

Caduceus



MEDICAL STUDENTS' CENTRE,
SASSOON ROAD,
HONG KONG.

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15TH FEBRUARY 1971

EDITORIAL

The new medic sweater that was out recently has seemingly gained general acclamation.

Before this, medical students were merely marked by - besides the books in their hands - the medic tie and blazer. And now it seems that there is suddenly a new population of medical students walking about in their brand new navy blue sweaters.

These people constituted part of the "out" crowd of the first and second year medics who have so far been denied of the privilege of wearing a medic tie, let alone buying one.

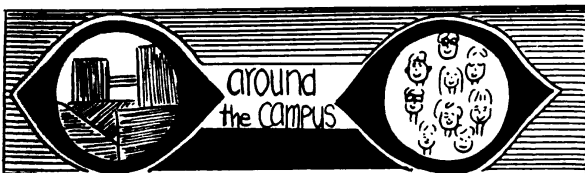
The fact is: although there is no hard-and-fast regulation whatsoever governing the exhibition of this article, members of the Medical Society who are not through yet with the 1st MB examination are just refrained from doing so by a tradition that has been handed-down for all these years.

Perhaps one may argue that the medic tie has become some form of a reward for the 1st MB candidates. But that just started one remembering the cute little white pig one got in the good old kindergarden days when one should present a clean epidermis.

The point is: the medic tie, with its present status, stigmatised a barrier between seniors and juniors among members of the Medical Society -- conferring a sense of inferiority and insecurity to the latter.

While fraternising the freshmen (as we always do every year when a new academic year starts), such barrier and the stigmata of it, must be abolished..

The sweater is a good start. Let's see what will happen with the tie.



MEDIC-ARTS-SOCIAL BARN DANCE

The Medic barn dance was held in the evening of 15th Jan., 1971 at our Medic Canteen. Over 40 ladies and a few gentlemen from the Faculties of Arts and Social Sciences honoured the occasion by their presence. This was the first time that our warm hands were extended to the Social Sciences fellow undergrads. The function was well supported by more than a hundred students from the various classes. Many were only too reluctant to go when the gathering ended by midnight.

Sequelae: Decrease in the population of the Medical library with a corresponding increase in the Union Library.

WHERE CAN ALL THE MOBILES GO?

While the traffic condition in Hong Kong is deteriorating day by day, the Medical students have also started appreciating its malignancy lately. With the car-park in front of the Canteen gone, the car-owners already felt the inadequacy of parking spaces; and cars are seen scattered all along Sassoon Road. And as from Jan., 5, cars of medical students are prohibited to park in Queen Mary Hospital Compound until further notice. So really, where can all the mobiles go?

PROFESSOR FREQUENTER-OF-LIBRARY

Many a time, prof. Roberts can be seen sitting in the library, well absorbed in his books. He is the professor I come most often in the library. Those who have attended his lectures must admit that they are concise, full of concepts and easy to digest. His effort to prevent cerebral indigestion among students is to be complimented and I think his presence in the library helps to make the place less noisy too.

AS THEY SEE US

Miss J. Thompson and Mr. D.J. Hodgkinson, two of the students from the University of Sydney who are here at present doing their Specialty Clerkship in Medicine, were kind enough to let us have some ideas as to what other people do, and also how others see us.

They have come specifically to Hong Kong on several grounds. One of these is that their curriculum includes an elective period. Another is that the materials available and the teaching standard are more or less comparable in both universities. Moreover, the great number of cases in Hong Kong, concentrated into a few hospitals, provide ample practical experience and increased opportunities to see rare cases.

EXCELLENT TEACHING FACILITIES

On their arrival they were agreeably surprised to find the place cleaner than expected and everything very well organised. Most impressive was the "excellent teaching facilities", especially at the outpatients' department. As yet, language posed no problem, and patients were not uncooperative. In addition, everyone around the wards were most helpful. They suspect that this happy state of affairs probably exists only for them.

Their Medical Society back home does much about the same things most medical societies do. Among other things like running a cheap bookstore, producing a newspaper, printing notes, sponsoring a variety of sports, and taking care of all political manoeuvres, the Society occupies two seats in the Faculty Board thus directly participating in criticising their courses, and also organises medical conventions.

STUDIOUS, CONSCIENTIOUS STUDENTS

When asked what they

thought of the students' attitude, they were of the opinion that local students, at least those they have come across in the hostels, are very studious, very conscientious, but somewhat disinterested in extracurricular things. They believe that this condition could be due to the importance of the degree to students in Hong Kong, so much so that nothing would be done to jeopardise its realisation.

LAMENTABLE STUDENT-STAFF RELATIONSHIP

As to the student-staff relationship, they found this being kept at too professional a level, resulting in a lamentable lack of dialogue between the two. What they most deplore is the way in which students are openly criticised in front of the patients. They have so far never encountered such treatment abroad. They suggested that a more acceptable method of setting right errors could consist of simply informing or demonstrating to the students the correct way how things should be done.

'AWFUL' VISITORS WELCOMED

THE following professors from abroad will visit our Medical School to act as External Examiners in their respective subjects in the dates indicated:

Prof. R. Warwick, B.Sc., Ph.D., M.D., Head of the Department of Anatomy, Guy's Hospital Medical School, London, from February, 28 to March, 8, 1971.

Prof. Williams, M.D., F.R.C.P., F.R.C. Path., Professor of Bacteriology, The Wright-Fleming Institute of Microbiology, St. Mary's Hospital, London, from April, 14 to April, 25, 1971.

Prof. Eleanor Zaimis M.D., B.Sc., Professor of Pharmacology, Royal Free Hospital Medical School, London, from April, 18 to April, 28, 1971.

Prof. Fairweather, M.D., F.R.C.O.G., Professor of Obstetrics and Gynaecology, Honorary Consultant Obstetrician and Gynaecologist, Obstetric Hospital, Huntly Street, London, from May, 10 to May 24, 1971.

Their tight schedule has not allowed them many opportunities to take time out to see the city. They have come without preformed ideas. However, they would like to have a look at the unique resettlement areas before leaving for home. They would recommend more students to come to Hong Kong for their electives, but that the necessity to finance the whole enterprise from their own pockets could seriously deter a great many from coming. They hope that closer cooperation between the medical societies of both universities, some sponsors and spare beds in the homes of local students would help ease the situation.

Their Specialty Clerkship ends by the end of February. Let us wish them every success.

EXCHANGED PUBLICATIONS IN THE LIBRARY NOW

In reviewing that in the past, there was a confusion in the exchange of publications, it was passed in the first Council Meeting of the Medical Society that the External Affairs Secretary will take care of all the exchanged publications with other Universities or organisations. In order to facilitate the reading of these exchanged publications, it was arranged with the Librarian to provide a corner in the library where the above mentioned publications could be placed.

Want to Become a C.D. or O.O. ?

The 5th General Assembly of ARMSA will be held in Sydney from 10th Aug., 1971 to 15th Aug., 1971. The 20th General Assemblé of IFMSA will be held in New Zealand from 16th August, 1971 to 27th August, 1971. Applications are now opened to all FULL MEMBERS of the Medical Society for - a Chief Delegate, and Official Observer to the two General Assemblies mentioned above. For further details, please consult the External Affairs Secretary or the poster that will be put up in Medic Centre. Application forms are available from the General Secretary. Deadline of entry is 26th Feb., 71.

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The Editorial Board wishes to thank the special support of the Glaxo Lab. Ltd.

CAR PARK

BECAUSE OF the construction work in QMH and the Medical Students' Centre car-parks in these two places become limited. The prohibition of students from parking in QMH has no doubt created much inconvenience to clinical medical students.

This problem was brought up during the Dean-Undergrad meeting on 5th February, 1971 again. Those present were informed that the principal of Northcote College of Education had kindly agreed to permit medical students to use eight parking spaces (on the right in front of the main entrance) when they are not needed for college purposes. It is important that students using the car-park should accept any directions given by the college staff.

The possibility of obtaining Student Parking Permits in QMH was also touched upon. It was decided that a survey be carried out by the class-representatives of 3rd and 4th

years to find out if there were unoccupied parking spaces at times when medical students are in need of them. This is essential, according to the Senior Hospital Secretary, while the construction in QMH is going on. It was suggested that the survey be carried out for a number of consecutive days at regular time intervals, say, 8:30 a.m., 9:30 a.m. etc. It is hoped that a favourable report of the survey will facilitate negotiation with the Senior Hospital Secretary.

It is understandable that this parking problem has become a headache to all those concerned. Even so, it must be emphasized that there is no room for **forged parking permits**. Anybody found using forged parking permits will be reported to the Police and the central authority of the University.

Please be patient, and should you have any suggestions or possible solution to the problem, do not hesitate to forward it to either Mr. A.P. Walker, the Faculty Secretary, or any one of the ex-co directly or through your class-representatives.

(M.C.)

So you think you know love now! No!

Bernard Lau

"When people have some strange, pleasant feeling towards others, especially of the opposite sex, which might be beyond their description or understanding, they will naturally and immediately attribute this to love; hence the abuse of the word."

"If love does exist and if love is really respected, even the sparkles of it can enlighten a new path of life, the driving force of which becomes dependent on love."

"Love is like echoes. The more you give, the more they will return unto you."

"If you rejoice because your beloved has gained what you have longed for madly, your love is true."

"No love can be said to be complete if there is no sharing of joy and sorrows, problems and solutions, pleasure and suffering, comfort and hardship, praise and contempt."

"If you are faithful,
LOVE = Like + Opportunity + Valour + Equality
And if you are really lucky enough,
LOVE = Life + Offer + Volatility + Eternity
However, as time goes by,
LOVE = Lie + Overindulgence + Voracity + Exclusion."

"The beginners are often depressed because they fear that all the feeling they have offered so readily and unreservedly might be lost into the air all of a sudden when they are rejected."

"Falling rain plays music for those in love, but the same noises are cursed by the melancholy and the lonely."

"Love can be like a game; there are winners and losers, tears and laughs, joy and sorrow, sweet and haunting experience."

"The more you are conscious of probability of love, the less likely you will experience true love, because of hypersensitivity and misinterpretation."

"The most beautiful sunset is one by your beloved together."

"Youngsters often feel disappointed in their love affairs because they always wish to gain, rather than offer, and their desires to be satisfied, rather than sacrifice."

"Platonic love is like natural spring water; it is not tasty but it flourishes the flower of love."

"How harsh is the see-saw type of love: When you are going to offer yourself, you find yourself not accepted; but when you are too grievous and scared to stay on, your beloved waves her hand to you."

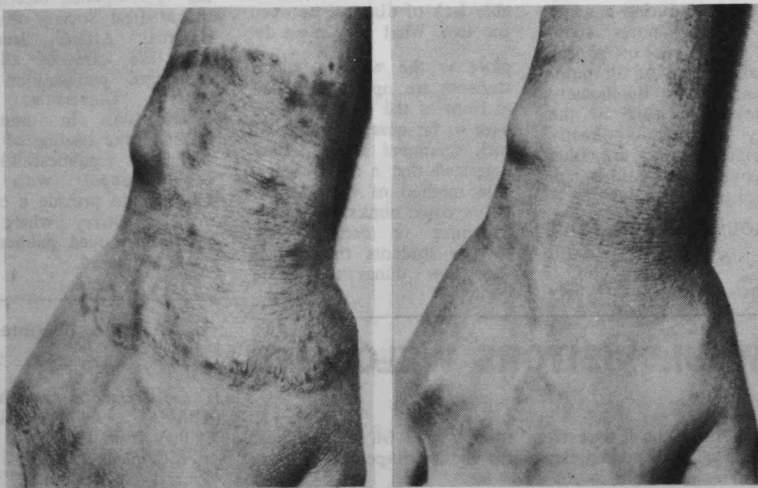
"Hatred is not the opposite of love, but disconcert is opposite to both."

"The deeper you love a person, the more you will all of a sudden hate her."

"An ounce of love can more than cancel a ton of hatred."

"The dilemma of deciding whether to accept or reject your proposer is like the breaking-and-closing potential in an electric circuit, which causes more disturbances than the normal flow."

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ANTIPROLIFERATIVE AGENTS AS IMMUNOSUPPRESSIVE DRUGS

Immunosuppressive Agents

Agents known to be antiproliferative:
X-radiation

Alkylating agents (cyclophosphamide, nitrogen mustard)

Antimetabolites: Antipurines (6-mercaptopurine, azathioprine), antipyrimidines (cytosine arabinoside), antifolics (methotrexate), antiglutamines (azaserine, DON)

Antibiotics (actinomycin, mitomycin)

Alkaloids (vincalukoblastine, colchicine)

The antiproliferative agents appear to act primarily by impairing cell reproductive integrity. This means that the affected cells may remain alive and may continue to carry out many of their functions, but are unable to reproduce successfully. Synthesis of DNA, RNA and other cell constituents may continue at the normal rate but the cell either fails to divide, forming a giant cell, or it commences a division that it cannot complete, or it divides unsuccessfully, with chromosomes unequally shared between the daughter cells or damaged in some way. These lesions may eventually lead to cell death but, even when they do not, the affected cells are 'dead' so far as their reproductive abilities are concerned.

The reasons for believing that impairment of cell reproductive integrity is the basic mode of action of the antiproliferative agents are as follows:

1. Correlation of immunosuppressive and antitumour activity: Almost all effective antitumour agents are immunosuppressive. Not only this; where one and the same agent is used clinically or experimentally either to treat neoplasms or as an immunosuppressive, the dosage that has been found to be the most useful is virtually the same for either purpose.

2. Time-dependent effects of immunosuppressive agents: Most agents that impair cell reproductive integrity do so most effectively if the cells concerned are multiplying rapidly at the time they are exposed to the agent. This applies to such agents as methotrexate, 6-mercaptopurine, 5-fluorouracil, vincalukoblastine and actinomycin. Timing experiments have clearly shown that agents of this sort interfere maximally with immune responses if they are given during the few days following administration of antigen, when the cells concerned are proliferating most rapidly. Administration before the antigen, when immunocytes are not rapidly multiplying is ineffective.

Radiation, on the other hand, is able to impair cell reproductive integrity whether the cells are multiplying or not. If they are not proliferating at the time of irradiation, the damage is stored, sometimes for months or years, until proliferation is in-

duced. If the immunosuppressive effects of radiation are due to impairment of cell reproductive integrity, we would expect radiation to be effective if given before the antigen and its effects to be long-lasting. Both these expectations are borne out in practice.

The conclusion is inescapable that the main mode of action of immunosuppressive agents of the antiproliferative class is impairment of the reproductive integrity of cells that mediate the immune response.

Interference with cell reproductive integrity is, of course, not the whole story, even for the known antiproliferative agents, X-rays, for example, probably impair macrophage function.

Mechanisms of Impairment of Cell Reproductive Integrity

There are two principal known ways by which antiproliferative agents affect the ability of cells to reproduce: (a) by inhibiting the enzymes mediating the syntheses essential for cell reproduction, and (b) by interfering with the templates used by some of these enzymes for the assembly of complex macromolecules.

Enzyme inhibition is a principal feature of antimetabolite action. It may be brought about either by competition between substrate and antimetabolite for the same binding site on the enzyme molecule, or by the antimetabolite mimicking normal product-inhibition.

The templates concerned in cell reproduction are the DNA and messenger RNA molecules. Associated with these are the transfer RNA molecules and ribosomes that enable messenger RNA templates to act in protein synthesis. There are many ways in which immunosuppressives can interfere with the functioning of this complex system. The DNA chain may be split by X-rays or mitomycin. The complementary strands of the DNA helix may be chemically cross-linked by alkylating agents or mitomycin. The information encoded in the sequences of nucleic acid bases may be altered by substitution of abnormal purine or pyrimidine bases, such as 6-thioguanine or 5-fluorouracil, for normal ones. The ability of DNA to act as a template for RNA synthesis may be reduced by agents such as the actinomycins, which bind tightly to the minor groove on the DNA double helix and so prevent access of RNA polymerase. The attachment of messenger RNA to the ribosomes may be prevented by chloramphenicol. The aminonucleoside antibiotics (streptomycin, neomycin) also attach to ribosomes and cause a 'misreading' of the information in attached messenger RNA.

The problem of Toxicity

The difficulties in using antiproliferative agents stem largely from the fact that they impair the reproductive integrity not only of lymphoid cells but of any proliferating cells, including those of bone marrow, intestinal epithelium and skin. With these agents there is always likely to be a problem in steering between therapeutic effect and intolerable toxicity.

The Search for New Drugs

It is obvious that various agents differ very much in the ratio between therapeutically effective and toxic doses. With drugs like azathioprine and cyclophosphamide this ratio is high and it is often possible to

obtain highly satisfactory effects with negligible or only moderate toxicity. It would be difficult to do this with, say, nitrogen mustard or actinomycin D, and practically impossible with whole-body irradiation. These differences in therapeutic ratio are due to the differences between various cell types in the factors that affect their sensitivity to drugs.

It is exceedingly unlikely that the agents we find most useful now happen to have the optimum combination of all these factors. Therefore, the search for better agents is needed. Such a search can be carried on by the more or less blind technique of screening, but it would be more economical in the long run, and more interesting, to study in detail the factors that determine selectivity of action of drugs and to use this information to design new drug molecules on a rational basis.

Combined Therapy

While we can use synergistic combinations of drugs, this would be of little use if a synergistic effect in immunosuppression were accompanied by an equal or greater synergy with regard to bone marrow toxicity. The type of synergy we are looking for is synergy with regard to therapeutic ratio, and therapeutic effect and toxicity cannot be considered apart here. A good example of such synergy is provided by the use of agents which are not in themselves immunosuppressive but are able to protect non-lymphoid tissues from the toxic effects of immunosuppressive agents. Folic acid, for instance, does not alter the immunosuppressive effect of methotrexate in the guinea-pig, but it greatly reduces its toxic effects, so that a considerable increase in therapeutic ratio results from administering both agents.

Design of selective Dose

Regimens

Another way of tackling

the problem of toxicity is to adapt the therapeutic schedule, i.e. dose size and frequency, so as to exploit differences in drug sensitivity and proliferative or recuperative rate between various cell populations. Let us artificially simplify this problem to the point where we are considering only two cell populations, one of immunocytes which we wish to damage as much as possible, and the other of a vital and vulnerable cell population, such as bone marrow, which we wish to conserve as much as possible. Both these cell populations exist in the same individual, so that we cannot produce the widely divergent effects we are aiming at by using two different dose regimens; the one regimen has to achieve both purposes.

Relative to each other, the two cell populations may be either sensitive or insensitive to the drug, i.e. a given dose will produce either a larger or smaller depletion. Further, the recovery from depletion of each population will be relatively either fast or slow. Now it is evident that sensitive cells will be damaged by only small doses of drug and insensitive cells will require large doses. Similarly, a cell population that recovers rapidly from depletion will require frequent doses of drug to keep it depleted whereas a population that recovers slowly would require only infrequent doses. Suppose one of the cell populations we are considering is sensitive and rapidly growing and the other is insensitive and slowly grow. The optimum regimen for eliminating the former while conserving the latter will be one of small frequent doses, while the reverse effect will follow from a

regimen of massive, infrequent doses. If we knew what categories our immunocyte and bone marrow populations belonged to, we could choose the type of regimen that would achieve the desired result.

This would seem to be a promising field for research.

CORRECTION

... with the Sports Secretary's apologies

The names of the following Team Captains, which were misrepresented in the last issue of *Caduceus*, should read:

SOFT BALL	Mr. Clement HO (2nd Year)
SQUASH	Mr. WAN Ho Yue (3rd Year)
TABLE-TENNIS	Mr. LAU Kai Chiu (4th Year)

HERE'S AN EXCUSE TO STARVE YOURSELF AND GET SLIM

Considering the rise in price of food articles and wages, it is decided by the Council that a small increase in price of food supplied by the Medic Canteen be allowed.

Starting from the 21st Feb., 1971, the changes are as follows:	
For breakfast	various varieties of fried noodles from \$0.80 to \$1.00
For lunch and dinner	various varieties of fried noodles from \$1.50 to \$1.80
	usual rice dishes from \$1.80 to \$2.00

The prices for the rest will remain unchanged.

MINI-SEMINAR ON ABORTION

A mini-seminar on ABORTION has been organized by THE GUILD OF ST' LUKE, SS. COSMAS & DAMIAN, HONG KONG in association with the Catholic Marriage Advisory Council.

Date: Thursday, 25th February, 1971
Time: 8:30 p.m.
Place: Ruttonjee Sanatorium, Queen's Rd. East, H.K.

Principal speakers:
Judge Simon Li
Mr. Leo F. Goodstadt, deputy editor of the Far Eastern Economic Review
Rev. Fr. Peter Brady, S.J., Wah Yan College
Dr. George Ou, Psychiatric specialist, and medical superintendent of Castle Peak Hospital
Dr. Ramon C. Ruiz, Master of the Guild (Convenor)

All Catholic medical students and members of the Medical profession are cordially invited to take part in the discussions.

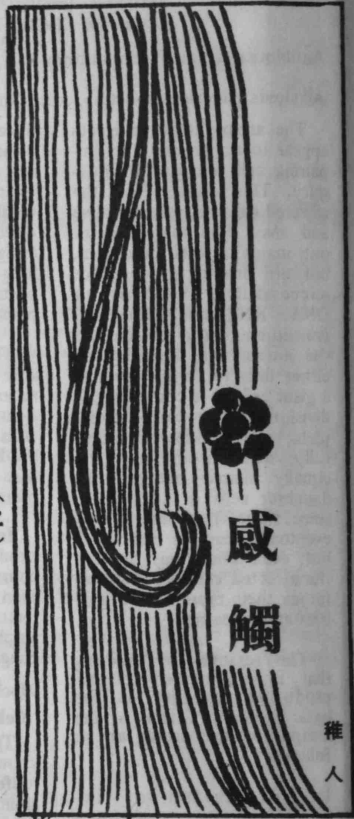
Light refreshments will be provided at about 10:00 p.m.

一九七一年二月十五日

第二卷 第二期

香港大學學生會 醫學會月刊

啟思



「連卡佛大減價，東西好便宜！」「考試嘛，誰才有心情去擠！」

「滿街都是中庸和密實裝，配上靴子，甚好看！」

「管他呢，考試才算了！」

「喲，今年的暑假一個月，要好好的玩一陣，不然，以後一年沒有假期，要捱啦！我想到美國一遊，看看幾年沒見的老友，不過，這要用很多錢，退一步嘛，到東南亞及日本一行，也是樂事，只是，只是，我要考試考得好，才可以去！唉！」

考試，似乎我以後的生活方針，喜怒哀樂，都維繫在這個考試，畢業嘛，當然大件事，從××小姐先生，榮陞為××醫生，多少羨慕的眼光向你射過來，只要你合格！

畢業，興奮是當然，但老實說，我不想畢業，也不想留班，做學生多暢快，除了考試之外，輕鬆自在，無責任可言，考完試之後，又可以藉口狂玩一頓，畢業了呢？前面鋪的是什麼路我不知道，可能庸碌一生而毫無成就。

畢業雖說前途未卜，但畢不了業更慘，同學說，留班最大的問題是面子，並不是浪費金錢和時間。很多人說，女孩子怕什麼，一定不會「肥」的，我認爲，這是絕大的看不起女孩子們，合格，即是說被人開恩，不合格嘛，便是糟透了扶不起的阿斗，事實是這樣嗎？

不過，考試時不免汗顏慚愧，自覺無面目見老師，因為他問的東西，教過的，也吶吶不知所答，老師，希望你明白考試時是慌得魂飛魄散，六神無主，我或許原本是懂得的嘛，誰不想做個好學生？

考試像個無影的籠，困得好苦，但想起考完後可以去旅遊，心中不禁大樂，遊地方是我最大的愛好，到別處短暫地換一下環境，欣賞完別地的風土人物人情，回家後會特別覺得它親切。只可惜，廿多年來未能回中國大陸，因為我怕毛叔叔忽然留我長住，台灣，去過兩次，手續之煩，前所未有，爲什麼中國人不能自由出入自己的地方？

「哎，剛完了一個試，這麼快又唸書？」好訝異的口氣。

何必假惺惺作態呢？誰不知你是對人狂玩背人狂唸的人，說什麼假話，唸書不是犯法，多唸也不見得表示比別人蠢，你說不用讀書，別人也不會信，多虛偽的人。

有一些人，看見自己眼中釘，却上前親熱招呼一番，笑裏藏刀；看見別人衣服古怪，却要特意去稱讚，背轉身却又作「嘔」狀，何苦呢？多虛偽的人！你會懷疑四周的人都是對你虛情假意嗎？

今天一早回校，瑪麗的斜坡上橫架了一條黑白相間的木條，請回吧！這裏沒有你泊車的地方！

李樹芬樓附近擠滿了舖塵的車，醫生住所旁的空地水洩不通，何處是吾車的家？在中區受薛瑛大人措施之苦不少，想不到回到「自家」的地方，也不外如是。

好容易在牛奶公司附近的草地泊了個位，徒步步上教授樓，經過停車場，疏疏落落的放了幾輛車，佔據了偌大地方，在陽光下向我嘲笑，像是在說：你是什麼東西，想在這兒泊車？

我還沒有資格做「東西」，比人家說「醫院最低動物」的實習醫生還不如，四個月，四個月，天才知道我會不會榮陞爲一點的「東西」？！

那輛討厭的鏟地皮工具又在開動了，好好的草地，好好的石塊，都統統被翻轉，爲什麼一下子四周都在改建？那兒才有塊淨土？

正如我唸書一樣，考試一個月前還在遊蕩，電視機前永遠有我的影子，明天才算，反正時間還多！到了審判的日子，書給我翻得東西歪倒，凌亂不堪，真是沒有遠見的人，爲什麼不懂未雨綢繆？

一百五十個學生，二百個學生，二百五十個……

售 難 忘 夢

我不能忘記她，我真的不能忘記她。不是因爲我嘗試了多次都失敗，而是我本來不想忘記她。我和她過去的一切，還歷歷在目，好像發生在昨天似的。每次遇到有關愛、生命或快樂等事物時，我便不禁埋沒在一股洶湧的回憶洪流裏。這洪流，我不知是從那裏開始，也不知它會在何處停止，祇是永遠，永遠的滾滾地流。

我是三年前在一個偶然的場合認識她的。事實上也不特別的，祇是我對她的印象太深刻了。我望她第一眼時，我便深深的被吸引了。平心而論，她不算太美，我曾見過比她美麗得多的少女，但不知怎的，我毫不猶豫地在心中對自己說：「對了，這就是了。」從那時開始，別的女子已失去了吸引我的力量。當我坐在她的對面時，我真的目不轉睛地看著她，我自己一點也不感覺到這是多麼的失態呢。尤令我迷醉的是她的笑容。她笑起來是那樣的甜悅可愛，毫不讓人有反抗的餘地；又是來得那麼的自然，半點也沒有矯飾的份兒。在我的眼底中，她還是一個純潔率直的女孩子，我真的想從她身上，找尋出過去年青的我。她的一舉一動，都足以使我回憶我以前的一切。很奇怪，我平日應付少女的社交手腕，都不知道走到了那裏去。每次想說一句話時，都要鼓起萬二分勇氣，和在心中默念了多次才敢放胆說出來，但說時又常常口吃似的，惹得她屢次怡然而笑，而我，則滿面通紅。

愛，往往是從一點小小的火星，尋到合適的燃料後，而慢慢燃燒起來的。根本上，愛就是生命的火花，畢竟也是生命所不能缺少的原動力。我倆的愛，不久已到了不能分開的地步。

不幸，「人有悲歡離合，月有陰晴圓缺」，上天竟然嫉妒我們，死神的手把我的懷中搶走了。她含笑而逝的那一刹那，我真的不敢再復回想。當時，我曾悲痛得欲欲偷生，哭泣不知凡幾。正是「春蠶到死絲方盡，蠟炬成灰淚始乾。」然而，冗長的時間，漸漸沖淡了我心中的創傷。

至今，兩年多了，我倆所留下在公園野郊的足跡

可能已被擦抹無遺，但她的倩影，甚至她的一切，却永不能從我的腦海中洗去。平日事務繁忙，那就沒有怎樣，但當我獨自靜靜的坐着閒思，或在舊地重遊時，她的笑容，便再次呈現出來。

最近，我竟埋頭於酒杯中，可能在酒醉時，迷霧中，能重返舊夢，我的摯友文會多次苦勸我自愛健康，努力戒除這惡習，但我怎能怪他，他還祇是一個不知天高地厚的小伙子呢。近日，對狂歡玩樂甚感興趣，每每不盡興不歸，藉以麻醉自己的思想，暫時拋開心中的憂鬱，可惜回到家時，無形的空虛，又再次佔有了我的心靈了。

案頭上相架中的少女，就是日夕不能忘懷的她。媽時常罵我爲何痴痴的凝望着而至寢食不思。唉！她又怎知失去了的已不能再彌補了，又有誰能了解我的心意呢。她現在在何處？快樂不？她知不知這世界上還有一個痴心人想念着她呢？她知不知道因爲她離開了我，我已喪失了生命的活力呢？昨日的歡樂的果子，已成爲今日的苦惱；明日生涯，何去何從呢？這一切的一切，不斷在我的腦海中環繞着。

現時，在說不出的苦悶中，唯一的希望就是忘却過去的事物，拋棄現在的自己，而再次建立自己未來新的世界，但是；這一段遙遠的愛，又要到何時何日才得以補償呢？

兩條不同方向的線，交叉於一點；是快樂與快樂的起點，點是沒有長調，沒有時分，只在心靈深處；；隨着命運的軌跡，兩線各自向前，是痛苦與痛苦的起點；帶着似甜又酸的回憶，負着懊悔的重担，直至永遠。

也許，線要不是直的，始終，還有再交叉的一點？！

與 ● 翔