



## EDITORIAL

### TO MEDICAL AND PRE-MEDICAL STUDENTS

Inevitably and really there will always be some unlucky students who will fail or do poorly enough in their courses to cause the faculty to drop them out of school. Each medical freshman must determine that he will not one day become such a casualty. Hence I hope that students beginning the study of medicine would pay special heed to their study progress and study methods or plans.

Medical students fail because of a multitude of reasons. Only few, I believe, fail because of lack of ability. Other causes which lead to failure are many and varied; they may be grouped as follows: (but this list is surely not exhaustive) First, outside factors (that is, extrinsic) such as, violent love affairs, family mishaps or quarrels, other family troubles, after-school employment for too long hours or at work which interferes with the preparation for lessons, long hours spent in transportation to and from home, and unfortunate study conditions; second, problems arising within the student himself (that is, intrinsic factors) such as, poor health, chronic diseases, worry, emotional upset, mental disturbances or mental illnesses, and loss of interest and drive needed in his course to carry him through the long grind.

Though 'anything can happen under the sun,' just as accidents, love affairs as well as illnesses are hard to foresee, any student going into medicine would be well advised to have a fairly (I hope not too deeply) thorough inventory of his assets for this course of study and more ideally take into account his possible handicaps.

There is a strong tendency for students studying biological sciences especially in their matriculation course to choose medicine as their career. Also we often hear statements like "I am going to study medicine and become a doctor in future.", "I have been always hoping to be a doctor.", "I want to be a doctor.", "I have dreamt for thousands a time to be a doctor.", "My future career is a doctor." and so on, even from the mouth of a primary-school child. This way or may not be a promising or prospective situation, either with respect to the medical profession, or medical education, or on the part of the student himself. I hope students who intend or decide to enter the medical school do care to have adequate and good preparations beforehand: preparation to run the long journey with everlasting enthusiasm, drive and thirst for medical knowledge, preparation to endure the hard work and widefield study required, as well as preparation to face their own problems when they arrive.

Most students would probably have learned that earning high grades does not depend on the number of hours of study but rather upon the depth of concentration during the period of study. Worry of any kind that takes one's mind from his work is one of the many thieves of student time. Absolute concentration during the study period is essential. The classwork of a medical school calls for a vast amount of reading, with many facts to be memorised and much meditation and correlation to be achieved. Regular study habits and the elimination of interruption of every form or nature should be the aim from the first day you step into the new world — a student entering upon the study of medicine is truly entering a new world, a world that you have never dreamt of, that you would never forget, that you would be proud of, and in which you must be prepared to ultimately bury yourself.

The amount of work assigned and the degree of mastery required is far greater than in any of the pre-professional classes. Outlines and assignments of lessons for a whole term, or even a whole year are given out at the beginning of the course. The student can see what he must have covered by a given date, and also can know what will be taught or he should be studying on a certain date. There is so much to be done that the loss of a single day is a serious handicap, and a student absent for a week has to struggle for a long time to catch up, and actually he has already missed a lot. Some students may disagree totally, and they are those who have developed a habit of abstaining from lectures, practical classes and even ward studies. To them advice is too late and to a freshman I hope he or she will look wider and deeper to reveal to himself or herself things concealed like the bottom of an iceberg under the surface and not understandable by those who only enjoy looking at its top.

## BRAGA CUP

C. C. Wong

In the Sports Council meeting held on the 16th of April, 1970, it was decided that Interyear Competitions would start in 22nd April and end in the middle of May. The schedule is a bit tight because the training of U-team for the 13th B.I.G. will most probably start at the end of May. Moreover allowance is also made for raining. As usual, the 5th year is not able to participate because of the Final Examination.

It was agreed that Squash is added as a new item. In view of the fact that it is difficult to form teams some of the sports captains disagree to the introduction of softball and lawn tennis. However, they all wish that these two new games will be incorporated in the next Braga Cup Competitions since these two games are in the interfaculty competition.

## THE QUADRENNIUM 1970-74

Following the announcement by the University Grants Committee of the amount of Government subventions totalling \$267 million available to the two Universities for recurrent uses in the four years from July 1970 to June 1974, the University of Hong Kong today issued the following statement:

The block grant made to the University of Hong Kong for this period is \$144.5 million. Of this sum, \$5m is available only to meet the Hong Kong University's share of the total costs of a new joint computer facility for both Universities. Of the remainder, \$31m is available for the first year and \$33.2m, \$36.2m and \$39.1m for the succeeding years. These grants leave the University with very little money for new developments after account is taken of the need to maintain present activities at the current level in a situation of increasing costs and at the same time provide for the increase in student numbers implied by the target prescribed by Government for 1973-4. The University's needs were estimated on the basis of mid-1969 costs. If, as seems inevitable, costs continue to rise during the four years, the University would evidently not be able to implement its present reduced plans (which themselves involve a possible deficit over the four-year period) unless the recurrent grants are reviewed periodically in the light of changing costs. The funds available are insufficient to make possible the developments provided for in the final submission to the University Grants Committee last summer, much less the proposals released to the press in March 1969. The minimum requirements for increased student numbers and the few new developments which the University hopes to undertake will be possible only by deferring many of them to later years. Nevertheless some important new developments should be possible.

The University has been asked and has agreed, to increase its total full-time student numbers from about 2,750 in the current year to 3,130 in 1973-4. Within this increase, it is committed to provide for an enlargement of the annual intake into Medicine from 120 to 150 undergraduates and for the continued admission each year of 40 undergraduates for the new three-year Law degree started in October last year. The very few additional undergraduate places remaining will be allotted to Arts and Social Sciences though internal reorganizations will also make possible small increases in the number of places available for undergraduates in Science and Engineering.

New developments in medicine include the enlargement of the Department of Preventive and Social Medicine, to be headed by a full-time professor, a new Chair and Department of Psychiatry, and the inclusion of psychology and sociology in the curriculum in accordance with the recent requirements of the General Medical Council.

Two other new developments

of great significance to the community are a Chair and Department of Industrial Engineering which it is hoped to establish in 1971/72 and the development of related studies in the Faculty of Social Sciences including a new Chair of Management Studies in 1972/73.

The University has already announced the impending appointment of a Dean of Students and hopes in 1971-2 to make a be-

ginning in establishing its proposed Student Service which will provide student counselling and incorporate the existing Appointments Service.

The greatest disquiet, however, arises from the very limited resources which on its present forecast the University expects to be able to make available for some of its basic needs, especially more adequate provision of technical and library services.

## The Paediatric Department Child Rearing Project

Supported by the Nuffield Foundation, the Li Shu Fan Medical Foundation, the University of Hong Kong and the Medical and Health Department.

The initial study on 782 Chinese babies commenced in February 1967 and has continued since then. Each child has been seen monthly in the first year and thereafter approximately every 3 months for a clinical examination, for the taking of certain measurements including height, weight and head circumference and for the testing of intelligence and behaviour. At the same time data concerning care of the child, feeding, illnesses, accidents, the home and family were obtained from the mother.

By the end of 1969, 591 children were still being seen, contact with some having been lost, and other having withdrawn from the survey. 13 had died. As the children are coming up to their third birthday a further review of progress in opportune.

Last year we reported that after doing well for the first 4 months of life the children then showed a slowing down of progress both in growth and performance, becoming irritable and listless right through the weaning period until about 18 months of age, when they started to improve. The cause of this slowing down is probably multifactorial but two factors must have considerably affected their progress. From about 4 months of age the children tended to suffer from infections, particularly diarrhoea and chest and throat infections, and at this crucial stage they are weaned on to an inadequate diet and the valuable milk food is withdrawn too quickly.

In the third year it was gratifying to see the children improve. They became more lively and co-operative, their growth showed improvement and they suffered from fewer infections. They were eating a better mixed diet although only a few were still given milk. Nevertheless quite a number remained very apprehensive of the doctor who examined them and some refused to co-operate. This shyness was excessively marked in a few of these Chinese children and in view of a recent study in America reporting on a difference in behaviour between Chinese-American and European-American newborn babies (*Nature*, December 20, 1969) the possible cause for this excessive shyness was studied. In the early

years of life the Chinese child lives a protected life close to the mother or grandmother in the home or on her back. Rarely is the child taken out except to market and then usually carried on the back. Visitors to the home are mainly close relatives and when the child plays it is usually in the home or just outside in the corridor. Added to this is the belief that strangers may upset the child.

This situation still persists as the children come up to 3 years of age and may continue until they start in Nursery School although the children themselves are more co-operative as the Survey Staff are no longer strangers. Is it possible this over protection in infancy can lead to an excessive shyness in the presence of strangers or is it an inherent behavioural characteristic? Undoubtedly the present living conditions in Hong Kong especially in high buildings with no lifts and lack of playing space, tend to enforce this closely protected state of affairs.

The growth pattern of the children has improved but so far they have not caught up to the anticipated levels from their initial growth. Nevertheless by impression their intelligence appears to be fairly good but a closer study of the results must be made. They are outstandingly good at sorting out black and white buttons in a bottle! From studies in other countries it is now realised that under-nutrition in the first two years of life may cause under-development of the brain ultimately affecting intelligence.

It is hoped to continue the study until the children are 5 years of age if further financial assistance can be obtained.

Editor's Note: It is a common complaint from fellow University students that Medical students tend to be very 'Medical' in their language. With permission from the Elixir Editorial Board, an article is reprinted from the Elixir 1951 issue — an article which shows how far 'medical' we can go in our daily conversation.

"Frailty, thy name is woman." Have mercy on those poor souls who are entangled within . . .

## THE INFERNAL TRIANGLE

### CHARACTERS:

CLONUS (the boy friend).  
FASCIOLA (CLONUS' girl).  
B. KOH LAI (the other man).

### SCENE I.

The UNION TEA ROOM. Evening. FASCIOLA is sitting alone in a remote corner impatiently suturing a sweater. The tea-room is practically deserted. She wears a gentian violet dress over which is draped a cute little omentum. Enter B. KOH LAI.

B. Koh Lai:  
Darling!

Fasciola:

(with exophthalmos): Sweet-heart! At long last! A bit longer and my acute love for you would have turned chronic. Did you have a stable

decussation from Kowloon?

B. K. L.:

Yes, my dear. I taxed my motility as much as I could for I feared Clonus might get here first. Now that we have reached the climax, shall we metastasize fast?  
(There is a little hyperpnoea).

Fasciola:

No, no, let us celebrate! Clonus is incarcerated at Queen Mary Hospital with acute myocarditis and we have all the time between us. Rumour has it that prognosis is rather grave. I saw Dr. Kill Dear myself.

B. K. L.:

Well! Well! That settles it. He will be latent for a while at least. You look dehydrated, dear. Let's order some fluids.

(B. K. L. makes the order. Soon a flask and 2 beakers are produced by the waiter).  
Fluids plus plus?

Fasciola:

Yes please — that's the optimum concentration.  
(The vessels walls clink. There are fluid thrills).

B. K. L.:

Darling! To us!

Fasciola:

To us!  
(They deglutate).

B. K. L.:

Darling! When I accommodate myself into your stellate optics in the semilunar light, I become euphoric!

Fasciola:

Dearest, you do look febrile. f Clonus finds us thus, there

will be marked clubbing, which will precipitate a caput succedaneum on your crown.

B. K. L.:

I admit he is a bit virulent at times, but my allergic sensitivity for you is becoming malignant.

(There is chemotaxis and a proximation of orbicularis oria).

Hmm! More forced fluids?

Fasciola:

No, thank you, not now. I have a balanced diet awaiting us in my abode. We shall metastasize there.  
(They exteriorize).

### SCENE II.

FASCIOLA'S dining-room. The lights are dim. More infusions are consumed. The table is set for two. They phagocytose the meal in raptured silence and retire to the sitting-room. There is soft music. They execute a St. Vitus dance to the titillating music of Babinsky and his Moonstruck Seranaders. There is a sudden stasis of taxis outside the house. FASCIOLA rushes to the window and sees CLONUS ejaculating from a taxi!

Fasciola:

It's Clonus! I must screen you fast — behind the one lateral to the fireplace under that fornix. You must not be manifest when he arrives.  
(Resection of door revealing CLONUS in the orifice).

Fasciola:

Darling! what a surprise! You should not be ambulatory in your now degenerate constitution. What happened?

Clonus:

I was wrongly diagnosed. It wasn't my myocardium at all but really my cerebral cortex, as they later found out. It appears there is an apparent "shortening" of one of those long association fibers, as the E.E.G. showed. I was advised to have complete physical and mental rest for quite some time and I would be N.A.D. again. (Embrace). But darling! You feel febrile! You're not pathological are you?

Fasciola:

No, no, dear. I'm only in the excitement stage. Your recent malady has been a constant diaphoretic. Besides my mind has been so hyperdistended of late. But you should be at home and in confinement to bed. You might become toxic!

Clonus:

I was on my way home, as a matter of fact, but thought I would herniate in and break the good news to you first. What's that! (He vasoconstricts). There's an opaque shadow behind that screen! There's a foreign body in the house!  
(He peristalsizes towards the screen).

Fasciola:

No, no dear!

Clonus:

I am going to perform an aspiration of that sulcus. (He exerts forcible retraction of the screen demonstrating B. KOH LAI). You! you purulent focus! How long have you been in exudation? (He fulminates).

B. K. L.:

I . . . . I just transfused myself a few minutes ago. As a matter of fact, I was about to slough off when you infiltrated.

Clonus:

You have tried to anastomose with my girl. You have let

the cover slip off your morbid intentions. I'll fix you!

Fasciola:

No, no, please!

Clonus:

Don't be macrostomic, woman! I wish to manipulate this fungating mass. I will traumatize him!

Fasciola:

Don't you dare percuss him. Palpate me first. I feel sorry for him.

Clonus:

What? You double-crossing parasite! You wish me to dissect him? You've always had an overactive sympathetic. I'm going to make a threshold substance of him this minute!

Fasciola:

Stop! (She has ptosis et kyphosis). I must confess. I am Koh Laiophilic! (CLONUS is immobilised.)

Clonus:

So! I am greatly shocked. I have noticed a malignant change in you lately. There has been a shifting dullness about you. But then you were always fluctuant. Now I see the pathogenesis. This virus has obviously infiltrated your heart. After having been prodromal all this time, he has at last decided to become symptomatic. And to think that all these days your feelings towards me were sterile.

Fasciola:

(Lacrimaly): It is not as bad as naked-eye appearances.

Clonus:

(To B.K.L.): You have been intersecting with my girl.

B. K. L.:

Don't be so biliary. Our conjoint love was only an affinity.

Clonus:

Don't be bactericidal! I am saturated with grief. I see no solution. You have precipitated a nasty situation. My cardiac embarrassment is profound. I am going to massively necrose you both! That will settle further adhesions between you.  
(CLONUS withdraws a vicious-looking scapel from its sheath.)

A shall incise you both and then perform extensive tracheotomy on myself!  
(FASCIOLA and B. KOH LAI are ischaemic and fibrillating. Suddenly there are coarse rales of the door-bell).

Voice:

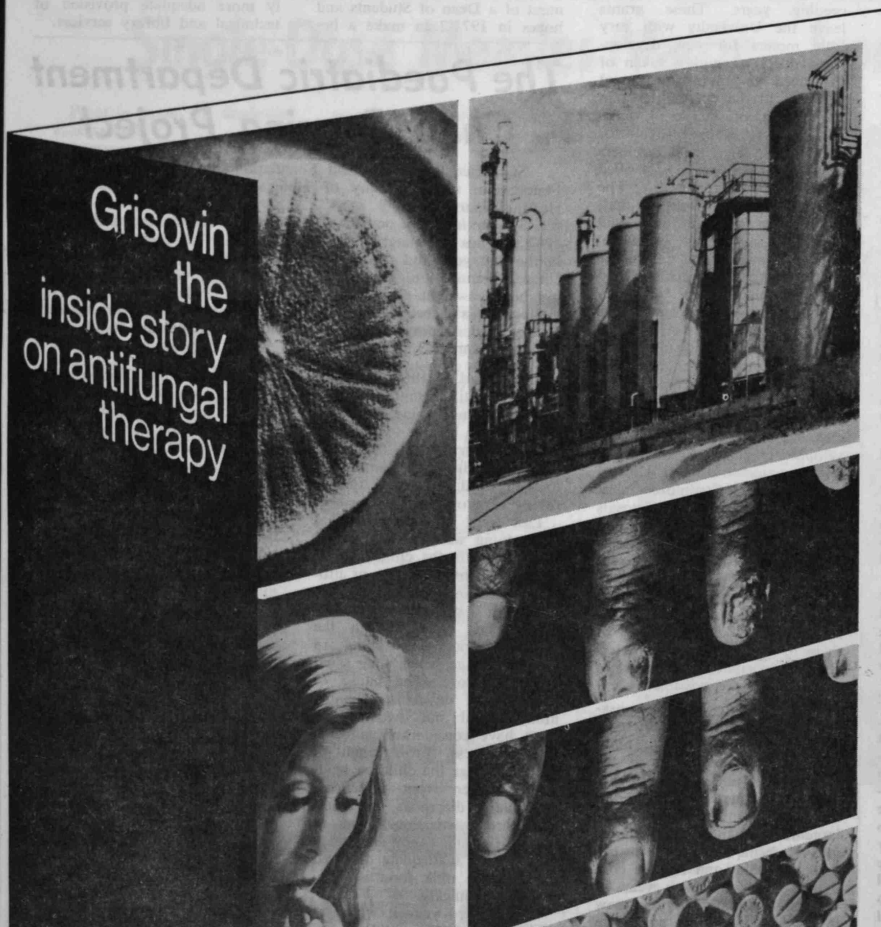
Doorotomy! Are you home, Fasciola?  
(B.K.L. heaves a sigh of symptomatic relief.)

B. K. L.:

Ha! ha! That's Fasciola's friend calling on her. You had better open the door.  
(There are heavy paroxysmal percussions on the door. CLONUS phonates a hippocratic oath and rotates towards the door. In that split second B.K.L. lifts a chair and brings it crashing down on CLONUS' occiput).  
Now! Your corpuscles be upon your own cranium!  
(CLONUS' pseudopodia give way under the impact and he collapses on to the basement membrane in a state of anaesthesia. B. KOH LAI and FASCIOLA become ectopic via the caudal end of the house and make good their escape).

The above characters are entirely malicious. Any resemblance to person or persons living or dead, in Q.M.H. or the University is purely intentional and complementary.

Aetiologi: Frank Slaughter



Grisovin  
the  
inside story  
on antifungal  
therapy

Glaxo expertise in the technology of large-scale antibiotic production made griseofulvin available to medicine within 3 months of its value as a systemic antifungal being established. Griseovin was released in its original form in 1959. Subsequent Glaxo work has resulted in a fine particle form of griseofulvin which achieves the same blood levels at half the dosage of the original coarse particle material. Taken orally, Griseovin clears even the most stubborn fungal infections of the skin, hair and

nails. Generally speaking, it may be assumed that if a condition fails to respond to Griseovin it is caused by an organism other than a dermatophyte — so reliable is its action.

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# Blood Donation Publicity Week

(9-11 May, 1970)



Saturday was a fine day for an opening ceremony in the lower block of the City Hall. For the following 2 days, the exhibition site became a shelter for people running away from the heavy rain. They were luck not to have missed such a meaningful exhibition.

*Left: Mrs. Paul, K.C. Tsui cutting the ribbon (9th May, 2 p.m.)*

## NOTICE TO STUDENTS CAR PARKING

On Monday, May 11th building contractors will commence work in the undercroft of the Li Shu Fan Building and as a consequence there will be a reduction in the number of car parking spaces available to staff.

As a result of this the car parking spaces on either side of the road running between the Li Shu Fan Building and the Lecture Theatre Block will be restricted to the use of staff.

Therefore with effect from 8.30 a.m. on Monday, May 11th the car parking spaces on either side of the road running between the Li Shu Fan Building and the Lecture Theatre Block are **NOT** available to students.

If any student decides to park in the undercroft and take the risk of damage to his car he may do so provided that—

- (1) He does not obstruct movement in the undercroft.
- (2) He does not occupy a reserved space or a "no-parking" area.

A. P. Walker,  
Faculty Secretary  
for Dean, Faculty of Medicine

N.B. The University will not accept any responsibility at any time for damage to cars parked on University property.

### Notice to 2nd Year Students

## COMPULSORY CLASS TEST IN PSYCHOLOGY

The Class Test in Psychology will be held

*in the Lok Yew Hall*

on

**Monday, June 1, 1970**

**from 9.00 a.m. till 12.00 noon**

## New From The Faculty

### Medic Ball

- In Aid of Elixir Loan Fund—
- 1) Date: 6th June, 1970,
  - 2) Place: Mandarin Hotel,
  - 3) Time: 8 p.m.
  - 4) Tickets: \$35/couple (obtainable from ex-co or co-op.)

### News From 2nd Year

\* On 4th April, a social gathering was held at the Snack Bar. Ladies were invited from various schools.

\* On 11th April, a B-B-Q-picnic was held with Sam Nam Sang Wai, Yuen Long as the destination.

\* On 24th April a class dinner was held at the May Flower Restaurant. It was honoured by the presence of the Professors of the 3 preclinical departments together with their staff.

\* On 9th May, a social gathering was held with lots of fun.

# CORRESPONDENCE

The Editor,  
Caduceus,  
c/o Medical Students' Centre.

Dear Sir,

I am very much in sympathy with 'Silence-lover' on the question of talking in the Medical Library. The same thing, regrettably, happens in the other libraries of the University, and I wish there were an effective way of stopping it. Really it is a question of self-discipline on the part of library users, and I hope that your correspondent's appeal will be heeded.

There is, however, a justifiable need for a place in each library where students may discuss their work without disturbing others. There is no reason why books and discussion should be permanently divorced. It is hoped, therefore, that in both the extension to the Medical Library and by some adjustments in the Main Library during the coming quadrennium, discussion rooms for small groups of students will be provided. When this is done, we shall be more strict in attempting to enforce the rules on quietness in the libraries.

Yours faithfully,  
H. A. Rydings  
Librarian.

The Editor,  
Caduceus,  
Medical Students' Centre.

Sir,

We refer to "M.B.I's letter", which appeared in your latest issue — Vol. 2, No. 3.

We regret that such an opinion has been expressed and we are greatly disturbed. We feel that this is only a personal opinion of a particular individual and certainly **DOES NOT REPRESENT** the general opinion of our class.

On the contrary, we feel that during the five terms of our 1st M.B. curriculum, the Physiology department had been most patient and helpful to us. Her staff are all very capable teachers and examiners. They certainly played an important part in our acquisition of preclinical knowledge. They really cared for us. To cite an example, at our request, the Professor had arranged a series of tests and tutorials which covered every aspect of the subject so that we received a thorough revision before our examination. For this, we are truly grateful.

Yours etc.,  
2nd year Medical Students.

N.B. The above letter was written by the whole class at an Emergency Class Meeting.

No. of students attending = 106  
No. of students who agreed with the letter = 98  
No. of students who disagreed with the letter = 0  
No. of students who abstained from voting = 8

The Editor,  
Caduceus,  
The Medical Society.

Dear Editor,

Without beating about the bush, I would like to borrow a corner from Caduceus to air my grievances against the manner in which surgery term tests are carried out. Any surgical clerk who has passed (or 'unfortunately' failed) the tests will know the value of such 'tests' — not that the questions are poorly set, but that the amount of discussions and book-copying that is "allowed" **DURING THE TESTS** renders them **VALUELESS**.

To those who have failed any surgery term test, I extend my deepest sympathy. No man is perfect — you are lazy but thank God, you are at least honest — for better than those who manage to pull through by copying, either from his friend's paper or from 'Lecture Notes on General Surgery.'

Term tests are means whereby the students' progress may be estimated. But when they (term tests) are done after much discussion and confirmation with text-books, their sole purpose is destroyed. It is my sincere wish, therefore that medical students should learn to be honest and responsible to themselves; meanwhile the surgery staff too, should be more vigilant in their invigilation and **HELP THE STUDENTS TO HELP THEMSELVES!**

Yours Sincerely,  
P. C.

Dear Editor:

On behalf of the British Medical Association (Hong Kong Branch), may I congratulate the Hong Kong Federation of Students and the Hong Kong University Medical Society for the public education program planned to be shown in City Hall about Blood Donation.

Chinese is Particularly afraid of donating blood, the main reason for this fear is due to ignorance and superstition, education campaign of this nature is long overdue and will do much to dispel this fear, thus benefiting our community in a long run.

May I offer our best wishes to both organizations again on this most worthy venture.

Yours Sincerely,  
Dr. Otto Y. T. Au,  
President  
(1969-1970).

# 啟思

## 寫在 I.S.T.M.B. 後

歐陽健初

香港大學學生會  
醫學會月刊  
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In December of 1919 a bad cold developed into pneumonia; Osler diagnosed his own condition, predicted the fatal outcome. His last practical joke was played on two eminent specialists called in for consultation; he slipped out of the house, gathered some gravel which he sprinkled into his urine specimen; he was gleeful when the worried colleagues informed him that his kidneys were in a shocking condition.

On December 29, 1919, Grace found near his bedside a slip of paper with his last note: "The Harbor almost reached after a splendid voyage, with such companions all the way, and my boy awaiting me." He was referring to his son Revere who died in the first world war despite the effort of cushioning and cure.

Condensed from M.D. Pacific

還記得你爲了 M.B. 操了多少心，勞了多少神？爲了它，多少個白天，你犧牲了歡樂的時光；爲了它，多少個晚上，你要孤燈夜讀？而現在，它總算過去了，永不回頭！

難道過去十八個月來，我們就祇懂得讀？祇在家裏，祇在圖書館中，啃一本本的書，念一疊疊的筆記，除了這些，我們就沒一點兒值得回憶，值得留戀的事？不！

別以爲我們都以上解剖實習室爲苦事，當然，整個下午的解剖，有時也許很容易令人覺得煩悶，苦惱，誰又願意幾小時對着那具沒有生命的東西，嗅着那奇異的氣味？我們那組，分到的是一具女屍，一具女人的屍體，請不要羨慕，也不要鄙視，因爲那裏，你可知知道她的三個？告訴你那幾天，你可知知道她的三個？告訴那裏，也許也會啼笑皆非。聽說，二十四，二十四，二十四！樣子也不好看，老了。

對她沒有興趣是一回事，切實的工夫，到底要有人來做。大學生了，你推我讓的，可不成。抽簽好了，讓那倒楣的傢伙，擔任當天下午的一切，其他的，人，圍坐兩旁，正好風花雪月的一大篇。古今中外，千奇百怪，無所不有，無所不談。

嘿，找到了那除神藥嗎！

於是，幾個人不得不把頭伸過去，看過真的有一條黃白色的東西，然後又恢復原位，繼續各人的低談，淺笑。對着死人，却在說着活人的笑話，秘聞。於是乎，一個下午便飛也似地過去了。

中午，爲什麼要睜着眼睛看書？你可知道附近的環境多美？何不幾個人，漫步沙道上，在下面那綠蔭深處走，灑灑路旁的風光？倦了，便坐

在大樹下，坐在岩石上，聽那鳥語，蟲歌。在湖畔，在腳旁，撲幾隻不懂事的草蟲，摘幾朵不知名的野花。遠望過去，羣山對我們笑，大地向我們招手……大自然是這末的美麗，我們不自覺地流連忘返，也在往流連而不願返。

漸漸，我們的好奇心大了。幾個人，昂昂然地參觀下面的教育學院，抱着好獵者的心情，虛懸着在那女生宿舍間，爲的是要增加一點兒聞，爲的是要增加日後談笑的資料。可惜得很，我們對裏面的地方不熟悉，又不便問人，所以，只好在那人人都可以走的地方，繞幾個圈子而歸。

不過，我們也學了乖。可不是！午飯後，我們可以坐在外面草坪的欄杆上，等着看那下面走過的女兒，等着看那調皮的海風，吹亂她們的秀髮，掀起她們的短裙。然後，幾個人一齊，發出得意而又帶帶輕挑的聲響……

夜裏又如何？在沒有測驗考試重壓的晚上，你當不會只是站在露台上，看那天上的明月，看那月邊的雲雲，或者那浮雲外面的星星。雖然，欣賞月姑娘的美麗，可能很富詩意，欣賞月下姑娘的美麗，却才是人生！有人說，美麗是大自然給予女人的，也是它最先收回的東西。你以爲如何？

I.S.T.M.B. 已經過去了。現在想起來，發覺在它以前的生活，除了看書的重担和精神的負擔外，原來還有好些令人忘不了的事。這裏所寫的，只是其中的一二三吧了。誰說醫學生都是一班只曉得讀書的傢伙？去他的吧！

# GIANT CLINICIAN

"To study the phenomena of disease without books is to sail an uncharted sea, while to study books without patients is not to go to sea at all." — William Osler.

Forced one day to choose between two promising posts, a brilliant young physician flipped a coin; thus did Dr. William Osler leave Montreal for Philadelphia, taking a long step on the road to international fame. Although he was to win acclaim as clinician, teacher, writer, scientific investigator and pioneer in public health, he played his greatest role in medicine as a communicator who bridged the gaps between worlds. He was a child of the raw Canadian frontier who became a professor at Johns Hopkins and Oxford; along the way he served as a living link between the medical professions of Canada, the United States, England. In time he bridged an even wider chasm, between the days when Pasteur revolutionized the concept of disease and the era of the scientific biologic laboratory.

In a graduation address to medical students, Dr. Osler summed up the sense of adventurous journey that ruled his life. Said he: "I am sorry for you young men of this generation. You will do great things, you will have great victories, and you will see far, but you can never have our sensations. To have lived through a revolution, to have seen a new birth of science, a new dispensation of health, a new outlook for humanity, is not given to every generation... I have had the rare good fortune to dream dreams... and see their realization."

**Beginnings.** Osler was descended from hardy and venturesome Cornish stock, his ancestors included some notable mariners, missionaries, physicians, one pirate. The household swarmed with children, four of the eight being destined for fame. Will's brothers Featherstone and Britton became eminent jurists, while brother Edmund achieved leading rank as a financier, was elected to Parliament. Another brother, Frank (the "gray sheep") ran away from home, was shanghaied aboard a whaler, wound up as a reluctant farmer; he and William were particularly close.

Willie was the youngest boy, born on July 12, 1849, not considered overbright but with an over-developed streak of mis-

chief. He was expelled from his first grammar school in 1864 for leading a band in pranks; at his second school he became leader of another group called Barrie's Bad Boys, for which he and a few others were again expelled.

At the third school, Willie and confederates fumigated an unpopular matron with sulfur, for which they were caned, fined and put in jail for a few days. But in this school in Weston the prankster came under the influence of the warden, the Reverend William Johnson, who taught him natural history, and of Dr. James Bovell, a physician with a bent for biology; these two inspired the young Osler to choose the path of science and medicine.

Reminiscenced Osler about the warden: "Imagine the delight of a boy of inquisitive nature to meet a man who cared nothing about words, but who knew about things, who knew the stars in their courses and could tell us their names, who delighted in the woods in the springtime, and told us about the frog-spawn and the caddis worms, who showed us with the microscope the marvels of a drop of dirty pond water."

Osler entered Toronto Medical School at 19, obtained his M.D. from McGill University in Montreal four years later, then went to London to study physiology and histology under Professor John Burdon Sanderson at University College. In London he made his first important scientific contribution, describing the form and movement of blood platelets which he termed "the third element in the blood."

At 24 Dr. Osler returned to McGill University as "the boy professor," teaching physiology and histology. He converted a cloakroom into McGill's first laboratory, equipped it by spending half his first year's salary to buy a dozen microscopes. He also became professor of physiology at Montreal's Veterinary College where he performed many animal autopsies to prove the need for regulations against trichinosis.

When smallpox ravaged the city, Dr. Osler took on addi-

tional duties as pathologist at Montreal General Hospital; at 28 he was elected physician to the hospital, establishing himself at once as a skilled clinician. During these crowded years, he also published investigations on aneurysm, endocarditis, diseases of the heart.

**New Horizon.** In 1884 he was offered a post as professor of clinical medicine at Philadelphia's University of Pennsylvania; after flipping the coin he decided to accept. He was then only 35, but had already established a reputation and a personal style distinctly his own. Instead of lecturing from the podium he hitched his chair up to any handy table, gathering his students about him for challenging exchanges of questions and answers. Scorning obtuse theories he stressed the specific and practical, bringing patients into the classroom or leading students on the wards.

At every class session, he reminded students: "See, and then reason and compare and control. But see first. Live in the wards."

**Zenith.** In 1888 Dr. Osler was chosen to be the first professor of medicine at the newly founded Johns Hopkins Medical School in Baltimore. He was then at the height of his powers; a vigorous athletic man, short statured but striking, with a drooping mustache that gave him a solemn air, although just below the whiskers he flaunted a brilliant and sometimes garish necktie that revealed the puckish side of his personality.

He not only taught medicine, he also attempted to inspire his students with the dignity of labor and the value of work for work's sake.

At the core of his personality was a genuine kindness: when one brilliant young physician bluntly criticized other staff members, Dr. Osler mildly reprimanded him; when the angry young man offered to resign he was told: "Do nothing of the kind. Who is free from faults? Your prospects here are A-one and we need you." Thus did Dr. Osler find a disciple and lifelong friend in Dr. Harvey Cushing, who was to memorialize

him with the definitive, Pulitzer Prize winning book, *Life of Sir William Osler*.

Dr. Osler published the bulk of his 730 titles during his 16 years at Johns Hopkins. Partly through practice and partly through omnivorous reading, he polished his once awkward prose into a style both ornamental and lucid; the result was a masterpiece of clarity when he published his classic text, *The Principles and Practice of Medicine*, in 1891.

The work came as a breath of pure air in a field that had long been dominated by tedious textbooks disseminating outmoded information and opinionated doctrines. Assembling the latest data in clinical medicine, the book included literary allusions, the whole written in a style free from pedantry and pomposity; it passed through nine editions in Osler's lifetime, was translated into many languages.

Dr. Osler's other literary work (apart from clinical reports) included a collection of his addresses and essays in *Aequanimitas* and *An Alabama Student*. Among historical works, he edited Sir Thomas Browne's *Religio medici*, wrote on the physicians in the works of Plato, was the author of a series of lectures on the evolution of medicine, produced studies on early American clinicians.

**Accolade.** When in 1905 Dr. Osler was asked to take the Chair of Regius professor at Oxford, he wavered; his wife cabled him in London: "Do not procrastinate. Accept at once."

At Christ Church, Osler found the rest and equanimity that he badly needed after an exhausting life of teaching and writing.

Put to use were Dr. Osler's talents as medical diplomat, his good offices bringing resolution of a quarrel which had split rival medical societies in Britain for 50 years. His flair for statesmanship attracted political attention, led to an offer that he stand for Parliament as joint candidate for the major parties; he turned that away with "It's not my job." In 1911 he was knighted as further evidence of England's esteem.