

ELIXIR 2003

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-FOREWORD-



Prof. C.L. Lai

President of Medical Society, HKUSU (Session 2003)

Welcome back, Elixir, after an absence of FIVE years!!

The year 2003 will definitely go down in the history of Hong Kong as the year of the SARS epidemic. Though only 1,755 people were infected, 300 people died, a significant proportion belonging to the medical profession. SARS caused a major disruption in education as well as in the already declining economy. The only positive aspects are that Hong Kong recovers rapidly from the crippling effects of SARS with its usual resilience and that the medical profession has learned a lot from the traumatic experience.

It is therefore entirely appropriate that the current issue of Elixir is dedicated mainly to SARS. The scientific study of SARS is intriguing and still incompletely deciphered. The treatment and prophylaxis for SARS are still unsolved. It is encouraging to see that the human aspects are not neglected in this issue of Elixir. The hard and brave work of the medical profession during the epidemic can hardly be over-praised. The Department of Microbiology played a decisive role in combating the epidemic, beginning with identifying the causative agent as a coronavirus. The present issue of Elixir is an ideal tribute to their excellent work.

Finally the rapid production of an issue of Elixir is not an easy task. That it has not been published for five years is good testimony to the difficulty attending its publication. I would like to congratulate the Elixir Editorial Board on the successful accomplishment of their mission.

Lai Ching Lung

Prof. C.L. Lai

President of Medical Society, HKUSU (Session 2003)

-MESSAGE FROM THE DEAN-

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Prof. S.K. Lam

Dean of Faculty of Medicine, University of Hong Kong

The Year 2003 will forever be remembered by Hong Kong as well as the medical profession.

While SARS has given Hong Kong multiple scars, it has left the public an imprint that the medical science in Hong Kong is world class, and it has given hospital medics a new relevance in humanity. All walks of life appear to converge and all minds feel a special bond of kinship with each other.

Clinical colleagues and healthcare staff in Hong Kong have been exemplary in the SARS battle with unusual courage. We should all salute to their selfless dedication in treating the disease at the very frontline. Many lives have been saved and families reunited by their efforts.

Research on SARS progresses as rapidly as SARS strikes havocs in hospitals and our health care system. The microbiologists at Faculty of Medicine of HKU have successfully identified and cultured the killer virus responsible for the SARS outbreak. The team also developed a diagnostic test for the detection of SARS in infected patients. Researchers from HKU have also successfully cracked the genetic sequencing of SARS coronavirus, following Canadian researchers and US Centres for Disease Control and Prevention.

I am confident that by joining hands and putting our heads together, we will ultimately prevail over the SARS virus.

A handwritten signature in black ink, appearing to read 'S.K. Lam'.

Prof. S.K. Lam

Dean of Faculty of Medicine, University of Hong Kong

杏林裏的一片小葉子

相傳三國時期，吳國有一位名叫董奉的出色醫學家。他雖然醫術精湛，但沒有倚仗名氣，收取昂貴診金或只為王室貴族治病。相反，他對貧病者贈醫施藥，深受百姓愛戴。他對病人不計報酬，卻要求病癒者於他家周圍種下杏樹。不久，他的家便淹沒於一片杏樹林之中。春天時候，遍嶺開滿杏花；杏黃時節，杏樹結滿果實，董奉便賣杏救貧。醫界的杏林佳話便由此而起。

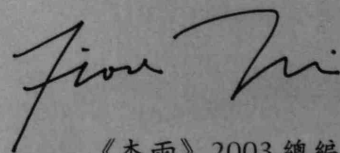
近年大受歡迎的散文作家歐樂民醫生便曾以《杏林裏的一片葉》為著作名稱。假如歐醫生是杏林（醫界）的一片葉，那麼我便是當中一片更細小、剛冒芽的小葉子。而當我這片小小葉子當上《杏雨》總編輯，承擔起出版的重責，更是讓我戰兢不已。

出版《杏雨》時，總帶一點「歷史任務」的意味。如果大家往圖書館找找看，便會驀地發現，原來早在上世紀的五十年代便有《杏雨》的存在！加上《杏雨》因種種原因，於過去五年都未能出版，讓我這個乳臭未乾的「總編」更是感到「任重道遠」。然而我是一個固執的人，眼看一個香港歷史最悠久的醫學生刊物（除《啟思》以外）瀕臨消失，便越發想要出版《杏雨》，好讓這個傳統不致失傳。

剛開始時，還躊躇滿志，以為可以製作一本「革命性」的《杏雨》；可後來體會到出版之路困難重重：由迫同學交稿，到邀請眾多教授訪問，無不使我這片小葉子感到身心俱疲；幸而身邊的一眾好友，尤其是《杏雨》編輯部的支持，以及大家對我這個無甚經驗的「總編」予以包容，讓《杏雨》2003終於得以順利出版。在此要特別感謝曦，Barry和Ronnie，沒有你們的盡心盡力和任勞任怨，輔助出版工作，《杏雨》未必能於今年再和大家見面呢！

由於出版過程中遇上不少困難，以致《杏雨》推遲了大半年才面世。如果內容有任何不恰當的地方，還望大家多多包涵。

每年清明時份，杏花盛放的杏林裏春雨紛飛，文人雅士稱之為「杏花春雨」。但願《杏雨》就如其英文名字“Elixir”一樣，成為一種長生不老、能治百病的靈藥，永遠滋潤著杏林裏的每一片葉，延續杏林裏的神話。



《杏雨》2003 總編輯

徐佩儀 MBBS 07

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List of Prize Winners 2003

Sir Patrick Manson Gold Medal
Dr Leung Gabriel Matthew 梁卓偉
Dr Lui Sing Leung 雷聲亮

Dr KP Stephen Chang Gold Medal
Ms Jiang Xiaohua 蔣曉華
Mr Ling Ming Tat 凌明達

John Anderson Gold Medal
Miss Hwang Yu Yan 黃宇欣

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Miss Pau Sin Ting 包倩婷

Chan Kai Ming Prize
Miss Hwang Yu Yan 黃宇欣

Ho Koon Kui Memorial Prize
Miss Hwang Yu Yan 黃宇欣

Woo Kai Fun Prize in Clinical Neurology
Mr Wong Yat Hin Ian 王逸軒

Professor Anthony Hedley Prize in Public Health
Dr Lai Yuk Yau Timothy 賴旭佑

Dr Kate Cheng Memorial Prize
Dr Cheung Wai Cheung 張偉祥
Dr Lau Kar Pui Susanna 劉嘉珮

3M Hong Kong Prizes
Miss Hwang Yu Yan 黃宇欣
Miss Pau Sin Ting 包倩婷
Mr Seto Wai Kay Walter 司徒偉基

Digby Memorial Gold Medal in Surgery
Miss Ma Lap Tak Alison 馬立德

The Nesta & John Gray Medal in Surgery
Miss Ma Lap Tak Alison 馬立德

Dr Sun Yat Sen Prize in Clinical Surgery
Miss Mak Wing Sze 麥詠詩
Mr Wong Yan Hon Daniel 黃恩漢

CP Fong Gold Medal in Medicine
Miss Hwang Yu Yan 黃宇欣

Medic '67 Gold Medal in Clinical Medicine
Mr Yu Wang Hon 余弘翰

RM Gibson Gold Medal in Paediatrics
Miss Hwang Yu Yan 黃宇欣

C Elaine Field Gold Medal in Paediatrics
Miss Jalal Khair

Hong Kong College of Paediatricians Prize in Clinical Paediatrics
Miss Chee Yuet Yee 池月兒

Gordon King Prize in Obstetrics & Gynaecology
Miss Hwang Yu Yan 黃宇欣

Madam Yuen Poon Chee Memorial Prize
Miss Hwang Yu Yan 黃宇欣

Mun Gold Medal and Prize in Psychiatry
Miss Hwang Yu Yan 黃宇欣

Philips Medical Systems Prizes
Miss Chee Yuet Yee 池月兒
Miss Hwang Yu Yan 黃宇欣
Miss Lam Hiu Yin Sonia 林曉燕

Dr Avery SC Chan Prize in Dermatology
Miss Lam Pui Yan Joyce 林沛欣

Medic '71 Prize in Medical Jurisprudence
Miss Fong Pik Lau 方碧鏗
Mr Foo Kevin Bong Yin 傅邦彥
Miss Ho Lok Yan 何洛澗
Mr Ko Hiu Fai 高曉輝
Mr Singh Gill Harinder
Mr Tsui Kwan Pok Calvin 徐君博
Miss Wong Tak Man 黃德敏
Mr Yen Pang Fei 嚴鵬飛
Mr Yu Wen Zhen 余文琛

Medic '71 Dean's Prize in Community Projects
Miss Chan Mei Ching 陳美貞
Mr Chan Pak Hin 陳伯顯
Miss Cheng Mei Chi 鄭美芝
Mr Kwok Kwok Lung 郭國龍
Mr Lam Ka On 林嘉安
Miss Poon Ka Yan Clara 潘家欣
Mr Tam Chor Cheung 譚礎璋
Miss Tam Ka Yan Fiona 譚嘉茵
Miss Ting Zhao Wei 丁昭慧

Medic '71 Prize in Nursing Studies (Final Year)
Mr Chau Ka Ho 周家豪

Medic '71 Prize in Nursing Studies (Second Year)
Miss Hui So On 許素安

Hong Kong College of Family Physicians' Prize in Family Medicine
Mr Wong Yan Hon Daniel 黃恩漢

Hong Kong College of Family Physicians' Prize in Community Medicine
Miss Chow Wing See Vanessa 周穎思

Miss Ip Jing Kun Janice 葉精勤
Miss Kwong Fung Ming Jasmine 鄭風明
Miss Lam Wai Sum Joanna 林慧心
Mr Lau Kevin Chung Hang 劉仲恒
Mr Law Yau Wang 羅友宏
Mr Mok Yin To 莫賢滔
Mr Ng Yue Hi 吳宇晞
Miss Tong Bik Sai Bessie 唐碧茜
Mr Tsang Ming Lam 曾明霖

Hong Kong Society of Community Medicine Prize

Mr Chan Fuk Woo Jasper 陳福和
Miss Chan Ngai Man 陳藝敏
Miss Hui Shuk Yi Annie 許淑儀
Miss Lam Lap Po 林立宝
Miss Lau King Ting Katie 劉敬亭
Mr Mui Wing Ho 梅永豪
Mr Ng Siu Chun Danny 吳兆駿
Mr Yam Cheuk Sing 全卓昇
Miss Yee Chi Hang 余知行
Miss Yuen Mae Ann Michele 袁美欣

Professor Michael Colbourne Prize

Miss Ho Cheuk Wah 何佩華
Mr Kwok Ka Bon 郭嘉邦
Miss Lai Lo Man 賴露敏
Mr Ma Kwok Kuen 馬國權
Mr Man Shiu Piu 文兆彪
Miss Mok Siu Ting 莫小婷
Mr Tai Yiu Wing 戴耀榮
Miss Tam Oi Yan 譚藹欣
Miss Wong Pui Yee Rowena 黃沛怡
Mr Yuen Chi Pan 袁智斌

The Teng Pin Hui Prize in Community Medicine

Miss Tai Yin Ping 戴燕萍

Sister Mary Aquinas Prizes

Miss Ip Jing Kun Janice 葉精勤
Mr Cho Kwan Yin 曹君彥
Miss Yuen Natalie Yuk Kwun 阮玉筠

CP Fong Gold Medal in Pathology

Miss Siu Wai Kwan 蕭慧君

Hong Kong Pathology Society Prize

Mr Lee Wai Yip Jacky 李煒業

Li Shu Fan Medical Foundation Prize in Pharmacology

Mr Ho Wing Lau 何穎流

The Hong Kong Pharmacology Society Prize

Mr Ho Wing Lau 何穎流
Mr Tam Chor Cheung 譚礎璋

CT Huang Gold Medal in Microbiology

Mr Cheng Hon Wai Benjamin 程康偉

Belilios Medical Prize (Third Year)

Mr Tam Chor Cheung 譚礎璋

Belilios Medical Prize (First Year)

Mr Cheung Chi Hong David 張志康

Ho Fook Prize

Miss Ho Kit Man 何潔雯

Ho King Mau Memorial Prize

Mr Chan Sau Yan Thomas 陳守仁

Li Shu Fan Medical Foundation Prize in Biochemistry

Miss Fok Wing Shan Elaine 霍泳珊
Miss Ko Ka Yee Jennifer 高嘉意

Janet McClure Kilborn Prize in Biochemistry

Miss Fok Wing Shan Elaine 霍泳珊
Miss Ko Ka Yee Jennifer 高嘉意

Li Shu Fan Medical Foundation Prize in Physiology

Mr Chan Sau Yan Thomas 陳守仁

Janet McClure Kilborn Prize in Physiology

Miss Yu Yee Tak Esther 余懿德

Yuan Ai-Ti Gold Medal in Behavioural Sciences

Mr Wong Wing Cheuk 黃穎卓

HC Liu Prizes in Anatomy

Miss Cheung Sze Yan 張士恩

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Miss Ko Ka Yee Jennifer 高嘉意

Ng Li Hing Prize in Anatomy

Mr Chan Sau Yan Thomas 陳守仁

WD Low Prize in Anatomy

Miss Kung Ka Yee 龔家怡
Mr Ng Ka Kin 吳家健

BL Wong Prize (for the best overall result)

Mr Chan Chung Yan 陳頌恩

BL Wong Prize in Clinical Skill

Mr Chan Kwun Wai 陳冠衛
Mr Ng Ka Kin 吳家健

BL Wong Prize in Nursing Studies

Mr Chau Ka Ho 周家豪

Lau Wing Kai Memorial Prizes (MNurs)

Miss Lam Sui Sum 林瑞心

Lau Wing Kai Memorial Prizes (Full-time)

Miss Yim Wai Yi 嚴蕙怡

Lau Wing Kai Memorial Prizes (Part-time)

Miss Kwok Mei Bo 郭美寶

Medical Student Achievement Award

Mr Chen Pak Lam Sammy 陳栢林



Graduates 2003

Doctor of Medicine

醫學博士

Dr Chuh An Tung Antonio	許晏冬
Dr Hui Chee Kin	許志堅
Dr Lam Lo Kuen Cindy	林露娟
Dr Gabriel Matthew Leung	梁卓偉
Dr Li Tin-Chiu	李天照
Dr Lui Sing Leung	雷聲亮
Dr Yuen Siu Tsan Thomas	袁兆燦

Bachelor of Medicine and Bachelor of Surgery

內外全科醫學士

With Honours

榮譽

Miss Hwang Yu Yan	黃宇欣
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Distinctions in Knowledge-based examination (yr 2), Written examination (yr 3), Medicine, Obstetrics & Gynaecology, Paediatrics, Psychiatry and Surgery

2002

Mr Chan Hoi Chung Samuel	陳海聰
Mr Lee I	李以

2003

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Mr Au-yeung Kwan Leong	歐陽君亮
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<i>Distinction in Knowledge-based examination (yr 1)</i>	
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Miss Chai Suet Bin	蔡雪彬
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Mr Chan Pak Hei	陳栢義
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Mr Chan Wing Lun	陳穎麟
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<i>Distinctions in Knowledge-based examination (yr 2) and Written examination (yr 3)</i>	

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Mr Cheng King Lik	鄭經歷
Miss Cheng Pik Lam Agnes	鄭璧琳
Mr Cheng Suen Bun	鄭璿斌
Mr Cheuk Yuen Yi	卓元怡
Miss Cheung Kit Yan	張潔欣
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Miss Cheung Man Ha	張嫻霞
Miss Cheung Mei Ling	張美玲
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Miss Choi Ka Man	蔡嘉敏
Mr Choi Kwok Kam	蔡國淦
Mr Chow Alex Sheung Yan	周尚仁
Mr Chow Hung Lit	仇鴻烈
Mr Chow Yat	周一
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Miss Chu Ka Lai	朱嘉麗
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 Mr Wong Yat Hin Ian 王逸軒
 Miss Wong Yat Ni Stephenie 黃溢妮
 Mr Wong Yuen Hon 黃元瀚
 Miss Wong Yuk Shan 黃玉珊
 Mr Wu Kwok Keung 胡國強
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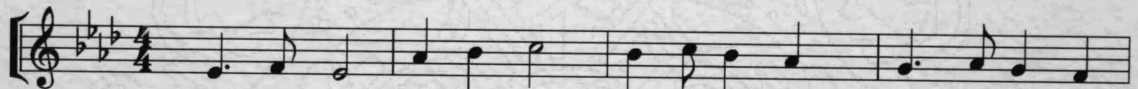
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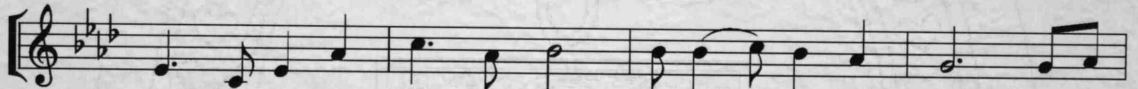


醫學院之歌

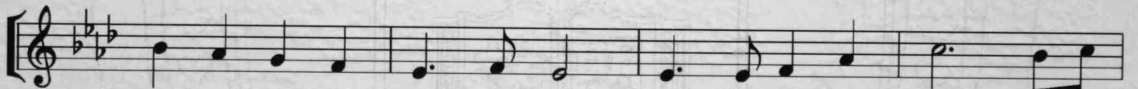
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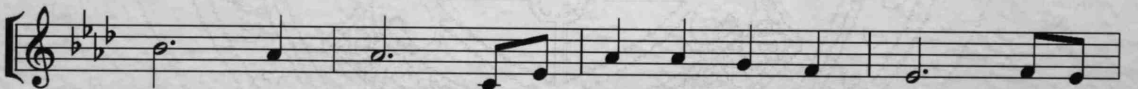
(1) 杏雨紛，杏花香，杏風飄揚，喚新氣象，
 (2) 同思量，同互幫，心胸開放，展開目光，



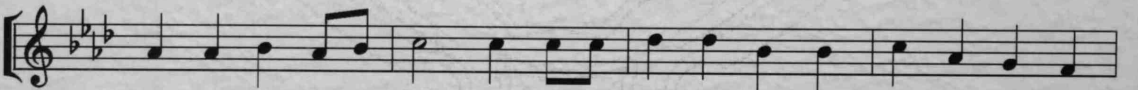
我們齊唱歌嘹亮，人人心同向，立志
 沸騰熱血到四方，服務仁心腸，年青



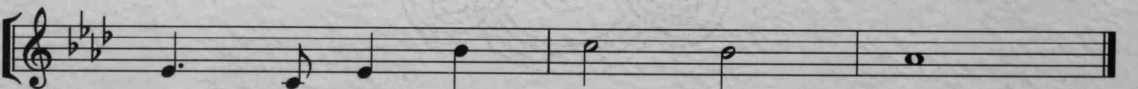
醫學不怕前路茫，扶危是我當，任重
 充滿朝氣如朝陽，你我挺胸膛，社會



道長，我們一群醫學生，合力
 作棟樑，



匯志雄心 萬丈弘毅 即物窮理，篤行毋忘



爲人謀出新希望。

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香港大學學生會醫學會週年匯報

沈澤安



經過一年的風風雨雨，我們第五十七屆幹事《凝燃》終於完成了我們在醫學會的歷史任務。我們不敢說這一屆是十分成功的一屆，但是我們卻為我們替醫學會所做的感到自豪。當然，我們也不敢太過囂張，我們有些地方的確不及前人，尚有許多方面有待改進。

新 Soc 房



隨著新醫學大樓的成立，醫學會的新辦公室也正式於 2003 年 7 月開始運作。新會址位於醫學院實驗室大樓 LG1 樓，臨近醫學圖書館。我們希望「新 soc 房」能成為同學休憩的地方，因此那兒設有沙發、微波爐等設施供同學使用。我們自 9 月起星期一至五每天中午都開放「soc 房」，除了更有效運用房內的設



施外，更希望拉近同學和醫學會幹事之間的距離。《凝燃》中的「凝」，是凝聚力量的意思，但願從這方面我們做到了在年初許下的承諾吧！雖然我們知道，要走的路還很長，很長……

嚴重急性呼吸系統綜合症 (SARS)



要數這一年令人難忘的，總不得不提 SARS，一場奪去 299 條生命的瘟疫。在這場災難中，我們可以慶幸的，是沒有一位港大醫科生感染 SARS，及當時 Final MB 剛好完成，使這個十分難應付的考試無須押後舉行。當時幹事會及各班班代表都盡量瞭解情況，並與大學方面相討對策。這裏我們不得不稱讚醫學院果斷地宣報停課，及安排一些網上錄音課堂，讓大部分同學可以繼續學習。考試方面亦只有醫科三年級的考試延期至六月初舉行。不過 SARS 所帶來的影響還是很大。醫科 04 班的 Specialty Clerkship 遲了完成，05 班在 Senior 及 Specialty Clerkship 中間多了一個六星期的假期。這個有人歡喜有人愁。但護理系同學犧牲暑假到各醫院實習，及中醫同學要在八月到四川考察交流。這兩項除了對同學自身有影響外，也打亂了醫學會籌備迎新活動的陣腳。



除了處理有關學業的問題外，醫學會亦有在 SARS 肆虐期間參與健康教育活動。幹事會、健康委員會及護理學會積極配合醫學院及地鐵公司合辦的「防災行動」。雖然疫情仍未受控，但各同學依然踴躍參與，在港九地鐵站派發健康教育小冊子，教導市民一些基本衛生常識及正確配帶口罩的方法。

有關香港整體如何對抗 SARS，本期《杏雨》另有專題討論，在此不多費筆墨了。

迎新活動



tutor，在一天的辛勞工作後依然堅持入營參加迎新，中醫同學們雖然未能入營，但也在籌備工作方面出一分力。

為使各住舍堂的 tutor 和 tutee 都可以參加今年的迎新營，我們今年在選擇日子方面花了心思，希望各同學都有時間出席舍堂及醫學會的迎新活動。這是成功的。遺憾的是迎新營的第二天颱風襲港，活動被逼腰斬，否則今年的迎新一定更美滿。

四月的時候曾經想過今年的迎新活動會搞不成。SARS 肆虐，同學們連見面、握手都可免則免，有怎會參加迎新營呢？幸喜香港於六月從疫區名單中除名，及我們舉辦迎新營的浸會園沒有用作隔離營，迎新活動才得以順利進行。

正如上文提及，護理及中醫同學需要在八月上課，部分迎新活動不能出席。因此讀醫科的 tutor 便需要更賣力了。在這裏我必須感謝我班同學的努力和體量，使迎新活動得以順利完成。我也十分感謝各護理班的



學生福利

今年我們繼續營運合作社，以成本價將各種文儀用品提供予各同學外，福利秘書更嘗試從大學本部合作社以外的地方購入貨品，務求使我們所提供的貨品更優質、更多元化。另外，我們在各班同學考試前印製「勁過書籤」，祝各同學考試順利。

六月，灣景餐廳經營權易手，交接其間餐廳停業。本會幹事立即跟進，一方面跟大學商討沙宣道同學的膳食安排，一方面與新膳食公司高層見面，瞭解他們的營運方式。但是，大學學生事務處沒有給我們一個滿意的答覆，而直到我們卸任的一天，新公司的表現依然有待改善。

財政及周年籌款

正如許多「大仙」所說，醫學會除了於各同學入學時收取入會費外，就不應再向同學收取任何費用作營運用途。然而本會每年均需花大量金錢印製《啟思》及《杏雨》，因此必須舉辦籌款活動以達至收支平衡。今年我們沒有像以往舉辦大型酒會或首映禮，反之透過探訪和寫信給各醫生及教授募捐，亦取得不俗的成果。在此必須感謝各善長仁翁對本會多年來的支援。

另外我們想在此重申，至今依然有少部分同學於入學後一個月仍然欠交入會費。我們明白同學許多時都是無心之失，不過向追討同學的確浪費了本會幹事不少時間。而這些不穩定收入也會令我們草擬財政預算時更加困難。希望同學們為人為己，一收到繳費單後儘快繳交入會費。

體育比賽

一如以往，醫學會每年都舉辦班際比賽及參與各項院際比賽。但今年不得不提我們醫學院同學在院際比賽的成就。

回想以往醫科學生在院際比賽中有過一段光輝的時刻。大家翻開 1997 年的《杏雨》便可看到我們在各項比賽中非冠即亞，運動場上所向披靡。不過之後卻出現一段低潮期。今年我們捲土重來，再次把多個冠軍獎盃帶回沙宣道。其中男子足球更在隊長朱炎培帶領下，以全勝姿態殺進決賽，再於決賽以互射十二碼擊潰強敵工程學院，一雪去年首圈出局之恥外，更為我們帶來了空前的成就。



文康活動



本年醫學會主要舉辦了三項文康活動。二月，我們舉辦了《情人節鮮花及巧克力速遞服務》，使平日冷冰冰的沙宣道添上節日的氣氛。是次活動有百多位同學向我們訂鮮花跟巧克力，更吸引到雜誌替我們做專訪呢！十月，有一連四天的醫學生節（Medic Festival）。我們在醫學院範圍內舉行了多項活動如拔河等供同學參加。年底，我們假香港醫學專科學院舉行聖誕晚會。由於今年競爭較少，所以參加人數比預期理想。



出版及印務

由於今年啟思編輯委員會出缺，幹事會特別出版Medso Express讓同學更瞭解幹事會的工作，並向同學宣傳即將舉辦的活動。另外，今年醫學會亦成立《杏雨》編委會，務求使《杏雨》可以再度出版。

社區服務

一如以往，健康委員會繼續定期在全港各屋邨及社區舉辦健康講座，為市民提供免費健康檢查，如量血壓、血糖、高度及體重。另外，今年委員會亦有舉辦探訪長者及男童院等活動。希望透過這些活動，我們能提升市民的健康意識。

九月，醫學會健康展覽委員會假荃灣大會堂舉辦一年一度的健康展覽。今年的主題是《健康快活都市人》，主要提及香港都市病的問題，並介紹人體工學。希望透過是次展覽，能教育市民一些生活常識，減低患病的機會。

護理學會

今年一班護理系的同學成立了香港大學學生會醫學會護理學會，讓護理系的同學能有代表自己的聲音。今年幹事會亦與護理學會緊密合作，並一同舉辦迎新活動。相信護理學會的成立能有助評議會及幹事會更瞭解護理同學的需要，並在公平的原則下，確保護理同學的意見得到尊重。

外交

年初時曾訂下目標，要加強與中文大學醫學院院會加強聯繫。結果今年七月我們與中大的醫學生、港大的牙科同學及浸大的中醫同學進行籃球比賽，並於十一月和中大方面舉辦了一個兩日一夜的交流營，反應也十分理想。

記得年初曾與中文大學醫學院院會前會長張世華談及有關兩間大學醫科生的問題。他說面對現時新入職醫生不斷被扣減薪酬，醫管局內晉升機會越來越少，醫學生的前途令人感到憂心。兩間醫學院的學生組織必須合作，團結一起，讓我們的聲音更大，讓社會聽到我們的聲音，確保同學得到公平的待遇。這一點我是同意的。但願兩間大學的醫科生他日能繼續加強溝通和合作。



時事討論

2003年6月30日，更緊密經貿關係合作協定（CEPA）簽訂，以後醫科畢業生便可透過參加內地專業試考獲內地執業資格。雖然就業機會大了，但實際問題卻有待解決，因為一方面內地執業試是用中文和普通話作答，對於接受英語訓練的香港醫生構成一定難度；另一方面中港兩地醫生的薪酬相距甚遠，加上需要離鄉別井，實在難以吸引香港的醫科畢業生回內地找工作。

就醫學生的前途問題，我們邀請了現任醫管局主席梁智鴻醫生，立法會醫學界代表勞永樂醫生及瑪麗醫院內科部門主管黎嘉能教授出席我們所舉辦的時事討論會。當日同學都踴躍出席。

總結

最後，我們必須感謝黎青龍教授及鄭養鴻博士出任我們的名譽顧問，並在多方面協助我們順利完成我們的任期。我們亦感謝各同學支援我們，並參加我們所舉辦的活動。隨著今期《杏雨》的誕生，我們功成身退。《凝燃》，是凝聚力量，燃綻熱誠的意思，希望你能感受到我們的工作熱誠吧！在此謹祝醫學會的新幹事們工作順利。



內務副主席 Internal Vice-Chairperson 沈澤安 Philip Sham

不知道大家每天上課下課，有沒有留意沙宣道的夕陽呢？日落的時候，從我們平日上上落落的沙宣道望向大海，是很漂亮的。不過坦白說，在許多上學的日子我都沒有留意這景象。太多的夢想，太多的要看，都會使我忘記了看日落。待我想到的時候，太陽已經下山了。

我想我們的大學生活就好像夕陽的景象，是美麗的，是短暫的，是我們應該好好珍惜的，但也是會在不知不覺間溜走的。

我們醫學生雖然有比其他人多一至兩年的大學生活，但學業卻不容許我們花太多時間享受大學生活。為夢想，為生活，為未來，學業對於一個大學生來說，始終是最重要的。我們每個人都有自己的方法去享受這些僅餘的空閒時間，而我選擇了上莊。

我覺得身為醫學生，潛心讀書的時間實在太多了。考試衝刺的時候，甚至會覺得這個世界從未如此陌生過。選擇上莊，是希望藉此能擴闊自己的視野，多接觸一些人和事，不致於活在書本裏。

事實上我確是做到了，例如我曾經在六月尾參與接待溫家寶總理，代表醫學會參加特區榮譽葬禮，向 SARS 英雄致敬，又到過會展參加研討會等，這些都是我不上莊便沒有機會去做的。我也覺得自己成長了，處事更成熟，分配時間也做得比以前好。

有些大仙說99班經營醫學會是近年最好的一屆。我未見過這班前輩，也不奢望自己的風評比他們好。不過我回想今年所做的一切，我們可說是對得起自己，對得起同學，對得起醫學會。除了做好本份外，還重新整理醫學會的物資，開設新 soc 房等。別人對我的評價，我可不管了。

終於落莊了。感謝各位一年來的支援和關懷，尤其是我的莊友，沒有你們的支援，就沒有今天的醫學會。上莊的一年，雖然艱苦，但回想起來，心裏還是甜絲絲的。

我想這一年，我看到了美麗的夕陽。



外務副主席 External Vice-Chairperson 陳熿恒 Will Chan

回首醫學院生涯的首年，彷彿已是夢一般的回憶。

倘若入讀醫學院曾是我們的夢想，那麼醫學會就是我們共同擁有過的一個夢，隨時光的流逝掠入心靈的最深處，刻下段段令人迷醉的往事，一張張天真熟悉的臉孔。

無疑，那時我們都很天真；天真在以為憑藉一顆赤子之心，就可以成就一個服務過千同窗，影響舉足輕重的醫學會。而事實上，一切都過得太快了；『上莊』的決定，以至任命完成，只存在於瞬間。究竟是甚麼驅使我們有一同跨出這步的勇氣，又是甚麼讓我們被幸運選上；很多的信念，很多對友誼的厚望，很多很多對新挑戰的渴求，就這樣匆匆地，我們彷彿奏響了一首尚未完成序章的樂曲，餘音卻迴盪於耳。

我仍清晰記得，Campaign 那時我們並肩凜冽寒風之中（沒有誇張啊），向同窗學長訴說著我們的理想、熱誠，以至我們是如何不可分割的個體——名叫凝燃。「燃」字是我給它起的，象徵我們不但要團結一心，更要互勵互勉，以生生不息的熱誠燃亮他人，造福醫界學群。就這樣，「凝聚力量，燃綻熱誠」的一年飛逝，我們一起努力付出過，一起用心感受過，當中綻放的花火，有絢爛的，有夢幻的，亦有電光火石間的，縱間而各有所持，乃出於在乎，又怎能叫人不珍惜這份共同的執著？大顆兒獻給醫學會的一點一滴，雖非盡善盡美，卻都是心血。

能出任外務副主席一職，是我的榮耀。不得不承認外務工作是繁重且抽象的，卻因此而極具挑戰性。切身的涉及學院會社間的協調，更切身的，則牽涉到醫學生在醫療界的定位以及與各組織的溝通。這一年的體驗，大大擴闊了我的視野，除讓我親歷內外務馬拉松會議交纏的『奇境』外，亦令我認識了不少好友；最彌足珍貴的，是莊友間的深厚情誼。『喂』的豪氣 Philip、『勁掛住你』的嚴肅搞笑班長、勤力的撻皮 Jason，善解人意的慧妍、感覺很有品味的 YuYu，喜歡伸舌頭的 Tammy-Chiky & Co.、常常笑的傻氣 Karen、不停吃東西的細妹 RoRo、還有常常「兇」班長的 FiFi……這一切一切，都令這天真的一步無悔。

在這個萬卷橫飛的洪荒國度，若擁有一顆服務大眾的赤子之心，還有甚麼好懼怕嘗試呢？

在此衷心感謝上莊、所有一直支持醫學會的前輩、同學；亦感謝命運讓凝燃相識相知。

無論何時何地，我們一起的那份感覺猶在。



常務秘書 General Secretary 李慧妍 Joyce Lee



這天，很晚才回家。很累，躺在床上，我想起了你們……

這樣就是一年。我敢說如果我們不是上了莊的話，我們在讀醫五年內所得的，一定不比我們今年所經歷的多。不是嗎？由就職典禮、迎新活動至聖誕晚會，每一個活動，我們都下了苦功、盡了力、流了汗。還記得，我們剛剛上莊不久，便要籌備我們的就職典禮。由於我是這個典禮的負責同學，從邀請嘉賓、尋找贊助商、預備食物，到設計典禮的程序等等，我都不敢怠慢。雖然下了很多心機，但是仍有很多不完備的地方。多得各位莊員體諒這個經驗尚淺的我，在各方面都提供寶貴意見，給予最切實的幫助。你們友善的態度，使我感到醫學院內也有情。那時的我想：其實這兒都不是如其他人所說的那般冷冰冰吧！

上莊後，我們的工作接踵而來，會議一個接一個，大家都忙得透不過氣。我們籌備了很多不同類型的活動，規模有大有小，每每都用上多個月的時間，花上很多心思，為的是要向各位同學服務。以前，我常常都會忽略一些服務團體所做過的事，反而當他們有不足的地方，我便會不其然埋怨。上過莊後，我體會到一個莊的不容易，使我不敢少看每一個活動，也讓我更懂得去欣賞別人所付出過的努力。在這一年，雖然別人可能不明白我們，但是在默默為他們服務之中，自己得到的滿足感其實是很大的。

若然你問我，我在醫學會內，最大的得著是什麼，我一定會說：是你們——我的好莊友。回想起當初，我隻身到醫學院讀書，所有親密的中學同學都為前程各散東西，我一直希望可以在醫學院內找到一群真心的朋友。上了莊，常常和你們在一起：讀書、吃飯、去宿營……就是這樣，我們彼此一天比一天更了解，一天比一天更接近。我呢？一天比一天更喜歡 Medsoc！

隨著第五十八屆幹事的出現，我們第五十七屆的便要退隱。雖然這個莊只是存在短短一年時間，但是，我們的友誼是悠久長傳的。

想著想著，該睡了吧！可是心紊縈繞。一點一滴，都在心頭……



外務秘書 External Affairs Secretary 何國璋 Jason Ho

上莊一年，倘若說嘗盡酸甜苦辣，絕對沒有半點誇大。回顧過去一年。不禁有點佩服自己。當其他同學都在埋首於自己的學業時，我們卻總要為莊務而奔波，心裏既焦急，又驚慌，幸而最終都「過」。哈！

今年是比較特別的一年，護理學會的新成立，使一些以往由一個莊搞的活動，變成由兩個莊合作。這樣所花上的準備時間必然較長，磨擦亦必然會有，不過最終亦都能一一解決。

另一件較特別的事相信大家都難以忘記，那就是「沙士」。「沙士」完全打亂了全莊的計劃，原本計劃於三、四月舉行的活動固然要延期或取消，我們還另外要想法對沙士作回應，如幫助宣傳沙士預防方法（畢竟我們是醫科學生的代表）這可說是頗為突發的事件吧！

對我而言，沙士的影響可謂十分大。因為原本所計劃的交流團（新加坡或北京），因為沙士的關係而要取消，令之前所做的功夫完全白費。白費功夫還不是什麼大問題，失去交流的機會反而更可惜。故此在沙士過後，為了讓同學有機會與其他醫學生交流，我們便積極與中大籌辦交流營，希望在有限的時間仍不失同學增廣見識的機會。最終交流營順利舉行，反應亦相當踴躍。

不得不提的，當然是我們的最大型活動——迎新。我們花上個多兩個月的時間準備，想必是一個非常刺激好玩的活動。但原本三日兩夜的宿營，卻因為颱風的關係而被迫在第二天提早出營，還記得離開時眾人臉上的神情，是萬般的失望，特別是付出了全副精神和時間去準備的籌委們，更是既依依不捨，又失落，還有點憤怒呢！

一年的上莊生活轉眼而過，想必有人會問這一年有什麼得著呢？一時間我竟然不知怎樣回答，或者應該這樣說：你可以說是增廣了見聞，學習了處事，擴大了圈子，但卻不是這三言兩語能夠道盡，當中的酸甜苦辣必然要親身所經歷才能感受得到。而最開心的，莫過於一班莊友們建立起的友誼，我們一起挨過，一起被人罵過，一起玩過，沒有了他們，恐怕一年的任期會非常難過。



福利秘書 Welfare Secretary 劉箕慧 Karen Lau

落了莊已經有半年了，想起上年的這個時候我正在忙著籌備 O-camp 呢！成為 O-camp PIC 是我在上莊一年裏感到最有壓力的工作，但亦得到很大滿足感。記得在 O-camp 第二天早上，當大家知道因颱風而要被終止所有活動，經過兩個多小時會議仍無法“挽救”，O-camp 最終未能完滿結束，實在不好受，還傷心了好幾天……這也許是我們的一個遺憾吧。

升上了大學，決定要上莊，選擇了 Medsoc，當上 Welfare Sec，想不到得著那麼多。替 Co-op 入貨賣貨、設計 Medsoc tracksuit、籌備 Blood donation、派勁過書簽、過 Council、到 Bayview 開會……拼湊出上莊一年的日子，使我學懂怎樣顧存大局，怎去鼓勵別人、與人合作，最難得的當然是跟莊員建立的一份深厚友誼啦！

在 Medic 裏每一年要面對的也不一樣，我相信我在 Year 1 的上莊經驗將會是這五年裏的一片色彩。



財務秘書 Financial Secretary 葉渝 Jasmine Yip

上莊快一年了，說到上莊的感受和體會，真是百般滋味不知從何說起。

記得上一屆醫學會招莊的時候，外務副主席李同學曾坦白告訴我們他在剛上莊後一個月，已開始後悔。當時我著實猶豫了一會，知道上莊不是一件輕鬆容易的事。但我不希望五年大學生活，除了讀書之外還是讀書；更想趁着一年級，學業不太忙碌的時候，體驗一下大學獨特的上莊文化。於是，經過一番掙扎後，我與一班志同道合的同學毅然上了莊。

在醫學院上莊，最困難便是時間的運用與分配。對醫科生來說，「一寸光陰一寸金」，一有時間便會捧起參考書本埋頭苦幹。在莊務繁多、沒有時間讀書的時候，看見別的同学隨時「出口成文」，自己便不禁汗顏，擔心上莊會否本末倒置，使自己忽略了學業；在我們辛苦籌備的活動，同學們反應冷淡的時候，我亦開始懷疑自己付出的時間和精神是否有價值……

這個時候，給我支持和鼓勵的，便是一班莊友。問他們有否後悔上了莊？有的笑笑說：「無後悔，上莊都幾開心呀！」有的說上莊雖然忙，但學到許多寶貴的經驗，是中學課外活動中學不到的。聽完這些正面的答案，我放低了疑惑和不快，重新振作去做自己的工作。如果問我上莊有什麼得着，除了為同學服務、擴闊視野之外，最大的得着就是認識到一班可愛的莊友！

記得暑假為醫學會籌款的時候，一位醫生感慨地對我們說：「你們要趁着讀書的時候玩多些。接下來的醫學生涯只會越來越忙，到我這個年紀才後悔自己年青時只顧住讀書，沒理會書本以外的東西就太遲了！」的確，上莊雖然要犧牲許多讀書的時間，但我卻不會後悔，因為上莊使我得到了珍貴的友誼，充實了我的校園生活，留下了難忘的回憶……得到的肯定多過失！



體育隊長 Sports Captain 張穎頤 Tammy Cheung



At the end of the second world war, George Orwell once said, "At the international level, sport is frankly mimic warfare." On Sassoon Road, sport is merely "a little time away from our books, a little time away from the library, a little time to stretch my legs, which we spare to earn the red flag — to be labeled 'Champions.'"

Important as it is worldwide, it's merely worth about half an hour of non-study time of fellow members of Faculty of Medicine. Sport is like life, it requires perseverance, self-denial, hard work sacrifice, dedication and respect for authority, for other people. The latter is primarily the prerequisite for being the captain of it all regardless of response, results and reward. Having such mentality really helped me live to tell the tale after a whole year. Enjoyable, but stressful — especially making all those phone calls and trying to persuade whoever it is on the other end of the phone to play. No longer the 'tat pei' faculty with very little people on the turn out. More like the extremely limited players with extreme skill and poise for champion. Cheering on the sidelines and actually being a member of the team in the game with the Sports Sec even though we knew our level of, 'pathetic-tism' was at its maximum, was a big whack of hilarious un-coordinated mess, yet was probably what made it such a great experience. Well, which bit of sport doesn't spell fun?

Amazing year, amazing people of Medsoc, amazing skills, organization and teamwork, and amazing results. Plus the whole whopping big list about learning a lot from being part of Medsoc, organizing stuff, valuable, memorable working together experiences, unforgettable full cabinet meetings... Not to forget a shoutout of thanks to everyone, of course, but specially our talented PubSec, Fi for her wonderful banner designs, IV for his goalie skills, CAS for his entertaining table tennis poses, and all those who've supported us and took part in the competitions or made it one less person to call on the list (by joining voluntarily!!). And most importantly, Janice for being there always, for all tolerance, teamwork and talent and for being my twin :)

"That's why I don't talk. Because I talk too much."

The way a team plays as a whole determines its success. You may have the greatest bunch of individual stars in the world, but if they don't play together, the team won't be worth a dime. But somehow we still manage to win.

Doctors are men who prescribe medicines of which they know little, to cure diseases of which they know less, in human beings of whom they know nothing. — Voltaire [Francois-Marie Arouet]

Sports Dept are twins who organize sports of which they know little, to play in matches they know less by asking people of whom they know nothing. — Medsoc Sports Dept.



體育秘書 Sports Secretary 戚丹慧 Janice Chik



Way way back at the beginning of year 1 I thought "How hard could it be to just organize some sports events and get people to play in it?" As I am typing this up and looking back at all the sorts of little things that happened, I am sure I may have belittled the job of the Sports Captain and Sports Secretary...Goshhh... The endless list of numbers we had to call, getting the inter-year timetable right to fit into everyone's schedule, all those courts we had to book at Flora Ho, having to actually participate in the events ourselves, e.g. the 400m relay Tammy (Sports Captain) and I both had to run in... and SURPRISINGLY WON a medal for it! And many many other things to be listed. I am positive through a year's work of this that I have learnt and gained a lot more than I have expected. There have been so many good times the whole of MedSoc had shared and made and I am glad to have been part of it. Those memories shall always remain deep in my heart.

Special Thanks to FiFi our lovely Pub Sec for giving out time to help us design the banner for both the faculty and the Inter-U basketball competition. We really appreciate your efforts!!

Also I would like to take this chance to thank a special person out there because life wouldn't have been half as fun if she weren't around. Not only my best friend, but also the best partner ever to work with! YUP IT'S YOU, TAMMY! All the frustration we went through in organizing everything, all the games we had to watch after school, all the fun times we had especially laughing at like the smallest things or even laughing about nothing!! I'm glad we made it through together. I'm sure the Sports Captain position was a lot more work since of all the extra meetings that took place in the wee hours of the night. Also, all the credits for the Inter-U basketball should all go to you since you had to organize so much of it and had to go through all the troubles there were while I wasn't in Hong Kong.

Thanks to everyone else in MedSoc since you guys have helped a lot in everyway you could! You have made the whole thing and the whole year work out as nice and neatly as it did!



文康秘書 Social Secretary 楊凱旻 Roanna Yeung

1st January 2003.

Start of a new year.

Beginning of the Medical Society 57th Cabinet.

And time for me to take up my "job" for the year — the Social Secretary.

So it says in the Medical Society Constitution: The Social Secretary shall generally be responsible for all the social activities of the Direct Members of the Medical Society.

Right. It was from this simple statement that brewed a complex concoction of late-night council meetings, proposal drafting, endless mobile calls, frenzied working hours, panda eyes, falling asleep during CNS lectures, carrying ten bunch of roses walking around Mongkok, mucking around in our new and comfortable soc-room, bargaining for cheap stuff, crazy hangouts, birthday parties, crashing at someone's place on New Year's Eve, etc, etc.

There was angst.

There were laughs.

Times when we wanted to give up.

Times when we urged ourselves to hold on.

Snapshots and faces that linger in our minds FOREVER.

It is quite impossible trying to make a list of what I went through during the year. There was simply too much. BUT there ARE a few things that I would always remember, and alas, till death do us part. Like how to draft a nice, detailed proposal that guarantees an 80% chance of being passed (without complications) at the medical council (note: unofficial data), like working on an extremely limited budget while making the most out of it, like my poor red Snoopy cushion (which hopefully still lies on the Medsoc sofa when I graduate) who has struggled as my makeshift-pillow.

LAST but not least (our absolute favorite phrase in essays), I would always remember the PEOPLE who went through everything with me — our dear ex-co members (or 'chongmates', as they've often been affectionately referred to). PLUS a few of their own unique little gestures of course (grins mischievously).

Thanks guys. You know you mattered. And I'm proud of each and everyone of you.

1st January 2004.

Start of yet another new year.

Beginning of a Medical Society 57th Cabinet MINUS the work.



時事秘書 Current Affairs Secretary 余廣文 Clement Yu

成長是大自然最美的規律。

每逢看著春雨初霽，我總喜歡跑過郊野一個又一個的山頭，一面飽覽片片滿地的嫩綠，一面湊近倚在枝幹上朵朵沾滿露水的野花。展開雙臂，用乾枯的皮膚擁抱暖和的陽光，讓大地的律動觸遍身上的神經；閉上眼睛，微微仰起頭，讓一陣陣含著山野氣味的和風輕輕拂過我的臉龐。在這處到處瀰漫著成長喜悅的山頭，感受生命的氣息。

人類是萬物之靈，他不但能夠像其他生物般成長，還可以隨著身邊環境因素的轉變而進化。歸根究底，人類是被賦予智慧的，我們在成長中加入了學習的元素，懂得運用智慧來學習成長。

一年來的大學生活，我學習成長的地方並不是在書本裏頭，而是從一群青年人的交往合作中領略。我們組成了那一屆的醫學會「凝燃」。它蘊含著我們過去一年青春的足印，時刻凝聚著年輕的活力，就像一串串燃放著熱誠的火花，拼擠出亂箭般代表成長的生命力。我們各個成長中的個體不斷合作，舉辦醫學會的大小活動，維護醫學生的福利；我們亦不斷互相學習，務求令「凝燃」內閣，展開自由的翅膀，在蔚藍的天空中翱翔。

身為外務的一份子，在此感謝兩位好同僚過去的照顧。希望日後再有機會與理性的熠恒和感性的國璋再度合作。



出版秘書 Publication Secretary 徐佩儀 Fiona Tsui

上莊的決定，決不是一時的衝動，而是經歷了一連串的內心掙扎。曾經有過許多困惑的時候，失望的時候，煩惱的時候；也有開心的時候，滿足的時候，感動的時候。這些摻雜了甜酸苦辣的片段，拼湊成讓我一世難忘的上莊體驗。

一年級剛開始時，便被排山倒海（兼雜亂無章）而來的功課嚇窒。每當其他同學潛心讀書時，我跟莊友往往也要為籌備活動開會，工作至通宵達旦；如果次日早上有PBL，情況便更不堪設想！相信這些情況對港大的上莊同學並不陌生，我們都好像偏愛這種「搏盡」的上莊文化，縱使我對如此冗長的會議方式感到有點吃不消……

每當回憶起剛上莊之時，總讓我想起《出師表》中的一句：『此誠危急存亡之秋也！』。當時正值護理學會的成立，我們除了學習醫學會的運作，還要重新摸索與護理學同學的關係。當中的過程並非毫無困難，幸而在上莊的帶領下，我們能逐一把問題解決。

為甚麼我會選擇做出版秘書呢？當我還是「矇查查」地待在迎新活動，收到當時醫學會為我們印製的迎新小冊子。打開一看，嘩！怎麼寫滿了中英文夾雜的口語？（致該文章作者：抱歉啲~）「假如我是出版秘書，我決不會讓這種情況發生。」於是，我便當了一年出版秘書……

這真是我上莊的原因嗎？如果是的話，我想我會在未完成競選之前便逃之夭夭了！

決定上莊，而且是醫學會的莊，是因為我認為醫學生的生活不應止於讀書；縱使我不得不承認，上莊的確佔了我不少讀書時間，而學習亦少不免受到影響。然而，學業上的付出卻換來難忘的經歷和回憶，而從中學到的更是畢生受用的寶貴經驗！選擇出版一職，可以依仗以往丁點兒的經驗，親歷漫長的準備後，感受作品面世一刻的興奮。

上莊最大的收穫，是和一眾莊友的友誼。大家從互不相識，有著不同背景和期望的陌生人，變成了曾經共患難、互相扶持的好朋友。尤記得在週年大會上，大家都哭了……我們一起走過的歲月，無論是快樂抑或不快樂，我都會銘記在心。還有我的上莊（是baba而非「爸爸」……！），他給我的啟示和扶持，讓我能夠應付醫學會內繁重的生活。

總結而言，上莊就如喝咖啡一樣——香氣芳溢，味道甜中帶苦（bitter sweet）又讓人禁不住上癮（可是喝得太多會對身體有害……笑）。很想對我的莊友大聲說：

「我愛你們！」



杏香縈夢曉
雨盡滙彩橋
凝心藏爾在
燃亮對君昭



Re: Annual Financial Report for the Session 2003

Income	Budget 2003	Actual 2003
Subscription Fee	44761.00	52861.00
Commission	2000.00	1735.80
Bank Interest	1250.00	46.67
contributory fund from Nursing Society	10503.47	6985.47
Annual Fund Raising	30220.53	39044.60
TOTAL	88735.00	100673.54

Expenditure	Budget 2003	Actual 2003
Internal Affairs	6720.00	6378.90
External Affairs	2100.00	2258.10
Welfare	4250.00	3654.60
Social Activities	10200.00	8549.50
Sports	5550.00	3910.33
Publication	48400.00	17560.00 *1
Caduceus	0.00	0.00
Health Committee	9215.00	5832.20
Council	2300.00	698.70
TOTAL	88735.00	48842.33

BALANCE 0 51831.21

Excluding reserved sum, NET BALANCE: 21481.21

N.B.

*1: \$30350, reserved for Elixir 03, subsidized by Medical Society HKUSU Session 2003

Prepared by
Yip Yu, Jasmine
Financial Secretary
Medical Society HKUSU Session 2003

Audited by
Seto Tin Yan, Mimi
Financial Secretary
Medical Society HKUSU Session 2001-2002

香港大學學生會醫學會護理學會

— 護聯網 Nursing Society, MS, HKUSU Session 2002-2003

護理學會的成立

我們的護理學系於一九九五年創立，學生人數一直都只佔醫學院很少席位，根本沒可能有足夠的人力和資源組成一個學會。因此護理學生和醫學生一樣，在醫學會的庇蔭下過著七年的歲月。

在這七年間也有同學有意思成立學會，只可惜因為沒有足夠的力量，本科課程亦緊迫，再加上種種原因而未能成事。

二零零二年，是我們護理學系的同學不會忘記的一年。當年有幾位護理同學站了出來，立志為我們服務，並維持的我們應有的利益。他們便是護理學會籌備委員會。他們與醫學會和醫學生評議會達成共識，為成立護理學會跨了一大步。當然醫學會和醫學生評議會也功不可沒，沒有他們的意見，籌委會的各人也不能在一兩個月的時間便擬訂出學會的憲章；沒有他們的協助，護理學會也不能擁有行政、財政等自主權。

就在十一月，香港大學學生會醫學會護理學會成立了。



護聯網

第一屆護理學會幹事會叫護聯網。「聯」，即聯繫，意在希望能聯繫本系四班同學及我們與醫護同業的關係。「網」，是指網絡，本會希望能與系內同學、對外護理同業及其他大學增強聯繫，從而形成強大而團結的網絡。

我們以「家」為本。護理行業是一個「家」，我們希望憑藉各項活動令大家喜歡這個「家」，增強大家的凝聚力 and 對本學系的歸屬感。引用第一屆護理學會主席譚靜的一句話——「護理學會是個長大了的娃兒」。娃兒雖然長大了，脫離了母體——醫學會，可是我們仍忘不了她的種種照顧和恩惠。在醫護的大家庭裏，醫學會與我們互助互惠，一直維持著友好的合作關係。

回顧及前瞻

本年度護理學會成功舉辦了多項活動，如「勁過飯」、「Nursing Week」等，也創辦了護理學會會報「護事」，加深了各界及同學們對我們的認識，也令同學們對護理學系的歸屬感更為加強。

我們與醫學會保持伙伴關係，合辦了多個活動，並經常展開會議，使醫護雙方都能更深入地認識對方。對外方面，雖然因各種因素使我們未能取得合作，不過我們依然維持著緊密的聯繫，尋求合作的機會。

我們相信下屆幹事會汲取了我們的經驗，能做得更好，繼續推動本會的發展。



護理學會大事回顧

2002年10月	護理學會籌備委員會成立
11月	護理學會憲章及其成立獲得通過
12月	/
2003年1月	第一屆護理學會內閣諮詢大會及全民投票
2月	第一屆護理學會就職典禮
3月	勁過飯
4月	參與醫學院的「防疫行動」、學會網頁成立
5月	關懷醫護——齊心抗炎行動
6月	/
7月	第一期護理學會會員通訊——「護事」面世
8月	與醫學會合辦迎新活動
9月	Nursing Week
10月	學術及時事講座
11月	迎新活動——高桌晚宴
12月	「護事」第二期出版



二零零二年十一月

在十一月底，護理學會的憲章和學會的成立在全民投票通過了，代表著護理學會的存在價值得到了同學們的肯定。不過，過 Campaign 還真辛苦呢！一切似乎很順利，只要招莊時沒意外就行了。

二零零三年一月

在放冬假的時候，實在不想起床。偏偏我們就是常常要一大清早到城大去借用飯堂來開會議。如果可以，我也想到港大去。不過一來我們沒 soc 房，二來房間也常常給其他組織先借了。開了十多次會議，也到了月尾——內閣 Campaign 和全民投票的日子。

二零零三年二月

等了那麼久，終於到了就職典禮。之前的籌備令我們疲於奔命。上環、西環、西營盤和薄扶林的大街小巷都走遍了，除了酸軟的雙腳外，也博得不少贊助。舉辦當日的場面很不熱鬧，許多老師、學生組織和校外團體的代表來了，見證著我們光輝的一頁。

二零零三年三月

在三月我們全力製作的大活動——Nursing Week 因為場地關係被迫延期，唯有先以「勁過飯」打響頭炮。大家都覺得氣氛不錯，尤其是劈豬的時候。輕輕地劈的女孩不少，卻也不乏要得刀風颯颯的猛者。不論用力輕重，大家都劈得開心，吃得高興。

二零零三年四月

SARS 來襲，全港停課，這個月內進行的工作也暫停。眼見疫情擴散，醫學院和地鐵公司合作，展開了「防炎行動」。我們護理學會也參與其中，與醫學院內其他學生組織攜手處理各項工作。

二零零三年五月

SARS 繼續肆虐，我們也有會員病倒了。於是我們製作畫冊和橫額，為我們的同學和仍在前線作戰的醫護人員作出鼓勵和致敬。當中的圖畫都是我們畫的。

二零零三年八月

千呼萬喚始出來的迎新活動終於開始了！最矚目的當然是迎新營啦！雖然是次迎新營的遊戲和上年差不多，但各項活動的遊戲性及精密度得到大幅強化，這當然是大家的功勞啦。可惜天公不造美，第二天便掛起了三號風球，迫使迎新營也腰斬了。

二零零三年九月

迎新營半途中止令大家都未能盡興，所以迎新活動籌委會決定再來一個，於九月十日假 A-Hall 展開迎新夜，給各新鮮人第二次衝擊！月底也有復活過來的 Nursing Week。Nursing Carnival、Beauty Seminar 和 Walkathon 的三連擊起了很大回響呢！

二零零三年十月

今個月有港大開放日，我們也於 NMC 設置了攤位和展板。其他年級的同學們亦製作了許多精美的展板呢。一時間，只有灰白的三樓充滿了色彩。

二零零三年十一月

迎新活動最終回——Hightable Dinner 在陸佑堂舉行。在這堂皇的禮堂內的晚宴卻毫不嚴肅，除了各學生組織的招莊宣傳外，有同學的樂隊表演，還有迎新營的活動精華的播放。這是最好的時光，也是迎新活動完結的時光。

二零零三年十二月

漫長的招莊活動終於奏效，新內閣「守護星」順利地通過 campaign。最初，我們帶新莊時還有點怕，擔心他們發生各種事故。幸好只是杞人憂天，新莊適應力、生命力和吸收能力在水準以上，我們落莊也可以安心了吧……

主席 Chairperson 談靜 Angel Tam

今天是 Mock-campaign (模擬導諮詢大會) 的大日子。現在的已經是晚上 11 點 32 分。剛剛為一班新任“莊員”(學會幹事) 準備明天的 campaign。太晚了，要回家了。看著 soc 房(學會會房) 徐徐的關上，想起這個本來空無一切物的 PAC207 房間，到現在連大堂地方都有我們《護理學會》這個門牌，心裏面起了一刻的感動。

護理學會 (NURSING SOCIETY, 簡稱 Nursoc) 的成立真的絕不容易。

護理學系在香港大學成立將近 9 年歷史，但一直以來，我們都沒有一個真正代表香港大學護理系同學的組織。好不容易，在一班熱心同學幫助下，護理學會籌備小組於 02 年尾成立。直至 03 年 2 月，代表一眾香港大學護理學生的護理學會終於誕生了。

作為第一屆學會主席，我想先感激一班籌備小組的成員，如果沒有他們的努力，Nursoc 就沒有今天的成功。由學會會章、學會架構、會 logo、學會戶口、成立初期的資金、我們今天佔據的“地頭”(PAC ROOM 207)、學會壁報板等等，都是他們不怕艱辛的為大家爭取得來的。在此我代表護理學系同學感謝各籌備小組成員，你們的努力，是沒有白費的。

同時亦感激醫學會一班莊員。由於我們是“第一莊”(第一屆學會)，所以很多很多有關學會行政的事務要向他們請教，幸好一班醫學學生同學都非常樂意指導我們，好使我們在各對外對內事務上有指引。而且，我們更有幸可以與醫學會合作舉辦活動(例如迎新)，從中使我們對籌組活動有更多認識。這都使各同學能體驗“醫護一家”的精神。

另外，我亦感謝一班學系的老師和職員，他們給予的鼓勵和支持，令我們這個“初生嬰兒”可以順利成長。還記得當初我們沒有任何的資源去成立學會，幸好各老師都給予支持，例如本會舉辦的步行籌款活動，老師們不但“出錢”捐款，更身體力行的“出力”行山，好讓我們能夠有足夠資金去舉辦回活動及為同學提供福利。同時，老師們亦給予我們很多外間資訊，好讓我們從當中去認識更多，並擴大本會的網絡，使本會可以舉辦更多與社區相關的活動，令同學有更多機會去接觸社會。在此真的萬二分感激各老師及學系職員的幫助，使本會有更好的成長。

最後，當場要感謝我們學系各同學的支持和參與。由最初的籌備小組，以至日後舉辦的各個活動，同學們都熱心參與。甚至當我們上課時，同學們也會衷心問候：「你們怎樣了？搞學會一定是很辛苦了，要好好休息。加油。」感謝各同學的關懷和問候，帶給我們各人無限的鼓勵，使我們艱辛的“上莊”旅程上有所支持。

踏入第二年，我們相信香港大學護理學會會繼續努力盡心的為各同學服務，爭取應有福利，發表聲音，並團結各人，好使香港大學護理系成為各人心目中的大家庭。



內務副主席 Internal Vice-Chairperson 莊穎詩 Zoe Chong

近日每次回到護理學會會房，總有點離愁別緒的感覺。以『香港大學護理學會第一屆內閣護聯網內務副主席』的名義去服務大家的日子快將告結了。看著會房內的每一物，尤其是陪伴我們度過無數小時的會議桌，腦海裏總會想起大家在會房的情境，以及開會時說過的『金句』。每當工作得累了，氣餒了，當初大家上莊的原因與承諾與許許多多的『金句』就不斷鼓勵大家，成為我們堅持的理由。我的金句是『我相信大家都有 room for improvement』，因為我認為各人今天所做的、所選擇的都是學習過程、是構成人生經驗的重要部份。大抵一年前我選擇了『護聯網』為學習過程，一年後上莊速成班告結的時候，我的金句錄中增加了一句——『付出多少，收穫多少』。

過去一年有很多人質疑內務一字太空泛，問我究竟『內務』是指什麼？其實護聯網希望作為護理學系與同學之間的橋樑；透過各類活動，增加護理學系與同學的溝通，與及聯絡各班同學之間的感情。今年我們舉辦過就職典禮、勁過飯、迎新活動及護理週，各班的同學有機會聚首一堂，一起見證著我們的成立、一起劈燒豬互相祝福考試勁過、一起分享讀書心得、一起製作令同學於課餘輕鬆輕鬆的康樂活動……有同學因此而認識了新朋友、有同學因此而增加了彼此的友誼；作為活動負責人不免從心底恩慰起來，是因為知道活動的目標達到了。每次活動我們都邀請護理學系的教職員參與，除了能讓他們更了解學會的運作外，也能製成機會讓教職員與同學好好溝通。機會當前，同學當然把握機會，與教職員們分享讀書和實習的情況；也有同學詢問現今護士前境的問題。老師與同學之間的距離拉近了，亦師亦友的交流，對大家來說都是寶貴的經驗。

其實內務也有『莊內的事務』的意思；身為內務副主席，係有責任去維持莊員關係融洽與學會運作順利。護聯網十三位莊員都是明事理的人，大家都意識到愉快的合作關係係建基於大家的友誼上；同時亦非單靠一人的努力就能成就此事，所以每一位莊員都很努力去維持莊內的和諧。我很慶幸我的莊員是重『情』的人；但有時太重『情』，工作與友情就很容易混為一談，有時增加了大家磨擦的機會。幸好護聯網都明白一班年青人一起工作，是應該以工作建立友情；以友情推動工作。直至今日，我們開會時是會嬉哈大笑的、工作時會像遊戲般跑跑跳跳的；看似工作不夠認真，其實我們都找到維持大家感情，同時亦能推動我們落力工作的方法。

上莊的歡樂片段及大家同學的支持都成為護聯網工作的推動力。雖然身為內務副主席的我即將卸任，但並不表示我不能再服務大家。我會將今年工作的經驗傳授給『下莊』，亦會留意護理學系的情況，向『下莊』、『下下莊』，甚至『下下下莊』反映意見，繼續為同學出一分力。



外務副主席 External Vice-Chairperson 梁宇嫻 Eppie Leung

當初我決定加入護理學會，一來想服務護理學系的同學，二來覺得它可以為我們帶來凝聚力。在這一年裏，看著學會的成立和運作，一切都好像由零開始，一切都帶給我很多感覺。從構思一年內的活動到籌備的工作和正式舉辦活動，我們十三位莊員都付出了不少心思、時間和汗水，一起渡過了許多難忘的時刻。漫長的會議雖然每次都很难捱，但是一起分享零食時卻很快樂；討論時意見不合的情況雖然屢見不鮮，但活動真的成功舉行的時候，大家都一起感到很滿足。

上莊使我學會舉辦活動和人與人之間溝通的技巧，還有critical thinking。但是最重要的是認識了一班很要好的朋友！

最後我希望護理學會可以繼續發展，為符合同學的需要努力，達至凝聚這個大家庭的目的。我亦希望護理學會和醫學會可以繼續保持和諧的關係，合作更加順利。



外務秘書 External Affairs Secretary 蕭坤尚 Michelle Siu

記得最初我和另一位同學是最後加入護理學會的莊員。跟其他同學一樣，擔心功課繁重，自己應付不來。因此我在聖誕節之後才決定上莊。當時其他莊員已經對學會的成立及會務有一定認識，而我卻是一名新生，要去明白所有憲法及細則亦是一件不容易的事。幸好跟其他莊員們都相處融洽，令我很快便趕上來。

當初我對外務秘書一職並沒有很透澈的了解，再加上我們是第一莊，除了憲法對外務秘書的職能有簡略的形容外，並沒有前輩指導。自己的定位只好在上任後才慢慢摸索。在往後的日子裏，我才發覺會內有很多事務也有對外性質，而我也並不只專責舉辦交流活動，也要在不同層面上參與其他對外事務。這個定位令我對自己的工作有更多了解，亦促使我更積極參與會務。

能夠成為外務秘書對我是一項挑戰，因為我本身並不是那樣外向，面對別人也不免顯得不容易。但作為外務秘書，我明白自己必須作出改變，要更主動和進取，還要對自己更有信心才能稱職。在這方面我也曾經掙扎過，覺得這會令自己變得虛偽。但是過了一陣子，我適應了，亦明白如何作出平衡。

上莊最大的收穫是認識到一班好朋友，是真的！這並不是開場白。在任期內，我也有過傷心失意的時候。在我最傷心，最軟弱，最疲累之際，莊員們從沒有離開過我，相反他們給我時間復元，分擔我的工作，並在身旁陪伴我。一年莊期快要完結，最希望的不是得到什麼地位之類的東西，只是希望大家的友誼能維持下去。



福利秘書 Welfare Secretary 羅碧蓮 Belly Law

大家好，我是香港大學學生會醫學會護理學會第一屆的福利秘書羅碧蓮。在過去的一年，我學了很多東西，但同時也失去了很東西。若果你問我如果可以讓我選擇多一次我會否依然上莊，我會答你我依舊會上莊。因為平衡過得失，得比失更多，另外，我還賺了一些寶貴的回憶是沒有上莊的同學所沒有的。你是否對我和另外十二位莊員去年至今曾經舉辦過多少活動感到興趣，那麼我現在向你作一個簡單的介紹。



二月我們舉辦了護理學會第一次的就職典禮，各莊員很賣力地為此活動奔波勞碌。三月是“勁過飯”，而我是其中一位負責人，我們的活動的時間很不幸地和沙士講座撞過正著，我們多位負責人唯有急謀對策，幸好各參加者十分滿意，可能是因為各參加者都有紀念品乙份或部份同學在抽獎環節抽到精美禮品乙份的關係吧！他們各人也滿載而歸，各負責人見到他們歡喜而回，我們的辛勞都是值得的。同時本人身為福利秘書也要為各護理系的同學印製“勁過卡”，各同學也很滿意它的紅色設計。

八月份是迎新活動，此活動由醫學會、護理學會及中醫藥學會聯合舉辦，不幸地我們護理學系的同學要到醫院實習以補償沙士暫定的實習時間，我們部份工作要交給醫科生，加重了他們的工作量，幸好他們體諒我們。好景不常，我們的迎新營給颱風吹走了，但是我們也對此作出補償，為大家補回一晚迎新之夜，大家在當晚也玩得樂而忘返吧！

九月份中是護理週，它包括了化妝班、護理嘉年華及步行籌款，身為負責人之的我當然忙得不可開交。因為我們一方面出醫院實習和上學，所以真是睡眠不足及身心疲累。各負責人在籌備過程爭執過在活動中開心過，但是絲毫也沒有影響大家的合作和友誼，開會時你為我為莊事各執己見，但是散會時大家依然可以一起快快樂樂地去吃飯，這就是上莊的生活。

十月是開放日，辛苦籌備是必要條件，最開心我當然是見到徐校長蒞臨醫學大樓參觀，還有是各參觀者滿意我的講解，令他們對我們的香港大學醫學院留下美好印象。

在未來的十一月頭又是我有份的高桌晚宴，希望大家在當晚玩得開心一點。如此同時希望大家有空來位於陳蕉琴樓 207 室的護理學會會房來買平價文具及向我反映灣景餐廳的服務如何。



出版秘書 Publication Secretary 黎一鳴

(背景音樂：尋找他鄉的故事)
 一個遙遠的國度……
 一個異鄉的中國人……
 他需要面對的，
 是日夜耕耘的辛酸，
 還是品嚐成果的甘甜？
 這一頁，尋找今莊的故事。



一鳴，20歲，港大醫學院護理學系二年生。一年前，他不理家人的反對，拋下了家中的一切，踏入一片新天地。沙宣道，在醫護學生來說，是一般平凡，對這個新鮮人來說，卻是一片奇觀異象。不過，這個景象卻造就了改變他命運的契機。「沙宣道很少活動。和本部比較起來，就顯得很冷清。我所想的大學生活並非如此。當聽到有同學要成立護理學會時，我就知道打破這個局面的機會來了。」

於是，一鳴加入了「護聯網」。為了諮詢大會，準莊員計劃了一大堆活動，心付還應付得了。始終，年青人少不免雄心壯志。這是2002年11月。

「多虧他們演練了好幾次，內閣諮詢大會總算成功，連言寡辭拙的我也答得頭頭是道。雖說大會歷時超過10小時，不過相比起現在的會議，其實也不算太辛苦。加上換得大家的信任票，這10小時更算不上甚麼了。」

4個月後，護理學會就職典禮將近，各人均忙得不可開交。而一鳴正理首編輯小冊子。不料，小冊子出了很多問題。最大的問題，卻是他的一副臭脾氣。

「典禮的一星期前，我完成了一份我認為不俗的稿件，給莊友改了，也好，心想：『多改少錯』。更新後繳了上去，再得改。改了幾回也改得惱了，眼見只差兩天就是就職典禮，我竟然在電話中對莊員惡言相向。掛斷後我立即後悔——其實我這麼衝動，實在是不稱職，更不配在就職典禮中宣讀的誓詞。但是那莊員沒有責怪我，反而處處支持我，於是我決心要改變自己的惡劣脾氣。」

惡習改善了，他的路卻同樣崎嶇。與醫學會的合作，是一個新挑戰。「醫學會的思考模式和我們不甚相同，造成了許多意見分歧。不過阿G很友善，和她合作也很高興。另一方面，她的積極態度也令我不敢鬆懈。有了這個競爭對手，我不其然也努力了。合作下有競爭，競爭中有合作，這正是護理學會和醫學會的微妙關係。」

「有競爭才有進步」，點出了護理學會的另一個重要性。而《護事》就是競爭下的其中一種產物。「眼見醫學會《Medso Express》的成功，我覺得如果護理學會的出版物太隨便就貽笑大方了。與各同學集思廣益，得出的結論是綜合性的雜誌才吸引市場，結果《護事》就應運而生。市場的反應也表示《護事》辦得十分成功。這全仗各編輯的努力才得換到如此的佳績，我實在感到驕傲。」

有開始便有終結。2003年11月，一鳴準備「落莊」。「現在無官一身輕，我才不會做笨蛋！我再做這種出版秘書，我哪裏可快活逍遙？」

一個不再新鮮的新鮮人……
 一雙戀戀不捨的眼神……
 想道盡一年的辛酸，
 還是對出版的依戀？
 2004年1月，
 繼續尋找下莊的故事。



健康委員會 Health Committee

The year 2003 is a year to be remembered by all medical workers and students in Hong Kong. Under the bombardment of SARS, the lives of Hong Kong people have much been altered: masks can be seen everywhere, awareness of having good hygiene has been much elevated among the general population. Even our lessons have been suspended in order to protect the students from the unnecessary risk posed by SARS.

While there has been a lot of mourning and sorrow over the deaths caused by the contagious killer virus, some people keep their moods upbeat. They claim that after this event, there is at least one benefit for Hong Kong. Our citizens have become more conscious about health and willing to change for the sake of health. Indeed, then, this is what we have long been pursuing as the Health Committee.

The Health Committee is set up to organize free health services for the general public, with the aims of providing screening services, especially to the elderly population, and providing chances for our fellow schoolmates of Medicine, Nursing and Traditional Chinese Medicine to practice their skills in health check services and counsel the elderly about their health conditions. This year, session 2003, the theme of the Health Committee was diversifying our services. We did not just confine our target groups to elderly people, but rather a broader spectrum of targets. We hoped that we can make the best use of the resources that we have to help as many people with different backgrounds as possible. Through the services, we also aimed at providing opportunities of clinical exposure for our members.

This year, the Health Committee was divided into four major departments, namely estate service, community center service, education and outreach service departments.

In Estate Service Department, we continued as in last year to provide health-screening service to various estates, of which the residents are mainly elderly people. We set up booths in the public estates with our own equipment; screening tests were provided to the residents who were interested. The screening tests mainly included assessment of body mass index (BMI), measurement of blood pressure and blood glucose. Once we discovered clients with possible health risks or diseases not identified by themselves before, we either gave them advice based on our medical knowledge, or referred them to the outreach service department for follow up.

We provided similar service for the Community Center Department, providing screening tests and services to the general public in community centers. Over the year, there have been a number of community centers contacting the Department directly, asking us to help a hand in the services that they were going to organize. Other forms of services were also included, depending on arrangements and equipments provided by individual community centers.

Prevention is better than cure and effective prevention starts from education. One of the major roles of the Education Department this year was to support the activities held by other departments. Besides, it also actively organized health education and promotion programmes. This year, we tried to take a different approach from that of previous years. Instead of aiming only at primary and secondary schools, we believed there was a need to promote health education to other parties as well. As a result, we had organized an educational talk in a Boys' home on the topic of drugs, and the outcome was quite encouraging.

As in last year, the goal of Outreach Service Department was to provide home visits comprising of simple interviews and health-screening tests to elderly people who may not have access to community service, due to poverty, immobility or other factors. Targeted elderly were recruited from health screening booths held jointly together with the Estate Service Department. Training sessions on how to take medical history and communicate efficiently with elderly were held for the student helpers. As follow up actions, students formed small groups to visit the homes of the elderly to evaluate the living environment of these elderly, and referred them to the appropriate



ACTIVITIES



一年之始 - 醫學會就職典禮



「杏雨紛，杏花香……為人謀出新希望」。隨著一片歌聲和掌聲，第五十七屆醫學會幹事就職典禮正式完滿結束。

在新的一年，修讀中醫全科學士學位課程的學生會成為香港大學學生會醫學會的直接會員。另一方面，護理學會亦快將成立。新一屆的幹事將要面對新的挑戰，透過與護理學會合作，服務更多的同學。

去屆內閣外務副主席李同學親手把世代相傳的玉璽交給今屆的內務副主席沈同學，也就表明新內閣正式開始他們為期一年的任務。凝燃的各位成員，雖然只是一年級的學生，但他們每一位都懷著一顆為同學服務的熱心，願意盡心盡力，向“凝聚力量，燃綻熱誠”這個目標邁進。



除了醫學會，新一屆的健康委員會順利完成交接儀式。來年，他們會承繼一貫的宗旨，繼續為大眾市民服務。無論是為長者量血壓度血糖，或是到小學教授衛生常識都能提升人們重視健康的意識，造福社會。



拍照完畢，各位嘉賓都移步到演講廳門外吃晚餐。在享受食物的同時，各位幹事都不忘與其他學會的幹事交流上莊的心得，分享大家願意為同學貢獻的抱負。

我們的外務副主席陳同學，卻忙得不可開交，把自己吃晚飯的時間也用來交際應酬呢！



地鐵公司與港大醫學院合辦——抗炎行動 Fight Against Atypical Pneumonia



2003年3月，香港爆發了一場前所未見的疫症——嚴重急性呼吸系統綜合症（Severe Acute Respiratory Syndrome, SARS；亦稱沙士）。冠狀病毒從果子狸跳到人身上，主要入侵肺部破壞呼吸系統，使患者呼吸困難。

令人咋舌的是沙士傳播速度之快；香港人煙稠密，市民衛生意識不足，更有利病毒傳播。而沙士更承香港與外地交通四通八達之便，迅速擴散至鄰近各地。醫學界面對疫症突然來襲，開始時雖有點措手不及，但仍盡心盡力地照顧病者，體現了醫護的無私精神。

身為大學生，尤其為醫護學生，我們當中不少同學也想在抗疫作出一分貢獻。悉逢林兆鑫院長和其他醫學院老師提出，讓醫護學生向市民宣揚衛生意識，我們一班醫學會和護理學會的同學，便響應了地鐵公司和醫學院合辦的「抗炎行動」。令人感到興奮的是，活動一開始便有超過二百位同學響應，當中包括醫科生、護理和中醫學學生。



雖然身為學生，我們的醫護知識並不足以治療疾病，可是一些基本知識，如正確戴口罩和洗手方法，清潔環境，保持個人衛生等，都能有效抗炎。經地鐵公司的安排，各位同學分別被派往香港站、金鐘站、荃灣站、黃大仙站、油麻地站和寶琳站駐守。我們向市民派發有關預防感染沙士資訊的小冊子，並回答有關的健康問題。這個活動受到很多香港市民的支持，而同學亦透過講解示範，應用他們從課堂上所學到的知識。

雖然沙士疫情過去了，我們仍未能放鬆預防傳染病的警覺。唯有透過普及健康教育，提升整體衛生防疫意識，才能有效防止疫症再襲。

迎新活動2003

一年一度的迎新活動又來了！

迎新活動為每年醫學會的大型活動，目的為幫助新入學的醫學院同學適應大學生活。今年我們和護理學會合作，為一年級醫科生、中醫學生和護士學生準備了一連串迎新活動：

<(1) 迎新活動第一炮- 迎新茶聚>

為了促進新同學的互相認識，我們於沙宣道會堂舉行了迎新茶聚。

同學被分為十組迎新小組，各由一班二年級的師兄師姐(組爸組媽)帶領。茶聚中，同學學會唱醫學會之歌和口號，為自己的迎新小組改組名和口號，亦透過不同的迎新遊戲加深彼此的認識。



<(2) 迎新活動第二炮- 遊覽港大校園>

一年級同學們初來報到，難免會對校園環境感到陌生。因此，我們安排了組爸組媽，帶領組仔組女們來個「港大一日遊」。

除了位於沙宣道的醫學院外，我們也到瑪麗醫院和般咸道大學本部參觀。



<(3) 迎新活動第三炮 - 迎新營>

緊接下來的活動是整個迎新活動的高潮 - 三日兩夜的迎新營！

一如以往，今年的迎新營假粉嶺浸會園舉行。經過一輪熱身遊戲，我們便開始第一項活動：「Are U Sick?」這是一個醫學會迎新活動特有的傳統，每組會被分配一個疾病名稱作謎底。同學需通過三個由其他組設計的難關，拿取三個和該組有關的病徵，再猜出謎底的疾病名稱。由於這個遊戲需要組員之間的通力合作，同學們不經不覺間增進了彼此的認識。



迎新營的第二天，是另一個動腦根的活動 - 「Secret Mission」活動中，同學需要扮演「小偵探」去調查一宗謀殺案。

迎新籌委們(OCs)則化身為案件中不同角色，為同學提供線索。雖然「兇手」極力掩飾，但聰明的小偵探們還是能夠把他找出來！



遺憾的是天公不造美，緊接的下午掛起了三號風球。

為同學安全著想，迎新營被迫腰斬。

迎新活動2003

<(4) 迎新活動第四炮 - 迎新晚會>

由於颱風關係，同學們為迎新營準備的表演活動，並不能夠順利演出。為此我們舉辦了迎新晚會，讓同學有機會欣賞各組準備的表演。



<(5) 迎新活動第五炮 - 高桌晚宴>

高桌晚宴為香港大學的傳統之一，所以迎新活動中亦安排了高桌晚宴，讓同學體驗港大的學生生活。高桌晚宴於港大的「標誌」- 有九十年歷史、具歐陸氣息的陸祐堂舉行，同時亦為今次迎新活動劃上句號。



Sports Events

This year has been such an outstanding year! A huge round of applause and congratulations given to all the players on behalf of all our fellow members of the faculty to those brave sportsmen/women who have participated and contributed their energy to so many of these results and made the whole event so successful!

*Tidbits to success: **FacMed** teams amazingly, a combination of:

...the **BEST** coolly cruising **aquatics** team - winning all relays - only 'narrowly' losing to Engineering's 'mass participation' tactics...

...indeed, had the **BEST tennis** team!! Mostly U-team members, conveniently all agreed to play, with a little blessing from our beloved Sports Secretary herself.

...superb seniors with their generous time leading the **squash** and **table tennis** teams - in the smallest amount of time smashed the greatest no. of balls across the room...

...the most powerful 11 pair of legs on the **soccer** team, and an amazing pair of hands for the goalie in the finals match where we solved the 'dispute' with an amazing penalty shootout!

...a little lack of turnout, but always on the improvement, the **athletics** team - surprising relay results for the 2 Medsoc Sports Dept 'twins' - running after an inter-u tennis match and Sports Sec. borrowing shorts last minute...we managed to grab the green flag!

...talented **basketball** players but all in a little world of fantasy of their own - let the match slip narrowly, narrowly within the turmoil and confusion of the timekeeping and last minute aims at the hoop...

...the **volley-ers** demonstrated great teamwork and powerful spikes have had a consistent result for the last 2 years..

...last but not least, thanks to mass emails, name lists and fellow students' enthusiasm and participation, putting together such amazing teams, along with a bit of luck and skill, here are the results at the end of the year:

Sport	Men's	Ladies
Tennis	Champion	Champion
Aquatics	1 st runners up	Champion
Soccer	Champion	(No event)
Athletics	-	1 st runners up
Volleyball	1 st runners up	2 nd runners up
Table Tennis	1 st runners up	Champion
Squash	Champion	2 nd runners up
Basketball	-	-

12th July 2003

Sponsored by TGV



聯校籃球醫療杯

CADICRUS CUP 2003



Ladies overall **CHAMPION !!!**
 Men's overall **1st RUNNERS UP**

*Interfaculty badminton was cancelled by Sports Association due to renovation of Flora Ho and lack of venues otherwise.

*The inter-year sports competition this year was a blast. After what seemed like 5 million phone calls, we managed to find people in every single year to participate in a wide range of sports including basketball, table-tennis, badminton and soccer.

Literally teams from the very seniors (year 5!!) to the very juniors (year 1) had teams in the events. Everyone seemed to enjoy a bit of sunshine and sport once in a while!

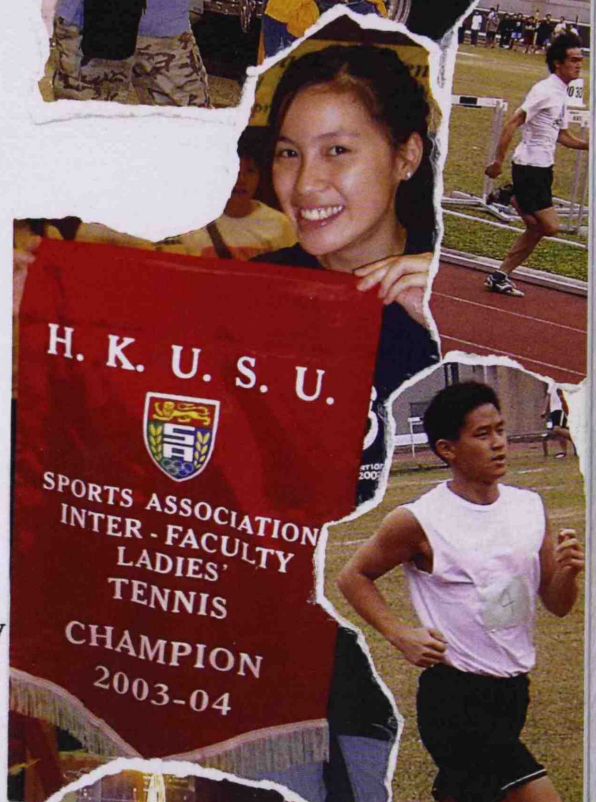
Results: (all guys, unfortunately, the girls didn't stand strong enough to build teams!)

- Bball♂- M06 +TCM05 champions, M05 1st runners up
- Badminton♀- M06 champions, M07 1st runners up ♂- M08 champions, M06 1st runners up
- Table tennis♂- M06 champions, M04 1st runners up
- Soccer - turned out to be many little friendly matches with each other due to M04 timetable constraints.

*Inter-University Basketball - 12th July 2003 @ Baptist University indoor basketball court
 Co-organised by: Dental Society HKUSU, Medical Society HKUSU, Medical Society CUHK and Chinese Medicine Society HKBU.

... was a success!

- Champion - Dental Society HKUSU
- 1st runner's up - Medical Society CUHK
- 2nd runner's up - Medical Society HKUSU



VALENTINE'S DAY

ROSE AND CHOCOLATE

DELIVERY

14.2

IT IS THE DAY WHEN THE PRICE OF ROSES SOAR TO SKY-HIGH
IT IS VALENTINE'S DAY!

AND THIS YEAR, WE'VE DECIDED TO PLAY CUPIDS!
AND THAT'S HOW OUR VALENTINE'S DAY ROSE AND
CHOCOLATE DELIVERY SERVICE CAME INTO EXISTENCE.
IT WAS THEN MY JOB TO RUN AROUND QUITE A FEW PLACES,
LOOKING FOR SOME GOOD BARGAINS, ESPECIALLY FOR THE ROSES!

IN THE END WE MANAGED TO SELL BOTH THE
ROSE PACKAGE AND THE CHOCOLATE PACKAGE
FOR TEN BUCKS. (WRAPPED AND DELIVERED WITH A
PERSONALIZED, HAND-MADE CARD! HEY, CAN'T
FIND THAT ANYWHERE ELSE ON 14TH FEB DEFINITELY.)

ON 13TH AND 14TH, WE WENT TO ALL THE CLASSROOMS, CARRYING BUNCHES
OF ROSES AND BOXES OF CHOCOLATES IN OUR HANDS, CALLING OUT THE
NAMES OF OUR LUCKY VALENTINES. THE LUCKIEST CLASS HAD TO BE THE
YEAR 1'S, THEY HAD A TOTAL OF 150 ORDERS! IT WAS ABSOLUTELY AMAZING,
SEEING SO MANY GIRLS LEAVING SASSOON ROAD WITH ROSES IN THEIR HANDS.

IN CASE SOME OF YOU HAVEN'T NOTICED, OUR 'DELIVERY SERVICE' ACTUALLY
GOT REPORTED ON A YOUTH MAGAZINE!

X'Mās Bāll 2003

Okay.

So there went Christmas 2003.

You've seen the decorations.

You've opened the presents.

Left out something you haven't mentioned?

Surely you haven't forgotten our Annual Christmas Ball? This year, it was held at the Run Run Shaw Hall of Hong Kong Academy of Medicine Building. Participating societies included the Medical Pharmaceutical Society of CUSU, the Law society and the Engineering Society of HKU, and the Engineering Union from HKUST. Enough of the details, now onto the ball itself!

The MCs!

Red carpets and colossal glass walls greeted the guests promptly upon arrival, whilst escorting them up the marble staircase to our receptionists. A humble triplet of wooden entrances opened to bestow the oval ballroom where soft hints of Christmas music were already skidding through the air.

The party commenced with a zesty dance performance and a warm welcoming by our MCs', followed by an exciting round of bingo and an awesome band performance (many thanks to Adam and his mate). Finger-licking refreshments were served during a small snack break and there it was, the highlight of the night, the DANCE session!

The DJs played a medley of pops, oldies and newbies, the best n' funky's and the slow n' sweet's. Bodies swung to the rhythms and occasional crazy moves bolted from the blue. Never forget the moment when THE human-snake hit the center of the dance floor

Happy time flew and soon it was about time to go. The already-high spirits were heightened further by the fabulously-prized lucky draw, which also drew the conclusion for the ball.

The ball had ended, but honestly, the night hadn't. Right guys? (hint hint)

Health Exhibition Organizing Committee 2003

The 20 of us started planning the annual health exhibition in January. After deciding the theme, we began to look for sponsors, invite advisors and collect information on our theme. The following months were marked by endless script writing, posters and banners designing, display boards and booklet editing and all kinds of preparation work for the actual exhibition. This had indeed been great experience.



After months of hard work, we are glad that the exhibition was a success. May we now present you —



Health Exhibition Organizing Committee 2003

Health Exhibition Organizing Committee 2003

Surviving the Concrete Jungle



Group photo!

Health Exhibition 2003 — Surviving the Concrete Jungle (健康快活都市人) was held in Tusen Wan Town Hall Exhibition Gallery from 26th to 28th September 2003.

Amongst the many health problems face by urban dwellers, we chose 3 topics to focus to. They were : 1. Stress (甚麼是壓力?), 2. Ergonomics (人體工學), 3. The Urban Environment and Health (都市環境與健康).

Opening Ceremony



Ribbon cutting

We invited our sponsors and advisors to the opening ceremony, and were honoured to have Professor Mary S.M. Ip and Professor C.L. Lai as our guests of honour. The Medical Society, HKUSU also came to support us.



Photo with Prof. CL Lai and Prof Mary Ip

Board Display

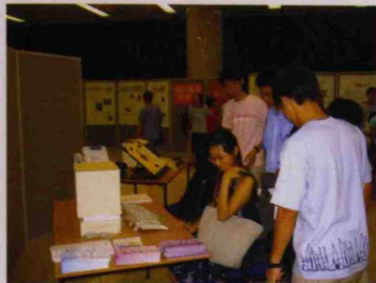
We presented our information mainly through display boards. Colourful display boards divided the exhibition gallery into 3 major areas. Medical and nursing students were demonstrators at the exhibition. They enthusiastically explained the display materials to our visitors and tried to answer their queries.



Well, as you can see from this board...

Work station

The highlight of the part on Ergonomics was the work station featuring an office setting. We set up desks, office chairs, computers and keyboards. With the help of various aids as hand rests, footrests, writing boards and all kinds of cushions that support the back, we transformed the furniture into 'healthier' ones.



Is this comfortable, Miss?



When you do your homework, you can lower the chair...

Talks

A total of 4 talks were given during the exhibition. The topics ranged from low back pain to stress and even second-hand smoking. The talks were indeed inspiring and the audience asked questions enthusiastically.



My turn!

Health Tests

They are very popular. Medical and nursing students took blood pressure for the visitors and also discussed with them the indications of the results. Our visitors found this counseling session very useful.

Visitors were also eager to assess their stress level using our stress test questionnaire.



Publicity

Before the exhibition, we went 'ON AIR' to publicize this exhibition. Apart from doing an interview on RTHK and promoting on Metro Broadcast, we helped in the production in a session of the program《星期日·保健日》. Posters and advertisements on newspapers were used as well. On the days of the exhibition, we also distributed postcards and tissue packs near the town hall to encourage people to come visit our exhibition. It was hard work, but our effort was greatly rewarded.

INTERFLOW

ACTIVITIES

Medical Exploration
Interflow Program'03

港大和中大醫學院的同學們，少有機會走在一起互相認識認識。為了讓兩大的同學們加深認識，港大醫學會於十一月聯同中大醫學會舉辦了一個兩日一夜的交流營，希望能藉此機會增進彼此間的友誼。

當日中午，我們照原定計劃準備集合。但突然天色驟變，還下起滂沱大雨打亂了我們原先的計劃，使得同學們要四處找避雨地方，非常狼狽，幸而同學都很合作，最終我們都能順利抵達營地——保良局北潭涌渡假營。

卸下行裝後，隨即我們便讓各組集合，開始熱身比賽及設定組名和cheers，以使他們盡快熟絡下來。雖然只是剛相識，但各組組員都玩得非常投入，且認真地想出一個有趣的組名，頓時使會場的氣氛熱鬧起來。

晚飯過後，便是當晚的壓軸節目——“O’Nite”晚會了。晚會共分9個遊戲，全是一些需要互相合作瞭解的刺激遊戲，目的是讓兩大的同學發揮朋友間的互助精神，從而加深他們的關係，同學們都顯得十分落力去完成比賽，彼此間亦能互相合作幫助，遊戲的目的亦能達到。

晚會過後，便是歷險時間。我們預先在營地內設定了一條既驚險又安全的路線，讓各組分別經歷。山路的崎嶇，及原計劃於沿路設一些Tasks要他們完成，再加上於漆黑的晚上舉行，這確實是一個頗具挑戰性且講求合作性的遊戲。可惜，當晚天色不佳且下着微雨，為安全起見，我們便取消所有原定的Tasks，只要各組走畢路線。儘管天氣惡劣，但各組都能發揮出互助的精神，最後全部都能走畢全程。

之後便是第一日最後一個（亦可能是最激）遊戲——水戰。籌備時我們都預計戰況會非常激烈的了，果然，各人像瘋了般，不理會眼前是何人，總之見人就擲，有些還用水桶水喉作武器，令各人全身濕透。戰後，所有人都全身濕透，但大家都沒有埋怨，反而面上流露着笑容，因為大家都盡慶而歸吧。

第二日早餐過後，便開始刺激的衝Station環節。這與O Camp時的差不多，但所有Stations都是由籌辦各人所設計的（其實是頗辛苦的）。所有Stations其實都是一些需要互相合作的團體性遊戲，目的當然都是為了加深大家的關係罷了，各參加者都非常投入盡力完成各個Stations，充分發揮出互助的精神。

這次的交流營，確實是一次非常難得的機會讓兩大的醫學生走在一起互相認識。可惜的是，畢竟相處的時間只有短短的兩日，同學們可能才剛熟絡下來便要分離了，所以我們亦設計較多遊戲環節，希望憑藉遊戲中的互相幫助，加快使同學們熟絡。

而經過這次的交流營，兩大的同學必然能加深了彼此間的認識，希望日後能夠有更多機會與中大及其他地方的醫學生互相交流，以擴闊我們在醫學領域上的視野。

STOP and PONDER! Did I make a right choice to be a doctor?

The Current Affairs Forum "STOP and PONDER! Did I make a right choice to be a doctor?" was successfully held on 8th January 2004. That was a memorable night when our honourable guests, Dr. Leong Chi Hung, Chairman of the Hospital Authority, Dr. Lo Wing Lok, Chairman of the Hong Kong Medical Association and Prof. Lai Kar Neng from Department of Medicine, University of Hong Kong all gathered in Sassoon Road to share their invaluable opinions on the future career prospects of medical profession.



In the past several years, it is not uncommon to hear negative news about career of junior doctors and medical graduates. These have greatly impacted on the spirit and morale of medical graduates and junior doctors, leaving them with a miserable future to face with. Medical students are also affected by this atmosphere and start to lose their enthusiasm in medical studies. In this forum, we had interactive discussions with our guest speakers on several career aspects of the medical field in Hong Kong, including problems encountered by medical graduates

and junior doctors in terms of limited post-graduation training opportunities, renewal of contracts for employees in public hospital, long working hours and heavy workload, employment of medical graduates etc. Our guest speakers had suggested several possible solutions to the above problems, and gave advices on proper attitudes for junior doctors and medical students when facing these problems in the future.

In order to better reflect the opinions of medical students, questionnaires concerning career prospects were distributed to the MBBS II – V classes in March 2003 to collect their views on medical career. A total of 675 questionnaires were distributed and 396 of them were returned. The results are summarized as follows:



- Ø Nearly all students think that specialty training is important for doctor.
- Ø 63% of students think that the Hospital Authority has the responsibility to assure complete specialty training for all doctors.
- Ø 95% of students think that the doctors' working hours are seriously too long.
- Ø 95% of students think that the Hospital Authority should employ all medical graduates from the two local universities.
- Ø If students are not employed by the Hospital Authority after they graduated, most of them will choose to work overseas or in mainland China, others will choose to work in the private sector or even find jobs outside the medical field.

Through the discussions, we hope that students would know better about the current situation for junior doctors, prospect of the medical career and how to cope with all the challenges. Although most participants were unable to get a full answer or explanation to the current problems, they have at least got some idea of what they should do to prepare for their career and in turn reconsider whether they want to take up the challenges to fight for their future.

In conclusion, the feedbacks from the participants are positive and they benefited from the discussions with the guest speakers. They realized the difficulties and challenges on the road ahead. Although the future ahead seems dim, they shall not give up their dreams of becoming doctors.



第一屆護理學會就職典禮

步向成功的試金石

護理學會終於成立了，並於2003年初舉行就職典禮。對於香港大學護理學系的老師、同學，甚至正在醫療機構為病人服務的校友，就職典禮可算是一件難忘的盛事。除此之外，感受最深的，莫過於一班為護理學系同學服務的第一屆莊員、評議員及籌委會成員。在籌組護理學會的歲月中，他們遇到困難時不氣餒，他們取得成功時也不驕傲，就職典禮就如新一頁的開始，帶來了最重要的意義和啟示。



無論甚麼情況，護士會以病人為大前題，捨己為病人，這是護士應有的責任。第一屆幹事會「護聯網」及評議員於就職典禮中，得到同學、老師及各方友好的掌聲鼓勵及認同，令我們更有信心和毅力，履行「服務同學」的責任。本會及評議員必會遵守承諾，加強與各同學的溝通，主動了解他們的需要，盡心盡力地為各同學提供最優質的服務。

護理評議會主席林燕愉致詞時提到香港大學架構檢討一事，她認為架構檢討並不是否定了現時的管理架構，亦不是追究任何部門及人員，相反香港大學主動地檢討現時的管理架構，體現負責任及願意承擔的精神。本會也要以此作為借鏡，經常討論及檢討學會內部運作和溝通，也會多聆聽及參考同學的意見，務求提高學會的工作效率。同學對我們的支持及鼓勵，我們相信，護理學會的前路是燦爛和無可限量的。

在此，本會及評議會衷心感謝香港大學醫學院、護理學系、香港大學醫學會及香港大學學生會，在籌備護理學會期間給予我們很多寶貴的意見及協助。同時亦感謝香港護理員協會主席李國麟先生、各位老師、同學、香港大學各學會及香港中文大學護理學會，抽空來臨出席第一屆護理學會的就職典禮，令當晚的典禮生色不少。

就職典禮是我們的第一步，無論前路有多難，我們一眾幹事將會繼續努力，與所有會員一起走過第一屆護理學會的每段路。



Nursoc 勁過飯



第一屆護理學會首個正式活動——勁過飯已於二零零三年三月二十八日在灣景餐廳舉行了！顧名思義，是次活動的目的為預祝各同學在即將來臨的考試中「勁過」（意即取得很高的分數）。儘管正值非典型肺炎爆發，同學們對於是次活動仍然十分支持：當日參加人數共六十多人，包括護理學系四個年級的同學以及教職員。

當日下午一時，參加勁過飯的同學們陸續到達灣景餐廳。為對支持是次活動的參加者表示謝意，每位參加者均可得到紀念品——The Dog 的公仔一份。

待各位參加者均就座之後，勁過飯的重點環節——劈勁過燒豬——便正式開始了。在開始劈勁過燒豬前首先拍攝一張包括所有參與者的大合照，而在上菜期間每一圍檯的同學能輪流再劈勁過燒豬，使各參加者均有機會一嘗「劈豬」的感覺。待同學們均吃得差不多時，抽獎環節便開始了。抽獎環節可說是掀起了整個勁過飯的高潮：當抽獎嘉賓——陳肇始博士——抽出寫上了得獎者名字的紙條但又未讀出其名字時，所有同學都在引頸以盼，希望得獎者是自己，又或是自己的朋友，情緒高漲至極點。最後，由於醫學院於二時正舉辦了一個專為護理學系學生而設、關於非典型肺炎的講座，勁過飯就在一片熱鬧的氣氛中圓滿結束了。



是次活動的成功除了同學們的踴躍參與外，護理學系教職員的支持亦十分重要：她們除了慷慨捐款贊助是次活動外，也有捐出禮物以供抽獎之用。在此僅對她們表示萬二分的感謝。





在2003年9月23日至9月27日的一星期，護理學會舉辦了一個盛大而充滿樂趣的活動——Nursing Week。

第一個 Nursing Week

毫無疑問，Nursing Week是本年度護理學會第一個大型活動。其籌備時間、人手、費用等都是巨大的。Nursing Week是由Nursing Carnival、Beauty Seminar及Nursing Walkathon三個活動組成，一口氣由9月23日舉辦至9月27日，而閉幕典禮亦於最後一日完成了。

護理學會表示，希望在沉悶的生活中，能把歡樂和生氣帶給各同學。「在沙宣道，護理學生的娛樂只局限於閒聊，一些宗教活動以及舍堂活動。護理學生需要的不會只有這些。每日在演講廳上堂，在灣景餐廳吃飯，在圖書館印筆記……護理學會認為我們應該得到更多，更多的歡樂和生氣。我們渴望一個有朝氣的沙宣道，於是我們舉辦了Nursing Week，希望利用當中三個活動，將大家由壓力中解放。」

「Nursing Week是我們護理學會的新嘗試。我們搞這活動的目的是令護理學系的同學更團結，更有歸屬感。我們也構思過以一個超大型活動去達到我們目標。不過，我們都知道令人更團結，更有歸屬感不是一個活動就可以做到，所以我們想以數個活動去達到數個方向。」

Ettusais 化妝班 化出美麗新景象

在九月廿三和廿五日，護理學會邀請到著名化妝品商Ettusais為護理學會的會員開辦兩小時的化妝班。

同學們大致分為五組，而每組皆有一名導師負責。導師於每組選一位同學做模特兒，化妝師一邊利

用在檯上各式各樣的化妝品為同學化本年度最流行的新妝，一邊為在場的同学講解化妝的每一個步驟，包括潔面、上妝、護膚等。

示範完畢後，各同學可以利用提供的化妝品，為自己化一個自己喜愛的妝。在過程當中同學踴躍發問有關化妝等問題，導師亦為同學一一耐心解答。

就在一片好評下，這個Ettusais化妝班便完滿結束了。護理學會表

示，當日的報名情況十分踴躍，希望日後多辦這類活動供同學參加。



勁過丁丁仔

今次Nursing Week有十個攤位，其中七個攤位都有得玩架！我最鍾意玩果隻就係「勁過丁丁仔」喇！個名好怪？我都係咁覺得呀，咁我咪走過去問個負責人囉。

「呢隻Game其實係象徵住Nursing Curriculum。玩法好簡單，你有一堆乒乓球同理球拍，你要打去另一塊板果D窿果度。每個窿代表唔同科，譬如Nursing Foundation、Life Science、Health Assessment等等。佢地都有唔同分數。之後就要抽一個 assessment scheme，即係幾時之內拎到幾多分。跟住照指示去同球拍將乒乓球打入窿就得架喇。」

呢個遊戲其實話難唔難，話易唔易。我自問我唔擅長乒乓球，手氣又唔好，次次都揀到D難題，點「丁」呀？個負責人又衰，大大聲話我「唔過」！不過隻Game又真係幾好玩。之後我見D參加者都係「碌過」多，「勁過」少，因此好少人為左拎獎品而玩呢個Game。



另類攤位

咁多攤位裡面，我覺得最有心思就係……唔好意思呀！果個攤位冇名架！咁唔知呢個攤位係做咩架呢？哦～原來係用手指去印圖畫。好似幾得意啫～我又去玩下先～

之後我又去左玩第二個攤位。佢係拎左幾個人以前同而家D相要大家配對。我而家先知佢地細個係咁款架！

獎品多到痺

其實今次真係睇得出護理學會佢地有誠意。贊助商為數不少，亦帶黎左好多獎品俾Nursing Carnival。講真丫，我參加Nursing Carnival其中一個原因都係因為佢獎品豐富咋。

都係我玩呢兩隻Game玩得太耐喇，睇番隻錶……嘩！得番咁少時間，我仲駛拎禮物？所以我決定進行定向攻略，去追擊最易贏獎品的攤位遊戲！

好喇！唔同大家講喇！我要去搏殺喇！拜拜！

▲聽說製成品十分美麗呢！可惜我沒有玩（要拍照嘛），之後我也無緣一見了。

Nursing Walkathon

綠樹藍天薄扶林

九月二十七日，護理學會進行Nursing Week最後一個項目——Nursing Walkathon。

是次活動是以步行籌款的方式減輕護理學會的財政負擔。負責人何穎詩表示護理學會仍是一個新生兒，在財務處理上必須非常審慎，並有必要拓展資源，以保持財政的穩健。

這個活動的參加人數不錯，更有Dr. Sharon Leung、Angel Lee和家寶三名老師參與。他們一行人準時於九時三十分於大學堂集合，然後一步步向目標邁進。

步行的路線是由薄扶林道（近大學堂）經薄扶林家樂徑（上路）至山頂凌霄閣，全程約2.5公里。沿途景色優美，綠樹藍天，更可欣賞到薄扶林水塘的全貌。

經過90分鐘的旅程，他



▲一眾參加者為支持護理學會而努力！

們終於到達山頂，並於凌霄閣前送贈紀念品給參加者。十一時三十分，參加者亦陸續散去。

當問及籌得之款項時，何同學笑而不答，只道是次步行籌款舉辦得十分成功，而下年度亦考慮以類似方式籌募經費。



▲距離山頂的路還很長呢！大家加油啊！



ASIAN MEDICAL STUDENTS' ASSOCIATION HONG KONG

Annual Report of AMSAHK in the Academic Year 2003-2004

Successful Handover to the AMSAHK 2004 Executive Committee

The leadership of the Association was officially handed over by outgoing Chairperson/Regional Coordinator Samuel Ling (MBChB II) and outgoing Vice-Chairperson Rex Hung (MBBS I) to incoming Chairperson Michael Ni (MBBS II), Vice-Chairperson Jeren Lim (MBChB I) and Regional Coordinator Nick Fung (MBChB III).

The number of Executive Committee members reached 18 with equal representation of the two medical schools. The Committee has expanded and added a new Information Technology Department. With the advice of our General Advisors, AMSAHK has implemented an organizational structure that emphasizes on continuity, with all previous committee members remaining involved either as Councilors or Year Representatives.

The Executive Committee expresses its sincere gratitude to our Honorary Advisor Prof. Sydney Chung for his generous support since the founding of AMSAHK; and we extend our best wishes to Prof. Chung in his endeavors in Papua New Guinea. The Committee is honored that Prof. Fok Tai-Fai, currently Dean of CUHK Faculty of Medicine, has accepted our invitation to become Honorary Advisor. Prof. Dennis Lo, Associate Dean of CUHK Faculty of Medicine, has also kindly agreed to be one of our General Advisors. Prof. S.K. Lam, Prof. Lee Shiu-Hung, Dr. Philip Beh, and Dr. N.G. Patil will continue to be Advisors for our Association.

Special Events in 2003-2004

The AMSAHK 2003 Executive Committee successfully organized the "1st Joint-University Regional Symposium" held at the Hong Kong Sanatorium & Hospital with featured speakers Dr. Hon Lo Wing Lok, Dr. Walton Li and Dr. Wilina Lim. We were privileged to have our Advisors Dr. Beh and Dr. Patil, as well as Faculty representatives Prof. Ricky Man and Prof. Joseph Sung as Honorary Guests of the event. The Symposium attracted more than 180 students from both medical schools.



The 1st Joint-University Regional symposium, October 2003



Our delegation at the EAMSC in Taiwan, January 2004

On the invitation of the Asian Medical Education Association (AMEA), Committee members attended the "2nd AMEA Symposium" held in Shanghai and participated in a demonstration of Problem-Based Learning along with medical students from the University of Hawaii and the Fudan University.



ASIAN MEDICAL STUDENTS' ASSOCIATION HONG KONG

Milestone for HKSAR representation in international conferences

In 2004, AMSAHK recruited the largest joint-university delegation ever to attend the East Asian Medical Students' Conference in Taiwan and the Asian Medical Students' Conference in Thailand.



Joint-University Boat Trip for AMSC delegates

AMSAHK has also successfully pioneered a summer program for all Hong Kong delegates to prepare for the conference in Thailand with the additional aim of solidifying relations between students of the two medical schools. The program has gained Special-Study-Module accreditation from the Faculty of Medicine at HKU. Functions have included a joint-school boat trip, regular meetings and the "2nd Joint-University Regional Symposium on Chinese Medicine" with invited speakers from the Department of Health and the CUHK and HKU Schools of Chinese Medicine. The tireless preparations led to a huge triumph for our delegation, as Hong Kong won three out of four Academic Awards including the 'Best Oral Presentation', and was also voted by the conference as the 'Most Popular Oral and Poster Presentation'!

Winning our bid for the hosting rights of the 27th Asian Medical Students' Conference in 2006

In the founding of AMSAHK, the ultimate goal was to make Hong Kong the host city of the annual conference after more than a decade. In doing so, we will be able to invite more than 300 medical students from all over Asia to our very own Asian Medical Students' Conference — a conference that carries much prestige for being the largest of its kind in the Asia-Pacific Region.

During the summer, AMSAHK extensively prepared for its bid and decided on the proposed conference theme — "Tobacco — its Burden on Health and Society". The bid was presented in Thailand to all AMSA member countries where their Regional Chairperson voted on behalf of their country.

The result of the vote:

HONG KONG WINS ITS BID AND WILL BE PROUD HOSTS OF THE ASIAN MEDICAL STUDENTS' CONFERENCE IN 2006!

Thus, we look forward to your joining us in welcoming medical students from all over the Asia-Pacific region to our beloved city and Faculty!

Michael Ni

Chairperson
Asian Medical Students' Association Hong Kong 2004

The Hong Kong delegation of 48 students at the AMSC in Thailand, July 2004



醫護細胞 MEDIC CELL, CATHOLIC SOCIETY

曾聽人說醫護細胞是云云醫學院小組中最沒有「仙氣」(高班與低班的階級之分)的,我認為原因只得一個。就是在聚會時,深深感受到「家」的感覺,大家在醫護細胞裏互相幫助,沒有誰比誰「高班」,在天主面前我們都是平等的,都是這麼重要的。

路12:6-7「五隻麻雀不是賣兩文銅錢嗎?然而在天主前,他們中沒有一隻被遺忘的。就是你們的頭髮,也一一被數過了,你們不要害怕!你們比許多麻雀尊貴多了。」就是因為主在我們心內行了大事——把平安賞給我們,讓我們常常喜樂。這感動了「醫護細胞」內的人,所以他們即使畢業了,結果還留在這「溫暖的家裏」。

醫護細胞是由一群醫學院內的天主教徒所組成,包括了各個年級的醫護學生,由於今年香港大學新增了中醫學士學位,所以我們也極歡迎中醫的同學來參與我們的聚會。我們一年五十二個星期四都會在陳蕉琴樓聚會。醫護細胞不是一個只為天主教徒而設的團體,我們歡迎所有對天主教有興趣的同學參與聚會。每次聚會,都會有一個聖經或宗教的主題,大家一齊分享和討論。此外,每年也有四次「再慕道班」的聚會——即信仰道理仔細研習;這使我們從新反思自己的信仰。

除了聚會外,我們也會到醫院如瑪麗醫院,馮堯敬醫院等做探訪,把基督的愛帶給世上有需要的人。上年聖誕節,我們在瑪麗醫院「報佳音」——唱聖誕歌給病人聽,基督誕生的喜樂與平安也就降在病人和我們之間,情景十分感動。

說到團體生活,不得不提一年一度的「避靜營」,今年我們去了長洲的思維靜院,兄弟姐妹們在這次避靜中反省與天主的關係,事後都有充足電的感覺。

除了團體生活外,信仰生活還應包括參與禮儀。開學彌撒便正好補充這一方面的不足了。

楊國輝神父在自己修會工事繁忙,但仍抽空每個星期四和我們一起分享他的信仰歷程和豐富的神修知識,這使醫護細胞平添了不少新而有意義的題材。

從「醫護細胞」裏認識的朋友,友誼永固,除了因為神修上的幫助與聯繫外,還有平日一些聯誼活動例如一起行山朝聖、露營等。他日縱使分散於各個醫院部門的不同崗位,也保持著不同形式的相聚。相信這份友誼也是天主賜給醫護細胞代代相傳的禮物。

正如「Pass it on」一歌所寫:

It only takes a spark to get a fire going,

And soon all those around can warm up in its glowing,

That's how it is with God's love. Once you've experienced it:

You spread his love to everyone, you want to pass it on.

好讓這個團體,能使更多人受惠。

如想認識我們多一些,或想就信仰上的題目作出討論,歡迎你利用互聯網,網址為

<http://www.geocities.com/hkumedcell/>

Medic Christian Fellowship

When someone says the words 'medical student' what words or images immediately fly through your complex string of thoughts? Could it be things like tired, lethargic, weary, drained, busy, lots of work, no life...and I'm sure the list goes on. I must admit, the words I just mentioned, is a stereotype we have, but nonetheless, it isn't very far from the truth. The average medical student would have to admit that they lead a minimal sleep, maximal work kind of life, and that can sometimes be pretty depressing.

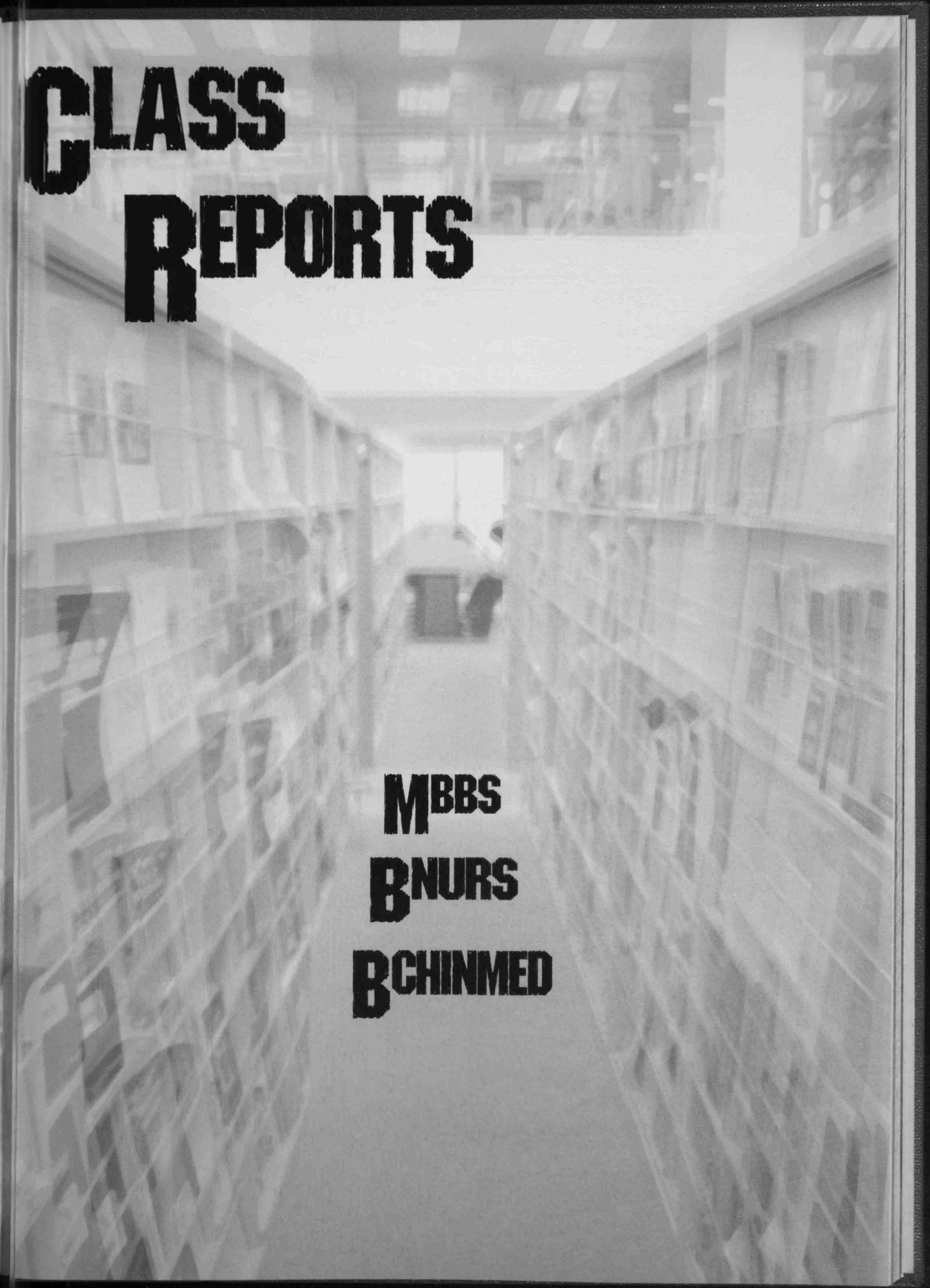
Guess what though? I have good news for you, it doesn't have to be that way. As part of the Medic fellowship, our aim is to bring the love and joy of God to our school. Medic school doesn't have to be a dry desert place where people have to drag their feet to go to lectures every morning and stay up till insane hours at night wondering if all this work is really going to be worth it. Here in medic fellowship we want to be different, we refuse to accept the 'medic norm', we want to be walking examples of people who love their lives, love their school, love the people they're with...all because they love God. it's time that HKU medics realize what an amazing life a medic student can have, yes even medics can enjoy their college years.

Many people are curious about what we do every week in PAC. We are basically a group of Christians as well as non-Christians who meet every week. We do all kinds of things ranging from games to worship to Bible studies to outings. Our aim is to enable each person to draw closer to God and to be able to root themselves in this big family of Christ so they can build lasting relationships which will give them true support. In Medic fellowship, you will always find someone who is willing to listen, to lend a shoulder to cry on, to pray for you, to help you out when things don't go well. Here in Medic Fellowship we want people to experience 'Jesus in flesh'. It is our desire that our fellowship can be like a river in the desert, a tree of shade in the heat. This is so that our dear fellow students can themselves become good healthy doctors after med school to really be able to help their patients in the future.

Other than meeting on a weekly basis to have fellowship and to do activities or go on outings, we also want to be able to serve our community here at HKU. We work as a big family unit where the older and more senior brothers and sisters in Christ would help the more junior students. For example, it is the Medic Christian fellowship tradition to hold MOCK OSCA sessions for the students in the year below. Due to our gratefulness to the year above us and to the desire to follow this tradition, we will also hold MOCK OSCA sessions for the MO8 students this coming year both before the formative and the summative exams. We try to maintain this bond between the different years of medical students. This year we organized an orientation camp called 'O'Angel Camp' for the MO8 freshmen to make their transition from secondary school to University easier. So far this year we have already had several lunches and combined fellowship sessions with the MO8 students. It has been truly such a blessing!

So that is basically a summary of what Medic fellowship's mission is and what we do on a regular basis. If you see people meeting early in the morning to pray, or reading their Bibles on their way to school, or saying grace before lunch in Bay View, don't be surprised, we are the product of a passionate heart for Jesus. Our aim is to know God and have God known in this campus, this is only the beginning for we are ready to change this school.

"The Spirit of the Sovereign Lord is upon me, because the Lord has anointed me to preach good news to the poor. He has sent me to bind up the brokenhearted, to proclaim freedom for the captives and release from darkness for the prisoners...to comfort all who mourn, and to provide for those who grieve in Zion." Isaiah 61:1-3



CLASS REPORTS

MBBS
BNURS
BCHINMED

M03 班週年報告

屈俊賢

在這個地方，不知不覺已經五年了。回想這五年的時光，在沙宣道的生活片段全都歷歷在目：從前在李樹芬，全班同學迫在那小小的講堂裏，聽著講師如催眠曲一樣的講座；今日的新醫學大樓建築得美輪美奐，環境改善了，但課堂的內容一樣艱深。

我想，在這裏最值得懷念的是一班和大家出生入死，共同渡過無數考試的知心好友。大家一起“潛”圖書館，一起食 tea，在大大小小的考試互相幫助和扶持。全班共有一百七十多人，要每一位都了解似乎不太可能；但要找到三五知己，絕對不是一件困難的事。

總的來說，我的同學在這裏的感覺是喜是憂，是苦還是甜呢？看看他們怎麼說吧：

- 一天一天的我在期待放學，一轉眼卻要告別校園……
- 徐徐呼出煙圈回望以往的片段，似個瘋漢滿肚屈怨，怒罵著厭倦……
- 幾許風雨，我也經過，屹立到目前……
- 喜 > 憂、甜多過苦

完成了內外全科醫學士，走出這醫學院，其實只是個開始。在今日的社會環境之下，少不免有點叫人感到前路茫茫。希望全體 03 班的同學都能“勁過”，在完成實習醫生之後能找到一份自己喜歡的工作。

祝大家前程錦繡，而我們的友誼永固。



M05 班週年報告

Michael Wong



對 M05 班來說去年是平靜的一年。班會去年主要的工作是訂購 Ophthalmoscope 及為 Specialty Clerkship 分組。以下我會就這兩項工作作簡單的匯報。

訂購 Ophthalmoscope 牽涉到大筆金額的交易，故此班會必須考慮產品的質量、性能和價格。最後同學須於 WelchAllyn 和 Keeler 中二選其一。班會所收到的消息指 Keeler 的 Ophthalmoscope 較好，保養也較佳；而 WelchAllyn 的 Oscope 較好，價錢也只是 Keeler 的六成左右。在諮詢過眼科醫生的意見後，班會得出以下結論：(1) 兩間公司的產品性能分別不大；(2) 少許性能上的差別並不值得價錢上四成的差異；(3) 畢業後多數會使用病房的眼底鏡；(4) 到有收入後再買「精品」也不遲。因此全班一致同意採用 WelchAllyn 的產品。而在此過程中有很多熱心的同學曾給予班會不少有用的資料和幫助。故在此向他們說聲謝謝。

另外，班會收到不少有關 Specialty Clerkship 分組的意見。支持自行分組的同學主要認為 Specialty Clerkship 是準備 Final MB 的關鍵時刻，和熟悉的同學一起一方面可以提高效率，另一方面可以互相鼓勵，積極面對 Final MB。反對自行分組的同學普遍認為此舉可能造成分化，更甚者可能會有同學被排擠。結果投票顯示多數人支持自行分組。為減低班內分化、組內男女比例懸殊和同學互相排擠的情況，班會規定同學可三至十五人一組自行分組，大組男女比例不可太懸殊，最後細組會由專人因應下列因素整合成六大組：(1) 每組人數介乎 27 至 29 人；(2) 男女比例盡量接近 1:1；(3) 負責人應最後才隨機入組以避免利益衝突。

結果幸運地班會成功以 28 人一組將全班分為六組，每組男女比例介乎 13:15 至 15:13。同學們也普遍接受此安排。由此可見只要小心處理，同學受惠之餘亦可減少問題的發生。

未來 M05 班便會進入 Specialty Clerkship。雖然到時不同 Rotation 的同學可能很少機會見面，但是我相信 M05 班仍會是一個團結的大家庭。在此祝願 M05 班 Final MB 齊齊勁過。

M06 Class Committee Annual Report

Victor Yeung

The academic year 2002 ~ 2003 has been another fruitful and successful year for the M06 class committee. We had held 9 meetings during the year. 5 meetings were held in the first semester while the remaining 4 were held in the second semester. The following is an account of the events that we have accomplished during the year.

First Semester: (9.9.2002 ~ 18.12.2002)

Ordering of goods:

We ordered skeleton models for our classmates in November. The company involved was Chinese Goods Center Limited. The price of the skeletons ranged from \$100-\$1000. 5 classmates had placed their orders and the products were delivered on 18th Nov, 2002.

Secondly, we helped our classmates order otoscopes and ophthalmoscopes. The brands were Welch-Allyn and Keeler. 142 orders were placed. The price ranges from \$1200 ~ \$1800. We finished collecting all the money on 19th Dec, 2002 and the products were delivered on 30th Jan, 2003.

Originally, we planned to organize a class trip to Tung Ping Chau. Unfortunately, classmates were too busy with their work and the response was not as expected. It was cancelled in the end.

Second Semester: (2.1.2003~25.4.2003)

Events accomplished:

On 9th Jan, 2003 we have organized a karaoke competition. It received enthusiastic support from our classmates. HMV cash coupons were given as prizes. Later, VCDs on this occasion were made and given to each PBL group on 24th Feb, 2003.

In Feb 2003, classmates were asked to hand in \$100 as class fee. We finished collecting a sum of \$16,500 from the whole class on 15th Feb, 2003.

In March, we had experienced a great challenge. SARS became the topic of the day and classmates were worried about the progress of the clinical teachings. In view of this, the class committee had ordered surgical masks for the classmates and these were delivered promptly on 17th March, 2003. The class committee had also discussed the concerns and worries of the classmates with the Faculty.

However, life must go on. Although under the shadow of SARS, the well-designed class sweater was released in March. Thanks to our designers, Elaine and Regine. The company involved was SuperX. Each sweater costs \$105 and we received 115 orders. We finished the collection of money on 10th March, 2003 and the products were delivered on 16th April, 2003.



At the end of March, we ordered Wilson 8610 with valves for our classmates, hoping that this type of mask could provide greater protection. Each mask costs \$9 and 120 orders were placed. Money was collected on 27th March, 2003 and products were delivered on 16th April, 2003.

Last but not least, the IT team had downloaded all the lecture notes and made CDs for the convenience of the classmates. These were distributed to the classmates throughout the year.

M07 Class Committee Annual Report

Clement Yu

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The M07 class committee has been set up for nearly two years, and it is formed by a group of people with earnest hearts who are always willing to devote our best to serve the class. Although we are not fully satisfied with the events we have accomplished, we are proud of what we have done as every single classmate can feel he/she is one of the essential parts of the M07 class.

Every school day we come back to Sassoon Road; we attend lectures in the mornings and afternoons; we go to laboratories often; we go to the medical library, printing notes, chatting, studying... The Faculty of Medicine is like our intimate companion and she kindly offer us stuff to learn, provide us shelter and give us tones of helpful information. As the representative of the class, the class committee always emphasizes the relationship between the faculty and our fellow classmates. We negotiate between both sides and ultimately hope to facilitate our learning.

Medical students often live in stress — in the stress of books, lecture notes and peer pressure. The class committee is unwilling to see so many tedious faces, weary bodies and exhausted souls in the lecture theatre. In order to vividly refresh our class environment, we have organized a series of activities. These activities, especially the summer cuttlefishing journey and the Halloween party gained positive feedback and we would like to thank every classmates of their support.

Can you imagine a doctor without white gown, stethoscope and ophthalmoscope? Together with tendon hammer, dissection kit and name tag, they are all indispensable tools for a doctor to make diagnosis, for a students to learn to equip. Thanks to our Welfare Secretary Sharon and Lorraine of their enormous contribution to fight for a cheaper price of those products and of their sacrifice of studying time to finish the bothersome ordering process. Besides, we would like to give a special thanks to those designers of class jackets, sweaters and T-shirts. Every single line in the designs is like a note of hymn sung gloriously to the world praising the M07 class spirit.

In the coming years, the class committee will continue our work. We will try our best to tackle any difficult tasks and better serve all of you. We will organize a diversity of activities to improve our friendship, strengthen our consolidation and to enjoy life. We will keep on serving as a bridge between the faculty and the class. On the whole, we are in a group and the class committee would make no one standing alone. May joy, laughter and harmony always surround each of us.



中醫 07 班週年報告

余小碧

相信各位沙宣道的朋友，或多或少也會聽聞過香港大學新開辦了中醫藥全科學士課程。其實，香港大學的SPACE一直有中醫藥課程，然而，直至2002年，才第一次經JUPAS招收學生，也就是我們CM07，第一屆的TCM同學！

由於新的緣故，大家未必太清楚，讓我略略介紹一下吧。我們這個中醫藥課是五年制的，首四年用於理論學習，第五年便會全年到上海中醫藥大學實習。說實的，課程相當緊密，既有中醫課，又有西醫課，還要到main campus上broadening courses。我們班的32位同學，往往從早上八時半開始上課一直到下午四時，有時見同學比家人還多呢！更有趣的是，大部分有關中醫藥的科目也安排在ESTATE的LG201授課，順理成章，LG201便成了我們班的根據地。我們還有班主任呢，真有點回到中學的感覺！

由於是小班教學的緣故，同學跟老師以至院長也多了相處的機會，大家打成一片，今年暑假，院長更親自帶我們到四川，跟成都中醫藥大學進行了六天的交流活動！

談畢同學的上課情況，也是時候談談我們一年級的課程了。之前提到，我們有中醫課，也有西醫課，大約是七三之比。先講中醫課，主要有中醫基礎理論，醫古文，中藥學，除了lecture外，我們還會進行小組討論和觀看中藥標本等。至於西醫課，主要是到醫學院上課。因為時間倉促，未及安排，今年我們要跟nursing同學仔一同上life sciences，由於中醫同學人數不多，經常會被忽略，幸而，在下半年，學院安排了supplementary anatomy給我們，以補不足！

另外，我們還有supplementary physiology，由院長親自操刀教授，唔講大家未必知，我們院長前是在哈佛從事試管嬰兒的研究的，由他教授physiology也相當有趣。最妙的是上他的課沒有notes，只能看PowerPoint，大家要努力抄，抄不了，也不要緊，可以到multimedia lab一看再看，但只能看，也可以抄，卻不能save，院長的目的是希望我們理解，而非一味死背書。為了提高我們的興趣，院長的PowerPoint加入了張柏芝，也加了藤原紀香，可說是用心良苦啊！

我們班，人雖少，但也有自己的班會，今年，我們便舉行了BBQ，打球等活動，考試前，我們又一起食勁過飯，寫勁過揮春等，暑假，大家又一起去澳門！

N05 班週年報告

Kenix Lau

NON
CLASS
REPORT

寫感想如同擔任班代表般，表面看來易，實卻是很難。準備紙筆時，我本感輕鬆；一提起鋼筆時，無名的壓力不請自來了。正如有些人看班代表一職，以為有威權便可狐假虎威；而事實上，又有誰能夠明瞭班代表正在受壓力的折磨呢？或者正因為有壓力，更能推動我當班代表的奮鬥心。

屈指一算，我擔任班代表一職已有兩個學年了！在任職期間，我都會盡心盡力去做好每一件事，務求滿足上級的要求，又能保存同學們的體面，免得「順得哥情失嫂義」。雖然任班代表並不是容易，但是我從來都無視它為一件苦差。滿足感和同學們的鼓勵便是最好的回報。當看到同學們因為自己的付出而感到滿足，或是因為自己所做的事能帶給大家一些方便，一切的辛酸都會被比下去。可是，若然因為時而世易，而沒有用得著我的地方，我還是想退下來，看看新人事新作風。



N06 班週年報告 沙、塔、長路

黎一鳴

剛考上大學時，常暗嘆四年光陰，是一段漫長的路，真不知應如何走，時間應怎樣消磨。沒想到只花一眨眼的功夫，便是一年。這一眨眼的功夫，便是發生了很多事。

我原以為考上了護理學系，就等於把一隻腳踏進了護理界，月薪萬多兩萬元，好不寫意。不過，天底下果真沒有這麼便宜的事。護理學課程原來是很艱辛的，尤其是我們這一屆。沒有「天地堂」不消說，課程改為學分制後，資源更為有限，教學時間更為縮短，使得我們必須以非常短的時間吸收遠超負荷的知識，是為N06各同學的大難處。



另一個N06的大難處是班中不太團結。始終N06有九十多人，要在如此大的班級搞活動或聯絡感情更見困難。小圈子隨處可見，很是令人洩氣。幸好在十一月的港大開放日舒解了這個情況。這開放日N06的每個人也要參加，並要在各種分工中擇一而作，有的要出席實驗室示範，有的要參與展板的製作，有的要在開放日當天接待來賓。在繁忙的合作中渡過，溝通、嬉戲和爭執自然少不了。藉此，熟悉的同學固然了解得更深，比較陌生的同學也得到了互相認識的機會。一盤的散沙，聚成了一座小矮塔。



個護理學生的責任和方向。

這座塔往後的命途會怎樣，我不知道。我卻知道我心做它的一顆小沙粒。

四年光陰，不是一段漫長的路，真不知應如何走，時間應怎樣消磨。沒想到只花一眨眼的功夫，便是一年。不知道我還可以眨多幾次眼，但我始終甘心做這座塔的一粒細沙。

在三月，有一件事，令我們這座小矮塔成長了。SARS的來臨，對我們來說是一個衝擊。幾種複雜的心情圍繞著N06。我們害怕，害怕這猛獸每天要多殺多少個人；我們同情，同情這場疫病的死者和其家人；我們尊敬，尊敬為這場戰爭出過力的每一個人。後來，我們知道N06有一個同學染上了非典型肺炎，立時變得更團結，關心這位不幸染病的同學。六月，她康復了，疫潮過去了，我們固然不勝歡喜，不過，更重要的是，我們漸漸明白到作為一

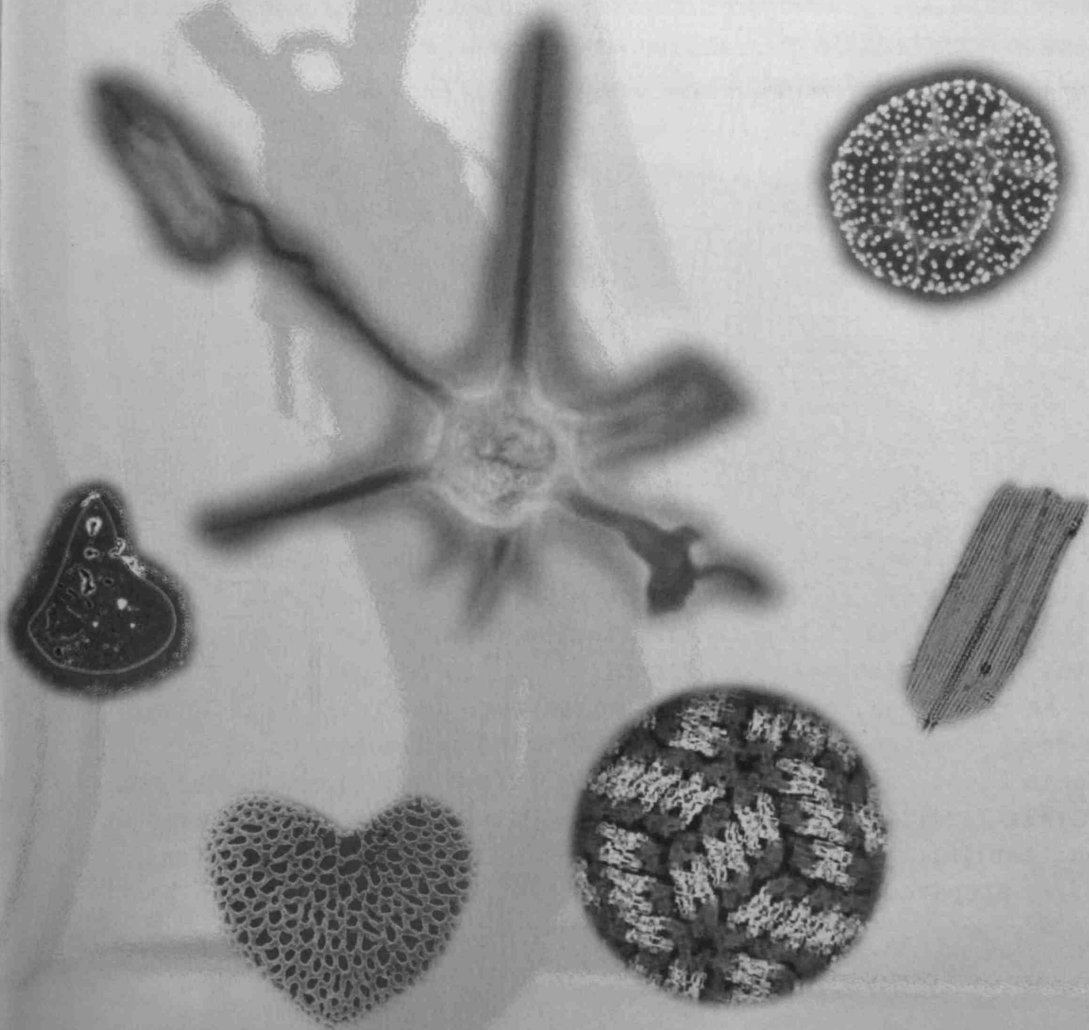


DEPARTMENT OF MICROBIOLOGY

DEPARTMENTAL

SURVEY

香港大學微生物學系



DEPARTMENT OF MICROBIOLOGY

DEPARTMENT SURVEY



A small department playing with small things.
KY Yuen

The Foundation Chair and the first head of the Department of Microbiology, Professor CT Huang, was the first microbiologist in Hong Kong who researched on emerging infectious diseases.

In 1975, he discovered the presence of *Burkholderia pseudomallei* (previously known as *Pseudomonas pseudomallei*) in the internal organs of dolphins that died in an epidemic manner in the Ocean Park. At first nobody believed him because that had never been reported in the medical literature. The internal organs were sent to Institut Pasteur in Paris for further analysis. The experts there fully agreed with the findings of Professor Huang. However the findings were announced as a French discovery in the news media. Professor Huang subsequently published his findings in the Elixir.



Since then, the Department has grown from a size of 4 to 10 academic staff which is still a small department working on microscopic organisms. The direction of the Department is now fully oriented towards emerging infectious diseases. At the moment, the team is concentrating its effort on SARS so that the damage can be minimized even if SARS strikes back in winter. But it is important not to ignore the constant threat of avian influenza which may become a pandemic agent one day. Also, emerging infectious diseases are not necessarily viral. Next time it can be bacteria, fungus, parasite or even multi-drug resistant microbe. Nobody can predict it. Thus it is important that HKU is fully prepared on all these fronts against further attacks by these agents.

香港大學微生物學系

DEPARTMENT OF MICROBIOLOGY

DEPARTMENT OF
MICROBIOLOGY
SURVEY

香港大學微生物學系

The Department has a "Dream Team". Professor Malik Peiris is the Chief of Virology master-minding the flu group. Dr. Guan Yi is the best zoonotic virologist of Asia who connects up animals with viruses. Dr. PL Ho is the best microbiologist on antimicrobial resistance in Southeast Asia. Dr. Patrick Woo and Dr. Susanna Lau are stamp collectors of novel bacteria. They named many pathogenic bacteria after Hong Kong and China. Dr. Samson Wong is our parasitologist and mycologist who published the highest number of articles on the clinical mycology of *Penicillium marneffeii*, the most important dimorphic fungi affecting AIDS patients in Southeast Asia. Dr. B.J. Zheng is expert in infection and immunity, our connection between the microbes and the host immune system. Dr. Richard Kao is a new comer who finds new cure for difficult bugs. Dr. Leo Poon is a molecular virologist who works wonders in gene fishing exercise. Dr. Stanley Im, our ex-head has laid the administrative and research foundation' or the department during his headship.

We all have a dream. We enjoy the quest for new microbes, new genes, new functions, new cure for infectious disease and the ultimate origin of these bugs. But all these can only be sustained if we have the concern for the well being of humanity, our fellows and the Earth, our home. Our final hope is that one day, the human-human and human-microbe relationships can exist at the limit of harmony. This could not be accomplished without the help of society, our colleagues, and our students.



DEPARTMENT OF MICROBIOLOGY

Professor K.Y. Yuen

Head, Department of Microbiology

It is never easy to be the head of a department, especially if it is microbiology. Not only do you have to keep yourself abreast with the latest infectious diseases and do consultations, you also have to teach, do research, meet the press (especially during those SARS-stricken days), not to mention spending time with your family and relaxing.

It is indeed amazing how Professor KY Yuen can cope with such a hectic schedule. In fact, a motto has kept him going for so many years — "Time is precious, so do not waste time". Let us now hear what the professor had to say about his job, family, students...well, anything he wanted to.

About the Professor

After his graduation, Professor Yuen started off his career in the United Christian Hospital (UCH) in Kwun Tong. The reader may recall that Kwun Tong was a crime-stricken city at that time. However, Professor Yuen seemed to have no fear. "I wanted to see the real world. I only cared about helping patients."

The professor then joined the Department of Microbiology in the University of Hong Kong after his service in the UCH. Not all of us may know that he intended to join the Immunology Department at first, but ended up working in the current department. Asked if he had any regret, the professor shook his head, "Definitely not. There is so much to regret in life."

SARS and the Professor

As the head of the Department of Microbiology, Professor Yuen has been leading his research team in the war against SARS. Even with 22 years of experience, he admitted that SARS was "the toughest test ever in life".

"I felt the immense pressure on me when I had doctors calling me every day to report new cases and mortalities. It was just terrible", the professor recalled. "I've lost 5 kg of weight; and now I'm less than 130 lbs."

Well, the reader may want to ask: "Did Professor Yuen, as a front-line 'warrior', fear death?" "Yes, both my wife and I feared death. However, it's about how you look at death. I believed in turning fear into motivation instead of deterrence. Death is something that you can't escape — it's the reality. I chose to face it."

SARS and Hong Kong

"Why should we Chinese be like this?" Professor Yuen asked, looking apparently indignant. "How can we Chinese allow our wet markets to have fallen into such dirty dens of germs? Animal feces, rubbish, and dirty water — you name it — they're virtually "symbols" of our wet markets. Look at those markets in Singapore and Japan and we Chinese will really be ashamed." Professor Yuen added as he ascribed the extremely unhygienic conditions of traditional wet markets to the outbreak of SARS.

In fact, in having said the above, he, just as he himself said, had offended those who run the wet markets: "I dare not walk into these markets anymore". However, he thought it was of utter importance to get the message out once again. "I've always been talking about Emerging Infectious Diseases since 1995. The fact was: no one really takes heed — even health professionals!"

"This was no wonder that why hospitals became epidemic centers during the SARS outbreak. They exercised poor infection control practices, and many doctors just lacked the knowledge. For example, many of them didn't even wear mask when doing a physical examination on a patient; and after that, they didn't wash their hands. I myself witnessed all these", revealed Professor Yuen. "Even health professionals ignore the essential infection control measures, who, then, can the public rely on?"

He continued to point out the impact of many infectious diseases on Hong Kong's economy. "The SARS has given the economy such a mortal blow; I believe we can't afford to suffer more. The economy has already been in the doldrums. How many more outbreaks of 'bird flu', not to mention SARS, can we stand?"

So who should be held responsible for the recent outbreak of SARS? "Everyone", Professor Yuen gave a succinct answer. "Many people have been blaming the Government, but personally, this is totally unfair. No single party should be regarded as the only culprit. We humans are all culprits."

"In retrospect of the nightmare, the first thing we should do is to confess that we did something wrong. I think a monument should be erected in the Medical Museum to pay tribute to some 300 victims who died for SARS. It is also to remind everyone how we ignore the importance of environmental and personal hygiene."

DEPARTMENT OF MICROBIOLOGY

Professor Yuen also talked about the "evils" of Chinese culture, which he said have led to the recent outbreaks of "bird flu" and even SARS. He gave a few examples. "Some of us eat wild animals which is especially common in the mainland. We must use freshly-chickens for religious sacrifice. And many mothers let their children eat their chewed "leftovers" because they think their children will obey them. Why do Chinese have all these unhygienic practices?" He questioned. "Probably we need to root out our inveterate cultures and beliefs."

Furthermore, Professor Yuen mentioned the importance of epidemiology. "Setting up a Centre of Disease Control (CDC)-like body in Hong Kong is essential. When an outbreak of an infectious disease occurs in another country, we should have epidemiologists to have a thorough investigation there so as to get first-hand information about the emerging disease. It is a very effective infection control measure, and this is why the CDC in the United States is so successful in controlling SARS in its territory.

Antibiotic Resistance

Professor Yuen also brought our attention to the problem of antibiotic resistance, which has been one of his main research interests. He recalled that Penicillin-resistant *Streptococcus pneumoniae* was first isolated in 1989, which was a real sign of warning. However, as he said before, "no one cared". And look at what happens now - 60% of the bacterium are Penicillin-resistant. Another worrying fact is that 60% of *Staphylococcus aureus* are methicillin-resistant.

"It is a very serious problem indeed", said Professor Yuen, "The indiscriminate use of antibiotics are still very common now. For example, up to 90% of cases of acute pharyngitis are viral in cause, but many doctors still administer antibiotics".

"What are the reasons? Many doctors are very poor in history taking, physical examination and analysis of data. Some of them even have insufficient knowledge about infectious diseases. Some doctors are simply arrogant - they refuse to comply with guidelines about the use of antibiotics. But the thing is that they even don't know how to prescribe antibiotics. There are some who always yield to the requests of patients, whereas some turn to alternative antibiotics whenever available, disregarding the difference in the costs."

Message to medical students

As a teacher for medical students, Professor Yuen knows very well what makes a good future doctor.

"Medical students must know themselves. They've got to make sure if they themselves are suitable and prepared to work in the medical profession. They should also have a compassion for life. If a student has none of the above qualities, I advise him to quit as soon as possible", said the professor.

"Students should also be prepared to face death. Remember: you can die for your career. Many students don't realize the frailty of life. In the past, it was very common for people to die at an age of around 40 since hygiene was poor and medicine had not been advanced. Nowadays, many teenagers think that death is something very far away from them. Even I, at teenage, thought I wouldn't die. And I always thought one could do anything if one was hardworking. However, it is never true", he continued.

How to survive medical school?

"The worst thing in studying is to grab a thick book and read from the page one to the last page. It is so wrong to cram your brain like this. The most crucial issue is to train one's logical mind. Medical knowledge can be built up gradually instead. In addition, remember to make note of your own. By definition, notes should be 'self-synthesized'", Professor Yuen explained.

"How do you train your logics? Well, problem-based learning (PBL) is quite a good way. However, NEVER look at a tutor's guide. You will eventually gain nothing and you'll definitely regret!" He warned his students.

Professor Yuen continued to point out the importance of forming study groups. "During my days in medical school, my study group raised questions for each other during lunchtime. Everyone took turns in reporting what he or she had studied. It was such an efficient way of learning, because there is too much to study - how can I swallow everything?"

For medical graduates

Lastly, the professor wanted to say a few words to the young doctors. "Why must you want to be a cardiologist or a neurosurgeon? Why must you work in those so-called "high status specialties"? One has to know his or her capabilities and limitations. One must have dreams, but don't let them depart from reality. As long as you can serve the community, why care so much about being a cardiologist or not?"

DEPARTMENT OF MICROBIOLOGY

Prof. J.S.M. Peiris

Professor, Department of Microbiology

Influenza, SARS, avian flu, dengue fever... when it comes to viral infections, Prof. J.S.M. Peiris is no doubt one of the most renowned virology expert in the department. Joining the department in 1995, Prof. Peiris has been a pioneer in research in virology in Hong Kong and the region.



From UK to HK

Before coming to Hong Kong, Prof. Peiris was working in the United Kingdom. "There were two reasons that attracted me towards the Department of Microbiology, University of Hong Kong." Said Prof. Peiris, "Firstly, I'm interested in developing the field of clinical microbiology. Secondly, the Queen Mary Hospital has offered me interesting research opportunities. These persuaded me to join the department 9 years ago."

Similar to other academic staff in the department, Prof. Peiris' work involves three areas: teaching, clinical service and research. Being a virologist, Prof. Peiris supervises the clinical virology division of the Department of Microbiology in Queen Mary Hospital. His focus mainly on influenza virus (including avian flu and normal human influenza), human herpes virus and most recently, coronavirus (causative agent of SARS). He also works on the pathogenesis of diseases, particularly in the mechanism in which virus can cause disease.

The significance of virology

The importance of virology in clinical microbiology is seen from the fact that most of the devastating infectious diseases are caused by viruses, ranging from avian flu, dengue fever, mad cow disease to deadly ones such as AIDS and SARS. The discovery of antibiotics has saved many lives from previously deadly bacterial infections. However, many of the viral infections are still not curable even with the development of various antiviral agents. One of the most important example in Hong Kong is chronic hepatitis B infection, in which patients may have a much higher risk in developing hepatocellular carcinoma. "And there are new emerging infections all over the world," said Prof. Peiris, "On one hand, we have successfully controlled some traditional infectious diseases such as smallpox. On the other hand, there are new infections such as avian flu, SARS, mad cow disease, monkeypox, etc. So in the future we will be facing new emerging infections, and thus research in this area has been the main focus of the department. Being in Hong Kong we have special responsibility to study emerging infectious disease, due to our proximity to Mainland, disease endemics can be easily spread from there."

Multidisciplinary collaboration in public health

Concerning the public awareness of infectious disease, Prof. Peiris commented, "People should try to maintain a balance in understanding and responding to health problems. The public's attitude is at two extremes: from total negligence to very anxious. People should not focus on single cases but on long term perspectives in controlling infectious disease, like how to allocate attention and resources properly and effectively." According to him, the public's contribution in disease control is also important. "The mosquito control in dengue fever is a good example to illustrate how the public can contribute in controlling infectious disease. It would be impossible for the government to carry out the work alone."

"The examples of avian flu and SARS have demonstrated some important points in future public health development. It is important to have closely coordinated response and collaboration between different sectors in Hong Kong, including the government, universities and the public."

Message to medical students

"Infectious disease is an extremely challenging and exciting field to pursue. It offers a wide range of experience, ranging from clinical to laboratory to molecular biology. It is going to be a challenging field and of particular importance in the future. Therefore I would encourage the brightest students to consider getting involved in this field in the future."

DEPARTMENT OF MICROBIOLOGY

DEPARTMENT OF MICROBIOLOGY
S U R V E Y

香港大學微生物學系

Dr. Y. Guan

Associate Professor, Department of Microbiology

When mentioned about SARS, one would not forget Dr. Guan Yi. Dr. Guan was the first one to identify the suspected host of the deadly coronavirus — civet cats. He was also the first person who traveled back to mainland to investigate the SARS outbreak.

Dr. Guan completed his medical training in China in 1978. Later he received his medical master degree in Beijing after working in a university in mainland for some years. Afterwards he joined the Shantou University. He first came to HKU for his PhD studies in 1992 mainly focusing on flu. While working with professors in the department, Dr. Guan also went to the United States to work with top scientists in his research field for his PhD studies. He continued to work in the department upon the completion of his PhD.



Tracing the origins

During his stay in HKU, Dr. Guan experienced two special events in Hong Kong: the Avian flu (1997) and SARS (2003) outbreaks. "The origin and evolution of H5N1 influenza virus was from the poultry in Southern China." Being the gate city of China, Dr. Guan thinks that Hong Kong is prone to infectious disease outbreaks due to the massive population movement (both human and animal). "To trace the virus' movement, you need to check places outside Hong Kong to get the whole picture." Therefore apart from working at HKU, Dr. Guan also conduct research projects at Shantou University in mainland.

When SARS first emerged in Guangdong in early 2003, Dr. Guan and his colleagues were the first ones who traveled to mainland for investigation of this mysterious outbreak. "At first we thought that was a pandemic of Avian flu, but soon we realized that it was something novel." According to Dr. Guan, two questions should be asked upon investigating an outbreak: What is causing the outbreak and where did it come from. "Although initially we don't have patients here, HKU eventually turned out to be the institute who found the causative agent and the source of it."

On public health issues

Due to his expertise in emerging infectious disease, Dr. Guan is now one of the consultants for the government on public health issues. Concerning Hong Kong people's awareness on emerging infectious disease, Dr. Guan commented, "Hong Kong is an open city, a gate city for people to enter and leaving China. Unfortunately this creates a large population flow in both in human and animals, which facilitates the spreading of infectious diseases across the border." It would require better public health education to raise people's awareness on infection control and personal hygiene to prevent future disease outbreaks.

Message to medical students

"The ability in doing research is important." Dr. Guan thinks that training in conducting research is needed in the medical education. "The awareness of emerging infectious diseases among medical practitioners is not sufficient; they should be more aware of it." The SARS outbreak has made us to realize that it is essential for health care workers to be fully aware and able to protect themselves from potential medical hazards at work. It is vital to have correct concepts on infection control. "For example, wearing white coat to the cafeteria is dangerous. This will bring along all kinds of germs from the ward to the community." In conclusion, Dr. Guan thinks that medical education is a life-long learning process, and as future medical professionals, we should learn to love and care for patients.

DEPARTMENT OF MICROBIOLOGY

Dr. P.L. Ho

Associate Professor, Department of Microbiology

Dr. Ho joined the Department of Microbiology in 1994. "Before that I worked in the Department of Medicine because I was interested in Respiratory Medicine and Endocrinology. However, I love taking challenges. After talking with my seniors, I decided to make a change — I switched to microbiology, which was one of the least popular disciplines at those days. Yet I see it as a challenge. In the past the discipline's role in public health was not distinctive; however, most of us now know that it is indispensable in maintenance of public health."

Work

Dr. Ho's work in the Department includes teaching, clinical consultations and research. He also offers clinical consultations to patients in QMH. "As we are adopting a multidisciplinary approach in treating patients these days," says Ho, "we maybe asked to help in the identification and investigation in possible infectious diseases, and give advices in prescriptions accordingly. We also have a Clinical Microbiology Department in QMH, and their laboratories serve the whole Western Cluster, so our work is not solely confined to QMH."

Human and Microbes

Avian flu, Hand, Foot and Mouth Disease, viral gastroenteritis, Dengue Fever, SARS — our city is besieged by infectious diseases previously unknown to the public. Of course these diseases are not unfamiliar to our experts. "Infectious diseases have always been around in all parts of the world," says Ho, "it is just that they differ from each other depending on their regions."

According to Dr. Ho, there are several environmental factors which may lead to disease outbreaks. "Climate changes, such as temperature changes in sea water, may disrupt the ecosystem. When there is a change in climate, certain kinds of animals may be affected. Their numbers may increase or decrease so that the biological chain is disrupted. Vectors (the animal themselves or their preys, etc.) may flourish to a point where their natural microbes will "spill over" to human and cause harm."

"Overcrowding of animals — not just human, may also facilitate disease transmission," Ho comments, "when modern farming leads to an artificial, highly concentrated environment for animals such as chickens or pigs, this may facilitate the pooling and mixing of microbes which inhabited in these animals. The concentration and proximity of these farms to human habitats will greatly increase the chance of cross-transmission of pathogens between human and animals. The outbreak of Monkeypox in the States, for example, is a result from mixing animals from different parts of the world in a packed and poorly ventilated space." Perhaps this is also one of the reasons for the SARS and Avian Flu outbreaks.

"Other environmental problems, such as abandoned building sites, may become perfect breeding grounds for arthropods such as mosquitoes," says Ho. "The frequent flooding in New Territories during rain seasons may have contributed to the increase in mosquito count." This may give answer to why there is an increase in no. of cases in Dengue Fever and Japanese Encephalitis, of which both are transmitted by mosquitoes.

Public Health System Against Disease Outbreaks

The public's awareness towards infectious diseases has largely increased since the SARS episode. Yes, it is increased, but has it overshot when a suspected SARS case could cause much panic among the public? "There has to be a balance between under- and over-sensitiveness. There has to be an interaction between the public and the government and I think we are seeing a healthy phenomenon now." Ho comments. "What we microbiologists have to do is to gather more information on emerging infectious diseases and their risk factors. Our system is still immature even after SARS, you know, we need time to develop and gain experience."

"An interesting fact is that the ratio of human cell to prokaryotic cell is one to one billion! For once men thought they have conquered microbes after the discovery of antibiotics; it is, of course, proven wrong now. We are constantly in a battle against pathogens."

DEPARTMENT OF MICROBIOLOGY

Dr. Patrick C.Y. Woo

Associate Professor, Department of Microbiology

"Yes, that just illustrates what my team and I are doing here in the Department," Dr. Patrick C.Y. Woo explained excitedly upon the mention of his team's discovery of the bacterium, *Laribacter hongkongensis*. "I study new and potentially pathogenic microorganisms, or more appropriately, emerging infectious diseases." Why "emerging"? "I'm always interested in novelty."

From Clinician to Microbiologist

With that simple statement in mind, Dr. Woo's career path took a totally different turn. After graduating with a MBBS degree in 1991, Dr. Woo spent 2 years as a clinician in the Accident and Emergency Department in Tuen Mun Hospital. In July 1994, he left for the United States to pursue his interest as a researcher in molecular virology. He then joined the Department of Microbiology of Queen Mary Hospital at the end of 1995. Finally, he embarked on his current position as an assistant professor in the Department of Microbiology in University of Hong Kong in September 1997.

Since then, he has been spending half of his time here devoted to his research interests. He cannot be busier — the rest were spent on teaching and clinical services including in-patient consultation services in Queen Mary Hospital, clinical microbiology laboratory supervision and other administrative duties.

Laribacter hongkongensis

Dr. Woo was one of the leading forces who led to the discovery of a whole new microorganism, *Laribacter hongkongensis*. "A few years ago, there was a cirrhotic patient with empyema and bacteraemia. From his blood and pus cultures, we detected a previously unknown bacterium. We knew it was "previously unknown" because we, having used molecular methods, discovered that the bacterium did not fit into our current bacterial gene bank. We then declared it a novel microorganism. Based on its resemblance to a seagull, the bacterium was given the genus name 'Laribacter'. It was then named after our hometown 'Hong Kong'." Dr. Woo gave a brief account of the discovery.

"However, the most rewarding and crucial part of the discovery was not the bacterium itself", he continued, "The most important finding was the bacterium's association with gastroenteritis. In fact, I should say trying to link unknown clinical syndromes with microorganisms is the toughest part of the task".

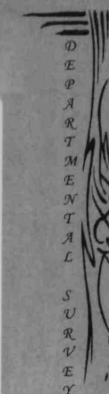
Infectious Disease Control

Besides the discovery of *Laribacter hongkongensis* which will imply an additional burden, microbiologists cannot have more to take care of — Severe Acute Respiratory Syndrome (SARS), Japanese Encephalitis, Avian flu, etc. And more are likely to come. What does Dr. Woo have to say about it?

"We all talk about infectious disease control nowadays, but we know it's easier said than done", said Dr. Woo, "Although science has an indispensable role to play, 'human factors' are equally, if not more, important. A seven-member committee in our department advises the government on relevant policies and so, you see, the advice is there, but everything is up to how the policies are implemented. Even so, cooperation from the public is of paramount importance. For example, there have been several high-profile actions attempts to wipe out mosquitoes, but the significance of those is questionable when the public is not aware of the importance of household mosquito control".

Message to medical students

"It all depends on what you want to be. The difference lies in whether your ambition is to be a "doctor" or a "good doctor". I observe that some students, perhaps under the influence of the traditional primary and secondary education, are very 'exam-oriented'. They believe there is a syllabus in the curriculum which they must learn before they graduate, while there is absolutely no such thing in the medical profession. The 'syllabus' is the entire spectrum of known diseases; note that patients can present to you with any disease possible. I think students should not be restricted by the curriculum."



DEPARTMENT OF MICROBIOLOGY

Dr. B.J. Zheng

Associate Professor, Department of Microbiology

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Dr. B.J. Zheng obtained his PhD degree in HKU in 1986 and went to Canada. "I worked in a company for a year in Canada," Zheng recalls, "and basically I did what I was told to do. However, I would like to work on something which I am really interested in — so I came back and joined the Department of Microbiology in 1997. Here I can work on something which I am interested in."

Immunotherapy

Apart from teaching, Dr. Zheng's major engagement in the Department is research. Starting from 1997, his research is mainly on immunotherapy for chronic viral infections, focusing on three kinds of viral infections: HBV, EBV and HIV. "Chronic HBV infection is very prevalent in Chinese population," says Zheng, "and so far there is no way to completely clear the virus inside the human body. You may alter the viral dose or the serological profile by using drugs, but the virus is still there."

"EBV is also prevalent in Southern Chinese population, and it is closely related to the pathogenesis of nasopharyngeal cancer, which is one of the most common cancers in our population." Early detection of NPC may lead to a 5-year-survival of about 90%. However, most cases are often revealed at late stages, when the 5-year-survival is below 50%. As for HIV infection, although we have the HAART therapy which has attained a rather good control of the disease progress, it is still unable to clear the virus in patients. Dr. Zheng hopes to develop immunotherapies which can completely wipe out the virus in chronically infected patients, so that further complications can be prevented.

Lesson learnt from outbreaks

"The key to prevention of disease outbreak is early detection," says Zheng. "Among the first few cases in last year's SARS outbreak, there was no human-to-human infection. No special therapies such as steroids were used in treating these patients and their disease spontaneously resolved. This showed that initially the SARS virus was not so adapted in the human body. However, after repeated transmission, the virus has evolved to a point which it suddenly becomes adapted in patient's body. This is when the virus becomes very infectious and dangerous. There are some patients whom we labeled them as Superindex cases, when they alone infected tens to hundreds of people within a short period of contact." Luckily we have learnt from the tragic SARS outbreak that early detection and preventive measures are effective in preventing disease outbreaks. "Early on this year when there were 4 SARS cases in GuangDong, the officials realized that 3 of the 4 patients had been to a restaurant which kept live civet cats." Dr. Zheng recalls, "Once they identified the source of infection, the GuangDong government has carried out a massive killing of civet cats, eliminating every single civet cat in the province. Since then no more SARS cases were reported, excluding the ones due to technical errors in SARS laboratories."

Emerging infectious disease

Dr. Zheng points out the importance of monitoring emerging infectious disease. "Cancers and heart disease may kill people but they won't cause an outbreak," says Zheng, "infectious disease, however, can affect the population within a short period of time. In 1918, the massive outbreak of Spanish Flu had caused a death toll more than the World War I."

"It is therefore worthwhile to invest more in Microbiology. Apart from basic research works, we should also closely co-operate with our clinical staff. Surveillance in emerging infectious disease is extremely useful in fighting against possible disease outbreaks."

Human v.s. the Nature

Dr. Zheng thinks that if we continue to exploit the Nature, we may eventually get to pay for it. "We know little about what is deep inside the Nature," says Zheng, "We do not have knowledge about possible microbes or pathogens deep inside the unexplored forests or oceans. If these microbes get into contact with human, they may cause diseases previously unknown to us. Yet not all the microbes are harmful, some are in fact useful in our daily lives. Therefore it is important for us to bear in mind that human does NOT rule the Nature. We need to live with it."

DEPARTMENT OF MICROBIOLOGY

Dr. Susanna K.P. Lau

Assistant Professor, Department of Microbiology

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The first impression Dr. Susanna Lau gives others in that she is a young and energetic person which is different from most other people in her department. She is the youngest academic staff in the Department of Microbiology, and she is also the department's only female academic staff.

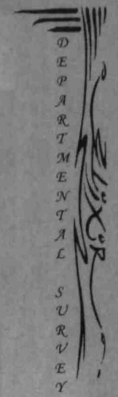
Dr. Lau joined the department in 2001 after completing her second year of training in internal medicine. When we asked about the reason of shifting from medicine to microbiology, Dr. Lau said it was mainly because of her deep interest in researching, especially on microbiology and infectious diseases. In fact, as an academic staff, research affairs have taken over most of Dr. Lau's working time. 'The work of a clinical academic staff in the University can be grouped into four categories, namely research, teaching, administration and clinical services.' Said Dr. Lau, 'While research is my major focus, I still spend around 30% and 10% of my time on teaching and clinical services. As for administration, it varies a lot depending on what duties you are responsible for, but will usually not occupy more than 10% of her time.'

Dr. Lau's research mainly focuses on emerging infectious diseases, including both existing pathogens and novel bacteria the department has discovered. Using different techniques, she will characterize the bacteria, explore their virulence factors and work out their clinical significance. Actually, emerging or re-emerging infectious diseases is one of the whole department's main research focuses. 'Since Hong Kong is an international city and also the window of China to all over the world, we are able to come across many different infections especially those from mainland China.' Commented Dr. Lau. 'When compared to the Western world, the history of medical research in mainland China is relatively shorter and its local infectious diseases are hence less well understood. The geographical location of Hong Kong provides us a great opportunity to look deep into these emerging infections.'

Talking about research, we know that funding is a crucial factor. Before Dr. Lau joined the department, the government was still having a surplus and the University's budget was not that tight. The department can still managed to run properly with its funding from the government. However, the situation is totally different nowadays. The whole University is facing a budget cut and, since microbiology is a small department, the situation is more severe. Allocation of resources has become more difficult. Dr. Lau said, 'We now need to find out more sources of funding. It is fortunate that after SARS, we have received more donations and are able to apply more grants for our researches.' Yet, Dr. Lau also emphasized that research is a long term project and donations can only solve the problem in a short term basis. In longer run, government funding remains to be the most important financial factor to the Department.

As a doctor and microbiologist, Dr. Lau has shared with us her views on the outbreak of SARS. She believes that insufficient infection control in hospital has a major contribution to the outbreak. 'Medical staff of Hong Kong does not have a custom to follow infection control guidelines. So when a more contagious disease arrives, we are unable to control it at the early stage.' Not only medical professionals, the general public also lack awareness to infectious diseases. 'We have facilities to prevent the spread of diseases but people are not making good use of them. Taking Amoy Garden as an example, we have those U-shaped pipes yet people are not using them properly. Some other facilities may lack good maintenance. All these environmental factors facilitates the spread of diseases.' Dr. Lau hoped that Hong Kong people have learned a lesson from the SARS crises and wake up before another outbreak arrived.

Other than research and teaching responsibilities, Dr. Lau has also taken up the job of Safety Representative of the department for two years. She admitted that this responsibility has given her more work load especially during the SARS outbreak. 'Once our department head Professor Yuen told me if anyone get infected by SARS from our laboratory, I would be put into jail!' Recalled Dr. Lau. This, though it is just a joke, it highlights the importance of safety in the department and the pressure Dr. Lau is facing. So what does Dr. Lau do in her leisure time to relieve her working pressure? 'I like playing sports including tennis and swimming. I used to hike in my leisure time but now since there are some cases of robbery in the Pokfulam area, I have hiked less. I also like to listen to music or do some readings after work.'



香港大學微生物學系

DEPARTMENT OF MICROBIOLOGY

Dr. Leo L.M. Poon

Assistant Professor, Department of Microbiology

It is not uncommon to see Dr. Leo Poon's name appearing in news reports about suspected disease outbreaks. Being an expert in Avian flu research, Dr. Poon is frequently consulted on matters related to viral disease outbreaks. Graduated in 1994 from the Baptist University with BSc in biology, he obtained another degree in developmental biology from the Chinese University of Hong Kong. To further his research on influenza virus, he went to Oxford University in 1999. After working for one and a half years in CUHK, Dr Poon then came to HKU in 2001 to embark on his current job at the microbiology department.

The "virus detective"

Being a member of the department's "Dream Team", Dr. Poon's research interest lies mainly on influenza virus and its genetic sequence. He also masters the technique of using reverse genetic to introduce new mutations to the influenza virus gene. By using this method, he's hoping to find out the potential use of the attenuated influenza viruses as live vaccines.

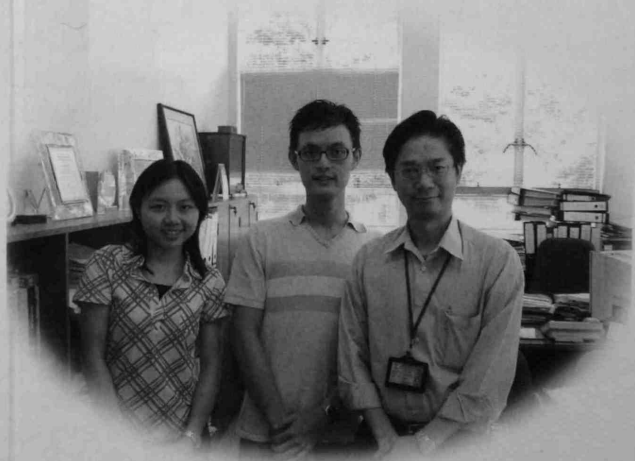
Apart from conducting research on the influenza virus, Dr. Poon's another area of research is on the Avian flu. As Avian flu is only discovered recently during the outbreak in Hong Kong several years ago, scientists do not really know much about the virus. Yet it is becoming more and more important as there has been Avian flu outbreaks in Asia over the past years, causing enormous loss in human life and economy. With the memory of massive outbreaks of influenza costing millions of human lives in the last century, it is of great urge for scientists to understand more about the virus to prevent massive outbreak in near future. Being a frontier researcher in virology, Dr. Poon is currently working on Avian flu viral genes. One of his research articles was published in Lancet concerning the pathogenesis of H5N1 viral gene.

The SARS

When asked about the most unforgettable event in his career, he replied "the SARS outbreak!" straight away. Indeed, he described it as a 'once in a lifetime experience'. During those perturbing months, he and his colleagues strived to launch the quick test method as well as identifying the novel coronavirus. "It was a very stressful period and everyone of us worked very hard. I am glad we made it in the end."

Outside work

After racing with the ever changing viruses at work, how would Dr. Poon spend his leisure time and relieve stress? "I spend most of my leisure time with my family. I also enjoy looking after my tropical fish."



DEPARTMENT OF MICROBIOLOGY

THE UNIVERSITY OF HONG KONG
S U N Y E Y

香港大學微生物學系

Dr. Samson S.Y. Wong *Assistant Professor, Department of Microbiology*

Dr. Samson Wong — a name which most medical students won't be alien to, is a renowned microbiologist working in the department. Like his colleagues in the department, Dr. Wong's work mainly consists of research, teaching and consultation, as well as dealing with the press. Those who have attended his lectures would have experienced his knack of converting the most vapid microorganism into the liveliest creature on earth.

Working on "larger" creatures

"Oh, they are really enchanting and fun to work with!" Dr. Wong related as we brought up the topic of his current work. He was actually referring to his arthropod friends.

Microbiologists have their own specific field of interest and Dr. Wong is of no exception.

When talking about Microbiology, people would often think of microscopic creatures like bacteria and viruses. However, Dr. Wong loves to work on "slightly larger" creatures; unlike bacteria and viruses, these creatures can be multicellular or even having legs; some of them can even be so long that it has to be measured in meters!

Parasites and arthropods long have fascinated him since he graduated from the University of Hong Kong in year 1991 and he has been working on them in the Department of Microbiology in Queen Mary Hospital ever since. One of the reasons why those arthropods piqued his curiosity is because he can visualize them with naked eyes, unlike viruses and bacteria. Obtaining his degree in tropical diseases in the London School of Hygiene and Tropical Medicine in 1997, Dr. Wong has further enhanced his interest and knowledge in parasitology. Currently, he's working on the fungus *Penicillium marneffei*.

His hobbies

In his leisure time, he enjoys taking pictures of flowers in the countryside as well as his favourite research pals — mosquitoes and flies. He recalled snapping more than 100 flies on a huge piece of rock while hiking. "It was spectacular," he recalls.

Message to medical students

When asked about useful tips for medical students, he suggested that we should brush up our English language as well as consolidating our core medical knowledge. "The new PBL curriculum can facilitate medical students in history taking and phrasing questions; but it could be futile if they are deficient of the basics," he remarked.

From the interview, we can gather how passionate Dr. Wong is about his job, which is often portrayed by people as tedious and boring. There's always two sides to a story after all.



DEPARTMENT OF MICROBIOLOGY

Dr. Richard Y.T. Kao

Research Assistant Professor, Honorary Assistant Professor,
Department of Microbiology



During the SARS crisis in Hong Kong, it was the dedicated doctors and nurses who caught a majority of the headlines. However, without the immense hard work of researchers behind the scenes, the terrifying SARS may now still be causing chaos around the world. "The Department of Microbiology of the University of Hong Kong has always been working at the frontline, and that is why I've joined this Department," Dr. Kao commented, who was one of the major strike forces for the University and Hong Kong in this battle against SARS.

Spearhead in research

After finishing his education and degrees in Canada and the United States, Dr. Kao joined the Pasteur Research Center to investigate bacteriology. It was then when the Department of Microbiology of HKU caught his attention. "I was attracted by the prospect of being able to do research on new infectious diseases and their causative agents in HKU," said Dr. Kao, "and thus developing ways to stop the pathogenesis and spread of the diseases."

Having joined the Department in 2001, his major research interests lie among bacterial genetics and fungal genetics, especially *Penicillium marneffeii*. Through these researches, he is hoping to develop new medicine to treat diseases caused by bacteria, viruses, and fungi.

Attitude towards public health issues

The public awareness on health issues has been greatly increased after the outbreak of SARS in Hong Kong. Despite the poor hygiene and health awareness in the past, Dr. Kao observed that the public is now obviously more cautious about their own health and aware of infectious diseases, especially due to promotion of public health awareness by the Government and related organizations. "Now even for people who have coughs or respiratory diseases are willing to wear masks and won't feel anything strange about it. However, there is a trend for this awareness to diminish as SARS seems to be away from us now."

Dr. Kao also contributed the somehow oversensitive reaction of the public towards recent health scares to the mass media. "For recent cases of Dengue fever and Japanese encephalitis in Hong Kong, these are no strangers to us actually. The cases have been reported in Hong Kong for a long time, and this time there is again no evidence of a large scale outbreak," he commented. "After the SARS attack, the mass media has been increasingly sensitive and aware of any outbreaks of flu, gastroenteritis etc in local communities especially schools. Actually these infectious diseases already exist in the community for a long time, and their prevalences have stayed more or less the same over time." He believed it is important to educate the public, so that they can stay alert of the general health situation in the society, but at the same time not to the extent of causing scare.

Outlook

Dr. Kao believes that the highly dense Hong Kong has a unique role in preventing infectious diseases. Situated in South East Asia, Hong Kong was usually one of the unfortunate victims in times of outbreak of infectious diseases in the neighboring regions, and became the en route place to continue the spread to other countries. "It is therefore of high importance to pay special attention to surveillance and research of infectious diseases in Hong Kong, especially on how to control, test and treat the diseases."

Message to medical students

Although Dr. Kao himself is not a medical doctor, his immense experience in microbiological research gives some insights for medical students. He felt it essential for doctors and nurses to always stay alert against possible infection hazards. "The frontline health care workers should always remind themselves that infectious diseases can be dreadful. It is therefore important not to make false assumptions to assume most patients that you see are just suffering from simple diseases like common cold."

Dr. Kao also stressed that basic protective gowns, gloves and hand washing should always be done whenever in contact with patients, while direct body fluid contact should be kept minimal. Despite the fact that it is impossible to always dress up like that in the SARS era, the better the doctors and nurses protect themselves, the greater the help they can offer to the society. "If health care workers can well be protected, then even in case of another major outbreak of diseases in Hong Kong or regions nearby, we still have healthy, dedicated and competent doctors and nurses to help the public effectively."

SPECIAL TOPICS



SARS

26 奪命肺炎龍港
新近中招難救治
60人肺炎
機場離港須探熱
出動生化衣 防空氣傳染
一日死五人
再奪七條命
世紀病毒 口水傳染
香港醫生肺炎死

Nature v.s. Nurture 大自然的反撲

2003年3月。

一個沉重的春天。

一聲咳嗽，把致命病毒傳遍香港。

一宗接一宗的非典，殺醫護們一個措手不及。

一張張掛上密不透風N95面罩的臉孔，僅露出的雙眼流露著恐懼。

以後，當我們聽見禽流感、登革熱、日本腦炎等等，便不其然想起那場世紀疫症。

嚴重急性呼吸系統綜合症（Severe Acute Respiratory Syndrome, SARS）肆虐香港，造成1755人染病（當中386人為醫護），299人死亡（當中8人為醫護）。患者痊癒後還得面對失去至親、身體機能減退、骨枯、心理創傷等後遺症。當中香港醫護捨己救人的專業精神，贏得市民以至世界的讚賞和認同。

沙士為香港人帶來的創傷，遠比金融風暴或禽流感來得大。雖然疫症過去已有一年，但我們內心的傷口還未被撫平。兩份沙士調查報告更成為新聞焦點，有兩位高官更因此下台。如今，我們不應再糾纏於誰是誰非，畢竟誰也不會希望有疫症發生。香港社會應從這次事故中汲取教訓，以防備及應付未來疫症再襲。

有人曾指出，新疫症的出現，往往為人類和大自然的關係失衡之故（請參閱Departmental Survey）到底世紀疫症的出現，是純粹的倒楣，抑或我們人類過份侵略大自然之過？《杏雨》為大家走訪了曾經參與抗疫的人士，邀請他們分享抗疫經歷，以及對疫症的看法和感想。然後我們會再看看近年在香港出現、主要由蚊子傳播的流行病——登革熱和日本腦炎。

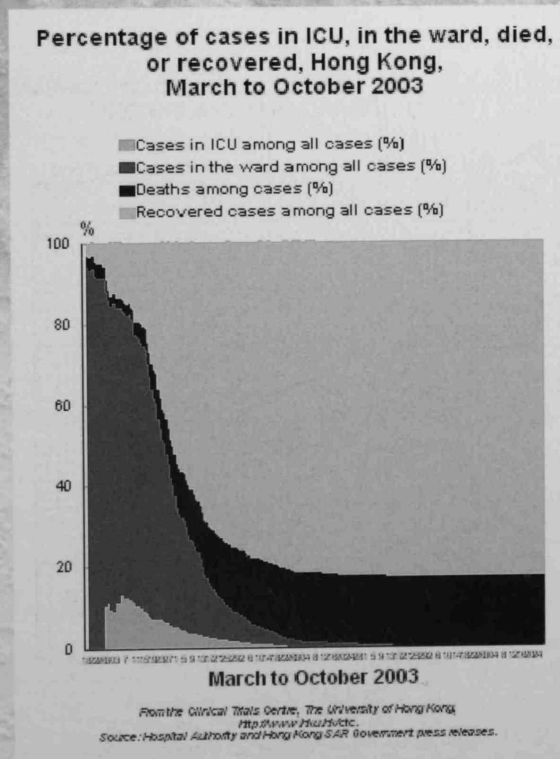
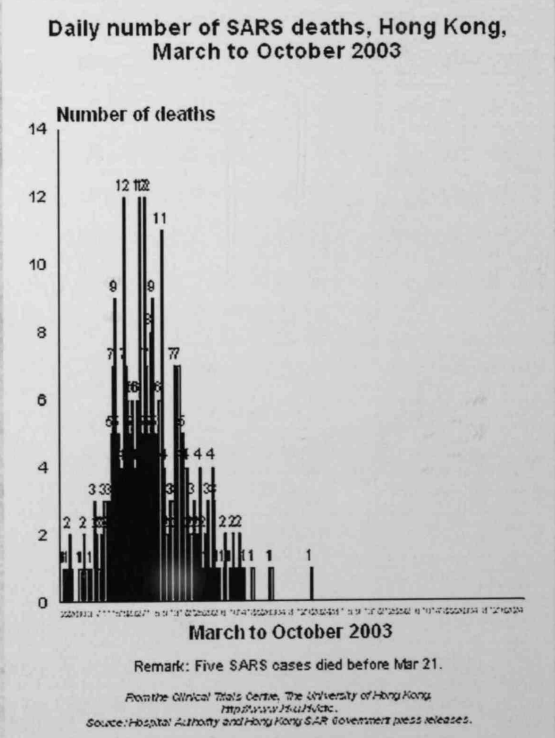
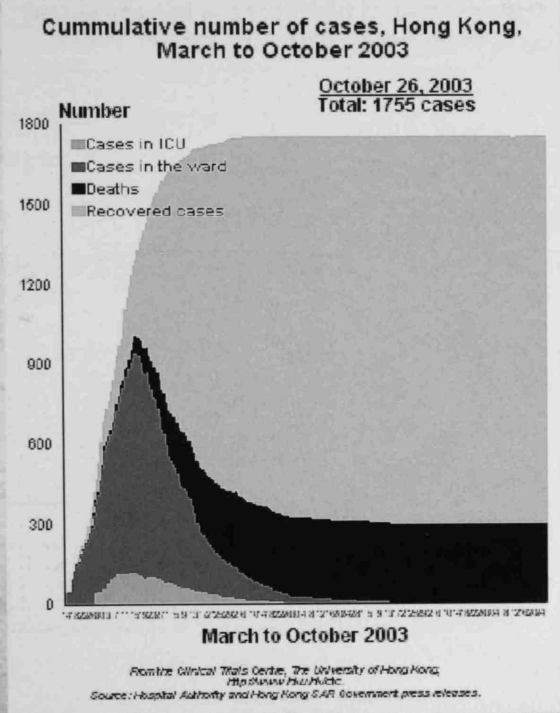
畢竟，我們是大自然的一份子。我們施諸大自然的，終究也會施諸自己身上。

香港非典型肺炎大事記

16/11/2002	在廣東省出現首宗急性呼吸系統感染個案
10/2/2003	中國向世衛報稱有305人感染，而其中有5人死亡
21/2/2003	中山大學醫學院劉劍倫教授，到港入住京華國際酒店
22/2/2003	中山大學醫學院劉劍倫教授，病情危急入廣華醫院
26/2/2003	美國商人Johnny Chen，在京華國際酒店受感染，他在河內發病入住越南法國醫院，感染不少醫護人員。後來，他回到香港，死於3月14日
28/2/2003	一位駐河內的世衛醫生 Dr. Carlo Urbani，首先判別了這是一種新病症。他也受了感染，死於3月29日
03/3/2003	威爾斯親王醫院首名醫護感染非典型肺炎
04/3/2003	劉教授死亡，其妹夫也在廣華醫院去世
10/3/2003	威爾斯親王醫院爆發呼吸系統感染，涉及11名職員；8A病房關閉
12/3/2003	世界衛生組織就急性呼吸系統感染個案發出全球健康警號；楊永強聲稱香港並沒有爆發肺炎
13/3/2003	8A病房重新開放為接收懷疑或證實感染非典型肺炎的病人
14/3/2003	確定威爾斯親王醫院疫症的源頭病人
15/3/2003	世界衛生組織把病症命名為嚴重急性呼吸系統綜合症（SARS）

18/3/2003	中大公佈懷疑非典型肺炎致病病毒：副黏液病毒 (Paramyxovirus)
19/3/2003	香港政府首次宣佈死於 SARS 人數為 5 人
21/3/2003	浸信會醫院爆發疫症
22/3/2003	港大公佈懷疑非典型肺炎致病病毒：冠狀病毒 (Coronavirus)
24/3/2003	美國疾病預防及控制中心 (CDC) 公佈懷疑 SARS 致病病毒為冠狀病毒
26/3/2003	疫症在陶大花園爆發
27/3/2003	非典型肺炎加入香港《檢疫及防疫條例》的傳染病名單
29/3/2003	抵港旅客須作健康申報。學校及幼兒中心停課
31/3/2003	衛生署宣布將九龍牛頭角淘大花園 E 座整座樓宇隔離十天
1/4/2003	淘大花園 E 座居民被安排搬往西貢及鯉魚門兩所度假村
2/4/2003	宣布開放多兩所度假村予淘大花園 E 座居民暫住； 世界衛生組織發出對於香港及廣東省的旅遊警告，建議推遲前往這些地區的所有不必要的旅行安排
3/4/2003	醫管局在所有急症病房執行不准探訪的政策
4/4/2003	瑞士當局以預防非典型肺炎擴散為理由，拒絕港商參加鐘錶展
10/4/2003	衛生署規定，與非典型肺炎患者有密切接觸的人需要接受家居隔離
14/4/2003	除理工大學外其餘七間大專院校復課
16/4/2003	美國 CDC 確定 SARS 致病病毒為冠狀病毒
17/4/2003	由零晨起正式在機場實施出境檢疫，在機場給離境人士量度體溫； 政府公布“淘大花園爆發嚴重急性呼吸系統綜合症事件主要調查結果”
23/4/2003	香港累積死亡人數破 100 人，達 105 人； 明愛醫院和大埔醫院爆發疫症
26/4/2003	屯門醫院劉永佳護士病逝，為本港首位殉職的醫護人員
27/4/2003	屯門醫院爆發疫症
28/4/2003	世界衛生組織將越南從疫區名單上刪除，成為第一個國家 / 地方從名單上除名
2/5/2003	浸會醫院再次爆發疫症
5/5/2003	由政務司司長率領的“全城清潔策劃小組”成立
15/5/2003	世界衛生組織公布淘大花園的環境衛生報告
23/5/2003	世界衛生組織撤銷對本港旅遊警告
28/5/2003	政府公布成立 SARS 專家委員會
23/6/2003	世界衛生組織把香港從疫區名單上除名
02/10/2003	政府 SARS 專家委員會完成調查報告
11/10/2003	立法會內務委員會一致通過成立專責委員會，調查 SARS 事件期間政府及醫院管理局的處理手法
16/10/2003	醫管局公開 SARS 調查報告，指政府在抗疫過程中有犯錯
5/7/2004	立法會沙士專責委員會公布調查報告
7/7/2004	董建華接受衛生福利及食物局局長楊永強辭職
8/7/2004	醫院管理局主席梁智鴻辭職

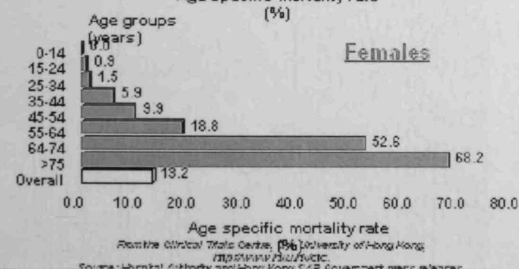
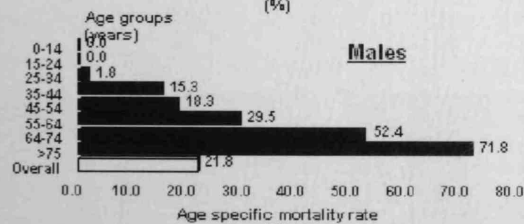
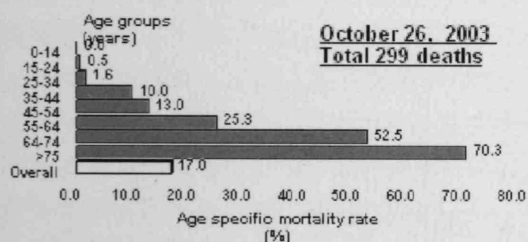
關於嚴重急性呼吸系統綜合症的一些數據 Some Facts about Severe Acute Respiratory Syndrome



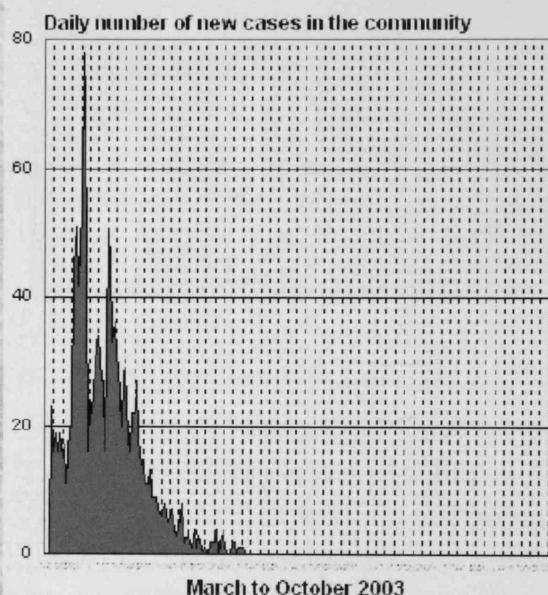
資料來源：香港大學臨床試驗中心 (http://www.hku.hk/ctc/sars_welcome.htm)

Age and gender specific case fatality rate

Assumption that the age distribution of all cases is the same as reported on June 6

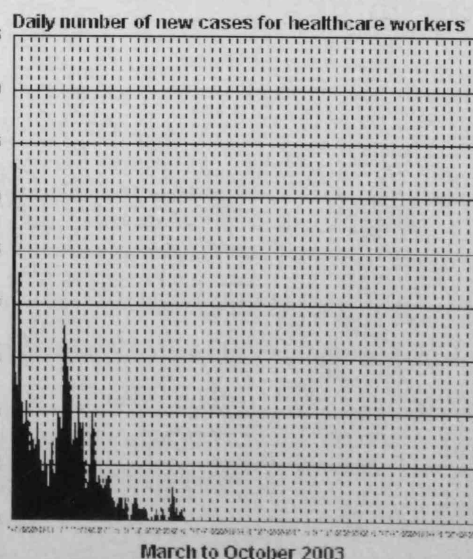


Daily number of new cases in the community, Hong Kong, March to October 2003



From the Clinical Trials Centre, The University of Hong Kong
http://www.ctc.hku.hk
Source: Hospital Authority and Hong Kong S.A.R. Government press releases.

Daily number of new cases for healthcare workers, Hong Kong, March to October 2003



From the Clinical Trials Centre, The University of Hong Kong
http://www.ctc.hku.hk
Source: Hospital Authority and Hong Kong S.A.R. Government press releases.

嚴重急性呼吸系統綜合症對香港的打擊與啟示

香港大學醫學院院長
林兆鑫教授專訪



嚴重急性呼吸系統綜合症（俗稱「沙士」）於去年春天無聲無色地來到香港，並引起後來的大爆發，奪去了299條寶貴生命。面對突如其來的疫症，對於香港醫療界來說，無疑是個衝擊。香港大學醫學院為培育未來醫護專才的搖籃之一，究竟是次疫症對醫學院帶來怎樣的衝擊？作為本港醫學研究的先驅，醫學院又對「抗炎」作出了甚麼貢獻？

前所未見的疫症

「沙士」——一種聞所未聞的呼吸道疾病，其傳染及惡化速度之快，令醫護人員咋舌。林教授憶述，二月期間，懷疑於內地感染「沙士」的廣州中山大學的劉劍倫教授於入住京華酒店期間，分別感染了十名人仕，而這十人又再分別將病毒於醫院病房、社區以至新加坡、越南、加拿大等地傳播開去。就本港情況而言，以醫院爆發最為嚴重，於沙田威爾斯親王醫院便做成百多人感染，其中更有醫科生。及後各醫院立刻採取措施，以減少交加感染，如規定人員戴口罩、勤洗手、穿著保護衣物，對病人實施分流及隔離，後來更暫停家屬探訪。林教授估計，「沙士」令香港損失了約65億美元的經濟損失，相等於本地生產總值的百份之四，足見疫症所帶來的禍害之大。無論於民生或經濟上，我們都受到重大打擊。

香港醫護的無私精神

縱使面對著不知名的疫症爆發，香港的醫護人員並未氣餒，紛紛自告奮勇上前線幫忙。由於初時對疫症茫無頭緒，加上死亡數字不斷上升，醫護人員都承受著極大壓力，但他們始終緊守崗位，竭力為病人服務。林教授更透露，好些教授及高級醫生更抱著「身先士卒」的精神，自發到前線工作，就連我們的前院長周肇平教授和鄧惠瓊教授也自發參與抗炎醫療行列。



為了防止疫症的進一步爆發，瑪麗醫院的「沙士」隊伍，由醫學院副院長葉秀文教授帶領下，每天到病房進行篩查，把懷疑或證實患上「沙士」的病人隔離，以杜絕醫院內的傳播。林教授認為，香港醫護人員於「沙士」戰疫中無私的奉獻，正正表現了醫護那崇高的專業精神，實在值得我們學習和景仰。

醫學院的貢獻

身為本港醫學發展先驅之一，香港大學醫學院於治療「沙士」研究方面作出了貢獻。我們醫學院微生物學系發現引致「沙士」的元兇——冠狀病毒，大大促進抗治「沙士」的研究。及後港大的遺傳

密碼解讀小組 (Genetic Sequencing Team) 更解讀了冠狀病毒的基因密碼。這對研究治療「沙士」藥物和預防方面有著巨大幫助。

林教授表示，其實醫學院早在三年前已強調於控制傳染病方面的訓練。為此他們曾與香港內科醫學院 (Hong Kong College of Physicians) 商討改革現時的訓練。而醫學院本身亦一直致力於傳染病 (Emerging Infectious Disease) 方面的研究，例如港大的傳染病研究中心 (Centre of Infectious Disease)，和法國 Pasteur Institute 合作的 HKU — Pasteur Research Centre，以及微生物學系的主要研究項目也是傳染病 (Emerging Infectious Disease)。

傳染病控制——由基本做起

對於未來「沙士」或會捲土重來，林教授認為，要有效防止另一次爆發，我們必須做好防禦措施。他表示，其實要阻止傳染病擴散，並不是依靠重重防護裝備，反而一些基本的醫療守則更為重要，例如：勤以正確方法用消毒鹼液洗手 (尤其在接觸病人前後)，正確配戴口罩，減少用手接觸眼口鼻等。如果能夠嚴格遵守這些守則，受感染機會則會大大減低。

在「沙士」爆發後期，有輿論提出興建一所傳染病醫院以應付日後可能的爆發。林教授認為，每所醫院都應備足夠控制傳染病的設施。其實除了疫症爆發，一些如免疫力弱的病人，為了預防感染 (Opportunistic Infections)，亦需要使用到這些設施。他擔心，當一所專為傳染病而設的醫院在非疫症爆發時期，其保養會對政府做成巨大的經濟負擔。他又指出，未來醫療發展仍為多元性 (Multidisciplinary)，每所醫院都應備有隔離設施，而另一方面亦要準備隨時於疫症爆發其間，興建一所香港的『小湯山醫院』。但這樣會否令醫療開支大為增加？林教授認為，長遠來說，一人一病房是最理想的，但礙於資源和傳統問題，加上本港地少人多，我們暫時所能做到的，只有改善病房設施，如增加病床之間的距離，利用負氣壓把病房內的空氣抽走等。

疫後檢討

對於社會批評政府對疫症反應太遲，林教授認為，「沙士」突如其來的侵襲，尤其最初大家都束手無策，難免會有所延誤。他認為，由最初醫院爆發到其後淘大花園的大爆發，整個醫護專業都有一定責任。幸而後來的病例追蹤做得很好，加上政府一些措施如邊境測溫等，終於能把「沙士」控制下來，並未做成更大損失。

林教授最後重新強調，要有效防止傳染病擴散，一定要嚴格遵守基本醫療守則，並注重個人及環境衛生，才能預防另一次疫症爆發。此外，由於香港經歷多次傳染病的襲擊，如1894年的鼠疫，1997年的禽流感及今年爆發的SARS等，林院長希望政府能按各大學的科研專長撥出資源，使科研人員能進行有關「沙士」病毒、療法及疫苗方面的研究，這才是長遠的預防方法。林院長亦認為加強醫護人員在傳染病學方面的培訓是十分重要及不容忽視的。前線醫護人員必須具備足夠的知識及保護，才能上「戰場」及迎接「沙士」可能捲土重來的挑戰。



「沙士」對本港醫療體制的沖擊

醫院管理局專業及公共事務總監 高永文醫生專訪

倘若要數覺得沙士期間的經歷最為動魄驚心的人，高永文醫生肯定是其中之一。本身為醫院管理局專業及公共事務總監的高醫生，在沙士期間臨危受命，毅然接受了醫管局署理行政總監之位，管理全港的公立醫院。一夜之間，他所作出的每一個決定也關乎全港市民之生命健康，以至香港的經濟、國際聲譽等等。疫症過後，驕然回首，他發現本港龐大的醫療系統存在著一個又一個的漏洞。



世紀疫症

沙士期間，本港可謂要兼顧內憂外患。對內方面，面對一個全新的疫症爆發已教政府煩惱不堪，同時間政府更要應付國際間的壓力。「當時港人到外地需要被隔離，外資又開始撤離，甚至有外國駐港領事問我醫管局有否足夠的深切治療病位，如果沒有就會考慮撤離……」高醫生回想起當時與特區政府高層開會時深深感受到他們的無助。畢竟這是一個全新的疫症，既沒有準確的測試方法，又沒有肯定的治療方針，就連最基本的傳播途徑及預防方法也未有結論。「以我們當時擁有的設備，根本無可能在一個短時期內處理好這次疫情。所有人都感到沮喪。」

預防不足

反思沙士一疫，高醫生認為本港近年對預防大型傳染病爆發的準備根本不足。隨著九十年代本港傳染病爆發次數下降，本港醫療系統對此的警覺性亦相應減低。政府沒有投放足夠資源在這方面，傳染病專科醫生的培訓更是嚴重不足。另一方面，本港傳染病的追蹤工作亦做得不好。「如果二月香港沙士源頭病人——劉劍倫教授入住廣華醫院時，我們能及早知道他曾入住京華國際酒店，並翻查酒店紀錄，聯絡當時其他的住客，我們也許能找出威爾斯親王醫院、星加坡以及加拿大的源頭病人。這樣便不會有威院及以後淘大花園的爆發，星加坡及加拿大也可能沒有沙士疫情。」



管理架構

在沙士時期，市民及傳媒對醫管局其中一項最大的批評是其管理架構臃腫，上層的指示未能有效地下達到前線醫護人員，更何況七個聯網各自有所謂「山頭主義」。對此高醫生認為所有批評必有箇中道理，而某程度上這些批評也可以說是正確的。然而，每一個制度皆有其好壞。事實上，香港是世界上少數實行中央單一指令醫療制度的地方。相反，台灣、美國等地方，每一所醫院都是獨立運作。因此，香港醫管局能第一時間獲取及分析全

港所有沙士的數據。但與此同時，在單一指令的制度下，每所醫院也有其自主權，以致各醫院間有制度之別，保護裝備不一的現象。「我曾經嘗試統一各醫院之保護裝備，但當各醫院的專家坐下來時便有著各種不同意見。譬如一所醫院會認為應使用N95口罩，但另一所醫院就覺得外科手術口罩經已足夠，洗手才是最重要的一環。其實雙方各有道理，但一班專家坐在一起，大家平起平坐，觀點不同而又堅持自己的一套，以致未能得出結論。」高醫生說醫管局的角色便是盡量協調各專家的意見。

改善工程

當問及醫管局將如何改進，以面對日後可能重臨的疫症，高醫生表示大概會從設施、培訓及管理三方面著手。醫管局擬打算在屯門、瑪嘉烈及那打素三所醫院中加建傳染病大樓，又研究興建類似北京小湯山醫院的傳染病醫院之可行性。除此之外，各傳染病房均會添置負壓力裝置以防病菌病毒散播。

另一方面，醫管局亦將增加感染及傳染病專科醫護人員的專科培訓，並加強其他醫護人員對預防傳染病散播之意識。醫管局亦會培訓微生物學及流行病學專家，配合預防疫症散播的研究。

至於管理範疇，醫管局正研究日後發生突發事故時實行一套「指揮架構」(Command Structure)，統一指令各公立醫院如何預防、上報及監管疫情。各所醫院的自主度將會被減低，以確保中央政策能順利執行，整個醫療系統將進入作戰狀態。為了確保這系統能順利運作，各醫院會為此定期舉行演習。「以往醫管局沒有為疫症作好準備及擬定計劃，現在我們已經意識到有此需要。」



防治「沙士」——由基本做起

瑪麗醫院微生物學系主管 司徒永康醫生專訪

去年非典型肺炎爆發期間，醫護人員的感染率相當高，超過總感染人數的五分之一，其中八人染病殉職，給予醫護人員極大的心理壓力。這八週半以來，瑪麗醫院一共收了七百多名沙士疑似病人，其中有五十多個確診個案，醫護人員感染個案卻只有兩宗。究竟瑪麗醫院有甚麼措施保護醫護人員不受感染？沙士一疫過後，瑪麗醫院有沒有實施一些措施去加強預防傳染病呢？

預防傳染病，從基本做起

身為瑪麗醫院微生物科主管的司徒永康醫生表示，瑪麗醫院多年來注重預防感染，一直有進行「防止感染文化」的教育工作，這項教育工作從醫學生便開始進行，好讓學生在課堂上培養出正確的習慣，提高預防意識。當然院方對所有醫護人員均進行全面培訓，強調要勤洗手、戴口罩、戴手套、穿袍等，對每個環節也設定可行的規範；例如洗手有六個步驟，每個步驟至少洗五次。除了洗手之外，戴手套也有需要注意的地方，要在接觸後摘下，即是每接觸一個病人，就要更換一次，並且每一次都要洗手，接觸前或接觸後都一定要洗手。戴口罩亦如是。保護衣方面，司徒醫生強調脫跟穿都一樣重要。脫的時候，會有把外層的病毒帶到裏層的風險，換言之穿的保護衣越多，脫的次數也相繼地多，污染的風險便越大了。防護應該做到「正確的」，是不防護過度，或是防護不足。只要注意穿脫正確，穿一層保護衣便已足夠。

每日埋首工作，很多醫護人員往往忘卻了這些基本功夫，忽略了預防傳染病的重要性。司徒醫生認為那些受感染的醫護人員很可能是忘了做好以上最基本的預防措施而受到感染，把責任推到資源不足上。云云醫院中瑪麗醫院用了最少的保護衣，亦沒有買很貴的保護裝備，醫護人員的感染率卻相當低，可知良好的「防止感染文化」的重要性。

除此之外，瑪麗醫院訓練了很多有經驗的護士。在疫情爆發後，管理層更對員工進行面對面的教育工作，大部分員工都可以面對面提出問題，發現有同事受感染後，可以即時做好隔離及調查工作。

兩宗醫護人員感染個案

要加強預防感染，首要做的就是了解感染原因。有醫護人員受感染後，瑪麗醫院立即作出調查，結果發現可能與使用高流量氧氣治療有關。發現這個問題後，院方立即採取措施防止同類事故，當病情需要使





用高流量氧氣治療時，便會為病人加用一個有過濾器的特別口罩，加上了這個口罩後就不會有問題了。「由於沒有報告提及高流量氧氣是有危險的，因此抗疫初期我們採用了這方法。其後我們做實驗 (case control study) 證實，而且我們是第一個發現，原來它是有危險的。如果我們知道高流量氧氣有這個問題的話，我們醫院可能一個醫護人員個案都沒有。」

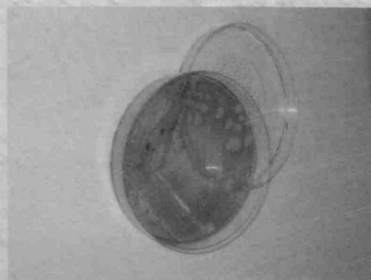
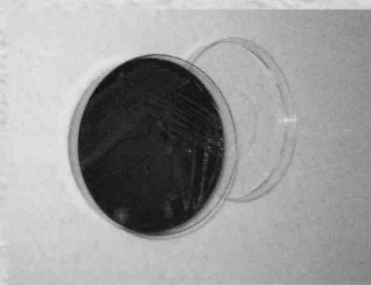
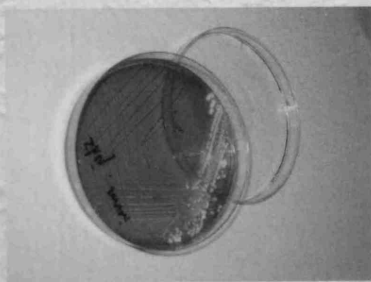
病房隔離方面

對於沙士期間醫院將發燒病人安排於同一病房隔離，曾於美國疾病控制及預防中心接受訓練的司徒醫生表示並不認同。「倘若把病人隔離到一個病房中，當中沒有沙士的病人感染沙士的風險便大大增加了。」司徒醫生強調，真正的病人隔離應該是「一人一房」，但在資源有限的情況下，唯有作「多人一房」的隔離。不過他亦不贊成把還未診斷的發燒病人隔離，「最少也應作了臨床診斷才進行隔離。」

正確防護

大眾市民都誤以為保護衣物穿得越多越好，但司徒醫生再一次強調正確防護的重要性：不防護過度，亦不防護不足。穿脫正確的話，保護衣物穿一套便已足夠了。

最後，司徒醫生重申了於預防疾病感染時，擁有正確防護意識的重要性。過份鬆懈當然會增加感染機會，但過份的保護裝備也未必恰當。因此，同學未來接觸具傳染性的病例時，切記要緊守基本衛生防疫程序。



找尋治療「沙士」的方法

香港中文大學醫學院內科及藥物治療學系

沈祖堯教授專訪

對於香港市民來說，沈祖堯教授的名字並不陌生。沈教授於1983年畢業於香港大學，於加拿大唸畢醫學博士，現於香港中文大學內科學系任教。於沙士期間組成“Dirty Team”，主力於沙田威爾斯親王醫院抗疫，他對病人那永不放棄的精神，更贏得市民的讚許。



尋找救治的方法

疫症初期，醫學界對冠狀病毒所知甚少，要尋找適當的治療方法就如摸黑搜索。拯救病人卻是刻不容緩，沈教授是如何決定用藥呢？「起初把它當作非典型肺炎般處理，所以我們用了抗生素。」沈教授道：「後來袁國勇教授告知有關廣華醫院病人的狀況。我們發現那是一種病毒性感染，抗生素起不了甚麼大作用，而且病人呈現強烈的免疫反應。我們也得悉內地方面，鍾南山教授採用類固醇治療沙士病人頗有成效。問題是：我們不能用類固醇而沒有其他抗生素或抗病毒藥物的配合。」因此，他同時選用了一種覆蓋範圍較廣的抗病毒藥物，也就是在沙士期間，大家常聽見的 Ribavirin「利巴韋林」。

類固醇 / 利巴韋林 / 干擾素 / 雞尾酒療法？

對於近期研究所指出，「類固醇 + 利巴韋林」並非治療沙士的最佳辦法，沈教授說：「若從最新資料來看，那未必是最合適的療法，但那危急的情形根本不容你花時間研究。當病人情況急轉直下，甚至要使用呼吸機的時候，類固醇卻能幫助病人減慢惡化。」雖然使用類固醇帶來許多副作用，但沈教授認為，於適當時候——即病人開始惡化後立即用藥，便會利多於弊。

目前，不同地區對於治療沙士的最佳療法仍存有分歧。美加傾向使用干擾素，內地則採用中藥療法。而香港發現，利巴韋林配合蛋白酶抑制劑（Protease Inhibitor，一種雞尾酒療法的藥物）混合使用時，相比「類固醇 + 利巴韋林」的做法更為有效。可是，治療沙士的最佳療法，恐怕還得再做深入研究。

歷劫過後的驀然回首

關於沙士帶來的打擊，沈教授曾於文章中表示：『我學到的，是生命的寶貴。』行醫多年，每日也需面對生老病死，沈教授亦漸感麻木。可是今次與疫症對抗，許多醫護人員倒下來了，當中更包括他的同事、學生。在一次訪問中，沈教授鄭重地提醒我們：原來懸壺濟世是可能威脅到自身安全的。沈教授覺得，他有義務去盡力拯救每一個病倒的性命。這種使命感，驅使大家暫時拋開己見，同心協力抵抗疫症。「當時的確感到很大壓力，因為病人當中有我們的同事。他們還很年輕，因此我更加不能氣餒。結果，疫症過後，大家比以前更團結，感情更要好。」

最後，沈教授認為，預防疫症再度爆發，必須要改革和改善醫療系統和設施，如增加隔離設施等。人才培訓亦非常重要，特別為傳染病科、臨床微生物科和社會醫學的。這樣，我們才能裝備好以防突發的疫病再來侵襲。

中藥於防治「沙士」的作用

香港大學中醫藥學院 曹克儉助理教授專訪

2003年的4月，香港籠罩在一片前所未見的恐慌下，沙士病毒迅速的蔓延，受感染病人反覆的病情，令醫生們束手無策。對於治療沙士的藥方，大家還未達至共識，各種用在病人身上的藥，大都只是一種大膽的嘗試，誰也沒有百分之百的把握。當西醫們致力研究治療方案的同時，中醫們也正默默耕耘，尋找可以幫助沙士病人的良方。



在香港，用中藥醫治沙士的個案不多，但在中國卻十分普遍。但用中藥真的奏效嗎？中醫們是用什麼草藥來對付沙士病毒的呢？其中又有什麼科學理據呢？一大堆的問號，我們找來了任教港大中醫學院的曹克儉教授為我們一一解答。

中藥更勝西藥？

首先，關於應用中藥治療沙士的成效，曹教授告訴我們在廣州接受中西藥合併治療的病人，死亡率較低；發燒情況亦較易控制，出現反彈現象的不多。此外用中西藥同時治療沙士，可減少所需類固醇的劑量，從而減低類固醇所引起的副作用。一些病人，如慢性病患者或老年人，應避免使用類固醇，這時便可以用中藥代替，提高療效。

中藥也治傳染病

至於中藥為什麼能抵抗沙士病毒，曹教授說其中的原理還有待研究。那麼有什麼中藥能應用在治療沙士病人上呢？有沒有一些既定的藥方呢？曹教授解釋，不少中藥對常見的病毒感染都有效。例如板藍根、大青葉等。但是在用藥時，卻不像西醫般有固定的藥方，用固定的劑量。中醫對不同的沙士病人，會用不同的藥和劑量，例如根據病人發燒的度數和體質來判斷用藥。這便是辨症施治——中醫的一大特色。

中藥 + 西藥治沙士

那麼中藥和西藥併用，會不會引起化學作用，導致藥物反應，或者減弱中藥或西藥本身的功效？曹教授告訴我們有些中藥的確會引起這樣的反應，但由於中國在中西藥併用的經驗十分多，所以只要小心運用，便可避免這些反效果。

香港建造「中藥港」

最後，我們訪問了曹教授對於中醫在香港發展前景的看法。他認為中醫在香港的發展有不少有利條件，例如香港有不錯的群眾基礎，許多人都相信中醫；香港也有完善的法律制度，令中藥的製造更有規範，質素也得到保證。中醫們本身也有一定的資歷，使病人更有信心。如果政府可以再給予多點支持，中藥的發展在可見的將來甚至可以對香港的經濟作進一步的貢獻。不過，在政府支持的同時，中醫們亦應該加強學習，持續進修，提高自己的水準，為未來中醫在香港更廣泛的應用和發展做好準備。

衛生服務界對疫症的看法

立法會衛生服務界代表

麥國風議員專訪

香港現今醫療架構的問題

提到這次「沙士」突襲反映了香港現今醫療架構的問題，麥國風議員認為主要有三個弊端：

(一) 香港政府既缺乏處理爆發傳染病的危機意識，又沒有既定的長遠政策

以這次「沙士」爆發為例，政府運用聯網醫院來治理沙士病人，而並非集中處理。這樣做不但增加各區醫院醫護人員的感染機會，而且影響了各聯網醫院的效率及成效。原因是各間醫院本身均有自己的政策，故此在整個治理過程中，醫院之間並沒有統一的計劃。



麥議員個人認為，香港政府應該集中處理所有「沙士」病人。把所有沙士病人集中於一間傳染病醫院，能更有效治理病人及減低院內感染的數字。另外，麥議員提到在三百多名院內感染的病者當中，有六成多是護士，令到當時嚴重缺乏人手，這無疑是醫療體制不完善所致。由於香港一直沒有足夠的專業培訓，導致疫症爆發時人手不足，需要急忙「徵兵」以應付大量的人手需求。

(二) 沙士突襲反映了香港與內地衛生部門的聯絡通報機制並不完善

麥議員曾於二月尾去信衛生福利及食物局詢問內地的最新發病情況，局長回覆時強調未有觀察到不尋常的疾病模式，並一直與內地保持緊密聯絡。但最後香港亦有沙士爆發，突顯了兩地溝通不足的實況。

(三) 是次疫症揭露了香港公私營醫療失衡的問題

一直以來，香港公營醫院與私營醫院的使用率比例是24：1。沙士爆發期間，公營醫院的使用率驟降，市民紛紛改用私營醫療機構。這反映了香港人其實是有能力支付私家醫療費用，政府應可改善公私營失衡的情況。

「沙士」調查的意見

當問及有關沙士專家調查報告的意見時，麥議員並不贊同政府的處理手法。由於不能傳召有關人士作供，其透明度低，認受性不大，而且給人黑箱作業的感覺。

心理壓力與專業操守的平衡

麥議員表示在非典型肺炎爆發期間，醫院曾出現保護裝備不足的情況，而醫護界亦曾對裝備能否完全預防感染存疑。再加上因受感染而犧牲的醫護人員數目高達疫症總死亡人數的百分之十六！在這嚴峻氣氛之下，與病毒不斷抗爭的醫護人員難免承受著沉重的心理壓力。不過，除了強制懷孕職員放無薪假期外，他們絕大部份也沒有選擇放棄或退縮；相反，他們勇敢地履行照料受感染病人的使命，這種崇高的專業精神實在令人欽佩。同時，麥議員指出，令醫護人員擔憂和執著的是他們害怕自己會將病毒帶回家，威脅到家人的生命。因此，很多醫護人員下班後也不敢返家，或者選擇與家人在家裏進行隔離，可見他們承受著不少壓力和辛酸。幸好當時醫院門診部的求診病人數目大大減少，故能調配更多醫護人員照顧受感染的病人。不過，當時因受疫症影響而產生精神困擾的市民卻有上升的趨勢。

預防疫症爆發的長遠政策

麥議員認為，長遠來說，香港有需要興建一間傳染病醫院。以這次沙士爆發為例，疫症爆發對香港所做成的經濟損害遠超於興建一間傳染病醫院所需的費用！香港國際形象受損、市民杯弓蛇影、國民生產總值下降……如果香港有足夠的預備措施，興建一所隔離設備完善的傳染病醫院，以應付未來突如其來的疫症，必能大大減低疫症對香港所做成的損害。

未雨要綢繆，除了興建傳染病醫院外，香港政府還需要大力推動基層健康服務，教育各層面的市民有關個人、家庭、家居和社區衛生的重要性；另外，興建傳染病控制中心、加強香港與內地及世界衛生組織的聯繫等，都是預防疫症爆發的有效長遠政策。

（註：訪問時立法會沙士調查報告還未公開）



疫症與問責——論「沙士」中的功過

香港醫學會會長、立法會醫學界代表 勞永樂議員專訪

非典型肺炎襲港，無論對香港醫療界還是港府的施政來說都是一次極大的考驗。而對於身為香港醫學會會長、立法會醫學界代表，並且是傳染病學專科醫生的勞永樂議員來說，在這場戰役中自然擔當起一個重要的角色。一方面，勞議員領導着香港醫學會反映各前線醫生的聲音給政府，亦要向廣大市民灌輸有關的醫學知識；而另一方面，作為立法會議員的他亦要為其他議員及政府官員提供專業意見，並對政府之政策進行審議及提出改善的建議。疫情過後，勞議員回望過去香港走過的一段路，亦有一番感受。



是次非典型肺炎疫情，一共奪去了二百九十九名香港人的性命，而亦有逾一千七百人受感染。疫情不單為香港帶來人命的傷亡，更為香港的經濟帶來極大的衝擊。勞議員憶述非典型肺炎期間，街道上差不多可以說是空無一人，百業蕭條，酒樓商店生意一落千丈，慶幸隨着疫情告一段落，香港經濟亦大幅反彈。然而，社會上亦開始出現不少有關政府及醫管局在抗疫時期的表現及個別官員是否需要負上責任的討論。而與此同時，政府亦委任了一個專家委員會對整個抗炎過程作出深入調查。

雖然政府成立了專家委員會以回應市民及醫護人員對政府抗炎時期的準備工作及表現的不滿，但勞議員及不少市民均對委員會之獨立性有所質疑。「政府委任負責抗炎的楊永強作為委員會主席，即是有如自己查自己，是一個欠缺政治智慧的表現。」勞議員認為此舉無論對檢討報告之認受性及政府之民望也無任何好處。「前線醫護人員及市民極力要求成立獨立的專責調查小組，政府卻充耳不聞。那樣只好由立法會成立專責委員會去把事情查個清楚明白。」

抗疫主帥楊永強在是次疫情中是否有需要負上責任是公眾關注的問題之一。作為問責制官員，對於非典型肺炎對香港造成如此史無前例的衝擊，民間及醫護界均有一定的聲音要求他實行問責制的精神，為政府施政失誤而負上責任下台。對此勞議員認為楊永強既然身為問責制官員，為自己政策失誤而下台實屬無可厚非。而且楊永強下台有助市民重拾對政府的信心，長遠來說對政府施政有正面作用。

縱使港府於抗疫期間表現或許未如理想，但大多數的香港市民均對本港醫護人員在這段時期的表現的專業精神而感到值得驕傲。勞議員表示當亞洲其他地區如台灣等地的醫護人員出現逃兵的情況，用盡各種方法逃離工作崗位時，大多數的本港醫護仍緊守崗位，默默努力協助患病市民戰勝病魔。香港甚至有前線醫護人員在知道風險的情況下仍自告奮勇主動要求調往沙士病房工作，專業及捨己為人的精神確是值得世人敬仰。



沙士疫情雖已告一段落，但隨之而來是一系列的調查及檢討報告。繼有醫管局及政府成立的委員會外，立法會亦成立專責委員會對事件作深入調查。調查那些政府官員需要為政府過失負上責任下台或許是其中一個研究重點，但更重要的，還是如何改進我們現有的醫療制度，防疫的措施及準備工作，好讓香港即使遇上另一次大型傳染病爆發也可以有能力抵禦。

沙士疫症引發的倫理課題

香港大學醫學院
許志偉教授專訪



許志偉教授是首位在香港大學全職任教醫學倫理 (Medical Ethics) 的教授。對於沙士期間引發的醫學倫理問題，他有以下的看法。

(一) 在非典型肺炎爆發期間，有醫護人員因為照顧病人而染病，甚至喪失生命。在這種情況下，醫護人員是否有權拒絕提供醫護服務呢？

我個人認為西方社會醫患之間一般是一種「信託」(Fiduciary) 的關係。病人把身體健康甚至生命托付於醫護人員，後者便有一個受託職責，而這職務最重要的一點就是把病人的利益放在首位。為了維護病人的利益，在有需要時，醫護人員甚至需要且願意擱置一己的利益，包括個人的健康。因此，醫護人員無權在非典型肺炎疫症流行期間，沒有充份理由便離開崗位，否則便是逃避了應有的責任。我個人亦同意在有某些情況下，冒着生命危險工作是醫護人員職責範圍內可預見的事，而不是職責以外的英雄式的自我犧牲。這種專業精神在醫護人員投入這份工作行列時便需具備，而無疑醫護人員這種服務精神實令人敬佩。這是醫護專業人員的道德操守。我認同沙士疫症挑戰了香港醫護人員受託職責 (Fiduciary Duty) 的極限，但事實證明了他們經得起考驗，是香港人的驕傲與福氣。

(二) 醫護人員成為高傳染病率的其中一個主因，是由於當沙士病人呼吸困難時，醫護人員要為沙士病人插喉，以致數以百計的醫護人員受到感染。從醫學倫理的角度來看，他們可怎樣減低風險呢？

我認為醫護人員可從以下途徑減低風險。首先，他們可選擇性地為將近不能呼吸的病人插喉，而不及待至病人接近停止呼吸時才作緊急插喉。另外，在沙士疫情告急期間，由於醫護人員受感染的機會高，而年長的長期病患者插喉成功生還率卻相當低，故可以考慮對某些患者不提供插喉搶救 (Do Not Resuscitate)，這是為了避免在緊急情況搶救病人而未能妥善地做好防止醫護人員受感染的措施。雖然這種決定是為了保護社區，減少公眾因醫護人員的家屬有高危感染的機會而間接有受感染的危險性，但卻變相犧牲了沙士病人的利益。在這種情況下，人們應該考慮個人利益是否總是凌駕於公眾利益的問題。我認為這不單止牽涉到醫學倫理，還牽涉到公共健康的倫理問題。在公共健康倫理的層面而言，為了公眾利益，在某些情況下，個人利益是可以被擱置一旁；一般而言，這些個人權利是指行動的自由、私隱權、個人財物處理等。不過，在沙士例子中，我們考慮的是公眾健康而放棄對於病人提供近乎「醫療無效」的搶救。

(三) 在非典型肺炎爆發期間，把所有發熱和懷疑感染非典型肺炎的病人，一併遷往專門隔離病房作集中處理，使本來沒有感染的病人生命受到威脅，是否符合道德標準呢？

我認為決定把有沙士症狀和特別有發燒和呼吸困難的病人送到醫院隔離的做法是為了保障大眾的健康。若「疑似病人」被證實真的患上沙士時，這可令在社區受感染的人數減至最低。因此，隔離政策一般而言是合理的做法。然而，由於香港缺乏單獨隔離的病房，故此，所有「疑似病人」都同時被隔離在同一病房，以致不少未被沙士感染的「疑似病人」卻從真正帶有沙士病毒的「疑似病人」染上足以致命的沙士病毒。另一方面，這種隔離措施卻使香港的醫院成為傳播沙士的有效渠道。

(四) 在非典型肺炎爆發期間，你認為還有甚麼情況值得反思呢？

是次疫症，讓我重新反思醫學的本質。我相信沙士已向大眾證明醫學的本質：它包含了科技和人文兩個層面，是一種科學和藝術的結合。我們都看到藥物對沙士的療效；可是疫症並不單單為醫療科技所控制。由醫護看顧病人的態度，到一所醫院的管理，以致整個醫療系統的架構，皆為控制疫症中不可缺少的部分。因此，沙士正好讓我們思考，該如可把醫學的人文與科技的層面重新配合，以提昇醫療質素。



「沙士」前後——醫學院教育之轉變

香港大學醫學院副院長

葉秀文教授專訪

非典型肺炎爆發初期，傳播迅速，許多接觸過患者的人病倒了，當中包括醫科生。為了保障學生安全和防止疫症蔓延，教育署和八所大學相繼宣佈停課。究竟停課對醫護學生帶來甚麼影響？課程中難免會和病人接觸，醫學院有甚麼措施保護學生不受感染？

身為副院長……

葉教授最大的憂慮是學生的安全。醫護學生（尤其是高年級）經常要進入病房學習，為病人做身體檢查和查詢病歷。「我們意識到它的傳染性極高，而且威爾斯親王醫院更有醫科生病倒，這使我們不得不考慮暫停臨床教學。」當時葉教授考慮到，如果暫停所有教學，學習進度肯定大受影響；假如學生必須要進入病房，他們一定要具備足夠預防感染知識和保護衣物。

由於疫情嚴重，校方很快便決定停課。幸好五年級的考試接近完成，所以停課未對他們做成太大影響。老師們亦把課堂錄音，配合講義放在網上讓我們下載。校方曾嘗試利用網上聊天室來進行PBL（Problem based learning）。

「有些低年班同學對疫情感到憂慮，而高年班則擔心少了許多學習機會。」幸好沙士疫情終於在大約五月時減退，學校也得以重開。



身為胸肺科醫生……

葉教授身為胸肺科醫生，於沙士期間站到最前線，她又有否感到壓力？「我不太擔心自己。」她說：「身為醫生，看病是份內事。我們當時立刻採取了預防措施，在病房內設立防感染區，盡量避免把病毒帶出病房外。我們也請教傳染病科的醫生和護士，宣揚正確的預防感染措施。我和其他胸肺科同事則每天到普通病房，逐一替病人檢查，希望能及早隔離一些疑似沙士的個案。」葉教授當時最擔憂的還是學生們。

沙士過後……

雖然黑暗時期已經過去，但沙士或其他疫症隨時可能再襲香港。葉教授認為我們必須好好裝備自己以迎接挑戰。「首先，我們必須學會和謹守預防感染措施。這些都是基本知識，但這些很容易被忘記。因此我們安排學生上一些預防感染的課堂和工作坊，並找來傳染病科的護士來任教。」

「當我們決定重開學校時，必先確定學習環境的安全。因此我們希望有足夠的防護衣物供學生上課時使用。由於有了今次處理沙士的經驗，希望我們能夠在往後疫症再來的時候，處理得更好。而其中有關傳染病學的教育最為重要。」

葉教授認為，香港人只擔心中風、心臟病等都市病，往往忽略了預防傳染病的重要性。「沙士之前，香港人的衛生防疫意識還很薄弱。由於人口擠迫，加上衛生教育不足，以至開始時疫症蔓延得很快。現在市民的衛生防疫意識提高了，希望未來我們能加強傳染病學的發展，以彌補我們過往對傳染病知識的不足。」

沙士不再來……

就教學而言，葉教授絕不希望沙士重臨。「最有效的學習是透過和病人溝通。我們也許有模擬真人的教學工具，但它們永遠不能取代臨床實習。希望同學都珍惜學習機會。」

護理專業與「沙士」

香港大學醫學院護理學系

陳肇始博士專訪

在沙士一疫中，不同層面的護理專業人士扮演著相應的角色，例如臨床護理人員為沙士病患者提供生理及心理上的臨床護理。在護理過程中，護理人員與其他醫療人員充分表現其專業合作精神，使病人得到最有效及全人的醫療護理。

另外，護理界的專業人士亦擔負起教育大眾的重要任務，例如透過大眾傳播媒介，向市民提供環境及個人衛生的正確知識，減低疾病傳播的機會。在學術方面，香港大學護理學系利用此疫症中所取得的理據，對控制預防疾病及臨床護理等有關項目作出研究，為臨床護理人員提供指引及方向，從而了解及改善現時的護理質素。



護理學學生的角色

護理學學生在過去一疫中，熱心參與社區服務，例如在香港大學與地下鐵路有限公司合作的「防災行動」中，同學們向市民派發小冊子及回答市民有關非典型肺炎的疑問。同時，他們亦致電居住在不同區內的長者，了解他們的身體狀況和教導有關預防傳染病的個人及環境衛生措施，表達同學們對長者們的關心。部分同學更自薦到醫院當臨時護士，減輕醫院護士人手方面的壓力。在此疫中，同學們還上了寶貴的一課，從沙士一疫中學習危機應變、預防及傳染病的知識。

護理方面研究及臨床應用之間的連繫

現時臨床應用與學術研究之間仍有不少發展空間。沙士一疫，使研究人員與臨床護理人員走在一起，強化了他們之間的溝通及關係。研究人員利用研究所得的理據，向臨床護理人員解釋及推廣最新的技術，從而使他們更容易接受及應用更有效的護理方案。此舉大大縮短了研究及應用之間的距離，加速護理行業的發展。

護理學課程對應沙士的改革

沙士對社會巨大的影響力，使我們明白到傳染病控制的重要性。有見及此，在護理學學士及碩士課程中，都加強了公眾健康以及普遍性預防措施方面的元素。由03至04年度開始，學生必須通過有關預防及傳染病控制的考試，以確保他們有關方面的知識及技巧達到認可的水平。

護理行業在未來的前景

護理學學生畢業後除了投身醫院作臨床護理專業人員外，亦可投身有關公共衛生、傳染病控制、研究及社區健康等工作。長遠來說，護理專業人士將擔當更多元化的重要角色，所以護理行業的發展空間其實十分之大。

對於沙士一疫的個人感想

此疫可以說是對護理專業人員的肯定。大眾以往對護理專業的認識並不深，甚至會因傳媒錯誤的渲染扭曲了護理人員專業的形象。在沙士一疫，各層面的護理專業人士所付出的努力，令大眾更了解他們的專業工作性質，認識他們有知識、獨立及自主的重要質素。

而醫護人員在此疫中的付出及熱誠，都比她原本想像的更義不容辭，令她感到十分感動及驕傲，希望他們都能夠維持這份熱誠，推動香港公共健康及護理行業的發展。

風波裏的沙士

沙士一疫，除了為香港的民生帶來巨大衝擊，同時亦引起了其他方面的問題。由於沙士造成1755人感染、299人死亡，重挫本港醫療和經濟體系，社會輿論普遍認為政府需要對事件作出調查及檢討。

有見及此，行政長官於2003年5月28日成立「嚴重急性呼吸系統綜合症專家委員會」（下稱專家委員會），就本港在處理嚴重急性呼吸系統綜合症（Severe Acute Respiratory Syndrome, SARS；亦稱沙士）的表現作出檢討。專家委員會的成員包括了七位外國、兩位內地和兩位本港的權威專家（當中包括曾任香港大學副校長及香港醫務委員會主席的楊紫芝教授）。專家報告於2003年10月2日發表，可是社會大眾和輿論都認為報告未能夠作出全面檢討與問責。因此，立法會於2003年10月29日通過委任專責委員會，重新對事件作出調查和問責。

專家委員會報告簡述

概括而言，專家委員會認為香港在處理疫症方面表現得宜，並未有人因疏忽職守、行政失當或未盡全力抗疫而應受譴責。但在疫症初期，尤其大家對疾病本身欠缺認識的時候，暴露了醫療體制上的缺失。

報告繼而指出，衛生福利及食物局、衛生署和醫院管理局三者之間的相互關係並不清晰，以致疫症期間，欠缺有效的應變機制。報告建議政府檢討三個部門／組織之間的架構和權責關係，以便成立一套完善的緊急事故管理應變機制，應付日後可能出現的危機。此外，報告亦強調本港應在處理疫情方面，與世界衛生組織（World Health Organization, WHO）和珠江三角洲緊密合作。

報告亦建議本港設立衛生防護中心，並在預防和控制傳染病的範疇內，擔當重要角色。當中加強對疾病監控更是極需要優先進行的工作。醫護界應培養一種對傳染病有高度觸覺和警覺性的文化。報告亦建議於中心集中處理所有微生物化驗，以解決醫療資源不足問題。

至於硬件配套，報告認為本港醫院有必要改善傳染病設施和隔離病房。委員會亦贊成政府建議，於急症醫院加設隔離病房，比興建一所傳染病醫院更為有利。報告同時亦強調加強傳染病科臨床和研究方面人才的重要性。

最後，報告指出於危險時期，向公眾傳達適當的危機訊息十分重要。報告亦提到傳媒所扮演的角色和責任。

立法會專責委員會報告簡述

專家委員會報告公佈後，並未能平息社會上的怨氣，主要因為報告中並未明確指出需為疫症爆發負責的人和對其作出譴責。因此，立法會於2003年10月29日通過成立調查政府與醫院管理局對嚴重急性呼吸系統綜合症爆發的處理手法專責委員會（下稱專責委員會），由羅致光議員出任主席。

期間專責委員會召開多次聆訊，傳召多名證人作供，包括多名前線醫護人員和政府官員。專責委員會的報告於2004年7月5日公佈。

令人關注的是，這份報告除了對處理疫症的方法和措施作出檢討外，同時亦對個別官員的抗疫表現問責。雖然報告並未指明要對某官員作出懲戒，但在社會政治氣氛和輿論壓力下，本港醫療衛生界的兩位領導者——衛生福利及食物局局長楊永強醫生和醫院管理局主席梁智鴻醫生先後請辭，造成極大迴響。

報告就三大方面作出批評：

(一) 衛生福利及食物局、衛生署和醫院管理局三者之間溝通不足

專責委員會認為，在控制疫情方面，三所機構的溝通明顯不足，以致未能通力合作、善用資源來抵抗疫症。報告更點名批評，於應否關閉威爾斯親王醫院急症室的問題上，並沒有衛生署官員參與決定。報告建議政府應重新釐定三者的權責關係，並設立完善的緊急應變措施以應付日後可能出現的緊急情況。

(二) 傳染病監控

香港沙士疫情嚴重，突顯了本港醫療系統對傳染病追蹤及監控不足。報告批評前衛生署署長陳馮富珍醫生對前年廣東爆發非典型肺炎的警覺性不足；以及在世界衛生組織為沙士命名後，未有立刻將之列入《檢疫及防疫條例》(第141章)附表1內。

(三) 緊急應變措施

專責委員會指出，醫管局雖然有一套疫症控制計劃；可是沙士爆發期間，醫管局轄下各聯網並未能於病人流動、人手和專業人才分配方面有效地互相配合。報告建議衛生福利及食物局、衛生署和醫院管理局應共同制訂緊急應變措施，與兩岸三地建立疫情通佈機制，以防未來疫症再襲。

兩份報告帶來的影響

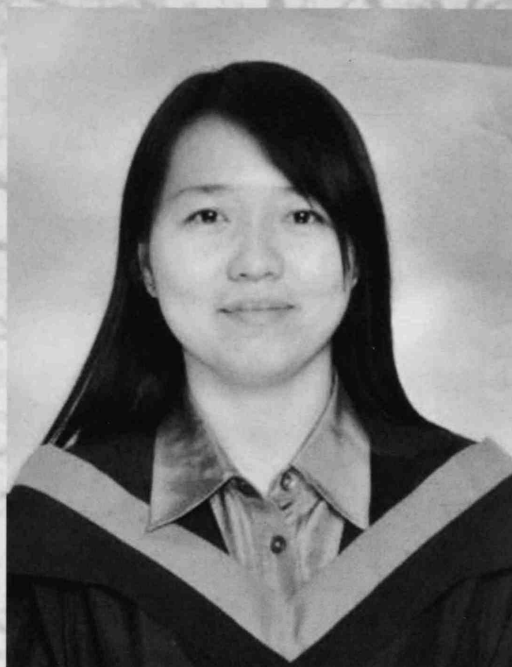
沙士疫情爆發以來，就從來不是單純的公共衛生問題。從『兩大』競爭到官員問責，政治風波就一直與疫情纏繞，甚至於疫情蛻減後還未平息。在此，《杏雨》將不會探討當中是非，畢竟政治並不是我們想談論的範疇之內。

至於對疫症檢討方面，我們認為香港社會應從這次慘痛經歷中汲取教訓，重新正視傳染病及公共衛生等方面的問題。我們一方面讚揚香港醫護人員於疫症中，捨己救人的崇高專業精神；同時亦應謹記於處理疫情中所犯過的錯失。隨着兩份檢討報告先後公佈，我們應認真審視並落實當中的建議，客觀地接納批評並作出改善；我們不應再執着於「誰該為疫症負上責任」的問題。唯有確切落實改革建議，才能有效地預防疫症再來。

資料來源：

1. 嚴重急性呼吸系統綜合症專家委員會報告 (<http://www.sars-expertcom.gov.hk>)
2. 立法會調查政府與醫院管理局對嚴重急性呼吸系統綜合症爆發的處理手法專責委員會報告 (http://www.legco.gov.hk/yr03-04/chinese/sc/sc_sars/general/sc_sars.htm)

Obituary of the late Dr. Cheng Ha Yan Kate



Dr. Cheng Ha Yan Kate graduated from the Faculty of Medicine, The University of Hong Kong in 1997. Upon completion of her internship, Dr. Cheng commenced her service in the Department of Medicine and Geriatrics, Tai Po Hospital as a Medical Officer. While she was always dedicated to her service in internal medicine which was demanding both in terms of time and energy, she never ceased to upgrade herself and managed to complete a diploma course in dermatology last year. Then she was also enrolled in an infectious disease diploma course at HKU.

During the outbreak of SARS in Hong Kong in 2003, Dr. Cheng courageously volunteered to look after patients in the SARS Unit at Tai Po Hospital. This was a reflection of her selfless dedication to serving the community with a noble level of professionalism. Unfortunately, before she actually served in the SARS ward, she contracted SARS while taking care of patients suffering from SARS but with ill-defined symptoms. Dr. Cheng was admitted to the Alice Ho Miu Ling Nethersole Hospital on 21 April 2003 and was intubated on 3 May 2003. Despite intensive treatment for more than one month, she passed away on the night of 1 June 2003, at the age of 30.

Dr. Cheng had always been a dedicated, generous, responsible, and conscientious doctor who has left her schoolmates, colleagues and friends with the compassion and joy that will be dearly missed and remembered by us forever.

我們驚悉鄭夏恩醫生的辭世，都感到非常難過和惋惜。鄭醫生於非典型肺炎疫潮中，奮不顧身地服務於內科病房，然而敵不過病毒的侵襲，經個多月的搏鬥，最終於六月一日晚上與世長辭。她一直懷以真摯和熱誠去盡心地當醫生，救助困病和貧苦，不怕任重道遠，憑着心志和能力，去面對種種挑戰；她攜着衝勁和熱愛，將心中理想在世上實踐，絕不退後地以心輸出了溫暖。這是我們當初入讀醫學院時的諾言，今天充份在KATE的身上反映和實現了，我們全體同學都引以為傲。她無私奉獻的精神，將長留我們心中，不會隨疫潮而減滅。願她能真正安息。

夏夜哀痛良醫離逝杏林慟

恩心銘傳仁愛功德醫界頌

香港大學醫學院九七班同學敬輓

沉痛惋惜 追思鄭夏恩醫生

林喜潔醫生

香港大學醫學院 97 班

大埔醫院內科及老人科醫生



與KATE相識於大學時，至今已超過十載。畢業後，我們更一起在大埔醫院內科及老人科工作。對於KATE的逝世，我們感到非常痛心。我們失去了一個勇於負責、盡忠職守、實而不華的杏林工作者，我們失去了一位好同學、好朋友！

讓我們現在回憶一下KATE生前的一些點滴……

KATE是家中長女，有二位妹妹，一位已出嫁，另一位仍在求學階段。KATE非常孝順父母及痛愛妹妹，她做所有事情，都以他們的利益作為優先考慮。她本來有一個志願，就是畢業後去為無國界醫生服務。但為了照顧父母及妹妹，並且由於她是家庭經濟支柱的關係，最後她唯有放棄這個理想。

KATE工作非常勤奮不懈，對工作要求很高，每天披星戴月，早出晚歸，一定把工作做好，永遠不會留下手尾。每當要轉病房、轉TEAM或放大假的時候，她一定會把TRANSFER SUMMARY打得很好、很詳細。當值後（POST-CALL）無論多疲倦，她也堅持做妥所有工作，打好SUMMARY，當值後晚上六、七時仍見她在醫院工作。她時常因工作繁忙，但又堅持將工作辦好，常常都寧願不吃午飯。記得有次她家人因病入院，她一早就回到醫院，完成工作後，才去照顧家人，從不留下未完成的工作給其他同事。有一次她放假準備搭飛機去美國探朋友，臨上機當日的上午，由於人手緊張，上司要求她先回去巡房才上下午的飛機，她答應了，也堅持執好手尾才離去，結果她當然沒有趕上她的班機。就算十號風球或黑色雷暴，仍會見到她無懼風雨的返醫院工作。

她非常愛護病人，對病人非常細心，十分體恤病人家屬的焦慮和困擾，經常耐心地詳細的為他們解釋病情。曾經有一次一位病人要去另一間很遠的醫院做磁力共振（MRI）檢查，因為某種原因，病人搭不到十字車，為了不要讓病人錯過做檢查的機會，她竟然自掏腰包贈的士費與病人。KATE對上司謙卑服從，任勞任怨，從不推卻分配給她的額外工作。



她對學問的追求非常熱誠，一方面準備內科專科試，另一方面她亦盡量利用時間去進修。她去年完成了皮膚科文憑課程，今年又再去修讀傳染學科。但天意弄人，想不到的是，奪去她寶貴生命的竟然是一種極其可怕的傳染病！

她為人十分厚道單純，非常關心愛護同事及朋友，十分樂意幫助大家，有情有義。

通常同事需要調更或替假時，第一個想起的一定是她。她曾主動提出替家有幼兒的同事入SARS病房工作，亦常主動問有家室的同事有沒有需要把假日CALL調給她，讓同事可以享受家庭之樂，這是她捨己為人精神的範例。她與各級同事相處非常融洽，大家都十分喜歡與她相處。她亦會主動安排聚會，例如去年大埔醫院醫生聖誕 PARTY，就是由她親自安排，她還親自下廚煮東西給我們吃，回想起來，當日 PARTY 中 KATE 的歡笑聲和笑臉仍然是歷歷在目。KATE 亦是我們的義務司機，我們喜歡叫她的私家車做校巴，因為放工後，她總會等候我們沒有車的同事，給我們方便。

不要以為 KATE 是一個很嚴肅的書生，她其實很有少女情懷及童心。她很喜歡一些小飾物如耳環，又喜歡噴香水，也愛毛公仔（像叮噹、鴨仔）；大家想不到的是她喜歡看足球比賽，收集波衫，捧義大利隊，是碧咸的 FANS。她在英國旅行時，還專程去曼聯專門店買曼聯床單。她還有一個夢想，就是開跑車；她也喜歡聽 ROCK 的音樂。除了醫書外，她常閱讀人生哲理的書和一些偵探懸疑小說，並常常把一些精警的金句貼在醫生房佈告板，鼓勵自己，和我們共勉。值得一提的是，她亦常贈書給我們，與我們分享她的心得。

今年年初香港不幸爆發了世紀的 SARS 疫症，在這場非硝煙的戰鬥中，香港醫護工作者肩負重任，投入最前線作戰。面到 SARS，KATE 勇敢堅強，不畏不懼。她小心翼翼，在保護裝備還不足夠時，她已開始自己訂購保護裝備以策萬全。她並不時的提醒我們要小心做足保護措施，在疫症很早期時就算在家裏已經是帶着口罩的。她亦時常上網查詢關於 SARS 及保護裝備的最新資料，當部門需要人手參與抗 SARS 工作時，她義無反顧，義不容辭的舉手志願參加。

KATE 雖然小心謹慎，但亦不幸的感染了 SARS！入院初期，我每天與她通電話，她最關心的是我及其他同事有沒有中招感染 SARS，和提醒我們要做好預防措



施；她亦開玩笑說要找我簽傷殘津貼，因為她實在太氣促了。與病魔博鬥個多月後，KATE在五月三十一日，病況變得十分十分危殆，院方容許我們透過視象會議探望我們這位久違了的朋友；可能她知道我們是多麼的想念她，就算她的SAO2只有50%，她亦都堅持了兩天讓我們有足夠的時間與她話別；臨別依依，無限悲痛，我們話別的說話，透過SPEAKER PHONE在ICU播出來。ICU的醫護人員亦深受感動，他們亦手挽手圍成一圈為她祈福。雖然有無限祝福，最後KATE還是安祥的離開了我們。

上天啊，你為何這樣殘忍，把有天使心腸的KATE在她要創一番事業時將她接走呢？使到醫界損失一員猛將，她的父母損失一個好女兒，我們損失一個好同學、好朋友！奈何的是，殘酷的事實始終都發生了。KATE，您雖然英年早逝，令我們非常傷心及悲痛，但是妳愛人如己無私奉獻、大無畏的精神，將永遠永遠銘記在我們心裏！

KATE，您的勇氣，好像種籽般散發到我們每一個人的心裏。請您放心，我們一定會繼承您的遺志，且把它發揚光大，使我們更有決心，更有毅力去克服並戰勝疫魔！您的父母有您那樣高尚情操的女兒，實在是值得驕傲的，我們所有人都以您為榮。

KATE，請您安息吧，我們永遠都懷念你。

2003年6月



紀念

- | | |
|-------|-----------------------|
| 鄭夏恩醫生 | HKU MBBS 1997 大埔醫院 |
| 張錫憲醫生 | HKU MBBS 1970 私人執業 |
| 劉錦蓉女士 | 聯合醫院健康服務助理 |
| 劉大鈞醫生 | HKU MBBS 1969 私人執業 |
| 劉永佳先生 | 屯門醫院護士 |
| 鄧香美女士 | 聯合醫院健康服務助理 |
| 謝婉雯醫生 | CUHK MB ChB 1992 屯門醫院 |
| 王庚娣女士 | 威爾斯親王醫院病房服務員 |

他們於2003年非典型肺炎肆虐香港期間捨身救人，表現出無私崇高的專業精神，是為我等醫護學生、以至香港醫護界的典範。



重燃

風緣

轉載自《秋螢》

詩刊第十期

我發覺群體當中有些人痊癒了尚未痊癒
 我依舊每朝早出門口前量體溫
 抑或以比較快捷的方法以自己的臉頰
 探探別人的掌心有時是手背
 倘若發現別人的掌心冰冷自己倒要小心
 他們可會打眼色細聲講大步離開
 像那一年滿地都是土製菠蘿誰都不敢摸
 那冰冷東西可能會爆炸像瘟疫
 有些人會祈禱有些會奮不顧身不怕
 那擴散的潮熱沒有嚇怕他們有一個信念
 掌心扣緊掌心大聲宣講他們的信念
 蔓延迅速如潮熱令人痊癒
 掌心依舊緊扣著我們回復了初生時的體溫

天涯若比鄰



登革熱

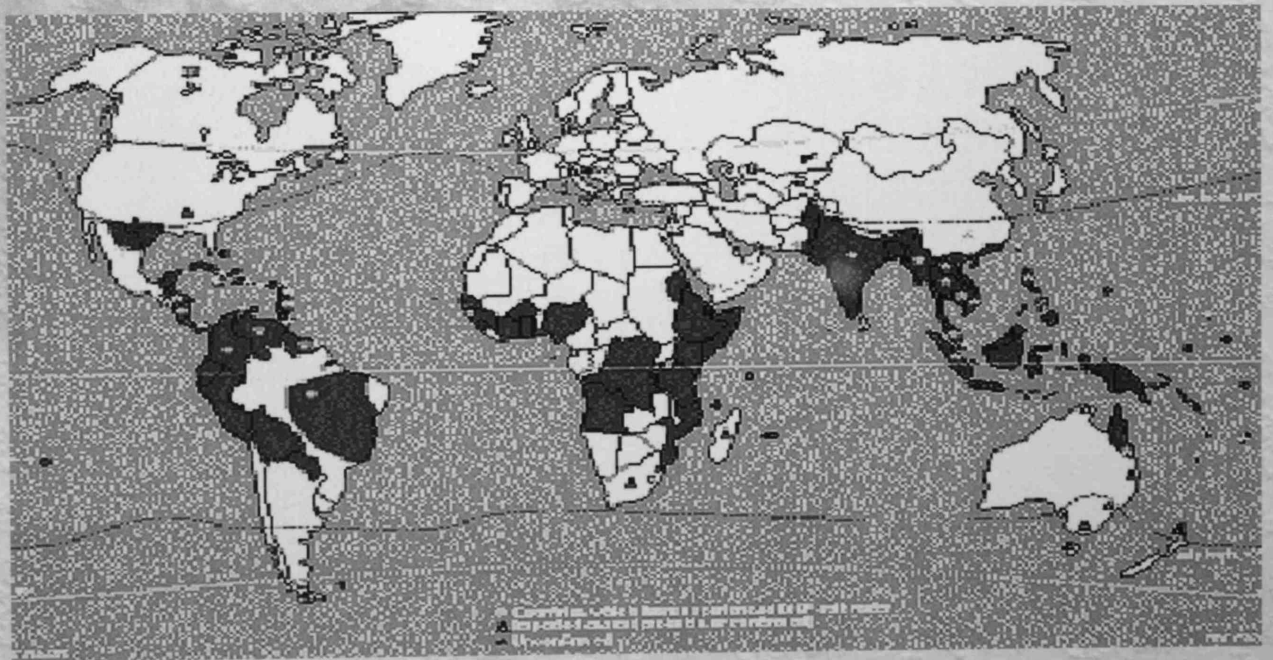
前言

登革熱，早一陣子是一個熱門的話題。可是這一個比瘧疾更可怕的蚊媒傳染病給非典型肺炎的恐慌蓋過了。人們都在談論SARS，彷彿登革熱從來沒出現過。不過，這個殺手的殺戮遊戲正無聲地進行著，一刻也沒有停止過。

壹、流行病學資料

甲、疾病確認 (Identification)

登革熱是由埃及斑蚊或白紋伊蚊為病媒的急性過濾性發熱病。一般來說，登革熱主要分為兩大類，一種為典型登革熱，另一種為出血性登革熱。典型登革熱（又稱原發性登革熱）即是一般人所說的登革熱。其主要症狀有高熱、頭痛、肌肉痛、關節痛、後跟窩痛和發疹。出血性登革熱（又可稱為登革休克徵候群或續發性登革熱）的病徵大致相同，一樣是發燒、頭痛、肌肉痛、噁心、嘔吐、全身倦怠、恢復期出疹等，和典型登革熱最大的分別是病情嚴重者可能有出血徵兆（腸胃道出血、子宮出血、血尿等）腹水、胸膜腔積水及休克。這一種登革熱自1953年起，在菲律賓、泰國、馬來西亞、新加坡、印尼、印度、斯里蘭卡、緬甸、越南等地爆發，主要的感染對象為3-10歲的兒童。其目標、症狀等均和一般登革熱有的差異，故被列為另一種新型的登革熱。



(取材自：世界衛生組織)
登革熱分佈圖—1998

乙、致病因子 (Infectious Agent)

由黃病毒科 (Flaviviridae) 裏黃病毒屬 (Flavivirus) 中的登革熱病毒亞屬所引起，在登革熱病毒亞屬裏共有四種登革熱病毒，它們依抗原性的不同，分別稱為第 1、2、3、4 型。

丙、發生情形 (Occurrence)

登革熱有兩種發生形態，即地方性 (endemic) 及流行性 (epidemic)。熱帶地區適合病媒蚊繁殖，最有可能成為病毒的溫床。大部分亞洲的熱帶國家，如斯里蘭卡、印度、孟加拉、緬甸、泰國、寮國、高棉、越南、馬來西亞、新加坡、印尼、新畿內亞、菲律賓等均屬於前者。玻里尼西亞、加勒比海群島以及某些中南美國家已經成為地方性登革熱的所在地。近年來密克羅尼西亞、大溪地和非洲西部也有轉為地方性的趨勢。

基本上登革熱的發生及流行均取決於病媒蚊。只要有一隻帶有登革熱病毒的病媒蚊，任何地方也有爆發及流行登革熱的可能。而登革熱的處女地更是首當其衝。1978、79年，廣東省3萬個病例，其中14人死亡。其後在海南島的流行亦帶來不少個案。

丁、傳染窩 (Reservoir)

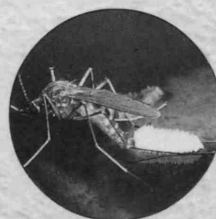
除了人與病媒蚊間的傳播循環外，在馬來西亞西部，有報告指出猴子與病媒蚊間的傳播環，亦即是森林傳播環 (forest transmission cycle) 的存在。近年亦有證據顯示登革熱病毒可經卵傳至下一代，在千里達、西非、緬甸的仰光發現埃及斑蚊有以上的情況，只是機會率較低。但是這種垂直傳播循環在登革熱病毒的自然生態循環上到底佔有多大份量則尚待評估。

戊、傳染方式 (Mode of transmission)

人被帶有登革病毒的病媒蚊叮吮而受到感染。台灣重要的病媒蚊為埃及斑蚊 (*Aedes aegypti*) 及白紋伊蚊 (又稱白線斑蚊 *Aedes albopictus*)，而香港最常見的病媒蚊則為白紋伊蚊。病媒蚊經叮咬病毒血症期 (viremia) 的病患 8 - 12 天後，則具有終生傳染病毒的能力，其時期可能長達幾個月。

己、潛伏期 (Incubation period)

約 3 - 14 天，通常約 7 - 10 天。



庚、可傳染期 (Period of communicability)

登革熱之傳播須經由具有感染力之病媒蚊叮咬，人不會直接傳染給人。病人在發病前一天及發病後約 5 天內，血液裏就會有病毒，此時期若蚊蟲吸取病人的血液，病毒會在蚊體內繁殖，經 8 - 12 日後蚊蟲才有感染力。此後其終生皆具傳染力。病媒蚊如在氣溫攝氏 18 度以下，吸取含有病毒之血液時，病毒並不會在蚊體內繁殖，故不具感染性。在高溫下已具有感染力之蚊蟲，如置於溫度攝氏 18 度以下，將會喪失感染性，但如再度置於高溫時會恢復傳染性。

辛、感染性及抵抗力 (Susceptibility and resistance)

年齡及性別在人對於典型登革熱的感受性並沒有很大的差異，不過研究顯示登革熱似乎比較針對成人。研究指老人及小孩的罹患率低於成人，小孩的症狀以及經過亦較成人輕微。相對地，出血性登革熱 (Dengue Haemorrhagic Fever) 或者登革休克徵候群 (Dengue Shock Syndrome) 以小孩的病狀

最為強烈，罹患率以未滿1歲（7—8個月）的嬰兒以及2—8歲的小孩最高。

典型登革熱症狀雖然劇烈，但其致命率極低；至於出血性登革熱或者登革熱休克徵候群則致命率高達40—50%。在適當的醫療照護下，致死率可減至低於5%。康復後對同一型之登革熱病毒終生免疫。但是對其他三型病毒，則免疫力有效期極短，通常約2—9個月之間。

貳、防疫措施：

甲、病例定義 (Case definition)

一、臨床特徵

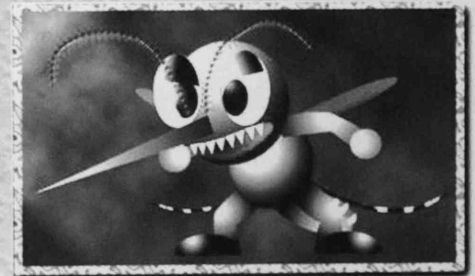
登革熱是一種由過濾性病毒引起的急性傳染病，病徵包括高熱、肌肉及關節痛、嘔吐及出疹等主要症狀，潛伏期約三至十四天。嚴重的病者更會惡化至出血性登革熱或登革熱休克症候群。

典型登革熱的症狀包括：

1. 持續高燒（ $\sim 39^{\circ}\text{C}$ 至 40°C ）
2. 四肢酸痛、關節痛
3. 發病後三至四天開始發疹，疹子由胸部、軀幹擴散至四肢及臉部，可引致全身發癢

出血性登革熱的症狀包括：

1. 發燒（ 38°C 以上）
2. 出血時間及凝血時間延長
3. 血小板減少（ $\leq 100,000 / \text{立方毫米}$ ）
4. 血液濃縮，血比容上升超過正常的20%，並出現血管通透性明顯增加的證據，如低蛋白血症（hypalbuminemia），胸膜或腹膜積水（pleural effusion or ascites）



登革熱休克症候群的症狀包括：

1. 有出血性登革熱的病徵
2. 低血壓
3. 脈搏微弱，脈搏壓 $\leq 20\text{mmHg}$

二、實驗室檢驗診斷：

1. 病毒分離

分離病毒的方法有數種，過去常用的方法是接種到初生老鼠的腦中，再觀察其發病。由於此法敏感度低，現多接種到蚊中，再剖蚊檢查有否病毒繁殖。除此之外，亦可採用細胞培養法，如蚊細胞培養，然後定期檢查有否病毒繁殖。但若能從患者檢體中分離到病毒，就可作更明確的診斷。可惜的是，分離病毒的成功率不高；在發病5天後採的血幾乎分離不出病毒，而在5天內採的血分離率也僅約一半，故檢體診斷不能單靠病毒分離法，而必須配合抗體檢查。

2. 抗體檢查

可用血球凝集抑制試驗 (Hemagglutination Inhibition test, HI test) 檢查，但須有兩次以上的血清檢體檢驗結果才能作判定；一次是急性期的血清，另一次是發病兩週以後的恢復期血清。此外，尚可用 MAC-ELISA (IgM-antibody captured-enzyme-link immunosorbent assay) 檢查 IgM 抗體。根據此檢查法，病人發病後三天即開始出現 IgM 抗體，至第七天時，血液內驗出的抗體更高達 90% 以上，故可用作早期診斷。

根據實驗室的標準，若從臨床檢體分離出登革熱病毒、所採血清的登革病毒 IgM 抗體呈陽性而日本腦炎病毒 IgM 抗體呈陰性、或於恢復期血清發現登革熱 HI 抗體效價比急性期有 4 倍或以上的上升，即代表其已患上登革熱。

乙、防治方法 (Methods of control)

一、預防措施

由於目前仍沒有有效的疫苗可以預防登革熱，故最佳的預防方法便是改善環境衛生、撲滅蚊蟲，避免給蚊子叮咬：

1. 於蚊子的滋生源施用殺蟲劑，以清除病媒，防止病毒傳播
2. 避免留下積水，以防止蚊蟲滋生：
 - i. 將所有盛水器皿加蓋，防止蚊子滋生
 - ii. 每星期最少更換花瓶內的水一次，及避免在花盆底盆留下積水
 - iii. 確保排水管沒有淤塞
3. 避免蚊子叮咬：
 - i. 於住所加裝紗窗、紗門
 - ii. 於外露的皮膚搽上驅蚊劑 (最好含有避蚊胺，即 DEET；但注意當給兒童使用時濃度不應高於百份之十)
 - iii. 出入高感染地區時宜穿著長袖衣服及長褲

二、對病人、接觸者及周圍環境的管制

1. 報告當地衛生機關
2. 病人需要被隔離，在退燒之前亦應避免被病媒蚊叮咬，以免將病毒再傳給別人
3. 病房應加裝紗窗、紗門，病人應睡在浸泡過殺蚊劑的蚊帳內
4. 調查患者發病前兩週的停留地點，調查是否還有其他疑似病例
5. 療法：
 - i. 觀察病人血壓，脈博及呼吸情況
 - ii. 症狀療法
 - iii. 避免使用阿斯匹靈來退燒止痛
 - iv. 若病人休克，必要時可送至醫院，以靜脈注射補充體液



登革熱大事回顧

2001年12月	本港外地傳入登革熱病例增至17宗。
2002年10月	本港出現首宗本地感染登革熱二型個案。 食環署增聘200人滅蚊。 台灣高雄市登革熱疫情嚴重。
2002年12月	本港登革熱2002年總個案數目為44宗，其中20宗為本地個案。 台灣官員表示登革熱成台灣風土病。
2003年5月	粵港澳三地計畫將通報機制擴至登革熱等傳染病。 新加坡登革熱病例激增。
2003年6月	食環署報告指柴灣西、黃大仙、粉嶺及羅湖成爆登革熱高危區。 越南衛生部公布，登革熱患病人數急劇增加，迄今已有9300人發病， 22人死亡，比去年同期增2.5倍和5.5倍。
2003年7月	本港登革熱個案增至23宗，是2002年同期的4倍。 大埔北、天水圍及黃大仙的白紋伊蚊滋生情況嚴重。 廣州登革熱病例達42宗。
2003年8月	本港再證實數宗外地傳入登革熱個案，使累積數目增至35宗。（截至8月27日） 高雄列登革熱高危區。
2003年10月7日	衛生署證實首宗本地感染登革熱個案。
2003年底至2004年	陸續有外地傳入登革熱個案。

附錄一

白紋伊蚊 (*Aedes albopictus*)

1. 卵的抗旱力很強。
2. 孑孓在所有類形的細小積水處（樹洞、竹洞、空罐、輪呔、地漕等）孳生。
3. 成蚊在胸背和腳都有白色間條。
4. 成蚊棲息在樹叢。
5. 成蚊雖喜在室外活動，但亦會飛進室內。
6. 雌蚊在日間吸食血（高峰期出現於日出後兩小時內及日落前兩小時內）。
7. 飛行能力不強（約100米）

資料來源：

國際衛生組織 (http://www.who.int/health_topics/dengue/en/)
 台灣衛生署 (<http://www.cdc.gov.tw/ch/>)
 香港衛生署 (<http://www.info.gov.hk/dh/diseases/dengue/dengue-c.htm>)
 香港食物環境衛生署 (http://www.fehd.gov.hk/safefood/dengue_fever/indexc.html)
 台灣榮總 (<http://www.vghtpe.gov.tw/pat/inf/inf0001.htm>)
 台灣行政院環保署環境督察總隊 (<http://www.twdep.gov.tw/index.htm>)
 台灣彰化縣溪州鄉衛生所 (<http://www.chsjsjso.gov.tw/>)
 明報
 東方日報

日本腦炎——另一種由蚊子傳染的疾病

2004年衛生署新聞剪報

『衛生署證實一名居住於葵涌九華徑新村的29歲女外籍傭工，患上日本腦炎的個案。該名女子於5月29日有神經系統出現毛病的徵狀，6月2日入住瑪嘉烈醫院，其後情況轉壞，於6月7日不治逝世。其血液樣本的血清測試對日本腦炎呈陽性反應。』

由1992至2003年，本港共發生6宗的零星個案，包括1996年發生的一宗本地個案，1997年一宗由外地傳入的個案，2001年一宗由外地傳入的個案，2002年兩宗由外地傳入的個案，及2003年的一宗本地個案。』

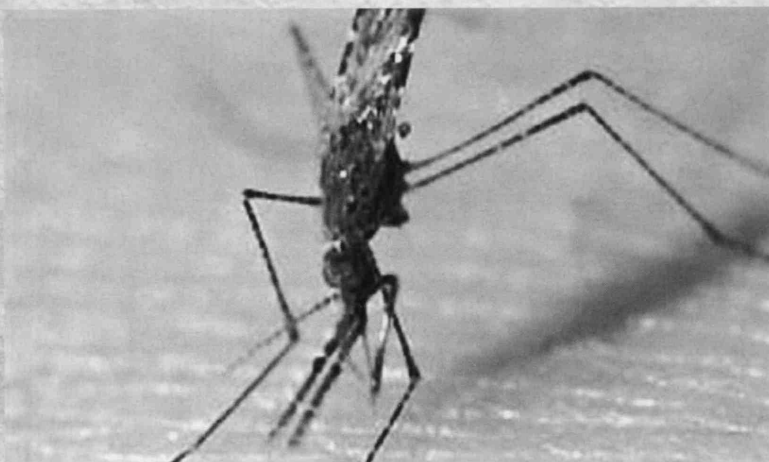
致病因子 (Infectious Agent)

此病由日本腦炎病毒 (Arbovirus) 引致。透過帶病毒的蚊子叮咬傳染。

病徵 (Symptoms)

病情輕微者：除發熱及頭痛外，一般不會有其他病徵。

病情嚴重者：潛伏期短，並且出現頭痛、發高熱、頸部僵硬、神智不清、昏迷、震顫、偶爾肌肉抽搐（尤其是幼童）及癱瘓等症狀。



傳播途徑 (Route of Infection)

日本腦炎的主要病媒蚊是三帶喙庫蚊 (Culex tritaeniorhynchus)。這種蚊活躍於稻田等大量積水的地方。經叮咬帶病毒的豬隻或野生雀鳥後，牠就會受感染。假若牠再叮咬人類或其他動物，便會將病毒傳播開去。

日本腦炎主要流行於亞洲及西太平洋地區的郊外及農村地區。此病在香港並不常見，每年不多於兩宗，而且不會直接由人傳人。

潛伏期 (Incubation Period)

潛伏期為四至十四天。

治理方法 (Treatment)

並無特定的治療方法。醫生一般對患者施以的支援性治療 (Supportive Treatment)。日本腦炎的死亡率為5%至35%，康復者可能有神經系統的后遺症。



預防方法 (Prevention)

日本腦炎曾肆虐於中國、韓國、日本、台灣及泰國等地方，幸好現時已有疫苗有效地控制疾病傳播。然而，在越南、柬埔寨、緬甸、印度、尼泊爾及馬來西亞等地，仍見此病的蹤跡。預防日本腦炎，應採取防蚊措施，避免給蚊子叮咬。準備前往日本腦炎流行地區的人，就更應加倍注意。黃昏至黎明時分為蚊子最活躍時期，這段時間應避免前往郊外。外出時應穿長袖衣服及長褲，並於外露的皮膚和衣服上塗上含避蚊胺 (DEET) 成分的有效蚊怕水或蚊怕膏。

香港有可預防日本腦炎的疫苗。接受注射的人士一般須接種兩次，每次相隔一至兩星期。旅遊人士如準備前往日本腦炎流行區 (尤其是郊區)，並逗留一個月以上，便應接受防疫注射。六十歲以上的人士於初次接種的一個月後，宜再接受一次注射。

資料來源：

香港衛生署網頁

Centers for Disease Control and Prevention





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中醫詞彙你要知

陟邪

中國醫學博大精深、源遠流長。它與我國文化互相滲透、結合，故不難發現中醫學有「天人合一」、「陰陽五行」等哲學思想。如欲窺探箇中的奧妙，恐怕要花一輩子的時間也未必能完全理解它。但相信讀者至少在日常生活中也聽說過「臟腑」、「推拿」等中醫名詞，不知你對這些詞語又有多少理解呢？

1. 臟腑 — 是人體內臟的統稱。包括五臟（心、肝、脾、肺、腎）、六腑（膽、胃、小腸、大腸、三焦、膀胱）、奇恆之腑（腦、髓、骨、脈、膽、女子胞）。
2. 三焦 — 是溝通各臟腑器官間的通道，屬六腑之一。包括上焦、中焦及下焦。
3. 女子胞 — 又稱「胞宮」。即現代所理解的「子宮」。
4. 形體 — 指皮、肉、筋、骨、脈五體。
5. 五官 — 指人體頭部有特定功能之器官。包括耳、目、口、鼻、咽喉。
6. 經絡 — 遍部全身，與臟腑器官、形體官竅等一切組織有所聯繫。包括經脈及絡脈。
7. 任督二脈 — 分為任脈和督脈，均屬奇經八脈之一。
8. 腠理 — 指肌肉間的縫隙與皮膚間的紋理。
9. 津液 — 是人體一切正常水液的總稱。包括胃液、鼻涕、眼淚等。
10. 邪氣 — 引起疾病的因素及病理的損傷。包括六淫、七情、癘氣等。
11. 六淫 — 指風、寒、暑、濕、燥、火六種自肌表或口鼻而入之外感病邪。
12. 七情 — 指喜、怒、憂、思、悲、恐、驚七種內生之情志變化。
13. 癘氣 — 泛指具有強烈傳染性的外邪，如 SARS。
14. 水濕痰飲 — 泛指津液在人體運輸的過程中發生障礙，而停滯於人體的病理事物。
15. 瘀血 — 又稱「蓄血」。指人體內血液不能正常運行或停滯的病理事物。
16. 推拿 — 古稱「按蹻」、「蹻摩」。是通過各種手法作用於人體表面的特定部位，達到治療和保健強身的效果。
17. 針灸 — 分針法和灸法，均是人體養生的方法之一。針法是以針刺激發穴位的手法；灸法是利用灸火刺激俞穴，以促進氣血之運行。
18. 房事 — 指性生活。

以上只不過是些簡單的中醫基礎知識，望能勾起讀者對中醫學的興趣。其實，讀者不妨到余振強醫學圖書館走一趟，那裏藏有大量的中醫學書籍，總有一本適合你啊！

沙宣道10號

子包

沙宣道上有人問我：「請問沙宣道10號在哪兒？」
我說：「不知道。」

沙宣道10號

這裡沒有烏雨花香，但有壯麗的東博寮海峽和美得銘心的落日
我們都坐綠色、紅色、黃色、橙色的東東到來，但門前不時泊著名貴房車
然而，要到我們的天地就得走過六扇門

打開第一扇門後，陣陣的藥味隨即把你籠罩，使你明白這是甚麼地方
灰色的絨沙發，坐上可舒適吧？可惜它常常空虛

把前面的門拉開……再拉開，那是往上、往下的階梯

不要貪戀高處，那可不是我們的地方，請往下走

迎賓的地毯並非艷紅，而是平淡不再的色調

地毯鋪到階梯的中段便停止，一切頓顯得陳舊

褐色的地板、綠色的扶手

想像身處林蔭吧

走過兩層，又多兩扇門

拉開，愈來愈近了

這裡有藍色的地毯，白色的牆，柔和很多

餘下一扇門，203，徐徐地推開

門外像天空的顏色在門內延續，還有更多的藍

二十九人令這天地活了

自信如潮的

運動型的

會音樂的

愛繪畫的

熱血的

冰冷的

傻氣的

還有

政客

槍手

IT人……

不可能再少一個

這裡有二十九個重要

離開後，記憶或許凋零

但……

這景色當會使遺落的得以重拾！



(一)

天使將膝蓋抱入胸懷
心上一片困臆舒展不了
望著放在地上的一雙白羽翅膀
這裡的事
彷彿與自己再無瓜葛

電話鈴聲響起
一遍又一遍
按捺不住接聽了，之後
連翅膀也不帶便往街外飛走了

(二)

趕忙把鯉魚套入信封
說聲「哦」就往郵局奔去
生怕誤了日期
未能在等待的美麗消散前交在友人手上
他的生日，又一年了

(三)

那坐在公園長椅上
從來都在看逾期新聞紙
身穿唐裝面呆眼凝的
我一向都認為他不是天使就是幽靈
然而，只有我察覺他的存在
莫非他只存活我的思海裡
彷彿相識日久，卻無法擺脫陌生的感覺
他依舊呆在原地，等待我的問候
就如圖書館的珍藏
為等待知音抹去塵封的一剎
安份守在擠迫的籠牢二十一年

(四)

你自美國回到我們的球場
乳膠地墊上我們的足印互相重疊，依然
滿了烈日下一同流過的汗
沒有相約
拿著籃球到這裡就遇見昔日的對方

(五)

從不會訴說愛的模樣
那可會是天使翅膀不滅的光亮
可會是時地人事莫名的契合
會是迅間併發的火花
是一顆種子
長埋地下，適當的時候發芽開花
可能要日光的暖和汗水的澆灌
年月的長成和千百萬樣養分的總和
然而結果前誰也不能預知它如何甘甜
就如天上一朵朵白雲終會聚合
下雨抑或和平散開，誰也不知道

(六)

你沒有讀過辛波思卡
但今天一齣賣座電影令這地的人都知道她的詩
誰都一生在等一個時刻
我們卻陶醉在一同攀上長斜坡的氣喘聲
剪不斷的對話
觀看醉藍的雲彩，樹影的兩邊搖

今天，雲朵如花滲出陽光
像一萬頭小綿羊一同為
重遇散失多年的牧人而雀躍

NIMC TOUR



YU CHUN KEUNG MEDICAL LIBRARY

余振堂圖書館

THE UNIVERSITY OF HONG KONG FACULTY OF MEDICINE
The Hong Kong Jockey Club Clinical Research Centre

New Medical Complex

Here and there

Where we have

our PBLs!

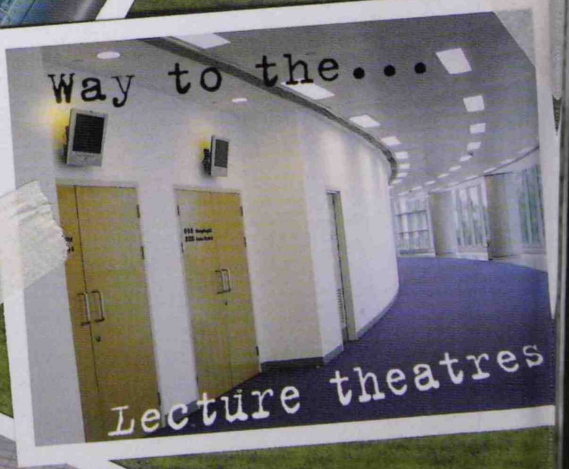
Tutorial Room 16



full of surprises!



Way to the...



Lecture theatres



...where

people learn

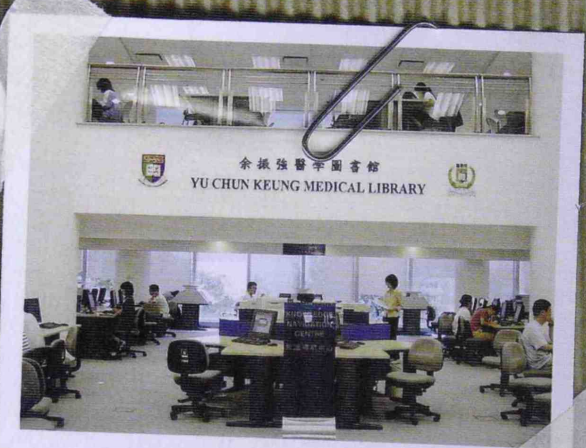
and share...

In and around...

Medical
Library



...to a new dimension

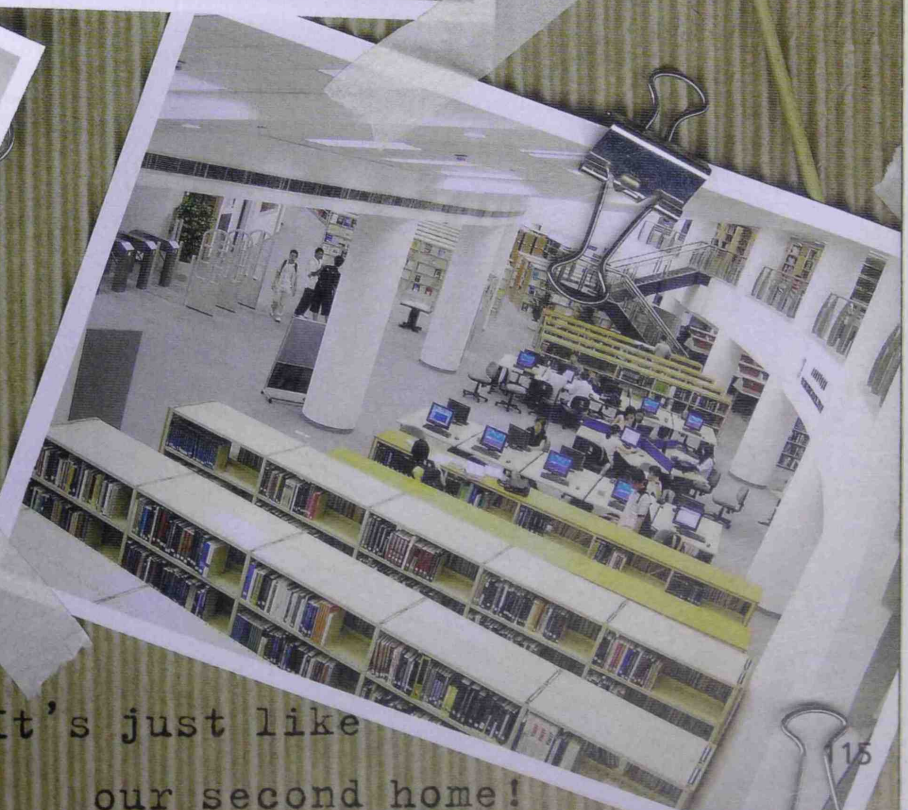


Many new ideas
are created
and solved

students meet



students learn



It's just like
our second home!



The best place to sit...



FUN FUN GARDEN.

...and relax...

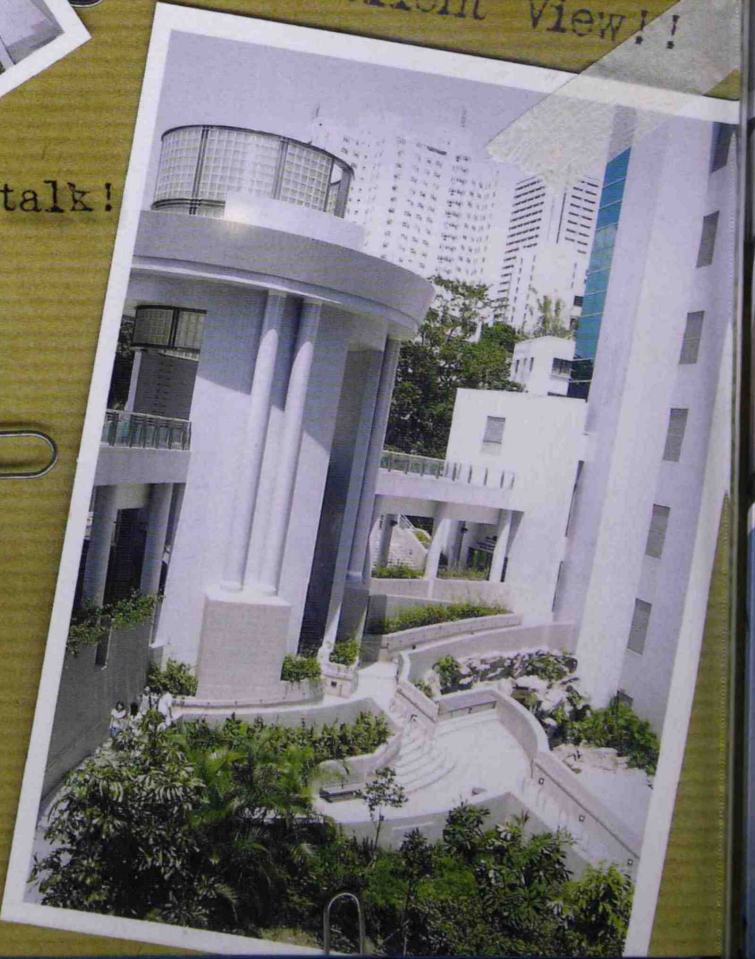


Clinical Research Centre

Excellent View!!



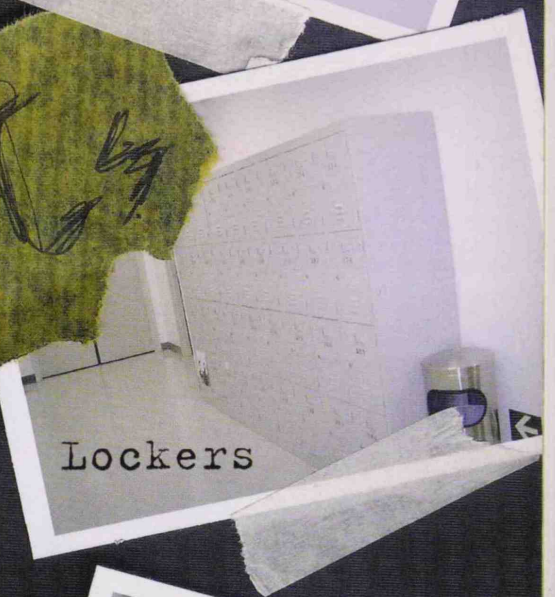
...and talk!



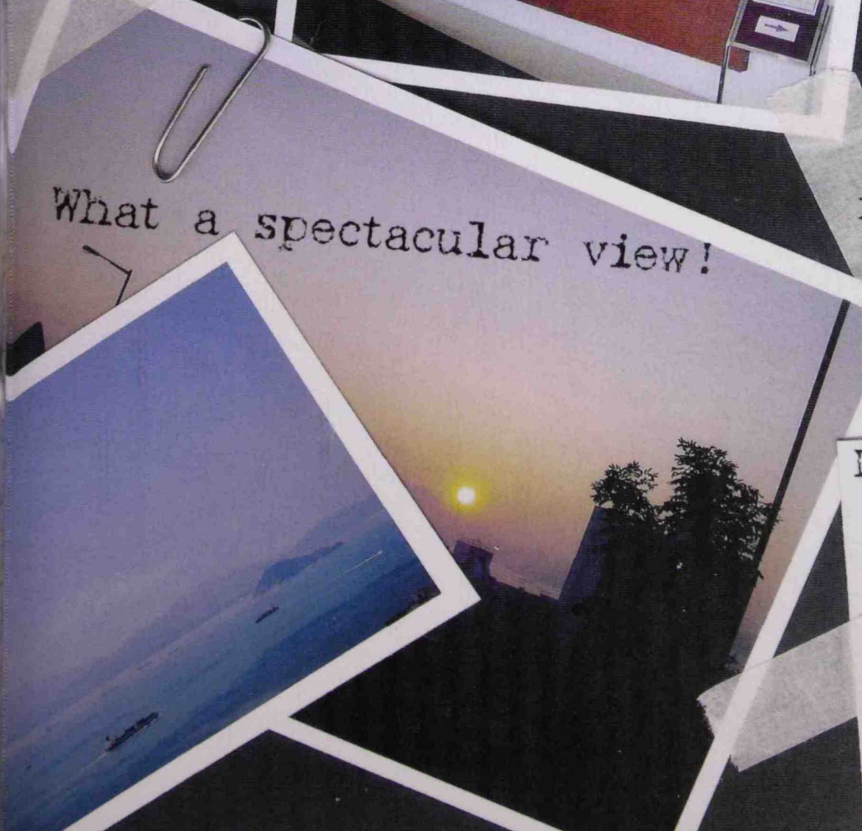
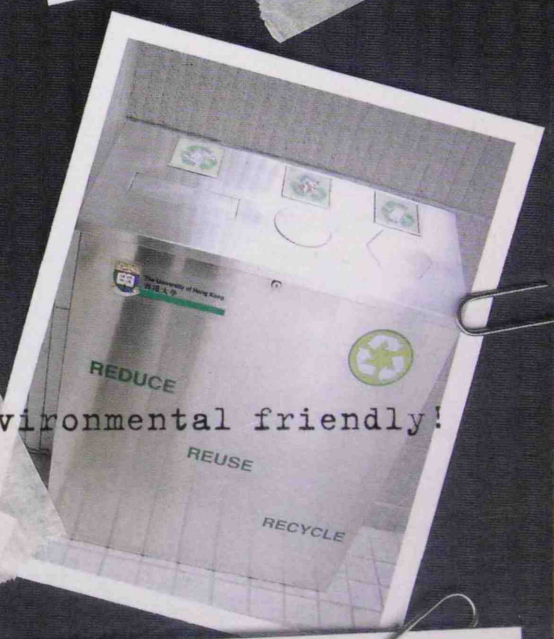
reach far up to the sky



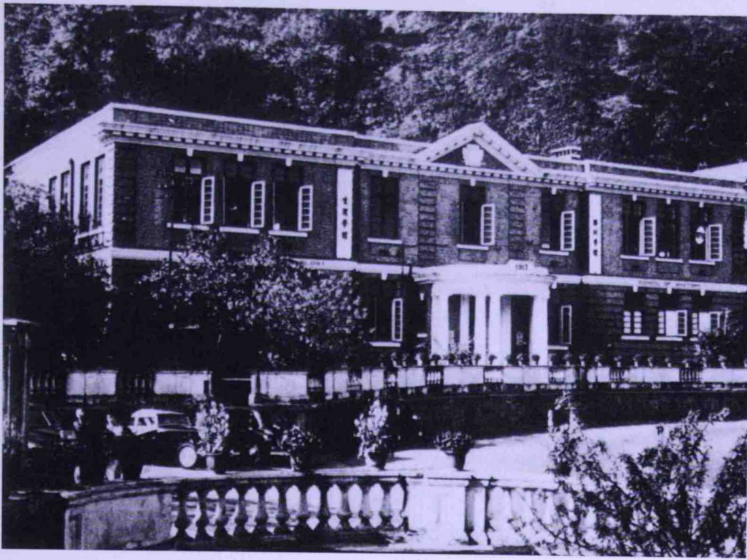
HOT SPOT



Wash your hands...
CLEAN!!!



... a glimpse of the past



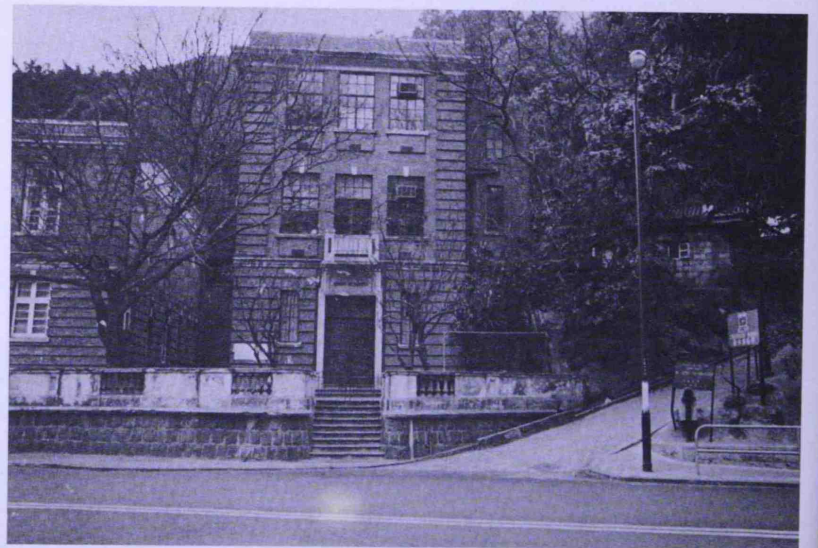
Schools of Anatomy and Physiology

The building was demolished in 1977 and later the place was used for the establishment of Haking Wong Building.

Digby Building

Opened in 1935 where the Digby School of Surgery, later Department of Orthopaedics & Preventive and Social Medicine resided.

Demolished in 1977.



Queen Mary Hospital 1937



Li Shu Fan Building

(1965 - 2002)

Has 3 lecture theatres, offices of pre-clinical departments and laboratories.

Lee Hysan Medical Library

(1965 - 2002)

The books and materials were transferred to the new Yu Chun Keung Medical Library with help from staff and students.



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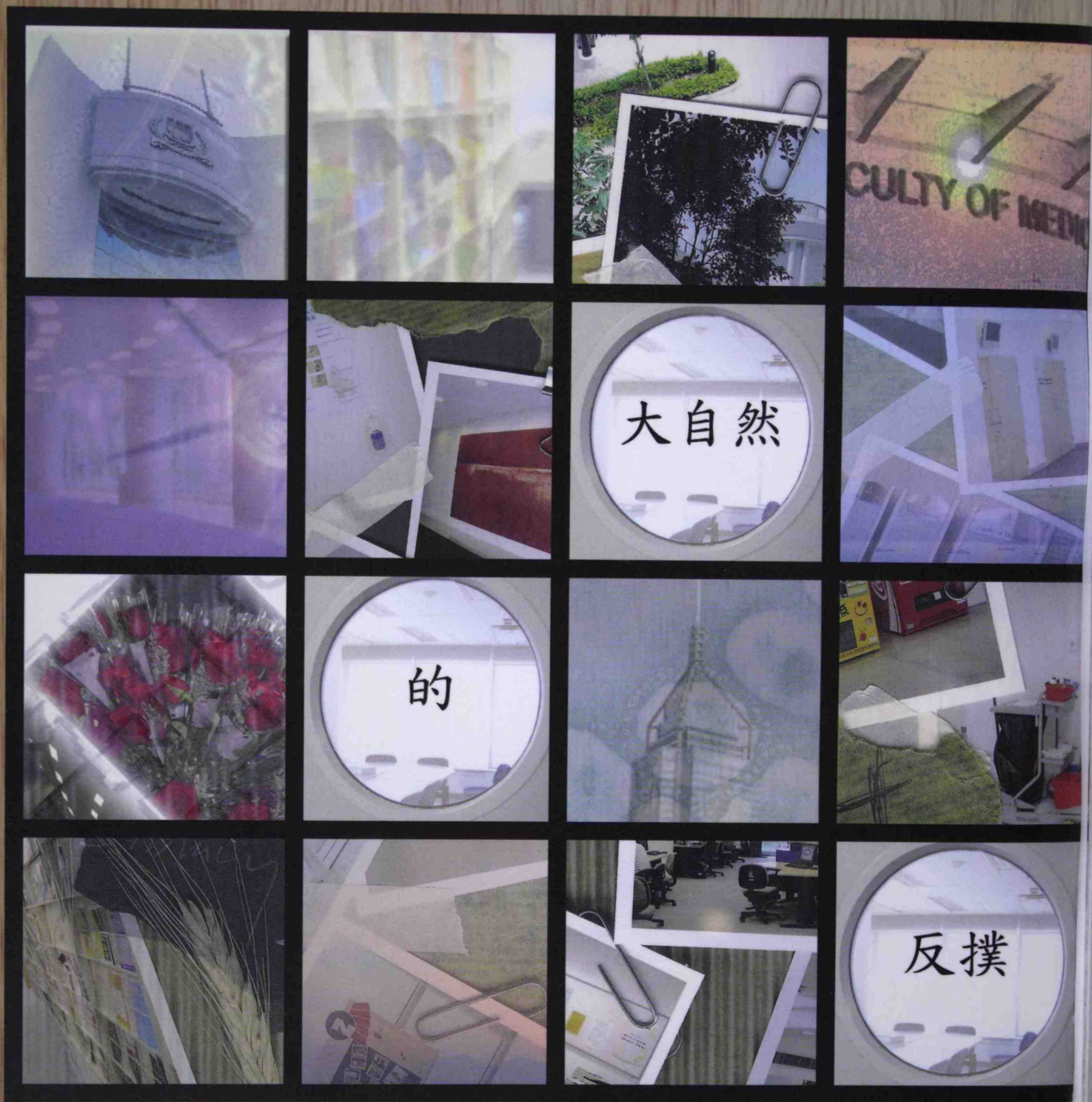
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曹克儉助理教授

Medic Class 1997

We would like to apologize for the delay in publishing Elixir 2003. The Editorial Board has experienced great difficulty in preparing and publishing this journal. However, we believe that it is our mission to continue the long tradition of Elixir despite difficulties ahead. We sincerely hope that you could support us by sending us comments and suggestions on Elixir 2003 to Medical Society, HKUSU.



二零 杏雨 零三