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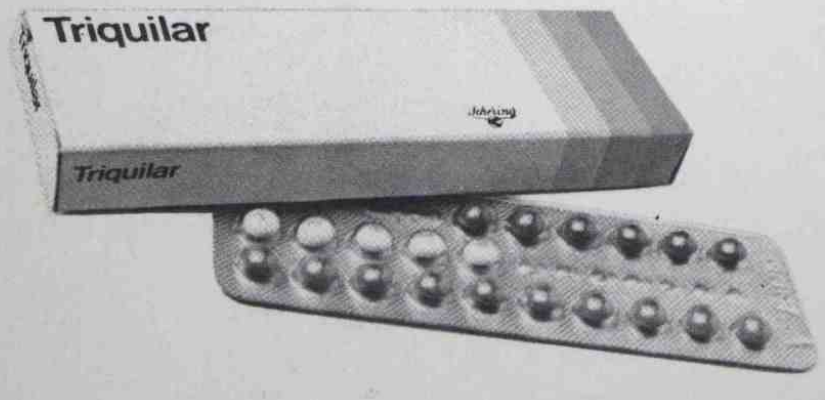

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香港大學醫學會年刊

ELIXIR

Offical Annual Journal of The Medical Society,
University of Hong Kong

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Editorial

Through the Eyes of History

The thing that hath been, it is that which shall be;
And that which is done is that which shall be done:
And there is no new thing under the sun.
Is there any thing whereof it may be said,
See, this is new?
It hath been already of old time, which was before us.

Ecclesiastes Ch I v. 9-10

Over the decades, student activities have allured many a soul in our campus. Enterprising undergraduates, inspired and attracted by the joy and satisfaction of being an activity-organiser, have placed enormous efforts in achieving innumerable seemingly impossible tasks. From the classy social gatherings in the post-war period to the vehement outbursts during the heydays of student movements to the popular recreational and welfare services we now enjoy, life in our University has never been short of youthful vigour and dynamism.

COURTESY OF CM LEE/LIAISON

Hong Kong in all her glory
Will history bear witness to our shining example of success?

Medic boys and girls, in spite of our demanding curriculum, have always had a pivotal role to play in all these events. For nearly forty years our Medical Society has rallied behind her the student-body of our Faculty, and has brought into reality successful functions, internal as well as external, one after another. With such a long and glorious record that parallels, if not excels, even that of the Students' Union, it would seem that we are destitute of few things, if any at all. But before allowing ourselves to be overcome by complacence, let's ascertain whether we have anything lacking. Yes! At least one prerequisite of success — a sense of history.

There is nothing new except what is forgotten. [1] True, of all the obstacles that have confronted us, all the breakthroughs we have so painstakingly sought, hardly any has not ocurred to our predecessors. The meaningful question is: are we able to make use of the valuable legacy bequeathed to us? The accruement and transmission of experience is no less important to the success of an activity than the fulfilment of the proposed objectives and the acclamation of the participants. It is, therefore, particularly sad to note that our Medical Society seems grossly inca able of handing down useful information and advice to o juniors. The Society functions apparently undergo a di crete yearly cycle; the office-bearers of each session doi their own business, knowing little of what has gone on year before. Continuity over a span of more than tw years is virtually non-existent. Have we forgotten that th concept of history uniquely distinguishes us from a other creatures, and is the one cornerstone upon whic the progress of all Mankind has been built?

It has been claimed that the act of relying on histo might be considered unsavoury, for knowledge of th past could exert prior con straint over future actio and decisions. We therefo must make it clear that w are not asked to refrain fro attempting what others hav failed; instead we shoul learn the cause of the failure, or their efforts woul be pointlessly wasted. Tru there is no limit to wha we can achieve; we ca be all we can be. Howeve why tread on a more difficu path when a sense of histor can save us so much trouble Perhaps we can travel ver fast without the burden o history, but never very far.

History relies on memory, and memory on will. It is hightime to grasp the will to hand down our ov experience. Let the present be part of the future, for today already walks tomorrow!

As usually happens with history in the process occurring, it is often difficult for us to weigh an judge an event, let alone predict its course. It is retrospect that we realise what is really significant, an what would have mattered in the long run. Did our recor breaking Gala Premiere matter, or was it the Heath Exhib ion which has taken on a gigantic scale? Only history, th record of our strivings and endeavour, can help us to judg events beyond the particulars. And what could serve a better record of the Medical Society than her own offic

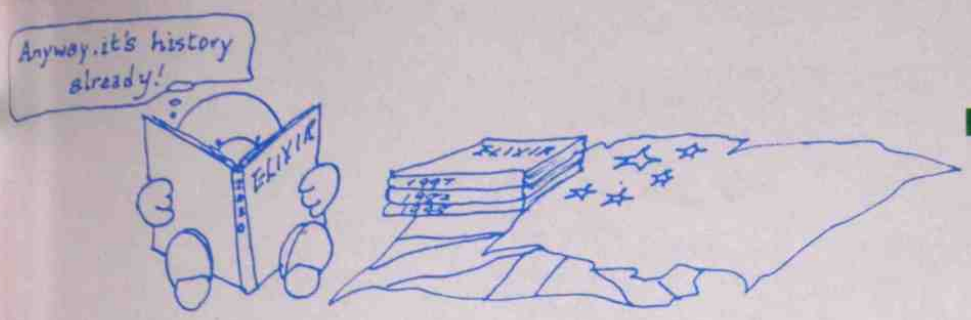

Illustration for ELIXIR by J. FANG

annual journal? We dare not say ELIXIR is equivalent to history, for in all our efforts to be fair and accurate, we must also have inevitably erred and biased. But ELIXIR is an indispensable basis on which we can look at the past. Faithfully keeping track of the Society's development is the singular mission ELIXIR cannot afford to neglect. Unless and until ELIXIR performs her duty well, we would have little left to guide our future Society members when they walk into realms of novelty.

Perhaps no one understands the role of ELIXIR better that Prof. A. Hsieh (who has been intimately involved in our publication affairs during the pasts years) when he described our Journal as 'a tincture of ... events ... worthy of preserving for posterity.' [3] ELIXIR may not be the sole chronicler of the Medical Society, but surely through her we can appreciate how so much can indeed be achieved through sheer will and sweat!

PETER LAU/ELIXIR

Freedom
A gift of nature, a right for all.

1982 is not only a grandiose year for the Medical Society; it is also a fateful time in the history of Hong Kong. The September visit of the British PM[4] to Peking (Beijing) set off a wave of shivers throughout the territory. The course of events may have pleased some of our patriotic nationals, but most businessmen are certainly awed by the prospect of reunification with our motherland. With the plummetting Hong Kong dollar and stock values, the mood has never been bleaker before.

To many of our residents, the only acceptable solution is for the present state of affairs to remain unchanged after July 1, 1997, the deadline set by treaties belonging to a by gone era. It is indeed a 'bizarre quirk of history that this aggressively contemporary enclave, which routinely bulldozes the old to make way for the new, should carry with it such a self-destructive legacy'. [5] We, however, must realise that the sovereignty of Hong Kong goes far beyond the validity of these treaties. Moreover, throughout history treaties are more often violated than observed. What is important is not whether our prosperity can be maintained in permanence, but that *we did make it!* In less than a century we have emerged as one of the world's most prominent financial centre and industrial city, the glittering Pearl of the Orient. Generations to come would admire our shining example of success, the fruition of our diligent and hard-working citizens. Alas! In history there is not a great civilisation that has not met its doomsday; nothing is stagnant. Preserving the *status quo* is but a futile fantasy. 1997 could have been yesterday or tomorrow.

To view the issue in its correct perspective would require an eager vision of the distant horizon, a profound sense of history. The word 'elixir', besides its often quoted meaning of a drug that prolongs life indefinitely, also denotes the quintessence or soul of a thing; its kernel or principle. [6] Now that we understand immortality to be impossible, perhaps we should turn to a more realistic aspect – the present, which in actuality is history in the making. Shall we go down in history as frantic fools who try in vain to avoid what must occur, or as scholars who are grateful for having made the best use of our resources, and realise what really matters is the spirit, not the duration, of our achievement?

Freedom is the most precious gift available. However, if we are not rational enough, we may be *freed* from the yoke of oppressors and yet *not free*. Genuine freedom comes not from the liberation of state authority, but from the ability to acknowledge one's conscience without hindrance, from spontaneous love and forgiveness, and above all, from being in service to humanity. [7] May ELIXIR bear witness to our aspirations as well as apprehension at this moment of uncertainty, and hopefully our eventual triumph over our own weaknesses!

P. T. K. Law

Chief Editor

1. By Mlle. Rose Bertin (milliner to Marie Antoinette).
2. TIME Special Anniversary Issue 1983, p 14.
3. ELIXIR 1980, p 5.
4. Prime Minister Margaret Thatcher
5. TIME October 1982 No. 41, p 10.
6. Oxford English Dictionary
7. This has special significance to members of the medical profession, as Dr. Albert Schweitzer has described medicine as 'the direct service of humanity'.

THE SOCIETY PHOTO

December 1982

EVENTS 1982 : AN ALL TIME HIGH

Never before has the Medical Society engaged herself in so many diverse activities, and on so grand a scale.

For the first time we joined hands with the Polytechnic students and the student nurses at 2 M H in the project entitled entitled 'Who are Caring for Your Health'. Then the Gala Premiere dwarfed all previous fund-raising functions with a record breaking income that was twice the original budget. The Orientation Camp that followed took place in the refreshing new setting of the Pak Tam Chung Camp, with an extra day to space out the traditionally packed programmes. The Health Exhibition, which was resumed only a year before, was expanded into a massive health-education scheme with exhibitions and talks around Hong Kong; even the TV and the press were enlisted to arouse the concern of the public. Meanwhile, the well-acclaimed two-day conference on 'The Scientific Basis of Traditional Chinese Medicine' marked the beginning of our efforts to drive home the importance of our own traditional medical practice. ELIXIR, too, highlighted the autumn months by having our Departmental Survey undertaken with an innovative cocktail party and open forum. At the same time, campus talks were dominated by the fury over the Japanese intention to re-write their history textbooks. Before the expiry of the year, our Constitution was amended to provide for a new Current Affairs Secretary, and with it our commitment to strengthen the Society's external affairs.

This issue of ELIXIR attempts to record faithfully the vigour and strivings of our Society members in making the events of 1982 a reality. In the ensuing pages are sweet memories to cherish, and the opportunity to appreciate how so much can indeed be achieved through sheer will and sweat!

ELIXIR 1982

PETER LAU/ELIXIR

- **Gala Premiere**
  A success unparalleled.
- **Orientation Camp**
  So refreshing is the crystal blue sky and the green verdure.
- **ABC of Life**
  The Health Exhibition being expanded into a huge project encompassing several exhibitions, TV shows, talks and newspaper columns.
- **Medic Festival**
  After having done so much, here's the Games Day to enjoy and relax.
- **Winter at LSF Building**
  Flaming blossoms heralds the imminent spring.

YH HUI/ELIXIR

JIMMY WONG/ELIXIR

COURTESY OF NG SIU KEUNG/CADUCEUS

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Message from our Dean

Elixir records the activities of the University of Hong Kong Medical Society. It is thus appropriate that this annual Message from the Dean should reflect some of the concerns that the Society has expressed over the year. These are: a) Expansion of the Faculty of Medicine; b) admission of students to the Faculty of Medicine; and c) review of the curriculum.

Expansion of the Faculty of Medicine.

This has occupied the major portion of the activities of the Dean during the past year and, I fear, will continue so in the future. It would seem that, since the request for more doctors has come from the Government, expansion should present no untoward problems. One would wish that life is as simple as that. We have spent a considerable amount of time on discussions on how the clinical facilities should be run and now we are attempting to estimate how much the additional space necessary for the clinical teaching will cost.

The hospital that we shall be using will be completed in 1992. In Hong Kong this appears to be a long time away; but it is quite appropriate if one is to ensure that plans are properly formulated. Working back from 1992, we should have preclinical space available by 1990. Since it takes baout five to seven years from conception to completion of a special type building, it seems that we should be starting to consider the preclinical building now.

Is an increase in 1992 a "bridge too far" for Hong Kong's immediate needs for more doctors? The answer is obvious, but the maintenance of our educational standards is even

more important and we shall have to await the new facilities before we can expand to the full 50%. However, I am sure that once plans for the new clinical and preclinical facilities are well in progress it would be possible to seek a small increase at an earlier stage.

Admission to the Faculty of Medicine – Extended Assessment. In 1982 we arranged to interview all students to be admitted for that year and then went into preparing for the Extended Assessment of students wishing to apply in 1983. From the applications to sit the "A" Levels we obtained a list of more than 1500 students indicating an interest in medicine. It is clear that we could not interview all students and so we selected about 500 based on their HKCE results. (Those not selected for interview could still apply in August in the usual way.) The students were interviewed by six teams of two interviewers each over a period of six weeks. The scores obtained from these interviews will be added to those obtained from the "A" level scores if the student applies in August. As for admissions for the academic year 1984, students will need to make a selection in October 1983 as to which course they wish as to their first choice together with their second or third choice courses. The Registrar will be going to the schools with an explanation of the scheme so that there will be little misunderstanding of the procedure.

Review of the Curriculum. All papers from the various interested bodies have been collected but we have not had any chance to call a meeting. This will be one of the important duties of the incoming Dean and to which I wish her all the luck.

Arnold C. L. Hsieh

Arnold C.L. Hsieh
Dean, Faculty of Medicine

JIMMY WONG/ELIXIR

The Guardian of Medic Centre

Our Dean and his Secretaries

八二年的醫學會(之一)

評議會主席黃洗

八一至八二年度的醫學會，是活動極度擴張的一年。只從評議會前後召開共七次十一節的評議會會議，一次緊急評議會會議，和除週年全民大會外，兩次特別全民大會以修改憲章，已可略見端倪。

加位、課程檢討、牙科學會

活動蓬勃當然有內外因素。不少事情都在八二年發生。內務方面，政府向醫學院提出加位建議，我們便成立一「加位小組」提出意見。八二年是醫學院五年前提出的新課程的一個階段總結，我們也成立一個委員會，嘗試檢討課程的優劣。牙科同學籌備牙科學會的工作，也是在八二年完成的。

一九九七、醫療一家、反日改史

外務方面，「一九九七」的前途問題終於在八二年的香港白熱化，醫學會亦發動同學參與討論。「醫療一家」是我們在「醫療隊伍」的觀念下與其他學生醫療組織合作的一個計劃。醫學會第一次主辦了一個探討中醫的科學基礎的大型研討會議。最震撼的，當然是反對日本政府竄改歷史教科書事件，醫學會除了參與其他學界團體所推動的運動外，還發起了「血書」行動。

基綫工作

此外，不能缺少的自然是醫學會的支柱活動。這包括創下了籌款紀錄的電影首影禮，在大會堂和荃灣大會堂的生之謎——「一個新生」健康展覽，及以「做個好醫生」爲主題的迎新活動。當然還有其他常委會的活動，這裏不再詳述。

充滿衝擊的一年

由此可見，八一年至八二年度醫學會的活動確是從多方面去反映社會和醫學院的發展。不少同學都十分主動和積極地推動各項活動，我們的思想也朝各方面發展。這配合了同學不同的需要，也發揮了醫學會作爲一個醫學生團體的角色。相信曾經參與各類活動的同學都會有不少新的體驗和在思想分析、幹事、實踐各方面的成長。可以說，八二年的醫學會是充滿衝擊的一年。

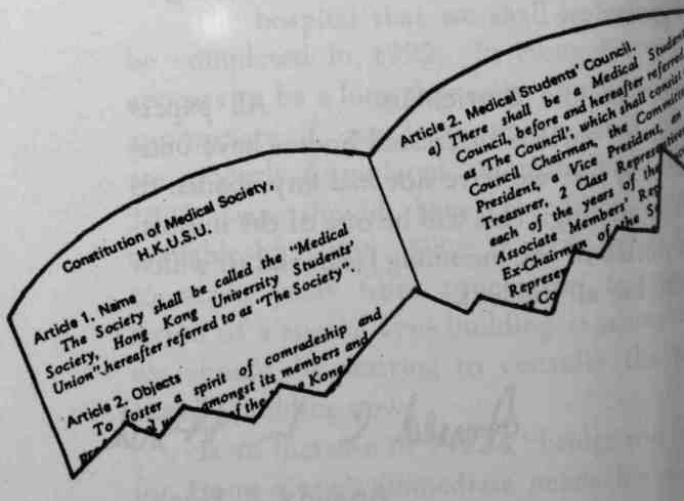
但在這活動膨脹的背後，醫學會的不少問題亦同時表露出來。在籌辦活動的衆多事務當中，我們消耗了不少時間和精力，以至缺乏了和其他同學深入的交流我們自己對事情的分析、感受，和討論事件的意義。同學間的溝通，互相支持和體諒也嫌不夠。八二年後期，不少同學都在活動的龐大壓力下呈現疲態，醫學會也有點紛亂。

學生會中央與醫學會

「血書事件」的發展過程，反映出學生會的運作，學生會中央和單位的角色種種問題；港大同學對學生團體、學生運動、民主精神、憲法、法制等觀念的認識和實踐，和同學間在抱有不同意見的情況下能否互相坦誠衝擊、提點、學習、支持、體諒和鼓勵。我在這裡不作定論，但我深信曾參與事件的同學肯定有深刻的回憶。

撒種的多，收穫的少

八二年我們撒下了衆多的種子，這些種子也多方面的生長，但我們却輕輕放過了收成的珍貴和喜樂。希望各同學謹記醫學會是一個「人」的團體，我們在醫學會內努力，我們每個人在思想、感情、實踐各方面得以成長和成熟，這才是最寶貴的。



「主席，各位評議員……」

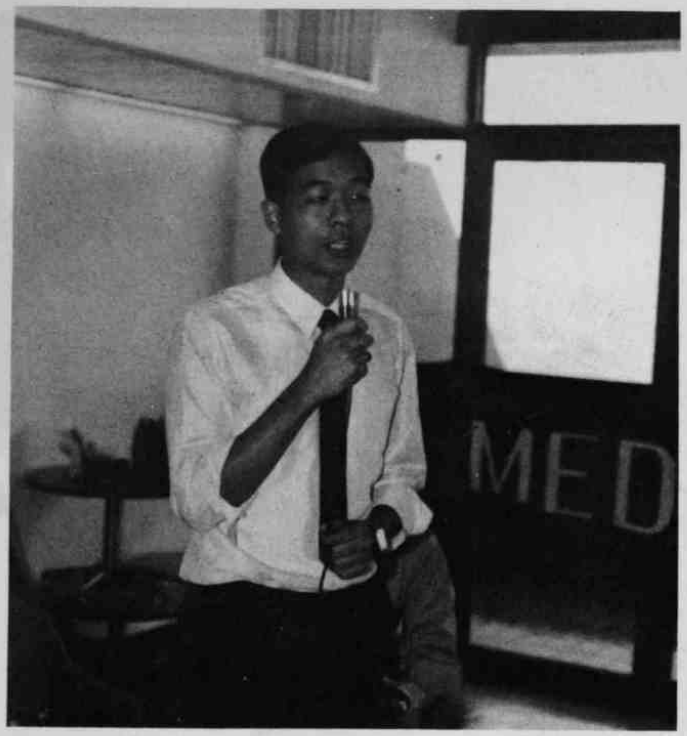
參看憲章第三章第五節 e 項

會議氣氛不錯吧！

八一至八二年度評議員合照

八二年的醫學會(之二)

幹事會主席馮



無疑今年是醫學會繁忙的一年。無論從活動的數量或是形式去衡量，今年醫學會活動的繁多和形式的多樣化，都是近年少見的。姑勿論今年的「活動膨脹」對醫學會的長遠發展起了多少作用，這正反映了同學對搞活動的熱誠和創意，終歸是一個可喜的現象。

檢討醫學教育

適逢今年是第一批接受新課程的同學畢業的時候，我們實在有需要對現時的課程作一個全面的檢討，**醫學教育檢討委員會**於是便在年頭成立了。委員會的工作除了分別檢討臨床前、副臨床及臨床課程外，更舉辦了「普通科教育在香港」、「香港的醫學進修教育」及「醫學教育的發展」幾個講座、每次出席的同學亦相當踴躍。由於工作繁重、委員會的工作要在明年繼續一段時間才可完成。剩下來的工作，包括綜合對個別階段課程的檢討，及對整個醫學教育作全面的評價，最後會以一份報告書的形式向校方反映我們的意見。希望委員會的工作對於提高同學對課程的關心及改善現時的醫學教育能夠發揮一定的作用。

關注加位

除了課程檢討外，今年醫學院的另一件大事便是醞釀已久的加位了。自從醫務發展諮詢委員會的報告中提出了預計在九〇年大量醫生短缺的問題後，醫學院加位的呼聲便高唱入雲，但大部份時間仍是「只聞樓梯響，不見人下來」。直到最近，才有較爲具體的計劃被提出。可惜的是加位的實行仍然存在著種種困難，進展過程一波三折，情況至今仍未有較明朗的發展。醫學會也就加位問題成立了**加位工作小組**，目的除了引起同學對加位問題的關注和討論外，也希望作出一些建設性的建議。在年中，小組曾經對校方提出一些意見，在年底更舉辦了一個講座和印製了一份加位特刊。今後小組還會繼續關注加位的進展。

與牙科同學的關係

隨着牙科學院及香港大學學生會**牙科學會**的成立，牙科的同學正式脫離了醫學會。無論從地理環境或專業方面看，醫學會和牙科學會都應該有比其他院會更爲密切的關係；事實上，在組成牙科學會的過程中大家就有很緊密的合作，希望以後兩個學會可以有更多合作的機會。

外務工作小組

今年與往年有很多不同的地方。吸取了往年人手不足的經驗，今年我們特別成立了**外務工作小組**來加強外務推廣工作的實力。今年外務工作的重點是一連串圍繞香港前途問題的活動，包括了「香港往何處去」、「現代香港人心態分析」、「香港政府政策」等多個講座及研討會，一些小型展覽，學習小組，社訪，深圳經濟特區的學習團和一個以中國近況和文化爲主題的綜合性活動「神州掠影」。總括來說，同學對講座的反應相當熱烈，但對於一些較長線的活動如學習小組等的反應則較爲冷淡。有一點可惜的是未能趁著九月底戴卓爾夫人訪華前後，亦即各界最熱烈地討論著香港前途問題的時候，廣泛發起同學討論，失却了一個寶貴的時機。

血書行動

除了九七問題外，在「反對日本竄改侵華史實」事件上，醫學會也有很積極的參與。在九月十七日醫學會與學苑聯合發起了**致中華人民共和國政府血書**行動，幾個小時之內，有百多位醫學院的同學和講師在方樹泉文娛中心參與「滴血成書」；此後幾天內更收集了二千多人的簽名聯署，與及萬多元的捐款，使血書能直接送往北京交到人大常委會的官員手中。血書行動中美中不足的，是由於行動發起的倉卒，以致手法上出現了一些未盡善的地方；不料這些手法上的瑕疵竟然引起了此血書行動甚至是整個反日改史事件本身更多的討論，「啓思」也爲此印製了「血書特刊」。可惜的是，經過了醫學會內部及學生會評議會冗長的討論後，仍未能達致一些對學生會或醫學會日後的運作有指引性或前瞻性的結論或建議。

醫療時事

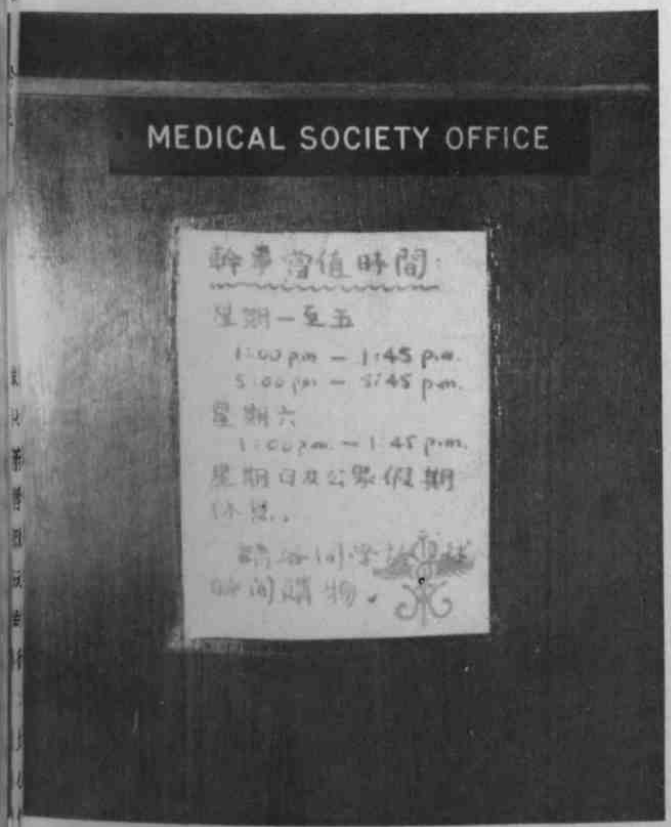
在醫療時事方面，我們舉辦了「八十年代醫療服務的發展」及「從東區醫院事件看東區醫療服務」兩個講座，參與的同學也不少。

富創意的活動

此外，值得一提的，是今年在外務工作上也不乏一些創新性，突破性的活動。

年頭的**醫療一家**首次與護士學生和其他醫療服務人員的學生組織合作向中學生們介紹醫療隊伍的整體概念。暑假期間的「社康護理研究計劃」與聯合醫院社康護士合作對社康護理服務作深入的調查，其結果希望會對社康護理服務的發展有正面的影響。**八十年代—勞工與專才**是醫學會聯合建築學會、法律學會和工程學會舉辦的展覽。透過不同院系的合作，除了可以加強各院系同學間的溝通外，更希望可以使同學對香港的勞工問題有更全面的認識。此外，滙集各院系的專業知識更可提高展覽的水準和質素。**中醫的探索**是九月初醫學會舉辦的一個公開講座，對象除了是醫學生外，更有醫生及其他醫療工作及研究人員。一連兩晚的講座，每晚都有百多人出席，講者中更不乏世界知名的學者。這講座收到了各方面的好評。

從以上這些創新性的活動中，希望我們能掌握到一些經驗，協助打破醫學會活動漸形僵化的趨勢。



國際事務

在國際事務方面，今年我們繼續了在「國際醫學生組織」**(IFMSA)** 中「助理秘書（中國事務）」的職務，希望以中山醫學院爲橋樑，加強國內醫學生與「國際醫學生組織」的聯繫。雖然今年所做的只是很初步的工作，希望可以作爲日後發展的基礎。

其他工作

此外，在其他常規性的活動上，今年也有不少令人鼓舞的發展。**電影籌款**在籌委及其他同學的努力下創出了空前的紀錄，籌得了超過十萬元的款項。**迎新營**今年定出了「做個好醫生」的主題，更由三日兩夜延長至四日三夜，使各項活動有更充裕的時間。**健展**今年被擴大成爲一個環繞懷孕、分娩及初生嬰兒的健康教育計劃，包括了兩個大型展覽及其他小型展覽、講座及報章和電視上的健康教育等。

最後，不能不提的，是醫學會的三個常設委員會：啓思、健康委員會及杏雨都在負責的同學努力下，有了平穩的進展。

結語

回顧整年的活動，雖然在數量和形式上，都有一定的拓展，但在一年時間中所能做到的始終有限；更重要的是經驗的總結、累積和傳遞，只有這樣，醫學會才可以百尺竿頭，更進一步。

在這裏，希望對今年曾經協助醫學會各方面工作的老師及同學們表示最深的謝意。

希望這一年在醫學會的發展史上是進步的一章。

杏雨

活動回顧

ACTIVITIES

Images '82

Presidential Address '81
Dec. 4
by Dr. C. L. Lai

黎青龍盾中文辯論比賽
Jan. 18-22
Champion : Medic'86

Project : "Who Are Caring For Your Health"
Feb. 10-24

醫療一家
WHO ARE CARING FOR YOUR HEALTH

Union Festival '82
Feb. 18-26

深圳學習團
Mar. 15-16
" 神州掠影 "
Apr. 2-20
Blood Donation
Apr. 6
Film Show on El Salvador
Apr. 7

Final M. B. , B. S. Examination
April - May

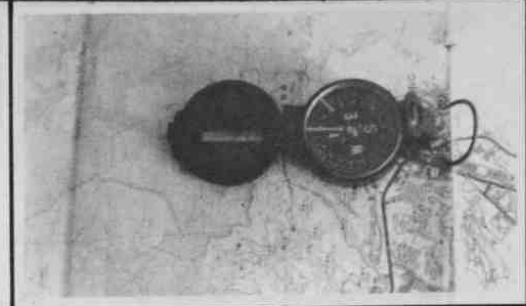
Presentation Day '82
May 13
Interyear Sports Cha
Medic '84

establishment of the
Faculty of Dentistry
and the subsequent formation of the
Dental Society, HKUSU
July 1

Gala Premiere '82
Jul. 21
at Lee Theatre

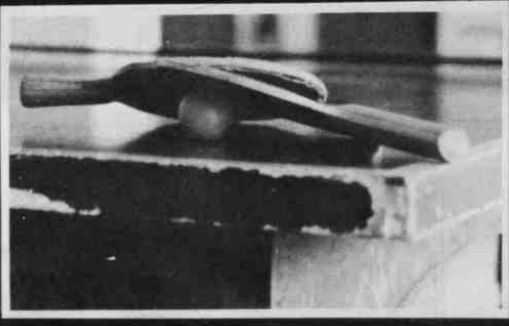
th M. B., B. S. Examination
December
hristmas Ball
Dec. 23
at Lok Yew Hall

Interyear Orienteering Competition
Jan, 16



Film Show : " 皇天后土 "
Slide Show : " 波蘭——鐵蹄下的掙扎"
January

Interyear Sports Competition
Feb. - May



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

ntation '82

Jul. 10	*Matriculants' Day*
Jul. 13-15	*Academic Orientation*
Aug. 28	*Welcome Day*
Aug. 31-Sep. 3	*Orientation Camp*
Sep. 6	*Old Book Sale*

First-Aid Courses
July - August

Conference on
"The Scientific Basis of Traditional Chinese Medicine"
Sep. 4-5
at Queen Mary Hospital

就日本文部省擬竄改歷史課本，幹事會與學苑聯合發動「致中華人民共和國政府血書」

九月十七日　在方樹泉中心「滴血成書」。

九月十八日　維園「九一八——反日改史」群衆集會。

九月十九日　由於學生會中央反對醫學會與學苑以單位名義發起「血書」，醫學會召開緊急評議會商討此事，並議決追認幹事會發起「血書」之行動。

九月二十五日　「血書」交與人大代表。

「血書」事件在隨後的數月，曾在校園引起廣泛的討論，惟始終沒有獲致具建設性的解決方法

ELIXIR '82 Departmental Survey
Oct. 20
cocktail party and forum with the Physiology lecturers

Medical Society Annual Review Camp
Nov. 6-7
at Pauline Chan Bldg

Mini Health Exhibition
Nov. 14
at Telford Gardens

36th Annual General Meeting
Nov. 25
General Polling for EXCO session 82-83
Nov. 26

Presidential Address
Dec. 3
by Dr. T. H. Lee

Health Exhibition '82
Sep. 13-15
at City Hall
Sep. 19-21
at Tsuen Wan

Interyear Aquatic Meet
Oct. 8

17th T. I. G.
Oct. 30 - Nov. 6
in Singapore

Blood Donation
Oct. 18

Medic Festival '82
Nov. 5-12

Interyear Atheletic Meet
Nov. 20

Looking Forward to

1983 and Beyond .....

「醫療一家」後感

籌委會主席高興基

「醫療一家」Who are Caring for Your Health 是香港大學醫學會，理工學生會醫療服務系系會和瑪麗醫院護士學生會初次合作共同籌辦的活動在八二年初舉行。在以下文章中，我將嘗試從它的目的，背景，及籌備等方面向大家介紹。

前言

「醫療一家」——一個很特別的名稱；但它卻能代表着整個活動的目標，——向市民（中學生）介紹香港基本醫療服務的情況和執行這些服務的醫療隊伍的工作和他們相互間的關係；此外亦希望同學們能通過參與這個活動能了解到醫療隊伍中相互間之合作是至爲重要的。與其他活動所面對的困難一樣——如何能將它的理想和目標在活動中確切地實踐出來，便成爲了我們所面對的最大困難。

背景

一向已來，關心醫療界事件的團體包括政府、醫療專業團體、工會及社區等；而在大專界中，則只有醫學會扮演着一頗爲重要的角色。但隨着醫療服務的發展，醫療專業人仕的需求日漸增加；理工學院醫療服務系及中大醫學院亦相繼於七九及八一年成立。而醫學會亦面對另一難題，便是如何團結這些組織的同學，共同爲推廣醫療常識及改善醫療服務而努力。

此外，醫學會一直都對醫療界中醫療及健康兩方面的問題有所關注。例如，在推廣健康常識方面有每年一度的大型「健康展覽」，但在醫療問題方面，一直都停留在內部探討的階段，而未能更進一步的推廣到市民的層面上，令市民更掌握現今香港醫療服務的基本精況，例如醫療服務的分類，應用及執行這些服務的專業的工作和責任……等，從而能更適當地應用醫療服務，或更進一步能對現今醫療服務作出更適當的批評和監察。

以上兩點，便成爲了醫學會發起是次活動的動機了。

籌備工作及正式推行

從八一年十一月初與理工醫療服務系系會及瑪麗醫院護士學生會初步接觸後，籌備工作便正式展開。籌委會成員分別來自三間院校的同學，並且邀請三間院校的老師作爲我們的顧問。籌備工作大致可分爲對外，對內及學術等三方面：對外工作主要包括財政，與各中學校長聯絡，安排場地、交通等；對內工作是將我們計劃中對內目標落實的重要一環，我們嘗試通過三間院校的同學一同工作、搜集資料、訪問、講座、討論等活動，來增進相互間的認識和了解；而學術方面則負責資料搜集，幻燈製作，展覽等工作。

籌備工作於八二年二月完成，而計劃亦能順利於二月十日正式舉行，爲期兩個星期；在這兩個星期中，我們到六間中學去舉辦講座及展覽。講座內容重點介紹醫療服務的情況及醫療隊伍中各專業的合作；而展覽則介紹個別專業的工作和責任。在這六天中，約有三千位中學同學參加。而我們更於二月二十四日邀請十間中學約二百位同學來到醫學院參加最後一次的講座和展覽；並於當天舉辦一記者招待會，希望能將這計劃的訊息進一步推廣開去。

檢討

在這計劃從構思、籌備，推行到結束這半年時間中，有一問題一直盤旋在我腦海之中，這亦是部份同學曾向我提出的——就是這活動的目的，意義何在？它是否值得投入這麼多人力、物力？它對醫學會的影响？

面對這許多問題，一時亦不知從何說起。還是讓我們從這計劃客觀上所面對困難談起吧！首先，這計劃可說是一非常「急性的活動，籌備時間之短速與這計劃的規模並不相稱；對一由三個組織初次合作，一全新的計劃及到中學去舉辦展覽，講座及幻燈放映的活動籌備只得二個多月的時間，實在是不足夠的。在這計劃籌備之初，我們便考慮到這個問題，但因理工學院於三個月初將舉辦一大型的開放日，而護士方面的同學需要輪班工作，及醫學會暑期大型活動籌備工作的開展等問題，使我們這計劃只能在今年二月推出，而學校的數目亦相應地減爲六間；雖然如此，在計劃籌備及推行之時，感到時間限制和人力之短缺，對整計劃的影响之大是無可估計的。

除了時間限制外，來自三個不同組織的同學之間的合作亦成了此計劃推展另一障碍。在活動之初，我們以嘗試舉辦一些文娛活動來打破籌委和各工作人員間的隔膜，但並不甚成功，而另一方面，一直都感到各籌委，及工作人員好像是代表着自己來自的院校，而未能將自己看成籌委會的一份子，爲整個計劃而努力。

以上兩點，只是在整個過程中所面對的其中兩個困難而已，其他包括經費的不足，各參與同學對內容的不掌握以及籌委同學因家庭及學業上的問題而未能繼續參與工作……等問題，都對這活動的推展做成障碍，而直接影响着它能否將它的理想和目標實到整個活動之中。

後記

半年的光陰，不算長，但亦不算短；在這段忙碌而孤寂的日子裏，自己亦深深體會到理想與學業的重大分歧；自己亦開始懷疑自己的選擇和理想的可行性；但有一點是值得欣慰的，我亦體會到友情的可貴，在各好友的支持和鼓勵下，我總算闖過了這個小小的難關；但面對着我們的，是一度一度更大的難關，願我們携手一同闖過去！

編者按：原文曾載於「啟思」。

電影籌款八二——一個新高峯

八二年度的電影籌款，創下了一項空前記錄，籌得款項超過十萬(未計開支)，如此美滿的成績，實得力於負責同學的努力，與及熱心人士的支持，而今次負責籌辦和售票的，大部份都是八六班的同學，他們在工作上的默契，也多少使這次活動得以成功推出。

這次籌款收入遠超預算，除確保了醫學會有充足的款項應用外，也讓醫學院的同學可以免費欣賞當晚的影片，亦可算是一額外的收穫。

附錄：最近數年電影籌款所得之款項（除去支出）：

1980	$37,100.00
1981	$46,300.00
*1982	$80,400.00
1983	$57,700.00

A PREMIERE '82 FINANCIAL REPORT

OME

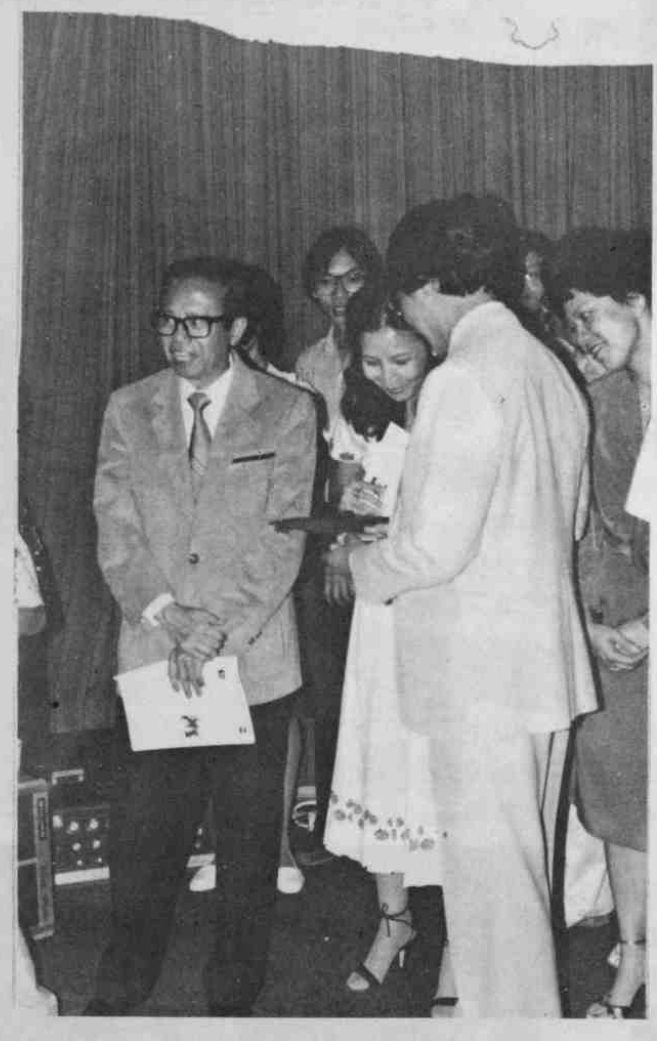
ales of tickets, donations, dvertisements. $108,086.00

ENDITURE

heatre rental, publications, ublicity, refreshment etc. $ 27,664.30

ANCE +$ 80,421.70


21-7-82 Lee Theatre 9:30 pm
U-BOAT 96



電影籌款後感

八二電影籌款委員會主席
陳念德

七月二十一日星期三，一個我們期望了很久的日子。我們的醫學會就是在這天晚上在利舞台戲院舉行一年一度的電影籌款首映禮，放映影片「U-潛艇九十六」。

在影片放映之前，我們邀請了是次活動的贊助人、醫生和有關的同學，出席了一個短短的鷄尾酒會，蒞臨的嘉賓相當踴躍，小小的場地被擠得滿滿的。

當我在致謝詞中宣佈我們已籌得超過十萬元的款項時，相信在場的貴賓和同學都會深感自豪。在籌備是次活動的初期，這個六位數字只是我們的夢想。然而，經過同學多個月來的努力和各位醫生的支持，我們的夢想終於變成事實了。

同說當天晚上，除了出席酒會的嘉賓外，也有很多同學到來觀看影片，可能是有票送的關係罷，把前堂的座位都坐滿了，氣氛可謂非常熱鬧。

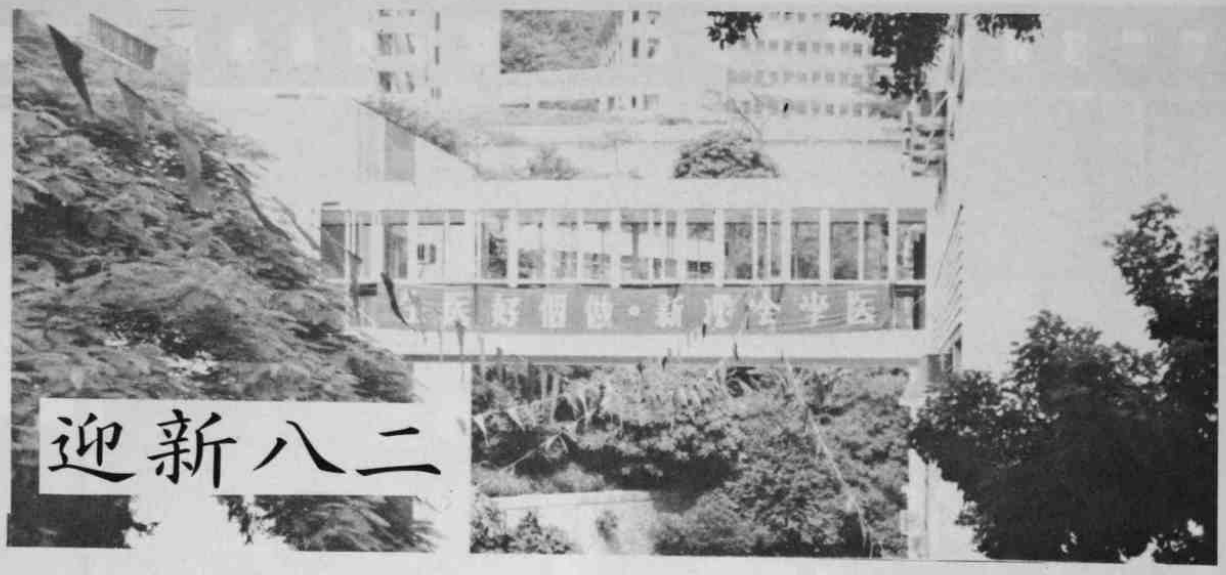
「U-潛艇九十六」雖然動作不多，但它卻傳遞了一定的訊息，同學間的反應也不錯；在眞正上映時的口碑和賣座也有一定的水準。相信在籌款成績或選片方面，我們也總算有個交代了。

事實上，這些都是我們經過多個月來努力的成果。早在二月初，我們便組成籌委會，開始和電影公司，戲院商等接洽，就算在第三個學期，當大部份同學已埋首圖書館之際，我們仍有同學要爲找贊助人、印戲票，印書簽等四出奔走。在暑期開始後，更要把爲數四千多封的信件寄給各註册醫生和學生家長，又要把招登廣告的信件寄給各大小商戶，又把香港、九龍、新界分爲十二區，在九十多位同學的支持下，到醫生、醫院、各系講師和向一些熱心人士推銷戲票及籌募捐款。在首映禮前幾天，當我們親眼看到籌款數字已衝破十萬元時，我們知道各界人士和同學的努力，已把我們的夢想完成事實了。

之後的幾天，我們傾盡全力參予籌備首映禮的工作，包括裝橫額、台上裝飾，食物飲品等等，當然還有那些令當晚生色不少的精美潛艇模型。

這次的籌款活動，除了替醫學會帶來一筆可觀的經費外，更是一個非常寶貴的機會，使到一羣懷着一個共同目標的同學，在互相合作，互相砥勵下熟落團結起來。在十月二十一日的遊河慶功會中，一羣滿腔熱情的同學，無畏風雨，在海上引吭高歌的豪情，不是 Gala Premiere 帶給我們的另一個重大收穫嗎？

編者註：原文曾刊於「啓思」。



迎新八二

「迎新八二籌委會」早於今年四月初成立，迎新活動包括七月初舉行的預科生日，學術迎新，及八月下旬的迎新日，還有大型的迎新營。

預科生日(MATRICULANT DAY)：

於七月十日舉行，目的是希望同學在放榜之前，能對一個醫學生及醫生的生活和責任有初步了解，從而幫助他們在放榜後知所去從。預科生日那天，很多同學踴躍參加，整個 LOWER LECTURE THEATRE都擠滿了人，成績令人滿意。

學術迎新(ACADEMIC ORIENTATION)：

於七月十三至十五日舉行，是與學生會協辦。學術迎新包括展覽和討論兩部份，前者爲預科同學提供一些有關入學的資料，如收生政策及以往的收生統計等；後者着重解答同學的問題，故特邀請了兩位醫學院的教授和一位高級講師向同學解釋取錄政策及課程的問題，加深同學對醫學院的了解。

迎新日(WELCOME DAY)：

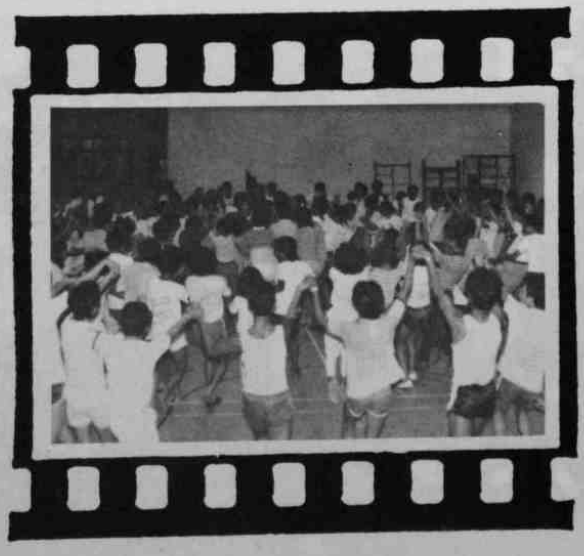
於八月廿八日舉行，籌委會邀請了院長謝嘉樂教授爲八七同學致詞，然後放幻燈片介紹醫學會的結構、醫學院的課程和一個新生將會面對的困難，幫助同學適應未來的醫學生的生活。

迎新營(ORIENTATION CAMP)：

八月卅一日至九月三日，是迎新活動的高潮。地點是北潭涌渡假營。一百一十多位來自各方的新同學，懷着不同的心情，參加醫學會爲他們籌辦的第一個大型節目。同學們分成十組，參加很多不同類型的活動，有遊戲性質的，也有思想性的（如幻燈，角色扮演等），務求適合同學之喜好。迎新營的最後一晚，高潮迭起，既有八三至八七班的表演，又有精采的幻燈片放映，當晚有許多高年級同學特地在放學後入營，與同學們夜談，其熱誠令人佩服。

此外，八二年的迎新活動還包括了八月十七日至十九日在明原堂舉行的組長營，和九月六日的賣舊書服務。

編者註：本文資料由「啓思」提供。



談迎新

籌委會主席黃聞強

迎新，是整個醫學院給予新生第一個實在的印象，是新生相互間的第一次認識，而且亦是新生與高年班同學第一次眞正的接觸。所以迎新籌委都視它爲一個非常寶貴的時刻，希望能盡量利用每一段的時間和機會去達到預期的目標。

今年，除了內部意見外，我們還參考了各方面同學的感受和想法，從而在籌委成立之初便定下了目標和重點。

提高同學關注，促進相互關係

今年的重點大致可分爲二。第一是提高醫學院同學對迎新的關注。第二就是促進所有迎新參與者（包括籌委、組長和新生）之間的關係。

定下第一個重點的主要原因是大家有感迎接新同學是整個醫學會的事，是需要更多同學的關心和參與，這樣才能使迎新事半功倍。所以我們在宣傳方面落足工夫，務使更多的同學清楚知道迎新八二的內容和進展。

至於第二個重點，歷年來都有提到，但是今年我們視它不只是個目標，也是一個能更有效地給予新生思想衝擊的手法，爲了提高籌委與組長之間的關係，我們都主動地與組長作出經常的聯絡和接觸，邀請他們參與迎新營以外的活動，例如預科生日，和迎新營的籌備工作。在組長營中，我們更能與組長們一起去研究和商量迎新營與歡迎日的內容和作預先的綵排，使他們對迎新有更清澈的認識。感覺到自己在迎新的重要性，而相應地對整個迎新更有信心。再者，大部份參與組長營的同學都能寓綵排於娛樂（在這裏，我們也應感謝Student Counselling Unit 給與我們充滿趣味性的帶組訓練。）總括而言，從今年參與籌備迎新營同學的人數和熱心，是可以看出籌委與組長之間和組長與組長之間的關係是搞得不錯的。

種種變更

今年的迎新營比往年有著頗多的改變，而其中三個重大的改變計有：一、營地由往年的烏溪沙改爲西貢北潭涌保良局渡假營；二、時間由往年的三日兩夜改爲四日三夜；三、將整個迎新營的活動配以一個主題——「做個好醫生」。

保良局渡假營雖然有其作爲一個迎新營營地的缺點，例如差勁的音響設備，但是也有它的好處。首先，它能夠把營友在一個理想的環境內盡量集中起來，使其有更多互相接觸的機會。此外，營內和營外都有足夠的康樂設施，使迎新營的氣氛得到調和。

至於第二個改變的主要目的是希望能夠同時間提供足夠的活動和休息時間，好使參與者可以眞正地吸收到所有節目的內容。

其實，最終我們是希望以上兩個改變能幫助所有參與者在一個陌生的環境裏打破大家之間的隔膜，使能互相溝通，傾訴體驗。

在第三個改變裏，我們是利用「做個好醫生」作爲思想的中心，而藉著講座，角色扮演，小組討論和幻燈放影等不同形式的活動去發揮這個主題。

計算成果

最後，究竟在這些改變底下我們能夠得到多少的成果呢？其實，因爲種種複雜的因素，量度迎新的成果是沒有什麼準繩的，所以參與籌備工作的同學都是抱著一個敢於嘗試，不計成果的精神來幹迎新，而最低限度我們亦能夠爲新同學作出最基本的服務：例如買賣舊書、骨骼和顯微鏡等，和使他們感受到多思考和接受衝擊的重要性。

健展八二

「健展八二」歷時九個多月，耗費六萬多元，動員百多位醫學生參與。下文是對這個活動的一些回顧。

目標與計劃

每年的健康展覽，都是朝著兩個目標：

(一)在社會的健康教育推行上，盡醫學生的義務。

(二)聯絡同學間的感情，並透過參與，促進同學間的交流和認識。

當初選擇的題目是「預防勝治療」，後來由於覺得內容跟去年健展「病向淺中醫」十分接近，因此，在七月初，題目便正式更改爲「生之謎——一生新生」。(ABC of Life — Antenatal care, Birth and Childhood)。

在計劃這活動時，籌委會認爲去年的「健康展覽」，祇得四天的展出，實在浪費了同學們辛苦搜集得來的資料，和日以繼夜準備的版面。因此，便嘗試把「健康展覽」擴大爲一個多元化的健康教育活動。所構思的，主要是在中區大會堂外舉辦多一次的大型展覽；其次的便是一連串的小型展覽和講座，並試圖利用各種傳播媒介，把知識帶給市民。

結果，「健展八二」便有以下的活動：

甲、健康展覽

(一)「中區大會堂」健展，在九月十三至
日舉行。

(二)「荃灣大會堂」健展，在九月十九至
一日舉行。

(三)「柴灣社區中心」一連兩天的小型

(四)在「德福花園」舉行最後一次健展，
是十一月十四日。

乙、其他活動

(一)把資料寫成特稿，在「明報」及「華
報」刊出。

(二)分別在兩所電視台的「香港早晨」及
午茶」節目中，安排一連串共十次的
節目，由健展的學術顧問接受訪問。

(三)在一些臨時房屋區，舉辦健康講座。

「嗨！各位記者……」

書到用時！

彬彬有禮（派傳單）

展覽

跟以往的「健康展覽」一樣，今年都
健康展覽」的一些特色。例如在展板以外，
播放一些幻燈和電視錄影帶；編印資料冊，
成本的價錢發售；動員醫學院高低班同學
等。可是，籌委亦嘗試了一些新的改變：
達形式上，盡量簡化，以漫畫形式表達，
面做得精美一些；又印製資料單張，加上
間團體如「中央健教組」、「明愛」等取
張，派發給市民，作爲市民的備忘，也好
識，更廣泛流傳；此外，更安排一部超聲
，及邀請一些懂得使用此儀器的婦產科醫
覽場中，免費爲孕婦們檢查等。

至於市民的反應，「大會堂」方面，
千人到場參觀。而「荃灣」方面，則約爲

展覽後的延續

在兩次的展覽後，還安排了一些活動，
座和小型展覽。

在「柴灣」兩天的小型展覽中，由於
參與，所以各方面的工作，都未能令人滿意
德福花園」的一次小型展覽，由於與「觀塘
合辦，宣傳方面由他們負責，反應便較爲理
上是次展覽是安排在十一月中，有較多時間
，亦找到較多同學參加。因此，「德福花園
次，可算是兩次大型展覽後最令人滿意的

編者註：本文資料由鄭嘉良同學提供。

健展移師荃灣

德福花園最後一次

健展後感

健委主席鄭嘉良

昨天，當我在圖書館裏閱報時，忽然耳邊來了一聲：「鄭老闆好嗎？」我急忙望上來，卻見一位不曉得名字的一年級同學，面帶笑容站著。

「還很好嘛。」我笑著回答。跟著，他便走開了。在旁的朋友立即問我：「他們爲什麼叫你做鄭老闆？」坐在對面沙發的同學，瞪了我們一眼後，便搶著替我答道：「他是去年健展的籌委主席嘛！」

不錯，我就是這個一年一度大型活動的策劃人。深深印在我腦海裏的，是一羣同學在暑期裏，每天忙到喘不過氣的樣子。還有的，便是一幕一幕美麗的回憶——記者招待會。上電視做宣傳、展覽的開幕禮、大會堂的展覽、荃灣的展覽、九龍灣的展覽、還有……

到了現在，大概已經有半年時間了，一切都沉寂下來了，只是偶爾聽到一聲：「鄭老闆你好？」還有多少人記得這麼的一個活動呢？我不禁問自己：「究竟爲什麼要出來策劃這活動，現在又得到些什麼？」

其實，我自己也說不出究竟爲什麼會跑出來，也記不起是什麼給我這份勇氣的。但我卻清楚知道自己在這個活動裏得到了些什麼。

在策劃、籌備和推出這段日子裏，我深深體會到什麼是合作。要不是一羣同學天天「博盡」的話，這活動跟本便不能推出。又若果不是同學們在工作上缺乏默契的話，大家便可省卻很多無謂的麻煩。

有人道：「爲工作而工作。」亦有人道：「爲目標而工作。」或許他們所說的都不錯。但是，我自問並不是什麼能幹領導人，也不是滿腦子理想、方向和大學生責任等的人。因此，我要說的祇是：「爲學習而工作。」試想，我們那麼多的同學，辛苦了一段頗長的日子，耗費了近六萬元，究竟教育了市民些什麼呢？我敢說是近於零。因爲絕大部份的香港市民都未有接觸過我們的活動，而在剩下來的非常少數中，大部份的也不過是來湊湊熱鬧而已。這也是難怪的，因爲健康教育（其實是任何的教育）是長遠的工作，不是三兩次的展覽便收效的。

故此，我要跟每一位爲這活動賣過力的同學說：「你們實在得到的，不是人們對這活動的讚賞和批評，你們且要記著這話：『爲學習而工作。』你們所得到的，是學曉了怎樣去籌備一個活動，怎樣去跟別人合作，怎樣的去待人處事，什麼是修養等等。這許多許多的，都是別人無法得到的，也是你個人獨有的體驗。因此，我希望你們都會爲參與過這活動而感到高興和自豪。」最後，我還要跟你們再說一遍：「多謝你們的幫忙，繼續在這人生旅程上努力吧！」

Conference on

THE SCIENTIFIC BASIS OF TRADITIONAL CHINESE MEDICINE

The Conference on "The Scientific Basis of Traditional Chinese Medicine" (中醫的探索) was held on September 4 and 5, 1982.

The audience each night numbered 200, and comprised of medical students (from both Universities), those involved in health care (doctors, nurses, physiotherapists, etc.) as well as medical academics (engaged in teaching and/or research).

A number of renowned guest speakers presented their views at the Conference. They included **Prof. HAN Ji-Sheng** (Bejing Medical College), **Dr. H. L. WEN** (neurosurgeon), **Dr. T. LOY** (Orthopaedic surgeon), **Dr. J. P. FOWLER** (HKU Dept. of Anatomy), **Dr. M. YANG** (HKU Dept. of Physiology), **Dr. H. M. CHANG** (CUHK), **Dr. Y. C. WONG** (CUHK), and **Prof. A. C. L. HSIEH** (HKU Dean of Medicine).

The highly successful Conference was concluded with a General Discussion Session. A number of the participants voiced their desire to learn more about traditional Chinese medicine, since clearly a large proportion of our population use it or speak in terms of it in their everyday life.

A booklet of proceedings, consisting of selected papers presented at the Conference, was published in April, 1983. This represented an effort of the Conference organisers to bring the importance of traditional Chinese medicine to the minds of health professionals and medical students.

In the following passage, the Chairlady of the Conference shared with our *Elixir* readers her experience of the organising work.

Editor's Note: This passage has been prepared with information supplied by Ms. Yvonne LAU.

How we Made the Conference a Reality

"The Scientific Basis of Traditional Chinese Medicine" was the first public conference in Hong Kong to consider the scentific aspects of traditional Chinese medicine. The difficulties in organising this Conference were many since traditional Chinese medicine has, for some reason, become a rarely discussed subject in the medical scene here in Hong Kong. It is virtually only in the last decade that interest has grown and research begun.

However, medical students at the University of Hong Kong have, for years, expressed concern over traditional Chinese medicine. This is demonstrated by their enthusiasm in organising a number of activities over the past few years and by the good attendance and participation by the students. Small-scale internal seminars were organised and training courses in acupuncture held. Such enthusiasm is surely justified since we are ourselves Chinese. It has been said that traditional Chinese medicine is a treasure that needs to be recovered from its deep burial. Our Organising Committee shares this view. Thus, we set out to do what we think is the first and most important step: to bring traditional Chinese medicine and its scientific basis to the notice of medical professionals and students. Previous seminars held by the Medical Society bore a similar aim but were limited in their scope. They were difficult to understand and easy to forget since traditional Chinese medical terms were used. Past mistakes thus prompted us into adopting a completely new approach. For more effective results, we decided we should have public seminars so that medical professionals and students alike could attend. The concepts of traditional Chinese medicine must also be explained using a common scientific language.

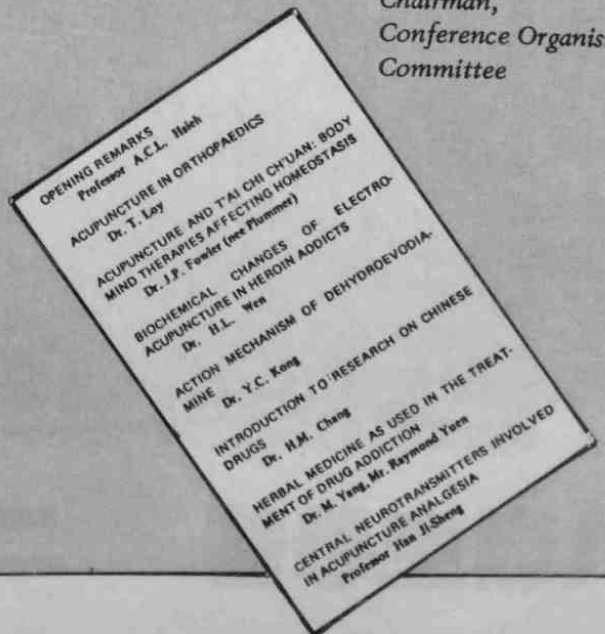
We were met with several suggestions when it came to choosing the title for the Conference. "Alternatives to Western Medicine", the first one that came to mind, was appealing but slightly misleading: we were only prepared to cover one of the alternatives! "Traditional Chinese Medicine" was another title suggested. It was certainly appropriate but not very original. Moreover, it did not indicate that a scientific language was to be used. We finally settled on 'The Scientific Basis of Traditional Chinese Medicine". It was appealing and appropriate, at least, from the way we looked at it. Our aim was to bring across the idea that traditional Chinese medicine has a scientific basis and that with detailed and accurate scientific research, this can be demonstrated.

When it came to deciding on the topics to be included in the Conference, we realised that we had limited resources. Research on traditional Chinese medicine in Hong Kong has only begun a decade or so ago and even then, only a few groups of people are involved. We managed eventually to settle on two major topics: acupuncture (especially the central neurotransmitters involved), and herbal medicine. We later found out that similar conferences held elsewhere were also restricted to these topics. The best people in the field were contacted. They were very much in favour of the Conference and gave us their full support. Our dream was coming true. Enthusiasm was high. All along we were able to find the right contacts and most importantly, the right people who would go all the way with us, sharing a common interest in seeing that the scientific basis of traditional Chinese medicine be recognised by the intellects.

The date of the Conference was fixed for September 4th and 5th, 1982. A world-recognised authority on the subject of central neurotransmitters involved in acupuncture analgesia, Professor Han Ji-Seng, was to be passing through Hong Kong on his return to Beijing after having spoken at a conference in New Zealand supported by the World Health Organisation. Professor Han kindly accepted our invitation to speak at the Conference. It was a great honour! We realised later, however, that early September was not such a good date for conferences. Many medical academics were away on holiday.

From the many letters we received, wishing us success and the good attendance (more than 200 on both evenings) at the Conference, we concluded that there was indeed a need in Hong Kong for such a conference. We had hoped to see a larger audience of non-students but since this was a first, we only hope that it has achieved, to some extent at least, our aim.

Yvonne Lau
Chairman,
Conference Organising Committee




衝!衝!衝!
八五誓必要立奇功!!
勇!勇!勇!
八五同學有智又有

醫學生節乃是爲了增強醫學院內各班同學的溝通及認識而設立的。但非常可惜的是很多同學都因爲讀書，或因「沒興趣」等等的理由而錯過了參予這個有意義的活動。

隨著十一月五日由醫學會主席馮健華的「金」手一揮，八二醫學生節的一連串節目便隨之而展開，很多趣味性的項目如掏手瓜、康樂棋、橋牌等等比賽亦順利地完成。

整個醫學生節中最特別的便是十一月六日的「遊戲日」。那天請到了各班的「武林高手」比門內功，輕功及劍術，結果八五的高手們功夫較高而奪得「武林盟主」。

十一月十二日晚的「Music Nite」是醫學生節的最後一個項目。是晚的高潮要算是頒獎了，今年全場總冠軍的得主是醫科八六。

當晚節目完畢後更請到Prof. Hsieh致詞。爲了感謝Prof. Hsieh的撥冗蒞臨及爲了多謝他多年來的悉心教導（因他已到了退休年紀），大會更特別送一幅油畫給他作紀念。

八二醫學生節隨著「Music Nite」而曲終人散，但班與班之間的隔膜是否有打破？醫學院各班是否因這次學生節而更團結？這些一連串的問題是醫學生節後值得我們深思的。

會超賢

PRESIDENTIA ADDRESS '82

1982 is certainly a tumultuous yet magnificent year h Medical Society. It's only natural that the year's events should b cluded with style and dignity. Presidential Address '82 is indee an occasion.

Shortly before the ceremony, the traditional Society Pho well as photos for the Council Members and our graduation Medic '83) was taken. After the President, Dr. T. H. Lam, gave lightening talk on the field of his own interest -- epidemiolog occupational health, the audience bursted into a continuous ap as each Councillor received an elegant souvenir in appreciation o her work during the past year. The inauguration of the new E ive Committee completed the event, and all present helped them to the refreshment served outside.

One may wonder what purpose is being served by our a Presidential Address, except providing a chance of photo takin one more academic lecture amongst many. To be sure, the even like the AGM, is not bound by Constitution. And the EXCO w have come into office with or without the Presidential Addres just a ritual? Another *dèjă vu* phenomenon?

Surprisingly, the one reason that makes the Presidential Ad indispensable is that it is part of a noble tradition, a steadfast be amidst chaos. As we attend the ceremony, we are lulled into a sense of security-- that, like Rome, our Medical Society was not in one day; that experience and expertise accumulated throug years adds to the armamentarium with which we meet new challe and that in tracing the footsteps of our predecessors lays the ortunity to outdo the past and blaze new paths for the future!

Peter Lau
Organiser, Presidential Addres

VIPs assembled

"Now my responsibility is yours!"

Presidential Address, Medical Society, HKUSU

Epidemiology and Occupational Health

Dr. T. H. Lam

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Introduction

During the past few years, there has been a rapidly increasing interest in the field of occupational health in Hong Kong. While the interest is now widely spread among workers, unions, employers, pressure groups as well as the public, within the medical profession, the number of interested doctors started to rise later and more slowly. Roughly at the same time or maybe somewhat earlier, there has also been an increasing interest in epidemiology in the medical profession. Unlike occupational health which can be very intimate to the workers and readily understood by those who are concerned, epidemiology seems to be quite remote, too difficult and belonging to just a minority group of specialists. However, the increasing awareness and concern has led to an increasing demand of more and better information on the state of health of workers and its relation to work hazards in various industries. Before scientific information is available, queries, controversies and debates would be common and inevitable. In this address, I shall attempt to link these two very important fields together and show the importance of such linking by using an unpleasant example which, because of the lack of such link, had resulted in maybe unnecessary conflicts and bitterness.

According to Dr. H. Mahler, Director-General of the World Health Organisation, occupational health is no longer a narrow field which merely concerns itself with specific occupational diseases. "It aims at the health protection and promotion of health of workers, and the identification and contorl of health hazards in workplaces, including those not only of a physical, chemical and biological nature, but also psychological factors that may have harmful effects on the health and productivity of workers. It also aims at the recognition and control of work-related diseases where the working conditions, together with the general environment of living, play a role in causation, and which are susceptible to control by preventive measures taken at an early stage through appropriate occupational health practice." As for epidemiology, it is defined by MacMahon and Pugh as " the study of the distribution and determinants of disease frequency in man. "

On 18th January, 1982, an article titled "Change is forcing out electronics workers" appeared in the South China Morning Post reporting on the results of a survey by the Hong Kong and Kowloon Electronics Industry Employees' Union on the health of electronics workers. The most striking finding was that " some 70 per cent of the workers suffer from physical weaknesses or illnesses which could be due to their jobs. " The Chairman of the Union stated that the poor state of physical health was an alarming phenomenon among the workers. Similar articles also appeared in the local Chinese newspapers about the same time and all of a sudden, the health of the electronics workers had become the focus of attention in Hong Kong.

The Health Report

In the first chapter of the Union's health report, it was stated that physical examinations were carried out on 69 days from October to December 1981 on 800 subjects, 696 of them were electronics workers and 104 were relatives. Of the 800 subjects, 26.62% were males and 73.38% were females. Sex distribution of the 696 workers was not reported. The age distribution of 696 workers was: 16–18 years, 9.05%; 19–25 years, 45.4%; 26–35 years, 28%; 36–50 years, 16.1%; 51–55 years, 1.45%. It could be pointed out that the class interval of the age group was not similar. Chapter Two dealt with number of working days per week, nature of products manufactured, number of working hours per day and number of lunch hours per day.

In Chapter 3, it was reported that there were 210 workers (30.18%) with "health completely normal" and 486 workers (69.82%) with "health not completely normal". The health status was cross-tabulated with age and is reproduced here in Table 1 and the details of the distribution of various "disease categories" in Table 2.

Chapter 4 reported that 88.23% had no medical and health protection measures, 8.82% had one nurse on duty during working hours and 2.95% had one doctor on duty for one hour per day. Chapter 5 was a summary of the findings and Chapter 6 devoted to five recommendations. Since the last two were concerned with sick leave benefits and workers insurance system, only the first three are reproduced below:

(1) There should be medical and health services in in the factory.
The Government should make laws to ensure the provision.
A. Annual medical examination for workers
B. Improve the quality of work and living e.g. increase of salary, protection of workers' health

(2) Reduce the stress of work
A. Increase of time for lunch
B. Workers who need to view the microscope should have more intervals of rest

(3) Facilities
A. Must improve ventilation
B. More ventilation particularly for workers involved in soldering to reduce inhalation of lead vapour or lead dust.

Epidemiological Comments

From an epidemiological point of view, this was a cross-sectional descriptive study of the health status of 696 electronics workers and their age, sex plus the following work factors namely number of working days/week, number of working hours/day, duration of lunch time, types of products manufactured and availabiltiy of medical services. Before one can come to any conclusion concerning the findings and recommendations, one must scrutinize the study's methodology.

Firstly, the method of sampling or selection of study subjects was not mentioned at all. The high proportion of unhealthy subjects could be due to the fact that the unhealthy workers tended to come for physical examination more readily than the healthy ones, a case of self-selection. The method of measurement or determination of health status was not described. One would like to know the nature of the questionnaire and physical examination and by whom interview and examination was carried out.

Table 1 **Health Status and Age of 696 Electronics Workers**

Age	Health Status	No.	%
16–18	Completely Normal*	16	25.4
	Not completely normal	47	74.6
		63	100
19–25	Completely Normal	108	34.17
	Not completely normal	208	65.83
		316	100
26–35	Completely Normal	63	32.3
	Not completely normal	132	67.7
		195	100
36–50	Completely Normal	18	16.07
	Not completely normal	94	83.93
		112	100
51–55	Completely Normal	2	20
	Not completely normal	8	80
		10	100

* Health completely normal – absence of any of the items of 'Disease Category' shown in Table 2

Secondly, when the types of diseases in the workers were reviewed (see Table 2), the most important single category was "Short-sightedness, astigmatism and deterioration of vision" found in 54% of workers. It is widely known that short-sightedness is very common in Hong Kong and it can be argued whether it is proper to consider a person as unhealthy or "health not completely normal" if he/she has short-sightedness only. If one is concerned with whether there is any excess of short-sightedness in electronics workers, one needs to compare the finding here with the prevalence in the general population of compararble age group. The pooling of short-sightedness with "deterioration of vision" was improper because the latter condition, though undefined, may suggest more serious problems.

Thirdly, although it was claimed that the unhealthy status of the workers could be due to their work, this claim was not substantiated by the reported findings. No cross-tabulation between health status and work factors was done and therefore one cannot examine whether there is any association between health/illness and work. The cross-tabulation between health status and age (see Table 1) does not reveal such association. In studies of association between health and work, factors indicating the amount of exposure to certain specific hazards should always be measured, such as the duration of involvement in certain specific job. However, such measurements were not mentioned in the report. Even when an association is found, one must always keep in mind that cross-sectional studies can only reveal associations but cannot establish causality. Interpretation of the association should be carried out cautiously.

However, despite all the scientific methodological problems which were outlined above, this report attracted an enthusiastic response from the mass media and aroused much attention and debates among workers, in unions pressure groups, management groups, employers, medical and health professionals as well as the Labour Department.

It is obvious that the electronics workers were concerned and anxious about their health and working conditions and their urge for action can be understood as a "discontent signal". Although the recommendations in the report bear little relationship to the findings, they are reasonable and must not be dismissed too casually. The issue also illustrates that (1) there is a growing interest and concern in occupational health in Hong Kong; (2) scientific epidemiological research in occupational health is urgently needed and (3) bad epidemiological or unscientific research can sometimes do more harm than good.

ble 2 **Distribution of Disease Category in 696 Electronics Workers**

sease Category	Number	%
ıort-sightedness, tigmatism, terioration in vision	376	54
astro-intestinal diseases	106	15.22
uryngitis	95	13.65
naemia	81	11.63
ose	72	10.34
ır	60	8.62
rachoma	29	4.16
keletal system	22	3.16
ypertension	20	2.87
ypotension	17	2.44
ung and chest	14	2.01
ine routine (abnormal)	19	2.72
ataract	12	1.72
iver	10	1.43
hyroid	10	1.43
leart	9	1.29
olour blindness	7	1
ymph node	3	0.43
eproductive and urinary system	5	0.71
ale	4	0.57
eeth	3	0.43
leurosis	3	0.43
ledema	1	0.14
espiratory	1	0.14

TABLE 3

POTENTIAL HEALTH HAZARDS IN ELECTRONICS INDUSTRY

1. SKIN IRRITATION – CONTACT WITH HARDENERS E.G. ORGANIC PEROXIDE PHENOL COMPOUND
2. IRRITATION TO EYES – CONTACT WITH HARDENERS
3. RESPIRATORY IMPAIRMENT – LONG EXPOSURE TO QUARTZ POWDER
4. OCCUPATIONAL ASTHMA – EXPOSURE TO RESIN DURING SOLDERING
5. TOXIC EFFECTS OF LEAD AND ZINC – DURING SOLDERING
6. DROWINESS, SLEEP DISTURBANCE AND OTHER EFFECTS OF ORGANIC SOLVENTS – DURING DEGREASING
7. EYE STRAIN – VIEWING MICROSOCOPE

Sensitive Area

Undoubtedly, it had stimulated the interest of many people in occupational health in general and the health of electronics workers in particular. After some months had passed by, not surprisingly, it could be seen that the report did not result in much specific or substantial measures taken. Unfortunately, some employers were upset by the report; they claimed that the working environment of their factories were already of a high standard especially when compared with other industries and that the health of their workers was actually good. Furthermore, there was a build up of tension in employer-worker relationship. The occupational health of electronics workers became a sensitive area. Employers became sensitive and suspicious to further scientific studies proposed and were reluctant to co-operate.

Up to the present, we are still not certain about the exact health status of electronics workers in Hong Kong and whether there is any sickness which is related to work. However, we are certain of one thing; some harm has already been done. It will be difficult indeed to obtain the cooperation of employers in future for well-planned epidemiological studies.

There are indeed potential health hazards in the electronic industry. The list in Table 3 is by no means exhaustive. However, in occupational health, one must distinguish between hazards and risks. Hazards are the aspects in an environment with potential to cause harm. They are usually (but not always) easy to recognise and one can argue that no work is without hazards of some sort. Risk is a statistical concept and is the probability of harm resulting from a hazard. It is expressed as a rate and needs a numerator (number of persons affected) and a denominator (number of persons at risk). In epidemiology it is often required to quantify the risk. The report in question did list some of the hazards but what was important but not available was the amount of risk resulting from work.

Uses of Epidemiology

Some important uses of epidemiology in occupational health are now described briefly.

The first use is the identification of occupational disease and work related illness. This can be done by studying the occurrence of illness in different categories of workers and the changes in pattern of illness in time. Useful warning signals for work hazards can so be instituted. The second use is for finding causes of diseases of hitherto unknown cause or to discover the role played by occupational factors in common diseases with multiple causes. Thirdly, establishing permissible level of exposure is particularly relevant in occupational health since exposure to certain hazards is commo ly not totally avoidable in industry. This can achieved by studying exposure-effect/response rel ionship and determining non-effect level of exp sure. Revision of established levels may be requir in view of new research findings in different circu stances. Finally, epidemiology is essential in t evaluation of occupational health services such the effect of preventive programmes, quality of ca as well as distribution and utilization of services.

In Conclusion

As medical practitioners we are concern with the health of workers. Epidemiology can ass us in gaining more insight in their problems. First we need epidemiology as "producer" of data a with a basic understanding of epidemiologic methods we may be able to carry out some studi ourselves. There is indeed great potential for rese ch in occupational health in Hong Kong. Second with epidemiological reasoning we may be bet "consumers" of data. We will be able to for critical opinions on published work and advi workers and management accordingly. The latter even more relevant to Hong Kong since we have fe local data and have to rely on published da from elesewhere.

Acknowledgement

I wish to thank Dr. J.W.L. Kleevens and Dr. S. Ong for their advice and comments and Mrs. T. La and Miss A. Chow for their secretarial assistance.

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杏雨

工作報告

REPORTS

「啓思啓我思、我思啓啓思。」

這句傳統性口號已經很清晰地把「啓思」這份學生報的性質闡釋出來。因此，在編委會上庄時，我們便懷着要貫徹執行這任務了。

怎樣才是一份眞眞正正的同學的啓思呢？我們將會怎樣來達到「啓思走向同學，同學走向啓思」的目標呢？

啓思——回顧八二

「啓蒙探討，建立放認雄心，
思維擴濶，燃亮校園火花，
活潑醫學生報紙。」

基本上，我們今年辦報的路綫是會向三路進發的：

(一)蓬勃校園氣氛，

(二)認識醫療界、關心社會，

(三)清新生活氣息。

這三種元素是一份學生報所必需的。而其中的一、三兩項更是我們所特別注重的，主要原因是這兩問題像濃霧般籠罩了醫學院多年，而啓思可憑着其報紙本身的獨特性，把這薰人悶氣驅散。雖然，這二條路是較爲崎嶇，但是我們懷着創新、突破的勇氣，向前邁進，爲醫學院來一次「換氣」。

究竟過去一年來，我們走了多少路呢？

一分熱、一分光

要總結去年的工作，可從報紙的出版、編委會內部和投稿的情況三方面來看。

今年的六期啓思都曾經先後依期面世，總括來說，水準和份量也算不差，其中文章的內容確是有所參差的，但也不乏好的文章。在專題版方面，範圍是比較狹窄了一點，都是環繞校園和醫療界的問題取材。我們相信這只是一個過渡時期，我們會一步步紮穩根基，轉而多留意一下社會和家國的問題。校園版的質和量都提高了，尤其是對校園內的評論，報導都有所增加。血書特輯的推出也是爲了強化啓思在提高同學關心校園這方面的工作。綜藝版的發展更是我們感到欣喜的。散文、書評、影話、生活體驗、感性文章……等使到啓思這份報紙更多樣化，更添姿采。專欄的設立，無疑對版的內容起了一定的作用。我們很高興能看見綜藝版這棵幼苗開始長出嫩芽了。

由於今年編委會的規模比較小，主要的人力都放在報紙出版的工作上，專題、校園和一些印排的工作差不多動用了編委會的所有成員，故此編委會內部共同學習研討的機會比較小，甚至連文康活動也比較缺乏。很多時編委們剛完成了一期的工作，跟著的一期又要開始籌備了。故此，在這種工作量底下，報紙到了年中便開始因循，沒有多大的轉變了。

過去一年，編委會內部的向心力不高，這點相信大家可從工作的情況，彼此的關係所感覺到。回想當年，一年級同學究竟是抱着怎樣的態度來加入啓思，一年的「啓思人」的生活，他們又得到多少？但是，只要大家工作開心，有熱誠，這便足夠了。

至於投稿這個老問題，仍然是解決不了。稿件不足是一大問題，投稿只局限一小部份同學是第二大問題，雖然編委會幾曾努力，形形式式，以提高同學寫文投稿的興趣，但到頭來收效不大。這可苦了編委會，迫得要自己埋首生產文章，更使編委會工作百上加斤。啓思也漸漸成爲啓思編委會的報紙，同學們只是當爲啓思的讀者，放棄了當爲啓思主人翁的權利，這個主僕的關係，同學不妨細想。

眞善美與愜意

今年的啓思辦得如何？

同學的評價有好有壞；但是，那些老問題似乎仍舊存在。幸而，同學仍看重和關心啓思，否則沒有批評，沒有鼓勵，那麼我們編委會才慌張！姑勿論成果如何，我們編委會祇是一點火花，還是需要同學給予我們支持，爲我們打氣，加油，才能照亮整個醫學院，發一分熱，一分光。

願編委會懷著創新、突破精神勇敢接受挑戰！

願同學能對啓思多作交流，共同向行醫者的道路邁進！

最後，謹對去年編委們的眞誠、毅力、熱心致謝！

八二年啓思總編輯

每期報紙簡介

1 第一期

專題爲「非英聯邦醫生問題」，介紹其歷史背景，考試制度及其在社會所担任的角色。其他的有急症室，轉庄，中國醫療、悼志勳……等文章。

2 第二期

「醫生、醫生」是一個探討醫生日常生活的專題。其他的有送給八二，師生交流，長途電話……等文章。

3 第三期

今期「鐘樓下的一群」是探討醫學生與大學本部的隔膜、鴻溝。其他的有加位狂想，醫療一家，香港人心態……等文章。

4 第四期

「捐」是一個有捐腎、捐精、捐血等問題的專探。其他的有王源美訪問記要，魚蛋行，華陀弟子……等文章。

5 第五期

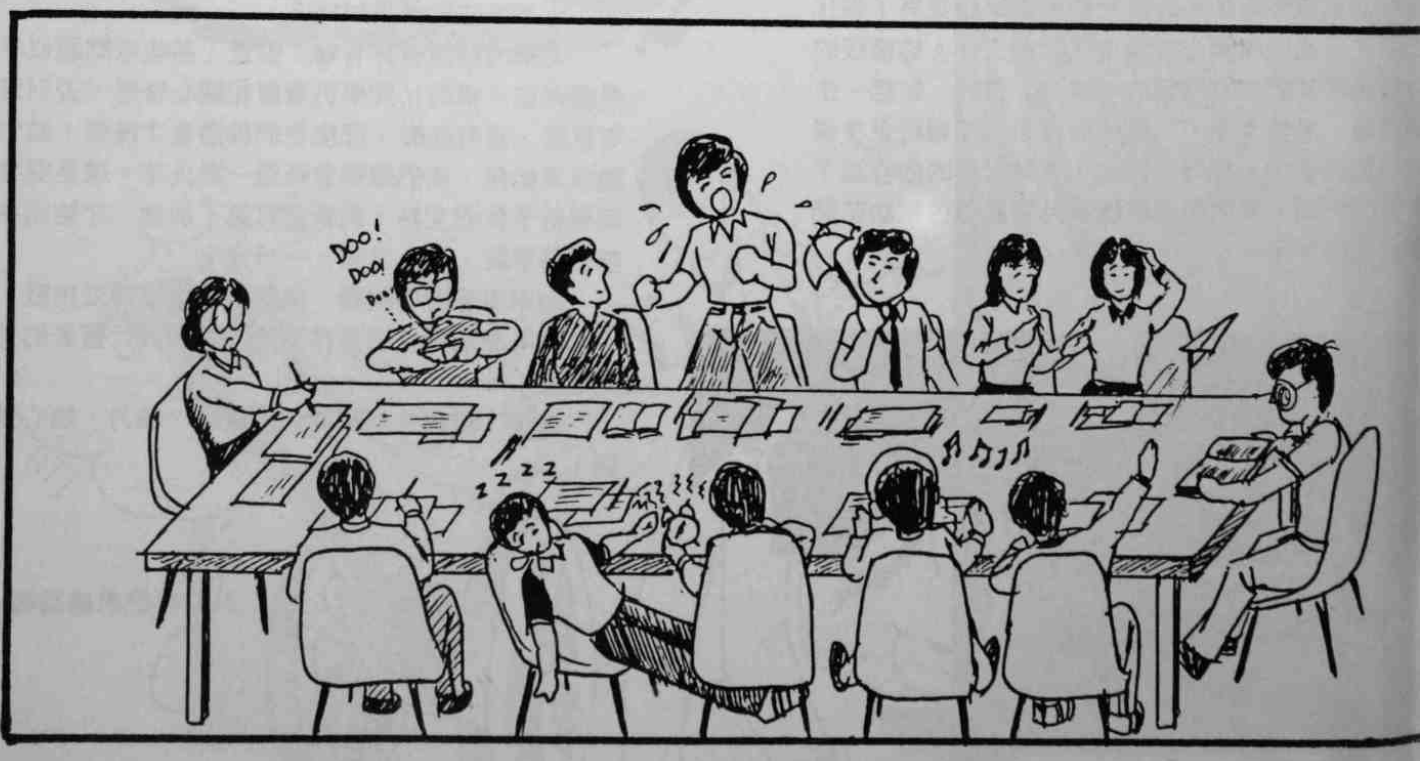
今期與下一期的專題是「醫學會」，是檢討過去一年醫學會的活動及其成員之工作，望能對來屆新庄同學有一定幫助。其他的有牙醫學院、中大醫學院，收生、迎新、東歐之行、絲綢之旅、中國捐血、PSYCHIATRIST ……等精采文章。

6 第六期

今期是啓思八二年最後一期了，除了專題是醫學會之二」，其他版文章更見充實，包括有醫生節八二、學生會評議會、中國人、生之呼喚、Q話和 IS MEDICINE A SCIENCE OR AN ART……等文章。

除了上述內容之外，我們今年每期都加設啓房，駱元手記及唔講你唔知。

啓思房是編輯對該期報紙的介紹，和對校聞時事的一些討論。駱元手記則是一位醫生的生活工作感受。唔講你唔知是一個以輕鬆手法介紹醫新知的專欄。

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八二年度杏雨委員會

ELIXIR
by the student
for the student
to the student

杏雨的角色

醫學會的年報
一份屬乎每一個同學的刊物

這是「杏雨」的口號，也是我們一羣編委的理想。

作爲醫學會的年刊，「杏雨」最重要的使命，在於綜覽一年的活動，作出回顧及檢討。當然，它也可以作爲各同學五年醫科生涯的紀念。

此外，自六八年開始每期的「學系專探」，對於促進師生間的溝通、維繫同學、講師和學系，當有一定的幫助。

杏雨委員會八二
謝嘉樂教授(名譽顧問)、何大偉(去屆主編)、劉[illegible]驥(總編輯)、王暘豪(財政)、李信華(總務)

工作概要

主要可分爲行政和編輯兩方面，行政和採訪活動的工作，大底在八二年內完成，至於文章的輯錄和付印，則待至八三年才開始。

行政工作

一、成立編委會

由於八一與八二年度「杏雨」的轉庄有困難，「杏雨八二」的編委會在三月才能組成，而第一次編委會議亦延至四月才舉行。

八二和八三年度的「杏雨」主編
經驗的累積、總結和傳遞是不容忽視的。

二、迎新活動

爲了幫助「杏雨」吸納更多新血，編委會曾[illegible]迎新方面下了不少功夫，如自行編印迎新特刊、[illegible]發書簽和單張、舉辦茶聚等，但仍未能喚起醫科[illegible]七同學對「杏雨」工作的興趣，至爲可惜。

三、爭取廣告

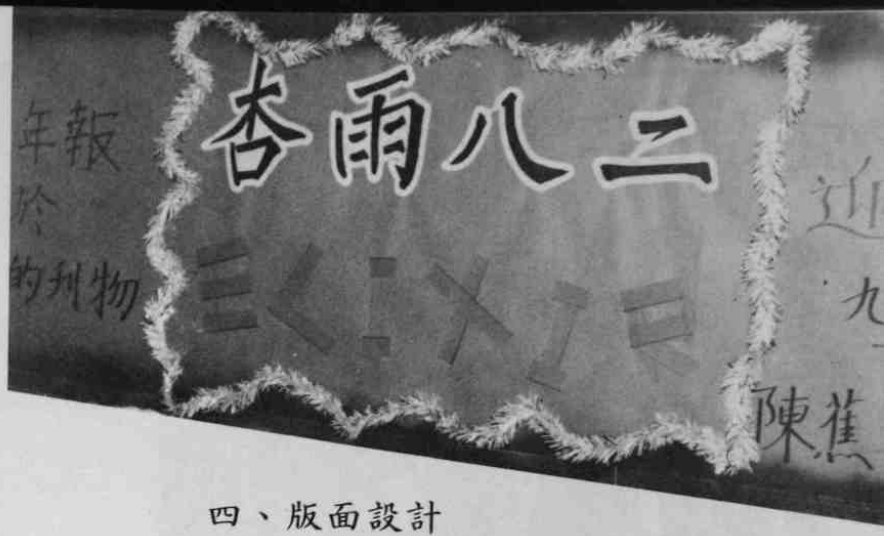
由於醫學會中央基金的撥款有限，廣告成了杏雨」的主要財政來源。今屆得力於負責財務的同[illegible]們積極進取，廣告的收入相當理想（足以支付近[illegible]成的印刷費）。我們不僅爭回前一年的全部客戶，[illegible]更得到不少新公司的贊助。可惜由於人手不足，[illegible]終未能與所有曾表示興趣的機構深入接洽。

「杏雨」因爲是醫學會的正式年刊，加上廣[illegible]取價合理，對廣告商是有一定的吸引力。來年負[illegible]「杏雨」的同學，倘能在這方面多加努力，成績[illegible]不止於此。

四、轉庄

以往數年「杏雨」的接續都出現問題，幸而[illegible]一年度的杏雨主編在多方面都爲我們提供了寶貴[illegible]意見，彌補我們經驗的不足。

至於八三年度的編委會，亦於八二年底順利[illegible]生，由於其成員多是醫科八六的同學（即與我們[illegible]樣），無論是工作的協調或經驗的傳遞，都叫人[illegible]意。



編輯工作

一、報導活動

「杏雨八二」的特色之一，便是主動去報導醫學會的活動。爲了讓讀者對整年的活動有一清晰的印象，編委除在大型項目（如電影籌款、迎新、健康等）擔任攝影外，更將有關資料整理，扼要地敍述活動的經過，再附上一篇籌委同學的「後感」。其他規模較小的活動，則編入圖文並茂的「大事年表」。

這樣的處理方法，跟以往單靠有關同學提供文字圖片，是有一定的分別。

二、拍攝照片

攝影是報導活動不可或缺的一環。在這方面「杏雨八二」的編委可謂不遺餘力，由我們所拍得的照片(再加上小部份由熱心同學提供的)，總計不下千幀。由是在貼版時，編委可隨意選用最適合的照片刊登。唯一美中不足的，是礙於人手有限，未能將這批照片售予同學。

由於「杏雨」的印刷較佳，而其形式也適合保存，是刊載相片的理想地方，況且醫學會一向沒有聘請專責爲各活動拍照，因此將來的「杏雨」編委會不妨考慮把攝影列爲主綫工作。

三、學系專探

今期的「學系專探」，有著不少嶄新的嘗試，例如爲訪問講師而設茶會，舉行師生論壇，拍攝實驗儀器，列舉以往「杏雨」所介紹過的學系等，都是前所未有的。

此外，我們還是自有「學系專探」十四年來首次應用中文！（包括各講師的姓名及以中文寫成的茶談會後記）

至於學系歷史的介紹，雖然是多樣化「學系專探」所必需，以往的「杏雨」卻少有提及，由編委執筆的更絕無僅有。今期我們不祇詳述了生理系的發展，還佐以數幀珍貴的照片。

泛光燈下的醫學院院長
攝影會否成爲「杏雨」的主綫工作？

四、版面設計

我們對版面編排的重視，是歷來罕見的，以下是較重要的幾點：

(一) 相片大多加以剪裁，一則可突出主題，亦可使篇幅生色不少。

(二) 當版面出現空位時，必以相配的照片或插圖填補，免得浪費。

(三) 適當地使用各款不同的字體，雖然植稿時較爲麻煩，但文章讀來會更生動。

(四) 「杏雨」創刊三十多年來，首次採用四色封面及彩色內文。不僅醫學會從未將其活動以彩色刊印，整所大學亦少有與醫學院有關的彩色印刷。

值得一提的，是在最後的貼版階段，有不少熱心同學義務相助，不單減輕了我們的負擔，更給版面設計帶來不少創新的意念。

五、延遲出版的原因

「杏雨八二」未能在合理的時間內（即八三年九月前）出版，除了因爲今期的編輯工作比任何一年都繁重外，自己的疏忽和對工作量的低估都是原因之一。

再者，現時由已落庄的編委去完成編輯工作的做法，亦會帶來一定的問題。期望將來醫學會能在這方面費些心思，以尋求一個妥善的解決方法。

今次出版的拖延，完全是由本人的錯誤及其他客觀因素所導致，與任何同學都無關。

展望

「杏雨八二」終於在八四年一月付梓。此時適值「杏雨八三」編輯工作的高潮，而八四年度的編委亦躊躇滿志，準備展開他們的工作。最令人興奮的，是三屆編委都能合作無間，互相交流經驗，分享心得，一洗過往「杏雨」不能順利交接的陋習。

我們在過去一年多以來，曾嘗試爲這本年刊增添一點生氣，至於效果如何，則有待各位同學評價了。記著，「杏雨」是屬於我們每一個人的，將來「杏雨」是否辦得好，就是取決於你們對它的支持有多大。

最後，謹以

承先啓後，繼往開來
發揚醫學會年刊

與日後擔任「杏雨」編委的各同學共勉！

八二年度杏雨總編輯

一九八四年一月十七日

健康委員會八二

本年度主要的工作計有：

（一）中學生健康教育計劃
（二）元朗之「健康與你」展覽
（三）指壓班
（四）急救班
（五）健康檢查服務
（六）「健康展覽八二」
（七）醫療界探討小組

各項活動，以下略作介紹：

（一）中學生健康教育計劃

參加此活動的同學約二十人，於八二年年初搜集資料後，於二月及三月間，分別到五間中學舉行講座，每間學校舉行兩次，題目分別爲①吸煙與健康和②捐獻腎臟和血液。而每次講座均有一百至三百人（除某一次外），故共有千多人曾參加這些講座。

（二）「元朗」之「健康與你」展覽

此活動乃是與「元朗青年商會」合辦，內容則爲「病向淺中醫」展覽的版面。「醫學會」則共有九位同學，於兩天展覽內協助講解，而該展覽則共有約五百人參觀。

（三）指壓班

由於願意交欵（二百元）的同學太少，而與當初願意參加的人數相差十分遠，故決定取消。

（四）急救班

「健委會」於暑期曾舉辦兩班急救班，共有約六十位同學參加。

（五）健康檢查服務

於八月至十月間，共與三個外界團體合辦四次健康檢查。這些團體分別爲：①筲箕灣明愛中心，②觀塘翠屏道基督教家庭服務中心和③黃大仙民政署東區分署。每次均爲老人的健康檢查，惟與首團體則更多辦一次爲小童的檢查。這些工作，每次約有五至八位同學參加，而每次則有約百位市民接受檢查。

（六）「健康展覽八二」

此次展覽取題爲「生之謎——一個新生」，活動包括：

①兩次大型展覽，分別於中區及荃灣大會堂出。參加同學人數方面，中區則每天約百人，而荃灣則每天約五十人。

②兩次小型展覽於「柴灣社區中心」與及「福花園」展出。

③於八、九月間，共有八次在電視節目中康講座。節目爲「香港早晨」和「下午

④於「明報」、「華僑日報」及「天天日報」刊登展覽資料的特稿。

⑤於九至十一月間，共舉辦四次講座，形爲幻燈放映。

在這活動中，共有十多款印刷品派發給市分別爲一些籌委印製的資料單張（共三款），外間如「中央健教組」等取得的數款資料小册。

健康委員會

對健委會的一點我見

鄭嘉良

健委會的特質

一向以來，健委會跟醫學會內別的單位，都有一個先天的分別：「啓思」和「杏雨」等，它們都有一本刊物作爲靶子，它們的工作，便是要正中紅心。而幹事會方面，雖然沒有一個鮮明的靶子，但仍有基綫的工作要求，就是維持醫學會的正常運作。

健委會獨特的地方，便是沒有一個鮮明的靶子，也沒有一些必須要辦的事務，因此，健委會的優點便是工作和路綫上有自己一定的彈性。這不單令健委會內部能依著自己興趣來工作，亦多少爲每屆醫學會填補分工上的漏洞。

然而，這特質亦爲健委會帶來了不少困難，最明顯的便是同學對健委會印象的模糊。試想：大家都定期收到一份「啓思」，心目中對「啓思」的形象，自然明顯。同時，大家對「啓思」的動態，亦能通過這份刊物，有一定的掌握。但是健委會便缺乏了這些，我們必須以各種途徑，跟同學接觸，亦須時常把我們的動態，通知同學，方能鞏固健委會在大家心目中的地位。同時，由於活動性質的不同，健委會往往需要大量招攬人手。因此，單在宣傳和招人方面，便花去不少氣力。

此外，由於工作路綫上較大的彈性，轉庄時兩屆在工作承接上，便有一定的困難。加上沒有工作上的基綫要求，故每屆健委對工作方針、態度和份量方面，往往便有非常不同的理解。

工作方針

對於健委會的工作路綫和方針，個人亦有一點意見，但是，如上文所述，這並非是絕對正確的見解，祇是一點個人看法而已。

從以往健委會的工作中，我們大概可以把它們歸納爲三大類：(一)直接的社會服務；(二)推行健康教育；(三)探討醫療界。以下，讓我們分析一下這三個方向的可行性。(註一)

直接的社會服務

近年來，這方面的工作，雖然多是響應各社區或義務團體的邀請，爲市民作健康檢查。但最令人注目的，卻首推捐腎運動了。

雖然，大家都懷念捐腎運動的光輝歷史，但類似這運動般，同時有著社會需求、客觀環境和先天條件的機會，實在是可一而不可再（註二）。就是現在能找出一個半個機會，在長遠來說，亦無法担保以後每年都有這些機會，而個人則認爲這守株待兎的路向，實在行不通。

至於爲市民做健康檢查方面，雖然邀請我們的團體，實在不少，而且，就是沒有人請，我們亦可以發起類似的活動。但是，我們得考慮一下醫學院的內部條件。

願意出外做這些工作的人手，主要還是一、二年級的同學，開始了臨床課程的同學，都因功課繁忙等的種種原因，甚少願意出外參加。而一、二年級的同學，都缺乏臨床知識和經驗，最多的還不外是替市民量血壓，驗小便是否有糖等，這是絕對不足夠的。比方說，一位市民到來量血壓時，他的外型卻是CUSHINGOID ，或者，他的眼白已逞現相當的黃色（黃疸病的徵狀），但低年級同學卻沒有察覺這些，還說別人正常，要人安心回家！試問這形式檢查，是不兒戲和不負責任？更甚的，便是同學們的節制能力有限，而市民在量血壓時，往往都把我們當作醫生，向我說出他們的病徵或症狀，詢問有關的問題。而低年級同學，卻或多或少都曉得一點皮毛，於是便「盡力而爲」，弄出天大的笑話。。

因此，專注直接的社會服務，實在不是可行的路向。

推行健康教育

八二年的健委會，大部份工作，都放在推行健康教育上，可是，我們卻體驗到不少矛盾和困難。

最主要的問題，還是缺乏高年級同學的參與，因而在推行上，便像健康檢查一樣，市民把這些低年級同學當作醫生，但他們所懂的，卻祇是解剖，生化和生理學，多一點的，還不過是微生物學和一些病理學的皮毛，一被別人問深一點時便錯漏百出，笑話連篇。

可是，更甚的還是在籌備工作上。低年級同學因沒有接觸到臨床的東西，故往往便要從市民的興趣去想，究竟要帶些甚麼給市民。但是，接觸過臨床知識和病例時，卻發覺還有很多東西，是醫生們希望市民知道和了解的，例如癌症的早期病徵等，是跟市民興趣有所出入的。而且，要低年級同學去參閱一些臨床課程的書籍，也實在是太吃力的工作了。

因此，推行健康教育，表面上是醫學生義不容辭的責任，但實際上卻　著不少的矛盾。

探討醫療界

這方面的活動，長久以來，雖然都沒有劃定由醫學會內的任何單位專注負責，但花得比較多功夫的，則要算是「啓思」和健委會了。

其實，香港醫療界的範圍大得很，裏面的種種問題和矛盾多的是，而且層出不窮。況且，我們不可以否認的，便是大部份的醫學生，對醫療界的認識都十分膚淺。因此，作爲醫療界的一份子，我們實在有義務去加深認識，並希望在某程度上，向有關機構提出建設性的意見。

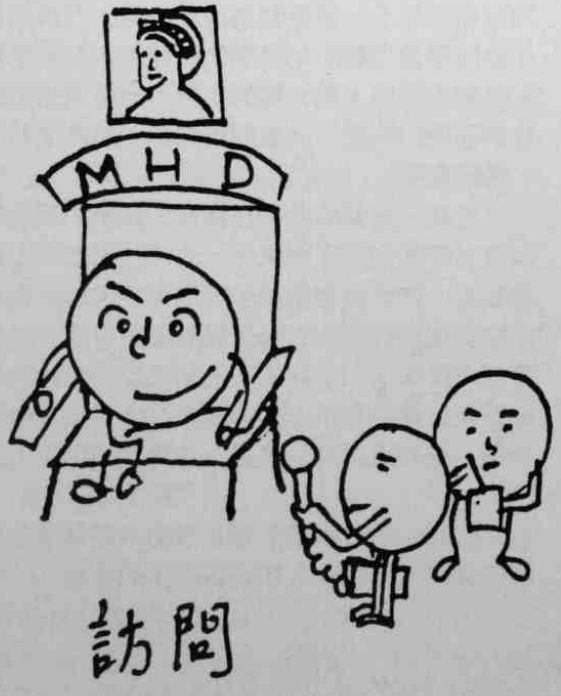
雖然在這方面努力，收穫可能會比其他的較爲豐富；然而，它的背後還存在著一定的困難。要眞正深入的探討，我們可不能跟以前般，祇對某一方面，作片面的探討。我們必須要有系統的，全面地衡量整個制度的得失。要做到這點，實在需要有一個對醫療制度有相當認識的領導人。這人雖然不必對醫療界有深入的了解，但卻需要對它的結構，有全面的認識，方才能有系統的領導同學，一起去探討。可是，我們卻不容易找到這麼的一個人，出來領導這方面的工作。

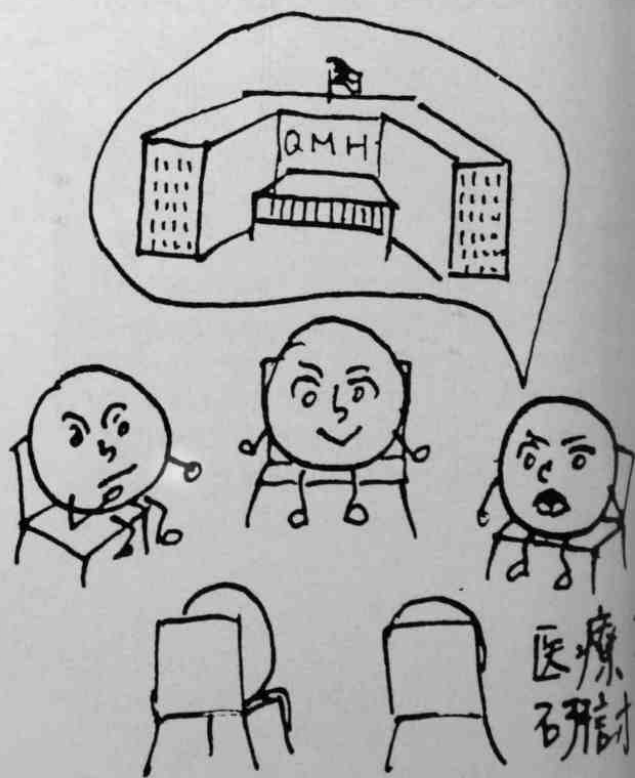
結語

個人還認爲探討醫療界這方面的工作，確是委會長遠的路向。無疑，現時缺乏適合的領導人是一個障礙。可是，這並不是一個死結。有曰「萬事起頭難」，只要能開始第一步，培養出一醫療界有較闊認識的同學，便能開出一條光明，讓健委會朝著這方向，向前邁進。

註一：此文由於單從健委會的長遠利益來進行，故這裏只從「可行性」方面著眼。在方面，却未能作深入剖析。

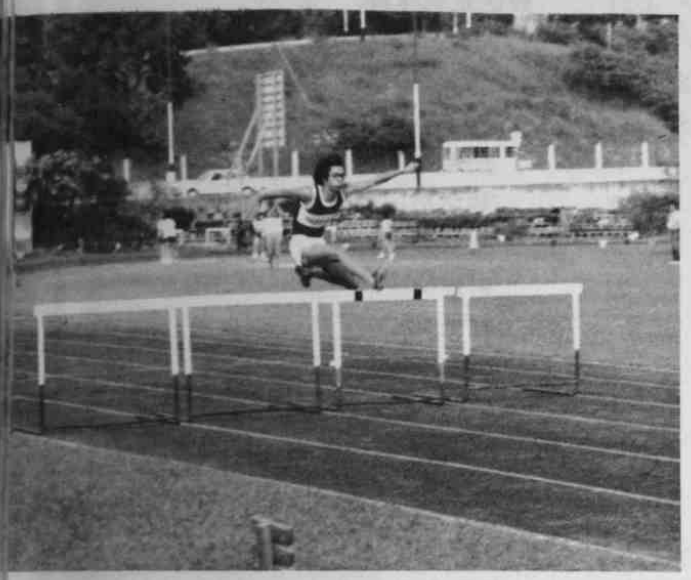
註二：所謂「客觀環境」，是指香港有水準令人意的儀器和技術去進行換腎手術一點；「先天因素」，則是指這個社會需求，恰好醫學有密切關係，而我們亦能在這運動中向市民灌輸一點腎臟健康常識。





體育在醫學院

體育秘書黃玉庭



想當年：

自一九六四年，亞米加玫瑰杯創立以來，醫學院在十九屆的院系比賽中共奪杯十四次！*

由七零年至七五年，醫學院更連奪六屆院際比賽總冠軍，雄霸着港大體壇。

七六年，玫瑰杯終於易手與工程學院。

七七年，醫學院依然未能從工程學院手中爭回冠軍的席位。

當時，曾有人分析落敗的原因是缺乏新血，那時候的低年班同學，普遍都對運動沒有多大興趣，甚少參與體育活動。造成這種現象，一方面是由於醫學院改了新課程，在一年班加設學位試，加重了同學的功課壓力；此外，醫學會關心社會活動日漸蓬勃，吸引了不少同學放下運動，走進關社的行列中去。

話雖如此，但在七八年的比賽中，醫學院旋即奪回亞米加玫瑰杯，重振當年雄風，缺乏新血之說，似乎又不完全成立。而自八零年起，醫學院一直都保持着領先的位置，穩坐寶座之上，可是，到了八二年……

*醫學院在八三年亦再獲院際冠軍

褪色的一年：

八二年，醫學院在院際比賽中，僅以七分之微，壓倒工程學院，獲得冠軍，保住了亞米加玫瑰杯。

論成績，我們其實一點也沒有退步（參看附表）十二項賽事中，我們依然奪得六項冠軍，雖然籃球、乒乓球及棍網球的成績比往年遜色，但在羽毛球、曲棍球、網球與及排球四項比賽中的表現是有所進步的。計起實際的得分，我們的總成績亦比往年爲佳。至於爲何會給工程學院迫得那麼緊，則只可說是他們的表現大有進步。

但有一點是無可否認的是：危機再度湧現……

歷史重演

低年班體育風氣低落，再度在醫學院瀰漫。論人才，我們並非沒有，就是精而不博，再者比賽也不能單靠一兩個球星便可以取勝。而參與曲棍球、棍網球、壘球等幾項新球類運動的更是人少。倘若這形勢繼續發展下去，以後，亞米加玫瑰杯的奪取，實在不敢樂觀。

原因何在？

無人繼成大業，是否純屬巧合呢？是的，雖然醫學院每年都有百五位新同學，但總不會年年都有很多體育健兒的。但如要改變現況其實也並非不能，只要在開學之初，鼓勵和提供機會給新同學去接觸運動，特別是那些比較新鮮的玩意，使他們產生興趣，新血是培養到的。

勿氣餒

現時體育活動不過是一時低落，而絕非永遠沉淪！它只是反映出大部份同學的價值取向，不甘心把大部份時間都用在運動上。

其實大家都明白一切的成就，皆建基於健康的身體，堅强的意志，和過人的魄力，而體育運動，既可舒展身心，又可鍛練意志，是平衡發展必備的一環。

醫學院有的是人才。以前，在缺乏新血的影响下，我們在七八年也可以奪得亞米加玫瑰杯。即使有一年我們失敗了，但有誰敢說在下一次不會是醫學院的天下呢？

我們參與運動，比賽，最珍貴的，是過程中所得着的體會，那可能是意志的磨鍊，心得的分享，自我的克服，又或者是美與力的表現，勝利的光榮，既短暫而不恆久，絕非我們的大目標。

奪標，不過是團結同學和鼓勵同學多參與體育活動的途徑之一吧。

甲、院際比賽

項目	成績 81—82	成績 80—81	本年度隊長	最佳表現球員
水　運	冠軍	冠軍	周志平(85)　崔綺玲(85)	許　由、謝道欣
陸　運	冠軍	冠軍	盧寵茂(85)　何碧頤(85)	石俊超、何碧頤
羽毛球	季軍	第五	鄒重儀	招錫中
籃　球	殿軍	冠軍	區鼎華	關浩然
曲棍球	冠軍	季軍	潘兆康	羅冠球
足　球	亞軍	亞軍	董文忠	何柱樑
壘　球	冠軍	冠軍	范德穎	陳楚文
壁　球	冠軍	冠軍	顏繼昌	林刁域
乒乓球	第六	殿軍	胡廣森	黃兆文
網　球	冠軍	亞軍	余立基	關治邦
排　球	亞軍	季軍	曹志彬	高德全
棍網球	亞軍	冠軍	凌以庸	

The Omega R

乙、班際運動比賽

八二年的班際運動比賽，男子組有項目十四個，女子組有六個。

水運會，於八一年十月二日在港大體育中心泳池舉行陸運則於八一年十一月二十八日在黃竹坑運動場舉行。

其他各項球類比賽，則在第二、三學期中舉行，由二月二十三日開始，至五月十三日，頒發日完滿結束，爲期達三個月。

各項賽事結果：

男子組

	83	84	85	86	牙科
1. 陸　運	(4)	(6)	(18)	(8)	(12)
2. 水　運	(12)	(18)	(8)	(5)	(5)
3. 羽毛球	3	3	6	9	3
4. 籃　球	9	3	4	3	6
5. 曲棍球	6	3	9	3	3
6. 棍網球	9	0	6	0	3
7. 足　球	9	3	4	6	3
8. 壘　球	4	9	6	3	3
9. 壁　球	3	9	3	3	6
10. 乒乓球	9	4	3	6	3
11. 網　球	3	3	3	9	6
12. 拔　河	3	9	6	3	4
13. 排　球	3	9	3	6	3
14. 越野跑	9	6	3	2	4
總分	86	85	82	66	64

女子組

1. 陸　運	（ 4 ）	（12）	（18）	（ 6 ）	（ 8 ）
2. 水　運	（ 6 ）	（12）	（18）	（ 8 ）	（ 4 ）
3. 羽毛球	0	9	4	3	6
4. 籃　球	0	9	4	6	3
5. 乒乓球	0	9	4	6	3
6. 拔　河	0	6	3	9	4
總分	10	57	51	38	28
陸　運	4	8	18	6	12
水　運	8	18	12	6	4
男子班際	70	61	56	53	47
女子班際	0	33	15	24	16
總得分	82	120	101	89	79

班際男子組冠軍　（陳棣光獎座）　：醫科八三
班際女子組冠軍　（廖獻貞盾）　：醫科八四
班際總冠軍　鄭志仁盾　：醫科八四

越野追蹤大賽

日期：八二年一月十六日（星期六）下午
範圍：港島西部
參賽隊伍：共八隊
比賽結果：冠軍——醫科八五隊
亞軍——牙科八六，甲隊
季軍——牙科八六，乙隊

丙、沙宣道挑戰盾

與羅富國師範學院作友誼賽。八一年創辦，由於缺乏場地，八二年被迫暫停，但在八三年已繼續舉行。

T. I. G. 從籌備到參賽

按：T.I.G. 是Triennual Intervarsity Games的縮寫，故名思義，是三年一度的運動會。而由於參加的有四所大學(星架坡、馬來西亞、印尼和香港)，所以中譯爲「四角大學運動會」。

今年在星架坡所舉辦的 T.I.G. 已是第十七屆了，但由於印尼正在忙於籌備另一個東協五國大學運動會，與及其他種種因素，印尼大學便沒有參加這屆四角大學運動會，所以今屆 T.I.G. 只有三所大學競逐。

香港大學派隊參加 T.I.G. 是希望達到三大目標：
一、提高大學校園內參與體育運動的氣氛
二、提高大學各球隊的技術水平
三、與其他國家的大學生互相交流

訓練分期三個月，由六月至九月，只分爲三個階段進行。最初是招募隊員及開始基本訓練，然後再從這班人中選出一些較理想的進入第二階段較嚴格的訓練，經過最後選拔後出來的運動員，便是代表香港大學到星架坡出賽的精英了。在九月一日至四日，籌委在烏溪沙舉辦了一個集訓營，參加者都是經最後入選代表出賽的運動員，目的在提高士氣與及加強運動員之間的了解。

籌備早於一月開始準備工作，主要分爲訓練、宣傳和籌款三方面。

本屆 T.I.G. 在星架坡舉行，由於路程頗爲遙遠，旅費成爲主要的支出，但香港和其他三國不同，政府並未有積極的資助港大的隊伍，而港府，港大學生，及Student Union 的資助，只有九萬多元，故此籌委會需要推出大型的籌款項目。其中最特別的要算是於八月二十日在麗晶酒店舉行的籌款晚會，所得的款項達十八萬。此外，還有步行籌款和電影籌款。

在十月二十三日，籌委會舉辦了 Departure Dinner，作爲出發前的最後一個大型項目。在晚會上，宣讀了港大代表隊的誓詞。各位隊員皆充滿鬥志，整裝待發。於十月廿八日早上整支隊伍浩浩蕩蕩地踏上征途。

在十天的比賽裏，幾所大學的同學都能打成一片，互相交流思想和經驗。港大代表團在 T.I.G. 的成績也不俗，除奪得男女子排球和男子足球冠軍外，更取得全場亞軍。

編者註：本文資料由「啓思」提供。

The Medic Choir

At the start of the academic year 1981–1982, due to low enthusiasm from the first and second years, we were not at all in high spirtis. While literally pushing through our weekly practice, we did manage to organize a Christmas carolling with only less than 10 members participating.

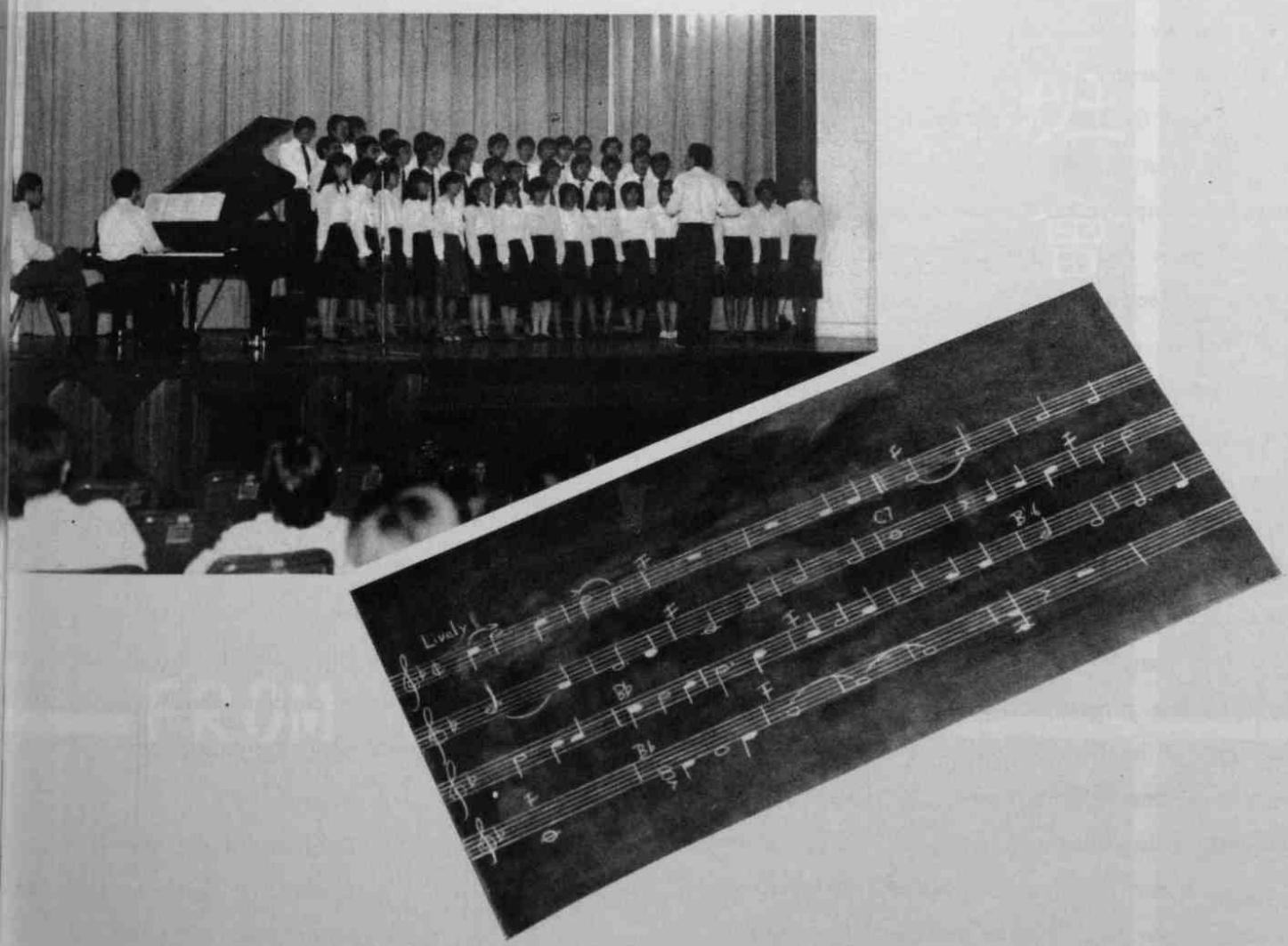
We were still suffering much from our central problem–too small a choir. This year we became Runners-up again (we have been Runners-up for 4 consecutive years) in the Union Festival Inter-Faculty Choir Competition. Despite that we were defeated by the 'Lawyers' (but only 5 out of 500 points), we did achieve something even more important– a wonderful experience of colourful and varied interpretation, together with putting ourselves into the music– the quiet, melodical, a bit sentimental 'Turtle Dove' of the modern English composer V. Williams and the energetic, rhythmic but tuneful 'Rolling the boat' (搖船曲).

Many thanks to our freshmen this year (Medic '87) who shown keen response to our invitation at the orientation, for an expansion of the choir from the former mini-25 members to a much promising 45 at the beginning of 1983. It happened so that the dream of many amateur choirs–singing the 'Hallelujah' Chorus–was eventually materialized later in the Medic Festival 1982.

Afterrall, I think it being fair to say that the original ideas of setting up the Medic Choir have been actualized–to get us to know each other through singing and to enjoy singing, to appreciate music and to love it.

Lastly, I would like to express my thanks to all who have been supporting the choir–physically or conceptually; during periods of low spirits or at our peaks.

The conductor
Michael Cheung.



REPORT of STUDENT REPRESENTATIV in SENATE and FACULTY BOARD

The Election

The student representatives in the Board of Faculty of Medicine, namely Ng Man Ho (M'83), Tung Man Chung (M'85), Chong Hou Ming (M'85) and Loo Ching Kong (M'86), were elected to office on March 1, 1982.*

The campaign started a few weeks before and included forums, distribution of pamphlets and visits to classes.

* *Tung Man Chung was also elected Undergraduate Member of Senate.*

Faculty Board Meetings

Faculty board meetings were held on the third Tuesday of every month (except during the summer vacation, when business was passed by circulation). During our term of office there were ten meetings with student members present in all.

Beside attending the formal Faculty Board Meetings, we were in close contact with the Dean, Sub-Dean, Faculty Secretary and other staff members so as to get familiar with the business of the meetings and related matters. Such informal discussions helped to improve the understanding between staff and students and to avoid unnecessary arguments during the meetings.

Before each meeting, we would discuss the important matters among ourselves and try to collect the opinions ofour fellow students so as to express them in the meetings. This year, the student members encompassed both the senior and the junior students and therefor serve to better present the viewpoint of the students.

Important issues that we had come across included the proposed expansion of the Medical Faculty; the implementation of the Extended Assessment scheme in 1983; fixing the dates of terms and examination timetables.

After each meeting, we would convey information of interest to our fellow students. Copies of the relevant documents were also distributed. This, we thought, could allow a better understanding of th Faculty by the students.

Senate Meetings

Senate meetings were held on the first Tuesda of every month. On some issues, we had to cooperat with the Executive Committee of the Student Union to strengthen the students' stand. Some of th important items we discussed included restructurin the Committee on Student Affairs and changes o term of office of student representatives in University bodies.

Curriculum Review

We participated in the Medical Educatio Review organised by the Medical Society and studie were done on every aspect of the curriculum. I addition, several discussions were held between th students and various Departments. The results an conclusions of the studies would be submitted t the Faculty.

Cooperation with Medical Society

We were in close contact with the Executiv Committee of the Medical Society and provide them with up-to-date information on some issues e.g expansion of Medical Faculty so that appropriat response could be made by the students.

Prospects

Our term of office ended two months earlie this year (in January instead of March).

The work of student representatives of Faculty Board can be improved if there is better communi cation between the student body and Faculty mem bers; more initiative in examining the curriculum s as to suggest better solutions for the existing pro blems; and greater concern about matters of th Faculty as a whole among the students.

Prepared by

Tung Man Chung, Michael

(Student Senator and Faculty Board member 1982-83, Faculty Board member 1983-1984)

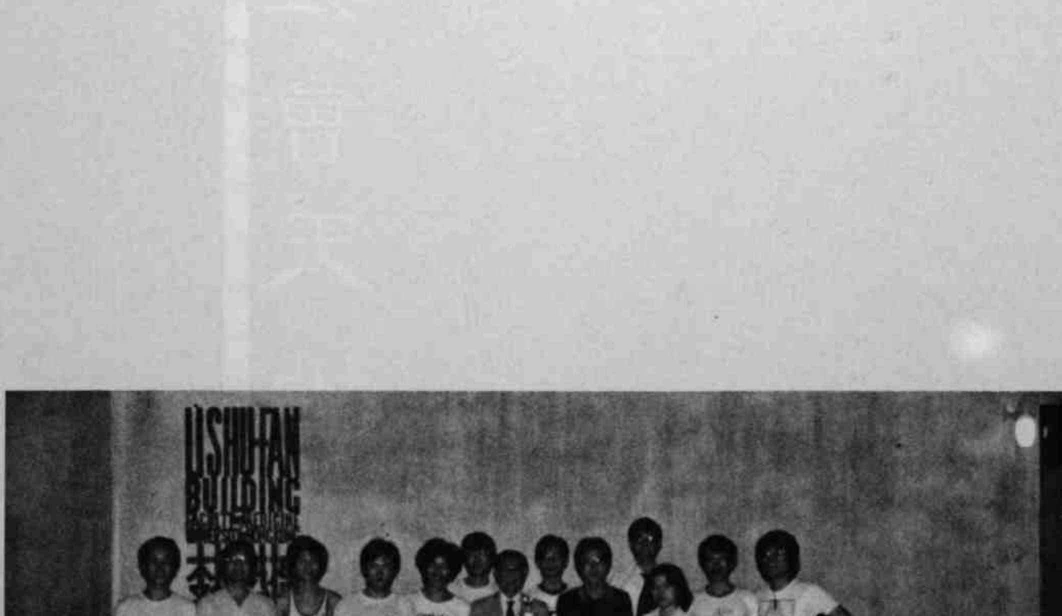
杏雨

班會天地

FROM THE CLASSES

醫科八三氣如山

八



三

八八八・三三三

醫

Medic 83

科

Photos and design by ELIXIR

MEDIC 84

醫科八四

laughter!

laughter!

Who's
He's o
cla

our class committee

MEDIC 85
III YR

STOP!

AND.... ENJOY!

Interyear Athletic Meet
一未輸過！

TIME TO HARVEST
PRESENTAT'N DAY

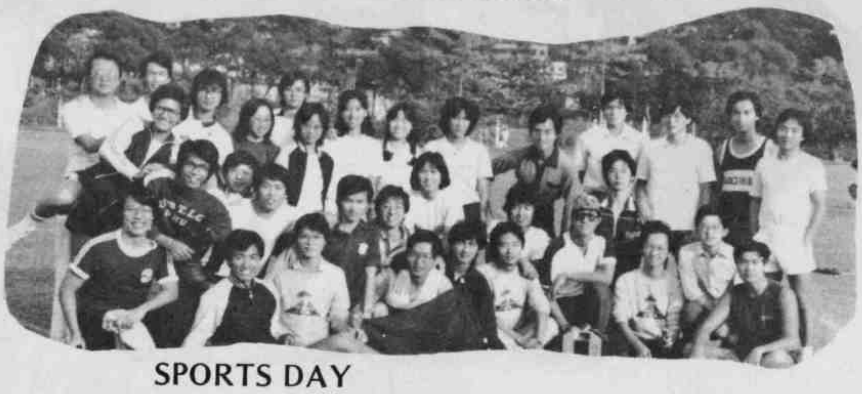
ORIENTATION '82

醫科

HEALTH EXHIBITION

GALA PREMIERE '82

CLASS CHOIR



SPORTS DAY

CLASS DINNER

CLASS CAMP

班刊出版

來，來，來，大家暢飲一杯，祝各位前程似錦。

八七喇喇隊用扇代替旗仔，多帥！

看！每一個人

這節日令兩位評判笑逐開顏，相信必入三甲。

嘩！我好肚

資料八七

愛，是聖誕老人給他們最眞摯的禮物。

看甘迺迪的兒童玩得多開心！

看他健步如飛，莫非已急不及待，要去……

名人充滿信心，誓要奪得錦標。

杏雨

學系專探

DEPARTMENTAL SURVEY

A Short History of Departmental Survey

It was with such vision and insight that, back in 1968, ELIXIR decided to start on a series of Departmental Surveys. Today, the Departmental Survey has become the highlight of ELIXIR, a sort-of 'Theme of the Issue'.

In the words of the ELIXIR'68 editors, the Departmental Surveys are " a series of surveys done on the Departments of the Medical Faculty, with the aim of promoting a better understanding between the teachers and the students". The eighteen surveys that followed proudly attest to the endeavour of ELIXIR to uphold this laudable objective. The Elixir Committee has since become a prime promoter of better student-staff relationship.

In retrospect, it is worthwhile to review the work of past ELIXIR editors in surveying the Departments of our Faculty.

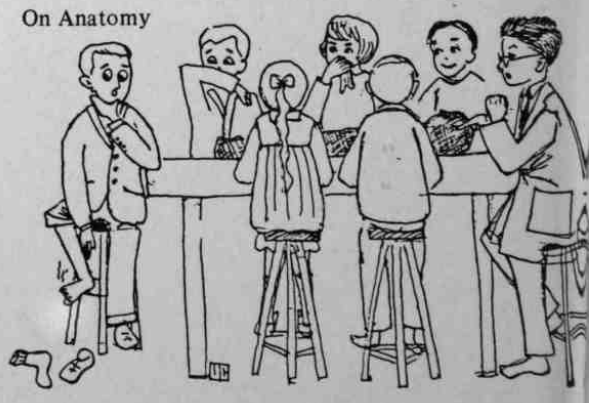
1968	No. I	Pathology
	No. II	Anatomy
1969	No. I	Physiology
	No. II	Obstetrics & Gynaecology
1970	No. I	Surgery
	No. II	Pharmacology
1971	No. I	Medicine
	No. II	Paediatrics
1972		Biochemistry
1973		Microbiology
1974		Orthopaedic Surgery
1975		Pathology
1976		Surgery
1977		Anatomy
1978		Paediatrics
1979		Obstetrics & Gynaecology
1980		Medicine
1981		Pharmacology
1982		Physiology
1983*		Community Medicine

*not yet published

On Surgery

H-P Relationship :
A good hospital (host!) knows how to house its (parasites?) so that both can get along happily!?

On Anatomy



"Mr. Man, would you please give me the nerve and v supply of the sole of the foot?"

Adapted from ELIXIR '68

There is only one thing in the world worse than being talked about, and that is not being talked about.

— Oscar Wilde —

DEPARTMENT OF PHYSIOLOGY

ROOTS

THE INFANTILE PERIOD ---
The Hong Kong College of Medicine

The Hong Kong College of Medicine for Chinese* was inaugurated on October 1, 1887, with Dr. Patrick Manson as the first Dean. Amongst its first intake of students was Dr. Sun Yat Sen who graduated "with High Distinction", but he was destined for much greater distinction as the founder and first President of the Republic of China.

The intake into the College was never large, all the teachers were part-time, and the College constantly relied on makeshift accommodation for many of its activities. The teaching of Practical Physiology was carried out, strangely, at the Bacteriological Institue.

** in 1911, the word "for Chinese" were dropped.*

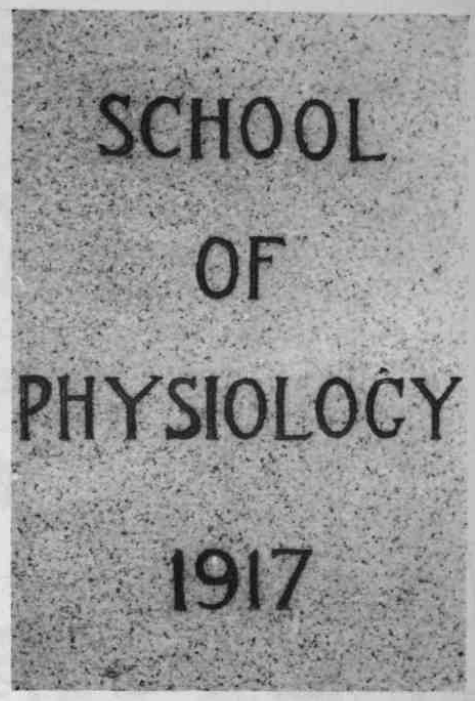
THE SCHOOL OF PHYSIOLOGY

In 1915, with the inception of the Hong Kong University Faculty of Medicine, the College ceased to exist.

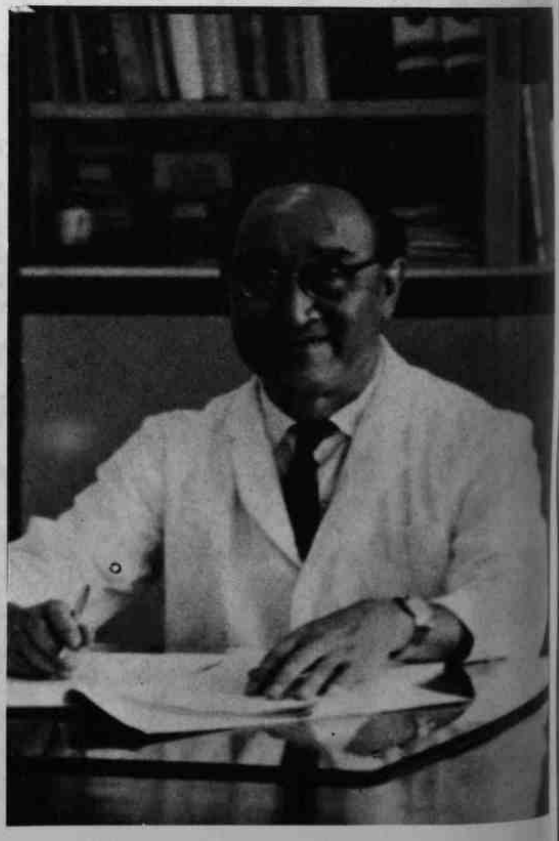
Two years before, in 1913, the first whole-time teacher in the history of medical education in Hong Kong, the Professor of Physiology, was appointed.*

In 1919, a sum of money was donated for the construction of an extension to the then Anatomy Building to provide accommodation for the Department of Physiology (and for another building to house the Pathology Department). These two buildings were to remain the sole accommodation of the Faculty until 1956.

** the Chair of Anatomy was created and filled in 1914, that of Medicine and Surgery in 1915.*



Prof. K. K. Cheng, *the first Chinese to become Professor of Physiology (1960-76)*

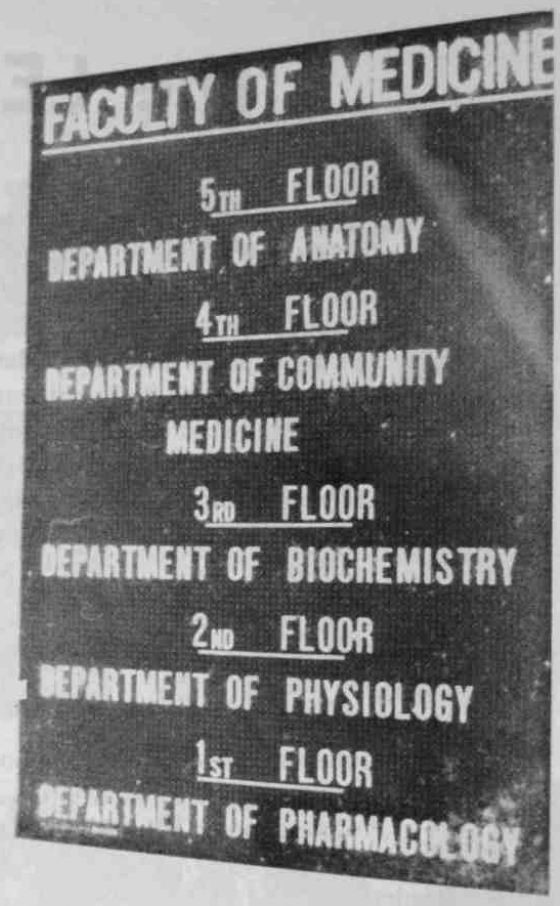


The original **Anatomy and Physiology Building,** *on th of the present Haking Wong Bldg*

THE DEPARTMENT MATURES

In the early 1960's, the Department moved to the newly completed Li Shu Fan Building. There, it has witnessed several increases in student intake, first from 80 to 100 per year, then to 120 in 1965 and finally to 150 in 1970. In 1980 the Department began to take care of a further 76 first year Dental Students.

The teaching of Biochemistry and Pharmacology was originally carried out by the Department of Physiology. Advances in these two fields, however, have led to the creation of the Biochemistry Department in 1960, and the Pharmacology Department in 1965.



THE FUTURE

With the propsed expansion of an M.B.,B.S. Class into 225 students in the early 1990's, the Department of Physiology can look forward to more facilities in the new preclinical building to be constructed at the top of Sassoon Road.

The Department of Physiology, the oldest in the Medical Faculty, has always been eager and patient in tutoring students, and is doubtlessly the favourite of the preclinical students. Surely this century-old fine tradition will prevail as the Department enters yet another stage of its development.

(P.L.)

The proposed site for the future **Pre-Clinical Building**

The LECTURERS

Introducing the Department members has always been the mainstay of *ELIXIR* Departmental Surveys. This year, instead of adopting the traditional practice of having individual lecturers interviewed at their own offices, we invited all of them to a specially arranged cocktail party, during which several groups of lecturers/editors freely exchanged their ideas in a relaxed atmosphere.

Our new attempt proved to be a great success, as lecturers and students alike enjoyed the occasion thoroughly. The participants included students from all five classes, and teaching staff of all ranks.The subject of conversation ranged from academic interests to views on university education to family life. The '1997' issue was raised in at least two instances. The outcome was a varied and interesting account of our lecturers, as recorded in the following pages.

Immediately following the party was an open forum with the lecturers. Such a function was probably the first ever to be held, and its details were also included in our Departmental Survey Section.

The Department of Physiology comprises the following teaching staff (updated after our survey):

Head of Department:

Professor Arnold HSIEH Chia Loh
(until June 1983)
Professor Joseph HWANG Chi Chiu
(from July 1983)

Reader:

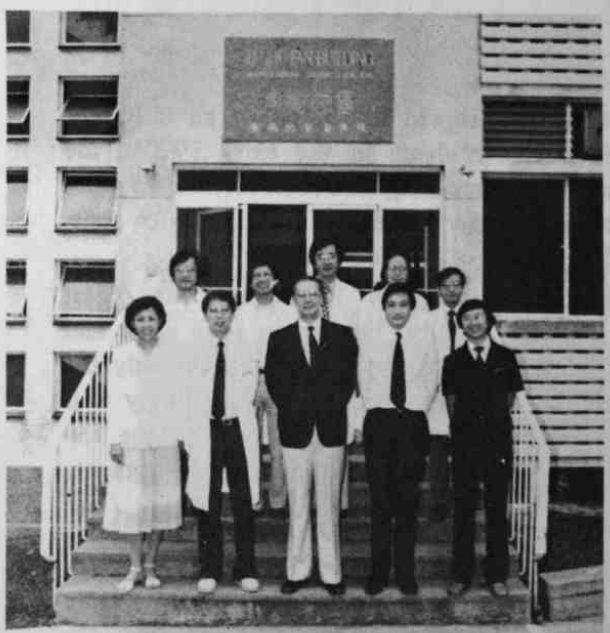
Dr. Patrick WONG Yee Ding

Senior Lecturers:

Dr. LOH Tatt Tuck
Dr. James WANG Chi Ching

Lecturers:

*Dr. TSO, Elaine G. C. F.
Ms. CHEUNG, Yuen Ming
Dr. LUNG, Mary A. K. Y.
Dr. PANG, S. F.
Dr. POON, P. W. F.
†Dr. TANG, Fai
Dr. WONG, Tak Ming
Dr. YANG, Mabel M. P.
**Dr. CHAN, Y. S.
**Dr. Depledge, M. H.



THE DEPARTMENT PHOTO

* we deeply regret Dr. Tso's death in January 1982.

† we are unable to include Dr. Tang's introduction here, because he was on leave during our Departmental Survey in October 1982, and again during our final editorial preparation in July 1983.

** Dr. Chan and Dr. Depledge were appointed after 1982, the year we were supposed to do the survey.

A Vote of Thanks

This Departmental Survey was the fruition of many people's hard work. Those who have contributed their efforts include:

Staff-members of the Department of Physiology, teaching and non-teaching. Michael Cheung, William To, Cheung Yan Kit, Joseph Chung, Fernand Fan, Jane Fang, Hui Yu Hung, Lawrence Kwan, Polly Lam, Donald Lau, Yvonne Lau, Peter Lau, Lee Chiu Man, Lee Shun Wah, Lina Li, Albert Lit, Peter Pang, Chester Tsang, Philomena Tse, Karen Tso, Jimmy Wong, Christopher Wong, Yam Kwong Yui, Gustus Yeung and many others.

The participation of the following also added variety and colour to our work:

Wong Kong Chiu, Fung Kin Wah, Kwok Ka Ki, Yan Wing Wa, Simon Hou, Ng Man Ho, Douglas Chan, Grace Cheung, Chui Cup Yan and Cheung Po Yin.

Professor Arnold C.L. Hsieh 謝嘉樂教授

M.D. (St. John's), D. Sc. (H.K.)

Professor Hsieh received his medical education in Shanghai, and obtained his M.D. degree in 1946. Following the footsteps of his father, he became a surgeon, but only for year. In 1947 the hospital he was working in was taken over by the Ministry of Health, and he came to Hong Kong. During the following six years he worked as a ship's doctor in Butterfield & Swire. In 1953 he joined our University as a Demonstrator in the Department of Physiology.

In 1956, he spent one year on a fellowship at the University of Washington, Seattle. There he became interested in the metabolic response of mammals to exposure to a low environmental temperature. Cold adaptation has become his main research interest ever since.

After a long and fruitful career here, he went to the United States in 1968 to join the then new Medical School of the University of California at Davis, not expecting to return. However, the attraction of our University was so great that, when the Chair of Physiology here became vacant in 1976, Professor Hsieh decided to take up the job.

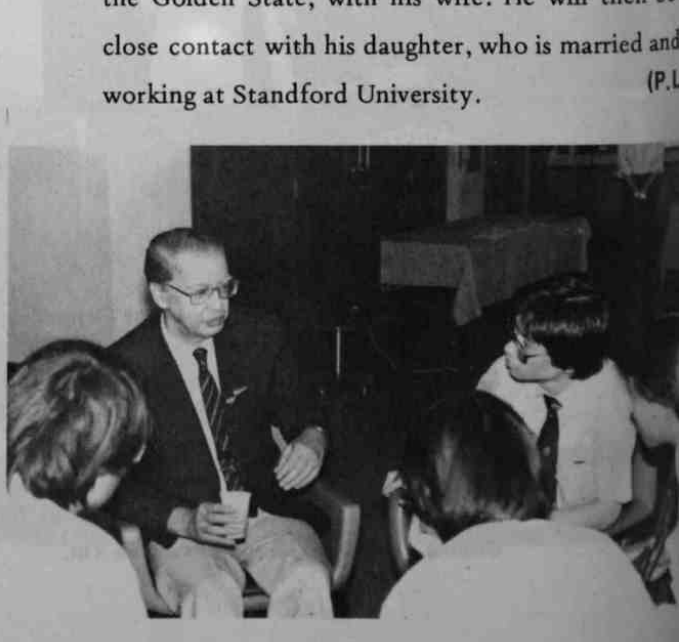
Reflecting upon his days in America, Professor Hsieh was especially impressed by the cozy atmosphere at the small university twon of Davis. He also remarked that while he was regarded as a typical conservative in the U.S., he was viewed as a liberal back in Hong Kong, although actually he himself h not changed.

In 1980, Professor Hsieh was elected Dean our Medical Faculty. In his opinion, since the De is necessarily a member of the teaching staff wi various involvements, part of his work must suf if the Deanship is to be taken seriously. Profes Hsieh's own sacrifice? He has given up research af entering office. Nonetheless, he thinks that the p sent system is still a good one. With an elected,'pa time' Dean, authority cannot accumulate and c mocracy is ensured.

One often feels helpless in face of great even such as the '1997 issue'. Professor Hsieh, howev reassures us that although it may be difficult to pl for the future, it is always valuable to have educati that is 'portable': medicine, for example. He remin us that one who is good at his own profession welcome everywhere.

Professor Hsieh has always taken a keen i terest in student activities. Our active schoolmat can surely attest his frequent participation in t functions of our Medical Society. Professor Hsi recalled one occasion in which he personally invit 100 first year medical students to a barbecue. He d that because, during that bygone era, one is n regarded as a full member of the Medical Socie until he has passed his 1st M.B. Exam.!

Professor Hsieh retires in June, 1983. Af retirement, he plans to spend his days in Californ the Golden State, with his wife. He will then be close contact with his daughter, who is married and working at Standford University. (P.L



ofessor Joseph C.C. Hwang 黃志昭教授

A. (Cascade); M.Sc., Ph. D. (Oregon); F.A.A.A.S.

Professor Hwang received his secondary school education at the Diocesan Boys' School Hong Kong. Thereafter, he received his B.A., M.Sc. and Ph. D. in Oregon, U.S.A. After obtaining his doctorate in Neurophysiology at the University of Oregon, he did his postdoctoral fellowship in the Department of Physiology & Biophysics at the University of Washington, and in the Department of Neurology at the College of Physicians and Surgeons Columbia University. In 1963 he returned to Hong Kong and for five years taught at the Chinese University of Hong Kong. In 1968 he was appointed to the Faculty at the University of Washington School of Medicine in research and in teaching.

He joined the Department of Physiology of this University in 1970 as a lecturer. He was promoted to senior Lecturer in1972 and Reader in 1976. He was appointed to a Personal Professorship in 1980. In July 1983 he was also appointed Head of the Department of Physiology.

Professor Hwang has a wide range of interests in the field of neuroscience, ranging from sensory system, CNS, neuromuscular transmission, muscle mechanics to nerve regeneration. He is knowledgeable in the study of pain and acupucture as well. He is also interested in clinical neurophysiology and has published on various aspects of human EMG and EEG.He is currently devoting a major portion of his time to the application of computers to information processing in animals and in humans. He has served on several occasions as adviser to World Health Organization and as field editor and referees of several international journals.

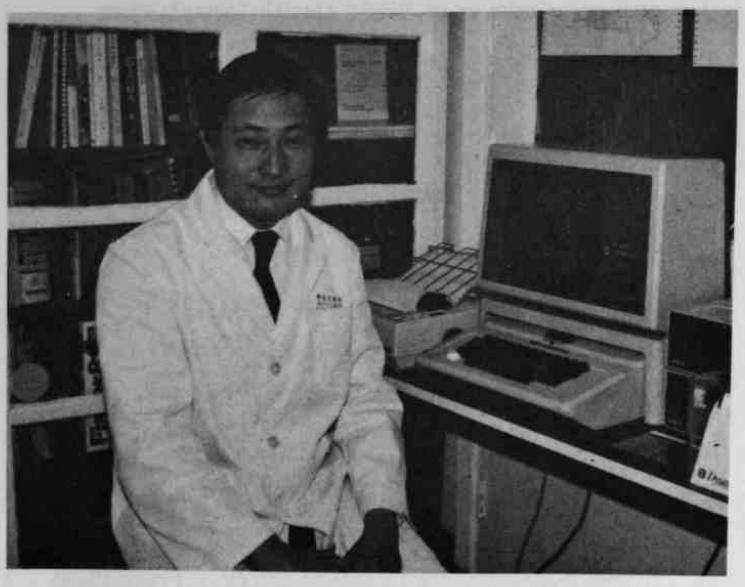
In addition to teaching and research Professor Hwang participates widely in various committee and administrative duties. As Chairman of the Medical Faculty Library Committee, he feels that the Library is the most important facility of the University. The library is not only for the collection and storage of information and human heritage but also provides a medium for self study and reference.

Having been involved in the admissions exercise for some eight years, Professor Hwang thinks that any applicant with 3 'C's in the HKAL examination already possesses the essential minimum potential to complete the M.B.B.S. curriculum. Thus in the selection process, consideration could be given to other desirable attributes of the applicant, e.g. motivation, social awareness, social service, physical fitness, extracurricular activities etc. The admissions policy of the university could have enormous influence over the curriculum and attitudes of the secondary and even primary schools. The University could set forth new trends in the educational system of Hong Kong and aim at the development of the whole person in preparation to serve the community at large. In Professor Hwang's opinion a university should provide much more than just professional training for its students. Unless and until the university can also facilitate the development of the whole person and broadens the perspectives of the students, it may just well to name our medical school as "Hong Kong Training Institue for Medical Practitioners".

Professor Hwang enjoys listening to romantic music and reading novels, periodicals and books. He has made it a point to finish reading at least one new book a month. He is married and has two daughters both of them will graduate from universities next summer. On weekends and evenings you may find him strolling with his dog in the hills. **(J.C. / P.T.)**

Dr. Patrick Y.D. Wong 黃宜定教授

B. Sc. (London); M.A., Ph. D. (Cantab.); C. Chem.; F.R.S.C.; F. R. S. H.



Dr. Wong obtained his B.Sc. (chem.) degree in London, with first class honours, in 1969. He then pursued his studies further and obtained his B.A. (pharmacology, 1st class honours) in 1970, and Ph.D. (pharma.) in 1973. Pharmacology has attracted him because it is synthesised from the two subjects he likes, namely chemistry and biology. Dr. Wong is a Fellow of the Royal Society of Chemistry and the Roayal Society of Health.

After two years of postdoctoral studies at Cambridge, he joined the Department of Physiology in 1975. He was promoted to a Senior Lecturer in 1978 and Reader in 1982.

Dr. Wong always gives us an impression of a pleasant gentleman. He believes that satisfaction is the reward and motivation for his career. He has come to enjoy teaching just as he has in research; no wonder we always find him absorbed and competent in the lecture theatre! His main interest is in ECG studies and renal physiology.

Besides teaching, Dr. Wong is also actively engaged in research work. Working in collaboration with the Department of Medicine, he is now investigating the mechanisms of sperm maturation in the epididymis. Part of the results has been published in andrology journals. The work holds a promising future for the infertile males, and may provide a new method of contraception.

Dr. Wong has a happy family with two children: a eight-year-old daughter and an one-year-old son. In his leisure, which really does not amount to much considering his heavy workload, he likes watching movies and, most important, staying with his family. **(L.S.W. / F.F.)**

Dr. T.T. Loh 羅達德博士

M.Sc., Ph.D. (W. Aust.); Dip. Sc. (Chung Chi Coll.)

Dr. Loh was born in Malaysia, and received his secondary education in a Chinese school there. He then came to Hong Kong and studied at the Chung Chi College for four years. After graduation, he returned to Malaysia and taught science for some time.

Then Dr. Loh went to Perth in Western Australia and obtained his M.Sc. in zoology and Ph.D in physiology. He was interested in the energy metabolism of kangaroos, and had the research done on a small island. At that time Dr. Loh was able to distinguish male and female kangaroos at night, from as far away as 40 yards!

In 1975 Dr. Loh came to Hong Kong again, this time more permanently. He joined the Department of Physiology as lecturer.

Dr. Loh's main field of research is on iron metabolism. He is currently investigating the release of iron from transferrin in cells. He thinks that research facilities in the Department is quite satisfactory, and indeed has won international recognition.

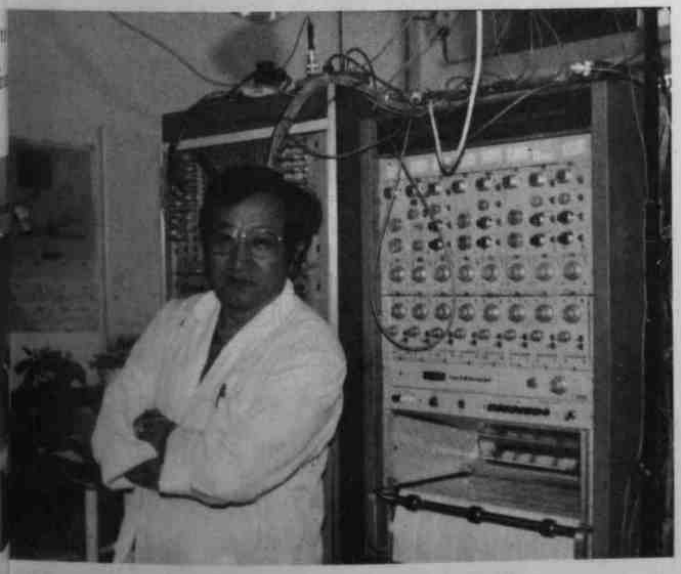
Dr. Loh is interested in badminton, and is a member of the Staff Team. He also likes table-tennis, hiking and bridge, and enjoys Malay food, curry in particular.

Dr. Loh is happily married with his Australian wife. They have a son and a daughter, all enjoying their stay in Hong Kong.

(D.L. / K.T.)

Dr. James C. C. Wang 王紀慶博士

M. B. (Shanghai); M. Sc., Ph.D (H.K.)



Dr. Wang graduated from the Medical Faculty of Aurora University in Shanghai before coming to Hong Kong in 1958. He volunteered his service in a private hospital for three years. Then he took up a challenging job as ship's surgeon on board an ocean-liner for another three years.

In 1964, Dr. Wang joined the Department of Anatomy of our Faculty. Being more interested in the scientific basis of medicine, he moved to the Department of Physiology two years later.

In the beginning, Dr. Wang assisted Prof. Hsieh in his research on "Temperature Regulation and Thermogenesis" basing on the habitual adaption of the Aborigines (natives in Australia) to the harsh natural environment. After obtaining his master degree in physiology in 1967 (with Prof. Hsieh as adviser), Dr. Wang joined Prof. K. K. Cheng in a project concerning "Lung Edema", while giving lectures to medical students at the same time. Later, he was awarded a Ph.D for his work on "Mechanism of Acute Lung Edema".

In the 80's, Dr. Wang went to St. George's Medical School, London University and joined Prof. Widdicombe in a study of "Relationship between Circulation and Secretion on the Nasal Compartment". With combined effort, they implemented a new method in measuring nasal circulation. Their work was presented at the British Physiology Society Meeting.

Other than his interests in scientific researches, Dr. Wang enjoys sports, like swimming and hiking. As a habit, he exercises his racing skills regularly on his moter-bike to and from the Medic Centre.

(J. F. /E. T.)

Miss Y.M. Cheung 張婉明講師

B.Sc. (London), M. Phil. (H.K.)

Miss Cheung obtained her first degree in physiology from University College, University of London, in 1970. In 1974 she was granted a master degree in physiology by our University.

Miss Cheung joined the Department of Physiology in 1970 as a demonstrator. She became an assistant lecturer in 1971, and a lecturer in 1974. Since 1971 she has been lecturing on neurophysiology and excitable tissues to medical, dental and occasionally science students.

Miss Cheung's research is focussed on muscle physiology and neurophysiology, but gradual shift of research vigour has been towards neurophysiology. In fact Miss Cheung has joined the Hong Kong Society of Neuroscience, whose membership includes other fellow Department members sharing a common interest in neural science research. Miss Cheung is especially interested in such topics as the determination of myofibrillar diameter by light diffractometry and the directional response of central vestibular neurones to slow head rotation. Miss Cheung hopes to involve more human subjects in the experiments, thus bridging the gap between scientific research and clinical application.

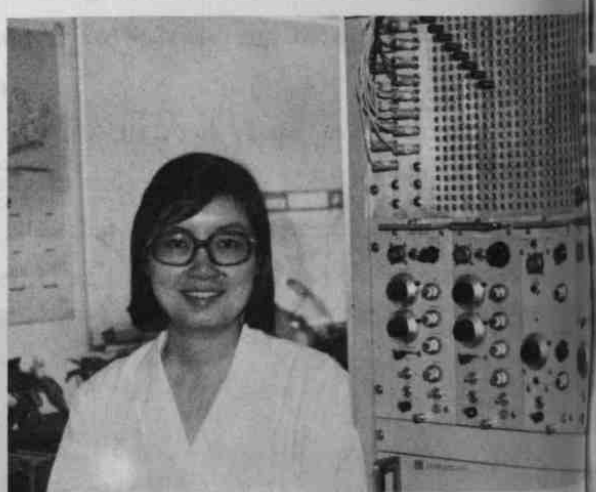
Since her high school days, Miss Cheung has been a 'fanatic' in physiology. She is very dedicated to her work indeed. Whenever she is abroad, she never let pass the chance to browse around for the latest publications of her research interests.

Miss Cheung often encourages students to think and integrate what they have learnt, and to form study groups. Some of her leisure activities include hiking, photography and horticulture. (D.L./L.T.)

Dr. Mary A.K.Y. Lung 龍建音博士

B. Sc., Ph.D. (H.K.)

Dr. Lung received her secondary education at St. Francis Cannossian College, and matriculated from St. Mary's. After finishing her B.Sc. course in our University, she joined the Department of Physiology as a M. Sc. candidate in 1974. After a year, she was transferred to a Ph. D. candidature which she obtained in 1979.



In 1978 she went to the U.S. and spent a year at the University of Colorado Medical Center at Denver where she did research on hypnoxic response. Ever since she returned to Hong Kong, her main research has been respiratory physiology. Dr. Lung is currently working with Dr. James Wang in the investigation of nasal circulation.

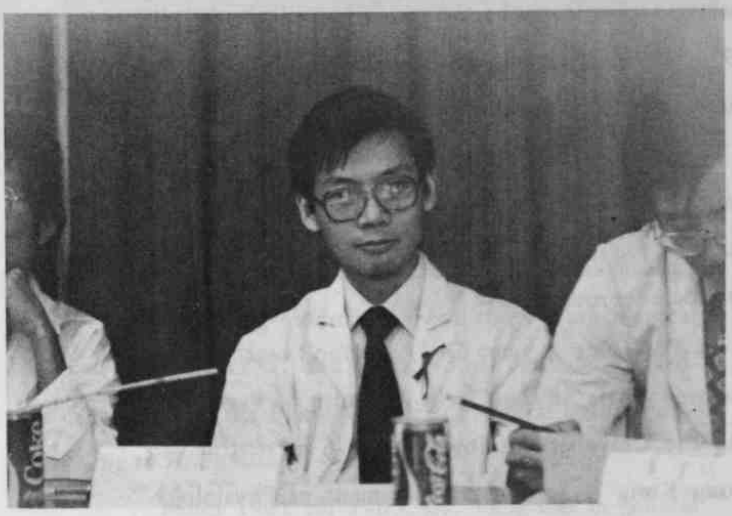
Having taught at our Faculty since 1979, Dr. Lung finds that the students have a tendency to copy down everything the lecturer says, not realising it may only be a few lines of conclusion that really

needs to be remembered. She thinks that it may be helpful to be prepared for the lecture, but with such a packed curriculum, there is really little to be done.

Dr. Lung is a horticulturist in her spare time, and visitors to her office are often delighted by the array of well-grown house plants. **(P.L.)**

Dr. Paul W.F. Poon 潘偉豐博士

B. Sc. (C.U.H.K.); M. Phil. (H.K.); Ph. D. (Indiana)



Dr. Poon received his secondary education at St. Paul's Co-educational College. He obtained his B. Sc. in biology from the Chinese University of Hong Kong in 1972. After graduation, he continued with his study in our Department of Physiology. During his two-year M. Phil. program, he concentrated on electro-physiology of the vestibular system.

He then proceeded to study at the University of Indiana in the U.S., and was awarded Ph. D. in neural science. In 1978 Dr. Poon came back to Hong Kong and was later appointed lecturer in Physiology.

Dr. Poon's research interest is mainly on the auditory system. He adopts various approaches such as electrical recordings from the brain, psychophysical studies and investigation with lesion techniques.

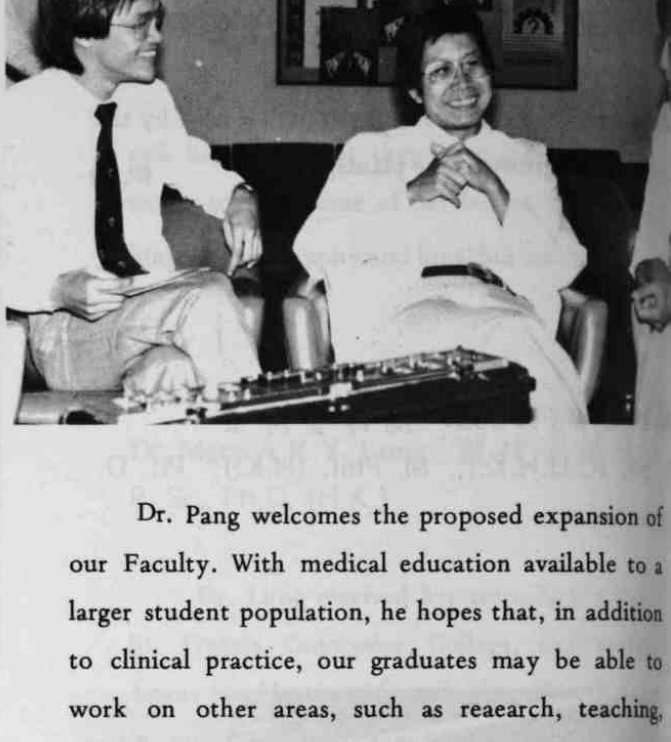
Being a teacher and a research scientist, Dr. Poon had experienced the tendency to overteach, particularly those aspects that interested him. However, he enjoys teaching, in particular to answer questions and to exchange ideas with students.

Although Dr. Poon is no longer a student, he is much concerned with student life. For instance, he was a resident tutor at the Old Halls in 1979–80.

During his free time, Dr. Poon likes to go out with his camera to take pictures. Reading, swimming and evening jogging are some of his favourite pastimes. **(J.C. / P.T.)**

Dr. S. F. Pang 彭樹勳博士

B.Sc. (C. U. H. K.), M.A. (Calif.), Ph.D. (Pittsbrugh)



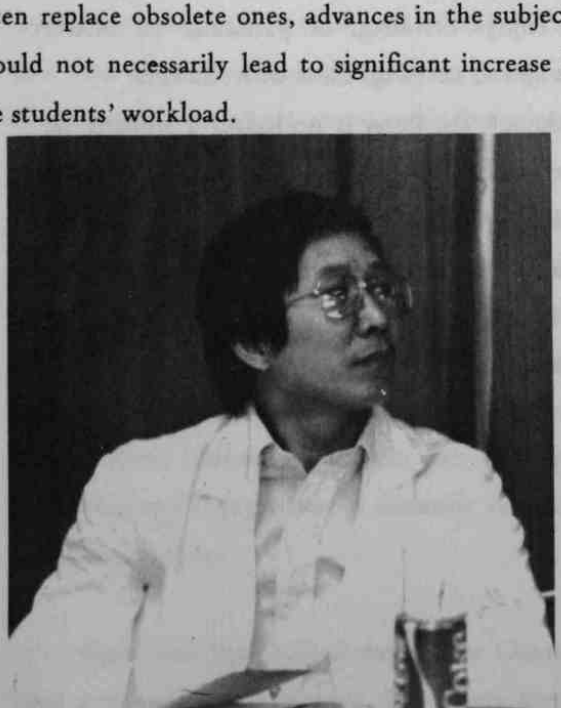
Dr. Pang is an old boy of King's College. After graduating from the Chinese University in 1969, he furthered his studies in the U.S. He obtained his master degree from the California State Univesity. In 1974 he was awarded a Ph.D in animal physiology by the University of Pittsburgh.

Dr. Pang is interested in neurobiology and endocrinology. His current research topics include pineal function, neuro-sexual differentiation, visual system and male reproduction.

For some 2 years Dr. Pang took teaching and research posts at the Clarke Institute of Psychiatry and the University of Iowa. In 1976 he returned to Hong Kong to join our Department of Physiology.

Intellectuals are often quite outspoken, and Dr. Pang is perhaps no exception. He anticipates that the present state of affairs in Hong Kong is not likely to be preserved after 1997. As to his personal feelings towards the issue, he remarks that living standards, after all, may not be as important as human rights and social stability.

Regarding the pre-clinical course, Dr. Pang thinks that new research findings should be exposed to students studying basic medical sciences, but teachers should avoid any unconfirmed data and hypothesis in their instructions. As current theories often replace obsolete ones, advances in the subjects should not necessarily lead to significant increase in the students' workload.



Dr. Pang welcomes the proposed expansion of our Faculty. With medical education available to a larger student population, he hopes that, in addition to clinical practice, our graduates may be able to work on other areas, such as reaearch, teaching, administration, etc.

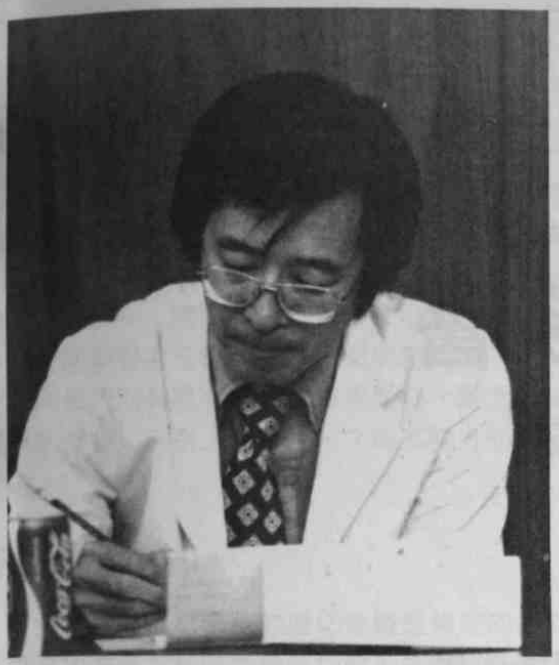
Dr. Pang is an enthusiast in sports, and often spends his leisure in tennis, badminton, swimming and the like. He is happily married with 2 sons.
(C.T. /P. L.)

Dr. T.M. Wong 黃德明博士

B. Sc. (C.U.H.K.); M. Sc., Ph. D. (H.K.)

Dr. Wong graduated from Chung Chi College, the Chinese University of Hong Kong, in 1967 where he obtained his B. Sc. degree. He had taught biology for one year. In 1968 he joined the Department of Zoology in our University, and obtained his Ph.D. in 1974. He continued his postodoctoral studies in the Medical School of the University of Bristol. In 1976 he returned to Hong Kong as a lecturer in the Department of Physiology.

His main field of interest is endocrinology. At present he is working on the phsiological roles of the newly discovered endogenous opioid peptides and the neurohypophysial hormones. His studies are mainly focussed on the cardiovascular, metabolic and



renal functions. During a study-leave in 1980, he worked with Dr. C.H. Li in the Hormone Research Laboratory in the University of California, San Francisco.

With regard to curriculum, Dr. Wong thinks that the information given to medical students may be more than needed. Nonetheless, a basic training of the scientific way of thinking should be emphasised throughout the whole course.

Extra-curricular activities, in his opinion, are quite adequate in quantity in our University. But he wonders whether the participation is also satisfactory or not.

Dr. Wong has a daughter. His chief hobby is tennis, and he is a pretty good player himslf! He had been very active during his University days; in fact he had once been the President of the Students' Union! **(C.W.)**

Dr. Mabel M.P. Yang 楊美博博士

M.B. (Peking), Ph. D. (H.K.)

Dr. Yang graduated from the Peking Medical College in 1957, and spent some years as a paediatrician at the Peking Children Hospital before coming to Hong Kong.

From 1961 till 1965, Dr. Yang was in general practice in a charity clinic. Then she joined the Department of Physiology and worked for her Ph. D, which was awarded to her in 1970.

Being one of the longest serving Department members, Dr. Yang has witnessed many changes in the teaching of Physiology. Among these are the introduction of tutorial groups in the 70's (which she thinks is beneficial to the students) and the reduction in the amount of laboratory work (which Dr. Yang is a bit reluctant to see).

As a physician, Dr. Yang puts much emphasis on clinically oriented research and the teaching of applied physiology. She also hopes that more medical graduates would join the Department as lecturers.

Dr. Yang has a keen interest in traditional Chinese medicine, and she frequently participates in international conferences on this subject. Besides she has been appointed adviser in the traditional medicine, World Health Organization. Her present research is on the mechanisms of acupuncture and treatment of drug addiction by herbal medicine. It is her wish that one day traditional Chinese medicine would be widely accepted as having a scientific basis.

Dr. Yang is a Christian, and she feels that it is good for physicians to have religious faith. She devotes much of her spare time in church activities and religious studies. **(P.L.)**

與君一夕話

生理學系師生座談會

八二年十月二十日　　醫學院會議室

出席講師：

謝嘉樂教授　　彭樹勳博士
黃志昭教授　　潘偉豐博士
黃宜定教授　　黃德明博士
羅達德博士　　楊美博博士
王紀慶博士

同學代表：

馮健華（醫學會主席）
郭家麒（醫學會內務副主席）
吳民豪（學生院務委員）
及三十多位出席的同學

主席：劉天驥　　**司儀：**劉詠欣

要對一個學系作全面的介紹，單憑個別的講
訪問是不足夠的。「杏雨八二」爲此安排了這個
生座談會，與會者不僅可以自由發表意見，對於
進師生關係和加深彼此的瞭解，也有一定的幫助
以下便是大家熱烈討論過的其中幾點。

大學教育與醫科課程

黃志昭教授指出，現時的醫學課程，大抵可
爲三類：

(一)綜合教學法——消弭了學科之間的界限
著重整體的知識，學習過程模倣實際行醫時的情
。

(二)選科式教學——將必修科目減至最少，
生可以憑自己的興趣選讀學科。

(三)以學系爲單位授課——最普遍採用的教
法，由個別學系負責課程的一部份。

三種教學法固然各有千秋，而同學們亦明白
醫學教育的最終目標是要培育一批好醫生，但就
期來說，學生的責任還是要完成醫科課程，因而
授課程的方式會直接影響到學習的效率。

謝嘉樂教授在致開幕辭時，曾經指出一所大
的功用，是在於保存、改進和傳播知識，以謀求
類幸福。可惜誠如黃教授所說，同學的需求，社
環境和經濟條件每每妨礙了我們去實行一套完善
教學方法。

生理學的角色

黃教授認爲生理學是基礎學科之一，能夠爲臨床教學打好根基，因此教授生理時，須與其他學系，尤其臨床學系，充分合作。現時教學主要分三個途徑進行：一、講課；二、實驗／示範；三、導修，希望同學對這三種教學方法都能重視。

同學們則有感臨床前期課程緊迫，缺乏和講師溝通的機會，只在上導修時，才能有雙方面的意見交流。

病理生理學

生理學在醫科課程的適切性雖是肯定的，同學們卻指出在高年級時常會感到難於將臨床前期所學到的應用在病房裏。郭家麒同學於是提議在臨床前教學中加插一些疾病的知識，即病理生理學(Pathophysiology)，一來可以增加學習的興趣，復有助於日後融滙貫通。

但這樣做實行起來卻有不少困難，王紀慶博士指出病理方面有很多新名詞須要學習，而謝教授亦表示多加病理生理學可能對同學造成不必要的壓力。

最後，楊美博博士提醒同學們在上導修和課堂時，亦常有提到生理學的臨床應用，對於加深同學的印象，應有一定的幫助。

× × ×

醫學院裏的師生關係

黃德明博士認爲醫學院內師生關係雖未致空前淡薄，但亦稱不上密切，造成這現象的原因有三：

一、學生太多，講師難以分清每班一百五十多同學的樣子名字。

二、學生忙於功課和活動，老師忙於授課和研究。

三、師生關係是否良好往往視乎學生的不同背景，例如一年級的同學會有點害羞，到了臨床期後，有些會和講師談笑風生，有些則視同陌路！

吳民豪同學則認爲師生關係未臻完善是有幾方面的因素：有些老師不看重師生關係，事實上同學的擁戴與講師的前途並無一定的聯係。不少同學亦抱功利主義，心中只有考試。制度上亦未容許有較多的師生接觸。

其他同學亦嘗試對冷淡的師生關係作出分析，例如因年齡的差別而產生「代溝」，或因「機緣」不合而無法建立感情！

師生盡歡？

怎樣的師生關係才算理想呢？不少同學認爲只在遊戲日或運動會上打成一片是不夠的。講師們可以多讓同學瞭解他們的興趣，所做的研究，也可以盡量把他們豐富的人生經驗傳給同學，或者和學生一起談論大家所關心的事物，諸如九七問題、醫德等。

講師的看法

講師們都希望同學能更主動地與他們接觸。潘偉豐博士指出有些同學仍會怯於會見講師，其實這是不必要的，師生之間大可以朋友相待。與會的各講師也一再強調，同學的到訪是無任歡迎的。

師生之間會否眞有「代溝」呢？黃志昭教授認爲師生間理應沒有隔膜，作爲一個老師，必須瞭解關切學生的思想和需要，才不致與現實脫節。

不過，正如彭樹勳博士指出，同學和講師傾談時，也應顧及講師的興趣，才可說話投契。例如他自己喜歡運動，卻不會欣賞古典音樂。

培養良好師生關係

把師生關係的建立說是「機緣」倒不像「機會」來得貼切。對於培養更好的師生關係，與會者都提出了許多可行的途徑：馮健華同學指出在這方面，醫學會可以扮演一個積極的角色，像今次的座談會，醫學生節，「啓思」、「杏雨」的出版等，都可以爲促進師生溝通奠下基礎。

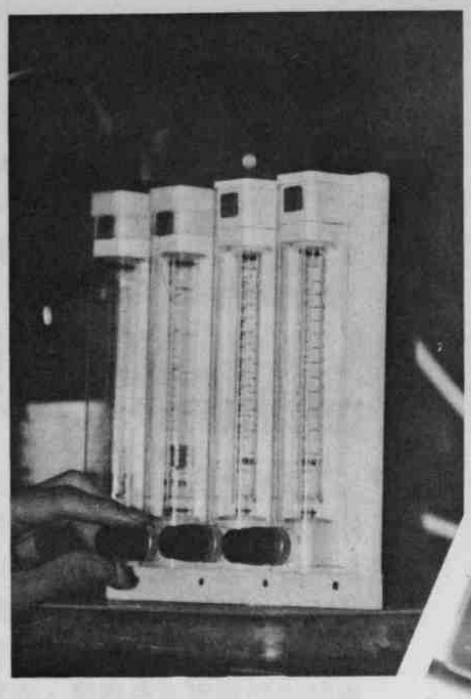
大規模的活動固然可以讓很多老師同學聚首一堂，但難免有時會變成「大堆頭、吃不消」，因此也不能忽略一些小型但接觸密切的場合，像學習顧問(Study Adviser)，或三數師生共進一頓午餐。而班會的活動也可以助一臂之力。

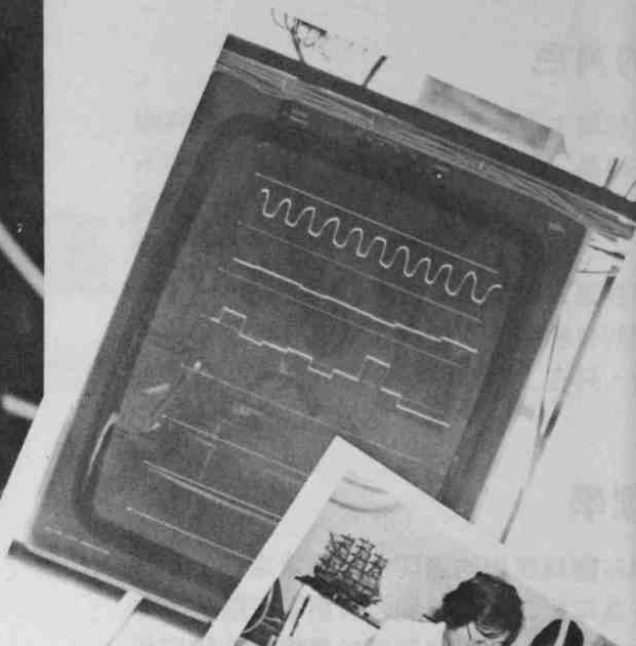
教學相長

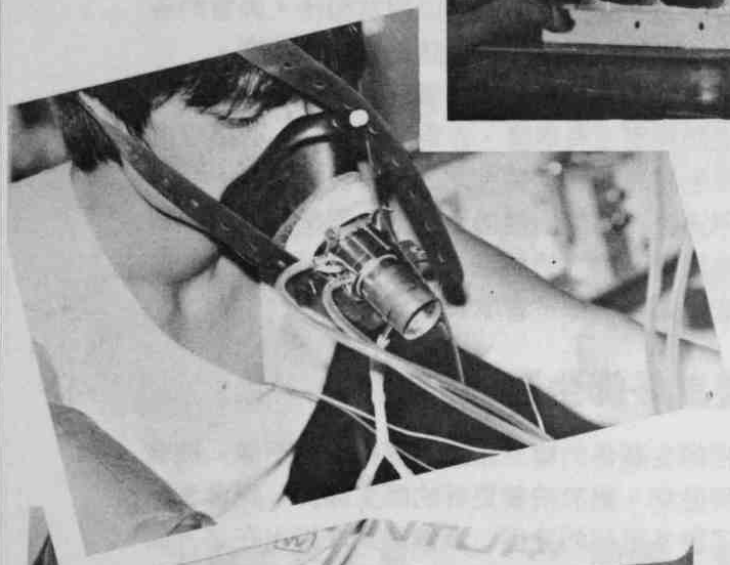
師生關係良好，溝通無間，自然可以樹立融洽的學習氣氛，提高學術傳遞的效率。同學們從與老師的接觸，可以更清楚掌握課程的要求，從而減輕考試的壓力，還可涉獵更多的課外知識，擺脫「塡鴨」的形象。講師們從與學生的交往，可以得到教學的反饋，使授課更易吸收。他們的閱歷和體驗，更可輔助同學解決困難。

師生間衷誠相待，並肩努力，教學相長，必能爲醫科教育迸發光芒，完成大學「保存、改進和傳播知識，以謀求人類幸福」的崇高理想！

紀錄：曹家璧、鍾漢平、李信華
整理：劉天驥







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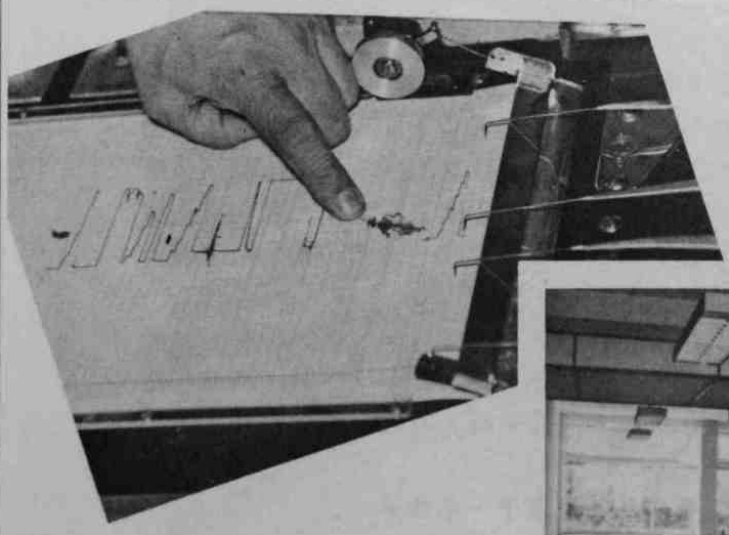

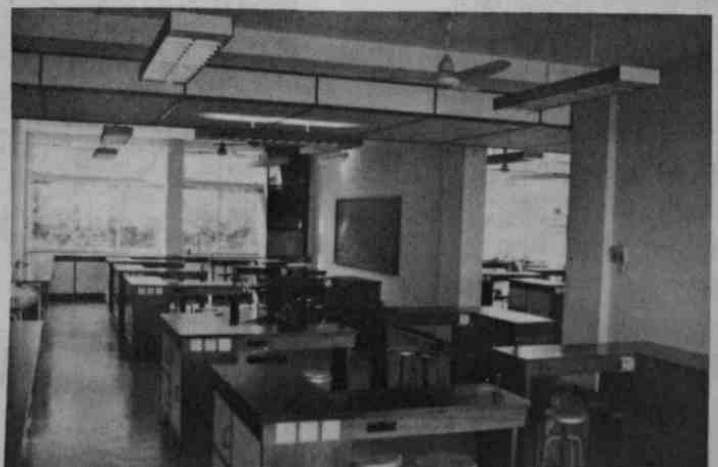

Pigment Migration and Melatonin in the Eyes of Vertebrates

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Introduction

Melatonin (N-acetyl-5-methoxytryptamine) was first isolated and identified from the bovine pineal gland in the late fifties (Lerner et al., 1958; 1959). Shortly afterwards, the melatonin synthesizing enzyme, hydroxy-indole-O-methyltransferase (HIOMT; acetylserotonin methyltransferase; E.C. 2. 1. 1. 4) was found by Axelrod and co-warker (1960; 1961). The biosynthetic pathway of melatonin is as shown in Fig. 1.

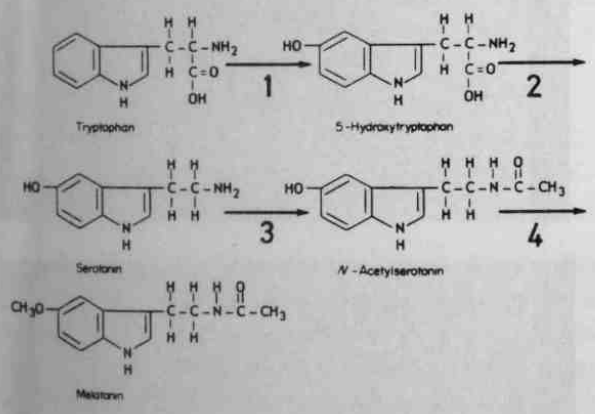

Fig. 1. The biosynthetic pathway of melatonin. The enzymes are : 1) tryptsphane hydroxylase, 2) aromatic amino acid decarboxylase, 3) N-acetyltransferase 4) hydroxy-indole-O-methyl-transferase.

Tryptophane is 5-hydroxylated and then decarboxylated into serotonin, a neurotransmitter. Then, N-acetylation of serotonin by serotonin N-acetyl-transferase (E.C. 2.3.1.5) forms N-acetylserotonin and O-methylation of N-acetylserotonin by HIOMT produces melatonin (Axelrod 1974). As HIOMT was at first found to be exclusively in the pineal gland, melatonin was long considered to be the compound unique to this gland until later studies demonstrated its presence in the retina, brain and other tissues (Pang et al., 1974; 1977; 1981 Bubenik et al., 1974; 1976; Brown et al., 1980; Ralph, 1980).

In the last two decades, enough evidence has been accumulated to indicate that pineal melatonin is a hormone which takes part in the regulation of reproduction and other physiological and behavioral activities in vertebrates (Reither, 1981). The function of melatonin in the extrapineal sites, however, remains to be studied. Recently, melatonin in the retina has been suggested to play a role in the regulation of the photomechanical changes of eye pigmentation, an important element in the control of light sensitivity and visual acuity in vertebrate eyes (Pang and Yew, 1979; Pang et al., 1980). Some of the supporting evidence for the above hypothesis will be presented in this paper.

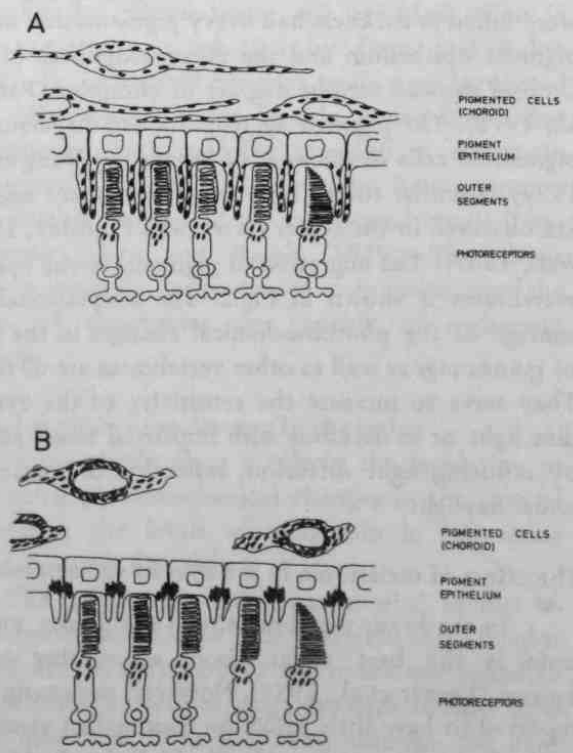

Fig.2. Diagrammatic representation of pigment migration in the A) light-adapted and B) dark-adapted retinas of vertebrates.

Photomechanical changes in the eyes of vertebrates

The eyes of many teleost fishes, amphibians, reptiles, and birds which remain active at all illumination levels have remarkable adaptable mechanisms for the variation of environmental light intensity. Their eyes exhibit translocation of some of the retinal nuclei in bright and dim light or in darkness. Moreover, there are light or darkness initiated changes in the position of retinal pigments as well as the outer segments of rods and cones (Tansley, 1965; Walls, 1967). While the nuclei changes are possibly passive in nature and are of no known significance for vision (Walls, 1967), the lightinduced migration of the outer segment of rods and cones, and retinal pigments are of great adaptational importance in vertebrates (Tansley, 1965; Walls, 1967) Though the phenomenon of retinal photomechanical changes in lower vertebrates have been recorded before the twentieth century, retinal photomechanical changes of pigment distribution in mammals, however, was only reported recently by Pang et al (1978). In this study, pigmented (coloured) guineapig were kept under natural lighting condition. The animals were killed either under illumination at noon or following 3 hrs light-adaptation at night; and either in total darkness at mid-night or following 4 hrs dark adaptation in the daytime. The guineapigs that were killed under illumination had light pigmentation in the pigment epithelium of the retina and elongated chromatophore in the choroid, whereas the guinea pigs that were killed in darkness had heavy pigmentation in the pigment epithelium and the chromatophores of the choroid showed various degrees of clumping (Pang et al., 1978). The pigment aggregation and dispersion in pigmented cells in the eyes of guinea pig (Pang et al., 1977) is similar to the light-induced pigment migration observed in the lower vertebrates (Tansley, 1965; Wall, 1967). The migration of pigments in the eyes of vertebrates is shown in Fig.2. The adaptational advantage of the photomechanical changes in the eyes of guinea pigs as well as other vertebrates are obvious. They serve to increase the sensitivity of the eyes in dim light or in darkness with improved visual acuity by reducing light diffusion, reflection or refraction under daylight.

The effect of melationin in the eyes of vertebrates

In the lower vertebrates such as the frog, melatonin is the best melanophore aggregating agent known (Lerner et al., 1959). However, melatonin was reported to have little effect on mammalian pigmentation in earlier studies (Snell; McGuire & Moller, 1965; Quay, 1974). In 1979, Pang and Yew demonstrated that, intraocular perfusion, intraocular injection or intracarotid perfusion of melaonin aggregated pigmented cells in the retinal pigment eqithelium and choroid of the eyes of guinea pig (Table 1). In the intraocular perfusion studies, melatonin concentration of 10 g/ml was enough to cause retinal pigment aggregation in guinea pigs (Pang and Yew, 1979). The concentration of 10 g/ml is comparable to the concentration needed to aggregate dermal melanophores in frogs (Ralph and Lynch, 1970). The aggregation of pigments in the pigmented cells of the choroid of guinea pigs is shown in Fig. 3 (Ling Wong et al., 1981). Similar pigment aggregation of cells in the choroid and pigment epithelium was observed following melatonin treatment in teleosts (Cheze and Ali, 1976) and frogs (Ling Wong et al., 1981). The above melatonin induced aggregation of pigmented cells in the eyes of verterates may be equivalent to the aggregation of retinal pigmented cells during the change that occurs in the dark period in these animals. It is therefore suggested that melatonin may regulate the photomechanical chages in the retina (Pang and Yew, 1979).

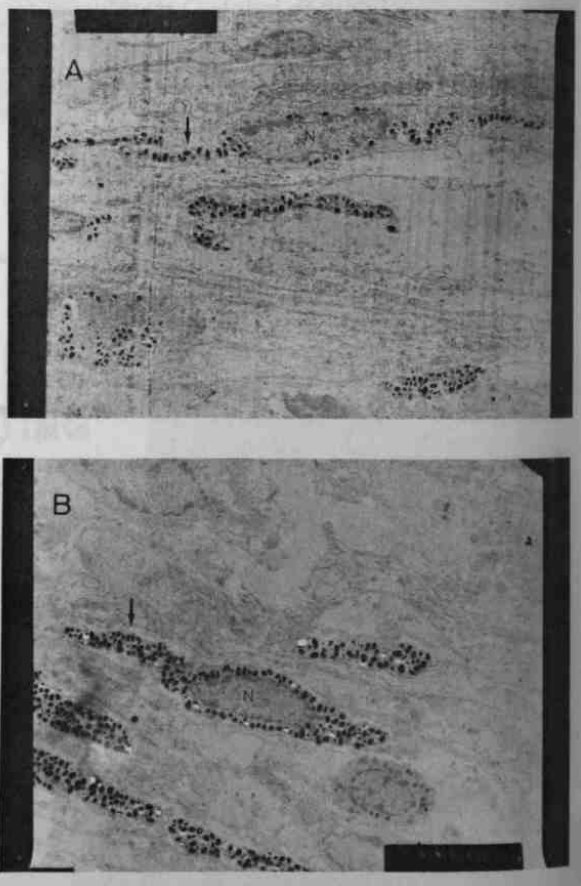

Fig. 3. The effect of melatonin in the eyes of guinea pig A) Control: note the extended and slender processes (↑) and dispersed pigments in the pigmented cells. B) Melatonin-treated: the animals was injected intraperitoneally with 0.1 mg of melatonin solution and killed 40 min afterward. Note the contacted pocesses (↓) and pigment aggregation around the nuclei(N) of the pigmented cell (Ling Wong et al., 1981).

Table I

Effect of melatonin on guinea-pig eye pigmentation (Pang and Yew, 1979)

Treatment		Result
A. Intraocular perfusion Melatonin	1 ng/ml (2)*	Pigment aggregation
	10 ng/ml (2)	Pigment aggregation
	100 ng/ml (2)	Pigment aggregation
	1 ug/ml (3)	Pigment aggregation
B. Intraocular injection Melatonin	100 ng/eye (2)	Pigment aggregation
	1 ug/eye (2)	Pigment aggregation
	10 ug/eye (2)	Pigment aggregation
	100 ug/eye (2)	Pigment aggregation
C. Intracarotid perfusion Melatonin	0.1 mg/animal (3)	Pigment aggregation

* Number of aninals studies in parentheses.

There are, however, a number of criteria to be satisfied before the regulatory role of melatonin on the photomechanical changes in the eys of vertebrates can be established. They are: 1) melatonin is present in the retina; 2) melatonin is synthesized and released by the retina; 3) there is a diurnal rhythm of melatonin; 4) light changes the levels of melatonin in the retina; and 5) light changes the rate of melatonin secretion by the retina.

Melatonin in the retina

The presence of melatonin in the eye was first suggested by the demonstration of the activities of HIOMT, the melatonin synthesizing enzymes in the retina of fishes, amphibians, reptiles, and birds (Quay, 1965; Baker et al., 1965). Using bioassays based on the dermal melanophore response of amphibians, a number of investigators have detected melatonin in the lateral eyes of frogs (Van de Veerdon, 1967; Eichler and Moore, 1970) and chickens (Mull and Ralph, 1972; Pang, unpublished results). The above findings were partially confirmed by the demonstration of retinal melatonin in the rat retina by immunohistochemical (Bubenik et al., 1974; 1976) and radioimmunoassay technique (Pang et al., 1976). Using a specific antiserum against melatonin, Bubenik and co-workers (1976; 1978) localized melatonin immunohistochemically in the photoreceptors of the rat retina. In 1977, we developed a radioimmunoassay for melatonin (Pang et al., 1977). This assay uses a highly specific antimelatonin serum which only crossreacts minimally with 3 other indoles and almost not at all with 23 compounds similar in structure to melatonin (Table II). The sensitivity of the assay was around 10 pg/tube and was later improved to less than 5 pg/tube. With this assay, we were able to measure the level of retinal melatonin in all the animals studied. The above findings together with the facts that acetylserotonin (Pang et al., 1977; 1981), and HIOMT (Quay, 1965; Cardinali et al., 1972), and serotonin N-acetyltransferase (Binkley et al., 1979), the enzymes responsible for the conversion of serotonin to N-acetylserotonin and of N-acetylserotonin to melatonin respectively, are present in the retina, suggest the possibility of de novo synthesis of melatonin in the retina (Pang et al., 1977). A definitive demonstration of de novo synthesis of melatonin by retinal tissue was provided in an in vitro experiment conducted by Gern and Ralph (1979). The retinas of rainbow trout were incubated with 3H-serotonin hydrochloride. It was found that a compound with mobility identical to melatonin was formed by the incubated retinas. Radioimmunoassay further confirmed the compound studied was melatonin (Gern and Ralph, 1979). The above evidence strongly supports the contention that the retinas of vertebrates are capable of melatonin synthesis.

Diurnal rhythm of melatonin in the retina

If melatonin plays a role in the regulation of the diurnal photomechanical changes in the eyes of vertebrates, the levels of melatonin in the retina should also vary diurnally.

The above suggestion was studied in our laboratory. In rats housed under a regime of 12 h light: 12 h darkness, melatonin in the retina was found to be high from midway through the dark to early light period and low from half way through the light period to early period of darkness (Pang et al., 1980). Similar diurnal rhythms of retinal melatonin were found in guinea pigs (Pang et al., 1982), chickens (Hamm & Menaker, 1980), pigeons, quails (Pang et al., 1981; 1983) and frogs (Pang, unpublished results). The melatonin rhythms in vertebrate eyes

Table II

Crossreactivities of compounds similar in structure to Mel in Mel.

Compounds (Source)	% of crossreactivity Mel RIA
Melatonin (Sigma)	100
N-acetylserotonin (Sigma)	1.3
6-hydroxymelatonin (Sigma)	1.0
5-methoxytryptopho (Sigma)	< 0.1
5-hydroxyindole-3-acetic acid (Nutritional Biochemicals)	< 0.1
5-methoxytryptamine (Calbiochem)	< 0.1
5-methoxy-3-indoleacetic acid (Sigma)	< 0.1
5-hydroxytryptamine (Sigma)	< 0.001
7-methyltryptamine (Sigma)	< 0.1
α-methyltryptamine (Aldrich)	< 0.1
N-methyltryptamine (Sigma)	< 0.1
NW-methyltryptamine (Aldrich)	< 0.1
5-methyltryptamine HCl (Sigma)	< 0.1
N-acetyl-L-tryptophan (Sigma)	< 0.1
N-acetyl-acetyl-L-tryptophanamide (Sigma)	< 0.1
N-acetyltryptamine*	0.3
5-hydroxy-NW-methyltryptamine oxalate (Aldrich)	< 0.1
5-methoxy N. N-dimethyltryptamine (Sigma)	< 0.1
N-methyl-serotonin hydrogen oxalate (Regis)	< 0.1
5,6-dihydroxyptamine creatinine sulfate (Sigma)	–
2-methyl indole (Sigma)	< 0.1
3-methyl indole (Sigma)	< 0.1
5-methyl indole (Sigma)	< 0.1
5-methoxyindole (Regis)	< 0.1
Harmane (Sigma)	–
Harmaline. HCl (Sigma)	< 0.1
Harmine, HCl (Sigma)	< 0.1
6-methoxyharmalan (Sigma)	< 0.1
Bufotenine monooxalate, H O (Sigma)	< 0.1

* Synthesized in our laboratories.

Table III

The radioimmunoreactive levels of melatonin in the eyes of vertebrates

Species	Day (light)	Night (dark)	References
Mammals			
rats	low	high	Pang et al., 1980
guinea pigs	low	high	Pang et al., 1980
Birds			
Chickens	low	high	Mull, 1975, Hamm and Menaker, 1980. Pang et al., 1983
pigeons	low	high	Pang et al., 1983
quails	low	high	Pang et al., 1983
Amphibians			
frogs	low	high	Pang, unpublished results
Fishes			
trouts	high	low	Gern et al., 1978

summarized in Table III are compatible with the circadian rhythm of N-acetylserotonin (Pang et al., 1981) and N-acetyltransferase activities which are high in the period of darkness and low in the period of light (Binkley er al., 1979; Hamm & Menaker, 1980). The above results, were different from the high content of melatonin during the period of light of the 'light: dark cycle' found in the rrout retina (Gern er al., 1978). This discrepancy may be explained partly by species difference. However, whether the rhythm of melatonin in the trout retina is indeed different from all other species studied remains to be investigated. Further,the circadian rhythm of HIOMT in the rat retina was reported to have a high activity during the light period and a low activity during the period of darkness (Nagle et al., 1972). These differnces may be due to the fact that HIOMT is not the rate-limiting step in the melatonin synthesis pathway, and thus, does not correlate well with the levels of melatonin. Duiurnal rhythms of melatonin and N-acetyltransferase provide support to the hypothesis that melatonin is a regulator of eye pigmentation under physiological conditions (Pang et al., 1980; 1982).

Effect of environmental lighting on retinal melatonin

The effects of sudden extension of light or dark period on the level of melatonin in the retina of guinea pig were investigated. It was found that light decreased the level of retinal melatonin and dark increased it (Yu et al., 1980; Pang et al., 1982). Our results (Fig. 4) are consistent with the fact that melatonin and N-acetyltransferase, the possible rate-limiting enzyme for melatonin synthesis in the chicken retina, are modified by light and darkness as reported by others (Binkley et al., 1979; Hamm and Menaker, 1980). The above findings suggest that light and/or dark which changes eye pigmentation may also be important controlling factors for the synthesis of melatonin in the retina.

The light and dark effect on the synthesis and release of melatonin in the retina of guinea pigs were also studied in vitro. One group of the retina was incubated under light and another group in dark for 12 hours. It was found that the amount of N-acetylserotonin and melatonin in the incubation media in dark was significantly higher than those collected in light (Table IV). This indicates that the in vitro release of N-acetylserotonin and melatonin is increased by darkness and reduced by light (Yu et al., 1982).

The well correlated studies in the guinea pigs under in vivo as well as in vitro conditions (Yu et al., 1980;Pang et al., 1982) and the studies in birds (Binkley et al., 1979; Hamm and Menaker, 1980) suggest that light decreases and dark increases the synthesis and secretion of melatonin.

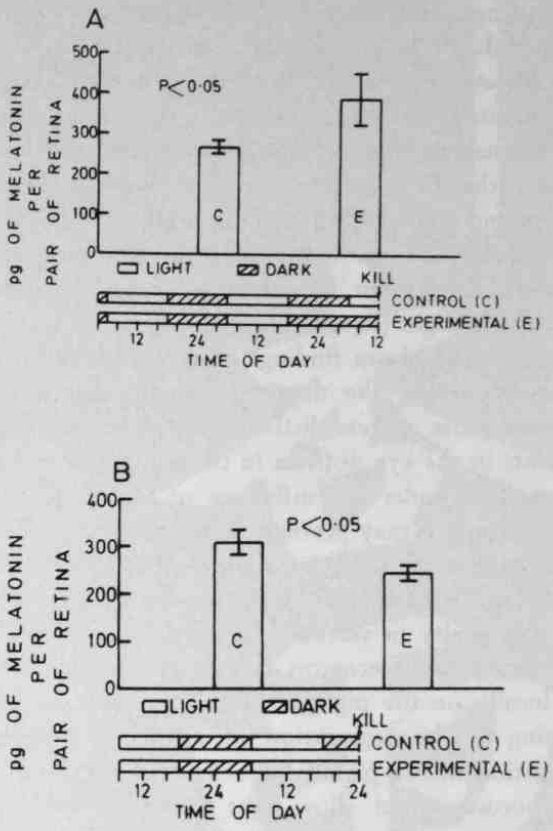

Fig. 4. Effect of A) sudden extension of the dark period and B) the light period on the levels of melatonin in the retina of guinea pig. The experimental protocol is diagrammed at the bottom of each figure. The horizontal bars designate environmental light treatment. The vertical bars in the figure represent the level of retinal melatonin in eight animals and the data are presented as mean ± S.E.M. (Pang et al., 1982).

Table IV

Effect of light and darkness on the *in vitro* release of melatonin by the retina of the guinea pig (Yu et al., 1982)

Group	Picograms of melatonin in the medium per sample after incubation at 37°C (± SEM; n=7)	
	3 h equilibration	12 h incubation
I	276 ± 42 (in light)	256 ± 17 (in light)
II	294 ± 59 (in light)	471 ± 99 (in dark)

Summary and Discussion

Pigment migration is one of the photomechanical changes documented in lower vertebrates (Walls, 1967) and recently in guinea pigs, a mammalian species (Pang et al., 1978). The aggregation of pigments in the retina noted in the dark period is similarly observed in the eyes of teleost (Cheze and Ali,

1976), frogs (Ling Wong, et al., 1981) and guinea pigs (Pang et al., 1979) following treatments of melatonin.

Melatonin, the potent agent in the aggregation of pigments in the eye, is present in the retina. There is a diurnal rhythm of retinal melatonin with high levels in the dark and low levels in the light period (Hamm and Menaker, 1980; Pang et al., 1980;82;83). Furthermore, it was found that the synthesis and release of melatonin is increased by darkness and decreased by light (Pang et al., 1982).

With the above findings, it was suggested that in animals,during the daytime, the hyperpolarized photoreceptors secrete little or no melatonin, and pigments in the eye disperse in the absence of melatonin and/or under the influence of MSH. The dispersed pigments may prevent or minimize the diffusion of light in the visual layer and/or the reflection of light from the choroid. This decreases sensitivity but improves acuity in vertebrate eyes. In darkness, the depolarized photoreceptors secrete melatonin which acts locally on the pigment epithelium and choroid resulting in the aggregation of pigments. Pigment aggregation in the pigmented cells of the retina and the choroid would allow light to diffuse out and sensitize more photoreceptors, or permit light that passed the retina to be reflected back and sensitize the photoreceptors again. This favors sensitivity but decreases acuity in the eye (Fig. 5) (Pang and Yew 1979; Pang et al., 1980; 1982).

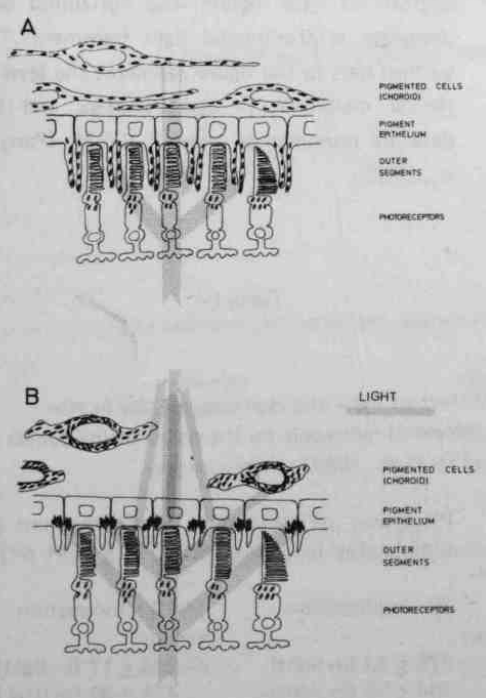

Fig. 5 Diagramatic representation of a beam of light on A) The light-adapted retina (with high acuity and poor sensitivity) and B) The dark-adapted and/or melatonin treated retinal(with poor acuity and high sensitivity) (see the text for further explanation).

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Acknowledgements

I am grateful to Dr. P.H. Chow, Mrs. C.S.F. Pang and Mr. P.L. Tang for critically reading this manuscript, to Mr. M.K. Yip for assistance and to Miss C. Wong for typing the paper.

杏雨

校園生活

LIFE IN MEDIC

特稿

回首多少滄桑

醫科生涯一瞥

資料搜集：李信華
整理：李信華、劉天驥

前言：

五年的醫科生涯，確是一段難忘的日子，其間充滿衝擊、磨練，活像一齣高潮迭起，激盪人心的戲劇。走完這段多變路途的，是醫科八二的同學，他們不僅是面對醫學院新課程的第一班，亦是嚐過學運風潮的末後一群。「杏雨八二」的編委特別走訪了幾位八二的師兄，回顧他們從進入醫學院至畢業的數年所經歷的轉變，編委們憑訪問所得的資料，塑造出一個蛻變中的醫學生，希望可給予讀者一些啓迪和勉勵！

醫科生涯：

五載光陰，說長非長，說短又不短，但這段時間卻是一個人最具理想，但又最容易受到四周事物影響的數年。這是每一個醫學生所須要面對的現實。理想和價值觀的培養，人格的成熟，怎樣選擇自己的路向，怎樣掌握自己的生命，都或多或少取決於這五年的體驗。

讀書：

醫科課程繁重是不爭的事實，曾有人將醫
描繪成被兩條蛇纏着手脚的人，透過一副深度
眼鏡，凝視兩條蛇口中咬着的書本。這個看似
的形象，卻現實地申訴了醫學生所受的束縛。

「五年醫科夢，一把辛酸淚」，回顧這五年
許只有「一言難盡」的感慨！

醫科的確給人很大的磨練，由一年級的剖
驗開始，便不斷遇到可怖的殘缺同類，是否人
得冷酷才能忍受？其他的磨練，如長時間花在
上，數不盡的考試，測驗，不合格，被問書時
以對……意志要變得堅強，才能忍受下去。

醫學院第一、二年級的功課對大部份人來
不太困難，加上同學大多不會將全力放在臨床
科目，所以讀書尚未完全剝奪首兩年的閒暇。

到了三年班，開始上病房，lab gown 變
white coat，一切都變了。白袍裏多了 stetho
opthalmoscope, torch .....來往於病房之間，
炎熱的夏日蒸出了滿身汗水，仍要穿襯衣打領
上病房的滋味固然不好受，但同學無不趨之若
現在總算嘗試到甚麼是做醫生了。同學的心態
了，對讀書開始認眞得多，不少是出於個人的
和對病人的責任感，加上課程漸漸變得實用，
自然大增。

老實說，三、四、五年班地位特殊，可學
不須對病人的治理負責，但時光飛逝，很快便
業試了。畢業試是一次很大的考驗，其中的精
力，戰競的心情，對考試制度的失望……都是
易感覺到的。五年醫科的終點，也是最高潮，
會是每個同學難忘的經驗。

在美好將來的憧憬下，別人的讚譽之中，
着病人的需要鞭策，多少醫學生曾埋首苦讀，
於浩翰的學海裏。得了甚麼，失了甚麼，也許
，數不清。但願每人都感到努力是值得的，同
自己的奮鬥感到驕傲。然而，最後的勝利始終
顯於病人的滿足和健康上。

學生活動：

頭一、二年課餘時間較多，加上同學的「銼書」狂熱方興未艾，所以參加醫學會或班會活動的人尚多。話雖如此，眞正活躍的人；每班都大概只有三數十，以致不少活動都常有場面冷落之感，令部份負責同學心灰意冷。而「搞手」的滿足感，多源自與並肩搞活動的同學間的友誼。到了三年級以後，搞活動的已寥寥可數，大概因爲空閒的時間太少，而且人人都轉向個人理想的實現，如交異性朋友，努力追尋學問等。

在學運方面，我們訪問的其中一位同學，早期曾頗爲活躍，但經過一段時間後，他開始懷疑學運的本質和同學參與學運的動機。他說：「如果學運的目的是改善社會的話，學運便沒有出現過。」固然，他不是以絕對理性的角度這樣說，但是他的一番話卻值得我們深思，他認爲學運的致命傷是學生對社會認識不夠，閱歷太淺，而且有時過份偏激，社會人士的不聞不問，更對學運的效果加了反面的影響。因此他否定了他所目睹的學運的意義，反而希望同學能凡事踏實，認清是非，關心社會，服務大衆，而不一定要事事求改革。

綜合以上所說，客觀環境的限制，個人思想和理想的轉變，都爲醫學生參與活動寫下一個固定的格式——由濃轉淡，由淡至無。這本是形勢使然，也無須怨憤。但對低班同學，卻道出了「珍惜此刻」的重要，藉着低班時的平衡發展，加強對人生，對社會，對人際關係的正確掌握，增進各方面的知識，俾能面對將來的種種挑戰得以應付裕餘。

人際關係：

良好的人際關係對醫學生是很重要的，因爲習醫往往要彼此交流和時常討論。再者，同學間的互助共勉，可以減輕壓力和增強鬥志。但畢竟每人都是「獨立的個體」，要彼此了解和體諒是有一定的困難，尤其是大家有著不同的家庭、學校等背景，或多或少阻礙了眞正友誼的產生。

初入醫學院是互相認識的時候，大家都樂意付出笑容，人人都似易於親近。二年級第一學期的清閒，加促了同學感情的進展，但也從「齊齊玩」變成「小圈子」活動。到了三年級，往昔樂於與同學建立友誼的心態，似已盪然無存。四、五年班時，更可能因利害衝突而引起不愉快的事故，不禁使人戚然，但這似乎是個難於突破的現實。

雖然在高年級時，整體上的人際關係頗爲冷漠，在較小的規模上，卻不難找到莫逆之交。事實上，醫學生所面對的種種挑戰，間接促成了互相幫助，進退與共的患難之交。

結語：

客觀環境永遠祇是一種刺激，至於這刺激所導致的轉變是怎樣，便取決於我們如何看待它。五年的磨練，可以令我們變得貪圖富貴，沉醉逸樂；同樣，也可以令我們有足夠的能耐作爲濟世爲懷，仁心仁術的資本。

前人的經驗，多少可作我們的指南。醫科生涯的歷程，是可以憑自己的意志和努力去改變，使它更多姿采、更愜意。朋友，我們現在就起步吧！

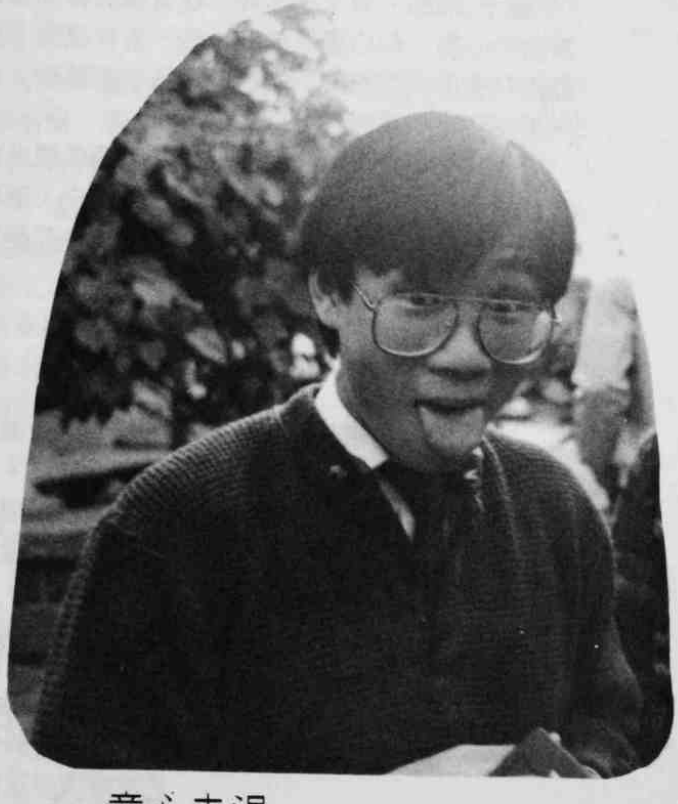
In Time Take Time While
Time Does Last, For Time
is no Time When Time is Past.

編者註：本文觀點並不代表被訪問人士或編委會之意見。

本文蒙張肇昌醫生、郭智深醫生、李國雄醫生及李樹堅醫生提供資料，並由謝韻婷及王志強協助整理，謹此致謝。

SNAPSHOTS

齊心協力



童心未泯

nice partners

What makes our Dean so fascinated?

痛苦・沮喪

LASHDANCE

What a photographer!

總之要過！

This is Medic Life: Study, study, study, ...

女中豪傑

VALEDICTORY

Professor Tan Sri Guan-Bee ONG

王源美教授

P.S.M., O.B.E., M.D. (Shanghai), M.B.,B.S.,
D.Sc., Hon.D.Sc. (Hong Kong), F.R.C.S. (England) (Edinburgh), F.R.A.C.S.,
F.R.S. (Edinburgh), Hon.F.P.C.S., Hon.F.A.C.S., Hon.F.C.S.(S.A.),
Hon.F.R.C.P.S. (Glasgow), Hon.F.R.C.S. (Canada). J.P.

It is beyond doubt that Prof. Ong is a world celebrity in the field of surgery. There is hardly a medical student here who has not heard of him. The impression he gives to us is that of a strict disciplinarian, an uncompromising, highly competent and skilful surgeon.

True, Prof. Ong is a man of action and of high principles, a 'one-hundred percent' professional. He is extremely industrious and tough. When he was a house surgeon, he worked from eight in the morning till eight in the evening. This is not so much an ordeal, a contemporary M.O. might say. But the then young G.B. was demanding little while working with unswerving dedication and humanity.

During a survey of the Department of Surgery in 1976, Prof. Ong remarked to *Elixir* editors: "In life, we start from the bottom. It is only when one is swimming that one must not start from the bottom, but from the top." The determination, self-discipline and diligence of our great teacher is indeed what every aspirant medical student should try to model on.

Prof. Ong is also the type of person whom one can confidently expects never to go back on his own words. In his application for the Chair of Surgery in 1964, he wrote that, if appointed, he would take every opportunity of developing a Department of Surgery that would be active in both surgical resea and experimental surgery. Eighteen years had elap upon his retirement on June 30, 1982. It is plain all that Prof. Ong has more than fulfilled his prom Surgery has evolved from a sheer empirical act t scientific, respectable partner of medicine. Surg procedures, based on sound physiological princi and Prof. Ong's excellent skill, have been develo to benefit countless patients in Hong Kong and e where. Unquestionably Prof. Ong is a man an surgeon in whom the University can justly t pride!

Those who have come to know Prof. Ong w always find that beneath his stern outlook lie soft-hearted man who sympathises acutely with misfortune of others. Reckoned as one of the great surgeons in the world, Prof. Ong is no l impressive as a lively personality than as a t surgeon. He never fails to entertain friends with sense of humour, at social functions as well as surgi meetings.

In bidding him farewell, *Elixir* would like wish Prof. Ong all the best in his probably very act retirement!

(D.L. / P.L.)

Editors' Note: This passage has been prepared with information from ELIXIR' 76 and UNIVERSITY OF HONG KONG GAZETTE Vol. XXX No. 2.

UNIVERSITY OF HONG KONG

GAZETTE

FACULTY OF MEDICINE

Appointments

John Wong, B.Sc.(Med.), M.B.,B.S., Ph.D. (Sydney), F.R.A.C.S., F.R.C.S. (Edinburgh), F.A.C.S., Professor in Surgery, appointed to the Chair of Surgery from July 1, 1982.

Lau Kai Chiu, M.B.,B.S. (Hong Kong), D.C.H. (London), M.R.C.P. (United Kingdom), appointed Senior Lecturer in Paediatrics from July 1, 1982.

Fu Kin Hang, M.B.,B.S. (Hong Kong), appointed Clinical Pathologist in Pathology from July 1, 1982.

Erik Kvan, Cand.theol. (Copenhagen), Honorary Senior Lecturer in Psychology and Master of Robert Black College, appointed Temporary Lecturer in Community Medicine from July 1 to December 31, 1982.

Mary Yuen Yun Ping, M.B.,B.S. (Hong Kong), appointed Clinical Pathologist in Pathology from July 1, 1982.

Lee Wai Him, B.Soc.Sc. (Hong Kong), Executive Officer II in the Registry, appointed Administrative Assistant in Pathology from July 1, 1982.

Patrick Wong Yee Ding, B.Sc. (London), M.A., Ph.D. (Cantab.), C.Chem., F.R.S.C., F.R.S.H., Senior Lecturer, appointed Reader in Physiology from October 1, 1982.

Au Kwok Shing, M.Sc., Ph.D. (Hong Kong), Lecturer, appointed Senior Lecturer in Biochemistry from October 1, 1982.

Louise Fong Yuk Ying, M.Sc., Ph.D. (Hong Kong), Lecturer, appointed Senior Lecturer in Biochemistry from October 1, 1982.

Kirpal Singh Mann, M.B.,B.S. (Panjab), M.S. (Chandigarh), F.R.C.S. (Edinburgh), F.I.C.S., Lecturer, appointed Senior Lecturer in Surgery from September 1, 1982.

So Shun Yang, M.B.,B.S. (Hong Kong), M.R.C.P. (United Kingdom), Lecturer, appointed Senior Lecturer in Medicine from October 1, 1982.

Andrew Choi Chung Ho, M.B.,B.S. (Hong Kong), appointed Clinical Pathologist in Pathology from October 1, 1982.

Robert John Collins, M.B.,B.S. (New South Wales). F.R.C.Path. (Australia), Clinical Pathologist, appointed Lecturer in Pathology from October 1, 1982.

Tai Yau Ting, M.B.,B.S. (Hong Kong), appointed Lecturer in Medicine from October 1, 1982.

Tang Siu Cheung, M.B.,B.S. (Hong Kong), F.R.C.S. (Edinburgh) (Glasgow), appointed Lecturer in Orthopaedic Surgery from December 7, 1982.

Lam Kam Hing, M.B.,B.S., M.S. (Hong Kong), F.R.C.S. (Edinburgh), F.A.C.S., Senior Lecturer, appointed to a structural Chair in the Department of Surgery from November 1, 1982.

Clive William Ogle, M.B.,B.S. (Malaya), Ph.D. (Western Australia), Reader, appointed Professor of Pharmacology from December 1, 1982.

Vivian Chan Nap Yee, B.Sc., M.Sc., Ph.D. (London), D.I.C., Senior Lecturer, appointed Reader in Medicine from December 1, 1982.

Huang Chen Ya, M.B.E., B.Sc. (Sydney), M.B.,B.S. (Hong Kong), M.Med. (Singapore), F.R.A.C.P., Senior Lecturer, appointed Reader in Medicine from January 1, 1983.

Stephen Lim Thuan Kiang, M.B.,B.S., M.S. (Hong Kong), F.R.C.S. (Edinburgh), F.A.C.S., Senior Lecturer, appointed Reader in Surgery from March 1, 1983.

Christina Wang Chung Lun, M.B.,B.S., M.D. (Hong Kong), F.R.A.C.P., Senior Lecturer, appointed Reader in Medicine from December 1, 1982.

Chan Man Kam, M.B.,B.S., M.D. (Hong Kong), M.R.C.P. (United Kingdom), appointed Senior Lecturer in Medicine from January 2, 1983.

Ulf Carl Goesta Engzell, Med.Lic. (Karolinska Institute), Specialist E.N.T., M.D. (Karolinska Hospital), appointed Senior Lecturer in Surgery from January 7, 1983.

David Fang, M.B.,B.S. (Hong Kong), M.Ch. (Orth.) (Liverpool), F.R.C.S. (Edinburgh), Lecturer, appointed Senior Lecturer in Orthopaedic Surgery from December 1, 1982.

Appointments

Ho Pak Chung, M.B.,B.S. (Hong Kong), M.R.C.O.G., Lecturer, appointed Senior Lecturer in the Department of Obstetrics and Gynaecology from December 1, 1982.

Michael Chan Ying Pui, B.Sc. (Toronto), M.Sc. (York), Ph.D. (Toronto), appointed Senior Hospital Biochemist in the Clinical Biochemistry Unit from February 15, 1983.

Michael Harold Depledge, B.Sc., Ph.D. (London), appointed Lecturer in Physiology from March 7, 1983.

Anne Fang Hang Sang, M.B.,B.S. (Hong Kong), appointed Lecturer in the Department of Obstetrics and Gynaecology from January 1, 1983.

Richard Fielding, B.A. (London), B.P.S.Dip. Clin.Psych. (Manchester), appointed Lecturer in Community Medicine from December 29, 1982.

David Anthony Higgins, B.V.Sc. (Liverpool), Ph.D. (Cornell), M.R.C.V.S., appointed Lecturer in Pathology from January 1, 1983.

Julian Wee Teow Keong, M.B.,B.S. (Singapore), F.R.C.S. (Edinburgh) (Glasgow), appointed Lecturer in Surgery from February 18, 1983.

Resignation

Dr. J. Koo, Lecturer in Surgery, from Augu 31, 1982.

Dr. J.S.H. Pang, Lecturer in Pathology, fro September 19, 1982.

Dr. P.H.C. Wong, Lecturer in Medicine, fro December 31, 1982.

Dr. A.E. Stroebel, Clinical Bacteriologist Microbiology, from March 31, 1983.

Undergraduate student members of the Boa

The following have been elected members the Board of the Faculty of Medicine fro February 1, 1983, until the date of the a nouncement of the result of the next electio

Chan Kwok Keung
Tam Kam Wa
Tung Man Chung

Prizes

The following prizes have been awarded:

Alumni Association in Malaysia and Singapor Jubilee Prize: Au Yiu Kai

Hong Kong University Alumni Prize: Liu Hin Wing

Degree Congregations Saturday, 20th November, 1982

Two Congregations were held on Saturday, November 20, 1982, at the Queen Elizabeth Stadium. The following degrees were conferred by the Chancellor, His Excellency Sir Edward Youde, K.C.M.G., M.B.E., at the One Hundred and Sixteenth Congregation held at 10.30 a.m., and by the Pro-Chancellor, the Hon. Sir Albert Rodrigues, C.B.E., E.D., Chev.Leg.d'Hon., Kt.G.C.(St.Syl.), O.Ord.Christ, J.P., at the One Hundred and Seventeenth Congregation held at 3.00 p.m.

Degree of Doctor of Medicine

* Dr. Chan Man Kam 陳文岩
* Dr. Lee Sum Ping 李心平
Dr. Donald Yu Yu Chiu 余宇超

Degree of Master of Medical Sciences

* Dr. Amanullah
Edward Choi Kam Keung 蔡錦強

Degrees of Bachelor of Medicine and Bachelor of Surgery

1981

Au Yeung Hok Chiu 歐陽學超
Chow Ka Wah 周家華
Ko Chi Wah 高志華
Lai King Kwong 黎景光
Lau Hin Hing 劉憲慶
* (Miss) Lee Siu Yuen 李小苑

Lee Wai Yu 李惠儒
Li Siu Man 李少敏
(Miss) Emily Liu Sau Ping 廖秀屏
Loong Tak Wan 龍得雲
Ng Chi Ming 吳志明
Ng Yin Kwok 吳賢國
Siu Wang Chin 蕭宏展
Tommy Richard Tong Sun Wing 唐舜榮
(Miss) Nancy Tung Sau Ying 董秀英
Wong Wai Kwong 黃偉光
Wong Wai Ping 王偉平
Albert Yu Chi Wah 余枝華

1982

Au Kam Wah 區錦華
Chan Chuen 陳全
Chan Chung Mau 陳仲謀 (Distinction in Microbiology)
Gabriel Chan Fai Pond 陳飛鵬
Chan Hok Sum 陳學深
Raymond Chan Hon Wah 陳漢鏵
Patrick Chan Hung Wai 陳鴻偉
Chan Joe Soon 陳祖舜
Chan Kim Chung 陳健忠
Chan Kwan Hon 陳君漢 (Distinction in Anatomy)
(Miss) May Chan Kwok Mei 陳國美
Chan Kwong Ming 陳廣明
Chan Tak Shing 陳德勝
Chan Yat Chor 陳日初
Walter Chan Yu Leung 陳宇亮
(Miss) Chan Yuen Fai 陳婉輝
Adolphus Chau Kai Tung 周啓東 (Distinction in Physiology)
(Miss) Jennie Cheng 鄭珍妮
(Miss) Cheuk Mun Sze 卓敏思
Cheung Kam Lau 張錦流
Peter Cheung 張必達
Cheung Wai Cheung 張偉祥
(Miss) Florence Cheung Yau Ling 張幼翎
Cheung Ying Kei 張英岐
Eric Chien Ping 錢平
Chiu Kin Wah 趙健華
Leo Chiu Pak Wang 趙伯宏
(Miss) Amy Cho Mun Wai 曹敏慧
Edmund Chow Ip Wang 鄒業宏
Chow Shu Lap 周樹立
Choy Hok Kan 蔡學勤 (Distinctions in Pathology and Pharmacology)
Chu Kwok Wah 朱國華
Chu Man Kai 朱文楷
Edward Chung Cheong Hing 鍾祥興
Chung Hau Tim 鍾厚添 (Distinction in Pharmacology)
(Miss) Rose Chung Lai San 鍾麗珊
Manson Fok 霍文遜
Fong Ping Ching 方平正 (Distinction in Pathology)
Hau Kong Lung 侯港龍
Ho Yiu Key 何耀基
Ho Yu Cheung 何汝祥
Ip Fu Keung 葉富強
(Miss) Ip Lai Sim 葉麗嬋
Wilson Ip Wai Cheung 葉偉祥
Ip Wing Kin 葉榮根
Iu Po Ping 姚寶平
Winston Jong Khi Min 楊啓明
* Joseph Kam Kai Man 甘啓文
Andrew Ko Kwai Sang 高貴生
(Miss) Emily Kun Wai Lin 靳惠蓮
(Miss) Annie Kung Wai Chee 龔慧慈 (Distinctions in Anatomy, Medicine and Paediatrics)
Kwan Ting Lok 關鼎樂
Kwok Chi Sum 郭智深
Kwok Tin Fook 郭天福
Osmond Kwok Tze Leung 郭子樑 (Distinction in Paediatrics)
Patrick Kwong Po Keung 鄺保強
(Miss) Cindy Lai Kit Lim 黎潔濂
(Miss) Irene Lam Bo 林葆
Lam Chuen Shun 林傳信
David Lam Diu Wick 林刁域
Lam Hing 林慶
(Miss) Linda Lam 藍連德
Marcus Lam 林明嘉
Lam Wai Kuen 林偉權
Lam Wai Ming 林偉明
Lau Cheung Hung 劉章鴻
Lau Chor Chiu 劉楚釗
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Lau Wai Hung 劉衛虹
Peter Lau Wing Kee 劉永基
Law Tin Chu 羅天柱
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Lee Shui Shan 李瑞山
Victor Lee Yiu Kow 李耀球
Leung Chi Wai 梁志偉
Leung Chi Wang 梁智宏
Alfred Leung Chung Yeng 梁中盈
Raymond Leung Kwong Wah 梁廣華
Leung Sing Fai 梁承暉
Li Kwok Hung 李國雄
Li Shu Keung 李樹強
Li Shu Kin 李樹堅
Li Yun Hoi 李鄆海
Liu Hing Wing 廖慶榮 (Distinction in Surgery)
Liu Shao Haei 劉少懷
Lo Chi Wing 盧志榮
* Lo Tsun Yan 盧俊恩
Tony Ma Kwok Fai 馬國輝
Gilbert Mak Chun Sing 麥振聲
Gary Mak Yiu Kwong 麥耀光
Eric Mo Chun Hung 毛震雄
George Ng Kin Wah 伍建華
Ng Ping Wing 吳炳榮 (Distinctions in Anatomy and Pathology)
(Miss) Angelina Ng Pui Siu 吳佩珊
Ng Wing Keung 伍永強 (Distinction in Paediatrics)
John Ngan Hin Kay 顏獻基

* *in absentia*

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Thomas Orr Wah Keung 柯華強
Sham Cheuk Lun 岑卓倫
Francis Siu Pui Sing 蕭沛成
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* Sum Kai Hoi 沈繼凱
Tam Cheuk Yin 譚卓賢
Tan Cheong Eng 陳章榮
Tang Wai Nang 鄧偉能 (Distinction in Physiology)
Tang Yuen Wai 鄧遠懷
(Miss) Tiu Sau Cheung 張秀祥
Tong Fu Man 唐富民
Denny Tong Shek King 唐石經
Thomas Tsang Tat Ming 曾達明
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(Miss) Tse Wing Yee 謝詠儀
Tsui Hing Sum 崔慶森
Wan Yiu Ming 溫耀明
Wong Chan Wah 王贊華
Wong Kwok Hung 黃國雄
Patrick Wong Kwok Leung 王國良
William Wong 王偉廉
(Miss) Monica Wong Man Ha 王曼霞
(Miss) Maria Wong Pik 王 碧 (Distinctio
Community Medicine and Obstetric
Gynaecology)
Wong Sau Yan 黃守仁 (Distinctions in Path
and Obstetrics & Gynaecology)
Wong Yan Biu 黃仁彪
Wong Yau Tak 王友德
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Yau Kwong Kun 邱廣根
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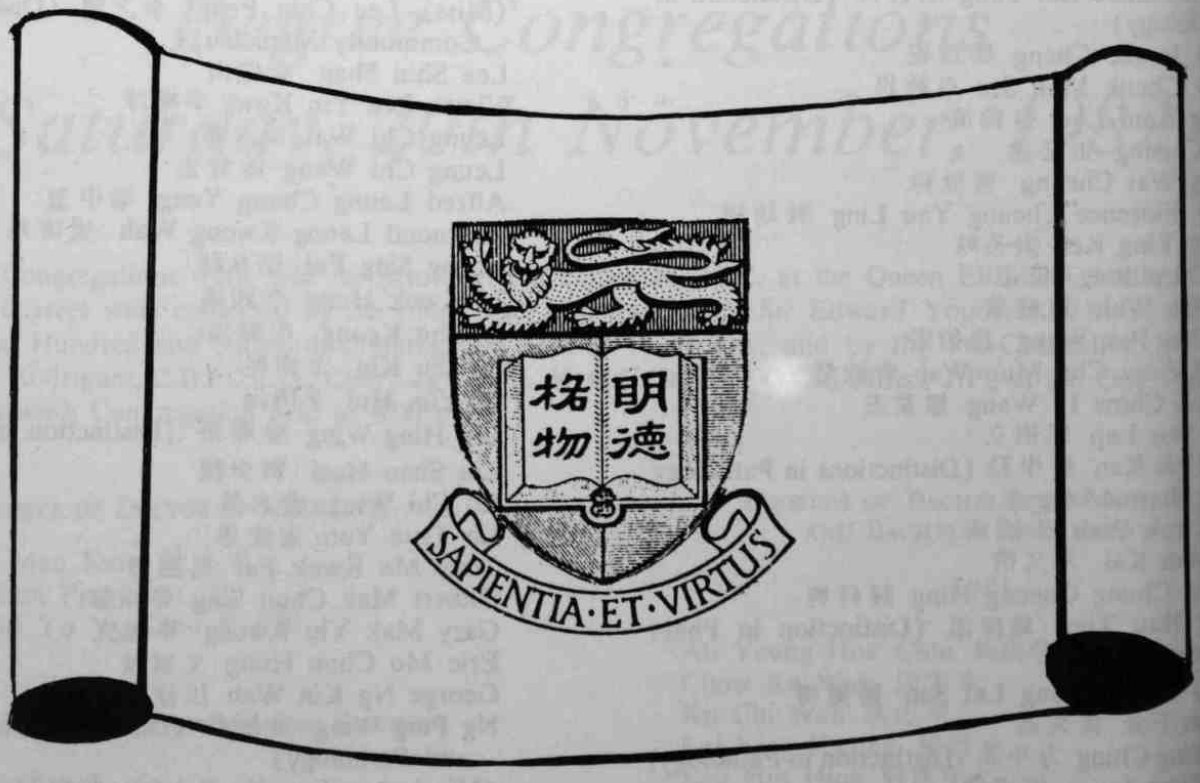
Paul Yu Chi Chak 喻志澤
Francis Yu Wai Kun 俞慧根
Yu Wai Yin 余惠賢
Yuen Wai Key 袁維基
Gilbert Yung Sai Wah 容世華
Yung Yan Kai 容仁佳



杏雨

同學來稿

CONTRIBUTIONS

Traditional Chinese Medicine in Hong Kong

Several surveys have been carried out in Hong Kong, in the last decade or so, to investigate the attitude of the general public towards traditional Chinese medicine (1). The results indicate that traditional Chinese medicine is resorted to by many Chinese people (over half) either for treating diseases or for 'strengthening their constitution'. The Government's attitude, on the other hand, is passive, choosing a policy of so-called 'minimum interference'. As a result, there is a lack of uniform control over Chinese medical practice.

HOW THE CHINESE PEOPLE IN HONG KONG PERCEIVE TRADITIONAL CHINESE MEDICINE

1) *Kwun Tong Life Quality Survey* (1)
This was carried out in the summer of 1971. A proportionate stratified (according to housing types and subdistricts) random sample of 1065 household heads in the Kwun Tong district was interviewed. It was found that 63.5% of the respondents had been treated by a Chinese-style practitioner in the past. It was noted too that most respondents (66.4%) had consulted both "Chinese-style" and "Western-style" practitioners.

2) *Kwun Tong Health Attitudes and Behaviour Survey* (2)
This survery was based on a random sample of 702 household heads in Kwun Tong in 1972. It was found that nearly half (41.5%) of the respondents had consulted both "Chinese-style" families to keep certain medicines at home for self-medication. The survery indicated that three-fourths of the respondents had medicinal liquor (跌 打 酒) for treating sprains etc. for topical application; about two-thirds kept some kinds of Chinese oils or ointments for relieving hcadache, dizziness, vomiting or skin diseases also by topical application or as inhalant. When asked whether they had confidence in Chinese medical traditions, over one-third of the respondents were either more confident or equally confident in the Chinese medical tradition, and nearly one-third were either more confident or equally confident in practitioners of traditional Chinese medicine in Hong Kong.

3) *The Hong Kong wide Utilitarianistic Familism Survey* (3)
Lau undertook this survey in urban Hong Kong in early 1977. A proportionate stratified (according to housing types and districts) random sample of 550 Chinese adults between the age of 20 to 59 was selected for the study. It was found that among those who had consulted a medical practitioner in the past three years, 52.8% of the respondents had visited both medical practitioners that practise traditional Chinese medicine and those that practise 'Western' medicine. In addition, 63.5% of all the respondents had used Chinese medicines to cure diseases while 55.3% had used Chinese medicines for tonic care in the past three years. The use of practitioners of traditional Chinese medicine was not significantly associated with sex, age, education, or income status of the respondents. In this survey, it was also noted that 41.4% of the respondents were either more or equally confident in practitioners of traditional Chinese medicine.

4) *Chinese University Faculty Health Survey* (1)
A proportionate stratified (according to departments and ranks) random sample of 109 fulltime staff at the Chinese University of Hong Kong were investigated in early 1979, by means of a self-administered questionnaire. It was found that 42% of the respondents often used Chinese-style methods to improve health; 10% consulted practitioners of traditional Chinese medicine more, or as, often as practitioners of 'Western' medicine; 13% had more Chinese than Western medicine at home while 52% kept as many of both.

Conclusion

The findings of the above surveys consistently demonstrate that a great number of the Chinese people in Hong Kong have resorted to traditional Chinese medicine and/or use the local-empirical tradition of Chinese medicine by self administration. In addition, the surveys indicate, consistently that although Hong Kong Chinese people are more confident in Western than traditional Chinese medicine, it does not mean that they have no faith in the latter. In fact, many of them are equally confident in traditional Chinese medicine than in Hong Kong's practitioners of traditional Chinese medicine.

* * * * * * * * * * * * * * * * *

Western medicine has been the pre-eminent type of medical care in Hong Kong for many years. The reason for this is simply that it is supported by the Government and the universities. With traditional Chinese medicine, the Government has chosen a policy of minimum interference. Disciplinary actions and professional examinations are not required by law for anyone who wishes to practise Chinese medicine or run a Chinese medicinal shop. The Government is largely tolerant of traditional Chinese medicine apart from a small number of control measures imposes. For example, it is prohibited by law for anyone practising Chinese medicine to use any name, title, addition or description which may induce the belief that he is qualified to practise as a 'registered medical practitioner'. The prescription and sale of Chinese herbs is not restricted but if such medicine is found to contain any poisons, dangerous drugs or antibiotics, the proprietor will be prosecuted. Since control over Chinese medicine is minimal, it opens the way for widespread malpractice and misuse. Despite such circumstances, many Chinese people still resort to Chinese medical practitioners and Chinese herbal medicine. In view of this, perhaps the Government should begin to question its policy of minimum interference and should think seriously about introducing licensing and control similar to that which applies to 'Western' medical practice. Surely the public of Hong Kong is worthy of protection from any possible form of medical malpractice.

On the other hand, it is disappointing to us as medical students to discover that far from being a recognised centre of scientific research into traditional Chinese medicine, Hong Kong plays only a limited role in this field. This is in spite of the fact that its population is 99% Chinese and it is in a technologically advanced position with tertiary institutions recognised worldwide. Surely, Hong Kong is an extremely appropriate place for research on traditional Chinese medicine to be carried out.

People in Hong Kong tend to perceive that Western medicine works faster and more effectively than traditional Chinese medicine. The latter, however, is thought to be better in 'building up the constitution' (i.e. as tonics etc.) and to be less likely to produce side-effects. Because of their differential evaluations of their perceived attributes, people tend to consider it rational to accept both Chinese and Western remedies. To them, the two traditions perform complementary functions in the realm of health and illness. As stated in the December 1979 edition of the Magazine of the World Health Organisation (4):

"Since traditional and 'Western' medicine have the same objectives - to cure and relieve the human body, they should not compete but rather complement each other."

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3. Lau, Siu-Kai, 1977: Utilitarianistic Familism: An Inquiry into the Basis of Political Stability in Hong Kong. Unpublished research report of the Social Research Centre, The Chinese University of Hong Kong.
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冬夜

倫

天空變得越來越黑，而且不斷地刮着狂風，雪花肆無忌憚地在空中狂舞，無情地打在人的身上，寒氣冷得令人徹骨，就像死神正用它底冰冷的手，來捉摸人底頭頸似的。

聖誕前夕的校園寂靜得仿似死城一樣，祇有凜烈的寒風豪無休止地呼嘯着，夾雜着樹枝折斷的聲音，所有人都回家歡渡聖誕去了，就祇剩下子俊一個人獨自在校園內徘徊，他架着一副黑框的眼鏡、眼內滿佈着紅絲，頭髮已被狂風吹得凌亂不堪，一根根的鬍子就像嫩芽一般從面上衝了出來，他雙手插進身上那件深啡色的雪樓的袋裏，迎着風雪，蹣跚地朝着校門走去。

他走到了校門前，回頭望着那塊巨型的奠基石，上面刻着：

「加州大學、柏克萊、美國」

他喃喃地唸了一遍石上的字，又再向校園裏望了一望，便頭也不回地走了。

子俊在四年前從香港到柏克萊大學修讀土木工程系，他家境並不怎麼富裕，這幾年來的生活，就全靠香港的家人努力工作來供養，他不斷埋首苦讀，祇希望能盡快畢業及找到工作，以便能在美國居留，然後再申請家人到美國定居。但現在他畢業已有個多月了，卻仍未能找到工作，二天前更接到移民部的通知，限令他於畢業後的三個月內離境，他不敢寫信告知家人，因爲他知道全家人的希望就寄托在他的身上，更不敢想像家人知道眞相後會如何的失望，爲此他足足兩天沒有好好睡過，每晚都夢見惡魔的手已將他牢牢捉住，令他透不過氣來……！

他漫無目的地走着，寒氣卻越來越重，所有人都躲進室內裏去，街道上的行人少得可憐，顯得一片凄清；陣陣的歌聲從路旁的一間酒吧內傳出來，他祇覺得很口渴，便循着那歌聲走進那間酒吧。

酒吧內十分熱鬧，而且比街上溫暖得多，很多人正在高聲唱歌和跳舞，他坐在酒保旁的一張椅子上，要了一杯「曼克頓」，不自禁地從懷裏抽出那封移民部的通知書，讀了又讀，眼裏卻流露出絕望的神色。

忽然他聞到一陣很濃烈的酒精的氣味，他祇覺得很想吐，抬頭一看，祇見兩個金髮的中年漢子蹣跚地走過來，重重地坐在他旁邊的椅子上，他們舉起了酒杯，大聲地高叫「聖誕快樂」，又大聲地唱起歌來，他沒有理會他們，低頭看着那封信。

突然酒吧內起了一陣喧嘩，陣陣的打鬥聲從酒吧的另一角傳過來，他向着那邊望過去，祇見兩個黑眼睛、黑頭髮、黃皮膚的人在互相扭打着，旁邊的人不斷地在鼓掌打氣。

在子俊身旁的那兩個洋人也停止了歌唱，其中一個說：

「看，有兩個中國人在打架！」

「不是中國人，他們是日本人。」另外一個說。

「你錯了，他們兩個都是中國人！我在這裏當了酒保那麼久，必定比你們清楚，如果有兩個東方人在合力打另外一個人，他們必定是日本人，如果兩個東方人互相打架，他們一定是中國人！」酒保插嘴說。

那兩個洋人大笑起來，其中一個指着子俊說：

「那麼你是中國人還是日本人？」

子俊突然覺得酒吧內的空氣十分混濁，簡直令人欲嘔，他忽忙地放下十塊錢，便立刻衝出街上。

狂風和大雪依然沒有停止，而且還比先前更厲害。一股莫明的寒意從他心底中湧出來，傳來的歌聲也顯得特別森寒凄清，對他來說，這場暴風雪實在下得太久了，令他感覺不到絲毫的溫暖，他抬頭望了望空中飛舞的雪花，又再漫無目的向前走着……走着……。

暮春黃昏

濤

重壓在書堆中，
透著一口一口的城市空氣，
嚥下每一個整天。
還算幸運，
可分到窗外的一小角天空，
晨曦給它抹上淡淡的飄逸，
夕陽為它映起片片嫵媚。
閒些兒，
也會吹來一絲醉人的海風，
縷縷的柔弱——
來自滄桑的維多利亞港，
永遠的秀氣。

離開海水太久了，
總拋不掉淡淡傷感。
那從釘補的布帆濾過的萬縷金光，
從浪花上濺到鼻子上——海水珠兒，
船梳上的鹽花閃閃發亮，
可有忘記曾和它親吻的海水，
童稚的眼光在凝視著小貝殼……
軟綿綿的海葵，頑固地爬著的星星，
蜜糖般的時光，
勉强的流動過去。

幾時殘陽已渺，
遠處的海浪更顯得細碎。

Something that Lasts, at Last

Ian Tang

Diamonds are forever, or are they? Buy a big one, burn it and you will be sure lyrics do not always tell the truth.

From my personal observations, I have discovered two mainstreams of attempts at the acquisition of satisfaction.

Firstly, the scoundrel. The typical playboy you see in old Cantonese films are still around, and are staying very much alive. The new skills of getting it made with 'accessible associates' are perhaps modified (no more hypnotics in orange juice), and perhaps the task is now different (some are not really particular about the victim's gender!); yet the story still begins and ends the same; lots of suffering for the 'associates' and no fun for the dreadfully bored knave.

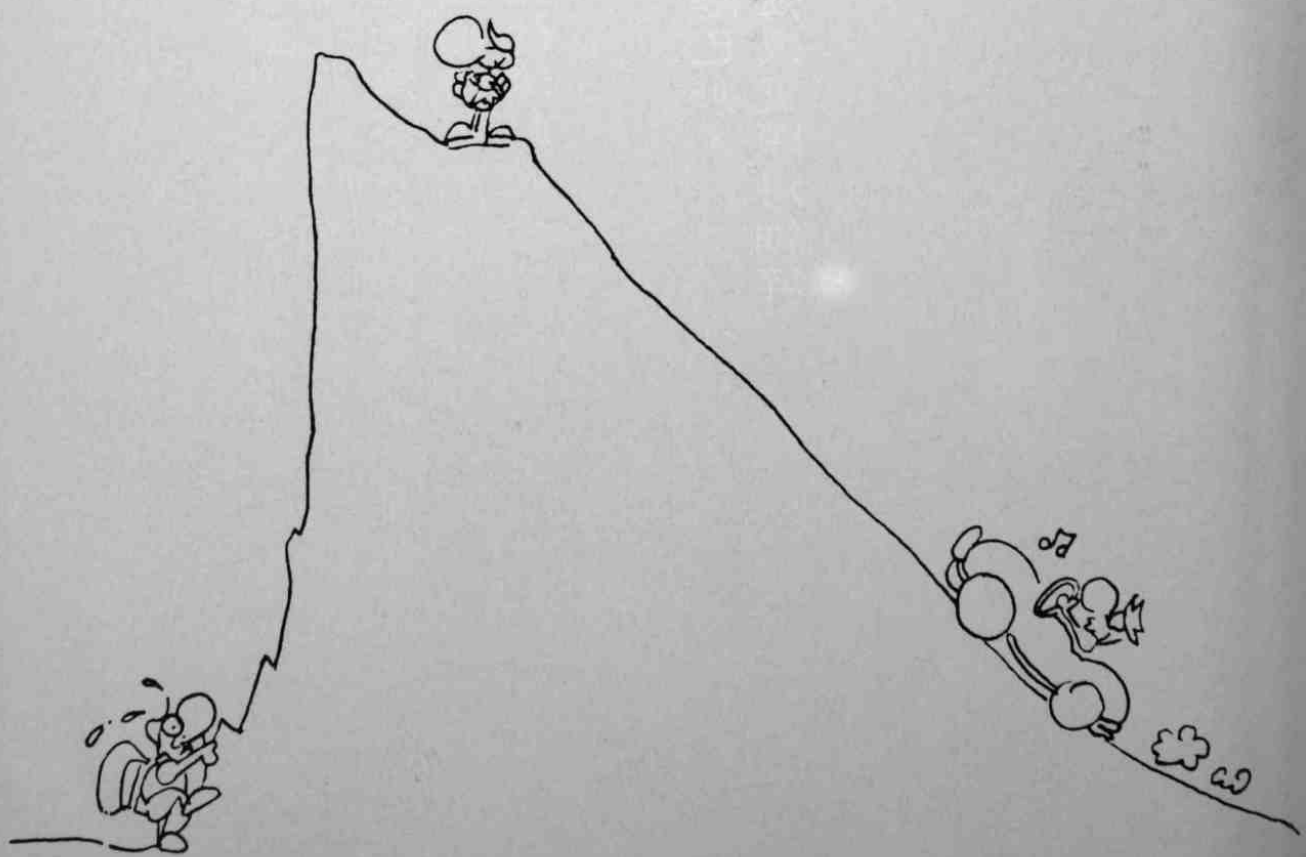
Secondly, the gentleman-scholar. Day and night he toils in his work --- studying hard and excelling his colleagues. These are the eminent-scientists-to-be. The process proceeds until the person sacrifices his life entirely ---to become a name in a future texbook, or to become a modern Faust.

The above is of course an overtly truncated representation with black and white conceptualisation and no shades in between. It can, nevertheless, illustrate the fact that *"plus ça change, plus c'est la même chose"* (the more things change, the more they are the same ——— Karr, from Bailey & Love p.1).

The fact remains unchanged that no one finds true satisfaction in a world governed by a 'want-fulfilment-want' cycle.

Before you indulge yourself in your game again, I must inform you that there are strange people around us who say, 'I have found unperturbable peace in God and I lack nothing.' As usual, they are disregarded by the sensible.

P. S. No hard feelings for our respectable scholars in comparing them with scoundrels! The modern world probably does not make this discrimination anyway.



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2. **A police officer insisted you take blood from a person in custody against that person's will?**
3. **You suspected your partner of being addicted to a narcotic drug?**
4. **Your patient, a commercial pilot, had probable mild angina and refused to notify his employers?**
5. **You received a subpoena to give evidence against a colleague in court?**
6. **Your patient accused you of indecent assault following a PV examination?**

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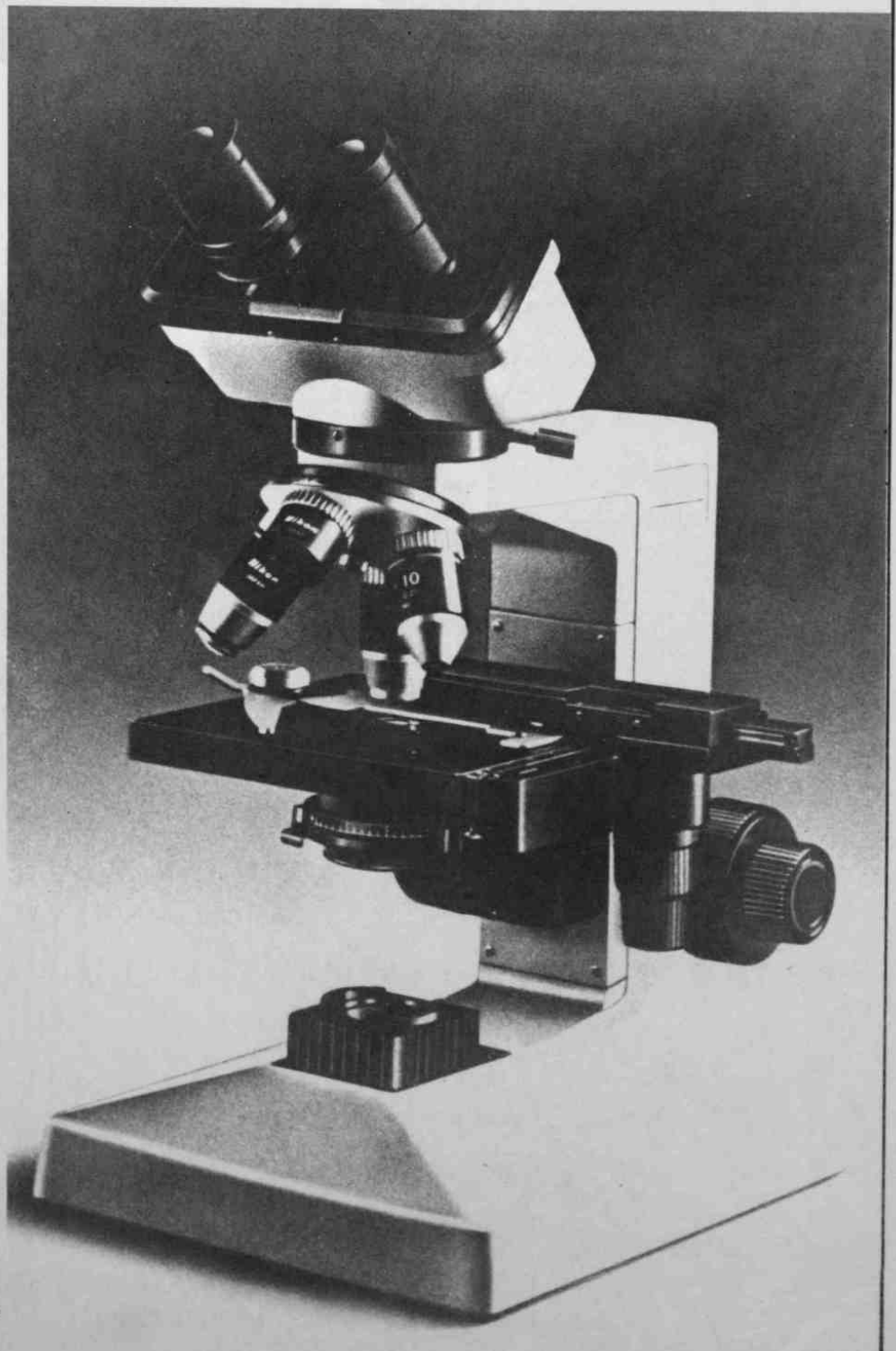
THE NIKON MODEL SE. IT ISN'T EXPENSIVE. IT JUST LOOKS THAT WAY.

Thousands of researchers and students associate the name "Nikon" with high quality and attention to detail. Now that same quality craftsmanship is available for much less than you'd probably expect to pay for a microscope with these features.

Optically, the Model SE is the equal of more-expensive instruments. Its advanced CF optics — designed by Nikon for its research microscopes — are possibly the finest available. The new CF E Series Achromat objectives and CF E Series eyepiece lenses produce bright, high-resolution images with exceptional contrast and clarity over the entire 20x to 1500x magnification range.

Mechanically, the Model SE offers a simple, easy-to-learn operation. Its parts and controls will function reliably for years without maintenance or adjustment because the SE was designed specifically for daily classroom or laboratory use. The Model SE is available with a plain or mechanical stage, and a reflecting mirror or built-in illuminator.

Extend your vision. Write:



Nikon

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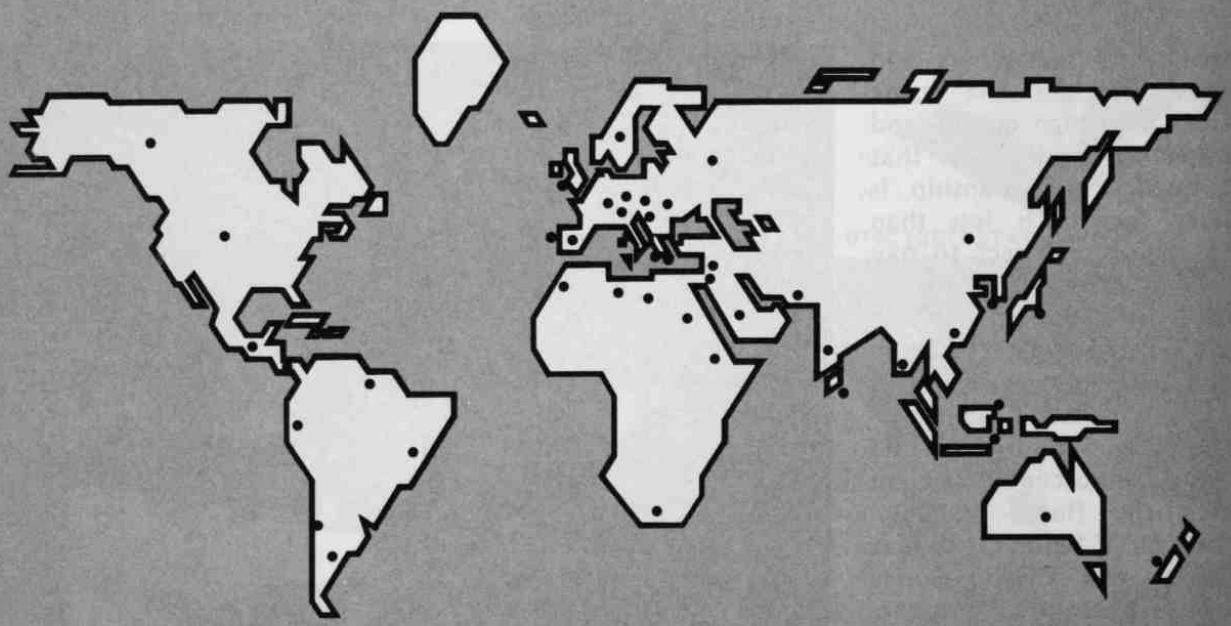

IN

BREAST CANCER	SOFT TISSUE SARCOMAS
LUNG CANCER	OSTEOGENIC SARCOMAS
ACUTE LEUKEMIAS	ESOPHAGEAL CANCER
GASTRIC CANCER	BLADDER CANCER
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Zantac

evolutionary advance in the treatment of peptic ulcer and other acid-aggravated disorders

Zantac is the new histamine H_2-antagonist from Glaxo, developed to add important benefits to the treatment of acid peptic disease.

Highly effective

Zantac's molecular structure confers important advantages in terms of specificity and duration of action.

Primarily however, Zantac promotes rapid, effective ulcer healing with sustained pain relief, both day and night.

Simple dosage regimens

Zantac was specially developed for B.D. dosage. The recommended treatment course for duodenal ulcer and benign gastric ulcer, is one 150 mg tablet twice daily for four weeks.

For extended maintenance therapy, the dosage is just one tablet taken nightly.

In the management of reflux oesophagitis, one tablet twice daily, for up to eight weeks, is recommended.

Highly specific action

Due to its innovatory molecular structure, Zantac does not cause problems with endocrine or gonadal function, or adverse effects on the central nervous system—even in elderly patients.

Similarly, as Zantac does not interfere with liver enzyme function, there are no unwanted effects on the metabolism of drugs such as diazepam and warfarin which may be prescribed concomitantly.

Zantac Injection ampoules are also available, containing 50 mg ranitidine in 5 ml for intravenous injection or infusion, for use in acute cases where oral therapy is inappropriate.

Glaxo

Zantac RANITIDINE