

STUDENTS' PART ON DOCTOR SHORTAGE

— what does a health exhibition mean —

by Health Committee

The shortage of doctors in Hoing Kong has long been existing and has aroused much controversies. It is not a problem of the medical field alone, but concerns every single individual. It is of prime importance for the existence and well-being of the society. Both to relieve the burden of the Government, esp. in this season of insufficient medical service, and to ease the stress of people on their health, there lies no reason to have the basic medical knowledge sequestered from them. It is then a step towards this goal that a health exhibition is paced.

The prestige given by the people to medical personnels, sometimes extending to medical students, is beyond excess. In fact, there is no reason for the higher status conferred, because they are but one of the sectors serving for the common benefit of the community. **Many of us secured their**

medical profession training often at the expense of complete isolation with the masses whom we will be serving.

A project as vague and simple as a health exhibition held by inexperienced hands does not mean to bridge up the ever-existing gap between medical students and the community. It acts little more than as a means to bring some of our colleagues to meet the other side of the community, to express our concerns towards others and to feel the common complaints of others, to initiate our interest on the society we are living in and will be serving. It is our earnest wish that the public will find medical students no strangers to them. It is a step of prime importance in winning the patients' confidence towards doctors, and finally, in raising the standard of medical service.

Professor Gibson had given us a good advice: "The public is not interested to learn how clever our medical students are and how much they know, and it will be a poor exhibition if it aims to tell them that. Work hard in collecting material relevant and likely to be understood by the man in the street and seen from his point of view, not yours."

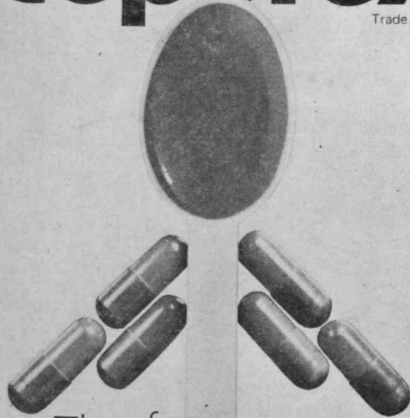
What we exhibit must be tailored to what we need, and what the public need. It is our duty to survey on any misconceptions, bring these forth and clarify them. Make it a chance to learn the socio-economic background, the attitude of the public, and the implication of different diseases. All this will widen our knowledge on the diseases, and will help us in future practice.

One's moral philosophy can only be built through actual and patient contact with one's surrounding: it is we who are benefited most.

Blessed are those who can reach their goal, in spite of the everlasting distractions they meet on their way.

Ceporex

Trade Mark



The fast-acting
oral antibiotic,
bactericidal over
a wide range
of infections.

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behind
the Cephalosporins.**

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NEWS FROM THE HEALTH COMMITTEE

Contents of the Exhibition held in September:

1. Common Cardiovascular Diseases.
2. Personal and Community Hygiene.
3. Child Health.
4. Mental Health.
5. Social Evils: Alcoholism, Drug Abuse and Smoking.
6. Sex and Adolescence.

NEWS FROM THE FPA

The Medical Adviser of the Family Planning Association, Dr. Pang, would like to invite all medical students to see the Vasectomy operation performed.

Place: Hennessy Road, Hong Kong.
Ma Tau Chung Road, Kowloon.

Time: Wednesdays, 10:30 a.m.
Mondays & Thursdays, 1:30 p.m.

Those interested please enter their names together with the time and place preferable through the Medical Society letter box. Individual notification will be made after the visiting timetable is arranged.

Deadline for Essays

Please note that all essays for publication in any coming issue are to reach the Editorial Board by the end of the month preceding that issue.

The Caduceus Editorial Board

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Problems Associated with the Emergence of Biomedicine as a Science Benefiting all The People of the World

by DR. E. E. Guile

Dr. Guile from Boston, Massachusetts, is presently in Hong Kong. He completed his study in dental medicine in the University of Pennsylvania and epidemiology in the University of California at Berkeley. He has taught at Harvard University, School of Dental Medicine.

Medicine as a science is on the ascendancy. Tremendous advances have been made in the knowledge of the human organism since the emergence of man. The major systems of the body have been discovered and their primary functions partially understood. Great strides have been made in the discovery of causation and in the control of many infectious diseases. This can be attributed in part to the advances made in the science of public health. Through the course of these many advances there has been a tautological relationship between the contributions made by clinical medicine and by those of biological research.

In spite of all these phenomenal achievements, many problems of health remain for the world's people. Even though medical science is on the ascendancy, disease both chronic and infectious is on the rise as well. There are also a series of fundamental questions which must be answered.

The transference of emphasis from cure to prevention

More of modern medicine is preoccupied with cure than with treatment. There will perhaps always be some diseases in the population to be cured. However, the overwhelming emphasis must be shifted from curative care to prevention as a progressive step.

The rise of modern hospitals in industrial countries as the principal means of care and the largest economic component of the health system exemplifies this emphasis on cure. The hospital is the institution which has the heaviest concentration of health care talent and personnel. If the money that is spent on hospital cost is spent at an earlier point on the pre-hospitalization stages we would in turn get a reduction in overall expenditures. This illustration points out the need to develop more dispersed community and village health centers to provide for basic health needs at an early stage in illness. Many diseases that are treated at this stage are cured before the necessity of being admitted to a hospital.

More patient and public education is necessary as a prerequisite for preventive medicine to be informative and effective. The people must be highly informed on the precautions they must take concerning their health. Too much of medicine is mystified and kept on an esoteric plane above the heads of the public. Health principles and medical knowledge must be decoded for the average layman to understand.

The Hiatus between knowing and doing

Modern Biological science has accumulated a vast quantity of knowledge on the organic systems and their function.

Sometimes it takes years for a new development to be implemented into practice. Sometimes a new development gathers dust in the library and is not used at all. There is a serious gap between present day knowledge on the one hand and useful practical application of that knowledge on the other. In some instances a given advancement such as kidney dialysis is too expensive to be instituted over the entire population which needs it. In other cases the sluggishness of the social system is responsible for the lack of implementation of new ideas. In far too many instances there is a serious hiatus between knowing and doing.

The Shortage of Personnel

One of the real acute problems facing health care in the world is the shortage of workers and skilled personnel. Dentists and physicians are in short supply in practically all the world's communities. At present rates of population growth the ratio of doctors to patients is going to get worse. In order to alleviate this serious problem several initiatives must be made. The health care system must greatly increase the training of medical personnel in all categories.

Some of the burden can be alleviated for the dentist and physician if more auxiliary personnel are utilized such as physician and dental assistants. It has been shown through the work of the barefoot doctors in China that personnel who have been trained for six months to a year can perform many simple treatments, saving the physicians much time. If the case is complicated then it is immediately referred to a regional hospital for treatment by a physician. Development of associated medical personnel is an important approach to the long range health manpower problem.

Another tactic toward handling the health manpower problem is to rely more on the science of epidemiology. The entire community must be looked upon as a patient. When this is done the spread of illness through the population can be curtailed. Moreover the cause of many diseases both chronic and infectious can be determined by using biostatistical and epidemiological methods. Epidemiology can be briefly defined as the science of the distribution, prevalence and incidence of diseases in population groups. This method requires much less manpower than the usual techniques of medical care. It also requires less finances. A widely cited historical case, the epidemiological investigation of Cholera, illustrates our point — this saved many more lives than by the technique of individual patient care for the disease.

Benefiting from the Past

Clearly 20th century medicine must study more thoroughly the vast pharmacopoeia of traditional medicine. Across the globe most cultures and people have devised empirical methods for treating the diseases of their people based on accumulated experience. Up until recently there has been a tendency to reject traditional medicine as being superstitious and unscientific. It is important that we study closely these ancient methods e.g. the use of herbal medicines. Those that are

found to be useful in light of present knowledge should be compiled into some type of international pharmacopoeia.

Empirical methods of treatment such as acupuncture and moxibustion should be scientifically developed further and utilized the world over for treatment and for anesthesia where it is effective.

Ancient methods of psychiatric care should be studied more closely. The legendary traditional Doctors of Africa have been quite successful in curing many psychologically ill people. It is important to research old methods and find out the useful practices for the present era. Modern psychiatry is still at an early level of development.

Even the question of philosophy of medicine and health should be studied more carefully. Ancient philosophy is extensive, varied and deep. We should study these philosophies of the many people of the world and understand them better.

Global Health and Ecology

The international control of infectious diseases such as small pox and yellow fever have been in part due to the recognition that disease knows no national boundaries. What exist in the world is a global system of health and disease which we must begin to understand in its totality more clearly.

Sometimes it is necessary to examine the health condition of society in their historical emergence and in their ecological relationships. Most isolated communities of people in the world function around delicate balances which have been established over vast spans of time. The major diseases which affect the the community are in a tenuous balance with the community. Historically the population of certain isolated communities is maintained at a level which does not permit excessive growth and is not on the other hand decimated. This phenomena is indicative of the balances established in nature.

Also by studying the intricate nature of the relationship between man and his ecological niche, we can begin to understand more about the disease processes and their cycles in nature. The rabies virus is a case of host specific with different effects on various host. If an enlightened medical system controls the disease in the reservoir host then we can control the disease in human beings.

Maternal and Infant Care

Among the most differentiated tissues in the human body is the nervous tissue. The developmental phase of the nervous system is a most critical time. If the fetus is deficient in certain essential nutritive components there is the serious risk of causing semi-permanent damage to the nervous system. In the vast emerging nations of the world the maternal and infant care programs are not advanced enough to insure that every mother and infant is going to be cared for thoroughly. Sometimes the presence of ample food supplies is lacking in many locations. Not only is this a dire threat to the happiness and well being of the people at that particular time, but it is a threat to the millions of unborn children in their

mother's wombs. The prolonged effects which poor maternal nutrition causes can reach into the future for several decades. Equal to the threat of malnutrition is the threat of maternal disease or diseases of infancy. High infant mortality and maternal mortality stem from these diseases. Infants who suffer lasting effects from these afflictions, are an extra burden to society. Consequently, the society suffers from the lack of completely functioning individuals.

The expenditures invested in a strong maternal and child health program are probably the best investments of the health dollar. If the people are strong from infancy then the cost of health care among the future middle age and older age groups will be less and diseases minimized to a great extent.

Many international agencies are discussing the important issue of family planning. This is a particular important issue in developing countries. Family planning in the developing countries must be placed within the context of maternal and child health. In circumstances where the maternal and infant care services are low and non-existent and infant mortality is high, there is a distinct possibility that there will be no progeny to survive if contraception is employed. Family planning is very important insofar as the ability to support children and on the social impact of increasing population. Nonetheless it should be developed with in the context of sound maternal and child health. Maternal and infant care represents the core or kernel of the preventive school of medicine, and is the key to the overall effectiveness of the health care system.

Conclusion

This discussion is intended to only touch upon a few of the problems facing the efforts toward improving the health of the world's people. In order to better international & local planning in regards to health, care the numerous issues surrounding the problem should be brought forth and discussed. Research is of course a high priority. At the same time we should be cognizant that the knowledge uncovered through scientific research and through clinical observation must be put into practice.

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

The EB wishes to thank the special support of Glaxo Hong Kong Ltd.

Acknowledgement:

The EB wish to thank the Executive Committee of the Medical Society for its support for the fund-raising film show.

Professional Exchange

Director of SCOPE, ARMSA

According to the definition of IFMSA, professional exchange is an exchange of medical students for the purpose of their medical studies performed by a medical student body on one side and another medical student body on the other. The exchange scheme includes pre-clinical, non-clinical and clinical clerkships, depending on the spaces offered by the member countries. Pre-clinical clerkships include anatomy, physiology and biochemistry. Non-clinical clerkships are pathology, microbiology, anaesthesiology and radiology. Clinical clerkships are clinical subjects like medicine, surgery, paediatrics, obstetrics and gynaecology, etc. Some of the clinical clerkships are paid but mostly, one do not receive any payment.

When IFMSA was founded in 1951 in Denmark, it had already considered that the exchange of medical students to be one of the main actions of the Federation. A standing committee on Professional Exchange (SCOPE) was established to develop and improve the scheme for the exchange of medical students. By then, student exchange was already going on actively in Europe. In 1952, over 450 students spent a period of practice abroad and by now 10 times more and with increase in the number within the Federation as well as non-member countries all over the world. Many of the member countries do provide board and lodging as standard and some also provide pocket money as well. Travelling reduction is also available in quite a number of European countries and English can be understood in most of them.

Professional exchange is still new among medical students in Asian countries. Most of the member countries of ARMSA do take in exchange students from Europe but few, if there is any, going abroad as exchange, except countries like Australia, Israel and Singapore. The main difficulties for the development of the exchange programme between Asian countries are lack of information and interest in the scheme, and financial problems. In some places, like Hong Kong, time is another additional factor. I believe that developing a scheme for exchange on reciprocal basis may help to improve the situation.

IFMSA application form for the exchange scheme can be obtained from the National Exchange Officer of the national organisation at a cost of U.S.\$1.50. The filled-in forms are sent to the NEO of the country you wish to practice your clerkship, usually 2-6 months in advance. The duration of clerkships usually last for 1-3 months. Definite answers to successful applications will be given at least one month in advance.

(Further information can be obtained from the NEO i.e. the External Affairs Secretary of the Medical Society, HKUSU).

IFMSA = International Federation of Medical Student Associations.

ARMSA = Asian Regional Medical Student Association.

CORRESPONDENCE

1st May, 1974

Dear Sirs,

In your time of financial difficulty, I wish to say that your April issue contains materials of distinct intellectual interest in a medical school. Taken with the previous issue there appears to be an increasing emphasis on intellectual matters and is a remarkable improvement over the past. May I extend you my congratulations.

Yours sincerely,
Dr. K. C. Lam (signature)

Editor's Note: There are complaints that the previous issues are too "monotonous" in that the EB has chosen special topics for each issue. The EB will take these into careful consideration and welcomes any suggestions for improvement.

MEDIC ANNUAL BALL

Date: 15th, June, 1974.
Place: Sheraton Hotel, Kowloon.
Time: 8:00 p.m.
Aim: for Elixir Loan Fund.

Tickets available from the Medical Society Office.

INTERLUDE

So often said, Life is but a dream,
Nothing is of real value.
That Life is a journey,
Long and weary but without rendezvous.

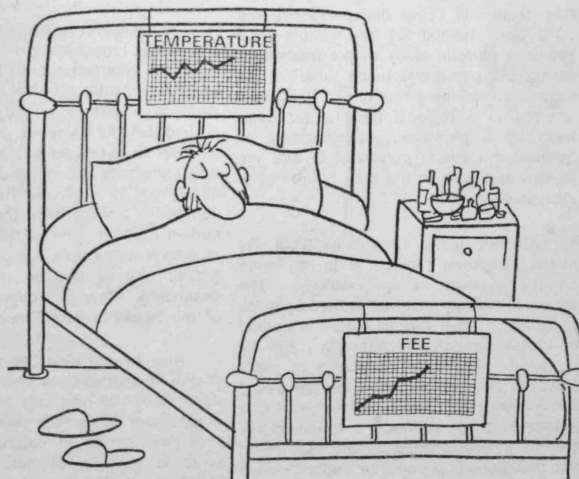
Be it a dream,
A journey,
A game or a war,
Your providence is written.
Be there sorrow,
Misfortune,
Despair or frustration,
You have to bear it without exemption.
Whether desire be fulfilled, happiness be attained,
Your wretched existence is ordained.

Yet to everyone there's one thing well-known —
A heart of one's own.
Let it be showered with emotion,
Let it be free from restriction.
In its rapture will dance
If your passion finds full expression.
So why not grasp every chance
To gratify your inner coercion.
JUST ENJOY THIS INTERLUDE

by H. Wai

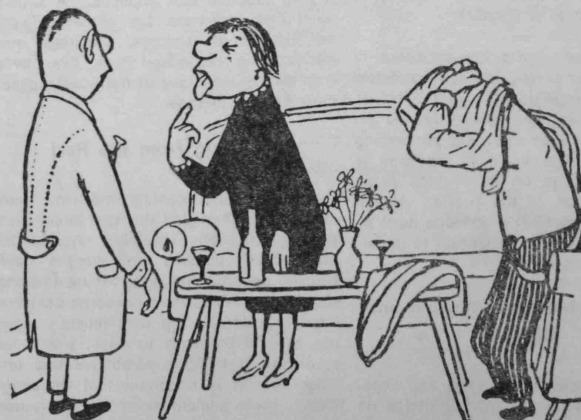
TO ALL GPs

In order to thank the GPs who have supported the fund-raising film show, the EB has designed a sheet of "Table of Normal Values" and "Hippocrates Oath" for all the GPs.



CAUSE
and
EFFECT?

Anyone who feels
he is not the social
success he ought to be,
should just let it
get around he is
a doctor . . .
and all hearts will
be opened unto him.



·丹心·

給某同學的一封信

××同學：

不能否認，爲己是動物之天性，不過在靈猿類動物裏，已有改變，族中壯者會不惜犧牲，與強敵搏鬥，使族中之弱小可離險境。人自稱爲萬物之靈，必有異於禽獸，處事時都會衡量道義，其優者，更能捨己以成人；而劣者，其兇狠有更甚於禽獸。

我亦不能否認你的才智，雖然身居重職，但在功課方面還可以保持不失。而我所可惜者便是他——他却失敗了！

他是你的左右手，而且在你遠遊的時候，爲家事而請假的時假，他都是全心全意地肩負起你應有的職責，他犧牲了不少讀書的時間，你應該知道他不並像你那樣，可以「拿得起，放得下」；當我發覺他情勢不妙時候，曾請求你盡早卸去他任外之重担，但你却這樣說：「他是很聰明的，他可以應付得來，功課是絕對不成問題。」我還有什麼話說，我只能做到的，只是精神上的支持，眼看他到了最後關頭，仍不斷努力掙扎，但有誰明白他的苦處，又有誰知道底蘊，到頭來還都是失敗了。

然而，當你得知他的失敗時，却還這麼說：他應該檢討一下他讀書的紀律？

雖然恕人是美德，但對於一個不肯承認過錯的人，我是難以寬容的。希望你能對你過去所作所爲反省一下，亡羊補牢，爲時未晚！

××同學 四月卅日

啓思錄

真

每文

孩童和一些少男少女的真，通常都並不可貴，因爲它沒有堅實基礎，而只是一種與生俱來，本施無知和淺見的心靈盲動。如缺乏後天力量培養，其遲早消失，簡直無可避免。

至於培養，亦不如看來這樣容易。只去強調「真」的形式，以爲所需只是一股又一股不問情由的自信和優越，便正如不問材料而去建築架子，搭得意高愈易變形。以「真」的內容來說，其中包含很多複雜和矛盾。要「真」完美不變，必須能從它的內容中取得適當選擇及平衡，而不是隨便傾向，更不是複雜矛盾之表現及再表現。舉一個例子，一個人可眞於自己的本性，也可眞於自己的信仰或道德觀。如不加選

擇，任由兩者之矛盾作用於自己，只會使自己生存於混亂、緊張及無所適從之境地，所謂「真」，其實只是軟弱無能，荒誕不經和不求上進。又如隨便傾向，對其他內容不留餘地，變形亦多。對眞於信仰道德來說，便是迂腐，不人道；對眞於本性來說，便是任性、罪惡或無恥。

那麼，完美不變的「真」，究竟需要什麼條件？歸根結底，還不是知識，智慧及努力而已？其實，不止是真，以各種其他德行來說，也是一樣。沒有那些基本條件，所謂德行，只徒具其形，而這個形亦遲早會變成爲其他缺點，孔子所謂「六言六蔽」，早有明訓。而其中「好直不好學，其蔽也絞」，應是我們求「眞」的座右銘。

徘徊的行客

蟬



人之成長總是不斷的進引，起初由單純而至繁雜混亂再轉爲歸一平靜，在這樣永無休止的起伏衝突循環之間，人便前踏了許多步。

生命就是如此，不斷地蛻變，自然界的成長亦然。每當成長一次，即脫換外皮一次，某間自然感到痛苦萬分，然而痛苦以後又再獲新生。試想着醜陋的毛蟲蟻伏於廢墟裏泣訴脫皮的苦楚，甚至謂太苦了我不要，但是在那一剎痛苦之後便目睹自己成爲滿身鱗彩的蝴蝶，牠還讓不要脫皮嗎？況且這是不可逃不可免不由你選擇的，何不欣然地接受得漂亮點？

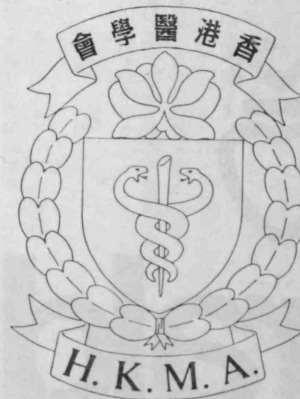
在人生過程中有許多事根本是人所不能主宰，你怎樣可以預知生活裏的歡欣，憂恐，激情及滿足幾時會發生呢？若說命運該掌握在每人手中，那麼於一時意念的選擇上，定然是被羣鬼所眩惑了，故此每每何必太過自疚！既來了這個個世界就得克服深處的怯弱，去承受每一次蛻變時的苦痛，否則便

會居停一個滯止的境地，甚至枯萎，永不能成長與及創造完美。

別人也許願意問懷，只可惜人本身便是不能完全講通及被了解。縱然如此，人也得好好地活着，儘管世界變得可怕或絕望，爲了自己，爲生命，爲了即使在枯木裏也要掙長出鮮花！既身爲醫者，便應知人若將失去生命時那股求生的意志，然而生命不單止爲肉身、內在的生志也不能沒。

記得一段話說：「看天邊的飛鳥，不收也不儲，何況是人，天父怎會將他們遺忘呢？」有人因在物質世界裏尋覓不到豐富的精神境界及內心平和而求取寂滅，然而却忽略了希望本身即是一種純粹的精神境界。

所以，正在徘徊的行客啊，別再摧毀，別再沉溺，工作吧！莫悲傷。一直以來都在像野馬般任意奔騰，像粉蝶般任意採摘吮吸，從不歇息。今趨何不停頓片刻，浸沉於清澈泉流中，洗淨滿身的疲累，然後再次揮策掌中的長鞭繼續飛馳你底燦爛的前程。



The Hong Kong Medical Association

The Bulletin of the Hong Kong Medical Association Vol. 25 No. 1 has just been published. This issue comprised mainly of articles on the respiratory system from the local experts in this field, as well as other articles. The information contained will be of great value to doctors and medical students alike.

Have you get your copy? The Bulletin is sent to all members of HKMA free of charge, including student members. (The Bulletin is sold to non-members at \$10.00 per copy.) If you have not become a student member, you can join now and get a copy of the Bulletin. Of course, there are many other benefits offered to student members apart from the Bulletin, including participating in scientific and social activities. And the annual subscription for student members is only HK\$10.00.

All medical students of the University of Hong Kong are eligible to join the HKMA as student members. Application forms are available from the HKU Medical Society Office or from the HKMA premises (Tel. H-231898).

木棉花

—南飛雁—

難得有一個機會單獨在路上慢慢地踱步。

一朵木棉花落在我的腳下，差點兒踏了上去；啊！又是木棉花開的時候了……

也不記得那是甚麼時候，總之是木棉花開的時候；我和幾位同學，放了學就走到中山紀念堂的門前，那裏的木棉樹又高又大，樹上掛滿了綻開的木棉花，望上去十分奇怪，樹枝光禿禿的，祇有幾塊樹葉，但鮮紅的木棉花却顯得很特出，數也數不清。

看——那朵掉下來了，我們趕緊走到行要落下的地方，伸手等着它掉下來。有時候花在高處碰着樹枝，向一個方向落下，有時又被風吹到另一個方向……總之每一朵都帶給我們無限歡樂，而且把拾到的拿回家中，曬乾還可當藥材呢！

幾年的童年生活都在姨媽家中渡過，從而有機會享受到那木棉樹下的歡樂。如今又是木棉花盛開的季節，每想起那快樂的時光，就想起已去世的姨丈姨媽——更想起我們多災多難的兄弟姊妹，受盡折磨的「母親」！經過一場大風暴，我的姨丈姨媽——如其他無數不知名的兄弟姊妹，就在這風暴中失去。很難才盼到一陣溫暖，一刻光明在母親的面上閃爍。一剎間，却又被另一重陰影所籠罩！啊！難道我們的家永遠再沒有那木棉花綻開的時光？

木棉樹啊木棉樹！不知你們是仍巍立着，更不知何年何月才能到你們下面仰望那花落的歡快！不過，無論如何，如果你們仍在，請不要吝嗇，盡量讓花兒綻放，把它們佈滿枝頭，好讓「母親」知道，好讓兄弟姊妹們知道，寒流快要退却，春天已經到來！

× × ×

無產階級 文化大革命 萬歲



× × ×

也是一棵木棉花

去年嚴冬時份與數友同穗，也曾往中山紀念堂一趟，可惜遇上重門緊閉；從鐵閘間遙望入內，只見孤寂的中山像巍立于紀念堂前，四週庭園深廣，却了無人踪。問及路中三、兩小童，始知中山紀念堂如今僅偶然開放，用作放映「沙家浜」等文娛活動。我們只得無奈離去，然而不覺太深遺憾；倒却完全沒有留意過附近道旁的林木，門前有沒有木棉樹？或想起在好久以前，這裏該有多少孩童，在耍拾紅棉及追捕風中白絮之間，渡過無數的快樂時光？奈何風暴摧折，不得已離鄉別井。遊子們啊！你對母親的懷念，比我們這長居異地的一羣，難怪顯得份外情深！

人 物

他，不能算老，據他自己的見解，六十歲以下的人，都算年青。但，他已經聲威震杏林有幾十年了，這位杏林霸主，其名確令國內圈外人如雷貫耳的。

他，那種威嚴，等閒人難望其脊，誰的課在十時上，會在八時便坐滿了人？誰的課從不會有人遲到？誰的課人人會正襟危坐，靜得如一湖死水？誰會像總統演說一樣，米高峯放滿前面？只要他紅潤的面向你一轉，你會從心中抖出來，跳其震震舞矣！

他，認為女人最沒頭腦，最無邏輯，最愛幻想，對丈夫最壞——大概除了一位之外！所以，沒有一位女學生能逃過他的擲揀。不過，你有時候會見到一位紳士，小心的伴着一位風姿卓約的淑女上街，你抹抹眼鏡，那個就是他，而她就是那個例外！

他，你不會信是很受學生歡迎的吧？許多年來，他被看透了，藏在那銀髮紅面底下的，是個慈祥的好老師，他在學生的宴會中，那麼的溫和，那麼的親切，你會反問自己，為什麼會怕他怕得要死？在考試中，他更是公認的學生救星，又那能不受愛戴呢？他平日的嚴格，都是要使學生有規律，有分寸，要做醫生，不能不這樣，所以，人人都是口服心服

，臣服于這位杏林霸主，難怪好多人都說醫學界是最滿足的一羣，很少惹事生非的，我們有個通情達理的頭頭嘛！

他，近日不知怎的，常有微恙，但這決不是老的象徵，因為他還沒有六十歲。常常想，他病了誰敢去診斷，去開藥，他會說：「Who passed you medicines? Go and get your money back!」嗎？

早日康寧！

· 節自「啓思」三卷三期，為送某君而錄。

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中國的面

淺談兩部近年的著作

豐饒的過往 苦難的近代

修

啓思編輯先生：
五年的教育會令人麻木，尤其港大醫學院為甚。同學（一部份）不只對近代中國無甚認識，對週圍所發生的事更無興趣。知識份子應踏出、應突破這枷鎖呀！你或會同意罷。特為此，筆者撰寫此文，為同學介紹兩本近世紀難得的著作……

「修」啓
七四年四月六日

中國，是文化的古都，是東方知識發源地。以往數千年，她就享有這美譽，陶醉在甜夢的國人，終於在「堅船利炮」的轟擊下，在晚清年代驚醒過來。西方不只帶來侵略，還輸入「民主」的信念。短短數十年，這信念滋生，這信念成長，愛國人士推倒了千年的君主世襲而建立民國。
在民國元年，相信六億人民正憧憬一個劃時代的誕生；君不見五四時代的光芒嗎？學者有機會接觸西方思潮，探索其深度、溫度。可惜過于迷戀，至有「全盤接受西學」的風氣；尤其在自然科學一門，古老的中國不知要落後多少個年頭呢！這觀念不斷滋長，時至七十年代的今天，「中國沒有科學」之論還活在不少國人的心坎。

除了知識界否定祖國豐饒的過往外，政客亦把「民主」遺忘得一乾一淨；軍閥只喜歡權力的追求，只喜歡殺人盈野的內戰。目睹苦難的家國，愛國青年又一次為祖國介紹了另一種西方產物——共產主義。過去的二十年，就是這主義支配者七億同胞的命運。究竟是歷史的重演還是時代的進步？要由你們來決定了。

由此可知，民國只是中國在蛻變中的里程碑。之後的六十年，在西方「文明」不斷衝激下，知識界及政界會作異常強烈的反應。時至現在，這反應足足活了半個世紀。為闡明其影響，筆者趁機會為同學們介紹兩冊書籍。以下是根據筆者的觀點，粗略地把它們的特徵和價值點出。如有錯漏之處，盼望同學見諒。

豐饒的過往

「內陸的風帆手車，製造的技術在古時已傳播開去，成為歐洲及埃及的重要交通工具。」
「不僅西方學者，就算中國學者，都認為道家思想是奧妙的玄論。誰知它就是奠定了科學的基礎，無論是磁力學，醫學等，總和道家分不開的。」

以上的卓見，絕不是沒有根據，而是一位外籍人士經過二十多年的考證得出的結論。李約瑟博士(Dr. Joseph Needham)，英國人，一九〇〇年出世，英國皇家學院院士(F.R.S)及英國文學院院士，以研究胚胎學而聞名于世。早期已對我國的科技發展，產生濃厚興趣。二次大戰時來華，參予「中英科學合作館」，其間認識不少著名學者，如數學家華羅庚，病理學家侯寶璋（按：曾任港大病理學系教授）等

他們在獲悉李氏的動機後，除展開熱誠討論外，還贈予多本重要科學文獻。在抗戰時期，李氏更抽空空馮遊名勝，發掘後人忽略的古蹟。

回國後的二十年，面對浩翰的古籍，李博士開始嚴謹的分析工作。其間因得到多位華籍學者協助，使艱巨的工作能順利展開。現時此書暫譯為「中國之科學與文明」。據悉，全書在十五年後方可完成，屆時李氏已達九十高齡，這裏我要為他的健康而祝福。

過往，中國的學者對個別的科技也會著書立論，但撰寫一部綜合性的科技史，可說前無古人，惟獨李博士知識淵博，始能對工作勝任。況且他還比較中國與西方在同一時期內的科學發展，以找出差異之處，再從哲學、宗教、經濟等方面入手，來解釋彼此分歧的原因。例如中國的三大發明正在傳播的當時，西方正處於黑暗的中古時代，後來文藝復興，脫離宗教枷鎖，伽里略、牛頓等的誕生，使西方科技一日千里。縱使中國一直穩健地前進，比較下便覺得落後很多。

又例如科學的振興，為甚麼不在中國而在西方發生呢？以上困擾多年的問題，書中皆有極其精闢的解答。當然此書還囊括其它的學識，但由于筆者的愚昧，就算窮一生的精力，亦難於窺悉李氏的堂奧，惟有以孟子所說：「望道而未之見也」為本節的結語罷。

（按：李博士曾於四月底前來香港接受香港大學所頒贈之榮譽博士學位，並於中大及港大舉行專題演講）

苦難的近代

話又說回來，在本文的開端，筆者認為民國後期的演變，是支配在政界的手裏，短短的六十年，風雲人物此起彼落，史家亦以其政治立場，對同一史實作不同之紀錄，故翻閱近代史，人物之多，常覺茫無邊際，而史實混淆，更增「有心無力」之感。

在香港，歷史的課程並未包括民國後的發展，究竟有關當局是否別具用心？這六十年實在太重要了；不理解以往又安能明瞭現在、展望將來呢？同學或會說我在唱高調。在日常生活中，總會接觸到不少似曾相識的名詞，如西安事變，二萬五千里長征，國共和談等。而本地的報章及政府新聞處，皆有一貫的政治立場，報導故常有所出入，如果能把握近代的來龍去脈，在理解大陸或台灣的新聞方面是有所裨益，但此等史書是否存在呢？

答案是肯定的，但在過往的年代，為甚麼沒有一部立論較公正的史書呢？中共及台灣是不乏史學專才，可惜受種種環境限制，在中共，為符合政治掛帥，文學要忠于黨的大前提下，史家難以發揮獨到的見解。況且中共黨史實際上就是黨內鬥爭史，一個不斷革命的組織，成員本身對黨史的研究就難有客觀的態度了。在台灣，更不消提呀。
由此可知，撰寫一部有價值的史書，作者要不受「左」

「右」兩派牽制；要擺脫個人情感，以嚴肅的治學態度對史實分析，下判斷。當然，人文科學根本無絕對的客觀，史家亦理所當然地有他個人的見地，但與此同時，他要推擊大量的原始史料作為批判的根據。

同學們，「知易行難」呀！以筆者的淺見，符合上述條件者只有一部：司馬璐先生的「中共黨史暨文獻選粹」。司馬氏生平未詳，據悉是早期共產黨員，接觸過不少重要人物，後脫離黨籍，來到香港從事文化工作，創有「展望」雜誌，中國問題論集等。

過往的二十多年，司馬氏已著手撰寫史書，到近年才告完成。此書的特點，除上述優點外，行文頗為流暢，綱領分明，不時附錄了重要人物的原始文獻，以加深讀者的認識，故特為同學介紹此書。

結語

話說得太多了，不然會流于說教。第一次及第二次學位試後，總有空暇的時間罷，如能抽空往中央圖書館(Main Library)一行，偶爾翻閱這兩冊書籍，深信會得益不少，他們治學的認真，著書立說的嚴謹，是任何學者應抱的態度，何況他們所記述的還是我國豐富但被遺忘了的遺產呢！
註：為方便借閱起見，特把兩書的編號抄下如左：

(一) 李約瑟——中國之科學與文明
置於馮平山圖書館
編號：176972

(二) 司馬璐——中共黨史暨文獻選粹
置於Main Library三樓
編號：176365

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思啓也曾啓我思

讀四月份啓思後感

朋友，會否嘗過醉後欲吐不出的滋味？數天來就是受着如斯煎熬，心底一番話欲語而無言。也會強灌多少酒精，盼將靈感壓使過來，却不會成功。只是今晚偶睹雨後明星，一股激流從深處湧出；于是右手提筆，左掌撫杯，草而成篇。

翻閱四月份啓思，挑起數年沈痛，又是一番「服務社會」「認識社稷」的言詞。曾在奮力嘗試完成一篇評論近年文學趨勢的文章，總無結果，也許是拙于雄辯的言辭，窮于邏輯的推理罷！然而却有一股熱情，願把一己所想所思剖現人前。

「如果說，一個不懂得迎合社會的人是孤獨的。那麼，我寧願這樣孤獨下去……」正是徐速先生有所感而發之語，也是我多番自勉之辭。常聞道：人于羣體應暫忘一己存在；然試想若無自身又焉知天下之形，無我又何來宇宙萬物，此「色即是空、空即是色」之理。然今世大勢之趨，眾生皆奉羣體為主，故寧願獨處斗室，儘免與世推移。

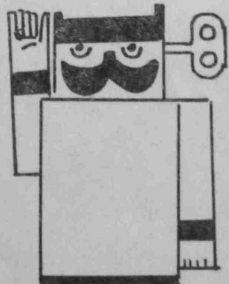
更不懂文學竟乃「為人民服務」之物，而非一己私有財富。情既屬我，發而為文，既可與眾共享，又可供己陶醉，焉須定要歸乎羣眾！情應身物相擊而生，形于筆墨而成文，故文乃身物相融之物，若界以人為綱領，又跟奴婢從何異；若限以批判之途，又與匕首傷人何別！

「文」之極者在于一已滂乎文采辭藻之間，出言而成文，感物而成詩，傷則形乎淚，悅則表以盈。情非筆墨所能現、更非口號所能彰。觀其文而知其人，聞其聲而解其氣。又何需字字「服務」、句句「鬥爭」！「天若有情天亦老」，況乎萬物之靈者乎！

「行」之極者在于儘投心慮靈府而入無我之境，舉手足以明其意，投足實物表其義。有云：「在心為志，發言為詩，言之不足，故詠歌之，詠歌之不足，不知手之舞之，足之蹈之者也。」又焉要刻明効力社稷之志，徒以假象示人。

乍見簾外繁星又為浮雲所蔽，也有數分鐘醉意，何不就此收筆。

不讓我們醉倒街上，免得你我今夜彷徨！



啟思

香港大學學生會
醫學會月刊

六卷五期

本期發行四千份
一九七四年五月

魯迅先生習醫始末

蘇炳湛

編者：魯迅棄醫從文後在當代中國文壇上所奠立之地位自當有史學家的嚴正評論，又豈需今時被利用來作為某種政治手段的過份吹捧？

本文不在討論魯迅的文學貢獻或剖析其政治傾向，而着重介紹當年他決志放棄醫習改投文藝的動機及背景，希望同學們藉此深思今日所處的時代環境，甚麼是我們的「當前的急務」呢？

一、幼年教育

魯迅出生於典型的封建家庭，幼年受學於私塾「三味書屋」，所學的不外四書五經之類科學文章。魯迅自幼即對自然生物產生無限之興趣，而這些資料又不能於書塾得到。其後偶然在一個遠房的叔叔處得見繪圖「山海經」、陸璣的「毛詩草木鳥獸蟲魚疏」、「花鏡」等關於自然生物的書籍，即念念不忘。其後又搜集了「爾雅音圖」、「毛詩品物圖考」、「點石齋叢書」和「詩畫舫」等書籍。這些都啟發了魯迅對於自然生物學的愛好。魯迅出生的家庭雖然稱不上「六野堂開，青雲路近」，但也是頗富有的官宦之家，但自祖父介孚因公科場案被下獄後，家道開始中落，不久父親伯信公亦染沉痾，為庸醫所誤，一年多後去世，從此家境更為慘淡。

魯迅生長於一個新舊文化的過渡時期，在路線上是傳統與西化之爭，在制度上是新式書塾的設立和科學的漸次廢除。魯迅決定放棄傳統，進入南京水師學堂時的心情，是頗為複雜的：

「有誰從小康人家而墜入困頓的麼，我以為在這途路中，大概可以看見世人的真面目；我要到N進K學堂去了，彷彿是想走異路，逃異地，去尋求別樣的人們。我的母親沒有法，辦了八元的川資，說是由我的自便；然而我哭了，這正是情理中的事，因為那時讀書應試是正路，所謂洋務，社會上便以為是一種走投無路的人，只得將靈魂賣給鬼子，要加倍的奚落而且排斥的。」

這一個決定，對於魯迅的一生是有着深遠的影響，也是魯迅跨進了西洋科學的門檻的一個重要關鍵。魯迅於一八九八年初進南京水師學堂，不到一年就轉學江南陸師學堂所附屬的鐵路學堂。鐵路學堂以開辦為主，造鐵路為副，此外還有所謂格致、算學、地理、歷史、繪圖等。

在鐵路學堂的一段光陰，魯迅接觸到不少自然科學的巨著。嚴譯赫胥黎的「天演論」①使魯迅幻想到西方世界的兩面——「進化」前和「進化」後的英國。如果說魯迅的出生地是一個幻滅的世界，內中充滿了疾病、迷信、死亡和逃離地，這一個幻想中的新世界則將會是一個由洪荒野蠻進化至風雷電掣的科學世界。它的動力是「物競天擇」，它裏面的英雄便是林譯哈葛德小說②中的出生入死，冒險征服不毛之地，以人力戰勝大自然的英雄。魯迅於一九〇一年從鐵路學堂畢業，次年公費留學日本

。當時中國正處於資產階級民主革命時期，東京是中國革命黨人在國外的一個活動中心。章炳麟、蔡元培諸人在日本創立了「光復會」，積極進行革命宣傳。魯迅到日本後，閱讀了許多宣傳愛國主義的書籍，認識了不少革命黨人，形成了民族革命的思想。魯迅對當時不少中國留學生麻木不仁，只知享樂不知有國有民的態度十分憤慨，一九〇三年毅然剪去象徵滿清統治的辮子，並借詩以咏所懷：

「靈台無計逃神矢，風雨如磐黯故園，寄意寒星荏不察，我以我血薦軒輊！」

二、仙台習醫

魯迅於一九〇四年進入仙台醫學專門學校。仙台原是日本的一個水鄉地方，冬天十分寒冷，當時還未有中國留學生。魯迅在鐵路學堂時期，已自學生理學如「全體新論」和「化學衛生」之類著作，發覺到「先前的醫生議論和方藥，和現在所知道的比較起來，便漸漸的得中醫不過是一種無意的或無意的騙子，同時又產生了對於被騙的病人和他的家庭的同情；而且從譯出的歷史上，又知道了日本維新大半發端於西方醫學的史實。」在進入醫學專科後又想到：「……卒業回來，救治像我父親似的被誤的病人的疾苦，戰爭時候便去當軍醫，一面又促進了國人的對於維新的信仰。」他在仙台醫專的成績，「一百餘人當中，我在中間，不過沒有落第。」

三、棄醫習文

魯迅在仙台醫專第二年還沒有完畢便回到東京，決心在文藝方面謀發展。至於退學的原因，在「吶喊」自序中，有頗詳細的解釋：

「那時是用了電影，來顯示微生物的形狀的，因此有時講義的一段落已完而時間還沒有到，教師便映些風景或時事的畫片給學生看，以用去這多餘的光陰。其時正當日、俄戰爭的時候，關於戰爭的畫片自然也就比較的多了。……有一回，我竟在畫片上忽然會見我久違的許多中國人了，一個在中間，許多站在左右，一樣是強壯的體格，而顯出麻木的神情。據解說，被綁著的是替俄國做了軍事上的偵探，正要被日軍砍下頭顱來示眾，而圍著的便是來賞鑑這示眾的盛舉的人們。」

這一學年沒有完畢，我已經到了東京，因為從那一回以後，我便覺得醫學並非一件緊要事，凡是愚弱的國民，即使體格如何健全，如何茁壯，也只能做毫無意義的示眾材料和看客，病多死少是不必以為不幸的。所以我們的示眾者，是在改變他們的精神，而善於改變精神的是，我那時以為當然要推文藝，於是想提倡文藝運動了。

魯迅在醫專退學的另一原因是迫於流言。起因是解剖系教授藤野先生對魯迅特別的關懷，引起了日本同學的嫉妬，以為魯迅在考試前得了教員漏洩出來的題目。另一方面，魯迅赴日之前，母親已為他包辦了婚姻。魯迅放洋日本後，一直就擱了下來，母親為此非常焦急，魯迅當時也頗受封建的家庭觀念所束縛，於此不免耿耿於懷，乃決心退學回家一轉，解決多年延擱的婚姻問題。

註釋：①嚴復晚清民初人，以翻譯西方理論著作見名于世，文筆頗能珠信，達，雅兼而有之境界。

赫胥黎（Thomas Huxley 1825—1895）英國十九世紀進化論家。

②林紓晚清民初人，以古文翻譯域外小說著名。

哈葛德（Sir Henry Rider Haggard 1856—1925）英國十九世紀浪漫小說家。

參考：①「魯迅內傳的商榷與探討之二」——明報月刊第六十一期

②「知堂回想錄」——周作人

③「吶喊」自序——魯迅

④「朝花夕拾」——魯迅

⑤「且介亭雜文末篇」——魯迅



編者小語

閱四月份啟思，得悉部份同學深以醫學界缺乏社會意識為憾，故編委會特選「醫學界與社會」為五月份主題，盼能藉此供給題材以資參考。

中文版選刊「中國的兩面」，道出醫學生可從課外閱讀中了解國家事物。而「魯迅先生習醫始末」則以名仕為例，供各同學參照。其餘文稿，或抒情、或議論，亦可謂割斷嚴肅氣氛。其中「啟思也會啟我思」則為現今潮流的一個反面；而「人物素描」中的人物，則不道而明，只願此君明瞭學生對其觀感。英文版內數篇文章亦是串述相同意念，故不多述。

自年初接任以來，每月皆議定主題，以補從前散漫無羈之失；然亦接獲不少投訴，尤以「單調枯燥」為最。編委會將詳細商議彌補之法，亦盼各同學能給予寶貴意見，藉以改善。

更深盼各同學能支持啟思，使之成為同學喉舌，不受外力影響。請多投稿及提供意見，直接與編輯委員面談或是投在膳堂信箱，兩者皆可，編委會亦決定於是次籌款電影後，增加篇幅，以謝各讀者經濟上及精神上支持。