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Losec in combination with amoxicillin to prevent relapse of duodenal ulcer patients infected with *Helicobacter pylori* is now approved in many countries*

New indication

Losec combined with amoxicillin to treat relapsing DU in patients infected by H.p.

Dosage

Losec 20mg x 2 together with amoxicillin 750mg-1,000mg x 2 for 2 weeks

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Astra Pharmaceuticals (HK) Ltd.
Tel: 2420 7388

*June, 1995; Bahrain, Hong Kong, Ireland, Mexico, Philippines, Switzerland, UK, Sweden, Argentina, Australia, Cyprus, Estonia, Latvia, Lithuania, Yemen.

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編者的話

20 MAY 1996

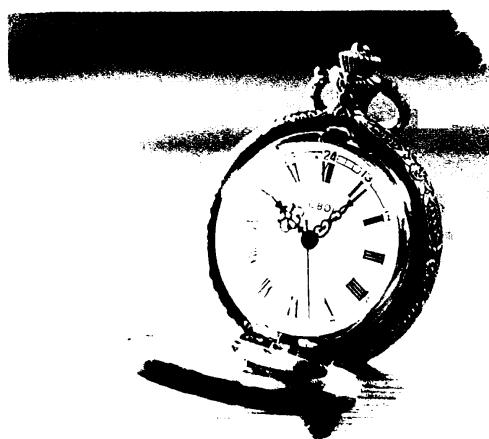
回想起在二年級學期初，醫學會找我做九三至九四年度《杏雨》的總編輯。起初因為恐怕二年級的功課繁重和自己以往從來沒有這方面的經驗，因此不敢答應。但是，自己素來對醫學院內所發生的事都頗有興趣，很有衝動把它們一一記錄下來，留作回憶；加上自己覺得應該為醫學會盡點綿力，所以最後也欣然地接受了這項挑戰！

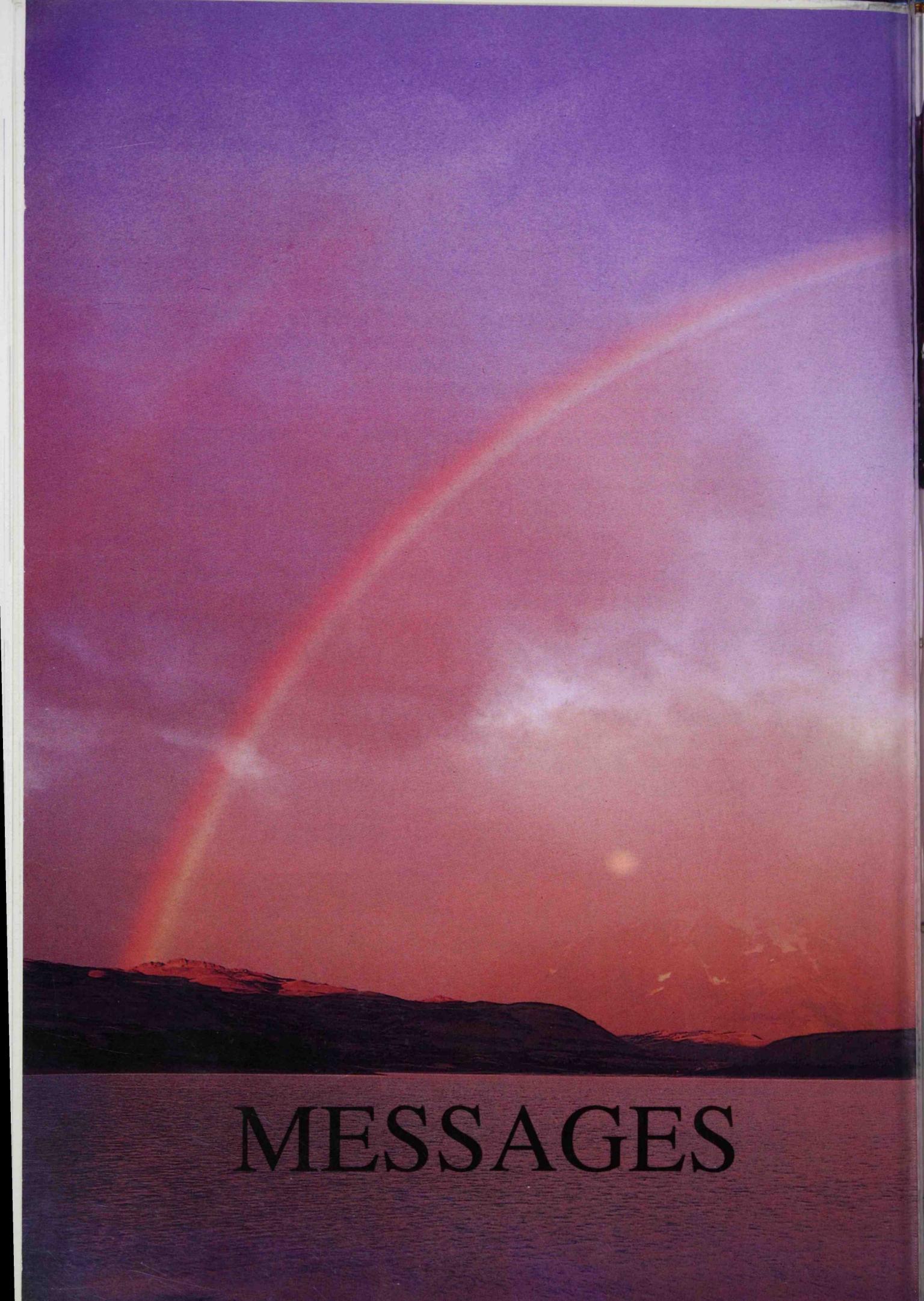
起初工作時，幹事會只有四位同學坐鎮。好不容易才把全年計劃和財政報告弄好！慶幸的是當我們九八班捱完First MB後，經過一連串激烈的游說後，很多同學都肯仗義幫忙，這樣《杏雨》的人數暴增至二十八人，因此《杏雨》的編輯委員會才能正式成立和展開工作。有鑑於以往的《杏雨》時常延期數年出版，這樣大大減低了它的可讀性。所以我們一班編委也盡力地去趕工，希望能在收稿方面，真是一洗以往《杏雨》的漏弊，可是在編輯過程中所遇到的困難倒是不少，尤其是在收稿方面，真是十分麻煩！幸好得到很多熱心醫生和同學的支持和幫助，在他們百忙之中抽出時間來替我們寫稿，他們對《杏雨》的貢獻我們會永遠記著！加上一班盡責和認真的幹事，他們佔了差不多半年的時間去構思和排版，甚至犧牲了自己最後的一個暑假。《杏雨》的出版，他們才是勞苦功高，我也不知怎樣感激他們才是！

在我們編輯的過程中，盡覽了醫學會和醫學生在過去一年內所舉辦和參加過活動，形形式式，包羅萬有，證明了醫學生並不是人們眼中的「潛艇」！我們看到同學無論在學業、運動、藝術……等各方面也有卓越的成就，這都是值得我們引以為榮的事，希望這優良的傳統也能延續下去！

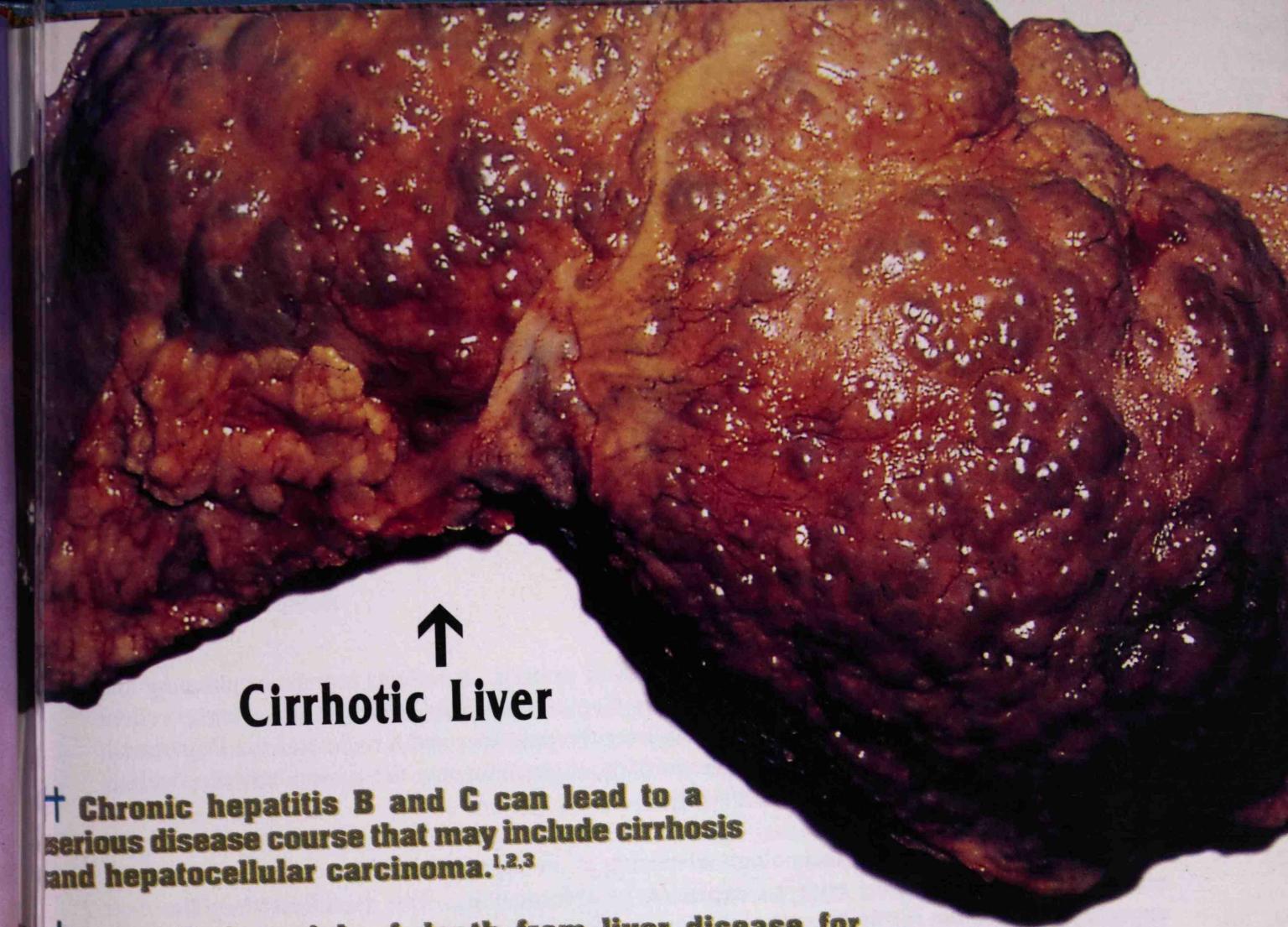
最後衷心希望這本《杏雨》能帶給同學在往年醫學生涯中美好的回憶！

總編輯 邱宗祥（98班）



A landscape photograph of a sunset over a body of water. The sky is a gradient of orange, yellow, and purple. A bright, curved arc of light, possibly a rainbow or a reflection, is visible in the center of the sky. The horizon line is dark, suggesting a body of water or a distant shoreline. The overall mood is serene and contemplative.

MESSAGES



Cirrhotic Liver



† Chronic hepatitis B and C can lead to a serious disease course that may include cirrhosis and hepatocellular carcinoma.^{1,2,3}

† The Lifetime risk of death from liver disease for Chinese (HBsAg) carriers has been estimated to be 50% for males and 14% for females.⁴

Oriental patients with active liver disease respond to α -interferon similar to white adults.⁵

Effective therapy for Chronic Hepatitis B & C

INTRON® A
INTERFERON ALFA-2b, RECOMBINANT
for Injection

1. Beasley RP, Hepatology 2:215-265, 1982

2. Alter MJ, Mast EE, Gastroenterol Clin N Am 23:437-455, 1994

3. Takahashi, et al. Am J Gastroenterol 88:240-243, 1993

4. Beasley RP, Hepatology 2:215-265, 1982

5. Anna Lok, Therapy of Hepatitis B, AASLD 1994

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Message from our President



It is always gratifying to have the new Elixir in hand. It reflects months of planning and hardwork by the editorial board and the Elixir Committee. This issue publishes an excellent article on the activities of the medical society over the past year and a review of the Department of Medicine. Elixir has again achieved the mission of strengthening the liaison between medical students and graduates of our Medical Faculty.

In recent years, with technology advancing at an unprecedeted pace, the contemporary medical students are faced with an explosion of information. This is reflected in the ever expanding curriculum for undergraduates. The medical student may spend most of his time in the library trying to digest and assimilate all that is presented to them. All this efforts may not prove to be cost effective.

The prime aims of medical education are two-fold: firstly, to train clinicians to arrive at a correct diagnosis and institute proper treatment. This can only be most efficiently achieved by the experience gained in seeing more patients in the ward or in the outpatients department. Secondly, to produce doctors who care for their patients. There are occasions when we have exhausted all our means of treatment and at that time nothing is better than a caring doctor who understands the needs of a patient. This goal can only be achieved if our students take an active part in community affairs during the undergraduate period. They have to understand and share the feelings of the people. I am glad that these characteristics can be found among medical students in recent years. Our medical students have shown dedication and enthusiasm in dealing with affairs not only in the medical field but also on the society at large. They have organised health exhibitions, fund raising concerts for laryngectomee patients and so forth. May our students carry on the good work and may they all become competent and happy doctors after graduation.

'I earn that I eat, get that I wear, owe no man hate, envy no man's happiness'

- As you like it.

Prof. William I. WEI
President of Medical Society '93-'94

Message from our Associate Dean



The Editor of Elixir approached me and asked me to write a message on behalf of our Ex-Dean, Professor HK Ma, who has retired recently and is out of town. I declined the invitation as I did not consider it proper to write on her behalf. I was then asked to contribute in my capacity as Associate Dean, that I could not find any good reason to refuse! This is how this message comes about. I wish to take this opportunity to expound to you the issue to this Faculty.

There have been repeated queries in the last several years as to whether the students admitted to this Faculty were still as good as they used to be. My answer to this is "No"; although it happened only transiently. Due to a number of reasons including the issue of 1997 changeover of sovereignty, there was a brief fall in competitiveness of some students admitted to this Faculty. The average score of students admitted to this Faculty, though still faring quite favourably to other Faculties, was probably the lowest in its long history.

In response to this transient fall, the Faculty launched active recruitment programmes to attract good students to our MB BS course. These programmes are aimed to bring the Faculty directly to the students in secondary schools and to enable them to know more about this Faculty in order to attract potential students to our Faculty. We initiated school visits two years ago. A small group of staff and medical students visit schools and introduce our Faculty to teachers and approach senior science students directly by talking to them and answering queries.

We have also arranged longer Summer Attachment Programme where selected students spend a month in the Faculty working as summer students. They are assigned to various members in different Departments. These students are exposed to true settings and gain experience in research laboratories or in hospital laboratories and wards. They may even participate in certain aspects of the work themselves. The response of students who had gone through these programmes have been most encouraging and many ended up studying in our Faculty.

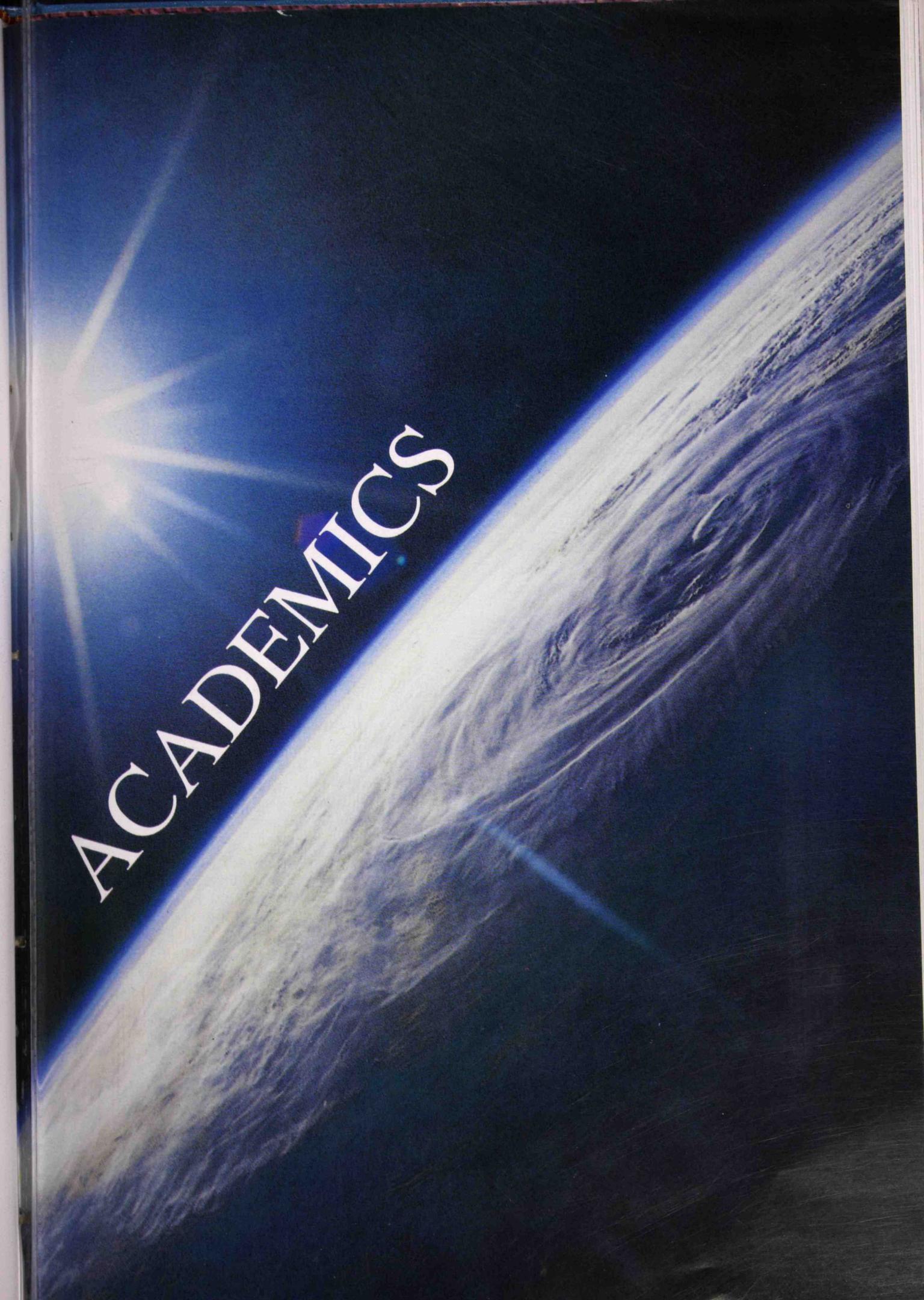
In addition, the Faculty invites several hundreds Form VII students to visit the Faculty each year to meet with the Dean and other members of the Faculty. With the help of Medical Society, the visiting students are given a guided tour to see certain facility of the Faculty. Although we can only invite a limited number of students each year, I believe these are very

effective in publicizing the strength of our Faculty and have a positive effect on attracting students who are genuinely interested in Medicine.

The implementation of JUPAS allows the Faculty to compete on level ground for the best students. The admission scheme together with the Faculty's active recruitment drive enable the Faculty to regain its dominant position in attracting top students to our MB BS programme. The average score of students is now as good or better than our glorious past when we faced no competition.

Finally, I wish to say that Elixir is a publication of the Medical Society to record the activities of the Medical Society and medical students. It provides a forum for the students to reflect upon their lives in the Medical Faculty, their views and reactions to events happening in the Faculty and University. It is also a place for the interflow of ideas between students and staff. I consider the Elixir by Medical Society a most meaningful publication which warrants the support of all medical students and staff. However, I have detected a tremendous delay in publishing Elixir in the last several years. I congratulate the present Editorial Board for their efforts in bringing out this long delayed issue of Elixir.

Dr Y. C. WONG



ACADEMICS

DEGREE CONGREGATION

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Professor Rosie YOUNG Tse Tse

Doctor of Medicine

Dr LAI Ching Lung
Dr LEE Shui Shan
Dr MAK Ki Yan
Dr NG Lui Oi Lin Irene

Doctor of Philosophy

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Mr LEE Po Nung Peter (Physiology)
Mr LEUNG Tze Ming (Physiology)
Dr LIN Yi Pu (Microbiology)
Dr POON Ming See Angela (Physiology)
Miss REN Feng (Anatomy)
Mr TIPOE George Lim (Anatomy)
Miss USMAN Rukhsana (Biochemistry)
Mr ZHENG Bo-jian (Microbiology)

Master of Philosophy

Mr CHAN Tak Wah (Anatomy)
Miss CHOI King Wa (Microbiology)
Mrs DHAR Anita (Anatomy)
Miss LEUNG Hang Mei Polly (Pathology)
Mr LI Jian (Community Medicine)
Mr LIU Lip Yau Loseph (Community Medicine)
Mrs MORAIS Marina (Anatomy)
The late Mr TONG Sik Kwong (Biochemistry)
Miss WONG Belinda (Pharmacology)

Bachelor of Medicine and Bachelor of Surgery

1993

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Mr CHAN Ka Wah
Mr CHAN Sai Man
Mr CHEN Kin Chung, Rex
Mr CHOI Li Ping
Mr CHOW Sai Ming
Mr CHU Kin Chiu, Francis
Mr CHU Man Ho
Mr CHU Shuk Yin
Mr CHUNG Ping Kin
Mr FONG Cheuk Ming

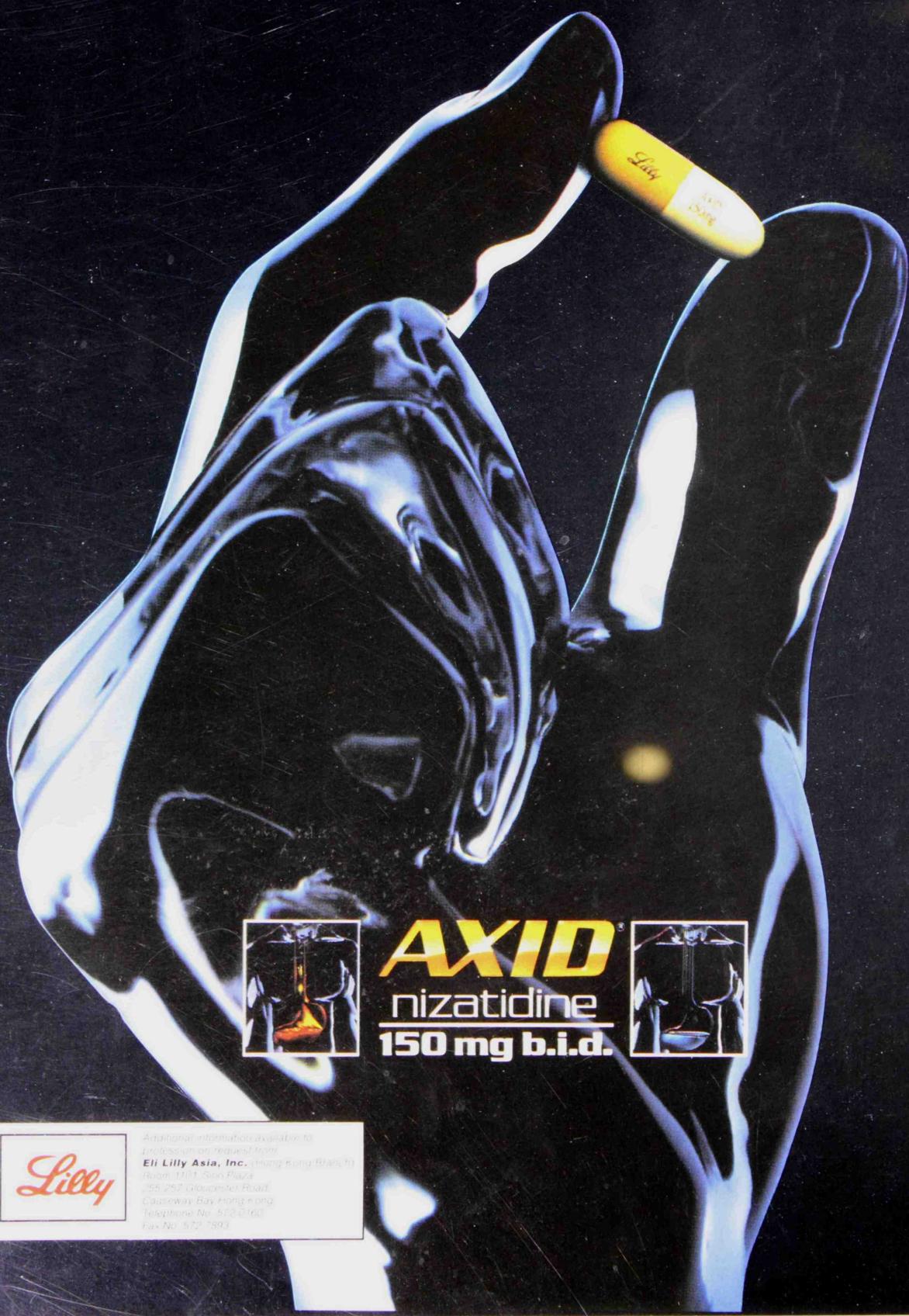
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Mr HUI Kin Leung
Mr KONG Chi Ming
Mr LAI Chor Yat
Mr LAM Wai Sing
Mr LAU Kar Wai
Mr LEE Chi Wai
Mr LEUNG Chi Keung
Mr LEUNG Chi Shing
Miss LI Wai Han
Mr LIU Kin Wing
Miss MO Siu Chee, Liza
Mr NG Ching Luen
Miss NG Sau Yin
Mr POON Kin Cheong
Miss SINN Ting Ting, Maria
Mr SIU Tak Wa
Mr TAM Lok Yan, Frank
Mr TAN Jin Choon
Miss WAN Helene

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Mr CHAN Chong Pun
Mr CHAN Chun Chung
Miss CHAN Fei Ka
Miss CHAN Ka Lai
Mr CHAN Kam Hoi
Miss CHAN King Chung
Miss CHAN Kuen Yi, Miranda
Mr CHAN Kwok Yeung
Miss CHAN Lok Yan
Mr CHAN Shueng Wai, Gavin
Miss CHAN Sze Man, Monica
Mr CHAN Wai Man
Mr CHAN Wai Shun
Mr CHAN Yin Fat
Mr CHAN Yiu Cheung (Distinction in Obs. & Gyn.)
Mr CHAN Yiu Hoi
Miss CHANG Yui
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Mr CHEUNG Chi Yuen, Simon	Mr LIN Wai Hung
Mr CHEUNG Fuk Chi, Eric (Distinctions in Physiology, Pathology)	Mr LIU Sau Yu
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Mr CHIU John Jong Hoh	Mr LUI Wing Cheong
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Mr FUNGTang Tat, Konrad	Mr SIU Hung Fai (Distinction in Paediatrics)
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Miss HO Wing To	Mr TANG Kin Wa
Mr HUI Chee Kin	Mr TIO Man Kwun, Peter
Mr HUI Hoi Fong	Mr TO Kim Chung
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Mr JON Chi Keung, Hayden	Mr TSANG Hin Yee, Alfert
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PROXIME ACCESSIT

Miss Carina CHAN Chi Wai

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TSE Kai Chung

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YEUNG Chi Keung

C T HUANG GOLD MEDAL IN MICROBIOLOGY

Henry TONG Ka Fai

HONG KONG PATHOLOGY SOCIETY PRIZE

CHOI Wing Kee

3M HONG KONG PRIZES (Shared)

CHAN Kwok Tim, CHUNG Chong Fai, Miss Lucia CHAU Shuk Yi

HO FOOK PRIZE

CHAN Kwok Tim

NG LI HING PRIZE IN ANATOMY

Miss Lucia CHAU Shuk Yi

H C LIU PRIZE IN ANATOMY (Shared)

CHAN Kwok Tim, CHUNG Chong Fai

W D LOW PRIZE IN ANATOMY (Shared)

CHAN Kwok Tim, Miss Lucia CHAU Shuk Yi

LI SHU FAN MEDICAL FOUNDATION PRIZE IN BIOCHEMISTRY

CHAN Kwok Tim

LI SHU FAN MEDICAL FOUNDATION PRIZE IN PHYSIOLOGY

CHAN Kwok Tim

JANET McCLURE KILBORN PRIZE IN BIOCHEMISTRY

Miss Anna LEE Kam Suen

JANET McCLURE KILBORN PRIZE IN PHYSIOLOGY

Miss Lucia CHAU Shuk Yi

YUAN AI-TI GOLD MEDAL IN BEHAVIOURAL SCIENCES

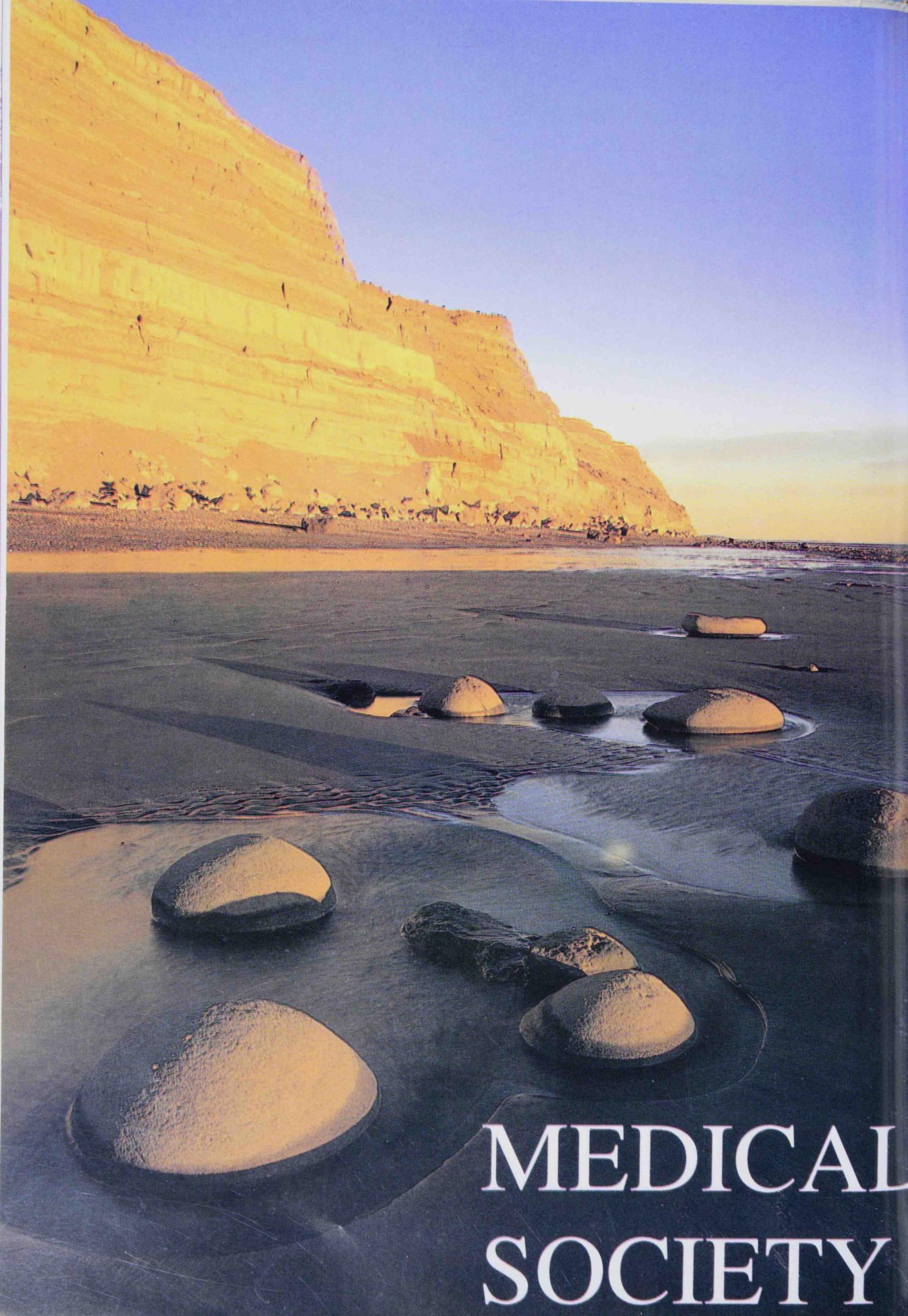
LO Ho Yin

BELILIOS MEDICAL PRIZE (First Year)

LIU Chi Ki

THE HK SOCIETY OF MEDICAL GENETICS PRIZE (Shared)

LO Ho Yin, Miss TJE Ying Nei



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SOCIETY

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FINANCIAL REPORT

Income And Expenditure Account
For The Year Ended 15th November 1994

INCOME

Annual Fund Raising '94	60,000.0
Subscription Fee (\$250 x 165)	41,250.0
Stock Profit & Commission	4,864.5
Bank Interest	3,110.0
Orientation '94	344.8

	109,569.3

LESS: EXPENDITURE

Internal Affairs	13,664.1
External Affairs	1,177.3
Welfare	1,519.2
Social Activities	9,751.5
Sports	9,916.7
Caduceus	6,271.9
Health Committee	2,910.7
Council	4,123.4
Elixir '90-'92	31,500.0
Elixir '93	16,000.0
Health Exhibition	421.5
Elixir Loan Fund	1,000.0
Contingency Fund	1,000.0

	99,246.3

SURPLUS

10,313.0

Prepared by
Miss HO Yuen Ha
Financial Secretary (93-94)

Audited
Miss CHENG Pui Yan
Financial Secretary (92-93)

評議會主席

——陳志強

九三至九四年度的評議會只不過結束了半年，但現在回想起來卻像有半個世紀之久了。這一年的評議會可算是比較順利的一年，各個 Standing Committee 與 Ad-hoc Committee 都能衷誠合作，把九三至九四年的醫學會攬得有聲有色。



對上一年所發生的大事並不多，故此上年評議會的主要工作都是集中於監察各委員會的運作。去年九月評議會以下的 Constitution Review Committee 提出了多個對 Constitution 的修改。最重要的是把十一名內閣成員的位置增加到十二名。這項改變的目的是在於減輕每個成員的工作負擔，以及重整問題多多的「杏雨」編輯委員會。評議會的位置也比以前增加多四名，除了新增的 Publication Secretary 之外，兩名啓思的副編以及健委的副健康委員都被邀請成為評議會，並享有 Full Speaking right 及 Voting right。

上年的評議會亦關注到 Residence for Medical Students(RMS)問題，於去年六月 RMS Concern group 在第四次評議會會議誕生，成員包括各班（九五至九八）對這件事情



有興趣的同學。透過一次大規模的問卷調查，RMS Concern group 得到了很多同學對 RMS 的意見。這些意見都在十月中由 RMS Committee 的學生代表和各成員（包括 RMS 的 Master 及院長）提出。院方在聽取過這些意見之後，立即表示對問題的關注及在十月底召開了一次有關 RMS 的答問大會。會中楊教授對與會的大約五十名同學解釋了鮮為人知，有關於強制性住宿以及 GMC 承認與否的微妙關係，並向同學表示醫學院明白到問題根本上是出於宿位不足這個原因上。至於如何解決 RMS 的問題，則有待新莊的同學繼續跟進。

最後，我想多謝上年一直支持着評議會的各評議員，義務秘書陳小燕，以及各 Ad-hoc Committee 的成員，多謝他們工作至深宵仍然不發半句怨言，繼續為評議會付出心思和時間。希望他們在未來的日子仍然繼續為醫學會工作吧！

祝各位順利畢業！

共和閣 上莊

最近幾屆的幹事會組「莊」工作似乎都是由「莊仔」(Secretaries)發起的，正副主席們通常是比較遲才出現的。今屆的幹事會內閣亦不例外，籌組新莊的責任都是落在幾位剛剛踏足醫學院的新同學身上。

由於幹事會的候任主席人選遲遲還未落實，這導致其他有志上莊的同學猶豫不定，內閣人選亦有所變動。最終的內閣名單要至截止提名前的一刻才能落實，成員包括十位九八班和一位九五班的同學。



我們「上莊」最大的目標是希望把醫學會屬下的各委員會聯繫起來以及加強溝通，達至和睦共處。因此，第四十八屆幹事會取其閣名為「共和閣」。



基於上述原因，我們的「傾莊」以及宣傳工作極之倉卒，還沒有足夠的時間讓大家互相了解，便要在短短的一星期内完成討論工作的分配、職位、政綱以及宣傳品的印刷等等，更少不得的便是班訪和中央諮詢大會。雖然我們「組莊」工作效率非常高，但是在有限的時間下，我們始終沒有對有關幹事的工作計劃作出詳細和實質的研究及討論。

主 席

—陳健進

被游說當新一屆幹事會主席是意料中事，因為差不多到截止提名的時候，還未有同學主動提出有意擔任此職，理所當然，過去曾經參與過幹事會工作的同學便成為游說的首選對象了。不知道是榮幸還是不幸，我被去屆幹事們看中為新一屆幹事會主席的人選，我相信兩者皆有：榮幸的是在眾多同學之中，被選為游說對象當然是有過人之處；不幸的是本身並非大將之才，欠缺作為領導者應有的才華，而且本身從未打算過再參與幹事會的工作，加上其他的個人問題和「限制」，恐怕沒有能力全情投入這一項工作，更會影響原定的計劃，無論對自己或其他幹事都是不利的。

那麼為何還「上莊」呢？據說以往很多醫學會主席「上莊」主要是因為前一屆幹事努力游說的結果。無可否認，我「上莊」的原因多少是受到前任幹事們努力游說的影響，不過最初亦曾推辭他們的好意，令到我改變主意的是一群對幹事會工作充滿熱誠的新同學。他們正密鑼緊鼓地「組莊」，很可惜當時欠缺出任主席的人選。由於他們全都是剛踏足醫學院的新同學，對醫學院了解有限，假如沒有高班同學的參與，他們恐怕工作起來時會有點困難。因為他們的熱誠，我希望憑自己的經驗可以給予他們在工作上一點幫助和意見，於是便決定加入幹事會行列。

其實，過往幾年亦參與過不少醫學會的工作，如外務副主席，評議會主席等。因此對自己的能力和缺點都有一定的了解。平心而論，從客觀條件方面來說，我是不應該作出這個決定的，因為我已失去了像一年級時當外務副主席的那股熱誠和衝勁，而且過往三年多的醫學



生涯始終沒有完全脫離醫學會的工作，因此對醫學會產生了一些厭倦。雖然幹事會的運作是整體的，但是內部矛盾總是不可避免，這些問題是特別需要時間和耐性來處理的。本人急躁和主觀的性格更是作為一個領導者的一大缺點。雖然如此，我相信我依然可以在參與的過程中找到工作的動力——認識一群志同道合的朋友。

回顧過往一年的工作，雖然曾經上過「莊」，不過以往所參與的都是以外務工作為多，對醫學會的內部運作的認識實在有限，所以很多工作都是從頭學起，僥倖的是今屆幹事會是「齊莊」，每項重要的任務都有幹事負責，因此，可顧及到同學及醫學會多方面的需要。

正如在上莊時所料，因為有太多個人問題及「限制」，所以未能完全投入幹事會的工

作，大部份的工作都交由其他幹事代勞，實在有點抱歉。在這一年裏，我能做到的只是提供一些意見和經驗給其他幹事，實質的工作並不多，可以說對醫學會並沒有什麼貢獻。幹事會之所以能夠順利運作及完成目標，這完全是歸功於其他幹事們的努力。



雖然工作量很少，但是體會卻很多。今次上莊使我更加明白到舉辦活動的困難及互相合作的重要。每項活動的成功除有賴於本身幹事的努力和智慧外，其他幹事及同學的協助亦是不可缺少的。我們在這個合作過程中獲得溝通的機會，從而懂得如何去了解及關心別人。另一方面，出任主席一職給予我很多機會與老師們接觸，使我了解到很多老師對學生的活動是很關心的，亦很樂意參與。可惜某些老師對我們的誤解不少，希望日後同學們能主動一些與老師交流，從而增進彼此了解。

學生會的工作雖然為我帶來了不少煩惱和

困擾，但是獲得的回報亦很多，它使我五年的醫學生生涯更加充實，而最難能可貴的，當然是遇到一群本來沒有機會認識並且一起面對困難的朋友。雖然我們只經歷了短短一年的風雨，但是我相信我們在這一年裏建立的友誼是永恒的。



內務副主席

——楊海珈

想了很久，真不知應怎樣開始寫這篇「感想」。回憶起兩年前，我還是一個甚麼也不懂的「新鮮人」，要面對一個新環境，一班新同學，甚麼「大仙」、「小仙」，以及一連串的迎新活動，忙得有點喘不過氣來。心情既興奮又緊張。究竟自己選擇這條漫長的「杏人路」是否正確呢？自己又能否應付呢？

正在猶豫之際，突然有位同學，即是後來成爲我們「共和國」文康秘書的「肥尤」，向本人出擊。他問我在這五年的醫學生涯裏有否打算爲人爲己做點事，有沒有興趣加入醫學會幹事的大家庭。這個問題從來也沒有出現在我腦海中。甚麼叫 EXCO？我有資格嗎？不是一些「大仙」或「小仙」才能「上莊」的嗎？（最初我連「莊」是甚麼也不知！）論到舉辦活動，本人在中學時代已經嘗試過，早「退休」了！（註：這並不代表我的年歲需要退休）。然而，別人看得起我（其實可能我只是雲雲被招的一個罷了），我們要認真考慮。中途經過不少風波，但最終還是點頭了，所以現在才會在這裏與大家談談感受！

整年的內務副主席一職，我究竟應怎樣去形容？好威（因主席之下，便是外務副主席阿左和我了！）？好「八」？因各秘書所做的一切事我都要「監管」，做一橋樑角色？好悠閒？因爲我的職責根本不用籌辦甚麼大型活動。不像外務副主席阿左要出席大場合，對外交際；又不像外務副秘書 Paul 要與大陸打好關係；更加不用每天留意周遭發生的大小新聞，即時事秘書薇子的工作。至於財務方便，當然由 Sara 負責努力打簿，「看管」會發光的香港大學學生會醫學會戶口存摺；文康秘書



肥尤的多人少人或無人參與的活動；福利秘書 Horace 的「勁過唔」與同學特別「關心」的文具櫃；當然還有不可缺少的辛勤常務秘書阿正，努力地作會議記錄；兩位爲醫學院出口出力的體育隊長阿傑及體育秘書 Jane。九位齊數了，哈！我不會漏了那位整莊的主腦頭子——「大佬進」的領導，在緊急關頭下還要他作出理智的決定。那麼，我的存在（應說我的職位存在比較適當）是甚麼？啊！原來根據我在上莊時所說的政綱：我是會（1）……（2）……（3）……（取錄自本莊的第四

十八屆候選幹事會政綱。)

上莊時的競選運動就這樣通過了，下莊時的週年報告也是如斯通過了。我能再與你們分享甚麼呢？可否寫了「一言難盡」、「無可奉告」兩句後，便收筆呢？其實當中有苦有樂，能夠與一班「戰友」合作共事是一緣份。由自己主動去了解他們的工作動向，至後來他們自己向我「報告」，從說公事演變成半公事及至私事，這些友誼是可貴的。除此之外，我還認識了莊以外的「大、小仙」及九八班的同學，因為我時常要找人幫忙籌辦醫學會的活動，當中要諮詢意見及找尋領導人物！記得十二月至一月期間，正十分苦惱找不到「健展」及「迎新營」的主腦。我總不能自己擔當這些重任吧！結果幸運地兩位同班同學陳偉康及鄭思宗應允了我。真感動！而我自己也分別參與宣傳工作及迎新籌委事務，一來可以作「監管」角式，二來可以親力親為地做點事吧！但結果是令自己太辛苦了。這是因為工作煩多？是的。但人事上的問題卻最令我傷腦筋。記得初期「健展」的「大仙風雲」，迎新營的導師短缺問題等！另外，我又要負起一年一度醫學會籌款活動的監察工作，還有其它鎖碎的事情。自己的學業呢？我是諗醫科的，我能夠不讀書去考試嗎？結果我還是合格了！我知道自己是不怕肉體上的辛苦，所以天天「熊貓眼」，但人事上複雜問題，真令人覺得可憎！自問是一個不大喜歡說話的人，但偏偏有些事是非說不可，非吵不可，那時便苦了！可幸是背後的一班莊友默默支持，令自己知道我是不可倒下的——儘管我已筋疲力盡！

凡事皆有好與壞，當上這職，不可否認的是學了不少東西，由處事上的決斷冷靜，至做人的圓滑醒目，一切已經有所掌握。如果老套地說句時光倒流，讓我再選擇是否上莊，我的答案也會是一樣的無悔！



在此借用少少篇幅，感激在整年内曾經幫助我的朋友，無論是精神上或實際行動上，我也衷心說聲「謝謝」。請在未來的日子繼續支持我！



外務副主席

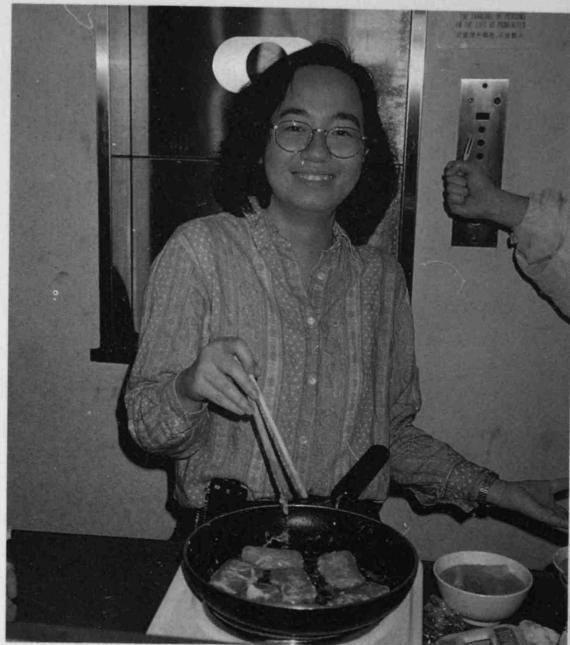
——左倩儀

落莊已經有大半年，現在回想起那時的日子，一切都變得有點模糊，甚至落莊時給人「狂鋤」的氣憤和受屈，現在想起亦能一笑置之，但相信和很多莊員的感受一樣，最深刻反而是其他莊員的幫忙和關心，好像去年我的親人去世，阿 Paul 立刻幫我承擔一部份工作。甚至到我落莊後，健康出現問題，很多莊員一見到我，便會追問我的病況，那份關懷，小妹必會銘記於心。

在這裏，反而想一談落莊後的感受，還記得上莊時經常埋怨其他同學不關心外務的工作，怎知到了自己落莊後，繁重的功課亦令自己變得冷漠起來，難怪很多同學也如此，不過希望大家不要以此為藉口而不去關心社會上發生的事，因為現在做一個醫生已不單是懂得醫人便可以，複雜的政治形勢和急速的社會變遷已令我們就算百般不願意，也要應付不同的問題。不如我在此考一考大家的知識，你們試試能否回答下列問題？

- 一、香港醫生的專業地位在九七後會如何？資格由誰審訂？
- 二、香港的醫生會否過剩？
- 三、醫管局是什麼？它和衛生署有什麼分別？它對我們有什麼影響？

若你能詳細回答上述問題，我建議你競逐明年外務副主席的職位，帶領其他同學（包括我）多認識社會上的事物，特別是與醫療有關的事。若你三條問題中只能回答一條甚至零條，我想你必須惡補一下，不要以為這些不重要，知否醫管局曾在報告中估計每年額外增聘的醫生只需七十多人，就算加上填補流失醫生的空缺，以現在兩大的醫科畢業生人數，加上



回流的醫生及本地執業試合規的非英聯邦醫生，我們失業的機會實在不少。又例如中華醫學會香港會員聯合會曾在數月前發出聲明，指責現在由英聯邦醫生組成的醫務委員會，還把醫務註冊條例牽連到政治層面，這一切難道不值得你關注嗎？

外務工作其實就如電線一樣，將醫學生與外界連起來，但如此龐大的訊息，只靠兩三條電線，你想會否足夠呢？你願意成為輔助的電線嗎？

常務秘書

——彭正維

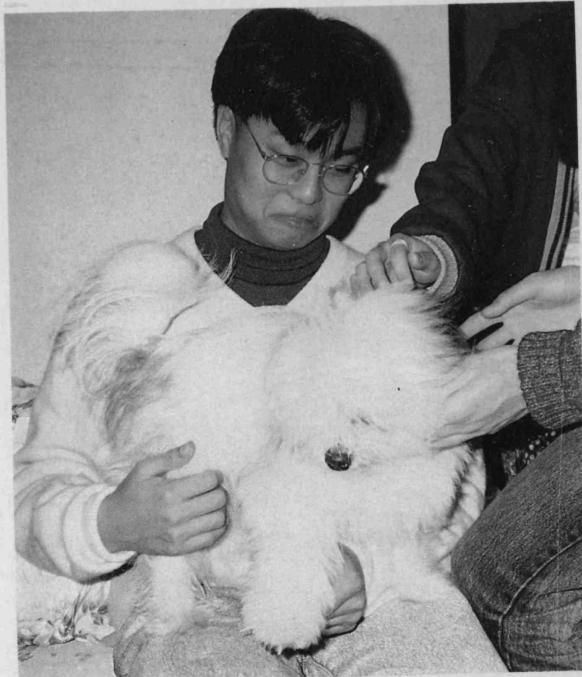
記得第一次接觸醫學會是在中六的時候，當時一大伙人來到醫學院參加「預科生」日，只覺得那些幹事全都一本正經，不苟言笑，給人一種高不可攀的感覺。而正式接觸幹事會，是在那個給「新鮮人」的迎新 File 裏介紹幹事會的專欄。當時腦裏確閃過了要當幹事的念頭，但細閱下，發覺 Exco 所負責的工作好像繁多得很，於是當幹事的念頭便打消了。

後來，經過別人的游說和自己的深思熟慮後，便毅然決定參加選舉，競選常務秘書一職。

其實說起來還有些慚愧，自己選擇這個職位，除了覺得自己比較適合做一些瑣碎和文書性的工作外，覺得它的職務比較輕也是其中一個考慮的因素。事實上，其他的幹事亦幫了我不少忙，在此，首先向他們謝過。此外，能夠找到一個富經驗的領導者（九五陳健進主席），亦令我們這班初出茅蘆的小子，在面對 Campaign 的尖銳問題和討論整「莊」的路向時，有系統了不少。

「上莊」後第一個「任務」就是要出版醫學生手册，作為常務秘書，相信我是最後一個去負責出版醫學生手册的了，因為日後這項工作將會由新增設的出版秘書去負責。回想當初看到自己負責的這本手册出版的時候，真是一種如釋重負的感覺。同時，那種喜悅和滿足感，卻又非一般筆墨所能形容；而在出版的過程中，亦得到了不少處理莊務的經驗和技巧。

作為幹事會的成員，當然要出席最初的 Campaign 和往後的評議會。它們除了讓我更加了解醫學會的運作外，通過聽取別人的意見，亦讓我認識到自己思想的片面和狹窄，學



懂得接納別人的看法。同時，它們亦警惕了我將來去計劃一件事情的時候，清楚了解原因和目的，計劃的時候，想得更加透徹和週全；Present 的時候，能夠更加清楚地解釋。

或許，有些人會像我當初一樣，因為想學到更多書本以外的知識和經驗而「上莊」。



外務秘書

——譚文基

一直以來上莊的人都會埋怨同學的參與活動率低，對大學沒有歸屬感；至於同學則對醫學會的概念模糊，只知道有文具出售及 Exco 辦了很多活動，卻不知辦來幹什麼。同學普遍不關心醫學會的事，因為就算醫學會不存在對他們也沒有大影響；但又覺得 Medso 應該繼續運作下去，所以每年十月尾都會投票支持新的 Exco 上莊。

港大醫學生與醫學會就是有着這樣曖昧的關係，究竟是因為 Medso 活動不設實際及無厘頭？又或是同學喜歡小 Stryer 大 Robbin 多於去 Interflow 或 Medic Ball？

Medso 辦活動反應都很冷淡，往往需要靠相熟的同學支持，這很容易惡性循環，活動變成小圈子玩意，自己人辦，自己人玩，其他同學只淪為旁觀者。事實上，Medso 的活動可以讓同學熱鬧高興一下，培養歸屬感，及在讀書之餘接觸其他事物。可惜活動往往辦得沒有動機，只是跟隨以往的慣例，又或是 Exco 為了完成 Year plan 工作和應付 Council 而做。上莊的人大部份都是一年級同學，在醫學生涯上只是剛起步，對高年級同學的生活認識有限。Medso 的活動就憑他們的知識和腦海中的醫學生的形像來作決定。結果活動辦出來不能切合每個人的需要，只照顧到同級一年班的同學。

Medso 亦讓人覺得只是一年級「上莊學嘢」的地方，而非代表所有醫科學生的機構。當同學對 Medso 不聞不問，Exco 工作又遠離民衆時，辦活動就是在不斷浪費 Exco 的人力和 Medso 的金錢。

「過」、「勁過」、「丁過」——這些字



令每一個醫學生乖乖的留在書枱座位，放棄與 Rosie 薔薇或家明 Lawbut 約會拍拖，而選擇與 Med Lib Librarian 朝見口晚見面。同學再不需要依靠老婆老媽子才有飯吃，因為陳蕉琴和灣景才是真正衣食父母。Freshman 不過半年就會發覺醫學生的天堂是灰色的，因為藍天太陽都被 Lecture Theatre 和圖書館的天花蓋得七七八八。當只顧讀書不顧外界的心態慢慢培養起來，大家覺得沒有什麼事情比勁過更重要的時候，Soc 房被人偷錢，Su 抗議，HA 新制度等事亦變得事不關己，因為就算了解清楚對學業亦不會有幫助。各人無休止的潛艇式大學生活令我覺得沙宣道校園充滿死寂。這裏沒有對事情批評討論的氣氛，卻流行着逆來順受的心態，找不到年青人的熱情和衝動，只有愁云慘霧的面容。難道我們甘心處於這種環境？

本人並非有意將 Medso 活動和同學的團結歸屬感貶得一文不值，只是上了一年莊後發覺了不少的問題。有意上莊的人需要了解 Medso 在醫學會中的存在價值；同學亦宜細想現存的大學環境對我們的影響。

財務秘書

——何婉霞

回想起我還是大一的時候，因為自己是大學生，總想在大學裏大展拳腳。當時「肥尤」四處找人上莊，到了最後只欠財務秘書一職；在數十分鐘之內，我便答應了上莊。那時我希望能多吸取些經驗，認識多一些朋友，因為總覺得除了讀書之外，應多參予些活動。當其時那些於圖書館內只是冷眼旁觀的人，總有些不屑，自以為熱血的我，一輪競選運動之後，期考的逼近，不到數天便已後悔，始終讀書實在是醫學生生活的大部份（並非全部——死不悔改！）。

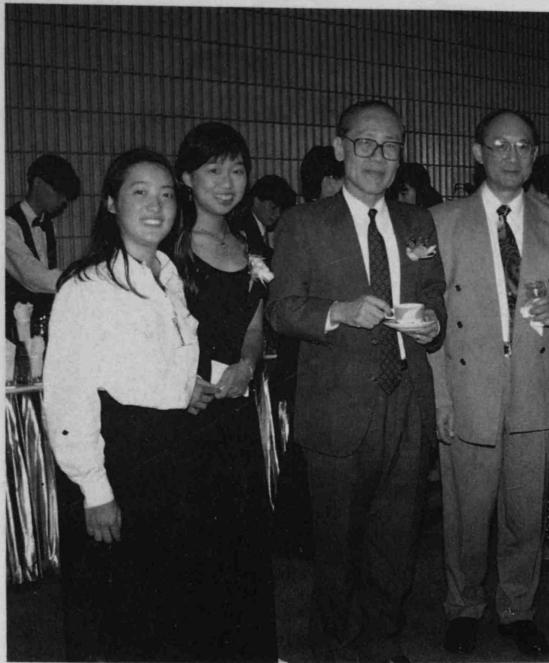
財務秘書的工作難度都不太高，只是非常鎖碎的事情，但對於我這個粗枝大葉的人來說就比較易出錯，所以常常需要別人提點。幸好上任財務秘書不厭其煩地回答我一切的問題；其他幹事的互勵，才幸無甚麼差錯。

醫學會辦事處（Soc 房）像是我的家，空堂、午飯、放學，我都會在那裏。我們在 Soc. 房一同讀書、開會、玩大富翁、鋤大 D……真是值得懷念。落莊時，Soc. 房好像不再屬於我們，這時真有捨不得的感覺。

每人都有自己上莊的期望，而我就是想學習多些東西，變得比較成熟，認識多些朋友。上莊實在是一個令自己成熟的好方法。我做了財務秘書之後，曾參與了「愛心滿杏林」的義工工作，擔任 Medical Loan Fund 的學生代表，但在一群講師面前，一位剛上任的大一學生沒甚麼可發言的餘地。我在 Elixir Loan Fund 的工作中，明白到自己的幸福，也明白到系統中無可避免的漏洞；全部的工作都由我負責，連常務秘書的工作，例如議程記錄都包括在內。至於 Fund Raising，實在取我小



命，因為對於極少舉辦活動的我，這回要當主席（Chairlady）一職！好勝要功的我，以為九四年的 Classical Concert 賺到很多錢而且受醫生歡迎，於是我又動用大家的力量去呈強。雖然效果也令我非常滿意，但我還是喜歡一些大眾口味的電影。另外，我又是 Financial sub-committee 的主席，由於本人比較隨和，所以各人都能和平共處，少開戰端。醫學會的服務之中，最受人歡迎的莫過於文具櫃了。而我也是十分喜歡看守文具櫃的，因為這又是我「數銀紙」的時候了。而我最不喜歡做的是舉行制定章程會議（開 Council）了。從前人們都認為醫學會幹事過於形式化，因為時常要舉行會議，屆時又要被人「挫」。而今年我們的情形就有所不同，因為今年議會成員大部份都是低年班的學生，有些更非常擔心空氣中的「亞米巴」菌，永遠都不開口說話，好



像擔心一開口就會中毒一樣，所以我們的會議非常容易地通過了。但千萬不要以為我們可提早結束，我們也同樣捱到夜半時份，因為始終需要提出一兩條「有意義」的問題，讓大家思想一下。

工作方面的事情大概就是以上所提及的了。另外，認識了一班莊友，志同道合總不能稱得上，但說是點頭之交卻又相去甚遠。總不知怎樣去形容，尤其現在已落莊差不多一年，聚少離多，見面時總言不過三，交情深淺不言而道。

直到現在仍沒後悔上莊，過了大二，深深明白大一時的充實、目標和理想。最後，希望大家珍惜自己的青春，做一些不悔的事。

文康秘書

——尤芳智

在過往一年之幹事會生涯中，總算籌備了幾個不同類形的文康活動，其中包括：（一）醫學生舞會，（二）港大學生節，（三）交職典禮，（四）新年團拜，（五）電影欣賞，（六）醫學生節，（七）高桌晚宴。

在籌辦這些活動的過程中，真的學會了很多東西。其中最重要的是處事態度和與人相處之技巧！很多人會認為文康秘書（Social Secretary）必定是很有社交能力的。但很不幸地，我其實並不是這樣。以致有很多時候，因為同學溝通上的問題，而令到節目之質素未如理想。其中印象最深的是醫學生舞會（Medic Ball）。雖然表面上整個節目也算成功，參與人數不俗，收支平衡。但其實自己在整個計劃與統籌過程中，是有很大的問題。例如人手分配方面相當混亂，自己又經常「失踪」。實在有點慚愧。慶幸有賴各位熱心的籌委努力，節目才可順利進行。在這不得不向各籌委說聲感謝。

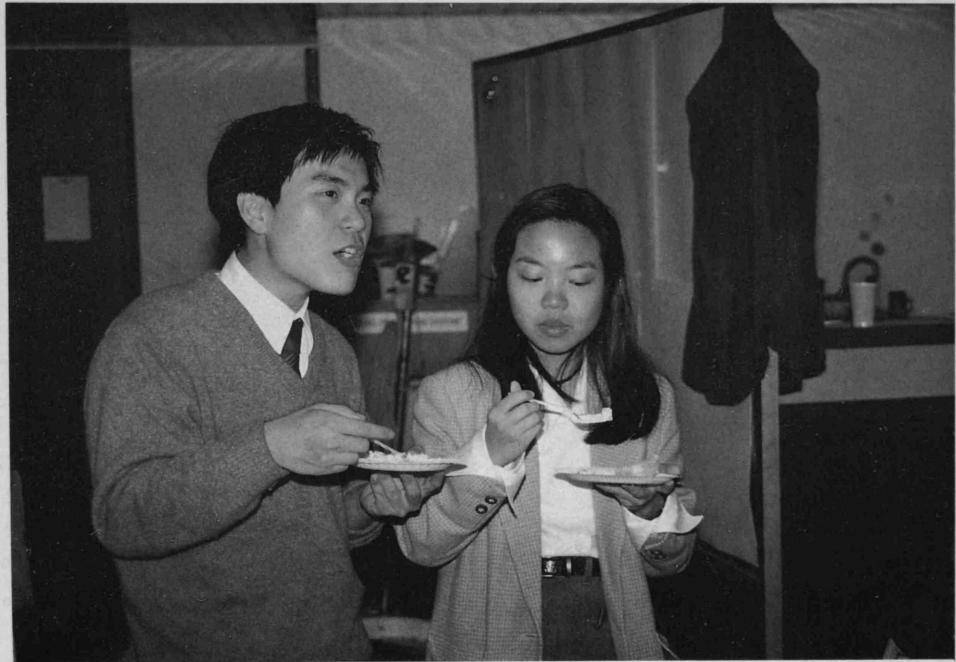
回顧一年的生活，真是相當多姿多采，但也極之艱辛。也許這就是必要付出之代價吧！平日除了要處理 Exco 之工作外，還要兼顧緊迫的醫學課程，再加上舍堂活動之負擔，真是喘不過氣。從另一角度去看，這算是一個對自己的考驗，去學習怎樣分配有限的時間，在最短的時間內做最多的事情。可惜，在這考驗中，我真是徹底失敗！

在醫學院舉辦文康活動，最擔心的問題就是參與率。需知各籌委付出了珍貴的時間，但如果受惠的同學不多，確是一個很大的浪費。坦白說，有時面對偏低的參與率，真是感到十分棄悶。到底是籌委們想出來的活動出了問



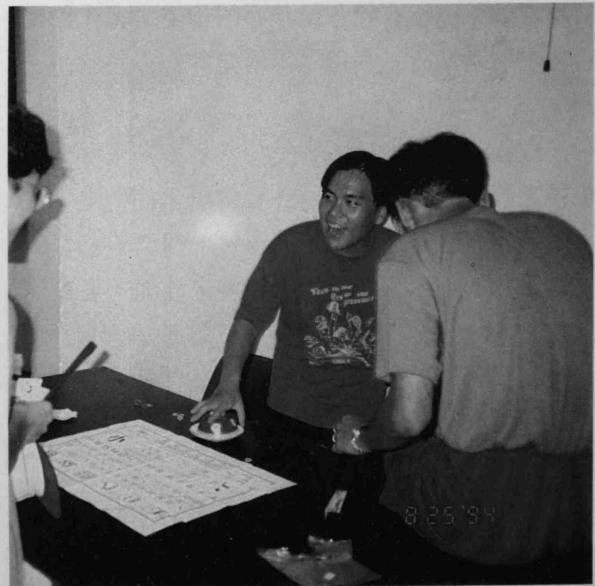
題，還是同學本身對文康活動慣性地冷感呢！印象最深刻的是新年慶祝典禮，出席人數只有四、五十人但卻花了接近八百元！我覺得，現存的文康活動已是十分多元化。但在節目的性質上，卻有很多根本不符合醫學生之需要。同學們本身並不冷感，只是學業對他們來說比起娛樂更加實際。要是時間許可，又對節目有興趣的話，同學必定會樂於參與，高桌晚宴就是一個很好的例子。在此，我希望未來籌辦活動的同學多考慮其他同學的需要，並減少一些看似是基於傳統而辦之節目，不要浪費資源、人力和自己最寶貴的時間！

有很多人說醫學會同學之間的關係疏離，沒有歸屬感。只有醫學會幹事（Exco）一廂情願地去努力，但同學們卻不大受落，依然故我。甚至有人說醫學會最大的功能是文具櫃。這反映了兩個問題：一、同學對醫學會的工作根本不認識；二、醫學會所做的，並不是同學們所希望的。試想想，交了近三百元會費卻只享受有文具櫃的福利，是否有些浪費呢？我



認為學生會應在這問題上作出反省以及多思想同學們的期望，且要加強溝通以減低誤解！我始終相信歸屬感的產生必定可令到成員對自己團體增加認識與認同！

寫了很多對醫學會的看法，最後想談談自己上莊的感受。其實可用四個字來形容——「百感交雜」。真的！上莊令我想多了很多問題，給與我很多感覺，亦使我更了解自己的一切。其間自己的態度卻無可避免地作出了頗大的改變。由起初積極而充滿朝氣，到落莊時的平淡而筋疲力盡。無論如何，我希望有一天能看見醫學生關心醫學會，喜歡醫學會舉辦的活動，全年常務大會 (Annual General Meeting) 可以第一次召集便完成，大家積極地表達意見……也許有點苛求，但卻是我想見到的。



體育隊長

— 招志傑

落莊不經不覺已有一年之久，當初之所以有「共和閣」的內閣，尤同學（九三至九四年文康秘書）的功勞實在不少。他為了有足夠的人上莊，不停去游說我班同學，我便是他的目標之一。老實說當初上莊實在有點兒衝動，並沒有考慮清楚，那時上莊，只是想滿足自己的虛榮心，同時亦覺得若果真的「空莊」實在對同學帶來很多不便，除此之外，亦不好意思推卻尤同學的一番熱誠，所以便有上莊的衝動。

上莊之後，開始發覺自己對莊務並沒有很大興趣，亦發覺自己並不適合這種生活，所以做起事來並不投入，只求做好自己的份內事，有得交差便算了。除了自己體育方面的工作，平日都很少幫助其他幹事們，所以真的覺得不好意思。

上莊之前其實真的要作多番的考慮，因為上莊會影響你全年生活，一定要知道自己為什麼要上莊，或上莊想得到些什麼，不要抱着別人上莊你又上莊的心態，因為這樣不會有很大機會後悔上莊的決定。

一年來上莊的生活都十分忙碌，最忙的時候，差不多整個星期都要帶隊比賽。實際上，帶隊並不用很多時間，往往是比賽之前找人所需的時間會更多，每次比賽之前都會有很多電話要打，一場只須要五個人出場的比賽，很多時要打十多二十次電話之多，雖然賽前找人是很麻煩，但每當可以找到完整陣容出場而又勝出的時候，自己都很有成功和滿足感。

回想自己一年來的工作，實在覺得慚愧，自己很多份內的事都未能盡心做好，幸好多得體育秘書及多位熱心體育運動的同學幫助，才使一年來的工作可以順利進行，實在十分感激



他們的幫忙，才使一年來的工作可以順利進行，實在十分感激他們的幫助。除此之外，亦很感謝一年內為醫學院出場比賽的同學，醫學院體育方面有這樣好的成績，他們的功勞實在不少，值得表揚。



體育秘書

——楊珍珍

當時因為 GCE A level 遲放榜，我是在八月最後一星期才獲正式取錄，所以我並沒有參加任何迎新的活動，對甚麼學生會、醫學會毫無認識。有些時候一些朋友知道我會留在香港繼續讀書，便問我會否「上莊」，但我根本不知「莊」是什麼，莫非是大學裏的賭風旺盛？

從小便愛運動的我在開學後抱着去認識多些同學的心態便自動請纓參加了各班際及院際的體育比賽。可能就是這個緣故，上一任體育秘書對我多加留意，向我講解體育秘書的工作。加上後來又成了文康秘書尤同學的游說對象，我便答應了「上莊」，可算糊塗。（原來「上莊」是指加入各院校的學生會或其他舍堂、會社做幹事！）誰不知原來在正式上任前還要開兩次通宵達旦的諮詢大會，苦哉！苦哉！

做體育秘書有苦有樂，先說苦：

苦，是辛苦的苦，主要是因為事事須要親力親為，經常為工作而奔波，而且花上很多時間，以下便是三個例子：

一、聯絡：每逢院際比賽，體育隊長及我在兩星期前便要開始各自去找一班同學去參賽。可是，平日上課很少會見到其他班的同學，所以經常要用電話與他們聯絡，請他們出賽。當然不是每個人也會即時答應，很多時我也要花些唇舌，實行來個冤鬼式死纏爛打或威逼利誘（利即是 Celebration dinner）。如不幸遇上比賽改期，便要重覆以上的步驟。

二、做領隊：我和體育隊長在開始時決定了每次院際比賽，無論是男子或是女子的，盡



量兩人一同帶隊，好讓大家能互相照應。但亦因為這個決定，大家便常要往來體育中心及田徑場，花了不少時間，而最慘的就是可能一連幾天也要帶隊，最高紀錄則是一星期內有六場比賽。

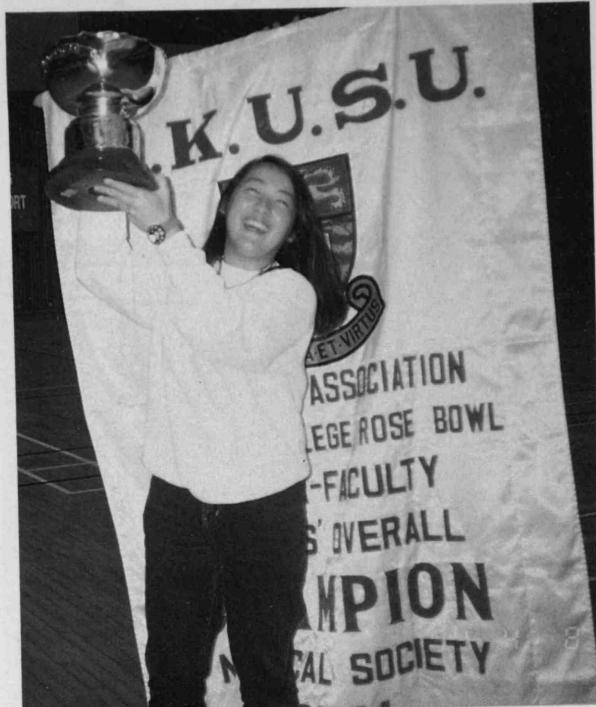
三、親「力」親為，竭盡所能：醫學院一向以「陽盛陰衰」馳名，而經常運動的女同學更少，肯參加比賽的……！承接了「永不棄權」的傳統，不夠人嗎？便自己出賽！由比較普通的羽毛球，籃球至冷門的曲棍球、標槍等也有我的份兒。卸任後計算一下才發現在各院際比賽中，除乒乓球外，我參加了其他所有的比賽項目。精神和體力上的付出，只有自己才能感受到！

至於樂，絕對是比苦為多的！最高興的莫過於是能認識到一大班朋友。首先，自己與同莊中的「莊友」建立了深厚的友誼。又由於工

作關係，令我有機會認識其他年級的同學。更由於比賽的關係令我能結交到其他院系的同學，真是「不打不相識」。

就是因為我喜歡各類不同的運動，所以很容易便能做到予娛樂於工作，予工作於娛樂。參加各樣比賽，除了之後會筋皮力盡之外，對我來說根本不是這件苦差，反而我能從中更加鍛鍊自己的技術，更加乘機減肥！

有比賽，當然有輸贏。如果勝出的話，故然是件好事，值得慶祝，但落敗了也未必是件壞事。令我印象最深刻的要算是院際女子曲棍球比賽，基本上在比賽前大家也知必敗無疑，但奇怪的是居然有十分多人肯與我一同「走堂」，在猛烈太陽下走到運動場，冒着被對方或自己隊員不小心用球棍打傷的危險去為醫學院出一分力。比賽結束後，我們輸了零比六，但其實分數根本不在我們眼內，當時還有人打趣說「輸少當贏」！在此我要一讚所有人的體育精神，「只在乎參與，不在乎成績！」。就是抱着這個宗旨，加上一定的實力和一點運氣，最後醫學院奪取了院際體育比賽男子組第三名及女子總冠軍，捧回那曾經失去的Omega Rose Bowl。



福利秘書

——嚴洪皓

人很容易迷失方向，故認識自我很重要，可說是人生的首要任務。沒有比自己更認識「我」了，「我」有七情六慾——是一個沒法可讓人完全理解的個體戶，只有「我」才知道自己對事的憎惡和愛好程度去到那裏，知道自己是多麼討厭這個人或多麼的欣賞那個人。雖然「我」會在臉上流露出內心的喜、怒、哀、樂，但「我」卻可以深藏不露，這欺騙了別人卻欺騙不了「我」，反之，儘管「我」描述自己的内心世界，而別人亦同時用心聽，亦只可領略大部份罷了。如果是完全理解，感同身受，「我」就是「你」了。

認識自我，要知道自己的長處和短處才能充分地發揮自我的潛能，將其放到適當的地方，泯除自我危險的傾向。試想想若自己亦未能了解自我，甚至迷失了「我」的話，是很危險的。

莊子齊物論有一蝴蝶夢，有很高深的哲理，值得深思：從前莊周發夢自己是一隻蝴蝶，很高興地飛舞，就根本不曉得有莊周此人。忽然醒來，發覺自己實在是莊周。不知是莊周夢做蝴蝶，還是蝴蝶夢做莊周呢？有些人活在自己幻想的夢裏，自高自大，自以為是。亦有些人糊塗地過日子（如小弟也），還以為自己很正常很清醒，就如夢中做了蝴蝶。人生如夢的想法固然不合，但當你如夢初醒，似是大覺悟，然過於對現實「執着」，這亦非真正的「覺今是而昨非」。

認識自我不可缺，同樣地，認識別人亦很重要，因人是群體的，一切曾在我身上發生的事物，對我未來都有決定性的影響，因人的思想和行動在塑造自我，思想和行動是受別人所

牽引的，故自己所讀的書、所交的朋友都須注視。在這自我塑造的過程中，與人相處和諧是大家所希望的情況，人的角色和習慣起着很大的用途，避免了許多憂慮，但運用不當，會流於收起自我個性、造作和給人虛偽的感覺，中庸之道在於懂得反省及深思。



時事秘書

——王曉薇

過去一年之「上莊」生活實在是一段頗為難忘的經驗。對於沒有參與任何學生會工作的我，從上莊起，參與各項宣傳活動，擔任評議員，以及策劃各項外務工作等，都是既新鮮又刺激的。

一向以來，同學對於外務的活動都比較陌生，如何提高同學們對外務活動的興趣便成了一項挑戰。對於一些同學興趣較低的題目如政制及經濟的重要新聞，我們會採用簡單的報導手法，如大字報等。此外，由於同學們會對醫療界有較大興趣和關注，固我們的週年大型活動也是以探討醫療界的發展為主。策劃這些活動縱使需要付出不少的時間和精神，然而同學的參與及支持實在是一支「強心針」，鼓勵我們繼續下去。

綜合過去一年的經驗，我體會到醫學生需要加深對社會各階層的認識，了解他們的生活及需要。因此我覺得學生會應該舉辦多些關心社會的活動，如探訪老人、露宿者等。

上莊另一個收穫是認識了一班莊友。合作初期雖因不同的性格及處事方式而遇到不少阻力，但經過互相協調及遷就後，都已迎刃而解。事實上，上莊可接觸到各式各樣的人和事，是一個難得的學習機會。



共和閣 落莊

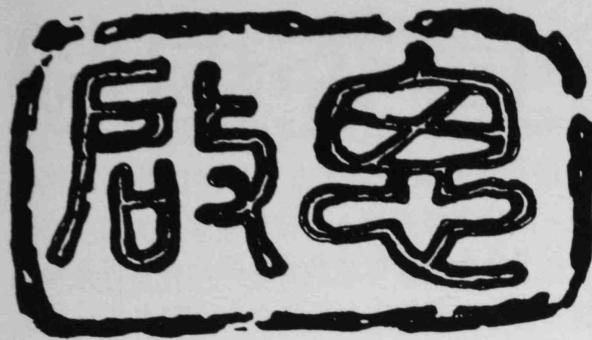
在過去一年，「共和閣」已基本上完成了在「上莊」時對同學們所作的承諾及達到了我們的工作目標。醫學會的幾項大型活動如週年籌款、健康展覽等更比預期為理想，而新構思的高桌晚宴亦甚受同學歡迎，最後只有一、兩個項目未能在任期內完成。由於在「全年工作計劃」中編排了太多活動，尤其是外務方面，以至某些幹事的工作負荷太重，工作起來十分吃力。吃力的工作對我們並不要緊，因為我們有責任對投我們信任一票的同學作出交代。當然，我們最渴望的便是同學對醫學會活動的參與，認同以及善意的批評，好讓我們作出檢討和改善。在這一年裏，以上對「共和閣」的報酬是肯定的。

很可惜，有些同學卻在當我們「落莊」的時候才提出批評，甚至作出抵毀人格的言論，我們實在很難領會他們的用意：是否希望我們從此改善？不過卻太遲了，因為我們的任期已滿，我們會反問一句——為何不在適當的時候提出呢？還是想提醒同學們他們的言論很有見地，對醫學會或對社會有很深的認識。一個真正有見地，有學識的人並不須要用侮辱的說話、無理的要求及主觀的見解來使人信服。相反，應該抱着客觀的態度，公平的批判以及實際的行動來使他人接受。更令人難以信服的是提出這些無理要求和批評的同學亦曾擔任過幹事會或其他委員會的工作，我們應藉此問問大家：你們在任內作了什麼貢獻？你們對投你們一票的同學作出的承諾又完成了多少？你們對你們認為應做的工作有沒有完全盡過力？無論如何，善意及惡意的批評都給予我們十一位幹事寶貴的成長經驗。

醫學會之所以能夠順利運作，除了啓思、健委及幹事的成員和同學們對醫學會的支持外，更重要的是一群協助醫學會默默耕耘的顧問，今屆醫學會的三位顧問包括韋霖教授，關超然教授和鄭養鴻老師，以及屬會會員代表詹愷怡醫生。他們不但在百忙中抽出時間為醫學會所舉辦的活動提出寶貴的意見，還出錢出力，積極參與我們的活動。他們對醫學會成長的貢獻實在功不可沒，我們藉此機會表示衷心感謝。



一年「上莊」辛苦的工作，沒有參與過是無從體會到的。雖然我們花了很多寶貴的時間在學生會的工作上，但是獲益的確不少，這些經驗是永遠沒有可能在書本裏可以找到的。除了幹事們辛苦外，其他協助醫學會工作的同學亦花了不少精力在醫學會的活動上。相信大家都應該把學生會的工作暫時放下，好好休息一會，重投書本的懷抱，因為我們即將面對另一考驗——考試。希望大家一起努力，「共和閣」祝大家勁過。



——王志豪

不知不覺間，新一期杏雨快將出版，身為剛剛過氣的啓思老總當然需要寫稿。可是，屈指一算，自己已落莊近半年有多，再次執筆提字（當然是中文字），竟有種束手無策的感覺，不知從何說起。

提起今年自己擔大旗的啓思，老實說，它不會帶給我特別的回憶，甚至近乎空白。你會問，「怎會的？大抵你也是個老總，怎可能沒有特別感覺！」我想，理由可以有很多很多，但最根本的問題是出於自己，因為我並不投入啓思的工作。看回以往杏雨有關各老總眼中的啓思，可以感覺到他們對啓思的一份熱情、誠

意，很可惜本人卻沒有那份共鳴。回看以往在啓思的日子，都不甚清晰，上莊可能只為一時的貪玩、前一莊的「甜言蜜語」，不要誤會，我絕不是怪任何人。這裏，我要說清楚的是，不單單指啓思上莊，任何事情也是，要作出一份承諾之前，必需清楚自己想要怎樣，是否真的想承擔這份責任，如果有半點「不」字在腦海浮現，我勸你還是把它拒絕，放棄那份虛榮感吧，什麼人們求你而不好意思推卻等廢話。我尊重啓思確實有它的重要性，委實需要一位真正有熱誠的人去擔當，什麼有經驗，有寫作才能，有新聞觸覺等等，這還是其次！



很辛苦的「捱」了兩份啓思，實在虛耗不少自己對啓思所僅有的熱誠，對於其他啓思人我實在感到抱歉，我實在有點辜負了你們，有很多啓思人其實所擁有的熱誠是大大的在本人之上，弄至這田地委實無奈。

故此，到了快將落莊的日子，便是「捉人入局」的時候了。本人實在沒有那份心去說服別人加入，這不是很荒謬嗎？自己不喜歡的卻要把它美化去感動別人！我要強調一點的是，做啓思老總或其他編委絕對不是壞事，只要有那份心去做，一定可以學習到很多東西的。如果你不投入，任何事情也是，到頭來只落得累人累己的慘淡局面。

最初落筆寫這番說話前，我本可以好像以往那樣，介紹過去一年啓思的趣事、內容、自己滿意的、可以改善的專題等等事情。可是要寫這些，我就是作文章，抄抄以往老總的思想，怎樣怎樣高興，怎樣怎樣多謝大家支持，怎樣怎樣對下莊啓思的寄望……我實在不想寫這一大堆的謊言！

絕對讚成啓思它存在的意義，但需其他同學感受這份意義，絕對需要有熱誠的人去做，而不是草草找人做「替死鬼」便收工大吉。我承認在找新莊的時候也抱着這心態，最後我想向準備加入啓思大家庭，或準備找人上莊的說句話：真的要想清楚，請用心去想，沒有人可以迫你的，你願意投入這份工作，恭喜你！如果仍有些猜疑，請你離開，啓思實在需要有心人去做！



健康委員會

—何 蓓

從前，在一個商旅必經的荒蕪高原中，發生了一些改變，這片荒漠、寸草不生，烈日總在它上面，商旅們每經過這地方，必經歷艱辛，有一年，一群年輕的商人經過此地，忽然起了個特別的念頭，想在這裏挖一條河，令這裏也有綠洲！

他們努力的不停地挖河道，鑽探水源，終於出現了河，路經的人，見到小川的美麗，就把從各地帶來的種子，種在河邊，於是苗兒開始長出來。

又過了數十年，苗長成樹，樹結了果，長出不同的，奇特的果子，有愛心果子，夢想果子，交流果子，成長果子，經過的商旅在這裏休息，採吃果子，也會把種子種到土中，修輯樹木，施肥，除蟲。

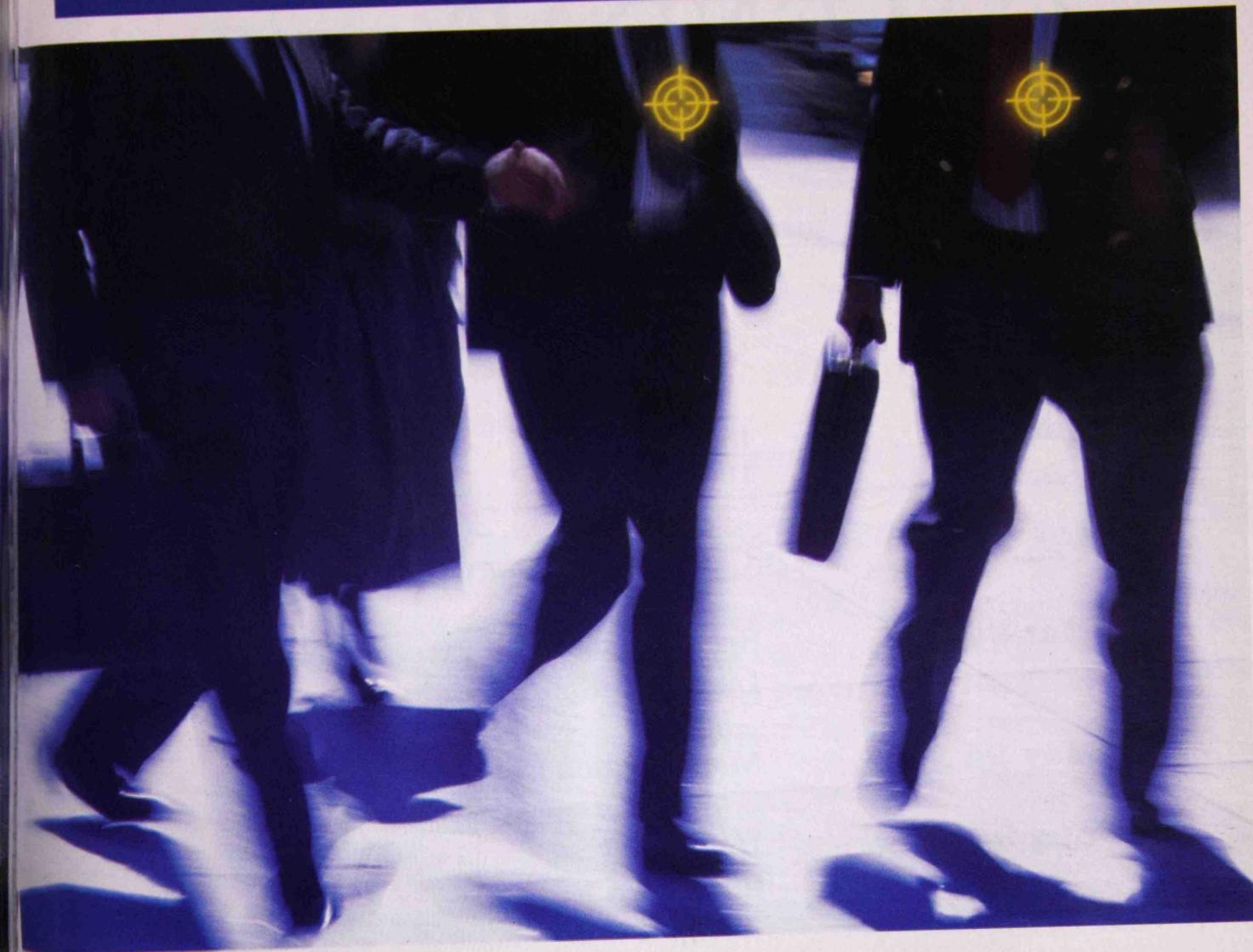
綠洲終於出現了這地方也再不是商旅最怕走的一段路，經過的人，總會在腦海中，留下一些美麗的回憶！



ACTIVITIES



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- **Reduces the serious risk of haemorrhage²**
- **"Significantly superior" to cimetidine^{3,4}**
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ABRIDGED PRESCRIBING INFORMATION (Please refer to the full data sheet before prescribing) **Zantac Tablets, Syrup and Effervescent Granules:** Ranitidine HCl **Indications:** Duodenal ulcer and benign gastric ulcer, including that associated with non-steroidal anti-inflammatory agents. Prevention of non-steroidal anti-inflammatory drug (including aspirin) associated duodenal ulcer, especially in patients with a history of peptic ulcer disease. Post-operative ulcer. Reflux oesophagitis. Zollinger-Ellison Syndrome. Chronic episodic dyspepsia. Prophylaxis of stress ulceration in the seriously ill. Prophylaxis of recurrent haemorrhage from peptic ulcer. Prophylaxis of Mendelson's syndrome. **Dosage and Administration:** The effervescent formulations contain aspartame. Adults: 150mg twice daily or 300mg at bedtime for 4 weeks. In ulcers associated with NSAID therapy, 8-12 weeks treatment may be necessary. For prevention of NSAID-associated duodenal ulcers, 150mg twice daily may be given concomitantly with NSAID therapy. Maintenance therapy: 150mg daily for up to 12 weeks. Zollinger-Ellison Syndrome: 150mg three times daily. Doses up to 6g per day have been well tolerated. Chronic episodic dyspepsia: 150mg twice daily for up to 6 weeks. Prophylaxis of haemorrhage from stress ulceration in seriously ill patients or prophylaxis of recurrent haemorrhage in patients bleeding from peptic ulceration: 150mg twice daily may be substituted for the injection once oral feeding commences. Mendelson's syndrome: 150mg 2 hours before anaesthesia, and preferably 150mg the previous evening. Obstetric patients in labour: 150mg every 6 hours, but if general anaesthesia is required, additional use of a non-particulate antacid is recommended. **Children:** Peptic ulcer: 2mg/kg to 4mg/kg twice daily up to a maximum of 300mg per day. **Renal impairment:** For patients with renal impairment, see full Data Sheet. **Contra-Indications:** Patients with known hypersensitivity. **Precautions:** The possibility of malignancy should be excluded before commencement of therapy in patients with gastric ulcer (and if indications include dyspepsia; patients of middle age and over with new or recently changed dyspeptic symptoms) as treatment with ranitidine may mask symptoms of gastric carcinoma. Ranitidine crosses the placenta and is excreted in human breast milk. Ranitidine should only be used during pregnancy and nursing if considered essential. Reduce dosage in the presence of severe renal impairment (see full data sheet). Regular supervision of patients who are taking NSAID concomitantly with ranitidine is recommended, especially in the elderly and in those with a history of peptic ulcer. As the effervescent granules contain sodium and aspartame, care should be taken in treating patients on a sodium-restricted diet or having phenylketonuria. Ranitidine should be avoided in patients with a history of acute porphyria. **Side Effects:** Headache, dizziness, skin rash including rare cases suggestive of mild erythema multiforme. Rare cases of arthralgia and myalgia. Rarely, hypersensitivity reactions with fever and anaphylactic shock. Occasional reports of hepatitis with or without jaundice. Transient and reversible changes in liver function tests. Rarely, mental confusion, depression and hallucinations. Rare cases of leucopenia, thrombocytopenia, pancytopenia (sometimes with marrow hypoplasia or aplasia), agranulocytosis, bradycardia, A-V block, acute pancreatitis. Few reports of breast symptoms in men. **Pharmaceutical Precautions:** Zantac syrup should not be stored at a temperature exceeding 25°C. Dilution of Zantac syrup with Syrup BP or sorbitol solution is not recommended as this may result in precipitation. **Presentation:** Zantac Tablets 150mg: white, round, film-coated tablet, engraved 'ZANTAC 150' on one face and 'GLAXO' on the other. Each tablet contains ranitidine 150mg (as hydrochloride). Zantac Tablets 300mg: white, capsule-shaped, film-coated tablet, engraved 'ZANTAC 300' on one face and 'GLAXO' on the other. Each tablet contains ranitidine 300mg (as hydrochloride). Zantac Syrup: a peppermint flavoured, sugar-free syrup, free from artificial colouring. Each 10ml contains ranitidine 150mg (as hydrochloride). Zantac Effervescent Granules 150mg: Each sachet contains ranitidine 150mg (as hydrochloride) and 10.2 mEq (235mg) of sodium (Aspartame containing effervescent formulation). **REFERENCE:** 1 Penston JG, Wormsley KG. Aliment Pharmacol Ther 1992; 6: 629-645. 2 Jensen DM et al. New Engl J Med 1994; 330: 382-386. 3 Gough KR et al. Lancet 1984; 2: 659-662. 4 Silvis SE et al. J Clin Gastroenterology 1985; 7(6): 482-487. 5 Sabesin SM. Aliment Pharmacol Ther 1993; 7(S2): 35-40. 6 Luis Alberto et al. BMJ 1994; 308: 503-506. 7 Ruszniewski P. Aliment Pharmacol Ther 1993; 7(S2): 41-48. Zantac is a trade mark owned by the Glaxo Group of Companies.

CALENDAR (93-94)

Nov 93	共和閣 上莊
Dec 93	Medic Ball
Jan 94	Inauguration Union Festival
Feb 94	Chinese New Year Celebration
Mar 94	Sports Association Presentation Day '94 Inter-year Sports Competition
May 94	Matriculation Day
Aug 94	15th AMSC Interflow Camp '94 Annual Fund Raising '94 Orientaiton Camp '94
Sep 94	Health Exhibition '94
Oct 94	Medical Festival '94
Nov 94	共和閣 落莊

九四交流營

——譚文基

是次的交流活動是香港大學學生會醫學會與廣州的大學合辦的。目的是透過接觸不同環境的人和物去刺激參加者思考，比較兩地大學不同之處，從而反省自己應該改善的地方。在交流營舉行之前，一些營前活動包括講座，展覽及茶會已經介紹出這主旨，好讓參加的同學對交流活動的性質有一定的了解。

交流營一連四日在暑假舉行，參加的同學多數是低年級的。我們到訪參觀的大學包括有暨南大學，中山醫科大學和第一軍醫大學。三所學院在廣州都有一定的名氣，然而它們卻有着不同的特點：

第一軍醫大學：一所專門訓練軍醫的學府，學生除學習醫科外，還有要接受軍訓，成為正式軍人。畢業後會被派到不同地方負責普通百姓或軍隊的醫療服務。大學內的設備是我

們在廣州所見最先進的，與港大醫學院的設備比較，可能有過之而無不及。最令人目不暇及的莫過於解剖展覽室內的標本，比得上我們Anat用的Rohen Photo Atlas內的圖片。據聞有出版社曾提出要求攝影解剖室內的標本來印製書籍。

中山醫科大學：校舍位於市區內，正門樓梯放置了孫中山先生的肖像，是歷史悠久而國內有名的醫科大學。學生有兩種課程可以選擇，分別是學生學位課程和碩士學位課程。學生大部份是本地人。

暨南大學：暨大位於市區外，擁有比港大校舍面積大數倍的校園。幾乎所有學生都擁有單車代步。學生分別來自本地、澳門和香港。



我們參觀了暨大醫學院大部份的設施，包括用來處理人屍的密室，不同部門的課室以及其附屬醫院。醫院內最特別的就是設有中醫部門，提供中藥治療和針灸療法為有需要的病人服務。而暨大的醫學課程亦包括中醫部份，可見當地大學訓練醫務人員是中西並重。

暨大的教學制度與香港的顯然不同。課室內除了學生與講師外，還有一種處理學生事務的「老師」。學生宿舍分配，功課事宜，學生活動，還有其他有關學生的事情，都會有「老師」參與計劃。他們有些還會負責醫學生的非

主修科目，例如體育科。由於年紀與學生差不多，老師與學生的關係十分融洽，了解學生的生活圈子，成為學生與校方溝通的橋樑。

暨大醫科學生每年都會有暑假，所以夏天期間校園變得冷清，而是次接待我們的暨大同學都是醫科學生會的成員，專誠留在暨大參與這四日的交流活動，令我們一班香港醫學生對廣州的大學與醫療機構有了初步的認識。亦希望這會是一個好開始，除了埋頭苦讀眼前的書本外，還嘗試接觸不同的事物。



15th Asian Medical Students' Conference

Christina WAT Sze Kee

Depressed, preoccupied, unable to concentrate....., the symptoms of the "Post-AMSC Syndrome" were what most of us who had took part in the 15th AMSC experienced when we just came back from Thailand. "Oh! I miss them so much!"

This year, the AMSC took place in Bangkok of Thailand, the Land of Smile, from 6th to 12th of August. The theme of the Conference is AIDS, the scourge of the century. More than 8 Asian countries have taken part in this Conference to share their knowledge about AIDS.



We arrived at the YMCA hotel at the evening in the first day. Soon after a crash dinner, we attended an orientation in which the organizing committee of the Conference gave all the delegates a briefing on the programmes of the coming week. We were then divided into groups and started introducing ourselves to one another. Right at the beginning of the Conference, you can already make a bunch of friends!

Early in the morning next day, we left the hotel and went to the Opening ceremony. Welcoming speeches were given by the Deans, honorable professors of the local

medical schools of many universities and senior Government officials. In the afternoon, we were arranged to visit the Grand Palace as the programme 'City Tour' and we enjoyed the beautiful scenery and buildings there very much!



At the evening, we joined the Welcoming Party in which a wide variety of food was served---- Thai, Chinese, Western, Japanese....., you would definitely become a Connoisseur!!! Afterwards, while a Thai band was playing traditional Thai music, some dancers who were actually medical students showed us the traditional Thai dance and taught the enthusiastic delegates how to dance..... later all of us were dancing together!

Next day, we visited the National Blood Bank of Thai Red Cross Society to understand more about the procedures in handling the donated blood. As we all know, blood transfusion is a common way of infecting AIDS. Then, we went to the Anonymous Clinic beside the Blood Bank. This Clinic is opened for those who suspect themselves being infected with AIDS or who know they have already been infected and seek some medical care and advice. So,

ACTIVITIES

actually many of the people we saw inside the Clinic were HIV positive AIDS carriers! The above visits were the Action Programme in which the students are encouraged to take initiative to learn more about the theme.



Well, here came the "main dish" of the Conference, the Paper Presentation! While many of the delegates might found these two days quite boring and thus a suitable time to take a nap, the presenters of each country would no doubt be quite nervous, yet very well prepared. Each country took turn to present their paper work in 15 minutes, followed by a "Q & A" section. We, Hong Kong, was the second country to present our paper..... "Come on, you can do it..... JUST DO IT!" We, sitting in the front row, listened attentively to our senior students who were trying their very best to present our papers and wished them all the best.....



What's next? Ah..... no more formal dresses, ties..... but T-shirts, jeans, sneakers..... and UMBRELLAS! We went to a historic place quite far away from Bangkok City, called the Ayutthaya Historic City

which was the ancient capital of old Siam (now Thailand) long time ago. We spent the whole day for the visit and traveling but unfortunately, rain came in the afternoon and spoiled the fun!

Next day, we were divided into 4 large groups to visit local hospitals in the Technical Tour. I was arranged to visit the Ramathibodi Hospital which I found quite old, like the Queen Mary Hospital before renovation, with turning fans hanging on the ceiling of the wards. Yet, it is an invaluable opportunity to visit the hospital in OTHER countries, broadening our horizon.



As the camera kept running, next program was the Cultural Night---- Fun time!! Each country had to prepare some cultural performance to introduce their own tradition and culture. Japanese delegates, for example, had shown us how to put on the kimono, the traditional dress of ladies, also the Karate and Japanese dance, and I found it very impressive! How about the Hong Kong delegates? As Hong Kong is a city where East meets West, we decided to perform the ENGLISH version of a famous Chinese Opera: "When Mr. 8-Tiger Tong met Miss Autumn Her....." We had worked very hard for the opera; besides giving up our leisure time at night, some of our male delegates even sacrificed THEMSELVES by changing their SEXES to play the actress part! It's really a night full of fun and cheering.....

.....Really? The LAST day of the Conference? Oh... so sad.... Early in the

morning, we attended the Closing Ceremony which was, as usual, full of formal and conclusive speeches. In the later part of the ceremony, all of us were waken up by a slide show!! It consisted of many memorable moments and scenes in the whole Conference that are still vividly present in my mind now. Delegates cheered with shouts when the slide had their faces on and all of us went "high"! Then, it's time for the country who will host the next AMSC to introduce and promote the 16th Conference----it's Hong Kong, of course!!! Then, singing the AMSA song together marked the end of the whole week's 15th AMSC, "We'll keep on trying, keep on fighting, we'll joint our hands making our dreams come true....."

At night, it's the Farewell Party that made all the delegates feel sad about the departure. We had made a lot of good friends during the Conference; some were delegates from other countries, some were local receptionists. No matter how reluctantly we were, we had to say goodbye and exchange souvenirs to each other, wishing them all the best, AND saying "See you in the Next AMSC!"



Medic Ball





ACTIVITIES



Fund Raising

——何婉霞

醫學會的週年籌款活動是醫學會全年收入的一個重要部份，以資助全年活動，例如健康展覽、迎新活動、啓思的出版……。這正是醫學會財務秘書的一項重要工作。

籌委會於二月初成立。在各臨時委員會成立之時，各主席都以其三寸不爛之舌去取奪委員，而我都在非常努力下找到十五個籌款的少年。

多年來，週年籌款活動以電影首影為首選，也曾試過有綜合晚會、餐舞會的形式出現，而九二年的古典音樂晚會就有驕人的籌款成績。而委員會經過多番考慮之後，雖然知道音樂會的工作沉重，但為了籌得更多款項，都選擇了這個形式。

籌劃一個古典音樂會，我們只有短短的半年時間，對於十五位皆是一年級學生的籌委，我們遇到的困難有很多很多。最初是找表演嘉



賓，由於是學生活動，大家表現的興趣都不大，至於有興趣的，又因為酬勞的問題而被迫擋置。最後經大家努力之後，我們當晚幸運地得到香港小交響樂團，香港醫學會交響樂團、學士合唱團和一班熱愛音樂的醫學生的演出，令當晚生色不少。另外，尋找贊助人、找廣告、編印場刊、籌備當晚節目、售賣音樂會門券至當晚的搬運工作，維持節日的安排，至入場的秩序等等，都是經過同學的一番努力才得以順利進行。當中尤以售賣門票最為困難，籌委不但於校園內售票，更到瑪麗醫院，甚至到私家診所去找尋贊助。籌委對於友善的醫生當然非常感謝，對於敷衍我們的，我們也覺無可奈何，經過一番努力之後，售票情況仍未見理想，正當惆悵之際，幸得韋教授（及其秘書）努力代售大量門票，籌委們才可鬆一口氣。

在一班籌委的同心合力下，週年籌款晚會之古典音樂會九四於香港文化中心劇場順利舉行。當晚參加人數甚衆，連校長王賡武都賞面光臨。最後經點算扣除成本後共籌得八萬多元。



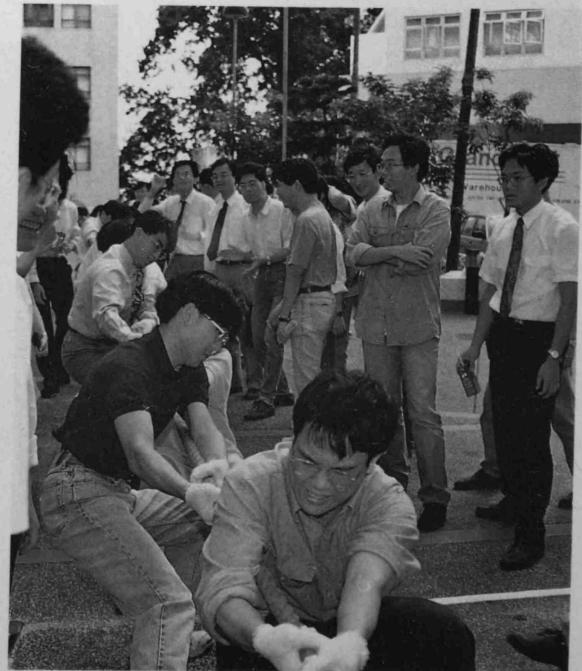
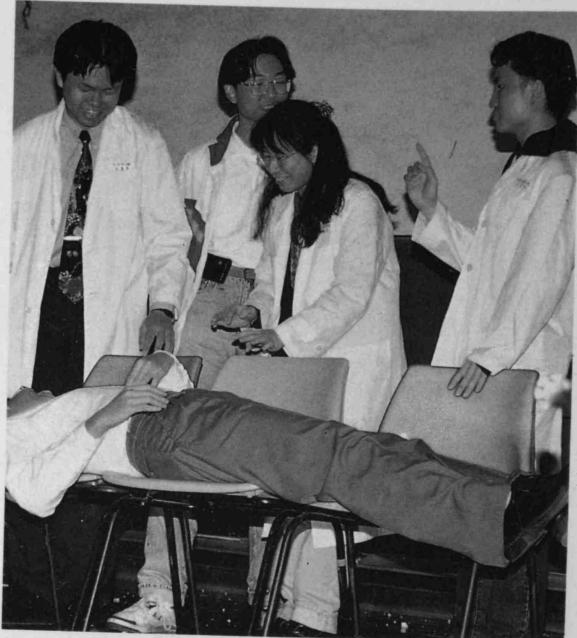
醫學生節九四

—尤芳智

「吃喝玩樂在沙宣，跳睹飲吹 Medic Fest」是今年醫學生節之口號。旁人聽起來可能會覺得嗟耳，像末世紀頹廢主意之口號。但其實每一個醫學生都知道，口號所說的根本不可能存在於五年艱苦之醫學生涯。旁人之誤解不要緊，因為醫學生節是一個絕對只屬於醫學生的節目。

醫學生節一直以來都是醫學會規模最大之活動之一，無論在經費、人手、節目和參予之班級與人數都是最多的。

籌委有四十人，其中絕大部分是一年級之學生，雖然他們是新加入醫學院，但卻非常熱心地服務社群，這種精神，實在令人感到十分欣慰。





九四健康展覽

——陳偉康

健康展覽九四的題目名為「健康背後——慢性疾病的透視」，由九月十日至十二日於香港大會堂低座展覽廳舉行，歷時三天，內容主要是介紹現時社會上常見的十多種慢性疾病，重點放於它們的護理和各方面應有的援助，避免了過份詳細的病理知識，以增加內容的普及性和實用性。

一如以往，展覽形式主要是以百多塊的展板介紹，另外於特定時間安排有醫療講座，有關的錄影帶播放。為了配合是次主題，現場更安排了多項免費身體健康檢查，包括有檢驗血壓、血糖、血膽固醇，肺功能等，希望為到場參觀人士作一些簡單的測試，目的是提醒他們，喚起他們對身體健康的關注。

其實，健展籌委會早在一月份左右由三十多位一年級醫學生組成，直到九月份展覽舉行，預備工作歷時差不多八個月，工作繁多如搜集資料、資金籌集，製作展板等，其間困難當然會發生，幸得籌委人員各人同心合力，排除萬難，使展覽順利舉行。當然更少不了「大仙」和各位當顧問的醫生幫忙，在此再向他們致萬分的謝意。

展覽期間的三天，到場參觀的人數，相信絕不會令工作人員們失望，更有不少人在早上未開始前在門外排隊等候，一方面反映出宣傳部工作的卓越成績，但另一方面，這觀眾又代表了什麼呢？很多人實在是被免費檢查吸引而來，而且大多是年老的人，很高興這展覽能夠幫助他們一點點，但檢查名額有限，人數卻很多，控制秩序成為當時一度令人頭痛的問題，幸好問題都給順利克服了，但這情況是否表示

了廣大市民未曾普及地獲得這些健康檢查服務呢！希望未來醫學會活動可以繼續幫忙這些有需要的人。



另外，展覽期間還有一個小風波，就是在會場外有些人懷疑利用冒充工作人員的手法，向參觀人士做問卷調查和兜售書籍，幸好及時向警方求助，阻止了他們進一步用展覽的名義混水摸魚，但由於證據不足，未能對他們作進一步行動。這件事希望能給未來籌備健展的同學一個警惕。

是次展覽，參觀人士很多，成績則見人見智了，未知所預備展品能否帶給大眾一點什麼，但無論如何，籌委會的人員都獲益不少，大家在工作中學習和成長了。



九四迎新

——鄭思宗



一九九四至九五年度之醫學院迎新活動已於九四年八月下旬順利舉行。是次迎新活動名為「杏人路」。顧名思意，是為九九班介紹醫學生五年的生涯以及醫學院裏所提供的活動，亦有傳遞有關大學生活的訊息。除此以外，高班同學與新生分享經驗亦是迎新活動中重要的一環。

迎新活動除了迎新營外，還包含了一連串的活動，早在八月中，便已舉行茶聚及醫學院校舍之介紹，一方面可以給新生有預先熟落的機會，另一方面亦使他們對醫學院之校舍較為了解。隨後，亦有歡迎典禮，此乃校方特別為歡迎新生而設的活動；有講師所提供的寶貴意見，亦有「勁書」同學分享讀書心得。「賣舊書」活動是為了優惠新同學，亦避免浪費課本。

迎新的高潮可算是「迎新營」了。今年在鯉魚門公園渡假村舉行。營舍在山上，居高臨

下，風景確不錯，因此大家都很享受。迎新營當中最刺激的莫過於「Secret Mission」或稱「秘密大行動」。同學分成五組，部份人「守」Station，部份人「衝」Station，雖然最後大家都變得骯髒不堪，身上滿是顏色了，但同學們在放開懷抱盡情玩耍之下都十分高興；大夥兒一起去清洗亦有另一番樂趣呢！

今年迎新中較為美中不足是於第三日，天公不做美，下着傾盆大雨，野外定向活動也被





迫取消，後來更轉掛三號強風訊號，令到重要的 O-NIGHT 活動也縮減為小型的分享晚會，確是有點可惜。

迎新營後，還有整個活動的最後一環——「HIGH BUFFET NIGHT」。此乃在開學後的一次晚餐活動，教師與學生濟濟一堂，一邊享受美食，一邊暢談，在輕鬆的氣氛下交流，當晚抽獎活動完結後，亦標誌着九四迎新完滿結束。

是次迎新活動雖然有些活動因天氣問題而取消，但整體上仍已把「杏人路」主題期望中所傳的訊息傳遞了，而一班籌委會及組長的辛勞更是功不可抹呢！

醫學院基督徒團契

—姚志謙

醫學院基督徒團契乃是由一群醫學生基督徒組成的一個信仰團體，其目標有三：

(一) 校園傳道：

本着主耶穌基督的吩咐，及我們對人的愛心和熱誠，把主耶穌的福音介紹給未信主的同學，讓他們能分享主所賜的喜樂。

(二) 相交生活：

在醫學院這充滿衝擊和挑戰的生活當中，我們彼此扶持，互相勉勵，以致我們能在真道上站穩，並且有力量去迎接衝擊。

(三) 職業裝備：

為了我們在將來能做一個作鹽作光的基督徒醫生，我們在學習期間便應好好裝備自己：例如面對一些富爭論性的問題，作為基督徒醫生應抱何種態度等等都是我們應預先思考的課題。

在九三 / 九四年度，我們曾舉辦十三次週會（第一學期五次，第二、三學期各四次）。當中包括有兩次專題講道，其內容環繞着墮胎和自殺，好讓同學有機會思想日後我們常遇的問題。第一學期專題以外的週會內容有：開團禮、互相認識、相交（講道）和時間分配（遊戲）。目的在於幫助團友適應新學年的生活。第二學期其他週會內容包括耶穌基督的醫治（講道）和付代價的佈道（查經），目的在教導團友有關傳福音的概念和技巧上的裝備。在第三學期，其他週會還有：傳福音的技巧及傳福音經驗的分享，目的在於實踐傳福音。另外，在每個學期的最後一次週會，我們都安排大家分享，好讓同學在測驗前能彼此激勵。分享形式有：詩歌分享、聖經分享和全年大分享。



除了經常性的週會外，我們也曾在九三年十月與香港學園傳道會合作舉辦了一個主題為「The Other Side of Life」的佈道會。團契也在九四年二月（農曆新年期間）到瑪麗醫院各病房探訪，帶給病人們真摯的慰問。另外，在九四年五月中，我們又舉辦了一連串的佈道活動，包括話劇、書展及佈道會。而在五月底

間，我們分成了六個傳福音小組，在校園內佈道。在八月下旬，為了歡迎新一屆的醫學生基督徒，我們預備了一個名為「指南針」的迎新營，為時三日兩夜，讓各年級的基督徒醫學生能交流心得及思想新一年的路向。

在未來的一年裏，我們會繼續開來，讓各基督徒能互相造就，一起走過醫學生的日子。



Medic Cell

——劉之瑩

Medic Cell，由在醫學院內的天主教徒組成，一年五十二個星期四五時半於 Student Lounge 聚會，風雨不改。

也不知多少年之前，在醫學院內有一群熱心培育信仰的同學，組織了一個信仰小團體。經過多年來各成員的努力，終於成了今天 Medic Cell 的雛形了。

今日，我們繼承以往的傳統，配合現代社會人們的須要，把火炬繼續傳下去。另外，發展信仰小團體乃是整個香港教區的責任，作為教會的一份子，當然要響應下去。

在個人的層面上，Cell 可以成為醫學生在信仰上、生活上的支持，有其存在的意義。要知道，習醫生涯並不容易，如果有一群可以互相扶持的朋友，這五年相信一定可以過得快樂一點的。

最後，誠邀您參與我們的叙會！



《杏雨》

—許明通



ACTIVATION

《杏雨》(Elixir)所記載的是醫學生一年來的動態，包括醫學會(Medical Society)所舉辦過的琳琳種種的活動和許許多多醫學院裏的軼事，當中亦包涵着你與我的苦與樂和這一年來的經歷與回憶。

與往年一樣，正值今屆幹事會將要卸任和所舉辦的活動接近尾聲時，九三至九四年度的《杏雨》籌委正密羅緊鼓地組織起來，隨後籌劃編輯、財務等事務。直到五、六月間工作正式展開，在短短個多月時間內完成訪問內科學系近三十位醫生。

與此同時，徵稿和收稿的工作亦開始了，亦是《杏雨》所遇到的最大障礙。頻頻撲撲，好不容易地才收回一份稿件；東奔西跑後勉強地集齊大部份所需的稿件。唉！提起收稿這件「苦事」，負責的同學必是百般滋味在心頭！

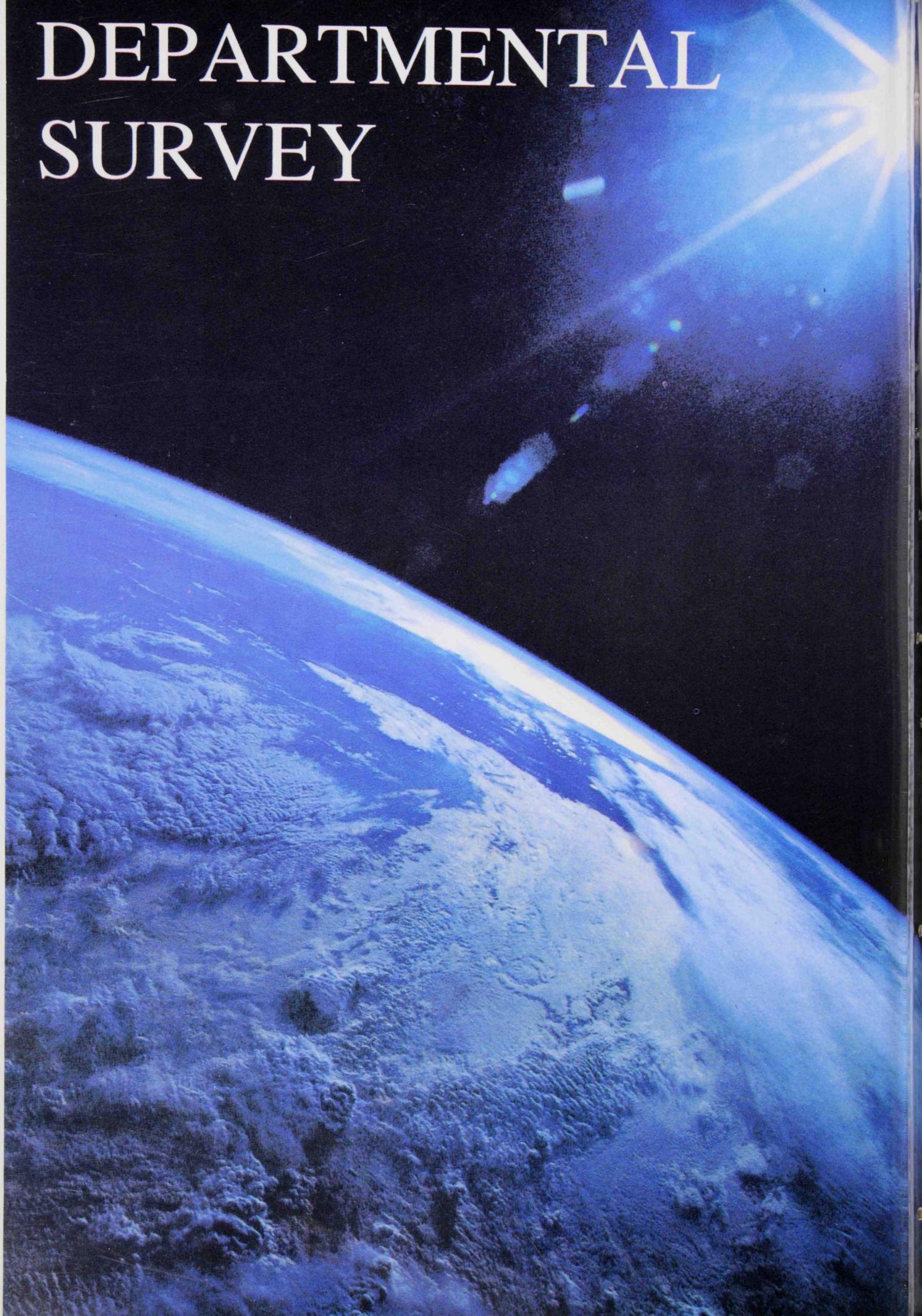
七、八月的炎夏，《杏雨》的工作進行得如火如荼，為着校對、打字、植字、排版、美術等編輯工作忙個不停，直到開學仍未休止。

《杏雨》的出版，有賴各委員的鼎力支持和努力，當中負責採訪、財政、編輯、美術和攝影等工作的同學，缺一不可。

最後，隨着《杏雨》的出版，亦為九三至九四年度的醫學會工作劃上一個句號！



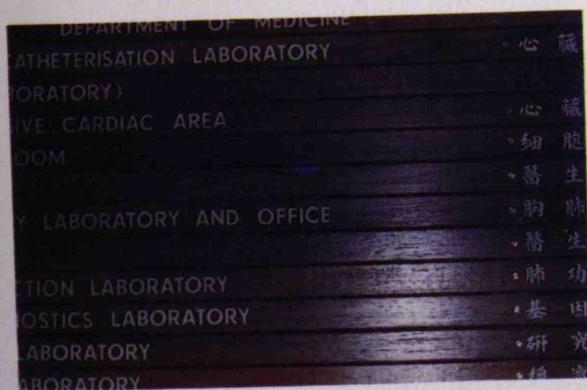
DEPARTMENTAL SURVEY



VISION AND MISSION

A HISTORY OF THE DEPARTMENT OF MEDICINE

The Department of Medicine was originally part of the Hong Kong College of Medicine (1887-1911), and later became part of the Medical Faculty of the University of Hong Kong. Until 1923 teaching was undertaken by part-time staff who were medical officers in government service or experienced doctors in private practice. The appointment of John Anderson as Founding Professor enabled the Department of Medicine to be formally established in 1923. For a brief period leading up to the Second World War, Professor W J Gerrard became the head. The early years of the Department, like that of the Faculty of Medicine and the University, were plagued by uncertainties, as funding depended largely on fees and private donations. From time to time the Faculty was under threat of having to close down due to lack of funds.



The number of medical students was small, about 16 graduates a year at around the outbreak of the Second World War. The department was also extremely small, consisting of a full time professor and one or two assistants. Much of the clinical teaching was delegated to part-time staff. Only the top students had the honour of being appointed as

assistants, all of whom were excellent and dedicated teachers. In 1936 beds in the Government Civil Hospital were formally allocated to the Department in exchange for the provision of clinical service. This was the beginning of the inseparable link between teaching and clinical service as the main functions of the clinical departments. When Queen Mary Hospital opened its doors in the following year the Department was allocated more beds in the new hospital. However, the onslaught of the Second World War caused the entire University including the Department to close down from Christmas 1941 to mid 1945 when Hong Kong was occupied by the Japanese.

When peace came and the University resumed operation in late 1945, a Government consultant at Queen Mary Hospital, P B Wilkinson, doubled up as acting Professor of Medicine, a post he held for two years before the war. In 1948, the University appointed a Glasgow University graduate, A J S McFadzean to the Chair and headship of the Department. What ensued was a most productive era. The period saw a rapid expansion of the University, the Faculty of Medicine and the Department. Funding from the Government was secured through the University and Polytechnics Grants Committee. To meet the demand for doctors, the intake of students rose from 60 or so to around 150 a year in 1970. Due to inadequate number of beds in the Queen Mary Hospital, the Department had to spread its wings to other hospitals. This was the beginning of the Department's close collaboration with the medical profession outside the University. It laid the foundation for the development of

management skills in order to 'manage' the University department's own units and what was previously termed the Government Medical Unit. He also had to balance the one-line budget allocated to the Department by the University.



By now, the Department comprised not only the facilities and staff at Queen Mary Hospital but also some in the Grantham (cardiology and general), Tung Wah (nephrology, neurology and general) and Fung Yiu King (geriatrics) hospitals as well as those in the General Practice Unit. In addition to academic staff appointed by the University, there was an equal complement of consultants, senior medical officers and medical officers from the Hospital Authority working under the same umbrella, as well as a host of technical, administrative and clerical staff. The geriatric unit was established a year ago. The first bone marrow transplant unit in Hong Kong was established in Queen Mary Hospital in 1990. A Diabetes Centre opened in 1994 and has since become the prototype of the shared care concept advocated by the Hospital Authority.

Teaching has always been a major aim of the Department. The current teaching scheme in Medicine starts at the Third year of the undergraduate medical curriculum with an introductory course. The main part of the course is scheduled in the two succeeding years. It comprises systematic and clinical instruction, a 10-week junior clerkship, a 13-week senior clerkship and a 10-week

specialty clerkship. Some medical subspecialties are taught by part-time honorary lecturers. After internship, the physician-in-training is assigned general ward and outpatient duties and rotates through a subspecialty (cardiology, endocrinology/metabolic disorders, gastroenterology, haematology/oncology, rheumatology/immunology, nephrology, neurology and respiratory medicine). Members of the staff usually sit for examinations for a higher professional qualification 3 to 4 years after internship.

The research interests of the Department over the past few years have been extensive and include work on various aspects of cardio-pulmonary diseases, endocrine / metabolic diseases, haematology, medical oncology, liver diseases and peptic ulcer, molecular medicine, nephrology and neurology. The Department is now one of the largest departments in the University with 31 full time academic staff and 50 hospital clinical staff.



In August 1995, Professor S K Lam took over the headship from Professor T K Chan, only two years before Hong Kong returns to China. The Department will face new hurdles. There is every reason to be confident that the Department of Medicine will be more than adequate to meet its challenges and fulfil its noble mission.

(Adapted and modified from "Vision and Mission: A History of the Department of Medicine" by Professor Rosie Tse-tse YOUNG.)

postgraduate professional training, both basic and in the medical subspecialties.



Professor McFadzean realised that in clinical departments, teaching, research and clinical service must go hand in hand, and that in the pursuit of excellence all three must receive adequate attention. As leader of the only academic Department of Medicine in the territory, he also realised that the time had come to develop the medical subspecialties. It was during this time that junior staff are trained in specific subspecialties at renowned overseas centres. These young lecturers returned to Hong Kong full of enthusiasm and equipped with the knowledge and expertise to engage in the development of their respective subspecialties. They had been exposed to the principles and techniques of both basic and clinical research, and had established many international contacts, which proved extremely useful for future academic and professional exchange.

Accommodation has always been a problem for the clinical departments, especially in the early period when the Faculty was rapidly expanding. In 1963, a Professorial Block was built next to the main hospital to accommodate lecture theatres, staff offices, research laboratories and departmental libraries. The Department of Medicine was allocated a total floor area of 1,510 square metres on two floors. Additional space in the main hospital itself also permitted the Department to allocate beds for dedicated subspecialty services.

In 1974 the headship of the Department of Medicine was taken on by Professor David Todd. Under his able leadership the Department experienced another period of growth and consolidation. New subspecialties, such as clinical pharmacology and neurology emerged and pre-existing ones went from strength to strength with increase in staff numbers and improvement in facilities. Research flourished in every field. Collaborative research with other departments inside and outside the Medical Faculty was encouraged. An Institute of Molecular Biology was initiated and nurtured to fruition. In response to the changing requirements of healthcare in Hong Kong, a small General Practice Unit was established in the Violet Peel Health Centre and has since moved to Ap Lei Chau. The Department also took on the additional responsibility of teaching dental students and mounting the licentiate program. During this period, professional training in both general medicine and all the subspecialties became firmly established.



In 1989 Professor T K Chan succeeded Professor David Todd as the Head of the Department. The establishment in 1991 of the Hospital Authority with its management reform and the devolution of budget management to the Department by the University, imposed heavy and more complex responsibilities. After his appointment as Chief of Service for Medicine in Queen Mary Hospital, he had to spend many long hours to acquaint himself with the basics of



Professor LAM Shiu-kum

MD HK; FRCP *Lond, Edin and Glas*; FACG;
FRACP
(Head)

Professor Lam was born in HK. He attended St. Joseph's College and then the medical school at the University of Hong Kong, where he obtained a degree in 1967. Upon this, he pursued his education and earned his MRCP in the United Kingdom in 1972 and a MD in 1975. From then on, he became the fellows of various academic bodies and colleges. Professor Lam joined the Department of Medicine in 1968 and is now the Chief of the Division of Gastroenterology and Hepatology. He will also become the Head of the Department in the new academic year.



Professor Lam's research interest is on peptic ulcer, and he has been studying it since 1971. He has been dealing with nearly every aspect of the disease, from its epidemiology to the basic medicine, and also the clinical aspects of it.

One striking thing about Professor Lam is that he was determined to study

medicine when was only 7, just out of his interest. And he chose to be a physician because he thinks he has the subtlety of a physician. A physician has to think a lot about the whole picture of the patients, rather than doing something prompt and obvious like the surgeons do. He thinks this subtlety fits into his character.



His opinion about the medical students is optimistic. He thinks that the medical students in the past were more submissive, and now they are more inquisitive, more mature and more demanding, realizing their own rights and striking for them. He doesn't see any decline in the standard of students, as opposed to the common belief. But there is one aspect where they should improve: the standard of English. He believes that English is an international language and is of utmost importance in communication, and it is due to its comprehension of English that Hong Kong has a edge in international community.

When he was asked about why the medical school at the University of Hong Kong has such a high standard, Professor Lam thinks that the structure and the system here are better. The medical school here places strong emphasis on the recognition of merits: a faculty member is honored according to his contribution, not his seniority. This provides strong impetus for achieving excellence.

Professor Lam believes that the Faculty of Medicine of HKU will take the lead in China after 1997, especially when interacting with the global community. As one of the biggest cities in China, Hong Kong will become a major centre of medicine. At present the Faculty has frequent collaboration with China and has established an extensive academic network. Professor Lam even foresees that graduates of HKU will be practising in China in the future.



Professor Lam does not perceive any threat about the influx of doctors from China after 1997, as Hong Kong has its own standard and professional examinations. In order to maintain the standard of medical professionals, Professor Lam believes that doctors should have good clinical skills, do research to contribute to the understanding of their own community, and engage in education and teaching. Doctors working in different fields, from general practitioners to university academics, can all contribute in some aspects.

Professor Lam was also willing to share his personal experiences with us. The most memorable event in his medical career occurred during his MRCP days, when he was in Scotland to attend an examination. On the day before his examination, there was a coal-miners' strike, so there was a rationing of gas and electricity throughout the town. Professor Lam still calls to mind the hardship of studying in such a freezing and hostile

environment. Therefore, he thinks that it is very fortunate for present-day doctors to have professional examinations organized by the Hong Kong College of Medicine, instead of going abroad and being examined on some unfamiliar diseases.

When Professor Lam was a student, he was a member of the University Hall and participated in a lot of sports. In particular, he was the founding chairman of the lacrosse team. Up till now, Professor Lam is as energetic as ever and engages in a lot of social and community services. One of the most remarkable achievement in these days was the establishment of the Hong Kong Liver Foundation - a charity for the benefits of patients of liver diseases and the education of public about liver transplants.

Professor Lam is married with 3 children. One of her daughter is also studying medicine in HKU. He enjoys his time with his family and they like sports, music and drama. He and his family are Buddhists.



Lastly, Professor Lam expressed his attitude towards learning medicine. *"Studying medicine is a continuous learning process. The day you stop learning, the day you should retire from practising medicine. As doctors we should always remember to uphold the professional standard of doctors."*

Prof CHAN Tai-kwong

MD HK; FRCP Lond, Edin and Glas; FRACP; FRCPPath; JP
(Head till July, 1995)

Prof. T. K. Chan was born and educated in Hong Kong. When he finished secondary education at Wah Yan College, he decided to study medicine, partly because his parents wanted him to do it and partly because he liked biology and science. He considered and still thinks that medicine is interesting and is a good profession and one does not have to depend so much on his social background.



In 1961, Prof. Chan graduated with honours. He then had the opportunity to have the option to join either the Department of Surgery or the Department of Medicine. He chose the latter because it has a variety inside the department and he knew from the very start that he is not a person to retire at 60. He knew that he would practise until he cannot do it. A surgeon cannot work that long. The thought of sitting back at 60 horrifies him.



So, why did Prof. Chan choose to have an early retirement?

Prof. Chan has been in the academic field since 1961. He thinks that it is time for him to look around and do something else. Academic consists of teaching, research and patient care. At lecturer level, one spends about 60% of his time on patient care, 40% on research and teaching but for a professor, there is only about 30% of time spent on clinical activity. Since becoming the Head of the Department in 1989, he has to manage all the finance as well. Also in the last 10 years or so, there has been a lot of administration. Prof. Chan thinks he has done all he can on administration. He would not mind doing a bit of research or teaching but not as much as before. After the retirement, he will still stay in Hong Kong and go into private practice and also possibly have a few sessions of teaching from time to time. He will not be leading any research but he does not mind having discussions with the doctors who have taken over the projects.



The Department of Medicine is the largest in the Faculty of Medicine and probably the largest in the University. Since Prof. Chan became the Head, the divisions have become more obvious and more independent. Therefore, the Department is like one big specialty with many sub-specialties. Although the Department is expanding, it still cannot cover everything. So, the other major outcome is the integration with the Queen Mary Hospital's Government Unit which has

many experts. Apart from that, the Department has also established a network with 3 other hospitals, namely Tung Wah, Grantham and Fung Yiu King Hospitals. Without this network, there are only about 30 academic doctors in the Department but together with the integration and network, there are about 100 in total. Prof. Chan is in charge of this network. This network provides :

- 1) good tertiary practice on all sub-specialties of medicine,
- 2) good post-graduate professional training that doctors are taught by people in the forefront of the practice,
- 3) the network brings the practice of medicine in public hospitals to a higher standard.

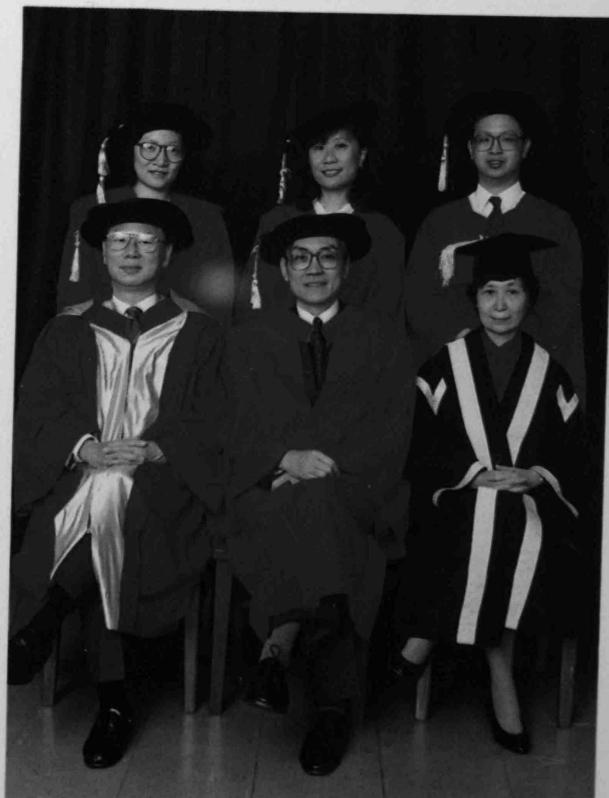


As the Head of the Department, there is a lot of work to do. Prof. Chan humbly says that he can just manage to cope with this challenging job well. He has to give directions to staff and this is kind of like the balancing act. He needs to encourage and oversee the staff, get enough resources for undergraduate and post-graduate training and at the same time take care of patients. He does not find it stressful because when he has prepared everything, he knows that it is going to work out right but he emphasizes that he is definitely busy.

When asked to comment on medical students nowadays, Prof. Chan says that medical students are always the same - some very good, some very bad, the rest are OK. If he really has to criticize, he would say that 10,

20 years ago, medical students had more interest in new things. Nowadays, it seems they have less interest, probably because of the amount of teaching in a busy curriculum. About their ability in English language, Prof. Chan feels that some medical students are slightly slower in catching up probably it is due to the fact that students do not speak much English in secondary schools. However, by the time they reach the final year, most students express themselves all right. Prof. Chan also mentions that medicine in the University of Hong Kong is one of the best in the region and is as good as that in places like the Universities of London, Oxford and Cambridge. Most students have no problems in pursuing training abroad or passing exams in another country.

After his retirement, Prof. Chan will be able to spend more time with his son, do more reading and swimming. Although he thinks he is going to miss the challenge of discovering something new, we still wish him a wonderful time and will see him still practising medicine in the years to come.



Prof Sir David TODD

CBE; MD, HonDSc HK; HonDSc CUHK; FRCP Lond, Edin, Glas and Ire; FRACP; FRCPPath; AM(Hon); JP

Prof. Todd was born in 1928 in Guangzhou. His adopted parents were missionaries from the United States. His father, Dr. P. J. Todd, founded the Kung Yee Hospital, one of the first medical schools in South China. Prof. Todd spent his childhood in Guangzhou. He attended primary school at the True Light School and came to Hong Kong when Canton has fell to the Japanese. The secondary schools he attended were Diocesan Boys' School and then Lingnan Middle School in China. After the World War II he returned to the city of his birth as a freshman in Lingnan University Medical School. He finished his undergraduate degree after transferring to the University of Hong Kong in 1947.



In the university he excelled in all undergraduate subjects. The prizes he got for individual subjects included anatomy, physiology, public health, medicine, surgery and obstetrics and gynaecology. He obtained his M.B.,B.S. degree in 1952 in the

University of Hong Kong with leading performance in the second and final M.B.,B.S. examination. After completing the house officer year, he was appointed a full time teaching staff in the University Department of Medicine at Queen Mary Hospital in 1953. Initially he obtained his M.R.C.P. (Edin) in 1957 and M.D. (HK) in 1958 and rose in position from Senior Clinical Assistant to Assistant Lecturer (1955), Lecturer (1958), Senior Lecturer (1964), Reader (1966) to the first Personal Professorship in Medicine in 1972. When Professor AJS McFadzean retired in 1974, he became the Professor of Medicine and the Head of the Department, until 1989.



The main reason Prof. Todd chose Medicine to be his life-long career is that he thinks this specialty is the most challenging one. The areas covered in Medicine are very broad and there are many subspecialties. One can also choose either the scientific/technical or more social approaches to this ever-advancing subject. Within the topic of Medicine, Prof. Todd has chosen haematology to specialise in. He began his studies by investigating erythrocytosis in primary cancer of the liver and inquiring into the pathogenesis of cryptogenetic splenomegaly. He then went on to study molecular genetics and population characteristics of G6PD deficiency and thalassemia in this part of the world. He now is one of the leading hematologists in SE Asia. More than 150 papers have been published in international journals.

Besides carrying out research in hematology, Prof. Todd has also contributed to local medical and educational institutions. He was the Associate Dean of the Medical Faculty (1976-1978), Pro-Vice-Chancellor (1978-1980) and member of UPGC from 1986 to 1993. He was member of the Medical Development Advisory Committee (1977-1987), and also the Vice-Chairman of Federation of Medical Societies (1975-1977). On the other hand, he was the first President of the Hong Kong Academy of Medicine, which is for further training of doctors in Hong Kong, without the need to take professional examinations in other countries. Due to his many contribution to medical affairs and education in Hong Kong, the Queen conferred the Most Excellent Order of Officer of the British Empire (O.B.E.) on him in 1982, and the C.B.E. in 1990. Both local universities have awarded him a DSc (Hon).



Other than the research and contribution to professional medical affairs in Hong Kong, Prof. Todd also spends his time seeing patients and teaching both undergraduates and postgraduates, which occupy about two thirds of his time. He conducts ward rounds in general medical and special haematology wards, both to treat and to teach. Prof. Todd believes that small group and bedside teaching are very important and he emphasizes that the most junior students should be taught by the more senior staff, so that they can gain a more general access to the subject. This approach of teaching has been carried out for many

years and Prof. Todd believes that this approach is quite successful.

Prof. Todd thinks that the intelligence of the medical students is still very high, but the language proficiency is declining compared to the past. The medical students nowadays may encounter difficulty in expressing themselves, especially orally. He believes that this phenomenon is not only confined to medical school, but also occurs in the general population. Professor Sir Todd also agrees that the medical students nowadays have much more to learn. The curriculum is over-crowded and should be trimmed. The knowledge is ever-expanding and this creates a great pressure on the medical students. The pressure cannot be evaded, as we will encounter even greater pressure in our future career. The best solution is to confront and overcome them positively. One way suggested is a better teacher-student relationship, which means that the teaching staff should be closer to the students, so that the students can be counselled. Prof. Todd thinks that the student counselling service at HKU may not satisfy our needs since it is distant from our place of learning and also the counsellors may not fully understand our situation. Professor Sir Todd suggests that a counselling service specially for medical students would be more helpful.



Prof. Todd believes that the standard of medical schools in Hong Kong is among the best in Southeast Asia and is even

comparable to Britain. This can be reflected from the result of professional public examinations, eg. M.R.C.P. (UK). However, we cannot compare our standard with that of the USA since the system and curriculum are different. The doctors in the USA usually have to obtain a bachelor's degree before studying medicine and they will obtain the M.D. immediately after finishing the course of medicine. He agrees that the standard of doctors in China is also quite high, and it is difficult to predict whether there will be strong competition with the doctors in Hong Kong after 1997. However, he believes that if we maintain our high standard, there should be little worry in this matter. Prof. Todd **advises us to be more active in self-learning**, eg. learn more from the bedside and the patients rather than the lectures and notes provided. We should also communicate more with the tutors and he **recommended us to SPEAK more English!**

Prof. Todd was the head of the Department of Medicine from 1974 to 1989. Within these years, all subspecialties were given a free hand to develop and there were great achievements in each subspecialty. This policy continues and the future development of this department will probably still be in the same direction. Other than the development of each specialty, the department will continue to provide a core curriculum for the training of general physicians, so that they can have basic but comprehensive knowledge and all have the ability to manage common medical diseases.

Before having this interview, we heard that Prof. Todd is very kind to the students. During the interview, we were impressed by his affectionate and pleasant manner. When we finally heard from Prof. Todd that he will leave the department in half or a year's time, we were regretful since this is a great loss. He will probably leave Hong Kong and live in another country thereafter.



Prof YOUNG Tse-tse, Rosie

OBE; MD HK; FRCP *Lond, Edin and Glas;*
FRACP; JP

Professor Young graduated from the Hong Kong University Medical Faculty in 1953. Since then she has been working in the Department of Medicine of the University. Having been teaching for more than forty years, Professor Young has witnessed remarkable changes in her medical students over the years.



Professor Young reflects that in the past, places at this University were scarce and competition to get in was keen. Only the *crème de la crème* managed to win places at the Faculty of Medicine. Students at that time did not have as much to study as their counterparts nowadays. Thus, they had time to read more extensively. They seemed to have a better command of both the Chinese and English languages.

With the expansion of university places the attention received by individual students from their teachers seems to have diminished. The ever increasing load of factual knowledge also adds to present-day students' woes. In this respect, Professor Young acknowledged that the faculty should do something about simplifying the curriculum and dividing it into core and optional parts. For their part, students should take the course seriously. The fact that nowadays medical students are somewhat money-oriented and take up part-time jobs at the expense of their study time, upsets her a lot. She would rather they spend their time taking part in the social, artistic and sporting life of the university, which enrich their lives much more than mere money.

According to Professor Young, due to the huge area covered, Medicine is one of the most, if not the most, difficult subject in the whole of curriculum. She urges students to attend every lecture, so as not to lose track of progress. Better still, students should try and devise a way of learning that best suits themselves.

When asked about her key to success in reading medicine, Professor Young emphasizes constancy and consistency. She also admits there was less material to study and there were fewer social activities to participate when she was a medical student. In major part hard work contributed to her firm grasp of medical knowledge. When she was a student, even during summer vacations, she used to set aside half the day for studying, day in, day out. Moreover, she was not just learning pages and pages of notes parrot-fashion. Rather she adopted a problem-solving approach, which, clearly paid off very well.

In her clinical years, Professor Young made a habit of visiting the wards every Sunday morning, in addition to her already very busy schedule. With her eyes lighting

up as she recalls those days, she said, 'There were so many things to learn on the wards!'. She found the wards a good place to put theories into practice and to revise and reinforce what she had already learnt. Moreover, by talking and listening to patients, she improved her communication skills and by degrees developed a good 'bedside manner'. It is also the wards where she picked up a lot of invaluable knowledge, skills and human qualities from her seniors, such as Dr. C P Fong and Professor McFadzean. To this day, she has treasured this experience.

Professor Young is an inspiring figure and living proof that women can be every bit as good as their male counterparts, attaining the highest levels in their field. How does she see the role of women in medicine? What advice would she give to aspiring female doctors? Professor Young stresses that both sexes enjoy equal opportunity as far as the career alone is concerned. There are numerous examples that medicine, marriage and motherhood can mix successfully. The first few years in the profession can be a bit hardgoing, particularly as female doctors sometimes experience difficulty in reconciling the role of a busy doctor with that of a mother. Support and understanding from husbands and in-laws are crucial. Professor Young also advises female doctors to be thoughtful in choosing possible specialties. Certain specialties, such as Cardiology and Critical Care, involve quite a lot of night calls, and consequently more unsociable hours.

To Professor Young, the most rewarding part of a doctor's life is the warm and lasting relationships established between the doctors and their patients. There are simply too many examples to quote. Just the other day, when Professor Young was walking down the street, a man came up and introduced himself to her. He said that he used to be one of her patients years ago, with

aplastic anaemia, although Professor Young might not still remember him. He was very grateful for the support and care Professor Young had given him all those years when he was seriously ill. Professor Young was, naturally, very pleased and felt that this is the sweetest reward a doctor can savour.



Despite having passed the age of retirement in the University, Professor Young continues to work and teach in the Department of Medicine. She passes her experience down to each new generation of students. In recent years, she has also taken up certain public service posts. *'I live by the dictum "Never pass the buck",'* says Professor Young. *'Anytime the university of the public need me, I will be happy to contribute anything in my power.'* Regrettably, such a dedicated professor is leaving Hong Kong next year for Australia (to be closer to her relatives). While sincerely wishing her every happiness in the future, we can't help brooding over the fact that we will not be as lucky as our predecessors who had the good fortune to benefit from Professor Young's acclaimed teaching.



LIVER

F O U N D A T I O N

香港肝壽基金

Prof CHAN Nap-yee, Vivian

Msc, PhD Lond, DIC; FACB; MRCPath

Born in Hong Kong, Professor Chan received most of her primary and secondary education in Sacred Heart Canossian School and College in Hong Kong. Then, she went to the United Kingdom to complete her high school education, and afterwards entered the London University, Imperial College. She finished her Ph.D. in St. Bartholomew's Hospital Medical School and returned to Hong Kong in 1974, staying at HKU since then.

Prof. Chan has an elder brother who is a certified public accountant and also a younger sister who lives abroad. Married to Professor T. K. Chan, she has a 6 years old son. She used to have a lot of hobbies when she was young, for example, riding, swimming and scuba-driving. But now because of the heavy workload, she only swims. Actually, our hardworking Professor, together with her husband, always have long working days: she herself usually does not leave the hospital till 7:00 p.m.; after she goes back home, she has to keep an eye on her son doing his homework. Actually, the couple have their own "homework" too! After her son goes to bed at 9:00 p.m., they start working on their papers till late at night. Being a working mother, Prof. Chan finds the dual role takes most of her free time, in order to do both jobs pretty well. Before her son was born, she used to work even later in the laboratory often till 11:30 p.m. or even 1:00 am!

Believe it or not, Professor Chan is actually a biochemist. During her further studies in UK, she chose to work on Applied Biochemistry. So, she has spent all her life with clinicians and is associated with diagnosis of diseases. From 1982 onwards, she has been working on prenatal diagnosis of common genetic diseases in Hong Kong using DNA techniques. Prenatal diagnoses are mainly done on thalassemia of which there are about 200

cases a year, Haemophilia A and B and Duchenne muscular dystrophy (DMD). About a year ago, she started working on the predictive diagnosis of Huntington's Disease. Since every ethnic group has its own molecular defects for a disease, so before the prenatal diagnosis is available for that particular disease, one must find out the genetic defects. This is what Prof. Chan has been working in her researches.

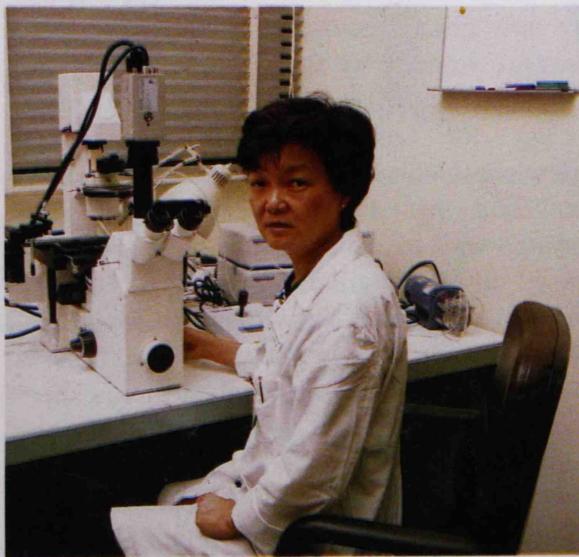
When Prof. Chan looks back on her almost 20 years in the medical school of HKU, she finds it a most gratifying experience to have participated in setting up the prenatal diagnosis programme and seeing it working successfully. For her, who works mainly in the laboratory instead of dealing with patients, she gets her satisfaction from the laboratory result, in successfully detecting an abnormal foetus and thus able to prevent the occurrence of a very unhappy event, as well as keeping the parents from a traumatic experience.

What does she think about the medical students nowadays? As the member of admission committee for many years, she finds it slightly disturbing that the medical students are now always complaining about the great pressure exerted by the medical curriculum. The curriculum has not changed very much, except for some advances in medical knowledge like DNA technology. She explained that every generation has gone through with advances in their time and taken things in their stride. Furthermore, as we proceed in our study, there is a gradual progressive increase in knowledge, so if one is attentive in class and attends the lectures, there should be no problem. A lot of students, she commented, think that the pre-clinical subjects or the subjects that they consider are not "clinically-related", as unimportant. But *one really needs all these basic knowledge to "draw a comprehensive picture" of the disease in order to treat patients*. Also, she finds students skipping lectures to study for exams; "*skipping too many lectures doesn't*

help with the 'next' exam, you have to get a balance," she said. Actually, she revealed that the standard of the admitted medical students has not been declining. Her advice for the students is that they should work hard at their first attempt of the MB exams, so they won't have to catch up with the curriculum at the same time as having to prepare for their supplementary exams.

What about the future of our medical school after 1997? Prof. Chan hopes that the medical school of HKU would be recognized as one of the leading medical schools in China, just like a "Harvard" or "Cambridge" to the rest of China; a reference point for other medical schools. In fact, the school has a mission of providing medical students who will be the leaders of clinicians in the future. For the present, she feels that many clinical specialties and departments in our medical school are, if not first class, then a relatively high second, amongst those in the world's medical schools, and our medical school is a leader amongst the SE Asian medical colleges. In fact, our DNA prenatal diagnosis centre is the first in SE Asia.

oligonucleotides, the "micromanipulator" to choose the fetal cells from amongst the maternal cells, the HK\$1.5 million BIG microscope with confocal laser beam to generate fluorescent images on the computer monitor and many other software to analyze the result of gel electrophoresis etc. 'It's spectacular!' 'Well, They're just interesting TOYS!' said Prof. Chan with a smile.



After the interview, Prof. Chan kindly spent her valuable time to introduce to us the high-tech equipment and apparatus in her laboratory: the machine to make

Prof DIXON Anthony Simon

MBChBLeeds; DRCOG; FCFP

Who could imagine a man just of 51 years old has already published over 150 pieces of written works on medical science and received numerous awards and honours?

When I first came across Professor Dixon's Curriculum Vitae, I was taken aback by the lengthy list showing the publications and presentation papers composed by him and his remarkable teaching and consultation history. So much is the scholarly achievement Prof. Dixon possesses that we can only mention but a few prominent ones here.

Being born in Hertfordshire in England, Prof. Dixon obtained his M.B, Ch.B. after graduating in Leeds University School of Medicine. In 1970, he joined the Zambia Flying Doctor Service to work as a medical officer in this African country. One year later, he practised in another African country, Kenya. He then became a ship's surgeon on M. V. Lindblad Explorer before he returned to England. During the period of 1972-76, Prof. Dixon practised in a small town in Ontario, Canada. Afterwards, his teaching life began in McMaster University, where he worked at for nearly twenty years until he left for Hong Kong last year in May. His current status in HKU is Dr. Sun Yat-sen Professor of General Practise.

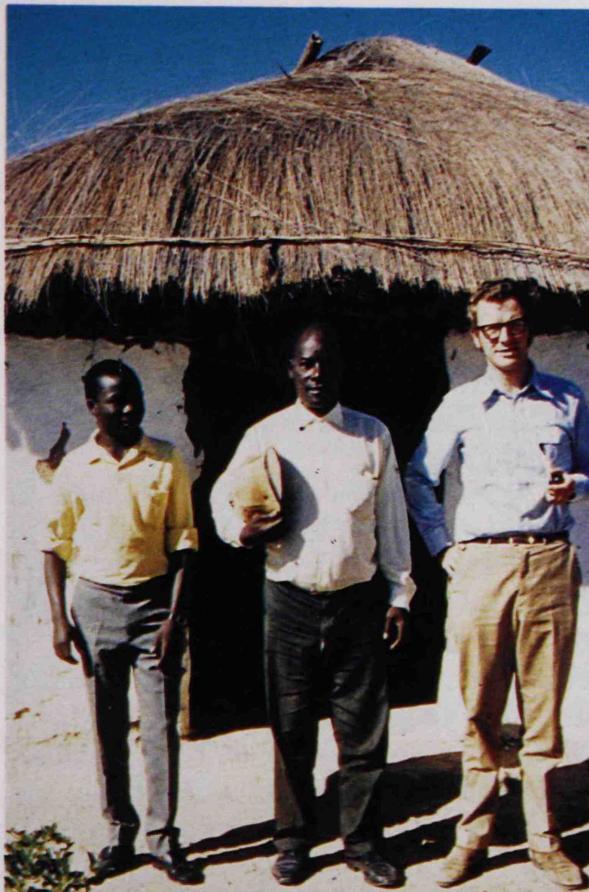
Prof. Dixon is also an expert in the literature of medicine, the development of writing skills and the expression of presentation of medical ideas. As a matter of fact, he has been the scientific editor of Canadian Family Physician, a peer-reviewed scientific journal for family physicians. He is also a journal referee of Journal of Royal College of General Practitioners. In addition, he has also published a book on diagnostic tests in 1989.

To many people, the invaluable chance of practising in those poor African countries sounds appealing. So what is the factor provoking him to start his practice in Zambia in 1970? Prof. Dixon gave us a concise answer: fun. He used to have profound interest in the provision of primary health care to remote underdeveloped country. He discovered that, however, a doctor cannot be really of great help in the prevention of the frequent tropical diseases from happening in those African countries, since the root of the problem lies on the poverty and poor hygiene prevailing there. Prof. Dixon can still recall the numerous mosquitos and the astronomical number of cases of malaria in those area.

Prof. Dixon has been teaching in McMaster Medical School before coming to Hong Kong. He mentioned the great difference in the method of teaching adopted by that university - that knowledge is conducted through problem-based courses. To Hong Kong medical students, McMaster Medical School appears to be a paradise: students there are subjected to no lecture and no exam. They are arranged into small tutorial groups, in which they are taught the right way to learn. Rather than being spoonfed with the distressing amount of medical facts, they were given real clinical cases to deal with. On asking for his impression towards Hong Kong medical students, Prof. Dixon feels that Hong Kong *students are too busy being taught with a large amount of medical stuff, most of which may be of no concern at all with the realistic clinical problems.*

At present Prof. Dixon has Family Medicine as his research area. The reason for choosing this is the great variety Family Medicine is able to provide him. We are all curious about the feeling of a non-Chinese like Prof. Dixon whose primary concern is on the primary health care of a Chinese

community like Hong Kong. But Prof. Dixon reminded us that he has been, in fact, a visiting professor of HKU for the past two years, and he is now quite familiar with the Chinese culture.

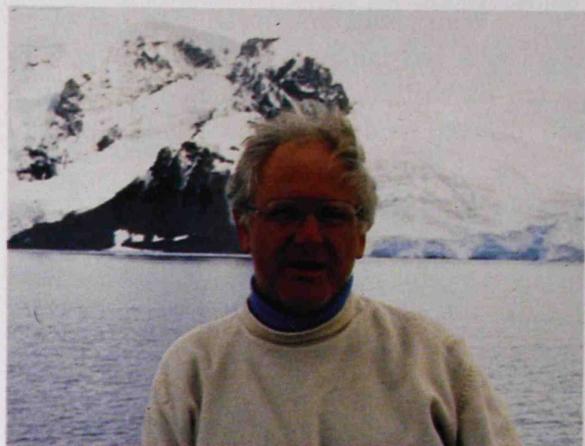


Prof. Dixon is happily married. His wife is a nurse. He has a son and a daughter. Prof. Dixon's blood group is O. He is 5 feet and 11 inch in height, and is 185 pounds in weight. His favorite activity is walking in the country park in Pok Fu Lam.

Prof. Dixon loves animals. In fact, Prof. Dixon has always been wishing to become a vet, and he had been following a veterinary surgeon for a year. However, he was so often being bitten by animals that he finally gave up the decision of becoming a vet.

When being asked to give an address to our medical students, Prof. Dixon urged us:

Don't take life so serious. With this motto our interview with Prof. Dixon ended with fruitful return.



Prof KUMANA Cyrus Rustam

Bsc, MBBS Lond, FRCP Can and Lond

Having joined the Department of Medicine at the University of Hong Kong thirteen years ago, Prof. Kumana became the founding Professor of Clinical Pharmacology and Therapeutics in 1992.



He was born in Bombay, India but has spent most of his life elsewhere. When he was eight years old, he moved to London with his parents. After his schooling, he joined the London Hospital Medical College (part of London University) and obtained a B.Sc. Honours degree in Physiology before qualifying as an M.B.,B.S.

Professor Kumana claims that even after obtaining his degrees, he has "never stopped studying". Among the variety of subjects and subspecialties which fall within the scope of medicine, he especially loves Clinical Pharmacology. He mentioned that "*I always likes clinical subjects and with Clinical Pharmacology one can make a major impact on patients' outcome*".

Having devoted himself to this subject, he has worked in this subspecialty in the UK, in Canada and ever since his arrival in Hong Kong. As a Clinical Pharmacologist

within the Department of Medicine, he has to deal with drug related issues concerning numerous patients at Queen Mary Hospital. In the course of his work in this field, he has been personally involved with and has witnessed a number of impressive and exciting discoveries and advances. In Hong Kong, he recalled "an unusual epidemic of liver disease" due to poisoning from herbal medicines. During the Pharmacology course in the second (preclinical) undergraduate year, he also supervised one of our practical sessions. We enjoyed his clear explanation of concepts and the patient way in which he dealt with queries from individual students.

Though Professor Kumana's timetable is very busy, he always tries to dedicate some leisure time to physical activities. Squash used to be his favourite game but he can no longer play it strenuously due to a knee injury. He likes hiking, usually on Lamma Island and loves listening to classical music.

He recalled his days in school and medical college, as very fulfilling. He was a keen participant in various student activities like debating and sports. In the final year of medical college, he became the Secretary of the London Hospital Medical Society. He referred to his intercalated B.Sc. as one of the most memorable and valuable periods of his student years. "That year and a half was extraordinarily illuminating and meaningful, apart from being very busy". In those days, the special course offered at his medical college provided eye-opening snap-shots into many different aspects of the main subject (e.g. cardiovascular physiology, endocrine physiology) and in related subjects such as Biochemistry and Pharmacology. He believes that this broad overview of Physiology kindled his interest in Clinical Pharmacology. He strongly encouraged us to take up similar courses if given the opportunity.

Regarding medical students at the University of Hong Kong, he had a number of ideas and expressed several opinions. In terms of talent and inherent ability, local students are like medical students all over the world and possibly more dedicated and serious about their studies. However, on the whole local students are too quiet and reserved in the presence of their teachers. When a concept needs clarification or they disagree with something, they are often too timid to ask questions or dispute. They also tend to be too concerned with facts and figures rather than principles. Thus, compared to their peers in medical schools in the west, they do not come across as mature and independent thinkers. *The regrettable legacy of our past educational emphasis and examination system (on assimilation of factual details), as well as having to cope with a 'foreign' medium of instruction, may have contributed to these problems.* However, Professor Kumana is confident that students' attitudes are changing and that in the coming years, a more confident and assertive breed of medical students will emerge.

With the approach of 1997, many local professionals are worried whilst others express confidence. To Professor Kumana, the return of Hong Kong to China does not pose an insurmountable challenge. After all, the territory and the rest of China already have a very intimate relationship with each other. So long as discipline and the rule of law prevail, both parties will only stand to benefit from further exchange and interflow of technology, personnel and ideas. With regard to the medical profession in Hong Kong, it will be important to maintain standards (including the integrity and high regard for medical qualifications conferred in Hong Kong). Concerning the future of Clinical Pharmacology, he believes that due to the ever increasing emphasis on clinical accountability and cost effective drug usage, the subspecialty will continue to gain

importance. In the future, clinico-pharmacological considerations will play an important role in most clinical decisions and policy guidelines.

Professor Kumana's wife and daughters live in Hong Kong. His son is studying in the UK, which is also where his mother and sister now live. Talking about his family, he regrets not spending sufficient quality time with his children due to his busy working schedule.

Dr CHENG Kum-po, Ignatius

MBBS HK; PhD Syd; FRACP
(Reader)

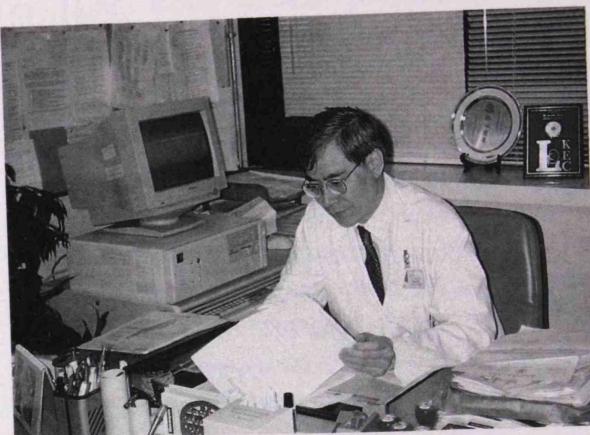
Born on the 10th of December, the young-looking Dr. Cheng is 46 years old. He is a Catholic. He is married with two children, a girl aged 16 and a boy, 13. Many of us know his wife because she works at the University Clinic. Guess who? She is Dr. Baldwin! They both live at Sandy Bay.

Dr. Cheng graduated from the University of Hong Kong in 1974 and in his final year, he came top and got a gold medal in Medicine. In 1975, he left Hong Kong for Australia where he stayed for 11 years and got his F.R.A.C.P. and Ph.D. (Sydney). He came back to Hong Kong in 1986 and joined the Department of Medicine as a lecturer. He was promoted to senior lecturer in 1990 and then to reader in July, 1992. For all the hard work he has done, he received the F.H.K.A.M. in 1994 and was also awarded the F.R.C.P. (London) in May this year.

When asked why he chose to study medicine, Dr. Cheng told us that medicine was not his first choice. He used to like biomedical sciences very much in his secondary school days and wished to study molecular genetics for a degree in university. However, his family could not afford to send him overseas. Therefore, he stayed in Hong Kong to do medicine which is very much related to biomedical sciences. When he finished his year of internship, Dr. Cheng went "down-under" to go to Australia as he wanted to expose himself to the outside world. He chose to go there because the Australian system is similar to that of Hong Kong and any professional qualifications obtained in Australia would also be recognised here.

In Australia, Dr. Cheng completed his basic and advanced training in medicine and nephrology. After this, he carried out research

on the pathogenesis of glomerulonephritis in animal models and obtained his Ph.D.(medicine) from the University of Sydney. He was first to introduce continuous ambulatory peritoneal dialysis to South Australia where he received his training. After returning to Hong Kong in 1986, he changed his research to become more clinically oriented because the clinical service is very heavy in Hong Kong. He studied the clinicopathological features and treatments of glomerulonephritis. He is involved in research on peritoneal dialysis and on hepatitis in renal transplant patients.



The Department of Medicine has always been strong in research and teaching and is also committed to serving the general population. Since Prof. T. K. Chan has resigned and Prof. S. K. Lam will take over as the Head of the Department of Medicine, Dr. Cheng predicted that the department would undergo some changes but its commitment to teaching and service would continue.

Dr. Cheng does not foresee any problems arising because of the arrival of 1997. Instead, the medical schools in China and the HKU will complement each other in academic development. As Hong Kong has always had a closer relationship with the Western countries, we can help to facilitate contacts between doctors in China and those in the Western World. Moreover, Dr. Cheng hopes that the "all-rounded" style of teaching

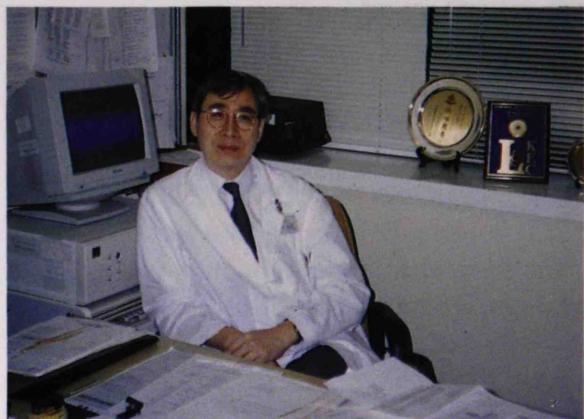
at the HKU would have a positive influence on the Chinese medical schools.

When asked about the most memorable event happened in the hospital, Dr. Cheng goes back to the time when he was still a houseman. There was a man who was suffering from kidney failure, used to come over to the Queen Mary Hospital from the Kowloon side frequently for intraperitoneal dialysis since there was no such service in Kowloon. Unfortunately, this patient died because of lack of dialysis facility. Dr. Cheng thinks that this probably had led him to specialise in nephrology.

About medical students, Dr. Cheng feels that their English standard is deteriorating. He considers English to be very important as it is an international medical language and major journals are all written in English. He also recommends us to expose ourselves more to the outside world rather than just studying. Doctors are not there only to treat diseases but also have to deal with many other aspects of life, such as ethnic issues.

Dr. Cheng says that in his student days, like many of his colleagues, he was a kind of "book maniac". He spent a lot of time on studying and reading science-related books. However, he has participated in student demonstration and nearly got beaten by the police. He has also stayed at the Ricci Hall for one year for experience. He enjoyed swimming, listening to music, travelling, etc. He is still engaged in these activities now, especially swimming.

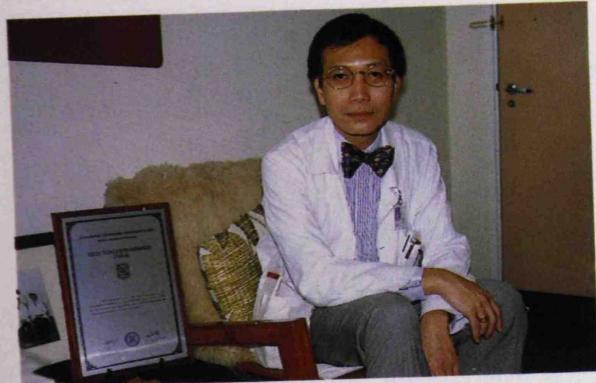
Being so successful as a doctor, no wonder his daughter would like to become one also. However, Dr. Cheng said that doctors nowadays no longer enjoy the prestige and income which they have in the old days. Therefore this should not be the reason to become a doctor. Rather, it should be the reason which was given by his daughter who says, "*this is a profession to help people*".



Dr LAI Ching-lung

MBBS HK; FRCP Edin and Lond; FRACP
(Reader)

Dr. Lai is an old boy of Diocesan Boys School. In 1970, he graduated with Honours. After completing one-year internship, he joined the Department of Medicine until now. In 1974, he joined the Gastrointestinal Unit in Western General Hospital in Edinburgh for a short period and at the same time, obtained his M.R.C.P. On the occasion of 80th anniversary of HKU in 1992, Dr. Lai received an award for his excellence in teaching.



As a staff member in the University Medical Unit, he believed that it was better to share time among teaching, patient care and research equally. However this goal was not easy to achieve.

According to Dr. Lai, Internal Medicine had the widest scope of all branches of Medicine. When asked why he was so interested in the liver, he said *the heart was just a pump; the kidney was just a filter; the lung was just an exchanged surface; however, the liver was so complicated that it could not be summarized in a few words*. He said he never regretted his decision.

As a hepatologist, Dr. Lai is actively involved in research on hepatitis B and C. He is now working on a drug which is a reverse

transcriptase inhibitor and is a potent inhibitor of the replication of the hepatitis B virus. The drug is now on the clinical trial. Dr. Lai hopes this drug will be a breakthrough in the treatment of chronic hepatitis B.

In the present days, university graduates are being criticized for their declining standard frequently. Dr. Lai felt that a few years ago, the standard of our medical students had actually declined. Such drop in the level might be related to the admission scheme of the Chinese University of Hong Kong or the problem of 1997. Fortunately, the level started to become better recently. Dr. Lai mentioned that in fact, it was the variation between different batches of students which made the work of teaching challenging and stimulating.

"Honestly speaking, the students admitted here may not be of the same calibre as those admitted into Oxford and Cambridge," said Dr. Lai. "However, they received excellent training, especially in the ward teaching. Together with the high requirement set by the departments, the overall standard of our graduates is still maintained at a very high level, comparable, and often superior to those in other parts of the world."



Regarding comments to the students, Dr. Lai said they were very industrious, probably due to peer pressure. There is a recent trend for them to become more aggressive and less afraid of the teachers. Dr.

Lai emphasized that more interactions between students and teachers were always welcomed.

It is well-known that medical students have to face great academic pressures. Dr. Lai also agreed with this but regretted that little could be done from the practical point of view because our graduates should always be well prepared for their future career. "Our body is very complicated and there are many different kinds of diseases which overwhelm us." Also, in the recent few decades, explosive advances were made in the medical field, especially in the aspect of molecular biology. It was crystal clear that students were expected to receive the most up-to-date knowledge. One could of course reduce the burden of students by extending the course from 5 years to 6 years, but he doubted whether this would be welcomed by the students.



Next, Dr. Lai talked about the internship. He said the workload of houseman worldwide (including Hong Kong) was very great. The University and the Hospital Authority were now working together to see if anything could be done to alleviate the problem. However, he said, in fact, it was that period the graduates learned most. He said that the proposal to extend the internship to two years might have some advantages but he doubted whether the graduates would like it.

Dr. Lai is single and lives on his own. He said he always tried to find opportunities to be independent during his school life. In

fact, he has not been living with his family members since Year 4! He had been a Hornell hall member in his five years in university.



Dr. Lai is now the president of the Medical Council. Students are very pleased to see Dr. Lai attending so many council meetings. In fact, he has been the president in early 1980s. "There are many changes," said Dr. Lai. "For example, the Chinese debate competition (C.L.Lai Cup) as well as the presidential address have been cancelled." Anyway, he appreciated student activities a lot and seemed to enjoy his post greatly!

It is well known that many students choose medicine because of family pressure. Dr. Lai is no exception. He admitted that it was literature, not medicine, which interested him most. Regarding making choices in university admission scheme, he said it was very difficult to judge whether one liked the subject without having attended it. Fortunately, Dr. Lai enjoys his present duties a lot.

Besides working and teaching, Dr. Lai has a wide range of interests. He likes driving and is well known for his "Porsche". During his leisure time, he also reads many books, especially about English literature, philosophy and general psychology. Listening to classical music is another favourite hobby of him.

Dr LAM Siu-ling, Karen

MD HK; FRCP Edin and Lond
(Reader)

Dr. Karen Lam was born in Shan Tao, Guangdong. She emigrated to Hong Kong when she was 5 years old. After completing secondary school education at the Diocesan Girls' School, she chose to study medicine at the University of Hong Kong. She obtained her M.B.,B.S.(Hons.) degree in 1976 and M.R.C.P.(U.K.) in 1980. Since 1981 she has specialized in endocrinology and has performed research work in the U.K., the USA and Australia, as well as in Hong Kong.



Her major interests are in neuro-endocrinology and diabetes. The reasons why endocrinology fascinates her so much are that the endocrine system actually governs many aspects of our body functions. Besides, endocrine diseases, unlike some such as cancers, can usually be cured or controlled. What is more, endocrinology requires much

logical thinking and is thus more challenging. Lastly, endocrine disorders are often chronic diseases in which education and counselling of the patients play a very important role. All of these seem to fit in with her personality.



She chose medicine to study because in her secondary school days, *she was interested in both arts and science subjects and the practice of medicine is both a science and an arts.*

Now Dr. Lam has a 4 years old daughter and a 2 years old son. She is the youngest among her siblings and has 3 brothers and 1 sister. She is fond of reading Western historical novels and detective stories, singing, hiking, swimming and playing badminton in her spare time.

In Dr. Lam's 3rd and 4th years as a medical student, she was a resident in St. John's College and enjoyed her hall life very much. She said that it would be a considerable loss if a university student has never experienced the hall life as it would have enriched so much her university years and left behind memories which he would treasure for the rest of her life.

When comparing the present medical students with those in the past, she noticed there has been an increase in the proportion of female students in recent years. Besides, in the past there seemed like more students who were enthusiastic towards Chinese and civic affairs. What is more, she noticed that

there was a decline in the standard of medical students several years ago but that an improvement became apparent in the recent 2 years. Dr. Lam's advice for the medical students is that we should spend more time on the wards to communicate with the patients as it would help much in our understanding of the disease.

As Dr. Lam was quite busy, in order not to keep her any longer, we ended the interview and thanked her for her sincere help.



Dr LAM Wah-kit

MD HK; FRCP Edin and Lond; FRACP
(Reader)

Dr. Lam was born in Hong Kong. He graduated from HKU in 1972. In 1975 he entered the University Medical unit as a lecturer. In 1977 he went to UK to have the M.R.C.P. Examination. He then spent 2 years there specializing in respiratory medicine at the Cardiothoracic Institute at the Brompton Hospital London with Prof. J Pepys and Prof. M Turner-Warwick. In 1979 he came back to Hong Kong. In the following years, Dr. Lam kept attending international Conferences at a rate of about 3 each year to exchange professional knowledge with experts of the field from many other countries. Also there were institute visits and short training periods. In 1987, for instance, he had gone to a famous lung institute in Denver of USA for a visit, of which the leader was Prof. Thomas Petty.

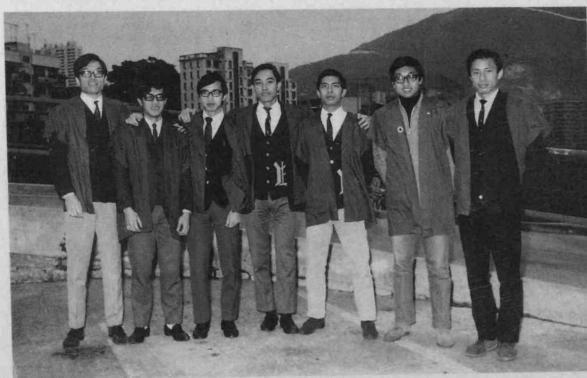
When talking about his interest in lung cancer, Dr. Lam said he was already interested in internal Medicine when he was a medical student but it was not until later he became determined to study lung cancer. One of the reasons was that his father died of lung cancer in 1974. His other research interests include pneumonia and asthma.

With regard to his "history" of working in the department, Dr. Lam said he joined the department as a lecturer in 1975, and was promoted to senior lecturer in 1984. In 1988 he became chief of the division of respiratory medicine in the department. One year later he was promoted to the position of reader.

Regarding the division of respiratory medicine, Dr. Lam told us a few clinical developments in recent years. Apart from introducing prime technology of treatment into Hong Kong, it also developed services in

Critical Care Medicine (or ICU), which is becoming more and more important nowadays. Another development was the setting up of service in Respiratory Intermediate Care, which could provide service to those patients who were in between critical situation and situation in general ward. Apart from this, the division(Respiratory Medicine) also would develop Ambulatory Care(Day Care), service which could largely reduce the number of patients admitted to the hospitals and render the resources of hospitals allocated more efficiently.

For the standard of health care and medical technology, Dr. Lam told us that the standard of Hong Kong is very high in the world and is one of the highest in the Asia. Especially those facilities that fit the need and environment of Hong Kong, they would quickly be applied in Hong Kong. Good examples include the application of DNA technology in the prenatal diagnosis of thalassemia, invasive angioplasty(PTCA)/stenting and other procedures for coronary artery disease etc.



Concerning the standard of the medical school, Dr. Lam thought it is very high. It was modelled upon a British system, and its standard is comparable to its counterparts in the UK. **We need however to aspire our students more to THINK critically and to learn more in**

communications with patients/families and in the cost-effectiveness of various modalities of modern therapy. On the other hand, medical students nowadays, said Dr. Lam, did not change a lot from their counterpart in the past (except the standard of English). The difference in the standard of medical knowledge might be due to the fact that much more had to be learnt now. An ideal medical student, in Dr. Lam's view, therefore should place more attention to principles in clinical medicine, not just minor points mentioned in the textbooks. The most important aspect of clinical practice is consideration for the welfare and safety of the patient. A reliable and careful doctor is much better than a smart but reckless doctor. In addition, students should understand the health care system in Hong Kong, or even information of health care in worldwide situation such as breaking out of an epidemic.

When Dr. Lam was studying, he was very active in taking part in various kinds of extra-curriculum activities. These activities were largely "non-physical": He had lived in the Ricci Hall in all his 5-years study. Being a very active member, he had been the Vice-chairman of Ricci Hall Student Association. Also he had been the class representative of his own class in the medical society for 3 years, and, to our surprise, he had involved in the work of Elixir.

The most impressive experience Dr. Lam found in his clinical life was the fact that he had to face the live and death of people. He told us that as he became more senior, he could have more time to think and treat each patient as a "real person", not just a case. This "conversion" enables doctors to treat the patient on their personal side, which would surely improve the quality of health care services and the outcome of the treatment. Dr. Lam hoped that in the future doctors can reach that "conversion" faster than now.

Patients nowadays, said Dr. Lam, are having more questions to ask and more quires, and of course, more complaints due to an increased level of education. Despite the fact that this could lead to more legal cases associated with doctors and patients, Dr. Lam said it was a right way of development. And the relation between doctors and patients had become more equal compared with the past.

Dr. Lam is married. He has 4 siblings. His father, and one of his brothers, were teachers. His another brother, like him, was a doctor. So Dr. Lam, probably influenced by his family, just wanted to be a doctor or a teacher when he was young. Being a teacher in medicine satisfies both wishes.

Dr. Lam, when in leisure, likes to listen to classical music, travel and have some family life. He admitted that being a doctor, especially in the first few years, would lead a "unsocial life". Fortunately, since his wife was also a doctor, she could thoroughly understand Dr. Lam's situation and gave him support. The support from his own family was extremely important, too.

For the problem of 1997, Dr. Lam did not expect sudden and great change to the profession. In fact, the department now had already been having frequent academic exchanges with professional bodies in China frequently. After 1997, Hong Kong would still be an international city and a good place for exchange of medical knowledge between the East and West.



Dr LAU Chu-pak

MD HK; FRCP Edin; FACC; FCCP
(Reader)

Dr. C P Lau is an old boy of Queen's College. He graduated from the University of Hong Kong in 1981 with distinction in Medicine. After that, Dr. Lau had worked in Queen Mary Hospital for 4 years before he joined the Department of Medicine as a teacher.

Just like other staff members in the university, Dr. Lau has to teach students, look after patients as well as participate in administration work. Besides, he is also actively involved in doing cardiology research. Dr. Lau said teaching interests him most. He said a doctor can only take care of a limited number of patients. But if more good doctors are trained, many more people can receive better medical care. Needless to say, this is a good way to help the public.

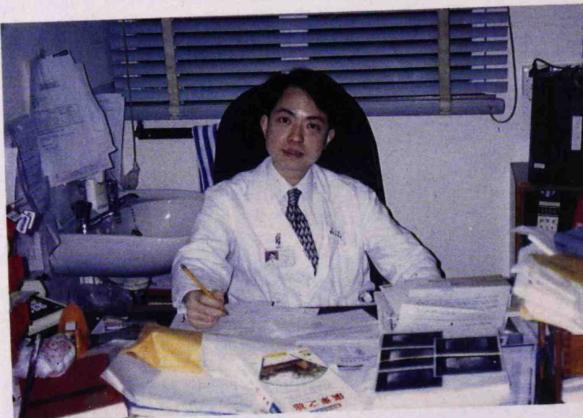
Dr. Lau emphasizes that to train good doctors, both teachers as well as students should make contributions. Teachers should try their best to teach and inspire medical students. In turn, students must learn actively and not to miss any learning opportunities like lectures and bedside teaching.

He also said that ward teaching is very important. Many practical experiences can't be mastered by reading books only. This refers not only to medical skill but a right and caring attitude to patients and their relatives. The learning process continues after graduation when young doctors gain experience from their seniors.

When asked to comment on the present medical students, Dr. Lau felt that past students had more initiative, responsibility, dedication and a higher English Language skill, especially in oral English. Although the admission criteria

might be lowered, the standard of graduates was still acceptable. He said that the departments have a high requirement so as to make sure all graduates have the necessary skills to treat patients safely. He emphasizes that being a doctor is not just a job. Doctors should be well prepared to shoulder responsibilities to cure their patients.

Dr. Lau said that in fact, *Medicine could be considered as an "art". There are still many unresolved problems and secrets in it.* What a doctor does is in fact a "guessing game", which requires detailed investigation as well as a good medical knowledge foundation.



Dr. Lau is well known for his achievements in cardiology. His major research interests are on the abnormal electrical activities of the heart. When asked why he was so interested in this cardiac aspect, he said heart is the simplest organ in our body. It could be considered just as an electrically-generated "pump". Besides, heart disease is becoming more common in Hong Kong. Furthermore, high-technology therapies are available for treating heart disease. Patients usually had better prognosis when compared with those with cancer or geriatric diseases. He said as a clinician he liked to see patients improving and there were more opportunities to achieve this in cardiac patients compared with patients with other illnesses.

When asked the most memorable event in his career, Dr. Lau thought that the clinical teaching he received in the United Kingdom impressed him most. He said UK was a completely different environment from Hong Kong. People there worked with a slower pace. During that period, he worked on a research project about pacemaker. He found that doing research allowed doctors to look at problems from different angles. A clinician trained in research will be able to review critically the reliability and applicability of published results in clinical settings. Doctors who have participated in research are more likely to have independent thinking and a better appreciation of the clinical relevance of published work.



In 1986, Dr. Lau published his first article, which he described as "very exciting". Since then over two hundred articles have been published on various journals worldwide. In 1993, Dr. Lau wrote a book on pacemaker. He said pacemakers had been invented for about 30 years. Recently, new pacemakers were manufactured, which could adjust the beating rate according to the physiological needs of our body. Due to the heavy workload in the day time, Dr. Lau had to finish his writing at night and weekends, with the kind support and understanding from his wife and sons. Although he was always busy in different duties, he said he continued to enjoy his work greatly.

During his school life, Dr. Lau got flying colours in both public and university

examinations. He mentioned that though many things had to be remembered and digested, examinations in medical school were not difficult to pass. Unlike those public ones, here the teachers were also the examiners. Thus one could easily know what materials are important.

When asked on the way of study, Dr. Lau agreed that forming study groups is a good method, especially when preparing for the final examination.

Lastly, he encouraged students to go to wards more so as to have more clinical experience, which are absolutely important.

Dr LIANG Hin-suen, Raymond

MD HK; FRCP Edin and Glas
(Reader)

Dr. Raymond Liang Hin Suen is a very warm person. He was smiling throughout the interview and so eager to tell us everything that we hardly had to ask any questions. Having been the Associate Dean of the Faculty of Medicine for several years, Dr. Liang is concerned about problems encountered by medical students and is keen on helping them find solutions. Though he has left the post recently, he still keeps a close eye on students' affairs.



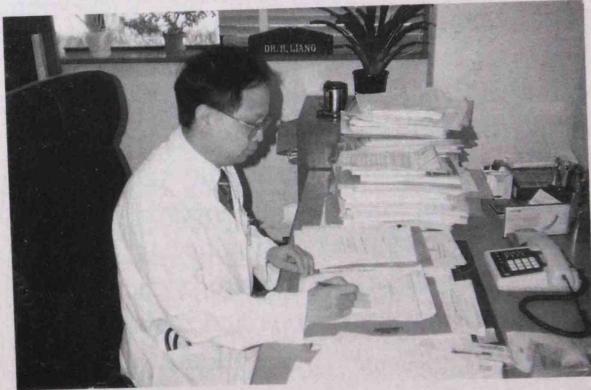
Dr. Liang received his M.B.,B.S. from the University of Hong Kong in 1979. After finishing his houseman jobs, he joined the Department of Medicine of the University of Hong Kong. He is now a reader in haematology/oncology in the department.

In Dr. Liang's eyes, there is not much difference between students of his time and students today. He feels that the learning atmosphere among medical students has always been quite good. However, different students often seem to 'specialize' in different aspects of life. Some spend more time on recreational purposes. Some find a permanent seat in the library while others are fond of students' activities. Dr. Liang mentioned that there was an additional group in the past -- students interested in social and

political issues. They were often hall residents of the university.

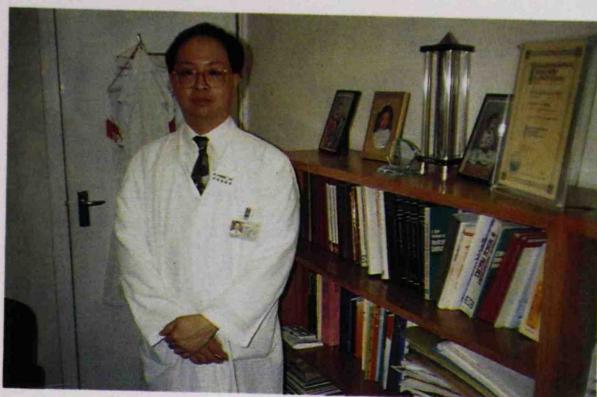
However, Dr. Liang notices one big difference. He feels that students in the past probably had stronger character and were more independent. Students nowadays tend to have more complaints about their heavy workload and pressure. Studying medicine in fact has always been a difficult task and students in the past also had the same problems. Dr. Liang thinks that students should learn to face challenges and difficulties.

Dr. Liang thinks that students should not only have good academic performance in the medical school because the whole medical career is a life-long process. The five years of study in the university is only a starting point. In his opinion, becoming a good doctor is more important and is a more credible index of revealing one's ability. He said that there are a lot of examples of successful doctors whose academic results were not outstanding.



When asked about unforgettable events during his student life, Dr. Liang said that he remembered most about 'life in the wards', especially evening rounds and grand rounds. He told us that life in the wards is very busy. However, Dr. Liang likes working in the ward very much. Though it is often a harsh task, he believes that clinical exposure and experiences in the wards is the most effective way of learning medicine and seeing

patients recovering from their illness is the most enjoyable thing in life.



Despite the excitement and satisfaction gained during the clinical years, Dr. Liang admits that there is always some drawback to the busy lifestyle. He said that his social life was very much affected at that time. In particular, he was always late for dinner with his girlfriend who lived in Kowloon. He had to rush to Kowloon after evening rounds at the Queen Mary Hospital.

While clinical exposure is an essential part in studying medicine, Dr. Liang thinks that, in addition, students should try to learn more effectively. Firstly, we should not just memorize facts. Instead, we should develop a logical approach to clinical problems. We should have a systematic and detective-like thinking. Moreover, you should not just hide yourself in the library. The opportunity to go to the ward is a treasure for one to explore. Finally, one needs to acquire clinical skills like physical examinations and techniques in communicating with patients through constant practice.

Dr. Liang's work includes 4 aspects: seeing patients, teaching, doing research and administration work. Seeing patients is what he enjoys most because he thinks this is the reason why he takes up medicine. He emphasizes that *students should be more empathetic and show their concern to patients*. Unfortunately, this is often neglected.

Dr. Liang has been married for 12 years and has one daughter. Although he is very busy at work, he tries his best to spend more time with his family. **Dr. Liang has one personal rule -- he seldom takes his work back home!** When he is with his family, he tries to devote his full attention to them. In his leisure time, Dr. Liang likes listening to music, swimming and playing tennis.

Being a successful doctor is no easy task. To have a happy family life at the same time is doubly a great challenge. Having heard the advice that Dr. Liang has given us and seen his living example, let us strive towards success in the same direction.



Dr YU Yuk-ling

MD HK; FRCP Edin and Lond
(Reader)

Dr. Yu graduated with the M.B.,B.S. degree at The University of Hong Kong in 1973. Upon completing internship, he worked at the Nethersole Hospital for about two years before deciding to pursue further training in neurology in the UK. After working in several neurology centres including the National Hospital for Nervous Diseases, Queen Square, London, he returned to Hong Kong in 1983 and joined the Department of Medicine. He is now Reader and Chief of the Division of Neurology.



Besides providing clinical services and undergraduate and postgraduate training, Dr. Yu has led his Division to conduct research in a wide spectrum of nervous diseases. Extensive studies have been carried out in common diseases such as

cerebrovascular disease, epilepsy, infections and neoplasm of the central nervous system, thus providing more insight into clinical management. Territory-wide investigation of less common disorders such as multiple sclerosis and Huntington's disease have also been conducted. Comparative studies of disease prevalence in different countries may yield clues as to why certain neurological disorders have a low prevalence in the local population.

Dr. Yu specialized in medicine and neurology as they are intellectually challenging. He takes pride in being a member of staff in the Department of Medicine because it has a great tradition and attracts talented colleagues.

Dr. Yu does not think that the standard of medical students is declining. He considers that students who are enrolled in the Faculty of Medicine have already attained the required level of academic competence. Moreover, if students are willing to learn, it is not difficult to master medical skills. He also points out that most medical students have good learning attitudes and are keen on their studies.

Dr. Yu does not consider that medical students are under excessive stress from the curriculum. According to him, there has been a great improvement in teaching quality since when he was a student. Because of numerous developments and advances in the field of medicine, it is unavoidable that nowadays students have to learn more than in the past. Besides traditional subjects such as Surgery, Medicine and Obstetrics and Gynecology, students now have to learn about emerging specialties like Radiology, Radiation Oncology and ENT. He also holds the view that a good method of study is important. If one memorizes facts without understanding the underlying principles, one would find the curriculum stressful. He also emphasizes that the Department only requires students to

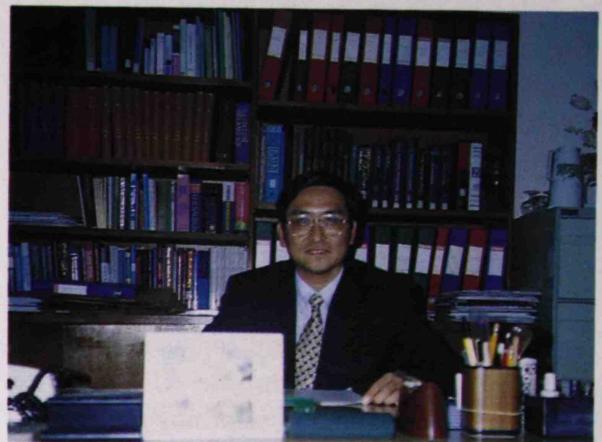
master basic concepts and skills, so that they can become competent and safe junior doctors.

Dr. Yu shared with us a memorable event. Last year, an elderly man suffering from Guillain-Barré syndrome (an acute disorder affecting the peripheral nerves) was transferred from another hospital to the Department of Medicine. Following treatment, the patient made a full recovery. He was so grateful that he organized a fund-raising Chinese opera for the Division of Neurology, and raised over one million dollars. Dr. Yu stressed that *doctors should make every effort to treat their patients to the best of their ability and that patient gratitude is their greatest satisfaction.*

As 1997 approaches, academic exchange between the Department of Medicine and China becoming more frequent. For example, Dr. Yu is Visiting Professor of Neurology at Zhejiang University. Moreover, for short periods of time, doctors from universities in China are also being sent to receive training in this Department. Because Hong Kong is in close touch with medical advances in developed countries, Dr. Yu thinks that Hong Kong will take a leading role in medicine in China after 1997. In addition, Hong Kong doctors also have a sound foundation in scientific method.

Besides his work in the University, Dr. Yu is active in many professional bodies. He was the founding chairman of the University Medical Doctors' Association and the Editor-in-chief of the Journal of the Hong Kong Medical Association. Currently he is the Deputy Editor of the Hong Kong Medical Journal. He is also actively involved in the work of the Hong Kong Brain Foundation and the Hong Kong Neurological Society.

Dr. Yu is married and has a son. His hobbies include hiking, reading and swimming.

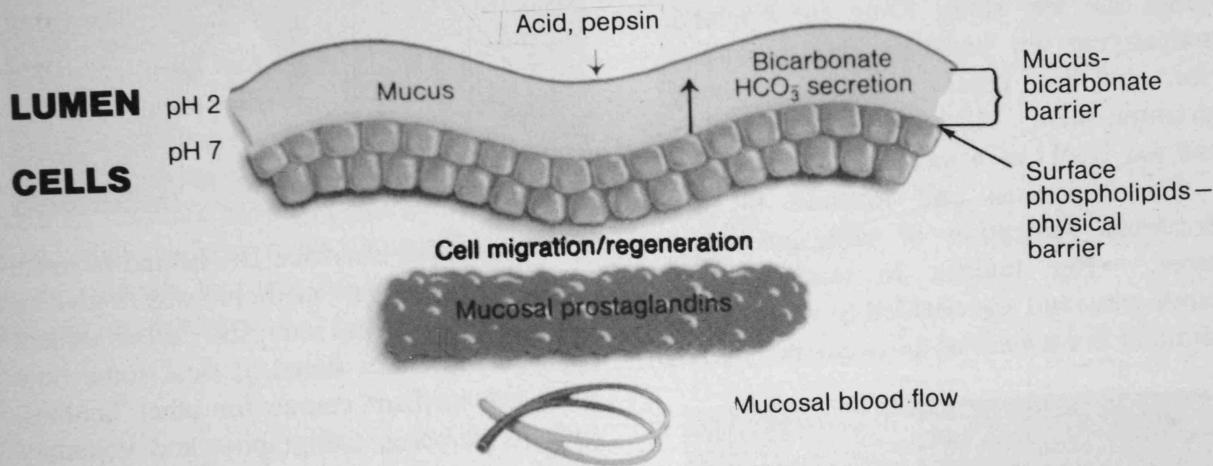


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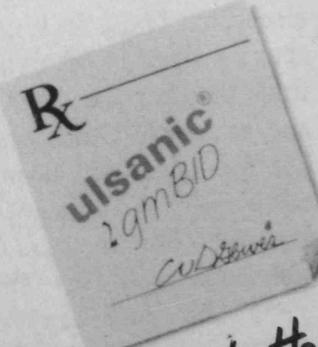
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Dr IP Sau-man, Mary

MD HK; MRCP UK
(Senior Lecturer)

Dr. Ip graduated from the Hong Kong University Medical Faculty in 1978. However, it was not until 1985 that she finally joined the academic staff at the Department of Medicine. This is because shortly after completing her houseman training, she left Hong Kong for England, accompanying her husband, who is also a doctor, as the latter joined a training programme there. After their return, Dr. Ip joined the UMU as a medical officer where she was impressed and inspired by the professional dedication of colleagues and mentors. Her interest in teaching and research grew and she decided to work in the department as member of the academic staff.



Compared to their non-university counterparts, says Dr. Ip, university doctors have a far more demanding job. In addition to the full clinical duty of looking after patients, they have to teach and to do research. Those in senior positions are often also involved in administrative duties. Dr. Ip finds that her job takes up most of her time, and as a result the "quantity" of her family life has definitely been compromised. She particularly dislikes not having as much time as some other mothers do to spend with her son, now aged 10. There was a long time when she only arrived home from work shortly before her son's bedtime. Now she

makes an effort to stay home in the evenings in order to spend more time with her son, which means decreasing participation in social-professional events, but she finds this a pleasant and satisfactory arrangement.



Another sacrifice Dr. Ip had to make in entering academic medicine was to give up most of her personal interests. In her student days, Dr. Ip never failed to steal some time from her medical course for other hobbies, such as painting, calligraphy, and voluntary social services. In the past ten years, however, she has virtually had no time for anything other than medicine and family. Even if she had time, she says, she did not have the energy to pursue her interests. Things seem to be improving these days, and she has recently managed to take up her long-missed calligraphy again. Despite these compromises, Dr. Ip has no doubt that medicine would still be her career choice even if she could choose all over again.

Having been a teacher for ten years, what is Dr. Ip's opinion of her medical students? Regarding their general standards and command of English, replies Dr. Ip, with a rather thoughtful look, there is great difference between individual students and it is difficult to give a uniform answer for all students. Nevertheless, she is amused to observe that good students seem to cluster in certain groups, a somewhat strange phenomenon since they are officially grouped solely according to alphabetical order. Perhaps they really do influence each other?

Overall she finds that students have a rather passive learning attitude and is struck by their apathy towards real contact with patients. For example, on the medical firm, each student is allocated several patients whom the student is expected to "clerk" thoroughly. This involves taking their full medical history, doing physical examinations and following their daily progress. However, many students only pick out one patient with the aim of presenting the "case" to the teacher and omit all other patients. She is also concerned at the lack of an inquisitive mind and initiative for self-learning. However, Dr. Ip does note that there is indeed a massive and ever-growing volume of knowledge that medical students have to cope with, and she thinks that teachers have a responsibility to guide students to focus on major principles and important topics.

Dr KUNG Wai-chee, Annie

MD HK; MRCP UK
(Senior Lecturer)

Dr. Kung was born in Hong Kong and obtained her medical degree locally. She worked in the department since 1983 and joined the university as lecturer in 1988 after spending one year in the U.K. for overseas training in endocrinology and metabolism.



When asked about the reason why she chose this subspecialty, Dr. Kung explained to us that this is due to her great interest in hormonal dysfunction and laboratory works. Finding answers in the laboratory and doing research is what she likes most. Dr. Kung enjoys working in the department because of having the great opportunity to participate in managing a vast number of patients referred from other hospitals, as for a number of years the Department of Medicine is the only referral centre for endocrine disorders.

As a teacher, Dr. Kung would like to see the medical students to participate more actively during teaching, and to have more initiation in self-learning. She also hopes that students can provide more feedback to the teacher in order to improve the methods of teaching.

With regard to her family, she is married with 2 children. Her husband is also

a doctor. She has 6 siblings at home. In her spare time, Dr. Kung likes to listen to music, and to play piano that helps her to relax and to get rid of the excessive pressure from work. She also likes to attend student's activities, in fact she was the social secretary of her class when she was a medical student.

Concerning 1997, Dr. Kung said she would stay in Hong Kong and continue to make contributions to Hong Kong. She thought that exchange program and collaboration with medical schools in Mainland China would become more and more important. *She hopes that the University of Hong Kong could be a bridge between the medical schools of Western countries and those in China.*

Lastly, about the expectation of her career, she hopes that her research on thyroid diseases and osteoporosis would be fruitful in the future.



Dr LAM Lo-kuen, Cindy

MBBS HK; FRCGP; MICGP
(Senior Lecturer)

Dr. Cindy Lam finished her secondary school in St. Stephen's Girls' College and obtained her M.B.,B.S. degree in 1981 with distinctions in physiology and pharmacology. After being a houseman for one year, she initially worked in the GOPD, and after 4 years, joined the General Practice Unit (GPU) in 1985, when the unit was established. She has been working there since then. On the other hand, she obtained the membership of the College of General Practitioners in 1986 and was awarded fellowship of the Royal College of General Practitioners in 1993.



The GPU is a unit in the Department of Medicine. It is located in the Ap Lei Chau Clinic that is far away from the Queen Mary Hospital. This Unit is primely concerned with the teaching of general public and provides the primary health care for the local population. Dr. Cindy Lam, as a senior lecturer of this unit, finds herself interested in this aspect as she thinks that this form of health care is the most fundamental. *If primary health care is effective, the existing tense demand on hospital service will be alleviated.*

The main research interests of Dr. Lam are health status measures, the differences of illness pattern and health

seeking behaviour between Chinese and Western people. Dr. Lam is currently engaged in the research on functional status assessment of patients suffering from chronic diseases.



Dr. Lam described her life as a medical student as quiet. She spent the 5 years in medical school mainly on the coursework and she agrees that studying medicine is quite demanding. Many students have to sacrifice their past hobbies or interests when they study. Dr. Lam thinks that medical students nowadays are in general more mature than the past and they are concerned for other aspects of life other than purely concentrating on studies. Dr. Lam thinks that medical students now are more confident in giving their opinions.



Since the academic performance of Dr. Lam in medical school was brilliant, we asked her to talk about her methods of study. One thing that she very much emphasized was that we should clear our work regularly, as the materials we needed to know were a

lot. When she was a medical student, she maintained a steady habit to clear her work everyday. She also made notes when she studied so as to help herself integrate and better understand the materials. On the other hand, Dr. Lam also stressed the importance of separating the main points from trivial information, so that we would not get lost in the massive information.



Dr. Lam is married and has a son of 7 years old. She needs to take care of her family but on the other hand needs to pay great effort in her work and research. She balances such dilemma by not taking her work home. Dr. Lam enjoys both her work and family life.

Dr CHAN Chun-kwong, Jane

BA Yale; MD Chic; DipAmBoard; FACP
(Lecturer)

Dr. Chan is a generous, elegant and charming lady of 39. She was born on the 14th February i.e. Valentine's Day - how romantic!

Dr. Chan received her secondary education at Concordia Lutheran School and Diocesan Girls' School. After finishing Lower Six, she went to Yale University to pursue her tertiary education. She studied Liberal Arts and then took up Mathematics as a major. However she thought that Mathematics was too abstract and wanted to study another subject that was more related to human beings. Initially she wanted to study either sociology or social work but her father advised her to take up medicine as it was more knowledge-based. Moreover, it could help many people. So, she proceeded to do Medicine at the University of Chicago.



After her medical residency, Dr. Chan returned to Hong Kong in 1985 and worked as

a temporary lecturer. Although the Chinese University of Hong Kong also offered a place for her in its Department of Oncology, she declined the offer as she did not possess the special personality needed to deal with the saddest part of illness which might be required of her. In 1986, Dr. Chan was promoted to regular lecturer. In 1987, she went back to America to receive her sub-specialty training in Pulmonary and Critical Care Medicine at Stanford University.



She finds the medical students in Hong Kong different from those in the United States in a number of ways, such as their age, maturity, attitude and the ways of thinking and learning.

In her days as a student, she was the captain of the volleyball team of the Chinese Student Association of the University of Chicago. She encourages students to continue with their hobbies even though they are busy. She regrets that she has given up playing the piano but she hopes to take it up again. What does Dr. Chan do now in her spare time? She loves looking after her children. She finds it a lot of fun and also fascinating. For example, she has learned that even a six month-old baby would be jealous of her elder brother!

When asked about the most special or glamorous event she ever encountered, Dr. Chan described one occasion when she had to escort a patient from the emergency room up to the Coronary Care Unit. On the way, this

patient had a cardiac arrest in the lift - a situation with little medical back-up. The most readily accessible thing she could do was to give him a precordial thump with her own fist. She did it hard and well. After further treatments, this patient eventually walked out of the hospital by himself.

Dr. Chan enjoys her work and never regrets taking her father's advice of becoming a doctor.



Dr. Chan Tak-mao, Daniel

MBBS HK; MRCP UK
(Lecturer)

The 33-year-old Dr. Chan is one of the youngest teaching staff in the Department of Medicine. He was born and educated in Hong Kong. After finishing secondary education at St. Paul's Co-educational College, He decided to study medicine at the University of Hong Kong. In his final year in 1985, he went to Edinburgh for two months during the elective period. He joined the Department of Medicine in 1986. Dr. Chan obtained his M.R.C.P. in 1989. In 1990 he left HKU for one year to go to the Guy's Hospital of London as a Fellow and re-joined HKU afterwards.



Why did Dr. Chan choose to join the Department of Medicine? He chose this department of HKU simply because he thought it was the best (of course !). Although he knew very well from the beginning that joining this Department would mean a lot of hard work, he was certain that he had an awful lot to learn at the same time.

If Dr. Chan liked this department so much, why did he leave for London for one and a half year? One reason is that he wanted to get more exposure to a well-known hospital. A second reason is that he could carry out more laboratory-oriented research at the Guy's Hospital when the clinical duty was much lighter.



About medical students, Dr. Chan felt that *their ability was more "varied" than before*. There are always some very bright and some less bright students in a class. However, he pointed out that some students had problems expressing themselves, especially in English. This has put them in a seriously disadvantaged position because English is the international language in the field of medicine.

When he was a medical student, he admitted that he was one of those people who did basically nothing but to study hard. But now, he says that students should engage themselves more in extracurricular activities and develop more mature ways of thinking.

Apart from his heavy workload at the University, he also takes time to help in some patient organisations, such as the Renal Companion Association. In his leisure time, he will read, listen to music, go hiking with friends, etc. He also likes travelling during long holidays.



Dr CHEUNG Man-yung, Bernard
MBBS Chir, MA Cantab; MRCP UK
(Lecturer)

Born in Hong Kong in 1961, Dr. Bernard M. Y. Cheung received secondary education first in Hong Kong and then in the U.K. He entered Magdalene College, University of Cambridge to study medicine. 'The best years of my life' were the words Dr. Cheung used to describe his first three years at university, the pre-clinical years. During that time, as an undergraduate, he could meet not only the medical students, but also students from other faculties. 'Any discriminations?' I was lucky and privileged so I can give the answer "no", he said, with a smile.



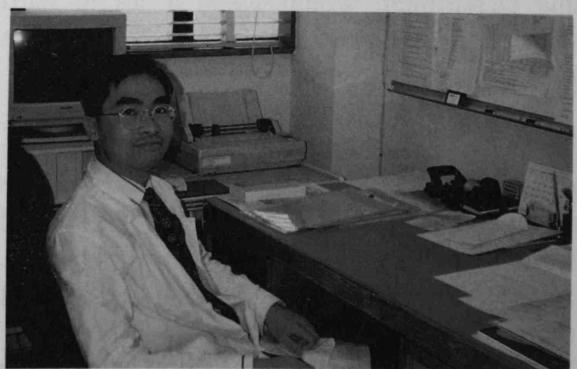
He has worked in hospitals in Cambridge and Manchester, and was a lecturer in respiratory medicine in Sheffield before joining the Department of Medicine as a lecturer in clinical pharmacology in which he has done a Ph.D. When asked why he chose the specialty, Medicine, he explained that 'almost from day one', he has been interested in internal medicine, perhaps because of his character. He likes solving problems; when a patient presents him with symptoms and signs, a physician will make hypotheses, carry out investigations and finally work out the diagnosis, rather like Sherlock Holmes. He likes clinical pharmacology particularly because '*drugs are the central part of medicine, like the knife of*

the surgeon'. He is now doing research on hypertension.



What about his impression of the medical students in Hong Kong? He thought that the standard of English of the students is quite high in general but he felt that the students do not seem to enjoy the course as much as they should. *Students here are also not as 'rebellious' as their counterparts in other countries -- 'rebellious' in ideas, thoughts and creativity.*

Dr. Cheung is now married, and have a daughter 3 years old. He has an elder brother and a younger brother. He likes music of a wide variety: classical, jazz, pop music... and he plays tennis as well. Recalling the memorable events happened during the years when he was a medical student and then a doctor, he concluded that 'there are so many breakthroughs in a doctor's life: the first time you took blood, the first time you went into an operating theatre... '



Dr CHING Chi-kong

MD Liv, MRCP UK
(Lecturer)

Dr. Ching Chi-kong was graduated from Salesian English School in 1974. Because he found that he would have more opportunity to be enrolled in a medical school in the U.K., he decided to pursue his study there. He obtained his first degree and later a doctorate degree at the University of Liverpool. After this, he continued his medical post-graduate training as a Registrar in different hospitals at the U.K. As Dr. Ching is interested in research works, he joined the University Medical Unit of the Queen Mary Hospital in 1993.

After his graduation from the University of Liverpool, Dr. Ching specialized in medicine and was especially interested in gastro-intestinal diseases. Now, his main research interests include *Helicobacter pylori* in gastric cancer and the oncology of other parts of the gastro-intestinal system. Some of the research works are collaborated with other hospitals in Hong Kong and China. For example, he is now investigating the association of *Helicobacter pylori* and gastric cancer in a province of Fujian in collaboration with the local health units and hospitals.

Dr. Ching thought that the medical education systems and the quality of medical students in the U.K. and Hong Kong are similar. He appreciated that medical students of Hong Kong are more keen on their studies and have a higher attendance in lecture and bedside teaching sessions. However, while their counterparts in the U.K. attend lectures promptly, medical students in Hong Kong usually come late.

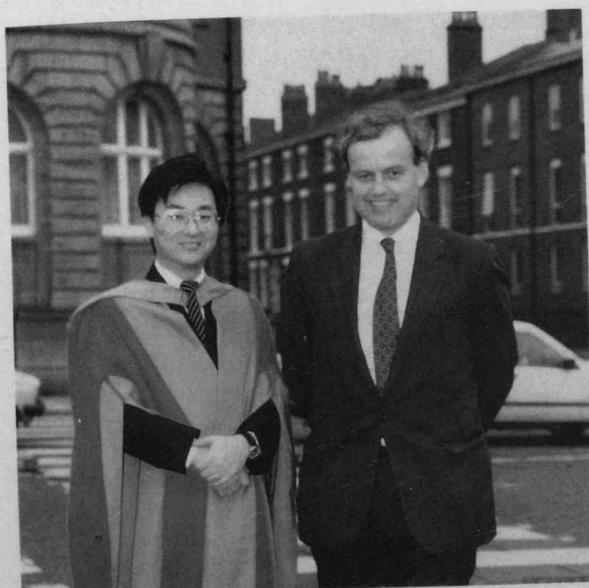
Dr. Ching do not agree that medical students are under exceptionally great pressure. He thought that when one chooses

medicine, he should know that the subject needs more commitments when compared with other subjects. Moreover, when one is interested in the subject, he should not find stressful.

'Medical career is full of memorable events.' Dr. Ching said. He said that when a student is sick, he can be absent from his lecture. However, being a doctor, one must take his responsibility to treat his patients even though he is under the weather. Moreover, he witnessed death of many patients. He thought that dealing with bereavement is specially challenging. He also claimed that *his experience of over sixty-hour on-call when he was a houseman was unforgettable.*

Dr. Ching's view on 1997 is optimistic. He thought that Hong Kong will remain more or less the same after 1997. He held the view that the impact of the constitutional change in 1997 on medical field will be minimal. He does not worry doctors come from China will take the role of Hong Kong doctors as their standards are much lower.

Dr. Ching got married when he was in the U.K. He now has three sons.



Dr HO Sai-wah, David

MBBS, PhD Syd; FRACP
(Lecturer)

Dr. David Ho is a relatively new recruit to the Cardiology Unit of the Queen Mary Hospital, the University of Hong Kong. Born in Hong Kong in 1957, Dr. Ho has spent half of his life overseas. Dr. Ho was selected by the Australian Government to receive free High School and Tertiary education in Australia, a program accepting the cream of neighbouring Asian countries to promote good wills with Asia at the time.

After finishing form V at the St. Francis Xavier's College in Hong Kong, he completed his Internal Medicine and cardiology training and was admitted to the Fellowship of the Royal Australian College of Physicians, in 1990. In 1994, he became Doctor of Philosophy in Medicine at the Sydney University. From 1993 to 1994, he won an Australian Scholarship and spent a year in the USA as a visiting cardiologist. He returned to take up a staff specialist position in cardiology in Westmead Hospital, Sydney in early 1994 before joining the University of Hong Kong in late 1994.

Dr. Ho is very interested in engineering and all sorts of 'hi-technology'. That is why he originally studied engineering in his first year of university studies. However, he also extremely likes the medical field. He chose Cardiology, a field full of 'hi-tech' equipment as his skill can be applied. Besides, he chose medicine because he likes interacting with people. *'I like all sorts of high-tech gadgets,'* he mentioned as he keenly works on his Power Macintosh.

Although working in hospital is busy, Dr. Ho remains active in sports, claiming that it is beneficial to health. He encourages medical students to devote more time in physical activities rather than other sedentary

recreation and strike a balance between physical activities and studies. Dr. Ho also actively participates in students' affairs. He is now the master of the Madam S. H. Ho Clinical Residential Hall.

When talking about students in this medical school, he thought that the students are not active enough and the will of getting knowledge besides for examination is very weak. This limited the scope of learning and also there is too much temptation in Hong Kong and occupied much time which can be devoted to get more knowledge. For the academic situation in HKU medical school, he mentioned that improvement can be made in order to provide more chance for the students to widen their scope of knowledge and built up their interest in medical studies.



When comparing hospitals in Hong Kong with those in developed countries, Dr. Ho thinks that Hong Kong is still lagging behind in terms of clinical service, research and teaching. This may in turn, limit the learning opportunities and environment for medical students. He hopes he can contribute more in this respect.

In two years, Hong Kong will be returned to China. Dr. Ho is very confident in the development of medicine in Hong Kong after 1997. He believes that the public health care system will continue to improve. The framework and objectives of the Hospital Authority seems to be a good one. Based on a Western developed country's model, Hong

Kong's health care system will achieve big strike improvements and reach a level that is comparable to the West's in a few more years. We should see a boom time for medicine and lots of opportunities will be open to young doctors. Ongoing academic exchange with China will also be beneficial to Hong Kong. Current generation of medical students in Hong Kong will play a vital part in medical services, research and education in this part of the world by the time they practice medicine. By then, the elderly and the sick in Hong Kong and China will be able to enjoy health and receive the high standard of health care that was once only available to those living in the West.

Dr HO Shu-leong

MBBCh Wales; MRCP UK
(Lecturer)

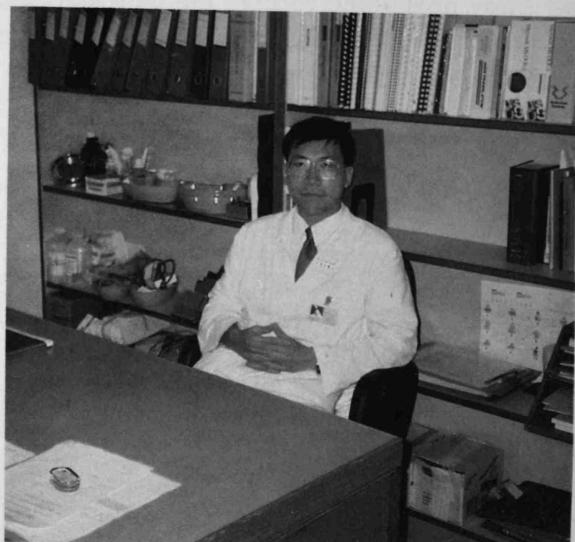
Dr. Ho was born in Malaysia. He had been in Britain for 14 years before coming to Hong Kong. He graduated from the University of Wales College of Medicine in 1986 and obtained his M.R.C.P. in 1989. He then became a Medical Registrar in Medicine and Neurology and later a Clinical Research Fellow in the University of Birmingham, studying Parkinson's disease. There he earned a Doctorate in Medicine, and in August 1994 he joined the University of Hong Kong as a lecturer in the Department of Medicine. He is now working in the Neurology Unit.

Dr. Ho has special interest in movement disorders, especially Parkinson's disease and dystonia. His current research aims at achieving early detection of Parkinson's disease using biological markers, and the treatment of dystonia using botulinum toxin. His research team collaborates with other departments and several research centres in the United Kingdom. He considers that the facilities in Queen Mary Hospital are more than adequate and well-financed, but more space is needed.

In his opinion, the standard of the medical school in Hong Kong is comparable to that in Britain. And he thinks that the pressure of studying is always there. "*Medical students are a special breed*," he commented. "*The system is selective, not necessarily craving for people of highest IQ, but looking for people with ambition and drive, and with the suitable character*." He thinks the medical education system works well and the selection process is fair.

Dr. Ho chose Medicine to be his profession due to several considerations. "If you are science-oriented, and if you wish to

find a career in which you will be comfortable and where your potential will grow, Medicine will naturally ranks high in your list." And the same applies when he decided to be in Neurology rather than in other specialties. "You have to consider what influenced you most during your undergraduate years and during your house officer year. Most importantly, you should consider in which specialty you will be most comfortable and where you can develop your full potential. All these come together in influencing your decision."



When he was asked about what attributes a doctor should have, Dr. Ho thinks that it is the sense of responsibility that stands out. A doctor does not have to be the brightest, but he should be responsible for his patients and the community, and be mature and feel for other people. This responsibility may not be restricted to clinical service, but also for education and research.

Dr. Ho said that it is difficult to pinpoint one particular memorable clinical experience, as doctors have to face challenges every day and may have to make life and death decisions. He thinks that each aspect of Medicine is challenging, and he hopes the training in the medical school can help students to face these challenges in their future career.

Dr. Ho is married, and he doesn't have children at present. Her wife is a Mauritian Chinese, and she is a paediatrician working in the private sector. Dr. Ho enjoys very much the time with his family. Laughing at himself as "a jack of all trades in sports", he does sports to exercise, and he enjoys music and reading much more.

Cheerful, vocal, and friendly, Dr. Ho is also humane and sensitive and has a very positive attitude towards life. He respects people who are unselfish, fair, honest and decent, and who do much work for charity and the community. They are some great figures in the "silent majority", and the values they hold are important. "The things you do reflect how you view your life," he said.

Dr LAM Tai-pong

MBBS W Aust; FRACGP
(Lecturer)

Dr. Lam was born in Hong Kong on 31st August, 1957. After finishing his secondary schooling at Ng Wah College, Dr. Lam went to study in Australia in 1976 for his university education. In 1983, Dr. Lam began his internship at the Royal Perth Hospital where he worked for three years. He and his wife spent a year working in the UK in 1987. Dr. Lam has been teaching at the University of Hong Kong for 3 years. At present Dr. Lam is also the honorary senior lecturer of Monash University. Apart from teaching, Dr. Lam has also been actively participating in a number of scholarly or professional activities. To name but a few, he is the editor of the Hong Kong Practitioner since May 1994. Moreover, he is the Council Member of Hong Kong College of General Practitioners. He obtained his Master of Family Medicine from Monash University in 1995 and his thesis was awarded the Hong Kong College of General Practitioner's Award for the Best Research 1994. He is currently investigating the health problems of the fishermen living in Aberdeen Typhoon Shelter.



Dr. Lam wanted to become a doctor because of the great opportunities to work with people. He thought that a medical job would allow him to help people directly and this further reinforced his determination. However, he admitted that family was an important factor for his joining in the medical field.

When asked about his impression towards Hong Kong medical students in comparison with his Australian classmates, Dr. Lam felt that most Hong Kong students study very hard. 'They also appear to have great respect towards their teachers,' added Dr. Lam.



Dr. Lam is married and has 2 sons, seven and two years of age. He has four siblings. His favorite activity is hiking. At present, Dr. Lam specializes in family medicine. He has chosen this as his career because the specialty provides him with great variety of conditions. He considers that the development of family medicine is essential to an effective health care system in Hong Kong. He also points out that the importance of good primary health care is now recognized in many Western countries. He believes our hospital system cannot be effectively reformed until a good primary care system is established in Hong Kong.

Finally, Dr. Lam hope the following message be given to all medical students: '*May what you want to achieve in your future career be successful, and be a good HKU graduate.*'

Dr LAU Chak-sing

MD Dundee; MRCP UK; FACP
(Lecturer)

Those who have attended Dr. Lau's teaching sessions would know that he is a very smart yet kind and modest lecturer. He never faults students for not knowing all the answers for he does not expect students to know everything. No one is perfect, including himself.

Dr. Lau studied medicine in Scotland. He obtained his MBChB degree from the University of Dundee. He continued his study for several years through doing research projects and wrote an MD thesis on Raynaud's phenomenon. He returned to Hong Kong in 1992 and is currently a rheumatologist at Queen Mary Hospital.

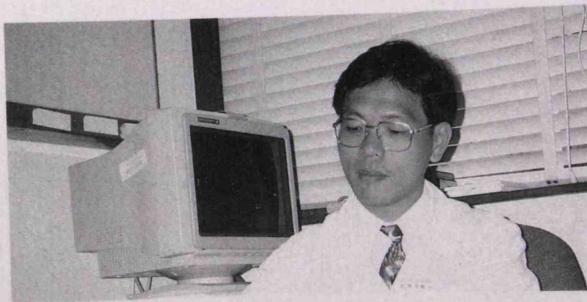
When asked how students in Hong Kong and Scotland differ, Dr. Lau said that their academic standards are comparable. However, he feels that Hong Kong students lack lateral thinking and despite having more factual knowledge. Furthermore, he finds they are often too shy to answer questions. In particular that there is little feedback and interaction during bedside teaching, which he thinks is an obstacle to efficient learning. Sometimes, we learn more when we give a wrong answer!

Studying medicine is no easy task -- this is no exception in Scotland. When Dr. Lau was a medical student, he worked very hard and read a lot. He said that he was most diligent during the second year when he often studied till the small hours with several senior Hong Kong students. Apart from the heavy work load, he had to face the added pressure of being an ethnic minority.

Dr. Lau finds work very different in the two places. In Scotland, one can choose to be a dedicated research worker while at the

University unit in Queen Mary Hospital, one has to do research, administrative work, teach medical students and see patients at the same time. Dr. Lau's interests lie mainly in doing research, however this aspect is often sacrificed because of lack of time.

Teaching occupies much of his time and he enjoys interactions with students. However, in his opinion, there is ground for improvement in the existing teaching strategies. At present, doctors are expected to teach everything relevant in a few lectures and students are supposed to have learned the entire subject thereafter. Dr. Lau thinks this is difficult for both parties. It is impossible for the teacher to convey his many years experience to the students in a few words and equally impossible for students to fully appreciate a topic in an hour or so. Furthermore, lectures lack the necessary interactions between students and patients and often concentrate only on the medical aspects of the patient's condition and sociopsychological factors are overlooked. More care-orientated studies are needed. In his words, "*learning medicine should be a step-by-step process with clinical exposure being the more essential component.*"



Dr. Lau is married and has two children. Despite the enormous work, he tries to reserve as much time as possible for his family. When asked about his hobbies and interests, Dr. Lau could only think of one thing -- watching sports competitions on TV, especially ball games. Maybe he is too busy to actually participate in any of them. Perhaps for every successful achievement there must be a cost!

Dr TAN Choon-beng, Kathryn

MBBCh Wales; MRCP
(Lecturer)

Dr. Tan was born in Hong Kong. After graduated from St. Stephen's Girls' Primary School, she went to England where she completed her secondary school education at Sherborne School for Girls. She studied medicine at the University of Wale's College of Medicine and completed her post-graduate training at the University College Hospital in London.

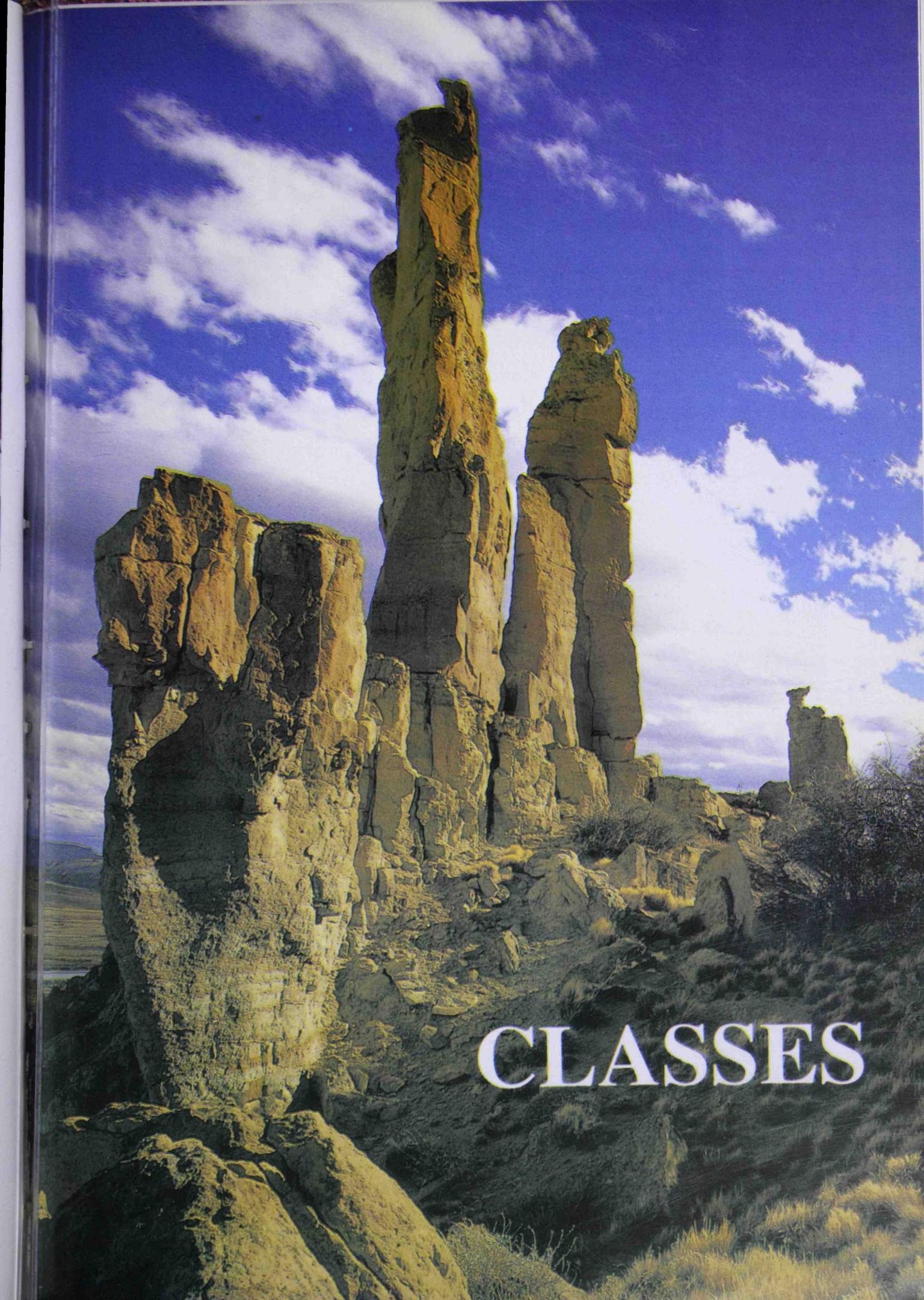
She has a brother and a sister and she is single now. She likes travelling around in her spare time.

When comparing the medical students in Hong Kong and in the U.K., she said that the *local medical students expect to learn everything from the lectures and the teachers* whereas in the UK, more emphasis is put on self-learning and the students are encouraged to take an active role in their medical training.

Concerning the influx of Chinese doctors after 1997, Dr. Tan thought that this would probably have more impact on the private sector initially than on the university because the medical curriculum at the University of Hong Kong is based on English. It would take time for the Chinese doctors to adjust to the teaching system.

We thanked Dr. Tan for her sincere help. Her friendliness and generosity really impressed us very much.





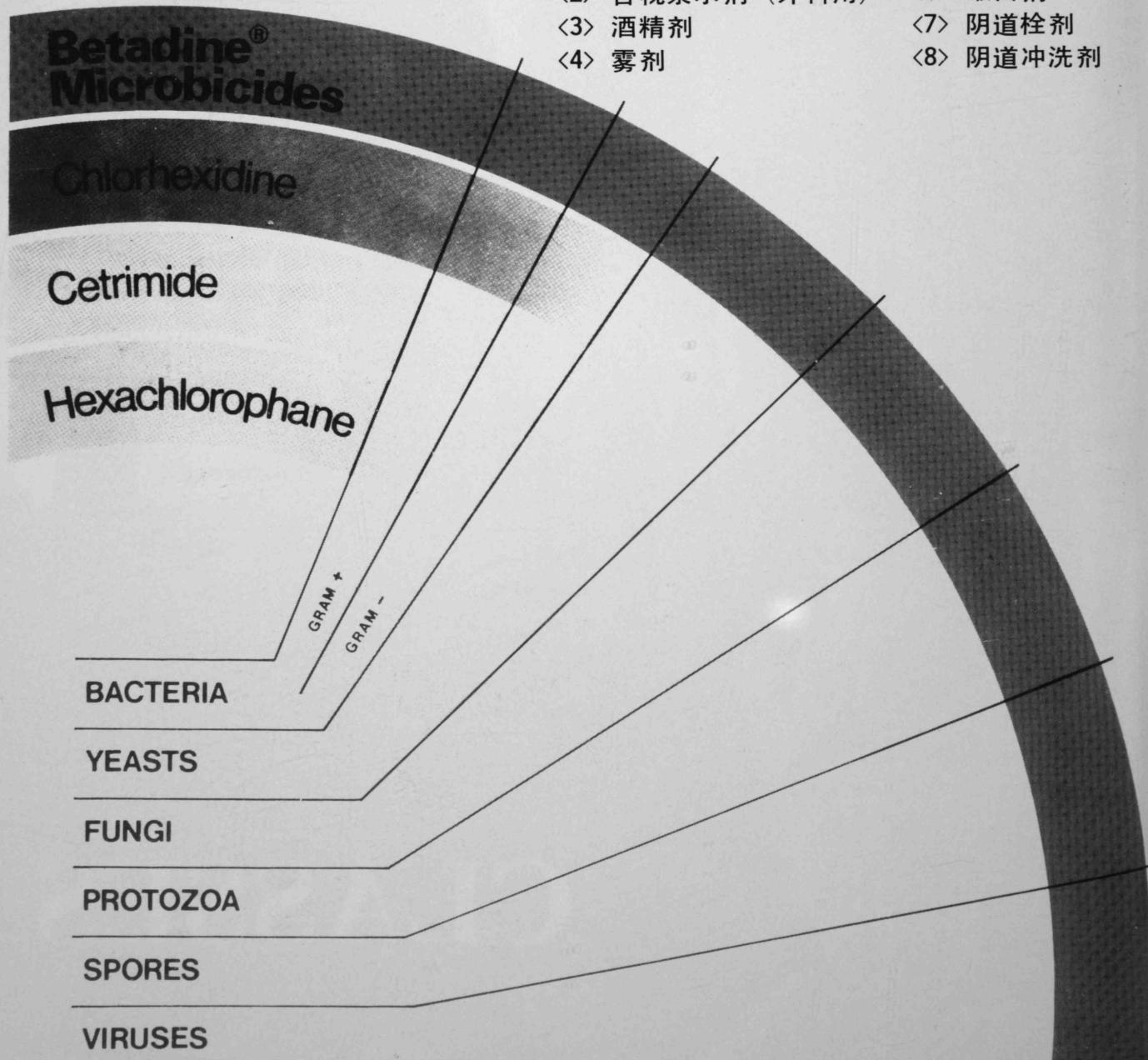
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九四班

——鄭智聰



好不容易才踏上第五年。

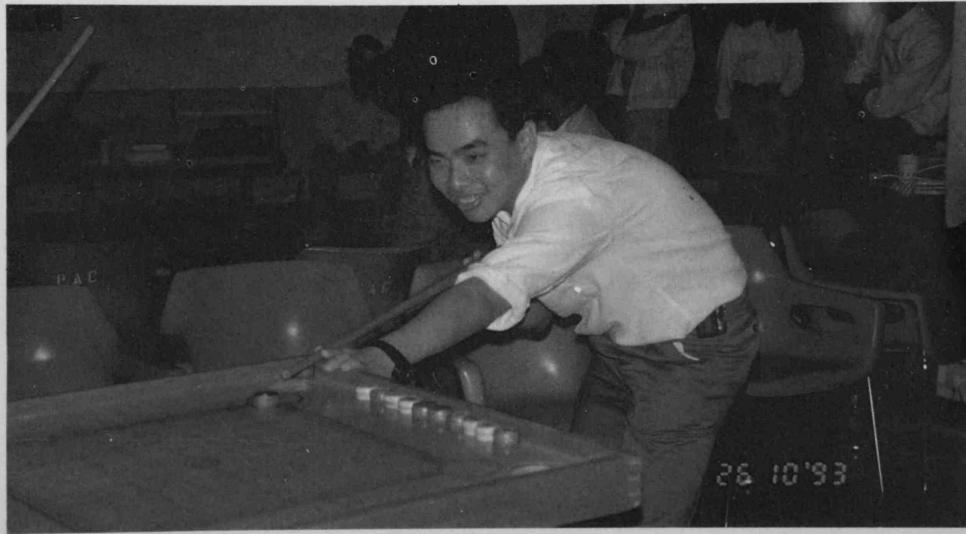
最後一年的醫科生活，多在病房裏渡過。

大清早便與 Houseman 及 MO 巡房，晚上在病房內留守至深夜，除了廣闊學識之外，亦同時體會到那些正式醫生日以繼夜、夜以繼日的生活。如遇上 Houseman 放假，我們更要面對疾病和死亡，有點不知所措；病人去世，更加不是味兒，但漸漸才明白到很多時候我們都是無能為力的。雖然不是醫人的病，卻是要醫病的人。

當然，生活不是完全灰暗的，相信大家仍記得在贊育醫院的日子，那時候，不眠不休地等待着嬰兒的出生，陪伴分娩，親手接生，那種興奮之情，豈能盡錄。只因為分娩過程，往往花上十多小時，遇上難產的孕婦，更要為他們打氣和鼓勵，恒心和毅力，缺一不可。

很快便到了 Final MB，一個決定性的時刻對於考 MB，大家已經經驗豐富，問題只是如何能夠把十噸書本一下子裝在腦袋內，這真是一項非常艱巨的任務。大家只有各盡所能，在宿舍內一起研究，本着一影無私的心，希望可以順利渡過，永遠也是九四班！

畢業之後，又是一個新開始，我們搖身一變，由醫學院的「老大哥」，變成了醫療界的基層，承擔着一份責任。每個人所走的路或許不同，但希望大家都能做到仁心仁術，各展所長。





九五班

—黃兆邦

自從過了第二次醫科專業試後，大家當然鬆了一口氣，而大家也開始四出奔走的日子，到廣華及伊利莎伯醫院上課。在炎熱的夏天，這實在一點也不好受，尤其是在那未裝有空調的病房內檢查病人時（還要把布簾拉上），簡直令人窒息，由內衣以至白袍都被汗水濕透。但話說回來，在那邊的醫生、病人和護士也比這裏和藹可親，那邊也有很多不同的病例給我們學習，不過最好的是有機會讓我們出外品嚐一下不同的食物，所以也不枉四處奔走。

另一方面，由於在第四年中我們會分為五大組進行 Specialities rotation，所以大家也密謀尋找適當的拍擋入組，因此四面都傳來很多是非非，有些同學又和某同學不和，說「如果他入組的話，我和甲乙丙丁都會走。」有些同學又道：「要我入組也未嘗不可，但我要和 XYZ 一齊入。」霎時四面楚歌，很多人到這時候才發現自己有這麼多「敵人」。不過大家最後都安排妥當，順利編好五組。



還有一件事相信大家都不能忘記，就是社會醫學為我們準備的習作。這個功課實在令人厭惡，我們全班分為十組，每組都需要完成一



個研究，但導師們很多時候都沒有給我們足夠的意見，在繁重的醫學課程外又加添了很多的壓力，而且每組中也有一些同學比較懶，因而引起一些不滿，這種種也教我們困擾不堪，如果教授們能放鬆一點，大家也會做得開心一些。

但總體來說，這年雖然辛苦一點，但也有很多值得回味的地方。希望各位讀者珍惜現時每一刻的時間，好帶來日後的回味。

九六班

—汗 沖

要撮寫一班醫學生五年的生涯實在很困難的，就如同要寫一篇以「生命何價」為題的文章，當中的悲喜交集，實非筆墨點滴間可以形容的。

九一年，一百七十個新鮮人各懷着不同的理想和目的加入沙宣道這個大家庭，大家在書海和玩樂中渡過了一年，最後有數位同學未能和別人並肩再升上二年級。

九二年，大家懷着戰戰兢兢的心情去迎接專業試，我們也憑着上下一心的鬥志，勇奪班際體育比賽的全場總冠軍。

九三年，兩名同窗無聲無色地永遠離去我們，其他人則展開了臨床實習生活。

九四年，在一個競爭激烈的專業試下，再有一批同學要留級，整班人數驟減至一百五十人也不到。

九五年，專科實習期的開始雖然不太順利，但總算也能安頓好每一位同學。

九六年，我們熱切地期望畢業來臨，我們深信能夠堂堂正正地跨過港大醫學院畢業試的人，絕非凡凡之輩；也希望一個有水準的考試去淘弱留強，香港的醫療水準也更能有所保障。

有人說，醫科生水準低落，找醫生要看年份；

有人說，醫科生不問世事，只顧自己吃喝玩樂；

有人說，醫科生沒有使命感，不能肩負作為社會棟樑的角色；

更有人說，醫生的地位是在下降中。

朋友，我只信我們的實力，我知道我們班裏也有不少在各方面有尖端才能的人，大家一起發光發熱吧！





九七班

——吳健聰

轉眼間，我們九七班的同學已踏入第三個年頭了。在過去一年，由於我們是剛剛入來醫學院，又沒有甚麼特別的 MB 試要考，所以和一般大學一年級生一樣，同學享受 Hall-life，同樣參加學會活動，同樣走堂（一少攝人吧！）……

不過，隨着在暑假期間由我們策劃的 O' Camp 93'，帶着一班比我們年幼一年的醫一學生時，我們的身份彷彿轉變了——變得成熟，覺得飄飄然——因我們已是所謂「小仙」了。同時，隨着 First MB 的逼近，大家也比一年班時更加努力「潛水」，朝着各人不同的目標，考取 Distinctions 或是為求問心無愧，抑或只求「碌」過就算了。結果當然有喜亦有悲，取得 Distinction 的通常被人「屈」請吃飯，但有些不幸的戰友卻要重讀一年，我們內心的確很不開心——回想起當初 O' camp 時 Tutor 教導我們做醫學生最要緊的就是要有一顆愛人的心，「書料」還是其次——現在只覺得凡事都要講求現實，雖然一個讀書好的人只是一個學者，未必是一個好醫生（當然很多人能兩者兼備），但試問你連病人有甚麼病，開甚麼藥也不知的時候，你還算是一個醫生嗎？

同學們，努力吧！



當然，我們九七班不單「文」得，「武」也非常厲害。在今年我們男女的健兒都勇奪全場總冠軍。另一方面，我們暑假在中港城舉辦了健康展覽九三，AMSA 同學遠赴台灣出席了第十四屆亞洲醫學生會議，健委和啓思的同學們的精彩的一年，還有為我們最出力的 Medical Society 「精忠報閣」的同學……以上種種都是我們值得驕傲和自豪的地方。

很快一年就結束了，會又到了我們最後的一個暑假，同學們都爭取機到外國旅遊散心充電，迎接 Paraclinical 和 Clinical years 的來臨。縱使我們要學的知識愈來愈多，我們所承受的壓力亦愈來愈大（無論在學業上或前途上），但只要我們九七班同心合力，就像們的班歌歌詞一樣：「攜手以衝勁熱和愛，將心中理想，在世上實踐。」大家必能順利過渡，九七畢業的！

九七班班歌

詞：盧浩然
同心以真摯熱誠去
當醫生要盡心
助困病和貧苦
今天定不怕路遠
憑心志並能力
去面對新挑戰
攜手以衝勁熱和愛
將心中理想
在世上實踐
儘管雖挫敗
仍然絕不退後
以心輸出溫暖





九八班

—陳偉康

轉眼間，第二年的醫科生涯已接近尾聲了！測驗大家已測過不少，第一次學位考試也經歷過了，相信大家早已習慣醫科生活的壓力，開始找尋到自己的方向和在醫學院生存的方式，大家都成長了。

想起剛入醫學院的時候，大家懷着戰戰兢兢的心情在探索和認識，憑着一起努力讀書和參與活動，漸漸地大家熟悉了，友誼也開始。在這一切還未上軌道的時候，班會由一班自願的同學組成，為大家提供基本服務，例如訂手套、書籍等，另外幾位努力盡心的班代表也在接着一、兩年當中為大家同學做了不少事。

相信有些同學還記得自己如何奔波努力在班中尋找適當的人選為班出戰，對抗其他班；相信有些同學還記得自己如何拼命為班出戰於比賽場上；相信有些同學還記得自己和一些同學努力為班比賽的人打氣，吶喊助威；相信有些同學還記得醫學生節時怎樣落力去呼喻自己班的人去參與「醫學生節」的節目；相信有些同學還記得自己參加「醫學生節」的項目和叫CHEER時如何投入；相信大家還可以記起更多更多一起渡過的時光……對各位曾為班盡過一點心，出過一點力的同學，在此致以萬分謝意。

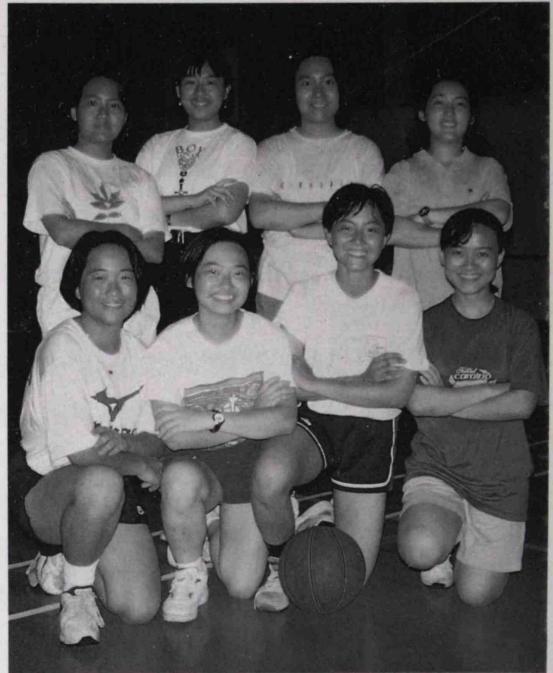


很遺憾的是，班會並未能為大家組織多一些全班性的團體活動，其中一次是在第一年復活節時的班會宿營，參加的人玩得也尚算開心，而之前也在班內舉辦了各項球類比賽以選拔班內精英出戰其他班。這兩年期間，間中也會有些人發起團體活動供全班同學參加，如露營等，在此要多謝那些有心人士。

由第一年升上第二年之後，大家感到了學位試的壓力，變得沒以前的活躍，但熱心人士仍然存在，實在感激那些仍然為班出力的同學！未來幾年醫科路途將會越加崎嶇，希望大家就如以下記寫着的九八班歌一樣，一起步過難關。此外，在此對一些已離開醫學院的同學，及一位離開我們的同學表示最後懷念！

九八手牽手

同前看，眼界更擴，放棄私心，敢於擔起苦楚；聽見蒼生的悲哭聲、心中激盪，願盡力量共互勉，要這世界再次發光……



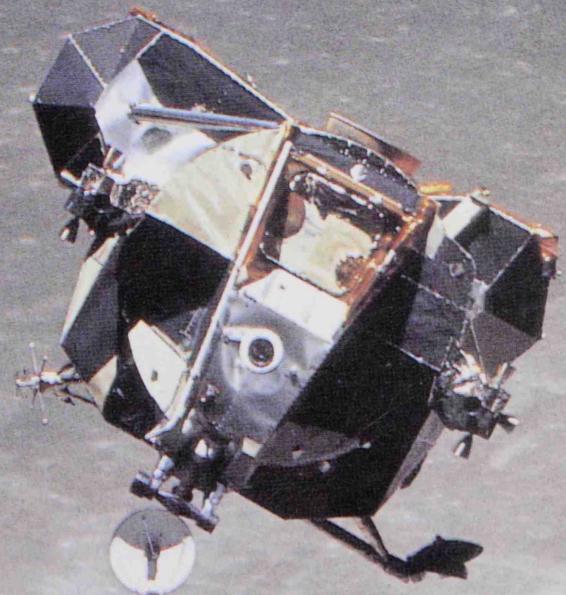
九八手牽手

(原曲：前程錦繡)

同前看，眼界更擴
放棄私心，敢於擔起苦楚；
聽見蒼生的悲哭聲心中激盪，
願盡力量共互勉，要這世界再次發光；
伸出一雙手，立誓獻自我，
力量勝千鈞，沙宣道上，灑滿陽光，
醫科生的心須積極，
貢獻世界努力，
交出真心 盼會看見 98 的心永牽。
全憑愛化作勇氣鬥志，
全憑毅力一顆堅忍的心；
將所有荆棘險阻統統拋開 交出生命，
共赴患難共力拼，與你奮發創那理想；
點點的星光耀着你共我，
陌路縱心慌，將不怕寂寞，98 齊前望。



CONTRIBUTIONS



Medical Students: Past and Present

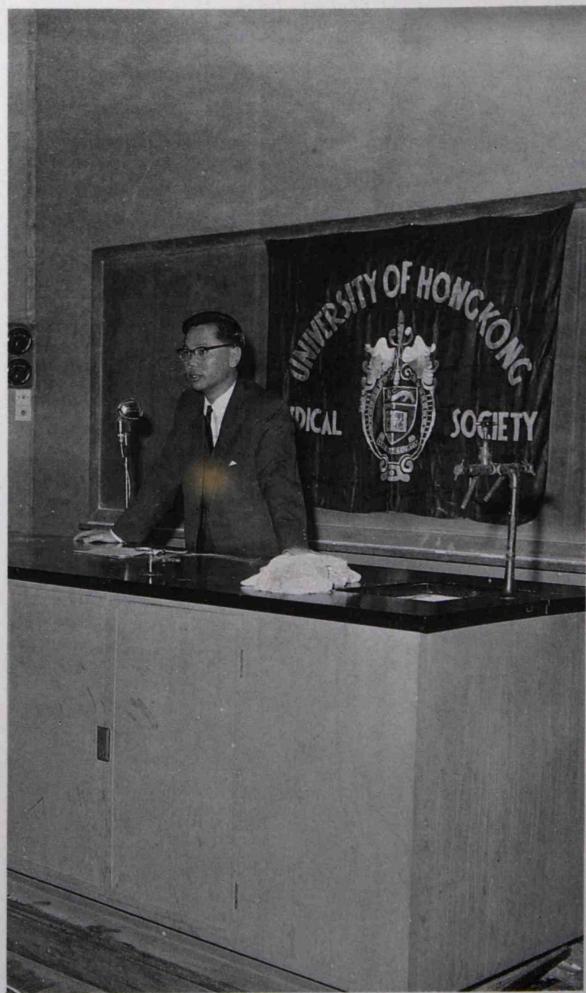
Prof Sir David TODD

When I qualified M.B.,B.S. in 1952, all my classmates had been through World War II, known deprivation or had experienced separation from family. We were also somewhat older, having missed a year or two of secondary school. There were fifty or so in the class, and while there were fewer teachers, the relationship between teacher and student was close. Many students lived in hostels so we knew each other quite well. I suppose there was also less to study as the explosion in medical scientific knowledge had not yet occurred. A number of classmates came from Singapore and Malaysia, and since most of us were from English speaking secondary schools, the standard of English was high. We also had a fair amount of time for sports and other hostel activities, including barn dances, medic nights and working in voluntary agencies. Such was the background of medical students in the 1950's.

With the influx of refugees from China and the increase in the population of Hong Kong, there was a need for more medical doctors and so the intake of medical students rose from 80 or so a year to 100 and then to 150 by the late 1980's. At the same time there were remarkable advances in medical science and technology. Following the discovery of new and effective antibiotics, cardiac and anti-cancer drugs, there came the era of molecular medicine and sophisticated technology. The medical school curriculum became more and more overcrowded as new knowledge was introduced without concomitant decrease in the more traditional material. Medical students were finding the course, often full of detail, increasingly difficult to assimilate. There was less time for extra-curricular activities. Another factor adding to the problem was the falling standard of English. English was not well taught in many schools, also it was not used as a media of communication at home nor at school when

out-of-class. It had become even more common to speak in Cantonese and to use the Chinese media i.e. newspapers, cinemas, TV and radio. Studying a course based on English became less easy for many.

With the expansion in student numbers in the tertiary institutions of learning, the best matriculants now have a wider choice of subjects. In the 1950's to 1970's, many of the best entered medical school but such is no longer the case. However, I still find the average standard of medical students high, and the best compare very favourably with the best of the past. Some of the brightest and best informed graduates I know are recent ones.



Many of the present day medical students come from modest backgrounds, have not gone to secondary schools where English is widely spoken and have a reasonable command of Chinese, perhaps better than those of the past. They are well informed through the mass media, have lived a relatively protected life at home with caring parents and still can be numbered among the relatively more privileged when compared with the wider population in Hong Kong. They often complain of being stressed. I can well understand the difficulties created by an overcrowded curriculum, the lack of relaxation in frenetic Hong Kong and the lure of night life when more healthy recreation such as sports and the arts are not widely available. Further, the materialism that prevails can stifle creativity and the free spirit. It is not the right moment to criticize those who wish for a high degree of financial security. Competition can aggravate stress - but the world we live in is full of stress, and the medical doctor has to face stress daily, in others or personally. The University can help by providing a better and more personal counselling service, and teachers by rationalizing the curriculum, and spending more time with students or young graduates.

It is not easy to change the character of a person once they have reached university age. Such is the importance of family upbringing and early schooling. But my observations lead me to believe that *present day medical students, although less mature and less worldly, are not that different from those of the past*. Their objectives would appear to be a very similar. I hope the lack of interest by most to pursue an academic or scientific career is a temporary phenomenon. *The noble profession of medicine should still be in good hands.*



Prof Rosie YOUNG Tse-tse



Having worked in the Department of Medicine for just over forty years I have observed the changes in the medical curriculum and the quality of medical students with interest and concern. The medical curriculum has always been heavy. More and more subjects have been introduced, and more and more material has been added to each subject. Most of these changes are dictated by the progress in medical sciences and the changing pattern of medical practice. Nevertheless, we must realise that the MBBS course is not meant to produce graduates who are capable of practising medicine immediately after graduation or to become specialists overnight. They still have to undergo a period of internship and several subsequent years of professional training. I feel that much of the factual knowledge that we force undergraduates to imbibe is totally unnecessary and may become outdated when they graduate. It is therefore much more effective to be selective in our teaching and aim at introducing the principles of the discipline, stimulating the students to learn for themselves and helping them to work things through their own efforts.

With the introduction of free, compulsory education in the mid 1970s, the

rapid expansion of first year, first degree places and the provision of generous grants and loans from the Government, the background of our current medical students is naturally very different from that of previous generations. Tertiary education is no longer the privilege of the few and University education is no longer an elitist one. There are complaints that the standard of our students' English and even Chinese is not as good as before or that we are admitting students with lower scores in the advanced level examinations. These criticisms may be somewhat subjective and relative, but have some element of truth. It is a price we should pay for increasing the intake into our Universities, thus permitting a greater number of young people to develop their full potential. It is also a challenge, that we as dedicated teachers in the University should face with courage, patience and innovative thinking.

There is at least one quality which I find unchanged among the generations of medical students I have taught, and which I particularly treasure. With few exceptions, they are keen to serve and help the others. I often wonder whether this characteristic is what motivated them to become doctors, or it is the environment in the Faculty which has gradually inspired them to do so. Perhaps it is a combination of both.

In closing I think both teachers and students have to join forces to improve our curriculum, our quality of teaching and the learning environment. *To train world class doctors for the 21st century and to maintain our Medical Faculty's reputation as one of the finest in the world is a responsibility that we should take up willingly and with confidence.*

Prof CHAN Tai-kwong



defining the qualities expected of a graduate from this Medical School.

Personally, I think a medical graduate need to have at least the following *ten* attributes:

1. Possesses adequate scientific knowledge of the structure and function of the human body so that he can understand the pathophysiology of diseases and to navigate himself effectively when dealing with the human body.
2. Demonstrates inquisitiveness in scientific discoveries and scientific advances and appreciates their possible applications to human diseases.
3. Understands the pathological changes produced by disease and can relate them to clinical manifestations.
4. Understands the action of drugs and other treatment modalities as well as their protean adverse effects.
5. Possesses clinical skills in elucidating history and physical examination of patients of both sexes and different ages. Demonstrates elementary skill in procedures related to the various clinical disciplines. Aware of the various ancillary methods helpful in diagnosis.
6. Aware of community needs, epidemiology of diseases, and the importance of Public and Industrial Health.
7. Aware of and can deal with the impact of diseases on socioeconomic and psychological aspects of patients and their families.

Medical students who first come to clinical years might be overwhelmed by the large number of full time and honorary teachers, the various subspecialties and the wide spectrum of clinical activities of the Department of Medicine distributed in three large hospitals: Queen Mary, Tung Wah and Grantham as well as a large outpatient clinic at Sai Ying Pun Polyclinic. This, in fact, reflects the complexity of Modern Medicine. Of course, they are also witnessing medical practice par-excellence in Hong Kong and, for many subspecialties, that of South-east Asia region as well. I hope this would instill a sense of pride to students who have just become part of such an institution; instead of a sense of despair, frustration or inferiority.

One might wonder whether a student can acquire enough knowledge and clinical skills to graduate in a short period of five years. The answer is no if one expect a young medical apprentice to have acquired knowledge and skills in every facet of the work that is being done in a teaching hospital complex. A more pertinent question should be how much would a student be expected to know before he is allowed to graduate. One can attempt to answer the latter question by

8. Practises self-education and accepts the need for continued update of ones knowledge and skills throughout active professional life.
9. Accepts that the good of patients is paramount concern of the Profession. Hence one should be ready to consult other colleagues on difficult problems and, conversely, to give advise freely when consulted. Also to share ones expertise with the Profession and to teach the next generation gladly.
10. Recognizes the importance of a medical fraternity and accepts peer review.

In the final examinations, the above attributes are partly tested and, for the others one hope that these have been inculcated throughout the course to be self maintained and developed after graduation. Afterall, one only has received an University education albeit with strong vocational components.

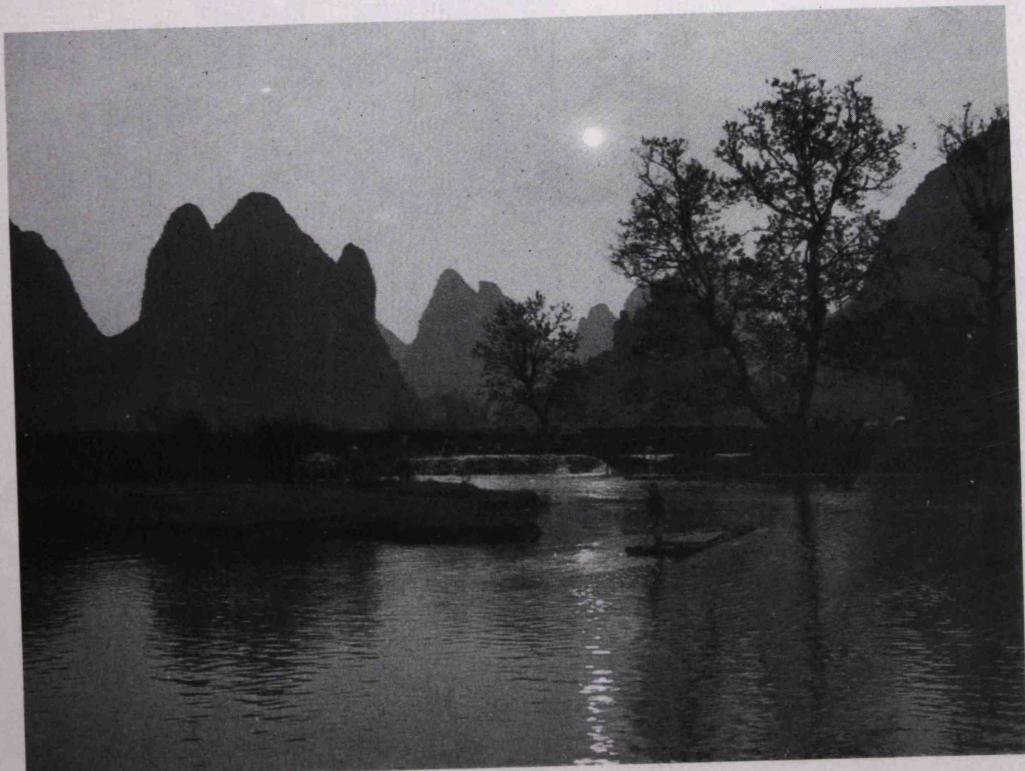
We expect the graduate to be fully prepared to take on the challenge and follow their chosen track into postgraduate training in various specialties. In the near future, further vocational training, after internship, for 3-6 years in a specialty will be usual before a medical practitioner takes up independent practice and continued medical education (CME) will be a life-time commitment for all.

Prof CHOW Shew-ping

The following is extracted from a passage I wrote for a commemorative publication during the 20th year home-coming of our classmates, the graduates of 1968.

The life and career after graduation in 1968 has been shaped by passion rather than prudence.

The decision to join the University was not so much due to the quest for knowledge than my dedication to our alma mater and also to some of the less fortunate people of Hong Kong, although in search of excellence in research, it has given me a bit of international fame. There were moments of enlightenment in my laboratory, or flights of ecstasy when my work was applauded even by the best in the world. My University career, like wayward winds, has blown me from hither to thither all over the world. I was amused by the Englishmen, and delighted with their countryside. I became lured to Europe several times by its civilization, the charms of its lakes and mountains, the beauty of its people and dainty houses, and, of course, the food and wine. The Australians honoured me by offering the Founder Chair in their Universities, but I started to worry about their utopian value when most in my tour group to the Blue Mountains were the unemployed! In the land of Zion and Pyramids, I have seen the glory of the human past, and in the great North American melting-pot, I glimpsed at the possible future of our race. The awesome feeling when facing the mighty Amazon, Incus ruins, Indian Ganges, or the Brahmaputra in Bangladesh has sometimes given way to my pity for human sufferings, which brought me more than once to these lands for voluntary and charity work in their rural areas. It is in the orient, however, that I found the roots of my culture.



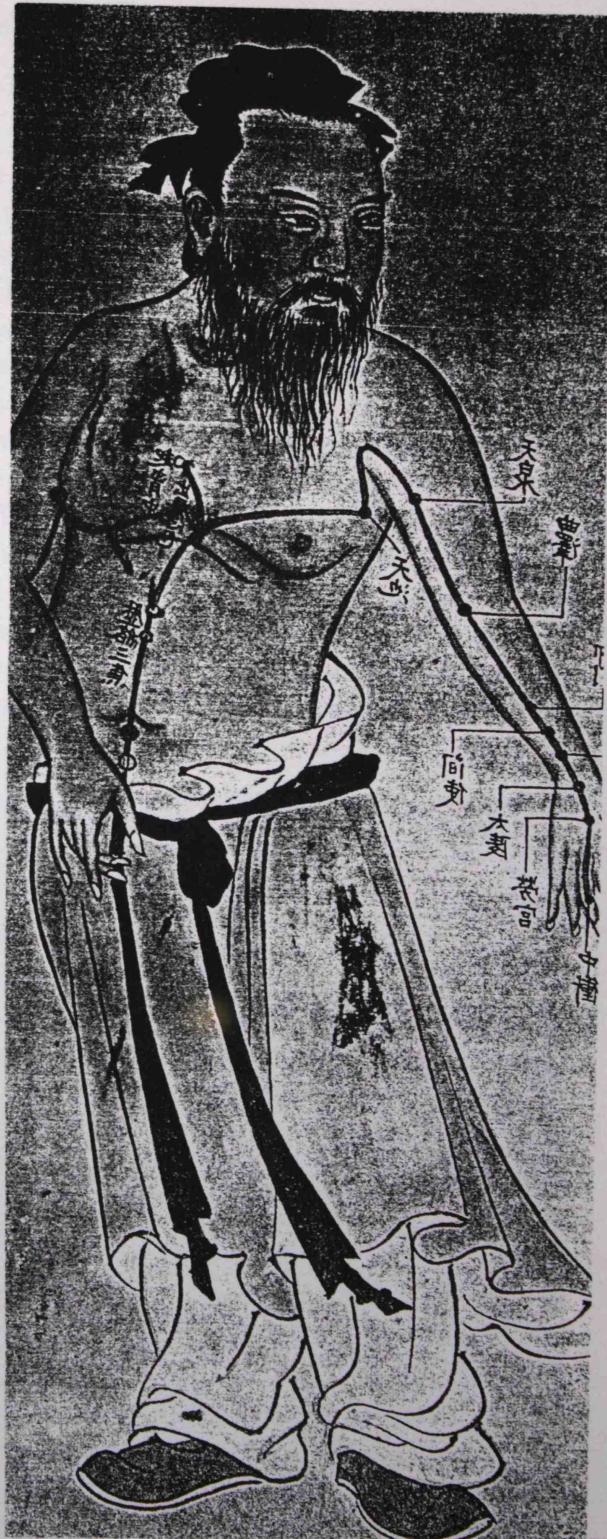
香港中醫之發展

——生理系——楊美博醫生

香港政府中醫藥工作小組報告已經於九四年十月出版，並已獲立法局通過。這是經數年來大家的努力而獲得的一個初步原則性的報告和建議，其中包括確認中藥及執業中醫在醫護體系內的重要性，促進發展及規管中醫藥專業，包括中醫註冊的建議以及烈性及毒性藥物之管制。這些正符合基本法第一三八條：「香港特別行政區政府自行制定發展中西醫藥和促進醫療衛生服務的政策」。這個報告無疑是對中醫藥專業地位的承認和提高，並給予中醫藥事業發展帶來光明的前程。作為中醫工作小組一名成員自然感到興奮，並覺得任重道遠，願將一些感想與大家分享。

衆所週知，中醫藥已有五千多年歷史，到近百年來它已發展成為一個有理論基礎並有豐富臨床經驗的一門學術，本草綱目、針灸甲乙經等，都是珍貴的遺產。

中醫藥幾千年來負擔着中華民族醫療保健事業我們整個民族愈來愈增大，成為世界人口最多之民族，中醫藥的功勞不可磨滅。西方醫學進入中國只有幾百年歷史，不可否認這個現代化，高科技水準之醫療體系，加強和提高了人民的醫療保健。在新中國成立後，中醫藥事業，在新政策下得到發揚光大，特別是建立了幾十間高水準的中醫學院和最近中醫大學，培養出大量優秀現代化中醫師。由於中醫學院多為五年或六年制，其中頭兩年到三年學習醫學基礎課程，包括解剖、生理、生化、病理、化驗、診斷等學科，這些課程使學生更了解疾病的原理，亦可用化驗、X光等診斷作為中醫藥治療指標，不僅只限於傳統之四診八綱。這種全面性、現代化中西醫結合的教育，自然培養





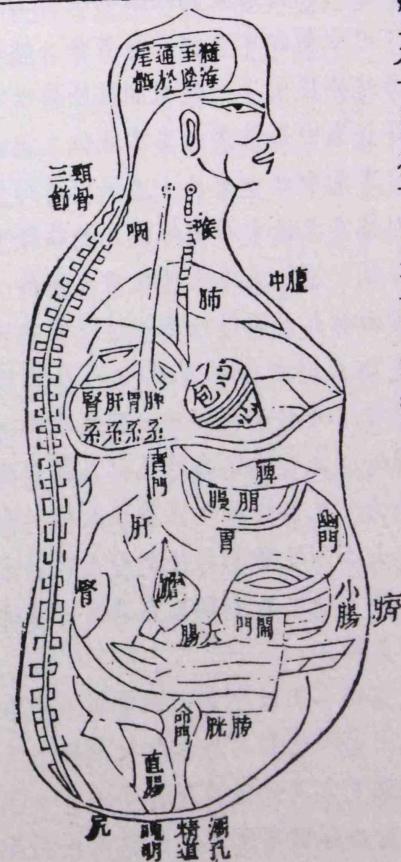
出高水準的中醫師來。

近廿年來世界衛生組織(WHO)呼籲「重視傳統醫藥體系配合國民健康」。實際上，在世界各地各國傳統醫學都正在發展，針灸熱更是風靡歐美各國。在美國加州有數間大型針灸中醫學院，在澳洲維多利亞大學亦開辦針灸系，歐洲如法國、德國、奧地利都有不少針灸師，亞洲日本、新加坡、韓國，亦都有傳統醫學及針灸之發展。世界各國都經常召開針灸中醫藥大會，以達到各國交流發展傳統醫學之經驗。曾經在香港召的國際會議中要求香港給予針灸講座的包括一九七九年英國醫學會(BMA)在香港碧麗宮召開的年會，其中有半日為針灸論文講述。而一九九五年十月份在香港大學牙醫學院召開的牙醫國際會議，亦將針灸學術列為重點講座。

回顧我們香港這個知名的中西文化交流的中心，百年來中醫藥事業並沒有進展，我們還沒有一間高水準全日制的中醫學院。開埠時的

中醫醫院（廣華醫院），已被西醫醫院取代，只剩下一家跌打診所。中醫藥專業地位也一直沒有被承認，例如中醫開的病假條就不能用於請病假，保險公司也不會付看中醫的費用。政府對中醫藥事業不聞不問，從來沒有鼓勵發展中醫藥，更不會支持中醫藥教育和研究。但是由於中醫藥有它特定的效果，香港中醫師自強不息的努力，及廣大市民對中醫藥的信任，使得香港中醫藥業及針灸業仍能生存和緩慢地發展。香港的大專學院內對中草藥及針灸的科學研究一直都有貢獻，且在不少國際會議及雜誌上發表科研論文，其中包括中文大學中藥研究中心，中藥研究電腦化，益母草避

新腎系十四椎下由下而上亦七節 改正內景之圖



手太陰肺經之圖



孕，天花粉蛋白對愛滋病毒抑制，丹參對心臟病之效益等；香港大學內研究包括杜仲降血壓，中藥戒毒及抗癌研究，針灸機理研究；科大研究五味子亦有新成果。這些都是可喜現象。另外香港大學專業進修學院近年來大力開展中醫藥及針灸進修課程，先後已有數百人完成課程獲得證書。其中包括中醫基礎班，中醫高級進修班，中醫進修基礎醫學班，進修高級醫學科學班，中草藥基礎課程，中藥製作課程，西醫進修針灸班，醫學生初級針灸班等課程，學生反應獲益甚大。有些年紀較大中醫師（六、七十歲）仍非常努力上課，考試成績優異，實在值得一讚，這種進修班，包括中學西、西學中，互相深入了解認識，減少了中西醫之間因不理解而產生矛盾、歧視，並開始建立中西醫學逐漸互相取長補短，以期望將來達到像中國很多醫院所達到中西醫結合的階段。

今天由港政府主動組織的中醫工作小組及其屬下之中醫師專業諮詢委員會，經過兩年多之努力終於提出了一些原則性發展性之建議，特別是提高中醫藥業之專業地位，認識它在醫療保健事業中之重要性，建議中醫師登記、註冊，烈性及毒性中藥之管制，並鼓勵中醫之教育和培訓，這是香港中醫之重要發展，使中醫藥事業向前大大邁進一步，這還需要香港市民大力支持，對中醫藥界熱心的人仕們大力贊助，希望不久將來能成立一間高水準全日制的中醫學院。其實我們香港已經具備興建諸院之經濟能力，也有資深之中醫學教師，希望在政府，各大學以及贊助人仕全力支持下，早日開辦此學院，使香港中醫教育事業快速追上中國及世界各國。

我想世界上只應有一個醫學，它不應該被區分為中醫、西醫，應該取長補短，使它們融合成一個更完美的世界新醫學體系，以能更好地促進醫療保健事業，這也應是我們最終的理想吧！

沒有風，沒有雨 卻嚐盡，人間冷和暖

——陳雙煌

——一位實習醫生的心路足跡

九四年七月一日 陰

今天是第一天上班，一大早起來，結好領帶，換上新的白袍，在鏡子面前打量了好一陣，畢業了，踏上第一個工作天，心情是既驚又喜的。

知道醫生們會在七時正巡房，當然六時半便已上到病房，打點一切為上。

一進門口，嘩，便見那工作桌上堆積着一大堆驗血報告、一些廢紙和揉皺了的面巾，還有一條吃剩了的朱古力！這便是我工作的地方嗎？看，地上更囤積着一大疊舊到發霉的排板呢！

我向當值護士長報到，介紹了自己，只聽見她指着一位藍衣姑娘，吩咐着：「××，這是新來的實習醫生，教教他該做些什麼。」

那姑娘望了我一眼，指一指那工作枱：「這是你的工作枱，每天早上會有一些驗血報告回來，放在上面，你要先看看它們，然後把它們分派到每張病床上。」她這時又從護士桌上拿出一疊厚的化驗報告，冷冷地笑着把它們丟在那一缸廢紙堆中，像火上加油般。

「這是我們的工作板，」她指一指掛在床上的一个白板：「上面寫着那些病人要驗血糖，你每天都要準時幫病人『篤手指』；另外板下面放着的是屎尿痰罐，你要每天下午五時前填好表格送出去，否則過了辦工時間，實驗室可會把標本退回來；另外還有一些『空肚

血』要抽，每天早上趁病人吃早餐前抽的，要記着；那是你的抽血車，你要好好收拾它一下，上一手把它弄得那麼亂，怎做事呢……」

她喋喋不休的向着我訓話，我望一望那工作枱，那一大疊新的和舊的報告，那一堆屎尿痰罐，那些要驗血糖的床號，有那『空肚血』，那亂七八糟的抽血車，那開滿了帆布床的病房，我的心直往下墜，像一個鉛錘被拋下一個無底深谷中，沉，沉，沉下去……

那是一個壞透了的開始，我一方面要面對新的工作，另一方面要收拾上一手殘留下的爛攤子，我一直不停地工作至晚上十時多，也足足麻煩了十六個小時，為什麼工作量會排山倒海般來，為什麼有那麼多屎尿痰待送去，為什麼我抽血打點滴的技倆那末不濟，為什麼……

「陳醫生，這裏有一堆血液樣本，是化驗室退回來的。」唉，又用錯盛器了！

「陳醫生，十八、廿四號床的血凝固了，做不了測試。」我的天！

一個好的開始只是成功的一半，一個壞的開始呢？我的實習生涯註定倒霉透了！

九四年九月廿七日 晴

人，真的很累，很累。

我已連續工作了五十多個小時，但現在仍得繼續地工作下去。

此刻我心力交瘁，體力透支，精神也已接近崩潰，就是平日最活躍的腦細胞，也嚷着要罷工了。

腿仍在走着，手仍在幹着，一枝筆桿仍在病歷表上奔馳着，聽筒仍在病人胸膛上按着，這一連串動作，重覆又重覆，像是沒經過中樞神經過濾似的，我的腦袋，已拒絕指揮和發號師令了。

剛才若不是一位護士提醒我，我甚至對血糖報告「二點五」視而不見，無動於衷呢！

趁着現在有點空檔，我得回房好好休息下，洗個澡沖洗一下也是好的。

我按下電梯掣，靜待電梯的到來。

門打開了，一個個人進了去，然後門緩緩地關上，我腦裏一片空白。

嗯，怎麼自己還在電梯門口，沒中進去？

殺死人的 double-call 的日子！

九四年十一月二日 晴

我承認，自己已變得愈來愈冷了。

抽血時，我不再認為病人會覺得痛，我甚至會很殘忍的為了方便自己，用粗粗的針嘴刺痛病人，一位跟着我的實習醫生助手問我，用粗的針筒，點滴刺病人，病人不是很痛嗎？啊，曾幾何時，我也有過相同的感受，我會站在病人那邊，切身處地地為他們想想，體會一下他們的感受，但現在呢，我只覺得，針刺下去並無什麼不妥——真的嗎？如果我是病人，我願意被一個粗心大意的醫生，隨便、胡亂地刺上幾次嗎？

有位同學對我說，他收症時，為了節省時間，想也不想便抽病人的大動脈血，一抽便一大筒，往抽多了，便把它丟掉；要知道，抽動脈時病人是很痛的，如果你是病人，被某醫生在股溝上刺了一針，抽出的一大筒血竟有半筒棄置在垃圾箱裏，除了肉身之苦外，你能不心痛嗎？

今天很驚訝，因為收到一張病人送的多謝咭，信中有她的祝賀和感謝，病人，是有知覺和情感的，但我卻汗顏不已，因為我並不覺得對她，甚至對任何一個病人，做了什麼，更慚愧的是，我竟沒心眼到連她是誰、患了什麼病也忘記了！

九五年二月十日 陰

今天，我眼巴巴，目送着一顆生命的消逝。

我甚至殘忍到，當病人的心仍在每分鐘微弱的悸動一下的時候，我已宣佈她已死亡。

我站在那裏，什麼也沒做，什麼感覺也沒有……

我竟是如此……

「婆婆的病情已到了末期，醫生從前也對你們說過她的情況，相信你們已有心理準備，剛才她的心跳很弱，經過我們努力搶救後，仍未有起色，我們已盡了最大的努力……」我向親人背着這一段演詞，當婆婆的靈魂出竅時，不知是否在詛咒着這撒謊的醫生？

死亡，在八個月的實習生涯中，已見得太多，太濫了，我甚至已對它沒有什麼感覺，生離死別，每天都在上演着，第一次看見病人死亡時，目睹工作人員用麻布袋把屍體包紮起來，送上一個鐵箱裏，親友們在痛哭着，我是心有戚戚的，但現在呢，我甚至會很自私的希望某些病人快些離開，像眼前的婆婆，她有許多很煩的親友，整天在纏着你，問東問西，諸多為難，還常埋怨你不常常關心她，照顧她，那婆婆的血管又幼又細又脆，每次抽血打點滴時，都得用上很大的勁，費上不少的時間，我每天上班，都希望她已不在床上，但婆婆那顆頑強的生命力，竟一直撐到現在。

現在她去了，我承認，我的確有種「鬆一口氣」的感覺。

一九九四年度美國十大暢銷非小說類書籍，其中一本是由一位外科醫生敘述病人死亡前的感受，以及他自己的親身體驗，作者在得獎後表示：「死亡，很多人愛談它；但真正寫它的，多數是一些文人，他們對它接觸得比較少，卻喜歡寫；至於面對死亡最多的是醫生，他們每天都在簽死亡證，卻很少寫它。」

為什麼呢？難道我們是如此豁達，又或者已把死亡習以為常，失去了感覺呢？

九五年五月一日 晴

今天遇見一位女士，入院做腎血管造影檢查，準備捐出腎臟給她丈夫——一個患上了慢性腎衰竭的病人。

從前也見過一些「病人」捐贈器官給親人，像丈夫割肝予妻子，父親切肝救女兒，姐姐讓骨髓醫妹妹等，這些「病人」，他們意無反悔的火心，他們堅毅的意志，總會直震撼着你，感人心弦，不是嗎？愛，原來是那末的無限和浩瀚，為了，有人甘願作出慷慨的犧牲，苦至用自己的生命作賭注。

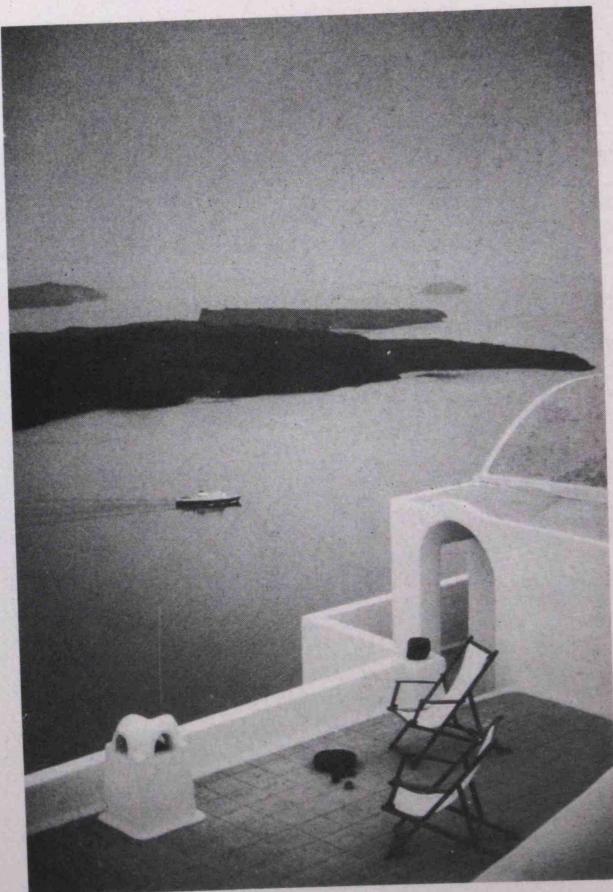
像是一切是犧牲，在愛的根源下，都有了償還，顯得那麼的微不足道，不堪一擊，我感動於那融融的暖流，欣賞着那灑脫的奉獻。

九五年五月一日 晴

最近實習醫生聚在一起時，最大的話題，總離不開前途問題。

一些人選擇了內科，另一批立志當大國手，而有一撮仍躊躇於十字路口，茫然面對未來四十年要走的路，五載醫科里程，風雨故人來，一年實習生涯，冷暖我自知，真的，要走的，比已走過的更要長，還要遠。

杜鵑花又開了，就讓那馥香，清新送走過去，且把那嫣紅爍爛，留給將來。



夏日的回想

——杏

心裏藏着的是退了色的舊片段，竟然那麼不經意的隨着首首曾經摯愛的歌曲在腦中徘徊。

兩腳急急的走動着，跟前看着兩個街口外的演奏會舉行地點；哎，遲到了。回想七年的中學生涯，差不多每個午膳的時候，這邊廂拋下飯盒，那邊廂已拾起一疊樂譜，兩腳也是急急不走動着，心中暗叫：「哎，遲到了。」

在演奏廳內，表演節目一個接一個，掌聲此起彼落，我的心卻不住的亂跳。我看着曾經踏足過很多次的舞台，我看着很多我不認識的師弟師妹在台上表演，心情複雜得連我自己也不懂形容。是很遙遠的事吧，音樂彷彿是自己的第二生命：合唱、小提琴、巴松管……我在音樂裏找到知己，找到滿足，找到一縷縷醉人的旋律。五線譜上有笑臉，有哭喪、灰心的臉，更有點點大大的音符——汗水；清楚的記得在中七那年的音樂會上，亦即是要譜上休止符的時候，我給它譜上了一串淚水，譜上的詞是「愁」……

「咚！咚」敲擊樂隊一「小肥仔」俐落的鼓聲就把我從白日夢中帶回來。可不是嗎？兩年前進入醫學院的鼓聲也叫我從白日夢中驚醒起來，曾經妄想往維也納讀音樂，曾經妄想一生都拉着小提琴……結果還是一樣一樣的放棄，連運動量也減到最少，難道五線譜可延續？

合唱團正唱着曾經心愛的法文歌，可能調子悽清吧，每到那觸人心弦的幾小節，淚水就會不爭氣的落下……回想最初決定走上這條不歸路除了是因為興趣外，更因着有一股想幫助、關心病人的傻勁。縱使現在很多東西已犧牲了，但相信這一顆熾熱的心永不放棄。

怕是平日連思想的空間也狠狠的拋棄罷，在暑假裏忽然覺得有無窮的藍天讓我的思路去飛翔。踏出演奏廳，望着手持小提琴：心裏藏着的是退了色的舊片段，竟然那麼不經意的隨着首首曾經摯愛的歌曲在腦中徘徊……



不是投稿

— 大 B

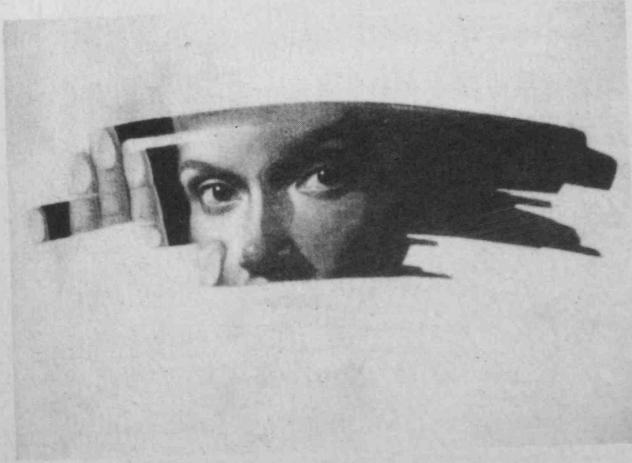
對一個不善說話的人，要他投稿是一件非常殘忍的事。對於做出這件殘忍事情的主編，我除了深表遺憾和極端憤怒之外，也想考驗一下自己的寫作能力。但是，要找一個好的主題實在太難了！拖延了整個星期，面對着原稿紙一整天，也始終下不了筆。但這使我發現了一件事：一個人之所以不善說話，除了缺乏話題和欠缺自信之外，考慮太多、太過婆媽亦是原因。所以我決定雖然無法決定寫什麼題目，也要動筆了，不知會寫了什麼出來？

其實最初想寫的是關於九八班在第一年內的事情，但想了很久也不知可寫什麼，寫讀書是太過沉悶，活動如健展、Medic Festival 又太多人寫過，但其實我最最想寫的是九八班的同學。當我在第一年的時候，便想着這麼多不同性格的人聚着一起做同一件事，一定會十分有趣。過了一年之後，更熟悉其他同學，對將來香港會出現不同類型的醫生也感到興奮。可是若要寫同學，會有很多問題：例如，不夠全面、不夠尖銳等等。當我想像到會有這麼多難題的時候，便決定：不寫了。

這樣也寫了大約五百字，看來專欄作家的工作也很易做（假如不理主題有多低劣的話）。後來我也想過寫一些自己對醫學生生活的看法和感想，但當我寫了數百字初稿之後，覆看一次，發覺許多看法和感想都不似是自己的。這除了和表達能力有關之外，還有原因：感想通常都是很矛盾的，有時連自己也分不清楚，寫下來才發覺自己另有感覺；所謂看法有時只是一廂情願，只是想還可以，要真正做出來便感到困難，所以有時文章所講的和作者所

做的可以有很大差異。既然寫出來的不是自己真正所做和所想的，於是決定：不寫了。

這篇文章其實，隱含了一個非常深奧的目的，你相不相信？這篇文章的目的其實是——為了交差。相信這文章（還能稱為文章的話）一定會被主編丟進垃圾箱內。但寫到這裏，我有一感覺，非常真實：很開心能夠停筆了！我想這文章唯一的優點是所記載的都是我這數小時內的親身感受，不過並沒有主題了罷。本來還想寫些連貫整篇的短語（例如：不能清晰分析自己的感覺，就不能夠有效地描述他人，也不能反映自己……之類自己也做不到的想法），結果也放棄了。最後希望大家的醫學生生涯不要像這篇文章的目的一樣！



流浪漢和狗

——陳雙煒

深夜，一間豪華別墅外，一盞昏黃的街燈下，來了個形容枯槁的流浪漢。

他望一望那別墅，從那陣陣的音響聲，不用說，主人家又在開派對了。

他停下來，在門前的垃圾堆中，找到了那摺起的錫紙，唔，很不錯呢，有未吃過的沙律和三文治，今晚的晚餐可豐富了，還有那些汽水罐，可換回幾個錢呢。

天氣很湯，他抖到抖，蹲了下來，摺起了衣領，只覺寒風仍往衣服的缺口鑽。

「汪……汪……」身後傳來一陣吠聲，他回過頭來，唉，又是那頭富貴狗，在裝腔作勢的叫着，老子可不怕你，真沒有用的雜種，你呀，看你，身上唯一可取的，便是那件皮革狗衣，可值不少錢呢。

流浪漢對狗笑一笑，「噓！」的一聲，那狗便怔一怔，怯怯的後退了幾步，然後掉頭跑了，跳上了一部私家車，裏面傳來主人的聲音：「威利，別去理那垃圾佬，僻！啊，別怕，我們回去了……」

當車子駛過那流浪漢時，只見那頭富貴狗，仍隔着窗子，在「汪……汪……」的向着他表示威着……



——侯士文

七月一日，對醫學生來說是個平平無奇的日子，但對剛畢業的學生，就是個很特別的時間。

第一天在 QM 工作，什麼都不懂，對 Department 的運作不清楚，自己的 Duty 也瞞查查的，工作不少，又要另外抽時間聽 Senior briefing，好在 Ward 的阿 Sir 姑娘比想像中的好十倍，知道我們是「新仔」事事都耐心教導，又碰巧 Ward 的工作不算多，可以三點鐘 Lunch，記得上任 Houseman 講過，Houseman 是很「簡單的動物」，只要有時間食飯，睡覺，就會滿足，那一刻真有同感。後來，和一些其他部門或醫院的朋友，他們一開始的時候，每天只吃一餐，連洗手間也只去一次（當然會是 tea—colour urine），才知道我的 Post 真的好幸福了，還那敢有怨言！

第一次 Call 的感受，就是（1）自己好 incompetent，明明讀書讀過的，面對真實 Patient 時，又不知所措，常常 Call MO，好在 MO 都好 Nice，唔會發脾氣，還過料，好好！（2）做 Student 時真幸福，一來責任不重，二來有事又可以周圍同人商量，做 Houseman 是有點孤單的感覺，各人有自己的 Duty，但另一方面，我想是要這樣才練出 Independence，獨立思考的方法，每一步成長都要付出的吧！（3）On Call 才是真正學習的時間，你第一個去收症，落 Investigation，比藥，又或遇到 Patient deteriorate，你是第一個人去諗 Cause，Management 是 training 重要的一環。

On Call 第一個睇嘅 Patient



記得那天第一次 On Call，5:05pm 就有 Nurse Call 我，有一個因為 Suicide Cut wrist 的女孩子，在 Ward 裏「坎頭埋牆」，一入到 Ward，就見她拿着衣服要入洗手間，幾個 Nurse 阻止，怕她在洗手間內吊頸，於是就讓她坐在 Nurse Counter 旁，誰不知就當我想 Call psychiatrist 來 assess 之際，她又把頭撞向牆，當我 contact psychiatrist 時，發覺他不太重視，想是醫院內，實在太多人是 suicide 來的吧，睇都睇不完，於是唯有自己硬着頭皮，嘗試用以前 Psychiatry 教

Assess Suicidal risk 的方法問病，誰知談了不久，就發覺原來她有 prosecutory Delusion，相信周圍人都想害她，又有 Auditory Hallucination，聽到周圍人談論她，這些都是一些 Psychiatric Illness 的病徵，結果再和 Psychiatrist 談過後，他一小時後到，比了藥，和安排這病人 Wrist Wound treated

。不過在離開 Ward 時，我知道，這病人的 Prognosis 是會比那些一時衝動尋死的女孩差！



監牢風雲

除咗自己 Ward 之外，我還要負責 J9、羈留病房及 ICU 的 Ortho patient。J9 是個很特別的 Ward，入口有兩重鐵閘，有專人



（差人）為你開門，入面又有一道鐵閘，再入才是監病房。大部份這些 Patient 都是 Drug addict，為他們打 Drip、抽血，真係好慘，首先要好努力尋找血管，找到了，在我這新人手中，還未必打中，所以每一次去到，都是一次挑戰！有一次，一個 addict 因為 Cellulitis 入院，要打 IV line，可惜連腳都找遍，都找不到一條似樣的 vein，唯有打 CVP，可惜試了兩次都失敗，唯有 Call MO，在等 MO 到時，阿 Sir 好 Nice 地沖了一杯所謂「拉」出來的奶茶，實在好感動，後來聽說 J9 的奶茶出名好飲，將來大家有機會去 J9 記得要試試。

Dung Addict 是我的大客仔

在 Orthopaedic Male Ward 做 Houseman，Drug addict 是我們常見的 Patient，多數因為 Cellulitis, Abscess, DVT, Septic arthritis 和想「握」藥食入院，尤其是七月，九月，一月和四月，Houseman 剛轉 Shift 的時間，有晚又收了一個 addict，準備在

Femoral artery 抽血時，一打開被，才發覺他的一邊腿已 Amputated 了，因為打針打到 Femoral pseudoaneurysm 而另一隻也有 Distal gangrene 了，好好的一個人，為了 Drug，弄成不似人形，還是義無反顧的繼續打針，到底這些人的一生，是不是就永遠與毒品相連，永無翻身之日？！

後來這 Patient 出院後還久不久在病房外出現，聽阿 Sir 說，他藏了一些針筒在醫院公共廁的天花內，所以奉勸各位男醫學生，最好別去 Ward 旁的公共廁所，小心有針筒從天而降。

捕風少年

有一天，將要步出病房之際，見到一名不是我負責的 Patient 與阿 Sir 爭持不下，好奇心驅使，走了過去，才知道他昨天因打架，被玻璃弄傷手背及 Extensor tendon of

thumb，還在打 Antibiotic 呢，嚷着要出院，我和阿 Sir 幾番努力，解釋未能出院的原因，但他全不理會，就是將來手的功能差也不理，最後，我提出一個 Offer，讓他打了 6:00pm 的 Antibiotic 就 Home leave，明早 8:00am 再回來安排 Physio，Occupational therapy 和 Follow-up 等，但他還是不接受，沒辦法，唯有讓他 DAMA (Discharge Against Medical Advice)，在等 MO 來簽 DAMA Form 時，我告訴他這六個星期都不要用力抓東西，要不然肋會再斷，兩星期後自己找人剪綫，阿 Sir 和我亦準備私底下將 5 天 Oral antibiotic 讓他帶走，結果他沒等 MO 來到就自己 Walk away 了，阿 Sir 和我說「好人難做」，誰知第二天 11:00，竟看見他，在等着見 MO，其實不自愛的小孩，當知道有人關心時，也有醒覺的時候。

Houseman 的生活雖是忙碌，但一點也不單調，明天，又有什麼新的挑戰呢？



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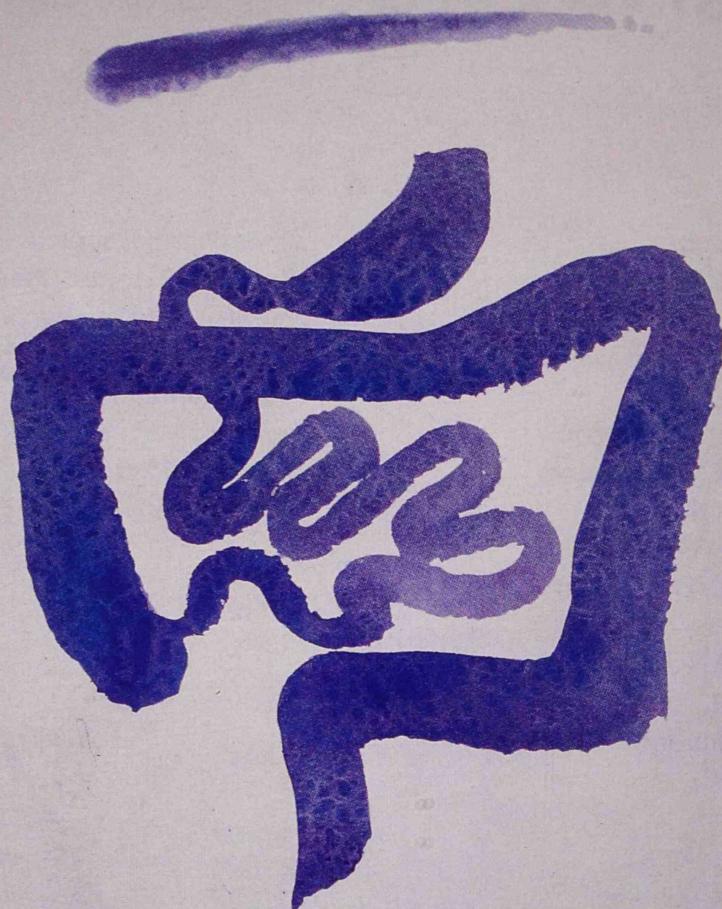
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