

ASIAN REGIONAL CONFERENCE ON COMMUNITY HEALTH SERVICES
Manila, Philippines April 14-23 1977

Application for nomination is open to all students in the Faculty of Medicine. The Theme of the conference is: "The Medical Students in Rural Health Services." Each applicant is to submit

- 1) A curriculum vitae to show sphere of interest or involvement in community work and any position of leadership held.
- 2) An outline of the presentation to be made during the conference. This should consist of studies on community health projects undertaken by the youth in their countries. These projects may either be the community activities handled by the participants themselves or vicariously.
- 3) A short statement indicating how attendance at the conference will be utilized in improving Community Health Services in Hongkong.
- 4) An interview with the Selection Committee maybe necessary.

These papers must be submitted to the External Affairs Secretary before Saturday 5 February 1977 12.00 noon.

The Selection Committee is composed of:

- Prof. Colbourne, department of Community Medicine
- Dr. J.C.Y. Leong, President of Medical Society
- Dr. J.C.C. Hwang, Vice-President of Medical Society
- Mr. P.C.K. Li, 4th Year Class Representative.

Further information can be obtained from the External Affairs Secretary Mr. Li Fuk Him or any Ex-co members.

PROFESSOR HSIEH (DEPARTMENT OF PHYSIOLOGY)

In general I agree with this change in curriculum. Under this new system, the time students spent in physiology, anatomy and biochemistry will be reduced and expansion of other subjects like behavioural sciences is made possible. Since the material students learn during the preclinical years is set in two separate examinations at the end of each academic year, the students are not faced with such a big hurdle as in the past.

Under this new curriculum the total amount of time allotted to physiology is cut down to around 250 hours. The Tutorial system will be stressed in order to help the new 1st year students to adapt to this new situation.

The impact of the change on the current 1st year students will be small. I can assure you that the rights of students who have enrolled under the existing university regulations will be carefully protected to ensure that no student will suffer adversely from the change.

Dept of Biochem **Professor BOYDE**

Q. What is the incentive for the change in the curriculum?
A. The General Medical Council (GMC) in London periodically reviews the medical curriculum of the medical schools it recognizes. In anticipation of possible GMC comment, the Medical Faculty here thought it wise to seek independent advice on possible changes. As a result there will be considerably more emphasis on behavioural sciences, and to facilitate this other material will be rearranged. It would be most accurate to say that the initiative came from Faculty of Medicine at this University.

Q. Are there going to be any changes in the biochemistry syllabus?
A. The material in the curriculum will be rearranged and two examinations will be instituted, one at the end of first and the other at the end of the second year. The sharp division between basic and applied biochemistry will be minimised by teaching both at the same time (At present, there is no formal teaching of biochemistry in the clinical years).

Q. Is there going to be any change in emphasis?
A. There is no answer to this question yet because it is still under decision within the department and within the Faculty. There will be no difference in total number of hours spent.

Q. It seems that the course of biochemistry at present is quite long and demanding. Will it be difficult for students to adapt?
A. To say the course is long and demanding is to ignore the facts and ignore the great changes which have taken place since 1973. Substantial reductions have already been made in the number of hours spent in lectures and practicals and in the detail required, especially in metabolism. The course is extremely short and it can in no way be further cut. At Oxford University, for example, the biochemistry course covers up to four times as many hours.

Q. Sometimes it is difficult for a student to follow up his interest on a particular subject in biochemistry because he has to keep in pace with the lectures. What is your opinion?
A. I quite agree with this and we are looking for a more flexible way of teaching. Biochemistry department is very receptive to constructive ideas. Ideas from students are welcomed. Although we can't do very much in the first year because we can only teach the fundamentals with only eight months allotted, the course will be more wide ranging and applied in the second year.

Q. I heard some seniors say that there is not much application of biochemistry in the clinical years?
A. Perhaps they don't understand now but when they become practising doctors or go for training overseas, they will realise that deficiency in a sound knowledge of biochemistry is very dangerous. Just one example: in the diagnosis of disease, the results from biochemical tests play a very important part. During the 3rd, 4th and 5th years there are many new skills and ideas have to be learnt. It is not surprising that the importance of basic sciences should be overlooked for a time.

It should also be realised that the present 4th and 5th year students experienced the old-style biochemistry syllabus. Only 3rd year students can say anything about what we are doing now. Directly applicable biochemistry has been more greatly emphasized recently. Biochemistry underlies everything in Medicine.

Q. The results of the previous comprehensive test have not been satisfactory. Would you expect the students to do worse if there is an exam before the summer vacation?
The result from the comprehensive test is not good because students often study biochemistry at the last minute and do not concentrate on the course in the first year.

A. In the new curriculum, when a University examination takes place at the end of the first year, there should be some improvement in this aspect because the students will have to start working on the first day. However, this will not necessarily affect their extracurricular activities. Indeed, the work for medical students is not terribly hard. As far as biochemistry is concerned, at least, science students have to work much harder.

Q. Will students' ideas be taken into account in revising the curriculum?
A. It is not likely that 1st and 2nd year students will have useful opinions on the selection of syllabus material. Practising doctors may. But, I repeat, we are very receptive to ideas, especially on the manner of teaching.

Q. Will the conjoint paper in the 2nd year be advantageous to students?
A. Surely it will be advantageous. It relates the 3 aspects of one thing - the human being. Students hate to think, but now they will be required to correlate all the materials they have learned, and this is good for them.

訪問黃志昭老師

(生理系高級講師)

問：明年醫學院之課程與及教學制度將有所轉變，請問原因何在？

答：沒有任何教學制度和課程是十全十美的。但按着時代，環境，社會的要求等等，每一間學府都應該不時自我檢討和設法改良學制和課程內容。這次改制的遠因起於約兩年前，港大當局聘請了兩位專家，對醫學院的教學制度作出研究檢討。透過考察與教師及各方面的接觸，他們作出一份報告，並提出多項批評和建議。醫學院方面隨即成立一個 Curriculum Review Committee，由多位教授組成，進行實際研討工作，終於提出了一個改革大綱。與此同時，同學們亦進行一項學制的檢討，並在一份報告中提出一些改善的意見。

問：現行制度有甚麼地方同學們認為須要改善？

答：有些同學認為課程內容有些地方可能太深，不切實際，教學方面則純以學系為中心，而且考試時間的編排，亦有欠妥善。針對這些問題，新學制將考試時間盡

量排在每學年尾，大多數學科同時考試，而且課程內容，以不降低醫學院的國際水準為原則內，盡量簡化，並設一些綜合課程和選科，以適應整個教學的目的和需要。

問：請問於學年尾考試有何好處？
答：考試時間能劃一，以免同學在年中考某一學科時忽忽了其他學科甚至完全不上課。又如有些同學於年中考 M.B. 不及格，須要補考，於是那些同學又要繼續上課，又要準備補考，拖泥帶水，倒不如於學年尾考試，不及格的或於九月補考，或留級。

問：據聞新制之下，第一年已經要考學位試，請問曾否考慮新同學不能夠適應這個轉變？又校方有沒有準備方法去這個問題去幫助新同學？
答：當然，如果同學們毫無心理準備而要第一年考試，那是非常難適應的，但如果同學一入學已經知道學年尾要考試，他們當然會及早準備。至於如何能幫助同學們去適應，我個人認為最理想能夠每位同學有一位老師做個人的導師，在各方面輔導及幫助他們。

問：請問新學制之下，每科課程的具體內容及各學系的教學方法有否改善？
答：實際課程內容係由 Pre-Clinical Syllabus Committee, and Clinical Syllabus Committee 作詳細訂定，相信現時仍在進行之中。至於教學方法，則仍由各學系決定，但望各學系在這方面會有改良。

問：院方已成立了一個 Examination Committee，綜合這次的改制，我想院方會本着不損害舊同學的利益為原則。至於 Medic 81 First MB, 不及格的同學，我深信 Examination Committee 會準備一套補救辦法。Medic 81 同學有利而無害，請放心！事實上這次對改制，改課程最清楚的是醫學院長 Prof. Gibson，副院長 Prof. D. Todd 和 Prof. Lisowski 等。我實在只是個一知半解的小卒而已。

前言：

自從一九四零年代開始，醫學院課程就一直沿用至今，惟英國及世界各地之醫學教育已有很大發展。七零年開始增加學生人數，到七五年該批學生畢業後，醫學院便有意對現存課程作一調查，並作出改進。

在前年十月，愛丁堡大學之韋比教授（Whitby），及牛津大學之荷特醫生（Holt）應邀到港大，對現存課程作出審查。按當時醫學會曾作一問卷收集同學意見，並提交韋、荷等作參考。於去年一月，韋、荷向校長呈交報告書。到二月，醫學院成立一審查委員會（Curriculum Review Committee），處理有關課程更改事宜。七六年九月，該委員會向學院提交一建議書，學院隨即成立課程委員會及考試委員會，落實為課程更改事作出具體動議。十二月初，動議草議完成，經由醫學院提交教務委員會通過。

啓思就有關修訂課程問題，在本期作出報導，並曾向各學系收集意見，使同學得以參考。編委會擬於下期報導有關同學對新課程之反應，故歡迎同學對該問題踴躍投稿。

PROFESSOR G. B. ONG: (DEPARTMENT OF SURGERY)

There is not much change in the clinical part of the revised curriculum. In the third year, there is an integrated term and I consider such a change as beneficial even though it depends on the activity of the various departments participating in the teaching.

As far as surgery is concerned, the main bulk of the lectures will be given in the third and fourth years. I think the final year students will then have more time to acquire clinical experience which is likely to be more exciting.

An Interview with Professor Lisowski, Department of Anatomy

- Professor, could you tell us what is the incentive for the change in curriculum?
- A medical curriculum has to be reviewed periodically so as to keep abreast of medical progress. We can't leave things static.
- Is there going to be any cutting down of the syllabus?
- The time spent is going to be practically the same as now, but there is to be more rationalization and coordination.
- Will there be any changes in the emphasis?
- In the Preclinical years, the emphasis is on the normal human being, the normal structure and function and their interrelations. All these are basic to the understanding of the clinical course.
- I've heard seniors complain that they have forgotten much of what they have learnt in Anatomy when they come to their clinical years.
- That's the students' fault. They forget because they only memorize. If we teach less Anatomy, they will still forget and in the end know even less! Besides, traumatic injuries are not selective and are becoming more frequent, thus one may leave out detail but one must have some idea of the whole human body. A medical student must be trained to be an educated doctor, not a technician. The Anatomy course offered here is about the right minimum. If you know less than that, the other subjects such as Physiology and Biochemistry cannot be complemented. In many medical schools in Asia, for example, Japan, they go into far greater detail and have to study a great deal more. The Royal College of Surgeons in England recently complained that the medical schools are teaching too little Anatomy. They find that medical graduates are not sufficiently well-prepared in Anatomy for what they need. They suggested the minimum time for topographical Anatomy (including dissections, etc.) to be about 250 hours. The time we spend is only approximately 180 hours — that's already an absolute minimum.
- Then what about U.S.A.?
- In the States, the scheduled time for topographical anatomy in many medical schools covered 60 to 70 hours. However, they found the students had to work up to mid-night to cover the course — they were left to study entirely on their own, though the actual time of the course was shortened. In a number of medical schools the time has now been extended to 175 hours.
- What are the advantages of the new curriculum?
- We hope there will be more coordination and rationalization of courses which should lead to a better all round training programme. Also we can sift out in the first year those that are not suitable for the course. So it won't waste their time. Take the present curriculum, for example. If one fails in the 1st M.B. Exam and supplementary exam, repeats and fails again, it's a waste of 3 years. But with the new system, at most they will waste 1½ to 2 years. Secondly, if the student fails in the Exam in June, he can prepare for the supplementary Exam in September during the vacation. He can then go on with his studies of the following year, and he can concentrate on that.
- What is the point of having a combined paper in the Exam?
- That is to bring the subjects — Anatomy, Physiology and Biochemistry together.

PROFESSOR GIBSON (DEAN OF FACULTY OF MEDICINE)

In preparing this revision of the curriculum for the M.B., B.S. many different opinions have been sought over the last two or three years and many of them have been incorporated into the final product. It is now due to come into operation for students starting in September 1977, and year by year it will phase out the existing curriculum. I am pleased that eventually the administrative arrangements have been agreed on promptly.

The new curriculum is designed to bring in more integration of teaching, to bring it up to date without increasing its content and to clear up a number of minor difficulties experienced with the present curriculum. For instance the timing of examinations in the earlier part of the course has been adjusted to the end of each academic year, with resits in the following September. Thus it will no longer be necessary for students who have failed in subjects of the 1st. examination to commence Pathology, Microbiology and Pharmacology before they have completed their preclinical requirements.

Integrated teaching of psychology, sociology and statistics is also planned. There is no satisfactory comprehensive course of this nature elsewhere to act as a model, and in working out for ourselves the detail of this important course we shall soon have the benefit of further advice from an academic visitor from U.K.

The third term of the third year will consist of exercises in integrated teaching without the introduction of new material and provide a period when students may review their knowledge and combine what they are beginning to learn of clinical practice with its background in preclinical sciences. Autopsy teaching will be conducted throughout the whole of the third year.

As far as the clinical part of the course is concerned, no major change has been introduced. The course in psychiatry will be extended but the basic pattern of rotating clerkships will be unchanged.

訪問 DR. S. T. CHAN (解剖系教授)

- 為甚麼要更改課程？
 - 醫學院多年來課程都未曾作過甚麼改變。而且近年科學進展很大，課程需作適當增減。
 - PRECLINICAL COURSE分成兩載及兩個考試，會不會因此影響所學的連貫及整體性？
 - 是有可能的。因為神經系統在第二年才學，若果不將第一年所學的連結起來，對於人體各部份關係的了解可能會不夠整體。
 - 那又有甚麼改善辦法？
 - 整個課程只得五年。而 CLINICAL YEARS 時間不很夠，現將考試推前，第三年可以空出一個 INTEGRATED TERM，將 Preclinical 及 Clinical 所學的連結起來。
 - 考試形式又有何改變？
 - 其實第一年的考試和 1st M.B. EXAM 差不多，有 Internal 及 External Examiners
 - 那麼更改課程後準備考試的時間減少了。
 - 一向 2nd YEAR Anatomy COMPREHENSIVE TEST 成績經已不很理想，所以新課程下學生可能會感到頗吃力。
 - 醫學院收學生資格會不會有改變？
 - 據我所知，將會和過往一樣。
 - 新課程會有甚麼好處？
 - 由於考試時間擺在六月，所以不及格的話，在假期可以專心準備九月的補考。不會像目前的情況若 M.B. EXAM 不及格，既要應付新科，又要準備補考。
- With the new curriculum, the preclinical course will be split into 2 parts and there are 2 separate exams for them. Won't it affect the integrity of the course?
- No, I do not believe so. You can have an examination anywhere in practically any course. The integrity of the course must be maintained by the students. They ought to do the integration themselves.
 - Generally speaking, the results of the comprehensive test in September, at the beginning of the second year are not very satisfactory despite the availability of 2 to 3 months for preparation. Won't the results be worse in the 1st Exam if it is to be held in June, right at the end of the 3rd term?
 - The results of the comprehensive test are not satisfactory because the students do not consider it important.
 - That means the students will have to spend more of their time on studying. They will have scarcely any time for other activities.
 - They can still join many activities if they know how to programme their time. If you can establish a good routine during the first six weeks, you can really go through the whole medical course without difficulties.
 - Are there any other significant changes?
 - The changes are not revolutionary. But there are going to be some interesting changes. There will be an Integrated Term in the third term of the 3rd Year. Here subjects will be presented on the basis of what has been learnt in the previous years. Actually, the new curriculum is mainly a change and up-dating of the present one. And we attempt at more integration and coordination.

professor 《Dept of PHARM》ROBERTS

The revised curriculum can hardly be described as revolutionary or even original, but certain faults and anomalies in the present curriculum have been eradicated and this is to be welcomed. Whether it is a better curriculum will not become entirely clear until it has been in operation for several years; it is unlikely to be a perfect curriculum. From the point of view of the Pharmacology Department, the change in the timing of the examinations is a big improvement. We will no longer have to deal with the 2nd M.B. exam in April at the same time as the new group of 2nd Year students. In general, students will probably get more pharmacology, in all its aspects, throughout their medical course. However, the number of hours allocated for pharmacology in the 2nd and 3rd Years has been cut down. This means that we may have to reduce the clinical and applied aspects of the lectures during those years, and probably antibiotics will have to be left out altogether. But this will not matter too much if these topics can be covered in Applied & Clinical Pharmacology and Therapeutics lectures during the 4th and 5th Years. We are hoping that Clinical Pharmacology will be developed during the next Triennium, and that there will be a Reader (at least) in Clinical Pharmacology to organise these course in the 4th & 5th years. Another disadvantage of the reduction in hours in the 2nd and 3rd Years is that there will be less time (or even no time) for small group teaching, and this is unfortunate.

In connection with the above comments, I would like to quote a paragraph from a letter of mine to the Curriculum Review Committee, as it summarises my views on the role of pharmacology in the overall medical curriculum. "The concept of introducing some of the basic principles of pharmacology as early in the curriculum as possible appeals to me, so long as applied & clinical aspects of the subject are satisfactorily dealt with during the paraclinical & clinical years. The science of

pharmacology has developed rapidly in recent years, and many drugs with potent actions and potentially dangerous side effects are continually being introduced, so the practising doctor to-day requires a sound understanding of the basic principles of drug action and interaction. It does no harm, therefore, to expose students to the subject from the day they enter the portals of the medical school to the day they qualify. And, of course, ideally education in the qualified doctor's working life."

The integrated term at the end of the 3rd Year aims to review and coordinate the various preclinical and clinical subjects. This kind of "topic teaching" has been very successful in Aberdeen University (where it started in 1967). The teachers involved plan these sessions very carefully beforehand, and this is essential if they are to prove valuable to the students. I think that Teaching Staff here will have to work hard on the planning aspect if this term is to be an unqualified success. Students also will have to contribute by being alert, interested and not afraid to ask questions.

In general, I suspect that the work load in the first 2 years is going to prove a heavy burden for the students, with several new subjects added to the conventional Anatomy-Physiology-Biochemistry. Students must have an adequate grounding in the basic medical sciences before embarking on their clinical work, and it is debatable whether 2 years is long enough to achieve this nowadays. We shall just have to wait and see.

Another practical point in connection with the Pharmacology component occurs to me. Students are not being examined in Pharmacology at the end of the 2nd Year, so they may be tempted to ignore our 2nd Year Course on 'Principles of Pharmacology'. This can, perhaps, be overcome by giving a Class Test, say in September of the 3rd Year, the marks of which will contribute to those of the 3rd Examination. Also, the 3rd Examination in Pharmacology will include questions on material taught in the 2nd Year.

To sum up, although many of us have reservations and even serious misgivings about certain aspects of the revised curriculum, it has been accepted by the Faculty of Medicine, and it is up to Staff (and to future students) to try to make it work as well as possible. It will, of course, be constantly under review by a permanent committee so that faults and snags can be remedied as they appear. I hope, too, that future students will be encouraged to express their opinions and criticisms as Consumers' of the new courses. Student 'feedback' will be absolutely essential when we come to diagnose, and attempt to cure, the defects of this revised curriculum.

黃啟鐸教授

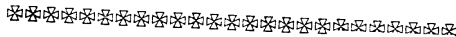
《微生物學系》

有關課程的修改已經開展了很久，亦經過很充份的討論，學生的意見也多次由學生代表反映，其後在院務委員會 (faculty board) 討論及通過，也有學生代表參加。所以同學應該很早便清楚了解新課程的內容，而你們的意見也應該已經通過學生代表而轉達給校方。院方曾從外地邀來兩位專家將醫學院的課程作一全面檢查，根據他們的報告從香港的需要出發，好的意見我們都會接納。

新課程將會在今年十月開始實行，對現今就讀的醫學生絕對沒有任何影響。

修改課程的重心在於各系間的協調，及各科間的融合 (co-ordination and integration)。例如三年班的融合性學期 (integrated term)，便由病理、微生物、外科、內科及藥劑五個系一起辦。例如有關大腸熱，便以上五個系都同時在不同方面教授有關潰瘍的問題，學生會比較容易掌握。

至於四五年班，則會將講課時間全部安排在四年班，而五年班一整年便全部留在醫院中學習，增加學生臨床經驗，所以較現有制度為佳。



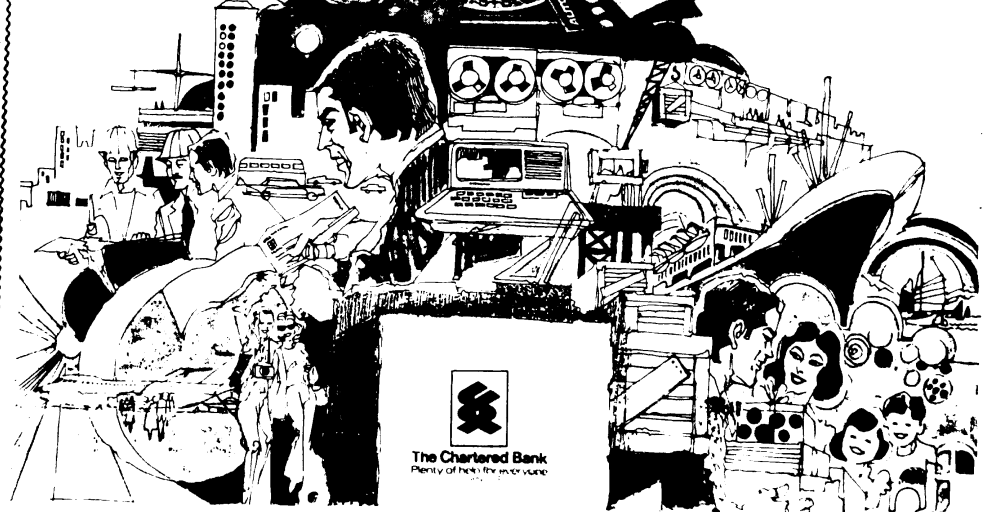
Plenty of services and security for you, your family, and your business.

- Savings Accounts**
A secure, convenient way to save money and accumulate interest at the same time. Through our fully computerised system, you can deposit or withdraw money at any of our branches.
- Current Accounts**
\$500 and your identity card are all you need to open a Chartered Bank current account. A simple alternative to carrying cash, a current account makes payment of bills easy.
- Short and Long Term Fixed Deposits**
Our attractive interest rates on fixed deposits make your money work for you.
- Instant Cash**
Instant cash is available from The Chartered Bank 24 hours a day - even on public holidays - at any of our 15 Cash Dispensers.
- Gift Cheques**
The Chartered's attractively-designed gift cheques make an ideal gift for all special occasions.
- Safe Deposit Boxes**
The best way to keep your valuables safe and secure.
- Free Automatic Payments**
Our free Automatic Payments service takes care of all your routine payments.



- Import and Export Bills**
We have branches in all major commercial centres enabling us to provide import/export finance in local or foreign currencies, as well as arrange forward cover to protect you from fluctuations in foreign currencies.
- Foreign Exchange**
With our direct access to worldwide financial centres The Chartered is able to buy and sell your foreign currencies at highly competitive rates.
- Trade Information**
Through the Chartered's international network of over 1,500 offices, we can provide detailed and up-to-date information on all overseas markets.
- Stocks and Shares**
The Chartered can assist you in the purchase and sale of shares, both locally and overseas, as well as the safe custody and registration of scrips.
- Leasing and Hire Purchase**
Chartered Finance (Hongkong) Ltd specialises in the provision of instalment finance by way of hire purchase, block discounting, leasing and domestic property mortgages.

For further information on any of our services, please call on your local Branch Manager or telephone the Customer Services Department at 5-223302.



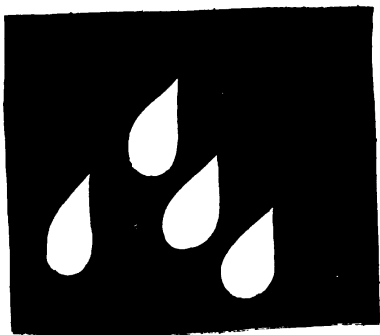

The Chartered Bank
Plenty of services and security

逕啓者

有鑒於港大視聽器材中心之設立，乃為使授課視聽器材統一化。但由於該中心之工作人員未能出席各班之講課，在當時情況下作出適當之音量調整，致使同學們經常在過強或過弱之音量下聆聽講課，做成不便，不適，甚至精神虐待。
今冀望該中心為同學利益着想，考慮重新安排調較音量之辦法。
此致
「啟思」編輯

一九七六年十二月十日

一二年級醫學生



微風細雨 · 生 ·

微風緩緩的吹着，夾雜着絲絲的細雨，
像要告訴我——世間的真理，就寓居於
平凡之中！

(一) 先生們，我看到的不是這樣……

當年前香港經濟不景，很多工廠裁員關廠，二十多萬工人處於失業或半失業狀態時，有很多工人團體及志願機構紛紛要求政府成立失業救濟金，以幫助那些失業工人；但政府的高官要員（包括當時的社會司）和行政及立法兩局的某些議員，則紛紛謂不應設立，以免做成工人的倚賴性及使工人們變得更加懶惰。

× × ×

葉女士的丈夫因為在失業潮中賺不足錢養家，氣得瘋了，入了青山醫院治療。

葉女士和兩子只得暫時領取公共援助渡日，但由於房租昂貴（二百多元）及子女病痛多，故入不敷支，惟有拖着八十多磅的軀體，背着患病的小女兒，隨着她年老的母親往新區「倒垃圾」；終於在被警告後，社會福利處便在公共援助金中扣除了她的入息，使到她的總收入與前一一樣，但她說自己做得到，總比倚賴救濟金好得多，故便繼續背着女兒去工作……

× × ×

李先生在失業潮中亦被工廠辭退，平時沒有甚麼積蓄，又借貸無門，只有由妻子往申請公共援助（當然李先生本人不是合格成員之一），但卻遭到社會福利署諸多留難，說甚麼李先生是在當的士司機，月入千多元，根本不需要援助等；終於在數度澄清及調查後，才發給他們一家數百元公共援助。兩個月後，李先生終於找到一份工作，月入比公援金為少，而工作地點亦離家很遠，但兩夫婦決定：寧願慫儉一點，到福利署取消公共援助，以便能使一些比他們更需要的人能享用公共援助。

× × ×

健與疾、生與死

傑思

作為一個醫學生，您有否想過健康、疾病、生命、死亡及醫藥等問題呢？以下是一些文學家或名人所說過或寫過的名句，相信您也會發現其間不少珠璣之言。

健康是人生最富裕的產業——愛默生

善養生者，食不過飽，飲不過多，冬不極溫，夏不極

涼——萬洪

未病預防，勿使發生，已病速治，止其擴充——黃大

業 生命是一場長時間的疾病——波普

戒身之事莫大於好色；養生之道莫大於寡慾——哲言

你愛惜生命嗎？那麼不要浪費時間，因為生命是時間

作成的一——富蘭克林

生命是一篇小說，不在長，而在好——辛尼加

制度 學徒

電視新聞報導：政府醫院男外科病房非常擁擠，竟然要加帆布床；但據學徒所知，四樓之病房就唔多見帆布床，唔知點解？

× × ×

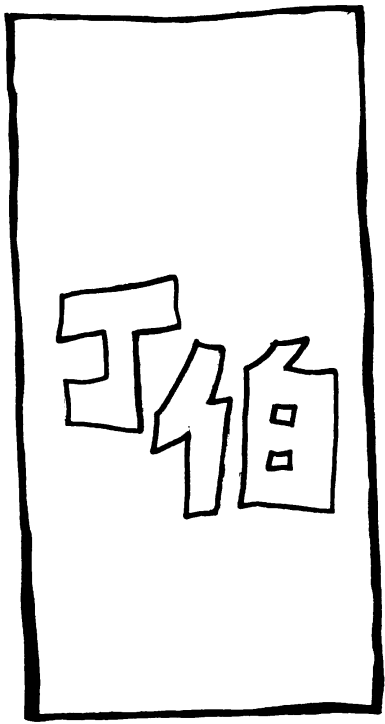
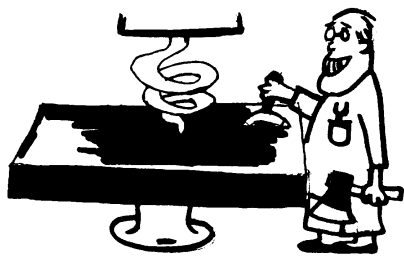
門診部姑娘對病人講：「攞張卡來蓋印啦，如果唔係我點知你來了多少次都唔唔到醫院床位呀。」相信香港醫院的確是缺乏床位了。

× × ×

一個青年病人因暈倒而多次入院，每次都是輸血後一兩天便出院了。主診醫生對學徒講

：「今次我們當真弄清病因了。」學徒立即起了個疑問：為甚麼前三次沒有積極尋找病因呢？

× × ×



住在聯合道安置區的三姊妹，大的八十多歲，不長於行，居中的留在家中照顧大姊，而六十多歲的三妹還在外工作以養活兩位姊姊。每次向她們提出申請公共援助或老弱傷殘津貼，她們都這樣回答：「我們還可以自己幹活，用不着接受援助，留給那些比我們更有需要的人吧！」

× × ×

先生、議員們，你們是否在冷氣房裏幻想着？

(二) 寒流

昨夜，天氣突然轉冷，因為沒有準備，只得一張薄被，整晚就在床上瑟縮着，老是尋不着溫暖，就在半睡半醒的情況下渡過了這一夜。今早一起床，便往尋找禦寒的衣物，以供應用；心中有着一種歡悅，想是在這寒冷的天氣，又可穿上些美麗的外衣……

晚上，坐在一輛由香港仔疾馳往中環的巴士上；在經過德輔道西時，忽然發覺行人路旁有着一堆堆黑色的東西，細看下，才發覺原來是一些露宿者，用被頭頂的蓋着，縮作一團。

這時，我想起了住在仁愛收容所的李佩×，一個七十多歲的單身老婦；她的禦寒衣物都因放在清拆了的東九龍灣安置區內而被無理的沒收，不知道她現在是否有足夠的衣被呢？

這時，真的希望天氣快些回暖。

丁伯現年六十二，已過退休年齡，據丁伯透露，他將於明年退休。退休後，他將會從此歸隱，享享天倫之樂。我們謹向丁伯對醫學院的忠誠服務，致最深的敬意！

丁伯早在一九三四年便開始在港大服務，最初在醫學院辦事處內當信差。那時候，醫學院辦事處設在現今陸佑堂側，整個辦事處內只有三人，即院長（Dean），秘書及丁伯。當年醫學院內華洋學生雜處，有白俄人、葡萄牙人、南洋華僑等，所以在醫學院內均以英文對答，而丁伯亦因此而學得一口好英文。

戰前的解剖系每班大約有廿多人。那時一年班是唸理科的，二、三年級時才唸解剖，據丁伯憶述，戰後初期解剖系內除了教授及他之外，只有一個雜工，所以每每屍體運來時，連教授都要協助抬屍，丁伯的防腐技術，亦從那時開始漸漸改良，現在所用的防腐方法，可以說是丁伯自創的。原來我們用作解剖實驗的屍體，都是無人認領的，運到學校時，血液已經凝固了，如果用傳統的方法從動脈注射製劑，效果非常劣，有鑑於此，丁伯便靈機一動，想出一個用壓力氣以高壓注射，得到優良效果。無怪現任教授在遊歷多所醫學院後，致函丁伯，盛讚「丁氏防腐法」下所製成屍體的質素之佳，實在無人能出其右。

說起解剖系之發展，亦可謂歷盡滄桑。戰後系內並無講師，只有臨時講師，他們都是港大醫科畢業生，漸漸由於經濟好轉，醫院紛紛成立，港大畢業生每不願在解剖系任教，有些導師亦由一些國內醫生担当。直至現任教授上任後，才有理科博士任講師，而解剖系亦從以前小小的學系，發展到現在的規模，丁伯服務解剖系已有三十，實為戰後重建解剖系的老功臣。

早年港大有很多趣事。例如在戰後初期，香港向未有足夠中學畢業生，高等法院審案，需要陪審員，部份陪審員從港大，每學系都要派出一名，丁伯因此經歷過陪審多宗大案件，現今想來，亦津津樂道。

丁伯自小失學，只在育才書院唸過一年書，但由於努力奮鬥，不斷學習，至有今天成就。丁伯的兒子「占士」，亦在解剖系服務了七年，盡得其父精粹，近年已經獨立主理防腐工作，可謂克紹箕裘矣。

Catering Administration and Central Bulk Food Purchase in the University of Hong Kong?

This proposal was prepared by Mr. P.B.L. Lam (Assistant Secretary, finance) and Mr. Luke S.K. Wong (Assistant to the Dean of students) of the HKU Catering Committee...

The Central Catering Administration proposed is for the situation in 1978 when the amenities building in the Haldon-Woodside site will be in use.

Under the amenities building manager, the university will employ a catering officer to be the executive officer of University Catering Committee...

There will be a Central Bulk Food Purchasing scheme. In studying the possible purchasing methods, the followings are assumed.

(1) The manager of the amenities building will be responsible for bulk purchase assisted by a Purchasing Section set up when the amenities building is completed in 1978;

(2) Storage space with refrigeration facilities will be available in the amenities building,

(3) The Union Canteen and the Medical Student Canteen will be University-operated.

Bulk food purchase will be on contracted purchase basis, and some form of transport to be used for purchasing will be required.

The advantages as proposed is hence greater efficiency, economy, and standard of catering services.

To sum up, we would like to make the following comments,

(1) Service (manner of kitchen staff):

Good manner cannot be guaranteed because the canteen staff will become University staff and not under the supervision of students.

(2) Quality of food served:

Meal standard cannot be guaranteed because amounts of frozen meat consumed will increase when refrigeration facilities become available...

(3) Complaint:

The administration of canteen will be under University, and not students society. Any complaint made will be indirect.

(4) Closing time and holidays of canteen:

This will not be under the supervision of students through students society and inconvenience may arise.

(5) Inconvenience:

The various canteens are geographically dispersed, this makes centralization difficult and inconvenient.

(6) Financial aspect:

Under Central Bulk Food Purchasing scheme, it is estimated that \$100000 could be save up each year. However, this may not be enough to cover the expenses on transport facilities and labour costs.

(7) Possible improvement in food hygiene:

Bulk food purchased can be checked before distributed to individual eating establishments.

(8) Larger capital will be available:

University of Hong Kong has a larger capital to make large changes in canteen service and facilities if she wants to.

The above comments are by no means complete and we must reserve the statement that some of them may not be fully accurate.

Finally, let us always think over the following questions:

To what extent is the Central Catering Administration and Central Bulk Food Purchasing scheme benefit the students?

What is the possible motive underlying the proposal?

Internal Affairs Sub-committee.

DO YOU KNOW THAT YOU, AS A MEMBER OF MEDICAL SOCIETY, CAN ENJOY ALL THE FOLLOWING FACILITIES AND SERVICES:

(1) Canteen service:

Food and drinks are provided from 8:00 a.m. to 8:00 p.m. from Monday to Saturday and from 1:00 p.m. to 7:00 p.m. on Sunday.

(2) Magazine in library:

They are donated from various publishers, including a/ Asian Architect and Builder, b/ Asian Hotels & Tourism, c/ Eastern Horizon, d/ Economic Reporter, e/ Far Eastern Economic Review, f/ Hoechst News, g/ Kaleidoscope Monthly, h/ Md Pacific, i/ Medical Progress, j/ Modern Med. of Asia, k/ Music Maker, l/ Newsdom, m/ News-week, n/ Photo Pictorial, o/ Scala, p/ Sing Tao Tour Magazine, q/ Spectrum International, r/ Textiles & Garments, s/ The Popular Weekly, t/ Travelling Magazine, u/ Week End News.

(3) Co-op:

Stocks for sale include notebooks, foolscap papers, key chains, society badges, car badges, ties, T-shirt, paper file, MHE pamphlet, SHE pamphlet and sweater, besides, stocks will also be ordered from Union Co-op.

(4) Table tennis bats and ball, Chinese Chess, Loud-speaker, Slide projector, Cassette and Stationaries can be borrowed from Medical Society office.

(5) Common room facilities:

Colour TV and TV room, Radio set and piano in music room, and Chinese billiard tables, telephone, and table tennis table.

(6) Black and white TV set in senior common room.

(7) Vending machine outside canteen.

(8) Printing service at Medical Society office:

There should be a Medical Society Executive Committee to be in charge this.

The charge is:- printing paper \$2.50 per 100 sheets, printing cost \$1.00 per 100 pages, stencil \$0.50 per sheet

(9) Newspaper:

2 different copies in canteen (明報, 華僑), these will be placed in the library later in the morning, 5 different copies in library (SCMP, 明報, 港時報, 大公報, 星島)

(10) Use of Common room:

Exclusive use of Common room requires booking, please fill in a room-booking form in the Medical Society office.

(11) Others:

Laundry, pantry, drinking water (from Faculty Office or from a drinking fountain opposite to the Medical Society notice board that is near the library main entrance.)

Internal Affairs Sub-committee, Medical Society, HKUSU, Session 76-77.



RESULTS OF THE INTER-FACULTY SPORTS COMPETITION OF THE LAST TERM. Table with columns: Men, Ladies, Overall. Rows: Aquatic (1st, 2nd, 1st), Athletics (2nd, 2nd), Badminton (3rd), Squash (3rd), Soccer (3rd). Includes text: 'Here, I would like to thank those who have participated in the games and those who have come to cheer.' and 'Sports Sec.'

A Talk by

Professor G. B. Ong.

O.B.E., M.D. Shanghai, M.B.B.S. H.K.,

F.R.C.S. Eng. & Edin.; F.R.A.C.S.; F.R.S. Edin; Hon. F.P.C.S., Hon. F.A.C.S.; Hon. F.C.S. (S.A.); J.P.

On "Surgery and Surgeons"

Lower Lecture Theatre

27th Jan., 1977. (Thurs.)

5:30 pm.



從「MM」聲到絕 不淫穢 (阿佛)

衆看官且莫誤會，此「MM」不同彼「M M」，乃絕非淫穢之語，此M為AGM, EGM之M，並無他意。

話說當日衆兄弟受七人幫所辱，正所謂天條可觸，衆怒難犯，於是M聲一起，衆兄弟齊集會場，創M會出席人數之空前紀錄，被擠場外者大不乏人。

阿佛亦被擠之於門外，於門外耳聞一句：「此左棍也」，蓋阿佛見識有限，未做 Physical Examination之前，未敢肯定其棍乃偏左或偏右，對該仁兄之一眼鑑定，不由衷心佩服。

該晚「秩序」之聲不絕於耳，「秩序」者，乃Standing Order也。每有人高喊「秩序」時，登時鴉雀無聲，發言者立被喝停，成個企直，阿佛在此時恍然大悟，原來 Standing Order之意，實在可解為「企直秩序」，是為令人企直之絕招。

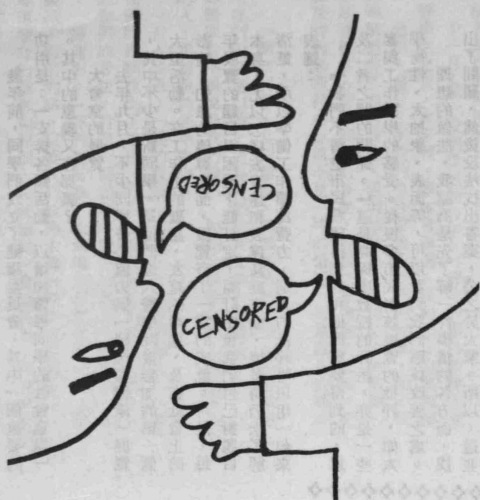
所謂衆志成城，未幾，一絕妙之動議出爐，內含高深哲理，對某報之無理指責，予以迎頭痛擊。原來淫穢也者，標準自定，自認絕不淫穢，則可心安理得，絕妙，絕妙。阿佛於M會後曾與友人旅行野餐，煲糖水時，一時失手，以鹽當糖，被辱於郊野，苦無對策之餘，心生一計，本M會精神，破口大罵：「此水乃老子吃慣之物，好加鹽，絕不覺鹹；如有人覺咸者，乃其汝等頭腦咸也。」衆友人之為之語塞。自此之後，做事心安理得。「絕不××」之聲，隨口而出，實拜M會教育所致，感激，感激。

阿佛素來喜讀報章，每天三數份，從不間斷，某報亦為阿佛所喜，但自被辱以來，因怕瓜田李下，已不敢再讀某報，每經報攤時，偷眼「窺」之，心癢難當，無奈明哲為重，忍痛收手，淚濕青衫。

當國內提出「繼續」批判四人幫時，衆兄弟也來一次「斷續」批判七人幫，因M會之後，再無某報之消息矣。

口水之後，照例來一聲明，阿佛所言，絕不「別有用心」，絕不「秘密」，絕不「影射」，絕不「七七」，絕不「物物」，如有人認為阿佛「七七物物」者，乃其頭腦「七七物物」也。

編者按：該文章「絕不」代表啓思意見，一切後果「絕不」由啓思負責，啓思「絕不」七七，「絕不」物物，特此聲明。



OUR DEAR LIBRARY

"Dedicated to all those who have to stay in our library."

THE neat arrays of satchels filling the shelves at the library entrance promptly suggest it's another full house day of the exam season — the days when everybody talks to everybody about every details of the MBs, — the days when all medics flock to our dear library.

NOW when you are safe in your own seat, you know you are carefully shielded from the noises and dusts of the world. Everyone clings to his books and notes, in full appreciation of their authors: whoever writes the more concisely, the better. The eyes are, and must be, well adapted to the light spectrum: yellow underlines with nerves, red with arteries, blue with veins and lymphatics, green with ligaments, brown with proprioceptors, orange with special visceral afferents, purple with general somatic efferents and so on What a wonderful world of colors, with eyes open and even with them closed!

THE reserve-books section is always in a tonic state, the frequent ringing, the high rate of turnover of books, the long waiting lists for the precious species, the repeated requests for extension of loan periods and the more checkings for overdue fines!

EVERYTHING is just too familiar here, the same good students staying in the same old seats by the same windows, with the same set of books. Never seemed tired or feeling like walking outside to challenge the whistling winter blasts or early spring breezes. Who cares about the seasons outside? It's exam season.

AT long last, perhaps you may think of sparing yourself closing up those well-read books, with triumphant smiles like those of a great warrior. But all too often, that tip-of-the-tongue term just can't be uttered no matter how anxious you want to answer a fellow student who incidentally ask about those things that are well-remembered, not so long ago! Well, the only prescription is second reading. Sure.

TIME is not followed day by day as the calendar lays down, but counted as number of days or nights preceding the exam timetable. The closer the approaching dates, the more interflow of rumours and ideas alike, the more frequent bookings of the study-rooms, the more users of the photocopy machines, and the more reluctant people to drag away from their seats.

AFTER the usual 11:00 pm bell, when the last minutes of library hours suspend, the pavements of Sassoon Road remains in the same cold and dark despair, with perhaps a bit of light gleaming mockingly from Queen Mary Hospital. Do we flock from library to wards?

疾病能使我淡漢名利——波普
探望病人，不可怠慢——聖經
上帝治癒，醫生收取醫費——富蘭克林
我發現有的藥比病還要壞——福萊柴爾
只有最好的醫生，才瞭解大部份的藥是沒有價值的——富蘭克林
我相信，假使把現在所用的一切藥物，都拋到海底，對人類是有益的，對魚是有害的——霍姆茲
自然力，時間，忍耐，是三個最偉大的醫生——波恩
醫生們對他自己所開的藥知道得很少，對他所看的病瞭解得也不多，對人類更是一無所知——禮爾特爾

死有重於泰山，輕於鴻毛——文天祥
英雄只死一回，懦夫卻死無數次——莎士比亞
有時我們往往因為從一個噩夢中醒來而深自慶幸，死後的時光可能也就是這樣——雷桑
為甚麼怕死？它是生命中最美麗的冒險呢！——查理福勞曼
疾病是對我們縱慾或忽視保健之一種懲罰——克里夫特

記本年度第一次會 外務

一九七七年一月七日，香港大開了本年度的第一次會員大會。是開，是基於一百八十多位同學聯名討論及議決有關馮宜亮、區衛民、同學印發的「從揭露秘密會議文件看港大校內圖控制學生會」的傳單。」該份傳單於去年學生會大選前十一月二十三日在校園內出現，一同學認為該傳單「嚴重歪曲事實，學聲譽」，「阻礙同學參與學生會問題」，「影響學生會大選」和「對學生會產生錯誤印象」，是以要會員大會，經評議會通過，乃定於下午五時三十分召開。

當日大會在陸佑堂舉行，於法：後在五時五十分正式召開。首先由三位同學和十三位在傳發中提及的待了他們對該份傳單的看法，隨後環繞看這份傳單的有關問題來討論。其後，於袁淑薇同學提出了她的大會便就該傳單內容是否與事實影響十三位同學的名譽，學生會名譽，學生會幹事會選舉，和同學參與等問題討論。不少與會的同學都的問題發表了他們的意見，經過討論，大會終於以大多數票通過了

(港大學生會認為馮宜亮、區和於一九七六年十一月二十三日所「從揭露秘密會議文件看港大校內圖控制學生會」的內容與事實不符三位同學該次聚會的目的，歪曲了的聲譽和學生會的名譽，影響了學生選舉，阻礙了同學以後參與學生會

學生會認為這個做法是錯誤的位同學討論學生會的問題，關心學示信任。

學生會呼籲同學堅持坦誠開放極參與學生會的活動，為建設一個會而努力。)

雖然已經是凌晨二時多，仍有學在座。議案亦在大多數同學的贊。議案通過後，大會响起了長時間的大會亦在八日凌晨二時三十分正式





投票人數：五百四十七人。
是紀錄上的一個突破，是醫學會發展的一個里程碑，更是我們全體醫學生關心醫學會的一種表示。

自從新學年開始，同學們的積極性便在各方面表現出來，如精神與健康展覽，如近二百人的迎新營，如數十多人的啓思編委……舊的面孔，新的面孔，醫學院內，到處洋溢著工作的熱情。

十一月，是一段開烘烘的日子，一連串的事件接踵而來，醫學生之夜，大字報，學生會改選、反對票、文匯報事件、全民大會……不同的事件背後有不同的因素，而不同的同學也有不同的看法，但坦誠開放，互相交流的精神，正是我們深入認識問題的基礎，摸索未來道路的起點。但願當時的熱烈討論氣氛不是一時的情緒，而是真正的關心。

「團結同學，共同參與，認識將來的責任。」這不單是我們的競選口號，更是我們向大家的一種承諾。但正如醫學會不單屬給我們幾個，而是全體學生的，作這承諾的人，希望也能包括著你。

有人說過：「愛的反面不是恨，而是漠不關心。」當我們的政綱提出了之後，有人支持我們的理想，也有人反對我們的看法，對這一切表示過意見的同學，我願說一句：「謝謝你。」你們的衝擊，如兩塊火石之互敲，給我們照亮了面前的路。只要我們能抱求真的精神去切磋研究，尊重彼此的理想和原則，縱使觀點、實踐各異，又有何關係呢？

對一直以來保持沉默的同學，我只希望那是一種「放心」的表示，而不是表示毫不在意。
說了一大堆，全是零碎的個人感受，於此也該說說今年的計劃。雖然上任只有個多月，但各方面的作已踏上軌道，尤其令人鼓舞的是參與工作的同學比以後更多更熱心，這才是活動成功的保證。由於計劃一年之活動實在太多，於此只畧述一下未來幾個月月的活動。

對外方面，大致將由外務委員會負責，目前飯堂外的兩塊板，正是他們的「傑作」。在年中他們會按時把各方面資料與同學交流。計劃中不久的將來還會安排學生會幹事和「赫戲七六」的座談會，以促進了解。

至於「關心社會」認識中國方面，將計劃與健康委員會和啓思合辦一些活動。並嘗試設立中國近代史學習班，以增廣認識。提起「放眼世界」，目前菲律賓正有

一個 Workshop 邀請同學參加，詳情將會另行公佈。不久前我們也曾與星加坡的醫學會幹事接觸，希望交換學生的計劃能早已實現。
此外各種講座、電影，如最近外科系王教授的講座，世大的幻燈等亦會舉行。
在內務方面，正在進行的有介紹課程修訂，討論統一膳食計劃，飯堂意見調查，為醫學中心爭取電話，增訂報紙，康樂棋等。醫學會手冊亦會在日內印好，分派給各同學。

康樂委員會目前計劃與兄弟會合成立土風舞興趣小組，加強醫學會合唱團，並參與了「學生節」的籌備。至於「週年舞會」，則希望能有更多同學提供意見。

財務方面，由於 Elixir Loan Fund Board 已決定放棄以「週年舞會」籌款，其經費部份將由中央基金贊助。另一方面，籌款計劃中除首映禮外，還包括了一次步行籌款，希望能以同學的努力為醫學會籌募基金。

體育方面，目前對重奪系際冠軍機甚濃，詳情會另行報導。

這些只是在進行中的工作，也只是全年工作的一部份，希望各同學能繼續留意將來的發展，儘量參與。最後，再重申一次，醫學會是大家的，這是大家的權利，也是大家的義務。



Otitis media isn't child's play

It needs effective treatment — and quickly. Otherwise chronic otitis media, with deafness and continual discharge, can be the legacy in later life.

Ceporex Syrup containing cephalixin, a broad spectrum antibiotic with a success rate of 94% in acute otitis media,* is the treatment to choose.

Cephalixin destroys most of the organisms which cause otitis media, including *H. influenzae*, the pathogen most commonly encountered in young children.

And children experience the very minimum of distressing side effects with Ceporex Syrup—the safe answer to a troublesome condition.

Ceporex Syrup overcomes otitis media



Presentation
Ceporex Syrup is available in 125mg strength

*Advances in Antimicrobial and Antineoplastic Chemotherapy, 1972, 1, 1199

Glaxo

Glaxo Hong Kong Ltd.,
9th Floor, Block B,
Watson's Estate,
North Point,
Hong Kong.
Telephone: 5-719261
Ceporex is a trade mark.



RULES AND REGULATIONS GOVERNING THE PUTTING UP OF POSTERS, NOTICES AND LARGE CHARACTER POSTERS (EFFECTIVE AS FROM 17th, JAN., 1977 ONWARD):

- (1) Posters, notices or large character posters must bear the chop of Medical Society and also the signature of a member of the Executive Committee of Medical Society with the following exceptions. Firstly, the chairman of Standing Committees of Health, Elixir, Caduceus and Fraternity are responsible for putting up posters of their respective Committees provided these posters bear the chop of that Committee and their own signatures. Secondly, Class posters can be posted on class notice board with the permission of the authority of that class.
- (2) Signature and stamping of chop on poster, notice or large character poster ONLY shows the permission from the Medical Society Executive Committee for posting and the person(s) who put them up will bear the full responsibility whatsoever of the content of the poster, notice or large character poster.
- (3) Posters, notices or large character posters can be put up only on Medical Society notice boards or tile wall outside the Canteen or lockers on the locker rooms.
- (4) Content of posters, notices or large character posters should be for providing general information, or for the interest of Medical students and be supported by facts.
- (5) Content of notices or large character posters must not involve personal attack.
- (6) Posters and notices should be removed by the person(s) who put them up when it is out-of-date.
- (7) Large character posters should be removed after one week's time. Otherwise, it will be removed by the Executive Committee Members.
- (8) All the removed posters, notices or large character posters will be stored in Medical Society office. They would be disposed if not claimed back within one week's time.
- (9) All the above rules are subjected to future alternations when necessity arises.
- (10) Interpretation of these rules and regulations shall rest on the Medical Society Executive Committee.

Executive Committee,
Medical Society,
HKUSU,
Session 76-77.

新的一年·新的展望

健康委員會

在寧謐的沙宣道，在忙碌的病房裏，在擁擠的演講廳中，慢慢地我們渡過五年的學習課程。隨着年齡和知識的增加，我們接觸的人也愈多；當更多人（特別是病人）的加入，我們自己的認識都會有新的轉變。將來，我們會闖入更多人的生活圈子裏，會成為更多人的希望所託。五年裏，我們在心智、人格的成熟上會和知識相應的增長嗎？我們對自己將來的責任思考過多少？同學們每人都有不同的感受及抱負，不同程度的受着大學生活所影響。這期間我們若主動地去了解多一些我們生活中的社會，特別是醫療方面，同學們或會問：「有這一必要嗎？」

幾年前，同學們成立了健康委員會，其中一個重要的功用是：「安排各類活動，以增加醫學同學的社會意識」。其中的意義又在那裏？

去年九月，不少同學齊心協力搞「精神與健康」展覽，其中不少是新同學，是他們進入醫學院後參加的第一個大型活動。在工作上的獲益、友誼的增進、及在社會上的影響，知識的傳導方面，展覽有了一定的成就。可是，每年展覽的題目很困難才能訂定，而訂定後我們自己對題目本身，尤以怎樣去表達和表達甚麼方面，很多時仍未了解清楚，所以準備工作頗為費力，別人的批評可以用一句來表達：

「我們不清楚市民希望得到的和他們應要得到的，以及二者之間的關係。」這是高保康教授的評語，亦是一些參與工作同學的感受。從很多市民對該展覽的批評，如太學術性、太抽象、表面等，可以看到我們應該改善之處。理想的辦法，我認為是先了解一件事物的各方面，找出問題，然後設法找出答案，公之於大眾。所以，這並非是一朝一夕可以辦到的，需要長期的工作；在現階段，我們只能嘗試作一開始。然而，今年的展覽仍必需先定主題。我們希望能改善的有：主題的選擇方法，同學們對主題意義的了解，展覽內容的選擇及表達，以及同學們本身對展覽的準備。最後，尤其重要的，是讓同學對展覽本身的意義有充分的討論——參與這展覽與增加我們的社會意識有何關係？展覽是否已成為醫學院一個每年的傳統活動？我們參加的目的又是甚麼？

今年展覽的主題，同學們有甚麼提議呢？我們希望能收集多些意見。

「香港醫療問題」

去年的「香港醫療學習小組」仍在摸索階段。事實上，怎樣去開始確是一個難題。去年三月的元朗區訪問，及上兩個月的「職業與健康」，給了我們一些經驗。很多同

學們覺得他們對香港醫療情況沒有基本上的認識，所以很難去對某些問題下結論。一些同學認為認識香港醫療制度、設施及計劃不但是了解醫療問題的基本，亦是我們了解「市民所需」的第一步。因此，健康委員會已決定下一年的工作將以「香港醫療問題」為主題。開始幾個月，我們將重新介紹香港的醫療制度、設施及計劃，以及與醫療有關的各行業。

「健康會」

協助各中學成立「健康會」，幫助及鼓勵中學同學們主動進行有關健康衛生的活動，是去年成立的「健康會」小組的目標。基於缺乏和中學校方的了解及聯絡的困難，去年的工作沒有多大的進展。今年將針對這兩個問題，改善接觸的方法。

合作

健康委員會是醫學會屬會之一，自應和 E.S. Co. 及其他屬會多合作及聯絡，一同為同學們服務。我們在這一點將倍加注意，以求整個醫學會的活動能互相配合。

與外務委員會的合作早已開始，主要是一同搞好飯堂外的資料版。以後活動通告及資料性的文字，將儘量利用這塊版以及啓思轉達給同學。

結語

以上只是我們根據上年經驗作一粗率的構想。今年我們請得社會醫學系高保康教授作我們的名譽顧問；我們希望同學們能多給意見，一同謀健康委員會的主要目標進發。

編者的話：

啓思曾於去年十二月作過一個抽樣訪問，內容是有關同學們對醫學會以往活動的意見及徵詢大家對未來新幹事的期望，以供各常務委員在訂定工作方針時作為參考；但到現時為止，訪問結果仍未公佈，其間實在很多困難。一、訪問時間剛好在各班考試期間，同學們都很繁忙，所以對訪問的反應不大熱烈；有些做訪問的同學也未能依計劃抽空去接觸其他同學，所以接受訪問之同學只共三十多人，其代表性頗成問題。

二、各常務委員會已成立及對來年活動已有計劃，故訪問的原意及所起的作用相對地減少。

三、有同學對訪問內容表示不滿，認為過於空泛、缺乏具體細節，因而很難就是次訪問取得結論。

不過，啓思編委會並未否定今次訪問之價值，並將會把一些已收集的具體的意見交與有關各常務委員，但因以上之理由，決定不把訪問結果刊登。我們會吸取今次的經驗，在將來適當的時間，配合醫學會的活動，作更具代表性及內容落實之訪問，以發揮作為同學喉舌之功用。

最後啓思編委會對各參與是次訪問之同學表示萬二分謝意。

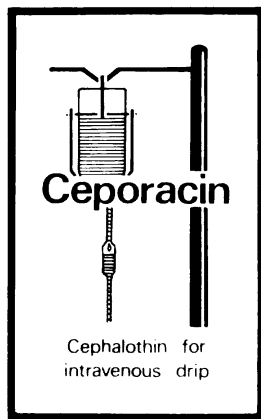
啓思編委會

啓思稿例

- 一、啓思歡迎老師、同學及醫生來稿。
- 二、中文稿請用原稿紙直寫，英文稿請用打字或書寫清楚，請勿一紙兩面寫。
- 三、來稿可交與任何一位啓思編委或投入飯堂內的啓思信箱。
- 四、來稿可用筆名，但須附真實姓名、年級。
- 五、本刊恕不退稿，如欲退稿，敬請註明。
- 六、編輯有刪改權，如不欲刪改者請註明。
- 七、來稿文責，作者自負。
- 八、如果有任何投訴，請於文刊登後三個月內提出，逾期本刊恕不負責。
- 九、如要轉載啓思稿件，請先通知啓思編委會。

更正啟事

在第八卷等十、十一期合刊，訪問何浩昌醫生有關醫學會之夜一文中，「而最富革命的就是 Medic' 72」一句應改為「而最豐富革命的就是 Medic' 76」。



Versatility of Choice
from

Glaxo - the Pioneers of the Cephalosporins

社論

啓思編委會

翻翻去年的啓思，發覺上半年和下半年有着十分不同的風格。上半年多着重於一些醫學上和醫學道德上等問題的探討；而下半年則多着重於反映醫學院內的活動。兩個方面，都是我們應當關注的，然走向任何一個極端，都是不對。事實上，我們既是醫學生，也是大學生，也同樣是未來醫生；所以，多思考和多去理解自己對病人和對社會所應負的責任，是非常必要的。啓思既是一份醫學生的報紙，當要對醫療界及醫學上的問題作出敏銳的反應，報導和帶起討論；同時，啓思既是同學的報紙，便要有同學的心聲，更要反映同學的意見。而且，作為港大校內的一份學生報，對大專界的活動，也需要主動地作推動、宣傳及報導。

從去年的回顧，我們覺得啓思應負起兩個任務：

(一) 啓思是醫學生的報紙，應該多報導醫學院內的活動，另一方面，也要多注重醫療界內發生的事情。
 (二) 啓思作為一份大學生的報紙，更要多討論學生運動的方向和各種活動，多鼓勵同學投入參與，使同學的五年大學生活更充實，接受更多思想上的衝激。所以，充份地反映院內院外各同學的看法、生活和心聲，讓同學在啓思上多發言，多舒展一己的胸懷，很有必要。

就第一點而言，我們覺得要真正正辦一份屬於同學的報紙，便要走到同學中去，多了解同學的想法和要求。要成功地報導一個活動，作為啓思編委便要實際去參與這些活動，親身經歷，親身感受，在參與的過程中了解其他同學的看法。我們覺得，要做到這一點，便要加強和幹事會和其他委員會的合作和團結，通過訪問，通過直接或間接的交流和討論，多將搜集得來的同學和老師的意見反映給幹事會及常務委員會，務使醫學院的活動辦得更好，更屬於同學。除此之外，我們更希望能與醫學會屬下組織加強合作，攜手推動醫學會內的活動。好像今期刊討論有關將於今年九月便要實行的新課程專題 (Newly Revised Curriculum)，便是與外務委員會一同合辦。此外，將要來到的還有有關 IMMSA Policy Statements 的討論，健康委員會的社會性活動，兄弟會的迎新，Elixir 的專題等等，都是啓思需要積極參與和報導的活動，亦是考驗各屬會的相互合作關係。

醫療界所發生的事件，直接的，間接的都與我們有關，啓思要有敏銳的反應，盡快引起討論、提供資料，在必要時更要舉辦座談會。這一切，都是一份醫學生的報紙所應發揮的作用。

就第二點而言，我們覺得作為一份大學生的報紙，啓思應該多討論有關學生運動的方向和各類活動。在短短的幾年大學生活中，鼓勵同學多對社會人生作出探索，認識自己身處的社會、國家和世界。近年來，年青學生除了課本，都經常走到社會去，也通過大大小小的活動，對一些切身問題提出討論，重估一己的責任。學生會，其他系會和其他大專院校，都蓬勃地開展著各種各樣的活動，啓思應該充份發揮作為橋樑的作用，將他們的消息帶到醫學院來，也將我們的消息帶給外界。

有關問題的探索，我們得要承認一點：同學來自不同的家庭背景，不同的學校，有着不同的宗教信仰，不同的社會經驗和不同的切身體驗。同學對世界、國家、社會有不同的見解是很自然的。有同學喜歡通過翻閱不同的書籍雜誌去認識問題；有同學喜歡參與一些實際的社會工作，社會探討、參觀旅行等等。正因為同學有着不同的實踐，所以對事物亦有不同的看法。不過無論怎樣，同學的看法都是經過不少的參與，努力的學習和摸索而得來，都應該受到尊重。我們不同意把同學間的不同意見說成是不同的派別，我們相信同學都希望了解世界、國家、社會和作為一個醫生所應負的責任等問題，在這個基礎上，大家都是共通的。我們覺得啓思應主動地帶起這些問題的討論，多聽不同的意見，使啓思成為同學發表意見的園地。

最後，我們相信，醫學院是屬於每一位醫科同學的大家庭。同學應該和睦相處，低班同學應尊重高班同學，高班同學更應該愛護和幫助低班同學。高低班互助互愛，共同參與活動，互相交流意見。對一些問題可能有不同的見解，但只要大家抱着坦誠開放的態度，有事和大家一起商量，而不應像所謂「七位醫科同學」一樣，隨便將醫學院內部事情向外張揚；那麼，不同意見是一個促進，而不是一個做成同學分裂的因素。於此，我們更加希望啓思真正正能夠成爲一份屬於你的、我的、所有同學的報紙。

ELIXIR - YOUR MAGAZINE

The Elixir Editorial Board (1977) came into being in the beginning of the year and this is the first time we meet in words.

Essentially, the role of the magazine is two-folded. Firstly, it serves as the official record of the Medical Society. To be successful as such, it should be a record to which all of us may wish to refer. Literally, it is your valuable collection of past experience as well as golden memories as medical students. Secondly, it serves as a vehicle bridging the gap between the medical students and people of the medical field - be he or she a member of the academic staff, medical officer, a private general practitioner - or even the population in general.

It is our hope to preserve the good tradition of our predecessors. In addition, we would like to introduce several changes in our magazine this year, which, in our opinion, has still room for improvement.

There is still a cry for a bit of liveliness and vividness in our magazine. Doubtlessly, this is on the move as our predecessors may well agree. We hope to make the magazine more appealing and worth-reading by introducing more features of common interest and by changes in the method of presenting. Minor though this may seem, it is crucial and your support and advice is warmly welcome.

Unfortunately, the Elixir editorial board is the least-heard-about Standing Committee in the Medical Society. This is unquestionably a great 'draw-back' in achieving its function as a representative publication. Publicizing is our job and of course, your response will be the complementary ingredient for success.

The preparatory work is a year-long process and with watchful eyes and hard-working hands, we will make the best out of us to make the magazine - for the students, by the students and of the students.

- The Elixir Editorial Board (1977)

CHIEF EDITOR: HUS YUN CHIANG, STEPHEN
 GENERAL MANAGER: WU CHING YING, AMY
 FINANCIAL MANAGER: MOK KA MING, CHARLES
 PHOTOGRAPHER: HUNG CHI TIM
 EDITORS:

CHIU LAI WAH, ALWINA
 HA SHAU YIN, RAYMOND
 KONG CHI KWAN
 LAW MOON YUNG
 LI CHI HIM
 LI SHAN HO
 LO CHI KIN
 YUEN LAI FAN
 YUNG CHO YIU

承印：忠誠排字植字公司

香港灣仔船街 15-17 號 2 樓 2 日座 電話：5-280745, 5-270842

EDITORIAL BOARD (1977)

Hon. Advisor: 曹紹釗醫生 (Dr. S.C Tso)

Editor-in-Chief: 伍志誠

General Editors: 李偉聯 甘啓文

Secretary: 梁佩娥

Treasurer: 周永堅

Section Editors: 康貴華 譚麗芬
 馬學章 麥廣亮
 何顯頤 吳榮豐
 關玉蓮 陳國璋
 戚敬華 袁國勇
 雷聲響 黎國良
 李炳光 韋玉良
 鄧文祥 吳維昌
 陳家遠 梁月歡
 楊重光

Artists: 沈明德 文志衛

Circulation Editors: 劉漢杰 傅建行
 傅秉雄

Photographers: 莫家揚 許伯鈞
 李震垣 戚敬華

News Editor: 蕭宏展

Past Board Representative: 林容賜