

PERSONAL FROM YOUR CHIEF EDITOR

It is apt, in this time of the year, when Caduceus begins a new volume, to discuss and contemplate upon the various aspects of her role in the Medical Society and of her significance to medical students. I shall not dwell in detail on all facets, as so many are established firmly enough to have taken their place in the connotations carried by the word Caduceus.

Caduceus shall endeavour to whip up interest among medical students of their society which is plagued by capito-colonialism, of their country (China, if you still have any doubt) which is marred by ideological differences, and of this world which is torn by superpower politics. This may come as a shock to the medical profession in general and medical students in particular, for, intoxicated by the false divinity of the knowledge they have good command of, they have, from time immemorial, displayed a fierce

identification with their art to the extent that they have lost their perspective in society. They consider themselves medical men first and last, that their responsibility to society ends, with all sincerity, in the curing of the ill. The idea of being a member of society never lives more than a fleeting existence in their mind.

Out of human love we come to this Medical School to be apprenticed to the art of healing and we cannot afford to defeat our own purpose by adopting a worldview as narrow as that, and thus losing sight of our position as a man, not only as a physician, in society, particularly in the grim face of social injustice in this Colony, and during the critical period of reconstruction of our fatherland, China. The whole medical profession needs desperately a reassessment of its role in society, in its reforms and betterment. We must recognize the importance of the traditional so-

cial role of the medical profession to serve the people, to ameliorate their plight and to better their welfare, so that when we claim contribution to our brothers we shall be modest. We must also recognize the cruel fact that the traditional medical profession as a social force, quite contrary to the aspirations of its many individual members, constitutes a major preservative for the system, so that when we set out to change the system, we must first overhaul the medical hierarchy.

The fuming lines of above will no doubt raise the eyebrows of a formidable number of medical students who see virtue only in academic studies, sports events, social activities, etc., etc. They will find the new emphasis unpalatable, which is only natural and which I cannot care less.

A newspaper, and Caduceus is doubtlessly a newspaper though the interval be-

tween issues is protracted to one month, rests on the tripod of editors, readers and contributors. Caduceus is blessed with the fact that the three are but one: we are all fellow students in the same Medical School. It is truly your newspaper. Caduceus shall not bar anyone is an Editorial Board to see to it that it remains in circulation, but because of your active participation, each and everyone of you, as editors, readers and contributors. Yes, as editors. Caduceus shall not bar anyone genuinely interested from taking part. At any time in the year when you feel like it, you can always turn up and work with us for a couple of issues and then quit as you please. There is no obligation for you to last the whole term, no awkward elections, no formal meetings, no past experience needed. What matters is the zest to work, the fervour to devote and the will to persevere. It is the truest of democracy, participatory democracy, one of the dearest fruits of the American New Left experience.

Our editors shall not be (or should I say, should not be) monstrosities hidden in some distant closed closet churning out four pages every month for you to throw into the wastebasket. They all are your fellow students and I shall instruct them to be talent scouts to mix with you soliciting arti-

cles and other contributions. People, people. It is the common people that make things work. And it is the common medical student that Caduceus is for.

Apathy breeds bureaucracy. Bureaucratism engenders apathy. The two among themselves form a vicious cycle. Whether or not Caduceus shall indeed be your newspaper, whether or not Caduceus shall be just another printed sheet thrown at you by some mysterious who-knows-from-where busters depend on your active participation. And I beg of you. Write! Contribute to Caduceus! I dread to think of receiving no support from you: your indifference and detachment will turn me into another bureaucrat, which is the last thing I want to be. Please, have mercy on me, and on yourself.

When next year this time another Chief Editor is writing his 'Personal', when next year this time I am packing my bags and find that all my avowed objectives have fallen through, I shall not be sad as I have known enough failure to be saddened. And if you are already laughing at my naivete, I do not care as I know I have made the right start. You may say I'm a dreamer. But I'm not the only one. And I hope someday you will join us.

—John Lennon

A new product of British Research

Ventolin INHALER

(Salbutamol)

Trade Mark

MORE SELECTIVE · LONGER ACTING · MORE EFFECTIVE



A NEW STANDARD IN BRONCHODILATOR THERAPY

Previously available β -adrenergic stimulants such as isoprenaline and orciprenaline act on the β_1 receptors of heart muscle as well as on the β_2 receptors of bronchial muscle. Consequently, undesirable increases in heart rate and pulse pressure sometimes occur when these drugs are used to produce bronchodilation. Ventolin is different: first, because it is highly selective in its action, affecting primarily β_2 receptors; second, because it is more effective than existing bronchodilators; and third, because it is longer acting.

MORE EFFECTIVE

Clinical trials have shown that Ventolin Inhaler is a more effective bronchodilator than isoprenaline or orciprenaline when given by inhalation.

LONGER ACTING

Ventolin is long-acting, its effect persisting for at least four hours. By contrast, isoprenaline, even in large doses, has a characteristically intense but much shorter effect. In a study using whole-body plethysmography, inhalation of 100 μ g of Ventolin produced an almost immediate maximal increase in airway conductance which was sustained for four to six hours.

MORE SELECTIVE

No side effects have been reported with therapeutic doses of Ventolin Inhaler. In studies comparing Ventolin with isoprenaline, a major difference found was that Ventolin did not stimulate the heart or affect the blood pressure, even after inhalation of a relatively large dose.

MORE ACCEPTABLE TO PATIENTS

Patients expressed a marked preference for Ventolin Inhaler in double-blind studies comparing Ventolin with aerosols containing isoprenaline or orciprenaline.

SAFETY IN USE

Past experience suggests that misuse of aerosol bronchodilators by asthmatic patients may lead to dangerous effects on the heart or give a false sense of security to patients with incipient status asthmaticus. Ventolin Inhaler has no effect on the heart in therapeutic dosage and has a long duration of action. Both these properties provide additional margins of safety: the lack of cardiac effects should reduce any likelihood of deaths due to ventricular fibrillation and the long duration of action makes it possible for patients to realise in time if the drug is becoming less effective. Because an effective treatment with Ventolin Inhaler should last for at least four hours, patients have been advised to consult their doctor immediately if the effect lasts for less than three hours, so enabling the doctor to take timely action.

Glaxo

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The views expressed by our contributors are not necessarily those of the Editorial Board.

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SECOND QUADRENNIUM

Even as the University is going through its first quadrennium, the University authority is already planning ahead and a second quadrennium will follow the first when the first ends in 1973.

These quadrennium plans will determine how the University will expand, revise its curriculum, and reform its structure. In view of this the Students Union has appointed a University Affairs Committee to look

into this matter, to present the students' views in various pertinent aspects.

For our part, the Medical Society in an Emergency Council Meeting on Jan., 13, has determined to set up a commission to make possible recommendations regarding the Medical Curriculum, the proposed B.Sc. (Medical Degree), and the University Quadrennium Plan in general.

“Christmas has come and christmas has gone, but
may the lovings thoughts it’s brought
linger on and on and on.”

Hospital wards usually remind me of what hell is like — the mournful faces of the sick; the apathic expressions of the healthy; the unmistakable stink which can drive you trembling. Boy! What more can hell offer!

However, if you are firtunate enough to be admitted into the hospital at the right time, things may be very different. When I stepped into the wards on the 20th December, I was simply shocked — it was the warmth there! The rooms were fully decorated for Christmas — Christmas trees, Christmas lamps, colourful paper ribbons, silver angles flying around (also some of the red, blue and white ones). And the people there, they looked so different! The sick looked less deadly while the healthy appeared so much more humane, though it migt be the Christmas parties they were thinking of. Anyway, it was real “impressive”.

For all those who agree with me that love is all we need, here is a little song especially dedicated to you, “It’s Time For Love”.

*The little birds
Together they fly
Fly so high
High up the sky
It's time for love
It's time for them
It's time for us
And here I am
Waiting
Waiting*

*It's Christmas time
I'm on my knees
Lord, let there be love
And let there be peace
It's time for love
For the universe
Let love be his
And let it be hers
It's so heavenly
heavenly*

*It's time for love we're old enough to see that
love should grow
But you've to love and I've to love before love will
Let's start loving
Loving*

*See that little bird
Lost her mate in flight
What's she gonna do
This chilly Christmas night
Hey little birdie
I pity you
But love is all around
I'm sure you'll get thro'
Just keep waiting
waiting*

A ROMANTIC SCENE AT ST. CHRISTOPHER HOME!

By MO.

His glance swept through the room and stopped suddenly.

I noticed that he was looking at me attentively. Of course, rapture surged up in me. (He's a handsome guy!) I would have blushed to the root of my hair if somebody gazed at me in that way. But for this time, I did not.

I've never seen such a pair of charming eyes. They fascinated me.

I smiled. (Seducing!)

He smiled back, dreamily. (Response is important in the course of human interaction.)

His eyes sparkled with excitement. (Love at first sight.)

I looked around. People were drifting aimlessly by. No one seemed to notice our little flirting affair. (Lucky for us. Further action will not be interrupted.)

I felt the yearning in him.

Subconsciously I walked closer to him. The temptation to have a chat with him was irresistible.

He cocked his head to one side. (A lovingly posture!)

He was so handsome, so virile and so smart that he might be a future Mr. World in the year 19XX.

“Hello,” I said softly.

He grasped my hands with his right, smoothed my hair and touched my cheeks lightly with his left. (Wow! too quick, isn't it?) But his sincerity, his tenderness moved me.

Under his gentle caressing, there was indescribable joy. Something in him attracted me like no other person in that room.

* * * *

The instant of departure had come when we were still enjoying the enchantment of secret we shared in our exchanged glance. (Time is always running out in those wonderful moments.) A feeling of dreadful uneasiness was aroused inside me; something precious I wanted to possess seemed close to destruction.

I said bye-bye sadly to him and gave him a farewell kiss. (Gee — soft as jelly! I was breathless. Excuse me for peppering with too many exclamations.) He was still smiling innocently and giggling chirply, wondering when and in which corner of this world would we ever meet again.

* * * *

The baby was wriggling happily in his bed as I left, his tiny fingers playing around with the little toy gun I brought him.

I like babies and I like children till they begin to grow and acquire adults' abilities to lie, to cheat, to hate, to hurt, to be jealous and above all, the power to assume perfect masks over their faces.

My heart ached as I saw these sweet little darlings lying in their beds never ever discovering in life whom they belonged to. (Is it of real importance for one to have any identification?)

Editor's Note:

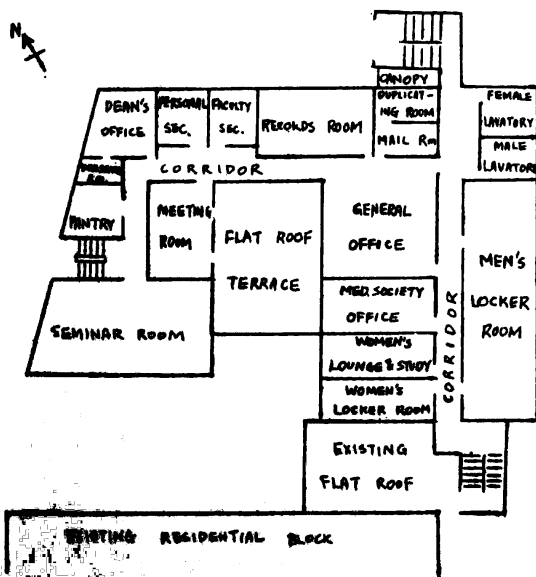
Sail on, silver girl

Sail on by

Your time has come to shine

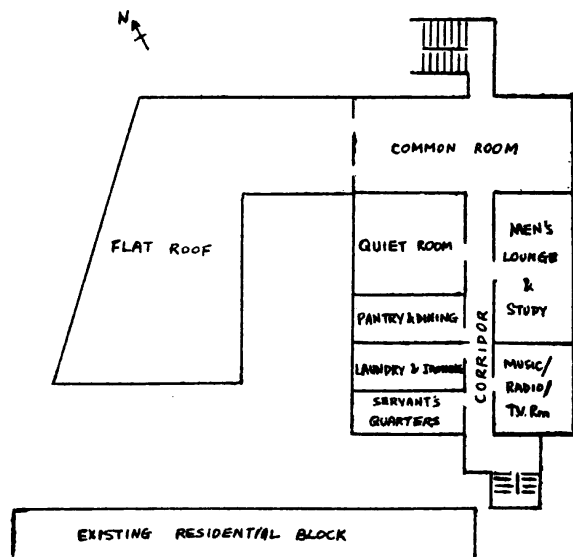
All your dreams are on their way.

— Paul Simon



FIRST FLOOR PLAN

EXTENSION TO MEDICAL STUDENTS CENTRE



SECOND FLOOR PLAN

人

人——萬物之靈——一向以爲自己是最聰明的，一向以自己的思想及文化爲榮，而始終未發覺自己的發展已經進入了一掘頭路，未曾發覺自己已經被自己的思想文化包圍着，進退不能。

人類的進展，完全被他們的性情控制着。人類過於自信，將自己甚相信的都當是真的；他們對於不肯定的事物，甚至會先相信而後來再找尋原因，他們將自己的見識（狹窄而無根據的）應用於一切，製造假假的「道理」，再將這些假的「道理」應用於別的東西上。最簡單的例子是「有始有終」一詞：人類認爲自己已有開始（出生），有終結（死亡），更鑒於很多事物都有開始有終結的，便妄下推理說一切都是已有始有終的。很多人因此認爲這個宇宙一定有一個開始的，便不惜創造「事實」來解釋這個宇宙的誕生。

還有更多的事體，人類都表現出他們的愚昧（當然他們是不會承認的）。他們相信「做人一定要有意義」，一定要「幹」一番轟轟烈烈的事體。甚麼是「做人的意義」？很多人都弄不清楚；而爲甚麼要「幹」事情呢？——引人注目？留芳百世？或是表示自己是強者，敢作敢爲？如果是後者的話，便更無稽了！做弱者有甚麼不好？

是矛盾。他們說要和平，却要互相鬥爭，加起來使算！總之人類有思想文化，加起來使要愛，却充滿敵視仇恨。他們說金錢萬惡，却又愛如命，可惜的是：人類從來不覺得這是矛盾。

人類的思想以為是廣大，却忽視宇宙的奧秘，其實他們的思想比他們想像中要狹窄得多。他們只顧目前，將人類分成一堆堆的，每人都附屬於其中一堆，而每一堆都與其他的有完全不同的地方，如習性、習慣、語言等。這本來沒有甚麼不好的，可是這些一堆堆的人却不顧一切地維護自己的一堆，以至兩個人的磨擦很可能會引起兩堆人的磨擦，結果便是永無寧日。人類都注重目前的利益，他們歸附了一堆便不會被另一堆人欺負，因為他們永遠不能團結一致，他們永遠不能思想的發展了的，他們已經忘記了宇宙，他們心裡只有自己的那一堆人吧了。

人類四分五裂，你爭我鬥，矛盾——不知是

從甚麼時候開始的了，總之年青的一代所能得到的，是苦惱，無所適從。因此產生了很多煩悶的人。已有一些只顧不滿的，他們受不了社會的壓力，自己卻不努力。有些四出遊手，目暮自棄，不理你死我活。有些抓着一種信仰，以求生命有所寄託。有一種人——被認為最積極的——便是愛國的人，他們爲了國家，不惜犧牲生命，不惜引起他人不便。其實，觀察所有的人，他們的共同之處不都是爲着使自己的生命不致無所適從嗎？可憐！人類的思想難道是不能夠獨立的嗎？

愛國的人，有大多數是能夠愛別國的人。愛國人是自大的，多數自稱自己的民族是優秀的。雖然亦會說自己的民族是謙虛的。（當然他們捧高自己的民族，自己個人方面也可沾光的！）愛國的人，永遠不能明白所有人的構造都是一樣的，他們說：「任你染金白頭髮，染綠了眼晴！洋鬼子，你的膚色却指出你是黃種人。」說這些

話的人請注意：（一）叫西方人爲洋鬼子是對白人是不尊重；謙虛禮貌何在？（二）美國曾有一人染黑膚色混入黑人中，竟沒有人發覺他是白人。所以，以外貌去分別種族是無聊的，種族的分別只可以引致互相攻擊、互相猜忌，百害而無一利。而愛國的人若不能愛國的人，若不能尊重別國的人，便不如乾脆甚麼也不愛。

自以爲是——是人類品性之一，可惡的是他們不希望自以爲是，却將自己的思想強加別人頭上，希望所有人都跟他一樣，可以與他團結；例如最近的示威事件：去示威的遺責不去的沒頭腦，不去的却說去的無聊，總之不管誰是誰非，大家都希望大多數人都有自己的同樣想法——可能這樣他們會感到自己至少跟大多數人一樣，不敢顯出自己的愚昧。當然不難想到，他們會希望自

世界，會有和平嗎？

人類實在改變得太多了。而且太快了。在過去幾十年裏，我們所經歷的變化，是以前任何時代都未曾有過的。這種變化，不僅在於物質生活，更在於精神生活。我們對世界的認識，對自己的認識，都在不斷地更新。這種更新，有時是為了適應環境，有時是為了追求進步。但無論如何，它都是不可避免的。

然而，正是這種快速的變化，給我們帶來了前所未有的挑戰。我們在享受科技帶來的便利時，也在失去一些傳統的美德；我們在追求物質財富的同時，也在忽略精神的修養。我們需要找到一種平衡，讓變化的腳步慢下來，讓我們有機會去思考，去反省，去尋找真正的幸福和意義。

世界不會永遠太平，但我們可以努力創造一個更加美好的未來。這需要我們的共同努力，需要我們的智慧和勇氣。只有這樣，我們才能在變化的洪流中站稳腳跟，看到希望的光明。

亦有「人類發覺到已被文化網羅住，會力圖掙脫」的說法。但「人類發覺到已被文化網羅住」，而且「力圖掙脫」，可惜繩子已蝕進他們的身體了，要解除還得要受一番痛苦，可是有誰願意？他們又想出很多的藉口，來說服自己是人類文化並非如想像中的壞：「戰爭多嗎？如果不戰爭，世界人口便要爆炸了。分開種族不好嗎？如果不分，便沒有競爭了。還好——人類最本領的是辯駁。」

人類還有一樣更本領的便是罵人。罵人的目的是：（一）指出別人的錯誤或不好處，藉以（二）反射出自己的正確及有見地——不管自己對不對。所以有撞車的情形時不待觀察一下，雖自己數百是一架車撞向另一架，但結果是你罵我，我罵你。罵人的時候，情感必然是衝動的，於是互不相容。罵人打架完場。（三）所以與別人交談時，最可怕的人說起大聲，愈說愈衝動；如此情形下我是不會再與他討論的。而文章亦然，看出文章有衝動

的意味如甚麼熱血、草莽等等。那篇文章的價值在我心中折然而降。文學除外。）

人類對語言的看法有一致的錯誤，他們將之代表民族多於作為人與人之間的交通，他們永遠沒有想到將語言在世界上的統一，因為他們永遠沒有想過將自己的語言放棄不用，他們不會理解會那一種語言是較簡易的、較方便的，只知為自己的語言爭取地位。

末了，你可以「罵」我是無聊，沒血性，人是極，不切實際，歪曲事實等等。隨你尊便。人自別變了，是不敢思慮自己的思想與國王行動。

人類！從頭來吧！時間多的是！

退庫

學苑不知從何時起，多了個專欄「拉記內外」，足見拉記在JKU學生生活的重要，而似乎醫科學生尤其，若聞「醫科學生者，大動搖也。」乎？醫科圖書館館滿座之百分比大概也較學生會圖書館的為高罷。

以前我也不相信圖書館可能有這麼大吸引力的，到自己成了拉記常客的一份子後，才明白其中原委，或說只要專心，在那兒讀書都一樣，地方愈大可發現自己愈不能專心；或許，就如成人羨慕兒童之單純的理由一樣，自己變得太難雜攤，總有那麼多吸引人的事物，誘惑自己離開書本，偏偏寫本又是那麼多！，那麼，就只有將自己關入拉記，正襟危坐，協助製造專心讀書的氣氛，也難免偷閒發發夢或是做些很「拉記」的事，例如，像我現在，吹吹牛，胡胡綑，或許，與同學談談天，談談書本，或是談談……

其實拉記這環境實在不錯，夠幽靜，風景也夠優美，光是窗外那一大片茵綠，使比學生會拉記那些惱人的擋雨（？）板悅目怡神得多了，而那些大玻璃窗兒們，日間是風景畫，晚上，黑漆漆

前

最近，瑪麗醫院的病房裡，平添了百多名身穿白袍，手持聽筒的年輕伙子。他們好像才生的嬰兒，進入到一個新的世界裡。他們的白袍，是代表神聖，抑顯示對人，對事之無知？

當一行十衆浩浩蕩蕩的來到某號床前，驀然接到了招呼——「你們又來替我錘骨嗎？」（錘骨即 PERCUSSION）

正藉導師口噴色舞勸書之際，學子們垂首無聲之時，老婆婆曰：「你們是在祈禱嗎？」

有趣嗎？等着瞧。

導師：讓這批醫生看看你！

病人：談話！你才是醫生，他們只不過是你的徒弟罷了。

大話穿了，而懵懵的。

小同學：請助我檢驗那女病人，好嗎？
護士：我沒有空！
小同學一鼻子灰。稍後，發覺護士正忙於和同事談天。

你可曾察覺一實習醫生親喂小孩吃藥嗎？

由此畧見，病房裡是一新天地，是一種人事關係訓練的小社會。在相當複雜的環境下，初出茅廬的小伙子，那有不碰壁之理，只怨學校沒有公共關係這一課程，枉費了二十年窗下。

的窗外只有遠處點點燈光，它們又成了兩輪大車了，星燒準的動盪着，又燒準了一條，一個大車了，一個影兒；坐着動盪着，可禁不住憶起川端康成筆下鄉裡所描述男主角在黑夜飛馳的火車上偷窺女主角的影像那事情景了。真笑啊！拉記原可以很狂羅曼蒂克的。

每到冬天，各宿舍的招牌衣便紛紛出現，夏天固然也有領帶，但無論面積、顏色和特徵都不及毛衣奪目；無怪醫學會繼續名曰H.K.D.的Medicine 咳，推出 Medicine 冷衫一件。而黃微藍底，起 Medicine 咳，咸水腫目，兼而有之，向想士冬初出之際，N人爭購，至有男士穿左邊扣毛衣之事件出現，而實藍色毛衣的背影又成了醫士袍，聽診器、占士邦噠和跑車以外的另一Medicine標誌。只是，一個冬天之後，占士邦噠泛濫全港，Medicine 諸民憤恨未及，又接二連三出現實藍色底黃微的毛衣，這下子，Medicine 標誌愈來愈惡呢！君可知，某天可能顏色牌實驗袍大行其道呢！

擴張中之醫學院，爛泥搭路，羊腸小徑可徑，好事者譽之以「往醫學生之路」，誠乎！誠乎！但醫學上有擴張工程完成之一日，「往醫學生之路」也將有改善的一天乎？吳生也有涯，此巨士工程難望其完成矣，且寄望於後來者，至於五等，除了拉記，還是拉記！

究竟對病人正確的態度是怎樣的呢？是否：

一、我們是奉了旨，有權隨時檢視病人，因此主可裝成醫生模樣，命令病人就範。

二、我們只不過是「病房裡的寄生蟲」，病人又只有傷痛血肉之軀，最佳是可免則免，免得別人不適。

三、病人是有自由拒絕我們的，因此我們必須唔該前、唔該後」，再加上三寸不爛之舌地請求；若失敗，應轉移目標。

四、我們應盡量從病人身上學習，但必須同時會顧他們之心情與痛苦。應在適當之時，加以安慰及關懷，務必使他愉快，甘心地讓我倆檢查。

× × ×

不過，不論病人如何甘心，也有被我們這世初生之憤折磨的：

一、十多人輪着來按、敲（特別是眼界差，指田尖的同學）……不痛才怪。

二、剛好睡着，驚地被喚醒了。

三、如何測驗病人是否半昏迷呢？答案是攔他一把。

當然，也有無知婦孺多謝我們的。

只祈望他們心明這樣為我們服務是非常有價值的，因為他們正在訓練一批「將會服務人類」

的「好」醫生啊！

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病人何價？

孔子曰：「已所不欲，勿施於人。」

聖經有云：「若要人怎樣待你們，你們也要怎樣待人。」（路加：六章三十一節）