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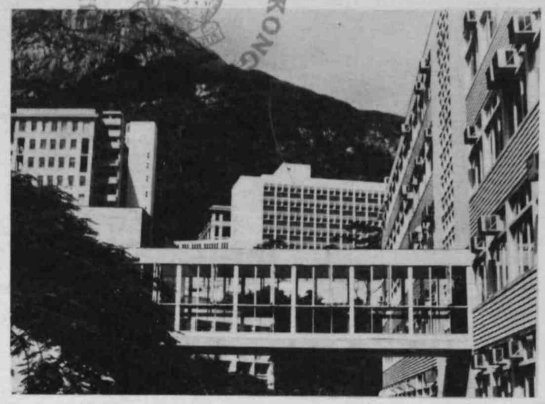
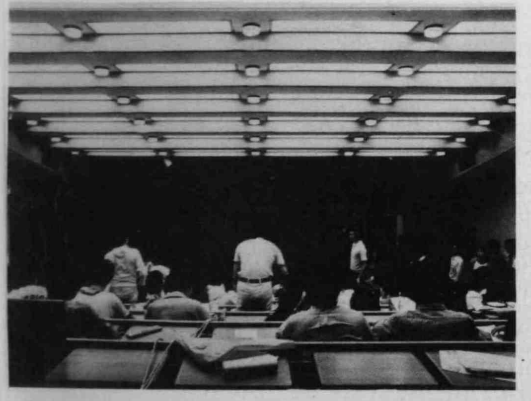


ELIXIR 80



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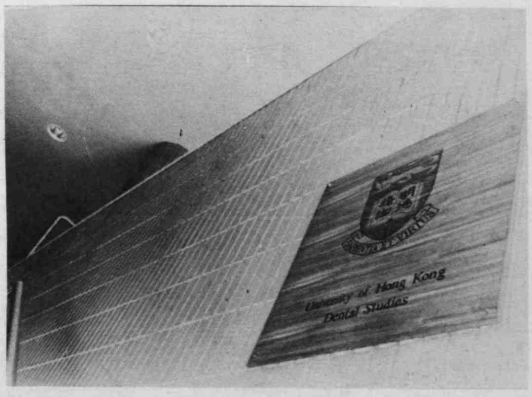

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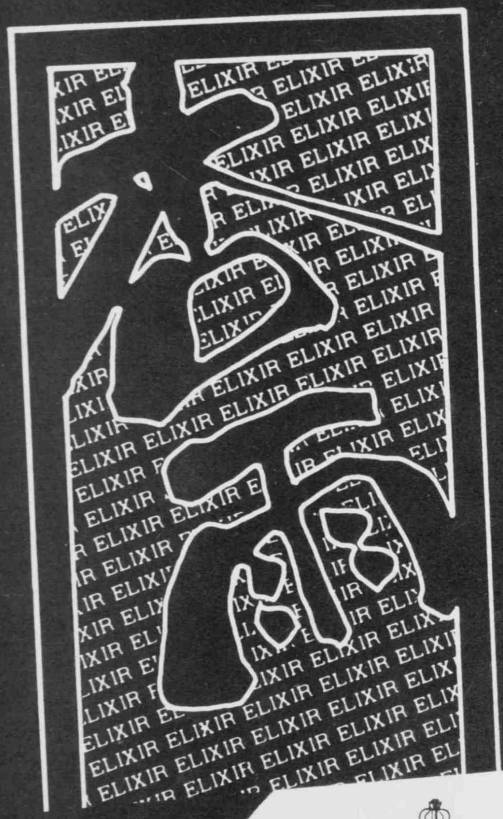

1978

ELIXIR

by the student
for the student
to the student

1977

Elixir

CONTENT

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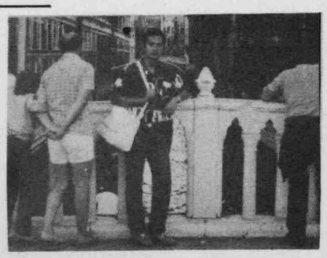

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EDITOR'S WORDS

It is indeed an ecstasy to see this new edition of Elixir to come through. So being its chief editor must be an agony.

Our biggest problem is of course the financial one. The printing cost has soared skyhigh but the income from advertisement has remained unchanged. Furthermore, in September, the editorial board suffered the resignation of our old financial manager, Miss Ling Lai Chu.As a result, a number of brilliant articles have to be dropped for financial reasons. In fact, it is high time that we considered cutting down the number of pages in order to save money. Remember, we pay some $100 for each page.

Elixir has long been said to be

by the student
for the student
of the student

Yet recent years saw a decline in the willingness of students to participate in extra-curricular activities. Indeed, the book is for and of the students. But my fellow students, would you just sit back and ask yourselves how much Elixir is *by* you ?

Let us return to happier things. The medical society received an influx of dental students this year. They have become a third sinewy arm of the medical society. We have therefore included a dental section in this issue.

Our ex-chief editor made a remark that communication between members of successive editorial boards was inadequate. I have to admit that my communication with her was a bit inadequate, but I have tried my best to improve my contact with our next editorial board.

This issue of Elixir comes out rather late. The editorial broad has its grievances. Our apologies will be to those who have contributed and in other ways helped us in the publication of this issue. Those who have throughout shown no concern whatsoever we shall not entertain.

MESSAGE

One of the main reasons for publication of ELIXIR in the early days was to generate funds for the Elixir Loan Fund. This is one of the less publicized activities of the HKUSU Medical Society but I have formed the habit of seeking the page on which the Balance Sheet is printed and am encouraged to note that the Fund is now revolving satisfactorily. The late Professor A. J. A. McFadzean vigorously opposed the suggestion that students applying for loans should sign legal documents indicating a commitment to repay (on the grounds that their word as future doctors should be good enough). While times change and so do attitudes, the notion that medical doctors are members of an **honorable** profession should be preserved.

The word'elixir' has various meanings but the definition I like best, because it is appropriate to ELIXIR, is : "Any of a class of sweetened aromatic preparations that contain variable percentages of alcohol and are used either for their medicinal ingredients or in prescriptions for their flavouring quality". ELIXIR is just that. It is a tincture of light-hearted events of the past year that the current Editorial Board collectively think worthy of preserving for posterity plus some pretty ' heavy stuff'. This accurately reflects the life of a medical student. The amount of space devoted to each ingredient appears to be cause for an annual debate within the Editorial Board – just as how much time and effort should be devoted to Extra-curricular activities form a major topic for discussion amongst members of the student body at large. Frequently, I am asked for my opinion. Always, I am noncommittal. The reason for this rather timid posture is simple: while everyone agrees that Extra-curricular activities (be in community service or 'wine, women and song' as suggested by a former Dean) are necessary adjuncts to the educational process, nobody is willing to give academic credit for them. So the answer is these activities should be encouraged for those who feel sure that they can pass the examinations. The subject of exaiminations is not a proper topic for discussion in a short message to readers of ELIXIR but I do wish to let the students know that it is receiving serious attention. In the meantime I recommend a strong dose of ELIXIR.

Arnold C. L. Hsieh
Dean
Faculty of Medicine

主席的話

在學運的低潮中，醫學會踏進了八十年代，綜觀各活動中參與同學的數字及熱誠，皆反映出現時的氣氛仍擺脫不了沉寂。

電影首映籌款、迎新，醫學生節及開放日等幾項「標準」的活動，憑着其本質上的特點，同學的參與仍能保持一貫的水準，甚或有過之而無不及。

至於其他大部份的活動，同學的反應可比較冷淡了。負責同學在節目性質上及籌辦技術上當有檢討的必要。

個人主義的泛濫無疑是一個極重要的因素，雖有很多同學對認識問題仍有濃厚的興趣，但卻不願承擔其中策劃及文書等工作，甚至健委會及兄弟會亦需要懸空一個時期。

我們亦不可忽略現時的沉寂乃是相對於過去而言，以往「火紅的年代」不單人力充裕，還加上各人的熱誠，藉參與的機會學習建立理想，更可團結同志之士，活動澎漲乃是必然的後果，這個擔子留傳下來，人力便自然成爲最難解決的問題。領導同學或多或少有如角色扮演地去推動、籌辦此等活動無疑成了一個重擔。

不過前景並不一定是悲觀的，今天的沉寂便可能是未來另一個高潮的序幕。譬如就「援柬籌款」活動便得到不少同學的支持，一些班會更能自發地協助推動，這個機會可能是偶然的，但羣衆的力量卻非偶然，相信現在所缺者乃是令同學肯投身的理想。

現在是探索新路線的時候，要擺脫過往活動形式的框框，但知易行難，單憑幾個同學的腦子是不足夠的，大家都有同等義務去發掘。牙科同學的加入，雖然只屬短暫性，但亦不失爲一股新力量，但望在可見的將來，醫學會的活動能有所突破，掀起另一個高潮。

李樹堅

FROM

THE

CLASSES

MEDIC '81

啟示

我們常常迷失在自己的小世界裏，
拾到一枚貝殼，捉到一個青蟲，
都會引來一陣欣喜，好像
這世界已經屬於自己；而自己却
被一團朦朧困守住，
翻過來，跳過去，在一雙手掌心裏。

路旁石縫裏的一株小草，
懸崖下的一泓泉水，
還有那些蹦蹦跳跳的小動物，
都在告訴我們一段經歷，
教我們怎樣去磨煉自己，
從這個起點到另一個起點。

今天，我們不會再輕易去歎息——
一朵花的凋謝，月亮的殘缺；
一粒星的殞落，一隻蛋壳的破裂，
都給我們預示了將要來到的

一些憂患，都給我們指點了
面前的路，
因他們生命的變幻
填平了多少崎嶇和坎坷。
領我們到一個新的世界
——自己的世界外的世界。

80

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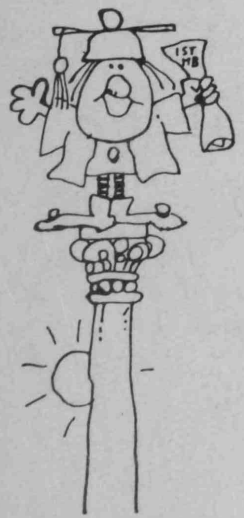
77

77



1ST YR

76

八二之聲

聖誕快樂

隨著4th M.B.的完畢，我們嚐到了四年來新一個沒有考試隨著的聖誕。這個假期，被形容爲捕捉青春的最後機會。在歡笑中實罩有一點點的哀愁。

無奈，我們都得要長大。

× × × ×

樣板表揚

在進入分科學習（Speciality Clerkship）的階段，我們一律鬪志高昂，個個磨拳擦掌，蠢蠢欲動。無論在思想上和行爲上都作好準備，以迎接以後一年半一發不可收拾的衝刺。

同學都已了解到時代必須向前，所以都能自重自愛，一反以往模稜兩可，三心兩意，顧此失彼的缺點。全體都力行不倦，兼發揮互助互勉的精神，萬衆一心。爲美善的明天而奮鬪。

× × × ×

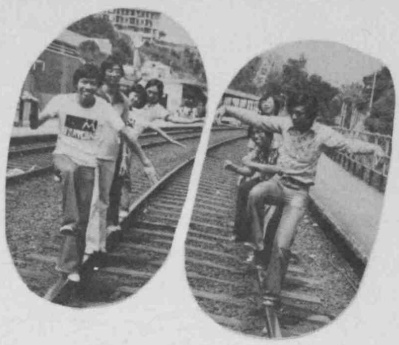
生活現實

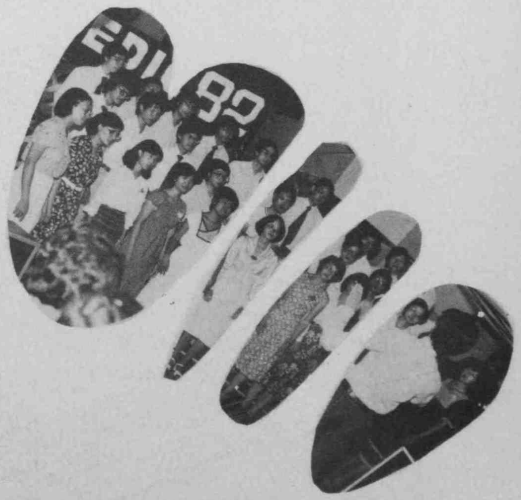
新學制下的我們，常有一種先鋒探險者的感覺，一切都如此新奇，在紊亂的課程編排中隱約又見有一種玄妙的秩序。直覺有一種摩登的氣氛在培殖着。

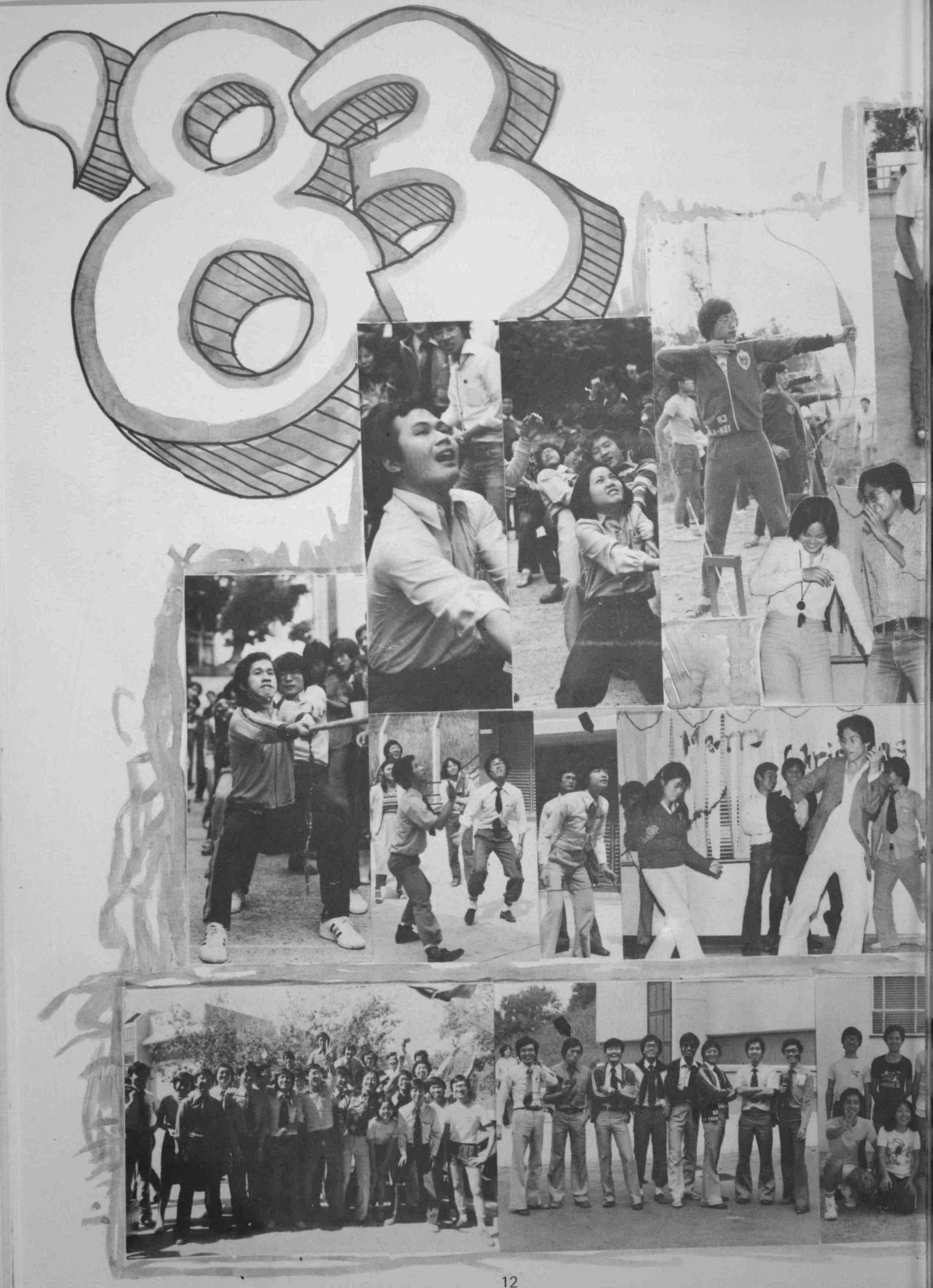
我們的大學生活已非常現實。是比以往的醫學生現實得早些，而這，也許就是「摩登新學制」下要付出的代債。沒有人能保証結局會是如何，不過只有在改變中直能孕育出希望。

八二班，當會令人振奮的好榜樣。

1. 捕追青春的最後機會。
2. 無奈我們都得要長大。
3. 一律鬪志高昂，個個磨拳擦掌。
4. 時代必須向前。
5. 爲美善的明天而奮鬥。
6. 直覺有一種摩登的氣氛在培殖着。
7. 常有一個先鋒探險者的感覺。



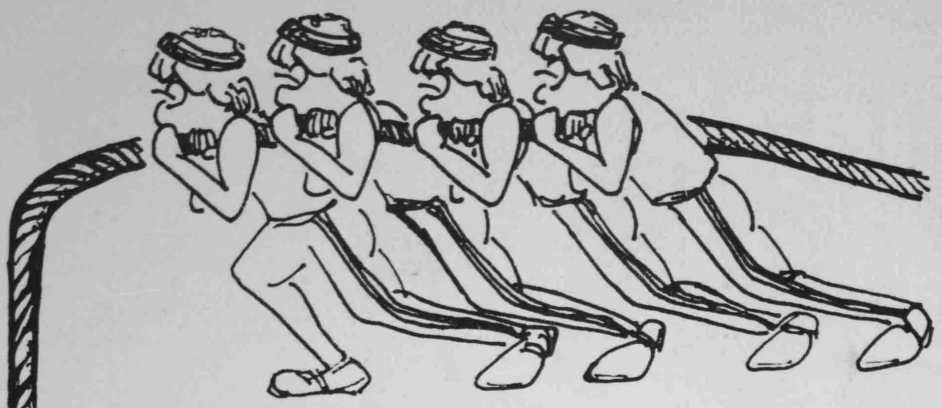



'83


MEDIC 84
MEDIC
八四精英
兵天
石破


Dec. term break fever.
Nov. intergp. debate
Medic festival
overall
champion
choir – 1st runner up
cross country – champion
– champion
gp. painting – champion
Bridge – champion
Shuttlecock – champion
tug of war – champion.
Oct Nov. First aid course
Oct. 1980 Class dinner.
Sept. 1980
interyear aquatic meet
overall champion
1st Year

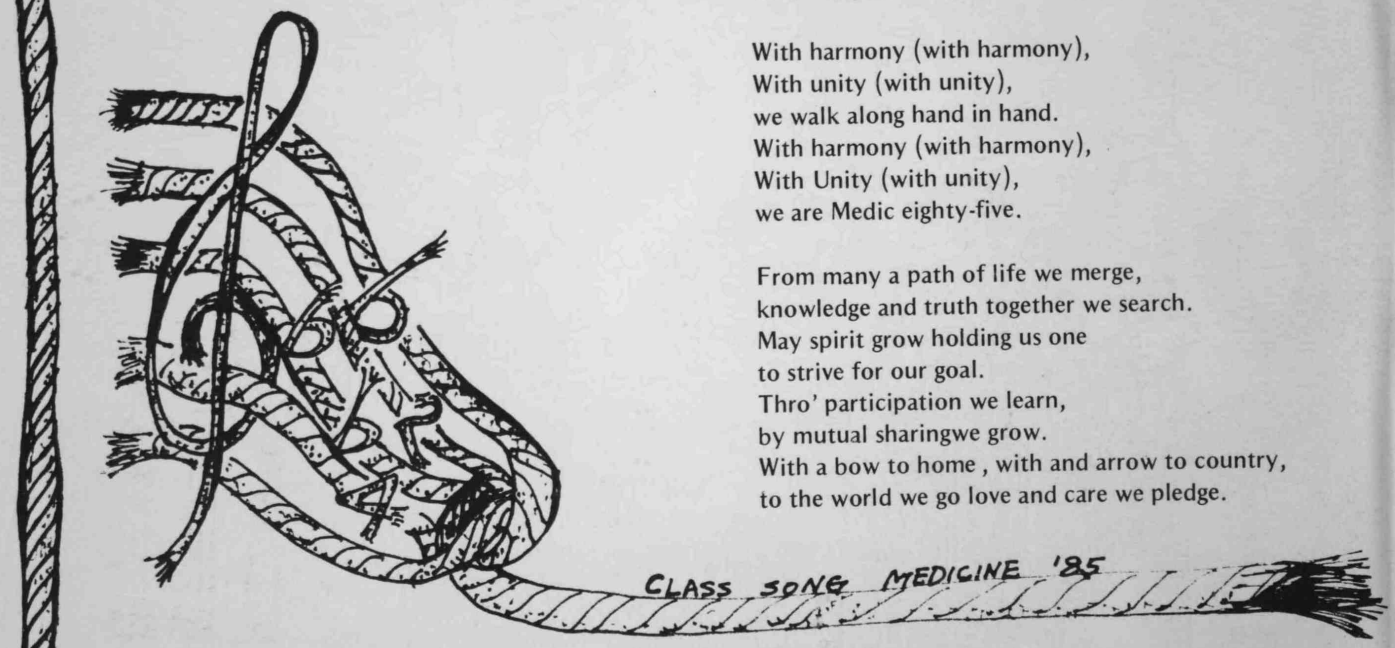
Medi



Together we march in comradeship,
united in love we ready to share.
Though our thoughts and mind in diversity,
we are approaching similar destiny.

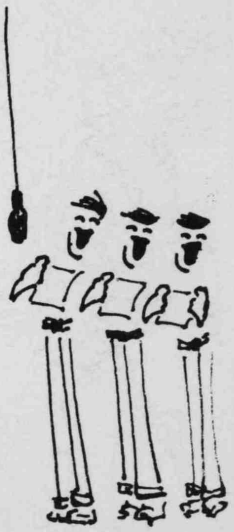
With harmony (with harmony),
With unity (with unity),
we walk along hand in hand.
With harmony (with harmony),
With Unity (with unity),
we are Medic eighty-five.

From many a path of life we merge,
knowledge and truth together we search.
May spirit grow holding us one
to strive for our goal.
Thro' participation we learn,
by mutual sharingwe grow.
With a bow to home , with and arrow to country,
to the world we go love and care we pledge.



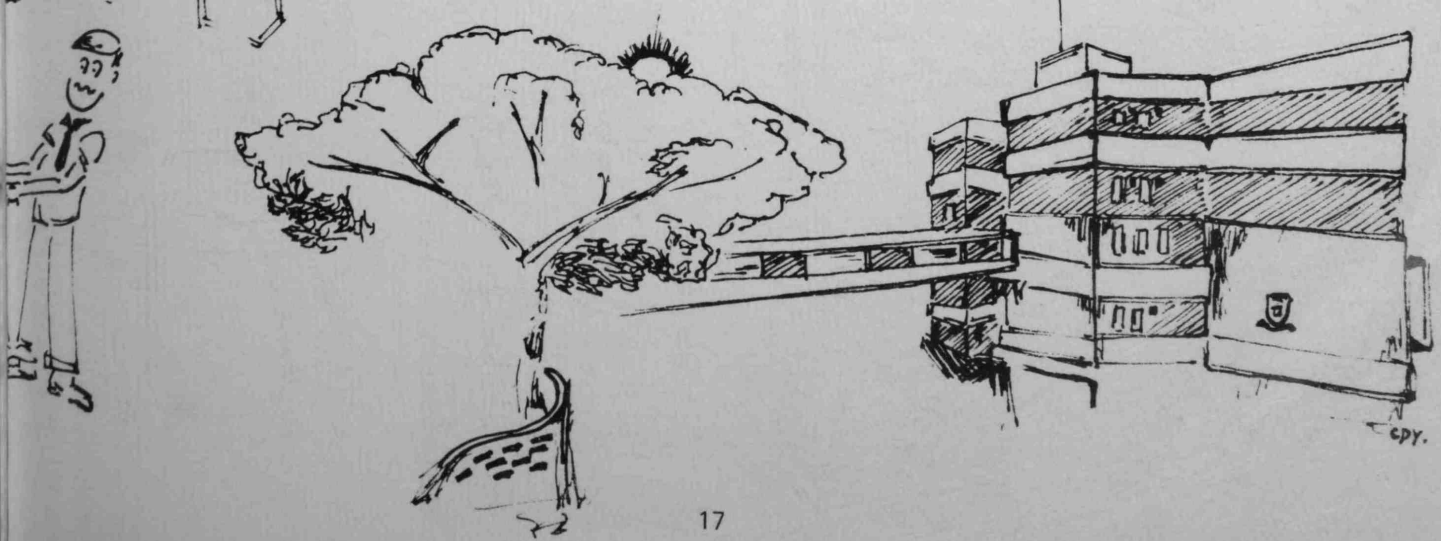
ne '85

「執到寶」?!



引吭高歌!

拉記生涯原是夢?



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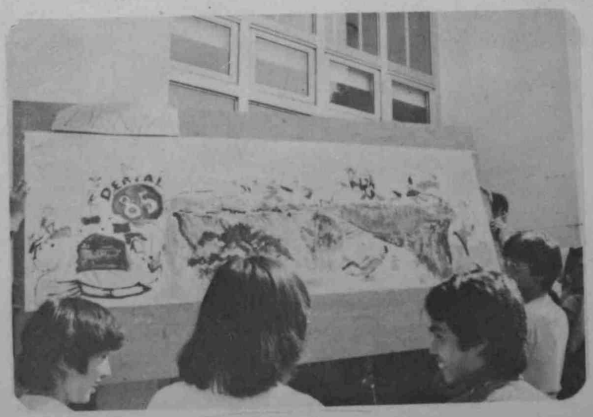

LECTURER

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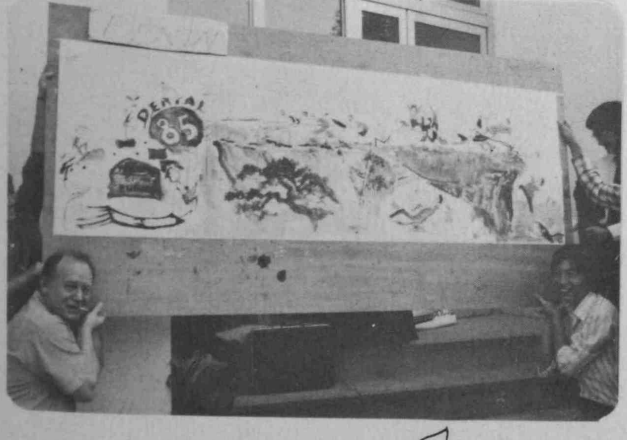

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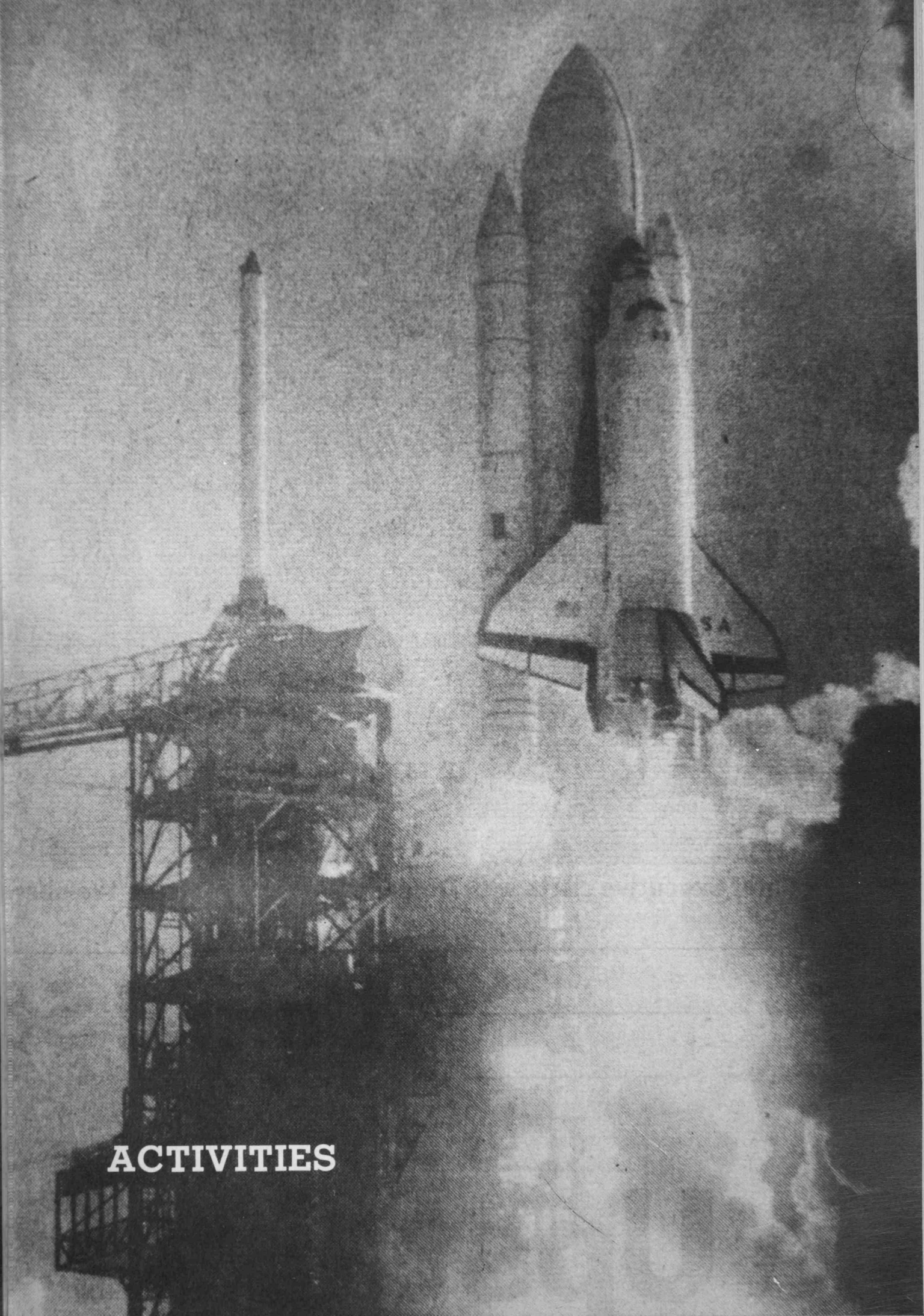
Mr. Tse Kin Wah, Dick (III)

CALENDER

Dec., 1979	Ex-co comes into office Help Cambodian Refugees Campaign Starts Visit to Zhong Shan Medical School Christmas Party
Jan., 1980	Exhibition on Afghanistan Affairs Talk on 'Soviet Expanizonism and situation in S. E. Asia. China Fortnight
Feb., 1980	Elementary course on Mandarin Various New Year activities Visit from Ji Nan Da Xiu (Ji Nan Medical School) Union Ex-co visit.
March., 1980	Union Festival
April., 1980	Opening of Pauline Chan Building Review Camp Talk on Modernization of China
May., 1980	Information day for the graduating Year students Prize presentation day.
June, 1980	Examination
July, 1980	Shanghai Health Exhibition and tour Programme Acupuncture course started. Exchange students to Sweden Gala Premiere
August, 1980	Study Tour to Taiwan
Sept, 1980	Orientation Union orientation Inter year aquatic meet Red brick stairs evening
Oct., 1980	Inter faculty aquatic meet Medical faculty captured champion Kidney donation campaign
Nov., 1980	HKU open day Music Nite Presedential Address AGM
Dec., 1980	Blood donation



ACTIVITIES

中國雙週

前言

認中活動自七六年前如火如荼的日子過後，隨着國內四人幫的倒台與及國際間政治形勢的迅息萬變，而告別了七十年代，踏入了八十年代，有人回顧以往風起雲湧的日子裡，在當時同學們赤熱的心內，多少執拗地堅持着一些政治的理想，不管他們的思想是多麼單一化，口號是多麼盲從，愛國的熱忱洋溢於他們的氣息間，一般香港知青關心祖國，貢獻祖國的潮流便連鎖地掀起了。

四人幫倒台後，認中活動渡過了它最艱辛的數年，過去的認中骨幹大多驚訝於以往政治理想的幻滅而噤若寒蟬，認中新血們也在這個意識型態混亂的形勢下找不到他們的依歸。及後，隨着國內四化的推行，內地實施了她的開放政策，身處香港的大學生接觸內地及台灣的機會日益增多，通過這些親身的接觸，同學們可能驚歎祖國江山如畫，也可能讚美祖國地大物博，而更甚的他們也會看到這塊廣大的土地上，人民是怎樣地在生活，經濟是怎樣地在發展，社會是怎樣地在運作，這其中不乏讚美，也誠然夾雜着很多很多的不滿或疑惑。

這幾年來，學界裡不乏關心國家，留意國內動態的同學，它們對於國內一些形勢及時事可能十分諳熟，茶餘飯後同學間也可能拿一些如「毛澤東的功過……」或「上海市有可樂銷售……」等話題來交換意見，我們承認現在的同學可能更懂得中肯地、客觀地批評。

然而，我們卻隱若地遺失了當年存在廣大同學心中的一點民族意識，同學們會從一超然的態度去看國家問題，他們或許會覺得自己不屬於任何國家！由於察覺到民族意識的日漸息微，今屆的幹事會覺得也許要盡一分力，去把國家介紹給每一個同學，更重要的是要鼓勵同學再重新想想——我們的「源」在那裡？基於這個概念，「中國雙週」便應運而生，它包括了：

(一)**數個講座**——從理論的層面去分析祖國現存的一些問題。例如：「文革對中國年青一代的影響」，「從經濟、政治的角度看四化的可行性」。

(二)**幻燈**——一部自拍的幻燈片，名爲「民族的歷程」，希望藉着介紹我國自鴉片戰爭以來的一段慘痛的歷史能加深同學們的民族感情。

(三)**書展**——介紹各類的中文書籍。

(四)**中國電影欣賞**——「八百壯士」
——「台灣遊踪」
——「三民主義模範省」

(五)**中國音樂欣賞**——邀請同學們表演，並播放悅耳的中國音樂。

(六)**中國民歌聚唱**——介紹自抗戰以來一些流行的中國民歌和它們的背景。

(七)**展覽**——安排了一連串小型的展覽，介紹一些我國歷史深長的文化藝術。例如：剪紙、敦煌石窟等。

(八)**班際對聯比賽**——整個活動在一月尾至二月初舉行，大體上也受到同學們普遍的歡迎，而這項綜合性的認中活動，也跟同年幹事會舉辦的其他認中活動，如「上海健展交流團」「普通話班」「針灸班」「中山交流團」等互相輝映着。最後，希望以兩對班際對聯比賽中的優異作品和大家分享。

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新歲欲來，願祝醫系同儕，爲天地立心，爲生民而立命；

故人長絕，愛聽杏林軼事，有捨己成義，有殺身以成仁。 **第一名**

放認關爭，口裡言談皆實話；

望聞問切，眼前病者是全人。 **特別獎**

援柬 － 柬埔寨！

柬埔寨人民正瀕臨絕種！

接近一半的柬埔寨人民已在戰亂中、飢餓中死亡！

出生的嬰兒就是開始死亡，活著的比死去的還痛苦。

幾乎沒有一個柬埔寨人不患上疾病，食物也不足夠，更談不上醫葯！

沒有救援，柬埔寨民族就只有在痛苦中消失！

這是一個遲發現的悲劇。

這是人類歷史上又一次的悲劇。

聯合國於七九年十一月五日舉行了緊急救濟柬埔寨人民的會議，呼籲世界各國以實際行動救援柬埔寨人民！

在香港，香港專上學生聯會在學生界率先發起援柬運動！

在港大，一羣熱心的醫學生響應投入救援的行列中！在同學熱烈支持下，醫學院援柬小組在評議會監督下乘時而立，展開救援工作。

整個運動的目標是爲柬埔寨飢民籌款，具體的工作可以分爲四大部分：

第一部份：直接爲難民籌款。這包括了在天星碼頭及海運大厦舉辦量度血壓籌款。我們爲市民量度血壓，而他們則隨緣樂助，其他方式有飢饉午餐，售賣生果，跑步籌款等等。

第二部份：到其他院系宣傳。在整個運動中，醫學院算是比較「走先」一步，發動與組織同學比較快，故此有條件組織同學走訪宿舍，院系宣傳有關援柬事宜，其中包括拍攝幻燈片介紹柬埔寨狀況。同學們還到各中學宣傳，藉以擴大羣衆基礎，使這運動能夠茁壯起來。

第三部份：和學生會中央聯絡與及協助學聯籌備一慈善晚會。這是一個公開的晚會，邀請歌星作慈善表演，爲難民請命。一方面是直接籌款，另一方面則可以引起社會人仕關注，使更多人投入救援行列。

第四部份：接觸國際間的救援機構。這包括了Oxfam（Oxford Family），詢問有關派醫療人員到柬埔寨工作問題，可惜因爲政治局勢混亂，這提議未能實行。

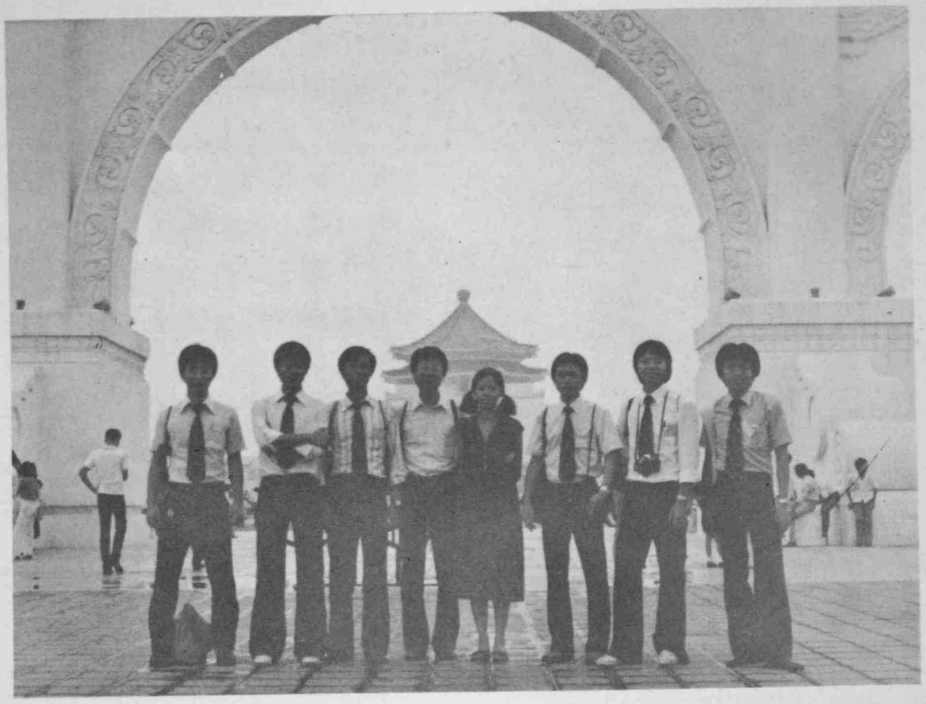
整個籌款運動共籌得四萬伍千元港幣。這筆款項已轉送到國際紅十字會作適當的使用。

儘管所籌得的善款微不足道，但也盡了我們的最大力量，同學們的踴躍，老師的熱烈支持，使整個運動能夠順利進行。在整個籌備的過程中遇到了不少問題，如租場地（量度血壓籌款），接觸各部門（如警務處，社會福利處等等），但都憑著同學無比的毅力與熱誠一一克服。有些同學犧牲了很多讀書的時間，睡眠休息都不夠，甚至學期測驗不合格。這一切實在是難能可貴。另一方面，市民的反應卻是那麼熱烈。他們紛紛打電話來醫學會詢問有關捐款事宜，而支票等則絡繹不絕寄來醫學會。甚至有一位市民甘願犧牲移民美國的機會而願意親赴柬埔寨作義務工作！這一切一切，都叫人感動、鼓舞！

政治上的問題當然不是我們所可以解決的，小量的金錢也只是杯水車薪。然而最寶貴的卻是同學們能夠爲了那遠方的朋友而甘願獻出自己的體力、精神，犧牲自己的時間，這一份對人類的基本熱誠、愛心，足以把我們武裝起來，以接受環境和我們將來職業的挑戰。

愛——是需要實踐的。

台灣片段—



記八零年暑假之行

周振中（八三）

車子從**桃園中正國際機場**開往**台北**市，在高速公路上奔馳，慢慢迎接夜幕的低垂。我們一行八人，忘卻飛機上一個多小時的困頓，興奮地以笨拙的國語，與接機的朋友們交談——忠厚熱誠的**陽明醫學院**五年班學生，外表正直而深藏不露的導遊，及一位老實謹愼的司機先生，一段使人不斷思索懷疑的旅程從而開始。

× × ×

中正紀念堂、**忠烈祠**、**國父紀念館**及**故宮博物院**的瀏覽，行程匆匆，但也帶給我們對一些歷史文物，先烈事蹟、國父生平，進一步的認識及更親切的感受。面對革命陣亡烈士的遺像及靈牌，不禁使人肅然起敬，憶起**林覺民**烈士的與妻訣別書，拋頭臚，洒熱血，先國而後家的忘我精神；國父早年學醫，成績卓絕，但在危急存亡之秋，毅然棄醫從政，推動革命，推翻滿清，救中國於水深火熱之中，烈士們爲國捐軀，實使人永誌難忘！

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訪問**台大醫學院**及**附屬醫院**、**榮民總醫院**、**國立陽明醫學院**等醫療組織，得到院長及教授們殷切熱誠的接待，使我們受寵若驚。通過

訪問，參觀一些現代化設備，如電腦斷層診斷器，核子醫療部門設施等，與老師、學生及病人的簡短交談，我們的視野大爲拓展，在腦海中開始鈎畫出台灣城市醫療系統的綫條；可是，由於未能安排參觀訪問小鎮、農村、甚至山地等偏遠地方的醫葯衞生，對整體醫療架構的水準及普及性，也就缺乏一全面的認識了解。

× × ×

離開**台北**，我們驅車南下，途經**石門水庫**，**六福村**等風景區，看山地舞及遊野生動物園的經歷，倍添情趣，均帶給我們頗多嶄新的印像。抵達台中，我們走訪**東海大學**，一所風景怡人的著名私立大學，與同學們漫遊校園，互訴兩校學生的生活風貌，暢飲大學農場出產的新鮮牛奶，在富有建築特色的教堂前一起合照留念，講室內共進豐富的「便當」，交往雖短，臨行前禁不住也有依依不捨之感。**台中港**的參觀，工程結構上我們不大明瞭，但從工程師談話中的內容及表現的神態，可以體會到他們對這艱苦建設的實現，產生了一些發自內心的自豪感。

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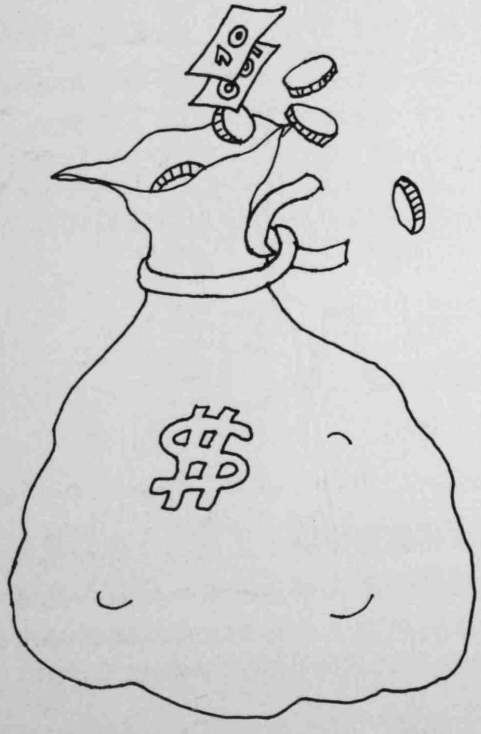
身處**溪頭**青葱竹林之中，看週遭環抱茂盛的林木，憩靜安逸，反璞歸眞的感受，自然而生，離去前山間雲霧的氾濫，籠罩著層層叠叠的密林，更添一份人在圖畫中的幻想。

車抵**高雄**，是南部最大的城市，擁有多種重工業的設施，我們走馬看花般參觀了三項十大建設——**中國鋼鐵公司**，**中國造船公司**和**中油公司煉油廠**，都是一些在香港難得一見的現代設備。火紅的鐵水在頃刻間變成規格完整的鋼板，散發著熾熱耀眼的能量，直逼我們這一羣無知的到訪者；**中油**內四通百達的煉油系統，不同大小的金屬管道，把形形式式的溶器、儀器連接起來，如八陣圖般，覆蓋著一塊寬大的平地，繁複的設計，教人驚嘆建設的艱難；進入**中船**，到處爲形狀不一的船隻所包圍，船塢內工人在烈日下，正忙於修船。聽工程師的介紹，公司過去的成就，是令人鼓舞的。這些建設，某程度上反映了台灣三十年來穩步發展的一點成果，但其間所滲雜的種種因素及實際成效，是非局外人所能了解的。

× × ×

私立高雄醫學院，是我們行程的最後一站，接待我們的儀式很是隆重，校長、老師與十數位同學的熱誠，令我們不知所措，學生們的言談，給人一種單純樸實的印像，共進午餐及交換紀念品後，我們離開時，高醫學生堅持送我們到火車站，進入月台，在火車上互相握手道別，流露出眞摯的友誼，瀰漫著整節車廂，豐富著我們的回憶，一起載返台北，十天的經歷，隨著窗外景色的轉換，如浮光掠影般，不停重現在眼前，勾起一連串艱苦的思索.....

GALA PREMIERE '80



The Gala Premiere is a fund – raising project of the Medical Society, H.K.U.S.U.. The funds raised are alloted to the Elixir Loan Fund, which help many needy medical students to complete their education, and to the central fund of the Medical Society.

This year the Gala was held at the Imperial Cinema on July 18. The film was 'Islands in the stream', which was based on Hemingway's famous novel of the same title. Besides revealing the finest part of human nature, the story is a superb mixture of excitement, fascination and subtleties.

Though it was rainy at the Gala night, over 300 guests attended the cocktail party at the Imperial Cinema.

Dr. Vivian Wong and the Chairman of the Organising Committee, Mr. Kam Chak Wah, each delivered a speech, after which was the presentation of souvenirs to our patrons and presidents.

This year, we managed to raise HK$37,000, over 90% of which was contributed by doctors who have always been showing us concern, kindness and generous support. No words can express our graditude towards them !

KIDNEY DONATION COMPAIGN

The Campaign

The idea of running the campaign was first formed in late 1979. A series of interviews arranged from June 1980 onwards provided a great deal of valuable information. The organising committee was set up in July.

It was indeed very fortunate for the organising committee to have Dr. A.S.P. Hua, Miss Mona Lo and the Central Health Education Unit of the MHD as advisors. Moreover, members of the Queen Elizabeth Hospital Female Nurses Association also participated in some parts of the Campaign.

The Campaign was conducted in 5 stages.

a. initial formation of working groups and external contact.
b. preparation of teaching material, booklets, pamphlets etc.
c. proof-reading
d. training of working groups for giving talks and demonstrations.
e. news conference at Li Shu Fan Building.

The Campaign officially ended on 31.10.80, while further requests for talks by other organisations will be handled by another core group of medical students for an extended period of 3 to 6 months.

Some Details

About 40 fisrt-year, 30 second- year, 30 third-year and 10 fourth year medical students were recruited.

External Publicity:

Mass media, including newspapers, the undergrad., the Interflow and TV and radio companies were involved.

All C.D.O.S. and Red Cross Blood Collection Centres helped in the distribution of donation cards.

Over 50 talks were arranged at various voluntary centres and secondary schools, mostly in October and given by medical students. Some talks in November were given by nurses from QEH.

Exhibitions

These exhibitions comprised:

– distribution of donor cards and booklets
– slide shows
– board exhibits
– blood pressure measurement
– quiz and essay competition

Three exhibitions were held at Kwun Tong Ferry Pier Concourse, the United Christian Hospital and Ocean Park respectively

Fund-raising

This had been quite satisfactory.

General Response

Although there has been no formal estimate of the exact number of donor cards received, the overall response, judging from attendance at the various talks requested and the number of visitors at the exhibitions, is fair, esp. amongst secondary school students.

Besides, it has to be pointed out that the number of donor cards received is far from being a good indicator of the success of the present Campaign. It is our most sincere hope that the Capmaign has done a little towards inculcating a basic amount of information on the minds of people in general, so that follow – up efforts at Kidney Donation may meet with increasing success, and the suffering of hundreds of renal patients each year thereby saved.

Thanks

Thanks should be extended here to all those who have contributed to make the Campaign a success.

上海健康展覽暨交流團

鄺沃林

七月十五日的早上，「上海號」輪船慢慢地駛進上海港口，兩岸播出輕輕的歌聲。

船上的甲板堆滿了人，許多正東張西望，似乎要盡快辨認到他們的親人、朋友——岸上接船的人們。

然而，作爲「上海團」團員的我們，卻沒工夫細看湧湧的人頭。大家的心情都十分緊張。在我們面前的十多天，是新的——新的地方、新的朋友、新的體驗、還有……

還有一個由醫學會第一次在上海市辦的健康展覽會。

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回到國內搞健展這個念頭，不知創於何時何人，但當有興趣的一羣同學坐下來談的時候，大約是一月尾了。原先的目的地本是廣州，但最後還是要到上海。這是不沒理由的：對廣州同學們都比較熟悉，每年尙有「中山團」；上海是陌生些，挑戰性大，而且也能多一處「掛鈎」，也是好的。

這個展覽暨交流團是創始的，許多工作都要由頭做起，繁重的實務工作（如聯絡，找資料）之餘，同學們還要在思想方面下心機，基本上大家都認定了團的目的，除了增加團員對祖國國內醫療界及醫學教育的認識外，還希望就國內的一些健康問題以展覽方式爲市民提供知識，達到服務人民的老意思。

先前我們估計團大約有三十人，可惜因爲計劃遲了，工作好些在第二、三學期進行，以致參與的同學竟不多。到團出發時，一行九人，除了解剖學系的任麟孫博士夫婦外，就祇有七位同學了。

來到上海，言語立刻成爲了一個大問題，團員們的普通話除個別外都是十分勉强的。最初的幾天要完整地表達一個意思，總得要手舞足蹈，動筆弄墨才可以。當健展開幕的那一天，這問題達到高峯。那天團長致開幕詞時，他的普通話已經不像樣。後來更把講詞忘了一部份，而且限於普通話的不足，不能「爆肚」，登時啞口無言……

然而，過了數天，大家都習慣下來，說話也暢通了。我們還學得不少上海話呢！

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健康展覽在七月十八日假市中心的青年宮展出，這次展覽內容包括：

煙酒與健康。

癌——成因，上海常見種類，預防

人口控制

形式是以板面爲主，配以實物標本和一些病理切片，而且臨場還有在港準備好的場刊派發。內容盡量以內地的情況爲依歸，諸如病例、發病率、統計數字、現行辦法等。好些內容都是到上海後才加減的。

最使觀衆覺得有趣的，是人口控制方面的板面，避孕工具和一個示範抽煙對肺部影響的標本。

展覽一共舉行了四天，參觀人數不下一萬人，觀衆的反應不算太好，可能是我們的普通話回答不來他們的問題。

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經常和我們在一起的有七位上海二醫的同學，他們來自各年級，年紀分佈也大。大家一起計劃健展、遊覽校園和上海工農各地，人數共起來雖然不多，玩得卻怪高興的。

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展覽以外的時間，作爲參觀之用。首先的是校園遊。二醫的校園很大，雖然課室設計比較簡陋，（例如沒有銀幕，投影機，幻燈機等。）但十分闊寬通爽。在病理、微生等實驗室的標本儲藏也很多。他們的中葯博物館就儲有不下一千多種的藥物標本了。

此外我們還參觀了一台電子顯微鏡（日本製的）和一台上海二醫自創的激光機。這激光可以用來作手術刀用，甚至可以切骨，這是在世界水平上先進的設備。

校園的另一特點，是有黑板報，二醫是沒有刊印的校報的。同學的意見。創作就是以粉筆寫在一行一行在壁上的黑板上，這是別有一番風味。

× × × ×

二醫的教學醫院是瑞金醫院，所佔地面面積比依利莎伯醫院還大。我們於第五天參觀了它。帶領我們的是內、外科的主任醫生，這是我的第一課臨床課。他們都很細心的給我們解釋病例（還不時以英文給我們說明病名），祇可惜我們有許多還是毫不明白的！

× × × ×

其他的參觀包括了電機廠，農村，工人新邨，中山故居等。團員們對上海的一般市民生活、醫療供應等都有了更深入的了解。

一個意外。

在上海碰見了一羣浙江大學葯學系的同學。他們是以暑假的時間自費到上海二醫參觀的。我們是在二醫校園第一次相遇，其後他們也到過我們的展覽。大家有一天晚上談了多個小時，互相更進一步了解了兩地青年人的心聲。

當然團員們對上海二醫的同學是認識最深的。大家相處時間長了，什麼也談到：由社會情況、政治、民主自由、宗教、醫療制度以至戀愛問題等。總覺得他們的思想是比較單一的，可能是和外界的接觸不多的關係。

談到學術水平，二醫同學和我們是不相伯仲的。傳統的知識他們都基本上掌握，祇是許多新的發展，例如電腦斷層切片等他們還是未有聽到過。

× × × ×

在上海我們總共留了十二天。除了認識了一羣朋友外，最寶貴的是團員們對國內許多問題都得到當地青年人的答案。

在上海市青年宮所辦的健展雖然參觀人數不太多，但這表示了我們對服務同胞的一股熱誠和對國內問題的關心。它更第一次使二醫的同學明白到作爲大學生，在求學時是不可以躲起來的。他們仍是要對社會負責，爲關心及認識各社會階層而努力。

上海團參加的人數實在不多。在校內並不能喚起普遍同學的關心。這和急速短暫的籌劃時間有關。而且碰着在香港傳統健康展覽又停辦一年，這在某程度上都起了混亂。

然而儘管如此，上海團在對上海市民、二醫同學、和參加的香港同學來言，在意義目的等各方面，可說是達到預期的效果：這是一個無可置疑的事實。

迎新八〇

黃洸照

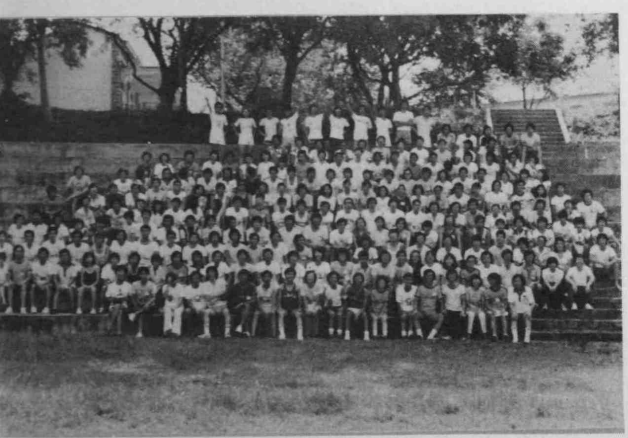
一年級的時候，曾經寫過一篇迎新活動的檢討，那時是一個接受者。這次再談迎新，卻是抱着一份檢視籌辦成果的心情。

八〇年迎新有幾個特點。

這是一個沒有健康展覽，沒有認中活動一同迎接新同學的迎新。

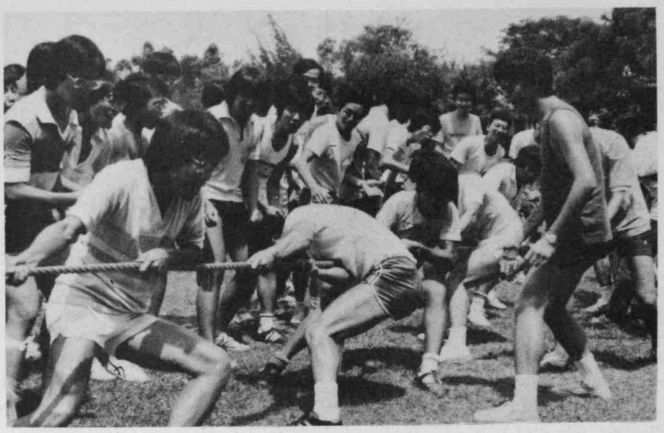
這是一個沒有「兄弟會」協籌的迎新。

這是一個除了醫科學生外，還有香港大學第一批牙科學生的迎新。



迎新活動以「預科生日」揭開序幕。雖然有不少混亂，但從正式程序結束後仍見到預科同學三五成羣的在醫學生中心的角落與我們的同學談下去，使我相信這是一個好開始。

歡迎日那天，前任院長高伯思教授的臨別贈詞，是我入醫學院以來從師長得到的最發人深省的教導。他大胆的提出醫學院取錄新同學的理想，不再單以成績優異爲準，而是希望能得到一班有社會意識，有服務精神和眞正準備做好醫生的同學。



從長洲明暉營，跨山越海的走到西貢烏溪沙青年新村，帶來陌生但新鮮的感覺。

陌生自然帶來一些不便。緊守嚴謹的營規，反覆計算入營的準確人數和費用，安排高班同學探營的交通，都是一些額外的行政工夫。不過營地環境幽美，營屋內的融洽親切，都是在明暉找不到的。

還記得入營那天自己一個人先到馬料水安排船隻入營，在滂沱大雨下，不禁擔心同學會否臨陣退縮。但當大軍隨火車殺至，卻原來所有同學都戰勝風雨依約入營，眞是一支令人萬二分興奮的强心針。

迎新營內有甚麼值得一提的地方？說起來，今年背起「大聲公」，整天走來走去，實在算不上是一個投入的參與者，但也有數點感受。介紹醫學會仍是最沉悶的時刻。以往冗長達三、四小時的天才表演晚會被濃縮爲一個半小時，實是一大成就。第三天的冷場被「水袋戰」，「搶龍頭拔馬尾」，和熱鬧有勁的拔河比賽取代。可惜的是新同學仍然不能主動互相認識。

今年迎新籌委仍與學生輔導處合辦Tutor Camp。針對去年的檢討結果，今年 Tutor Camp的活動循三方面安排：

(一)對自己和同學的認識。

(二)重溫或預想從一個預科生——新同學——實在的醫學生——醫生的歷程。

(三)增加對迎新意義和活動的瞭解。

計劃雖然不錯，但由於宣傳太少，同學對Tutor Camp的作用和內容毫無認識，有些更視它爲訓練集中營，很多tutor都卻步不前。所以只有近二十位同學參加，結果第一晚我們十多人要吃下三十多碟飯菜，可謂一次豐富的開幕晚宴。不過參加的同學對營內活動都有不少好評，有些更說有意外收穫。只是有點兒冷清清。

迎新籌辦至今，傳統的氣色已經很重。預科生日，學術迎新，歡迎日，迎新營，舊書轉讓服務，tutor-tutee system，幻燈片……似乎已成爲不變公式。

但迎新仍是一段很開心的日子。

這是醫學會最多同學參加的活動：二百多位新同學，數十位tutor，數十位探營的高班同學。除了歡迎新同學外，舊同學也可以藉此反省自己的大學生、醫學生生活。

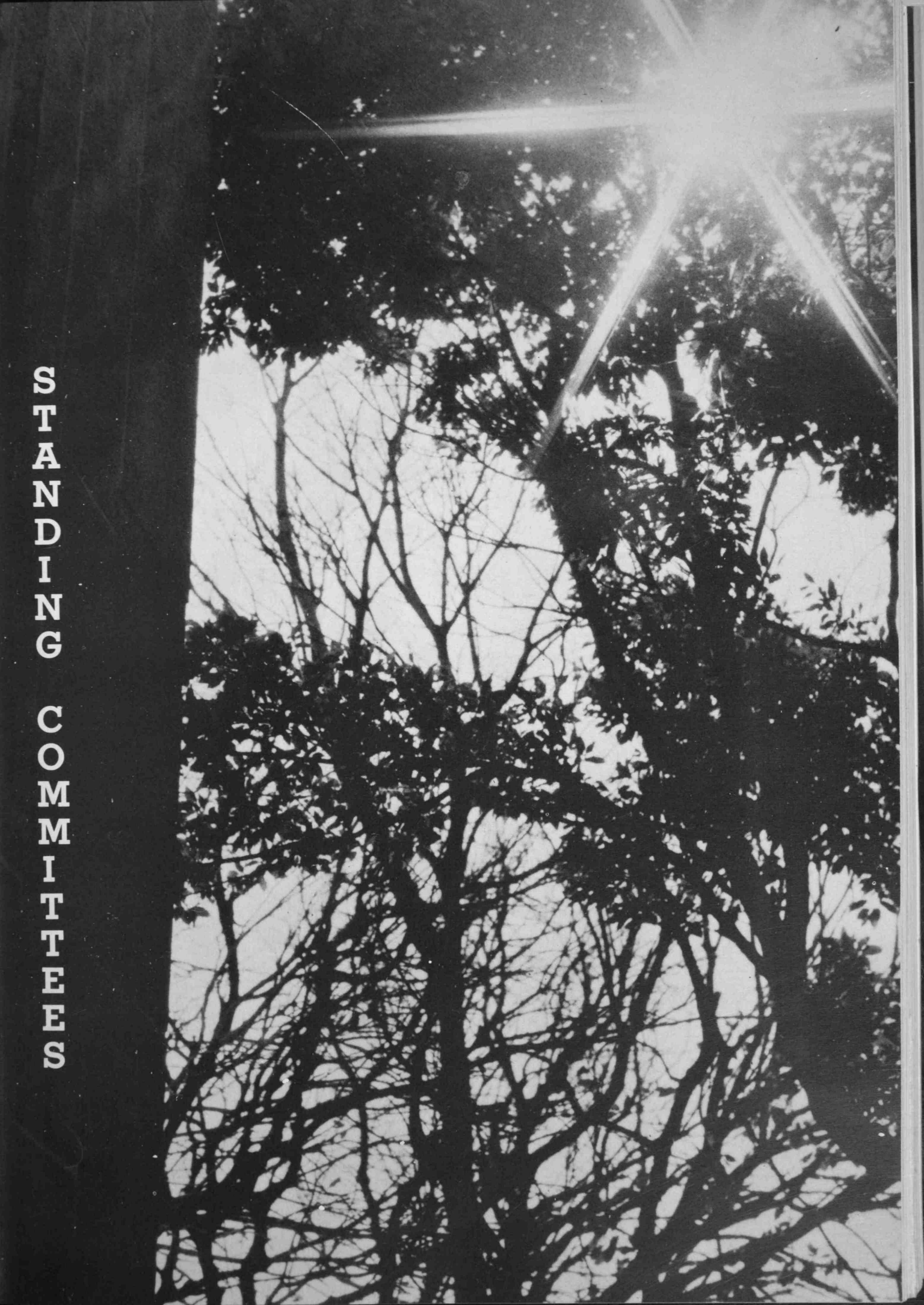
從與新同學接觸中，能夠見到一副副嶄新的面孔，遇上不少傑出的人才，領受不少新腦袋的思維。

在籌備過程當中，同學間齊心合作。他們幾個花上十數日的時間，趕緊泡製幻燈片。負責迎新營的同學絞盡腦汁，務使活動有聲有色。tutor們出錢出力，還用了不少時間參加迎新活動。還有印製T恤，出版迎新册子……我們有一班好同學

× × ×

如果問我會不會再參加迎新？我一定會。最少要在那批新面孔變得陳舊前去抓緊他們的煥發；也要更大膽的對他們衝擊。

STANDING COMMITTEES



啟思

啟思我思

八〇年度編委會於一月初成立，並邀得生理學系的黃志昭博士爲顧問。

編委會名單—總 編 輯：袁維基(三)
副 編 輯：袁寶榮(二)　　袁兆燦(一)
常務秘書：林文英(一)
財　　政：林紹良(二)

本年是第十二卷，共出六期，第一期與第十一卷十二期合刊，（而第六期則仍在進行中）。每期報紙印刷數量爲四千二百份，主要給醫學院同學及講師，其他院系高級講師，在職醫生，實習醫生及其他大專報刊等。

各期專題及其他主要內容：

第一期（一月）：析學運，話將來。

文章包括：與貧窮及受壓逼者連結。
低潮中的徘徊(上)
一點感受——也來談學運。

除了專題的主要文章外，還包括一個援柬專輯，報導有關學聯籌辦的義唱晚會，量血壓籌款及老師訪問摘錄。

第二期（三月）：中醫探討

內容包括：簡略介紹中醫的歷史；從世界醫學發展看中醫是否科學化；論中西醫結合在香港，中國醫葯在香港及短訪一位西醫對中醫的觀點。

三月間適逢暨南大學同學參觀港大，啟思記者與他們的一席話亦有刊載。至於上期專題的低潮中的徘徊(下)一文則因篇幅所限，刊載於第三期。

第三期（五月）：醫德

鑒於早些時候，一些老師在不同場合中談及當前醫療行業的專業道德問題，及對現時的醫療問題作討論，我們作爲醫學生也希望提出一些看法。其中：醫德——道德問題一文，是從剖析醫療界怪現象來看醫德這問題；走訪吳定夷醫生；還有好幾篇談醫生與病人關係的文章。

四月General Medical Council代表到訪醫學院，從新檢定M.B.；B.S.(H.K.)的資格及在英國註册的問題，本期刊有訪問這些代表的報導。

第四期（八月）：文章多由同學投稿；談醫學生生涯，醫學院內的事物，及短訪高本恩教授。

另外刊載了由Faculty Board同學代表撰寫一篇總結了GMC對醫學院學術水平的考察報告。

第五期（十一月）：護理人員

主要內容包括：分析護理工作的本質、起源、發展及香港護理人員的情況，從而探討實際上護理人員的工作負担是否他們能承受得來。此外還包括兩篇轉載的文章：天使之路及守護在生死門邊，由護士們說出他們的辛酸苦樂。

本期增設了醫療版，談本港的兒科問題。

第六期（十二月）：兒童的成長

內容以介紹孩童成長過程所受的各方面因素的影响，更有則仁中心的訪問報導。

啟思文集

「啟思文集」是將過去十二年（69—80）在啟思刊登過的精闢文章搜輯。除了一些值得一看再看的文章外，還希望同學藉此了解醫學會的活動發展。

文集工作在七月初開始，一月初出版，發行量一千三百本，除少量以每本十元售予外界外（訂閱八折），其它是免費給予醫學院同學和講師。全書共三百二十頁，分爲四部份：(一)醫學生；(二)醫療；(三)學運及(四)文藝。

爲了減輕財政上的負担，除廣告外，編委會在十一月發動全部編委向醫學院各老師尋求贊助。幸得老師大力的支持共集資約四千元，使「文集」不至因財政困難而「難產」。

除出版報紙外，啟思還在出版第二及第三期之間辦了一個歷史學習班。有十多位編委組成「中國近代史學習組」，內容包括由鴉片戰爭至中華人民共和國的建立期間的史實。

啟思的迎新工作，從七月中開始籌備。內容包括：介紹單張，迎新日派發啟思予新同學，迎新營介紹，茶聚，還拍了一套介紹啟思的幻燈片，在茶聚當日放影。

今年共有三十多位85同學加入，此外，在十一月初有幾位牙科同學加入。因此來年的啟思編委會將會空前龐大，總人數超過六十人。

回顧與認識

自七二年以後，每一個醫學生都會聽過健委會的名字，其中不少也參加過其名下的活動。

童年的健委是在服務社會的理想下發育。基本上準醫生們都有服務的意圖，但單靠一己的力量是不足夠的，所以各班的社會服務組便結集起來，成立了健康委員會。

健康展覽是它活動的一部份，曾經展出的題目包括：「常見而致命的疾病」、「中醫週」、「癌症」、「心臟與健康」、「性與健康」、「精神與健康」、「你的健康」（生理健康、職業健康及精神健康）、「煙與酒」、及「藥物常識」。七五年的「性與健康」是一個高峯，亦是第一個在大會堂展出的展覽，參觀人數超過五萬人，售出的「性與健康」小册也超過二萬餘本。

健委會也常常接受社團和學校的邀請，籌辦一些健康教育的活動。例如：心臟學會舉辦的「心臟週」，兒科學會的「幼兒健康」展覽，灣仔民政署主辦的「健康日」，和協助紅十字會在院內推動捐血等。

服務社會的活動還包括了：七七年愛秩序灣大火，健委會率先到災場慰問；七九年的「香港仔服務計劃」，十多位同學每星期都跑到香港仔社區服務中心，爲當地的中學生免費補習。此外還舉辦一些健康講座及問答比賽；八〇年健委會也協助同學們組織了香港兒童安置所的服務組，爲該處的男童補習。

八〇年夏天，健委會推動了一個衆人皆知的「捐腎運動」。是次運動，有百多位同學參加，響應我們的社會團體和中學有八十多間，還有近二十個傳播機構爲我們宣傳。該運動到是年十二月方能結束。

隨著歲月的增長，參加活動的同學們都感到自己對社會的無知，和對醫療制度的陌生，醫療學習小組便開始發芽了。七五年，香港政府暗示不能聘請全部當年畢業的醫生，刺激起了不少討論，「元朗三二〇」是醫學院的第一個社區探訪，有八十多位同學參加。其他的專題活動包括：七七年的「香港老人問題」；七

八年的「香港醫生前景面面觀」；七九年的「香港醫療專探」等。

七五年以後的健委會是多元化的。服務、捐血、展覽和學習小組都以分工的形式發展。不過從另一方面看，這種分工現象可能是標誌著健委會缺乏明確的目標，因爲參加不同類型活動的同學來自不同的圈子，沒有甚麼連繫。辦健康展覽的同學自覺很獨立；學習組的同學認爲服務太花時間；服務性的活動被視爲是較低層次的活動，開始式微了。

七九和八〇年間，三批同學分別探討有關在醫學會內推動服務性活動的可行性。香港仔服務計劃及兒童安置所服務團都是他們的嘗試，但都只能維持四個月左右。八〇年底，最後一批探討的同學更決定放棄再嘗試的行動。

醫療學習小組也遇上了自己的困難。對香港醫療制度的探討並不容易以活動配合，是以任何較深入的探討都只能局限於少數同學。「如何改善」的問題亦並不容易回答。

醫學會內沒有人能同時辦展覽，組織服務團和領導學習組。這輛多頭馬車，缺乏了全才的車伕。八〇年初，沒有同學有信心領導健委會。一切活動，包括展覽、學習都暫停了。

八〇年中是健委會重新建立的時候，七八年的負責人說：「從前的已經不復存在，代之是新的健委。」「捐腎運動」是服務社會、教育市民及了解社會的綜合性活動。隨著服務研究小組宣告停辦服務組和健康展覽正式和委員會分家之後，健委會的成員便可以專心探討醫療界的現狀了。

健康委員會

DEPARTMENT OF MEDICINE

THE DEPARTMENT OF MEDICINE

Prof. D. Todd

The present Department of Medicine can be said to have been founded by the late Professor A. J. S. McFadzean, who was head of the Department from 1948 till his retirement in 1974. When the University of Hong Kong was re-established after World War II, the Department had a teaching staff of 5 and occupied the space of the present Ward A2. It is largely through his foresight and efforts that the Department now occupies two floors in the Professorial Block. It is already bursting at its seams. In addition, the Department has a teaching unit at the Tung Wah Hospital, mainly for dental undergraduates, and one is being established at the Grantham Hospital. The medical school and hospital services have greatly expanded since 1948 and the Department now has 29 teachers. When all the medical staff are counted, there are 53 who are full-time, 19 honorary clinical lecturers and 12 interns and 4 externs. They have three main activities : teaching, patient care and research. While the ratio of full-time teachers to undergraduates falls short of that of medical schools in the U. K. and the U. S. A., we are fortunate to have the assistance of highly qualified and enthusiastic honorary clinical lecturers. In recent years, teaching activity has extended into the postgraduate sphere because with the many advances in scientific medicine, it is impossible to cover all subjects adequately in an undergraduate course. As a result, the scientific basis of medicine and the principles of clinical medicine and therapeutics are taught during the undergraduate period and more vocational aspects of medicine during internship and the following post-registration years. The latter comprise a period of general professional or basic physician training which usually lasts three years after which the trainee sits the M. R. C. P. (U.K.) or the F.R.A.C.P. Part I examination. Advanced or specialty training follows and after another four years or so the physician should have reached specialist consultant status. In Australasia, the F. R. A. C. P. is then granted while in the U. K., election to Fellowship of one of the Royal Colleges of Physicians (F.R.C.P.) usually occurs a little later. Since the primary duty of the Department is to train physicians for Hong Kong, it is necessary that it has teachers trained in the different sub-specialties as the different types of expertise are not readily available elsewhere locally.

The Queen Mary Hospital is the regional hospital for Hong Kong Island and the Department has over 200 beds for patients with medical disorders. In addition, it has about 100 beds at the Tung Wah and 90 at the Grantham Hospital. The out-patients' service load is particularly heavy as many of those discharged have no specific doctor to return to and therefore attend one of our "follow-up" clinics. Also, many patients are referred by other doctors for specialist attention. The argument that patients are a source of clinical knowledge is certainly true but with over 17759 in-patients and 52526 out-patients a year the staff are often overwhelmed and hard pressed to find time for other academic pursuits.

This Department is fortunate to have young and enthusiastic as well as "seasoned" physicians supported by a small but efficient and dedicated group of secretarial and technical staff. We also have regular academic visitors, many of whom are sponsored by the University's benefactors. Looking into the future, undergraduates should particularly benefit from recent changes in the curriculum which encourage earlier and more direct involvement with patient management, provide an elective term and the possibility of a degree in medical science. Also, topics such as geriatrics, medical oncology and general practice are included and there will be more audio-visual teaching aids. Further, improved staffing, the establishment of medical units at the Tung Wah and Grantham Hospitals and the physical improvements which will result from the new extension to Queen Mary Hospital, due to be completed by the middle of this decade, should all make studying medicine here more efficient and enjoyable.

Depite this large commitment to patient care, members of this Department have engaged in meaningful research for many years. The emphasis has been on medical problems commonly encountered in this part of the world which include bronchial asthma,carcinoma of the liver and lung, cirrhosis of the liver, glucose-6-phosphate dehydrogenase deficiency, hepatitis, hypertension, lupus erythematosus, leukaemias and lymphomas, nephritis and renal failure, thalassaemia, thyrotoxicosis and basic research in blood coagulation and endocrinology. More research could and should be done but this depends very much on financial and technical support, not to mention time ! It is sad to reflect that in an affluent society such as ours funds for research are difficult to obtain although donations for this purpose have increased in recent years. The usefulness, indeed necessity, for academic staff to carry out research need not be re-counted here: improvements in standards of teaching and patient management can only be achieved through active research.

PROF. Todd D.
M.D. H. K., F.R.C.P. Lond., Edin. and Glas.; F. R. A. C. P.; J. P.

Professor Todd was educated at the University of Hong Kong and obtained the degrees of M.B., B.S in 1952 and M.D. in 1958. He was appointed to a personal chair in July 1972 and the Chair of Medicine in July 1974.

A physician for some years, Professor Todd really does not think pursuing academic medicine a sacrifice: "What one may lose one gains back in other aspects. " He hopes to strive for a continual betterment of the standards of Medicine, to train and perpetuate well qualified members of the profession. Professor Todd thinks that the responsibility of a doctor not only lies in the treatment of the patient's disease, but he also should assess the needs of the patient with respect to his family and consider other social implications of his disease. Yet, it is realized that a doctor's time is limited so one has to strike a working balance between these different aspects. In any event, doctors should be community-minded !

Few would disagree that Professor Todd's understanding of medical students is an exhaustive one. He thinks that, generally speaking, the standard of medical students is high since they are selected from the best matriculants. So it is natural to find that most students are bright. Yet, he feels many are immature and too examination-oriented and that this is due to the sterotyped education that students are exposed to in their pre-university years with the result that students are not able to undertake independent learning. For example, they find it difficult to see patients on their own to learn about the patients and their disease. Moreover, he finds that most students have a general tendency to learn things, not primarily for knowledge, but for the examination. In addition, he thinks that the standard of English among students is not that high and since English is the international language in science, it is important for students to improve their command of the language.

The new medical curriculum has been adopted for 2 years. This came about, Professor Todd explained, as a result of a change in emphases in undergraduate medical education. The new curriculum aims towards full coverage of the principles of a series of important subjects, and exposes students to patients fairly early on. Students are trained to be doctors but in five years there is a limit to the amount that can be taught or learned so continuing education is necessary. Students should be honest with themselves and with their approach to patients. Also, it is not Professor Todd's belief that there should be any expansion of the internship year. Rather, he thinks that systematic basic professional training after registration is more important, and one should spend more effort to achieve this.

Professor Todd thinks that the Department of Medicine has excellent staff and that they are good teachers and are doing meaningful research. However, the Department can be improved further by having more teachers, and by the development of the sub-specialties. Moreover, an increase in technical staff and equipment is also necessary. Routine patient care presents a heavy workload, so there is relatively less time for research. Therefore, further aims will be to obtain more teaching and technical support, the setting up of subspecialties, each with several physicians, for teaching and patient care, and the acquisition of more equipment, all of which means increased funding. This is important, for it is only by providing adequate facilities and decreasing the excessive patient-load of each teacher that the latter can put more time into teaching and research to advance knowledge in medicine.

Being head of the Department of Medicine, Professor Todd's position is a mixture of teaching, administration, research and service. Perhaps there is too much committee work. He enjoys practising medicine in a teaching hospital, where many facilities, otherwise unavailable, can be employed for better diagnosis and treatment of patients. It also enables him to work as part of a team, which is, he thinks, a better approach to the total management of patients. On the research side, he is currently studying the hereditary haemoglobin-disorders, which are common in Hong Kong. In fact, he is the first here to start research in this field. So the Professor has really a good balance between teaching and clinical and academic medicine, which, as he has put it "is interesting, rewarding and challenging".

To turn to a less solemn side, Professor Todd likes swimming and boating, and enjoys classical music.

PROF. YOUNG, Rosie T. T.
M. D. H. K.; F R.C.P. Lond and Edin; F.R.A.C.P.; J. P.

Professor Young received her secondary school education in Sacred Heart School and spent her matriculation days in Northcorte Training College. When she entered the Faculty of Medicine after matriculation, she was awarded a full government scholarship. Having graduated and completed her pre-registration training in Medicine, Prof. Young joined the department of Medicine as a clinical assistant.

In 1959, Prof. Young had a chance to go to Glasgow for a post graduate training course. Not only did she obtain her MRCP (Edinburgh and London) , she was also introduced to nuclear medicine and its application to endocrinology. Although none of her senior colleagues then in Hong Kong had any special training in the field of endocrinology, Prof. Young took up endocrinology as a specialty. This was to her a great challenge. Yet, Prof. Young proved her competence by setting up the radio-immunoassay laboratory and established an endocinology service within the department in the ensuing years. The years that were to follow saw a rapid development of the endocrinology service, due to Prof. Young's unfailing efforts. In these years, Prof. Young also received her FRCP (London and Edinburgh), FRACP and membership of a number of medical societies and association. She became titular professor in 1974, was appointed to the second structural chair in medicine in 1979. Having spent more than a quarter of a century in the department of Medicine and looking back upon these days, Prof. Young thinks that job satisfaction has been overwhelming. The experience of working with her colleaques she will treasure for many years to come.

These years Prof. Young has played a continually important role in the administrative duties of the faculty. She became Subdean in 1978. This placed her even in closer contact with students in the faculty. She thinks that medical students here are very good. This is due, by and large, to the pre-selection system we now have. But Prof. Young expressed that she could never tolerate students with long hair, untidy clothes and all that sort of slovenly appearance. Students need to be dressed tidily, not elegantly.

Moreover, Prof. Young thinks that students are too examination conscious. Although students are becoming increasingly socially conscious these days, a lack of adequate exposure to various aspects of the community can still be detected in quite a number of students. Prof. Young thinks that, as a doctor, one has to see patients from all walks of life; and therefore this is a challenge not only to one's medical knowledge, but also to one's ability to know a person and to understand his problems. She therefore thinks that some students are still not well prepared for this. It is advisable that students should better themselves along these lines during their university education.

Prof. Young resents very much the idea of looking at medicine as a 'lucrative profession'. It is fair enough that doctors should have a reasonably good salary to support either himself or his family. Yet medicine is never where one should think of making money and becoming rich. It is inevitable, of course, that a few doctors these days are still obsessed with the idea of becoming rich. As with general practitioners, Prof. Young thinks that most of them find that working outside on their own give them greater degree of freedom and more job satisfaction. Prof. Young also welcomes the idea of the formation of a society of general practitioners that will encourage them to keep abreast with the advance in medical knowledge and provide them with the continuing self-education.

Prof. Young had spent her university days residing in Lady Ho Tung Hall. She had thoroughly enjoyed these years. She thinks that hostel life enables one to encounter different young persons from different disciplines, to be able to share the joys and woes of each other. More important, moreover, is that espirit de corps which one could never have enjoyed otherwise. So, Prof. Young believes that hostel life is a very important part of a complete university education. It is a pity to see that only a fraction of the university students can have this previledge of enjoying a memorable hostel life.

Prof. Young is now doing reseach work on endocrinology and metabolism, especially thyrotoxic periodic paralysis and CHO metabolism in liver disease. Of course, the time she can put on research has decreased due to her involvement as subdean in the administration of the faculty.

Prof. Young has never been active in sports and in her spare time, which is indeed scarce these days, she would like to do a bit of reading.

PROF. CHAN, T. K.
M. B., B. S. H. K.; F. R.C. P. Lond. and Edin

Prof. Chan graduated from the University of Hong Kong with the degrees of M.B., B.S. with Honours in 1961. His association with the University continued as staff member when he was appointed a Clinical Assistant in 1962. After two years, he became an Assistant Lecturer in Medicine, and was promoted to Lecturer and Senior Lecturer in 1966 & 1973 respectively. He was appointed Reader in April 1978 and was awarded a personal Chair in November 1980.

Prof. Chan feels quite satisfied with his present job, which he thinks is multi-faceted involving teaching, patient care, as well as reseach work which enables him to keep abreast with the more recent academic developments.

Prof. Chan has extensive research interests in haematology. Working in collaboration with local & overseas researchers, his research activities centre around the following five areas: G6PD deficiency; leukemia, coagulation, fibrinolysis & platelet function; the sequestration function of the spleen; and red cell membrane structure & ion permeability. An author of several papers on G6PD, Prof. Chan is also the co-author of many articles, published internationally. He was elected a Fellow of the Royal College of Physicians of Edinburgh in 1975 & of London in 1977. He is also a Fellow of the International Society of Haematology.

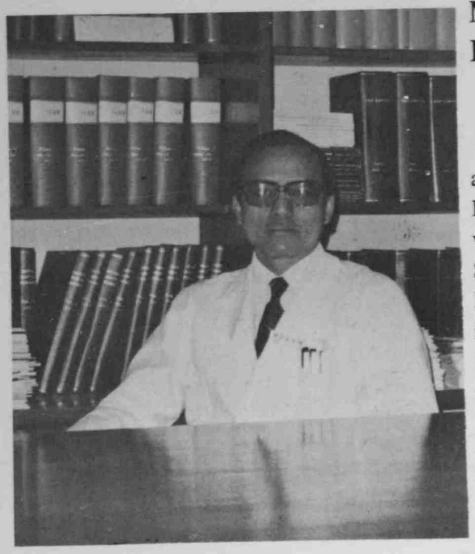
With the expansion of the size of the medical class in this University over the years, Prof. Chan finds that contact of a personal nature between lectures & students is decreasing. But he does have a good impression of medical students in general and thinks that they are quite hard-working. He then goes on to express the view that medical students, through extra-curricular activities or otherwise, should develop an active interest in dealing with people. Prof. Chan believes that this latter quality, besides technical competence, is what really constitutes a 'good doctor', who is kind & responsible to patients.

As the degree of complexity with each discipline in medicine is constantly increasing, Prof. Chan is of the opinion that it is only natural for medical education to fall back more on principles rather than on facts, and to be more geared towards an integrative approach to the various disciplines. As such he welcomes the introduction of the new medical curriculum which is really designed along such lines of thought.

In addition, Prof. Chan thinks that education for a doctor must be a continuous one. This applies especially to those who have left hospital to go into private practice. And Prof. Chan would welcome schemes for postgraduate training of General Practitioners. Besides, he finds it perhaps a good idea to develop a system of three years of compulsory rotatory training for all medical graduates of the university, so that they can be more well-equipped for later work on their own.

In his seniors years now, Prof. Chan does not find his job particularly stressful, but still feels a sense of failure and helplessness when faced with terminally ill patients. For all this, he is prepared to try his best to contribute towards society via his work, which he said with a smile 'practically equals his life'.

Besides reading, Prof. Chan spends most of his other spare time with his three children.



PROF. TSO, S. C.
M. B., B. S. H. K; F R.C.P. Edin, F.R.A.C.P.

Because of his interest in biological science and attracted by the practical application of medicine, Prof. Tso joined the University of Hong Kong to study Medicine in 1953 after he left his secondary school, the Queen's College. He was one of the few students who entered the University on a Government Scholarship. He graduated in 1959 with the Ho Fook Prize for Second M. B. Examination and C. P. Fong Gold Medal in Medicine. Prof. Tso served his internship in the University Departments of Surgery and Medicine of Queen Mary Hospital. Later he joined the U. M. U. because he thought he was not good at surgery and also because he was inspired by the former Head of the Department, Prof. McFadzean. In 1962, he went to U. K. on a Sino-British Fellowship Trust Scholarship for postgraduate studies and became a member of the Royal College of Physicians of Edingburgh in 1963. With 21 years' working and teaching experience, he was appointed Professor in Medicine in 1980.

Prof. Tso enjoys teaching medical students very much for it is a chance for him to have more contact with the younger generation and to share what he knows with the young urchins. Although the time spent in looking after patients is very long, he believes that this is something necessary because after all patient care is still the main concern of a doctor. Formerly, Prof. Tso did some research on the control of red cell production but now, he is more interested in studying the folic acid binding proteins. Although folate definciency is not a problem in H. K., there may be some interplay between the folic acid binding proteins and various clinical states, eg, thalasaemia which is a fairly common disease locally. Clinically he has particular interest in haemophilia and aplastic anaemia.

On the qualities of a good doctor he emphasizes the prime importance of good medical knowledge to help one in diagnosing and treating the patients. Secondly, a doctor may have to acquire knowledge outside the medical field as one needs a multidirectional approach in handling the patient. Thirdly, an understanding of the patients' life situation is important because a doctor has to know how a disease affects a patient's life and his family in order to work out what is best for the patient. Last but not least, a good doctor should be willing to think for his patients and not just of his own benefit. On the other hand, problems may arise from the patients and not the doctors. Tne main problem is the difficulties of making them understand their own illness and indeed the population, as a whole, do not have enough medical knowledge. Moreover many patients like to go from one doctor to another for their illness only to pick up more trouble on the way. Sometimes there are problems due to inadequate medical care in H. K.. For example, most patients in the hospital are treated only for their acute problems and there is not enough follow-up after discharge.

Returning back to our medical students, Prof. Tso feels that generally we are still too much concerned with our bookwork and lack the drive to widen our outlook both in the academic context and in the society as a whole. Perhaps the present educational system in H. K. does not promote the much needed sense of inquisitiveness amongst the students. Therefore he believes that social awareness is a very important asset for us. Most of our students are also too examination-orientated. This can be observed from the attendance of the students in the public lectures; only the more clinically related topics arouse their interest but not those which are more on the intellectual, philosophical or research of medicine. However he is quite happy with our students' ward manners although they usually fail to establish an appropriate relationship with the patients. Concerning the new curriculum, Prof. Tso thinks that the introduction of Behaviourial Sciences and Integrated Course is a good thing. Behaviourial Science give the chance for our medical students to widen their outlook and the Integrated Course leads us to understand that medical knowledge is an integrated one and we cannot rigidly divide it intc medical, surgical or any other definable items because a patient will not come to a doctor labelling himself as either a medical or surgical case.

Prof. Tso was the President of the Students' Union in 1958 and being a founding member of University Hall, he represented the Hall as a member of the basketball and badminton teams besides having served as a hall secretary. He spends his spare time mostly in reading and listening to music at present. Prof. Tso is married and has two children.

DR. YU, D. Y. C.
M. B., B. S. H. K.; F.R.C.P. Edin

Dr. Yu decided to join the Faculty of Medicine after he had left his beloved secondary school, the Diocesan Boys' School, because of parental encouragement to maintain a family tradition . He graduated in 1960 and had his Pre-registration training in the University Departments of Medicine and Surgery.

Dr. Yu, a charming person indeed, talked humourously when he was asked why he devoted himself to medicine and relinquish a surgical career. He firstly believed that medicine was more of an intellectual challenge; more stimulating than developing a set of technical skill. The protean manifestation of diseases superimposed on inter-patient variability in Medicine made the diagnosis and treatment something like detective work, demanding a rational and logical approach, which he adored.. This interest had largely been influenced by the late Prof. A. J.S.McFadzean, a most distinguished and dynamic teacher that he had the fortune to be associated with . Lastly he made a joke in saying that his short stature would not even allow him to reach the operating table to have a look, let alone the performance of an operation.

As a Reader in the Department of Medicine and the physician-in-charge of the Division of Cardio-respiratory Medicine, Dr. Yu has now a good balance among the various aspects of his work: teaching of students, research in cardio-respiratory diseases, patient care and administration of his subdivision. Before the return of adequate trained cardiologist and respiratory physicians, he had passed through 7 lean years, being the only physician to shoulder the teaching and patient care load in the respiratory sub-specialty, including the running of the pulmonary laboratory service. within a part of those years he was also involved with the overall administration of the cardio-respiratory laboratory services while maintaining his general teaching and patient-care commitments.

To be a good doctor, one must always try to aim for the patients' good and not to create any harm, either professionally or morally, as advocated by Dr. Yu. He thinks that our medical students now are more serious and tense in their studies, because of the rapid recent accumulation of medical knowledge. They are more eager and have excellent capacity to memorise. However there is a tendency for lack of initiative in the quest for truth, depending on a blind faith of their teachers' infallability in a simplistic way. This defeats the aim of an University education to stimulate a student's interest in exploring further advancement after providing him with the basic knowledge.

Gone were the days when Dr. Yu was still a resident of the Morrison Hall; the glorious moments of laughter and cheer,cultivated by the Warden Rev. Withers-Green who earned the respect of the residents by treating them as responsible persons. The only thing he left behind is his full matured charcter and the splendid memories in his life.

Dr. Yu is now a father of two children and he is very interested in computer programing during his spare time. Initially he set the programes just for the sake of saving time in the calculation of the pulmonary function tests, but now he has become 'addicted' to it.

DR. LAM, S. K.
M. D.H. K; F. R. C P. (Edin)

Dr. Lam graduated in 1967 from this University. In 1972, he was awarded the Membership of the Royal College of Physicians of United Kingdom and subsequently in 1975, the Degree of Doctor of Medicine. He joined the University in 1967 and in 1968 was appointed Assistant Lecturer. In 1969, he was promoted to Lecturer, in 1977, Senior Lecturer and in 1980 to Reader in Medicine.

The emphasis of his present research is on peptic ulcer, its aetiology, genetic and pathophysiologic heterogeneity, and its treatment.

When asked about the qualities a good doctor should possess, Dr. Lam gave us this message:

"I have two pieces of advice to give.

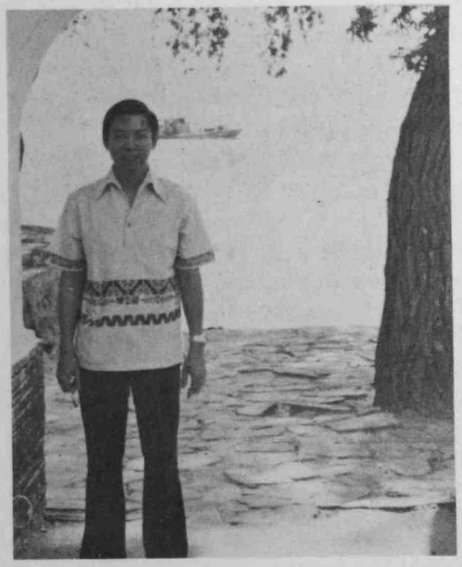
When the day comes that you become doctors, even at this stage now when you are preparing yourselves to take up this profession, you will have to make many

decisions everyday. You need to establish for yourselves some general principles to help you make decisions. This may be a vote to cast, a drug to give, a procedure to perform, a fee to charge. It may even be which boss you want to work for or which junior you want to employ. Always formulate these principles on the basis of good morals and kindheartedness. I dread the doctor who goes through life with no principles, I dread him the more if his principles are immoral and unkind.

In your day to day work, make it a habit to ask yourselves questions and find out the answers. Always begin your questions with "why" and "how". The day when you find that your questions have slowed down, you have reached and passed the summit of your career and you are on your way downhill. Make this day the day of your retirement and make this day as far beyond your sixtieth birthday as possible."

Dr. Lam think that medical students in Hong Kong are of high quality. He would like them to be less bookish and more practical. He suggests that medical students should learn more CLINICAL medicine by attending more clinical meetings and bedside teaching sessions, and attend more lectures delivered by foreign scholars to get more new ideas.

Dr. Lam is married and have three children.Initially, during the period of establishing his career, the heavy work as a lecturer interfered somewhat with his family life. But, as time goes by, Dr. Lam find it so important to relax in order to advance that he is now spending more time with his family. Dr. Lam like to spend his leisure time with his family, such as go swimming, hiking or fishing with his kids.



DR. LAM, K. C.
M.B., B.S. H. K.; F.R.A.C.P.

Dr. Lam received the M.B., B. S. Degrees from this University in 1966. Having served for a year as Medical Officer at the Alcie Ho Miu Ling Nethersole Hospital, he was appointed Lecturer in Medicine at the University in 1968. From 1970 to 1972 he took up a research fellowship at the A.W. Morrow unit of Gastroenterology in Sydney, Australia. There he obtained his MRACP. In 1975 he was promoted to Senior Lecturer in Medicine, and became, in the same year, a Fellow of the Royal Australasian College of Physicians. During 1975 to 1976 he was visiting Assistant Professor at the University of Southern California. He has been appointed Reader from January 1, 1980.

Dr. Lam has been actively engaged in various professional bodies. He is a Founder member and Council member of the Asian-Pacific Association for the Study of the Liver; a member of the International Association for the Study of the Liver; a member of the American Association for the Study of Liver Disease, an Associate Editor of the American Journal of Protology, Gastroenterology, Colon and Rectal Surgery; and editor of Tropical Gastroenterolgy; and a Regent of the International Academy of Proctology.

Besides his contributions to the study of hepatitis, Dr. Lam has also been involved in many other non-medical sectors of society. He was elected as one of the Ten Outstanding Young Persons in Hong Kong for his professional achievements and contributions to the community. Among other things, he is the Chairman of the City District Office Western Mid-Levels Area committee.

Dr. Lam is interested in service to mankind.He believes that one's success in life is measured by how much one has given rather than how much one has accumulated. He thinks that a doctor should put serving patients as his first priority, and should not instead be primarily a research worker making use of patients to serve him as a number in a set of data for publication.

Concerning undergraduate medical education in Hong Kong, Dr. Lam is of the opinion that there is still room for increasing emphasis on practical work, which is not only basic to clinical medicine but would also help medical students to gradually develop the basic attitude of treating patients as human beings with a sense of responsiblity and understanding.

As a person he enjoys sports of many varieties. He is the immediate Past Chairman of the Staff Sports Club and an Honourary Vice-President of the Hong Kong Badminton Association. While knowing his own limitations, Dr. Lam is constantly improving himself and is dedicated particularly to the field of hepatology, hoping to more successfully extend its preventive and curative sides.

DR. CHAN, VIVIAN N. Y.
M. Sc., Ph . D. Lond; D. I.C.

Dr. Chan received her education mainly in U. K., As an undergrad she studied chemistry and zoology at the University of London and obtained her degree of B.Sc. in 1968. The she continued studying biochemistry at the same university and obtained the degree of M. Sc. in 1969 and was also awarded the Diploma of Imperial College (D.I.C.) for brilliant students. Working at St. Bartholomew's Hospital Medical College, London, she obtained her Ph. D. in clinical biochemistry on 1973 and continued her postdoctoral research there. From late 1974 onwards Dr. Chan has been a member of the Department of Medicine. Her work is mainly in research and helping other members of the department in their research. Dr. Chan has contributed to many books and has published more than 50 research papers in many widely-circulated medical journals. She is also a member of many professional societies such as the Endocrine Society (U.K.), the Association of Clinical Biochemist (U.K.), European Thyroid Association, the Hong Kong Biochemical Society and the Hong Kong Society of Haematology.

The main interests of research of Dr. Chan are endocrinology and haematology. She has worked with many members of the Department and collaborated with other departements in the Faculty. Her current research interests are on coagulation and haemoglobinopathies, working together with Prof. Todd and Prof. T. K. Chan. When asked about her workload, she replied that research work can make one as busy as possible, but she made sure that this did not interfere with other aspects of her life.

Comparing medical students in Hong Kong with those in U. K., Dr. Chan found that students here are more examination-conscious and are more earger in taking notes during lectures. She think that this may interfere with our understanding of what the lecturer is explaining. She said that students in Hong Kong read less about the so-called "way-out" topics in journals, as a result of which there is little stimulation for the students to undertake research work after their graduation. She complains that the main difficulty in her research work here is lack of stimulation from people in the same field.

When challenged with some medical sociologist's view that more resources of society should be chanelled to improvement of living condition and training of the handicapped rather then to research, she argued that this is not true. She said that research is absolutely necessary in the long run for the practice of preventive medicine and reducing funds for research will just retard progress. She quoted a saying from a journal that "reducing the fund for research just ensures that you can pass THIS winter, but does not provide for the next and subsequent winters!"

During her leisure time, Dr. Chan is very eager about her entertainment. She is interested in many sports such as riding, swimming and squash.

DR. HUA, A. S. P.
M.B., B.S.H.K.; F.R A.C.P.,

An old boy of Diocesan Boys' School, Dr. Hua completed his M.B.,B.S. training from this university in 1969. Three years later he went to Australia for studies on kidney diseases and obtained his MRACP and F.R.A.C.P. in 1973 and 1977 respectively. After that Dr. Hua came back to Hong Kong and re-joined the department.

Dr. Hua said that the University of Hong Kong has a good and sound medical school and students here are serious and competitive as scholars but tend to be narrow in outlook. This is often reflected in attitudes of the medical profession both inside and outside the University.

When asked to comment on the University Medical Unit, Dr. Hua said that the department had grown in size in recent years but since the medical school is an old one, any change is difficult and often resulted in the failure of facilities to keep up with the need. In addition, the rapidly increasing population of Hong Kong is causing serious problems: the workload of wards becomes very heavy, turnover rate of hospital patients is very high etc. Thus, many investigations and treatments cannot be carried out to a satifactory level.

Besides his research on chronic renal failure, Dr. Hua is interested in the application of modern techniques to help teaching in medicine. An example being that of the Computer Assisted Learning (CAL) by which machines like videomonitors etc. can be controlled to reproduce lifelike clinical situations which students may not otherwise encounter. Also, he regards health education of the public very important and hopes that the establishment of the Society of Nephrology and Kidney Foundation can contribute to this in the case of kidney disease. Dr. Hua is also concerned with broader medicosocial issues like community health, juvenile deliquency, volunteerism, and medical ethics.

With respect to family life, Dr. Hua thinks that it is very important, and together with the Chinese concept of a stable and healthy society, form a great challenge for active professionals in this modern age to develop with the proper sense of priority and commitment.

Dr. C. Y. Huang
M. B E., B. Sc. (Sydney),
M. B., B. S. (H. K.) F. R A. C. P

Dr. C. Y. Huang obtained his M. B , B. S.(H. K.)degree in 1966. Prior to this, he has already received a B. Sc. degree from Sydney University. He stayed in the University department of medicine for his internship, but later went again to Australia, where he obtained his F. R. A. C. P. and became a govt. hospital consultant neurology. He rejoined the department in 1981.

Dr. Huang thinks that Hong Kong really lacks neurologists. Amongst the 5 million population in Hong Kong, at least some one hundred thousand suffer from epilepsy of some sort, and the number of stroke cases keeps on rising. On a population being, H. K. needs about 50 neurologist (1 to 100,000) but there is in fact only 4 in the city, and only the University has a neurology unit and two outpatient sessions to cope with the demand. The neurological patients represent a great social burden in our society. But most cases are both preventable and still treatable. In view of the lack of neurologists, some form of medical education should be given to the public so that ordinary people can detect early signs of neurological disease, eg., transient ischemic attack, and avoid unnecessary and dangerous forms of inappropriate therapy.

Moreover, coupled to the training of neurologists, paramedical training is also important. Stress should be on a team work approach. This particularly applies to the management of convalescent patients, such as physiotherapy, O. T. speed typist This may help to decrease the social and financial burden that neurological patients are faced with.

With only a short period of service till now in the department, Dr. Huang has already noticed that it is an active one and has very nice staff. The research work being done is also of high quality.

DR. NG, R. P.
M. B; B. S. H. K. ; M.R.C. P. U. K.

Having finished his secondary school in the Diocesan Boys' School , Dr. Ng entered the Faculty of Medicine as an undergraduate because he wanted to become a psychiatrist under the mistaken notion that that's the best way to understand the human condition.

Dr. Ng obtained his MB,BS degrees in 1969 and worked in the University Medical Unit and the University Surgical Unit in Queen Mary Hospital during his internships. In 1974 he became a member of the Royal College of Physisians.

When asked about the qualities required in order to become a good doctor, Dr. Ng emphasised two points: first a doctor must know his technical limitation; second he must hold certain humanistic principles. He also thinks that our medical students should have a wider scope of knowledge and have a lively interest in other fields outside medicine because medicine is concerned with the human being living in an ever changing society and knowledge of other fields which appears irrelevant may one day be useful. A big difference between our students and the medical students in U. K. is that there they seemed to have a much livelier interest in their surroundings instead of just sticking to their textbooks. This was the impression he had when he was a Senior Lecturer in Clinical Haematology in the University College Hospital, London University. However our students are not unpraiseworthy, they are becoming more and more socially conscious and beginning to look into the society in which they live. He also appreciates the better behaviour of our students in dealing with patients and he attributes this to the general trend of the society.

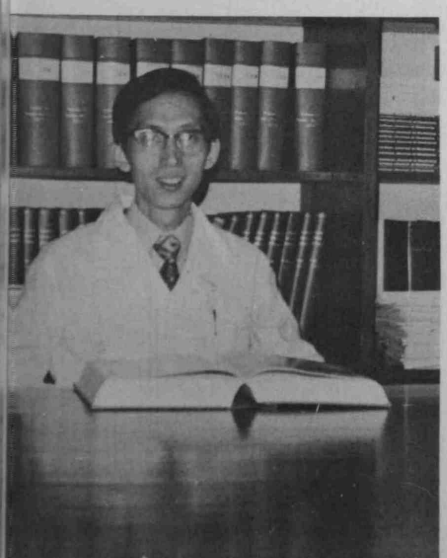
Personally, Dr. Ng thinks that the 2nd examination of the pre-clinical course seems to impose too harsh a burden on the students.

Dr. Ng is interested in the "humna mind" and its simulation by "artificial intelligence". He is at present working on a computer programme for the diagnosis of various diseases. As a Senior Lecturer in the Department of Medicine he derives great satisfaction from his work.

In his time, Dr. Ng was very active in the University Students' Union. He was the Hon. Secretary of the Union for one year and the Council Chairman of the Union during his final year. He was also a violinist in the then amateur Hong Kong Philharmonic Orchestra during his secondary school days.

Dr. Ng has a happy family with two sons aged two and four respectively, and his wife is at the moment reading for a Ph. D. degree in the University.

DR. TENG, C.S.
M.D. (H.K.) ; M.R.C.P. U.K.



In 1969,Dr. Teng graduated from this University with M.B., B.S. degree. After a year of internship, he began working in U.M.U. as a lecturer. In 1974 and 1975, he was granted clinical training leave from University of Hong Kong for further post-graduate training in endocrinology under Professor Reginald Hall at the University of Newcastle-Upon-Tyre in

U.K. During his stay there, Dr.Teng obtained M.R.C.P.(U.K.). He returned to Hong Kong in 1976 and continued working as lecturer in U. M. U. until 1980 when he was promoted to the post of senior lecturer.

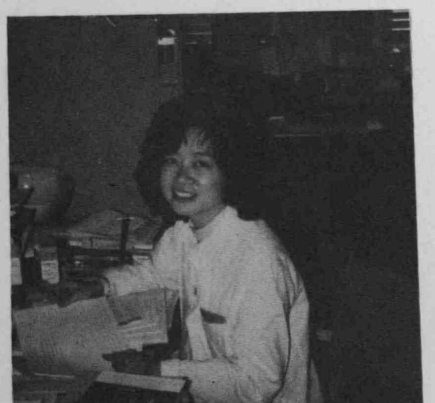
Dr. Teng likes to do research and his areas of research lie mainly in the field of thyroid diseases and diabetes mellitus, especially concerning the role of thyroid-stimulating immunoglobulins in the pathogenesis and course of Graves' disease, HLA studies in Graves' disease and diabetes mellitus, and the mechanism of disturbance of carbohydrate metabolism in liver diseases. Dr. Teng was awarded M.D. degree with Patrick Mansion gold medal in 1980.

With regards to U. M.U., Dr. Teng said that it is well organised especially in teaching and research. Personally, Dr. Teng has enjoyed working in U.M.U. and there is a lot of job satisfaction.

As a word to the students, Dr. Teng said that it is important for us to improve our observation power and spend more time in the wards. Furthermore, he thinks that a good doctor should have a broad general knowledge, should be socially conscious and able to keep up with new advances. However, the most important of all lies in having good manners and responsibility and concern towards the patients.

Being a bit introvert, Dr. Teng likes reading and light music. He is also fond of computers.

DR. WANG, Christina C. L.
M D. H. K. F.R.A.C.P



In 1968 Dr. Wang graduated from this school with honours. Subsequently, she entered U.M.U. as a lecturer and in 1972 she got her M.R.A.C.P. in Australia (F.R.A.C.P./1975). In addition, for her research on endocrinology, particularly sex hormones, she was awarded M.D. (H.K.U.) in 1974.

Having joined U.M.U. since 1969, Dr. Wang said that the department has grown in size. She joined the department because of her wish to do research and to pursue other academic interest.

Though quite busy for most of her time, Dr. Wang likes reading and horticulture (orchid) during her leisure.

Dr. W. C. Chen, Walter

Dr. Chen, a former graduate of St. Paul's Co-ed., obtained his M. B., B. S. degree in 1972. He first served as a govt. staff; then he went to Brompton hospital in England for training in cardiology in the period between 1977 – 78, during which time he also obtained his M. R. C. P. He became lecturer in the department in January, 81.

It is Dr. Chen's belief that an all rounded development is important for medical students and doctors alike. A doctor is not just part of the medical profession; he is also a member of society and of his family. Hence, concomittent progress in various aspects other than the academic side is important.

With regards to the difference in the work between practicing doctors and doctors serving in hospitals, Dr. Chen thinks that this lies mainly on several aspects. Work in general practice is more time consuming and demanding. Yet, a better doctor patient relationship may be established.

There are 3 points that Dr. Chen wants students to bear in mind.First, a doctor should manage their patients with a wholistic approach, and not just treating them as diseases. Second, he should know that a doctor is limited in his knowledge and expertise. Third, a doctor should always live up to his professional ethics. Dr. Chan is himself a Christian.In the aspect of medical ethics, he brings out 2 controversial issues: euthanasia and abortion on demand.He believes that a doctor is to cure if he can, to relieve sufferings if cure is not possible and to respect life. In these 2 problems, one should try to find out the underlying difficulties, be them social, spiritual, fianancial or mental, and to try to provide counselling and help.This may, in some cases,offer a better way of solving the problems. Moreover, he thinks that doctors who feel performing abortion on demand is against their conscience should not be discriminated.

Dr. Chen is contemplating noting up his research work on mitral valve prolapse as his MD thesis. In addition, he is doing research work on adriamycin cardiotoxicity and the effect of subcutaneous desferioxamine on the myocardial function in thalassaemic patients

Dr.Chen is a former member of Hornell Hall and he likes basketball and table tennis. He is married and has 2 sons. In his spare time, he likes listening to classical music.

DR. HUI, W. K. K. M.B.; B.S. HK.

Dr. Hui, from St. Paul's Co-educational College, graduated from the Faculty of Medicine in 1977 with distinctions in Anatomy and Medicine, and gold medals in Medicine and Psychiatry. His internship year was spent in the University Medical Unit and QEH Surgical Unit 'B'. Finding medicine more challenging intellectually, he joined the Department of Medicine as a lecturer in 1978. In the past two years, most of his time was taken up by patient care, though he also helped with various research projects carried out in the Department.

Although not personally involved, Dr. Hui is very interested in the new medical curriculum introduced three years ago.He thinks the addition of Behavioural Sciences to the preclinical course will broaden the outlook of our medical students and help in their intellectual development. The introduction of the integrated course and summer vacation in the third year at the expense of clinical clerkships, however, may decrease patient contact and exposure to bedside experience.

Dr. Hui believes a good mastering of English is essential, and commented that the standard of English of present day medical students still has room for further improvement. As far as he can see, our students should try to work on thier own more. Indeed the number of lectures has been cut down in the new curriculum to prevent spoonfeeding students and to encourge them to study by themselves.

Besides his outstanding academic achievement, Dr. Hui was an active member of the Union and Medical Choir in his student days. Because of the heavy workload at present he has long missed his favourite basketball, badminton and aquatic games.

Dr. Hui is most interested in Cardiology in the field of medicine. He passed the part I Examinaton of MRCP early this year and will be leaving us for the Part II Examination in U.K. next year.

DR. LAI, C. L.
M. B., B. S. H. K.; M. R. C. P. U. K.

Dr. Lai graduated in 1970 with Honours, having gained a total of 4 distinctions during his university days. Since graduation, he has been working in the Department of Medicine. In 1974, Dr. Lai joined the GI unit in Western General Hospital in Edinburgh. He stayed there for 2½ years, during which period he also obtained his MRCP. Since returning to Hong Kong, Dr. Lai has been involving himself mainly in researches on hepatology, especially concerning all aspects of carcinoma of the liver.

As a University clinical staff, Dr. Lai feels his duty should be equally divided between teaching, patient care and research. He believes teaching students to be of fundamental importance and thinks that students these days tend to be more open and take more initiative. Dr. Lai has always tried to stimulate students' interest, and he enjoys teaching thoroughly. (Indeed most stude nts would agree that Dr. Lai is a most patient and responsible teacher) Despite this Dr. Lai still thinks it necessary to have a good balance between teaching and the other aspects. But he finds that for University clinical staff nowadays, not enough emphasis is paid on the quality of patient care and research. It is Dr. Lai's firm conviction that doctors should aim at doing good research and publish worthwhile papers, and not churn out papers just for the sake of churning out papers, irrespective of quality.

Health care in Hong Kong has been always a great concern for many a conscientious doctor. In this aspect, Dr. Lai thinks that the health care situation is better on Hong Kong Island as the population there is smaller. The reverse is true on Kowloon side and there is inadequate facilitaties and doctors to cope with the larger population. For this, Dr. Lai favours a system akin to a kind of national health system and that more attention be paid to primary health care. For private practitioners, Dr. Lai thinks that one should always have the patients' interest as one's prime concern, and that it is a serious error to miss the early detection of treatable diseases.

Having been a doctor for nearly eleven years, Dr. Lai thinks that although internal medicine has the widest scope of all branches of medicine, it is the continual new challenges and stimulations from different groups of students that are inspiring. Dr. Lai is at present president of the Medical Society. He thinks students are too examination and book-orientated. This is due partly to the high-pressure curriculum we now have. However, Dr. Lai fully appreciates students activities, particularly those concerned with public health education. He believes that these activities make the public become more alert of their health and this would certainly help in the preventive aspect of medicine. As for the coming years, Dr. Lai hopes to see still more student activities, both at home in the faculty and outside for the general population.

Dr. Lai is a former DBS boy. He had been a Hornell hall member in his 5 years in university. He has a wide interest in everything except sports. He especially likes arts, psychology and philosophy. He is also a fanatic about classical music and literature. He has frequently been to such European countries such as Austria, Germany to attend operas. Believes it or not, this has pushed him nearly to the verge of bankruptcy!

DR. LAM, W. K. M. B., B.S. H. K; M.R.C.P.U.K.

A former member of the Ricci Hall, Dr. Lam graduated in Medicine in HKU in 1972. After an internship of one year, he worked in the United Christian Hospital and then joined the UMU in 1975. He obtained a commonwealth scholarship and from 1977 to 1979 he furthered his studies in respiratory medicine at the Cardio-thoracic Institute, in Brompton Hospital in London.

Despite a heavy work load, Dr. Lam feels satisfied with his present job. In his secondary school days, he thought of becoming either a school teacher or a medical doctor. Now his job seems to meet both of these aims, not to mention the opportunity of research work!

Dr. Lam believes that in giving lectures, the lecturer should understand that the purpose of the lecture is to satisfy the audience and not himself. The contents of a lecture and its particular mode of delivery must be compatible with their needs.

Through research work Dr. Lam hopes to keep abreast with the more recent advances in the medical field. His present focus of research includes chemotherapy of lung cancer, the assessment of use of steroids in patients with chronic obstructive airway disease,and the assessment of lung functions changes in patient with mitral stenosis before and after operation.

Concerning medical students in this University, Dr. Lam thinks that they are generally both intelligent and diligent, but their preformance in the ward has been less satisfactory as compared with their results in written tests and examinations. He suggests that students during ward-teaching should take the opportunity to ask and to argue more, because we really learn as much from wrong answers. On the non-academic side, he thinks that students to-day seem to be developing an increased amount of social awareness, and of this he feels really glad.

In the area of patient care, Dr. Lam is happy that at the UMU there is the very good opportunity of teamwork with participation form the different subspecialties. Through efficient and appropriate referral of cases, patients would get a better work-up and subsequent treatment.

Dr. Lam is of the opinion that improvement in the medical system in Hong Kong must include efforts to raise the level of general health education and that more emphasis should be placed on preventive medicine. He does agree that this is necessarily a gradual process, and one towards which we should all strive.

Dr. Lam thinks that a good doctor should be responsible to the patient; he should treat not only the disease process but should take care of the whole patient beyond pure physical relief Thus, In the case of, say, severe chronic incapacitating rheumatoid arthritis, assisting the patient to adapt herself to home environment through teamwork effort of doctors, nurses, medical social workers and physiotherapist is more relevant than drug medications alone.

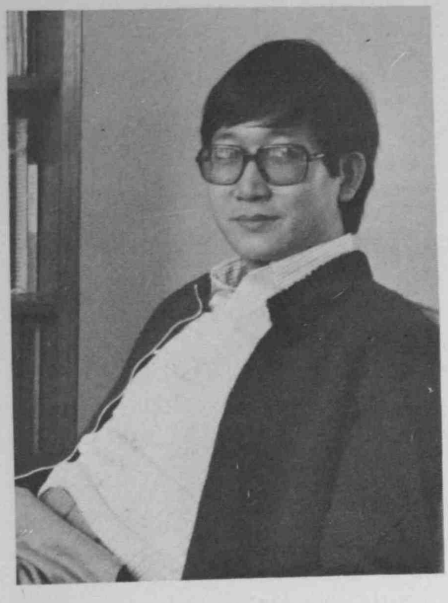
Dr. Lam is married, his wife being a medical doctor working at the Medical and Health Department. In his spare time, he enjoys swimming, playing bridge and listening to music.

DR. LOK, ANNA S. F. M.B., B.S. H. K.

Dr. Lok finished her matriculation course in King's College. She graduated from HKU and obtained her degree of M.B., B.S. in 1977, and since then has joined the Department. She will be on leave for the M.R.C.P. examination and further training in gastroenterology towards the end of 1981.

Dr. Lok said that one of the greatest difficulty in her job lies in the fact that the patient-doctor ratio is too big and the wards and outpatient clinic are too overcrowded so that ideal medical care is often not possible.

When talking about teacher-student relationship within the faculty, Dr. Lok thought that it was not very satisfactory. This, she suggests, is mainly because there are too many students in a class and also both students and lecturers are too busy. As a result, they do not have chance to get into contact. But she said that relationship within small tutorial groups are better.



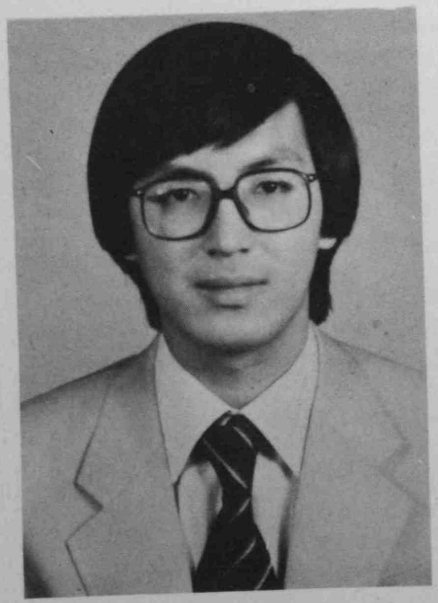
DR. SO, S. Y.
M. B., B. S. H. K.; M.R.C.P.U.K.

Dr. So received his school education at Queen's College. He graduated with the M. B., B.S. degree in 1972, carrying with him distinctions in Medicine and Pathology. He joined the U. M. U. in 1973 and went to U. K. in 1976 to have further training in the Cardio-Thoracic Institute in London. He chose thoracic Medicine because respiratory disorder are common and important.

Dr. So feels that our students are more open and more socially conscious now. Better understanding of the social background of a patient is essential for patient management. He suggests some of our students need to improve English because they cannot even tell a patient's history properly. One thing he puts much stress on is that our students have excellent memory in their bookwork but they are not keen to go to the bedside. To see more patients in the ward is more beneficial than studying consistently in the library. When asked about the new curriculum he thought that it would take years to see its effects and so it was not the time to have an absolute judge for it.

With regard to the public health problems in H. K., Dr. So gives credits to the almost free medical service provided by the Government although it is still not perfect in many aspects because of the lack of money. On the other hand, the public health education in H. K. is definitely not enough. Simple preventive measure like anti-smoking is done in a limited manner. Moreover, many patients do not recognise the job of a good doctor is to find out the underlying abnormalities and they always demand immediate relief of symptoms only. Shopping around for doctors only lead to delay in recovery.

To be a good doctor, Dr. So believes that one must be kind to his patients and the doctor should know his own limitations and act accordingly. The satisfaction he gets in helping patients outweighs the heavy work load. Besides his work. Dr. So is also keen on swimming, hiking and playing ping-pong and the electric organ.



DR. KAY, R. L.C.
M.B; B. Chir., M.A. Cantab.
M.R.C.P.U.K.

After studying abroad for more than 10 yrs., Dr. Kay joined U.M.U. as a lecturer in 1980. During his stay in U. K., he got his M. B., B.Chir (Cantab.) and M.R.C.P. (U.K.).

Despite that Dr. Kay has been away from Hong Kong for such a long time, he still finds it all right to live here except that noise pollution is quite a problem. Basically, Dr. Kay said that we have got a sound medical school & students here are nice.

As his favourites, Dr. Kay likes music & watersports.

DR. WANG Rebecca Y. C.
M.B , B.S. H.K.; M.R.C.P.U.K

A former girl of Sacred Heart Canonsian College, Dr. Wang graduated in Medicine in HKU in 1973. After one year of internship she joined the University Unit in 1974.

Dr. Wang is happy with her present job. She is specialised in the field of cardiology which is, so to speak, the most surgically orientated area of medicine and which often requires prompt action. The latter, Dr. Wang said with a smile, probably would actually fit her personality.

In choosing to work in the University rather than in private practice, Dr. Wang has found as most valuable the spirit and companionship of a team of people who are really concerned with and interested in keeping abreast with and making further advances in the field of medicine. Because of limited facilities, their research has been geared more towards practical purposes in useful service of patients than towards high-sounding investigations that may be prevalent in foreign countries.

As regards medical students, Dr. Wang is of the opinion that the majority are passive in seeking knowledge. Most of the students are reluctant of asking questions at the end of teaching sessions. Students still want to be spoonfed in lecture which, in her opinion, should serve to stimulate their interest and thinking in the subject rather than as source of information that may replace the use of standard textbooks. Dr. Wang believes that teaching should be very much a two-way process in which both the teacher and students benefit through questioning and challenging one another.

Dr. Wang also pointed out that the growth in clinical experience and expertise of a medical doctor is really via the suffering and death of countless number of patients. As such she thinks that every doctor invariably and certainly owes patients a big debt of responsibility.

Dr. Wang is a catholic. She said frankly that she has not yet come to a firm grasp of the meaning of life, but she is ready to accept whatever turns out after trying her best. 'Never wait until tomorrow what you can do to-day' is certainly a motto that we should all share with her.

Dr. Wang is single and enjoys playing bridge and reading in her spare hours.

DR. WONG , K. L.
M.B., B.S. H. K.

Dr. Wong spent his secondary school days in King's College before he entered the University from which he graduated in 1978.

Dr. Wong thinks that students these days tend to think less but question more. Yet their bedside manner needs improvement and many a times a false sense of patients being exploited during clinical examination is created due to a lack of self discipline. Much room is still left for improvement in this aspect.

A good doctor, in Dr. Wong's eyes, should be competent for his job and treat patients well. Nevertheless, he is also aware that the present 'pay and treat' sort of health care system with patients shopping around for doctors and making following up impossible has rendered much difficulties to a good medical practice.

Dr. Wong had resided in University Hall in his students days. He thinks that hall life is essential to a complete university education and he had thoroughly enjoyed his residence.

Academically, Dr. Wong is interested in immunology and lymphocyte function. His non-academic interests are varied : swimming, hiking, squash and badminton on his sporty side, reading on his quiet side. He is married, and says he "I am very fond of children!" Well, let us wait and see.

DR. WOO, E. K. W.
M. B., B. S. H. K

Dr. Woo joined the Department of Medicine in 1978, a year after his graduation with honours from the University.

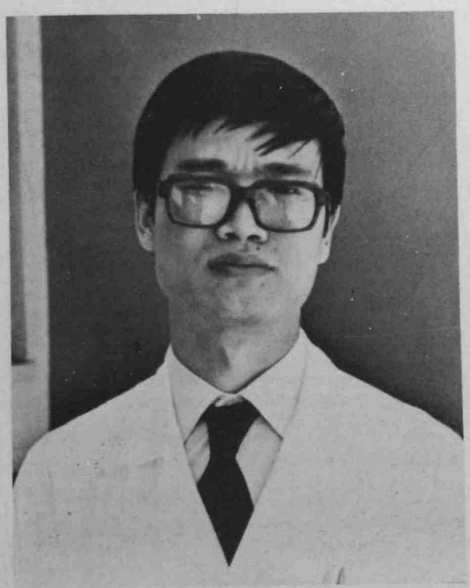
With nearly three years' experience, Dr. Woo thinks that the basic requirement of a good doctor is to be considerate to patients. Medical expertise does not count that much; what is more important is the responsibility one must show towards patients. This is especially lacking in our present medical system where adequate personal care is not forthcoming.

Dr. Woo thinks that bedside teaching is better than systemic lectures for it encourages students to be clinically orientated. On the learning aspects, Dr. Woo thinks that students are becoming more aware of the importance of clinical experience, as they go to wards more often and have been most helpful to registrars and house officers.

With his University days not that far back, Dr.Woo recalled that his student days were even more riotious. Medic Nite, he remembered, had been real good fun.

Dr. Woo has special interest in Neurology. This is one specialty in which the physician relies on bedside clinical features for diagnosis, while laboratory investigations are to a great extent subsidiary. He will be sitting for his membership examination in October, after which he will go to Newcastle for training in Neurology.

Dr. Woo was one time a St. Paul's Coed boy. He was class representative in the second year of his undergraduate days. He never became one again, for he dislikes administrative work. He is married to a barrister. In his spare time – a rare extravagance – he likes to play squash.



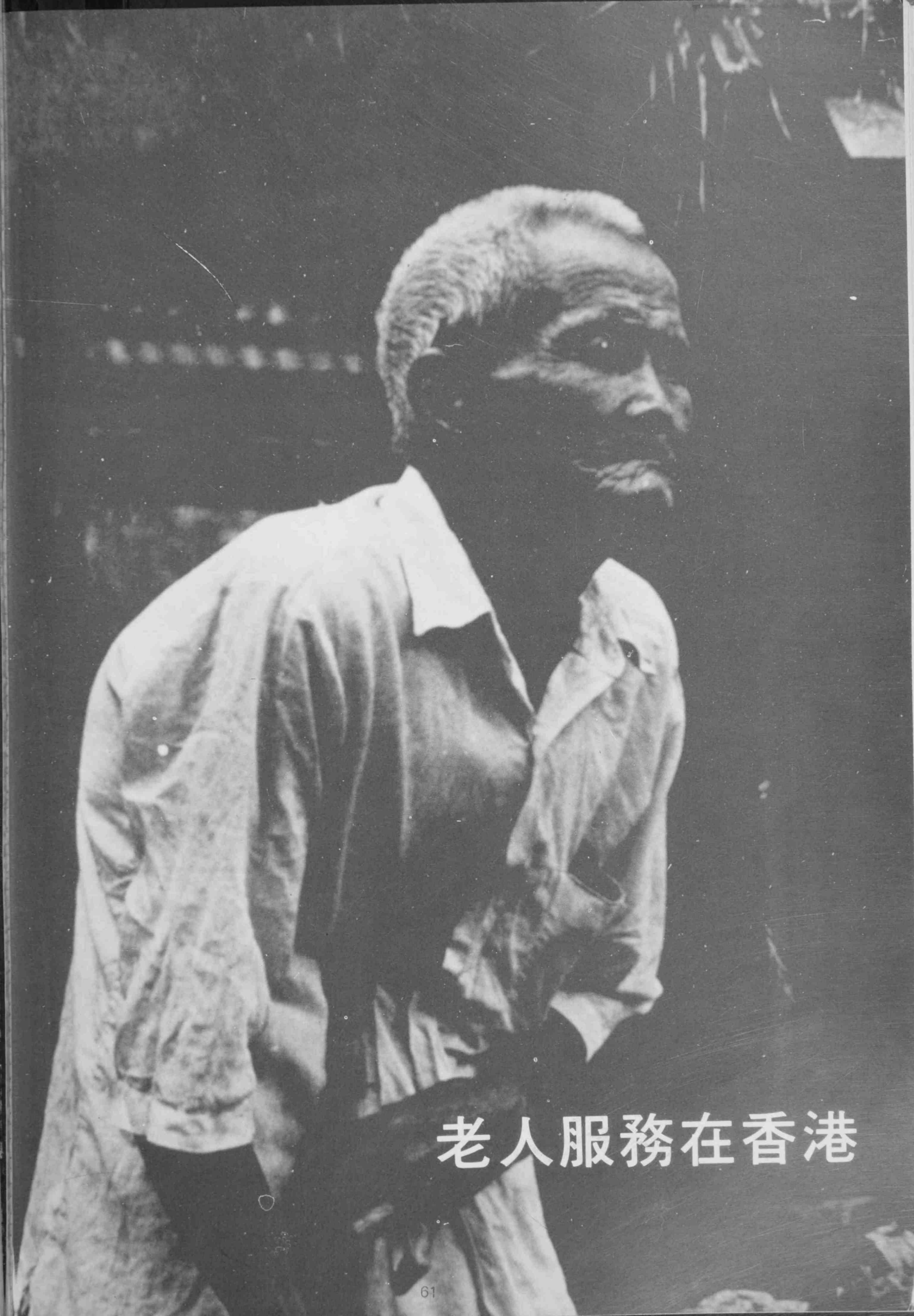
DR. YEUNG, C. K.
M. B., B.S. H. K.
F.R.A.C.P.

Dr. C.K. Yeung is an old boy St. Paul's Co-ed College. He graduated from HKU in 1973 and since then has joined the Department.

Dr. Yeung is interested in nephrology and is currently working on research projects on glomerulonephritis together with other members of the Department of Medicine and members of the Department of Pathology. As nephrology is still quite young as a specialty, and because of the particular economic structure of Hong Kong, the scope for research is limited to conventional nephrology. But he told us that conditions are improving as Government and the public are beginning to recognize the importance of renal diseases.

With regard to the teacher-student relationship, Dr. Yeung thinks that there are too much formal, yet too little informal contact between lecturers and students. He thinks that this may be the result of the fact that students here usually think that teachers are higher in the hierachy and this may in turn originate from the Chinese tradition of respecting teachers. However, once again, Dr. Yeung thinks that conditions are becoming better nowadays. He also encourages students to ask lecturers more frequently when they have any difficulty and this in fact can save them a lot of time in reading up textbooks!

Previously, Dr. Yeung was interested in fishing but has now given it up. He is now dabbling in computer use as his hobby. Although the heavy workload as a lecturer, a doctor and a research worker has interfered his family life slightly, Dr. Yeung said that this is not serious.



老人服務在香港

正如其他的社會福利服務一樣，在初期老人服務並未受政府和各方面的垂注。老人福利服務的發展時斷時續，並無週詳的計劃；而在早期，幾乎完全由志願機構負責。

歷史背景

在六十年代初期，祇有某些宗教團體以及慈善機構提供一些例如安老院等的服務。直至六十年代後期才開始有一些社康護理、老人宿舍和家務助理等服務以試驗性計劃的形式出現。

但由於近年來，香港在衞生、經濟、環境等各方面都有所改善，故市民平均的壽命也較之以前爲長。由於老年人在許多方面都需要特別的照顧，特別是衞生服務和社會保障等各方面，因此老年人漸漸成社會服務的一大需求者；這和政府對社會福利服務政策的改變，都構成老人的服務和福利等問題漸受各方面重視的主因。一九七二年政府發表「老年人將來的需要」報告書，並擬就此作出對老人服務一環的發展。但基於該報告書對各服務的需求無法作出合理的估計，以及當時香港經濟衰退等等因素的影響，以致該報告書內之提議，未能受廣泛重視及作有系統的全盤實施。但在七三及七四年。已分別有老弱津貼和一些護理安養院的服務成立。及至七五年，第一間老人科病院成立，並附設老人「日診醫院」（day hospital）

一九七六年，香港社會福利署及香港社會服務聯會聯合對八百多個老人家庭進行廣泛調查，這和在七六年舉行的中期人口統計都提供了不少有關老人的寶貴資料。及後，政府更與香港社會服務聯會密切草擬一項老人服務程序計劃及制訂安老標準（註一）。

一九七七年，政府正式發表了「老人服務綠皮書」。在綠皮書裏政府針對了老人服務各方面的需要和當時的實際情況，重新檢討和擬就一份建議，作爲未來十年進一步發展老人服務的計劃。

服務的藍本

綠皮書所涉及的範圍非常廣泛，包括有下列各方面：

(一)現金援助服務。
(二)衞生服務。
(三)家居服務。
(四)私人方面的房屋供應。
(五)輔助服務。
(六)住院照顧。
等等。

從綠皮書中可以看出政府對「老人服務政策之目標」是：

> 鼓勵每個家庭儘力對老年人給予「家居照顧」，而政府祇提供適當的社會服務以幫助老年人繼續與社會接觸，使他們不致於被孤立。

到七九年，政府繼而訂制及發表了「香港社會福利白皮書，進入八十年代的社會福利」報告書，其中也有論及未來五年政府在老人服務方面的政策及目標，以及實際的做法。

從政府發表的報告書中看「老人服務」的基本概念

老年人年紀大了，身體的機能亦隨着時間的運轉和不斷的工作而衰退，因此患病的機會也因而提高。適當的衞生服務，對老人尤爲重要。據一九七五年的統計顯示，約有9％65歲或以上的老人在內科病房接受治療，另10％在其他專科病房接受治療。除了一般的普通科醫療服務和對嚴重傷殘及患有精神病的老人之特別服務之外，預防服務也很重要，有關當局除了希望對老人灌輸健康教育，還建議對老人作

註一：這確定了服務的範圍，著手對老人問題作有系統的研究，藉以鑑定他們的需要。

定期性的健康檢查。並以學生保健計劃爲借鏡，給老人推行保健計劃，借助私人執業醫生的力量，以減輕政府普通科診療所和老人專科診療所的普遍不足。然而政府最終的計劃，仍爲開設足夠的老人科診療服務。

老人科

所謂「老人科」（Geriatrics），其實祇是一間普通科醫院的一個分科，主要是利用一間普通醫院的其他輔助設備去治療六十五歲及以上的內科病人，以入院留醫、日診醫院和老人科診療所三種辦法對老年病人提供醫療和康復服務。

日診醫院

「日診醫院」的主要工作是治療、保健和康復服務，對病人提供日間照顧和治療，其中有物理治療、職業治療、體格檢驗及護理、言語能力治療和手腳病治療等設備。它主要是爲了照顧那些在未獲得充份醫療和康復服務之前而須出院的病人。這些病人在離開醫院的時候，機能還未恢復或行動尚有問題，而替這些病人安排到日診醫院接受治療的好處就是使病人能夠返到自己慣熟的環境，加速康復，減輕病者家人的負累，同時亦可使病者的家人不致因病人需要長時期住院，與病人分離而放棄了對病人應負的責任和照顧。除此之外，「日診醫院」還可以補充住院治療服務之不足及避免需求甚殷的醫院病床被同一病人長時間佔用。政府在綠皮書中擬定老人科病床的比率爲每一千個年齡在65歲或以上的老人有三張病床，而「日診醫院」的名額則每一千名年齡在65歲或以上的老人應有一個名額。

社康護理

一般而言，老年人較年青人的康復速度爲緩慢，許多出院後的老病人仍然須要繼續接受治療，而那些行動不便的老病人，更不能經常到醫院及醫生處接受治療，社康護士（註二）便是爲此而設的。

在早期，這些社康護理服務祇由一些志願機構提供，但從一九七九年四月開始，便由本港全面醫療衞生服務下的一個完整計劃所代替。這是由政府直接參與該計劃，在各區醫院設立社康護理服務，並補助有關的志願機構。在「本港老人的需要」調查研究報告中顯示每1000個65歲或以上的老人便需要有0.84個社康護士。故政府預算在未來五年內，增加訓練350名社康護士，以便提供足夠的社康護理服務。

家居護理：

我們提到政府積極的鼓勵老年人的家人儘量給老年人提供家居照顧，然而，當老年人的家人不能給予適當的家居照顧時，便需給他們提供服務了。據估計不能充份照顧自己，爲自己烹製簡便飯餐、洗滌衣服或到附近購物的老人，約佔全部老人之18%，而生病時無人照顧的約佔20%，需要提供家居服務的主要就是這些缺乏家人照顧的無依老人。

其他服務

「家務助理服務」（Home Help）和「膳食服務」（Meals on Wheels）可以說是家居服務最重要的兩個環節；「家務助理服務」主要是派出家務助理員到需要照顧之體弱老人家中，協助他們操作家務，洗衣及替他們洗澡；至於「膳食服務」主要是分「上門送飯」和「食堂服務」兩方面；「上門送飯」主要是將煮好的早、晚飯，每日分兩次送到乏人照顧，不能自己煮食和行動不便的老人家中，供應他們；「食堂服務」則爲那些需要此項服務的老人提供廉價的膳食，以保障他攫取到適當的營養。

註二：那麼何謂「社康護理」呢？所謂社康護理就是由受過訓練的護士到病者家中，直接爲病者及其家屬提供預防性及治療性的護理服務。

住院服務

雖然家庭照顧和儘量使老年人留在社會是最適當照顧老年人的方法，但當老年人體力日衰，家居照顧再不能給予他們充份料理時，便需要給他們提供「住院服務」了。住院服務大致可分三方面：一

(一)老人院；

(二)護理安老院；

(三)臨時住所。

爲了幫助老年人能繼續成爲社會的一份子，使他們不致有孤立的感覺，「探訪服務」也很重要，探訪的主要是那些年老獨居和需要特別關懷的老人，以便與他們保持聯繫；清楚他們的情況，及在需要時，能及時給以援助。組成探訪隊的成員除了社會工作者或其他義務工作人員外，還有來自許多中心的一些精神充沛、行動方便的老人到其他老人家中探訪，這樣除了被訪者得益之外，還可使探訪隊的老人利用他們還有的力量，做些有意義的工作，使他們能互相幫助，使得生活更有意義，更加充實。除了實際到老人家中探訪之外，還有些志願團體試辦「電話服務」。

此外，政府還希望設立兩間「日間護理中心」爲那些行動略爲方便但因衰老關係仍要個人照顧的老人，提供全日或部份時間的如護理安老院所提供的某種程度的個人照顧，以減輕住院照顧方面的負担。

除了實際提供直接服務之外，給中年以上的人提供適當的教育，也是很重要，這協助了他們準備如何適應年老後的生活方式，通過這些教育節目，更可以指導到社會上其他人仕如何照顧和接受老年人。

老人院爲老人提供了住宿及起碼程度的個人照顧。通常入住老人院的老人都是爲了社會性原因（不能料理日常家務如買餸煮食等）而不能在社會上自立生活，但這些老人在健康及行動方面都大致良好，仍能照顧自己的日常起居。至於那些連日常的起居都需要人照顧或由於健康或社會問題而不能再在家中居住的老人，護理安老院便成爲給他們提供住宿、一般性的個人照護及有限度的護理（並非醫療照顧）的地方。至於臨時住所則由少數志願團體提供小量名額給那些有特殊原因（如等待以體恤理由入住公共房屋，入住老人院，或與家人團聚而急需解決短期的住宿問題）的老年人入住。目前這幾類的住院照顧都非常缺乏，政府希望在一九八三年，增加老人院名額1600個和護理安老院名額1400個，同時在老人院增設護理部門和訂定這些服務的水準，以統一現時各機構提供此項服務之參差，並立例管制各院所，給這些志願團體適當的資助，以增强這方面的水準。

雖然擴大社會保障福利、衞生及醫療服務及照顧老人家居服務對老人院照顧需求應有點幫助，最低限度可使老年人延遲其入院年齡，故此老人院對老人自然要提供較高程度的個人照料，而將來的住院照顧當然不會祇是供給容身之所那麼簡單。

其他社會服務

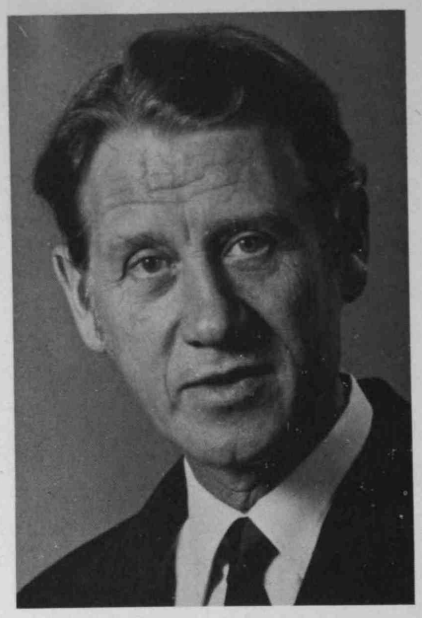
除了對這些直接服務給予擴展和改善之外，對其他的輔助服務，政府也有顧及，例如提供一些現金援助（如老弱津貼、公共援助、傷殘津貼等），以協助老年人能繼續在家中或社會中過他們的家居生活；並給有需要的老人有限的住屋照顧，如在公共屋邨中設立「老人宿舍」，准許三名無親屬關係的老年人合成一戶，聯名申請公共房屋；並在房屋協會屬下的屋邨推行一項「安老居所」計劃，推出一部份獨立居住單位給老人居住，並設一位舍監管理。

此外，政府還儘量給有工作能力的老年人提供就業機會，及由社區中心和老人康樂中心給這些老人提供一些康樂活動，以協助他們渡過閒暇的時間。

INTRODUCTION

The setting up of the School of Dentistry represents a new era in medical education in Hong Kong. Not only can we train our own dentists, but we can also improve our dental health care and facilities. Our dental services will be expected to bloom and flourish. We have full confidence in our budding dentist.

In the pages to follow, we shall have a glimpse of the development of the School, the various departments, and very importantly, the life of our dental students.



Message from the Dean of Dental Studies

1980 has been a momentous year for dentistry in Hong Kong for not only was a new school dental care programme for primary school pupils introduced by the Medical and Health Department but the first seventy six students to train here as dental surgeons entered the University of Hong Kong. Simultaneously thirty students commenced their training as Extended Duty Dental Assistants, five commenced training as Dental Hygenists and thirty more entered the Third and Final Year of a Dental Technology Course and are due to obtain their Polytechnic diplomas and TEC (Technical Education Council of the United Kingdom) recognition in the summer of 1981. All these courses for dental ancillary workers are new and all are being run as a joint effort between Dental Studies , University of Hong Kong and the Institute of Medical and Health Care of the Hong Kong Polytechnic.

Competition for places on the undergraduate dental course was intense and it was an extremely difficult and time consuming task to select the applicants who were to be offered places. The first intake are due to qualify in 1985 by obtaining the degree of Bachelor of Dental Surgery (BDS) which will be of such a standard as to be acceptable for registration purposes in the United Kingdom. The course that they will follow is undoubtedly one of the most up to date and imaginative courses anywhere in the world and places great emphasis on the prevention of disease. Our graduates will be trained in a variety of modern techniques and to utilise the assistance of highly trained ancillary workers to the full.

Both the basic medical sciences and the clincial sciences will be taught throughout the entire course. Most of the teaching will be either to small groups or even to individuals and it is hoped to produce thinking, caring dental practitioners. The first year is mainly devoted to the study of the basic medical sciences and despite the inevitable hiccoughs which plague all new ventures the course is well under way.

The curriculum features courses in the behavioural sciences and substantial allowances of time for elective activity by students. From the beginning of the course emphasis is placed upon community and preventive dentistry and those sociological topics germane to community care. Throughout the whole of the first year the students participate in a course entitled "The Individual and His Environment" and involved in this course are teachers from the basic medical science departments, and the Departments of Community Medicine, Paediatric Medicine, Children's Dentistry and Orthodontics.

The involvement of the basic medical science teachers will continue throughout the clinical component of the course and the relevance of these disciplines will be brought home to the undergraduate by constantly emphasising the applied aspects of these subjects.

All students will spend some time undertaking all the treatment required by individual patients during the course. Their clinical teaching will be organised on the basis of groups of eight students. Each group will be the specific responsibility of a nominated teacher in each department for each year. Looking after the well being of the students in relation to their University work will be the main task of the tutor appointed to each group. He will chair a meeting once a term of all the teachers nominated to the group. Each teacher will supply a

written assessment of each student in the group and with the tutor's guidance an overall assessment will be determined. The assessment will be made available to the student and retained in a central file.

Formal rostered teaching will take place during three nominal ten-week terms. The students will have six weeks leave each year and the remaining sixteen weeks, which is called 'the period of guided learning', will be used in a manner appropriate to the needs and abilities of the individual student.

For example, there will be revision for those who have failed examinations; further clinical experience for those who require it, and addition clinical experience for those who desire it. Electives and participation in research projects will also be undertaken by selected students during this period.

Our students will be trained as leaders of dental health care teams, fully capable of delegating responsibility and prescribing accurately. As far as is practicable they will be actively rather than passively involved in their education and will be expected to use the library.

The students will work in different clinical departments on a 'clock' basis in small groups throughout their clinical studies. There will be no 'block' teaching in either dental technology and 'phantom head' work.

Ancillary workers are being trained alongside the dental students, and it is intended to emphasise the importance of interpersonal relationships. Endeavours will be made to arrange for the students to gain some of their experience outside the school if this proves to be practicable.

The students have already received their first teaching in the new Prince Philip Dental Hospital and this will continue throughout the remainder of their first year. After this they will spend most of their time in this magnificent facility which, when completed, will be one of the most modern and best equipped dental hospitals in the world with a total floor area of almost 360,000 square feet. It will contain 241 dental chairs together with supporting clinical and academic facilities including a Dental Library, excellent accommodation for research and a Postgraduate Centre which will be used by both medical and dental practitioners. The dental hospital is of most modern design, has a number of unique features and will be supplemented by the provision of day-bed and in-patient operating facilities at the nearby Tung Wah Hospital at which the dental students will also study medicine and surgery.

Although the academic recruitment has gone well to date, the Dental Studies team are disappointed that their especial efforts to attract suitably qualified dental teachers of local origin to return to Hong Kong have been largely unsuccessful. In the long term, every dental school needs to have firm links with the Society it serves if it is to prosper. Whilst the recruitment of local practitioners as part-time teachers will go some way to alleviate the problem, we believe that we must make a special endeavour to attract young dental graduates of local origin and to provide them with the requisite post-graduate training experience here in Hong Kong. We intend to put forward proposals to this end in the not too distant future.

The coming year will be a very busy one for Dental Studies as the courses gather momentum and the phased handover, equipping and commissioning of the dental hospital building proceeds. There are bound to be problems, unexpected snags, delays and frustrations. Nevertheless all of us in Dental Studies, staff and students alike, are relishing the opportunity to participate in the most exciting project in dental education going on anywhere in the world today and look forward with confidence to a challenging and intriguing future.

Geoffrey L. Howe.
Dean of Dental Studies

The Curriculum for the degree of B.D.S.

The curriculum places great emphasis on community and preventive dentistry. The teaching is organised on the basis of small groups and there is a high degree of integration within the dental clinical disciplines and between preclinical' and 'clinical' studies as a whole. The course lasts for 13 terms each has a duration of 10 weeks.

Instruction in preclinical subjects is provided by departments of the Faculty of Medicine at Sasson Road. The involvement of the basic medical science teachers will continue throughout the clinical component of the course and the relevance of these disciplines will be brought home to the undergraduates by constantly emphasising the applied aspects of the subjects.

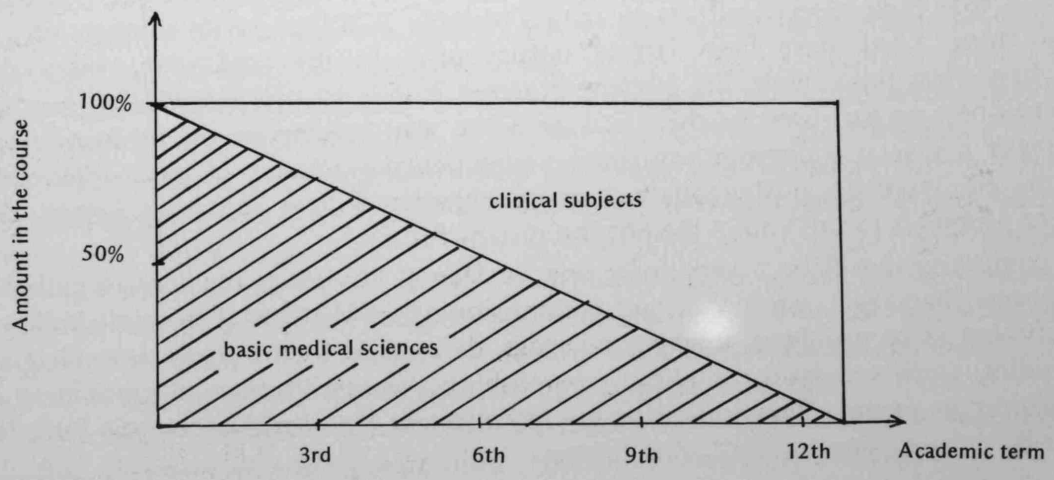
Clinical teaching will be organised on the basis of small groups, each group being the specific responsibility of a nominated teacher in each department for each year. A tutor is appointed to each group to look after the well being of the undergraduates in relation to their University work, and to chair a meeting once a term of all the teachers nominated to the group. Each teacher will supply a written assessment of each undergrate in the group and with the tutor's guidance an overall assessment will be determined.

Formal rostered teaching will take place during three nominal ten-week terms. The undergraduates will have six weeks 'leave' each year and the remaining sixteen weeks is the period of guided learning. It will be used in a manner appropriate to the needs and abilities of the individual undergraduate.

In the vacation following the end of the first year, undergraduates will be divided into groups for the start of a community project. Each group will define a population sub-group in the community. The objectives are to assess gross dental abnormalities & to assist in dental health projects- motivating members of the population sub-groups to seek dental advice & treatments.

The undergraduates will re-visit the population sub-groups sometime in the 3rd year. They may plan dental treatment for the group surveyed and attempt to implement the decisions.

The design of the cirriculum follows the modern concept of diagonal integration of the basic medical and clinical subjects. It can be explained diagrammatically as:



The 1st year of the course is mainly devoted to the study of 4 basic science subjects :

1. Bochemistry
2. Physiology
3. Pharmacology
4. General and Oral Anatomy

Other courses include:

1. Dental Health
2. First Aid
3. Pain and its management
4. Communication skills
5. Dental Materials
6. Individual and his Environment

The main subjects covered in the later clinical years are:

1. Children's Dentistry and Orthodontics
2. Conservative Dentistry
3. Prosthetic Dentistry
4. Periodontology and Public Health
5. Oral Medicine and Oral Surgery
6 Oral Diagnosis and Treatment Planning
7. Applied aspects of various basic sciences
8. Management of the dental team

Other subjects include:

1. General Pathology and Microbiology
2. Oral Pathology and Microbiology
3. Medicine
4. Surgery
5. Dental Ethics
6. Practice Management

The practice of the integrated course in dental schools is not yet popular in other places. The traditional block teaching system splits up the course into a first year devoted wholly to basic medical sciences and later clinical years. During the clinical years, the undergradutes spend several months in each department concentrating on the work of that particular field. Whereas under the integrated course, the basic medical sciences are taught throughout the course. During the clinical years, the undergraduates are exposed to the teachings of every department right from the beginning and continue throughout. The staff from every department coordinates with one another so as to let the undergraduates understand that dentistry is not divided into five departments.

Under the traditional system, there is a clear-cut boundary between the learning of the preclinical and clinical subjects, The undergradutes easily lose interest in the preclinical subjects because they cannot see their relevance. Worse than that, the undergraduates may lose their enthusiasm in the dental field. The undergraduates are likely to forget the materials learnt in the preclinical year once they have passed the exaimination. Moreover the skills they learnt in a department may get lost due to lack of practice when working in the other departments.

When studying the integrated course, the undergraduates can understand the importance of the basic medical sciences when the clinical aspects are given. They can get more insight into the reason why they have to do these subjects and develop their interest. Furthermore, the skills and techniques they learnt in the clinical years can be kept at a high standard by frequent practices throughout the course.

Under the block system the undergraduates tend to think of the patients as items of treatment or various symptoms. Only after they have graduated can they look at the patient as a whole person.

When doing the integrated course, the undergraduates start to treat the patient at early stages. Though they may not be able to treat all the needs of the patient but at least they will know what is required and treat him later on. The undergraduates can also compare the various treatments they learn from the various departments that can be applied to a particular case and find out the most suitable one. So the undergraduates do not just learn the technique of the treatments but also their proper application.

Since the undergraduates only work in a department for several months in the traditional system, they lack time to see whether the treatment works. However there is no use in curing the patients just for the moment. It is the longterm result that determines whether the treatment is successful or not.

Under the integrated course, the undergraduates get longer time in getting to know the patients and seeing the effects of the treatment. They can also have a long-term observation of the treatment and the response of the patient. This is particularly important for the preventive measures.

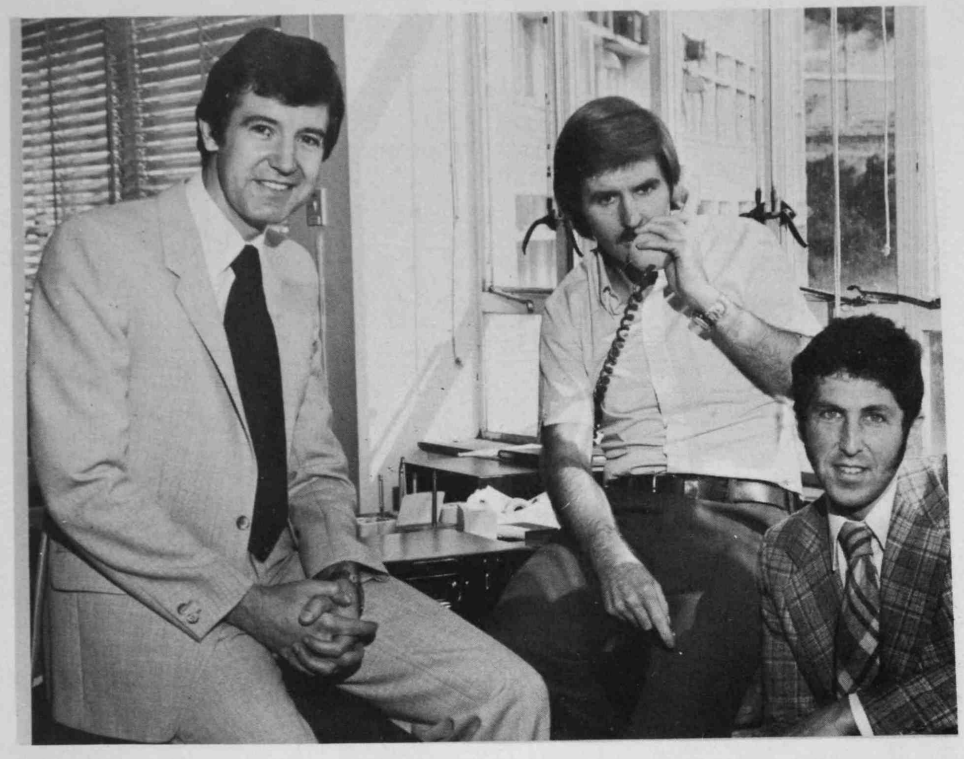
The design of the cirriculum aims to produce an educated, thinking and complete individual who is both skilled and interested in all branches of dental surgery. He should be trained to constantly re-appraise both the standard and extent of his personal knowledge and skill, and be capable of taking such steps as are necessary to ensure that they are maintained, extended and kept up-to-date. He should have a knowledge of the structure, function and development of the human body, of the factors which may disturb these and of the disorders of both structure and function which may result. He must be able to realise that he treats people and not just teeth and gums. Hence he should treat the patients with tact, sympathy and understanding.

Another important innovation is that the undergraduates are to be trained as leaders of dental health care teams. This will markedly increase the clinical experience of the undergraduates, who will be assisted at the chairside from the first clinical team. They will learn to work with dental surgery assistants, dental hygienists and dental technicians. It intended to train ancillary workers alongsi the dental students and to emphasise t importance of interpersonal and professior relationships. As far as is practicable t undergraduates will be actively rather th passively involved in their own education.

Calendar for the development of dental school

July 1974	The Legislative Council of Hong Kong approved a white paper on the development of Medical and Health Services which included proposals for the establishment of a dental school in the University of Hong Kong.
June 1976	A Dental Academic Advisory Committee (DAAC) was appointed to advise on requirements, in terms of staff, buildings and equipment, for a degree curriculum which would meet the requirements of the General Dental Council.
July., Nov., 1976.	The DAAC submitted reports incorporating schedules of accommodation for a Dental Teaching Hospital, a programme of staff development, schedules of equipment and an outline curriculum.
June 1978	The site clearance and construction of the Prince Philip Dental Hospital started.
Feb. 1979	A successful curriculum conference was held resulted in the formulation of Regulation and outline Syllabuses for the degree of Bachelor of Dental Surgery.
Sept. 1980	The first intake of 76 dental undergraduates was admitted to the preclinical curriculum.
Jan 1981	The Prince PhilipDental Hospital opened for use.

Department of Children's Densitry and Orthod ontics



Professor Alan Henry Brook
M. D. S. (London), F. D. S., R. C. S. (England)

Professor Brook graduated from the University of London (Guy's Hospital Dental School) and the Royal College of Surgeons of England in 1964 with the degree of Bachelor of Dental Surgery and the Licentiate in Dental Surgery. He obtained the F. D. S. in 1968 and the degree of Master of Dental Surgery in 1974. He then gained a series of postgraduate prizes, namely the Kelsey prize in oral Surgery (1971), the Bolfors Prize in Child Dental Health (International Association of Dentistry for Children, 1973) and the Colgate Prize (British Division of International Association of Dental Research, 1974). From 1969 to 1977, he served first as Lecturer, then Senior Lecturer (from 1973) and Honorary Consultant (from 1975), at the Institute of Dental Surgery, Eastman Dental Hospital. In 1977, he was appointed Reader and Honorary Consultant at the London Hospital Medical College. From 1980, he has been appointed to the chair of Children's Dentistry and Orthodontics in the University of Hong Kong.

The Present shortage of dental man-power and dental facilities in Hong Kong is one of the reasons why Professor Brook came here. The challenge is to help build something new and worthwhile. He admires the drive and thrust of Hong Kong and feels that this provides the environment in which our new venture can grow. Establishing a new department gives the chance to develop a team committed to the concepts of prevention and of whole patient care for children.

Professor Brook has contributed extensively to the literature. He is especially interested in the aetiology of dental anomalies , in tooth eruption, and in the diagnosis and treatment of oro-facial infections in children.He has played a significant role in the improvement of the dental care provided to mentally and physically handicapped children and those afflicted with acute anxiety.

In the future, he would like to see improved dental care for the children of Hong Kong including the handicapped and to take part in increasing the preventive care available. In his family, he has two boys, one eight years old and one ten years old. He is a Christian, being a member of St. Andrew's church in Kowloon. Part of his time is involved in church activities. He likes history, sports in general, butterflies and music, particularly rock-n-roll.

Professor Renson, C.E., B.D.S., Ph. D. London., D. D. P. H., L. D. S., R. C. S., England., F. R.S. Med.

Professor Renson has been a teacher of dentistry for 22 years. Before coming to Hong Kong, he was Professor of Conservative Dentistry at the University of Edinburgh and prior to that Reader in Conservative Dentistry at the University of London. Before coming to Hong Kong he realised that there would be much greater opportunities of seeing new ideas implemented when producing the new dental school. In an established dental school, ideas have been fixed and it can take many years in order to persuade other teaching staff to approach teaching problems in different ways. This is the chief reason for his coming to Hong Kong. Moreover, he enjoys teaching dentistry and particularly, attempting new teaching techniques.

He has been giving advice to engineers, architects and the Public Works Department on all matters concerning the building of Prince Philip Dental Hospital since December 1977. He is also interested in the training of paradental personnel , the production of the dental curriculum, student selection and formulating research policies.

Concerning his personal interests, Professor Renson is very interested in reading, writing, running and travelling. Indeed, he does a lot of reading and writing: he has been editor of two journals; Dental Update since 1973 and Quaterly Dental Review (1968 – 1975), the latter journal has been incorporated into a journal called the Journal of Dentistry.

According to him, Hong Kong is quite a challenging city and he likes it. The people are industrious and there are few people with little to do. The people seem imbued with a sense of purpose and there is abundant evidence of a community spirit, something which is lacking in many Asian cities. Several interesting dialects are used. The climate is tolerable, except in July and August when it is awfully hot.

THE DEPARTMENT ORAL SURGERY AND ORAL MEDICINE

Broadly, the discipline of "Oral Surgery and Oral Medicine" deals with the medical aspects of dentistry; conversely, it may be said that it deals with the dental aspects of medicine. That is to say the scope of its work traverses the boundaries between dentistry and medicine, and it forms an important link between the two professions.

The Department is headed by professor G. L. Howe, who is also Dean of Dental Studies. Dr. K. K. Chau is Reader and Dr. E. F. Carter is Lecturer. Two more full-time academic staff will be appointed in 1981 and there will also be part-time posts within the Department.

The teaching philosophy of the Department is to train dentists who will look and think beyond the confines of teeth, and indeed beyond that of the mouth — dentist who will see and treat the total patient, and to regard the mouth in this light .Because of this philosophy, its approach is biologically rather than technically orientated, with emphasis on understanding how the body responds to disease and to treatment.

In keeping with the overall"diagonally integrated" BDS curriculum an exciting innovation is the introduction of clinical subjects early in the course. For instance, a Pain Control Course which includes the teaching of local anaesthesia will be introduced in the second term of first year. By doing this, it is hoped that students will gain more insight into why they have to do basic medical science subjects and how these subjects are inter-related.

The physical facilities of the Department compares favourably with the best in the world, and occupies the whole of the rectangular block in the second floor of Prince Philip Dental Hospital. Apart from offices and seminar rooms there are two operating theatres with supportive facilities for day-patients treated under general anaesthesia; nine cubicles for minor oral surgery under local anaesthesia as well as five consultation surgeries. There is also an oral Surgery Ward occupying the 10th floor of the Tung Wah Hospital where two operating theatres with in-patient facilities are available for more major oral surgery cases. Eventually, the Department will also have an"Oral and Maxillofacial Unit" at the Queen Mary Hospital. In addition to their dental colleagues, oral surgeons also work in close liaison with general surgeons, plastic surgeons, E. N. T. surgeons, and other medical specialists, because oral disease is often part of a much wider disease process affecting many parts or systems of the body.

One of the priority research objectives of the Department is to find out more about the pattern of oral diseases in Hong Kong so that proper emphasis may be laid in its teaching programmes. The major research interests of Professor Howe are in facial pain and pre-prosthetic surgery. Dr. Chau is interested in diseases which affect the oral mucosal membrane, oral cancer, and in the oral manifestations of systemic disorders. Dr Carter's research interest is in maxillo-facial deformities.

Post-graduate studies is considered to be very important in order to complete the 'dish'. It is hoped that a training programme leading to a master degree will shortly be available, and that research activities within the Department will lead to better quality in teaching and in patient care.

Department of Periodontology and Public Health

Professor:

Davies, W.I.R., B.D.S London.; M.Sc., Dip. in Periodontics Penn.; F.D.S. R.C.S. Eng. (Head of Department)

Lecturers:

Corbet, E.F , B.D.S. N.U.I.; F.D.S. R.C.S.Eng.
Holmgren, C.J., B.D.S. Lond.; F.D.S. R.C.S. Edin.

Tutor Hygienist:

Dando, Pamela, E.D.H. Eng.; Dip. D.H. Ed. Roy. Soc. Health; F.E.T.C. City & Guilds

Instructor Hygienist:

San, Kathryn K.Y , E.D.H. Eng.; Cert. Radiol. Prof. Oregon

Professor Davies assumed the Chair of Periodontology and Public Health in February 1980. He graduated from the University of London (University College Hospital Dental School) and the Royal College of Surgeons of England in 1964 with the Degree of Bachelor of Dental Surgery and the Licentiate in Dental Surgery.

Professor Davies has been an active member of the British Society of Periodontology, being a Council member from 1973 to 1976 and serving as Secretary of the Society's Teachers Section from 1975 until just before he left the United Kingdom.

Apart from being the author of many articles in learned journals and travelling internationally as a lecturer in Clinical Periodontology, Professor Davies also held a number of examinerships, including that for the Final Fellowship in Dental Surgery of the Royal College of Surgeons of England.

The two lecturers in the department presently appointed have teaching backgrounds particularly in the field of Periodontology. Dr. Esmonde Corbet graduated from the National University or Ireland, while, Dr. Christopher Holmgren is a London University graduate. Both have taught in Periodontal departments in other schools, in the process both gaining the Fellowship in Dental Surgery, Dr. Corbet from the Royal College of Surgeons of England and Dr. Holmgren from that of Edinburgh.

Professor Davies strongly advocates a team-work approach to the practice of modern-day dentistry, and his department is responsible for training an important member of the ancillary team at the Prince Philip Dental Hospital – the Dental Hygienist. In this training programme there are two teachers of Dental Hygiene, Miss Pamela Dando who is the Tutor, and Miss Kathryn San the Instructor Hygienist. Miss San is from Hong Kong, and took her qualification in Dental Hygiene in England, while Miss Dando, who was once Tutor Hygienist at the University of Newcastle Dental School holds qualifications in Dental Health Education and has obtained the Further Education Teachers Certificate.

The Department's aims are two-fold. First the students must be given a thorough background in the theory and practice of Periodontology. Secondly the undergraduate course must be related to the dental health problems of emphasis upon preventive approaches to treatment, and the full utilisation of ancillary workers, of all grades – dental health educators, dental surgery assistants, dental hygienists and dental technicians.

Professor Davies feels that the course in Periodontology and Public Health will have failed if students graduate looking on patients as items of treatment rather than as people with problems. Such a concern with developing a true understanding of the needs of patients is shared by members of staff of his department and also by the other professors in Dental Studies. The philosophy of 'prevention' and 'community-concern' became a corner-stone of the curriculum which was planned when all the Heads of Departments met together in Hong Kong for the first time a year ago. Professor Davies regards this curriculum and the whole HKU Dental Project as the most exciting development in dental education he has experienced in his career, and gives an opportunity to combine the teaching of Periodontology with that in Dental Public Health so that a common objective of service to a community can be attained.

Professor Davies is a Welshman who, as he says, 'can't sing in tune', but he takes solace in the music provided by the Hi-fi system he has bought since arriving in Hong Kong. To the accompaniment of classical music he can then indulge his tastes for various national cuisines which he acquired during his extensive travelling.

Professor Robert Kings Francis Clark
B. D. S., Ph. D. (London), F. D. S. R.C. P.S. (Glasgow)

Dr. R.K.F. Clark has been appointed to the Chair of Prosthetic Dentistry from 1st , January 1980.

Professor Clark graduated from the University of London (Guy's Hospital Dental School) and the Royal College of Surgeons of England in 1970 with the Degree of Bachelor of Dental Surgery and the Licentiate in Dental Surgery. In 1974 , he obtained the Degree of Doctor of Philosophy from the Institute of Basic Medical Sciences of the Royal College of Surgeons of England, and in 1976 he obtained the F D S.R.C.P.S. (Glasgow). After serving as Registrar/Demonstrator in the Department of Prosthetic Dentistry, Guy's Hospital, for about two years from 1972, Professor Clark was appointed Lecturer in Prosthetic Dentistry at the Royal Dental Hospital of London, School of Dental Surgery. Since 1974 he has been Honorary Senior Research Fellow in Dental Physiology at the Institute of Basic Medical Sciences of the Royal College of Surgeons of England. In 1977, he was promoted to Senior Lecturer in Prosthetic Dentistry at the Royal Dental Hospital of London, School of Dental Surgery.

Professor Clark is particularly interested in neuromuscular mechanisms and control and has made important contribitions towards the study of temporomandibular articular mechanoreceptors. In his leisure time, he likes sailing.

Professor Clark wanted to work in Dental Studies, H K.U. because he regards it as a unique opportunity to start a new and exciting integrated curriculum appropriate to the needs of the profession and the community.

At the present time, there are 4 members of the staff in the Department of Prosthetic Dentistry. professor Clark is the Head of the Department, Dr. Duncan McMillan is the Reader, Dr. John Dyson and Dr. Nick Jepson are the Lecturers. The Department is also hoping to recruit one more full-time Lecturer and some members of the local dental profession as part-time Lecturers. This will serve as a good bridge between the local dental profession and Dental Studies. The emphasis of the teaching of the Department will be on both the theoretical and practical aspects of Prosthetic Dentistry and most of the teaching will be carried on small group basis.

心聲

經過數年的籌備工作，牙科學院終於在1980年開始招收第一批牙科學生，象徵著香港大學一個新的里程碑。而且更由於牙科的獨特需要，申請入學程序比其他院系更爲繁複。

在1980年的取錄新生程序裏，如果以牙科作爲第一志願的，要早在1—2月之間報名，1—2月間正是預科生積極準備應考的時候，同學手上又沒有成績，根本沒有所謂「睇餸食飯」的餘地；所以在1—2月之間報名除了有多少冒險之外，還要眞正有興趣才可。

況且牙科的取錄與否，並不單單根據學業成績，還一定要通過「技能測驗」及面試兩大關。

「技能測驗」在香港大學來說，祇有建築學系及牙科才有。牙科的Aptitude Test 分兩部份，第一部份是對線及角的觀感測驗。平常人對線及角都有錯覺。還有一些三維空間的問題—都是非常考人的。第二部份是模形的製作，這部份要非常小心，因爲偶一不小心是很容易做錯或弄壞的。

投考牙科可以算是對自己信心及興趣的一個考驗，以下是牙科同學對這個入學程序的感想。

抉擇

在會考放榜後，我已經聽聞香港大學將在一九八〇年開牙科課程，對於每一位預科生來說，這無疑是一個好消息，因爲學位多了，競爭也相繼減弱了，但對於我來說，這只是一段普通的消息。因爲那時的我，並沒有認眞想過我將來要做甚麼，我是個樂天派的人，有書就讀，有得玩便玩，從來沒有考慮將來會怎樣。因爲自己成績也不錯，別人不能回本校讀預科，而學校卻收了我，我並沒有理由放棄這個讀預科的機會。

及到中七的時候，老師告訴我們如果要選牙科爲第一個選擇時，便要在年初報了。這麼一來，對我不免是一種警號，在那個月當中，我和不少同學及老師商量過，所得出的結論都是「不報爲妙」。其中主要原因是因爲「大試」還沒有考，萬一如果考得差那怎麼樣，連申請入理學院的機會也會失了。其次，這是第一屆，收新生的標準是「未知之數」，況且還要面試及智能測驗，這些一切一切，都導致他們勸阻我的有力理由，但不知是幸或不幸，我是非常頑固的，心想他們怎麼那樣低貶牙科，太不公平了

，況且醫科我肯定是不選，但如果讀一門與自己身體有切身關係的學問，不是很有趣嗎？終於，我選擇了牙科。

快考畢業試了，卻來一個智能測驗，眞討厭。心裏少不免有些懊悔，但在他們的面前，卻要裝著滿不在乎的樣子，帶著大無畏的精神進入試場，在我還未完全清楚我在做甚麼的時候，試已經考完了，心想第一關終於過了，不到數星期又接到第二封信約我到港大面試了。

那時的心情是非常的不穩定，在面試時應該說些甚麼才得體呢？怎樣才能令到那些教授對我有好印像呢？穿甚麼衣服？這些一切，幸好我們有個好老師，她教我們要打扮得成熟一些，還指導我們要搜集一些甚麼資料，和準備甚麼題目，那怕當時要問甚麼的問題也能很流利的答出來。終於，面試完了，鬆了一口氣。不久我們便面對眞正的考試了。

終於放榜，週圍的人們都忙著選系，準備面試，唯獨是我很安詳地坐在一邊看他們忙碌煩惱，心裏很舒服。

在八月初時，我已經收到大學的信，他們將會給我學位，令我非常興奮。

也許因爲是第一屆，沒有傳統，收牙科新生的標準很特別。第一，我們將來做牙醫，一定要有很細緻的手藝，這一些在試前測驗中已經知道了；第二，要每一位學生都懷著一顆讀牙科、做牙醫的心，香港學生普遍有一個通病，要讀大學，並不管自己的興趣在那一方面，只求一個「大學生」的名銜，因此在面試中，委員會很仔細地觀察那一位學生是適合讀牙科，他是否眞的喜歡，或者只爲名利，雖然只是短短十數分鐘，經驗老到的委員會成員或多或少也能看到這個學生的本意，由各種問題也能探聽到他的意向；第三，是香港大學高級程度會考的成績，雖然有潛質及意願去做牙醫已經是非常足夠的，可惜香港的大學學位少，一定要從學業上的表現來取捨學生。就以上各點來看，想不到自己也能很幸運地闖過這三關。怎麼牙科很容易入？他們用很狹窄的眼光（是香港學生的通病），只憑學業上的好壞來判斷人們的學識，從而將他們分門別類，阿甲那樣的成績應該讀醫，阿乙的成績，唉吔，連理學院也不收，怎麼會入了牙科。因此在他們腦海便得了一個結論，讀牙科的學生成績很差，或是牙醫學院很容易入，下一年也叫師弟師妹們報。

然而，許多人祇會從學業成績去量度人的學識。他們認爲什麼的成績就要讀什麼的系，卻並不以興趣、潛質及能力來作爲考慮終身事業的條件。這將是盲目的、可悲的。

爲甚麼飛身撲出

牙科同學在這兩年內是醫學會會員，我們的同學對醫學會亦有本身不可或棄的責任。除了全力支持醫學會外，牙科同學亦激於義憤，飛身撲出成爲Ex. Co. 裏的一員，盡力爲同學服務。

在九龍聖方濟書院七年，學到很多書本上的知識，當然自己的行爲思想也已跟著成長，但總覺得生活體驗及社會知識不足。眼見很多中學同學在社團身擔大任，自卑感產生之下，我希望在大學的生活中補充中學時的不足。

暑假工作間，更加引起我對事物的好奇，我知道越知得多，越想得深；才能對事物更了解；更明瞭，才可對事物提意見，增建設，人生才會充實，有意義。

機會終於來了，「雜牌軍」似的牙科班會正需要自告奮勇的同學來組織；做先鋒，把這盆散沙堆好、維繫。我沒有放棄這個訓練自己的機會。我成爲班會的一份子，開始主動顧慮到一班人的利益。

就在這時候，醫學會幹事會轉莊，我即本以班會委員身份，與飛身撲出的二位高班同學接觸。我希望能有自由的機會去學；去想；去討論；提意見；能實踐，我決定承担這一個大學生組織裏的工作。無論怎樣，我有決心去迎接，去解決困難。

對功課上的溫習與幹事會重重工作之間，時間上的分配是重要的，但我有心理準備，而已把幹事會的工作當作第二個大學課程去學。最後，希望讀者想想：

『經驗是險阻之子，
在陽光的陪伴下，
現在主動找尋險阻吧！』

華：

夜已深了！

有點寒意，書房中洋溢著柔和的古典音樂，這次是Bach的Partiten，就像往日於英國時午夜瑟縮寫信給妳的情景……

半年了，想不到這次回港一住便是半年，更想不到會實現到多年的願望——攻讀牙科。記得我們曾打趣的說過；若果我們都能如願以償，妳當護士，我當牙醫，那末在早上上班前也不用說：「親愛的，待會見！」嗯！直至現在，想起這番憧憬總難免勾起一絲絲的感慨。

事情總不會如戲劇收場，高興的背面亦帶來了一番新人新事，新的担子，新的問題和挑戰去面對。

讀書？功課總不算太差罷了！（我永遠都是這樣的了，妳是知道的。）雖然人家說鑽進了象牙塔就得拼命去讀書啦！甚麼term test啦！Pharmacology啦！眞是沒功夫去担心，讀書嘛！又不是去捱世界，算是有興趣的便用點心機去多看，多了解；讀累了，還不是鑽去打網球？（這些日子，還有其他可以做的嗎？）當　學生會的工作？化咯！當我初來步到不到兩、三個星期便心淡了，組織大了，難免會說話多，做事少，何況這廂的學生讀書目的和眼光各有不同，總是格格不合的。那得如英國般肝胆相照，突破種族的界限去關懷同學的大家庭。現在倒樂於在班會內做個靜默地工作的小伙子，有時能夠肯去花點時間去與同學傾談，去聽他們各方面的問題和對事物的看法；發覺與大家的價值觀都很不相同。（可能是因爲自少放洋去外邊，感受不到他們的生命吧！）不過，我相信我們這一羣會是最合得來的一羣。（我可以唸出每位同學的名字啦！）

功課緊了，自然得留意時間分配。很多以前可以做的都不能再佔上什麼重要的位置了。說起來，已經很久沒有拉琴和練歌了。倒提醒我要寄年咭給英國的琴老師和聲樂老師了。

對不起，我太多話了，實在太多了……，不知道何時染上了自言自語的習慣？當我一想起那天於英國收到妳的噩耗，我總覺得心情沉重得要死……。

沒有話了……我會繼續寫信給妳……只是不知如何才能寄到妳的手中……

總結

陸慧姿

在一個很偶然的機會，把來自香港及世界每一個角落的七十六個有朝氣有活力的年青人連在一起，在香港大學牙科學系以共同的目標一起努力。

我說我們牙科同學是來自世界每一個角落，這話並沒有言過其實，從來沒有一個學系有那麼多不同種類的學生。我們擁有理學碩士，拾數位理學士，由加拿大及英國等地大學的轉系學生，更有很多在外國考高級程度會考申請回港的，當然還有在本港各校就讀的預科生，但我們並沒有因此而格格不入。反之，相處得非常融洽。

才上課不到兩星期，有意攪好班中關係的同學，已經發起組織班會。出乎意料之外，同學們反應很熱烈，不費一星期，一個擁有數拾位同學的班會已經組織好了。

我們還有一個很設身的問題——牙科同學現在是醫學會的會員，對於組織牙醫學會的問題上，我們確需要面對很多問題。根據香港大學學生會的憲章，一個系會除了需要有一個幹事會之外，還要一個評議會。經過詳細考慮後，我們作出了決定。以兩年時間爲期，兩年之後，我們才著手組織牙醫學會，因爲到那時，我們已經有三班同學，力量充足，無論對外對內也容易應付。在這過渡的兩年內，我們會成爲醫學會的正式會員。在他們當中，我們希望得到了經驗，作爲日後組織牙醫學會的參考。而且我們是第一屆，非常希望把班裏的關係弄好，做一個驕人的先例及榜樣。

我們可說是先鋒者，在許多事情上也得自己去解決。但這我們總覺得不是負擔，因爲甚麼都是我們創的，沒有先例、沒有傳統，就不會給約束了在某一個局限裏。

牙科裡大部份的教授及講師都是來自英國，有小部份是來自澳洲的。可能因爲他們是接受外國教育，而且他們都年輕，所以和我們的關係是非常好的。『牙科的教職員和學生相處得很融洽』，在醫學院中已經是口碑載道了。在大學教育中，師生的關係是保持著一個距離的，但我們可不同呢！舉一個例子吧，我們有一位講師，爲了觀察我們課程上有甚麼漏洞，有甚麼重覆，或遺漏了，他就每天也好像我們一樣，在講室中上課。他那股衝勁及爲學生著想的熱誠是非常可嘉的，曾經有一位八四的同學問過我，我們班上是不是有一個金頭髮，個子高大的同學？哈！可想而知……

我們的課程，是編得很緊的，據我們的院長Prof. Howe說，他早在七六年已經計劃成立牙科了，而且還遍訪世界各地的牙醫學院，取其精髓，而編得現在的課程。雖然是這樣，我班上還是組織了一個課程檢討委員會，把我們對於某一科特別的要求或批評轉告給那一個學系，好使我們及跟著的師弟師妹都能得益。

這個學期快完了，大家同學都已經打成一片，就以醫學生節及開放日爲例，我們的合作便就可見一斑。在醫學生節中，我們在不少節目上得獎，許多人也驚訝我們的commitment，不容否認的，我們整班是非常之有歸屬感的。而且我有信心，班中的互助互勉、團結友愛的精神將隨歲月而增長。況且我對我的班、教授及講師、書本、一切一切，已經產生了一份很濃厚的感情。我深深地相信，我不會祇是七十六人中唯一的一個，還有很多同學是和我有不謀而合的想法的。我們將會向共同的目標邁進——做一個好的牙醫！

CONTRIBUTIONS

FROM

OUR TEACHERS

The Development of Endocrinology in the Department of Medicine

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In the special McFadzean Memorial Issue of the Caduceus-Elixir (1975 No. 1) Professor David Todd wrote

'When he (Professor McFadzean) first arrived in Hong Kong, the Department of Medicine comprised a handful of staff, three rooms and no laboratory equipment to speak of. From this has grown the present department with a staff of about fifty and two floors of office and modern laboratories" and "A long admirer of Sir Thomas Lewis, the noted experimental physiologist, he introduced research to a department in which none had existed"

These passages written as an appreciation of the late Prof. A. J. S. McFadzean (Professor of Medicine from 1948 to 1974) are an excellent summary of the development of academic medicine and different specialties, including endocrinology, in the Department of Medicine during this period.

The socio-economical structure and age distribution of the population in Hong Kong immediately after World War II were quite different from that of today. In 1947, the local population was only 1.7 million. The people then had little faith in Western medicine. The Government clinics had very few patients and hospital wards were half empty.Diabetes mellitus and thyrotoxicosis were the only endocrine disorders seen with any frequency. There were occasional patients suffering from Addision's disease due to tuberculosis. Cushing's syndrome and acromegaly, being rare entities, were favourite choices for bed-side demonstration by junior teachers like myself. Diagnosis was almost entirely clinical and the only investigations available were simple radiology, electrocardiography, basal metabolic rate and tests for sugar and electrolytes in blood and urine. In case of doubt, and this occurred quite frequently, one would resort to a therapeutic test. There was tremendous satisfaction when the diagnosis could be confirmed by the pathologist at operation, following biopsy or even at autopsy.

As the local population increased and Western medicine became more acceptable we had to establish certain specialty clinics. The thyroid and diabetic clinics were established in 1955 in Queen Mary Hospital. But even before then, Professor McFadzean envisaged the necessity of developing specialty training in his department. The rapid progress made in medicine, therapeutics and medicine-related sciences, posed a tremendous challenge to a physician who wished to keep abreast with his time and offer the best service to his patients. It was impossible for any individual, including the professor of medicine, to profess that he knew everything about cardiology, gastroenterology or any other specialty. For an individual to study any of these specialties in depth he should firstly be interested in the subject and then have the intellectual capacity and other aptitudes to undergo a period of training and self-education. With this in mind, Professor Todd was encouraged to take up haematology when

he went to Glasgow in 1956 and I was sent to study endocrinology in Glasgow in 1958. During the eighteen months there I received intensive training in clinical endocrinology and introduction to the use of radioisotopes in clinical medicine and medical research. On my return in late 1959, we orgainised a combined thyroid clinic with the Government radiotherapy specialist at the present outpatients department and we began to use radioactive iodine to treat patients with thyrotoxicosis.

The study of endocrinology entered a new era when in 1960, Berson and Yalow introduced radioimmunoassay to measure accurately the very small amount of plasma insulin under different physiological conditions. The hormones in circulation were previously measured by clinical or biological methods which were more time-consuming and less sensitive. I still remember the irksome task of slaughtering 30 or more rats in order to obtain enough diaphragms to do a bioassay for insulin on 10 plasma samples. It was a whole day's work! With radio immunoassay and automation, one can now assay hundreds of plasma samples in a few hours. In 1963 I went to the department of biochemistry in Cambridge University to learn general biochemistry and the principles of radioimmunoassay. An adequate knowledge of biochemistry and physiology is a pre-requisite for anyone interested in endocrinology. Regrettably the teaching of biochemistry in my undergraduate days was grossly deficient. A simple radioimmunoassay laboratory was established in the department in 1964 which provided the facilities for studying patients with disorders of insulin and growth hormone.

When Dr. Christina Wang joined the department as a lecturer in 1969 and later expressed her interest in endocrinology, my morale was greatly boosted. I was delighted that I had someone to share the busy service load of patient management in the metabolic ward as well as the thyroid and diabetic clinics. But more importantly I knew that in her I would have someone who is more that my equal. Her stamina, pleasant personality and high intellectual capacity were largely responsible for the rapid progress we have made in establishing clinical endocrinology as a distinct discipline within the department. This fortune was compounded a year later when Dr. C.S. Teng, a highly capable and devoted person joined the department and the "Endocrine Team". In 1972 Dr. Wang went to Melbourne to study reproductive endocrinology and a year later, Dr. Teng left for Newcastle-upon-Tyne to study thyroid diseases under Professor Reginald Hall.

As luck would have it, Dr. Vivian Chan, a biochemist, joined the department in 1974. She was awarded a Ph.D from London University a year earlier for her thesis "In vitro thyroid function tests with special reference to urinary thyroxine and triiodothyronine assays". She had already achieved an international reputation through extensive and high quality publications on the development of new radioimmunoassays and their application in the study of normal and abnormal thyroid physiology. Professor Hall once remarked that Dr. Chan had "green" fingers with even the most difficult and sophisticated radioimmunoassay. As endocrinology is very much a "laboratory" based subject, Dr. Chan's experience and expertise enabled the radioimmunoassay laboratory to expand rapidly in scope and sophistication. Because of its excellent quality control, our radioimmunoassay laboratory has been designated as a regional reference laboratory by the World Health Organisation. In addition to radio immunoassays, competitive protein binding and receptor assays are now being performed increasingly in the laboratory and their application extends to haematology, cardiology, therapeutics and other aspects of medicine. In recent years a number of trainees from S.E. Asian countries have come to our laboratory under the University of Hong Kong/ China Medical Board Fellowship scheme to learn these laboratory procedures.

In addition to providing a comprehensive

and up-to-date clinical endocrinology service, we managed to keep up active research programs in the study of hypothalamic-pituitary, thyroid and adrenal disorders, diabetes mellitus, carbohydrate metabolism in liver diseases and reproductive endocrinology. I have not yet mentioned the impact of this development on undergraduate and postgraduate teaching. Needless to say, as teachers in the University we must strive for improvement and excellence in teaching and aim at making our students not only competent doctors on graduation but also people capable of continuing with their own education after graduation. The clinical, research and teaching components of a clinical department are so closely interwoven that progress in one inevitably leads to advancement in another. Without bias, I think that endocrinology is now taught on a more rational and scientific basis than it was when I was a medical student.

Although some maintain that a talented bench-worker or an astute clinician may not necessarily be a good teacher, there are certain desirable qualities common to all three. The analytical and enquiring mind of a research worker or the compassionate and logical approach of a clinican must be beneficial examples for the students to follow.

It is not my intention in writing this article to blow my own trumpet or to praise those colleagues whose names I have mentioned. The development of endocrinology is but an example which depicts the stages of development of different specialties or disciplines in the Department of Medicine. The initiative was taken by Professor McFadzean as long ago as the early 1950s. It was mainly through the farsighted planning and continuing support and encouragement of Prof. McFadzean and his able successor, Professor David Todd that in the following three decades some new disciplines were introduced and others were nursed to maturity within the department.. We owe a lot to the University of Hong Kong which provides a system of clinical training leave and study leave to enable her teachers to pursue in an overseas country the study of a discipline to which they are best fitted. The research grants administered by the University and the Faculty of Medicine, though inadequate, have managed to keep up the momentum of research over the years.Last but not the least we owe more than we dare to admit to many colleagues in other departments in the Faculty of Medicine and in Queen Mary Hospital who have collaborated with us so willingly and efficiently in our efforts to perform the clinical and research functions. Finally, all this achievement is only possible in the congenial but challenging atmosphere of a teaching hospital amidst trusting patients and industrious, intelligent and good-willed students. Without all these happy coincidences, I might still be using the spirometer to diagnose thyrotoxicosis or boiling urine in a small laboratory to arrive at the diagnosis of diabetes mellitus.

SURGERY FOR PERFORATED DUODENAL ULCERS:

ISSUES AND OPTIONS

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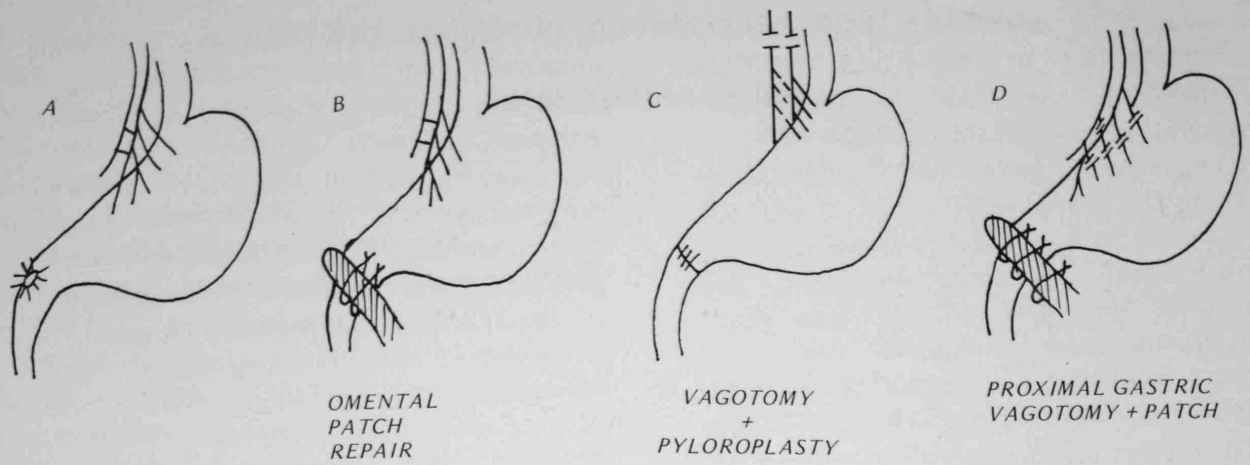
Perforation remains an all too common complication of duodenal ulcers. Each year, more than 80 cases are treated in the University Surgical Unit, Queen Mary Hospital - - - accounting for over one-third of all ulcer operations performed. Despite its position as the first and most widely practised operation, simple closure with omental patch repair (1) has been increasingly criticised because it entails a high risk of ulcer relapse. Most series describe a symptomatic recurrence rate of between 50 to 75%, with reoperation required in 25 to 50% of plicated cases (2-5). Similar unsatisfactory late results, though not shared by all (6), prompted a move towards acute definitive ulcer operations. At first, hemigastrectomy proved feasible and safe as an emergency procedure for perforated ulcers (7), but was associated with distressing gastric sequelae in as many as 25% (8). With the advent of vagotomy operations, truncal vagotomy, and, more recently, proximal gastric (highly selective) vagotomy (Fig. 1), have gradually assumed a dominant role in elective ulcer surgery. Although ulcer perforations have been treated sucessfully by vagotomy operations (9-11), the comparative merits of the different type of vagotomies performed under acute conditions have not been fully assessed.

Our ongoing prospective study of perforated duodenal ulcers is focused on three surgical issues: when is acute definitive surgery needed, when can it be safely performed, and which corrective procedure should be selected when it is indicated. Based on preliminary data, we evaluate here the therapeutic options currently available in the surgical management of perforated duodenal ulcers.

Clinical data and results

Between November, 1978 and February, 1981, one hundred and eighty four consecutive patients were treated surgically for perforated duodenal ulcers. There were 158 males and 26 females with a mean age of 48.8 $\pm$ 17.7 (SD) years. A previous ulcer history was present in 71.7% of patients with a median duration of chronic symptoms of 60.3 months. The median period of acute perforation before exploration was 12.1 hours (range three hours to ten days). Preoperative shock existed in seven patients, and severe concurrent medical illnesses were noted in 12 cases. Parenteral antibiotics were given to all patients, and 90.8% were administered preoperatively. Pneumoperitoneum was present in 158 of 180 (87.8%) cases that had either plain chest or abdominal X Rays taken. A correct preoperative diagnosis was made in 98% of cases.

Severe peritoneal contamination (defined as either abscess formation or the inability to cleanse the peritoneal cavity despite copious saline lavage) was found in 20 patients.Peritoneal



Legend For Fig. 1

In (B), no reduction in acid-production is achieved.

In (C), complete vagotomy reduces acid production but the removal of antral innervation necessitates pyloroplasty for gastric empty.

In(D), acid reduction is achieved by selective denervation of the acid-producing part of the stomach leaving the antral emptying mechanism intact.

cultures yielded bacterial growth in one-third of the 143 unselected cases that had swabs taken. Simple patch repair was performed in 116 cases, truncal vagotomy with gastric drainage in 38, an proximal gastric vogotomy with omental repair in 30 patients (Fig. 1). As part of a randomised, controlled trial, vagotomy operations (either truncal or proximal gastric) were selected for fit patients, younger than 70 years of age, who were free of concurrent illnesses, and who had chronic ulcer lesions demonstrated at laparotomy. The average length of operation was 51.6 minutes for plication, 84.5 minutes for vogotomy and drainage, and 124.7 minutes for proximal gastric vagotomy with patch repair.

Operative morbidity and mortality

There were five hospital deaths (2.7%), all occuring in ill patients who underwent simple plication. Refractory sepsis and postoperative respiratory failure were the primary causes of death. Mortality was significantly greater in those with preoperative shock, concurrent illnesses, and late exploration (more than two days after perforation) (Table 1). Neither the age of the patient, the extent of peritoneal contamination nor the length of operations influenced mortality independent of the above risk features.

	MORTALITY		
CLINICAL PARAMETERS	LIVED (n=179)	DIED (n=5)	SIGNIFICANCE P
PERFORATION			
MEDIAN, HRS	12.0	96.9	0.001
% OVER 48 HRS	6.7	100	0.001
SHOCK, % PATIENTS	1.7	80.0	0.001
OTHER MEDICAL ILLNESS, % PATIENTS	4.5	80.0	0.001

TABLE 1 RISK FACTORS RELATED TO MORTALITY

TABLE II FEATURES RELATED TO SEPTIC COMPLICATIONS

		COMPLICATIONS, % PATIENTS		
		ABSENT (n=176)	PRESENT (n=8)	SIGNIFICANCE P
CASES EXPLORED AFTER 48 HOURS				
CULTURES	STERILE	100	0	
	POSITIVE	37.5	62.5	0.04
CONTAMINATION	MINIMAL	100	0	
	SEVERE	45.5	54.5	0.04
CASES EXPLORED WITHIN 48 HOURS				
CULTURES	STERILE	98.9	1.1	
	POSITIVE	87.5	12.5	N. S.
CONTAMINATION	MINIMAL	98.8	1.2	
	SEVERE	70.0	20.0	N.S.

N. S. NOT SIGNIFICANT

A total of 35 complications developed in 19 patients (10.3%). The only complications in the definitive surgery group were three instances of pneumonia. Septic complications (shock, abscess, wound infection) were significantly related to late exploration in the presence of a positive peritoneal culture or severe peritoneal contamination (Table II).

Ulcer relapse

Symptomatic ulcer relapse documented by upper endoscopy or re-operation was noted in 34 patients (17.9%) on followup (Fig. 2)

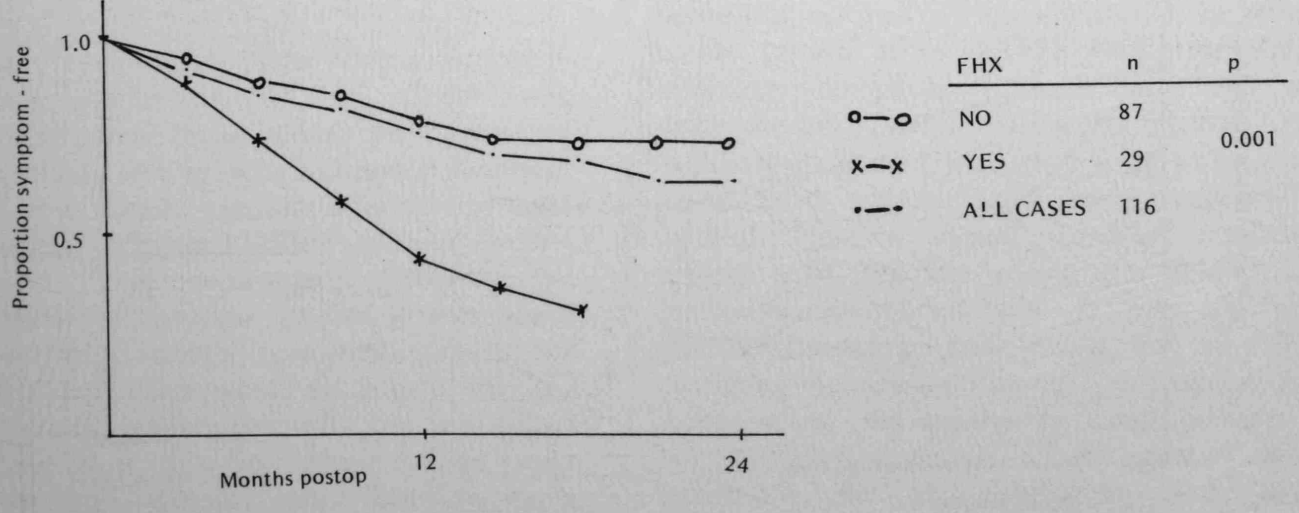


Fig 2 Family history of ulcer disease as a predictor of ulcer relapse after plication.

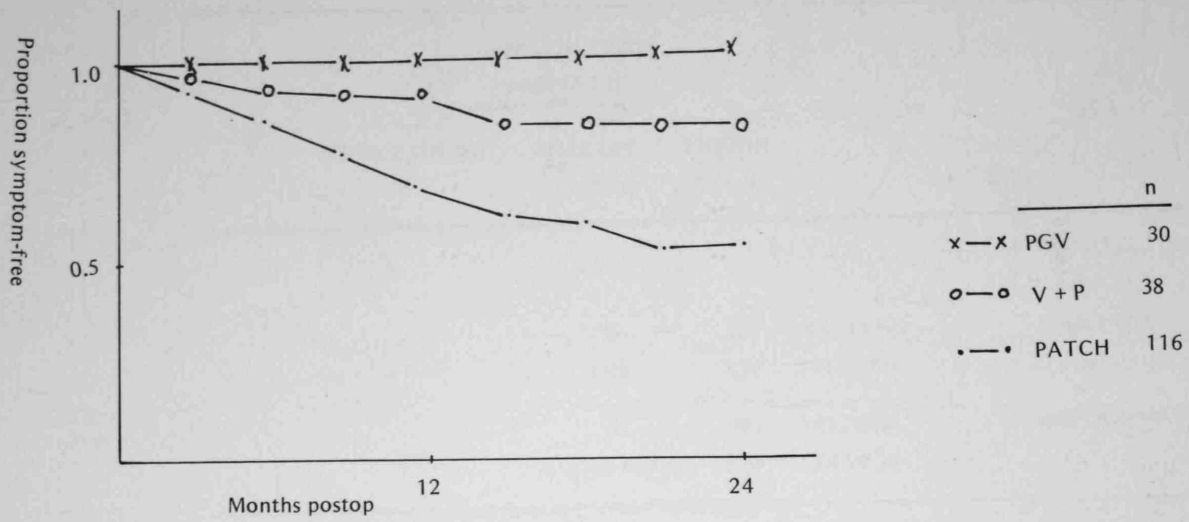


Fig. 3 Symptomatic relapse after different operations for perforated duodenal ulcers.

Recurrent symptoms were significantly lower with either type of definitive operations (Fig. 3), and all but three relapses were in patients who had plication alone. Among the 116 patients who were treated by plication, a positive family history of dyspepsia, and the early-onset (less than 30 years old) of ulcer disease, where reliable indicators of early recurrent ulcer disease (Figs. 2 and 4). The chronicity of the ulcer at surgery, and the duration of prior ulcer symptoms, bore no predictive value for relapse in these patients. Of the group with relapse, 14 had late complications including bleeding or re-perforation, and corrective ulcer operations were needed in nine patients. The remaining 25 symptomatic cases responded to antacid or H2-antagonis drugs. Not only did patients who had definitiv surgery fare better in terms of fewer recurrence but they also had superior Visick scores (Tabl III). Moreover, patients who had proxima gastric vagotomy had better Visick I score (Table III) as well as longer symptom-fre intervals than truncal vagotmy patients, althoug the latter difference was not statisticall significant with the present length of followu Of the definitive operation group, two patien who underwent (probably incomplete) trunc vagotomy subsequently required reoperatio for recurrent ulcers. Thus far, all thirty patien who had proximal gastric vagotomy operatio have remained well and free of ulcer symptoms.

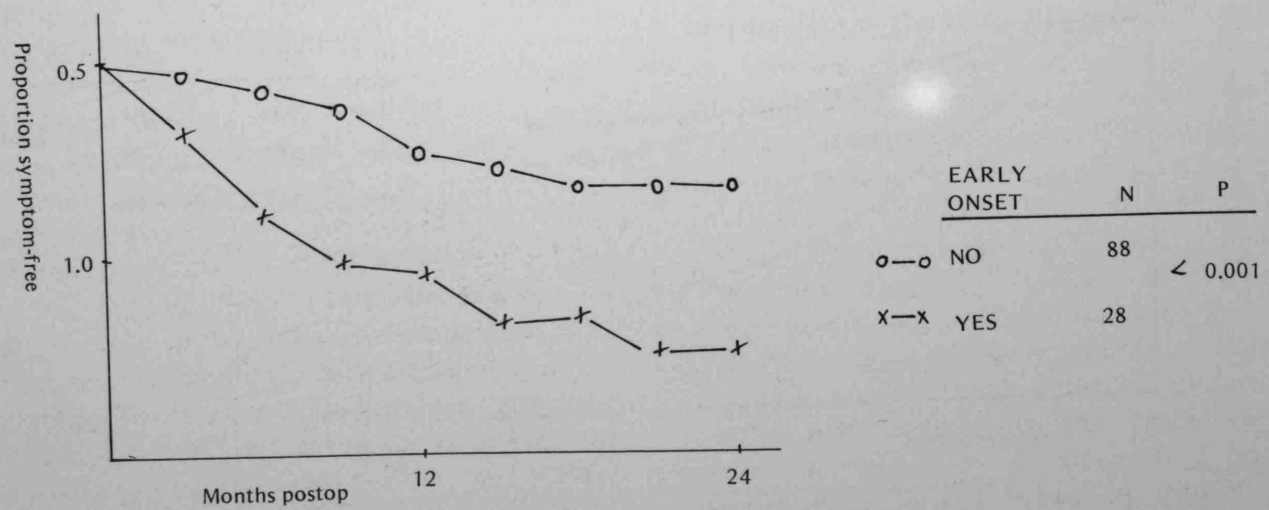


Fig. 4 Early onset of ulcer disease (under 30) as a predictor of ulcer relapse after plication

TABLE III COMPARISON OF VISICK SCORES

OPERATION	VISICK, NO. PATIENTS				SIGNIFICANCE
	I	II	III	IV	P
PATCH	78	9	-	29	
VAGOTOMY + PYLOROPLASTY	27	8	-	3	0.05
PROXIMAL GASTRIC VAGOTOMY	28	2	-	-	

Discussion

The diagnosis of perforated duodenal ulcer poses a smaller problem than its operative management. The sudden onset of severe abdominal pain was present in nearly all cases, and pneumoperitoneum was a consistent radiological finding. It should be emphasised that a history of prior ulcer symptoms was absent in 28.3% of cases. Initial supportive measures should include adequate fluid and electrolyte replacement to combat the effects of the chemical peritonitis seen early on. Preoperative parenteral antibiotics, either a cephalosporin or aminoglycoside directed against the predominantly gram-negative organisms, should be given immediately and continued for one day after surgery in uncomplicated cases.

Early symptomatic ulcer relapse occured in over one quarter of our 116 patients who underwent patch repair alone. While most of these patients will eventually develop recurrent disease, it is equally true that a number of them will remain completely well without further treatment. The controversy between the proponents of routine plication and those who champion acute corrective surgery for all perforated ulcers would be largely obviated if we could reliably identify the individuals who are most apt to relapse. This study indicates that patients who have a strong family history or early-onset of ulcer disease are relapse-prone individuals in whom definitive surgery is likely to be beneficial. Previously mentioned criteria (6, 9. 12) to distinguish such susceptible patients, including a long preoperative ulcer history and a chronic lesion at surgery, were not found to be helpful indicators of early relapse. Likewise, patients who have perforation as the inital and sole symptom of ulcer disease are not immune to later re-exacerbations. Longer followup may uncover other parameters that would facilitate the selection of patients who would benefit from immediate definitive ulcer surgery.

Under what circumstances can ulcer perforation be safely treated by acute corrective operation ? Earlier reports envisioned a "golden period" of up to 12 hours after perforation where definitive operations were deemed safe (13). During the first 48 hours after perforation, peritoneal cultures are usually sterile, or reveal scanty growth at most (12). Not surprisingly, infectious complications were rare, and no death was encountered, during this interval. Late exploration (more than 48 hours) as well as preoperative shock and severe concurrent medical illnesses should interdict definitive surgery. Old age per se, in the absence of previously mentioned risk factors, did not increase mortality, and should not by itself preclude immediate corrective operations. Adhering to the above-mentioned guidelines, no mortality occured in any patient who underwent definitive operation, and only three minor complications developed in this group.

The choice of which definitive operation to perform depends on several factors. Both types of vagotomy operations are not difficult when performed within two days of surgery, and peritoneal lavage greatly facilitates the identification of the nerves of Latarjet. We have not encountered mediast initis, abscess formation, or postoperative gastric stasis in any patient who underwent emergency proximal gastric vagotomy. However, comparing Visick scores, proximal gastric vagotomy appears superior to truncal vagotomy and drainage; and, there is probably little difference in their late ulcer recurrence rate (about 10%). Proximal gastric vagotomy is a more time-consuming operation, and in inexperienced hands, is liable to lead to an unacceptably high recurrence rate. By contrast, truncal vagotomy and drainage is a faster and more readily learnt technique. Nevertheless, with the gathering body of evidence in favour of proximal gastric vagotomy, we believe that this will soon be a widely adopted procedure whose minimal gastric side effects will reward the extra efforts required in its proper performance.

Perforation, like other complications such as bleeding or pyloric obstruction, marks a patient who has serious duodenal ulcer disease. Sugery, the preferred mode of treatment, presents an unique opportunity to safely and effectively relieve relapse-prone patients of subsequent ulcer problems. The combination of a low recurrence rate, negligible untoward gastric sequelae, and operative safety makes proximal gastric vagotomy the best acid-reducing ulcer operation presently available. As shown by this study, the scope for its application may now be confidently broadened to include the emergency surgical treatment of perforated ulcers.

ACKNOWLEDGEMENT

This study was conducted under the auspices of Prof. G. B. Ong and Prof. J. Wong. Participating surgeons include Dr. J. Koo, N. W. Lee, and P. H. M. Lam.

REFERENCES

1. Graham, PR. Treatment of perforated duodenal ulcer. Surg. Gynecol. Obstet., 1937; 64: 235-238.
2. Griffin GE, Organ CH JR. The natural history of the perforated duodenal ulcer treated by suture plication. Ann. Surg., 1976; 183: 382-385.
3. Jarrett F, Donaldson GA. The ulcer diathesis in perforated duodenal ulcer disease. Am. J. Surg., 1972; 123: 406-410.
4. Sawyers JL, Herrington JL Jr, Mulherin JL Jr, et al. Acute perforated duodenal ulcer. Arch. Surg., 1975; 110:527-530.
5. Sharstein A, Hoisaeter PA. Perforated peptic ulcer: A comparison of long term results following partial gastric resection or simple closure. Br. J. Surg., 1976; 63: 700-703.
6. Drury JK, McKay AJ, Hutchison JSF, Joffe SN. Natural history of perforated duodenal ulcers treated by suture closure. Lancet, 1978; 2:749-750.
7. Cooley DA, Jordan GL, Brockman HL, Debakey ME. Gastrectomy in acute gastroduodenal perforations. Ann. Surg., 1955; 141: 840-852.
8. Herrington JL Jr., Sawyers JL. Remedial operations. In Nyhus LM, Wastell C. (eds). Surgery of the stomach and duodenum (Third edition). Boston, Little, Brown and Co., 1977. pp. 537-566.
9. Harbrecht PJ, Hamilton JE. Reappraisal of simple suture of acute perforated peptic ulcer; implications for definitive operation. Ann. Surg., 1960; 152:1044-1048.
10. Jordan PH Jr., Korompai FL. Evolement of a new treatment for perforated duodenal ulcer. Surg. Gynecol. Obstet., 1976; 142: 391-395.
11. Wangensteen SL, Wray RC, Golden GT. Perforated duodenal ulcer. Am. J. Surg., 1972; 123: 538-542.
12. Greco RS, Cahow CE. Alternatives in the management of acute perforated duodenal ulcer. Am. J. Surg., 1974; 127: 109-114.
13. Nemaniach GJ, Nicoloff DM. Perforated duodenal ulcer: Long-term followup. Surgery, 1970; 67:727-734.

Association of Hepatitis B Virus Surface Antigen with Chronic Liver Disease and Hepatocellular Carcinoma in Hong Kong.

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Hepatitis B and Its Markers

Most patients with acute hepatitis B recover completely although in some clinical cases the symptoms and disability are severe and may be prolonged for more than the average duration of 6 weeks. The mortality is low, generally in the range of 0.05-2%. In a small proportion of patients (approximately 10-14%), however, the hepatitis B virus (HBV) perpetuates in the individual who becomes a chronic carrier of the hepatitis B surface antigen (HBsAg) or develops chronic persistent hepatitis or chronic active hepatitis. It is probably true that, if given the time, all chronic active hepatitis eventually progress to cirrhosis with or without associated hepatocellular carcinoma (HCC).

Different components of HBV and their antibodies have been identified in body fluids [37] and in tissues [13,20,28] and have helped in clarifying the role of HBV in various liver disorders in man. They are valuable tools in studying the aetiology of chronic liver diseases with or without HCC because a history of hepatitis is commonly difficult to document in such cases. HBs Ag has been the first and the most widely used diagnostic hallmark of HBV infection. It is present on the thick lipoprotein coat that envelops the Dane particle but also occurs in the form of small spherical and tubular particles which represent excess virus coat material. It can be detected in the serum by radio-immunoassay, haemagglutination tests, and the less specific complement fixation and counter immunoelectrophoresis tests. There are other serum markers of HBV infection: hepatitis B surface antibody (HBs Ab); hepatitis B core antigen (HBc Ag) and antibody (HBc Ab); and the "e" antigen (HBe Ag) and antibody (HBeAb). The tests for these markers are less readily available although HBc Ab appears to be a more sensitive indicator of HBV replication than HBs Ag.

Immunostaining and histochemical techniques have been recently developed to localise HBs Ag and HBc Ag in liver tissue [13,28]. These techniques have one unique advantage over serological methods : they can be applied to paraffin sections and therefore permit retrospective studies on large quantities of stored material [13,20].

Light Microscopic Study of HBs Ag

Hepatocytes which bear HBs Ag can be recognised in routine H & E stained paraffin sections as having pale cytoplasm with a ground-glass appearance [11]. The appearance (Fig, 1) corresponds to proliferated smooth endoplasmic reticulum in which the dilated cisternae contain spherical and tubular viral particles. The "ground-glass" hepatocytes as a marker of HBs Ag are, however, difficult to identify if the number of HBs Ag positive hepatocytes in the specimen is small, particularly in necropsy material. Furthermore other cytoplasmic inclusions may be confused with the ground-glass appearance [25].

Immunohistologic techniques such as indirect immunofluorescence and indirect immunoperoxidase method using specific hepatitis B surface antiserum [13] have been successfully applied to paraffin sections for the detection of HBs Ag. Hgs Ag can also be stained by simple histochemical methods such as Gomori's aldehyde

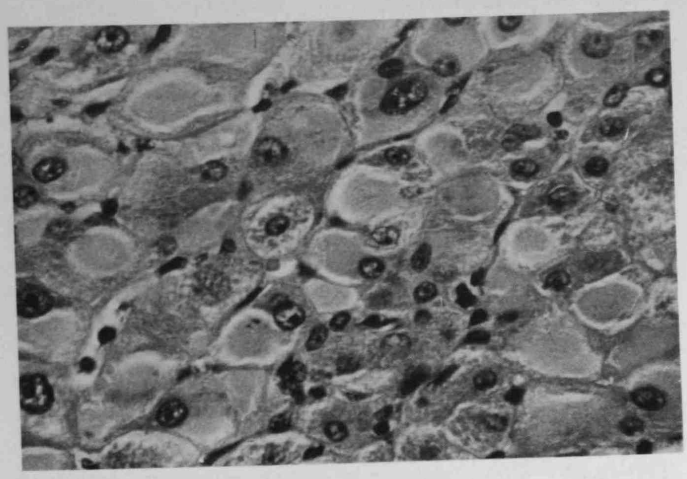


Fig.1 Ground-glass cytoplasm in hepatocytes containing HBsAg. H& E x 560

fuchsin [9] and the orcein method of Shikata et al. [28]. Aldehyde fuchsin (AF) is slightly more sensitive and reliable than results with orcein. In a recent study in which we compared the results of AF staining with sensitive serological methods for HBsAg[12], concordance was found in over 90% of our material. In a comparative study performed on consecutive sections and on the same paraffin sections[38], liver cells stained positively by AF or orcein were found to correspond to HBs Ag positive cells shown by either of the two specific immunohistologic techniques. AF stain is therefore a convenient and reliable method for detecting HBs Ag and is the method of choice in our studies; the more complicated and expensive immunostaining methods were used only when the result with AF was doubtful.

The prevalence of hepatitis B surface antigenaemia in the Chinese population in Hong Kong is 7.9% when serum from blood donors were tested by the reverse passive haemagglutination test[4]. In view of the high carrier rate of HBs Ag, we have carried out studies in this department by examining liver biopsies from Chinese patients admitted to Queen Mary Hospital as well as necropsy material in an attempt to determine the frequency of HBs Ag particularly in cases of chronic hepatitis, cirrhosis and HCC.

Using the AF method, HBs Ag was demonstrated almost exclusively in the cytoplasm of hepatocytes as a lilac colour intracytoplasmic inclusion, or the cytoplasm is diffusely stained lilac leaving a "punched out" nucleus (Fig. 2). Less commonly the hepatocytes show a submembranous or perinuclear staining, but positive cell membrane staining alone as described by other workers[19,41] has not been identified with certainty in our material.

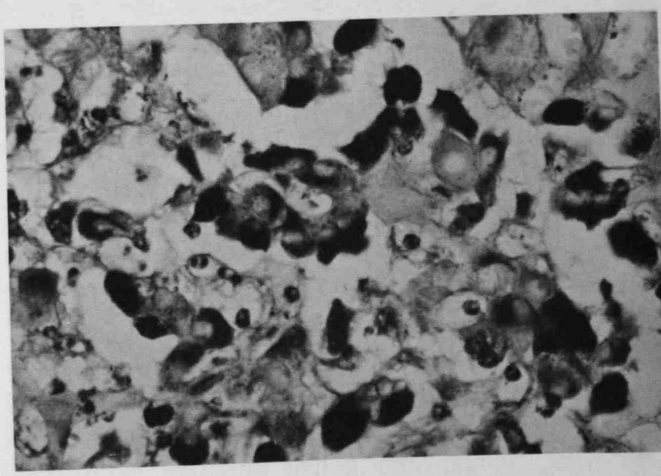


Fig.2 Cytoplasmic HBsAg densely stained with Gomori aldehyde fuchsin. x 560

Role of the Immune Response and Pattern o HBsAg Expression in Liver Tissue in Hepatitis

There are strong evidences that HBV p se is not directly cytopathic to liver cells, a the various pathologic manifestations of HB infection are attributed to the host immu response to HBV [10,33,41]. The elimination HBV infected cells as a function of the immu response appears to be the key mechanis determining the course of hepatitis B. Gudat al [10] documented that the different typ of hepatitis possess characteristic expressi

patterns of HBs Ag and HBc Ag which reflect the effectiveness of the host immune response. The infected cells are readily eliminated in fulminant hepatitis B and in the classical self-limited acute hepatitis B where an adequate immune response is mobilised against viral or new antigens expressed on the infected hepatocytes leading to cell injury and inflammation with ultimate clearance of HBV. We have studied the liver biopsies from 16 cases of acute hepatitis B and only in one biopsy 2 weakly stained hepatocytes were found. At the other extreme, there is minimal or absent host response which is found in the chronic carrier states of normal or immunosuppressed individuals.The histologic picture shows only mild chronic persistent hepatitis or minimal nonaggressive inflammation associated with moderate or abundant viral antigens often expressed at the cell surfaces. An intermediate immune response that allows perpetuation of HBV infection may result in chronic active hepatitis in which cell necrosis and aggressive inflammation occurs. Small and patchy amounts of intracytoplasmic HBs Ag are demonstrated within the hepatocytes in this condition.

Table 1 Association of HBsAg with chronic hepatitis, cirrhosis and HCC in biopsy and necropsy material in Hong Kong Chinese

Diagnoses	No.of patients	HBsAg positive
Chronic persistent hepatitis	7[b]	4 (57%)
Chronic active hepatitis	25[b]	14(56%)
Cirrhosis without HCC	277[a]	163 (59%)
Cirrhosis with HCC	219[a]	183 (84%)
All cirrhosis ± HCC	496[a]	346 (70%)
HCC without cirrhosis	49[a]	19 (39%)
No primary liver disease	43[a]	2 (5%)

b=biopsy material

a=necropsy material

Incidence of HBsAg in Chronic Liver Disease in Hong Kong Chinese

Our results showing the prevalence of HBs Ag in cases of chronic liver disease and HCC in Hong Kong Chinese are shown in Table I.

HBs Ag was stained in the liver biopsies of 57% of chronic persistent hepatitis and 56% of chronic active hepatitis. It was present in 70% of cirrhosis with or without HCC. HBs Ag therefore occurs in high frequency in chronic parenchymatous liver disease in Hong Kong Chinese. The close association strongly suggests that HBV plays an important role in the pathogenesis of chronic hepatitis and cirrhosis in Hong Kong. This is supported by the clinical study by Lam at el. [16] who found that in a prospective study of 188 cases of Chinese cirrhotics HBV infection was the etiological factor in 66%; alcoholism accounted for 19% and 9% were cryptogenic.

Hepatitis B and Hepatocellular Carcinoma

Our study shows that in the cases of cirrhosis with HCC, HBs Ag is frequently identified within the non-neoplastic liver nodules (84%). The significantly higher prevalence of HBs Ag in cirrhotics with HCC (84%) than in cirrhotics without HCC (59%) suggests that HBV is oncogenic. Even in the absence of cirrhosis, HCC is associated with a significantly higher incidence of the HBV marker (39%) than in individuals with no primary liver disease (5%). The strong association supports an etiological link between HBV and HCC.

HCC shows marked variation in geographic incidence [35].It is common in parts of the world which have a high carrier rate for HBs Ag and there is a strong association between hepatitis B antigenaemia and HCC in these areas [3,17,29,32,38]. Table II shows the relationship betweenHB s Ag and HCC in different areas.

Location	Cases of HCC		General population
	Technique used	HBsAg+	HBsAg+ in serum
Vietnam	Serology[36]	49/70 (70%)	19%
Taiwan	Serology[36]	44/55 (80%)	15%
Singapore	Serology[29]	114/156 (73%)	13.1%
	Tissue staining[30]	37/50 (74%)	4.4%
Senegal	Serology[26]	101/165 (61%)	11%
S.Africa (Bantu)	Serology[17]	94/158 (60%)	9%
Hong Kong	Serology[4,15]	19/20 (95%)	7.9%
	Tissue staining[8]	183/219 (84%)	5%
Greece	Serology[31]	44/77 (57%)	5%
Uganda	Serology[34]	26/71 (37%)	3%
Japan	Serology[21]	80/215 (37%)	2.7%
India	Serology[1]	7/11 (64%)	0.1%
	Tissue staining[20]	47/50 (94%)	2%
U. S. A.	Serology[22]	10/14 (75%)	0.4%
Britain	Serology[18,27]	9/38 (24%)	0.3%
	Tissue staining[2]	4/14 (29%)	?
People's Republic of China	Tissue staining[6]	38/44 (86%)	?

Table II Frequency of HBsAg in cases of HCC and controls

Even in low-incidence areas more recent surveys have disclosed a similarly positive correlation. Peters et al. [23] in Los Angeles found that 73% of 76 non-alcoholic cirrhosis with HCC were HBs Ag positive. When these patients were subdivided into racial sub-groups, the association between HBs Ag and HCC was the same in the different group [24].

The strong association between HBV infection and HCC suggests that HBV may be causally related to the tumour. HBs Ag can sometimes be localised in tumour cells. Out of a series of liver biopsies from 172 consecutive cases of HCC, HBs Ag was identified in HCC cells in only 3 cases [39,40]. In 2 of these cases, the HBs Ag-bearing tumour cells corresponded to cells having ground-glass cytoplasm which resembled the ground-glass hepatocytes characteristic of the HBs Ag carrier. The identification of HBs Ag within cells of HCC further supports the hepatocarcinogenic role of HBV.

Our results show that there is a progression in incidence of HBs Ag in cases of HCC (39%), cirrhosis without HCC (59%) and cirrhosis associated with HCC (84%). The progression suggests a cumulative carcinogenic effect of HBV fully expressed in the presence of cirrhosis. According to Bayes' theorem, it was calculated that a Chinese male individual in Hong Kong who is HBs Ag positive at the time of death, when compared with a HBs Ag negative male individual, has a significantly higher risk of developing cirrhosis and/or HCC: his chances of having HCC alone, cirrhosis alone, and cirrhosis combined with HCC are respectively 6, 16 and 50 times higher than a HBs Ag negative Chinese male [8].

Prevalence of Cirrhosis and HCC in Hong Kong

Hong Kong has a high incidence of HCC and cirrhosis [5]. Deaths due to malignant neoplasms have increased from 72 per 100, 000 population in 1961 to 126.6 in 1979 to become the leading cause of death in Hong Kong. Malignant neoplasm of liver and intrahepatic bile ducts (ICD list no. 155) remains the second commonest cancer causing death, surpassed only by the group of cancers of trachea, bronchus and lung. The cause-specific death rate from malignant neoplasm of liver and intrahepatic bile ducts (PHC) varied from 18.3 per 100,000 of population in 1978 to 14.8 in 1976. HCC and cholangiocarcinoma, in the ratio 5:1[7] make up 95% or more of this group of PHC. Chronic liver disease and cirrhosis are amongst the ten leading causes of death. In 1979, cirrhosis was recorded as the cause of death in 383 cases. However, this underestimates the occurrence of cirrhosis at death by the number that occurred in combination with HCC — cirrhosis was present in 80% or more of the cases dying of HCC in Hong Kong [8].

Conclusion

Persistent carriage of HBV therefore appears to be the chief determinant factor of the high incidence of chronic hepatitis, cirrhosis and HCC in Hong Kong Chinese. The high incidence of HCC in Hong Kong Chinese is not attributable solely to the high incidence of post-hepatitis B cirrhosis here, but there are strong evidences that persistent HBV infection is cirrhotogenic as well as oncogenic. Other factors such as dietary nitrosamines and their precursors and aflatoxins which have been implicated in the causation of HCC are significantly submerged by the prevalence of HBV infection in our community.

HBV infection is thus highly endemic in the Chinese population in Hong Kong and it creates a serious medical and health problem because of its potential risk of developing into cirrhosis and/or HCC. In view of the large reservoir of infectious individuals in the population, more vigorous efforts are needed to enforce measures to prevent spread of the infection. Passive immunization with hepatitis B immunoglobulin may sometimes be indicated in nonimmune individuals who have been acutely exposed to infectious persons or materials. The grave morbidity and mortality associated with cirrhosis and HCC would justify the consideration of active immunization of non-immune members of the population by means of a vaccine protective against HBV.

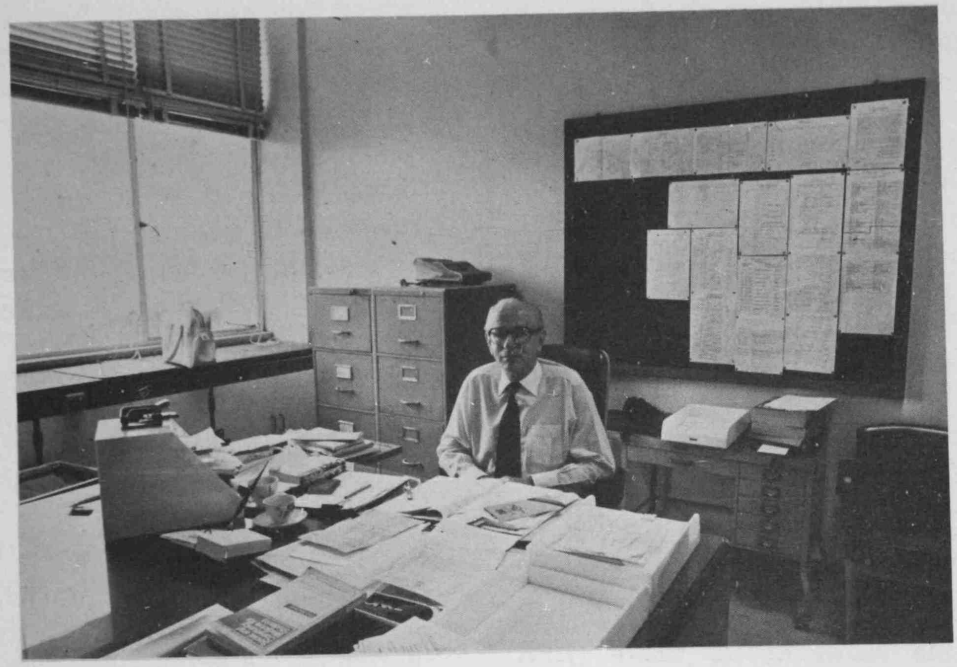
References

1. Anad S & Malaviya AN (1971). Lancet, ii, 1032.
2. Bleinkinsopp WK & Haffenden GP (1977). J. Clin Pathol, 30, 579.
3. Blumberg BS, Larouze B, London WT et al (1975). Amer J Pathol, 81, 669.
4. Chang WK (1980). Personal communication.
5. Director of Medical and Health Service, 1979-1980, Departmental Report, 1980.
6. Dong Jun, Zhou Mhheng & Ye Yuling (1980). Chinese Med J, 93, 712.
7. Gibson JB (1971). Parasites, liver disease and liver cancer. In Liver Cancer, No. 1. Lyon: International Agency for Research on Cancer. p. 42.
8. Gibson JB, Wu PC, Ho JCI & Lauder 1 (1980). Brit J Cancer, 42, 370.
9. Gomori G (1950). Amer J Clin Pathol, 20, 665.
10. Gudat F, Bianchi L, Sonnabend W et al (1975). Lab Invest, 32, 1.
11. Hadziyannis S,Gerber MA, Vissoulis C et al (1973). Arch Pathol, 96, 327.
12. Ho JCI, Wu PC & Gibson JB (1980). Arch Pathol Lab Med, 104, 255.

13. Huang SN (1975). Lab Invest, 33, 88.
14. Kew MC, Ray, MB,Desmet VJ et al (1980). Br J Cancer, 41, 399.
15. Lai CL, Lam KC, Wong KP, Wu PC & Todd D (1981). Cancer, in press.
16. Lam KC, Lai CL, Wu PC & Todd D (1980). J Chron Dis, 33, 375.
17. Macnab GM, Urbanowicz JM, Geddes EW & Kew MC (1976). Brit J Caner, 33 ,544.
18. Medical Research Council (1974). J of Hygiene, 73, 173.
19. Nagata A (1975). Lancet, 2, 227.
20. Nayak NC & Sachdeva R (1975). Amer J Path, 81, 479.
21. Nishioka K, Levin AG & Simons MJ (1975). Bull WHO, 52, 293.
22. Peters RL, Pathology of Hepatocellular Carcinoma, Hepatocellular Carcinoma edited by Okuda K & Peters RL. New York, John Wiley & Sons, 1976.
23. Peters RL, Afrondakis AP & Tatler D (1977). Amer J Clin Pathol, 68, 1.
24. Peters RL, Omata M & Aschcavai M (1978). Brit Med J, iv, 1502.
25. Portmann B, Galbraith RM, Eddleston ALWF et al (1976). Gut, 17, 1.
26. Prince AM, Szmuness W, Michon J et al (1975). Int J Cancer, 16, 376.
27. Reed WD, Eddleston ALWF, Stern RB et al (1973). Lancet, ii, 690.
28. Shikata T, Uzawa T, Yoshiwara N et al (1974). Jap J Exp Med, 44, 25.
29. Simons MJ (1975).In Proceedings of the Second Asian Cancer Congress, Singapore.
30. Tan AYO, Law CH & Lee YS (1977). Pathology, 9, 57.
31. Theodoropulos G, Archimandritis A, Angelopoulos B (1975). Ann Intern Med, 82, 809.
32. Tong MJ, Sun SC, Schaeffer BT & Chang NK (1971). Annals Intern Med, 75, 687.
33. Trump BF, Kook MK & Iseri OA (1976). Amer J Clin Pathol, 65, 828.
34. Vogel CL, Anthony PP, Sadikali F el al (1972), J Nat Cancer Inst, 48, 1583.
35. Waterhouse JAH, Muir C, Correa P & Powell J (1977). Cancer Incidence in Five Continents, Vol. 3. International Agency for Research on Cancer, Lyons.
36. Welsh JD; Brown JD, Arnold K et al (1976). Gastroenterology, 70, 392.
37. WHO Expert Committee. Advances in viral hepatitis. WHO technical report series 602. WHO, Geneva, 1977.
38. Wu PC (1978). Asian J Infect Dis, 2, 223.
39. Wu PC (1979). Arch Pathol Lab Med, 103, 165.
40. Wu PC & Lam KC (1979). Amer J Clin Pathol 71, 229.
41. Yamada G, Felinberg LE & Nakane PK (1978). Human Pathology, 9, 93.

AFTER SEVEN YEARS

PROFESSOR COLBOURNE



After seven years in Hong Kong it is an appropriate time to look back at impressions gained and any conclusions I have reached in the three fields in which I have been especially interested: The pattern of disease and consequent health problems, the provision of medical and health services and the undergraduate medical course, which aims to produce suitable medical staff for the community.

My previous experience had been in U.K., Singapore and various less developed countries in Asia and Africa. One can say immediately that all three aspects in Hong Kong are quite similar to those in Singapore and much closer to the U.K. pattern than to those countries with vast rural areas and many health problems which are still unsolved in most countries around Hong Kong. These problems are the subject of WHO's policy of "Health for all by the year 2000". This policy aims to provide basic primary care which includes: promotion of proper nutrition, an adequate supply of safe water, basic sanitation, maternal and child care including family planning, immunization against the major infectious diseases, prevention and control of locally endemic diseases, education concerning prevailing health problems and the methods of preventing and controlling them and appropriate treatment for common diseases and injuries. Although we can recognise that most of these problems have already been solved in Hong Kong, they still affect us indirectly and should not be ignored. However they are not relevant to this article and I will not digress further.

Nor do I wish to repeat here observations on the pattern of disease in Hong Kong. It is very similar to that seen in U.K. and Singapore, both in the types of patient seen by the primary care physician and by the hospital

doctor or as a cause of death, — essentially the communicable diseases, though still a threat, are of decreasing importance. There are local differences — types of cancer vary and the age structure of the population here is not yet quite the same as in countries that have been industrialized longer. The pattern is unlikely to change very much, even with the present considerable inflow of immigrants.

The system of undergraduate education is also very similar to that in the U.K. and Singapore . The major problem is the increasing amount of medical and scientific knowledge, both in the basic sciences and in the clinical years. As elsewhere attempts to prune have not been very successful and the solution has been to increase the length of the course — first as intern year or years — later by rotating post-graduate training years. The graduate is now not considered to be really fit for independent practice without further training. The medical course has undergone some improvements but still is firmly based on experience in the wards in the major fields, medicine, surgery and obstertrics and gynaecology taught by experts in these fields, in fact often by experts in subspecialties of these fields which are also increasing in number. In Hong Kong many of these teachers are leaders in the international field in their subjects . However, as elsewhere, the specialties particularly important for primary care, such as ophthalmology, E.N.T. and dermatology are not given much prominence. The result of this training is that the best of the students shine in their particular field of interest and have little difficulty in getting accepted for training as specialists any where in the world. For the dimmer, or even for those who shine rather less brightly, the outlook is not so good.

There are not many dim students as the medical course continues to attract the brightest from the secondary schools (as judged by examination). As elsewhere attempts are being made to assess other qualities but there are difficulties in finding reliable yardsticks.

My third field of interest has been the provision of medical and health services and again these can be considered in three parts. The basic services for the prevention of disease have, together with urban services and the improving socio-economic situation (resulting in better nutrition and housing), produced a situation of which any city can be proud: The Hong Kong infant at birth has the prospect of a life equal in length to the most developed countries. His parents are sensible and will take advantage of the readily available preventive services , much more wisely than in the U. K., and the vast majority of parents will have the good sense to regulate the size of the family in accordance with the life-style of Hong Kong. These are the basic environmental factors. Others such as noise, air pollution and stress have, as elsewhere, not been solved; of these perhaps health at work seems the most urgent.

The second field is the hospital services about which there have been constant complaints during my period in Hong Kong. Most developed communities can and sometimes do spend a very large proportion of the resources available for health services on hospitals without achieving perfection. In conversation, Professor James Hutchison recently said to me, that "no community can afford a first class hospital service". I am not going to discuss this subject any further . There are many more persuasive and vociferous than I who will press for greater and more expensive improvements in hospital services, as it is easy to point to deficiencies in any such service. It is a question of priorities and in my opinion the plans for improvement already announced are very reasonable and I think there are other more urgent problems.

The third field is that of primary care and I feel that this is a field in which there is real need for improvement. Both from the point of view of the people of Hong Kong and, perhaps more selfishly, from the point of view of our students, -- who should not end up in a career that does not take full advantage of their training and their capabilities.

Happily there are indications that the Medical and Health Department, the University and the Hong Kong Practitioners themselves are aware that all is not well and are taking steps to improve it.

In this article it is only necessary to sketch the present position,

– an inexpensive service for the poor, provided by the Government which offers primary care but with little continuity of personal service or of records and with little real doctors/patient contact,

– a private service of varying cost and quality, usually provided by single-doctor practices, again with varying, but in general poor, continuity and in consequence poor communication when the patient has to be referred for second opinion or care. Some practitioners have told me that referal of patient usually means loss of patient.

It may seem wrong to blame the patient for the poor service but the Hong Kong habit of 'shopping' for medical care makes a genuine family practice difficult to achieve. Actually this problem and also the problem of why group practice, although acknowldged to be more efficient, have not flourished in Hong Kong need to be studied in depth. They may be difficult to solve but they are bound to be important obstacles to an improved primary service. A deeper study may show that 'shopping' is not as serious as we think and that much good family care already exists in many practices.

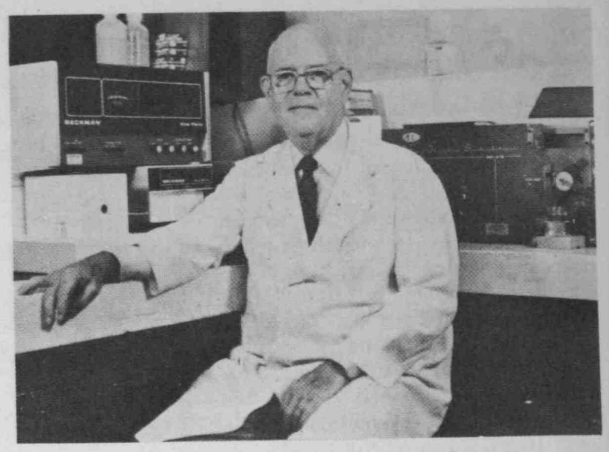
The lack of complete primary service has also an adverse effect on the hospital service. Short unnecessary admissions block expensive beds and increase the administrative burdens on all the hospital staff. They are no substitute, from the patient's point of view, for continuing family care.

As mentioned above there are now signs that changes are in hand. There is a growing awareness in the Faculty of Medicine that there is need for more preparation for General Practice. Something needs to be done to bridge the gap between teaching based on optimum patient management in a hospital setting and the realities of primary care in Hong Kong. Eventually this should be largely a postgraduate subject but until that is possible, something is needed before graduation. In fact something is being done already in the Community Medicine course with the help of the Hong Kong College of General Practitioners. The usually paraphernalia for more effective developments are already in train, – I.U.C. Visitor, Triennial proposals, a Working Party. Hopefully an academic department will soon arise to train first undergraduates and later postgraduates for general practice.

The formation of a Hong Kong College of General Practitioners was a most welcome sign that the practitioners themselves want to improve their standards and emphasizes that their field is just as important as – or even more important than – the traditionally high prestige specialties. The College is already doing its utmost to help the Faculty improve the training of undergraduates. The Medical and Health Department is equally cooperative in wanting to improve primary care and have undertaken to make facilities available for undergraduate teaching.

From what has been written above it seems that the outlook for improved primary care both from the point of view of the patient and the practitioner are quite bright. But we must not be too optimistic and overlook the difficulties; it will be no easy task to find a suitable leader for a department of academic general practice – it must be someone who is conversant with the problems of primary care in Hong Kong and at the same time of high academic standing. In addition there are two deeply entrenched habits in Hong Kong that will not easily be overcome – the patient's habit of 'shopping' and the doctors' disinclination for group practice.

I am no expert on behaviour but experience has taught me that pointing out the advantages of a course of action does not necessarily ensure that it will be taken. Let us hope that the impatience for improvement so characteristic of Hong Kong will be apparent also in the field of primary medical care.



Professor J. H. Hutchison, head of Department of Paediatrics (77 – 80), retired from the Chair and left us in September.

Professor Hutchison will be quite unfamiliar to many first and second year students.But for many a senior student, and indeed all the persons who have worked with him, Professor Hutchison must have left an inerasable imprint on their pages of memory.

We are therefore very happy to be able to include here Prof. Hutchison's replies to a few questions.

Impression of Hong Kong

An exciting place, and to assess it in economic terms Hong Kong is a well developedcommunity.

Medical care in Hong Kong

Hong Kong is rather under-developed in this aspect. The hospitals are overcrowded, beds are not enough, and otten hospitals are understaffed. There is also a lack of social workers, health visitors and other paramedical personnel.

In government hospitals, the lack of adequate doctors is notorious, This really means more work for the few doctors present. Some doctors, not able to tolerate such working conditions, may leave the government hospitals for private practice. Once they leave, a vicious cycle starts.

Yet, doctors in Hong Kong compare well with the best anywhere in the world. It is only that good doctors are required to work in a poor environment and with poor facilities.

Private practitioners in Hong Kong

There is a general lack of postgraduate training for general practitioners. Moreover, the idea of the family doctor is not well extablishes, with the result that many general practitioners are unfamiliar with their patients' family conditions, which may sometimes be very important in the treatment of diseases.

Paediatrics in Hong Kong

The department of paediatrics in Hong Kong University is still expanding. A lot of research work, such as in congenital hypothyroidism, neonatal jaundice, inborn errors of metabolism and childhood malignancies, is in full swing.

In the field of immunisation, Hong Kong has done an excellent job. Despite this, however, the paediatric service in Hong Kong cannot be considered adequate. As for modern paediatric care facilities, Hong Kong is several decades behind the west. Trained personnel, such as speech terapists, are inadequate.

Sometimes, the difficulty lies not on the diagnogis, but on the treatment. A child can, for example, be diagnosed to have a hearing defect, but a hearing aid can take too long to come and speech therapy is too often delayed.

Changes of doctors over the years

Maybe younger doctors today are less sympathetic than older ones. Medicine has become more and more sophisticated with modern equipment, such as scanners and the like and there is a danger that we may become medical technician with excellent medical expertise instead of becoming compassionate doctors.

Teaching conditions at present

The lectures given here are too many, and it often discourages students to read up things by themselves. A university student should have a thirst for knowledge, and therefore he should be encouraged to learn for himself. nonetheless , the standard of teaching in Hong Kong is high, and she produces good doctors. The outcome of the recent GMC visit testifies to this.

Changes that you would like to see in the future

That more be done in the primary health care system. The establishment of health centres equipped with medical teams is desirable. This can also serve to cut down the workload of hospitals.

In addition, the building of modern paediatric hospital is a great need in Hong Kong. Establishment of decent children's wards and out-patient facilities is of prime importance.

As for the university, the setting up of more chairs, such as cardiology, neurosurgery, oncology, ophthalomogy would promote the even better training of doctors. A decrease of time spent in lectures would be good. The time left could be devoted to bedside teaching. Afterall, lectures can be more than enough, but one can never over-expose a student tobedside teaching!

Future plans

Having had a long career of more than forty years, Prof. Hutchison plans to retire and will no longer be involved in active clinical work. His time he will occupy with medical writing. The fifth edition of his paediatric textbook has come out, and he said he has the energy for a sixth edition! (We have full confidence in this).

Prof. Hutchison plans also to travel a bit, for example, to Italy, the place where he was in during the later years of the Second World War. He will be back to Hong Kong of course, but this time as a tourist.

In addition , he can play golf then. Prof. Hutchison said that he had not played golf for 3 years.

Advice for students

Amongst students themselves,'speak to each other In English'

A good command of the English language, both written and spoken, is very important, especially for those who plan to go aboard for postgraduate training.

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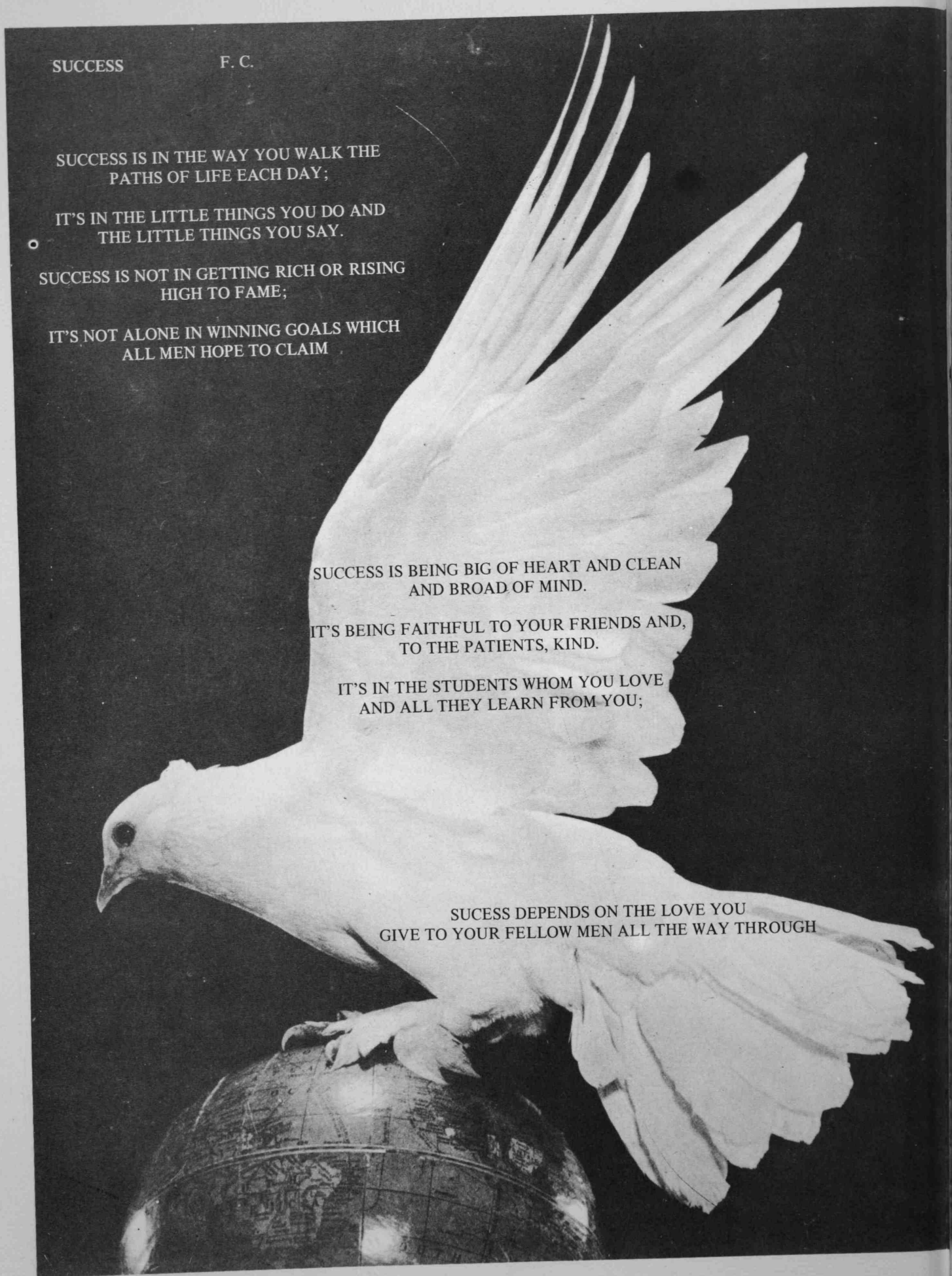
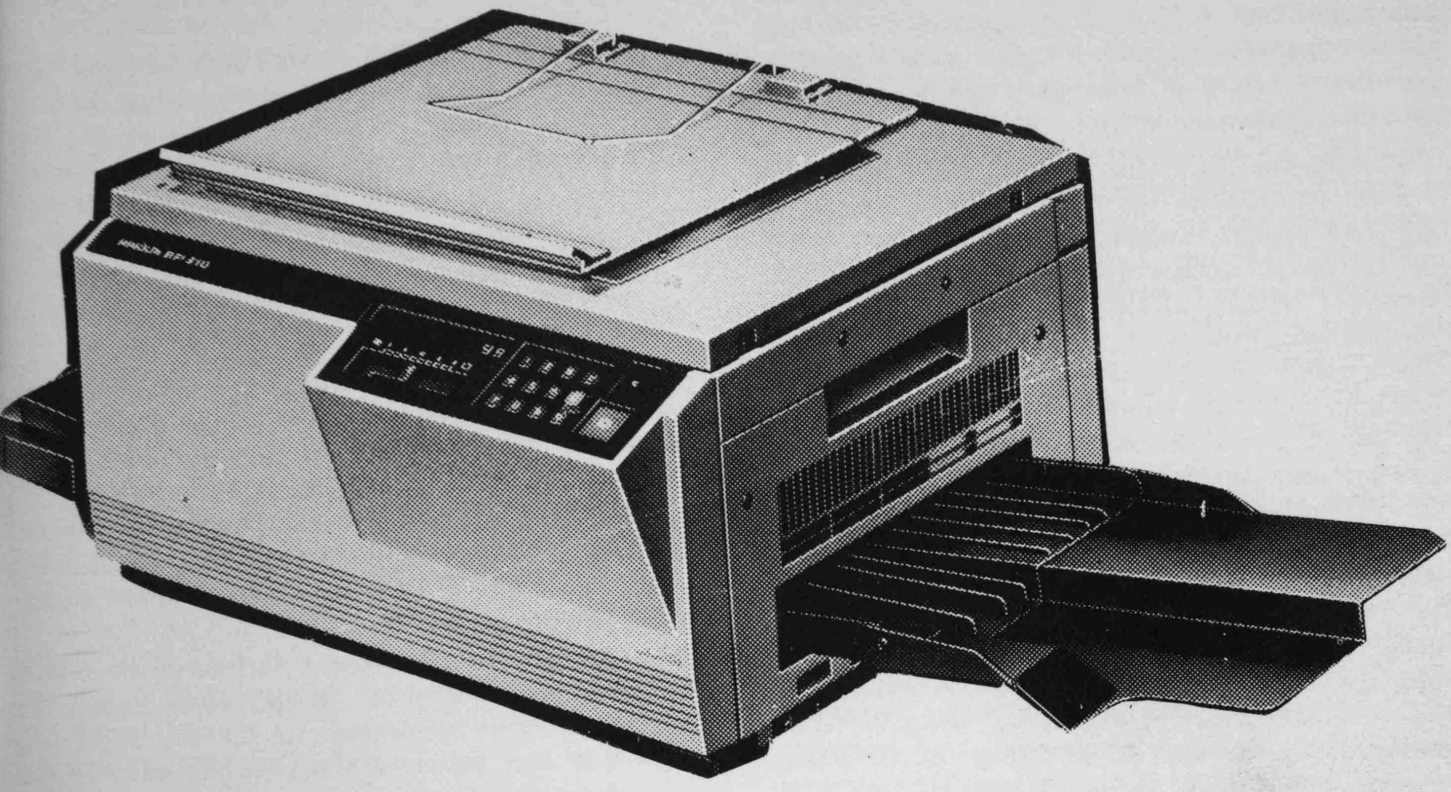

SUCCESS F. C.
SUCCESS IS IN THE WAY YOU WALK THE PATHS OF LIFE EACH DAY;
IT'S IN THE LITTLE THINGS YOU DO AND THE LITTLE THINGS YOU SAY.
SUCCESS IS NOT IN GETTING RICH OR RISING HIGH TO FAME;
IT'S NOT ALONE IN WINNING GOALS WHICH ALL MEN HOPE TO CLAIM
SUCCESS IS BEING BIG OF HEART AND CLEAN AND BROAD OF MIND.
IT'S BEING FAITHFUL TO YOUR FRIENDS AND, TO THE PATIENTS, KIND.
IT'S IN THE STUDENTS WHOM YOU LOVE AND ALL THEY LEARN FROM YOU;
SUCESS DEPENDS ON THE LOVE YOU GIVE TO YOUR FELLOW MEN ALL THE WAY THROUGH



EXTRACT

FROM

GAZETTE

J. L. Anderson, Lecturer in Medical Sociology in the Department of Community Medicine, attended the International Conference on Psychology and Medicine held in Swansea, Wales, in July 1979, and presented two papers entitled 'A practical approach to teaching about communicating with terminal cancer patients' and 'Patients' recall of information and its relation to the nature of the consultation'.

Professors T.K. Chan and **D. Todd** were invited by the Departments of Medicine and Haematology, Provincial People's Hospital of Guangdong, Guangzhou, to visit and to lecture from October 9 to 11, 1980. Professor Todd talked on 'Thalassaemia' and Haemoglobin variants in Hong Kong' and Professor Chan talked on 'Glucose-6-phosphate dehydrogenase deficiency' and 'Anti-thrombin III', and they discussed training in clincial haematology and possibilities for conjoint research. Professor Todd has been appointed by His Excellency the Governor as a Member of the Medical Development Advisory Committee for two years up to June 30, 1982. He has also been awarded by His Excellency the Acting Governor the first Long Service Clasp (Civil Defence) effective from July 25, 1980. Professor Todd acted as examiner at the oral and clinical exaiminations, M.R.C.P. (U.K.) Part II, held by the Royal College of Physicians, London, from June 30 to July 4, 1980. He then visited the Department of Medicine, St. Bartholomew's Medical School, London; Department of Medical Oncology, Charing Cross Hospital Medical School, London; the Department of Clinical Haematology, University College Hospital, London, and the John Radcliffe Infirmary, Oxford. He also discussed, by invitation, postgraduate physician training and qualifications with the President and Council Members of the Royal College of Physicians of London and Edinburgh, and attended the Quarterly Meeting of the latter on July 24, 1980. He gave a lecture on 'Haemoglobin H disease' at the University Department of Medicine, Royal Infirmary, Glasgow on July 25, 1980. Professor Todd also attended the Bi-annual Council Meeting of the Royal Australasian College of Physicians in Sydney, Australia on October 21 and 22, 1980; and visited the Sydney Hospital and Kanematsu Institute for Medical Research in Sydney. Professor Chan attended the Eighteenth International Congress of Haematology in Montreal, Canada, from August 16 to 23, 1980. He presented two papers(with Dr. Vivian N.Y.Chan) entitled '^{125} I-ATIII turnover in cirrhosis and carcinoma of liver' and 'The heterogeneous nature of antithrombin III and factor VIII synthesized by human endothelial cells in culture.

Dr. Vivian N.Y. Chan, Senior Lecturer in Medicine, attended the Eighteenth International Congress of Haematology in Montreal, Canada, from August 16 to 23, 1980. She presented two papers (with Professor T.K.Chan) entitled '^{125} I-ATIII turnover in cirrhosis and carcinoma of liver'and 'The heterogeneous nature of antithrombin III and factor VIII synthesized by human endothelial cells in culture'.

Professor F.C.Y. Cheng attended the Sixth Asian-Pacific Congress of Gastroenterology in Auckland, New Zealand, from February 10 to 14, 1980, and presented four papers. He was invited to sit as a panelist in the plenary session on 'Gastric secretion and its control in peptic ulcer' and he chaired one session on 'Surgical techniques'. He also attended the Council meeting of the Asian-Pacific Association of Gastroenterology.

Professor F.C.Y. Cheng attended the Joint Scientific Meeting of the Philippine College of Surgeons and Association of Surgeons of Southeast Asia in Manila, from December 3 to 6, 1979, and presented three papers. He also attended the Council meeting of the Association of Surgeons of Southeast Asia and was re-elected to the Council for another two years.

Professor F.C.Y. Cheng attended the Third Asian Pacific Congress of Digestive Endoscopy, held in Taipei, from September 25 to 27, 1980, and presented four papers. He was invited to chair the workshop on 'Endoscopy in the locally prevailing and interesting diseases.He also attended the Council meeting of the Asian Pacific Zone World Organization for Digestive Endoscopy and was re-elected to the Council.

Dr. E C. Chew, Lecturer in Anatomy, attended the Fourth Asian Cancer Conference in Bombay, India, from December 4 to 8, 1979 and presented two papers

Dr. Olivia K. W. Chow, Lecturer in Paediatrics, has been elected as a Member of the Royal College of Physicians of the United Kingdom and awarded a Diploma in Child Health by the University of London.

Dr. S.F. Chow, Lecturer in Medicine, has passed the Part II examination of the Royal College of Physicians of United Kingdom, held in London in July 1980.

Dr. S. P. Chow, Lecturer in Orthopaedi Surgery, was elected as a Member of the Indian Societ for Surgery of the Hand in March 1979; a Fellow of th Western Pacific Ortheopaedic Association and an Associate Member of the Britis Society for Surgery of the Hand, in May 197 and became a Member of the Hong Kong Society o Neuroscience in July 1979. He attended the Inte national Hand Surgery Congress in Melbourne, fro November 12 to 15, 1979, and presented a pap entitled 'Immediate return of sensation after digit nerve repair'.

Professor M. J. Colbourne attended the Secon Meeting of the World Health Organization Scientif

Working Group on Field Applied Research in Malaria and a Steering Committee meeting held in Geneva, from October 30 to November 6, 1979, and presented a paper entitled 'Presentation of a comprehensive strategic plan for field applied research in malaria'. He acted as Chairman of the Scientific Working Group.

Dr. D. Fang, Lecturer in Orthopaedic Surgery, was awarded the degree of Master of Orthopaedic Surgery (M.Ch.Orth.) by the University of Liverpool.

Dr. Louise Y. Y. Fong, Lecturer in Biochemistry, was awarded a travel grant from the H.Y.T. Fok Foundation to attend the Second International Congress on Toxicology in Brussels, Belgium. from July 6 to 11, 1980 and presented a paper entitled 'A twenty-two month study on the effects of feeding aflatoxin-contaminated market peanut oil to Sprague-Dawley rats',

Professor J. B. Gibson attended the summer meeting of the Pathological Society of Great Britain and Ireland in Glasgow, from July 8 to 11, 1980; the Thirteenth International Congress of the International Academy of Pathology in Paris, from September 15 to 19, 1980; and the post-congress meeting of the Academy in Budapest, from September 21 to 24, 1980. He chaired sessions on liver disease at two of these meetings and delivered two papers.

Dr. Faith C.S. Ho, Senior Clinical Pathologist in Pathology, has been elected Fellow Member of the International Society of Haematology.

Professor G. L. Howe acted as External Examiner for the B. D. Sc. and M.D.Sc. degree examinations of the University of Melbourne in November 1979, and lectured to the staff of the Royal Dental Hospital of Melborne, the Faculty of Dentistry of the University of Melbourne and to the Victorian members of the Australia and New Zealand Society of Oral Surgeons. He has also been elected an Honorary Fellow of the Philippine College of Oral Surgeons.

Professor G. L. Howe attended the Seventh International Conference on Oral Surgery held in Dublin, Ejre, from June 20 to 27, 1980, and chaired a scientific session. He also attended meetings of the Executive Committee and Council of the International Association of Oral Surgeons and was elected President for a period of three years from 1980. During the Centenary Celebrations of the British Dental Association held at the Royal Festival Hall, London, on July 10 and 11, 1980, he was invested with the badge of office as Vice-President of the Association by the President of Honour, His Royal Highness, the Duke of Edinburgh. He made the speech of thanks and a presentation to the Duke on behalf of the Association. Professor Howe has been reappointed as Honorary Colonel Commandant of the Royal Army Dental Crops until April 22, 1989.

Dr. L. C.S. Hsu, Senior Lecturer in Orthopaedic Surgery, delivered a series of lectures on the theme 'Experience with the use of the halopelvic distraction apparatus in the treatment of spinal deformities' at the invitation of the Departments of Orthopaedic Surgery in the Universities of Kobe, Osaka, Kyoto and Kyushu, japan, in April 1980. He demonstrated the techniques of anterior spinal surgery in the Universities of Osaka and Kyoto. He also gave lectures on 'Correction of tuberculous kyphosis' and Surgical treatment of poliomyelitis in the lower limbs', by invitation at the Departments of Orthopaedics Surgery, University of Texas and the University of Kansas, U.S.A., on June 5 and June 11, 1980, resepectively. Dr. Hsu visited the Department of Orthopaedics, University of Hokkaido, Japan, on October 27 and 28, 1980, and delivered a lecture entitled 'Recent trends in the treatment of spinal deformities'; and also demonstrated techniques on anterior spinal decompression.

Professor J. C. C. Hwang, (Miss) Y. M. Cheng and **Dr. P. W. F. Poon,** Lecturersin Physiology, attended the Twenty-eighth International congress of Physiological Sciences, held at Budapest, Hungary, from July 13 to 19, 1980. They presented a paper entitled 'Response characteristics (PSTH) of tilt – sensitive units in the vestibular nuclei to electrical stimulation of the labyrinth', and Professor Hwang and Miss Cheung presented a paper (with T.H Or) entitled 'Utricular function in cats as indicated by the response characteristics of vestibular nucleus to static tilts'. Professor Hwang was also invited by UNESCO, International Brain Research organization and Academia Sinica to serve as a Faculty member at an International Neuroworkshop held in Shanghai, China, from October 6 to 21, 1980. He was invited to serve as Neuroscience Field Editor of the Editorial Board of *Bioscience and Medical Technology,* and elected as regional representative to the council of International Brain Research Organization.

Drs. M.C. Ip and **Y. C. Wong,** Senior Lecturers in Anatomy, attended the Eleventh International Congress of Anatomy, held in Mexic City, from August 17 to 23, 1980, and presented papers entitled 'A study of the cross-innervation of fast and slow sketetal muscles in the cat' and 'An SEM observation of the seminal vesicle of the guinea pig', respectively.

Dr. J. W.L. Kleevens, Senior Lecturer in Community Medicine, presented a paper (written jointly with M.J. Colbourne) entited 'Community medicine in Hong Kong' at the British Medical Association Congress, held in Hong Kong, on November 5, 1979.

Dr. C. L. Lai, Lecturer in Medicine, spoke on 'Histologic indicators of prognosis' during a symposium on 'Treatment of hepatocellular carcinoma', held on October 16, 1979. The meeting was organized by the Department of Medicine and Carlo-Erba Farmitalia (H.K.) Limited and was chaired by Professor D.Todd.

Dr. K.C. Lam, Senior Lecturer in Medicine, attended the International Workshop on Primary Liver

Cancer and Chronic Hepatitis on October 20 and 21, 1979, and the Extraodinary General Meeting of the Asian Pacific Association for the Study of the Liver on October 22, 1979, in Singapore, at which he presented papers entitled 'Age incidence of hepatitis B markers in Chinese population' and a report from the Asian Pacific Association for the Study of the Liver Working Subcommittee entitled 'Chronic hepatitis in the Asian Pacific area', respectively. He also attended the First Malaysian Seminar/Workshop on 'The liver' held in Kuala Lumpur, Malaysia, on October 23 and 24, 1979, and presented a paper entitled 'Histologic prognostic indicators in hepatocellular carcinoma', and chaired a workshop on 'Future management of liver disorders'. He also attended the Fourth Philippines Postgraduate Course on Gastroenterology held in Covelandia, Philippines, on November 30 and December 1, 1979, where he gave the Special Guest Lecture entitled 'Chronic active hepatitis'. He was awarded the Golden Service Medal by the Cavite Medical Society, Philippines.

Drs. K.C. Lam, S.K. Lam and C.L.Lai,Reader, Senior Lecturer, and Lecturer in Medicine attended the Sixth Asian-Pacific Congress of Gastroenterology in Auckland, New Zealand, from February 11 to 15, 1980. Dr. K.C. Lam also attended the first Biennial Meeting of the Asian-Pacific Association for the Study of the Liver held within the same period, and presented two papers entitled Controlled prospective study on the effect of prednisolone in HBsAg-positive chronic active hepatitis: progress report' and 'The place of corticosteroids in viral hepatitis' . He also represented Hong Kong in the Council Meetings of the two Associations. Dr. S.K. Lam was invited to give two papers entitled 'Gastrin and somatostatin' and 'The control of gastric secretion' in the symposium on 'Gastrointestinal hormones', and presented a paper on 'Normo-secreting and hypersecreting duodenal ulcer patients have different pathophysiology' in the plenary session of the conference on peptic ulcer. He also presented and co-authored six other papers related to peptic ulcer and one other related to recurrent pyogenic cholangitis. Dr. C.L. Lai presented two papers entitled 'Diagnostic value of ascitic fluid cytology by cytocentrifuge concentration' and 'Haemodynamic responses to intravenous cimetidine in patients with chronic airway obstruction'.

Dr. S.K. Lam, Senior Lecturer in Medicine, completed his study leave (from October 15, 1978 to October 14, 1979) at the Centre for Ulcer Research and Education, Los Angeles where he gave a seminar on 'Maximal acid output and postprandial gastrin in duodenal ulcer'. He also attended the meeting of the Southern California Society of Gastroenterology and Gastrointestinal Endoscopy at Palm Springs, from November 10 to 12, 1978; the Western Section of American Federation for Clinical . Research Meeting at Carmel, on February 8 and 9, 1979, and the American Gastroenterological Association and Gastrointestinal Endoscopy at New Orleans, from May 19 to 25, 1979, where he presented two papers entitled 'Gastric acid secretion is more sensitive to endogenous gastrin in duodenal ulcer than in normals' and 'Effect of neutral and acid meals on gastric acid secretion, duodenal acid load and gastric emptying in duodenal ulcer and normals'. He paid official visits to the Gastrointestinal Unit, Veterans Administration Hospital, Dallas; the Gastrointestinal Unit, University of California Hospital, San Diego, and the Department of Gastroenterology, A & M University of Texas, Temple, where he gave a lecture and a seminar on respectively 'Newer aspects in pathophysiology and treatment of duodenal ulcer' and 'Recurrent pyogenic cholangitis'. He was elected Associate Editor, Gastroenterology Section, *American Journal of Proctology,Gastroenterology, Colon and Rectal Surgery,* and Fellow of the International Academy of Proctology.

Dr. S. K. Lam, Senior Lecturer in Medicine, was invited to give the following lectures: 'Pathophysiology and treatment of peptic ulcer' and 'Endoscopic retrograde cholangiopancreatography and papillotomy' at the Department Of Gastroenterology, Chung San Medical School, Canton, on July 15, 1980; 'Treatment of peptic ulcer' in general practice' and 'Endoscopic retrograde cholangiopancreatography in clinical practice' at the Chinese Medical Association, Fat Shan, on July 16, 1980; 'Treatment of peptic ulcer — new approach with old medicine : antacid and bismuth' at the Department of Medicine, University of Parma, Italy, on September 13, 1980; and 'New insight in pathophysiology and treatment Of peptic ulcer' at the Department of Gastroenterology,Mahidol University, Bangkok, on September 30, 1980. He also attended the Third International Symposium on Gastrointestinal Hormones, Cambridge, England, from September 15 to 18, 1980, and the British Society of Gastroenterology Meeting, Reading, England, from September 24 to 26, 1980.

Dr. J. C.Y. Leong, Senior Lecturer in Orthopaedic Surgery, attended by invitation a combined meeting of the Philippine Orthopaedic Association of Spine Surgeons and the Philippine Orthopaedic Association, held in Manila, from November 30 to December 3, 1979, and presented a paper entitled 'The use of porous titanium implant in anterior spine fusion, a preliminary report'

Dr. J. C. Y. Leong, Senior Lecturer in Orthopaedic Surgery, has been elected President of the Hong Kong Physiotherapy Association for one year from June 1980.

Dr. D.M.F. Li, Lecturer in Pharmacology attended the Second Southeast Asian-Western Pacific Regional Meeting of Pharmacologists held in Yogyakarta, Indonesia, from June 24 to 27, 1979, and presented a paper entitled Effects

of ∝-tetrahydrocannabinol on cyclic AMP levels in isolated perfused rat hearts

Dr. (Miss) H. J. Lin, Senior Hospital Biochemist in Pathology, attended the First Southeast Asia and Pacific Congress of Clincial Biochemistry, held in Singapore, from October 14 to 19, 1979.

Professor F.P. Lisowski gave lectures on anatomical training at the Sichuan, Chungqing Wuhan and Human Medical Colleges during July 1979.

Professor (Mrs.) H. K.Ma, and Drs. L. K. Chan So, P.C. Ho, Grace W.K.Tang, (Miss) M.L.Sung, and **Vivian C. W. Wong Taam,** Lecturers in the Department of Obstetrics and Gynaecology, attended the Ninth World Congress of Gynaecolog and Obstetrics, held in Tokyo, from October 25 to 31, 1979. Drs. P'C. Ho, G. Tang, L.K . Chan So, and Vivian C.W.Wong Taam presented papers entitled'Immunological functions in gestational trophoblastic neoplasia, 'Patient attitude in gynaecological surgical treatment','Induction of labour by acupuncture' and 'The effect of oral contrceptives on coagulation parameters in Chinese' respectively. Professor Ma was invited to be a joint Chairman of the Seminar on Trophoblastic Disease. Dr. Sung chaired one of the free communication sessions on Fertility and Contraception. A post-world congress Seminar-Workshop on Gestational Trophoblastic Disease, jointly organized by the Department of Obstetrics and Gynaecology and the Hong Kong Obstetrical and Gynaecological Society, was held in Queen Mary Hospital, Hong Kong on November 3 and 4, 1979. Professor H.K. Ma was Chairman of the Organizing Committee.

Dr. P. Nandi, Lecturer in Surgery, has been elected a Fellow of the American College of Surgeons. He attended the Sixth Asian-Pacific Congress on Diseases of the Chest, from November 18 to 22, 1979; and an International Seminar on Congenital Heart Disease, from November 22 to 23 1979, both held in Bombay, India. He also presented three papers (with G.B. Ong and C.K. Mok) entitled 'Total correction of tetralogy of fallot: review of 280 cases', 'Coarctation of aorta: surgical experience in Hong Kong', and 'Ventricular septal defect and aortic incompetence: review of 11 surgically treated cases'. The first paper was presented at the Congress, and the other two at the Seminar.

Dr. (Miss) W.S.O, Lecturer in Anatomy, attended the following conferences: the Annual Conference of the Society for the Study of Fertility held in Glasgow, United Kingdom, from July 9 to 13, 1979, and presented a paper; the Annual Meeting of the Steering Committee of the Task Force on Anti-implantation agents in the World Health Organization, Geneva, Switzerland, from August 20 to 22, 1979. the International Conference on Animal Models in Human Reproduction in Florence, Italy, from December 7 to 10, 1979, and presented a paper. She was also invited by the World Health Organization to serve as a member of the Steering Committee of the Task Force on Anti-implantation Agents, and attended the Committee meeting in Geneva from February 2 to 6, 1980.

Dr. W. S. O, Lecturer In Anatomy, attended by invitation of the WHO and *ad hoc* meeting to discuss the work plan of the Shanghai Institute of Planned Parenthood Research and the Steering Committee meeting of Task Force on Postcoital and Once-a-month Drugs, held in Geneva, on August 19, 1980, and from August 20 to 22, 1980, respectively.

Professor Tan Sri G. B. Ong was presented with the John Loewenthal Medal at the Annual Meeting of the John Loewenthal Club held in Sydney on August 2, 1980.

Dr. C. W. Ogle, Reader in Pharmacology, has been appointed by the University of Malaya as External Examiner in Pharmacolgy for its B.D.S. and M.B.,B.S. degrees second professional examinations held in February 1980.

Professor M.B. Roberts attended the Second Southeast Asian-Western Pacific Regional Meeting of Pharmacologists, held in Yogyakarta, Indonesia, from June 24 to 27, 1979, and presented a paper (written jointly with Mrs. A. Tse) entitled 'Some problems in the simultaneous measurement of tissue histamine and 1, 4-methylhistamine'. He took part in a panel discussion on 'Pharmacological researches relevant to the needs of the community' , and contributed a paper entitled 'Priorities in pharmacological endeavour in developing countries'. He was also invited to give a lecture on 'Drug actions: pharmacological concepts and pathological conditions associated with chemical dependency' to doctors attending the WHO Inter-Regional Training Course on the Treat-ment and Rehabilitation of Drug Dependent Persons, held in Hong Kong, from October 30 to November 28, 1979, and Kong, from October 30 to November 28,1979, and acted as co-Chairman for a session on 'Drug dependence' during the British Medical Association Clinical Meeting, held in Hong Kong, from November 2 to 6, 1979.

J.B. Shaw, Senior Dental Technologist in Dental Studies, has accepted an invitation to become an Honorary Associate of the Institute of Medical and Health Care of the Hong Kong Polytechnic.

Dr. L. C. H. Tang, Lecturer in the Department of Obstetrics and Gynaecology, passed the M R.C.O.G. examination in July, 1980.

Dr. C.S. Teng, Lecturer in Medicine, was invited by the Philippines Diabetes Association and the Philippines Society of Endocrinology and Metabolism to attend their joint annual conventions held in Mamila, on January 28 and 29, 1980, and presented a paper (with Rosie T.T.Young) entitled 'Diabetes mellitus in Hong Kong – Some clinical and biochemical aspects'.

Professor D.Todd was invited by the Chapter of Physicians, Academy of Medicine, Singapore, to lecture on 'The haemolytic anaemias' as part of their continuing medical education programme on March 29, 1980, and was external examiner in Medicine for the Final M.B., B.S. examination from March 22 to 29, 1980 at the University of Singapore . He has also been re-elected as a member of the Board of Directors of the Hong Kong Anti-Tuberculosis and Thoracic Diseases Association.

Professor D. Todd was invited to lecture on 'Common hereditary anaemias' on November 5, 1979, at the Annual Meeting of the British Medical Association, held in Hong Kong, from November 2 to 6, 1979. He was also invited to attend, as Honorary Advisor, the Annual Meeting of the Roche Far East Research Foundation in Bali, Indonesia, from October 25 to 28, 1979, and the Rhone-Poulenc Pharmaceutical Research Conference in Versailles, France, on December 5 and 6, 1979. The latter was a workshop on pharmaceutical requirements for the coming two decades.

Dr. S. C. Tso, Reader in Medicine, attended the Eighteenth Congress of the International Society of Haematology and Sixteenth Congress of the International Society of Blood Transfusion, Montreal, Canada, from August 16 to 22, 1980. He also attended and represented the Hong Kong Society of Haematology at the meetings of Councillors of the Asian-Pacific Division and the International Sciety of Haematology.

Dr. Rebecca Y. C. Wang, Lecturer in Medicine, attended the Third Asean Congress of Cardiology in Singapore, from September 22 to 26, 1980, and presented a paper on 'The use of contrast two dimensional echocardiography in Eisenmenger's complex'.

Professor J. Wong has been invited by the Royal Australasian College of Surgeons to be examiner for the Final Fellowship Examination in Melbourne, Australia, from October 3 to 7, 1980.

Dr. W. T. Wong , Lecturer in Microbiology,was invited by the International Development Research Centre, Canada, to attend the End-Project Meeting on Wastewater Reclamation Global Project held in Bangkok, from March 10 to 15, 1980.

Drs. Y. C. Wong L.S.Jen and K.F.So, Senior Lecturer and Lecturers in Anatomy, attended the First Annual Conference of the Hong Kong Society of Neurosciences in Hong Kong, on September 15 and 16, 1979, and a paper was presented by Dr. K.F. So.

Dr. Mabel M.P. Yang, Lecturer in Physiology, was invited to attend the British Medical Association Conference held in Hong Kong, from November 2 to 6, 1979, and presented a paper entitled 'Possible mechanisms of acupuncture analgesia'.

Professor A.C.M.C. Yau has been elected as a Governor-at-Large from Hong Kong to the Board of Governors of the American College of Surgeons for three years from October 25, 1979.

Professor Rosie T.T. Young, Drs. Vivian N.Y. Chan and C.S.Teng, Senior Lecturer and Lecturer in Medicine, attended the Eighth International Thyroid Congress in Sydney, from February 3 to 8, 1980, and the Sixth International Congress of Endocrinology in Melbourne, from February 10 to 16, 1980. Dr.Chan presented the following papers: 'Biochemical thyroid hyper-function in trophoblastic disease: human chorionic gonadotrophin as a possible thyroid stimulator' (with C.Wang, P.C.Ho, R.T.T. Young and H.K. Ma) at the Thyroid Congress; 'pituitary GnRH receptors and gonadotropin secretion during development' (with R.N. Clayton and K.J. Catt); and 'Dissociated dopaminergic control of prolactin, thyrotropin- subunit and thyrotropin-B-subunit in patients with primary hypothyroidism' (with R.Hall, M. Heath, B. Mora, D.R. Weightman, M.Lewis and M.F.Scanlon) at the Congress of Endocrinology. Professor Young presented a paper (with C.S.Teng) entitled'Glucose tolerance and insulin response in thyrotoxic periodic paralysis during remission' at the Congress of Endocrinology. She was also invited to be a member of the advisory committee for the organization of the Seventh Asia and Oceania Congress of Endocrinology to be held in Tokyo in 1982.

Professor Rosie T.T. Young, while on special leave from September to November 1979, attended a World Health Organization Meeting at Bern, Switzerland, for the principal investigators of the Multinational Study of Vascular Diseases of Diabetes; visited the Department of Medicine, Birmingham University, and the Departments of Medicine and Clinical Bio-chemistry, University of Newcastle-upon-Tyne; and lectured on diabetes mellitus, primary hepatoma, thyrotoxic periodic paralysis, treatment of thyrotoxicosis and its effect on thyroid-stimulating immunoglobulins. She also attended meetings of the Endocrine Society and Royal Society of Medicine in London and participated in the teaching clinics of the Royal Free and Royal Northern Hospitals in London.

Election of Dean

Professor A. C. L. Hsieh has been elected as Dean of the Faculty of Medicine for a period of three years from October 1, 1980.

Appointment Of Sub-Dean

Professor Rosie T.T. Young has been re-appointed Sub-Dean of the Faculty of Medicine for a further period of three years from October 1, 1980.

Thevakaruna Thavaratnarajah Alagaratnam, M.B., B.S. (Sri Lanka). F.R.C.S. (Edinburgh), F.R.C.P. (England), Lecturer , appointed Senior Lecturer in Surgery from October 1, 1980.

Anthony John Bentham, Adv. Cert. in Orthodontics (City and Guilds), appointed Instructor Dental Technologist in the Office of Dental Studies from 9January 14, 1980.

(Mrs.) Barbara Irene Blum, B.D.S. (London), L.D.S. (England), appointed Senior Clinical Dental Surgeon in the Primary Care Unit from August 6, 1980

Chan Pak Hang, M. B., B.S. (Hong Kong), appointed Lecturer in the Department of Obstetrics and Gynaecology from July 17, 1980.

Chau Kai Kin, B.Sc., M.D.S. (Adelaide), F. and Dip. O.S., R.A.C.D.S., appointed Reader in the Department of Oral Surgery and Oral Medicine from November 1, 1980.

David Paul Carthy, B.Sc. (Hull), M.B.C.S., appointed Systems Analyst in the Dental Studies from September 15, 1980.

Eric Francis Carter, B.D.S. (Sydney) F.R.A.C.D.S., appointed Lecturer in the Department of Oral Sugery and Oral Medicine from September 18, 1980.

Walter Chen Wai Chee, M.B.,B.S. (Hong Kong), M.R.C.P. (United Kingdom), appointed Lecturer in Medicine from January 1, 1981.

Frank Cheng Chi Yan, M.B., B.S. (Hong Kong), F.R.C.S. (England and Edinburgh), F.A.C.S., F.R.A.C.S., Reader, appointed to the second Structural Chair in Surgery from December 1, 1979.

Lydia Cheng Yuk Luen, B.Sc. (London), M.Sc. (Warwick), Ph.D. (Hong Kong), Assistant Lecturer, appointed Lecturer in Biochemistry from July 1, 1980.

Cheung Suk Yee, M.B., B.S. (Hong Kong), appointed Lecturer in Surgery from December 31, 1980.

Henry Cheung Hing Chuen, M.B., B.S. (Hong Kong), appointed Lecturer in Surgery from December 1, 1980.

Cho Kai Man, M.B., B.S. (New South Wales), appointed Lecturer in the Department of Obstetrics and Gynaecology from November 24, 1980.

Choo Yew Cheong, M.B., B.S. (Singaopre), F.A.C.O.G., appointed Lecturer in the Department of Obstetrics and Gynaecology from August 11, 1980.

Samuel Choi Kam Yee, M.B., B.S.(Hong Kong), appointed Lecturer in Surgery from November 1, 1980.

Chow Shew Ping, M.B., B.S. (Hong Kong), F.R.C.S. (Edinburgh), Lecturer, appointed Senior Lecturer in Orthopaedic Surgery from May 1, 1980.

Chung See Yuen, M.B., B.S. (Hong Kong), appointed Lecturer in Psychiatry from May 18, 1980.

Peter Edward Coode, M.B., Ch.B. (Birmingham), M.R.C.Path., appointed Lecturer in Pathology from August 1, 1980.

Michael Stephen Cooke, B.Ch.D., L.D.S. (Leeds), F.D.S., D.D.P.H., D.Orth., R. C. S. (England), F.F.D. R.C.S. (Ireland), appointed Senior Lecturer in the Department of Children's Densistry and Orthodontics from September 1, 1980.

Edmonde Francis Corbert, B.D.S. (National University of Ireland), F.D.S.R.C.S.(England), appointed Lecturer in the Department of Periodontology and Public Health from December 31, 1980.

Margaret Ann Crosswaite, Nt. Cert. D.S.A., F.E.T.C., appointed Instructor Dental Surgery Assistant in Conservative Dentistry from August 20, 1980.

Susan Cure, B.A., Ph. D. (Stanford), Part-time Lecturer, appointed Temporary Clinical Bacteriologist in Microbiology from March 1, 1980.

Pamela Dando, E.D.H. (England), Dip. D.H.Ed. (Royal Society of Health), F.E.T.C. (City and Guilds), appointed Tutor Hygienist in the Department of Periodontology and Public Health from September 1, 1980.

Brian William Darvell, M.Sc. (Wales),Ph. D. (Birmingham), appointed Senior Lecturer in Dental Materials Science from September 1, 1980.

John Edwin Dyson, B.D.S. (London), appointed Lecturer in Prosthetic Dentistry from September 1, 1980.

Sheila Catherine Fearn, D.C.R., appointed Instructor Radiographer in the Oral Radiology Unit from September 1, 1980.

Fong Wang Fun, B.Sc. (Chinese University of Hong Kong), B.Sc. (Hong Kong), Ph.D. (Notre Dame), appointed Lecturer in Bio-chemistry from September 1, 1980.

Ian Stanley Fowler, B.D.S., Dip. Clin Dent (Perio.) (Otago), appointed Clinical Dental Surgeon in the Primary Care Unit from August 26, 1980.

Arabinda Ghosh, M.B., B.S., D.G.O. (Calcutta), M.R.C.O.G., appointed Lecturer in the Department of Obstetrics and Gynaecology from January1, 1981.

Roger Michael Green, B.Sc., B.Ch.D.(Leeds), appointed Lecturer in Anatomy from as soon as possible.

Eric Ho King Wah, M.B., B.S. (Hong Kong), appointed Lecturer in Orthopaedic Surgery form September 1, 1980.

Christopher Jonathan Holmgren, B.D.S. (London), F.D.S.R.C.S. (Edinburgh), appointed Lecturer in the Department of Periodontology and Public Health from September 1, 1980 .

Andrew Hua Su Ping, M.B., B.S. (Hong Kong), F.R.A.C.P., Lecturer, appointed Senior Lecturer in Medicine from February 1, 1980.

Huang Chenya, M.B.E., B.Sc. (Sydney), M.B.,B.S. (Hong Kong), M.Med.(Singapore),F.R.A.C.P., appointed Senior Lecturer in Medicine from January 1, 1980.

Professor Sir Edward Hughes, Professor of Surgery, Monash University, appointed the seventh Kong Tak Yan Visiting Professor in Surgery from November 11 to 17, 1979.

Hui Pak Kwan, M.B., B.S. (Hong Kong), appointed Lecturer in Pathology from July 1, 1980.

John Michael Graham Hunt, B.D.S. (London), L.D.S.(England), appointed Clinical Dental Surgeon in the Primary Care Unit from August 28, 1980.

Nicholas John Arnold Jepson, B.D.S.(London), F.D.S.R.C.S.(England), appointed Lecturer in Prosthetic Dentistry from August 11, 1980.

Richard Kay Li Chi, M.B., B.Chir., M.A. (Cambridge), M.R.C.P.(United Kingdom), appointed Lecturer in Medicine from February 11, 1980.

Nigel Martyn King, B.D.S., M.Sc. (London), L.D.S.R.C.S.(England), appointed Lecturer in the Department of Children's Dentistry and Orthodontics from September 1, 1980.

John Kirkwood, B.D.S. (Sydney), D.D.S. (Tronto), F.D.S.R.C.S. (England), F.R.A.C.D. S., Cert. Perio. (Indiana) appointed Reader in Conservative Densitry from September 14, 1980.

Jan Willam Lodewijk Kleevens, M.D., D.T.M. & H. (Amsterdam), D.Soc. Med. (Netherlands), D.P.H. (Malaya), Senior Lecturer, appointed Reader in Community Medicine from July 1, 1980.

Linda Koo Chih Ling, M.A., Ph.D. (California), Honorary Lecturer, appointed Temporary Lecturer in Community Medicine from January 1 to June 30, 1980.

Noel Kung Ying Tung, M.B., B.S. (Hong Kong), M.R.C. Psych., appointed Lecturer In Psychiatry from March 11, 1980.

Edward Lai Cheuck Seen, M.B., B.S. (Hong Kong), appointed Lecturer in Surgery from November 1, 1980.

Lam Kam Hing, M.B., B.S. (Hong Kong), F.R.C.S. (Edinburgh), F.A.C.S., Lecturer, appointed Senior Lecturer in Surgery form February 1, 1980.

Lam Kui Chun, M.B.,B.S. (Hong Kong), F.R.A.C.P., Senior Lecturer, appointed Reader in Medicine from January 1, 1980.

Herbert Lau Kai Fu, B.Sc. (Alberta), M.A., Ph. D. (State University of New York, appointed Lecturer in Biochemistry from March 24, 1980.

(Mrs.) Sally Laurie, Nat. Cert. D.S.A., Dip. D.S.A., appointed Instructor Dental Surgery Assistant in Conservative Dentistry from August 17, 1980.

James Lau Lim Tat, M.B.,B.S. (Hong Kong), appointed Lecturer in Surgery from January 1, 1981.

Susan Laws, Nat. Cert. D.S.A., appointed Instructor Dental Surgery Assistant in Conservative Dentistry from August 23, 1980.

Sheila Lee Nyik Kuin, Dip. D.S.A., appointed Instructor Dental Surgery Assistant in Conservative Dentistry from August 10,1980.

(Mrs.) Lee Lau Wai Fong, M.B., B.S. (Hong Kong), appointed Lecturer in Surgery from as soon as possible.

Maurice Leung Ping, M.B., B.S. (Hong Kong), appointed Lecturer inPaediatrics from January 1,1980.

Maurice Leung Ping, M.B.,B.S. (Hong Kong), appointed Lecturer in Paediatrics from July 1, 1980.

Sydney Leung Fi, C & G Final, Adv. Gen. Cert., Max. Fac. Cert. (Dist.), Crown & Br. Cert., Adv. Ortho. Cert., L.B.I.S.T., appointed Instructor Dental Technoogist in the Dental Technology Unit

Leung Chi Kung,Adv. Cert. in Gen. Dental Work (City and Guilds), appointed Instructor Dental Technologist in the Office of Dental Studies from June 1, 1980.

Zoltan Lett, M.D. (Czechoslovakia), F.F.A.R.C.S. (England) and (Ireland), F.F.A.R.A.C.S. (Australasian), D.A. (England), R.C.P.S. (Ireland), Lecturer, appointed Reader in Surgery from April 24, 1980.

Li Man Kay, M.B., B.S. (Hong Kong), F.R.C.S. (Ireland) and (Glasgow),appointed Lecturer in Surgery from as soon as possible.

Anita Li Ming Cheung, B.A.(Erskine),M.B.,B.S. (Hong Kong), D.C.H. (London), F.R.C.P.(Edinburgh), Lecturer, appointed Senior Lecturer in Paediatrics from July 1, 1980.

Stephen Lim Thuan Kiang, M.B., B.S. (Hong Kong), F.R.C.S. (Edinburgh), F.A.C.S., Lecturer, appointed Senior Lecturer in Surgery from July 1, 1980.

John Li Tung Loy, C & G Final, Adv. Gen. Cert., Crown & Br. Cert., Adv. Ortho. Cert. L.B.I.S.T., appointed Instructor Dental Technologist in the Dental Technology Unit from July 1, 1980.

Lim Pak Leong, B.Sc., appointed Clinical Bacteriologist in Microbiolgy from March 1, 1980.

Dominic Li Fuk Him, M.B., B.S. (Hong Kong), appointed Lecturer in the Department of Obstetrics and Gynaecolgy from July 17, 1980.

Liang Shuk Tak, B.Sc., M.D.S.M. (McGill), F.R.C.S. (Canada), appointed Lecturer in the Department of Obstetrics and Gynaecology from July 1, 1980.

Low Weng Djin, M.Sc., Ph.D.(Hong Kong), Senior Lecturer, appointed Reader in Anatomy from January 1, 1980.

Mary Agnes Lung Kin Yum, B.Sc. (Hong Kong), Assistant Lecturer, appointed Lecturer in Physiology from July 1, 1980.

Keith Luk Dip Kei, M. B., B.S. (Hong Kong), appointed Lecturer in Orthopaedic Surgery from March 5, 1980.

(Mrs.) Maria Valentine Lung Li, B.S.(Cornell), Ph.D.(Stanford), appointed Lecturer in Microbiology from December 29, 1980.

Peter Lee Wing Ho, M.Soc.Sc.(Hong Kong), appointed Assistant Lecturer in Psychiatry from September 1, 1980.

Graham John Moore, B.V.M. & S. (Edinburgh), M.R.C.V.S., Veterinary Surgeon, appointed Senior Veterinary Surgeon in the Laboratory Animal Unit from July 1, 1980.

Duncan Roberts McMillan, M.D.S.(Newcastle-upon-Tyne), F.D.S.R.C.S. (Edinburgh), appointed Reader in Prosthetic Dentistry from July 1, 1980.

Isabel Margaret Mackay, Cert. D.S.A., Nat. Cert.D.S.A., appointed Instructor Dental Surgery Assistant inConservative Dentistry from August 29, from July 1, 1980.

Isabel Margaret Mackay, Cert. D.S.A., Nat. Cert.D.S.A., appointed Instructor Dental Surgery Assistant in Conservative Dentistry from August 29, 1980.

Kirpal Sigh Mann, M.B.,B.S. (Panjab), M.S. (Chandigarh, India), F.R.C.S. (Edinburgh), F.I.C.S., appointed Lecturer in Surgery from as soon as possible.

David Fairchild McDonald, B.D.S. (Otago), appointed Clinical Dental Surgeon in the Primary Care Unit from September 1, 1980.

Mok Che Keung, M.B., B.S. (Hong Kong), F.R.C.S. (Edinburgh), F.A.C.S., Senior Lecturer, appointed Professor of Cardio-Thoracic Surgery from September 1, 1980.

Thomas Michael Moles, M.B., B.S., D.T.M & H. (London), F.F.A. R.C.S., appointed Reader In Anaesthesia in the Anaesthetics Division of Dental Studies from December 15, 1980.

Michael Dominic Murray, B.D.S. (National University of Ireland), appointed Clinical Dental Surgeon in the Primary Care Unit from August 22, 1980.

Pannalal Nandi, M. B. B. S. (Calcutta), F.R.C.S. (England) and (Edinburgh), F.A.C.S., Lecturer, appointed Senior Lecturer in Surgery from July 1,1980.

Norbert Goldfield, B.A.(Rochester), M.D. (State University of New York), appointed ;Temporary Lecturer in Community Medicine from November 15, 1980 to January 15,1981.

James Pang Shing Hung, M.B., B.S. (Hong Kong), F.R.C. Path. (Australia), appointed Lecturer in Pathology from August 28, 1980.

Nigel Berry Pitts, B.D.S. (London), F.D.S. R.C.S.(England), appointed Lecturer in Conservative Dentistry from August 29, 1980.

(Mrs.) Elizabeth Ann Evelyn Pitts, E.D.H., R.D.S.A. (England), appointed Instructor Hygienist in the Department of Periodontology and Public Health from August 29, 1980.

Jean Ann Porter, Nat Cert. D.S.A., Dip. D.S.A., appointed Asslstant Tutor Dental Surgery Assistant in Conservative Dentistry from September 1, 1980.

Susan Mary Pusey, Nat. Cert. D.S.A., appointed Instructor Dental Surgery Assistant in Conservative Dentistry from August 26, 1980.

Ronald William Fearnhead, M.D.S., D.Sc. (London), L.D.S. R.C.S. (England), appointed to a Personal Chair in Oral Anatomy in the Department of Anatomy from July 1, 1980.

Dorothy Agnes Richards, Nat. Cert. D.S.A., Dip. D.S.A., appointed Instructor Dental Surgery Assistant in Conservative Dentistry from August 27, 1980.

Wayne Robinson, C & G Final, Adv. Ortho. Cert. (Cr.), Crown & Br. Cert., L.B.I.S.T., appointed Instructor Dental Technologist in the Dental Technology Unit from July 14, 1980.

Kathryn San Kit Yee, E.D.H. (England), Cert. Radiol. Prof. (Oregon), appointed Instructor Hygientist in the Department of Periodontology and Public Health from September 1, 1980.

Gideon M.Sein, M.B., B.S. (Rangoon), M.Phil. (London), Temporary Lecturer, appointed Lecturer in Pharmacology from February 1, 1980.

Seto Wing Hong, M.B., B.S. (Singapore), appointed Clinical Bacteriologist in Microbiology from August 1, 1980.

Brenda Ruth Simpson, Cert. D.S.A. (Phase 1), Cert. E.D.D.S.A. (Phase II), appointed Tutor Dental Surgery Assistant in Conservative Dentistry from July 1, 1980.

Julie Tang Hoi Sun, B.Soc.Sc. (Hong Kong), Executive officer, appointed Administrative Assistant in the Office of Dental Studies from July 1, 1980.

Teng Chong Shing, M.B., B.S. (Hong Kong), M.R.C.P. (United Kingdom), Lecturer, apppointed Senior Lecturer in Medicine from July 1, 1980.

Diane Thornton, Nat. Cert. D.S.A., appointed Instructor Dental Surgery Assistant in Conservative Dentistry from September 1, 1980.

Allister Torrance, C. & G Final, Adv. Ortho. Cert., Adv. Gen. Cert., Cert.F.E., appointed Instructor Dental Technologist in the Dental Technology Unit from August 12, 1980.

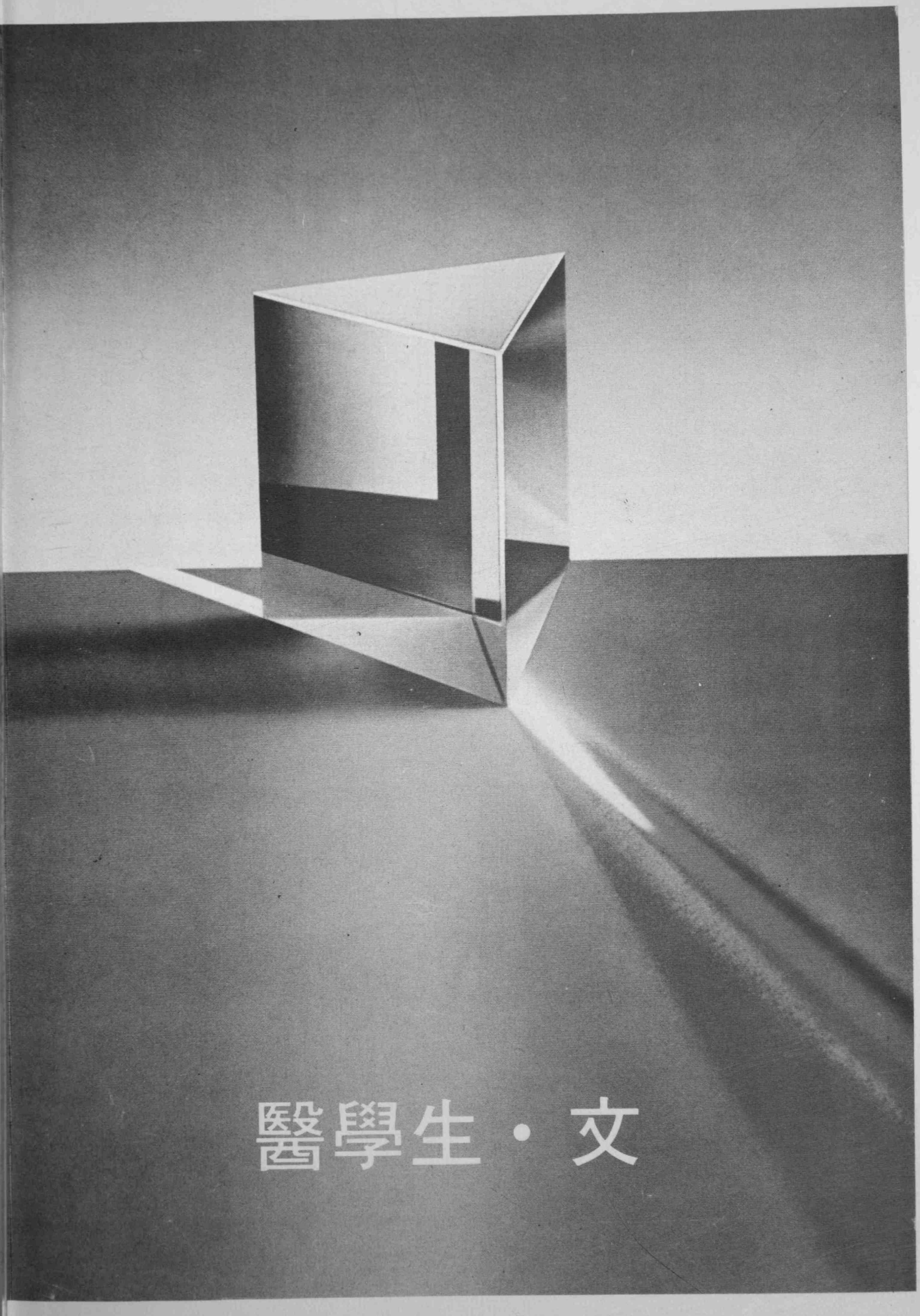
Virginia Wong Chun Nei, M.B.,B.S. (Hong Kong), appointed Lecturer in Paediatrics from September 11, 1980.

Wong Kee Lam, M.B., B.S. (Hong Kong), Temporary Lecturer, appointed Lecturer in Medicine from June 1, 1980.

Patrick Yuen Man Pan, M.D. (Saskatchewan), Dip. Am. Board, F.R.C.P. (Canada), Lecturer, appointed Senior Lecturer in Paediatrics from July 1, 1980.

Yeung Chap Yung, M.B., B.S. (Hong Kong), D.C.H. (London), Dip. Am. Board, C.R.C.P. (Hon.) (Canada), M.R.C.P. (Glasgow), F.R.C.P. (Edinburgh), appointed Professor of Paediatrics from September 1, 1980.

Yue Chung Ping, M.B., B.S. (Hong Kong), appointed Lecturer in Surgery from as soon as possible.



醫學生・文

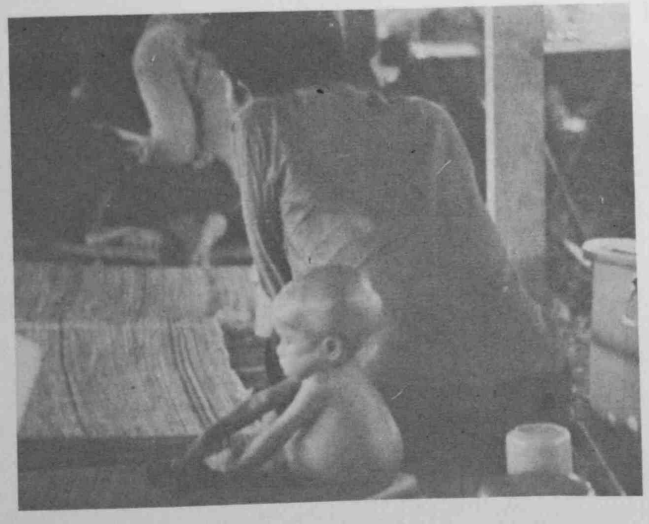
地獄線

石頭

是七九年的十月，我初次被那雙眼睛迫視著……

差不多年半了，寫着這篇文章時，它們仍使我全身震慄。

像一雙死魚的眼睛，給硬生生地鑲在嬰兒的頭骨上，詛咒出垂死的控訴；像一具乾涸的古屍，忽然張開眼來，嘲笑着生命的意義！我但願這祇是駐泰柬難民營記者的惡作劇。然而，咒語卻驚天動地而來，爲心之所安，我祇能選擇這條道路——投入救援柬埔寨難民運動的行列。



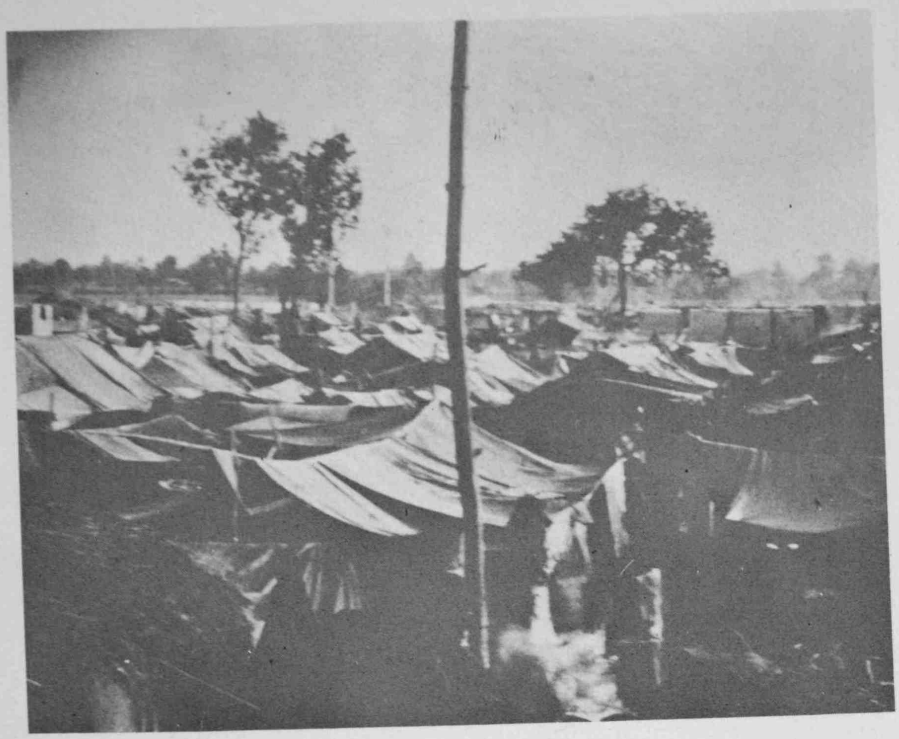
這行列並不孤單，從大專學界到一般市民，雖然救援的方法不同，但目標卻完全無異。由於個人興趣及經濟環境許可的關係、我決定聯同三位互不相識的大專同學涉足這條地獄線——泰柬難民營。此行的目標是要攝製紀錄片和幻燈片，以協助宣傳援柬運動；並希望可以知道善款的來龍去脈，以澄清香港市民的疑團。

我們原先的計劃是接到聯合國難民營的回電才起程，但爲了趕及宣傳一月十三日（八〇年）的籌款義唱，我們決定「先斬後奏」，直接到泰國向有關方面申請。我們在十二月廿六日黎明離港，得到英國大使館的協助，我們一行四人和一些泰國同學，終於在廿八號坐上了直奔難民營的舊型貨車上。

一路上塵沙紛發，四面焦土，重型貨車和坦克的輪跡，輾得黃泥路凹凸不平。遇有河水的村落，均住滿了貧窮的農民。越是接近邊境、村落便越見十室九空。逃難的原故，據聞是因爲害怕邊境難民前來搶奪糧食。沒有人能抵抗餓狠了的動物！

在距離難民營一、二里處，設有武裝泰兵駐守的關卡，檢查進出邊境禁區的人羣，以杜絕猖獗的走私。附近的市鎮，因貨品爲走私集團囤積，引致嚴重的物價上升。難民潮的湧入，雖然爲屈居窮鄉僻壤的商人帶來意外之財，但卻累苦了鄰近的赤貧。

難民營終於在望，菲林及錄音帶亦準備妥當，權充翻譯的泰國同學，心情也緊張起來。這是我們所到的第一座營地，亦是全邊境最具規模的營地——阿蘭營。面孔黯黑，皮黃骨瘦的難民，向我們投以好奇的眼光。許多時更有說國語或廣東話的中國僑民與我們交談，申訴他們被黑衫（波爾布特赤軍）迫害的苦況。家書和尋人廣告紛紛送到我們面前。移居外國是僑民唯一的希望。



阿蘭營內情況不算太壞，澱粉質基本不缺，營養及食水卻不足夠，營內的工作人員，包括我們在內，均要服chloroquine，及飲用樽裝的清水。營地附近的小鎮阿蘭，住滿了義務工作者；除了醫務人員外，大部份是流浪到泰國的歐美學生。他們助人的熱誠，及選擇以積極生活來探討人生的態度，實在令人佩服。

泰柬邊境三個重點難民營除了阿蘭由聯合國全權負責外，其餘兩個：「龍沙密」及「龍麥門」則由兩股敵對的「自由高棉」軍隊控制着。營內的衞兵，均穿美式軍服，年齡沒一個過二十歲。越南兵和赤柬都是他們的共同敵人，但權力分配亦使他們互相敵對，兵戎相見。從報紙上得知掌管「龍沙密」的土皇帝吃了敗仗，這我一點也不驚奇，是因此營內無論秩序、設備及至士兵對平民的態度均爲「龍麥門」遜色。然而，論到戰壕和炮彈孔的數目，他們卻不相伯仲。在戰爭的陰影下，住在這兩個營地的難民，健康及精神情況都很差。有一對孤苦伶仃的中國母女，便曾經要求我們協助她們遷住「阿蘭」營。

我們最後到的是「沙喬」營，離曼谷祇三小時車。它有獨立的水泵供應用水，物資供應亦不缺乏。但數月後，當救援基金所餘無幾時，情況會否惡化呢？悲慘的命運，會否再次加諸逃離高棉或仍在柬埔寨的難民呢？

× × ×

離開了這地獄線後，並沒有使我忘記一切。反之，它的片段一直像魔鬼一般的圍繞著我。更使我不安的，就是像老撾、阿富汗、東非等被壓迫的國家，他們要待到何時才可擺脫可能比地獄更苦的煎熬呢？

歐洲兩個半月　一個人

老秋

七八年的暑假，仍是那個陪伴我多年，有點褪色的背囊，裡面裝了慣用的東西，仍舊是一個人；只是，地點在歐洲，行程是兩個半月。

我選擇了獨自一人；是因爲更容易被融化在所處身的異鄉，我想像細風般的經過，甚至不吹翻一片枯落了的小草；我不希望怪異的異鄉方言，打擾了他們生活的節拍，我將靜靜地細聽他們的說話，留心地看他們的動作，用心靈去探知他們的感情；然後，將悄然離去，因爲我已得到所期望的。

在公園的長椅上，草地上，行走中的火車上，還有在月光下、地中海岸的沙灘，你可以看到一個異鄉青年在啃麵包，有時，也會聯同年紀相若的青年人，痛快地喝著自酒瓶流出的葡萄酒；海登堡河岸，一高一小的兩個青年人就曾經要互相攙扶回青年旅舍，兩人卻同時揮動著手中的酒瓶，高聲的唱著不爲人識的調子。當然，我還不曾忘記了三條香蕉可作一頓午餐，一個麵包可吃一個星期的情形。

火車和火車站，是歐洲文化不可分割的一部份，也是在歐洲作客不可分割的一部份。火車可以帶你到目的地，可以讓你休息，可以讓你結識遊伴，當然還可以給你帶來一些難忘的噩夢。火車站的功用就更多了，每天在火車上醒來了，火車站就成爲你的梳洗間了。它還是訓練你如何在一尺半寬的長椅睡覺的地方，有時，你還要學習坐著睡覺，忘掉來往喧鬧的人羣。

青年旅舍，是每個異鄉人臨時的家庭，這裡有你的同伴，可供你洗淨聚積多日的沙塵和汗漬，可以供你安心的睡一覺。每當我疲倦時，就會找一所旅舍來恢復自己的疲累。當感到孤獨時，就會來這裡找同伴的了。

當然最重要的還是人。虛僞的英國人，高傲的法國人，爽朗的德國人，好客的比利時人，友善的荷蘭人，熱情的西班牙人，多說少做的意大利人，古典的希臘人。還有一些怪模怪樣的異鄉人。

我不能夠告訴你那年的二個半月找到了些什麼，也許是什麼也沒有；但我將忘不了那無邊際的金黃色的向日葵，那經歷了數千年風雨的破廟，和那永遠照耀著黑色沃土的夕陽。在我腦海一隅，還印上了倫敦街頭的醉酒老人蹣跚的步履，巴黎拉丁區潦倒的街頭畫家，和各形各式的街頭賣藝者。

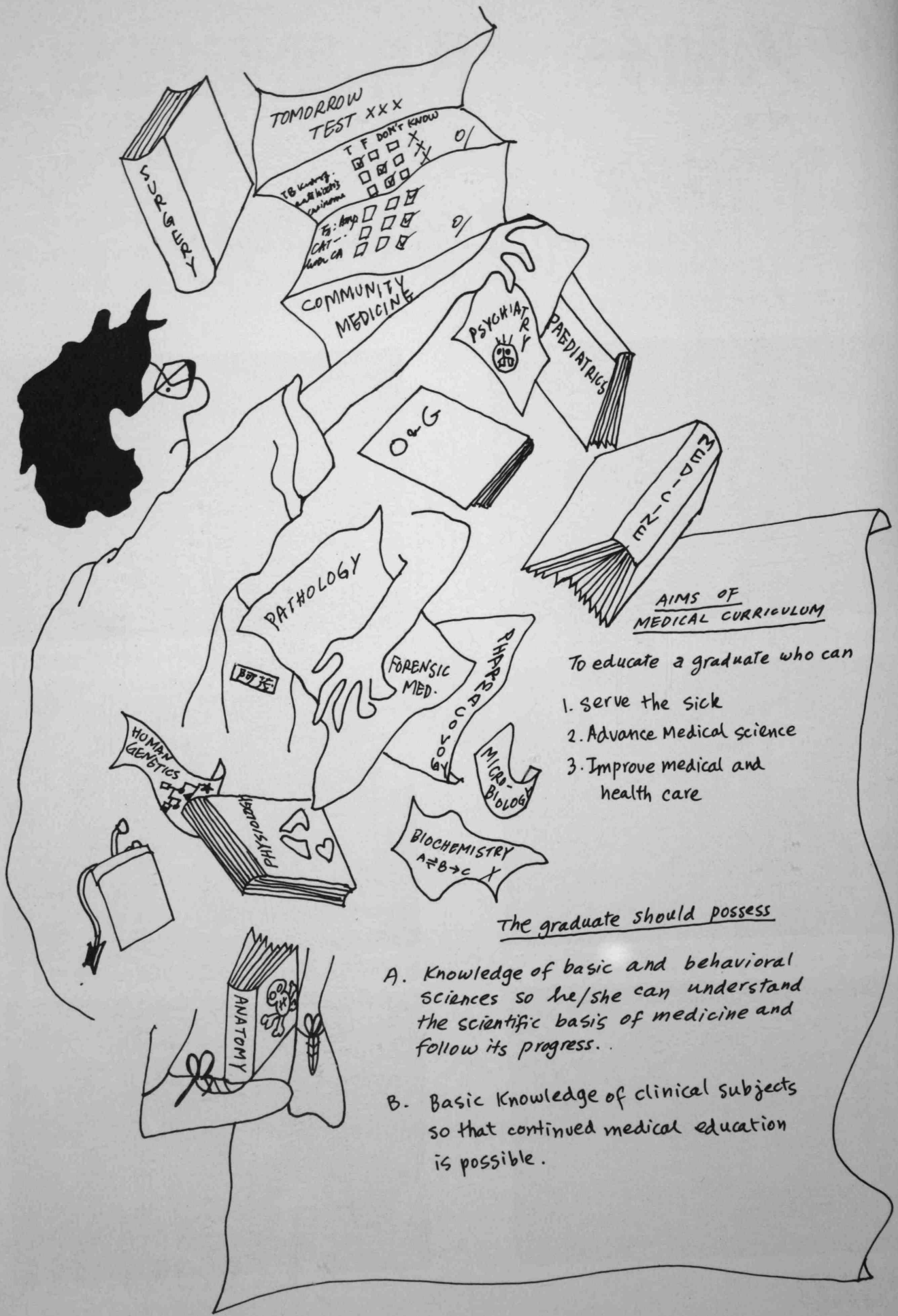
× × × ×

也許，最肯定的一點就是我學會了吃芝士。

TO SEE THEM

IN THEIR TRUE COLOURS

PLEASE TURN OVERLEAF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References
Br. J. Clin. Pharmac. (1979), **7**,165-168
Br. J. Clin. Pharmac. (1979), **8**,119S-123S
Curr. Med. Res. Opin. (1980), **6**, 677-684
The Practitioner (1980), **224**, 841-844

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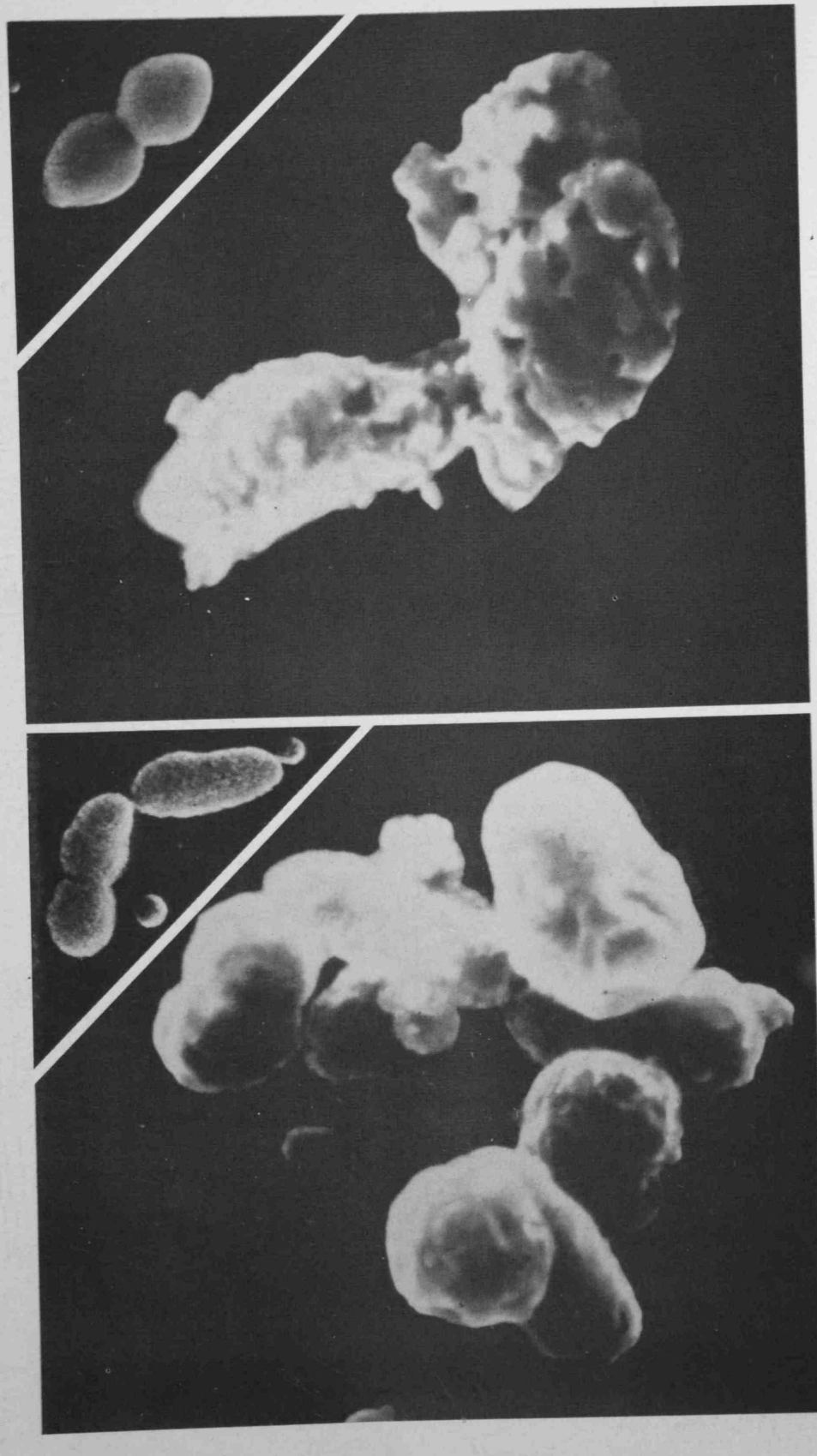

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What are the options?

MEDICATION	CURRENT STATUS AS LONG-TERM THERAPY
ANTACIDS	Formal studies of long term therapy have not been reported. Experience with healing of duodenal ulcer suggests that very high doses would be necessary but "A long-term regimen of antacids in high doses is impracticable."[2] Also, "The safety of the non-absorbable magnesium and aluminium compounds in long term use is by no means unquestioned."[3]
ANTICHOLINERGICS	"...all adequately designed trials have shown these drugs to have no effect on ulcer healing. There is no reason to believe that as prophylactic agents these drugs would be any more successful."[3]
CARBENOXOLONE	"...has been in wide use for more than a decade, but it has not yet been shown to decrease recurrences."[4] In any case, "The high incidence of side effects precludes long-term use of carbenoxolone sodium."[2]
DEGLYCYRRHIZINISED LIQUORICE	This analogue of carbenoxolone has "...not been successful in preventing reulceration."[3]
COLLOIDAL BISMUTH	"...maintenance treatment in man has not been studied as the safety of this drug in long term usage has not yet been determined."[3] Further, while the drug has been clinically available for 12 years the company's literature states that "Due to its mode of action in healing peptic ulcers, (colloidal bismuth) is not recommended for maintenance."[5]
Tagamet	"So far, cimetidine is the only drug proven to reduce the frequency of relapse in duodenal ulceration."[6] "What we do now is to heal the recurrent ulcer; then we titrate the patient against cimetidine and see how we can keep him in symptomatic remission. If we can do that at a dose of, say, two tablets a night then I think I would go on treating such patients indefinitely."[7] "Cimetidine has been shown to effectively reduce ulcer recurrence for up to one year, and appears to be safe."[3]

REFERENCES:
1 Baron J H et al., British Medical Journal 1979; 1:169-173.
2 Badley B W D, Canadian Medical Association Journal 1977; 117:1192-1195.
3 Clarke A C, Hilmer R S, New Ethicals & Medical Progress 1979; 16:33-41.
4 Grossman M I, World Journal of Surgery 1977; 1:3-7.
5 Anon. A Documented Advance in the Treatment of Peptic Ulcer (1978) Gyles Print 83079.
6 Misiewicz J J, Current Therapeutics 1978; 5:15-19.
7 Alexander-Williams J, British Medical Journal 1979; 1:169-173.

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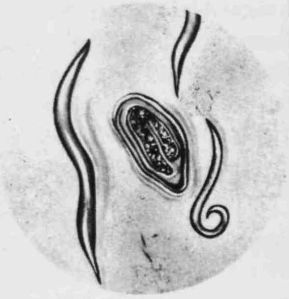

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- . . . . . .

WHO ARE ELIGIBLE? All students of the Medical Faculty of the University of Hong Kong and who are bona-fide members of the Hong Kong University Medical Society, are eligible to apply for student membership of the Hong Kong Medical Association.

HOW? Fill in an application form obtainable from H.K.U. Medical Society and the H.K.M.A. Secretariat; have it verified and sponsored by the H.K.U. Medical Society and send it to the H.K.M.A. Secretariat together with the annual student membership fee of HK$30.

AUTOMATIC TRANSFER TO REGULAR MEMBERSHIP - When graduated and registered with the Medical Council of Hong Kong, Student Members will automatically be transferred to be Regular Members on receipt of a communication to this effect and on payment of the prescribed fees.

ENQUIRIES - The Hong Kong Medical Association
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