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EDITORIAL

THE NEED OF GRANTS

According to the report of the Delegation of our Faculty to the Reforms Commission, a significant portion of students is in need of financial assistance. In recent years medical students in Hong Kong generally come from less well-to-do families than previously. In a survey* carried out two and a half years ago, it was found that 60.1% of male students are from families with monthly income of below \$1,500. Of these 34.5% were from families with income below \$1,000 per month while about ten per cent had less than \$500 per month. On the other hand 77.3% of students had no scholarships, bursaries or loan funds and so quite a number of students had to take up part-time jobs. Now, so much time has elapsed, and what do we see? The condition is not much improved. We find that the number of medical students has increased, but the number of grants has remained fairly constant. "... there is one respect in which the Hong Kong students are unique in my experience," says Dr. Chalmers†, "that is the majority of you are being supported financially by your own efforts or by the considerable sacrifice of your families, and not by scholarships or grants as in the case in the U.K. and the U.S.A." Indeed it is a hope of everyone to see the lifting of this "additional burden."‡ However, we are puzzled by the fact that the Government should pay so much attention to organize "pop-ins" rather than to help needy medical students. After all, isn't there a shortage of doctors in Hong Kong? We feel the recommendation by the Commission that \$5,000 p.a. be granted to a student who will agree to work for 3 years for the Government is quite feasible and desirable. This will also give the student a feeling of belonging to Hong Kong, so that less thoughts will be directed towards some other places. Should the Government fail to do anything in the near future it is certain that the outflow of graduates cannot be stopped. Let us hope that this will not happen and that "the additional burden" will soon be lifted.

* Kan Kwok Choi *et al.* (1966) Profile of the Medical Student in Hong Kong. *Elixir No. 2*, 1966. pp. 14-20.

† See page 2 of this issue of *Caduceus*.

What Has Happened In Our University?

by May-flower

All over the world, student-movement is in its greatest swing. Students are going out of the immaterial world, voicing what they think is right, condemning what they think is unjust, exerting great influence over authorities. Hong Kong students, though well-known for their apathetic attitudes in the past, are not unaware of the fact that the world is changing. They are becoming no longer indifferent towards what is going on in the society of Hong Kong and in the world. The first outcry must come and it did come on the 30th January 1969.

The informal gathering that night is a milestone in the history of the University of Hong Kong. At least most students were aware of the criticism of this 'holy' 'unreachable' centre of culture and of the fact that there were some traditions and regulations which should not exist in a modern democratic university. We all were glad that such petitions were going to be considered by the University authority. Consequently a commission consisting of 60 members from all faculties was formed to investigate into this matter.

The delegation to this commission from the Medical Faculty was comprised of 10 members, one from final year, 6 from fourth year, one from third year and two from the first. It is because of the 1st M.B., which would be held on the 24th of Feb., that the 2nd year was not represented. The election E.G.M. was held on the 12th of Feb. One would think that it was an apathetic sight to see only about 40 students out of 500 odd undergrads pre-

sent in the meeting, mainly from third and fourth year.

The first meeting of the delegation, held on the following day, decided to divide subjects to be investigated into two main categories intra-faculty and extra-faculty, using the 39 points* as our guide-lines and devised methods for collecting ideas from classmates. Class visits were held where applicable, efforts were made to gather suggestions by personal contacts. Questionnaires were made, issued and collected for analysis. It was unfortunate to have only about 30 papers returned from the 2nd and final years respectively, mainly from the resident members, since exams. were at hand.

In the first commission meeting, which was held on 14th Feb., it was agreed that we dealt with intra-faculty matter mainly, while 2 members from each faculty delegation were selected to form a Central Body, totally responsible for matters and reforms concerning the University as a whole.

When suggestions were collected as completely as possible and the result of questionnaire analysed, the Dean was consulted. During the two meetings with the Dean, our problems and requests were heard with a most open mind, and solved by the Dean as far as possible. It is our great fortune to have a Dean who is always endeavouring to make every student get as much as possible out of his University education, and be trained to be a good doctor.

The last commission meeting was held on the 22nd of Feb., Every delegation from each faculty was to present its report, at faculty level, to be adopted by the commission, while the central body was to present reports concerning matters in general. The meeting went on from 3:30 p.m. on the 22nd to 7:00 a.m. on the next day, with only one hour's break for dinner.

* the 39 points arrived at the gathering of Jan. 30.

Conclusions to the questionnaire issued by the Medical Delegation to the Commission for University Reforms

BY THE DELEGATION FROM OUR FACULTY

- Examinations:
 - More than half favour the interval of at least 2 days between exams.
 - No definite conclusions can be reached for question 2 as overall opinion is roughly divided.
 - 4th & 5th year opinion is for continuation.
 - 3rd year opinion is for division.
- Teaching:
 - The following are the definite majority results of question 3:
 - very satisfactory: Medicine, Pathology, Paediatrics.
 - not satisfactory: Biochemistry, Pharmacology.
 - Slightly above half favour the grading of teachers and agrees to the use of the grading system for this purpose. Some do not give comments.
- Attendance:
 - The attendance in lectures should not be compulsory.
- Tutorial system:
 - Tutorial system is welcomed by a great majority.
 - Tutorials and student-tutors are advocated.
 - Student-tutors require salary.
- Dean-Undergrad Committee:
 - The students know the function of this committee.
 - They want it to be formally recognized.
- Library:
 - Main library:
 - the majority of students do not borrow books from the main library.
 - books do not borrow many (1-5).
 - the inconvenience of the indirect loan system is significant.
 - few people use the books of the Fung Ping Shan Library.
 - Library hours:
 - all students agree to the extension of reading hours. The majority agree to hours from 8:30 — 11:00.
 - the majority are in favour of a shortening of duration of loan facilities in favour of extension of reading hours.
 - (Medic library only) — extension of library is strongly desirable on Wednesday evenings.
 - 105 people out of 300 odd people questioned agree to volunteer to assist the librarian if the reading hours are extended.
 - The majority are in favour of fines.

Continued on P. 4.

Hong Kong 27th February, 1969.

The Medical Students,
in
The Commission for University Reform,
c/o the Hong Kong University Medical Society.
My Dear Ladies and Gentlemen,

It was a most generous gesture to write to express your thanks to me for any assistance I may have been to you. Please accept of my best thanks. The patience, to which you allude, was well-earned for I have been most impressed by the statesmanlike way in which the Medical Society Council and the undergraduate body have conducted themselves. You have all earned my admiration.

Yours sincerely,
A.J.S. McFadzean,
Dean, Faculty of Medicine.

AJSM/ww

Impressions of the Hong Kong Medical Student

When I was asked to write about my impressions of the Hong Kong Medical Student, I started to set it down rather like a scientific article, listing and analysing the features which distinguish you from your Edinburgh contemporaries whom I recently taught.

On the credit side, I had put that you are, in general, more courteous and more cheerful, smarter in your appearance (no long-haired, bearded beatniks), more attentive, more punctual and apparently more eager to learn. When I started to compile the debit list, I could not think of any significant item to include. Then I looked at this list again and thought "it can't be true — such a collection of worthy characteristics would amount to a new and unfamiliar subspecies of the genus *Students Medicus* (*Laudibilis?*)". Even if it were true it would not be good for you to know about it. No, the truth is that your similarities with other medical students that I have met in Britain and in the States are much closer than your differences. If I knew you better I would probably find the same spectrum of virtues and vices — you are

just more discrete about the latter.

Your faults are those of medical students everywhere — faults which are often reflections of deficiencies in the curriculum and our teaching. Firstly, there is the tendency to reject all that you have learned in the basic sciences once you start the clinical years — as if they were irrelevant to the study of disease. How many of you in your final year can easily recall such important items as the course and distribution of the ulnar nerve or the regulation of acid-base balance?

In Edinburgh in recent years, we have introduced a new curriculum with integration as the keyword. The boundaries between the clinical specialties, and even between pre-clinical and clinical subjects, have been broken down so that diseases may be studied in a more comprehensive way. Thus, in the study of cardiovascular disease the embryology and anatomy, physiology, pathology, clinical aspects, pharmacology and treatment, both medical and surgical, are all covered in the space of a term, so that the relevance of anatomy and physiology to disease is immediately apparent,

and therefore more memorable. Other systems are similarly dealt with. Whether this curriculum will prove more satisfactory than any other, time alone will tell, but it has one big advantage from the teacher's standpoint — he keeps up to date with his colleagues in other departments.

Your other fault, which again I assure you is a universal defect in medical students, is a tendency to be preoccupied with the latest development in medical science to the neglect of the less dramatic but all important routines of taking a good case history and making a thorough examination of a patient. It is easy to see how this situation has come about; medical science has made such meteoric advances in the last few decades that there is a compulsion to try to keep abreast of it all if we are not to be left behind, but the battle has long since been lost. There is no one in medicine today who can hope to know in depth more than a minute corner of the field. We can take comfort from the fact that the great majority of patients we see can be diagnosed by the simple means of an adequate case history and physi-

cal examination, without recourse to more sophisticated investigations. Armed with some basic anatomy and physiology, it is usually possible to diagnose and treat a myocardial infarction without, in most cases, requiring the additional evidence of serum glutamic oxalacetic transaminase or the arterial blood pyruvate. Likewise, a damaged peripheral nerve can be recognised without the use of electromyography or estimation of the nerve conduction velocities.

The wards are your laboratories and only by frequent study of the patients in them can you equip yourselves to make proper and selective use of the myriad of further investigations available, and yet how rarely do I see students in the wards except at formal teaching sessions.

The function of the University course is not to fill your minds with all the latest knowledge, but to teach you essential basic skills and principles and, above all, to teach you to observe, to think and to develop your critical faculties. The story is told of one research worker who set himself the task of finding which testicle was the more dependant. He did this by dropping a lead shot from the lower pole of each organ and measured with a stop watch the time taken for the shot to reach the ground! This tale is surely apocryphal, but one doesn't have to look far in the medical literature to find examples of "pseudoscience" almost as ludicrous. A simple approach to most problems is usually the best.

To get back to my assigned task, there is one respect in which the Hong Kong students are unique in my experience; that is the majority of you are being supported financially by your own efforts or by the considerable sacrifice of your fami-

DR. JOHN CHALMERS

lies, and not by scholarships or grants as is the case in the U.K. and the U.S.A. This additional burden is one which I'm sure we would all like to see lifted, but at the same time I wonder if it is not one of the factors which contribute to your very responsible attitude to your studies.

At this time Universities throughout the world are passing through a phase of unrest and self criticism. In recent weeks there has been an attempt by some members of the staff, rather than by the students, of H.K.U. to denigrate our University and provoke discontent.

Criticism and discussion are healthy and should be encouraged, for no society is perfect, but the proper place for us to air our grievances is surely within the confines of the University, and I personally regret the current trend of a few malcontents to express their views on radio or in the press. As far as the medical faculty is concerned, you may take justifiable pride in the fact that it can hold its own with any other medical school of which I have knowledge and graduates from this school have a high standing anywhere in the world.

In medicine we never cease to be students, and travel is one of the stimulating ways of widening knowledge. For me this has been a most agreeable and instructive year, and I would like to thank you all for your part in making it so. I hope that you also will have opportunities for travel and will include Edinburgh in your itinerary, so that I may be allowed the opportunity of returning some of the hospitality which I have met here.

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The 4th and Two Extraordinary Dean's Undergrad Committee Meetings

In addition to the regular meeting, two extraordinary ones were called on the 20th and 21st on request by the ten-membered delegation of the Medic Society to the commission. The purpose of these meetings were twofold. Firstly, the members seek advice and information from the Dean. Secondly, they discussed a list of existing problems and the proposed reforms concerning curriculum, examinations, lectures, library, residence and student representation in the various committees with the Dean who promptly gave satisfactory solutions to some of the above problems and because of this, according to one of the members of the delegate, many proposed reforms were removed from the list.

The Dean started the 4th meeting by giving a hilarious piece of news. Two TV sets were to be installed in the Medic Centre Hostel in the near future. A first-aid box and a letter box would soon be available. The subject on the lecturing of Radiodiagnosis which had been raised in the previous meeting was further discussed.

Suggestions to the Dean first came from the 1st year class representative who proposed that the 1st M.B. examination days should be spread out if

possible. Poor ventilation of the three theatres and insufficient stoves in the Biochemistry Lab. were also complained of. These were at once considered by the Dean. A headaching problem was then put forward by the 2nd year class representative as he pointed out that the recent attendance in the Psychology lectures was poor because of the acute examination tension in the class and suggested if the lectures were put in the 1st and 3rd terms instead of in the 1st and 2nd terms they would be better attended. The Dean promised to find solution to this. The 3rd year class representative then asked for the permission to use tape recorders in Medicine lectures and to have a few days off before their examinations. The former request was granted but the latter needed inquiry. That the field work coinciding with the demonstrations in the microbiology was another trouble. In this case, the Dean said he would approach Professor Teng about this. Finally, more lavatories in the Professorial Block and more patients for study were asked for by a senior class representative. Before concluding the meeting the Dean revealed his intention of expansion and formalization of this committee.

LOOKING BACK

I have borrowed the title for this brief reminiscence from that of Guy de Maupassant's touching little story in which the aging priest, the Abbé Mauduit, tells a friend why, though fond of children, he had chosen the lonely, celibate life of a curé. I too am looking back through the years. The eruptions of disquiet and apparent unhappiness of many students throughout the world today offer such striking contrast to my own recollections of being a student, for they were happy days indeed.

Looking back to my schooldays, I recall the occasion that inspired my determination to become a chemist. We were in the laboratory one Friday afternoon, observing the effects of dilute acids on iron filings. I held my test-tube entranced, watching the tiny bubbles of hydrogen appear and grow on the splinters of metal, then like balloons carry them in upward rush to the surface where they burst and let their charges fall. So the diminishing particles danced in the effervescent liquid until they disappeared, leaving but a dust of carbon at the bottom of the tube and a green colour as evidence of their having been. There was a faintly unpleasant but intriguing odour to this sorcery, the reason for which I enquired: it owed its origin I learnt to traces of acetylene and phosphine that were generated by the action of the nascent hydrogen on the carbon and phosphorus impurities in the iron.

A trivial experiment: but the whole material world took on a new significance for me that day when iron, the Martian metal, symbol of power and strength, the fabric of tools and weapons, of great bridges, railways, and mighty towers, revealed its solid substance to be ephemeral as a flake of snow. Ephemeral but not mortal, paradox though that may be, Mars was not destroyed for his invincible atoms were there still, a lovely green to mark

their attenuated presence, the hard green of bottle-glass, of crystals and minerals of the rocks. I walked home that day in a brave new world in which the earth, the waters, and the very air I breathed assumed a new unity, a reality I had not known before. Chemistry became the obvious language in which to read the books in the running brooks, sermons in stones, and good in everything.

From then on, books on the divine art consumed most of my literate attention — apart from Frank Richard's immortal stories — though none adequately described the magic that could be conjured in a test-tube. My tolerant parents allowed me to build a laboratory in a corner of the bathroom, though they sometimes protested when I let loose nauseous vapours such as boys delight in.

On leaving school at sixteen, having matriculated with the expected distinction in chemistry, financial circumstances in those lean years of the depression precluded my direct entrance into the university. I had to get a job. A four year pharmaceutical apprenticeship, during which I worked long hours in a chemist's shop by day and attended lectures and laboratory courses in the evenings, preceded my becoming a full-time student. During this period, in which I was trained in the art of Galen and learned the secrets of the Borgias, I passed the intermediate examinations in the minimum time of two won a Leverhulme scholarship and this too by taking the evening B.Sc. course. I won a Leverhulme scholarship and the together with a college loan and some sacrifices by my parents supported a welcome sojourn in the Elysian Fields.

How well I recall the pride with which I donned my long, black, undergraduate gown for the first time: no royal cloak of purple could have bestowed more sense of responsibility or more subtly blended

dignity with humility. Such customs, for it was compulsory to wear gowns to lectures, I believe have been too lightly discarded.

How well I recall the academic tranquillity of the college grounds at Nottingham, tall Turkey Oaks flanking the drive, the cool lawns and spreading cedars with a view of massed rhododendrons across the lake, the lunch-hour strolls when we discussed the meaning of life, religion, philosophy, the arts, and politics. There were music recitals in the Great Hall on Fridays after lunch — sandwiches in the balance room of the chem. lab., for I could not afford the luxury of refectory lunches — Saturday night "Hops", and the annual college Rag when we invaded the town in fancy dress and collected £3,000 for the General Hospital.

We had seventeen lectures a week, five chemistry and five botany together with the B.Sc. students, and worked hard in the laboratories, but I enjoyed it all, for I was doing what I wanted to do. Sometimes I wonder if I would have enjoyed it all so much if it had come more easily with a grant on leaving school as it does today. I doubt it.

Some of the lecturers were not good teachers, but they told us what to learn, were scholars of repute, authors of learned papers and books, and I felt it a privilege to attend their lectures. After all, it was a university, we were there to learn, not to be taught like schoolboys. There was one of our group who grumbled. He was the one who in the botany lab. one day when I was examining a specimen of *Chara* that I had found in the local canal exclaimed, "What on earth are you looking at that for, Walsh, it isn't in our syllabus!" He was the only one who did not pass all his finals the first time.

Some years later, when I returned to my old college as a lecturer, having in

the meantime added a first class honours degree in chemistry to my pharmaceutical chemist's qualification while working by day as a pharmacist at Guy's Hospital, the magic was there still. I was proud to be a Lecturer, a Don, and it enabled me to do research and work for my Ph.D., but it was a busy life for I was giving five lectures a week. Looking back then, I began to realise how easy was the life of an undergraduate, when all one had to do was to learn that which others had discovered. But I was happy, travelling hopefully as it were, gaining experience and working hard to qualify myself for greater responsibilities. I would have been less happy, I believe, if greater responsibilities had been thrust upon me before I was prepared for them. I wonder if some of the students of today, who are apparently not content to be students, but who seek a seat on the Senate and other such responsibilities, really know what they may be letting themselves in for. I am not suggesting that they are wrong, but I think their fellow students should be very careful whom they entrust with such responsibilities and should remember the ancient wisdom; that those who aggressively seek power often have ulterior motives and are those who most readily abuse it. The Doges of Venice were more benevolent masters than those who exploit the gullibility of "militant youth" to support their dictatorship of a modern totalitarian state.

Think upon these things as I conclude with the closing lines of Guy de Maupassant's story. The Abbé Mauduit has just bid his friend, goodnight. "... she watched his slow-moving shadow in the light of his lantern plunge into the darkness. Then she went back and sat down by the fire, and thought of many things that do not occur to the young."

E. O'F. Walsh

FACTS AND FANCIES

"CARRY ON DOCTORS!"

During a ward round a patient was found to have a paraffinoma on his face due to a previous plastic surgery.

Tutor: "Where else can we also find paraffinoma?"

Student: "Inguinal region, Sir."

Tutor: "... "

While the student was delivering the history, the tutor examined the patient. With the ear-plugs of the stethoscope in his ears, the tutor said, "Come on! Don't stop talking! I am listening."

Marvellous!

Student: "Since the mass moves with respiration, there is no shadow of doubt that the mass is the liver." Although there is some shadow of doubt about this statement, yet there is no shadow of doubt that this young man attends his medicine lectures.

A patient was found to have a bursa over the ischial region.

Tutor: "What is the treatment?"

Student: "If the bursa does not give the patient any trouble, we can leave it alone. In this case the patient experiences no discomfort if he sits on a soft subject."

Tutor: "What soft subject? You?"

(Note: "To sit on" also means "to brood over").

by 008

In this time when university reform is on everybody's mind I hear a voice in the "wilderness", "Why didn't you wear a gown to the viva? You think you are going on a picnic?"

by Observer.

CLASS NEWS

First Year

The Organic Chemistry Examination was held on 29th April.

A Class Dinner was organised at the Medic Canteen on 2nd May. It was a hilarious gathering. Bursts of laughter and singing shook the Medic Centre.

Second Year

Although the 1st M.B. Exams. are over, they are by no means free from examinations. The Psychology Examination will be held on 19th May.

The Class Association organised a Class Dinner at Connaught Room, Mandarin Hotel on 18th April. The occasion was graced by the presence of the three Professors of the Preclinical Departments and their staff, Mr. & Mrs. Collins, Mr. Low of the Physical Education Department, and Dr. Ho & Mr. Rocheford



Pathologists vs III yr. Medics.

of the Psychology Department. The highlight of the evening was the Grand Fashion Show of paper-dress put up by the students. Mr. Edward Ma and Miss Irene Chan emerged as the Mr. & Miss Second Year, 1968-69.

A friendly soccer match was played against the First Year Team on 19th April. Half-time score was 2-0 in favour of the First Year, but the Second Year somehow managed to turn the tables by finishing with a victory of 3-2.

Third Year

In a friendly soccer match with the Staff of the Pathology Department on 25th April, the Third Year Team lost by 2-4. The Second M. B. Exams. (Part I) results were announced on 30th April. Prizes and Medals were awarded to the following students:

Li Shu Fan Medical Foundation Prize in Pharmacology — Fu Kuo Fai.

C. P. Fong Gold Medal in Pathology — Chin Chu Wah.

Fourth Year

Because the Class is now divided into five Specialty Clerkship Groups of Medicine, Surgery, Obstetrics, Gynaecology and Paediatrics, class functions are accordingly modified to group or inter-group functions.

The Group at Tsan Yuk Hospital held a social gathering, in which each participant brought his own partner. The Group at Medic Centre Hostel was even more energetic. Two social gatherings were held, one with nurses and the other with ladies from Maryknoll Convent School.

OFFICIAL OPENING OF THE ELECTRON MICROSCOPE UNIT

The Electron Microscope Unit of the University of Hong Kong was officially opened on April 16, 1969 at 3.15 p.m. by Dr. the Hon. J.A.H. Saunders, Chairman of the stewards of the Royal Hong Kong Jockey Club. Guests present consisted of the Stewards of the Jockey Club, the staff members from the Faculties of Medicine and Science and the Chairman of the Medical Society. They were greeted at the gate of the Pathology Building by the Vice-Chancellor, Professor Gibson and Professor Huang. Following a brief speech from the Vice-Chancellor, the unit was unveiled by Dr. the Hon. J.A.H. Saunders.

The new unit, which is established and equipped with the help of a generous grant from the Royal Hong Kong Jockey Club (Charities) Ltd. made early last year, is housed in the University's Pathology Building in the Queen Mary Hospital Compound. The unit is supplied with a Philips EM300, the first major electron microscope in Hong Kong capable of direct magnifications of 220 to 500,000 times



The Opening Ceremony

and able to visualise minute particles such as viruses and minute components of cells and other structures. It will enable the staff of the medical and Science departments in the University to take up many new research fields of importance to Hong Kong without going abroad to find the necessary equipment. The facilities which will now become available here will greatly advance the opportunities for scientific education in Hong Kong.

G. Ng

Intergroup ball games were organised, among which were three football games: Gp. 1 vs. Gp. 4, Gp. 2 vs. Gp. 4, and Gp. 2 vs. Gp. 3.

Final Year

The Final M. B. Exams. were held on: 28th April: Medicine, 29th: April Surgery, 30th April:

Gynaecology & Obstetrics, Paediatrics (semicolor); 3rd-16th May: Clinical Examinations & Vivas.

Results are to be published by the end of May. They are going to hold their graduation Dinner in Mandarin Hotel on 21st May. The Newspaper wishes the candidates every success in the examination.

啟思

香港大學學生會
醫學會月刊
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一九六九年三月十五日

評論

香港學聯經於二月廿二及廿三日，在港大舉行第十一屆代表大會，出席的有七間專上學院的代表三十多人，會議主要是審核第十一屆幹事年報及訂立下一年施政方針，最後為選舉第十二屆幹事。

香港學聯為全港專上學生之最高團體。可以說是個相當有代表性的組織。在此學生對社會影響日漸擴大，學生自治權力日漸增長的今天，我們都對學聯會寄予很大的期望：對內它負起了促進學生團結，使學生的影響力得以盡量發揮和利用的責任，對外，它有義務溝通學生與社會各階層之瞭解，使社會人士明白學生運動的真義。

過去數年內，學聯經過許多學生領袖的不斷努力，會務經與時俱進。成員學院日漸增加。各同學對此都感到無限欣慰。但亦有些地方，學聯的工作，並未達到理想，而亟待改進。譬如最近的週年大會，為學聯年中最重要的一場會議，足以左右來年的施政方針及執行人選。以一個如此重要的會議，準備工作本該力趨完善。但事實却適得其反：一部分的會議代表，竟然接不到開會通知及議程，而無從預先搜集有關資料，詳加研究；廿二日及廿三日的會議，因為到預定開會時間仍然人數不足，而需延遲達二小時才能正式召開。以一個如此有代表性的團體，如此受新聞界、電視、其他各公衆傳播機構和社會各界重視的會議來說，豈不丟盡香港學生的面子，給社會人仕一個反宣傳嗎？

當然我們亦明白，學聯幹事亦有其困難，他們除應付本身繁盛的課程外尚犧牲了課餘的時間來處理這吃力的工作，我們希望學聯幹事以後在會務方面，完善的應盡量保持，不合理的則加以改善。在此我們謹對本月就職的學聯會第十二屆幹事致敬，並祝學聯會日益強大。

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The views expressed by our contributors are not necessarily those of the editorial board.

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HONG KONG FLU

DR. W. K. CHANG

There were many large epidemics and pandemics of influenza in the past and on most occasions the responsible virus was found antigenically different from the previous strains. A new antigenic variant of the virus was isolated in Hong Kong during an influenza epidemic in mid-July 1968. The infection has since rapidly spread to the neighbouring countries and to other continents, imposing a health threat to many highly populated and industrial cities. According to the nomenclature system of WHO in 1964, the virus strain is designated as A2/Hong Kong/68 and the disease has been widely publicised as the 'Hong Kong Flu' but there is no evidence that the virus was originated in Hong Kong.

For a better understanding of the antigenic variation in the influenza virus, it is necessary to refer to the basic structure of the virus particle. When seen under an electron microscope, they appear as spherical particles of 80-120 mu in diameter. Each particle contains central strands of ribonucleic acid (RNA) which are covered with protein to form a nucleoprotein helix. The helix is coiled upon itself to form a spherical mass which is tightly enclosed in an envelope of lipoprotein. The surface of the envelope is studded with many evenly spaced, radially oriented small spike-like projections. There are two different specific antigens present in the virus. A soluble antigen which is present in the nucleoprotein fraction is of broad specificity and determines the type of virus. Three types of influenza virus are recognized as types A, B and C. Another antigen found in the superficial layer including the envelope and spikes of the virus is highly specific and shows qualitative and quantitative differences from strain to strain within the same type. The envelope and spikes are shown to possess haemagglutinins and neuraminidase enzyme, of which their activities are inhibited by specific antisera. Antigenic relationship between virus strains can be demonstrated by the capability of their specific antisera to inhibit the haemagglutinating activity of the virus strains reciprocally.

Among the three types of influenza virus, type A virus possesses a much more complex strain-specific antigen which shows frequent antigenic changes. The strain-specific antigen of virus A is found to contain about 20 components which are arranged in a mosaic pattern. It may well be exemplified with the picture seen inside a kaleidoscope in which the pieces of colour glass are comparable to the antigenic components. Some of them occupy dominant positions on the surface while others recede in the background. A minor change of antigenicity will result if a few dominant components are replaced by recessive ones. On rare occasions, a virus with completely new dominant antigen emerges when a major change takes place. Factors which influence the antigenic change of a virus are not fully known. The newly emerged variants usually replace their predecessors, possibly as a result of selective action of host antibodies. Since 1933, many new variants of type A virus have been discovered and they are designated as subtypes: AO isolated in 1933, A1 in 1946-47 epidemic and A2, the Asian flu in 1957. Commencing in 1962, the A2 strains have shown progressively increasing antigenic shift from the previous strains. The A2/Hong Kong/68 strain of the recent epidemic is found to show marked antigenic difference in its haemagglutinin but not in the neuraminidase when compared with A2 strains of 1964 and 1967. This virus though exhibits significant changes retains certain antigenic relationship with the previous A2 strains. It is now known as a A2 variant.

The most interesting feature of epidemiology of influenza is its periodicity. Large outbreaks occur in an interval of 2-3 years and a major epidemic once about ten years. Almost all severe outbreaks are caused by type A virus which frequently changes its antigenicity. Type B virus, though shows variations, is more antigenic stable and is commonly associated with endemic disease or small epidemics in localized areas. Type C virus appears to exist as a single antigenic type and occurs in sporadic cases and in limited outbreaks of mild illness. As anywhere in the world, influenza is a sea-

sonal disease in Hong Kong. Since 1962, the causative virus responsible for each outbreak has been fully investigated and strains were also sent to the WHO world Influenza Centre for comparative antigenic studies. There were only minor outbreaks during the period 1962-67, mainly caused by A2 virus and occasionally by type B virus. The A2 strains isolated in the past showed only minor antigenic difference from the previous strains. Therefore in each outbreak, the disease was limited to a small number of susceptible persons since the majority of the population had acquired immunity through previous infections. Although the viruses in previous outbreaks were not identical, the infection by one of them would confer partial or complete immunity to other strains which possessed some or all of the identical dominant antigens. The epidemic in July 1968 with its high morbidity rate and rapid dissemination indicated the absence of immunity in the community and indirectly reflected that the causative virus was a mutant, with predominating new antigens.

Immunity to influenza is generally believed to be short-lived, and the duration is not adequately determined because of the multiple antigenicity of the virus strains and the complex antibody response in the human body. Humoral antibodies to the antigens of a virus are produced after the first infection and are repeatedly enhanced by subsequent exposure to other strains of related antigenic composition. With increasing age, people will have experienced an increasing number of infections and will show a progressively greater coverage by antigens of various strains. The broad resistance conferred by antigenic complex of cross-related strains will protect a person against more remotely related virus strain. It was shown in the previous outbreaks that the susceptibility to the disease was higher in the younger age-groups. In the pandemic of 1957, people over 70 were found to possess already-existed antibody to A2 strains before its prevalence, probably attributable to infection of related virus in their early life. However, there is a high mortality of influenza in the elderly people who are often associated with chronic illnesses.

Although vaccination is effective for the prevention of influenza, general medical care remains a most important part of the control of influenza by health authorities. Inactivated influenza virus vaccines containing suitable antigens have been shown to reduce the incidence of the disease to 75-90%, but its usefulness is hindered by the toxicity of the vaccine, especially for children. In interepidemic period, influenza vaccine should contain representative strains of viruses A and B that are current, and vaccination should be carried out 2 to 3 months before the coming of the influenza season. This type of vaccine is used to protect people who are known to have high mortality from epidemic influenza, such as those suffering from chronic cardiovascular diseases, pulmonary, renal and metabolic disease. In the face of a pandemic, the vaccine is preferably prepared with the new variant and is given to people before the disease is widespread in the community. It requires at least 3-4 months to produce the vaccine on large scale. The virus has to be adapted to grow in the allantois of fertilised hen's eggs. Afterwards, the viruses are concentrated from the allantoic fluid, partially purified by ultra-centrifugation, and inactivated in formaldehyde. The yield of the virus varies with different strains from 1 to 10 doses per egg. Even though vaccine pro-

duction starts before the epidemic, the turn out is hardly adequate to meet the demand for use. Furthermore, the period for the disease to spread to a distant place is much shortened by the jet-age travels. It is impracticable to carry out massive immunization in short notice of an epidemic. Under such circumstances, the vaccine, if available, should be restricted to those at high risk of danger from the disease and to those workers in the essential services to prevent paralysis of public utilities. Additional medical facilities and public health measures may limit the ill-effects of the disease.

The WHO International Influenza Centres together with its 80 National Influenza Centres are working closely towards the better control of the disease. Data are collected from each outbreak, and virus strains are antigenically analysed. New variants are dispatched for vaccine production as early as possible. At present, many problems such as the antigenic changes of the virus, and factors influencing such changes are being investigated. A successful control of influenza may be achieved, when the natural history of the influenza virus is known.

Ed.: We acknowledge with thanks for the contribution by Dr. W. K. Chang of the Government Virus Unit.

Continued from P. 1

7. Medic Centre:

1. It is advantageous to live in the Medic Centre Hostel during the speciality clerkships.
2. Residence should not be made compulsory.

8. Drinking fountains in the campus are desirable.

9. Finance:

1. A significant portion of students is in need of financial assistance.
2. Most are willing to serve Government after graduation in return for full grants for their whole degree course.
3. The majority prefer this scheme to a loan system.

10. University dental service will be made use of by the majority of the students, if the fees are further reduced.

11. The students agree that the hostel should refund hostel fees to a resident member in case of absence under circumstances beyond his/her control.

12. University administration:

1. The students advocate a public gallery in the meetings of the Council or Senate of the University.
2. Peaceful demonstrations are the choice of action if the University does not satisfy us with adequate reforms.

Results of doubtful significance according to the opinion of the delegation:

- a. The result of the 2nd part of question 14 may not be indicative due to a limitation of choices.
- b. Results on the use of the library on Saturdays and Sundays as put forward in question 16 may not fully indicate the express need for the library during every weekend.
- c. The results of question 23 do not tell us how much money is needed to aid such students.
- d. The results of question 29 cannot be analysed as more than one answer can be given by the individual.