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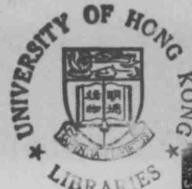
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This is a bottle of elixir. It contains some of the flavours that we have encountered in the year 1997. And as an "elixir", a sweetened aromatic alcoholic preparation that makes medicine taste better, I hope the content of this bottle could add flavours to the life of medical students.

This is also a bottle of tears and sweat we have shed and turned into raindrops which nourished our soil and our life.

The Elixir, the official annual journal of the Medical Society, has served as an invaluable record of the Society since it was first published in 1951. It has always highlighted the events of each session of the Medical Society and served as a bridge between doctors and students.

I would like to express my deepest apologies for the delay of this publication. We are not able to retrieve all of the messages until late 1998 and changes have been made to the content of this bottle again and again. It has come to the time to seal it, to put an end to a year that have ended long before. I would like to express my thanks to all those who have helped, encouraged, and urged me to determine the final flavours of this bottle.

We have changed the focus of the departmental survey from a real "survey" to an article in the wish of bringing out the essence of the work of the Department of surgery. We would like to express our heartfelt gratitude to our Honorary Advisor, Professor John Wong and the staff of the Department of Surgery for their valuable support and advice.

We would also like to thank Professor Todd and Professor Young, two retiring yet enthusiastic doctors who accepted our interviews and shared their experience with us. In this issue, two articles about past office bearers of the medical Society are included. They are guides to more understanding of the Medical Society for those who considered themselves as insiders or outsiders of the Society.

The bottle has its limit. I sincerely hope that it has confined within it most of everything you want. I would like thank all editors and contributors whose effort has made this publication possible.

Sergio Koo

Elixir Editorial Board '97
Medical Society

Message from the President

Professor Chap-Yung Yeung

The Medical Society of HKUSU has entered a most interesting and intriguing time all through the history of her first inception. It coincides with a period of enormous changes in Hong Kong both in the political and social economic environment. While people are all excited that Hong Kong should be shedding off its shameful past as a colony, there are important social and political "hot issues" which have produced significant controversies resulting in polarization of various fractions of the society. Meanwhile many people had taken advantage of the swinging moods to rip off the unaware to get quick gains. Among all these turmoils, the Medical Society had apparently also been suffering from a lack of interest from among its membership to take leading roles. Even election of the chairmanship had to be postponed more than once. To go along with it the election of the president did not materialize until early this calender year.

I wish to inform all members of the Medical Society that doctors in Hong Kong have traditionally taken an important role in our society. "Doctors-to-be" should therefore prepare themselves for similar challenges to ensure that the society would continue to benefit from our contributions to progress to new heights.

I wish also to remind my future colleagues that the Hong Kong Medical College which was the fore-runner of our Medical Faculty was also the cradle to nurture the Father of Modern China, Dr. Sun Yat Sen, who had revolutionised China and brought new hope, and to some extent new life, to the whole Chinese race. The tradition of visionary and committal service to the community must be upheld by all of you to ensure that the ferment of patriotism would not die.

I am very pleased to note that the new council you have elected is a very energetic group of young people who are willing and determined to do good work. Already important issues like "cloning of human" were brought up for discussion, important topic like "cancer" would be highlighted as a medical exhibit to educate the public. I am certain that the Medical Society would continue to flourish for many years to come.

Professor C. Y. Yeung

June 20, 1997



Message from the Dean

Professor S. P. Chow

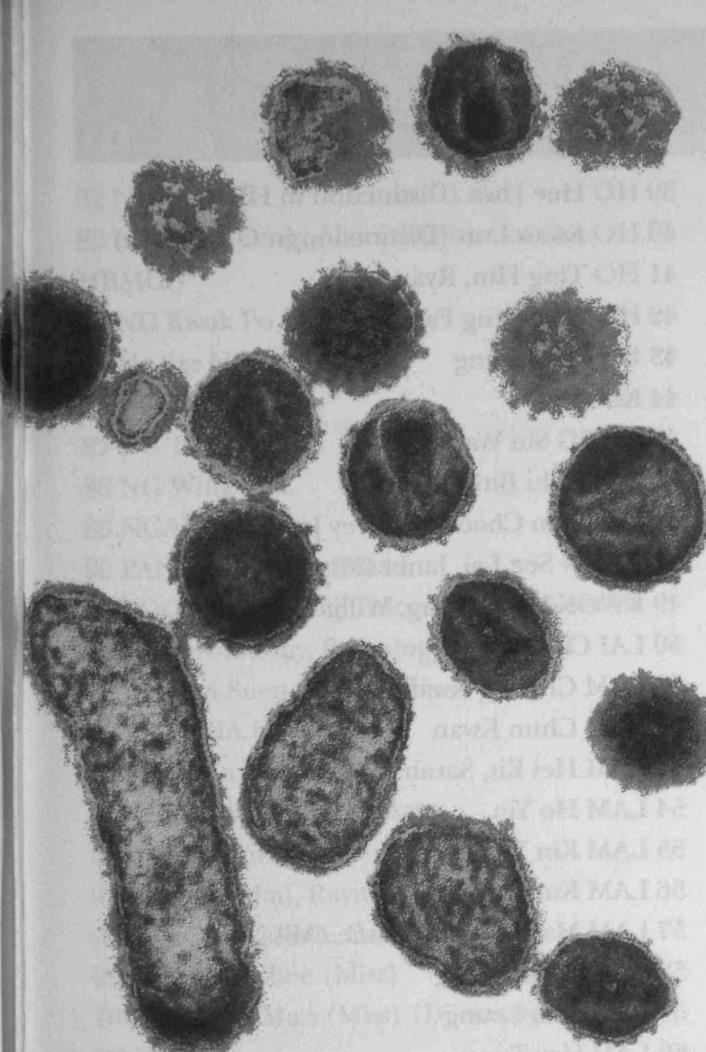
This medical school is undergoing great changes, in teaching, research, and services. In a few years' time, a new medical school complex will be built at the site presently occupied by the H.K. Institute of Education - Northcote Campus. All these should position us well for the transition through 1997 well into the next millennium. While our students should strive to gain a better understanding of the rest of China through all kinds of activities, they should also maintain an international perspective.

Professor S.P. Chow

Dean, Faculty of Medicine

June 11, 1997



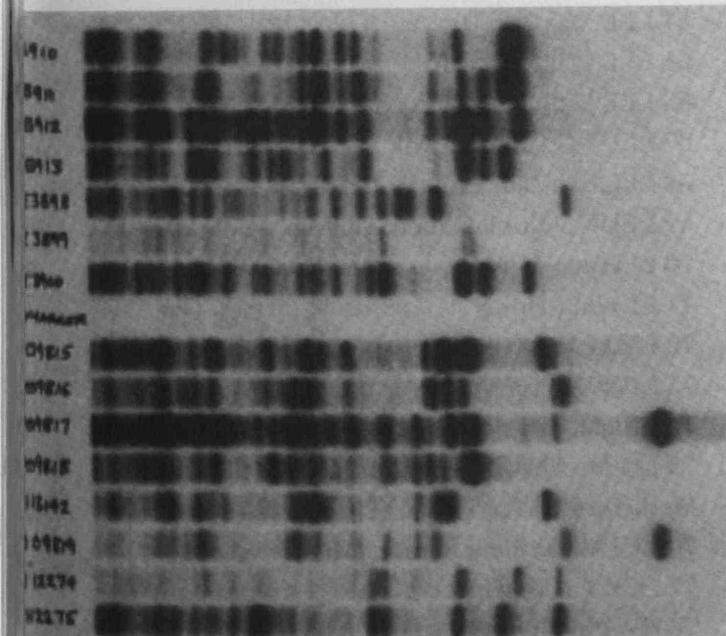


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ACADEMICS



Degree Congregation

Conferment of Degrees of M.B., B.S. 1997

The following 127 candidates completed the requirements for the degrees of M.B., B.S. at the Final Examination held in April/May 1997:

1 CHAN Chi Chung
2 CHAN Chi Kuen, Ida (Miss)
3 CHAN Chi Pang
4 CHAN Chun Man
5 CHAN Kwok Tim (Distinctions in HBMCI, Anatomy, Biochemistry, Physiology, HBMCI)
6 CHAN Lina (Miss)
7 CHAN Ngar Yu (Miss)
8 CHAN Siu Yu
9 CHAN Wai Yee, Winnie (Miss) (Distinction in Anatomy)
10 CHAN Yat Tung, Eric
11 CHAN Yiu Pong
12 CHAU Shuk Yi, Lucia (Miss) (Distinction in Anatomy)
13 CHEANG Si Ngai
14 CHEN Wai Tsan (Miss)
15 CHENG Ha Yan, Kate (Miss)
16 CHENG Hung On
17 CHENG Pui Yan (Miss)
18 CHENG Tat Sun
19 CHEUNG Heung Yan (Miss)
20 CHEUNG Wai Yin, Eddie
21 CHEUNG Yu
22 CHIK Hsia Ying, Barbara (Miss)
23 CHOI Chi Yee (Miss)
24 CHOI Wing Kee
25 CHOW Wai Kong
26 CHOW Yuet Wah (Miss)
27 CHUI Ka Yun
28 CHUNG Chong Fai (with Honours, Distinctions in HBMCI, Anatomy, Pathology, Pharmacology, Surgery)
29 CHUNG Parr Hall, Stephen
30 DAY Weida
31 FAN Kin Ping
32 FAN Pang Yung
33 FONG Cheuk Ying, Cherry (Miss)
34 FONG Ka Wing (Miss)
35 FU Chiu Lai (Miss)
36 FUNG Chi Pun, Wilson
37 FUNG Po Yan, Eliza (Miss)
38 FUNG Robert Jr.
39 HO Hee Hwa (Distinction in HBMCI)
40 HO Kwan Lun (Distinction in Obs & Gyn)
41 HO Ting Hin, Ryan
42 HUNG Cheng Fang
43 IP Fong Cheng
44 KO Yuet
45 KONG Siu Wah
46 KOO Chi Bing (Miss)
47 KOO Siu Cheong, Jeffrey Justin
48 KWAN See Lai, Janet (Miss)
49 KWOK Wing Hong, Willis
50 LAI Chiu Fai
51 LAM Cheung Kwan, Brian
52 LAM Chun Kwan
53 LAM Hei Kit, Sarah (Miss)
54 LAM Ho Yin
55 LAM Kin Yip
56 LAM Kuen (Miss)
57 LAM Man Yan, Marianne (Miss)
58 LAU Chong King
59 LAU Chu Leung
60 LAU Hay Tung
61 LAU Wendy Yee (Miss)
62 LEE Kam Suen, Anna (Miss) (with Honours, Distinctions in Anatomy, Biochemistry, Pathology, Obs & Gyn, Paediatrics, Surgery)
63 LEE Siu Hong
64 LEE Wai Lun
65 LEE Wai Man (Miss)
66 LEE Yeuk Ying, Samantha (Miss)
67 LEUNG Chuen Kwok
68 LEUNG Kam Chi
69 LEUNG Kwok Chuen, Dennis
70 LI Hung Wun
71 LI Wing Hong
72 LIEM Man Shing
73 LIEW Victor
74 LIU Hor Ming
75 LO Ho Yin (Distinctions in HBMCI, Medicine)
76 LUI Man Ching, Grace (Miss)
77 LUK Lai Yin
78 MA Pui Shan (Miss)
79 MA Shing Yan
80 MIU Kin Man, Raymond (Distinction in Pathology)
81 MUI Winnie (Mrs)

82 Ng Ka Fai
83 NG Kin Chung, Alvin (Distinction in HBMCI)
84 NG Kwok Po
85 Ng Sze Hong
86 NG Tonny
87 NG Tse Choi
88 NG Wing Chi
89 NGAI Wai Kee
90 PANG Chi Kwan (Miss)
91 POON Siu Leung, Falcon (Distinctions in HBMCI, Anatomy, Pathology, HBMCI)
92 PU Kan Suen, Jenny (Miss)
93 SHARMA Geeta (Miss)
94 SHIU Ka Lock
95 SHUM Nam Chu (Miss)
96 SIM Pui Yin, Joycelyn (Miss)
97 SIN Lok Man, Raymond
98 SIU Chung Wah, David
99 SZE Wan Chee (Miss)
100 TAM Sze Man (Miss) (Distinction in HBMCI)
101 TANG Fai Yu
102 TANG Kit Ying (Miss)
103 TONG Gerald Sze-ho
104 TONG King Hung
105 TSANG Hannah Yee Hoi (Miss)
106 TSANG Shi Lok, Colette (Miss)
107 TSE Kwok Lam (Miss)
108 WAT Zee Man (Miss) (Distinctions in HBMCI, HBMCI)
109 WONG Cheuk Hoo, James (Distinctions in Microbiology, Medicine)
110 WONG Chi Yan
111 WONG Ho, Matthew
112 WONG Ho Sing, Joseph
113 WONG Kin Chung, Martin
114 WONG Kwok Keung
115 WONG Man Kwan
116 WONG Sui To
117 WONG Wing Yee, Victoria (Miss) (Distinctions in HBMCI, Surgery)
118 WOO Wai Shan, Sandy (Miss)
119 WU Shui Ping (Miss)
120 WU Wing Yee (Miss) (Distinction in HBMCI)
121 YANG Kwok Wai, Michael

122 YEUNG Chun Yip (Distinction in Anatomy)
123 YEUNG Wai Kit
124 YIP Pok Siu, Terence
125 YIP Sum, Lisa (Miss) (Distinctions in Biochemistry, HBMCI)
126 YIU Chi Him, Desmond
127 YU Kit
May 29, 1997

Conferment of Degrees of M.B., B.S. 1996

The following 20 candidates completed the requirements for the degrees of M.B., B.S. at the Final Examination held in December 1996:

1 CHAN Chi Yeung
2 CHAN Tun Kut
3 CHOI Chun Hung
4 CHONG Kam On
5 CHOW Kim Yue
6 LAM Lim, Sam
7 LAU Chi Keung, Michael
8 LAU Tung Tung, Tona (Miss)
9 LEE Wai Kong
10 LIM Boon Kian
11 NG Man Yiu
12 O Sun Yin (Miss)
13 TAM Chun Hung
14 TONG Shui King (Miss)
15 TONG Wai Ling (Miss)
16 WAI Chor Keung
17 WAN Chi Kin, Polk
18 WONG Chi Pang
19 WONG Chit Wah (Miss)
20 YU Wai Ming
December 19, 1996

Prize Winners of 1997

John Anderson Gold Medal

Lee Kam Suen Anna 李錦旋

Proxime Accessit

Chung Chong Fai 鍾創輝

Chan Kai Ming Prize

Lee Kam Suen Anna 李錦旋

Mun Gold Medal in Psychiatry

Wong Wing Yee Victoria 黃穎兒

Dr KP Stephen Chang Gold Medal

So Chi Wai 蘇志偉

Digby Memorial Gold Medal in Surgery

Chung Chong Fai 鍾創輝

The Nesta & John Gray Medal in Surgery

Chung Chong Fai 鍾創輝

Dr Sun Yat Sen Prize in Clinical Surgery

Chung Chong Fai 鍾創輝

CP Fang Gold Medal in Medicine

Lo Ho Yin 盧浩然

RM Gibson Gold Medal in Paediatrics

Lee Kam Suen Anna 李錦旋

Gordon King Prize in Obstetrics & Gynaecology

Lee Kam Suen Anna 李錦旋

HK Society of Community Medicine Prize (Shared)

Wong Tak Yeung Alec 王德楊

Wong Tak Ming Ronald 黃達名

Wong Wai Man 黃偉汶

Wong Yee Hang Birgitta 黃懿行

Wong Ying Grace 黃凝

Woo Siu Bon 胡兆邦

Wu Wai San Janet 胡慧珊

Yip Kim Ho 葉劍豪

Yip Lai Kuen 葉麗娟

Yip Wai Man 葉偉明

Yiu Chi Pang Christopher 姚志鵬

Yiu Ming Pong 姚銘邦

HC Liu Prize in Anatomy (Shared)

Cheng Kai Chi 鄭繼志

Lo Wai Yin 盧慧妍

Yuan Ai-Ti Gold Medal in Behavioural Sciences

Chiang Tin Po 蔣天寶

Belilius Medical Prize (First Year)

Yeung Wai Tak Alwin 楊維德

Hk Society of Medical Genetics Prize

Mirpuri Julie Gope

the Hewlett-Packard Prize

Lau Hoi Shan Flora 劉凱珊

Kan Sik Yau Anita 簡適悠

Chung Hon Yin Brian 鍾侃言

Ho Kam Tong Prize in Community Medicine

Cheuk Ka Leung 卓家良

Teng Pin Hui Prize in Community Medicine

Lau Hoi Shan Flora 劉凱珊

HK College of Family Physicians Prize in Community Medicine (Shared)

So Yung Pak 蘇勇柏

Soundara Rajan Shilpa

Sun Kin Wai Kelvin 孫建威

Sze Hon Ho 施漢豪

Tan Teck Pin 陳澤彬

Tan Wai Ka Liza 陳慧嘉

Tang Kam Leung 鄧錦良

Tang Yiu Cho quepanthio Joe 鄧耀祖

Tang Yee Kwan 鄧懿君

To Kai Tsun Michael 杜啟峻

Tong Chung Yin 湯仲賢

Tong Wai Hung Raymond 湯偉雄

Medic '71 Prize in Medical Jurisprudence

Kan Sik Yau Anita 簡適悠

Medic '71 Dean's Prize for Community Projects

Lam Pui Kin 林沛堅

Medic '71 Prize in Nursing Studies

Lee Sui Fong 李瑞芳

Bellios Medical Prize (Third Year)

Chung Hon Yin Brian 鍾侃言

3M Hong Kong Prizes (Shared)

Wu Ka Pik 胡嘉碧

Ho Chung Wai Ambrose 何頌偉

Kei Shiu Kong 紀紹綱

Ho Fook Prize

Wu Ka Pik 胡嘉碧

CP Fong Gold Medal in Pathology

Chung Hon Yin Brian 鍾侃言

Hong Kong Pathology Society Prize

Lam Sin Man 林青雯

CT Huang Gold Medal in Microbiology

Tsu Hok Leung James 徐學良

Li Shu Fan Medical Foundation Prize in Pharmacology

Chan Choi Hung 陳才雄

Ng Ho Leung 吳浩良

Hong Kong Pharmacology Society Prize

Chan Choi Hung 陳才雄

Ng Ho Leung 吳浩良

Ng Li Hing Prize in Anatomy

Cheng Chi On Andy 鄭智安

Kei Shiu Kong 紀紹綱

WD Low Prize in Anatomy (Shared)

Cheng Chi On Andy 鄭智安

Kei Shiu Kong 紀紹綱

Li Shu Fan Medical Foundation Prize in Biochemistry

Kei Shiu Kong 紀紹綱

Ko Lap Yan Ryan 高立忻

Wu Ka Pik 胡嘉碧

Li Shu Fan Medical Foundation Prize in Physiology

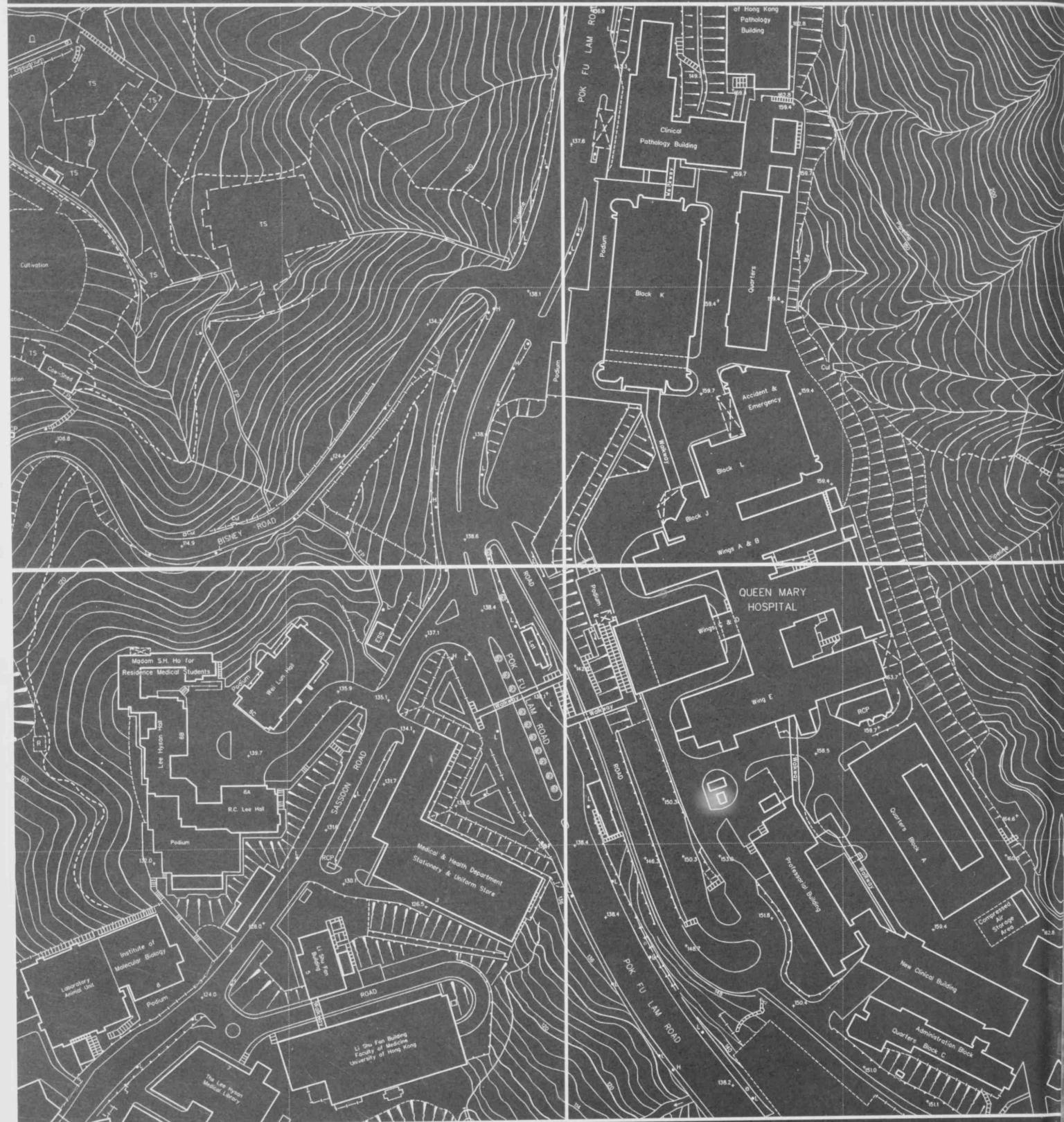
Ho Chung Wai Ambrose 何頌偉

Janet McClure Kilborn Prize in Biochemistry

Wu Ka Pik 胡嘉碧

Janet McClure Kilborn Prize in Physiology

Wu Ka Pik 胡嘉碧



medical society

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Acting Chairman (Apr 97 – Nov 97)	
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Exco IV (1995-1996)		
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Financial Report for the year ended 31 OCT 97
Medical Society, HKUSU, 96-97

Income	Budget	Actual
Subscription	71700	71750.00
Commission	5000	3493.58
Bank Interest	4000	7588.32
Annual Fund Raising	52490	28838.50
Health Exhibition '96	0	1704.80
Total	133190	113375.20

Expenditure	Budget	Used
Internal Affairs	5620	7553.50
External Affairs	1650	1460.70
Welfare	5300	4732.00
Social Activities	15900	10592.00
Sports	12420	7816.80
Publication	36000	35469.00
Caduceus	28550	26068.00
Health Committee	4400	4364.00
Council	2900	3170.00
Financial Sub-com	450	156.10
Elixir Loan Fund	20000	11993.10
Total	133190	113375.20

*No surplus/deficit for session 96-97

Current Assets	Amount
Time Deposit (US\$8,000)	61860.00 (US\$1.00=HK\$7.7325)

Current Accounts:	002-222875-001	5307.78
	002-222875-003	1918.13
Saving Accounts:	002-1-179551	184903.99
	002-1-190657	51655.50
Stock		58467.75
Cash		3912.00
Orientation '96		1500.00
Orientation '97		6000.00
Health Exhibition '98		6425.00

Less Current Liabilities:

Elixir '96	20000.00
Elixir '97	22600.00
Council 96-97 (Election Campaign 97-98)	150.00
Caduceus (Typsetting & Printing)	25135.00
Elixir Loan Fund	11993.10
Working Capital	302072.05

Financed by	
Accumulated Fund on 15 NOV 96	301858.11
Error adjustment	213.94
Total	302072.05

Prepared by:

James

Shek Wan Man, Noel
 Financial Secretary 96-97

Audited by:

Noel Shek

Lam Yui, James
 Financial Secretary 95-96

評議會主席



首先，我想多謝評議會義務秘書楊芬妮同學一年來近乎完美的工作。對不起。當初，你是在我半「屈」半推下坐上這個崗位的。在你默默地抄寫時，你失去了不少光陰，但你也獲得了「最寶貴」的「東西」，我說得對嗎？

今屆評議會的特點是和平，這有好處亦有壞處。但我理想中的評議會，卻絕對不是這樣的！只有經過爭辯，我們才能發掘出更多意見，評議會的監察作用才得以彰顯。評議會的決議未必是最好的，但必定是最能保障同學的。它們是二十多個腦袋同時轉動的成果。

有些人認為我任評議會主席的一年內，我們周遭發生了不少大事。醫學院內，課程改革正進行得如火如荼。此事對醫學生影響深遠，而我得承認評議會在這方面的工作是不稱職的，院務委員亦復如是。我希望今後的同學能繼續密切注意新課程的發展。

外面的世界，就更加風起雲湧。醫管局就醫生的訓練和薪酬作了大幅修改，令我們頓感到前路茫茫。個人認為，醫學生是被動和無助的。樂觀點來看，無論前景多壞，只要我們做好本份，我們定可安然渡過任何難關。其實，以大眾的角度來說，這樣的改變是合理和有益的，亦符合醫者的最終目標。這一年來，我這個評議會主席當得十分愜意，而我亦有不少得著。抱歉的是，我經常不能保持中立，在會議間動輒加插個人意見。廢話連篇，就更是家常便飯。

尤芳智

主席

說過多次

不會再上庄的，但終於在五年班的時候上CHAIR的職位。

執筆時本剛在瑪麗醫院當見習醫生。過去一年，彷彿很遠，又似很近。九六至九七年是正如我們「新觸閣」的改綱所說真是刺激的一年，大事一浪接一浪，使人喘不過氣來！

先是內憂——內務副主席退學、我自己要應付畢業試，最後福利秘書要兼任署理主席，繼而是外患——醫院管理局偷促推行合約制聘請新醫生，醫學院、政府和醫學會就醫療人手是否足夠而爭論，公共醫療醫生協會倡議醫生人數受到醫學生訴病，還有港大推行學分制、醫學院課程改革。

在跟進醫管局合約制一事，我見到很多沮喪的事，例如一些所謂醫生「代表」或「領袖」，說一套做一套，還有鮮為人知的「互扯貓尾」，立場和態度曖昧。

更可惜的是醫管局，一些醫學組織，甚至醫學院都刻意將問題扯到「過多醫生」、「醫學生過多」和「供過於求」之上，完全避開一些根本問題，例如醫學界是一個怎樣的世界？在九七年，我們醫學會的幹事和熱心的同學學對這事非常關注，既要搜集資料，又要籌辦座談會和編印傳單和刊物，表現令人讚賞，最重要是有人站出來表達醫學生的意見！

對於其他醫學會的活動，整體上我是滿意的，在籌劃這些活動時，各幹事籌委都非常落力，並盡量注入新元素、新理念。

但另一方面，我看到一些評議會的議員，並不太投入評議會的事務，主動參與討論的仍佔少數。

近年願參與學生活動／運動的同學減少了，原因很多，值得一提的有兩點。第一，學生活動／上庄需要大量精力，時間和毅力，而所學到組織和獨立思考能力，在校園裏並沒有受到廣泛重視。第二就是校方及各學院只著重培育所謂「人才」，意指要加強學生的課本實用知識，正如鄭校長所說，要港大的學生能夠與外國大學生競爭。為要達到目的，港大擬改學分制，規定學生在指定時多選修幾科。這理念其實將大學教育貶低和簡單化，以後每個大學的存在就會和其「市場價值」掛鉤。

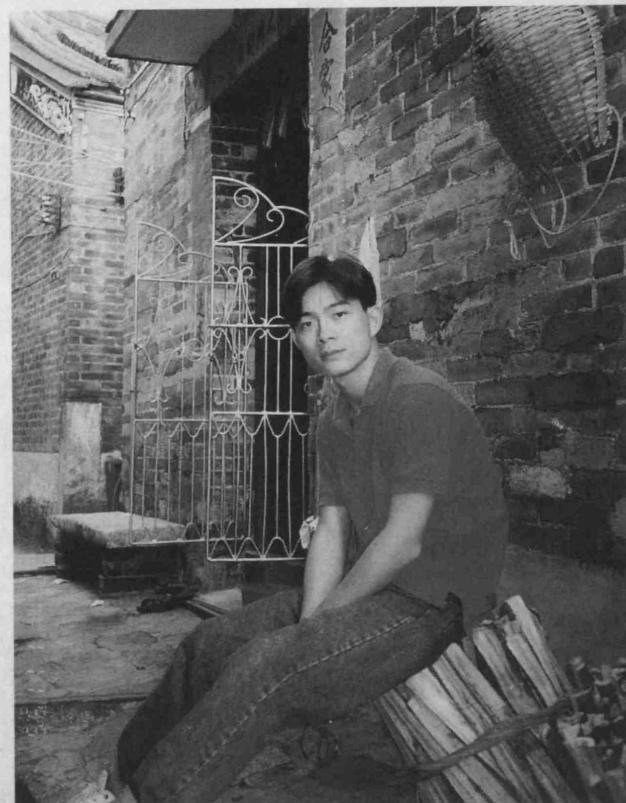
我不認為三年大學生涯目的就是如此。請不要說「培養德、智、體、群、美，社會責任，獨立的批判力」是肉麻骨痺的說話，這根本是大學對社會應肩負起的責任。

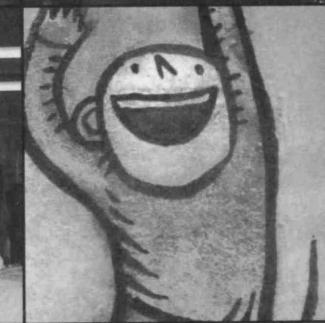
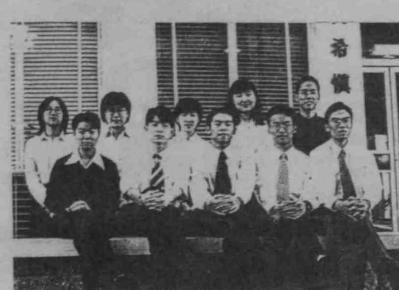
不錯，上庄三年的確很辛苦，有人說最高興的時候並不是選幹事之際，而是卸任的一刻！「新觸閣」部份幹事曾說不願再上庄，正如我一年班時說的一樣。我決定擔任「新觸閣」主席時無疑是有点衝動，不過我記得與我在九二年擔任「精忠報閣」幹事的一位同學說過：有那位同學上庄時不是帶點衝動呢！

上了庄就不能後悔，即使我要面對畢業試。搞學生活動的必然元素有「吃力不討好」、「挫折」、「死懼」、「內咎」、「迷失和困惑」、「壓力」及「意圖放棄」。既要搞活動，又要讀書，怎樣兼顧、怎麼要上庄？因為上庄是一個鍛鍊自己和學習的好機會！

我對上庄無悔，我希望新同學不要懼怕，做個玩得、搞得又讀得的醫科生！最後我祝福九六至九七年醫學會「新觸閣」幹事身體健康、學業和事業猛進。

陳少儒





我對大學生活有很高的期望。大學生應盡量去接觸身邊的事物，增廣見聞，並擴闊生活圈子，令自己更成熟和更懂得獨立思考。個人參選的原因有兩個：一、學生會擔任推動學生的角色，而幹事會又是學生會的核心組織。如要有良好的運作去發揮它的功用，內部必須有充分的協調、溝通和聯繫。幹事會要有理想，但也要有凝聚力。內務副主席可在這方面出力。

二、書本知識固然可貴，現實生活的經驗則更難得。在這六百廿萬人的都市裡，人與人之間溝通的藝術是十分重要的。藉著內部協調的工作，我盼望可以對這方面有進一步的認

在這個急劇轉變的時代裡，一個醫學生具備了許多許多不同的身份——一個醫學生、一個大學生、社會上的一份子。但是由於受到環境的局限，他們未有充足的準備去適應時代轉變的方式。雖然如此，我們仍然抱著一個信念：除了讀書以外，我們其實可以做得更多，在各方面有所發揮。這正是我們所十分重視的革新精神。革新精神其實是大學生應抱的態度，是一個過程，包括了思考、批判、檢討，從而取得進步。只有擁有這種精神的人，才能加深自己對事物的了解和認識。

除了為同學提供接觸的渠道，我們亦希望提倡校園內的討論風氣。討論不單能為有見解的同學提供發表意見的地方，亦希望鼓勵其他同學由淺入深作多元化的思考。除此之外，我們亦希望能培養出一種包容的態度，使學生樂於接受不同的意見。這樣，在面對不同事物和面對急劇轉變的環境時，他們便可更自如地應付。

為了迎接時代的轉變，我們現在就應做好準備工夫，不停地

「觸」和發掘身邊事物，時常懷著革「新」精神，迎接新的挑戰。這亦是「新觸闊」一名的由來。我們將堅守信念，抱著滿腔熱誠，與大家攜手渡過絕不尋常和刺激的一年。

我堅持一個理想：醫學會和醫護學生除了努力讀書之外，可以做得更多，而我相信大家有能力做到。我認為我們可以更關心社會，眼界可以更廣闊，對社會可以有更多承擔、而做事亦可以更有責任感，更樂於思考及批判。我希望醫學會有我一樣的信念！其他「新觸闊」的成員都是有熱誠，有衝勁和有理想的。我希望我以往在醫學會的經驗，在擔任外務副主席時所學的一切能夠為這班同學帶來衝擊和啟發，而同時亦希望向他們學習！除此之外，因為我參與醫學會事務多年，對醫學會的運作、可取之處和漏弊都有一定的認識，我期望這一定可以令其他同儕更快適應醫學會的運作，再以革新的精神，樂於思考和分析的態度去處事。

有人說，年青人的理想大多是浪漫和虛無飄渺，也許是也許不是……

作為一個五年班的學生，學業壓力異常巨大，為甚麼仍會上庄呢？當知道今年有一班有熱誠的同學願意做XOO，但缺少一個主席，本人感到非常可惜。本人與新庄的同學都認為「上庄道路」是非常艱鉅的，需要有經驗的同學給予意見和支持。他們的誠意深深感動了我。

新觸閱

聯合會
醫學系
學生會
第五十
屆
選舉



身處在一個急劇轉變的大時代中，大學生實有責任關心社會，作好準備，迎接挑戰。奈何沉重的功課壓力往往減少了醫學院同學與外界的接觸。再加上地理的分隔，醫學院跟大學本部的聯繫亦較疏離。外務工作正擔當起橋樑的角色，讓同學對大學本部及社會有更多的接觸。我們會在來年致力於加強醫學院學生與大學本部之聯繫及對社會事務的關注，冀能使醫護學生擴闊視野，培養獨立思考能力。

正因為護理學開辦至今只有一年多，醫會在服務同學時很容易便忽略了護理學的同學，我希望我這護理學生的聲音能在醫學會裡面促使它有一全面的服務對象，令護理學同學在未來這一學年中感受到本會對她們的重視。

另一方面，我希望透過文書的工作，吸收服務人群的經驗，並藉此認識整個醫學會的行政運作。

財務秘書的工作除了紀錄醫學會的開支和收入，以及準備醫學會週年財政預算案和財政報告外，最重要的職責就是協調各財政預算及監察各種收支，再加上與本部學生會以至醫學會屬會的秘書緊密溝通，保持醫學會財政平衡，以有效地運用醫學會的資源。另外，財務秘書亦需要負責籌備週年籌款活動及學生貸款計劃(Elixir Loan Fund)。

將會以「精打」和「細算」為工作方針，希望透過嚴格審查各財政預算及監察各種收支，再加上與本部學生會以至醫學會屬會的秘書緊密溝通，保持醫學會財政平衡，以有效地運用醫學會的資源。

一位大仙曾說：「若我們只顧讀書，到畢業時最多只會成為一棵粗壯卻沒有任何枝葉的樹；可是若我們能參與一些課外活動的話，那麼我們會成為一棵枝葉茂盛的大樹……」我深深被此話吸引著，我希望我的大學生涯更加充實豐盛，又希望為我們一班醫護學生們作點貢獻，於是我就決定加入幹事會。至於我之所以競選福利秘書一職，是因為這一職的其中一項主要工作是為同學們提供齊備的文具，而這是我們日常基本的需要，加上須負責各樣同學應有福利，我希望能夠同學維持以及改善這些基本的東西，好讓同學能安於學習，以及參與多些課外活動。

維繫醫學同學間的友好關係，是以往文康秘書的責任。在未來一年，我不但堅守原有方針，更希望把範圍擴大至開辦不足兩年的護理學的同學，以至老師的層面。透過多項的聯誼活動，能夠增加醫學院各人的交流，加深彼此的認識，消除彼此的誤解。

我更鼓勵同學參與籌備活動的工作，在「過程」加深對其他學系，級別同學的認識，更對醫學會的運作有多一層次的了解。

本人熱愛運動，一直有積極參與各類型的體育活動，對各種運動有一定的認識。本人希望藉此機會有醫學院盡一點力，提倡體育對醫護學生均衡發展的重要性，令各位能成為「文武雙全」的醫護學生。

Publication一字既然由public裡變化出來，就不是指出版那麼簡單。這些刊物和通訊應以大眾(public)為本，根據他們的需要而設計。

署理主席・福利秘書

在

我一年級開學後不久，我便因為一個好朋友的介紹和一個「大仙」的比喻而上了庄。

起初是擔任福利秘書一職，工作繁瑣但不算很忙，我仍能兼顧上庄與我其它的生活。後來庄裏的內務副主席突然離任，有見主席（五年級學生）又將畢業離去，於是我就當上了署理主席。

在這過去的一年，我因上庄的緣故接觸了很多事物，發現了自己的長處和短處，也學了不少東西。「有得必有失」，我亦用了很多時間和精力來交換所得之經歷。

剛上庄的片段仍歷歷在目，但轉瞬間我便任期屆滿，還原成為一位普通的醫學生。這一年所發生的事實在太多了，可能比我以往幾年所經歷的還要多，但這些事已在我腦中融成一片回憶，有點想不透的感覺。



期間，我也有不斷反思，究竟我在做甚麼呢？我在為甚麼目標而努力呢？我這樣做是對是錯呢……我的價值觀、思考模式、處事手法也一一建立起來，雖仍很幼嫩、膚淺，但總算慢慢成了形，而我整個人也變了，也不知是好是壞。

日常庄務是去大學本部之學生合作社選購文具供同學在Soc房購買，與校方和各幹事開會，搜集同學意見。分擔其它幹事之工作等。每當各方面的壓力和煩惱排山倒海而來的時候，我也跌倒過幾次，幸好有其他幹事和朋友的支持和安慰，才使我能夠堅持下去，當中亦有不少感人的故事。

落庄後，我可以休息一下，專注學業和其它放了一旁的事情，過的又是另一種生活了。

上庄雖然辛苦，但我始終無悔。

古德來

外務副主席

轉變與挑戰

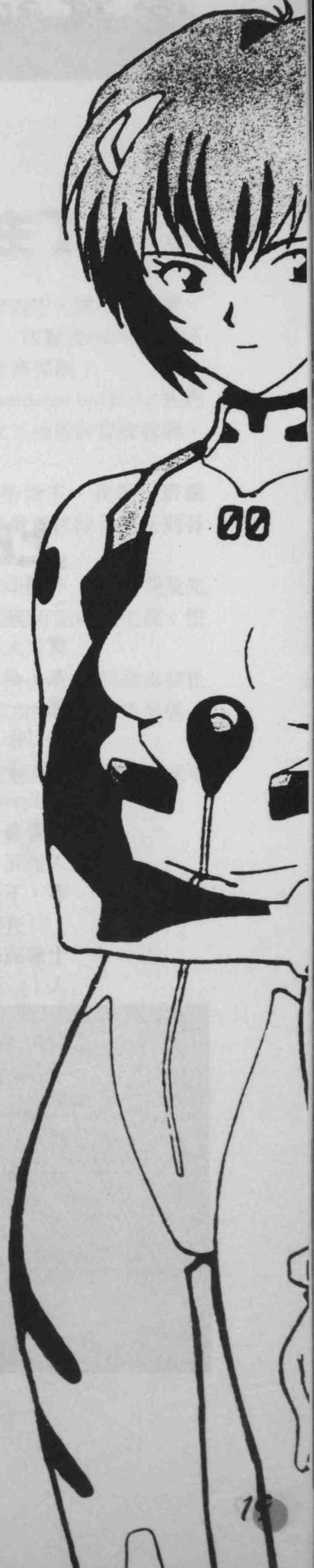
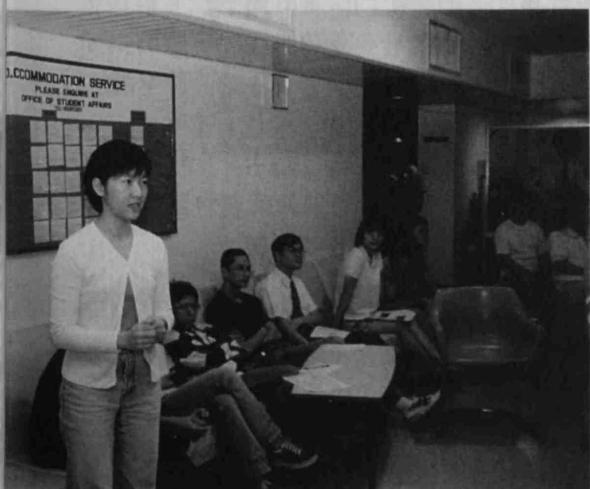
象徵了九七年的香港，亦代表了我本年的外務工作。周遭的轉變，無論是急劇的還是漸進的，對我來說，都是一種衝擊。這些衝擊，激發起我去走出框框，看真一點這世界；同時亦迫使我不斷去反思自己的信念。

抱着一顆樂觀的心，一個對人性本善的信念一個對世界美好的期望，我被這複雜的社會嚇呆了。對於這社會不合理、不公平的地方，我會感到憤怒，同時亦嘲笑自己的天真。更可怕的是，當我越了解事情，我越體會到人的醜陋。有些人，滿腦子功利、陰謀，每天戴着仁慈的面具，利用自己的影響力，達到自己的目的。有些人，講的都是仁義道德，可是面對強權時，怕得趕緊妥協，什麼原則也忘得一乾二淨。有些人，看淡了，什麼都不聞不問，漠不關心。有時真的不理解這些人的想法和行為。究竟是我理想得不切實際，還是那些人過份自私？是非黑白亦非我想像中容易分辨，但這些都是現實。活在理想與現實的矛盾中，我也會感到失落和不知所措。

世界就如一光譜，有黑暗醜惡的一端，亦有光明美好的一面。正當我對人失望、灰心時，我遇到群仍然充滿理想和正義感的人。他們懷着「知其不可而為之」的精神，為理想不斷的付出，亦勇敢的克服重重障礙。是他們使我不至於絕望，提起勁來，再去面對挑戰。當我回想過去一年所遇的人和事，其實有很多富人情味的細節。當中有些是別人很微小的舉動，看似鎖碎，但其實已足以令我感動。

說起來也覺得自己前後矛盾，人生也許就是充滿矛盾。在矛盾中思考，對於我是一種鍛練，亦是對追求理想的一種挑戰。這世界的美與醜，人情的冷與暖，在這一年內我都體會過。我質疑過自己的理想與信念，爭扎過，亦迷惘過，但我仍沒有放棄——“I believe that imagination is stronger than knowledge -- that myth is more potent than history. I believe that dreams are more powerful than facts -- that hope always triumphs over experience.” -- Robert Fulghum

陳善珩





上庄

已經一年了，終於可以落庄啦，好開心呀！今年真是發生了許多事，有開心的，也有不開心的，不過總括來說，關心的總是多過不開心的。

如果問我今年上庄有冇收穫，我一時之間都好難話你知，不是沒有，而是實在太多太多啦，真是要講也講不完；不過最大的收穫是識到一班Soc房的好朋友，他們實在太好玩，太好人，太有趣啦，現在要落庄了，我真的「捨不得你……yeah yeah！」落庄之後，我地又少一處日蒲夜蒲的好去處啦，幾時出嚟re-U呀！花友會呀！又話去「台灣」食Tea-Buffet！

今年又學到好多東西，尤其是上council，最難忘的是交O camp proposal，mid-year report和final report那幾次，次次唔同，問題百幾條咁多，帶比你無窮嘅驚喜！好多人都以為council是一處插人的地方，最初我都以為係，仲好驚比人插死！但係我後來發現，council原來真是一處比人插的地方，不過所插的是事，不是人。

有得就必然有失，上庄後，我失去了許多寶貴的睡眠時間以前一日可以瞓十個鐘的我。已經脫胎換骨，成為一個可以經常通頂的小鐵人(Dennis是大鐵人！)。此外，我又失去了許多錢，因為除了些大數外，好多時我買了的東西都有問Noel攞番\$；而失得最多，失得最犀利，失得最頻密的就是失「真」，平日嘻嘻哈哈的我已經變成一個溫文爾雅，大方得體的女孩子了(想嘔！)。

放暑假時，曾經想過quit庄㗎，那時做得好灰，好唔開心，我發覺做得好，未必會有人讚，但一做錯事，即使肯認錯，肯改過，別人也未必會比機會你，我終於都體會到甚麼叫做「一次意外，足以致命了！」雖然是這樣，經庄友和各位好朋友支持後，我終於都沒有quit庄，現在咪幾好，終於都可以落庄啦！哈！哈！哈！哈！

下庄！努力呀！雖然我以後一定不會再上庄，但我一定會密切留意任Soc房嘅動態㗎！加油呀！

李嘉怡

外務秘書



難忘Presentation Day，我們Medic Faculty的彪炳戰績，我們喊十聲Medic Cheer時的驕傲！可以代領獎項的興奮！更幸運可以從張偉良先生手上取過獎項！

我們以馬拉松式campaign開始，以同樣咁有代表性：連跨兩日。由日頭開到夜晚，再由夜晚開到日頭，讓我們一出來就得見那耀眼的朝陽的AGM結束！

叫人難忘回味的事實在太多！

令人難忘一班好庄友，在患難中送暖！

謝謝你們的關懷和鼓勵！

一年忙碌的上庄生活，期間常問自己是否值得。一年後作檢討，發覺雖然付出的時間精神很多，但得到的肯定遠超所付出！上庄雖辛苦！但值得！

上年的上庄生活，轉眼便過，實在叫人依依不捨！但我可肯定那些片段，那些點滴，必定會成為人生中最值得回味的部分！

楊可欣

轉眼便落庄了

。那些人和事，真叫人難忘！

難忘當初同庄友一齊傾庄。同小魚主席、June、Sergio一齊傾至三、四點去refine我哋庄的理念！原來理念真係咁高深嘅！

難忘大家一齊傾本campaign booklet，我們一班新仔誠惶誠恐，大家互相批評修改政綱，一臉認真！

難忘在小魚主席的帶領下，我們一班新仔，到各班Visit拉票！感覺就像跟住家長到各家(班)拜年！

難忘小魚主席的七情上面、口沫橫飛及先聲奪人的激昂Style！諗起都有點叫人生畏！怕怕！

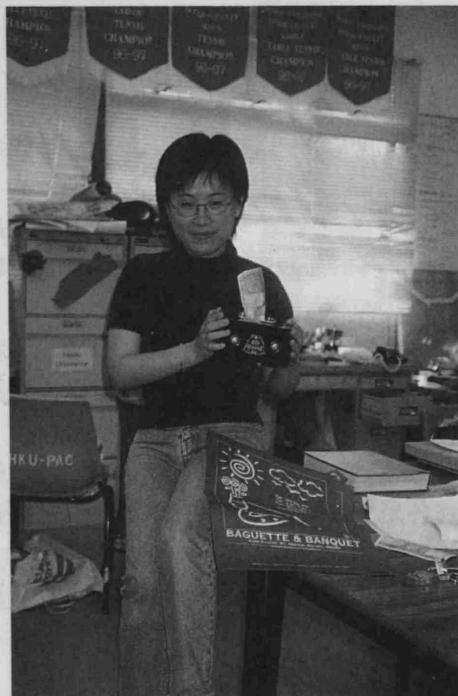
難忘那十三小時的Campaign！經過馬拉松式的車輪戰。我們一班庄友到灣景享用早餐，跟住上堂！

難忘polling終於順利過關，一班pre庄友可以齊齊上庄的喜悅！

難忘Medic Ball的歡樂。



財務秘書



一年

的EXCO生涯實在過得很快，轉瞬便是落庄的時候，心裏難免有點百感交集。回想去年自己還是「新鮮人」時，非常渴望可以體驗一下所謂大學生活——上庄(始終受不了把自己困在「潛水世界」!)。不過在師兄師姐的「告戒」下，對上EXCO庄望而卻步，上EXCO庄始終不是小孩玩泥沙……但最後還是成為了EXCO的一份子。不能否認，讀書及私人時間的確相對地縮水了，而工作擔子和壓力卻放大了好幾倍。然而，我仍非常肯定這個決定是無悔的！

接庄初期對庄務認識不深，很多時都是邊學邊做，尤其財務工作比較specific和鎖碎，遇到不明白的地方就唯有請教前庄，不過個人的思考亦十分重要。十三小時的Campaign對每位準EXCO已是一個考驗，而任期內的多次Council確實加速訓練了個人的獨立思維、責任感、謹慎及客觀處事方式，並加深了對庄務，以至學生事務的瞭解。Council不單是一個監察及提供意見的好地方，在我來說還是一個互相學習的好地方。

顧名思義，財務秘書的工作自然是管 \$ \$ 的，不過我上庄後接到的第一項任務卻跟財政毫無關係——輔助文康秘書籌辦Medic Ball。事實上，每位EXCO除本身的職責外，還會協助其他庄友。我們就是這樣工作，互相鼓勵和支持。與庄友一同經歷的片段，是我EXCO生涯裏最堪回味的。至於「份內」的職責，財務秘書主要負責整個醫學會的財務，包括監察Standing和ad-hoc committees的收支。此外，我亦須要負責Elixir Loan Fund與及一年一度的籌款活動。籌辦活動時不難發現(相信其他EXCO亦身同感受)不少同學對醫學會事務的認識甚少，更遑論支持，自己滴盡汗水之餘卻吃力不討好。對這一點多少有些失望與遺憾。尤幸身邊還有一些同學給予支持，在此想對他們說聲謝謝。

曾聽過人說「有人上庄已經好難得……犧牲時間為同學做事，好偉大」。難得？可能是。偉大？談不上，多少是個人志趣。不過老實說，庄務及讀書要取個平衡，談何容易？總括一年EXCO生涯，經歷過失落、迷失與不開心的時候，也有叫人振奮和感動的事。相信我所經歷的，比一個普通醫學生的一年還要多(雖然我所啃的書不夠他們多！)。這一年，我接觸到並看清了很多事和人，鍛練了自己的思考，還有一些文字表達不到的感受……

隨着十二小時的AGM，EXCO亦曲終人散，大家努力讀書去。我實在十分不捨這一年充實和多姿多采的生活，當然還有並肩作戰的EXCO們！落庄後，又是一條「好漢」，努力迎戰MB！

NOEL SHEK

文康秘書

十三小時

的諮詢，籌備Function至通宵達旦，為了做庄務而走堂，這些種種的滋味，你試過沒有麼？

我提出這些苦處，目的不是博取他人的同情，亦不是宣揚為學生組織做事的偉大精神，而是想和大家分享在這一年內上庄的經歷和感受。

在上庄前，腦裡曾作了一番的思想鬥爭。小女子自問是個生性外向的人，喜歡活動，在十三個庄位中，只有兩個適合我這一類人，是文康秘書和體育秘書。在兩者中，選摘其中之一，是一件令人頭痛的事。在中學時期，本人亦曾擔任體育秘書一職，對這職位的性質有充份的認識，再擔任這職位，未免失去了挑戰性，最後，我選擇了文康秘書一職。有些人對我說，文康秘書是十三個職位裏，最難以討好人的一職位。他運用醫學會經費最多，但舉行的每一個活動都不是

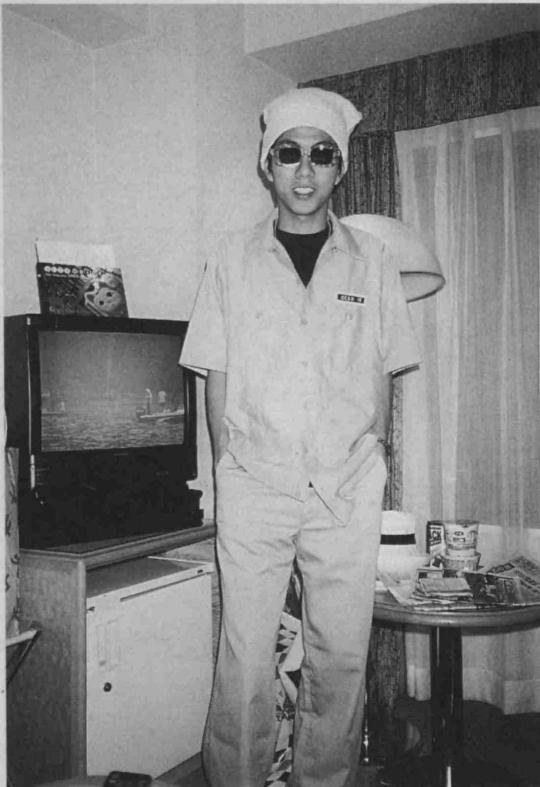


那麼多人參加。作為九六至九七年度的醫學會文康秘書，我深深體會到醫學生對「潛」的態度是那麼強烈，在沙宣Campus舉辦活動是那麼的辛苦。幸好，我結識了一班庄友，他們給我鼓勵及很多舉辦活動的意見，在他們身上，我學會了很多東西，在此，我很感謝他們對我的關心。

在這一年，我舉辦了五項活動，包括 Medic Ball '96，新春團拜，Environmental Day, Hopeful Tree, Medic Festival。舉辦這五活動的最難處，就是怎樣吸引一群「潛水人」去參與。「請勿潛，請勿潛，齊來玩，齊來玩」是Medic Festival '97其中之一個口號，由一班O.C.搞盡心思創作出來的。期望同學在讀書之時，也會留意一下醫學會的幹事為大家舉辦的活動。

Emma Poon

體育隊長



不經不覺

又一年，不經不覺又是時間落庄了。回想起大約在一年前十月尾的一日，突然有人走來問我有否興趣上庄，我就隨口一句：“好呀”，這樣我這一年的上庄生活就開始了。

初上庄時，只知道體育隊長的工作是舉辦班際比賽和呼籲同學去打院際比賽，但後來，才知道還要經常去開庄會和SA會，真是有點呼吸困難的感覺。

最辛苦的工作就可算是在院際比賽前一日忽然有同學通知你他／她不能出場，那麼我就要左打右打去找其他同學，如比賽當日不夠人，還需要自己落場。

當院際比賽過了，自以為可鬆一口氣，誰知班際比賽又一浪接一浪的來到。同樣地，過了班際比賽，才高興不久，期考又來了！

就這樣，這一年上庄生活就像坐過山車一樣，一個又一個的新刺激迎面以來，好不容易才等到落庄的日子，但若你問我：「有否後悔上庄？」，我的答案一定是“不”，本人覺得上庄的“得”是比“失”為多的。

最後，很想藉此機會作一些鳴謝啟事，很多謝各位並肩作戰的庄友對本人的支持和幫忙，請容許我在此向各位作衷心的感謝。

黃建豪

署理體育秘書

我 缺乏運動細胞。說實話，從小就不愛運動，皆因它盡令我出醜……既然未能掌握任何體育活動的竅門，就更談不上對它們有興趣。

對體育一竅不通的我，竟當上了體育秘書一職，實連自己都感到意外。我想大概是為了迫使自己面對這個「天敵」和結識多些喜愛運動的朋友，從而領略體育活動可愛、吸引的一面吧。

回想當日對「上庄」一事態度反覆，也帶給了各位庄友不少的麻煩，實在抱歉！「接埋讀書，面對Term Test」相信是我遲上庄的原因，很「老套」，但也很現實。

上庄一年，喜是多過悲的！

可悲者就是在醫學院內舉辦活動的特式——，這種對人「三催四請」、「狂搭膊頭」的日子，真的令我疲累不堪。各位庄友具同感否？有時候壓力太大，真想躲到深山去，心理負擔這方面，別人是幫不上忙的。不知道經過整年的磨練，有否提升了自己面對困難的能耐？！

學期尾所舉行的班際運動比賽能夠完滿結束，確實令人很高興，但卻不及Presentation Day的那樣難忘！當晚到場的醫科同學雖只是聊聊可數，但我們所得到的榮耀和喜悅卻可能是全場最多的。蓋滿了一大片何世光夫人體育館場地的獎盃和錦旗，實在令人嘆為觀止。這些全賴各位醫道同學一年來的努力，讓小妹也沾了不少光。

「上庄」亦能滿足「八卦」心理。校園內大小事務，總是先讓庄友們知道的。這也許是選擇上庄的另一原因吧！不大喜歡動腦筋，竟也要在評議會中研究每一項活動的可行性，可算是此年度的另一重大訓練。從中實在學習了不少，思想也細密了……有嗎？

不可不提的是我有幸協助財務秘書舉辦一年一度的籌款活動。一群O.C.柴娃娃的渡過了數月，期間重重波節（是那種不能令人置信的一波未平，一波又起），不知不覺就到了七月，一切都竟就這樣混過去了。

還記得當天上庄的時候，很擔心我這個「遲來者」會與庄友格格不入。到後來才發現「庄友」真的如人所說，既能「共富貴」，也可「共患難」。我不會誇張地說我們成為了「十個人一條命」的大家庭，但大家往往在危急關頭團結起來，那種有相有量、互相支持的場面，是很值得懷緬的。

我累了……也是時候落庄了。走完這一段日子，並沒有後悔當日的選擇，卻要多謝那時候曾鼓勵我踏上「庄」路的。最後，要告訴大家，我很期待百年歸老時能細細回味這一年來的樂趣呢！



周若華

出版秘書

一年

過去了，可堪回味的事情實在太多……

出版工作的其中一樣好處，便是勞碌一頓之後，可以有一點東西在手上把玩。那本醫學會手冊，說得好一點便是簡簡單單，沒有任何花巧，說穿了便是普普通通，沒有絲毫特別；可是，到了現在，當我看見同學從袋中拿出那本手冊時，心裏還是有點高興，那些醫學會通訊，我原以為是「取完即棄」式的單張，萬萬想不到同學會花點時間瞄上幾眼。還記得週年籌款活動那張海報，我實在愛煞了它，到了現在仍想多找一張貼在房裏。

我又學到了許多東西……

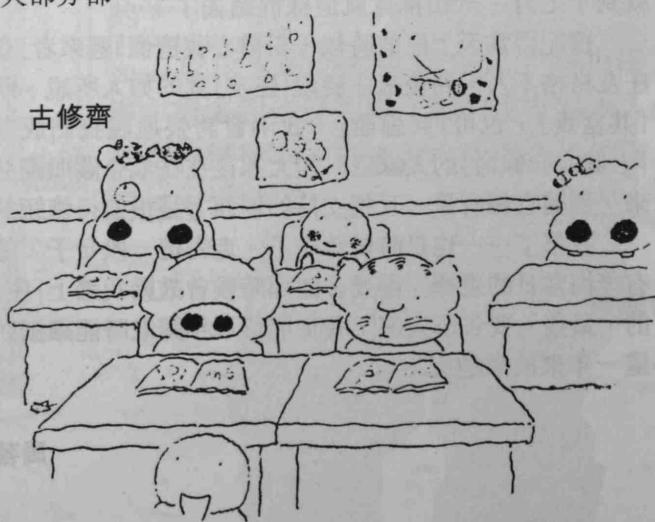
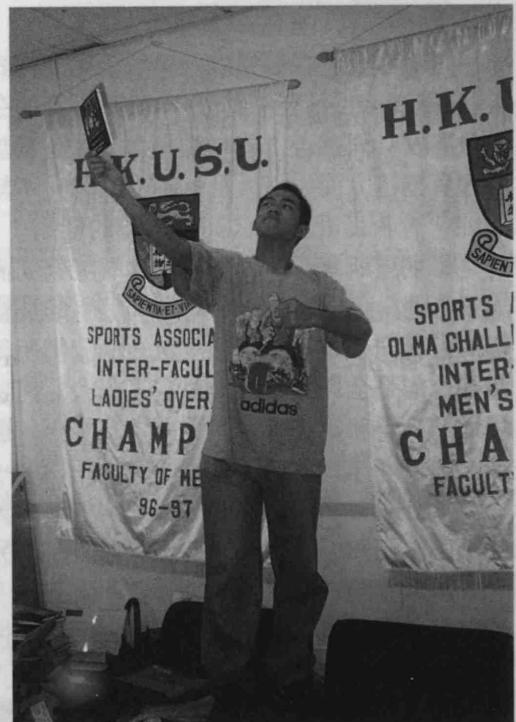
大家都應該記得，在領取醫學會手冊的時候，我曾硬要大家簽過一張同意書。什麼私隱……什麼個人資料……夾纏不休。由一月至四月。我和那個名叫(下刪一百字)……的專員公署通過一些電話，寄過一些信，又收過一些回信，才弄清楚那是個人資料(私隱)條例，而不是什麼個人私隱條例，也不是什麼資料私隱法案……

生活，往往是用許多分的苦去換一分的甜。過去的一年，有喜亦當然有悲……

暑假後期及暑假後的時間，庄友的關係好像疏離了。大家見面的時候少了，不再像親密的戰友。有一段時間，我為此很不高興。過了很久，我才明白到，大家一直以來都在很努力地默默耕耘，把工作做好。單是這樣，就已經足夠了。

又記得一年級第三個學期，我曾經很不開心，經常感到十分迷茫，十分煩燥。具體來說，是什麼困擾着我，我也許已經忘記了。上庄也是其中一個原因吧。一年過後的我，已經更加認識自己，更清楚自己所喜愛的東西，更清楚自己所嚮往的生活。雖然世人沒有一個人能夠完全了解自己，但我總算不再是年多前那個沒有方向的新鮮人。在這個認識自己的過程中，上庄所得的經驗實在幫了我一個大忙。

最令我深感慶幸的，就是加入了醫學會的家庭，認識了一班很可愛的朋友。有些令我自己感到高興的轉變，絕大部分都應該歸功於你們。希望能與你們活得更精彩。



健康委員會



光陰似箭

，轉瞬間筆者離開健委崗位已有一年的時間。領導健委是一件不容易但充滿挑戰性的工作。幸而我能找到兩位有魄力、有責任感的好拍擋—鄧麗文及梁廣泉，使困難得以一一應刃而解。

今年健委繼續秉承二十多年來的優良傳統，繼續開展各項活動，務求加深市民及同學對健康的認識與了解。本年度舉辦的服務共達20餘項，項目包括量血壓、驗尿糖、血糖、血膽固醇、健康講座等。此外，亦派出成員，參與由瑪麗醫院糖尿病中心舉辦的「中西區健康嘉年華」，以進一步向社區推廣健康概念。

年中本會曾與深水埗部份社區組織討論上門為行動不便老人提供服務，可惜由於技術上問題，以致無法進行。暑假時，我們與港大兒科部合辦「糖尿病兒童夏令營」，準備工作十分順利，但出發當日因黑色暴雨警告及營地水浸，以致活動被迫取消。(筆者欣聞上述活動均能於九八年度展開，實在感到十分高興。)

今年我們一如既往，到各大中學開展「反吸烟講座」，向年青人介紹吸烟的禍害。內部方面，於九月份舉辦迎新活動，此外，亦定期搞生日會、旅行等活動，以增進健委人之間的友誼。在開展對外活動之餘，我們沒有把醫學院的同學遺忘。全年辦了不少教育及參觀活動，如參觀醫學博物館，高血壓／糖尿病認識講座等。

健委很快將踏進第二十五個年頭。近兩年，她在秉承宗旨之餘，對活動進行不少革新。但願她在新的領導之下，能與同學們攜手合作，繼續得到大家的支持，昂然踏進新紀元。

丁旭

啟思

不斷有人問我啟思的工作是否很辛苦，在這當上老總的一年，工作不算得太繁重，其實出版事業是一些手板眼見功夫和千篇一律的，只有當中的創作部份才有發揮的空間。當初考慮上庄時，我在猶豫我這個庸碌之輩會把啟恩弄成怎樣，結果一年後，我總算混過了，可能你會說啟恩還不錯吧，是我太謙了，我倒說我是太幸運，其實一切都是編委們的功勞。

我有一班很好的編委，我心目中的好編委，不須要是天才橫溢，只須要有顆做好啟思的。每當我收到他們的工作——一篇稿、一幅海報或是一些版面設計，我不單只看到一篇流暢的文章和美麗的海報，而且還感受到他們的熱誠和心血。若說我收到高水準的作品才會滿意的話，那麼我每次收到他們的工作時，除了滿意外，還會被他們的熱誠深深感動着。更令我興奮的是各編委也肯作出不同的嘗試，例如一些繪畫和美術的門外漢肯參與美術的工作，一些認為自己文筆不太好的編委也願意執起筆來，這份心意是最難得的。他們令我感受到啟思是個愉快的創作園地，而非只為出版的印刷機器。

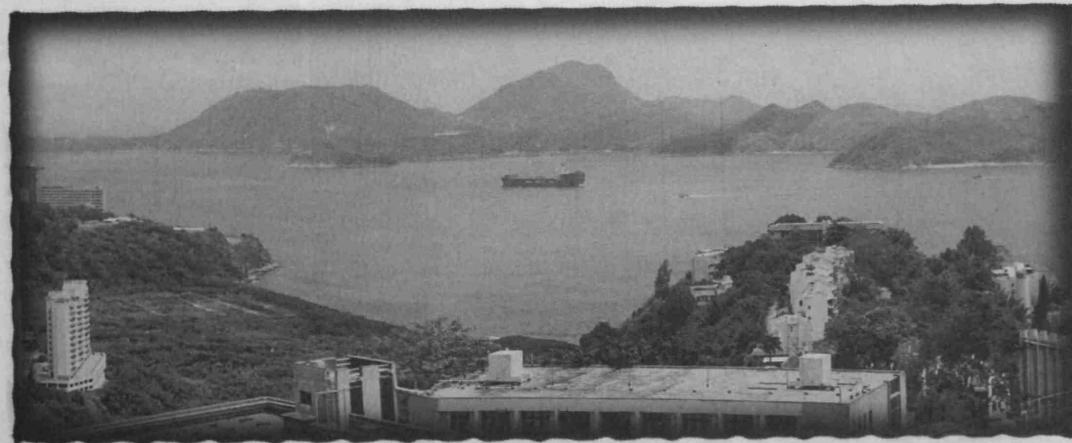
你亦可能會問我做啟思有沒有遇上困難，難題固然是有的，更是層出不窮，但幸好啟思裏有一班深厚資歷的師兄師姐，每逢我碰上問題，他們總能助我迎刃而解，相信沒有他們，我得花很多時間去碰壁呢！更難得的是，我找到個好拍擋，他不但為我分憂解困，也給我很多寶貴的意見，更會支持和尊重我的決定，他是個很好的副手，也是個很有文采的筆者。

在這一年裏，我從各啟思人中學會了很多東西，也認識了許多朋友，這些經歷都會永遠留在我的心中。

總總輯陳沛然

卷之三





九七班

我們認識的那一天——

從那一天開始，踏足那令人興奮的醫學院，在這杏人路上轉了又轉，至今已六個年頭。其中許許多多點滴的回憶片段，在這一刻都為這在杏雨上的總結篇而重現起來。

一起走過的日子——

不覺五年韶光輕輕溜走了。回望當初大家剛進醫學院時，那充滿朝氣，團結互助，積極參與，滿懷鬥志與理想的溫暖情景，至今仍歷歷在目。經過多年艱苦的歲月，一次又一次的考試，一個又一個的CLERKSHIPS，由一大班人一起上LECTURE，去到數人小組的臨床授課，大家的圈子也變得愈來愈少，對班或MEDIC活動之參與也愈來愈提不起興趣，這的確有些教人失望，但這可也是歷年的正常現象。不過，相信大家都還是珍惜彼此在五年間建立的情誼。畢竟大家在這兒巧合而又巧妙的相逢，並肩渡過數年大學生活，確是緣份的使然。

奔波的風雨裏——

Year 5的生活，在枯燥和平淡中，亦充滿著忙碌奔波和疲累。緊接的CLERKSHIPS，還有那最後的決戰—FINAL M.B.，令大家這一年都在書海中默然潛過。面對那包括了三年教學內容的專業試，其中也有那令人茫然不知所措的臨床試，所感到的惶恐和壓力，相信大家也能想像。還好的是有一個ELECTIVE CLERKSHIP和REVISION PERIOD，給大家一個「好像較充裕」的時間去準備迎戰。「時間夠把各科讀完嗎？」當然是沒有可能夠



啦！這個時候，只有把握重點課題略看一二，這時發覺原來平日的功夫是很重要，REVISION PERIOD時是不能把大多新的資料載入腦中的。當然不能不提的是REVISION LECTURE中某些「高人」的指點，給大家點點的紓緩。至於活動方面，這一年，當然是陷入了一個低潮。然而，班內一群熱心人士，在MINIMAL的準備下也堅持出席MEDIC NITE並取得DRAMA冠軍；在STRESSFUL的REVISION PERIOD也協助籌劃GRADUATION DINNER及其他班中事務。這些都叫'97班的「有心人」感動非常。在此也要特別多謝多位不斷為'97班事務默然奔波的同學所付出的精神(如WILSON, FRANKY, ALVIN, ANGUS, LEWIS, 小馬, JOSEPH, ANNA……人名恕未能盡錄！！)

九七新里程——

隨著香港的回歸，各'97班人也踏上新的道路，段段醫學生時代的樂與哀也就此劃上一個句號。大家由沙宣道上和瑪麗院裏的小小醫學生，變成了真的要服務社群的「醫生」——一個期待已久的身份和稱呼。首次在特首面前，大家歡欣地接受學位頒授，多年的努力，總算沒有白費。

勇闖明天——

畢業後，彼此走上不同的路，有著不同的目標。但願大家也在心中維繫著當初的'97班精神，同心以真摯熱誠去盡心地當醫生，以衝勁熱和愛，將心中理想，在世上實踐，締造各'97班人都引以為傲的成就！

Raymond Li

九七班 Cheer

Star trekking to 1997
We got 5 steps to get MBBS!
Step1: 勁玩 Step2: 落莊
Step3: 潛水 Step4: 上WARD
Step5: 九七勁過！

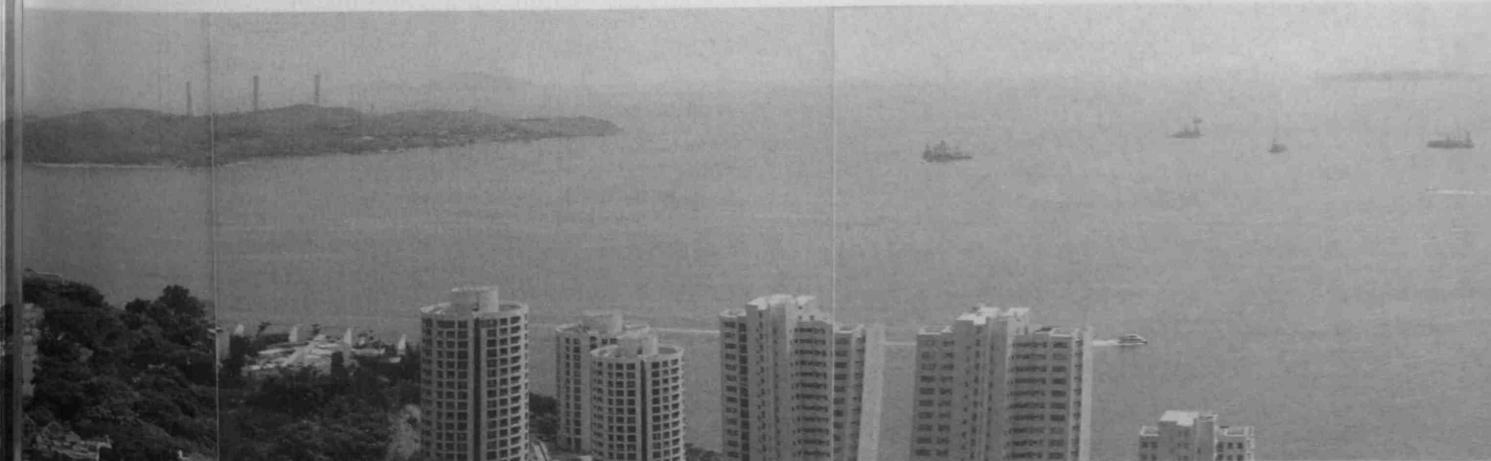
MEDIC GRADUATION DINNER

1997



九七班班歌

同心以真摯熱誠去	攜手衝動熱和愛
當醫生要盡心	將心中理想
助患病和貧苦	在世上實踐
今天定不怕路遠	儘管雖挫敗
憑心志並能力	仍然絕不退後
去面對新挑戰	以心輸出溫暖



九八班

在醫

學院裏頭的最後一年，充滿了未知之數，也充滿了前所未有的徬徨。考試那天狀態差了少許，思路歪了少許，考官嚴了少許，病人的病情怪了少許，都足以構成成與敗的分別。到了現在，我才可真正領會到「一命二運三風水，四積陰德五讀書」的道理。

* * *

好不容易才舒了一口氣。

由讀書年代開始至今，一共經歷了三次謝師宴：一次在中五，一次是中七，一次是醫科畢業。隨著年月過去，印象是一次比一次深刻的。這一次，沒有人會不捨得那些教授，沒有人會想在這學院裏多留一刻。而我，甚至有點「出冊」的感覺。回頭是禁忌。回了頭便有給人「搭」回來的一天，對於這五年，我是不敢懷緬，卻有未能忘記的。

* * *

希望各位同學能有一個錦繡前程。

尤芳智



「對不起，我遲到了！」伴隨著九秒九跑一百米的速度，剩下的就只餘我的喘氣。

「我對你們的出席率會是很認真的！你們將來救人的嘛，時間觀念將會是很重要的……」緊接著的是教授永無體止的訓話。它卻把我帶回 2nd M.B. 後的課室呢！

Senior Clerkship 基本上是分成外科和內科的。外科是我要上的。個人來說，我就很欣賞外科的課程。很多元化而且很有秩序。課程亦不算要求太高，又有機會到外面的醫院逛逛。三個月加三個月的課程過去，轉眼便完成了兩科的測驗。當然，比起 Junior Clerkship，認識的東西是多了不少；眼界亦更擴大了。我們亦第一次進入了手術室。雖然，到現在我還弄不清楚手術室內我能學到甚麼，不過第一次的經驗是挺興奮的！

夾在 clerkship 的時間中，就有我們社會醫學的習作了。老實說，這習作大部份同學都不存好感，主要是說它太煩！要自己定題目，自己定目標，然後自己想一個統計方法出來，實驗一次，改良，正式統

計，分析……總之工作是沒完沒了般的多。另外，一班同學合作，又難免有些人際關係上的問題。大家都會認為自己做得太多，別人做得太少。不過也有例外的。例如我們組的關係就來得不錯。或許這些會很決定於一班同學的性格罷！

法醫學是我們另一科要修的科目。或許是病理學系的教學模式太完善（每堂我們都能擁有自己的一份筆記），大家的走堂情況是非常嚴重。不過我個人是非常欣常病理學系的教學模式的。希望以後的師弟師妹們就不要學我們了。

隨著社會醫學習作的完成，3rd M.B. 就像空氣般無聲無色地來到。對於 2nd M.B. 要補考的同學來說，我相信這會是一項挑戰。不過 3rd M.B. 的範圍不算多（嚴格來說法醫學亦不算是 M.B. 中的一環），所以一班同學都算能輕輕鬆鬆的面對。

M.B. 過後我們有十天左右的假期，然後就接近眾醫學生期待已久又愛又恨的 Specialty Clerkship。那麼日子又怎樣？對不起，筆者執筆時仍在期待的階段。以後有機會再告訴你吧！

鍾浩然



零零班

各位

00班的同學，如果突然有人叫你談談00班的事，你會怎樣回應？而小弟也為了這篇文章煩惱了好幾天，究竟我可以寫些甚麼？本來想只交待一下近況如開始上病房走走，MB後生活等便算，不過00班就只有這些嗎？不如大家也嘗試閉起雙眼想想，在班的生活究竟如何？還記得一年級時第一天上學的情況，兩年來大家每天也在同一天空下上課，每當教授把幻燈機關掉，將燈光再亮起之際，也是留心的同學把筆放下，沉睡的同學被弄醒之時，其後雖然大家各散東西去，但是翌日此時又會不約而同坐一起了。1st MB其間身邊的戰友互相扶

持、開解及勉勵，一同步入陸佑堂迎接一次又一次的考試，而每次走出試場時也一起在埋怨試卷上的題目；放榜時大家緊張的眼神和心情，我們也一起渡過，誰說我們沒有共同經歷過悲喜呢？一百七十多人能走在一起絕不簡單呢，我在想以後的日子，有些課堂和臨床課我們要上下班各自修行了，相聚的時間越來越少，不過我更會珍惜往後的光陰，希望每次上完課後，可以跟所有同學說聲：「再見，努力讀書。明天見！」直至攜手於2000年畢業。

班長陳沛然



零一班

舊制、剖屍、BE0 Chem、HBMC、Scalpel……這些都是我對01班的回憶。

轉眼間，第二年的醫科生涯差不多接近尾聲了。測驗大家已測過不少，1st MB也經歷過了，相信大家早已習慣醫科生活的壓力，開始尋找到自己的方向和在醫學院生存的方式。

想起剛入醫學院的時候，大家都懷着戰戰兢兢的心情，開始在沙宣道的探索和認識。大家一股腦兒一起努力讀書和參與活動，漸漸地大家熟絡了，友情的萌芽也就逐少逐少地冒出來了。在一切還未上軌道的時候，班會由一班自願的同學糊裏糊塗地組成，為大家提供基本服務，例如訂名牌、實



驗袍、書籍等等，另外幾位努力的班代表也在這一、兩年當中盡心地為大家做了不少事。遺憾的是，班會並未能為大家組織多一些全班性的團體活動——大家還記得我們曾在第一年的初頭時發起過去赤柱燒烤的活動嗎？可惜，由於反應欠佳，參與的中數不足十人，致令計劃最後亦胎死腹中。

我曾經聽過：「大學生五件事——上庄、住Hall、拍拖、兼職、讀書。」在第一年，由於我們是「初到貴境」，又沒有什麼特別的MB試要考，正所謂「無試一身輕」所以和一般大學生一年級生一樣（雖然大家的上課時間，顯然有別）：同學同樣「上庄」——Exco、健委、啟思、AMSA……；同樣落力去呼籲自己班的人去參與「醫學生節」的節目；同樣享受Hall Life，努力「打波」；同樣參加本部的活動；同樣「深海潛航」，過其各式其式的生活。

隨着1st MB的迫近，大家也比一年班時更加努力「潛水」，朝着各人不同的目標邁進。要「過」？欲「丁（Distinction）」？悉隨尊便。

7月至8月是我們Medic生涯最後的一個暑假，相信大部份同學都會把握最機會，出國旅行，當然有些會留在香港，自得其樂，總之各自各精彩。不過，姑勿論如何，未來幾年醫科路途將會更加崎嶇，我們一定要同舟共濟，一起步過難關！

一日為01班，終生為01班！

這是我很喜歡的一首詩，現寫出來給大家欣賞：

李白 宣州謝樓餞別校書叔雲

棄我去者，昨日之日不可留；
亂我心者，今日之日多煩憂。
長風萬里送秋雁，對此可以酣高樓。
蓬萊文章建安骨，中間小謝又清發；
俱懷逸興壯思飛，欲上青天攬明月。
抽刀斷水水更流，舉杯銷愁愁更愁；
人生在世不稱意，他朝教髮弄扁舟。

’01隨想 柳晃



九九班護理

二年級

的學期隨著精神科實習的結束而完結，兩個多月的暑假亦隨之而開始。不過我班大部份同學都遵從俞大維的說話：「護理需終身奉獻。」，而奉獻出暑假，全情投身護理專業。眾人：太誇張了吧？嘆？俞大維，何許人也？

筆者：其實我也不大清楚，只是依稀記得在一年級時在課堂的投影片上看過這個名字及這句說話，所以便寫出來扮扮高深而矣。

好了，言歸正傳，其實在暑假期間有不少醫院都有聘請大學護理學生的計劃，這便是Temporary Undergraduate Nursing Student Employment Scheme，簡稱TUNS。今年我班大部份的同學都有應徵TUNS，而且大部份都獲取錄。這是一個很好的機會給我們親身去體驗護士的生活及了解病房內的實際情況。雖然已往我們曾在學校的安排下往醫院實習，不過那時的身份是香港大學的護理學生，但是現時的身份是醫管局的僱員。但是正因我們是醫院的職員，所以便要遵照病房的安排工作。

我們出學校的實習是純以學習為目的，所以在病房中的主要任務是在導師的指導及監察下，完成該次實習的學習目標。在任職TUNS時，由於我們是受薪的，所以在病房中的主要任務是把你應要做的工作完成。其實正確來說，不論我們是以甚麼身份往醫院都在學習，只不過用不同的方式而矣，兩種學習方式亦各勝擅長。當你是TUNS身份時，你便是病房的一員，所有護士學生的工作便是你負責，在面對著一堆又一堆做不完的工作時，漸漸地你便會學懂處理事情的先後次序及如何用最少時間與精力去完成工作。正因所有護士學生的工作都是由你負責，你便有很多機會學習及練習一些未學過或學過但不熟練的護理技巧，不過大家可以放心，當我們進行一些自己不熟練的護理工作時，都會找來一些合資格的護士指導我們及先看書參考，以保障病者利益。反觀出學校的實習時，雖然不用面對一堆一堆的工作，但取而代之的是一堆又一堆的功課，所以兩者都是同樣辛苦。

總括來說，TUNS可讓我們用一個著重實際的角度去看學習，而學校的實習則以一個比較全面及理論的角度去學習。有了這兩種不同的經驗，實有助我們在理論及實際中取得一個平衡。

黎文生



零零班護理

不知

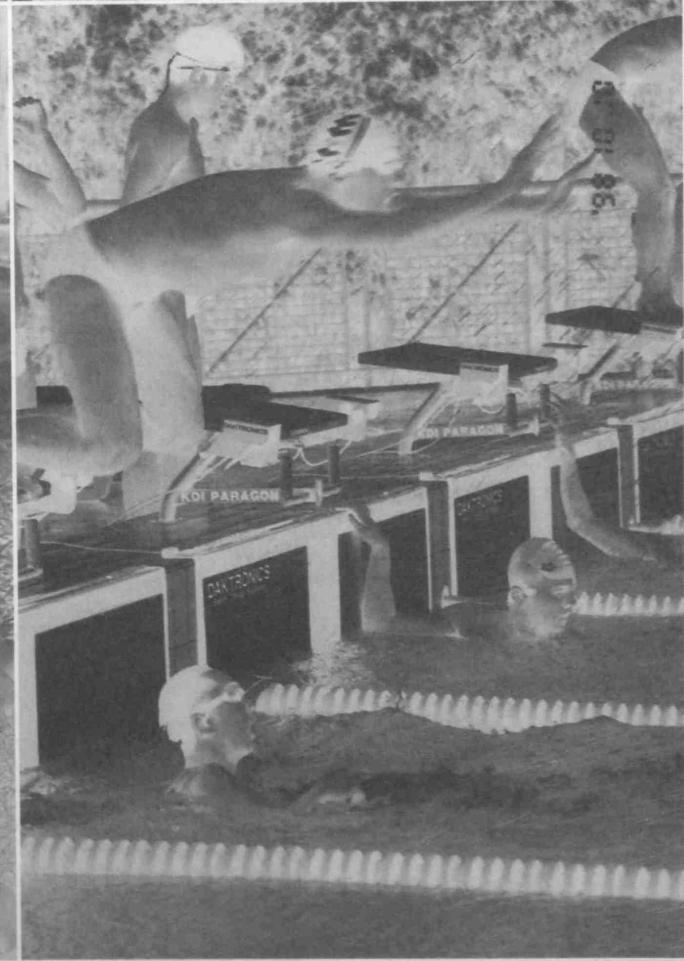
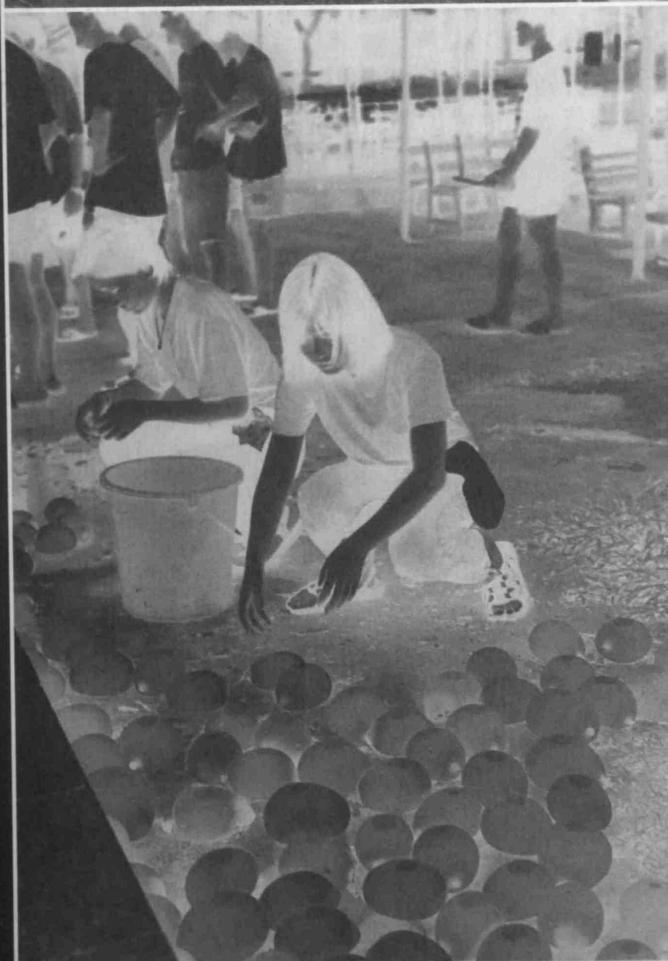
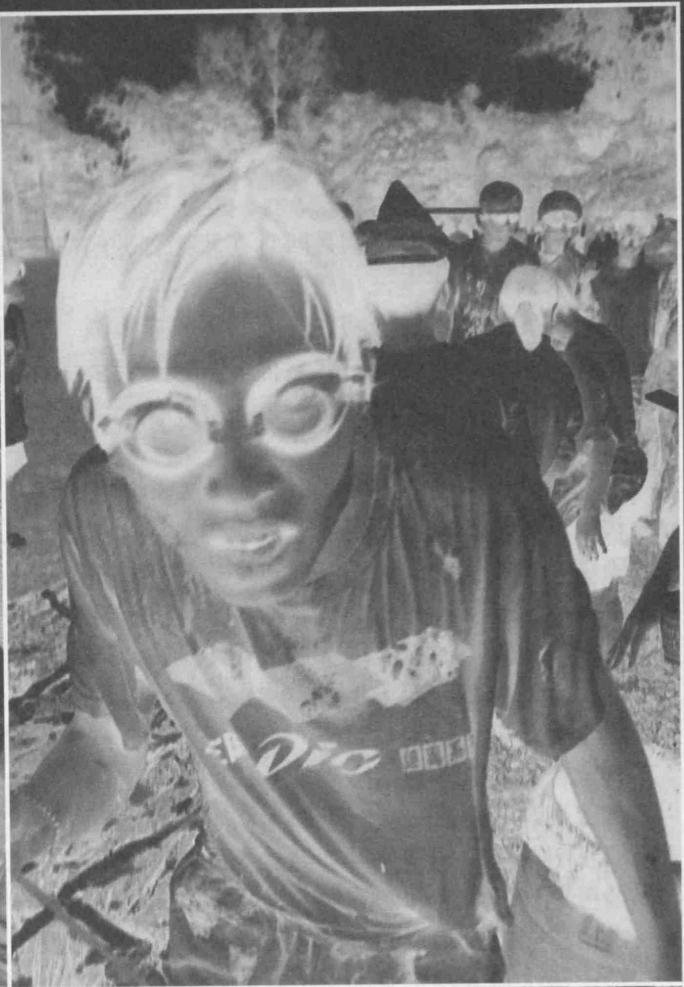
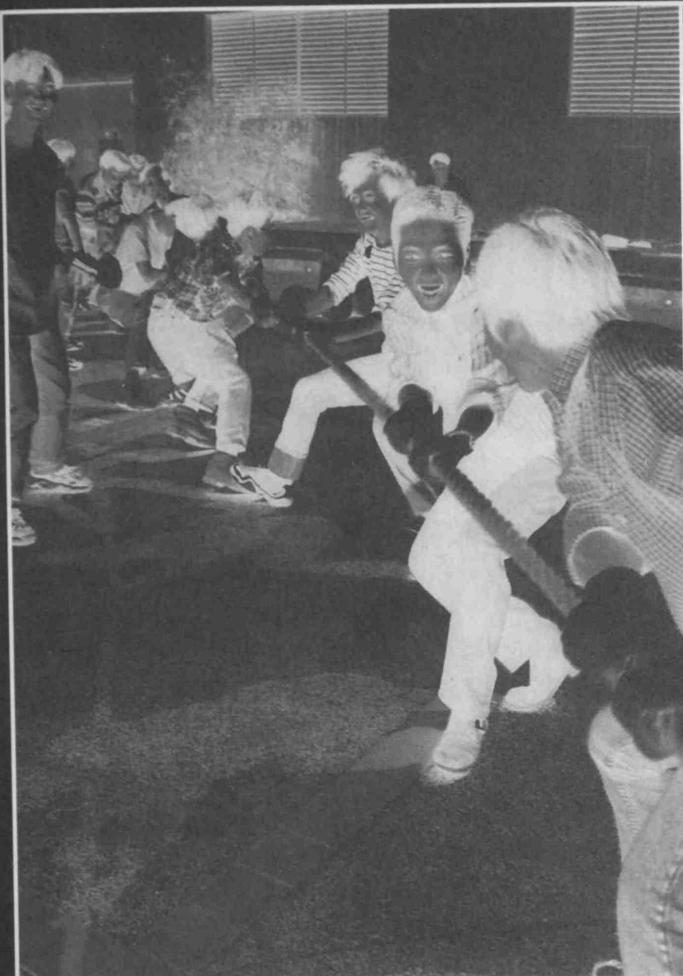
不覺已到了暑假，護理學系真的比我想像中辛苦，「朝九晚五」的生活無疑是很枯燥，沉重的功課及考試壓力也令我們透不過氣。不過，到醫院實習卻為我們帶來無比的挑戰性。直至現在，我們已分別到了老人科、兒科、婦產科、內科及外科實習。

放暑假前，我們剛到婦產科實習，真的令我們大開眼界。第一次親身看到生產過程心情既興奮又緊張，當時我就像與在生產的太太同步呼吸、同步陣痛，直到醫生用真空壓力把嬰兒吸出，我看著醫生手中那個像塑膠公仔的嬰兒，慢慢添上血色，經護士Suction後，嬰兒便開始放聲大哭，繼而舞動手腳，我方能舒上一口氣。那時候真的有點感動得想哭，心想一定要好好孝順我母親。

在醫院實習遇到好的醫護人員當然令我們得益不少，但若碰到態度惡劣、處處為難我們的職員，感覺雖然難受，但也只好默默忍受著，因為我們始終也只是「寄人籬下」。

考試成績即將公佈，我在此謹祝各同學勁過吧！





ACTIVITIES

第十七屆亞洲醫學生會議

(17th Asian Medical Students' Conference) 於一九九七年七月廿七至八月四日在菲律賓的馬尼拉及蘇碧灣市順利舉行。這次香港派出的代表為十六人，全是港大醫學院一至三年級的同學。

參與是次會議的代表分別來自十個國家或地區，包括南韓，日本，台灣，香港，菲律賓，泰國，印尼，馬來西亞，澳洲與及越南。雖然很多國家的代表平時慣用自己的母語，英語不是太好，但由於大家均抱著開放態度去結識朋友，因此語言也不會在彼此溝通或建立感情上成為阻隔，反之，常以身體語言去輔助更使大家關係更融洽。

是次大會的主題是“Hands Across Asia-Working together for a better health”。每個國家的代表圍繞著主題報告了自己當地的情況。至於香港方面，報告了“Emerging & Re-emerging Disease in H.K.”，闡述了一些發病率正在上升的疾病，而藉著學術上的交流，大家加深了對亞洲區內一些特別值得留意的醫學問題加深了解。

除了學術上的交流外，這次大會的Action Programme也令代表們眼界大開。當中一些代表有幸參觀了馬尼拉近郊的Patayas City。雖名為City，但實際上是一個環繞垃圾堆填區而成的十萬人的社區。內裏衛生情況十分差劣，但當地醫療人員仍努力地在其中提供了primary care，實在是一個一生難得的經歷！

其實全程最使人難忘的，應算是民族表演之夜(Cultural night)。各地的代表分別穿上了自己國家的傳統服裝，或表演舞蹈或唱民族歌曲，務求把自己國家最有特色的文化傳統與大家一同分享，從而達到了文化交流的目的。其中如澳洲以童話故事形式表演了澳洲由被發現至立國與及發展的過程；南韓將整個傳統的南韓婚禮過程一絲不苟的重現，日本則表演了空手道、劍道等國技，其它國家的表演也使人目不暇給！至於香港則以唱歌及幻燈的形式介紹了香港，而我們更穿上了印有回歸圖樣的T-shirt呢！

當然，這次同學們也有不少輕鬆的時候，好像行程的最後兩天便到了旅遊區——蘇碧灣，代表們都在那裡渡過了一段快樂時光。

總而言之，這次的會議實在使同學們的眼界擴闊了不少，對於其他亞洲國家醫學生的生活和文化也增加了不少認識。而最值得同學們珍惜的，相信是與其他國家代表所建立的難能可貴的友情。這一切一切，都會深深地藏在同學們的回憶裡！



Medic Cell

是天主教團體，是天主教同學會 (Catholic Society) 中的其中一個Cell，每逢星期四下午六時，我們便會一起開Cell，當中包括有周神父和Medic & Nursing各年級的兄弟姊妹。而每個月則會有一次再慕導班，First Friday Mass，每年的活動包括Retreat，宿營，打邊爐等等。

Medic Cell的宗旨是讓每位Medic & Nursing嘅兄弟姊妹，在百忙中也能聚在一起分享信仰生活，好使各兄弟姊妹能在大學環境下，繼續在信仰方面成長，能與天主的距離拉近，也希望有更多的同學能認識天主教。



港大醫學院團契

團長 — 高佬

當我當上團長一職時，便心覺不妙，自己知道自己的領才能有限，怎樣看都當不了一個領導的角色。只是心想，既然是祂揀了我當此事奉職位（起碼祂沒有攔阻！），再多的不濟，有祂在便不用怕。

結果呢？一年的團長生涯，在“有驚有險唔知點”的情況下，竟然安然渡過。當中最大的功當然是祂。縱然有再多的不濟，能力再差，我也不怕。好像聖經中保羅所說，他喜愛誇自己的軟弱，因為在他的軟弱上便顯出祂的完全，祂的大能。這樣，我也不怕誇自己的軟弱，因為要不是的，怎能知道是祂的作為呢？

所以，縱然有苦痛有悲傷有辛酸，有甘甜有喜樂有興奮之時，而這些，無論是喜是悲，都是祂叫我經歷的。

願一切榮耀歸給那創造天地萬物，又賜下救恩的耶和華我們的神！



總務 — Daniel

一年的事奉很快就過去了。在醫學院團契裏做職員，得到的比我想像中多……

神的呼召？為了實踐自我？服侍弟兄姊妹？做職員可以有很多的原因，但我自己當初的，就記不起了。無論如何，是感謝神的，因為從做職員的其間，我認識了一班很好的弟兄姊妹；於預備周會當中更學會了很多東西：再不是一個無知的基督徒了！！更開心的是，成長的不只是我一個，感受到和看到弟兄姊妹一同成長最是滿足。遇有充滿喜樂（但不甚有建樹）的職員會開會時間……等等，都是一生難忘的。

總務 — Albert

感謝神給我有一年的事奉機會。回想過去一個事奉，雖然面對1st MB的壓力，但感覺卻十分輕鬆，因為每一份工作都分散由不同的弟兄姊妹負責，所以擔子也很輕。

在過去一年的事奉中，其實自己付出的並不多，但卻得到很多很寶貴的事物。在職員會中得到很深入友誼；在自己籌備週會和參加週會中學到很多，在團友身上看到很多好的榜樣，並且認識了不同年級的基督教徒。我想，這些都是神的賞賜和恩典。

一年的事奉，也使我年長不少。在性格上變得更主動和更獨立；在信仰上變得更堅固；在傳福音的事工上也更為熱心。

當然在事奉當中偶然也有不愉快，在信心上偶然也會跌倒。但有失敗的經驗，就讓我認清自己的弱點，也讓我更加經歷主的同在大能。

一年轉眼就過去。人生也不過數十載，一點也不長。希望大家在匆匆的一生之中，能夠找到生命的真締，和不變的盼望。

文書 – Rebecca Lee

還記得去年四、五月間，是我決定是否擔任本年度團契職員的時候。雖然正值是年終測驗的前夕，但不約而同地，我和幾位弟兄姊妹都因著醫學院團契的事工有著強烈的迫切感而叫我們不顧（不久的）將來而奉上了綿力。

很感謝神，因為祂藉著這要求的兒女完全地按祂旨意事奉的機會，祂改變了我一貫的理念和想法。例如我本是個重實際人，祂藉著叫我們去作一些人看來是吃力不討好的事而訓練我的順服。另外，亦教懂了我真正的，不只是頭腦上的倚靠，因事奉是我以外所能辦到的，所以實在需要祂的帶領和我全然的這心交託。

以上的一些學習實在寶貴的，是天父給我有機會真切的領會與神相交的得著。

財政 – Sandy

過去的一年，人人都說我變了，大個了，思想成熟了（雖然還是不夠成熟），這與我做了團契職員有一定的關係。



很多人說做團契職員是一種付出，是為弟兄姊妹“出賣”勞力。但對於我而言，做職員是神給我的福份。

首先，做職員，返團契讓我在整個星期的忙碌中有藉口抽身，做一些讀書以外的事，使我能得到真正的輕鬆。也讓我有機會和各職員溝通，一起去祈禱，也一起去玩，彼此的關係也密切了。讓我真感受到弟兄姊妹之間的愛。當我發傻時，他們會在當中提醒；當他們有不開心，不如意時，又會彼此分擔，擴闊了我的屬靈視野。

在預備週會時，也給我一個很好的機會去和弟兄姊妹一起去學習。以前我也很少這麼認真去探討信仰的，但做職員時，可能是一種責任吧，叫我不可再馬虎了事。

在整個事奉過程中，我也經歷了神很多的帶領和大能。記得到Yr.2的迎新營，我們團契開資極度拮据，但神的大能，叫很多弟兄姊妹捐助我們，叫經費剛剛足夠，並且有餘數元。神叫我們知道只要將信心交託在祂身上，萬事皆能。

你可能會說，做了職員，豈非少了時間讀書，成績一定下滑。但事實證明並非這樣。神教我只要我在祂的事上盡忠，在學業上也盡忠，神必在當中祝福。

明年我們會卸任，但希望各職員還能同心，在自己的崗位上事奉啦！！

宣傳 – 黃英傑

六歲時我曾說：“我要當畫家！”

十九歲時我也曾說：“我要當醫學院團契的宣傳！”

相距十三年，兩句說話的神韻卻是一致。其共通點就是充滿著那份烈火青春，熱情澎湃的大無畏精神。簡單些來說——衝動。很快地，對我一手包辦的海報的劣評就如當年美勞老師給我的丙和丁一般接踵而來。有些客氣的師兄會吞吐說：“蠻有你的特色。”有些就……還是不要說了。然而，主曾說：“我的恩典夠你用的。”

慢慢地，我學會從批評中改善，縱然最後也是譭譽參半，但最重要的是俄可以對自己說：“事奉主，衝動又如何！”



Inter-Year Sports Competition '96-'97

Overall	Champion	'98 Medic
Overall	1st Runner-up	'00 Medic
Men's	Champion	'01 Medic
Men's	1st Runner-up	'00 Medic
Ladies'	Champion	'98 Medic
Ladies'	1st Runner-up	'00 Medic



Inter-Year Aquatics '97-'98

Overall	Champion	'01 Medic
Overall	1st Runner-up	'00 Medic
Men's	Champion	'01 Medic
Men's	1st Runner-up	'02 Medic
Ladies'	Champion	'00 Medic
Ladies'	1st Runner-up	'01 Medic

Inter-Faculty Sports Competition '97

	MEN	WOMEN
Aquatics	Winner	1st Runner-up
Athletics	1st Runner-up	Winner
Badminton	-	Winner
Squash	Winner	Winner
Table-Tennis	Winner	Winner
Tennis	Winner	Winner
Volleyball	Winner	Winner
Overall	Champion	Champion

MED!C BALL



BAGUETTE & BANQUET

FUND RAISING '97, MEDICAL SOCIETY, HKUSU

HUNGER BANQUET.PERFORMANCE

香港大學學生會醫學會的週年籌款活動已於七月二十七日晚上，假怡東酒店舉行。以往數年，籌款活動的形式都是以首影為主。今年，我們一班籌委決定「攬攬新意思」，而從活動的名稱，亦不難猜到是次活動是與「食」有關了。這次籌得的款項，扣除開支後的百分之二十會捐予樂施會中國發展基金。

本年的籌款活動是以貧富宴及綜合表演為主題。當晚，貧富宴的編排是根據現時世界貧富情況，安排百分之六十的賓客吃「貧餐」，只以湯及麵包「充饑」，而「富餐」則有令人垂涎三尺的主菜及甜品。實際的編排是以抽籤決定，因此各賓客是「貧」是「富」就繫於為我們抽籤的Dr. H. Yip (Vice-President) 手上。晚宴中，令人意外的就是數位「富者」不忍一些賓客「捱貧餐」而主動與他們分享食物，實在能體現到現實世界中的一點人間溫暖。晚宴過後就是連串的精采表演，我們邀得Union Choir, Dancing Club and Magic Club演出。當晚的高潮便是由Dr Nicholls夫婦以粵語演唱數首歌曲，贏得全場如雷的掌聲。

自籌委會於一月底組成，我們在約六個月的籌備工作中遇到不少難題，可說是波折重重，特別是今年的籌款活動形式是醫學會前所未有的，例如贊助商反應冷淡，找場地、膳食安排都曾出現問題，「低成本、高效益」的考慮更令各籌委頭痛非常。在此實在要感謝一班犧牲個人時間一起工作的籌委，有賴他們的努力，是次活動才得以順利舉行。當然，亦不能不得一謝幫忙到診所銷售門票及當晚到場幫忙及支持的同學。另外，更要特別鳴謝所有贊助人、顧問，以及當晚義不容辭為我們表演的Dr Nicholls夫婦、Miss Andis Au-Yeung, Mr Leon Lam及01'班同學Dickson, Sergio和Kelvin。

很多人說港大醫學會很「富有」，每年的財政報告都有盈餘，那為甚麼還要辦籌款活動呢？事實上，醫學會每年除收取新鮮人三百大元的會費外，就主要靠籌款來「維持生計」。這些收入會用作提供醫護同學多種免費服務，如免息貸款Elixir Loan Fund, 體育比賽、Medic Festival, Medic Ball、一些時事及資訊性的刊物等。另外，評議會、幹事會、健康委員會、啟思，以至你現在所閱的「杏雨」都需要這筆收入來維持運作。因此，希望各位同學能踴躍支持以後的醫學會籌款活動，所謂「有錢出錢、有力出力」唷！

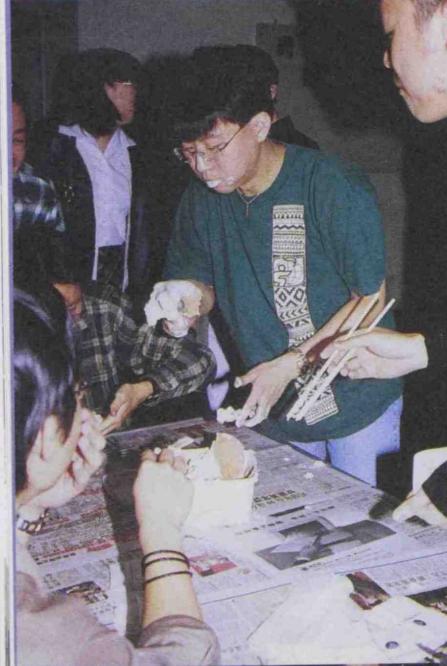




Who am I? Orientation '97

Print order form: NEG. N°:

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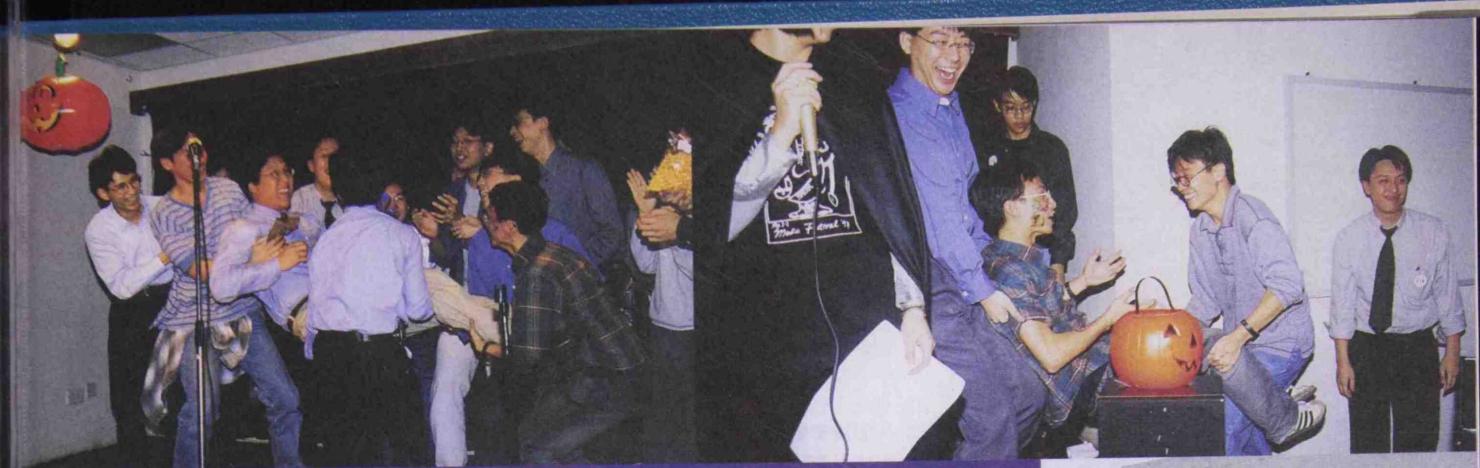


Medic Festival

「發揮四肢潛能，挑戰五官極限」，是一班Medic Festival '97 O.C.想出來的口號。這個口號背後是有意思的，是指不動用腦筋，也能參與醫護節'97。一連四日 Medic Festival '97，節目包括扯大纜，超級無敵 Volleyball, TV Game，賭局，雪糕勁食，啤酒勁飲，萬聖節狂歡夜等等，O.C.和一班參與的同學都在一片歡樂聲中渡過。

在開幕日中，很高興請倒Dr. Henry Yip及Prof. C. Y. Yeung為這次節目剪彩，更榮幸的是Dr. Henry Yip在扯大纜以及萬聖節夜到來參加。

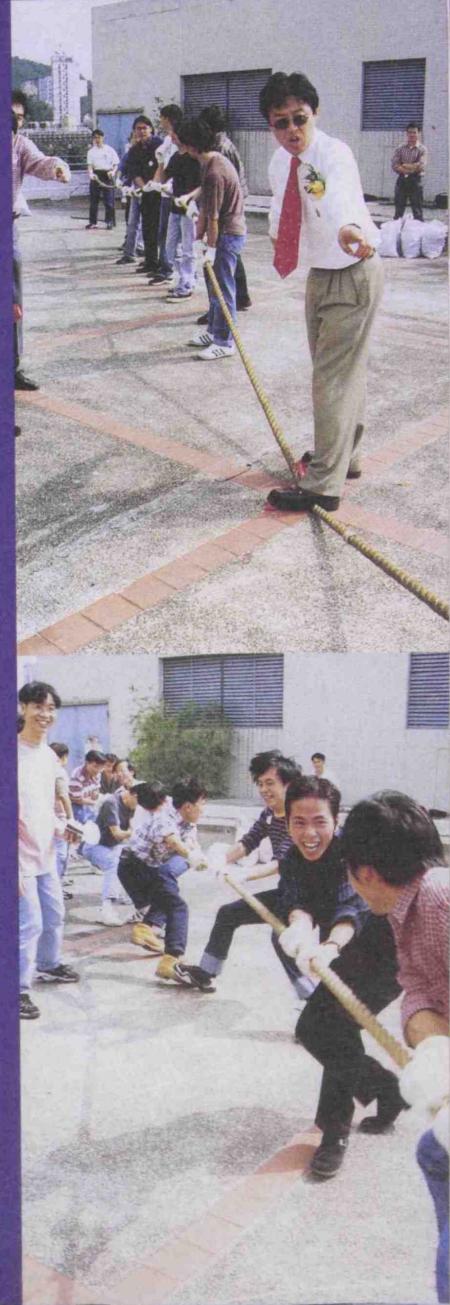
在這四日內，發生了很多很多的趣事，讓我一一數給你們聽。在扯大纜中，有一肥仔，被三番四次勸告不要把大纜綑在身上，以免上半身被扯斷。在雪糕勁食中，有人不顧儀態，用手把雪糕拿出來吃。在賭局中，有人扮有錢，玩show hand。在TV Game爭霸戰中，有人唔識玩，只懂得大叫。在啤酒勁飲中，有人飲到面紅耳熱，有



人飲到飛奔在洗手間嘔，更有人飲到流鼻血。

萬聖節夜，O.C.們扮鬼扮馬，化妝化得千奇百怪。這夜不但只O.C.可以化妝，我們還準備了一些可洗掉的顏色筆，給進場人仕加入我們的party，甚至連Dr. Henry Yip和Dr. Vera Yip的臉上也被塗上顏色。這不但是一個化妝舞會，也是一個綜合及娛樂節目，內容有00'班的白雪公主話劇，各班的出色Cheer Solo比賽，抽獎——其中大獎是一個stethoscope (膠製的)。更引人入勝的，是「夾麵包」一項目，看見他們Kiss，真是有一點嘔心的感覺。

作為是次項目的chairlady，使我高興的，是同學的參與，我知道有些班別，所有的項目也有參與，真是要讚賞他們這麼「捧場」；更重要的是O.C.的參與，他們的活力，使我更有衝動去製作這一連四日的活動，他們的智慧，想出了一句句「抵死」的標語，他們的努力，使這個Medic Festival更加成功。



健康展覽九七——癌檔案

一九九七年九月五日的早上，一起床，我就毫無意識地跑到位於九龍塘達之路的香港工業科技中心，心情怪怪的。既興奮，又緊張，又帶了一絲絲的迷惘。差不多籌備了近九個月，為期三日的「香港大學醫學會學生主辦之健康展覽九七——癌檔案」今天揭幕了。

回想——

十二月的一個午飯時間

也記不起是那一個同學拉了我到來這個「健展九七大會」，祇記得一進了AG02，就看到一大班剛開始熟識的同班同學，你一言，我一語討論着。就是在這十分亂的情況下，我便搖身一變，成了這個健展的「副老細」，其餘的五十多名籌委，也這樣迷迷糊糊地誕生了。

一月的一個新年假期

五十個不太熱衷，凌亂無章的同學，在我們師兄的照顧和偉大的帶領下，終於組成了「行政、學術、財政、印刷、宣傳、美術、總務」七個部門，並開始工作。

二月的一個6:30pm

評議會。好恐怖！

我們行政部也不知如何，竟然在最後關頭，奇蹟地完成了建議書，經過重重的爭議後，終於得到評議會的批准。

地方訂了，時間定了，題材也通過了。真正的工作也開始了。

三月的瑪麗醫院

我們學術部的同學，正式在瑪麗，變成了劫「識」的一班狂徒，四出攔截師兄、教授、醫生，希望他們能



幫助我們這一班無知的一年生去完成「癌檔案」的資料槐集。

四月的郵政局

有人劫「識」，當然有人劫「財」。由於健展的巨大開支，一包一包的SPONSOR信，每隔幾天便由我們財政部的同學疲勞轟炸郵政局。

五月的公關同學

「原來登報紙賣廣告咁貴！」

「原來一張橫額咁貴！」

「原來地鐵的廣告位的租咁貴！」

「大鑊啦！！！」

六月考大考之前

為了趕起小冊子，傳單，展板的字樣，連夜趕工已經是十分平常的事，但誰也想不到，考試前夕也要趕工！

真是不敢想像我們的成績會……

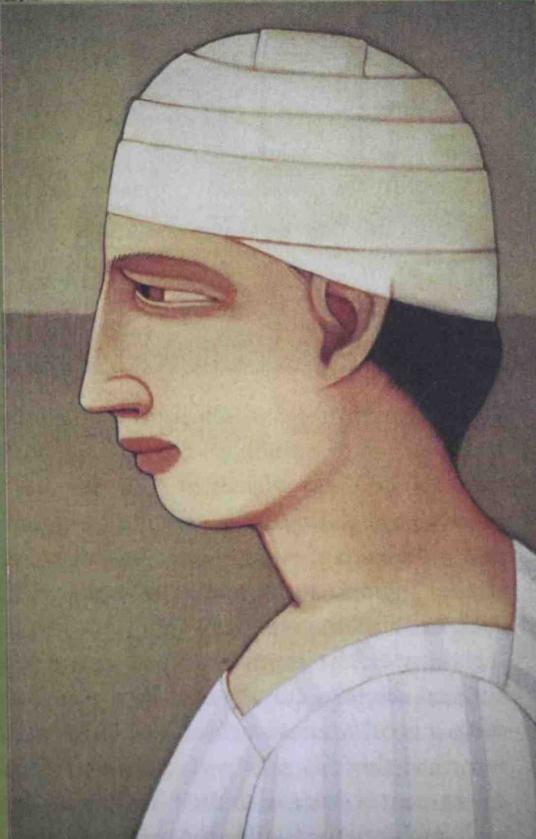
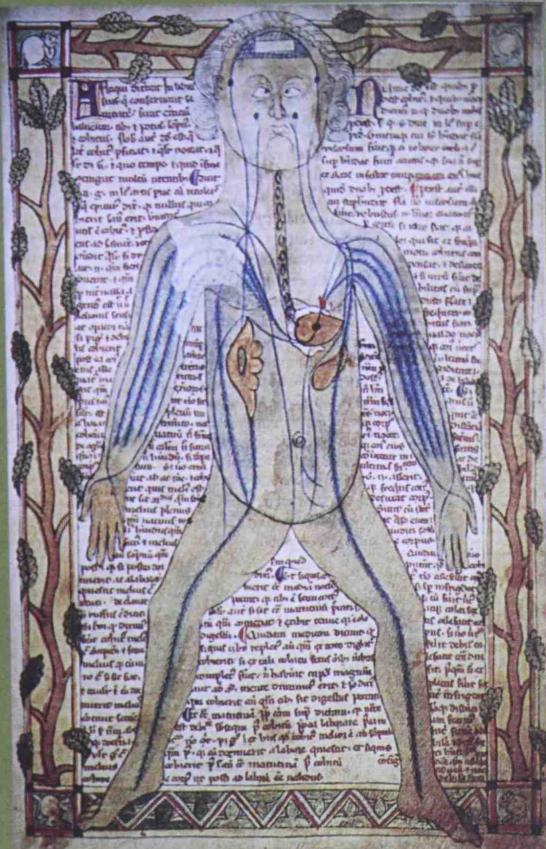
七、八月的暑假

大家都在緊逼限期的壓力下工作。宣傳及印刷部在A Hall裏瘋狂地做BANNER，展板；學術部的同學在不能有錯的壓力下，不停地對稿；美術部的同學（只得一個）在一小時五個圖的速度下，日以繼夜地畫畫。總務部的同學，有的要在烈日下派傳單，有的在馬路旁掛BANNER，有的去學怎樣用儀器，有的更「肩負」起擔擔抬抬的工作。行政部的我，和其餘的幾個老細，也在不停地在最後的打點，安排。

真的什麼也拼了！

回到現在

在這些有美好的，有辛酸的回憶下，三天的展覽得快就完成了。看見會堂車水馬龍的人群，一班班看似獲益良多的市民，一群群興高彩烈的小童，和一堆堆免費驗了身而萬分滿意的老人家，想一切一切都是值得的吧。



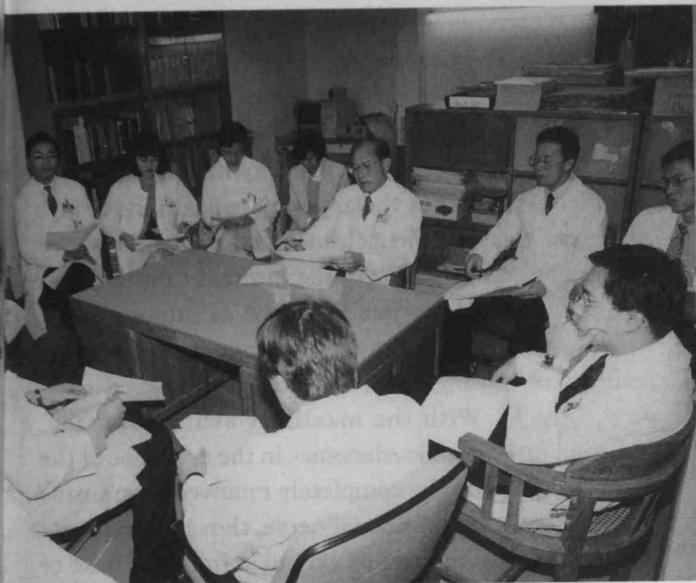


The Department of Surgery has seen major changes in terms of administration and dimension in the past few years. In the midst of changes, the Department's mission remains to excel academically, to provide the highest quality of clinical service, to teach medical students to become competent, caring doctors, to pursue scholarly activities and to take part in community services.

The Department of Surgery has seen major changes in terms of administration and dimension in the past few years. The establishment of the Hospital Authority was one of the major changes which revolutionized the management of funding. Another important transformation was the integration of the University Surgical Unit and the Government Surgical Unit which demanded adjustments in the nature of work of health care provider of both parties. Seven new centres have also been established in an attempt to improve teaching facilities.

The changes brought about by the establishment of the Hospital Authority lie in management, in particular, accountability. Funding follows a one-line-budget at both university and hospital levels. The former is given a certain sum of money from The University

Grants Committee, which it divides among different faculties and eventually to different departments. It is used in the employment of staff, general expenses, research, scholarly activities, training of junior doctors and purchase of equipment. At the hospital level, similar appropriation of budget is employed, from which each hospital is given its share from the provisional legislature. The money is used in the provision of surgical services, employment of staff and purchase of drugs and other consumables. The difference lies in the fact that there is now a clear line as to what each department is doing with their funding for they are held accountable to the faculty, the university and ultimately to the taxpayer. In order to ensure a reasonable allocation of limited resources, Professor John Wong, as Head of the Department, is spending more time on managerial



HEADING INTO THE FUTURE: left, in addition to his previous role, an academic, Professor Wong has now taken up responsibility of an administrator; right, Centres specialising in particular field of services were established, including the Endoscopy Centre

duties. In addition to his previous role, an academic, he has now taken up the responsibility of an administrator. Flexibility, however, has given way to accountability. Each division is now responsible for its own budget, leading to the possible disadvantage of building up of weak divisions resulting from this scaling down of flexibility.

Over the years, Professor Wong has also witnessed changes in the focus of medical services. It has shifted from a provider to a customer-oriented service. A decade ago, the attitude of medical care providers was very different from what it is today. They did not treat patients as well as they should have, probably due to the fact that they perceived them as uneducated and of a lower socio-economic class. Since patients regarded their services then as "free medicine" and that they did not have a say in the treatment, they were generally not demanding of the service they received. In recent years, the health care industry has adopted the culture of a

system. While the Government Surgical Unit aims at providing service, its University counterpart focuses on both services and research. When asked how differences between the two parties were put aside, Professor Wong confessed that the University Unit's attitude is to continue its academic component because he was drawn to the fact that more complicated operation or treatment were invariably pioneered by University doctors and that breakthroughs in operations such as liver transplantation would not be able to be carried out in a government-oriented system. The government doctors are now taking up more teaching and are encouraged to engage in research in which some of them proved to excel. The integration enabled the provision of a more efficient and reasonable service abolishing the existence of two units providing similar service in one hospital.

In its pledge to better service, the Department has also improvised the admission ward in June 1995, to which patients with acute problems would be directed.

At the university level, there is now greater emphasis not on teaching, but on learning what is being taught.

service industry with more emphasis on quality service. At the university level, there is now greater emphasis not on teaching, but on learning what is being taught. All the changes, in due time, involve a change in attitude, claimed Professor Wong.

Another major change that the Department of Surgery has witnessed is the integration of the University and Government Surgical Units in June, 1996. In the past, most public hospitals were there to provide service developed under a colonial system and provision was fairly basic. As the economy expands, people's demand for public health service has increased and the system has evolved into an acute hospital

This is to avoid disturbances to other patients. Previously, these patients were directed to wards belonging to individual divisions which created much disturbance, particularly at night. With the introduction of the admission ward, possible disruptions are minimized and doctors are made available sooner than before. In the unlikelyhood of a disaster, it could be transformed into a disaster ward by evacuating part of the ward to create beds for these patients. Mock disaster drills are mounted regularly once to twice a year to prepare for possible disasters.

In terms of divisions, revolutionary changes were not observed. However, the character of practice has

inevitably changed. Patients now stay in the hospital shorter than before and tertiary and off-the-time referrals from other hospitals are now common practice. In terms of teaching, there is an increasing emphasis on instilling into medical students the attitudes and skills required of a doctor. In view of this demand, centres specialising in a particular field of service were established. These include the Lithotripsy Centre, the Endoscopy Centre, the Hong Kong Jockey Club Skills Development Centre, the Francis Y. H. Tien Vascular Disease Centre, The Chiang Cheung Chun Fong Surgery Day Centre, The Burns Centre and The Centre for Education and Teaching.

In the midst of changes, the Department's mission remains to excel academically, to provide the highest quality of clinical service, to teach medical students to become competent, caring doctors, to pursue scholarly activities and to take part in community services.

The division of Head and Neck Surgery is headed by Professor William Wei. The team is composed of experts specialized in the fields of Otorhinolaryngology, Plastic & Reconstructive Surgery and General Surgery.

To develop and improve surgical procedures and thus achieve better results is one of the main goals of the Head and Neck team. One of the greatest advances is the invention of the Maxillary Swing Approach for surgical procedures involving the nasopharynx and its adjacent area, and the paranasopharyngeal space. This approach is now widely used in surgical treatment of nasopharyngeal carcinoma.

Nasopharynx, because of its position, is difficult to approach and to obtain adequate exposure for surgery. Lesions in this area are actually located in the center of the head. Since 1950, a number of surgical approaches were designed to provide adequate access to the nasopharynx. In most of these procedures, the primary objective was the removal of tumours in the maxillo-ethmoidal region, but they had also been used for extirpation of benign and malignant tumors of the nasopharynx. The wide diversity of operations demonstrates that no particular procedure is superior to others. More importantly, in most of the described approaches, the nasopharynx and the paranasopharyngeal space are not adequately exposed to allow an oncological procedure to be carried out. The Maxillary Swing Approach is developed for radical

resection of a tumor in the region. In the operation, the whole face, except the contralateral eye, is exposed. The maxilla is freed from all bony connections and is only attached by soft tissue to the cheek flap.

With the wide exposure, a brachytherapy source can be accurately placed at the appropriate positions to give additional treatment to a close resection margin. It also allowed digital palpation of the internal carotid artery during the dissection and resection of tumour in the nasopharynx and paranasopharyngeal region. Any inadvertent injuring to the vessel could be repaired under direct vision. With the maxillary swing approach, recurrent pleomorphic adenomas in the deep lobe of the parotid gland could be completely removed from inside without disturbing the facial nerve, thus preserving its function. When the tumor extended from the base of the skull to the neck, then the maxillary swing approach could be combined with the mandibular swing to further increase the exposure.

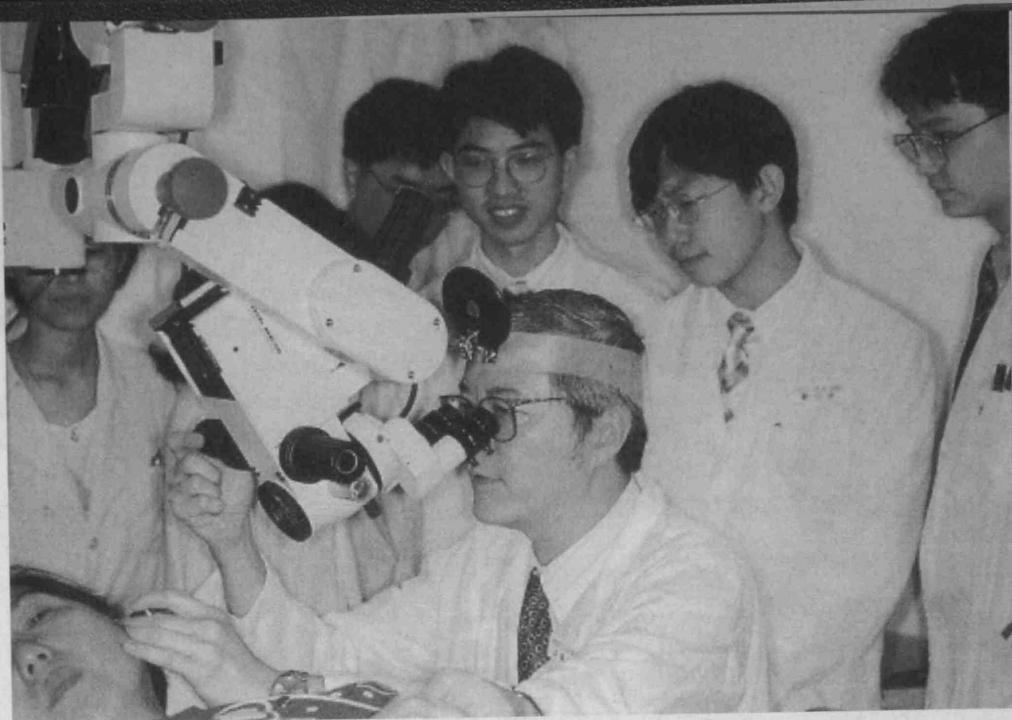
Besides offering wide exposure of the whole nasopharynx and the paranasopharyngeal space for performing an oncologic surgical procedure, the maxillary swing approaches has other advantages. Postoperatively, no special care is required, and oral feeding is usually restarted on the third day. The reassembly of the osseous and soft tissue is not difficult and the associated morbidity is acceptable.

Besides the maxillary swing approach, other remarkable improvements have been attained in microvascular free tissue transfer and free fibula osteocutaneous flap for the reconstruction of mandible.

Just as other divisions of the Department of Surgery, the division of head and neck spends tremendous effort in research project. Professor Wei pinpointed the commencement of the study on behaviour of tumours by employing molecular biology techniques. The study aims at investigating into the prognostic factor, the cause, and the chance of recurrence of some of the common types of cancer in Hong Kong. These include carcinoma of the tongue, oral cavity, nasopharynx and hypopharynx. "We are the pioneer in certain fields", said Professor Wei. "Compared to other places, Hong Kong has much more cases of nasopharyngeal carcinoma. This grants us a great advantage in its study".

For the ENT division, major otological work such as lateral skull base surgery including cochlear implantation has been carried out. An electrode is placed in the inner ear to transfer sound to electric impulse which stimulate the cochlear nerve. Patients managed





Professor William Wei teaching students on examination of the ear.

include those with rhinitis to those with profound deafness. The division is the first to perform multi-channel cochlear transplant in Hong Kong, and the service was also extended to children.

The Hearing-Balance Assessment Centre in the Ear, Nose and Throat complex in Queen Mary Hospital house a full range of audiological equipment including the currently most sophisticated instrument for evaluation of dizzy patients, the Equitest. According to Professor Wei, there are only 2 such instruments in Hong Kong. "The University of Hong Kong is always keen on research project". He said, "That machine is funded by grant from the University".

When asked about the Throat Surgery, Professor Wei said, mentioned apparently unsophisticated yet fascinating procedure. "One of the procedures is worth mentioning. We would inject teflon paste -- a kind of plastic -- to your vocal cords when they don't move properly and do their job". He continued, "This would medialize the cord. The good point about it is that it could be done under direct vision and it could be easily adjusted".

The patients are the ones who benefit from co-operation. We are strong because of these interactions".

According to Professor Wei, 30% of the cases in general practice is ENT-related. That is quite true, when you recall what you often go to the clinic for. "Apart from that, our division has to take care of people of every age, from neonates to 90-year-old men." Professor Wei said, "Cases can lie anywhere between the two extremes, from chronic to very acute ones".

It seemed to us that ENT is one of the most heard of specialty. We might think that ENT is a much independent division working on its own. "No", repeated Professor Wei, "Don't say that or I get killed by other divisions". He continued seriously, "The truth

is just the contrary. Everything is inter-disciplinary. Very often, we have to treat skull-based tumor, and that is when we work closely with neurosurgeons. Going downwards, we also need to co-operate with GI guys. The patients are the ones who benefit from these co-operation. We are strong because of these interactions".

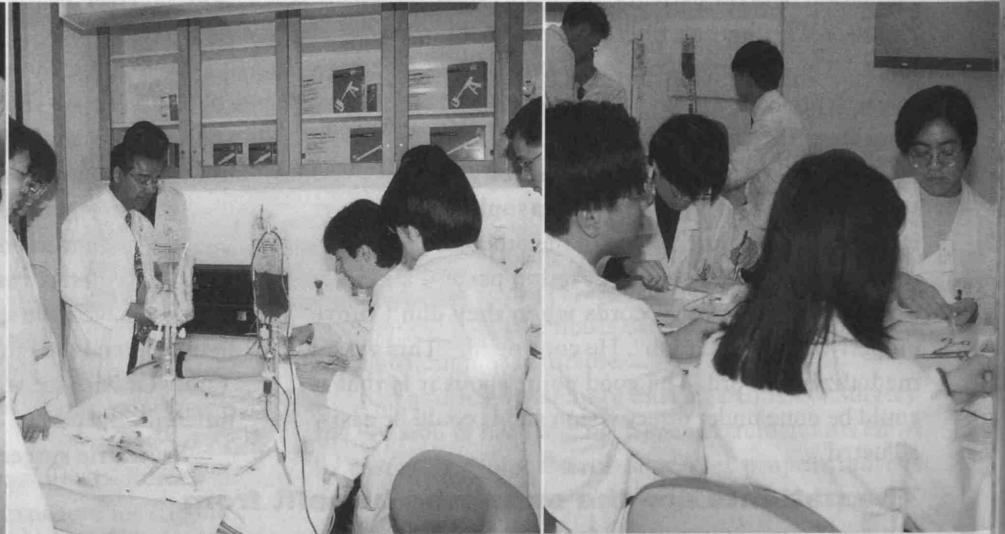
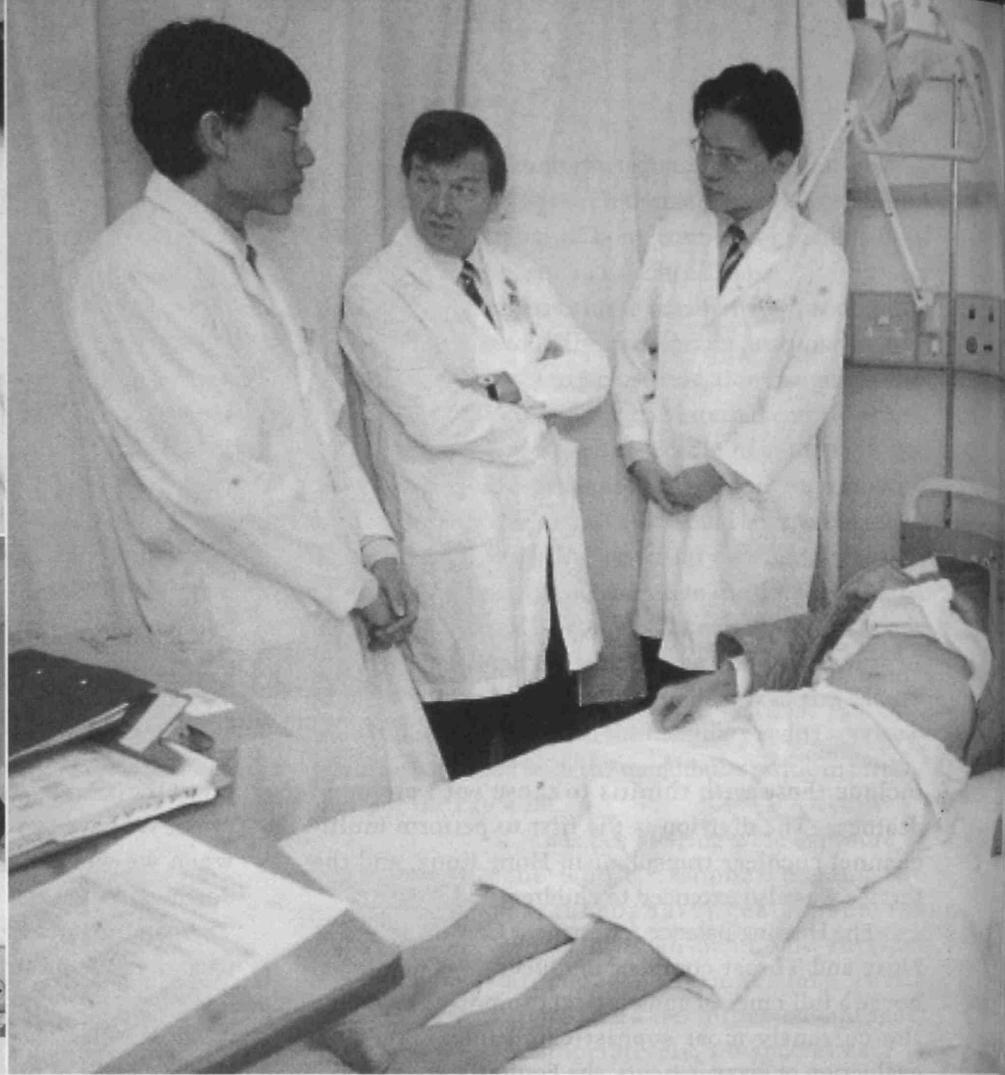
"Paediatric Surgery is a 'Young' Subject". said the Head of the Division Paediatric Surgery, Prof. Paul Tam.

Paediatric Surgery is developed because of the recognition of the need of infants and children. Moreover, pathology encountered in children is very different from the adults. Many of them, for example, deal with congenital abnormalities, the abnormalities of development in embryos and the fetal stage. In order to achieve better results and give children best care, surgeons have to be specialised. "Part-timers are not able to understand the problems in any depth", said Professor Tam, "Only those who are devoted can think of all the different aspects".

Paediatric surgery seems to be different from other

specialties and much more difficult. "To excel in something is always difficult. Even being a good general practitioner is difficult." said Prof. Tam. "Of course, you do need intensive training before you can become a paediatric surgeon and the requirements are really quite stringent as the pathology that has to be encountered is far too broad". In system-based specialties, more or less the same type of patients is treated. For this specialty, however, every patient is different. "When we teach, we don't teach condition by condition. When you treat a patient here, the condition may vary a lot".

"The training period is quite long", said Prof. Tam.



TEACHING, AND LEARNING: Clockwise from top right, Professor Frank Branicki conducting a bed side teaching round in the ward. Students practising suturing in the Skills Centre. Dr. PL Nandi teaching students about intravenous techniques. Professor Harry Siang watching students learning how to tie surgical knots. Dr. Theo Lorentz teaching students about various apparatus used in surgical wards. Dr. NG Patil teaching students incision and suturing.

Although the course is now structurally engineered to be the same as other specialties, in which you can graduate after 6 years of study, "You have to remember: you have to continue learning the pathology all the time. There is no cut-off point."

There are, nevertheless, some 'bread and butter' cases. Most of the case are "common and minor". You still have to solve it but the problems are much smaller. For example, there is a whole list of children needing a circumcision or having hernia. "The second type of cases

are "rare and major" ones", said Prof. Tam. "Just 2 days ago, an 8-month-old baby had a tumor which ruptures. We had to act quickly to remove two-thirds of the liver. He was in a critical state and that day was really challenging".

Research, clinical practice and teaching are the 3 major aspects of a surgeon's work. At the time of the interview, Prof Tam is working day and night on proposals in order to meet the deadline of Research Funding Application.

There are 2 types of research", said Professor Tam. "Clinical Research is patient-centered. The focus is put on the cure, how to improve and reduce complications and mortality. Much of the work is done on the bed-side".

"The basic research focuses more on the laboratory work, just like what scientists do. As a clinician", said Prof. Tam. "We have to do clinical research, but sometimes bed-side experience won't give you much breakthrough. You have to be faced with many restrictions when you are pursuing the truth. The hope of the medical field lies on the basic research." In the past, organ transplantation is merely an imagination although the surgeons may be as well-equipped as we are today. People have had the idea for a long time, but it cannot be reality unless the problem of rejection is solved. We need basic research to address these problems. "A few decades ago, basic researchers came up with the concept 'immunity'. They discovered that the body would reject foreign antigens. After this first step, they started to look for agents which can stop this reaction". This is a good example of how basic research turns seemingly impossible situation into reality. Further research is performed to refine the discovery made. We can now cure disease which once seemed to be incurable. Surgeons in the past were technically as good as we are, but when you don't know how the body works, you can't fight for more.

"Basic research makes us look like philosophers and scientists". said Prof. Tam. "The difference is that, they look for the truth and accept it, we look for the truth and apply it". Sometimes, the result of the research seems to be useless, but they can find their applications eventually after 10 to 20 years.

Prof. Tam is interested in 2 major aspects. He is particularly devoted in research on Hirschsprung's disease. "Hirschsprung is a Danish paediatrician who had an amazing analytical power", said Prof. Tam. "He had identified the condition long ago: constipation, little urge to defecate and abdominal distension. The diagnostic description is clear but people had no idea about the pathology of the description even 50 years after it was first described. Eventually, researches indicated that the absence of nerve cells in the rectum is responsible and the proper and effective co-ordination of intestinal contraction fails without the presence of the nerve cells. Somebody may put a full-stop here but others put a question mark: Why is there an absence of

nerve cells? One 'why' leads to more. We have to ask just like an ignorant and curious child".

"Investigations lead to discovery of a genetic abnormality. We have yet to ask: Which gene is affected? what does this gene control?....." said Prof. Tam. "My life long interest is to look for complete and proper treatment of the Hirschsprung's disease, not just ways to relieve one or two symptoms.

Prof. Tam's second interest is on small bowel transplant. Kidney transplant is now familiar to us. However, it wasn't an option until rejection and other related problems were solved. The same method is now applied to other organs like the liver. There are also more difficult cases: It is possible but extremely risky to have heart and lung transplant. It is even more difficult for small bowel because the control of rejection used in kidney transplant faces a complete failure when applied to the small bowel. "My job is to ask: what are the

fundamental differences between the bowel and kidney? Why is immunosuppression successful in kidney but not in the bowel? Is there a special way by which bowel rejects non-self bowel and are we able to modify it?"

"It is all a process of asking proper questions of 'why'." Dealing with lots of children daily, Prof. Tam again used children as an example. "Why am I here? Because Mom and Dad gave birth to you. Why did Mom and Dad give birth to me?.....They would ask until you feel embarrassed and are simply exhausted of answers".

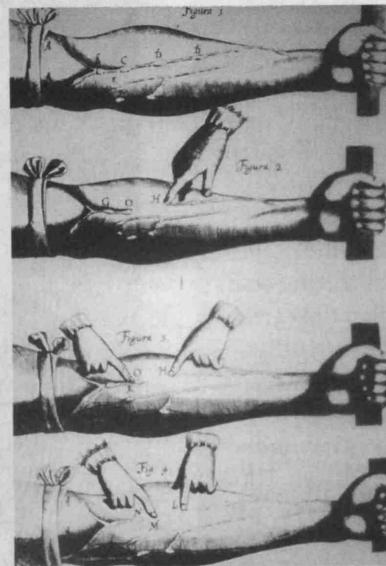
"I have to deal with gut problems as well as urinary problem as well as heart problem". according to Prof.

Tam. Other specialties, called vertical specialties, are defined by system -- Neurosurgery, which deals with the brain; cardiology, which deals with the heart paediatric Surgery, which is a horizontal specialty, is defined by age.

The younger the child is, the more extreme the case is. The cream of paediatric surgery is the surgery of the newborn, neonatal surgery.

The upper limit is 16, which is arbitrarily set. "We have patients from a 600g baby who should not have been born yet to a 16-year-old teenager, who walks in with his walkman."

But what's the difference between a 16-year-old teenager and a 17-year-old man? This is a gradual transition but you have to make a clear cut somewhere. "Of course", said Professor Tam, "In the parents' point of view, you'd still be a child when you are 40".



SKILLS, SKILLS, AND SKILLS: From top, reception area of Skills Development Centre. (From left to right) The Honorable Andrew Li, Prof. Wong, Sir Oswald Cheung, Dr. CY Lo, Dr. EYK Yeoh at the opening ceremony of SDC. Prof. ST Fan with 2 participants practising on small bowel anastomosis during Basic Surgical Skills Course. Laparoscopic exercise during basic surgical skills course in the skills laboratory.

SKILLS DEVELOPMENT CENTRE

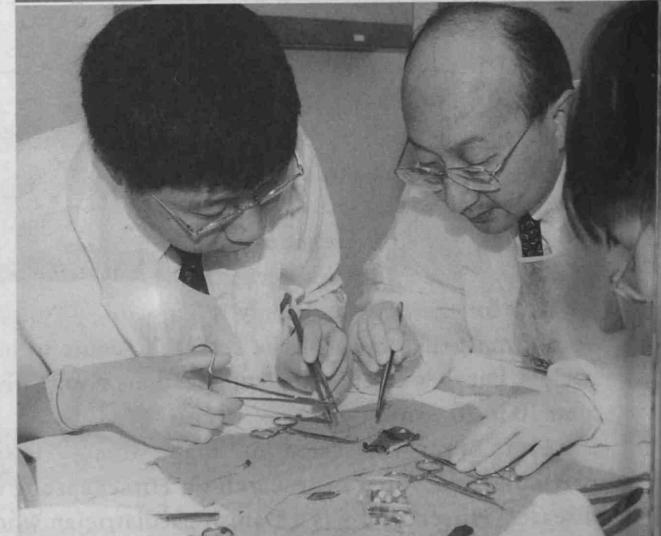
On the 3rd floor of the main block of QMH there is a newly established centre, the Skills Development Centre. 'After the renovation work the centre will be totally responsible for the training of our future medical staff,' said Dr. C.Y. Lo, the director of the Skills Development Centre.

In order to catch up with the world in the standard of medical training on basic and advanced surgical skills, the centre is well-equipped with many new facilities. The centre has a seminar room, a video library, a lounge and a pantry. In addition, audio-visual links to the operation theatre as well as the endoscopic unit have been established, a number of video tapes and computer-aided programs are also available for staff and teachers' access. To facilitate teaching, the centre has a stock of animal organs, skin as well as synthetic material which will be used in the training courses.

"The establishment of the Skills Development Centre is a must for us," said Dr. C.Y. Lo. He pointed out that some of the surgical procedures like laparoscopic ones are very common nowadays, yet difficult to teach. In this centre, the surgeons learn by practising on animal parts and familiarize themselves with the procedures and instruments before the operation. By these means, they can perform the procedures with confidence in the future career.

There are mainly two types of courses available for the doctors, namely the basic and advanced surgical skill courses. Participants are mostly trained doctors or junior surgeons who would like to improve their skills. The centre is also available for the nursing staff. In the future, medical students will also be involved in the basic surgical training in the centre before graduation.

The Department of Surgery will have higher priority in using the facilities of the centre, but other specialties like Obstetrics & Gynaecology and Orthopaedics will also be involved. Courses will be available for doctors from the above specialties from 1997 onwards. The new fellowship system will require the surgical residents to enroll in the course before passing the surgery examination.





ADVOCATES FOR BASIC research: left, 'Basic research makes us look like philosophers and scientists' said Prof. Tom. 'The difference is that they look for the truth and accept it, we look for the truth and apply it.' right, Prof. Fan believes there is still a gap between the best medical school's in the world and us, especially in basic research.

Prof. S.T. Fan, head of the Hepatobiliary and Pancreatic Surgery division, and his team pioneered adult-to-adult living donor liver transplantation for acute liver failure using extended right lobe graft. The media has had extensive coverage of it but we cannot see any pride in Prof. Fan.

"All hard-working people think alike. Others have thought of this procedure, and tried, but in vain," he said "we are lucky, and we succeeded."

"The best thing about right lobe graft is that size of liver tissue available for transplant is large and the trauma done to the donor is small. "Prof. Fan told us that out of 8 successful cases, there is only 1 death.

"But no matter how small the trauma is to the patient, it is still there," he continued, "and the procedure is also dangerous for the donors themselves because of the large cut surface area and the long operation time. We don't wish to see donors die because of the operation,

a lot of effort in research which aims at the perfection of techniques and procedures. Currently, we have achieved zero mortality and the 5-year survival rate has doubled from 15% to 30%. "Liver is a vascular organ, and we used to transfuse a lot. Thanks to the help of the equipment and the improvement of the technique, we don't have to transfuse for 60% of the case now." he said. "It is documented that post-transplant patients who did not receive blood transfusion have a longer survival. Blood transfused patients would have reduced immunity against residual tumor in the body, which would grow more rapidly."

As clinical research approaches perfection, Prof. Fan, like Prof. Tam, targets at basic science, "A lot of manpower and resources are required to combat the disease after its manifestation, but basic science could help us identify the etiology of the disease and prevent it." According to Prof. Fan, we would see extensive

"It is all a process of asking proper questions of 'why'."

and the best is still transplant from cadaveric donors."

The number of liver transplants in Hong Kong ranks the first in South East Asia and the third in Asia. The result is comparable with the rest of the world. However, we might soon lag behind Taiwan and Singapore because of their greater availability of cadaveric donor. Currently, about 60 to 70 patients need transplantation per year but there are only 10 cadaveric donors. The criteria for inclusion is extremely stringent but there are still 20 on the waiting list. "Now, our work is to advocate organ donation through the media," said Prof. Fan, "in the hope that we do not have to perform any more dangerous procedures in the future."

Apart from the right lobe graft, there are not many new procedures, but the division has always been paying

development in basic science research in the next 10 years. Gene cloning is also on his checklist. "Its technological demand is still beyond our capability, but we have invited scientists to join us in its development."

Patients with liver failure have two choices: transplant, or hope that it will resolve spontaneously. Not much choices actually. In view of the lack of donors, research on artificial liver support is always on top of the list and is carried out continuously. Random success has been reported in other countries, and patients under supportive treatment could wait longer for the transplant. "None of the methods have been proven effective by foreign countries. We did not succeed in performing it either, but we hope it could help those on the long waiting list for liver transplant." However, there

are too many difficulties to tackle and too many obstacles to clear. "It would be irresponsible for us to speculate the time when success could be achieved," Prof. Fan pointed out seriously. "The material used for the artificial liver support is also too sensitive an issue to be disclosed."

"Things like zero hospital mortality, right lobe graft are facts. I don't mind telling people facts." continued Prof. Fan, "However, artificial liver support is not a fact yet. If I disclosed and one day I failed, I would be shamed."

"With the help of the media, many doctors and academics publicised their unestablished and unrecognized research findings. It's glamorous under the spotlight of the media, but it's a waste of time. It delivers bad image and false impression to the public. It is not fair to the patients as they are given false hope." Prof. Fan thought that academics should, never publicise unestablished findings, giving false hope to the patients so that they even volunteer themselves as guinea pig of the treatment.

I join them in their procedures, help them, teach them, and lead them to perfection, hoping that they would be better than in the future.

The media is appealing and irresistible, but Prof. Fan tries hard to avoid. While media is glamorous as it seems, it is also dangerous because you will never know how they would interpret and write. "I seldom read reports on me. Many things are exaggerated and reading them makes me feel uncomfortable." He added.

In the eyes of Prof. Fan, the Medical Faculty of HKU has a good standard, but there is still a gap between us and the best medical schools in foreign countries, especially in basic research. We might have flawless

clinical medical research but we haven't reach the standard of top medical schools in the world. Prof. Fan thinks human resources is important in our competition with the others, both inside and outside this locality. "We cannot rely on a one-man band," said Prof. Fan, "We should emphasize on training so juniors can perform what we are doing and their interest be stimulated to innovate our research."

Prof. Fan thought that it's time for the whole medical faculty to do something together, like the new medical curriculum. The new medical curriculum, and the training, "is a hope that your generation's work would be superior to ours, bringing University of Hong Kong to the top of the world. "This is not a mission impossible, and there are reasons to be optimistic. "We have much more patients than other states and the academic achievements of freshmen enrolled in recent years are excellent."

Prof. Fan's division is the one with the greatest number of senior doctors. "I teach my skills to many doctors. Nearly everyday, I join them in their procedures,

help them, teach them, and lead them to perfection, hoping that they would be better than me in the future. This is my most important job."



浪蕩醫學會之路

對於

對於香港大學學生會醫學會於同學心目中地位如何，大家應該各有見解。若是相同的問題，擺在兩位曾任醫學會主席的學長面前，他們會怎樣回答呢？「總好過沒有吧」真想不到九四至九五年度的醫學會主席宋永權Rex會這樣回答。「沒有了Medso，也該沒有甚麼問題吧！最多也不過是沒有了Co-op櫃，沒有了Handbook，其他就再也數不出了。老實說，只有少數同學對醫學會的工作是完全清楚的。」

Rex前一屆主席陳健俊覺得，同學大都抱著「與我無關」的心態。作為一個主辦者，若然自己所付出的沒有人欣賞，我們自然會覺得他們冷淡，感到失望。一個好的主辦者，需要站在對方立場想一想。「換了是你，你亦未必有興趣去參加別人舉辦的活動。你沒可能迎合所有人的口味，但你必須尊重別人的自由。若是活動真的不受歡迎，便需檢討一下有否價值再搞下去。」

「外面的世界實在太吸引了，沒有多少人會願意留在這裏參加的活動。醫學會的活動也實在太傳統了，同學感到乏味也不足為奇。醫學會各級各自各精彩，各有各的時間表，錯縱複雜，要遷就各班實在有困難。」那麼，有甚麼辦法可以增加同學參與的意慾呢？

「搞活動是要逼出來的。」陳健俊認為O'Camp和Fund Raising等活動有Sub-Committee，而Sub-Committee下設其他職位，有助於拉多些人去參加。轉過頭去看看Rex有甚麼見解，他很快便給了我們一個率直的答案，「不要期望我會講『溝通』，向同學解釋一下這些活動之意義所在。沒有用的。他們並非不明白你所做的蠻有意義。他們根本就沒這種需要。他們不需要知道醫療架構都可以做醫生。香港大學的學生是很現實的，怎樣勁過才是大家最關心的。沒有辦法可以打動他們。」

說起來，他們倆倒算是被打動的一群了。否則，他們為甚會上庄呢？

「第一次上庄，是因為得閒，想認識多些朋友。除此之外，沒有目標。」Rex還是一年級時，是醫學會的時事秘書。「和很多上過庄的同學一樣，我都是非自願但不反對地上了這個位的。」後來聽陳解釋，醫學會裏總有些熱門職位，年年如是；到了分配工作的時候，總有些崗位不受青睞。可是，有興趣上庄的，仍然會樂意去做。「至於我第一次上庄的目標，則是做醫學會的外務副主席。」陳健俊看來在上庄前便立定了明確的目標。「我想多參與醫學院以外的活動，與中央學生會和其他學生組織合作，以及多些機會接觸社會。」

Rex和陳同屬醫學會的主席級人馬，於第一次上庄之後三年，即四年級時重擔醫學會的職務。是甚麼驅使他們這樣做呢？

「我的第一個目標，是找一班人去上庄，並把自己覺得正確的價值帶給莊友。第二個目標，是把醫學會憲章中的錯誤和醫學會的陋習改正過來，創造一個較完整的醫學會。這些我都做到了。」

(轉下頁)



曲廣運教授

曾於八二至八三年間擔任醫學會的體育秘書，一年之後（即八四至八五年），更負起內務副主席的重擔。

曲教授的中學是一間不太大的學校，認識的人也不太多。迎新過後，他便毅然決定成為醫學會的幹事，原因是：「想見識多一點，還有，不是太想讀書。」就這樣，他便半推半就地，懷著半點衝動，一腔熱誠地加入了醫學會的家庭。

「三年級那次上庄，倒是被逼的。」曲教授說：「那時，我漸漸地發覺到讀書的重要性，想也沒想過兩任幹事。後來，與我同屆的財務秘書做了主席，而我亦慫恿了很多相熟的一年級同學上庄，自己不參與好像有點過不去。」於是，他便再與醫學會結下緣份。

上過庄的都不諱言這是一條充滿困難的道路。想來曲教授也不會是例外吧。「我上任體育秘書時，醫學院連奪多屆玫瑰盃，對我來說壓力很大。」據曲教授說，那時戰無不勝的原因有兩個：一是人多勢眾，二是我們坐擁許多明星級大仙運動員。大部分學生都是在一年級始開始接觸到棒球和曲棍球等體育項目，最多只有兩三年的訓練，而我們的大仙卻能打上四五年，功力自然倍增。「可是，到了我任體育秘書時，這種情況已不再普遍。你仍是找到足夠的運動員應付比賽，但已遠較以前困難，即使是上場也不太願意。」

三年後，曲教授再當內務副主席時，已經較得心應手了。一直以來努力建立的網絡，幫了他很大忙。「一年級當體育秘書，讓我認識了很多高班的同學。作為我班的代表，我就當然對自己的同學瞭如指掌了。三年級時，我仍有有很大的熱誠把自己的所見所聞悉數傳予新生，這股熱誠驅使我走了四日堂到迎新營去帶組，與低班同學相識自然不在話下。」

有了這個網絡，要收集意見便容易得多了。曲教授說：「那時剛逢新課程的推行，少了背誦多了推理，連考試時間都改掉了。於是，我便走到各班問意見，向他們講述情況。」

「那時，醫科生宿舍有七十個宿位，可是唸內外科的都要留宿十個禮拜，而唸婦產科的就要住兩個月。他們的競爭對手還有因即將要面對畢業試而想留在沙宣道專心一致讀書的五年級生。」曲教授說：「三年級的我，對specialty的情況不甚了解，唯有向相熟的大仙問個明明白白，做些基本的計算，拿著結果去見當時的院長梁教授。這樣，我才發現他並不知道很多細微的問題。」

以往，和醫學院的同學溝通較易。「現在，醫學會大了，要應付的多了，溝通也較以前困難了。」

曲教授亦講出了學生活動的轉變：「感覺上，現在已不再像70、80年代那『火紅年代』，同學不再願意站出來。風氣最盛時，人人都關心社會，參與保釣，認識中國。到了現在，讀書為上，活動的文康性質也較重。」

現在，醫學院的學生約有一千人，而醫學會的成員多以二百多票當選。「當年，我們甚至會捧著票箱走到



曲廣運教授

左：九四至九五年度醫學會主席宋永權

右：九三至九四年醫學會主席陳健俊

任內，Rex致力把Affiliated Member從憲章中除去，加上Publication Secretary一職，並將Elixir和Handbook的擴進其工作範圍。他認為搞機構不能沒有結論，而Elixir正扮演了這個角色，因此是一本非常重要的刊物。此外，他建議由以往負責Handbook的內務秘書負責統籌迎新營，當迎新籌委會的主席。

「此舉的目的是令醫學的工作有延續性。作為與新鮮人的第一步接觸，迎新活動應有特別的使命，有特定的目標。沒有了醫學會幹事會統籌的迎新，往往具有較重的聯誼性質，而幹事會要與非幹事會迎新活動的目標達成共識是一件困難的事。」他續說：「上庄期間，幹事會就是醫學生與香港大學學生會之間的聯繫。他們比其他同學較多接觸政治化及憲制上的工作。有這種經驗的人，才能夠產生一個全面的迎新活動。」

Rex所指的全面，不只包括了認識圖書館，認識沙宣道，還包括了學術、教育、個人成長、關心社會政治等層面。「我們是醫學生，亦是大學生。我們需要與大學與社會聯繫起來。」Rex認為，身為一個醫學會的幹事，無時無刻都要把這些訊息帶給同學。大學鄰選新校長，以至增加護理學系後的角色分擔，所產生的角色問題，醫學生都應該要想一想。「我們想帶給同學的訊息，都是一些我們認為正確的價值。這個世界上，沒有一樣東西是正確的。我們的責任，是盡可能為同學帶來多元化的選擇和機會，而且越多便越好。有了這些機會和選擇，他們大可不去理睬；但是如果他們沒被知會，那便是主辦者的問題。」

在做主席的一年內，Rex達到了許多預先設定的目標；最大的遺憾，竟是找不到新人接班。因此，上庄與下庄，各有各做，沒有銜接。

陳當主席的理由或許和Rex的大同小異，但是從他身上，我們還可以看到一點責任心的驅使：「蛇無頭不行（當然，這個頭不一定是自己做的），很多東西要先有人出現才可成事。這是我做主席的主要動機。再者，上過一年庄後，我發覺很多事情都需要改變，不得不有人去負這個責任。」話雖如此，少了點興趣都是不可能的。

一段日子下來，人總是會改變的。上庄的歲月，也該會催人改變吧。

「上庄是辛苦的，但對我的將來很有用。」陳說：「在社會裏，人際關係、對社會時事的觸覺和個人觀點都十分重視；即使做醫生的行頭比較狹窄，我們亦要關心許多醫學知識以外的東西，尤其是健康服務和醫療架構等問題。現在，世界各處都把經濟效益掛在嘴邊，醫護人員也要兼做管理工作，當醫學會幹事會回來的，就更加大派用場。；置身一個小型的議會制度，終究令我更懂得表達自己，更習慣面對大眾，思想也更趨成熟。」

Rex卻認為，當醫學會的幹事不一定對我們的將來有所幫助。他覺得我們需要透過多方面接觸去了解自己的長處和短處，令自己成長。「但是，我亦相信這世上總有些人是可以不用成長的。即使是要多方面接觸，多選一些事情去學習，也不一定要選擇醫學會吧。話雖如此，如果一個社群內沒有人參加公共事務和理念的討論，沒有人在乎整體的利益和憲章的是與非，便是那社群的悲哀。在香港的教育環境下，學生批判性及邏輯性的思考都較差，而只有透過這種活動，我們才能將之磨練。當然，我是不會期望每個人都這樣做，而這樣做，完全是個人的取向。」

也許，從醫學會裏得益最多的，便是動手動腳、親力親為搞活動的一班同學。「付出越多，收穫越多嘛！」兩人不約而同地說。

當然，上庄的一年中，你也會失去許多時間。「許多私人時間。」他們補充說。

「讀書的時間倒沒怎樣失去，因為用來搞活動的時間都是用來玩的時間。」上庄，他們不諱言是犧牲了許多自用時間，少了點時間與屋企見面，或是「多了點藉口不與屋企人見面」吧！



贊育醫院去拉票。雖然學生只有七百五十人，我卻以四百零八票當選，得票率超過百分之五十。」今天，同學必需在指定區域內投票，把票箱運到老遠，當然沒有可能。法理嚴謹，溫情卻少了。

「在同學眼中，MedSoc的價值和地位一直都不高。」曲教授說：「認同Chairman和Vice-chairman工作的人實在不多。他們負責一些比較長遠的事務，眼前看不見，很多人會覺得沒需要，不要緊。」最重要的Sec，該算是操控Co-op櫃大匙的Welfare Sec吧。Social Sec搞Medic Nite、Medic Festival，負責娛樂大眾，也重要。再數下去，Sports Sec也可佔一席位。「有一年，醫學會就出現了這麼一個『三人庄』。運作嘛？完全沒有問題。」

曲教授認為，要提高同學對醫學會的認同，關鍵在於「接觸」、「傾」。

「我們不能理所當然地以為所有同學的想法都一樣，因而抹殺了與他們的溝通。我們要多些與同學接觸和傾談，了解他們心底裏的想法。他們的真正需要，有時會不甚明顯，甚至連他們自己也不知道，要我們做點發掘工作。」

除了接觸之外，創新和嘗試也是發掘的辦法。「那一年，我們組織了同學到九龍城寨和參觀，反應空前熱烈。舉辦這個活動之前，我們從沒想到同學竟會對九龍城寨這個小地方有這麼濃厚的興趣。」能否成功，就在於你有沒有膽量去試。

「三年級那年，Social Sec每一兩個禮拜都會在Pauline Chan舉辦電影欣賞會。」曲教授說：「他搬了一具LD機和一個100吋大螢幕。」結果：全場爆滿，Pauline Chan的Student Lounge被擠得水洩不通。那個時候，醫學會還有康樂棋比賽，黎青龍盾時事常識問答比賽，麥列菲盾辯論比賽……

醫學會的活動，也不一定要很大規模，很偉大的樣子才算成功。「低層次亦有可不斷進步的地方。」曲教授說。有一年，健委的老細決定甚麼地方的健康服務也不做，眼光就只放在華富邨上。正因為服務範圍的局限，他們的跟進服務可以做得更好，對整個地方的了解也更深刻，學到的東西亦更多。

訪問期間，曲教授面授了不少搞醫學會的法門；如果由曲教授當主席，他又會怎樣做？他的答案竟是這八大字：休養生息，無為而治。「每一年的主席都有自己的想法，屆與屆之間沒有銜接，也沒有長遠計劃。我曾經爭取在瑪麗醫院K座設一醫護學生休息室，最後卻不了了之。其中一個原因，就是沒有了交接。休息幾年後的醫學會，一定可以辦得很好。」

每做一件事，我們都總有得與失。那麼，曲教授的得與失又是甚麼？「如果我沒有做醫學會的幹事，成績一定會好許多。」他說：「那時，1st MB設在一年級，我只得少於一個月的時間溫習。我便閉關自守，在clinical Student Residence的『柴房Pantry』裏衝刺。得著就是你可將自己的潛能盡數逼出來，令自己信心大增。透過齊心合力地工作，你能認識到一班要好的朋友。一年過後，眼界擴闊了許多，人也變得更開明，善於與人交往。當年，主席曾對我強調多看非醫學書籍的重要性，令我不致眼光狹窄。」

還是接觸。接觸不同的知識，接觸所有的同學，接觸創新的概念，接觸外面的世界。當然，少不了接觸「老鬼」。要吸收前人經驗搞好活動，便先要改善與老鬼的聯繫。「我曾想過邀請過去十年、廿年的醫學會幹事會首一堂談天說地，講講學會的事。」

也許，訪問曲教授也是接觸老鬼的其中一個途徑吧。他的確令我們對搞活動觀感改變過來。在莊期完時才遇到他，相逢恨晚。

Once a Professor, Always a Professor

Professor Sir David Todd

Professor Sir David Todd, Head of Department of Medicine at Queen Mary Hospital from 1974 to 1989, has left Hong Kong in late June, 1997. Professor Todd was worked as a member of the faculty since 1952 and leaving after some forty odd years has not been easy for him. He believes that the changes in the medical faculty over the years have mostly been for the better - the faculty has expanded significantly and admission has increased from a small class of 50 to 170. Medicine, in itself, has also seen many changes, while there are relatively few effective procedures in the past, cancer treatment has developed impressively in recent years.

Being its first President, Professor Todd has also put in much effort in the setting-up of the Hong Kong Academy of Medicine. The need for postgraduate education arises because medicine is complex with many advances day in and day out. Five years of undergraduate education cannot equip a medical student for practice as a specialist, postgraduate training is thus required because it deals with the more practical aspects of being a doctor. In the past, however, postgraduate medical education is left to individual hospitals or units, with relatively low funding to support. These, together with the fact that it is not well-organised and not widely available have accentuated the need to organise postgraduate education into formal body. The Hong Kong Academy of Medicine, thus comes into being. It comprises 15 hospitals, each undertaking a different program, while training of the doctor take place in public hospitals. Each program lasts generally six year, but some colleges may require a longer period. Assessments and examinations will be conducted throughout the years to assess individual doctor's progress. The six years involves three years of basic training in general medicine and another three years in specialty and research. Some colleges may have entrance or exit examinations. In order for the Academy to keep up with international standards, overseas external examiners will also be recruited.

In the midst of the debate over the public's demand for doctors, Professor Todd holds the view that more doctors should be employed. The increase in patient population and admission rate, coupled with the increase in time spent on education and training has underscored the need for more doctors to be employed. Interns are lacking to some of the units particularly in new hospitals. With regard to the number of students admitted into the medical faculty, Professor Todd's view is that the number of students at present is about right, because doctors from overseas who come back to Hong Kong also contribute to an acceptable doctor to population ratio. Apart from that, Sir Todd suggested that more emphasis should be placed on primary care service. Many procedures which are now carried out in hospitals can be done in day ward because specialists can practise without admittance to hospital.

When asked to comment on the new curriculum reform, Professor Todd thought that it would make medical students, and thus future doctors, more competitive. The success of the reform, however, lies on several factors. First, manpower must be adequate and facilities must be improved. Given formal instruction, students are expected to be initiative in learning so that they would be able to cope with the drastic change. Introducing the reform gradually allows time for both parties to adjust. All in all, Professor Todd is confident that it would benefit the students.

Being a doctor means much to Professor Todd. He found the job satisfying and challenging in that doctors are striving for better diagnoses and prevention measures. It is also rewarding for Professor Todd who have seen the outstanding achievements of his distinguished students excelling as specialists, teachers and scientists. A great deal of fulfillment comes from his work in research of blood diseases, namely thalassemia, G6PD deficiency and leukemia. Another source of fulfillment is from being a teacher because teaching is a two way process and odd as it may seem, students are stimuli for teachers much the same way teachers are stimuli for students.

With Professor Todd's strong medical background, we think it appropriate to ask him for advice to fellow medical students. First, he has seen the deteriorating English standard of medical students throughout the years which hinders their use of the scientific language applied in medicine. More self-learning is also required of medical students who learn too passively. A special emphasis is placed on the ethics and attitudes of doctors. "To respect your patients" is the message which Professor Todd would like to put forth. In the course of their profession, some doctors may forget that patients are human beings just as they are, therefore, it is of great importance that doctors respect patients' way of thinking and to think with the patients, especially in the execution of medical procedures. The paramount aim is to improve their quality of life, therefore doctors should demonstrate cooperation in patient care.

As for Professor Todd's future plans, he had left for England in late June. Although he would not be contributing directly to the medical field any longer, he would continue his commitment on charitable trusts aiming at improving patient care. It is not without sadness that we bid farewell to this great teacher. We would like to express our most sincere gratitude for Professor Todd's guidance to his many graduates and his contributions to the medical faculty and to medicine over the years. His devotion to medicine is a light in the darkness, guiding us in our pursuit of knowledge and in our future career.

Prof. Rosie Young

enrolled in the Faculty of Medicine at the University of Hong Kong as a freshman in 1947. Back then the undergraduate medical curriculum was a six-year program. Prof. Young graduated in 1953, and joined the Department of Medicine after a year of internship. Prof. Young had been the Dean of the Faculty of Medicine and the Pro-Vice-Chancellor of the University. She is now a professor in the Department of medicine and the Chairlady of the Hong Kong Education Commission.

Many people say that the standard of medical students has fallen

in the last few years. Based on her many years of teaching experience at the medical school, Prof. Young said that in a way, it is true, but in another way, it is not true. From the language point of view, the standard of the new generation of medical students has indeed fallen. The students' English language skills are declining, because students nowadays have less exposure to the English language. In the early 40's when Prof. Young was studying at Sacred Heart Secondary School, English was spoken both inside and outside the classroom. But nowadays, many schools that advertise themselves as using "English as the medium of instruction" actually use English textbooks but teach in Chinese. Students in these schools have much less exposure to English than students in the past. Therefore, it is not surprising that the English language skills of students in Hong Kong is falling. However, Prof. Young argued that, throughout the years, medical students' motivation and attitude towards learning have not changed. The Faculty of Medicine still attracts the most brilliant and diligent students in Hong Kong.

Apart from university life on campus, Prof. Young pointed out that hall life is also very important. Hall life helps students develop interpersonal skills and social skills, and trains students to think independently and critically. A good doctor should have logical, analytical, and critical thinking, so as to be able to analyze issues, not to believe in everything blindly, to be able to think, evaluate and make critical judgements based on evidence. A good doctor should understand the patients' and be able to put himself/herself in the patients' shoes and think along the line of the patients. A good doctor should also be considerate and compassionate, but be firm in making judgements.

We often hear about unemployment among doctors nowadays. But Prof. Young thinks that, at the moment, unemployment among doctors is not a crisis yet, because there are a few new hospitals coming up in the next couple of years. Rather, Prof. Young worries about the post-graduate training opportunity that graduating medical students should have. Prof. Young thinks that the five-year M.B., B.S. Program is not enough to make a good doctor. Even after a year of internship, the medical student is not a complete doctor yet. It is just the beginning of his/her medical career. Under ideal circumstances, all doctors should receive post-graduate professional training of six years. That kind of training should be provided in the hospital or in out-patient practice.

Manpower projection is very difficult to predict. At present, there are 9,000 doctors on the register. Of the 9,000 doctors on the register, only a portion of them actually practise in Hong Kong. No one knows when the rest of them will come and practise in Hong Kong. The increase of new overseas doctors practising in Hong Kong is now controlled by the universal license exam, but, Prof. Young says, if the two universities in Hong Kong continue to produce a total of more than 300 doctors per year, and if all of the 9,000 doctors on the register practise in Hong Kong, there may be an oversupply of doctors in Hong Kong in the near future.

Prof. Young was retire at the end of September, 1997. She did not have a plan yet, and all she had in mind is a holiday. So far, she was planning to stay in Hong Kong in the next year. She believed that her retirement would not be a loss to the Department of Medicine. The Department of Medicine is good and therefore attracts good people. Prof. Young said her going does not mean anything to the Department, because there are many more people in the Department who are even better than she is.





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