同 心 協 力

IT'S TIME TO UNITE

COME JOIN
YOUR ASSOCIATION NOW
BE
ONE HEART, ONE VOICE

THE HONG KONG MEDICAL ASSOCIATION

Duke of Windsor Building, 5th Floor, 15 Hennessy Road, Hong Kong Tel: 5-278285, 5-278891, 5-278915.

ELIXIR 1987

ELIXIR 87

EDITORIAL BOARD

ELIXIR 1987

Honorary Advisor:	*Professor J.C.Y.Leong*
Editor-in-Chief:	*Chan Cho Yin ('9*
General Manager:	*Chan Hoi Shan,Sophelia ('9*
Financial Manager:	*Ng Wai Man,Josephine ('9*
Ex-Chief Editor :	*So Chi Chiu,Jason ('9*
Artist:	*Ng Wai Kuen ('9*
Photographers:	*Fong Chung Yan,Gardian ('9*
	Jan Siu Kei,Gordon ('9
	Kwok Kai Him,Henry ('9
	Li Ka Kin ('9
	Shiu Yiu Keung,Gregory ('9

Covered designed by Ng Wai Kuen ('91)

Medical Society,
Hong Kong University
Students' Union,
7, Sassoon Road,
Hong Kong.

Published in 1989.

Reporters:

Chan Cho Yin ('91)
Chan Hoi Shan,Sophelia ('91)
Chan Ngai Yin ('92)
Chau Kin Wai ('91)
Chau Kwok Kwan ('91)
Cheung Wang Yan,Warren ('9
Chung Kin Nam,Edmond ('91)
Hung Siu Lun,Tony ('92)
Hung Wai Yin ('92)
Kwok Lai Key,Priscilla ('91)
Lau Chi Yuen ('92)
Lau Hung Lam ('89)
Lui Lai Ching,Ada ('91)
Maw Kit Chee,Christina ('91)
Ng Wai Kuen ('91)
Ng Wai Man,Josephine ('91)
Pak Kam Tze,Karen ('91)
Sit Yiu Kwong ('92)
So Chun ('92)
Tan Jin Choon ('92)
Tsang Kin Lun,Alan ('92)
Tsang Wai Kong ('91)
Wong Bun Lap,Bernard ('91)
Wong Tin Yau,Andrew ('92)
Wong Yuen Ha,Winnie ('92)
Yuen Man Kwong ('92)
Yuen Shi Yin,Nancy ('91)

Editors:

Chan Cho Yin ('91)
Chan Hoi Shan,Sophelia ('91)
Chang Kwok Chiu ('91)
Kwok Kai Him,Henry ('91)
Kwok Lai Key,Priscilla ('91)
Ng Wai Kuen ('91)
Ng Wai Man,Josephine ('91)
Sin Wai Kuen ('91)
Tang Chi Wai,Sydney ('91)

contents ELIXIR

Table of contents

EDITORIAL

1987 will be remembered as yet another busy year for our Medical Faculty. It was not just the 100th Anniversary of the Faculty, it was indeed a year which saw the whole Faculty mobilized in unity and ingenuity for a series of commemorative activities: Centennial Scientific Conference, Open Days, Medicentury Spectacular and Health Exhibition. This evidenty explains the primary concern of the present edition which is to highlight the 100th Anniversary celebrations and to give our dear readers a historial perspective of our Faculty.

Every annual journal is a microcosm of school life. We hope that this yearbook we can capture, in black and white and in pictures, every exhilarating moment of glory and succers. We also try to convey to all readers, both past and present, the colour and meaning of life in the faculty, and help to imprint on your hearts the beautiful memories of the bygone days--laughters and tears, hardships and pleasures, success and failures. It is hoped that through looking back to our brilliant records, we should try to make them even more dazzling in the couring years. Moreover, as the editor-in-chief of this annual journal, I personally also hoped that such snatches of moments will offer delicious reminiscences, not only to whose who read Elixir, but also to those who have worked to make this edition of 'Elixir' a success.

We would like to express our heartfelt thanks to our advisor and schoolmates for their valuable advice and encouraging support, and to those, especially our artist and photographers, who have contributed to making the ' Elixir' a success.

Lastly, we sincerely hope that you will enjoy reading " The Elixir" as much as you have enjoyed your life in our Faculty.

Editor-in chief
Chan Cho Yin

Message
From Our Dean

A hundred years may only be a flitting moment in the history of mankind's civilization, but to an institution, any institution, a centenary is an all-important milestone, a time to rejoice, to reflect, to gather thoughts, to gaze ahead.

The Hong Kong College of Medicine for Chinese was conceived through necessity, but necessity alone would not have been enough to nurture the embryo to be born. As early as 1878, the need for an institution to educate and train Hong Kong Chinese in the art and science of western medicine has been proposed by Sir John Pope-Hennessy, then Governor. However, the idea did not get off ground.

Later, in 1881, it came to pass that Dr. Ho Kai, who had graduated as a medical doctor from the University of Aberdeen, and who was also called to the English Bar as a member of Lincoln's Inn, returned to practise in Hong Kong. He brought with him his English wife, Alice Walkden. Fate would have it that Alice died tragically only a few years later. In memory of her Ho Kai offered to finance the building of a hospital. Support came from the London Missionary Society, Mr. Emmanuel Raphael Belilios, a wealthy merchant, and some public spirited doctors, including one Patrick Manson who had many years' experience of the practice and teaching of medicine in China, who later was to gain fame as founder of the London School of Tropical Medicine, and who discovered the connection between the anopheles mosquito and malaria. One other name deserves mention, that of James Cantlie, another graduate of Aberdeen University, who was lured to Hong Kong from his post at the Charing Cross Hospital in London. Cantlie steered a committee with the object of founding a college of medicine for Chinese students. A decision was taken on August 30, 1887 to establish such a college, and the Hong Kong College of Medicine for Chinese formally inaugurated on October 1, 1887 with Manson as the first Dean.

The College was indeed a brave venture, unsupported by endowment, without even its own premises, and with few staff that had a full time commitment to it. It nevertheless survived, and achieved the momentous feat of having systemically introduced western medical education to Hong Kong. The College was later also to spearhead the formation of the University of Hong Kong, and indeed became one of its two founding faculties. Amongst the graduates of the College, perhaps the most illustrious and well-known is Dr. Sun Yat-Sen, one of the first

two graduates, who initiated the revolution in China to overturn the Qing dynasty, and set up the modern republic of China.

Mr. Chancellor, it is not my intention to pursue further the history and development of the College, nor many other personalities who have contributed significantly to it. I would respectfully suggest that those of you who are interested should read the monograph entitled Constancy of Purpose compiled especially for this occasion by Professor Dafydd Evans, Professor of Law of this University, and which has just been published.

In 1912 the Faculty of Medicine, as the premier Faculty of the University of Hong Kong, took in its first students. The change from College to Faculty had two important consequences. Firstly, the Faculty had a home which the College had not. Secondly, there commenced a slow change towards a sizable permanent staff of teachers, although even to this day, the Faculty still relies to some extent on private practitioners who give much of their time to teach on an honorary basis.

With the establishment of the Faculty, one would have expected plain sailing from henceforth, but it was not to be. Indeed the Faculty went through thick and thin during its early years and throughout the Second World War. Towards the second decade of the century, a grave financial crisis descended on the University as a whole, partly because of underfunding by the Government (to the tune of only $50,000 annually) and partly because of financial mismanagement. In 1920, the University Court found itself in the unenviable position of being unable to accept the accounts of 1919–1920. The then Governor appointed a Commission of Inquiry, and as a result the Government injected $1 million to cover the financial debts.

Although the Immediate and current financial problems had been overcome, the desperately underendowed and undersubvented University was seriously held back in its developments. No where was it felt more keenly than in the Faculty of Medicine where the cost of implementing the necessary staff and teaching developments was so much greater. It may come as a surprise to you when I say that the Faculty met with rescue at this point, not from the Hong Kong Government, nor from the British Government, whose view was that it was not its duty to provide funds for education in its colonies, but from the Rockefeller Foundation of New York. The Rockefeller Foundation in 1914 had decided to established a China Medical Board the purpose of which was the promotion of Western medical education on the mainland of China. Viewed in that light, the University and the Foundation shared a common ideal and it was thus not surprising that the one should turn to the other. To cut a long story short, the China Medical Board eventually funded the establishment of the Chairs of Medicine and Surgery in 1922, and the Chair of Obstetrics in 1923. The Board had been visionary and generous at the time when the University and the Faculty was in dire need of support, and the Faculty has continued to benefit in more ways than one from grants offered by that institution till today.

Mr. Chancellor, there are some amoungst us today who would remember vividly Christmas day of 1941, when Hong Kong fell to the Japanese. Naturally the Univeristy activities ground to a halt, and the studies of the medical students at that time might have suffered the same fate, but for one among us in the audience, who took it upon himself to ensure that these students would be able to continue their studies during the war years and emerge as graduates afterwards. It was Professor Gordon King who persuaded the students to leave Hong Kong and go into China, securing arrangements with no less than six universities including Cheeloo University, Kwangzi Provincial Medical College, Lingnan University, National Hsiang Ya Medical College, National Shanghai Medical College, and National Sun Yat-Sen University. By the end of 1942, some 140 Hong Kong University medical students studied in these institutions. Professor, later Sir, Lindsay Ride played no less a role, and the determination of the students to travel into China under spartan conditions all add up to the success of the venture.

Mr. Chancellor, I have spoken at some length to try to paint a picture of a College and a Faculty which were rooted in sand rather than firm soil, but which weathered the storms well, consequent upon dedication, relentless effort, conscientious planning, visionary forethought of many, the generosity of a multiplicity of benefactors, but above all a constancy of purpose which prevailed in the minds of those on which the fate of the College and the Faculty depended.

But what after 100 years? I believe that my colleagues within the Faculty will agree with me when I say that our Faculty now has the following attributes. We have a strong sense of duty towards the community, we strive towards internationalism, we pride ourselves on the fact that we have some claim to international reputation, and we are a forward looking Faculty. On the question of community commitments, the Faculty has always responded promptly and efficiently to government request to increase student intake in the past. For example, in 1960 we had an annual intake of 75 students, within five years this was increased to 120, and by 1970 the intake was further increased to the present level of 150. Whilst the Faculty welcomes such expansion, it had to undertake this with relatively little increase in resources, both in terms of staff as well as in accommodation space. The Faculty has to date produced over 4,000 graduates, and indeed until recently has been almost the sole source of medical practitioners in Hong Kong. Its graduates have filled important and responsible posts in medical and health administration, the delivery of medical and health care, the teaching departments of medical schools, within and without Hong Kong. The clinical departments of this Faculty run no less than 80% of the medical services on Hong Kong island, and extend their help to subvented hospitals on both sides of the harbour when requested to do so. They have initiated specialized medical services such as open heart surgery in Grantham Hospital, neonatal intensive care facilities in Queen Mary Hosptal, children's orthopaedics at the Duchess of Kent Children's hospital, and with the opening of the new K Block in Queen Mary Hospital, will start bone marrow transplantation, etc. In response to the need for nurses requiring training in hospital infection control, the Department of Microbiology has been running such a course for nurses territory-wide for the last three years.

Despite the fact that Hong Kong can claim to be leaders in many fields, from banking and finance, to management services, to container shipping, it remains a small place and can easily be isolated if it does not actively pursue an outward looking policy. In the medical world it is no less so. Therefore from its very early days the College and later the Faculty looked globally to attract the best teachers to staff their departments. In the early days there was indeed very little local talent available. In the last 20 years or so, many of our graduates have obtained international distinction, and it is natural that a sizable portion of the present staff come from our own graduates, including several heads of departments. Neverthless internationalism remains our key word, and we have never accepted parochialism. We encourage travel to achieve academic exchange, and had been fortunate that a multiplicity of benefactors have helped to fund such travels, in addition to the normal University grants. The Bachelor of Medicine and Bachelor of Surgery degrees of the University of Hong Kong have received full recognition by the General Medical Council of the United Kingdom right from the start in 1913, and will remain so in the forseeable future. Our degree examinations are vetted by a continuous stream of external examiners who had stated in writing on many occasions that our standard is equal to the best medical schools in the world.

Mr. Chancellor, I make no idle claim when I said that our Faculty has achieved some degree of international reputation. Many of the teachers are leading authorities in their own fields. Many have been invited in a formal capacity as visiting professors, guest speakers, advisers to international institutions, guest surgeons, etc. by an array of institutions of high standing. Many present and former heads of departments and senior colleagues have been instrumental in putting their own disciplines firmly on the medical world map. If one has to mention names, taking into consideration that time does not permit me to enumerate a long list, the ones which spring to mind include Francis Cheng, Professor of Anatomy, Arnold Hsieh, Professor of Physiology, P. C. Hou, Professor of Pathology, Arthur Hodgson, Professor of Orthopaedic Surgery, Alec McFadzean, Professor of Medicine, and G. B. Ong, Professor of Surgery. Our graduates abroad have also fared well. A look at the list of invited speakers for this Centennial Conference will reveal that many of them are our graduates working overseas, who have distinguished themselves in their own respective fields. Among them, I would like to mention in particular two names, Professor Kan Yuet Wai, and Professor Samuel Yen. I say with some pride that in the fields of human growth and development; haematology and edocrinology? spinal surgery? and various fields of cancer research including studies of food carcinogens, epidmiology and risk factors in lung cancer, radiation oncology especially of naso-

pharyngeal carcinoma, cancer surgery especially of the oesophagus, liver and bladder, and gynaecological oncology, the Faculty have made original contributions and won international respect. As a teaching and training institution, we have been designated as a regional centre of excellence by the China Medical Board, which have funded yearly Fellowships numbering up to 15 per year for medical graduates from South East Asian and Chinese universities to train here either in a special subject or to pursue a course leading to a Certificate in Medical Sciences or Master of Medical Sciences. Perhaps a even better yardstick that our training is of international standard is the fact that many graduates from the advanced countries applied for and have taken up formal training posts in this Faculty for periods of six months to a year.

I have said earlier on that the Faculty is a forward looking one. Based on a pedestal of 100 years of achievements, it is well poised to enter its next century. We believe that we have done a good job in undergraduate medical education, and we will continue to strive for excellence. But it is in the areas of postagraduate medical education, and of research, both basic and applied, that we would like to consolidate and expand our activities. Hong Kong has been talking for a number of years about a body to set standards, monitor training, and run examinations for postgraduate medical education and training. At last, perhaps blown by winds imminent political changes, the Government has finally formed a Working Party on Postgraduate Medical Education, to look into the requirements and setting up of such an institution. The Medical Faculty of this University, meanwhile, has been engaged in postgraduate medical education and training for a long time. It is mainly done on a departmental basis, and has not received formal recognition by either Government or the University and Polytechnic Grants Committee, so that little or no resources are granted for that specific purpose. We are well qualified, and ready and willing to play a major role in the setting up of this proposed Hong Kong wide postgraduate institution, to take part in the general professional training of postgraduate as well as higher and more specialized training in many fields of medicine. We must be given resources commensurate with world standards, and commensurate with the tasks that we are expected to do.

I believe that in the final analysis, what distinguishes a medical faculty of excellence from one of mediocrity must be to a large extent the quality and quantity of research output. That is not to say I lessen the importance of teaching and clinical service. In the last 25 years or so, the Faculty has produced high quality research, and its many teachers have contributed articles continuously to to the internationally referred and reputable journals of science and medicine in the world. Indeed quite a few have been invited to sit on prestigious editorial boards of these journals. But the present departmental structure of the Faculty, with a very heavy teaching load and service commitments to patient-care leaves little time for research. The talent is there, expertise is there, research output can be increased manifold if institutes of research can be set up. We have recently proposed to the University and Polytechnic Grants Committee the setting up of an Institute of Cancer Research and an Institute of Molecular Biology. The first is a natural development of the widespread expertise and interest already prevailing in the Faculty, and the latter is the most rapidly advancing frontier of biological science. Such institutes will make possible full time staff working specifically on research, in an environment somewhat away from busy departmental offices which cater also for patient-care services. But research, especially basic research, is expensive, and we are only too aware of it. It is an investment that, we believe, Hong Kong must undertake, otherwise our leadership in basic and applied medical research in this region will be lost.

I dare say that Hong Kong people are generous at heart, and when they are convinced that an investment or donation is worthwhile, they will contribute. In commemoration of the Centenary of the College and the Faculty, we have appealed to friends and graduates of the University, to set up a Sun Yat-Sen Fund, and I am happy to say that we have been able to raise a handsome sum of HK$5.5 million. I would like to take this oppourtunity to thank all donors on behalf of the Faculty, especially Dr. Lee Wing Tat and Dr. Pauline Chan, whose tremendous generosity and long term support for the Faculty are greatly appreciated.

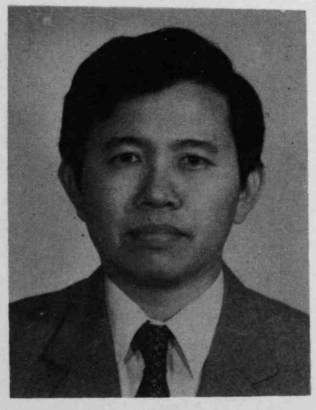
Mr. Chancellor, I have tried to sum up in 25 minutes what the college and the Faculty have

undergone and achieved in 100 years. I would bother my conscience if I did not also mention the many problems that linger on even at this point. We still do not have a teaching hospital designed primarily for that purpose, although we appreciate Government spending over $800 million to expand and improve Queen Mary Hospital. The demarcation between resources for patient-care services, and that for teaching, remains hazy. This has led to grey areas where funding is neither forthcoming from the Government through Medical and Health Department, nor from the University and Polytechnic Grants Committee. Many major medical specialties requiring a departmental structure still have not been set up in this University, although such departments are taken for granted in many other universities worldwide, including our own sister university. Research funding, although on a gradually increasing trend, is still inadequate. May I respectfully request you as Chancellor, to impress upon the Governor, of these urgent requirements of our Faculty, so that the second century will be an even more fruitful endeavour for us.

Mr. Chancellor, distinguished guests, colleagues, ladies and gentlemen, it has been a privilege and an honour for me to address such a gathering, on such an auspicious occasion. It is particularly heatwarming to see so many of our colleagues, form near and from far, return to our alma mater. I do hope that the events in the next few days which the organizing committee has put together for your will occupy a special place in your minds for many years to come.

(Reproduced from the speech delivered by Professor John Leong on the Opening Ceremony of the Centennial Conference, September 10, 1987)

Message
From Our President



It has been a very active, busy and exciting year for the Medical Society as well as the Faculty; as it was the year when the Medical Faculty turned one hundred. The Faculty celebrated its centenary in September with a large scale Centennial Scientific Conference while the Medical Society highlighted the year with a number of activities. First there was the Medicentury Spectacular '87 in July featuring an evening of light-hearted variety show performed largely by the medical students in the Lyric Theatre of the Hong Kong Academy for Performing Arts. The aim was partly to celebrate the centenary of the Faculty and partly to raise funds for the Medical Society to support its various activities. Last year, in addition, a quarter of the fund raised was donated to Hong Kong Anti-Cancer Society to help in their anti-cancer campaign. This was then followed by the Health Exhibition held in the City Hall in September and the Medicentury Open Day in October. The former reviewed the changing patterns of disease over the past century and some common illness among different age groups in Hong Kong using simple, clearly illustrated diagrams, graphs and tables in order to make the presentation easily understandable by the non-medics and the general public. The exhibition included also a brief introduction of the history and function of the various Departments in the Faculty of Medicine. The special centennial Open Day was organized to allow the secondary school students and the general public an opportunity to visit the Medical Faculty.

A century may seem a fleeting moment in the long history of mankind but for an institution it is certainly a time for celebration and reflection. The Medical Faculty has developed from its very humble beginning to an institute of excellence; from an unknown Hong Kong College of Medicine for Chinese, as it was originally called, to an institute that excels in medical education, health care and research. This is something that the Faculty can be proud of in retrospect. Looking forward and the run up to 1997 and beyond, the Faculty will certainly face new difficulties and challenges, it is the solemn responsibility of the teachers and students — past, present and future — to ensure the continuous success and growth of the Faculty. I have not a slightest doubt that the Faculty will develop further on its present sound foundation, and to take on an even greater role in training medical doctors, specialists and medical scientists of the highest standard to serve both Hong Kong and China.

I have been greatly honoured to be the President of the Medical Society in this historic year. I was also greatly previlaged during the tenure of my office in presiding over a number of the activities

organized by the Society. It was through these activities and also my direct contact with students over the past year that I came to appreciate more about the work of the Society. There a few thoughts which I intended to share with you when I was asked to give a speech in the "Inauguration Ceremony" for the new Council of the Society in late January. Due to unforeseen event, I was not able to attend the installation ceremony. And also the new Council this year has decided to do away with the traditional Presidential Address; to my relief on the one hand and disappointment on the other. I felt relief because I did't have to perform, like all the past Presidents before me, the awesome task of delivering a formal Presidential Address. Disappointed because an opportunity for sharing with you some of my most treasured wisdoms was lost!

I was most impressed by the work of the Medical Society and the efforts the Councillors and various committee members and students made in order the ensure the success of the numerous activities organized by the Society. I give them full credit for their enthusiasm and dedication and congratulate them for their achievements.

I have however a few minor comments to make. The meetings of the Council were too formal and long winded. They often extended into the small hours of the night. In one occasion the meeting did not finish until dawn! This is certainly not healthy especially for a student organization. The councillors were all to exhausted at the end. I am sure this had undersireable effects on their concentration and performance in the class room. If the agenda is over crowded the only sensible solution is to have an additional meeting rather than burning the midnight oil! I think one of the reasons that the meetings were so unduly long was due to inadequate preparation before the meeting. One often received the agenda shortly before the meeting. As the result one had to plough through the piles of papers as the meeting was proceeding. This inadequacy of preparation often resulted in unnecessary lengthy discussion and at times, confusion in the meeting.

After the meeting one often didn't receive the minutes until the next meeting. It was therefore not possible to check the accuracy of the minutes. Valuable time was often lost one rectifying the minutes. My suggestion is that the minutes should be distributed not too long after the meeting to enable the councillors to varify the record while still fresh in their mind. The agenda and the relevant papers should be made available to members at least a day or two before the meeting to allow members time to read through the papers and have a good grasp of the items to be discussed in the meeting. I am sure this will significantly reduce the length of the meeting.

My final suggestion is that the Council meeting should be less formal. Free expression of views and opinion should be encouraged. As it is, I feel that it is a bit too rigidly restricted by protocol and some members may feel inhibited to speak up. We need an atmosphere that is conducive for the exchange of views, not the stiff and sterile environment of a court room! I agree that to ensure the orderly progress of meeting certain rules and procedures should be followed. But if one over emphasizing the protocol and formality, members may become less willing or discouraged to express their views which is against the spirit of the meeting.

In closing let me say that it has been a particularly active, exciting and eventful year both for the Society and the Faculty. I thank all office bearers of the Socety for their time, and hard work; members for their enthusiasm, active participation and cooperation and the general public for their strong support. This year also marks the beginning of the Faculty's second century. I hope the Medical as well as the Faculty will emerge stronger and wiser in our second centenary.

Dr. Y. C. Wong
President
Medical Society
H.K.U.S.U.
April 23, 1988.

PRIZE-WINNERS

John Anderson Gold Medal	Lo Chung Yau
Proxime Accessit	Shiu Yuen Wing, Stephen
Chan Kai Ming Prize	Lo Chung Yau
C. P. Fong Gold Medal in Medicine	Lo Chung Yau
Digby Memorial Gold Medal in Surgery	Lo Chung Yau
The Nesta and John Gray Medal in Surgery	Lo Chung Yau
Gordon King Prize in Obstetrics and Gynaecology	Ng Yiu Ki
R. M. Gibson Gold Medal in Paediatrics	Chow Yu Fat
Mun Gold Medal in Psychiatry 1986	Cheung Tak Fai, Raymond
Ho Kam Tong Prize in Community Medicine	Kwong Kwok Wai, Heston
Society of Community Medicine Prize "The love boat - a KAP study on contraception amongst boat people in Hong Kong"	Lee Lai Fong(Miss) Lee sau Nin,Sonia (Miss) Lee Yau Wai, Johnson Leung Ka Li, Frankie Leung Ling Pong Leung Wing Cheong Leung Yiu Lam, Simon Li Fu Keung Li Siu Lung, Steven Li, Wilson Liu Man Kuen, Ivy(Miss) Liu Yu Sun, John Lo Che Yuen
Belilios Medical Prize (1st Year)	Yeung Yuk Pang
Dr. Mary Hui Ling Li Memorial Prize	Dr. Fu Kin Hang
Li Shu Fan Medical Foundation Prize in Physiology	Cheung Yiu Fai

Yuan Ai-Ti Gold Medal in Behavioural Sciences	Leung Chi Mei (Miss)
Hong Kong College of General Practitioners prize "Knowledge on hypertension among patients in a government clinic in Aberdeen - A descriptive study"	Ho Kwok Ming Ho Pak Leung Hui Ki Fat, Desmond Hui Pak Fai Hung Hak Hon Ip Tai Pang Ko Po Wan Kong Fuk Yip Koo Chi Hung Kwan Lung Cheung Kwok Tik Koon Lam Chiu Wah Lam Chuen Lung
Belilios Medical Prize (3rd Year)	Ho Pak Leung
C.P.Fong Gold Medal in Pathology	Poon Tung Ping, Ronnie
C.T. Huang Gold Medal in Microbiology	Wu Shun Ping
Li Shu Fan Medical Foundation Prize in Pharmacology	Ho Pak Leung
Hong Kong Pathology Society Prize	So Chi Chiu. Jason Wong Yuen Kwan, Alice(Miss)
Ho Fook Prize	Cheung Yiu Fai
Janet McClure Kilborn Prize (in Physiology & Biochemistry)	Leung Chi Mei (Miss)
runner up	Luk Wai Yin (Miss)
Ng Li Hing Prize in Anatomy	Fung Lai Ming (Miss)
Li Shu Fan Medical Foundation Prize in Biochemistry	Yip Sze Fai
3M Far East Prize	Cheung Yiu Fai Chua Kam Ling Leung Chi Mei (Miss)

ACADEMICS

Doctor of Medicine

Dr. Pun Kin Kee
Dr. Yeung Choi Kit

Master of Philosophy

Miss Chan Yuen Yee, Roxanne	(Physiology)
Mr. Hui Chi Chung	(Biochemistry)
Mr. Liu Wing Sun, Vincent	(Biochemistry)
Mr. Lui Chi Pang	(Biochemistry)
Dr. Mckenna, John Joseph Iain	(Anatomy)
Mr. Woo Yan Hung, David	(Biochemistry)

Doctor of Philosophy

Mrs. Koo Sun Tien Lun, Catherine	(Community Medicine)
Mr. Koo Wing Leung, Marcel	(Pharmacology)
Mr. Leung Man Kit, Christopher	(Pharmacology)
Miss Shum Kwok Yan, Daisy	(Biochemistry)
Mrs. Tan-Un Kian Cheng	(Biochemistry)
Mr. Tang Pak Lei	(Physiology)
Mr. Tsang Shiu Wah, Raymond	(Microbiology)

Bachelor of Science in Biomedical Sciences

First Class Honours

Mr. Kou Sio Kei

Second Class Honours Division One

Mr. Lee Cheuk Kwong

BACHELOR OF MEDICINE AND BACHELOR OF SURGERY

Honours List

SHIU Yuen Wing, Stephen

(Distinctions in Anatomy, Biochemisty, Systemic Pathology, Pharmacology and Medicine)

1986

AU Tak Kwong
CHAN Chi Wai, Kenny
CHAN Cho Kwan, Edmund
CHAN Loi Yuen
CHONG Hou Ming
CHUNG Hon Ping, Joseph
HO Sum Mun
HUI Tak Wing, Samuel
HUI Yu Hung
KWAN Chi Pong, Ambrose
KWAN Min Chung
LAU Sui Yuen
LAU Wai Hung
LEE Gi Sung, Kenneth
LEUNG Chin Wan, Tasman
LEUNG Wing Tai, Teresa(Miss)
LO Wai Hong
LO Wan Ming
MOK Ngai Shing
SIN Sai Yuen
SIU Kin Lok
SO Wai Ming, David
YEUNG Kwan Yee, Wilson
YUEN Chuen Fong, Raymond

1987

AU Wai Kwan, Virginia (Miss)
CHAN Chi Mui, Miranda (Miss)
(Distinctions in Physiology Behavioural Sciences, and Obstetrics and Gynaecology)
CHAN Chun Yin, Michael
CHAN Hing Sing, Eddie
CHAN Kam Chuen, Anthony
CHAN Kar Man
CHAN Kin Yip
CHAN Siu Ying, Linda (Miss)
CHAN Woon Ming
CHAN Wai Wing
CHAN Yan Kwong, Eric
CHAU On Wah
CHAU Siu Ping (Miss)
CHEN Ngan
CHENG, Beatrice (Miss)
CHENG Chi Kin, Ashley
CHENG Woon Ming (Miss)
CHEUNG Kar Yan, Grace (Miss)
CHEUNG Kwok Leung
CHEUNG Sau Yi (Miss)
CHEUNG Tak Fai, Raymond
(Distinctions in Biochemistry, Behavioural Sciences and Systemic Pathology)
CHHIENG Cheung Faivon
CHIU Kwong Yuen, Peter
CHIU On Chi, Oliver
CHIU Wing, Richard
CHOW Kai Chiu
CHOW Shun Ming, Simon
CHOW Sin Ming (Miss)
CHOW Yu De, Eudora (Miss)
(Distinctions in Applied Microbiology)
(Distinction in Biochemistry)
CHOW Yu Fat
CHOY Yuk (Miss)
CHU Chung Ming
CHU Kent Man
CHU Lap Sun
(Distinction in Applied Microbiology)
CHU Sau Kwan (Miss)
CHU Wen Jing, Jennifer (Miss)
CHUI Cup Yan, Clive
CHUI Sing Chi, Grace (Miss)
CHUNG Shiu Shek
(Distinctions in Systemic Pathology, Pharmacology and Surgery)
CHUNG Yun Wong
FOK Kam Fuk
FUNG Chiu Fai
HO Hung Kwong, Duncan
HO Wing Keung
HON Ching Yu
HON Yuen Ngor, Irene (Miss)
HUI Chi Hung
HUI, Henry
KO Chi Fai
KO Put Shui, Peter
KU Shu Wing
LAI Yau Shing
LAI Ying Ching, David
LAM Chi Keung, Johnson
LAM Chi Ming
(Distinctions in Biochemistry, Pharmacology and Applied Microbiology)
LAM Kam Wah (8206474)
LAM Kam Wah (8206503)
LAM Nai Man
LAM Shu Yan, David
LAM Shu Yee. Christine (Miss)
LAM Tak Wa
LAM Wai Man
LAM Wai Ming
LAM Yuk Yee, Paul
LAO Wai Cheung
LAU George

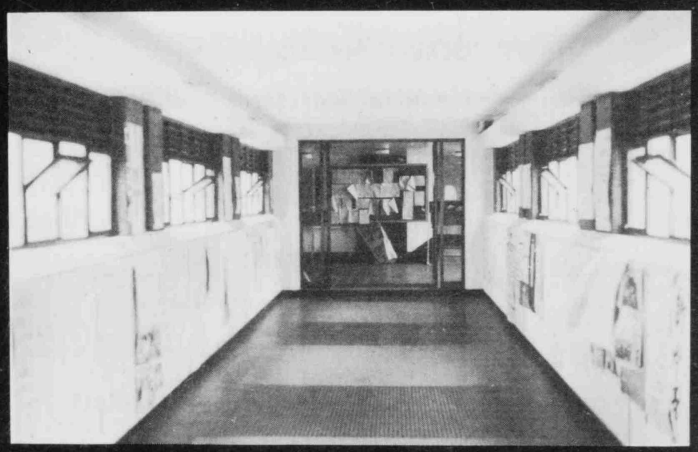
LAU Kwok Wing, Patrick
LAU Kwong Hung
LAU Wai Ling, Amy (Miss)
LAW Wai Lun
LEE Big Kau, Judy(Miss)
LEE Chee Ting, Julietta (Miss)
LEE Ching Ying, Angela (Miss)
LEE Lai Fun, Kathy (Miss)
LEE Virginia (Miss)
LEE Wing Kin, Jason
LEE Yuk Tong
LEE Yun Sang
LI Hoi Ching, Jimmy
LING Sai On
LO Chung Yau
(Distinctions in Anatomy, Systemic Pathology, Medicine and Surgery)
LO How Chi, Francis
LOW Hon Keet, Stephen
LUK Kim Choy
LUI Yun Hoi
LUK Chung Wing
LUK Sheung Ching (Miss)
LUN Kin Shing
MA Shiu Kwan, Edmond
(Distinction in Physiology)
MAK Hon Fai, Mark
MIU Ting Yat
MOK Siu Chung
NG Siu Keung
NG Tat Yuen
NG Woon Leung
(Distinctions in Behavioural Sciences and Systemic Pathology)
NG Yiu Ki
(Distinction in Obstetrics and Gynaecology)
PENG Wenn Hsin, Philip
POON Kin Hung
QUE Tak Lun
SHIU Chi Yuen
SHIU Yuen Wing, Stephen
(Distinctions in Anatomy, Biochemisty, Systemic Pathology, Pharmacology and Medicine)
SO Man Kit, Thomas
SO Wai Lam, William
TANG Suk Ying (Miss)
THAM May Ked (Miss)
TSANG Moon Kwong
TSE Pak Yiu
WAN Kam Ming
WATT Chi Leung
WONG Che Yung, Kenny
WONG Chi Keung, Gordon
WONG Ho Shan, Steven
WONG Kim Ming, Francis
WONG Pik Kei (Miss)
WONG Pui Sze(Miss)
WONG Shuk Man, Pauline (Miss)
WONG Siu Shan
(Distinction in Anatomy)
WONG Yiu Chung
WU Shui Chi (Miss)
(Distinction in Community Medicine)
YEUNG Tze Kiu, Samuel
YEUNG Wai Song
YEUNG Yat Ming, Barry
YIU Kam Hung
YIU Po Fat
YU Kong San
YUEN Hui Chiu, Alfred
YUEN Shing Chau
YUNG Hon Wah
YUNG Wei Tak, Alfred

Teaching and Administrative in the Faculty of medicine appointed during the period 01/01/87 to 31/12/87

Name		Department	Date join University	Post
Dr. Chow	Samson A.	Biochemistry	870101	Lecturer
Dr. Fan	Sheung Tat	Surgery	870101	Lecturer
Dr. Cheung	Nga Yin Annie	Path (HPS Mb/Cy)	870102	Cl Pathologist
Dr. Vacca-Galloway	Linda Lee	Anatomy	870104	Lecturer
Dr. Bullmore	Edward Thomas	Medicine	870515	Lecturer
Dr. Stephens	Michael Massy	Orthopaedic Surg	870519	Lecturer
Dr. Chan	Sui Yum	Pathology	870622	Lecturer
Dr. Choi	Tat Hung Jacob	Surgery	870701	Lecturer
Dr. Leung	Suet Yi	Path (HPS Mb/Cy)	870701	Cl Pathologist
Dr. Tse	Wan Ting Philomena	Path (HPS Haemt)	870701	Cl Pathologist
Dr. Kwong	Yok Lam	Medicine	870716	Lecturer
Dr. Cheng	Chun Ho	Medicine	870801	Lecturer
Dr. Chow	Hei Sing John	Pathology	870801	Lecturer
Dr. Lam	Tsun Ngai	Psychiatry	870801	Lecturer
Dr. White	Francis Harold	Anatomy	870801	Reader
Dr. Guldner	Fritz Hilmar	Anatomy	870805	Reader
Prof Holland	Ross Beresford	Anaesthesiology	870915	Professor
Dr. Bruce	Iain Charles	Physiology	870916	Lecturer
Dr. Chan	Kim Chung	Orthopaedic Surg	870917	Lecturer
Dr. Chan	Kwan Hon	Surgery	871001	Lecturer
Dr. Fok	Manson	Surgery	871001	Lecturer
Dr. Ng	Wing Fung	Path (HPS Mb/Cy)	871016	Cl Pathologist
Dr. Chan	Yuen Fai	Obstetrics & Gyn	871106	Lecturer
Dr. Yeung	Chung Kwong	Surgery	871106	Lecturer
Dr. Khoo	Ui Soon	Path (HPS Mb/Cy)	871107	Cl Pathologist
Prof Ngan	Henry	Diagnostic Radgy	871216	Professor

Teaching and Administrative in the Faculty of medicine left during the period 01/01/87 to 31/12/87

Name		Department	Date join University	Post
Dr. Tam	Kwong Hang Paul	Surgery	841224	Lecturer
Dr. Woo	Sai Kit Joseph	Obstetrics & Gyn	841228	Senior Lecturer
Dr. Depledge	Michael Harold	Physiology	830307	Lecturer
Dr. Yeung	Ho Yin	Pathology	790101	Lecturer
Dr. Chow	Sze Fu Joseph	Medicine	851201	Senior Lecturer
Dr. Song	Colin	Surgery	860701	Lecturer
Dr. Lee	Pui Kee	Medicine	860701	Senior Lecturer
Prof Kleevens	Jan Willem Lodewijk	Community Med	830601	Professor
Dr. Yang	Yuen Yun Ping Mary	Path (HPS Mb/Cy)	820702	CL Pathologist
Dr. Chan	Sui Yum	Pathology	870622	Lecturer
Dr. Yung	Cho Yiu	Path (HPS Haemt)	861016	CL Pathologist
Dr. Chan	Khim Yew	Psychiatry	841203	Lecturer
Dr. Fong	Wang Fun	Biochemistry	800901	Lecturer
Dr. O'Hoy	Kit Ying Katherine Mary	Obstetrics & Gyn	830419	Lecturer
Dr. Chow	Hei Sing John	Pathology	870801	Lecturer
Dr. Pang	Siu Wah	Pathology	811001	Lecturer
Dr. Chow	Kit Wun Olivia	Paediatrics	791110	Lecturer
Dr. Ma	Tao Che John	Medicine	811001	Lecturer
Dr. Siu	King Fun	Surgery	800101	Lecturer
Dr. Stephens	Michael Massy	Orthopaedic Surg	870519	Lecturer



MEDICAL SOCIETY

OUR MEDSO OFFICE-BEARERS (86-87)

Council Chairman	Mr. Wong Yat Wa (M' 89)
President	Dr. Y.C. Wong
Vice - President	Dr. Li Fuk Him Dominic
Honorary Treasurer	Dr. Tom Wai Ming
Associate Members' Representative	Dr. Ho Siu Wai
Council Hon. Secretary	Ms. Leung Wai Yee (M'91)
Ex-Chairman	Mr. Wai Shiu Fai (M' 88)

EXECUTIVE COMMITTEE

Chairman	Mr. Cheung Wing Yung (M'89)
Internal Vice-Chairman	Mr. Lau Hung Lam (M' 89)
External Vice-Chairman	Mr. Mok Chi Chiu (M' 90)
General Secretary	Mr. Kwok On Hing (M'91)
Financial Secretary	Mr. Ching Wai Kuen (m'91)
Welfare Secretary	Mr. Tang Chi Wai, Syndney (M'91)
Social Secretary	Ms. Yung Wing Yan, Ada (M' 91)
Sports Secretary	Mr. Lee Kang Yin, Michael (M'91)
Assistant Sports Secretary	Mr. Chua Kien Han, John (M' 91)
Currents Affairs Secretary	Mr. Ng Chi Hang (M' 90)
International Relations Secretary	Mr. Poon King Yue (M' 91)

CADUCEUS

Chief Editor	Mr. Chu Tsun Cheong (M' 90)
General Editors	Mr. Lau Chi Kuen (M' 90)
	Ms. Lee Kam Ha (M'90)

ELIXIR

Chief Editor	Mr. Chan Cho Yin (M' 91)
General Manager	Ms. Chan Hoi Shan, Sophelia (M'91)
Financial Manager	Ms. Ng Wai Man, Josephine (M' 91)

HEALTH COMMITTEE

Health officer	Mr. Au Tak Shun, Thomas (M' 90)
Assistant health officer	Ms. Fung Yeuk Mei (M' 90)

Office-Bearers

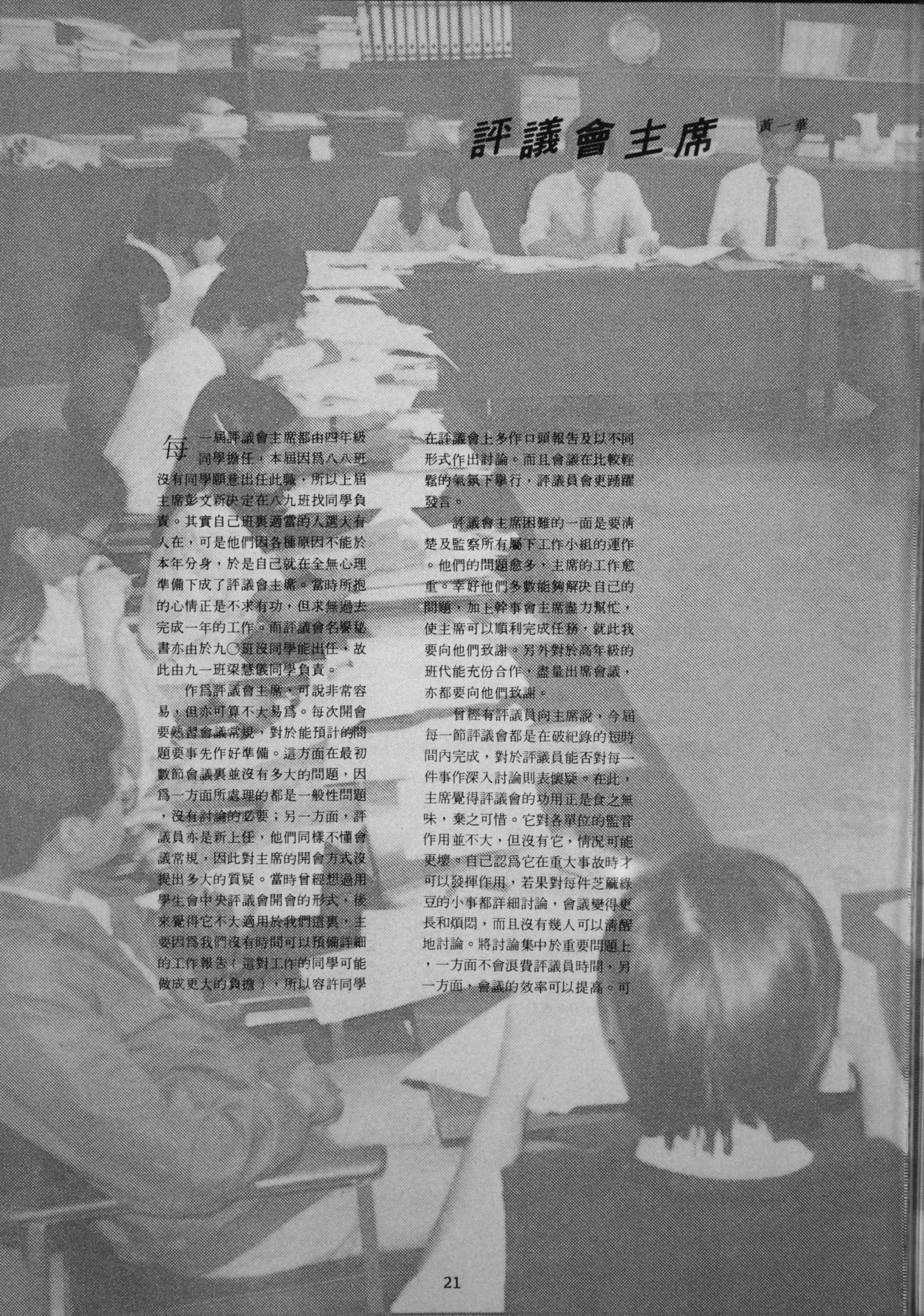
Office-Bearers

STUDENT REPRESENTATIVES

Senate	Mr. Yim Lai Leung (M' 90)
Faculty Board	Mr. Au Yeung Kam Chuen (M' 88)
	Ms. Wong Wan Nar, Margaret (M'89)
	Ms. Lo Yee Chi, Janice (M' 91)
Selection Committee of various Loan Funds	Mr. Chow Ming Yan (M' 90)
Library Committee	Mr. Ko Chi Hung (M' 89)
Faculty Review Board	Mr. Wai Siu Fai (M' 88)
	Mr. Cheung Wing Yung (M' 89)

CLASS REPRESENTATIVES

Final Year (M' 87)	Mr. Lau George
	Mr. Chan Kam Chuen, Anthony
Fourth Year (M' 88)	Mr. Chan Kwok Keung
	Mr. Tsang Yick Woon
Third Year (M' 89)	Mr. Cheong Beng Meng
	Mr. Wong Tze Kau
Second Year(M' 90)	Mr. Au Tak Shun, Thomas
	Mr. Tsang Tat Chi
First Year (M' 91)	Mr. Wong Siu Yin
	Ms. Lo Yee Chi, Janice



評議會主席

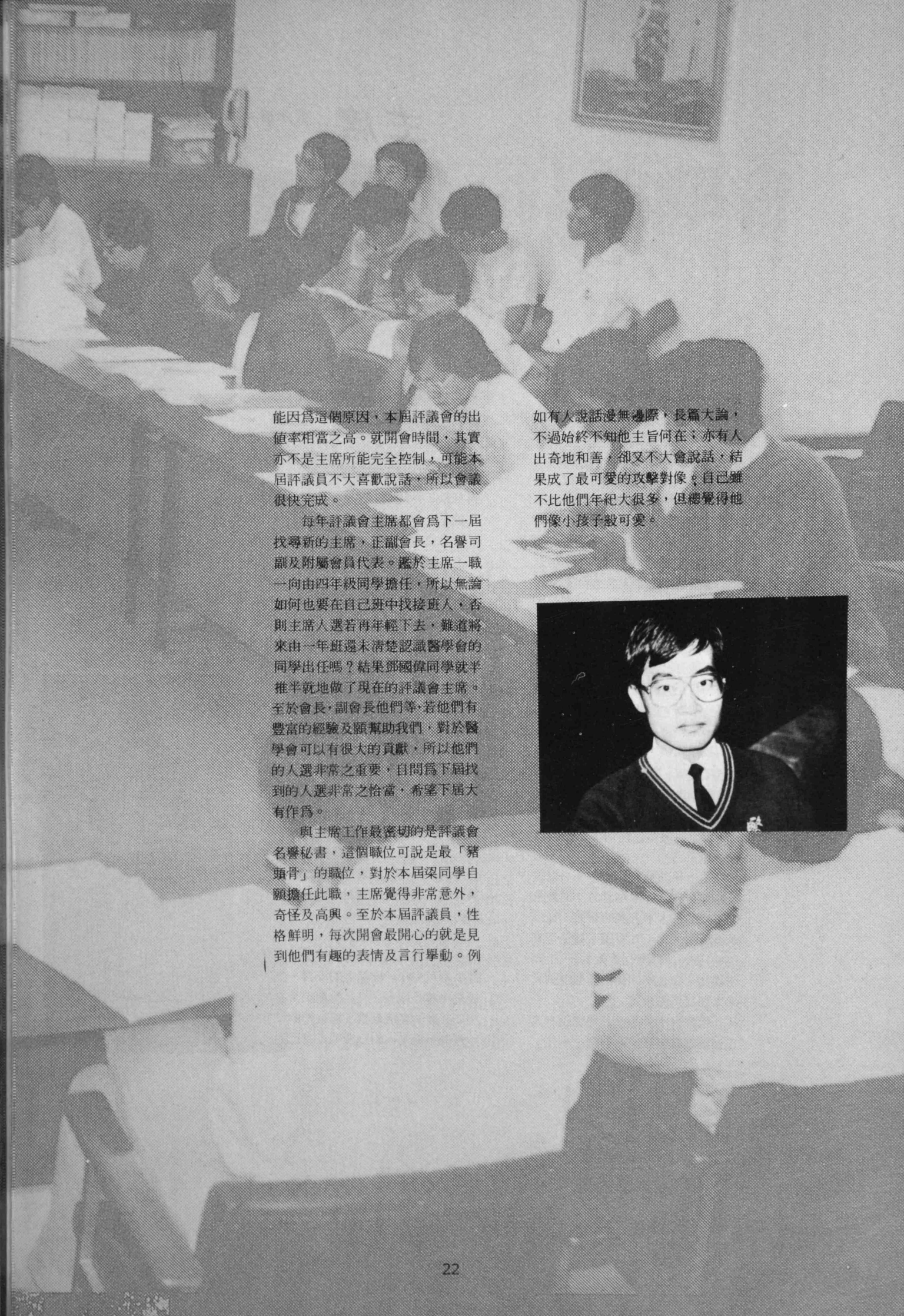
黃一華

每一屆評議會主席都由四年級同學擔任，本屆因爲八八班沒有同學願意出任此職，所以上屆主席彭文新決定在八九班找同學負責。其實自己班裏適當的人選大有人在，可是他們因各種原因不能於本年分身，於是自己就在全無心理準備下成了評議會主席。當時所抱的心情正是不求有功，但求無過去完成一年的工作。而評議會名譽秘書亦由於九〇班沒同學能出任，故此由九一班梁慧儀同學負責。

作爲評議會主席，可說非常容易，但亦可算不太易爲。每次開會要熟習會議常規，對於能預計的問題要事先作好準備。這方面在最初數節會議裏並沒有多大的問題，因爲一方面所處理的都是一般性問題，沒有討論的必要；另一方面，評議員亦是新上任，他們同樣不懂會議常規，因此對主席的開會方式沒提出多大的質疑。當時曾經想過用學生會中央評議會開會的形式，後來覺得它不大適用於我們這裏，主要因爲我們沒有時間可以預備詳細的工作報告（這對工作的同學可能做成更大的負擔），所以容許同學在評議會上多作口頭報告及以不同形式作出討論。而且會議在比較輕鬆的氣氛下舉行，評議員會更踴躍發言。

評議會主席困難的一面是要清楚及監察所有屬下工作小組的運作。他們的問題愈多，主席的工作愈重。幸好他們多數能夠解決自己的問題，加上幹事會主席盡力幫忙，使主席可以順利完成任務，就此我要向他們致謝。另外對於高年級的班代能充份合作，盡量出席會議，亦都要向他們致謝。

曾經有評議員向主席說，今屆每一節評議會都是在破紀錄的短時間內完成，對於評議員能否對每一件事作深入討論則表懷疑。在此，主席覺得評議會的功用正是食之無味，棄之可惜。它對各單位的監管作用並不大，但沒有它，情況可能更壞。自己認爲它在重大事故時才可以發揮作用，若果對每件芝蘇綠豆的小事都詳細討論，會議變得更長和煩悶，而且沒有幾人可以清醒地討論。將討論集中於重要問題上，一方面不會浪費評議員時間，另一方面，會議的效率可以提高。可



能因爲這個原因，本屆評議會的出值率相當之高。就開會時間，其實亦不是主席所能完全控制，可能本屆評議員不大喜歡說話，所以會議很快完成。

每年評議會主席都會爲下一屆找尋新的主席，正副會長，名譽司副及附屬會員代表。鑑於主席一職一向由四年級同學擔任，所以無論如何也要在自己班中找接班人，否則主席人選若再年輕下去，難道將來由一年班還未清楚認識醫學會的同學出任嗎？結果鄧國偉同學就半推半就地做了現在的評議會主席。至於會長，副會長他們等，若他們有豐富的經驗及願幫助我們，對於醫學會可以有很大的貢獻，所以他們的人選非常之重要，自問爲下屆找到的人選非常之恰當，希望下屆大有作爲。

與主席工作最密切的是評議會名譽秘書，這個職位可說是最「豬頭骨」的職位，對於本屆梁同學自願擔任此職，主席覺得非常意外，奇怪及高興。至於本屆評議員，性格鮮明，每次開會最開心的就是見到他們有趣的表情及言行舉動。例如有人說話漫無邊際，長篇大論，不過始終不知他主旨何在；亦有人出奇地和善，卻又不大會說話，結果成了最可愛的攻擊對像。自己雖不比他們年紀大很多，但總覺得他們像小孩子般可愛。

主席 張永融

MEDICAL SOCIETY 醫學會

能夠成爲醫學院百週年的醫學會幹事會主席總是有點榮幸。榮幸的是香港醫學界一百年來的盛事自己能夠成爲一份子。過去一年的經驗所給我的衝擊和啓廸，是我大學生活的重要過程，回想起來既有點點溫暖，亦有絲絲懊惱。

最初決定擔上幹事會主席一職，委實經過反反覆覆的思量。在大學二年級第一次御下幹事會工作時已經立下意向，不再擔當醫學會任何的職務。這個決定多少是和自己在剛剛踏入大學時所定下的大計有關的。最初計劃將五年醫學生涯分爲開拓自己、實踐理想、積極參與、專心讀書。因此，一早立定意向，除讀書外，最初兩年努力開拓自己，放開胸懷，接受種種衝擊。中段積極參與，後段專心讀書。可能中學時期自己實在過於封蔽於小圈之內，太少理會圈外之事，所以眼見大學之內發生之任何事都感到新鮮有趣。

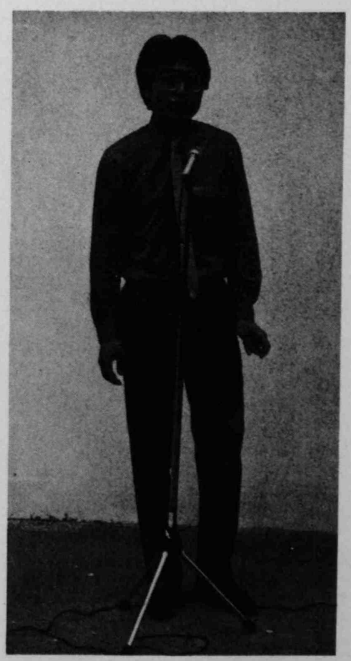
第一年的最初幾個月，可以說是輕鬆自在，非常寫意的。而最意想不到的是大學上課的形式，竟然是既沉悶，又不知所謂（眞是不知那些lecturers說乜東東？）。所以下課後，頭也不回便一溜烟跑到大學本部玩玩去也!!

但好景不常，十月尾聽說有人正密鑼緊鼓組莊，而那位「車佬」又是一個認識自己的中學學長，心想這次肯定難幸免於難，若果洗濕個頭可能後患無窮。未及細想已有人找上門，誠邀上庄。那時左推右避，叫人不要白費唇舌，恐怕自己耳仔軟，一時錯口答應，害了一生。推了一個星期，戰戰兢兢；可惜，情況突然轉壞，車佬親自出馬，用上十成游說功力，自己由硬變軟，由軟變爛，卒之貼貼服服加入幹事會行列。改變自己的計劃，先行積極參與吧！

「積極參與」之後，使我認識醫學會不少，也令自己明白到要眞正達到學生會的功能，實在需要多位志同道合的同學和有高瞻遠觸的領導人才方可有所作爲。在醫學院實在很難找到一班臭味相投的人，因此漸漸對醫學會失去興趣和冀望。御下職務後，了解到自己工作能力有限，亦非有領導才能，倒不如去完成自己當初的計劃，充實自己！

開拓自己的領域和視野是非常興奮的。每當接觸到新鮮的人和事都會有世界之大的感受。

第二年慶幸自己再次回復寫意的生活。我喜愛有節奏的生活，每件事都可先作好細節上的安排，然後便可專心地去完成。但最怕是有突如其來的事情破壞了應有的節奏。這些可能是人的墮性吧！自己討



MEDICAL SOCIETY 醫學會

厭學生會工作的原因，是突如其來而又繁鎖得要命的事實在多得難以應付。如果要在這些事上得到滿足感，唯一可能是靠緊密的友情來作支持！將鎖事與友情連繫起來，可能是缺乏邏輯的，但事實上這正是我做完幹事後得到的經驗。

可惜世上沒有不完的快樂，舒意了一年後，醫學會第四十一屆幹事會又要人上庄了！這次自己要更加堅定，不再擔任任何職務。其中原因之一是身爲三年級，要赤手空拳在醫學會中單打獨鬥，實在有孤掌難鳴之感。原因之二是要醫學會有所作爲，實在需要一位高瞻遠觸的領導人才。自己亦不想徒虛了醫學會一職，既浪費了他人的時間，也令自己重蹈兩年前的煩惱。但現實並不如我所願，今次對我游說的人是去屆內務副主席，他的功力雖不及當年的車佬，但在環境和朋友的壓力下，我又一次軟下來了。

自己心知一位有才幹的領導人對其他幹事是非常重要的。自己也曾盡力做過，不過，意想不到的功課壓力和令我煩惱的鎖事很快便吞噬了我的意志，令我消沉得一墮不起。自此，我明白到自己是一個缺乏意志和毅力的人，我抵受不了時間的考驗。當初一百週年的紀念計劃可以說是醫學會的圖騰，可是自知缺乏了一個有才能的建築師去策劃和統籌一切，實在難以完成整個計劃，以致最後，在完全沒有聯繫之下，各個委員會各自完成了它的工作。雖然如此，每個委員會都曾作過努力，得到他們應有的成果，受到一定的讚賞。這點是我爲他們努力後有所收獲而感到安慰的。經過一年後，百週年紀念活動總算在低年級同學努力下有點成績。我可以說醫學會受到的所有讚賞和榮耀，全部都應該是他們的。

回想幹事會的工作，正如我所曾經過的一樣，除了一班令我感到暖笠笠的朋友外，我額外獲得的就是「更加了解自己工作能力有限，有待開拓和長進」。可是，專心讀書的時間到了，開拓和長進還待下一個機會

雍
曾任醫學會幹事之人
4/88

內務副主席

劉孔霖

MEDICAL SOCIETY

醫學會

吾老矣，記憶力漸衰，遠近事情混成一片，似遠亦近，亦漸矇朧。當初上莊的心情又在若隱若現：僅帶着一腔熱誠，一顆願爲同學做點事的心，決定嘗試上莊當醫學會幹事，選擇內務副主席(IVC)是興趣和需要。

IVC工作須與院方打交道，亦要協調醫學會各工作單位，從準備上庄，工作至落庄的一年時光轉瞬溜逝，一切（或大部份）已成過去已是定局。人生不如意事十常八九，本來這一年的經歷和感受，無論快樂或傷感也不想再提起，只願能埋在心底。勉强再翻出來公開，也只會是一些零碎，時空間錯亂的片段。

由踏進醫學院的第一年，對醫學會有認識的時候，已希望能當上幹事，努力爲同學做點事；爲自己證明點能力，把自己推上一層樓。經兩年多與醫學會在工作上的交往，終於達成心底願，「幹事」二字像桂冠加在頂上，使人興奮；亦似一條鞭子驅使踏上這不歸路的我不斷前進。

一步一驚心——無論工作或其他方面自己都用心去解決，同學的指責，稱讚，關心都用心去感受，整年不絕於耳的說話，相信是：「爲什麼上庄？」，「得到什麼？」，「做到什麼事？」。每每自問，工作上不能算得上滿意，沒有什麼的大突破，僅有些少成功——但這是滿足感之來源。上莊適逢醫學院一百週年紀念，本欲大事慶祝，可惜錢財人才皆缺乏，不得不大量削減活動。此乃可惜，也是遺憾，時近事未，幹事會曾與「啓思」發生誤會，本人對未能協調各工作單位有些內疚。

工作的成敗是較明顯，論到個人得失則甚纏繞不清，「得的多還失的多，一切他朝都會身外過」，學到一些處事經驗，考驗了自己的能力，多了一班朋友——各幹事間及其他同學，不過這得到的一段段友誼會否隨時間而消退，則相信要未來一番努力去維繫。失卻的是寶貴的時間，跟着的當然是學業的停滯不前（或退步）。回想當時上病房的顛騰，對病人的不公平，心中

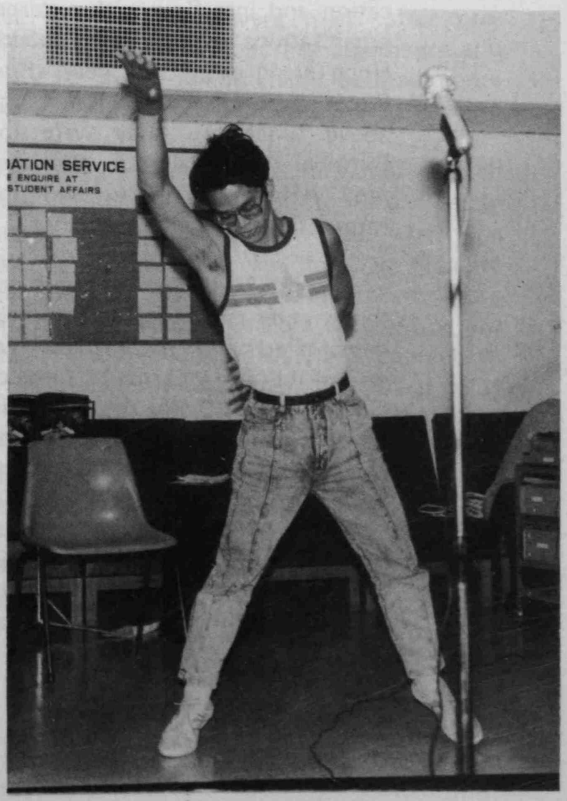
MEDICAL SOCIETY 醫學會

便滴汗，內疚。由於幹事的工作佔去了大部份個人時間，因此定下了的個人計劃完全破壞，總括結果是否值得，相信誰也不能有絕對的答案。我今天將行的路，在昨天已有人走過；我今天行過的路，明天也將有人踏上。

路總得你親身行上，克服完成，才有自己的經歷感受。值得與否在乎個人的理想，得到和付出的比較。你若要我再選擇，我將會選在一年班上莊，起碼時間多一些，功課沒那麼吃緊。

論到對醫學會的情及歸屬感，我不清楚是否在過去某天已終結或直至現在至將來都永留心中，當天我懷着興奮而戰兢的心情而來，經過一年的磨練，成功失敗開心失落，激烈討論，冷眼靜觀。直至當晚1987年11月30日晚，我一人獨坐幹事會房，伴我是那昏黃的燈光和收音機的歌聲，默默在白板寫上「別了，幹事會！」耳邊正響起那一曲「讓一切隨風」，跟着在那本牢騷譫寫下了我整年的檢討，記下了自己的感受，直至曲終。當十二時報時訊號響起，表示我工作任期已完，表示我與幹事會的關係告一段落。我冷冷的提起那黑背袋，默默的離開幹事會房。在門外，我回首、徐徐的取下掛在門上自己的相片。我踏着分不清沉重或輕鬆的步伐踏上那三年多來依舊模樣的沙宣道斜路，沒有回首，脚步漸快。倦！極需休息，再沒有回首。

但今天寫此文，重新提起往事，心裏感覺混亂茫然。往事依稀不辨，遠近不清，悲喜不分。在完成此文後，一切再也不想再記起。



外務副主席 莫志超

MEDICAL SOCIETY 醫學會

It has been more than six months since my term of office ended before I have got the impetus to write this essay. It can be said that nothing remarkably was done in the last year but what was done had contributed to my maturity and solidification. The working reports of the individual secretaries have been detailedly published in the Annual Report of the Medical Society and there is no point to repeat here. Therefore, the followings are mainly comments and problems that I encountered during my working in the past year.

External Affairs is rather a broad term which comprises all the affairs external to the Medical Society ie. the activities of the Students' Union Central, current and medical affairs, the communication and interflow with external organisations within and outside Hong Kong etc.. Last year, three Excos were responsible for the above functions-----they were the External Vice-chairman, the Current Affairs Secretary, and the International Affairs Secretary.

First of all, the work of the three external Excos was clearly demarcated and each Exco was responsible for a particular piece of work. The EVC was the representative of the Medical Society in the Students' Union Council and the leader of the Medical Affairs Concern Group. The CAS was responsible for studying and discussing current news and problems of the Community that concern us. Finally, the IRS was engaged in organising interflow camps and the 8th AMSC. Because of the well-demarcated tasks, our work was highly specialised and efficient. However, the cost of this was a lack of communication between individual secretaries. In order to fill this gap, the EVC joined the Current Affairs Concern Group in the latter half of the year and participated in the discussions which included The Green Paper on the future Representative Government, the affairs and policies of the Republics of China.....etc..

Although being a Faculty Board member and having participated in many activities of the Medical Society in the past two years like the Health Exhibition and the Gala Premiere, my experience on external affairs was very scanty. Therefore, after having been elected, the first thing to do was to re-establish the Medical Affairs Concern Group and gather as much background information as possible to enable me and other members to have a brief idea of the Medical system in Hong Kong as a whole such as the running of different types of hospitals, the existing situation of post-graduate medical training and the development of the Independent Hospital Authority.

The Medical Affairs Concern Group was a place of study and discussions. In the absence of controversial items and current medical affairs, the group prepared its

MEDICAL SOCIETY 醫學會

members for future discussions so that when arguable itèms were released, the group could repond quickly. However, it was a pity that few controversial affairs were released for open discussions in the past year and they were in the very initial and preliminary stage. Although we had tried to discuss things like the establishment of the Academy of Medicine in the future, the proposal of the introduction of a general Licentiate Examination for all doctors etc., our discussions could not be deep as detailed information was lacking.

The main problem of the Medical Affairs Concern Group in these few years is its continuity. Owing to the heavy workload of the Medical Curriculum, more experienced senior members were unwilling to stay in the group after their term of office were finished. Of course, the experience of the remaining junior members may not be sufficient to lead the group. Secondly, the incentives of the members are of utmost importance too. Many members are not enthusiastic enough in their work either because they had lost interest or they were depressed by the indifferent attitude of the medical students toward our work.

The External Vice-chairman is one of the councillors of the Students' Union Council which also consists of other respresentatives from Halls and Societies. The major functions of the Council are to lay down rules and regulations, to exchange opinions, to advise and check the activities of the students' Union as a whole. There were over twenty sessions of councils summoned in the past year and I had tried my best to attend them all. Overall speaking, I was only forced to be absent for three sessions due to term tests and examinations.

The events being discussed in the Council were mostly conceptual problems, sometimes may not be so realistic and practical. Occasionally, a whole night's time was spent on discussing a single alphabet or an abstract idea. In case the matters could not be settled within one council session, a second session, a third session and even a fourth session had to be summoned. Very often, no conclusion and resolution were made after prolonged and boring arguments and the problems might be made more sophisticated instead.

Despite the fact that council meetings were at times extremely boring and unyieldful, what one could learn was how to organise his ideas and make them more convincing before presenting to others. Moreover, one could have a more clear idea of what was going on in the Students' Union, her structure and day-to-day running, as well as the problems and limitations she was facing.

Because of the geographical separation of the Medical Society from the Main Campus, the EVC

was often confronted with the following problems in the Council: first, lack of personal experience of the activities held in the main campus and therefore it was difficult to give comments, second, due to the great academic load, there was no spare time to participate more in the Council (eg. joining the committees under the Council), and lastly, an inevitable delay in the transmission of news from the campus to Sassoon Road.

Another major problem of the EVC is role conflict. Being a councillor of the Union's Council, he is assumed to support the Union at any time. However, he is also expected to stand to the side of the Medical Society when disputes occurs. This makes the position of the EVC very embarrassing sometimes. Disagreement between the Union and Medical Society is not uncommon. In the past, we had the dispute over the Union's Festival and in the past year, we had decided to withdraw from the Teaching Awards Election and the Union's Festival.

Prejudice against the Union was invariably present in some of our Councillors. Sometimes, we did not agree with the aims and rationales of Union's activities and at other time, the Union was blamed for not considering the situation of the medical students when she was deciding the time or the place for competitions and activities. When such disputes appeared, what I would do was to try my best to preserve the good relationship between us and the Union while attempting to exchange our opinions and stand points.

One year's Exco life had broadened my views on the society and the medical system, enabled me to make more friends in our and other Faculties, and most importantly, helped me to have more interactions with others. Of course, the opportunity cost of all these were my time and energy eg. sacrifying my time for preparing the MB Examination and many of my favourite extracirricular activities outside the Medical Society. However, I greatly treasure what I had done in the past year.

郭安慶

常務秘書

MEDICAL SOCIETY

醫學會

常務秘書的工作比較瑣碎，例如文件處理及紀錄，發信招收會員，協調及援助其他EXCO，購買EXCO自用之文具等等。從這些工作當中較難取得滿足感。所以上莊初期，亦有因某些瑣碎無謂之事而感到不快。

當初上莊是本着「事不爲不成」的精神，自信可以平衡各方面的生活及兼顧自己所扮演的各個角色，充實自己最寶貴的一年級。可惜，當上了EXCO才發覺自己的能力有限，要應付的書本無限，EXCO的工作、舍堂當中應有的責任，爲人子女的角色，班會充當的職責，各方面的人際關係等等，都令自己疲於奔命，往往顧此失彼。總括來說，各方面的工作表現都令自己感到不甚滿意。

至於自己常務秘書一年的工作只可用「不過不失」來形容。可能因爲當初上莊前的時間太緊迫，「傾莊」亦不甚徹底，至令CAMPAIGN時說得天花龍鳳的工作計劃及抱負，上了莊之後亦沒有經常提點着自己，部份甚至隨着Polling 煙消雲散了。

雖然一年級的工作令自己不甚滿意，但實際上亦學了不少。其中最重要的是了解到自己能力的有限，應付如此繁多的書本及時間分配的技巧。其次是接觸了不少不同類形及背景的人，認識了 Council 當中各種由冷靜寡言至火爆衝動之面孔。更重要的是學會了接受MEDIC裏不同志向及抱負之同窗，所謂「人各有志」，我們是應該接受不同類形的同學，而且醫學生是根本沒有一個人人都應跟從的形象或模式。

「夕陽無限好，只是近黃昏」是自己用來形容臨落莊時EXCO之間的關係。在整年當中，EXCO各人大部份時間都是各自做好自己的工作，似乎合作比較少，有時甚至略有欠缺默契之感。但似乎到了臨落莊之時，EXCO間之感情卻有了新突破，一時間「依依不捨」跟「如釋重負」之感糾纏不清。當時眞有點衝動想再來幹一次。心想既然大家有了默契，肯定事半功倍。就算做出來的工作比以往差，那位工作上的滿足及大家一齊幹的那份快慰，肯定比以往勝出數倍。可惜，這些都只是空想，黃昏已近了。

課程緊密得令人斷氣的二年級，一個接一個的M. B., 實在教我難以鼓起勇氣再踏上EXCO之路。再見吧！EXCO！

來屆的EXCO們，好好地發揮EXCO整體的合作精神，爲醫學會的前景努力吧！

福利秘書 鄧志偉

MEDICAL SOCIETY 醫學會

Having been an Exco for the past academic years, I feel much honoured to be invited by the Elixir to express some of my feelings.

There is indeed such a great deal of things which I would like to make use of this opportunity to say and share with you that makes it difficult to find a starting point. Nevertheless I must say that I am pretty lucky in being able to engage myself to collaborate with a group of friendly and easy-going contemporaries and seniors in the Medso. Through a great variety of activities, I not only gained a lot of knowledge and experience but also countless amount of satisfaction and enjoyment. The advice and support that I received from my seniors were indispensable during the year's work. To a great extent, my job was not as interesting as that of Social or Sports Secretary. Yet, I have derived much satisfaction: just how exciting it had been to see everybody using the brand new 100th anniversary foolscap paper, writing with the elegant 100th anniversary pens, purchasing new items of stationery in the co-op, enjoying ting-tong etc. However, it was at times quite frustrating, as exemplified by the introduction of the Snacks Machine, which I made a lot of effort to make it there, and which was then followed by the Student Union in the main campus. The logic behind was that it had only elicited complaints, but never a single praise on the Council. Yet I was not let down in any way, for I know many non-councillers would appreciate my effort. What's more, I began to realize then that some concillors simply opened their mouth and uttered some nonsense, trying to make a mountain out of a mole hill, solely for the good sake of debating, perhaps to show that they have "sense", but failing to discern what's really worth-discussing. One who is alert enough would certainly have noticed that this is not an uncommon feature during the several sessions of Council Mettings.

Topping on this, I was indeed in for a disappointment to witness a numbers of separate episodes which were more of a disgust and irritation than anything else. I think anyone who had the misfortune to have to sit in last year's AGM (Nov, 87) would have been impressed by its unequivocally inharmonious at-

MEDICAL SOCIETY 醫學會

mosphere. More infuriatingly one of the so-called final year seniors apparently behaved in a very rude manner. For several times, he banged the table with a pen forcefully and impatiently, creating a thud loud enough to convince everybody that he had lost his temper, notably getting out of patience with the speaker, and then he yelled out an order. The "Order", I suppose is meant to be for sudden interruption of somebody's speech deemed out of scope, and to voice it out with certain exclamation is inevitable and tolerable, but to "bark" in such an unruly and barbaric attitude, seeming to be filled with a horrible rage and with his face twisted into all sorts of frightful shapes, is quite a bit too much. Alas! to recognize and respect him as one of the most senior students of the Faculty of Medicine of HKU and, more disgracefully, a doctor-to-be, is nothing more than a farce!

Finally, it must be stressed that the above lines represent personal viewpoints, which are in no way criticism of any sort.

A year as a Welfare Secretary leaves me an unforgettable piece of experience as well as a precious beam of illumination!

時事秘書

吳志恒

MEDICAL SOCIETY

醫學會

「醫學生只關心課本上的知識！」

像這樣意思的評語已聽過不只一次。雖然在很多人眼中是如此，但自己卻不想被人看死，於是便在一年級時加入了時事組。雖然那年自己不很積極，往往只是參與，但通過一些討論、講座及走訪，始終覺得比單單的閱報來得有趣和深入。

做了一年時事組組員，從不清楚「總理」和「總書記」有何分別到開始認識中國；從不知道區議會的工作範圍到了解香港政府的架構及運作，這些雖然不是很大的收穫，但卻是支持自己上莊做時事秘書的一個原因。另外，希望認識一些不同級別的同學也是上莊的原因，因爲自己深信從共同工作而建立的友誼是比較來得深入、來得持久的。藉着參與，加强對醫學院及醫學會的歸屬感也是考慮因素之一。

同學們對時事秘書工作的不認識或缺乏興趣是可以從多方面感受到的：在上莊前的多個諮詢會及落莊前的會員大會，通常都只有以前的時事秘書向你發問數個問題；在評議會上，時事秘書的工作報告往往是在不須解釋、沒有詢問的情形下通過的。

自己做了一年時事組組員後，上莊時便已有心理準備，知道同學對時事方面活動的參與是很低的，但向同學推廣，希望有更多同學關心時事的念頭還是存在着，所以，時事組、專題計劃、講座及走訪等仍是繼續籌辦。今年的主線是「香港的代議政制發展」，可能因爲這是一個熱門及關係重大的題目，所以參加有關活動的人數雖然不多，由十多人到三、四十人，也未至於要臨時「拉夫」，充撐場面，可是，到了以中國方面爲題的活動時，參加的同學眞的少之又少了。（雖然同學的參與不多，但也不能反映同學們對時事的漠視，因爲也有不少同學是非常留心社會動向的，這從「麥列菲菲時事問答比賽」時同學的表現和圖書館閱讀室內報紙的求過於供現像可見一斑。）

至於自己一年的表現，眞是百分百的「不合格」。作爲一位幹事，自覺主動性及積極性都很不夠，這和功課上的壓力及同學偏低的參與是不無關係的。自己對時事的觸覺和反應也還需要繼續改進。反觀，今年時事組的同學大都非常積極，並協助自己完成了不少工作，只可惜今年的活動有限，沒有機會讓各人切切實實的走出校園，踏足社會。當然，一年的幹事工作也不只是換來沮喪、徼意，在「認中關社」、建立友誼及認識醫學院等幾方面，也並非空白一片的！

李耿淵

體育秘書

MEDICAL SOCIETY 醫學會

周圍仍然是靜靜的、平平淡淡的……記得剛來到這陌生的城市時，本是抱着極大的希望，希望能在這萬人傾慕已久的城市尋得一番新景象；無奈希望愈高，失望愈大，現在回首一看，只有一聲苦笑！

記得當初自己懷着滿腔熱誠，聽說政府正招聘各部門首長，便毫不豫疑地當上了個負責徵召軍隊以及領軍作戰的小官。此官的職責並不少，除了定期操練軍隊外，還要帶領各路雄師上戰場抗敵；由於過往幾年這城市都能擊退敵軍，取得「羣雄之首」的寶座，今年的我更是加上了千百斤無形的重擔。

這裏的政府是個小政府，政府官員亦只有那麼的十一個人：總督和兩位副總督負責比較高層次的對內對外工作，而其他的八位官員就各自有自己的特別任務。這裏的統治可謂全世界最民主的，眞眞正正的由人民統治人民，政府對他們沒有任何約束力，就算是徵召軍隊，也絕對不能强迫人民入伍。政府的責任只是籌備一些定期性的活動，至於人民參加與否，就由他們自己決定了。

由於這裏的法律不准許强迫人民加入軍隊，我便得四處央求比較積極的人民入伍。其實，四出徵召軍人佔了我工作的一大部份。這裏的人對抗敵並沒有太大興趣，他們每天只懂得把自己的腦袋餵飽，甚麼別的都是其次。當然，亦有少部份人抱着積極的態度，成爲軍隊中的中流底柱。

終於要上戰場殺敵了，有的小隊士氣高昂，有的卻拉雜成軍。我以爲上戰場抗敵的人少，殊不知到戰場爲軍隊打氣的人更少。「勝負乃兵家常事」，我軍終於不敵對手，斷送了「羣雄之首」的寶座而屈居次席。這對我無疑是極沉痛的打擊，但更大的打擊，還是人民對我軍戰敗的態度。以往的挾道歡呼不見了，過去的舉杯痛飲沒有了，往昔的誠懇鼓勵更溜走了；而取而代之的，只是一片又一片的質詢：「爲甚麼我軍會戰敗呢？」

別看我們的城市這樣，聽說這裏的人民已是比較積極的了，到了別的城市，情況可能更糟。回首一看，自己並沒有爲得失而難過，但心裏始終有個大惑不解的問題：「難道這世界就是這樣的嗎？」

文康秘書

楊穎欣

MEDICAL SOCIETY

醫學會

上庄落庄，每年皆是，平凡無奇；再加上自己以前糊裏糊塗地當上Soc. Sec.，故此沒有甚麼感慨之可以然。

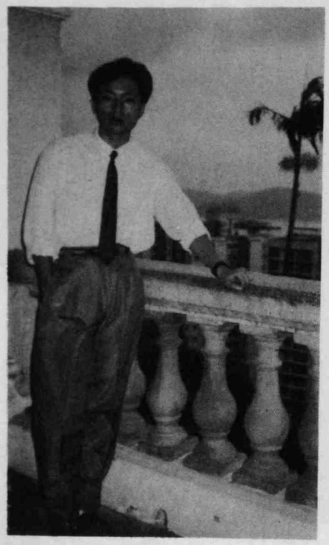
爲什麼說是糊裏糊塗做了Soc. Sec.呢？且聽本人細說：話說某年某月有人找我去當福利秘書，但當時的準文康秘書卻臨時線雞（此妹不難找，線雞乃她特長），[illegible]，時間急促，爲着全庄着想，結果便拍拍心口，本着Challenge 自己的精神，便當上了文康秘書。

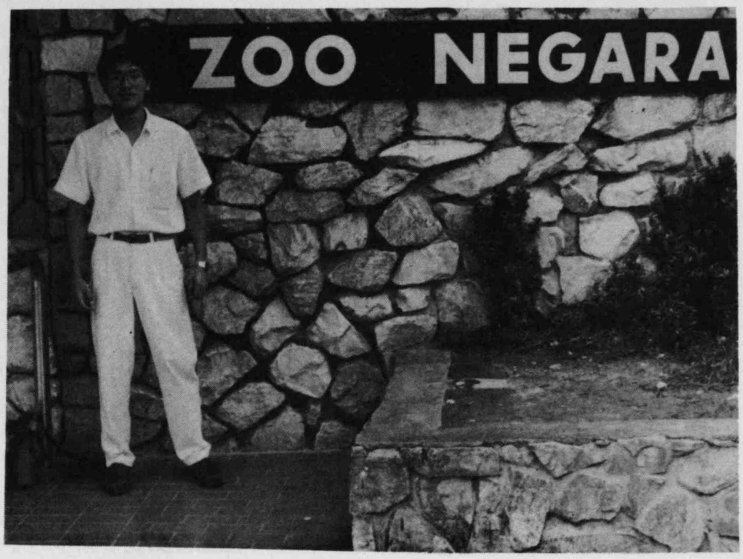
自問不是個好的Soc. Sec.，可能天性懶散，死性難改，只懂求人，故此在Medic 無人不曉我的名句：「求吓你拜吓你啦，我好唔掂，實死啦，幫幫忙……」（眼含淚光，手握拳頭，急如鑊中的螞蟻，表情十足，蹦蹦跳地說）。比較滿意的唯有是自己攪的活動比起以往有創意（這實在有自己捧自己的嫌疑），可能是因爲適逢醫學院百週年紀念，可以有發揮。

有人說在Medic搞嘢很難，參與性又不大。其實我覺得搞活動的人也要負上責任。如果自己也搞得不開心、不覺得好玩與過癮，試問同學又怎能提起興趣？希望以後的文康秘書多攪腦汁，不要蕭規曹隨，攪一些自己高興、同學開心的活動才是。

程偉權 **財務秘書**　**國際事務秘書** 潘敬宇

MEDICAL SOCIETY 醫學會





蔡敬翰 **助理體育秘書**

剛剛出席88－89年度新莊幹事會的模擬諮詢大會，十分感歎。回想起當年我們上莊時，連夜通宵，收集一切有關資料，爲來年作好準備。當時的確害怕在「大仙」們面前被「鋤」，但其後亦深深明白到其中的用處。

剛剛亦出席過本年度最後一次評議會。在整整兩年的評議會生涯中，一直看着它退步。令我覺得死心的，乃是評議會那令人質疑的監察力，評議員那奇低的出席率，與及那欠佳的態度。

慶幸自己沒有背負起任何醫學會的職責，不用因自己的灰心而影響工作。在此希望仍有衝勁和熱誠的同學繼續努力。

「工遂，身退，天之道也」…

朱進昌

啓思

醫學會

一點感想

戰後復刊的啓思，早期雖已有很多報導校聞的文章，但仍帶有濃厚的學術成份。隨着時代的變遷，學運的影響，啓思逐漸建立起其一定的報紙形象；不僅報導校聞，更跳出校園，步入社會，報導，討論，甚至批評一些時事；但隨着學運的結束，踏入八十年代後，其報紙的角色卻出現劇變，由一份報紙漸漸轉變爲一份雜詩形式的刊物，而學術性的文章更減至最低點。

這樣的改變有其一定的背後原因，而是好是壞也不能一概而論；但無論怎樣，預見的將來，啓思仍會不斷地演變下去。

「是不是爲辦報而辦報，爲出版而出版？」

稿件不足；同學們只願做讀者，而不願做參予者；每期啓思只是由一小撮同學所組成的編委會全力搏殺出來；啓思編委與同學間的距離無限遠；這些都不只是這一兩年間的問題，而是老生常談。遺憾的是直至現在，問題仍然是問題，而預計的將來亦不易解決，這或許已是個死結吧。

啓思做得好似乎是應該的，而稱讚與鼓勵難得一見，有的只是指責，痛罵……，這是不是一個定律呢？

自己在承擔「啓思」老總這份重擔時，自知料子有限，已不敢奢望能將啓思做得怎樣好，怎樣出色；而只是朝着單一的目標進發。但縱使目標定得這麼低，理想與現實仍然有很大的差異。現在正是時候去反省一下，究竟爲何辦報？而不應只是機械式地做下去！

兩年多的啓思生涯有苦有樂；而在自己答允做總編輯的前後，思想上亦出現了頗多的爭扎。在八六年頭，八九班的啓思人相繼離去，只餘下三數人支撐大局；而在八七年頭，情況並未改善，九〇班的戰友亦捨「啓思」而去。在只餘數人的情況下，面對着一大班新的啓思編委，其工作壓力與困難不難相像。我無意去責怪任何人；每個人都有其原因，亦有其自由去做其喜歡做的事情；只是心裏有一絲兒的難過。可喜的是今年九一啓思人還算有較多人留下來，期望他們能帶領着九二啓思編委去創造出一個新局面。

最後要再三地多謝啓思八七年度的名譽顧問黃煥星醫生，除給了我們很多寶貴意見外，更助我們解決了不少難題，我謹代表啓思八七年度編委會向黃醫生致以萬二分的謝意。

陳祖賢

杏雨

醫學會

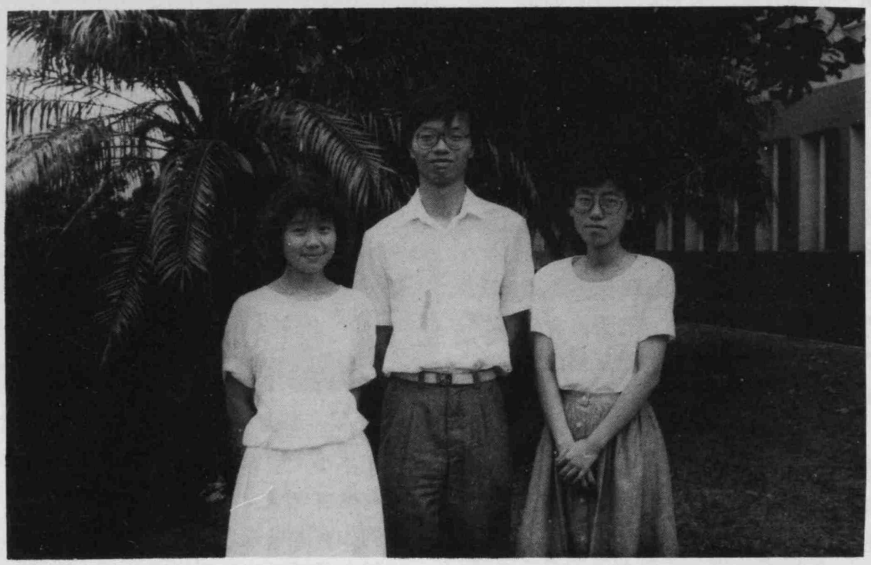
記得當初答應幫手做杏雨時是做財務秘書的，但後來做總編的那位同學去了外國，便答應當上老總來。

當踏進醫學院，一切也很新鮮，剛巧這陣子又是轉庄日子，而似乎我也感染了那套「入了大學搞活動是有意義，是應該的」思想。所以，沒有多大躊躇便當上杏雨工作。

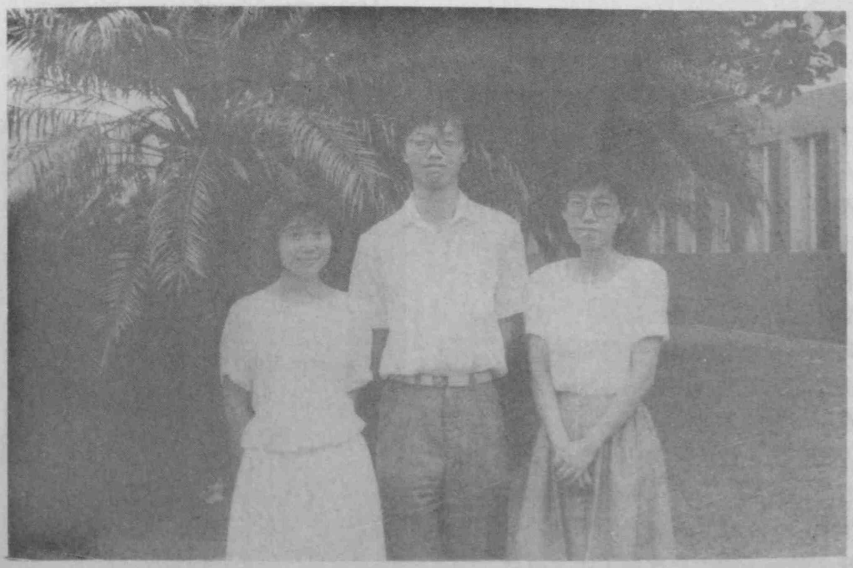
杏雨是本院的年刊，內容最主要是用文字和相片記錄當年學院和學生會舉行過的活動。和一般的編輯工作一樣，我們的最主要工作是訪問、邀稿、收稿校稿和出版。但由於學院的活動大多是交由一些獨立的籌委會去籌備，而醫科的功課也很繁忙，所以很多時也很難找到同學去幫手跟進所有活動的進展，一些沒有編委們跟進的活動，我們便只有邀請籌備該活動的同學自由發揮地寫一篇工作報告了。

自問不是一個有領導才能的人，加上以往對出版工作沒有經驗，所以很多時候也不能按着訂下來的時間表做事；再加上功課日益繁重，其結果便是不能在預定的時間內完成我的責任。曾經有一段時間還對杏雨工作感到十分厭惡呢！

說回頭，也許沒有一件工作是沒有意義，學不到東西的。做杏雨也不例外，因工作關係，我當上評議員，使我能對醫學會內部行政上運作有更多認識。因工作需要，我也認識了很多朋友、講師；參加了很多活動，對醫學院的歷史有更多認識。這種種，雖然不是現在我追求得到的，但起碼也達到我初入大學時的目標吧。



最後，我要多謝那些幫助我的同學，以及常常用眞誠的口吻關心杏雨進展的人仕。在此希望下年度的杏雨有更美好成果。



歐德信

健委一年

MEDICAL SOCIETY

醫學會

年似風飛快又過去了。記起舊年呢個時候，自己正在計劃一年來的健委工作，誰不知轉眼間，交職典禮已告完畢。時間過得很快，快得好像一切依舊，然而，經過健委的洗禮之後的我，已經比從前改變了不少。

以前的我，可謂缺點多多：缺乏自信，兼且沒有主見，很多時都要依賴別人的幫助。幸好，一羣手足氣量都很大，都一一寬恕我所犯的錯誤。在這裏，我要特地感謝他們這一年來的忍耐力。若果沒有他們，恐怕我就連多謝的說話都沒有勇氣講出來了。

記得最初上健委時，以爲只單憑自己的熱誠就可將健委搞得有聲有色。後來，才發覺不是那麼容易的。滿以爲接了外來的服務工作之後，就可以讓手足對基層健康（ＰＨＣ）有更深入的了解。其實，這還需要多番閱讀，多番討論，多番服務，才可以將ＰＨＣ的概念加深一點點。所以，經過一段頗長的日子，大家對ＰＨＣ亦稍爲加深了認識，也明白在鴨脷洲推行的社康計劃的用意。雖然，起步是遲了一些，但總好過盲目地去摸索一個自以爲認識而又不甚了解的目標。這樣，好像浪費了時間，但我認爲是值得的。對於一個對ＰＨＣ有興趣的同學來講，這不特可給他一個機會去發展他的興趣專長，而且還可以爲未來的接班人找到理想的人選。甚至，一個對ＰＨＣ沒有興趣的同學，經過一連串的健委工作，亦有助於增廣見聞，更加對獨立思考及判斷力有無形的幫助，更可避免日後被人說是井底中之蛙，只懂坐井觀天，不懂天外有天。

不過，有些時候，太多的服務工作亦會造成負擔，有礙於其他工作的運行。而且，有時剛巧接近考試，就迫不得已要放棄工作，埋首於書本之中。

在這段日子裏，我的固執亦改變了不少，很多有建設性的提議我亦有參詳考慮。但我總是不明白一些例如更改檢查形式的意見，所持的理由是可以加添新鮮感及減少枯燥的感覺。這些我卻不同意。檢查身體當然要講求效率，而且亦要盡量利用這短暫的時間，找出一些輕而易見，而又重要的病徵。血壓高及糖尿病可算是普遍的慢性病，一般市民亦缺乏基本知識，甚至如身患此病的病者亦有很多誤解。而且，這兩種病大多缺乏早期徵狀，等到有病徵時，可能已是嚴重的併發症了。所以，量血壓及驗糖尿是有一定的用處的。

除此之外，健委亦會把ＰＨＣ理念擴展到鴨脷洲義工小組裏。前些時，因爲小組內部有些問題，而且和健委亦不夠熟落，所以遲遲亦未有正式的會議。直至接近年尾，才有幾次突破性的討論。結果是須要招募一些新的義工。終於，經過詳細的計劃及精密的安排後，找到了一羣熱心服務的年青人。吸收了之前的教訓，一連串的跟進工作已計劃好，務求增强與他們的聯繫，繼續一起探討ＰＨＣ。

最後，預祝健委工作一直維持下去，一年好過一年。

嚴勵員

學院事務委員會

MEDICAL SOCIETY

醫學會

評議會以下的專責委員會(Ad Hoc. Committee)

目的

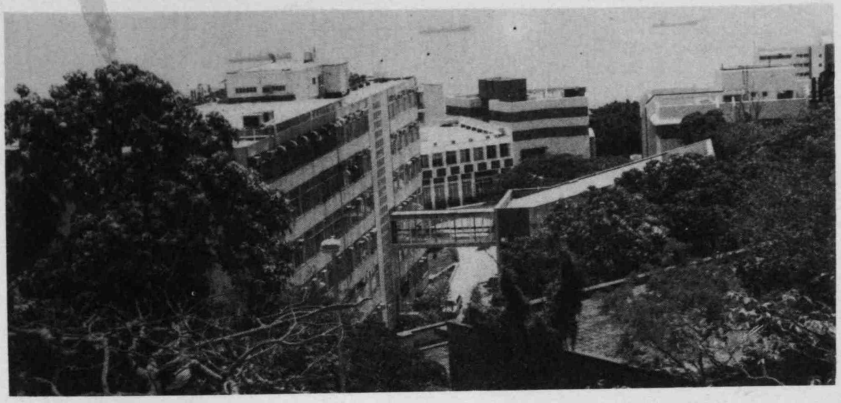
爲協調校政參與同學的工作，及將此等工作納入醫學會的常務工作裏。

成員（八七年之架構）

1. 必然會員
   - 幹事會成員：主席，副主席
   - 直選學生代表：教務委員
     院務委員三名
   - 間選學生代表：Faculty Review Com. 二名
     Faculty Library Com 一名
     Curriculum Review Com. 三名
     Faculty Computer Com. 一名（由八八年起）
     Selection Committee of Loans 一名
     Committee on Student Amenities 一名
     其他 保健諮詢委員會一名環境健康及安全要員會一名
2. 非必然會員
   人數不限，八七年則有六名
   * 再由成員1.或2.互選出FAC主席及常務秘書。

主要工作

1. 由學生代表出席各所屬委員會之會議。
2. 協助學生會撰寫改制二號報告書。
3. 基礎年問卷調查。
4. 課程及教學方法檢討之問卷調查。
5. 與院方商討考試時間表之安排。



評價

FAC的成立，是校政參與工作的一個里程碑。它的意義是肯定的，但效用卻未如理想，爲何？

一年的經驗告訴我：

1. 學生代表根本仍像一盤散沙：
   上莊的，有爲興趣，有爲理想，並沒有必然參予FAC的責任和概念，也沒有共同目標。
2. FAC工作缺乏重心：
   特別是非必然會員，很多時都覺沒有實質工作給予他們。
3. 缺乏連貫性
   每一年的學生代表都是新同學，很少有一些有經驗的同學留下協助。

展望

要想FAC能有所發展，校政參與工作有新的突破，將FAC改爲評議會下的一個常設委員會（Standing Committee）是必要的。這樣做，一方面可定明它的工作範圍，責任及成員，又可立例所有間選學生代表們均由FAC推選產生。另外，又可好好保存每年的資料以便下一莊能繼續跟進或參考等。

這當然還有很多，待我們將來上任的同學想想！

ACTIVITIES

MONTH CALENDER 月曆 1987

JAN

評議會新年度開始

電影雙週

・在學生休息室舉行，用Laser Disc 配以 100吋大銀幕播出十套中外猛片，如龍兄虎弟、魔域奇兵、回到未來等……

FEB

農曆新年慶祝活動

・在停車場舉行，由各常設委員會負責，內容有猜燈迷、寫揮春、占卜等，更有年糕、蘿蔔糕和糖水以增過年氣氛。

沙宣盾

・與羅富國教育學院合辦，冠軍爲羅師。

MAR

教務及院務委員選舉

港大學生節八七

・由於舉辦日期和多個院系考試日期相近，所以取消了。

頒獎日

-

Final M.B.,B.S. Exam

1st,2nd and 3rd M.B.,B.S. Exam

捐血日

JUL

兩醫交流營

百週年綜合晚會

・假演藝學院舉行，內容有由學生負責的音樂戲劇──「愛的魔力」，醫學院合唱團，樂隊演出。特別嘉賓爲Raidas 和林憶蓮。

AUG

第八屆亞洲醫學生會議

・在吉隆坡舉行，以「各地醫學院課程是否適合到公元二〇〇〇年」爲題。

迎新八七

・四日三夜的迎新營在粉嶺童軍洞梓營舉行。

SEPT

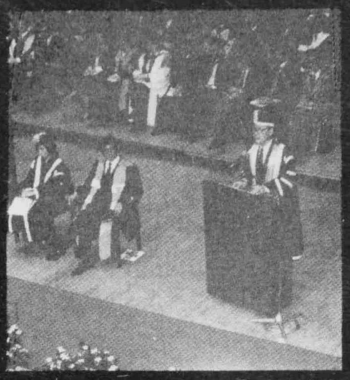
健展八七——健康透視

・假中環大會堂舉行，除介紹一百年來各種流行疾病的變化外，還介紹了學院各院系的歷史。

預科生日　學術迎新

百週年開放日

・在沙宣道舉行，以展版、實驗和幻燈向各界人士介紹醫學院各學系及醫學生生活。



百週年醫學會議

・於黃麗松演講室舉行，講者均爲世界各地資深學者。

百週年慶典開幕禮

・於大會堂舉行，港督、校長、院長以及各教師、學生也有出席。

班際水運會

・在港大體育中心泳池舉行，總冠軍爲89，90。

OCT

Exco. 啟思，杏雨，健委四角賽

・於遊戲室舉行，項目有拗手瓜，乒乓球。總冠軍爲杏雨。

醫學生節八七

Medic Nite

・總冠軍爲90班。

NOV

班際陸運會

・總冠軍爲91班。

DEC

聖誕舞會

・於學生休息室舉行。

楊穎欣

醫學生節八七

醫學生節八七已如往年一般順利舉行，有參與其中的同學都玩得盡興，究竟它的舉辦者（正確點說是負責人）對之有何意見？對來屆的醫學生節又有何寄望？在一個炎夏的下午，杏雨記者和負責 Medic Festival 的文康秘書楊穎欣有以下的對話：

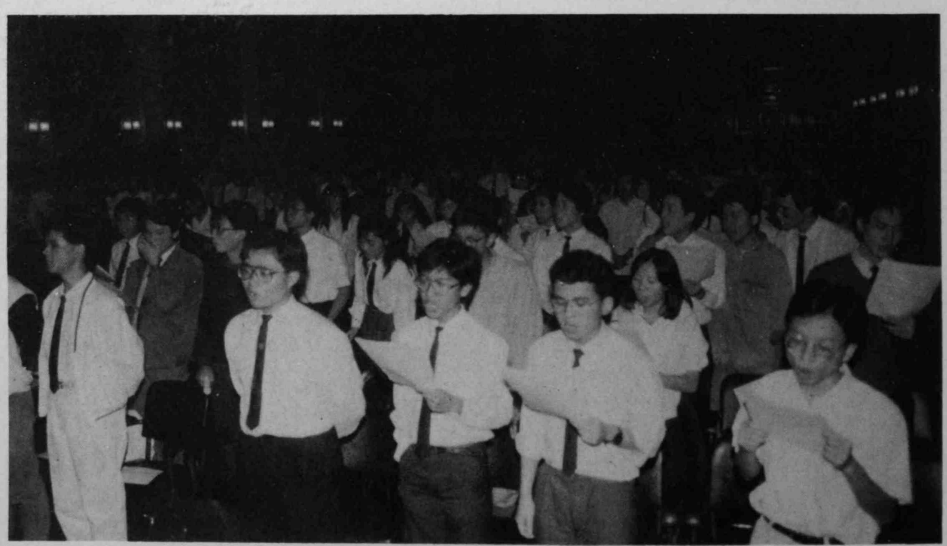
（杏＝杏雨記者　楊＝楊同學）

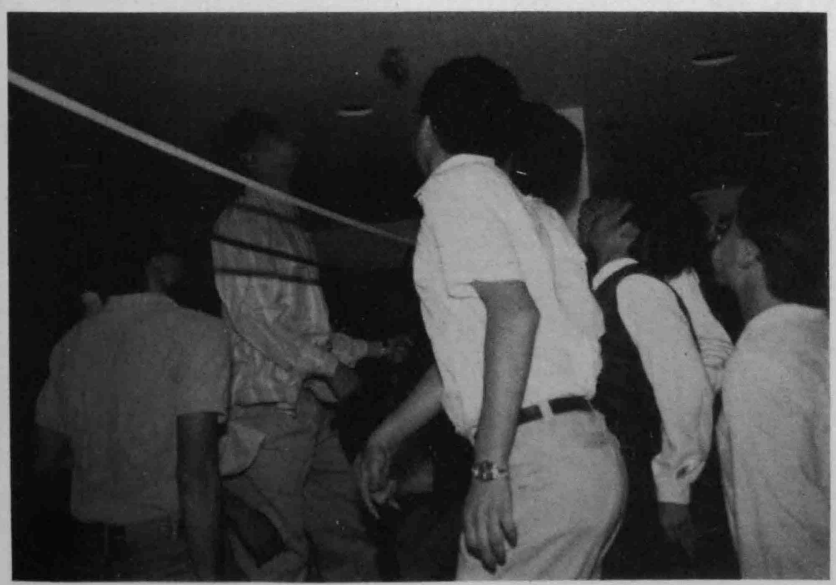
杏：可否談一談舉辦Medic Festival的目的？

楊：其實只不過是想各位同學在繁忙的讀書生活之中鬆弛一下，緩和緊張的生活節奏。

杏：那麼你覺得大家參與的比率如何？

楊：一般啦！不過很高興今次高年班的同學都能有參與其中，尤其是四五年班的大仙，功課雖忙，但仍然忙裡偷閒，玩埋一份。可能今次的節目比較以前有多點創意。





杏：可否詳細闡明之？

楊：例如啤酒競飲和中華英雄問答比賽，都是今年比較參與性高的節目。尤其中華英雄問答比賽，五年班亦有派隊參加，另外觀衆亦站滿了整個學生休息室。至於啤酒競飲比賽，由於是於第一日舉行，而且以往沒這個項目，所以亦有不少同學趁熱鬧。

杏：那麼你對其他的項目有何意見？

楊：大致上都沒有什麼特別，不過令我感受最深刻的就是各班在很多時候都很着重輸贏，求勝心切，往往爲了一兩分，什至是出場的次序都可以引起爭執，弄得不太愉快。希望以後各位同學都能夠放開懷抱，不要太着重勝負。

杏：高見，高見。

迎新八七回憶錄

朱進昌

申請北潭涌營地的行動失敗後，其他營地如烏溪沙，明暉營等均先後被拒；在百般徬徨之際，突記起廣師兄曾提及洞梓營地，故迎新八七於是在無選擇的情況下，被迫在這只有一百二十個宿位，而且設備相當簡陋的營地內舉行了。

很多同學埋怨（甚至批評）營地設備差、伙食欠佳。不過營地理想與否非籌委能力範圍之內，籌委極其量只能盡力安排一些能適合營地之項目。迎新八六的四日暴曬，與迎新八七的連綿雨都是令籌委頭痛不已的問題。原來已顯狹窄的營地，更被那可惡的長命雨將所有項目都困在室內舉行，一百六十多人塞在一個密不通風的飯堂內，沒有人感到昏暈或窒息算是不幸中之大幸。

今年新嘗試的「臥底」計劃，原意希望這些臥底能夠在組內帶起氣氛；但因「臥底」工作欠缺明確指引，再加上過早被識破，引致意義不大。「臥底」計劃能否成功，視乎計劃是否週詳，臥底的天份，而最重要的一點就是要避免其反效果，給新同學一個玩新生的感覺。所以在無十足把握之前，建議日後莫輕易進行此計劃。

迎新週一向是一個「負累」；新同學勉强參予，籌委亦做得極之吃力。由於過往的經驗，晚間的項目的出席率是極低的，所以今年便刻意減低晚間項目，除了高桌晚宴外，只安排一晚的綜合表演。可能宣傳不足，出席率仍然是寥寥可數。午間項目雖較多人參予，但反應亦未見熱烈。故迎新週的項目舉辦與否實有探討之必要。

值得一提的是遊戲目的場地安排。往年的場地——黃克競平台由於多人申請，故需用抽簽的方式來決定。不幸的是在抽簽過後我們才收到通知我們去抽簽的信，由於我們缺席、故作棄權論。而事後曾三番四次嘗試找負責人理論，可惜無法與負責人聯絡上。信件是兩日前發出的，而信封面亦無任何「緊急」等的字眼。雖然最後我們可以借 Lidesay Ride 體育館作爲場地，不過從這件事情上，可以看出我們與中央的溝通極之不足，這對雙方面也沒有好處，希望日後能有所改善。

總括來說，今年迎新八七還是沒有特別大的創意，只能在既定的範圍內去發揮；而籌委的分工太精細，幾至完全隔絕於個體上；當出現問題時，沒有人知道也沒有人幫忙，引致很多延誤。新人在迎新營內自出自入； tutors 日日新貌；籌委相繼離去；個別同學態度欠佳；某 Mic公司之Sales 言而無信，全無口齒；Catering Service 一再拖延，直至九月中才覆實高桌晚宴的時間；……。希望這一切並不愉快的片段能隨着迎新八七的結束而消逝，不再重現眼前。

第八屆亞洲醫學生會議

蘇志超

第七屆會議的美滿回憶，促使我毫不考慮便報名參加今年的會議。但是在艱苦的M. B. 後，我們只剩約一個月去準備這次會議。最後只好迫不得以兵分兩路，一批人編寫要在大會發表的報告；而餘下的同學則籌備表演項目。

可算是皇天不負有心人，經過七月的努力奮鬥後，各項大小事宜終於在臨行前準備妥當。

八月一日，香港大軍集結於國際機場。今年的代表團人數空前，來自兩大，由Premedical Student到四年級不等，可惜是這次行程出師不利；當大軍安全着陸吉隆坡後，竟然發覺失了鎮團之寶（送大會之紀念品也），頓時人心惶惶，議論紛紛。

我們下榻於國立馬大的醫學生宿舍。那處雖然未算完美，但環境寧靜，地方清潔，遠勝Old Halls也。

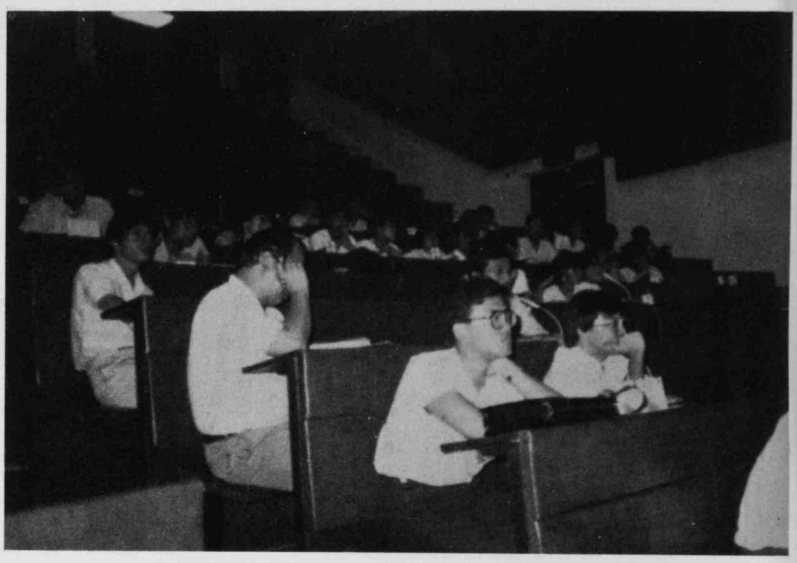
隆重的開幕典禮，在國大的教學醫院內之講堂舉行，我們亦趁機一睹馬來西亞衞生部長、國大副校長、醫學院院長各人豐采。接着幾日是各地區發表研究報告。今年的題目是關於各地醫學院課程是否適合到公元二零零零年。各地區同學對這問題的處理手法都很不同，可能是太過不同吧，各報告的水準（本人評估）參差很大。香港的報告無論在內容及表達方法上都十分令人滿意了。

各報告發表後，大會安排了幾日文康活動和遊覽節目，亦有很多自由活動時間。我們就趁這些黃金機會，和各地的新知舊好聯絡感情，到處劉覽，好不開心。

相信最令各人難忘的是馬來食品了。其辣無比的肉類，色彩鮮艷的玫瑰水，都只是For Your Eyes Only還有各式各樣的水果，如椰青及紅毛丹等，都叫人回味無窮。至於not even for my nose的所謂百果之王——榴槤，除「溫蒂」、「Mee妹」和「霞妹」外，其他人都嘆可「遠」觀而不可褻玩也。說到「佛法無邊」的尖不甩，則恐怕只有南雄獨愛矣。

馬來西亞的風景名勝，我們只是走馬看花般欣賞過，但總算一開眼界。石灰岩洞，蠟染工場、錫器工場、橡膠園等，以前都只是在地理書上見過罷。現在能身處其中，感受固然迥異也。個別同學更大讚嘆爲觀止呢！其中「霞妹」獨愛迪生港靜觀落日；Keith則對馬來西亞的導遊服務讚不絕口；「溫蒂」對回教寺的新裝恐怕印象甚深；至於「No problem 生」雲頂一役，現仍爲人津津樂道（據說某人於雲頂賭場旗開得勝，手風甚順云云）。

今次會議期間的文娛節目之高潮，當然是「文化之夜」了。各國多以民族舞蹈爲表演項目。香港當然沒有甚麼民族舞，我們便索性用麥當娜的勁歌熱舞代之，亦博全場一片掌聲。最動人心絃的項目，莫如中日大戰（相撲）。此外由「No problem 生」帶領各人下，一首潮流興夾Band，轟動全場。壓軸戲是由馬來西亞的同學演出一個可延續七日七夜的傳統婚禮。我更代表香港上台對新人恭賀一番呢。當晚各項節目完後，大夥兒照例又謀



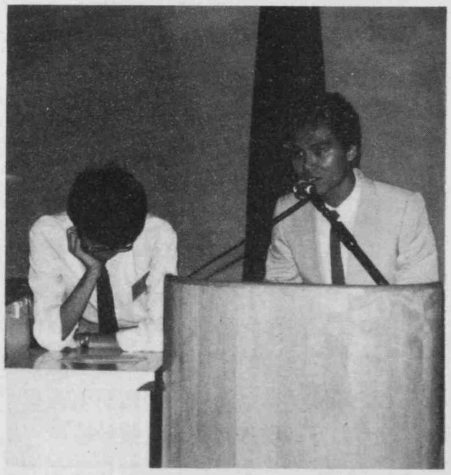
殺了不少菲林。

特別值得一記的是大會安排的排球比賽。我們在毫無習訓之狀態下，憑Amjad 英明帶領，在日本、南韓和海峽那邊的强國下，脫穎而出，全場矚目，連戰皆……，總之香港精神，一定要威；有相爲證，不容否認。

歡樂的時光過得特別快，轉眼間又到了八月九日，即是大會閉幕那天了。當晚在吉隆坡的希爾頓酒店舉行閉幕禮。各國分別交換了紀念品。我們在機場遺失的禮物，亦及時在典禮前向航空公司取回，趕及送予大會。晚餐照例是自助餐；而在典禮完後是舞會時間。大家亦趁這機會寫寫臨別贈言，談天說地，互送禮物。那時我明白到男女原來眞是不平等的。女孩子收到不可勝數的禮物，而我一定是因爲職務繁忙，無暇應酬，故此兩手空空，無甚收獲。說實話，當晚的氣氛十分融洽，大家都很珍惜這短短日子培養出來的友情。說到那舞會，當然不能不提我們的「睡公主」，她眞正由開始跳到散會，毫不間斷，耐力驚人，佩服佩服。

我們就這樣過了一星期。大部份同學順道到了星加坡遊玩。我班因爲要趕回來溫習藥理學測驗和寫病理學的報告，迫於在三日後忽忽返港，十分可惜。不過在星的經歷，又比在馬大大不同矣。

現在偶爾亦會收到外地朋友的來信，說起會議時的趣事，大家仍是歷歷在目。明年在台灣的會議，不知能否再參加呢？



健展八七——一個回憶

林振烈

健康展覽（簡稱健展）是港大醫學院一年一度的大型節目。承接着過往十多年的傳統，今年的健展照例利用展板及講解員將一些醫學知識以深入淺出的方式帶給廣大市民，並務求令大家明白到「病向淺中醫」、「預防勝於治療」、「健康就是財富」等等人人皆曉，卻未必能言行一致的道理。因此，健展可以說是我們這班以大量納稅人金錢栽培出來的醫學生對全港市民的一點貢獻。

今年（一九八七年）適逢是醫學院成立一百週年的大日子，因此健展八七就顯得更有紀念價值；但與此同時，籌委人力短缺的困難亦特別嚴重，尤其在七月間舉行的MEDICENTURY SPECTACULAR '87就吸納了不少有份量的「搞手」。最後，健展的工作就要交由不足二十人的籌委來負責了。

六月尾TERM TEST完畢，繁重的工作就隨着炎夏一起降臨。工作工作再工作，通宵通宵復通宵。其間，無數大小的困難紛至沓來。結果，我們籌委尚能披荊斬棘，過關斬將，令健展能如期在九月十七日正式舉行。猶記得健展出街的前一天，我們仍要開夜車趕工，現在回想起來亦不禁抹一把冷汗。

今年的健康展覽，命名爲「健康透視」，內容包括本港疾病在近一百年來的轉變模式、現今老中青常見疾病、與及港大醫學院各學系的一個簡介。其中以老中青疾病爲我們展覽的重點，主要介紹了本港市民在不同年齡能患上或感染到的疾病。因此這展覽就能夠針對不同市民的不同需要，正可謂各適其式，任君選擇，梗有一款啱你！（一笑）

爲期三天半的展覽，共吸引了近萬人次的光臨，成績優劣則見人見智。無論如何，所有參與工作的同學皆已歇盡所能，務求令展覽盡善盡美的了。

比較令筆者失望的，就是低班同學參與當講解員的踴躍程度較之高班的還要差。難道低班學生（包括新生）比「大仙」輩還要忙，還沒有空嗎？須知當講解員實在是一個學習與普羅大衆溝通的好機會。行爲科學(BEHAVIOURAL SCIENCE) 課程也提到：醫生與病人的溝通和關係能間接影響治療的效果。當講解員對於將來的醫療工作實有莫大的裨益。

估計此文見報之日，健展八八又快將出街了。在此謹祝他們成功。更期望在未來的日子裏能有更多同學參與健展的工作，造福全港市民。

羅毅樑

兩醫交流營

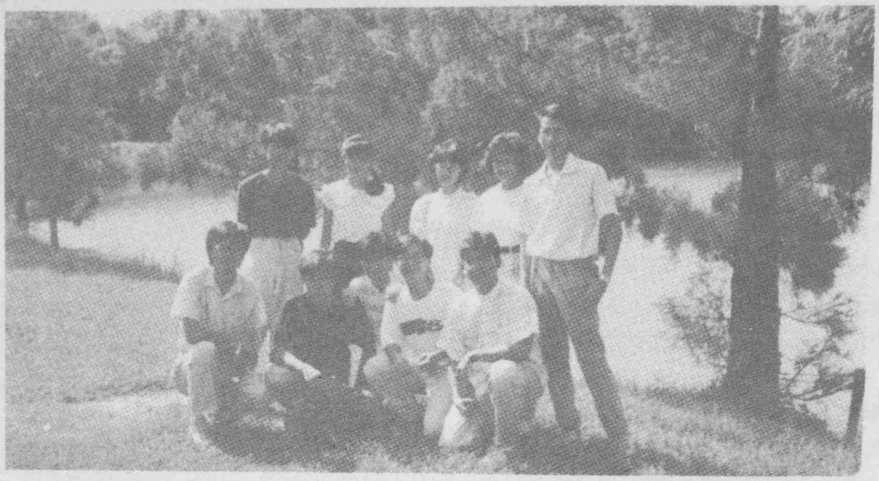
我係91嘅羅毅樑，如果我話比你地知我係足球隊隊長或籃球隊隊長（不過我唔係）你地都可能會有少少相信。但係如果我話比你地知我係87年度嘅兩大醫學生交流營嘅主席你地一定以爲我痴線、亂講。但這卻是一個非常不幸、nonsense但又千眞萬確嘅事實。

我雖然身爲這個function嘅主席，但係我對這個function無乜feeling，你地唔好以爲我冷感、無情、無義，只係因爲我'千差'，（註一），我對這個Camp一D 都唔投入。'No Pain, No Gain'，這是理所當然的，所以杏雨Jo Jo 催我交一篇關於interflow Camp'87嘅稿比佢足足催咗一年，（最保守估計）我先至勉勉强强交了這篇胡說八道、東拉西扯嘅交章給她。

Medso派咗一位相當繁忙，而且雜務纏身嘅Exco來助我一臂之力。我萬分感激這位Exco嘅幫助，他令到我個Committe 嘅運作相當Efficient ，我和他見面嘅機會不到五次就已經將Interflow Camp嘅一切事情做妥。我想如果他能將他那種辦事方法帶到Medso 去，那麼Medso的辦事效率一定勝過行政、立法兩局，將來一定前程似錦。

可能因爲我個莊嘅運作太efficient嘅關係。有些Committe member 覺得自己沒有什麼貢獻，整天也是閑着，倒不如到外地散心，做其他有益身心的活動。我亦都本着人道嘅理由讓他們離去，我個Committe 嘅人數亦由最初21人縮減至7人。各位不要以爲人多好辦事，人少一樣可以好辦事。

本年Interflow Camp嘅function和以往一樣，沒有改變，例如參觀的地方，講座、遊戲和用膳時間。正所謂以不變應萬變。(Programme 嘅詳情可參閱之前一年或兩年Interflow Camp嘅Programme sheet，多謝！）第一天的節目相當精彩、刺激、緊張，可以話包羅萬有、應有盡有、目不遐給，以上資料由王震宇(group leader）提供，因爲小弟當日需要到政府貸款處interview ，所以未能出席，小弟在此特向王震宇和所有支持這個interflow Camp 嘅同學道歉。第二天的Programme 亦都非常順暢，可惜第三天落下傾盆大雨，令到各人未能盡興而歸。



最後我在這裏衷心感謝陳德揚（本屆General Sec.） 和其他interflow Camp 嘅殘餘部隊對我嘅鼎力支持和協助。

註一：千差解作不認眞、懶散。

體育在醫學院

李耿淵

體育活動在醫學院已成爲醫學生們課餘活動中不可缺少的一環。醫學生一向給人的印象，是善於各方面體育活動的運動家，每年經常囊括院際比賽各項錦標；但回首一看，今年醫學院在體育活動方面卻一敗塗地：首先失去男子組的OMEGA ROSE BOWL冠軍，接着女子組的亞軍亦保不住，連對羅師的「沙盾」亦未嘗勝利。歸根究底，體育秘書實在難辭其疚。

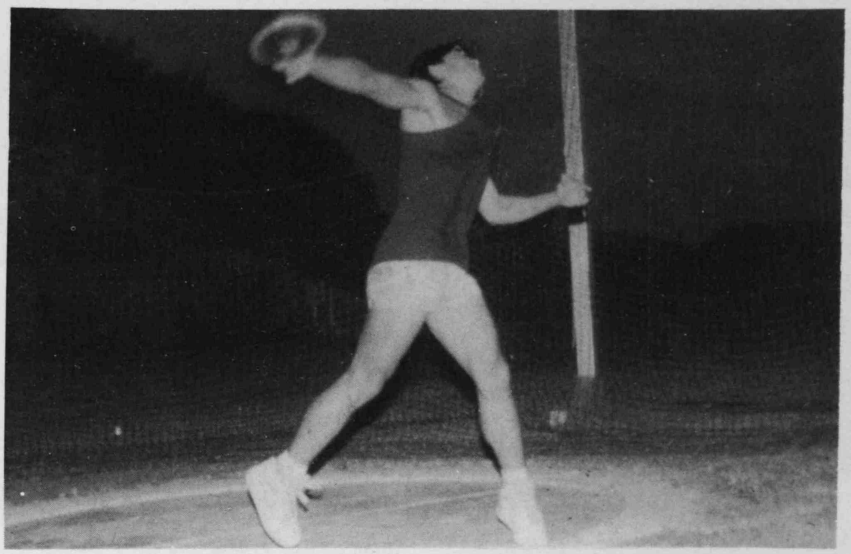
其實，醫學院所馳名的並非它那些身手不凡的運動家（雖然是類人才亦大有人在），而是人海戰術。無論是參賽的運動員，或是到場打氣的啦啦隊，醫學院都多於對手；但去年的情況卻截然不同，參賽的隊伍（尤其女子隊），如果能完整上陣，已是可喜可賀的事；啦啦隊更是寥寥可數，往往只有兩位體育秘書。

另外，醫學院人才不繼亦是主要致敗的原因。愛玩的人少了，懂得玩的人亦少了，玩得好的人更加少了。這情況在女子隊尤其嚴重，經常兩、三位主力同學便要參加大部份的賽事，試問誰能吃得消呢？

事實上，醫學院連運氣也輸了。足球比賽以最强陣容出戰，並得87鋼門把關，全場壓得工程學院喘不過氣，但最後工程學院只憑一個突擊，以一比零淘汰醫學院。另外有數個有把握的項目亦於第一循環遭淘汰，實在天要亡我們也！

但願再次喚回醫學院高昂的士氣，各同學多出一分力，重奪男女子OMEGA ROSE BOWL的寶座。。　努力罷！醫學院！重耀您昔日的光輝罷！

班際水運總冠軍：89，90
班際陸運總冠軍：90
班際男子總冠軍：90
班際女子總冠軍：90
總冠軍：90



八六至八七年度院際運動比賽成績：（OMEGA ROSE BOWL）

男子組：

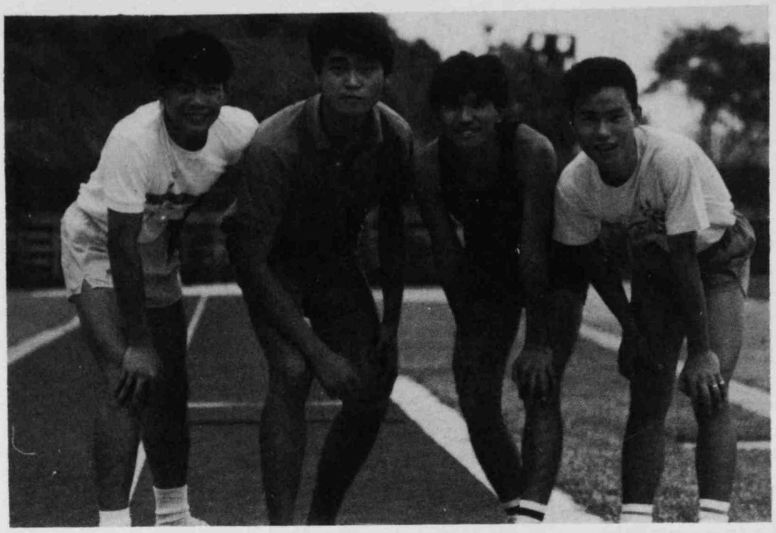
全場總亞軍

項　目	成績	隊　長		最佳表現隊員
陸運	冠軍	徐錫漢	(90)	劉　雄 (91)
水運	季軍	李軔初	(90)	袁柏泉 (89)
足球	淘汰	伍梓奇	(90)	／
籃球	淘汰	周明恩	(90)	／
排球	殿軍	李文寶	(91)	／
乒乓球	淘汰	馮少良	(90)	鄭建明 (88)
網球	季軍	Amjad Ali	(90)	／
壁球	冠軍	陳子揚	(88)	鄭楚豪 (88)
壘球	亞軍	陳偉民	(90)	鍾健禮 (89)
曲棍球	冠軍	陳鉅輝	(90)	何百昌 (87)
				陳德明 (88)
羽毛球	殿軍	王偉文	(90)	余煜基 (89)

女子組：

全場總季軍

項　目	成績	隊　　長		最佳表現隊員	
陸運	亞軍	郭燕芳	(90)	吳凱華	(91)
水運	冠軍	／		羅麗婷	(89)
籃球	殿軍	倪淑慧	(90)	倪淑慧	(90)
排球	淘汰	倪淑慧	(90)	倪淑慧	(90)
乒乓球	淘汰	袁淑賢	(91)	張可怡	(90)
網球	淘汰	張可怡	(90)	王韻娜	(89)
壘球	淘汰	張可怡	(90)	／	
羽毛球	淘汰	沈明欣	(91)	張可怡	(90)



八六至八七年度班際運動比賽成績：

男子組：

	88	89	90	91
水運	6	18	12	8
陸運	8	6	12	18
網球	0	9	4	6
排球	0	4	6	9
羽毛球	0	9	6	4
越野跑	4	9	4	6
乒乓球	0	6	9	4
籃球	4	4	9	6
曲棍球	0	4	9	6
壘球	0	9	6	4
壁球	0	9	4	6
足球	4	4	6	9
拔河	0	4	9	6
總成績	26	95	96	92

女子組：

	88	89	90	91
水運	6	12	18	8
陸運	12	6	18	8
網球	0	9	4	6
排球	0	6	9	4
羽毛球	0	4	6	9
越野跑	0	9	0	6
乒乓球	0	4	9	6
壁球	0	4	9	6
籃球	0	4	9	6
拔河	0	0	9	6
總成績	18	58	94	62

電影雙週

黃兆賢

「有沒有看過回到未來呀？眞是精采萬分啊！還有……」

幾位同學正大談電影。突然，有人玩笑道：「不如我們辦電影欣賞吧。」就這樣，這些汚合之衆便不明不白地當了小組工作人員，還大胆的向幹事會首腦自動請膺。

經過一番籌備，阻礙、更改後，電影雙週終於在一月十九日正式舉行，直至二月六日才結束，而參與人次達到一千三百之多，可算令人滿意了。過程中，收到多少的評語，有彈有讚。彈的是活動的花費和座位的編排，讚的是活動的規模和新鮮感。

如果祇是默守成規，重覆以往活動的模式，不求創新，相信是次電影活動便沒有成果，也吸引不到高年級同學的參與。

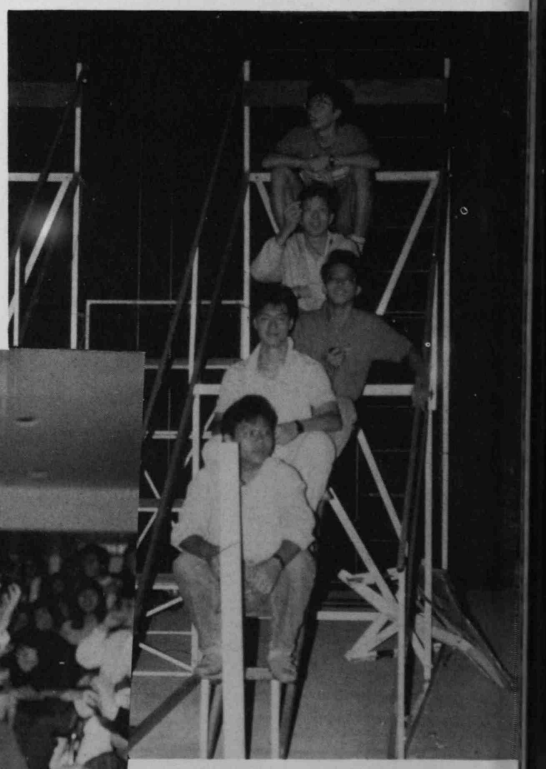
但創新，是要有多方面的支持。幸運地，幹事會首腦們早早答應，給予我們這羣乳臭未乾的小子們不干禦政策，讓我們自由地發揮。也因此，計劃初的錄影帶便變成純度較高，片種較多的雷射碟，而小小的電視機也轉換爲一百寸的大銀幕，非但引起其他院系同學前來關注，也成爲以後一連串大學電影欣賞的先河。所以雙週的成績，一半是歸功於首腦們的政策。

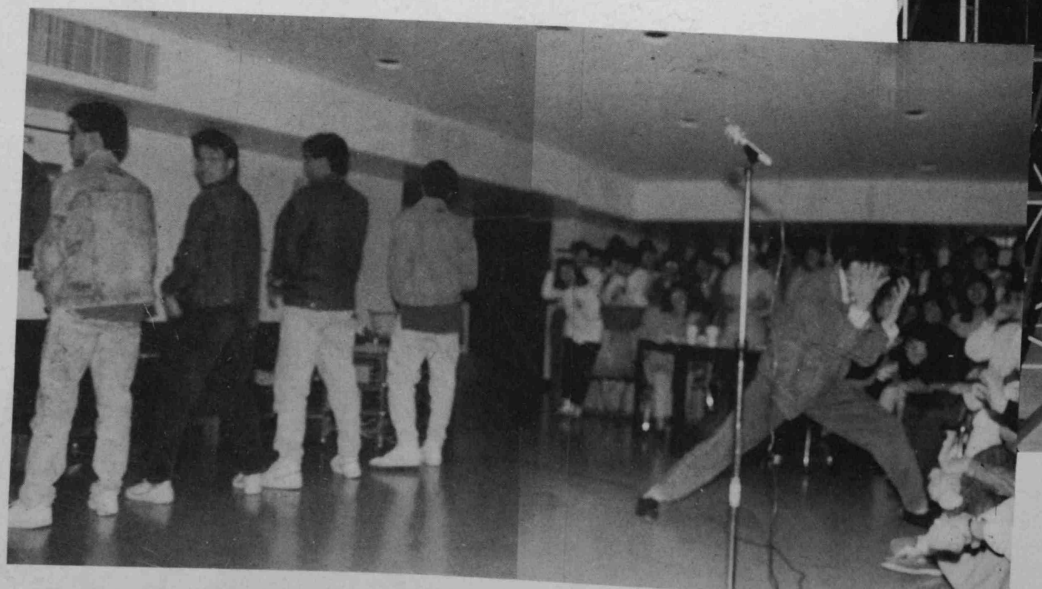
除了享受到「籌備活動自由化」外，我們最受落的是師兄師姐們的參與。在各活動鮮見足跡的他們，卻踴躍地在電影雙週中出現，而且更有一位師兄道：「其實我未讀完書的，但這未來戰士，我非再看一遍不可。」祇是這一句，已完全地償還了我們每天運送器材的辛勞了。

花七千多元，來換取十晚的成績，值得與否是見人見智的。時至今日，祇三分一的經費，是仍可辦到相同效果的，那麼你們又認爲如何呢？

但電影雙週的重現與否，便要看醫科新一代的進取心了。

Snapshot





- Pathology
- Orthopaedics

DEPARTMENTAL SURVEY

ORTHOPAEDIC DEPARTMENTAL SURVEY

DEPARTMENTAL PHOTO

The Department of Orthopaedic Surgery was formed in 1961. Prior to that, Dr. (later Professor) A. R. Hodgson headed a division of Orthopaedics in the Department of Surgery, then under the headship of Professor F. E. Stock. With a history of 27 years, it would be interesting to the reader to have an overview of the development of the Department.

It started off with an establishment of 1 professor and 1 lecturer, and has now grown to a size of 9, including 1 professor, 3 readers/ senior lecturers and 5 lecturers. The growth in the establishment of academic staff, and indeed of other aspects of the Department, is in keeping with its much expanded activities. Annual student intake into the Faculty has more than double since 1961. Postgraduate teaching and training are in much demand. The scope and output of research has increased by more than ten fold, and the patient-care service of the Department is the third highest in Queen Mary Hospital (after Medicine and Surgery) in terms of patient admissions. For the latter function, the Department is further provided with 3 senior medical officers and 11 medical officers. These, together with 6 interns and 1 or 2 externs make up the whole complement of the medical staff. Support staff include 9 technicians and 3 secretaries provided by the University, and 2 clerical staff and 2 laboratory assistants provided by the Medical & Health Department.

Orthopaedics is a branch of medicine devoted to the care of the musculoskeletal system. The pattern of musculoskeletal diseases, like other branches of medicine, has changed dramatically since the early 1960s. At that time, bone and joint infection head the list of common orthopaedic diseases. Trauma, degenerative diseases, tumours, etc, were proportionally less common. The clinical research of the Department was then appropriately directed towards the common problems, including tuberculosis and poliomyelitis. Under the headship of Professor Hodgson, the work in Hong Kong on spinal tuberculosis and poliomyelitis has achieved worldwide recognition, and the publications on these subjects have become classics. In more recent years, the emphasis has shifted more to trauma and degenerative diseases. This has resulted because of public health measures controlling the musculoskeletal infections; the emergence of trauma on a large scale because of industrial accidents, high speed road trauma, and sports injuries; and the markedly increase in life expectancy well into the mid and late 70s. Not only are people living longer, but their lifestyle demands much more independence and mobility. Whilst the expertise gained in the development of spinal surgery has served the Department well, now being applied to very complicated spinal deformities, spinal injuries, and degenerative

spinal diseases, the concurrent development of other sub-specialties of orthopaedics becomes a high priority in the Department's policy.

The many advances in medicine have resulted in prolonging or preservation of life, but what is life without quality? Quality of life starts with a sound and active mind, but must be complemented by a sound and active body. The enjoyment of life is highly dependent on a first-rate musculoskeletal system.

There are several factors which have contributed to the fact that orthopaedics is one of the most rapidly advancing specialities in the health sciences. The first and foremost is a much more scientific approach to the subject made possible by recent advances in the understanding of the biochemistry of bone and cartilage, as well as the application of engineering principles to the understanding of the working of the locomotor system. Secondly, the development of the surgical approaches to the limbs and the spine have been worked out very comprehensively, allowing much safer surgery. Thirdly, the development, of orthopaedic implants including internal and external fixation devices, whole joint replacements, prosthetic replacements for parts of a limb, have made possible the preservation, restoration or enhancement of function of the locomotor system beyond what was previously thought impossible. Fourthly the development of microvascular surgical techniques (first introduced in Japan and China) has made possible many salvage procedures in injured limbs, as well as free transfer of biological tissue to restore or enhance function. Fifthly because of advances in fibre optics, arthroscopy of joints is now a highly developed technique, making diagnosis much more accurate, and rehabilitation after surgery much less time consuming. Sixthly the refinement of surgical techniques for tumour surgery, spurred on by new developments in organ imaging, have made possible the salvage of limbs that had to be amputated in the past.

The organization of this Department is based upon the recognization of the above-mentioned developments, the present-day and projected trends in orthopaedic diseases and problems, and available resources in terms of manpower. The Department is in control of some 350 beds spread out in four hospitals, including Queen Mary Hospital, the Duchess of Kent Children's Hospital, Grantham Hospital, and Nethersole Hospital. This does not include convalescent beds in the Tung Wah Sandy Bay Convalescent Home, and in-patients for full time rehabilitation in the MacLehose Medical Rehabilitation Centre. The 150 beds in Queen Mary Hospital are divided into two teams, so are the 120 beds in Duchess of Kent Children's Hospital. Together with a team of 42 beds in Grantham Hospital, and a team of 12 beds in Nethersole Hospital, there is a basic structure of some 6 teams within the Department. Each team is headed by a leader, either a senior lecturer, reader or professorial level. Each team head is a general orthopaedist, with a special interest in one of the major sub-specialties. The sub-specialties that have developed at this stage include the following: (a) spinal disorders, (b) children's orthopaedics, (c) microvascular and hand surgery, (d) trauma of the limbs and the spine, (e) sports injuries, and (f) joint diseases.

Each team has clinical autonomy under the direction of its leader, although all teams are administratively responsible to the Head of the Department. This ensures flexibility of approach, development of research protocols by team leaders, rotation of junior staff through all the teams for training, and overall coordination to reduce duplication and inefficiency.

The duties of staff members include teaching, research, administration, and patient-care. The University staff spend significantly more time on teaching and research as compared to the Government staff, because of their different contractual terms of employment. However, all staff regardless of their employer, are treated similarly in the Department and given equal opportunities for research and patient-care responsibilities.

Research is a high priority in the Department. This consists of clinical research as well as basic research. Clinical research requires relatively little extra resources, apart from a sizable patient load, a well-planned system of patient records, a good follow-up system, prospective study protocols and appropriate statistical analysis back-up. Areas of active clinical research that are ongoing in the Department include treatment methods for severe spinal deformities and mechanical low back syndrome; treatment methods for finger fractures, peripheral nerve injuries, severe crush injuries of the hand; plastic and reconstructive procedures such as replantation of severed limbs and digits, transfers of free vascularized tissue for wound coverage, transfers of composite biological tissue for limb salvage; treatment methods for ligamentous injuries of the knees; treatment methods for fractures of the hip in the elderly (a large scale common geriatric problem); setting up of a bone bank for allograft bone and cartilage transplantation; a special clinic to study the pathology, natural history, and treatment problems for ankylosing spondylitics, etc.

Basic research is expensive. It requires laboratory space, funds for the purchasing of expensive and sophisticated equipment and consumables, and the availbility of support such as research assistants or technicians. In a patient-care department with a very heavy load, it will be unrealistic to expect the clinical staff to have sufficient time

to do experimental research in an efficient manner. Also, in both biochemical and biomechanical fields, scientists with good basic research training are necessary. The establishment of such non-clinical scientist posts would be most helpful, but the University has not responded to our request. The Department has in the last 5 years or so, made use of M. Phil. and Ph.D. students for this purpose and found it most fruitful. Another way of doing that is by collaborative research with other departments, but experience has shown this to be less effective.

Within the very limited office space allocated to patient-care departments in Queen Mary Hospital, this department has only a small research laboratory. Several aspects of biomechanical research require rather spacious laboratories, such as motion study analysis. The Department is fortunate in that 3 new laboratories have been recently built in the Duchess of Kent Children's Hospital (mainly funded by the hospital, and partly by private donation) for orthopaedic research. They include a gait analysis laboratory, a laboratory housing an instron testing machine for materials testing, and a general orthopaedic research laboratory. A fourth one for tissue culture and in vitro studies of cartilage propagation will soon be opened. The very congested laboratory in Queen Mary Hospital will later be converted to a full-fledged laboratory for research into microvascular technique.

The above enable the Department to initiate or carry on with the following basic research projects: (a) Biomechanics of the lumbosacral spine, with particular reference to the role of the iliolumbar ligaments, (b) the development and testing of an anterior spinal fixation device, (c) factors affecting microvascular anastomsis such as infection, tension, etc. (e) the use of allografts for big defects in microvascular anastomsis, (f) factors affecting peripheral nerve regeneration, (g) development and testing of a prosthetic knee ligament to replace the cruciate ligaments, (h) computer-aided analysis of the geometry of the intramedullary canal of the upper femur for use in design of femoral stem components in total hip replacement, (i) culture and propagation of articular cartilage cells in vitro for allograft transplantation.

To students interested in the structure and function of the musculoskeletal system, orthopaedics offer a wide open field for postgraduate training, and research. Orthopaedics is a branch of medicine that has as its primary target "quality of life".

Professor J.C.Y. Leong
Head, Dept. of Orthopaedic Surgery
April 18, 1988

PROF . J. C. Y. LEONG

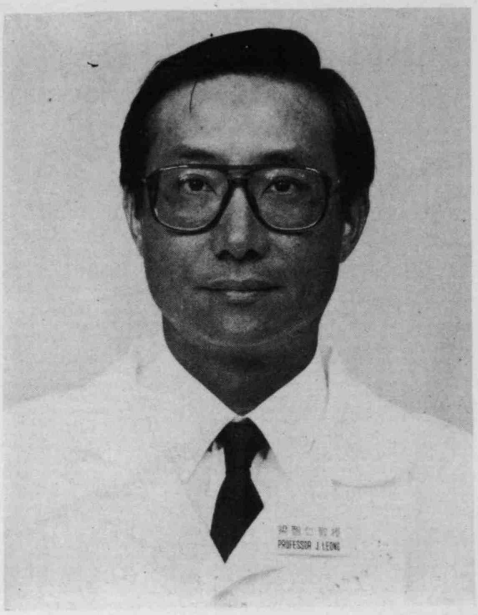
Professor Leong graduated from St. Joseph Secondary School and the Medical Faculty of University of Hong Kong in 1966. Afterwards, he participitated in some research work in Oxford University (1969-1972) and visited several universities in the United States, including University of Boston, University of Wilmington, University of Los Angeles, University of San Fransico and University of Sebetico. His teaching life in the Medical Faculty started after his graduate in 1966 and he became a Professor in 1981.

In spite of his interest in surgery, Professor Leong made a speciality of Orthopaedics because at that time the development of orthopaedics in Hong Kong was still in an immature state. Nothing more than some basic services were provided. However, during the past twenty years, Orthopaedics has progressed a lot in Hong Kong, especially those aspects concerning anaesthesia, surgical implant and arthroscopic surgery. Furthermore, biochemical and physiological knowledge of bone and cartilage has also been enriched.

According to Professor Leong, these changes are closely related to some social changes and needs. Firstly, increase in the average life span increases the importance of degenerative diseases. Secondly , increase in activities may also increase the risk of getting injured. Thirdly, even elderly people become more active nowadays.So their chances of being injured also inevitably increased.

The research work in which Professor Leong is now participating includes basic research and clinical research. The basic research work is concerned in the biomechanics of the spine and the neuromuscular gait. Another topic he is going to study is cartilage culture. Professor Leong is actually working with several specialists and graduates. Besides, he is also doing some clinical research concerning paediatric orthopaedics studies of the spine and knee injury.

Now let's talk about Professor Leong's family life. His family consists of four members: Professor Leong, his wife and two sportive sons, who are now studying in



Prof. J. C. Y. LEONG

M.B., B.S.; F.R.C.S.; F.R.C.S. F.R.A.C.S.

King's College, aged twelve and fifteen. Professor Leong enjoys reading detective stories and playing golf and tennis in his leisure time. However, since he became the Dean of the Medical Faculty, he is so busy that he can hardly find much time to spend with his family. Thus, the time he can spend on his interests is even less. Besides, Professor Leong leaves Hong Kong about ten times each year to attend conferences in other countries. He is also a member of the executive committee of the Hong Kong Society for Rehabilitation.

According to Professor Leong, the Medical Faculty is continuously being expanded and its teaching achievement is also satisfactory. Graduates are generally recognised and accepted by the local government. Unfortunately, more effort should be paid to improve the post-graduate training in Hong Kong. But Professor Leong hopes that the establishment of the Hospital Authority and the Working Party of Post-graduate medical Education can bring in a ray of hope for the post-graduate training in Hong Kong. Under a more flexible system, workers of the medical profession are allowed to commit more in research work.

Finally, when asked about the new cirriculum for the pre-clinical course, Professor Leong mentioned that the basic aim of the change is to allow the first-year students to have a reasonable rest after the A-level examination and to give them a chance to enjoy their university life. Moreover, the arrangement of the first M. B. examination in the second year is made in hope of allowing students to gain an overall understanding of various pre-clinical subjects. But in order to ensure that students having difficulties in their studies do not lag behind too much, continuous assessments have to be done at the end of each term.

The "growth" of the Medical Faculty requires effort made by many people. However, contribution from the Dean of the Faculty, Professor Leong, is undoubtly an important one.

DR. S. P. CHOW

Lonvivial and good-humoured in disposition, he is a sincere and amiable man who invariably shows genuine concern for others and for his patients. Asked of his opinion on medical students, he shrivelled, and said of their declining standard in language as well as their unawareness of the need to address the doctor's surname. Objective and discerning in observation, he immediately pacified the atmosphere by complimenting medical students as being self-motivated and likening them to all-rounders.

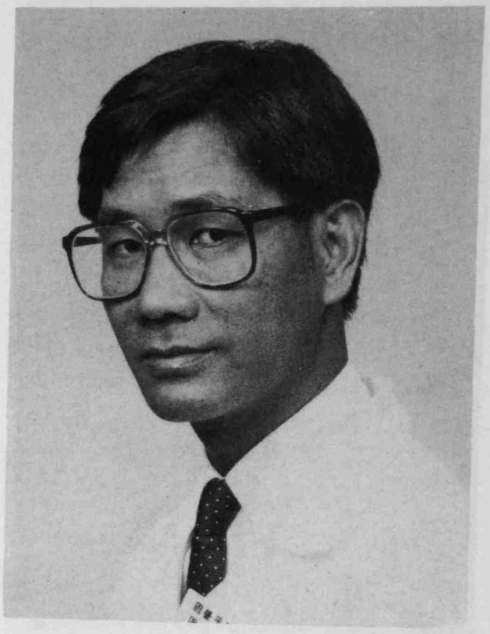
Dr S.P. Chow graduated from our Medical School in 1968, attained his postgraduate degree in Canada, and joined the Dept. of Orthopedics in 1973. Subsequently he developed interest in hand injury and pursued further clinical training in hand injury in London, Scotland and America. In no time after the training, Dr. Chow set up his laboratory in the Q. M. hospital & conducted experiments on animals with either self-made or modified instruments. Today, after years of struggle and hardship , Dr. Chow has become a much-envied orthopedic micro-surgeon with world records of successfully anastomosing 0.15-0.2mm capillaries in 1980, and of experimenting on the transplantation of xenograft capillaries.

As an elite, Dr. Chow has inherited an exceptional sense of social awareness, losing no effort in participating in charitable activities, such as giving free treatment to farmers, working in a Vietnamese refugee camps. In 1982, he joined an American charity organiation, CARE, and dedicated his service to Bangladesh for one month using his own long leave, instruments and cash.

As a father of 2 twin girls, Dr. Chow obviously has a happy and harmonious family. His interests are varied, ranging from music and painting to table-tennis and jogging.

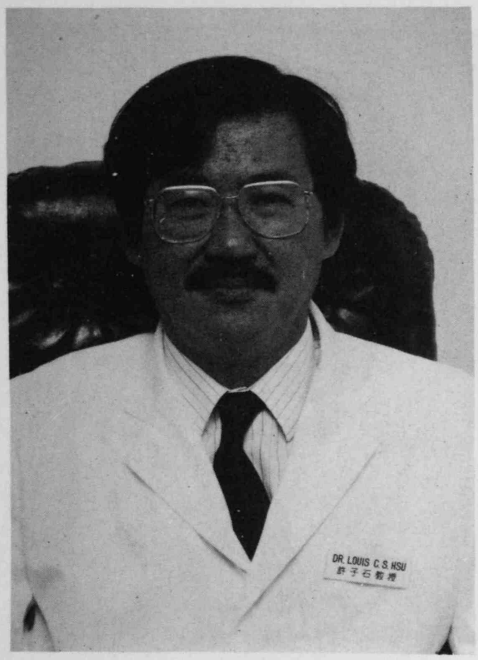
Finally Dr. Chow revealed a secret, saying that he actually cherished the wish of becoming a doctor in his primary 6 when his grandmother had a narrow escape from the complications of diabetes. Perhaps the reader will be left wondering if Dr. Chow would have preferred to become an endocrinologist rather than an orthopedic surgeon, but so do I!

As a prudent orthopedic surgeon, Dr, Chow puts tremendous emphasis on the rehabilitation of his patients.



DR. S. P. CHOW
M.B., B.S.; F.R.C.S.E.; F.A.C.S.

DR. L. C. S. HSU



DR. L. C. S. HSU
M.B., B.S.; F.R.C.S.E.; F.A.C.S.

Dr. Hsu was a graduate of St. Joseph College and he obtained his M.B.B.S. in 1968. After a year of housemanship, he worked at the Duchess of Kent Hospital for 2 years. Then Dr. Hsu joined the university and became a staff of the Department of orthopaedic Surgery. In 1977. he became the superintentent of Duchess of Kent Hospital and he works until now.

Dr. Hsu chose to be a Orthopaedic surgeon because he was very keen of playing sport games. As orthopaedic and sport injury was strongly related, he then made his choice without any hesitation.

Dr.Hsu spends most of his time in Duchess of Kent Hospital, including both clinical and administrative work. In the past, the structure of the hospital was much simpler with only orthopaedic cases. Now there are other departments including paediatric general surgery and a child assessment centre.

The department of Orthopaedic surgery has undergone many changes in these years. The department has expanded rapidly from a few staff to now about thirty doctors. Each member is specialised in certain aspect eg. microsurgery, joint surgery etc. The research interest of Dr. Hsu includes the growth of spine and children orthopaedic. The fund for research is mainly come from the university and some societies in the community. However, Dr. Hsu commented that they are very limited in amount because Hong Kong people are not very interested in research work. People here are more realistic and they would spend money on projects with immediate effects.

Dr. Hsu is married with a son and a daughter aged 18 and 15 respectively. Dr. Hsu is a proficient tennis-player. He had represented Hong Kong to take part in various international competition like the Fifth Asian Olymphic in 1966. Now Dr. Hsu continue to play tennis once or twice every week.

When Dr. Hsu was a young man, his ambition was to be "an ordinary man in the street." Now, being the superintentent of the Duchess of Kent Hospital, Dr. Hsu committed that he could do even better and help more people by running the hospital more efficiently.

Dr. Hsu is a member of the Reabilitation Society and participitate in work on education of children.

DR. D. FANG

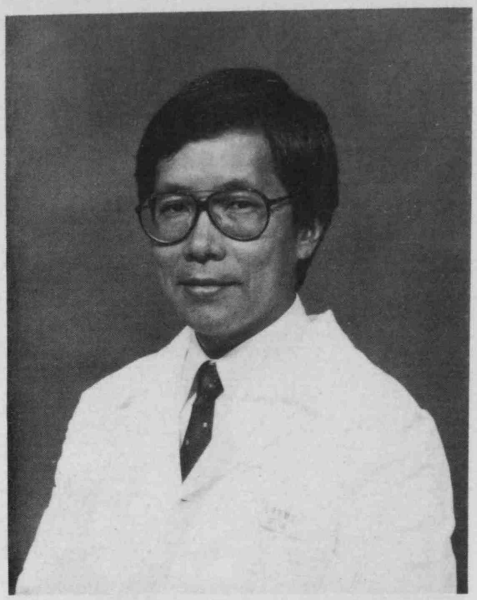
Dr. Fang is a senior lecturer in our Orthopaedic Department. He was educated at H.K. Wah Yan College and received his M.B.,B.S. degree from H.K.U. Later, he went to the Univeristy of Edinburgh to obtain his Fellowship of the Royal College of Surgeons. He joined the Orthopaedic Departmnet of H.K.U. in 1973 and has since been teaching medical students, postgraduate medical students, nurses and physiotherapists. His main research work is on spine, hip joint and kneejoint. This work on hip joint includes arthritis and the design of hip replacement for Chinese.

His impression of medical students is that they are very industrious. Today's medical students, he thinks, have improved in that they are more active in extracurricular activities.Dr. Fang specialized in orthopaedics because of its importance in modern health care. In his opinion, orthropaedics is a rapidly developing science in its infantile stage. It has tremendous scope for development and the future seems unlimited.

Besides being a Senior Lecturer, Dr. Fang is a council member of the H.K. Medical Association and the President of the H.K. Orthopaedic Association. He is a member of the HK Dental Council and a member of the HK Optometrists Board. At the new MacLehose Medical Rehabilitation Centre in Sandy Bay, an institute of sports medicine will soon be opened, and Dr. Fang has been appointed chairman of the committee managing the institute. The Institute will provide medical and educational services in sports and health science, including a sports medicine clinic, and undertake research in sports injuries. Apart from working in the professional field, he is a director of a non-profit-making company called Challenge Ventures which has a factory in 'Kowloon. The company employs handicapped people in order to help them to be self-sufficient.

Born in Tientsin, Dr. Fang came to Hong Kong at age of two. He is married with three sons. In secondary school, he participated actively in verse speaking and debates. At present, his hobbies are swimming, golf, music and painting.

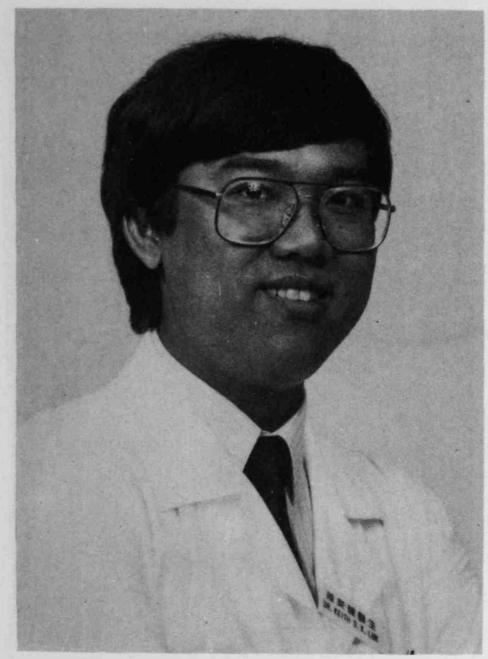
Concerning the recently published report on the delivery of hospital services in Hong Kong, Dr. Fang agrees that the establishment of a fully independent Hospital Authority is the right step towards raising the standard of health care, provided adequate funding from the government can be mantained. Effective management of both government and subvented hospitals under a single authority will remove existing barriers and lead to the most efficient utilization of staffs, hospital beds, and other resources.



DR. D. FANG

M.B., B.S.; M.Ch. (Orth.); F.R.C.S.E.; F.R.A.C.S.

DR. K. D.K. LUK



DR. K. D. K. LUK

M.B.; B.S.; M.Ch.(Orth.); F.R.C.S.E.; F.R.A.C.S.

Dr. Luk was a past student of Ying Wah College. He graduated from the Medical Faculty of the Hong Kong University in 1977. After he had finished his housemanship, he joined the Orthopaedic Surgery Department. He is now the vice-president of the Medical Society (88-89).

Dr. Luk found that Surgery is much more interesting than Medicine. Actually Orthopaedic Surgery is a big subject as both basic science and musculo-skeletal system are involved. Nearly all cases have their own characteristics, therefore to be considered individually. Dr. Luk has joined the Department for 10 years. He said that there was a lot of changes during these years. The quality of services, especially the hand surgery, is greatly improved. Nowaday there is also an Orthopaedic period in the specialty clerkship for undergraduate students. In the past, it is only a postgraduate subject. Moreover the manpower and basic researches are also increased.

As a senior lecturer, Dr. Luk announced that he planned to work on more researches in the present and future. He said that engineering is important in the development of the Orthopaedic Surgery and new designs are very much needed for the laboratory researches. The Department now provides more informations to undergraduate students and a postgraduate training period, which last for 8 to 10 years has developed. This programme is well organised and is now recognised by Australia.

When asked about the idea of changing the Univeristy curiculum to 4 years, Dr. Luk think that it is a good idea. Since it can standardize the University entry system. Nevertheless thee is no interference to the Medical School. It is important for the real attitude and purpose of the reform to be noticed.

Dr. Luk has married and has 2 daughters.

DR. K. C. CHAN

Dr. Chan was a past student of Wah Yan College, Kln. After he had finished his secondary education, he was admitted to the Medical Faculty of the Hong Kong University and graduated in 1982. Dr. Chan joined the Orthopaedic Surgery of the Hong Kong University and because one of the lecturers of the Department in 1987.

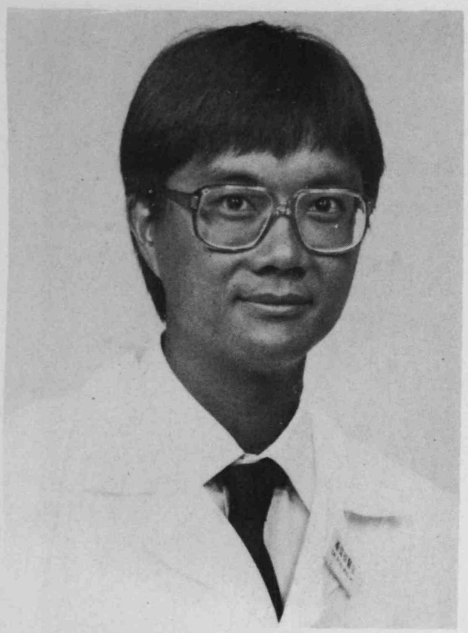
Being a lecturer, Dr. Chan found that the University is a very good place for both service and academic research. Especially in the area of research, support and stimulation are much stronger in the University than the outside hospitals. When asked about the reason for joining the Orthopedic Surgery, Dr. Chan said that Orthopedic Surgery is the earliest subject that separated from the General Surgery and now it is in rapid progress. Moreover, complaint about bone is the second most frequent complaint received and so it is worthwhile to put effort in promoting this knowledge.

The medical student nowadays give more or less the same impression to Dr. Chan when compared to those ten years ago. They are interested in their studies and hardworking. However, the curriculum is too short and it needs expansion.

Dr. Chan feel that it is beneficial to the students when the University education changes into 4-year one because University education is an all round education and a longer University life can provide more time and greater opportunity for one to learn more in both the academic and non-academic aspects.,

Although Dr. Chan is busy in his work, he spends some of his leisure time in playing badminton, tennis, squash with his friends. In his secondary school, Dr. Chan actively participated in social service and he was a tutor in the Wah Yan Children's Club, in which he spent a number of Saturday and Sunday afternoons in organizing activities and playing with the children.

DR. W. K. PUN



DR. W. K. PUN
M.B., B.S.; F.R.C.S.

Enthusiasm, perseverance, initiative and thoughtfulness are the reasons why Dr. Pun be a successful doctor and an exemplany teaching staff. As a Ying Wah College graduate, he chose medicine merely because at that time medicine was regarded as respectable and high-ranking. He graduated from HKU in 1979. After housemanship, he joined the Queen Mary Hospital as a Medical Officer. Since mid-1983, he has been a lecturer in this department. Now he is passionately attached to his job.

The reason why he devoted himself to orthopaedic surgery is that this subject is comparatively new and advances are being made quickly. Moreover, this field deals more with the quality of life; to heal the patient one should have a panoramic apporach, considering the patient's social, psychological and interpersonal backgrounds. Besides treating patients and teaching medical students and nurses, he also participated in research works. His workload is great, yet he's sanguine of his work.

Academic – wise, he thinks that the five-year course provides the basic principles for the students, but generally the chance for practice is not enough. Thus, he felt that the time he learns most is that of housemanship. From his own experiences, students during their clinical years usually can't remember the anatomy they learnt, probably due to the time lapse between the two course. Likewise, the problem of time lapse exists in bedside teaching, since a student can't follow the progress of a particular case. This makes continuous education difficult. But under the present circumstances, this should be the best choice.

Concerning about the feeling for his work, Dr. Pun says its most rewarding when a patient gets well and he's given words of thanks. Notwithstanding, there is a host of defeats. Examples are the distress caused by complication of operations, rehabilitation problems and the consequences of the disease to the family and the society. He, self-possessed and prudent, also senses the heavy responsibility and the huge workload. Bearing these, he doesn't even encourage his four-year-old daughter be a doctor in her future!

Looking to the future, he hopes the reputation of our - culty remain high in the world. Our economy continues prospering so that medical insurance can be extensively promoted, and patients can then have a wider choice and a better service. Personally, he wants himself culminate in his medical profession and do more good research works, thereby to better Hong Kong's medical distinction and the society in all.

DR. E. K. W. HO

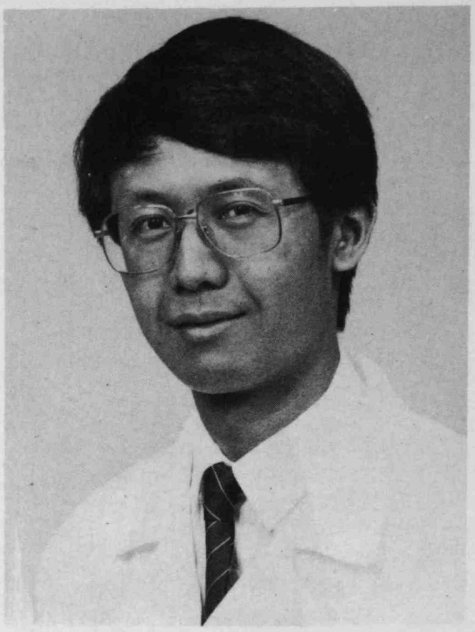
Dr. Ho received his secondary education in Wah Yan College, Hong Kong. After obtaining his M.B.,B.S. degrees from, University of Hong Kong in 1978, he became a Medical Officer . In 1980, he joined the Department of Orthopaedic Surgery as lecturer and in 1983, he obtained FRCS (Glasgow).

Now, Dr. Ho teaches both medical students and nurses. Apart from teaching, he also works as a medical doctor treating both in-and out-patients. Besides, he is doing research on spine, ankylosing spondylitis and scoliosis. Both medical reports and booklets for patients on ankylosing spondylitis written by him were published. Furthermore, he organized a club for patients suffering from ankylosing spondylitis in 1983 and he is now the medical advisor of this ankylosing spondylitis club.

Dr. Ho choose Orthopaedic Surgery as his career because he feels Orthopaedic Surgery is challenging, interesting and rewarding especially when he watches the sequence where a patient recovers from injury. Another reason is that since some diseases in bones are chronic diseases and are very difficult to cure, he can make a long term contact with them. Also, he feels that the development of orthopaedic surgery is faster than general surgery during the past ten years, and there are many changes.

In Dr. Ho's opinion, medical students are very hardworking but a little bit booklish, and he finds many students can't apply their knowledge they acquired through their studies and examinations to the patients. Therefore, Dr. Ho feels that the preclinical course should be more clinically oriented and 'the patient is the best book'. In general, he thinks that the students in Hong Kong are too recessive, exam-oriented and thinks their teachers are always correct, but actually they sometimes may make mistakes. Dr. Ho is also noticable to the medical report produced by the Government, but he hopes the students to pay more attention to it.

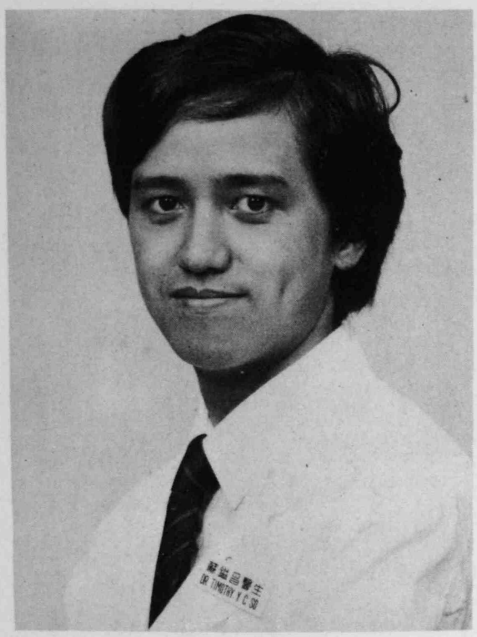
Dr. Ho is married and has one 3-years old son and a one-year old daughter. His wife is also a doctor specializing in gynaecology and is a private practitioner.During leisure, Dr. Ho likes jogging, and he also likes badminton and swimming.



DR. E. K. W. HO

M.B., B.S.; F.R.C.S.

DR. Y. C. SO



DR. Y. C. SO
M.B., B.S., F.R.C.S. F.R.A.C.S.

Dr. Y. C. So received his secondary school education in St. Paul Co. Educational College. He graduated from our Medical School in 1978. He then worked in the University Medical Unit and University Orthopaedic Unit of Queen Mary Hospital as a houseman during which he developed his interest in Orthopaedic surgery. In 1980, he joined the Orthopaedic Department (Q. M. H.) and was working there till now. During these years of work. he had once went to America for further training (1987-1988).

Dr. So choose Orthopaedic Surgery as his career because he find it a very challenging subject, it is more direct in the sense that it demand more manual skill rather than "thinking" as a physician needed to have. Actually, before joining this Department, Dr So has already planned to specialized in hand surgery because it involved very fine technical skill and was challenging.

The daily work load of Dr So was very heavy. He has to look after patients in Queen Mary Hospital and Duchess of Kent Hospital, seeing outpatient in D. K., David of Trench rehabitation Centre and Sai Ying Poon O. P. D. Moreover, he has to do three sessions of operations per week, attending clinical conference and teach medical students.

Dr So has a simple family, Mrs So, his son and his daughter. He enjoyed playing table tennis and photography but at present, he has no time to develop these hobbies. During weekend, he spends his time with his family in some outdoor activities. Being a christian, he also went to church every sunday. Besides working in the hospital, Dr So was also a committee member of the Hong Kong Society for Surgery of the Hand.

To Dr. So, the present medical students in H. K. lack a sense of responibility. Their goal is to become a private practitioner as fast as possible, but it is a great loss for the general public and government (who have subsided millions of dollars on each of us) when a junior medical officer leave his post and become a private practitioner which later emmigrant to other counties.

PATHOLOGY
DEPARTMENTAL SURVEY

DEPARTMENTAL PHOTO

Dr. S.T. Chou, who is a visiting Honorary Reader from Melbourne, remember the time in 1962 when the Department of Pathology had three professional staff and the mortuary was a small building adjacent to Pokfulam Rd. with no refrigeration and where corpses were arrayed in the store-room. Today, in 1988, the Department of Pathology has a total academic and professional staff of almost 40, and is dvided into functional sections, namely,Morbid Anatomy, Haematology, Immunology, and Dental Pathology, each section having responsibilities in both undergraduate and postgraduate teaching, in addition to clinical service and research.

The clinical service is funded by the Hong Kong Government which provides an annual subvention for the Hospital Pathology Services. The clinical laboratories and mortuary are all located in the Clinical Pathology Building at the Q.M.H. In 1989 these facilities will be expanded with the opening of Block K; Haematology will move into Block K and the laboratories vacated will be occupied by Clinical Immunology including Tissue Typing. Two floors will be vacated by Microbiology allowing considerable expansion for the development of Morbid Anatomy (Histopathology and Cytology). The Dental Pathology Section is located at the Prince Philip Dental Hospital.

The recent enlargement and refurbishing of the Univeristy Pathology Building has provided improved facilities for the academic activities, including new research labs (histopathology, immunology and molecular biology), redesigned student labs, up-to-date audiovisual equipment, and new animal holding/experimentation facilities.

All members of staff participate in teaching, research and clinical service work. Staff members who are appointed as teachers necessarily have greater academic responsibilities which include the conduct and organization of student examinations.

The Histopathology and Cytology Section is responsible for nearly 17,000 surgical specimens, 10,000 cytology specimens, and 700 autopsies each year; the latter includes both clinical & Cornoner's post-mortems some of which involve court appearances. Research interests cover a very wide spectrum such as induction of G.I. lymphomas & amyloid, experimental cholangitis, antibiotics in renal tubular diseases, pathogenesis and treatment of the major liver diseases, morphometric applications in gynaecological pathology, epidemiology of coronary atherosclerosis etc.

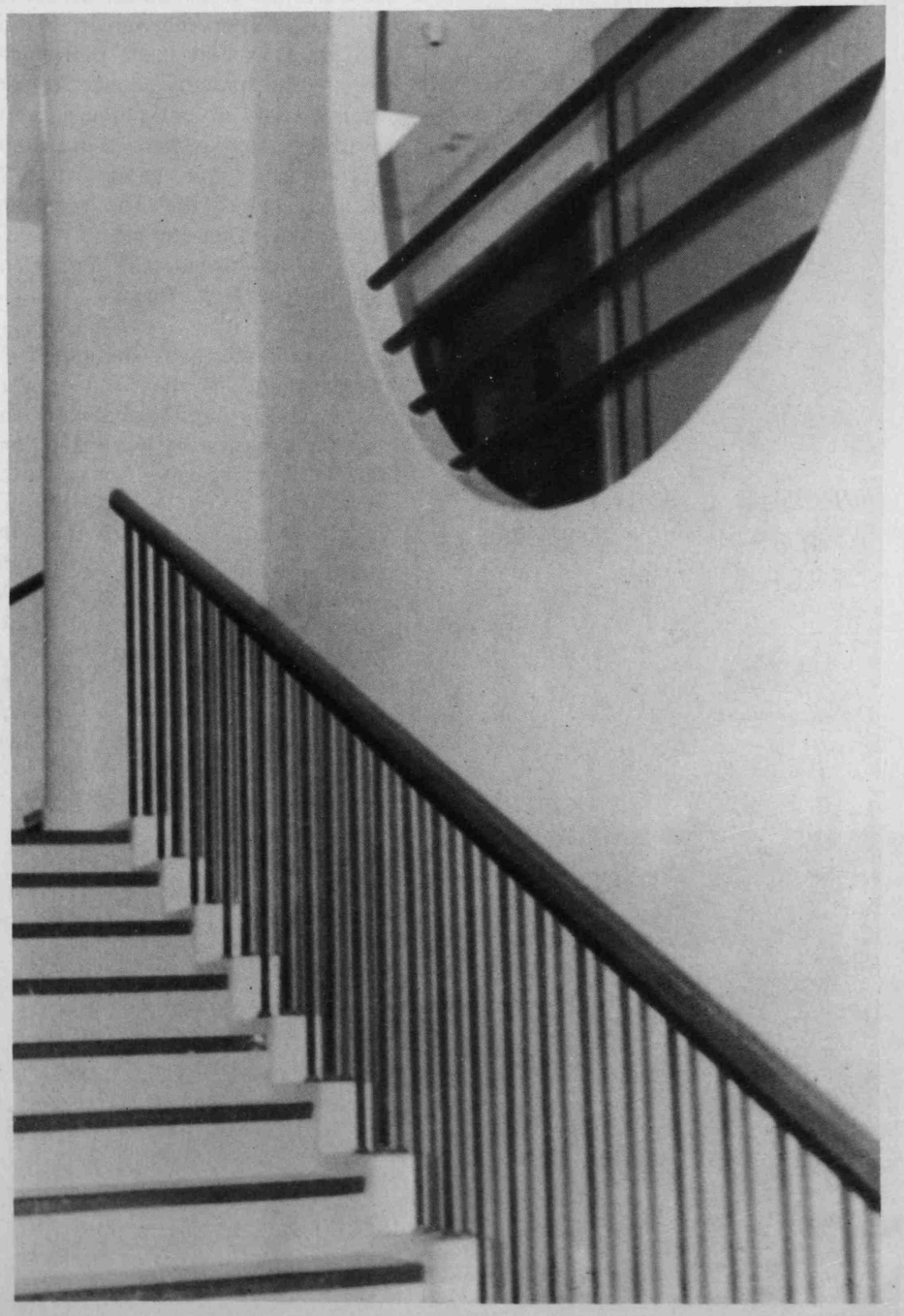
The Haematology Section is principally involved in providing a service to the Q.M.H., and performs about 11,000 tests per year. The Department is in the process of recruiting a Senior Lecturer in

Haematology, in particular to further develop the academic discipline. Present research interests are, unusual coagulation proteins, platelet antibodies, cytogenetics and molecular genetics of haematological disease.

Immunology is a fast expanding discipline which has applications in most clinical areas and, like molecular biology, spans many biological sciences. In the service area, the demand for laboratory investigations is increasing more rapidly than in any other section. The Tissue Typing laboratory provides a service for organ transplantation for the whole of Hong Kong. The Immunology staff have a variety of research interests, including immunology of TB, avain immunoglobulin structure, controlling mechanisms of T-cell function, genetics of MHC in Chinese in health and disease, and neutrophil function.

Future prospects, in addition to those mentioned above, are expected to focus on the development of academic haematology, forensic pathology (for which we seek a senior teaching post) and upgrading of available research techniques including molecular biology and flow cytometry.

The understanding of Pathology is the basic of clinical medicine and we would strongly encourage students to consider Pathology as an area of study for the Bio. Med. Sci. course.



PROF. F. C. S. HO

PROF. F. C. S. HO

M.B.,B.S., M.D. (H.K.);D.Obst. R.C.O.G.; F.R.C.Path.; F.R.C.P.A.

Professor Ho received her secondary education in Britain and then in Hong Kong. After graduating as MBBS in Hong Kong University, she worked as a medical officer for 1½ years. Then she went to Britain to work as a resident pathologist where she had the chance to learn more kinds of pathological work. Professor Ho got married in Britain. Afterwards, she came back to Kong in 1969, then she joined the Pathology Department. In 1987, she was appointed as Professor and Head of the Department.

The reason why she joined the Department is that she is very interested in pathological work and secondly laboratory work is important in the management of patients.

Professor Ho said that the Department has undergone some changes since 1969. For example, there are only less than 10 members in the Department in 1969 but now more than 30. Secondly, there was no clinical Pathology Building and so fewer instruments in 1969.

The area of research she has been conducting is in the field of lymphoma. The source of research fund is from HKU Research Grants. The research materials come from Queen Mary Hospital.

On asking her to compare between medical students now and then, she thinks that medical students nowadays are more diligent and more serious about their studies. On the other hand, she thinks that medical students nowadays lack a kind of faculty spirit. She thinks that after graduating as MBBS, medical students should always show more concern and give more support to the medical school, where they come from.

Professor Ho is married and has one son and one daughter. Her husband is also a doctor. Both her son and daughter are now studying in Britain. During her leisure time, Professor Ho loves to listen to music or go to the countryside.

Besides being the Head of Department, Professor Ho is also the Hong Kong representative of the specialty college of Pathologists of Britain.

Professor Ho has some advice to medical students. To be a good doctor, one will meet a lot of frustrations, for example, limitations on what a doctor can do to save lives, or the difficulty in keeping a balance between work and family, especially for female doctors. To deal with these frustrations, a doctor should always remember that the patients need him and that a doctor should do what he can for the health of patients.

DR. J. W. M. LAWTON

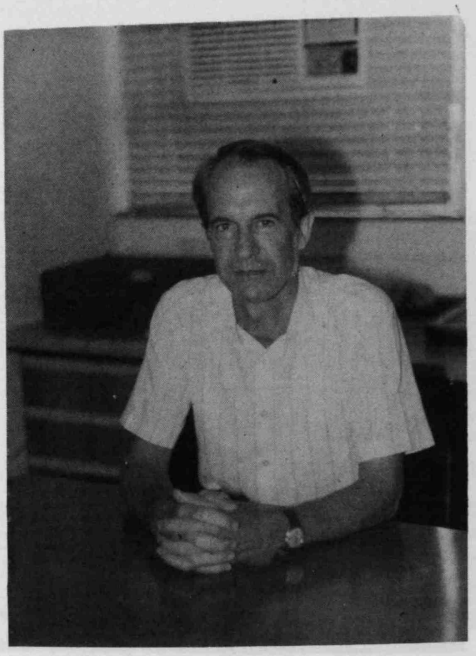
Dr. Lawton received his basic education and obtained his M.B.B.S. and M.D. in Australia. After a few years training in internal medicine, he worked two years as a Research Fellow in immunology in the University of Michigan in U.S.A. and worked for two and a half years in Haematology and Blood Transfusion in Edinburgh. Then he joined the Pathology Department as a Senior Lecturer in 1975.

Dr. Lawton start immunology at the start of a new generation of conceptual and technical innovations, such as the discovery of the major immunoglobulin classes, the differentiation of T and B cells and the biological functions of lymphocytes and that he was very fortunate to come into the field at the right time. His current research interest is in the function of human neutrophils. In January, 1988, he completed a short research project at the University of Michigan.

Besides his research work, the daily work of Dr. Lawton covers three main areas. First, he gives lectures, tutorials and supervises post-graduate teaching. Second, he takes up some administrative work. Lastly, Dr. Lawton has the overall responsibility for the clinical immunology service at the Queen Mary Hospital. The service includes 1) the serology laboratory which carries out routine assays, such as quantitation of immunoglobulins and tests for autoantibodies, 2) the cell-function laboratory which conducts lymphocytes and neutrophil function tests and does cell surface markers. 3) the tissue-typing laboratory which provides services for the whole of Hong Kong.

Dr. Lawton feels that the medical students in H.K. are very capable and highly motivated. However they are not well trained in original thinking, techniques of analysis and problem-solving. Nevertheless, this is not as serious a problem in medical school as in other faculties, as a good memory is very important early on, and thinking and diagnostic skills can be developed as the course progresses.

Dr. Lawton is the father of four children. His eldest son is studying in Australia while the others are staying in H.K. He is very interested in music and plays the violin. Dr. Lawton is an active member of Emmanual Church, Pokfulam and he is involved in the music programmes of the Church. In addition, he enjoys tennis, sailing, hill-walking and mountain-climbing.



DR. J. W. M. LAWTON
M.B.,B.S., M.D.(Adel.);M.R.C.P.(U.K.);
F.R.C.P.A.

DR. P. C. WU.

DR. P. C. WU.
M.B.,B.S., M.D. (H.K.);F.R.C.Path.; F.R.C.P.A.

Dr. Wu graduated from our university with M.B.B.S. degree in 1966. She worked at several hospitals until 1969 when she joined the Department of Microbiology of our university. A year later she transferred to the Department of Pathology and started her career as a pathologist. In 1985 she was appointed Reader of the Department.

Dr. Wu has main interest and research field on liver diseases. She attributed this partly to the stimulation and initiation she received from Professor Gibson, who was the previous head of the Department. Moreover, she is also engaged in other challenging fields. In 1979 our University was actively preparing for the new Dental Faculty and consequently she went to England to study oral and bone pathology for a period of 9 months. And upon returning, she has been working mainly in the Prince Philip Dental Hospital for management of the Department there, as well as teaching of dental students. However, she feels that scientific work is by all means more interesting than administrative work, and she now still devotes much effort to her researches on liver diseases. In 1984 she received her degree of Doctor of Medicine for her work on hepatitis-B virus and hepatocellular carcinoma.

Dr. Wu thinks that medical students should participate actively in extracurricular activities in spite of their heavy work load. As an essential part of university life, extracurricular-activities participation not only enables students to establish social spirit but also gives them some idea of how to behave in a community, which will be helpful to their future career. She also mentioned that in her university days medical students were enthusiastic participants of many activities. Moreover, she is gratified at the variety of activities available to our fellow students today.

Dr. Wu is married and has three children. Being a teacher, a medical worker and a housewife, she can hardly have much spare time to enjoy her hobbies. Fortunately, her husband also works in medical field and thus understands her job and gives her support continuously.

DR. C. W. CHAN

Dr C.W. Chan recieved his secondary school education in King's College. Then he had his matriculation in La Sa College. He graduated from H.K.U. medical School in 1965. In 1967, he joined the Government Forensic Pathology unit. He worked there for 1 year. Then he went to the Q.E. Pathological Institute, and worked there for another year. In 1969, he joined the H.K.U. Pathology Department (Q.M.H.) and was working there for nearly 20 years. During these years of work, he had once went to Glascow University in Scotland for further training (1973-1974).

Dr. Chan's original choice was working as a Paediatrician. While waiting for the post in the Paediatric Department, he went to the Government Forensic Pathology Unit. There he developed his interest & enthusiasm in Pathology and decided to stay in this field for his life career.

Dr. Chan is an active member in the Department. He participates in the hospital pathology service as well as its administration. He takes part in teaching of medical students. At the same time, he is doing some of his own researchs. He is especially interested in the male genital system, biliary system and Nasopharyngeal caranoma.

To Dr. Chan, the greatest change of medical students in all these years is social awareness. However the overall academic result is not as good as the previous students.

Besides working as a pathologist, Dr. Chan is also active in extra-curricular activities. He has been a council member of the Medical Council and has been the Chairman for one year. He has joined the work for the setting up of the H.K. Pathology Society. Recently, he is busy at the work for setting up the Pathology College.

Dr. Chan has a simple happy family which include his wife and his 12 year old son. During leisure time, he like swimming, listening to music, reading books and watching T.V.

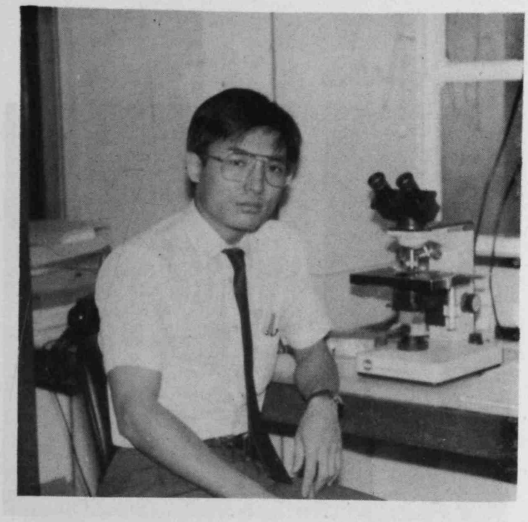
Dr. Chan aggree on the present 3 years system of H.K.U. Since thers is no prove or evidence that 4 years is better than 3 years, and the society has to bear a financial burden for the 4 years system, based on cost-effectiveness balance, it may not be worthy for a 4 years system of post-secondary education to be established.

As a word to the medical student, Dr Chan said that it was important for a graduated medical student to think"what kind of doctor we expect ourselves to be and how we can do it?"

DR. C. W. CHAN

M.B.,B.S., (H.K.);F.R.C.Path.;F.F.P.R.C.P.I.;
F.R.C.P.A.

DR. H. W. LIU



DR. H. W. LIU
M.B.,B.S.(H.K.);M.R.C.P.(U.K.)

Dr. Liu is an old boy of the Saint Francis Xeveier's College and King's College; Having spent most of the formative years of his youth in these two Colleges, he still cherishs much of his school life. He particularly apprepicated the open atmosphere of learning and the way his teachers stimulated him to think and argue. These influences have benefited him to think and formed the deepest core of his scientific reasoning, he said that he was much indebted to one of his teacher Mr. Ma Hing Keung.

Dr. Liu summarizes his University life as the most wonderful period of his life because he could make friends, study and experience various aspects of life wholeheartedly. Most of his believes were formulated or became mature during that time.

After graduation and finishing the internship, he had worked in different departments before joining the University in 1985. Dr. Liu said that this was an era of knowledge explosion so that it was not practical for anyone to expect that he/she could excel at all aspects of medicine and therefore specialisation was an inevitable outcome, bearing in mind that even general practice is a specialty nowadays. He chose to work in the field of haematology because it is challenging and much scientific progress is being made in this area. He, however, felt that our level was still much behind other countries and in order to catch up or at least to narrow the gap, it is essential to combine the different branches of haematology, i.e. research, laboratory diagnosis and clinical haematology, and to recruit more young graduates into this area. Dr. Liu is particularly interested in studying haemic malignancy and coagulation disorders.

Dr. Liu admitted that the medical profession was a very time consuming profession. However, he insisted that it was essential to develope other interests in order to enrich one's lives. He spent a lot of time in studying history and philosophy because these gave him insights and stimulated him to think about questions of life and society. He is presently enrolled in an external degree of Law (LLB) and expects to finish it in three year's time. He loves sport very much because of its fairness. Dr. Liu is a keen squash player.

On asking about his opinion on medical students, Dr. Liu said that he was very sad to wittness the way students are ruined by the education system. Their weakness is particularly obvious on the area of analytical thinking, intuition, imagination and logical deduction. They can hardly present themselves in a competitive manner. If it is not because of the protective nature of the profession, much of them would have suffered from this inadequacy. Being a medical practitioner, it is highly likely that we will face emergency situations frequently, it is of utmost importance that we can think, judge and handle problems independently. Unfortunately, being one of the oldest profession, medical personnel tend to be conservative and the apprenticeship-like way of teaching tends to suppress imagination and logical

DR. K. W. CHAN

thinking. Too much stress is placed on memorizing material and facts which in Dr. Liu's view, were rather unnecessary for the undergraduates, bearing in mind that far more emphasis should be placed on the post-graduate training.

The students should also be blamed for their submissiveness and materialistic views. They pay too much attentions on passing tests and examinations yet missing the essence of learning-TO SEEK FOR THE TRUTH. Needless to say, we are still far from the truth. But the correct attitude, in Dr. Liu's words, is to doubt, to reason, to argue and to justify. To doubt even the established rules, to think and to exercise reasoning in relation to available informations, to dare to argue against authority and to justify any decision with scientific evidence.

"Dare to say no when you do not agree.

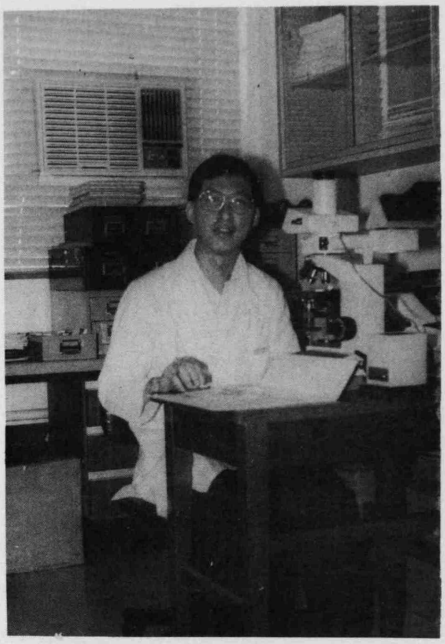
"Do not afraid to say something stupid because only by so doing can you correct these misconceptions.

"It is not a shame to admit one's ignorance, it is inexcusable to pretend to know when one actually does not."

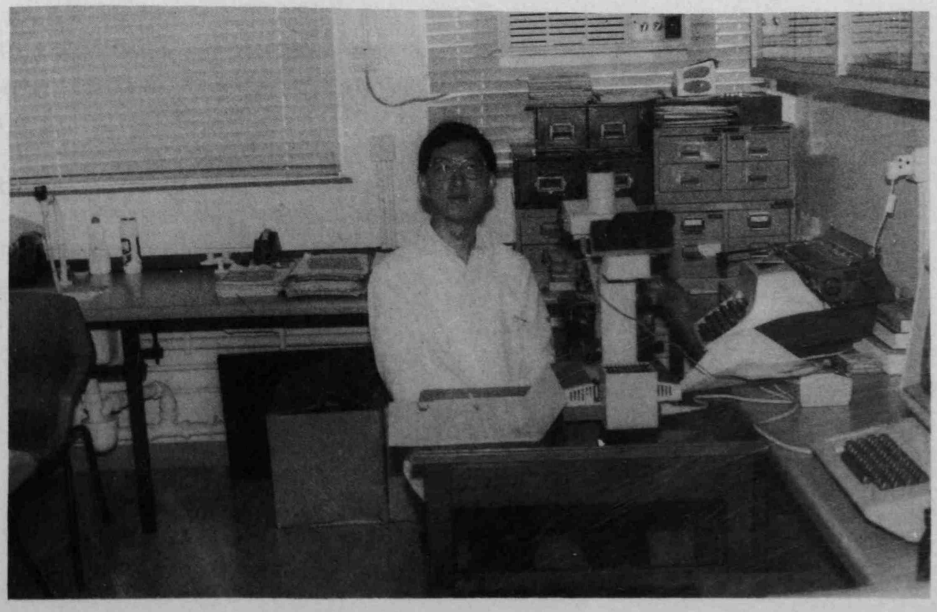
Dr. Chan Kwok Wah received his secondary education in Kowloon Wah Yan College. After graduating from the University, he joined the department in 1979. He thinks that the department has undergone great changes during the past ten years.

Dr. Chan had been interested in Pathology since he was a student. This is the reason why he has chosen pathology as his career and has picked up histopathology which is the main stream in pathology. When asking about his opinion on medical students nowadays he throught that, they were all brilliant. He suggests that Pathology is a very important basic subject in the whole medical course and students should make good use of every opportunity the teachers offer them.

Dr. Chan is the second child in a big family. He received a lot of supports and influences from his father during the early years. He enjoys computer games and often uses microcomputers as research tools.



DR. K. W. CHAN
M.B.,B.S.(H.K.);M.R.C.Path



DR. L. MA

Ph. D. (H.K.);Dip. Med. (Tien Tsin Med.Coll.)
;M.R.C.Path.

Dr Lily Ma was born in China. She received her secondary school education in Shanghai. In 1961, she graduated from the Tianjin Medical University. After two years' clinical practice, she came to Hong Kong .

It was a difficult time for her since her medical degree was not qualified in Hong Kong. Moreover the language communication also troubled her.

After marriage, she went to England accompanying her husband. She then got a part-time job in an Orthopaedic centre of the Oxford University, that one-year experience on electron microscopy was valuable to her. In 1967, she returned to Hong Kong.

Soon in March 1968, she entered the Department of Pathology of H. K. U., She was a demonstrater and worked on electron microscopy. Her interest in pathology started since she was an undergraduate, at that time, a pathologist was the one who finalized a case and gave comment on the diagnosis and management. These kinds of work impressed her deeply. At that time, she liked to deal with fine and delicate work. EM, an advanced technology for diagnosis and research, not unexpectedly, suited and attracted her.

Nowadays, besides giving lectures and demonstrations, her daily work also include routine hospital services on autopsy, biopsy etc..... She is now carrying out research on carcinoma of oesophagus. She has received a Ph. D. in H. K. U. as well as a research fellow scholarship from Internal Cancer Research Institute.

According to Dr Ma, the Department of Pathology has change a lot in the past twenty years. In the past, administrative work is solely the Professor's job. However, in the recent few years, there have been senior staff meetings and department meetings, during which, one knows the developmental plan of the department budget for research as well as equipment renewal proposal. Besides, the teacher-student relationship is closer, probably because there are more tutors and students are

more initiative in voicing their opinion and asking questions.

Dr Ma's husband is also a doctor and is an orthopaedic surgeon. Before being a private practitioner since 1975, he was a consultant in Q. E. H. Dr Ma has three children and they are all in U. S. A. Her daughter has graduated and is working in a bank. Her two sons are still studying in University.

In her leisure time, besides doing housework, Dr. Ma also accompanies her husband to play tennis. He is not only a keen player but also a good one! During long holidays, travelling is their favourite.

Dr Ma also takes part in various social activities. She is a director of the social service for young in the church, she was a council member of the H. K. Pathology Society two years ago and she was the Chairman last year.

DR. T. C. CHAN

DR. T. C. CHAN
M.B.,B.S.(H.K.);M.R.C.Path.; F.R.C.P.A.

Dr. T.C. Chan is an old boy of Wah Yan College, Hong Kong He obtained his MBBS degree in the University of Hong Kong, and joined the Haematology Department immediately after the internship. In 1983, he went to England and attended vocational training course in the Oxford University for eighteen months. Dr. T.C. Chan is now the senior Clinical Pathologist of the Haematology Unit.

Besides providing services in the Queen Many Hospital, Dr. Chan is responsible for the executive work of the Haematology Unit and the training of postgraduate, technical staff and student. Consequently, he has less time to spend on his research work, however, Dr. Chan is particularly interested in the metabolism of red blood cell, especially its adaptation to physiological changes during pregnancy.

Most people may have an idea that a Clinical Pathologist only works in the laboratory and does not need to come into contact with patients. However, Dr. Chan thinks that although they are working in the second line of the medical services, having contact with the patients is actually essential.

Asking why he joins the department, Dr. Chan said that his interest in haematology began when he was still a medical student as he read a good book on the subject. He thinks that the learning process is just like a cycle, when one understands the topic more, his interest on the topic will grow and hence he will try to understand more. In this way, his interest in haematology gradually grows.

Dr. Chan likes to meet people of different background and he thinks that it is a pity that most doctors, due to their heavy work load during training, are rather restricted in their social circle. Dr. Chan is married and has three children two of them are twins of eight months old. He enjoys reading and listening to music.

DR. A. N. Y. CHEUNG

Dr. Cheung is a past student of Belilios Public School. She was graduated in 1985 from our University. She then worked as an intern for one year in the University Medical and Gynaecology Units. She joined the Department of Pathology in 1987. Pathology has attracted her because of its challenging clinical application and she is particularly impressed by its extensive involvement in the medical field.

She felt that the Department had become more active since she joined as the members are encouraged to participate in more research work. Dr. Cheung is presently engaged in some animal experiments on lymphoma.

The medical students that she encountered are described as hard-working and active in asking questions especially during practical class. Dr. Cheung stressed that more understanding is needed because the basic concepts in Pathology must be clarified as they form an important foundation in the study of clinical subjects.

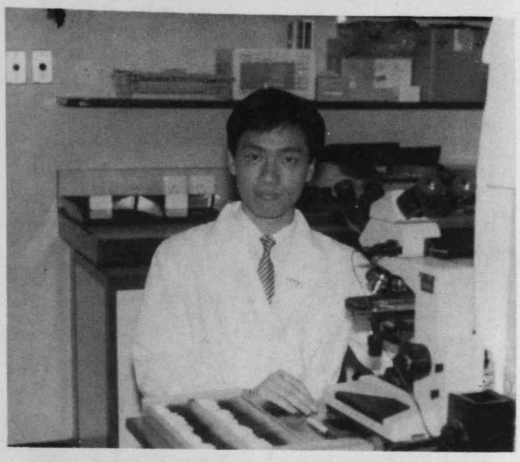
With regards to the future changes in the length of curriculum, she believed that they are beneficial to students as a compromise can be reached to eliminate the present state of confusion in applying for the two Universities in the Hong Kong. She agreed that language reinforcement of the students should be the main theme in the curriculum of the extra year of study.

In her opinion, bilingual ability is important for the medical profession. It is beneficial for the academic and professional communications between Hong Kong and China, as well as for the training of Chinese physicians in Western countries.

In her spare time, Dr. Cheung enjoys reading, watching movies and listening to music. She is a keen traveller and the places she had visited include China, USSR, Greece, Japan and most of South East Asia. She also encourages medical students to travel more during their holidays as they will not have much chances when they become doctors.

DR. A. N. Y. CHEUNG
M.B.,B.S.(H.K.)

DR. K. Y. CHAU



DR. K. Y. CHAU
M.B.,B.S.(H.K.)

Dr. Chau completed his secondary education in Wah Yan College, Kowloon, and obtained his M.B.B.S. degree in H.K.U. in 1986. After internship, he worked as a forensic pathologist for half a year and then joined the Department of Pathology.

Dr. Chau has been working with the histopathology section. During the time of interview, he is undergoing a three month training at the haematology section. Apart from being a tutor in the practical classes, he is involved in post mortem examination, biopsy reporting, and various acaedemic works of the department.

Dr. Chau feels that unlike his undergraduate studies in Pathology, which is mainly concerned with underlying basis of diseases, his present work focuses on diagnostic pathology. The latter required the differentiation of a wide range of diseases with precision which, in many instances, involve very subtle changes. Dr. Chau, therefore, admitted that he had to study continuously and work hard to equip himself with new knowledge in Pathology.

Dr. Chau is married. During his leisure, he likes reading, ball-games and watersports.

DR. K. H. FU

M.B.,B.S.(H.K.);M.R.C.Path.

Dr. Fu graduated from our university with M.B.B.S. degree in 1981. After working in Queen Elizebeth Hospital and Nethersole Hospital for his housemanship, he joined the Department of Pathology as clinical pathologist in 1982. And in 1987 he obtained membership of the Royal College of Pathologists.

Dr. Fu entered the medical faculty because he hoped to save and treat patients. However, today he is a lecturer as well as a medical researcher and no longer needed to have direct contact with patients. He explained this by the fact that he is not satisfied with the overcrowded wards here and the limitations a doctor has to face. Moreover, to a student it is difficult to tell which specialty will suit him best after housemanship. So he did not hesitate to join the Department and gradually developed interest in his field. Today he is specializing in paediatric pathology and his daily work includes microscopic examination, chemical analysis, research work and teaching. He spends about ten hours on his work each day and some of his leisure time is also occupied for private study. Nevertheless he mentioned about enjoying classical music as his favourite entertainment. Finally, when he is asked about the 1997 uncertainty, he said that it is too busy for him to think about the issue, but he has never thought of emmigration and will definitely stay here in the future.

DR. B. R. HAWKINS

Many people today have heard of the importance of tissue typing in organ transplantation.

Dr. B. R. Hawkins, a British scientist specialising in the field of tissue typing, has been working in the Department of Pathology of the University of Hong Kong since 1982.

Dr. Hawkins was educated in England and went on to further his studies in the University of Western Australia where he obtained his PhD degree. For his Bachelor degree, he took double majors in anthropology and pathology.

Surprisingly, Dr. Hawkins was in the engineering stream at school before he moved towards medical science. Looking back he remembers how difficult it was to move from one stream to another and is now strongly opposed to specialisation at such an early age in school.

Dr. Hawkins, before joining the staff of this university, was a lecturer in medical technology in the Western Australia Institue of Technology. A then newly-established tissue typing laboatory in H.K.U. provided an excellent opportunity for Dr. Hawkins, who now takes charge of this laboratory, to develop his interest in tissue typing with regard to racial difference.

Before 1980, no tissue typing had been done for the Chinese race in both Mainland China and Hong Kong. Obviously, tissue typing and matching play an important role in the success of organ transplantation. Furthermoe, tissue typing can be employed in the diagnosis of certain diseases.

Dr. Hawkins has done much research in the area of tissue typing and has published over 60 papers in periodicals. His first book, "Human Leucocyte Antigens in Chinese" appeared in January, 1988.

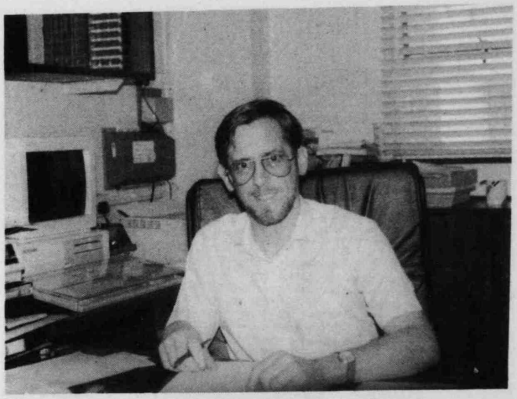
Dr. Hawkins gives the impression of a typical gentleman. He has a Chinese wife who is a nurse and three children aged 9, 11 and 14.

Besides the management of the laboratory and doing research, Dr. Hawkins takes part in teaching medical students and medical technologists. He also takes part in post-graduate seminars.

A man who loves working, Dr. Hawkins derives much satisfaction from his job, particularly the knowledge that his work can make a direct contribution to society, not only in transplantation and disease but is also in the law court to test for paternity and help resolve family disputes. Being on call all day long, he admitted that some of his private time is sacrificed for work.

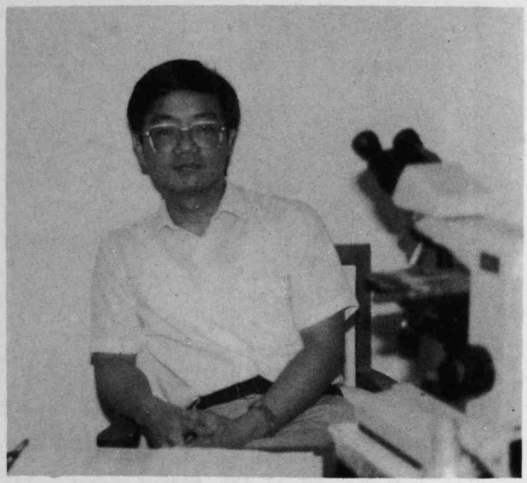
When asked to comment on the medical students here, his first impression was that they are hard-working. However, he feels that students spend too much time memorizing passages from books and lecture notes to pass exams without considering what the passages actually mean. If students were to use more imagination in their study, they might find their learning more effective.

In general, he considers the English level of medical students here pretty good, but sees a problem when students learn in one language and go on to practise in another language. His advice is that students should make full use of tutorials to discuss the problems they encounter.



DR. B. R. HAWKINS
B.Sc., Ph. D. (W. Aust.)

DR. A. C. H. CHOI



DR. A. C. H. CHOI
M.B.,B.S. (H.K.); M.R.C.Path.

Dr. Choi is an old boy of King's College and he graduated from our medical school in 1979.

He joined this department in 1982 after he had worked in the medical unit in United Christian Hospital for two years. The main reason for his joining was the insufficiency of well-trained pathologists or paramedical workers for more efficient and better diagnosis in hospital in previous years. He is happy to see that more and more graduates are now working on paramedical subjects in recent years.

Besides teaching pathology, Dr. Choi also assists Professor Ho in doing research work. They are interested in bone and soft tissue tumour research. Dr. Choi worked in orthopaedics during his housemanship and he is particularly interested in bone pathology.

Dr. Choi is also a tutor of S.K.Y. Lee Hall and a Christian. He studies bible with students at hall and he contributes his part in seeing the needs of fellowship in his church. Dr. Choi said that the work pressure on him is always great when there is examination. Then, he will decrease his involvement in hall.

The most valuable thing in his life is the ability of recognising a group of Christians who can stimulate his life. This group of friends helps him to have a clear understanding of his belief, deep sharing with each other and gives him good examples of experiencing the working of God in life.

Dr. Choi agrees that the whole course of medical training emphasizes on good memory. Since pathology is more academic then clinical, inductive thinking should be encouraged. The Department of Pathology is now in progress to try to stimulate inductive thinking of students so that long-term memory can be resulted.

His impression on medical students is that: all have very high I.Q. scores but it will be better for students to be more exposed to external environment. Reading news and frequent chats with friends of other faculties will surely help.

For the change of three years of university education to four years, Dr. Choi basically agrees with it because this can unite the education systems of the present two universities and students can afford time to study the more stimulating subjects which may not be related to his or her working field. Social investment is deserved of if the quality of training to students can increase with the charge in the university education system.

DR. U. S. KHOO

Dr. Khoo was born in Malaysia and completed her secondary education there. She then studied in the medical school in Ireland and worked for a year of post-graduate training.

After coming to Hong Kong, It was quite difficult initially for her to find a job. She worked in the Nethersole Hospital and Pok Oi Hospital, each for a few months. She joined the Pathology Department in November, 1987 as she liked the subject and thought that it was a good place to pursuit further training. At this moment, she is still preparing herself and has get no particular research interest.

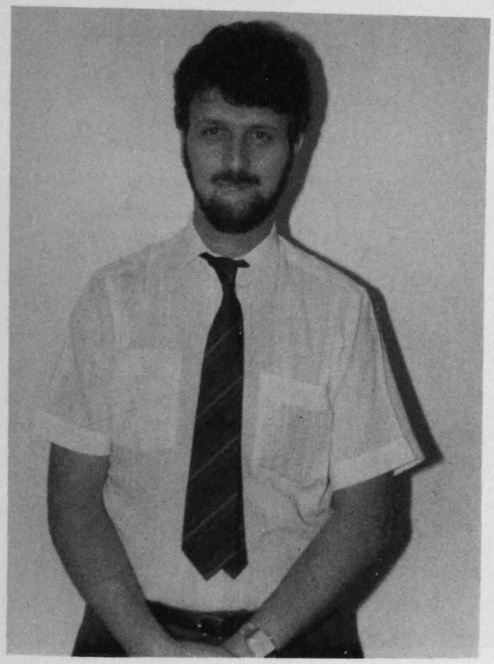
The daily work of Dr. Khoo includes checking autopsy and biopsy cases, attending tutorials and demonstration classes of both medical and dental students. She will also receive training in different sections in the Department.

When asked about the impression on the other staff of the department, she said that in Hong Kong, the pace of life is fast, people take a serious attitude towards work and are very dedicated to their jobs. She also noted that medical students in H.K. were very diligent and serious in their studies as the course was very much intense.

Dr. Khoo's family and other relatives are living in Malaysia while two of her sisters are studying in Ireland. She likes music a lot and she play the piano. She also enjoys walking and visits the outline islands at least once a month. Dr. Khoo is very interested in young people and likes to make contact with them. During her intership in Ireland, she helped a medical student to conduct a project on the topic "Medical Education — Patient — or Disease-Orientated". She noted that it was very important for a doctor to have the correct attitude towards their patients regarding them as human beings and not only as case to be cured.

DR. U. S. KHOO
M.B.B.Ch; B.A.O., M. Med. Sc. (N.U.I)

DR. R. J. COLLINS



DR. R. J. COLLINS
M.B.,B.S.(N.S.W.);F.R.C.P.A.

Dr. Robert John Collins is an Australian from New South Wales. He studied at the University of New South Wales in Sydney and graduated as MBBS in 1975. Initially he considered becoming a surgeon and after the internship year he spent a year as medical officer in several surgical subdivisions. Part of his reason for transferring to pathology was that it formed a sizeable component of the Primary examination in surgery in Australia.

Soon after he realised that while he enjoyed working with his hands, the drama of the operating theatre and the frequent immediacy of definitive treatment, pathology had its own strong attractions. He found that pathology in general, and anatomical pathology in particular, frequently has a key role in patient management with subsequent treatment being heavily dependent on the observations of the pathologist. This is most vividly demonstrated in the case of intra-operative frozen sections.

At the beginning of 1980, he joined the University of Hong Kong as a clinical pathologist involved in the reporting of surgical accessions, frozen sections and autopsy duties. Later he began giving lectures and vividly remembers his first lecture on neuro pathology.

Part of his job is involvement in research. He has explored the fields of melanocytic lesions, infections due to Mycobacterium marinum and other areas. For about the last four years he has become increasingly involved in gynaecological pathology—particularly oncology of the female genital tract. His dominant interest at present is the application of morphometric techniques to female genital tract in general, but especially to the area of borderline ovarian malignancies. This promises to enable more appropriate treatment for such cases.

Dr. Collins is now a lecturer, a tutor, a demonstrator and an examiner in the Univeristy. What does he think of us medical students?

"In general I am very impressed. When I first arrived I was informed that while the students studied very hard they were not critical and had few opinions of their own. This I found to be untrue but I still have a feeling that our students do not use their opportunity to gain as broad education as is possible at University."

Dr. Collins used to play rugby and enjoyed motor cycling – both of which gave him broken bones. He also enjoys tennis and very occasional games of squash as well as swimming, hiking and dabbling with computers. He especially enjoys music of all types.

Dr. Collins came to Hong Kong with his Australian wife and eldest son, Andrew, now ten years old. His second son, Christopher, was born in Hong Kong and is almost seven years old. Both boys attend Kennedy Road Junior School.

Concerning the 1997 issue, he states that he has no plans to leave in the immediate future but that he is concerned about the local community as a whole.

DR. S. Y. LEUNG

Dr. Leung completed her secondary education at Hoh Fuk Tong College and studied at Tsuen Wan Government Secondary School for her matriculation course. She then entered the H.K.U. and obtained her M.B.B.S. in 1986. After a year of housemanship, she joined the Pathology Department.

She chooses to be a pathologist because she is very interested in this subject. She also admitted that she likes the job nature of a pathologist as she can have a better control of her working hours so that she may work according to her own plan.

The daily work of Dr. Leung includes autopsies and biopsy reporting for the hospital pathology services, which accounts for her greatest work load. She also attends practical classes, tutorials and gives lectures. Now she is having several projects on the cardiovascular system. She think that it is indeed a good exercise to learn how to approach and analyse a problem and then write a report. Nevertheless, she has not decided on her future field of specialization yet.

Concerning her impression on the other staff in the department . she feels that the atmospheres is good and her supervisors alway give her valuable advice so that she can cope with her work very well.

Dr. Leung comes from an ordinary Chinese family which gives her much freedom to develop her own interest. She enjoys learning all kinds of new things and is most delighted when she gets improvement. She likes new challenge and cannot adopt a routine & mechanical lifestyle, She is very keen on various kinds of outdoor activites, likes swimming, ballgames, sailing and camping. However she admits that she has to sacrifice a lot of her time for her private study and preparation for the examinations.

When asked to give some advice to medical students, Dr. Leung frankly said that we should set up some goals for ourselves and work accordingly when we are still studying in the university.

DR. S. Y. LEUNG
M.B.,B.S.(H.K.)

DR. J. HO

Dr. Ho was a past student of Sacred Heart Canossian College, Macau. After that she went to Beijing Medical College. Then she recieved her pathology postgraduated training in Canada McGill University.

Dr. Ho joined the Department of Pathology of the Hong Kong University in 1971. The research area she now covered is on the topic of G.I. Tract. She feels that our medical students are hard-working. However, she thinks that extra-curricular activities are also important to the overall training of them. Therefore well allocation of time is essential to medical students.

Dr. Ho lives with her husband and two children. She has quite a lot of hobbies for her leisures time, for example, swimming, badminton, hiking and music.

Three to four year shifting of University education is a worthwhile change in the view of Dr. Ho. However, this change should be a gradual one.

DR. J. HO

M.Sc. (McGill);Dip. med. (Peking Med. Coll.); Dip Am Board; F.R.C.P.A.

DR. C. K. LIN

Dr. C.K. Lin received his primary and secondary education in Salesian School and finished his matriculation course in Queen's College. After completing his M.B., B.S. study, he joined the Department of Pathology in 1984.

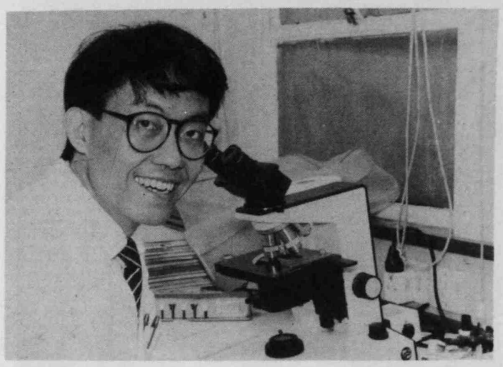
Dr. Lin built up his interest in pathology during the elective period in his final year and decided to choose pathology as his first choice of future career. Fortunately, after the housemanship and therefore he filled it gladly. Another main reason for his choice is that he has great enthusiasm in research work and the department can well support him on this field.

During the earlier years of his career, Dr. Lin has built up memorable friendships with his teenages patients who are suffering from leukaemia and lymphoma. This gave him a great stimulation. He then made up his mind, to do researches on the field of haematology in order to contribute more help to them.

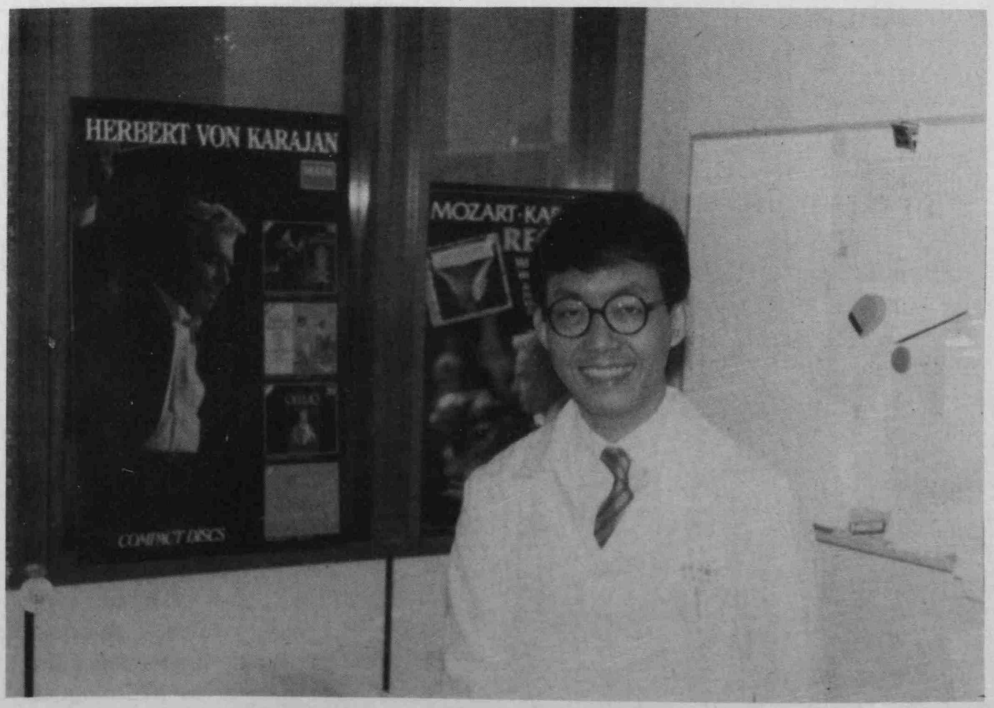
Currently, Dr. Lin is conducting a research on the defective genes of the lymphoma and leukaemic disease. He also studies the abnormal protein of haemophilic patients.

When asked about his opinion on the medical students, he thinks their standard is declining. He said that the academic foundation of many housemen are not so good and very often they are not so hard-working as the students in the older days. He hopes the students to be more active in their studies and be more observant and enthusiastic about their books and the world around them.

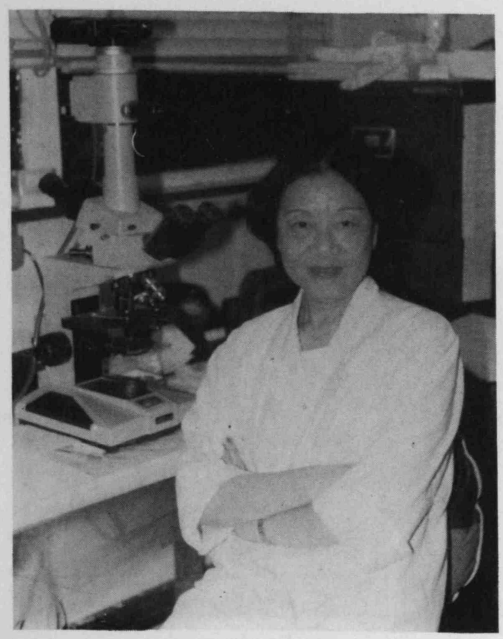
Dr. Lin is single. He has a busy life. Most of his time is devoted to his career. In his limited leisure time, Dr. Lin likes to attend concerts on classics and play badminton.



DR. C. K. LIN
M.B.,B.S.(H.K.)



DR. C. HSU



DR. C. HSU

B.Sc.(St. John's); Dip Med. (Shanghai); M.R.C.Path.

Dr. Hsu received her medical training in the Medical College of the St. John's University in Shanghai and graduated from the Shanghai Second Medical School in 1954. She then worked as a radiologist.

Dr. Hsu left Shanghai and joined the Pathology Department in 1968. In 1972, she was awarded a fellowship by the World Health Organisation and studied cytology and gynecological pathology in New York, U.S.A. After returning to H.K., in 1973, she started the Cytology Laboratory in H.K.U. Since then, the laboratory has been expanding rapidly with an accompanied increase in work load from 500 cases per year to 9,000 per year. Now,it includes 5 technicans, 2 laboratory assistants and a clerk. The laboratory also takes up some consultative cases referred from the H.K. Anti-Cancer Society (H.K.A.C.S.)

Dr. Hsu then pursuited further training in aspiration cytology in Sweden in 1975 and started aspiration cytology service at H.K.U. since 1976.

The work of Dr. Hsu includes signing of the cytology cases of the University and the consultative cases from the H.K.A.C.S., and aspiration of out-patients and ward-patients at Queen Mary Hospital and aspiration of thyroid clinic in Tung Wah Hospital. She also supervises tutorials, class cases and gives lectures to medical students. Besides these, she trains the cytotechnicans as will as pathologists.

Cytology first appeared to Dr. Hsu as a rather montonous, eye-straining work. However, she accepted the fellowship in cytology as she thought that it was a good challenge to start a new branch in the Pathology Department. She now commented that a cytologist was indeed working at the fronteer of Pathology. Very often, a cytologist makes the initial diagnosis of the patients.

In the past, the work of a cytologist was rather simple: looking at the cells in cervical smears, sputum or fluid to detect cancer cells. Now, the trend has been broadened. The work includes aspiration of palpable and non-palpable target lesions under the guidience of X-ray,ultra-sound or C-T. Also, new techniques as immunohisto-chemistry, EM study can be applied to help the establishment of diagnosis. Dr. Hsu sincerely hopes that more people may get interested in this field.

Concerning her impression of medical students in H.K., she commented that as a whole, they were diligent and hard-working but their qualities varied greatly in different classes.

Due to the heavy work load, Dr. Hsu has little time left for her family life. She was married, with a son living abroad. She usually reads the newspaper or has other entertainments in the evening. She also does some exercise to keep fit and she enjoys cooking.

DR. C. Y. LEUNG

Dr. Leung is an old boy of Queens College. After graduating from HKU with a degree of M.B., B.S., he has worked in several different hospitals before joining Pathology Department of HKU. in 1986.

The day-to-day duties of Dr. Leung include research work, teaching work and hospital services. He mainly teaches second and third year medical students. His hospital service is chiefly to determine whether a specimen removed by biopsy of patients is malignant or benign and then give a report to guide future management.

Dr. Leung joins the Department of Pathology because he thinks that the practice of pathology is important in determining the kind of treatment to give. However, according to Dr. Leung, being a pathologist has one disadvantage: a pathologist often lacks the opportunity to contact directly with patients because his job is mainly confined to laboratory work.

Concerning research work, Dr. Leung has, together with Professor Ho, worked on amyloidosis (deposition of abnormal protein in body tissues.)

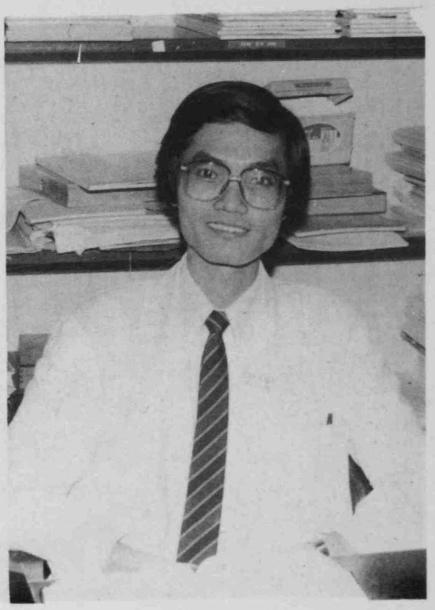
Dr. Leung is single and is living with his father, mother and a sister in North Point. He is very active and has many hobbies such as fishing, watching stars and taking photographs of stars. He has once been the 1st runner-up in the Hong Kong Amateur Astronomical Photography Competition.

According to Dr. Leung, Medical students nowadays fall between two extremities: those who do not participate in any activities and those who participate actively in all kinds of activities.

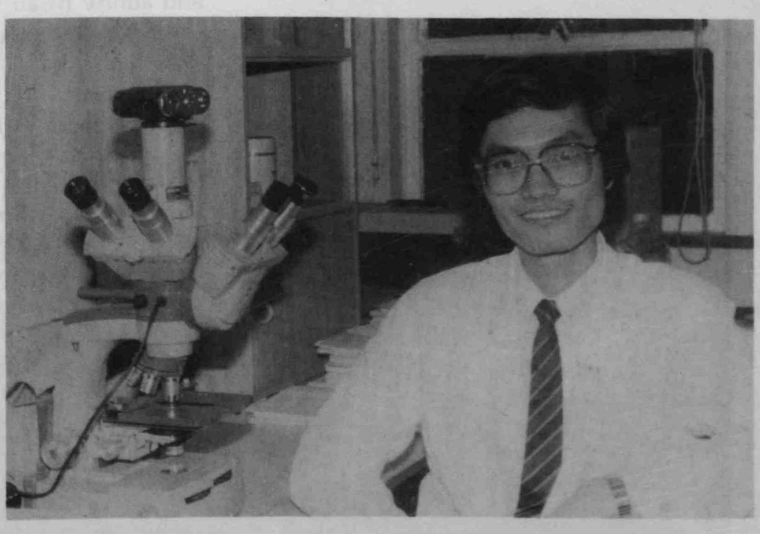
Dr. Leung thinks that neither group is better than the other. He thinks that participating in activities is to help one to become more mature. Becoming more mature needs thinking and reasoning, only participating in activities without thinking of the aim is useless.

For the 1997 issue, Dr. Leung considers this to be a chance to go back to China, so that on one hand, he can serve his fellowmen, while on the other, he can make contact with the Christians in China. (Dr. Leung is a Christian)

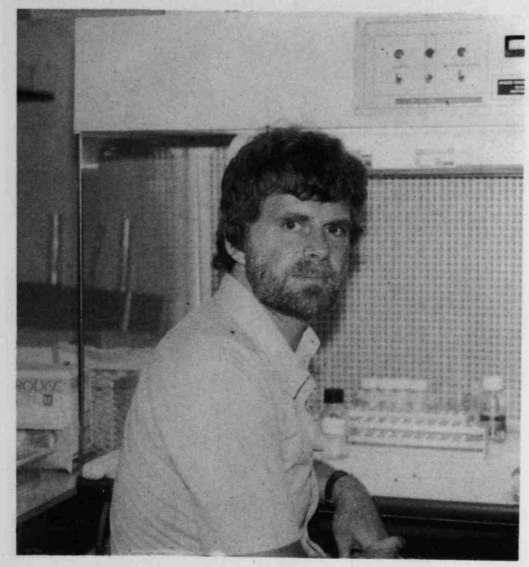
Dr. Leung advised all medical students to have target for themselves and to strive on towards that target, otherwise, one will easily waste his own precious time.



DR. C. Y. LEUNG
M.B.,B.S.(H.K.)



DR. B. M. JONES



DR. B. M. JONES
M.Sc., Ph. D. (Wales)

Dr. B.M. Jones was born in London. He received his secondary education in Ground School in north of London. He studied microbiology in the University of Cardiff in South Wales. After his graduation, he worked in a hospital specialized for T.B. and chest diseases and obtained Master of Science degree on the subject of the 'Farmer lung', which was a disease not common in HK. At that time, he was interested in immunohistology and histopathology, especially self-mediated immune system. The objective of his PHD thesis is 'The evaluation of self mediated immunology in patients with breast caner.' Then, he worked in the kidney research unit in Cardiff for 2 years. After that, he looked for a new immunosuppressive agent whose metabolized form is active in reinforcing the ability to suppress rejection.

In 1978, Dr. Jones came to immunology unit of Department of Pathology in HKU. He had done many researches. For examples, evaluation of humoral immunity and ability of all to make antibody in tissue culture; measurement of the number of different subsects of lymphocytes in patients; and in a common topic 'AIDS', he developed the technique for measuring anti HIV producing B cells in neonatal blood. Hence, those babies who are infected by AIDS from their infected mothers can be truely identified. However, Dr. Jones said that there were no advance equipments and sufficient financial support from the government on researches.

'So, under such limitations, why did you still prefer to join HKU in 1978?' Answering the question, Dr. Jones said that 10 years ago, the study of immunology was only at a primitive stage in the world, and the study had just begun in the world, and the study had just begun in HK. Thus, he came to HK to make sure that the immune service in HK could become well developed.

When talking about the medical students, Dr. Jones modestly said, "10 years ago, when I talked in my first lecture, I found the students were quiet and attentive. They asked few questions. I wondered if they could really understand my lecture. Then, from the examination result, I found that they either did understand the lecture or they study hard from the text books, as the answers they gave were very good. But I still thought that students did not keep quiet. Later, in the practical lessons, it was exciting that they raised many interesting questions. Now, I want to make the lecture less formal to encourage discussion".

Dr. Jones is married with 3 children. His wife is a Chinese technical staff and she works in a room next to him. In leisure time, he likes light reading and Jazz music. He has 4 dogs. He is the member of University staff football team and he also plays cricket.

DR. I. O. L. NG

After finishing her five-year study in Cognitio College, Dr. Ng went to King's College to have her A-level, where she was most impressed by its free environment. In 1975, she entered University of Hong Kong and graduated in 1980 with a degree of M.B.,B.S.. Soon after internship, in 1981, she joined the Department of Pathology as a clinical pathologist and became a lecturer later in 1986.

Her interest in the medical career has been established since her Form 4 when she witnessed the suffering of her illness-stricken grandmother. During the internship, she worked in the University Medical Unit in Queen Mary Hospital and realized that pathology was an indispensable subject that helped to reveal the truth of a disease that might have been wrongly diagnosed. Moreover, the reports of pathologists were of upmost importance particularly in bedside treatment. She then decided to devote her time to the field of pathology.

Recently, Dr. Ng is busy with her researches on hepatology and gastroenterology — the two subjects which she likes most.

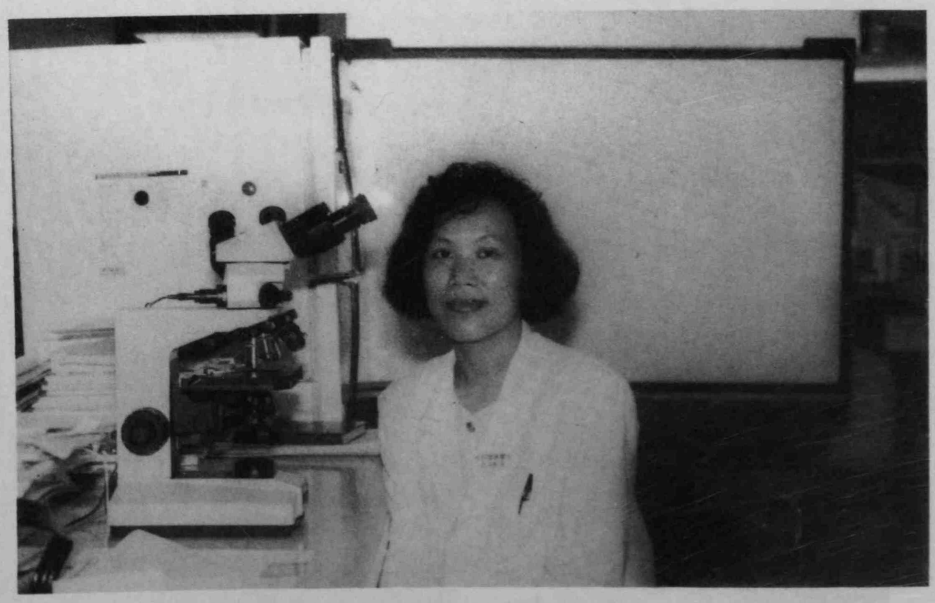
Dr. Ng opines that the medical students nowadays seem a bit more youngish than those in her days. Anyway, both groups are energetic in their extra-curricular activities. On the other hand, Dr. Ng says that the students nowadays see a declining standard in their academic aspects.

Concerning the 1997 event, Dr. Ng has much confidence. She loves Hong Kong and will stay here.

Dr. Ng welcomes the university curriculum changed from three to four years and thinks that it is a thoughtful consideration. She says that the new curriculum is good for the students since it allows them to have a one year less A-level course on one hand and provide a better adjustment to university life for the freshmen on the other.

Dr. Ng is married and shares a happy family life with her husband and a two-year-old son. Her husband, Dr. Ng, is also a member of the University and works in UMU. In her leisure hours, she likes going swimming with her son. Being a Christian, she also takes frequent visits to other members of the Church. Besides, she enjoys reading books especially those concerned with human personality and Christianity.

DR. I. O. L. NG
M.B.,B.S.(H.K.);M.R.C.Path



DR. J. K. M. LEE

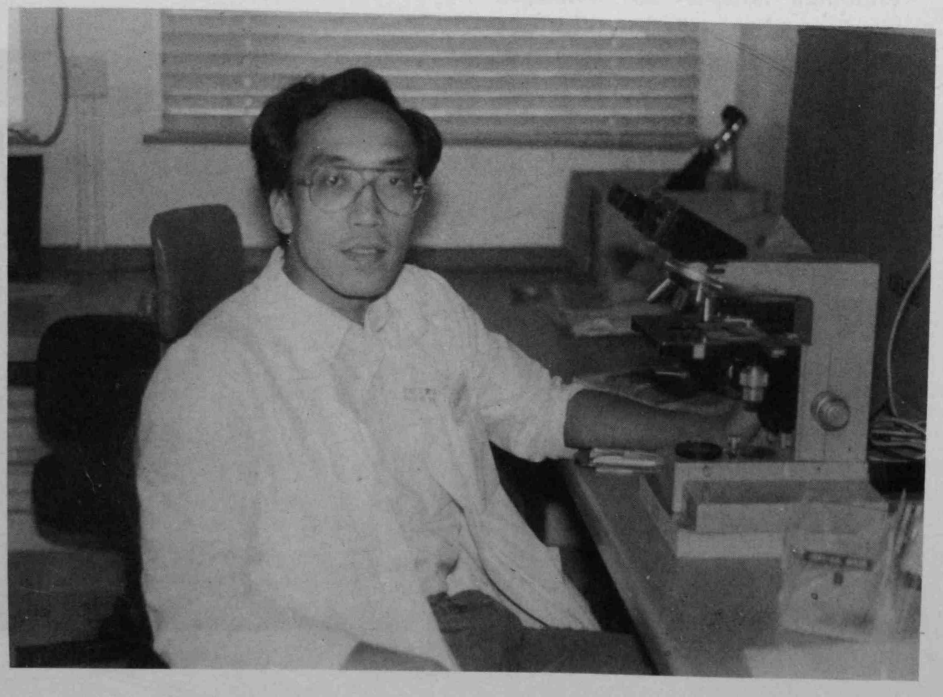
DR. J. K. M. LEE
M.B.,B.S.(H.K.)

Dr. Joseph Lee was once a medical student of H.K.U. and graduated in 1984. In his first year of doctor's life, he worked in the Department of Otheropaedic Surgery. After then, he was admitted to the Department of Pathology and has been working there up to now. In Dr. Lee's view, pathology is a challenging subject and how well one can do in his work depends very much on his observation and deductive power, as the basis of diagnosis is something behind the disease.

Besides the diagnostic process, a pathologist has to suggest to the doctors—in—charge the way to treat the patients. When comparing with other specialties, according to Dr. Lee, other subjects are a little bit narrower and ignorant in concerning the course of treatment. Dr. Lee does not agree that a pathologist is detached from the patients. As medicine actually adopt a multi - disciplinary approach, a pathologist serves one of the many ways in helping the patients. Although there is a loss of direct doctor—patient relationship, Dr. Lee enjoys the substituted doctor—student relationship. Together with his keen interest in teaching, he indeed likes pathology very much.

When he was still a student, Dr. Lee was a hallite of St. John's College. The three years of hall life was a very good experience, during which he made friends other than medical students and his horizon was thus widened. He observed that the students nowadays have little social awareness, as in the past. As an advice, Dr. Lee thinks that M.B. Examination is not very difficult to pass, and so the current medical student should spend moe time in widening his own view. Once in the hospital, the social circle of a doctor will be very much limited.

At present, Dr. Lee has been preparing for his specialty examination. In the leisure time, he will go to swim with his friends.



DR. T. H. K. NG

Dr. Ng is one of the lecturers in the Pathology Department. He came back from England just a few days ago when we had an interview with him. You may think that he spent time in that wonderful place to have a fun, to have a rest, or to free himself from work. But it is not true. Dr. Ng went there to study, to have an examination so as to obtain 'the Membership of the Royal College of Pathologist.' He mainly focus on neuro-pathology.

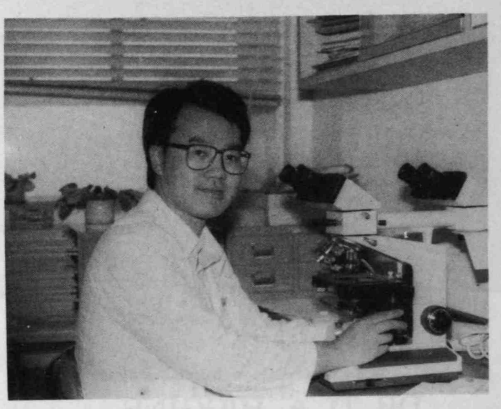
Dr. Ng graduated from Queen's College in 1974. He entered Hong Kong University to study Medicine in the following years. In his university life, he participated in many activities: he was once the Chairman of the Orientation Committee; he was the student responsible for buying microscopes and "second-hand" books for his class. Dr. Ng enjoyed his second and third years' school life in St. John's College .

After the Housemanship, he went to Nethersole Hospital and focus on medicine there. He saw many patients there suffering from chronic diseases. "The liable way to treat them is to see into the disease microscopically, so that drugs can be applied to them in the most sufficient and effective fashion", Dr. Ng said. This is one of the reasons why Dr. Ng enters this field. He stayed there for 2 years before entering this department.

Dr. Ng thought that doing pathology work is just like doing detective work. It is full of challenge. Bacteria or virus hide in tissues and people (pathologists) try every effort to look for them and to identify them. Dr. Ng is satisfied once the bacteria or virus are detected to be the cause of a particular disease because drugs may then be applied to treat the patient. Hence even though he is not in direct contact with the patient, he can cure the patient eventually.

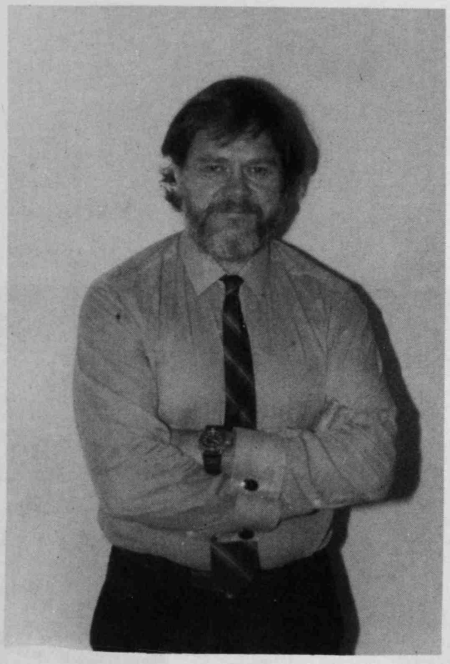
"To study the pathology of dead people who might be died of unknown reasons is not of no use," said Dr. Ng. Through these examinations, the cause of the death may be discovered microscopically. Preventive measures can then be taken to act against the recurrence of that disease.

When being asked about the opinions on the "three to four change" in Hong Kong University education, Dr. Ng though that three years' study would be enough for student to develop both academically and mentally. So it would be better if Chinese University changes from four to three rather than if HKU changes from three to four.



DR. T. H. K. NG
M.B.,B.S.(H.K.);M.R.C.Path.

DR. D. A. HIGGINS



DR. D. A. HIGGINS

B.V.Sc. (Liv.) ; Ph. D. (Cornell);
F.R.C.V.S. :F.R.S.M.;M.R.C.Path.

Dr. Higgins, a Senior Lecturer in Immunology Unit in the Department of Pathology, graduated from the University of Liverpool with a Bachelor in Veterinary Science degree in 1966. His first contact with Hong Kong was in 1967 when he came here to work as a veterinary officer in the Agriculture and Fisheries Department. His work at that time was to run a diagnostic laboratory service investigating diseases of farm animals, especially chickens and pigs.

From Hong Kong, Dr. Higgins went to Cornell University in U.S.A where he obtained his Ph.D. in immunochemistry in 1974. His doctoral studies concerned the immunogenetics of humoral immunity to Marek's disease, a lymphatic tumour of chickens caused by a herpes virus.

In 1974, Dr. Higgins went back to England when, until 1978, he studied the surface markers of bovine, T and B lymphocytes. Then he worked in Indonesia, leading a project studying human immunoparasitology, before joining H.K.U. in 1983. In October 1987, he was promoted to Senior Lecturer. Among several of his professional responsibilities, he acts as an examiner for the Royal Society of Health which is responsible for training meat inspectors.

In his opinion, the medical students here are generally diligent and intelligent, and, are good at picking up new concepts and facts. However, Dr. Higgins feels there is room for improvement in the students' way of learning. To begin with, the students are sometimes reluctant to raise questions publicly. Moreover, students increasingly expect their lecturers to provide graphs, charts and tables from various sources within the lecture handouts. He feels that the students should do such work themselves as this is an important part of the learning process.

Dr. Higgins has been married for 21 years, and his wife has a career in editing and publishing. Among sporting activities he enjoys judo most. He likes old cars and in Hong Kong currently drives a 15-year-old London taxi. He enjoys listening to a wide range of music and plays the guitar and banjo. He tries to find time every year to go on a scuba-diving holidays, usually to the Indian Ocean, and spends long hours talking to fish!

Dr. Higgins was born during World War II and has strong memories of his childhood in post-war Manchester. Horses and drags were still in common use for haulage. Aeroplanes were considered a new invention. So sometimes at weekends he would go to the airport to watch them take off and landing. In 1948, he saw television for the first time and recalls that the scene was enormous but the screen was only 9 inches wide.

Dr. Higgins feels that he has been fortunate to spend so much of his professional life in Far East.

DR. D. C. C. WEI

Dr. Wei has gone to Australia since he was only one year old. He received his basic education and graduated from a medical school in Melbourne in 1979. Dr. Wei admitted that most that most of the Chinese students competed well with local students in Australia and they usually scored high marks in their tests and examinations.

Dr. Wei joined the Pathology Department last year and at the time of interview he is working in the Haematology unit. He left Australia because the workload in Australia was extremely heavy and tedious. He chose to work in H.K. because his wife liked H.K. very much. Working as a hospital doctor in Australia is really a hard job: over 14 working hours each day and 6 days per week. Therefore, he found his present joy relatively much less heavy and he likes it very much.

Dr. Wei has been working in the department for a year only and has not started any research project yet. He is now waiting for the instruction from the Professor about the area of research.

Dr. Wei was married with 3 children, aging 3,5 and 8. They are all studying in a primary school in H.K. In his leisure, he likes to play mahjong, going to the restaurant and picnicking with his family.

DR. C. S. P. POON

Dr. Poon is a graduate of C.U.H.K. and she obtained her M.B.Ch.B. degree in 1986. After working in the O. & G. Department for a year in Kwong Wah Hospital, she joined the Pathology Department at July, 1988.

Dr. Poon is very interested in Pathology and is eager to find out the pathological changes of different diseases. In the first 4 months, her work includes post-mortum, writing reports and checking the slides to see whether the microscopic features matched with the macroscopic findings. She has no particular research interest as she is still exploring different subspecialties at the very early stage. Also, she will be the tutor and demonstrator in practical classes for medical students in the coming September.

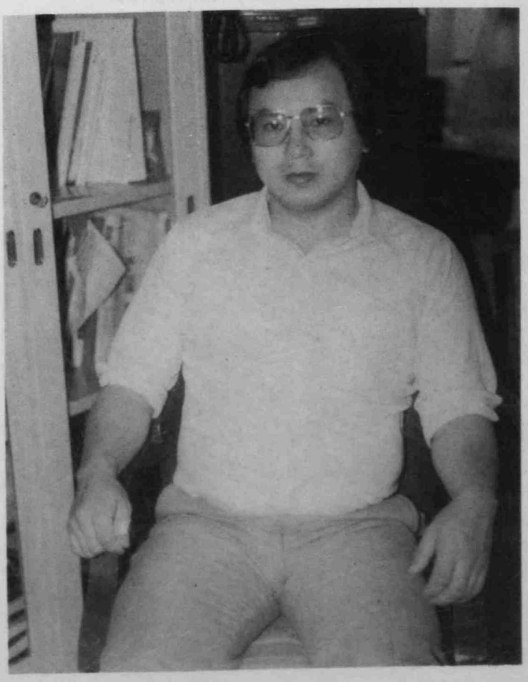
Concerning her impression of the Department, she found the staff very friendly and approachable that she feels free to talk with them and asks them questions.

Dr. Poon's family lives in Fanling and she has 7 brothers and sisters. Now, she has rented a room in Yaumati but she often has dinners with her brothers and sisters.

In leisure time. Dr. Poon likes to read books, particularly on Chinese Literature, listen to Chinese music and play the pipa, she also enjoys jogging and playing basketball.

DR. C. S. P. POON

M.B.,Ch.B.(H.K.)



DR. D. C. C. WEI

M.B.,B.S.(Melb.)

DR. M. WONG

DR. M. WONG
M.B.,B.S.(H.K.);M.R.C.P.(U.K.)

Dr. Maria Wong received her secondary education at Mary Knoll Convent School. After finishing her M.B.,B.S. course in Hong Kong University in 1982, she worked in the Department of Medicine for two years before joining the Department of Pathology in early 1986. She had obtained the MRCP after four years of working experiences.

Regarding the changes in the department since she joined, Dr. Wong believed that the appointment of the Head of Department to a professionship had benefited most to the functioning of the department.

Her interests in shapes and forms as well as disease mechanisms is the main reason for joining the department. Dr. Wong is involved in some research studies apart from the routine teaching of medical and dental students.

From her interaction with medical students, she remarked that many of them still adopt an exam-oriented approach in their studies. Very often, the students cannot recall what they had learnt from the preclinical course as they did not relate their thoughts in actual clinical oriented problems during that time. Moreover, she noticed that some students, especially the hall residents, are not so enthusiastic about their academic studies. Dr. Wong emphasized that past academic achievement of doctors, particularly for those who work in the University, is important for their future career. Nevertheless, she agreed that students should spend time to know more about the world apart from studying.

Dr. Wong considered the possible future changes in the curriculum from five to six years acceptable but admitted that six years may be a bit long. She suggested that the extra year should be highlighted on basic science training in order to help the students to develop the scientific way of thinking. In addition, the students should be given more chances of exposure to research work instead of more knowledge feeding. A choice of subjects, including languages and other non-medical subejcts may be available to suit the students' interests.

Dr. Wong is married and is still enjoying a couple life. During her free time, she likes going to movies, reading, listening to music and playing ball games in which badminton is her favourite.

DR. K. F. SO

Dr. K. F. So spent his childhood in Africa. In 1947, he came back to Guang Zhou of China and graduated from the Ling Nan Medical School in 1954. After graduation, he worked in Si Ong Medical School as a lecturer. He came to H. K. at late 1972 and was recruited to H.K.U. Pathology Department in 1973.

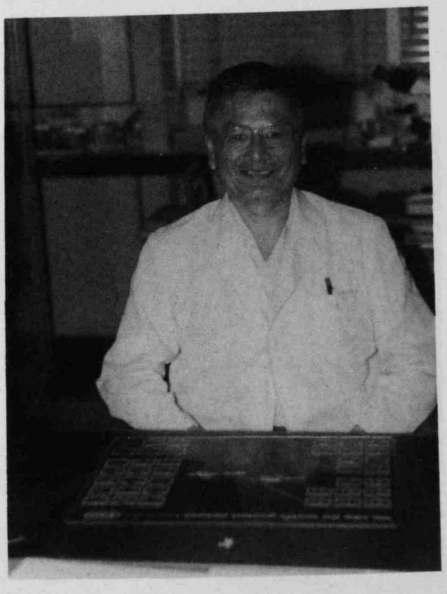
Dr. So choose Pathology as his field of career because he find it a very challenging subject. It is no so simple as one disease one pathology, instead it involves a spectrum of changes throughout the course of disease and often is multi-organ orientated.Besides, he finds Pathology very useful since clinically many diseases need pathological study for their diagnosis. Moreover he admits that he is under strong influence of his own teacher in China.

He is now working as a clinical pathologist mainly in diagnostic pathology. At the same time, he also teaches medical students.

Dr. So said that as a pathologist, he did similar work in China as in H.K. However during his time in China, autopsy is very seldomly done & the disease classification is under strong influence of the Soviet Union. In H.K, there are more reference books and journals and more updated Knowledge & technique which is more favourable than China.

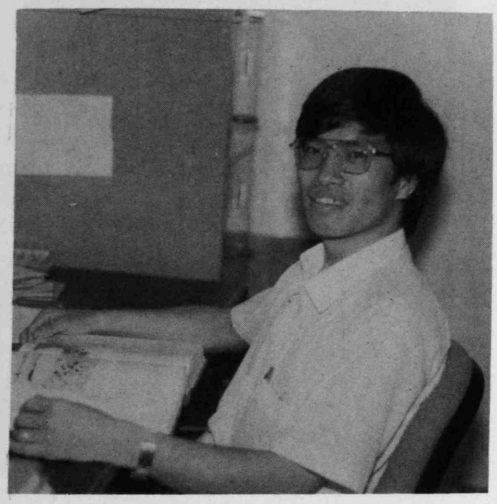
To Dr. So, H.K. students are always under highly competitive examination pressure. Academically, there are many bright & brilliant students. However because of the examination pressure, the liberation of thinking has to be developed after graduation.

Dr. So has a simple family, Mrs. So, his daughter and his son-in-law. He enjoys simple family life. During his leisure time, he likes reading newspaper, fictions or watching T. V. Sometimes he likes to cook some tasty food himself. Due to his heavy work load, he seldom plays sports nowaday. However when he was young he was an expert in sport and won a lot of prizes in the competitions in China.



DR. K. F. SO
Dip. Med. (S. China); M.R.C.Path.

DR. W. F. NG



DR. W. F. NG
M.B.,B.S.(H.K.);M.R.C.P.(U.K.)

Dr Ng received his secondary school education in Ming Kei College. The wish to be a doctor had been with him since that time. After his F.6 study in Queen's College, he entered the Medical Faculty of HKU and his wish came true.

At first, he worked on pathology in the Q. E. H. In the following four years, he worked in the Medical Unit of P. M. H. In October of 1987, he joined the Pathology Department of HKU.

Dr Ng finds the job nature of a pathologist suits him because pathology is a scientific subject and he himself likes research work and teaching. Moreover, he thinks that biopsy evidence is very important in diagnosis and clinical practice. Previous basic training on medicine helps him a lot in his new career.

Now, his daily work include doing autopsy, biopsy and cytology as well as teaching. Some research work is also being carried out. At the same time, he is enjoying a good relationship with his colleagues.

Dr Ng is married and has a daughter of one and a half year old. He spends most of his leisure time in reading books. caring his daughter and attending church activities. In the weekends, he go swimming,shopping etc.....

Dr Ng also show his concern in medical affairs. He agrees with the suggestion of a four-year university education. He thinks that it is better to have a chance of receiving a more generalized education during the first year. Hospital Authority should be a more relevant question to a doctor, Dr Ng's opinion is that there are both pros and cons but he still support the proposal in setting up this Authority.

Finally, he thinks that as a medical student nowadays, one should have more concern on social affairs as well as medical ethics. There will be a day we, medical students, become doctors and have to face such problems.

DR. S. L. LOKE

M.B.,B.S.(H.K.);M.R.C.Path.

Dr. Loke graduated from the H.K.U. and obtained his M.B.B.S. in 1980. After a year of housemanship, he joined the Department of Pathology because Dr. Loke was very interested in diagnostic work. So, he works in the Department until now.

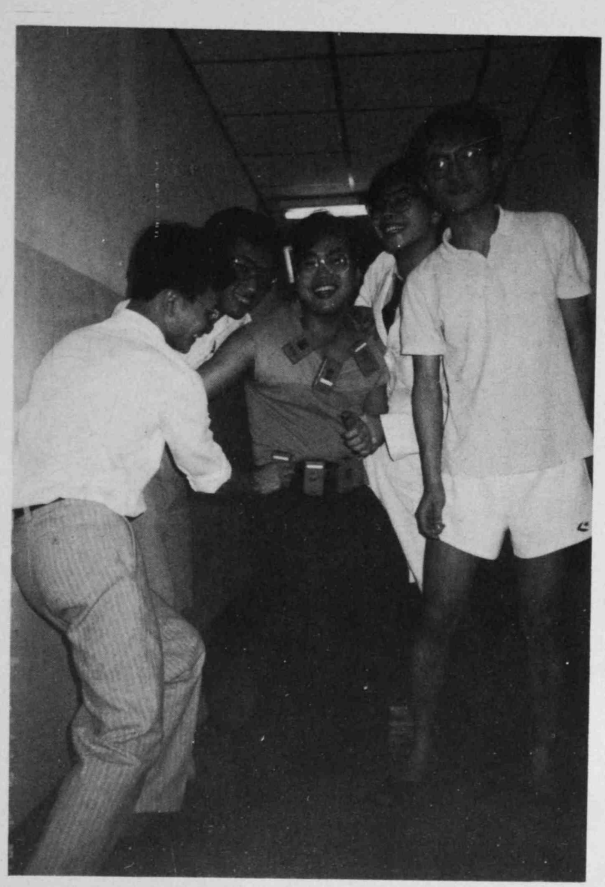
The daily work of Dr. Loke involves three main aspects. The most important is clinical service which includes autopsy, biopsy and cytology studies from both Queen Mary Hospital and Tung Wah Hospital. The second one is the teaching of medical students, occasionally some post-graduate students from overseas and China, and also the training of junior staff of the department to help them to obtain their membership, which requires at least five years of training. The last one is research work. Dr. Loke's research interest is mainly on molecular biology of lymphoma, both morphological study and diagnostic technique.

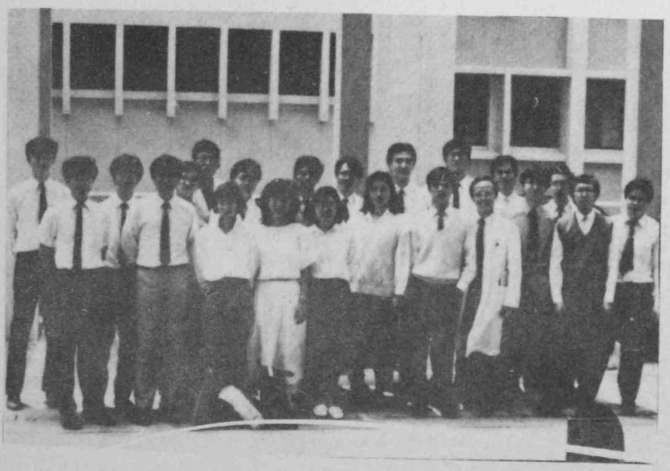
When asked about the impression of medical students, Dr. Loke noted that the language skill of most students is much weaker when compared with students in the past. Also, nowadays students spend less and less time on studying of those standand textbooks and their self-initiative is much less, too .

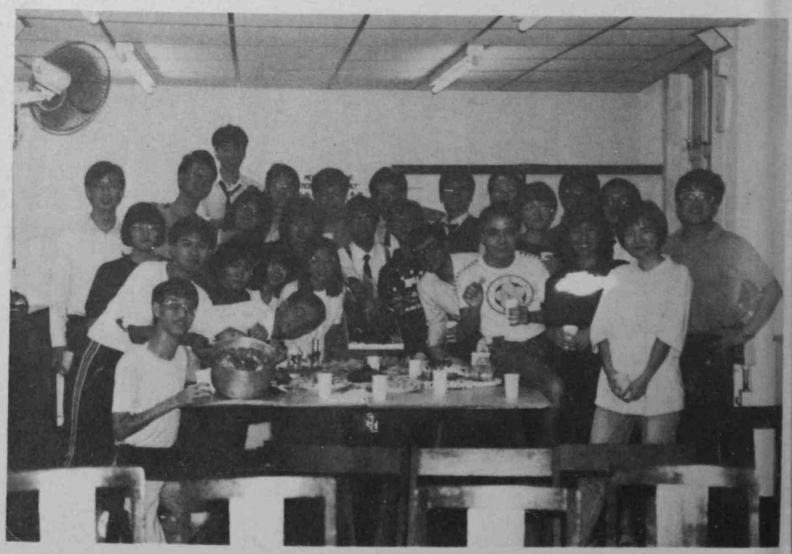
Dr. Loke has married with two sons aged 1 and 2 ½ years old. His hobbies include playing piano and listening music. However, Dr. Loke has to spend a lot of effort to keep up with the expanding knowledge in Pathology, he can enjoy much less leisure time now.

THE CLASSES

Our Classes M'88





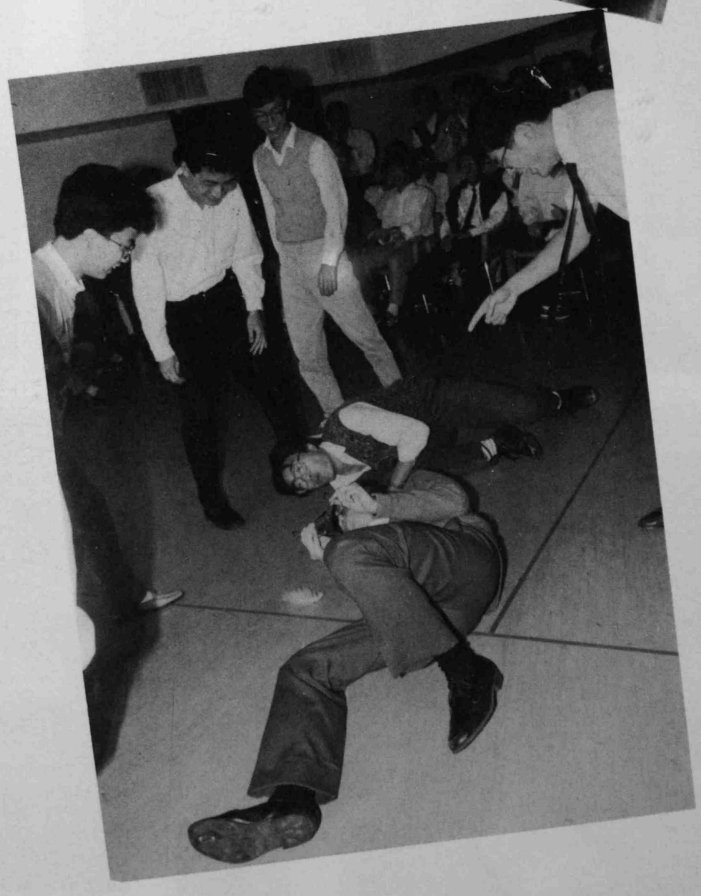


Come Come Come Eighty Eight
We are Tiger We are Great

Our Classes M'89

慨嘆一年的過去，慨嘆自己再一次執筆。

不知道這個世界發生了什麼事，學生會幹事會出缺，連帶八九班班會也出缺。由上莊至現在差不多兩年了，這一年自己自行用Acting class Representative的名義，替班會出席評議會，和繼續班代的工作。由班代變成Acting，眞有趣。眞的希望下年度會有人「捱義氣」，要不然我可能不想挑三年班代使Final時無人coordinate revision lecture或tutorial了。



促使我厭倦的還是上一次臨床醫學生宿舍分房時的不愉快。以前的班代也對我說過一直以來分房抽房的不成文規則，但主旨都是大家方便，因爲十星期搬一次，即使是隔鄰，也不是好玩的。但有些人搬來時却大聲要公平分配，全民大調動才對，一時的不愉快，現在仍有人口口聲聲說要換人……唉！

現在，我想不幹了，主要都是缺乏支持，好像什麼都不打緊，各人自顧自的。今年選Specialty Group Representative時（Specialty Clerkship全班將分成五組），有三組竟創先河，各選五人，每人負責十星期。那些時候，我有什麼要通知其他group representative，都不知找誰。

× × × ×

八九八九精神抖擻八九八九個個高手

說了半天，說回Specialty 的生活。

最高興的還是可以「踢」拖鞋週圍走，七時五十分起床還可以趕及八時的Grand Round。自己沒有福份住Hall， 現在也可以大伙兒深夜睇歐洲盃，大罵英國、西德「屎」波。又可以飲酒，鋤大Dee，鋤天光。

現在不時又可以過吓做「醫生」癮，因爲可以做Assistant Intern（即是實習醫生助理），有時候實習醫生放了假，眞是做足一個「醫生」了，由clerking，寫黃紙，抽血到打drip都做。但有時做得不好，俾M.O.瘀，又眞係好瘀。

說一句，Specialty眞好玩，這是假如不用test而言。除內科外，每個Specialty都要test，十星期一次，死未？

我眞的要死了，Final Exam愈來愈近。

張炳明
八八年八日

Our Classes M'90

Winter

「'90聲威最響……」一陣'90班歌又再次在陸佑堂響起，因爲我們又再次贏得醫學生節冠軍，雖然今年並不是「險勝」，但在績分排名上與其它各班確有一段爭持。在一片勝利歡呼後，各同學還是如常地努力讀書。

"90泳隊"

唉，擺牌擺到手軟

90 90 show your mighty,
90 90 win the glory

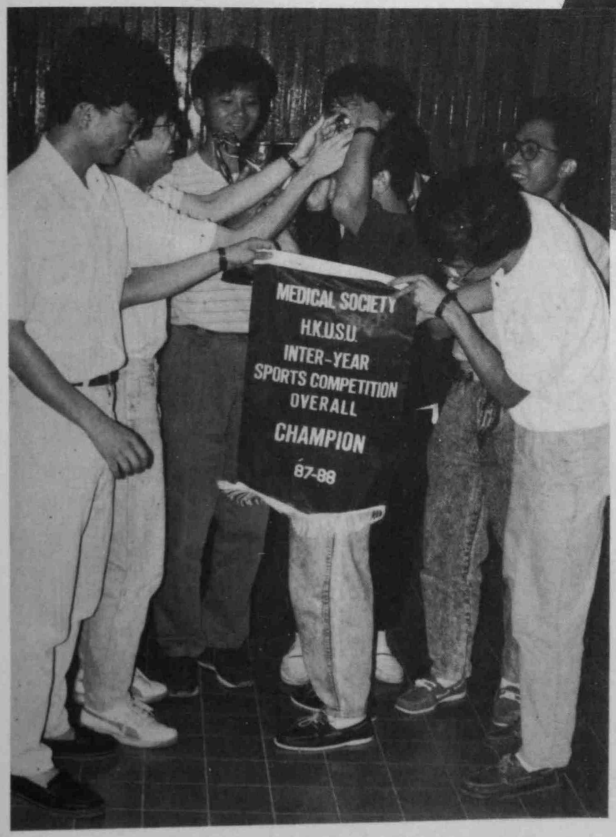
我地而家正在潛水，唔潛好話好易被人地Pull up viva呀！

Spring

Term Test, Clerkship Test及M. B. 令同學對活動的熱誠大大減退，所以班內的氣氛也是靜悄悄的。同學們關心的是M. B. 有那些講師出卷，有什麼「貼士」。有人說「過了這個M. B.，就是等Final M. B. 了，應該沒有什麼阻滯的」；我相信並深信這句話。經過一輪衝鋒陷陣，現在各人已是「四年班」了。

百師滙集在九零；
奇兵猛將盡精英；
為我醫學振遠聲！

嘩你睇吓，幾靚嘅！



雖然在各同學一番努力下，'90班再次揚威班際比賽，取得女子冠軍及總冠軍；但'90班歌卻沒有在頒獎禮上響起，確實使人失望。曾經參與比賽的同學也沒有出席頒獎禮，使得場面冷清清的。勝利的歡欣應該是大家分享的，難道你不願意嗎？在此謹多謝曾經代表本班參與班際比賽的運動員。在沒有同學支持的情況下，你們仍是抽空參加比賽。

在此祝福大家考試順利、升官發財、萬事如意……

Summer

Our Classes M'91

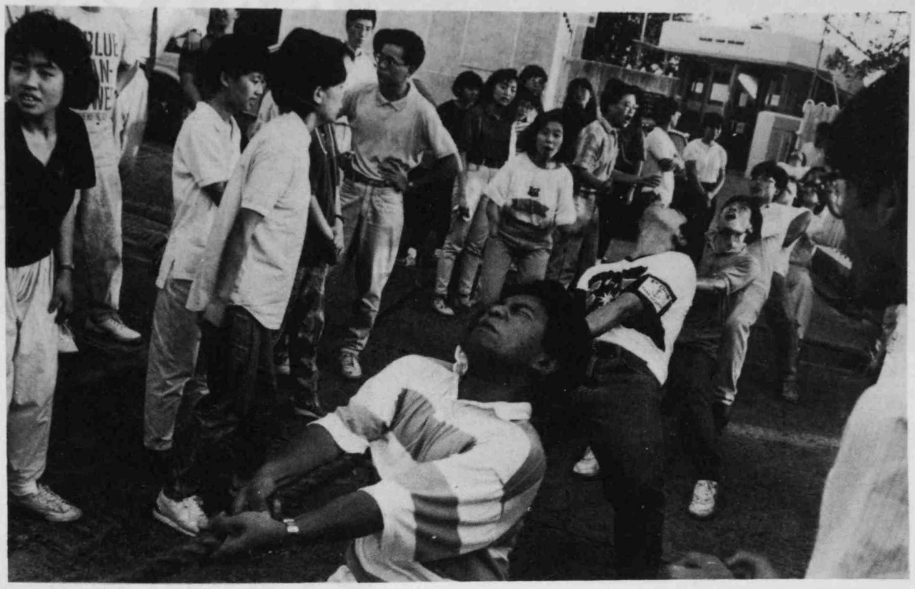
九一九一

文武皆得

發揚醫學

好本質

九一班同學也許是幸運兒，一年多的medic生涯中卻遇上多個難忘的遭遇：我們是醫學院第一百屆學生，是Medic Century的主力搞手；我們是整個Preclinical Course轉回舊制下的第一羣敢死隊；是唯一一班（因經費和人手）沒有機會在二年級會見瑪麗病人和最後一班用羅富國科學大樓的人。

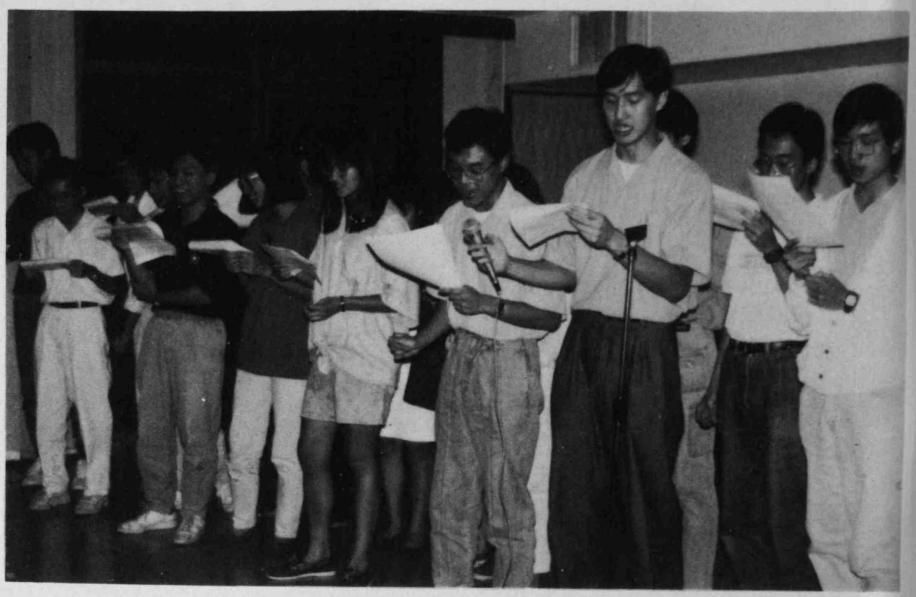


九一班同學「入水能潛、出水能玩」，醫學院百週年晚會和健展八七正好證明了我們的拼勁、熱誠、心思和才能。此外，醫學生節和Interyear Competition裏我們也有驕人成績，每每能大軍一出即凌駕羣雄，且有高昂鬥志和良好體育精神。綜觀各戰，雖未能奪得任何大獎，但每戰也必全力以赴，絕無欺場，此乃大將之風也！

M. B.將至，九一戰友們都收拾起殘破心情，破斧沉舟，誓把課本鋤得滾瓜爛熟。此時，無論何凡塵俗事、諸般誘惑，也不能亂其心思，此乃讀書之才也！

陳英琪

Our Classes M'92

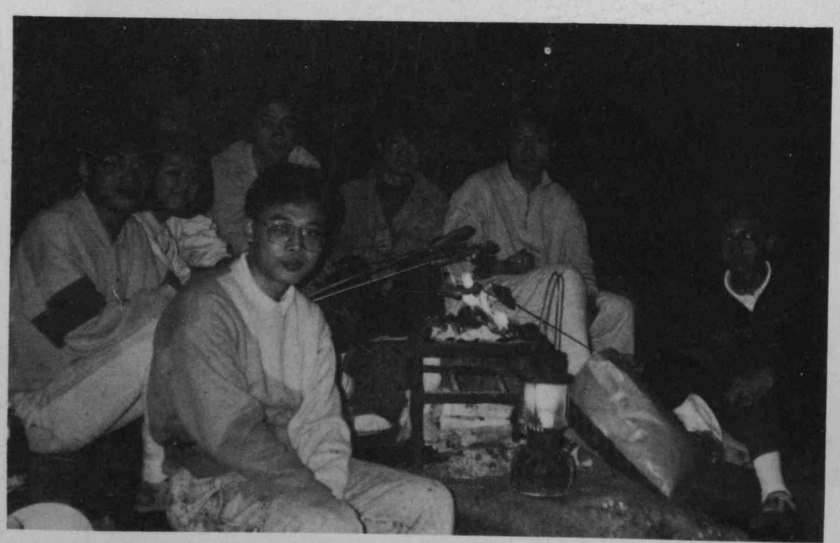


剛剛送走了first MB ，緊張的心情可以緩和一下。這時可以暫且忘掉Anatomy, Physiology 和 Biochemistry ，忘掉一切不開心，讓自己陶醉在美妙的旋律中或讓那一幕幕美好的回憶重演：

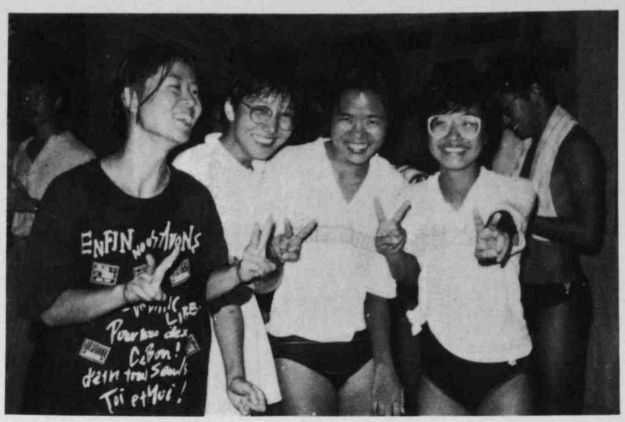
× × × × × × × ×

' 87年剛開學，我們還是一班怕羞的Medic 新生。但經過數個月，' 92已開始銳變。我們不再沉默，不再消極，我們開始積極地參予。事實証明，我們是有能力的。請看今年Medic Night的表演和inter-year 的成績，不是足以証明這一點嗎？看到自己班有這樣的進步，誰心中不高興呢？

× × × × × × × ×



N for Nine, T for Two,
We are mighty '92
C for champ, D for Do,
We are champion we will do !



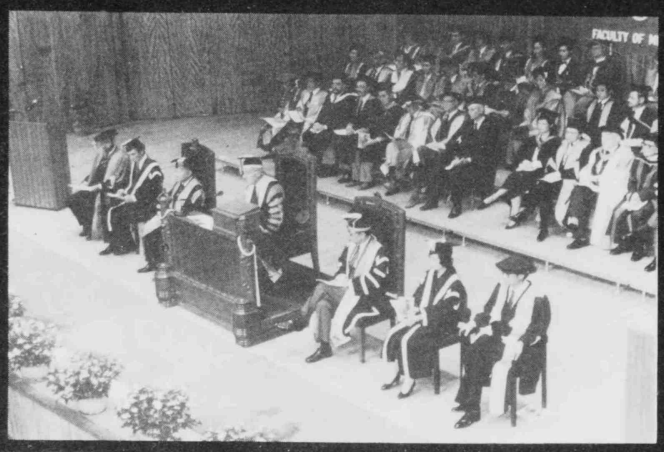
Medic 的生活是枯燥的。大部份的光陰是在Med. Lib 書桌上悄悄逝去。有時，讀書讀到煩悶苦惱。這時你最需要朋友和同學。而92班大部份同學都非常樂於助人，他們樂於分享，也樂於分擔。無論是功課或私人方面有問題，你都可以與他們傾談，他們絕不會拒人於千里。再加上自己有一班知心熟落的朋友，可以互相幫助和勉勵。
有這麼好的朋友和同學，還有甚麼不滿呢？

× × × × × × × ×

在這裏，想謝謝班會的委員們，謝謝他們爲班會和' 92班所做的一切。他們的服務精神是可嘉的！同時更要多謝那些熱心參予的 '92同學。多謝你們的支持。

就要踏入第三年級，功課難免更加繁重。希望 '92同學們繼續努力，爲自己的前程奮鬥不懈！

Chairman



MEDICENTURY

一八八七年，香港的總人口還不到二十萬，而爲華人而設的香港華人西醫書院（The Hong Kong College of Medicine for the Chinese）則於當年十月一日正式成立，並於同年開始授課……

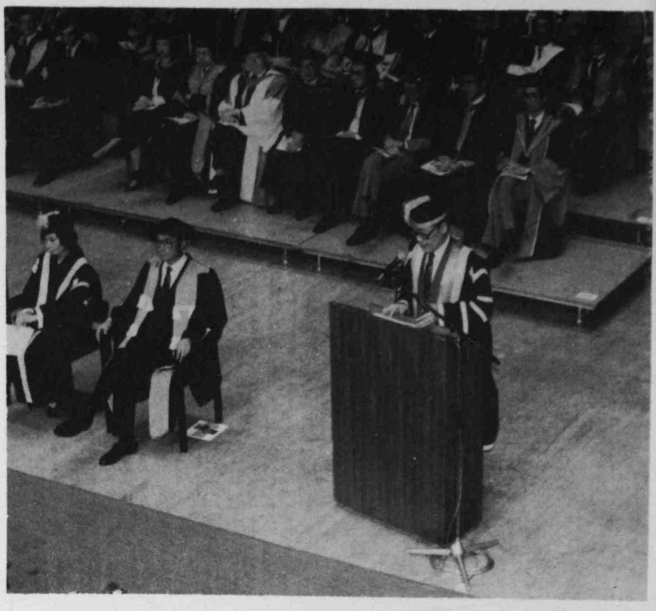
一九八七年，香港的總人口已超過五百萬，而香港大學醫學院則剛剛渡過其一百歲生辰……

說她飽經滄桑也沒有錯。不是嗎？她曾經歷過朝代的改變，多番的遷徙，更改名稱和多次的大小戰爭，但她至今終能迄立在沙宣道上。她的身量不但沒有因此而變得薄弱，反而更紮實了。一百年前，她只是「寄居」在一所醫院內，但如今，她已擁有了她自己的住址；起初，她只擁有十七位員工，但今天則超越二百位了；以往，她每年只能孕育出數位孩子，而現在每年也有近百五名的孩子從她的懷裡培育出來。現在，她已是一個擁有十三個學系和東南亞醫科及牙科教學人員的訓練中心。由她一手栽培出來的醫生，很多在國際上也有卓越的地位，而她也因此而成爲一所國際有名的學府。

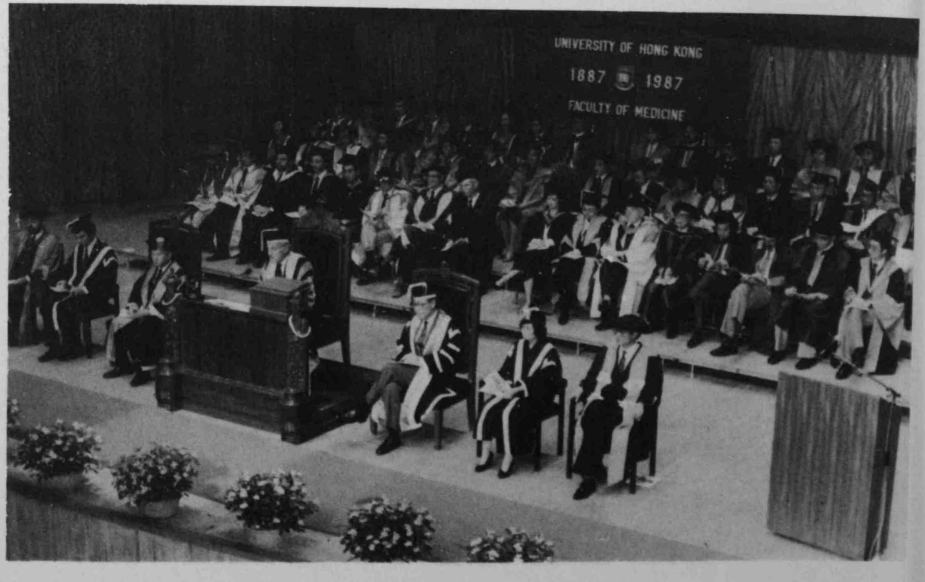
爲了慶祝這百週年盛典，院方特別舉辦了一連串的慶祝活動。隨着由港督、校長和院長主持的百週年慶典開幕禮後，一個歷時三天的大型國際醫學會議便展開了。這會議不單提高了本港醫學在國際上地位，也提供了一個很好的機會，讓一些在外國工作的本院畢業生能和我們一起慶祝學院的盛典。此外，院方還和本港郵政署合作發行了一套首日封和郵票（醫務百年）。而一個爲了紀念本院其中一位首屆畢業生——國父孫中山先生的基金（Sun Yat Sen Foundation Fund）也設立了。這基金的用途是幫助將來本院在醫學教育和研究方面的經費的。另外，由港大法律學院Professor Dafydd Emrys Evans所編寫的一本有關本院百年來的發展回憶錄「Constancy of Purpose」也出版了。而本院的學生也舉辦了一連串的慶祝活動。如年初在學生休息室舉辦的電影雙週欣賞會，年中在演藝學院舉辦的綜合晚會，九月的百週年開放日和在大會堂的大型健康展覽——「健康透視」。此外，學生會還印製了一些具紀念性的文具，如印有百週年紀念標誌的紙張和原子筆，以供同學購買……

本專輯分爲三部份。第一部份記載了學院和學會爲慶祝百週年而舉行的慶祝活動。第二部份爲醫院發展史簡介。第三部份則爲學院一些建築物的圖片和歷史以及兩位和醫學院很有關係的人物——李樹芬和白文信的生平簡介。願意透過這些文字和圖片，你我對我們的醫學院有更深的認識和更大的歸屬感。

Grand Opening Ceremony



Date:September 10,1987
Time:5:30p.m.
Place:City Hall,Concert Hall



首日封（醫務百年）

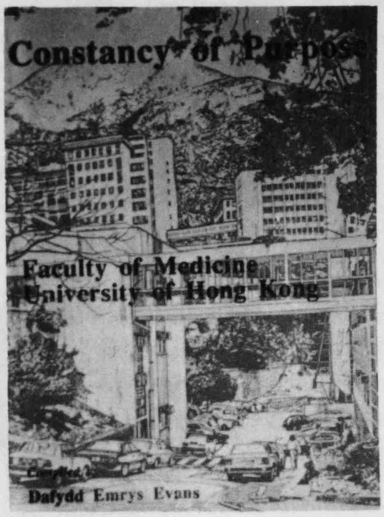
Constancy of Purposes

這套在一九八七年九月八日發行的特別郵票，是爲紀念雅麗氏何妙齡那打素醫院及香港大學醫學院創立一百週年而設計的。共有四枚幣值分別爲五角、一元三角、一元七角和五元的郵票。

五角郵票上的建築物，是一八八七年二月十六日，由倫敦傳教士會在港島荷里活道創立的雅麗氏紀念醫院的醫院大樓。這醫院乃何啓爵士爲紀念亡妻雅麗氏（卒於一八八四年）而捐款興建的。

其後有三間醫院——那打素醫院（一八九三）。雅麗氏紀念產科醫院（一九〇四）及何妙齡醫院（一九〇六）——建於現時般含道與卑利士道交界的位置，原來的雅麗氏紀念醫院，亦於一九二九年重建於這三間醫院毗鄰。現時位於般含道的雅麗氏何妙齡那打素醫院，乃由上述四所醫院合併而成。這所醫院是本港首間訓練護士及助產士的醫院。一元三角郵票上所見的，就是於一八九一年委任爲該院護士長的史提芬太太，以及幾位同期的護士。

至於一元七角及五元的郵票，則分別描繪出本醫學院參與的兩項活動——學術研究和社會事務。



這本書由港大法律學系的 Prof Dafydd Emrys Evans 編寫。共有十四章，詳細敍述了本醫學院這一百年的發展史。包括成立華人西醫書院至港大醫學院經過，戰前、戰爭中和戰後的發展經過及現在學院的情況。此外，內裏的圖片更具有珍貴的歷史價值。另外，歷屆院長資料和各學系的發展過程及有關大事的資料也包含在內。這本回憶錄於一九八七年出版，全書共有三百零一頁。

Medicentury Spectacular

楊穎欣

Medicentury Spectacular是代替了往年Gala爲醫學會籌募經費，但所籌得的款項數目卻是强差人意，只有兩三萬元，比起上一年的Gala實在少了很多。箇中原因原來是是次的晚會的費用實在不菲，尤其是音樂劇和請歌星表演兩個項目。

籌委早在十二月已組織好，場地也租了在演藝學院。起先的構思是醫學院的同學可以負責起全部的節目，包括表演、籌備等。可是事與願違，大家能力是有限的，最後我們只可以有Medic Choir和音樂劇的表演，其他我們只有邀請歌星及嘉賓助陣，計有Raidas 、林憶蓮、Sumellas 、演藝舞蹈學院的同學等。由Medic負責音樂劇除了女主角是'90的同學，其他的都是'91的同學，大家緊密合作，十分落力，實屬難能可貴。

音樂劇方面，佈景，音響效果，服裝幾方面都是無可避免地用錢。其實籌委已經礙於經費問題，將故事盡量濃縮，佈景亦沒有更換，以求減低開支，以致出來的效果和本來的構思有了一定的差別。這令我們體驗到金錢的重要性。

很希望在此多謝各位有參與此次籌備工作和表演的同學，尤其是'90和'91的兩班。要在台上表演對很多人來說都是門外漢，由動作生硬難看至表演純熟，箇中的苦樂只有參與的同學才會知曉。而厚着臉皮去賣門券亦都令不少的同學吃盡苦頭。另外，幫忙策劃籌備的同學亦要東跑西跑，滅磅不少。對以上各人的落力唯有說聲無言感激。

MEDICENTURY SPECTACULAR
A SPECTACLE TO REMEMBER

A spectacle was what the crowds came to see, and a spectacle was what they got.

They came on the evening of 12/9, at first in ones and twos, and then in tens until, finally, they thronged almost the whole of the Lyric Theatre of the Hong Kong Academy for Performing Arts, all anticipating this unprecedented gala organised by the Medical Society in this extravagant venue.

The Lyric Theatre came alive that evening as immaculately dressed doctors and medical students and their relatives and friends awaited for the gala opening of this fund-raising and charitable, dazzling show.

This deafening voice of Raidas sparked off the evening's delight. Great applause and screams for an encore followed as Raidas finished with three up-tempo hits and disappeared in the limelight.

Raidas finally appeared on stage again, joking that they did not want to sing their winning song "Smoking Woman" since a lot of medical professionals were among the audience. They then launched into their latest hit "The Legend".

The racy Musical Play, which was a breakthrough innovation by medical students, came in the middle of the night. The play was entitled "The Power of Love", depicting how a man with a cool image managed to quit smoking in order to please her girl friend.

After a mysterious voice warning how hazardous cigarette smoking was, music started and a lone, yet machs and healthy-looking figure danced out on the platform. He was supported by a group of dancers and all in a sudden, they danced with skill and feeling, holding everybody rapt.

From the moment the music began and the lights started flashing, the interest of the audience never flagged. Spectacle succeeded spectacle with breathtaking pace.

Costumes and background scenes were magnificent and one was left wondering how many people were backstage to deal with the rapid costume and background changes, rendering the play indeed "a feast for the eyes".

The performance, though not of professional standard, did not simply served up pot-boilers, but was done gracefully and skillfully as all performers danced in quite a rhythmic unison to the beat of the music.

The finale of the Musical Play, with the entire corps thanking the audience, was a fitting finish to the first half of the show and seemed to have come much too soon.

Dr. Y.C. Wong then addressed the audience and all workers, stealing the limelight of the stage. Dr. Wong's short and yet interesting speech successfully drove the message of the centennial celebration of the Medical Faculty, "A century may seem a fleeting moment in the long history of mankind, but for an institution, it is certainly a time for celebration and reflection..... This is not an ordinary occasion, as this is the year when this Medical Faculty turns one hundred, said Dr. Wong who absolutely drew hearty applause from everyone before disappearing from stage. He was then invited again to present souvenirs to representatives of all the performances.

The enthusiasm of the audience was apparently undampened by the intermission. Guest band "Sumellus" then kicked off the second half of the show, and won two encore pieces.

Another climax was reached when the MC convinced everybody that another guest star-Sandy Lam-was unable to perform, trying to let down the audience. Suddenly, nice-looking and long-haired Sandy sturned everyone with "Girl Walking Alone" and two more up-tempo hits, one of which was the Chinese version of "Take My Breath Away" Although not supported by dancers she absolutely dominated the stage.

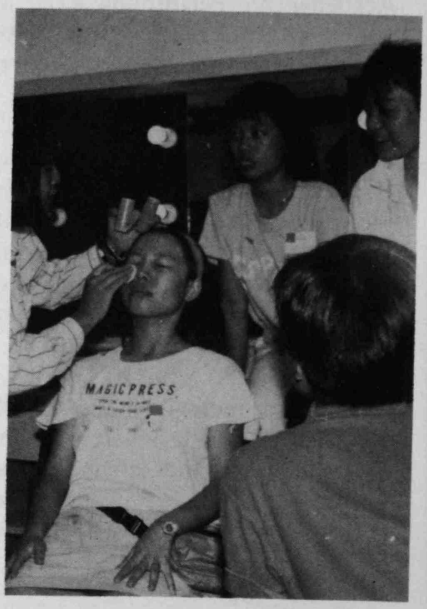
Shouts for encore, as usual, came as Sandy went down the stage. Totally unprepared for an encore, Sandy was requested to sing the song "At the Corner of the Street". She then took a breath of confidence and finished the whole song without backing music, enthralling fans with her captivating voice.

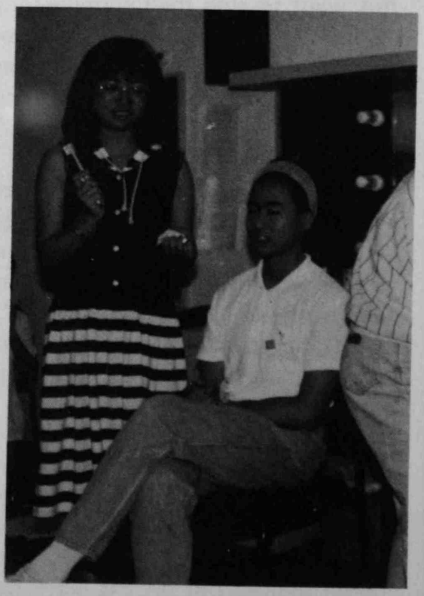
Towards the end of the show, the Medic Choir appeared in the grandest scene to add spice and variety. It performed "Tonite" and a combined version of the Union and Medic songs.

The eloquent and yet hilarious MCs, Desmond and Alice, had been mingling harmoniouly with the audience and surely delighting everyone right from the commencement till the finale.

Finally, they thanked all for coming and wished them goodnight. Desmond added that although the centenary fund-raising activity was over, the Medical Society would certainly find yet another gimmick for raising funds the year after, bursting everyone into their laughters once again.

The Spectacular duly ended in the grand scene of the Medic Choir, singing the Medic Song.





MUSICAL PLAY —— 愛的魔力

音樂劇是當晚晚會的重頭戲。其細節，不論是編劇、導演、編舞、演出、選曲、塡詞、主唱和混音都全由醫學生一手負責。故事大綱在五月寫成，內容講及一位喜愛吸煙的男子，如何在女友的鼓勵下，戒除這惡習，因而得到女友的芳心。故事雖簡單，但卻能反映出一個深長道理。

由於多種原因，包括人手缺乏，籌備工作多次推遲，至六月中旬才正式展開工作。首要工作是選曲，然後找尋這曲的MMO（Music Minus One），幾經辛苦，終在音樂統籌林永和的協助下，選了六首合適的歌曲。跟着便要找人塡上合適的詞，幸虧有鄭啓安、程偉權和馮耀棠的協助才能完成。與此同時，又要預早租用有關錄音室和練舞地方；接着舞蹈的編排也使人大傷腦筋，幸好得到曹佩如和我的一位朋友幫助。最後萬事俱備，只欠演出者，起初找人眞遇到不少困難。暑假不在港，沒有興趣，怕羞成了拒絕的理由，後來在一輪的「口水」後，才能找到十多位演出者，其中除了女主角Amy是90班外，其餘全是91同學。

Term test過後，只剩下兩個星期時間作最後衝線，由於時間有限，逼得我們除了週日外，日日都要不停練舞；其中最辛苦者，要算男主角羅毅樑了，由於場場也有他份，至沒有甚麼休息時間可言，慶幸他是眞正的鐵人，才不至不支倒地呢！至於晚上，若不是要出席工作會議，便要到演藝商討有關服裝、舞台等事務，箇中辛苦和感受也只有自己才能明白。但是，最令人不安的卻是一些零碎但要緊的事情，這方面，阮文卓和馮耀棠同學實分擔了我不少的擔子。至於音樂方面，在林同學的處理下也能順利的完功，在此要多謝各有關同學如李偉、陳天佑和陳凱珊等。另外演藝的Joan也在化粧和服裝給了我們這羣「初哥」莫大的指導。總括來說，這音樂劇能夠上演，實有賴各人的互相協調和努力。

當晚的表演水準雖不算一流，但在這有限的人、物、財力下已很不錯了。整個演出只用了五仟元（總支出不及十分一），換來的卻肯定超過這價值。記得後來的reunion中，大家都說雖然很辛苦，但演出成功卻換來無上的滿足。的確，很多時候我們都會認爲一些工作或責任是「豬頭骨」，但若日後回味卻令有一番感受；且機會或許過了便不再有，有此良機，爲何放過呢？

最後，多謝L. S. Pun，Joan，Winnie，Elis，John，Ronald，龍哥及各APA T. A.同學在各方面的協助。

陳英琪

醫學院百週年紀念表演中，每項節目的背後都不是一般人想像中那麼的平坦、容易。當然，醫學院合唱團的路途也不例外。

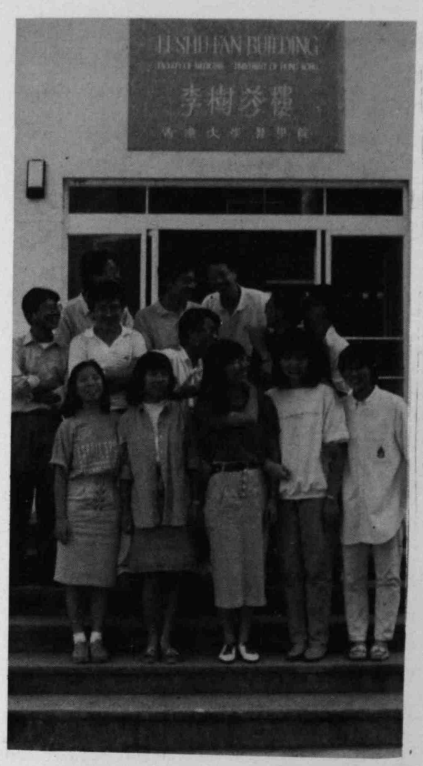
開始的時候，選歌，小組商討，分聲部等都是比較模糊，緩慢。這都是因爲自己對指揮這種工作並不是老手，只是在中學時期不知怎的充當了幾次這個職位，再加上去年Medic Choir因故不能參加學生節以及91班當時尚未成立正式的choir，這種種便成了「起頭難」的原因。

到了正式練歌的時候，一共有三十多個來自不同年級的同窗前來助choir 一臂之力，我想「終於也開始了」，心裡面很感動。練習期間，並不是十分順利，因爲自己在中學的經驗不足於應付是次重大意義的合唱。但幸好各位團友對我都很能忍耐，而且司琴Janice亦時常給予我很多的幫助。

就在這樣的情況下，我們一起完成了Medic Spectacular中的半小時。

總括來說表演是令人（包括我在內）滿意的。但更重要的是我接觸到一班熱愛歌唱的朋友，他們並沒有埋怨過長的練習時間和練習地點的不便，反而精神奕奕地前來練習，令我非常感動，特別是高年班的師兄，有些連星期日也要上lecture，有些剛上完課便匆匆趕着來，顯出十二分的熱心。無論如何，我期望着另一次。

李偉



TICKET SELLING

Medicentury Spectacular不僅是一個爲慶祝醫學院百週年的活動，它也取代了以往的Gala作爲爲醫學會籌募經費的門路。

一如以往的Gala，收入主要可分三方面：廣告，醫生捐款和購票，其中後兩者則佔了絕大部份。但今年卻和以往有兩大分別：首先，由於節目內容較前豐富，開支也相對大了，所以醫學生本身也要購票入座。其次，爲了在這極具意義的年日中表示我們一羣醫學生對社會的一點關心，盈利中的25%則捐給香港防癌會。

記得在開始進行ticket selling 的工作時，已知今年所處的情況比去年爲差。Ticket sellers人數只有約40位，比上年少了過半；其次，由於演出日期較上屆提早了超過一星期，至令我們能運用的日子大爲減少。再者，票價的提高、節目形式的改變也不知會否令一向不大熱心的醫生有更多籍口去拒絕購票……這一切一切都大大增加了各ticket sellers 的壓力，也使我們在分配和選擇地區時不能有錯，務求要「一擊必中」。

首數天的成績不太理想，我們所擔心的已不是能否做到有盈餘，而是能否收支平衡！但世事往往出人意料，在餘下的數天中情況有所改善。至最後能有過十萬的收入，離目標雖尚有數萬，但和去年比較已差不多了，能在這惡劣的客觀條件下有此成績，已甚不錯。

當晚，舞臺上的燈光、視覺效果、音響、表演者的服裝和水準也使觀衆感到十分滿意，而演出者也因而感到自豪。畢竟幕前演出所得到的「回報」是較爲實在、容易得到的。但我們又有否忽略了這一切都有賴一羣連場刊上都沒有名字的「無名英雄」，用勞力、汗珠和口水換回來的，他們的回報和滿足又在那裏呢？

陳祖賢

百週年開放日

趙國榮

時間：一九八七年十月九、十、十一日

地點：香港大學醫學院

「喂！點樣去李樹芬樓㗎？」

「跟住啲箭咀去啦。」

「好熱呀！唔該俾支汽水我，唔該！」

「嘩！好大支汽水樽呀！咦，點解係吹氣嘅，媽咪？」

「先生，請問係唔係有幻燈片放㗎？邊度有人骨睇呀？」

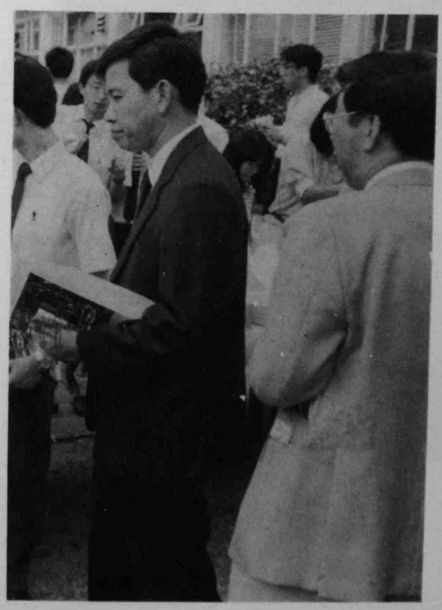
「間實驗室都幾大嘅！睇吓，枝煙仔燒起嚟原來有咁多焦油，都係快啲叫老豆戒咗去囉！喂，嗰啲係乜嘢藥，攪到啲老鼠個心臟跳得時快時慢，血壓又高又低嘅？」

「嗰啲就係叫做驗尿喫？乜原來係咁簡單……」

「行爲科學？乜啲醫學生都要讀埋心理㗎！」

「媽咪，我要嗰本特刊！」

「間圖書館都幾大嘅！重有影印機，Video同埋Slide projector，唔錯！咁好環境，唔知佢地會唔會經常係度瞓着覺呢？」



「行到身水身汗，不如

去Canteen 飲杯汽水先至走囉！」

「夠鐘啦！六點啦！」

×××——×××

一連三天的百週年開放日結束了，在此對所有曾經出力的有關人仕深表謝意！

開放日可算是成功的。

她，雖然短暫，卻帶給我們無盡的回憶；

她，雖然簡單，卻十分隆重；

她，雖然忽忙，卻一絲不苟；

她，在落日彩霞的環抱下，更顯出她動人的美態；她是我們擁有的開放日！

然而，世上是沒有十全十美的，她也不例外。

她叫人苦惱，爲着她要犧牲我們寶貴的時間；

她叫人憂慮，因爲我們財政困難，人力不足；

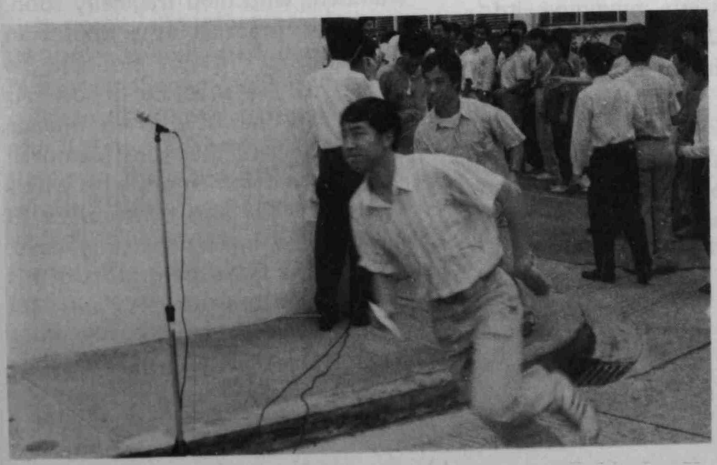
她叫人煩燥，因爲她與我們糾纏不清；

然而，正因爲她的不完全，才叫我們的能力得以璋顯，這叫人喜悅。

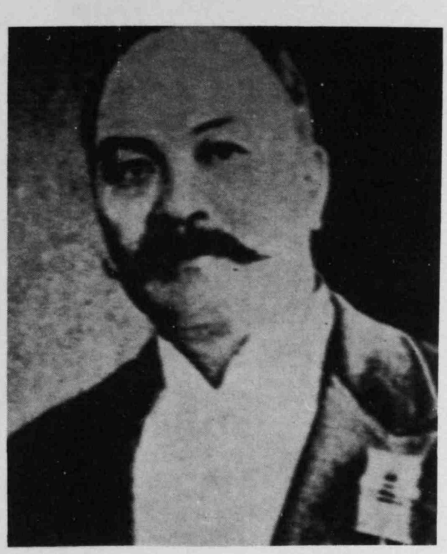
她永遠屬於我們！

×××——×××

不要因她的短暫而懊惱，因爲這只是表面的；她與醫學院過去的百年已成了抹不掉的歷史，隨着而來的將是醫學院的另一個百年。我們期待她的來臨，因爲她是我們親手所創的！



The Development of Medical Faculty (1887–1987)



* *Sir Kai Ho Kai,KC-MG,MB,FRCS,a founder of the Alice Memorial Hospital and the Hong Kong College of Medicine for Chinese.*

* *Ng Li Hing(1840-1914),donor of $50,000 for the erection of an Anatomy School.*

Introduction

10th Sept., 1987 marked the centennial celebration of the Faculty of Medicine. The history of the Faculty has been very concisely described in a number of articles and it is indeed a very trying task to arouse the reader's interest. To avoid repeating too much of previous accounts, this article will concentrate on the historical figures and events that paved the way for the development of the Faculty till today. The work is not original; it comes from 'Constancy of Purpose' compiled by Dafydd Emrys Evans.

The history of the Faculty of Medicine is the history of medical education in Hong Kong. It can be roughly divided into three stages: The founding and growth of the Hong Kong College of Medicine for Chinese; the incorporation of the College into the University of Hong Kong; the development of the Faculty of Medicine till today.

Birth of a Medical School

A century ago, the standard of public health care in Hong Kong was poor. The idea of seeking out western medical treatment never came across the mind of the Chinese inhabitants. Although Hong Kong had become a British Colony since 1842, it was very difficult to introduce western medicine into Hong Kong. One of the obstacles was the distrust and suspicion entertained by the Chinese against the foreigners. The solution appeared to rest on the training of Chinese doctors in the art and science of western medicine. This enfailed the establishment of a medical school for the Chinese.

The first proponent of a medical school appeared to be Sir John Pope-Hennessy, a governor of Hong Kong with a capricious disposition. His words did not appeal to the influential European population of the time. Nothing came up. But soon other parties were at work. Emmanuel Raphel Belilios offered to fund two Chinese students' medical education abroad and to give financial help in the erection of a hospital. Dr. William Young run a clinic for Chinese patients in the premises of London Missionary Society which was eager to establish a hospital. A group of private practitioners were willing to participate in the establishment of a hospital. Last but not least, Sir Kai Ho Kai's offer to finance the construction of a hospital in memory of his wife culminated in the opening on 16th Feb, 1887 of the Alice Memorial Hospital which made it possible for the Hong Kong College of Medicine for Chinese to come into being on 1, Oct., 1887.

Sir Kai Ho Kai, Patrick Manson and Cantlie may be regarded as the founders of the Hong Kong College of Medicine for Chinese.

Born in Hong Kong, Ho Kai received his medical training in the Scottish University of Aberdeen. He returned to Hong Kong in 1881 with his English Wife, Alice Walkden, who died tragically soon. Since his practice as a doctor in Hong Kong did not flourish, he turned to the practice of law. As mentioned, he offered to finance the building of the Alice Memorial Hospital to commemorate his wife's death. Ho Kai also contributed to clinical teaching in the early days, although he later spent most of his time in public affairs and his

business ventures such as the Hong Kong's International Airport.

Patrick Manson was also an Aberdeen graduate. He was widely known as the father of tropical medicine. Before coming to practise in Hong Kong, he had many years of experience of practice and teaching of medicine in China. He had started teaching Chinese students western medical techniques while serving the Imperial Maritime Customs in Taiwan. Given the opportunity to continue his pedagogic work, he kindly consented to devote his time to teaching in the Alice Memorial Hospital, and he also came with his colleagues. This provided an important driving force for the newly established medical school.

Like Ho Kai and Manson, Dr. Cartlie was also an Aberdeen graduate. He was a devoted and energetic doctor. Before coming to Hong Kong, he had taught at the Charing Cross Hospital in London. His invaluable experience in teaching was an asset to the College.

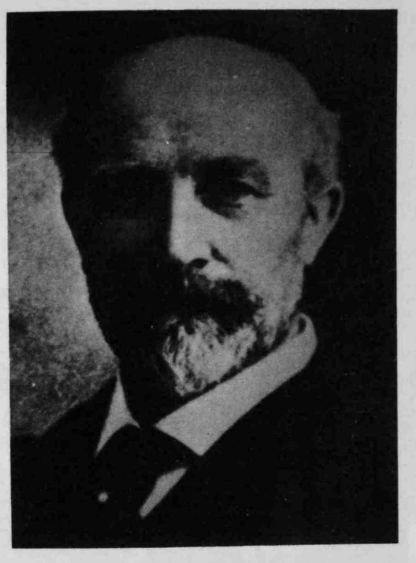
The College was a brave venture. Its beginnings were tentative and precanious. Unsupported by endowment, the medical school had no premises of its own. Clinical teaching took place in the Alice Memorial Hospital, the College's first home, and other hospitals set up under the aegis of the London Missionary Society which was later collectively known as the Alice Ho Mui Ling Nethersole Hospital. Between 1887 and 1912, the staff of the College was composed of a varied collection of doctors: some from the London Missionary Society, some private practitioners, some government medical officers and some army and navy surgeons. With the exception of Ho Kai, the teachers were all non-Chinese practitioners. They offered their services freely.

The graduates from the College of Medicine of Hong Kong for Chinese were not recognized professionally in its early days.

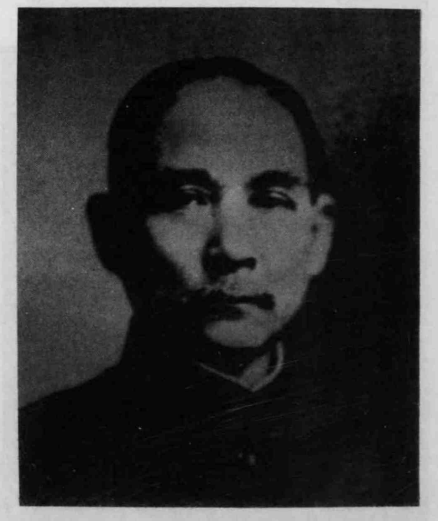
Three years before the opening of the College, the Medical Registration Ordinance of 1884 was passed to provide for local registration together with the establishment of a regulatory medical board. This ordinance was the first statute regulating the practice of medicine in Hong Kong. The graduates of the College were not professionally recognized and were not registrable. However, since the ordinance neither qualified the nature of the practice (traditional Chinese or Western, etc) nor defined the qualifications for the Chinese practitioner, the graduates from the College could practise without having to pass any examination. This problem was solved in 1890 when the Senate of the College decided to grant licence in medicine and surgery. The first licentiates emerged in 1892 (one of them was Dr. Sun Yat-sen). Yet the licentiates had no professional standing. They could not sign death certificates which could only be signed by registered doctors according to the Ordinance.

After the College had brought the licentiate regulations and curricula in line with the General Medical Council requirements, the licenticates were recognized partially in 1908; they were permitted to sign death certificates but they were still not registrable.

In 1907, the name of the College was changed to the Hong



* *Sir James Cantlie,Dean of Hong Kong College of Medicine for Chinese(1889-1896).*



* *Dr Sun Yat-sen, one of the College of Medicine's first two graduates in 1892.*

* *Professor John Anderson. First Professor of Medicine(1923-28),Dean of the Faculty(1927).*

* *Professor Kenelm H.Digby,Professor of Anatomy (1913-23),Professor of Surgery(1915-1945),and Dean of the Faculty(1915-16,20-22 and 23-25).*

Kong College of Medicine because the students were not entirely Chinese.

The College marked the introduction of western medicine into Hong Kong. It was the first institution of tertiary education and it exerted a profound knock-on effect on the general standard of western education in Hong Kong and the catchment area.

Becoming a Faculty in the University of Hong Kong

The idea of having a university in Hong Kong was tentatively conceived in 1872 by Rev. A.B. Hutchison of the Church Missionary Society. But it was not until twenty-five years after the birth of the medical school that the proposed university came into being.

In 1908, the Court of the College of Medicine agreed in principle that the College would amalgamate with the proposed university.

There was some hard bargaining. An agreement was drawn up. It stipulated that the College should dissolve when the university is declared open and its property should be transferred to the university. Other provisos include the following:

i) The lecturers of the College be offered posts in the new faculty.

ii) All students recommended by the Court of the university without further examination.

iii) When the university was opened, the Faculty of Medicine would be simultaneously inaugurated as the first Faculty of the university.

The last proviso was literally difficult to implement because an ordinance has been enacted declaring that there should be both Faculty of Medicine and Engineering. But the seniority of the Faculty of Medicine was recognized by the appointment of Dr. G.P. Jordan as the first pro-vice-Chancellor. After all, the University Calendar used to put the entry relating to the Faculty of Medicine before all others for many years.

In the course of discussion, some important modification was made, which allowed the College to maintain its own separate existence so as to examine and grant diplomas for a period of five years before dissolution.

The Faculty of Medicine inherited the academic scaffolding and trained personnel of the College.

The Development of the Faculty of Medicine till today

After the Hong Kong College of Medicine became the Faculty of Medicine, the General Medical Council accorded full recognition to its medical degree. The past and future licentiates were then registable by the Medical Registration Amendment Ordinance.

The first degree of M.B.B.S. was conferred on its first graduate, George Harold Thomas, in 1914.

The infant faculty did not own its teaching hospital. Clinical teaching continued in the Alice Memorial and Nethersole Hospitals, later in the Tung Wah Hospital and from 1914, the Government Civil Hospital. But unlike the College,

the faculty had its own premises.

There was a gradual shift from part-time honorary staff to full-time hired staff. The first permanent hired medical staff came in 1913 and more turned up the next few years. They inharited the course structure and teaching facilities from the old College.

The first major impetus for change from the inherited curriculum came in 1915 with the appointment of Herbert Gastineau Earle as Professor of Physiology and Biology. He was aware of the changes in medical education in England and he was anxious that the Faculty should keep pace with these changes. Soon Earle tightened up the curriculum and clarified the particular course requirements that must be satisfied by the student. Drawing on his experience in the University of Cambridge and the London teaching hospitals, Earle revised the curriculum.

Earle was also aware of the lack of coordination among the various departments and the lack of manpower. He proposed to set up three new Chairs in medicine, surgery and obstetrics to supplement the three existing chairs in surgery and anatomy (chaired by the same Professor), physiology and pathology. But cost was an obstacle; the Faculty was financially dependent on the University which was also in need of money.

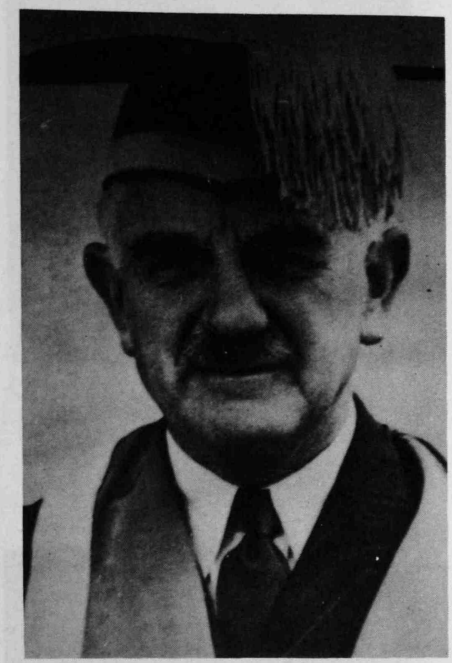
Towards the end of the second decade of this century, the university came close to financial collapse which was the result of under endowment and financial mismanagement. This was the first crisis of the University. Though the university was bailed out by the government, the underfunded situation persisted. Although Hong Kong was a British colony, London did not readily concede any duty to provide funds for its education. So the university could turn to nobody. Luckily, at this point of time when the Faculty of Medicine badly needed financial help to keep up its standard, a 'draritable god' came in the form of the Rockefeller Foundation.

The Faculty of Medicine shared the ideal of the Foundation in the promotion of Western medical education on mainland China, so the university solicited help from the Foundation. In mid-1921, Dr. Pearce, the Foundation's Director of Medical Education, visited Hong Kong. Sir William Brunyate, the Vice-Chancellor of the University, was the middle man in the discussion of the issue. There was a lot of misunderstanding between Pearce and the Governor (who was the Chancellor of the University), were it not for Brunyate's tenacity in this trying task, the Foundation would not have consented to grant $750,000 for establishing the three new chairs proposed by Earle. The Chairs in Medicine and Surgery were set up in 1922 followed by the Chair of obstetrics and Gynaecology in 1923. So a lot of credit indeed goes to Brunyate who solved the immedlate financial problems and prepared the way for the realization of Earle's teaching regimen.

Nonetheless, the implementation of Earle's regimen had one practical problem: the Faculty did not have its own teaching hospital yet. It was forced to rely on the Government Civil Hospital for its teaching beds. Also, the terms on which the Rockefeller endowment had been made put the University staff in a position subordinate to

* *Professor Herbert G.Earle,Professor of Physiology(1915-28),Dean of the Faculty(1916-20,1923 and 1925).*

* *Professor Wang Chung Yuk-,Professor of Pathology(1920-30).*



* *Sir Lindsay T.Ride,Vice-Chancellor(1949-64),Professor of Physiology(1928-52).*

the Principal Civil Medical Officers on medical officer of the hospital as far as administrative work was concerned.

With no administrative independence, the Professor got into some disputes with private practitioners with regard to changing patients in the hospital. In 1920, private practitioners complained that some well-off patients were treated by the professional units in the Government Civil Hospital at an unreasonably low rate. The dispute was on for some time without a conclusive solution. In 1930, the government could see no other solution than incorporating the clinical units into the Government Medical Services because the University was still short of a hospital entirely staffed by itself. But in 1937, clinical teaching (with the exception of Obstetrics) was transferred to the newly completed, Queen Mary Hospital, the University's own teaching hospital.

Meanwhile, the aims and objects of the University were questioned by the public. Early in the inter-war years, the University attracted a lot of students, and many medical students, from China and South-east Asia. This entailed a heavy expenditure. Many in Hong Kong questioned the need of such an expensive establishment to cater for the people outside Hong Kong. The 1937 committee was set up to go into this affair and the University was criticized as completely listless and 'lacking in any defined policy.' The Faculty of Medicine shared this general sense of aimlessness despite its steady production of quality graduates. Professor Lindsay Ride had already conceded in 1936 that the Faculty indeed had no policy.

Professor Ride suggested a number of actions to set the Faculty on the right course. The thrust of his suggestion was that a medical faculty was totally different from other faculties and it should have its own financial and administrative independence. He suggested the revival of the College of Medicine which would affiliate to the University and enjoy its own internal independence. Yet during the inter-war years, the work of the Faculty was not much changed except for the institution of a diploma in public health which was precluded by the War.

The Faculty of Medicine assisted in providing medical assistance to Mainland China before Hong Kong fell into the hands of the Japanese. The University also opened its door to those Chinese medical students who were interrupted in their studies by the Japanese invasion.

Hong Kong was at last invaded in December, 1941. The Main Building of the University was used as a relief hospital while the new Queen Mary Hospital took up the major task of treating casualties.

When Hong Kong fell in the same month, many university staff members were interned in Stanley. Professor Gordon King, Dean of the Faculty, managed to escape and he arranged for many of his students to continue their medical studies in China.

By the end of 1942, there were 140 HKU medical students studying at six universities which had moved to the 'Free China' (those part of China not conquered by Japan). At last when the Japanese surrendered in 1945, these medical students returned to Hong Kong, each at different stage of their studies.

Only 20 students of the 140 students met the requirements of registration at the beginning. In 1946, the Faculty resummed teaching 34 of its undergraduates who had continued their studies in 'Free China'. Finally, 63 students in all received degrees.

In fact, the revival of the University need not have happened. The idea was rife that Hong Kong did not need a university. Furthermore, the attitude of catering for the needs of Mainland China had already dissinated. Fortunately, the 1945 Cox Committee recommended the revival of the University as a Hong Kong institution serving its own needs.

After the university resumed normal walking in 1948, recruitment of full-time staff to replanish the severely diminished staff was the first priority. Both Professor A.J.S. McFadzean (Medicine) and F.E. Stock., who played influential roles in the past-war development of the Faculty, joined the University then.

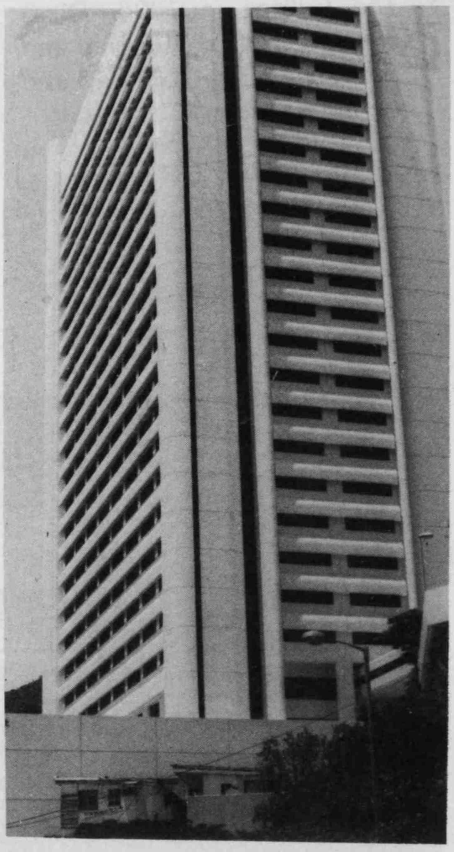
The pattern of the past was reasserted with expatriate professors assisted by HK assistants and local practitioners. But this pattern gradually changed over the following decade, which culminated in 1957 with the appointment of the first graduate from the Faculty, Dephne Chun, to the Chair of Obstetrics and Gynaecology.

The 1950's saw a rapid and tremendous increase in HK population. This called for more registered doctors recognizable by the United Kingdom General Medical Council.

In 1953, Sir Ivor Jennings and Dr. Douglas Logan were invited by the Governor to examine the functioning of the University. The Jemnings/Logan Report described the need of the Faculty of Medicine as 'considerable, urgent and entitled to the highest priority.'

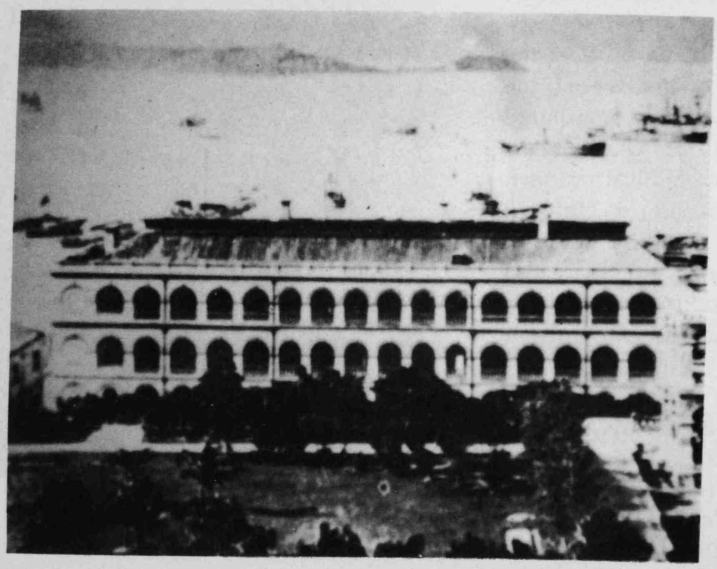
The Report depicted the inadequacy of the Faculty expressly. It gave a lot of constructive advice which became the blueprint for the University's development. More chairs were set up in the following years: the chair of Biochomistry in 1960, of Orthopaedic Surgery in 1961, of Pharmacology in 1965, of Microbiology in 1968, of Psychiatry in 1971, of Cardio-Thoracic Surgery in 1980 and Otorhinolaryngology in 1984. In response to the recommendation of the Report, the Pathology Building was completed in 1958 on a site near Queen Mary Hospital. The pre-clinical departments were rehoused in 1964 in the Li Shu Fan Building and the Professorial Block in the QM Hospital Compound properly housed the clinical departments in 1967.

Today, the Faculty of Medicine has 13 departments and 3 units. The departments include Anatomy, Biochemistry, Community Medicine, Medicine, Microbiology, Obstetrics and Gynaecology, Orthopaedic Surgery, Paediatrics, Pathology, Pharmacology, Physiology, Psychiatry and Surgery. The units are Laboratory Animal Unit, Medical Illustration Unit and Postgraduate Medical Education. The Lee Hysan Medical Library is also part of the Faculty. QM Hospital is the University's principal teaching hospital, served by the University-run Pathology Service which comprises Pathology, Microbiology and the Clinical Biochemistry Unit, Clinical teaching also take place in specialist hospitals such as the Tsan Yuk Hospital (Obstetrics and Gynaecology), the Grantham Hospital and the Tung Wah Group of hospitals.

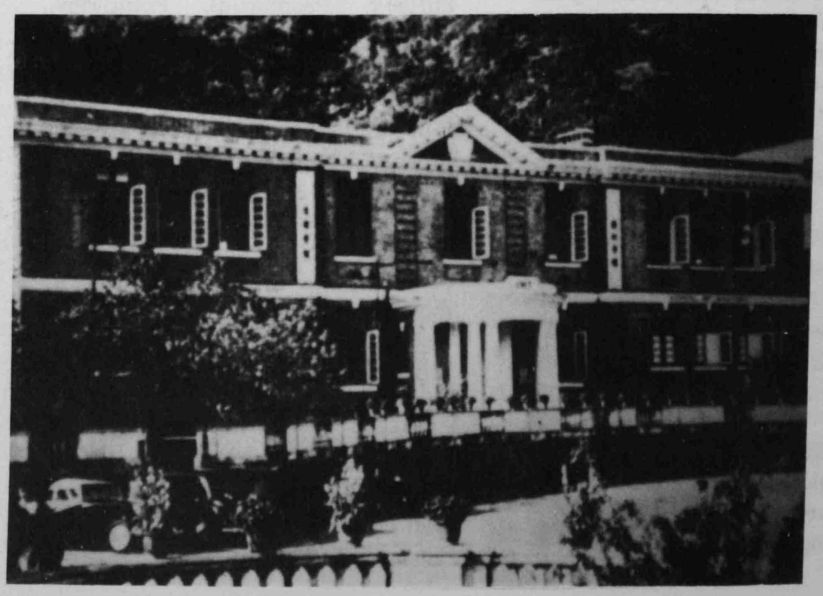


PHOTOS

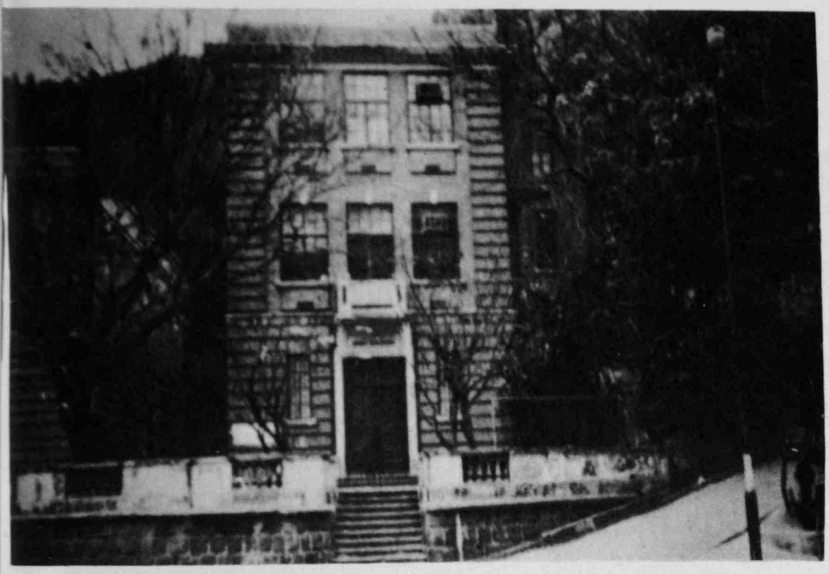
* *The College in 1908. Dr Li Shu Fan is directly behind and between Rector F.H.May and Dr Ho Kai.*



* *Government Civil Hospital in Sai Ying Pun where general clinical teaching took place during the early days of the Faculty before Q.M.H. opened in 1937.*



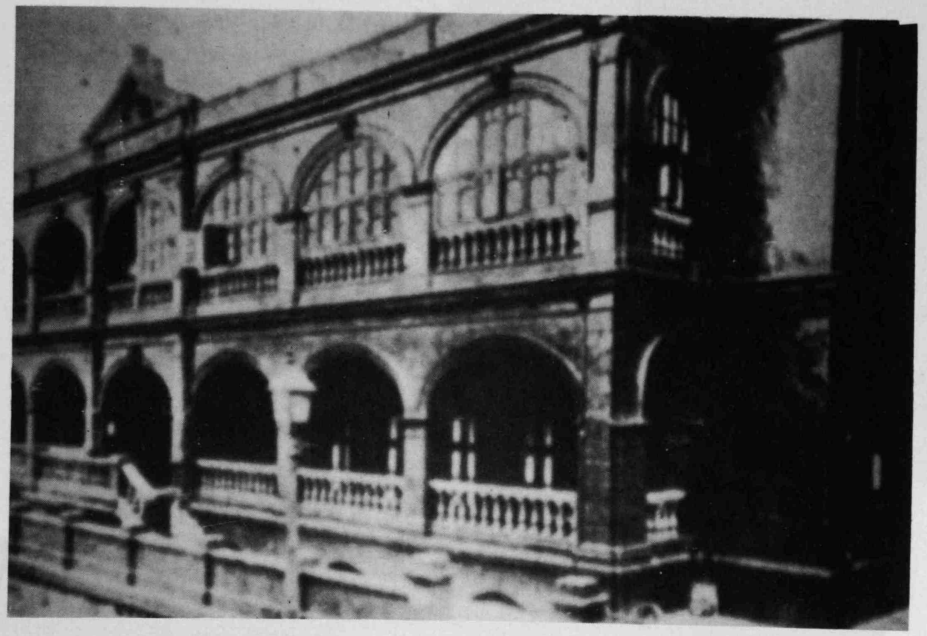
* *Schools of Anatomy and Physiology. The building was demolished in 1977.*



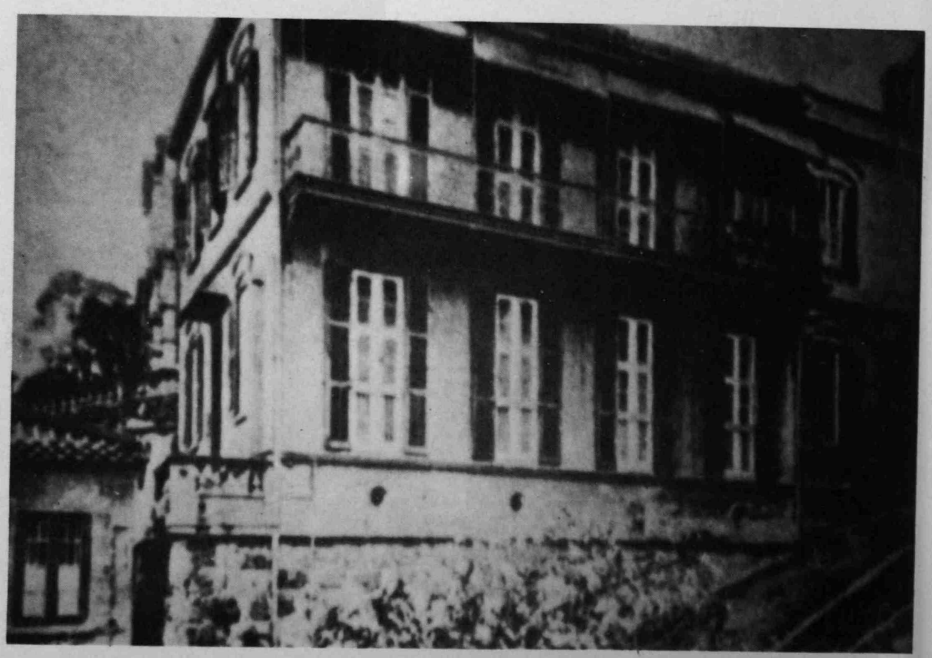
* *Digby Building(opened in 1935 and housed the Digby school of Surgery,later Department of Orthopaedics & Preventive and Social Medicine.)Demolished in 1977 together with School of Anatomy and Physiology to give place for the establishment of Haking Wong Building.*

* *The old Tsan Yuk Hospital-,now become the Western District Community Centre.*

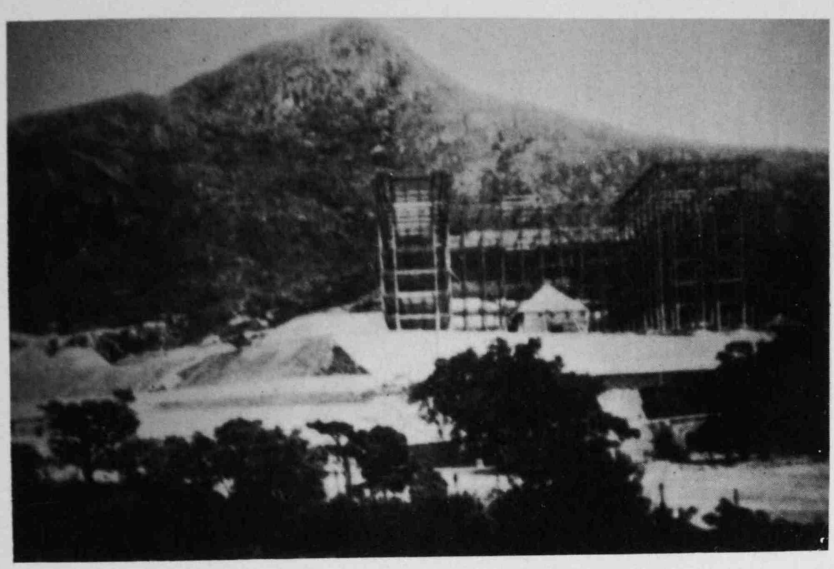
* *Ruttonjee Sanatorium in 1948.*



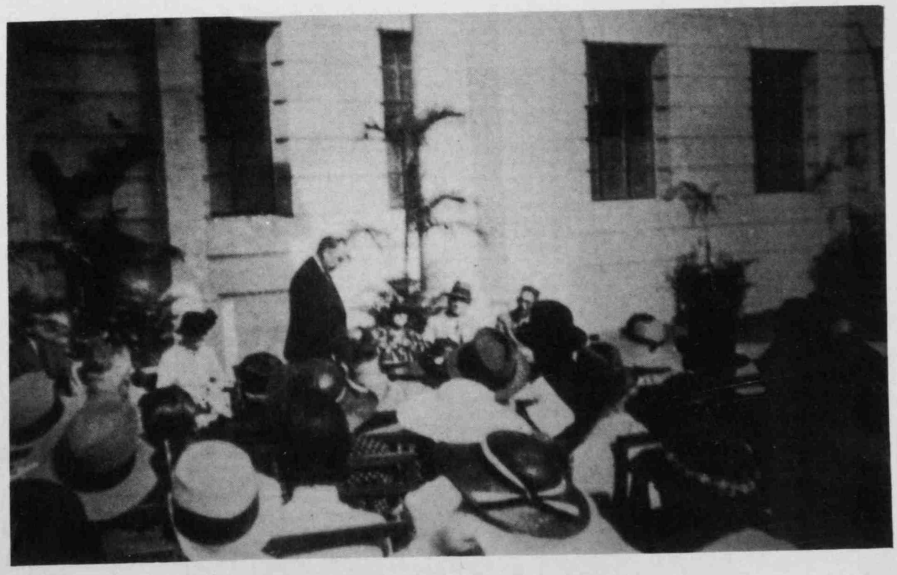
* *The Ho Miu Ling Hospital.*



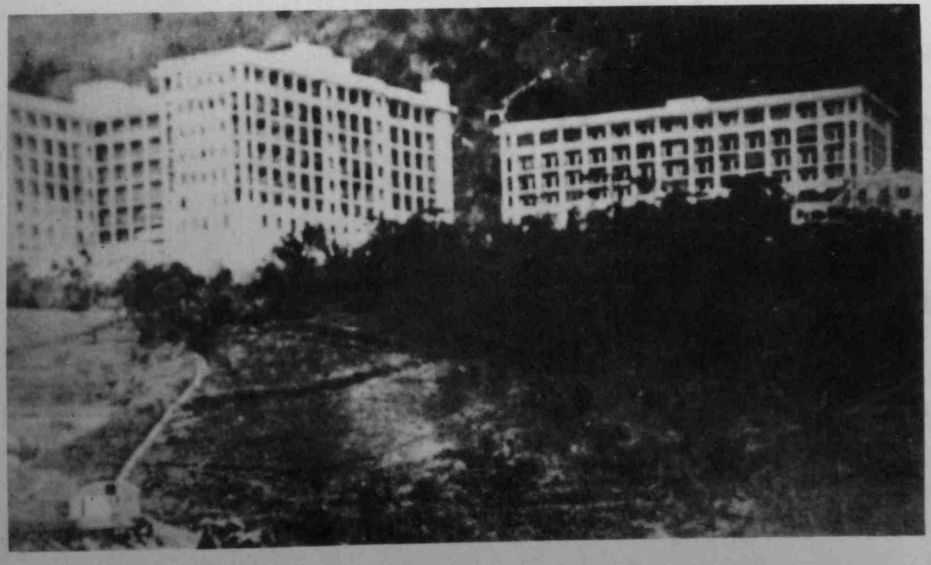
The Alice Memorial Maternity Hospital.



Queen Many Hospital under construction in 1935.



Hon.N.L.,Smith Opening Q.M.H. in June 1937.



Q.M.H. 1937

年表

1881	何啓博士由英國返港。
1883	Dr. Patrick Manson 在港行醫。
1884	何啓夫人，雅麗氏，去世。何氏爲悼念亡妻，和倫敦傳道會合資建設雅麗氏醫院，地點位於荷李活道與鴨巴甸街交街。
1887	雅麗氏紀念醫院於二月十七日啓用。同年十月一日，香港華人西醫書院（The Hong Kong College of Medicine for Chinese）正式成立。Sir Patrick Mansion 爲第一屆院長。
1892	首兩名畢業生誕生。
1893	那打素醫院啓用。
1894	雅麗氏產科醫院啓用。
1904	以何啓妹妹爲名的何妙齡醫院成立。四間醫院便合併爲雅麗氏何妙齡那打素醫院。
1907	學院名稱上「for chinese」二字被刪去。
1908	本院畢業生有資格簽發死亡證明書。
1912	香港大學成立，學院合併成爲港大醫學院。Dr. F. W. Clork 爲首屆院長。
1913	The British Medical Council 承認本院的專業資格。 Professor Malcolmson 被委任爲生理及生物學系系主任。 解剖學系首先擁有獨立的教學樓（Ng Li Hing School of Anatomy）
1914	George Harold Thomas 爲第一位港大醫學院內外全科醫學士（M. B., B. S.）。
1917	解剖學系大樓擴建，並容納生理學系，大樓因此改名爲School of Anatomy and Physiology（位置在現時黃克競大樓舊址。）
1919	熱帶內科和病理學院成立。
1920	Professor Wang Chung Yuk 被委任爲病理系系主任，成爲首位華人大學教授。George Harold Thomas 則成爲首位獲得醫學博士學位的本院畢業生。
1922	洛克菲洛基金（Rockefeller）資助設立內外科系主任職位。
1923	Rockefeller foundation 再資助婦產學系系主任一職。
1932	Phoon Seck Wah 爲首位獲得外科碩士學位的畢業生。
1934	GMU 的成員訪本院。
1935	外科大樓（後稱爲迪比外科大學（Digby School of Surgery））啓用。

1937 臨床教學地點（產科除外）遷移至新近落成之瑪麗醫院。

1941 香港淪陷，所有學生返回大陸繼續學業。一九四二年尾，本院共有一百二十名學生在內地六所大學就讀。

1946 醫學院重新開始教授曾在內地繼續學業之三十四名學生。

1948 大學重新開放，醫學院也再次招收新生。

1950 The Medical Act 1950（UK）要求醫學生畢業後要實習一年才可註册執業。

1952 戰後首屆畢業生共二十二人。

1957 秦惠珍醫生（Dr Daphne Chun）爲首位被委任爲系主任的本院畢業生（婦產學系。）

1959 建成於1958年的瑪麗醫院新病理大樓於一月二十二日舉行開幕禮。

1961 醫學院開辦哲學博士學位課程。

1964 每年收生人數由五十人增至一百人。

1965 位於沙宣道的李樹芳樓於四月五日正式開幕。收生人數也增至一百二十人。

1966 白文信樓第一期工程完成。醫學院圖書館和醫學院辦事處於一月二十二日正式啓用。

1967 瑪麗醫院教授大樓落成。

1970 收生人數增至一百五十人。

1971 醫學院發展爲擁有十三個學系。

1972 白文信樓第二期工程完成，並於七三年三月八日正式舉行開幕禮。病理大樓作大規模的改善工程。

1977 爲研究生而設的醫療科學證書課程（Certificate in Medical Science）開辦。

1978 一年制的醫療科學碩士課程開辦了。（Master of Medical Science）

1979 沙宣道實驗動物中心於十月十八日啓用。

1980 陳蕉琴樓於十月三十一日開幕。

1982 醫學院爲二、三年班同學開辦一年制科學學士學位課程（Bachelor of Science in Biomedical Sciences）

1986 醫學院圖書館改命爲利希慎醫學圖書館。

1987 醫學院一百週年記念。

醫學院建築物

李樹芬樓

此樓位於瑪麗醫院對面的沙宣道上，於一九六五年四月五日由當時的香港總督戴麟趾爵士主持開幕禮後正式啟用，後來由於學生人數不斷增加，便於一九七二年擴建。擴建後，此樓分爲兩座，由一駕空的天橋連接着。一座樓高三樓，設有三個演講室，主要供給醫學院一、二年級和牙醫學院一年級學生使用。另一座連地庫樓高八樓，設有臨床前各學系如解剖、生理、生物化學以及藥理學系和社會醫學系的辦公室和實驗室。

白文信樓

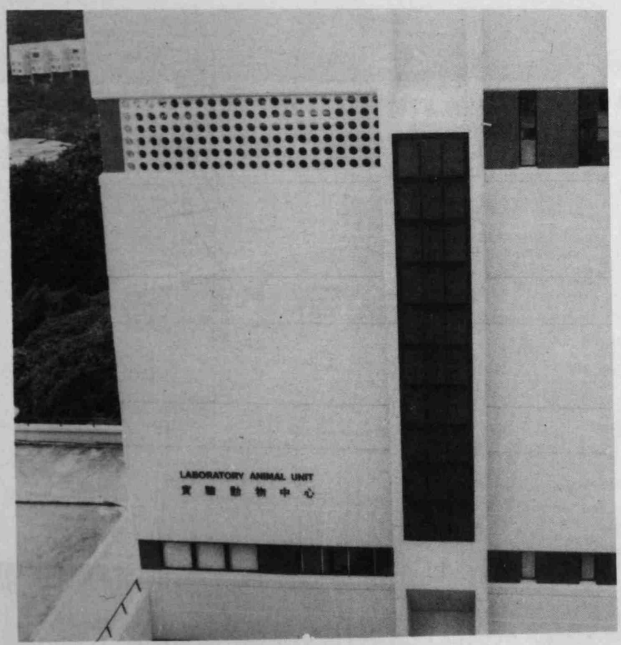
此樓位於李樹芬樓的側面，是分兩期建成的。第一期工程於一九六六年完成，而第二期的擴建工程則於一九七二年完工。工程完成後，整座樓宇的總面積有二萬七千二百五十平方呎。內設有醫學院圖書館，爲高年級醫學生提供約九十個宿位的醫學生宿舍和醫學院以及港大學生會醫學會的辦事處。

陳蕉琴樓

這座樓高四層，價值近八百萬，總面積爲三萬四千九百三十七平方呎的文娛中心，於一九八〇年十月三十一日由陳蕉琴女士主持開幕禮。這座樓宇主要爲港大學生和教職員提供了文娛康樂設施，包括休息室、音樂室、會議室、電視室等，而地下更設有可容納二百五十人的飯堂。這樓還包括了 港大醫學教材製作處（medical illustration unit）。

利希慎醫學圖書館

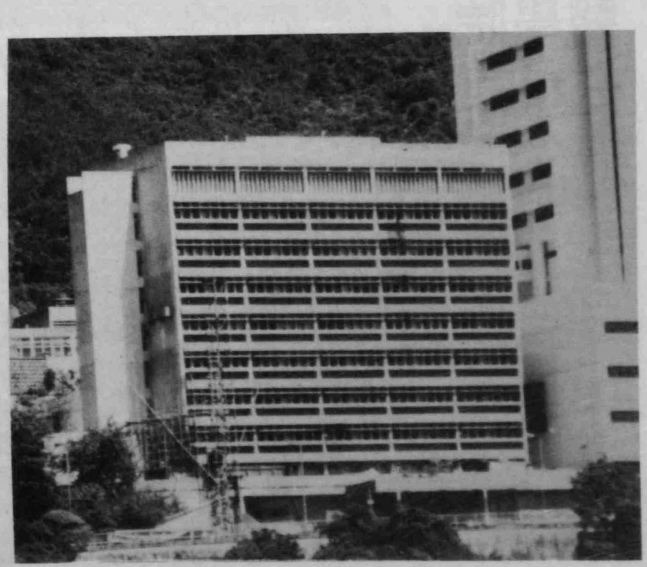
這座位於白文信樓的醫科圖書館在一九六五年正式啟用，到一九八六年才改名爲利希慎圖書館，以表揚利希慎先生之幼子利永達先生多年來對支持本院的各項發展的貢獻。這座五層的圖書館總面積超過一萬七千平方呎。它爲超過一千名醫學生和教職員提供了超過七萬冊的藏書雜誌和期刊，一些視聽教材，約三百五十個座位以及影印服務。而二、三樓的一些房間更可給同學們作小組討論之用。每年借出的書籍達七萬五千次之多。



實驗動物中心

這座建築費達一千四百萬的中心於一九七九年十月十八日由當時的校長黃麗松博士主持開幕禮。在這實在面積達二萬八千多平方呎的樓宇內，飼養了很多供醫學研究的動物如白老鼠、白兔等。現在，整個中心有超過三十名職員。除了訓練動物護理人員外，它也協助香港理工學院主辦的Certificate Course in Animal Technology。另外，它也參予教授由本院開辦的醫療科學證書課程。而由一九八四年開始，它也爲港大牙醫學院提供動物，以作研究之用。

臨床病理大樓



於一九五九年一月二十二日由當時的港督Sir Robert Black主持開幕禮後啟用。整座樓宇面積爲二萬六千平方呎。一九七二經過一次大裝修後現今還座落在瑪麗醫院的西部。內設病理和微生物系的辦公室、實驗室、驗屍室和殮房。

教授大樓

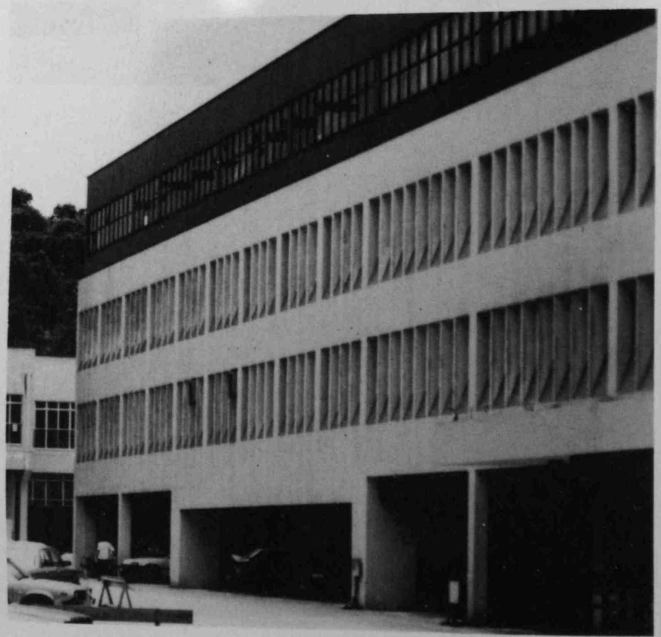
位於瑪麗醫院，共有七層，設有各臨床學系如內科、外科、骨科、婦產科的辦公室於一九六七年落成啟用。

西營盤專科診所

老人家多稱爲國家醫院，爲港大醫學院主要的專科門診部，鄰爲贊育醫院。

醫學院分科部

於教授樓東面，設有兩間大型的地下演講室，爲臨床期醫學生主要的上課地點。設有駕空行人天橋連接教授樓和病房大樓。

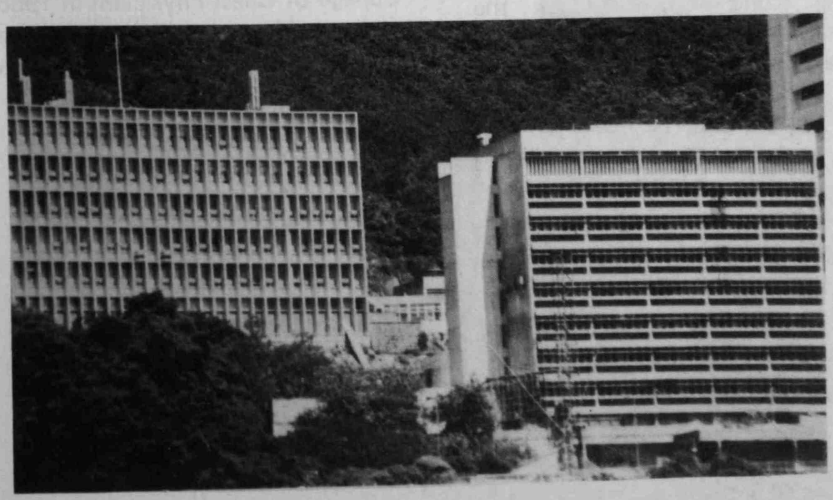


贊育醫院

坐落於醫院道，爲一婦產科專科醫院，內設有醫學生宿舍，爲上婦產科的醫學生提供住宿服務。

病房大樓

臨床醫學生宿舍



大學病理大樓

於一九八八年底啓用，座落在臨床病理大樓旁，樓高六層。內設微生物學系和病理學系辦公室和實驗室，爲二、三年級醫學生病理和微生物學上課的地點。

DR LI SHU FAN

* *Dr Li Shu Fan,J-P,MB,Ch.B,FRCS,DTMH,LL.D(Hon.).*

The death of Dr. Li Shu Fan on November 24, 1966 brought to an end one of the most remarkable careers in the history of Medicine in Hong Kong but it will be many years before his memory fades from the minds of those who knew him.

Li Shu Fan was born in Hong Kong in 1887. He spent his early years in a small village in Kwantung Province but went to live with his father in Boston for 3 years before returning to Hong Kong in 1902 with the intention of studying at the Hong Kong College of Medicine. He graduated with distinction as a Licentiate in Medicine and Surgery in 1908 and proceeded to Edinburgh where he graduated M.B., B.Ch. in 1910 and obtained the Diploma of Tropical Medicine and Hygience in 1911. As an Imperial Chinese Government Scholar Dr. Li then returned to China in time to participate in the stirring events of 1911. He became Minister of Health under the joint Revolutionary Military Government in Canton but when Canton fell to General Lung in 1912 he retired to Hong Kong and entered private practice. He returned to Edinburgh in 1921 to undertake postgraduate studies and obtained the Fellowship of the Royal College of Surgeons in 1922. From 1923 to 1925 he was Dean of the Kung Yee Medical College in Canton, then he returned again to Hong Kong and undertook the management of the Hong Kong Sanatorium Hospital. As both Super-intendent and Chairman of the Board of Directors he was very largely responsible for the growth of this fine hospital — which incidentally is the only private hospital in the Colony which conducts a training school for nurses and midwives.

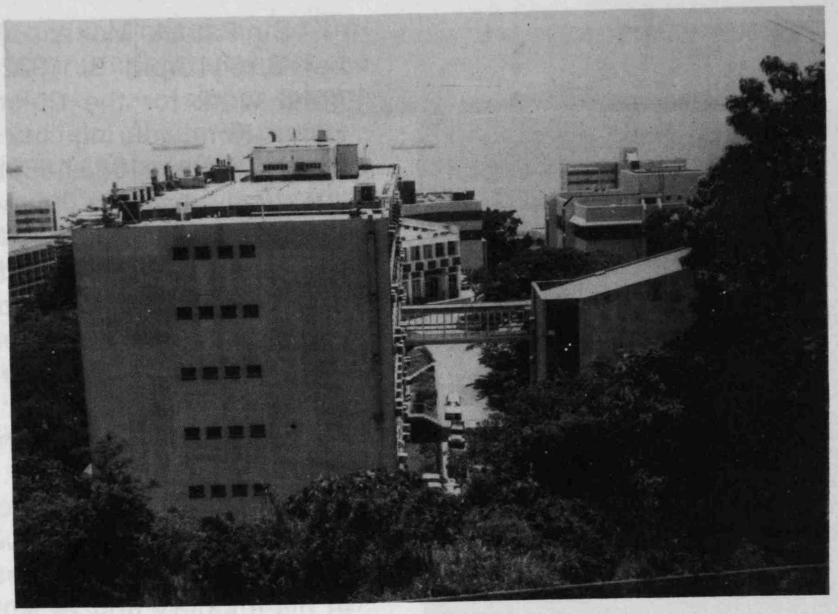
During the years before the war, Li Shu Fan entered into the public life of the Colony, becoming a member of the Sanitary Board, Member of the Urban Council and of the Legislative Council, President of the Chinese Medical Association, District Chief Surgeon of St. John's Ambulance Brigade, a member of the Medical Board, an unofficial Justice of Peace and a member of the University Court.

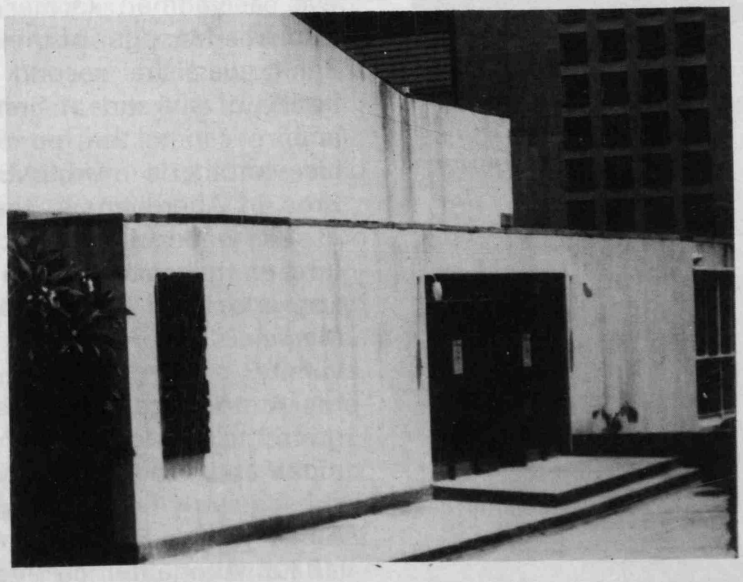
When the war came and Hong Kong was occupied by the Japanese Dr. Li continued to run his hospital until in August 1943 he managed to escape to the Mainland. He returned in 1945 to engage once again in the management and development of his hospital and entering again into public life, he became a Member of the Board of Directors of the Hong Kong Anti T.B. Association, a Council member of the Missioner of Lepers Hong Kong Auxillary, and was again appointed a member of the Court. He became a member of the Board of Regents of the International College of Chest Physicians in 1956 and an Honorary Fellow of the International College of Surgeons in 1961.

Dr. Li's generosity to the University in making an outright gift of 80,000 square feet of land is well known and the University recorded its appreciation by naming the preclinical building at Sassoon Road after him and by conferring upon him the Honorary degree of Doctor of Laws in 1961.

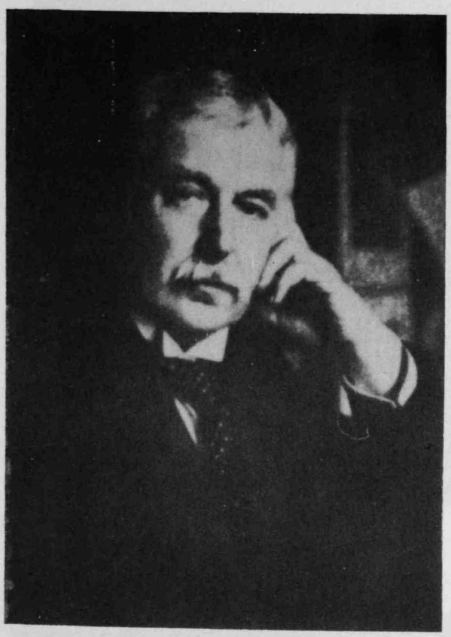
Since the establishment of the Li Shu Fan Medical Foundation in 1962 with Dr. Li as Chairman of the Board of Governors, the Foundation has provided scholarships, bursaries, prizes, research grants, research fellowships, and a 3 year lectureship in the Department of Paediatrics.

The many references in the University Calendar to the awards provided by the Li Shu Fan Medical Foundation, the preclinical building which bears his name, his professional writings and his autobiography — Hong Kong Surgeon — form part of the late Li Shu Fan's memorial but only a part, for there is also the enduring memorial of the Hospital which he twice brought from near insolvency to flourishing development, and more important perhaps than all these the intangible memorial made up of all the memories of him, in the minds of those he met and influenced during a life which, it has been aptly said, 'harmoniously combines incredible adventures and great achievements.'





SIR PATRICK MANSION



* *Sir Patrick Manson,G-CMG,MD,FRS,FRCP,D.Sc., LLD ,a founder of the Hong Kong College of Medicine for Chinese,and its first Dean(1887-1889).*

Sir Patrick Manson (October 3,1844-April 9, 1922) did great work for the Colony of Hong Kong during his residence there (1883-1889). He eventually became known as "The Father of Tropical Medicine" and was the Founder of its London School of Tropical Medicine (now the London School of Hygiene and Tropical Medicine).

Manson was born in Old Meldrum, Aberdeenshire. The house of his parents-Cromlet Hill-still stands and is now distinguished by a plaque raised in his memory and which was installed there on July 5, 1954.

Patrick Manson, his father was a yeoman farmer who also was Manager of the Linen Bank, was the second of a family of six and at first was apprenticed to the foundry of his mother's family-Blaikie Bros.-in Aberdeen. At the age of 16 he developed a curvature of the spine and in consequence of this, took up Medicine at Aberdeen University.

At the age of 22 he migrated to Takao in South Formosa and lived there 5 years, subsequently migrating to Amoy in the Bay of Hiu Tau (1870). Altogether he lived 23 years in South China of which the last 6(1883-1889)were spent in Hong Kong. It was in Amoy that he first made the great discoveries which have rendered his name immortal.He did a large amount of studies on filaria and decided that this was the cause of the elephantiasis which was so common in his patients in Amoy. He also postulated mosquito has undertaking the functions of a nurse in transmitting the disease. His hypothesis was later proved and he wrote his classic paper on his research on the "role of the mosquits as a nurse" and it was read by spencer cobbold to a meeting of the Linnaean Society of London and published in April 1879. Manson made many other notable discoveries in Amoy on parasites of man and animals. He found the fungus parasite of Linea umbricata in the skin and the filariae of birds, especially of the Chinese Magpie. He also made great contribution in the discovery of the life cycles of Paragmimus Westermanni and Fasciola Hepatica.

Early in 1883 Manson moved to Hong Kong where for the next 6 years he lived on the Peak. He amassed an enormous practice on all branches of Medicine. He was universally popular and much beloved by the Chinese. He in turn reciprocated the affection and counted"John Chinaman" as one of the greatest on Earth. He was by no means idle. In 1885 he discovered and accurately described the disease we now know as Sprue and which he jokingly suggested might well represent the past participle of the verb "To spree" in which possibly he was not far wrong. He did original work on malaria and tried to prove that the malarial agent lived in water and was contracted

through drinking it (he was ignorant of the work of Laveran who on November 20, 1880 had found the parasite of Malaria in the blood). In 1886 (September 3rd) he founded the Medical Society of Hong Kong in which he called together the Medicalk practitioners of Hong Kong and their Chinese friends to discuss matters of mutual interest. The meetings took place in the Alice Memorial Hospital Early in 1887 he was called to Tientsin to attend Li Hung Chang, the great Prime Minister of China under the Empress. Li was thought to be dying of a cancer of the tongue, but Manson found that it was only a sublingual abscess, which he opened, and the great man was cured. It took Manson six weeks to reach Tientsin by pony and by junks, but he was well rewarded by Li Hung Chang's gratitude and later he received a letter of thanks-as-follows:-"Your treatment has resulted in a complete cure. Calm, then, your anxiety on my account. I send you enclosed a photograph which may perhaps serve as a reminder of our good feelings towards one another. This is the object of my letter and I take this opportunity of wishing you an elegant time.

1886 appears to have been a fruitful year for them. He proposed and later organised the Dairy Farm which now forms such a prosperous and beneficent feature of Hong Kong. Before a herd of European cows could be imported it was necessary to create a grazing ground on the steep and bare slopes of the island hills. A site near Aberdeen was chosen and grasses imported from Australia (Queensland) were tried out, before a suitable fodder could be provided. Manson was urged on to this adventure spurred by his sympathetic and patriotic spirit and moved by his concern for the children of the garrison stationed in Hong Kong, as well as for the sick for whom a supply of cow's milk was essential. The animals and the yeomen farmers were recruited from his Aberdeenshire countrymen. Hens, ducks, and geese eventually came the same way. Mr. W. Walker was appointed Manager and it is wonderful to relate that he still resides in old Meldrum at the advanced age of over 90.

In 1887 Manson collected his friends together and suggested founding a college of Medicine in Hong Kong for the teaching of Chinese Students. He selected the Alice Memorial Hospital. His old friend Li Hung Chang backed him up. In his letter he wrote "Gentlemen I am in receipt of your letter informing me that I have been elected Patron of your college and I thank you for your desire to perpetuate my name on your College walls. I wish you every success for your benevolent design. I learn that there are now 20-30 students in your college studying Medicine and consider it most proper that they should

pay attention to the sister subject of Chemistry and understand to compound and how to analyse, thus ensuring greater accuracy in the diagnosis of disease and in the preparation remedies."

Manson's address at the founding of the Medical College of Hong Kong on the 1st October, 1887 has been preserved. It is a very forcible and impressive document of over 5,ooo words. The meeting took place in the Town Hall (on the waterfront)before a large congregation, the Governor of the Colony, Sir William Henry Marsh, and numerous notables. He deplored the lack of Medical facilities and education. Although Hong Kong had been a Crown Colony since 1831 nothing had been done. There was Kerr in Canton, McKenzie in Tientsin and Myers in Formosa who had done their best with limited facilities. These were the "Sir Galahads" of Medicine.

Manson became the first Dean of the School and two years later was succeeded by his countryman, friend and partner-Mr (afterawards Sir-)James Cantlie. Sun Yat-Sen was the first and best pupil. It will be remembered that some 9 years later it was through the efforts of his two old teachers (Manson and Cantlie) that Sun's life was saved after he had been kidnapped and imprisoned in the Chinese Legation in London. The story of Manson's encounter with the Foreign Secretary of the time, Sir Halliday McCartney, still makes good reading. There is a good medical story of Manson's career in Hong Kong which must be recorded. When Manson went to Tientsin he left behind a fair lady patient on the Peak who suffered greatly from anaemia. He handed her over to Cantlie when all their medicaments had failed. On his return, after an absence of two months, she was there to greet him-all pink and rosy. What had happened? "Oh," she replied, "I got fed up with you Scots doctors and went to the Chinese joss doctor, who with his snake skins and incantations has cured me, as you see. He also gave me some pills." What was inside them she did not know. So Manson had himself asked to a Chinese feast with his Chinese colleague and, whilst plying him with rice spirit, tried to pump him without success, till finally, as the orgy was coming to its close, he blurted out "I gave her the dried liver of a dead cow". Henceforward Manson used a decoction of liver, -liver soup, -for the treatment of sprue and sprue anaemia with great success. He knew not why. We all know why now since the discoveries of Minot and Murphy in Boston in 1926;but the Chinese have been using liver for thousands of years.

In 1889 Manson returned to Kildrummy, his estate in Aberdeenshire, intending to live the life of a Scottish laird, but Fate was against him. The

Chinese dollar fell in value and his large income was reduced,so he had to 'fare foreign' once again , and come down to London where he set up as a consultant in 21, Queen Anne Street. Here he had to face neglect, jealousy and opposition. Many thought he was a quack and avoided him. But he soon got a practice together, gained recognition and made more discoveries. There were numerous and included the discovery of three new species of filaria in man, the working out of the life-history of the guinea-worm in the water-flea, Cyclops and, finally, in December 1894. he enunciated his famous mosquito - malaria hypothesis which was really the corner-stone of modern Tropical Medicine and established it firmly as a separate science. With cold and irrefutable logic he compared the life-story of his filaria with that of the malaria parasite in the mosquito. He hypothesized that the exflagellation of the malaria crescent (Plasmodium falciparum) was a parallel phenomenon to that of the antics of his filaria in the stomach blood clot of the mosquito and that further development of the parasite, outside the human body, must necessarily proceed in some special species of mosquito which was prevalent in those areas where malaria was rife. This was of course the Anopheles mosquito which had recently been described. All the accumulated and ascertained facts pointed to the truth of this hypothesis and displaced the outworn views of authorities. These are just the clues to follow up, as is also, and emphatically so, the thing you have never seen or heard of before. The thing you cannot get a pigeonhole for is the finger-point showing the way to discovery". How true this is and how true his prophecy was of the inevitable outcome of Medical Education in Hong Kong and of the progress of the University there, I missma theory of malaria.

Manson became a Fellow of the Royal Society and was knighted by Queen Victoria, but all this was now marred by the death of his favourite son in March 1902. In the meantime Manson had been introduced to Mr. Joseph Chamberlain and had become Medical Adviser to the Colonial Office in July 1897. This led to the organization of the London School of Tropical Medicine, and its opening on October 1st, 1899. From the commencement, although it was situated in the Albert Docks, nine miles from the centre of the metropolis, it was a great success. Manson taught there for the next thirteen years. Under his guidance the School flourished and became famous. In 1919 it was moved to Engsleigh Gardens in the centre of London. In 1922 Manson died, not before he became aware of the Rockefeller bequest of a million dollars to move the School to Bloomsbury and where as the London School of Hygiene and Tropical Medicine it now stands and flourishes under Government support. Manson's ideas has triumphed. It was a long way from Hong Kong to London but it all followed an ordered sequence. To complete the story we must absorb the meaning of his philosophy when he wrote "Never refuse to see what you do not want to see, or what might go against your own cherished hypotheses, or against the leave you to judge, but that it was prophetic and prescient is undoubtedly correct.

Manson's life was an eminently happy one. He was happy in his home life, happy in his children, happy with almost schoolboy happiness in his work. He was ever fertile in his ideas, making opportunities for others as well as for himself. He was appreciative of life in general, of sport, of gardening and of good literature. In his school he was honoured as a prophet, but this never spoiled him. He lived as he died a great and simple soul. It is not yet for us to judge the exact niche he fills in the role of fame, but assuredly he belongs to that company of the great. He fulfilled in full the famous lines of Chaucer: "First he wroghte and afterward he toghte"

CONTRIBUTIONS

Cardiac opioid system and arrhythmogenesis:

Present understanding and clinical implications

Dr. T. M. Wong

Department of Physiology,
University of Hong Kong.
Hong Kong 1987

Key words: Arrhythmias Ischaemia, Reperfusion, Opoid peptides, Opioid receptors, Ischaemic heart diseases, Naloxone.

Abstract: There is substantial evidence that activation of cardiac opioid receptors by administration of opioid peptides or myocardial ischaemia alone or with subsequent reperfusion leads to cardiac arrhythmias. A reasonable hypothesis is that when the heart is subject to ischaemia and reperfusion there is an increase release of opioid peptides from the heart, thus activating the cardiac opioid receptors, which is one of the causes of cardiac arrhythmias. Subsequent studies showed that arrhythmias induced by activation of opioid receptors are accompanied by increases in myocardial levels of cAMP, which has been shown to mediate arrhythmias via increasing calcium influx. These findings suggest a possible functional link among opioid receptors, cAMP and cardiac arrhythmias.

Further studies are needed to a, test the aforementioned hypothesis that cardiac opioid peptides are released in response to ischaemia and/or reperfusion, thus activating cardiac opioid receptors, which results in arrhythmias; b, study the intracellular events that occur between activation of opioid receptors and cardiac arrhythmias; c, identify the opioid receptors involved in induction of cardiac arrhythmias; d, arrhythmias in patients of ischaemic heart diseases; and e, use and develop opioid antagonist(s) as antiarrhythmic agents.

Introduction

Opioid receptors were first shown to exist in our body in 1973 by three groups of scientists independently (Pert and Snyder, 1973; Simon et al., 1973; Terenius, 1973) The finding led to the discovery of enkephalins, the first endogenous opioid peptides (Hughes and Kosterlitz et al., 1975), B-endorphin (Bradbury et al., 1976; Cox et al., 1976) and dynorphin (Goldstein et at., 1981). The demonstration of the existence of opioid system in our body aroused great enthusiasm in research in the opioid field. One of the important questions outstanding then was their physiological roles. Research in the past decade has demonstrated convincingly their participation in the transmission of pain. In addition, opioid peptides have been shown to exert regulatory effects on many physiological functions such as breathing (see McQueen, 1983, for review), release of a number of hormones (see Grossman and Ress, 1983, for review), blood flow in cutaneous circulation (Wong et al., 1981), contractility of the heart (Caffrey et al., 1985) just to mention a few. Active studies are being performed in search for their regulatory roles.

Cardiac opioid receptors and arrhythmias

In the past few years substantial evidence suggest that activation of cardiac opioid receptors lead to arrhythmias. Firstly, in the isolated rat heart, naloxone, an opioid antagonist, attenuates arrhythmias induced by B-endorphin (Lee et al., 1984), or dynorphin 1-13 (Wong and Lee, 1987) or ischaemia and reperfusion (Zhan et al., 1985). The results were in agreement with the in vivo studies that naloxone attenuates arrhythmias induced by ischaemia in the rat (Fagbemi et al., 1982) or by ischaemia and reperfusion in the dog (Huang et al., 1985). Although naloxone blockage is generally taken as an indication of opioid receptor antagonism, a direct membrane stabilizing action of naloxone responsible for attenuation of arrhythmias cannot be excluded. We therefore performed another experiment in order to further determine whether or not activation of opioid receptors is really responsible for opioid peptide-or ischaemia and reperfusion-induced arrhythmias. We desensitised the opioid receptors of the rat by chronic morphine treatment and studied the effects of dynorphin or ischaemia and reperfusion in induction of arrhythmias in the isolated perfused rat heart preparation. It was found that rats having received chronic morphine treatment exhibit significantly less arrhythmias compared with the control in response to either dynorphin 1-13 or ischaemia and reperfusion (Wong and Lee, 1987). The results were in agreement with the finding of a similar in vivo study by Chan et al. (1978) who also reported that rats having received chronic morphine treatment are more resistant to ischaemic stimulation in arrhythmogenesis. The results of these studies indicate that opioid peptide-or ischaemia-or ischaemia and reperfusion-induced arrhythmias result, at least partly, from activation of cardiac opioid receptors. The notion that activation of opioid receptors may be one of the causes of arrhythmias received support from the finding of a previous study by Parratt and Sitsapesan (1986) who found that specific opioid antagonists attenuate ischaemia-induced arrhythmias whereas their structural isomers without opioid antagonistic properties do not. A natural hypothesis from the studies is that there is an increased release of opioid peptides from the heart during ischaemia alone or with reperfusion, thus activating cardiac opioid receptors, which is partly responsible for arrhythmias. Further studies are needed to verify the hypothesis.

Cardiac opioid system

The first piece of evidence suggesting the presence of opioid receptors in the heart was the naloxone antagonism against opioid peptide-induced effects on cardiac functions (Caffrey et al., 1985; Lee et al., 1985). Pharmacological studies using specific opioid antagonists further showed that k-receptors are probably present in the terminals of the sympathetic nerve fibres (Ledda et al., 1985; Starke et al., 1985; Fuder et al., 1986) and - and u-receptors are present in the parasympathetic nervous system (Weitzell et al., 1984). Receptor binding studies also showed the presence of both — and k-receptors in both atrium and ventricle (Krumins et al., 1985) and a small amount of u-receptors in the left atrium (Krumins, 1987).

Both enkephalin (Weihe et al., 1983; Lang et al., 1983) and dynorphin (Spaminato and Goldstein, 1983; Weihe et al., 1985) have been demonstrated in the heart with bioassay, radioimmunoassay and high performance liquid chromatography techniques. Immunohistochemical studies revealed that enkephalins are located mainly in the cardiac ganglia, paraganglionic cells and APUD cells (Weihe et al., 1983). Sympathectomy with 6-hydroxydopamine depleted 99% of the noradrenaline content, but only 70% of the leu-enkephalin content of the heart (Lang et al., 1983), indicating that 70% of the peptide is located in the sympathetic nervous system with the remaining portion being in the other parts

Intracellular events following activation of opioid receptos

It has been shown that dynorphin 1-13 (Lee and Wong, 1987) or ischaemia and reperfusion (Lee and Wong, 1986) cause a naloxone — reversible increase in cAMP levels as well as cardiac arrhythmias in the

isolated rat heart. This is in agreement with the finding that enkephalins increase cAMP levels in the cultured chick embryo heart cells (Laurent et al., 1986). The results suggest that activation of cardiac opioid receptors may cause arrhythmias via increasing myocardial levels of cAMP, which is believed to mediate cardiac arrhythmias (see Thandroyen, 1982, for review). It has also been shown that dibutyryl cAMP-induced arrhythmias are blocked by a calcium channel blocker, verapamil (Thandroyen, 1982). In agreement with it, we found that forskolin does not only increase myocardial cAMP, but also induces arrhythmias (Huang and Wong, 1988). and that nefedipine, another calcium channel blocker or low external calcium blocks completely the forskolin-induced arrhythmias without attenuating the forskolin-induced increase in myocardial cAMP levels (Wong and Huang, 1988). The results suggest that cAMP may cause arrhythmias via an increase in calcium influx. Further studies are, however, needed to determine whether or not activation of opioid receptors increases myocardial cAMP, which in turn cause arrhythmias via increasing calcium influx.

Clinical implication

That cardiac opioid system is involved in arrhythmias induced by ischaemia alone or with subsequent reperfusion has implications, firstly, in the use of opioid antagonists as antiarrhythmic agents and, secondly, in the use of morphine as an analgesic for patients of ischaemic heart diseases. We used an antiarrhythmic screening test developed in our laboratory (Lee et al., 1985) to compare the antiarrhythmic potencies of two opioid antagonists, naloxone and naltrexone with the prototype antiarrhythmic agents, propranolol, lidocaine and quinidine. Based on the ED50 values in molar concentration, the antiarrhythmic potencies were 1, 0.57, 0.35. 0.22 and 0.20 for propranolol, lidocaine, quinidine, naloxone and naltrexone, respectively (Lee and Wong. 1986; Liu et al, 1988). The results indicate that the efficacies of these two opioid antagonists as antiarrhythmic agents are of the same order of magnitude as these prototype antiarrhythmic agents. We have further studied the effects of joint administration of naloxone and propranolol against arrhythmias in young rat subjected to chloroform hypoxia (Wong and Lee, 1985) and against development of infarct in the isolated perfused rat heart subjected to low flow ischaemia (Lee and Wong, 1985). It was found that joint administration of these two agents produces additive effects. The results show that naloxone may be used as an antiarrhythmic agent alone or together with other antiarrhythmic drugs such as propranolol. In the latter case, the dose of propranolol used may be reduced and less undesirable effects due to B-receptor blockade may result. Further studies are, however, needed to determine the opioid receptor subtypes involved in arrhythmogenesis so that more specific opioid antagonists with greater efficacy can be used as antiarrhythmic agents.

The effects of morphine on development of cardiac infarct or arrhythmias in animals subjected to ischaemia are controversial. Intravenous administration of morphine at a dose of 1 mg/kg increase significantly the S-T elevation in the cat subjected cornoary artery ligation (Kisin et al., 1979). The result was supported by the finding of a subsequent study that subcutaneous injection of morphine at a dose of 3 mg/kg increases significantly the size of infarct in the rat also subjected to coronary artery ligation (Markiewicz et al., 1982). These two studies indicate that morphine treatment exacerbrate the deteriating condition of the heart resulted from ischaemia. However, Addicks et al (1987) did not find any significant increase in severity in ischaemia-induced arrhythmias in the rat. Although it is well known that the dose range of morphine used to produce analgesic effects is much lower than that used in these studies, further investigations are urgently needed to determine the effects of morphine on cardiac infarct and arrhythmias in patients suffering from ischaemic heart idseases.

Acknowledgement: The auther would like to thank Dr. S.F. Pang for reading the manuscript and Mrs. Teresa Yuen for typing the paper.

References

Addicks K. Hirche H, McDonald M, Polwin W (1987) Effects of morphine on catecholamine release and arrhythmias evoked by myocardial ischaemia in rats. Br J Pharmac 90:247-254.

Bradbury AF, Smyth DG, Snell CR (1976) Lipotropin: precursor to two biologically active peptides. Biochem Biophys Res Commun 69:950-956.

Caffrey JL, Gaugl JF, Jones CE (1985) Local endogenous opiate activity in dog myocardium: receptor blockade with naloxone. Am J Physiol 248 (Heart Circ Physiol 17) :H382-H388.

Chan MY, Dai S, Ko WWW (1987) Effects of morphine on cardiovascular responses to acute myocardial ischaemia in rats. Br J Pharmas 90:537-543.

Cox BM, Goldstein A, Li CH (1976) Opioid activity of a peptide, B-lipotropin-(61-91), derived from B-lipotropin. Proc Natl Acad Sci USA 73:1821-1823.

Fagbemi O, Lepran L, Parratt JR, Szekeres L (1982) Naloxone inhibits early arrhythmias resulting from acute coronary ligation. Br J Pharmac 76:504-505.

Fuder H, Buder M, Riers H-D, Rothacher G (1986) On the opioid receptor subtype inhibiting the evoked release of H-noradrenaline from guinea-pig atria in vivo. Naunyn-Schmiedeberg's Arch Pharmac 332:148-155.

Goldstein A, Fischi W, Lowney LI, Hunkapiller M, Hood L (1981) Porcine pituitory dynorphin: complete amino acid sequence of the biologically active heptadecapeptide. Proc Natl Acad Sci USA 78:7219-7223.

Grossman A, Rees L (1983) The neuroendocrinology of opioid peptides. Br Med Bull 39(1):83-88.

Huang XD, Lee AYS, Wong TM, Zhan CY and Zhao YY (1985) Naloxone inhibits cardiac arrhythmias induced by coronary artery occlusion and reperfusion in anaesthetised dogs. Br J Pharmac 87:475-477.

Huang XD' Wong TM (1988) Forskolin causes arrhythmias in the isolated Perfused rat heart - Asia Pacific J pharmaco 3 (suppl. 1), 01.

Hughes J, Kosterlitz HW, Smith TW (1977) The distribution of methionine-enkephalin and leucine-enkephalin in the brain and peripheral tissues. Br J Pharmac 61:639-647.

Hughes J, Smith TW, Kosterlitz NW, Fothergill LA, Morgan BA, Morris HR (1975) Identification of two related pentapeptides from the brain with potent opiate agonist activity. Nature 258:577-579.

Kisin I, Markiewicz W, Birkhahn J (1979) Effect of large doses of morphine on experimental myocardial ischaemia in cats. Isr J Med Sci 15:588591.

Krumins SA (1987) Characterization of dermorphin binding to membrane of rat brain and heart. Neuropept 9:93-102.

Krumins SA, Faden AI, Feurstein G (1985) Opiate binding in rat hearts: modulation of binding after hemorrhagic shock. Biochem Biophy Res Comm 127(1):120-128.

Lang RE, Hermann K, Dietz R, Gaida W, Ganten D, Kraft K, and Unger Th (1983) Evidence for the presence of enkephalins in the heart. Life Sci 32:399-406.

Laurent S, Marsh JD, Smith TW (1986) Enkephalins increase cyclic adenosine triphosphate content, calcium uptake, and contractile state in cultured chick embryo heart cells. J Clin Invest 77:1436-1440.

Ledda F, Mantelli L, Corti V (1985) Sensitivity to dynorphin-(1-13) of the presynaptic inhibitory opiate receptors of the guinea-pig heart. J Pharmac 117:377-380.

Lee AYS, Wong TM (1985) Naloxone reduces the release of creatine kinase in the isolated ischemic rat heart. Proc Soc Exp Biol Med 179:219-221.

Lee AYS, Wong TM (1986) Naloxone attenuates augmentation of CAMP levels and arrhythmias following myocardial ischaemia and reperfusion in the isolated perfused rat heart. Clin Exp Pharmac Physiol 13:707-710.

Lee AYS, Wong TM (1987a) Antiarrhythmic potency of naloxone determined by a screening test using the isolated ischemic perfused rat heart preparation. Arch int Pharmacodyn Ther 286(2):212-215.

Lee AYS, Wong TM (1987b) Effects of dynorphin 1-13 on cardiac rhythm and cyclic adenosine triphosphate (CAMP) levels in the isolated perfused rat heart. Neurosci Lett 80:289-292.

Lee AYS, Zhan CY, Mok CP, Wong TM (1985) A cardiac antiarrhythmic screening test using the isolated ischaemic perfused rat heart preparation. Arch int Pharmacodyn Ther 277(2):217-222.

Lee AYS, Zhan, CY, Wong TM (1974) Effects of B-endorphin on the contraction and electrical activity of the isolated perfused rat heart. Int J Pept Prot Res 24:525-528.

Liu XL, Mok CP, Lee AYS, Wong TM (1988) Evaluation of the antiarrhythmic potency of naltrexone with a screening test using the isolated ischaemic perfused rat heart preparation. Acta Pharmac Sin 9(1):37-40.

Mantelli L, Corti V, Ledda F (1987) On the presence of opioid receptors in guinea-pig ventricular tissue. Gen Pharmac 18(3):309-313.

Markiewicz W, Finberg JPM, Lichtig C (1982) Morphine increases myocardial infarction size in rats. Anesth Analg 61:843-846.

McQueen DS (1983) Opioid peptide interaction with respiratory and circulatory systems. Br Med Bull 39(1):77-82.

Parratt JR, Sitsapesan R (1986) Stereospecific antiarrhythmic effect of opiate receptor antagonists in myocardial ischaemia. Br J Pharmac 87:621-622.

Pert CB, Snyder SH (1973) Opiate receptor: demonstration in nervous tissue. Sci 179:1011-1014.

Simon EJ, Hiller JM, Edelmann I (1973) Stereospecific binding of the potent narcotic analgesic H^3 etorphine to rat brain homogenate. Proc Natl Acad Sci USA 70:1974-1949.

Spaminato S, Goldstein A (1983) Immunoreactive dynorphin in rat tissues and plasma. Neuropept 3:193-212.

Starke K, Schoffel E, Illes P (1985) The sympathetic axons innervating the sinus node of the rabbit possess presynaptic opioid K-but not u or ɣ-receptors. Naunyn-Schmiedeberg's Arch Pharmacol 329:206-209.

Terenius L (1973) Characteristics of the "receptor" for narcotic analgesics in synaptic plasma fraction from rat brain. Acta Pharmacol Toxicol (Copenh) 32:317-320.

Thandroyen FT (1982) Protective action of calcium channel antagonists against ventricular fibrillation in the isolated perfused rat heart. J Mol Cell Cardiol 14:21-32.

Weihe E, Mcknight AT, Corbett AD, Hartschuh W, Reinecke M, Kosterlits HW (1983) Characterization of opioid peptides in guinea-pig heart and skin. Life Sci 33 (Supple) : 711-714.

Weihe E, Mcknight AT, Corbett AD, Kosterlits HW (1985) Proenkephalin-and prodynorphin-derived opioid peptides in guinea-pig heart. Neuropept 5:453-456.

Weitzell R, Illes P, Starke K (1984) Inhibition via opioid u-and ɣ receptors of vagal transmission in rabbit isolated heart. Naunyn-Schmiedeberg's Arch Pharmac 328: 186-190.

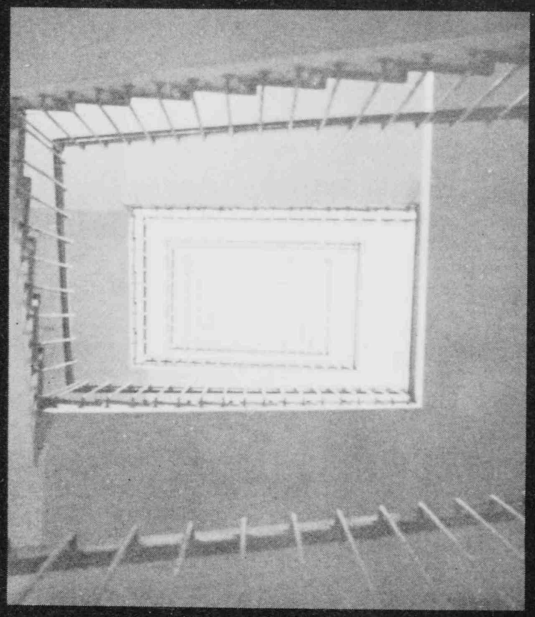
Wong, T. M. and Huang, X. D. (1988) Nifedipine or low external calcium abolishes the forskolin-induced arrhythmias and elevation CAMP levels in the isolated rat heart-role of calcium in CAMP-mediated cardiac arrhythurias, 1988 Guangdong-Hong Kong Biochemical Conference.

Wong TM, Koo A, Li CH (1981) B-endorphin vasodilating effect on the microcirculatory system of hamster cheek pouch. Int J Peptide Protein Res 18:420-422.

Wong TM, Lee AYS (1985) Cardiac antiarrhythmic evaluation of naloxone with or without propranolol using a modified chloroform hypoxia screening test in the rat. Clin Exp Pharmac Physiol 12:379-385.

Wong TM, Lee AYS (1987) Chronic morphine treatment reduces the incidence of cardiac arrhythmias induced by dynorphin 1-13 or myocadial ischaemia and reperfusion. Neurosci Lett 77:61-65.

Zhan ZY, Lee AYS, Wong TM (1975) Naloxone blocks the cardiac effects of ischaemia and reperfusion in the isolated rat heart. Clin Expt Pharmac Physiol 12:373-378.

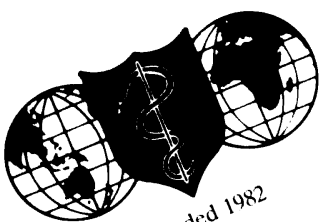


ADVERTISEMENT

Will your Medical Protection Organisation offer..

- ☐ Personal, professional and individual attention for members—by doctors for doctors.
- ☐ Sympathetic advice on problems arising from the practise of your profession, with defence and complete indemnity when necessary.
- ☐ Particular emphasis on prevention of avoidable harm to patients.
- ☐ Research into the legal aspects of medicine.
- ☐ Production of information about the legal aspects of medicine through a variety of media.
- ☐ Although medical—legal defence is always available, our particular emphasis is on Medical Protection for our members—and their patients—to avoid the need for defence.

..M.P.S does!



Founded 1982

The Medical Protection Society

50 Hallam Street, London

c/o The Hong Kong Medical Association
15 Hennessy Road, 5/F., Hong Kong
Telephone: 5-278285

Local legal representative:
Johnson, Stokes & Master
Prince's Building, 18th & 19th Floor
Telephone: 5-8432211

THE IDEAL FIRST SOLID FOOD FOR BABIES

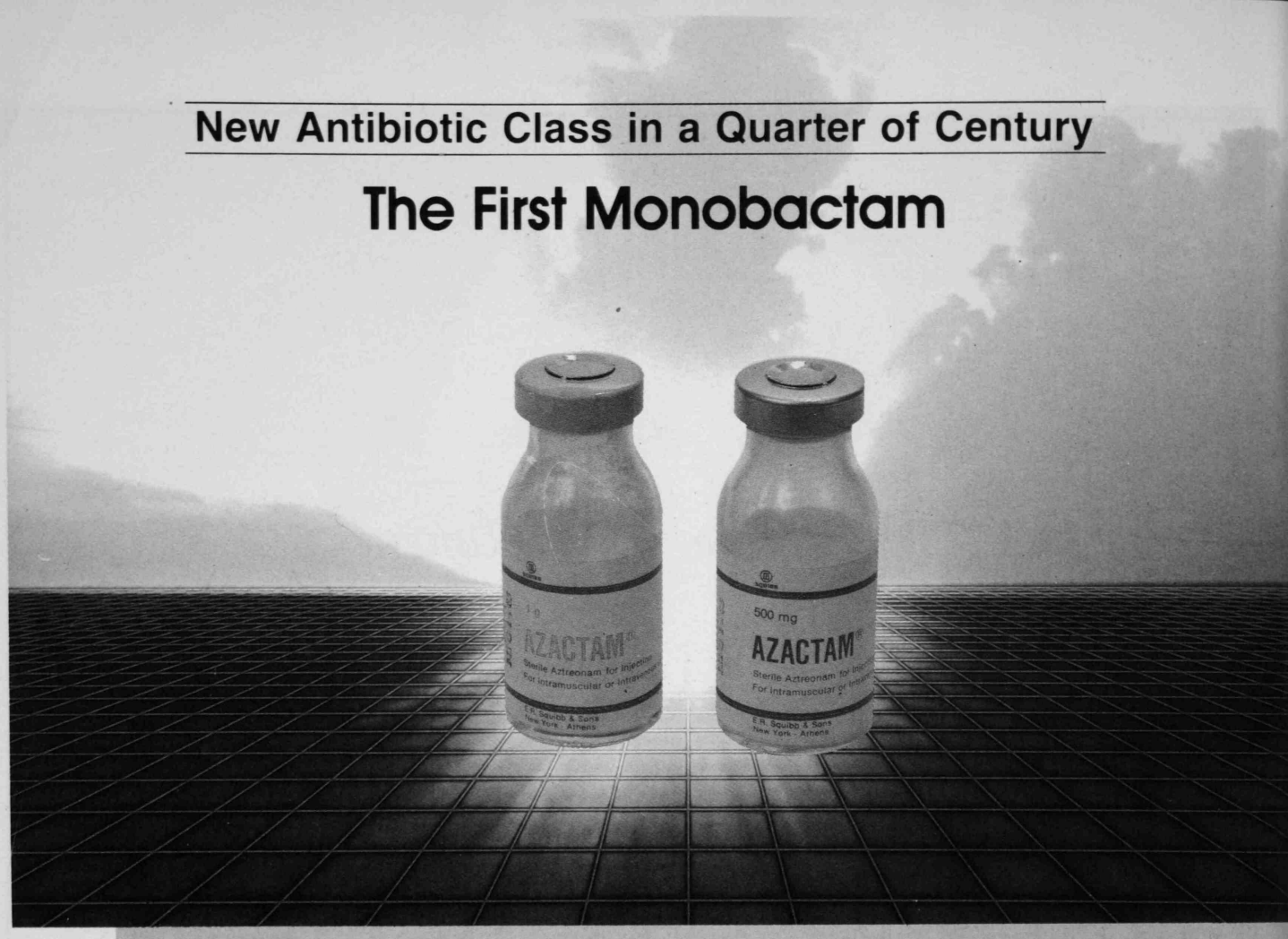
NESTUM Rice is the ideal first weaning food for infants from 4 months of age. Here's why:

- Made of a single ingredient — quality rice grain.
- Does not contain gluten.
- Has a fine smooth texture which is gentle on your baby's delicate digestive system.
- Contains rich proteins vital for growth.
- Enriched with nutritionally essential vitamins and minerals for a healthy start on solid food.

Nestum®

New Antibiotic Class in a Quarter of Century

The First Monobactam



"The anti-gram-negative bacterial activity of aztreonam *in vitro* generally is equal to or exceeds that of the third generation cephalosporins, eg. cefotaxime, ceftazidime."

H.C. Neu and Y. Ueda *The 14th International congress of Chemotherapy kyoto, 1985.*

AZACTAM — An alternative to cephalosporins

* Resistance to enzymatic degradation
* Lack of beta-lactamase induction
* Uncompromised colonization resistance
* Low immunogenicity and penicillin cross-allergenicity
* Problem of internal bleeding has not yet been reported

AZACTAM — Excellent Safety Profile Unlike aminoglycoside therapy

* No nephrotoxicity
* No ototoxicity
* No blood monitoring required
* High therapeutic index.

New AZACTAM®
(aztreonam)

Significant activity against GRAM-NEGATIVE aerobes

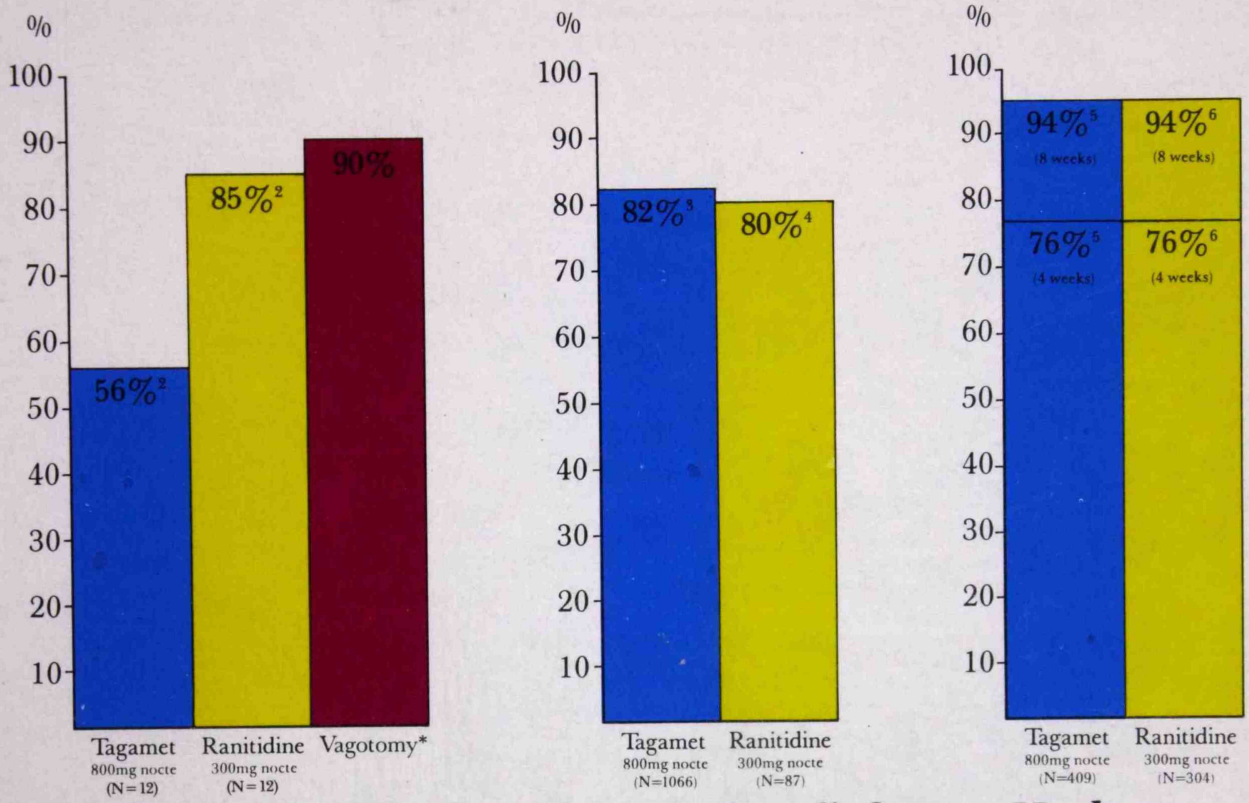
SQUIBB

Detailed information available on request:

HONG KONG: Squibb Far East Ltd • 1 Hysan Avenue • Hong Kong • Tel: 5-770892

MALAYSIA: Diethelm (M) Sdn Bhd-74 Jalan Universiti • Petaling Jaya • Selangor 46700 • MALAYSIA • Tel: 7552322

Why suppress more acid if it doesn't heal more ulcers?



Acid suppression
(nocturnal H^+ activity)

Prompt pain relief
(% patients free of nocturnal pain after one week)

Heal rate
(duodenal ulcers)

* degree of acid suppression varies with extent of vagus denervation.

"In view of the potential hazards of excess chronic suppression of gastric acid secretion, the prudent course for clinicians would seem to be selection of the least potent therapeutic regimen that is still efficacious."[1]

Yamada T., 1985

Tagamet®
(cimetidine, SK&F)

Moderate Acid Suppression
— only the acid suppression you need —

SK&F
Smith Kline &French Overseas Co.
A SMITHKLINE BECKMAN COMPANY

References

1. Yamada T. Postgrad Med 1985; 67-75
2. Gledhill T. et al. Gut 1983; 24 : 904-908
3. Glaser E. et al. Therapiewoche 1984; 34 : 3601-3603
4. Dobrilla G. et al. In Ranitidine Therapeutic Advances Misiewicz JJ, Wood JR, eds. Amsterdam : Excerpta Medica 1984; 154-167
5. Delattre M. et al. Curr Ther Res 1985; 37 : 677-684
6. Simon B. et al. J. Clin. Gastroenterol 1986; 8 : 367-370

Further 'product information' is available from: Inchcape House, 9th Storey 450/452 Alexandra Road Singapore 0511 Tel: 4757171/4

TGAD (SEA) 84: 0688

MEDICENTURY

ELIXIR 1987