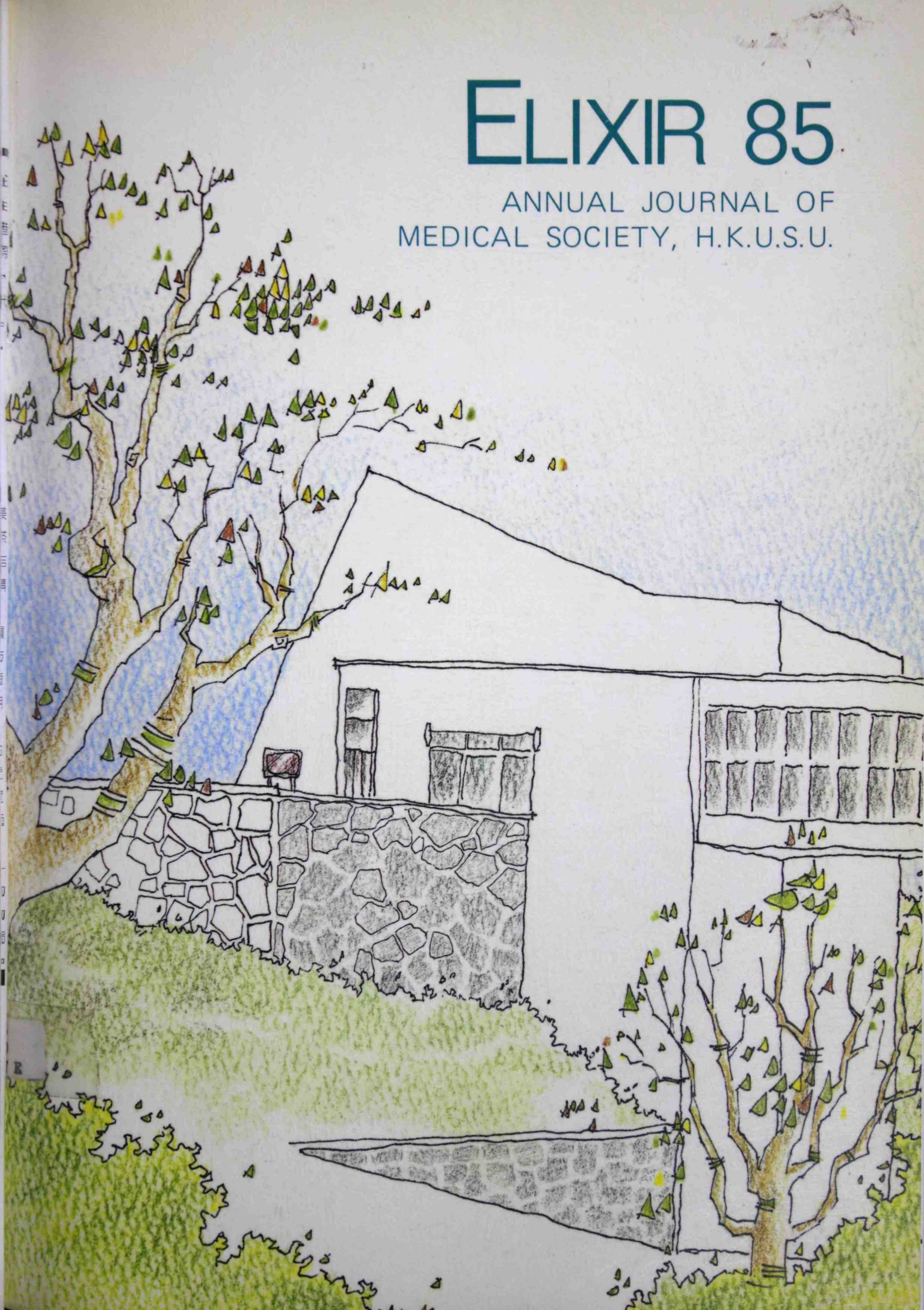
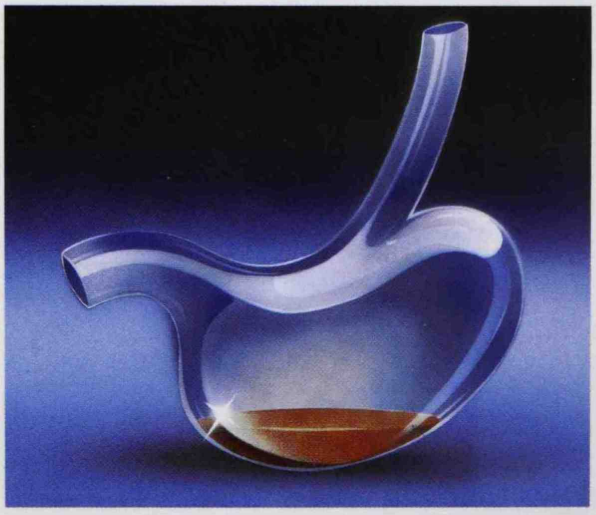
ELIXIR 85

ANNUAL JOURNAL OF
MEDICAL SOCIETY, H.K.U.S.U.



Even Your Ulcer Patients Need Some Gastric Acid



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*The exact degree and duration of acid suppression necessary to heal ulcers are not known.

1. Graham DY et al.: **Am J Gastroenterol** 76(6): 500–505 Dec 1981

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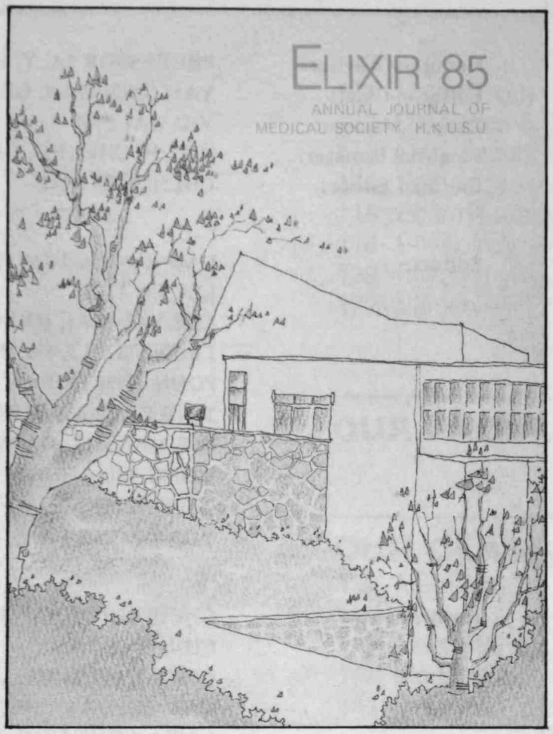

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EDITORIAL

Elixir: "A clear sweetened, usually hydroalcoholic liquid containing flavoring substances and sometimes active medicinal agents, used orally as a vehicle. . . ."*

Thus, "Elixir" is supposed to make medicine taste better – it adds flavour to our Medic life. This still remains the editorial policy of this issue of Elixir, since its inception in 1951. And the purpose of publishing Elixir is, and has always been, firstly, to record the events and highlights of each session of the Medical Society, and secondly, to serve as a bridge between doctors and students as well as that among students themselves.

However, publication work is by no means an easy job. For Elixir '85, the difficulties mainly lie in the increased work load as more sections, including 'Our Respected', 'People Around Us' and 'Floating Clinics and Flying Doctors', are added to the journal. Besides, there are two Departmental Surveys instead of one in this issue. Since medical students are busy with studies, increased work load simply means the Editorial Board of Elixir '85 has to work harder. Nevertheless, the work is worth the cost because it can enrich and add more "flavour" to our journal.

Actually, there are four reasons that the work of Elixir is rewarding. Firstly, being members of Medical Society, we should contribute, at least something, to our Society. Moreover, Elixir can serve as a lasting memento of one's efforts. Secondly, the editorial process, from data collecting to layout design to final printing, not only allows one to be familiarized with publishing and administrative work, but enables one to gain insight into the multi-faceted life in Medic as well. Thirdly, Elixir provides an excellent chance for those who are interested in photography, art and design to actualize their ideas. Forthly, it provides one with opportunities to meet more people and to have have more interactions with both staffs and fellow students.

Elixir is the Official Annual Journal of Medical Society. Each issue of Elixir contains the history of society in one particular year; hence, there is a great need for presenting the various aspects of Medic life in a way as memorable as possible. Thus, art and design as well as photography should be greatly emphasized. Much emphasis has been given in this aspect in Elixir '85 and perhaps, even more emphasis should be placed in this direction in the future issues of Elixir's.

On behalf of the Editorial Board, I would like to express the deepest gratitude for those who have given their immeasurable contribution to the realization of Elixir '85. The following list of people whom we must acknowledge for their invaluable help and advice:

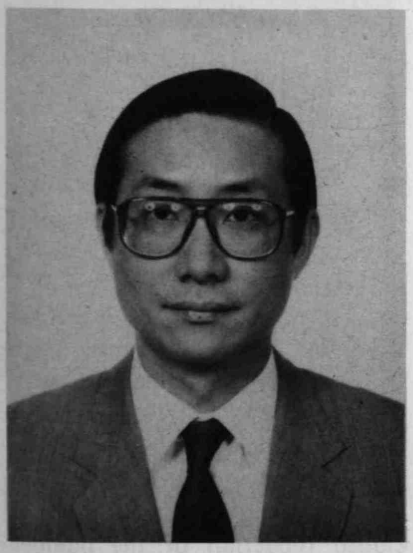
Professor J.C.Y. Leong,
Professor C.Y. Yeung and all the Staffs of Department of Paediatrics,
Professor B. Weatherhead and all the Staffs of Department of Anatomy,
Dr. S.P. Chow
Heads of all Departments in Faculty of Medicine,
Executive Committee of Federation of Medical Societies of Hong Kong,
And all contributors of articles.

Last, but not least, to all the members of Editorial Board, especially, Mr. Yiu Wai-lim and Mr. Henry Ng, go my sincere thanks for their painstaking efforts and unfailing supports in making Elixir' 85 a reality.

Editor-in-Chief
Yan Choi-man, Gee

*Dorland's Illustrated Medical Dictionary – Twenty-Sixth Edition

MESSAGE FROM OUR DEAN & HONORARY ADVISOR



A century may seem only a flitting moment in history, but for an institution, any institution, it is an all-important milestone and time to gather thoughts on its past as well as its future. The College of Medicine for Chinese was founded in 1887, and became a Faculty of Medicine in this University in 1911.

The Faculty will celebrate its centennial next year in 1987. It is not my intent to talk at length about the celebrations now (which I hope to do in your next issue of Elixir), except to say that there will be a multi-disciplinary scientific congress in September, a monograph written about the history of development of the Faculty, an exhibition about the growth of the Faculty, a donation compaign to set up a Sun Yat Sen Foundation Fund, amongst other activities.

Time to gather thoughts about our past and future! The past 100 years have been an enviable record, by any standard. The number of intake of medical students has grown from a handful to 150. The degree M.B., B.S. (H.K.) is recognized for full registration by the General Medical Council of Britain. The Faculty has been designated a regional training centre of excellence for south-east Asia by China Medical Board of New York. The scholarly publications in internationally reputable journals number more than 300 per year in the last few years. Many graduates from this Faculty have achieved distinction in their fields, be it academic or administrative, both locally and overseas in advanced countries. Many have become household names worldwide in their own medical fields of interest. The Faculty has come of age, and this is reflected in no small way by the fact that many of the Heads of Departments are our own graduates.

What of the future? As for a child or adolescent reaching maturity, who would want to reach out for a wider spectrum in its surroundings, so the Faculty can and should, rooted in a mature past, reach out for wider objectives. The Faculty has to-date placed its emphasis on undergraduate teaching, and rightly so, expanding into and upgrading many subspecialties along the way. That is not to say that postgraduate education and vocational training have been lacking. The Faculty has appointed a

undergraduates. Whilst there is truth in this statement, teaching without research will lead inevitably to stagnation. The research achievements of the Faculty have never been in doubt. But again, departmental efforts will certainly Director for this purpose, and has produced many M.D., M.S., PH.D., M. Phil., M. Med. Sci. recipients. Post-registration training for higher professional degrees has enjoyed an overwhelming success record.

Nevertheless, more thrust is needed in this direction and a better organized effort at Faculty level may be more rewarding than practised at present on departmental basis. This calls for the establishment of an Institute of Postgraduate Medical Education within the Faculty. The Institute can have further roles. The idea can certainly be entertained that the Faculty initiates a higher degree in the various clinical disciplines, based partly on a course of instruction, and partly on a dissertation or research work. Hitherto, candidates undergoing higher professional training are deemed successful on obtaining a membership or fellowship of one of the Royal Colleges of Britain, Australia, etc. Hong Kong will one day have to accredit post-registration training by herself, and the Faculty initiatives in this direction must be seriously considered.

It is often said that the primary aim of a University is to teach be enhanced by inter-departmental cooperation and coordination, and inter-faculty efforts, where appropriate, will further strengthen research output. It is in this context that Institutes could and should be formed, in fields such as Molecular Biology, Oncology, and Biomedical Engineering, to name some examples. These are fields which are rapidly advancing, fields where there is expertise as well as intense interest in several departments, both within and without the Faculty. Funding of such Institutes can be derived partly from the University, and partly from outside bodies.

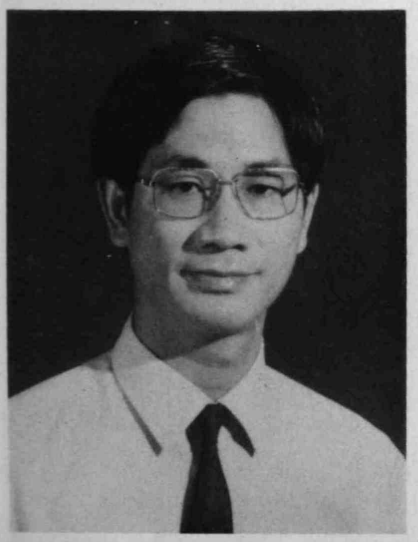
I have referred in some detail to my thoughts of the possible future paths of the Faculty, namely strengthening postgraduate medical education and research. However, the Faculty must never lose sight of the importance of continually upgrading and improving undergraduate teaching. To underscore this, the Faculty has just completed a very comprehensive curriculum review exercise. In this exercise, which has taken the best part of two years to accomplish, the overriding principles have included reduction of the number of examinations where possible, rearrangement of teaching time to give a better balance to all disciplines commensurate with present-day worldwide trends, and the expansion and upgrading of teaching of various medical and surgical subspecialties.

In closing may I say that the first hundred years have been a very successful chapter in our history, and in closing that chapter I am excited by the potential achievements of the next century.

Professor J.C.Y. Leong
Dean, Faculty of Medicine

Feb. 17, 1986

MESSAGE FROM OUR PRESIDENT



"It is a time for great people.
It is a time for simple people."

In its run up to 1997 and beyond, Hong Kong will see some great people, while many more may choose to remain simple. However, whether for greatness or simplicity, old virtues like honesty, sincerity, kindness, and integrity will ultimately triumph. As I have said in my presidential address, let us all remember

"It is also a time for good people."

S.P. Chow
President
Medical Society
H.K.U.S.U.

PRESIDENTIAL ADDRESS '85

MAN AND HIS HANDS

Dr. S.P. Chow, M.B.,B.S. H.K.; F.R.C.S. Edin.

The hand is an important organ in our body as evidenced by the large cerebral representations and the rich muscle spindles of the lumbrical. Its function varies from gross unskilled ones to highly individualised sophisticated actions. As for basic functions, sensation is extremely important and autoamputation occurs if sensory function is lost. Motorwise, grasping and pinching are both integrated to its sensory area, an excellent example of Hilton's law. The adaptability of the hand is amazing, as shown by the different arches of the palm, the Fibbonacci arrangements of its fingers, the saddle joint of the thumb, the conforming finger pulp, and the stretchable dorsal skin. The span of the hand in an oblique grip is in alignment with the true axis of the upper limb which becomes a straight line when the wrist is dorso-radially flexed, forearm in mid-pronation, elbow in full extension, and shoulder neutral – the true "carrying position. Underneath the skin, the tendons and ligaments have also an intricate arrangement – the fibrous sheath of the flexor, for example, is a series of annular fibres interspread with cruciform fibres, thus allowing flexion. The extensors have a series of straight, transverse, and oblique fibres, making possible hyperextension of one joint, yet flexion of other joints at the same time. With the microscope and the scanning electron microscope, the most beautiful world of microsurgery is also opened to us.

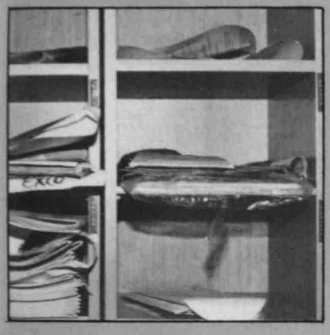
The hand also gives us the way to the heart. Sudeck's atrophy and the trembling hand syndrome can only be understood only if we realised the psyche of the patient. The parents of a child

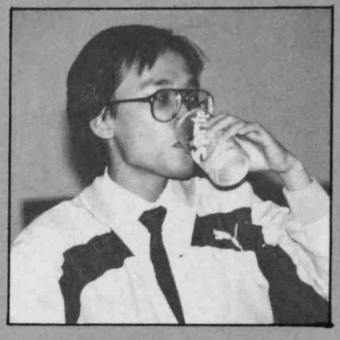
Lastly, the hand also has a metaphysical aspect. Evolution has shown how our hands have evolved and eventually help changed our environment. In this rapidly computerised world, one wonders whether our hand eventually will evolved into a one-finger organ just for the keyboard. We will be more optimistic, however, if we remember that the hand is just an extension of our brain which has self-correcting power. Amongst many other functions, we need to hold hands with our fellow human-being in order to help, to strengthen, and to share our happiness.

(Abstract on Presidential Address)







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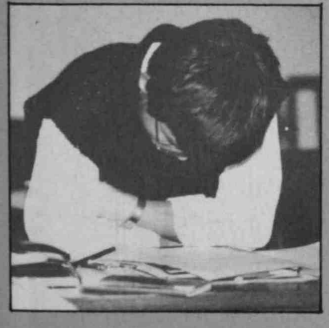





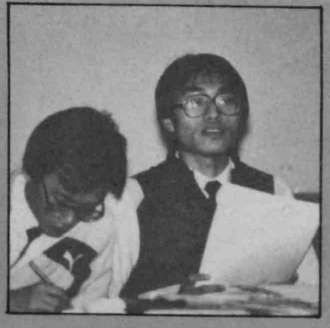


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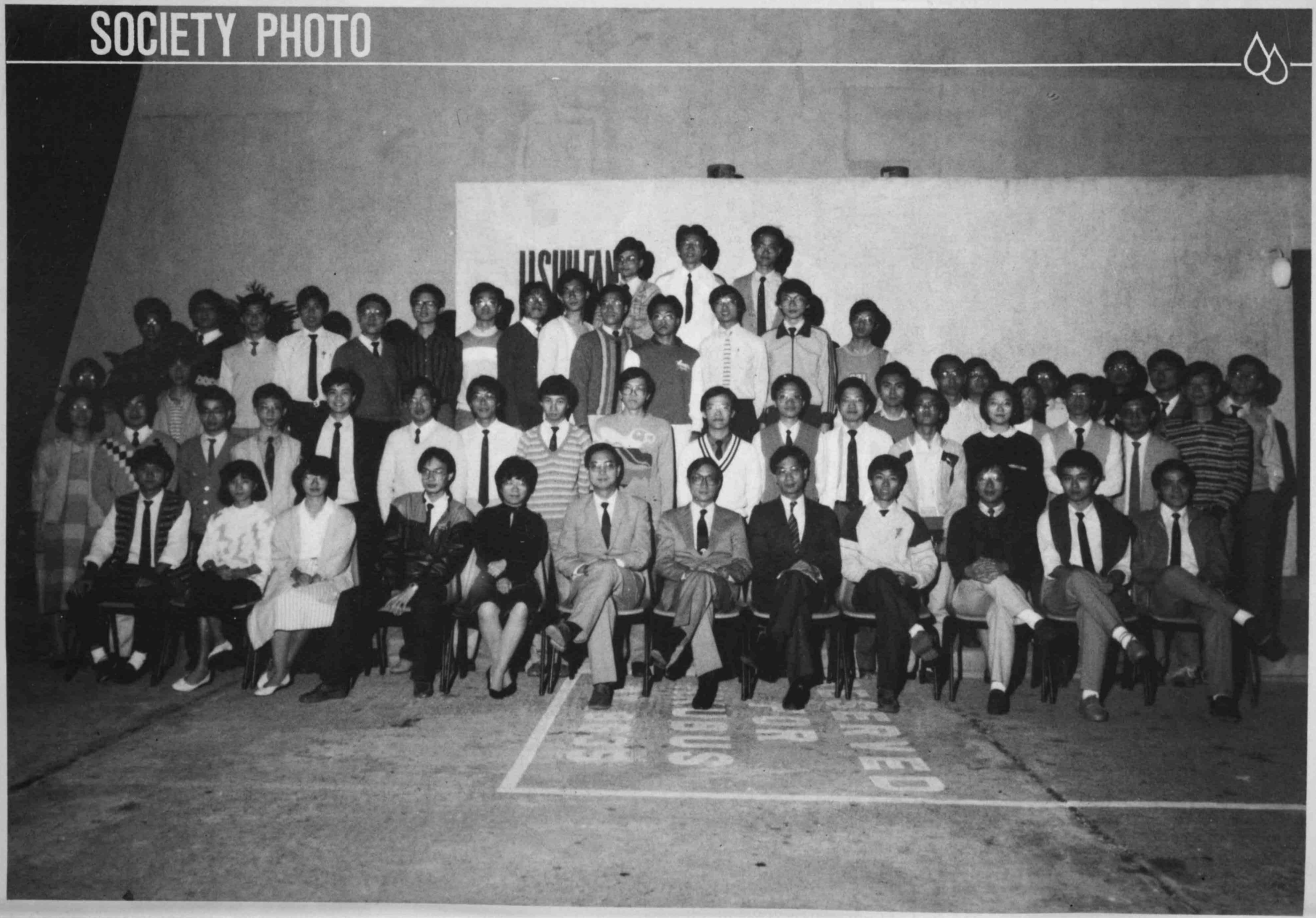

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何百昌

剛從哈爾濱回來，可能有點兒累了，一下子竟想不出說話來。

三百六十五天的日子，剩下的痕跡又有幾多呢？

問我三百六十五天當中最大的感受爲何，我倒可以不假思索地答個滿腹——壓力，由當上幹事會主席之第一天，無形有形之壓力便由四週湧至。功課的重担，幹事、同學、以至朋友之期望，但最大的壓逼，還是發自內心，當初上莊的願望和理想，無時無刻不在警剔著自己，驅使著腦袋兒轉動運作。競選期間對同學作出之承諾，一一銘記心頭，攪盡腦汁去付諸實踐；壓力變成了生活的一部份，我每天都要面對它，努力去消解它，然後再面對，如此如此。有時消解不來，滋味也不好受，別人可以隨時問你，GALA開幕禮如何，又問你健展邀請了誰人作顧問，但對這些瑣碎小節，有時簡直是天曉得，然而別人就是當你通天曉，萬能泰斗，你也只可無可奈何地吃記悶棍。

其實當初上莊時，的確是抱著一些目標去幹的，爲醫學會引進一些新刺激、新事物，打破一下年來僵固了的局面，增加同學對學會之歸屬感；帶領一羣有進取心之幹事，在一年之共事中，共同成長、進步。還有，是對自己的一份挑戰，一個自我鍛鍊的機會，一年過去，達成的又有幾多呢？

醫學會發展至今，已有三十九年歷史，從架構上來說，基本上已是一個十分成熟的組織，其中聚集了無數前人之心血經驗和教訓，從同學的福利、各類之文康體育活動，以至校方事務的參與，社會醫療問題的研究探索。由最FUSSY 以至最嚴峻的片段，也差不多可以在醫學會的任何一個角落找到踪影，自給自足之程度，儼如學生會中央一般，在某方面可能更過之而無不及（如電影籌款等）。然而可能是由於這個優良傳統關係，也無形中給予攪活動同學的一個沉重的包袱，傳統的活動 佔據醫學會不少時間，傳統也爲這些活動帶來一定之規範和準則，同時也蓋上了些無形或有形之限制，這些限制之背後，亦正是潛伏著因循和僵化的危機。電影籌款在醫學會已起碼有七八載之光陰，每年都會有同學去提出討論試辦其他形式之籌款活動，創一創新意，然而最後我們仍然是看見一個一個的電影首影之舉行，這一方面固然是考慮到後果問題，七八萬之收入誰人敢去保證。然而我看到的，乃是同學缺乏主動、創意和魄力等人爲因素爲重，因循在這一下子顯露無遺。上莊前後，思考過無數次這般問題，亦希望爲此闖出一些新路，給同學一些新鮮的氣息，因爲我深信只有一些轉變，一點外來的刺激，才能重燃同學對醫學會的關心，而這個關心也正是醫學會進步和拓展之基石。然而總嫌自己並不是大刀闊斧之人。雖然是努力在變，也變不出什麼大乾坤來，不過三百六十五天悠長的日子裏，倒有兩件事是值得一談，也頗帶深遠意義。

第一件事是聯大及理工醫療專題計劃，在上莊之前，心裏已有打算希望和中大及理工之醫療學系打一打交道，這個意念一方面是基於貫徹路線，讓同學有一些新的接觸，新的體驗；二來我亦覺得既然醫療服務一向重視分工合作之概念，在學生時代開始一些瞭解及溝通相信也是有一定的意義。故此在上莊後便開始積極與中大醫學會和理工醫療學部之同學聯絡，經過多番接

觸及遊說，大家終於達成協議，攜手一同策劃舉辦聯大及理工醫療專題計劃。該計劃之推行一路上都並不大順利，後得我們的會長周肇平教授的多方面支持，計劃終於能在暑假推出，分別在尖東舉行了一個關於香港醫療服務的展覽，及兩個公開論壇，邀請了知名人仕討論有關醫療保險和醫療監管的問題，也獲得一定的反應；然而第三部關於三間院校之同學對本港醫療制度之探索及建議，却因種種因素關係，始終未能成行。這個計劃雖然不算十分成功，但却帶來幾方面之影響和啟示：第一、這次活動是本港三間主要醫療學系同學的首次合作，有一定之進取意義，亦有助日後的進一步溝通，而事實上年來和中大之關係的確是密切了不少，兩醫交流營，聖誕舞會及各項重要活動，中大同學均有應邀出席，對雙方面的課程編制和學生生活基本上已有一定之了解認識，鞏固了友誼發展基礎；其次，一向醫療界人仕都不踴躍於公開發表意見及討論，今次之公開論壇也可以算是醫療界的破天荒，在暑假期間的確曾掀起過一陣討論熱潮，學生在這次充份發揮其身份之靈活性及一定之社會作用；再者，在探討醫療問題過程中，始發覺作爲醫學生的局限性，往往止步於問題核心邊際處，或是資料不足，或是概念不清，所得之結論就是探討醫療問題就等於學習醫科一般，非要歲月磨鍊才略有心得，醫學會同學應多努力，最後，在組成初期，三間院校的同學都有表示希望日後有機會組成一永久性之學生醫療團體，負起交流認識和議論醫療政策之任務。然而經過半年多的合作，始終覺得中大和理工之學生會仍處於內部整頓和發展的階段。而醫科特色之一——沉重的功課壓力，亦成爲互相發展的阻力；如中大臨床期和臨床前同學之地理限隔，理工同學頻密之課程和醫院實習期，都爲攪院會的同學帶來不少頭痛問題，加上資源人力之限制，相信這個宏願還有待時機成熟，亦恐怕不是一年半載所能達到。

第二件事值得一提的，便是去年八月所發生之瑪麗醫院家居洗腎病人伸訴事件。在這件事中醫學會的介入，可謂發自於一個公義的立場，政府方面斷然拒發病人應獲之洗腎葯物，引致病人之不滿而召開記者招待會，向報界投訴，事故才公諸於世。其實該事在早期並未能引起廣泛關注，直至醫學會在八月二十日發表聲明立場後，以聲援病衆，事件才獲市民及傳播界之重視，其後在各傳媒製作之一連串有關腎病病人處境之特輯專題，更加是深入民間，更有機構公開爲腎病病人籌款協助。然而在整件事件中，挺身批判政府政策不公之團體，就始終只有醫學會，整個鬥爭雖然未有什麼正面的結果，但却給予我一點啟示，就是有關批評醫療政策的問題，醫學會的確可以發揮起一個先鋒性的角色；有人說八十年代學生在社會的先鋒性角色已爲近年來掘起之壓力團體所取代，但我仍然以爲，在醫療問題上，學生之位置仍是重要相當，洗腎事件正好給我們一個恰當的啟示。

總括來說，今年醫學會自問稱不上是成功的一年，但總希望一年來我們努力種下的，眞可以爲將來醫學會發展的路向帶來一點頭緒和新意。至於說及其他目標達成有多少，我想算罷，還是請他們來評價呢。一年來的辛勞和歡笑，在啟思房通宵達旦的會議，與EXCO打架談天，往水街吃宵夜，長州之旅，Cleckship test肥佬之沮喪，AGM的「歷史性」場面，種種誤解，都一一浮現於眼前，問我是否物有所值，也許，待我想一想吧！

內務副主席

曲廣運

回想起八五年十一月的某一個晚上，夜晚的薄扶林道上吹着絲絲的冷風，地上的枯葉給吹動得沙沙作响。又是轉莊的時候了。

黃黃的燈光下，街上空無一人，只有偶然經過的幾輛巴士。我耳邊滿是鼓勵的字句。上莊，一個多麼熟悉，却又多麼遙遠的名詞！

沒有雄心壯志去幹一番大事業，原本只希望能善用一年時間多作學術上的探求，來彌補首兩年大學生活中因攪學生活動而放鬆了的學業。這不竟只是一個幻想，這第三年，還不是在角式衝突的夾縫中？

學生運動的價值是肯定的，但是也要付出相當代價。相對地用於其它方面的時間和精神便會因而減少。個人全面發展是重要的，太偏重於某一方面只會窒息了一個人，使他發育得不正常。學生運動，不是唯一正途！

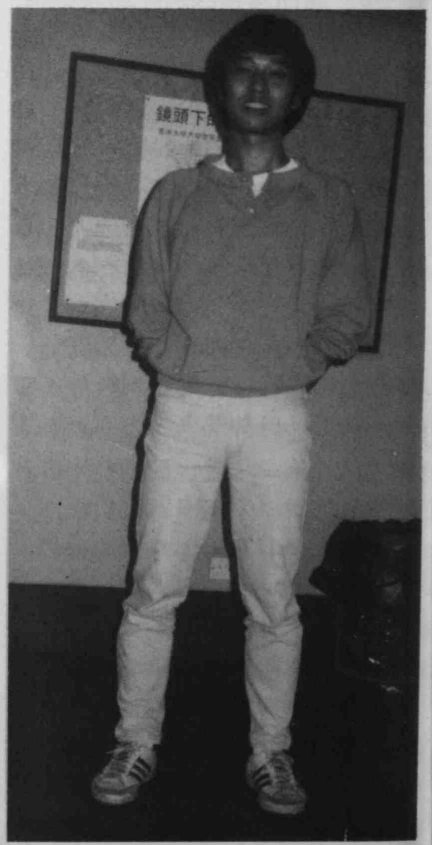
溫情是一個經常聽到的名詞，也是常被濫用的字句。溫情不是一個用來吸引人去加入某一個組織或去做某一件事的手段，相反是一個組織或團體在成長過程中的自然產品。但是太多情形是利用溫情來籠絡人來推銷活動了。利用人與人之間的感情來影响別人的思想是多麼可耻的一件事！

談工作感想？不談也罷！歸屬感、校政參與、醫德、社會觸覺只是空談，也不應該是幹事單方面去提出和推行的；沒有同學主動的參與，這些還不是局限於少數人？大學生有的是獨立思考，認爲有價值的便應該去參與，否則便永遠處於被動的位置，和塡鴨又有什麼分別？因此我不想在此說校政參與的目的，內部團結的意義等等的官話。

胡言亂語數番，借題發揮，不知所謂，各位有怪莫怪。其實一年中所遇到的事，又怎在區區的數百字所能形容？畢竟幹事生涯是值得留戀的，起碼我也有一些曾甘苦、共患難的朋友。最後，希望自己能夠做一個積極的普通人。

外務副主席

范子和



又是老調重彈：「認識醫療制度，積極提出醫學生的意見，這是醫學會的獨特使命。」縱然是老生常談，但如果我們信民主，相信有人不斷提出批評，發表意見是改革社會的動力之一，那麼對現存制度作出批評發表意見，醫學會是責無旁貸的，而這也是醫學會多年來

助理體育秘書

吳洪光

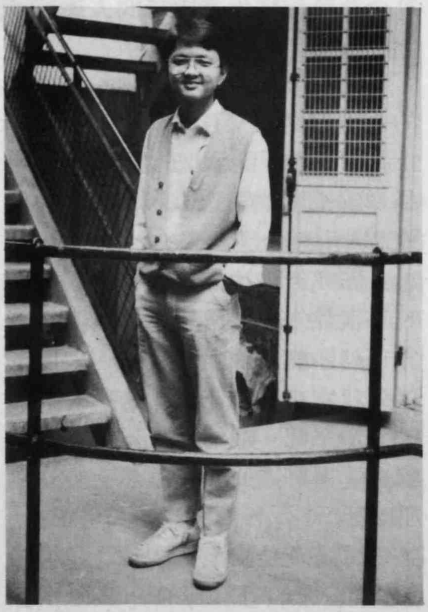
外務工作的重要部份。然而客觀環境告訴我，有時間參予的低班同學都只止於認識制度，了解問題所在，談改善？說改革？心有餘而力不足是最簡單而貼切的描劃。低班的限於認識不足，高班的呢？如不是從不過問也都歸隱了，依然開心的有幾人？更有趣的是認識愈多，愈發覺現存制度亦非一無可取，有些方面更有不錯的表現，而且更了解到一些實際困難，要提出一些可行有效的改善方法並不容易，就是有，同學們呢，他們又有什麼意見？

× × ×

評議會，去年我在此花了不少時間，縱然不成比例，也算有點收獲。理性、客觀、獨立思考常掛在嘴邊，但又有幾次是眞正的理性地客觀地獨立分析問題？還不是一個各方競逐的場地，說爲同學的利益也好，說爲自己樹立威信也好，民主就是如此，就是各方面的競爭角力以求達到更大的和諧。信乎？

× × ×

時光不能倒流，我們也不可重新選擇，沒有比較我也就不能說當天的選擇是否較差。還是好好珍惜得到的一切，好教有天茫然面對桌上厚厚的書籍時，還可告訴自己，你得到的可不止這些。



回望過去行了年多的大學路途，幹事的一段是崎嶇的山路。雖然不及平坦的道路好走，但我却更爲喜歡。它比較富挑戰性而多變化，令人一邊走一邊要思索走這路的目的及要保持清醒，思索前途的去向。

「助理體育秘書」一職對自己來說是一新的嘗試，雖然自己對體育活動甚有興趣，但對它的工作還是感到陌生。在上莊後，雖然已了解它的工作性質，但自己的惰性，奇差的記憶力及粗心大意，令工作上出了不少錯漏。自己從這職位中獲益良多，但亦對自己表示感到不滿，在這裏向各有關同學道歉。

從自己職位中獲得的樂趣，最大部份來自院際比賽；來自運動員的鬥志和合作。全年比賽中特別一提的是兩次陸運會的勝出。醫學院雖然有田徑好手，但並不比其它院系多，不過我們却組成了近年最强的陣容（當然部份大仙未能出席）。可是，我覺得陸運會勝出的原因眞是我們奪得亞米茄玫瑰杯的原因——是我們的齊心和積極參與。

幹事的生涯當然不單指助理體育秘書的一份，還有很多很多，而自己最懷念的是一些工作的日子，例如在聖誕節一齊做一棵怪樹，又例如在頒獎日前一起做百多塊「磚頭」給運動員，那些一同工作，有說有笑的日子豈不快哉！另外還有工作以外的單車暢遊、赤柱燒烤、長洲宿營……。一起工作可加深彼此認識，一同遊樂可加深彼此友誼，自覺做幹事最大收獲是認識到一班朋友。

最後，匆匆閣筆，送上數句以留紀念：

朋友：

我們落庄了，
願我們的友誼，
永遠不變！

財務秘書

張永融

雍之夢話一

憤怒吧！我的醫學生

你指控我吧！請你指控我。

因爲，我……

我要你控訴我的假面具，

控訴我的虛僞，

控訴我的無能，

控訴我的愚昧，

控訴我的「不負責任」！

回想起自己用「公餘場式」的時間來做Exco，實在覺得又羞愧又可笑。

羞愧的是還要背起Medso醫療組的名字到處招搖搜刮義士拔刀相助，裝扮成醒覺型大學生爲前途爲社會公義而犧牲讀書時間去理性認識社會。

可笑的還要抱着Medso Exco的身份四處廣交良朋廣結好友，面上掛着服務Friend底型醫學生面具爲學院爲同學而犧牲私人時間去感性認識社會。

請你無情地控訴我吧，因爲這一年來我知你對Medso是無情的。

請你無良地唾罵我吧，因爲這年來我實在花錢花得太無良了。

憤怒吧，我的醫學生！這樣，我會覺得好過一點，雖然，我知你不會！

「這篇是我最清醒時所說過最理智的表白！」

雍之夢話二

多謝啊！我的醫學生

請你分享啊！請你分享我的經驗！

因爲，我……

我要你分享我的收獲，

分享我的友誼，

分享我的成長，

分享我的「盡力而爲」、「任勞任怨」的精神。

回想起自己善用「課餘」的時間來担任了Medso Exco的工作，實在覺得又興奮又有收獲。

興奮的是負責了醫療組的工作，得到多位熱心的同學幫助一同探討有關醫療的問題及對整個醫療界增加了認識。雖然犧牲了讀書的時間，但也可謂對理性認識社會這方面踏出了寶貴的第一步。

有收獲的是担當着Medso Exco的身份，四處結交了高低班不少同學，建立起的友誼是不能言諭的。雖然因而失却了不少私人的時間，但也可說是值得的，因爲在人際關係及與人相處兩方面都成熟了，在感性認識社會這方面建立了穩固的基礎。

請你分享我的歡愉啊！因爲這一年來你給了我機會成爲Exco，得到了不盡的歡愉！

請你分享我的成長啊！因爲這一年來你實在幫助了我心智的成長！

多謝你，我的醫學生！這樣，我才能表達我的謝意，雖然，我知你未必完全感受得到。

「這篇是我神智不清時所說過最糊塗的說話！」

文康秘書

羅麗婷

還記得剛踏進大學的日子：新的環境、新的生活、新的上課節奏和學習氣氛……正在忙着消化這些新的一切，沒閒暇去了解「醫學會」是什麼的時候，却有人和我接洽當醫學會的幹事。心想，是一個較具規模和大型的學生會之類的組織吧！在大學裏，彷彿人人都在「搞野」，若不做一點兒工作，相信不會體會到個中滋味，也錯過了大學裏很重要的一環——「搞嘢」了。加上自己從前也曾担當學生會的工作，而且對文康活動頗感興趣，在醫學院推行文康活動，調劑學院枯燥的生活，既有意義，又可藉此接觸和認識更多不同年級的同學，不錯呢！——就此，便開始了一年忙碌的幹事生涯了。

早在上庄的前後，從前人的經驗已知道，當一年的幹事需要勇氣，也需要大無畏的精神：不但撥出課餘時間，缺課也是無可避免。到了「騰鷄」日子，也自然成爲最傍徨的一羣。無論如何，我接受了這挑戰，在大學的生活裏除了讀書，課外活動外，趁着低班的時候，還希望得着更多、學習更多、更充實。一連串的上庄活動後，接踵而來的是一個又一個種類各有不同，大型小型的文康活動，忙得不可交關。回顧去年，感覺自上庄後工作便即開始了，直至年來落庄前爲止沒有停止過，其中也只在考試和暑假的時間休息過。

有人批評過，文康活動嗎？可有可無。自己對於這現象感到可惜，也正爲此更希望做得更好，從而達到它的目的和意義。無可否認，在大學，或更正確地，在醫學院推行文康活動，努力和成果是不能放在天秤上去量和斤斤計較的。少許的滿足和成功感，其間夾雜着多多的失望和沮喪——但是，這些都不重要，最重要的是我已嘗試過，也嚐過當中的甜酸苦辣。通過工作，有機會接觸和認識其他同學，此外，還有那十個共同努力，惺惺相惜的幹事同僚呢！當中有着的默契與對醫學會那份雖不熱熾，但却是默默存在的感情，可不是經過一年的努力得來的嗎？

落庄，已是期待已久的，尤其是在工作和功課繁重的時候，更希望有多些屬於自己的時間，多做自己想做的事情。落庄後，是一種不同的生活方式，「無事一身輕」，高興有更多時間，可以安排自如。而另外一羣充滿幹勁和熱誠的同學，已開始了新學年裏醫學會的工作。新的人事，新的作風，儘管自己不是當中的一份子，仍然很爲他們的衝勁打氣，在此祝福幹事們，還有醫學會，將有豐富和充實的一年。

體育秘書

李威儀

落　寂

是那一天，決定將一載的青春交托給她。
只緣於對她的一份鍾情。
既知，她屬於我們當中的每一個。
只爲使她更完美。
何不挽手一同成長？
然，衆人無情的咀臉，
漫不經心的態度，
却教人心寒。
正因爲現實存在多麼的困難，
才更加需要在這裏站下去，
直至……
聲嘶力竭。
「對世事失望是懦夫，
對人事期望是愚人。」

幹　勁

時記起身邊的一羣人。
曾幾何時，
大夥兒通宵達旦，
討論着全年大計。
又曾幾何時，
衆同袍促膝長談，
一聲聲失望的輕嘆，
接着的，
是一句句激昂的互勉。
這默默耕耘的日子令我終生不忘。

動的凝住

中學時代水陸運會的盛大場面已一去不返。
比賽中，
別奢望看台上有太多的人爲你喝采、鼓舞。
這本是「自由」的代價嘛！
埋首沙堆中的駝鳥，
是看不見自己的同伴的。

運動的精神，
本就是自我的挑戰。
整天的找人去打波、去游水。
倒從沒說過一聲：「多謝。」
誰教你這樣婆媽！
院隊，並不是「幫」醫學會出賽，
不是替我們「捱義氣」。
而是——
代表自己的院會出賽。
一項引以自豪的榮耀。
值得欣賞的克責態度。
但「他們」又可曾領會？可曾欣賞？

信任與容忍

「她眞的爲同學所需嗎？」
有人在質疑醫學會的存在價值。
的確，一年一次，
肯爲她陪上一晚的，
連「十份之一」的人也沒有。
同學是認同你的目標，
「信任」你去「幹」呢？
還是爲了小小的方便，
容忍你去幹呢？
他們明白嗎？
他們明白不明白，
組織活動的，
定必有一套愼密的信念、理想，
試圖將之推廣，提供大家多一個選擇。
這原是學生活動的本質啊！
幹事的信念，

不會也不能與所有同學完全相同。
重要的，
是樂於接受意見、批評。
朋友，何苦連這一點點都吝嗇了？

幹事，若是「滿足需求」的機器，
何不以每人每年三十元的會費，
去聘請一位職員替大家
預訂球場、戲票、
攪音樂會、售賣文具？
不是來得有效率！
深信大部份的同學
都明白到醫科課程的局限性。
需要更遼闊的接觸面。
一個多元化，多層次的醫學會。
不同的同學，
選取了不同的部份。
不足的地方，
何不大聲疾呼？
而要，把頭埋在沙堆之中，
朋友，給自己一個機會！

人

團體，是人的組合。
沒有人的，不是團體，只是一個空殼。
最珍惜的，
是從團體中建立起與人的關係。
假使沙宣道只是一條普通的道路，
怎教人夢繫魂牽？
如果醫學會只是一個空喊的名字，
爲她廢寢忘餐？
怕的，
倒是緊縮了的時間，
阻礙了人與人之間的溝通。
同學們，將你認定了是「他們」的一羣。
而醫學會，也變成了「他們」的團體。

明天會更好

一載匆匆過，
幹事生涯滋味多。
苦樂各參半，
今夕無人且自歌。

有的，仍是一顆赤誠的心。
多了的，是身邊一雙雙熾熱的臂膀。
又何懼凄風冷雨！

如今，仍走舊時路。
向青草更青葱處邁進。
偶回頭，
……終不悔。

八四至八五年度體育運動比賽成績：

(甲)院際比賽（奧米茄玫瑰盃）：

陸運	男子冠軍	女子冠軍	全場總冠軍
水運	男子亞軍	女子冠軍	全場總冠軍
籃球	男子第五	女子殿軍	
壁球	男子季軍	女子第五	
羽毛球	男子季軍	女子季軍	
足球	冠軍		
網球	冠軍		
曲棍球	冠軍		
排球	冠軍		
壘球	殿軍		
乒乓球	第五		

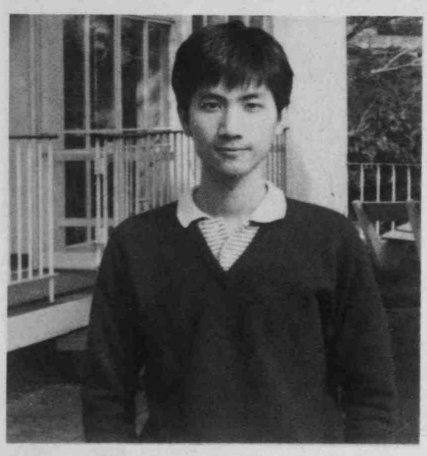
(乙)班際比賽：

男子組		女子組	
水運 85	壁球88	水運86	羽毛球87
陸運 87	乒乓球 88	陸運88	拔河87
越野賽88	壘球88	越野賽89	
足球87	曲棍球86	籃球89	
籃球 89	羽毛球89	排球87	
網球 86 87	拔河87	壁球87	
排球86		乒乓球89	

男子總冠軍88
女子總冠軍87
班際總冠軍88
體育精神獎88

時事秘書

鄧國偉



醫學會的時事秘書一職到今屆（八四—八五）才踏入第三年，它的工作範圍還需進一步的探討。首先，讓我們回顧過去一年的工作：

（一）政制發展——環繞三月區議會選舉，就公民意識，政黨政治，直接選舉及區議會在政制改革中的角色等問題舉行多個論壇及走訪，並於投票日到兩個投票站訪問投票選民，此外還有問答比賽及畫展等。而九月立法局間接選舉期間，亦有以香港中央政府及新立法局的架構爲題材的展覽及有關美式委員會制在香港的可行性的論壇。

（二）社會事件——五月就葵芳邨公屋結構安全問題及中途宿舍設立的問題舉行論壇，還參觀土瓜灣男中途宿舍。

（三）認識中國——十月底放映兩輯簡介中國四九年後的歷史的幻燈片。

（四）時事組——對時事進行討論，並協助籌劃及執行有關活動。

（五）其他包括出版時事通訊及續辦「麥列菲菲盾」時事問答比賽。

由於九七年後香港的主權將回歸中國而實踐一國兩制構想的「基本法」將於九〇年確立，因此香港的前途將取抉於這幾年的政制模式的探討。作爲學生組織，應不斷關注政制發展的情況，負起監察及批評的角色，提倡民主，維護自由。對社會時事的研討及參與，却有助提高同學的公民意識。認識中國方面是一個有潛力的市場，同學反應不錯，可能是由於以往接觸少但又對神州有一份感情。但是廣博的中國亦令選材出現取捨的困難，加上每年新同學需要有基本的認識，因此它的發展便受到限制。時事組組員兼任研習及執行計劃工作，工作頗爲繁重。雖然不是每個話題都達到結論，但在有一致立場之時，都能通過時事通訊或大字報反映。討論上的深度往往受到事件的資料不足及基本公共事務知識不足所限制。而一般同學的低參與率，亦可能由於在中學期間缺乏足夠這方面的教育；因此，公民教育成爲中學的必修科的話，相信是對外務工作有重大的脾益。

縱觀全年的工作，深覺在質和量方面都未如理想，一方面是由於自己未夠積極及經驗去組織活動，另一方面却與同學的反應冷淡及時事秘書工作未能取得明確的劃定有關。憲章中規定時事秘書負責提高同學對時事的興趣，認識及參與，但時事的意義是甚麼，而工作範圍又有幾大呢？

醫學院地處一隅，學生會中央所搞的外務活動並沒有在醫學會舉行。因此醫學會的外務工作的担子亦較其他院系爲重。然而，外務副主席通常都較爲尊注醫療問題，時事秘書也就需要照顧其他的外務工作了。其實，比如政制問題的研究是長期的，不是突發時事。而其他 Project 性質的活動，亦不涉及時事範圍。一直以來，自己心目中的時委，應該是針對社會上不公平、不合理的事件作出批評及尋求有關方子去改善。這類事件通常是突發的，故此，時事秘書如果要能靈活及迅速地作出反應，便不應被一些工作計劃所限制，以免人力及時間分配出現兩方兼顧的情形。因此，這是有需要加設外務秘書一職，負責外務副主席及時事秘書工作以外的外務，達致較爲健全的外務組織。

上莊之前，求教於一個舊同學兼某院會的外務副主席，他給我的最後贈言：「在幹事們中尋找Satisfaction——滿足感，的確是經驗之談。工作上遇上不少困難、挫折及失敗、同學的參與情況亦令人失望。然而一年的幹事生活，豐富了自己的生活體驗，思考多了，見識亦多了，但最大的收獲想是在幹事們之間有較深的交往。徹夜地開會、做聖誕樹、做展覽、宵夜、旅行、通宵開會後齊到大排當食早餐，一起衝書，吵鬧、搶食、「打架」……交織出一幅燦爛的圖畫，偶而在腦海中泛起，給回味着，感慨着……。

杏雨

忻財敏

「杏」「雨」

「杏」：古有名醫，贈診施藥，不收酬金，只要病人愈後在他門前栽一杏樹，不久成爲「杏林」，「杏林」後遂成爲良醫的代詞。

「雨」：杏花時雨，也就是春雨，萬物受此滋潤，喻我們將來治人之道。「雨」也諧音「語」，代表我們的說話。

（ 摘自杏雨七八－七九 ）

所以「杏雨」正代表着我們這一羣醫學生的言行——記錄着我們的活動。這正是杏雨在醫學會裏扮演的角色：它是醫學會的年報，一份屬於每一位同學的刊物。

工作回顧

杏雨八五的工作可分以下各點：編委會的組成、採訪（及內容）、攝影、設計、經費與工作進度。

編委會

由杏雨八四到八五的「轉庄」工作非常順利，所以杏雨八五之總編輯、常務及財政已在八四年十二月第一次評議會選出；而在此之前早已有公開的講座，讓各同學對編委們有所認識和了解。在八五年一月已組成了十五人的編委會，其中包括記者、攝影及美術等。編委會更榮幸地邀請到梁智仁教授作爲八五年度的名譽顧問，梁教授對於杏雨八五的工作提供了許多寶貴意見，編委會在此要向他表示深切的謝意。在八五年九月進行的迎新活動中，杏雨八五更招募了近二十名的九〇同學，成爲編委會的新力軍。

採訪及內容

一如以往，杏雨八五搜集了各方面的資料，報導醫學會內的活動，並向各活動單位收取報告，和收集各方面的投稿。今年的學系專探（DEPARTMENTAL SURVEY）的對象有二：兒科學系及解剖學系。在此專探裏，杏雨採訪及搜集了學系的歷史、現況、將來的發展、課程概況、教授及講師的資料等等。除以上常設部份外，杏雨八五亦加了一些新的專輯，包括全部學系主任之訪問、各類醫療工作人仕之訪問，（如社康護士、物理治療師、臨床心理學家、藥劑師、醫藥員、職業治療師、醫療化驗室技術員、診斷放射師等）及採訪水上診所與空中醫療隊。

攝影及設計

鑒於杏雨有年鑑的作用及保存價值，今年杏雨的設計美術均十分注重。而各活動的攝影是由杏雨與各單位合作，從中攝取了許多相片。

經費及工作進度

早於八四年七月，杏雨已發信給全港執業醫生，爭取了大概一千元的訂閱；同時，杏雨亦發信給新舊廣告客戶，也收到超過二萬元的廣告訂單。在工作進度方面，憑着杏雨各成員的不懈努力和各單位的幫助、合作，在八五年一月已可以收集到大部份的稿件，交與植字；並於二月校對及開始排版設計等工作。

杏雨八五總編輯　忻財敏

啓思

陳惠明

八五年剛結束便被忻老總催交稿，心裏覺得有點煩，但回想自己過去一年也有不少日子都是在「催稿」聲中過去，同病相憐，惟有速速交稿。

× × ×

過去一年的工作的確很忙碌，但現在回想却覺得時間是沒有白費的。

上莊前的準備工作在八四年的十一月開始，一大顆人都是在摸索，計劃中的路線便比較保守。專題版的內容仍然維持在醫療界內，校園版仍然希望寫一些生活化的報導。一年過後，覺得表現總算平穩。專題版的介紹雖然並未引起同學的共鳴，而校園版的報導也有被人評爲「呆滯」，時間的急逼是其中一個原因，但啟思人爲這份報紙付出了的心血我是感覺到的。

一年開始的時候，幾乎每件工作都要重新開始，一天 Rebecca 對我說找到一位補助醫院的醫生替「啟思」撰寫一個專欄，當時祇覺得鬆了一口氣，但那位醫生，A. T.，很用心替「啟思」寫了整年五篇文章，一些是有趣的回憶，同時也提出了和病人溝通的問題，若錯過了這些文章實在有點可惜。這個專欄便是「綠杏與洋紫荊」。

第一期在三月中出版，把它拿在手上那份雀躍幾乎全部抵上兩個月以來的奔波勞碌，心力交瘁，頭暈眼花的編輯工作。一大羣人合作的成果始終是可貴的。

但第一期出版後，因爲其中一段校聞報導引起了一輪不大不少的爭議。還記得那次召開緊急校園版編委會，最初担心一晚的通知太急促，但當天十多位編委都全部出席，不少大仙也來提出意見。「患難見眞情」在啟思大家庭似乎可以保証是「不變」的。

計劃中在考試前是需要出版三期的，但第二期出版後已很接近「收工時間」，結果還是由四位三年級的啟思「老柴」在考試前抽出時間，走訪了一個灌輸醫療自助概念的宗教團體，也就是做了三分一期的工作。現在一年後始終覺得第三期無論是內容或是包裝都是本年最好的一期。淺紫色的封面很討好，再加上是拼搏得來的成果，感情是加倍深刻的。

半年的努力換得一期滿意之作，可算無憾了。

暑假期間各編委四散奔逃，工作自然停頓了。第四期復工後，編委內部曾經出現意見不同，有段時間是鬧得不愉快的，後來大家也明白彼此都是爲編委會努力的，而且沒有惡意。經這件事後編委間的感情更增加了。一輪ＢＢＱ，下午茶聚，睇戲、打橋牌等活動在這件事之後特別多。

新的同學加入永遠是種刺激，也是一股新的動力。新學年第一次編委會竟然有三十六人出席，是近三年來的紀錄。

感動。

秋去春來，「熊老總」雖然仍然戀棧這個職位，但仍要交托下一莊。現在在啟思房坐一會，不時仍會記起Ada和標叔追稿時的窮追猛打；Rebecca，陳强和蔡頭的幽默感；區德的卡通；牆邊草的整齊字跡和徐老健的啤牌。

啟思八五總編輯陳惠明

健委

姜建鈞

健委八五的路已走完了。探索社區健康概念的路是崎嶇、婉廻的，由無助、困惑的上莊時期；煩重、雜亂的初期工作；痛苦、失敗的暑期計劃；到團結、成功的「健委週」，十一位健委人始終能並肩作戰，這是值得我們驕傲的。而透過一年的工作，我們着實學到了很多，待我細說從頭，和你分享這年健委的工作吧。

上莊前後

去年的健委因形象模糊，沒有明確路向，工作亦缺乏吸引力，健康委員一職便無人問津了。但機緣巧合，與鍾錦文醫生（八五）的一席夜話，他提出了社區健康乃一條出路，我和李景中同學經再三思量後，抱着探索的態度，毅然當上了正、副健康委員。我們相信自主（Self-reliance）及健康教育是社康的核心，但我們的概念是模糊的，我們只能以概念及一個社區健康計劃爲目標，開始健委八五的工作。

初期工作

一月上莊時，只有五位八八同學，好不容易加添了六位八九同學，大伙兒抱着對醫療的的一份關心和熱誠，開始工作。缺乏了全面的計劃是我們的致命傷，工作零碎而繁重，而且大家都不得要領，像拳頭打在海綿上似的，加上經驗不足，更是百上加斤。

一月尾，當健委人還未互相了解及認識之際，我們便開始內部研習社康概念，除搜集資料外，我們還四出探訪社區團體，如北角、華富、葵芳、葵涌、筲箕灣、堅尼地城、黃竹坑等，我們亦探訪多位醫生，討論社區健康概念及其手法，但這沒有給我們一個明確的答案，加上內部討論不足，健委人得益不大。與此同時，二月出版健委通訊第一期；三月安排探訪理工輔助醫療系；四月內部研習中途宿舍問題，其後安排探訪黃竹坑庇護工場及舉辦研討會，亦出版健委通訊第二期，由上述的工作，初期工作的煩雜可見一斑。

因全年計劃不週而至事倍功半的情況中，以「中、小學健教專探」爲甚，暑假前，我們決定進行此專探，因爲健康教育實爲社區健康的重點，而且可作爲迎新項目。於是由八九陳國榮及羅光漢負責，工作有資料搜集，訪問司徒華、教署人員及校長，電話訪問二十多位中小校長，發問卷調查五間中學共二百位學生，十月間推出展覽等。錯誤地估計工作量及忽略醫學院同學的興趣，使負責的同學被工作壓得喘不過氣來而院內同學亦不能得益。另一方面，這計劃亦反映健委人力分散，缺乏交流的問題，結果負責同學辛苦，其他健委人亦得益不多。

散件工作中，當然少不了社區性身體檢查服務，但今年只得兩次；比較特別的是我們三次應邀訓練義工爲居民作檢查，他們的工作令人滿意。

暑期計劃

要推廣社區健康概念，並非是一朝一夕的事。基於人手的限制，健委決定以一個社區爲目標，與其他地區團體合作，由他們安排節目及包裝，我們則負責內容，希望能各展所長，使計劃推行得更成功。

在二月間開始尋找合作對象，但遇到不少挫折㊟，四月終決定與鴨脷洲的循道衞理青年中心及利福福堂老人中心合作，合辦「松栢長青」老人健康計劃。整個計劃在七月中正式推出，至九月尾才告結束。活動包括家訪、問卷調查、展覽、身體檢查、講座、幻燈、義工訓練及老人嘉年華會，而動用人手包括醫生，醫學生、社工、牙醫、護士及義工等。

健委之所以與社區中心合作，是希望能在該區建立根基，利便日後工作，與及憑藉社工的經驗及其義工的參與將社康概念有效地傳開。可惜「分工合作，各展所長」的目標未能達到，整個計劃由行政、資料搜集而至落實推行的重擔，多由健委人背上。其主要原因爲健委與社工缺乏默契，未能掌握彼此角式，而健委人亦未能發揮義工的潛能。我們無論在理論，領導技巧及實質工作上都不大成熟，計劃的困難是可以理解的。雖然推行得並不成功，「松栢長青」始終有其價值

，健委能與鴨脷洲有所連繫，對社區工作有進一步認識與及對社康概念有更深入的了解，這對日後工作有大裨益。

「健委週」

經過了大半年的工作，我們得到了許多經驗，但對社康的認識始終是零碎的，而與同學的溝通亦不足，使他們對健康不大了解。我們覺得很可惜，於是在落莊前籌辦「健委週」，目標爲（一）對社區建康作認眞探討，（二）回顧健委全年工作，向同學交代。

吸收了教訓，我們知道團結就是力量，健委人上下一心，從十月開始，個半月內開大會十五次，小會不計其數，經過冗長的討論及搜集資料；大家對社康概念有了掌握，第一個目標是達到了。爲了達到第二個目標，我們在十一月尾推出「健委週」，內容分兩部份：(一)資料傳遞，以大字報、單張、通訊、講座及座談會等途徑，向同學介紹社區健康概念及交代工作，(二)鼓勵參與，舉辦黎青龍盾中文辯論及問答遊戲，使同學能透過參與而更了解社康概念。整個健委週內，節目安排算是中規中矩，同學的反應則未見踴躍，其原因可能是同學對社康概念感到陌生，興趣不大，而時間亦太接近學期尾及轉莊時間。但健委已達到樹立形象，做到與同學溝通的第一步。

× × ×

總結健委八五的工作，我們是成功的：（一）健委對社區健康概念有所掌握。（二）健委內部團結，健委人間能互相了解，（三）健委人吸收了很多經驗，個人有所成長。雖然在推廣社康方面沒有成績，但健委八五只是一個開始，四位留任的健委人將會與新同學一起努力，在健委八六繼續推廣社區健康的路向，我深切盼望健委八六成功。

註：請參看健委通訊第三卷第二期「健委地震」一文。

成員名單 ：

健康委員 ：	姜建鈞	88
副健康委員：	李景中	88
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姜建鈞

當HEALTH OFFICER ，是對自己的考驗，對醫療的探索，這兩個目標現在是達到了。自己的得着很多，因爲我和各人一起努力耕耘過，從失敗、失望、失落中學習。全年最高興的事莫過於看見89組員的成長進步，從而我亦肯定學生活動的價值。遺憾的是自己能力有限，不能使健委與同學有好的交通，社區的參予亦沒有多大建樹，但沒有明確目標、缺乏經驗、處事不成熟是學生的通病，自己亦無話可說。落庄之際，回想得失，百感交集。

衞兆輝

健委會整年的工作，打破了以往數年被動的角色，主動地選擇了一個社區推廣基層醫療的工作。無疑這是一個新的嘗試，大大增加了工作人員方面的士氣，而亦對日後的工作方向累積了一些經驗。展望將來，健委會在對外工作方面應加强與同學的溝通，及嘗試鼓勵更多同學參與。無論如何，大家的支持仍是來年發展的動力。

李景中

一年前，TOM KEUNG 和本人都被鍾大仙的一席話深深打動。我倆懷着一顆探求社康概念的精神，勇敢地負上了健委的工作。第二個原因是我希望健委有重振雄風的一天。對我來說，健委的工作可說是爲日後的事業展開了第一步的探索，一年的工作現已過去，雖不能有很實質的建樹，但的確使我對社康概念加深了認識。而我深信我是不可能從其他途徑獲得這些的！來年我雖然不會留在健委，但我是會繼續在這方面探求的，願健委可以繼續努力！

王振宇

自己在成爲醫學生時，除了讀書、打球外，仍然希望做一些與醫療有關的事，以增廣自己的見識，剛好健康委員會的路向頗爲吸引，便投身成爲一份子。在年初，自己是在五里霧中，在學習過程中遇到很多書本上都沒有的問題，但回想起又十分有挑戰性，一年後自己的認識的確加深了不少，這些寶貴的經驗誠然不能在日常上課中吸取。

黃婉雯

悠悠兩載，在健委浮沉，一人一事幾與我大學生活不可分割、一起成長。健委由原來的「盲頭烏蠅」狀態而至現今的目標分明，皆因健委人付出了不少精力勞力。

兩年來不少 routine 的對外健康檢查和展覽，一則使我成了量度血壓的熟手技工，二則使我患上了做展版恐懼症。大大小小的Study和project 又使我在繁忙的生活中常常牽腸掛肚，但付出的終有所得

基層醫療服務（PHC）的計劃在社區中的實踐雖不算太成功，但此次的研討，卻使我啓發良多。在衆多同窗都在鑽研 Social medical facts、仰望各種高深的specialities、傾慕着各科prof 記、專科醫師之際，又有多少人能想想在尖端科技之外的另一個世界——PHC 呢？

我相信健委今年的初探ＰＨＣ都能使參與的同學擴闊視野，對將來的醫生生涯提供多一條出路，有所指引，但願健委精神能帶給更多的同學。

黃一華

最初見到Tom Keung ，以爲他很正氣，還同他握手，點知他這麼fussy。

健委在「劏同學」領導之下，所走的路線可想而知。本來我們的路向是推廣社區健康，不過做完一大輪之後，還不知自己想做什麼，可是這並不要緊，最緊要的是健委生活很Happy。

陳功毅

加入健委將近一年，發覺她的工作也可稱得上是多樣化——展覽、內部研習，出版、走訪、講座、健康檢查……等。而今年的主線工作更是一湛新而大膽的嘗試——社區健康計劃。

與大部份同學的感覺一樣、健委似乎只是屬於一小撮人的組織。可能因爲今年健委比較偏重於對外的工作，同時對內的活動又得不到多少同學的支持及回應。畢竟，在這一年裏，我還是得到了很多寶貴的經驗及知識。我會繼續精神上支持健委，而健委更加需要同學們的不斷支持。

陳國榮

眨眼間，在醫學院裏已打滾了一年多。想當初，以爲健委是搞一些社會服務性的工作，後來接觸到才知道今年健委工作的大方向是社區健康，從實際落社區和義工參與推動健康的活動去提高社區中人對健康的醒覺性和責任，我深信提高一般人的健康水平是醫生、也是醫學生的責任，便答應了入健委。

全年中最花自己精神的工作要算是剛完的「中小學健康教育展覽」及「健委週」。至於健委在鴨脷洲參與籌備社康活動這條主線工作，其成效如何相信一年間也不能估計到，雖然身爲醫學生的我們受到很多限制，但既然認爲對社會有益的，始終要試一試，所謂「初生之犢不畏虎」，是嗎？

羅賜儀

一個悠閒的下午，我呆坐在Pauline Chan Canteen ，腦裡正籌劃Second Year的大計。中突然帶着笑走過來，他那怪神秘，但又似Very Serious 的模樣，使我不得不打個顫。跟着，他滔滔不絕的說甚麼「Health Com.」，甚麼「撚錘」、甚麼「Primary Health Care」……。一時間，我被這些說話弄得糊塗了，先前的「大計」也忘記得一乾二淨！「ＰＨＣ」——概念頗新鮮？以前無人做過？一向「eager」的我當然要一試了，所以我不加思索的便答應一齊「do 」。

一年後的今天，同樣在一個下午，但我一點也不悠閒。除了一向都要讀的書外，我還要趕着寫這篇感想。其實，滿腦子都是感想，只是不知選那些來寫。在H. C.′ 85裡學到的東西太多了，這不單指知識，更指實際的經驗和實踐。雖然用「充實而有意義」來形容像是「土」了一點，但卻想不到其他更適當的詞語呢。此外值得一提的是每個Committee Member 都很Friend & cooperative 。所以不打緊H. C. 的「standing 」如何——無論現在或將來，我仍堅信H. C. 是有它獨特的價值。

葉佩華

加入健委已快一年了，回想過去一年的工作，自己並不太投入，特別是初期和其他人不太熟識及對PRIMARY HEALTH CARE 認識不深，這都直接影響工作的成效。

然而我對健委仍然有一份說不出的感情，它令我在這一年間在各方面——性格處事，知識等——都有所改變，最重要的是透過一起工作，我和其他的健委人更加熟落，這份交情是值得珍惜的。

另一方面，經過一年在ＰＨＣ上的默默耕耘，令我在解決醫療問題上找到了新出路，這都是叫人興奮的。

不過最令自己失望的是同學對「健委」的認識是那麼少，惟有寄望來年的健委能更深入同學，最重要的是把我們對ＰＨＣ的理想帶給同學。

羅光漢

記得去年入醫學院之初，一心一意地專注於學業，盡量少接觸醫學院內的活動（尤其是籌備的層面），直到2nd term 開始，終於受不住健委85′ 新庄負責人的拉攏，加入了健委會，而直接吸引我的，更是今年健委會一改頹風，而致力探討本港「社區健康」的情況。雖然在中學階段也曾參與過一些課外活動，但相對之下，大學的課外活動是比較嚴謹而積極，不知道是否攪活動的同學大都是挺身而出，還是現在大家已是「大學生」呢？

回想去年健委會的工作，可謂甘苦俱備，閒時到「長洲別墅」聊天，或是臨大考期間還要到鴨脷洲中心開會，但最可貴的是，大家都能並肩進退。

希望自今年之後，健委會的活動繼續蒸蒸日上。

學院事務委員會

曲廣運

學院事務委員會（Faculty Affairs Committee, 以下簡稱爲FAC），對你來說，是否一個陌生的名字？其實FAC是與醫學會七百五十位同學有着非常密切的關係。她是一個針對院方各項事務，而由同學們組成的委員會；架構上直接由醫學生評議會所監察。她於校政參與和院務參與上，也在一定程度上代表同學發表意見，作出爭取。可能你還不知道FAC做些什麼，就讓我以過去一年FAC的工作來解釋一下吧。

八五年三月初，FAC對於院方就有關精神科的審核及普通科成立兩項問題向全院同學解釋，並發出問題徵詢意見。結果，院方收回精神科以結業學位試（Final M.B., B.S.）的形式作審核的建議；而普通科所提議的兩個星期的密集課程（Intensive training Course），亦不會影响第五年的選修／補修期（Elective / Remedial Period）。由此可見，同學的意見是會受到院方尊重，而院務參與，也有其重大意義。

在五、六月時，FAC開始關注有關畢業後進修在香港的問題（Post-graduate Medical Education），其間曾多番探訪有關人仕，並曾以座談會，大字報及單張形式，向同學解釋事件始末。

除此之外，FAC的工作還包括其它方面，如圖書館設施等等。

在八六年，新醫學生宿舍，新的醫學課程，及其它種種問題，都會有進一步的發展，FAC一定會對這些事件作出反應，代表同學爭取權益。

內務工作是多姿多采的，你可有興趣參與？快來加入FAC吧！







OUR ACTIVITIES








一九八五

聯大及理工醫療計劃

12－84至11－85

班際運動比賽(84至85年度)

84至5－85總冠軍八八班

1 **百萬行**

1－85 八七班獲「最多人數參加獎」及「籌款獎」

2 **贊育音樂會**

4－2－85於贊育醫院休息室舉行

「必然會員制」事件

7－2－85有關此事件之座談會，講者：李紹基、梁家成、趙小寶

3－85學生會「必然會員制」全民投票

3 **港大學生節八五**

27－2－85至8－3－85啦啦隊大賽及歌唱比賽獲冠軍

4 **高桌晚宴**

4－4－85於陳蕉琴樓舉行，爲歡送去任院長楊紫芝副校長及迎接新任院長梁智仁教授，並請得李仲賢醫生在醫學進修上發言

頒獎日

3－5－85於學生休息室舉行

5 **Final M.B., B.S. Exa**

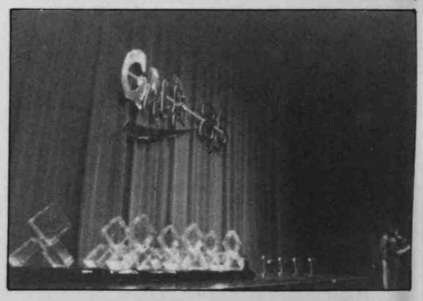
4－85至5－85

6 **1st, 2nd and 3rd M.B B.S. Examination**

6－85

7 **兩醫交流營**

15, 16－ 7－85於中大校園及威爾斯親王醫院舉行



籌款活動 Gala Premiere 85

21－ 7 －85假大專會堂放映「Autho Author ！」

第六屆亞洲醫學生會議

27－ 7 －85至 2 － 8 －85於菲律賓舉行，討論題目爲「Role of Youth in Population Control: An Asian Viewpoint」

8 迎新八五

7－85至9－85，26－8－85至29－8－85迎新營

瑪麗醫院家居洗腎病人伸訴事件

20－8－85召開記者招待會，公開發表聲明4－9－85陪同病人往兩局議員辦事處請願

9 學術迎新及預科生日

學術迎新：9－9－85至14－9－85於方樹泉文娛中心舉行預科生日：21－9－85於醫學院舉行

健展八五

題目：性的疑惑
13－9－85至17－9－85假中環大會堂舉行

體育迎新"Sports Cocktail"

25－9－85於Lindsay Ride Sports Centre 舉行

班際水運會(八五至八六年度)

27－9－85於港大體育中心泳池舉行全場總冠軍：八八班

10 醫學生節八五

8－10－85至16－10－85 Medic Nite（16－10－85）於陸佑堂舉行 總冠軍：八八班

院際辯論比賽

10－10－85醫學院勝文學院
17－10－85醫學院負於理學院

麥列菲菲盾時事問答比賽

11－10－85八八班勝出　11－10－85

11 班際陸運會

9－11－85於Stanley Ho運動場舉行，全場總冠軍：八八班

Friendly Match with the Chinese University Medical Students

13－11－85於中文大學體育館舉行

Extraordnary General Meeting

14－11－85

39th Annual General Meeting

26－11－85

General Polling for Exco Session 85-86

27－11－85

健委週

11－85內容包括黎青龍盾中文辯論比賽

12 會長致辭日

3－12－85請到周肇平教授就"Man and His Hands"作出演講

聖誕舞會

22－12－85於陸佑堂舉行

4th M. B., B. S. Examination

12－85

電影首映籌款

呂偉文

還記得是二月的時份，霧春的日子，2nd term剛剛開始。不知從那人口中得知Med. Soc. 每年舉辦的電影首影籌款，現正忙着找幫手，自己不其然想挺身而出，盡點棉力，實在的原因我自己也不知道，或許是長時間的潛水以致要上岸換一口氣，或許是良心發現，欠了Med. Soc. 實在很多——日常看的報紙、使用打字機、大字報紙等等，那一樣不是她提供的呢？又或許是有空沒事幹，好好醜醜也要做點事，不然悠長的暑假又怎能打發呢！就這樣成爲了十五人籌委會的一份子。

不久，第一次會議舉行，議程是分派工作，各個O. C.選擇適合的剛位。原想只負責一些擔擔抬抬的手作工夫，恰巧又沒有這個職位，到最後只剩下這個大鏟，還給人家放在背上，從此便開始了這場艱苦的差事。

對於我這個初出道的小伙子，驟然身負重任，爲Med. Soc. 籌集明年的經費。茫茫然不知所措，唯有花時間翻閱以往的工作報告，盼望能對以後的工作有一個明確和清楚的了解。感謝師兄師姊們遺留下這樣完整的報告，若沒有他們的寶實花了很多功夫，總共寄出了百多封信；還有預訂演出場地；搜集全港醫生的資料。

對內方面，包括擬訂一個財政預算；各個O. C.的工作程序表等等。

與此同時，我們發覺不能墨守成規，過份强調各個職位所應付的責任，以致有些O. C.分身不暇，而其他却悠閒得很。還有各O. C.只知自己的工作進度而對於其他人所負責的不大清楚，常常孤立無援的感覺。其後，我們嘗試以一個合作的形式來處理一件事情，盡量運用人力，同時也減輕個別的負擔。另外我們更强調O. C.之間的互相溝通和聯繫的重要性，不需要透過Chairman作爲橋樑， 把工作效率大大的提升，例如Publication Sec.和Publicity Sec.之間的直接聯繫爲Gala賺回了不少的時間。在此我謹致以萬二分的敬意給各個O. C.，感謝他們願意犧牲自己寶貴的時間，拋開書本，全心全意投入工作。初步的工作到此亦告一個段落，接着便要面臨M. B. exam這個難關。剩下來的我只有在心裏祝福他們都能順利過關。好不容易才捱過了這場風暴，Gala的進展正是如日中天，經驗和實踐一步一步的累積起來。從這陣子起我們先前洒下的種子開始結起果實來了。

在一個很偶然的機會下，我們貴經驗和意見，眞不知怎樣才能踏出脚步。另一方面，因爲籌委會剛剛組成，各個O. C.之間的溝通和認識對於以後的工作能否順利進行是一個關鍵性的因素，所以我們趁着Term-break前往大嶼山宿營 。兩日一夜的節目使大家有一次互相了解的機會，爲日後的工作鋪路。

隨着時間的過去，籌委會漸漸成長起來，各個O. C.對自己的工作範圍有進一步的認識，但還沒有任何實質的工作進展。由此時起我們便着手計劃日後的工作，按先後的次序編寫一個工作程序表，好等工作處理得更流暢。

正是杜鵑花盛開的季節，O. C一方面要準備考試，另一方面又要面對Gala成敗決定因素——影片的選擇。在這短短的日子，看了兩套試片，始終找不到適合的。除此之外，其餘的工作可分爲兩個部份：

首先對外方面，發信邀請嘉賓；尋求廣告商的支持，並且致力發掘其他有潛力的公司，這方面我們着一伙人找到了一套頗有叫座力的電影，但影片的質素我們是全不知情，我們作了這個賭注，不成功便成仁。同時間亦收到多位醫學界及其他有關方面的知名人仕作爲Gala Premiere的嘉賓，包括有：Sister Gabriel，Dr. Rayson Huang，Dr. Peter C. Y. Lee， Prof. John Leong，Dr. Henry F. K. Li.，Dr. Raymond Wu. 。他們的鼓勵和支持爲Gala打了一支强心針，我們一伙人做起事來也倍加落力。

雖然令人振奮的消息接踵而來，可是使人頹喪的也不少。例如在廣告方面的收益强人意差，和原先估計有着一大段距離，我們寄出的信如石沉大海，一去不返。還有在招募Ticket-Seller的人數亦未如

理想，只有預計的三分之二。種種失意的事情令我們不能不爲明天而憂慮，但事到如今，唯有硬着頭皮加把勁罷。

與此同時，Med. Soc. 的財政亦出現了問題，處處出現赤字，銀行又透支了不少，再添上很多公司追數，眞是風聲鶴唳，把我們O.C.每個人都壓得喘不過氣來，務求要盡快賺錢，以渡過這個難關。

七月五日，距離正式公演尚有兩個多星期，配合我們密集式的宣傳攻勢，各個Ticket-Sellers都相繼出動，他們肩負重要使命，親身登門造訪全港各間診所、醫院。

在這炎熱的七月天，打着領帶子，穿着長褲，這種滋味眞不好受，而且還要厚着臉皮上門推銷戲票，閉門——自然吃過不少，個中種種酸甜苦辣，眞不足爲外人道。所以我個人以爲Gala的成功，其中最值得表揚的，不是負責策劃的O. C. 而是不辭勞苦，日曬雨淋的Ticket-Sellers 。

首天的總收入是七千多元，包括戲票和捐款，一個頗爲振奮的數字。可是隨着日子一天天的過去，收入每況愈下，賣出的戲票寥寥可數。距離公演七月二十一日尚有四天，還欠三萬元，這教我們這一羣人怎能有安睡的晚上。在絞盡腦汁之餘，推出一個救亡大攻勢，再次召集更多Ticket-Sellers，從新分派工作範圍，把從前忽略的地區和規模較細的醫院再次納入登門推銷的名單之下。世事往往都是出人意表，就在我們失意之餘，得到多方面的支持，最後終於達到目標，此時我們才可舒一口大氣，總算幸運之神眷顧能安然的渡過。

接着下來便要面對當晚正式公演。根據以往數年的經驗，大部份買了戲票的醫生都不會出席，而送出的贈券亦不會吸引很多的觀衆。是晚，七月二十一日，一個很悶熱的日子。晚上八時，出乎我們意料之外，大專會堂的正門早已站滿了渴望看電影的人羣。就在這歡歡喜喜的氣氛和觀衆的笑聲中，八五年度的Gala Premiere亦告完滿結束。

由組成籌委會至大會結束，前後五個多月的時間，其中我最感欣慰的就是能結識了一羣志同道合的朋友，大家一起花心血在Gala的工作上，那份喜悅和滿足感是非筆墨所能形容。盼望以後各個負責Gala的同學都能從工作中享受，從工作**上得着滿足。**

健展
性的疑惑

傳偉基

「性的疑惑」展覽會已於一九八五年九月十三至十七日在中環的大會堂舉行。在四天半的展覽中，共有超過一萬七千人參觀。

展覽情況

展覽主要以展版表達，展版數目爲七十五塊。同場更有錄影帶放映（由家庭計劃指導會及醫務衞生處中央健教組提供）。另外，場內設有由家計會設立的諮詢攤位及電腦遊戲。此外，更有由醫學生設計的電腦程式用以量度青少年身高體重是否合乎標準，與及生殖器官的模型等。

展覽內容

展覽主題是環繞人一生中遇到的各種性問題；包括兒童期的性問題，青春期的心理及生理問題、性行爲、婦女生殖系統問題、懷孕、節育、墮胎、性病及老年性問題等。

籌備過程

籌委於三月中成立，首先遇到的問題是主題的抉擇。經過與醫生、高班同學等的反覆討論以及多番波折後，籌委便決定以「性」爲本年度健康的主題，同時更定名爲「性的疑惑」。

資料搜集

ＭＢ前的工作，主要是作出大綱，ＭＢ後才是工作的主要時候。很不幸地，三位學術秘書中有兩位先後因事退出。這曾經令到籌備過程出現問題，幸而最後得到劉斌同學的仗義幫忙，問題才得到解決，我實在對他感激。

在短短個多月內要搜集所有資料是一件十分困難的事。但這次展覽得到各團體及顧問的支持，再加上多位不同年級同學的拚命工作，資料才勉强及時搜集完畢。

美術工作

醫學生一向給人一個多才多藝的感覺。在是次展覽這感覺再次得到証實。一羣同學只在短短一個月內能完成所有美術工作，而且全部皆可稱爲藝術品；這種表現，不愧可稱爲天才橫溢。而更可喜的是不少同學皆來自九零班。他們這份衝勁及熱誠，叫人對醫學院未來再次回復希望。

宣傳工作

今年健展的宣傳是大規模的，在電視、電台及報章都可看到有關的報導；而從展覽會的問卷亦得知不少參觀人士亦是從以上途徑得知這個展覽的。另外，海報也發揮很大的功用。

在整個籌備過程中，家庭計劃指導會給予我們無數寶貴的幫助。由資料搜集、美術設計、宣傳、諮詢服務，及至錄影帶及電腦程式，家計會對我們的協助都是極大的。當然，其他團體如中央健教組、香港傷健協會、社聯等的幫助亦合整個籌備過程順利渡過。

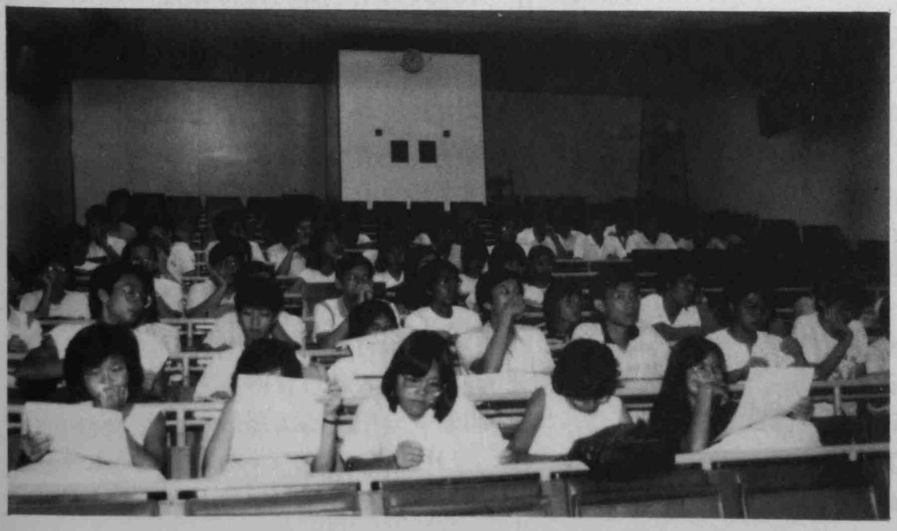
同學的參與

當初當籌委決定以「性」爲題目時，一般的反應並不積極：難以置信地，竟然有不少同學表示會尷尬。因此，工作時人手便經常出現不足，尤其是八九的同學。終於，憑着一羣同學努力下，資料搜集工作終告完成，而開始踏入美術工作——最需要人手的時候。正當籌委爲這個問題大感頭痛之際醫學院剛巧發信收九〇同學，於是向九〇同學的宣傳工作便乘時展開，希望可以吸收多些新力軍。果然，皇天不負有心人，有超過八十名同學參加講解員訓練，而到場作講解員的也超過六十人；甚至八二的師兄亦有到場講解，因此，講解員人數是非常充足的。

感　想

從整個籌備過程中，我們發覺性教育在香港其實是嚴重不足的。中小學貧乏的性知識傳播已是衆所週知的，但對成人的正確性知識傳播也是極之不足。從展覽會所知，一般市民的性知識存在不少誤解而且十分貧乏。另外，本港有關的研究亦極之缺乏，導致許多時候報章及醫生只得應用外國的資料，因而對性教育推廣產生一定的障礙。所以，有關性知識的研究及推廣實在是急不容緩的。

幸而，這問題已經被各界重視。例如在展覽會期間，就有五個社區團體表示會舉辦這類展覽會，而亦有不少團體向我們借展板於中心及某些場合上展出，可見社會團體對性教育亦開始重視。在此謹希望各界能對性教育推廣更加努力。



迎新八五

郭文偉

簡綱：

籌委成員　八八：　六人
　　八九：　十四人
　　共：　二十人

籌委會會議　二—四月：　六次
　　六—九月：　二次
　　檢討：　一次
　　共：　九次

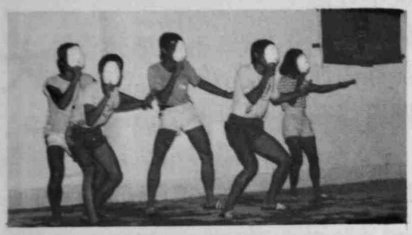
工作：㈠四月——對內宣傳
　　招收組長
　　「醫學生生活調查」
㈡七月—編製(a)大信封
　　(b)資料小册子
　　(c)迎新營營刊
㈢七月三十日—八月八日—
　　「醫學生生涯展覽」
㈣八月十九日—二十一日—組長營
㈤八月二十二日—歡迎日
㈥八月二十四日—遊戲日
㈦八月二十六日—二十九日—迎新營
㈧八月二十一日—舊書買賣
㈨九月二十六日—二十七日—迎新週

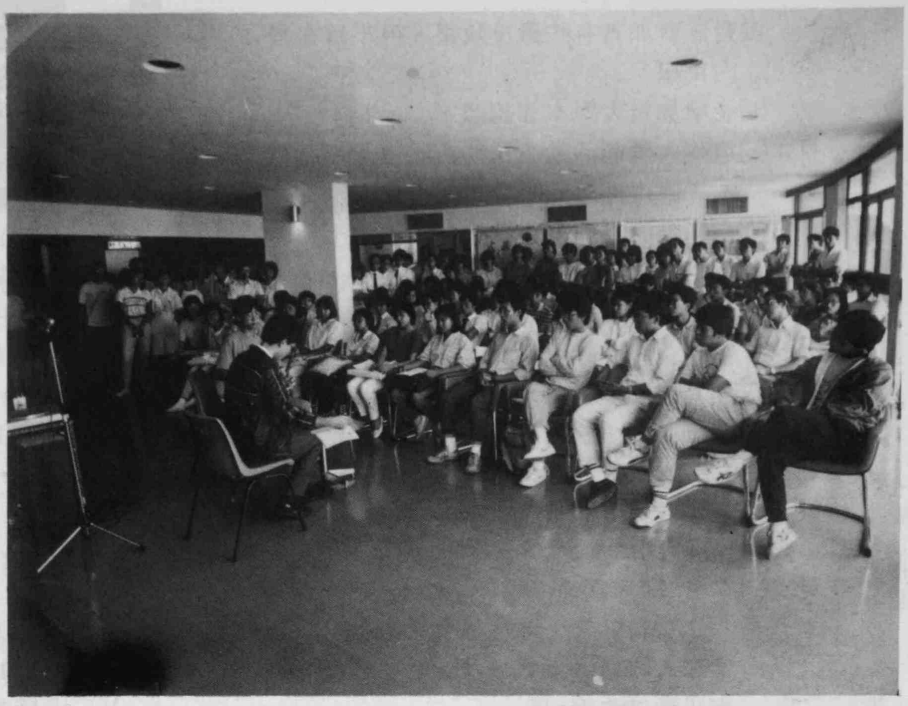
㈠宣傳、問卷：

目的：㈠提起八八、八九同學對迎新八五的注意
㈡改變迎新「形式化」的形象
㈢從而招收組長
㈣收集醫學生生活資料，以備提供九〇同學參考。

形式：㈠彩旗，餐牌
㈡海報，派人到班宣傳
㈢問卷：分甲、乙二部份：
　　對象—八八、八九（及八七）

成效：㈠組長報名人數極不理想（少於二十位）





㈡八七班反應（對問卷）不佳

八八收回問卷：甲—多於一百份

乙—六十份

八九收回問卷：甲—多於七十份

乙—四十七份

意見：㈠宣傳—並不理想，亦無此需要

㈡問卷—見「展覽」

㈡展覽：

目的：㈠對醫學生生活作出調查，所得資料，可供日後參考。

㈡幫助九〇同學對醫學院有最初步概念，反省及對未來生活有心理準備。

㈢作爲對新同學之見面禮。

成效：㈠缺乏臨床期的同學之資料，調查所得，未能全面，嫌過於樂觀云云。

㈡因同一理由，展覽會對九〇同學的衝擊不大。

㈢有九〇同學未知有該展覽。

㈣部分資料對九〇同學頗有價值。

意見：㈠如能得高班同學支持，得更全面資料，則對同學應有不少價值。

㈡值得繼續嘗試。

㈢歡迎日：

特點：㈠延長至下午五時。

㈡設紀念品贈各同學。

㈢放映醫學會簡介幻燈片。

成效：㈠延長時間，目的使組員更深入了解，交談；並於散會後可「直落」晚飯。結果並無組別有「直落」。

但普通認爲：

—對有內在惰性之組別有幫助

—能「迫出」各組口號等等

—組員能有預算何時散會，比漫無邊際地「傾偈」更好。

㈡應預備「識人遊戲」及其他建議供組長參考。

㈢普遍反應頗佳。

意見：㈠紀念品值得贈送新同學以爲紀念。

㈡應繼續考慮將歡迎日伸延至下午。

㈢籌備功夫不足，節目出現延誤及混亂，乃技術問題，來屆自加留意。

㈣遊戲日：

目的：㈠提供機會，令每組組員於入營前更加熟落。。

㈡認識校園（大學本部、體育中心等）。

形式：㈠問答（醫學生常識）。

㈡分組創作（廣告）。

㈢大學本部定向。

㈣集體遊戲。

成效：㈠普遍反應極佳。

㈡參加人數多於一百人（最少之一組亦有八人參加）。

㈢對參加者確有很大幫助（更熟落）。

㈣對無參加者有些微反效果，但不難在營內克服。

㈤能增加對大學本部認識。

意見：㈠這些入營前活動能幫助新同學互相認識——值得推薦。

㈡來年應能提前舉行歡迎日，同而不會出現本屆之節目過於緊迫之情況。

㈤組長營：

日期：八月十九日至二十一日

人數：二十一人。

地點：中大崇基宿舍。

內容：除部分時間用於簡介迎新營簡介外，其餘時間爲自由活動及籌委籌備迎新營工作。

意見：㈠本屆因(1)地點轉在中大

(2)組長反應異常冷淡。

參加人數只得二十一人，天災之禍也，來屆應可改善。

㈡組長營對組長之間的默契及其對營內節目之了解有一定意義。

㈢迎新籌委如能對組長營費作一定程度津貼，迎新營節目能及早籌劃妥當及估計是屆組長反應正常，則組長營應繼續舉辦。

㈣反之，則可考慮只辦籌委工作營，其中撥出一日對組長簡介迎新營。

㈥迎新營：

日期：八月二十六日至二十九日

地點：北潭涌渡假營

參加人數：一百七十人。

意見：㈠節目籌備倉促，不足，經常延誤、出錯。

㈡但九〇非常投入，反應普遍不錯。

Ⅰ. 幻燈：值得保留，理由：

㈠營內難得有集體活動能達至優靜、沉思的氣氛。

㈡幻燈是醫學生能比較容易地掌握而感染力大的媒介。

㈢是營內差不多唯一讓籌委「帶出」自己心聲的項目。

㈣籌備過程對籌委默契、關係、有積極刺激作用。

Ⅱ. 探訪組長：

㈠確能幫助組長認識其他組之組員。

㈡時間倉促，話題容易重覆，對組長指示不足。

㈢值得考慮。

Ⅲ. 營火晚會：

㈠籌備不足。

㈡太多人難以控制。

㈢音响系統不理想。

㈣缺乏經驗。

㈤可考慮加插表演項目、音响，人多等技術上問題可以解決。

Ⅳ. 行山：

㈠進退兩難：太易行則安全但平淡無趣味。

：太難行則危險但能增强組員關係。

㈡一個跳出營地、舒展身心的旅行機會，值得考慮，但行山似不適宜。可考慮其他營舍外郊野活動。

Ⅴ. 處境遊戲：

㈠如有意舉行，應參考有關書籍及人士，不應自行創作。

㈡組長應對遊戲有充份認識。

㈦迎新雙週：

內容：

九月二十三日　學習方式講座及高桌晚宴。

九月二十四日　拔河

九月二十五日　歡樂一小時

體育雞尾酒

九月二十六日　新同學遊藝會

星星夜

九月二十七日　午間音樂會及班際水運會

普遍反應（除星星夜外）不錯，頗能達至以下目標：

㈠增進講師與新同學間之認識。

㈡增進迎新營後組內組員之關係。

㈢增進新同學和無參加迎新營之老柴間認識。

㈣刺激九〇班內之組織及班會之成立。

然而來屆應考慮注意對無參加迎新營之新同學的照顧。

㈧籌委會：

於一月間作內部討論後，二月五日作正式聚會，於二月十一日正式會議。

本屆籌委會內部默契非常缺乏，異常鬆散，內聚力弱，成員投入感極低，引致節目籌備不足，主席謹此致歉。

聯大及理工醫療專題計劃

張永融

大部份醫學生都非常陌生的名稱—Jupmhp，代表着一個聯合了兩間大學醫學院和理工學院醫療學部的同學所組成的工作小組。在它的歷史裏面，它曾經做過了多少工作呢？而這些工作的成績本身包含着什麼意義？那些人曾在裏面付出過，犧牲過，又有多少人得到收獲和受益呢？

Jupmhp的背境

一九八五年醫學會打着民主的口號：

百家爭鳴
倡導民主意識
……
探索醫療
實踐改革精神

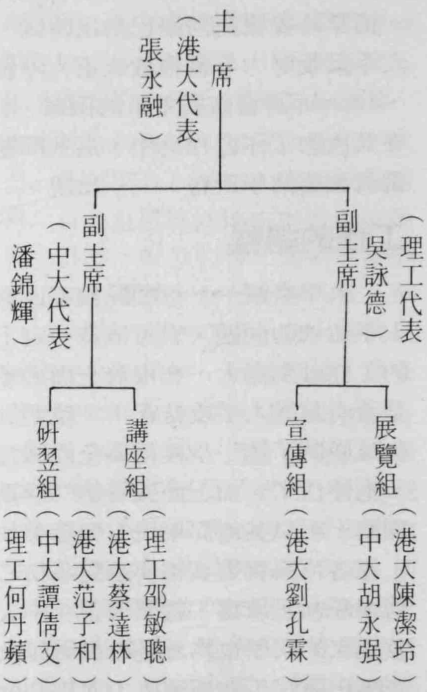
如果大家眼明，必定看到主席何百昌的名字是拆化爲第一句口號；打着頭炮，意味着領導的地位。而第四句的醫療探索，則是全莊實踐積極參與社會事務的指引，而醫學生去了解認識醫療事也可說甚理所當然。

Jupmhp有人說像Jsup，尤其是中文名「聯大及理工醫療專題計劃」更有「聯校及港大專題計劃」的影子。說穿了却絕不值得奇怪，因爲八三年聯校及港大專題計劃之破繭的新一代的主席是何百昌同學，當年曾嘗盡此類型計劃的苦與樂的大會主席當然念念不忘此等功績，所以八五年醫學會舉辦類似計劃實在不難想像。

Jupmhp的結構與Jsup比起來是不大相同的。另外，Jupmhp的重點是完全放在醫療事務之上，但多年來，有關醫療的學生團體從未有過交流合作的機會。何同學對理工的醫療學部是有特別的感情的，而中大的醫科同學和港大的學生也有經年的聯繫。或深或淺，兩大醫學生和理工的同學都維繫着不少的友誼；或公或私，各同學都互相認識不少別間院校的朋友。爲使三間院校的同學能有更好的機會一齊合作去籌辦一些有關醫療的活動，何同學主動聯絡了理工和中大的同學，收到肯定的答覆，就此開始了整年Jupmhp的工作。

成立過程

除了何同學，港大的代表最初還有外務副主席范子和和財務秘書張永融同學。第一次非正式接觸是在理工的學生休息室，那時正值農曆新年，雖然工作情緒不濃，但熱情却是有的，所以大家也大致討論了合作的可行性，工作的目的和方向。最後決定分頭召集同學參加，以助聲勢。三月六日在中大校園內舉行了第二次非正式會議，確定了Jupmhp的名稱、行政結構，四個小組委員會的工作範圍和負責的同學。



另外，具體的目的，也大致認定爲下列三點：

一、作爲初步團結醫療學生的團體，促進互相了解和認識。
二、使同學更了解香港的醫療制度，使大家能在改善醫療服務的工作中作出貢獻。尤其針對醫務衞生處顧問團的工作範圍。
三、向市民推廣醫療教育。

最初的構思，是由研習組負責起研究顧問團的八大工作重點，藉此搜集資料，詳加分析，把有用的部份提供給展覽組和講座組作爲參考用途。而展覽組的資料主要是針

對普及醫療教育，灌輸香港現有的醫療措施給市民，好使大家能更有效地運用醫療資源。至於講座組的功能是使市民及其他同學可以參予Jupmhp的工作，作爲反响的途徑。

從整體來看，各小組的工作編排，其目的和運作都是非常理想的。但當時姜建鈞同學已指出時間，人手以及財力等都會做成重大障礙，Jupmhp將會面對重重的困難，而在其後的工作過程之中，這些問題當眞如姜同學所料，一一出現。

工作的過程

人手奇缺——每間院校都面對人手短缺的問題，只可惜當初定下的工作計劃過大，在沒有全面考慮是否有足夠人手支持底下，整個計劃推展開了第一步後便要全面減速，拖停住了。加上面對着第二學期測驗，不只其他同學沒有興趣參加，連各位負責委員都要急急收拾心情準備加班讀書，趕緊溫習。中大及理工的同學也爲着應付測驗以及即將出醫院工作種種壓力而把Jupmhp應有的步伐減慢了。最不幸的是在第三個學期間仍然找不到更多同學參與。繁重的工作，龐大的計劃就落在少數的同學身上，工作進展奇慢，士氣也因而低得令人更加沮喪。

財力的支持——在慢得出奇的進度中，「搵錢」的工作可說比較「順利」。當然這「順利」背後，實包含了不少曲折的手續。在這裏，特別感謝周肇平教授的幫忙。但一波未平一波又起，中大的同學在五月尾正面臨考試，而當中大的同學鬆一口氣考完試後，港大和理工的同學又接着披起戰衣，應付大考去了。當初計劃的輪班工作是由中大同學於試後接着港大和理工同學的工作，等大家考完了試。重新一同投入工作。但是在大家埋首讀書之際，這個計劃在不知不覺間竟被忘記得一乾二淨，Jupmhp可說全面癱瘓了二個多月，直至七月上旬才眞正重新開始工作，在此主席未能負起監督的工作實難辭其咎。幸好期間得到中大的三年級同學幫忙，開始了展覽組的資料搜集工作，特此向他們再三感謝。

時間的倉促——試後面對着八月中在尖東新世界中心舉辦的展覽會，個多月的籌備工作立即展開。同時講座組也相繼預約了多位講者。研習組亦詳細訂定了工作內容，分工細節等，至於宣傳組則繼續進一步的宣傳工作。

但在暑假期間，正是大專學生的旅遊季節，召集人手是極端困難的。幸好，中大的同學在整個展覽會之中，肩負了大部份的工作，由資料搜集到講解板面的工作，都悉力以赴，把「健康在你手」的訊息傳給市民。藉得欣慰的是在展覽期間，得到部份市民的批評和讚賞，各個工作人員都感到非常的受益。

另外，講座組同時舉行了兩個講座，討論了有關香港醫療監管和醫療保險的問題。雖然出席的同學和市民都不過百人，但得到傳播界的報導，推廣醫療教育和增進大衆對醫療認識的工作也算達到了。

在四個小組之中，最難發揮其功用的工作小組是研習組。在整個工作過程中，幾個小組都非常獨立自主，並未能從研習組中取得資料和接觸。與當初的構思相距甚大。究其原因，主要是人手不足，而計劃要研究的問題太多太廣，令各同學要面對的課題太多，加上資料搜集過程繁複，要整理的資料又太多，最後使負責的同學完全喪失了興趣。這些變質的負担大大降低了研習組的功能，使之失却了原本定下來的工作責任。

結　語

雖然研習組還正在整理其工作報告，整個Jupmhp可說已近尾聲。回想聯大及理工四個小組的功用，在同學互相認識和對醫療的了解方面，實在有其積極和肯定的價值，但從社會受益方面來看，可說其功用甚微。

花了贊助人二萬多元，幾近三萬；有人大讚有益有建設性，却又有人嗤之以鼻，罵一句「浪費」。

賴國强

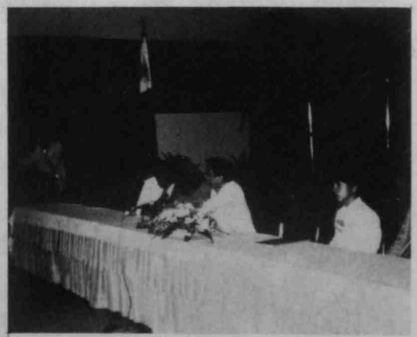
第六屆亞洲醫學生會議

第六屆亞洲醫學生會議已於今年七月二十七日至八月二日，在菲律賓馬尼拉市順利舉行。香港大學亦有派代表參加這個一年一次的會議。而幸運地，香港已獲得明年會議的主辦權。換言之，第七屆亞洲醫學生會議，將成爲繼四國大學生運動會後，另一在香港舉行的國際性學生活動。何爲亞洲醫學生會議呢？它的性質如何呢？

七十年代末期，越南難民潮正達高峯。一羣日本醫學生對此問題甚表關注，希望能盡力幫助那羣可憐的難民。可是，他們却不知怎樣方可伸出援手。在四出打聽後，他們終於與泰國醫學生取得聯絡，並齊集曼谷討論如何幫助難民的事宜。這就是第一屆亞洲醫學生會議。會議結束後，兩地代表都感到亞洲區內醫學生聯絡不足，缺乏交流的機會，於是，他們決定繼續舉辦這會議。跟隨幾屆，不少亞洲國家都派代表參加。而香港則於三年前，首次參加第四屆會議。

記得今年三月初，醫學會國際事務秘書貼出大字報，籲請有興趣的同學報名參加。至四月，代表團順利組成，籌備工作於是立即展開。雖然大考已迫近，但各團員仍能各自埋首工作，完成學術報告的初稿。學術報告乃會議的重要環節，每年主辦國家都會訂出一個主題，而各國代表就依着主題研寫一篇報告，在大會上公開發表，以祈達到學術交流的目的。第六屆大會的主題爲「人口控制，青年的角式」。除了各自搜集資料外，我們還得到大學有關學系講師指點，及香港家庭計劃指導會負責人的指導，使我們的籌備工作得以順利進行。

六月中，大考期間，一切工作暫停進行，七月初，大考過後，我們工作亦進入白熱化階段。除了將報告詳細編寫外，我們亦展開其他工作，如籌備「文化表演」項目及策劃用何種方式將報告發表。文化之夜乃大會的其中一項文化交流活動，各國代表都要上台表演，不限形式內容。但究竟表演什麼好呢？環顧各團員，都沒有獨特表演專長。要是跳舞嗎？我們的關節又不靈活；要是唱歌嗎？我們也缺乏令人陶醉的金嗓子；最後，我們終於決定表演話劇，因爲我們各人幸好還有一副充滿表情的面孔。我們選擇了一齣有關九七問題的話劇，因爲我們希望各國代表認識香港的前途問題，相信他們對這個問題亦會感到興趣。至於用那種形式發表報告，也是一個費煞思量的問題。終於我們決定用簡單構圖，重點內容做骨幹，攝製一套幻燈照片。面對這種種繁重的工作，我們所有團員充份發揮合作精神，雖然時間緊迫，但我們仍能於出發前作好一切準備。七月二十六日我們乘搭飛機抵達馬尼拉，受到當地醫學生熱情接待，入住「生活大學」，而學術會亦在這裏舉行。不知幸運還是倒運，香港抽簽成爲第一個發表報告的代表。記得當時大家的心情都戰戰競競，幸好組員屈銘伸能用近似倫敦音的英語，配合幻燈，清晰地將我們的報告朗讀。在發表報告後，按大會規定，我們分成小組，就著已發表的報告內容，加以討論。最令我難忘的，就是當我被問及有關合法墮胎的情形時，我非常得志地詳細解釋我們的情況給他們，因爲我剛好是負責搜集這部份的資料。由於其他國家的情況與香港不同，所以我的解釋對他們來說是既新鮮又有趣。老實說，香港代表准備得並不算太好，而其他國家亦有同樣弊端。雖然如此，這個學術交流的機會，並沒白費。因爲最低限度，我們亦能了解各亞洲國家對人口控制的態度及推行方法。信不信由你，馬來西亞代表說他們政府正極力推行增加人口的政策，來配合經濟發展，因爲他們担心沒有足夠人力去發展經濟。在各國政府正爲過渡膨脹的人口担憂的同時，馬來西亞却推行完全相反的政策，眞使人感動驚奇和詫異。又如印尼的情形，也是很有趣的。原來印尼有很多文明



觸及不到的地方，假若要在那裏宣傳節育方法、性教育知識，那可要小心，因爲那裏不乏愛吃人肉的部族。你猜印尼方面如何推行節育？據他們說第一要懂得該部族的方言，第二要巴結酋長，與他攪好關係，這當然不免要給他送點禮吧！

在學術交流這一環裏，除了上述的報告大會，我們還參觀了馬尼拉市的一間兒科醫院。這間醫院給我一個寬敞整潔的感覺。可是，因爲我們全團都是二、三年級醫科生，沒有充份的臨牀經驗，所以不能對這間醫院作出中肯深入的批評。此外，我們也訪問過一間青年中心。這間中心面積並不大，但設備也算齊全，有閱讀室、輔導處等等。中心亦擔任灌輸性教育知識給青年的任務，我們見到很多宣傳單張，內容都是介紹性知識給青年的。

開會議、發表報告、參觀兒科醫院、青年中心……這些節目都屬於正式的學術交流。相比之下，「非正式的友誼交流」來得更豐富及多采多姿。所謂「非正式交流」，其實是筆者用愚昧的翻譯技巧，直譯英文的「Informal Interflow」，泛指一切增進各代表友誼和了解而又不屬於學術嚴肅一面的活動，包括大會安排的集體遊戲、迷你奧運會、郊外野遊、文化表演等，及非大會安排的社交閒談說笑及遊覽觀光等。

在我個人來說，這些「非正式交流」給我帶來很大的衝擊。在香港，大多數人都不會太開放自己，不敢將自己的感受向別人訴說。每當結識新朋友時，亦處處表現「保護自己」的心態，甚至認爲別人不可信任，處處「防敵」，這都是現代社會人際關係疏離的表現。在這次會議中，我充份體驗到「四海之內、皆兄弟也」這句名言的意義。各代表都異常開放，談話時毫不掩飾自己。可能這是我第一次直接接觸外國人，所以他們談話內容及舉止都刺激我思考了很多從來沒有想過的問題。

記得有一晚，一位日本代表與我大談中國文學歷史，他對中國文化的熟諗和了解，眞使我感到很驚奇相比之下，我對日本歷史文化，知之甚微。古人謂「知彼知己，百戰百勝」，時常聽見人們大聲疾呼日本文化侵略，我覺得假若別人有長處我們不妨虛心學習，這比大聲疾呼來得有效。雖然日本代表普遍的英文水準不太好，但他們却異常勤奮。每當你和他說些比較艱深的英文字時，他們都毫不害羞地拿起隨身的字典翻查。我想假若是我，也許不會這樣做呢！另一個令我留下深刻印象的代表是位印尼人。這位印尼代表有著古銅色的皮膚，身材健碩，給人一種粗豪的感覺。可是當我和他談話時，却發覺他非常健談友善，毫不粗魯。至於台灣代表，因爲有些是香港僑生，所以時常和我們用廣州話交談，十分熟絡。反而台灣本土生却表現得異常沉默，好像欠缺了一點活力。有一位台灣代表與我談起學生會，我說香港大學學生會頗爲民主，並不受大學校方管轄，所以行動完全自由，不會向任何外在壓力低頭。他聽後異常羨慕，並嘆說台灣政府與校方都對學生嚴加管制，本來他們希望組織一個台灣醫學院校聯會，但受到政府的反對，遲遲未能展開籌備工作。我愈聽愈冷，同是中國人，同是醫科生，生活於香港的學生，在享受自由方面，來得幸福多了。

雖然第六屆會議已曲終人散，但它在我腦海中留下深刻美麗的回憶。雖然我對學術交流未感滿意，但能直接認識各地的情況，可算不枉此行。至於人際交往方面，我却上了寶貴的一課。在這開放的環境中，我結識了不少志同道合、坦誠相待的好朋友，這可算是此行最豐富的收穫。現在，我時常收到各國代表寄來的信件。每當我接到來信時，心中就泛起興奮愉快的感覺，相互慇切的問候，各自訴說近況，都使人有一種溫馨、超越民族界限的感受。第七屆亞洲醫學會議將於明年在香港舉行，不少各國代表已來信說明年必定來港參加。眞盼望會議能快些來臨，與這一班熱情眞摯的朋友相聚。

兩醫交流營

許其發
莊裕開

（一）籌備工作

屈指一算，中大醫學院成立已有五年之久了，但除了籃球比賽及彼此幹事之間的接觸之外，兩醫之間，似乎比較缺乏一些靜態的「醫學生」的交流。

撫心自問，自己雖屬港大醫學院之幹事，亦有一些朋友在中大醫學院就讀，但對中大方面的認識是少得可憐的。相信，中大的同學也許亦有同樣的感覺吧！這就是籌辦這個兩醫交流營之導線。

首先我方作出建議，而中大方面則反應熱烈，於是在四月間一個有關之籌委便由雙方之代表組成。然後，便是討論有關是次交流營之目的和性質，從而決定形式、內容和分配工作。此後彼此不斷保持接觸，工作亦在靜默中進行，一切十分順利，而參加人數亦異常踴躍，反映出兩醫實在需要一些類似的交流活動。

到了活動當天，我們一羣籌委在大清早已出現在中大校園，預備需要之道具等等。午飯過後，我們便往火車站迎接團友。因此，我們籌委之間亦有一個不同層面的交流呢！

（二）實際活動

是次兩醫交流營雖然只有短短兩天的時間，但其中包括的節目則可謂應有盡有，相信已差不多能做到交流的目的了。

那天中午，我們港大學生在沙田火車站集合，由中大學生預備好的專車送到上湯若望宿舍。在那裏，我們稍事安頓後，便開始一連串的活動。

我們每組約八人，再加一至二位中大的同學，便構成十組「尋寶團」。所謂寶藏，其實是路線指引，當每組到達一站時，便可找到一張所屬的路線提示，直至終站。在中大的同學協助下，約在五時許全部組別均完成「中大校園」乙乙轉的壯舉。因此，所有團友便到飯堂補充能源，接着便回房休息一會。六時半便是我們的晚餐時間，團友們都出奇地準時到達「新亞飯堂」，當然吧，因爲人人肚裏都在奏交響樂呢！

飽餐一頓後，下一個節目又要開始了。由中大同學的帶領下，我們一羣小小的鴨子，負着大大的肚子，步行到醫學大樓的演講室，欣賞中大、港大的同學準備的幻燈放映，彼此介紹自己一番，這可謂小小的交流呢。

靜極思動，我們又再浩浩蕩蕩步回湯若望宿舍，開始我們的集體遊戲，其中較精采的有「人形坦克」，「世界之最」及「名曲大家估」，我們都投入在熱鬧、緊張的氣氛中中，但因營規所限，十二時左右便要「收心養性」，但幸好還有「中大特式糖水」招待，中大的朋友也可謂好客了。飲完糖水，洗罷白白，大豬小豬便上床倒頭便睡了。有些精力特別旺盛的，還通宵實行「豪情夜話」呢。

第二天早晨起床，我們便收拾行李，然後到飯堂享受豐富的中式早餐，跟着便由中大同學帶領我們遊覽中大的醫學院。最後，我們乘校已到威爾斯親王醫院參觀。醫院方面早已安排好人員作我們的導遊，他們親切的態度，令我留下了深刻的印象。

在醫院的飯堂吃罷午飯後，團友們各自散隊離去，而是次「兩醫交流營」也完滿結束了。

港大學生節八五
醫學院的參與和角色

羅麗婷

港大學生節乃學生會舉辦一年一度的盛事目的在於通過一連串的院際及舍際文康活動和比賽，藉以增進不同院系及舍堂之間的交流。

記得自己在初上任醫學會文康秘書一職，草擬年綱的時候，曾有人對我說過，港大學生節對於遠離Main Campus的醫學院影響不大，更可作不參與的考慮。當時我也懷疑，港大學生節眞的對醫學生那般沒意義嗎？學生節八五雖然已在數月前成爲歷史，但却記憶猶新，在我看來，它的確是有其值得參與的地方。

每年的港大學生節，不外是一些競技大賽，歌唱及話劇比賽，而醫學院在學生節中的參與是非常全面和活躍的，不論在大合唱和話劇方面都有一定的水準，而去年在啦啦隊大賽中也有很突出的表現，成績優異。這現象是非常令人鼓舞的。醫學院雖然遠離Main Campus，大部份節目都在Main Campus舉行，但我們的合作，參與和團結性却一點兒也不比近水樓台的院系遜色。曾經有人說過，醫學院是一個大院系，實力雄厚，人材濟濟，不但在以往的院際體育運動比賽有驕人的成績，在文康活動的參與也是積極和團結的呢！

爲着醫學院的活躍和積極參與，近年來醫學院也越來越備受學生會的重視，學生節中有部份節目都在Medic Centre舉行，這樣不但能增添醫學院這邊的學生節氣氛，也相繼提高了同學們的參與性和醫學院的士氣。在香港大學的校園裏，不論是那一個角落，文康活動比比皆是，但像港大學生節這樣把來自不同院系，舍堂的同學拉在一起，有個「點頭」機會的活動並不多，所以Medic同學也應珍惜這機會。港大學生節的意義，並不在於比賽的勝敗，最重要是參與的同學做得開心、玩得開心，況且通過了事前的籌備工作，也能提高醫學院內的氣氛和增進同學之間的感情呢！

醫學生節八五

羅麗婷

醫學生節八五在十月八日開幕禮後正式開始，經過一連串的文娛康樂活動及班際比賽，已隨着月中的醫學生之夜結束了。醫學生節的目的，除了給予大家一個鬆弛身心的機會外，也希望藉此促進同學間的感情，及增强同學們對醫學院的歸屬感。

以往的醫學生節都是在十月和十一月間舉行，而今年的醫學生節因爲近數月來陸佑堂異常多人租用的問題，很不幸地被迫提早了半個月舉行。醫學生節八五的籌委在學期初第四天便組成了。只有十天左右的時間去籌備個多星期的大型活動，並不是一件輕鬆的事，幸虧今年九零班有一羣活躍及得力的同學踴躍和熱心支持，醫學生節八五得以「奇蹟地」順利完成；而在班際比賽方面，八八班也以決心、果斷和團結順利地成爲醫學生節八五的班際總冠軍。

醫學生節八五的節目，除了一些不可缺少的如音樂比賽、大合唱、醫學生之夜，和以往都有舉辦的康樂棋、橋牌、佈置比賽、舊曲新詞……之外，也加插了一些新項目，如開幕禮當天的「蓮步舞」大賽，是一個充滿了嘉年華氣氛的熱鬧開始；又有集醫學院內喜歡攝影的同學之佳作於學生休息室的攝影展覽，在課餘和午飯時間吸引到不少同學參觀；還有由兩位三年級同學分別到印度和蘇聯旅遊所拍回來的幻燈片，加上即場的旁述，都是很值得欣賞的；此外，又有特大式飛行棋大賽；一小時古典音樂欣賞及介紹……總之，節目包羅萬有，有動有靜，同學們盡可各適其式。

大致上，今年的醫學生節頗得到同學們的熱烈支持，尤其是在唱歌比賽方面，有些班爲了博取高的參賽分，參加人數比預期多出很多，如今年的組制歌唱，雖然只有三班同學參加，竟有六十五隊參賽隊伍！而其中一半是三年級的同學。其實，醫學生節的意義並不在於班際比賽，爭取總冠軍，而是有一個機會給院內的同學聚在一起，瘋狂地、開心地、盡情地玩個痛快。感覺上今年的醫學生節似乎有些不大健康的風氣，就是多人參加的總是班際的比賽，有些對班的總分沒有影響，但也是難得的節目如幻燈放映，古典音樂欣賞等，參加人數却

是寥寥可數。如果同學們能夠把握這機會，不把它視爲純粹班際比賽的活動，少了因分數問題引起的不滿或糾紛，醫學生節定能進行得更順利，大家也一定玩得更開心，而醫學生節的目的和意義也可達到了。

除了關於同學們參與的方面，總括來說，醫學生節八五節目豐富，多姿多采，但可惜礙於今年特別短的籌備時間，沒能利用多些時間去策劃及端詳節目的內容，故雖然已有儘量嘗試，今年有部份節目都稍爲缺乏創意。在來年的醫學生節，如能有多些時間籌劃節目內容，儘量創新，不會使人有不外如是、千篇一律之感，那麼醫學生節的效果一定會更佳和更富吸引力。

× × ×

在醫學生節八五云云節目中，同學們玩得最開心、最投入要算是組際歌唱比賽了。當晚除了大家在唱比賽了。當晚除了大家在唱功方面「博盡」外，更難得是不乏大費心思、集「型」、「款」和「搞笑」於一身的大胆演出。此外，在比賽完畢後，更有八八班的同學帶唱林子祥「十分十二吋」的鷄尾歌曲，霎時間學生休息室充滿了有節奏的拍手、哨子和歡樂愉快的歌聲。雖然節目早已過時，但大家，甚至評判們一點也不覺得疲倦，只有越唱越起勁……

× × ×

「醫學生之夜八五」那晚，其中一項精采節目是「舊曲新詞」的總決賽，八八班的黃華邦憑着一曲「……期望過，期望過M. B. ……」博得全場歡呼和掌聲，也順利獲得「舊曲新詞」比賽的冠軍。

× × ×

今年醫學生節的組際歌唱比賽，得到冠軍的並不是民歌小組，不是唱粵語流行曲，也不是唱歐西流行曲的隊伍，而是以滿腔情感、男的聲音豪邁、女的音色甜美、唱「劍合釵緣」的八九班朱佩娟和曾式恒。今年的參賽隊伍中，單是「劍合釵緣」便鬧了三胞胎，不知是否反映出粵曲在醫學院復興的現象？

× × ×

談到最緊張刺激的比賽，要算是「麥列菲菲時事問答」了。比賽分三部份進行，在初期的時候，比賽氣氛也不太緊張，但到了節三部份的搶答題，戰況激烈，八九班急起直追，最後僅以十分之差次於冠軍的八八班。

醫學院合唱團

葉大鵬

一羣喜愛唱歌的同學，每星期都有兩天在午間聚集於陳蕉琴樓的音樂室內，進行他們喜愛的活動——引吭高歌，這羣是何許人？醫學院合唱團(Medic Choir)是也。

醫學院合唱團的成員，包括醫學院一、二及三年級的同學，他們彼此之間並無任何利害的關係，他們之所以聚於一堂，皆因大家有着同一的愛好，亦因能夠代表醫學院而感到光榮。

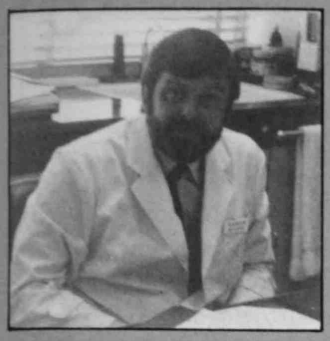
每年，合唱團都會參與一連串的活動；第一炮是一年一度的醫學生節之醫學生之夜，在整晚節目中，唯一沒有競爭氣氛的便是合唱團之表演，作爲一個新的組合，能夠在「自家人」面前作首次演出，正是一個絕佳鍛鍊的機會。

緊接而來的便是牙醫學生之夜，按照傳統慣例，合唱團每年都會應邀前往表演，並能獲得熱烈的反應；這次亦爲「兩醫」提供一次交流的機會。

隨着聖誕的來臨，合唱團亦會於臨學期完結前的一個午間音樂會上，爲各同學獻上聖誕歌曲，在繁重的課程中爲大家提供一點鬆弛；另一方面，合唱團亦會於聖誕假期內應邀前往瑪麗醫院兒科部爲各留院兒童獻唱聖詩和談笑，使這羣不幸的兒童亦能在醫院感受到聖誕的氣氛。

踏入第二個學期，整個合唱團便會投入高漲的情緒，蓋一年一度的學生節即將舉行，而其中的院際合唱團歌唱比賽，便是醫學院合唱團的注意力集中所在；爲着能保持合唱團傳統的優異演出和成績，各團員都能認眞投入練習，務求能爲醫學院爭光，不負各同學所望，不少已退役的「中仙」亦會拔刀相助，這對於合唱團的聲勢和實力，實增加不少。

隨着學生節的完滿結束，合唱團一年之主要活動便也宣告大功告成。但合唱團並不會因此而解散，相反，大家更會抱着輕鬆的心情來一起唱歌，達到眞正唱歌的眞諦。

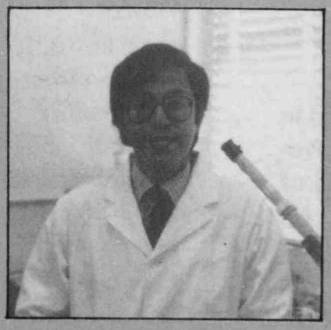







DEPT SURVEY—ANATOMY







Department of Anatomy

DEPARTMENTAL PHOTO

History

The Department was founded in 1913. The Dean of Faculty, Professor K.H. Digby was the Head of the Department at that time. Ng Li Hing School of Anatomy was opened at that year. It was the first Department in the University to have its own building.

During the Second World War, the Department was closed. When it opened again in September 1946, there were only 41 first year students enrolled in the Faculty. In 1963, the Department moved from its original building to the present location. Over a period of 63 years following Professor Digby's retirement in 1922, there have been 6 changes of headship for the Department before the appointment of Professor Brian Weatherhead in September, 1984. The Department now has 1 Reader, 3 Senior Lecturers and 9 Lecturers and it is still expanding. It is proposed that 1 Senior Lecturer and 1 Lecturer will be appointed in 1986.

Objective

The objective of the Anatomy course for medical students is to prepare them for their clinical training by teaching all the basic Anatomical specialties (Gross Anatomy, Microanatomy, Embryology, Neuroanatomy, etc.) in the context of their clinical relevance. It must also ensure that the students have a good enough grounding in Anatomy to be able to cope with continuing post-registration training in the medical specialties.

Honours B.Sc. (Biomedical Sc.)

The objective of the intercalated degree course leading to the B.Sc. in Biomedical Science is to provide an opportunity for further scientific training in depth for a small number of medical and/or dental undergraduates who show ability and initiative and have an inquiring mind.

Five areas of study – Cell Biology, Reproductive Biology, Biology of calcified tissues, Neuroscience and Primate Morphology – are offered for the intercalated year and instruction is supervised on a person to person basis by members of the staff and conducted by essays, seminars and original research. Advanced critical reading is expected in the subjects selected, and the preparation of a dissertation on the original research will form an important component of the examination.

Postgraduate training courses

There are two types of postgraduate training. One is for those who are studying for M.Phil. and Ph.D. degrees. They are medical or scientific graduates. The other is for H.K.U./China Medical Board Fellows and H.K.U./Nellie Kellogg Van Schaick Fellows who come from China and other parts of South East Asia. They are all University teachers in their home countries. They spend either one year studying for the Certificate in Medical Sciences or 6 months on a "Special Studies" programme both of which are designed to enable them to take back to their home institution teaching and/or research skills learned here in Hong Kong.

Current research projects

NEUROBIOLOGY AND NEUROENDOCRINOLOGY

1. Development and plasticity of the mammalian visual system (Dr. K.F. So, Dr. D.K.C. Tay).
   Autoradiography, Horseradish Peroxidase Histochemistry and Electron Microscopy.
   Ref. 17
2. Regeneration in the mammalian visual system (Dr. K.F. So).
   Peripheral Nerve Transplantation, Horseradish Peroxidase Histochemistry and Neurophysiology.
   Ref. 16
3. Functional studies of the hamster visual system (Dr. K.F. So).
   Visual Neurophysiology.
   Ref. 9
4. The histogenesis of the retina and the visual cortex (Dr. D.K.C. Tay).
   Autoradiography, Horseradish Peroxidase Histochemistry and Neurophysiology.
5. Localization of motoneuron pools (Dr. D.K.C. Tay).
   Horseradish Peroxidase Histochemistry.
   Ref. 18
6. Characterization of growth factors and neurotrophic factors involved in the regeneration of neurons and in the repair of neural tissues (Dr. R.M.W. Chau).
   Neuron Culture, Biochemical Analysis and Electron Microscopy.
7. The role of pituitary and pineal hormones in the photoperiodic control of seasonal hair colour cycles (Prof. B. Weatherhead).
   Radiometric Enzyme Assays and Fluorometric Pigment Assays.
   Ref. 20
8. Ultrastructure of the neurointermediate lobe of the pituitary gland (Prof. B. Weatherhead).
   Electron Microscopy and Stereology.
   Ref. 10
9. Morphological and electrophysiological correlation of the re-innervation of the mammalian muscle (Dr. M.C. Ip)
   Histological, Histochemical and Electrophysiological studies.
   Ref. 1a.
10. Re-innervation of the mammalian neuromuscular junctions after denervation or crisscrossing (Dr. M.C. Ip)
    Histological, Histochemical and Electrophysiological Studies.
    Ref. 1b.

REPRODUCTIVE BIOLOGY

1. Stereology of the male accessory sex glands of the guinea pig under varous hormonal regimes (Dr. Y.C. Wong).
   Electron Microscopy and Stereology.
   Ref. 21
2. Effects of gossypol on the male accessory sex glands of the guinea pig (Dr. Y.C. Wong).
   Electron microscopy, Cytochemistry and Stereology.
   Ref. 22
3. Structural and cytochemical studies of the stromal matrix of the male accessory sex glands of the guinea pig (Dr. Y.C. Wong).
   Electron Microscopy and Immunocytochemistry.
4. Endocrine and paracrine cells of the accessory sex glands (Dr. Y.C. Wong).
   Cell Dissociation, Fluorescence Microscopy, Electron Microscopy and Immunocytochemistry.
   Ref. 23
5. Effect of sex accessory gland secretion on early embryogenesis (Dr. W.S. O and Dr. P.H. Chow).
   Embryo Culture, *In vitro* Fertilization and Embryo Transfer.
   Ref. 2
6. Opioids and oogenesis (Dr. W.S. O).
   Cell Culture, Immunocytochemistry and Radioimmunoassay.
   Ref. 11

CELL BIOLOGY

1. Regulation of growth and melanogenesis in normal and malignant melanocytes (Prof. B. Weatherhead).
   Cell and Tissue Culture; Ultrastructural Stereology and Radiometric Enzyme Assays.
   Ref. 19
2. Structure and function of biological membranes and membrane proteins (Dr. R.M.W. Chau).
   Biochemical, Immunological and Electron Microscopical Techniques.
   Ref. 1
3. *In vitro* testing of potential drugs, both western and chinese (Dr. R.M.W. Chau).
   Cell Culture, Biochemical, Immunological, and Electron Microscopical Techniques.
4. Characterization of secretory products of macrophages involved in immune responses (Dr. R.M.W. Chau).
   Cell Culture, Biochemical, Immunological and Electron Microscopic Techniques.

HUMAN ANATOMY

1. Anatomy of the cranium and dentition, including variations, in modern Southern Chinese populations (Dr. N.G. Jablonski).
   Dissection and Anthropometric Measurement.
   Ref. 7
2. Spinal postural curves in adult Chinese (Dr. J. Fowler).
   Digitisation of photographs, spinal conformator and pantograph tracings and somatotyping.
3. Posture, Pain, Personality and Somatotyping – a Prospective study on back and neck pain in dental undergraduates of HKU (Dr. J.P. Fowler).
   Pain Questionnaires and Multivariate Analysis.
4. The position of the mental foramen in Hong Kong chinese, in comparison to other ethnic groups (Dr. R.M. Green).
   Mandibular morphometry.

PRIMATE FUNCTIONAL ANATOMY

1. Evolution of the primate masticatory apparatus (Dr. N.G. Jablonski).
   Dissection, Anthropometric Measurement, Light Microscopy and Phylogeny Reconstruction.
   Ref. 5
2. Evolution of cranial and postcranial morphology in *Theropithecus* (Primates, Cercopithecidae) (Dr. N.G. Jablonski).
   Dissection, Anthropometric Measurement and Phyologeny reconstruction.
   Ref. 4, 6
3. Evolution of the primate masticatory muscles (Dr. K.M.B. Chan).
   Gross Dissection.

DENTAL ANATOMY

1. Comparative primate odontology (Dr. K.M.B. Chan).
   Morphometry, Light Microscopy and Scanning Electron Microscopy of tooth sections.
2. Human enamel morphology as a rational basis for cavity preparation techniques (Dr. R.M. Green).
   Undemineralised sectioning and grinding and Polarised Light Microscopy.

HUMAN GROWTH AND DEVELOPMENT

1. Growth of Chinese Children in Hong Kong (Dr. W.D. Low and Dr. C.K. Ng).
   Physical (Anthropometric) Measurements.
   Ref. 13
2. Assessment of skeletal maturity from hand-wrist radiographs in Chinese Children (Dr. C.K. Ng).
   X-radiography.
   Ref. 12

FORENSIC ANATOMY

1. Establishment of personal identification from skeletal remains (Dr. N.G. Jablonski).
   Photographic Superimposition.
   Ref. 8
2. Development of computer-aided techniques for personal identification based on ante and post-mortem dental records (Dr. R.M. Green).

ACUPUNCTURE

1. Acupuncture effects on stress-induced gastric ulcers in rats (Dr. C.K. Ng).
   Ref. 14
2. The nature of acupuncture points and of acupuncture as a therapeutic modality (Dr. J.P. Fowler).
   Cross-sectional Anatomy and Gross Morphology.
   Ref. 15

BONE METABOLISM

1. Effects of fluoride ions in rats fed on a calcium deficient diet. (Dr. R.M. Green)

PERSONALITY TESTING

1. Normalisation of the MMPI in Hong Kong chinese college undergraduates (Dr. J.P. Fowler).
   Chinese Minnesota Multiphasic Personality Inventory (MMPI).
   Ref. 3

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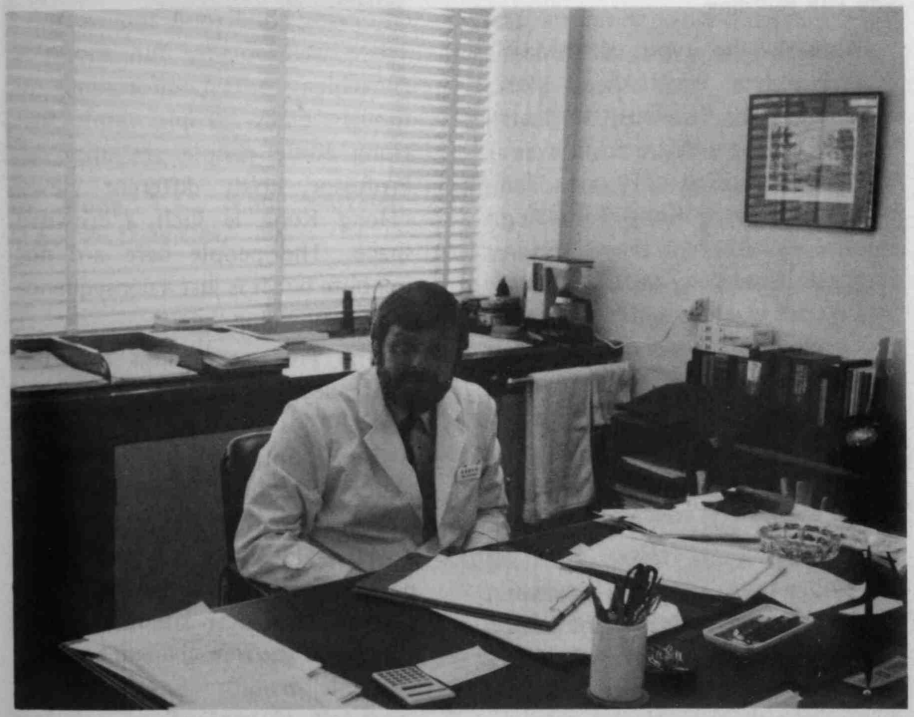
Professor, Lecturers & Staff

Prof. B. Weatherhead



Professor Weatherhead, B., M.A. Cantab.; Ph.D. Birm.; M.I. Biol.; F.Z.S.

Professor Weatherhead was born in London and lived there until he attended university in 1961. A biology teacher stimulated his interest in the biological field when he was young. He obtained his first degree in Zoology and Physiology and did his Ph.D. in Anatomy. Ever since then he had been working in Departments of Anatomy in England and in Hong Kong.

Professor Weatherhead first came to Hong Kong in September, 1984. The universities in England are now facing financial problems. He felt that he would have to do more teaching as the departments grew smaller and there would be less time and money for him to do research work. Besides, he would also like to run a department and experiment with his ideas of teaching in it. Therefore, he came to Hong Kong and became the Head of the Department of Anatomy.

Professor Weatherhead thinks that the Department of Anatomy in H.K.U. is quite well equipped. After coming to Hong Kong, he has been spending more time on

administrative work. He is aware of the cultural differences between the East and West. Since he is working with the staff (mostly Asians) in the department, he is trying his best to bridge those differences. When asked about the problems that he faced in Hong Kong, Professor thought that the supply of cadavers was one of them. There were few people willing to donate their bodies in Hong Kong than in U.K. In addition, the bodies which were unclaimed, were mostly from hospitals. It is difficult to predict the internal conditions and some of them may be distorted.

His research work has focused on the hormones secreted by the pars intermedia of the pituitary gland. He is also interested in the functions of those hormones especially their effects on melanocytes. The reason for his choosing this area is that most mammals have a well developed pars intermedia, but its functions are still unknown. He would like to find them out and has already obtained results in a variety of species. His work in Hong Kong is done in the radioisotope laboratory in the Li Shu Fan Building.

What is the type of student that Professor Weatherhead likes most? He likes "curious" students – those having a desire to find out why things are as they are. The students in Hong Kong, according to him, work harder than those in England. However, we like to be told by our teachers and he thought that the U.K. students worked more independently and were able to look at problems from different angles. He thinks that the difference may be attributed to the difference in the secondary education in the two places.

Fishing in rivers is his greatest hobby. However, he has not been fishing in Hong Kong since he came as he has found that many of the rivers are polluted. He also enjoys swimming and he thinks that the weather and water in Hong Kong are both warm and suitable.

The Professor's wife is a botanist and is now working as a demonstrator in the Department of Botany of H.K.U. They enjoy their stay in Hong Kong so far. They think that Hong Kong is an exciting city with good food and weather. There were lots of fun and it is convenient and comfortable. Although many people think that Hong Kong people are impolite, Professor holds different views. "Hong Kong is such a crowded space. The people here are not impolite but it is just a consequence of overcrowding."

The Professor thinks that the joint declaration between China and U.K. is a remarkable one and is very confident and optimistic about the future of Hong Kong. Changes in society cannot be avoided. He thinks that Hong Kong people, famous for their ability in coping with new situations, can cope with the new changes coming.

Dr. Y. C. Wong

Dr. Wong, Y.C., B.Sc. Nanyang; M.Sc., Ph.D. W.Ont.

Dr. Wong was born and brought up in Kuala Lumpur, Malaysia. After receiving his primary and secondary education there, Dr. Wong went to Singapore and studied Biology majoring in Zoology in Nanyang University. Upon his graduation in 1966, he received a scholarship and went to Canada to pursue his postgraduate studies at the University of Western Ontario. After receiving his M.Sc. and Ph.D. both in anatomy in 1971, he joined the Department of Anatomy at the University of Hong Kong in the same year.

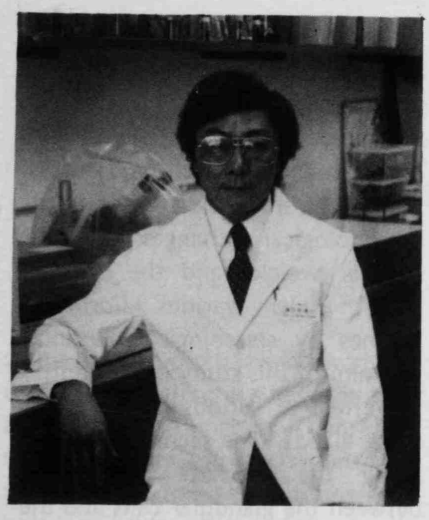
When Dr. Wong joined the University in 1971, the Department was in the process of rapid expansion. There was also a gradual change in emphasis and approach over the years from a more structural to a more functional oriented teaching. Dr. Wong believes that it is very important for students to understand and be able to correlate structure with function. To achieve this goal, appropriate clinical examples may be drawn to illustrate to the students the anatomical basis for such clinical phenomena. Using these examples to arouse the students' interest and to show them the importance of a sound anatomical background to clinical studies. He thinks, however, that clinical Anatomy as such should not be over emphasized at this early stage.

Dr. Wong was promoted to Senior Lecturer in 1977 and Reader in early 1984. He is now teaching dental students general histology, and medical students both microanatomy and topographical anatomy. While medical students are intelligent and hard-working, Dr. Wong commented that they are not the most inspiring group of students. Medical students tend to be too pragmatic and want to see immediate applications to what they learn; while science students have a more inquisitive, attitude. They have a better appetite for new information and are more enthusiastic in exploring new grounds.

Dr. Wong is currently doing research in reproductive biology, with special emphasis on the accessory sex organs. His research is directed along three major areas: the first area is to study the morphological changes of the seminal vesicles and the prostate gland under various hormonal regimes by stereological methods. The aim of this study is to quantify the effect of various hormones on these glands. The second area is to study the intimate relationship between the glandular cells and the stromal cells and stromal extracellular matrices by immunocytochemical methods. The aims are to characterize the extracellular matrices under different experimental and hormonal conditions. Through these studies he hopes to correlate the changes in the stroma with the glandular cells and that a pattern may emerge which will enable one to see a "cause-and-effect" relationship between these two tissues. The third area is to examine the effects of gossypol – a polyphenolic compound from cottonseed – on the accessory sex glands.

Dr. Wong is married and is father of two sons. Back in his school days, Dr. Wong used to play basketball, badminton and swim quite a lot. Since joining this University, however, he has not been able to keep up with these sports.

Dr. K. M. B. Chan



Dr. K.M.B. Chan B.Sc.; Ph.D. H.K.

Dr. Chan received his secondary education in Wah Yan College, Kowloon. After obtaining his B.Sc. degree, he went on for his Ph.D. degree in the Department of Zoology, H.K.U. In 1970, he joined the Department of Anatomy as lecturer and taught microanatomy and gross anatomy for Medical students. In preparation for the opening of the new Dental School, Dr. Chan went on a study tour, visiting Anatomy Departments in several Universities in England. Upon returning, he concentrated his teaching efforts on Dental students.

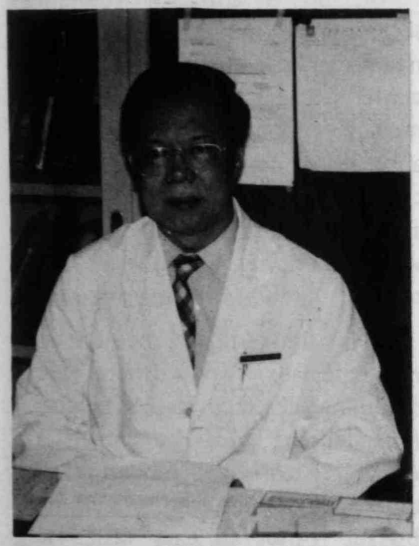
Currently, Dr. Chan is conducting research on comparative and functional tooth morphology. He had been on study leave to a number of places, including Birmingham, Chicago, New York and Tsurumi in Japan.

When asked about the changes in the Department during the past 15 years, Dr. Chan thinks that the major changes include the moving away from a previously more didactic and detailed course in Anatomy to one which places more emphasis on the functional approach. On the research side, there is also a similar shift from the traditional anatomical research to more cell biology oriented ones.

Dr. Chan's comment on the medical students is that they are hard working. Their academic knowledge is as good as, if not better than, foreign students. But compared with foreign students, local students tend to be more conservative and 'book-oriented'. Students must realize that knowledge is not merely a data bank of information but that it must be assimilated, integrated and applied.

Dr. Chan is married with two daughters. At his leisure, Dr. Chan likes to play badminton, table tennis and swimming. Dr. Chan is also an enthusiastic stamp collector. Stamp collecting around a main theme can be quite an interesting hobby.

Dr. M. C. Ip



Dr. M.C. Ip, M.Sc. H.K.; Ph.D. Durh.

Dr. Ip received his secondary education in La Salle College. After completing his B.Sc. and M.Sc. degree in H.K.U., he went to U.K. for his Ph.D. studies on an Inter-University Council Fellowship. He joined the department in 1966, before which he had been working in the Department of Zoology. His research interest is on peripheral nervous end organ, neuromuscular junction, muscle spindle and the degeneration and regeneration of receptors.

When asked about his opinions on medical students, he thinks that, compared with foreign students, medical students of the University are slightly more "passive" and they seldom raise questions or to volunteer to answer questions. He also feels that at times students are a bit untidy (the situation in the laboratory after a practical session!)

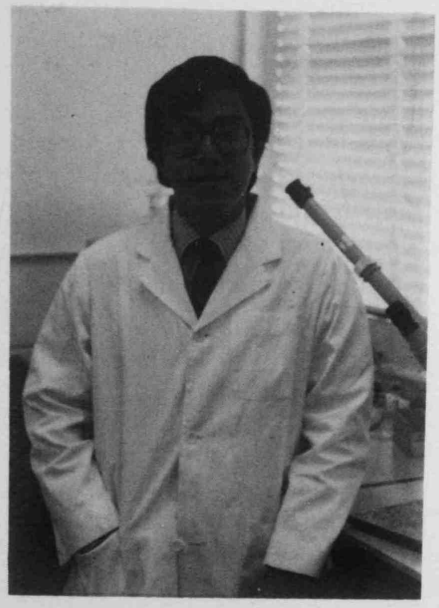
Dr. Ip had been in the department for a long time and is thus in a good position to comment on changes occuring in the department. The principal change he cited was that, in previous years, there were demonstrators in the department. So nowadays, lecturers have to spend more effort on practicals and have less time for research. On the other hand, students may benefit more with lecturers available during practical sessions.

As to the changes that occur to the curriculum of medical students in the past and at present, Dr. Ip thinks that the principal change is an increase in the number of subjects and shortening of curriculum on other subjects.

With respect to teaching, he thinks that the greatest difficulties is an excessively large students to staff ratio. Because of this, it may be beneficial for students to discuss problems among themselves as it is quite impossible for lecturer to make contact with each student. Dr. Ip believes that the best chance to establish contact with students is during the practical periods. He suggested that the present staff-student situation may be contributed by the examination-oriented attitude of students and the concentration of lecturers on research.

Dr. Ip has two sons and a daughter, all are students, and one of them is studying in U.K. In his leisure time, Dr. Ip likes to play bridge and also go fishing. Calligraphy is also his favourite interest.

Dr. K. F. So



Dr. K.F. So, B.A. Northeastern; Ph.D. M.I.T.

During studying in Northeastern, where Dr. So obtained his B.A., he had a chance to take part in a co-operative education programme in Harvard University. It was the first time for him to receive a deeper understanding and a detailed study of the brain. Gradually, Dr. So became interested in the field of Neuroscience and furthered his study in M.I.T. in the U.S.A. Later he obtained his Ph.D. in the field of Neuroanatomy.

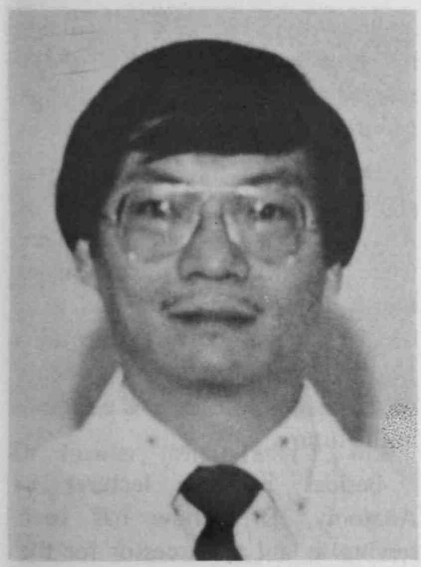
In 1978, Dr. So joined our University in the Department of Anatomy and now, he is a senior lecturer. Needless to say, his main field of interest is the brain, especially the development and regeneration of the mammalian visual system. His research interests include studying the normal development of the brain, trying to understand how abnormal connections are formed after early or late brain damage and studying regeneration of axons in the central nervous system after transplantation of peripheral nerves. Dr. So is currently participating in a joint-investigation with the scientists from the Institute of Biophysics in Beijing on functional studies of the hamster visual system.

Dr. So is also the founding secretary of the H.K. society of neurosciences and takes part in a conference each year. To Dr. So, medical students of today are smart and they come from different classes of our society. Most of them are active and ready to ask question whenever having doubts and easy to make friends with the lecturers.

Dr. So thinks that teaching is an art, especially when there are something abstract to be taught. Understanding things by oneself is not so difficult, but rendering all students to understand something abstract is not an easy task. He says he is still learning the art of teaching but finds it challenging and rewarding.

Dr. So is an enthusiast in music. He also spends his leisure in tennis and diving.

Dr. R. M. W. Chau



Dr. Chau, R.M.W., B.Sc. Calif. State U.; Ph.D. U. of Texas Health Science Center

Dr. Chau graduated with B.Sc. in microbiology and chemistry from the California State U. at Fresno in 1971 and Ph.D. in cell and molecular biology at the U. of Texas Health Science Center at Dallas in 1976. He held his postdoctoral research fellowship in the Department of Pathology at the Harvard Medical School in the year of 1977 and 1978, and his visiting associate scientist fellowship in the Laboratory of Pathology at the National Cancer Institute of the National Institutes of Health at Bethesda in the year of 1979. He joined the present Department of Anatomy in 1980 as a lecturer in anatomy and was appointed as a Honorary Curator of the University Electron Microscopic Unit in 1981.

During the past six years, Dr. Chau teaches cell biology, histology and gross anatomy in the department; and electron microscopic techniques in the EM Unit. In his teaching in cell biology, he always tries to update the current concepts in cell biology and present them to students in depth but in a simple and understandable way.

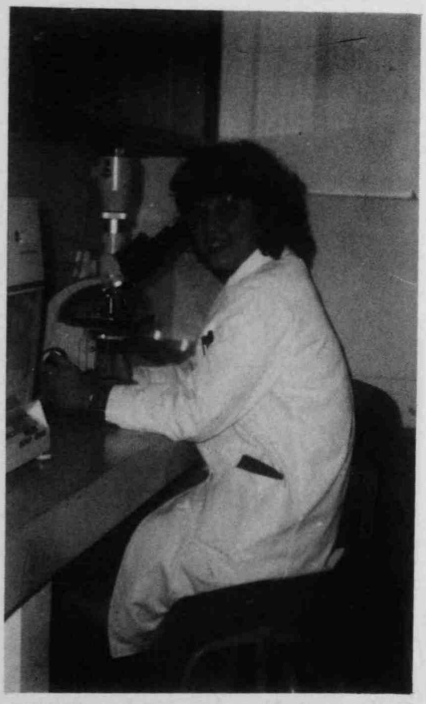
He believes that most of the medical students are very intelligent and diligent but they need a good method of study in order to handle their heavy workload. As for the first year students, they need to achieve a high standard of Use of English by reading and writing more.

Dr. Chau believes that research is very important for academic improvement. His areas of research include the role of macrophages and their secretory products in immune responses and the mechanism of wound healing especially in inflammed brain tissues.

He has established a tie for interchanges with the Chinese Associations for Anatomical Sciences and Cell Biology, and with various medical schools in China. Recently he was appointed as a visiting professor from the Guangxi Medical College at Nanning, and a visiting scientist for the University of California at San Diego, U.S.A.

Dr. Chau is married and has a daughter. He enjoyes playing badminton, tennis and also swimming.

Dr. P. H. Chow



Dr. P.H. Chow, B.Sc., Ph.D. H.K.

Dr. Chow received her secondary education in St. Stephen Girls' College. She continued her University education in the University of Hong Kong where she obtained both her Bachelor and Doctorate degrees. During her University life, Dr. Chow became interested in the relationship between structure and function. She believes that it would be easier to interpret the function of a structure if one has a deeper understanding of the anatomy of the structure. This, together with the influence from her mother, who was also a teacher, accounts for Dr. Chow's joining the Department of Anatomy as lecturer in 1974.

To Dr. Chow, the medical students nowadays are still as hard working as their predecessors. However, she is pleased to see that the artistic and musical talents of many of us have not been undermined by the heavy work load imposed on us by our course, as revealed from the impressive performance of many of us in the various competitions of the Medic Festivals.

Presently, Dr. Chow is doing her research on the effects of the secretions from male accessory sex glands on reproduction.

Dr. Chow said that she was gland to be in the Department of Anatomy as she had got many friendly and helpful colleagues there. She was also satisfied with her job for she could contribute to wards the training of some people who would be of use to the society in the future.

Besides being a lecturer in Anatomy, Dr. Chow has been serving as a Lay Accessor for the Legal Department for almost 6 years. Being the mother of two children, Dr. Chow likes to spend her leisure time with her children and enjoy some happy family life.

Dr. J. P. Fowler

Dr. Fowler, (Mrs.) Janet P., M.B., B.S. Syd.

Dr. Fowler graduated from the University of Sydney in 1962 with M.B., B.S.. She joined the Department of Anatomy of the University of Hong Kong in 1978 and has continued to be a teacher for almost eight years.

Before joining the Department, Dr. Fowler was a medical doctor working in Australia and then in Malaysia. Afterwards, she came to Hong Kong as a medical practitioner. At present, she continues to work in a hosptal for one session every week caring for patients with chronic pain.

Beginning in the late 1960's, Dr. Fowler has been doing research in Acupuncture. She looked into the nature of Acupuncture, what it is and why it can be used for treatment in therapy. She thinks that research is important. Without research, teaching will become rather out-dated and static, and the teacher may become fossilised. Dr. Fowler is also looking into relationships between posture, personality, pain and acupuncture.

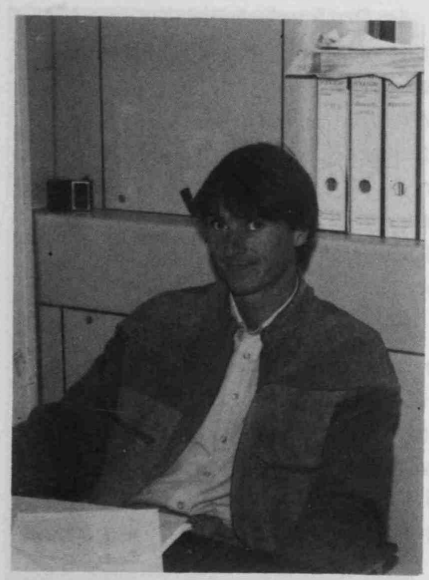
Dr. Fowler became a permanent teacher in the Department of Anatomy in 1980. Some frustration arises over conflict between teaching and research. Although there is heavy teaching load, Dr. Fowler gets job satisfaction from teaching as she likes teaching very much.

In Dr. Fowler's opinion, medical students are bright, intelligent, conscientious, hard-working and keen to learn and work. But their English standard go down nowadays, so it is more difficult to have discussion in tutorials. Teaching rate is slowed down mainly due to language problems.

Dr. Fowler is a Christian and she participates in the church activities. However, she don't do much sports. Instead, she likes to go walking with her husband, watch TV and listen to classical and religious music for relaxation.

Furthermore, Dr. Fowler has been learning and practising Mandarin and Cantonese as languages can help her in communicating with patients and Chinese people in general.

Dr. R. M. Green



Dr. Green, R.M., B.Sc., B.Ch. D. Leeds

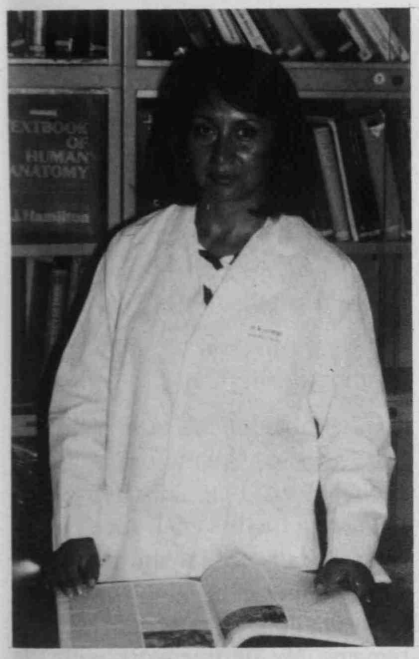
Dr. Green was born and educated in his home country, England. After graduation from university, he went into private practice as a dental surgeon for several years. He came to H.K. in 1980 and joined the Department of Anatomy when he became, for the first time, a full-time teacher. Fate you may call it, his association with H.K. began when he noticed an advertisement from H.K.U. in a journal while he was waiting for a patient late for an appointment (in his office at U.K.) ..... and he is with us now.

During these years of teaching (mainly dental students), Dr. Green finds the most satisfying part of his whole job is the quality of the students; and he feels his duty done by imparting into their minds ideas which will be useful in their later career.

The common theme of his research is relevance to clinical work. He has made an effort to improve the accuracy of information about the anatomical position of sites for local analgesia and has also studied the morphology of teeth, particularly for the Chinese in H.K. Currently, he is involved in the computerization of dental records for comparison and matching – a branch of forensic dentistry.

Dr. Green is interested in car rebuilding and rallying. He recently took part in the H.K. – Peking Rally and finished the race with his twelve year old mini! Unfortunately, he cannot retain his hobbies of hang-gliding and rock-climbing here. But he hopes to start them again somewhere in Mainland China.

Dr. Hoffmann



Dr. Hofmann M.D.

Dr. Hoffmann was born in Chile where she received most of her education. She studied 2 years in Uruguay and 4 years in the University of Chile where she graduated in 1974 as a medical doctor. After graduation, she practised as a surgeon specialising in neck and breast oncology, at the same time holding a teaching post in the Department of Anatomy in the University of Chile.

Dr. Hofmann came to Hong Kong with her husband and daughter 2 years ago and she joined the University of Hong Kong in October, 1984. She chose to teach Anatomy because of its close relationship with Surgery, her keenest interest. She described the Department of Anatomy in this University as efficient, and the staffs as serious and hardworking. Dr. Hofmann can speak a number of languages, but with Spanish as her native language, she finds occasional communication difficulties with her students.

Dr. Hofmann is now working part-time for the University and her main responsibilities are to guide dissection sessions and conduct tutorials for first year medical students. When asked to compare the differences in approach to Anatomy in Hong Kong and in Chile, Dr. Hofmann commented that the approach in the University of Chile is much more structural and details-biased while we have a more functional and clinical approach and the materials taught are more relevant.

Dr. Hofmann is Catholic by religion. She is an enthusiast for classical music, her favourite composers being Beethoven and Brahms. Amongst her other hobbies are cooking, reading, swimming and regular acrobicise. She is currently devoting herself to learning German and she is considering visiting Shanghai to take a course in acupuncture.

Dr. N. G. Jablonski

Dr. Jablonski, Nina G., B.A. Bryn Mawr; Ph.C.; Ph.D. Wash.

In a Friday afternoon, we went to the Prince Philip Dental Hospital to conduct an interview with Doctor Jablonski, a physical anthropologist and lecturer in the Department of Anatomy. She graduated from Bryn Mawr College in U.S.A. with a B.Sc. in biology and received her Ph.D. from the University of Washington in anthropology. She joined the Faculty of Medicine in 1981.

We started our interview with the comparison between the Chinese and American Students.

"I enjoy working with Chinese students. They are industrious, eager to learn, usually smart and able to absorb information. American students are less accustomed to memorizing information but they can integrate and synthesize information with greater ease. Due to the nature of educational system in Hong Kong, Chinese students are forced to memorize a considerable amount of information. This skill alone, however, does not make for good physicians. They must also think and observe."

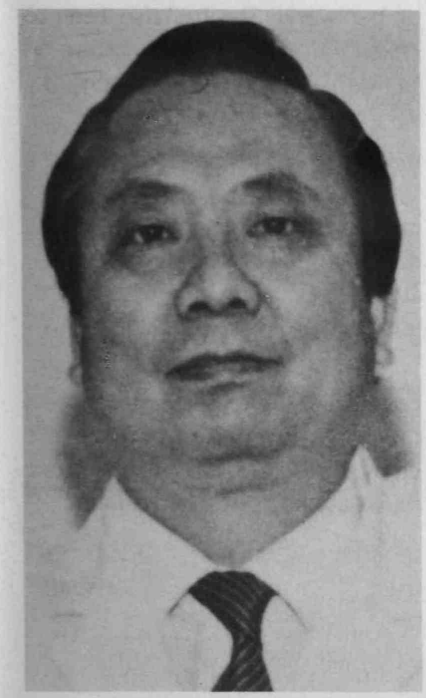
"I am really sad when I hear that some students come to study medicine in order to make a lot of money in the future. Before one chooses medicine as a career, one should have a full understanding in what the doctors life is like. Being a good physician not only requires a sound knowledge but also good communications skills and the ability to listen. It is the responsibility of a doctor to put patients at ease so that they will not be frightened!"

"What do you do other than teaching?"

"I am one of the team members of Forensic Odontological Team of the Prince Philip Dental Hospital. We work with the government forensic pathologists and the Royal Hong Kong Police on personal identification of unknown human remains. My routine work with the team is to identify the race, age and sex of the remains. I also carry out research in primate paleontology and primate functional anatomy."

Dr. Jablonski enjoys walking, reading, swimming and cooking in her leisure time. She also likes travelling in Asia. She has visited China, Malaysia, Thailand and Burma. Her parents live in western New York state.

Dr. C.K. Ng



Dr. Ng, C.K., M.Sc. H.K.; M.B. Lingnan

Dr. Ng was graduated from the Medical Faculty of the University of Lingnan in China. After serving internship, he did surgery for three years in the teaching hospital of Lingnan University. In 1960, he joined the department here as demostrator, being promoted to assistant lecturer in 1965 and finally become a lecturer.

Dr. Ng enjoys teaching. Personally, he regards a teacher as a friend to the students. Nothing delights him more than a mutual understanding and co-operation between teachers and students in their pursuit of knowledge. Besides teaching in H.K.U., Dr. Ng also taught the Polytechnic students.

During his stay in England, he worked on growth and development of children with Professor J.M. Tanner in the Department of Growth and Development, Institute of Child Health, London, in 1971. His main researches are the growth and development of southern Chinese children, which is a large project that has to be followed for years and also the acupuncture on animals. During his leisure, Dr. Ng enjoys travelling, swimming and reading.

In his opinion, Dr. Ng says that the nowadays medical students are more active and he thinks that this is good in the sense that H.K. will reach 1997 very soon and the students should be more aware of the changing conditions.

Dr. W. S. O

Dr. O, Wai-Sum, B.Sc., M.Phil. H.K.; Ph.D. Edin.

After obtaining her Science and Master's degree in the University of Hong Kong, Dr. O furthered her studies in Obstetrics and Gynaecology in the University of Edinburgh for her Ph.D. Upon graduation, she worked for one year in the University of Edinburgh and more than one year in the Harvard Medical School as a fellow in Physiology. Afterwards, she returned to Hong Kong and joined the Department of Anatomy in the University of Hong Kong in 1978.

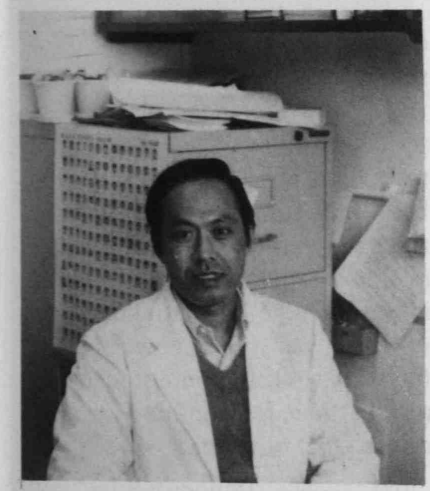
She is now a World Health Organisation Task Force member in the steering committee on the post-coital and anti-implantation drugs, as well as consultant for the W.H.O. in the Shanghai Planned Parenthood Research Institute, China.

Dr. O joined the Department of Anatomy because of her interest in embryology. She is currently carrying out research on female reproduction and early embryology, especially on the early implantation period. She finds teaching itself satisfying, but she considers research as the most rewarding part of her work. She has also been to Australia several times working on the early implantation of embryos.

According to Dr. O, the department has expanded a lot since she joined. She also finds that the medical students on the whole are more out-going than in the past, although the academic standards are more or less comparable.

Dr. O is single and is living with her parents. Her main hobby and interest is in research, but she also enjoys reading and listening to music as means of relaxation.

Dr. D. K. C. Tay



Dr. D.K.C. Tay, B.Sc.; Ph. D. Flinders

Dr. Tay is a Indonesia born Chinese. He can speak a number of languages besides English, for example, Mandarin, Fujian dialect, Zhaozhou dialect.

Dr. Tay completed part of his secondary education in H.K. and partly in Macau. He obtined his degrees of B.Sc. and Ph.D. in Flinders University of South Australia.

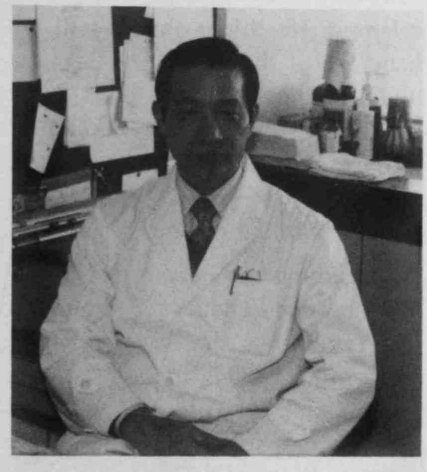
Dr. Tay joined our Department of Anatomy in 1982. He is particularly interested in neuroanatomy. Besides teaching, he is currently doing research on visual pathways, neuromuscular connections etc. He considers research his hobby.

His other hobbies are mainly indoors ones. He likes listening to contemporary, easy-going music, collecting coins and stamps, and reading books. He also plays badminton.

When asked to comment on the Medical Students in H.K., Dr. Tay pointed out that they are keen in learning but rather too examination-oriented. He thinks that it will be beneficial if they aim for a broader understanding of each subject. Also like most Asian students, they are rather conservative, tend to stand aside listening, and ask only the minimum amount of questions.

Regarding the personal relationship between students and lecturers, Dr. Tay thinks that true relationship rather than the superficial type should be promoted. Also, he welcomes students to call at his office to have any kind of chat.

Mr. K. S. Lee



Mr. K.S. Lee Senior Laboratory Superintendent

Mr. Lee started working in H.K.U. in 1954 and in 1956, he entered the Department of Anatomy as a laboratory assistant. He received laboratory technique training in the Department, learning first embalming and museum specimen preparation, then slide staining, photography, workshop techniques, instrument maintenance and repair, etc. In 1969, after long years of devoted service to the Department he became chief Technician and since then has been in charge of the technical staff. In 1982, he was promoted to the post of senior laboratory superintendent.

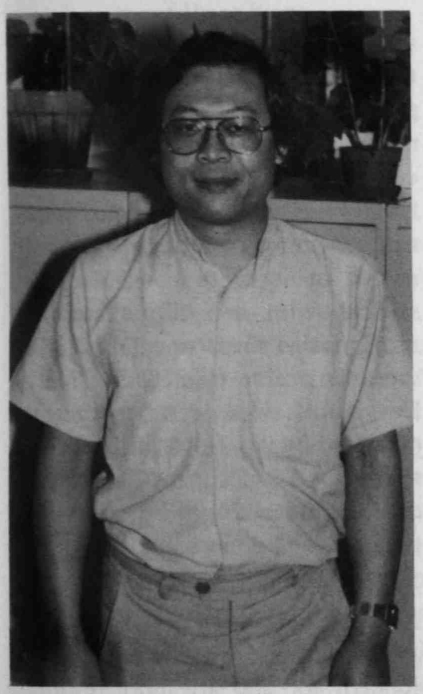
In 1979, Mr. Lee underwent training in Japan where he learnt about using C.C.T.V. for teaching purposes. After returning to Hong Kong, he helped to set up the use of C.C.T.V. in the teaching of Anatomy. That is why medical students nowadays can enjoy the descriptive T.V. demonstrations during Anatomy lectures and practicals. In 1981 and 1983, he visited the Zhongshan and Jinan Universities in Guangzhou for exchange of knowledge in laboratory technology.

Mr. Lee has witnessed a lot of changes in the Department during the past three decades. In 1956, there were only four members of technical staff, but now there are a total of twenty-two. So, there has been quite a big expansion. There is also a significant change in his relationship with medical students: in the 60's he used to know the students well, but now because there are so many more students in a class, their relationship is not as close as that of the past.

Mr. Lee's responsibilities are mainly administrative. He is the coordinator of various laboratory sections, organising the arrangements of technical assistance in teaching and research. In fact, he has to work overtime quite often because of his heavy work load. During his leisure time, Mr. Lee enjoys staying at home with his family and doing some reading.

Having worked in the Department for thirty years, Mr. Lee has not seen or experienced anything strange in the second basement of the Li Shu Fan Building which is worth reporting.

Mr. J. Ting



Mr. James Ting Laboratory Superintendent

Mr. James Ting, a registered member of the British Institute of Embalmers 1982) and the Royal Society of Health (1982), joined the Department of Anatomy of the University of Hong Kong in 1971. He is the Laboratory Superintendent in charge of the embalming section and his main duty is to embalm and prepare cadavers for the teaching of anatomy to preclinical students.

His career is greatly influenced by his father, who is the first member on the technical staff in the Department of Anatomy after the Japanese Occupation, and has worked for 44 years in the University of Hong Kong before his retirement in 1978. Before Mr. James Ting became a member of staff of the Department, he has had plenty of opportunities of watching and helping his father at work, thereby learning from him the special techniques which old Mr. Ting has developed over his many, many years of experience. Mr. James Ting has tried very hard to improve his embalming techniques and to incorporate recent advancements in the techniques of embalming. He encountered great difficulties in achieving this aim as no formal courses on embalming are being offered in Hong Kong.

Finally, he grasped an opportunity and enrolled as an overseas student and succeeded in passing the British Institute of Embalmers' Examination in 1982 thus becoming the only embalmer in Hong Kong who has a formal qualification.

In the interview with Mr. James Ting he clarified many of the rumours that are being spread. He revealed that the transversely segmented specimen in the museum was prepared from a cadaver from one of the local hospitals and not from a past technical staff of the Department. Also, he told us that the cadavers used for dissection practicals come from local hospitals and are not imported from India.

In addition to the preservation of cadavers, Mr. James Ting also assists academic staff in their research, like the maceration of skeletal remains for the osteological study.

Mr. Ting dedicates his free time to community services. He is a co-opted member of the Traffic and Transport Committee of the Central and Western District Board and the Chairman of the Traffic and Transport Sub-Committee of the Kennedy Town and Mt. Davis Area Committee.

Mr. Ting thinks that all the staff in the Department devote their efforts to the improvement of teaching the students. Also, he is impressed by the hard work and serious attitude of medical students towards their studies.

Mr. D. Tam

Mr. Daniel Tam Senior Technician

After finishing his secondary school education, Mr. Tam joined the Department of Anatomy in 1970 as a laboratory assistant. In 1973, he qualified as a technician. He then read for the Higher Certificate in Medical Laboratory Science in 1975-77. With admirable effort, he registered as an external student of University of London in 1978 and obtained an external B.Sc. (honour) degree in 1981 after passing the final degree examinations held in England. In 1982, Mr. Tam enrolled for M.Phil. and was later transferred to read for Ph.D. degree on a part-time basis in the Department of Anatomy under the supervision of Dr. Y.C. Wong. His field of study is in reproductive biology. He is studying the effect of various hormones on the prostate gland. Starting from a laboratory and preceed to become a senior technician, Mr. Tam is now studying for a higher degree. The motivation behind this is that he always feels himself inadequate and is very eager for knowledge. Moreover, he never treats the work in the Department as a job, but as a career.

Being a senior technician, Mr. Tam's duties include the supervision of slide preparation for both Medical and Dental students, in-service training of technical staff in the areas of microanatomy, preparation of demonstration slides, daily routine arrangement and evaluation of new techniques. In brief, he is overseeing all technical matters concerning microanatomy. As for the students slides, Mr. Tam said that they were all prepared by staff of this Department, but the specimens came from Queen Mary Hospital, as well as other government hospitals. However, appropriate good specimens are very difficult to obtain; so be careful of the slides and don't break them!

In Mr. Tam's opinion, medical students nowadays are more outgoing and open. They show greater concern for and are more responsive to community affairs.

Mr. Tam is married and has a daughter. In his leisure time, he usually does some jogging and stays with his family.

Melanocyte-stimulating hormone & mammalian melanogenesis

Professor Brian Weatherhead M.A. Cantab.; Ph. D. Birm.; M.I. Biol.; F.Z.S. Department of Anatomy, University of Hong Kong.

The evidence for the involvement of MSH in the regulation of melanogenesis in the skin of mammals is persistent but fragmentary. It has been shown to increase melanogenesis in the skin and/or hair of the guinea-pig (Clive & Snell, 1967), the short-tailed weasel (Rust, 1965), the viable yellow strain of mouse (Geschwind, Huseby & Nishioka, 1972; Levitin, Gomez Dumm & Iturriza, 1979) and the Siberian hamster (Mistry & Weatherhead, 1976). In man there are reports that MSH induces skin darkening in both normal negroes (Lerner & McGuire, 1961) and in the uninvolved areas of negro vitiligo patients (Snell, 1967). However, most of the data concerning the mode of action of MSH in mammals has come from studies of melanoma cells *in vitro* (see Pawelek, 1976). Our own recent work has been concerned with the control of melanogenesis in normal, non-malignant melanocytes.

Studies on melanoma cells *in vitro* suggest that the display of MSH receptors may be restricted to certain phases of the cell cycle. Thus, in synchronously dividing populations of cells responses to MSH are only seen when the population enters Gz (Varga *et al.*, 1974). The melanocytes in the hair follicles of the Siberian hamster only respond to MSH when the animals are moulting, i.e. when the hair follicles are synchronously in anagen (Weatherhead & Logan, 1979). At other times there is no response to MSH even though the intracellular pigmentary mechanisms of the melanocytes must be intact and functional since they readily respond to exogenous cyclic AMP (Weatherhead & Logan, 1981). Whether other melanocytes, either normal or malignant, exhibit MSH receptors in a discontinuous fashion is an interesting possibility that needs to be tested.

MSH receptors are known to be linked to adenylate cyclase and at least some of the effects of MSH, particularly tyrosinase activation, are mediated through cyclic AMP-dependent mechanisms. Thus, exogenous cyclic AMP mimics MSH not only in melanoma cells (Pawelek, 1976), but also in hair follicle melanocytes (Weatherhead & Logan, 1981). The intracellular events which culminate in tyrosinase activation are, however, a matter of dispute. Some claim that MSH promotes the activation of pre-existing tyrosinase molecules through cyclic AMP-dependent phosphorylation of tyrosinase inhibitors which are thus rendered inactive (see Pawelek, 1976). There are counterclaims that MSH stimulation of melanogenesis occurs through *de novo* synthesis, involving transcriptional and translational requirements, of tyrosinase (Fuller & Viskochil, 1979).

One potentially important new facet of the regulation of melanogenesis by MSH in mammals has emerged recently. Melanotrophin-potentiating factor (MPF) is the C-terminal tetrapeptide sequence of human β-lipotrophin (β-LPH). This tetrapeptide potentiates the action of MSH on melanosome dispersion in reptilian melanophores (Carter & Shuster, 1979; Carter, Shuster & Morley, 1979) and has also been shown to potentiate MSH-induced melanogenesis in hair follicle melanocytes through a stimulation of tyrosinase (Logan *et al.*, 1981). The implication of these findings is that the role of melanotrophic peptides in mammals, including man, may need to be considered afresh in a wider physiological context whereby the melanogenic response of melanocytes may depend upon the presence of two or more co-operating hormones, some or all of which may be derived from the common precursor, pro-opiomelanocortin.

Until recently it has been assumed that melanogenesis was controlled solely through the regulation of tyrosinase. This is now known not to be the case. In cultures of hair follicles from the Siberian hamster melatonin can inhibit melanin production but does so without affecting tyrosinase activity (Logan & Weatherhead, 1980). Moreover, melatonin can also override the stimulatory effects of MSH and cyclic AMP on melanin production,

doing so in the presence of the increased tyrosinase activity induced by these agents (Weatherhead & Logan, 1981). This implies that there must be post-tyrosinase steps in melanin biosynthesis which can be influenced by melatonin. Our experiments show that cyclic GMP can mimic melatonin (Weatherhead & Logan, 1981). These observations lay the basis of a duplex scheme for the hormonal regulation of melanogenesis in which stimulation is mediated by cyclic AMP and involves tyrosinase activation while inhibition occurs at some post-tyrosinase step through a cycle GMP dependent event. Pawelek *et al.* (1980) have recently identified three factors from melanoma cells that act at post-tyrosinase stages in the melanin biosynthetic pathway. 'Dopachrome conversion factor' promotes the conversion of dopachrome to 5,6 dihydroxyindole while '5,6 dihydroxyindole conversion factor' and '5,6 dihydroxyindole blocking factor' affect the conversion of this compound to melanin and are respectively induced and removed when cells are exposed to MSH. It will be of interest to see how these regulatory factors fit into current schemata for the hormonal control of melanogenesis (see Weatherhead, 1981).

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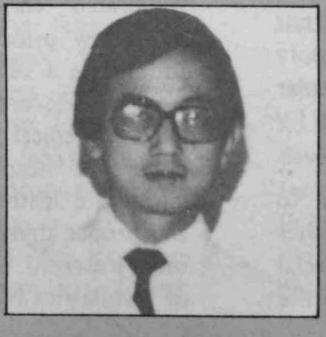
DEPT SURVEY-
PAEDIATRICS










Department of Paediatrics

DEPARTMENTAL PHOTO

Introduction

It is traditional thinking that medicine comprises only of internal medicine and surgery and any other disciplines are but "sub-specialties". Paediatrics is only "kid's stuff", just like the popular slenderous remark "小兒科啦！" in Hong Kong these days!

Paediatricians often failed to make their colleagues in other disciplines understand the special physical and emotional needs of the growing children. Their proposals to improve health care facilities for children were often met with unfavourable considerable or put on a low priority for implementation. As a result many found it necessary to break away from the general medical team by setting up children's hospitals and special child care institutes simply to get the proper things done. The treatment received by our Department of Paediatrics has not deviated too much from tradition, although we have been a little luckier in the past few years.

Historic Background

The Department of Paediatrics was established in 1962 with its first founder professor C. Elaine Field after having been a small sub-division within the Department of Medicine for a number of years. A formal 10-week block paediatric clerkship was introduced in 1963

to the undergraduate curriculum and paediatrics has become a final MBBS examination subject since 1964.

By necessity, the department began as a heavily service-oriented-clinical unit. It inherited two small general wards for in-patient accommodation. It had to utilize an open corridor space for seminar teaching and as a small laboratory. A few years later, a proper laboratory was established to provide various micro-tests on small children which the hospital was not servicing. This was followed by additional space for offices and other functional areas in the new Clinical Building as we have now.

Over a period of the 9 years following Professor Field's retirement in 1971, there had been 4 changes of headships for the department before the appointment of Professor C.Y. Yeung in September 1980. It is conceivable that the frequent changes were not particularly conducive to growth and progress of the department.

Objectives

There are three main objectives for the department: (1) to firmly establish a tertiary health care centre for children, (2) to strengthen research and other academic activities, and (3) to continue to improve the educational programmes of the department.

Clinical Services

During the past few years, the department has established a range of acute tertiary paediatric services, including neonatal medicine, intensive care paediatrics and paediatric cardiology.

We have organised a team of doctors to provide neonatal care to all the babies born at Tsan Yuk and Queen Mary hospitals. With the support of the Government, we have started a new neonatal laboratory service for small infants in 1982. These activities together with continued co-operation with the obstetricians have resulted in our neonatal survival rate comparable to most modern neonatal centres.

We have also established the first general paediatric intensive care unit in Hong Kong and have completed two training courses for paediatric intensive care nurses. Since 1982, the department has also become fully responsible for the paediactric cardiology services of the newly organised cardiology centre at Grantham Hospital, which offers a full range of investigatory and therapeutic procedures including open heart surgery for children in Hong Kong.

The department is currently providing a number of specialty-services including neurology, developmental paediatrics, haematology/oncology, endocrinology, nephrology and respirology besides acute tertiary care facilities as mentioned earlier. Plans have been completed for a new Children's Paediatric Centre at the Duchess of Kent Hospital. These projects will be completed by 1987/88 if proceeding on schedule.

Educational Programs

During the past few years, a number of attempts have been made to enrich the undergraduate teaching program. Firstly, students are assigned to Queen Elizabeth and Princess Margaret Hospitals for regular bed-side teaching. This has proven to be a highly valuable experience and we are particularly grateful to all the Government paediatric consultants for their devoted commitment in this program. Secondly, we have implemented teaching at MCH and UCH community health project to ensure that our teeaching is not only hospital-based. Thirdly, we have also enforced a compulsory 2-week residence program.

The format of post-graduate training in paediatrics has followed mainly the British system, namely by in-services apprenticeship-type training. Trainees spend an average of 3 years in the clinical unit before writing the M.R.C.P. (U.K.) examination. Having obtained the qualification, they then move on to a specialty subjects; 7 other members (5 lecturers, 2 MOs) have had specialty training overseas, including 2 in neonatology, and one each in nephrology, intensive care, respirology, cardiology and developmental paediatrics. Several senior staff also have had sabbatic experience in other centres.

Research and other Academic Activities

Ever since its inception, the department has placed much emphasis on study the various local child health problems. Neonatal jaundice is one of the many examples which have attracted intensive interests and have generated quite a few publications from members of the department. A book on the normal growth and development of local children published by Professor C. Elaine Field and Dr. F. Baber has become a classic reference in Hong Kong. It has continued to arouse much research into related areas, both within and outside the department.

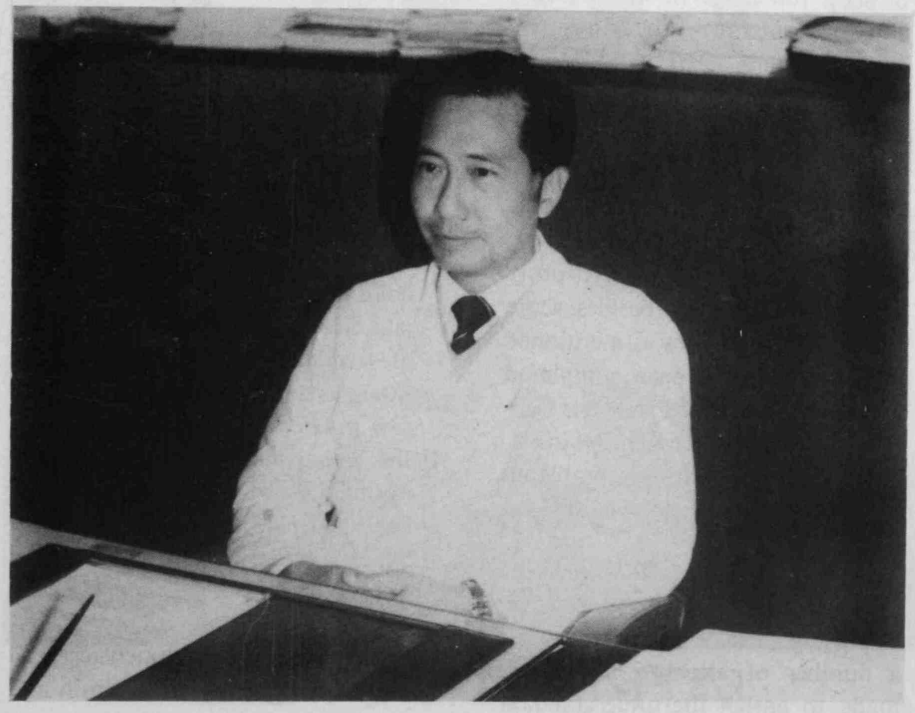
It is gratifying to note that the research productivity of the department has increased significantly during the past couple of years.

Conclusion

It is hoped that members of the medical society can cultivate a spirit to promote the various development of paediatric services for the betterment of child health in Hong Kong. It is no longer just "kid's stuff", for "today's child health is to-morrow's wealth".

Professor & Lecturers

Prof. C. Y. Yeung



Professor C.Y. Yeung, M.B., B.S.; D.C.H. Lond.; Dip. Am. Board; C.R.C.P. (Hon.) Can.; F.R.C.P. Glas., Edin. and Can.

Professor Yeung received his medical education in Hong Kong. He is really proud of telling people that he is locally trained. During his university life in Hong Kong, he was mainly committed to medical training. Being a christian, he went to the church regularly. He spent the last three years of secondary school life in St. Paul's Co-educational College which he likes very much.

After graduating from H.K.U. in 1961, he spent three years on paediatrics and a year in medicine. Then he left for London on a Commonwealth medical scholarship for 2 years. Afterwards, he returned to Hong Kong and was promoted to Q.E. as a consultant. This promotion was quite unexpected as he was the youngest and most junior among those marginally eligible for promotion. Two and a half years later, he left for Canada to teach at the McMaster University where he got a totally different insight into teaching and research – totally different from that of U.K. There, he met the case which impressed him most – an extremely tiny infant with weight less than 600 grams and of less than 26-week maturity. He was challenged and bombarded by the knowledge of the infant's physician father and

nurse mother. At last, the infant did survive! It was the joy of that family because it kept the parents together.

When Professor Yeung was a medical student, there were few choices in career. The choices were determined largely by academic record and chance. He remembered himself being given two choices: either be a surgeon or a paediatrician, and he chose the latter for interest and personal liking. In his opinion, there are four qualities that make a good paediatrician. Firstly, he/she must be a good doctor. Secondly, he/she must like children and know the proper way to handle them. Thirdly, he/she must be community-minded. Lastly, he/she should regard the patients not as interesting cases but as friends – total patient care is needed. The patients come to the doctors not just for a headache or so, the main problem is their environment.

Besides working in the department, Professor Yeung is glad to involve himself in an important project, the Kwun Tong Community Project. Moreover, he takes an advisory and editorial role in Chinese Community, in Toronto, through which minority rights are fought for. Some Canadian universities single out Chinese as foreigners and admission policies are often prejudiced against Chinese students.

Professor Yeung thinks that medical students are more or less the same all over the world. However, there are a number of differences between students of his days and students today. Nowadays, students come from a wider community base, while in the past, most of them come from the upper and middle classes. Since places of the Medical Faculty were highly competitive, most students were quite narrow in activities in his days. He could hardly see more than a handful of students had activities beyond academic ones. He suggests that students be more involved in other activities – it is a healthy sign. But he thinks that the standard of English of medical students nowadays is not as good as that of his days. He is surprised to find out that some students cannot talk with him in English! The cause is related to the admission procedure. To his mind, English being a scientific language, must be learned well for research and higher study purposes. Nevertheless, he does not consider adding an English course to the heavy curriculum a good solution for it will only place more burden on the students.

Regarding his view on the 1997 issue, Professor Yeung is quite optimistic that Hong Kong will remain reasonably prosperous. But he is sad to see the negative attitude of many doctors. They just want to earn more money and then quit.

In his leisure time, Professor Yeung usually strolls along some quiet areas away from libraries and hospitals to get relaxed. He is married and have two daughters. He misses very much those days in Canada when the whole family went out for outing, skiing, barbecues and even cross-country walks.

Dr. W. Y. Chan-Lui

Dr. Chan-Lui, Wai Ying, M.D. H.K.; D.C.H. Lond.; F.R.C.P. Edin., Lond. & Glasgow

Dr. Chan-Lui graduated from the University of Hong Kong in 1963 with M.B., B.S. She joined the Department of Paediatrics of the University of Hong Kong in 1965 and was promoted Senior Lecturer in 1976 and Reader in 1984. She has contributed extensively to academic literature in her field of paediatric neurology.

She has been actively involved in academic and community services and holds numerous honorary appointments. For example, she is Paediatric Consultant to the Apleichan Preschool Centre for handicapped children, the St. Kennedy School, the Ko Fook Ir School, adviser to the Hong Kong Association of Occupational Therapists and Honorary Consultant in Paediatrics to the Medical and Health Department.

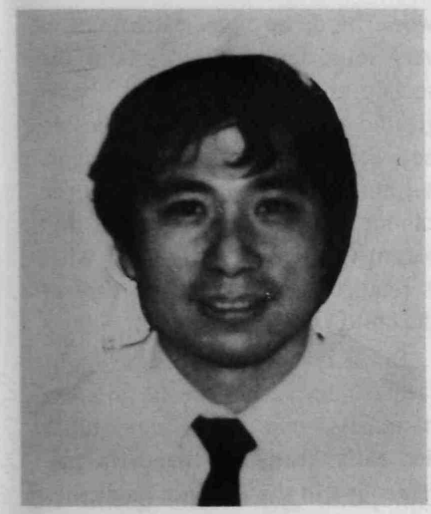
Cerebral palsy, neuro-muscular diseases and mysasthemia gravis are the main areas of her research interests. She chooses Paediatrics as her career because of interest. And she thinks a good paediatrician should possess the following qualities. Firstly, he/she should have sound knowledge, both of diseases and of normal development, which should be kept up-to-date all the time. Secondly, he/she should possess a warm personality that is easily approachable by parents and other professionals and communicates well with them to enlist them as team members in the treatment of children. He/she needs to be very honest to the patients' parents and be able to help parents in parent-effectiveness training. Thirdly, medical ethics should be considered seriously when one engages in medical researches. She could not agree to the way some research studies are done on children for the purposes of publication to further one's academic career. "What one won't do to one's own child, don't do it to your patients" is the principle she follows and teaches throughout the years.

In her opinion, Dr. Chan-Lui thinks that medical students nowadays are much better than those in her days since they are more orientated towards the community and more willing to contribute to the community and other students. Having acted as the President of the Medical Society H.K.U.S.U., 1983-84, she thinks that the students are very keen in serveing the society, yet improvement is still needed since they are not so efficient in some ways, especially in holding meetings which are sometimes excessively prolonged. Nevertheless, she agrees that it is a good thing that students participate in various activities. However, she thinks some students spend too much time on books and too little in wards.

Dr. Chan-Lui is married and has a son. Her husband is extremely supportive to her. She likes music, anything that is beautiful. When she was young, she played violin and softball too.

(Dr. Chan-Lui resigned from July 12, 1985)

Dr. K. C. Lau



Dr. Lau Kai-chiu, M.B.,B.S. H.K.; D.C.H. London; M.R.C.P. U.K.

Dr. Lau graduated from H.K.U. in 1973. After graduation, he joined the government paediatric Unit in Queen Elizabeth Hospital. He spent one and a half years in England for training. During this period of time, Dr. Lau specialized in paediatric cardiology which is one of the most challenging disciplines in paediatrics. In mid 1979, when he returned from U.K., Grantham Hospital opened up a paediatric cardiology unit. He was seconded to the Grantham Hospital which he later worked as full-time, to start and develop, single-handedly the paediatric cardiac unit at the Grantham Hospital. In 1982, he joined the University as a Senior Lecturer in the Department of Paediatrics.

Dr. Lau preferred the present state than the previous one. As a Medical Officer, he was totally involved in clinical service only. But now, he has to be actively involved in research, student and post-graduate teaching, educational meetings and administrative work. However, he found that clinical service is still the most challenging field and clinical service supplemented with research would be more interesting and would ensure continuous advance in both knowledge and skill.

When considering the difficulties in work, Dr. Lau says that his workload is very heavy and difficulty arises when man power cannot cope with the workload. Moreover as a cardiologist, he is involved in acute situation which arises frequently. Medical advancement poses another challenge, as he must be alert to recent advances so as to keep pace with the rapid growth of contemporary medicine.

Dr. Lau feels that a paediatrician is gentle, less aggressive, very patient, concerned with and more understanding to the social aspects of his patients.

Dr. Lau's most favourite hobby is tennis playing. In 1983, he won the B-division men's double championship of the tennis tournament organized by the Hong Kong Medical Association.

Dr. M. C. Li

Dr. Li Ming Cheng, B.A. Erskine; M.B.,B.S. H.K.; D.C.H. Lond.; F.R.C.P. Edin.

Dr. Li graduated from H.K.U. in 1962. Before she entered the H.K.U. Medical School, she had already obtained a degree in chemistry in U.S.A. Then she got married and furthered her study in the Medical Faculty. After graduation, she joined the newly established Peediatric Department as a government medical officer. Later she spent one year in England and passed the membership examination. In 1970, she became a lecturer in the Department of Paediatrics. In 1981, she left the university for private practice; in 1984, she rejoined the university staff.

Comparing present medical students with the past, Dr. Li said that the medical students then all came from financially better off families probably because of the high tuition fee in those days. She also commented that the staff to student ratio was higher and the staff had more intimate contact with students. The medical students nowadays are hard working and intelligent, but because of the larger class, it is not possible to know all the students.

Dr. Li pointed out that to be a paediatrician, one has to be really interested in children, be willing to work hard, and be patient. It is very important to understand the social and environmental background of the child. The relationship between the doctor and the parents is important because small children cannot look after themselves and parents must understand fully what is required of them in the care of the child.

Dr. Li's research field is in haematology, with special interest in thalassaemia and haemophilia. Her early study in chemistry has helped her in the study of medicine. During her period of private practice, she gained invaluable experience not otherwise obtained in hospital experience.

Dr. Li has been elected the honorary life member of the Hong Kong Paediatric Society of which she feels very honoured. She is interested in music, swimming, and house plants. She is a life member of the Royal Society for the Prevention of Cruelty to Animals. She has three children who keep her busy after work.

Dr. M. Y. Cheng

Dr. Cheng Man Yung, M.B.,B.S. H.K.; M.R.C.P. U.K.; M.R.C.P. IRE; D.C.H. London; D.C.H. Dublin

Dr. Cheng is a King's College old boy and a graduate of this University. He began his paediatric career at Paed B Unit of Queen Elizabeth Hospital in 1976. In 1980, he obtained a WHO Fellowship and was trained at the Wolfson Centre, London, in Developmental Paediatrics. In 1982, he joined the University Paediatric Unit, Queen Mary Hospital. Later this year, he will be working in the Haematology-Oncology division of the Toronto Sick Children Hospital for 12 months.

In the department, he acts as a Senior Medical Officer. Besides providing services in hospital, he also has teaching responsibility for medical students. Dr. Cheng thinks that the development of the Department depends much on the Head and the senior staff, besides the available resources.

His interest in paediatrics lies mostly in the development of child and recently, on the hematologic aspects – something that the ordinary general practitioners cannot deal with and that he can provide services to most patients.

Dr. Cheng is married and has one child. In the leisure, he has no particular hobbies. Besides reading and learning, he also builds up his interest in the occupation – in the doctor-patient relationship and caring for children. He thinks that working has already given him enough entertainment.

For advice to the medical students, Dr. Cheng thinks that the hospitals in H.K. can provide adequate training for practising paediatricians, but for academic or research staff, a period of overseas training is necessary. Lastly, he concludes that being a doctor, academic as well as social experiences are important.

Dr. K. W. Chow

Dr. Chow K.W., Olivia, M.B.,B.S. (Hon) H.K.; D.C.H. Lond.; M.R.C.P. U.K.

Dr. Chow Kit Wun was educated in H.K.U. and obtained her M.B., B.S. degree in 1975. Since then, she has been working in the department of Paediatrics. She is interested in Paediatric respiratory illness, and she pioneered the "Asthma Parent Group" with the help of physiotherapist.

With ten years working experience, Dr. Chow feels that she has learned a lot. "Being a student, I only think that all I have to do is to treat the patient himself. Now I know Paediatrics has other facets." Besides, she also feels a sense of achievement whenever her patients recover. "The happiest thing here is to see the children growing up healthily."

Her impression on medical students is that medical students in H.K. are somewhat passive. They cannot put themselves in the position of a doctor in considering a case. They just present out a case and expect to be taught. She thinks that they can learn more by first working out the solution themselves and then consulting their tutors and lecturers.

"Having enough knowledge and a good bed-side manner is important for a doctor," she said. Medical students must be considerate and respect their patients.

"The basic difference between this department and other departments are (1) the patients here are in a growing age. They change everyday, and (2) for the young patients, they have to be treated differently to obtain their co-operation and confidence," said Dr. Chow.

To Dr. Chow, Paediatrics in H.K. should be treated as a general subject rather than a specialized subject as in other countries. This is because most doctors here are working as general practitioners. Most of the patients they meet are children. Therefore, this subject should be emphasized in the medical curriculum.

Her favourite hobbies include reading, swimming, picnicking and playing with her young daughter.

Dr. C. C. Lam

Dr. Lam Cheung-cheung, M.B., B.S.H.K.; M.R.C.P.U.K.

As a graduate of the University of Hong Kong, Dr. Lam joined the Department of Paediatrics about three years ago. After completing her M.B., B.S. course, she worked at university paediatric unit for six month and at university surgical unit as a intern for another six month. Then she joined the university paediatrics unit. She took the post as a lecturer only last year.

Dr. Lam has keen interest in paediatrics since she was still a student. Her liking for children stimulated her to become a paediatrician. Indeed her three years' experience has given her a great deal of chances to learn and to meet different patients. But on the other hand, during her work she has faced frustrations and setbacks. On the whole, she thinks that her colleagues are friendly and there is not such a distinct boundary between senior and junior members as in other departments.

As regards her opinion on medical students, Dr. Lam suggests that the students nowadays are not as conscientious as those in older days. Her impression of medical students is that they are rather passive. She understands that sometimes many students may be unsatisfied with the teaching. However, she holds the view that the subject of paediatrics is one that require sufficient and repeated exposure before one can appreciate the problem of a patient. Her advice is that the study of paediatrics really requires active participation, especially in encountering different cases and diseases.

Besides being a lecturer, Dr. Lam also takes part in doing research work. At present she is involved in a project studying gastroenteritis in Hong Kong.

As regards her personal life, Dr. Lam has to face examination pressure because she is working hard for her membership and has passed this examination in Oct., 1985. However, she can still manage to allocate time for watching movies and television. Her main hobby is swimming.

Dr. S. P. Lau

Dr. Lau Sum Ping; M.D. Munich; D.C.H. Lond.; M.R.C.S. Eng.; M.R.C.P. U.K.

After graduated from the University of Munich, Dr. Lau worked in Germany and England as a paediatrician. In 1978, he came back to Hong Kong and joined the Department of Paediatrics.

Dr. Lau chooses Paediatrics as his career because he likes children and having suffered from poliomyelitis himself, he wants to give some help to the children. He thinks that a good paediatrician should understand parents' feelings, besides having a sound knowledge of developmental problems in children. In that sense, paediatricians having children may have some advantages over those unmarried.

Dr. Lau's main interest in Paediatrics is neonatology, especially perinatal statistics. Besides, he is also interested in neonatal jaundice, lung function of newborns, etc. He has produced many papers during the past few years.

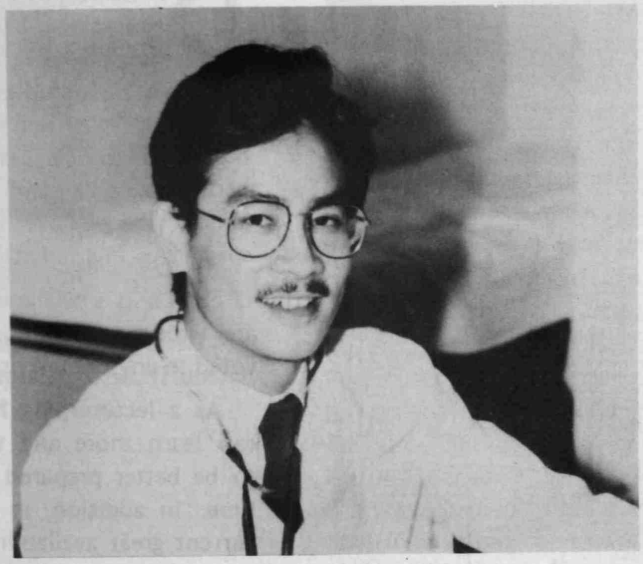
Having been working in the Tsang Yuk Hospital for seven years, Dr. Lau is much delighted that the neonatal mortality rate of Tsang Yuk Hospital is only one-third that of Hong Kong as a whole. But changes in personnel mainly due to temptation outside University are too frequent and may not be good for it.

Dr. Lau thinks medical students in Hong Kong have good potential, but they are rather weak in independent thinking and too dependent on books and lecturers.

Dr. Lau has been the Vice-President of the Hong Kong Paediatric Society for several years and is the Executive Editor of the Journal of Hong Kong Paediatric Society. He likes classical music very much. He holds several concerts every year and is a member of the RTHK choir. Dr. Lau is married and has two children.

(Dr. S. P. Lau resigned from December, 1985.)

Dr. P. Leung



Dr. Leung Ping, M.B., B.S. H.K.; M.R.C.P. U.K.

Coming from St. Joseph College, Dr. Leung obtained his M.B., B.S. degree in 1978. After spending 1/2 year in the casaulty in Tang Siu Kin Hospital, Dr. Leung become a lecturer in the department in 1980. The reason for his chosing to become a lecturer is that "teaching is a good stimulation to keep up one's own knowledge".

Dr. Leung is married and has a daughter. His hobbies include squash and swimming, which he participates regularly.

He feels that medical students always concentrate too much on books and should pay more attention to the clinical aspects and other activities as well.

Dr. R.N.S. Lo

Dr. Lo, R.N.S., M.B., B.S. H.K.; M.R.C.P.U.K.

Dr. Lo received his secondary education from Diocesan Boys School and finished his matriculation studies in King's College. He obtained his M.B., B.S. degree in 1974. Thereafter, he became a M.O. and in 1978, he joined the University unit. He specializes in paediatric cardiology.

Dr. Lo is single and his hobbies are wide-ranged, not specially devoted to any one particularly.

As a lecturer, he feels that he can learn more and train himself to be better prepared at the same time. In addition, in view of the current great availability of private pediatric practitioners, he speculates that the Pediatrics Depart ment will start to have more specialties, as only more severe or rare cases are now being referred to the department. His opinions towards medical students are that they are too dependent in the sense that they like to rely on lecturer's note, and are passive to raise questions.

Dr C.K. Low

Dr. Low Chung Kai, B.Sc. (Hons); M.B.Ch.B.; M.R.C.P. U.K.

Dr. Low received his secondary school education in Wah Yan College, Hong Kong and his matriculation course was spent in England. In 1967, Dr. Low entered University of Glasgow to study medicine which, in fact, was a seven-year combined course comprising a Science Degree as well as a Medical Degree. In 1972, he got an Honours Degree in Physiology and two years later, he graduated from the Medical Faculty. During 1974 to 1980, he worked as a paediatrician in Glasgow. Then in 1980, he returned to Hong Kong and worked in Kwong Wah Hospital.

Dr. Low joined Hong Kong University Paediatric Unit in 1982. His interests in Paediatrics include Neurology, Developmental Paediatrics and Endocrinology. His main field of research is on anti-thryoid drugs – pharmacokinetics of methimazole in thyrotoxic patients and those thyrotoxic patients during pregnancy, antithyroid drugs in breast milk as well as treatment of thyrotoxicosis in pregnancy. Currently, he is doing researches on treatment of growth hormone deficient children with growth-hormone releasing factor and treatment of children with precocious puberty with luteinizing-hormone releasing factor analog.

In Dr. Low's opinion, medical students in Hong Kong lack the initiative to acquire knowledge and they are used to being "spoon-fed" with knowledge by the lecturers. So, the medical students should make efforts to study more actively by, for instance, finding out and reading materials of those who are well-known in those particular fields of medicine. "Knowledge is not just what you hold in your head, but also what you can find very quickly," said Dr. Low.

Dr. Low is married and has two daughters, aged three and six. In weekends, he usually spent his time with his family and plays sports.

Dr. G. M. Samuda

Dr. G.M. Samuda, B.Sc., M.B.Ch. B., N.Z.; F.R.A.C.P.

Dr. Samuda graduated from Otago Medical School in New Zealand some ten years ago. During her registration year, she worked as a House office in Dunedin Hospital, New Zealand. The following year, she and her husband worked as volunteers in Lesotho, a small country in Southern Africa. As medical officer in charge of Lesotho Flying Doctor Service she provided the only medical service for 200,000 people living in remote mountain villages.

Dr. Samuda then returned to New Zealand and worked as a Paediatric Registrar in Dunedin Hospital for 3 years. Her next appointment was at the Royal Childrens Hospital, Melbourne where she completed her paediatric training for F.R.A.C.P.

In November 1982, Dr. Samuda joined the Department of Paediatrics of this University. As an S.M.O. she is involved with the inpatient and outpatient service as well as undergraduate and postgraduate teaching. Dr. Samuda's main field of research is on Child Abuse in Hong Kong and the management of Gestroenteritis.

Dr. Samuda welcomes the present exciting expansion of the department. She thinks that hospital facilities in Queen Mary Hospital are of a good standard, though there exists the problem of overcrowding.

Dr. Samuda thinks that the medical students in Hong Kong are very deligent and consciencious and their theoretical knowledge is very extensive. She feels that in order to maintain interest in clinical medicine, one should see the patient as a complete individual rather than as a clinical problem.

Dr. Y. C. Tam

Dr. Tam, A.Y.C., M.B.,B.S. H.K.; M.R.C.P. U.K.

Dr. Tam graduated from St. Paul's Co-educational College, and obtained his M.B.,B.S. degree in 1977. He joined the Paediatric Department as an M.O. in 1979, and became a lecturer in 1984.

In fact, Dr. Tam was originally deeply interested in Obstetrics and Gynaecology and had been thinking of specializing in this subject. However as he realised later, a paediatrician could have a more wholistic view of patients, as a child's illness is often closely linked with his parents, their attitude and the environment. Thus, he made the final decision and chose to specialize in paediatrics. Currently, Dr. Tam is engaged in the intensive care of patients, and he finds Queen Mary Hospital a good place to work in as there are a lot of these cases.

Dr. Tam is married and has a four-year old daughter. Moreover, he is also a devoted Christian. In his leisure, he spends his time equally among research plans, studies, his family as well as activities of the church.

As regards the medical students, he feels that they are too examination-oriented and should be more inquisitive.

Dr. C. N. Wong

Dr. Wong Chun Nei, Virginia, M.B.,B.S. H.K.; M.R.C.P. U.K.; D.C.H. Lond.; D.C.H. Glasgow

Dr. Wong received her secondary school education in Diocesan Girl's School. She graduated in 1979 with Distinction in Paediatrics. She joined the Department of Paediatrics of our university in 1980. She became a member of the Royal College of Physicians in 1984 as the best candidate.

Dr. Wong likes children, so she chooses Paediatrics as her career. She also finds that Paediatrics is very interesting and much can be learnt from it. In her opinion, a good paediatrician should like children and know how to deal with them. Paediatricians should be very observant, too, since children can't speak or convey their ideas and feelings as the adults.

Having worked in the Department for five years, Dr. Wong finds the clinical workload is very heavy, yet she feels happy because there is much job satisfaction. "It's actually very happy to see children become healthy again!" She said. Her interests in Paediatrics are many particularly in Neurology and Developmental Paediatrics. At the moment, she is interested in researches in dealing with Neurophysiological studies in children.

Concerning about medical students, Dr. Wong thinks they are very diligent and perform well in spite of the heavy curriculum. However, the students should be more socially oriented: they should spend more time in wards and talking to patients' parents so that they can understand more about the patients.

Dr. Wong is married and her husband is also a medical doctor. In the leisure, she always spends the time with her husband, pursuing hobbies and interests together, such as photography, driving, etc.

Dr. C. L. Yu

Dr. Yu, E.C.L. M.B.,B.S. H.K.; D.C.H. Lond.; M.R.C.P. U.K.

Dr. Yu was an old boy of Wah Yan College, Kowloon. He was educated in H.K.U. and obtained his M.B.,B.S. degree in 1975. He liked paediatrics so much that he joined the department immediately after completing the internship in 1976. Up till now, he always stays in the department of paediatrics except for two instances: obtaining the M.R.C.P. degree and attending a training course of nephrology in England.

Dr. Yu is satisfied with the paediatric service in H.K. generally. However, there is still room for improvement. Firstly, he thinks that "the practice as family physicians" is a good concept to provide health services and can be made available in H.K. Secondly, medical education among parents and doctors can be made more unified.

As a lecturer, he thinks that medical students are luckier than the lecturers because they can obtain update in depth medical knowledge from lecturers of different fields. Thus, a good medical student sometimes, could offer him highlights of updated medical information from other fields. When asked about the performance of medical students in H.K., Dr. Yu thinks that some medical students are very initiative and intelligent. However, the general standard is degrading. He suggested this may due to the fact that medical students lack creative abilities even though they nowadays spend much more time in studies and reading. He used a metaphor: medical students have a sponge-like nature and absorb all things from the lecturer blindly.

Dr. Yu thinks that the aim of the 10-weeks paediatric clerkship is to offer the students a prelimary understanding of this subject to become aware the importance of it. However, he believes that, most important of all, the course provides a real experience for the medical students to handle children for this may be the only and last chance for them to learn of such, and even if they are not going to be a paediatrician in the future, a large fraction of general practice concerns children.

Dr. Yu is single. He lived in a well-educated family. His hobbies are music, especially playing instrument and participating in choir.

His main fields of research include lead poisoning, membranous nephropathy and minimal change nephrotic syndrome.

Gastric aspirate findings in immature infants with pneumonia

Chap-Yung Yeung, M.B., FRCP Edin, FRCP Glas, FRCP (C), D.C.H.

Professor and Head
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Queen Mary Hospital
Hong Kong

Infection is an important cause of death in immature infants, and pneumonia is still the most common infection discovered at autopsy [1, 2, 3, 4]. Early diagnosis could contribute to reducing mortality from pneumonia. Unfortunately, symptoms of infection are too non-specific to facilitate early diagnosis, and laboratory investigations may either take too long to obtain results or not be very helpful[5]. Paediatricians have continued to look for tests which can improve their accuracy of the diagnosis of neonatal infection.

Newborn infants are usually unable to expectorate and bronchial secretions are swallowed. Analysis of the gastric content may indirectly reveal whether the bronchial secretions are infected or not. Study of the gastric aspirate could yield useful information as to the likelihood of an underlying pulmonary infection and this has been demonstrated in an earlier study of 41 term and 2 immature infants[6].

The inflammatory response to infection in the immature infants has not been fully understood. There is evidence that their absolute and differential white cell counts the first few days are different from that of mature term infants[7]. The bacteriocidal capacity of their polymorphonuclear leukocytes may also be impaired[8]. It is the purpose of this communication to document the gastric aspirate findings which may reflect the inflammatory response to underlying infections in the immature infants and to analyze the diagnostic value, if any, of such findings.

Materials and Methods

Immature infants below 36 weeks gestation and under 2500 grams admitted to the Neonatal Intensive Care Unit for various illnesses had cultures taken from the nose, throat, umbilicus, gastric aspirate and 'clean catch' urine. Half of the infants also had CSF cultured. Smears were also made from the gastric aspirate for studying the cytology and organism. As this study aims at correlating the gastric aspirate findings with definitive diagnosis of pneumonia, only infants who succumbed and had detailed patho-histological examinations were included in the The diagnosis of pneumonia was based on the presence of an interstitial inflammatory reaction as well as alveolar inflammatory exudate. Aspiration of purulent material from other sites and of gastric contents was therefore excluded, and only cases with evidence of a definite pulmonary inflammatory response were considered to have pneumonia.

Gastric aspirate findings included in the analysis were those obtained either at the time or within 48 hours prior to death. All specimens were obtained after the first 24 hours of birth. Samples were obtained with a sterile French size 8 feeding catheter introduced through the mouth into the stomach at least 3 hours after the feed Specimens obtained were divided into two portions, one for bacterial culture and the other for Giemsa-Wright and Gram staining preparations. Uncentrifuged samples were transferred with pasteur pipettes onto glass slides, evenly spread, and air dried before staining for

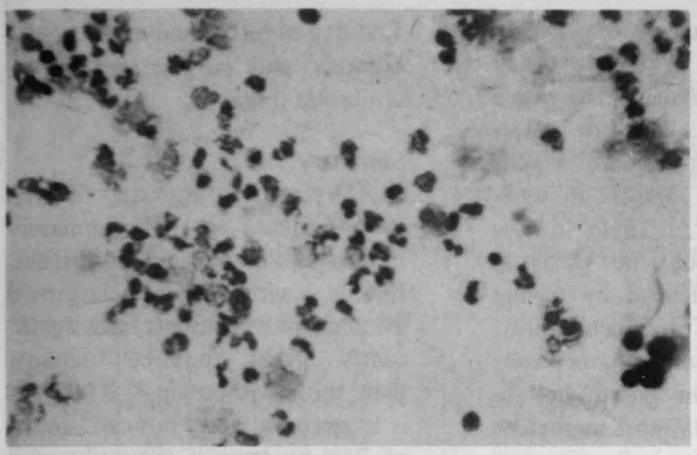

Figure 1 Gastric aspirate smear from an infant with pneumonia showing high pus cell count. Note that most of the pus cells are "naked" without cell wall or cytoplasm, probably the result of gastric acid digestion.

Figure 2 A gastric aspirate smear from an infant with oral thrush, showing yeast cells with pseudohyphae.

cytologic and bacteriologic microscopic examinations.

At least 200 cells from evenly spread areas of the slide were examined. Cells layering on each other to form clumps were not included for counting. The cells counted were classified into "pus cells" and "other cells". The "pus cells" were predominantly polymorphonuclear leukocytes, with lobed nuclei, many were devoid of cytoplasm. Occasionally vacuoles or bacterial-laden macrophages were also seen and counted as "pus cells". Most of the other cells were squamous epithelial cells while some had appearances suggestive of gastric and respiratory origins[6]. No effort was made to differentiate these cells which are collectively counted as "other cells".

Results

Of the twenty-five infants studied, nine had histological evidence of pneumonia and sixteen did not (Tables 1 and 2).

All but one infant (Case 16 of Table 1) showed presence of organisms on the Gram's smears, although they might not necessarily grow in cultures. Only one (Case 9 of Table 1) of the infants with negative growth from gastric aspirate was on antibiotics before the culture was taken. There are apparently more pathogens isolated among the pneumonic infants than the non-infected ones.

The results of the pus cell counts in the 9 immature infants with pneumonia were significantly different from the 16 non-pneumonic ones, as shown in Table 3 ($p < 0.001$). The statistical cut off point between the two groups of infected and non-infected infants is around 75%. None of the infected infants have an actual count less than 80% and the highest count for the non-infected infants was 78%.

Discussion

The gastric aspirate findings in this study are similar to those obtained in an earlier series[6] consisting predominantly of full term infants. The immature infants with pneumonia have significantly higher pus cell counts (Table 3) in the gastric smears than those without pneumonia. Bacteria are usually present in the gastric smears in both the infected and the uninfected infants (Table 1 and 2). It is interesting to note than neither the presence of organisms in the smears nor their successful culture from the gastric aspirate has been correlated with demonstrable pneumonitis in these infants. It is demonstration of the presence of an inflammatory response, as shown by high "pus cell" counts in the gastric aspirate which indicates underlying infections.

Although these immature low weight infants may have lower bacteriocidal capacity in their polymorphonuclear leukocytes[8], and have different peripheral white cell counts[7] they apparently have the capacity to produce a similar inflammatory cellular reaction as the more mature full term babies[6] as judged by the high pus cell counts in the gastric aspirate. We have shown that a pus cell count of 75% or more in the gastric smears in both the full term[6] and the immature infants (Table 3) after the first 24 hours of birth correlates well with underlying pneumonia.

Bacteria shown in smears of the gastric aspirate may not necessarily grow in culture. This may be due to the inhibitory effect of the gastric acid, the scarcity of the organism or the effect of the inflammatory response. On the whole, the positive culture obtained correlated well with the predominant organism seen in the smear. This feature may be useful in assisting the clinician as to the choice of antibiotics, if

needed, before the culture results are obtained. Finding of chains of Gram positive cocci in the gastric smear should suggest the possibility of streptococcal infection as in Case 7 of Table 2. Similarly, presence of Gram negative bacilli as in Case 9 of Table 2 should call for antibiotics potent against Gram negative organisms.

Inflammatory lesions in the upper respiratory or upper gastrointestinal tracts may contribute to the pus cell counts in the gastric aspirate. It is, therefore, possible for infants to have high pus cell counts without having pneumonia during life. As shown in this study, false positive result (pus cell count over 75%) occurred only in one of the 16 infants without pneumonia. In this instance (Case 16 in Table 1) multiple gastric and esophageal ulcerations were seen at autopsy. Two other infants with similar lesions but with no evidence of pneumonia did not have a high pus cell count. Otitis media (Case 6 in Table 1) did not result in high "pus cell" counts in the gastric aspirate.

It is also interesting to note that despite having definitive histological evidence of pneumonia, only 3 (Table 3) of the 9 infants had associated bacteremia. The conventional diagnosis of sepsis neonatorum[8] could only be established in a third of the infants with infective pulmonary lesions during life. This observation stresses the importance of considering a gastric aspirate examination for the diagnosis of pneumonia in the work-up of a case with suspected clinical sepsis. After all, localized pulmonary infective lesions without septicemia may be just as common in the neonates [2], [10] as they are in other ages[11].

The significance of gastric aspirate findings in the first day of birth is uncertain. The mere presence of pus cells is not important in predicting the development of infection in infants as some workers claimed[12]. These inflammatory cells could be maternal in origin as evidenced by having Barr bodies from the male infants. The presence of inflammatory cells and bacteria in the gastric aspirate at birth is probably more important as a warning signal indicating that the child has been contaminated[13]. In the event of clinical suspicion of infection occurring, appropriate antibiotics may be instituted early while awaiting other laboratory and culture results. In this regard, we have found gastric smear examination particularly helpful in early detection of B-hemolytic streptococcal infection[13].

In immature infants with respiratory distress due to hyaline membrane disease (RDS), the question of antibiotic treatment is always raised. Infants with respiratory symptoms but atypical x-rays would present a more difficult problem. Other conditions such as meconium aspiration, metabolic acidosis, cold exposure, and so on, which give rise to respiratory signs may make the decision to use antibiotic even more complex and difficult. I propose a safe procedure of examining the gastric aspirate which may help with the diagnosis of pulmonary infection in these small infants, and the formulation of therapy. With experience and proper training, the whole procedure of staining and interpretation of the gastric aspirate takes only ten minutes. As shown in this study, finding of 75% or more inflammatory cells in the gastric aspirate in the immature infants after the first day of birth should indicate the dignosis and suggest appropriate antibiotic therapy.

Summary

The gastric aspirate findings were studied in 25 immature infants who died of various illnesses. Infants with autopsy-confirmed evidence of pneumonia have significantly higher "pus cell" counts than those without ($p < 0.001$). It is suggested that a "pus cell" count of 75% or more is indicative of a diagnosis of neonatal pneumonia in the immature infants and calls for appropriate antibiotic therapy.

Conclusions from the Study

1. This is a simple project which can be conducted even at the undergraduate level. I hope it will serve to stimulate some research activities among our students.
2. The findings in this study provide supportive evidence of an earlier report that the gastric aspirate analysis for pus cell counts done within 48 hours of deaths correlates with the postmortem evidence of pneumonia. Inference was thus made to suggest utilizing the "pus cell count" as an adjunct to the diagnosis of pneumonia in the neonate during life.
3. The direct evidence of the usefulness of pus cell count to diagnose pneumonia is not provided by the study. Apparently, more work needs to be done.

Table 1

Immature Infants Without Pneumonia

CASE	SEX	GESTATION AT BIRTH	BIRTH WEIGHT	AGE AT DEATH (day)	GASTRIC ASPIRATE			REMARKS
					P.C. COUNT % **	GRAMS *	CULTURE	
1	F	24/52	530	1	31	C+	–	I.V.H., H.M.D.
2	M	26/52	910	2	62	C+C–B+B–	neg.	H.M.D.
3	M	27/52	700	1	22	C+	neg.	HMD, Pulm. Hem. Birth asphyxia
4	F	27/52	1000	21	51	C+	–	H.M.D., I.V.H.
5	F	27/52	1060	5	25	C+	staph. aureus	H.M.D., esophageal erosions
6	F	28/52	860	2	31	C+C–B+	Commensal	H.M.D.; D.I.C., I.V.H. otitis media, esophageal erosions
7	M	28/52	900	18	20	C–B	–	I.V.H., H.M.D.
8	M	28/52	1020	143	8	C+	Staph. epid.	Cor-pulmonale, bronchopulmonary, dysplasia
9	M	28/52	1020	9	5	C+B–	neg.	H.M.D., I.V.H.
10	F	29/52	790	5	25	C+	neg.	H.M.D., I.V.H.
11	M	30/52	1100	7	40	C+C–	commensal	Bronchopulmonary dysplasia
12	M	30/52	1200	2	30	C+B–	–	H.M.D., I.V.H.
13	M	30/52	1480	7	55	C+C–	neg.	H.M.D., pneumothorax
14	M	32/52	1320	2	19	C+	Staph. epid.	H.M.D., pneumothorax
15	M	34/52	2200	1	49	C+	B-hem. strept.	I.V.H., massive bleed into liver
16	F	35/52	2075	2	78	neg.	neg.	Esophageal and gastric erosion

* C+ = Gram positive cocci
C– = Gram negative cocci
B+ = Gram positive bacilli
B– = Gram negative bacilli

I.V.H. = Intraventricular Hemorrhage
H.M.D. = Hyaline Membrane Disease
D.I.C. = Disseminated Intravascular Coagulation

** P.C. = Pus cell count (Percentage of total cell counted)

N.B. Average Gestation 28.9 weeks
Birth weight 1135 grams
Age at death 14.3 days

Table 2

Immature Infants With Pneumonia

CASE	SEX	GESTATION AT BIRTH	BIRTH WEIGHT	AGE AT DEATH (day)	GASTRIC ASPIRATE			OTHER RELEVANT FEATURES
					P.C. COUNT % **	GRAMS *	CULTURE	
1	M	26/52	780	102	80	B–	Pseudomonas	Septicemia, necrotizing enterocolitis
2	F	26/52	810	30	95	C+	Staph. aureus	Otitis, bronchopulmonary dysplasia
3	M	26/52	1190	42	95	C+C–B– yeast	Staph. aureus	Gastric erosion and lung abscess
4	M	27/52	1260	3	80	C+	negative	H.M.D.
5	M	28/52	1280	10	84	Yeast	Candida	Candida tracheitis, H.M.D.
6	M	28/52	1240	19	94	C+C–B+B–	Acinetobacter anitratus	Peritonitis
7	F	30/52	750	8	90	C+	Strept. fecalis	Septicemia, H.M.D. necrotizing enterocolitis
8	M	31/52	1320	8	95	B–	E. Coli	H.M.D., gastric erosion, necrotizing enterocolitis
9	F	33/52	2100	1	84	B–	H. influenza	Otitis, septicemia, I.V.H. gastric erosion

* C+ = Gram positive cocci
C– = Gram negative cocci
B+ = Gram positive bacilli
B– = Gram negative bacilli

** P.C. = Pus cell count (Percentage of total cells counted)
H.M.D. = Hyaline Membrane Disease
I.V.H. = Intraventricular Hemorrhage

N.B. Average Gestation 28.3 weeks
Birth weight 1190 grams
Age at death 22 days

Table 3

Gastric aspirate findings

in immature low weight infants

INFANTS	NUMBER	PUS CELL COUNT
With Pneumonia	9	88.5 ± 6.6% *
Without Pneumonia	16	36.7 ± 19.3%
* $p < 0.001$		

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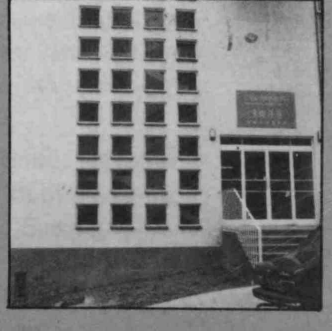
OUR HEADS OF DEPTS






Biochemistry

Prof. T. R. C. Boyde

Professor Bodye B.Sc. Durh.; M.D. Lond.

Professor Boyde did his medicine at University College Hospital, London University, about 30 years ago. Later, he was trained as a pathologist in the Royal Air Force; after that he became a chemical pathologist and also obtained a degree in chemistry at the University of Durham. He then joined the Department of Chemical Pathology in the University of Newcastle as a Lecturer, in 1963. He obtained the M.D. in 1967 from London and two years later became the Professor in Biochemistry in the University of Makerere in Uganda. In 1973, Professor Boyde came here to head the Department of Biochemistry in the University of Hong Kong.

Professor Boyde chose Biochemistry merely because of interest. "It is the most important aspect of medicine and biology, and really we hardly understand anything yet" said Professor Boyde. His research now is in two main fields. One is enzymes, especially he enzyme aspartate aminotransferase. He works in all aspects: application in clinical diagnosis,

physical chemistry, kinetics, etc. Another interest is in separation methods. He thinks that we can't do biochemistry without good separation. We have to separate materials from each other in order to study them. Separation is difficult and very important.

Regarding the department, Professor Boyde mentioned that it is one of the youngest in the Faculty of Medicine and has developed rather slowly because of shortage of funds. Research work is hampered for the same reason. Overall he thinks that is a sound department providing thoroughly sound courses to the medical, science and dental students separately. Between these courses, there is no comparison at all. They are three completely different courses, both in structure and intentions. It is difficult in the sense that the department cannot save any effort by duplicating classes. Professor Boyde thinks that the course for medical students is a relatively light one, not at all overloaded. It could be a better one if it were allowed to extend over a longer time, in a series through the curriculum. He also mentioned that the "practicals" are completely different from those of ten years ago, now being up-to-date, challenging and much better. Even so, if more time were available, more and varied "practicals" should be added.

Professor Boyde thinks that medical students in Hong Kong are excellent book-students. But they tend to be unwilling either to think for themselves or to explore for themselves when offered the opportunity. As much as anything the Department seeks to encourage medical students to learn how to find things out for themselves. They will then be able to update with modern or new biochemistry knowledge in the future. Besides, the acquisition of language skills is also encouraged, particularly in English. This is because English is the most important language in science and medicine internationally today.

In his leisure time, Professor Boyde does quite a lot of gradening in his home near Sheung Shui. Besides, he is also still active in rowing, and in May this year (1985), he took part in the Hong Kong Rowing Championships Open Sculls and came second to the Chinese National Champion. In fact, our Professor was the Captain of the University of London Rowing Club thirty years ago. Only since May has he retired from active open competition because, as he said, the young men were getting too quick. Anyone interested in learning to row, contact Professor Boyde!

Last, but not least, Professor Boyde advised the medical students as he said seriously, "It really is time that the prejudice of students against the biochemistry course should stop. It is silly and really dangerous."

Community Medicine

Prof. J. W. L. Kleevens

Professor Kleevens J.W.L. M.D. Amst.; D. Soc. Med. Neth.; F.F.C.M. (R.C.P.) U.K.; D.P.H. Malaya; D.T.M. & H. Amst; F.R.S.H.

Professor Kleevens graduated from the University of Amsterdam in 1955. He came to the Department of Community Medicine as a Senior Lecturer in 1978. In 1981 he became Reader and in 1983, he was promoted the Chair of Community Medicine.

When Prof. Kleevens was running a small hospital as a young doctor in New Guinea, he saw many cases which could have been prevented if people had not been ignorant or if preventive measures would have been provided. Particularly the death of many children due to a combination of diarrhoeal disease and malaria because a very frustrating experience for him. He needed no further convincing when he was offered a WHO-stipered to follow a Course in Public Health in the University of Malaya (Singapore). After the course he made a resolution to specialize in preventive medicine and public helath.

Prof. Kleevens said that the main difference between Community Medicine and other subjects of medicine is that the former looks at disease and health as phenomena in groups instead of in individuals. Through the study on groups of

people, we may understand what contributes to sickness and hence, better understand individual cases. Actually a person is a product and part of community and so community characteristics may influence individual inherent characteristics.

Prof. Kleevens thinks that for a number of reasons the present M.B.,B.S. curriculum is quite overloaded and often ineffective, e.g. lecturing to a class of 150 students is not conducive to students' learning. Ideally, teaching should be in the form of small group discussion where students prepare themselves before topics are being discussed with the teachers. Admittedly, this would mean the recruitment of more staff. Professor Kleevens feels that Community Medicine in our faculty has been given ample opportunity to give students a comprehensive idea of a doctor's tasks in future. Asked for his opinion about Behavioural Science he felt that the Behavioural Science teaching should be spread over more years for better and more effective integration within the clinical subjects.

In Prof. Kleevens' opinion, our medical students are the most industrious ones he has ever seen. But they are too inclined to work for examination and this, he finds, might be detrimental to the ultimate goal of our M.B., B.S. curriculum to produce good basic doctors with a comprehensive insight in medicine and its practice.

Prof. Kleevens' field of interest in research is patterns of morbidity and mortality in Hong Kong. The current research is to see what is the total experience of Hong Kong people in ill health, especially non-life threatening, yet disturbing illness.

The other research sujbects in the Department are cancer epidemiology in Hong Kong, epidemiology of occupational disease and a number of studies into behaviour aspects related to health and disease in Hong Kong.

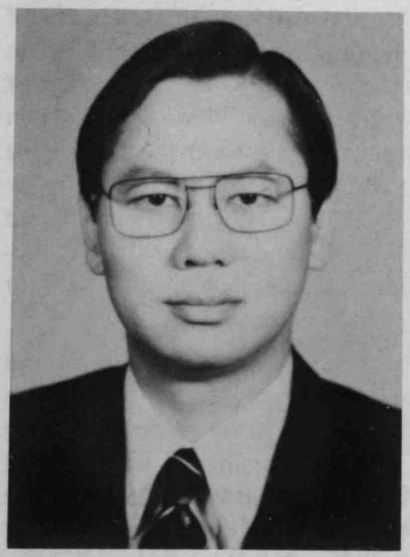
With respect to the 1997 issue, Prof. Kleevens notes that some academics are already leaving Hong Kong. Although he does not blame them he hopes that this will not develop into a extensive brain drain, for he feels that there will be a good change that after 1997 Hong Kong may prove to be an asset to China, if the standard of teaching, research and service of our Faculty can be maintained.

Prof. Kleevens is affiliated to various professional organisations and learned societies. He is a Board Director of the United Christian Medical Services, the Chairman of the Sub-committee for Drug Abuse of the Hong Kong Association of Pharmaceutical Industry and an editor of the Journal of the Hong Kong Society of Community Medicine. He has contributed extensively to international professional journals in the field of community medicine.

Prof. Kleevens is married and has three children. In his leisure time, he likes reading, playing tennis, swimming (in winter, too!) and walking in Hong Kong country parks with his dogs. He played field hockey, when he was younger.

Medicine

Prof. D. Todd



Professor Todd D., O.B.E.; M.D. H.K.; F.R.C.P. Lond, Edin and Glasg; F.R.A.C.P.; J.P.

Professor Todd received his medical education at the University of Hong Kong, and obtained his M.B., B.S. degrees in 1952. He then worked as a Houe Physician in the University Department of Medicine. From 1953 onwards, he has been a full-time teacher in the University Department of Medicine. He was promoted to Senior Lecturer in 1964 and Reader in 1966. He was appointed to a Personal Professorship in 1972. In 1974, he was appointed Professor of Medicine and Head of Department.

After his graduation, Professor Todd studies overseas. He is a Fellow of the College of Physicians of Edinburgh, Glasgow & London and a Fellow of the Royal Australasian College of Physicians. He was appointed "Unofficial Justice of Peace" in 1977 and awarded the "O.B.E." in 1982.

Professor Todd's current interest in research is in haematology – in haemic malignancies and hereditary anaemias such as thalassaemia on which he has been working for

more than fifteen years.

Professor Todd feels that there has been an exciting expansion in the Department of Medicine since the time he joined the Department. In the past, there were only a few staff but now, there are about 30 full-time teachers. There are specialists who handle complicated clinical problems and there is an increasing emphasis on sub-specialty research. However, Professor Todd thinks the number of teaching staff is still too small since research, patient management, administration in addition to teaching are all very demanding. Actually, the staff have more responsibilities than their counterparts in western countries. This results in the lack of time to think! Professor Todd also feels that the wards are too crowded to allow of proper teaching and examination of patients.

Professor Todd says medical students nowadays are more vocal and there has been no change in their I.Q.! However, the standard of English of students is declining. Besides, he feels that medical students are too examination-orientated and they just study for the sake of passing examinations. In Professor Todd's opinion, extra-curricular activities should also be emphasized.

With respect to the general curriculum, Professor Todd thinks that as a five-year period is not enough to cover everything, only principles should be emphasized. Afterall, details may change with time following advances in techniques and therapies. Professor Todd feels that some subjects are being over taught to the extent that the students find it difficult to grasp the major principles, and many details they will forget after graduation. Besides, Professor Todd feels that the vocational aspects of medicine are best learnt after the student's graduation. Doctors actually acquire the skills of managing patients by experience. Doctor-patient interaction should also be emphasized. This interaction or communication between doctors and patients is not sufficiently taught in the medical school. In Professor Todd's opinion, continuing post-graduation education is vital.

In his leisure time, Professor Todd enjoys swimming and classical music.

Microbiology

Prof. M. H. Ng

Professor Ng, M.H. B.Sc. Melb.; Ph. D.N.Y.

The Department of Microbiology was founded in 1968 with Prof. C.T. Huang as its first head. On his retirement in 1979 after 30 years of service to the University, he was succeeded by Prof. M.H. Ng. To day, the department has an academic and professional staff of 13 who are supported by 47 technical, 7 clerical and 27 supporting staff. Additionally, there are 7 research students currently registered to read for higher degrees in the department.

Apart from teaching and research, the department also provides a laboratory and consultative service in microbiology for Queen Mary Hospital. The service is separately funded under a subvention from the Hong Kong Government but is under the administration of the department.

Professor Ng perceives the dual academic and service involvments as having a strong influence on the development of the department as a whole. On the one hand, the strong academic underpinning renders the service more flexible and, hence, more responsive to the changing requirements brought about by the changing patterns of infectious diseases and by advances in medicine in general. It has also enabled the department to better meet the needs of the community. A case in point has been the successful conclusion recently of a training course for infection control nurses drawn from various government and subvented hospitals. The effort was mounted in the face of an increasing concern for the need to control hospital infections. Because of its long standing effort at control of hospital infections, the department was able to meet a need of the community by quickly mounting and successfully concluding a basic training programme for infection control nurses. The graduates are expected to play a pivotal role in setting up infection control programmes in other hospitals in Hong Kong.

The service has benefited from a constant academic input. Notable examples of such have been the successful investigations of what turned out to be important infectious diseases of Hong Kong. More recently, the latter included occupational diseases such as the chronic hand infection of fishfolks by *Mycobacterium marinum* and adult meningitis commonly seen among meat workers and house-

wives caused by *Streptococcus suis*. The effort by staff of the department has been instrumental in elucidating the causes and the subsequent control of several outbreaks of opportunistic infection associating with indiscriminate use of steroids.

The service also benefited from the academic inputs by constant improvement of its operation and receiving regular introduction of new services. The introduction of typhoid and EBV serology are but some examples which are the fruit of the research by its staff. To day, modern technologies in recombinant DNA and hybridomas are being increasingly applied in the service to replace and supplement conventional approaches to laboratory investigation of infectious diseases.

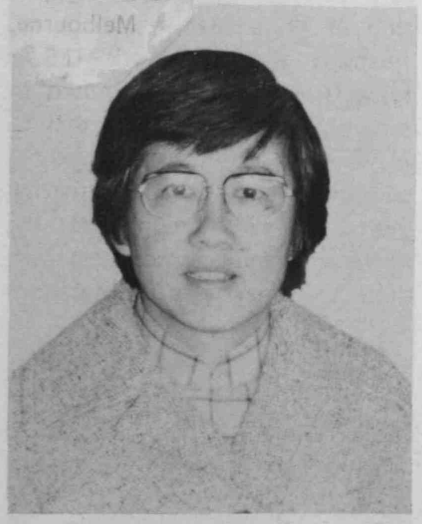
On the other hand, academic activities benefited no less from the department's service involvments. A high standard of service such as that provided by the department is essential to the viable teaching and research programmes in the various clinical disciplines in general, and to the academic pursuals by the department in particular. In the latter case, the experience and the knowledge gained as a result of its service involvments is passed directly to the students, making its undergraduate programmes more relevant to clinical requirements than it would otherwise be possible. Being involved with the service also serves a constant reminder of the problems which we as a department, a faculty or as a community, face and which remain to be resolved. That reminder has significantly and constantly influenced the emphasis of our research effort. Although much of the department's research was initiated with definite aspiration to applications in the short and intermediate term, it is not unusual that subsequent findings also have broader implications on more fundamental aspects of microbiology.

As for its aspiration for the future, Professor Ng indicated that he would like to see a further strengthening of the interactions between clinical and scientific colleagues within and without the department. Such interplay has been mutually benefitial to the various activities of the department todate and the same interplay is expected to sustain and accelerate its progress in the future.

Prof. Ng joined the department as a lecturer in 1972 after completion of his studies in Melbourne, Australia and New York, U.S.A. respectively. He was promoted to senior lecturer in 1976 and then to his present position as professor and head in 1979. He is married with 2 children. He finds teaching challenging and his association with colleagues and students stimulating.

Obstetrics & Gynaecology

Prof. H. K. Ma



Professor Ma Chung Ho Kei M.B., B.S. H.K.; F.R.C.O.G.; J.P.

Prof. Ma was born in H.K. and was educated at St. Stephen's Girls' College. After obtaining the degrees of M.B., B.S. at this University in 1958, she worked at the Queen Mary Hospital and the Tsan Yuk Hospital until 1959 when she joined the University as a Clinical Assistant. She was appointed Assistant Lecturer in O. & G. in 1960. In 1962 she was awarded a British Commonwealth Scholarship and for the following two years was attached to University College Hospital and Hammersmith Hospital, London, and the University of Birmingham.

In 1964, Prof. Ma returned to H.K. and the Department of O. & G. as Lecturer. She spent the years 1966 to 1968 in the United States as Buswell Research Fellow and Instructor in O. & G. at the State University of New York at Buffalo. She was appointed Senior Lecturer in 1968. She became a Member of the Royal College of Obstetricians & Gynaecologists, London, in 1963 and a Fellow in 1971. From July 1, 1972, she has been appointed Professor of O. & G.

After working in the Department for nearly thirty years, Prof. Ma finds there has been many changes. The most obvious change is that the Department has changed from a clinical service-orientated one to a more academically orientated one. Of course, there are more research workers and more and better teaching staff. Moreover, as people nowadays are always expected to make very rapid progress in their career, they are leaving the university or government very early to set up their own practice. For example, many people become consultants in their thirties. However, Prof. Ma thinks that these young doctors are not experienced enough to deal with some of the clinical problems. In her time, doctors were considered to be experienced only if they had at least fifteen years of practice. Therefore, the Department is planning to provide more and better clinical training for the young staff instead of requiring them to do too much research work.

Concerning medical students in H.K., Prof. Ma feels that they, in general, are too book and examination-orientated and their understanding of what they read is very superficial. They are usually passive and quite reluctant to work more on their own. This has been due to a number of factors. First, the educational system in H.K. has been too examination-orientated, often neglecting the development of students' genuine interest in their studies. Secondly, competition has been too keen so that a student can easily lose his preferred choice of future work once he makes a slip-up. Besides, in H.K. the doctor's profession has been very elevated both with respect to its income and its status, so that students may often lose their true sense of future orientation. So, they generally have low ideals and are very contented with a high income. Furthermore, there has been a decline of the students' language ability both in English and Chinese which can easily be improved if the students pay more attention when they speak and write. In comparison with their counterparts in the past, medical students nowadays show less confidence in their studies and are less cheerful. In the past, the students regarded studies as such great fun in spite of the pressure that they could sit for the same paper, at most, twice!

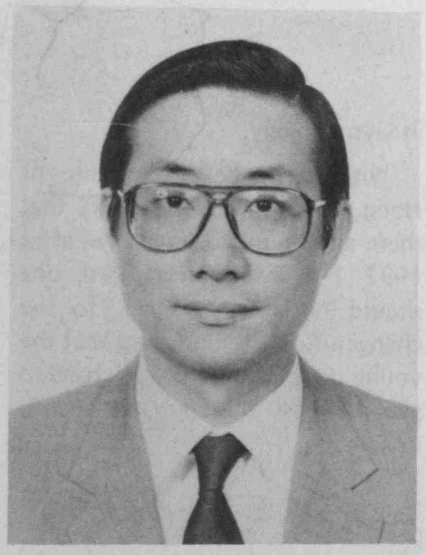
With respect to the present O. & G. curriculum, Prof. Ma thinks that it is on the whole appropriate except that the practical obstetrics may be a bit too much. Yet, the practical obstetrics provides much experience which is, in fact, beneficial to the students.

In Prof. Ma's opinion, a good Obstetrician and Gynaecologist should firstly have a quick and logical mind and an accurate decision-making ability. Very often, there are two lives in his/her hands! Secondly, he/she should accept long hours of work and odd hours of work because the patients by no means conform to office hours. Thirdly, he/she should be skilful with his/her hands. Currently, Prof. Ma's field of research is Oncology in Gynaecology.

With regards to the [illegible] of Hong Kong, Prof. Ma thinks that there are bound to be changes after 1997, but if one tries hard, one should be able to adapt to the changes. So, it is important that the young doctors should work hard to get the best training and qualifications.

Orthopaedic Surgery

Prof. J. C. Y. Leong



Professor Leong, J.C.Y. M.B., B.S. H.K.; F.R.C.S. Eng. and Edin.; F.R.A.C.S.

Professor Leong received his secondary education in St. Joseph's Colleg, Hong Kong. He graduated from University of Hong Kong in 1965. During his post-graduate training, Prof. Leong had spent three years in the Nuffield Orthopaedic Centre where he worked as an Honorary Registrar. In 1969, he obtained F.R.C.S. (Edinburgh) and in 1970, he obtained F.R.C.S. (England). In 1985, he was elected to F.R.A.C.S. (Oxford) without examination.

Actually, Prof. Leong first joined the Department of Orthopaedic Surgery in 1966 as a assistant lecturer. In 1967, he became lecturer and in 1975 he became senior lecturer. He was appointed to the Chair in 1981. In the past, Orthopaedic Surgery used to be a division of Surgery and the Department of Orthopaedic Surgery was not set up till 1961. Nevertheless, it has developed very rapidly during the past twenty years – perhaps, it is the most rapidly advancing branch of surgery. The number of staff of the Department has expanded from three (one professor and two lecturers) to about thirty (including University staffs and Government medical officers). Looking back at the past twenty years, Prof. Leong finds that there are major changes in activities of his Department. Firstly, the type of diseases has changed, from bone and joint infections (esp. T.B.) and poliomyelitis to trauma and accidents. Sports injury cases have increased tremendously. Secondly, there are changes in the emphasis of research in the Department: more attention is being paid to basic researches, especially Biomechanical ones and Biomedical Engineering.

Looking at the future, Prof. Leong thinks that research on the clinical side will be more specialized (into children orthopaedics, spine conditions, microvascular injuries, sports injuries etc.). In 1986, a research laboratory will be set up in Duchess of Kent Hospital dealing with research of the musculoskeletal system. He is also happy to see that Queen Mary Hospital is undergoing expansion, impling 80 more beds to his Department, making it a total of over 400 beds.

Prof. Leong chose Orthopaedic Surgery as his career because he is interested in it. Another reason is that Orthopaedic Surgery was very rudimentary in development twenty

years ago and he thought that it had much potential to advance. As to the qualities of a good orthopaedic surgeon, Prof. Leong says that he has to have the ability to make quick decisions, an altitude towards practicability or functional considerations as well as an inclination towards mechanics. His main fields of research include children's orthopaedic, spinal surgery and sports medicine, as well as basic research.

In his opinion, Prof. Leong considers medical students in Hong Kong are as good as their counterparts in the other parts of the world. He thinks that they are conscientious, knowledgeable and intelligent though lacking a bit of creative thinking. Being the Dean of the Faculty, he thinks that the curriculum should be reviewed continuously: there should be reduction of didactic lecture hours and number of examinations and only principles should be taught without going into too much details. Prof. Leong enjoyed being the president of the Medical Society in 1977. He comments that medical students nowadays are very active and they have many good ideas; however, they should try to conduct meetings in English so that they have more opportunities to practise it. The lack of practice in English Language is the main reason why there is a noticeable decline in the standard of English among medical students in recent years.

Concerning about the issue of 1997, Prof. Leong thinks that there will be more and more contacts and better organized contacts, between the medical faculties in Hong Kong and China, especially in postgraduate medical training. Besides, an institution should be set up to monitor and credit local postgraduate training.

Prof. Leong is involved in a lot of external committees, mainly being a member of Editorial Board of a number of journals such as the Spine Journal (U.S.), Injury (U.K.), Current Orthopaedics (U.K.). He is also heavily involved in councils of Orthopaedics Association of Western Pacific area and World Orthopaedics Association: S.I.C.O.T. In addition, he holds the chairs of some committees of the Medical and Health Department.

Being the Dean of the Medical Faculty and Head of Department of Orthopaedic surgery, Prof. Leong has got only a little leisure time. In the leisure time, he likes playing tennis and spending time with his two sons. He enjoys skiing and reading fictions, too.

Pathology

Dr. F. C. S. Ho

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

Dr. Ho received her M.B., B.S. with Honours in 1963 from the University of Hong Kong. After working for a year as House Officer in Queen Mary Hospital and in Tsan Yuk Hospital, she worked for half a year in the University Department of Medicine and in Alice Ho Mui Ling Nethersole Hospital. In 1969, Dr. Ho returned to H.K. from London and joined the Pathology Department as a temporary lecturer. In 1971, she was clinical pathologist and a year later lecturer in Pathology. She was appointed Reader in the Department from May 1, 1984 and has been the Head of the Department since 1 July, 1985.

There are two reasons for Dr. Ho to change from a clinical specialty to pathology. One is that she finds the Science of Medicine more challenging than the Practice of Medicine. The other is that after years of experience, she felt that there are fewer limitations in pathology than clinical practice. As a practitioner, one is severely limited by the medical system and the social background of the patients. "I sometimes really felt that I couldn't practice what I wanted to practice," she said. After joining the Depart-

ment, she got much more satisfaction from her clinical and research work and felt that her findings in the diagnosis of diseases is just as helpful to the patients.

During the past 16 years, there is an increase in no. of staffs and sections in the Department. Now, the Department has 180 staffs and 4 sections – Histopathology, Haematology, Immunology and Oral Pathology. Despite the large no. of staffs and difficulties in communication, Dr. Ho feels that the Department of Pathology is a pleasant place to work in. There is a friendly and co-operative atmosphere within the Department. However, there are still some problems that the Department now have to deal with. Firstly, a Professor has to be appointed as early as possible to lead the whole team. Secondly, the expansion of Pathology Building has been delayed for more than one year. The temporary site for the Department is at Northcote Science Building. With a separation from the Faculty of Medicine and Queen Mary Hospital, there are many problems in distribution of staff and equipment. Thirdly, Dr. Ho thinks that the size of the Department is a bit too large. "A large Department may be strong but is also difficult to manage. In order to improve the standard of each subject, it's better for each section to have it's own independent administration," said Dr. Ho.

The purpose of Pathology course for medical students is to let them have a scientific basis for clinical work. "We expect an 'understanding' of the principles of the subject rather than just memorize it," she said. The course also helps the students to know how to use the pathology laboratory in an effective way. It is very helpful in their future career.

As for the impression of medical students, Dr. Ho feels that they are hardworking but too examination-oriented. She is quite disappointed about this. She feels that our students should have the ability to think and go deeper. However, whenever the lecturer try to give them deeper knowledge or some information about research method, most of them just "switch off". "Most of them just want to pass the examination but are not interested in the Science of Medicine," she said.

Besides her academic and hospital appointments, Dr. Ho also holds the memberships of various professional societies such as New York Academy of Sciences, the Association of Clinical Pathologists, the International Society of Haematology, the H.K. Pathology Society and is a Founding member and past Chairman of the H.K. Society of Haematology. Although the work load is quite heavy, Dr. Ho feels that the key to overcome problems is "hardwork". In order to relax from the high pressure, she likes to listen to classical music and goes for a walk in the countryside or at the peak or beaches when she has time. Dr. Ho also has a happy family. As her husband is also a doctor, he can understand her work and give support to her. She has a son and a daughter who is studying Form 7 and Form 5 respectively in England.

Pharmacology

Prof. C. W. Ogle

Professor C.W. Ogle M.B., B.S. Malaya; Ph.D. W. Aust.

Professor Ogle was born and educated in Penang, Malaya (now, Malaysia). He entered the University of Malaya (now National University of Singapore) in 1952 and was awarded the M.B., B.S. degree in 1958. Afterwards, he worked in government hospitals, first as a Houseman and then as a Medical Officer. At the end of 1960, he joined the Department of Pharmacology, University of Malaya as Assistant Lecturer. He became Lecturer in 1963. In 1968, he obtained his Ph.D. degree in Renal Pharmacology from the University of West Australia where he had carried out postgraduate studies for nearly two and a half years as a Riker International Research Fellow in the Pharmacology Department. In the following year, he joined the University of Hong Kong as a Senior Lecturer in the Department of Pharmacology. Following the award of a Commonwealth Medical Fellowship in 1973, he spent a year carrying out research at the Department of Clinical Pharmacology, at St Bartholomew's Hospital Medical College in London. He became Reader in 1976 and was promoted to the Chair of the Department in 1982.

The Department of Pharmacology was established in the mid-1960s, staffed by Professor R.C.Y. Lin and two lecturers, who were supported by about six demonstrators and technicians. Since then, it has grown steadily. The Department now has a total of thirty one personnel, including seven academic staff members, five postgraduate students reading for the Ph.D. degree and two Research Associates. Professor Ogle is reasonably satisfied with the present state of development of the Department; but there are ongoing plans to improve further the teaching of several aspects of Pharmacology and to increase the intensity of research.

Professor Ogle has always been interested in the mechanisms of action of drugs and their interactions. He chose an academic career, by joining the Pharmacology Department at the University of Malaya, because he also hoped to contribute something in return to his alma mater which had trained him. He thinks that one should have both the quality of professional ability and the quality of attitude in order to be an effective teacher of Pharmacology in a medical school. In other words,

one should be able to teach Phamacology in close relation to requirements of the medical profession and be able to make the lectures interesting to the students. Also one should be active in research so as to fulfil other essential aspects of one's academic activities; research indeed broadens a teacher's intellectual horizons.

Professor Ogle's early research interests were varied and included Renal Pharmacology, but since 1970 his main field of research has been Gastric Pharmacology. Under his supervision, two postgraduates obtained their Ph.D. degrees and one an M. Phil. through studies in this area.

In Professor Ogle's opinion, medical students in Hong Kong are generally very similar to their counterparts in medical schools elsewhere in the Commonwealth, except that Hong Kong medical students show a high tendency to learn by rote. This was one of the first things he observed when he came to Hong Kong; also, the students were then very docile and accepted, without question, whatever they were told. He is very glad that the latter attitude has changed because more students now ask questions. This inquisitiveness, in fact, benefits the students (and the lecturers, too). However, the habit of learning by rote will be difficult to eradicate unless the study system in the schools is changed. It is true that medical students nowadays show a decline in the mastery of the English Language. Professor Ogle thinks that the decline may be due to two factors. Firstly, in the past, there were many overseas students with whom the Hong Kong students could only communicate effectively through a common language – English. Secondly, in the past, most medical students used to come from schools with high standards of English because these students were from well-off families.

Under the present Pharmacology curriculum, the time devoted to lectures is less than that of the old one (discarded about eight years ago) by about thirty five hours; the number of practicals has also been reduced by half. This reduction is mainly the result of focusing on the teaching of principles instead of details; the change is in keeping with current trends in the teaching of Pharmacology in medical schools, in the UK and Commonwealth, which are recognised by the General Medical Council. Thus, the present curriculum is not so heavy as compared with the old one.

Professor Ogle is on the Editorial Boards of several international scientific journals. He is married and has two daughters and one son. As a medical student, he continued to be very active in sports, especially in rugby-football when he played for the University first fifteen. After graduation, he also became interested in Judo and reached the grade of Brown Belt before injuries forced him to give up the sport. His hobbies are chess and driving, but the latter activity has been severely curtailed by the size of Hong Kong. Professor Ogle nowadays prefers to relax at home during his lesirue time.

Physiology

Prof. J. C. Hwang

Professor J.C. Hwang, B.A. Cascade; M.Sc., Ph.D. Oregon; F.A.A.A.S.

Professor Hwang is an old boy of Diocesan Boys' School in Hong Kong. He received the Bachelor of Arts degree from Cascade College, U.S.A. in Biological Sciences. At the University of Oregon, he pursued a master's course in Physiology and Biochemistry and then obtained his Ph.D. degree in Neurophysiology. He continued his post-doctorate study in the Department of Physiology & Biophysics at University of Washington and later became a research associate in the Department of Neurology at Columbia University, College of Physicians & Suregons. In 1960 and 1963, he received special training in neurophysiology at MBL, Woods Hole, Massachusetts. Then he joined the Department of Biology at the Chinese University of Hong Kong. In 1968, he returned to University of Washington serving as a senior research associate at the Department of Phisiology and Biophysics, In 1970 he joined the department of Physiology Faculty of Medicine, University of Hong Kong, and was appointed Professor in Physiology in 1980.

He has chosen to study neurophysiology because he feels it is the most challenging field of study for mankind. He thinks that an understanding of brain function will contribute to advancement of all

knowledge since the brain is the source of wisdom. It is the highly complex function of human brain that distinguishes homo sapiens from other animals.

The Department of Physiology is very active in several areas of research including neurophysiology, muscle biophysics, endocrinology, reproductive physiology, nasal physiology, iron metabolism and comparative physiology. Personally, Professor Hwang is conducting investigations into space-motion sickness. He feels that the Department has developed rapidly in recent years and has established itself as an internationally recognized institution of research. However, there is financial restriction and frequently the staff has to use their ingenuity and creativity to design and construct their own research and teaching equipments. He hopes that a central research grant/fund council could be set up in Hong Kong to support local researches. As regards teaching, he hopes that there will be more audio-visual facilities and sufficient staff to provide tutorials for second year medical students and 1st year dental students in the near future.

Apart from research and teaching work in the Department, Professor Hwang has taken on additional responsibilities outside the University in recent years. Thus, in 1984-85, he served as adviser to the World Health Organization (in peripheral neuropathy, medical education, aging and behaviour), adviser to IBRO, UNESCO. Furthermore, he is member of numerous societies in the U.S. and U.K., such as the Biophysical Society (U.S.A.) and the Institute of Electrical and Electronic Engineers (U.S.A.). He is now an honorary senior associate in Aerospace medicine in the Laboratory of Neurophysiology of N.A.S.A. in California. He is also the Associate Editor-In-Chief of the Chinese Journal of Physiological Sciences Academia Sinica and has recently been invited by the Editorial Board of the Chinese Encyclopedia Sinica to write on the section "vestibular organ". He also serves as an External Examiner for the B.Sc. degree of Baptist College, Hong Kong.

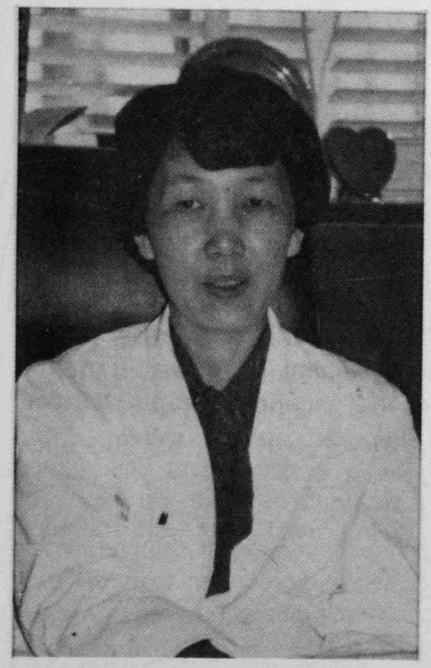
When asked about his impression on medical students, Professor Hwang commented that medical students very often have tunnel visions and seldom actively contact teaching staff. The relationship between students and staff could be much closer. Furthermore, he finds that first and second year medical students in general do not fully appreciate the importance of physiology in medicine. He believes that physiology forms the basis for medical practice and a good understanding of physiology is an absolute pre-requisite for a medical student to become a competent doctor in the future. Though the aim of the course is to teach physiology as a basic medical science subject, the Department is fully aware of the responsibility to dwell on the clinical applications of physiology.

Professor Hwang has also some comment on the present curriculum. He thinks that it is better to have one examination at the end of the entire course rather than the two divided examinations now in existence. The students will then be able to integrate all the different systems and have a comprehensive view of the function of the human body.

Professor Hwang has two daughters who are now married and he lives with his wife who is a teacher for handicapped children. As for his hobbies, he likes photography and at one time he owned seven cameras. However, he is very busy with his work now. He frequently spends his lesirue time in having a walk with his dog, "Butty", in the quiet hills or on the beaches in winter time. He is also fond of travelling and enjoys living the life styles of other cultures. His ambition is to master Chinese calligraphy and the Japanese language.

Psychiatry

Prof. F. Mak-Lieh



Prof. Mak-Lieh, Felice, M.D. Santo Tomas; L.A.H. Dub.; M.R.C. Psych.; F.R.A.N.Z.C.P.

Prof. Mak-Lieh is the third professor of Psychiatry after the department was officially detached from the Internal Medicine in 1971. Prof. Mak-Lieh joined the department as lecturer on August 1, 1971 and was promoted to senior lecturer in 1978 and reader on September 1, 1981. Succeeding Prof. Singer, Prof. Mak-Lieh has been Head of the Department of Psychiatry since 1980. On August 1, 1983, the professorship was endowed on her.

Born in the Philippines, she spent her primary and secondary school years in a convent school in which she took part in a wide range of extracurricular activities. She exceled herself in debating, drama and volleyball.

Perhaps all teenagers have dreams of an ideal career and Prof. Mak-Lieh was no exception. Being a book fan, she had found the career as a writer very appealing but once being in contact with the subject of Biology in Form three, she made the determination to gear herself to the study of Medicine.

Prof. Mah-Lieh obtained her degree of Doctor of Medicine at the University Of Santo Tomas in the Philippines in 1964, and subsequently took up an appointment in the University of Santo Tomas Hospital before pursuing a course in neurology at the Institute of Neurology. From 1965-1967, she was House Physician and House Surgeon in various hospitals in Manchester, Bournemouth, London and Oxford. By then, her adoration for exploring the mystery of brain was strong enough to give impectus for her specialization in psychiatry. Yale seemed to be her final goal where equipments and research prospects are one of the best in the world. However her affectional marriage to a civil engineer diverted her plan, from U.S.A. to H.K. From 1968 to 1969, she was medical officer in Psychiatry at the Castle Peak Hospital, Hong Kong. In 1971, Prof. Mak-Lieh joined the University.

Prof. Mak-Lieh was admitted to membership of Royal College of Psychiatrists of the United Kingdom in 1973 and of the Royal Australian and New Zealand College of Psychiatrists in 1978. In addition, she is affiliated to various professional organizations and learned societies. She has been a member of the Committee for the Rehabilitation of the Mentally Ill since 1980, and has been the Psychiatric Consultant of the Hong Kong Council of Women since 1982. She was the President of the Hong Kong Medical Women's Association, 1978-1980, Honorary Adviser to the Mental Health Association of Hong Kong, 1982-83, member of the Hong Kong Medical Association Ad Hoc Committee on Homosexuality, 1982, a Fellow of the World Association of Social Psychiatric Education of the World Psychiatric

Association, 1982-83. She was elected Fellow of the Royal Australian and New Zealand College of Psychiatrists in October, 1983. Currently, she was also the President of the Hong Kong Psychiatric Association, the Honorary Consultant to the Hong Kong Society for Mentally Handicapped Children.

Professor Mak-Lieh has a wide range of teaching, clinical and administrative experience. She has contributed extensively to professional journals and has attended numerous international conferences. Her current research are on an updating study in suicide done by the late Prof. P.M. Yap in 1954. The second project is a comprehensive study of chronic illness, with a special attention to its psychological and psychiatric aspects.

"A good psychiatrist should have a rigid doctrine on doctor-patient relationship. One should be empathatic and sympathetic but firm. To be effective, one cannot be both a doctor and a friend on a social basis with patients. Relationship with patients should be on a professional basis at all times". This is the fundamental rule she has abided by throughout her sixteen years of experience.

As one of the important figures in the University, she leads a laborious life. Literally, she has to divide her limited hours among teaching, patient consultation, research and administration of departmental affairs.

Thanks to the regularity of the consultations hours, she still has most of her evening intact for family affairs. Though she appears as a diligent professor at day, Professor Mak-Lieh prefers to adopt a wife-mother role at night and she emphatically reveals that she allows no mix-up of work and family. At present, her marriage is flourishing with three children: a boy and two girls aged from four to thirteen.

On Sunday, the family has fun on a yacht and every two or three years they go to Europe or Japan for a pleasant skiing holiday.

Through the years in Hong Kong, she has developed an intimate bond with it and thus holds an optimistic view of the Colony's future. Her husband has certain investments in Mainland China and this reinforces their faith in future stability.

The present Psychiatry Curriculum is inadequate and has lots of flaws. So her utmost ambition is to advocate an restructuring of the whole course. In fact, there has long been a concrete plan in her mind, just waiting for its realization.

a) Clerkship period should be longer
b) improvement in undergraduate training
c) increase teaching materials
d) improved postgraduate training
e) improvement in the teaching of psychotherapy
f) more beds for the psychiatric department
g) better research facilities for psychiatry

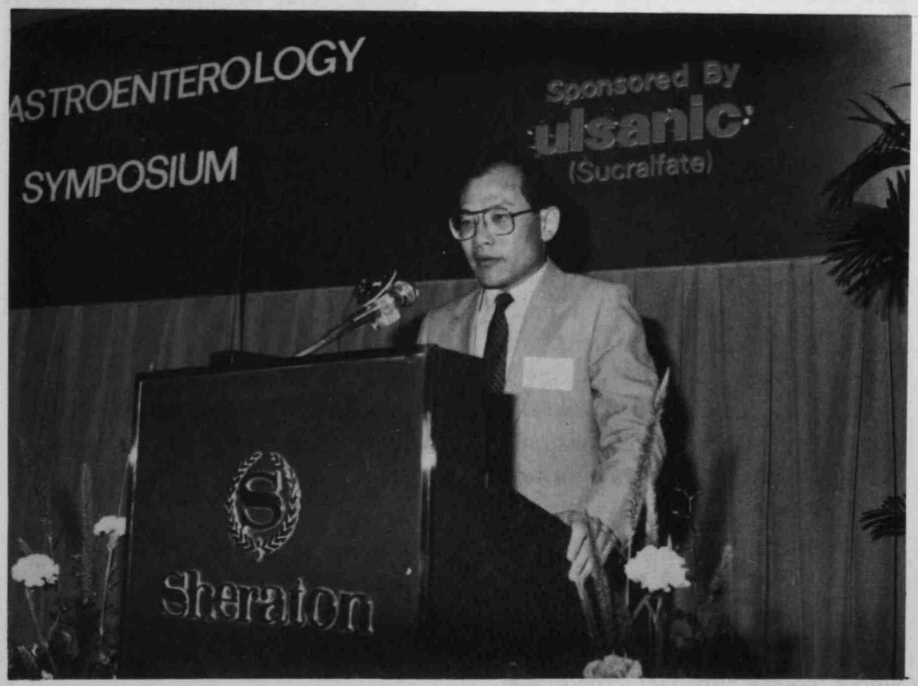
The public reconciliation of the importance of psychiatrical treatment to a healthy society certainly brings about the first step forward. By the end of 1987, the Queen Mary Hospital will have 84 beds in addition to the present 15 and a new building will be erected, six floors out of the total eight will be alloted to the Psychiatry Department.

Thus professor Mak-Lieh's long striving for a better Department of Psychiatry takes its effect. It is perhaps no exaggeration to attribute the entire success to her effort, and her contribution undoubtedly towers over many others in Hong Kong.

**The above article is extracted from Elixir '84*

Surgery

Prof. J. Wong



Professor Wong, J. B.Sc. (Med), M.B., B.S., Ph.D. Syd.; F.R.A.C.S., F.R.C.S. Edin.; F.A.C.S.

Professor John Wong received his elementary and one year of secondary education in Hong Kong, where he attended the Diocesan Girls' School and Diocesan Boys' School. "In fact, we were the last group of boys in DGS. Shortly afterwards DGS accepted only girls and I then studied in DBS," he explained. When his parents emigrated to Australia, he continued his studies in high school and university there. After post-graduate studies, he worked in a leading teaching hospital at the University of Sydney. About ten years ago, he came back to work in Hong Kong, at first intending to stay for a short period only but later on he decided to remain in Hong Kong.

During these ten years, Professor Wong noticed many changes in Hong Kong. However, he thinks that the local medical system has not changed much on the whole. As regards the University, it has grown quite a lot but organizationally, it has remained more or less the same. Professor Wong is looking

forward to a time when there will be more academic staff, more funds, and equipment, for teaching and research.

Professor Wong enjoys the opportunity of teaching medical students. "Medical students in Hong Kong are highly intelligent. Moreover, they show great respect to their teachers and seniors. However, I must say that they are far too examination-orientated and they generally lack initiatives in their approach to learning. Perhaps it is the problem of the educational system in Hong Kong," he commented. He regards himself as a workaholic because he works seventy to eighty hours a week in the office. He works on weekends and often at home as well. "Of course, this is hard work; nevertheless, I derive an enormous amount of satisfaction from it." Fortunately, his colleagues offer him great help and he feels very lucky to have such supportive staff.

What Professor Wong finds most time-consuming is travelling. Very often he has to give lectures overseas or to attend meetings on academic, clinical, or professional matters. But Professor Wong considers these invitations as a reflection of the standing of the medical profession of Hong Kong internationally. At these meetings Professor Wong thinks that he is representing Hong Kong and feels that it is his honour and duty to be there. At times, however, it is difficult to distinguish between what is one's personal honour and the honour for the Department and the University.

Professor Wong also finds much pleasure in doing research and clinical work. His research interests are oesophageal cancer and arterial surgery.

Regarding his family, Professor Wong is married and has no children. He likes music and goes to concerts in his leisure time. He goes to cinema once or twice a year. It is clear that he has no spare time to watch the television, except the news and some documentary programmes. Professor Wong said that if he has time in the future, he will probably take up snow skiing again, and he will certainly attend more concerts. Professor Wong emphasized that despite his busy working schedule, he still manages to spend enough time at home, to keep his wife happy.



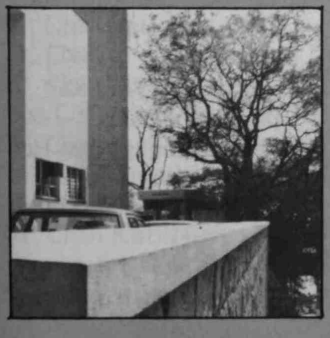
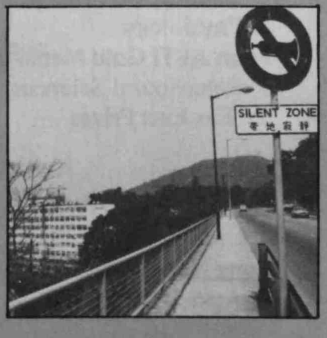




OUR FACULTY






Prize - Winners

John Anderson Gold Medal	Lo Chung Mau
Proxime Accessit	Elaine Tsui Yee Ling
Chan Kai Ming Prize	Elaine Tsui Yee Ling
C.P. Fong Gold Medal in Medicine	Lo Chung Mau
Digby Memorial Medal	Elaine Tsui Yee Ling
The Nesta & John Gray Medal in Surgery	Elaine Tsui Yee Ling
Gordon King Prize in Obstetrics & Gynaecology	Annie Cheung Nga Yin
R.M. Gibson Gold Medal in Paediatrics	Anida Chong Sui Fan
Mun Gold Medal in Psychiatry	1984 – Tso Chi Bun
Ho Kam Tong Prize in Community Medicine	Joseph Chung Hon Ping
Society of Community Medicine Prize (shared)	Leung Yam Kee Jimmy Li Hoi Ching, Ling Sai On Lo Chi Hang Lo Chung Yau Francis Lo How Chi Lo Shing Kei Stephen Low Hon Keet Lui Kim Choy Lui Yun Hoi Luk Chung Wing Luk Sheung Ching
Belilios Medical Prize	Stephen Shiu Yuen Wing (3rd Year)
C.P. Fong Gold Medal in Pathology	Stephen Shiu Yuen Wing
C.T. Huang Gold Medal in Microbiology	Lam Chi Ming
Li Shu Fan Medical Foundation Prize in Pharmacology	Chung Shiu Shek
Hong Kong Pathology Society Prize	Ma Ming Wai
Ho Fook Prize	Ma Ming Wai
Janet McClure Kilborn Prize	Theresa Leung Ngan Ho
Runner-up	Winnie Chan Kwai Yu
Ng Li Hing Prize	Theresa Leung Ngan Ho
Li Shu Fan Medical Foundation Prize in Biochemistry	Ma Ming Wai
Li Shu Fan Medical Foundation Prize in Physiology	Wong Kar Yin
Yuan Ai-Ti Gold Medal in Behavioural Sciences	Anita Chow Man Kei
3M Far East Prizes	Chung Chi Chiu Theresa Leung Ngan Ho Ma Ming Wai
Belilios Medical Prize	Ronnie Poon Tung Ping (1st Year)
Hong Kong Medical Association Prize	Stephen Shiu Yuen Wing

Academics

Doctor of Medicine

Dr. Yu Yuk Ling 余毓靈

Doctor of Philosophy

Mr. Cheung Wai Kin, Alfred Benjamin 張惠堅 (Biochemistry)
Mr. Lee Huk Kai, Paul 李克楷 (Pharmacology)
Mr. Lee Sai Kit, Joseph 李世杰 (Biochemistry)
Miss Liao Sau Tung, Sarah Mary 廖秀冬 (Community Medicine)

Master of Philosophy

Miss Lee Lai Yung, Mary 李瑪麗 (Anatomy)
Mr. Tam Kai Tai, Carl 譚啟泰 (Physiology)
Mr. Wong Nai Sum 黃乃琛 (Biochemistry)

1985

Honours List
Miss Tsui Yee Ling, Elaine 崔綺玲
(Distinctions in Pathology, Pharmacology, Medicine, Surgery, and Obstetrics & Gynaecology)

1984

Mr. Chan Chi Ming 陳智明
Mr. Chan Cho Yin 陳祖彥
Mr. Chan Wah Fat 陳華發
Mr. Ho Kai Kit 何啟傑
Mr. Law Chi Wai 羅志偉
Mr. Lee Hung Chun 李鴻俊
Miss Lee Yun, Yansy 李 昕
Mr. Leung Yan Keung, Francis 梁仁强
Mr. Li Tat Ming 李達明
Mr. Lo Kun Kau 羅冠球
Mr. Ng Kit Leung 吳傑亮
Mr. Poon Shiu Hong, Frederick 潘兆康
Mr. Tsang Fan Kwong, David 曾繁光
Mr. Wong Lap Wing, Ronnie 黃立榮
Mr. Wu Hon Wing, Arthur 胡漢榮
Mr. Yan Chung Yiu 甄仲堯

1985

Mr. Au Siu Kie 區兆基
Mr. Au Yeung Kar Chun, Alfred 歐陽嘉俊
Mr. Chan Chi Ching 陳至正
Mr. Chan Cho Ying, George 陳楚英
Mr. Chan Chun Ming 陳俊銘
Miss Chan Hang Lam 陳杏霖
Mr. Chan Hon Ming 陳漢明
Miss Chan Hon Yee, Constance 陳漢儀
Mr. Chan Kam Tim 陳鑑添
Mr. Chan Kwok Chiu 陳國超
Miss Chan Kwok Ling, Phyllis 陳國齡
Mr. Chan Shek Kin 陳碩健
Mr. Chan Tak Mao, Daniel 陳德茂 (Distinctions in Anatomy and Microbiology)
Mr. Chan Wai Kwong 陳偉光
Miss Chan Wing Yee, Winnie 陳穎宜
Mr. Chang Kar Leung 鄭嘉良
Mr. Chau Yat Sang 周日新 (Distinction in Microbiology)
Mr. Cheng Chun Kwong 鄭鎮光
Miss Cheng Ming Lai, Mary 鄭明麗
Mr. Cheung Bo Ping 張保平
Mr. Cheung Kwong Yu, Hobby 張光宇 (Distinctions in Biochemistry, Pharmacology and Medicine)

Mr. Cheung Ming Chee, Michael 張明智
Miss Cheung Mun Fong, Clara 張敏芳
Mr. Cheung Mun Wah 張敏華
Miss Cheung Nga Yin 張雅賢 (Distinctions in Physiology, Behavioural Sciences, and Obstetrics & Gynaecology)
Mr. Cheung Po Yin 張寶賢
Mr. Cheung Wai Keung, Paul 張偉强
Miss Chong Sui Fan, Anida 莊瑞芬 (Dinstinctions in Pathology and Paediatrics)
Mr. Chow Chi Ping, Alex 周志平
Mr. Chow, George 周佐治
Miss Chow Mei Sin 周美仙
Miss Chow Siu Fan, Susan 周少芬
Mr. Chow Wai Ho, Charles 周偉豪
Miss Chow Yuen Ling, Daliah 周婉玲
Miss Choy Bo Ying 蔡寶英
Miss Chu Lai Chun, Peggy 朱麗珍
Mr. Chung Kan Man, Thomas 鍾錦文
Mr. Chung Tsz Kwong 鍾子光
Mr. Fok Siu Wing, Dominic 霍兆榮
Mr. Ho Chun Ming 何振銘
Miss Ho Pik Yee, Betty 何碧頤
Mr. Ho Wai Kuen 何偉權
Mr. Hsue Chan Chee, Victor 徐成之
Mr. Ip, David 葉大偉
Mr. Kan Chi Leung, David 簡志亮
Mr. Keung Yi Kong 姜宜港
Mr. Koo Chi Kwan 古志坤
Miss Kwan Yin Wah 關彥華
Mr. Kwok Chong Hei, Philip 郭昶熹
Mr. Kwok Ka Ki 郭家麒
Mr. Kwok Kin Wa 郭健華
Mr. Kwong Shi Leung, Joannes 鄺士量
Mr. Lai Wai Ming 賴偉明
Mr. Lam Cheuk Sum 林焯森
Mr. Lam Chin Fai, Edwin 林展輝
Mr. Lam Ching Choi 林正財 (Distinctions in Physiology, Microbiology and Surgery)
Mr. Lam Ching Wa 林貞華
Mr. Lam Hon Man 林漢民
Mr. Lam Kui Sai, Kenneth 林蓋世
Miss Lam Man Ying 林文英
Mr. Lam Siu Keung 林兆强
Mr. Lam Tsan, Augustine 林 璨
Mr. Lam Tsze Ho 林子顥
Miss Lam Wai Man 林慧文
Mr. Lam Yung Hang 林勇行
Mr. Lau Chi Man 劉智敏
Mr. Lau Chik Fai, David 劉植輝
Miss Lau Lin Kiu 劉蓮嬌
Mr. Lau Tze Leung 劉子亮
Mr. Law Chun Bon, Alexander 羅振邦
Mr. Lee Kim Hung 李劍雄
Mr. Lee Shek Kwong, Albert 李錫光
Mr. Lee Wai Keung 李偉强
Mr. Leung Chi Kay, James 梁自基
Mr. Leung Kwok Yin 梁國賢
Mr. Leung Sui On, Philip 梁遂安
Mr. Leung To Wai 梁道偉
Mr. Li Chi Yung 李志勇
Mr. Ling Chi Kin, Franklin 凌志堅 (Distinction in Microbiology)
Miss Liu Wai Ling 廖慧玲
Mr. Lo Chor Man 盧礎文
Mr. Lo Chung Mau 盧寵茂 (Distinctions in Biochemistry, Physiology, Pathology and Medicine)
Mr. Lo Kwok Fai 盧國輝
Mr. Lum Chor Ming, Christopher 林楚明
Mr. Mak Mang Tsun, Manson 麥孟津
Mr. Mok Chun Keung, Francis 莫俊强
Mr. Mok Chun On 莫鎮安
Mr. Mok Chung Wai 莫仲威
Mr. Mok Kin Ying, Boniface 莫健英
Mr. Ng Fook Hong 吳福康
Mr. Ng Fu 吳 奎
Mr. Ng Ping Wing 吳炳榮
Mr. Ng Tak Leong 吳德亮
Mr. Ng Wah Shan 伍華山
Mr. Shum Shui Fung, Bobby 沈瑞楓
Mr. Shum Wai Kiu 沈偉翹
Miss Tang Pui Yi 鄧珮儀
Mr. To Wing Kee, William 杜榮基
Mr. Tong Kar Lun, Allen 唐嘉麟
Mr. Tsang Wai Kay 曾偉基
Mr. Tse Tat Shing 謝達成
Mr. Tse Tsun Yan 謝俊恩 (Distinction in Community Medicine)
Mr. Tso Chi Bun 曹志斌
Mr. Tsoi Chiu Wing 蔡照榮
Mr. Tsoi Tak Hong 蔡德康
Mr. Tsui Ping Tim 徐炳添
Mr. Tsui Yau Shing 徐有成
Mr. Tung Man Chung, Michael 董文忠
Miss Wan Suk King 溫淑琼
Mr. Wan Yiu Kee 尹耀基
Mr. Wei Ho Yin 衛浩賢
Mr. Wong Chi Keung 黃志强
Mr. Wong Kin Shing 黃建成
Mr. Wong Kwok Shing, Patrick 黃國成
Mr. Wong Man Keung 黃聞强
Mr. Wong Ngar Shun 黃雅信
Miss Wong Sai Fun 王世芬
Mr. Wong Wing Cheung, Joseph 王榮祥
Mr. Wong Wing Kwong, Raymond 黃榮光
Mr. Wu Chee Wo 胡志和
Mr. Wu Kwong Sum 胡廣森
Mr. Yam Tak Kwong 任德光
Mr. Yan Wing Wa 殷榮華
Mr. Yau Chun Chung 邱振中
Mr. Yau Tsz Kok 游子覺
Mr. Yip Siu Fai 葉少輝
Mr. Yiu Ming Kwong 姚銘廣
Mr. Yu Chak Man 余則文
Mr. Yu Ka Fai, Alexis 余嘉輝

Appointments

Appointment of Sub-Dean

Dr. W.D. Low, Reader in the Department of Anatomy, has been appointed Sub-Dean of the Faculty of Medicine from January 11, 1985 to December 31, 1987.

Appointments

John Hoong Boey, B.A. (Princeton), M.D. (Harvard), Dip.Am.Board, L.R.C.P. (London), M.R.C.S. (England), F.A.C.S., Senior Lecturer, as Reader in the Department of Surgery from July 1, 1985.

Choi Tat Kuen, B.S., M.D. (Illinois), Dip. Am. Board, Senior Lecturer, as Reader in the Department of Surgery from July 1, 1985.

(Mrs.) Rosamond Choy Wong Ling Chui, M.B.,B.S. (Hong Kong), F.R.C.O.G., Senior Lecturer, as Reader in the Department of Obstetrics and Gynaecology from July 1, 1985.

Cryus Rustam Kumana, B.Sc., M.B.,B.S. (London), F.R.C.P. (Canada) (London), Senior Lecturer, as Reader in the Department of Medicine from June 1, 1985.

(Mrs.) Lau Wu Pui Chee, M.B., B.S., M.D. (Hong Kong), M.R.C.Path., Senior Lecturer, as Reader in the Department of Pathology from June 1, 1985.

Kirpal Singh Mann, M.B.,B.S. (Panjab), M.S. (Chandigarh), F.R.C.S. (Edinburgh), F.I.C.S., Senior Lecturer, as Reader in the Department of Surgery from July 1, 1985.

(Mrs.) Vivian Wong Taam Cih Woon, M.B.,B.S. (Hong Kong), M.R.C.P. (United Kingdom), F.R.C.O.G., Senior Lecturer, as Reader in the Department of Obstetrics and Gynaecology from July 1, 1985.

Desmond Yeung Chak Yew, B.Sc., Ph.D. (Western Australia), Senior Lecturer, as Reader in the Department of Biochemistry from July 1, 1985.

Frank James Branicki, M.B.,B.S. (London), F.R.C.S. (England), as Senior Lecturer in the Department of Surgery from July 19, 1985.

Louis Low Chung Kai, B.Sc., M.B.,Ch.B. (Glasgow), M.R.C.P. (United Kingdom), Lecturer, as Senior Lecturer in the Department of Paediatrics from March 1, 1985.

(Mrs.) Barbara Chan Lam Cheung Cheung, M.B.,B.S. (Hong Kong), as Lecturer in the Department of Paediatrics from April 8, 1985.

Eric Chan Yuk Tat, B.Sc., M.B.,B.S. (Hong Kong), as Clinical Pathologist in the Hospital Pathology Services from July 1, 1985.

Nelson Chao Jen An, M.A. (Harvard), M.D. (Yale), as Temporary Lecturer in the Department of Medicine from February 1 to March 31, 1985.

Ignatius Cheng Kum Po, M.B.,B.S. (Hong Kong), F.R.A.C.P., as Lecturer in the Department of Medicine from January 1, 1986.

Annie Cheung Lai Man, B.Sc., Ph.D. (Hong Kong), as Lecturer in the Department of Anatomy from January 1, 1986.

Edmond Chiu Kin Wah, M.B.,B.S. (Hong Kong), as Temporary Lecturer in the Department of Medicine from March 1 to October 31, 1985.

Dong Zhiguang, Dip.Med. (Beijing Medical College), as Temporary Lecturer in the Department of Obstetrics and Gynaecology for a period of two years from May 1, 1985.

Peter John Fok, M,B.,B.Chir., M.A. (Cantab.), F.R.C.S. (England), as Lecturer in the Department of Surgery from April 1, 1985.

(Miss) Lam Sui Yue, M.B.,B.S. (Hong Kong), Clinical Pathologist in the Hospital Pathology Services, as Lecturer in the Department of Pathology from April 1, 1985.

Raymond Liang Hin Suen, M.B.,B.S. (Hong Kong), M.R.C.P. (United Kingdom), as Lecturer in the Department of Medicine from November 1, 1985.

Liu Hing Wing, M.B.,B.S. (Hong Kong), as Clinical Pathologist in the Hospital Pathology Services from July 1, 1985.

Donald Gerald MacLellan, B.Sc., M.B.,Ch.B. (Glasgow), as Temporary Lecturer in the Department of Surgery from March 20 to June 30, 1985.

**The above article is extracted from the Gazette of University of Hong Kong*

Dr. C. R. Kumana

Cyrus Rustam Kumana B.Sc., M.B., B.S. (London), F.R.C.P. (Canada) (London)

Dr. C.R. Kumana, Senior Lecturer, has been appointed Reader in the Department of Medicine from June 1, 1985.

Dr. Kumana is a graduate of the University of London, where he obtained a B.Sc. (Honours) degree in Physiology in 1961 and an M.B., B.S. in 1964. He then became a House Physician at the London Hospital and later held House Officer and Senior House Officer posts in other hospitals in England and India. In 1969 he became a Medical Registrar at Whipps Cross Hospital. After holding various temporary Senior Registrar posts in London, he was appointed Senior Registrar at Ashford Hospital, during which time his responsibilities included running of the Coronary Care Unit. In 1975 he became Lecturer in the Department of Medicine at McMaster University, Canada, and in 1977 he was promoted to Assistant Professor. Dr. Kumana joined the University of Hong Kong in 1982 as Senior Lecturer in the Department of Medicine.

Dr. Kumana became a Member of the Royal College of Physicians of the United Kingdom in 1971 and became a Fellow of the Royal College of Physicians of Canada in 1978. He was elected a Fellow of the Royal College of Physicians of London in 1985. While at McMaster University, he continued to develop his special interest in the clinical pharmacology of cardiovascular drugs and glucocorticoids. Since joining the University of Hong Kong as a Clinical Pharmacologist, he has been actively involved as a consultant and teacher to a variety of organizations on matters related to the use of drugs.

Dr. Kumana's clinical interests centre on General Medicine, Cardiology and Clinical Pharmacology. He has published extensively in international medical journals on aspects related to Clinical Pharmacology and Therapeutics. He has been an invited speaker at various international and local symposia and he has given numerous presentations in his specialized field. Some of his current research projects entail investigation of: ethnic differences in response to drugs (with special reference to the Chinese); antibiotic treatment in dentistry; and drug metabolism capability in various disease categories. Since joining the University, Dr. Kumana has developed a collection of drug information sheets for patients in both English and Chinese, so as to enhance patients' understanding of drug treatment. He has contributed to the development of a completely new Drug Order Form to be used for in-patients at Queen Mary Hospital. Dr. Kumana is concurrently very actively involved in organizing and conducting lectures and other educational activities on Clinical Pharmacology and Therapeutics, directed at students of medicine and dentistry as well as qualified doctors.

**The above article is extracted from the Gazette of University of Hong Kong*

Dr. P. C. Wu

Wu Pui Chee M.B., B.S., M.D. (Hong Kong), M.R.C. Path.

Dr. P.C. Wu, Senior Lecturer in the Department of Pathology, has been appointed Reader from June 1, 1985.

Upon graduating from the University of Hong Kong in 1966 with the degrees of Bachelor of Medicine and Bachelor of Surgery, Dr. Wu was House Officer in Queen Mary Hospital and Queen Elizabeth Hospital. In July 1967 she was Medical Officer at Nethersole Hospital before moving to Tung Wah Group of Hospitals in 1968. Dr. Wu's academic career began in 1969 when she became Lecturer in the Department of Microbiology of the University of Hong Kong. She later transferred to the Department of Pathology in the following year. In 1972, Dr. Wu undertook training leave in the United Kingdom where she studied and worked for six months in the Department of Pathology of the University of Glasgow. In 1974, she was awarded the British Commonwealth Scholarship which enabled her to spend a year in the Department of Pathology of the University of Sheffield pursuing research work in her specialized field. Dr. Wu was promoted to Senior Lecturer in the Department of Pathology in 1978. In 1979, she worked for six months in London and Glasgow undertaking trainings in oral and bone pathology.

Dr. Wu was admitted to membership of the Royal College of Pathologists of the United Kingdom in 1974. She was later elected Fellow of two distinguished societies in the United Kingdom: the Royal Society of Health in 1977 and the Royal Society of Medicine in 1978. In 1984 she was awarded the degree of Doctor of Medicine by the University of Hong Kong.

Dr. Wu holds memberships of various professional organizations, among these: the General Medical Council of the United Kingdom, the Asian-Pacific Association for the Study of the Liver, and the Hong Kong Pathology Society. She has been elected Council Member of the Hong Kong Society of Gastroenterology since 1983.

As Senior Lecturer assigned the special responsibilities in Oral Pathology, Dr. Wu has helped to plan and run the Pathology Unit in Prince Philip Dental Hospital since 1978 when it was first established. It is presently handling a large proportion of dental, bone and selected liver specimens from various local hospitals. Dr. Wu's research interests centre on liver pathology, in particular, hepatitis, cirrhosis and liver tumours, but her scope of research also expands to cover bone and oral pathology. In addition, she has carried out extensive electron microscopic studies on diseases affecting the liver. On these areas, Dr. Wu has contributed a long series of articles to leading international journals. Dr. Wu has also taken an active part in international conferences and symposia where she delivered academic papers in her field.

**The above article is extracted from the Gazette of University of Hong Kong*

Retirements & Resignations

Retirements

Professor R.W. Fearnhead, Professor in the Department of Anatomy, from July 1, 1985.

Dr. H.C. Liu, Senior Lecturer in the Department of Anatomy, from July 1, 1985.

Resignations

Dr. W.Y. Chan Lui, Reader in the Department of Paediatrics, from July 12, 1985.

Dr. K.M. Cho, Lecturer in the Department of Obstetrics and Gynaecology, from June 1, 1985.

Dr. Y.C. Choo, Senior Lecturer in the Department of Obstetrics and Gynaecology, from August 18, 1985.

Dr. H.C. Ho, Lecturer in the Department of Pathology, from February 1, 1985.

Dr. J.L.T. Lau, Lecturer in the Department of Surgery, from September 28, 1985.

Dr. P.C. Lee, Lecturer in the Department of Orthopaedic Surgery, from April 1, 1985.

Dr. W.L. Ng, Senior Lecturer in the Department of Pathology, from September 15, 1985.

Dr. Judith A. Plett, Temporary Lecturer in the Department of Surgery, from December 31, 1984.

Dr. L.C.H. Tang, Lecturer in the Department of Obstetrics and Gynaecology, from April 30, 1985.

Professor S.C. Tso, Professor in the Department of Medicine, from June 1, 1985.

Dr. C.K. Yeung, Senior Lecturer in the Department of Medicine, from April 17, 1985.

**The above article is extracted from the Gazette of University of Hong Kong*

Prof. S. C. Tso

Tso Shiu Chiu M.B., B.S. (Hong Kong), F.R.C.P. (Edinburgh), F.R.A.C.P.

Professor Tso has had a distinguished undergraduate and professional career at the University of Hong Kong. He qualified with a gold medal in medicine despite the fact he was President of the Students' Union during his fourth year of studies. In those days there was no 'year of absence'. He carried out postgraduate studies both in the United Kingdom and in the U.S.A. and his research on erythropoietin and stem cells was highly regarded and has resulted in a number of publications. His academic career culminated in a personal chair in 1980.

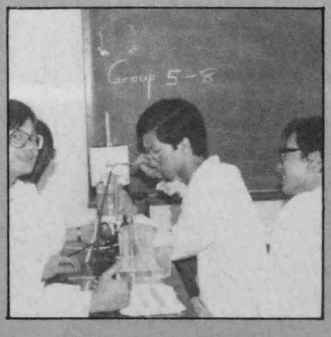
Professor Tso is internationally known as a haematologist and his interests are in red cell biology and haemic malignancies. Innumerable undergraduates and trainee physicians have benefited from his teaching, so have his colleagues. He is highly regarded as a physician and there is no more reliable and considerate practitioner I know of. Over the years he has been Acting Head of the Department and has served on over twenty University committees. He was a non-professorial member of the Senate before his promotion. In recognition of his professional standing, he was elected a Fellow of the Royal College of Physicians of Edinburgh in 1973 and a Fellow of the Royal Australasian College of Physicians in 1981. He has been Councillor for Hong Kong, Asian Pacific Division, International Society of Haematology and is a member of the World Federation of Haemophilia. He has been Chairman of the Hong Kong Society of Haematology and Hong Kong Sino-British Fellowship Trust Scholars' Association and President of the Hong Kong Medical Technology Association and has served on the board of management or committee of many medical and medically-related bodies, including the Hong Kong Red Cross, Licentiate Committee of Hong Kong Medical Council, Federation of Medical Societies of Hong Kong and Hong Kong Medical Association. He was instrumental in organizing the training of technicians in the Department of Medicine as well as in the Department of Extra-mural Studies. He has been one of the stabilizing forces in the Department and, as an administrator, he is totally fair and unbiased. His integrity and common sense could be relied on to unravel problems ranging from undergraduate teaching schedules and staff duty assignments to staff relationships. Always helpful, he would teach, attend to patients or organize departmental activities at short notice and beyond the call of duty. An able and compassionate physician, he is well-liked by patients and much sought after as a consultant. His knowledge and interests range beyond medicine for he is the acknowledged Chinese scholar in the Department and has been a source of information for things both artistic and historical. His early resignation from the University for family reasons will be a great loss to the Department and the University.

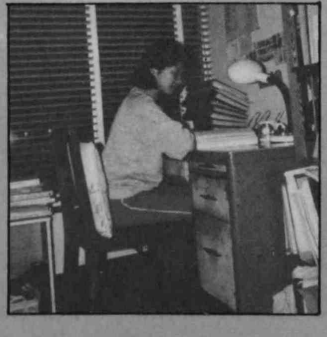
Professor Tso's wisdom and skills will be missed, and undergraduates and trainee physicians will lose an experienced teacher and concerned mentor. But he has served the University well and will no doubt continue to contribute to medicine in another capacity. He departs with our gratitude and best wishes.

D.T.

**The above article is extracted from the Gazette of University of Hong Kong*

OUR CLASSES





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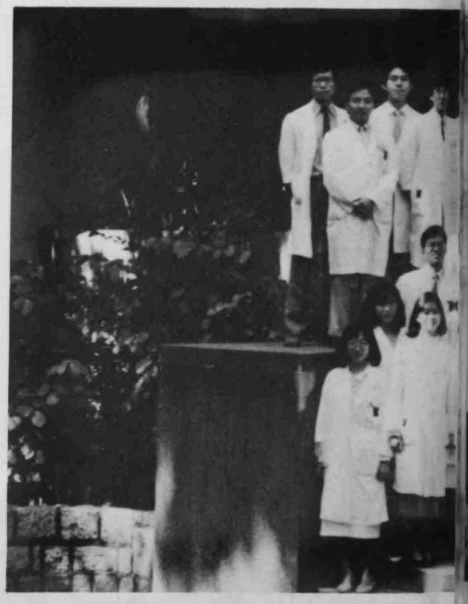


六八醫科
精英盡錄
舉世矚目

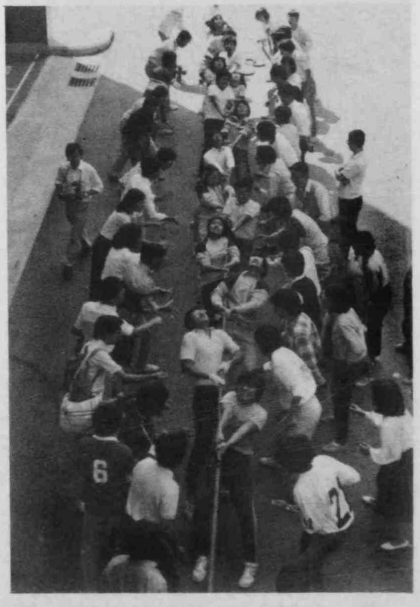
八七

「日子是一匹奔跑的斑馬，白日總是間雜着黑夜，蹄如風」，不覺已到了落庄的時候。回想我這匹流離不羈的野馬，驀地返回八七大家庭，患得患失地揑起班代這個擔子，幸好得到鷄仔的鼓勵和幫助，才能盡快適應，大家合力「搞好」八七。而八七沒有使我失望。

醫學生節過百人的參與，大半班的搏盡，添蓋上全班的歡笑——我們贏了，漂漂亮亮的贏了，眞材實料，無須謙虛（特別感謝男女周明及邵志遠）。就算在臨牀的沉重功課壓力下，我們仍勇奪班際田徑男子冠軍、班際運動亞軍、畫聖誕咭比賽冠軍等，不負同學對八七的期望。

但更值得珍惜的，是多少日常的生活片段，人和人接觸所激起的火花。可還記得衝Patho，Micbio Practical的互助齊心，等待Medicine放榜的焦急心情。哄人請食雪糕的Happy，Pauline Chan的下午茶，Senior Clerk和Com. Med. Visit遨遊四海的閒適，衝Com. Med. Project的人性大暴露，Medic最後一個暑假的結伴外遊？八七不

八面玲瓏
七竅皆通
八七英勇
大顯威風



祇令人引以爲傲，亦很溫馨醇美的。

煙花的美麗，是由很多小光點組成；光輝的背後，忘不了一羣共事一年的朋友：鷄仔、Miranda、明明、Amy、陸頌榮和其他班委，辛苦晒啦！還有要感謝一直都給我支持的組員（特別是長叔、文仔、基仔）。

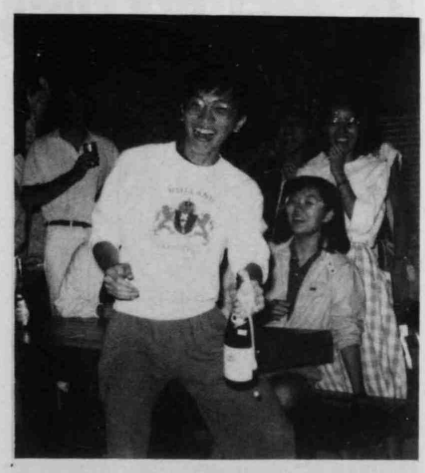
日子是一匹奔跑的斑馬，沙宣道是一個裝配糧草的驛站，日後在漫長路途莫論你我未來在那方，也記共你當年，曾經相識過。

Past Representative of 87
伍達源　八六年二月十一日

仍忍不住再把我在杏雨八三寫的幾句抄下：

Sometimes we watch the days go by,
Wishing they could last,
And we can't help but wonder
why time must fly as fast,
But we can keep in memory
every happy or bitter moment left behind,
And we can keep our special
dreams of joy and hope to find.

八八



Eight, as a symbol of fortune in Chinese, grants us the greatest gift in the past years. Having a double eight in our class symbol implies a full blessing that none of us can or will have resisted.

If eight is synonymous to victory, our first eight will then be our merits in both the athletic and aquatic battle fields; whilst the other one will simply imply our incredible escape through the 2nd M.B. examination. However, without the exuberant spirit and dedication that each of us had and has been sharing that no one single part of the magic spell can have brought us through. Still water runs deep; we, tigers always run ahead of time even if the power-driven hare has run out of battery. Nonetheless, this hare and hound game will not be that brilliant in the absence of our inexorable shedding of blood and tears. These tears and blood irrigate the soul of every tiger not for the ash and soil but his roar and soar.

Presence is an extenuating gaffer. Time can never flush down the frost but reminds people of the infant gait.

On the first few days of the year, we strode down the Champs Sassoon under the sparkling morning sun to hug the very moment of our first and last paradoxical honey moon term, as some of our most sincere seniors would like to suggest. The virtual paucity of teaching spoiled us so much that everything is very distant except to live an enjoyable life. Yet, life is life. You were told to be the boss with somebody throwing the dice for you. Who's really the boss? However, it doesn't take long for us to aware that ice-cream castle never stay in the air. Flooded by

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Come Come Come Eighty Eight We are Tiger We are Great

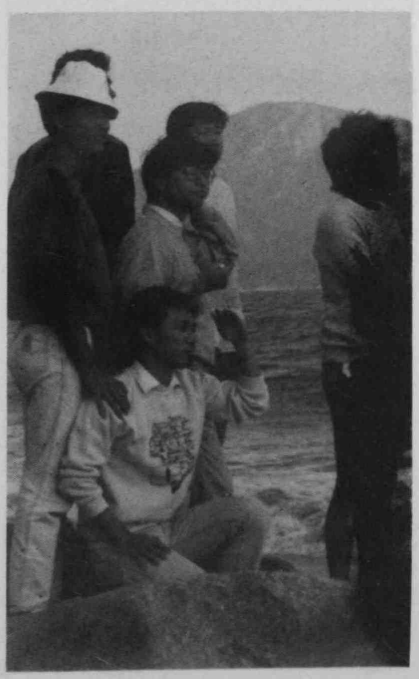
this tormented and torn apart feeling; reality dropped in suddenly without a mere warning and that drove us back to life, the real cruel world of life.

After the long lapse, it is the first leap that costs gut and thrust. One may toss his coin as if it were a two-sided mirror. Everything turns up will be an image of virtue and demon. Virtue in his long white gown shines the lamp of Nightingale, who expertises in offering a helping hand to the leaping cripple. Albeit the downfall of the climax, tiger with four legs must have something spared. Same for our roar that flourishes after the long silence.

Silence is a transient aurora. Listening to all our cheering and watching the pompons in the hands of our fairest tigresses will surely prove our bouncing hearts. To break through the glacier of boredom, we set our running limbs on the clear running tract and brilliant green grass field, as well as our paddling arms in the glittering water. We have never ignored the extraordinary nature in view of our enthusiasm in class camping. Social life is an indispensible part of every heart that will surely has touched by the music and vocialists' performance in our christmas party. Joy is never exhaustible.

As human beings, we need the energy to cope with life. As tigers, we use our legs and soul to leap over the hurdles. All these driving forces will not sublime without the upholding of our class spirit and morale. Let's get hand in hand to struggle through the coming obstacles. Come, Come, Come; Eighty Eight, we are tiger we are great!!

八九



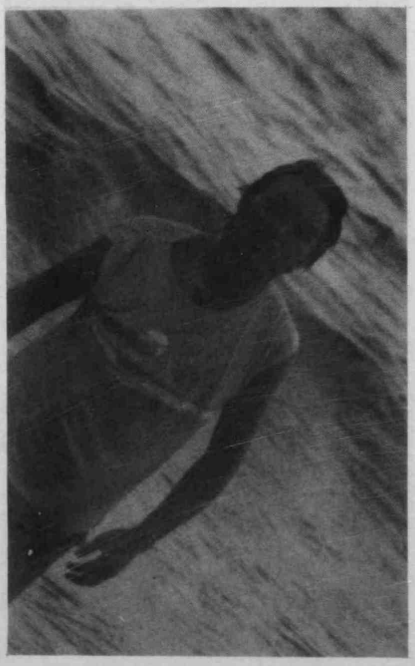
「一聲八九Cheer！一、二、三!」

「八九、八九……，Class Rep.呀，我哋唔識句Cheer係點叫呀！點算呀？」

「有冇攪錯呀？乜你哋咁瘀喫，Clas—Cheer都唔識，而家衰咗比人哋班睇啦！」

「劉盧二老你哋唔使咁勞氣。等我教識班同學啦！」

八九八九
精神抖擻
八九八九
個個高手



衆人一擁而上，交頭接耳，細聲講，大聲笑，擾攘一會之後……

「一聲八九Cheer！一、二、三！」

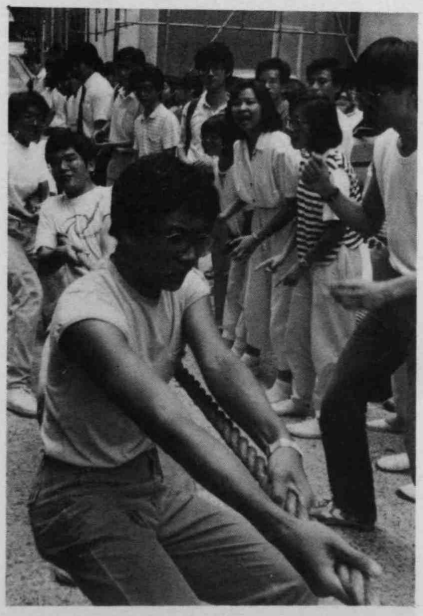
「八九八九，精神抖擻，八九八九，個個高手。」

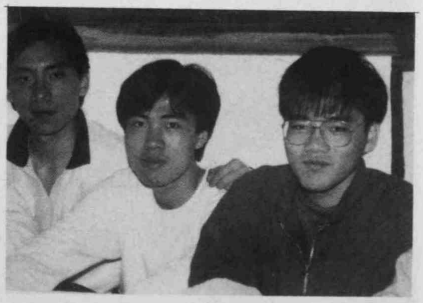
衆人大聲夾有準，一教便曉，果然是讀Medic的好料子。

二老站於一旁，爲之笑逐顏開。

（以上班內逸聞，乃半虛構。）

九〇





「九零」是我們的名字。因何理由叫「九零」呢？這是傳統亦是目標。傳統是因爲名字不是我們改的；目標是因爲異口同心定的。一九九零年標誌着一羣五年同窗的同學踏足醫院的第一步——這是父母，師長，朋友對我們的期望。

今天，我們「九零」人只邁出第一步——每朝早在沙宣道李樹芬樓低層班房裏上堂，做其醫學院內輩份低微但受人寵愛的小師弟，小師妹；但是五年後的今日，在班房裏的每一份子定必榮升「大仙」之位。再者，我們「九零」會是「九」字輩的大阿哥、大家姐，所以「九零、九零，創新里程」，絕無花假，是鐵一般的事實。

請不要以爲我們狂妄自大，我們是有我們沉實隱重的一面。若是大家有機會和我們上節課，大家便會體會到我們「堅持下去」的上課精神。這充份表現了我們「沈」的一面。大家要是觀察入微的人，都會發現我們的「自修」態度認眞，實事求事每有不明白之處，便和自己人商理，務求十全十美。「實」的一方面可謂發揮得淋漓盡至。

大家還記得醫學生節嗎？醫學生節裏蓮步舞比賽中我們獨佔傲頭，而亦在其他的比賽項目裏常常取得第二和第三的位置，再者在總成績方面以「穩」取季軍的姿態得勝，眞是叫人難忘。「穩」的一面可

百師滙集；在九零；奇兵猛將；盡精英；為我醫學振遠聲！

見一斑。雖然今天我們未嘗到冠軍滋味，但要知道我們在沙宣道上上落落只有兩個月多一點，便可以擠身於三甲之內，眞是難能可貴。不過，我們明白到「驕兵必敗」的道理所以「九零」人絕不因此感到滿足，反而在未來的日子我們會秘密練兵，「重」拳出擊，在來屆的醫學生節裏定必取得更驕人的成績。「九零」的「重」的美德，可謂表露無遺。再者，「攻無不克」的「九零」精神更可見一斑。

其實，開課至今雖然只得短短的兩個多月，但我們「九零」團結精神已得到萌芽。加上我們每一份子間熱誠和眞摯的肥料供養下，在未來的日子裏，定必可以到達光輝燦爛的永恒地步。在這段期間裏，班中的中心份子——班會委員努力地爲我們「九零」服務，爲我們籌辦逍遙節目如洋溢聖誕氣氛的茶聚、羅曼蒂克的冬夜遊河……等等。我們都深表謝意。

最後，大家都知道「九零」今天只邁出了第一步。面前的是五年少一點的艱辛旅途，但憑着我們的默默耕耘的態度，定能做到「舞照跳、書照讀、ＭＢ人人過」。「戰無不勝」是「九零」的座右銘並不是攪笑的。

楊諦岡

十二月四日八五冬

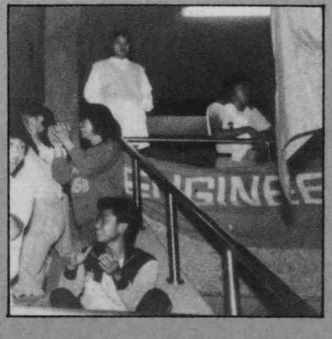







PEOPLE A-ROUND US








放射診斷師

醫療健康制度是個多個專業的組織。醫生固然是整個制度的核心，但是在醫生四周的其他醫療人員也扮演着絕對不容忽視的角色。在暑假期間，杏雨八五走訪了聯合醫院的物理治療師、職業治療師、放射診斷師、藥劑師、配藥員、臨床心理學家、社康護士和醫學化驗室技術師等；希望藉此使各位對他們的工作有一個概括的瞭解。杏雨八五編輯特此向聯合醫院及接受訪問的人仕致謝。

基督教聯合醫院

在以前，要成爲一位放射診斷師，可修讀政府在伊利沙伯醫院辦的課程。但在數年前，理工學院開設放射診斷系，取代了政府辦的課程。在這個理工辦的三年全日制專業文憑課程中，學生要修讀物理、病人護理、解剖學、生理學、放射技術、儀器運用等等的科目。畢業後可在本港工作，而此文憑是未被外地承認的。

現在正式從事這方面工作的人，可大約分爲三類：一、有理工學院專業文憑或已考獲英國學會試合格及已有十年這方面的工作經驗。他可以自行開業，設立一所化驗所。二、剛考獲理工學院專業文憑或英國放射學會試合格，而未有工作經驗，則需要在指導下工作。三、正在進修的學生，亦需在指導下工作。工作基本上是製作一張可供醫生診斷的片，但他們是不負責看片的。製作普通的片（不需病人打針吃藥的過程）只要合資格的診斷放射師即可；而製作特別的片（如I. V. U. ，Barinm Meal）則需先由醫生開藥，然後再由放射師去工作。

其實現時放射診斷師的工作不單止只限於X－光片的製作，其他技術如超音波片等亦已屬於他們工作的一部份。不過製作超音波片是需要進修過理工學院另一個有關課程。其他有關的進修如核子醫學（Nuclear Medicine）亦將會在理工學辦。在化驗所工作的在職人仕，只要修讀完理工夜間証書及高等証書後，再加上十年工作經驗，其資

醫療化驗室技術師

格便相等於上述一、及二、類人仕。還有英國學會的高等文憑亦可供持有專業文憑或同等程度的人考取。

因爲人手少，放射診斷師的工作量頗重，還要實行二十四小時輪更制。而人手不足的原因是在於理工學院每年只招收六十名學生，而大量的流失使每年畢業的人數只有約四十名。因此，基於人少位多的原故，出路是沒有困難的。在一般人的眼中，他們的工作似乎是比較危險，因爲經常要接觸放射性的物品。可是放射室內有各種保護措施，而一般的放射是非常短促及低份量，所以生命健康是受到極大的保障。

在與醫生合作方面：首先由醫生寫出對病人的診斷，然後由放射師來決定拍攝片的角度(Views)，通常再由放射學醫生(Radiologist)寫報告，最後給回醫生診斷。

目前，在政府或資助醫院服務的放射部門的制度是：剛畢業的放射師是第二級（ Class Two ），他們可升上第一級（ Class One ）；他們之上就是高級放射師，亦即是整個部門的主管。通常醫院只有一名高級放射師 。因此放射師的晉升機會也不大。

在本港，及格的正式放射師都在醫院內服務，暫時沒有獨立開設化驗所。因爲現在沒有法例實行管制放射人員的資格，所以在一般的化驗所，拍片工作通常在醫生指導下由一些沒有受訓的人負責。但此情況實有待致善。

在現代醫學上，醫療化驗室佔了一個愈來愈重要的地位。只要你能從病人身上取得任何樣本，例如：血液、大小便或唾液，交到化驗室，工作人員便會協助你診斷病人。在最近十年，對於醫學化驗的需求有極大的增加，可是，醫療化驗室的工作却甚少爲人所知曉呢！

醫療化驗室一般是分爲幾個部門的。血液學是其中之一。在這部門工作，你可手握一位年輕貌美的小姐的手，從她指尖中抽取一滴血液樣本；然後你便可以從顯微鏡下欣賞她漂亮的血球組織。或者你可以把一滴血放進一些儀器中，按幾個按鈕，儀器便顯示一堆天文數字——信不信由你，這是她紅血球、白血球和血小板的數目。

化學病理部的工作則沒有那麼寫意了，你要對一些非常「先進」的儀器，它們往往能預知最忙碌的時刻而發生故障。但只要你能習慣它們的脾性及明白它們所顯示的數字，你便可知道病人的酸碱情形、電解質是否平衡、肝臟功能及腎臟功能是否正常。

如果你想在細菌科中工作，你就需要有反復無常的性格。有時你要厚待這些細菌，給牠們最有營養的食物如煮熟的肉類、腦和心的精華，營養劑等；又要將牠們安放於最舒適的溫度及環境中；早晚還要爲牠們的成長担憂。可是，一旦你能識別牠們，你的態度便要立刻改變，你要用最有效抗生素、化學品，又或是高壓蒸汽把牠們消滅。

組織學可算是一門藝術。化驗員要將一些人體器官或組織的碎片製成美麗的切片。如果你懷疑身體有癌細胞，找一位病理學家看看，他能分辨出癌細胞及正常之細胞，但是千万不要找他替你動手術，他會把你的內臟全部取出，然後浸入甲醛液體中。最後，切莫與組織學科的工作人員爭執，他們有鋒利無比的刀啊！

如果你對人類之廢物有興趣，歡迎你加入醫療化驗室技術員的行列，這裏很多空缺等着你呢！香港理工學院提供一個兩年全日制的醫療化驗科學的文憑課程給中學畢業的學生。至於在職化驗室訓練員則可進修由香港大學校外進修部所辦的夜間醫療化驗科學普通証書課程。欲繼續深造的更可申請校外進修部的高級証書課程，但由於申請人數很多，通常需要輪候數年才有機會就讀。

完成該高級証書課程，兼且在一認可的化驗室工作一年，便可以考Scheme “O” 考試，成爲英國Institute of Medical Laboratory Science的 Associate Member 。如果你還有多餘金錢，又想擁有FIMLS的名銜，你便可以遠赴英倫，繼續進修一個兩年的BlockRelease課程，可是，以上之一切權利都需要你在一「認可」的化驗室中工作一年以上，所以如果你想參加這行列，切記找一所「認可」的化驗室工作。至於化驗室之「認可」資格如何劃分？則天曉得了。

（譯自高級醫療技術師陳先生）

物理治療師

物理治療是利用物理方法，如聲、光、電、熱、推拿療法、被動運動、運動治療等，並透過先進文儀器以達致治病的目的。

現時在本港，只要完成理工學院的三年制物理治療專業文憑課程，便可正式成爲註册之二級物理治療師，有了若干年之工作經驗便可成爲一級物理治療師，又或是晋升爲高級物理治療師及更高級職位。此外，本港設有一些深造課程；外國亦有一些比較專門之碩士或博士學位課程，提供進修之機會。通常物理治療師都會在醫院或一些專科治療中心工作，但亦有小部份曾作私人執業。

物理治療師的工作範圍很廣，各科中都有需要，最主要的是骨科病人。骨科方面，通常是替病人做一些肢體如肌肉及關節之活動；幫助病人減輕痛苦，如頸痛、坐骨神經痛等；並且對病人之活動能力，範圍作出評估。老人科方面，一般是鍛鍊老人的活動能力及適應以後之生活，如上落床、行路等，又或是教導老人使用各種助行器具。至於內科、外科及兒科，則包括一些呼吸運動、順位驅痰等，對於一些胸肺感染的病有一定的療效。兒科方面還包括一些矯正先天性異常肢體之作工，又或是教導一些患大腦痙攣症的兒童作一些肢體活動。婦產科則教導產婦作一些產前產後運動，以助生產嬰兒及復元。此外，外科上一些燒傷後的結疤會妨礙正常之活動，如作一些被動及自動運動則可維持肢體之活動能力。

至於醫生及物理治療師的配合形式，往往因醫院而有差別，一般來說，病人如要接受治療，都須經過醫生檢查，認爲有需要便介紹往物理治療部接受治療；至於治療時間則往往由物理治療師看進展如何來決定。

工作困難主要來自人手、地方不足；間中亦有病人不合作之情況，但通常經耐心解釋後，病人都會樂意接受治療。儀器方面，雖然不足，但勉强還可應付。綜觀現時之情況，人手與理想人數（病床數目與物理治療師應有一定比例）還有一段距離，而且由於地方及財政方面之限制，雖然現時已增加訓練物理治療學生，人手短缺的問題於短期內仍難以改善。

配藥員

目前，香港政府的醫務衞生署及一些資助醫院都有開辦配藥員的訓練課程。學生的資格一般爲完成中學程度及選修理科；而受訓的時間是三年。課程的主要內容包括：葯理、消毒、藥物製造等等。至於上課的形式是包括課堂及實習兩方面。完成這三年的課程，配藥員的訓練便終止，現在沒有更進深的訓練。

配藥員主要的工作當然是配藥。在配藥時，他們還會留意醫生處方的藥的份量及藥與藥之間的相互作用（Drug interactions）。如有疑問，他們會覆示開藥的醫生。其他的工作還有藥物的調配：例如醫生處方的藥之份量和成份比較特別，要將葯丸溶解調配至所需份量，或自購原料製造特別葯物和胃藥來減低醫院的支出。

他們的工作上的困難主要是有時醫生的字跡比較潦草，難於閱讀。但爲避免誤配藥物，他們只得再請示醫生或暫時擱置配發藥物。配藥生涯看來似乎是較單調，但是現在藥物的發展日新月異，配藥員經常接觸新的藥物，學習新鮮事物，這也是工作的有趣之處。

臨床心理學家

至於人手方面，配藥員在香港是不足夠的。原因是：一、選讀訓練課程的學生不多，而且流失量大；二、許多受聘的配藥員都是從外地（如加拿大、澳洲、台灣）回來的藥劑系畢業生，當他們考到了本港的認可試，成爲註册的藥劑師，他們便會離開配藥的工作。

在本港，配藥員主要的出路是醫院，甚少在藥房或診所內工作。而配藥員協會的成員亦只限在政府醫院裏工作的配藥員。

或許有些同學會混淆精神病醫生（Psychiatrist）及臨床心理學家（Clinical Psychologist）這兩位醫療工作者。其實他們是徹然不同的：精神病醫生是受過正式醫學訓練，是有權使用藥物；而臨床心理學家不是醫生，不可以使用藥物處方。

在英國制度裏，通常臨床心理學家的資格是包括英國心理學會規定的試卷之學士學位，再加上碩士學位，甚至博士學位的程度。目前，港大開設有這方面的碩士學位課程，而中大亦有計劃開辦。

臨床心理學家的工作概括地可分評估、治療、研究、訓練未來的心理學家及參予教導其他輔導醫療工作者各方面。評估包括智力測驗、性格分析、判斷病人精神病的種類、判斷腦受損的部份等等。治療包括：個人心理治療、其方式因各心理學家受訓的背境不同而異；小組心理治療；行爲治療；及應用於兒童的遊戲治療。工作對象因機構的性質而異，包括精神病者，有心理及行爲問題的兒童，受情緒困擾的人士，因身體疾病而引起心理問題的病者，甚至在監獄復康中的囚犯等。日常工作的方式是通過觀察，個人或小組的交談及實際行爲上的更易以達到瞭解病徵及治療的目標。工作的環境亦不單局限於辦公室或醫院內，課室、家居地方亦可以成爲臨床心理學家進行治療的地方。

現時，本港大概只有五十位左右的臨床心理學家而接見病者的治療時間又相當長（每一位病人大約需要一小時），所以工作量是頗大的。

工作上的困難主要是來自病人本身的態度及自發性。例如有些病人認爲只要吃藥便可治好自己的病，全不信賴行爲心理治療，那麼治療的進步便大大減慢；又例如好些病者的家人只懂把責任全推給心理學家，自己從不協助病者在家中的康復，這也大大減低治療的成效。雖然在工作上有這些困難，但當病人的病情有所好轉，心理學家心中的滿足感也是難以形容的。

藥劑師

要了解藥劑師的工作，首先就必須了解藥劑這一門學問。藥劑學是一門對藥物用途、作用原理、服用方法、吸收、身體反應、排泄、劑量控制、禁忌、副作用、以及藥物來源、製造、貯存及調配的專門科學。它與醫學是息息相關的，醫學的進步在很大程度上依賴藥劑學的發展。現今藥物的種類繁多，日新月異，而醫生對藥物的認識總是有限的，因此藥劑師在醫療服務中扮演着一個重要角色——除了協助醫生執行配藥工作及研究藥物外，更須向醫生提供他們對藥物的最新知識及協助醫生應用新藥物於治療上。

現在本港的藥劑師全部是外國畢業的。以前香港大學曾試辦藥劑學位課程，但兩年後便停辦了。本港的藥劑師多在英、美、澳、加等先進國家的大學畢業，他們在完成了三年或四年的學士學位課程後，必須經過一年的實習或在職訓練及經藥劑師管理局考試及格方可註册爲正式藥劑師。英國的藥劑師可直接在港註册，澳洲的藥劑師則須在港接受一個月的工作觀察方可註册，而美、加、台灣等地的藥劑師更須通過本港的專業考試才可以註册。至於藥劑師的訓練課程，除了藥理學、藥物化學、藥物製造學和實驗製藥，還包括了生理學、生物化學、微生物學等科目。

在本港，藥劑師除了在醫院診所的配藥部工作外，還可以受聘於政府，做海關的檢查工作，亦可以在政府製藥部門工作。此外，葯房或藥廠及經營藥物的商行也須要聘用藥劑師。在醫院或診所配藥部工作的藥劑師，其主要工作是管理配藥部，包括人手編排、開支及財政預算，藥物採購及管理等，而實際的配藥工作却很少由他們直接做，因爲香港政府有訓練及聘請配藥員（Dispenser），他們是由香港醫務衞生處招聘的中學畢業生，經過三年的在職訓練及考試及格而成爲合格配藥員，分担藥劑師的配製藥物工作，因此在醫院工作的藥劑師實際上主要是負責行政管理及統籌。就算是在政府製藥部及藥廠，藥劑師主要也是負責主管。

本港的藥劑師行業和一些先進國家的情形有些不同。例如美國採用醫藥分家的制度，醫生只開處方，配藥則完全由藥劑師負責，但在本港，私家醫生均自行配藥給病人服用。目前在香港所採用或售賣之藥物大多爲成藥，一切用途，服用方法、劑量及楚忌等均有說明書解釋，醫生多能各自了解其用途及特性。此外，本港在生產或製造藥物方面並不十分發達，所謂生產藥物不外是採用入口之外國原料加工配製或批發，較少有藥物的發明研究工作。另一分別就是在歐美先進國家有病房藥劑師在病房工作，他們要經過一個特別課程訓練，而在香港則沒有這個職位。最後，英美各國雖然也有聘用藥房技術員協助藥劑師執行配藥工作，但他們絕對要在藥劑師監督下工作。由此可見，在目前的制度下，香港的藥劑師需求量並不大，這也是政府不開辦藥劑師課程的主要原因。

這是否表示香港的藥劑師人手足夠呢？並不是。在醫院工作的藥劑師人手不夠，但這現象主要是由於無論政府、資助或私家醫院在聘用藥劑師方面都有所限制，一間醫院通常只有一兩名藥劑師，以藥劑師對病人的比例來衡量，遠遠落後於英、美等國。因此在醫院工作的藥劑師壓力十分大，除了負責主管整個配藥部外，有時還要決定醫生開出的處方是否有問題，要負責和醫生聯絡和解答醫生對藥物的問題，全部大都是一人負責。

在目前香港的實際需求情況來看，確實不一定要着急於訓練藥劑師。不過如果要開辦一個藥劑師訓練課程，似乎並不是十分困難，因爲課程裏很多科目和醫科相同，不須要增加太多人手和設備。是否須要開辦訓練課程並不是主要問題，最重要的是醫院增聘多些藥劑師，及改善他們的服務質素，到時就算本港沒有訓練藥劑師，亦會有藥劑師由其他地方來港工作。

職業治療師

何謂「職業治療」？在很多人的心目中，顧名思義職業治療是協助病人恢復工作能力的治療，但這只對了一部份，其實職業治療還包括了協助病人恢復生活上各方面的適應能力，概括地說，職業治療是透過一些有意義和目的之活動幫助病者恢復身體功能，若有需要時，並設計一些輔助的器具，使病者可以適應其生活及工作。

現時在本港服務的職業治療師大多數是由理工學院訓練出來的。因理工學院於八年前開設了三年制的職業治療專業文憑課程，在此之前本港的職業治療師都是由外國受訓的。在理工學院開設的課程，包括了職業治療理論、解剖學、心理學、社會學、研究及統計學、基本醫學、治療活動、英文及溝通等科目，除此還有數百小時的臨床訓練，由此可見職業治療師的訓練幷不簡單。

畢業後大部份職業治療師都在普通醫院或精神病院工作，但亦有一部份在復康中心、老人中心、傷殘人仕服務中心和特殊學校等機構服務。他們的工作對象是身體有問題的病人（如骨科病人、患中風之老人及燒傷病人）、弱智人仕及精神病患者。在面對一個有需要接受職業治療的病人時，職業治療師首先要用各種測驗來評估病人的現況及活動功能，然後根據病人的能力去訂定一個治療計劃，通過一些爲病人策劃的活動去訓練病人對生活及工作能力之適應，盡量協助病人過獨立生活。除了以活動爲治療的主要方法外，職業治療亦會用輔助物如壓力衣、矯形架、骨折夾板和頸托等等去協助病人恢復身體功能，當病人在康復期間，職業治療師亦會教導病人以適當運動、娛樂、小組活動與討論來消除精神上之憂慮或不安之情緒，以維持身心健康。至於職業治療師的工作範圍，是十分廣泛的，從幫助半身不遂的老人去學習穿衣洗澡，以至訓練傷殘人仕和精神病患者的工作技能，協助病人培養正確的工作態度及自信心，都是在職業治療的範圍內，此外，職業治療師甚至會協助病人找尋工作及到工廠與老板接洽，他們的服務範圍實在超出一般人所想像

由於職業治療師的工作對象基本上是一些身體或精神上有問題的病人，在治療過程中難免會遇上一些困難，例如有些病人可能會達不到理想的治療效果或對自己缺乏自信，而有些工廠會對病人康復後的工作能力有所懷疑而拒絕接受他們。因職業治療對病人的康復都有實際的幫助，故職業治療師多能從工作上獲得頗大的滿足感。但本港的職業治療師却要面對人手不足的問題。現時本港約有二百多名職業治療師，而理工學院的課程每年大約收六十名學生，從數字上來看，人手的問題應有所改善，但由於政府在聘用職業治療師方面是有所限制的，以致一些醫院或機構的職業治療師有不足的現象。職業治療是一項比較需要時間和耐心的工作，人手不足會大大增加了職業治療師的工作壓力及削減了他們的服務質素，這樣對職業治療師及病人都不是公平的。除人手缺乏外，金錢資助不足，以致輔助病者之活動器材短缺，亦減低了職業治療的效率。

職業治療在醫療服務方面的角色在近幾年開始受人注視，這正是理工學院開辦職業治療課程的原因。但是除了注重訓練人手外，醫院及有關服務機構多聘請職業治療師，改善職業治療師對病者的比例，同時也需要增添輔助治療的器具，這樣才能充份發揮職業治療的價值。

社康護士

社康護理服務是由一羣受過專業訓練，經驗豐富的護士，將醫院提供的護理服務延續到病者家中，使家居的病者得到適當的護理。社康護士透過探訪，不但能給予病人適當護理，更可向病人及其家人灌輸預防及治病的知識，並且觀察其病情進展及向主診醫生報告，從而促進病人的康復。

社康護理服務始於一九六七年，最初發展極爲緩慢，直至一九七七年獲得香港政府資助，並於一九七八年獲得全面推廣。一九八五年，全港共有八間機構設立了多所中心提供社康護理服務。

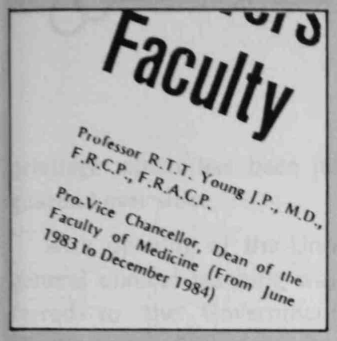
社康護理服務幷非一般私家護士的服務。護士到訪病人的時間與次數是按其病情及治療需要而定。需要繼續長時間的護理的病人則不適合接受此項服務。

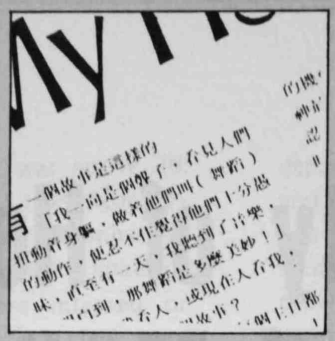
社康護理服務爲未能離家接受治療的年老、傷殘及一般病人提供全面性之康復護理，鼓勵病人家屬合作，促進病人康復，幷灌輸預防病症復發的知識。這種服務把以醫院爲中心的醫療工作展開到社區及家庭中去，使家庭各成員均能個別負起保健責任，以達到眞正之健康。此外，社康護理服務能使一些病人可以提早出院，這樣一方面可以使病人更早康復，因爲病人回到家中後，在家人的協助和鼓勵下，可以 重過自己平常的生活，這樣對其康復是有好處的。而另一方面，醫院的床位短缺問題也可得到暫時的緩和。

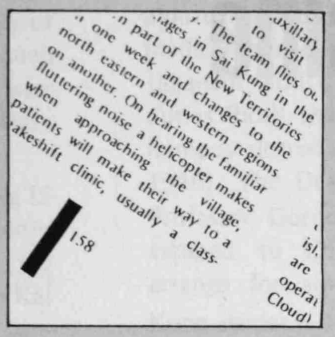
怎樣才能成爲一位社康護士呢？要成爲一位社康護士，首先就要是一位在香港正式註册或登記的護士，幷要在醫院裏有一年以上的臨床護理經驗，然後再經過四個月的專門訓練課程，並經考試及格。護士除了重溫一些家居衞生，病人護理等醫學常識外，還要學習怎樣去觀察和了解病人在家庭所遇到的困難，並協助其解決或提供可得到協助的途徑。學習怎樣幫助病者及其家人去應付、接受及適應因疾病、意外、生產或其他健康問題所引發的新問題。此外，又要學習一些物理康復治療法，以便爲病者在家中進行簡單的物理康復治療。而更重要的就是學習一些隨機應變的技巧，以家居內有限的資源和一些簡單的設備，而達到所要求的護理效果。此外，課程中亦有一半時間是到病人家中實習的。

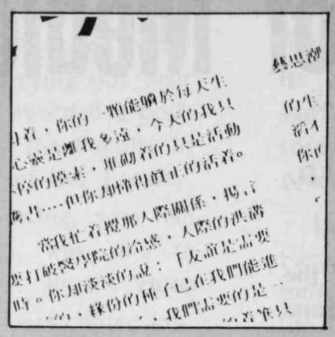
社康護士的工作是星期日和假期都需要輪班工作的。他們每天上午都會到病人家中進行服務，每次探訪時除了施行普通及一般性的護理工作，如量血壓、注射針藥、冲洗及包紮傷口、拆線、康復運動、導尿、產後及嬰兒護理外，她亦需要與病者及其家人建立良好的人際關係，以明瞭他們及運用機智，直至或間接地解決那些足以影響病者康復的問題，並且積極地鼓勵及促進病人的獨立能力，使其能從容地去適應家居的生活環境，在護理過程中，社康護士更會指導病人及其家人有關自行護理之方法及衞生常識，並盡力推行個人及家庭健康教育，包括營養學、家政事項、家庭成員的溝通和了解，家庭計劃、預防意外等。如有需要時，社康護士亦可爲病人尋求接受專門的治療或輔導，例如物理治療、職業治療及社會服務等等。到了下午，社康護士就會返回所屬中心，做一些探訪病者的報告和記錄，並與有關的醫療隊成員互相討論病人的康復進展情況及在工作上所遇到的困難等。

社康護士的日常工作非常繁重，時常要抵受日曬雨淋之苦，帶着重重的護理袋到病者家中服務，有時要到一些沒有電梯的唐樓，有時要到一些偏僻或環境複雜的地方，工作很辛勞。此外，他們工作上也遇到不少困難，例如，病者的家人採取不合作的態度而拒絕協助病者，又或者認爲不能負擔費用而拒絕接受服務等。另外，人手和經費不足也是一個主要問題和壓力。雖然社康護士在工作上所遇到的困難和壓力是這麼大，但仍有很多人樂意去做，因爲當看見病人在自己的護理下得到康復和進步的時候，自己內心的快慰和滿足就足以抵消身體上的疲勞了。

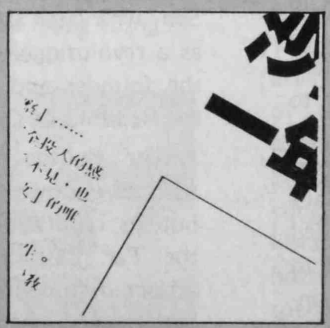


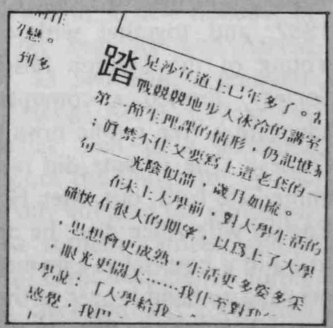


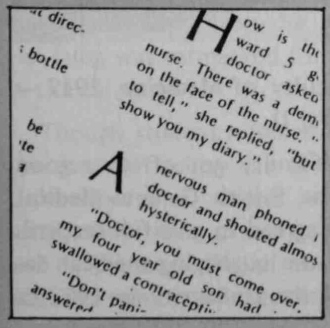


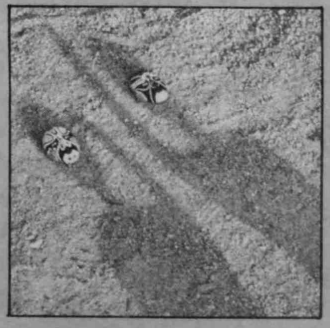


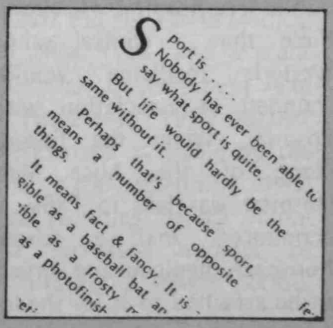
CONTRIBUTIONS











University of Hong Kong Faculty of Medicine

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Pro-Vice Chancellor, Dean of the Faculty of Medicine (From June 1983 to December 1984)

FACULTY OF MEDICINE — THE PAST

The Hong Kong College of Medicine, 1887-1915

The credit for the foundation of the first medical school in Hong Kong goes largely to Ho Kai (later Sir Kai Ho Kai) and the London Missionary Society.

Ho Kai, a Chinese qualified in Great Britain both as barrister and doctor, returned to Hong Kong in 1882, and together with Dr. W. Young of the London Missionary Society, formed a committee to advocate a free public hospital for Chinese. The scheme did not bear immediate fruit, but when Ho Kai's English wife Alice died, he decided to build a hospital as a memorial to her, and to hand it over to the London Missionary Society to run as a public free hospital. He expressed a hope that a clinical school of Western medicine would be founded in association with the hospital. When the foundation-stone of the Alice Memorial Hospital was laid in 1886, it was announced that a school of European medicine and surgery was to be attached to it for the instruction of Chinese students. The London Missionary Society made a generous donation towards its foundation, while other substantial contributions were made locally. Patrick Manson, James Cantlie, G.A. Jordan, W. Young, and W. Hartigan were among the first honorary teachers.

The Hong Kong College of Medicine for Chinese was formally inaugurated in October 1887, and opened the same year with two students. One of these was Sun Yat Sen, who later achieved distinction as a revolutionary leader becoming the founder and first President of the Republic of China in 1911.

The College developed slowly, with no endowments and buildings; but its reputation spread through the Far East and it eventually attracted students from the Straits Settlements, the Federated Malay States and from as far afield as India. In 1907 the words "for Chinese" were removed from the College's title. By 1910, 100 students had been enrolled, and only 31 had passed out as licenciates to practise medicine in Hong Kong; but some of these were men of distinction. Reference has already been made to Sun Yat Sen; among the rest, there was Li Shu Fan who became the first Minister of Health in the Chinese Republic in 1911, nd G.H. Thomas who was the first Hong Kong graduate to be director of the local medical and health services.

The College ceased formal instruction in 1912, the year in which the University opened its doors. The remaining students were transferred to the Faculty of Medicine and were permitted to sit for the final M.B., B.S. examination in 1914. For those who were unable to meet the University's standard, however, the College continued to examine until 1915 when all activities finally ceased.

The Faculty of Medicine, 1912 — World War II

The Faculty got off to a good start. The British General Medical Council agreed to give full recognition to the qualifying medical degrees of the University in 1912, a

privilege which has been jealously guarded ever since.

With opening of the University, general clinical teaching was transferred to the Government Civil Hospital in Sai Ying Pun, the crowded western end of the city of Victoria. Here teaching continued until some twenty-five years later when the present Queen Mary Hospital was opened.

Through the generosity of Ng Li Hing, a new School of Anatomy was built in 1913. In 1919, Ho Fook, Ho Kam Tong and Chan Kai Ming donated monies for the construction of an extension to the anatomy building to provide accommodation for the Department of Physiology and for a building to house the Department of Pathology. These two buildings, together with a small building for the Department of Surgery constructed at a later date and an office in the University's Main Building occupied by the Dean, were to accommodate the entire Faculty until 1956.

During the first decade of its existence, the Faculty was bedevilled by lack of funds. Donations were forthcoming from time to time for capital projects; but what the University needed then was more money for recurrent expenditure, and by 1920 it was insolvent. The Government responded by imposing financial control, but their annual grant remained at a mere HK$50,000. Fortunately some funds were forthcoming from other sources, and the Rockefeller Foundation gave money to endow three chairs in clinical subjects. A further donation from Sir Robert Ho Tung was earmarked for a chair in clinical surgery.

Though student numbers within the medical faculty (as within the University as a whole) remained small, they were growing steadily, and by the beginning of the Pacific War the number of students in the first medical year was nearly 70. But the invasion of Hong Kong by the Japanese brought all university activities to a standstill. Expatriate teaching staff were interned or imprisoned although a few were able to escape. At least two senior medical students were killed by the Japanese whilst carrying out their duties (both were awarded a post-humous degree by the Faculty in 1946). The Dean of the Faculty, Professor Gordon King, who had escaped to China, was able to arrange for almost all the Hong Kong students to be accepted into universities in China to continue their study. Most of these students were able to graduate, and if they had completed the required minimum of two years in the University they were subsequently able to obtain Hong Kong degrees. Those who had not met this requirement came back for further clinical study after the war, and almost all had graduated by 1950. These arrangement produced a curious state of affairs in the University during 1948 and 1949, when there were students in the first, second, and final years but none in intermediate years. But by 1952 all the years were full; for the post-war educational bulge affected Hong Kong as much as other countries.

Faculty of Medicine, after World War II

After the war the financial stringencies remained, and at first the clinical departments could only function because teachers offered to the University their earnings from consultation to maintain the departments. The tide then turned, and a great deal of financial help was received from the China Medical Board of New York which provided the Faculty with equipment for teaching and research, remedied the deficiencies in its library, and awarded fellowships to its many medical graduates and staff members to enable them to study abroad in both Europe and America.

In the late 50's, the Medical Faculty gathered sufficient momentum to develop. The new building for the Department of Pathology was completed in 1958, and the space vacated permitted the very necessary expansion of the pre-clinical Departments of Anatomy and Physiology, including Pharmacology. The new maternity hospital (Tsan Yuk) was completed and occupied in 1955, while the Sai Ying Pun Polyclinic, planned in 1954 and built by the Government with capital grants from Hong Kong Jockey Club, was finally opened for clinical practice in 1960.

Five of the Faculty's departments (Anatomy, Biochemistry, Pharmacology, Physiology, and Preventive and Social Medicine) were moved to a new building in 1965. This building was named after Dr. Li Shu Fan, a graduate of the Hong Kong College of Medicine as well as a generous benefactor of the University. A new wing to this building for a medical library, a student canteen and a hostel for clinical students during specialty clerkship was completed in 1966, through gifts from the Jockey Club and the China Medical Board of New York, and a grant from Colonial Development and Welfare Funds. In 1970 further funds were made available by the Government for extending these residential facilities to accommodate the increased number of students and for a longer period.

The extensions were completed in 1972 and the entire complex was named the Patrick Manson Building.

The clinical facilities in the Faculty's main teaching hospital, Queen Mary Hospital, had been massively altered during the period and chiefly in 1967 when a six-storey new building was completed to house the administration and research laboratories of departments of Medicine, Surgery, Paediatrics, Obstetrics and Gynaecology and Orthopaedic Surgery. A new building providing lecture theatres as well as accommodation for the Departments of Paediatrics and Psychiatry and part of the Department of Surgery was built later. In October 1972, a new Clinical Pathology Building was completed to house the Hospital Pathology Service operated by the Departments of Pathology and Microbiology. Clinical teaching has also been extended to Queen Elizabeth Hospital, Castle Peak Psychiatric Hospital, Kwong Wah Hospital and various other Government and Government-assisted hospitals since 1960.

The Faculty's student intake immediately after the War was 50 per year. At the request of the Government, this figure increased to 100 in 1964 and 120 in 1965. Since 1970, the Faculty's intake has been 150 per year.

The Faculty in the years immediately after the War consisted of seven departments, Anatomy, Medicine, Obstetrics and Gynaecology, Pathology, Physiology, Social Medicine (which was operated on part-time basis and changed its name to Preventive and Social Medicine in 1958*) and Surgery with about 30 full-time teachers. With the establishment of new departments: Biochemistry in 1960, Orthopaedic Surgery in 1961, Pharmacology in 1965, Paediatrics in 1966, Microbiology in 1967 and Psychiatry in 1971, the number increased to 13 by the end of the 70's with a full-time establishment of about 170 in 1979.

The Faculty made numerous attempts to review and revise its medical (M.B., B.S.) curriculum in accordance with the developing concepts of medical education. A major post-war revision took place in the early 50's, consequent upon the passing of the Medical Act of 1950 (which required all students to do a hospital internship of one year after qualifying before they could be licensed to practise). Another important revision (which mainly involved the preclinical years) in 1970 was in response to recommendations of the British General Medical Council. A further one in 1976, in the light of advice received from Professor L.G. Whitby of the University of Edinburgh and Dr. J.M. Holt of Oxford.

The introduction of new postgraduate curricula formed a further aspect of the Faculty's development in the 60's and 70's. The Faculty admitted its first student for the Doctor of Philosophy degree in 1961 and its first Master of Philosophy student ten years later in 1971. A full-time postgraduate course leading to a Certifiate in Medical Sciences was introduced in 1977 and a one-year full-time course leading to the degree of Master of Medical Sciences in 1978.

The University started the planning of its dental curriculum in 1976, and until the formal establishment of the Faculty of Dentistry (in July 1982), this was done by a Board of Studies within the Medical Faculty.

Hong Kong developed rapidly after the war, so did the Medical Faculty. Indeed, the Faculty grew so fast in the decades after the war that Professor F.E. Stock (then Professor of Surgery and Pro-Vice-Chancellor of the University) concluded in 1962, that "even Manson or Kai Ho Kai, far-sighted as they were, could hardly have envisaged the way their child would develop".*[1]

FACULTY OF MEDICINE – THE PRESENT

Introduction

Professor F.E. Stock predicted in 1962 that when the Faculty attained its centenary, it would be "at least twice as sturdy as now when it reaches seven-five".*[2] Although the Faculty has not yet reached its centenary, it is almost certain that Professor Stock will be right. The Faculty today is much better developed than it was 22 years ago.

The Medical Faculty now consists of 13 teaching departments: Anatomy, Biochemistry, Physiology, Pharmacology, Microbiology, Community Medicine (incorporating the Behavioural Sciences Unit), Medicine (incorporating the General Practice Unit), Surgery (incorporating the Anaesthesiology, Ophthalmology, Otorhinolaryngology, Diagnostic Radiology and Radiation Oncology Units), Orthopaedic Surgery, Obstetrics and Gynaecology, Paediatrics and Psychiatry, and a Postgraduate Medical Education Unit, with a full-time establishment of about 220. In addition, there are two service units: the Medical Illustration Unit which assists departments of the Faculty in the preparation of visual aids for both teaching and research purposes, and

the Laboratory Animal Unit which supplies specified-pathogen-free animals for teaching and research as well as provides in-house training for staff in animal technology and advice on all aspects of laboratory animal science.

The preclinical departments, the Medical Library, the Postgraduate Medical Education Unit, the Laboratory Animal Unit, the Medical Illustration Unit, the Clinical Students' Residence and a student amenities centre are located on Sassoon Road, close to the Queen Mary Hospital where the clinical departments are located. The recent rapid growth of the Faculty has called for its physical expansion. In the Queen Mary Hospital compound, new buildings (one of 23-storey and another of 10-storey) are being erected and existing ones (the New Clinical Building and the Pathology Building) are being altered to provide, in addition to more beds for patients, extra space for clinical departments and for the Faculty's teaching facilities.

The Faculty remains as yet the only institution in Hong Kong which produces medical graduates (its sister Faculty in the Chinese University of Hong Kong will produce its first group of medical graduates in 1986), and continues to support the services provided by the Queen Mary Hospital, the regional hospital for the Hong Kong Island, and various Government and subvented hospitals. It is also a regional centre for training teachers in medical and dental schools in neighbouring countries of South East Asia. The research activities in the Faculty cover a wide scope of areas both in basic and applied fields, ranging from a study of the disease pattern in this part of the world to gene mapping and prenatal diagnosis of Thalassaemia. The Faculty also provides many kinds of community services, such as conducting educational programmes in health and medicine and giving professional advice to both the public and the private sectors in Hong Kong. Members of the Faculty serve on public committees of various nature. It is also part of the Faculty's normal activities to exchange experience and knowledge with medical schools and institutions in neighbouring countries, particularly China in recent days, and the Faculty also contributes to international organizations like the World Health Organization.

Teaching and Training

Undergraduates

Although during the past 97 years, the Faculty has been teaching courses leading to the same medical degrees – the Bachelor of Medicine and Bachelor of Surgery, the syllabuses for the curriculum have been under regular review and revision to bring curriculum up-to-date with new developments in medical science and education technology and to make it creditable for continuous professional recognition, including that of the British General Medical Council which has been granted since 1912. At this very moment, for example, the relevant committees of the Faculty are monitoring latest developments and converting such observations into actual contents of the existing syllabuses.

Two features of the present structure of the Bachelor of Medicine and Bachelor of Surgery (M.B., B.S.) degrees *(Appendix I)* are worth mentioning: the elective/remedial period and the assistant intership scheme. In the final year of the degree curriculum, provision is made for an elective/remedial period during which students who are not required to receive remedial instruction undertake a study/research project in a subject of their choice or an Elective Clerkship in a clinical department either in the Faculty or in another medical school or hospital. Thanks to donors of various scholarships, the Faculty is able to provide financial assistance to a proportion of students to enable them to benefit from the opportunity of elective attachments overseas. The assistant internship scheme which was introduced in 1979-80 permits Fourth and Final Year undergraduates engaged in Specialty Clerkships to accept appointments in place of interns who are on authorized leave of absence. Such appointments provided valuable clinical experience to students.

Apart from the MB., B.S. degrees, the Faculty offers an intercalated one-year course leading to the degree to Bachelor of Science in Biomedical Sciences for selected students who wish to undertake in-depth studies in one of the sciences related to medicine after completion of the Second or Third Year of the M.B., B.S. curriculum.

The Faculty is also involved in the teaching of dental students of the University. Most of the first year of the course leading to the Bachelor of Dental Surgery (B.D.S.) degree is spent studying the basic medical sciences in the preclinical departments of the Faculty. A number of Faculty's departments, including Anatomy, Medicine, Microbiology, Pathology and Surgery, contribute also to the teaching in the remainder of the B.D.S. course.

Postgraduates

The Faculty awards higher degrees and a postgraduate certificate. It accepts candidates for research studies leading to the degrees of Master of Philosophy and Doctor of Philosophy. The degrees of Doctor of Medicine and Master of Surgery are awarded for original observations that make a definite contribution to knowledge in medicine and surgery respectively. Courses leading to a Certificate in Medical Sciences and Master of Medical Sciences are also offered, the purpose of which is to train medical or biological science graduates to teach preclinical subjects to medical and dental students.

The Faculty's involvement in the postgraduate medical training is usually less known by the public. The Faculty is in fact involved, in one way or another, in all the main aspects of postgraduate medical training in Hong Kong:-

Internships: It is necessary for medical graduatees in Hong Kong to complete one year of satisfactory service as a member of the resident medical staff of an approved hospital before he is eligible for full registration with the Medical Council of Hong Kong and the General Medical Council of Great Britain. The Internship scheme is monitored by a Central Internship Committee with membership comprising representatives from the Faculty and the Medical and Health Department of the Government. The day-to-day administration of the scheme is looked after by the Faculty, which includes the allocation of interns to hospitals, monitoring reports on individual performances in internships, inspecting internship posts and providing certificates of satisfactory performance.

Externship: A somewhat complex system for the re-examination and further training of doctors who graduated outside the Commonwealth was introduced in 1977. After completing their examinations, these doctors are required to complete three periods of six months each in the major disciplines under consultant supervision in hospitals. These are analagous to internships but are administered in a different manner, and to prevent confusion are called externships. Satisfactory completion of the requirements of this scheme results in registration for the purposes of medical practice in Hong Kong only. Much of the administration of this Externship Scheme is done by the Faculty on behalf of the Licentiate Committee of the Medical Council. In addition, the Faculty is involved in the conduct of the externship examinations and the provision of lecture courses and training for those externs attached to its departments.

Postgraduate Training: All clinical departments within the Faculty play a part in providing postgraduate training to doctors employed in Government and subvented hospitals and in the private sector. This includes (a) general professional training which begins on entry to a training programme and usually lasts for three to four years culminating in obtaining a membership or fellowship of the respective Royal College and (b) higher professional training which begins after obtaining a membership or fellowship and during which the trainee undergoes advanced training in a subspecialty for a further three or four years. Training takes the form of experience gained in service, attendance at grand rounds and seminars as well as structured instructions and experience in the appropriate laboratories.

Continuing Education: The Hong Kong College of General Practitioners offers a system of annual recognition of continuing training and provides lectures, refresher courses, symposia and audio-visual sessions. The Faculty has been actively involved in the evolution of the College and its programmes. In a less formal manner the Faculty, together with the medical societies in Hong Kong, provides regular programmes of continuing medical education.

The Faculty provides training and assistance not only to local doctors. With the support of the China Medical Board of New York and the Nellie Kellogg Van Schaick Charitable Trust, the Faculty has, since 1977, extended its training to medical school teachers in other countries in this part of the world. Between 1977 and 1984, 128 medical teachers from Philippines, Thailand, Taiwan, South Korea, Indonesia and China have been selected by their own medical schools to receive training in the Faculty, either for special studies which normally is a period of six months' attachment to clinical or preclinical departments, or attending the one-year course leading to a Certificate in Medical Sciences and, in some cases, followed by a further year's study for the Master of Medical Sciences degree.

Research

Like other medical schools, research is given a high priority in the Faculty. Without the support of research findings, it would not be possible to introduce to students the latest knowledge in medical fields and to use such knowledge in treating patients. Thanks to the generous support from various donors (such as, the China Medical Board, the Jockey Club, the Wing Lung Bank, Miss Pauline Chan, and Mr. and Mrs. Wu Chung, to mention but a few) and the enthusiasm of its members, the Faculty continues to make valuable contributions to medical research. No fewer than 150 articles are published each year by Faculty members in international journals, and teachers in all departments, preclinical and clinical, are frequently invited to give papers on their research at conferences or workshops. The findings from research have benefitted all sectors of the local community, from individuals to Government offices. It is hardly possible on this occasion to give a complete list of current research projects in the Faculty, not to mention what have been done in the past. It might nevertheless be useful to list, in *Appendix II*, the main ones in each department.

Patient-care and Professional Contributions

Many of the Hong Kong people are aware of the Faculty's contribution in patient-care activities, probably few know the actual magnitude of this contribution. At present clinical teachers in the Faculty are responsible for the care of more than two-thirds of the medical, surgical and gynaecological patients at the Queen Mary Hospital and they also take charge of all paediatric, orthopaedic surgery and psychiatric patients at this Hospital. In the past year, some 63,000 patients were admitted to beds in the Queen Mary Hospital which were looked after by the Faculty's clinical departments. The Departments of Pathology and Microbiology run diagnostic services and post-mortem examinations for the Hospital, and the professors of clinical departments are Government consultants in their respective specialties. Elsewhere in Hong Kong, Faculty members take charge of the Tsan Yuk Hospital, and of most of the specialist clinics at the Jockey Club outpatients' clinic at Sai Ying Pun, where they see no fewer than 3,000 out-patients a week. The clinical departments in the Faculty also treat patients at the Kwong Wah, Grantham, Ruttonjee Sanatorium, Queen Elizabeth, Princess Margaret, Tung Wah, Castle Peak Psychiatric, Alice Ho Miu Ling Nethersole, Duchess of Kent Children's Orthopaedic, Sandy Bay Convalescent, Tang Shiu Kin, and Tang Chi Ngong Hospitals and David Trench Rehabilitation Centre.

Apart from patient-care services, the Faculty contributes in many other ways to the local community. Members of the Faculty serve on various educational, advisory and professional committees in Hong Kong. Working together with the University's Extra-mural Department, the Faculty is participating in a number of extra-mural courses to the general public. Departments are also rendering services to the local community directly or indirectly. The Department of Anatomy, for example, assists the Royal Hong Kong Police Force in the identification of victims of homicide, fires and drownings using forensic dental and anthropological techniques. The Department of Biochemistry undertakes analytical work for individuals, companies or Government organizations. The Department of Community Medicine gives advice on all aspects of occupational diseases and accidents. Since 1982, the Department of Pathology has started the Tissue Typing Service, principally used in organ transplantation operations in Hong Kong. The Department of Psychiatry plays an important role in the training of special school teachers in the management of autistic children. The Department of Obstetrics and Gynaecology works closely with the Family Planning Association and provides professional advice on its work.

Almost all departments in the Faculty are involved in different projects of the World Health Organization (WHO). Anatomy serves on the WHO's task force on post-coital and "once-a-month" fertility control drugs. Community Medicine is a member of the working group of the WHO's Manila Regional Office on teaching of epidemiology and acts as a consultant on the working group on Urban Primary Health Care of that Regional Office. It is also the adviser on the Hong Kong situation for the Environmental Hazard and Food Protection Division of Environmental Health of WHO. Medicine is involved in the WHO's research on human reproduction in the People's Republic of China and on cardiovascular disease in association with hormonal cor traception use. The ongoing research programmes sponsored by the WHO in Microbiology are typhoid immunology and infantile diarrheas. Members of the Department of Physiology serve as advisers to the WHO

on Acupuncture Nomenclature; on research study on neuroendocrinology and behaviour in ageing; on research on peripheral neuropathies; and on symposium on epilepsy. The Department of Physiology is also a member of the Task Force of the WHO on fertility and reproduction.

Besides the WHO, the Faculty participates in the activities of a number of international organizations. These include, among the others, the Asian and Oceania Association of Child Neurology; the International Child Neurobiology Association; the International Cerebral Palsy Society; the International Brain Research Organization; the International Society for Research on Sex Education; the International Federation of Obstetrics & Gynaecology; the Asian Federation of Obstetrics and Gynaecology; the World Orthopaedic Concern and the International Council for Laboratory Animal Science.

FACULTY OF MEDICINE – THE FUTURE

The Faculty has in the different stages of its development during the past 97 years fulfilled most of its missions. It now looks forward to further growth, in terms of student population, the standard of its teaching, the quality and range of its services to the community, and its contribution to medical knowledge, to keep pace with the envisaged change of the Hong Kong Society and with the rapid advancement in medical sciences. No doubt such efforts will encounter some difficults, many of which financial. The Faculty however is confident that, given the continuous support of the local community, it will be able to provide the form of medical education and services that Hong Kong needs, wants and deserves in the days to come.

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*1 F.E. Stock: "Medical Education and Practice in Hong Kong", *The Lancet*, October 6, 1962, page 716.

*2 In 1974, the Department further changed its name to Community Medicine

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Modern concepts of Acupuncture

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(The auther of the article has organized a course on Acupuncture for medical students and others during Summer vacation, 1985.)

The three questions I am most often asked by my colleagues and students, most of whom are medical practitioners, are:

1. Can acupuncture cure disease?
2. Does acupuncture belong to modern science?
3. What is the mechanism of acupuncture treatment?

After graduating from medical university in 1959 I worked in University as a general surgeon and as a lecturer of surgery and I had many questions, being a sceptic, to ask about acupuncture. In order to assess for myself the value of acupuncture treatment I studied and researched for one year in 1962 and then tried to use it in treatment.

I had just performed cholecystectomy on one of my patients. It would have needed 4 hours daily to inject analgesics into him to stop post operative pain. After I had performed acupuncture the patient required only one injection of the drug daily. I subsequently found that some patients required no analgesics after acupuncture had been performed.

These results stimulated my interest, and belief, and gave me confidence to proceed with further research.

In recent years I have used acupuncture to treat many different kinds of cases, especially Bell's palsy, trigeminal neuralgia, allergic rhinitis, sciatica, hemiplegia, lumbago, frozen shoulder, migraine, to mention a few. I find that acupuncture can cure or improve such conditions.

In 1981 the World Health Organisation recommended acupuncture for the treatment of at least 43 different illnesses. They covered a variety of illnesses of:

1. Respiratory system (6 kinds of diseases)
2. Disorders of the eye (4 kinds of diseases)
3. Disorders of the mouth (4 kinds of diseases)
4. Gastro-intestinal disorders (12 kinds of diseases)
5. Neurological & musculo-skeletal disorders (17 kinds of diseases) for which acupuncture had been found to work.

As a medical practitioner myself, and knowing that acupuncture

cannot cure all, many cases must be dealt with by modern treatment e.g. medicine, surgery. Therefore some cases do require modern medical science techniques. But if they cannot provide the cure, e.g. hemiplegia, then acupuncture can be tried as another technique which may improve the patient.

Thus, the new idea is that acupuncture can fill a space in modern medicine which is left where we cannot cure the disease by conventional means.

To briefly review the History of Acupuncture:—

In ancient times, about 4,000 years ago, long before the advent of modern medicine, our ancestors had the practice of using thin sharp stones to prick the body to cure certain diseases. Since the results were very good the practice of body-pricking was further explored and developed. Needles were changed from sharp stones to porcelain, then to copper, silver and gold, and in more recent years to stainless steel. We can now find disposable needles, pre-sterilised for immediate use.

As early as the 21st century B.C. Chinese acupuncture was considered a form of therapy as important as medicine itself and was extremely popular among common people. The book "Huang Dei Nei Jing", the Yellow Emperors Classic of Internal Medicine, which was written around 500-300 B.C., had already given a description of acupuncture pointing out the relationship between the meridians, moxibustion and their indications for disease. This book served as the basis for the further development of acupuncture.

In very recent years the hand techniques for needle stimulation have gradually been improved by electrical means of stimulation with different waveforms being indicated for different cases.

Why can acupuncture treat some diseases and what is the mechanism?:—

According to the theory of Chinese Medicine:— Channels and collaterals are passages distributed in the human body in which blood and chi (energy of life) circulate. They form a network connecting the superficial and interior portions of the human body, regulating the function of the whole body. The channels are symmetrically distributed over the entire body. Internally they connect with the viscera, and externally with the four extremeties, skin and sense organs, making the body an organic whole. The ancients discovered, in the course of struggling against disease, that stimulating certain spots of the body surface ameliorated internal diseases. They called such spots "points". They further discovered that stimulating a definite series of points ameliorated the syndrome of disease of a specific organ. Hence, Chinese medicine states that, by inserting the needles at these points we can induce the "CHI" to pass through the meridians to some internal organs and thus balance the "YIN" and "YANG" of the body.

According to modern research theory:— After insertion of needles at points one can "regulate" the

whole body. Since 1975 there has been considerable evidence that acupuncture stimulates the nervous system to release endorphins, naturally occurring analgesic substances. This may explain why acupuncture can be an effective analgesic for surgery etc. Other biochemical effects of acupuncture have been reported by researches. They measured phagocytic and fibrinolytic activities in human subjects before and after acupuncture. They found that the acupuncture had increased phagocytic activity by 55.6% and fibrinolytic activity by 79%.

According to clinical research:– If the needles are inserted at points P6 and LI 11, the blood pressure is regulated from abnormal to normal. Also, after insertions at certain points, the heart output increases, complement and enzymes increase, the VC increases as does the FEV 1. X-ray research revealed that after needles are inserted at points S36 and B21, the stomach and small intestine peristalsis change from irregular to regular under barium meal analysis.

In research on human beings, the use of acupuncture was tested for diseases like artheriosclerosis, or hardening of the arteries which leads to various heart ailments. Single eight hourly application of acupuncture on such patients brought down triglyceride from 235mg to 107mg, cholesterol from 314mg to 285mg and phospholipid from 339mg to 197mg. These increased marginally after a week, but over prolonged treatment the blood lipids stabilised to manageable levels. The tests were carried out on 121 males and 85 females aged between 18 and 85. A 100 per cent cure was still not possible, but substantial relief without any side effects, which occur in many chemical formulations, was noticed.

All the above results provide the reasons why many medical doctors around the world now use acupuncture techniques for research and clinical treatment of patients. According to statistics of our International Acupuncture Society, several hundred doctors come to our Institute each year for study courses and seminars; some medical groups organised by the International Institute of Continuing Medical Education, the International Postgraduate Medical Foundation, the Academy of Ambulatory Foot Surgery, and many other groups also come to Hong Kong each year to research, learn and to communicate with the techniques of acupuncture in our Society and Institute. In Hong Kong, as in other countries, many medical doctors are now very interested in acquiring the knowledge of acupuncture and they come to the Institute each month to study after finishing their busy schedules. About 125 medical students, organised by the HKUSU and our Society, have already studied the General Acupuncture Course and have passed the examination at the end of the course with very satisfactory results.

The aim of the International Acupuncture Society & Institute is to promote and recommend the study of acupuncture, and to increase medical knowledge in general, throughout the world.

To summarise, I believe that the modern concept of acupuncture is that:

1. Acupuncture is an ancient technique of China. It cannot replace modern medicine because it cannot cure all diseases, but it can provide a very useful supplementary, and at times alternative, method for the modern medical practitioners e.g. treatment of hemiplegia, migraine, allergic rhinitis, osteo-muscular disorder.
2. The acupuncture technique should be used in accordance with modern medical scientific knowledge e.g. strict sterilisation procedures for needles observed and results scientifically evaluated.
3. The acupuncturist should have a medical background, e.g. anatomy, physiology, pathology, in order to ensure the accuracy of the diagnosis before acupuncture is begun.
4. Acupuncturists should have strict and well planned training, including the theory and exact location of points; indications and contra-indications; and technique, and should pass the examinations. Only then can one practice on the patient.

Hong Kong is a very good location for acupuncture research both geographically and due to the acceptance of the techniques by the people because of their customs and history. However, research in Hong Kong is very limited in quantity when compared with other countries. I would suggest that our Medical Colleges spend more time researching into the mechanism of acupuncture using modern medical scientific knowledge and techniques in order to prove the value of acupuncture, and to confirm whether acupuncture belongs to a branch of modern medical science.

Flying Doctors and Floating Clinics

In remote places where the setting up of a clinic or a dispensary is impracticable, the residents there are provided with what one commonly known as "flying doctors" and "floating clinics" services, which are entirely free of charge.

The "flying doctors" service was introduced by the Medical and Health Department in 1961 whereby a medical team comprising a doctor and a nurse, occasionally a dentist too, flies on one of the Royal Hong Kong Auxillary Air Force helicopters to visit the villages weekly. The team flies out to the villages in Sai Kung in the eastern part of the New Territories in one week and changes to the north eastern and western regions on another. On hearing the familiar fluttering noise a helicopter makes when approaching the village, patients will make their way to a makeshift clinic, usually a classroom in a vacated school, waiting their turn to see the doctor. For acute cases, patients are flown to one of the regional hospitals in the urban area for further treatment.

But the bulk of the population in the outlying district is served by "floating clinics" whereby doctors pay regular visits to these islands on board a ferryboat. There are three such clinics now in operation – the Chee Wan (Merciful Cloud), the Chee Hong (Merciful

Voyage) and the Rotary. To the thousands of villagers and islanders, the medical team on board the vessels are their family doctors and friends because they have had a weekly rendezvous for over 20 years.

Each vessel measures about 50 feet long. On it, there is a consultation room with a dispensary attached to it. The duty doctor on this floating clinic is assisted by a nurse, a dispenser and a general helper. The Marine Department supplies the crew and man to drive the vessel. For five and a half days a week, rain or shine, the three vessels set sail in the morning, leapfrogging from one island to another to attend the sick. The Chee Wan leaves the Tai Po Kau Pier daily while the Chee Hong sets sail from the Kowloon Public Pier. The three vessels cover an area which includes Lantau, Lamma, Sai Kung and Po Toi. The population of the places visited ranges from a few hundreds to over 10,000.

On arrival at an island, the vessel will pull a hooter to notify people. Over the years, the inhabitants have been so accustomed to the sound that it has become more of a formality than a necessity. If there is a static clinic on the island, the staff will go there and carry out business from the centre. However, in many of the more remote areas, there is no static clinic so the patients have to get treatment on board the vessel after it has berthed. They board the vessel one by one, get themselves registered, take their turn to see the doctor and collect their medicine from the nurse. In a few remote fishing villages where there are no ferry piers the vessel will have to anchor offshore. The patients are carried to the floating clinic in dinghies by their friends or relatives.

Most of the patients have only minor complaints such as coughs and colds, bone aches and skin conditions. For cases which need specialist treatment, they are referred to the nearest specialist clinic. Facilities for vaccination and inoculation are also provided. Accidents and other emergency cases are sometimes brought to the floating clinic. Small cuts and lacerations are usually sutured on board. For conditions which cannot be handled in the vessel, the Marine Police is called and if the case needs to be attended to immediately, a helicopter is summoned from the Royal Auxillary Air Force to transport the patient to an acute hospital in the urban area for treatment. Minor operations such as excision of small lumps, sebaceous cysts and ingrowing toe nail are also done on board. The floating clinics not only provide the islanders with essential services but also serve as one of their few daily links with the world outside.

Most of the inhabitants of these villages are either fishermen or peasants. They are of a lower social-economical group and their educational standards are usually lower than the people living in town. For this reason, doctors sometimes find it difficult to explain to them their illness and convince them to come back for follow up. When the villagers get sick in between the visits by the floating clinics, some of them turn to the traditional Chinese herbal medicines; others travel by ferries to the clinics on Hong Kong Island. In case of emergency, the Marine Police is informed and the patient is carried by police launch to a regional hospital. Sometimes the patient is transferred by helicopter when the case is very urgent.

背影

摩

吳松江，他的名字，恐怕已被人遺忘了，記得在他離開了我們的時候，我寫了一篇文章記念他，但總不想公開；在杏雨八五截稿前的一日，心裏總是覺得他不應在衆多謠言之下消逝，筆雖仍然沉重，但我要把他寫下來。

與他初相識，是在預科的學校，雖然大家身處一班，但不大相熟。他在那時候，是我校的高材生，成績已是全屆最卓越的。他極高的分析力，理解力，記憶力和他的智慧，充分地從他一雙翟鑠的眼睛顯露出來，黑夜也不能掩蓋他光芒四射的眼神。

除了功課外，他還意識到參與課外活動的重要性，那時，他是中文學會的活躍份子，我校的中文學會，不時都有一些大學的舊生回來，暢談他們的生活，與同學交流意見。或許他從師兄中聽到了不少大學的生活，學運的神話；因此，他就對大學生的生活傾慕起來，這或許改變了他在大學時的命運。

他以極卓越的成績入了港大醫科。入了大學後，他不甘心他的成就只在於成績，他決定擴闊自己的胸懷，花了不少的時間在學生會。

就這樣，一年級過去了，他雖然升了班，但成績卻不大理想。很少人知道他在學生會做過甚麼（包括我在內），但相信他在外務方面是一個人才。在二年級初期，正是港大開放日，他當了醫學會開放日方面的籌委。在一次大型的講座裏面，他以學生代表發言，備受各方面的讚賞。他開心極了，這可說是他新嘗試的回應，使他對自己更充滿自信—他是經得起學生會工作的考驗；但就是這份心情，改變了他的一生，使他走向以後不幸的遭遇，使他更快走向生命的盡頭。

這時正當醫學會「轉莊」，醫學會一向缺乏外務人才，在人才短缺時，我們想起他。他對這份工作，本是抱着戰戰兢兢的心情，但由於「說客」（快下莊的幹事）不斷的游說，不斷的讚賞，使他充滿了自信，他終於應承了。

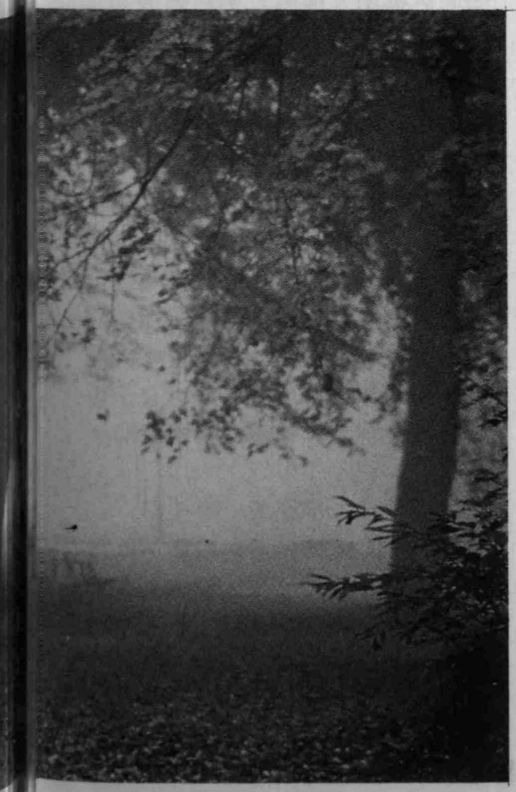
在「上莊」前，他希望了解多一些外務工作，遂找了幾個幹事傾談，就是在這時，我與他開始熟絡。他上莊後，與他接觸並不多，但從同學的口中得知他對幹事會的工作很落力。本來一切都很平靜，但在一個晚上，接到他的電話，彷如晴天霹靂—他晦氣地說他曾萌死意，這把我嚇壞了。他的情緒極度低落，就在這時候，我給了他不少的支持，不少的關懷，彼此就成了好朋友。從預科至今，相識了三年，只不過是淡淡之交，想不到在這時，彼此結成好朋友，或許這就是緣份。

其實，他的失意，不是全因爲幹事工作的問題，還有許多別的煩惱——功課的失意，感情方面的觸礁及家庭的不和，加上他做人是這

樣的認眞。可惜，可惜這一切都在這時候同時發生在他身上，一個在成績及工作都未經失意的人，一下子受了這樣多的挫折，又怎樣承受得來？他已失去了信心；自信一失去，又談何容易抓回來，就這麼，他變得一厥不振。

看見這樣的天才，一下子這樣失意，他的朋友怎不心酸，各人都紛紛去開解他，支持他。

經過數月的掙扎，他終於抬起頭來，又得當時副院長的支持及鼓勵，他重讀二年級。



跟着又一年平淡地過去了，我們仍是有往來，他的心境已平定很多。爲了預備考試，彼此又少見了。八五年九月初，從他家人口中得知他的情緒不知爲何又波動起來。我心痛極了，與他說了不知多少番話，希望他能抬起頭來；終於，他的結論是他不適合醫學院，他想轉校。起初我極力游說他留在醫學院，但看他心意已決，我只有支持他的決定。一切本是很好的，誰料在兩個月後，他的情緒又波動起來，他完全失去信心，還把自己孤立起來，不少同學也曾勸他，但也不成功。在十二月二十六日晚上，接到一個電話，說他已經逝世——我呆了，我眞不相信我的耳朵，亦不相信這一切一切會發生在他身上。整整的一晚，我都不能不睡，想起他的一生，只有不停的嘆氣；與他後期的接觸，一幕一幕地浮現出來。

記得有一次當他情緒極低落的時候，與他去了長洲聊天，在沙灘上，他指給我看，那燈光火着的建築物，就是衆多學子都想進入的醫學院，但他已決定離開它。

記得每次到他家中，他的父母總是忍着眼淚的向我傾訴他的近況，他的父母實在太苦了，差不多每晚不能入睡，在床上以淚洗面。有一次，與他的父親外出飲茶，他强

忍眼淚，在言談間流露出他的悲痛和絕望。

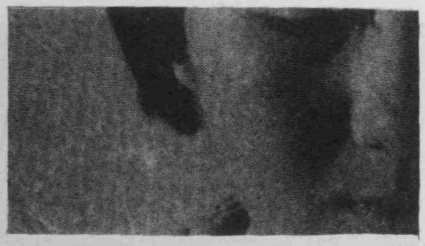
記得有一次，亦是最後的一次，在他家中逗留，在他房中，他不願與我談話，我坐在他身邊，整整的一個早上，他一聲不發地背着我；最後，我只有悄然離去。看見他的背影，想不能這就是我見他最後的一面。

在這段日子裏，他就是這樣受着痛苦的煎熬，生活是暗慘的可怕。他的消逝，或許是一個解決——對他以及他的父母。

「陰沉，黑暗，毒蛇似的蜿蜒，
生活逼成了一條甬道；
一度陷入，你祇可向前，
手捫索着冷壁的黏潮，
在妖魔的臟腑內掙扎，
頭頂不見一線的天光，
這魂魄，在恐怖的壓迫下，
消逝於暗慘的可怕。」

不是今天

明



欣：

多謝！

昨晚你的一句說話：「不是今天。」，使自己混濁的思緒得了一塊明礬，沉澱了那長久把自己絞得透不過氣的思維。

你的出現意味了自己生命的改變，因爲在你的眼眸裏，我重新看見自己，看見了一條我老熟却原來陌生的沙宣道。

還記得我們第一次的傾談嗎？李樹芬樓外的一棵枯樹把話題帶到我們之間……

「眞有趣，枯樹頭上帶着朵朵紅花。」

帶着不多的說話就是一向的你，然而你却始終擁有那份滿足的笑容。

眞的，你底用心靈所感受到的世界，今天的我還未能踏進。

「寂寞梧桐深園鎖清秋，枯樹正是人的疏離……」你靜靜的聽着，無半點的不耐煩。可是這些說話對你來說實是夠多了，負面的蹉歎多了便流於無病呻吟。因此，你希望得到的不是任何說語，仍是一份欣賞的靈，共鳴的心。可是，這個我未得着，你的一顆能躺於每天生活的心靈是離我多遠，今天的我只是不停的摸索，堆砌着的只是活動，騰書……但你却懂得眞正的活着。

當我忙着攪那人際關係，揚言要打破醫學院的冷感，人際的洪溝時。你却淡淡的說：「友誼是需要培植的，緣份的種子已在我們能進入學院時撒下了，我們需要的是一份等待，一份珍惜，刻意的着筆只能添上片時的雲彩。」

不認識你的人只能看見你的一份淡然，眞的，在你身旁打轉的人眞的不多，但却是那麼的眞實，使我自慚相識滿天下又如何呢？

外表的一份淡然蓋不了你心內的一份熱誠，三毛的筆下描繪了你的個性，超然的灑脫牽着款款深情。能夠關心身邊的人不是比呼喊認中關社容易的。

與你相處的日子眞的不多，但却深深的感到你的一份味道。雖然你曾對我說每人也有一份味道，但你是與衆不同的。因爲你所散發的是星空的吸引力，文字是描繪不了的，但只需抬頭看看，也就叫人明白了。「她」蘊藏着千變萬化，只要能靜心看着時，定能使人目眩，使人心醉。只有在黑暗中才可以體會星空的光面，正如在自己的失落中更能看見你的關心和幫助。

醫療制度的盲點，西洋近代文藝思潮，中國政制與香港前途……

一切一切的話題常素充斥了我的生活，也塡蓋了我的心靈。但滔滔不絕的僞裝還始終不能使自己在你面前變得有內涵。在你面前的我，怎的會成了一個拙口笨舌的人呢？

自己口中的一句我愛上了妳，結束了多天來呆呆看你的日子，也重新的把話匣子打開。

「不是今天」從你的口中流出，這意味着的不是一個了斷，也不是一次總結。這是一個新的開始，愛情若建基於友情要來得堅剛，只有懂得愛的人才配擁有友情，這不是佔據，仍是一份彼此的珍惜。然而，一個不懂欣賞身旁的事與物的人，眞的還未懂得愛。

打從今天起我願意等待，也願透過你的眸子重看外界，也重看自己。盼望有一天自己也能進到你底靈魂憩息的地方，一種只有祝福與欣賞，沒有咒詛的生活。

再說上一聲多謝，願你接納。

明

初夏

My He－我的祂

楊美雲

有一個故事是這樣的

「我一向是個聾子，看見人們扭動着身軀，做着他們叫（舞蹈）的動作，便忍不住覺得他們十分愚昧，直至有一天，我聽到了音樂，才明白到，那舞蹈是多麼美妙！」

以前我看人，或現在人看我，會否是相類的一個故事？

有些同學知道我們每個主日都會參與彌撒，便立時肅然起敬，以爲這眞是個虔誠的教徒，其實這有什麼特別可言？當你的心到了那裏，你便會到那裏，不由自主，毫不費力，所以，自然也沒有什麼功勞可言。

也有人問，「那你們吃飯前是不是要祈禱？」其實吃飯前祈禱就如照相前總要偷空梳一梳頭，整頓一下衣襟，是「想做」多於「要做」。是自然而然的。

我覺得我的心彷如流動的河水，它會順着地勢而行。當它流到陡斜的地方時，它會急直往前衝，當它遇到石頭時，它會激發出水花；當它流進窪地時，便會在那裏盤旋一會，再繼續前進。林語堂也曾以類似的說話來形容讀書的興趣因時而異。但用來描述我的信仰生活也是十分合切。我只是隨着我的心而作。我的心帶動着我而祂帶着我的心。

早上步上瑪麗時，我喜歡放慢脚步，遙望遠處的長天與海島，夜裏我喜歡於「沙沙」的樹聲下步上沙宣道。這些都使我渾忘一切，與我的祂相遇。

我每天都得花兩小時在車上。這時候，既不能做別的事，我也就樂於因利乘便，把這用作與祂獨處的機會。這種「例會」，使我在心神最懶惰，最爲考試「騰鷄」或自認爲最忙碌的時候，都不難撥出點時間來靜靜地想祂。

其實「忙」只是一個令自己有優越感的藉口。

有位同學說，「當我越忙時，我越需要靜下來，否則會什麼都做不到。因此我反而更多時間去聖堂，靜靜的坐下來……」

是的，越忙理應越感到天主與我一起去完成這一切，但多少次我却把自己凌駕於祂之上。眼之所見，手之所及便是我整個世界，我不願跳出去看看另外還有比這些更重要的東西，不知Medic以外還有生活，除我之外還有人，於是Term Test之前我「騰鷄」，M.B.之前我斷絕家人朋友，中止一切正常活動。凡此種種，皆因我未放心把生活付託於祂，沒把心交給祂。

不過我慶幸我仍保有信仰給我的那份明智，只是它很胆怯，很容易躲藏起來，但一待我肯放下我自己，它便會躍出來。

我們目光也許太小了，只懂得找尋這小圈子中的安全感，於是見到與大家做着同樣的事便心滿意足，不時因一些不是光榮的光榮而沾沾自喜，於是在課堂上或醫院裏有出色的表現便心花怒放。我們以爲緊握着的是實在的，但世界都會過去，何況這區區的點滴歷史？我但願能常警醒自己不要以放大鏡來看身外事——信仰給我的，便是這份漠然冷觀的超脫。我感謝，也盼望能做到。

此外，信仰給我的，還有那些可愛的友伴。同道的人，是「路旁的花朵」散發着芬芳，振奮你的精神。Medic中能走在一起的基督徒不算多，因此更覺可貴。每星期一次的開Cell，成了我的Commitment。我喜歡且欣賞近一份Commitment，我可能記不起每次做了和說了什麼，但我總不會空手而回，因爲裏面有「人」，且是有同一信仰的人。聚在一起，不爲什麼，只因那同一的信仰，這是多麼充份而徹底的理由。

對於我們這一羣，我並不覺得我們比別人做得好，我只覺比別人幸運。

當多次有人向我們要求邏輯和科學化的理由去證實我們的信仰，但我只能說這是超出我理智的奇事。我不認爲我可以用我的口舌去說服人。不過，在此看出大家都肯去思想這問題，因此無論各自的答案是什麼，大家都擁有了眞善美的一隅。

基督徒也好，非基督徒也好，都會追求心目中的「眞善美」。在我來說，生命若是一條跑道，我便會朝着終極的祂前進。

「看，僕人的眼目怎樣仰望主人的手，
看，婢女的眼目怎樣注視主婦的手；
我們的眼目邊就怎樣注視着上主。」

若我對於祂，對於生活，能抱有同樣的虔誠，該是多麼好。

祂盼望「我的祂」使我終能成爲「祂的我」。

祂必願意——若是我願意。

新詩熱潮

嘉文

「沙灘上，
你我一起印上足跡，
一步一步的前行，
代表着一句一句的誓言，
步向穹蒼，踏進永恒，
但
潮水，
却合我們至死不渝的貞堅，
洗去……」

從拾起筆來打算寫點東西起，充斥着腦子的便是一句一句的新詩。

新詩，這名字意味着自由，意味着那粉紅色的夢，甚至把你帶進那倒流七十年的時光……

從「十七歲」開始，自己便對新詩暗生情愫，不單把林燕妮的作品視爲珍品，更把它視爲舒發己情的途徑。

「寄意寒星荃不察」……

不知怎的，自己完全投入的感情，在紙上老是叫別人看不見，也因此，只有自己成爲「嘉文」的唯一讀者。

畢竟，新詩正好意味着人生。

人生又豈能用一大堆冗長說教的文字去形容。有價值的生命是一個個感情投入的片段，是許多窗框面前繫念遠方友人的光景，是許多荷塘面前細賞荷花的圖畫。

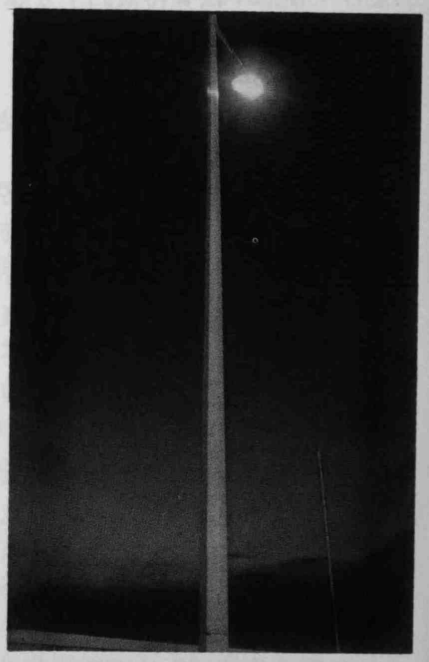
這些都是生活裏的小節，不能構成一本長篇小說，只有短短幾行的話語，才適合將在這些無機心的感情，表現得恰到好處。

無疑，新詩行間中見的可以蘊藏着化不開的戀情，但這份感情往往只能教自己回味，教自己留戀。可惜這份一己的情深，又能叫到多少人有同樣的體驗呢？

答……

沙宣一年

長臂猿



踏足沙宣道上已年多了。當天戰戰競競地步入冰冷的講室，上第一節生理課的情形，仍記憶猶新；眞禁不住又要寫上這老套的一句句——光陰似箭，歲月如梳。

在未上大學前，對大學生活的確懷有很大的期望，以爲上了大學，思想會更成熟，生活更多姿多采，眼光更闊大……我什至對我的同學說：「大學給我一個自由自在的感覺，我巴不得現在就轉讀大學。」可是她却說：「大學其實也只是一個較大的籠子吧了。」

到了現在，我才明白她的意思；原來我一生都將自己困在讀書這個籠子中。可是我實在不喜歡做困在籠中的小鳥，我實想高唱：「我要高飛！」但眼看身邊的同學個個

葬滅的火光

鳶尾草

埋頭苦讀，難道你有勇氣衝破這籠子嗎？

看看自己，再看身邊的人，似乎與中學生沒有多大分別。大學教育似乎也只是中學教育的延續，大學生活也不外如是。

在這年中，我曾以旁觀者的身份去觀察人、觀察事；又曾投入地參與一些活動，却又發覺只要我們肯思想、肯參與、大學教育又並非完全失敗。（可能失敗的只是我個人而已！）

所以我對將來仍是充滿着憧憬與盼望的。縱使未來的際遇令我如何失望，我會懷着信心去面對，我仍會爲我的理想抱負勇往直前；因爲我認爲人生應是積極的，醫學生甚至醫生的生涯也當如此，況且我有主作我的後盾呢！

遠山容光煥發，小村絢麗如霞。
拂曉旭日東昇，晨曦明亮高潔。
無數甜蜜足印，一個紫色指紋。
窗外微風輕叩，樹間閃爍金光，
林中蟲鳥爭鳴，蕨薇清香當道。
不再加細說，只許輕輕窺看。
「覺醒了以後，苦痛已失踪；
戀愛過後似一夢……
將一切記憶送與清風……」

案頭的收音機鬧鐘，用歌聲將我從夢境帶回現實。

夢本身是綺麗的，活脫脫就是我兩年前的願望，但如今我只可以大聲說給自己聽：「我也曾經轟轟烈烈的愛過了！」但這豪情我想自己也不懂得欣賞。

夢醒了還想什麼呢，還是起床吧，趁秋日的晨光，再翻翻昨晚未讀完的書，唉！

小小的書簽，又再挑起我的回憶，一點點的足跡又再浮現心版上。小巴站，華仁書院的草地，圖書館、自修室、不知是什麼力量將妳帶到我面前，油麻地、旺角的商場、淋浴在晚風的尖東海邊，看見一對對的男女手牽手。起初會有點不自在，但後來我們也受同化，便看不到別人了。

微雨下的九龍公園，冷冷的，但却領受着一個熱燙的初吻……

一條手工不好的「冷」領巾…

這個故事却只能在我的夢境繼續發展。

「期望每朝早，起身一吻紅的臉，共回味情夢最甜，新鮮早餐奉獻。期望……」

眞是諷刺。

收音機竟在這個時間播這首歌。

手裏仍拿着這片書簽，上面寫着：生活沒有信仰，就像無目的的在大海飄流。

我已經有信仰，但却仍好像在飄流。不過，浪潮却好像有刻版的安排，平日一離開床便被冲到學校，下課不是開什麼會便是在「拉記」坐至更深人靜時，跟着被捲回宿舍、洗澡、睡覺。

好像在一條穩定的路上，但生活缺乏扶持，眞怕隨時倒下。

我應該怎樣做呢？

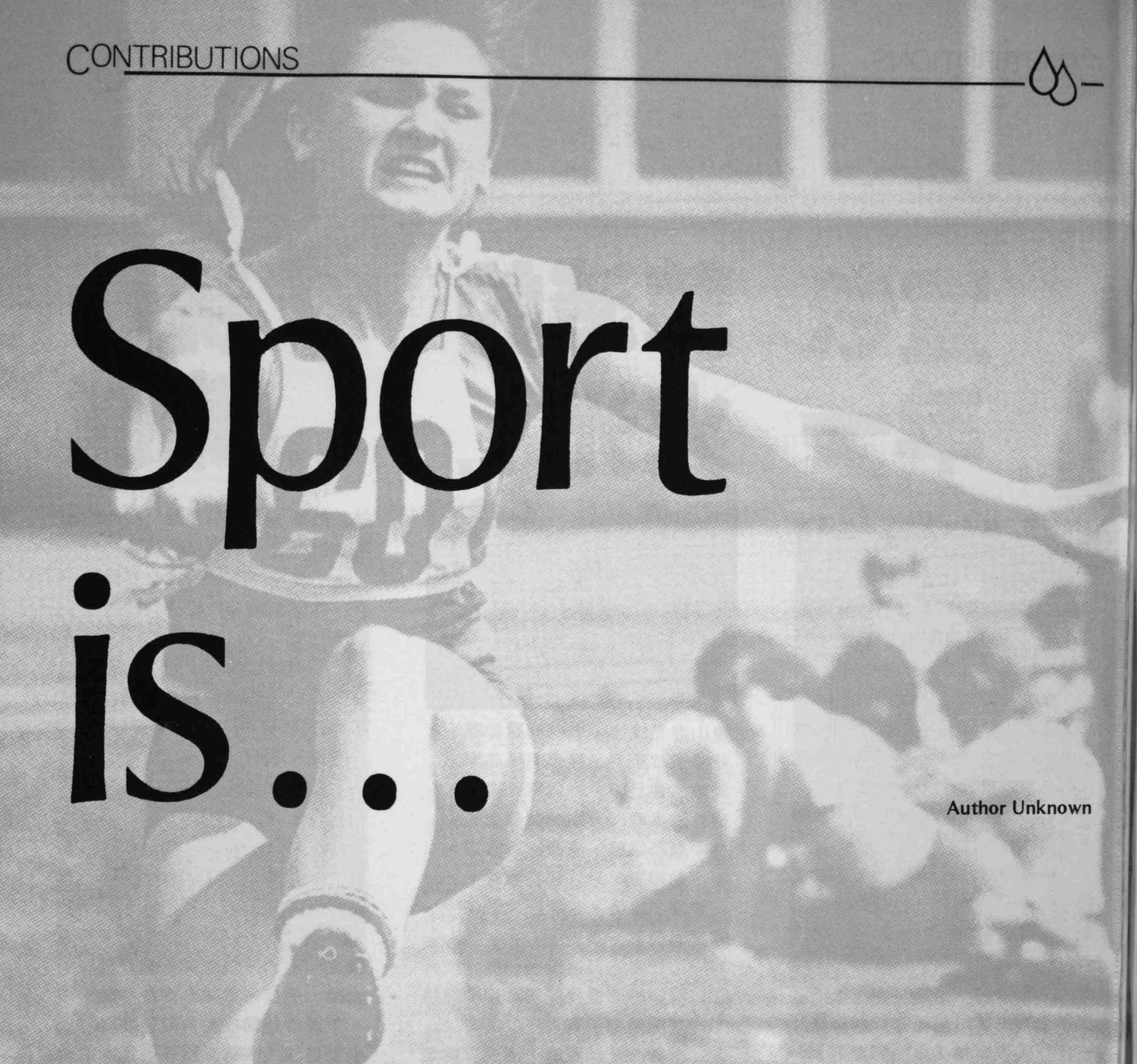
天天都見到很多女同學或師妹，甚至是師姊，有好些都不錯，不如草草的找一個，像其他同學一樣，「早早埋堆」吧！

不，見到他們，一對跟一對的拆夥，我，怕怕了。

我要生活充實，我要做有意義的事，我要似一個大學生，日後要成爲一個好醫生……

我要讀書，我要「攪嘢」！

我要我一天廿四小時都不夠用！



Sport is . . .

Author Unknown

Sport is . . . . .
Nobody has ever been able to say what sport is quite.

But life would hardly be the same without it.

Perhaps that's because sport means a number of opposite things.

It means fact & fancy. It is as tangible as a baseball bat and as intangible as a frosty morning; exciting as a photofinish, serene as ebb tide.

It is competition; composure, memory, anticipation.

Sport is not all things to all people. But today it is something in more different ways to more people than it has been ever before.

It is play for many and work for few.

It is what no one has to do and almost everyone wants to do.

It represents on the one hand, challenges willingly accepted – and on the other hand, gambits willingly declined.

Its colors are as bright as a cardinal's feathers; as soft as midnight on a mountain trails.

It is as loud as Yankee Stadium at the climax of a World's Series and as quiet as snow.

It is exercise and rest.

It is man exuberant and man content . . . . . .

Sport is not an art or religion, morals or ideals. But with all those it shares values which are at least humanly high and always highly human.

Sport is a wonderful world
———

– author unknown

Laughter—the Best Medicine®

Doctor: "You look much better today!"

Patient: "Of course, I followed closely the directions on that bottle of medicine you prescribed for me last week."

Doctor: "Excellent, Er-What directions?"

Patient: "It said, 'Keep this bottle tightly corked.'"

Professor: "What would be the appropriate step to take if a patient eats poisnous mushroom?"

Student: "Advise a change of diet."

Mental Nurse: "There is a man wanting to know if any of our patients have escaped."

Superintendent: "Why does he want to know?"

Nurse: "Somebody in the hospital had ran away with his wife."

A doctor had just completed the examination of the teenage girl (who was accompanied by her anxious mother), and said to the mother, "I'm afraid that your daughter had syphilis."

"Good heavens," exclaimed the embarassed mother, "Could it be that she had caught it in the public lavatory?"

"Yes, it is possible," replied the doctor, "but it would be a most uncomfortable way to have that."

"How is the patient in ward 5 going?" the doctor asked the new nurse. There was a demure blush on the face of the nurse. "It's hard to tell," she replied, "but I can show you my diary."

A nervous man phoned his doctor and shouted almost hysterically.

"Doctor, you must come over, my four year old son had just swallowed a contraceptive pill."

"Don't panic, I'll be right over." answered the doctor calmly.

As he was leaving his office the phone rang again.

"Forget it doctor, I've just found another one."

Patient, "I've got pain in my right leg."

The physician snapped carelessly, "Oh, it's just due to old age."

Patient, "Then why wasn't my left leg? I've had it just as long as the other."

The old doctor advised the-fat girl on a diet of bananas and nuts.

Two months later she returned to his office, looking happily but still as fat as ever.

'My god, you are still having no improvement on my diet," remarked the doctor. "Then why are you so happy?"

"Doc, you'll know when you come to see me climbing trees!"

Surgeon's wife: "Rikkie had just gone for an emergency operation, I am worried."

"A highly risky one?"

"No, I am worried that he might not get paid for it."

Physician (after completing the examination): "I've got some good news for your Mrs. Simons—"

Young lady: "Miss Simon, doctor!"

Physician: "In that case, Miss Simon, I have some bad news for you."

A young man in a metropolitan hospital is attended by a charming and attractive young nurse. As he is getting better, he claimed that he has developed an indescribable affection for the nurse and he is getting more and more aggressive.

One day, he said to the nurse,

"I don't want to get better, Nurse, for I am deeply in love with you."

"I think you probably won't," replied the nurse amiably." The houseman saw you trying to kiss me last night. He is my fiancee."

"Please tell me what to do, doctor, I'm in a terrible agony." groaned the middle aged businessman to his psychiatrist.

"Every nite before dawn the ghosts of the past come and perch on the fence of my garden, silently, watching, watching and watching, ... what shall I do?"

"It is difficulty to say," said the psychiatrist absently. "You might try sharpening the tops of your fence posts."

A metropolitan doctor went for a vacation in the countryside. Unable to find a suitable lodging he lived under the hospitality of the local parish. When he was leaving he wanted to pay for what he got.

"I would be pleased if you can send me a bill", said the doctor.

"Not necessary doctor," answered the priest. "You just try your best to keep me out of heaven and I'll try my best to keep you out of hell. Is it a deal?"

"I was right, Mrs. Bacharach," the physician announced," You are definitely pregnant again – the seventeenth time."

"You've got to help me doctor," urged the troubled middle-aged lady." Enough is enough – I want a hearing aid."

"You mean a contraceptive device, do you?" frowned the doctor.

"No, I want a hearing aid."

"But what for?" inquired the puzzled medic.

"You see, doc, every Saturday night my George comes in drunk. When we get into bed he always says, 'Now, are we goin' to sleep or what?' And damn it everytime I say, 'What?'"

Chest physician: "And how is your cough this morning? Is it easier now?"

Patient: "Definitely. I've been practicing it all night."

Two doctors were having a little sun-training on the beach.

"Hey Nick, what wonderful legs that girl had!" exclaimed the first.

"I didn't notice," replied the other" I'm a chest man."

A female patient present herself at the O.P.D. complaining of dyspnoea on exertion and palpitation.

Doctor: "How many pillows do you use at night?"

Patient: "Three."

As she was giving the answer the doctor noticed a student almost asleeped standing on the side. He asked: "Why did the patient need Pillows?"

"For contraception, Sir!"

"Poor fellow, you really are in a bad way", said the casualty M.O.

"How on earth did you manage to break both your legs?"

"All because of my habit," groaned the patient," I threw my cigarette down a man-hole and stepped on it."

A patient having a sore throat went to see a local G.P.

G.P.: "Open your mouth wide and say 'Ah'."

Patient: "That's a change – my boss always wants me to say 'yes'."

There was a handsome houseman who has to subtract twenty beats when he take the pulse of ladies – just to subtract the effect of his personality.

There was the phone ringing in the M.D.'s Office.

"Doctor, you've got to come at once, my little girl has swallowed a razor blade!"

Doctor: "No sweat – I'm on my way. But what have you done so far?"

"I've used my electric razor."

Again the telephone rang in the examination room and the young doctor answered. On the other side was the pretty chic lady who'd been in yesterday for consultation.

"Oh doctor," she cooed, "Could you please look around your office . . . . you see . . . . I think I had left my panties there."

Blushing fulminantly the medic searched around the room, and just to be dead sure, checked under all the furniture and hurriedly replied,

"Mam, sorry, nothing here."

There was a slight pause, then came the reply, "Oh in that case I suppose I must have left them at the dentist's,"

A doctor was taking a walk with his wife when a beautiful young blonde waved to him.

"Who was your friend, dear?" asked his wife.

"Oh, just a young woman I met professionally," he explained calmly.

"Professionally, heh?' cooled his wife. 'Yours or hers?'

**The above articles are extracted from previous editions of Elixir's.*

杏雨八四更正

在上一期出版的杏雨八四內有若干錯誤，現更正如下：—

第十一頁　學生圖書館教務委員應爲
伍達源（八七）〔非**趙朗峯**〕

第四十一頁　健展八四籌委會主席應爲
彭文新（八七）〔非**郭文偉**〕

第七十八頁　**精神科的迷惑**一文內：
第二段第二十五行應爲「…，即使將來未必能夠應用…」
第四段第十二行應爲「…。人是喜歡以善爲美的，……」
第四段第十六行應爲「…。我們以精神科所描繪的…」
第四段第二十行應爲「…，所以這行爲是醜惡的。……」
第四段第二十五行應爲「…？這是一個微妙的……」
第四段第二十六行應爲「…，也是一個一直困擾着……」
第四段第二十七行應爲「…不應因覺得一件事物醜便……」

第一百二十七頁　醫八五第一組相片第二行左起第四個應爲**王榮祥**〔非**黃榮祥**〕
第八個黃國成左邊爲**謝俊恩**

第一百三十二頁　缺席名單內應刪去「謝俊恩」

第二百零一頁　八六班刊應爲**杏蕾**〔非**杏源**〕

謹此對以上錯誤作出道歉。

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