REVIEW ON PRECLINICAL CURRICULUM

A Summary of Opinion Collected from Questionnaire

Introduction

With the help of a group of enthusiastic 2nd year students, the Commission on Review of Medical Curriculum conducted a questionnaire on preclinical course in the beginning of June. Although the questionnaire was originally intended to be some sort of feed back to our preclinical departments, the Commission took the chance to gather some students' opinion on our preclinical curriculum. Two hundred and fifty copies of questionaire were distributed to both first and second year students. Ninty-five copise were returned. The return rate is quite disappointing. We must apology for insufficient publicity and perhaps inadequate explanation of the nature and importance of the questionnaire. Yet we do hope that we can get more co-operation in the near future.

Shum Wai Pong

PHYSIOLOGY

Open book tests as a means to make students study may be slightly less effective than other forms of test since over half of the students feel less incentive to study. Some find that they understand more from studying for an open book test, but the majority (70%) do not, though it is not known whether they understand less or just as much.

Over half of the students want the lectures to serve as a guideline only. Some suggest that only the more difficult or important parts need be taught. Clinical facts would be welcome. Most students are satisfied with the sequence in which topics were presented. It is brought forward by some students that preclinical physiology should be directed to an understanding of how the body works as a whole, and also physiological function of the body in relation to anatomy and biochemistry.

66% of the students feel that the aim of practical classes is to help in understanding lecture material, though quite a few of them think that the aim has not been achieved. Others feel that practicals should also provide knowledge not taught in lectures. Quite some students prefer more demonstrations or doing some experiments individually. The majority do not favour writing reports.

About half of the students feel that the film shows are out-of-date, though some (about 20%) find them helpful in widening their scope of knowledge.

BIOCHEMISTRY

The function of practical class is regarded by most students as to introduce techniques and to promote their ability in observation. However, 78% of the returned questionnaires express dissatisfaction, mostly because the experiments are too stereotyped. The fact that the experiments are not conformed to modern practice in clinical lab. and do not contribute much to the understanding of lecture material also account for the students' grievances. Students appear to prefer simplified biochemical tests related to clinical practice, experiments illustrating basic principles and small projects done in groups. Most students think that the demonstrators are helpful in solving technical problems, but a significant number of them consider the demonstrators a psychological burden. Many feel that practicals should not be assessed.

Over half of the students want only an outline of topics during lectures. The present lecture material is a little too much according to 37% of the students. On the whole, the course in biochemistry is quite well-balanced, except immunology, endocrinology and tissue biochemistry, which are thought to be neglected.

If possible, the department should consider distributing lecture outlines and notes, as over 60% of the students find these material necessary. This is not meant to be spoon-feeding, but rather as a guide to their comprehension.

66% of the students prefer to have 4 lectures per week. In this way, the material taught in each lecture can be less compact and more comprehensible.

ANATOMY

Gross Anatomy:

Most students feel that the present course on dissection is not too detailed as laid down by Zuckermann text. They feel that "Head & Neck" is the most difficult part as the structures are too delicate and small. "Perineum & Pelvis" also presents difficulties. However, students do not favour the idea of putting less emphasis on the limbs and more on the trunk. 74% of the students feel that printed sketch diagrams, like those made by Professor, would be useful as these sketches provide a very comprehensive picture of the human body.

Some students would like to see more demonstrations and films, esp. in 1st term when they are not well-acquainted with dissection techniques.

Besides, lectures on difficult topics, eg. perineum; the use of models; labelling of skeletons; review lecture after each test are welcome by students.

Microanatomy:

On the whole, students find it more difficult to identify E.M. because displaying time is too brief and the demonstration table is too congested. They would like more emphasis on the E.M. during the lecture so as to prepare them for the practical session. The importance of the relationship between structure and function is often neglected. Most students do not favour the idea of having tutorials in Microanatomy.

Embryology:

The present schedule is alright, but models should be used during lectures to facilitate understanding.

Radiology:

The afternoon schedule is rather unsatisfactory as most students are sleepy. It is hoped that demonstration time of the X-rays would be prolonged and the radiographs made more readily available for revision at other times.

Miscellaneous:

79% of the students would like to have a syllabus for the Anatomy course as a guideline for revision during the summer vacation and preparation for examination. It would be even more helpful if this syllabus is supplemented by a set of review questions on each topic, like that of the Neurobiology course.

38% of the students would like their essays to be corrected by the tutors if the tutors can afford the time; but only slightly fewer students are against this idea.

TUTORIALS

Discussion among students led by tutors or further elaboration of chosen topics by tutors are the two forms of tutorials most welcome. A schedule of one tutorial every fortnight is preferred by 46% of the students. Over half of the students think that tutorials should be compulsory but not assessed.

Those who find the present system helpful think that tutorials could ensure that students would study. On the other hand, almost as many students find that the time spent is not worth the benefit derived. Students find writing essays too time consuming and there may be indiscriminate copying from books, but it may help one to practise expressing one's idea in writing.

ASSESSMENT

70% of the questionnaires returned favour continuous assessment in addition to the 1st M.B. About half of these students think that both term test and comprehensive test should be counted. Some suggest that even tutorials and practicals should be counted, but this appears contrary to the general opinion as seen in questions relating to assessment of tutorials and practicals. The percentage of marks counted by continuous assessment should not exceed 40%. Many feel that 20%-30% is an ideal proportion.

MCQ and short questions are favoured for term tests while both MCQ and essay questions are preferred for comprehensive tests.

PSYCHOLOGY

Most of them prefer to have films and visits arranged as a part of the course to help them to understand psychology, and hopefully, to apply their knowledge when dealing with patients. Half of them feel that the curriculum does not fulfill their expectations in this respect, and an integrated course with psychiatry is therefore favoured. Few students are interested in the present course.

Students think that the examination should be a way to access their understanding of psychology, but unfortunately, they feel that the results of the exam. is not indicative of their knowledge.

The present schedule of a 2-term course is considered alright, but there is considerable overlapping between preclinical and paraclinical curriculum.

(To be continued on page 6)

Review on Medical Curriculum

Origin

In October this year, two advisors — Professor L.G. Whitby and Dr. J.M. Holt, will visit our faculty to look into our curriculum. They are going to stay here for seventeen days, visiting all departments, and meeting staff and students. Their scope of work will include:

1. To review the operation of the present curriculum for the degree of M.B., B.S.
2. To recommend changes which may be desirable in the curriculum so as to maintain the standards of the degree under present and foreseeable conditions.
3. To recommend methods of implementing these changes.

Each department is going to submit a report reviewing its existing curriculum and suggestions for further improvement. The Medical Society has also been invited to take part in the review. In view of this, a commission has been set up to deal with the matter.

The members of the commission are:

Chairman:	
Mr. Shum Wai Pong	3rd year
Vice-chairman:	
Mr. Chan Kwok Tat	3rd year
Secretary:	
Mr. Henry Pan	1st year
Members:	
Mr. Tse Wai Chun	3rd year
Mr. Chan Tat	4th year
Miss Lilian T. Pusavat	2nd year
Mr. Yeung Yiu Ming	3rd year

The aim of this commission is to prepare a report reflecting the students' comment on present and expectance on future curriculum. We have been trying hard to make our suggestions practicable yet we have to acknowledge that all decisions are lied on university authority. However, we must say that it is time for the students to voice their appreciation, complaint, and anything that is of utmost concern.

Our working plan

To discuss abruptly without anything concrete in mind on such a broad subject is not an easy job at all. Students may have bits of ideas that are of special interest to them. In order to ultilise these piece-meal ideas we divide our plan into three parts:

1. Collection of information,
2. presentation of the information to the students and convey discussion, forum and perhaps questionnaire,
3. and formulation of the report.

In the first part of our plan, information will be collected in the form of study groups along the following lines:

1. aim of medical curriculum
2. development of medical curriculum
3. present situation of our curriculum
4. trend of medical curriculum in Britain and Commonwealth
5. future development of medical curriculum

All students are sincerely invited to join our study groups. We must emphasize that the success of the whole matter depends on your support and your participation. You may just put down your name on a piece of paper and throw it into the Medical Society letter box or contact any one of the commission members. To repeat, it is not a seven-men's job, so don't hesitate to help.

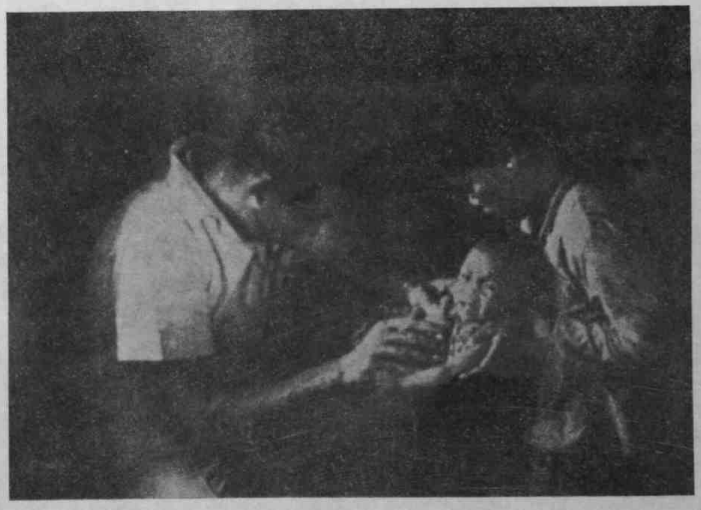
STOP, AND LOOK BACK!

Having gone through one and a half years of preclinical course, the grand finale being the 1st M.B. examination, each of us has more or less some opinion on this part of the entire medical curriculum which lays the foundation for the making of a doctor. Few, if any, would claim that he/she is completely satisfied with the course — perhaps dissatisfaction at the present situation being part of human nature, and luckily so, for when properly channelled, it provides the motivation that is so essential for any improvement. It was with this 'discontented spirit' that we joined the committee to review the pre-clinical curriculum. We did not cherish high hopes that the Departments would reform completely overnight. We only wanted to let the authorities know of the students' point of view, and that some of these opinions would, hopefully, find their way to the appropriate receptor sites.

One of the first things we had to decide was the scope and emphasis of the review. Some of us felt that major emphasis should be placed on the aspect of the system of medical education, the aim being arousal of students' awareness to the gross inadequacies and limitations of the education we are receiving. Others felt this a too vague approach, and that we should concentrate more on trying to improve the curriculum. After much discussion, we decided to stress more on teaching methods and curriculum, with minor emphasis on the aspect of medical education system. Since it was difficult to set questionnaire on the topic of medical education, we hoped that this aspect could be covered via forums or discussions. However, as work progressed, somewhere, somehow, we lost track of this initial plan. As a result, the review failed to cover this aspect. Moreover, the questionnaire is by no means complete. We do hope that the Commission will make up for our inadequacies.

Copies of the questionnaire were distributed to 1st and 2nd year students only, as we felt that more senior students might have forgotten the details of their preclinical course. Moreover, there has been certain changes in the curriculum over the years, and so their views may not be applicable to the existing situation. The questionnaire being distributed at the end of the term of 1st year students, the copies returned were few. On the whole, response from 2nd year was much better. So, a big 'Thank you' to all those who have given their opinions.

Moreover, we were quite hindered by the great fluctuation in working staff. Most of us had a few extracurricular posts in hand, and it was not easy to keep track of everything at the same time. A few dropped out of the project, probably due to working pressure from other committments. Fortunately, some joined mid-way to replenish manpower. Those of us who 'got stuck' may not have found a pot of gold at the end of the project, but we certainly found a meaningful and worthwhile experience.



厠所渠道的檢查，食品檢驗等等。他特別强調汚水、垃圾和糞便的處理問題。

污水的處理很簡單——讓它流入海。流向海島的那邊呢？當然是漁船集中的長洲灣，而不是海浴場所東灣；加上島中央自東微斜向西的地勢，所以差不多所有汚水都經渠道流向設於西海旁的十多個渠口。當初便沒有城市建設計劃、舊式屋宇林立的長洲，自然缺乏有系統的排水渠道，而且主要的都是路邊地面上的渠道（Surface draining channels），只有市中心有幾條街設有地下渠。後來我們在街上見到不少這樣的地面渠道，汚水自新屋的鐵管或直接自舊屋的廚房流出來。除了不雅觀外，是否有碍居住衞生呢？我想不出。當然，居民們都習以爲常了。

糞便處理的問題比較複雜，同學們也有較多的問題。直通出海的地下糞便渠，沿途須密封，以免氣味外溢，故需較高的做價，所以整個離島只有極少這種市區內通用的地下渠。現在的情形是：新屋規定須建厠所及化糞池；舊屋內沒有厠所設備，故在市區建了幾間公厠，居民亦可僱人收集糞便，送往公厠傾倒，一些近海的居民亦會直接將糞便倒入長洲灣中。公厠自然設有化糞池。原理是將糞便貯藏一段時期，讓一種不吸氧氣的細菌化成液體，然後流入一個沙池，慢慢滲入泥土中。這樣免除了興建密封渠道的麻煩，但缺點是每六個月至一年須清理一次。

三萬多人每日製造的垃圾不算少，處理是一個頭痛的問題。在長洲主要的辦法是焚化，小部分不能焚化的則由船運出海傾倒。島上有幾個小型焚化爐，用少許火水作燃料，處理市區內的垃圾。梁先生說南區的焚化爐已不敷應用，增建與否要看政府撥給的經費。他帶我們參觀了最大的公厠後，便往北區的焚化塲，遠看只見兩梟白煙在一籮籮的垃圾陣中昇起，一邊是海灘，一邊是有數間民居的小山頭。行近一看，可見兩個小型焚化爐，結構極簡單，一個有煙卣，造價較昂，但雨天亦可工作。另一個露天式的，可燃較大的物件。燃燒的過程看來十分緩慢，我還疑何時可以清理那四周的垃圾。還有那些揀起的玻璃瓶、

院之一——由本地居民自辦的方便醫院。那是一所簡單的平房。裏面的設備亦十分簡單。醫院的歷史達六十多年，初時叫「方便所」，用來收殮在颶風中遇難漁民的屍體。日治後改名爲醫院。它和普通的醫院極不相同。首先它是一所完全免費的醫院，直至現在仍然是由街坊捐助維持，院長亦是由居民協會中選出的，現任的是一位商人。醫院從沒有向政府申請津貼，就是近年來經費入不敷支時亦如是。有同學問爲何不向政府求助，負責人回答因爲保守的街坊們不希望他們這所多年經營的醫院爲政府所控制，而不再是「他們的」醫院。談及醫療方面，這是一間中醫醫院，由島上的幾位中醫義務主診。每天早上若有病人看病，醫院便派人請醫師來，醫院人員帮助病人執藥和煲藥，嚴重的可以留醫，通常來醫院看病和留醫的都是無依的貧弱老人，有的更視之爲家，長期居於院內，所以留醫的全都是老人，大都不需要特別的醫療照顧。醫院的性質倒更像一間慈善安老院。醫院負責食宿，但沒有護士或工人特別照顧病人。

跟著他帶我們看看病房只有十間左右，都是雙人的，設備十分簡單，主要是兩張牀，見到老人和老婦們坐著或躺著，在早上的蟬鳴聲中，望著我們這些魚貫而過的學生。「有些九十多

該院是一座新的建建築物，地下是藥房及配藥處，二樓是街症處和專科，三樓是牙科診所及X光檢驗處。整座建築物很整潔，設備亦新。但醫生說牙科是在指定日期內，由政府的牙科人員乘船來看症的，X光技術人員則每星期來二次（星期二及五），故時要等候，較嚴重的病人則要前往瑪麗醫院檢驗，所以作用不十分大。專科則由於現行政策是將較困難的病人都送往香港，所以不需要再前來。由於整間醫院只有三位醫生，而他們更兼負責坪洲的政府診所，加上其中一位是院長要兼負行政工作，三位醫生又都住在香港，所以通常只有一位醫生在當值，有時早上既要巡房，又要看街症，下班的醫生便須要帮忙一個上午才回香港。街症每天上下午通常共有一百五十人以上來看病，所以醫生說他們是要診斷得十分快的，有時更要拋下病人，回病房看有變化的病人。聽他這樣說，增加的這座新建築物似乎對醫療服務沒有多大改善。

跟著參觀病房大樓，面對東灣，共有八十三張病床。地下是護士和工人宿舍；二樓是產房和女病房。醫生說這產房是全島唯一的，有二張病床，可作較輕微的手術，較複雜的情形都送往瑪麗醫院。我們參觀的時候，產房是空的，而產後休養的病房亦只有二、三個產後的婦人

有些小組自動加添了訪問其他的家庭。雖然各組都有所不同，但居民對醫療服務的看法却是大同小異，所以可以綜合來說。

首先他們對環境衞生似乎沒有多大的批評，當然，我們沒有訪問人口頗衆的漁民，不知道他們的意見。

談到醫療服務時，意見就可多見了。居民患病時不外是：自服成藥、中醫師、「世醫」、長洲醫院，出市區找私家醫生。據居民們說，漁民們多往「西醫」的診所求診，雖然費用高些，但會有較好的待遇；長洲醫院的護理人員、，據幾位居民說，對病人們都十分沒禮貌，尤以漁民爲然，時被他們喝罵，所以不少漁民不願在那裏看街症，更不願留醫。中醫又如何？一位被訪的中醫說病人多是先看西醫，沒有進展時才看中醫的。看來這些非法的「診所」沒有受當局干涉，又有一定的病人，亦反映出政府醫療服務的不足。

一位教員的太太說她的孩子們有小病的時候她會帶他們往長洲醫院去，她熟識院內的護士，她亦不信任街症的醫生，如沒進展她便帶孩子出香港看私家醫生，因爲她更不信任中醫和「世醫」。幾位居民都說長洲醫院有一項不成文的規定：一些須人照料的人要有家人或僱人照料方能入

al years，真正踏進醫院，接觸[illegible]地開始Clinical的課程。第一科便是Professor Todd的「醫生與病人的關係」，很記得他說：「Treat the patient as a patient, not as a case」，就這樣抱着接觸勞苦大衆，爲他們服務的心情，我們便進入病房實習。

然而每天穿插於病人之間，腦袋裏却是想着要懂這種病症的特點，那種病症的不同，有典型的病例時，都爭相前往檢驗查看，完全忘却了病人的心情。我們學習的情緒這般熱烈，都是爲了充實自己的學識，將來做一個醫術精良的醫生，爲勞苦大衆服務，可是在學習的過程中，却少從關心他們的健康，了解他們的疾苦出發，病人在我們手中，就只是病例而已，對病人毫無人類互相關懷的感情，對他們疾苦的根源，更全不了解。

記得臨床實習時，遇過一個病人，因患小腸氣引至精囊發大，足有八寸長，如小欖球般，行動也受阻，但仍未割除，究竟什麼阻延他們及早診治呢？也曾聽過一個五金廠工人，患上鼻咽癌，但因生活奔波，不能長期接受治療，以至病情日益嚴重，最後貧病交迫而吊頸自盡。不少窮苦人家因爲要維持生計，捱至病倒，甚至死亡，有人生活解決不來弄至發神經，有人患病，癒後又復發多次。生活折磨着勞苦大衆，損害他們身心的健康，種種的社會問題，勞苦大衆的生活環境，我們到底又了解多少呢？

生活在象牙塔中的象牙塔，我們對社會上種種不平等的現象，只有在報章上看過，實際上體驗却少之又少，對勞苦大衆的感情又從何而來呢？社會苦難的根源，更加無從理解，那我們又怎樣談得上「作好準備」，畢業後爲勞苦大衆服務呢？

聞說一些宿舍和屬會將在八月初發動大規模的社會探訪。這個「探貧問苦」的活動，正好讓我們深入接觸勞苦大衆，了解他們的生活，關心他們的疾苦，加深認識社會的本質，使我們「這個爲勞苦大衆服務」的志願，更加有血有肉，不再是空話了。同學們，不要再遲疑了，來加入我們的行列吧！

訪長洲

珏

長洲這個小島，相信我們都不會感到陌生，去年不少一年級同學就曾進入它的明愛渡假營。但這次訪問的目的却是針對一個我們很少想及的問題——這個面積細小而容納著三萬多人口的小島的「環境衛生」與「醫療服務」實況。

健康委員會安排這個訪問，準備工作做得很充足。六月二十一日上午，二十多位同學在長洲的小輪上，分成小組討論這次行程。首先談談「動機」——爲何我們會參加呢？我那組的答案大約都是：「好奇」、「想了解」、「比較一下離島和市區」，所以要「實地」看，大家看來都有興趣於實地觀察。當然我們先要清楚此行的目的，「訪問綱要」上寫的是「試圖明瞭當地居民對醫療服務的看法」。

未至十時我們已登岸。炎日高懸，狹窄的街道上擠滿了販檔和行人——長洲並不只是一個偏僻的離島，外表上它就像一個較爲落後的小鎮。步行五分鐘便到達第一站——長洲市政事務署，那是一幢兩層高的小屋，負責人梁先生很熱心的接待我們。他笑著告訴我們他是那裏唯一最高級的人員——以前是二位的，現在削去了一位——雖然市政署的工作增加了。後來從他的談話中，時常聽到政府削減經費對市政署工作的影響，包括環境衛生的工作，形成發展上的障碍。

新市政事務署—環境衛生

市政署的工作又如何呢？梁先生說它的十多罐頭等的處理，亦是一個問題。

當然以上的只是指市區——即這啞鈴形島中央人口集中部分而言。至於鄉村地區則有簡單的公廁，而垃圾是集中於一處露天燒。

食水方面，因近梅窩，可以直接自梅窩濾水廠經喉管輸送至島上，故大部分居民均有食水供應，很多井亦已廢用。

市政署亦有滅蚊、滅鼠的小組，但梁先生說現在只是「雛形」，只有幾位工作人員，將來可能會擴充。

沐浴方面，少數公厠兼設有沐浴的設備，供舊樓宇沒有浴室，而又不想在家沐浴的人使用。

訪方便醫院

從市政署出來後，首先前往參觀長洲兩所醫院。

訪長洲醫院（聖約翰醫院）—醫生的話

一行人在東灣店吃飯後，二時左右前往長洲醫院參觀。適時駐院的唯一醫生出外購物未返，故須等一會。不久醫生回來，帶領我們參觀這所離島中最大的醫院，島上唯一的政府醫療服務機關。

訪問的民居是梁先生替我們早安排了的，但歲了，移動亦覺困難」負責人說，跟著指著這邊那邊，「這個八十多歲的照顧這個九十多歲的，每天收五元。」，見到躺著不動的老人們，心中不禁一陣難過，但這醫院不是給予他們一個安老之所嗎？街坊的熱誠助了這些無靠的人，希望這醫院能維持下去。

訪長洲醫院（聖約翰醫院）—醫生的話

一行人在東灣店吃飯後，二時左右前往長洲醫院參觀。適時駐院的唯一醫生出外購物未返，故須等一會。不久醫生回來，帶領我們參觀這所離島中最大的醫院，島上唯一的政府醫療服務機關。

訪問的民居是梁先生替我們早安排了的，但生說很多是較慢性的，從市區調來這裏，因爲這裏有頗多空床。急症室設在二樓，當值醫生要二十四小時服務，因爲全島只有他一位政府醫生。三樓是男病房及兒童病房，兩間都頗空，尤以小兒病房爲然。參觀完畢，在走廊上和醫生談了一會。醫生說，這裏設備不足，沒有實驗室和長駐的X光技師，所以診症較困難，很多要留醫的病人都送到市區的醫院，所以空床頗多。他認爲政府若增添醫生的人數，會減輕現在三位醫生的分身不暇情況。我們問他對於長洲十分普遍的「診所」的意見，（這些診所差不多全由非政府註冊醫生或針灸開辦，有些被稱作「世醫」）醫生說他不十分清楚，但有幾次根據病人所說這些醫生的診斷，他發覺是錯誤的。問及長洲區病人有無特別，他說居民們的醫療知識和市區居民無多大分別。有些漁民在作業時患病，未至岸時已身亡，醫生簽證時便須權宜一下，除此以外，病人們和市區沒有大的分別。他說若所有八十三張病床都住滿了的話，一位醫生是無法照顧的，但長洲醫院很少會滿座的。

參觀完畢後，便展開了向居民的訪問。

「訪民居—居民的話」

訪問完畢後，乘五時半的小輪回港，在船上大家又有一番的討論，事實上有很多問題是值得思考的，希望同學們亦想一想。無論如何，這是饒有意義的一次社訪。

我們要為勞苦大衆服務

李菽如

初入大學的時候，已立下宏願，要當一個濟世爲懷，爲勞苦大衆服務的醫生，就這樣「胸懷

啓思錄

性溝

每文

對於男女心理異同原因，經已進行過不少研究，所得結論，大概一些有見地的人亦早能預料，便是兩者與文化皆互爲因果。由此至少可以肯定，我們不能堅持除了最基本之性別差異外，其他一切男女差異皆由環境而來，與生理無關。可見去分析「婦解」問題，如斤斤計較各種異同，一味攻擊文化或歧視，那只是在問題外面兜圈子，未能抓到事件的核心。

其實「婦解運動」即如「青年叛逆」一樣，所表現的是一個社會問題，嚴重長久的，便是一種社會病態。這並不就是說，罪在婦女或罪在青年。淺白出之，則問題的形成，乃由於婦女與男子，或青年與成人對自己和對方不了解所造成的鴻溝。在兩代之間，有所謂「代溝」，在兩性之間，可喻之爲「性溝」。

先從婦女方面來說，爭取女權，有其心理上的意義，佛洛依德及韓妮（HORNEY）皆視之爲一種向「戀父期」的退化，原因是對自己女性角色失去信心或未能獲得男子以成熟的女人待之。一個在「戀父期」的女子，可以有幾種不同的心理狀態，那便是對陰核的自卑感，對性器官損害的恐懼，及對陰莖嫉妒。而這些在在都足以構成自虐狂，對男子敵視，和自己成爲男子的希望，而以爭取女權爲變相。或者說佛洛依德是維多利亞時代的產物，但韓妮却是一個女心理分析家。即使拋開心理分析，從婦解的其他方面亦可找尋到不少婦女本身的心理問題，在姬蒂米勒（Kate Millet）的婦解文章中，可以看到濃厚的「布爾維亞」觀念，不以勞動辛作而以白領或以上的職位爲人生最大滿足，從埃力遜的（ERIKSON）報告中，發覺婦解所爭取的竟是大多數婦女所不喜歡的！在這些情形下，不能不使人懷疑婦解究竟象徵什麼，對於「世上有女人」這件事不滿？對人生的普遍不滿？還是對尋常的厭倦？最近有女醫生抗議她們在醫生羣中被忽畧，這顯然一部份亦是缺乏自信的表現，孔子曰：「君子病無能焉，不病人之不己知也。」怪不得孔子又說：「女子與小人爲難養」了。

但那並不表示男性心理較女性爲好。從創世記中，已可以看到男性對女性生殖嫉妒。歷古以來男性對女性無可否認的敵視，壓逼，對女體的崇拜，書本或口頭上的淫褻，甚至乎男性一向的炫耀和競爭精神，都顯出了他們在尋求着一種心理上的補償，補償他們深藏心底的，對那「性交的强者，生命的操縱者」的害怕。用心理分析的術語，便是「戀母期」的矛盾和「被閹割」的恐懼，在社會心理學上說，便是對自己在社會上男性角色的自卑。時到現代，女士是自由了，但社會舞台對她們仍然漠視。男性們都應撫心自問，雖然對女性很是狂熱，但曾否眞正愛過她們。男性把女子視爲各式各樣的東西：小孩，小猫，新娘，巫婆怪物，聖女，世界小姐……等等，但有否視她們爲眞正的人，一個可以自己選擇自我身份和志向的人？如果沒有，那是爲什麼呢？

總之，問題中心，並非我們是男人或女人，而是我們都是人，而每一個人都有其性格上的弱點，和本身的疑慮。男權女權云云，只是這些弱點和疑慮的昇華作用和借題發揮。如果大家不去自我反省，不用實際行動去促進大家了解，不以互助互愛來征服本身的弱點，即使女權更張，男權更歙，敢信男女衝突還是永無止境。

The Editorial Board wishes to thank the special support of Glaxo Hong Kong Ltd.

Dear Sir,

I see that Dr. J.M. Longstaff in her letter to you in the June 1975 issue of Caduceus infers that the "small percentage (of women) allowed into the Medical School" is due to discrimination against women. Although I agree with most of the other points in her letter I think this charge is unfair, as it is not based on facts. The facts are that the number of women applying to enter this Medical Faculty is disproportionately small: one-seventh of total appilcants in 1973 and one-ninth in 1974. This may be due to cultural or sociological discrimination of a much more invidious nature from childhood — the often held belief that it is somehow inappropriate for girls to study science subjects, coupled with the tendency in some families to provide higher education, particularly professional education, for sons only. The main criterion for selection for entrance into this Faculty is academic merit; no applicant is rejected because she happens to be a woman.

Yours faithfully,

J. Lowcock (Mrs.)

光和熱 —— 青年人・友・

「呀 Sir，雞蛋黃究竟含有甚麼呢？我聽人講唔好食咁多，話會生嘢，係唔係？」

「唔……，我都唔係好清楚，不過照計雞蛋黃都幾有益。」

× × ×

「呀 Miss，人哋話著高底木屐會影響生殖能力，唔係係眞咁得人驚㗎？」

「我都未聽過這種論調，似乎無乜理由，不過其實著這種鞋亦有好多缺點，譬如……」

× × ×

前數日聽聞有一班醫學院的同學去協助灌輸醫療知識給予一些新區居民，筆者特於昨日抽空一晚，吃完晚飯後連跑帶跳趕去秀茂坪南區社區中心，實地瞭解一下情況。該班同學大都是基督教聯合醫院官塘社區健康發展計劃義務工作小組的成員，是晚的活動實爲該計劃所籌辦的「健康生活基本課程」的其中一節，舉辦這個課程的目的是希望栽培一批義務社區健康輔導員以協助推動健康教育，幫助鄰居及朋友增進對健康的認識，共分五講，內容包括一般疾病和家庭衞生常識，對象則爲一些區內的中學同學。

講授的方法十分先進，首先是放影一些與是次課程有關的影片，然後再由講師（醫生，護士或專業人士担任）講授，每個學員課前都派有講義，最後就是小組討論，每組由一位醫學院的同學帶導討論，文首的兩段有趣對話是筆者旁聽時記下的，事實上，當晚的課程是非常實用的——介紹血壓高，糖尿病，肝炎等常見疾病，而每一組的學員都很認眞地去討論，他們對醫療知識實在很有興趣，否則怎能連上兩個多小時的課而能仍無倦容。

下課後，和參與的同學傾談，他們都表示是項工作很有意義，而在工作中亦得到很多樂趣，此點由他們愉快的神色中已表露無遺，其中有幾位還是居住在香港島的，試想每次都要「遠涉重洋」，「舟車勞頓」一番，若非精神上得到鼓舞，焉能堅持得這樣久。

在參觀完是次活動後，筆者覺得醫學院內的空氣突然變得清新起來，一直以來，耳濡目染，覺得醫學院好像森森沉沉的銀行地窖，而醫學生就是試圖爆窃銀行夾萬的悍匪，然而經過近來一部分同學的大力鼓吹，同學參與社會工作日見增加，而對認識自己的社會亦有强烈要求，此實可喜現象，謹此誠心希望該義工小組只是一個發展的開始，更蓬勃的高潮將陸續而來。

這些日子來我看見了許多光和許多熱，
從青年人的身上發出來，
照耀大地，
讓萬物得到了生命。

七月十六晚

(Continued from page 3)

SOCIOLOGY

Students would like to have visits to voluntary organisations and institutions, discussions in small groups and films. The lectures are not stimulating and the examination appears to be just a means of ensuring good attendance, and not indicative of their knowledge in the subject.

Students expect to learn something about medical ethics and patient-doctor relationship throughout the course. Unfortunately, the curriculum does not meet their expectations.

Many students suggest that the course should be reduced, either in the number of lectures or the duration.

It is also suggested that the course should be more related to social problems and medical situation in Hong Kong.

PHYSICAL EDUCATION

Most of the students attend P.E. lessons at least once a week. Absence is usually due to pressure from other subjects. 62% of the questionnaires indicate that 2nd year students should have regular P.E. lessons.

About 33% of the students would like to have training sessions. The games in which training is most favoured include swimming, volleyball, badminton and tennis. It is also suggested that Chinese boxing, folk dance and gymnastics should be introduced.

Most students feel that P.E. sessions should not be compulsory.

MISCELLANEOUS

About 60% of the students think that most of the preclinical lecturers cannot express themselves clearly in English when teaching either because his command of English is too poor or he speaks too low or too fast. Over half feel that a good command of spoken English is a necessary prerequisite, though a medical degree is not as necessary, in the employment of teaching staff.

About half of the students prefer the present schedule of academic terms though a significant number (40%) would rather cut short the vacation so that lectures are less compact.

Whether summer vacation should be used to do projects in social medicine appears controversial, so a voluntary basis may be tried.

As the English standard of medical students is rather low in general, it is suggested that an English course can be offered.

On delivery and delivery of medical care

When asked about speciality clerkship, I tend to cherish the TYH period. It is not so much because we see births and happy faces more than death and moaning, but because it allows us to be useful, and needed. It gives us good chance to mould our way to deal with patients personally, single-handed.

I sincerely believe that he who assists delivery, be he a obstetrician, student or mid-wife, should make the process and the mother much better off if he could just spare a few minutes to explain what is going to happen (including introducing oneself — it is partnership and co-operation; she is not a patient, because she is not sick) and advise accordingly. Preferably allow her to ask and be pleased to answer questions. Remove her fear, which is often fear of the unknown. That is, make delivery congenial, if not pleasurable. Rejoice, if she asks you questions, this is a sign of rapport — essential for good practice.

I believe that weak or ineffective bearing down efforts are, in most cases, due to general physical and mental exhaustion of the mother well before the beginning of the second stage of labour, as a result of excessive unrest in the first stage because of lack of foresight or will power to save energy for delivery. According to my limited but hopingly illustrative experience there have been no less than 40 consecutive smooth vaginal deliveries as compared with the 3 vacuum extractions for prolonged second stage out of 6 normal mothers before I started to employ the 'talk-over' predelivery preparation. I was able to save a lot of time and I have never, since then, heard "I will never want to have babies again" — words that make you ashame and cruelly, but rightfully, indicate that you are not doing your post properly.

The talk-over with the expectant mother should be early. It is too late to instruct her at the labour ward, she will be already much too exhausted and too painful to be logical enough to listen. Remind them even if they are multipara, just saying "I love you" to your wife married for 20 years; they need this to feel secure.

Just a few minutes of leisure talking with the mother can save you up to an hour or more which you will have to spend standing in the labour ward, helplessly watching her effortless pushes even under the encouragement of a team of the best cheer-masters.

TYH has been a heaven for those who are willing to learn to serve, a hell for those who see it as part of the requirement seat for the final.

這五個年頭

剛放了榜，僥倖終於畢業，想起考試溫習時曾立下宏願，考試後要好好的一吐醫科生的苦水，不得不向各教授先生們申訴一下我們在這五年中的感受。

·索·

第一、二年是怎樣的光景，相信現在一年級的同學已經心裏有數，不知現在有沒有改進，但我記得那時有很多同學不大願上課，原因是聽不懂某些講師的英語。有些科目本來就很深奧難明，再加上語言的障礙，或者教授不得其法，就不如將時間留回自己溫習，總比上堂打瞌睡，或者抄些混亂無章的筆記好得多。不過這也不打緊，低能究竟不是罪惡。

但有些講師做人的態度，却是我們不能原諒的：有一次上Tutorial，那位一向被人認爲最擅於拍馬屁向上爬的Tutor竟然洋洋自得地向我們說：「教授最喜歡打網球，所以我們個個都買了球拍準備陪他玩。」將醜史當作英雄事蹟宣揚，相信這位講師現在一定已經飛黃騰達。

上醫院學臨床，除了要識書，還要懂看風頭，那些比我們早一些畢業，比我們懂多一點點，叫做「講師」的人，有很多好像已經忘記了自己也曾做過學生，不知道學生也有自尊，不知道學生的無知老師也或多或少負一些責任。對這些人，我以爲最好的方法是送他們去師範學院深造一、兩年，讓他們讀讀教育心理學，讓他們知道教學之道，不是恐嚇和責罵便能成功的。我記得以前上O.P.D.時，差不多所有學生總是湧到一位現在已離任的老師身邊，原因是他教書時，總是很慈祥很盡心的講解，我們有聽不明白的，也敢於發問。不像有些老師，我們見到便身不由主的向人叢外擠，更不用說舉手發問了。

香港醫生沒有醫德？有些人歸究於病人太多，醫生待遇太低等等。但有些人只要你也曾像我一樣和他們相處了五年，便可以斷言他們是一羣自私自利，爲求目的，不擇手段的僞君子。他們上Bedside時搶先打尖，詐傻扮懵，視排隊者如無物，十多二十人輪流做PR，七八人輪流做PV而面不改容，但若果你Clerkcase時忘記臉帶笑容，他反而會指責你對病人不夠Considerate。有些爲了討老師歡心，經常裝出不必要的笑臉，有些更教授說一句，他便點頭後再加yes一句，眞夠令你慘不忍睹。在伊利沙伯醫院我便見過一位同學，簡直成了那位醫生的跟班，醫生洗手，他也洗手，不由你不嘔心。有些爲了讓教授認識自己，不惜將自己和所有親戚都變作需要專科料理的病人，這天自己看某科，第二天帶母親看外科，跟着姨母看內科等等，不知者以爲斯人不幸，一切疾病都降臨他的家族。這樣做法，卽使拿到Distinction，在同學心中，也不外是一個爲了利益而犧牲人類尊嚴的人。

有些老師未能以身作則，也是令到醫德未達水準的原因。我發覺這所大學裏的醫生，對病人最不好的態度是濫用權力。例如有些女病人可能害怕當着衆多學生面前寬衣，做老師的應該好好地向她解釋，或者盡量避免令病人覺得尷尬，但很多時他們爲了省時間，竟然恐嚇病人，說若果她再不合作，便不給她醫治，這樣做法，無疑是很收効，但用這態度對待一些沒有錢看私家醫生而又極需醫治的病人，究竟不是一個醫生兼學者的應有態度。

說到濫用權力，也是師生關係攪得不好的原因之一。記得有一次測驗，因爲是multiplechoice，所以所有試卷都要交回，不准帶走，後來據說有幾份試卷不見了，那監考的老師竟然要搜同學的身，我相信在任何法治的地方，是沒有人可以隨便搜查別人的。同學不得不讓他搜，因爲恐怕拒絕後考試的後果會不堪設想。後來當天的試卷沒有搜到，却搜到了幾份去年測驗的映印本，是高年級同學留給我們的。因爲今次的試題和去年的如出一轍，第二天教授便對我們大發雷霆，說我們沒有integrity，當時她說：「How can people like you be doctors? If I were you, even if I had the paper, I would not look at it. You should be ashamed of yourselves。」這眞是荒天下之大謬。首先，溫習舊試卷是我們任何人都會做的事，只有最懶惰的人或者白痴才會「Would not look at it」。其次將去年試卷重印再用，事前只有他們自己才知道；他們不責備自己敷衍失責，却反過來說我們作弊，若果當時不是因爲還要考畢業試，很多同學已經起來直斥其非了。

考試的壓力，委實令我們過後仍猶有餘怖。很多人不是因爲自己準備得不夠，而是恐怕到時演出失常，或者沒有別人的幸運。有些同學要看精神科醫生，過半數的同學要吃安眠藥或者鎮靜劑才能睡覺，老師們總是告訴我們不用恐懼，考試前應該輕鬆一下，看一齣戲等等，眞是說得容易。他們不知道幸運的因素在這考試中是多麼重要。不同的病人，不同的主考，和考試時的演出，比任何試前準備和平時的成績都來得重要。內科比較好一點，因爲有個半小時，可以好好的想一想；而且Long Case考得不好，多數有Short Case來Pullup，我們都相信老師們是盡量幫助我們及格，但其中的抽簽揀Case，很多人都認爲只是一個騙局，種種跡象都顯示筆試考得不好的，Case自然會比較艱深一些。雖然這只是我們的揣測，但總希望教授能予以澄清。若果這是事實，何不開誠佈公？或者索性不要抽簽。

考外科若果不夠幸運，可以說是凶多吉少。Long Case只有半小時，若果一時大意，便可宣告壽終正寢，就以今次來說，有些同學得了個Hemiplegia的病人，做一個Full CNS Exam已經用去了大部份時間，沒有可能兼顧其他系統；但主考們問的，竟是那病人的Osteoarthritis of the knee。另外有些同學得了個有Thyroid nodule的病人，但考的是後腦一個多年前做成的Scar。Shote Case更是全憑幸運，因爲很可能你會見到一些以前沒有可能見過的Lumps and Bumps。老師們會說只要Approach正確，Diagnosis錯了也不打緊，但任何人拿到一些顯淺的Case都一定會方法正確，應對流利；但若果見到一些艱深偏僻的怪病便不由得心中一沉，很可能連平時讀熟的手法也完全忘却。若是再撞着一些平時有「殺人王」之稱的主考，很自然地便覺得大勢已去，連話也不懂說了。

話得說回來，運氣不好，也只能夠認命，因爲大家機會均等。但今次考試，很早便盛傳有一、兩位同學事前知道一科最看重筆試的試題。老師給考試「貼士」本來很好，因爲大家都有好處；但若果只有一、兩位同學知道，便顯得十分不公了。雖然這只是謠傳，但空穴來風，未必無因，至於有些同學找老師作Private Tutorial或將Pastpaper做一次給老師改正等，則大家更是有目共睹。本來這是無可厚非，但試想若全班百多位同學都這樣做。老師們能否應付？況且未必全班同學都蒙老師青睞，有教無類，在這裏可行不通。總之，考試成績不能評定個人賢愚，例子俯拾皆是：考試「爆冷」，在此也未嘗不可。

最後，讓我將這五年來得到的經驗告訴低班的同學，若果現行的考試制度和複雜的人事關係不能改善的話，下列數點應奉爲金科玉律：

1st M B—應懂得擇堂而上，不要開罪小氣的講師教授，不要貪多務得，熟讀比多讀來得實用得多。

2nd M B—只要專心讀書，不愁考試不及格。不用担心開罪人，因當注有人會令你憎厭到要開罪的。

Final M B—千萬不要開罪人，最好能夠和高層人士攀些親戚關係，再不然也要攪些私人感情，Bedside或OPD時千萬不要做君子，但一定要做僞君子。要心狠手辣，最要好的同學也不要讓他知道你讀書的進展，不要讓他知道你買了本「天書」，不要讓他知道你得到「貼士」，但可故作好人地給他一些假貼士等等。上Lecture時要永遠坐在最前最近老師的位置，上堂前更預備一些Sensible的問題。上Seminar時最好經常向負責的同學問一些明知他不懂的難題，好讓老師知道你學冠同儕。老師問問題，同學答錯了要讓老師知道你懂得他答錯，例如作微笑狀，或作輕度搖頭歎息狀等。老師授課時，要經常點頭或作讚歎狀，或作茅塞頓開狀。明知老師不懂的千萬不要問。老師未能完滿解釋你的問題時更千萬不可追問，否則只有自討沒趣。老師責難同學時要表示同意，或作無限量支持狀，最好更能對同學的過失作義憤填膺狀。

考試前，要積多些陰德，更要多多祈禱，這一點十分重要。我自己就因爲平時忽略了上述的功夫，今次考試時通得加倍祈禱，現在平安無事，相信也是祈禱之功呢！

「**編者按**：各位在讀完這篇文章之後，或會覺得筆者過於偏激，然而同學們亦應想一想，爲甚麼在一個神聖而崇高的職業界中竟會發生如此光怪陸離的事，實令人非常痛心。究竟同學們當初在決定選擇這條路的時候，有沒有認清目標和將面臨的責任呢？或許沒有，不打緊，雖然遲點，現在好好地去想一想，亦未爲晚也，如果你悟出甚麼道理，請寫來給我們，讓大家一同分享。」