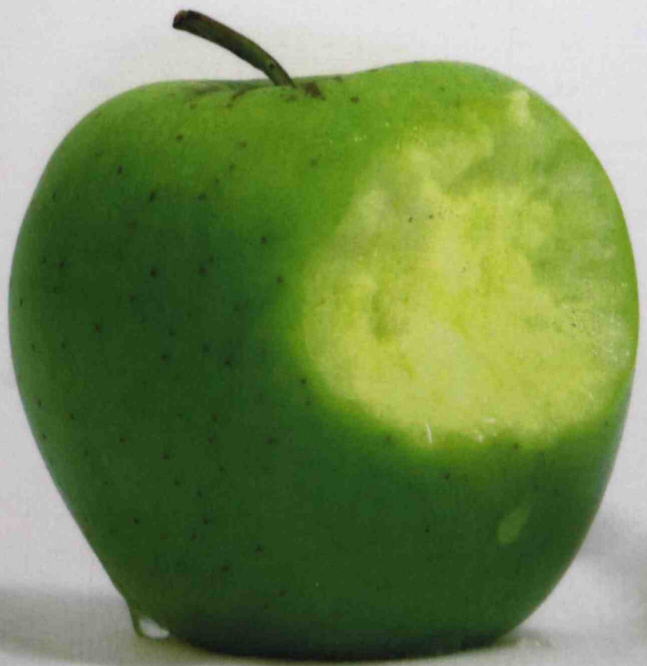
啓思
Caduceus
volume 37



issue 3

編者的話

啟思，一直是我們醫學院同學的寫照——像照相機一樣，將這一刻的醫學院定了鏡，拍了下來，並把這一瞬間永遠的凝住了。

讓我告訴你吧，現在啟思大部份的文章都是我們編委部的同學自己撰寫的，而其他那幾份的投稿都是來自我們班一些踴躍投稿的同學，想著想著，很是有趣的：這樣的啟思豈不是變成M10的班刊了嗎？是的，我們M10似乎就是要整個醫學院三個學系五個年級的同學都知道我們在幹什麼。哈，這實在是不太厚道，如果是這樣，啟思便枉稱為醫學院寶貴的歷史傳承了！

那怎麼辦呢？沒有人投稿……大家唯有竭力執筆，親自把我們的醫學院刻劃出來，作為這一個時空的記錄。積極主動地，我們接觸多了許多其他年級學系的同學，覺得自己似乎也開始洞悉了我們醫學院的動態；忽地裡，想到了這豈不是我們醫護人員在社會中所擔當的角色嗎？從每一個病人身上，我們可以了解到他們的生活習慣、起居飲食、以至他們和家人的關係、家庭的結構和組成、病例的趨勢分佈、傳染病的爆發，以至洞悉整個社會的問題和資源分配的決策等……

說了這麼多，最重要是希望同學會喜歡我們這一期的啟思啦！

陳遠忠
副總編輯

不知不覺又到了十月，也是我們即將要結束今屆啟思的工作。回想起初我們只有六人加入啟思時，便已經預料到今年將會是一個很大的挑戰，不過，正因為year one的時間實在太多了，而且又暫時不想那麼快就去「搏盡」，故此便決定加入工作較為輕鬆的啟思，但當時並未有想過當什麼編輯，只是希望感受一下製作一本校園刊物的樂趣。在製作第一期啟思的時候，我們都花了很大的努力；至於第二期的網上版啟思，由於我們的莊員在暑假都各有各的節目，故工作的分配十分不平均，莊內的人事關係亦因此變得惡劣起來；到了現在，雖然year two的課堂實在比以前相差得太遠，但對我來說，偶而擔當啟思的工作其實能給我自己反思的機會，反省一下自己應怎樣善用自己的時間，同時兼顧莊務和考試，以改善工作效率；亦同時反省一下自己或其他莊員的待人處事的態度和技巧，及學到了應怎樣去評估一個人是否真的可以和自己和諧地合作。

第三期的2006啟思會不會是啟思的最後一期呢？坦白地說，我不敢抱太大的期望，唯一可以做的是：「當下即是」……做好自己的本份吧，我深知道我在莊內學到的收穫是需要有自己的付出的。

（十月十三日）

梁浩鋒
副總編輯

做了啟思總編輯接近一年的時間，有苦有甜。

當第一期啟思誕生時，我看見同學們取得啟思後興致勃勃地翻閱，有醫科三年級的學生更因讀到周博士的專訪而回想起一年級時的點滴，得到別人的認同，是我覺得最甜的事。雖然我們只有六個莊友，但我喜歡和他們合作，和他們吃飯，和他們唱K，甜的感覺更甚。

正所謂「不如意事，十常八九」，作為啟思編輯，我當然也有感到苦的時候。我自問不是一個善於領導的人，有時我會想，如果由其他人做總編輯，大家的合作會否更愉快，我的壓力又會否減少一點？但是，感謝莊友們對我的體諒和支持。

在招莊的茶聚中，我像看見了去年的我們——一個個好奇的醫學一年級生——在發問著很多關於啟思的問題，我亦盡我所能，逐一解答。回想起去年「傾莊」時充滿熱誠的自己，相比起來，今天的我是一個洩了氣的皮球，沒有衝勁，為此，我覺得非常慚愧。

我衷心祝福下莊，來年的合作能夠順順利利。

黃愷怡
總編輯

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Caduceus Editorial Board 2006

Medic O-camp 佳作

還記得啟思在Medic O-camp的counter嗎？你們當時即席揮毫的作品，我們已經保存下來了，你們能找到自己的佳作嗎？

Clock

Round and round the clock we go
Day by day the river shall flow
Though the currents will be strong
We shall always move along

住hall

住hall樂趣多
一齊笑呵呵
朋友識多個
生活不坎坷

西瓜

外形圓碌碌
身穿綠衣服
夏天時成熟
消暑真舒服

薯片

一塊塊卜卜脆的薯片
猶如心中失落的碎片
一片片
散落在粉藍的天

醫院

聽病人呻吟
餵藥又打針
醫護顯愛心
感人尤至深

啟思

醫學生入啟思
鍛鍊作文寫詩
唔會無所事事
考試點止攞B

魚蛋

魚蛋大大粒，
饅頭唔會濕，
食完冇氣塞，
真係平又得。

小龍女

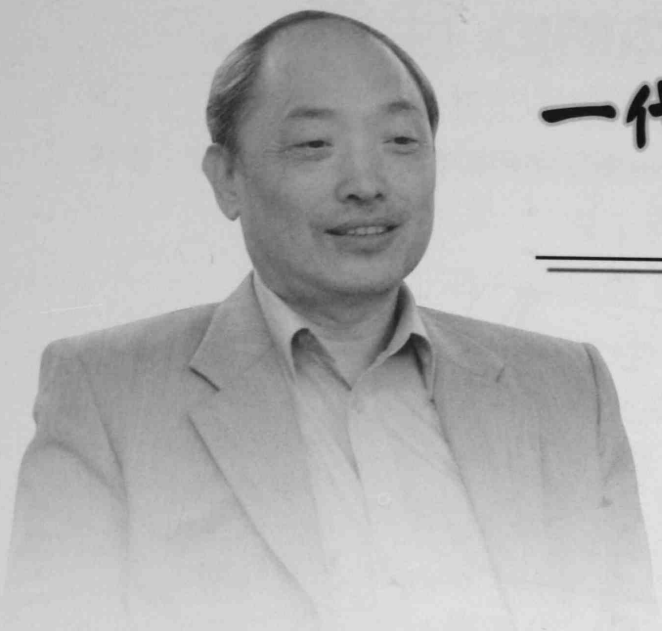
小龍女，小龍女，
行行下跌左落水，
跌落水，跌落水，
有隻雀仔跌落水。

住Hall

點解你地唔住hall，
唔通因為讀醫科，
定係hallmate太囉嗦，
最驚日日吱吱咗。

筆記

我有一本小筆記，
頁數就是四十四，
雖然寫到手麻痺，
但我也不會放棄。



一代性學博士
——吳敏倫教授專訪

從事性學專科

問：為什麼吳教授您選擇了於精神科工作呢？為什麼又特別從事性方面的研究呢？

吳：我選擇了精神科，是在於當時香港的精神病人常遭人忽視。當中原因，乃當時精神科的醫生人數很少，根本未能夠為精神科病人提供足夠的治療。因為當時有這個社會需要，而我本人也對這方面感到有興趣，便選擇了投身這方面的工作。在精神科的各個分支中，尤其以性治療方面的醫療人員最為短缺，所以我就到了英國進修這方面的專科，回來以後就從事有關性的工作。

問：性一向對於中國人來說是一種忌諱，這對您的工作有沒有做成什麼困難？

吳：首先我並不肯定中國人是否真的對性有忌諱。假設中國人真的對性有忌諱，那並不等於我們要向這種不合理的價值屈服。作為社會棟樑的我們就是要挑戰社會上不合理的事。

問：以性學（sexology）作為您的專業（specialty），比起其他專科，有什麼特別困難之處嗎？

吳：相比起其他專科，性學是特別困難的。首先，性學是一個與社會不斷搏鬥的專科。社會對於性學有著很大的偏見，我亦經常被人批評為無聊、「咸濕」，以性學作為專科，就要能承受這些。另一個有趣的現象是社會上人人都覺得自己在這方面懂得比你多，但其實他們在這方面的知識還不如他們對於心臟病的認識。

對性的見解

問：您覺得女人會不會「咸濕」？

吳：首先要知道「咸濕」的定義並不清晰。「咸濕」是否只等如想多些性交？說男人較「咸濕」？但女人也會想像自己的白馬王子，那又算不算是「咸濕」？男女有不同的inborn perception ability（天生的感官能力），所以才有不同的sexual interest（性趣）。

這能力的分別，由嬰兒時期已能看出，男性有較好的visual motor skill（視動能力），如果有一件玩具放在前面，男嬰一下子就能取得到，而女嬰就要多嘗試幾次才行；女性的專長在於對細微觸覺的敏感（fine touch skill），如果有一個箱，裏面放了一個圓球和另一件形狀不同

的東西，分別要男嬰和女嬰只用手去把他們分辨出來，女嬰常能較快和較準確地完成，相反，男嬰做錯的機會較大。

由於這先天的生理分別，男人對visual motor的刺激便較為敏感，所以較喜歡看「咸片」和「性動作」；而女人就較享受愛撫和身體接觸，注重情緒和皮膚感覺，即所謂愛浪漫，其實只是不同方法的「咸濕」。當然，一個社會的文化亦可能影響男女在性趣上的分別。

問：提到社會的文化影響，您覺得這對同性戀有影響嗎？

吳：同性戀成人是不受環境及文化因素影響的，這是根據超過一百年的研究得出的結果。同性戀者不會因為現在較為人接受而有所增多，我們可以看看歷史，在不同的文化和時代，同性戀者的數目其實都差不多。

不過，在單性環境中，例如在單性學校裡，同性戀的行為可能會增加，這是因為他們沒有更適合的選擇。就好像當一個人沒有飯吃，面前只有樹葉，那麼他當然會吃樹葉充飢，即使他本來不喜歡吃；但當他一有選擇，即是有飯的時候，他就會選擇吃飯，不會吃樹葉。道理是一樣的。

問：您個人對婚前性行為有什麼看法？

吳：無所謂，因為這問題本身其實是很荒謬的，好像是在問我對「未俾錢前先吃飯」有什麼看法一樣；未付款而先用膳，究竟有何問題呢？我們到大餐廳總是用膳後才付款；到快餐店便要先付款才可取餐。哈，那我可以有甚麼看法呢？看情況便是，只要大家同意，大家有共識就行。

問：您對婚外情有什麼看法？

吳：讓我問你：「你對出外用膳有什麼看法？」難道要規定我每天都留在家中吃飯嗎？你可以在家中吃飯，也可以到外面茶樓吃飯，最重要是看你自己有沒有這需要，和對方是否同意。

你若不喜歡出外吃的話，可以每天留在家中吃！但人人都有自己選擇的自由，生活的自由，只要其選擇不害及他人便可以了。但不要忘記我說過是要雙方同意，一定不可以騙人，不可以佔人便宜；不過，欺騙是否一定不可以呢？其實騙人有很多時候是可以接受的。你知道我們當醫生的，很多時也有出於善意地騙人，如病人患了絕症，也不會直接相告之。

問：您對一夫一妻制有什麼看法？

吳：哈哈，又是在問同一類問題：兩個人吃飯還是幾個人一起吃飯較好呢？當然是看個人喜歡！只要大家同意便行了，為何一定要規限呢？這個一夫一妻制度是荒謬的。

問：可是現代大部份社會都採用一夫一妻制……

吳：大部份人做並不代表那件事便對。「現代」在整個人類的歷史只佔了很短很短的時期，而在人類歷史中大部份時間都不是一夫一妻制的。就算現代社會大部份人都奉行一夫一妻制，難道我不可以做少數人做的事嗎？譬如大部分人喜歡吃飯，難道我不可以吃麵包嗎？

問：其實一夫一妻制的概念是怎樣發展出來呢？

吳：現代的一夫一妻制是從西方的天主教傳來的；以前，中國人從來不採用一夫一妻制。只是，西方教會定此制為聖事，再因政教合一，一夫一妻制便成為了法律。後來，我們以至大部份世界，在不知不覺間

被西方文化征服，便做成現在一制獨大的局面。即如香港，只有少於一成人是天主教或基督教徒，但是我們每年最長的假期卻是聖誕節和復活節。

對香港現況的看法

問：香港現在的生育率很低，您認為有什麼方法可以提升「命中率」？

吳：其實人最好是在30歲前生育，尤其是在23、24歲左右，女士一過了30歲，「命中率」就會減半，而男士如果太老的話，精子也容易畸型。當然，現在要女士23、24歲生育很難，一來因為經濟問題，二來女士們都想擁有自己的事業，早生育對她們的事業影響太大了。

要提高生育率，最重要的是社會獎勵。除了金錢以外，其實作為父母還有很多事需要考慮，例如子女能否進名校等。如果政府能夠給早生育的父母一個保證，他們的子女能進名校，我相信這比減稅更能鼓勵生育。除此以外，如果社會肯幫助他們照顧小孩，讓他們不用因負累父母而受責備，生完小孩後又可以繼續讀書或工作，就更完美了！

問：您如何看香港的性法律？

吳：在香港，有很多性交方式都是非法的，例如人獸交，與未成年少女性交等。這些法律都是由以前的人本於無知或迷信而制定，所以，現存一些性法例是很矛盾和荒謬的。例如，香港有一條法例禁止十八歲以下人士觀看色情物品，但是合法性交年齡卻是十六歲。即是，十六至十八歲的青少年可以去做但就不容許觀看性方面的事，那麼，是否要他們蒙著眼去進行性行為呢？這根本就是十分荒謬的。

問：由此引申，您認為性法律會不會限制了人類的性健康？

吳：會。我認為人人需要不同，一個人的性生活健康與否，不應由法律一刀切去規定。例如雖然吃快餐可能損及個人健康，但也不應受法例禁制一樣。況且，也沒有甚麼證據顯示，某些性法律對提高性健康有任何關係，例如禁止十八歲以下人士觀看色情物品，與減少性沉迷和性犯罪就沒有可證實的關係。要解決性道德問題，與其胡亂立法，不如從教育方面著手，教導多點正確的性知識。

未來去向

問：教授，您有退休的打算嗎？

吳：我打算於明年六月退休。

問：那您找到接班人了嗎?

吳：找不到！許多徒弟起初都以為這是一門好玩的專科，但跟了我兩三年後，他們漸漸體會到這一科的難處，慢慢就灰心了，轉向其他專科。現在我有一兩個徒弟，但他們都不能繼承我的衣缽……中國內地在這方面有很多人材，我也有一些非正式的好徒弟，算是不幸中的大幸，不過他們是不會服務香港的。可能你們由明年開始就不會再有Human sexuality這一課了。

問：退休後還會在社會進行教育工作嗎？

吳：做！退休後還有很多東西要做……

後記

三名M11的同學參與了這次的訪問工作，以下是他們的感受：

David Lee

After meeting with Dr. Ng, I am amazed and impressed by his passion for his career, researches, and community services. From his stories about how he chose his specialty to his stories about how he was, and still is, criticized by the general public for his researches and findings, I can almost embrace the heart which he has for the people he serves.

In my opinion, as medical students, we should look up to someone like Dr. Ng as a role model who has the courage to explore the fields that are not the main-stream or popular fields in medicine so that we can, in the future, serve and educate the people who may not receive enough attention from the medical professionals.

梁正璋

以前雖然從高年級的同學和朋友口中聽說過吳教授這個人，還聽過了他一兩個講座，可是對他的印象並不太深。這次可說是我首次這麼近距離接觸吳教授。

他在我心中的印象，除了他從事關於性方面的研究令人印象深刻之外，就莫過於他自己無論對於社會、文化、科學還是個人方面，都有一套與別不同，精闢獨到的見解，讓我們獲益良多。

雖然我自己不是第一次做訪問，以前中學的時候我也曾做過許多訪問，有過不少經驗。不過，每一次新的訪問總可以給我帶來新的啟發，從被訪者的口中學到更多課堂裏學不到的人生哲理、處事智慧等等。這一次從吳教授學到的，不只是男女之間或者精神科的理論。更深層次的，還有針對問題作出多角度判斷的能力，以及訪問時抓住機會加插適當問題的技巧。

文樂邦

吳敏倫教授是一位傳奇的人物。他就像一個不為世人所認同的哲學家，參透萬物至理，卻被視為異端邪說；他就像長年封雪的山巔上的一花兒，嬌艷欲滴，卻因世人對雪山的恐懼而備受冷落。

可是，他並不因孤獨而氣餒，因世人的冷眼與嘲笑而放棄自己的信念。他繼續站在寒風刺骨的高峰上，引吭向世界高唱著他自己的歌。

A Meeting with Professor Lai

PROFESSOR LAI CHING LUNG is a distinguished Chair Professor of the Department of Medicine and the president of Medical Society, HKUSU. Recently he was invited to give the Leon Schiff State-of-the-Art Lecture at the 56th Annual Meeting of the American Association of Liver Diseases in San Francisco, an honour seldom given to Asian hepatologists. What else do you know about him? We caught up with him (and his very busy schedule) last month for a little chat.

Key:
Caduceus
Professor Lai

What was your life like when you were a medical student? It was great fun. The examinations were much more frequent than yours – anatomy viva every two weeks – so it was very challenging. We had to prepare intensely. The results would be posted on a bulletin board. I remember distinction was green, failures were red, and bad failures were black! So it was very exciting and tense.

Which subjects did you like and dislike? My favourite subject was anatomy. I especially remember the first day we had dissection - there were six of us around one table. Some of us liked to discuss more and others preferred to actually do the dissection, and after one month we were all very close and on great terms. I still remember the first day we were exposed to the whole cadaver - it smelt weird, because they injected formalin, and the skin felt waxy. We were responsible for our own cadaver so we took great care to do things correctly. Of course it was easier with the hands because you know you have two of them. It was fun to realize the relationships of nerves and muscles. The best thing is to dissect it yourself – that's what you guys are missing. But that's only anatomy. We also had physiology, biochemistry, and so on.

Since I was forced to study anatomy I can still remember a lot of it. But I still find it useful. I believe there's no such thing as useless knowledge. Patients might ask you anything; you never know when a piece of "useless" knowledge may turn useful!

I didn't like biochemistry. It was relatively young in those days. I went to HKU in 1965 and the double helix structure of DNA was only discovered in 1958.

I really like internal medicine. It's the most complex subject. I think surgery is comparatively pretty simple...not many diseases are really that amenable to surgery. Medicine is the largest field while surgery is relatively limited. I think the surgeons will be very angry with me!

We used to have five clerkships. Anyway, we used to spend a relatively short time on psychiatry and orthopaedics, almost equal in length to medicine, which was really inexplicable. O&G was fun. We got to deliver babies. I delivered 39 and was recurrently amazed at the miraculous time when the baby's head emerges from the mother!

We had compulsory residence for medical students. I really enjoyed that. It was my first time to live away from home, you see...I really enjoyed the freedom and the late nights!

Sounds quite a bit different from the medical curriculum now. What do you think of that? Actually I am not satisfied with the new curriculum. Now you are restricted to PBL, just a few lectures and nothing else, so your way of thinking may not actually be totally correct. When you arrive at the final correct point, the tutor will nod and smile and say you are very good, even though the way you arrive there is not exactly how it should be done. It is dependent on tutors. Tutors are supposed not to say anything, a thing I cannot quite understand. I think it is much better for tutors and lecturers to scold you in your undergraduate days than for the patient and their relatives to scold you. It's really true; present day patients and relatives can have no pity for you. I don't see why you are so protected before graduation. I personally am a very fierce teacher. Personal attacks on students are to be condemned of course; but I can still remember distinctly my student errors when they had been 'firmly' corrected by stern teachers!

PBL may be good for non-practical or non-scientific subjects, but all basic science in medicine should be accurately grasped. Initially students may not even know which aspect to think. The tutor may or may not feel obligated to guide you on that. Then often when students reach a point they do not know what to think about, they tend to drop the issue and switch to another question. And leave the unanswered issue unresolved!

You will probably spend a whole hour trying to get around the problem, but with a little guidance, you may be able to get it in five minutes and you will remember this for life. In Arts, of course you can go to discuss whatever you want to discuss in whatever way you may prefer, say arguing whether Shakespeare is a good playwright or not. Fine, you can have your own opinion and the tutor can remain silent. But in medicine, we are talking about how to approach science. There are certain ways of thinking that I feel sure should definitely be promoted; it is not just the knowledge but is the *way* you think. Let's say the students are the blind, trying to break through the blindness, and the one who knows and can see is not supposed to say anything. I think it is a waste of the person's expertise.

I know tutors who are not medical people. I think they suffer too. I am sure they have the same feeling I faced on the one occasion when I taught PBL in dentistry. And I felt so totally useless, I didn't know what to say. I do know a lot of things, but not how to count teeth. In that dental PBL, I had to almost guess with the students! Why was I asked to be a tutor? Why didn't they ask a secretary to be a tutor if they think a non-expert can qualify as a tutor!? I know as little as a secretary about dentistry. Probably the secretary would know more, since she would be typing a lot of case materials.

What about your research interests? I preferred medicine. Almost from the beginning, I wanted to do GI, partly because of Dr. Lai Kai Sum, our excellent GI teacher. I have never regretted choosing GI; I mean the liver part of GI of course. During my student days, there were many cases of cryptogenic cirrhosis. That's why I wanted to train liver right at the beginning.

When I went to UK to sit for exam, I wanted to join a liver unit, but my professor said that I had to train as a general gastroenterologist before training in the liver subspecialty. I personally think that GI and liver are very different. How can a future hepatologist be trained in GI with liver only as a subspecialty? During the training, I saw a lot of GI cases that I would never see in my later life, but almost no liver diseases. Some are rare in HK even now, e.g. Crohn's disease, ulcerative colitis, coeliac disease.

After coming back to HK, I quickly switched back to liver and cirrhosis. Actually I was quite lucky. In 1965 the first hepatitis B antigen was discovered and it was exactly the year I entered medical school. Later in 1968 it was found to be related to the hepatitis B virus and that's the year when I started my clinical medicine. So it feels as if I was chosen to do research in hepatitis B!

In 1974, I knew almost nothing about the hepatitis B virus. It was around 1980 when we found that the majority a lot of cryptogenic liver diseases was actually caused by the hepatitis B virus. At that time, I really felt very happy that I had chosen liver and have since continued to be happy. Hepatitis B was and is very common in the Chinese, but it's also of universal interest in the medical field. Of course the other diseases like cardiovascular diseases are also important in Hong Kong, but in terms of number of patients, they can hardly compete with liver diseases. In addition, I don't have to compete with people abroad to do what I want to do in research. We have a lot of expertise in Hong Kong concerning hepatitis B that is admired everywhere else.

What do you think of Hong Kong becoming a health care port? I would love Hong Kong to be a health care port. However, I think for Hong Kong to be a health care port, the emphasis can only be on tertiary medicine. I can't see why people would come to Hong Kong for primary care. If Hong Kong is ready to provide expert tertiary medical care, then why not? But I think one has to balance. How much are university doctors going to dedicate themselves to teaching and research, and how much to treating tertiary patients on a private basis? You may not know it, but I have cut the number of my private patients to the minimum. I am almost not seeing any new private patients, mainly because it demands a lot of time, and there was a lot of unnecessary pressure. I am still seeing a lot of public patients of course. Obviously, I am also teaching..... oh yes, teaching and seeing public patients and also doing research. I think it's really fulfilling.

I think seeing too many patients referred from abroad may not leave sufficient time for research and good academic teaching, and private patients are not going to let you teach on them; you definitely need clinical teaching materials for not only medical students, but also for postgraduate doctors. Yes, I am definitely for providing private tertiary care, but I don't think I would be too active in it until my retirement.

Prof. ST Fan is a good example. Very fortunately he decides to stay in the University but if he should resign and go out for private practice, then who is going to teach you? Who is going to train transplant medicine? It takes someone who is dedicated to teaching and research. OK now, I am sure we should and can train very good doctors who can accept private referrals from abroad. They may have some academic attachment, but I do not see how this is not going to decrease the teaching standard, if the doctors are mostly devoted to money.

This might attracted more investment and encourage the growth of this profession. I am for this definitely. However a lot of pharmaceutical companies do sponsor a lot of very good trials. If you have to see private patients who are extra demanding, and have to teach, not only students, and new doctors, and have to do research...It's all very easy, talking on paper, but I am not convinced.

Of course I need money - I mean for doing research. The one thing I do not quite like is, actually, money *per se*. My own money slips through my hands like water, worse than water. Good research has to be supported by money. But if you do good research, money does come to your research unit, too.

Do you think doctors should advertise? Actually I am traditional. Do you still know the Hippocratic Oath? Let's say I am a specialist in Hepatology, I think people should know that I am a specialist in Hepatology, or else how would liver disease patients come to see me? But I feel that if you are good, people would know. I am not really for over advertising; I may be old fashioned. Actually I think the Hippocratic Oath is really good and should still be practised. When I, for example, see doctors and their relatives as private patients, I do not charge them, because the Hippocratic Oath says that you have to take care of your colleagues and their relatives as your own.

Where is our profession heading to? In my lifetime, medicine has become more and more evidence-based. Previously, we got a lot of crytogenic diseases, but because of genome studies and other advances, the diagnosis now is much more accurate. For example, the genomic structure of many viruses are now known, advances that have important impact on the treatment of patients. One of the examples is hepatitis-related cirrhosis. Nowadays many drugs that can suppress the viruses can actually reverse cirrhosis. I am sure the future will be more based on genome studies.

It is of course horrifying to imagine the cloning of humans, but I think it has to come. I am neutral in some ways. The result of cloning may be horrifying, like the nuclear bomb; it may bring a lot of negative impact to humans. But there are important useful potentials. If you can clone the liver, then the queue for liver transplantation will be much shorter.

What would be the role of Traditional Chinese Medicine in our society and in health policy making? I have seen many patients suffering from the side effects of TCM. I often hear friends claim that TCM has no side effects, which is of course wrong. TCM certainly has its uses. For example one of the most potent malaria drug is actually derived from TCM. The principles of TCM are beyond my understanding, so my main concern is the side effect.

In the 17th and 18th century, western medicine was derived from herbs too, such as atropine and digoxin. But western medicine underwent refinement. How can people claim TCM be without side-effects because it is derived from natural plants? For western medicine, the clinical trials of the drugs are very strict; any minor biochemical abnormalities will be detected. A lot of abnormalities can *only* be detected through blood tests. The classical example is Panadol, which everybody knows has liver toxicity. However, patients who take Panadol to commit suicide appear normal, until you take their blood samples. So how would you know there are no side effects, if you don't take blood for examination?

For me, all agents which have therapeutic effects have potential side effects. I have seen and reported patients with side effects of TCM, including death and liver transplantation. Therefore, for the development of TCM, quality assurance is most important. I personally think TCM should undergo the same stringent clinical trials as Western medicine, with Phase I, II, and III studies. Some of the TCM drugs MUST be useful, but isolation of the active ingredient is needed.

And yes, I do believe in acupuncture. I have seen studies which show its positive effect, but I think it is only useful for certain disorders, and the principles behind acupuncture are still not really known.

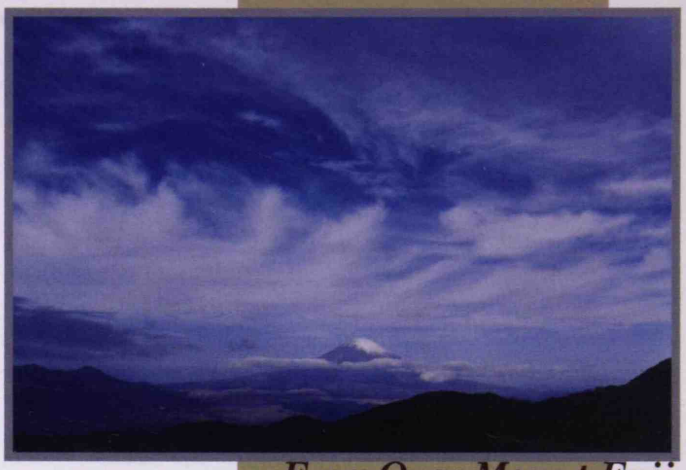
Please tell us about your other interests. I love non-medical books. I read nonstop. I started reading novels in Form 1 – when I was in DBS. Shakespeare is my favourite. I also like Iris Murdoch, Jane Austen, Dickens, Hardy, Conrad. And the Russian novelists. The list can go on…

I also like movies but I hate most hastily made Hong Kong movies – I like classical movies. I used to watch movies and read novels during medical school. You see I was pretty lazy. (laughs)

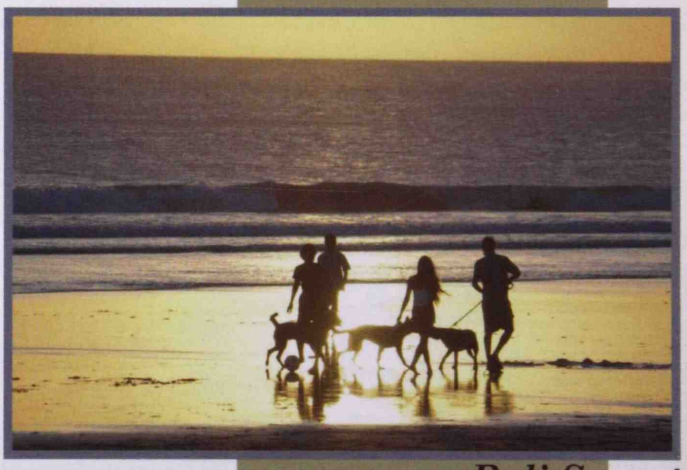
Another thing I like is operas and musicals. I used to go to Europe for opera festivals.

I also enjoy photography tremendously. I have only lately switched to digital photography after ascertaining that the quality is comparable to films.

Some of Professor Lai's photographs, taken while on holiday:



Fury Over Mount Fuji



Bali Sunset

The Fight

您好嗎？ 您好嘛！

陳遠忠 (M10)

近日家裡多了一些來歷不明的書刊。不經意，溫書累透，隨手拈來翻看，不禁嘩然：又是排山倒海的醫學健康知識——合上來，看看封面，原來是FANCL無添加健康專題雜誌；真是孤陋寡聞，一直還以為這只是一間專營化妝品的公司來的。

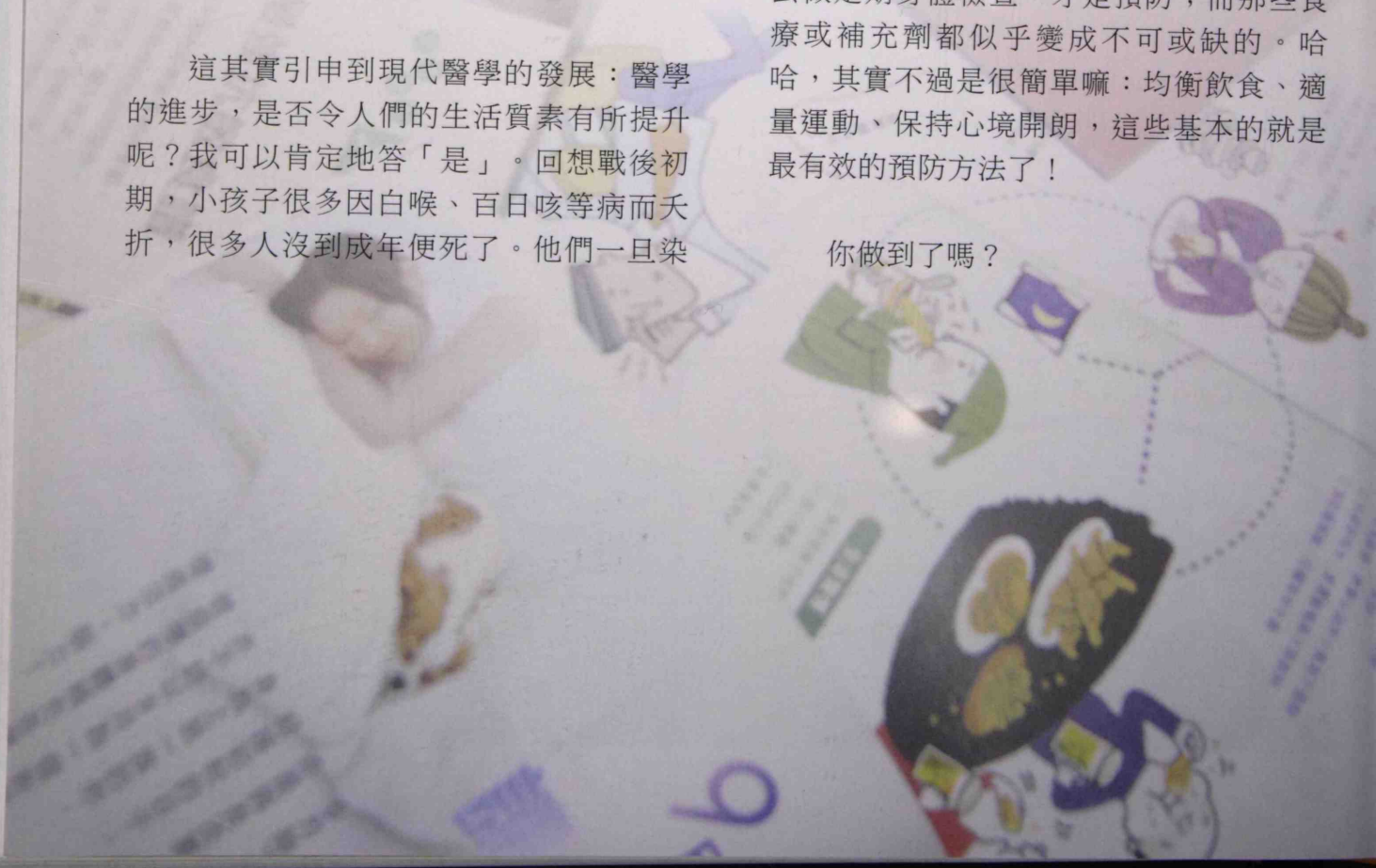
再翻看一看：圖文並茂，插圖精美，文字簡潔，結構鮮明，豐富的健康資料，加上樸實但奪目的素材，簡直令人愛不釋手，讀後心曠神怡，身心舒暢。妹回家問及，才告之原來那是在門市免費取閱，而且更是獲某生物科補習天王的強勢推介；其實也當真不錯，社會對醫學健康的推廣，可說是不遺餘力，而大眾的健康意識，更是大大的提高了！

這其實引申到現代醫學的發展：醫學的進步，是否令人們的生活質素有所提升呢？我可以肯定地答「是」。回想戰後初期，小孩子很多因白喉、百日咳等病而夭折，很多人沒到成年便死了。他們一旦染病，我們可以想像到當時人們的恐懼和無助。現在的人根本不用整天提心吊膽，擔心一不小心割傷流血便受感染死掉了。

有趣的是，現在很多身體健康的人，也時刻擔心著自己的健康，有些人說吃大豆可消除壓力，又說有機食物可以紓緩情緒，銀杏可以禦寒……醫學的進步，雖然說是提升大家對健康的預防意識，但資訊的嚴重氾濫，似乎使人提心吊膽，步步為營，恐怕自己的膳食並不是最健康、最有益的？

俗語云：「預防勝於治療」，大家都是知道的。於是，很多人以為花很多金錢去做定期身體檢查，才是預防；而那些食療或補充劑都似乎變成不可或缺的。哈哈，其實不過是很簡單嘛：均衡飲食、適量運動、保持心境開朗，這些基本的就是最有效的預防方法了！

你做到了嗎？



Body-Building Supplements – Wanna Try?

Ivan Leung (M10)

In order to improve sports performance and recovery from athletic events, bodybuilders often take as a supplement a powdered form of protein, the essential building blocks for muscles, as it is necessary to consume large quantities. The most commonly consumed type is whey protein, (for instance, Meal Replacements Products (MRPs)) since it is a naturally complete protein and is a rich source of branched chain amino acids (BCAA) (valine, leucine, and isoleucine), which contain the highest known levels of any natural food source. It is also very quickly absorbed by the body and metabolized.

MRPs are either pre-packaged powdered drink mixes that you mix with water, milk, or juice and then drink; or bars that you eat. Both are consumed in the place of a whole-food meal. Generally MRPs are high in protein, low in fat, have a low to moderate amounts of carbohydrates, and contain a wide array of vitamins and minerals.

The majority of MRPs makes use of whey protein, calcium caseinate or micellar casein, soy protein and Egg albumin as the protein source. Carbohydrates are typically derived from maltodextrin, oat fiber, brown rice, or wheat flour. Some also contain flax oil powder as a source of essential fatty acids (EFAs).

Prohormones are precursors to hormones - and were most typically sold to bodybuilders as a precursor to the natural hormone testosterone. This conversion needs naturally occurring enzymes in the body. Side effects are not uncommon, as prohormones can also convert further into to DHT and estrogen. To date most prohormone products have not been thoroughly studied, and the health effects of prolonged use are unknown. Although initially available over the counter, in 2004 their purchase was illegal without a prescription in the US, as it now is in almost all countries and sporting bodies.

Thermogenics is a broad term for any supplement that the manufacturer claims will cause thermogenesis – resulting in an increased metabolic rate, increased body temperature and consequently (the promise of) an increased rate in the burning of body fat. Until recently almost every product found in this supplement category was comprised of the "ECA stack": ephedrine, caffeine and aspirin. However, on February 6, 2004 the Food and Drug Administration (FDA) banned the sale of ephedrine and its alkaloids and manufacturers were forced to look for alternatives. Nowadays, the "ECA" stack is more likely comprised of bitter orange or Citrus aurantium (containing synephrine) instead of the ephedrine. To date the effectiveness of this new combination is far from conclusive.

There are several naturally-occurring plants and vitamins as well as synthetic chemicals that supplement companies claim may produce an increase in testosterone levels. However, the validity of many of these products is questionable due to a lack of valid scientific research showing their effectiveness at this time.

By now, those who want to be the best player in sports ought not to hesitate anymore or as the technology evolves, the others, who simply take the pills, can even look tougher and more powerful than you do!

References:
MRPs:
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list_uids=7410755&itool=iconabstr&query_hl=1&itool=pubmed_docsum
Prohormones:
http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?db=pubmed&cmd=Retrieve&dopt=AbstractPlus&list_uids=16888459&itool=iconabstr&query_hl=8&itool=pubmed_docsum
Thermogenics:
http://www.qfac.com/thermogenics.html

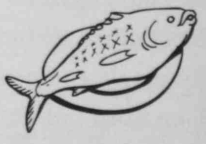
日常飲食中的補腦妙法

黃愷怡（M10）

自從進入港大醫學院後，大家有沒有發覺我們要讀的筆記跟以前相比，足足增加了數十倍？每次溫得頭昏腦脹，卻還是什麼都記不進腦，真的十分失落。有時父母為了給我們「補腦」，可能會買雞精，煲豬腦湯，或者烹調食療，等等，但那些食物的奇怪味道，未必人人受得了。

其實，在我們日常生活中有很多可供補腦的天然食品，以下就介紹六種給大家，有些可作正餐，有些則可作零食，絕對方便又好吃。

魚：



魚肉脂肪中含有奧米加－3（omega-3）脂肪酸，對神經系統具有保護作用，所以有助於健腦。有研究指出每週至少吃一餐魚（特別是含有較高奧米加－3的三文魚、沙丁魚和青魚）的人，與很少吃魚的人相比較，老年癡呆症的發病率要低很多；吃魚還有助於加強神經細胞的活動，從而提高我們學習和記憶能力。

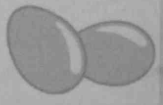
全麥製品和糙米：

糙米中含有各種維他命，有助我們保持認知能力，提升學習表現。

大蒜：

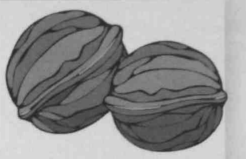
大蒜可以和其他食物中的維他命Ｂ１發生化合作用，產生蒜胺。蒜胺比維他命Ｂ１更能促進葡萄糖轉變為大腦能量。有了足夠的能量，我們的大腦自然會有更好的表現。

雞蛋：



雞蛋中含有優良的蛋白質及人體所需要的氨基酸。蛋黃中亦富含卵磷脂、鈣、磷、鐵以及維他命Ａ、Ｄ、Ｂ等，這些都能有效提升腦力。

核桃和芝麻：



常吃這兩種食品，可為大腦提供充足的亞油酸（linoleic acid）、亞麻酸（linolenic acid）等分子較小的不飽和脂肪酸，以排除血管中的雜質，提高腦部的功能。另外，核桃中含有大量的維他命，能治療神經衰弱及失眠症，鬆弛腦神經的緊張狀態，消除大腦疲勞，等等。

水果：

鳳梨含有豐富的維他命C和重要的微量元素錳（manganese），有助增強記憶力；檸檬可提升人的接受能力；香蕉為大腦提供酪氨酸（tyrosine），能使人精力充沛、注意力集中，及提升我們的創造能力。

另外，我們必須要有定時定量的一日三餐。

早餐是最重要的一餐，因為正常人工作效率最高的時間是在上午，早餐的質量會直接影響到我們學習的效果，所以早餐一定要吃得好，不但要有充足的熱能，還要有充足的蛋白質和必要的維他命。

午餐一般要提供較高的熱量，但同時也要有高蛋白和高維生素。我們宜選吃糙米或麥包等較有營養的主食；至於副食方面，除了常吃的肉類、蛋類外，可以的話，最好多吃些動物內臟，如豬肝、豬肚、豬心、豬腰等；還要多吃魚，特別是魚頭，據聞它是補腦佳品，魚頭燉豆腐這道味道不錯而又營養豐富的菜式實在是多吃無妨。

晚餐應與午餐差不多，但口味就要比午餐清淡些，以減少晚餐後的困倦感。

總括來說，要補腦，最重要的就是要保持飲食均衡，多吃有營養的食物。不過，每天八時半上課的我們，要吃一餐好的早餐並不容易；在醫學院附近的餐廳吃午餐，雞蛋的確經常可以吃到，但要吃糙米一般高質數的食物又談何容易？

參考：
http://www.commonhealth.com.tw/content/094/094040.asp
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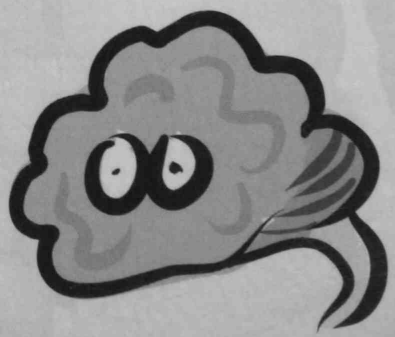

YOU ARE WHAT YOU EAT

Denise Chan (M10)

What's your idea of a farm? Cows roaming among tall grass, chickens pecking contentedly away in a yard? Perhaps your vision also includes the farmer and his family lovingly tending to the animals and making sure they have clean water and enough food to eat. That might have been true in the past, when family farms were commonplace and farms were pictures of rural bliss.

Today, the greatest producer of the meat on your table is the factory farm. Increased demand for more and cheaper food led to this concept, in which the greatest production is achieved with the least cost - financial cost, at least. Factory farming is, at its simplest, industrial agriculture. However the methods used are often appalling. Animals are kept in spaces so cramped that they cannot move. They experience so much stress that they very easily fall sick, and are consequently pumped full of prophylactic antibiotics. Others are physically mutilated or restrained to keep their flesh tender. This article is about what the meat industry doesn't want you to know.

chicken

How often do you eat chicken? The chicken you're about to eat most likely had only half a square foot of cage to live in during its short life. Because of the crowded conditions, fights were common and so the tip of its beak was probably amputated without anaesthetic at birth to reduce injuries. It may also have been genetically altered to grow very big, very fast - so fast, in fact, that its heart and lungs had trouble keeping up, resulting in congestive heart failure (yes, that also happens to chickens). It may not have been able to walk at all, because its legs could not support its body. After six weeks of such existence it was slaughtered.

pork

Anyone who's watched the Babe movies would agree that pigs are intelligent animals - intelligent enough, anyway, to be able to play the main character of a film. If only all pigs were treated as well. Fifteen percent of factory farmed piglets die by the age of two to three weeks, at which time they are taken away from their mothers and packed into giant warehouses to grow until they reach 250 pounds at 6 months of age. Naturally clean, pigs are forced to live amid faeces, vomit and the corpses of other pigs. Because of the filth and poor ventilation, 70% of pigs have pneumonia by the time they reach the slaughterhouse despite the massive doses of antibiotics they

are fed to keep them alive in such conditions. Their mothers are reimpregnated and have up to 20 piglets a year. Breeding sows spend their 4-month gestations inside crates so small that they cannot turn around or lie down comfortably, and give birth on bare concrete without any bedding. Some farmers tie their legs apart so they cannot get any rest from the suckling piglets. Three or four years of this later, they are sent to the slaughterhouse.

beef

Beef cattle have it a little better than pigs. They are allowed to roam free, spending the first year of their lives grazing. However they are still subjected to cruelty. Cattle are branded to mark them as belonging to a particular farm, causing third-degree burns. Accustomed to roaming free, they are terrified and stressed when they are packed into a feedlot to fatten up for the last few months of their lives. Designed to eat grass, the concentrated diet cattle are fed at feedlots contributes to metabolic disorders. At the slaughterhouse, they are hung by their hind legs and moved along the production line. Many animals miss the stunning process and have their throats slit while fully conscious. Some remain alive and conscious even as their skin is peeled off and their limbs cut off, literally dying piece by piece.

eggs

Egg-laying hens spend their lives confined in tiny battery cages. Five to eleven hens are stuffed into a cage no larger than a drawer. So cramped that they cannot even lift a wing, hens constantly rub against the wire, suffering bruises and feather loss. Laying hundreds of eggs a year puts a severe strain on their bodies. Hens suffer from fatty liver because their livers have to work so hard to make the protein and fat for egg yolks, and osteoporosis from producing so many eggshells. Some, too weak to pass the egg in their bodies, become "egg-bound" and die. At the end of two years, they are exhausted. Sometimes, if the cost of replacement hens is too high, they are molted - deprived of light, water and food for up to 14 days to force their bodies into another egg-laying cycle. Ten percent of hens die and the survivors lose 25% of their body weight. By the time they reach slaughter, their bodies are so damaged that they can only be used for chicken soup or pet food.

milk

Cows produce milk for their calves - so to keep milk production up, farmers artificially inseminate cows once a year. A day after they give birth, the calves are separated from their mothers. Dairy cows are given bovine growth hormone to make them produce up to 10 times as much milk as they normally would. This contributes to mastitis, which is very painful for the cows. The milk they produce is also filled with pus. The natural lifespan of cattle is 25 years, but because they are constantly pregnant and giving milk, their bodies are too depleted and they are killed after only 4 or 5 years and their flesh turned into pet food or low-grade meat. Their calves suffer a similarly tragic fate. Females will end up in the same situation as their mothers. The male calves are kept confined in pens too small to turn around in and fed a low-iron liquid diet to keep their flesh tender and white. Many are anaemic and unable to stand up by the time they are slaughtered and marketed as veal.

Even if you don't care about the suffering that these farm animals have to go through, factory farming practices produce sick, tortured animals that are unhealthy to eat. Diseases run rampant because so many animals are kept in such small spaces. Antibiotics and hormones fed to these animals will eventually wind up on your plate. It could even have far-reaching consequences. Chinese farms, determined to prevent a bird flu outbreak, laced their chickens' drinking water with amantadine-a drug meant for humans. Many strains of bird flu are now resistant to this drug. Although amantadine is far and away the best and cheapest drug available, it can now no longer be used against avian flu. To cite another well-known case, the fact that cows were fed the bodies of their dead companions as a high-protein diet caused the spread of BSE, or mad cow disease. The environment also suffers. Grain that could be eaten by people is going to feed animals, wasting valuable resources. The sheer numbers of animals also produce enormous amounts of waste which contaminate nearby rivers and streams with deadly bacteria.

Modern farming practices produce more food for less money, but at a great cost. Many people are choosing to become vegetarian or paying more for organic eggs and meat raised in cruelty-free environments. To learn more about factory, visit the following websites:

http://www.goveg.com/factoryfarming.asp (watch a 10-minute documentary video)
http://www.factoryfarming.com
http://www.factoryfarming.com/health_birds5.htm (amantadine and avian flu)
http://www.themeatrix.com (entertaining flash movies about the meat industry)

快餐時代
——如何做個健康都市人？

周哲光（M10）

（一）簡介

在香港這個地方，時間就是金錢。大部分香港人，包括白領階層、專業人士等，生活節奏都十分急促，凡事都以快捷見稱。因此，午餐時間往往被「壓縮」成十多分鐘，「快餐文化」在香港很快便落地生根。

香港人飲食習慣被「快餐化」有多嚴重？香港的快餐點數目由八十年代的四百多間飆升至現在的二千多間，可見快餐在香港的需求越來越大。

雖然這種快捷方便的生活模式已融入我們的生活但是，有越來越多研究指出，「快餐文化」是一個不健康的飲食習慣，長期食用會對身體做成負面影響。

（二）快餐特色

參考了多間快餐店所提供的菜單及營養分析，得出以下結論：

「快餐」主要是以煎炸為主，雖然香脆可口，但營養價值不高。「快餐」有「三高三低」，三高是高熱量、高脂肪和高蛋白質；三低是低礦物質、低維生素和低膳食纖維。油炸食品除了大大增加了熱量，破壞維生素，還含毒性物質丙烯酰胺（Acrylamide）。

（三）快餐對身體的負面影響

「快餐」所提供主要是高熱量食物，例如一碟「乾炒牛河」，熱量可達1200卡路里；要完全消耗，便要超過一小時的跑步。一個人如果三餐都進食快餐，所攝取的熱量超過3000卡路里，大大超過一個正常人所需的熱量。高熱量食物，在體內會轉化成脂肪，然後儲存在體內，造成肥胖。在美國，有六千萬人因為經常進食快餐，造成不同程度的癡肥，可見快餐對身體的影響。

快餐食物亦含有高脂肪，其中飽和脂肪成分比其他食物為高。膽固醇方面，由於快

餐食物含有大量反式脂肪（trans-fat, 由天然的植物油經過氫化處理而得，將會轉化成壞膽固醇），壞膽固醇含量很高。這會造成動脈粥狀硬化(atherosclerosis)，增加心臟病及中風機會。

低膳食纖維亦會對身體造成影響：低膳食纖維減低大腸蠕動（peristalsis），造成便秘。此外，高纖維飲食能造成較大的糞便量以稀釋大腸中的膽鹽和致癌物，而且也減少了糞便停留在大腸中的時間，即腸粘膜與致癌物的接觸時間。因此，低膳食纖維會增加患大腸癌的機會。

根據香港消費者委員會的研究，碳水化合物的食物在經油炸之後，都會產生丙烯酰胺（Acrylamide）醎而不少快餐食物都含這種物質。越來越多研究指出，丙烯酰胺能致癌；因此，快餐食物會否致癌的問題，仍然在研究當中。

（四） 做個健康都市人

雖然快餐對身體的有不少負面影響，但在香港這地方，要完全放棄進食快餐，似乎並不容易。因此，要做個健康都市人，我們便要適當選擇快餐食物。

以下便是選擇快餐的三大守則：

守則1： 食品種類要多樣

每種食物所含的營養素不同，因此食物一定要多樣化，互相補充人體所需的營養素。

守則2： 食物精挑細選

同樣吃快餐，吸收營養的分量卻不盡相同，這就要看你會不會挑營養素含量豐富的食物了。

守則3： 挑選烹飪時間較短的菜

盡量挑選烹飪時間較短的菜，因為烹飪時間越短，食物的營養素破壞得越少。

希望大家都能適當選擇食物，做個健康都市人！

參考資料：

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2. http://www.consumers.org.tw/unit412.aspx?id=517
3. http://www.china.com.cn/chinese/health/1169687.htm

Farmaceutics

Michael Lee (M10)

Farmaceutics are the plants that produce vaccines, antibiotics, pharmaceuticals, and human proteins.

Maybe the introduction of drugs into food is more complicated, but if people can t pack drugs into the food, they are hoping to deliver minerals and vitamins. These foods are called functional food or medical food. These new foods are certainly different from those which are naturally nutritious. They are genetically engineered to contain high levels of minerals or vitamins. For example, high-beta-carotene oil that increases the level of vitamin A in the human body, peanuts with better protein profiles, high starch potatoes that will absorb less oil when fried...

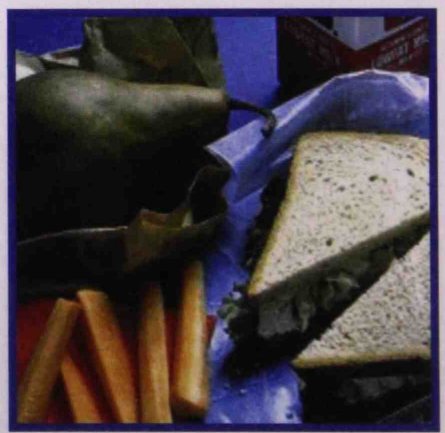
Engineers want their products to work, but whether or not they would boost the body's vitamin levels or lower the cholesterol level is still in question.

For instance, many women need iron as a part of a healthy diet. Women s bodies handle iron supplement better, because they can expel extra irons during their menstrual cycle. Men have less ability to excrete excessive iron, so vitamin companies generally leave iron out of their formulated vitamin supplements. If there is too much iron in the body, it can produce neurological damage. But how can the products be tailor made to suit different needs? Are people aware of the possibility of overdose? Will people have to cook 2 meals, one for men, one for women, perhaps a third one for the kids?

The biotech industry has invented something like golden rice, the genetically engineered rice with beta carotene added. Let s assume the amount of beta carotene is nutritionally significant. We can't put vitamin A directly into the food, because in the wrong quantity it produces birth defects and other serious consequences. So they use beta carotene, which is broken down into vitamin A. However, most people who lack vitamin A are malnourished. It is doubtful that they have enough body enzymes to convert beta carotene into vitamin A, and have enough body fat to metabolize the fat-soluble vitamin.

I think the reason why those hungry people get vitamin A deficient is they are generally malnourished. The engineered food would not address the social problem that is responsible for the poverty. If those biotech companies are to address starvation, they could donate seed to the poor countries, without needing to genetically engineer plants.

Apart from the efficacy of the food, many potential difficulties and dangers exist. The transfer of genes from one organism to another is an imprecise affair. What other genes may be transferred? Will compounds in those foods combine with endogenous human compounds to produce toxins? What will happen to the environment if the gene escapes and spreads? What will happen to the soil life when the genetically engineered food is plowed under?



We simply do not know the long term consequence for human health and the wider environment of the modified food. If something goes wrong, we will face a kind of pollution that is self perpetuating, one which I don t think anyone knows how to solve.

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Ronnie Cummins, B.L. (2000). Genetically engineered food: a self-defense guide for consumers. New York; Marlowe.

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醫學院危機四伏？

黃愷怡（M10）

大家可知道我們平時經常逗留的醫學院埋藏了不少危機？先不談實驗室一類高危地方，即使是演講廳（ＬＴ）或圖書館，竟然也是十分危險的。

以下乃是真人真事，絕非虛構。為保私隱，故事主人翁的身份將不會被公開。

危機一：ＬＴ的前門

事發經過：

學生甲一邊與同學談話，一邊打算開門走進ＬＴ１，正當他要伸手開門之際，「嘭」一聲，他的前額已被ＬＴ那扇又厚又重的門撞個正著。原來門後的學生乙因為捧著手提電腦，沒有空餘的手開門，於是就一腳把門踢開，他萬萬沒料到這無心一腳，再加上那道又厚又重的門，這一下衝擊力的殺傷力居然這麼大，只見學生甲的左眉在不斷流血，單用紙巾並不足以止血，於是有人提議學生甲到醫學院的辦事處，看看有什麼急救用品可供暫時止血之用。

畢竟，醫學院的辦事處只有最普通的急救設備，由於同學甲的傷口頗深，在學生乙和朋友的陪同下，他到了瑪麗醫院急症室縫了三針。

結果：

雖然學生甲並未「毀容」，現在左眉上只留下一道不顯眼的疤痕，但本人在此謹奉勸各位進入ＬＴ時務必要打醒十二分精神，以防如此無妄之災。

危機二：ＬＴ的講台

事發經過：

下課了，大部分同學都急不及待離開侷促的ＬＴ，想立刻前往圖書館溫書或印筆記的同學都會選擇從講台旁的前門離開。正當大家興高采列地高談闊談之際，突然，有同學跌倒在地上，大家望向那處，不禁都驚訝起來。

原來ＬＴ的講台是可以分開和移動的！可以分開和移動本來不是問題，但在不需要移動它的時候卻沒有人固定這個「可移動的講台」就絕對是個大問題！這是非常危險的！同學丙就是因為貪方便，貪快捷，踏上了「可移動的講台」，講台一移動，他失去了平衡，就跌倒在講台間的空隙中。

結果：

幸好，同學丙年輕力壯，未有骨質疏鬆，這一跌不足以致命，只是碰傷撞瘀而已；要是有上了年紀的人在這裡摔上一交，後果可能嚴重得多。

為安全起見，請勿隨意在ＬＴ奔跑，亦不要走捷徑，大家必須「腳踏實地」，方為上策。

危機三：圖書館外

事發經過：

我曾不只一次聽過有同學在圖書館外被黃蜂刺中，確實的源頭在哪裡，我不大清楚，也許是圖書館外的芬培花園。

結果：

數個星期前，同學丁的左手拇指慘被黃蜂尾後針刺到，整隻左手手臂因而腫了起來，應該是過敏反應，後來他的手臂雖然消了腫，但被刺中的手指頭仍然紅腫，還結了疤。

真想不到我們每日「潛ｌｉｂ」必經之路也隱藏了這樣的危機。

忠告：

大家在醫學院不能只顧讀書，終日渾渾噩噩，必須時刻警醒，以提防其他潛在危機。

A Guangxi Tale

In memory of the poor people in the world

By Buteo

"I have palpated a mass on the right lower quadrant [right iliac fossa] of her abdomen, but I'm not very sure what it is," the village doctor said.

It was a hot afternoon, and our small group of five was sitting on low wooden stools in the lovely wooden house of an elderly woman and her family in a small mountain village in Guangxi, right in the middle of nowhere. There was, sadly, no air conditioning of any sort, but despite the sweltering heat, everyone listened with rapt attention as the village doctor presented his physical examination findings.

"She's got the mass for 1 month already. I suspect that it might be something wrong with her appendix...perhaps appendicitis?"

We looked at each other...the mass did not appear to cause pain, and it has been there for quite a long time already.

"I don't think appendicitis would last that long[I]," one of us said gently.

The village doctor looked thoughtful, but said nothing. The four of us suspected the same thing, but without further information, it would be foolish to jump to conclusions.

"Did she lose any weight?" one of us asked.

"Yes, yes. Quite a lot."

"Did her appetite change?"

"She doesn't want to eat anything anymore. I've been giving her IVs, but her skin is reacting badly to the injections. Look - there're black patches here on both of her arms where I inserted the IV drip..."

Bruising? Necrosis? None of us knew.

My mind detachedly noticed how the symptoms and signs fitted a very familiar scenario, and as the elderly woman's husband lit a pipe to smoke, I realized I've found the risk factors too - passive smoking, a diet of preserved vegetables, old age…

"Why didn't she go to the hospital for a check-up?" I asked.

"No money…"

Silence fell like a stone into the room. It was as though a death sentence was signed. The woman was doomed.

It was Poverty…Poverty again.

Why is life so unfair? I wondered. Surely nobody should be deprived of medical care! It's one of the most basic necessities of life!

But no answer came to me.

The elderly woman grasped our hands warmly, shaking them slowly and thankfully. Her eyes were filled with renewed hope. And on her face, a smile broke out from what seemed like an eternity of grief. It was as though she had found the spark of tomorrow's light amidst the suffocating darkness of the night.

Perhaps she was thanking her Gods for gifting her with saviors from Hong Kong? But we all knew it was futile. We were nobodies. And colon cancer could rarely be cured in poor places like this.

She was doomed to die…just because she was poor.

The cynical side of me laughed bitterly. Yes,

[I] I later found out that there is chronic appendicitis with right lower quadrant pain lasting over 3 weeks with no alternative diagnosis. It is very rare, only about 1% of people with appendicitis have it.

this is our world. Our prosperous world…with people dying of outrageous deprivation every day, every hour, every minute, every second…without an end. Who knew that behind the illusion of prosperity hides such an ugly secret?

Poverty is like a silent cancer growing in our world…unnoticed, but deadly, with victims everywhere. The elderly woman had placed such high hopes on us. She thought we were her saviors! But how could we cut her out from the web of poverty? There was nothing we could do.

We were not doctors, we were not professionals, we were just medical students who knew very little in the way of medicine. We were not angels from God, we were mortals trapped by our own insufficiency. Our hearts were aching to help, but our minds were empty and our hands were tied by our own ignorance.

It was futile.

"I'll consult doctors from Hong Kong about your condition," one of us said finally. "Please don't worry."

She was doomed to die…

The elderly woman smiled with hope shining bright on her face. But the room seemed to darken in my mind.

She took two very valuable dollar bills out of her pocket and offered them to us - her saviors from God. Two dollars…while simply nothing to Hong Kong people, were everything to the poor Guangxi people..

She wanted to thank us for giving her hope. But what hope have we given her?

We couldn't accept it. We were not worthy of it.

All we could offer was a prayer to our God with her family. The elderly woman knew nothing of our God...perhaps she never would.

And in the end, we left her house.

The sun shone brightly outside, so different from the gloom that hung in the wooden house. I squinted up the sky, wondering what would become of the woman…

Perhaps, we would never see her again.

END

Notes from the author:

This is a true account of a patient I met while participating in the Guangxi SSM in 2006. I am, of course, not entirely sure she had colon cancer. In fact, there are a host of other things that could show similar presentation. But since I am just an ignorant junior medical student (who knows unbelievably little) at that moment, I had assumed it to be colon cancer. Of course, if it were something else that could be treated easily, I couldn't say how happy I would be for that woman and her family.

I have always wanted to become a good doctor - it is what I thought of as my mission in life, but with medical school - the hectic life, the endless lecture notes - it is very easy to forget why I chose this path.

But I remember now. And I know what I have to do.

Ambrosia

Kai N. Cheong
(M10)

Verona is no more.
I crumbled its brick dust in my fingers.

When you start telling yourself there is a reason to stay...You will never begin to leave.
And so her body does not move, and never will, because in all her dreams of freedom, it was her heart that failed her.

***

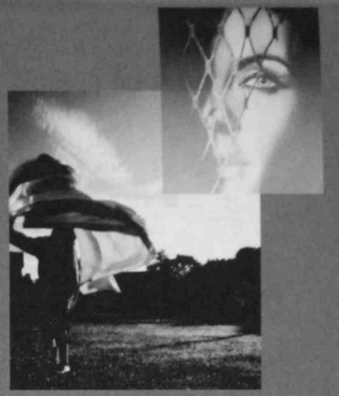
She dreams that she is blind.
Turning her back to him, she dips one shoulder low in their exuberant, silent dance of surrender. In her self-induced darkness, she marvels at the soft rustle of Persian silk against her bronzed skin; the fleeting visions of exotic riches and gilded glamour flickering in the infinity that is her own night and freedom. The material convulses and trembles as it slides across her back, molding itself to her shadows.
He watches the finest silk glide across the skin of his finest possession. He knows she is affected by his apparent indifference to her, but under his mask of detachment is the lurking fear that if he responds to her fleeting illumination; a perfection so undeserved – his fears will resolve into a reality that will mock, will destroy him. It is very much a relief to be allowed to create his own extravagant version of the truth. And he loves her as he loves his greatest masterpiece – ***Maestro,*** the silk beckons, as she dances and glides on air.
[Will you walk out of the air, my lord? Into my grave? Indeed, that is out of the air.] *[To Die, To Sleep, Perchance to Dream -]*
For now, it is enough to be convinced that your opus is far greater than any truth it could be otherwise.
He dreams that he can see.

Slowly, reverently, she spreads her arms apart and raises them above her head; they are curved in the shape of a bow. In each hand she grasps a corner of the silk, it cascades down her back to hide her from his view. ***Please***, a silent prayer. ***Make me beautiful,*** she wants to say, arms poised in surrender, help me believe that I am more than a bundle of imperfections.
Her fingers tremble, the silk fluttering in the oppressive stillness of the room like tendrils of promise. Already she senses that it is too late; the silken strands slip out of her desperate grasp to collapse with a sigh at her feet. Eyes still pressed shut, she lets go. Plagued by the knowledge of her own inadequacy, she knows, has known all along, that it will never be enough.
He inhales a sharp breath. She exhales a shadow of a tear.
It is all they will allow themselves.

***

To her, he is imperfect perfection; to him, she is perfect imperfection.
She wishes, futilely, that he would say something, anything, to convince her that the cruel illusion is reality, is infinitely possible. Until then, she refuses to open her eyes, refuses to be blinded by the unwanted truth.
But he tips her chin upwards, hoping she will look into his eyes, because to him there is nothing stronger than shared, unspoken vows.

[Does the illusion possess the man? Or Does the man possess the illusion?]



He thinks he would follow her anywhere; spend a lifetime capturing their picture-perfect moments, casting their illusion into the grandeur of permanence.

She lacks the courage to push him away; to stop him from concernedly wrapping the silk around her shoulders; to shout, to scream that it is not the cold that shakes her to the core, but silent fear and violent denial.

She shivers in the death-grip of his arms, suffocating wordlessly, painfully aware of the irony in that he only ever responds to her to demonstrate misunderstanding. Helplessness binds her lips shut as a violent chuckle of lunacy threatens to escape. She will not shatter the dream for him, the way he has unknowingly shattered her.

She gives, he takes.

She will be his sustenance, for all that it was never meant to be, for all that it will drain her, for all that he never meant for her to suffer.

She loves him.But he will never speak.

She knows this, but it does not matter. It cannot matter, or maybe it matters too much, because it is enough to push her over the edge into her own abyss.

It is useless to struggle, so she does not even try to leave.
He thinks she stays, because she has never wanted anything else.

***

He dreams that she will see, someday.

She dreams that she is blind. It is enough suffering just to feel, when you cannot forget.

In their silence, she sinks into eternal oblivion, closed eyes locking in the darkness. Drowning in the comfort of sacrifice, she falls and falls in the abyss that is selfless love, paints a selfless illusion, spins selflessly again and again to the rhythmic betrayal of their bohemian rhapsody.

***

He dreams of providence; that she will forgive and exonerate, that someday she will prove her love by seeing him, all of him, when he kisses her. He dreams that her countenance will be adorned with roses and starlight...

And she dreams that she loves her master more than she loves her freedom.

[When it all comes down to dust
I'll help you if I can
I'll help you if I must
I'll kill you if I must
When it all comes down to dust
I'll kill you if I can]

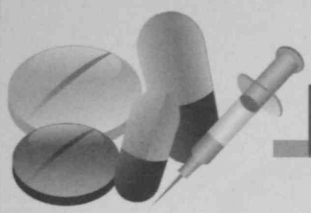
She will not ask him to save her again, and he will not have to tell her that he cannot.

And so they court the manic poignancy of lies, lies, lies; their silk and soliloquies, a song of mandolins, a requiem for solitude...

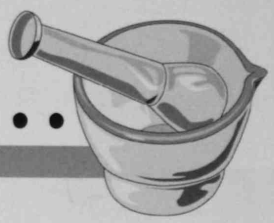
A dance of pure ambrosia.

[And yet to me
What is this quintessence of dust?]

She is a slow, blooming vulnerability; dying a slow and blooming, but beautiful, beautiful death.



當西醫遇上中醫……



學子

當西醫遇上中醫，姑勿論有什麼火花，先想想看，大家對中醫有什麼印象？

雖然，社會大勢似乎趨向信任中醫；雖然，你也認同中醫能調養身體；雖然，你和很多中醫同學很友好；但壓根兒問心一句，你真的相信中醫嗎？你曾嘗試真正了解中醫嗎？還不過是人云亦云，以為中醫儘管是好，但仍是很迷信、很不科學？

「我一直在思考一個問題，就是醫學的目的究竟是什麼？答案應該很簡單，就是要保障人類的健康，延年益壽。因此，在這個大前提下，不論是什麼醫學，只要能達到這個目的的，就值得我們去學習，去研究；而真正決定是否有價值的，就在於這種醫學是否確切對人類的健康有著實在的仍用。」……

選自張大釗《中醫文化對談錄》

為了保障人類的健康，延年益壽，不論是中醫、西醫或護士，作為醫療事業工作者的，都應去學習各種醫學。中醫生需要通曉現代生命醫學，作為西醫生／護理生的你，何不嘗試了解中醫學？

踏出第一步認識中醫，可以一看《中醫文化對談錄》。

書　名：《中醫文化對談錄》
主　編：張大釗
著　者：張大釗、陳笑燕、
馬立楚、孫一德、
梁慧珠、陳鴻偉及曹美芳
出版社：三聯書店（香港）有限公司

《中醫文化對談錄》的編者張大釗教授，本來就是讀西醫出身的。他一開始接觸中醫時，感覺很勉強；後來他卻對中醫產生無比興趣，四十多年來埋首中醫藥的研究及教學。

在《中醫文化對談錄》中，張大釗教授和他的幾個學生以對談形式，討論中醫學理論。全書分為五部分，討論到中醫與傳統文化、中醫的基礎理論、中醫的診治方法、中西醫異同與結合治療及中醫的現代化。簡單易明的對談，就有如中醫經典《黃帝內經》中黃帝與岐伯的醫學討論一樣。學生提出的問題，也許正正問中了大眾心中對中醫的疑惑。相信你必然聽過「陰陽」、「五行」、「藏象」、「氣血」、「辨證論治」等中醫術語，但這些術語的本質究竟是什麼？書中都為你一一解答。本書引經據典，透過淺顯的文字，生動的比喻，相信必定能讓你一窺中醫文化的殿堂。如：藉著買西瓜的道理，你可以明白到中醫「有諸內形之於外」的道理；量體裁衣的比喻，可以明白到中醫對症下藥的理論。

也許你仍會覺得，理論就是理論，大概與實際臨床有很大差別。即使明白了理論，還對中醫學存有多少誤解：

例如：中醫只是調理，西醫治急病。

誰說中醫不能治急病呢？書中列出實例：「1961年時，某山區有197人吃了山荔枝後中毒。由於當地醫療環境惡劣，無法提供西醫洗胃、輸液及注射等治療。甘草能解百毒，於是當局採用甘草治療。經48小時，所有人全部治癒。」

還有治闌尾炎、小孩誤服鐵釘、乙型腦炎，中醫都有辦法。這不是在表明中西醫學，即使有不同的理論、運用不同的方法，也能治癒疾病嗎？

通過閱讀《中醫文化對談錄》，你也能了解到中西醫結合治療的情況，如治療肺癌、硬皮病（紅斑狼瘡症）及乙型肝炎。

書後段部分談到現在中醫在醫療界的定位，其中談到為何一位西醫家庭醫生讀中醫，更重要者，還討論到理想的醫療服務應該是怎樣的。為了讓社會有更好的醫療服務，我們應該實事求是，客觀認真地對待中醫學及西醫學；拋開個人利益，以病人的健康和生命為本：

「……故學者必須博極醫源，精勤不倦，不得道聽途說，而言醫道已了，深自誤哉！」

「凡大醫治病，必當安神定志，無欲無求，先發大慈惻隱之心，誓願普救含靈之苦」

選自《備急千金要方》　大醫精誠——孫思邈

這絕對是醫療工作者——中醫、西醫及護理同學需要關注的！來讓大家一起努力，為未來的醫療服務界出一分力吧！

Two weeks ago, I told myself that I would stop procrastinating and clear up my lectures daily. Two weeks later, I realized that I have only revised 3 of them and there are still plenty waiting around the corner. It seemed as if I had been too optimistic about myself. But anyway, I was often plagued by the syndromes of unrealistic goal setting the moment I entered medical school.

Medicine is just so tough. Sometimes, I think it's easier to follow through the lecture when the Professors go through the slides one by one; however, once I sit down to study, I couldn't make any sense between the diagrams and bullet points. I don't think I am lazy – I spend lots of time studying – but I was never able to connect everything together. There's so much to memorize and I have spent a lot of time memorizing; but usually around 2 days later, I would have forgotten everything. Initially I didn't worry about my faulty hippocampus; however, the scary thing comes when I see someone in class being able to retain everything in his/her brain – it's just like the teachers pressing a button and s/he can reproduce exactly what is wanted!

Sometimes I wonder: am I spending too little time studying? Every morning I meet my friends, they tell me they are either tui or tatpei. In the end, I'm always the most tatpei person as evidenced by my grades. But indeed I have sacrificed a lot like my health. Ever since I'm in medical school, I rarely play sports. I think that's because during high school, I was forced to attend regular PE lessons but now I'm not. Sometimes, it's amusing to see me and my friends persuading patients (e.g in PBL) to exercise more when we aren't doing that ourselves. Maybe that's why I always feel so sick and tired in class.

I remembered that I told the Professors at the admission interview that I chose medicine because "it's a noble profession and a great way of contributing to the society". I once had ambitious dreams but now they are gone. Every time I step into this lecture theatre, my mind is only thinking about passing the exams. Sometimes I wonder if I am lucky enough to get 60% (such that I pass), does it mean that for every 100 patients I am put in charge of, there will be 40 patients whom I will mistreat? But if I were to go for the admission interview again, I would still say that "medicine is a noble profession and a great way of contributing to the society" since the Government has invested a lot in our training to take care of the society's health and it would not be appropriate to advocate for mediocrity.

My friends tell me they want to be great surgeons and perform lifesaving operations when they graduate. I don't know if they will laugh at me if I said I only want to be an ordinary family medicine practitioner – I just want to talk to people and live a happy life, though I guess a doctor should be slightly more than that (i.e. with some professional expertise). Otherwise, I won't be any different from any layperson. But right now, I have just realized I have unlearnt everything I had painfully learnt last year, and this year's learning is going to be more difficult. If I were to take the Summative again, I think I would fail badly this time. I was fortunate enough to meet some of my final year friends last summer, and they all looked so different from what I used to know of them in the past. Ah…how many more years do I have to go through before I become like them?

I would want to be outstanding if I could, but I think I would get schizophrenia (like John Nash in A Beautiful Mind) before I can be half as good. Perhaps I should stop indulging in the process of self-destruction and procrastinating now. Time to get back to my books. And for the freshmen out there, don't be contaminated with my thoughts…maybe your Medic life is much more rewarding than mine! =)

Ah... Lord, give me faith, hope and love. Life is difficult.

yihoksang@hotmail.com

腎臟與我

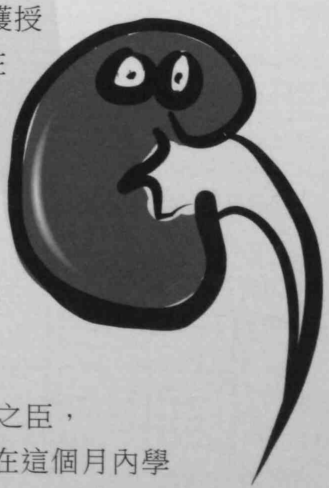
「腎」——我會說它是個擬聲字，因為「臣」與「腎」之讀音相近。

這個字的來源暫不必在這兒深究。今天，我想說說——腎臟與我。

腎是個器官，腎是醫科二年生所學的其中一個器官。九月份，我便初次認識這豆形的器官。腎的確是粒很大很大的豆，要好好認識它，必須用心灌溉、施肥，花心機時間在它身上，它，才能茁壯成長。否則，這粒大豆營養不良，便會夭折；腎臟學不好，期考定必慘淡收場。

腎由三個字所組成，表現出中文字方塊的特性。看，它們分別是「臣」、「又」、「月[1]」。它們三個看似毫不相干，事實上，卻是有著微妙的關係。首先，來看看「臣」。「臣」作「臣子」之解，為臣者，必須聽命於君，心機精神傾於其身上；讀腎者，皆為腎之臣，地位卑微，它結構怎樣，我們要欣然接受，時時刻刻與它打交道，慢慢掌握它的特性。為腎之臣，縱使終日追追趕趕，辛勤如牛，卻永不能與腎拉近距離，君臣之別，可見一斑。

「又」——一次又一次，有反覆的意思。一次又一次上堂睡著，一次又一次聽不明白教授的英語，一次又一次沒有上堂的「能量點」，一次又一次追不上課堂的進度——彷彿，在與「腎」打交道的過程中，我們經歷的都是不斷重覆。一次又一次絞盡腦汁想出解決辦法，換來一次又一次的沮喪與失望。



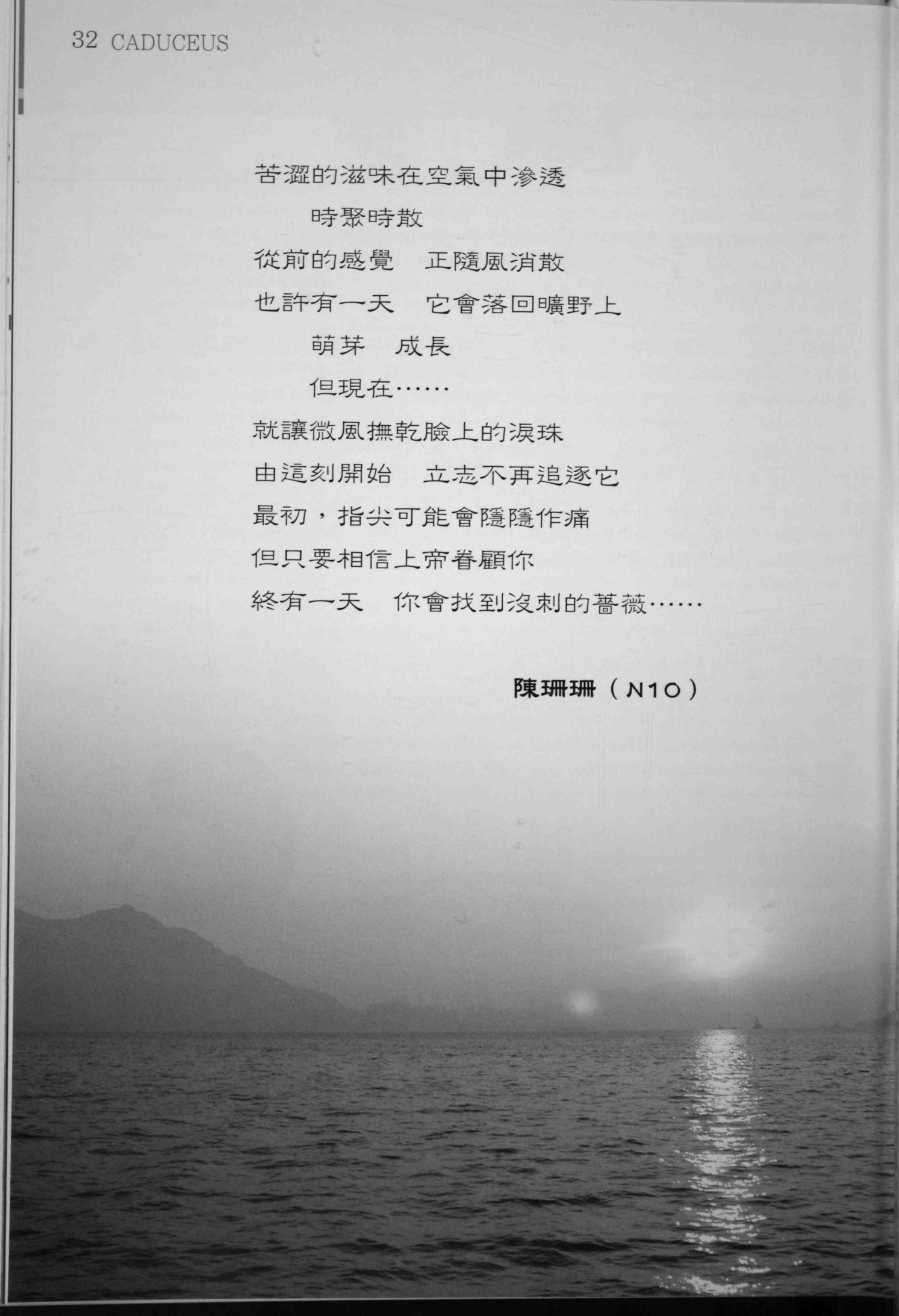
「月」能代表時間，正是我們學腎的日子之長短。一個月內，我們獲授各種各樣關於腎、繁殖系統甚至乳房的知識，能否學會，因人而異。若在這個月內，能消化所學，融會貫通，那實為這月所學譜上一個完美的終結，「月」自然得以完整，「月」變成「貝」。吸收了的知識，能在他朝大派用場，珍貴程度甚至高於金錢，若能以一「月」的努力換得稀有的「貝」，實為賞心樂事。可是，請注意，能化「腎」之「月」為「貝」，只有「賢」才能做到。相信，賢者自有才能把所教的學會，把學會的記住。

尚餘半月，能否把「月」填滿，吸收所學？我不是賢者，甘心做腎之臣，默默與它建立關係，望以一次又一次的衝擊，化為一次又一次的努力，在這個月內學多點、明多點。

[1] 編者按：腎乃屬「肉部」，為保持文章之完整性及趣味性，不必深究。

苦澀的滋味在空氣中滲透
　　時聚時散
從前的感覺　正隨風消散
也許有一天　它會落回曠野上
　　萌芽　成長
　　但現在……
就讓微風撫乾臉上的淚珠
由這刻開始　立志不再追逐它
最初，指尖可能會隱隱作痛
但只要相信上帝眷顧你
終有一天　你會找到沒刺的薔薇……

陳珊珊（N10）



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