

Ten days away from his retirement in 1982 as Hong Kong's longest serving governor, Sir Murray MacLehose had a neurological event. The precise nature of that event was never made public, but he was quite spectacularly lifted from a government flagship hospital to a private one for a CT scan. The consequence of that public showing, as many neurologists still believe, was to jump start the development of their specialty in Hong Kong's public hospitals. Within 2 years, all major public hospitals were given CT scans and no less than six of their medical officers were hurriedly sent to London and Newcastle for "overseas training" in neurology.

Meanwhile dozens of refugees mainly from Vietnam and some from China were passing through our hospitals every week. It was not before long that neurologists found out their newly acquired CT scan could be extremely useful in the diagnosis of epilepsy in refugees. Neurocysticercosis—a major cause of epilepsy in third world countries—was vividly demonstrated by the "stars in the sky" appearance of calcified nodules in the brain.

Completion of overseas training was, until the establishment of the Academy of Medicine in 1993, the only proof that a local doctor had undergone some specialist training. For most medical officers it meant a period of 3 to 4 months of "attachment" to a British teaching hospital while they took the MRCP or equivalent examination. The luckier ones got up to a year because they had won either the Croucher or the Commonwealth scholarship. This prolonged exposure to British life also meant they ran the risk of acquiring "mad cow disease" through eating British beef. For a while, the authorities were predicting that tens of thousand would die from this universally fatal disease, but luckily up to now less than two hundred, and none of our medical officers, did. The only Hong Kong person known to have contracted mad cow disease was a lady who lived in Britain for over 10 years. She returned to Hong Kong because no one in Britain could diagnose her bizarre symptoms, but once in Hong Kong the penny dropped. A smart radiographer spotted the characteristic "pulvinar sign" on her MRI.

The pulvinar is a part of the thalamus below which lays the subthalamic nucleus (STN). Deep brain stimulation of the STN for treatment of advanced Parkinson's disease began its development in France in 1987, and in 1997 Hong Kong became one of the first regions outside France to have mastered the technique. The initial funding for this rather successful venture came not from the HA or RGC,



Sir Murray being taken to a private facility (reproduced with permission from South China Morning Post)

but from one of our "tabloid" newspapers.

Hong Kong neurologists are also among the world leaders in the endovascular treatment of intracranial arterial stenosis. Academic visitors have always wondered how our seventy neurologists could serve this population and at the same time maintain our research output. But the biggest prize is the nomination by the Chief Executive of having Neuroscience as one of the two Centres of Excellence to be installed in Kai Tak. May the spirit of Sir Murray live on!

Further illustrations can be found at the Exhibition of Neurology in Hong Kong, Hong Kong Museum of Medical Sciences, 2 Caine Lane, Mid-levels, till 30 November 2010 (Mondays closed).

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