在望的終線，人羣中蘊釀着輕微的騷動。

烏黑的秀髮，潔白的衣裙，亂舞着的雙臂，出現在跑道的盡頭，很虛，很幻。長跑家體內每一個細胞，重新燃着生命的火花，修長的雙腿進

行着急奏章。呼嘯的風聲掩蓋了羣衆的歡呼，殷紅的終線迅速地迫近眼前，黑衣人龐大的身軀忽然顯得那麼遲鈍。

長跑家的胸部接觸着終線；那感覺，甚至那斷裂的聲音，是那麼親切，但那麼平凡。劇烈的暈眩不再容許他思想，低垂的眼皮帶來了可怕的黑暗，瘦長的身軀往下墮，墮……

一窩蜂的人羣湧向跑道的盡頭。半線陽光透過微張的眼臉；慈祥的父老在抽泣着，劣紳的笑容凝固着，教練的大咀巴乾撐着，眼前的景象迅速地模糊着。眼球終於轉動到白色的倩影，萎頓的右手無助地揮動着，找尋着那深情的淺笑，體貼的觸摸，一片寒冷，一片黑暗。

「慧」。魁梧的身影，殘酷的笑容，拂過白衣女郎的俏臉，惘然的目光，惆悵的臉孔，溶化成苦澀的微笑；嬌小的身軀，隱沒在黑衣人強健的臂彎裏。

夕陽，死，寂寞的長跑家。

拔河記

十一月五日下午五時，我們三年級的同學，舉行了一個別開生面的男女拔河比賽。

這或者是一個不公平的比賽。不過，可別忘了，這是一個友誼讓賽。聽說是由女同學們主動向班中身材細小的男同學挑戰。不用說，女同學那隊的人數，必然較多。

可不是？十三個女同學一同對付七個男同學！男孩子們，我為你們鼓掌。你們雖敗，猶榮。

怎麼女同學們忽然一片熱心？無他。還不是為了要在體力上，集體一勝男同學吧了。是嗎？她們既然滿懷希望，一團高興，我們何必向她們潑冷水。君子成人之美。就讓她們嘗勝利的滋味又何妨？反正這是一個讓賽嘛，無論勝負，光榮都是屬於我們男同學的。何況，一開始，女同學們早已認定力不如人。要不，既然相方體形相差不過，為什麼又要以人多欺人少？

嘿！看這羣女孩子多緊張。號令還沒有發下來，她們便忙着要拉那條大繩。別忙呢，妳們是一定贏的。讓勝利屬於妳們，榮譽卻歸我們所有。各得其所，何如？

好了，用力吧！是妳們大發雄威的時候啦。瞧吧，平日這些手不釋卷的女孩子們，現在一個個都彎腰架架；咬着牙，鼓着腮，使勁地拉呀拉的。弄到桃紅泛面，嬌喘微聞，怪可憐的。好吧，七個男同學服輸了。

來來來，再要第二個回合好嗎？索性大方一點，讓妳們贏多一回豈不更好？

於是，一場雌雄鬥，就在女同學們皆大歡喜之下結束了。

然後，讓我代妳們寫幾句，祝賀一下怎麼樣？

晚風中，斜陽下，
綠草場上，咱們姐兒家；
也學拔河來作耍。
要把男子對手呀，
拉到個滾地葫蘆落地瓜。
但求巾幗勝鬚眉，
那管得家凌寡。
還幸男兒多禮讓，
不然也，
拉不動繩兒贏不了他，
反被別人笑壞牙。
哎唷，
豈不真真的羞煞了奴家？
哈哈，不要說我俏皮，也不要說我口花。

