

Just Some Little Thoughts

Bernard Lau

- "Doubt is a pre-requisite of thought."
 "When you find life hard to live, try to make it alive."
 "Success is never found on a smooth straight road."
 "Success is the place where you think you have gained enough and failure is the moment when you fear you might lose more if you go on."
 "What you think good may not be good at all."
 "Humiliation goes before glorification."
 "Death is horrible only if you are not prepared for it."
 "Happiness finds its place in the simple, humble and sympathetic heart."
 "Beauty pleases one's eyes, and blinds them too."
 "Men are seldom satisfied: like pits in the sand, they can never be filled fully."
 "Solitude depletes one of company and clears one of trouble."

CLINICO-PATHOLOGICAL CONFERENCES

The programmes of the following five sessions are announced:—

October 22	Students' Session	Dept. of Medicine
November 5	3 Cases of Appendicectomy	Dept. of Surgery
November 19	A Case of Choriocarcinoma	Dept. of Obstetrics & Gynaecology
December 3	2 Cases of Renal Transplantation	Dept. of Medicine & Dept. of Surgery
December 17	Complications of Paraplegia	Dept. of Orthopaedic Surgery

N.B. The conferences will be held in the Pathology Lecture Theatre at 4.30 p.m. and all students in 4th and 5th years are **required** to attend.

CANCELLED!

G. T.

It was indeed very regrettable that the Annual Launch Picnic had to be cancelled. This decision was made after much consideration. It was cancelled not because of wind or rain. In fact, it was the best day in the week with the sun shining brightly and the temperature was just right for a swim. Why, then?

It was because of the outstandingly poor response from our members. Tickets had been on sale for about two weeks. What was the sale then on Wednesday, two days before the launch picnic when things had to be finalised? The total number of tickets SOLD was **NINE**. Counting all the executive members and some of the councillors together with a few who promised to go but had not yet bought their tickets, the total number of people who would attend the picnic was not more than **30**. The ship is of the capacity of carrying 100 people!

The launch picnic had been sponsored by the Sterling Drug International Co. Ltd. for the past few years. This year because of the change of personnel in the firm, no definite reply to our request of support this year was obtained. The society was prepared to finance this function as far as possible, even if there was no external support. This was meant to provide enjoyment for all our members.

Now that the response was so poor it indicated that our members were not interested in such a function. The only wise decision to take then was to save the \$400 for the rent of the ship which only would provide fun for 1/20 of all our members. Moreover this \$400 is a heavy sum in our society budget and should be used to benefit **MORE** of our members. The subsidy to this launch picnic will probably be used on the Medic-Nite or the Annual General Meeting.

Why are our members not interested? Only they themselves know. To those who support this function and have bought tickets I would like to extend the deepest apology for taking away their chance of having fun. I hope they will understand.

Historical Background of Medical Education in China

(Continued from page 1)

Intensive developments have been made by the Nationalist Government in Taiwan. There were all together five medical colleges in Taiwan. The medical school of the National Taiwan University is the biggest with its large teaching hospital and well-equip laboratories for post-graduate researches. It carries out a seven-year programme, including a two-year premedical course in the science departments of the university. The National Defense Medical Centre is belong to the Ministry of National Defense and the students are required to undergo military training for six months before taking the regular course, no tuition fee is required in this medical centre but the graduates are required to serve the army as army doctors for three years.

(To be continued)

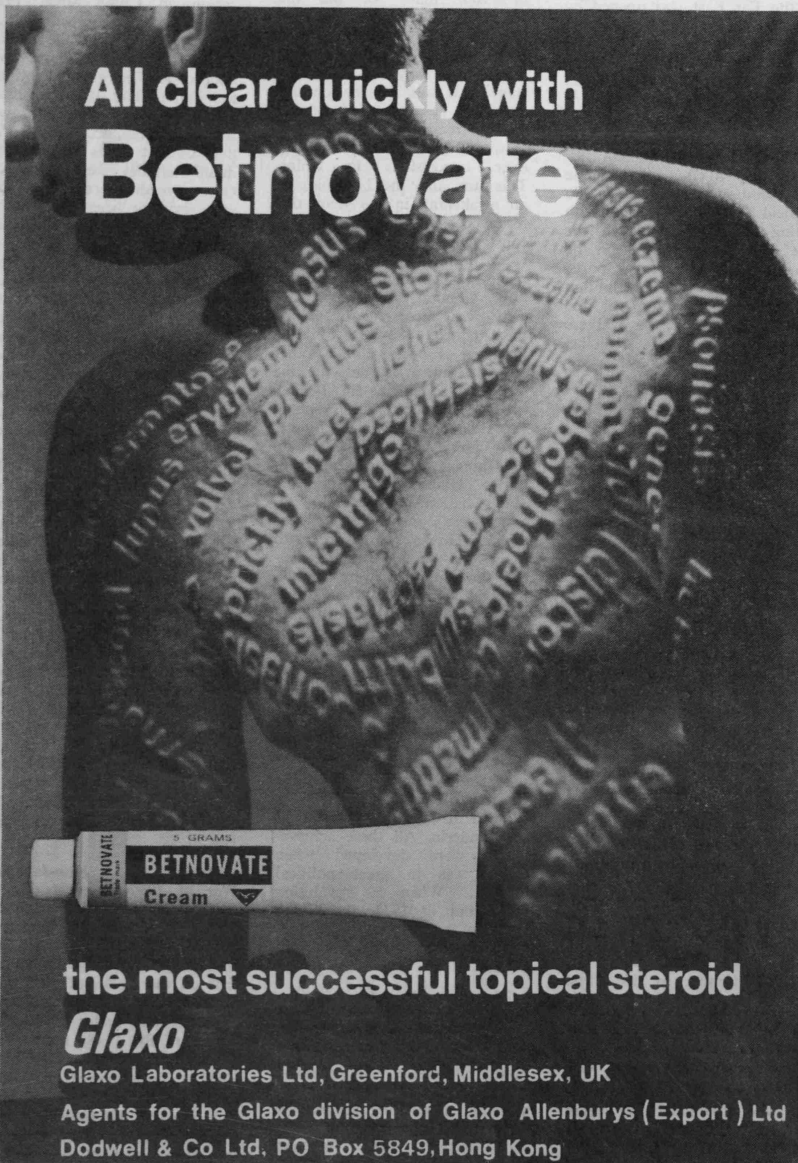
COMPLICATIONS OF STEROID AND ACTH THERAPY

(Continued from Page 3)

growth increases. Steroids may inhibit growth by suppression of oestrogens and androgens output by the adrenals or of growth hormone by the pituitary.

COMPLICATIONS OF ACTH THERAPY

A few patients are allergic to commercial preparations of ACTH. The incidence of these allergic reactions has declined with purification of ACTH on oxycellulose columns. The other side effects of ACTH therapy are less serious than those associated with steroids. This may be due to the fact that ACTH decreases the production of corticosteroids and adrenal androgens whereas steroids inhibit the output of androgens the frequency of acne, hirsutism and amenorrhoea during ACTH therapy may be related to this action of ACTH.



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COMPLICATIONS OF STEROID AND ACTH THERAPY

The incidence of side effects from steroids is related to the dose and duration of treatment, but since complications may arise on a small maintenance dose long term steroid therapy may cause serious side effects, while ACTH therapy usually causes milder complications.

From the point of view of therapy, it may be necessary to accept some side effects to obtain adequate suppression of disease. These include mooning of the face, some gain in weight, bruising, and with ACTH in particular, hirsutism and occasionally amenorrhoea.

BRUISING AND PURPURA

They are common complications. There is similarity between senile and cortico-steroid purpura.

In both senile purpura and corticosteroid purpura, there is an atrophy of collagen which permits small skin vessels to rupture easily. There is also a poor inflammatory reaction which accounts for the slow resorption of blood.

In both, large dark purple blotches appear on the neck, face or extensor surface of the arms and hands. The usual colour changes associated with a bruise do not occur and resorption of the blood is slow.

No defect in blood coagulation or platelet production is found so that there is little danger of internal haemorrhage.

OSTEOPOROSIS

This is a serious complication of steroid therapy. There is an increase in the frequency of fractures, particularly involving the spine, in all chronic diseases treated with steroids.

Other factors influence the development of osteoporosis. Rheumatoid arthritis is a disease of connective tissue which may involve the bone matrix and immobility is associated with an excessive loss of calcium. The critical factor, however, is the age of the patient. Osteoporosis is relatively common amongst postmenopausal women and elderly males. McConkey et al (1962) found that the incidence of osteoporosis in rheumatoid arthritis was similar in treated and untreated patients. The high incidence (27.8%) in a control group was attributed to the age of the patients and to the underlying disease. The influence of age and sex is apparent also in asthmatic patients.

The cause of osteoporosis remains obscure. Albright thought that osteoporosis was due to decreased synthesis of bone matrix and that, in most cases, it was part of a more generalized disturbance in protein metabolism. He assumed that cortico steroids were anti-anabolic rather than catabolic in their action and suggested that a state of equilibrium might exist in normal subjects between anabolic steroids and the corticosteroids. Osteoporosis was attributed to an absolute excess of corticosteroids in Cushing's syndrome and to a relative excess of these steroids in postmenopausal women. This theory requires that bone formation be decreased in patients with osteoporosis but evidence from kinetic measurements (using labelled calcium or stable strontium) and from histological studies, suggest that bone formation is normal in these patients.

PEPTIC ULCERATION

The belief that steroids produce peptic ulceration is founded on studies of patients with rheumatoid arthritis. These patients develop ulcers or have severe symptoms from estab-

lished lesions when given steroids. Analgesics, however, may contribute to this.

The frequency of peptic ulceration is related to the daily dose of steroids but other factors are contributory to the high incidence of this complication in rheumatoid arthritis. Steroids produce hypertrophy of the parietal cell mass and an increase in basal acid secretion. Certain features distinguish the steroid ulcer from the usual peptic ulcer. It occurs with equal frequency in man and women and gastric ulcer is more common than duodenal ulcer.

Both aspirin and phenylbutazone produce gastric erosion; and the frequency of peptic ulcer in rheumatoid patients given either phenylbutazone or steroids is the same.

ACUTE PANCREATITIS

A few patients develop acute pancreatitis as a result of steroid treatment. Steroids may mask the symptoms of pancreatitis, so that a correct diagnosis is frequently missed.

INFECTION

Infection is the main cause of death in patients with Cushing's syndrome. Patients receiving steroids also have a low resistance to infection. There may be extension of local infection or a generalized septicemia.

Activation of a tuberculous focus and miliary tuberculosis are well known hazards of steroid therapy.

PSYCHIATRIC DISORDERS

Patients who improve on steroids often develop euphoria but serious mental symptoms may also occur. The patients often complain of insomnia and restlessness. Perceptive symptoms, including illusory and hallucinatory disturbances, and affection disorders, including depression and hypomania are noted. Suicidal tendencies are also reported.

There is no relationship between the occurrence of psychiatric symptoms, the total dose of steroids or the duration of treatment, and these symptoms are often unrelated to other complications of steroid therapy. Patients who have had a previous mental illness are more likely to develop psychiatric symptoms.

DIABETES

By giving cortisones, Fajans and Conn (1954) showed that the incidence of latent diabetes was far greater in the relatives of known diabetics than in the general population. An insulin-antagonist bound to plasma albumin was detected in diabetic patients. A proportion of patients with Cushing's syndrome and patients treated by steroids develop glycosuria.

The glycosuria is usually mild and easily controlled by reducing the dose of steroids or stopping treatment. If a patient already has diabetes there must be a strong indication before steroid therapy is started, because steroids make the diabetes more difficult to control.

HYPERTENSION

Hypertension produced by steroids is often mild and controllable by reduction in the steroid dose so that anti hyper-

tensive drugs are seldom required. Steroids which cause sodium retention are liable to cause hypertension. This complication is therefore more common with ACTH and during substitution treatment with cortisone than with prednisone in suppressive therapy. Also, patients who develop hyper tension during treatment with prednisone improve when this drug is replaced by dexamethasone. Dexamethasone has no sodium retaining effect.

MUSCLE WEAKNESS

This is common in Cushing's syndrome but it was first recognised as a complication of steroid therapy when triamcinolone became available. Patients treated with triamcinolone may develop muscle weakness affecting the shoulders, pelvic girdle and proximal limb muscles. Recovery is complete in each case on withdrawal of treatment. Also, there is marked improvement when prednisone is substituted for triamcinolone.

CATARACT

Posterior subcapsular cataract is fairly common in patients with rheumatoid arthritis treated with steroids.

The occurrence of cataract is closely related to the maintenance dose of steroids. Children with Still's disease are similarly affected but few patients with diseases other than rheumatoid arthritis develop this complication during treatment with steroids.

THROMBO-EMBOLISM

The risk of thrombo-embolism is said to be greater during treatment with steroids, but, as with oral contraceptives, there is no convincing evidence to support this contention.

PERIARTERITIS NODOSA

Neurological lesions due to periarteritis nodosa have been recorded more often in patients with rheumatoid arthritis since the introduction of steroids. These defects which may vary from mononeuritis multiplex to a symmetrical peripheral neuropathy can be distinguished from other neurological complications of rheumatoid arthritis; but it is doubtful if they are more common in patients treated with steroids.

NOCTURIA

Some patients after steroid therapy, pass little urine by day

but a large volume at night. The mechanism is not known, but there may be a reversal of the normal diurnal pattern of sodium excretion. Nocturia may be controlled by a single dose of 9-alpha-fluorohydrocortisone at night.

PAPILLOEDEMA

Children with asthma on long-term steroid treatment have been known to develop papilloedema and extraocular muscle palsies that subside on withdrawal of steroids.

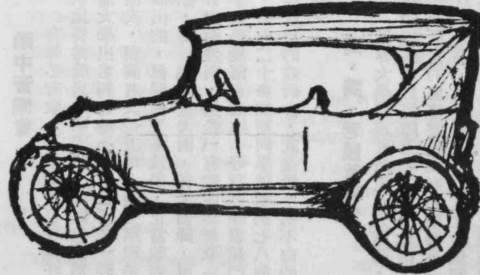
Papilloedema may also occur on withdrawal of steroid treatment, and may be a presenting feature of Addison's disease.

STERIOD ARTHROPATHY

X-ray changes which resemble an aseptic necrosis of the heads of the femur or humerus, and Charcot's arthropathy have been described with oral therapy or intra-articular injections of steroids.

GROWTH

The main side effect of steroid therapy in children is retardation in growth. When children receiving steroids are given ACTH, the rate of (Continued on Page 2)



MEDI *Broad speed*
MOBILE
WHY MINI?

One way of looking at a car is the consideration of its achievements in racing. Cars such as the Ferraris and Matras seldom make themselves known to the public by saying in writing how good they are but rather by the harder way of making their names on racing tracks. Similarly when we look at a mini what really in our minds is a fat rounded low profiled Downton full race mini cooper S and we are somewhat biased as to the real value of the car.

The following is the consideration of an early mini.

DESCRIPTION:

Nothing is more appropriately described as rounded. The short nose, the length of the car, the lack of a protruding tail together with deliberate shapening of the corners gives the image of a toy-car. Yet at the back lurks the racer with widely spaced fat wheels, widely gnawing front grilles with a prominent oil-cooler, the bonnet strapped down tightly with leather strands, bandaged headlights and a fat helmeted man inside holding tightly to a ridiculously small leatherrimmed wheel. This is the image youngsters want to create with their own minis. And that is the image condemned by writers of prominent motor magazines as 'Boy-Racer'.

PERFORMANCE:

Back by the name created by its elderly brothers the mini is almost put into the class of exotic. Yet its figures are not particularly striking. With its

transverse 4 cylinder 848 cc. engine delivering 34 bhp net it goes from rest to 50 mph in 18.5 sec. Top speed is about 70 mph.

At the wheel however the slow acceleration is not as disagreeable as the figure implies. This is because of the low driving position and the good roadholding of the car. The small car would pull happily from 10 mph in top gear and the rest of the gears are well rationed too.

Gear changing however is not without its grudges. As with the 1100 the gear box is just not smooth and when changing from 2nd to 3rd one is very liable to crunch into 1st. And there is no synchronism on 1st. The gear lever reminds one of driving a truck. Indeed such curved lever is a disgrace to its elder brothers.

ECONOMY:

When one look at such a small car one should expect over 40 mpg of fuel consumption. Yet a figure of 35 mpg is only obtained. This is the only aspect of the mini not having a small car feature!

The interior is roomy with regard to the external size of the car. This is partly accounted for by the lack of a transmission tunnel, the engine being front-placed and the drive front-wheeled, but the merit should go to the designer of the car. Every inch is fully utilised — the lack of wind-up windows gives way to two large stow away pockets on the doors, the centralization of in-

struments gives way to another two big parcel shelves in front.

The back row is a bit meagre for the comfort of a normal size individual. The seat can accommodate only a portion of the thigh so that the back passenger is more like crouching than sitting. And this can be demanding when on long journeys.

Creature comfort does not go even to the driver. The front seats are neither comfortable nor wrapping and in Summer the car becomes so hot that one regrets buying the thing. The secret lies in the windows. With no winding windows there is not much ventilation opening but what is more important is the lack of the quarter-lights which is responsible for draughts. One can either fix a plastic quarter light or spend a few hundred dollars to convert the windows into windable ones.

The pedals are too small to operate efficiently. I don't see why with a small car the pedals should be small and with big cars there should be the luxury of organ-pedals. I think the BLMC should take note of the fact that with the addition of cheap extras the gratitude of the owners would return with more success to the corporation.

SUMMARY:

With the ordinary requirements out of a car the mini is certainly not a favourite contender. Yet people buy a mini to build their own mini. But still — why mini?

啟思

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莉 莉

會幾何時，兩年的預科生涯已從指縫中無聲無息地溜走了。可幸的是這兩年的努力畢竟沒有白費，我竟也跨進了這又高又窄的香港大學之門。

從前祇聞說香港大學的學生會活動很多，現在才知道除此外，還有各式各樣的學會林立，如基督教團契 (Christian Assn.)、行社 (Ramblers' Club)、天文學會 (Astronomy Club)、世界大學服務社 (W. U. S.)、音樂學會 (Music Club)、和士風舞會社 (Folk Dance Club) 等等。由此看來，香港大學學生並非個個都是死讀書的，這些林林種種的學生組織，豈非一個最好的明證嗎？

打從收到考取的通書那天起，我就不斷受着如雪片飛來的新生歡迎會邀請書的轟炸，家裏堆滿了不盡的信紙信封，足可以開一所紙料廠。大學不愧為大學，連紙張也是大批大批的往人家裏送。

所謂初生之犢不畏虎，我懷着一種興奮的探秘心情，昂然接受挑戰。

「行社」迎新會
我所參加的幾個迎新會中，給我印象最深的可以說是行社所舉辦的那一個。那天參加的人也不算少。行社主席致詞時不慌不忙、態度從容、口齒伶俐，予人印象極佳。祇可惜陸佑堂裏的老爺冷氣機拒絕發揮效用，我們百多人如處在火爐裏，但又無可奈何，我奇怪大學裏竟連幾把壓地風扇也沒有！主席致詞後，有幻燈片介紹行社活動，畫面鮮艷奪目、彩色瑰麗，把香港的風景區，如八仙嶺、狗牙嶺及大霧山日出景等，都拍得歷歷在目，使人歎為觀止，大有不枉此行之讚。如果說這些迎新會是學會之間各出奇謀

的宣傳手法，那麼行社採用幻燈片這一招是相當成功的；因為它極富吸引力，也頗能直捷了當地點出行社本身的主題，我敢說那天所有在座者都極為神往，恨不得立即親臨其境。所以，行社的會費料將會源源而來。但百密總有一疏，我相信參加過這一個迎新會的都不免要說：「行社裏究竟有沒有女會員？」原來幻燈片裏全是彪形大漢，他們或屹立在懸崖峭壁上，或匍匐在險峻的山路上，却找不到半個弱質女流。這總是一個懸疑的問題，今後可能女同學們都會裹足不前，對行社敬而遠之。

千篇一律的節目
行社迎新會幻燈片的放映，是其一大大特色，至於其餘節目，則差不多是每個迎新會都千篇一律，沒有什麼特別之處。就拿「分組討論」來說吧，幾乎每一個迎新會都是舊調重彈。要知道一個新同學在參加第一個歡迎會時就已經把所要問的都問了，所要知道的既已知道了，因此在其他迎新會的「分組討論」中，就不免要打瞌睡。這無疑是宣傳技術上的一大忌，故此各學會要招徠新同學的踴躍參加，就不免要運用新招法去驅散悶氣。

早開早著
基督團契因為排期最早，所以在形勢上佔了優勢，行社第二，人數也不少，其後則每況愈下，天文學會、世界大學服務社、音樂學會以至士風舞會，人數直線下降，到頭來祇餘十多位土人參加。然而這祇是時間上的關鍵，所以人少參加的，也並不代表其組織的失敗。

土風舞會出奇制勝
就好像土風舞會本來吃了時間上的虧，所以

人數頗少，舊同學在比例上佔了大部份，但却是比較成功的一個迎新會。初時舊會員本着大無畏精神，厚起臉皮穿上彩色奪目的戲服，翩然起舞，但因為臨時有一會員缺席，所以餘下的七個都心神不屬，曼妙的華爾茲舞曲竟一變而為催眠曲，整個舞池陷入昏睡狀態，形勢大為不妙；忽然有人靈機一觸，想出與眾同樂的辦法，邀請新生們共舞，這才扭轉局勢，氣氛漸漸融洽。要知道新生參加迎新會的目的，除了想知道一些實際的資料外，最重要的還是玩玩而已，故此跳舞這一項，可以說得上是出奇制勝。

雨中音樂會

有舞必有歌，音樂學會也曾作好好安排，由民歌比賽得獎者歌唱表演。地點也頗為講究，在香港大學出名莉莉塘 (Lily Pond) 畔，本來景色怡人，表演者又是上乘人選，照理是應有出色的演出的，但偏偏天不做美，正當歌者運歌調絃之際，霎時間傾盆大雨，從天而降，可謂是「東邊日出西邊雨，道是「有歌」却無歌」在場人等爭先恐後落荒而逃，等到在圖書館門口點人數時，原先二十多個新同學祇剩七個。一個本來很成功的迎新會，就這樣不明不白的，消弭於無形。

鴨、鵝、老鼠及其他

世界大學服務社最近理由人失望的，就是原先編排的趣劇竟臨陣退縮，理由是排演不足，正如行社原定的集體遊戲沒有如期舉行一般都是歸於草率之咎，很是可惜。但世社雖然刪去趣劇一項，却有「與眾同唱」，其令人發噱程度則有甚於趣劇。為配合「世社」露營歌集節目，因此當天就把歌紙分發，由舊會員帶領練習，一時間男高聲、男中音與男低音的歌聲此起彼落，唱着不知是什麼口音的國語，可惜蔡麗 (CARMEN) 裏有柱無標，如若不然，則大有繞樑十日之可能。奇怪的是女同學們都噤若寒蟬，放棄參與這一個交響樂團，不知是為了她們對這些美妙的鴨鵝對叫的聲音太欣賞了，欣賞得不願去打擾，還是為了她們笑哭已經夠慘了，沒有功夫去開口唱？高潮終於來臨了，一隻長連連嗚呼吶吶的特大號老鼠，竟施施然在同學們腳底下窺來窺去，好像是他也感到漫長暑假的寂寞與無聊，現在發覺大家濟濟一堂，於是與舊得不得了，要出來察視一

週，畧盡地主之誼。一時間驚呼「老鼠」之聲不絕於耳，跟着大家都像上了彈弓一樣，頻頻縮腳，但不知是否「鴨鵝對叫」的主角們對自己的演出都感到學生難忘的滿意，所以這些騷擾並沒有使他們停頓下來。

「星座與上帝」

天文學會有幻燈片介紹星座，但却不及行社所介紹的山明水秀風光來得吸引，而且放映時間過長，到了最後，觀眾竟已失蹤了大半。至於基督教團契辦了一個節目，介紹大學生活；由各系派出代表，報導系內情況，大爆黑暗內幕。可惜除此節目外，便是講述人生哲學、宣揚基督教精神及唱聖詩，充滿了宗教氣息，為俗人所難以接受。

醫學會迎新「老」與「鍋薯」

除了獨立的學會迎新會外，還有學院迎新會，如理學會 (Science Society) 及醫學會 (Medical Society) 等。奇怪的是擁有最多人數的文學院竟然置身度外，免此一役。

至於我們的醫學會則得到院長「老麥」破例參加迎新，實在增光不少。「老麥」久負盛名，作風果然不同凡響，致詞時即開門見山說：「今年醫學院收一百五十名新生，實與本人原意相左。今後諸君將遇到重重困難，如設備不足、競爭劇烈等。諸君宜悉力以赴，過關斬將，願諸君好自為之。」眾人亦不覺嘩然。隨着下來的便是放映幻燈片，以圖釋醫學院的擴展計劃。但不知負責操縱幻燈機那位工友是過度緊張，還是在發白日夢，放出來的圖片不是上下倒置，便是位置相反，還算正確的幾張，却又快如輪轉，老麥還來不及講解完一大笑，畫面就已經面目全非了。同學們都忍不住大笑，而老麥却給氣壞了，祇有憤憤然道：「我在這裏鄭重保證，上堂時所放的，絕不會這樣糟糕。」邊說邊用手帕抹面，可惜台前途光太暗，否則能夠見到他臉上的八彩顏色，就更加精采了。

跟着這一幕，便是「鍋薯」教授訓話。這一位教授說話好比說夢，比起老麥洪鐘一般的聲浪，簡直有天壤之別。而且祇見他一紙在握，所謂訓話好像是在背誦台詞，但奇怪的是在座同學都全神貫注地在聽，還時不時哄笑一堂，直把「鍋薯」笑得莫名其妙，但為了禮貌，祇好陪

着傻笑。想不到師生之間，也要禮上往來！

結語
大致來說，這些迎新會都頗能幫助新同學去初步了解校內情況，這正是我們新同學所迫切需要的。但更重要的是，也許還是它們幫助了各學院同學的互相認識與熟落，因為一旦正式開課，學院之間通常採取閉關主義，加上功課壓力，就不能有很多接觸的機會了。換一個角度來看，我們可以說這些迎新會是對多采多姿的大學生活的一種介紹與宣傳。或許我們還可以說，它們是各學會各展奇謀去拉攏會員的角力場，至於它們的成與敗，則祇有在將來它們的「人口變動」中去揣測了！

(編者按：文中的小標題是編者所加上)

語 花

宇宙是個監獄，但是個模範監獄，他的目的在革新，並不在懲罰。

人須求可以入詩；物須求其可以入畫。

不去理論的人，是固執；不能理論的人，是愚笨；不敢理論的人，是奴隸。

每個人都好像月亮，各有黑暗的一面，永不為人所見。

少數人也許會對的，但大多數的人總是錯誤的。

馬克吐溫
易卜生

編者的話

相信大家也或會留意到「啟思」從今開始所設立的「中文編輯」。

「我們的希望是在使「啟思」每一期都能有中文版的出現，而盡力使其辦得比前更好，更充實。

但至於我們的希望是否會實現，就有賴於各位同學的大力支持。來稿及批評。

請大家記得一點：「啟思」是你們的刊物。就讓我們齊來努力，使這個小小的園地，更能反映出我們的生活、思想和言行。

來稿寫好了，就請投入飯堂近門口的那個信箱（當然，請寫上真實姓名，發表筆名則悉隨尊便）。

就在這裏預先謝謝大家的合作。

請不吝來稿及批評！