

POSTGRADUATE EDUCATION IN MEDICINE IN HONG KONG*

* Text of a talk delivered to the Medical Society, 16th February, 1973, by Dr. S.C. Tso.

I must first congratulate the organisers for their visions in holding this series of talks on various aspects of postgraduate medical education. I say this not because I have been invited to be one of the speakers. In fact, while conscious of the honour they have given me, I feel that in asking me to talk they have shown a quadrianopic defect in their otherwise unblemished visual field.

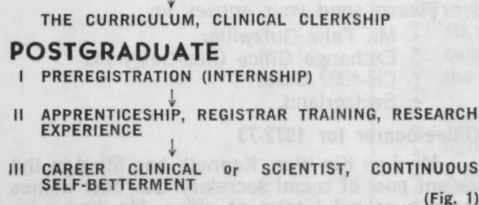
The undergraduate medical student may be likened to the novice mountaineer. The student's involvement with his undergraduate curriculum is not unlike the mountaineer's preoccupation with the difficulties and, often enough, minor pleasures in the process of climbing the foothill. To him the attractive plateaus and gorgeous peaks that lie beyond are both physically invisible and, not unnaturally, mentally incomprehensible. Similarly whatever happens after graduation is frequently crowded out of the student's mind by the trimmings that lead up to his degree. While the foothill is itself no mean challenge, he will never be an accomplished mountaineer if after conquering it he proceeds no more. Equally true, to be a worthy — not necessarily synonymous with successful in the usual sense of the word — practitioner of the medical profession, education does not cease with the mere acquisition of an M.B., B.S. An American medical educationist, Thomas B. Turner, once wrote, "The term (practice of medicine) implies gaining knowledge and competence through experience, which in turn assumes a capacity for continued learning." To quote another, George Baehr, "... certainly in these exciting times of ever accelerating scientific progress, (the physician's) medical education must continue to the end of his life." These statements sum up the essence of postgraduate medical education.

If medical education is a life-long endeavour, should a distinction in fact be made between undergraduate and postgraduate education, especially when a large part of the undergraduate curriculum is patient-oriented as is the practice in Hong Kong? To answer this question I would admit that although graduation is an arbitrary and artificial watershed it has a social justification. It marks society's recognition that a person is capable of assuming responsibility which is the prerequisite of a medical practitioner. Therefore while the mental exercise associated with seeing a patient remains essentially similar, undergraduate learning tends to be formal and largely devoid of direct personal feedback, whereas post-graduate learning is largely informal, often pursued independently and constantly stimulated by a positive interaction between doctor and patient.

Informal is not to be confused with disorganised. In fact a framework of postgraduate medical education exists (Fig. 1), though it is of necessity varied from place to place and depending on the aims of the person undertaking it. In general, postgraduate education and training begin with the intern year when the newly graduated doctor, under supervision, acquires the basic techniques in the care of patients, learns to accept responsibility for the patients he looks after and is also given an opportunity to explore into specialised fields. In Hong Kong a medical graduate is required to do one year's internship before he is allowed the licence to practise. He serves his time in two hospital units of 6 months each, one in a surgical and the other in a medical field. This

type of internship serves the purposes as mentioned above and is particularly attractive to those who will ultimately specialise in one of these fields. The 6-month period of exposure to a field to which they will not return will equip them with an additional capacity to comprehend and therefore gain a better insight into the patient as a whole rather than as an isolated problem in their own specialty. However, the present system of internship may be considered incomplete for the training of those who will go on to general practice after registration. A case therefore exists for what is called the rotating internship quite widely adopted in North American hospitals where in a period of 12 months the intern rotates through some 4-6 departments of his choice.* It can be seen that at the end of the internship he would have experience in a large number of disciplines and would be better able to cope with the day-to-day problems of general practice. Since such a system is not available in Hong Kong, those who choose general practice as a career may perhaps work in a government clinic after their internship, to serve their apprenticeship as it were. In these clinics not only will they

MEDICAL EDUCATION: A CONTINUUM UNDERGRADUATE



be confronted with all the various problems that will one day face them when they start their own practice, but they are able to do so under the preceptorship of more experienced doctors and, more importantly, under the wings of a panel of experts or specialists to whom they can freely send their patients for consultation. This happy arrangement by the way must have its attractions as quite a few doctors make their careers in serving in these clinics.

Those who wish to specialise in General Medicine or one of its branches will require a period of training in hospitals either in units headed by government medical specialists or in professorial units. During this phase of postgraduate education, the trainee, often referred to as a registrar, is able to gain further experience in general medicine and in the particular field of his choice under the direct supervision and guidance of the unit head or his deputies. Additionally working in the setting of large general hospitals that house these training units, the registrar's education is broad-based, through consultative and cooperative interaction with many other clinical and technical disciplines. Such interactions are of particular importance for certain specialties, for example that between surgery and medical gastroenterology and that between clinical pathology and haematology. In fact in 1966 the Royal College of Physicians of Edinburgh in a report on Training for Consultant Physicians recommended that the qualification for a consultant in Haematology, for instance, should include a year in the laboratory and a period of

experience in a relative discipline such as gastroenterology. One criticism concerning the system of registrarship as practised in Hong Kong is that the opportunities available to any individual trainee are limited by the number and by the interests of the staff in the unit to which he has been appointed and differences do exist amongst training units. This may be to a certain degree compensated for by attendance at clinical meetings, rounds or seminars, organised locally as well as a period of study and clinical work overseas. This latter aspect of training is insisted upon for all registrars serving in the University Department. In this department too all trainees are encouraged to participate in research work which certainly helps to broaden the horizon of one's interests and to cultivate the habit of inquisitiveness. Perhaps for a small place like Hong Kong a comprehensive programme of training should be worked out for all medical registrars both in government and in university employ, in order to ensure a uniform standard of training in all aspects of medicine. This may take after the American residency scheme where a trainee before specialising in his own field rotates over a 3-year period through all the prescribed subspecialties in medicine. Alternatively one may adopt the British innovation as recommended by the Todd Commission in 1968. Here again a three-year period is prescribed for general professional training consisting of a planned series of 6- or 12-month appointments in various subspecialties or disciplines, allowing time for serving overseas and for research.

Either as a general practitioner or as a specialist, the medical graduate has now become a career clinician. He assumes full responsibility not only for his patients but more importantly for his own continuing education. A habit must be maintained whereby time is allocated for reading one or two of the weeklies and the appropriate special journals. From time to time the Hong Kong Medical Association and other professional societies sponsor refresher courses or seminars which should interest at least some sector of the practising clinicians. In this era of jumbo-jets and supersonic aircrafts, education is naturally not limited by geographical boundaries. The attendance of international or regional meetings and symposia offers yet another form of education. For the others who are less inclined to travel, Mohammed does come to the mountain, both in the form of published proceedings and in the persons of visiting lecturers and professors, whom we have all come across at one time or another.

Thus even in Hong Kong the mechanics whereby continuing education operates are many and varied and they are all there for the asking. It is in taking this little initiative that the whole secret of further education for the career clinician really lies. We and consequently our medical school will be judged by exactly how far we are prepared to work towards our continuing self-betterment in our professional life. What Margaret Mead once wrote about education should give us food for thought. "We are now at the point where we must educate people in what nobody knew yesterday and prepare people in our schools for what no one knows yet, but what some people must know tomorrow."

* This system may be unsuitable for Hong Kong for reasons of finance and personnel problems. A 2-year rotational internship has been recommended by the Commission on Medical Education of the Medical Society (1972).



in and about

VIP around the campus!

The non-perceiving must have missed it and they certainly could not have guessed who was around the campus the other day—none other than Professor C.T. Huang, the Vice Chancellor.

A more perceiving group of about 30 medical students chatted with the V.C. for about an hour. And to that wilfully non-perceiving majority, our deepest sympathy for having missed the almost historical occasion. (Hush . . . we shall not reveal the content of the conversation as it is meant only for the private ear . . . sorry . . .)

Giants at the door

Unlike the personality just mentioned, you probably would not be too anxious if you didn't have the opportunity to meet Professor Hilton from the University of Birmingham and Professor A.N. Davidson from the Institute of London where he is the Professor of Neurobiochemistry and Secretary of the Biochemical Society in London.

However, our 1st MB survivors must have wished to express their appreciation for having been honoured by their presence. Right?

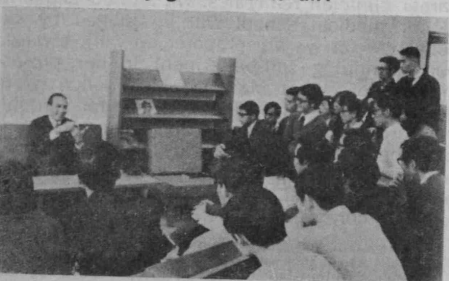
Opening Ceremony

A solemn opening ceremony had been held on March 8 for the Patrick Manson Building which comprises the Medical Library, Students Centre and the administrative offices of the Faculty of Medicine.

Professor McFadzean unveiled the plaque commemorating the completion of the building. To inform the ignorant (in case you are scratching your head) Patrick Manson was the first Dean of the Medical Faculty, founder of the Hong Kong Medical Society and often said to be the founder of Tropical Medicine. (see Page 3)



"Any grievance to air?"



.... the perceiving few

Time to serve?

The nomination of a Senator has been opened. Any enthusiastic soul aspiring to serve? The closing date for nomination would be April 4 and an election would be held at Loke Yew Hall on April 18. Nomination forms are available from the Union office or the faculty office.

Now "Don't ask what the Medical Society can do for you, ask . . ."

A New Face for the Biochemistry Department?

The disputed professorship in Biochemistry is to be extended to Professor T.C. Boyde M.D. B.Sc. M.B.B.S. Ph.D. from the Makerere University, Kampala, Uganda where he is the Dean of the Faculty of Science.

INTERNATIONAL PHOTO-COMPETITION

Organizer:

IFMSA — S.C.O.P.E. (Standing Committee on Professional Exchange)

For:

Medical Student—How to go abroad (HGA) This is a booklet published by S.C.O.P.E. every second year to inform member associations of the possibilities of and the regulations governing the exchange of medical students for clinical clerkships in each member country.

Subject:

Medical student — Why go abroad

Participants:

All medical students are invited.

Technical details:

- Black and white photos
- Not more than 5 subjects can be submitted by each participant
- Size: minimum 18 x 24 cm.
- Negative must be included (will be returned)

Prize:

- The photos accepted will be published in the HGA (12,000 circulation)
- Winners will receive 100 US Dollars each

Deadline:

May 1st, 1973.

Please send your entries to:

Mr. Felix Gutzwiller
Exchange Office Ciba-Geigy AG
CH-4002 Basel
Switzerland.

Office-bearer for 1972-73

Mr. Lee Kin Wan, Kenneth has filled in the vacant post of social secretary. Our best wishes for a successful term of office Mr. Lee.

Introducing

ARMSA

—EAS—

HISTORY

In May, 1951, at Copenhagen, the International Federation of Medical Student Association (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 around this region.

Member associations separated from the European area by enormous distances found participation in many of the programmes difficult. Australia 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 IFMSA, 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-interference in internal affairs.

The Association upholds the popular notion that medicine is international and this is reflected in its aim to 'study and promote the interest of medical student cooperation'. 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 associations in Asia and Australia. 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. 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, India, Indonesia, Israel, Malaysia and Thailand.

EXECUTIVE COMMITTEE

THE GENERAL ASSEMBLY (GA)

The governing body of ARMSA is the General Assembly which annually gather representatives from member countries. This assesses and evaluates the activities of the Association carried out by its Executive Committee and member countries during the last twelve months and in the light of these judgments, decides a new working programme which will improve and expand the Association in the next twelve months. A new Executive Board will then be elected to carry out its proposals.

The first General Assembly was held in Singapore, the second in Hong Kong, the third in Kuala Lumpur, Malaysia, the fourth again in Hong Kong, the fifth in Sydney, Australia, and the sixth in Jakarta, Indonesia. The seventh General Assembly will be held in the first week of August, 1973 in India.

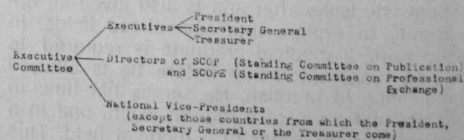
ARMSA PROJECT

The ARMSA Project is a health project and has replaced the previous Standing Committee on Health. In 1972, it was carried out in Indonesia as the Rural Health Project, while the project for 1973 will be the Community Health Project in Israel.

RELATIONS

ARMSA has made considerable headway in its relationship with other organisations. It had from the very outset recognised the need for cooperation 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 analogous organisation. Subsequently it has established intimate relations with World University Service (WUS) and collaborated with it in one of its earliest projects.

Effective liaison has been established with many other medical student associations, many of which have expressed interest in membership of ARMSA.



THE FATHER OF TROPICAL MEDICINE

SIR PATRICK MANSON, G.C.M.G., M.D., F.R.S., F.R.C.P., HON. LL.D.

(Hong Kong 1919, Aberdeen 1886, Cambridge 1921), HON. D.S.C. (Oxford 1904)

Patrick Manson sowed the seeds of the dream of a College of Medicine in Hong Kong in the mind of Dr. Ho Kai (later Sir Kai) and it was his drive and energy that brought the dream to reality. In 1887 the Hong Kong College of Medicine for Chinese came into being; in 1911 it became the main constituent Faculty of the new University of Hong Kong. Appropriately, Manson was the first Dean of the College. In Hong Kong he also founded the Hong Kong Medical Society and, for reasons of hygiene and in the mistaken belief that it would provide a cheap source of protein for the Chinese, the Dairy Farm. In Britain he published the first standard textbook on Tropical Diseases, founded the London School of Tropical Medicine (now the School of Tropical Medicine and Hygiene), and was the first President of the Royal Society of Tro-

pical Medicine and Hygiene.

Of his 23 years in China the last five were spent in practice in Hong Kong. His patients ranged from His Excellency Li Hung Chang, Viceroy of Canton, and Chulalongkorn, King of Siam, to a sedan chair carrier Ah Huang, and a female labourer whom he did not name. The latter two held the greater interest for him. Among his first two students in Hong Kong was Sun Yat-sen, who graduated with high distinction and was destined for even greater distinction as the revolutionary who overthrew the Manchu dynasty and became the first President of the Republic of China.

His distinction does not, however, rest solely upon a textbook, new medical institutions, eminent pupils and patients. These were his larger world. "I shall not easily forget," he once recalled in one of those

few moments he could spare for the past, "the first mosquito I dissected." This was his smaller world, without which the larger would have been essentially different and might have been creatively far less distinguished. He was one of the most eminent parasitologists of all times. His greatest contribution was the theory — generally considered to be preposterous, but which he later assisted Ronald Ross in so many ways to prove beyond any shadow of doubt — that malaria, the scourge that had crumbled civilizations and was, at that time, accounting for the deaths of two million Indians annually, was transmitted in the simple bite of the mosquito. He offered the ultimate proof in the Roman Campagna, when he demonstrated that protection from mosquito bites in that highly malarious area was sufficient defence against the scourge.

B. M.

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EDITORIAL

REQUIEM FOR HKU?

"This place is intellectually dead," — such is the verdict on HKU from two enlightened lecturers about to leave the University, Dr. Clements and Dr. Schmidt.

The statement may appear to be an anathema to the University policy makers who see the role of the University as an institution 'to certify the requisite number to fill in jobs in the society as it now exists', but to thinking members of the staff and students, it is a proclamation too thoroughly grounded in the sad fact.

That the University does not generate the intellectual climate for breeding independent thinkers and intellectuals is a fact that our University administrators are persistently and perhaps wilfully blind to. Intellectual activities on the campus revolve around the sterile demands of the curriculum and examinations rather than as the healthy pursuit of intellectual excellence for its sake.

Perhaps the existence of this vast intellectual desert in the midst of the "elite of the elite" has its cause in a sense of mistaken priorities among our authorities.

Tyrannized by a "don't-rock-the-boat" mentality, it becomes a matter of over-riding importance that the University should churn out annually sufficient willing technocrats for the maintenance of community services — doctors, lawyers, social workers, and men and women for the executive office.

What intellectual awakening be necessary for these people destined to be the willing servile pawns of the system? And could the graduates of the University be anything but technocrats and pawns of the system when in their formative years in the University they are not encouraged to develop "critical perspectives" regarding their intellectual discipline and society at large?

When the academic activities on the campus are tailored minutely to the needs of the community and curtailed to the whims of the job market, when the university fails to inspire any intellectual ferment and fails at to as a "spearhead for independent political movement," when its graduates are but fervent believers of the middle class mythology and the status quo, in the long run, HKU represents but a betrayal of the trust the community has placed on it and is unworthy of the esteem the community holds for it.

There is no room here for educational conservatives but the place cries for dedicated and enlightened educational revolutionaries, blessed with a gift of vision but tolerant of diverse channels of thought.

Meanwhile, we might still nourish the forlorn hope that intellectual life would somehow someday sprout forth from this stinking carcass of a place and that HKU would then live up to the challenge and mission of the time.

Amen!

STOP PRESS

The Health Committee will organize an exhibition on Chinese Medicine. HKU lecturers and Chinese herbalists will be invited to give talks. There will also be film shows. Please watch out for this coming attraction at the end of April.

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啟思

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痴話

無料生

回想在校差不多的兩年，他不禁打了一個寒噤，你看，他曾多次獨自的站在那羅富國小徑上冥想心頭的事，他又有過多少次在圖書館前的大樹旁嚼咬着冰條出神地思想着呢，可是他想的是甚麼，却沒有人知道，而他的思想也真改變得快，可不是嗎！他那份喜做初進大學的心境已差不多完全冷卻了。這兩年頭他交上了很多朋友，他想，能互訴衷情心曲又有幾許呢，他曾多次的抽些易交談的話題與大家聊，他曾多次扮演一些人們認為幼稚的角色，可是，他不以為意，他想，人若能留着一點兒孩子氣準是好的，純真和無機心是可喜及可留戀的。

上大學是要念書的，你是要來拿一紙文憑吧，說良心話，他總認為這是一個不健全的，狹隘的念頭，但是總有人會這樣想吧，他們會不會念及怎樣為自己作一下心力，智育的磨練，盡一下綿力來培養良好的校風，那管那是嚴謹的學術風氣或熱心的社會服務風氣吧，他曾私下這樣想的。可是他進的是一所校風甚劣的大學吧？！是一座智識金字塔，裏面堆着高高的書本知識，却不知將幾許青年的愛心，思想埋葬了。他想，他也有日也會從

這塔裏走出來，但他是否能有他的整體，他的自主能力，為人設想，不自私地衡量事情的能力呢。噢，別想吧，這是遠得很的事嘛，儘管暫時把頭埋在虛浮滿足的沙裏吧！

他無終無的的思潮又將他帶回校內，環顧校外四周粉刷了的牆，雨後葉下所透着的恬靜清涼氣息，是那令人安寧，試場內空蕩的空氣和筆尖刷着紙張的聲音，同學們見面時側頭的笑臉招呼，食堂裏的小鬧小笑，教室的氣氛，其實那一樣不是詩一般的給人縹緲着，能令人在年長時有一份回憶，一份對兒孫們驕傲的話題呢。可是，在他的周圍，他很少找得着他尋找的目標，這既是所缺乏溫暖陽光的宮殿（他記得懦弱些吧），為甚麼沒有幾個能找回太陽，吹起暖風，吹起溫和暖風的人呢。俊美的人兒，這裏是有着的，可是他（她）們就好像殿前的一雙傲人的石獅子吧，為甚麼他不能找出持殿的仁厚長者呢，他被這冷漠和空渺迷惑了，他深知，石獅子可有可無，但長者呢，為甚麼，那枝風呢？國譽呢？塔裏不會跑出俗不可耐的怪獸吧！

他是常錯過的，他兩年來念書時也曾留意着別人，也許他也被留意着吧，他的個性是易與人接近的，但他不大願跟討厭的人說圓滑的周旋話，他私下覺得無聊，所以他說的話是生硬的，也許他也在變着吧！這年多來他傾軋到純真無私的友誼，美麗坦誠的友情有幾許呢？他俯問，他曾盡力嗎，他想了一想，說不願再想了！

「正是」

「你得休時便好休，其間何必苦追求！」

(信)(來)(者)(讀)

編輯先生：

拜讀啟思第二期「如何爭取病人的信任」一文後，小弟心中感慨萬千。筆者能夠在求學期間對不平的「傳統」提出控訴，誠屬難能可貴。

近年來，香港的醫療水準已有一定進步，但服務態度則未能改善，故不時在報章看見市民的投訴。雖然事實真相往往有被喧染之嫌，但此等不快事件的發生，病人及醫務人員皆須負部份責任。病者的無理取鬧，醫院內的「賞錢」陋習，工作人員在夜間的聲音喧嘩等實不盡言，最感遺憾的是港大醫科生亦受指責。我深信大部份學生皆品學兼優，與病人相處甚融洽，只有少數對病者的態度實有改善之必要。例如「疲勞轟炸」不是獲得病歷的最佳途徑，一連串粗手粗腳的重複診斷，可說是基於對閣下的尊敬，但對病人則毫無裨益，故實施起來應仔細一點。須知每位市民均有權利享受最佳的醫療服務，而所付出只要低廉的代價，只要適當的醫療費用罷了。在康復期間，相信他們不如筆者被形容得「懣然以為自己在接受治療」，他們所以能容忍這免費而繁複的「大會診」，可說是基於對閣下的尊敬，對真正為解除病人痛苦的未來醫生，所作的少許「奉獻」，但這為你們而獻出的「專利品」已大大超越他們應付的代價，如果要爭取病人的信賴，要從病人身上獲得如斯寶貴的經驗，我極盼望閣下能好好珍惜這份可貴的「專利」。正如筆者所說：「這有賴於我們是否真正關心我們的病人，設身處地經歷他們的痛苦……除非我們深深地親身經歷過這樣的被體恤，實在很難體會病人是何等渴望我們的體恤。」

編輯先生，請恕我滿紙胡言，誠是萬分歉意，盼望能撥出一小篇幅，讓小弟能為未來的醫生作出些微的奉獻。

一小市民上
一九七三年二月二十八日



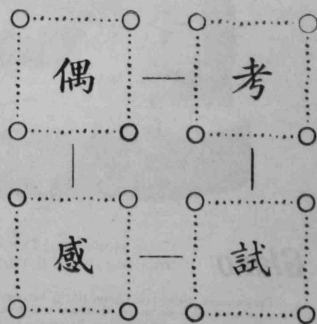
整頓病房紀律
消除賞錢陋習

病者態度
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砌詞搪塞
放任態度
望改善

急症室裡大夫踪查
夜間人靜護士喧聲

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我感到懼怕、灰心、失望，當我看見你們一個個的喪失在這空虛無憑的考試中時。你們在流淚、在喘息、在悲嘆，但有誰站起來對這不平的世代作出一擊呢？沒有，誰也沒有。

我看着他們的靈魂在敗壞，看着你們的肉體在腐朽，看着你們為爭「名聲」而踏上死亡之道。但我無能為力，因我也隨波逐流，因我也需活在這人羣之中。然而，我仍有一點點的氣息，不再為爭試場長短而摧毀信念，不再為些微榮譽而喪失自己。告訴你，當你得着這一切一切時，你又會再度罔然。這些對你生命又有何意義，有何貢獻？它們都是「空虛中的空虛」，所以我放棄了。

要爭的不是這多少虛名，要爭的就是這天下。我們追求的，就是人生底真諦，愛恨底和諧。我們要面對的，就是靈與慾的交戰、生與死的相磨。要愛就盡情去愛，要恨就盡情去恨；要瘋狂就竭力去瘋狂，要摧毀就竭力去摧毀，當屬乎靈聖，就應活在那「靈之顫動」；當屬乎肉慾，就應沈醉在那「慾的享受」。上帝也不願我們不冷不熱，因溫水將從祂口中吐棄。

朋友，我的同窗，不要在擱在這死胡同，要幹就要轟轟烈烈，要死就要重于泰山。
「棄燕雀之小志，效鴻鵠以高翔。」