Centenary Tribute to
Professor AJS McFadzean
A LEGACY FOR MEDICINE IN HONG KONG

Chief Editor : Richard YU
Co-Editors : Philip Li, Carolyn KNG, John MACKAY

COVER CARTOON
drawn in Christmas 1962
Queen Mary Hospital – Second Floor
Outside Jenner Ward
McFadzean vs Stock
by Donald Yu
Photo editing by Leo Wong/Richard Yu
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2014 marked the special occasion of the 40th year since the retirement of the late Professor AJS McFadzean from the University of Hong Kong. Professor McFadzean was truly a giant in the history of internal medicine in Hong Kong. He was our first post-war Professor of Medicine. During his 26-year tenure as Head of the University Department of Medicine, he laid the foundation for our undergraduate medical education programme, and set the direction for specialisation of clinical services as well as medical research. He inspired and mentored a generation of eminent physicians, many of whom made and are making significant contributions towards the establishment of our College and shaping the medical services in Hong Kong.

I did not know Professor McFadzean personally but according to my seniors in the profession, he was a man of integrity, an astute clinician and a passionate teacher. His master of the arts and science of internal medicine and his professionalism made him a perfect role model for his colleagues and students. For those of us who did not have the privilege of having worked with or been taught by him, the collection of articles in this commemorative publication will provide a glimpse into the vision and philosophy of this great man, and how his charisma and passion influenced the professional career of a generation of physicians. In this age of increasing dependence on modern technology, fragmentation and commercialisation of clinical practice, and declining trust between doctors and patients, I am sure that there is still much for us to learn from the “McFadzean spirit” which can help us become better teachers, researchers and above all physicians.

Patrick Li
President (2010 – ),
Hong Kong College of Physicians
2014 marks the 40th year of Alexander McFadzean’s retirement from the University of Hong Kong as Professor and Head of the Department of Medicine. It is also the 100th anniversary of his birth.

On 30 June 2014 Professor Sir David Todd organized a commemorative dinner in Hong Kong Club to celebrate these two events. The significance of 30 June was the last official day of Professor McFadzean in the University of Hong Kong 40 years ago. In between the toasts, a proposal was broached to establish a McFadzean Visiting Professorship in the Department of Medicine and to publish a commemorative monograph containing tributes from former staff. The response has been overwhelming. There are now over two millions dollars to fund the Visiting Professorship, and 37 articles have been received. Ian F McFadzean, his son, had made a very generous donation to the fund.

When Alex McFadzean assumed the Chair in 1948, he had a vision and a mission. His mission was to educate and train local doctors to supply much-needed healthcare after the devastating war. His vision was that the Chair and Headship would pass on to a local graduate. In 1974, both vision and mission were fulfilled. Alex was succeeded by his protégé, a MBBS graduate of 1952, Professor David Todd, and almost every doctor in Hong Kong’s post-war generation was a McFadzean student. The Department’s senior tenured staff were all local graduates. So were most of the department heads and senior people in government hospitals. Alex McFadzean had left an indelible mark on healthcare and welfare in Hong Kong.

The reader will discover in the following Tributes that “老麥” was intimidating, feared, but admired. But whatever the feelings he always commanded enormous respect for his selfless dedication to teaching, research, and life-long devotion to the Department of Medicine, followed by the Faculty and then the University in that order. Those of us who were privileged to be his staff soon understood that Alex was a kind-hearted martinet — a benevolent dictator like the good Popes celebrated in Church history.

I trust you will all come to appreciate Alex McFadzean as the great man that he was — a medicus sui generis [translation: one-of-a-kind doctor], indeed a very unique person, who left the world a better place than when he entered it.

Richard YU
Senior Advisor,
Hong Kong College of Physicians
Professor AJS McFadzean retired from the University of Hong Kong 40 years ago in June 1974 after 26 years as Professor and Head of Medicine. Unfortunately he died the same year on 29 November in Scotland, following a brief illness.

He was born in Troon, Scotland on 28 January 1914. In his youth, he was a champion golfer and he had to decide whether to become a professional golfer or study medicine. Fortunately for us the latter prevailed. He graduated MB ChB from the University of Glasgow in 1936 and was awarded the Brunton Memorial Prize as the outstanding graduate of the year. During World War II he served with the Royal Army Medical Corp attaining the rank of Major. He was mentioned in dispatches in 1942 and became a medical specialist with the Middle East Command in 1943. In 1946 he was elected a Member of the Royal College of Physicians, London. From 1945–1948 he was Lecturer and later Senior Lecturer in the Muirhead Department of Medicine, University of Glasgow. In 1948 he was appointed Professor of Medicine, University of Hong Kong and Consultant in Medicine to the Hong Kong Government. The University of Glasgow awarded him the MD with Honours and the Bellahouston Gold Medal for the best MD thesis in 1959. Professional qualifications include FRCP (Edin, Lond), FRACP, FACP, and honours bestowed were the OBE, FRS (Edin), Hon DSc (HK), Hon FRCS (Edin), JP. At the University of Hong Kong he served as Vice-Chancellor for a year in 1965 and as Dean of Medicine from 1967 to 1972, both with distinction.

As a teacher he had no peer, stressing principle rather than detail and encouraged clear and logical thinking rather than recall. His clinical acumen and knowledge are legendary and these he shared unstintingly with students and colleagues. He also emphasized research and his work on diseases of the liver, thyroid, spleen and blood are renowned. The Department continues to make significant contributions to academic and clinical medicine, and research. He said he had three loves in the University: the Department, the Faculty and the University in that order.

He was well versed in history, literature and had a fine collection of Chinese snuff bottles. He also represented Hong Kong in international golf competitions. The McFadzeans were cordial hosts and their Christmas parties were hilarious. Behind the stern façade was a very warm and caring person.

He taught and practised medicine with total dedication and true professionalism and left behind a rich legacy. There has been no better role model in internal medicine.
At the memorial service held in Hong Kong following his death in 1974, the Dean of Medicine at the time, Professor JB Gibson had this to say: “Professor McFadzean played many parts in the life of Hong Kong, but it was as a doctor and particularly as a teacher of medicine that he was at his best. From this flowed his inspiration and this was the source of his unrivaled influence. Indeed, no single man has had so great an influence on medicine here.” How true, and it is fitting we pay tribute to him this year.

David TODD

Founding President,
Hong Kong College of Physicians
Over a span of 26 years (1948–1974) Professor McFadzean was the Head of the Department of Medicine in the University of Hong Kong. Concurrently, at different periods he also served the university as Dean, Pro-Vice-Chancellor, and Vice-Chancellor. In all these capacities he fulfilled his role with distinction and dedication. His contribution was to a large extent responsible for the rapid development of the Faculty of Medicine, despite the severe financial constraints that prevailed in the post-war period.

I’ll focus here on his influence and impact on undergraduate and postgraduate medical education, clinical services and research. Being the first Professor of Medicine after World War II he had the responsibility of devising a curriculum that would produce competent doctors to treat primarily Chinese patients and also to satisfy the General Medical Council of the United Kingdom to gain recognition of our MBBS degree. This he succeeded in, with flying colours. Under his leadership the curriculum was later modified to cope with the rapid progress in genetics and molecular biology. As a teacher he always preached that teaching should focus on the principles of medicine and avoid overloading students with unnecessary facts. He also emphasized the relevance of basic medical sciences to the understanding of clinical medicine.

When Professor McFadzean came to Hong Kong in 1948, the term ‘specialist’ was unheard of. Anyone qualified with an MBBS would be licensed by the Hong Kong Medical Council to practise as a physician, surgeon, or obstetrician and gynaecologist. Very early on in his tenure he recognised the importance of postgraduate professional training and the need for doctors to acquire expertise in a particular area of medicine. With this in mind, he sent members of his staff, namely David Todd to Scotland and Joseph Pan to USA to specialize in haematology and cardiology, respectively. On their return, haematology and cardiology became established specialties in the department. Other specialties followed when junior members of his staff had completed their training locally or abroad. Training and clinical service were always considered inseparable. The development of medical specialties and subspecialties as envisaged by Professor McFadzean enabled the training of young doctors to take giant steps. Doctors could therefore acquire appropriate knowledge, skills and experience in a particular specialty, so as to provide their patients with a state of the art service. Notwithstanding the emphasis he placed on the development
of medical specialties, Professor McFadzean always preached holistic care and insisted that a sound knowledge of general medicine acquired during the basic physician training period was the foundation of all professional training.

Without exaggeration, I think Professor McFadzean’s vision, dedication, and the practical steps he took more than 40 years ago laid the foundation on which today’s Hong Kong College of Physicians was established. To do justice to his memory I must mention that his lectures and his clinical management style were inspiring examples of ethical medical practice.

Research was always in his blood. As a teacher he encouraged his students to ask questions and his lectures often inspired them to search for the truth. The motivation to undertake research was often triggered by an astute clinical observation. His seminal work on fibrinolysis was an excellent example. His legacy in research was not confined to his own achievements and those of his staff. He was a strong advocate of the need to question by everyone, and he firmly believed in the relevance of research to clinical practice.

As a highly respected member of the medical profession and academia, his advice was often sought by the Government in matters involving healthcare policy in Hong Kong. I believe that he played a pivotal role in the remarkable progress made in the realms of both preventive and curative healthcare for the population of Hong Kong.

In concluding I would like to reiterate what I said at my McFadzean Oration a year ago. He has left us an unprecedented, unique and enduring legacy for which we are forever grateful.

Rosie YOUNG
Honorary Fellow (1997),
Hong Kong College of Physicians
Centenary Tribute to Professor AJS McFadzean

REFLECTIONS AND REMINISCENCES
Prof McFadzean had a tremendous influence on me, both as a student and in my further medical career. He was a formidable teacher who engendered both admiration and respect, tinged with fear. With the fear was the thought that fairness would be displayed as your inadequacies were revealed. Woe betide if you did not remember every detail of the history, signs, symptoms and investigations of the patient you were presenting!

The combined clinical teachings of Mac and Steven always seemed to me the best approach to clinical practice — care and consideration of the patient, careful approach to history and clinical examination, and integration of well-considered investigation results. Occasional successes — or failures — in particular patient situations taught valuable lessons retained in much future work. Throughout my professional career some comment from Steven or Mac has frequently come to mind, steadying or directing my investigative direction. This was inspiring teaching.

Even so many years on I continue to be grateful that I had the opportunity to establish the foundation of my clinical training under the influence of such outstanding teachers as Professors McFadzean and Chang.
Even now, I can recall Professor AJS McFadzean quoting Hippocrates when I attended his introductory Clerkship lecture as a budding student doctor in 1970. As is customary in any number of lectures, students would arrive early to his class to avoid sitting in the front row. However, Prof would unfailingly quiz all students in his lectures, especially those in the back. While this may at first blush suggest a fierce and intimidating professorial demeanor, he was actually very kind hearted and down to earth. His ultimate goal was to bring out the best physician in every one of us.

Overall, Prof McFadzean’s lectures were concise, precise, and always inspiring. He was one of the few teachers who exhorted us to study ethics and the history of medicine, particularly from the writings of Hippocrates, William Osler, and the Greats. Of course as medical students, we committed the Hippocratic Oath to heart, but many of us were not familiar with the writings of Hippocrates such as Aphorisms or Epidemics. On one of my first days of class, Prof McFadzean presented a patient presenting with podagra with the same precision and concision as his hero Hippocrates’s description of gout in his three Aphorisms.
Two millennia after Hippocrates, Sir William Osler took as his teaching motto the ancient maxim that the “whole art of medicine is in observation.” In this aspect, Prof McFadzean made his own observations on the subject of gout, published in British Medical Journal in 1965 in an article entitled ‘An eunuch takes the gout’. A forerunner of translational medicine, Prof McFadzean made astute observations at the bedside that led to many major discoveries at the bench-side, particularly spontaneous fibrinolysis in cirrhosis of the liver, hypoglycemia and polycythemia in hepatocellular carcinoma, periodic paralysis in thyrotoxicosis, and the spectrum of thalassemia in China. Many of these findings were published with his team in prestigious journals, and we as students were inspired by these accomplishments.

In clinical teaching, Prof McFadzean stressed principles rather than detail. He encouraged us to think clearly and logically. It was during one of his teaching rounds that he introduced to me the idea of “Ockham’s Razor”, a guiding principle attributed to the logician and Franciscan friar William of Ockham (1287–1347) in differential diagnosis. The principle proposed by Ockham states that “Entities should not be multiplied unnecessarily,” that “among competing hypotheses, the one with the fewest assumption should be selected.” Prof McFadzean believed that in teaching and in clinical diagnosis, it is important to come up with a unifying “hypothesis” that can explain the patient’s problem. His ability to arrive at this unifying diagnosis echoes many other important figures in other disciplines. Isaac Newton stated the rule: “We are to admit no more causes of natural things than such as are both true and sufficient to explain their appearances.” The principle has also been used to justify uncertainty in quantum mechanism. Heisenberg deduced his uncertainty principle from quantum nature of light and the effect of measurement. Stephen Hawking writes in A Brief History of Time: “We could still imagine that there is a set of laws that determine events completely for some supernatural being, who could observe the present state of the universe without disturbing it. However, such models of the universe are not of much interest to us ordinary mortals. It seems better to employ the principle of economy known as Ockham’s (Occam’s) razor and cut out all the features of the theory that cannot be observed.” As physicians, we should consider all possible causes for a given presentation of symptoms and signs and seek the fewest, but we must not allow ourselves to be distracted by trying to find a unifying diagnosis when it simply may not be present. Just as Albert Einstein once said, “Keep things as simple as possible, but no simpler.” Even in everyday life, the simple aphorism of the “KISS principle” applies: Keep It Simple, Stupid.

Outside the classroom, Prof McFadzean was a great influence on me as well. At that time, he struck me as a kind, caring, fatherly figure. I still have fond memories of Christmas parties hosted by Prof and Mrs McFadzean, where the Prof would dress as Father Christmas and proudly present Christmas presents to each member of the Department. Over the years, we would talk about myriad topics, even extending outside medicine to include Chinese history, antiques, and golf.

I owe my ultimate decision to go into internal medicine to Prof McFadzean and his contemporary personalities of leadership in the University Department of Medicine at HKU. By example, they showed me that internal medicine
is an intellectual challenge in which physicians must apply an enormous, ever changing body of information towards diagnosis and clinical management. With Prof McFadzean’s support, I was honoured to start my internship as a house physician in UMU in July 1972. For the next few years, I considered Queen Mary Hospital and UMU as my home. I consider this period as pivotal in shaping my career in academic medicine. This period culminated in a personally momentous car journey with Prof McFadzean and his colleagues David Todd, Rosie Young and Richard Yu to the graduation ceremony at City Hall. Dr Yu was to receive his MD while for me it was only MBBS. It was during this occasion, with encouragement from Dr Yu, that I made up my mind to pursue a career in academic medicine and to specialize in nephrology.

Even later as I advanced through my medical career, Prof McFadzean’s influence was deeply imprinted upon me. I later attended Oxford University for my PhD. There, I visited the famous Greyfriars Hall, where William of Ockham himself studied theology from 1309 to 1321. These visits would reignite my fond memories of Prof McFadzean and his lectures on Ockham’s Razor.

Upon reflecting on my more than 40 years in medicine, I appreciate more and more what Prof McFadzean taught me. The phrase “Life is short and the art is long ....” has profound meaning to me. Becoming a physician is not a simple task; it involves judicious and sometimes difficult decision making. The need to make these judgments crops up long before an evolving student knows much about what life is like in the various branches of medicine or perhaps even more important, about who he really is. It has been 40 years since Prof McFadzean’s passing; I will always remember him with gratitude and affection. He has been a “torch bearer” to me and to the medical profession.
I am very glad to be able to share my recollections of Professor McFadzean, who had done so much for Medicine in Hong Kong during his 26 years (1948–1974) as Head of the Department of Medicine at Queen Mary Hospital, the University of Hong Kong.

My first contact with the Professor was in 1959, upon completion of The Second MB and at the start of my Junior Medical Clerkship. It was 10am on Thursday, the first Medical Clinic held in the lecture room at the end of 2nd floor, Block B, Queen Mary hospital (now, the end area of Ward A2). I was the last one to enter the room and had to sit in the only available seat, on the extreme left of the front row. The Professor came in and began asking about the surface anatomy of the sensory dermatome. “Where is the surface representation for Cervical 1?” he asked, pointing to me. I replied “not represented”. He then proceeded down the front row. “Cervical 2?”; “Over the area of the chin.” was the answer offered by the classmate next to me. He was promptly sent out of the room. At the end of the questioning, the rest of the front row students had all been sent out. Then the Professor started to teach us about the clinical approach to a patient with jaundice. After 50 years, I still remember what he taught on this clinical problem. Later, I was told that Dr R Lo, the Clinical Assistant, was standing outside the room and took down the names of those sent out that morning and they had to meet the Professor later. He certainly impressed on us that we must not forget the basic medical knowledge taught in the Preclinical years.

In the final examination, I met Professor at the Distinction Viva. The External Examiner asked me about lead poisoning. Professor McFadzean was impressed with my description of the anaemia due to the effect of lead on iron metabolism in the erythroblast, as evidenced by the coarse stippling and Pappenheimer bodies. That I also knew of his publication on lead poisoning in the mouse (experiments he did in Glasgow before coming to Hong Kong in 1948) might have an added effect. I then described wrist drop, colicky abdominal pain and constipation, due to effects on the nervous system. The External Examiner was not satisfied and asked me about the effect on the liver. When I said I did not know, he told me that liver necrosis is not uncommon as evidenced by the loss of liver dullness. At that point, the Professor came to my rescue and said “Nonsense! That would be due to gut dilatation because of the ileus.” I was then told the examination was...
over and dismissed. To my surprise, I was awarded a Distinction in Medicine and the CP Fong Gold Medal! That was the first time I realized that the Professor only speaks the truth and had no time for fools!

Professor McFadzean did staff rounds, with the Specialty Clerks and all the department staff, twice a week on Tuesdays and Thursdays, 8:30 am to 10 am. These were very good training sessions for the registrar, who was responsible for presenting all the cases in the ward, and 3 to 4 patients in detail. The round was also invaluable experience for the Senior Students and Attending Staff. I remembered on one occasion I presented a patient with haemoglobinuria after exposure to the cold. The patient commuted between Shanghai and Hong Kong and after exposure to cold climate in Shanghai he would develop dark-brown urine. I proudly reported that the Donath–Landsteiner antibody (a bi–phasic haemolysin) was responsible for the Paroxysmal Cold Haemoglobinuria and the cause was tertiary syphilis, since VDRL was positive (the first and last patient I have ever met). McFadzean sat by the bedside listening attentively. At the end of the presentation, he told us about his experience in North Africa during the Second World War (around 1943–45). Penicillin was just available then, but in limited supply. Many soldiers in the British Infantry contracted Yaws (another spirochete infection). To determine who needed penicillin, he would send the whole platoon out to take showers at night in the Sahara Desert, when it would be quite cold. Those who developed haemoglobinuria the following morning would be diagnosed as suffering from Yaws and would be prescribed with Penicillin. Donath Landsteiner Biphasic Haemolysin Test performed in vivo! His shrewd mind, vast clinical experience and fantastic memory found no match in any clinician I have known since.

He encouraged all Department Staff to do both laboratory and clinical research. He had many interests, one of which was haemolytic anaemia complicating typhoid fever. He was convinced that chloramphenicol (the only effective treatment for typhoid fever at the time) did not cause haemolysis. We had just documented G6PD deficiency in the Chinese and chloramphenicol was reported to cause massive haemolysis in such individuals. He helped me recruit typhoid patients from the Infectious Disease Hospital at Sai Ying Pun. I did cross-transfusion of G6PD–deficient red cells into these subjects and treated them with chloramphenicol. The red cell survival of the G6PD–deficient cells was monitored by Chromium 51 tagging and the sequestration in the liver and spleen followed by surface scanning. A very neat set of data was obtained and we wrote the paper, proving irrevocably that typhoid fever itself causes haemolysis of G6PD–deficient cells and chloramphenicol, by controlling the infection, can in fact prevent the haemolysis. I remembered sitting next to him while he corrected my draft paper. He did it very meticulously, almost every word and sentence were altered. It was a very devastating experience for a young academic! Luckily, Nancy Leung, his secretary, could decipher how to put the paper back together. Needless to say the paper was much improved and was accepted by J Lab Clin Med, a high impact journal. McFadzean also insisted that only those who had made significant contribution be included as authors and be listed in alphabetical order. The authors were Chan, Chesterman, McFadzean and Todd; all became full professors eventually!
I wish to share the above personal experience I had with the Great Professor McFadzean, who passed away 40 years ago and is still remembered with much fondness by his staff and students.

Visit of Dr Harold L Loucks, Director, China Medical Board of New York to Faculty of Medicine in late 1950s. (from left) Front row: (1st) D Schoyer, (3rd) Del Stratton, (4th) Mrs McFadzean, (5th) Prof McFadzean, (6th) Mrs Hou, (7th) Mrs Skinsnes, (8th) Mrs Hsu, (9th) Glen Mitchell
Second row: (1st) YC Pan, (3rd) H Loucks, (4th) PC Hou, (5th) B Hsu, (6th) O Skinsnes, (7th) Father Cronin, (8th) Stephen Chang, (9th) YK Tsao, (10th) ST Hiew
Third row: Gerald Choa, K Siu, R Ruiz, TB Tech, Lee Tong, D Todd, HC Kwaan, KH Chau, KH Shi, SC Hu
I am probably the least qualified to write a tribute to this gentleman who has done such a great deal in establishing Internal Medicine in Hong Kong. My only claim to knowing the Professor is being interviewed by him for my job in the Department of Medicine, University of Hong Kong, as a non-clinical Biochemist. He struck me as a kind, but austere-looking Scotsman. After the usual questions on my reasons for wishing to return to Hong Kong, despite having a clearly established position at St. Bartholomew’s Hospital, London, he quickly put me at ease by introducing me to other staff members in the senior common room. Back in 1974, the Department of Medicine was probably relatively short of clinical staff to look after the ever-increasing patient load, yet Professor McFadzean had the foresight to introduce a scientist in their midst. The aim was to stimulate research interests amongst the clinicians and establish scientific methods for use in this research. He obviously realized the importance of the scientific basis of Medicine and that advances in the practice of Medicine require painstaking scientific research. I took up my post in September 1974, by which time Professor McFadzean had retired. An endocrinologist by training, shortly after joining the Department, I established about a dozen radioimmunoassays for the various hormones as well as blood proteins such as anti-thrombin III and clotting factors. This was followed by the introduction of DNA technology to Hong Kong in 1980, which I learned from none other than Professor YW Kan (a former student of Professor McFadzean and a renowned pioneer in the field), and our subsequent establishment of the first DNA-based prenatal diagnosis programme in the Asian Pacific rim, for common genetic diseases. The programme has resulted in the control and prevention of fatal genetic conditions such as β thalassemia major, Hb Barts hydrops fetalis (α thalassemia major), Haemophilia A, Haemophilia B, Duchenne Muscular Dystrophy, Spinal Muscular Atrophy and Huntington’s Disease. Considering that Thalassemia alone affects 3 to 5% of the population in this region, Professor AJS McFadzean’s insightful step in establishing a non-clinical post in a clinical department has benefited numerous local families. In retrospect, Professor was obviously a man well-ahead of his time. Twenty years later, many clinical departments, both at the University of Hong Kong, and at other renowned universities worldwide, have all established non-clinical faculty members to enhance their research.

Vivian CHAN
From a personal basis, I am grateful to Professor for not only offering me the post, but also for his role in influencing and nurturing my better half!

At MD Congregation Ceremony, The University of Hong Kong
(from left) Front row: (1st) Daphne Chun, (3rd) Prof Francis Stock,
(4th) Sir Lindsay Ride, (5th) Prof McFadzean
Back row: (2nd) Gerald Choa, (3rd) TC Pang,
(6th) HC Kwaan, (7th) David Todd
I was working in the University Medical Unit as a houseman in 1970. Around Christmas Professor McFadzean invited the whole department to his home for a gathering. Uncomfortable with the senior staff around (almost everyone was my senior in those days!) I was drawn to looking at the paintings on the wall. “What do you think, young lady?” Quietly, the chief came behind me. I paused. That oil painting was nothing special and I didn’t know how to respond diplomatically. He seemed to have read my mind and said, “The most important element in the evaluation of a piece of art work is sentiment.” Obviously it was either painted by or given to him from a friend. From that brief encounter, it became obvious to me that Professor McFadzean was much more than the superficially sharp scholarly professor that most of us students feared though admired.

A saying of Professor McFadzean that many of us remember well and probably have quoted sometime in our career — “The art is long, life short, knowledge limited, experience fallacious.”

Vicky CHEN

(from left) Back row : Irene Luk, Mary Tsang, Dora Wong, Helen Ng, Evelyn Shiu, Minnie Lin
Front row : Susan Lim, Eileen Au, Vicky Chen, Professor McFadzean, Lena Lo, Tina Tam, Rebecca Wu
My first encounter with Prof McFadzean was during my first clinical year as a medical student when he gave a very impressive lecture on the Hippocratic Oath. With the original version (which is of course not too relevant or adequate in these modern days) and the various modern versions, he managed to deliver clearly to me that the primary role of doctors is to save life and if this fails, to relieve suffering. This had made a great impact on me and is still something that I continue to abide by.

Prof McFadzean was well known to be very strict and was a man of quick temper. Everyone was sort of “afraid” of him. However behind his stern face, one can also find his kind-heartedness, his passion for his patients, his desire for producing good doctors and his great sense of humour. I well remember during one of his Case Teaching Sessions, he started to present the case saying that the patient was a 50-year-old man who worked as a sailor. He then paused and asked one of my classmate “What is the occupational hazard of this patient?” The answer from my classmate was “syphilis”. Prof McFadzean did not say anything and looked at him for a while and then said, “Do you know that I was once a sailor?” Everyone in the class except this poor guy bursted into laughter.

Prof McFadzean, I, like many others in the medical profession, owe you a lot. Without your great vision on the development of medical education and medical research in Hong Kong, your unrelenting devotion to the teaching of medical students and the training of physicians, I would not have been what I am today. Thank you very much Prof McFadzean.

Walter CHEN

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Chun-Ho CHENG

I joined the Department of Medicine of the University of Hong Kong more than a decade after the retirement of our late Prof McFadzean. There were more staff members in the department compared to my student days. In addition, the number of medical students had increased and their attitudes had clearly changed. During Prof McFadzean’s days students were forbidden to take notes and they had to make every effort to concentrate and commit his teachings to their memory. Nowadays, students demand tons of handouts from their teacher.

In the good old days, the Professor would use chalk and a blackboard and only salient points would be written. Students would fight to occupy the third and fourth rows during his lectures, as front row audience would inevitably be picked on. Latecomers were clearly not entertained. Those who gave ridiculous answers would be asked to leave promptly. His rationale was to train students to respond appropriately in stressful situations. I could still recall the fascinating scenario when the students would fixate their gaze on the professor as he strolled from one end of the lecture theatre to another. The synchronicity of their head movement was like a pendulum.

During his teaching clinic, he would emphasize the importance of attention to detail, like the pulse-temperature discrepancy and the presence of neutropenia in patients with typhoid fever and the way how local fishermen handled their lead sinkers in cases of lead poisoning.

I could still remember vividly that one of our classmates developed postural syncope during our morning bedside teaching. We tried to help him by lifting his body and the Professor said “Are you prolonging his suffering? Lifting his upper torso will only perpetuate hypo-perfusion of his brain! The proper way to help him is to position him in the recovery position or lift him en bloc.”

Here are his “Words of Wisdom”

- “Respect your profession and the patient will respect you.”
- “Whatever you do, patient’s benefit should be our top priority.”
- “Always stay focused and make appropriate decisions even in the adverse environments.”
- “Pay attention to your patient’s story and attend to every detail.”

Chun-Ho CHENG
I was the Professor’s house officer for six months in first half of 1969. Those were tough times. Brief as it was, I did learn a great deal in the art of practice of medicine — the analysis of history and physical findings. Innovative technology was unknown in those days. This short period of internal medicine training formed a strong basis for my subsequent career as an orthopaedic surgeon.

It would not be complete without mentioning Professor McFadzean’s talent as a golfer.

I was told (source forgotten) that one of Professor McFadzean’s most difficult decisions was to choose between a career as a professional golfer or a doctor. Memorable stories in the Royal Hong Kong Golf Club (as it was called in those days) recalls that the Professor was one of no more two or three golfers who birdied all the Par 3s in the New Course in the same round!

David CHENG
I was a bright sunny day in June 1949 when I was invited to an interview together with about 10 others by Prof Gordon King, Dean of HKU Medical Faculty, who was also the Professor of Obstetrics and Gynaecology and Prof SM Banfill, the Professor of Anatomy followed by an entrance test at the Medical Faculty, University of Malaya, Singapore (now the College of Medicine Building, the home of the Ministry of Health). Over thirty years later this was to be my office for the decade before I retired! The professors were kind and most gentle in the interview, even giving a brief overview of HKU, in the aftermath of the Japanese Occupation, its rapid progress and appointments of academic staff. They were especially thrilled in the filling of major clinical departments of Medicine, Surgery, Pathology and Physiology, including their own disciplines. One particular name that struck me was AJS McFadzean, a brilliant physician from Scotland! Little did I realise then that these are names and personalities that will always be indelibly etched in my fading memory! Prof McFadzean was born in Troon, an important home town of Scottish golf in the year the Great War was declared, 1914. Despite some measure of deprivation, young Alec must have done his parents proud both academically and in golf and to the King and country in War service in the 40s as a frontline physician.

In my early preclinical years at Lugard, much was heard of the 'young brilliant Scottish professor of Medicine who speaks impeccable English'. A few seniors, some returning from China were taking the final MB spoke of him in awe but I also sensed a measure of fear!

An astute no nonsense clinical teacher with a short fuse, they knew he did not often suffer fools gladly! Although he had arrived in HK just over a year before me, I had hardly met him in my preclinical years, being mostly confined to the main campus and the Pokfulam sports field. The department at Queen Mary was minute by today’s measure, had only him and another superb physician and senior lecturer Stephen Chang who had left Cheloo as professor, but ably assisted by specially selected clinical assistants. Later, to our benefit, another outstanding consultant and lecturer Gerald Choa was added to the department. But one dark day, tragedy struck when we suddenly lost a chosen disciple in CP Fong, a bright and promising physician. Prof McFadzean was devastated, indeed to him it was akin to losing a beloved son. We all in the medical faculty shared his grief and recall the visit to
the funeral parlour as we paid our respects. This was all the more heartfelt for us at Lugard as CP had been a resident physician to the halls. This attribute of compassion of the young professor I’m sure was felt by the medical fraternity.

My first formal meeting with Prof AJS was the first introductory lecture of Medicine at the old Pathology Building to my class. He stood tall, stern in looks and spoke clearly albeit with a tinge of Scottish accent. With fading memory, it was on the practice and calling of Medicine, the Hippocratic Oath was mentioned, but I don’t remember hearing the word ‘Ethics’. This I remember him saying “riches the good doctor may not have, but rest assured he will have a living in comfort...” Next was the gathering of all those doing their ‘clerkship in Medicine’ at QMH seminar room where there was a rush to occupy the back rows! He was a stickler for dress, woe betide those who failed to abide by his dress code, and also for punctuality. AJS would preside with his senior staff in attendance sometimes with a visiting pathologist, where basic bedside clinical medicine was taught regularly throughout the three clinical years, in the wards and at outpatients in Sai Ying Pun. These sessions with his regular lectures were superb as was the clinical teaching by Drs Stephen Chang and later Gerald Choa, the full time academic seniors. The wards at QMH were named after medical Giants e.g. Manson, Addison etc. and although AJS’s interest was haematology, there were many cirrhotics with hepatosplenomegaly and ascites and others with prevalent diseases. There was no dearth of material for bedside teaching. Just for example, per abdomen, his eyes were sharp, and in palpation many an enlarged spleen or liver would be felt where others found difficulty. Many of his students having watched and learnt would have acquired the finer points of his art. I have! With Stephen, Gerald and his chosen clinical disciples, they were a formidable team, and I’m ever grateful for teaching I had from them over the three formative years in the University Department of Medicine, the principles and practice of sound, holistic and ethical Medicine.

On a lighter note, I met my old teacher, ‘Lo Mac’ on a few occasions in Singapore at our HKU Alumni Dinner in honour of his visit, no more the tough disciplinarian but clearly most jovial especially in company of those who loved Scotland’s national drink! One sad year, he missed the presence of an old friend, a pre-war HKU, MBBS, Dr Granville de Sousa. Paying respects he must and in his usual eloquence, besides a moving tribute, a toast was raised ... “that dear Granville would be happily smiling, looking at us from above...!” On another visit, he was one of a four-man golfing team of the Royal HK Golf Club playing against Royal Singapore Golf Club. He had a handicap of -2! Only in later years, I found that this was as good as a professional golfer’s. Sadly, this was the only golfing visit here when soon after, a shoulder injury ended his competitive golfing.

Professor AJS McFadzean left a unique and lasting legacy in Medicine to Hong Kong with disciples throughout South East Asia, especially ‘British’ Malaya and Singapore. From a handful of staff in 1948 with just one room laboratory and a wing at Queen Mary Hospital, a comprehensive academic teaching and research department with specialty divisions in Internal Medicine with a staff of over fifty was
realized by the time he retired in 1974! He clearly can be numbered amongst the truly great, a man of integrity with a passion for teaching and research, a physician with a compassion for patients and fellow men.

Another attribute for true greatness must be on retirement for the mentor, as those in ancient China, that he must multiply himself in his disciples so that he leaves no vacuum. This AJS has more than fulfilled, his successors were his chosen ones, beginning with Sir David Todd, TK Chan and so many others as Head of Medicine and Rosie Young and others as Dean. In the research field, again too numerous for mention with HC Kwaan, one of the earliest! Some with his teaching and legacy have even gone to plant new departments and centres in HK and beyond! I am sure Professor AJS McFadzean would be very proud especially in this his Centenary Year ‘happily smiling, looking...from above...’
ew people can claim to have achieved this lofty goal. However, Professor McFadzean could — he succeeded in meeting this mighty challenge with flying colours!

I had the great fortune of having been a medical student at the University of Hong Kong from 1951–1957 and an intern of Head Ward of the University Medical Service at Queen Mary Hospital in 1958, and the honour of having been exposed to the stellar patient-care, teaching and research talents of Professor McFadzean.

When Professor McFadzean first came to Hong Kong from Glasgow to assume the Chairpersonship of the Department of Medicine, he was just in his thirties and HKU had no decent Department of Medicine to speak of. Tackling such a demanding and enormous job at such an early age is a rare event, even by today’s standards. Nevertheless, he steadfastly turned the Department into a most outstanding unit of which Hong Kong could justifiably be proud.

How did Professor McFadzean succeed in this most difficult job? First, he had the foresight to surround himself with colleagues such as top-notch physicians and scientists in the persons of Professors Stephen Chang, Gerald Choa and Vivian Chan, to name just a few. Secondly, being a genius who was highly intelligent, diligent and knowledgeable but at the same time strict and demanding, Professor McFadzean, through his magnetic personality, always managed to obtain the best out of his trainees. If one major criterion of a person’s success as a teacher, research worker and academician is to evaluate how her or his students have fared in their own professional lives, Professor McFadzean stood out exemplarily. One just needs to look at how some of his pupils such as Professors David Todd, Hau-Cheong Kwaan, Rosie Young and Yuet-Wai Kan, again to name just a few, have themselves blossomed over the years. One cannot but be impressed by the fact that these eminent scholars have followed their mentor’s footsteps by devoting their whole lives to academic pursuits and ended up being amongst the world’s highly acclaimed medical scientists!

Professor McFadzean was indeed a “triple threat”—excelling not only in patient care but also in education and research. His myriad stellar discoveries, published in prestigious journals made him a “super star” and an international authority in multiple areas.
Recently, "Medicine" at HKU has been rated 24th by the "Quacquarelli Symonds World University Rankings by Subject 2014—Medicine", alongside University of Washington at Seattle and Washington University at St. Louis. While we rejoice over the present, impressive performance of our medical school, let us not forget that Rome was not built in a day and that the outstanding contributions made by our trail-blazing pioneers such as Professor McFadzean toward this current, stand-out ranking cannot be over-emphasized.

It has been said that some trainees prefer to climb the shoulders of their giant masters in order to see far. A giant in clinical medicine and physiologic science, Professor McFadzean generously offered his strong shoulders for his pupils to stand on so that they could do well in life. On this 100th anniversary of his birthday, what better way for us, his pupils, to honour his legacy and to return his favours than by doing our best to ensure the ideals that he so doggedly championed and cherished throughout his life could continue to provide benefits to humankind?

Professor McFadzean devoted most of his professional life at the HKU’s Department of Medicine, to take care of the sick, to educate students and to conquer research frontiers that no one had ever dreamed about before. How he lived his most meaningful and productive life is reminiscent of what 陶淵明 (Tao Yuanming, 365–427 CE, a renowned Chinese poet in the Six Dynasties Period) held dear in his "歸去來辭 (Returning Speech)":

"富貴非吾願，帝鄉不可期"
(Being wealthy is not my wish; the Emperor’s village is not my goal)
N.B. ["Emperor’s village" refers to high governmental posts].

With the above piece of idealism to which only genuine academicians such as Professor McFadzean could relate, I would like very much to salute him and to wish him all the best in heaven!
This tribute to Professor AJS McFadzean is to commemorate his vision, inspiration and leadership. The 1960s was a period of unprecedented explosion in medical knowledge, physician skills, technology and therapy with the realization for the need for specialists. Professor McFadzean had the foresight to train Hong Kong medical graduates to fill the specialist positions. He strongly supported and fostered the brightest and ablest of his young faculty members and thus laid the foundation for building a Department of Medicine that now rivals the best.

Professor McFadzean was a master clinician. I shall always remember his bedside teaching rounds. His incisive approach and dissection of patient’s medical problems was brilliant. He had the ability to make complicated situations seem simple.

The effectiveness of his physician training was amply confirmed by the success of his trainees in the MRCP in Colleges of Physicians around the world. It is no exaggeration that he is considered to be the Father of modern physician training in Hong Kong.
On the 40th anniversary of the retirement of Professor AJS McFadzean, I would like to join many of his former students and colleagues in paying tribute to this remarkable physician, scientist and educator.

The chance is less than once in a life time for one to meet a distinguished personality, a mover and shaker, who made a radical change in his community. Thus I was indeed fortunate to have been associated with such a magnificent person as AJS McFadzean. I was even more fortunate to have him as my mentor in my early postgraduate years. A surreptitious observation in the laboratory one day in 1953 changed the course of my life, when I witnessed the phenomenon of the rapid lysis of a blood clot. Not knowing what that was, I showed it to Prof McFadzean. I still remember to this day the moment that he exclaimed: "Laddie, that is fibrinolysis!" He not only kindled my interest in this amazing phenomenon, but went on to study fibrinolysis in patients with cirrhosis of the liver. He then designed ingenious in vivo experiments, though simple, that yielded far reaching results.

Like other visionaries, he was way ahead of his time. Many of his hypotheses seemed to be unconventional and even far-fetched, only proven to be correct decades later. One example was his hypothesis that stimulation of a vein can result in the transmission of a signal to the vasculature in the other parts of the body leading to increase in the release of fibrinolytic activity. It was over five decades before it was confirmed that tissue plasminogen activator (tPA) is indeed present in the terminals of perivascular sympathetic neurons and could be released into the circulating blood.

He was a truly remarkable clinician. When house staff presented new patients to him at rounds, we were often amazed at his diagnostic skills, particularly his spot diagnosis. His teachings showed us the value of a detailed history taking and a good physical examination, two assets that turned out most useful later when we took the membership examination in the United Kingdom.

Perhaps the most important tribute to him is for his establishment of a new culture in the department, a culture of academic medicine. Those of us selected to be his house staff considered ourselves most privileged.

The breadth of his interest and knowledge was wide, even though his favourite topics were liver disorders and anaemia. A perusal of his published work reveals subjects in infectious diseases such as typhoid, salmonella and Shigella...
dysentery. He was a pioneer in using close aspiration of liver abscess. He also showed great interest in neurologic disorders and observed unusual neurological complications following antirabies vaccination. His interest in several endocrine disorder was notable throughout his career. The odd clinical patient never escapes his curiosity, such as the case of gout in an elderly patient who turned out to be a eunuch. His publication of this case dispelled the aphorism of Hippocrates that "Eunuchs never take the gout nor become bald...".

A distinct honour for him that is not generally known must be mentioned. A year after I emigrated to the United States, I received the news that he was selected to be the Gordon Wilson Lecturer for that year by the prestigious American Clinical and Climatological Association. I hastened to look up the nature of this honour and was most impressed to find out that there were several Nobel laureates among the previous speakers. I also found out that the criterion for selection of the lecturer is for one who is "distinguished in clinical medicine not so much upon original contributions as upon clinical abilities and the influence exerted in promoting the best interest of clinical medicine" (The Gordon Wilson Memorial Lecture. Trans Am Clin Climatol Assoc 2013;124:80.) How well does this description fits the Professor. Unfortunately, after acceptance of this invitation, he had to cancel it at the very last minute for conflicting administrative issues. As fate would have it, he was not able to make the trip to Washington and visit my laboratory as well.

His passing only a mere few months after his retirement was both a shock and a profound sadness for all his students, friends and colleagues. Even after four decades, we still miss him.
Ching-Lung LAI

Sonnet to Professor McFadzean

With heads bowed, pulses high, all note-taking banned,
We listened petrified, and yet entranced,
As Prof McFadzean pierced and probed and scanned
Our bumbling brains, uncharted, ill-advanced.

We dared not laugh, nor move, scarce even breathe!
Unformed we were, yet sensed a mighty intellect
At work. His focus, shining, showed beneath
His stern unsmiling form, all nonsense reject.

When Christmas came, the Prof exhaled, relaxed,
And we with him rejoiced. His house was warm,
His presents moments of pure joy. We were perplexed:
Where was his frown, his steely gaze? His norm?
For ‘neath his big magnificent head pumped and flexed
A big fond heart which completed his form.

*The first 8 lines describe Professor McFadzean with his students;
the latter 6 with his departmental staff.
Vision is judged by its depth, and
The keen edge of Truth will
Ultimately scatter doubt and eliminate falsehood …

Behind the piercing eyes and deceptive austerity of “Old Mac” lay a razor sharp mind with deep compassion for humanity in general and for his staff in particular. Mindful of my limited resources, he came up to me one day with a handful of forms and mumbled: “just fill them in and I’ll try to get you the scholarship.” While half of the students in his group may have been thrown out of the ward for sub-par knowledge about patients during some of his ‘specialty rounds’, he would, on occasion, pat me on the back and just say: “Ah Lai, don’t do this to me!” when I didn’t live up to his expectations.

His lectures and ward rounds were impressive, not merely because of his immaculate prose with an occasional touch of Scottish accent and diction (like, “Laddie, this is poppycock!”) — perhaps out of inadvertent pride over his own treasured heritage, but also because of his profound appreciation of what medicine should mean, over and above his own depth of knowledge, experience and original contribution in the field.

The life and work of Prof exuded with energy and commitment, commanding respect and admiration and inspiring youngsters in the field as a timeless model of excellence, compassion and selfless dedication. We remember, and deeply regret, the untimely passing of a giant, but we also celebrate, applaud, and thank the Lord for an exquisite example of His magnificent creation.

Kai-Sum LAI
Wah-Kit LAM

We were the lucky class who entered the Faculty of Medicine of the University of Hong Kong in 1967, to catch one of the last trains of students of Prof AJS McFadzean. We also caught at the right time the new Li Shu Fan Building in Sassoon Road (opened in 1965 to accommodate all preclinical departments) and the Professorial Block within the Queen Mary Hospital compound (opened in 1967).

We, especially those in residential hall, had heard of Prof McFadzean (or “old Mc”) long before we started our clinical clerkships in Medicine. He was both feared and adored. We did not want to miss his teaching clinics despite tense, challenging “questions and answers” moments. Naturally we all sat far back in the lecture room, but he outwitted us all by firing questions from the back row. The front rows became hotly sought after. Writing of notes was forbidden in his lectures. “You should pay complete attention to absorb my teaching between your two ears”, he said. I did exactly that — listened very attentively to his lectures, and wrote down a few “take home” points afterwards. These remained my most treasured medical notes for years to come. I still remember his precise and vivid descriptions of clinical features, such as “rose spots in typhoid fever which are typically faint and blanching occurring in the end of the first week”, and “the pain in neurosyphilis, as if by lightning”.

We salute you, Prof McFadzean, on this special commemorative occasion, for your unparalleled contributions to modern medicine in Hong Kong.
When I received a call from Prof Richard Yu asking me to write an article for commemorating the 100th birthday of the late Professor AJS McFadzean, founder of the modernized Department of Medicine of the Faculty of Medicine, University of Hong Kong, I felt both honoured and lucky to be the one assigned this task amongst the ‘younger’ generation of ‘Lo Mak’s’ students. As a post-sixty HKU medical graduate, I consider myself extremely fortunate to have been able to be taught by him, trained under him and worked with him after I had obtained my professional higher degree as Member of the Royal Australasian College of Physicians. I was indeed one of the few passengers who managed to catch the last train of the ‘trans-modern medicine line’ with Professor McFadzean at the control of the locomotive.

During my days as a 4th year medical student doing the medical clerkship, the Thursday Professorial Round was not something to be missed. The front row of seats was left for those students who dared to answer the Professor’s tricky quizzes or face his nasty remarks. It was something like a clinical tutorial of modern days where a clinical problem was being unravelled and dissected with sensible logic. Any ‘senseless’ answer would provoke catty remarks from the Professor like ‘casting pearls in front of the swine’ when he disclosed a detailed correct answer. He was also very particular with the bedside manners and dress code of medical students. These poor souls were ‘kicked’ out of the ward or lecture room for not wearing a tie or for putting their hands in their pockets while attending his rounds.

Venerable as he was in teaching, he also won my heartfelt thankfulness and admiration by shaping up my career. After my two years of training as resident at the Shaolin Temple of medicine on Pokfulam Road it was time for me to go overseas for further postgraduate training. Even in the last decade of his illustrious career he had the foresight that immunology and molecular biology would become an integral part of clinical medicine. So when I was summoned to see him for discussion of my overseas placement I told him that my interest was in cardiology and that with my good hands I would do well with cardiac catheterization procedures. “No, my lad” was his astounding answer, “our department already has three cardiologists, we do not need a fourth one!” As if he could read or hear my heart grumbling, then he added, “in order to make you happy you are going to the Cardio-thoracic unit of St Vincent’s Hospital, Sydney, as an exchange registrar to prepare for your membership...
examination of the Royal Australasian College of Physicians. After that you will take up a research fellow appointment at the Clinical Research Unit of the Walter & Eliza Hall Institute of Melbourne. A clinical immunologist is what we shall need here!” Since the Professor was one who did not take “no” for an answer, I had to accept the offer, though seemingly a bit reluctant.

As it turned out, it was a very good arrangement for me. During the six months at St Vincent’s Hospital as exchange registrar according to the then newly established Leverhulme Exchange scheme, I had the opportunity to take part in mock examinations conducted by fellow registrars and also grand rounds chaired by the Chief Censor of Australasian College! With their help I managed to pass the Membership examination with my first attempt without letting down the St Vincent’s colleagues. Moreover during the same period I had the opportunity to participate in the first cardiac transplant in Australia. To this day I can still remember the patient’s name — Richard Pye! I came to realise the clinical significance of transplantation immunology in this life-saving cardiac intervention. At the same time I learned that the cardiac surgeon Christian Barnard who performed the first cardiac transplant in the world was a sufferer of rheumatoid arthritis! These two facts kindled my desire and interest in clinical immunology and rheumatology. Thus it was with a light and happy heart that I went to Melbourne in March 1969. In June 1970 I returned to Hong Kong. Armed with the one plus year on-hand experience in the clinical research laboratory of the Hall Institute I was able to establish our own mini-scale immunology laboratory at the Department of Medicine in Queen Mary Hospital for the study of autoimmune antibodies and Hepatitis B antigen, known as Australia antigen then. The rest is history.

To this day I cannot but render my utmost respect and admiration to this giant in the medical profession for building and shaping modern medicine in Hong Kong as well as being a great mentor to many elite physicians here and overseas. My only regret was that I bid him farewell during a cocktail reception for his honourable retirement in 1974 just before I left for the Memorial Sloan Kettering Institute in New York for my sabbatical year and did not have the chance to see him again in Glasgow, his home town in Scotland, as I had promised myself.

(from left) Anthony Lee, Christina Wang, WC Chan, AJS McFadzean, Victor Yan
When we were medical students, we all harboured a tremendous respect for the Professor of Medicine, yet this respect was curiously tinged with some element of awe and fear, due no doubt to his somewhat imposing stature. By nature, the man would tolerate no nonsense. I remember when I was in my senior clerkship days. I was once asked by the Professor to give a rendition of what I knew about Acromegaly. I crept stealthily onto the platform to face the class, and muttered softly, “Acromegaly is a disease of the pituitary gland”, trying very hard to figure out what next to say, whereupon he stopped me bluntly and snapped, “Laddie, if that’s all you can tell us about Acromegaly, it will please me and the class enormously to have you back in your seat!”

Even though there were so many of us belonging to different years, the Professor knew each and every one of our faces. One day in my early clinical year, I was driving to the Queen Mary Hospital in somewhat of a hurry, and nearly rammed onto the side of his car, missing it by mere inches. That morning, half way down his ward round, I started to think to myself what a close call that was, and was beginning to congratulate myself on not having been recognized when he suddenly turned around and bellowed in my face, “Young man, you are better off pushing a perambulator instead of driving a car!”

That was the man we knew, feared, and yet loved. His style of teaching was uniquely different, and totally inimitable, for he managed to actually breathe life into the otherwise mundane study of medicine. I dare say that most, if not all, of us who decided to become physicians in those days had been inspired by this man one way or another, and if asked to name the most charismatic and influential teacher of medicine of all times, I honestly can think of no one else.
I have always wondered what you and I would remember with the passage of time. Can you recall the last ten winners of the Nobel Prize in Physiology and Medicine? or in Literature, Physics, Economics? Or perhaps the Emmy Awards? or the Superbowl? Who in your life are you likely to remember? Any person who graces your memory must have made a relevant and indelible impact on you. After all, if you agree with Gabriel García Márquez, life is not the myriad things that actually happened to you, but what you can remember of it. Perhaps more importantly, how you remember it.

In those fossilized halcyon days when I was a medical student, the mention — nay, the whisper — of Professor AJS McFadzean would quicken your pulse, and drain blood from your face. He was greatly admired and respected, but also feared and dreaded. We all could recall his silver-blonde hair, his prominent sharp nose rising between erythematous fleshy cheeks. And his greyish-blue eyes whose icy long gaze could pierce through layers of carefully spun excuses camouflaged to cover our inadequacies. “老妻” suffered no fools. He had an undeclared yet overtly felt “take no prisoners” policy. Students pictured him to be an angry dragon disguised as a hot-blooded Scotsman, belching fire at the incompetent or the unlucky. They imagined that to be disciplined by him would be like painful third degree burns that could leave a lasting scar. In reality, he was a most inspiring and effective teacher. His lectures were well attended (how dare you not!). The first two rows were always conspicuously empty, reserved as a penalty for the latecomers. The reluctant occupants would then be within firing range of Professor McFadzean’s questions. Wearing a well-ironed long white coat, he would pace slowly, head slightly drooping forward, side-to-side across the lecture stage. Then, abruptly and melodramatically, he would stop, turn, and point at the victim. His questions were actually simple and straightforward but the quality of our answers were greatly hampered by the fear factor. With Professor McFadzean, knowing a great deal of factual information was not quite enough, and not what he was looking for. He emphasized steadfastly on logical deduction and common sense. “Common things come first” — he insisted. It followed that a bedside diagnosis should be the most logical single explanation of all the data within your possession — which
might not necessarily be what the patient actually had. Although there had been some rethinking about Ockham’s razor, the principle continues to hold true as the cornerstone of a clinical diagnosis. It took me many years to understand the wisdom of that logic. And he would have us use correct and succinct verbiage. "After a prolonged struggle, the patient finally succumbed, expired and passed away..." a fellow classmate reported during his Grand Rounds. "You mean 'he died'!" He demanded clarity and exactitude. He chastised us for using terms like "hospitalized". "Can you turn this man into a hospital?" he asked, curtly. "He was admitted into a hospital!". I wonder how he would tolerate the now uncontrollable proliferation of acronyms and new words such as in “he was ‘surgerized’ (he had an operation)”. Yet all of us detected the soft, generous and humorous side in him which he tried so hard to hide behind an austere exterior. Not infrequently, amidst a barrage of seemingly fiery angry words, you could catch that mischievous gleam from his eyes and that effervescent, beaming, ear-to-ear grin. We were smart, smart enough to realize that he was teaching with a dose of tough love. I think none of the medical students he taught would ever forget him.

When I was a house officer and then a registrar, I got to know AJS a little better. There, during the formative years of my career, I learned from him the awesome invincibility of honesty and integrity, and the immense healing power of empathy and compassion. He would always call a spade a spade. He would always respect the patient’s wish with grace and dignity. He would always make his mind known to others forcefully and unreservedly. He knew well the art of diplomacy and he knew better still when and how to ignore diplomacy. I am still trying to find an acceptable description of his leadership style and how he made decisions. It was not really through a democratic process but perhaps more like a dictatorship — a benevolent, efficient and effective dictatorship. He would always, without fail, have the common good in mind. If he made a mistake, he would always be the first to acknowledge it and took more responsibility than he deserved of it. He was intellectually a very curious man, and he breathed life into clinical and laboratory research. He hated favoritism of individuals, and small persons hypocritically forever vying for higher positions. We have now a deluge of buzz words, vogue and fashionable terms to describe learning, — Medical Humanities, Medical Ethics and Law, Critical Thinking, Conflict Resolution, Individuals and Society — AJS embodied almost everything that a good doctor should aspire to be. He taught and led by example, by doing it himself. He was an authentic pioneer and through his wisdom and toils, sowed the seeds of modern Medicine in Hong Kong. Those have come to grow to be big tall trees. From them, successive generations of forests have populated Hong Kong and far beyond. For example, I still see now in Professor David Todd and Professor Rosie Young something unmistakably AJS McFadzean. It is as if bits of his DNA had broken off, and had integrated into theirs. And from them, to others, and others. Henry Adams wrote, “A teacher affects eternity: he can never tell where his influence stops.” AJS certainly played a pivotal role in the birth, growth and differentiation of modern Medicine in Hong Kong — without a shadow of a doubt.

Time passes. It is difficult to imagine that Professor AJS McFadzean would be 100 years old if he is still with
us. In remembering AJS, it compels me yet once again to examine the core values of one's life. In this life, you will not be remembered by the titles you have collected, nor by how rich you are and how much you have owned. You will only be remembered for your honesty and integrity; and judged by how you have treated your fellow human beings. And I hold those memories of Professor AJS McFadzean with a large measure of humility and gratitude. If I really could, I would present him with 100 grains of seed. Seeds from lofty pine forests. Then I would selfishly pick one for myself to keep. To keep together with the secret hope that one day, I, too, might also learn how to plant a tree.

Department of Medicine (with medical students), The University of Hong Kong, 1970
Professor McFadzean never taught me surgery, he taught me more! He taught me how to be a proper medical practitioner. It is through his words and deeds that I appreciate that being a doctor is much more than giving a sick person the right medications or perhaps the necessary surgery, rather he or she should be treated with humanity and with a maximum dose of tender loving care.

I was only his house officer for 6 months — grossly inadequate timing to absorb all his wisdom. Fortunately, training as a surgeon under GB Ong, Prof McFadzean's surgical ally, I realise the importance of team spirit and that medical practice at its best is team work.

I was fortunate to have Prof McFadzean's shoulder to stand on albeit too short!
I am an Edinburgh trained medical doctor, and have lived in Hong Kong since 1967.

To put this tribute into context, 1967 was the year the Lion Rock Tunnel opened, and sampans and ferries were the only way of crossing the harbour. In those days, women doctors in Hong Kong were paid 75% of the male doctors’ salary. Black boxes appeared around two job advertisements in the *British Medical Journal* — those in South Africa because of racial discrimination and those in Hong Kong because of gender discrimination in pay.

When our sons were born and were infants, I worked part-time in research with the Paediatric Department of the University of Hong Kong. In 1973, after six years away from hospital medicine, I decided to re-train in clinical medicine, take my MRCP, and re-enter the clinical work force, and it was then that Professor McFadzean entered my life.

I put an unusual proposition to him — I did not want to take a scarce and coveted Registrar job away from a local Chinese doctor, so could I join his University Medical Unit as an Honorary Registrar with bed responsibility (drifting around as a postgraduate would not give me the clinical accountability I needed), but not do nights and weekends on-call, and in return I would not be paid? He didn’t even blink an eyelid before accepting me, and I worked and trained in the UMU from 1973 to 1976, as the only western doctor, and one of the few females in the unit.

Others will write of AJS’s herculean efforts on behalf of the UMU, the University, and standards of medicine, and his conviction of doctors being general physicians first and specialists second. My personal recollection of him was of his being quite fierce and formidable, and very strict within the unit, but like many a Scot, this hid a warmth and compassion. He did his utmost to help me, and I am eternally grateful to him for the opportunity to re-train, obtain my MRCP, and go on to work another eight years in clinical medicine before taking on a new challenge that grew directly out of clinical medicine, that is, public health. This focused on tobacco control, working with many governments in Asia; I often think Professor McFadzean might be surprised to find where his training had led.

My husband, Dr John Mackay, and I visited him and his wife in Glasgow a few months after he left Hong Kong. He was surprisingly contented in his retirement, and much more interested in the current cricket match on TV than in reminiscing about Hong Kong! I felt genuine sadness when I heard he lived for only a few more weeks after our visit.
was introduced to clinical medicine by Prof McFadzean in 1965 at Queen Mary Hospital. At that time, lectures and teaching clinics were held in a rather small classroom adjacent to Manson ward, subsequently renamed Ward A2.

My memory of Prof McFadzean’s teachings remains unchanged for 50 years.

First and foremost, he emphasized the importance of adhering to basic principles. With a properly taken history and thorough physical examination, one should be able to make a clinical diagnosis in 80% of the cases. After all, a diagnosis is a conclusion one makes from all the data obtained. In fact, a doctor’s diagnostic workup should begin as soon as the patient walks into the room. Unfortunately while the science of medicine has advanced greatly, the art of medicine appears to be in decline. The basic principles taught are often not strictly followed. Feedback from patients referred to Government Clinical often indicates that there is very little eye contact between the doctor and his patient. The doctor instead is constantly looking at the computer monitor screen. To quote a recent example, a former classmate of mine consulted a Professor of Orthopaedics because of back pain. The Professor was only interested in viewing the imaging studies. Without taking a history or doing a physical examination, he proclaimed that there was no orthopaedic problem and discharged the patient!

He taught me that a physician’s duty is to heal and relieve suffering, and not to leave his patient worse off than when he first saw him. This is an ideal I always try to aspire to but unfortunately is often unachievable.

Another teaching was the motto “one man has one disease”. Nowadays, with increasing longevity it is not uncommon for patients to have comorbidities. However, this motto is still a golden rule to help us solve complicated clinical problems.

In those days, medical students and staff of the Department of Medicine were forbidden to use acronyms. “Common bile duct” is “Common bile duct”, not CBD, which might mean central business district! Unfortunately in this day and age there is hardly a single paper in medical journal in which acronyms are not used.

Should Prof McFadzean rise from his grave, I would be most interested to hear his comments on how medicine is practised today.
I have been asked to write a few words about Prof AJS McFadzean, and as I am sure many others must have written about him being an astute physician and great teacher, I am not going to talk about those. I am only going to relate one episode in my encounter with the old man or “老麥” as we affectionately used to call him behind his back. That incident has left an indelible mark in my mind.

Back in the days of the 60s and 70s, junior lecturers who joined the department would get to go overseas for their MRCP and further training in the subspecialties of their choice. After two years overseas, they were expected to come back to the University of Hong Kong (HKU). I received a Commonwealth Scholarship for that purpose, and when I was about to depart for the UK, I asked the Old Man about signing some documents regarding my return to the Department. His answer to this day stuck in my mind:

“An agreement between gentlemen is more binding than a written contract. You will come back.”

I went to England and by some fortuitous chance, I was appointed Senior Lecturer in Clinical Hematology at the University College Hospital Medical School, London in 1974. HKU thought I was not going to go back to UMU, but that commitment to go back, though not written in any contract, was very much with me. Had there been a contract, before I accepted the appointment with UCHMS, I would have had to terminate that contract with HKU, and with that, chances were, I might not go back, whereas, exactly as the Prof McFadzean has said, a verbal contract between gentlemen is more difficult to break.

Ronald NG
I was lucky to be seconded as a Medical Officer to work and train in the University Medical Unit of Queen Mary Hospital under Professor AJS McFadzean in the last 1960s. Although my classmates and I had to sweat and toil for seven years in the “Shaolin” of medicine in Hong Kong under then grand masters Todd, Young, Lai and Tso, looking back, I cherished very moment of those times as they prepared me to accomplish many difficult tasks later in my career.

Professor McFadzean was a fierce and stern-looking man. He was very strict and would give a student a correct answer, a compliment, or even a pass but only after a rather ruthless confrontation. Yet behind that tough demeanor, he was a kind, considerate, and helpful teacher who always put students’ welfare first even though he was juggling duties at university and in government. His lectures were short, precise, and to the point. He despised long-winded answers from students, which he called “verbal diarrhoea”! He was bright, quick-witted, and gave advice when it was most needed. In the last 40 years, I have not come across anyone who did not have the highest esteem and respect for the professor.

Looking back, there were those bitter, sleepless admission nights when you had to take in patients and have the laboratory workout ready for the next morning, the ever-pressing preparation and teaching of both junior and senior clerks and, of course, the Tuesday and Friday professional rounds in Manson, Jenner, or Addison, where you were grilled and your pride unceremoniously shattered in front of colleagues as well as students. Even now, these events occasionally appear in my nightmares, causing my skin to crawl or even nausea in the morning when brushing my teeth.

To be sure, there were happy times too. My fondest memories include the snack parties with sister-on-call after midnight; the “Thursday Scrumptious Lunches”, sponsored by D Yu and TC Yu after Cardiac Clinic; and the seasonal nurse-lecturing sessions when you could relax, flirt, and show off some tips and medical knowledge to win yourself (and your ego) some respect and affection from the nurses.

The junior staff and I reminisce about Christmas parties at Professor McFadzean’s residence, where everyone could let down their guard and converse as equals. We drank, we joked, and we shared delicious haggis, that exotic uric acid-raising Scottish delicacy, prepared by the McFadzeans.

Finally, apart from preparing and recommending me to a post in the UK for further postgraduate studies, I am also
indebted to the last professor, for unknowingly, he provided me the chance to meet my better half Irene, who was then the only female nurse in our Lewis Laboratory, and, who had been hand-picked to be there by the professor himself. 
Yes those were the days, my friends!

Photo taken around 1968 to 1969
(from left)
Front row: SC Pang, SC Tso, Richard Yu, T King, KY Lee, TC Yu, KF Leung, Gabriel Chung, Peter Tam, KH Woo
Back row: Donald Yu, David Todd, Lillian Fong, SH Ho, PL So, TK Chan, AJS McFadzean
Recollection of a few quotations from Prof McFadzean during my brief encounter with him and from my reading of Caduceus…….

With reference to shouting at students, “I don’t bark, for barking dogs don’t bite! I bite. You know little of Socrates; he suffered no fools gladly.”

With reference to long-haired students, “A physician shall be sober in habit. Have you ever thought of it from patient’s point of view?”

With reference to “silly” answers from lady students, “Go and get married.”

With reference to his nickname “The Old Man”, “Age is not synonymous with either wisdom nor experience.”

With reference to pleasurable achievement, “Helping lame dogs over stiles”. Prof McFadzean was very lenient towards students in examination.

With reference to the secret of good putting at golf, “What is between the ears that counts.”
It was December 1974 while I was serving my residency in Neurosurgery in the Regional Neurological Centre in Newcastle General Hospital that I received, to my utmost surprise, a call from Alex McFadzean from Troon inviting and insisting me and my wife spend a weekend at his house. This small gesture of phoning me on his own volition speaks a lot of humbleness in the character of this person. In that era a Professor of Medicine was looked upon like a demigod. He represented authority that complete obedience was the norm. He would not be expected to come down to us. As students we always looked up to him. I was extremely fortunate to be able to be with the last few batches of students that he taught. Without a doubt he was the best teacher that I have had in my life. When he taught he was like a performer. He demanded full attention from the audience/class by forbidding students to take notes. Not even putting paper and pen on the desk. Often he interspersed his lectures with stories of his life in particular his experience during World War II as a soldier fighting in North Africa. There was never a dull moment. His bedside clinical teaching was astute, precise, simple to the point making it easy to understand. He often said statistics were lies and all damn lies. He spoke of relying on his experience. I wonder now how he would respond to the present day ‘evidence based’ medicine concept. Anyway I recalled he was hardly wrong in his clinical judgment. Not only was he a superb clinician, he also emphasized the importance of both scientific and clinical research. The volume of publications from the Department of Medicine during his era are evidence of his enormous contribution to medical science and the importance of research he placed in the curriculum of medical education.

Simply being good in teaching and research would not qualify him to be such a giant of a man in his era. He was a very capable administrator as well. At one time he wore three hats being the head of the Department of Medicine, Dean of Faculty of Medicine and Vice-Chancellor of the University. No easy task at all in one go.

Like all giants, they all have a gentle and kind heart. He never liked the idea of failing students in examination. I could see in his eyes that he felt sad when he had to decide on not passing a student.

The Department of Medicine and the Medical Faculty of the University of Hong Kong would not be what it is now without the presence of Professor AJS McFadzean and his enormous contribution. I, as a graduate of the University of Hong Kong, am reaping the fruit of this great man. I owe him.
was privileged to be a medical student (1959 to 1964) when Prof AJS McFadzean was Professor of Medicine, and later even more privileged to work as Houseman and Lecturer-in-Training in his high powered University Department of Medicine at Queen Mary Hospital.

Although I feel inept to write about him as I left the Department after only two years (in order to devote more time to my family), I still would venture to do so, because I have the greatest respect, affection and admiration for Prof McFadzean.

Hidden under the roar of this Scottish lion was a heart of gold, befitting the stature of one of the greatest Physicians and Teachers of our time.

He taught us the Art of Medicine, which is mastered to perfection by Prof Sir David Todd and Prof Rosie Young.

He had such a keen sense of clinical acumen; it was like listening to a great story as he explained how to arrive at a diagnosis through the patient’s history and physical examination. Investigations were minimal and used to confirm his suspicions.

Although Prof McFadzean was very strict and sharp to tell us off, he also taught us to be human and humane.

I learned to treat a patient as a “man”, and to heal him completely, not just his disease.

Late one wintry night Prof Lindsey Ride was admitted with fever. I was the houseman for male private patients, and came immediately up to the Ward. Prof McFadzean was already there, chatting with Prof Ride and not auscultating his chest or doing anything “medical”! He promptly said to me: “Lassie, go down to my office and fetch us a bottle of Scotch! After that please go back and change into something proper!” (I was wearing slacks under my white coat.)

I am sure this put Prof Ride completely at ease for the investigations to come.

Prof McFadzean insisted that we dress properly; ties and shirts for the boys and skirts for girls, no shoes with open toes, and definitely no clogs!

In paying attention to our external appearance, he was making us aware of ourselves as a whole. I believe this allowed me to be “presentable” at all times, and it was one way of helping us to respect ourselves so that our patients can respect us.

Much later, Prof McFadzean was admitted into the Hong Kong Sanatorium & Hospital where I work, for cataract
surgery. He asked for me. Had I known he was admitted I would have gone even without him opening his mouth. He looked at me and said, “You look happy! Perhaps you did make the right choice!!!” I smiled back and gave him a hug. After all, I was forgiven for not striving harder to qualify for MRCP!!!
joined the University Department of Medicine at the Queen Mary Hospital (QMH) in 1969, immediately after my internship.

During our student days, we were most afraid to attend the Teaching Clinics by the great Professor (Prof) himself, on Thursday mornings immediately before lunch-break. I remember that earlier the same morning we had to attend a session of pre-clinical teaching in the Lee Shu Fan Block. After the session we would all race with our noble friends who had cars to QMH, hoping to get seats where the Professor would not be able to see and therefore would not ask questions of students sitting in the strategic areas. These were not hidden places, but rather prominent seats at the middle at the back row just in front of the windows. There was always good sunshine and our Professor had problem looking at bright sunlight. So a student sitting between him and the sun would be invisible to him. We did not take long to work this out. Every time, we raced to occupy the "protected" seats. On one occasion, one of us being unable to get a seat in any car, had to run all the way from the pre-clinical building to the QMH lecture room. He made it to be amongst the first few students to arrive but he collapsed at the door and was unable to attend the teaching clinic.

His clinics were always very educational and impressive. For instance, for any one with severe chest pain, he would only entertain two diagnoses, acute myocardial infarction and dissecting aneurysm. In fact, this is how I try to teach the students nowadays. I don’t like listing twenty differential diagnosis. The gastro-enterologists are so successful that I find most students would put GERD as the number one differential diagnosis.

The other message that I learned in those years which still has an impact on me was that he talked about how difficult it was to prove but he believed that myocardial infarctions were due to thrombosis of coronary arteries. It was difficult because there was intense disagreement among pathologists whether the thrombus were ante-mortem or post-mortem. We now of course know that a ruptured plaque bringing about subsequent thrombosis is the exact cause of myocardial infarction. Nevertheless, I benefited from his vision because I must say that I had many successes in treatment of acute myocardial infarction in the early days because I empirically gave heparin to all of them.

Tak-Fu TSE
Although Professor was very strict and often shouted at us, we could see that some times he turned his head away and smiled to himself. We knew that he was only acting and enjoying his acts. It was well known to students that if you met him at the final year examination, you would have rather high odds of passing the examination. In our days, the rumour was that the deadly combination was Prof Gerald Choa and Prof SC Tso.

For several months during my training, I had very close contact with Professor as I was assigned to be responsible for the private wing patients. One of the many duties other than looking after patients and blood taking of outpatients, I was responsible for driving Professor from his home to QMH every morning. I still remember one morning after a typhoon, which name I cannot remember, we had to drive along Mount Davis Road in order to reach QMH. The lower Pokfulam Road was blocked and closed because of numerous fallen giant trees.

One day, I was called to join the Professor to see a private patient, a sixty-odd lady with general tiredness. Professor ordered a neostigmine test to diagnose or rule out myasthenia gravis. I had to give the injection intravenously and Professor left immediately after ordering the test. After the injection, my God, the whole body of the lady was shaking, particularly with incessant blinking of the eyelids. I was frightened to death and called the Professor to see her. The Professor came, had a look, and said, “she will be fine in 3 mins. Also, Tse, you gave the injection, I never did.” Scottish humour that I was not able to appreciate at that time for I was still very tense at that moment.

I must say I appreciated the opportunity to learn from Prof McFadzean, both academically and as a role model to serve the society. I hope I will be able to serve the medical community and the people of Hong Kong more with all I have learned from him.
Professor AJS McFadzean has always appeared in my mind’s eyes whenever I try to recall my days at the medical school and the University Medical Unit. Time has blurred much of that image but with some struggle, the following bits and pieces could be recalled.

Reputation travels
Even before entering the clinical years, I had been made well aware of the imposing aura of ‘Old Mac’ from senior medical students staying in the same Hall of Residence. Stories about his insistence on punctuality, personal décor and proper medical knowledge abounded at the dinner table and the common room. I must have been thoroughly brainwashed to have myself adequately prepared or be sufficiently evasive, as I was fortunate not to have been on the receiving end of the much-dreaded wrath during my brief encounters with the Great Teacher throughout my student years. I began to wonder if the stories were true.

A hard exterior with a soft heart
While starting work in Professor McFadzean’s department, the proximity of the ‘Old Man’ did imbue me with a sense of awe. As a junior member of the staff, inevitably I did commit errors and was at times unable to complete clinical duties to his satisfaction. Reprimands did come my way but were on retrospect always fair. To compensate for the shortcomings, I had to take to heart his oft-repeated dictum, “You have no fixed working hours”. On one occasion, on a day that I was scheduled not to be on call, a patient with diabetic keto-acidosis was admitted as my ‘case’ (a word of course frowned upon by the Old Man) just before the end of the working day. As house officer, I had to be at the bedside charting respiratory rate, pulse rate and blood pressure regularly, as well as to carry out hourly blood glucose by the Folin-Wu method. It was several hours later before the patient was making significant progress. The unforgettable part of this episode was that the Old Man himself personally appeared to look at the patient and scan the chart and to release me from my bedside duties. One could appreciate that his motto applied to all clinicians, both the lofty and the lowly.

As my service in the department lengthened, I gained the privilege to sit with the Professor when he examined final year students in the wards. Either he chose to take on the least able candidates or candidates were cowed into nervous souls in his presence. I was able to observe how he attempted to put nervous candidates at ease and always
tried to find out how much he or she knew and never probed to detect any ignorance. This was not an easy task, yet he performed it with patience and in a reassuring way not generally associated with a stern and exacting teacher.

On a more personal level, I once in my rash youth confronted a European traffic police inspector for his overbearing attitude. The matter should be trivial but the inspector tried to take revenge by noting the “Queen Mary Hospital” label on my windscreen and sought through Professor McFadzean as head of the department to interrogate me. The professor, after hearing my story, instead of rebuking me or asking me to comply with the inspector, in fact sent him off and the matter was resolved without further ado. I felt so fortunate to have such a trusting protector as my chief.

“One man has one disease”
The Professor in his ward teachings frequently insisted on making a single diagnosis for a single patient based on all available information. While this was useful training for logical thinking and should always remain as a first principle for the budding clinician, it has become more difficult to apply in the real world of medicine when one is dealing with an ageing population complete with chronic degenerative ailments and subjected to multiple drug use whether justified or not. How one wishes that the Old Man’s prescription can remain true.

A specialist as a general physician with a special interest
Up to the time of Professor’s retirement, he was adamant that even with special training in a certain branch of medicine, a physician should not lose sight of his role as a generalist. He would have something to say about the present–day tendency of specialists confining themselves to the narrow path of their chosen specialties and the not uncommon practice of shuffling a patient through different special clinics simply because he or she happens to have one problem or another in more than one organ system.

“Knowledge is fleeting and experience fallacious”
While this may sound like a cynical warning, I believe the Old Man quoted it as an encouragement to young doctors not to rely on what they have read from books or the observation of elders, but to strive to find out the truth. I believe this is the philosophy that led to, apart from many other important observations, his discovery that “The Eunuch Takes the Gout” and to his conviction, ultimately proven right, that the “chirman” does have hereditary coagulation defects and pernicious anaemia.

“To cure sometimes, to comfort always”
“Thou shalt not kill, nor strive officiously to keep alive”
One has heard these sayings quoted by the Old Man not once but many times. While working in the medical ward particularly in the days when cardio–pulmonary resuscitation was rudimentary, the words might sound hollow. With improvement in resuscitation measures and facilities, they started to bear on us as clinicians taking care of terminally ill patients. While this may still be a useful guiding light for the clinician who tries his best to alleviate suffering and pain, the expectations of the lay public and particularly the relatives of severely ill patients might blur the boundaries of “to do and not to do”. As one’s clinical responsibility grows, and
the wind of Euthanasia stirs, the execution of the principle underpinning these sayings becomes more difficult and more relevant.

The holistic doctor
As the department grew and his onerous duties as a department head were adeptly shared by able lieutenants, we junior doctors were able to increasingly enjoy the opportunity of informal meetings with the Old Man over a cup of coffee. Naturally clinical problems were discussed. Very often, conversation shifted to non-medical matters. We were impressed by the breadth of his knowledge in literature, history and culture. Even affairs of university and social governance came to be discussed. There was the time when among the university staff, the disparity of benefits bestowed on expatriate versus local employees was a bone of contention and some form of ‘industrial action’ among local staff was being contemplated. Among the pearls of wisdom that he cast were that “the end does not justify the means” and “no authority will negotiate under duress”. If this applied to university politics, it must also ring true in the politics of today and we should perhaps all take heed.

Nowadays we frequently talk about the holistic approach in the management of patients. This is naturally important but must we also insist that the doctor should also be holistic? Now that accumulation of factual knowledge is losing its prime importance, Professor McFadzean would have insisted that a broader education would befit the modern doctor.
Professor McFadzean was a great teacher and inspiring physician. He taught his students the principles and practice of medicine. Physicians should be thoughtful and caring and cognizant that each patient is different. I remembered clearly that as a third year medical student coming to the wards for the first time and sat in the department of medicine lecture room when Professor McFadzean taught us about gout. His description of the symptoms and signs of gout is clear to me now as it was many decades ago. His encouragement to me as a young physician is a model that I tried to practise. I remember well the New Year’s parties at his home and his tolerance of the indulgence of his young house staff, the eggnog, and saying goodbye to a year with Auld Lang Syne while welcoming another.

(from left) (back) DJM MacKenzie (DMHS), Daphne Chun, AJS McFadzean, Peggy Choa, PC Hou (front) HC Ho (left), David Todd (right)

Christina WANG
I was a student in the 1950s. AJS McFadzean was the professor most respected and feared by the students at the time. Students were afraid to sit in the front row for fear of being asked questions and they avoided the back row because the professor might ask them to move to the front. There were a lot of things students must not do. You must not put your hands in your pockets in his presence. If you went into a ward without wearing a tie, he would ask whether you had come to sell fish. What would happen if you yawned during his lecture? I did that. He threw me out of the room with this warning, "If you do that again, I will not teach you".

Students of today would find this unacceptable. But remember it happened in the 1950s when it was the right of a professor to impose discipline and students were expected to accept that.

One day, he invited my whole specialty group to his office and asked each of us individually to tell him our problems in our study and he gave very sound advice. He was very patient and spent the whole morning with us. A student complained that he was unapproachable and he invited him to his home for tea. This shows how much he cared for his students.

I remember a lot of what the professor said. Here are some of them.

"Apart from my family, I have three loves: Department of Medicine, Faculty of Medicine, University of Hong Kong, in this order." He spoke from his heart.

"An English lord had two sons. The elder son was very intelligent; he wanted him to become a physician. The younger son was very handsome; he wanted him to be a gynaecologist." He sometimes cracked jokes during clinic sessions.

"You may be given some slides. If it is a blood smear, it is usually leukaemia. If it is from the sputum, the most likely answer is TB." This was part of the advice he gave to our class a few months before our final examination. It was excellent advice; I did have the two slides in my final.

I have the greatest respect for the professor. I remember him with fondness.
My memory of Prof McFadzean can be summarized in three words: from fear to faith and from faith to fraternity.

In my tender years as a medical student, he was Professor MedFierce. Attending his grand round was a mixture of anxiety and fear.

As a physician trainee under his wings my feeling gradually changed. I had great faith that he could bring the best out of me. He helped me to choose my specialty, of course with due respect it was in my interest and within my ability.

When I returned from overseas training in Cardiology I was given the best working environment at Queen Mary Hospital. Not only did he instil in me a strong sense of belonging to the University Medical Unit, he fostered a close bond among us fellow workers. This long lasting fraternity is with us all even after I left my full-time job for 38 years.
In the course of a lifetime, one may be fortunate to encounter the occasional person who has influenced thought, values, attitudes and practice. Professor AJS McFadzean, Professor of Medicine at the University of Hong Kong from 1948 to 1974 was one of such person. I was privileged to have been taught by him, examined by him in the final MBBS examination and worked for him as a Registrar in his unit in the last two years of his tenure at the University.

He was inspirational for every member of the profession, without exception. He lived, breathed and taught medicine and the practice of medicine which incorporated the complex of virtue and values essential for the profession. We learnt from him not only the skills for clinical practice but also understood the responsibility that comes with the powers we as physicians have in our capacity to help the sick and the vulnerability of patients when they entrust their care to us, and to ensure we do not harm and abstain from wrong doing any person. We understood from him the required responsibility of legitimacy and trust that follows with this stewardship of medical knowledge. In the course of my encounters with this legendary figure in medicine, I caught a glimpse of his humanity, his generosity and warmth and the value he attributed to his fellow human beings.

Aristotle said “Excellence is an art won by training and habituation. We do not act rightly because we have virtue or excellence but rather we have those because we have acted rightly. We are what we repeatedly do. Excellence then is not an act but a habit.” Professor McFadzean excelled as a teacher, scientist, professional and a person was evident in his habits. Medicine and society in Hong Kong have greatly benefited from this great person who choose to work in Hong Kong.

Eng-Kiong YEOH
Residents have no time off”, that was my first introduction to work as an intern at Professor AJS McFadzean’s department.

By the time I was about to go to UK on a Commonwealth Medical Scholarship, I decided I should receive the best training in medicine at UMU again despite my earlier experience as a “prisoner of internal medicine”.

Looking back through my decades of medical and paediatric practice, my apprenticeship with UMU did not only equip me with the knowledge and skills to manage sick patients, but also the aptitude and response needed when called upon to face a multitude of difficult problems. The strict and regimented work routine, the discipline and obedience needed, the accuracy and productivity demanded were always aimed at nothing but perfection. The highly academic and disciplinary environment has nurtured many trainees like me to maturity.

All the staff looked up to “the old man” for his academic leadership and professional guidance. Decision to manage sick patients was always based on sound knowledge and cumulative clinical experience, a genuine “evidence-based” approach. He taught students and trainees to “identify problems and how to solve them” as well.

With my subsequent recruitment to McMaster University, I noted that the “newly discovered methods for medical education” introduced there appeared like a replica of the McFadzean approach that I had learned over 10 years earlier; although they were now given a totally new packaging.

Undoubtedly, the late Professor McFadzean was a great man. He was a medical scholar of high esteem, a superb teacher and a highly competent clinician. The fame and respect he commanded were not self-proclaimed. He was a legendary post second world-war architect for the academic development of medicine in Hong Kong.
One of Professor McFadzean’s missions was to “help lame sheep over the fence”. I was amongst the last batch of sheep helped over the first hurdle of my medical career in 1973, shortly before his retirement.

I never had the good fortune to know the professor personally, but I still remember in my final undergraduate examination his quote of Alexander Pope — “Be not the first by whom the new are tried, nor yet the last to lay the old aside.” I did not realize that these were words to highlight the needs to “first do no harm” and to keep abreast of medical advances. Young and reckless at the time, I replied that whoever said that does not have courage to venture into the unknown! The real meaning of his words was to sink in eventually and never left me since.

No doubt if the professor had retired later I would have heard in person more words of wisdom, but his spirit has always remained in the field of medicine in Hong Kong. He left behind a culture of incessant pursuit for excellence in patient care and research, and influenced me through the senior graduates before me, as teachers and mentors helping me through other fences along my career. His legacy is very much alive today, exactly as the words say “薪盡火傳”.

Choi-Kit YEUNG
The myth of Prof McFadzean as a fierce, autocratic disciplinarian was perpetuated by his previous students and house staff alike. After having the privilege of being accepted to his tutelage, I discovered that he was actually a compassionate fine actor with a sense of humour. Many a times, after admonishing a student, he would turn round to chuckle to himself. During one of his Professorial Ward Rounds with the specialty clerks, we were puzzled by the presence of dripping water on the floor. When the Prof discovered that the source was from the sweaty hands of a frightened student, he skipped out of the ward laughing.

Despite his put up front as a dictator, he actually condoned and relished all intellectual challenges by his staff. Due to his quick wit, he won arguments most of the time. However, he was magnanimous to apologize when it turned out that he was wrong; although he would add at the end “I still think that I was right at that particular point in time”.

He belonged to the era of the great clinicians and I owe my clinical skills to his guidance. He had the foresight to establish subspecialties in the department. However he insisted that we should all be general physicians with a special interest so that he could produce good clinicians from his department. When his staff blundered, he would thoroughly admonish the staff without reservations, while at the same time fully protect his staff when engaging those outside the department. He even extended his protection to a young casualty officer arrested for missing a typhoid patient. He went to court to testify that after seeing thousands and thousands of typhoid patients, he had only seen three “walking typhoid”. It would be impossible for a young graduate to recognize such a rare condition. On his evidence the casualty officer was then discharged and exonerated.

Despite his bias and prejudices, he established a department of medicine of excellence and produced more than a generation of competent clinicians that can claim to be good physicians.
had the signal honour and privilege to work for Alexander McFadzean, though I was not earmarked from the day of graduation to enter The Department — the 少林寺 of Medicine in Hong Kong — as was the usual career pathway for any aspiring MBBS honours student.

It was March 1966, soon after I returned from graduate work at the University College Hospital Medical School to rejoin Dr Gerald Choa's Government Medicine Unit. I began my apprenticeship in GMU, but as Gerald was due to relinquish his successful teaching and clinical career at year's end to assume the Directorship of the Medical and Health Department, he advised me to apply for a lectureship vacancy in the University Department of Medicine to continue my PhD research and to teach.

An appointment was duly made, and I appeared before "old man" to express my wish and desire to be a lecturer. The prompt reply: "Laddie, Dr Choa and I have a gentleman's agreement never to poach one another's staff — Good day!" On hearing about what happened, Gerald roared with laughter — "Typical of the old fox!" After three days I was summoned back to Prof McFadzean's office. I entered not knowing what to expect, and to my surprise and relief I was handed an application form with the greeting: "Welcome to the Department". Thus it was on 1 June 1966 that I embarked on a most rewarding and successful phase in my professional life.

During my 7 years in the Department of Medicine, "老麦" and I became friends. More than that — Alex was my guide, model, mentor, and philosopher. When I was preparing a MD thesis in 1972, the Prof demanded a tête-à-tête session whenever one chapter was completed. He would put the material under the microscope, and scrutinize it word by word to improve content and language. After hours and hours of this, chapters became paragraphs and paragraphs became sentences but everything I wanted to say was there, beautifully presented without one iota of otiosity. (At completion, the thickness of my thesis was reduced by a third!) I thanked "老麦" for the precise and concise revision. His customary and concise advice was — "Brevity is the soul of wit" — Oscar Wilde!! When the external examiner, Professor Sir Stanley Peart, remarked that the thesis was written in exceptional style I thanked Alex for the nth time, but silently, with a smile in my heart. It was unique act of largesse, that a distinguished scholar and busy
head of department would spend so much time to help one member of the staff to enhance a technical thesis with literary merit. I will forever feel grateful and deeply moved by Alex McFadzean’s generosity.

During the last year before retirement Alex would often sit in the UMU doctors’ lounge having coffee and a puff, and wait for us to finish ward rounds for a chit-chat about life, experience, and philosophy. Some of this was serious and some light-hearted. I still remember what he thought about corruption.

“All men are corrupt depending on the price. I can be corrupted if the price is right! But there is something more corrupt than this use of money. It is POWER! Power corrupts most.” How true then, and how true now!

To me, Alexander James Smith McFadzean was a Great Man — as scholar, teacher, clinician, and administrator. In the field of Medicine, he was a giant, who has no equal. Alex commanded the greatest respect and admiration from the whole profession then and still does now, forty years later. \textit{Virtus semper viridis} [translation: virtue is always green].
As a medical student at HKU (1963–1968), I first met Professor McFadzean in my clinical years (1966–1968). He immediately impressed me as a teacher with immense breadth and depth in the principle and practice of medicine. Although we were all awestruck by his stern demeanor and the strict discipline he imposed on his students, we understood that these were really the necessary methods by which he was able to effectively impart his knowledge and skills to those who were prepared to learn from the ‘master’. Behind his extreme and uncompromising façade, Professor McFadzean had a genuine concern for his students to acquire the necessary ‘clinical sense’ we need to become good doctors.

I chose not to become an Adult Physician (a career path already taken by two of my elder brothers), but rather I became a clinical lecturer in the HKU Department of Paediatrics at Queen Mary Hospital, with the intention of one day pursuing my passion and career as a neonatologist. However, after two years of paediatric training, it was obligatory back in the 1970s to train in the Department of Medicine for one year to gain clinical experience in Adult Medicine before leaving for London to sit the MRCP examinations. Hence, I had the privilege of working as a junior staff member in the HKU Department of Medicine at Queen Mary Hospital under Professor McFadzean’s guidance and tutorage from July 1971 to June 1972.

That was a formative year for me in developing my clinical skills as a physician, albeit in Paediatric Medicine instead of Adult Medicine. In particular, I learnt from Professor McFadzean that, to become a competent physician, I must be almost obsessive in paying attention to detail in my history taking and physical examination, and to be absolutely precise in the use of words to communicate medical information, whether verbally as during ward rounds or in writing as in medical reports and research publications. What I learnt during that one year had served me well in my subsequent academic career as a Director of Neonatal Intensive Care, Clinical Director of the Ritchie Centre for Baby Health Research, and Professor of Neonatology at Monash University in Melbourne, Australia.

Professor McFadzean was unique among all the medical professors and teachers I ever encountered in my lifetime. As Professor and Chairman of the HKU Department of Medicine, he gained great respect from his undergraduate
and postgraduate students alike. In addition, he inspired and made lasting impacts on the clinical and academic careers of many generations of medical doctors whom he trained, myself included.

Professor in a freshmen welcome day in 1973
**TIMELINE**

**PROFESSOR ALEXANDER JAMES SMITH McFADZEA**

1914 Jan 28
- Born in Troon, Scotland

1930 – 1936
- Studies medicine at the University of Glasgow

1936
- Graduated with honours and awarded the Brunton Memorial Prize as the most distinguished graduate of the year

1936
- After qualifying he works in the Glasgow Royal Infirmary, Hawkhead Mental Hospital, and Anlaby Road Hospital, Hull

Beginning of WW II
- Volunteers for service with the Royal Army Medical Corps

1940
- Commissioned and attaining the rank of Major

1942
- Mentioned in despatches

1943
- Becomes a medical specialist with the Middle East Command

1945 – 1948
- As Lecturer and later Senior Lecturer in the Muirhead Department of Medicine, University of Glasgow

1946
- Becomes a Member of the Royal College of Physicians of London
1948 – 1974

As Professor of Medicine, Head, Department of Medicine, The University of Hong Kong

1950
His hard work and the resulting stress result in his becoming seriously ill

1954
As member of the Royal Hong Kong Golf Club since 1954 and at one period is playing off a 3-handicap

1956
Being elected a Fellow of the Royal College of Physicians of London; also a Fellow of the Royal Society of Edinburgh, the Royal Colleges of Physicians of Edinburgh and Australasia, the American College of Physicians, and Honorary Fellow of the Royal College of Surgeons of Edinburgh

1959
University of Glasgow awards him the M.D. with Honours and the Bellahouston Gold Medal for his thesis: ‘On the production of plasma fibrinolytic activity within veins’

1962
Represents Hong Kong in international matches of golf

1963
Represents the Hong Kong Golf Club in the Putra Ciup Match at Kuala Lumpur

1964
The Queen honours him with the O.B.E.

1965
Appointed Vice-Chancellor of the University of Hong Kong

1970
The University of Hong Kong confers on him the honorary degree of D.Sc.

1974 Jun
Retires

1974 Jul 1
As Emeritus Professor, The University of Hong Kong

1974 Nov 29
Passes away after a brief illness

Queen Mary Hospital

David Todd with Prof McFadzean at his farewell party

Queen Mary Hospital

David Todd with Prof McFadzean at his farewell party

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<tr>
<th>Year</th>
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<tbody>
<tr>
<td>1992</td>
<td>Dr Anna Suk-Fong LOK</td>
<td>Hepatitis C — Epidemiology, Diagnosis, Natural History and Treatment</td>
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<td>1993</td>
<td>Prof Joseph Jao-Yiu SUNG</td>
<td>Defence System in the Biliary Tract Against Bacterial Infection</td>
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<td>1994</td>
<td>Dr Raymond Hin-Suen LIANG</td>
<td>Curing Blood Cancers: From Bedside to Test Tubes</td>
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<td>1995</td>
<td>Prof Kar-Neng LAI</td>
<td>IgA Nephropathy: The IgA Molecule and Cellular Immunity</td>
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<td>1996</td>
<td>Prof CN YANG</td>
<td>Physics and Medicine</td>
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<td>1997</td>
<td>Ms Elsie LEUNG</td>
<td>The Law and the Past 30 Years</td>
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<td>1998</td>
<td>Prof Yiu-Chung CHENG</td>
<td>The Dream Team? Life Science in the New Millennium</td>
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<td>1999</td>
<td>Prof Sir Leslie TURNBERG</td>
<td>Is There a Future for the Clinician — Scientist?</td>
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<td>2000</td>
<td>Prof Lei-Shi LI</td>
<td>The Role of Traditional Chinese Medicine in Complementing Modern Medical Sciences: A Physician’s View</td>
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<td>2001</td>
<td>Prof Arthur KC LI</td>
<td>Reflections of a Surgeon</td>
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<td>Prof Ross LORIMER</td>
<td>Reflections on Medicine in Glasgow</td>
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<td>2003</td>
<td>Prof Lap-Chie TSUI</td>
<td>Genomics and Disease</td>
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<td>Dr Che-Hung LEONG</td>
<td>A Tribute to a Great Teacher — Infectious Disease: A Public Health Challenge? A Social Dilemma? Or a Political Melodrama?</td>
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<td>Medicine and Capital Markets</td>
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<td>2006</td>
<td>The Hon Yan-Lung WONG, SC</td>
<td>Medicine and Litigation</td>
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<td>2007</td>
<td>Prof John Chi-Yan LEONG</td>
<td>Higher Education in Hong Kong — Opportunity to be an International Hub?</td>
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<td>2008</td>
<td>Dr York CHOW</td>
<td>Hong Kong as a Medical Hub: Fantasy or Reality?</td>
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<td>2009</td>
<td>Prof Anthony Bing-Leung CHEUNG</td>
<td>Governance in Hong Kong: Strengths, Contexts and Challenges</td>
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<td>2010</td>
<td>The Hon Chief Justice Geoffrey MA</td>
<td>The Search for the Right Balance: A Question of Judgment</td>
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<td>2011</td>
<td>Prof Sir Ian GILMORE</td>
<td>The Global Challenge of Alcohol and Other Drugs</td>
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<td>2012</td>
<td>Prof Tim COX</td>
<td>Making Money from Orphans</td>
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<td>2013</td>
<td>Prof Rosie YOUNG</td>
<td>An Unprecedented, Unique and Enduring Legacy</td>
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<td>2014</td>
<td>Prof Hau-Cheong KWAAN</td>
<td>From Blood Clots to Thrombosis and Beyond — A Remarkable Growth of Knowledge in the Past Decades</td>
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Department of Medicine, The University of Hong Kong, 1974
(from left) Front row: (3rd) Judith Longstaff, (5th) Rosie Young, (6th) Christina Wang, (7th) David Todd,
(8th) AJS McFadzean, (9th) Sister Aquinas
Second row: (1st) TK Chan, (2nd) YN Chau, (3rd) KO Wong, (4th) YC Pan, (5th) KC Tsang, (6th) AHN Mehal,
(7th) KH Chin, (8th) YS Kan, (9th) A Lee, (10th) D Yu, (11th) SC Tso, (12th) V Yan
Third row: (1st) TC Yu, (2nd) L Chan, (3rd) MK Chan, (4th) KT Chan, (5th) EK Yeoh, (10th) SY So, (12th) SP Wong
Fourth row: (1st) Richard Yu, (2nd) KC Lam, (3rd) YL Kwan, (7th) CL Lai, (13th) LB To
Centenary Tribute to Professor AJS McFadzean

A LEGACY FOR MEDICINE IN HONG KONG