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啓思

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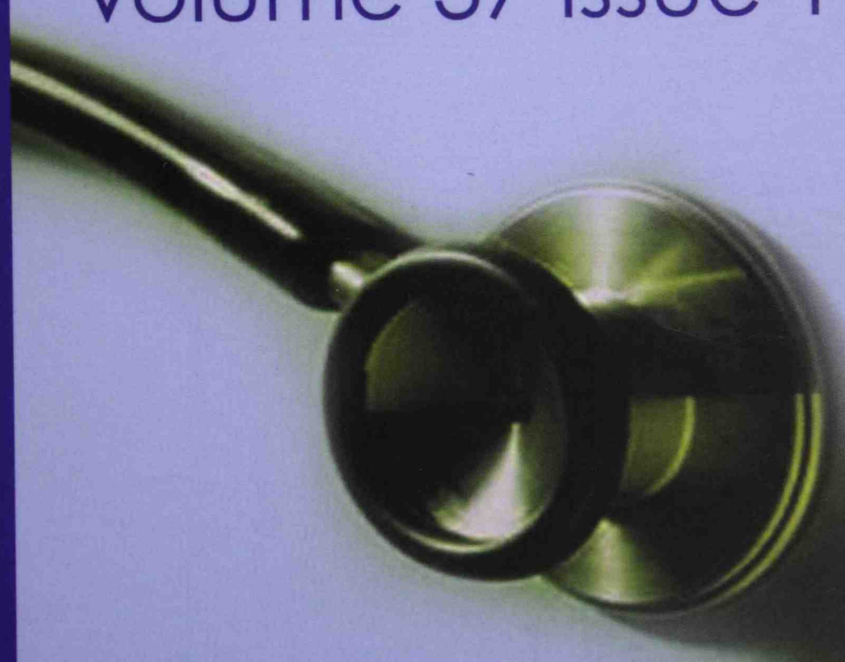

編者的話

當初選擇加入《啓思》編輯，是希望吸引更多醫學院的同學欣賞我們這本共同擁有的刊物，在這裡互相交流意見，或者從中得到一些共鳴……但漸漸發覺，這並非如我想像般容易。整個醫學院三百名一年級生中，只有六個人願意加入《啓思》編輯，我們每人的工作分擔自然會較重；在上莊前作廣泛宣傳時，我驚覺有些在醫學院讀了數年而快將畢業的學生，居然不知道《啓思》是什麼；上莊後開始徵稿，我一次又一次呼籲身邊的同學投稿，但一次又一次的被婉拒。老實說，我是一次比一次失望的，亦覺得自己很失敗。

不過，我告訴自己，也許這是上天安排的考驗，考驗我的意志力，所以我必須樂於接受這個挑戰，既然我當初下了決心，就必須負起總編輯的責任，盡心盡力地為《啓思》做到最好！我衷心希望本來對這本刊物不感興趣的同學也能感受到我和其他莊友的努力，欣賞我們努力得出來的成果。

請容許我再次感謝莊友們的互相合作和投稿者的支持！是你們的努力令本期《啓思》順利誕生……

黃愷怡

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Rough

Eyes looking into eyes,
in the deep whirl,
searching for the root of sensation
of melting ice.

Shoulders locking shoulders,
on a bull ride,
jackets ripped, shirts torn,
dam and levee mouldered.

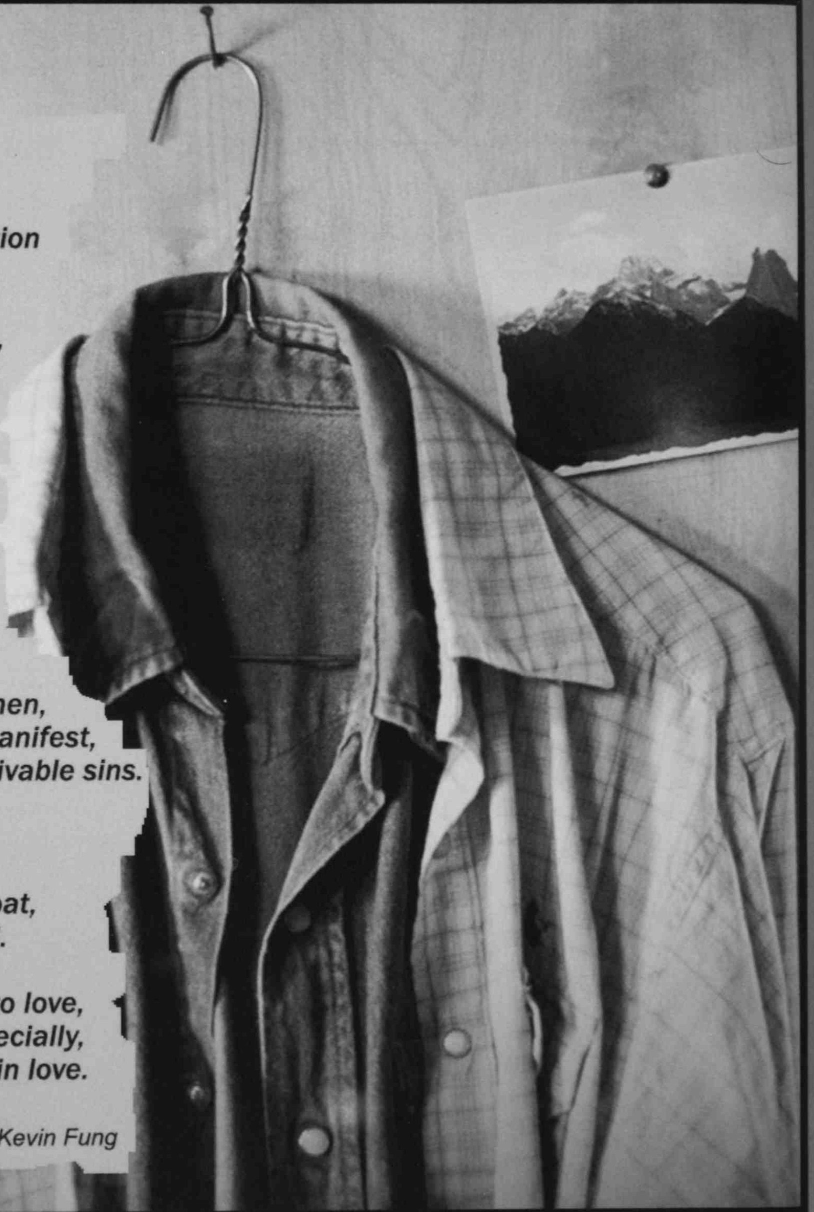
Lips sucking lips,
soft and moist,
mottling guilt penetrating
through the ribs.

Pain sediments eventually,
in the smell of sweat and semen,
lying there, let the pinprick manifest,
drowning in the sea of unforgivable sins.

Choking for air, only a word,
tears will rush out,
as if water raiding into the throat,
and love shawdowed the world.

For it is a sin to love,
especially,
when there are two men in love.

Kevin Fung



No News is Good News...Right?

It was a perfectly fine, nondescript Monday. Just another school day...with one small, but crucial, difference.

The Faculty had started calling those few unfortunate people who had failed their formative examinations.

The first I heard was lunchtime, when word was beginning to spread that somebody - you never know who, in these situations; it's always somebody's friend's groupmate - had received one of the dreaded calls. Reports started coming in thick and fast during the afternoon session. "One in your group?" you would ask, and get a terrified nod in reply. The mere sound of a phone vibrating was enough to set a tableful of students screaming. The same students who, by the way, happily cut up cadavers and inject live mice without changing their expression. It was a dark time for M10 indeed.

Some decided to take advantage of the situation. One in particular called up a classmate pretending to be the faculty.

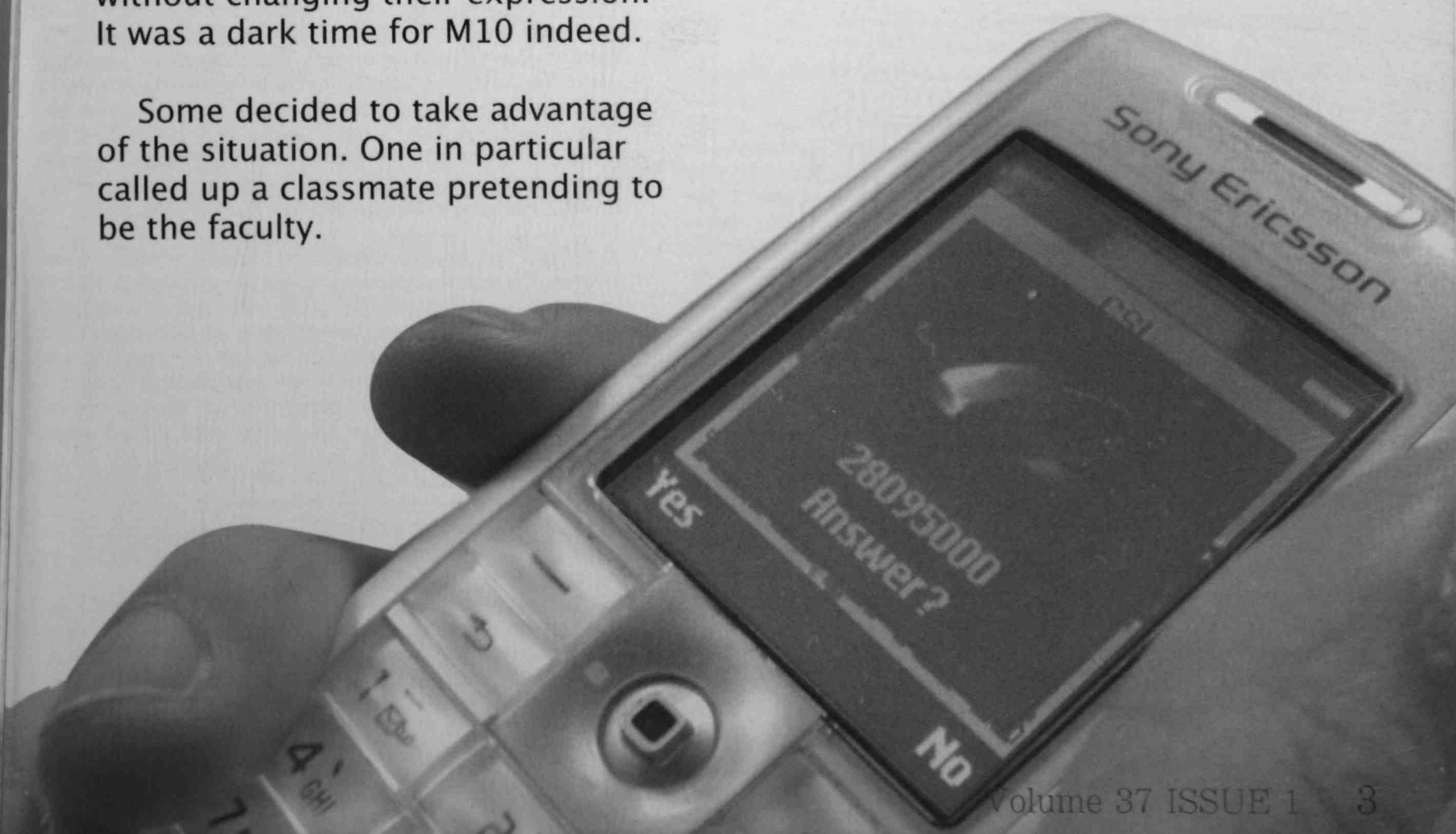
And Heather believed him. The look on her face was priceless. It was a cruel joke, yes! But priceless.

(By the way, Heather passed with a wide margin and will probably not fall for such trickery again. Alas.)

This wore on into Tuesday, and then Wednesday. M10 started resembling an congregation of zombies. Bags magically materialized under even the most well-rested's eyes. Until, at long last, somebody finally called up the Faculty and demanded to know if they had finished yet, and obtained an answer in the affirmative. And we all heaved a sigh of relief.

At least until June...

Denise Chan, M10



Mr. Sharon: a case on the evidence-based medicine

David Chan (M10)

TIMELINE
ARIEL SHARON'S HEALTH (BBC News online)

18 Dec 2005: Sharon suffers minor stroke
4 Jan 2006: Sharon rushed to hospital one day before scheduled heart surgery with major stroke
4/5 Jan: Undergoes two operations overnight
6 Jan: Third round of surgery
9 Jan: Doctors start to try to rouse him from medically induced coma
15 Jan: Has tracheotomy to help to wean him off respirator
25 Jan: Medical team hold talks with long-term care specialists
1 Feb: Doctors insert feeding tube into stomach
10 Feb: Brain scan shows no change in condition
11 Feb: Has infected area of colon removed after condition worsens

My dear fellow classmates in the medical profession, I am not sure if you have not been busy enough to have the leisure of following the news of Mr. Sharon's illness, however, as the MBBS1 is at their Cardiovascular Block, I would very much like to add a bit of their workload by introducing Mr. Sharon's case to all of you. OK, just kidding. I don't think I need to tell you how great the impact Mr. Sharon's illness has had on the Middle-East political situation. You would expect Mr. Sharon to be receiving the best treatment from his doctor, however, his current illness might have been induced from those treatments, and the practice of evidence-based medicine in this case is particularly interesting. Before this, let's not forget that first and foremost Mr. Sharon is a man and we, as in the medical profession, shall show humanity and sympathy.

Quoted from the BBC News Profile, "...news that he (Mr. Sharon) had suffered a mild stroke on 18 December came as a surprise to his personal doctor, Boleslaw Goldman, who said that he had had no serious health problems in the past other than being very overweight."[1]

Alright guys, we've now got a patient who suffered a minor stroke. What caused that? Well, for minor stroke, the etiology is usually unknown. However, for Mr. Sharon, his doctor found that he had a birth defect, a patent foramen ovale (PFO), which means there is a hole between the atria. Pretty exciting isn't it, as the doctors might have found the cause of the stroke and would be able to do something about it.

What is patent foramen ovale (PFO)?

The blood pressure in the left atrium is higher than that in the right. With PFO, blood flows from the left to the right atrium during atrial systole. As the right ventricular pressure rises from the chronic volume overload, the right atrial pressure will rise. The degree of left-to-right shunting will be decreased. Eventually, the shunt may even become right-to-left. As you might aware of, the blood pressure in the atria are quite small and the amount of blood flow is quite small indeed so usually patients with PFO are asymptomatic unless a complication occurs. Actually PFO is not uncommon in the population. Hagen et al. studied 956 patients with clinically and pathologically normal hearts and found a PFO in 27.3 percent[1].

How might PRO lead to stroke?

If it is the case for PFO to be so common, how come the doctors were so excited about it? At this point, I have to bring in the association of PFO with Paradoxical Embolism. Paradoxical embolism is a condition when the embolus in the systemic circulation enters the system through right-to-left shunt without going to the pulmonary circulation. By far the most common potential intracardiac shunt is a residual PFO. Just imagine an embolus is travelling from the right lower limb back to the heart, and it enters the right atrium. Suppose there is a hole between the atria, and the embolus just manages to go through it, for whatever reason. Then what could happen? The embolus that is supposed to be filtered off in the lung now is at the left atrium, and could easily go straight to the brain, causing infarcts and stroke. What is beautiful story! Now I need evidence-based medicine:

Lechat et al., using transthoracic echocardiography with contrast injection during Valsalva maneuver, demonstrated right-to-left shunting through a PFO in 56 percent of patients with cryptogenic stroke, in comparison to 10 percent of the patients in the control group.[2]

Webster et al., in a study of stroke patients less than 40 years of age, found a PFO in 50 percent of patients with stroke using contrast echocardiography.[3]

Di Tullio et al. demonstrated the presence of a PFO in 42 percent of patients with a cryptogenic stroke, compared with 7 percent in those with a determined etiology of stroke.[4]

Evidence-based medicine tells us that there is a strong association between PFO and paradoxical embolism. However, evidence-based medicine also tells us that PFO is a condition that is extremely unlikely to cause a stroke in a man in his 70s. If it's going to affect you it'll happen when you're in your mid-30s, not in your 70s.

What is paradoxical embolism?

In PFO, which is not a transient condition, the pressure in the right and left atria presumably are equalized. Paradoxical embolism is named as there is an arterial embolism of venous origin.

Without much clinical knowledge, I can't tell if Mr. Sharon's stroke was resulted from the PFO. However, his doctors said that the hole was thought to have contributed to the minor stroke, which they planned to close with a catheter operation. They decided to treat the PFO as the prime minister would be unable to bear further risk of having stroke. While he awaited the catheter operation, anti-coagulation medicine was prescribed. This was thought to lower the risk of another stroke, however, might induced a stroke as well. In fact, Mr. Sharon suffered from a major stroke one day before the schedule operation. Cerebral amyloid angiopathy was identified afterwards, which was one of the main causes of cerebral bleeding in elderly patients.

So, could we say Mr. Sharon had been receiving over-treatment that was unnecessary, or even damaging? This is so called the "VIP syndrome" as it happened on prominent figures. How about the consideration of evidence-based medicine? Did the doctors offer the best treatment to the best of their knowledge? As a first year medical student, I really couldn't give you any meaningful conclusion, though, to the best of my knowledge, I hope this case at least would provoke some thoughts.

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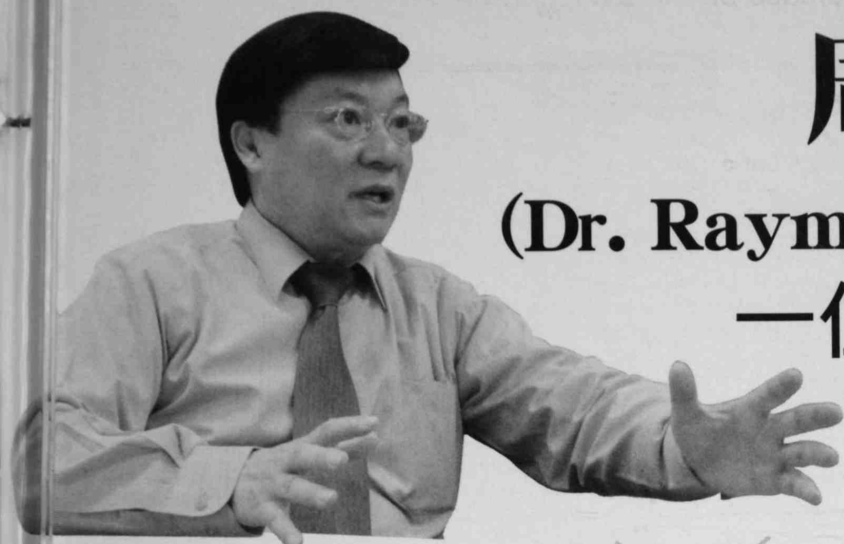
[1] http://news.bbc.co.uk/2/hi/in_depth/middle_east/israel_and_the_palestinians/profiles/1154622.stm

[2] Lechat PH, Mas JL, Lascault G, et al. Prevalence of patent foramen ovale in patients with stroke. *N Engl J Med* 1988;318:1148–1152. [PMID: 3362165]

[3] Webster MW, Chancellor AM, Smith HJ, et al. Patent foramen ovale in young stroke patients. *Lancet* 1988;2:11–12. [PMID: 2898621]

[4] Di Tullio M, Sacco RL, Gopal A, et al. Patent foramen ovale as a risk factor for cryptogenic stroke. *Ann Int Med* 1992;117:461–465



周明華博士

(Dr. Raymond M.W. Chau)

一位解剖學講師的自我剖白

相信大部分香港大學醫學生對周明華博士都有很深刻的印象。可是，大家對周博士所作的科研和教學理念又了解多少呢？

學生生涯

啓：「請問您在大學和研究院裏主修的是甚麼科目呢？」

周：「我在大學主修微生物學，後來在研究院再主修分子生物學、細胞生物學和病理學。我對醫學研究特別有興趣。記得在哈佛醫學院當博士後研究工作時，我的一位導師跟我説，修讀醫學並不一定是我最佳的選擇。如果我對醫學研究更有興趣的話，應該修讀醫學研究，將來可以研究和教授醫學，而非當醫生替病人看病。雖然我在中學時非常渴望能成為一位好醫生，但後來我明白了不一定要成為外科醫生去接觸病人才能夠貢獻社會的。在醫療範疇裡有很多不同的崗位，我覺得自己真正喜歡而又擅長的是作醫學研究。因此，我多年來走的路是很適合我的。」

啓：「請問您在讀大學時期每天睡眠多少？」

周：「我每天都不會在十二時半前睡覺的。很多時候在早上八時有課，每天平均睡六個小時吧！」

回港教學

啓：「請問您回香港教學的決定過程是怎樣的呢？」

周：「在一九七八年十月，當時我還是在哈佛醫學院當病理博士後研究的第二年末。有一天，我在Nature雜誌職位聘請一欄看到了香港大學解剖學系的招聘廣告，在當年，這是很罕見的事情，我就申請了。七九年六月我收到了香港大學的正式聘任信，才知道香港大學要開展牙醫學程，所以，要聘請一些講師。那時，我離開香港快十二年了，差不多廣東話也説得不好，不過年青人就是有一種故鄉情懷，有機會就想回到香港服務自己的同胞，而且，中國也在這個時候開始對外開放，作為一個年青的中國科學醫學學者，我也是很希望去了解自己的祖國和去幫助祖國改革和振興的。終於在八零年的一月一日回到香港大學醫學院上班去。在港大，我主要教授的是細胞、組織、人體解剖、免疫和電子顯微鏡應用等基礎科學，學生包括醫學生、牙醫學生、研究生，後來還有護理學生、中醫學生、生物醫學工程學生及神經生物學和生物訊息研究生。」

研究生涯

啓：「您可否與我們分享一下您的研究生涯？」

周：「我在美國研究的生涯可以用一句去總結，就是，在短短的十年裡，由一個不懂事和沒有資源的香港中學生在美國讀完了學士、博士和進了哈佛醫學院和美國國家癌病研究院作深入的醫學研究，是有可能的。回到香港

十年後，在一九九零到九五年，是我在香港大學研究生涯中的第一個高峰。當年我是以自創的細胞培養和分子生化技術去研究和尋找一個支持視網膜神經元生長的因子。這個香港政府資助的RGC Project，在完成後被評為當期全港十四個完成優秀研究項目之一，其主題是“Cellular and molecular studies of Retinal Ganglion Neuronotrophic Factor, RGNTF”。此時，科學界進入了一個Gene Patent 競爭的時代，科學家們正努力地爭奪基因的知識產權。這時我的生長因子研究更進一步攀上第二個高峰。在九八到九九年，我另外兩個不同的因子（MNTF and EDDF）研究相繼都得到了世界的和美國的知識產權，即Patent了。到了二千年，美國公報了人類全基因庫才改變了這個Gene Patent的方向，從而轉向基因應用上另一篇的競賽。此時，在電腦應用方面已發展到非常普及，人們都陶醉於建立各式各類的網頁，用途廣泛。因我已登入瑞士和美國國家的Protein Database多年，以它的資料在電腦中作蛋白分子與藥物分子相互作用研究。在二零零三年發生SARS爆發期間，發現了中國中藥的潛能和中藥發展研究的局限。而且在世界眾多與中醫中藥有關的資料庫網頁和參考書裡，沒有一個如瑞士和美國國家的Protein Database的中藥3D分子結構資料庫。如果有一個這樣的中藥3D分子結構資料庫，而且又跟這瑞士和美國國家的Protein Database掛上鈎的話，就可以開展另一創新的中藥藥物研究。在零三年一月，我開始了籌備建立這樣一個中藥3D分子結構資料庫，邀請了七名學生，將數以萬計的中藥分子化學結構輸入電腦，把它們的結構3D化。經過了兩年多的時間終於建成了一個全創新的世界第一個『中藥藥物3D分子結構資料庫』（www.tcm3d.com）。它是可以與瑞士和美國國家的Protein Database平台掛鈎的。它的用途在藥物篩選、分析和設計上是非常有用的。這資料庫的建立可以説是在我研究生涯裡最重要和最具潛力的第三個的顛峯。」

教學生涯

啓：「請問您是怎樣選擇和準備授課內容的？」

周：「我教的課都是系裡安排的，什麼的內容都可以，只要系裡對我有信心就成了。至於教材內容的準備，一般我會花兩至三個月的時間在網上資料庫或網頁和新的參考書裡找尋有關的最新的內容和更新的資料，希望能把最新的資料介紹給學生。因為醫學科學研究與知識更新進步的速度很快，可以説每十年就是一代的更新，尤其是現代的IT時代。教科書是我們基礎知識的入門，書上的內容是比較簡單和學生是可以自修的。尤其是細胞組織學的內容，我在這二三十年裡已熟教了，我也相信醫學生們懂得自己發掘參考書的。留心聽我講課的同學應該發覺，我是以『functional approach』來分析每一課的， 和一般的課本以『structural approach』來解釋的不同。我覺得科研生或老師是比較着重結構上的分別，而醫科生和醫科老師應該着重在功能與病變的基礎上。因為記上結構是無用的，醫科生需要明白生理功能的演變和病變才是他們的專業。所以，我希望以更新的『functional approach』來教導和啟發我們的學生，讓他們問問自己所學的知識與他們要遇上的病例有什麼關係，他們是否了解疾病與生理和結構上變異的關係。」

啓：「請問您認為導師在PBL（problem-based learning）中扮演着什麼角色？」

周：「其實通過PBL病例的學習，學生學會了怎樣從病人身上找出可能的病因，大膽的假設，小心的求証。從每個病例中，學生學好尋找知識和分析資料的技巧和與同學相互的討論和辯証的能力。更要從PBL中學會了能與病人溝通，去了解他們和能爭取病人信任的技巧。這種學習方法特別適合修讀醫學、商科和法律學的學生，讓他們可以從不同的個案，去尋找和深入研究個案的處理和解決的方法。為了鼓勵同學更有興趣的踴躍參與學習、發問和討論、自行搜尋資料和分享知識，PBL的導師在PBL中扮演着一個facilitator中介的角色，輔助學生有序的開始、進行和總結每個病例的學習討論。

「另外，在每個新的病例時（T1），學生們都對這病例十分陌生，又沒有足夠的資料，只能

以有限的課堂筆記和日常知識來思考分析，這時PBL導師可以比較主動地、以啟發性的問題去誘導、指引和帶領學生的思維，去發掘、研究和討論多方面不同的可能性。對我來說，如果學生的知識基礎豐富和他們願意在講課上與老師進行即場的交流反應，那用PBL或用lecture方式教導的分別其實並不大。因為學生可以從互動討論中，提出他們不了解的地方，而我也可以給他們灌輸一些更新的知識，而非只局限於考試或教科書本上的知識。其實，我覺得我們的醫學生是絕對聰慧而有能力的，他們都能獨自去學好所有課程的。」

啓：「請問您覺得醫學生是否需要有功課？」

周：「功課是多方面的。預先備課是必須的，因為備了課可以有效率的了解和吸收老師講課的內容，也可以很容易參與PBL的討論。課後的溫習，可以幫助同學馬上建立長久記憶，以準備考試與日後運用。以我多年教學經驗， 醫學生的課程較為緊迫，如果課後不馬上溫習、了解、吸收這內容，可能在考試前就覺得不明白、不了解，就有困難和有壓力了。所以，學生可以通過提問去弄清楚不明白的地方。一般來說，PBL時間或以Email的方式都是很好的方法和時間與老師溝通的。每課筆記讀上一兩次就要去考試了。」

啓：「請問您能就考試給學生一些忠告嗎？」

周：「我出的考試題目一般都是概念重點的，大部分同學都應該了解和明白的，而且題目每年差不多，同學們不必擔心。我覺得同學都很注重考試，但是不要給自己過大的壓力，衹要有效率的盡了力，就可以了。老實說，將來你們的成就實與考試成績關係不大的。所以我喜歡多講一些更新的內容，讓同學擴闊眼界，不要被考試規限。」

啓：「請問您怎樣看待學生對你的評價呢？」

周：「學生的評價可分正面與負面的。負面又沒有建設性的評價，我是不去思考的。如果正面和有建設性的評價，我是會盡力的去改善和提高水平的。其實目的是讓學生可以學得更多、更新、更好、更明白和更高水平。這如孔子的因材施教一樣，最用功最有能力的同學可以吸收全部，次者則次之，不用功不要學的可以不學，只要他明白了解課中的基礎概念重點也可以通過基本考試。因為學生種類很多，有些是為了考試而學習的，有些是為了滿足其求知慾而學習的，一般是為了將來作一個好醫生而學習的。你們知道我是那一類的學生嗎 ？所以，興趣、目標和角度不同，評價的價值就不同，意義也很不同了。還有，我認為基礎部老師的責任，並非是直接去教導一二年級學生如何當一個好醫生，而是應該替他們打好一個醫學科學基礎，好讓他們在高年級時和以後更容易吸收更新更高水平的醫學知識和技術。這是一個有三十多年醫學科學基礎教學經驗老師的思考。」

後記

訪問當天，周博士特別安排了很大很舒服的解剖系會議室作這次的專訪，還邀請我們喝茶和咖啡，他顯得頗熱情。在訪問中，我們好奇地問他為何經常配帶那一條紫色的領帶，是否因為他有特殊的喜好或是怎麼的原因？原來，他覺得它是唯一一條與他的衣服合襯的領帶，覺得這樣會「單純點」。另外，他還強調自己從小的性格都是追求innovation和excellence的。訪問結束後，周博士還很樂意跟我們拍了兩個大合照，作為留念。

Fun in Indonesia

EAMSC Delegation, AMSAHK

From 3rd to 7th February 2006, the 19th East Asian Medical Students' Conference, or more fondly known as the EAMSC, was held in Bandung, Indonesia. With the theme *EMERGENCY: Medical Students' Role on Disaster Management, the conference enabled the 19 of us from AMSAHK to experience the multidisciplinary nature of disaster control. Apart from academic exposure, we made friends with many overseas delegates. The friendship, as well as the memory, would be ever-lasting.*

Welcoming Party and Cultural Night

Cultural Night is one of the highlights of the EAMSC. It is an entertaining event which enhances cultural exchange as it presents to every participant the various cultures in Asia through different cultural performances. All the delegates were dressed in their own traditional costumes.

The night kicked off with a traditional dance by the Malaysian delegates, followed by our own delegation's performance. Our girls performed a dance of XinJiang origin, and the entire delegation sang a remix medley of Chinese New Year songs. We definitely succeeded in pushing the night to a climax! After that came a series of performances by other delegations: Taiwan performed a short and sweet musical, the Japanese delegates danced Para-Para with audience; Thailand also put up a really good performance of their traditional dance. The night came to an end with the wonderful performance by the Indonesians with *angklung* (a traditional Indonesian musical instrument made of bamboo) ensemble.

Opening Ceremony

The Opening Ceremony was held in Maranatha, one of the most famous medical schools in Indonesia. During the ceremony, the Organizing Chairperson stated the aim of this conference--to learn about our duty in a disaster and to perform our best in it. As in the lyrics of the AMSA song that was sang in the ceremony, *"...together we build the kingdom of health and welfare...we keep on trying...make all dreams come true..."*, we prepared our heart for the challenges in the future for the good of all people.

Presentation: Academic Paper and Poster

Thailand, Indonesia, Korea and Hong Kong entered the final round of the Paper Presentation Competition. Our team did extremely well in presenting the emergence of avian flu. We presented to the audience our suggested relief plans for the outbreak of pandemic flu in Hong Kong. Recognizing the danger of avian flu we suggested that medical students should not be actively involved in frontline rescue work. Instead, they could contribute in ways such as raising public awareness by health promotion. With our outstanding performance, Hong Kong delegates came second in the Paper Presentation!

For the Poster Presentation, both Malaysia and Indonesia gave us insights on what a volunteer medical student could do to help during disasters. On the other hand, Japan shared with us the lessons they learnt from the great Hanshin earthquake, whereas Taiwan focused on the ways of raising participation of medical students in disaster management. Taiwan's extensive content gained them the First Place in the Poster Presentation.

Disaster Simulation

We were woken up at 3 a.m. on day 3, shocked to receive the news that a massive earthquake nearby devastated several villages. We were subsequently recruited as the *AMSA Rescue Team* to help evacuate and rescue the victims. On our way towards the disaster area by military vans, we were shuddered by the rugged country roads. Upon arrival, we still needed to row a rubber raft in order to reach the villages. People there were screaming and crying as we arrived. We divided ourselves into sub-teams. The rescue team was triaging the victims while the logistics team was busy distributing food and water. The victims were suffering from a wide range of injuries: fractured limbs, shortness of breath, punctured by sharp rods… A pregnant woman was even going to labour! The scene was overwhelming – some victims were unattended, some were crying loudly and painfully despite our first-aid treatment, some kept convulsing, and many were dead. The programme was very stimulating in that it reminded us of our own limitations in front of disasters.

Closing Ceremony

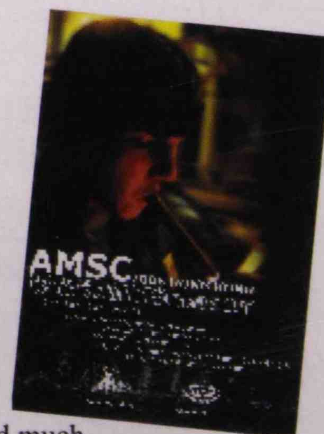
The Closing Ceremony took place in the Social Welfare Department of Bandung, with the honourable presence of many distinguished guests.

In the ceremony, the Organizing Chairperson of EAMSC asked us a question, "Are you ready?" In this conference, we had learnt so much. However, the most valuable message we got from the conference was to acknowledge our own inadequacies, which was the first step in our self-improvement. At the sound of the *gong*, this conference was officially brought to a memorable end.

It's the end of EAMSC, but it marks the start of another exciting event…

AMSC '06 Hong Kong.

It is not only our Conference, it is YOUR Conference!



AMSAHK proudly presents our paramount event this summer: the Asian Medical Students' Conference 2006! From 23rd to 30th July 2006, more than 400 medical students from over 10 countries will gather here, in our hometown Hong Kong, even in the lecture theatres where you spent your mornings! With the theme "Tobacco – its Burden on Health and Society", we will have academic presentations, community services, cultural workshops, and much more! Remember, it is not only our Conference, it is YOUR Conference! It is a wonderful chance for you to introduce Hong Kong to medical students from all over Asia and Oceania. Many of your friends from both HKU and CUHK have already joined us in organizing this momentous event. Support us and join us as our Group Moderators and Delegates! There is so much that you can gain through this Conference and it is going to be great fun! Don't hesitate; let's make history together!

健身體操四步曲

李成峰（M10）

醫學院的同學，生活繁忙，容易缺乏運動和休息，身體某些肌肉可能衰退，失缺柔軟度，這些都容易令人產生腰痛和肩痛等毛病。有這些疼痛的同學，一定非常煩惱，因此本文希望藉由輕鬆的運動，幫助大家舒緩痛楚。

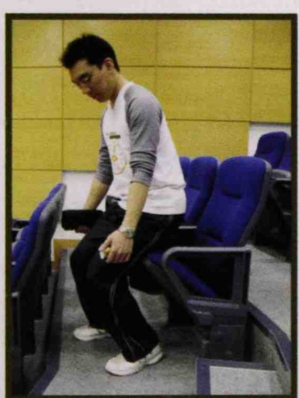
但這些都是輔助性的，要根治就必須找出引起痛楚的原因並改善，而且，身體長期痛楚的人最好找醫生就診，找出是否有甚麼造成疼痛的隱疾。

腰痛

姿勢不良、缺乏運動導致肌力減退、過胖等等，一般來說，前兩項最常見。
而駝背工作、喜歡蹺腳坐著或常常彎腰提重物的人，特別容易因為壞姿勢而導致腰痛。我們除了調整姿勢、強化肌肉，也可進行有按摩效果的運動來加以改善。

1．強化肱三頭肌（俗稱「拜拜肉」的肱三頭肌）
鍛鍊手臂後側，以及肩膀、背部的肌肉。

1



採取中腰姿勢，一隻手握住摺好的毛巾（或其他物件），另一隻手可放在大腿上。

2

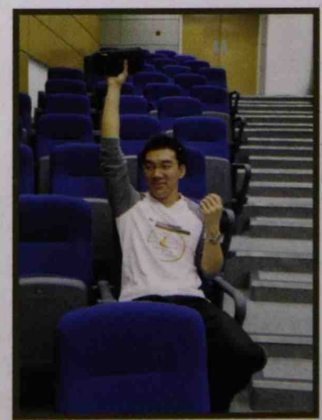
順著腋下慢慢地將手肘朝後方上抬。左右各進行8次。

2．伸展肩膀與手臂肌肉
伸展從手臂到肩膀、體側的肌肉。
重點：盡量抬高到身體可以伸展的界限為止。

1

單手手臂筆直地往上抬。左右交互進行8次。

2



就寢時的注意事項

·睡覺時盡量不要採取對腰部造成壓力的姿勢。
2·以側臥的姿勢入睡，腰痛時，可讓身體像蝦子一樣拱成圓形入睡。
3·若只能以躺臥才能睡著的人，可在膝下放墊子，讓膝子稍微上抬。
4·選擇較硬的床墊，枕頭能令頸部與床墊形成10至15度。

肩痛

引起肩痛的原因，一般都是所謂的肩膀痠痛或五十肩，前者是比較容易在年青人見到的症狀。當肌肉疲勞而變得僵硬，便會壓迫周圍的神經。血液流動不暢通，新陳代謝所需要的氧氣和營養和所產生的廢物便不能有效地交換，肌肉會更為僵硬。神經亦會被刺激，引起疼痛感，一但出現疼痛，患者會更為避免使用那些肌肉，肌肉就更為僵硬，甚至引起痙攣，形成惡性循環。

生活習慣和姿勢對形成肌肉僵硬有很大影響，包括運動不足，長時間使用電腦和坐在辦公室等等。除了「治本」地改善上述的情況，我們可藉著舒展運動去放鬆肌肉，促進血液循環

1·強化腰與臀部的肌肉
鍛鍊腰部、腹部、臀部的肌肉，同時提高腰椎下方的柔軟性。

1 上半身不要往前倒而變成俯臥的姿勢，身體的一側朝下側躺，雙臂向上伸展。

2

在上面的腳輕輕彎曲，拉向後方。上半身朝地面的方向扭轉，伸展腰部。靜止１０秒鐘，在吐氣的同時進行伸展運動。另一隻腳也要進行同樣動作。

2·提高脊椎的柔軟性
伸展背骨與背肌，同時消除痠痛，改善盆骨的傾斜。

1 四肢跪地，吐氣時好像看著肚臍似的將背部上抬。

2

背部還原同時吸氣，臉朝前方看，背部後仰。順序反覆進行5次。

鳴謝莊友鼎力客串示範

My New Life as a New Opportunity to Grow

I am a sister, a daughter, a friend, and a student. I play many roles, but I am always someone who is exploring and growing. What I believe and who I am are products of my life experiences. When I reflect on my life in HK in these past 6 months, I realize that what I have encountered have re-molded my character and renewed my perspective of life.

August 3rd 2005 marked the beginning of my new life. With the encouragement and support from my family, I left home(Toronto)for HK to pursue my medical education, the goal that I had been striving for since high school. Today, I still remember vividly the very moment when my parents and brother prayed with me just before I walked through the departure gate. I still remember their heartfelt wishes. And I still remember my promise to them-that I will work hard to become a good doctor.

Adjusting to a new environment is never easy. I am a legitimate HK-er because I was born in Hong Kong, but I have not lived here for ten years. HK became so foreign to me that it triggered my "hypersensitivity"(whichever type it is): I got sick on the very next day of arrival. I disliked the heavily polluted air, the rudeness of people and the aggressive traffic on the streets. They all made me feel stressful and short of breath, and I started to compare my new life here with my old life in Toronto. Nonetheless, I still looked forward to the excitement and challenges as a medical student.

One of my greatest challenges studying with HK students was speaking and understanding their language. I don't mean Cantonese, because I am fluent at it (unless when I am nervous), but I am speaking of the trendy slang words such as "hea", "頹", and "撻皮". I felt like an idiot when I asked my classmates for their definitions. However, understanding these words actually made me feel more interested in knowing the HK culture and my classmates better. And soon, in early November the first opportunity came: the Medic Festival. During the one- month preparation, I, along with the organizing committee spent a lot of time in the library to brainstorm innovative and fun activities for other medical students. I still remember we were always the last group to leave the library at night. Our effort in the preparation process was completely paid off. The participants enjoyed the activities and souvenirs very much. This valuable experience not only contributed to my decision to join the Medical Society Executive Committee, but (it) also gave me my first gift since coming to HK-a group of wonderful friends.

Speaking of Medical Society and friends, I cannot forget to mention my ten dear comrades in Solaris, who not only provided me with good friendships, but also helped me to learn to compromise and appreciate the fact that everyone' s strengths and weaknesses can complement each other to achieve great things.

As much as I enjoyed the friendship and student affairs at school, I have not forgotten my ultimate purpose for coming back to Hong Kong. The stack of yet-to-be-reviewed lecture notes on my desk is a constant reminder that I must work hard to achieve my goal. I also learned that in order to achieve this goal, I would have to improve my time management. During my first dissection class, as I laid my hands on the cadaver's rib cage, my heart was feeling guilty. This man gave his body for our education, and I realized that I could not be lazy anymore or else others' sacrifices would have been in vain.

I am very thankful for the opportunity to study the science I love. I really enjoy the lectures and gatherings at school. Being so far away from home, I am glad that I have learned to be independent - I have learned to pay my own bills, do my own laundry, and clean my own room. I am also thankful for the wonderful friendships that I have formed here, yet sometimes I still feel lonely when I get back to my dormitory room. I would look at the pictures of my family and my tears would run down uncontrollably. I miss them so much. I really do. Without their presence, I truly realize their love and their importance to me. Now, I cannot see my family, but I cherish every moment we chat through Google Talk and MSN. I feel like our relationship now is even closer than it used to be when I was still at home. This has reminded me to cherish all the wonderful opportunities and people I have around me.

The past six months is definitely significant to me, and I am sure that the next four years will be the same as well. Although I am still "hypersensitive" to the HK environment and I still want to go home (I miss my mom's cooking and my own bed badly!), I am adapting my life here and trying to see the beautiful side of the society. Although I don't have my family around, I have a group of friends who share common values and goals, and together we strive for success in these 5 years. And it is with these people and values that I hope to grow, not physically (as much as I would love to grow for a few more centimeters), but as a human being in order to best serve as a medical professional.

Me in HC06

by Cheung Wing Lum (Freda)

It was 25 November.
The day I shall always remember.
In games room, we sat like soldier.
No champagne,
No chow-mein,
It was our campaign.
But still,
Together we unite our souls,
Striving for one ultimate goal-
Valens · Felix

It was our campaign's heyday the other day.
Despite the long night stay,
A card was drawn for me right away.
No sundae,
No soufflé,
It was my birthday.
Somehow,
The weather was freezing;
My heart was burning-
With gratitude.

It was 15 January.
There was a long queue of elderly,
Each and every one we served dutifully.
No palace,
No lushness,
It was our first service.
And eventually,
We discovered serving dutifully is not enough.
It is not only to serve without a gruff, but also to care-
With love.

It was afternoon the same day.
After working for the whole Sunday,
Something was etched in my mind in a very special way.
Not chips,
Not tips,
But a word of thanks from the lips.
We all know,
Efforts are the seeds we sow,
Which, for sure, will fully bloom-
To a rainbow.

It was the following night.
I thought deeply under twilight:
How should we justify ourselves to do the right.
We are leaders;
We are runners,
Endeavour, our committee members.
Yes, you are right.
Attitude is what we believe.
Through this we are to achieve-
Valens · Felix

李嘉誠香港大學醫學院命名風波回顧及學生意見

2005年5月：一個關鍵的時刻……

事件回顧：

日期	主要事件
5/5/05	李嘉誠深信知識能夠改變命運，以香港為家的李嘉誠認為，香港大學是本港歷史最悠久的大學，教育及研究的成就亦非常出色，因此，決定承諾捐款10億港元給港大。
6/5/05	大學方面有意成立一個捐款分配委員會，諮詢意見後提出運用款項的方案，但強調「一定不會平均主義」，部分部門如醫學院表現卓越，會與學院商討善用捐款的安排。港大亦計劃把部分捐款投放在西部擴展計劃。
18/5/05	香港大學校務委員會正式接受李嘉誠基金會10億港元的巨額捐款，決定將港大醫學院命名為「香港大學李嘉誠醫學院」，並提出數個理據支持是次之決定。 港大醫學院副院長梁憲孫亦表示，現時醫學院每年會得到政府四億元撥款，不過院方仍是捉襟見肘，現在獲得巨額捐款，會投資發展重點項目，包括癌症、公共衛生及傳染病的研究。
19/5/05	長實集團主席李嘉誠出席長和系股東會後，表示接受校方建議，將港大醫學院以他的名字命名，對此感到榮幸和感動。他極之希望政府能為社會學術捐獻推行配套措施，又希望今次善款能引起大眾響應，帶動更多人對香港社會作出捐獻。
21/5/05	港大校方續以不同的理由支持是次的決定。
23/5/05	一群香港大學醫學院的校友及醫生發起《反對醫學院新命名》「請港大收回成命記者會」。另外，港大醫學院院長林兆鑫與四名醫學院學生代表見面，聽取意見。港大學生會醫學會外務副主席倪奕衡表示，大部分醫學院學生對冠名有保留，認為命名應以對醫學院、社會作出貢獻考慮，而非以捐款回報。由於正值考試，未有做網上調查，正以私人渠道收集同學意見。發起《反對香港大學醫學院新命名》聯署公開信，廣傳予歷屆港大醫學院的友好同學，發起護校正名運動，並關注事態進展，積極支持聯署、參與行動及考慮刊登廣告。
26/5/05	香港大學校長徐立之日前披露，提議命名李嘉誠醫學院的人為醫學院院長林兆鑫，林昨承認在命名事件上對外諮詢不夠，但他也對反對命名的舊生還以顏色。此外，港大校長徐立之昨出席另一場合時重申，醫學院的命名是經醫學院及校方詳細討論得出的結果。
?/12/05	港大醫學院官方網頁，HKU Portal主下載頁及Mass E-mail陸續加上「李嘉誠」和"LKS"字眼。
1/1/06	舉行元旦追思「百年港大醫學院」~"NO DEATH, NO FEAR"
現在	雖然事件好像已經過了很久，但反對及支持聲音不斷持續……

就今次的事件，啓思已向數多名的醫學生作詳細的訪問，結果如下：

贊成之意見：

「其實改名都無乜特別，外國好多大學都有改名，所以我覺得大學改名都好common啫……」

中立之意見：

「都冇乜所謂，反正對我地影響唔大。」

「我唔會特別反對，但係當然唔會支持，淨係覺得用商人個名黎命名醫學院有D奇怪，我諗如果係『李嘉誠商學院』會容易接受D。」

「其實命名對我地冇乜影響，最緊要係記者問我地呢個問題果時我地唔好俾佢地利用。」

「無乜特別，因為對我地Study Programme冇乜影響。」

反對之意見：

「如果加埋個『紀念』落去，我就"gur"晒喇！」

「咁如果有人捐100億點算？將醫學院塊地改埋名？」

「我地都成為左LKS ge property。」

「唔係咁好喎，好似醫學院淨係值十億咁呀！」

「我地應該搵人搵十億，改返個名佢！」

「我覺得有D怪……好似我地醫學院變左一個有錢人就可以擁有ge地方咁。」

「有錢咪捐lor，多多都唔區，但就唔應該改名。」

「用10億就可以將有百多年歷史的醫學院改名，變相即係將咁有學術性既嘢商業化；而且faculty口口聲聲話有諮詢，其實只係得學生講，冇雙方討論，faculty一D都冇理學生的感受。」

「對冠名有所保留。外國大學以冠名答謝捐獻的做法，未必適用於香港，因為不同地方有不同的文化。」

「唔介意用偉人來命名醫學院，但係李嘉誠只係個businessman，好似對醫學無乜貢獻。」

「外國好多時都係死後用佢個名來命名，宜家佢obviously未死，今日係好人，但將來未必係。」

"I'm strongly against it. The present success and prestige of our faculty has little to do with business and commerce. It's the result of the devotion and perseverance of people working in the medical field. So why rename our faculty after a businessman but not Dr. Sun Yat Sen?"

資料來源：

http://www.kkkwok.org/naming/background.htm

http://www.singpao.com/20050526/local/717358_main.html

何謂 ?

蘇子謙（BChinMed 08）

陰陽理論來源

很多人都知道中醫學的基礎理論就是陰陽理論和「金木水火土」五行理論。很多人常覺得陰陽五行是很玄的東西，於是就認定中醫是不科學的，是迷信的東西。這是錯誤的理解。中國文化有一個特點，就是「通」。通是指中國古代不同的東西也借用同一套哲學理論（陰陽五行）來解釋。陰陽五行在古代能用於軍事、天文、政治、占卜等，醫學只是其中之一。陰陽五行只是一個方法論（methodology），借用來解釋人体的醫學。故此，陰陽五行可說是中醫學的核心，古代很多大醫家亦說只要掌握了陰陽五行，這就完全掌握了醫學的道理。 正如古代大醫家孫思邈所說:「不知易（易學，陰陽五行）不足以言太醫矣。」

陰陽理論基本內容

「陰陽」理論，是中國古代的哲學思想。但什麼是「陰」和「陽」?「陰陽」是「宇宙間相互有關又相互對立雙方的屬性的概括。」天下間所有事物都有正反兩個面。一為陰一為陽。既矛盾又統一。這是很淺白的道理。中醫在漢初就套用了陰陽學說來解釋人體的生理和病理情況，和人與自然界的關係。漸漸中醫理論就結合了哲學的陰陽學說，形成中醫自身的陰陽學說。

這樣中醫是如何認識陰和陽？《黃帝內經。素問》中的〈陰陽應象大論〉如此說：

「陰陽者，天地之道也，萬物之綱紀，變化之父母，生殺之本始，神明之府也。」

陰陽是抽象的，即「抽離」於「象」。象是一切可看到的東西。陰陽是抽象的，故陰陽是不實指任何的事物。「陰陽」是萬物天地變化的根本，是相對來說，是沒有絕對的。但陰陽亦可對應於象，對應於事物上。故《黃帝內經》中有一篇名為〈陰陽應象大論〉，談的就是如何把這形而上的「陰陽」應於各種事物當中。陰陽是「既可標示相互對立的事物或現象，又可標示同一事物內部相互對立的兩個方面。」中醫認為凡上的，表面的，急性的，運動的，熱的都屬陽；凡下的，深層的，慢性的，靜止的，寒的都屬陰。說到這兒，陰和陽都好像很空泛，很難明白。我以下試用人體生理來說明陰陽概念。

陰主內，陽主外

中醫認為人體的所有功能全在一道「氣」。這道「氣」，用現代術語來說，可稱作能量。氣運行全身，無處不到，維持著人的生命。氣的其中一個功能，就是溫煦作用，即保持人體的正常溫度。氣亦可分陰陽，這提供熱能的是陽氣。因在外的和熱的皆屬陽，如〈陰陽應象大論〉中說：「清陽發腠理，濁陰走五臟」。陽氣是清的，向外發散；陰氣是濁的，主要向內歸於五臟。那麼當感受到寒冷時是陰氣的作用？非也。是陽氣入內了。陽氣不在表面了，入了身體的內部，所以體表失去了陽氣的溫煦，故覺冷矣。這種陽氣入內的收藏狀態，就是「陰」。同一道氣，在人體表工作時就是陽氣，在內收藏了就是陰氣。陰陽兩者本是同一樣東西（氣），故統曰一；兩者一表一裡，一寒一溫，故曰矛盾。這就是真正的陰陽概念。所以人睡覺時會覺得特別冷，為什麼? 正如日間人要出外工作，陽氣在人醒時也在表（日為陽）；又好像晚上人要回家休息，陽氣在人睡覺時亦一樣進入體內，這個狀態就是「陰」。体表（皮膚）失去了陽氣的溫煦作用，人睡覺時便覺得特別冷，要蓋被了。

陰陽與睡眠

另一個相似的例子就是睡眠。中醫認為人之所以會睡眠，是因為陽氣向內藏了。當人活動時，陽氣向外發散，於是人就感到精神有力（陽主動）；相反當人需要睡覺休息時，陽氣向內收斂，即是陰的狀態（可說是陰氣盛），陰主靜，故人便感睡意，需要休息了。簡單的說，中醫對睡眠的理解是「從陽入陰」。這正和一日的時間相應。中醫經典《黃帝內經》如此寫到：「夜半為陰隴，夜半後而為陰衰，平旦（日出）陰盡，而陽受氣矣。日中為陽隴，日西而陽衰，日入（黃昏）陽盡，而陰受氣矣。」（〈靈樞。營衛生會〉）。從此可見，日間有太陽時，天地陽氣盛之時，人的陽氣與之相應而盛，故人感精神出外活動及工作。日落西山，天地陽氣開始衰減，人陽氣亦隨之衰減，故人在黃昏始感疲倦，而要回家休息。夜間天地陽氣收藏，即陰氣盛，人之陰氣亦盛，故人便睡覺了。這正是中醫學的另一特點──「天人相應」。

陽氣與休息

這亦可解釋為什麼人晚上要睡覺，日間才有精神工作。因為陽氣在日間發散，在夜間收藏。若把陽氣比作一個拳頭，這

就更容易理解。打出了第一拳，必須把拳頭收回來，否則怎能打出第二拳呢？人在夜間不睡眠，陽氣在夜間不收斂，那陽氣在第二朝早怎能發散呢？人怎能有精神工作？這亦可談到為什麼漢字要用「休息」這詞語。「休」本身已有睡覺之意，為什麼要用「息」呢？「息」即「利息」的「息」，有增加的意思。人體是為了「息」。「息」什麼？增加陽氣是也。故人睡覺是為了使收藏的陽氣得以增加，以供日間的工作使用。故陰氣得以保存，陽氣才會增長。這正是常說的陰陽互根，陰陽都是同一樣東西，互為根本，陰陽有所增，陽氣才有所長。「獨陰不生，孤陽不長」，此之謂也。那麼日間睡覺，夜間工作行不行？很多人亦有經驗，晚上不睡覺，即使日間再睡多久，也會覺得很疲勞。因為這是不順從天地陰陽變化，是逆天而行。長久下去，身體也會變差。

從此可見，中醫不同西醫的是西方醫學主要著重人體本身，而中醫考慮問題是從宏觀出發，不單考慮人自身，更著重人與天地四時的互動。這也是中國文化著重「通」的原因。中國古代追求通才，因古代各種知識（如中醫學和天文學）也能互相交通，不是絕對的獨立，故學醫者必須匯通其他知識，正所謂「上知天文，下知地理，中知人事」，才能成為大醫家，即古代說的「上工」也。

陰陽與失眠

談到中醫的治病，亦是運用陰陽學說。概然談到了睡眠的生理，現在就再用睡眠來作例子。中醫認為正常的睡眠是「從陽入陰」，那麼失眠呢？就是「陽不入陰」。再看《黃帝內經》如何談失眠：「今厥氣（致病因素）客於五臟六府，則衛（陽）氣獨衛其外，行於陽（外），不得入於陰（內）。行於陽則陽氣盛，陽氣盛則陽蹻陷，不得入於陰，陰虛故目不瞑（失眠）。」（〈靈樞。邪客〉）即是說各種致病因素（淫氣）入侵人体，使陽氣行走在外（皮膚），陽氣不能收藏入於五臟六腑，所以說「陽氣盛，陰氣衰」陽不入內，故不能眠。明白了病理後，治法就容易理解，就是消除淫氣，並要把在外的陽氣引回內部，即「引陽入陰」。當陽氣能入回內，陽能與陰交接，失眠就能癒了。

陰陽治失眠

要「引陽入陰」，可用中藥治療。其中半夏和夏枯草，是十分有效的藥物。《醫學秘旨》，內有治失眠的藥方云：「余嘗治一人患不睡……診其脈，知為陰陽違和，二氣不交（陽不入陰）。以半夏三錢，夏枯草三錢，濃湯服之，即得安睡……蓋半夏得陰而生，夏枯草得陽而長，是陰陽配合之妙也。」半夏得其名，是因為它過了夏季才生長，夏季之後陰氣開始盛，故半夏是得陰而長；夏枯草正相反，夏天時便枯萎，夏天後陰氣始盛，陽氣始衰。它陽衰則枯，冬天後陽氣始盛則生，故是得陽而長。一得陽長一得陰長，故能使陰陽之氣交接，從而「引陽入陰」。可見中醫治病無處不滲有陰陽學說。

中醫傳統思維

中醫的辯證方法正是中國傳統思維方法之「取象比類法」和「聯想法」。「取象比類法」即觀察事物的外部特點（象），而把它歸納於某一屬類中（通常是五行歸類）。如因木有生長升發、舒暢條達之性，肝喜條達而惡抑鬱，又有疏通氣血的功能，因此木代表肝。「聯想法」是透過聯想推測事物的屬性。如見半夏在夏季後才生長，有別於一般植物，就聯想到它是「得陰而生」；因夏枯草在夏天枯萎，認為它「得陽而生」。半夏加上夏枯草就能「引陽入陰」。另外一思維方法是「推演絡繹法」，即把事物某些特質與已知五行的某些屬性相配，從而把該事物歸類，這思維方法在辨別中藥性能中最常用。如麥芽，它色黃，黃屬土，而五臟六腑的脾胃亦屬土，故麥芽屬土，能治脾胃食滯；麥芽是芽，有生長之意，生長屬木，肝亦屬木，故麥芽亦屬木，入肝經，可疏通肝氣。這種思維亦可稱為「同氣相求」，即相同歸類的事物，必有相似的屬性或功能。

陰陽可分不可離

上面已談到陰陽實是同一東西，只是狀態的不同，陽為發散，陰為收藏。陰陽二者在人体的工作，亦有不同。《內經》謂：「陰者，藏精而起極時；陽者，衛外而為固也。」[8]即是說陰氣是在內收藏著人身的精氣，當有需要時才交給陽氣使用；陽氣就在体表守衛著身體，保護著體內之陰精。又云：「陰在內，陽之守；陽在外，陰之使。」道理也是一樣。故可說陰是陽的基礎，供給陽所需物質；陽氣則是在外工作並守護著陰。陽氣和陰氣是互相倚賴，互相依存，不能分離。故日：「陰平陽秘，精神乃治；陰陽離決，精神乃絕。」這其實正正和古代的社會情況一樣。女為陰，男為陽。男的要出外工作，守護著家庭；女的要留在家中，打點家中一切。夫婦互相倚賴，互相依存，不可分離。俗語云：「成功男人背後必有一個成功的女人。」信矣！可見，中國文化與中醫是一脈相成的，根本不能分離。

「陽生陰長，陽殺陰藏。」是說夏季天上陽氣生，地上萬物（陰）也欣欣向榮地生長；冬季天上陽氣衰滅，萬物也停止生長，樹木枯萎，動物冬眠。故可說陽是陰的主導，陰是被動。故中醫治病也常以治陽氣為主，因陽氣是主導。古代家中，男人為一家之主，男尊女卑，和中醫一脈相通。現代社會越來越多女強人，女人漸成主導，在中醫學中可說是逆陰陽而行，故有人提出這可能是現今癌症越來越多的原因之一。

WW III

by Myocardial Infarction

If one must collect fine specimens of different types of roaches, please come to my humble home.

I don't know if there are different species of roaches, but in my home, everything's possible.

Roach Combat Log

Phase 1 (Discovery)

The roach infestation problem became apparent when one day I opened the bathroom door and saw an army of $\frac{1}{2}$ inch miniature roaches dive for cover.

I closed the door quickly.

Within weeks-no, days, the roach kingdom expanded to the kitchen, living room, and my parents' room. The only room that was still free of roach reign was my room, and that was probably because it was spider kingdom in there.

After all, who would want to violate the spider-roach territory pact when they already have the kitchen, living room, bathroom and master bedroom?

One would never have everything in life, whether you are human or roach.

Phase 2 (Counterattack)

It was 3 am in the morning. I was online, reading a particularly long email from my Finnish pen-friend. At the same time, I was writing my online diary and chatting with my friends with MSN messenger 6.2.

My rabbit was snoring under the armchair (and I mean that literally, he really was snoring). The computer was groaning because I was working it overtime but everything else was as quiet as it can be. There were no noisy cars, no noisy people, and almost no noise at all. It was a peaceful morning.

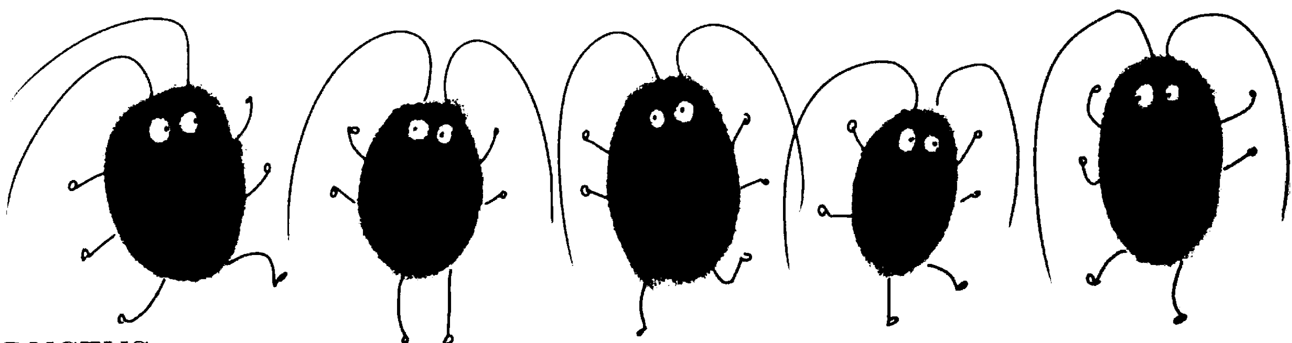
Then IT crawled onto the cupboard to the computer.

And suddenly, the chaos theory was proved.

Soon after the roach's small hours (what? Did I really use the word "small hours" in my writing? 'cause I don't remember ever using that word) ambush, mom decided that it was time for the family counterattack. As the chief commander of all operations, she ordered the maid (supplies coordinator) to buy weapons-roach poison. Dad was the assassin, and his favorite weapon was (surprise! surprise!) his best friend, Mr. Fist. He simply loved smashing roaches to bits and discussing all gruesome details of the remains afterwards.

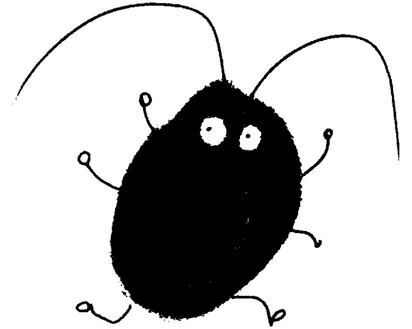
I was often revolted, but as the assassin's apprentice, I was determined to do my job well-trapping the enemy under small Japanese tea cups, and then telling dad to assassinate them all.

Unfortunately, after 3 weeks grueling combat, the roach kingdom did not shrink. The

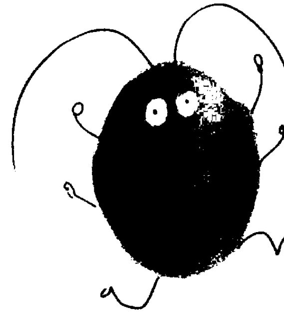


counterattack had failed.
Can my life be more full of horror?

Phase 3 (Counterattack 2)



One day, I turned on the bathroom light.
In front of me were four roach knights.
One knight quickly crawled on the door.
Another decided to leave the floor.
The third one froze in shock and fright.
The fourth one decided to stay and fight.
I quietly pondered what to do.
Should I go to hit them with a shoe?
I soon decided to ignore them all.
After all, they are just very small.
I opened the cupboard to get a brush.
Out zoomed a roach in a rush!
AH! HELP ME! A GIGANTIC ROACH!
IT'S A ROACH! A GIGANTIC ROACH!
I fled the room at the speed of light,
and did not enter again that night.
He was a baby a week ago.
That is how fast roaches could grow.
Take heed people, all of you.
The roach menace spreads like the flu.
If you left them alone in the loo,
soon, I would see you in their zoo.



The discovery of the giant roach provided mom with fresh motivation.

She does not give up easily. Like all great historical leaders, she had a backup plan. Hitler's backup plan, in case the Allies won, was committing suicide. Fortunately, we had something less melodramatic but equally amazing.

We had new roach poison.

Phase 4 (Victory)

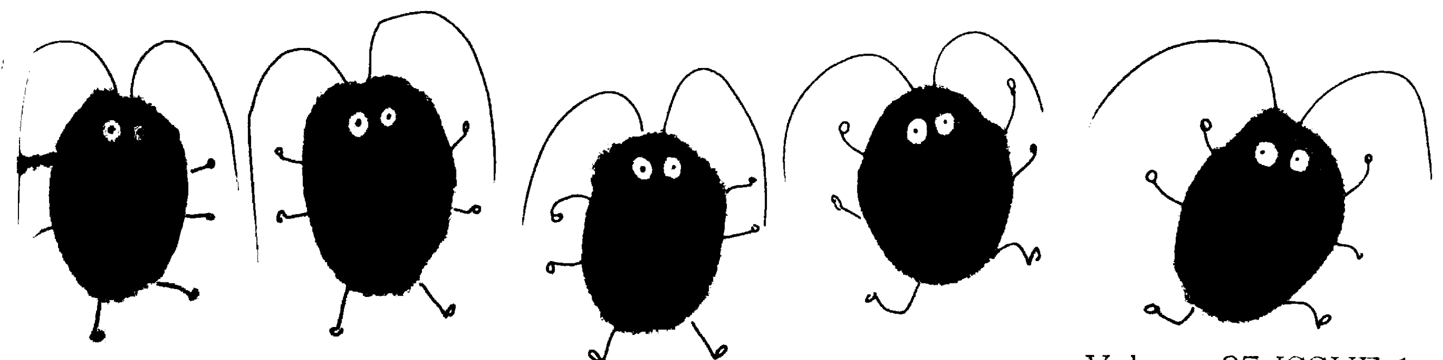
The roach kingdom started taking over everything at the beginning of summer.

Barely a week later, everything spiraled out of control. I swear, it's like watching a miniature version of the Second World War, but with infinitely different weapons-roach poison for good guys, and the element of surprise and fear for the bad guys.

And now, after a 3-month long battle, it seems like victory has once again ended up in human's hands. Roach population is declining rapidly and the assassin is assassinating all remaining members of the roach army.

Perhaps it really is this modern 2004 human-roach war's

END



第二天堂

陳遠忠（M10）

一

如果有人問你：「你覺得自己現在能上天堂嗎？」你會怎樣問答？喂，不要想太久喲！越想得久，就顯示你對自己越沒有信心；看來，你還沒準備好上天堂，還沒準備好死亡。

不要誤會我是在傳教或是在跟你「講耶穌」。讓我告訴你吧，雖然我是一名天主教徒，可是我對「天堂」這個概念卻很是模糊。有時候，天堂對我來說其實是很可怕的。你要知道從你誕生的那一刻起你便沒有停過下來。你會經歷各種的事情，接觸不同的人物，並且不斷的發展和進步。你會在你人生不同的階段中為自己定立不同的目標，並達到它而努力追求。我相信人生的精彩在於它的"progressiveness"和"at a state of change"。時間就是這樣一直的流動，你要停也停不了。我很難想像一個沒有時間的世界是怎樣的，也就是說在天堂這永恆的國度裡，我會感到害怕，因時間在這裡並不存在。天堂裡人人都會很快樂；但沒有時間，一切不就是都凝著了嗎？像被冰封了的時空，像沒有盡頭的旋轉木馬，像無底的漩渦，在這永恆的國度裡，什麼都是不變的。想想看：不論我多麼喜歡現在的生活，多麼的無憂無慮、逍遙自在，我也不想永遠是醫學院一年級生呀！對，我就是要找苦吃，我要考「Final M.B.」，要做Houseman，雖然知道會很辛苦，但不曾體驗過，又怎會甘心呢？是的，人生的精彩就是不斷的體驗和嘗試。

談及死亡，我們作為醫學生很自然會較社會上同齡的年青人更早接觸到死亡。在PBL的案例中有涉及如何向病人及家屬告知其壞消息，醫學院也發出過關於器官捐贈和安樂死的問卷，對於我們這些剛成年的黃毛小兒，死亡應是那麼的遙遠，但卻又是那麼的接近！其實我不知道自己是否準備好面對死亡，但我一直把那張綠綠的器官捐贈卡放在銀包裡，多年來一直緊緊的帶在身邊，沒有一刻讓它離開過我，誠恐我的臭皮囊會在我死後白白的浪費掉。曾經想過把自己的身體在死後捐給醫學院讓同學們解剖，應該不失為一個好選擇。

二

記得剛進醫學院的第一天，梁乃光教授告訴我們要成為一個好醫生，"Empathy"是最重要的。牛津當代大辭典中對"Empathy"一字的注釋是：「感情移入，將自己的感情投入某個對象中，而能將對方的情緒、感懷等，當作自己的感受的意識能力」，也就是說將自己代入到病人身上，而在對待病人時就想著如果自己就是眼前的病人，自己會希望醫生怎樣對待自己，也就是待人如己了。這說來容易，但做起來真的很難。有一次我在街上跌倒（這次的確是『仆街』）膝蓋傷了一大塊，流著血，而我的"pain tolerance"又奇高，沒有嚎哭大叫，只是若無其事的忍痛站了起來。同行的同學居然爆了一連串似懂非懂的字："acute inflammation, granulation tissue, S. aureus, bacteremia…"似乎臨近Formative，大家可能真的有點兒神經質，時刻把握著每一個時機來互相「抽書」吧！只是想不到這時候自己在同學心目中只是另一個病例；心中抑鬱不已。這是我第一次真切的感受到「待人如己」的重要。「己所不欲，勿施於人」，看來要做一個好醫生當真不容易。

從此，我便把握著每一個機會來練習我的「代入感」。多個月來，我自覺已經把這「代入感」練得出神入化了，便開始在解剖課時，把自己代入到我那一號台的屍體裡，想著自己的胸腔徐徐的被剖開了，掏出來的心和肺被同學們仔細的研究窺看著，並在三數小時後歸回以往的平靜，一切是神聖和莊重的。「你那個怎樣？」「我那桌的心超大超靚……」「真倒霉，我那台的有肺癌，那個豆腐肺已經累得我甚麼都看不到，而今次的心，全都是脂肪，甚麼冠狀血管，一條也看不到！」下課後的一片喧鬧，使我心中不禁納悶……

回想著在我解剖桌上那一具瘦長的身體，想著他那一雙粗糙的手，心中泛起不少疑團：他以前是幹什麼？會不會也是一名醫生？他是否有過一段轟烈的愛情？他的愛人這時在哪裡呢？他以前住在哪裡？

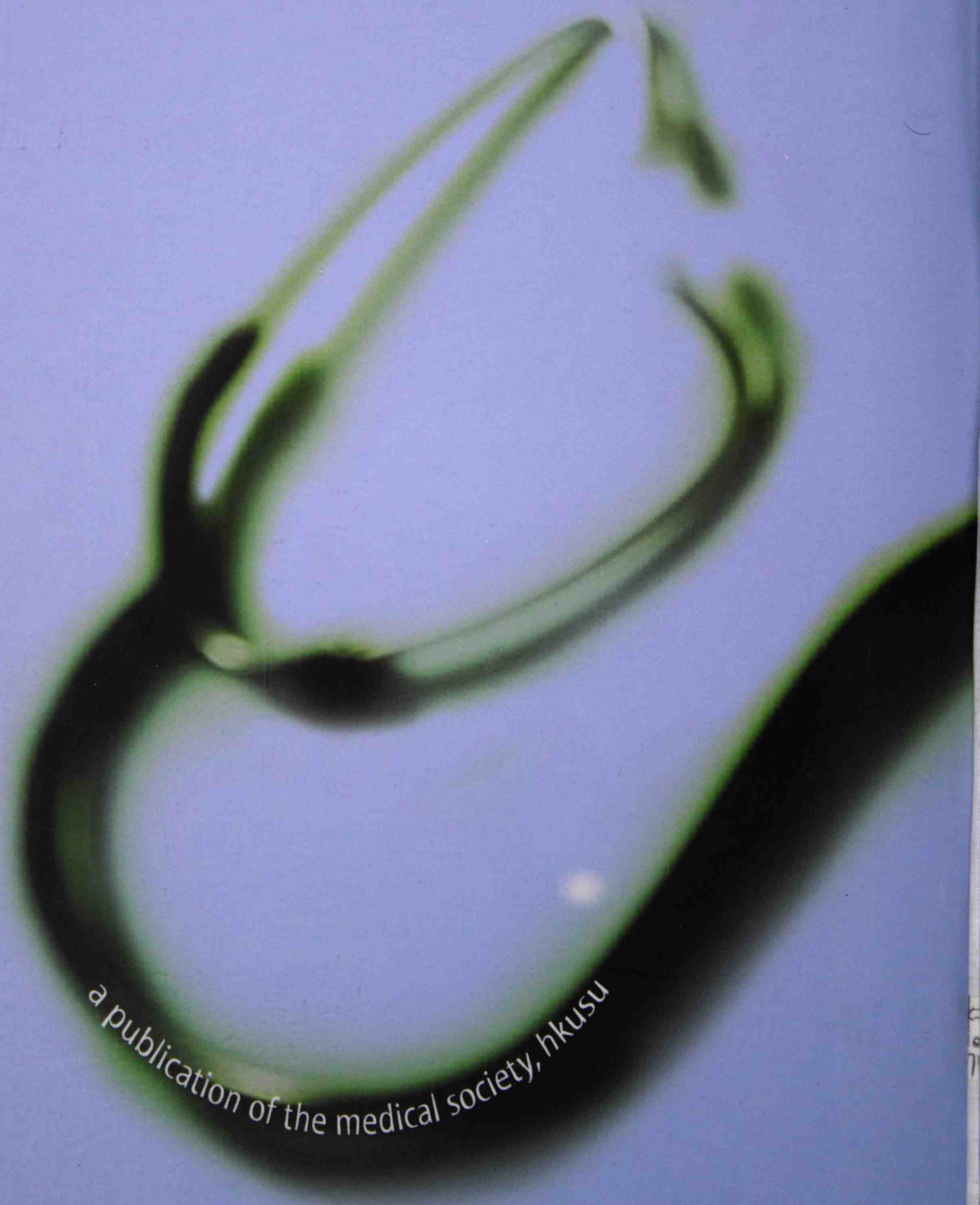
我小時候，是否曾經見過他？

三

我現在PCPFL的病人是一名七十多歲的獨居老婆婆。果然不出我所料，婆婆在生理和心理都非常健康，均衡飲食，早睡早起，行動自如，自問望塵莫及，嘆為觀止。婆婆是一個很虔誠的基督徒，常常祈禱，把一切都寄付給神，因此性格非常樂觀，常存感恩之心。當訪問完畢向負責的姑娘報告時，竟然被告知婆婆原來在丈夫離世後一直也很抑鬱，十分害怕死亡，而且因需要領取綜援而悶悶不樂；和我同組的護理系同學說她見到婆婆在說要領綜援時眼有淚光——為甚麼我會完全不察覺？婆婆不是說因綜援成功批出而感到安心的嗎？當婆婆說到丈夫的離去，說他回到上主身旁的時候，不是滿懷平安感恩的嗎？也許，我實在是太膚淺了；也許，我對自己實在是太過自信了；也許，我並沒有完全代入婆婆的心境，去感受，去體會；也許……

四

人生的精彩在於其變幻；大學生活，多姿多采，眼花瞭亂，彷如一個花花世界。人生的精彩在於其不枉此生、今生無悔！一個好醫生就是「待人如己」，去代入，去了解每一個病人。但你有沒有想過，你願意為你的病人、你的同學、你的莊、你的Hall花這麼多的心機氣力的時候，你為了你的家人做過甚麼？為何你花盡一切的心思去代入、去了解世界上的每一個人，都不曾想過代入自己的父母，去想怎樣做一個好兒女？自己對待父母竟然不如一個陌生人！原來，天堂是這麼的近，快樂原來不是遙不可及——不，我其實一直是在天堂裡活著，因為，我是一直被深愛著。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