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MEDICAL STUDENTS' CENTRE,
SASSOON ROAD,
HONG KONG.

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Caduceus

Vol. V No. 4

OFFICIAL PUBLICATION OF THE MEDICAL SOCIETY, H.K.U.S.U.

April, 1973

SPECIAL

STUDENTS TO

TEACHERS:

GOOD WORK!

ABSOLUTE FAITH IN THE

INEVITABILITY OF

YOUR VICTORY!

CARRY ON!

448
676
477

CORRESPONDENCE

14th April, 1973.

To All Medical Student, c/o The Chairman of H.K.U. Student Union.

Dear Sirs, It is certain that you have heard of our demand of reasonable pay from government. Thus in difficult times like this, we wish to have your wisdom and support.

In 1970, we have demanded from the Authorities reasonable pay (our demand is \$1175 — \$1750 with 7 increments). We had no definite reply until 1972 when Government proposed a salary scale of \$875 — \$1475 with 9 increments to be implemented by 1975. At that time we refused to accept the government proposal. But a government representative advised us to wait. Almost one year after that, on March 12, the government, through the Hong Kong Chinese Civil Servants Association informed us of the same proposal. Surely we would not accept, so we wrote to the Colonial Secretariat asking them to comply with our demands and to give us a definite answer by the end of March. However we received no reply.

The work of midwives is basically the same as general nurses except that midwives cater to the special needs of pregnant women. This is particularly so in hospital maternity wards. But we earn only about 66% of the general nurse. When several years ago, the equal pay for women scheme was initiated for the general nurse who thus have pay increases. We are left out. It is because there is no male midwives? Furthermore in many of the district maternity centres throughout Hong Kong and the New Territories, a doctor, if there is one is present only from 9 a.m. to 5 p.m. So most of the time, the midwives posted there have to work independently for a major portion of antenatal, post-natal and post-partum care for the mothers and the newborn. Abnormal cases are picked out and referred to central hospitals. Babies are resuscitated. And from time to time emergency cases are dealt with right at the district maternity centres before they can be transferred to central hospitals. Dear friends, the falling foetal and maternal mortality and morbidity, surely, are a result of advanced obstetric. Recently, we have some of the premature babies under body weight of 1000 gm., rescued and they reached up to 3000 gm., and were discharged with good health. This is indeed a miracle in obstetric and paediatric care. We believe we have played a part, however humble that may be.

In central hospitals e.g. Tsan Yuk, our working hours are quite normal. But in district maternity homes, after our shifts we still have to be 'on call'. Thus our fellow midwives (more than half) out there work long and irregular hours and without overtime pay. Is it fair?

We sincerely hope that, you, as an eminent academic and conscientious group will support our cause.

Yours sincerely, A group of midwives

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

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

ORBITUARY

We regret to record the untimely death of Mr. Kenneth Mak Kim Kan, First Year Medical Student, on 4th April, 1973. We wish to extend our deepest sympathy to his parents and family.

The Editorial Board

Request for Acupuncture Course

Sir, Not long ago, there is a lecture organized by the Hong Kong Medical Association on "Experience in Acupuncture" by Dr. C.L. Wen, and it was met with an enormous attendance. And as we read from the Undergrad, a group of our students in the first year is actually learning the practice of acupuncture. Hence, it is clear that there is considerable interest inside the medical circle for the art (if medical students are also included inside the medical circle). I am wondering if it is a practical idea if our Medical Society can organize a class of some sort for our medical students. The whole course can be divided into 2 parts, one part is for lectures and another for practical sessions. In the latter the whole class is divided into small groups to practice acupuncture on lumps of paper, oranges or on the members themselves. If the response is good, the fee paid by each member would not be too high.

The question is, of course, is the idea practical? And more important, anyone interested?

c.p. Fourth year.

Editor's note:

Please refer to 'In and about' in this month's issue about the acupuncture course in the second year. The idea is certainly feasible. Now that both the first and the second years have their own courses, perhaps the Medical Society might take the initiative to arrange courses for interested students in the third, fourth and final years?

Personal Property

There have been cases of personal books, attache cases, handbags, bags etc. being stolen from the Library. All library users are advised to take great care of their personal possessions and not to leave anything unattended in the Library.

Neither the Library nor the University can accept responsibility for losses, nor are they able to safeguard private property which is left around.

Valuables may be left with the staff on duty at the Loan Counter. All reasonable care will be taken though again no responsibility is accepted.

Librarian

Editor's note:

All library users please take care of your own and only your own personal property.

The Wrong VIP

I refer to Caduceus newsheet March Vol. 5/No. 3 in which the article "VIP around the campus" was reported in your column "in and about".

Your more perceptive readers have noted that the VIP talking to his student audience was the Vice-Chancellor, Dr. Rayson Huang and not Professor C.T. Huang as erroneously reported.

Professor C.T. Huang is one of the two Pro-Vice Chancellors.

I trust that the error will be conveyed to your readers.

Yours sincerely, (Mrs.) Grace CHOU.

Department of Microbiology, H.K.U.

Editor's note:

Errata:

Our sincere apologies to Dr. Rayson Huang and Prof. C.T. Huang for the mistake and any inconvenience which may have resulted from it.

Concerned About The Medic Student Centre

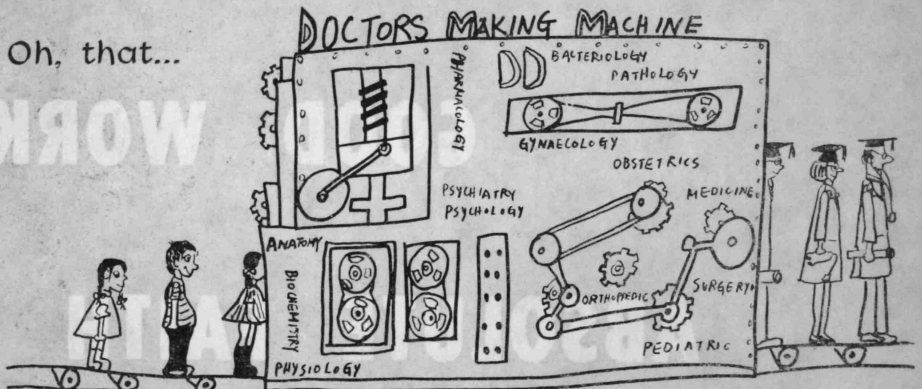
The opening of the Medic Student Centre was welcomed by everyone of us. It provided us first class luxury in between the intensive lectures.

Unfortunately, shortly after its opening, the TV was out of order followed by the electric washer and electric dryer in the laundry. Magazines were displaced, torn and some of them were lost. The whitewash collapsed such that the white patches standing against a pink background reminded you immediately of a misleading modern painting. The floor was full of dirt, ashes and cigarette ends.

It's a pity to see such an unpredictable change and I wonder what will it be like in the next decade... or I should say the next minute.

Concerned

We welcome correspondence from all of our readers. Write us if you have any grievance to air or suggestions to make. Please address to your letters to the Editor, the Caduceus, Medical Society, H.K.U. Name and address of the correspondent must be enclosed but should anonymity be requested, would be honoured—the Editorial Board.



HOSPITAL HUMOUR STORIES

Hospital Humour

One day the Hospital notice-board announced: Lecture in the Great Hall, October 17 at 11 a.m. by Professor Sir Julian X.Y.Z. subject: Obstetrical abnormalities

Under this a student wrote: Mary had a little lamb!

Hospital definition of twins — they begin as room mates and later become bosom companions.

The evening papers announced that one of the professors at a famous London teaching hospital had been appointed Honorary Physician to H.M. the Queen. Next morning when he entered the lecture theatre he saw chalked on his blackboard: GOD SAVE THE QUEEN!

The school of dentistry arranged for the portrait of the retiring director to be painted and there was a presentation at his farewell party. A well-known artist had portrayed him against a background of teeth, jaws and equipment.

As he stood gazing at the portrait, the senior gynaecologist was heard to observe, 'I'm glad he hasn't painted me!'

On Psychiatry

Limmerick by Sir John Mand

A certain old Colonel of Kenya was told that he got schizophrenia. It wasn't the word that upset the old bird. But which of his egos was senior.

Psychiatric treatment, anyone?

A man who several time caused a disturbance by pouring beer from his mug over another man standing at the bar, was persuaded to seek psychiatric treatment. This he did and was not seen in that bar for several weeks. When he did return, he again poured some beer over a neighbour.

"I thought you went away to be cured!" the barman good-naturedly exclaimed to the culprit.

"So I am," came the answer, "previously I used to be very embarrassed when I did this but now I feel no embarrassment at all."

Simplicity does it

A man developed an unusual fear that there was someone under the bed, and he upset his wife by frequently getting out of bed in order to look with a torch. The family doctor eventually advised psychiatric treatment but this made him worse as he now thought there might be two men under the bed. So the treatment was discontinued.

Some time later the psychiatrist met the patient and inquired how he was. "Cured!" came the happy reply.

"Now, tell me, how did you manage that?" the psychiatrist inquired.

"I didn't," was the reply, "but my wife did. She saw the legs off the bed."

The Mechanical Age

A high-powered psychiatrist in New York was taking on a new patient.

'I am a very busy man,' he explained, 'and the first interview is always one-sided because the patient just tells me everything he wants me to know. Now if I can get that down and hear it at my own convenience it's a great help. So I use this tape recorder here. You sit right beside it, I switch on and leave you, and you just go on talking until you've finished all you want to say. Is that clear?'

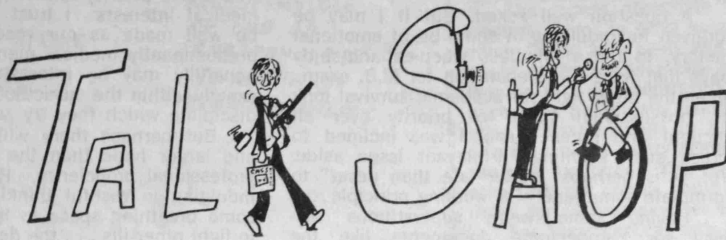
The patient said it was and the machine was started. Five minutes later the psychiatrist was surprised to see the patient leaving the building so he went after him.

'You've not said much into my tape recorder, have you?' he asked.

'Well,' the man replied, 'you see, I also am very busy, and you are not the only psychiatrist I've consulted. If you will go back to your office you will see, sitting next to your tape recorder and telling it everything I want to say, my little dictaphone.'

(collected by Dumb-Bell)

THE CADUCEUS



The Old Man of the Mountain

Time: one fine Saturday morning in April

Place: Professor McFadzean's Office

...It's about a new column in the Caduceus, sir, we wish to talk to you about, sir.

...Calling me "sir" once is enough....you've paid tribute to my appointment. You don't know me... pay respect only to those who earn it, not to the position they hold....

...Yes, sir. We plan to feature a few VIP's around, sir.

...What do you mean?...because I am the old man of the Faculty? Age is not synonymous with either wisdom or experience.

...Personalities of your stature, sir. (must resort to the use of explicit flattery sometimes!)

...Rubbish! Few people in their life-time become of real stature... you would need to perch me on a mountain... the old man on the mountain....

...(Mountain? One can't be really sure it isn't a volcano.)

...You've heard the usual tales about me.... most of them are apocryphal....

...Yes, sir, and we hope to find out the truth....

Revamp the Curriculum and No Degree Exam. (for the Average Student)

...Any room for improvement in the Medical Faculty, sir?

...Of course...Reformation of a curriculum which is hopelessly outmoded and, even worse, hopelessly overloaded....Partial abolition of degree examinations....they were designed by the devil...Replacement by continuous assessment....The average student would pass and would not sit degree examinations. Students who failed would sit the degree examinations which we now know. Good students would sit examinations entirely different from that of the failures in continuous assessment. The radical reformer in this Faculty would need to acquire a machine-gun and ensure that his finger was on the trigger. It has been contended, for over 50 years, that if attempt be made to combine the educational with the vocational...failures in both objectives. We do it here to a deplorable extent. However, over the years, the system has worked well enough....The high quality of our graduates and, especially, of our past graduates are sources of great pride to me and I am sure to others....

...Wouldn't such a scheme of continuous assessment permits grounds for biased judgment and encourages favouritism, sir?

...Yes, one cannot be blind to that danger but I believe it would be offset....Difficulties may be greater in some Departments than in others.

Socrates, Slaves and Stupid Students

...I can only speak for the Department of Medicine. Undergraduates do not receive a vocational training but there is a vocational content for the principles of medicine can be learned at the bedside, employing, as models, patients and their diseases. Basically we expect students to learn to acquire data from patients and consequently he must have the skill properly to examine patients....to reason especially....to apply, whenever possible,

the knowledge gleaned in the Pre-clinical and Para-clinical Departments.... By and large students are stupid.... Instead of going to the bedside as often as possible they, slavishly, worship authority.... whether it be chalk, talk or the printed word. Socrates taught that authority should be questioned, no matter in what guise it presented itself. Incidentally, in Medicine, the best method of teaching is the Socratic method.... does not matter whether teacher or student assumes the role of Socrates.

...But sir, Socrates never barked at his students, did he?

...I don't bark, for barking dogs don't bite. I snarl and bite, if the snarl produces no results. You know little of Socrates.... he suffered not fools gladly....



Grab them by the scruff of the neck and throw them over, sir?

An Increasing Crop of Mediocre Students?

...As was anticipated, a progressive increase in intake has resulted in an increase in the major mass, the average and below average student. There has been no increase in the number of good students. Occasionally we have had vintage years but such have become decidedly uncommon. Matriculation results are not necessarily reliable but at least their use is equitable and, in my view, the best yardstick we have. Headmasters' reports, as in the United Kingdom, vary widely in reliability. Interviews have proved useless. They are far too brief to be of value and the applicants tend to say what they think the interviewers want them to say. An entrance examination is anathema to me....

Clinical Practice will be

...Osler said, "as is a man's Pathology so is his clinical practice. It would be truer today to say "as is a man's Biochemistry and Physiology"... and this applies also to Pathology and Microbiology which are clinical subjects.

... A case of "the early bird catches the worm", sir?

...Yes.

"Your hair, doc."

...They say you strongly object to clinical students wearing their hair long. Yet one really see little correlation between a mere outgrowth from the cranial region and the level

FORWARD

"The time has come," the Walrus said,
"To talk of many things:
Of shoes—and ships—and sealing wax
—Of cabbages—and kings—
Any why the sea is boiling hot—
And whether pigs have wings."
Lewis Carroll

It is perhaps in the Walrus' spirit of "the time has come to talk of many things" that we are introducing this new feature, the Caduceus Talk Shop.

Tentatively, in the "Talk Shop" we intend to offer comparatively "neutral territory" to talk informally about issues that hopefully may be matters of some concern to medical students: about the local community and the University in general, the Medical Faculty and the medical profession in particular. We shall endeavour to take our readers past the facades that are headlines and legends, monuments and controversies.

If we may take the opportunity to indulge in some tautological assertions, we believe that "if you are not part of the solution, you would be part of the problem". While we are probably not some of those feverish anti-establishment people (yet), we honestly think that reverence before authority has done little in the way of changing things.

The "Talk Shop" may be destined to be an arena for some staff—student confrontation, if that be its fate, it certainly would be a lot more fortunate than that of the cold war that is the existing indifference and mutual ignorance.

Should the above serves merely to justify the implementation of an otherwise nonsensical idea, we invite your criticism and comment. Further we welcome your participation — be your insight sober or trivial, will be guaranteed a sympathetic ear at the "Talk Shop".

— B. Ng —

of academic competence. Are medical students not entitled to some measure of personal freedom, too, sir?

...As usual you see issues from but one point of view and have the temerity to judge. No, it is not a personal foible. Have you ever thought of it from the patient's point of view? In the Aphorisms of Hippocrates you will find: "A physician shall be sober in his habit". The word "habit" (not habits) refers to his appearance, his dress and his manner. When a student enters the clinical years and comes into contact with patients, he must abide by the long established customs of his profession. The patients in this hospital are, by and large, highly conservative. Surely you can imagine, for example, the reactions of anxious, conservative, Chinese parents with a desperately ill child were that child to be attended by a long-haired "with it" doctor clad in the modern equivalent of Jacob's cloak of many colours.

...Outwith the wards and the Department I would never dream of interfering with a student's liberty provided he does not bring the dignity of the profession which he has chosen to enter into disrepute.

Lame Dogs over Stiles

...Which of your achievement has given you greatest pleasure, sir?

... "Siritis" seems an incurable disease in your case. I can best answer that in the words of my idol in Medicine, Patrick Manson, the Father of Medical Education in Hong Kong when asked the same question: — "Helping lame dogs over stiles" but I would add, commonly such have to be grabbed by the scruff of the neck and thrown over.

"Watch dog" also at the Talk Shop

... Mind explaining about your role as student senator, Mr. Au Tak Jor?

... The Senate, as we all know, is directly governing our educational and academic affairs. The powers of the Senate include the setting of our curriculum, the employment of staff, the examination of decisions made by the Faculty Board, the management of our libraries, museum, laboratories, hostels of residence etc.

Mr. Stephen Ng Kam Cheung was the first senator from the Medical faculty for the session. It is true that 6 seats out of a total of 64 in the Senate is not a significantly influential number, nevertheless, as Mr. Ng Kam Cheung has put it, the senators can at least play the role of a 'watchdog' for their faculties, to alert the students of what is happening and to speak up for his fellow students in case such need should arise. Moreover, a demonstration of students' opinion is often achieved, as in the recent walk-out by the student senators in protest against the defeat of the motion 'that there should be student representation in the Faculty Boards'.

... What do you plan to achieve in your session, sir?

... I must confess, my knowledge of the Senate is limited and I can only start by digging into the real nature of the role of a student senator. I can only promise you my whole-hearted effort.

... I would welcome suggestions from all my fellow students who may deliver their opinions directly to me or through our Chairman, Mr. So Ping Cham or by dropping a message in the letterbox in the Medic Canteen...

DIRECTION? — A NOTE FROM THE CHIEF EDITOR

With the editorship of the Caduceus came the persistent question from our patron: "What would be your policy? Or do you have a policy at all?"

A question well asked. But if I may be forgiven for indulging in some bit of emotional history, in those mindless sleep-eat-and-study days that were the preparation for M.B. exam., when the bitter fight for academic survival took an obsessional sense of priority over all thought and inner music, I was inclined to brush such seemingly irrelevant issue aside. Yet, it is perhaps "better late than never" to formulate some kind of a working principle...

Having some weird superstitious respect for cumbersome documents like the Constitution of the Hong Kong Medical Society, H.K.U.S.U., hastily I laboured my way through every line in search of some words of guidance as to what exactly is publishable and what not in this Official Publication of the Medical Society. Fortunately or unfortunately, such a zealous enterprise went unrewarded; and so there I am, stooping to the use of common sense for a change...

Look, I surmise, the pompous title "the Official Publication of the Medical Society" probably serves to distinguish the Caduceus from the some Underground Press of some obscure Triad Society. (. . . Or would I really have preferred the editorship of some underground press instead of this sacred official publication . . . ? Any way, the point is not my personal preference but behold, the austere duty one is supposed to be involved . . .) with the epithet "official", I reason, like it or not, one ought to strive to put on some semblance of respectability onto the Caduceus . . . right? As it is a publication of the Medical Society, I rationalize, one must at least make some attempt to stuff up some pages with matters of medical interest, however difficult deserving articles of such nature are hard to come by in this intellectual desert when the greatest talk around the campus is "when-is-your-next-exam?"

Yes, I would make concession to the limitation and privilege offered the Caduceus as the Official Publication of the Medical Society and would give priority to articles of academic and medical interests. I trust the above decision be well made as our readership consists of predominantly medical men and students who hopefully may be interested in material not exactly within the curriculum but related to the discipline which they try so hard to master.

But perhaps there will be greater dream and larger hope than the mere aspiration to professional proficiency. Perhaps, if I am not indulging in wishful thinking, there might be some breathing space in the Caduceus for us to fight other ills . . . the deliberate desensitization of a medical training, the fierce tyranny of the hospital hierarchy, the monastic withdrawal of the medical profession from the world which it professes to serve, the funny bureaucracy of the University machinery, the blind adherence to false ideology, and the biased favouritism shown towards the status quo in general . . . Perhaps we might take up the cause of the oppressed, and in fighting for other people's liberty, we might perchance find ourselves free?

Perhaps I am hopelessly plagued by those fantastic hallucinations common to some people of our time, and maybe if I stop catching queer ideas the way people catch pneumonia, I might find myself cured...

Or perhaps you are infected with my disease as well? . . . perhaps . . . perhaps . . .

To me, "the voice of one crying in the wilderness" undoubtedly has its romantic appeal, but honestly, I would prefer we find a tune to sing and some music to make together.

I earnestly beseech you, humbly beg of you, and anxiously urge you all to contribute to our Official Publication.

You see, we might someday find an oasis somewhere . . . perhaps . . .

Sincerely,

Betty Ng.

THE PRINCIPLES OF THERMOGRAPHY AND ITS CLINICAL APPLICATION

by E. Ho

Infrared radiation is electromagnetic radiation in the range of wavelengths 0.75 micrometer to about 100 μm . (By contrast, visible light is electromagnetic radiation of wavelength 0.4 μm to 0.75 μm). It travels in straight lines and can be reflected, refracted or absorbed by objects it meets.

Some infrared radiation is emitted by every object whose temperature lies above the zero of "Thermodynamic temperature" (0°K or -273°C). The total energy emitted by the object is approximately proportional to the 4th power (T^4) of the temperature (T) of the object, when T is measured in Kelvin (K).

The amount of infrared radiation emitted by any object in 1 second from each square centimeter of its surface depends not only on its thermodynamic temperature but also on the nature of its surface. The efficiency with which the object emits this "radiant energy" is referred to as its "emissivity" (E). For a perfect emitter (a "Black body") $E = 1$. For human skin E approaches this value.

In man, the infrared radiation emitted through the skin by the warm tissues beneath covers a range of wavelengths from about 3 μm to about 25 μm , with a maximum emission of energy at 10 μm .

Skin temperature gives some indication of the vascularity of the underlying tissue e.g. reduced skin temperature in areas of ischaemia and increased skin temperature over an area of inflammation or of a vascular tumour. However it is not very practical to map out the skin temperature with an instrument such as a contact thermometer.

In recent years equipment has been developed which allows rapid scanning of a large area, with accurate demonstration of temperature variations of as little as 0.1°C . These thermography units consist of the following components:—

- (i) a mirror camera which can be focussed from about 3 feet to infinity, and which can encompass about 10 angular degrees vertically and 20° (angular) horizontally.
- (ii) An opto-mechanical scanning device.
- (iii) A special thermocouple, one side of which is held at a constant low temperature e.g. by immersing it in liquid nitrogen, the other side being at the point of focus of the above opto-mechanical system.
- (iv) the resultant electrical signal from the thermocouple, suitably processed, is displayed on a cathode ray tube similar to a television picture tube, together with calibration scale of temperatures.
- (v) A camera (of Polaroid type usually) to record the result. The resolution of such a system is such that it can record details as small as 1.8 inch at distance of 10 feet.

If any accurate indication of skin temperature is to be obtained then the patient's skin temperature must be stabilized in relation to the air temperature. This implies that the patient must sit or lie in a com-

fortable position for about 20 minutes without any clothing over the areas of interest, at a temperature sufficiently far below body temperature to produce a heat gradient in the skin, but not so cold that shivering is produced. Usually a large room, air-conditioned to 21°C (70°F) and free from draughts or sources of infrared such as incandescent light is employed.

Anatomical landmarks are identified by the use of small aluminium discs e.g. at the umbilicus and nipples.

Clinical indications for this equipment are still being assessed and a few of them are cited below.

(1) Phlebograms — Blood in the vessels rather than the vessels themselves provide the means for the delineation of circulatory pattern in infrared phlebography. It is made use of in the detection of normal changes in venous patterns caused e.g. by pregnancy etc.

(2) Breast cancer — the possibility of early detection of cancer from character of the venous pattern received great deal of attention.

(3) Tumours — most suitable for intracutaneous or subcutaneous vascular tumours covered with normal skin in which the presence or absence of excessive vascularity could not be demonstrated positively by inspection, palpation, provoked local congestion or even transillumination. The technique has an additional tool in establishing the presence of a possible neoplasm. Example — differential diagnostic aid relative to cirrhosis and carcinosis of liver and other hepatic conditions.

(4) Varicosities — venous stasis causing varicose ulcers. It is useful in estimation of the probable healing of the ulcers and thus to facilitate the choice of treatment.

(5) Thrombosis — the subsequent recanalization of these vessels or the development of collateral circulation is demonstrated nicely.

(6) Heart and circulation — Useful for studying cases of pericardial effusion and para-nitroaniline intoxication. Also effective in congenital heart disease involving cyanosis, to trace circulation in clubbed fingers, effects of aneurysms caused by wound and phlebitis.

(7) Diabetes — For variations of scleral venous calibre in diabetics (still under investigation)

(8) Dermatology — For vascular bed under dermatological conditions (deep seated) e.g. lupus vulgaris.

(9) Ophthalmology — For anterior segments of the eye e.g. parenchymatous keratitis, corneal dystrophy, corneal leucoma and mature senile cataract. In these cases corneal opacities prevent examination of the underlying structures by other clinical means. Also useful in retinitis pigmentosa, arterial occlusion, diabetic retinopathy, melanotic lesions, osteogeneses imperfects.

(10) For assessing inflammation in rheumatoid and other types of inflammatory arthritis. Also abdominal inflammations.

roids allergic reactions, veterinary medicine, burns and plastic surgery.

(11) Other areas of application includes — thyroid and parathyroid.

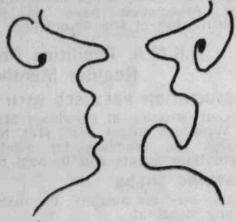
CADUCEUS SPECIAL

EDITORIAL

The Test of Sincerity?

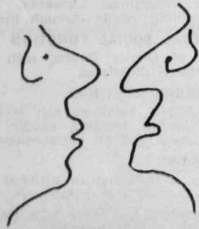
TEACHERS ON STRIKE
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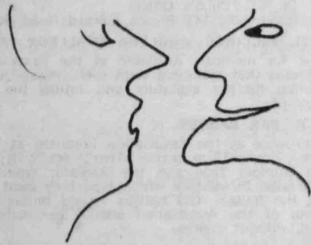
WE, CHURCHMEN,
ARE PEACE-MAKERS

CHURCHMEN,
PRESUMABLY FED
BY MANNA
FROM HEAVEN,
MAY AFFORD TO
BE WHAT YOU
CALL "PEACE-
MAKERS" -
BUT
TEACHERS....?



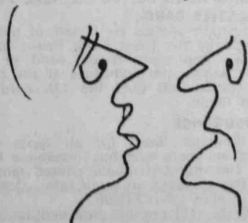
WE, THE ADMINISTRATORS,
KNOW MORE ABOUT
EDUCATION THAN ALL
THE TEACHERS PUT
TOGETHER.

GREAT!
BUT PERHAPS
YOU SHOULD
START
DOUBTING
YOUR
SINCERITY
INSTEAD



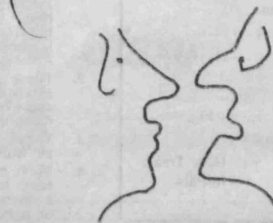
LOCAL REDS
BEHIND
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'CMON GET
AT THEM-- YOU!

GRAND PAPA
MAO TSE TUNG
WOULD PROBABLY
BE GIGGLING AT
SUCH FUNNY AND
NOT-SO-FUNNY
TACTICS.



TEACHERS WHO
ASK FOR HIGHER
PAY ARE BUT
A MERCENARY
LOT.

WHAT THEY
GET IS
ONLY A
LIVING,
BUT WHAT
THEY GIVE IS
THEIR LIVES



GENTEEL POVERTY

The recent stalemate between the government and the certificated masters serves to drive home the point how well-fed people in the executive office, toying with sums and figures, can be shockingly sequestered from the plight of those whose fate is at their mercy. The inconvenient fact, blithely ignored in a hot controversy like this, is that local teachers, by and large, have been perpetually living in genteel poverty. Granted there are certainly other interest groups in plenty, whose plight is even more deplorable — offered a mean salary scale, cheated of the worth of their labour, and more savagely exploited. Yet, the existence of more grotesque injustices done to other interest groups could hardly serve as an excuse why a reasonable demand for a fairer deal for certificated masters should be adamantly refused.

For their part, at one point teachers announced they would relinquish the claim to a better salary scale if their bullying employer, the government, would concede to their demand for educational reform.

In a consumer society, it would be impractical to divorce the connection between status and money, and fatal to muddle up the issues of group interest and the general welfare of the society at large. One cannot help but to be moved by that streak of heroic stoicism and even a touch of selfless martyrdom in such proclamation.

Their demand for a fairer pay is but modest. Their desire for educational reforms is long overdue. It would be a shame for this prosperous community to plead impotency to meet even such comparatively non-extravagant aspirations while its government slaves to pile up an enormous depot of reserves in London, presumably "to buffer against an unlikely recession". MORAL BLACKMAIL?

To resort to local church-leaders as mediators in an industrial dispute is perhaps a step in the wrong direction. May be churchmen are what they claim to be: "peace-makers". But perhaps what is needed is not peace but pay . . . and reforms, too.

Failing to make their version of peace come true, honourable teachers of the doctrine of blessed poverty, stooped to the use of moral blackmail and veiled intimidation. These came in the guise of: "Parents are anxious and those innocent children will suffer . . . etc . . ." and "You teachers are irresponsible if you don't go back to the conference table. . ."

Yet one simply fails to see what immense suffering it could be to have no classes for a day or two. Indeed one would need to be blind and blindness being a spiritual disease in this case, not to have witnessed that universal mood of juvenile delight at some unexpected vacation.

Perhaps when one's understanding of responsibility consists of doggedly hanging on to a total fiasco that is a hopeless conference table, then one should really start doubting one's capability to act as mediator.

By the way, people in the medical professions — doctors and nurses — have always been in the quandary that by succumbing to the use of strikes as a means to protect their group interest, they would eventually penalize those they set out to serve. This dilemma has been ingeniously exploited in the persecution of these groups. Their instinct to be responsible to those they try to serve has been used as a means of coercion — hammering them into submission to injustices committed in the sale of their labour. A pathetic lot, no doubt.

But perhaps local teachers need not be the victims of such ignominious crime.

HAIL THE SPIRIT OF REFORM . . . NOW!

Our educational system has long been the dying invalid in our midst. When the authorities are so wedded to the funny idea that the superiority of the nature of certain social reforms lies in how slowly they can be carried out, one cannot help casting doubts on their sincerity.

Grudge the community one extra teacher training college now, and in no time there will be a dire need for many more police training schools. And this is no rhetoric.

The four recommendations put forward by the teachers are meaningful attempts to revamp the present system which undoubtedly belonged to the Kennedy Town incinerator ages ago.

An "empty, superficial and bureaucratic" response and "an attempt to evade responsibilities by exaggerating difficulties" are no solutions to the grave problem at hand.

We have had enough of such ostrich-like attitude already.

Invitation from Peking

Professor F.P. Lisowski of the Anatomy Department had been invited by the Academic Sinica in Peking to spend about three weeks in China, where he would be looking at certain scientific institutions and discussing some of their fossil finds and preclinical education, particularly anatomy.

Actually the invitation came as early as February 1972 but owing to his many engagements, Professor Lisowski was unable to make the trip then. This would be the second trip to China for the Professor who had already visited China in 1964. He is believed to be the only anatomist ever invited by the Chinese authorities.

Professor Lisowski would also be looking at certain changes in the areas of applied anatomy, neuroanatomy, cell biology and child growth.

Leaving with the Professor on April 8 were a Dutch couple, Professor and Mrs. G.H.R. von Koenigswald, Professor Koenigswald is the Director of the Division of Palaeoanthropology of the Senckenberg Institute and Museum, and Professor of Palaeoanthropology at the University of Frankfurt.

Professor Lisowski would be returning to the colony about the end of April. He has promised to give a talk to the Medical Society — about his experiences in the land where the pursuit of health is a national investment as well as a national pastime.

About the home of our budding scholars . . . (i.e. the Library).

For approximately two weeks from 12th May some reconstruction and redecorating will be carried out on the interior of the Medical Library. The inevitable disturbance which this will cause is much to be regretted, coming as it does so soon after the Medical Library appeared to have settled down, following the lengthy period of discomfort during the extension work.

(Incredible the way people build! If it be a case of professional negligence, it would be inexcusable as the Library is a house of treasure to our scholars! No joke!)

At the end of the latest work, the two study rooms and staff reading room will be available for use. The study rooms are intended for small groups of students who wish to discuss their work, and who may book a room for periods of one hour at a time. It is hoped that this will reduce the incidence of noise in the general reading areas, and those who wish to form discussion groups in the Library are urged to make use of the new facility.

There is a telephone (466221 extension 215) in the staff reading room, so that doctors who are expecting calls may leave this number where they may be reached, when visiting the Medical Library.

...If you are hoping to hibernate the summer away in the coolness of an air-conditioned Medical Library, too bad — your hope would remain only a hope. They air-conditioning of the new section of the Library (ought to be have fitted by December 1972) is unlikely to be ready by summer.

The Estates Office on a go-slow?

...Property lost — Mrs. Chung of the Library wishes it to be known that lost property such as books, note books, white coat, pencils, keys and valuables can be reclaimed at the Library counter.

Birth of the Senator . . . without difficulty?

Mr. Au Tak Jor, third year student, has been elected Student Senator for the Medical Faculty.

Refer to the Caduceus Talk Shop.

Foreign Visitors

The Medical Faculty plays host to a number of exchange students at this time of the year. They are Mr. Samuel Hui (England), Herr Anthony Dick Ho (West Germany), Herr Karl E. Wagener (West Germany) and Mr. Peter Ngoi (Australia), all of whom are doing obstetrics and gynaecology. Doing medicine are Miss H. Ying E. Tseng and Mr. Keith Dawkins from England. Miss Tseng and Mr. Dawkins are residing at the students centre.

A happy stay, every one.

1st MB Results

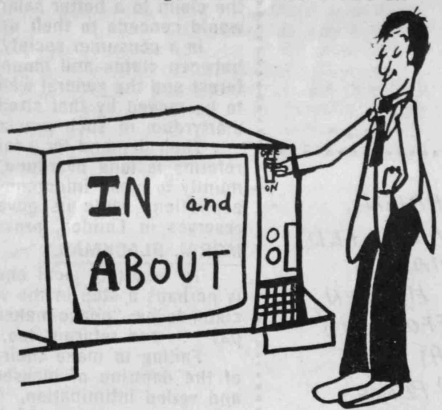
As released on 30th March 1973. Number of candidates was 153.

	Anatomy	Biochemistry	Physiology
distinction	0	2	1
pass	128	141	137
failure	23	8	14
exemption	0	2	0
absentee	1	1	1
% failure	15.5%	5.7%	9.3%
Number of candidates failing in three subjects	= 6		
Number of candidates failing in two subjects	= 8		
Number of candidates failing in one subject	= 11		

Distinction in Biochemistry: Mr. Chan Ka Kam
Distinction in Physiology: Miss Karen Lam Siu Ling

Thought of Comfort—Dedicated to Academic Casualties

What is an M.B. exam but a great pooh-pooh?
The world isn't getting any healthier—
even if we all get through,
Perhaps the destiny of nice people like you
Lies in something better than what doctors do?



Try your hand at essay-writing?

Society of Medical Officers of Health Essay Prize

Competition for this essay prize is open to students in the 3rd, 4th and 5th years of the course for the degrees of M.B.B.S.

The subject for 1973 is "Public Health Aspects of Family Planning in Hong Kong."

Entries, which must be lodged with the Registrar on or before June 30, 1973 must be written in English and should be approximately 3,000 to 5,000 words in length. The value of the prize is \$250.

Divided Loyalty . . . but perhaps a good job?

Following the lead of the first years, another pioneering group of about 60 students in the second year, would start their acupuncture course with an eminent local acupuncturist in April.

The course consists of about one and a half hours of lecture per week and would contain practical sessions during the summer.

The East Wind has at the long last reach H.K.U.? Faltering faith in the syringes, pills and scapels? Impatient in the long wait for your head to be bald before you can fulfil the sacred duty to know something your professors don't?

Any way, jolly good work, medical students.

When it comes to sports . . .

After much bickering and fighting in the true manner of militant sportsmanship, the Medical Society defended the ownership of the Interfaculty Omega Rose Bowl.

Our congratulations to our sportsmen and their version of sportsmanship. (Cheers, please, all you peace-lovers.)

Biochemist in Sweden

Dr. M. McCabe, Senior Lecturer in the Biochemistry Department, H.K.U. is on leave in Sweden where he is now working on diffusion problems in connective tissue with the eminent Professor Torvard Laurent of the Institute of Medical Chemistry, University of Uppsala, Sweden.

Bloody Black Friday for some good old souls

A group of some twenty medical students responded to the plea of the Red Cross for blood donation and heroically bled for humanity (...applause... applause...) on Black Friday (...more applause...)

Encore, anyone?

HKMA Student Membership

Interested in joining the doctors' club? You might find the following information forwarded by Dr. K. H. Lee. useful.

HONG KONG MEDICAL ASSOCIATION STUDENT MEMBERSHIP

Definition

- All clinical students (i.e. those who have passed their 1st M.B. examination) of the Medical Faculty of Hong Kong University and who are bona-fide members of the H.K.U. Medical Society, are eligible to apply for temporary membership of the Hong Kong Medical Association.
- These applications will have to be verified and sponsored by the H.K.U. Medical Society and to be approved by the Council at its regular monthly meetings.
- These temporary members will henceforth be known as Student Members.
- Such membership will automatically be considered to have lapsed once the student member ceases to be a recognised student of the H.K.U. Medical Faculty or a bona-fide member of the H.K.U. Medical Society.

Subscription

- The annual fee will be HK\$10.00. No entrance fee will be charged.
- Once they become qualified to join the Association as full regular members (i.e. when they become registered with the Hong Kong Medical Council), their names will automatically be transferred to the Roster of Regular Members on receipt of a communication to this effect from the student member concerned on payment of prescribed fees.
- Student Members do not have the right:
 - to vote at Association Meetings;
 - to hold office;
 - to have Association car badges or any other identity that may imply the holder to have professional recognition.
- Student Members, not being full regular members of the Association have no liabilities under the Constitution of the Association.

H.K.M.A. Facilities Provided for Regular Members

- ASSOCIATION PREMISES WITH A BAR**
At present, situated at Wyndham Mansion, 6th Floor, Flat A, 32 Wyndham Street, H.K. (Tel. No. H231898) Members can book the Premises for meetings, lectures or to entertain their guests and to hold dinner parties.
- BATHING SHEDS**
Members are encouraged to make full use of the swimming sheds at:
 - South Bay, H.K.
 - 1 1/2 miles, Castle Peak, N.T.
 Bring your membership cards and call for the caretakers of the sheds.
- NEWSLETTER**
Sent to members monthly
- MONTHLY DIARY**
Sent free to all doctors in Hong Kong.
- HKMA BULLETIN**
Every member who has paid his due for the current year will receive a copy of the BULLETIN which is published once or twice a year free of charge.
- SCIENTIFIC PROGRAMMES**
Refresher Courses, Video-Tape Sessions, Lectures & Film Nights are periodically arranged for members by the Scientific Programme Convener. Members are informed of any coming events through the circulars.
- ANNUAL SOCIAL FUNCTION**
In form of Dinner Dance, with valuable prizes. Held yearly around Christmas.
- GENERAL MEETINGS**
Regular & Life Members can exercise their rights at the Annual General Meeting usually held in May to elect officer-bearers and all extraordinary general meetings.
- LIBRARY**
There was a collection of medical books donated by members, periodicals and newspapers.
- APPROVED STAMP FOR INTERNATIONAL VACCINATION CERTIFICATES**
Each member can apply for an approved stamp issued under his/her name for the purpose of issuing International Vaccination/Inoculation Certificates. The cost at present is \$6.50.
- INTERNATIONAL VACCINATION CERTIFICATES FORMS and HEALTH BOOKLETS**
For sale:
 - \$4 per book of 25 certificate forms for cholera/small-pox vaccination;
 - \$10 per 20 booklets of International Health Booklets. Available at:
 - Association Premises At Wyndham Mansion.
 - Dr. Denny M.H. Huang's Office, 1522 Star House, Kowloon.
 - Dr. S.G. Chua's Office, Room 509, 141 Prince Edward Road, Kowloon.
- VACCINES: CHOLERA SMALLPOX TAB**
Free for member. Available at the Association. Premises provided that members send their messengers with a note bearing his/her signature and return the empty bottles after use.
- CAR BADGES**
Obtainable at the Association Premises at Wyndham Mansion. Cost \$15 a piece. There are 2 types of badges: the Bumper type and the Radiator type. Members are requested to indicate which type they want when purchasing the badge. Old badges issued before the change of name of the Association should be exchanged for new ones without charge.
- ASSOCIATION NECK TIES**
For sale in 2 colours: maroon & navy blue, @ \$12 each. Available at the Association Premises; and the offices of Dr. Denny M.H. Huang and Dr. S.G. Chua.
- NOTIFICATION FEES FOR INFECTIOUS DISEASES**
The Association will claim the notification fee from Government on behalf of the members for each case reported by members and confirmed by the Epidemiologist. Members should send in the notification stubs at the end of each month.
Note: Notification fees are collected on a month-to-month basis; any stubs exceeding 1 month will be invalid.
- LIFE MEMBERSHIP CERTIFICATE**
Life members are issued an attractively designed certificate signed by the President, Hon. Treasurer and Hon. Secretary in office.
- HONG KONG POLICE MEDICAL PRACTITIONERS IDENTITY CARD**
The Association applies on behalf of member for the I.D. Card issued by the Hong Kong Police to members of the Association. Applicants should send in two photographs with their names and addresses at the back. When ready, the Association will post the I.D. card to members by registered mail.
- INSURANCE**
Special Premium Rates for all types of insurance are offered to members who buy insurance through the Association. The discount/rebate offered ranges from 20% to 40% on the standard premium rate. Contact the Administrative Secretary at H-231898.
*Item (10) to (18) are not provided for student members.

THE HONG KONG MEDICAL ASSOCIATION APPLICATION FOR STUDENT MEMBERSHIP

To the Honorary Secretary of
The Hong Kong Medical Association.

Sir:

I desire to become a Student Member of The Hong Kong Medical Association, and I hereby agree, to be bound by the Memorandum and Articles of Association and bylaws of the Association.

Particulars to be stated fully and correctly:

Full name
Sex
in English
(Surname First, Block Letters Please)
in Chinese
Year
Address Telephone
(Signature of Candidate)

The above named candidate is personally known to us, and we believe him/her to be a suitable person to be elected a Student member of the said The Hong Kong Medical Association.

Signed
H.K.U. Medical Society

Dated day of 19

Passed by the Council on this
day of 19

as a Student member.

Hon. Secretary. Chairman.

FEES PAID.
..... 19

Dollars ten only

Hon. Treas.
Initials.

「第一次武林大會」記

樂 觀 派



話說天下大勢靜久必有變，久變必趨靜。「少林寺」位於沙宣道山下，該處地勢僻靜，臨海而面對瑪麗大武館，正是一臥虎藏龍之地。

在某次選拔賽中，一批英武少年男女如願地被挑中了來這裏研習武功。按「少林寺」規矩，凡少林門弟，需勤習五載，通過三次武林大會，合格後，方稱滿師。滿師後即可行俠江湖，「少林寺」招牌一打出，天下莫不欽佩，各武館自會爭相禮聘，此後濟世救人，打家劫舍，悉隨尊便。這批少年雖各懷目的而來，但到底一場師兄弟，在學期間，相處倒也十分融洽，大家朝夕勤習武功。

「少林寺」第一次武林大會向於農曆正月月中旬舉行，大家早已傳說紛紛，當告示牌上貼出第一次大會的詳情時，大家立刻抖擻精神，各謀良策。

話說云云衆生中，有些朝夕埋身於藏書閣，熟讀各家各派經典，博覽羣書，苦練武功，該批乃正派高手也，對「武林大會」正是左盼右望，

伺機一顯身手，日曆每劃去一天，心情便更愉快，對其他各家各派予以輕蔑態度，對「武林霸主」一位則虎視眈眈。

有等乃投機分子，奉「細書要讀，天書要熟」為金科玉律；有等更是旁門左道、派邪中人，專集歷屆武林大會熱門題目而熟習，然後預備一衝而過。

有等是瀟灑派，一副「本人身經百戰而來，豈是等閒小輩？區區第一次武林大會，何足懼哉？」的模樣。

有等鼠胆派，以「武林大會萬歲」為原則；顏如玉嗎？天下美女如雲，故掉之；搶錢掘金嗎？來日方長，故棄之。一切武林大會後再作打算，有等雖不忍捨下心上人，但因武功與顏如玉不能兼顧，只好忍痛選擇其一。

其他各家各派，招式繁多，難作一一介紹，總之大家都期待著在第一次武林大會中一高分下。

望穿秋水，大會之期終於到了。第一個回合完畢，已倦得要命，可是還得繼續努力，準備下一回合，經過三個回合之後，心情實難形容；是悲是喜，各有不同。不過一向忙慣了，一旦鬆弛下來，很多人不知如何打發時間，正派中人是第一批相率回返藏書閣深造的。

有些則深明小文藝英雄的心理，造訪顏如玉，此其時也；五行欠水，撲水此其時也；無座駕車，如何顯得英雄的威武？學車，此其時也！有等以竹戰四方城為我國國寶，焉能不學？於是少林門生休憩所內嘈拍之聲，歷久不絕。

第一次武林大會出榜了，這消息一傳出，大家立刻趕至，不看尤可，一看之下可氣壞各英武少年，原來殺出一名嬌滴滴的女子為霸主，另一霸主則是正派中人；瀟灑派、邪派、投機派中均有人掛彩，有些倒地不起；有些則要離開少林；回想兩年同門生活，不禁黯然神傷。

有等於今次鬱鬱不得志者，馬上寄望將來，以後尚有兩次武林大會，更有天下大會，絕不因今次失敗而洩氣，蓋誰勝誰敗，還待下回分解呢！此乃樂觀派也。

某某

時間的脚步就是永不停息，對於遠蹈重洋的你，各奔前程的在港同學，甚至是同校同系同級的××與××，都感到一層空間的隔膜，不記得在甚麼時候起，我開始緬懷過去，真正地體會自己是不能重活在往日中，真真正正在痛惜消失了的歡愉日子。

從你離港，直至現在，我始終有着惘然若失的感受，常夢想着大家仍然能在一起努力，一起長成；分享着嚴冬時候，九龍仔公園的傲骨烈風，再次踏着課後××道和××道的斜陽，重刻下無數的足跡。

我會為孤獨而徬徨，只是由於昔日的挑戰中，總有同伴備我前行。我們都是時間的旅客，在旅途中的一段相遇同行。如今，我也得學習挺起胸膛，邁開自己的步伐。

人們常說：「年青人生活在憧憬未來中，老年人則活於眷戀過去裏。」我驚覺襲來的衰老，自君別後。然而，理想對我的呼喚，不容我就此老去。

剛應付過一場大考，肩頭仍負着一點疲倦，這考試在我心中一直是一個挑戰，是路途中一段崎嶇難走的亂石路，途人各挑自己的踏腳石，各走自己的路徑，幸運者安然步過，不幸者或許會被摔倒而得爬起再走，旁人或會助他一把，好使他重獲平衡，斷沒有把別人推倒擠跌的旅者。

或許他日，我們將再在途中相遇，我，你，我們的新同伴，攜手前進。

祝
好！

灑上
七三年春

new broad-spectrum cephalosporin

Ceporex
(cephalexin)

the better absorbed oral antibiotic

gives better success rates

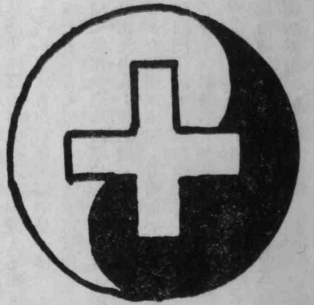
Glaxo
Glaxo Hong Kong Ltd.
9th Floor, Block B,
Watson's Estate, Hong Kong.

啟思

香港大學學生會
醫學會月刊

第五卷
第四期

一九七三年四月



中 醫 週

香港大學醫學健康委員會將於本月二十四日至五月一日舉辦「中醫週」，內容包括展覽、講座和電影，分別於醫學院與學生會禮堂舉行。

日期	24	25	26	27	28	29	30	1
展覽	內容 圖片、器材、書籍、中藥 地點 醫學院白文信樓 時間 上午十時至下午六時卅分				內容 圖片、器材、書籍、藥物 地點 學生會禮堂 時間 下午二時至五時			
演講	內容 中醫簡介 講者 嚴君行 時間 下午五時十五分 地點 解剖科演講室	內容 中醫簡介 講者 陳啟仁 時間 下午五時十五分 地點 解剖科演講室	內容 外科領域 講者 李文才 時間 下午五時十五分 地點 解剖科演講室		內容 針灸治療 講者 嚴君行 時間 下午二時卅分 地點 化學大樓			
電影				內容 針灸治療紀錄片 時間 下午三時正 地點 生理系演講室	內容 針灸治療紀錄片 時間 下午三時正 地點 學生會禮堂	內容 針灸治療紀錄片 時間 下午二時 地點 學生會禮堂		

抗原療法簡介

抗原中心創辦人訪問記

去年十二月底展出之「香港首屆發明展覽會」中，介紹了一種類似按摩推拿之物理治療法（抗原療法）。為使各同學及醫學先進能更加明瞭其技術及原理，故在日前訪問其發展者官君。現作一簡略記錄，以資參考。更重要者，盼能藉此刺激各醫學先導作有系統及科學化之探討，以決定此治療法之真正功用及其基本機制原理。如下一文，是由筆者於訪問時所得之資料及官君供給之著作寫成，如有錯誤，希請見諒。

關於「抗原」療法之機制作用，則未曾作過有系統之科學研究，故無適當之解釋，此療僅為累積經驗而已。（這似乎是中國傳統醫術的弱點。）據官君的解釋，此療法係運用人體本身「抗病力」去治療本身疾病；假設身體器官與肌肉具有一些「抗病力」的集結點，按壓此等「抗病力」集結點，可使全身的「抗病力」集中於被按壓的「抗病力」集結點，「抗病力」集中起來，便可把患病部位治好。經過「抗原」治療後，病者會感疲弱疲乏，可能是由於「抗病力」集中一點所致。

據稱此「抗原」療法適用於多種病症，如神經痛、扭傷、鼻炎、鼻敏感、神經衰弱、失眠、各種頭痛、偏頭痛及腦震盪；甚至腸胃病、高血壓、心臟衰弱、肝病、耳疾、視力衰弱等，皆可用此法治好。經多年臨床實驗，更發現此法特別適用於風濕及關節炎。（筆者書詢及此等病症在「抗原」療法前，到底如何斷症，但未獲切實答覆。）

有關將來發展及計劃，官君則因公務繁身，僅能從業餘時間去作有限度之研究，故希望醫學界人士能找出其中理論；更重要者，證實其療法之有效性。曾傳授門徒，但因種種緣故，所傳者未能加以學習，而且又恐為人用作謀利工具，故目前仍未有大事發展之意，僅欲藉種種媒介把此療法公諸於世，待醫學專業人材加以研究發揚。

至於施用時之技術，則有異於一般按摩療法；在按摩時，所用力度適中而病者頗感舒適，但在「抗原」療法時，所用力度極大，用手或木條等硬物按壓身體患病部份的「抗病力」集結點，而被按壓處則會出現紅腫等反應。所謂「抗病力」集結點，就是位於患部附近的疼痛點，也就是該部位「抗病力」之集中點，其位置則憑醫者經驗及病人反應而定。尋找適當位置所費不超過五分鐘，而每次治療時間則約三至五分鐘；至於次數則視病情嚴重而定，但總計時間不會超過六十分鐘，便可痊癒。

再者，治療前無需作任何準備工作，更不需要藥物刺激。又可用於輔助性治療，及適用於任何年齡和性別。此療法原理類似針灸，但更為有效，因尋找「抗病力」集結點比尋穴道更簡單、更準確，可避免誤傷神經；而且反應更快更久，又能根治，不會復發，又可免除針枝在體內折斷之危險。假使此種療法為真正有效，對病者及醫學發展有着一定之貢獻。據稱曾在台灣發表其發現，獲得相當程度之重視。台灣及日本方面，皆欲獲得此療法技術。

哀悼麥劍勤同學

黯黯銷魂者，唯別而已矣！有別必怨，有怨必盈。使人意奪神駭，心折骨驚，雖淵雲之墨妙，嚴樂之筆精，金闕之諸彥，蘭台之翠英，賦有凌雲之稱，辯有離龍之聲，誰能摹暫離之狀，寫永訣之情者乎！

三年前和麥劍勤同學在學業上分道揚鑣，他選擇了理科，而我就選修了文科。想不到三年後的今日，我們竟然要在人生的路途上作一次更大的分手。

在本月四日的晚上，他在跑馬地附近駕駛電車不幸失事，與世長辭了。噩耗傳來，各同學都感到十分悲傷和可惜。麥君家人的悲痛更甚於我們的不知多少倍。一個剛剛渡過了二十們寒暑的有為青年，為什麼這樣早便要結束了生命的歷程？

麥君平常待人接物，給我們的印象是豪爽不拘、平易近人，而且富有幽默感。他在學習方面的熱誠和認真，尤其深得同學的欽佩。記得大家還在英華書院就讀的時候，無論在讀書方面或是課外活動方面，他都可以做一個榜樣。就我記憶所及的來說，他在中學時做過了糾察生、當過了校際聯合科學展覽會的籌備委員，也擔任過校內科學雜誌編輯和科學會主席等職位。還有其他很多的活動，實在很難一一列出。總之，這都表現了他辦事的才能和多方面的成就。同時他更參加了拯溺的工作、響應紅十字會的捐血運動，可以見得他也是熱心社會公益。

往年十月，我們一同考進了香港大學。想不到相聚的時間是這麼的短暫，我們便失去了一位好同學，大學方面也失去一位不可多得的人才。但是，相信在這幾個月相處，舊同學對他更加了解，新的同學也應該發覺到他各方面的才能。他在系際戲劇比賽上、文娛活動組織各方面都有盡過很大的努力。宿舍與宿舍間的游泳比賽他也有參加，可見他不是一個只知唸書的好學生，而是一個在多方面具有興趣和熱心公益的好學生。可惜這些都隨着他的辭世而過去了。但是他的音容是會永遠留在我們的心中的。我們衷心希望他得到安息，同時也希望他的家人不要過度悲傷。大家應該化悲痛為力量，繼續努力，完成他未竟的志願。這樣才能稍慰他在天之靈，也不辜負多年同窗的感情。