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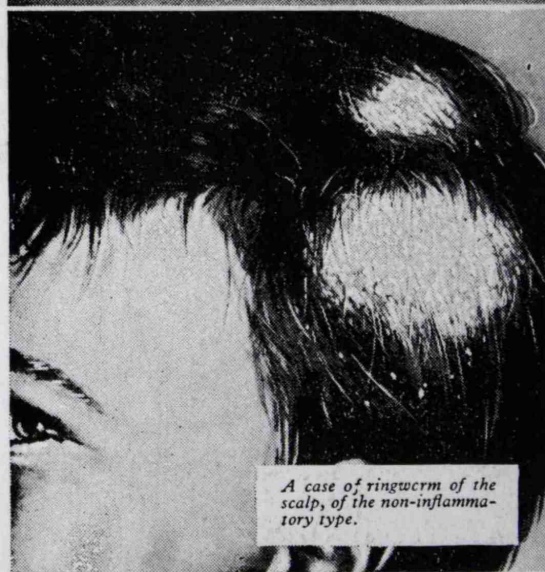
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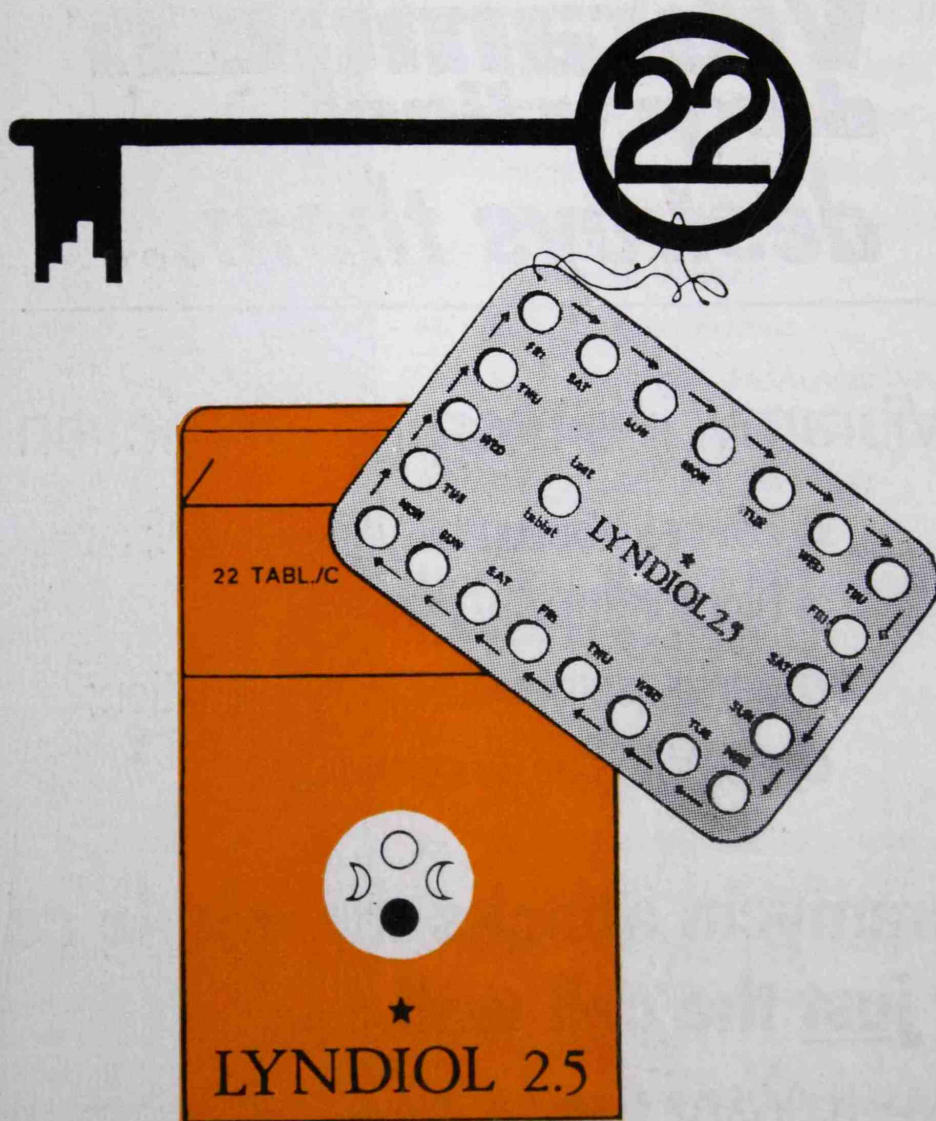
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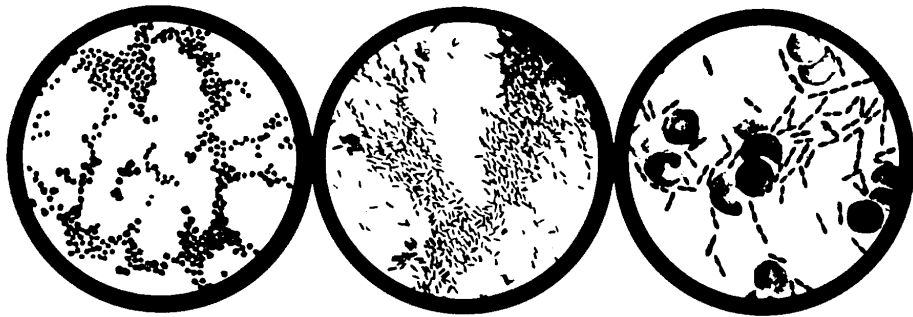


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CONTENTS

Page

- 5 Forward
The Mental Health Service In Hong Kong
- 8 Aspects Of Psychiatry In Hong Kong
- 17 An Interview With Dr. Singer
- 18 Current Trends In Psychiatric Treatment
- 29 Departmental Survey — Department Of Biochemistry
- 39 Presidential Address
- 47 Our Microbic Friends
- 53 An Introduction To Acupuncture And Cauterization
- 57 Men And Women At Work
- 65 With A Halo For One Year
- 69 One Month At Autopsy
- 73 Out Of A Tangle Of Thoughts
- 74 Two Poems
- 74 Poem I, Poem II
- 76 Moody Clown
- 78 Spot Diagnosis
- 83 Message From The Chairman
- 85 Annual General Report (1970-71)
- 89 Child Care Project — Chairman's Report
- 90 Key To Spot Diagnosis
- 92 Photo Album
- 113 從「我在新中國十五年」看中國的醫療成就
- 114 香港醫學教育之我見
- 117 談談針灸治療法
- 118 生活小記

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Forward

First we must apologise that, due to some uncontrollable circumstances, this issue has been delayed.

In this issue we have reviewed the present situation of mental health in Hong Kong. We must thank all those who have contributed to the success of this project.

As before, the "Departmental Survey" of this issue is on Department of Biochemistry. We are grateful to Professor Walsh and all the staff of the Department of Biochemistry for their co-operation in preparing this article.

Recently, there has been a sudden upheaval in the study of traditional Chinese Medicine, especially acupuncture and cauterization. In this issue we have the pleasure and honour to have Dr. Lok Yee Kung to write two articles on acupuncture and cauterization, so that our reader can have a peep into one of the richest fields of Chinese Culture.

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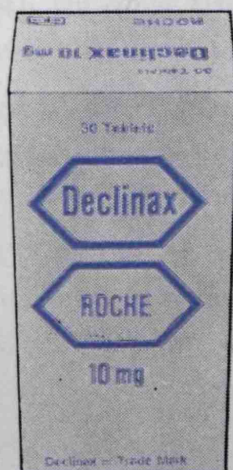
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THE MENTAL HEALTH SERVICE OF HONG KONG

By Au Yeung Kin Chor
Olivia Chow
Ho Chung Ping
Ho Kay
Leung Hin Wah
Mak Sin Ping
Tsang Pak Ho

ASPECTS OF PSYCHIATRY IN HONG KONG

by K. SINGER

Historical background

Until 1949 there was no special provision for the mentally ill in Hong Kong. Patients were sent to the "lunatic asylum" which provided only custodial care. The problem of overcrowding was solved by the periodic transfer of patients across the border to China. This convenient solution was put to an abrupt end by the advent of a new regime in China in 1949. What part this played in Government's decision to establish psychiatric facilities is a matter for conjecture. However it was also at this time that a qualified psychiatrist became available and was appointed the first Medical Superintendent of the Mental Hospital, a 130 bedded hospital which was the sole facility then and provided custodial care only.

Since then the evolution of Psychiatry in Hong Kong in the last 21 years has more or less recapitulated that in western countries in the last one hundred. It was fortunate that the inception of the Mental Health Service (government psychiatric services) occurred when modern methods of treatment were beginning to be introduced. Demonstration of the value of psychiatric treatment has more than anything else won acceptance for Psychiatry both from Government and the public.

The Mental Health Service

Appendix table 1 gives a list of the facilities of the Mental Health Service. It plays by far the major role in providing psychiatric services to the community.

The vast majority of psychiatrists and physicians working in the psychiatric field are employed in the service, which is a sub-department of the Government Medical and Health Department.

Within the Service, psychiatric services are provided along generally the same lines as in western countries. The main difference is the relative lack of facilities and staff in Hong Kong. The psychiatrists in the Service have had their training in the United Kingdom, to which they continue to look for inspiration rather than to the United States with its dynamic orientation.

Psychiatric Hospitals

At present *Castle Peak Hospital* is the only psychiatric hospital in the Colony. Opened in 1961, it was originally designed to accommodate 1,000 patients, divided approximately equally between the sexes. In the first few years it proved expedient to incorporate a Drug Addiction Centre which pioneered a voluntary system of treatment of narcotic addiction. In 1967 the bed complement was extended by 240 to meet the growing need for in-patient treatment. Unfortunately conditions of overcrowding have persisted right from the start. The hospital itself is up-to-date and is one of the few psychiatric hospitals in the world built after the war. The buildings are located in spacious grounds and all the wards have their own gardens. The open-door policy is practised, in spite of the fact that there is a relatively high proportion of the severely ill. All modern psychiatric treatments are available. The hospital has its own E.E.G. unit, X-ray department, dental suite, operating theatre and Psychiatric Nurses Training School.

At present psychiatric bed provision is still far from adequate, being about 0.3 per 1,000 population. More beds are expected to be provided in the near future. Hospitals which are in the building stage are the *Siu Lam Hospital* for the mentally subnormal (200 beds), the *Tai Lam Prison Hospital* for psychiatric offenders (200 beds) and the *Lai Chi Kok Psychiatric Hospital* (1,350 beds).

Mental Health Centres

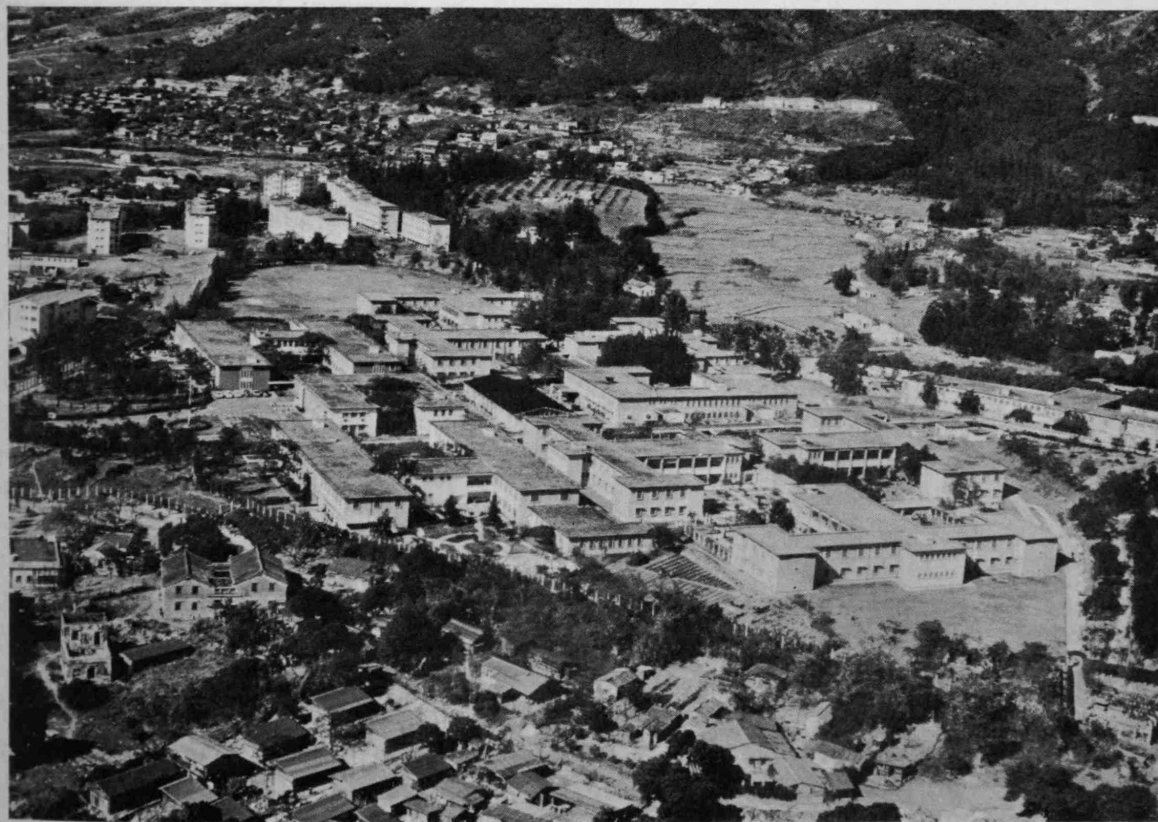
The *Hong Kong Psychiatric Centre* in which is located the Headquarters of the Service has in-patient and day-patient facilities and is the reference centre on Hong Kong Island for the majority of voluntary patients for admission to Castle Peak Hospital. It also provides facilities for the follow-up of patients after discharge from that hospital. The Centre moved into its present modern premises in 1971, occupying 4 floors of the David Trench Rehabilitation Centre.

In Kowloon similar services are provided by the *Yaumatei Psychiatric Centre*, opened in 1967. Its facilities include child psychiatry, the Centre being housed in a Polyclinic which has a Maternal and Child Welfare Clinic.

Psychiatric Units

The *Kowloon Hospital Psychiatric Unit* was opened in July 1971. It is a 67-bedded unit in a general hospital and has out-patient facilities and a day centre. It aims to provide a comprehensive psychiatric service in a general hospital setting primarily for Kowloon. The unit is not a mental hospital in the legal sense but has the same status as any other unit in a general hospital. Admission and discharge procedures are on an informal basis as in a general hospital.

The *Prison Observation Unit* at the Victoria Remand Prison is in the charge of a qualified psychiatrist. It furnishes psychiatric reports on remand prisoners whenever mental abnormality is suspected, and on all cases charged with capital offenses. It also undertakes observation and treatment of convicted prisoners.



Psychiatric Clinics

Out-patient sessions are held in the Psychiatric Centres, Kowloon Hospital Psychiatric Unit and in a number of psychiatric clinics (see appendix table 1). Such facilities play an important part in reducing the number of cases that otherwise would be admitted to hospital. They also make early discharge and continued rehabilitation possible.

It will be seen that out-patient, day-patient and in-patient facilities are currently available to psychiatric patients and that to a fair extent psychiatric patients are differentiated by age and diagnosis. The trend is to move away from the undifferentiated type of custodial care in which patients of all ages and disorders are put together, to separate care for the mentally ill, mentally subnormal, and psychiatric offenders and for different age groups. The basic element is still the large mental hospital but there is a movement away from this towards smaller units, particularly in general hospitals, and towards provision of treatment and rehabilitation by the various forms of extramural care wherever possible.

The shortage of psychiatrists in Hong Kong is illustrated by the following comparison with the United Kingdom:

<i>Ratio</i>	<i>United Kingdom</i>	<i>Hong Kong</i>	<i>U.K./H.K.</i>
Psychiatrist/population	65/million	8/million	8/1
Psychiatric consultant/population	20/million	1.25/million	16/1
Psychiatrist/other medical practitioner	1/14	1/71	5/1

The University Psychiatric Department

This was established in 1971 with the setting up of a chair of psychiatry. Previously all undergraduate teaching in psychiatry was undertaken by honorary clinical lecturers from the Mental Health Service and these continue to supplement the teaching provided by the full-time academic staff, comprising a Professor, one Senior Lecturer and one Lecturer. In addition to undergraduate teaching the department has responsibility for a small unit in the Queen Mary Hospital and for outpatients and day-patients at the Hong Kong Psychiatric Centre.

Comparative Aspects of Mental Disorders

No survey has been carried out in Hong Kong on the incidence of mental disorders. First admissions in Hong Kong of 36/100,000 population compare with that in the United States of 100/100,000. As Hong Kong has much less beds proportionately, it is reasonable to suppose that more adequate bed provision would raise the Hong Kong figure and make it more nearly approximate that for the States. Thus the prevalence of cases seeking or offered hospitalisation in the two places is probably not too dissimilar.

We have no exact knowledge, in the absence of a survey, of the frequency of the nosological entities in Hong Kong and can only go by clinical impression from hospital and outpatient practice. Schizophrenia is the most common entity requiring hospitalisation. Affective disorders are much less commonly hospitalised, though whether its real incidence differs from that in the west is unknown. We are of the impression that there is no marked difference in incidence but that a smaller proportion is seen by the psychiatrists in Hong Kong because of lack of recognition on the part of an unsophisticated public that they are mental disorders. Infectious diseases and malnutrition make a negligible impact on psychiatric practice. General paralysis of the insane is much less of a problem than 20 years ago and continues to be on the decline. Conversion hysteria in the classical form is rare. Obsessive-compulsive neurosis is probably as commonly seen in hospital practice here as in the west. Anxiety and depressive neurosis and psychological reactions are becoming increasingly referred to psychiatrists in out-patient clinics. Narcotic (heroin) dependence is the main drug problem. Alcoholism though not a problem may have a rising incidence, as judged by admissions for alcoholic psychosis.

All the psychiatric disorders seen can be fitted without much difficulty into currently accepted nosology, such as the I.C.D. Koro is a rarity, or at least is rarely referred to the psychiatrist. It usually presents as a feature of anxiety neurosis, or of a mixed psychoneurosis, or as a concomitant of a psychosis. It is an example of a symptom the choice of which is determined by cultural belief.

Are there any differences in the symptomatology of mental disorders in Hong Kong as compared with the west? It is our view that apart from some colouring of the content by sociocultural factors, e.g. the delusions in schizophrenia, no significant differences exist. The nosology derived from psychiatric practice in the west is therefore valid and useful in this part of the world. As regards schizophrenia, no differences have been observed in frequency of assaultive behaviour, paranoid delusions or catatonic features as sometimes claimed elsewhere. In manic-depressive psychosis, the manic phase appears as rare here as in western countries. All the features of the depressive phase have been encountered and it cannot be said that we have observed a lack of guilt feelings or prevalence of somatisation as has been claimed for certain non-western countries.

One could speculate on the influence of a multiplicity of socio-cultural variables on the incidence and form of mental disorders in this region—the Oriental way of life, westernization, cultural values and orientation, poverty, immigration, child-rearing practice, the role and status of women and the family structure. In the absence of hard, comparable data such speculations would be futile. The limitations of current methodology in comparative psychiatry are considerable and make interpretations hazardous. A refinement will probably not bring sufficient dividends. Psychiatrists in Asia should concern themselves more with enquiry into basic aspects.

Legislation

Legislation relevant to psychiatric practice in Hong Kong is contained in the Mental Health Ordinance, 1960. This is modelled on the Mental Health Act of U.K. 1959. There is also a Drug Addicts Treatment & Rehabilitation Ordinance, 1960.

The main effect of the Mental Health Ordinance is simplification of admission and discharge procedures in psychiatric hospitals. Patients are admitted either voluntarily or compulsorily and about half belong to each category. Their continued detention is also either on a voluntary or compulsory basis and 95% of patients belong to the former category. There is no provision for informal admission in the Ordinance, that is, admission on the same basis as medical and surgical patients. The admission and detention of voluntary patients is in practice almost though not quite informal as they have to sign a form to be admitted and must give notice of discharge. Informal admission and hospitalisation is however practised in a psychiatric unit in a general hospital.

One other important provision of the Ordinance is that the Court can send psychiatric offenders direct to hospital without convicting them, instead of to prison.

Research

Research work in the past mainly centred on problems of nosology against the background of comparative psychiatry. Published papers include those on latah, the possession syndrome, koro, ageing and mental health in Hong Kong, the natural history of obsessional illness in Chinese, suicide and drug addiction in Hong Kong.

Papers on organic aspects of psychiatry have been published on Huntington's Chorea, the hepato-cerebral syndrome, Gilles de la Tourette's disease, Tuberosc Sclerosis and Oral Dyskinesia.

Current research includes studies on alcoholism, narcotic addiction, anthropometric aspects of personality and psychiatric disorders.

Acknowledgment

We are indebted to the Director of Medical & Health Services for permission to publish this article.

Appendix

TABLE 1

Facilities of the Mental Health Service

Mental Health Centres	Psychiatric Hospitals	Psychiatric Units	Psychiatric Clinics
(out-patients and day centre)	(in-patients)	<i>Kowloon Hospital Psychiatric Unit</i>	(out-patients)
<i>Hong Kong Psychiatric Centre</i> (H.Q. of M.H.S.)	<i>Castle Peak Hospital</i> (1800 patients)	(67 beds) (in-patients, out-patients and day centre)	<i>Queen Elizabeth Hospital Psychiatric Clinic</i>
<i>Yaumatei Psychiatric Centre</i>		<i>Prison Observation Unit</i>	<i>Tsuen Wan Psychiatric Clinic</i>
		(30 beds) (mentally ill offenders)	<i>Miscellaneous Sunday Psychiatric Clinics</i>

The following facilities will be added in the near future:

<i>Kwai Chung Psychiatric Centre</i> (to be completed 1974)	<i>Siu Lam Hospital</i> (200 beds for mental defectives to be completed in 1972)
<i>East Kowloon Psychiatric Centre</i> (to be completed in 1974)	<i>Tai Lam Prison Hospital</i> (200 beds, for psychiatric offenders, to be completed in 1972)
	<i>Lai Chi Kok Psychiatric Hospital</i> (1350 beds for general psychiatric patients, to be completed in 1975)

Appendix

TABLE 2

Work of Castle Peak Hospital 1970

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Patients in hospital on 1st January, 1970	1,116	582	1,698
Patients admitted: First admissions	863	603	1,466
Re-admissions	1,144	790	1,934
Total admissions	2,007	1,393	3,400
Patients discharged	1,864	1,275	3,139
Patients transferred	77	63	140
Deaths	63	28	91
Total discharges	2,004	1,366	3,370
Patients remaining on 31st December, 1970	1,119	609	1,728



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Appendix

TABLE 3

Work of Day Hospitals and Psychiatric Centres 1970

Hong Kong Psychiatric Day Hospital

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Patients attending on 1st January, 1970	19	19	38
Admissions	76	79	155
Discharges	85	83	168
Patients attending on 31st December, 1970	10	15	25

Yaumatei Psychiatric Day Hospital

	<i>Male</i>	<i>Female</i>	<i>Total</i>
Patients attending on 1st January, 1970	26	13	39
Admissions	143	106	249
Discharges	140	100	240
Patients attending on 31st December, 1970	29	19	48

Attendances at Psychiatric Centres

	<i>New</i>	<i>Repeated</i>	<i>Total</i>
Hong Kong Psychiatric Centre	1,118	27,168	28,286
Queen Elizabeth Hospital, Psychiatric Clinic ..	155	1,479	1,634
Tsuen Wan Psychiatric Clinic	174	217	2,251
Yaumatei Psychiatric Centre	1,493	43,207	44,700
Violet Peel Psychiatric Sunday Clinic	—	1,905	1,905
Yaumatei J.C.C., Psychiatric Sunday Clinic	—	2,122	2,122
Total	2,890	78,008	80,898



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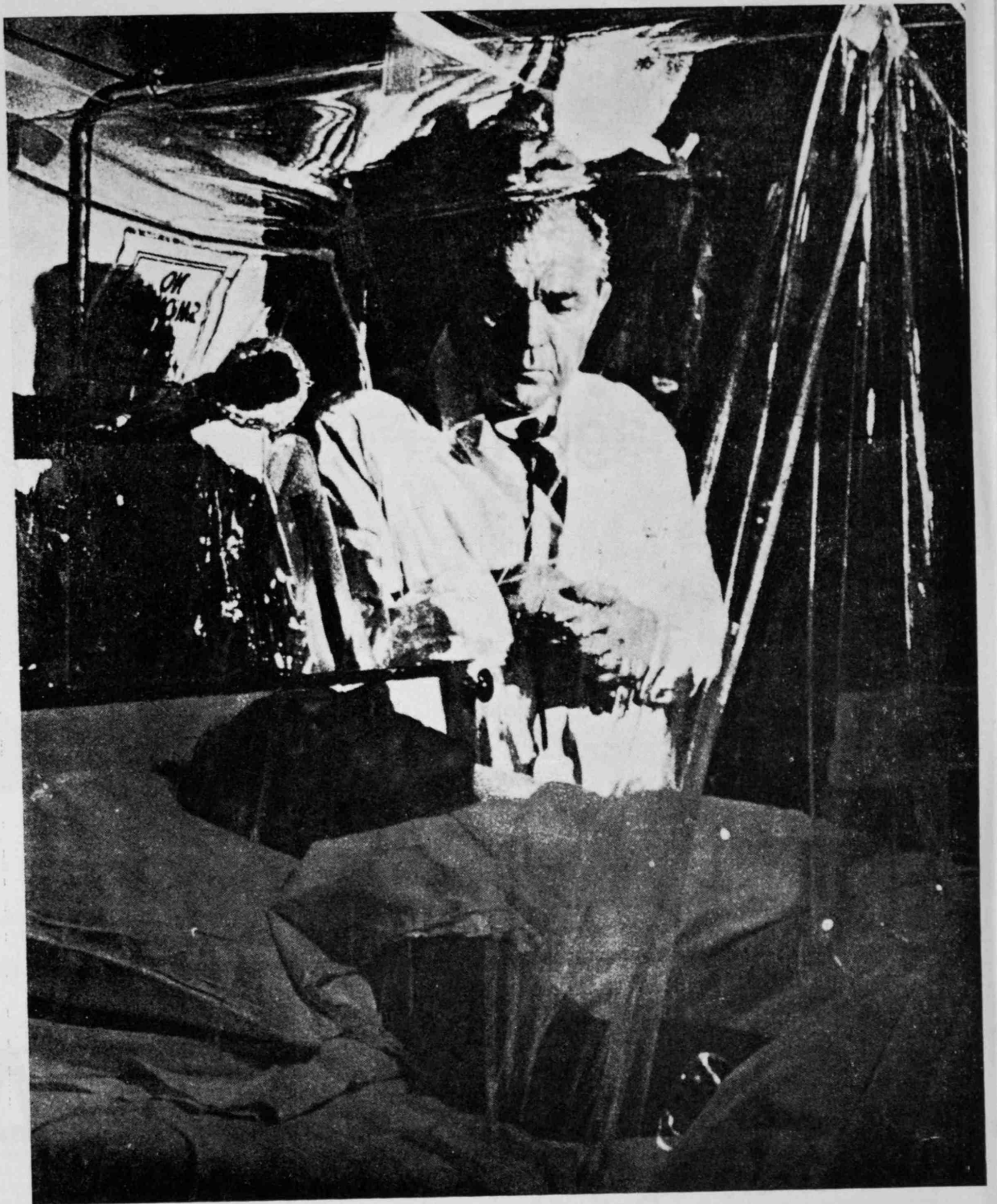
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AN INTERVIEW WITH DR. K. SINGER

In order to know more about the situation of mental health service in Hong Kong, and to have a look into the routine practices in a psychiatric centre, ELIXIR paid a visit to the Hong Kong Psychiatric Centre, which occupied the fourth to sixth floor in Sir David Trench Rehabilitation Centre, Bonham Road.

We were warmly welcomed by Dr. K. Singer, the Senior Medical Specialist (Psy.) heading the centre.

He pointed out that there was a rapid evolution of Psychiatry in Hong Kong since 1949, and has won wide acceptance both from the government and the public.

However there is still a shortage of staff and lack of facilities in Hong Kong. The lack of staff is obvious by comparing the ratio of psychiatrist: population in Hong Kong (8 per million) to that Britain (65 per million).

In Hong Kong, four types of psychiatry service centres are provided:

1. Mental Health Centres, such as Hong Kong Psychiatric Centre and Yaumatei Psychiatric Centre. The Hong Kong Psychiatric Centre, in which is located the Headquarter of the Mental Health Service, has out-patient and day-patient facilities. (Day-patients are those who come to the clinic everyday from 9 to 5. There they are provided with light work and amusements, lunch and refreshments are served.) The Yaumatei Psychiatric Centre in Kowloon besides providing day-patient and out-patient facilities, also include services in child psychiatry.
2. Psychiatric Hospital, which, in Hong Kong, is represented by the Castle Peak Psychiatric Hospital only. This large hospital include a Drug Addiction Centre which pioneer a voluntary system of

treatment of narcotic addiction. It provides the most up-to-date treatment, and itself is located in a spacious ground. The open door policy is practised. It has its own EEC unit, X-ray department, dental suite, operation theatre, and psychiatric nurse training school. However, at present, psychiatric beds are far from enough, and psychiatric hospitals under construction are Siu Lam Hospital (200 beds), Tai Lam Prison Hospital (200 beds), and Lai Chi Kok Psychiatric Hospital (1350 beds).

3. Psychiatric Units, such as Kowloon Hospital Psychiatric Unit, which besides being a day centre and accepting out-patients, provides 67 beds for in-patients. The Prison Observatory Unit provides 30 beds for mentally ill offenders.
4. Psychiatric Clinics such as QEH Psychiatric Clinic and many Sunday Psychiatric Clinics which accept out-patients and follow up old patients.

All these are administrated by the Mental Health Service — a sub-department of the government Medical and Health Department. It is also responsible for the severe grade of mental retardation, the Social Welfare Department being responsible for the moderate grade, and the Education Department for the mild grade. Responsibility for mentally ill offenders is shared between the Medical and Health and the Prison Departments. Planning, policy making and provision of services for narcotic addicts is carried out by a board on which are represented various Government Departments and professional and voluntary organisations.

The Mental Health Service works in close co-operation with the University Psychiatric Department and offers valuable clinical facilities and personnel in the training of medical students. Clinical instruction takes place mainly in the

Hong Kong Psychiatric Centre where the University Psuchiatic Out-patients is also sited.

The Mental Health Service works in close co-operation with a number of voluntary bodies that have their main interest in some aspects of psychiatry. These include the Society of the Aid and Rehabilitation of Drug Addicts, a voluntary body which works with Government subventions, the New Life Rehabilitation Association, the Hong Kong Mental Health Association, and Hong Kong Psychiatric Association.

Coming out from Dr. Singer's office, we were then brought around the campus by Dr. Chan.

The fourth, fifth, and the sixth floors were occupied by the offices and wards. On the third floor, there was a work-shop, which includes woodwork, metalwork, and plasticwork. There was also an open air playground. We then went to the second floor, where there was a recreation room for the patients. The patients were enjoying a folk dance led by a female instructor. Some members of the ELIXIR also joined in the fun.

When we were leaving, we were shocked when one of the female patients came running out, embracing and waving to each of us good-bye.

CURRENT TRENDS IN PSYCHIATRIC TREATMENT*

by K. SINGER

There are three basic trends in psychiatric practice and treatment today.

The first is the organic or physical approach which places emphasis on physical methods of treatment.

The second is the psychological approach which emphasizes treatment by psychological methods.

The third is the sociological approach which seeks to treat mental illness by manipulation of the social environment.

Each of these three approaches derives from corresponding views of the level at which man is best studied. Each stems from beliefs concerning the nature of mental illness. In the final analysis each stems from philosophical views concerning the nature of man himself.

The Organic Approach

The first of the approaches I shall deal with is the organic.

The basic premise of this approach is that mental disorder is determined mainly by here-

ditary and physical factors. Disordered chemistry is the cause and corrective chemistry the cure.

The approach is based on the belief that eventually all phenomena of life, mental and physical, can be described and understood in terms of the natural sciences like physics and chemistry.

The consequence of this mechanistic approach, in spite of its obvious limitations, is the founding of Modern Psychiatry. Biochemical and other physical factors as possible causes of mental illness were studied. Physical methods of treatment were sought.

The major advance in physical methods has been the introduction of certain drugs in the treatment of mental illness during the last 15 years. *Tranquillizers* were the first group of such compounds discovered. The term *tranquillizer* is a misnomer as these drugs not only *tranquillize* and calm but restore the psychotic process to normality.

Two groups of *transquillizers* are now used — the major and the minor.

* Reproduced, with permission from the Author and Far East Med. J. Vol. 6, Sept., 1970.

The major tranquillizers (e.g., largactil, mellaril) are used for the psychoses (i.e., the major mental disorders). They ease tension, abate hostile attitudes and eliminate hallucinations — all this without impairing consciousness. So many major tranquillizers have been introduced and are daily appearing on the scene that the psychiatrist has difficulty keeping up with them. However their actions and usefulness vary only within a narrow range.

The minor tranquillizers (e.g. librium, miltown) give relief to anxious and overwrought neurotics. They have little or no effect on psychotics.

All these tranquillizers differ from traditional sedatives (e.g., barbiturates, chloral hydrate, bromide) which cause drowsiness and have no antipsychotic effect. These sedatives are now much less used in Psychiatry but remain very useful in specific situations, e.g., for sedation in an emergency or treating sleeplessness. Their main disadvantage is the danger of addiction.

After the tranquillizers, was found a group of drugs with an opposite effect — the psychic energizers or mood elevators, also known as *anti-depressants*. These drugs alleviate depressive illness. They do not as a rule however affect the normal person.

These anti-depressants are entirely different in their action from traditional stimulants popularly known as pep pills. The stimulants cause temporary cheerfulness and increase in activity and confidence, and may then alleviate mild depressions for a short time. In the end however they leave the depressed person even more depressed. Their stimulant action has led to their abuse with serious consequences. One is addiction with general deterioration of mental and physical health. The other is development of a mental illness resembling Schizophrenia.

Exactly how valuable is the use of drugs in the treatment of mental illness? After the initial period of over-enthusiasm it is now time to take stock of the situation. These are several shortcomings.

One is that after 15 years' experience with such drugs, it has become clear, that the drugs control the symptoms rather than cure the illness. They have often therefore to be taken for prolonged periods.

Another shortcoming is that a minority of patients are not at all helped by drugs.

Still another is that a significant number of patients who are helped and do leave hospital continue to be partially disabled. This also means that they become a burden on the community.

In spite of these shortcomings, it cannot be denied that drug treatment and other physical procedures have profoundly changed the entire psychiatric scene. Some would go so far as to say they occupy the most important place in the treatment of mental illness. Certainly although they made their advent relatively recently long after the earlier advances in psychological methods of treatment it is owing to them that we are able to transform our mental hospitals. Whereas previously the majority of patients admitted to a mental hospital stayed on for years, now the vast majority leave in a matter of weeks.

Physical methods of treatment have also made easier to apply other methods of treatment — such as psychological and sociological — and to more patients.

Time does not permit me to go into any sort of detail concerning the various other empirical physical methods available — E.C.T., insulin treatment, psycho-surgery and others. I should explain that the term empirical refers to methods which are effective but whose mode of action is not fully known. With the introduction of drugs these methods have become less used.

An exception is *Electro-convulsive treatment* (E.C.T.) which is still used a good deal. This treatment is also known as shock treatment — another misnomer — as the patient does not experience anything like a shock. What happens is that when electrodes are applied to the temples and a current passed between them the patient

loses consciousness immediately and has a generalized convulsion. This subsides in less than a minute. He is often anaesthetized for the purpose and given a drug to relax his muscles. As a result he is unaware of the procedure and his convulsion is so much reduced that it is sometime hard to see any movement.

E.C.T. has proved a particularly effective measure for treatment of severe depression. In some places it is used routinely with drugs for treatment of the acute phases of Schizophrenia. The procedure is relatively safe and painless.

Finally I would like to say a word about *physical methods which aim to treat the cause of mental disorder*. This is of course the ideal of medical practice — to discover the cause of an illness and direct treatment at this cause. For example, in typhoid, discovering the bacillus and using a drug to eliminate it. This ideal is only starting to be realized in Psychiatry. Nevertheless, a beginning has been made.

The first example of such treatment discovered is the treatment of general paralysis of the insane — a syphilitic infection of the brain — by the induction of malaria. Since then treatments have been discovered with advances in neurophysiology and neurochemistry. One example is the treatment of certain mental deficiencies in which brain damage has been found to be caused by toxic substances. These substances result from an inborn inability of the body to handle certain foodstuffs or their products. One such condition is phenylketonuria. Treatment consists of dietary control to avoid the toxic products and prevent brain damage.

In conclusion, concerning the organic approach, we may confidently expect that discoveries in the physical sciences applied to Psychiatry will provide an increasingly rational basis for the physical treatment of mental disorder.

The Psychological Approach

I now go on to the next major approach — the psychological.

The basic premise of this approach is that mental disorder is caused mainly by psychological

influences. Hence arises the belief that it should also respond to psychological methods.

The theories and techniques of the psychological approach or psychotherapy vary considerably — from simple commonsensical advice to suggestion under hypnosis to specialized techniques derived from complex and elaborate theories.

Psychoanalysis, formulated by Freud, is the first systematic attempt at applying this approach. Its assumptions include:

- (i) The importance of painful experiences in childhood in causing neurotic symptoms in adult life, and
- (ii) the importance of a part of the mind of which we are not aware — the unconscious — as a source of most of our motivations, desires and purposes.

The essence of the psychoanalytic technique is the analysis of the unconscious by the method of free association. In this procedure the patient lets his thoughts wander freely and say aloud whatever comes into his mind. In this way he reveals how his unconscious mind works and therefore the structure of his neurosis. Also he gradually uncovers his deep-seated painful memories and feelings and works through them till they no longer disturb him.

Psychoanalysis is mainly used for the treatment of neuroses. It is not used in psychosis except for research purposes.

And what of its value? Many of the premises of psychoanalysis have been more or less accepted in the body of clinical practise by the generality of psychiatrists. But whether the garbled reminiscences from the psychoanalytic couch are especially effective in treatment remains to be proved. The main contribution of psychoanalysis is its emphasis on psychological experiences in the development of personality. This is an advance over the organic approach which regards personality as being largely determined by hereditary and physical factors and very little modifiable by life experiences. Outside Psychiatry, psychoanalysis has also exerted a profound influence on contemporary thought in the arts and sciences. In the 1950s in the U.S., per

Psychoanalysis reached the zenith and climax of its influence and prestige.

But psychoanalysis both as theory and as technique has certain drawbacks which cannot be ignored.

First, in emphasizing psychological factors it goes to the extreme of ignoring physical factors.

Then although it successfully explains certain conditions like the sex perversions with perfect plausibility it does not have the corresponding success that would be expected in treating these conditions by applying its theories.

Finally, the theories in spite of their lucidity and unimpeachable logic are difficult to verify scientifically.

Many psychoanalysts now admit that psychoanalysis is more useful in helping people understand themselves than to get well.

Because psychoanalysis is only partially effective a vast number of *alternative theories and techniques* have emerged ranging from the commonsensical to the mystical some with overtones of Zen and Yoga. They are numerous and diverse enough to baffle and bewilder the average psychiatrist let alone the intelligent layman.

Some stress analysis of past experiences. Others are confident that present problems are more important. Some stress the importance of letting the patient achieve by his own efforts an understanding and solution of his difficulties. Others are certain the patient is in no condition to do this and actively intervene with practical advice.

Overall the trend now is from taking and thinking to doing and acting, from analysis of the past to concern with the present, from understanding the unconscious to doing something about the conscious, from coming to terms with oneself to coming to terms with others.

A recent trend in psychotherapy is treating patients in groups — *group therapy*. The techniques here are as diverse as in individual therapy ranging from psychoanalytic methods, to group discussions, of practical problems, to dancing

“letting go”, “expanding one’s awareness”, “communicating”, — looking into one another’s eyes, and touching one another, sometimes in the nude (Nude Therapy).

What then of the present atouts of psychotherapy?

With such a confusing mass of theory and techniques it is not surprising that there should be some reservation about the value of this mode of treatment. Their very numbers seem proof that none of the techniques is likely to be particularly effective — like the many remedies of the common cold.

Yet it would be foolhardy and hazardous to deny that psychotherapy remains a highly useful tool of treatment, when it is stripped of dogma, when it takes the form of guidance in the practical problems of life, when it takes the form of re-education in the best use of one’s assets and in forming more useful attitudes. Psychotherapy remains a valuable method of treatment, especially when used with physical and other methods.

A recent development of psychotherapy is Behaviour Therapy. It is derived from the premise that behaviour whether normal or neurotic is acquired by learning, and this learning is by conditioning.

To illustrate learning by conditioning, permit me to recapitulate the classical experiment by Pavlov, in which he taught a dog to salivate on learning a bell. He did this by ringing a bell every time food was presented to the dog and made it salivate. After this procedure was repeated a number of number of times ringing of the bell along made the animal salivate.

Learning theory regards neurotic behaviour as similarly conditioned. The only difference from normal behaviour is that neurotic behaviour is unadaptive or useless.

And how may neurotic behaviour be acquired by conditioning, May I quote another classical experiment in which an 11 months’ old boy who was fond of animals was experimentally induced to have a neurotic fear of white rats. This was done by making a loud noise behind him every

time the boy reached for the animal. In consequence the boy developed a phobia for white rats. This phobia or irrational fear was therefore a neurotic behaviour acquired by conditioning. In common with other neurotic behaviour it had no adaptive value and was useless as white rats are not dangerous.

This suggests that in real life neurotic behaviour may similarly be acquired by the chance association of events. If a person is in a harmless situation such as being in a certain place or with a certain person, and then something fearful accidentally happens at that time, which has no direct connection with that situation, he may develop an unreasonable fear of that situation.

And how does Behaviour Therapy propose to treat neurosis? For an example of one method we return to our old friend the 11 months' old boy who was cured of his phobia. This was done by associating pleasurable feelings in him with the presence of the rat. Thus he was fed with chocolate, which induced pleasurable feelings, and the rat was at the same time presented to him at a sufficient distance so as not to disturb him. If he remained relaxed the rat was brought nearer, step by step. If he got upset at any time the rat was returned a step backwards and the procedure repeated. At the end when the boy remained relaxed with the rat touching him and in his lap he was cured of his phobia.

This is the *desensitization* technique of Behaviour Therapy and is now commonly used.

Another technique is *aversion therapy* which treats neurotic behaviour by conditioning an aversion for it. An example, in which this has been successfully employed is the treatment of the perversion of transvestism. In this a man derives sexual pleasure from wearing women's clothes. In an office setting he is treated with mild but unpleasant electric shocks when he puts the clothes on; the shocks stop when he takes them off and this is repeated. After some days, he develops an aversion for putting on women's clothes and is cured.

An interesting recent innovation of behaviour therapy is a technique called *modelling*.

This is exemplified in a programme for the treatment of snake phobia, which is an unusually high degree of fear for snakes. These people with snake phobia, for instance, would turn down jobs because of the remote possibility of snakes in neighbourhood parks.

One group of people with snake phobia was given desensitization treatment. They were taught to relax deeply, then presented with imaginary scenes of increasingly stressful interaction with snakes. This group did fairly well. A second group was also taught to relax deeply but in such a state shown movies of other people including children playing with snakes. This group did better than the first. A third group watched a sort of live show where a man approached a snake and played with it. The group did best of all.

Another example of the 'modelling' technique is a programme devised for improving the social behaviour of withdrawn children in a nursery school. One group of such children was shown films of children playing together and having a good time. Another group was shown a film on marine life. The first group improved in their social behaviour. The second showed no change.

The significance of the modelling technique is that it shows behaviour may be learned simply by watching that behaviour in others. The implications of this mode of learning extend beyond the treatment situation. Already there is proof that aggressive acts on the screen stimulate aggressive behaviour in children. Whether erotic scenes also stimulate similar behaviour in adults is no doubt a fruitful subject for serious research! As a technique of treatment modelling is too recent for accurate appraisal. Nevertheless, it may well prove to be a milestone in the development of psychotherapy.

Finally, what of the value of Behaviour Therapy in general? Its main contribution is the development of learning techniques for treatment with a fairly scientific basis, unlike other methods of psychotherapy. It has proved useful in treating anxieties due to specific, identifiable, situations. Its great limitation however is that

it is of little value in complex psychiatric disorders and particularly in the psychoses.

The Sociological Approach

I finally come to the 3rd approach in psychiatric treatment, the sociological.

This approach derives from the belief that as man is a social animal he is best studied at the social level. It focuses attention on social factors as causes of mental breakdown. An example of one extreme development of this approach is the view that Schizophrenia is not a disease in the medical sense but a crisis or failure of coping with the social environment.

It follows therefore that this approach places emphasis in treatment on manipulation of the environment and on providing an environment or milieu calculated to improve the patient's ability to cope. It is also called *milieu therapy*.

One result of the sociological approach is the shift in emphasis from treatment in the hospital to treatment in the community (*Community Therapy*). Much depends on the resources in the community and in a welfare state like Britain community psychiatry has developed hand in hand with social services.

The reason for this shift to the community is the belief that the community provides the proper environment for the patient to re-learn social skills to adapt to normal life. Indeed from this point of view, old style mental hospitals had a bad effect. The proper place for a person to learn to adapt to a particular environment is that environment. The introduction of physical methods of treatment has made it possible to discharge patients early and put such principles into practise.

In consequence of such views, patients are treated in outpatients' departments, day hospitals (where they stay during the day only) and night hospitals (staying at night only) in preference to full time hospitalization. Patients' clubs, hostels and sheltered workshops in the community are all methods of enabling patients to derive the maximum benefit from participating in the community.

A second consequence of the sociological approach is the re-organization of the mental hospital itself, so as to provide the best milieu for the patients. This is done, for example, by giving the patients more freedom—in moving about within the hospital, in getting admitted and discharged, in running their wards. The hospital environment is made socially stimulating and constructive by stepping on and improving the programmes of socialization, recreation, occupational therapy and rehabilitation.

As regards the result of such methods, there is growing evidence that they help a large number of patients achieve a worthwhile adaptation in the community, where previously they would have suffered further deterioration in the hospital.

A third consequence of the sociological approach, is the attempt to identify the social factors that contribute to mental illness with a view to prevention and treatment. Attempts to relate mental disorder to social factors such as economic status, class, overcrowding, change and isolation have proved helpful in setting problems in perspective. The main limitation of these studies is interpretation. Correlations have been found between social variables and mental illness but correlation is not causation. The finding of social isolation, for example, in a high proportion of old depressed people, does not necessarily mean that isolation caused their depression. Isolation may well have resulted from their depression.

The conditions where social causes are best established are suicide, drug addiction and delinquency. Of their actual mental disorders, their study in different social or cultural settings has on the whole yielded little knowledge of causation. However the usefulness of the sociological approach in treatment is undeniable. For the individual patient assistance and guidance in social and domestic problems by trained social workers have proved valuable in the total effort in treatment and aftercare.

Conclusion

I have attempted to outline the main contemporary approaches in psychiatric practice and treatment. I have tried to show how each when

used alone is limited in scope and has to borrow the concepts of the others.

Recognition of the need to integrate these disparate approaches has had a profound impact upon present-day psychiatry. There are few psychiatrists who would care to commit themselves to the perils and hazards of one approach. Psychiatrists are acutely conscious of the need for flexibility and skill in applying a wide array of techniques for a variety of disorders.

It must be admitted however that apart from the physical, the psychological and social methods

call mainly for the use of intuitive skills. To this extent psychiatry is still very much of an art.

But psychiatry is also a very young science. May I say in conclusion that with the inevitable advances along the three broad trends I have mentioned, we may confidently predict that psychiatric practice will achieve greater cohesion and go further towards improving the human condition.

Acknowledgement

I am indebted to the Director of Medical & Health Services, Hong Kong, for permission to publish this paper.

Control of Mental Diseases

In the control of mental diseases, the following (quoted from Cassel and Leighton's *Epidemiology and Mental Health*) should be taken into considerations:

1. Events during an individual's life span have potential for precipitating manifest psychiatric behavioral patterns and impairment.
2. Psychiatric behavioral patterns, once they have emerged, generally become a part of the structure of the individual's personality and do not often disappear entirely.
3. The social and psychological disability resulting from these behavioral patterns, however, does fluctuate markedly, from none or minimal to severe.
4. Concurrent socio-cultural processes and situations can produce a high level of disability or, conversely, can markedly reduce the level of disability due to psychiatric symptoms.
5. Behavioral patterns of psychiatric interest may have their origins in various combinations of such factors as the hereditary, the organic, and the psychological, and in social and cultural processes that foster these factors (e.g. certain patterns

of breeding, cultural practices that expose to infections and child rearing customs that are psychologically stressful).

6. Degree of disability from behavioral patterns is in part under the influence of the factors responsible for their origin, but is to a major degree also under the influence of psychological stress resulting from such social processes as conflict, rapid cultural changes, technological innovation, migration, low socioeconomic states, and the disintegration and malfunction of social systems.

The control of mental diseases rests on three levels.

(A) Primary prevention:

Prevention of occurrence.

This is difficult because very few mental illness exhibit a clearcut overwhelming cause. It is often said that mental diseases can be caused by syphilis, pellagra, phenylketonuria, some meningitis and encephalitis, or certain conditions caused by trauma and toxin. However, this list is too short and represents only a small proportion of the total of mental diseases.

Primary prevention therefore aims at the elimination of such environmental hazard as lack of iodine, drug poisoning and intoxication, irradiation (e.g. on pregnant mother), infectious diseases, etc., which may cause mental abnormality; the promotion of intact family units, family planning and maternal and child health; and the seeking of remedy for any social or environmental stress thought to be responsible.

(B) **Secondary prevention:**

Prevention of progression.

By this is meant the avoidance of complications and chronicity, or the avoidance of the social breakdown associated with certain types of mental disorders. Every effort should be tried in order to minimize the ill effects of human ailment by screening methods, early diagnosis, early referral, and prompt and effective treatment. With regard to this, health education is essential.

(C) **Tertiary prevention:**

Rehabilitation.

This aims at the reduction of disability of mental disorder which has not been terminated or arrested. It is important that the patients should possess sufficient skill when they leave the hospital so that their behaviour remains within the level of tolerance of the community.

Treatment

This is usually carried out in a mental health centre or a psychiatric unit or clinic on out-patient or in-patient basis, depending on the condition of the patient, and comprises the following methods:

1. Psychotherapy.
2. Chemotherapy.
3. Physical therapy.
4. Behaviour therapy: a form of conditioning, less common here.



5. Electroconvulsive therapy (ECT): for special forms of schizophrenia.
6. Group therapy: patients are allowed to express ideas and discuss problems among a group of patients under the supervision of a doctor.
7. Hypnotherapy: by inducing prolonged sleep. There is a danger of dependence and is not suitable for psychosis, schizophrenia, etc.
8. Abreaction: a drug (e.g. a little anaesthetic) is given to the patient so that he is relaxed and then stimulated to express his problems at subconscious level.
9. Occupational therapy.
10. Art therapy.
11. Surgery: e.g. prefrontal neurotomy. For some form of epilepsy, temporal lobe epilepsy, some form of schizophrenia and obsessive-compulsive states, etc.

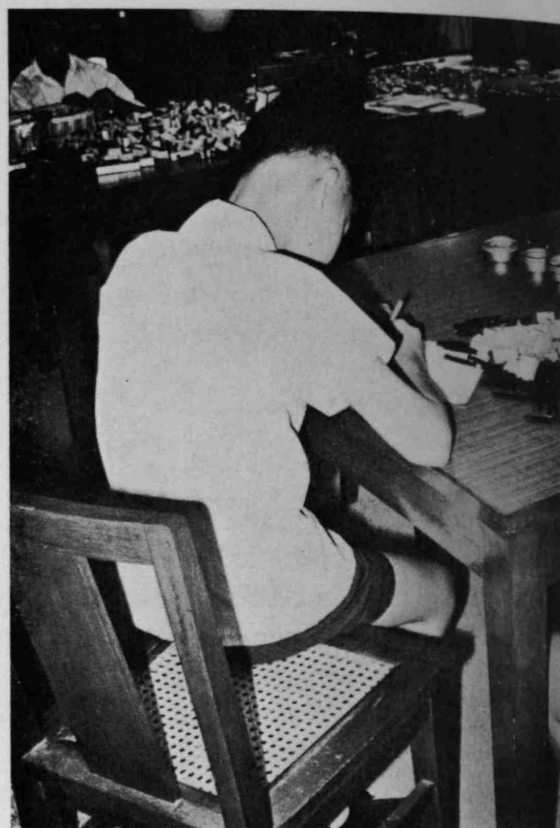
Indications for admission into a mental hospital (e.g. Castle Peak Hospital):

- a. when the patient is endangering the life of others.
- b. when the patient's life is in danger, e.g. suicidal tendency.
- c. when the condition cannot be managed in OPD.
- d. when demanded by Law.

Rehabilitation

"The success in rehabilitation of mental patients is not only a function of appropriate therapeutic device, but also that of the spiritual support and correct guidance of those around them. It is only through a combination of these that the patients can once attain confidence in their independent struggle for survival" (quoted from a pamphlet of the Mental Health in Hong Kong Exhibition, Nov., 1971).

The aim of rehabilitation is to make the patient possess a sufficient skill to enable him to adapt successfully to life in the community outside, and to become a productive worker.



This can be in the form of:
Vocational training:

- Printing
- Carpentry
- Electrical appliances repair
- Light mechanics Tailoring
- Tailoring
- Leather work
- Domestic help
- Gardening
- Industrial sewing

Sheltered work: for the more severely disabled:

- Tapestry
- Rattan weaving
- Plastic flower and toys assembly, etc.

The patients are assessed according to their mentality. Those with higher mentality can receive more complicated training, whereas simple repetitive tasks are provided for those with lower mentality.

Rehabilitation is carried out in workshops and rehabilitation wards as a form of occupational therapy in Castle Peak Hospital and other psychiatric clinics.

Ex-patients discharged from Castle Peak Hospital who are homeless or rejected by relatives are accommodated in the New Life Halfway House. The New Life Sheltered Workshop mainly rehabilitates out-patients, training not only ex-patients in their working habits and skills, but also helping them to find jobs in the community. The New Life Psychiatric Rehabilitation Farm (New Life Farm) mainly serves to rehabilitate institutionalized patients. Day workers come from Castle Peak Hospital for training every day before they are ready to leave the hospital and return to the community.

The above three organisations are operated by the New Life Psychiatric Rehabilitation Association (NLPCA).

Other voluntary organisations which take part in the rehabilitation and training of mental patients and the mentally retarded are The Mental Health Association of Hong Kong, The Hong Kong Association for Mentally Handicapped Children and Young Persons.

The Social Welfare Department operates the Aberdeen Rehabilitation Centre and the Kai Nang Training Centre. The Education Department also takes an active part.

Life inside a mental hospital or a psychiatric centre is never dull. During their leisure time the patients can enjoy T-V programmes, film show, sports, games, and even social gatherings.

The Editors were informed that a couple got married after their discharge from Castle Peak Hospital. However, such is usually not recommended by the hospital authority.

Remarks

Mental Health Services in Hong Kong is still in its infancy. Lack of facilities and trained personnel impedes its development, and the general population is still not adequately convinced of. It is hoped that, by further community effort, much more improvement can be achieved in the coming years.

Reference

Pamphlets from the Exhibition of Mental Health in Hong Kong, Nov., 1971.

J. C. Cassel and A. H. Leighton: *Epidemiology and Mental Health*.

H. E. Hilleboe and P. V. Lemkau: *General Health Administration and Mental Health*.

Acknowledgement

We sincerely thank Dr. Singer of the Hong Kong Psychiatric Centre, Dr. David Chan of Kowloon Hospital Psychiatric Unit, Mr. Vincent Leung, Miss H. O'Conner, Sister May Li and members of the staff of Castle Peak Hospital, for showing us round their institutions and giving us valuable information. We would also like to thank the late Prof. Yap for his guidance, and the Government Information Services for providing us with photographs and all those who have helped us in our work.





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BIOCHEMISTRY

DEPARTMENTAL
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THE DEPARTMENT OF BIOCHEMISTRY



The Department of Biochemistry came into being in 1960 with appointment to the newly established Chair. Before that, biochemistry was taught in the Department of Physiology but by staff who were biochemists or who had had some special training in the subject. These, consisting of a senior lecturer, an assistant lecturer, and two demonstrators together with a technician, transferred from physiology to join the new professor in creating a biochemistry department. Of the original staff, Dr. Walsh (Professor), Dr. Gray (Reader since 1966), and Dr. Lee-Peng (Lecturer since 1966) remain. It should perhaps be noted that at that time Assistant Lecturer was regarded as the "career grade" in this University. The early success of the new venture owed much to the co-operative spirit and enthusiasm of the new "team" and to the help and friendly encouragement of Dr. K. K. Cheng, Professor of Physiology, whose department, then housed in the old anatomy and physiology buildings between Westgate Lodge and the Digby School of Surgery, provided space, basic equipment, and the residue of its meagre budget to support the new department for which no other funds had been provided.

In 1961, the year of the University's Golden Jubilee, the professor gave his inaugural lecture, "Biochemistry: an enquiry into the nature of life", and the department acquired a secretary, a second hand typewriter, a senior technician, and a generous grant from the China Medical Board of New York to purchase some apparatus for research, this in addition to the "Spinco" ultracentrifuge which it had already provided for Dr. Gray. This was the year in which the University first accepted candidates for the Ph.D. degree and the new department was one of the first to have a candidate register for that degree.

Several enquiries were received in the next year from science graduates, some from abroad, who wished to do research in biochemistry but at that time no funds were available to support them. One, a graduate of Taiwan with an excellent academic record there, was sufficiently keen to give up her post as a school-teacher to accept appointment as a technician in the department. In addition to performing her duties to the complete satisfaction of the senior technician, she registered as a candidate for the M.Sc., later obtained her Ph.D. and became a member of the academic staff. Many senior students in the medical faculty possibly remember Dr. Molly Ng who left us in 1968 to take up a post-doctoral fellowship in the University of Ottawa.

In the winter of 1964 the department moved into new quarters in the Li Shu Fan Building. The move was completed smoothly and efficiently in the vacation just before Christmas, thanks to the excellent organisation of the senior technician, Mr. Walter Chung, one of the founder-members of the department. He left us in 1968 to take up a post in London, Ontario. The move to Sassoon Road had advantages and disadvantages. The major advantage was that the department now had a place of its own and space for development in pleasant surroundings, conveniently near the hospital, and with the faculty library on the doorstep. The disadvantages are that it is geographically separated from the grounds and main buildings of the University (the "Campus" for those who prefer American terminology), and it is inconveniently distant from the Chemistry Building and the Northcote Science Building. Such separation of the natural sciences is far from ideal in a place like Hong Kong where the bicycle is neither a safe nor popular means of transport. Also, no staff or senior common room has been provided to encourage casual and informal meeting of junior with senior members of different departments.

After somewhat prolonged negotiations the professor was awarded a grant from the Nuffield Foundation and the Hong Kong Government to employ a research assistant, but in the meantime a few postgraduate studentships became available in the University. One of these was awarded to Miss Vivian Poon Mae Wan who graduated B.Sc. with first class honours in botany and zoology in 1964. Having attended a short course of lectures given by the Professor of Biochemistry in the Department of Zoology she wanted to study biochemistry. She joined the department to work for a higher degree, she also attended the lecture courses in biochemistry while improving her knowledge of general chemistry in the library. She obtained her Ph.D. in 1967 when, after a brief period as research assistant to the professor, she was appointed as a demonstrator, no assistant lectureship then being available. She left us in 1968 to take up a post-doctoral fellowship in California, where her success in the University at San Diego has contributed greatly to the prestige of this department and her *Almer Mater*. Those who knew her will be pleased to hear that she has recently been awarded one of five much coveted fellowships in the U.S. by the National Foundation for Neuromuscular Diseases. She will be working in Queen Elizabeth College, University of London.

Michael Lai Chue Sing was appointed to replace Dr. Ng. His untimely death in March, 1971 was a severe shock to the department and all who knew him. He was awarded the Ph.D. posthumously later in the year. Miss Louise Fong Yuk Ying succeeded Dr. Poon as the professor's research assistant. She and Mr. Au Kwok Shing, both of whom graduated M.Sc. in biochemistry in 1969, are now members of the teaching staff who did splendid work assisting Dr. Gray in a complete reorganisation and revision of the laboratory course for medical students. Miss Susanna Wong Siu Chun followed in Dr. Poon's footsteps with a postgraduate studentship. She too obtained her Ph.D. in the minimum time and is now a lecturer in the department.

The department has grown both in size and activity since its inauguration. At the time of moving to the Li Shu Fan Building the total number of students reading biochemistry was 184 including postgraduates. The intake of medical students into the first year had increased from about 80 to 100, this increased to 120 in the triennium and 150 in the quadrennium. Inauguration in 1967 of a

two-year B.Sc. course placed further demands on the department's resources. Though total student-numbers were not greatly increased the number of lectures given were doubled. One additional lecturer was provided by the Science Faculty in the second year of the triennium and Dr. M. G. P. McCabe, formerly in the Department of Pathology was appointed to the new post. Any advantage to the department by this increase of one lecturer seems to have been lost, for the department is no larger than those of anatomy and physiology, which have similar commitments in the Faculty of Medicine but do not offer courses for science degrees. The total number of students now reading biochemistry is 335, which includes 7 postgraduate, 20 science and 308 medical undergraduates.

The following higher degrees in biochemistry have been awarded since the department's inauguration:

- Ph.D. (1964) Lee-Peng Chung Hua: Some effects of morphine and hydrocortisone on glucose-utilisation in rat-diaphragm.
- Ph.D. (1967) Ng Mo Lay, Molly: A study of the effects of morphine in relation to adrenal hormone activity.
- Ph.D. (1967) Poon Mae Wan, Vivian: Effects of morphine and adrenal hormones on glucose-uptake of the isolated rat-diaphragm in presence of varying magnesium concentration.
- Ph.D. (1970) Wong Siu Chun, Susanna: Changes in potassium-sensitivity in muscle of chronically morphinized rats.
- Ph.D. (1971) Lai Chue Sing, Michael: Isolation and purification of alkaloids from *Melodinus suaveolens* (Apocynaceae) and their effects on tissues and enzyme systems.
- M.Sc. (1969) Au Kwok Shing: Alkaloids of the medicinal plant, *Melodinus suaveolens* (Apocynaceae): An inquiry into their actions in mammalian and microbial systems.
- M.Sc. (1969) Fong Yuk Ying, Louise: Changes in sensitivity of muscle to calcium as a result of chronic morphization.
- M.Sc. (1970) Woo Pok Nung: Some effects of hyperbaric oxygen on brain metabolism.

THE STAFF

Professor E. O'Farrell Walsh
B.Sc., Ph.D. (Lond.), Ph.C., F.P.S., F.R.I.C.

Professor Walsh left school at 16 with Northern Universities School Certificate and Matriculation determined to be a chemist. The only available opening at that time that promised realisation of this ambition was through pharmacy. He served a four-year pharmaceutical apprenticeship, attending evening courses in chemistry, physics, and botany for two years, then after passing the Preliminary Scientific Examination, he attended courses in organic and advanced inorganic chemistry and materia medica, learning German by private study. He won a Leverhulme Scholarship and the Fairchild Scholarship by competitive examinations but had to choose one of these. He chose the former, which carried a prize of books, obtained a loan from University College, Nottingham which enabled him to work for the major qualification and he qualified as a pharmaceutical chemist (Ph.C., M.P.S.) in 1935.

After a brief period in retail pharmacy in the West End of London he worked as a pharmacist at Guy's Hospital for less pay but shorter hours which allowed him to continue his studies, including Italian and a little Russian. After passing Inter. B.Sc. in chemistry, physics, botany, and mathematics he attended botany and chemistry courses at Birkbeck College, where the fees were moderate, and graduated B.Sc. (Special) with First Class Honours in Chemistry in 1940 at the same time gaining exemption from the A.R.I.C. (then the A.I.C.) examinations.

The original ambition of wanting to be a chemist thus realised in spite of the blackout, air-raids, and invasion expected at any time he worked for a year as Chemist and Bacteriologist at Heinz' food canning factory at Harlesdon, cycling every day from Hampstead as public transport was not always reliable during the *Blitz*, and serving in Civil Defense as a Gas Identification Officer after a short, concentrated course of training at Imperial College.

In 1941 he returned to his native town, Nottingham, as a Lecturer in Pharmaceutical Chemistry, continuing also to serve firstly as a G.I.O., then as Deputy Senior Gas Adviser to the Region and as an Assistant Chemical Warfare Adviser to the R.A.F. He married another pharmaceutical chemist who was a demonstrator in the Physiology Department in 1943, and then worked under Professor Gulland (who as a student of Robert Robinson had elucidated the structure of morphine) on the structure of RNA and ATP, presenting a thesis for Ph.D. in 1945. Then, wishing to investigate the chemical mode of action of drugs, he began the study of biochemistry and was appointed in 1947 as Senior Lecturer in the Department of Physiology in the Royal Free Hospital School of Medicine in London. This move also enabled Mrs. Walsh to obtain her B.Sc. (Special) in physiology, after which she found a post in the London Hospital School of Medicine. Professor Walsh was elected to Fellowship of the Royal Institute of Chemistry in 1954 and was appointed Reader in Biochemistry in 1955, the post he held until leaving to take up the Chair in Hong Kong.

Professor Walsh's first research publication was in 1938 on the *Ascorbic Acid Content of Rose Hips*, this the result of an investigation carried out at week-ends in Guy's Hospital. Other early researches included studies of the stability of active principles in divers pharmaceutical preparations and of vitamins in canned foods, a method of estimating nickel in foods in the presence of iron and copper, and the synthesis of N-sulphonamido-pyrrole derivatives by the Walsh reaction. The work confirming Lohmann's formula for ATP and Levine's di-ester structure for RNA, which were in dispute at that time, was followed by a brief research on the effects of quinones on enzymic systems before beginning his major project on the chemistry of drug-addiction. He has published about forty papers and a text-book of biochemistry, the second edition of which has recently been translated and published in Spanish.

Professor Walsh's pastimes have included cricket, tennis, badminton, walking, cycling, shooting, and sailing; chess, languages, music, painting, writing, and gardening.



Dr. Doris Edna Gray
B.A., M.Sc., Ph.D., F.R.I.C.

Dr. Gray was born in Guelph, Canada in 1915. She was educated at Guelph Collegiate, Torrville College, Toronto and University of Western Ontario, London, Canada. She graduated with B.A., M.Sc., and Ph.D. during which time she held the Leonard Scholarship and the Baxter Research Fellowship.

In 1953 Dr. Gray came to Hong Kong and was appointed lecturer in the Department of Biochemistry. She was then appointed senior lecturer in 1955 and reader in 1966.

In 1963 she was made a Fellow of The Royal Institute of Chemistry, England.

Dr. Gray has published papers on alphanatocopherol and active principles of therapeutic interest of plants found in Hong Kong. She is interested in teaching, administration and research and has published a book on 'Experiments in Biological Chemistry for Medical Students' and one on 'Statistics for Medical Students'.

Dr. Gray is an enthusiastic hiker and hill climber and is a founder member of the Hong Kong Mountaineering Club. She also serves on many committees both within and outside the University.

Dr. C. H. Lee-Peng
B.Sc., M.Sc., Ph.D.

Dr. Lee-Peng graduated as a chemistry student from National Cheking University in 1940. Shortly afterwards she flew over to the U.S. where she obtained her M.Sc. from Ohio University and Columbia University. In 1956 she left for Peking and stayed there for one year. She joined the University of Hong Kong in 1959 and later received her Ph.D.

Dr. Lee-Peng's recent research concentrates mainly on the effect of morphine on metabolism and absorption.

Dr. Michael G. P. McCabe
B.Sc., Ph.D. (Medicine)

Dr. McCabe graduated from the University of London with B.Sc. in Physics in 1960, and received his postgraduate training in Biochemistry. He received his Ph.D. in Medicine (Chemical Pathology) in 1964. Dr. McCabe then joined the John Curtin School of Medical Research of Australian National University as a Post-Doctoral Fellow in Physical Biochemistry. 2 years later, he was appointed to a research fellowship in St. Andrews University (Scotland).

Dr. McCabe was appointed lecturer in the University of H.K. in 1967.

He is now working on problems of diffusion of caffeine. He is also carrying on some work initiated by Prof. Walsh on the Ca^{++} content of sarcoplasmic reticulum from muscles of morphinised animals.

Dr. McCabe has a happy family with four children. He is fond of swimming and tennis, but he says he's too old to take his leisure too seriously.

As for us, he said that medical students are indeed very hard-working. However, it seems that we do not have enough courage to state our criticism and voice our opinions. "Nothing would improve without criticism." He therefore encourages more informal contact between staff and students.



Dr. Susanna S. C. Wong
B.Sc., Ph.D. (H.K.)

Dr. Wong spent her secondary school days in Diocesan Girls' School. After graduating with B.Sc. (H.K.) in 1967, she was awarded a post-graduate studentship to study for her Ph.D. in the Biochemistry Department. In January, 1970, she was appointed assistant lecturer and, in the same year, she obtained her Ph.D. for her work on the changes in potassium sensitivity in muscles of chronically morphinized rats. In February, 1971, she was appointed lecturer in Biochemistry.

Besides engaging in her research work, Dr. Wong finds time to do a little cooking, swimming and reading.

Dr. Desmond Yeung
B.Sc., Ph.D. (University of Western Australia)

Dr. Yeung is an old boy of Queen's College. He matriculated in 1961, and went to Australia where he completed his undergrad and post-grad studies in the University of Western Australia. He graduated in 1965 with honours, and received his Ph.D. in 1968.

Dr. Yeung joined the University of Hong Kong as lecturer in Sept., 1970. His recent research is mainly on the Biochemistry of Development-tissue specific protein.

When free, Dr. Yeung likes bridge, chess, and reading, especially history.



Dr. Prauab Kumar Das
B.Sc. M.Sc. Ph.D. (London)

Dr. Das was born in East Bengal. He graduated from Dacca University, East Bengal with B.Sc. (Hons) in biochemistry in 1960. He got his M.Sc. with a thesis subject on medical plant biochemistry in 1961 and Ph.D. with a thesis on molecular enzymology, genetics and pharmacology in 1969.

Dr. Das was successively engaged in the following research in biochemistry:

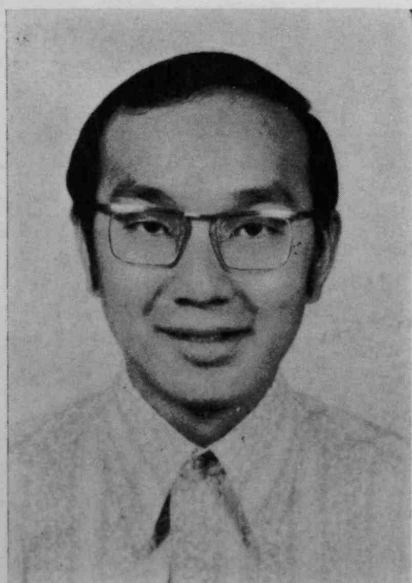
Food technology in Dacca, C.S.I.R.,
East Bengal

Nutrition and diabetes in the Medical
Research Center, Dacca

Enzymology especially cholinesterases in the leading London Guy's Hospital where the long-term project was carried out for the last five years. Recent work lead to the discovery of an altered red cell cholinesterase in relation to Duchenne muscular dystrophy.

He joined the Department of Biochemistry, HKU in 1971 and hopes to continue the line of research on the genetic variants of enzymes and the developmental changes in the patterns of certain enzymes. He would like to thank the university for the grants in the purchase of some basic modern equipment in order to carry out his research. At present he is trying to get financial support from outside the university to carry out the investigation on the causes of liver cancer and nasopharyngeal carcinoma which are predominant among the local population. He is also interested in the world wide problem of drug-addiction from the viewpoint of induction of brain enzyme by drugs.

Our young lecturer is married to a French lady. His hobbies include reading, film and theatre and various kinds of sports. He also likes to take part in various social aspects of life within and outside the academic field.

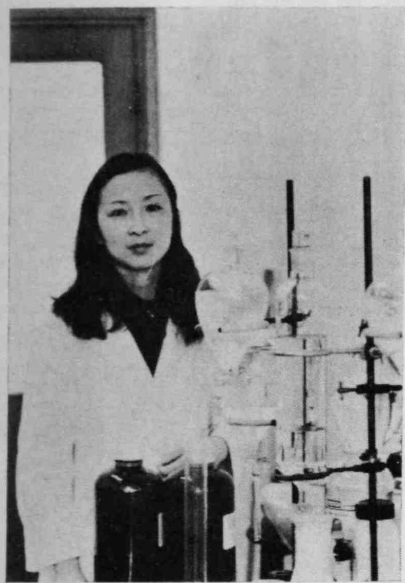


Dr. Patrick C. L. Wong
B.Sc. (N.E.) Ph.D. (Flinders)

Dr. Wong graduated from Sydney Boys' High School. In 1967 he finished his undergraduate studies in University of New England, N.S.W., Australia. He got his Ph.D. in Flinders University of South Australia. Then he served in the Cancer Research Unit in University of Alberta, Canada for two years. In September, 1971 he joined the Department of Biochemistry, HKU.

His current research interest is focused on: regulation of enzyme activities; mechanisms of action of anticancer drugs; development of enzymes in the brain.

Being a young bachelor, his favourites naturally include Gallant GTO, Burt Bacharach; "watching" nearly all kinds of sports and occasional games of squash.



Miss Louise Y. Y. Fong
B.Sc., M.Sc. (H.K.)

A past graduate of Diocesan Girl's School, Miss Fong graduated with B.Sc. (H.K.) in 1967 and joined the Department of Biochemistry as a research assistant. In 1969, she obtained her M.Sc. for her work on morphine, and was appointed assistant lecturer. She is now busy working for her Ph.D. degree on the chemical carcinogen, nitrosamine.

In her leisure time, Miss Fong likes swimming, bridge, and popular music.

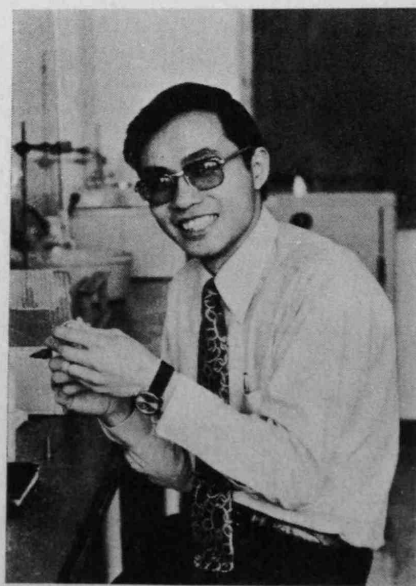
Mr. K. S. Au
M.Sc. (H.K.)

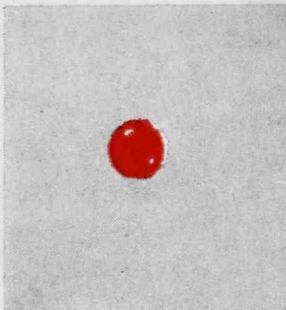
Mr. K. S. Au was educated in St. Paul's Co-educational College. He began his career in biochemistry by joining the department of biochemistry, HKU in October, 1967.

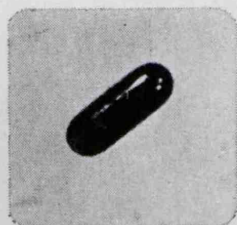
In the happy year, 1969, he got his M.Sc. and was married.

At present he is working on thyrotoxic periodic paralysis in Chinese.

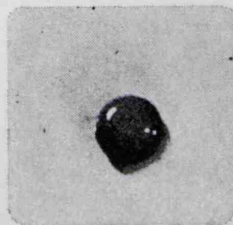
His favourite hobbies are hiking and photography.



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OPPORTUNIST AND OPPORTUNISTIC INFECTION

C. H. CHAN TEOH. M.B., DIP. BACT., Ph.D.

Introduction

The earliest reference to opportunistic infection was made only 10 years ago. The infection once considered rare, is now met with increasing frequency especially in medical centres where complex diagnostic, operative and therapeutic procedures are employed. The casual agents of opportunistic infection are essentially those of the normal flora of man and generally regarded as saprophytes, non-pathogenic commensal, or those with limited pathogenicity. They are incapable of inducing disease in a healthy host but are able to cause serious, usually progressive and even fatal infection when the defensive mechanism of the host has been reduced due to another disease or treatment with antibiotics, cytotoxic drugs, or immunosuppressive agents. Burns, trauma, and surgical manipulations are also important factors predisposing to opportunistic infection. These organisms are referred to as "Opportunists" which once invade the susceptible tissue, may proliferate and disseminate throughout the body. Superinfection with the opportunistic microbes may commonly lead to or at least accelerate death. I, therefore, take this opportunity to discuss the threat of this kind of infection and consider the approaches and concepts that will aid in early recognition and treatment of opportunistic infection.

Predisposing factor to 'Opportunistic Infection'

1. *Debilitating diseases*

Diseases that specifically interfere with the host defensive mechanism against microbial invasion are most frequently complicated by opportunistic infection, e.g. severe blood diseases (such as agranulocytosis and leukaemia) and systemic diseases of lympho-reticular system (Hodgkin's

disease). Diseases that alter the biochemical equilibrium of the body such as diabetes mellitus and renal failure may also be the predisposing factors.

2. *Therapeutic measures*

Drugs and radiotherapy may also have the same effect. In the pre-antibiotic era, overwhelming infections such as typhoid fever, pneumococcal pneumonia and tuberculosis frequently ended fatally without superimposition of an opportunist. Secondary opportunistic infection has become a major problem since the introduction of potent antibiotics. Drugs that lower resistance are corticotrophin, corticosteroids, and cytotoxic drugs. How drug interferes with protection against infection is only partially known, e.g. the reduction in granulocytopoiesis by cytotoxic drugs. Corticosteroid decreases antibodies synthesis accompanied by lysis of lymphoid cells. Large doses depress fibroblastic proliferation and impair reticulo-endothelial system and may even suppress the formation of interferon which plays a role in the defense of the host against viral infections. Louria (1) suggested that antibiotics may predispose a person to fungi infection by suppressing the normal bacterial flora of skin, mucous membranes, respiratory tract and gastro-intestinal tract, and by selection of resistant strains. Antibiotics also alter tissue pH and induce vitamin deficiency. For example, large doses of antibiotics enhance the overgrowth of *Candida albicans* in the large intestine. As a result, bacteria that normally prevent *C. albicans* from massive proliferation are suppressed and followed by invasion of the tissues with the fungus.

3. *Break down of local defence*

Disruption of integrity of anatomical barriers may also provide a portal of entry for oppor-

tunists. Procedures such as self-administration of drugs with non-sterile syringe, intravenous infusion, lumbar puncture, diagnostic procedures, urinary tract instrumentation and surgical manipulation may all facilitate the invasion of opportunists in a host with defective defence mechanism.

Causal agents of opportunistic infection

Infection due to the opportunists generally does not occur in a haphazard fashion, but occurs haphazard rather regularly when specific deficiencies in host defense met with characteristic etiologic agent. In fact, any organisms can cause disease in a host with lower resistance. The discussion will however be limited to a number of rare organisms which are not commonly suspected to cause disease but become pathogenic when the host has a defective defence mechanism. Certain micro-organisms such as *Actinomyces* and *Nocardia* are omitted for discussion, not because they are unimportant but because knowledge of their pathogenicity is commonly known.

Bacteria

A review of the literature, opportunistic infections due to Gram negative organisms, such as *Alkaligenes faecalis*, *Bacteroides*, *Flavobacterium*, *Mimeae* and *Serratia* are increasing in recent years.

Alkaligenes faecalis

It is a harmless saprophyte and usually found in the intestinal tract. Most often it has been associated with urinary tract infection and may cause a variety of localized or systemic infections.

Meningitis due to *A. faecalis* has occurred after surgery or trauma, and it may cause infection in any situation of the host with altered defence mechanisms. According to Klainer (2) infection with this organism should be considered when associated lesions of gastro-intestinal tract, genital tract and appendix are present because these sites seem to be the portals of entry.

Bacteroides and Fusobacterium

They consist of large groups of anaerobic, pleomorphic bacilli which are normal inhabitants of the respiratory and genital tracts, and are found predominantly in the intestinal tract. They

constitute 95% or more of the normal faecal flora. This group causes septicaemia, lung abscess, localized peritonitis after bowel operation, puerperal sepsis, urinary tract infection and even endocarditis. They are often found in gangrenous tissue in association with other anaerobes especially anaerobic streptococcus. *Bacteroides* infection of the lungs and pleural space is manifested by foul smelling, occasionally blood-streaked sputum or pus. In emphysema, chest X-ray film may show gas above the pleural exudate as a result of large amount of gas produced by this organism. Primary *Bacteroides* meningitis rarely occurred. It may be confused with *Haemophilus influenzae* on Gram stained smear of C.S.F. So far, only 15 cases of *Bacteroides* meningitis were reported. It usually occurred as a complication of chronic otitis media or local abscess. The organisms invaded the CNS by direct extension. Most of the reported cases were in adult patients. Incidence in young children is low.

Vincent's angina or "trench mouth" is generally regarded as mixed infection of fusiform bacilli and oral spirochaetes which may progress by direct extension to involve the tonsils, paranasal sinuses and eye. Direct haematogenous spread causes meningitis and brain abscess. Fusobacterial septicemia after a human bite has been reported by Murphy (3). Any foul smelling pus containing gram-negative rods, gas containing abscess, unexplained post-operative fever in a patient prepared with neomycin, kanamycin or streptomycin for colonic surgery should raise the suspicion of fusobacterial infection. However, this organism is uncommon but is present when the host defense is defective.

Flavobacterium

Flavobacterium meningosepticum is one of the many free-living micro-organisms whose natural habitat is apparently in soil and water. Like other organisms, if it meets optimal conditions in a susceptible human host, the disease can be fatal. This organism has high virulence for the new born infant. Infants may succumb quickly from overwhelming sepsis and those who survive this initial acute phase may develop signs of

meningitis, followed in many instances by development of hydrocephalus.

This organism may be recovered from a variety of sources. It has been isolated from the nipples of nursing bottles, sink traps, and rubber hoses attached to faucets in a delivery room. So far we have encountered two cases of meningitis due to this organism only. Laboratory personnels should be aware of the importance of this potential pathogenic bacterium.

Mimeae

This tribe includes two species of clinical importance, i.e. *Mima polymorpha* and *Herellea vagincola*. They may be found in the upper respiratory tract, sputum, faeces, urine, genital organs, conjunctiva and skin. Mimeae are normally not highly virulent or invasive, but can frequently cause clinical infection in patients with burns, underlying illness (e.g. malignancy) or immunological deficiency.

That Mimeae can act as human pathogens sporadically was first reported by Debord (4). He named this organism as Mimeae because of their resemblance of gonococcus. The clinical importance of this organism has become increasingly apparent in recent years. It has been incriminated in a variety of conditions including fulminating septicemia, S.B.E., dermatitis, urethritis, urinary tract infection and meningitis. Reynolds and Cluff (5) reported 42 cases of human infection with Mimeae. Because they resemble meningococcus in smear and because clinical symptoms similar to the Waterhouse-Friderichsen syndrome may be present, the disease can be mistaken for meningococcal disease. Thus it may cause a serious dilemma, since the treatment indicated for meningococcal meningitis is usually not effective for Mimeae infection.

Twenty five per cent of normal male skin surface carries *Herellea*. Septicemia due to *Herellea* occurred in patients with underlying diseases or those after recent surgery or with indwelling venous catheters. Males with or without underlying disease are most often affected with *Herellea* endocarditis.

Findings of *Mima* and *Herellea* do not, as a rule, indicate disease of the respiratory tract, although these organisms do cause bronchitis, pneumonia, lung abscess and pleural effusion.

Since they are also the normal inhabitants of the urethra and vagina, these organisms may complicate the diagnosis of gonorrhoea by smear. Ino *et al* (6) and Svihus *et al* (7) have reported that many cases of "penicillin-resistant" gonorrhoea are actually due to *Mima* and/or *Herellea*.

This group of organism has increasing clinical significance, and frequency of isolation is often proportional to the alertness of the microbiologists of their occurrence and significance. They are generally resistant to the usual doses of penicillin and sulphonamides, a factor which makes differentiation from *Neisseria* of the utmost importance.

Non-pathogenic Neisseria

Indigenous *Neisseria* including anaerobic gram-negative cocci classified as *Veillonellae* are found in nasal cavity, mouth, saliva, pharynx, anterior urethra, vagina and lower intestinal tract. Although they are harmless saprophytes they may be associated with disease as opportunists and may cause serious infection such as endocarditis and meningitis. Lewin (8) reported five cases of septicemia and meningitis due to *Neisseria subflava*. A congenital defect may provide the portal of entry. Because they are common inhabitants of upper respiratory tract, it is rather difficult to differentiate between their role as members of the normal flora or as primary pathogens.

Serratia (the Chromobacteria) are aerobic, gram negative rods with characteristic pinkish pigment. They are widely distributed and found in lower urinary tract, intestine and skin of man. Urinary tract infection almost always occurs after catheterization or treatment with combined antibiotic therapy, and may proceed to septicemia, and endocarditis. Equipment used for bronchial toilet and ventilatory assistance may be a source for respiratory infection.

Cabrera (9) reported an outbreak of *S. marcescens* infection due to contamination of an

intermittent positive pressure breathing (IPPB) machine. 49 patients were infected after using this machine. *S. marcescens* is also a common contaminant of burns and surgical wounds and may cause meningitis following lumbar puncture. Otitis media, osteomyelitis and infantile diarrhoea due to this organism have been reported.

The nonchromogenic strains of *Serratia* cause disease more frequently than previously realized, possibly because of the difficulty in identifying these organisms. Elston (10) reported cases of septicemia, urinary tract infection, respiratory tract infection and postoperative wound infection due to nonchromogenic variants of *S. marcescens*. Because of their lack of pigment production, these organisms are usually incorrectly identified as *Aerobacter*. The *Enterobacter-Klebsiella-Serratia* group of organism has rapidly emerged as a major cause of nosocomial infection and deserves careful watching.

Vibrio

Vibrio fetus, which causes abortion in sheep and goats, has increased in frequency to produce infection in man. It generally causes a recurrent or relapsing fever. Because of the apparent predilection of this organism for the venous system, thrombophlebitis may be the initial manifestation of the disease. King (11) reported 8 cases of *V. fetus* infection with clinical pictures of endocarditis, pleuritis, pneumonia, bronchitis and abortion. Wheeler (12) reported 3 cases of *Vibrio fetus* enteritis and suggested that housewives who handled raw chicken and liver might transmit the infection to their young infants. Protracted meningitis associated with bacteraemia have been reported in adults. About 2-20% of reported human cases of vibriosis involved the CNS.

Suspected vibriosis may be diagnosed from clinical findings. Particular consideration should be given to patients who have recurrent thrombophlebitis, abortion and history of animal contact (sheep) which may be the source of infection. Conceivably, human vibriosis has been implicated in venereal disease transmitted by asymptomatic male. Routine sampling and culture of semem

from healthy male especially those who work with the livestock has been suggested by Lawrence (13) in detection of the disease.

Ps. aeruginosa is a very important opportunist and has caused more hospital infection and attracted more attention in recent days. Its pathogenicity is universally known, therefore, no further discussion is attempted.

Two species of gram positive organisms are worthy of discussing. They are *Bacillus subtilis* and the *Diphtheroid bacilli*.

Bacillus subtilis

Most clinical laboratories do not attempt to classify this group of ubiquitous, non-pathogenic spore-forming saprophytes, but simply collectively termed them *B. subtilis*.

Infections in man with "non-pathogenic bacillus" organisms can be classified into (1) Local infection, (2) Mixed infection and (3) Disseminated infection. In the first instance usually an eye or its surrounding structure is infected with *B. subtilis* after trauma or surgical procedures. The infection may be very serious. In mixed infection the bacillus is found together with another organism of recognized pathogenicity. Disseminated infections in which the organism is consistently recovered in pure culture from the blood or spinal fluid have been reported. A good review of infections caused by non-pathogenic bacilli was presented by Farrar (14). Although one cannot predict when this organism will emerge as a pathogen, its appearance in a patient with altered defence mechanisms should call for further investigation.

Diphtheroid bacillus

Certain *Corynebacteria*, such as *C. pseudodiphtheriticum* and *C. xerose* are collectively called *Diphtheroid bacilli* and are normally found on the mucous membranes of the respiratory tract, the conjunctivae and the vagina. Merzbach (15) reported two cases of subacute bacterial endocarditis due to this organism which was repeatedly isolated from two patients without previous known heart disease.

The diphtheroid bacilli typify the clinical problem of opportunistic infection since they frequently contaminate material obtained for culture. An awareness that they can cause infection together with repeated recovery of them from the site of infection are the bases of diagnosis.

Fungi

Except Mucormycosis, opportunistic infection due to *Candida albicans* and *Aspergillus* are well recognized.

Mucor

Mucormycosis (Phycomycosis) is caused by ubiquitous saprophytic fungi of the class Phycomycetes. The hyphae of these fungi are very invasive and spread rapidly. They have special predilection for the blood vessels; they infiltrate and penetrate vessel walls and produce obstructive thrombi which facilitate dissemination. Pulmonary and urinary tract infections and endocarditis due to this organism have been reported and the infections are highly fatal. Because of the fulminating character of the disease, an early diagnosis is essential to save the patient. Mucormycosis should be suspected in patient with the triad of uncontrolled diabetes, unilateral periorbital infection and meningoencephalitis. Examination and culture of scrapings of biopsy of the necrotic tissue are most helpful.

Viruses

Although viral infection rarely fits in with the characteristic criteria of the opportunists, cytomegalovirus stands out as one of the exception, for it causes disease during states of inadequate immunologic responsiveness. Infants develop the most severe forms of disseminated disease and may show localized infections which are rare in adults. Infants may show impairment of hepatic function and production of erythrocytes and platelets. CNS is often involved with permanent lesions including periventricular calcification, nerve damage, mental retardation, and microcephaly. People become infected subclinically through some unknown routes. That the incidence of comple-

ment fixing antibody in a population increases with increasing age (up to 50-80% after 35 years of age) demonstrates this point. Newly introduced infection in adults may produce a syndrome resembling infectious mononucleosis and infection has been reported in adult after blood transfusion.

Conclusion

Today the spread of recognized pathogens have been brought under some degree of control. We are now able to prolong the lives of persons suffering from severe and debilitating underlying disease; we have acquired new diagnostic techniques and potent therapeutic agents and we have even taken significant steps into era of tissue transplantation. Our success has, however, been hindered by the increasing frequency of opportunistic infections caused by the indigenous saprophytic and commensal organisms which have become a major problem. This increase can be related almost entirely to a growing population of individuals with alterations in resistance. The principles of diagnosis and treatment of opportunistic infections are basically similar to those used for other infections. Because of variation in antibiotic sensitivity of the organism specific therapy should be used for treatment. The physician must be able to anticipate the onset of opportunistic infection and to recognize its presence even in the absence of clinical signs or symptoms. On occasion, it may be necessary to give treatment before an exact etiologic diagnosis is known. Frequent use of cultural and other diagnostic measures are important. In this situation, a close relationship must develop between the clinician at the bedside and the microbiologist in the laboratory. The physician must alert the microbiologist to the possibility of an opportunistic infection and should realize that the laboratory can help in the management of their case and in return, the microbiologist should appreciate the immediate problems of the clinicians and must regard the isolation of "contaminants" or saprophytes, especially in recurrent occasions with caution and suspicion. The predominating organism in the indigenous flora, the appearance of a new or

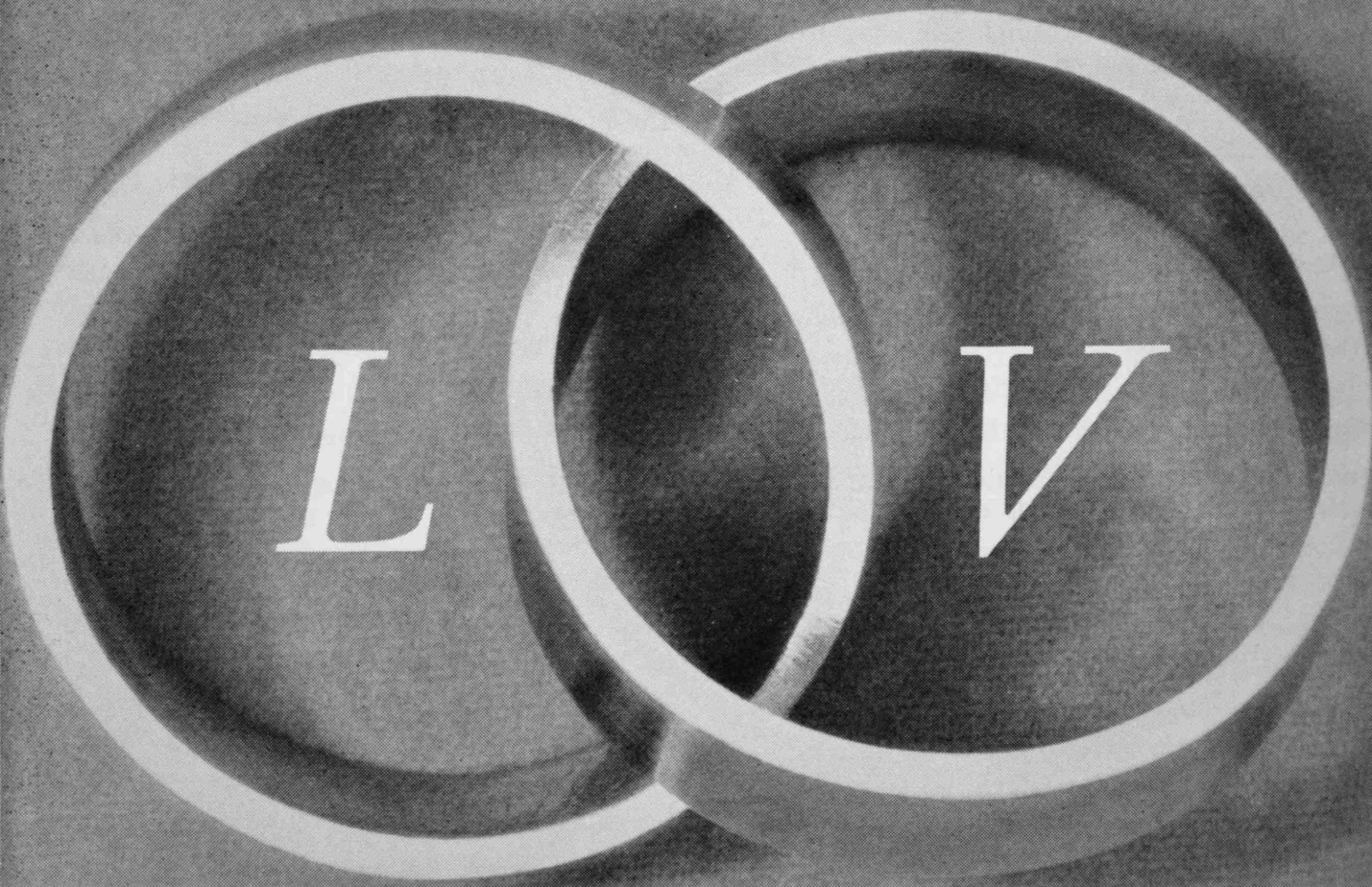
unusual organism or the repeated recovery of the same "contaminant" even if only in small numbers is highly suspicious. A significant indication is the demonstration of phagocytosis of the suspected organisms by polymorphonuclear leucocytes on site of the disease. Every attempt should be made to determine the significance of the presence

of these opportunistic microbes. Once an etiologic diagnosis has been established, specific therapy should be instituted rapidly and vigorously. Delayed or inadequate treatment can be a tragic mistake. However, this can be prevented by closer co-operation between the clinical staff and microbiologist.

References:

1. Louria, D. B. (1962) *Ann. N. Y. Acad. Sci.* **98**, 617.
2. Klainer, A. S. and Beisel, W. R. (1969) *Amer. J. Med. Sci.* **258**, 431.
3. Murphy, R., Katz, S. and Massaro, D. (1963) *Arch. Intern. Med.* **115**, 51.
4. Debord, G. G. (1942) *Iowa State Coll. J. Sci.* **16**, 471.
5. Reynolds, R. C. and Cluff, L. E., (1963) *Ann. Intern. Med.* **58**, 759.
6. Ino, J., Neugebauer, D. L., and Lucas, R. N. (1959) *Amer. J. Clin. Path.* **32**, 1959.
7. Svihus, R. H., Lucero, E. M., Makolajcyk, R. J. and Carter, E. E. (1961) *JAMA* **177**, 121.
8. Lewin, R. A. and Hughes, W. T. (1966) *J.A.M.A.* **195**, 821.
9. Cabrera, H. A. (1969) *Arch. Intern. Med.* **123**, 650.
10. Elston, H. R. (1965) *J. Clin. Path.* **18**, 618.
11. King, E. O. (1957) *J. Infect. Dis.* **101**, 119.
12. Wheeler, W. E. and Borchers, J. (1961) *Amer. J. Dis. Child.* **101**, 60.
13. Lawrence G. D., Biggs, R. D. Jr. and Woodward, T. E. (1967) *Arch. Intern. Med.* **120**, 459.
14. Farrar, W. E., (1963) *Amer. J. Med.* **34**, 134.
15. Merzbach, D., Freundlich, E., Metzker, A. and Falk, W. (1965) *J. Pediat.* **67**, 792.

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OUR MICROBIC FRIENDS

C. T. HUANG

Introduction

The word *microbes* was coined by the French surgeon Charles Sedillot who believed that the word meant literally a being with a short life rather than a small living thing. To most of us the word *microbes* implies but one thing—disease. We picture the infant stricken with poliovirus, the young man convalescing in a tuberculosis sanatorium, a business man disqualified from vigorous work because of rheumatic heart and thousands of human beings caught in an Influenza epidemic. Seldom do we realize that disease-producing microbes form only a small fraction of the whole population of the microbial world. In fact, the pathogenic forms are rare compared with the vast army of others that are harmless, beneficial or even essential to the life of man. Microbes can be said to be among man's best friends and his worst enemies. Much has been talked about our microbic foes, here I would like to discuss the other side of the coin, how microbes play their vital roles in human subsistence and human welfare.

MICROBES ESSENTIAL TO LIFE OF MAN

Plants and animals die and seem to disappear, but it is the never ending, chemical activities of many soil microbes working day and night that transform dead matter into simple compounds that are re-used by subsequent generations of living organisms. The disappearance of dead organic matter through decay is vastly important, but still more important is the fact that through decay, elements essential to life are kept in constant circulation. Louis Pasteur once remarked that "But for the work of the microbes, death itself is incomplete."

Process of decomposition releases carbon, hydrogen, oxygen and nitrogen that would otherwise stay bound within the larger molecules of dead matter and remain unavailable for the living. Under such conditions all life would eventually end owing to a deprivation of these elements. The process of decay and the never ending rotation of certain essential elements in the web of life is helped by the chemical activities of many different species of soil microbes. They form the indispensable link in the continuous process. A living world could well maintain itself without man, but man could not live long without his microbic allies.

The microbes enrich the soil with nitrogen by decomposition of organic matter in soil, by fixing nitrogen from the atmosphere in causing it to combine with other elements to form nitrogenous compounds that the green plants can use, or by nitrifying ammonia to nitrates or nitrites so that nitrogen will be retained in soil as salts for plant use.

MICROBES BENEFICIAL TO THE LIFE OF MAN

Microbes have become an essential part of the labour force of modern industries. Many manufacturing processes that are dependent upon microbiology have grown to such proportion that they have contributed much to the economic life of man. Bacteria, yeast and molds bring about chemical changes such as fermentation, oxidation, proteolysis, lipolysis and chemical synthesis. Enterprises that require the work of microbes include the manufacture of alcohols, lactic acid, the production of whiskies, wines and beers, the making of butter and ripening of cheese; the curing of tobacco, the fermentation of cocoa and coffee beans and the tea leaf, the retting of flax and hemp in the fabrication of linen and rope, the conversion of animal skins to leather, and finally the leavening of

our daily bread. Here, I can only briefly mention some of the important industries that depend on the work of the microbic forms.

The delicate and pleasing flavour of butter is primarily due to the presence of diacetyl produced by certain bacteria. Like making butter, organisms are added to produce the characteristic texture, flavour and aroma of different varieties of cheese. Fermented foods such as sauerkraut, pickles, olives, soy-bean sauce etc. in which the vegetables or beans are soaked in brine to extract the sugar contents from the raw material. Subsequent fermentation of the sugars by bacteria to produce lactic acid, acetic acid to give the desirable taste. The starter culture in commercial purposes are usually *Streptococcus lactis* or *Leuconostoc species*.

The removal of the outer shell and the improvement of the flavour of cocoa and coffee beans and tea leaf are also due to fermentation of the raw material of the beverage by bacteria and molds. The curing of tobacco to improve the texture and aroma is brought about by enzymatic action of bacteria of the surface of the leaves.

One of the important industries is the manufacture of yeast itself. It involves the growing of the yeast in huge amounts. Yeast is used in making bread and to increase man's source of vitamin supply. It is also used in the distilled industries. It is produced in terms of tons. Crude fodder yeast can be used for feeding cattle. Vitamin B1 is produced by yeast in varying amounts, depending on the species used and the composition of the medium. Some strains of yeast supply vitamin B2 (riboflavin), while others are rich in ergosterol, which after radiation forms vitamin D.

The distilled industries are concerned with the production of whisky, rum, gin, brandy and liquor. The raw materials for their distillation are different but the microbe used for their production is almost always a selected yeast.

Many other chemical compounds are manufactured by the use of microbes. These include glycerol and other alcohols, organic acids such as lactic acid, propionic acid, gluconic acid etc, gases such as carbon dioxide, hydrogen, methane and hydrogen sulphide.

The uses of ethyl alcohol are overwhelming. It is used as precipitating agent, antiseptic, non-freezing solution, preservative, solvent for nitrocellulose, and for manufacture of non-scatterable glass, lamp filaments, photographic films, colloidion pastes, varnishes, a solvent of drugs and fat. The production of alcohol is through enzymatic action of some carefully selected and controlled microbic forms. From raw material for alcohol production other compounds such as sugars can also be obtained.

The most important industry nowadays is the production of antibiotics from products formed by microbes. The discovery that microbes could be pitted against each other for the benefit of man, animals and plants created a whole new concept of what might be called biochemotherapy. Not only has the introduction of antibiotics made a powerful global impact on therapeutic medicine in its fight against infectious disease, but also it has materially contributed to food production and food preservation. The topic of their use in therapeutic medicine is familiar to us. The consequent wide use of antibiotics as growth promoting agents, the economic advantages obtained from animal production by the use of antibiotics in feed are undeniable. Recently, it has been found that tetracycline when used in very minute amounts (10 ppm) can slow down spoilage of food such as fish and poultry if it is incorporated into the ice or ice slush used for cooling.

Microbes can also synthesise other pharmacologically active substances other than antibiotics. There are no fundamental differences between the biosynthetic reactions occurring in microbes on one hand and in higher plants and animals on the other. The substances produced are similar and identical. In addition, the microbes have a number of advantages over higher organisms for its

astounding high potential for adaptation to new environment and can therefore be cultivated easily in artificial media.

Vitamin B₁, alkaloids, and steroids can be partially synthesised by yeast, streptomyces, and the total synthesis of polysaccharides, ergot alkaloids, and riboflavin (vitamin B₂) can be carried out by other microbes.

Another important microbial production is that many microbes produce highly useful industrial enzymes and these enzymes are gradually replacing enzymes obtained from higher animal or plant materials. Many types of enzymes are obtainable from microbes; for example, amylase, takadiatase, invertase, keratinase are produced by bacteria, yeasts and molds.

PERSPECTIVES OF APPLIED MICROBIOLOGY

Microbial Food

From time to time the statement is made that more than half of the world's population is suffering from malnutrition. At the end of this century, the world population may well be over 6,000 million. While this may be of little personal concern to some of us, it is a situation which is actually going to confront our children or grandchildren. Over population in the sense of too many mouths for too little food is, in any case, a situation fraught with the danger to world peace. Food shortage is likely to be the supplies of protein, lipids and vitamins.

Another obvious link is to prevent spoilage of food by microbes such as the use of antibiotics as mentioned above.

Microbes are able to produce edible protein, fat, and carbohydrates and vitamins from material entirely inaccessible to human or mammalian digestion, yet do not require agriculturally useful land. Particular interest would attach to organisms capable at the same time of converting nitrogen to protein.

Microbes not only can be employed to obtain all of these but they can supply them quickly. The most frequently quoted comparison is that the protein production of a bullock weighing 500 kilos synthesises only 0.9 pounds of protein every 24 hours, whereas in the same amount of time, 500 kilos of yeast can produce 50 tons of portein.

One attack on this problem to narrow the gap of food shortage is to improve the fertility of soils by studying microbes capable of more rapidly transferring such non-food wastes as sawdust, straw, weeds, leaves sludges etc. into nitrogenous compounds. Further studies on the effectiveness and wider distribution of the nitrogen fixing microbes is essential.

There is also the possibility of producing from appropriate microbes agriculturally useful substances like plant growth factors and inhibitors.

The possibility of using hydrocarbon as a source of microbial protein has been reported with yeast, bacteria, actinomyces and molds being used. These organisms can grow and synthesise cellular protein at the expense of petroleum carbon. Many leading oil companies have recently developed programs of mass production of food or fodder yeast from commercial petroleum fraction. Of course, prolonged test to control safely the value, innocuity and acceptibility of the above products for direct consumption by man must be done. The possibility of carcinogens being present is probably the most important of the factors to be considered.

The advantage of synthesis of food materials from microbes than from higher plants is because the cultivation of industrial microbes depends completely and exclusively on human will, while agricul-

ture depends upon uncontrollable climate and similar conditions. This is especially important when cultivable land gradually becomes scarce. If yeast and other fermenters will make protein, fat, sugars and vitamins from abundant crude materials, food from farm can be supplemented or even substituted if necessary.

The sea has long been an intriguing subject for the biologist, oceanographer and geologist. The biological power of the sea, particularly with respect to food production has not been tapped. The sea could be used as a giant medium by man for culture and harvest of microorganisms that can synthesise products as food, feeds and raw materials. The sea is an almost unlimited natural resource.

Prevention of Plant and Animal Disease and Food Spoilage

While some microbes are among man's best helper in the problem of human subsistence, unfortunately others are the greatest enemies to his plants and animals and to his supplies of stored food. Ravaging plant and animal diseases and microbial destruction of plant and animal products are major factors in causing hunger and starvation in many areas of the world. Development of disease resistant agricultural plants and animals by protecting them with antibiotics, chemicals and by devising new ways of using good microbes to suppress the destructive ones have been undergoing.

Biological Control of Insect Pests

The other great enemies of our food problem are the insect pests. They may directly destroy our crops as in the case of the locust or indirectly carry disease producing germs to destroy our domestic animals as in the case of tick and tularaemia. The idea of controlling insects and other pests of agricultural crop by "setting thief to catch thief" is not a new one. Biological control as it is usually called has been used widely, though not always, with success. The earlier efforts in this direction employed mainly predacious or parasitic insects which were produced in large numbers under laboratory conditions and then introduced into the areas where the pest in question was active.

Biological control is, however, not confined to the encouragement of predatory insects and more attention is now being paid to the possibility of starting epidemic of diseases among agricultural pests. Bacteria, fungal, protozoa agents and viruses have been tried and some success has been obtained with a certain number of them. For example, *Bacillus popillae* which produces milky disease in the Japanese beetles, the polyhedrosis virus that produces polyhedral disease of the sawflies.

The basic differences between the use of insecticides and microbial control of pests lie in that:

(1) The majority of insect pathogens are harmless to other living things and has limited host range. Simultaneously, beneficial insects are not removed and the natural balance in nature is not disturbed. All microbial preparations used so far are safe for man and domestic animals. Toxic residues and unintentional poisoning of vertebrates including man by insecticides can be avoided.

(2) Though host resistance to insect pathogens have not been studied long enough, there is, however, no example of decrease of efficiency of an insect pathogen either by selection or by active immunity processes after its repeated application in the field.

(3) Microbial control is self perpetuating. For pathogens not only can survive for a long time outside of the living host, but are also protected by the inclusion bodies, spores and the carcasses of the dead host. They are transmitted transovarially into the offspring of the insect pests and the spread of the pathogens by the latently infected individuals to their future generations is possible.

(4) The amounts of pathogens used are small and no costly equipment is necessary for field application and there is no need for precise timing. The dispersal of pathogen is achieved through the insect and throughout the host population even in sites not accessible to dusts or sprays.

Impact of Microbial Genetics

The recognition of the role of the nucleic acid specifically of DNA in the case of bacteria and fungi as carriers of hereditary information, also has had an impact that has extended far beyond the region of mere theoretical interest. The work on *Escherichia coli* has shed new light on the ways in which DNA and its related compounds RNA govern synthesis of protein in subcellular structure within the cell. Working with *E. coli* and its phage, microbiologists have been able to map the fine structures of the genes themselves.

Once the composition of the genes of a bacterial species is known, there is an infinite possibility for creating variants and it may be able in the future to employ enhanced mutagenesis and a subsequent selection of appropriate mutants and putting their energies to work on chemical transformation of economic importance, or mutant that produce higher yield of antibiotics etc. Research in these massive resources of the microbes will contribute incalculably to man's future well being.

CONCLUSION

In conclusion, one of the immediate problems of mankind is the widening gap between the global rate of increase population and food supply at the time when there already exists famine or near famine in many parts of the world. How microbiologists might help towards future to increase world food production by all conceivable means is important.

Microbiologists are only beginning to comprehend the vast potential for good or evil among hundreds of thousands of different kinds of microbes. There are still many thousand kinds of so-called harmless microbes whose resources to man are untapped. They are harmless as we found them incapable of producing disease, but some of them might benefit man should we discover how they might be so used. A good example is *Penicillium notatum*, which had pursued an undramatic life until it was caught one day in 1929 by Alexander Fleming on an agar plate in the St. Mary's Hospital of London. Its value was so immense and was then greatly comprehended. Many other so-called harmless and yet unidentified forms wait a similar rescue before they may be turned profitable use in human economy.

“The science of Microbiology is still in its early infancy” said H. Smith and Joan Taylor, “and microbiologists are little people working in a large world only tiny areas of which have been explored”. Their remark indeed contains the very truth in it.

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AN INTRODUCTION TO ACUPUNCTURE AND CAUTERIZATION

By Lok Yee Kung

(陸 易 公)

Acupuncture and Cauterization are Two Chinese Therapeutical Methods

Acupuncture and cauterization are two methods which originated in China, for curing mental and physical illness. Both have one thing in common, namely, that the cure is accomplished by action, either separately or simultaneously, on one or more of a very large number of specific spots or points on the human body.

Acupuncture is the name given to the action on the points by piercing the skin with a sharp needle, in a definite direction, to a predetermined and controlled depth, with various specific manipulations and for definite length of time.

Cauterization is the name given to the stimulation of the points by the application of heat, usually in pellets, sticks or rolls of dried mugwort, in specific ways and for definite length of time.

Although these two are by far the most effective methods, they are not the only therapeutic actions which can be carried out on the body points.

The first written references to Acupuncture, at present known to the author, occur in 'The Yellow Emperor's Cannon of Internal Medicine' (Huang Ti Nei Jing), written about 2,400 years ago. This classic masterpiece was a summary of the knowledge in China, at that time, of anatomy, physiology, pathology and the diagnosis and treatment of diseases. It contains a detailed description of the techniques of acupuncture and cauterization and rules and advice for the practitioner; for even at that date, 365 body points had been located, proved and listed. This indicates the results of hundreds of years of painstaking research and clinical recording. This book, which includes specifications for nine different types of metal acupuncture needles, mentions that the earliest were stone needles (pien shih), inferring that the art was already being practised in the New Stone Age over 4,000 years ago.

At Chow-Kow-Dien near Peking, where the "Peking man's" bones were located and which are reported to be 500,000 years old, acupuncture needles made of stone and polished animal bones were discovered, confirming that they were being used over 4,000 years ago.

In the year of the Chu dynasty (770-256 B.C.), copper and iron were discovered and worked in China, and the stone, bone and bamboo needles were gradually replaced, first by copper and then by iron needles. Later came silver, stainless steel and gold alloy needles, but now the stainless steel needles are chiefly used.

A book of 581 B. C. records a cure of coma by acupuncture at a point on the top of the head.

In 256 A. D. in the Tsin dynasty Husang Fu Mi, the medical scientist wrote his "Introduction to Acupuncture and Cauterization" (Chia Yi Jing). During The Tang dynasty (618-907 A. D.) the art was greatly developed. Regular schools were founded and examinations instituted. It was in 1021 A. D. in the Sung dynasty that two bronze figures, each having all the then-known points, were cast for use in the teaching of acupuncture and cauterization.

The art continues to be fostered through the Ming dynasty (1368-1644 A. D.) but suffered a setback in the Ching dynasty when the emperors decided that the royal bodies must not be needled, and the ancient Chinese methods began to die out in favour of the Western medical methods of imbibing medicines to cure illnesses.

At present, the practice of acupuncture and cauterization has received a new lease of life by the Chinese acupuncturists and practitioners of Chinese Medicine in Hong Kong.

The Aim of Acupuncture and Cauterization

The aim of acupuncture, in the curing of ailments, may be divided into three classes. These are, calming or controlling, stimulating and influencing.

Cauterization is similar to acupuncture in producing direct, reflective and influencing effects which stimulate nerves; so that it can result in better blood circulation, increase body resistance, help digestion and eliminate inflammation. Thus it achieves good results in curing inflammation of the pleural membrane, and lymphadenitis. Moreover, it produces special curative effects to ailments like nervous pain, muscular jerks, indigestion due to nerves, retardation in the mechanism of digestive system, acute and frequent constipation, gastritis, bronchitis and rheumatic arthritis. From this, the importance of cauterization in the medical field can be realized.

Acupuncture And Cauterization Are Not A Panacea

Acupuncture and cauterization when put into practice produce extraordinary cures and in certain respects are even better than medicine. It is possible to cure rheumatism in joints and muscles, chronic indigestion, neuroses and several other ailments. In the treatment of pains, its speedy action is amazing; and for chronic ailments such as changes in the nervous system, its speedy action is amazing; and for chronic ailments such as changes in the nervous system, these methods can only be used as a supplement for acute diseases like typhoid, cholera and pneumonia and there are also other cases such as difficult labour, tumour, appendicitis, etc., where a surgical operation may be essential. It is the opinion of the writer that the decision, whether acupuncture, cauterization, medicine, surgery or the use of the above methods in conjunction, should be according to the nature and degree of the sickness. Ailments such as nervous pain and infantile convulsion are cases where acupuncture is effective. But in chronic ailments of children, acupuncture will probably frighten them, so we should cauterize with mugwort while they are asleep. In meningitis and pneumonia, medicine or injection is used, because they effect quick recovery. In acute gastric catarrh, vomiting accompanied by complete failure to take in anything, due to disorder of the nerves, then acupuncture and cauterization can be used to stop the pains and vomiting immediately, and then medicine can be taken to speed up the clearance of the stomach. In difficult childbirth, a surgical operation may be required and provided it is possible, a doctor of obstetrics should be sent for or the woman be sent to the hospital immediately.

In conclusion, the method which is the most effective and which can relieve the pain of the patient should be used. But it must be understood that to consider acupuncture and cauterization applied alone as being sufficient in all cases, is not correct.

Ailments Suitable and Unsuitable for Acupuncture and Cauterization

Acupuncture and cauterization are both very ancient science of healing and as time progresses, new knowledge is continually being acquired for the cure of additional ailments, consequently it is difficult to give a precise list of such ailments which are curable by these methods. What we are dealing with at present is mainly based on definite cures of certain ailments.

In the present stage, the theory of the cure by acupuncture and cauterization is regarded as being a physical and mild method of beneficial stimulation which soothes and calms the nerves, so that the body's normal physiological process is restored. Therefore, we can be certain that acupuncture and cauterization are useful and effective for ailments concerning nervous disorders, such as sciatic neuralgia, trigeminal neuralgia, and various kinds of neuralgia in the head, chest, loins, and limbs. Most of the patients afflicted with these diseases begin to feel an alleviation of their pain after a few treatments. Some patients suffering from sciatic neuralgia are even cured of their malady after the needle is taken out. Good results can also be obtained with regard to impeded sensory or motor activity caused by diseases in the central or peripheral nervous system (with the exceptions of cavitory and sclerosing myelitis, such as facial paralysis, oculomotor paralysis, paralysis of the nervus radialis and nervus ulnaris, and hemiplegia caused by cerebral hemorrhage. Results with

regard to the treatment of beriberi are also satisfactory. Peculiar feelings — such as pain, cold, numbness, formication and hypersensitivity — due to the effects of rheumatism and various kinds of radicular functional diseases — such as hysteria, diaphragmatic spasm, nervous vomiting, and neurogenic stuttering — can all be cured by acupuncture and cauterization. Patients suffering from neurasthenia can be quickly or gradually cured or relieved of their affliction no matter whether the symptoms are headache, dizziness, insomnia, dreams, tinnitus aurium, constipation, pollution, impotence, abnormal sensation, etc.

Acupuncture and cauterization can bring relief to most patients suffering from bronchial asthma; after a certain period of treatment dry rale can be diminished. Acute gastroenteritis can be cured within a short period of time. They are very effective against gastro-spasm, neurogenic esophagism, and high frequency of uriesthesis of a neurotic nature. Besides, they are highly efficacious with regard to irregular, scanty and painful menstruation.

* * * * *

庸詩一二首

假文豪

其一

歌者如鶯彷彿出世
聽其朝夕婉聲啼
歌客難明生計苦
敢情晝夜怨聲悽

其二

一覺醒來，乍見遍地銀光，亦已滿半床，
溢溢從窗外至；
情景幽幽，倒像是在夢裡徘徊，
心中惴惴，不知是一輪明月，抑還是
一盞路燈？
是個謎：
唉！明月也罷，路燈也罷，只是不想知，
免來一個空失意；
夜已深，唯銀光依然，謎底不如
在夢裡尋。

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WOMEN

AND

MEN

AT WORK

by Professor M. J. Karvonen
Director Institute of Occupational Health, Finland

Work is distributed between men and women in three basically different ways. In many societies today, men are the principal wage-earners and the majority of women stay at home as housewives. In others, roles are almost reversed: the toil of daily work in the field, of preparing food and of cooking keeps the women of many primitive communities busy all day all year long, while their men have considerably more leisure and freedom. Finally there are communities where work is shared rather equally by man and woman. They may each have their own tasks on the farm, or both may go to work in a factory, school, office or research institute.

The female sex is said to be the weaker one; exactly how weak are our female companions? Is the working woman being exploited, or is the non-working one deprived of a basic human right, the right to work?

The human machine works with muscles. An average woman has less muscle than a man and consequently less strength. In some European populations, female muscles are only half as strong as those of males. Lack of physical training may account for at least part of this difference. In many communities boys and girls play different games, practise different sports. When they become fully developed adults, they again choose their occupations in such a way that many men use their muscles for strength at all ages, while women make use of skills which require less muscular exercise. That, however, is not the whole story. In training experiments with exactly the same amount of practice, muscle strength increases more slowly in women than in men and the training "ceiling" is lower. However, the law of averages is not an absolute one. A strong woman and a weak man are no rarities.

Muscle strength is by no means the sole determinant of physical working capacity. In protracted work, blood circulation becomes the decisive factor, because it brings nutrients and oxygen to the muscles engaged in work. The total performance of circulation may be measured by the maximum amount of oxygen a person takes in through his lungs when working

as much as he or she can. The maximum oxygen uptake — or "aerobic power" — of women is less than that of men. Aerobic power decreases with age.

In a Swedish study, men of 20 to 29 years of age had a mean maximum oxygen uptake of 3.01 litres per minute, while that of women was less by as much as a quarter: 2.23 per minute. However, between the age of 50 to 65 years, men had come down exactly to the same aerobic power as that of the young women. Women age more slowly than men, and at the more advanced age the difference in aerobic power between men and women was only half of that registered in the younger age group.

The smaller initial aerobic power of woman depends partly on her smaller size but partly also on the fact that her blood has fewer red cells in unit volume and hence less oxygen-carrying capacity.

For the same work load, a woman's heart has to beat faster. Most physical work of human beings is done against the force of gravity. It can thus be claimed as an advantage that in walking, running and climbing, a woman's lighter body has less gravitational force to overcome — if she has not put on too much weight.

Aerobic power can well be increased by training. The highest values have been measured in champion cross-country skiers, and in middle and long distance runners. Women, too, compete in cross-country skiing. In this type of activity, practice appears to improve the aerobic power of men and women in almost equal proportions. Starting from a lower level, women also end at a lower level.

Remarkable standards have however been achieved. For top performance in any sport, women are better than the great majority of men. In 1896, the Olympic Gold Medal for the men's 100 metre dash went to I. E. Burke, who covered the distance in 12 seconds, while at the 1952 Olympic Games, Miss Jackson won the ladies' even over the same distance in 11.5 seconds. In the history of world records, women have been about 50 years behind men. The

slower aging of woman, however, gives her one advantage over man in sports: if she keeps in practice, she can keep her standards and remain in the elite for a longer period of time. The age spectrum of female Olympic finalists is, indeed, wide.

Monthly cycle

The menstrual cycle subjects feminine cells and tissues to continuously fluctuating hormonal influences. The effects of the menstrual cycle on the capacity of physical performance have been studied both in the laboratory and in the sports field. In most women, physical fitness becomes slightly reduced 2 to 6 days before the onset of menstruation. Changes of fitness may also occur at other phases of the cycle, but they are highly individual.

The last months of pregnancy place a great load on the mother's blood circulation. When she exercises, her muscles compete with the placenta for blood. A small heart is less able to cope with two large loads at the same time. In some studies it has been shown that mothers with small hearts have more than an average tendency to premature delivery. Babies born prematurely are frail and in developed countries a significant proportion of the total reproductive wastage can be attributed to mothers with small hearts. Experiments are in progress for screening mothers with small hearts by taking a chest roentgenogram at the beginning of pregnancy; adequate rest can then be arranged for them during the last, critical months before delivery. In the long run, an even better protection might be achieved, if the mothers-to-be had sufficient stimulus for physical activity and training of the heart and circulation before the childbearing age. Premature deliveries appear to be rarer in societies where girls and women do much physical work.

Pregnancy brings about considerable changes in the human machine. The growing contents of the pregnant uterus cause a shift of the center of body gravity downwards. During the last months it also seriously restricts the movements of the expectant mother. The veins of the lower abdomen and of the legs tend to become enlarged,

and varicosities often develop. The return of venous blood from the legs becomes hampered, and in the standing position the leg muscles grow tired because they lack adequate circulation. There is a difference between the standing idle position and walking; in walking the leg muscles act as pumps and the blood circulates better. In many occupations, pregnancy thus obviously limits woman's working capacity.

Unisex, psychologists say

The work physiologist's conclusion from the wide range of studies remains that woman is indeed less well fitted to cope with physical loads that require very strong muscles and very great energy expenditure or "aerobic power". However, in real life, such situations are uncommon. Felling trees admittedly is such heavy work that it is purely a masculine occupation, but general farm work and work in the fields is the common duty of both men and women in many societies. In some groups, agricultural work is even regarded as mainly a feminine chore.

Modern industry has invented power tools to replace brawn. It has now become the psychologist's turn — not the physiologist's — to compare men and women at work.

Psychologists use a great variety of tests for the description of personality. Such tests have also found application in vocational guidance and job placement. In our traditional communities, men and women generally choose very different tasks. However, the results of the psychologists' tests offer quite the opposite picture: there are no marked differences between the ability structure of the two sexes, and whatever differences there may be, they apply to mean values only, with a very broad overlap.

In general intelligence, men and women are equal, but women have, on an average, proved slightly better in verbal and linguistic ability, in writing speed, in finger dexterity, in the speed of observations and in immediate memory.

Men, on the other hand, are more often better in visualization ability, i.e. in the ability to operate with space relationships, in logical



deduction, in numerical ability involved in different mathematical problems and in technical ability.

It is still to be determined whether such differences are of a primary nature. They could equally well reflect culturally imposed sex roles which channel interests from early childhood on.

In their character, men and women differ hardly more than in their ability structure. The

average woman has a greater tendency to take care of others, but she also needs more care. She has stronger social associations than man, but she is also more prone to high nervous tension. The average man, on the other hand, is more determined, more self-sufficient, more ambitious and displays more critical attitudes than the average woman. Generally speaking, female thinking and attitudes appear more emotional and less intellectually analytical. Women are more sensitive, less aggressive and less competitive

than the average man. The differences in the psychological make-up of the two sexes are however far smaller than a superficial examination of almost any human community would suggest. Social and cultural patterns can explain most of the differences: the sexes have accepted roles imposed by traditions, and are only just emerging from a past very different from the world of tomorrow.

Roles today are still a reality. It is still frequent for a woman today to select her occupation according to the desires and trends of her social environment. From the traditional role of housewife there is but a small step to occupations like home help, nursing, social assistance and education. The industry of the pre-automation era with its far-reaching dissection of work into small, repeating cycles uses much female labour since women accept monotonous work more readily than men. In their careers, men are directed by ambition to a greater degree than women, who give more value to the physical and social environment of the place of work. Money, after it has covered the basic necessities of life, becomes more a measure of social status for men, while for women it is a means for improving the standard of the home.

Smaller families, better health, increased female longevity and the mechanization of the home make more women available for the labour market. Full employment also makes it easier for them to enter an occupation when young, to stay on over the years of child-bearing, to re-enter after an absence of years. Even the middle-aged married housewife with no previous working experience succeeds in finding employment. The probability is greatest, of course, in the traditionally "female" industries. The proportion of female labour may thus extend in one country (Sweden) from 75 per cent in the garment industry to 1.3 per cent in construction work.

Employers give preference to a stable labour force. For them, a woman understandably may appear as a problem case. At the age of 17 she has all the potentialities, but between 25 and 30 years of age the creation of a family may well be more appealing than a job. By the age of 40 she has had time to raise a family and to

gain much valuable experience, particularly concerning people. The middle-aged woman should, indeed, be much more of an asset on the labour market than she has often been considered in the past.

In many countries women are employed by industry without an adequate vocational education, thus gravitating to jobs that require little skill and are poorly paid. This neglect in education undoubtedly leads to discrimination against women in the wage structure. Although the International Labour Organisation has laid down the standard of equal pay for work of equal value, this has yet to become a reality in large parts of the world.

Thus, in a country with a competitive economic system, a stratified comparison of monthly incomes showed that in each job category, women do not obtain more than 75 to 78 per cent of the men's salary. In countries with a centrally directed labour market, women may today receive the same income as men in the corresponding positions, but even here there often is considerable accumulation of women in the lower occupational categories.

When men and women do the same work side by side, it may be expected that the load of work comes closer to the upper limit of work capacity in women than in men. This has in fact been observed in some studies in heavy industry. However in a Danish study made in a predominantly light industry it turned out that women actually managed with less effort than men. The energy expenditure at work varied in women from 1.4 to 4.2 kilo calories per minute, and that of men from 2.2 to 6.5 kcal/min. In women, the work load was 20-30% of their actually determined capacity, but in men 30-40%.

With age, the proportional load tended to increase in both men and women; industrial work thus clearly taxes the organism of the aging worker more heavily. Practical experience shows that occupational work which requires more than 40 to 50 per cent of the body's reserves, is experienced as too heavy. The margin is not so broad as it may at first appear.

Women are generally believed to lose more working days than men for reasons of ill health. Statistics gives only limited support to this contention. First, it is true that women generally are more absent from work on account of sickness than men, but the opposite applies to absenteeism caused by accidents. Absenteeism is greater among married than among single women, which pinpoints the many pressures brought to bear on the woman with the double role of wage-earner and house-wife.

In contrast to commonly held opinions, only few women find that their working capacity is essentially reduced by menstruation. In a Swedish study for instance, 62 per cent of the women questioned never experienced any menstrual pain (dysmenorrhea), and only 14 per cent found that menstruation — sometimes or always — reduced their work capacity.

Such recommendations of the International Labour Code that restrict the employment of women in certain cases certainly benefited the working woman. There is however another aspect to sex discrimination, and nations with advanced social services are presently wondering whether it is not wrong to look upon the working woman primarily as a woman, instead of considering her as a human being. Should not every worker, regardless of sex, be adequately protected? Are the well-meaning special regulations concerning women's work actually perhaps reducing her human rights, preventing her from developing her full capacities and from receiving full rewards from her efforts?

The harsh facts of life in the world today mean that only a small minority of women are concerned by such thinking, the fortunate ones living in communities where workers are not exploited and where economic progress is far enough advanced to pave the road for social reforms.

A great majority of the world's women today still face a very restricted social role, which dictates their chances in the labour market.

The working woman needs encouragement, aid and protection. She will be helped by more day centres for children and by the provision

of school meals to her older children. The industry which produces kitchen appliances has become her powerful ally. The working woman also expects that shopping hours be tailored to suit her limited free time. At times she would need somebody to help at home, at others she might prefer to be employed on a part-time basis.

As she comes back to a working life after her childbearing age, she may need refresher courses, like many other people in our rapidly changing world. In short, she expects the community to pay due attention to her as a human being, endowed with certain individual needs, but also with many capacities enabling her to make original contributions to the common effort.

Until recently, health was improving throughout the world, but this no longer holds for the middle-aged men of several European countries. Cardiovascular diseases are on the increase and particularly affect the male sex. This development occurs at the same time as the motor car is becoming ubiquitous and as machines are taking physical work away from man. There is already the strong suspicion that there is a connexion between heart disease and lack of activity.

A scientific group of the World Health Organization met recently to consider the optimum physical performance capacity in adults. It made a critical assessment of the results of research in this field and noted that many gaps still exist in our knowledge. Exercise in the right amount may be a positive health factor for both men and women of the modern era who are engaged in much less physical work than their parents and grandparents.

A civilization that deprives human beings of opportunities to develop their innate physical capacities and distorts them into flabby weaklings may need new forms of prevention and treatment to supplement vaccination, drugs and surgery. Doctors and other health personnel could well do with an introduction into the physiology and medicine of exercise. Physical activity undoubtedly has a central importance in medical rehabilitation. To what extent it will gain a similar role in prevention remains to be shown by the investigators of tomorrow.

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WITH A HALO FOR ONE YEAR

BY WAI HEUNG WAH

HALO-PELVIC TRACTION, a device elaborated at the Duchess of Kent Children's Orthopaedic Hospital, Sandy Bay, Hong Kong, supervised by members of the Department of Orthopaedic Surgery, University of Hong Kong, is a most modern valuable addition to the techniques of correcting spinal deformities.

I have been in a Halo-pelvic traction apparatus for one full year. Now that I am freed from any orthopaedic appliances, I deem it's time for me to relate some of my experience with this modern device for correcting spinal deformities. This article is dedicated to those who have so patiently taken care of me in the past years.

A Garden Concert



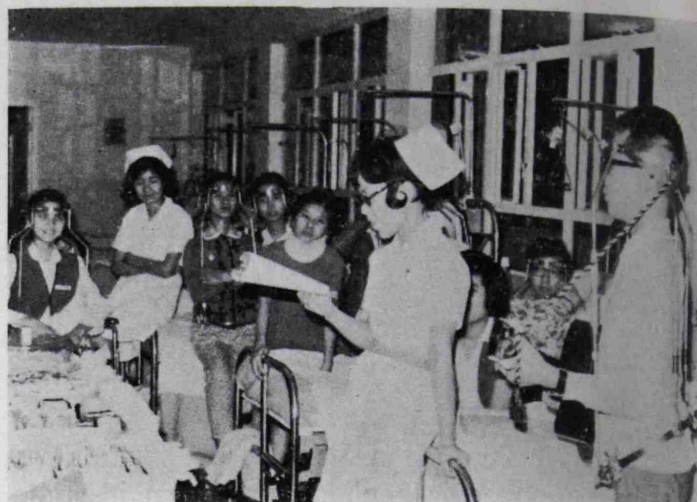
The story would not be completed if I did not mention briefly my past history. At the age of three (twenty years ago) I contracted tuberculosis of the spine and was immobilised on a bed of plaster of Paris for one and a half years. At twelve, my spine had progressively collapsed due to reactivation of the disease and so I opted for surgery to fix the diseased part of my spine. Ever since then, I displayed a hump on my back, and a deformed chest with poor lung function. After I entered medical school I learned of the appliance for correcting spinal deformities. With a dual purpose in mind, namely, to improve my lung function and appearance, I finally decided to take a year off study for treatment.

The orthopaedic hospital at Sandy Bay, Hong Kong, is an internationally famous place for treating spinal deformities. There a team of doctors from the Department of Orthopaedic surgery is working specially on the Halo-Pelvic Traction appliance. Essentially this consists of an upper horizontal ring (the halo) fixed into the outer surface of the skull by four screws (halo pins) at the level slightly above the eyebrows, a lower horizontal ring fixed onto the pelvic bone by two long pins screwed through the bone, and four vertically placed extension bars connecting these two rings. The length of the bars between the rings can gradually be increased (distraction) by a screwing device, thus stretching the rings apart and straightened the spine.

In July 1970 I had the appliance put on. A few days later I underwent an operation (Anterior Special Osteotomy) to loosen the binding tissue at the anterior part of my angulated spine so that it could be released for distraction. Unfortunately, my spine did not yield so easily and two weeks later, after the commencement of distraction, I began to have headaches, high blood pressure and high body temperature. This was probably due to traction on some centres of the hind brain. I was immediately released from the traction by limited unscrewing of the extension bars and in a few weeks time the symptoms gradually subsided. Then there came the dilemma whether I should carry on for correction or retreat altogether from the treatment. Thanks to Professor A. R. Hodgson's advice and taking up the last bit of courage that I still had, I had another operation (Posterior spinal Osteotomy) to loosen the posterior binding tissue of my spine. This time my spine gradually yielded on distraction and my back began to be straightened by slow but continuous distraction each day.

Misfortune seemed never far away for me. In December 1970 when I had my back almost straight, I suddenly developed neurological symptoms signifying stretching of my spinal cord — weakening and morbid sensation of the lower limbs. The traction was immediately released by a few turns on my extension bars and thank God, these symptoms gradually subsided. However, the spinal cord involvement meant that I had reached maximum correction, and so began the surgery to fix my corrected spine. This involved two operations (Anterior Spinal Fusion and Posterior Spinal Fusion) in which some bone was taken from my ribs as graft, and placed into the gap created at the front and back part of my spine at the level of the hump. From then on I remained for six months in the Halo-Pelvic Traction apparatus which now functioned as a holding device, permitting immobilisation of the spine and allowing the bone graft to unite with the live bone.

I must say that I am quite an unusual case, having so many complications in the course of this treatment. In general, although some minor complications happen now and then, severe ones like those of mine are uncommon, especially in



A "Social Gathering" of the Halos

polio deformed spines, which yielded more easily under distraction. With the recent incorporation of springs by Dr. J. A. Clark of the Dept. of Mechanical Engineering onto the extension bars as a sort of strain gauge for measuring the force stretching the spine, the chance of causing these complications is much reduced.

To me, the greatest merit of Halo-Pelvic Traction besides its main function for slow and safe correction for spinal deformities, is the freedom it allows for patients to move about, either on their feet or in a wheelchair. I have heard of some other types of spine straightening methods which require the patient to stay in bed for a long time. Having experienced immobilisation in bed for two years as a small boy, I deeply appreciate the desperate feeling of patients to yearn for movement. The Halo-Pelvic Traction appliance provides an invaluable gift to them.

To some of the normal people, the traction apparatus may look horrifying and discomforting. I know of one young lady visitor who became faint at the knowledge that screws go right through the bone. However, it is not so unbearable as others might think. As a whole it usually does not cause much discomfort. Many people have asked me the question, how could I sleep at night with the apparatus on my body. Actually, with a thick mattress and a few pillows as cushions, I can even roll about and go to sleep in different positions.

However, I must confess that pain caused by traction does come on some occasions, such as during the first few days after application of the apparatus, after the slipping of a halo pin, when the pin wounds become infected or when the apparatus is knocked against some hard material. Halo pin slip is more likely to occur during the distraction period when the correction force is gradually building up. Although this invariably occurs in patients, its chance is much reduced if the patients are more careful in their movements and asking the doctor to tighten the screw when there is any sign of loosening. Pelvic pin pain is more common in later months when pin wounds are discharging. It is possibly due to infection and a few doses of antibiotic are useful for healing.

For all those with a Halo, the time for X-ray is a torturing moment. Usually there is an X-ray taken every week during the distraction period and irregularly on other indicated occasions. It's the time when the 'metallic component of our body' has to hammer onto the wooden hard X-ray bed and our spine be suspended in the air. Really I would rather bear the Halo for a month more if I could have X-rays in a standing or sitting posture rather than lying on the frightening X-ray bed.

The daily dressing of pin-wounds may be a troublesome affair, yet it is often an enjoyable moment to me in that it's the time when the untouchable itchy spots are being gently soothed by a tender hand (of course indirectly through the cotton wool) and I can relax to have a friendly chat with the sweet nurses. It's quite a daily exercise for the nurse to move up and down to dress so many halo and pelvic pin wounds. Furthermore, the nurses have to cut the hair around our halo pins and help us shampoo every week. I hereby wish to express my hearty thanks to the nurses in Sandy Bay for their daily ministrations.

The physiotherapists also play a part in dealing with patients under Halo-Pelvic Traction. Although I feel that one with a Halo on should not perform vigorous movements, some form of mild exercise is essential to maintain good health. Encouragement from the physiotherapist is of value. Furthermore, special exercises to help the spine yield to the distraction (such as supporting one's weight by the arms and 'pulling up') and breathing exercises to help the changing shape of the thoracic cage as a result of gradual correction of the spine are of great importance during the period of distraction.

Just like long term patients in other hospitals, we often feel bored. Fortunately, the hospital often organises some outings and functions. These are often unexpressively refreshing to everyone and contribute much to the well being of the mind. Also as those who come for the halo are usually young, it is a great virtue on the part of the hospital to provide for their education. The orthopaedic hospital here in Sandy Bay achieves this by providing schooling for the young children. To the older ones, a good occupational therapy is of great value, in learning something new and occupying their minds for a year, (which is approximately the time one has to spend with the Halo) to make it time well-spent.

Although bone grafts take a long time to be fully incorporated and revascularised and it may be still too early to know the final result of my year with a Halo, the observable achievement now is that my hump has been reduced, I have gained about two and a half inches in height and my lung function has improved. A year has been spent, all the surgery and the daily torture that I am now experiencing to remobilise my stiff neck after such a long period of immobilisation is the price for all these. What an invaluable thing is health.

Cowards die many times before their deaths,

The valiant never taste of death but once.



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ONE MONTH

AT

AUTOPSY . . .

BERNARD YIM

Introduction

Near the end of the 2nd Year, a few students from my class asked for permission to do autopsy in the summer holidays. Their request was accepted. After one month in the Pathology Dept., the following are some of my wonderful recollections. . . .

One of the very first things that strikes me most is the friendly atmosphere in the Dept. Up to now, I have only seen a few Depts., but this would be the place I shall first consider if I decide to stay after my graduation, i.e., if I can actually graduate at all. For once in my medical career (I mean, up to now), I begin to feel a little bit wanted and important. Those 'Green-horn' days are still lingering on in the back of my head. Although I am no brighter than where I started (the first year on the long long road to the MBBS), they (the staff of the Dept.) accept me as a mature and responsible person. I won't waste any more words in giving them empty praises. Suffice to say that an atmosphere like that is necessary before a job is to be done well.

The main thing to do is, of course, autopsy. I still remember how timid I was the first time I touched the cadaver with my own hands. But, in time, no one seemed to care about what happened to the corpse — they only wanted to get it over with! Now, it is indeed a new kind of experience — no more fine dissection and So much freedom now! Suddenly it dawned upon me that I was dealing with something more closer to life. The gut is so fresh and red — Manslaughter? But you get used to all that real soon.

The most beneficial thing I get from doing autopsy is the practical orientation of mind. It is only by doing it yourself that you realize what it is all about in an autopsy. Before this, going to PM was just like going into a maze. The butcher takes the things out; another one cuts them up into nicely shaped blocks; and still another one says something about them — that is all. From now on, it will be different. I think I shall enjoy and learn much more when I go to PMs in future.

Another thing I learn is the method to approach the gross and fine structures of the pathological specimens. For everything, there is a system. Follow it and you will never miss anything.

The PM itself is an exciting idea. First, you work on the external appearances, trying all the time to correlate the facts with the underlying disease. Some clues have been offered by the clinical diagnosis. But it is really a challenge when the houseman comes up with something like this: Clinical Diagnosis: nothing. Next, you go through the sections, on which you base your final diagnosis. The feeling when you finish one complete PM is immensely wonderful and indescribable

Numerous other purposes are sited for the performance of an autopsy. The modern medical student, trained in the atmosphere of modern hospitals with its excellent laboratory facilities and clinical pathological setup, is autopsy conscious. The discussion of every interesting case almost invariably involves the question of whether or not the clinical diagnosis was confirmed by the PM examination.

While we are on this subject, I have done a bit of finding on the records of autopsies in the Dept. The data is as follows:

Total no. of autopsies done in '69	=	393	
50 were chosen at random.			
Complete agreement	=	36	(72%)
Partial „	=	11	(22%)
No „	=	3	(6%)

It must be pointed out that the purpose of this query is not to find fault with the clinicians on the one hand, or to give credit to the pathologists on the other. But it is just to give you some idea of the facts at present. Of course, it must be stressed that the present mode of rating is highly subjective. Owing to the lack of clinical knowledge and experience, the data may not be as factual as it could be.

Quoting from Otto "It is not so much an interest in complicated cases that stimulates effort to obtain autopsy with the insatiable desire to know what will be found at the autopsy, the recognition of which was not possible at the bedside, and what may be learned from it. Without this desire on the part of the physicians, medicine will make no progress."

So there is need for closer co-operation between the clinicians and the pathologists in practice as well as in teaching. I wonder if this has been tried before. Interesting cases could be chosen and discussed once a month — a sort of exchange conference between the pathologists and the clinicians. I am sure that much more new and valuable ideas can spring from such dialogues.

Besides doing autopsies, I also undertook some sort of a project. I have been working on the age and sex incidence of lung cancer in the past 5 years among HK Chinese. Data of this sort is so plentiful in the western world, but so lacking in HK. I think it is worthwhile working on something which is really useful for medical science. Although I cannot give much, but the little I can give, I would not spare.

Epilogue

I have only a few words to those who are coming after us (the coming 2nd year students). I know you are fighting your way through the 1st MB. It is tough and But after it is through, in the last summer holiday in the next few years to come, try this idea of working in the pathology dept. I am sure you will go away much more satisfied than you think, if you only take the initiative yourself!

This could be one of the many ways to spend the well-earned summer holidays!

Acknowledgement

My special thanks to Dr. S. T. CHOW, Dr. C. W. CHAN and all the staff of the Path. Dept., without whose help all this could not have materialized!

Reference

1. Dept. of Path., HKU. Book 3. A 3201-4800. And Final Summary.
2. Autopsy: . . . Diagnosis and Technics. Otto Saphir. 23rd Edition.

* * * * *

He is a fool who makes his physician his heir.

* * * * *

*He who eats on a full stomach digs his grave
with his own teeth.*

* * * * *

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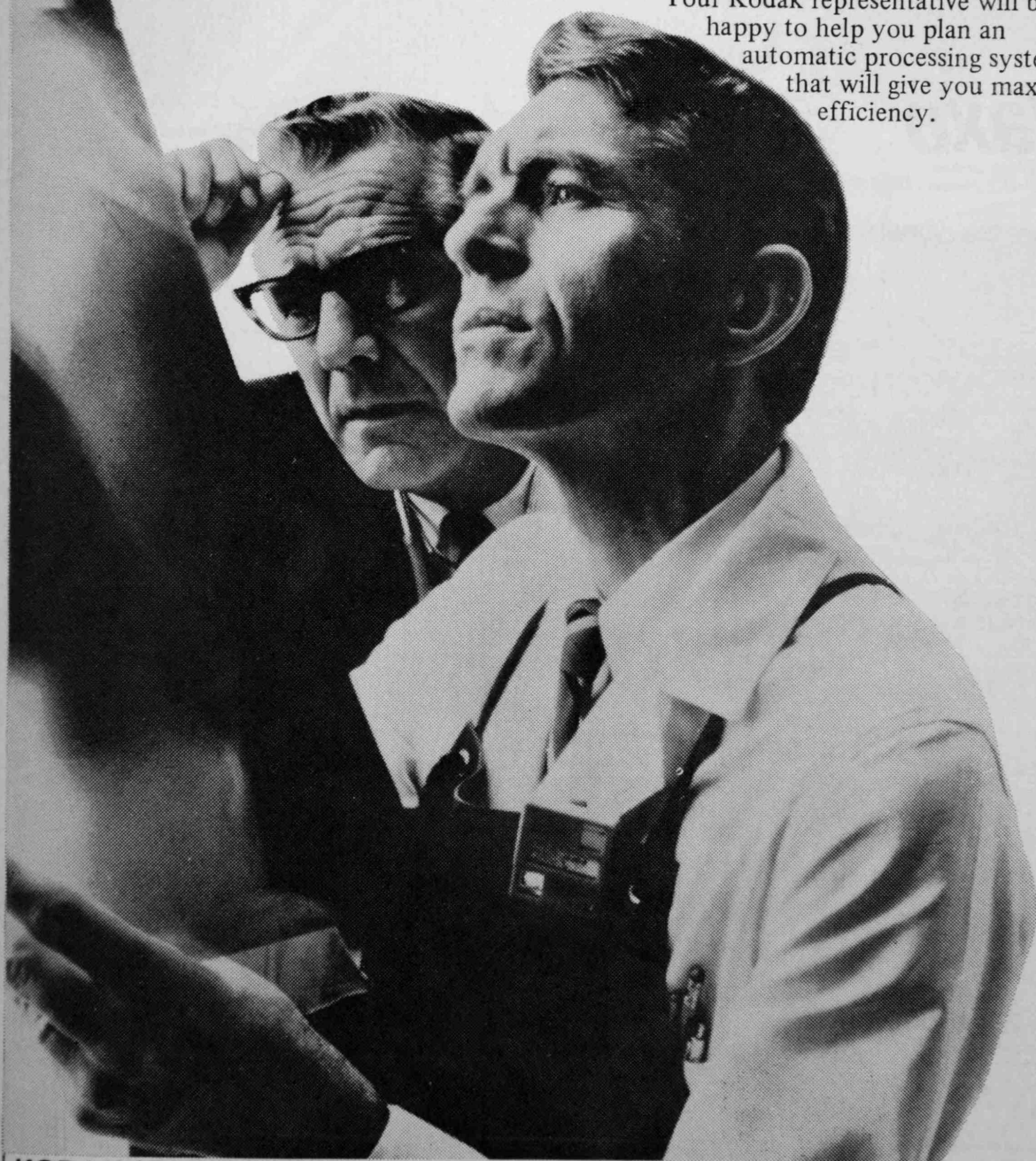
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References

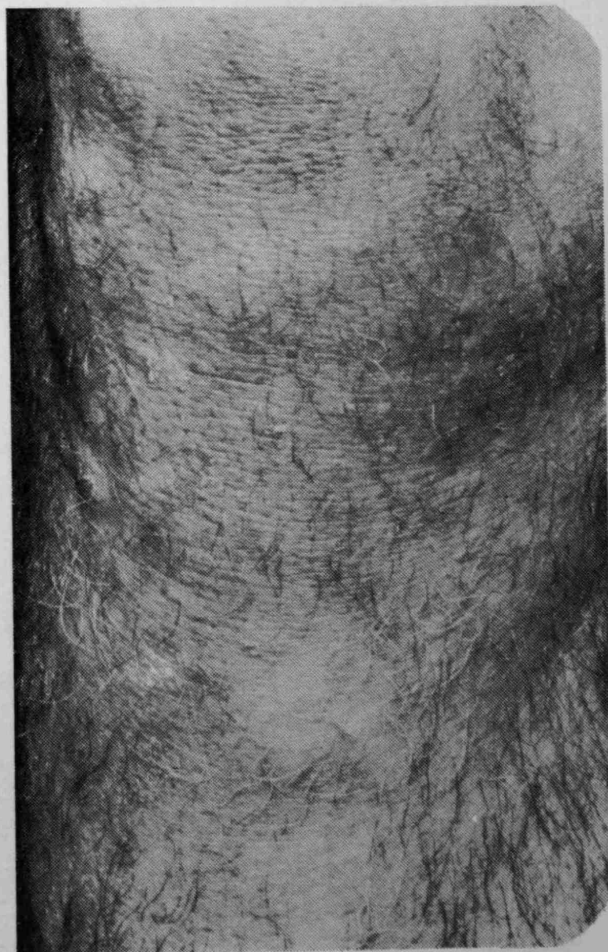
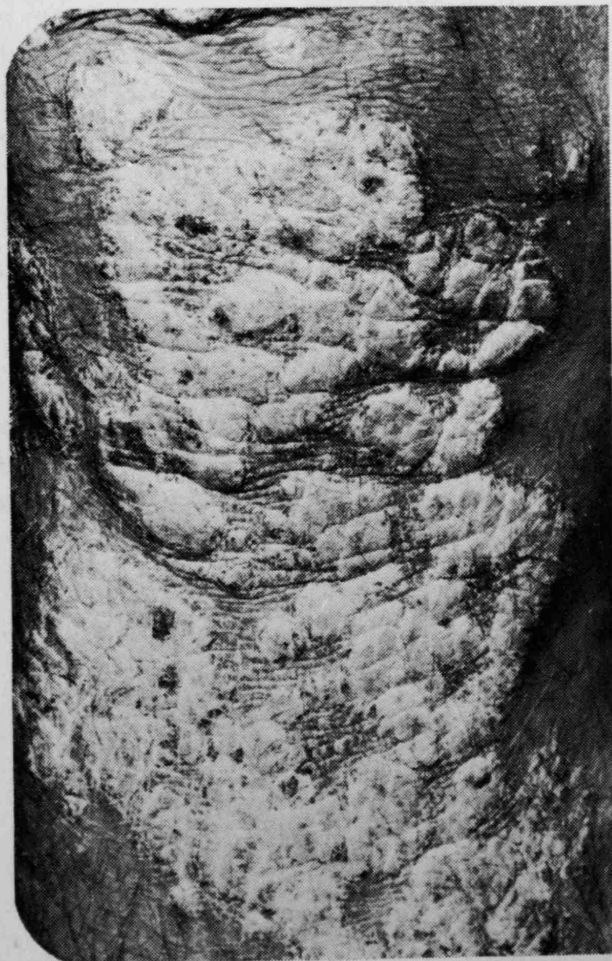
1. *Lancet* (1964) **1**, 1,177
2. *Pennsylvania Med.* (1966) **69**, 48

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Photographs show

Left: lesions on knee in psoriasis of 51 years' duration
Right: after 24 days' treatment with Betnovate Ointment
under occlusion





POUR MES AMIS ANTHONY & REGINA
OUT OF A JANGLE OF THOUGHTS

by CLEMENT HO

Those who say
that all love is unselfish
are only partly right
Those who think
that all love should be unselfish
are idealists
who have never
or have never been
loved.

I always want to be the one
whom you hear first in the morning
----- a soft whisper -----
before the day greets your ears
through the sparrows in the woods
I always want to be the one
whom you see last in the night
----- a gentle smile -----
before you close your eyes in sleep
not the moonlight nor the stars

And I believe that you love me dearly too

But how come sometimes
you still have that wild fire in your eyes
that burns and yearns
for a new love
or a new life
when temptations confront you

If you are not unhappy with me
then why?

Perhaps I am being too jealous
it is because I love you
as I had in all these years
that have come to pass
so I will in all those years
that are yet to come!

TWO POEMS

Dedicated to W.,

by Dick B-F C.

The Queen of May

O give me blossoms that defy morn's frost,
Lest florid hues be with thy favour lost.
As spring's afloat, and parting soon,
I'll knit this garland ere 't is noon.
The jocund son that rears myriad wreaths in vain,
Jeers at me that toil to seed more pain:
"Though hues may stay,
Friends go their way."
But ne'er shalt he behold such fruitful day -----
With timid hands I crown thee Queen of May.

Written in May, 1971.

The Song of Cast Iron

To furnace I must thrust myself,
For fire intense good steel doth make:
So add more coal, you idle elf,
Behold the noblest sword at stake.

But if my life should spark no flare,
Then still I pray for talents rare.
Be every page an Alpien snow;
Thy footprints flit with grace that flow.



POEM I

Through the night
the tram crawls on.
Inside
a bare bench
a dim light
two figures fill the emptiness
with life,
She — old, crinkled and blind
staring ahead into a vast space,
a feeble hand on
his broad thigh,
He — her pillar of strength
through whom she holds on
to the remnant of life,



And how full these are,
how bountiful brimming with
youth and love
in worn-out garments,
but pride and beauty
conquer the gloom of
the second class compartment.
A sudden sway —
the hand gropes, wavers,
cries for reassurance.
It comes — a touch so rich,
embodying all the bonds of
generations of tears and joy.

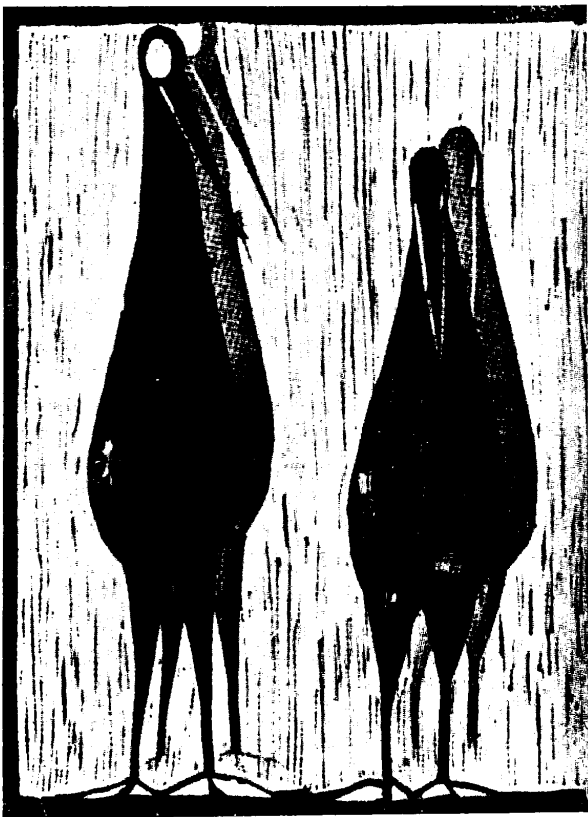
Outside
dead city
wallowing in the
crude glamour of its
flickering fluorescent lights,
Thronged by strangers
caught in a cess-pool
where images live
and reality wears a mask
too tight to unveil —
all wandering souls
but merged together
by unseen bonds —
one cohescent
 mass of living,
 loving,
 dying.

POEM II

I am living —
i thing, i feel, i care,
i cry, i doubt.
but still i doubt,
Where's the ecstasy,
why am i not immersed in
the gut, the womb of nature,
a part of this crawling mass,
this enlightened existence
called humanity,
but sit detached
to think,
They say you learn,
but it's one long shadow,
of course, with shafts of light
that fill it with brilliance,
but too glaring for me to
see its depths,
so still i doubt.
Soft voices whisper
in tones so subdued
i cannot grasp them.
My hands are empty,
bare palms that have not toiled
nor sweated for what they touch,
but feel it, examine it,
and question it.
The answers come
too swiftly, smooth and soft,
so still i doubt.

MOODY CLOWN

Tommy Kwan
with help from
friend Clement Ho



This moody clown
is sitting here
all wrapped up in his misery
This woody puppet
is standing here
holding on to what you've given me
But I'm not complaining to any one
cos all I have are the moon and sun
So Jesus Saviour
hear my plea
This moody clown is
sitting here
crying out
begging for your sympathy

This moody clown
is sitting here
learning how not to wear a frown
This woody puppet
is standing here
wearing these thorns as a crown
But I'm not complaining to any one
cos if I did they'll all turn and run
So my puffy eyes
can't you see
This moody clown is
sitting here
crying out
ain't this the only way for me

This moody clown
is sitting here
trying to see what you want me to see
This woody puppet
is standing here
trying to be what you want me to be
But I'm not complaining to any one
cos if I could I would Have done
Hey wonderland girl
please don't drop me down
This moody clown is
standing here
crying out
bring some laughter
to this moody clown

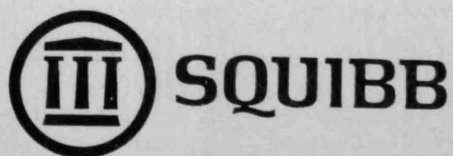
dedicated to Jean and T. Kay



Edward R. Squibb, M.D., 1819-1900, distinguished U. S. Navy surgeon, chemist, inventor, author, teacher, civic leader, and founder of the House of Squibb. Photo taken by Matthew Brady, c. 1856.

To-day, the Company which bears his name is one of the major producers of pharmaceuticals in the world.

More than 14,000 people throughout the world pool their talents and experience to develop, manufacture and market approximately 600 products.



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PHARMACEUTICAL MANUFACTURING . . . AND STILL DEVELOPING

Happy is he who has no serious consequences of his erroneous diagnosis to regret.

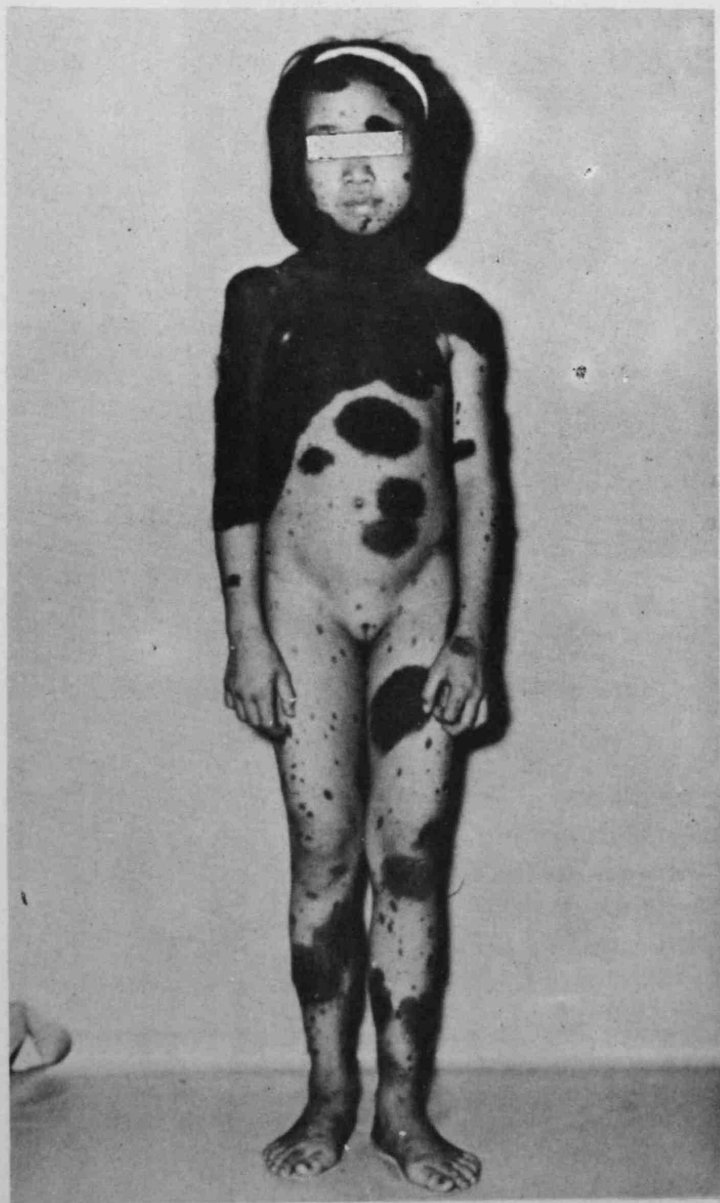
—Howard Marsh.

SPOT DIAGNOSIS

Thanks are hereby expressed to the Department of Medicine for her kindness in lending us these photos.

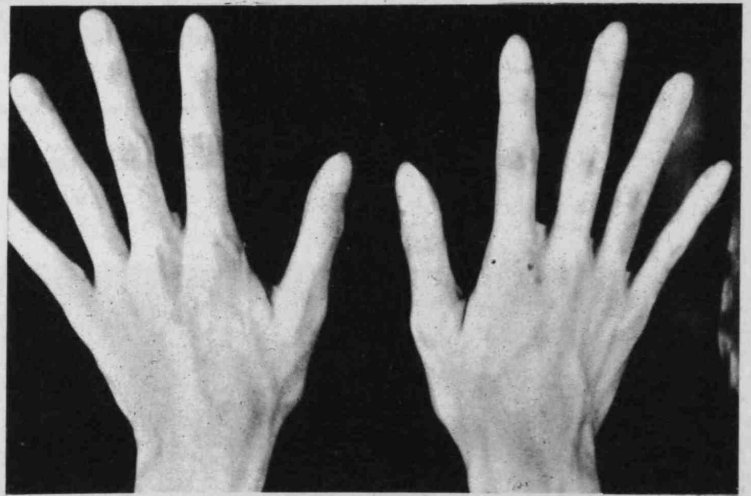
For answer please see page 90

Case 1



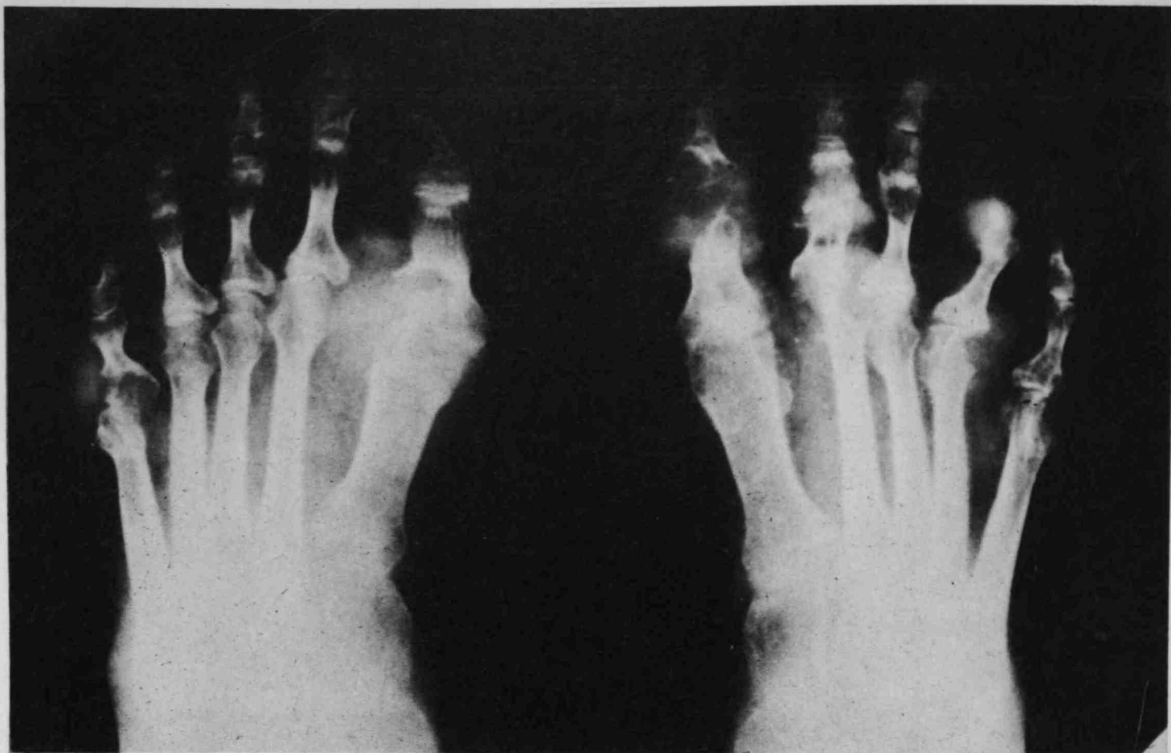


Case 2

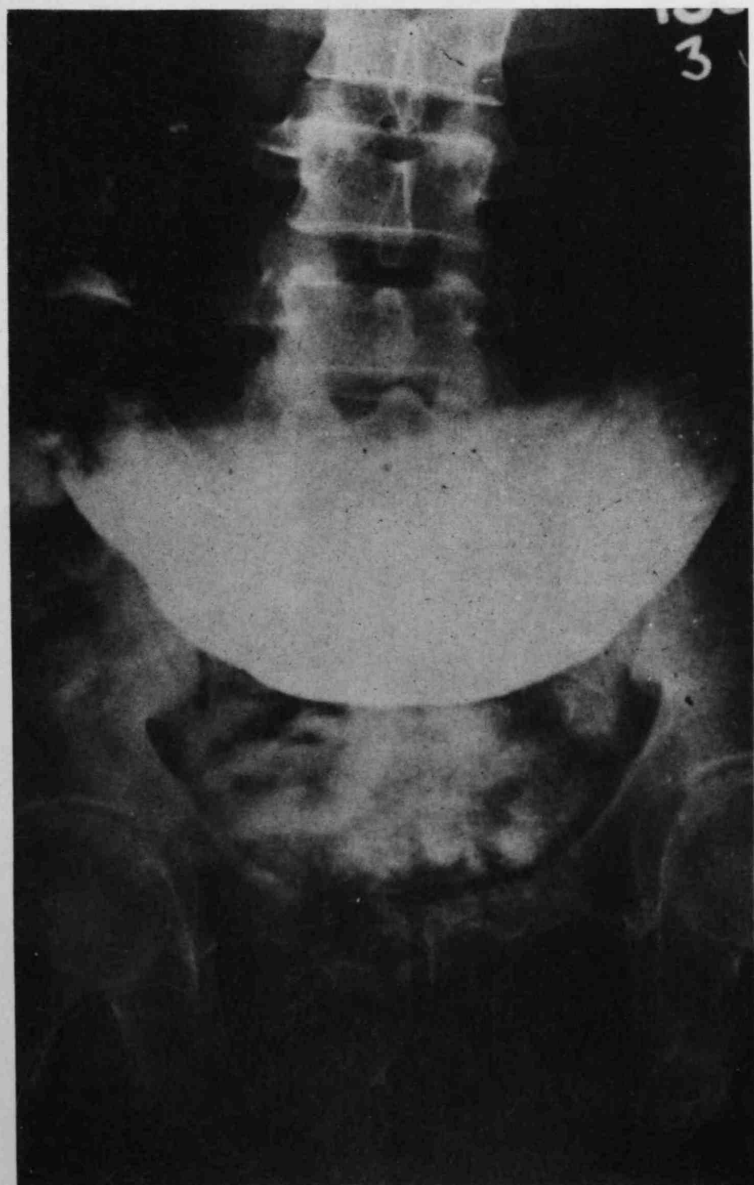


Case 3



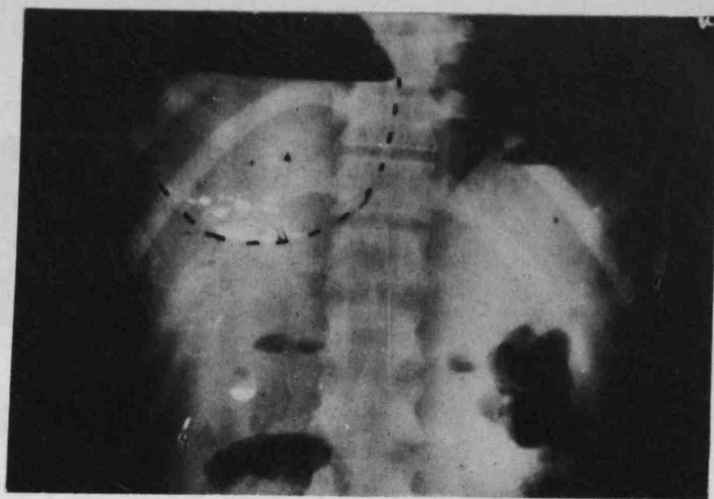


Case 4



Case 5





Case 6

Case 7



Case 8

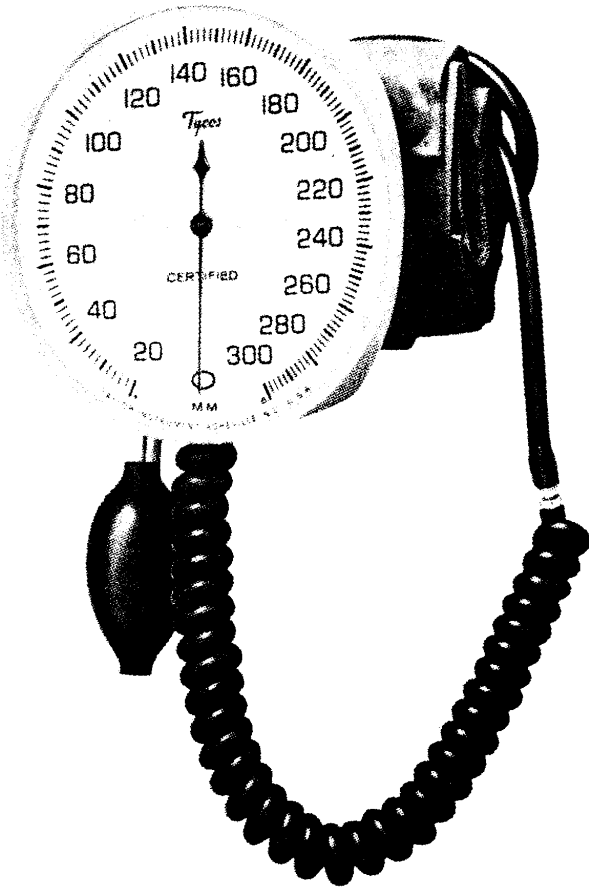


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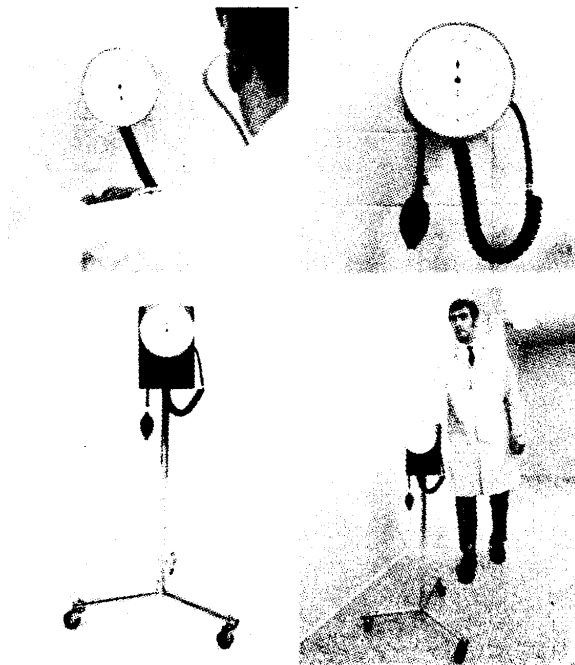


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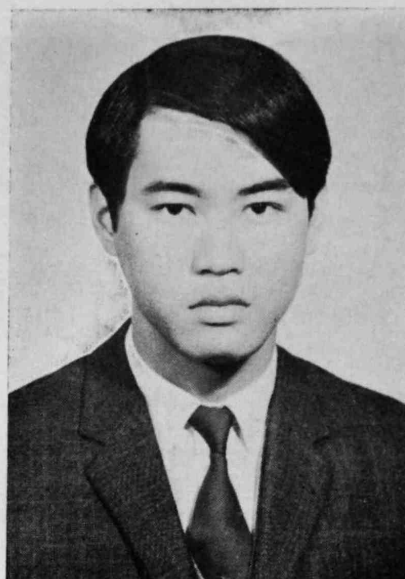
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MESSAGE

FROM

THE CHAIRMAN



The aim of this year's Executive Committee is to bring about a more active Faculty Society, with a closer relationship both internally and externally.

Towards this aim we promise to strive our best. In addition we have two distinct advantages. Firstly, we are indeed much honoured to have Professor Kneebone, Dr. Paul Yu and Dr. S. T. Chau to be our President, Vice-President and Hon. Treasurer. They all demonstrated keen interest in student activities and there is every hope for their invaluable contribution to the Society. Secondly, the new Extension to the Medic Centre will surely provide excellent facilities for Society's functions and administration.

Armed with these, we depend much on our members' support and involvement in Society's functions to achieve our goal. Our conviction is that involvement of the greatest possible number of members in a wide variety of activities will create a better sense of belonging and a higher society spirit.

It is encouraging to note that the younger generation at large is gradually putting more emphasis on extra-curricular activities. We certainly hope to reap the fruits of this transformation. We, therefore, appeal to all Society members to contribute towards the well-being of the Society.

Last but not the least, we must congratulate and thank the Editorial Board of the Elixir for producing this enjoyable Journal.

CHENG KAM WING



A LOOK INTO THE FUTURE

Early treatment with the
full-time antihypertensive

Guards your hypertensive
patient day and night

ALDOMET

TABLETS (METHYLOPA, MSD)

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In responsive patients the full-time effectiveness of ALDOMET helps retard pressure related changes in the heart, kidneys and brain.

ALDOMET may help to provide more active living now and in the years to come.

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Note: *Detailed information is available to physicians on request.*



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where today's theory is tomorrow's therapy

LC10-72

EXTRACT FROM 25TH ANNUAL GENERAL REPORT HONG KONG UNIVERSITY MEDICAL SOCIETY, HKUSU SESSION 1970 - 71

Executive Committee

Chairman	Mr. Wan Ho Yue
Vice-Chairman	Mr. Chan Wing Chung
General Secretary	Miss Margaret Cheung
Financial Sec.	Mr. Tse Chun Yan
Ext. Affairs Sec.	Mr. Tsang Chiu Wah
Social Secretary	Mr. Daniel Chiu
Sports Secretary	Mr. Pong Ping Sum

Below is a brief account of all the work done.

I. Student Welfare

Elixir Loan Fund

The Board Meeting of the Elixir Loan Fund was held on Feb., 71 to consider application for the Elixir Loan Fund. A total of HK\$11,000.00 was granted to 7 needy students as follows:

4 students	HK\$1,500.00
2 students	HK\$2,000.00
1 Student	HK\$1,000.00

Medic Canteen

Much had been done to try to improve the quality of food and service in the Medic Canteen.

- i. At the termination of the contract with Mr. Chung, Mr. Mok became the caterer from 4-1-71 to 30-6-71. Owing to the increase in price of food and wages, the Council decided to allow an increase in the price of meals in Feb., 71. However, at the end of the contract, the Council was of the opinion that Mr. Mok's catering was not very satisfactory and decided to open application for catering the Canteen. The application of Mr. Fung, the present caterer, was accepted. The contract with Mr. Fung will last from July to 31st December, 71. So far, Mr. Fung's catering has been satisfactory.

- ii. Blinds were installed over windows on the western side of the Canteen in Feb., 71.
- iii. Fans were installed in June, 71.
- iv. The kitchen was repainted and cleansed in July, 71.
- v. New shelves were put up to replace the old worn-out ones.
- vi. A partition was made to separate the living quarters from the the kitchen.
- vii. There had been monthly inspection by the Warden of the Medical Students' Centre to ensure hygienic condition of the kitchen.

II. Social Activities

1. BBQ

It took place on 4th Dec., 70 at 8 p.m. at the Medic Lawn. It was attended by about 120 members and 10 staff. The traditional singing competition brought about much enjoyment. Fourth year was the champion. Final year was the runners-up. The evening concluded with the presentation of souvenir to Professor Huang, the Immediate Past President and the Lucky Draw.

2. Christmas Carolling

This year we brought greetings to the Precious Blood Girls' Village on 22nd Dec., 70. 40 Society members spent a meaningful afternoon with about 120 orphans there. Besides HK\$200.00 cash, gifts and food were distributed.

3. Barn Dance

It took place on 15th Jan., 71 at 8 p.m. at the Medic Canteen. 42 ladies and 10 gentlemen from the Arts & Social Sciences Societies came upon invitation. About 80 Society members joined the function which lasted until midnight.

4. *Farewell Party*

A Farewell Party for Professor Elaine Field, Dr. K. H. Kwong, Dr. G. Koo and Dr. Luke Chu was held on 4th May, 71 at the Medic Canteen. It was attended by about 30 staff from the various departments and about 80 students. Souvenirs were presented by Dr. Chan-Teoh, our President.

5. *Annual Ball*

The Annual Ball was held on 29th June, 71 at the Mandarin Hotel with all the profits, a sum of HK\$5,919.70, going to the Elixir Loan Fund. About 90 couples attended the function which was highlighted by the Fashion Show organised with the help of Miss Barbara Tang and Miss Christina Hui. Many of the staff present managed to carry away about half of the prizes of the lucky draw.

6. *Launch Picnic*

The launch picnic scheduled on 25th Sept., 71 was met with very good response. However, the no. had to be limited to 40 because of the size of the launch. 4 staff and many freshmen joined the function. The launch departed Clear Water Bay at about 7 p.m.

7. *Medic Nite*

This year the attendance was very good. The final year came first in the interclass light drama competition. Fourth year was the runners-up. There was also the presentation of souvenirs for the interfaculty and interclass sports events. The Braga Cup went to the final year. Mr. Wong Chun Chung was awarded the honour of Sportsman of the year 70-71. Souvenirs were also presented to the winners of the interclass bridge tournament and also our debate team which won the championship in the Interfaculty Debate Competition.

III. **Sports**

1. *Interfaculty competitions*

We remain the proud owner of the Omega Rose Bowl for another year. We are champion in hockey, lacrosse, soft ball and squash and runners-up in soccer and volley-ball.

We came fourth in the Aquatic Meet. Championships captured included 4x50m women free style relay, 4x50m men's medley relay and women's 100m free style.

We came second in the Union Run.

2. *Interclass Competitions*

Fourth year (70-71), champion for the last three years, emerged as the champion again this year. Third year (70-71) was the runners-up.

3. *Sportsman of the year*

Mr. Wong Chun Chung became the Sportsman of the Year 70-71.

IV. **Academic & Cultural Activities**

1. *Interclass Bridge Tournament*

An interclass Bridge Tournament was held on 23rd Jan., 71 from 2- p.m. It was a pair tournament using the Howell Movement with the boards pre-arranged by the Tournament Director. The help of the Bridge Club, HKUSU had contributed much towards the success of the Tournament. The overall championship went to Third Year (70-71) while the individual championships went to Mr. Fung Wing Pong and Mr. Tang Chai Hung.

2. *Interclass Debates*

Altogether three debates including the final were held. The final was held on 8th July, 71 at 5.15 p.m. Fourth Year (70-71) was the champion and Mr. Peter Lam of the same class was the best speaker. Souvenirs were presented to the winning team and the best speaker at the end of the occasion. The winning team represented our Society in the Interfaculty Debates.

3. *Presidential Address*

The Presidential Address on 'Opportunists and Opportunistic Infections' was delivered by Dr. Chan-Teoh on 28th October, 71. The occasion was attended by about 100 audience of whom about 15 were staff from the various departments. A group photo was taken and refreshments were served before the Address. We also took the opportunity to present souvenirs to the

Ex-Vice-President, the Ex-Hon. Trea. the Ex-Asso. Mem. Representative, the ex-Councillors, and the winners and participants of the sweater and X'mas Card Design Competitions.

4. *Interfaculty Drama Competition*

We participated in the interfaculty drama competition on 1st Nov., 71 in the Union Week.

5. *Interfaculty Debate*

After beating the So. Sc. team and Sc. team during the heats and semi-final respectively, our team managed to enter the final on 4th Nov., 71. During its encounter with the Engineering team, our team emerged as the Champion.

V. External Relation

1. Close liaison with ARMSA and IFMSA is maintained.

2. *5th GA of ARMSA & 20th GA of IFMSA*

Hong Kong had played an active part in the 5th GA of ARMSA which was held from 10-8-71 to 15-8-71 in Sydney University and was represented by Mr. Tsang Chiu Wah, the Chief Delegate, and Mr. Wan Ho Yue, the Official Observer. Mr. Tsang Chiu Wah was elected the President of ARMSA and Hong Kong was nominated to take up the post of Director of the Standing Committee on Publication.

It is a pity that the GA of IFMSA had changed its meeting place from New Zealand to Paris so that the two delegates were not able to attend it.

3. The following *delegations* were received by the Medical Society:

24-3-71 University of Malaya Goodwill Delegation

24-5-71 to
31-5-71 University of Singapore Far East Medical Study Tour

6-6-71 Goodwill Delegation from the Chulalongkorn University Thailand.

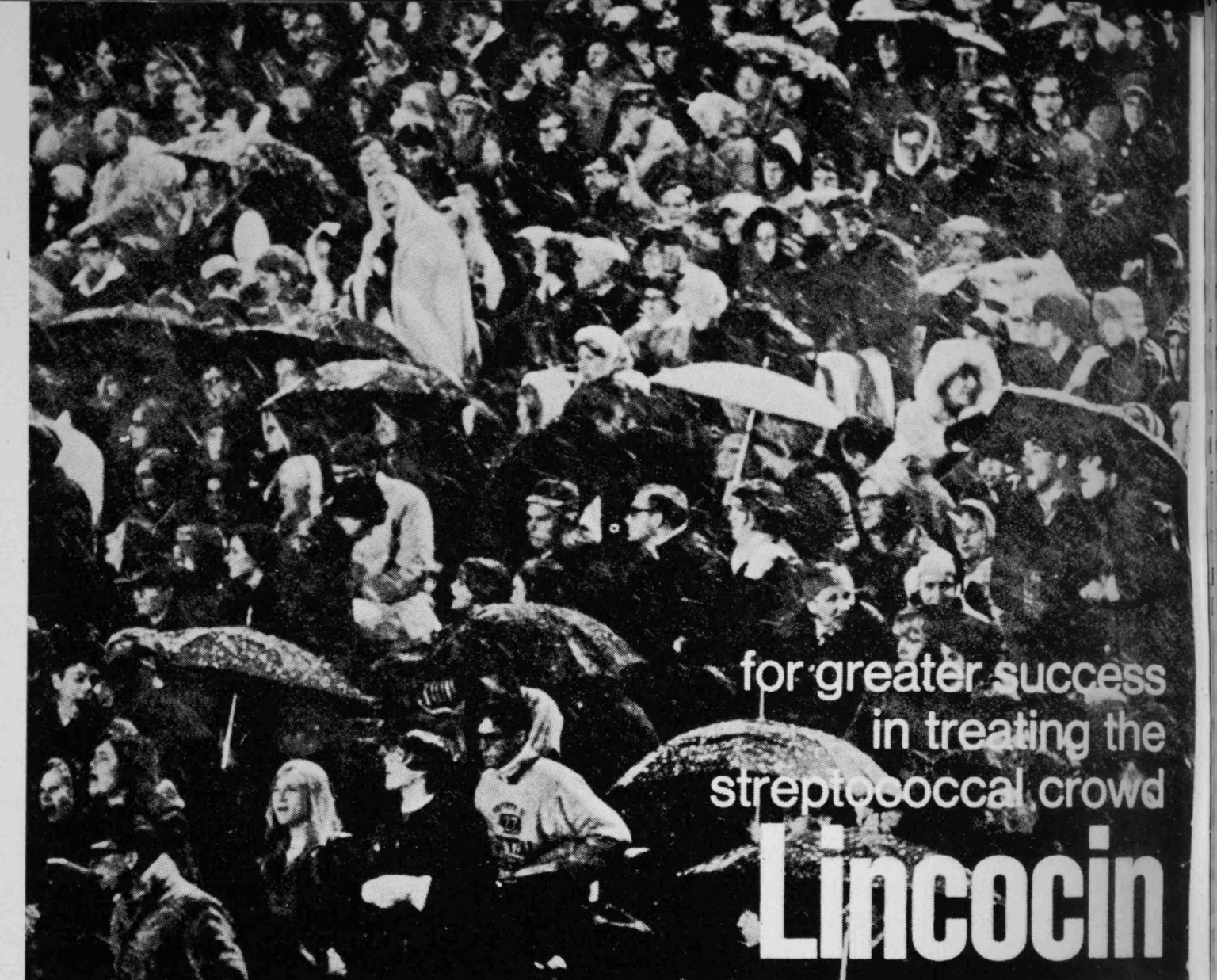
4. Exchanged students, mainly from the United Kingdom and Australia, coming for elective clinical attachment were given information before they came to Hong Kong. They were received at the airport and accommodation at one of the residential hostels was arranged when necessary.

5. 30 Form 6U Science students from St. Paul Boy's College toured around the Medical Students' Centre on 2-11-71.

VI. Projects

1. *Child Care Project*

This large scale project mobilised about 100 medical students and 200 secondary school students. We were much honoured to have His Excellency, Sir David Trench, as our Patron. A total of HK\$30,040.00 was raised. The whole programme included an Oratorical Contest for secondary school students held on 30th Sept., 71 in Loke Yew Hall, visits to schools, factories and community centres and above all, an Exhibition held at the Exhibition Hall of City Hall from 2-10-71 to 4-10-71. Much publicity work had been done and not without success. We owe our special thanks to the Paediatrics Dept., the Dept. of Preventive & Social Medicine, the Maternal & Child Health Centre and various organisations and associations without whose help, the Project could not have met with such success.



for greater success
in treating the
streptococcal crowd

Lincocin

**fewer recurrent streptococcal infections following Lincocin therapy
than with the penicillins**

Randolph, M. F., and DeHaan, R. M.: *Delaware Med. J.*, 41:51-62 (Feb.) 1969.

fewer carriers following Lincocin therapy than with the penicillins

Breese, B. B., et al.: *Amer. J. Dis. Children*, 112:21-27 (July) 1966.

greater freedom from hypersensitivity reactions with Lincocin than with the penicillins

White, G. J.: *Antimicrob. Agents & Chemo.*, 402, 1965.

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LINCOCIN STERILE SOLUTION: Each cc. contains lincomycin hydrochloride monohydrate equivalent to lincomycin base 300mg; also Benzyl Alcohol, 9 mg; Water for Injection, q.s. in Vials of 2 cc and 10 cc.

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CHILD CARE PROJECT CHAIRMAN'S REPORT

by PHILIP HO

Proper child care which is highly advocated in any advanced society is somewhat overlooked in ours. Knowing that our Project might well be the first one of its kind to appear in Hong Kong, we were convinced that the project should, and must, be extensive so as to reach far and deep into every subculture and subgroup. It had to be, if not entirely as one committee member put it, educational, informative.

The Organising Committee was established in February. It is hard to believe how inexperienced and uncertain we were at first. We trisected our schedule into three phases. During the 'learning phase', our knowledge in this field was amplified and fortified. We could almost identify ourselves with the mothers in Hong Kong, sharing the problems they had in raising their children. To us were also disclosed the malpractices and misbeliefs that crippled our children for ages. The scope of child care as we came to the conclusion, should at least embrace the five aspects of normal development, nutrition, childhood diseases and their prevention, childhood accidents and their prevention and child psychology. We next launched our planning phase. The Patron was elected and invited. We managed to secure an art designer to add to the Project its refinement and attractiveness. The major programmes such as the Oratorical Contest, extended visits, and the Exhibition became crystallized. There and then, we defined the activity and responsibility of each committee member.

In the working phase, a total of eleven committees came into effect to handle the five branches of administration as well as to pursue the academic aspects under six divisions. Each of these committees was chaired at least by one member of the Organising Committee, henceforth known as the Central Committee. That is to say, every member had to head either one or two committee(s). It is not difficult to imagine the demand and the volume of work we had to face. Towards the middle of August, we were reinforced by voluntary

workers from eleven secondary schools. Their students were incorporated into our six academic committees where they were helped along in their acquisition of knowledge. From then on, the academic committees were busily engaged in the preparation for the Exhibition held in the City Hall Exhibition Hall, from 2nd to 4th October, while the Publicity Committee spread the news, the Fund-raising Committee sought for income, the Publication Committee edited the pamphlet and the programme and the Co-ordination Committee hosted the Oratorical Contest at the Loke Yew Hall and travelled across most of Hongkong in their visits to schools, factories and social centres. H.E. the Governor, Sir David Trench, granted his patronage while Dr. K. E. Robinson, the Vice-Chancellor, ordered to arrange for our Press Release to be put through the Government Information Services. Prof. Field helped to initiate the Project and the enthusiasm from Prof. Kneebone was heart-warming. Dr. Gerald Choa offered free distribution for our pamphlets and posters and yet, Dr. Chan Kwong-fook, the Assistant Director of Medical & Health Dept., commented in his concluding speech for the Oratorical Contest that the opinions expressed by the contestants contained 'many valuable and constructive suggestions that he and his colleagues will consider'. One Vice-patron rendered us an incredible financial support under the conviction that our Project was aimed to benefit our future Chinese generations. A number of journalists unreservedly congratulated the Project as a healthy and meaningful student movement. The newspaper gave us a fair coverage while the TV and the radio stations more than once arranged special programmes to introduce the substance of our Project. During the visits, besides questions raised, we were at one time asked to diagnose a certain condition. And in the Exhibition, many impressive occasions were encountered when we saw pregnant women by the side of their husbands as well as young mothers with their younger ones in their arms studied the display board by board or fired at our workers with fervent queries.

Throughout our programme, a comprehensive presentation on child care was well brought out to the extent of the details as to how he develops, what his nutrition should be, what his accidents and diseases are, how he behaves and what the attitudes of the parents should be. What do the public gain from these? One is tempted to give a conclusive answer but the fostering of proper child care is a long-term

effort. We may or may not be able to see the result in our next generation. Knowing that our efforts were only transient and limited in the context of human evolution, we sincerely hope that the many established organisations in our local community, be it governmental or non-governmental, would pursue along this line. We only aim to achieve an initiation of a healthy attitude towards child care.

KEY TO 'SPOT DIAGNOSIS' (PAGE 78).

CASE 1: von Recklinghausen's Disease.

Multiple tumours arise from cutaneous nerves, and project as lumps, some pedunculated, all over the body. There are also patches of melanotic pigmentation of the skin.

CASE 2: Marfan's Syndrome.

A hereditary disorder of connective tissue. The bones are elongated and thin and the span exceeds the height. The palate is high arched and the hands show arachnodactyly. Patient also presents with pigeon chest.

CASE 3: Herpes Zoster.

This common disease is characterised by inflammatory changes which are usually confined to the posterior root ganglion. Note the erythema and vesicular eruptions in the dermatomes.

CASE 4: Gout.

Deposits of uric acid salts in the bone ends show as "punched out" areas adjacent to the articular surface. The deposits are radiotranslucent.

CASE 5: Pyloric Stenosis.

The dye does not pass beyond the pyloric end of the stomach.

CASE 6: Liver Abscess.

Pus was aspirated with air replacement and radiopaque dye introduced to show the lower extent of the abscess.

CASE 7: Charcot's Joint.

This is a disease of the joint occurring as a complication usually but not exclusively of tabes dorsalis. The joint most commonly involved is the knee joint. The knee is swollen and shows marked mobility with ease.

CASE 8: Smallpox.

Note the uniformity of shape and size of the pustules.

Lomotil

lowers motility

relieves abdominal distress
and cramps

controls dehydration, exhaustion
and electrolyte loss

stops diarrhoea fast

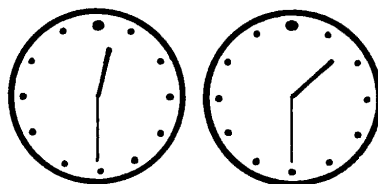
Acts within hours

... patients usually began to feel more comfortable and the desire to defecate was diminished after approximately one hour.

1. Hock, C. W. (1961) *J. med. Ass. Gn.*, 50, 485.

'It is interesting to note that Lomotil was equally effective in decreasing bowel motility regardless of the cause of the diarrhea, except in ulcerative colitis.'²

2. Weingarten, B. et al. (1961) *Amer. J. Gastroent.*, 35, 628.

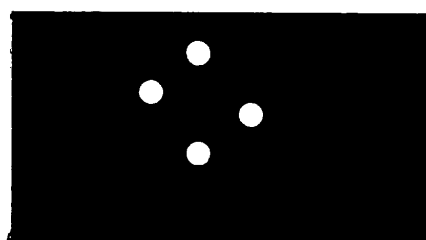


Simple tablet dosage

Searle RESEARCH IN THE SERVICE OF MEDICINE

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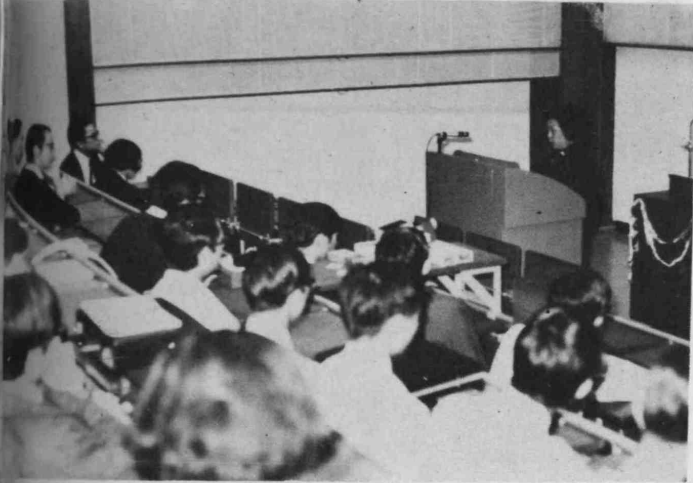
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OPEN DAY



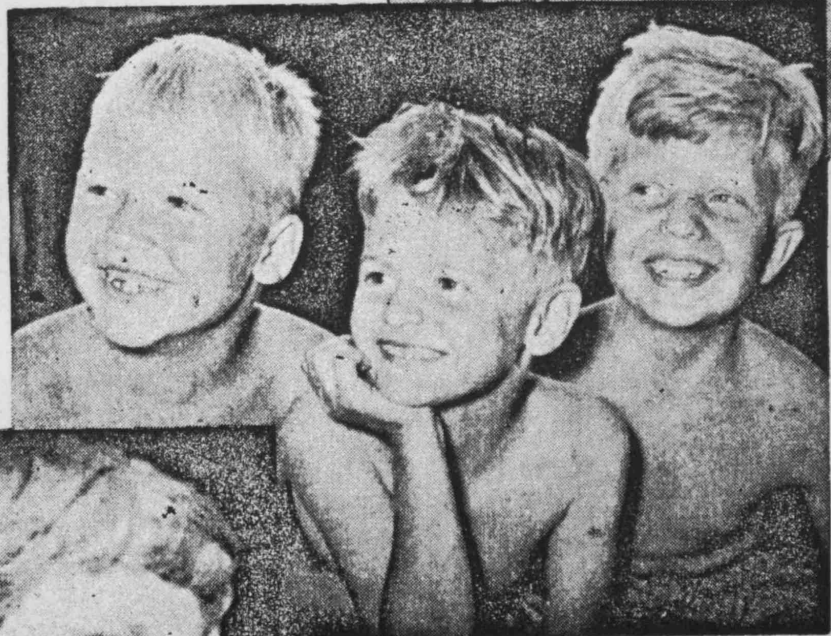
PRESIDENTIAL

ADDRESS



CHILD

CARE



PROJECT

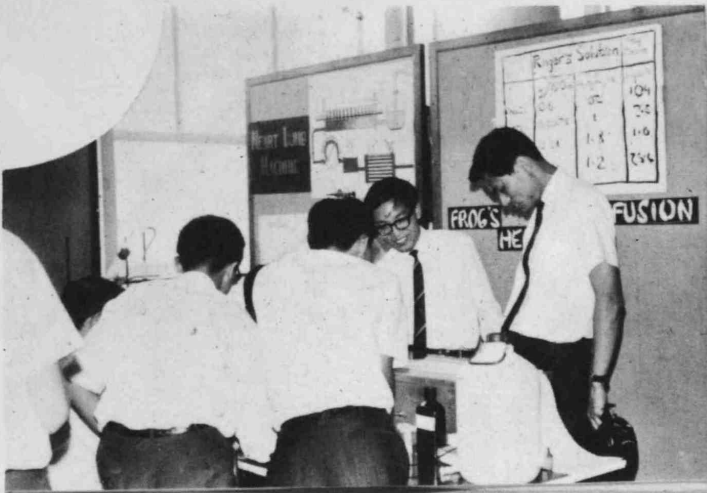
1971







OUTSIDE CAMPUS



BLOOD
BLOOD DONATION PUBLICITY WEEK

會聯生學上聯聯會 會聯醫學大醫
H.K.U. MEDICAL SOCIETY, H.K.F.S.

與血
9th - 11th
MAY
1970

CITY HALL EXHIBITION HALL
EXHIBITION
醫醫醫醫醫醫大

你液
年〇七九一
月五
日一十五廿九

H.K.U. MEDICAL SOCIETY, H.K.F.S.

輸血過程簡單安全
爭後並無不良反應

請
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伊絲會學中社德中
區醫科醫學
八二二二二二 二二

BLOOD
BLOOD DONATION PUBLICITY WEEK

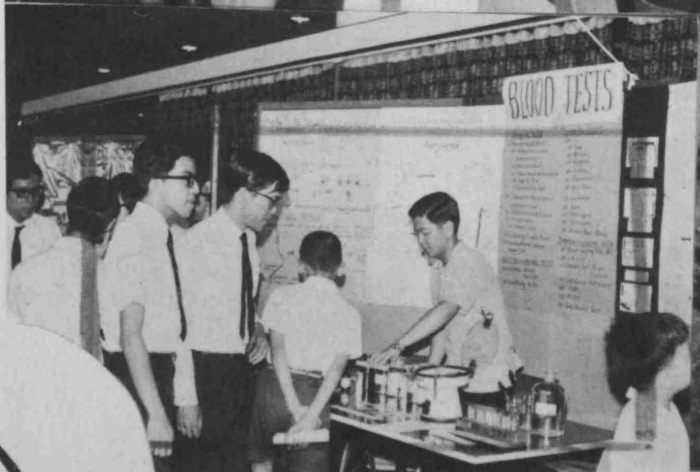
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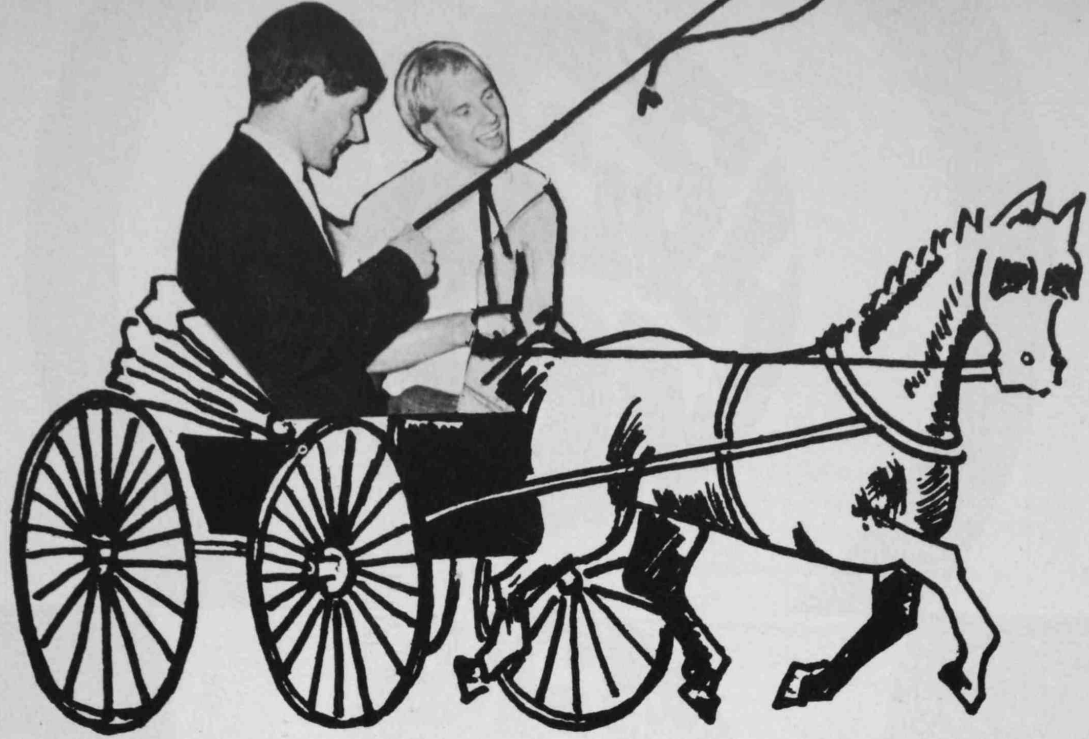
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MAY
1970

CITY HALL EXHIBITION HALL
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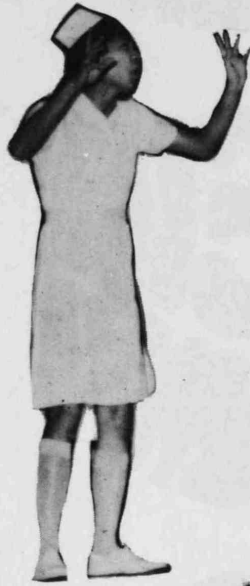
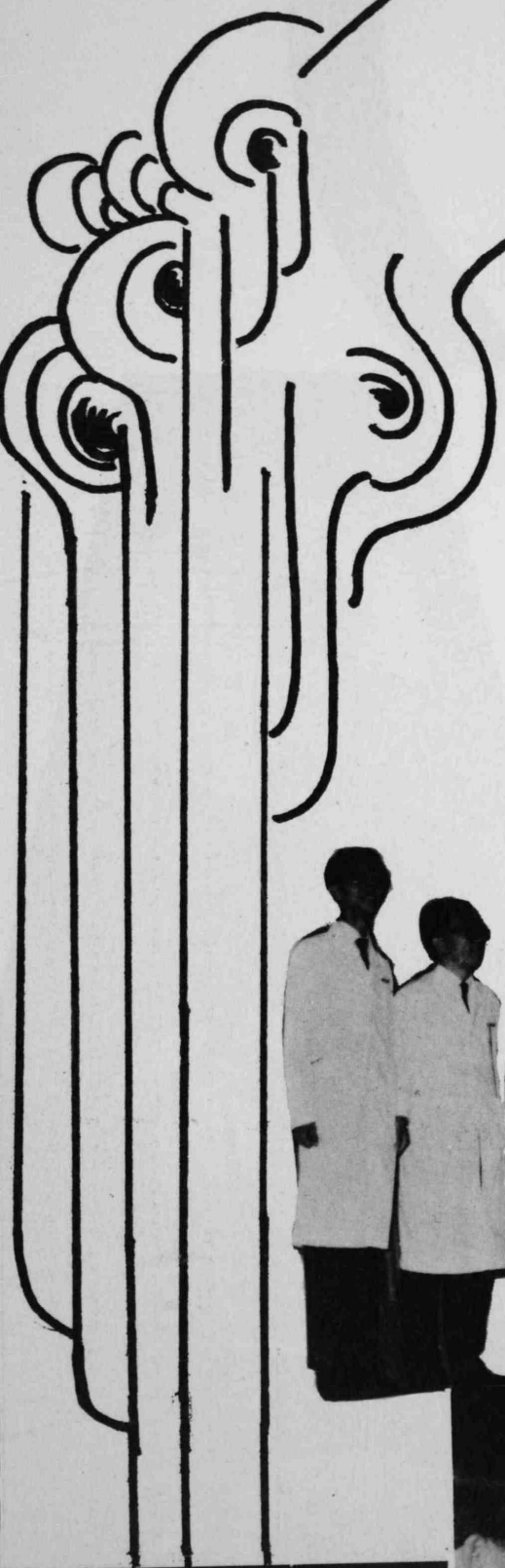
VISITORS



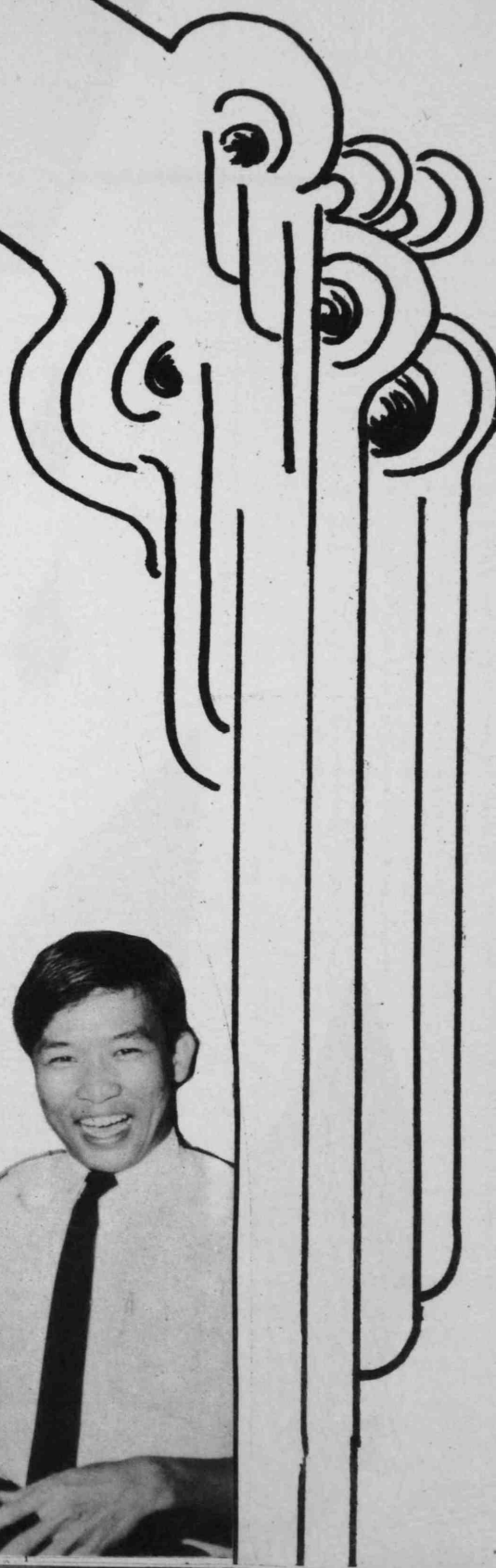
PRESENT . .



Medic

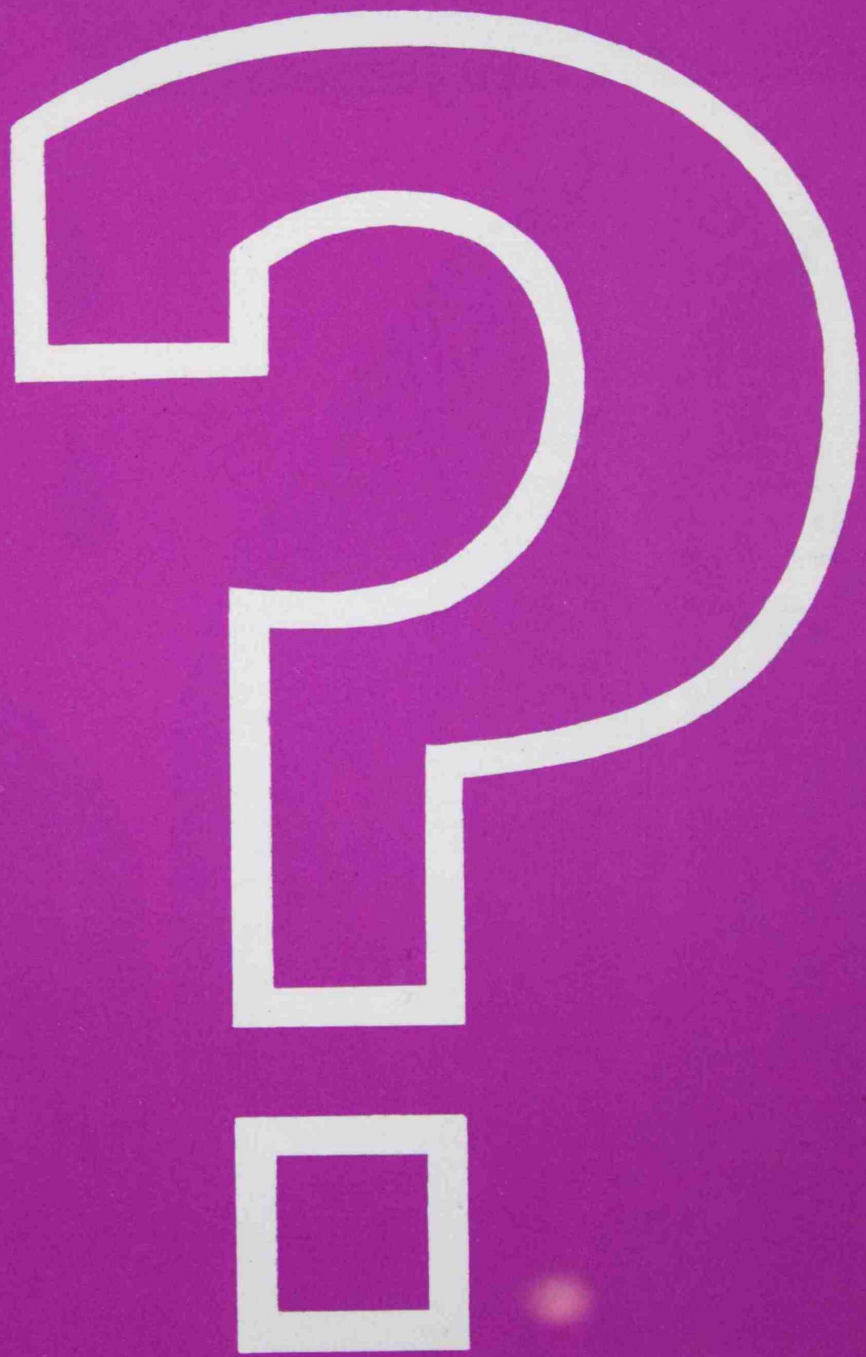


Klîte





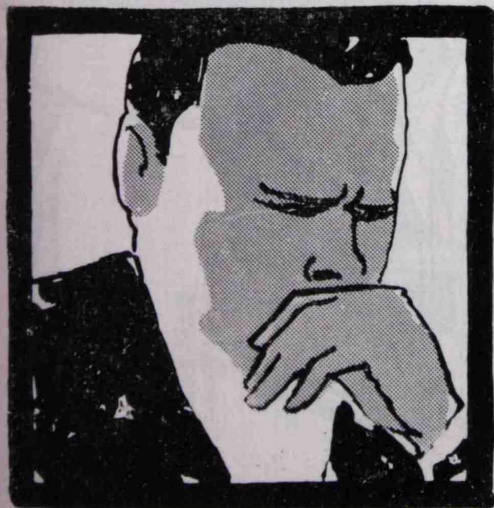
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Savlon 2

Savlon 2

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- * cleans and disinfects
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Union House, 16th Floor

這都是從報章上看到的，但更令我難忘的是從書裏看到的兩項看去似乎是平庸的、不值一提的公衆衛生成就——征服梅毒及消滅血吸蟲 (Schistosomiasis)。

開放性的梅毒已在中國大部份區域裏被消滅，在整個中國則已被控制。或許有人會說，這有什麼稀奇，梅毒根本在世界上受到藥物的控制，但報章不是刊登過歐美的性病率正在與日俱增嗎？又謂，這是文明社會的產物，但爲什麼在比以往得文明得多的中國，反被徹底根治呢？

「梅毒是一種『社會病』，也就是說，它的傳入和散播、它的減少和肅清，完全基於社會和政治因素。」這段作者的話，是值得我們深思的。

記得從微生物課裏，知道血吸蟲在中國幾千年來奪取了無數農民的生命。這些年來，它在中國的禍害已逐漸減少。這成功不是偶然的事，是經過國家與人民的努力，靠集體的智慧，千方百計，屢戰河道、正確處理人糞，防止蟲卵的生長、組織搜釘螺（血吸蟲的寄主）隊；大暑天，在橋底及陰暗的地方，仔細從蟲堆裏尋找這些釘螺，以達到「殺它死」的目的。試想想，沒有爲建設自己的國家，爲人民服務這遠大的理想，大熱天時，倒不如在家多歇一會，免得汗流浹背。

醫院裏人與人關係

在中國醫院裏，人與人的關係，洪若詩認爲是建立在「病人和醫生的平等和互相尊敬上。如果雙方都是在爲建設社會主義上有所貢獻，他們的不同貢獻代表着共同事業中的分工。」

對於這點，他作了很詳盡的敘述，以下是一部份的節錄：

(一) 醫生與病人的關係。「中國的病人，同世界所有地方的病人一樣，希望把情況解釋給他們聽。他們要知道的是什麼病，有多少日子才能治好，現在要怎麼治。醫生的一部份工作不僅是要把他們所提的問題作解答，而且要把沒有問到的地方也自動交代清楚。這需要花時間，但是在這些解釋工作上花費一些時間是值得的，因爲病人的信心，醫生和病人之間的信任，是醫療收效的一個重要部份。」

「病房裏充滿了一種無拘無束的家庭氣氛，這同我在英國所熟悉的習慣大不相同，最初我覺得很彆扭。現在我已經習慣了，而且覺得很自然，很有好處。」

(二) 病人在醫院的作用。「病人經常選出代表來，把他們的意見轉達給醫生、護士和服務員小組，這小組是負責每天處理某一組的特定病人的。可以下地走動的病人在病房事務上起着積極作用。他們到飯堂去吃飯，有許多人給躺在床上的病人喂飯，給他們讀報，陪伴他們，漸漸熟悉他們的醫療問題和身邊問題。我每天到不同的病房去巡房，在巡房的時候，總有幾位病人陪巡，他們跟着我，邊看

邊聽，時常自動提出一些材料。最初，我認爲這辦法侵犯病人的私生活，可是我後來發現，他們跟着我巡房，並不是出於好奇，而是出自真心關懷他們的同病房人；而且時常幫助我對於病人的病況獲得整體概念。」

(三) 對醫療失誤的態度。「爲了把醫院的各級工作人員組成一個隊伍，而隊伍的每一個隊員都全心全意爲病人服務，大家都必須克服對立、自私和業務上的觀點，發揮主動性、促進自上到下的民主。」

「防止失誤的辦法是醫生、護士、病房雜務人員和病人代表每天開會、研究當天的工作，負責起直接責任。病區的醫生和護士，對於每一個大手術都要進行討論，商議開刀的原因，估計開刀後的結果，商訂開刀的程序，開刀時和開刀後可能出現的困難問題，開刀後應注意的要點。負責進行開刀手術的外科醫生有最後責任，但其他人員，不管職位高低，都可以自由發表意見。這樣的討論，可以保證在開刀前有充份準備。在開刀後有全面掌握情況的小組進行護理。」

「如果有些方面出了錯誤，外科醫生有責任坦白承認，而且不要向病人隱瞞。一個醫生如果利用他的特權地位，向病人隱瞞治療上的失誤，那是可恥和騙人的行爲，如果他還糾集其他醫生共同遮掩，那就更加可恥。」

這種工作方法，對我來說，簡直是前所未聞；不過，它的成績，可見於今天中國醫學上的一點成就。不禁要問，香港醫院等級分明的現象，是否有改革的必要？

結論

這本書無數的醫療事例，無論由最鎖碎的社會清潔衛生工作至最艱巨的手術，都給我一個強烈的感覺——醫生的工作是毫無保留地爲病人的利益而服務。當然，全國這麼大，要完全劃一的達到同樣的標準，並不是易如反掌，但倘若朝着這個方向邁進，可以想像得到，中國的前途是無可限量的！

我們時常很喜歡用西方的民主、個人自由的一套哲學，衡量中國個人服從集體利益的哲學。這好像完全沒有個人的權利，但我們有否想到中國辛酸、一窮二白的過去，原因何在？是政府的腐敗、無能，人民像一盤散沙。倘若今天每個人還是祇顧自己的享受、利益，中國會在這短短的二十多年，由受列強瓜分至獨立自主嗎？犧牲個人的一點，爲建立一個集體富強的國家而努力，這不是我們青年人應有的理想和責任嗎？

身爲一個醫學生，對香港的醫療制度及醫院裏病人和醫生的關係，雖不敢承認有深入的了解，但深信仍有許多缺乏完善的地方，應進一步的改善，我們年青的一代，是責無旁貸的。

書的首段，引起我極大的共鳴。洪若詩說：「作醫學生的時候，課程截然分成兩個部份。前三年，我們學生物化學、解剖學和生理學。其後三年，我們巡視病房，觀摩臨床治療。現在回想起來，這種將理論和實際分離的情況，十分不好，因為第二部份的課程看來與第一部份很少有什麼聯繫。」這種情形不是和我們這裏很相似嗎？

洪若詩在學校的生活並不平靜，由於在德國，希特勒剛上台，歐洲正處於戰火和風暴的前夕。當時，英國的經濟不景，失業問題很嚴重，種種社會問題的出現，打破了他與醫科同學平靜的學校生活，投身到不尋常的社會風浪去。

一九三二年底，英國各地的失業工人，組織了「饑餓進軍」，匯集倫敦，進行抗議，與警察發生了衝突。洪若詩與同學設了急救站，希望醫治他們的病症，鼓舞他們的士氣。但發覺「我們的職業技術幾乎等於零，因為截至當時，我們只同死屍和試管打過交道。我們連忙學會了一些應付脚的水泡，腫炎和扁平症的辦法，但實際的情況却是，他們的最大麻煩是虱子和痔瘡，他們比我們還懂得怎樣應付。至於說鼓舞他們的士氣，他們已經跋涉了幾百英里，經過了千辛萬苦，那些缺乏堅決意志的人，早已掉隊！……」我從而體會到，今後我的政治信念如果有甚麼意義的話，那麼它應該來自瞭解，而不應來自感情，應該更為深入，應該比當時能夠更正確地表達出來，而且我應該找到某種辦法，來衝破隔開我與產業工人的壁障。

他後來毅然拒絕了升為教授的職位，而決心在往中國一艘貨輪上當醫生，與這種信念是分不開的。

苦難的舊中國

生於斯長於斯的我，雖然從歷史書知道滿清政府的腐敗無能，中國被列強瓜分；從父母的嘴裏，知道八年抗戰的悲慘歲月，對於中國過去的苦難，祇有一個模糊的概念。當我看到作者描寫三十多年前在中國所謂第一大城市上海看到的情形——河水裏隨處漂流着饑民的屍體，滿街是蓬頭垢面的乞丐，滿面脂粉、穿着高叉緊身旗袍的妓女，一童妓，兩名驚惶莫名、不知所措的女孩，被她們的鴇母拖到街頭，鴇母的要價是五角錢一小時，兩個人分開和在一起都可以。」

「我尋找身上滿佈瘡，而蒼蠅還在瘡上吸吮的孩子。我尋找正在大便，而在萬分苦痛之後只能拉出條蟲的孩子。」

還有被外國人當作比賽遊戲工具的人力車夫、雜技同脫衣舞較量、變戲法和姑娘們搶生意；還有……「實在不能再看下去。這那裏是人住的地方，舊中國的確有病啊！」

新中國的醫療情況

中國過去的衛生條件，單看城市，已是奇劣，農村就更不用說——蒼蠅和由水而傳來的疾病，諸如傷寒、霍亂、痢疾等，造成了很大的死亡。寄生蟲的傳染幾乎是人難免，因為未經處理的人糞和動物糞便是主要的肥料。」

因此中國現在發展醫療衛生的方向着重將醫療衛生的重點放到農村。從一九五八年，全國農村普遍地成立人民公社後，大多數人民公社建立起診療所，在發展農村醫療的道路上，邁開了第一步。

在「為人民服務」的口號下，更組織了流動醫療隊，不祇是作巡迴式的預防注射，而在那裏定居一段時間，與當地農民一起生活，了解他們的需要，講授衛生常識，使許多以往因失學而缺乏這方面知識的農民，明白及參加如撲滅蚊蠅、消滅老鼠及如何處理糞便等羣衆性的衛生運動。

值得一說的是中國正在進行大批農民醫生的訓練。他們是農村裏的知識青年，對集體事業比較積極，被選拔出來到地方醫院接受三個階段的訓練。每階段大約是五、六個月的時間（在秋收後及播種之間，這樣不會妨礙農業的操作）。最初第一階段學習基本的生理、解剖、病理學；如何用聽筒、寫病歷、跟醫生巡視病人，如何尋找嚴重病症的徵兆。之後，便輪流值夜，在通知醫生之前作預準檢查。期滿後，便回到農村做醫療工作；待秋收後，又再作進一步的第二期訓練。

或許你會說，他們單憑五六個月所學的，便可當醫生？一定土頭土腦，水準很低。當然，與專家相比，相差很遠，與我們五年的理論基礎比較，定有差距，但作者對西方一些教育家對於這試驗的恥心作出了這樣的回答：「知識上的差距，可以由經驗或到城市醫院接受深造訓練而彌補過來。他的獨有的可貴點是與他的病人非常接近。他們是他自己的鄉親，彼此之間有着互相的信賴與信心。他的工作結果可以經常在實際工作中受到考驗，不管是成功還是失敗，都可以馬上吸取教訓。一名符其實，他們既當農民，又當醫生，不會陷入狹隘的職業主義，或是在精神上脫離他所服務的對象。」

毫無疑問，農民醫生的訓練是一項明智之舉，否則，全國七億多人口，單靠城市的醫生，開「醫生荒」的程度，恐怕要比香港更為嚴重！

醫學上的成就

在短短的二十多年裏，中國的醫療成就可說是驚人的——許多艱巨的外科手術，如斷肢、斷指再植、救活了燒傷面積達百分之八十九以上的傷者、割除九十公斤腹部腫瘤，製成人工胰島素，最近還成功地完成了舉世觸目的針刺麻醉手術。

從「我在新中國十五年」看中國的醫療成就

· 求知 ·

（編者按：近日來，西方世界正掀起一陣「中國熱」，本港一部份大專學生，似乎也不甘後人，因而關於中國的文章，遂大行其道，佔去了大專刊物的大部份篇幅。

當然，作為現代的中國青年，我們有責任去關心中國的事態，關心中華民族的前途。我們不幸身為現代中國青年，目睹中國的分裂。我們也慶幸能生活在這兒，可以冷靜客觀地分析中國的兩個水火不相容的政府的得失。

然而，目前大部份關於中國（其實只是關於中國目前的一個政府）的文章，似乎流於公式化，極盡吹捧一個中國政府，醜詆另一個中國政府的能事。內容方面，往往只是道聽途說，憑着片面之言，一己之見，遂遽下斷語。甚至斷章取義，或者惑於宣傳文字，自以為對其嚮往的政府認識已深，洋洋自得，妄自批評別人，更或以煽動性的，別有用心的，或者潑婦罵街式的文字，發揮自己的一知半解，毫不理會別人是否接受。

須知道，以一方面現在的一些成就，和另一方面過去的失策作片面的比較，無視各該方面當時所處的環境背景，往往易流於淺視、短見、幼稚、無知，因

而產生偏差的見解。只要我們能冷靜地回顧中國過去的歷史，我們應該發覺，當年中國在那個被他們醜詆的政府統治下所處的環境，實在要比被那個為他們吹捧的政府接管時的環境為艱危得多。中國人受苦的時候，我們有否為他們流淚？中國人辛苦重建自己的家園時，我們有否參與他們的行列？中國人站起來了，我們却一窩風地去分沾一份光采！

憑着門戶之私，一己之偏見，絕不能認識中國。空談擁護而不敢面對現實，是否恐蹈前人覆轍？若學無所長，更談什麼「為人民服務」？

所以，要真正認識中國，認識中國人民，便應該以冷靜客觀的頭腦，多方面分析研究，多看各方面的資料，不應盲目附從，不應有意隱惡揚善，才可公正地分析事實的真相，是非曲直，從而選擇適合自己走的路，不致糊塗塗塗地跟着別人走，這才是真正關心中國前途的人所應抱的態度。

在冷靜客觀分析事理方面，本文作者已能做到這點了，這是本文異於一般時下談論中國的文章之處，而內容所寫的，也與我們醫學生有些關係，所以值得我們一讀。

最近閱讀了一本新書——「我在新中國十五年」（away with all poets），覺得很值得向醫科的同學和老師們推薦。

這本書的作者是英國一位外科醫生——洪若詩醫生（Dr. Joshua Shom FRCS, MB, BS）。他畢業於劍橋醫學系。在校時，是榮譽學生，後受聘為劍橋解剖學講師。在第二次世界大戰時，在英國軍隊當軍醫。戰後，為伯明翰醫院傑出的外科專家。一九五四年，他自願到中國工作，舉家前往，在中國居住下來。

在這本書的序，美國記者斯諾這樣介紹：「洪若詩醫生關於他十五年來在中國作為外科醫生，教師和農村醫務工作者的憶述，是一部極有內容和令人感動的著作。他顯然是一位在工作上很有成就的人，而其筆下却十分謙遜和爽直，同時，他又表現出對經過一場大革命，在客觀上和思想上都有了改變的中國人民的熱愛，這使我們印象極深。」

我在這裏簡略地介紹一下洪若詩醫生在英國的學校生活和他那時的想法。（材料從書中取錄）

香港醫學教育之我見

· 偉 ·

一位醫生在社會上，尤其是在香港目前的環境下，是有其特有的地位。我不敢說是高尚，但無可否認，他是會多被很人所羨慕的。舉例來說，一個人，無論他在社會上的地位如何，只要他來到診所或醫院時，見到醫生，即使是一個初出茅廬的年輕的小伙子，他都會立即擺起笑臉說：「醫生，早晨。」由此，可見醫生在大多數人的心中所佔的位置如何了。

在有些人的心目中，一個醫生可能會被形容為一副診病機器，只要病人來供給資料，便可立即診斷病情。或者有些人會認為他是一位好的家庭顧問，有問必答。有時他們也會認為一個醫生是像一本百科全書，博學廣聞，但同時也是一個談笑風生的科學家，總括來說，人們對一個醫生的期望也許是太高，太理想化了，偶然見到了一個剛剛誕生的年青醫生離他們想像中的模型太遠了，便往往感到不大滿意，不是批評個子太矮，便是嫌面孔太孩子氣，簡直不像一個醫生！再不，他們會說這個醫生太年青了，能懂些什麼，倒不如年紀較大的來得經驗豐富。為什麼他們不想一想，任何專業人材，往往是要經過相當時間，實踐及毅力才可以培養出來的。老實說，老資格的醫生當然好，但年青力壯，熱血方剛的醫生也未嘗一定不好的啊，至少他們肯吃苦，低心下氣，因為他們知道他們所需要的，所缺乏的，就是經驗及修養。要知道，嬰孩初學行走時？只要給他們機會，鼓勵他們，不要時時埋怨他們不及大人走得一樣的好，一樣得快，他們便會很快學成的。事實上，當父母看到自己的子女蹣跚起學的學行路時，他們心中的歡悅，遠勝以後任何時期再看他們走路路的感受。

在大學的過程中，要着重的，不只是純粹的專業訓練，而是大學教育。否則，畢業時便像一副副機器，足夠及良好的教育，是能使各方面平均發展，單單是醫學上的進步是不够的。一個醫生，日夕面對不同階級和形色各別的病人，不但要應付得宜，還要在各種不同的生活中，了解到人生的哲理和奧秘。這一種醫生和病人之間的交相感應，這一種人生的教育，實在是醫生的一種特點。

一個醫生對病人的態度，尤其需要注意。以前，在解剖室門前，張教授會抄寫一句格言，大意如下：「我們解剖學上學問之進展，實有賴已去世者的屍體的犧牲。一對已死的人尚且要如此的尊敬，何況是活生生的病人呢。粗魯無禮，高傲自大，不但使病人對你失去信心，更徒然使他對醫生的評價大大減低。老實說，病人來到醫院留醫，主要當然為了醫治疾病，每天除了主管醫生複檢之外，很多時還要為學術上的研究和教學上的需要而貢獻。因為從他們找尋出來的答案，可能會救活或減輕以後同類病人的痛苦。可是我們絕不能將他們看作實驗用的動物，隨時隨地隨意把弄，因為大家都是人。在身體檢驗前

，應問準許可，及道明檢驗方式和作用，使病人明瞭清楚，心理上作好準備。病情的問候，可使心肌鬆弛，更能使病者感到被關心的溫暖。最要緊記的，便是每一個病人都是需要個別醫療治理的患者，而不是另一個的病症。他不是一副機器，來醫院修理某一部份。我們應把病人作一個整體，一個「人」來看才對。

在讀醫時，不少學生訴苦說：「捱得這樣辛苦，望快快過了五年便畢業，其餘一切算了。」畢業後，旁人會讚賞你說：「你好啊，做了醫生呢。」平心而論，我不同意這種以做醫生為目的的念頭。醫生只是一種職業，一條人生的路徑。也可以說，做醫生是對社會的貢獻，對人羣的服務之其中一種方法。大學畢業，絕不是目的的到達，而只不過是一個新的開始，換句話來說，剛剛踏上第一塊穩實的石頭而已，以後的路還很長及艱苦的呢。

有很多人在讀醫科時，或在畢業時，甚至在投考醫學院時，便開始想着自己美好的將來，燦爛的前途。計劃在畢業時，如何的打算。如果念念不忘以做醫生來作致富之道，倒不如去經營生意，炒股票了，因為這種念頭的存在，至少已褻辱了醫生純潔的使命。也許有些人打算做專家或爭取學術上更高的地位，如果我在香港找不到一間有名望的大醫院，或設備完善現代化的醫院，或不幸調派到鄉村服務時，我便要出外留學。而且在香港的醫學是沒有前途的，倒不如一早便到外國深造，我對香港人太厭倦了。是的，我也曾作此想法。但我現在清楚了解到，這樣的做法是自私的，我只想別人幫我成功，爬上崇高的學術地位，而不理會其他我應該服務的人。況且，在五年的醫學教育中，不知多少金錢從納稅人身上拿出來，以作栽培一位醫生所需，如果這醫生剛畢業便離開香港，豈不是白費了本地人的金錢，及令眾人失望？我覺得這是每一個醫生對自己的社會應負的責任。

會有人和我談過，如果政府有一筆錢，用來擴建醫學院，培養更多的醫生好呢，還是用作派遣醫生到外國專科訓練的好呢？在落後的國家，很明顯，多一個普通的醫生來照顧廣大的貧苦人民，比將原來已有的的一個醫生變為專家，來得實際有用得多。這一個專家，可能會使幾個人因此而重獲生機，但多一個醫生，很可能醫好了數以千計的病人。因此這問題的重點，在乎在一個適當的需求平衡。

總結全文，我認為醫生這一門職業，是神聖的，因為他要戰勝病痛的魔鬼，是社會上極需要的人才。人民所要求的，不但是一個醫術高明的醫生，還要他有絕對良好的醫德。因此，我想，我想，在每一個滿懷信心、希望或理想的醫學生，應該切切實實清楚了解將來所負的艱辛任務及社會真正正的需要，而不是為了滿足個人或家庭的慾望才是。

意義近似。可是依照針灸理論或實踐上，將經絡視作神經或血管，都會發現有很多不相合的地方。譬如說，頭面的疾病，可以在足小趾外側的趾甲邊處施針，便可以收效。吾們知道，頭面是大腦神經分佈處。而小趾處，僅是坐骨神經的微細分枝。又像小趾外側施針，可以抑止三叉神經在眼眉處的疼痛。而在足次趾與第三趾之間陷處下針，可以抑止三叉神經上顎處的齒痛。同時在手大指食指的歧骨間施針，可以抑止下顎處的齒痛。更似在膝下三寸處施針，可以治療胃神經痛，增加胃液分泌。膝下六寸處施針，可以治療鼻腔過敏，鼻竇炎等。如在足內踝前丹狀骨和楔狀骨的關節部下緣施針，可以增加胆汁分泌。類乎以上很多例子，都無法由神經生理學的理論來解釋。但是很容易由針灸的基本理論，經絡分佈學上，得到清楚合理的答覆。這因為針灸的理論系統，並不等於歐美醫學的理論系統也就等於中國人進食用的筷子，並不就是歐美人進食用的刀叉。

近年來一位日本醫學博士兼針灸家，永山薰造，以沒有神經的大豆，做針灸試驗，發現與未經針灸的大豆，所發出芽葉不同。由此證明，針灸的效能，即使施用在沒有神經系統的大豆上，也同樣會起變化。進一步說，祇要是有生命的東西，施予針灸，都可能產生反應。

我對針灸治療效果的見解

任何一位對針灸有興趣的人，都希望知道，為什麼針灸能治療疾病，減少疼痛。雖然各人研究的方法不同，但從下列四種方法，進行研究的人比較多，並感到興趣：

- (一) 神經系統 (The nervous System)
- (二) 內臟功能 (Organic functions)
- (三) 體液及理化學 (Body fluids and Biochemistry)
- (四) 生物電的皮膚反應 (Electro-Biologic Reaction of the Skin)

這些研究工作，確使這古老針灸理論，有了新的氣息。所可惜的，並不全面，僅是局限的。因之對針灸有興趣的專家們，仍然不斷地埋頭工作，希望有一天能將這千載的祕密，揭發出來。但在目前，當有人問及筆者，有關這個問題時，則我依照多年來研究和觀察的結果，認為針灸的治病，可稱之謂「創傷治療法」。也可以說針灸不能治病，祇是啓發病人自己天賦的抗病能力，以治好自己

每一位健康正常的人，都有天賦的抗病能力。在吾人的四周，不知有多少足以致人死命，或者引致病變的因素。若吾人失去了這種抗病的本能，則人在出生後，可能很快便因病毒或是種種病變的發生而死亡。如人體的某部份，失去了這種本能，則該處便很容易發生病變，或受到病毒的侵害。針灸的治療，便是在該失去抗病能力的經穴，或與該處有關的經穴，施予針刺或灸灸。在這種方法進行下，無疑地在該處，製造了一個新的創傷。這個創傷却引起大腦的反應。從而將天賦的抗病能力，輸送到這創傷或有關的部位，施予援救及治療。雖然針或灸的創傷，不僅是暫時的，抑且十分輕微，可是這股抗病的力量，且將該處的病變，也同時治好了。

痛楚的感覺，是由大腦反應出來，而一枝針刺進人體的經穴中時，不僅製造了輕微的創傷，同時有痠，麻，脹，重以及似觸電的感覺。這些感覺反應，在針灸學上，稱之謂「得氣」。祇有在「得氣」的反應下，不僅治療疾病，並且能迅速抑制疼痛，也就是說，在針刺後，會產生生物電。這種生物電所產生的反應，可以改變，可以替代，也可能擾亂了腦細胞的疼痛感覺，所以能抑止疼痛。這些解釋，也僅是在目前的見解，可能在有志者不斷研究下，會有更新更確當的發現。

結 論

針灸祇是醫學的一環，既非神術，也非萬靈丹。祇是針灸治病原理，與一般的醫學方法不同，所以對某些疾病，在今日醫藥上所難以克服的，針灸却能適應醫治。諸如癱瘓，小兒麻痺，哮喘，坐骨神經痛，三叉神經痛，風濕痛，偏頭痛，內臟病變，婦女及小兒病等等，治病範圍比較廣。若是吾人能不斷研究，則新的發現，將會逐漸增加。

近年來針灸家，以針刺時的得氣反應，產生人體的生活電差，因而擾亂腦細胞的疼痛感覺，用以替代手術時的麻醉劑。利用針灸的鎮靜作用，以減少或替代了安眠藥或鎮靜劑，使神經衰弱及失眠的病家，安然入睡。進而對於長期服毒的人，在癮發時，減輕其痛苦，因而逐漸減輕或解除了毒癮。也同樣能援救意志消沉，輕生自殺的人。有關人口問題，也可以運用針灸的技術，控制生育。這些與人類健康及社會問題，祇要吾人不斷地研究和發掘，都可能得到滿意的收穫。

針灸治療法，在中國已有悠久的歷史，但是在國際醫學方面，還是很新鮮的一種醫術。可是針灸是在那一年和那一位所創？因為年代太遠，已無法肯定確實的年份和發明人。一般人認為針灸術是公元前二十七至二十六世紀，黃帝軒轅氏所發明，因為中國最早的一本醫學經典，『黃帝內經』，包括素問與靈樞兩部，在書中對於針灸的基本理論，人體解剖，生理，病理，已有系統的記述。並且指出人身的穴位，有三百六十五個。但是經過專家們的研究，這部內經，大約是春秋戰國時的醫家，彙集古代及各家的醫學理論和臨床經驗，假借黃帝與歧伯及雷公等醫學問答，編著而成。但事實證明，針灸療法的運用，遠在黃帝之前。

一九二六年，在周家口店，發掘出古代人的化石，考古家稱之謂『中國猿人』，乃是新石器時代的人類骨骼，在同時出土的石器中，便有很多的石針，這種石針，古人稱之謂『砭石』。而在骨化石的地層中，發現遺留的灰燼，可見在遠古時代，針刺療法，早被施用，而灸治方法，亦可能早被發現。

怎樣讀中醫經典

最早的針，是將堅石磨尖，成為石針，在人類文化的逐漸進步中，便由石針，改為骨針與竹針。在公元前十四世紀時，人們又改用銅製針了。大約在紀元前六世紀，鐵器代替銅製品，因而針也改用鐵來製造，在今日，一般針灸家所臨床用的針，大都以不銹鋼或合金來製造。

『針』祇是針灸治療的一種工具，要應用這個工具，還須要豐富的針灸基本理論，以及實踐經驗。可是針灸的理論，以及施針的技術，與今日歐美醫學，完全不同。即使歐美醫學有修養的人若是對中醫學沒有深入研究，便不容易完全瞭解。這等於西方人進餐時時用刀叉，而中國人吃飯時用筷子；即使一位上了年紀的西人，用了幾十年的刀叉，若不是經過學習，決不能立刻如意地運用筷子。尤其很多醫籍經典，除了專有名詞外，即使一般字句，看來也都與玄異常，令人難懂。譬如憂鬱寡歡的人，稱謂『肝鬱』；性衰弱的人，稱謂『腎虧』；消化不良，稱謂『脾虛』等等。按照人體生理來說，真是不知所云。肝臟與憂鬱，脾臟與消化，腎臟與性功能等，拉在一起，使人費解。其實古代文化，限於歷史條件，不能像今日的文字，足夠運用。所以『肝』除了指肝臟外，又代表了今日生理解剖上的『神經系統』，『脾』除了脾臟外，更指『消化系統』而言。『

腎』除了腎臟外，還作為『生殖系統』。當吾們明白這些代名詞的意義時，在研究中醫學，或閱讀針灸醫書時，便不會莫名其妙了。若是吾們稍留意，在平時閒談中，說某人的記憶力減退，便說『記心』不好。所以『心』除了心臟外，更指大腦而言。所以家長們叫孩子們讀書要他們『用心』讀書，也就是指大腦，而不是指的心臟。

除了上述很多代名詞外，針灸的基本理論，主要包括陰陽五行，臟象，經絡，營衛，氣血等等。陰陽五行，則是貫串在整個理論之中。這些名稱，看來玄虛難懂。當你深入研究，瞭解其真正意義後，便知道並不玄虛，祇是古人用另外一套名詞，以說明整個人體的組織，並由彼此不同的相制相聯的關係，以說明生理及病理變化。

針灸學上的經脈與穴位

從『內經』上，知道人身有十二條正的經脈，好似十二條河流縱貫流行，由頭到足。另外更有八條奇經，氣血運行在經脈的內與外。若是某條經脈的流行氣血，有太多或太少的情形發生時，則另有十五條大的絡脈，及無數的孫脈，來負責疏通或補充其不足。而每條經脈，則與內臟相關聯，流行在人體的深層，絡脈則遊行於表層。所以經脈與絡脈，則縱橫整個人體，聯絡內臟與體表。所以針灸治療疾病，乃是作整體的治療。

當內臟有病變時，則與內臟有關聯的某一條經脈，便也受到影響，因之運行在該經脈的氣血，便有過多或過少的不正常情形發生。若是絡脈不能及時負起疏導的工作，則針灸家，便依照該經脈的氣血少或多，也可以稱之謂陰或陽，更可以稱之謂虛或實。再在這條經脈的經穴或與此有關的其他經脈的經穴，施予或補或瀉的針刺手法。所謂經穴，便是在每一條經脈上，有或多或少的穴點，統計全身，共有三百六十一個穴點，另外更有二百多個奇穴。所謂補與瀉，也就是補其不足，瀉其有餘的施針手。

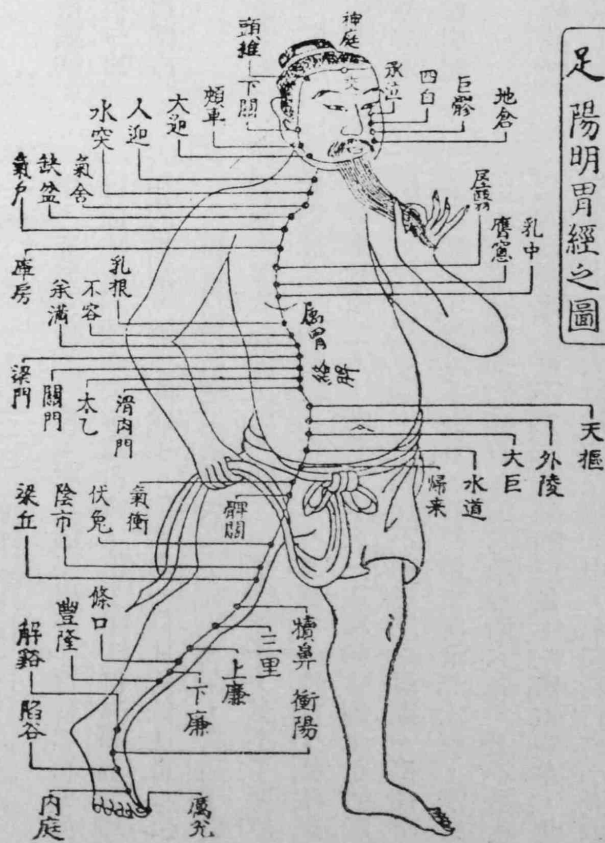
經穴與神經系統

不少人認為針灸的經脈穴位，其實即是人體的神經系統，或者循環系統。詳細研究，這種見解，極為合理。因為百份之五十的經穴，分佈在神經干上，而其他百份之五十的經穴，也在神經干附近。同時營衛氣血，運行在經脈內外的理論，也與循環系統的

談針灸療法

陸易公

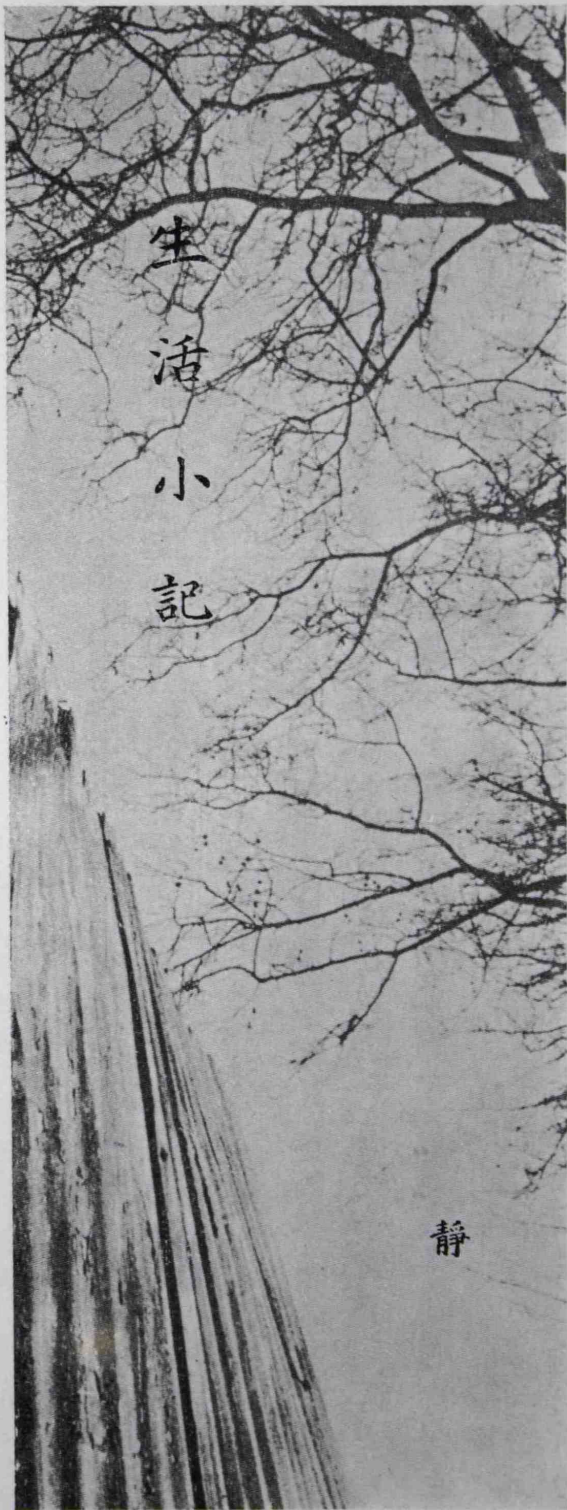
足陽明胃經之圖



中國的針灸術，因在治療上往往有顯著的效果，早已引起外國醫學界人士
 的注意。爲了使同學們對我國針灸療法有一正確的概念，本期我們特別邀請
 陸易公中醫師爲 ELIXIR 撰寫關於針灸療法的專文。

陸易公醫師爲本港中華針灸中醫師學會會長，本港著名中醫；在針灸療法
 方面的成就，更是譽滿杏林，並曾遠赴英法意德瑞等國示範講學，而外國醫學
 團體，亦紛紛來港聽講。至於研究針灸療法方面，陸醫師則特別注重分析神經
 系統及經絡學的異同，復以自行設計的儀器，印證針灸止痛的科學根據。

陸醫師於百忙中，仍爲 ELIXIR 撰寫本文，我們謹向他致深切的謝意。



生活小記

靜

昨天和敏一起在靜謐的山坡上渡過了一個陽光普照的下午。南國的秋天，雖然沒有漫山遍野的紅色楓葉，及成群結隊的燕兒雁兒，但一片金色和煦的陽光，一朵朵透着蔚藍色的浮雲，一陣陣迎面吹來的摺摺涼風，已足夠體驗秋天的可愛了。

與敏並肩走着，談的盡是一些童年的夢話。可不是嗎？一起長大的孩子，歲月永遠是長新的。月圓月缺，花開花謝，只有增強彼此之間的友誼。小時候，喜歡在公園的草地上嬉戲追逐，在滿天星斗的夏夜晚上數星星，在喜氣洋溢的新年分糖果，在淙淙流水的小溪畔憧憬遙遠的未來……真想不到，這些充滿天真無邪的生活往事，此時談起，還會引起我們一陣陣的癡笑。

迎面走來一個白白胖胖，雙目失明的小孩子，我告訴敏，我是多麼幸運，能够不殘不缺的來到這個多姿多彩的世界。人體的構造，原是十分複雜而精巧的，一個健全小生命的誕生，該是多麼值得喜慶！與母親分別，不知不覺已有十餘年，腦海中的母親，早在世事匆匆的歲月流逝

中，成爲荒蕪的一片；在煩惱空虛時，更會埋怨母親的無情棄我而去。但此時，却是多麼感謝母親，給了我一個充滿活力的生命。我不祈求美好的生活，輝煌的成就，但祈求一個成熟的生命。

緩步談笑之中，微風吹亂了我的頭髮，吹起了敏的毛衣，更吹動了我倆平靜的心湖。同是秋天出生的孩子，免不了要滲入一份淒風楚雨的脆弱感情。對着漫山黃綠參半的樹木，遠處天邊的孤舟一帆，偶然草叢中傳來秋虫唧唧，我們一次又一次地體會到生命的脈搏，在悄然之中的蠕動。二十個年頭，已在漫不經意之中溜過，遙望將來，實在有一份縹緲之感。山邊草叢深處，忽然傳來潺潺流水聲，清澈的溪水，正由高處山頭，流過嶙峋的碎石，湍急地奔向大海，這不是生命的啓示嗎？眼前的大好時光，實不允許憂愁的駐足，拉着敏的手，我們又大踏步地向前走了——走在大自然的懷抱之中，走在我們的小天地之中；走向生命的康莊大道，走向快樂的泉源。

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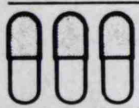
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Dunlop E.: Paper, presented at the Symposium on Psychopharmacology, sponsored by the Academy of Psychosomatic Medicine, Freeport, Dec. 8-9, 1968.

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Dorfman, W.: Editorial, Psychosomatics, Volume X Number 3 Section II; May-June, 1969.



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