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Contents

/6/	<i>Message from the Dean</i>
/9/	<i>Message from the President</i>
/10/	<i>Academics</i>
/12/	<i>Prize-Winners</i>
/14/	<i>Office-Bearer's, Medical Society, HKUSU(94-95)</i>
/16/	<i>Financial Report, Medical Society, HKUSU(94-95)</i>
/17/	<i>Medical Society</i>
/35/	<i>Activities</i>
/57/	<i>The Classes</i>
/63/	<i>Departmental Survey-Department of Paediatrics</i>
/81/	<i>Contributions</i>

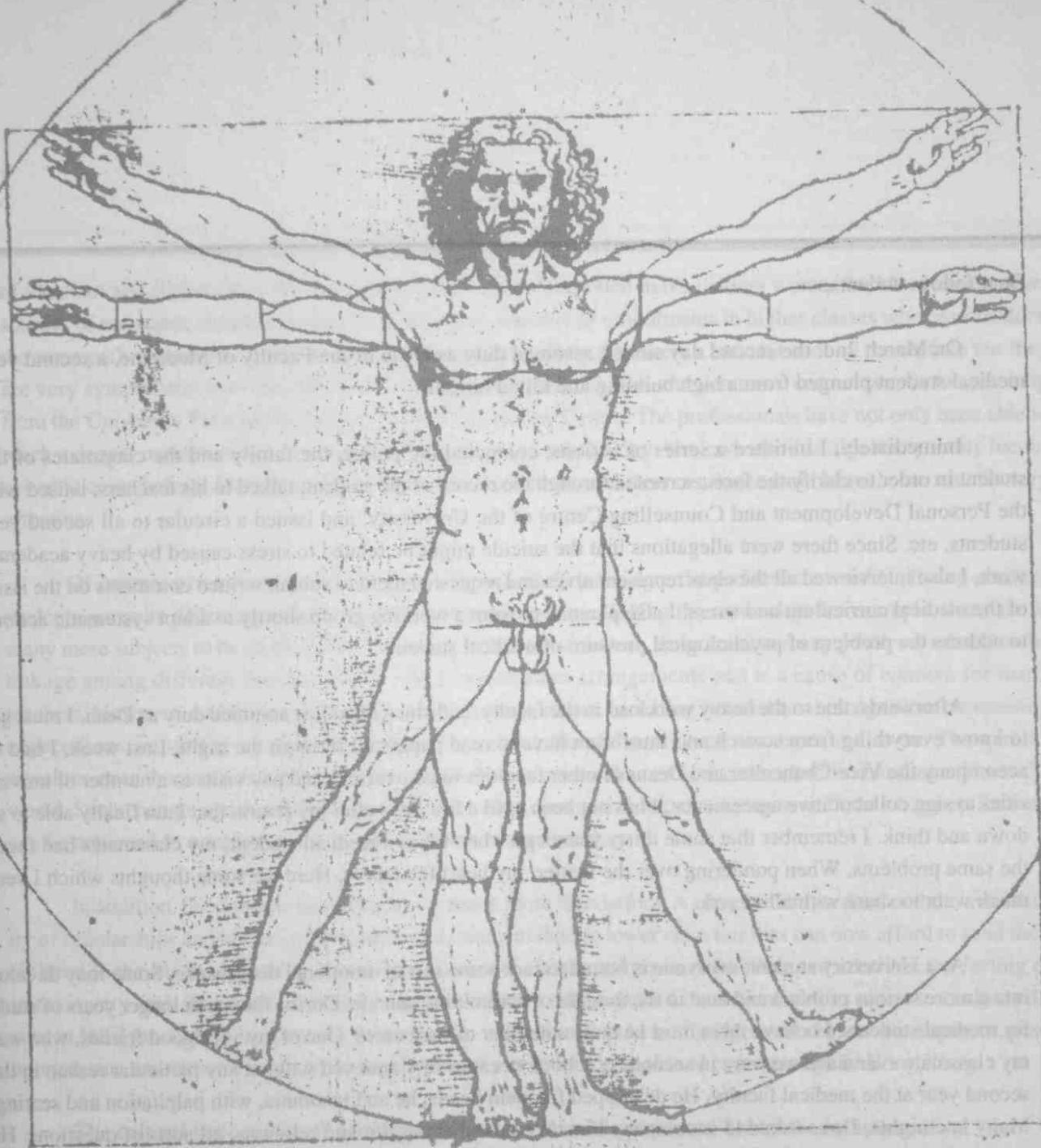
序

香港大學學生會醫學會已踏入第四十九個年頭。

作為醫學生，我們希望能肯定港大學生會醫學會的存在價值，其所擔任的角色。

在這一年裡，有喜有悲，有笑有淚。各類各種的活動，得到了同學們的支持、參與，希望同學們能從中知道，香港大學學生會醫學會是屬於他們的，是屬於醫學生的。

在此，就藉著這一小撮文字，希望我們的學生會醫學會能茁壯成長，能長青不老。亦希望同學們在緬懷過去一年點點滴滴的同時，更能體會及把握學生會醫學會所帶給大家的一切一切……亦更珍惜……



18

Message from the Dean

Professor S. P. Chow

Dear fellow students,

On March 2nd, the second day since I assumed duty as Dean of the Faculty of Medicine, a second year medical student plunged from a high building and killed himself.

Immediately, I initiated a series of actions: contacted the police, the family and the classmates of the student in order to clarify the facts; screened through the record of the student; talked to his teachers; liaised with the Personal Development and Counselling Centre of the University; and issued a circular to all second year students, etc. Since there were allegations that the suicide might be related to stress caused by heavy academic work, I also interviewed all the class representatives and requested them to submit written comments on the issue of the medical curriculum and stress. I also planned to form a working group shortly to adopt systematic actions to address the problem of psychological pressure of medical students.

6

Afterwards, due to the heavy workload in the faculty, and since I had just assumed duty as Dean, I must get to know everything from scratch and thus often have to read papers all through the night. Last week, I had to accompany the Vice-Chancellor and Deans of other faculties to go overseas and pay visits to a number of universities to sign collaborative agreements. It has not been until a few days after my return, that I am finally able to sit down and think. I remember that some thirty years ago when I was a medical student, my classmates had faced the same problems. When pondering over the matter, my heart felt heavy. Here are some thoughts which I very much want to share with all of you.

As a University student, everyone is bound to face some sort of emotional disturbance. Some may develop into a more serious problem and lead to the thought of committing suicide. During the much longer years of study for medical students, I believe there must be quite a number of such cases. One of my very good friends, who was my classmate ever since we were in secondary school, became very annoyed without any particular reason in the second year at the medical faculty. He developed frequent headache and insomnia, with palpitation and sweating. Many late nights, I was asked to accompany him. We talked about life and religions, all sorts of questions. He even mentioned about giving up his life. Subsequently, several good friends tried their best to keep him company, walk with him, study with him and chat with him. But it all did not work well. Then, he tried to seek for consolation in having love affairs. But his urge for love led to a lot of ridicule. We as bystanders were worry to see all this and he became even more eccentric. It was not until his fourth year in the medical school that he finally found his 'better-half' and finally settled down. In fact, major emotional problems facing the university students are often related to the following: love, studies, family, and religion. Often one of them is a major problem but it will have an impact on other problems and thus cause complications. The one involved therefore feels confused and helpless. In view of such a difficult situation, youngsters would usually turn to their close friends. When you know there is someone out there who cares about you, or there are some who face the same trouble as you, who shed tears together with you, it makes you feel better. And this kind of caring among friends is very effective. Nonetheless, the origins of some trouble are very deep-rooted. The intervention of young people, either because

of idealism and euphemism, or vulgarization and vilification, often make matters worse. At this moment, other sources of assistance should be sought. For example, teachers or schoolmates in higher classes who have trodden the same path would have a clearer view on such matters. They may seem a little bit cool on the surface but they are very sympathetic over the difficulties facing young men. In fact, an even more correct way is to seek help from the University Personal Development and Counselling Centre. The professionals have not only been able to reach a deeper understanding about human behaviour and psychology, but have also handled many many inconceivable cases before. Moreover, their ways to find solutions, and their resources and channels are usually very effective.

Of course, when compared to the days of some thirty years ago, the problems nowadays facing medical students are quite different, perhaps arguably even more severe. Taking the curriculum for example, there are so many more subjects to be studied. Due to all sorts of historical factors, there are also many problems related to the linkage among different courses, which affect examination arrangements and is a cause of concern for many teachers. However, curriculum revision touches on many issues, including international recognition, community expectations, capability of students, teachers' workload, the reallocation of resources and so on. The various revisions over the years are only very superficial. Nevertheless, the medical curriculum is changing all over the world. Such change is also starting in our neighbouring countries. I hope in my term as Dean a big step forward can be achieved in a substantial way towards the correct direction.

In addition, the pressure from families is much more than before. A places in universities and the availability of scholarships and bursaries have increased, many middle to lower class families can now afford to send their children to the Medical Faculty. However, in face of the expectations from families and relatives, the feeling of stress is very real. One medical student who was actually not interested in medical studies chose to study medicine to fulfil the wish of his parents. When he was in the fourth year, he finally could not stand it anymore, gave up medicine and chose to study politics. He is now a very famous political commentator in Hong Kong.

The cultural impact may also bring about various invisible pressures. Under the influence of consumer culture in the form of brand names, credit cards and pagers. More students are taking up part-time jobs. We are now working with the RTHK programme section to plan for a second series of ". The main theme is to describe the growth and development of several medical students and their different paths of development after graduation. The blood and tears, successes and failures portrayed will make it a memorable series. But the production budget will amount to over two million dollars. Everything is ready and filming can start once sponsorship is secured.

Lastly, the question of 1997 definitely has a large impact on young men too. Faced with the political reality, they feel unable to determine their own future and to make contributions to the community. Consequently, many people turn to the pursuit of short-term happiness and the superficial comic book culture. Interper-

sonal relations are only skin-deep and not reaching into souls. Everyone is isolating oneself. All these behaviours are in fact understandable and deserve sympathy.

Nonetheless, short-sightedness and isolation, as a stage in the process of the development of young people, will be overcome eventually. In view of the big times facing Hong Kong, dear students, why not place your vision in the longer term, open yourselves up and go and find your own appropriate place amidst the global changes and cultural impact that take place in the continuous flow of history? The Medical Faculty of the University of Hong Kong was established in 1887. Ever since it produced the first graduate, Dr. Sun Yat-sen, father of the nation, it has gone through a history of distinction. In its early days, the Faculty undertook the role of a pioneer. It brought Western medicine into China and the Southeast Asian region. Every seed it sowed led to fruits. During the Second World War, teachers and students alike strove hard to sustain the life of the Faculty. Their diligence, their self-determination, was in the end successful. The medical faculty was re-established immediately after the War. Afterwards, a new generation in Hong Kong gradually evolved. They not only carried on the work of teachers from overseas, but also made it flourish more. It gained recognition from the region and worldwide. Then at the end of the 70's, when China re-opened her door, the Medical Faculty immediately devoted itself to academic interchanges with China. Many scholars were invited to Hong Kong and hundreds of medical personnel from China were trained here. In this medical faculty with its long tradition, while you are walking on the roads paved by your predecessors, I hope you all can see your own mission. What is asked from you by history is not only development in medicine, but also to have social conscience. After you have graduated, when you are faced with patients and their relatives, every greeting of "Good-morning", every friendly smile and hand-shake, your congratulations to those who have recovered and your sympathy for the deceased will resonate among the people. In changes yet to come, political, economic and social instability is all possible. However, as a doctor, a humanitarian, you will stand as a pillar against the flow. I hope you will treasure all these.

Professor S P Chow
Dean
Faculty of Medicine
University of Hong Kong
Midnight, March 30, 1995

Message from the President

Dr. C. L. Lai

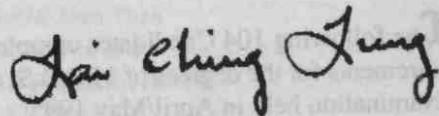
Which of us have not read Elixir avidly, and derived pleasure therefrom, starting from the very first year of our undergraduate days? In my case this is for a total of thirty years! It was thus with anguish that I noted the faltering in its publication some years back. One or two issues were missing; others were delayed, often for years. I therefore heartily congratulate the enthusiasm of this year's Elixir editorial members that enables the 1994-1995 issues to be published in a very good time.

I cannot wait to see what treasures will be uncovered in this year's departmental survey. After a survey of the Department of medicine ("my" Department) last year, it is the Department of Paediatrics which is "chosen" this year. I am also anxious to read the other contents in the journal. The important events in the Faculty of Medicine and in the different classes will be recorded for posterity. The photos too cannot fail to yield nuggets of pure gem. We can also share the private and not-so-private thoughts of some of our students and colleagues. In short, if you have any feelings of loyalty/nostalgia towards the Faculty of Medicine, I am sure the Elixir will be a good companion to you, now and in the years to come.

To me, the publication of the Elixir is therefore a very important aspect of life in our Medical

School. I would like to encourage students in the future years to work hard for the continued life of the Elixir by quoting what Albert Einstein has to say in his essay "On Education" (1936):

"The aim [of education] must be the training of the independently acting and thinking individuals, who, however, see in the service of the community their highest life problem.... The most important motive for work in the school and in life is the pleasure in work, pleasure in its result, and the knowledge of the value of the result to the community."



Dr. C. L. Lai

Doctor of Medicine

Dr. Chan Fung Yee
Dr. Chan Tak Mao, Daniel
Dr. Ho Ting Pong
Dr. Kwong Yok Lam
Dr. Lee Kai Chung, Arthur
Dr. Lee Tze Yuen
Dr. Ngan Yuen Sheung, Hextan

Doctor of Philosophy

Mr. Ko Ka Shun, Joshua (Pharmacology)
Miss Lo Yen, Andrea (Community Medicine)
Mrs. Samaranayake Yuthika Hemamala (Pathology)
Mr. Song Yong (Physiology)
Mr. Chau Wai Kei (Anatomy)
Mr. Cheung Yau Ming (Anatomy)
Mrs. Kou Maybelle Antonia Maria (medicine)
Mr. Ma Chi San, Jason (Orthopaedic Surgery)
Mr. Sing Troy, William (Physiology)
Mr. Wong Tak Pan (Physiology)

10

DEGREE CONGREGATION

Conferment of Degrees of M.B.B.S. 1995

The following 104 Candidates completed the requirements for the degrees of M.B.B.S. at the Final Examination held in April/May 1995:

1. AUNG Wah Wah, Priscilla (Miss)
2. CHAN Chi Fat (Distinction in Anatomy)
3. CHAN Chi Keung
4. CHAN Chi Kin
5. CHAN Kin Chun
6. CHAN Kin Wai
7. CHAN Lip Kiong
8. CHAN See Ching
9. CHAN Suk Har (Miss)
10. CHAN Tang Tat
11. CHAN Wai Hung
12. CHAN Wing Sze (Miss)
13. CHAN Yam Lai, Thomas
14. CHAN Yuet Sim (Miss)
15. CHANG Hang Kwok

16. CHAU Chin Man
17. CHAN Wai (Miss)
18. CHEUNG Kam Wah
19. CHEUNG Fung Keung
20. CHEUNG Hon Kee
21. CHEUNG Wai Yuen
22. CHEUNG Wai (Miss)
23. CHIM Tsui Shan, Shirley (Miss)
24. CHOI Wing Kit
25. CHOI Yu Fai (Distinction in Health, Behaviour & Medical Care II)
26. CHONG Wan Yip (Miss)
27. CHOW Pak Cheong (Distinction in Anatomy, Physiology)
28. CHOW Wing Shan, Claudia (Miss)
29. CHUI Kai Ywung
30. CHUNG Pui Yi, Rebecca (Miss)
31. DOO Sylvia (Miss)
32. FAN Kit Ling (Miss)
33. FUNG Cheuk Wing
34. FUNG King Yuen
35. HO Pei (Miss) (Distinction in Microbiology, Pharmacology, Surgery, Obstetrics & Gynaecology)
36. HUI Kit Man, Grace (Miss)
37. KWAN Tim Lok
38. KWOK Choi Hon
39. KWOK Fung Kwai (Miss)
40. KWOK Oi Ling (Miss)
41. KWOK On Ki (Miss)
42. KWOK Tsz Kin
43. LAM Chi Leung
44. LAM Chiu Ying, Flora (Miss)
45. LAM Kit Sum, Anna (Miss)
46. LAU Yat Sing
47. LEE Chi Hang
48. LEE Kin Man
49. LEE Lai Shun, Nelson (Distinction in Medicine)
50. LEE Suk Yee (Miss) (Distinction in Surgery)
51. LEE Yee Man (Miss)
52. LEUNG Tsin Wah (Miss) (Distinction in Surgery, Obstetrics & Gynaecology)
53. LI Ching Fan, Carina (Miss)
54. LIAUW Linna (Miss)

55. LIEM Shu Keung
 56. LIU Kwok Kuen
 57. LO Chun Kwong
 58. LO Hak Keung (Distinction in Surgery)
 59. LO Kwock Tai
 60. LUI Siu Yung, Sherman
 61. LUI Woo Ling, Elizabeth (Miss)
 62. MA Kam Hung
 63. MAN King Yuen
 64. MARK Ching Sze (Miss)
 65. MOK Ka Leung
 66. NG Kim Ching (Miss)
 67. NG Kwok Chai
 68. NG Man Tat
 69. NG Ping Sum, Summy
 70. NG Sin Yee (Miss) (Distinctions in Pathology, Microbiology, Medicine)
 71. ONG Thun how (Miss) (Distinctions in Medicine, Paediatrics)
 72. POON Wai Lun (with Honours, Distinctions in Anatomy, Biochemistry, Physiology, Pathology, Health, Behaviour & Medical Care II, Paediatrics, Obstetrics & Gynaecology)
 73. SETO Chi Leung
 74. SHUM Kim Ping
 75. SIEH Koo Man
 76. SIT Sou Chi
 77. SIU Chi Wai, Jimmy
 78. SO Chi Long
 79. SO John (Distinction Health Behaviour & Medicinal Care I)
 80. SUEN Sai Tsz (Miss)
 81. TSANG Chi Ming
 82. TSANG Chu Wah, Jason
 83. TSE Tsz Wah
 84. TSEUNG Chi Hang, Steven
 85. TUNG Kin Shan, Helen (Miss)
 86. WONG Chit Wai (Miss)
 87. WONG Chiu Cheuk, Alfred (Distinction in Surgery)
 88. WONG Choi Sum
 89. WONG Chung Kit
 90. WONG Ka Hing (9010019)
 91. WONG Kam Ho
 92. WONG King Yan, Matthew

93. WONG Shiu Bong (Distinction in Obstetrics & gynaecology)
 94. WONG Siu Chun, Mabel (Miss)
 95. WOO Hai Nin, Hennie (Miss)
 96. WU Tak Chiu
 97. YANG Ngai
 98. YEUNG Chi Kin
 99. YEUNG Chung Iai, Eugene
 100. YEUNG Ming fai
 101. YEUNG Wing Hung, Lena (Distinctions in Physiology, Health, Behaviour & Medical Care II)
 102. YEUNG Yiu Cheong
 103. YIU Wai Chung, Micheal
 104. YU Wai Nam

The following 18 canadidates completed the requirements for the degrees of MB,BS at the Final Examination held in December 1994:

1. CHAN Ching Kit
2. CHAN Chun Wing
3. CHAN Hing Tsuen
4. CHAN Man Yee (Miss)
5. CHAN Tin Wing, Tom
6. CHAN Wai Fan
7. KWOK Shek Yuen
8. KWOK Wai Man
9. LEE Fook Kay, Aaron
10. LEE Hung Fai
11. NG Kwong Yiu
12. PANG Wai Kit
13. SZE Yeung Sing
14. TSANG Kuen Pong
15. WONG Kan Nam
16. WONG Wai Chung
17. YAU Kin Cheong, Eric
18. YIM Wai Shun

Prize Winners

Sir Patrick Manson Gold Medal

Dr. Daniel CHAN Tak Mao

David Todd Award For A Distinguished Paper In Haematology

Dr. Edmond CHIU Kin Wah

Dr. K. P. Stephen Chang Gold Medal

LEUNG Tze Ming

John Anderson Gold Medal

POON Wai Lun

Proxime Accessit

Miss NG Sin Yee

Chan Kai Ming Prize

Miss HO Pei

Digby Memorial Gold Medal In Surgery

Alfred WONG Chiu Cheuk

C. P. Fong Gold Medal In Medicine (Shared)

Miss LEE Yee Man, Alfred WONG Chiu Cheuk

R. M. Gibson Gold Medal In Paediatrics (Shared)

Miss ONG Thun How, POON Wai Lun

Gordon King Prize In Obstetrics & Gynaecology

Miss HO Pei

Mun Gold Medal In Psychiatry

LIEM Shu Keung

Ho Kam Tong Prize In Community Medicine

Raymond LEUNG Wai Man

H. K. College of General Practitioners Prize In General Practice

Nelson LEE Lai Shun

H. K. College of General Practitioners Prize In Community Medicine (Shared)

Miss WAT Zee Man, Miss Gerald TONG Sze Ho, Miss Colette TSANG Shi lok, Hannah TSANG Yee Hoi, James WONG Cheuk Hoo, WONG Chi Yan, Joseph WONG Ho Sing, Matthew WONG Ho, Martain WONG Kin Chung, WONG Man Kwan, WONG Sui To, WONG Sun Hung, Miss Victoria WONG Wing Yee

H. K. Society Of Community Medicine Prize (Shared)

Miss Anna LEE Kam Suen, LEE Siu Hong, LEE Wai Lun, Miss LEE Wai Man, Ace LEE Yee, Miss Samantha LEE Yeuk Ying, Miss Yvonne LEIGH Nga Tan, LEUNG Chuen Kwok, LEUNG Kam Chi, Dennis LEUNG Kwok Chuen, LI Hang Wun, LI Shing Yan, LI Wing Hong, LIEM Man Shing, Victor LIEW

Medic '71 Prize In Medical Jurisprudence

Miss CHAN Ngar Yu

Teng Pin hui Prize In Community Medicine

CHAN Kwok Tim

Beliliros Medical Prize (Third Year)
CHUNG Chong Fai

C. P. Fong Gold Medal In Pathology
Falcon POON Siu Leung

Li Shu Fan Medical Foundation Prize In Pharmacology
CHUNG Chong Fai

C. T. Huang Gold Medal In Microbiology
James WONG Cheuk Hoo

Hong Kong Pharmacology Society Prize
CHUNG Chong Fai

Hong Kong Pathology Society Prize
Miss Ursula WONG Suk Fong

3M Hong Kong Prizes (Shared)
CHOI Wai Lap, Miss HUI Pui Wah, Miss CHEUNG Man Kuen

Ho Fook Prize
CHOI Wai Lap

Ng Li Hing Prize In Anatomy
CHOI Wai Lap

H. C. Liu prize In Anatomy (Shared)
CHOI Wai Lap, Daniel CHEUK Ka Leung

W. D. Low Prize In Antomy (Shared)
CHOI Wai lap, Miss CHEUNG Man Kuen

Li Shu Fan Medical Foundation Prize In Biochemisrty
Antonio SEK Chi Ho

Li Shu Fan Medical Foundation prize In Physiology
CHOI Wai Lap

Janet McClure Kilborn Prize In Biochemistry (Shared)
Miss CHEUNG Man Kuen, Miss HO Ting

Janet McClure Kilborn Prize In Physiology
Miss HUI Pui Wah

Yuan Ai-Ti Gold Medal In Behavioural Sciences
Miss CHEUNG Man Kuen

H. K. Society Of Medical Genetics Prize
TSE Kin Chung

Beliliros Medical Prize (First Year)
MA Kai Yiu

Office Bearer's

Medical Society, HKUSU

Session 1994-1995

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Vice President	Dr. V M. S. Lam
Honorary Treasurer	Dr. L. Y. L. Cheng
Associate Member's Representative	Dr. S. Chim

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Honorary Secretary	Ms. Chiu Pui Yu, Cindy M99'

14

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General Editors	Ms. Kan Mei Yee, Daisy M99'

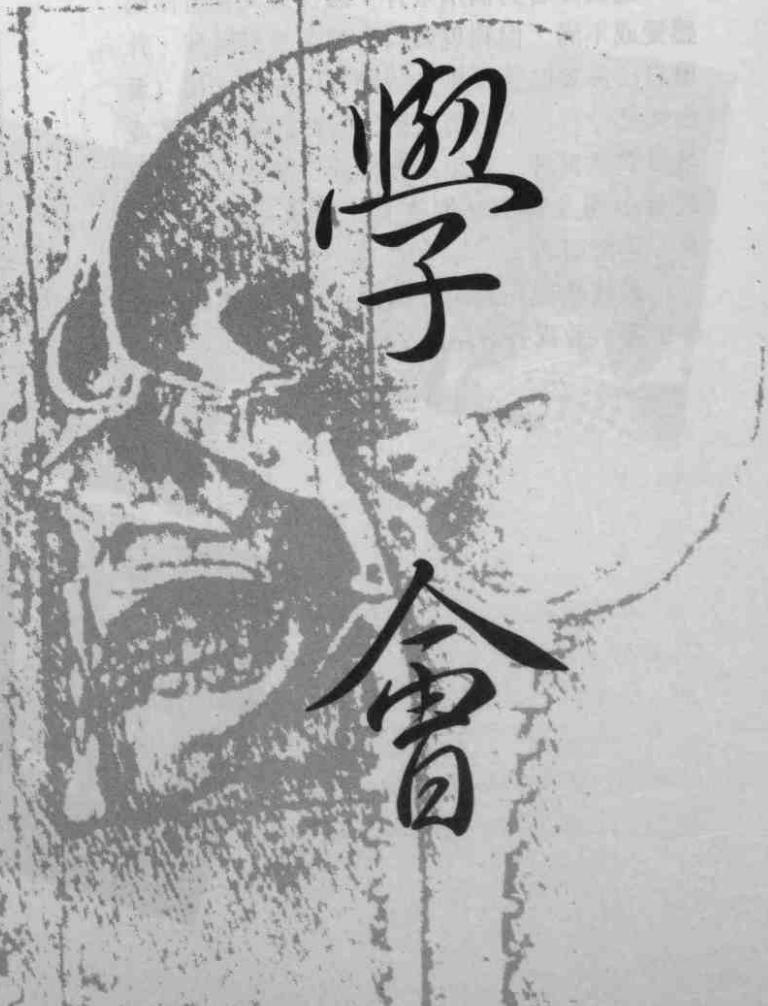
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Assistant Health Officer	Ms. She Hoi Wah M99'
Past representatives	Mr. Chan Kin Chun M95'

體制，是一種生活的態度。
事會《理聞》是希望能夠發揮
廣闊的空間。雖然今年《理
任，對於大學教育和社會都有
我們《理聞》對於社會的發
上出一份力，那麼同學們就
能及肯定該學會的角色。



醫
學



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會

Financial Report

Medical Society, HKUSU Session 1994-95

INCOME

	\$	\$
Annual Fund Raising	108963.9	
Subscription	50700	
Stock Profit & Commission	4251.57	
Bank Interest	4200	
Elixir 93-94	730.8	
Elixir 92-93	70.8	
Health Exhibition	3706.6	
Total	172623.67	

LESS: EXPENDITURE

Internal Affairs	7037.6
External Affairs	370
Welfare	3346.45
Social Activities	10211.4
Sports	11536.7
Caduceus	13994.1
Publication	32711.7
Health Committee	2276.9
Council	5506.6
Financial Sub-Committee	594
Elixir 93-94	19500
Elixir Loan Fund	34623.9
Contingency Fund	7500
Fax Machine	2680
Open Day	3005.7
Total	154895.05

Surplus for session 94-95 **17728.62**

CURRENT ASSETS

	\$	\$	\$
Time Deposit (US \$8,000)			62180
Current Accounts:-			
002-222875-001	34548.2		
002-222875-003	23502.13		
Saving Accounts:-			
002-1-179551	31602.1		
002-1-190657	43172.45		
Stock	82385.5		
Cash	3600		
Sponsors of Elixir 93-94	23400		
HK Physiotherapy Association	1800		
American Express	3400		
	114585.5	132824.88	62180

LESS: CURRENT LIABILITIES

Council 94-95 (Election campaign 95-96)	700
Elixir 94-95	19190
Total	19890

WORKING CAPITAL

289700.38

FINANCED BY:

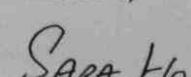
ACCUMULATED FUND AS 15 NOV 1994	246254.8
ADD: ERROR ADJUSTMENT OF FINANCIAL REPORT 94	25716.96
ADD: SURPLUS IN SESSION 94-95	17728.62
	289700.38

Prepared by



Chan Ying Ho, Andrew
Financial Secretary 94-95

Audited by



Ho Yuen Ha, Sara
Financial Secretary 93-94

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Medical Student

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Mr. Chan Tang Tat M95'

Mr. Cheng Koon Fung M99'

Ms. Wan Siu Fan, Rebecca M99'

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95'

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Mr. Wong Siu Bong, Kenneth

Ms. Chan Po Li

Mr. Lee Hon Ming, Wilson

Mr. Chan Shu Yan

Ms. Cheng Pui Yan

Ms. Cheung Man Kuen

Mr. Ng King Fai

96'

97'

98'

評議會主席

陳少儒

卸任在即，心裡卻沒有半點的依依不捨。
結束、開始、開始、結束——人生基本動作，
何足掛齒。

曾經銳意縮短每次會議的時間，但議程實在太多，故每次會議都要接近零晨時才結束。曾經想邀請多一些班代表參與評議會工作，可惜班代表就只有寥寥數位！

本年度的評議會跟以往的差不多，但特別的議程卻是有，其中包括「中央協調資源分配計劃」，過往的財政錯漏及辦公室保安問題等。數最具爭論性的算是本年度的兩次的特別全民大會，而且兩次都與辦公室保安有關，還有一次過成功召開的 EGM2 與會前多篇的大字報評論。不能不提的是 ECM 前的風風雨雨，滿天飛的謠言甚至惡意中傷！

過去亦曾對個別事件，議程或人物有深的感受或不滿，但到現就只會記著誰幫過我，什麼自己需要改善。畢竟時間可以沖淡一切（至少大部分）。不想仿效過去一些評議會主席或議員肆意批評，只想在此向各位幫過我的同學說聲多謝及告別「過去」！願大家都只針對事，不針對人！

最後我要在此向評議會義務秘書趙佩瑜同學道謝，並祝各評議員生活愉快！

18



《醒閣》的一年

醒覺，是一種生活的態度，一種工作的要素。今年，幹事會《醒閣》，是希望能夠提醒及指出醫學會反思的重要，醒覺的必需。雖然今年《醒閣》大部分是由一年班同學擔任，對於大學教育和醫學院的認知都是在摸索階段。但本著我們《醒閣》對於醫學院的熱誠，希望在醫學會的各項工作上出一分力，服務同學之外，更希望能夠和各位同學一起領悟及肯定醫學會的角色。



主席



20

還有不足兩年時間，香港便會回歸中國。長久以來的殖民地式統治歲月便宣告結束。一九九五年立法局全面直選，是作為殖民地的香港有史以來，步向民主政制的進程中的一大躍進。但另一方面，中方提出在一九九七年會成立臨時立法會；相信在這場中英雙方的角力賽之中，只會給香港整個社會帶來不少的動盪。在這個前景未明的日子裡，身為大學生的我們，究竟要如何準備自己？如何讓自己在日後的巨變中保持自己的理想？放眼世界，留意香港政局的發展，關注社會民生，好好認識自己的權力和義務，這些都是我們可以做的，亦是應該做的。

有部分醫學生會認為醫療界和政制或政治沒有多大的關連。在短短醫學院五年的生涯中，只要好好地準備自己成為一個合格的醫生便是功德完滿。可知道一個錯誤的醫療制度所帶給百姓的禍害，即使有一百個、一千個醫術精湛的名醫也無法彌補。回想我們醫學院的第

一屆畢業生國父孫中先生，在當時已深切了解政治和民生的密切關係。但奈何醫學院已經歷百多年光陰，而醫學院所培養的學生在這方面的見識和胸襟卻是停滯不前，更有倒退之嫌。看看我們身處的醫學院裡，究竟有多少人會主動了解和認識中國政府、香港政制、醫療架構，甚至乎他們身處的醫學院？將來這群醫生又怎能擔起推動和改善醫療制度的重任？莫非日後我們要依賴一些經濟學者去管理和制定醫療服務嗎？抑或我們要依靠一些從沒行政經驗的「名醫」來帶領龐大的醫療界？

在我踏入大學生涯的初期，已聽聞大學好比一個社會的縮影。日子久了，便不難發現這句話在描述人性方面恰到好處，而在日常生活方面便不盡不實。人性方面，大學生大部分都是對身邊事物漠不關心，甘心情願做其「順民」。只有少數學生肯主動或被動地參與各項活動的策劃和籌備。基於大部分同學缺乏了解和關心，民主的機制在學生會中形同虛設，好像沒有民眾市民而只有政府的國家，全民投票選舉有何意義呢？到頭來大部分的學生都在沒有民眾監管的情況下隨意發展。「沒有對或錯，最重要是有人做。」這般的態度在大學裡府拾即是。這豈不是現今大部的香港人的生存之道嗎？至於日常生活方面，香港大學學生會是採用一人一票全民投票的選舉委任的，沒有失業問題和沒有乞丐等都是和香港社會截然不同的。



回到醫學院，作為幹事會「醒閣」的主席，很高興能夠和各位幹事一起為醫學院服務了一年的光陰。我相信幹事會在一年裡的功過在同學心裡自有定斷。在這裡亦不便花太多篇幅去討論，我只想向大家交代一下我心中對「醒閣」的看法。

「醒閣」口號為醒覺。這亦是我心底裡的目標。皆因在醫學院裡生活了不少日子，眼見和耳聞無論在醫學院中或醫學會裡，實在有不少問題和缺乏。為什麼課程如此緊密？為什麼講師教的和專業試考的不盡相同？大學教育是什麼？大學生與社會有什麼聯繫？醫療界在九七年後有什麼改變？將來香港畢業的醫生有哪個國家承認專業資格？太少同學願意犧牲私人時間來服務同學。太少同學會參與課外活動。太少同學對身邊不公平的事表示不滿。太少大字報。太少討論。太少溝通。太少關心。我相信醒覺到自己是一個怎樣的人，自己身處一個怎樣的環境，自己遇到的是一件什麼的事，和自己有什麼關係，這四方面是開始認識自己和四周的必要條件。其次便是提出「有什麼問題嗎？」去發掘身邊更多的知識和理解。只可惜說易行難。在過去一年裡，我們能夠做到的想當有限，例如修改憲章，加設出版秘書一職，由常務秘書擔任迎新活動籌委會主席，提出加強醫學會辦公室保安建議書，嘗試綜合廣告計劃等。但其實有更多的想法計劃因能力時間有限而告吹。為了帶出醒覺的訊息，在各項活動加建議初期，漫長的討論是無可避免的。無論在評議會或幹事會日常會議中，一次會議往往耗掉六、七小時，目的在於希望幹事們或評議員能清楚了解人與地與事的關係，並由基本原則開始，透過多方面的考慮，不斷修訂論點，而達致大部分成員同意的共識。在這裡我要多謝各位幹事們，感激他們能付出無比的耐心，即使在功課緊迫，身體疲倦，沒有興趣和不盡清楚的情況下仍努力傾聽，和提出問題與意見。對於我來說這已是無限的鼓勵了。



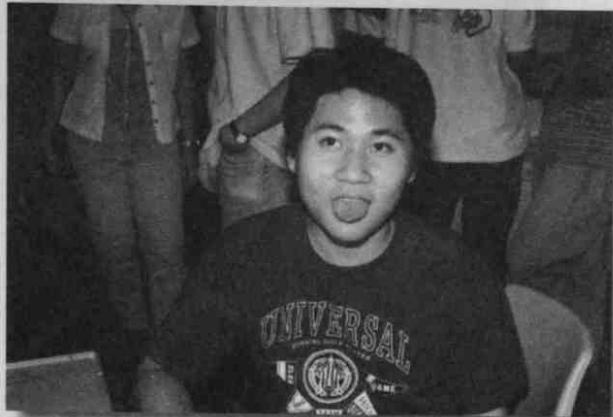
對於經歷了一年不停工作的幹事們，疲倦不堪是無可避免。新一屆的幹事會將會在十一月中成立，工作便要由新幹事們接手。但對於「醒閣」各幹事們，我希望一年上莊的光陰與經歷所帶給你們的是一個開始，因為醒覺後便不能再無知了。

唉！又老了一歲了！

96' Rex宋永權
一九九五年



內務副主席



22

悠悠然的一晚，我獨坐在窗邊一角，靜靜地回想起過往一年發生的許多事。腦海中不斷浮沉著：「為何上莊？」、「上莊的生活怎樣？」這些別人常提及的問題，及幕幕充滿甜酸的舊影像，似一套記錄片般，在黑夜中投射進我的視網膜內，要為我解答許多，許多……

回憶起中學最後的一課，班主任曾千叮萬囑，叫我們入大學後記得小心選擇時間的分配，不要輕易上莊。但由於我的自信，Peggy（現在外務秘書）及Simon（福利秘書）在開學初邀請我上莊，我很快便答應了。那時我上莊，純粹因為想經歷多一些，好讓自己快一點成長，而沒有詳細的考慮到自己的能力和情緒。但不竟是上莊，面對諮詢大會，我戰戰兢兢的第一次為醫學會通宵，亦是我有生以來第一次面對同學的質問！

許多時，人做東西是沒有理由的，理由往往是「想」做事之後，才人云亦云地作出來。初時上莊，我亦有聲言不怕艱辛，不理他人的反應，決心為同學服務，但現在想來實在可笑，我憑什麼會去為一些素未謀面的同學服務？那些冠冕堂皇的藉口，實在有問題。孔子有話仁愛之心，乃發乎人與人彼此的認識，年少無知的我卻順口雌黃，膽敢漠視對醫學院運作及同學認識的缺乏，不理自己是否有能力勝任莊務，毅然上莊，可笑、可笑！

其實內務副主席的職責，在Constitution中沒有明確的寫出，而前幾屆的IVC亦多少在Elixir中提及，可惜問題始終存在。IVC的工作實在是「進可攻，退可守」一切由您去領悟及操縱。老實說，大佬權(Exco Chairman)在上莊

前後，三番四次說「內副」之職應由高年班同學負責，然而不知是Medso的不幸，抑或是我的福氣，IVC的工作因無高年級同學願意上莊的情況下，最終還是給了一年級的我去承擔。事實上，IVC以及EVC都應該由較高年級的同學做，因為高年級同學會比較了解Medso的架構，運作，各活動的時間從而做到帶領莊友工作的責任。對於剛剛入讀醫學院，一片茫茫然的一年級同學來說，實在難以邊做邊學，以完成IVC的責任。

不過，在這一年間慢慢學習，由最基本的開始，努力了解，努力完成責任，未嘗不是一種挑戰。試想想有幾多人可以經歷一個沒有休息機會的暑假，一直攬活動，一直的進步呢？又有幾多人可以在讀書及莊務之間找尋平衡，在萬二分痛苦中決定自己的取捨，給生存留下一個記號？我深信在上莊期間所得的友誼，在工作裡學到的知識，在人與人間交往而認識到的技巧，及自我反省





後，了解的真正自己，是人要成長的重要成份。沒有上莊的一年，就沒有今天這個我！

其實要做一個好IVC，彷彿要做一個好軍師，不但要有「智」，有「謀」，更要懂「人事」，有責任感（當然比軍師低級很多）。何為責任感，我不作多談了，但「智」，「謀」和「人事」的意思，可容我借此文一角，與大家及以後的「內副」談談。「智」是指做人要話頭醒尾，說一反三，有超乎常人的理解能力。為何拘拘一個學生會醫學會「內副」，要有「智」？因為許多時候，學生會主席一位，都是由高年級同學擔任，他們往往因功課非常繁忙，而不可能時時刻刻提點，故此，他一句話，「內副」便要留心聽命，並盡力將事情辦好。「謀」則指處事要有分寸，有計劃，甚至有手段。這並不是叫「內副」去作奸犯科，而是希望「內副」能處理得成熟，圓滑。「內副」亦應對人際關係有敏銳的觸覺。別人有何不高興，都多少流露於色。「內副」如能把握時機，給予莊友或其他朋友鼓勵及支持，Medso的運作必然會因人群衷誠合作而更進一步。

步。而我回顧過往一年自己表現，只感歎一句：天下間又豈有這麼多的能人異士呢！

另外一件值得感歎的事，是見到許多同學都對莊務，甚至其他Medso活動沒有興趣。或許這是由於醫學生功課太忙。但今年有件事，令到人感到Medic同學並非完全對Medso沒有興趣。還記得為換房問題而召開的EGM。事前有多份大字報爭相「理論」，當日first call，亦稀有地有六十名同學。到場一起由下午六時談論至十二時許，實在令我萬二分感動。當然，事情要攬到EGM才解決，浪費同學的時間，精神，實非好事。但是能因而看到各方人事肯用心討論，客觀分析問題，卻是種難得的安慰！

宏觀全年，面對許多的大小問題，感受了不少的喜怒哀樂，總算對自己的十九歲有了交代。最後，謹盼望日後的生活，可以如上莊這年般，充實和有意義。



外務副主席

24

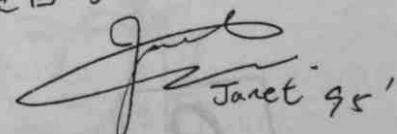
上莊前，我確覺得港大裡事事新奇，項項刺激，尤其是搞學生政治，遊行示威這兩項。好奇心驅使我競逐外副一職，希望一開眼界，為漫長的醫學生生涯添上一點點色彩。

上莊後，我的目標總算有機會實現，所花的寶貴時間總算沒有白費，真的如我所說「事事新奇，項項刺激」，值得探討、深思的事情，社會的不公接踵而來，先來「天台屋事件」，後有「新校長遴選」。有時我會責怪自己只管跟著SU走，不懂自己發掘，報導其他新事物。不過，開會實在開得太多太累，能夠做到這些已是無愧於心了！當然，見識到的不只這些，還有早已聞名的舍堂鬥爭，為一己私利而不擇手段，顛倒是非，「朋友」因利害關係而惡言相向，但過了一陣子又會聯成一線，變成同路人——人性的醜惡令我沮喪，但同時亦因能對人性更了解而感欣喜，也許這算是我的安慰吧？



還有不久便落莊了，繁忙的莊務也將告結束，在這段時間裡，聽了許多，見了許多，學了許多，即使花了大半讀書時間也是值得的。

殘了，累極了，又要落莊了，
又要讀書考試了！


Janet '95'

99'Janet
胡慧珊

常務秘書



「上莊」差不多一年了，感想確實良多。「上莊」為我平實的一年級醫科生活點綴了不少色彩。今屆的常務秘書一職工作量比以前的大了很多，除了處理日常的莊務外，還要籌辦在二月舉行的醫學會交職典禮及迎新活動。

回想當日剛入大學的我，思海混亂一片，一方面要適應醫科繁重的功課，另一方面又要投入舍堂的生活，「上莊與否呢？」真是一條大問題，懷疑自己可否兼顧學業、舍堂及莊務三方面呢？但又真的希望趁著比較悠閒的一年級生活來多充實自己，挑戰自己、擴闊眼界，不想一踏進醫學院便終日與書本為伍。



一年的上莊生涯令我最回味及珍惜的便是大家為著同一目標而投入、拚幹工作的一份感覺，工作時夾雜著不少的歡樂笑聲，亦不免有掙拗及意見不一的時候，但無形中彼此的友誼便由此而生。

上莊亦有很多無奈的時候，由於莊務關係，往往讀書的時間比其他同學為少；另一方面眼見身邊的同學在圖書館內潛得如火如荼，心裡便急得像熱鍋上的螞蟻團團轉的，但從中亦使我更懂得分配及珍惜時間。

總括來說，上莊確是很有意義的，除了本身得益之外，還可以將自己的能力貢獻給醫學院的同學。

25

豐盛的一年！
My Angela Li "00"

99'Angela
李安慈
九五年夏



財務秘書



26

一年醫學生幹事會(EXCO)的生活給我的感受很多，開心的、痛苦的，都在短短一年間經歷過。那時上莊還未清楚做EXCO要有甚麼條件，直覺地以為與中學時的學會差不遠，不過規模大些吧。到上莊後才發現EXCO的工作不簡單；中學搞活動有老師帶領，而所受的責任亦較少，萬大事有阿SIR出頭，所以沒有多大壓力。到了大學又什樣？它沒有這些家長式的約策，做事再不是被人牽著走，而是自己去計劃安排：「要做什麼？」、「幹嗎不做其他事？」、「有什麼好處、壞處？」凡事都想清楚，因為我們是對醫學生負責，任務重大所以不容有失。對於這些挑戰，的確令人感受到壓力。誰不知道大學生要思想獨立，能理性、冷靜地處事？難道這是一朝可達的理想嗎？錯了！大學有好機會給我們鍛練，還得要我們去把握和珍惜。整天把自己困在圖書館裡，亦不一定會有成就。人是群體動物，世界上有「事」就會有「人」的因素；追求知識、學習，也應該由人與人溝通去開始。上莊就是個好機會去待「人」和互相學習、合作去做對群體有建設的好事。

以下是我一些感受，希望與大家分享。

上莊不久醫學會辦公室便遭失竊，身為財務秘書當然首當其衝，被追究失職的責任。當時實在非常驚惶失措，在EGM(Extra-Ordinary

General Meeting)中，被受同學質問和批評，當然不會好受，更令我難過的，就是辦事能力和可靠程度被懷疑。面對群眾要有勇氣，承認錯誤更要有勇氣。我並非逃避責任，但對一些主觀、惡意的言論，如果現在發生我可能已主動反駁，不再是步步退讓了。「止」、「戈」為武，人們用武力去停止戰爭，對於某些言論，有時也要以武待之！

值得高興的事件亦有一些，就是醫學生周年籌款活動。本年決定採用電影首映的模式，打算以廣告和賣飛作是次活動的收入。可惜今年香港經濟放緩，令廣告的收入比往年減少近一倍，一些往時贊助醫學會的藥廠、公司現在都表示不再有興趣。只好靠各O.C.到港九各地的醫務所去賣飛。而非常幸運地，今年亦籌到了所需款項，更開心的是一班同學互相合作，去完成一個工作。「合作」這行為看來很易，但要做起來卻頗為困難。人有自己的個性和思想，要一班人集合去做事，之間就要互相妥協和溝通。這方面還有待改進，但也認識許多新朋友，也發覺醫科學生不只是書蟲，要搞活動也可以做得來。

上莊的確用了自己很多時間。例如要開醫學生評議會，Exco會議和各個Committee的會議等，要付出精神，也付出時間。它們的時間大概長約六至十個鐘，討論的事情也非常繁多。在這些會議中可以有機會參與討論醫學生的事務，發表意見和作出選擇。

認識了一班莊友，大部分在上莊前都不相識的。一年後已經一齊吃喝、玩樂、工作和讀書。雖然真正齊莊出來的時候不多，但在工作時卻絕對能夠互相幫助。現在小弟在此謹向他們十人致謝！希望今年的友誼只是個開始，我們能夠友誼永固。

看到上莊時的照片，發覺現在已經有一種蒼桑的形態。一年的工作，已經開始有些疲倦了，也應該下台讓其他同學去學習（不然我也不敢想像會變成什麼樣了！）

如果問我有否後悔上Exco，我會欣然告之：我對Exco無悔，也十分十分享受這年多采多姿的生活。

難忘的一年
Caren

99"Andrew
陳英豪

文康秘書



我是如此開始的

曾立志於五年的醫科生涯中安心讀書，不沾塵土，一心把所有專注力和精神灌注於書本上。但曾幾何時，一時的衝動把曾立下的志拋諸腦後，畢竟我不能把自己渴求多姿多采的大學生活的心願出賣得淋漓盡致，有時我會後悔，就是這個幼稚的心把自己放於這個境地。坦白的說，我上莊的故事沒有什麼可誇，也是在沒有充足準備的情況下篇寫的。

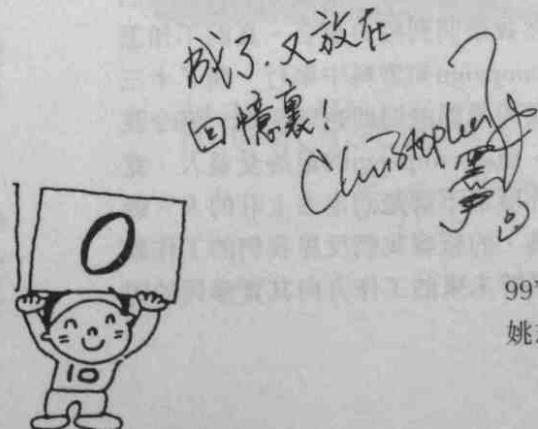
來到這裡，一個快要離開的時刻，我進行了很多有關回憶的事情，而其中，主導著我的回憶之感受全是建基於廣大同學的主動性，尤說得中央諮詢大會當晚，很多熱心參與的同學都問到有關醫學生對醫學會的主動性的問題，其中一條題目是這樣的：你覺得醫學生需要的是什麼文康活動？我想了想，便隨答到是「快餐式」的文康活動，我所指的是在時間和精神都不需付出太多，不會影響讀書節奏的活動。同學會大大歡迎，反之，結果便相反了。這看來，在醒閣還沒有運作的情況下，我已看通了同學的心理（我非自誇，而是希望知己知彼，百戰百勝！）而在整個上莊的過程中，我也深深感受到「快餐式」的活動給我帶來的衝激。在Medic籌備的事宜能夠駕輕就熟。但在這裡，事情顧及的層面廣闊了很多，而當然地，工作量多了很多。而在這種種的辛酸的背後，卻被衝激了！籌備了活動，一心本希望各同學能出席（我想這希望或渴望是合符人性的），但很多時都不能如願。在期望和結果出現很大距離的時候，我會檢討，是自己有缺還是其他原



因，有時真不希望背後的原因是「我們的同學是這樣的了」。如我們的同學真是如此被動和封閉的話，我會想，香港大學醫院培育了一批擁有什麼氣質的醫生？有時我面對很多不如意的事情，心情轉變很大，但久而久之，我學會了應付，就是看積極面而少看消極面，不能否認，有時看見一些四、五年級的大仙，在百忙之中抽空出席和支持各項活動，真的令我高興萬分，我深被他們的熱誠感動。

除了籌備文康活竹土大尸，在醒閣，我也學習了很多以前從沒想過要學的事情。我是普選而上莊的，所以顧及各同學權利的責任是不可推卻的。正因如此，看事情的角度不能狹窄，這種看事情的「態度」對我自己來說是最珍惜的。坦白的說，我不能在上莊的經驗帶走什麼，除了以上這個「態度」，我想在辦公室保安問題上（第一次特別全民大會所討論的）我運用了這「態度」去看事情和做決定，有時我覺得，雖然犧牲了讀書的時間，在知識上不能做得很Top，但我擁有很大的機會當個好醫生。我深信一個擁有高深知識的醫生未必能當好醫生，因醫生看事情不能狹窄，必須擁有廣角鏡的「態度」。

來到這個快要離開的時刻，心裡悲喜交集。是好是壞，我也不能把這回憶中的經驗抹去，我五年醫科生活，是如此開始了……



福利秘書



28

還記得，上莊其中一個目的，便是希望在未來的五年醫學生涯（希望五年就能完成吧！）留下一些回憶，做一些讀書以外的事。而我則認為藉著上莊，除了充實自己之餘，亦能為自己帶來一點回憶，在醫學生涯中加點色彩。

其實在過往一年，令我印象深刻的事，的確有很多，其中一件便是長達十多小時的Campaign了，其實這次Campaign的目的，是讓同學學有機會對我們的政綱有更多的認識，繼而知道我們未來一年的工作方針。其實在未開Campaign之前，我真的有點害怕，原因有二：

（一）以往的Campaign都長達十多小時，真的不知自己整晚都不睡覺，會否挨得住；（二）聽說參與campaign的同學，都會「批判」我們的政綱，若然我被問到啞口無言，真的不知怎樣。結果，campaign如意料中舉行，開了十三多小時，參與同學問的問題也頗尖銳，但令我感到意外的，這次campaign的最終受益人，竟是我們這班什麼都不清楚而走去上莊的人。透過同學的諮詢，的確讓我們反思我們的工作政綱，從及更了解未來的工作方向其實參與的同

學，大部分都是上過莊的，他們那種關心醫學會，抽時間向我們這班後輩「教路」的精神，的確令我很感動。

上莊的一大樂趣，便是有機會和一班人，一齊為著某個目標一同努力工作，這的確是驅使我繼續上莊的原動力，反而工作的成果，如出席人數，反應程度等都是次要，就我身為福利秘書的工作而言，和人合作的機會不多，幸運地，我有機會在Medic Ball及O-camp出一分力，從而體驗到這種與人同工的樂趣。

經過一年的工作，都是時候休息一下了，好好讀書，預備M.B.。最後，在此亦想多謝各莊友在過往一年的幫助及鼓勵，希望大家都勁過M.B.吧！



盡在不言中！

finli 95'

99' Simon
李永恆

外務秘書



我們上莊去！

生活，實在是很多的線，每天親手一根一根地編，編成一幅畫；作為醫學生，生活的線已經很難編的了；上莊，為我額外加多一條線——令每一針都額外難編；想不到一天一天的編下來，終於編了一年的畫出來了！

出於對大學生活的憧憬——上課考試十分次要，攬活動玩樂才是大學生活獨有的——極多的機會、極大的自由——於是freshman的我大叫大嚷搶著要上莊，堅信上莊是大學生活不可或缺的一部分。那段傾莊、砌莊、講理念、過campaign的日子仍然歷歷在目，那時的感覺是——我真是十分「大學生」啊！

然而上莊以後，自己卻迷失了。縱然我現在仍然認為上莊是大學生活不可或缺的，但是有兩點必須想清楚才上莊：（一）「大學生」是什麼？不錯攬活動玩樂是大學生活獨有的，但大學生活不是獨有攬活動玩樂，尤其是醫學生，未來將會"deal with Life"！知識上裝備自己仍然是首要任務，要在讀書和上莊之間取得平

衡，是上莊必修的一門功課，如果沒有信心可以做到，倒不如老實的專心讀書好了。

（二）Freshman的我，只為「不想齋讀書，想玩」而上莊，但實際上想「玩」什麼，可以「玩」什麼，卻沒有想清楚，結果當我太辛苦時，莊務便成了task（亦即為交貨而做的工作），而非一項challenge（在莊內實現的夢想）

可是，對尚未站穩陣腳，但卻是上莊先鋒的freshman來說，這兩點都太深奧了。

除了此兩點牢騷外，上莊仍然令我得著很多。常常都慶幸自己上了這一莊——醒閣——每一位莊友都是認真做事的人，大家甘苦與共地成長，看著一個辛辛苦苦做了幾個月的function終於「好好睇睇」地圓滿結束時，全莊人都同聲鬆一口氣，那unity的感覺很令人感動。可是，大概由於大家就是因為莊務才走在一起，交往間偏向了「莊務-orientated」，並談不上真正的了解。畢竟，莊只是眾多圈子之一，很難做到每個圈子都交心，但我相信大家共同經歷了這麼多，是絕對有潛能發展成極好的朋友的。謹祝願

EXCO全人友誼永存。實在，在上莊裡得著的成長，工作經驗，人事關係、成功感……通通都比不上「友誼」。



快快樂樂地落莊了！
Peggy (Liu) 95'

99' Peggy
敦碧姬

體育隊長



30

近日每天都有會議，一輪Brainstrom後，腦子由80486降至8088老爺機，做起事來要比平時慢得多。

我相信其他莊友會跟我一樣，在上莊前憧憬著未來自己所一手一腳建造的成果。不過，人總不大願意去foresee自己失敗、跌倒的時候。老實說，挫折是上莊家常便飯的事，就像我籌備Inter-year比賽時，由計劃賽程到進行比賽期間所遇到的困難，已足夠纏繞我半個term。人事、天氣、場地等問題不單止天天新款，而且更會「孖孖上」，簡直是「天、地、人和」，中六合彩也沒有那麼巧合。



不過，我亦知道攬莊其實是一種磨練，「一帆風順」總不及「荊棘滿途」學到那麼多。總之，我想告訴各位有意上Sports Cap.一職的兄弟姊妹們，在Medicine內攬Sports會得到很大的滿足感，尤其是當你的隊伍在比賽中勝出時。



Anson
m.e.d.d.i.c, MEDIC MEDIC 係醒D!!

99'Anson
胡兆邦

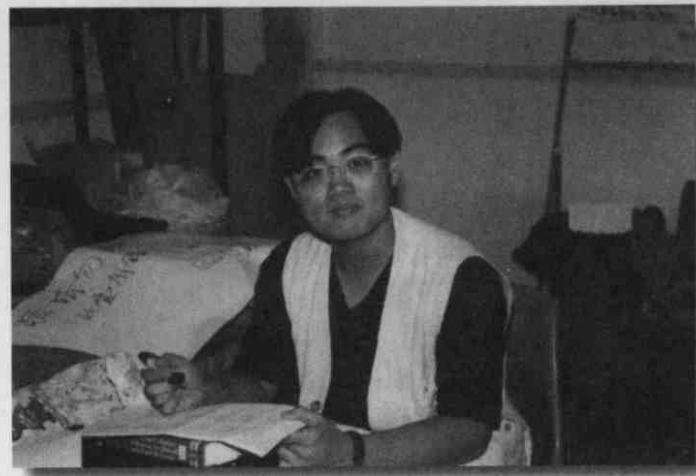
體育秘書

一年過去了，辛苦的時間有，開心的時間也有，不開心的時候亦都有。

記得上莊的時候，總是覺得體育秘書的工作比較容易應付，因為沒有甚麼大的活動（相對於財務秘書要攬週年籌款來說），但是，原來日常的比賽是編排得很密的，一個星期幾晚要帶隊，實有點吃不消。對於我來說，帶隊不是一個問題，問題在於是否值得，令我最失望的一次是院際水運會，原本我已找了很多人都參加，而且已經報了名，誰知比賽前數天甚至當天有很多人都通知我他們不會到，那一刻當真難受。

我是一個很喜歡體育活動的人，雖然我不是一個體育健將，但總算樣樣都識打，很多時候都想落場參與，但能力所限，而且我通常都是帶女子隊，想打都沒有辦法。

上了一年莊，看到的事很多，認識了很多不同種類的人。我記得在諮詢大會那時，有很多事物我在從前是不會去想讓這些事情過了便算。但是自諮詢大會之後使我知道做各樣事也要小心想清楚衡量一下，才好去做。上莊的確使我變了，變得沒那麼膚淺，變得成熟了。



滿腦子都是比賽時間表!!

99' Canice
梁德麟



出版秘書



一年的上莊生涯就這般成為過去。初初升上大學，從那疲勞轟炸式的迎新活動中得悉一些以往未曾想過的：大學生可以住宿舍，可以上莊攬活動，可以兼職賺外快，可以找個伴侶拍拖，可以潛Lib記讀書。我想，如些這般便算大學生活？

那段迷迷惘惘的日子誰不知也匆匆成為歷史。那時選擇上莊，是希望能走些與中學生涯截然不同的路，希望能體驗一些大學生應體會到的，但究竟是什麼？究竟怎樣才算大學生活？仍是一頭霧水，糊裡糊塗。

組莊時自己也有些矛盾，心裡有些動搖，上莊真的適合我嗎？看到各位將成為莊友的同學仔，自己一臉害羞，不大懂得與他們溝通，想到不知接下來的一年自己能否好好地與他們相處？能否適應往後的勞碌日子？結果，還是立下決心，鼓起最大的勇氣，就這樣，成為了幹事會的一分子。

之後開始傾莊，一步一步的，大家慢慢地熟落起來，慢慢的有說有笑。還記得籌備候選政綱時的日子，在毫無頭緒的情況下還是把它寫了出來，開始對自己往後的工作有明確認識，有固定目標。

在其他人眼中，或許會認為上莊是一種負擔，是自尋煩惱，我則認為，上莊並不是什麼負擔，更非自尋煩惱；只是，我們把握了一次讓自己學習的機會，讓自己能在有限的大學園地裡開拓其他空間，容許自己接觸些在學生年代仍可放膽嘗試的。說實在的，要上莊的，定能找出千個百個上莊是物有所值的理由；討厭攬莊的，又可口沫橫飛般把不應上莊說個滔滔不絕。撫心自問，一年來所遇到的，所經歷的事情，並非盡如人意，挫折更是少不免的，也時常令人心灰意冷，一臉無奈，不過我相信，我們全部十一位莊友，從失敗中所獲得的經驗，從籌辦大型活動以至開CO-OP櫃如斯微不足道的小事，也令我們成長了，眼光擴闊了。

作為醫學生，能適當地善用時間，分配工作，根本，我們就不會只是傳聞中的「莊書蟲」，我們能作多方面發展的機會還多著。何況，無論你是在忙碌過活，還是在悠閒享受生命，生活的巨輪每天仍會不停地在轉，而我們能夠捉著的，就是如何面對生命，如何挑戰自己。再者，上莊只不過是生活的一部分而已。

這些日子全莊各人也真的苦難同當，歡樂同享。一生人得一次上莊機會，我自問有幸地把握了。落莊的心情是怪怪的，有些不捨又有些痛快，始終，一年的莊仔生涯並不是未曾上莊的人能明瞭的。

有人說，路是有的，就是因為有了路，才有許多人走；又有人說，路本沒有，只是走的人多了，才成為一條路；在人生的旅途上，上莊不過是當中的一段小插曲，至於能否奏出一首令人刻骨銘心的樂章，就得看作曲家怎樣把它逐音逐段地譜出來了。

青春莫虛度 1995
Julia Chan

99' Julia
陳珮珊



健康委員會

很久以前，在一個荒蕪的沙漠之中，沒有山、沒有水、沒有花、沒有草，一個什麼也沒有的世界！

人們知道，只要步過這個沙漠，便會有更好的生活，更美好的明天。

有個過路的商人，悉心的種下了一株小樹，希望有一天路過的人們不再受烈日的煎熬；也可以在樹下，交換大家的經歷，亦為倦了的過路人，提供一個歇息的地方，不知是上天的眷顧，或是商人的努力，小樹茁壯成長，不知不覺間成了一棵參天大樹，而樹下亦成了一個小市集。人們川流不息，好不熱鬧！

一天，來了一個「智者」，他說樹的枝葉太多了，塌下來會傷及途人，於是把一大撮的丫支鋸去了；又再說，樹太高了，令人看不見前路，於是又把樹莖鋸短了！樹葉開始變黃，枝幹也枯乾了，大樹快要塌下來，你又會怎樣呢？

九五年九月十二日
寫於評議會後

* * *

從前有個小商人，他剛要投資一項大生意，又怕自己沒有足夠的資金，於是他便問他當時的伙伴會否願意借錢給他，伙伴爽快的答應了。

生意一點也不順利，而商人亦手頭拮据，於是他便向伙伴求助，但換來的只是失望。

正當商人為資金困惱時，身旁的傭人們，把他們所有的也給了商人。

沒有抱頭痛哭的感人場面，但商人明白了，原來真正對自己好的人，正是那沒有任何承諾的人！謝謝你們。

九四年十一月
寫於走堂之後

* * *

你有沒有飲過淮山湯呢？母親曾說過，那些表面粗糙的才是正貨，而那表面光滑而沒有繩紋的則是贗品，一燙便溶，靠不住！很久以前我也煮了一煲，看看原來有很多也溶，只有幾根還未溶！你有興趣嘗一口嗎？其實味道還不錯，只要你不去計較真假！

九五年三月
寫於Service後



不經不覺上莊已一年了。回想當初上莊時，心情是戰戰兢兢的，抱著一分嘗試和學習的心態，加上一把年輕小伙子的衝勁，就當上「啟思」編輯這個職位了。

對於一個初入醫學院的學生來說，周遭環境都十分陌生。要適應醫學院的生涯已感吃力，而擔上醫學院傳媒這個角色更覺力有不逮。再者，其他啟思編委是新相識的，工作起來亦難取得絕對的協調。幸好大家都是年輕人，隨著時光的飛逝，藉著彼此的溝通，坦誠的對待，很快大家便取得密契，工作也算順利。

除了學會扮演協調者的角色外，「啟思」亦擴闊了我的眼界。由於醫學院的功課壓力實在不輕，大部分醫學生埋頭苦幹地在圖書館裡溫習課本，對外間社會甚至連大學本部的事都不聞不問，所以醫學院以外的人都稱我們這群醫學生為「超級核子潛艇」，早晚「潛」在圖書館裡。老實地說，若我非「啟思」的一分子，早就成為了其中一艘「超級核子潛艇」，亦不會對大學本部和社會時事這麼關心。「啟思」的其中一個責任是成為醫學生和外界的一個橋樑。基於使命感的驅使，我很自覺地加強了對院外時事的觸覺。天台屋事件，新校長遴選等事當中，本人亦曾親身查探究竟。「啟思」編輯這身份帶我看了不少以往沒有動機和機會看的人、事和物。若我非「啟思」編輯，即使有機會，我亦懶得去接觸這些人和事。但當我接觸了後，卻發覺這

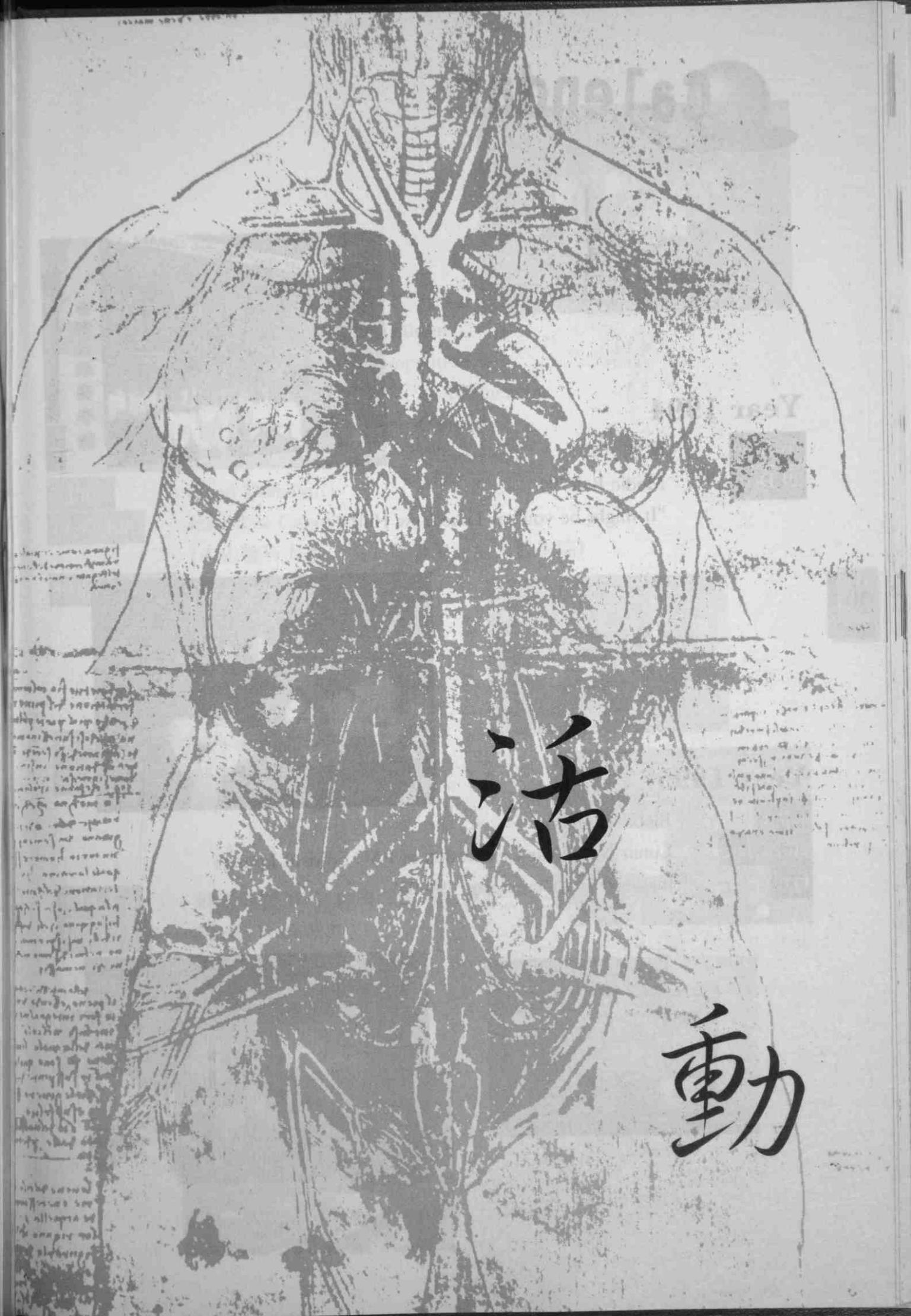
些經歷對我的影響是多麼深遠。唯一的遺憾是礙於未曾証實和傳媒的中立，很多事都不便與各位讀者分享。另一方面亦高興當了啟思編輯，能知道一些別人不知的內情。

接觸的事情多了，人際關係也複雜了，少不免會在言語間開罪了別人。對於經驗尚淺的我來說，有時開罪了別人也不知道。回想起來，自己說話有時未免太直接。現在只能夠說句道歉和希望別人原諒。

在這一年中，得失參半，悲喜參半。但有一點是可以肯定的，「啟思」的確是能啟我思，點綴了我在醫事院的生活。

啟思編總
99'鄭志樂





活動

動

Calendar

Year 1994

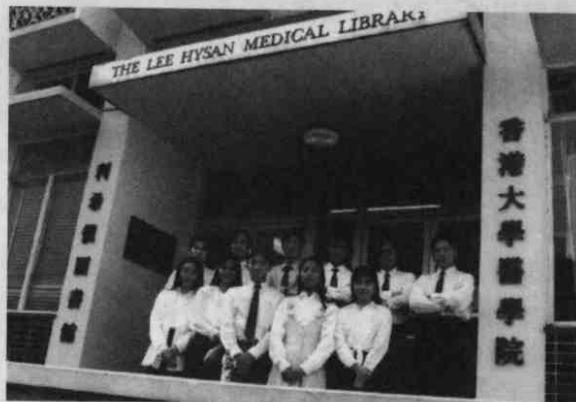
16 Nov

醒閣上莊

29 Dec

Medic Ball '94

"It might be you" at Loke Yew Hall



36

Year 1995

4 Jan

Blood Donation

26-27 Jan

Lunar New Year Celebration at PAC Student Lounge

Feb

Inauguration Ceremony (94-95)





Apr, May

Inter-Year Sports Competition
Inter-Faculty Sports Competition
Presentation Day-Men's : 1st Runners up
Ladies : Champion
Overall : Champion

7 June

Blood Donation

15-17 July

Inter-flow Camp '95
(中山醫科大學，中大醫學院及港大醫學院)

30 July-6 Aug

16th AMSC



19 Aug

週年籌款 '95 - 電影首映

28 Aug-1 Sep

迎新營 '95



8-10 Sep

健康展覽 '95 - 腸胃、生活、健康

16-21 Oct

Medic Festival



4-5 Nov

港大開放日 '95

15 Nov

醒閣落莊



Medic Ball '94



交職典禮



中港醫學生交流營九五 (Interflow Camp '95)

中港醫學生交流營九五乃港大醫學院，中大醫學院及中山醫科大學三所學府聯合舉辦的交流活動，其目的是讓醫學生對不同院校之醫學生涯有所交流及促進彼此的友誼。

由七月十五日至十八日，為期四天的交流營共有參加者六十人，每所大學也有二十名同學作代表，地點就在廣州中山醫科大學之校舍。

交流營之節目除了為友誼交流的聯歡會、籃球賽、燈謎競猜、珠江夜遊及問答遊戲外，還有正正經經的講座：中大方面以基層健康為題，港大則討論醫生的專業資格（包括九七後）；中山醫大則著重介紹大陸醫生的訓練，晉升的制及醫療制度。同學對此等討論都甚表興趣，可惜礙於語言的限制（中山醫大以國語發言），討論未能進深。當然，遠征大陸醫科學校，少不了購買便宜的中文版醫科書及參觀



40



當地教學醫院（包括中山醫大最著名的眼科醫院）。

舉辦此交流營時，曾遭人「潑冷水」，真的可以有所交流嗎？抑或是製造機會予一小撮同學去一次康樂營？幸好，一群O.C.都是認真的人，於是參與的同學還未至於除了玩樂以外便一無所得。

至少，講座上有人critically地直指大陸的醫療制度只惠及上層社會的人（如公務員、大學生，他們受到公費醫療制度的保障，毋須自付醫療費用），反而忽略了佔大陸人口大多數的農民（他們的醫療制度是「合作醫療」，亦即中央政府、地區政府及農民個人共同負擔），正是「貧者越貧，富者越富」；中山醫大負責此講座的講者亦贊同此理，然而卻坦言農民人數太多，很難全民保健，而且知識水平不高的農民可能會胡亂使用資源，造成浪費……無論結論如何，這次也是一次值得的交流。

此外，友誼及互相了解的程度亦增進了不



少。沒有參加此交流營，根本不曾想到大陸的大學會以時裝表演來迎賓、不相信原來有醫學生以「做研究、合作出定期Journal」為「閒時活動」、不知道原來大陸醫學生「走堂」情況與香港不相伯仲，同樣認為上lecture「好癢」，只求知道lecturer的要求才上堂……果然是英雄所見略同（抑或天下烏鵲一樣黑？）

坦言，此次交流營比我期望中好。當中山醫的同學告訴我下年交流營他們必定要成為O.C.的一份子時，真的很感動。然而，語言的困難始終是一大問題，言語上也溝通不來，談何思想上之溝通？故此造成個別的交流太少。期望明年此交流營之「老闆」（若明年仍有此營），可先辦些普通話訓練班充實一下才遠征大陸，補足此一缺漏。



中港醫學生交流營籌委
郭碧姬

週年籌款九五

陳英豪

一年一度的醫學會週年籌款活動已結束了，幸得各同學學生及醫生支持，今年已經籌得本年度所需之款項，而且當晚之電影首影亦能順利完成。

負責本年度籌款活動的Committee於二月組成，其間經過六個月的工作，終於在八月如期舉行首影禮。這六個月我們所做的工作實在不少：由場地、挑選電影、聯絡贊助商、向各執業醫生和醫科同學售賣戲票、印海報、場刊等。各位Committee成員都付出了很多時間和精神去令這次活動盡善盡美。雖然當中曾碰過釘子，例如贊助商反應冷淡，之前幾年曾贊助的機構今年都不再贊助，雖然大家盡了最大努力，可惜反應未見理想。這些都是一次寶貴的經驗。開心的時刻也不少：向醫生兜售門券時得到一些熱心同學

42



幫助，走到街上的診所去售票。在大熱天時，同學也願意 Formal Dressing；開心的並不單是同學去幫手搞活動，而是他們肯去為Medical Society、醫學生負出時間，這份可喜可嘉的精神，現在已經很難得。

「錢不是萬能，但沒錢則萬萬不能」，的確，醫學會每年搞多種活動，如聖誕舞會、醫學生節……，這些如果沒有錢都不能舉辦，或規模大減。現在香港經濟停滯不前，失業率越來越高，籌款活動亦一年比一年困難。相信每年的財務秘書都活在籌不夠錢的恐懼中。

希望各位同學多多支持以後的醫學會籌款活動。

16th Asian Medical Students' Conference

Among all exchange programmes in the year, the Asian Medical Students' Conference (AMSC) is surely not a thing to miss. Without knowing AMSC, you never get the taste of being an AMSA member! That's why we keep on telling you about this very exciting event.

AMSC has already come to its 16th anniversary. This year, Hong Kong has taken her greatest honor and pleasure to host the meeting. In fact, AMSC in Hong Kong is once in a blue moon because it was 10 years ago that we hosted the last meeting. With limited resources, especially money and time, it has been a very tough job to bring a 7-day Conference involving more than two hundred delegates into reality. However, we made it!

Congratulations to the organizing committee, all helpers and delegates! Here I proudly present to you the essence of the 16th AMSC in Hong Kong.

The Conference lasted for a week from 30th July to 6th of August. Our programmes could be divided into 2 sections, namely academic work and entertainment.

Paper presentation is actually the climax of the whole academic section. Delegates from different nations were to present their paper work on "Health and Lifestyle" which is the theme of this year. You'll probably notice how broad this topic is. Giving enough space for delegates to explore the most worth noticing aspect of life style in their countries allows diversity in the presentation. Through questioning and answering section, we helped each other to understand and solve problems. The list of topics presented by different

countries are as follows:

Japan *Aging in Society*

Korea *Diet and Health (Gastric Carcinoma)*

Taiwan *Betel quid chewing and major cancer disease (hepatocellular carcinoma)*

The Philippines

- 1) Susceptibility of Pulmonary tuberculosis
- 2) Lifestyle behavior of medical students
- 3) Fertilized duck egg (Balut) Consumption

Hong Kong

- 1) Peptic Ulcer
- 2) Nasopharyngeal carcinoma

Indonesia *Food habit change and epidemiology*

Australia *Impact of the media and public awareness in*

- 1) driving practices
- 2) eating disorder
- 3) alcoholism
- 4) smoking
- 5) suicide

Thailand *General aspect of lifestyle*

Malaysia *Diabetes Mellitus*

Nepal *Introduction of Life Style*

A total of nine countries' presentations made up the

most fruitful, thirteen hours in the trip. Despite cultural differences, many similarities were found among countries. Diet, no matter a traditional or westimized one, is playing an exceedingly influential role on disease pattern as eight out of ten countries mentioned "food". Besides,

westimization in the region brings in new diseases pattern that is shared by nearly all Asian countries especially on the aspect concerning cancer. All these are implicate findings in anticipating the direction of medical advancement and joint research programs of common disease type in Asia. As a medical student, we may also reflect on our own regional policies to improve community health by learning pros and cons from that of the other countries. In the issue of smoking, Australia has already banned all smoking commercials and tobacco companies are not allowed to sponsor all functions. They find that these are very effective in decreasing teenager smoking. Besides legislation, Hong Kong may also consider that in order to take a bigger step forward in anti-smoking campaign. From the aging problem in Japanese can actually foresee the same silvering problem in Hong Kong in the near future. So instead of waiting for problems to come, we should start acting now. Japanese are now trying to strengthen the social service of elderly care and Hong Kong may also give more financial support to strengthen this as-



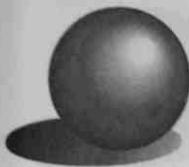
pect. There were so much to learn in the presentation and we had not a minute to lose.

However, 'My mind is strong but flesh is weak.' Taking a nap during this kind of 'marathon-like presentation' is just as natural

as a knee-jerk reflex. Despite this universal acknowledgment, presenters always tried to wake you up. Australians played bloody video on car accidents. The Philippines gave a duck embryo in shell to arouse your appetite. While Hong Kong students gave wind dried plums, Japanese made slides showing their own faces.

In short this year presentations were marvelous. All delegates did a wonderful job.

In talking about entertainment, the highlights Cultural nights are surely a compulsory event in each year AMSC. As its name implied, delegates were to introduce their culture as one of the programmes of the variety show. Dancing, instrumental performances and dramas were the three main items that made up the show. As a Hong Kong delegate, I can't help cheering and screaming for our dancers from CU. You just can't imagine how freely and madly a medical students can dance. Under the heavy beats of Rock and Rolls, boys were swinging girls between their legs and raising them high



up on the shoulders. Drops of sweat was pouring down from their burning faces but their energy and high spirit were far from meeting away. The energy and the power of life shown were the culture of Hong Kong.

As for other nations, their performance was really impressing. Australians sang us their national songs. Malaysians danced the story of how a fisherman was healed by driving away the devil. As for Indonesia, the thirty delegates wore their traditional customs and it is quite hard to image how come a country can have so many very special customs. The Japanese drama was another very big fun. Some of them dressed up as turtles and some were their traditional summer kimonos to dance. For instrumental part. Koreans' performance was incredible. They played drums and the beats were even stronger than these from electronics music. The only delegate from Nepal had his effort highly appreciated because he danced on his own. For Taiwanese, the mixed dance and drama show gave a flash to the whole cultural night. Delegates of

Thailand showed us their traditional customs on a new year day. The Philippines modern dances brought out the theme of peace and had that written in more than 4 languages. What a great cultural night! That's really something more than a variety show. After that the performance delegates couldn't stop taking photos with one another.

For the whole AMSC, I enjoyed not only the efforts of delegates, but also the harmony among nations of different religious and cultures. Besides, academic exchange, another meaning behind AMSC is to work hand in hand for a very bright future in health and welfare.

Catherine Lam

45



Which country are they from?
Make a guess.



九五迎新活動

46

今年為〇〇班同學所舉行的迎新活動主題為「TRAILBLAZER//U PROVIDES, YOU DECIDE」。「TRAILBLAZER」意即「拓荒者」，這正好形容剛踏入大學的一年級同學，對於大學的生活，尤其是醫學院的一切都充滿好奇，熱熾著發掘他們未來大學之路。一般人認為醫學生只懂得在厚厚的書本裡尋找自己的世界，對於外界的生活漠不關心，再加上位於沙宣道的醫學院和大學本部遙遙相距，對於大學本部可謂一知半解，有鑑於此，今年迎新活動除了有一貫的TEA GATHERING, BOOK DEMONSTRATION, OLD BOOK SALE以及WELCOMING CEREMONY之外，我們更首次舉行MAIN CAMPUS TOUR，由籌委與組長帶領〇〇班同學到大學本部實地遊覽一番，介紹大學本部各種設施及活動，好讓同學能善用大學資源，以發掘自己的潛能，裝備自己。這正是「U PROVIDES, YOU DECIDE」的含意。

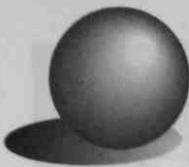
今年迎新營的節目除了有耍樂的成份之外，更著重認知性的，例如有模仿醫學院生活的SOCI GAME，讓同學對將要面對的生活有所認識，而「齊齊講爆MIC」則模仿遴選傑出醫學生，同學通過扮演會內各角色（包括醫學院院長，大學校長、學生代表），討論選拔醫學生獎得主的條件，使新鮮人有一個機會去思考一下身為一個醫學生在大學、社會以及未來的事業上的角色，並且去計劃一下

即將來臨的醫科生活，應該是潛水式還是活躍型呢？再者，在DRAMA COMPETITION裡，各組被分配一個具爭議性的倫理個案，由同學討論及色演。同學對於這些節目都很投入及認真。其實籌委會希望通過各項的活動，能夠給予多些指引給〇〇班同學，幫助他們更容易適應大學的生活，故此所有活動大至上分為五個層面，介紹給同學，分別是讀書，醫學會、大學、醫學界及整個社會。

其實回想九五迎新的籌備工作，早在今年一月中已經開始，籌委會共有二十人，分為五個部門，分為P & P SECTION, WELCOMING SECTION, BOOK SECTION, TUTOR SECTION及PROGRAMMING SECTION。多個月來一直策劃著各項活動的細節，由於今年聯招的公佈日期比較遲，令得工作非常繁湊。踏入八月，籌備工作更進入了如火如荼的階段，有些籌委留在醫學會辦公室通宵達旦地工作，有些則要四處搜羅各項必需



30-8'95



品。除此之外，我們亦得到多位99班同學的幫助，答應擔任組長一職，犧牲他們寶貴的暑假，而且總組長在迎新營時，更要跟籌委一樣，每夜開會討論活動的細節及進度。

所謂天有不測之風雲，由於颱風的關係，原定四月三夜的迎新營改為兩日兩夜，新鮮人無緣一嘗萬眾期待的SECRET MISSION的滋味，而傳統必備的O, NITE，亦被迫取消，新鮮人少了一個和大仙們秉燭夜談的機會，可惜！可惜！今年迎新活動更首次舉行了PRE-CAMP，讓所有籌委及組長參加。在營內，大家預先進行一次將在迎新營舉行的節目，藉此使各人更了解活動的細節及其背後的理念。另外，大家亦有一個共聚耍樂之機會，以加強彼此的聯繫，改善以往籌委與組長之間不協調的情況。

HIGH BUFFET NITE乃是九五迎新的壓軸好戲。除了有多位老師蒞臨之外，還有數十名大仙自掏腰包出席，與各新鮮人分享一番。當晚大家都沉醉在陳蕉琴餐廳的佳餚美食及美妙的音樂之中。最後在醫學會體育秘書的帶領之下，全場為港大醫學院高呼十聲MEDIC CHEER作為終結。

九五迎新籌委會主席
李安慈



健康展覽九五

一連三天的健康展覽九五一——「腸胃、生活、健康」，終於在九月十日在香港科學館特備展覽廳圓滿結束。籌委們自一月份的努力，總算沒白費。

籌委的成立

今年的籌委是由三十八位九九班的同學組成。一如往年，我們兵分七路，一同為九月舉行的建展而進發。七路精兵分別是行政組、學術組、美術組、印刷組、宣傳組、總務組及財務組。

Ready Go!

籌委剛成立，農曆新年便即將來臨。但為了選取一個對市民切身而又重要的主題，學術組已第一時間展開他們的工作。他們四出尋訪「大仙」的意見，最後加上其他籌委的意見，終於決以腸胃科為今年的主題，更希望今年的展覽不只著重疾病的資料，也應著重健康的訊息，這才是健展的精神。因此，我們以「腸

胃、生活、健康」為題，強調要有健康的腸胃，必須要有健康的身體。

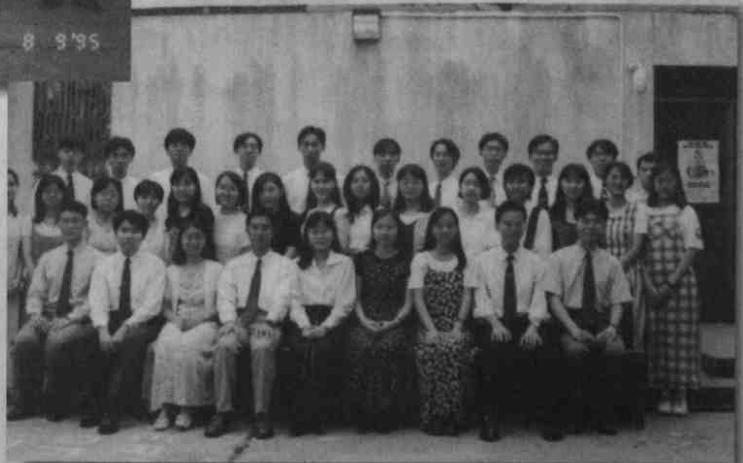
主題一決定，準備就緒的財政組便立即出動。因為健展預計十萬許的經費，全需獨力籌務，可謂「塊塊展皮皆辛苦」。

2nd Term Break

踏進2nd Term Break，平時很少formal dressing的我們，突然要打扮得formal起來，為的是要探訪多位顧問，希望從他們身上取得寶貴意見和資料，好作為我們展覽中資料的藍本，以助寫成是次展覽的「秘笈」。

在搜集資料的同時，其他各組也不斷聯絡各有關機構。美術組更完成了健展九五logo的設計，我們精美的健展衫也是以此logo為圖案哩！

工作時工作，遊戲時遊戲，Term Break當然少不了遊山玩水啦，所以，我們曾到苔門一天遊，藉此聯絡一下大家的感情，也增進彼此工作上的默契。





努力的成果

九月八日大清早，我們便從沙宣道出發，運載各種物資往場館。一到達場館，便隨即展開佈置的工作。繼記者招待會和開幕禮之後，各工作人員的心情既興奮又緊張，迎接著市民的參觀。還未到二時，已有市民站在門口等待進場。

大概因為是年的展板以一連貫的方式鋪排，加上示範員悉心的講解，不少市民都將大部分展板仔細咀嚼才願離去。講座的反應也令人鼓舞，連預期中不太受歡迎的有關吸煙的講座也坐無虛席。不少醫生在講座完後都被市民圈著，好不容易才能離開場館。另一令人興奮的事，是看見不少市民都連續二至三天都前來參觀，還將展覽介紹給身邊的朋友。此外，今年不但血液檢查受市民歡迎，連體重指標和肺功能測試也「大排長龍」，反應熱烈。

Third Term

Third Term開始以後，健展的工作也不容放鬆。大部分的初稿已準備妥當，並分別給不同的顧問和「大仙」修改。我們的顧問主要是來自腸胃科的醫生，黎青龍教授就是我們的主席顧問。臨近Third Term Test更有一新突破，就是香港肝壽基金願意作為我們今年的合辦機構。

抗戰高峰期——暑假

Third Term Test一完，還未趕及好好休息，便要立即開始工作，因我們要趕著在七月底將所有小冊子的稿件作最後整理，並加上生動插圖。暑假是健展籌備工作的高峰期，隨著健展日期的日漸迫近，宣傳部也為健展的宣傳四出奔波。由於今年的展覽場館的地點似乎不太方便，宣傳部的工作尤顯重要和繁重。為配合宣傳的工作，精美的海報和宣傳單張已由印刷組的同學準備妥當。

踏入八月中，健展各路的工作正進入直路，一刻不容放鬆。宣傳組忙著地鐵、九廣鐵路、報紙等的宣傳工作，印刷組細心地為我們的九五健展小冊子逐字逐字地校對，總務組也辛苦地協助各組的搬運工作，還要兼顧展覽所需的物資的租借。

最聲勢浩大的，莫過於差不多全部的籌委，一同在偉倫堂地下的禮堂製作十三幅橫額。此外，那禮堂也成了我們一百二十塊展板製作的大本營。其中一位籌委更在那裡渡過了他的生辰哩。

總括來說，今年健展的成功有賴各位籌委同心的努力；當然，也少不了醫生，大仙和多位九九和零零班同學的仗義相助。而市民熱烈的反應，都在告訴我們隨著教育和生活水平的提高，市民對身體健康的關心也相對提高，而要求我們多搞這類型展覽的市民多的是。所以，藉健展將健康的訊息傳遞給市民就更顯得有意義了。

健展九五籌委主席
99'鄧懿君

49



Medic Festival '95

50



開放日 '95



天主教同學會 Katso Medic Cell



52

Medic Cell是香港大學醫學院內的一個天主教同學組織，目的是為培育大學同的信仰，同時亦歡迎一些有興趣接觸天主教的同學加入。

基本上我們會逢星期四下午五時半在PAC Student Lounge的Music Room內聚會，分享一些大家生活上的細節及一些生活上或信仰上的題目。除醫學生外，我們亦有一些其他院系的同學來參加我們的聚會，如Dental, Nursing等。

另外，敘會以外的時間，我們一班的Cell Members亦會經常走在一起吃飯，打邊爐，放假時去Camp，開學時參與Opening mass等……

除了這些活動外，我們亦跟Main Campus的Catholic Society有一定的聯繫，亦經常參加他們的活動，我們Cell 亦有一本Cell Diary，給大家分享一些學業上或生活上的悲歡喜樂，或對信仰生活上的見解。這些生活上的總總，令我們感覺宛如身處於一個大家庭中。

希望我們亦能將這大家庭的感覺，介紹給每個醫學生，亦歡迎你們——不論是不是天主教徒，來參加我們的敘會，讓大家一起感受這份溫暖，這份關懷。

醫學院基督徒團契



53

對你來說，「醫學院基督徒團契」可能只是一些海報上的標題，但實際上在作什麼？這便模糊不清了，容許我簡略說一遍吧！

除了定期週會分享外，也有些針對「基督徒醫學生」這個身份的講座，我們就曾經討論「醫療宣教」、「精神病與鬼附」、「院牧事工」……等。除了這些學習外，我們也曾與中文大學醫學院團契作了一次聯合聚會。我們也有一同出外玩的時間，比方說：九四年尾的生活營，雖然是兩日一夜，但大家仍玩得頗愉快。

你可能仍然未曾成為基督徒——我們的一分子，我們仍然沒有忽略你！我們仍願意跟你

分享信仰所給予的喜悅。例如在學期初的「傻瓜蟻仔」（話劇詩歌分享）以及於五月中的「情歸何處」（話劇佈道會），可能你不幸錯過了那些精采的演出，那麼，下次便要把握時機認識我們的上帝。

最後，感謝上帝祝福醫學院團契過去一年的運作，感恩的祂令到更多人認識祂。
願神的平安予各同學

98' Ada

港大事件簿之新校長遴選

93年12月

- 王校長突然宣佈退休
- 校務委員商討成立新校長遴選委員會（以下簡稱遴委會）事宜。約四十多名同學在會場外靜坐要求學生代表成為遴委會正式成員，但此要求遭校務委員拒絕。

94年2月

- 校務委員會通過教務委員的建議，容許兩名學生以參與者身份加入遴委會，但不能參與涉及候選人的「保留事項」。
- 學生評議會成立新校長遴選事宜跟進委員會（以下簡稱跟進委員會）

54

94年4月

- 跟進委員會向同學發出問卷，結果大部分同學認為學生會應派代表參與遴選過程。



94年5月

- 第一次遴委會會議——委託獵頭公司協助遴選。

94年7-10月

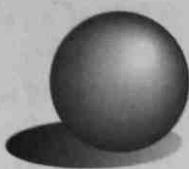
- 獵頭公司收取院長，系主任，其他行政部門主管、學生等對大學問題、發展及新校長的看法。
- 獵頭公司向遴委會提交一份建議書。
- 登出招聘廣告。

94年12月

- 遴委會開始揀選候選人，學生代表被拒於門外，但遴會主席楊鐵樑答應與學生開會討論學生在此階段之參與模式。

95年1月

- 楊鐵樑單方面取消協議，跟進委員會發出公開信表示不滿。
- 楊鐵樑主動約見學生，透露當時的遴選只是初步階段。
- 去屆會長鄧敬來收到校方來信，提及有三位人士被考慮為最後階段候選人，校方容許六名學生代表分別有一小時會見其中兩位將到訪的候選人及一位本科生與一位研究生參與遴選委員會與兩位人士之正式會面，但同學不能公開候選人資料。



95年2月

• 學生會評議會通過跟進委員會向學生會評議會提出之建議：

- (一) 決定會晤候選人
- (二) 要求增加學生會見候選人
- (三) 要求增加一席位供鄧敬來參予與兩位人士之正式會面（當時莫佩嫻已當選為學生會會長）
- (四) 維持保密，尊重候選人意願，但跟進委員會認為在最後階段候選人應會見同學。
- 邀委會同意增加會見的學生數目，卻否決了在會面中加入鄧敬來的席位
- 莫佩嫻與另一位研究生代表，學生代表分別與候選人見面
- 五十位同學於公開形式之緊急評議會聯署要求學生會召開全民大會
- 校方邀選秘書致電莫同學廿二日將舉行緊急會議，商討從兩位候選人中擇其一，或研究候選人名單，繼續物色候選人。
- 跟委會決定要求邀委會繼續物色人選；並決定在召開全民大會前，不會評論任何候選人。
- 邀委會突然堅持要即時選出一位候選人，兩

名學生代表堅決反對並離場抗議。

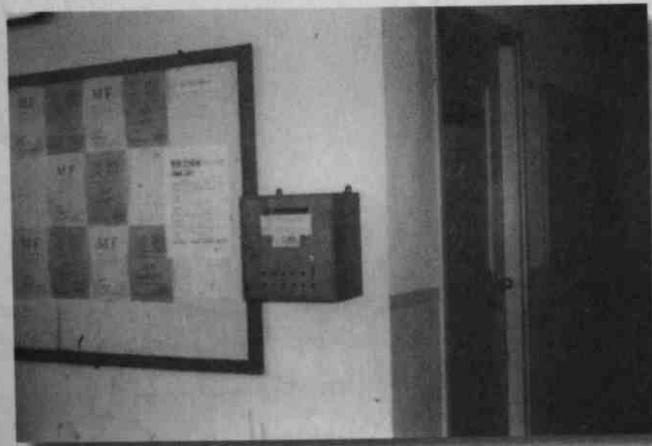
• 廿一日，召開記者會，譴責校方欺騙同學，拒絕同學參與，提出以下要求：

- (一) 學生會不會承認邀委會之人選建議
- (二) 校方即時凍結邀選工作
- (三) 校方不應於現階段公開或証實任何有關候選人的報導。
- 楊爵士向校務委員及新聞界發出聲明懷疑學生代表違反了保密協議。跟委會發表聲明譴責楊爵士的武斷推測並作澄清。
- 廿三日，超過五十名同學場外聲援下，莫同學於校務委員會提交檢討報告，加入議程討論及檢討邀委會的工作，但遭校方拒絕。
- 廿四日，學生會去信楊爵士要求召開緊急會議討論學生提交的檢討報告。

55

九五年六月初

- 校方邀委會特在兩週內另推薦現任城大校長鄭耀宗為最後候選人。期間並無諮詢學生意見和通知學生代表有關事宜。
- 學生代表和鄭耀宗校長磋商，鄭氏表示願意在七月尾會見港大所有學生及教職員。
- 校方正式宣佈委任鄭耀宗教授為港大新任校長，鄭氏於七月中還未正式答覆。
- 學生行動平息，鄭耀宗成為新任港大校長。



枝

康

九五班

班代黃兆邦

時光飛逝，我們在不知不覺間便踏入第五年了。其實第四和第五年的分界並不明顯，因為由九四年一月至十二月都是我們的專科巡迴(speciality rotation)時間，我們會分別在內科、外科、兒科、婦產科、精神和骨科的領域內學習。在這段期間，我們都留下不可磨滅的腳印（有不少當然是教授們留在我們身上的鞋印）。

相信大家都不能忘記第一次用雙手在母腹中抱出第一個新生兒的情景、在內科做AI時參與搓的第一個「死人」、在外科時每早要七時上到病房做活動佈景板（跟大醫生巡房），在兒科時合三人之力將受害者（通常是二、三歲的兒童）按在床上抽血，還有在精神科病房內和「總理」（自認總理的精神病人）九唔搭八地溝通……種種扣人心弦的情景或許仍在大家的心頭上震顫著。不過，無論你的經歷是怎樣，總有一個最後的挑戰在等候你我——Final MB！

考試前我們都有兩個月時間讓我們選擇留在香港抑或到外地的醫學院學習有興趣的專科，我班也有十來個同學遠走他鄉，這其實也是一個難得的機會，有不少同學都學到很多特別的知識，又可結識「異鄉情」。不過大家一回到香港就很惶恐了，當你知道身邊的同學已



讀了內科2次，外科2次及兒科婦產科1次時（通常你在外地只讀了內科半次），你也不免嚇到四肢無力，頭腦昏漲！

隨著考試日子迫近，在醫科生宿舍、圖書館也有不少熊貓出現，也見在陰暗的角落有不少人聚集，討論其獨家「貼士」，一層一層無形的張力也緊緊將我們綑著，一些平時很好的朋友也可能原型畢露，為了保存一份無敵筆記，一條很有機會考的題目……。另一方面，情況也不是全是這麼差的，一班好朋友也可以坐在一起，一起過習，彼此扶持，共渡難關，也有不少真友情是在這段時間建立的。

「好！我唔駛Poor Viva呀！」

「死梗啦！我冇得Poor Viva，唉——」

相信大家對以上反應也不陌生的，在Final MB也有不少「直打」，實在令人難以預測的，通常「直打」那一批也不是全班最差或最懶的人，今次的結果也不例外，大家實在要隨機應變，由其是在臨床考試中，否則便後果堪矣。

醫學生涯實在是多姿多采，但讀完五年並不是一個結果，而是一個更辛苦的開始，但願大家都好好珍惜仍是醫學生的日子。



我的心，懷著希望，誰會將心中意分享。
在這地方，結伴同行，讓那新的旅程
更燃亮。

熱情熱愛生命是頑強，盡力在這秋風秋雨的香港，無限愛心共力量，理想當我路向，伴我一生摯誠，美好光輝歲月，同開創。

求讓我關心作句子，填入冷冰生命這首詩，讓熱望漆黑中告知，幾多難辛可在意，留下你我一個動人故事。

九六班

對於九六班而言，九四年最重要的大事莫過於要考M. B了，當中包括Path, Microbiology, Pharm，當時最多人「肥佬」的就是Pharm（但比起九七班，原來已經少很多了）。還記得出result的那刻，那一種心情，實非筆墨所能形容。有人當場灑淚，有人處之泰然，有人歡喜若狂，總之每人都有不同的反應，那一刻的情景，直至現在仍歷歷在目。畢竟，每一個M. B. exam都好難「過」，除卻本身努力外，臨場表現也非常重要，盡了自己最大努力後，成績如何也對自己有所交代了。

上ward的日子和往事差不多，一切都習慣了，只不過到了senior clerk，要求會比較嚴格，當然被Doctor責罵的機會又多了，奈何！

另外，值得一提的，就是九四年年尾的special clerk分組大行動，全班自由分為五組，當中涉及的人事問題，令你發夢也估不到，平時不甚被人留意的「是非」，會一下子傾巢而出，之後會發現原來班中突然多了很多不甚受歡迎的同學，多了很多謠言，多了很多不必要的爭拗……希望下一班分組時不會有這些情況就好了。

在運動方面，哈哈，我也不大記得，不過好像成績不俗，Interyear取了第二名，Best male player是Benny，Best female player當然是Benny的「好朋友」Libby啦！

96' 李漢明



九七班

年代記

入醫學院三年，感覺就好像從窄巷衝上碧空，天空海闊任意飛翔。環繞身邊各式各樣的人物，琅琊滿目的體藝活動，校園內各種各樣自成一派的意識形態，就像藏寶一樣吸引新人去發掘。但身為醫學生，對知識的追求無疑是應放在第一位。

就在這急著去接收急著去探求又急著狠狽「衝書」應付考試的同時，歲月悄悄而過。轉眼間，我們已進入臨床期了。面對醫院裡真實的人生喜怒哀樂，注視著長者醫生們的仁心仁術，開始感覺到將成為醫生的那一份肩上重擔。現在我們，正在另一片天空下飛翔。就在這追逐尋覓的過程中，讓我們無負青春吧。

97'林娟

60



九八班

踏入第二年後，才開始感覺到醫學院生活的緊迫。

Head and Neck, Neuro, Endocrine, Patho, Microbio接踵而來，還有最後的難關——First M.B.。當我看著檯面數十疊未讀的筆記，而距離明天的考試還有數小時的時候，不禁會問：究竟我為什麼要選醫科？究竟做醫生有什麼意義？究竟怎樣才能Pass？究竟要到何時才能睡覺？

就在這緊迫的生活裡，無數的火花燃燒起來。有開心的紅色，亦有哀愁的藍色，有MB勁過的歡愉，也有Supple的擔憂，有Lib記鋤書的枯燥，也有食tea吹水的情趣，有拍拖的溫馨，有朋友離去的哀痛……這些火花匯聚起來，表達了九八班同學的各種生活和感情。

有時我會這樣想：能夠和百多人一起經歷同樣的生活，是十分難得的，希望大家都能欣賞這些火花，並期望在將來更壓迫的生活裡，九八班的火花會變得更燦爛。

98' 吳敬暉



無論天陰雨後黃昏
共你天天相見共親
懷著這熱情和希冀
譜出心裡夢想

沒有碧海不可以「反」
沒有青山不可攀
願意傾出這份誠意
MB稱霸亦可以

Anat, can make us cry
Psy-si-o is a pain
human behaviour is a bore
But we won't mind at all

We are dedicated
Strong and sympathetic
We will never fail because
We are Meds of 98

在這沙宣竭力求真
為救蒼生不怕犧牲
願見世上人人可以
身心康泰樂寫意！

九九班

九九班

*願九九班結伴去 同尋樂每個莊裡
無窮活力未怕誰 We are ninety-nine*

願九九班結伴去 同流浪每處醫院裡
明瞭活著為救人 We are mighty Guys

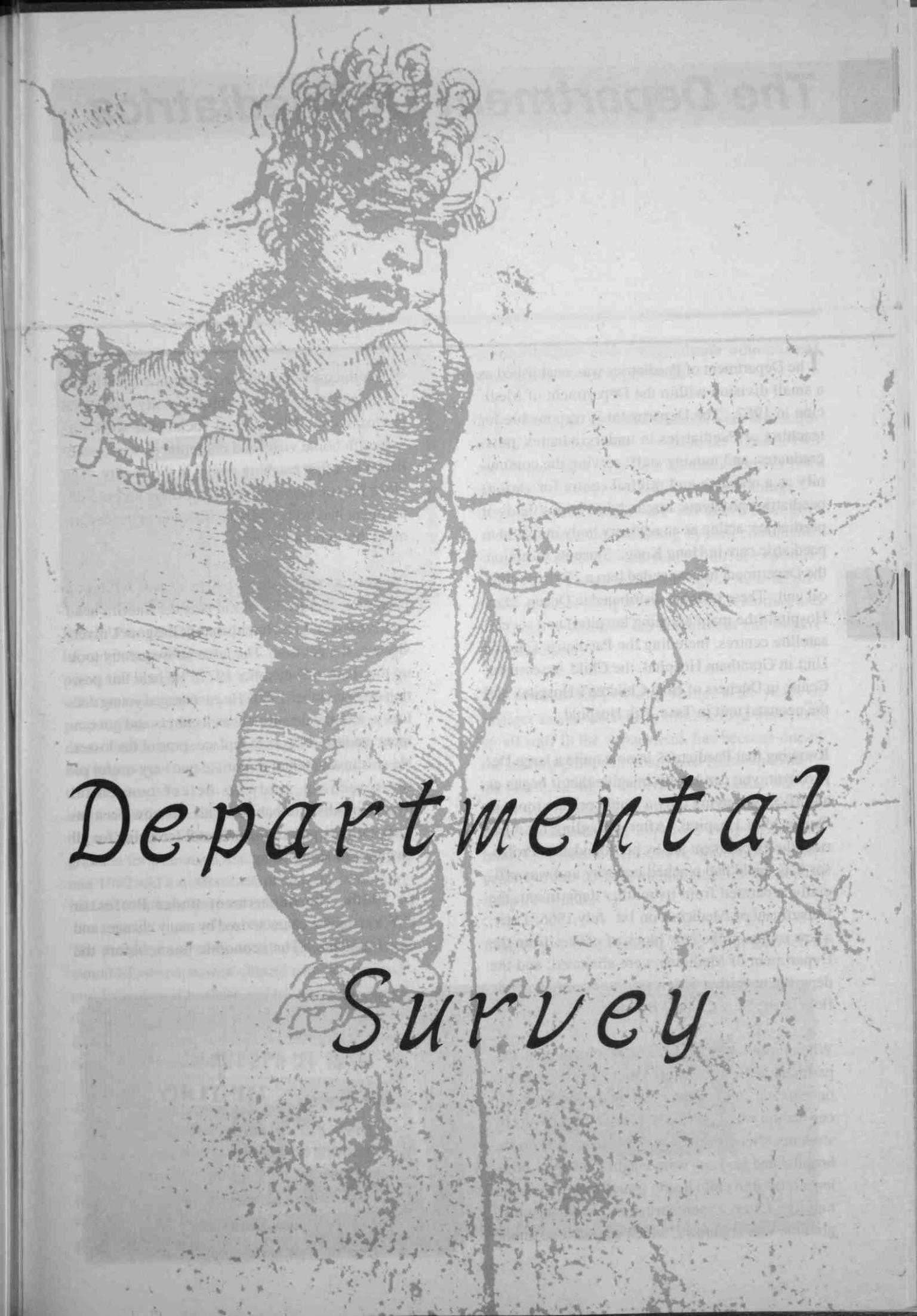
願九九班永勁過 同邁向每一天
我地永遠也不變 We are nifty nine

九，
九九
九九九
九九九九
我們就是九九班
你為什麼不走過來？

九九班Medic生題鬥志 個個盡力齊心做事
獻上每份熱情 潛能盡發揮
有愛心 好比那艷陽 要以愛 將生命延長
從來無懼怕 要以這一首歌傳揚 (*repeat)

62





Departmental Survey

The Department Of Paediatrics

64

The Department of Paediatrics was established as a small division within the Department of Medicine in 1962. The Department is responsible for teaching of Paediatrics to undergraduates, post-graduates, and nursing staff; serving the community as a resource and referral centre for various paediatrics problems; research in various fields of paediatrics; acting as an advisory body in regard to paediatric care in Hong Kong. Since its inception, the Department has expanded into a 250 beds clinical unit. These beds are distributed in Queen Mary Hospital (the main teaching hospital) and several satellite centres, including the Paediatric Cardiac Unit in Grantham Hospital, the Child Assessment Centre in Duchess of Kent Children's Hospital, and the neonatal unit in Tsan Yuk Hospital.

Knowing that Paediatrics is now quite a large Department, you can hardly imagine that it began as an office occupying only a single private room in Queen Mart Hospital. After struggling for a period, the Department led by her foundation Professor C.E. Field had reached maturity and was officially separated from its mother department, the Department of Medicine, on 1st July, 1966. Later, a few rooms in the new block of offices from the Department of Medicine were allocated; and the department further progressed to occupy a whole floor in the New Clinical Building.

When professor G.M. Kneebone inherited the Department in 1971, he started to put some emphasis on teaching child health problems. The Paediatric curriculum was extended to include home visits by students after the child was discharged from the hospital and students were taught to identify problems related to child health issues within the community. Later, a more structured paediatric programme was organized, which emphasized on the

basic principles of child life, development and health in the perspectives of a child's family and social environment. The medical-social case work format with home visits and conferences were established as a first teaching model in the faculty. The close liaison between social workers and the department had been a notable tradition of the department throughout the years.

For several years, the department was without a professor, and Dr. W.Y. Lui was the interim head and Professor J.H. Hutchison of Glasgow University was the advisor. The latter subsequently took up the chair in September 1977. He held this position till September 1980. He encouraged young doctors to join the department as lecturers and government medical officers to replace some of the losses. He was instrumental to initiate one very useful pilot screening study to detect congenital hypothyroidism in babies. This has now been incorporated as part of the neonatal screening for all hospitals in Hong Kong.

In 1980s, the department under Professor C.Y. Yeung was characterized by many changes and developments. The economic boom before the





British Prime Minister's visit to China in 1982 had brought about a tremendous public outcry to improve the various health care facilities. This resulted in more ready acceptance of the department's proposals to improve health care facilities for children. The department was able to implement four building projects, including a new child health centre at Queen Mary Hospital (completed by 1989), a new Child Assessment Centre with a new building at Duchess of Kent Hospital in 1987, a new programme for a neonatal unit at Tsan Yuk Hospital in late 1982 and a modernized paediatric cardiology unit at Grantham Hospital in 1982.

The development of these subunits of Paediatrics would allow specialized clinical care, the opportunity for enriched teaching and research and evaluation of certain major child health problems in Hong Kong. These have always been the primary objectives of the department.

To date, the sub-specialties represented in the department, besides general paediatrics, include cardiology, developmental paediatrics and neurology, endocrinology, immunology, nephrology, respirology, haematology/oncology, intensive care, neonatal medicine and infectious diseases. These programmes are also fully integrated into both the

undergraduate and postgraduate educational programmes of the department.

A few additions and modifications were also introduced to the education programme. One or two students are attached to each paediatric team as 'residents' for two weeks period to obtain training. Small groups of students are sent to two other government hospitals for teaching by their consultants. It helps to enrich the students' clinical exposure. Also, the department started regular visiting professorships, inviting distinguished scientists and clinicians to teach in the department and to give public lectures.

The paediatrics in Hong Kong, after years of changes and advancement, with the hard work done by all staff in the department, has become one of the leading groups in South East Asia. In 1988, the new building at Queen Mary Hospital was finished which include the intensive care and the neonatal wards and other improved hospital and ambulatory facilities. This move symbolically represents another developmental stage in the department's evolution.

Significant achievements have been attained in



these newly developed subspecialties. The department head, Professor Yeung, felt very proud of citing only a few examples as follows. "The survival rate of the 'very low birth weight' (<1500 gm) infants after the implementation of neonatal intensive care programme is a shining example." Improvement in the 6 post-ICU years (81-86) compares even more favourably than a highly reputable North American centre. The cardiology division does not only provide service for most of the difficult cases in the territory, it is also the first to introduce doppler ECHO studies and interventional cardiac catheterizations in Hong Kong.

The department was the first in Hong Kong to introduce renal replacement therapies, including Chronic Ambulatory Peritoneal Dialysis (CAPD) and renal transplant in 1982. The department is also the first to treat children suffering from certain immune deficiencies and thalassaemia major successfully with bone marrow transplantation. The



most recent successful 'cord blood stem cell' transplant that is only the third such cases in the world has also opened a totally brand new approach to the management of haematologic or other genetic disorders in children.

A combined paediatric and neonatal intensive care programme was uniquely designed in 1982, by the department to suit the local needs and to be cost-effective. This programme has won the praises of many Overseas Visitors and has been singled out and adopted as an option to develop in UK paediatric centres in their recent recommendations.

In the UPGC's 'Research Assessment Exercise' for 1991-94, the department had reported 160 international publications, 26 local publications and 60 presentations, mostly invited presentations. The research activities which gave attracted the most international and regional attention have included neonatal studies especially bilirubin metabolism, growth and growth hormone studies, immune deficiencies, clinical cardiology and developmental/neurologic disorders. Senior clinical teachers of the department have been receiving many invitations to lecture in regional and international meetings and medical schools.

Besides undergraduate teaching, the department had been much involved in post-graduate education also. It initiated the 'Post-graduate Training Course' for government hospital paediatric trainees over 15 years ago, it has continued to contribute a major role in recent years after the Academy College has taken over. The department has also been the initiating force to propose a training programme for local paediatricians. The support and contributions of all other 'heads of paediatric units' had been rallied in 1986 and a joint publication on 'the educational objectives' for HK paediatrics was completed. This document has outlined a more

structured training schedule for the discipline. It has now formed the basis of training objectives not only for the recently formed HK College but has recently also been adopted as a model by the British Paediatric Association which is in the process of transforming into a College.

The department has also provided training for paediatricians from other local paediatrics units and neighbouring countries. In previous years, overseas doctors supported by the 'China Medical Board', despite the discontinuation of CMB funds, clinical attachment/training for overseas paediatricians has continued. In the past two years, for example, there have been paediatricians from Manila, Cruzon, Quang Zhou, Shanghai, Beijing, Chong Qing, Shen Yang, Chang Sha, Singapore and Macau, in addition to elective trainees from local hospitals. In the recent 12 months there have been four clinical trainees in neonatology/intensive care, two in cardiology, one in endocrinology and one in developmental paediatrics. There are also 4M.Phils. and 1Ph.D. research students, two are medical graduates from China, currently working under the supervision of senior staff of the department. In addition, one Chinese professor has been working on a fetal growth rat research model of the department for 6 months.

Since 1985, the department has been co-ordinating and hosting the MRCP(UK) part II (which is a recognized higher qualification in paediatrics) examinations annually. Starting from 1994, the HK Academic College of Paediatricians in which Professor Yeung has served as its President since its inception, has assumed the co-ordinating role of this examination.

The department emphasizes a lot on the welfare of

the children and their parents. She was the first clinical department which opened up to more liberal visitations for patients in Hong Kong in 1981 among strong objections, even from some of her own staff. She was also the first to implement a 'block booking system' for out-patient attendance to avoid long queuing time in 1989. She has also initiated the formation of patients/parents self help groups for the chronically or critically ill, such as those with thalassaemia, asthma, diabetes and extreme prematurity. Among these, the 'Cooley's Anaemia Association' established since 1982, is the most successful and outstanding example.

Although there has been substantive increase in the number of staff, both university teachers and government doctors, working in the department, the demand for services especially the subspecialties is so great that research can usually be performed in off-hours after the need for teaching is fulfilled. Distinct from non-patient-care-related teaching, the department believes in its teachers not only to teach by lecturing, tutoring and demonstration but more importantly to be role-models for their students. 'Clinical teachers should be respected not only for their research and teaching activities but also in their professionalism in paediatric practice,' as Professor Yeung has repeated emphasized.

Professor C.Y. Yeung

**Head of Department of
Paediatrics, HKU**

**Professor: M.B.B.S. HK; DCH Lond;
DipAmBoard Hon CRCP(C)
FRCP(C); FRCP London,
Edin, Glas, and Ire; FRACP**

After graduated M.B.B.S. in the University of Hong Kong, Prof. Yeung joined the Department of Paediatrics in 1963 as a trainee medical officer and became the Department head in 1980. He received post-graduate paediatric training in U.K. from 1966-68. In 1970, he was appointed Government specialist (Consultant) to head a new paediatric unit in Queen Elizabeth Hospital; he was one of the youngest appointed to such a rank at that time. He subsequently went to McMaster University of Canada in 1972 and became the Associate Director of the Neonatal Services of that University in 1974. He was a paediatrics consultant in a Toronto Hospital before he returned to Hong Kong in September 1980.

When asked why he took up Paediatrics, Prof. Yeung said that he was originally interested in Surgery. However, due to some personal reasons, he did not become a Surgeon. Quite by accident, He had a chance to join the Paediatric unit in Queen Mary Hospital. Although he had no knowledge of what was entailed in this speciality at that time, he had confidence that he would also perform well in

this field. 'I am a versatile person,' he said, 'I know that I can develop interest in Paediatrics, and I subsequently did cultivate strong interest in the subject.'

Prof. Yeung is married and has two daughters. Under his influence, his elder daughter is also a Paediatrician in Toronto. As Prof. Yeung told us, being an academic specialist, he needs to spend most of his time in hospital and he also travels abroad to lectures and to attend conferences. He did not have much time with his family. 'Under this situation, it is important to have an understanding spouse in order to be successful in the career,' he told us, 'I am lucky that I have a considerate wife.'

Prof. Yeung told us that Paediatrics is a subject that not only concerns the treating of diseases. Doctors should meet patients as a person, but not a case; he should help them physically and emotionally. Doctors must try to find out the environmental influences that may affect patients. 'Our department is now practising a home visit programme.



Students will visit patients' home in order to get a better understanding of the relationship between themselves and patients,' he said.

Prof. Yeung has done many researches concerning local newborns. His most memorable research is the study of Jaundice in Hong Kong infants. At the time he first joined the Department of Paediatrics, Jaundice was a common disease found in local newborns. Quite a number of survivors of severe Jaundice would have brain damage, which eventually led to cerebral palsies. During that time, a special school (the John F. Kennedy Centre) for them was set up and he was one of the doctors who screened these children for school entrance. Since then Prof. Yeung decided to do some researches about Jaundice in Hong Kong newborns. After years of studies, the understanding of neonatal Jaundice in Hong Kong was greatly enhanced. Besides the studies in Jaundice, Prof. Yeung also done researches about Herbs, Acupuncture and other topics.

To comment about the medical students nowadays, he said that their awareness of civil issues is much lower. Moreover, they should pay more attention to courtesy and the cultivation of their good characters.. ' In order to be a good doctor, he should be a good person first,' said Prof. Yeung.

As 1997 approaches, Prof. Yeung told us that doctors should put more efforts in researches concerning Chinese. It is ridiculous to wait for foreigners to do researches on our problems. He thinks that medical studies about the Chinese should be one of the prime goals of the Department of Paediatrics.

During recent fifteen years, Paediatrics in Hong Kong has become one of the leading parties in the South East Asia. 'A large number of babies born each day, and the number of babies born in China each year is greater than the total number of the population of Canada,' Prof. Yeung said, ' it is our responsibility to train more Paediatricians to meet the need in Hong Kong and China in the near future. Besides, I hope that more doctors would choose Paediatrics as their future career. This is a field of medicine that deals specially with children, who are our most valuable assets of the future.'



Dr. M. P. Leung

Reader: M.B.B.S., MD HK; FRCP

Professor M.B.B.S., MD HK; FRCP
Edin.

Professor M.B.B.S., MD HK; FRCP
Diplomate Board Royal College of
FRCP(Ed); FRCP(Lond);
Edin, Glas, and Edin, FRACR

A former student of St. Joseph College, Dr. Leung had joined the Department of Paediatrics for over one and a half decades. Dr. Leung had particular interest in Paediatrics because he had obtained distinction in this subject.

Dr. Leung look after children heart problems. His workload is very heavy as most major cardiac surgery on children are carried out at the Grantham Hospital where Dr. Leung is stationed. This leaves little time for his research. Recent advanced in technology has facilitated the understanding of cardiac diseases and more time is required to put into designing good research projects which would ultimately benefit patients. Although clinical work is demanding, Dr. Leung finds it more rewarding and enjoyable than the memorizing work we all have to go through as a medical student.

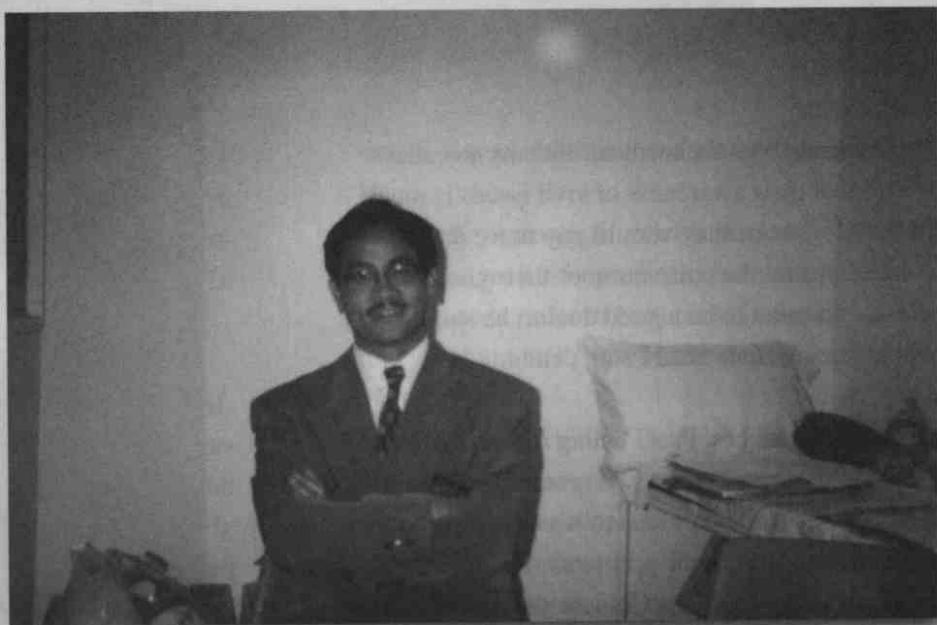
Comparing the present and past medical curriculum, Dr. Leung feels that students are facing with more and more newly accumulated information. He also observed that the standard of oral English for students are declining. He strongly felt that students should strike a balance between academic work and extra-

curricular activities.

During his career of treating sick babies, Dr. Leung has faced many unhappy and unforgettable events. The few happy moments of curing a sick child has kept him going on all these years.

Dr. Leung believes that the present medical system under the Hospital Authority has improved considerably and there should be no drastic changes to the provision of medical care after 1997.

With regard to his family, Dr. Leung is married and has a boy and a girl. He enjoys playing tennis, golf as well as swimming.



Dr. L. C. K. Low

**Reader: BSc., MBChB Glas; FRCP
(Edin and Glas), FHKAM
(Paediatrics)**

Dr. Low, the Reader of the Department of Paediatrics, was born in 1948. After completing his secondary education in Wah Yan College (H.K.), he further studied in Scotland, and graduated from the University of Glasgow. He started working in the department since 1982.

Why did he opt for medicine as his life career? "it was purely a matter of interest," he said, "and not involving any pressure from my family, nor that I had been ill in childhood!" Dr. Low then gave us his reassuring and unforgettable laugh. He likes children very much and hence he picked a career in Paediatrics.

When asked to comment the present medical students, Dr. Low pointed out that their basic clinical skills were not as good as graduates of the eighties. "Those being taught in subspecialty clerkships are assumed to have acquired all general medical and surgical principles and skills. We should not need to teach basic clinical skills any more." Dr. Low went on to say that medical students should polish up their basic clinical skills first.

Dr. Low commented that getting involved in activities in, say, Medical Society was good. As most students only had little experience of organizing skills, they should be prepared to seek help from staff of the medical faculty. The Dean and staff of the Faculty are all happy to help."

"I find myself most interested in clinical medicine. Actually, I spend a lot of my time seeing patients, but still have to find time in doing research and teaching," Dr. Low continued, "The success in research can give you great contentment, but being able to help patients and seeing them recover is just as gratifying."

Being subspecialized in endocrinology, Dr. Low told us that his patients (children of course), are usually managed on outpatient basis with the exception of diabetic ketoacidosis and adrenal insufficiency, paediatric endocrine emergencies were rare.

What remarks did Dr. Low had about the Hospital Authority? "The intention to improve the quality of services in hospitals and making the health-care system more cost-effective is good, but some of the approaches used may not be ideal." Dr. Low told us.

After Queen Mary Hospital was taken by the Hospital authority, most senior clinicians had to do a lot of administrative work, without any increase in secretarial or administrative help. "People should do what they are trained in. Doctors shouldn't spend too much of their time on administrative work. They should be helped by administrators." Dr. Low went on to say that in the past, the civil service backed the whole system in a hospital. "It

is a matter of opinion, whether administrative work is more important than the medical care of patients."

Dr. Low suggested that the Hospital Authority should give special consideration to Queen Mary Hospital when it comes to budget allocation. A lot of patients referred to Queen Mary hospital suffered from multiple medical problems. Caring for a large number of patients with haematological, oncological or endocrine problems as well as those requiring organ, tissue or marrow transplantation would undoubtedly require additional resources.

"We are being squeezed and ultimately it is the patients who suffer."

Before the end of the interview, we asked Dr. Low his view on 1997, "One should notice that many doctors had emigrated or are ready to do so." Dr. Low said that it was natural and expected to have staff turn over round 1997, which was inevitable. "I hope that the registration of medical practitioners and specialists should remain unchanged after 1997." Dr. Low added.



Dr. Johan Karlberg

Senior Lecturer: BSc., PhD., MD.

Dr. Karlberg's grandfather was a general practitioner, and his father was a professor in Paediatrics. With such a family background, it is not hard to imagine why Dr. Karlberg chose to become a medical person. When asked why he particularly went into the field of Paediatrics, Dr. Karlberg said he had had experience in dealing with work related to child growth. "It is sometimes by chance or by accident one becomes interested in something." He added.

Having been worked in various countries like English, the United States and Pakistan, Dr. Karlberg is now a Senior Lecturer in the Department of Paediatrics. Most of his works concern postgraduate training and research. Half of the postgraduate students are from local and half are from outside. Dr. Karlberg has noted that medical persons in Hong Kong, in general, don't want to do research work. "That's very sad. In my country, Sweden, in order to stay in the university, one have to mark a PhD." But he applauded the research work here as one of the highest standard. "But there are differences here and other places. The life style and insight are different. You can really mark money in Hong Kong as a doctor but not in many other places, so, why doing research?"

Talking about the old school days, Dr. Karlberg said there were memorable things. "When I

finished the undergraduate study in medicine, I thought it was a relief, ha ha ha!.but then the tuff life started afterwards." So is it too much pressure? " Medicine is tuff, probably the tuffest subject," he admitted. "However, if you've prepared for something, you can take much more, can't you?" Besides studying, Dr. Karlberg suggested us to mark the best use of the extraordinary sports facilities of HKU.

Dr. Karlberg last advice to medical students, "Medicine offers so many different ways later on in lives." The increasingly important field is the Pharmaceutical Industry. "It is developing in Asia and during the coming decades I expect 10% of more of the medical field will help in the development." He emphasized the need of a research background. "If anyone wants to go into that direction, one must have a PhD." Dear fellow students, do remember these words!



Dr. Y. L. Lau

Senior Lecturer: MBChB, MD Glas;

DCH Lond; FRCP Edin

Dr. Lau joined the University of Hong Kong in 1988. He studied in St. Margaret's College until the age of sixteen, and continued his secondary education in the Repton School, Derbyshire, UK. He then entered the University of Glasgow and obtained M.B., Ch.B. In 1980. In 1983, Dr. Lau received his M.R.C.P. and D.H.C. (Diploma of Child Health). After three years' research in immunology, infectious disease and blood disease in the Hospital for Sick Children, London, he was awarded M.D. with honours in 1989.

74

Dr. Lau chose medicine as his career because studying medicine was very challenging. He also mentioned two persons that had influenced his decision. The first one is Dr. P. C. Leung, who is currently the Professor of Orthopedics at the Chinese University of Hong Kong. The second one is Dr. Norman Bethune, a Canadian surgeon, who has gone to China during the Second World War and Civil War.

Dr. Lau worked in Paediatrics ever since his graduation, except six months' internship periods that he served in medicine.

Dr. Lau's work mainly comprises of four major parts, including patients' care, research, teaching and administration. His method of teaching is to help students to explore the way of seeking knowledge. He thinks that it is not the first priority for us to obtain solely the factual knowledge. What is important is the process of learning and the mechanism of mastering this process. By his experience, the whole process can be achieved in three steps. First, we should learn to define the problem. Then, we should formulate the questions that can resolve the problem step by step. The final stage is to raise the question and find the answer through various means.

By taking care of the children and dealing with their health on a daily basis, he shows his enthusiasm towards his work. Cancer and tumors are not uncommon among his patients. He gains his satisfaction by reducing the psychological and men-

tal stress induced on the patient and his family. Dr. Lau cannot recall any clinical case that is memorable to him. In fact, every patient is important to him and he still can remember the names of most of his patients who have taught him so much about Paediatrics and Life in general. His optimistic attitude has helped him to tackle a lot of difficult clinical problems, which is essential to keep the morale and spirit of the team.

What about doctors' qualification after 1997? Dr. Lau suggests both doctors and students should have a positive attitude towards China. Misunderstanding and uncertainties will be eliminated through communication with the medical colleagues in China. Dr. Lau even encourages medical students to spend their elective period in the M.B.B.S. course at the hospitals in China and he is exploring more opportunities in his capacity as the Associate Dean and Chairman of Electives Committee.

Dr. Lau emphasizes that we are not only a medical student but also a university student. We should have a higher level of awareness of what is going on in the society. No matter where we are, remind yourself: "We will make something different in this society if we try very hard to do it and we should. We owe it to our children." Said Dr. Lau.



Dr. V. Wong

**Senior Lecturer: MBBS HK; DCH
London and Glas;
FRCP Edin**

Dr. V. Wong obtained the M.B.,B.S. degree in the University of Hong Kong with Distinction in Paediatrics in 1979. She joined the Department of Paediatrics as Lecturer in September 1980. She also furthered her studies in the U.K. in 1984-1985 and obtained MRCP in Glasgow (1984). In April 1991, she was appointed as the Senior Lecturer of the Department of Paediatrics.

Besides being a lecturer and a doctor, Dr. Wong is involved in administrative and research work. She specializes in Child Neurology and Developmental Paediatrics. In addition, Dr. Wong participates actively in community services. She is elected the Vice-President of Hong Kong Neurological Society in 1994 and the Treasurer of The Hong Kong Society of Child Neurology and Developmental Paediatrics in 1994. She is also the Honorary Consultant of some special schools for the handicapped and The Epilepsy Parent Group. In the international scene, she is the Council Member of Asian Oceanian Association of Child Neurology since 1985 and member of the International Child Neurology Association since 1984.

As student, Dr. Wong had an ambition to be a successful doctor. She will be glad if she can help others. She participated in voluntary work in her secondary school days. Hence, despite the heavy workload, she still enjoys her job. For her, the most challenging thing is to solve some rare and difficult cases. On the other hand, Dr. Wong admits feeling exhausted occasionally. But she had found her own way to release pressure ----- keeping pets. She feels relaxed when she plays with her dog, hamsters and guinea pigs. In summer, she likes swimming as well.

With the imminence of 1997, "brain drain" has become a serious problem, there is no exception in the Department of Paediatrics. However, Dr.

Wong decides to stay in Hong Kong because she hopes to contribute to her own society especially in a place as vibrant as Hong Kong, she says "I am born here and I love to stay in my own country!" Also, in her opinion, emigrating to other countries does not guarantee you will have a successful and happy life and career. There are problems everywhere in the world!

Dr. Wong commented that medical students should be more active and take more initiative. They should always keep themselves updated and well-equipped. When you come across a difficult case, just take it as a challenge to train yourself to be more mature and skillful. Moreover, do not let yourself be overshadowed with changes in the political scene. If you are hard-working, you will be competitive and you can create your future. So, "just try your best on your studies now!" she added.

Finally, Dr. Wong said that the social life of a doctor is limited. She finds herself a lucky one because she was married to a medical doctor in Obstetrics & Gynaecology in 1982. After that, she found that she had no time to think about other things except working. Therefore, she advised medic girls to get married as soon as possible after graduation. She thinks that it is good for woman to have a companion eventually.



Dr. S. Y. Chan

**Lecturer: BSc., MPhil HK; PhD
Cantab**

Dr. Chan received her secondary school education in Mungsang College and King's College. She graduated in the University of Hong Kong in 1986 with major in Zoology and minor in Botany. She also got the M.Phil. degree from the University of Hong Kong. She furthered her studies in the University of Cambridge and received her Ph.D. in 1992. She then took up the post as a lecturer in the Department of Paediatrics.

76

Dr. Chan's areas of interests are embryonic development and genetic diseases, mainly hereditary diseases. Having worked in the Department of Paediatrics for two and a half years, Dr. Chan is happy as she can apply what she has learned to her present work. But it also costs her a lot of time and energy. Fortunately, her husband who does re-

search in Chemistry supports and understands her. Moreover, Dr. Chan always spends weekends with her family if possible.

When asked about 1997, Dr. Chan said that it is difficult to predict the future research environment of Hong Kong. "Try to do your best with the resources available.", she said. And if there are enough resources, she will stay in Hong Kong to continue her research work.

In spite of the heavy workload, Dr. Chan is satisfied with her job. If the students are active and give her responses, especially in tutorials, she finds teaching rewarding. Dr. Chan thinks that students should be more self-motivated.



Dr. P. T. Cheung

Lecturer: MBBS HK; MRCP UK

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After leaving H.K. for 6 years, Dr. Cheung rejoined the Faculty of Medicine in August, 1994. Just before that, he had been to Sweden and USA for four years. He is now specialising on Endocrinology and studying the insulin-like growth factor, neurotrophins. Besides that, he also has research on brain injury and regeneration.

Dr. Cheung chooses Paediatrics as his profession because doctors could help the people in need. Moreover, children give people a lively impression, unlike the elderly. Therefore, working in Paediatrics will always give doctors hopes for life. Have affection for children is another reason for him to choose Paediatrics.

During his medical life, Dr. Cheung thinks that the most challenging thing is to face the parents with child who has serious illness and no effective treat-



77

ment can be done on them. Nevertheless, as Dr. Cheung said, these things always happen.

Looking towards the future, Dr. Cheung thinks that the most important thing is to maintain the professional standard. He suggested that through examinations, the whole system will be more structured even after 1997. "There is no reason to divide H.K. graduates from other countries', despite the fact that for some countries this is a kind of self-protection." Said Dr. Cheung.

Dr. Y. F. Cheung

Lecturer: MBBS HK

Technician MBBS HK

Dr. Cheung is born in Hong Kong and received primary through tertiary education locally. He is an old boy of Diocesan Boy's School, the high school where he spent seven years with wonderful and unforgettable experience. He graduated from University of Hong Kong in 1990, when he was conferred the M.B.B.S. Degree. He was awarded distinction in physiology, pharmacology, microbiology and pathology and received the John Anderson Gold Medal.

He joined the University Department of Paediatrics as lecturer immediately after the internship, where he received the basic paediatric training. After the basic training, he is now working in the subspecialty of paediatric cardiology.

Going back to the reason for choosing medicine as a subject to study in the university and being a clinician as a career, perhaps the reasons might be the same as many, including influence by diseased family members and relatives working in this field. After medicine is ever progressing and being a front line doctor, the challenge would be ongoing and interesting as he

pointed out. It is a unique population with unique characteristics, there is a unique ward with a unique atmosphere. From a premie of 600 grams to ready-for-discharge baby of 2500 grams, from a severely cyanotic child to a normal pink-looking kid, it is through these that one experience the satisfaction. With numerous examples illustrated, that is why Dr. Cheung has chosen the specialty of paediatrics.

Concerning the medical students nowadays, there has been a drop in language standard as well as the initiative in self-learning. Nonetheless, he hoped that through the five years of undergraduate training, students may acquaint the basic knowledge and medical ethical standard that makes them a good doctor.



Dr. S. Y. Ha

**Lecturer: MBBS HK; DCH Glas
and Ire; MRCP UK;
MRCPATH**

Dr. Ha is a paediatrician specialised in Haematology and Oncology. He has only joined the department since June, 94. He was trained as a paediatrician. Before joining the department, he worked for four years in the haematology laboratory.

Dr. Ha thought that is a good job to be a physician which also suits his character. "I feel easy and comfortable to be with kids. That is the reason why I would like to do paediatrics." Said the doctor.

As Dr. Ha is specialised in Oncology and Haematology, he will take care of children with terminal illness. Dr. Ha thinks that it is a unique experience each time when working with the patients and the parents.

When asked for his opinion for the present medical students, Dr. Ha said that the students the Medical School recruits nowadays are from different social backgrounds. In the old days, students were more aristocratic. However, as suggested by Dr. Ha, the "determination" of standard of students is in fact just a reflection of the change toward a more mature society. He hoped the students can participate in more extracurricular activities and actually, he was a committee of the Students' Union during his days of being a student.

For 1997, Dr. Ha hoped that we can have real autonomy and need not depend on others. "As H.K.'s medical history is not quite long, we still have to keep in touch with other countries' medical system and of course liaise with the mainland's. Hope the medical system will keep on improving in the future."



Dr. A. W. Y. Yung

Lecturer: M.B.B.S. HK

Lecturer: M.B.B.S. HK; DCH; G.I.S.
and M.R.C.P. UK
M.R.C.R. (U.K.)

After completing her secondary schooling in St. Stephen's Girls School, Dr. Yung went to Britain and studied there for two years. She then came back to Hong Kong and continued her studying as M.B.B.S. in the University of Hong Kong.

She joined the Department of Paediatrics in 1991. When asked why chose to be a paediatrician, she told us that her mother has influenced her a lot. 'My mother is a psychiatrist in paediatrics,' she said, 'When I was only a little child, my mother always took me to her working centre. I was fond of the environment there. Then I had the chance to join the attachment programme as I grow older which really impressed me a lot.' She wanted to be involved in a profession that could help and serve people. Dr. Yung said that she loved children. She likes to deal with them. 'This is one of the most important criteria for being a paediatrician.', she answered.

According to Dr. Yung, the spectrum of Paediatrics is so large that allows doctors to expose to different cases, such as cardiac and chronic problems. Other than professional knowledge, Paediatrics is also a branch of medicine that needs good communications between patients' families and doctors. 'Doctors need to be patient,' said Dr. Yung, 'you have to cope with the children as well as to tackle any frustrations or emotional problems arise from parents. You need to learn to be a good counsellor.'

Dr. Yung told us that, being a doctor, she had observed many different kinds of parental attitudes.

It is necessary for doctors to build up rapport with patients and their families.

Being a member of the neonatal team in the Department of Paediatrics, Dr. Yung is now collecting data for re-

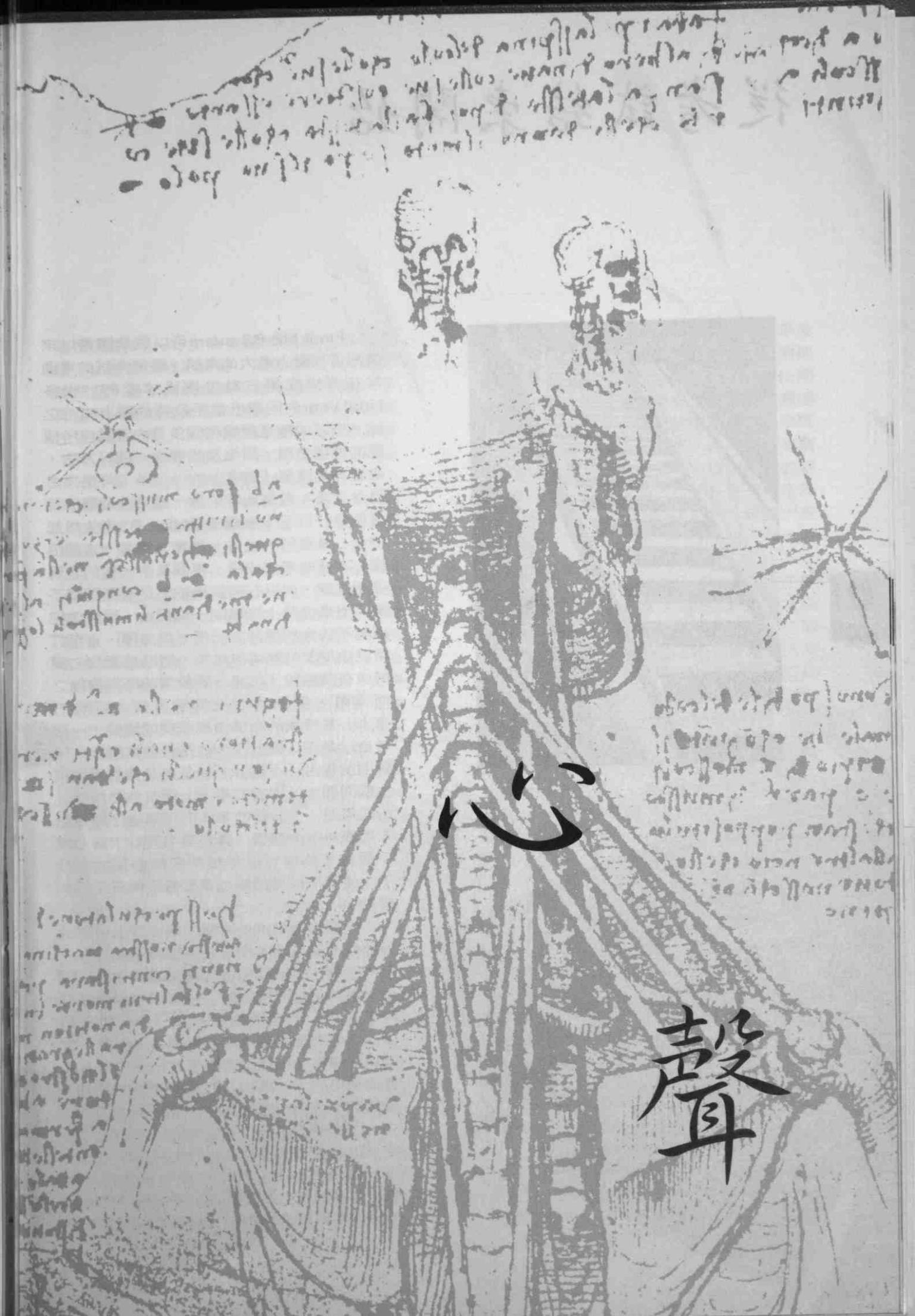
searches in premature babies, which concerning reflux and feeding problems of newborns.

Asking about her opinion towards medical students nowadays, Dr. Yung told us that they are too passive. She advised students that they should balance their studying on both theoretical and clinical sides. 'Both sides should go parallel. You could really learn a lot from patients.' she said.

Dr. Yung admitted that being a female specialist, it is difficult to handle both family and career sides in a harmony way. 'I would put more effort in my career before merged to be a good housewife.' she told us.

Dr. Yung likes swimming, reading and playing tennis. However, the workload of a doctor is so high that she really won't have much time to enjoy them.' Try to divide your time wisely. Plan your work and leisure in a balance way and grasp any chance available to enjoy yourself,' she suggested, 'you can still do a lot of meaningful things other than work.'





從考試結束開始

82



Final MB BS exam可以說是讀書以來最艱苦和壓力最大的考試。雖然考試結果通常在考試完畢三數星期後才公佈，很多Final year的同學已急不及待的踏上旅行之途。旅遊的確是舒緩在個多月的考試裡所積壓的種種忿怒、煩惱及恐懼的一個好方法，筆者亦是這群「遊客」的一分子，可惜只是孤身上路，飛到地球的另一邊來逃避醫學院這個令一百三十幾個應屆MB., BS考生想起都會心驚膽跳的地方。其實，筆者一直都很擔心本身的考試成績，事關其中一科的表現強差人意，所以在考試後依然是有點悶悶不樂，但是從踏上飛機的一刻開始，我好像把這些不快樂和煩惱忘記得一乾二淨，直至打電話給朋友打聽考試結果。當時感覺到心臟好像在胸前跳了出來，更緊張的時刻亦隨之而來臨，朋友用低沈的聲音說：「你有事！」當時我的心情由緊張變成懷疑——懷疑自己是否「過」了，他是否在欺騙我，懷疑朋友是否「不過」。於是鼓起勇氣再問第二個問題：「你有冇事。」朋友依然用低沈的語氣答：「我都冇事！」何解過了還是給人那麼無奈的感覺，真是莫名其妙！當心情平靜後，終於可以把幾年來的心頭大石放下，使我可以更舒暢地享受餘下兩三星期的假期。

經歷過無數次的考試，最令筆者留戀的並非是考試成績，而是在迎接考試結果那一刻的快感。這時候即使你認知表現很差，你依然可以幻想成績很好，或者認為成績最好者，可以幻想成績強差人意，自己製造恐懼，這剎那患得幻失的感覺最令人陶醉，當知道成績後，一切已塵埃落定，「失敗」的要繼續努力，「成功」的是多年努力的成果或得到幸運之神的眷顧，當然值得驕傲。

生命中最後的一個暑假終於過去了，即將來臨的當然是投身見習醫生的工作。第一天到醫院工作，心情當然是十分興奮和緊張，興奮的是因為在過去五年裡艱苦獲得的知識終於可以學以致用，緊張是因為此刻開

始便要對病人的生命直接或間接地負起責任，由於缺乏臨床經驗，恐怕應付不來面對的問題。最初真的有點不知所措的感覺，不知道如何把以往所學的理論和知識運用在活生生的病人身上，更何況每個病人的情況都不同，而即使同一病人，病況亦因時間或治療而改變。在此刻開始我就像迷途的小羊，不知如何是好，唯一可以做的便是請教MO（這當然是冒著被責罵的後果），因此，我好像要把所有東西重新學一次。

正如很多lecturers或醫生對student nurse所說，學護的臨床經驗比見習醫生還要豐富，housemen會做錯或做漏很多醫療程序，但護士卻不可犯這個錯誤。說來也是千真萬確的事實，我們所學的只是很少，根本不能夠應付千變萬化的病人和問題，要解決困難當然要靈活變通，最重要還是聽從護士們的忠告。假如沒有他們的題點，相信我已經被MO們罵到體無完膚，無地自容了。

很多人都以為做housemen很辛苦，其實這很視乎於你所做的專科或醫院，不同的專科和醫院有不同的工作分配，不可一概而論。例如我工作的外科則不算太忙，但亦不是那麼輕鬆，起碼每天都有七小時的睡眠，雖然娛樂的時間很少，但是在骨科工作的同房便要受到每月十九Call的煎熬，而在婦科工作的舊同學則幾乎空閒得每天可以午睡，真是羨煞旁人。當然有得亦有失，空閒未必是好事，因為見習醫生始終是需要磨練的，假若接觸太少病例，學會的自然很少，遇到困難時的應變能力亦較差。

最近傳媒好像特別喜歡探討housemen的生活，筆者就覺得有點無聊，這並不是因為他們沒有訪問本人，而是他們沒有反映所有事實的真相，只是斷章取義，滿足大眾的「八卦」心理而已。譬如他們只會報導一些忙到透不過氣的housemen，為何不報導那些得閒到有時間午睡的housemen。而更諷刺的是傳媒根本不清楚housemen的心態，試問誰有勇氣指出上司或醫院的種種失當或

流弊。作為housemen，大家都希望一年後可以投身理想的專科或部門工作，如果對他作出諸多批評，當你完成見習醫生的任期後，恐怕沒有人願意聘用你，相信這些事連「白痴」也不會做，何況是這群曾在醫學院飽受折磨的見習醫生。最近，傳媒報導某醫學院畢業生的專訪更是無稽，據說他們的對白是有「專人」指導的，說的只是「幕後黑手」想說的話。無論如何，他們起碼讓大家知道housemen的薪水是有血、有汗和有淚的。

在醫院工作除了要應付千奇百怪，千變萬化的病人外，更要應付與你工作上有直接或間接關係的人如上司、護士、亞叔、亞嬸以及病房文員等。以上的人全部都不可以開罪，以往師兄們教我們不要得罪姑娘，否則事無大小她們都會「煩」你，令你永無寧日。這說法當然是有些根據，但筆者卻認為無必要刻意討好他們。其實大家都是為病人而工作，只要大家合作，我相信姑娘亦不會為難housemen的。護士有他們本身的責任和壓力，例如很多姑娘都不希望把工作交給下一更的姑娘，所以她們才催促housemen快做「功課」。而事實上姑娘亦很怕被醫生怪責，所以當他們遇到問題時，當然是找housemen來解決。老實說，有很多護士亦十分體諒housemen的苦況，如當夜的時候，很多護士都願意為housemen做血糖檢查，好讓housemen可以有點時間睡眠。

在短短兩個多月的見習醫生涯中，雖然時常面對通宵工作的折磨及上司的責罵，但是亦有不少令人回味的事情及笑話發生，以下筆者略提一點：護士有一個很大的癖好，就是喜歡tea以及食night food，在我工作的病房的護士非常好，每次的night food都預一份給我。姑娘烹調的食物當然是可口味美，滋補養顏。有一晚姑娘預備了一味椰子煲鷄，甚少機會回家飲湯的我當然不會放過，一連喝了數碗才罷手，結果當然是頻頻去廁所。另一姑娘焗了一碟鷄翼及煮了

一味湯河，雖然不是甚麼補品，但這些食物「賣相」卻很好，加上她的美貌及可愛的笑容，吃起來特別「心涼」。但當與男護士一起當夜的晚上，night food就有很大差別了，他們煮的米粉竟然可以折斷到短於1cm，相信跟粥並無分別。而另位亞Sir更喜歡煲咸旦粥，雖然這些粥都夠「老火」，可惜依然沒有驅走那些過期發臭鹹蛋的味道，大家都裝出一副吃得津津有味的樣子，吃完後才說鹹蛋有些異味，鹹蛋的主人當然是不相信而且否認這個事實，所以他想當眾證明鹹蛋是沒有異味的，他於是在一個足以盛裝全病房病人食用的大煲裡找到了鹹蛋的一部分，然後一口吞下，說：「真是有少許臭味。」我想這不是少許，可能整個病房的病人都嗅到，只不過他們沒有膽量投訴這群醫護人員而已。

有一次與姑娘在tea的時候談及曾在該病房工作的housemen，大家都認同現在很多housemen都不太似醫生，有位姑娘更形容某housemen看起來面黃骨瘦，面上長著一雙比熊貓眼還大的黑眼圈，眼肚幾乎墜到嘴角，當時穿上一條狗肉色的短褲，好比「道友」一樣。不知道筆者在他心目中的印象又如何呢？是不是像最近成為熱門話題的外星人一樣，或者是比「道友」還要「樣衰」的怪物呢？

當見習醫生有時忙得不可開交，甚至連吃飯的時間都沒有，有一次on call吃完早餐後，午餐及晚餐都沒有時間吃，剛剛收完了病人，正打算回宿舍洗臉，姑娘又call說有一個病人「少尿」，當時真是十分憤怒，天啊！我已連續十小時沒有去過廁所，我都十分「少尿」，我又如何解決呢？請你給我少許時間把廢物排泄到體外吧！從此，我亦學會事有緩急先後之分，所以回應姑娘的「急Call」時應查清楚發生甚麼事才決定何時處理。

有位老婆婆已經完成手術數天，醫生正準備送她往九龍醫院休養，醫生說：「亞

婆，送你去九龍醫院休養呀！」亞婆回答說：「什麼？送我去九龍公園休養？」亞婆真是了不起，知道九龍公園不是給病人休養的地方，而是給情侶談情的好去處。

剛剛轉往女病房工作時，遇到一個二十來歲的少女，入院時是因為腹痛，並且在左腹上有一個mass，不知是什麼原因，我竟然order了一個pregnancy test，後來被SMO發現，他們便不停地恥笑：「你認為ectopic pregnancy會上到upper abdomen嗎？」另一個醫生則說：「可能是他以前的陰影所以才做這個test。一時間我無言以對，以後每次巡房時當談及pregnancy test時，他們都以此作為我的笑柄。

雖然我在外科的實習期還有兩三星期才完結，但上司們給了housemen評分，今天下午巡房的時候，SMO告訴了令我難以置信以及令我歡喜若狂的一個消息——他竟然把我在外科實習期的各項表現都給good。一直極度嚴謹及要求甚高，令其他housemen聞風喪膽的三個SMO，給予我這個等級的表現，可說是兩個多月實習期的最大鼓舞。

在這兩個多月的日子裡，最令筆者懷念的是最初在男病房工作的個半日，因為病房的護士們十分友善，大家相處亦十分投契。我亦很快便把他們的名字記在腦海裡，所以我時常都以名字稱呼他們，而不是用亞Sir或姑娘來稱呼。另一原因使我對他們有那麼多「好感」可能是因為他們教會了我很多東西，尤其是最初在醫院工作的時候。除此之外，當我在工作最失意的時候，他們更送上令我無言感激的慰問。雖然這個病房沒有冷氣設備，但當我有空的時候，我總會喜歡到這病房逛一回。無論姑娘或亞Sir都時常取笑我，說是因為我希望接近一位女houseman才回來這病房，其實我是希望接近你們吧了！請以後不要再取笑我。

給醫學生的一封信

學生

各位同學：

三月二日，我剛剛上任醫學院院長的第二天，一位二年級醫學院同學從高樓上投身而下，自殺身亡！

我立即採取了一系列的行動：接觸警方，家人及同班同學，以便了解真相，翻查這位同學的紀錄，找他的老師，聯絡港大學生輔導中心，出通告給二年級的同學等等。由於有傳聞，這次的自殺可能與功課壓力有關，我又接見了醫學院各年級的班代表，要求他們就課程及壓力的問題提出一些書面意見。又打算在短期內，成立一個工作小組，對學生的心理壓力這問題，採取有系統的行動。

其後，由於醫學院的工作極之繁重，自己新上任的緣故，萬事都要重頭了解，往往通宵閱讀文件。上星期，又陪同校長及其他學院的院長往海外去，探訪一些大學，簽訂交流的協議。這幾天，回到香港後，終於可以靜靜地想一想，憶及自己三十年前醫學生時代，同學間亦有人面對同樣的問題。思前想後，心中耿耿然，有一些說話，實在很想和各位同學談一談。

其實，大學生活間，情緒的困擾，肯定是每一位都要面對的。而嚴重至興起自殺念頭的，在漫長的醫學生涯中，相信亦為數不少。我一個很要好的朋友，從中學到大學都是同班同學，到醫學院第二年時，無緣無故，心情變得很煩躁，經常頭痛失眠，心跳發汗。我往往在深夜中被他找了出來，談論各種人生、信仰的問題，他更不時透露厭世的念頭。於是幾位老友都設法陪他散步、讀書、談話。但似乎見效不大。於是，他又試圖找尋愛情的滋潤，但求愛心切，鬧出很多笑話，我們在旁都看得十分不忍心，他亦變得更加孤僻。直到醫學院第四年，他終於找到了「另外的一半」，才慢慢平靜下來。事實上，困擾大學生情緒的，亦不外乎幾大類：愛情、學業、家庭、信仰等。通常其中一個是主因，但亦會影響其他各方面，令事情複雜起來。於是當局者迷，其至不能自拔。面對如此困境，年輕人一般都會向身邊的朋友申訴，當你知道有人關心，甚至面對同樣的苦惱，與你一齊流淚時，也許會令你容易過一些。而這種朋友間的關懷，是十分有效的。不過，有些煩惱的來源，十分根深蒂固，年輕人之間的插手，或由於理想化，美化，或由於庸俗化、醜化等等，很多時會越弄越糟糕。這時候，應該找尋其他的幫忙。例如高年班的同學或老師，都走過相同的道路，看事情清晰得多。他們表面上可能有點隔膜，但對於年輕人的困境，都是極之同情的。其實，更正確的途徑，是找尋大學學生輔導中心的協助。這些專業人士，不單曾經對人的行為及心理作深入的了解，而且曾經處理過許許多多的例子，有些更是匪夷所思的。而且，他們解決的方法、手法、資源及渠道，都是十分有效的。

當然，與三十年前比較，現時醫學生所面對的問題是有所不同，或者可以說更加嚴重的。譬如課程，要讀的科目肯定多了，課程間的銜接，由於種種的歷史原因，亦有許多問題，以致影響了考試的安排。這個情形，許多老師都表示不安。但課程的改革，觸及許多問題，包括國際的認可，社會的期望、學生的能力，老師的工作，資源的重新分配等各方面，歷年來的修改，只及皮毛而已。不過，在全球醫學課程都在改革，我們鄰近國家都已經起步時，我希望在我的任內，能確確實實的邁進一大步，朝正確的方向前進。

再者，來自家庭的壓力亦較前大得多。由於大學學位的增加，獎助學金及各種賒款的關係，許多中下層的家庭都可以送他們的子女入醫學院。不過，這些同學對於來自家庭及親朋戚友間的期望，壓迫感是肯定有的。有一位醫學生，本來志趣不在醫學，為了順應父母的意向，就讀醫學系，到了第四年，終於熬不過來，放棄醫科，改讀政治，現在成了香港一位很有名的政論家。

又或者文化方面的衝擊，亦成了種種的無形壓力。在名牌，信用咭，傳呼機的消費文化的影響下，同學要課餘兼職的多了。香港電台電視節目部，正在與我們籌劃第二輯的「勇闖明天」，主題就是想描繪幾位醫學生成長的經過，及將來畢業後各種不同發展的進路，其中的血淚交織，成功與失敗，會構成一齣很精彩的連續劇，不過製作經費多達二百多萬。現在萬事俱備，只待有

心人士或機構的資助，即可開拍。

最後，九七的問題亦肯定對年輕人影響很大的。面對政治的現實，他們都覺得不能掌握自己的前途，更遑論貢獻社會，改造社會了。於是，許多人轉而追求短暫的歡愉，淺薄的卡通文化。人與人的交往，只限於官感，不及心靈，各人都把自己孤立起來了。這種種的行為，其實都是可以理解及值得同情的。

不過，短視，孤僻，在年輕人的成長過程中，最終還是要一一跨越的。在香港面對的大時代，各位同學不妨把眼光放長一點，胸襟放闊一些，從歷史的長流中，全球的變遷中，文化的衝激中，找到自己適當的位置。香港大學醫學院成立於一八八七年，自從第一位的畢業生國父孫中山先生起，便經歷著不平凡的歷程。在早期，醫學院曾經負上了開荒者的任務，把西方的醫療引入中國及南洋一帶，所播的種子都開花結果了。二次世界大戰期間，無論老師或同學都在大後方繼續醫學院的命脈，孜孜不倦，自強不息，終於，在戰後立即便重建了醫學院。邇後，香港的新一代慢慢成長，不獨從外來的老師手中接過捧來，更能把它發揚光大，在地區上，國際上得到了認可。到中國七零年代末期，一旦打開他的門戶時，醫學院又立即投身於國內的學術交流，邀請許多學者來港，培養了過百的人材，促成了他們與海外的交流。身處這所歷史悠久的醫學院中，踏著許多前人所開闢的道路上，我希望同學們能夠看到自己的使命。歷史中所要求你們的，不單止是醫學上的發展，更加是社會良心的角色。你們畢業後，當面對病人及他們的家屬時，每一聲「早晨」，每一個微笑、握手，對康復者的祝賀，對死難者的同情，都會在人群中引起迴響的。在即將來臨的變遷中，政治、經濟及社會都可能會有動盪出現，不過，作為一個醫生，一個人道主義者，將會是中流的砥柱。望同學們好好珍惜。

大學時，我一位海外的朋友遇到一件悲慘的事情，我曾經寫過幾句話給他。三十年後，我從零零碎碎的記憶中再錄下來，不知道對你們有沒有幫助：

朋友，你歲年輕時

也曾登上小山，遙望天邊的雲彩，編織那美麗的夢
但，黑夜終於到來，惡魔在咬著你的心靈
利爪要把你撕成片片
你在悲泣、你在慘號
也圖以殘魂付諸一炬，讓生命發出刹那的光輝
然而，一顆流星的殞落，於那茫渺的天際，又有何意義呢
於是，獨行者，滴著血，沒有伴侶，沒有伴影
但呀，黑夜終將過去
天已漸明，遠聽宛似波濤洶湧
天將大明！
斬棘、披棘，越險境、過高山
你將到達的國度，從沒有別人去過
他的美麗，超乎人的想像
獨立峰巔，俯視大地，與造化同遊
你將欣然，你將坦然，你將悠然

香港大學醫學院院長 周肇平
寫於九五年三月三十日凌晨

我看MBBS Exam

畢業生

港大醫科學生在五年醫學生生涯中，除了要面對無數大大小小的測驗外，還必須通過三次考試才能畢業(MB; BS exam)。無可否認，考試及測驗是衡量學生學術水平的較客觀方法，同時亦能鼓勵或間接地迫使同學用功。在港大這所以英式教學為主的學府，考試的成績更直接決定學生的升班或畢業。基於在醫科的課程中，每科都是必收科，學生必順在每科的考試中獲得及格的成績才能畢業。

雖然每個學生在筆試(theory)中的所作答的題目都是一樣（分數當然是按學生對該問題的認識程度及知識而定），但是還有其他主觀及客觀的因素影響學生的成績，如考官的喜好，學生的字體及文法等。通常不及格的試卷必順經過重閱才能被確定為不合格，而不及格的考生亦有VIVA examination的機會。如果對成績還是不滿意，學生更可以要求「查卷」。以上種種措施當然減少了因為主觀因素而導致不合理的評分現象。

不過在畢業試中(Final MB; BS Examination)，學生除了考筆試外，還有臨床考試(Clinical Examination)。在臨床考試中，通常是以兩位考官來評核一位學生的學識及臨床經驗。當然有很多因素會影響考生的臨場表現，例如過度緊張及不流利的英語等。這些個人因素暫且不提，而學生因為這些原因而未能獲得理想成績亦不能怨天尤人。但另一方面，考官的主觀判決及病人因素亦直接影響學生的成績。由於每個考試日都有多組不同考官及不同病例來考驗學生，考官的評分準則因人而異，這樣很容易出現不公平的評分情況。如果考官是比較「仁慈」或要求較低的學生的成績亦自然較好，換句話說，學生亦較容易獲得合格。但是假如遇到一些要求過高或較嚴緊的考官，那麼學生的成績亦自然較差。另一因素影響學生表現的是病人的條件，如病人的知識（尤其是醫學常識），年齡以及合作情度等，假如病人的記憶及合作較差，學生就很難從病人中獲得病歷資料，或要花較長的時間來詢問病人有關資料。

以上提及的情況並不是偶然的，在每年畢業班的同學中往往可以找到一些平時成績好的同學，但卻不能順利畢業。這當然可能有很多原因，筆者認為臨床考試所帶來的不公平評分情況亦是一大因素。如在剛過去的外科臨床考試中，考官是由大學教授、高級

講師及各間醫院的顧問醫生組成，他們對學生的要求都不同，而且每位同學只會遇到二組考官（即四位考官），如果幸運的話，同學會遇到「好人」的考官。他們甚至協助同學回答問題，或者問一些簡單的問題，顧問醫生們往往是這一群「好人」。假如倒霉的話，同學會遇到極度嚴緊的考官，不但問題難深，甚至會被責罵一頓。婦產科最近改了臨床考試的制度，同學只順在臨床測驗中取得合格，便無順考臨床試，這樣雖然可減輕同學在過度緊張時的失常表現，但是這個測驗亦有人為因素以至有不公平的評分情況。如往年的其中一期測驗中，其中一位考官竟然在他所考的六位學生中「肥」了五位，而這科考試的「肥佬」率一向是較高的，這樣的情況不是「巧合」那麼簡單。年前亦有同學在一次兒科的臨床考試中，由於家長不合作而令該同學無法完成病歷和檢查，可惜考官並沒有讓該名同學換另一位病人，結果該同學還是不合格。

臨床考試通常只須一小時，學生遇到的病例寥寥可數，試問如何能在那短短的一小時完全地考驗學生的學識？在這情況下，通常幸運比學識更為重要。前任醫學院院長亦曾表示過，考試根本不是衡量學生水平的最佳方法。

每個學生經過多年努力，當然是希望自己過往所付出的努力獲得應有的回報，可是，因為某些人為的主觀因素而未能順利畢業。假如考試真的是這般「兒戲」的話，如何令人信服呢？

其實，畢業試的最終目的是用來衡量同學的學識是否達到見習醫生應有的條件。筆者並不是反對臨床考試，相反是絕對贊成，因為畢業後每個見習醫生都要面對病人，而臨床經驗是極之重要的，臨床考試是衡量學生臨床經驗的最好方法。但考試應該在絕對公平的情況下進行，在此希望醫學院檢討現時臨床考試的毛病，以下是筆者的一些意見：每個考官在考試的評分上應有共識，重視學生平日的表現，當遇到不合作的病人時，若經証實，應給予考生更換病人的權利，同時，亦可延長考試時間以及增加病例並讓多組考官考同一學生。

最後，希望未能順利畢業的同學繼續努力，即將來臨的Final MB; BS是你們在醫學院的最後一次考試。

看！這一年……

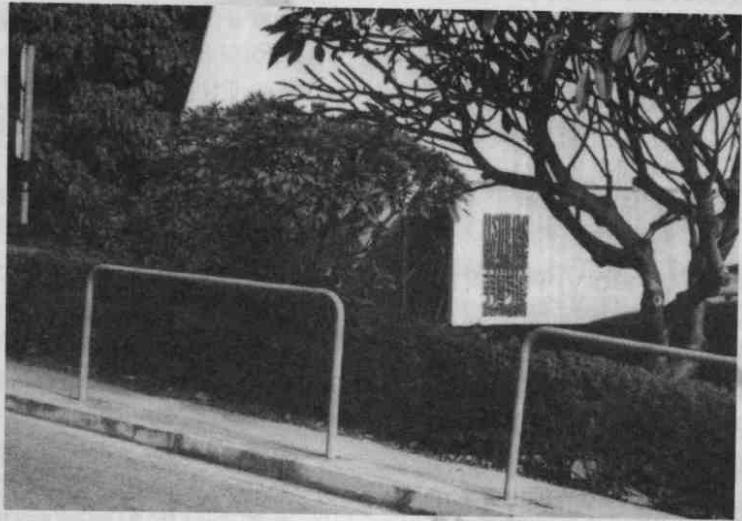
點滴

炎炎夏日，在那熟悉的沙宣道上漫遊，眼前除了路旁大樹茂盛生長的瑰麗情景，你還會看到一群又一群陌生的面孔在身旁擦肩而過，然後，他們或許會戰戰兢兢地問你：「請問醫學院辦事處在那？」在這一班又一班初來報到的新鮮人身上，你會看

到那種無助中又充滿憧憬的眼神，那猶豫中卻又踏實認真的腳步，你立刻會感到那鼓青春氣息在燃燒著。這，或許就是醫學院所缺少的年輕的力量了。你接著會想，自己那本天真無邪、熱情如火的本性卻遺落在那裡，難道已隱沒了在醫學院的某個角落？

雖然只在醫學院裡生活了一個年頭，卻又忽然覺得自己很「老餅」。醫科臨床前期那套呆板的課程編排，令各新鮮人也感納悶及吃力；實在太有條有理、難以捉摸。有幸與其他學系的同學或朋友聊天，你會發現自己原來已與世無爭了好些時日，而在這些平平無奇的日子裡，其他院系的同學卻被多姿多彩的大學生活重重濃罩著：上莊、示威、遊行、拍拖、兼職、住Hall等等，總之精彩得令人難以置信，比天上的星星的數目還要多。然後回看自己，日子大部分也被返學讀書佔據著。可能，同學間見面吹水時只懂談著某某講師曾於課堂上透露了什麼必考題目；那一位導師上導修課最能令大家得著，一切一切差不多盡是學習上的話題。臨測驗前的一大段日子，頓時驚醒自己忽然甚愛匿藏於圖書館的死角位裡，與那本充滿屍味的Altas日夜為伴，你會感到沮喪，繼而感到失望。然後想，為什麼我這一年的大學生活會如斯與眾不同？又如斯平淡如水？

這豈非已是醫科生涯？



不過，話說從頭，醫學生生活雖苦亦是值得。既然大家都不若而同地選擇了醫科作為自己未來的發展方向，相信或多或少也會為能與生命打交道而自豪。初來醫學院的時候，各新同學也在熱烈地訴說著為何會選讀醫科，那些「因憧憬著在病人面前把

病魔打敗的滿足感」，或是「為了能達成大國手這目標而努力著」等很例牌的原因，雖並不新鮮，但在將作為人醫的新鮮人口中，已是他們此志不渝的證明了。

現在，彷彿佛般，自己亦已不再是可以在持著「一無所知」而橫行於醫學院的新鮮人；平平穩穩的，自己亦已由那享樂甚豐（在醫科來說）的一年生升為二年生。在暑假初期曾立下決心要好好的把一年級課程重溫一遍，才發覺現實與理想果真有一大段距離。結果今年重投校園懷抱的同時，能令自己感無悔的只是曾經好好的於一年級玩過，曾盡情地享受過，往後所有的時光，我相信，只有讀書讀書再讀書的份兒了。倒數著那迫在眉睫的MB，凝視著那大疊大疊而又雜亂無章的筆記及歷屆試題，對自己的要求頓然低了。環顧四周，各同學也積極地埋首桌前準備MB，再發現連自己也早晚甚至風雨不改地身處潛水大本營Med. Lib.，頓時感到無奈，只希望這些日讀夜讀的日子是值得的吧。

無論如何，誠心為過去，現在以及將來的醫學生祝福，願大家也可永遠勁過（尤其是快要面對MB的同學）。

這一年的醫科生涯，果真給了我一些啟發！

非一般的學生評議會

89

評議會對一般沒有上莊的港大學生來說，彷彿是一個高不可攀，高層次的機構，事事都會有各種會議常規，憲章等條文去規限人的言行，評議員經常會探討一些比較「理念」性的問題而多於「實際」，好像已超越普通學生層面——不錯，的確是這樣，不過我始終認為他們太看不起評議會了……

首先，會議常規的原意是增加會議及討論的效率，但似乎這些規矩常常被有權勢或懂手段的人所濫用，使之成為壓抑反對者言論的武器，而某些人，甚至是評議會主席頓然成為會議常規的奴隸，有時還會給自己所認同的規條絆倒，於是在既定制度下，人們又發掘很多「虛位」可供人隨意使用，於是知情人士便大可用憲章，會議常規去令自己的做法顯得合理。也許這是法律的運作方法，也許我這時必須承認我對法律毫無認識。

為了原則，理念而爭論多於六小時的情況時常發生，不是我不喜歡投入討論，只是這份投入的熱情往往隨著某幾位敢言的評議員那冗長、重複而間接的言論所打退。大家不要覺得可笑，我曾經試過連續兩小時眾精會神

地聽某些人發言，但最終我總聽不明白他們想怎樣！參與評議會會議令我感受到良好表達能力的重要性，說話「貴精不貴多」的真義，方能訓練了我「選擇性地聽別人切題的

言論」的能力，這年來我可謂得益甚多，希望這「能力」永不會在醫學會用得着！

評議會是由四方八面有利益衝突的團體所組成，會中有權力派系鬥爭是無可避免的。公開正面的對罵，卑劣的手段本人都覺得「聞名不如一見」。自問自己未上莊前已聽聞過其激烈情況，但當你在評議會現場及手上持有一票的時候，壓力真的相當大，這是要你必須處於同一位置時才感受到的。我曾經以為自己因未見過世面才給嚇倒，更安慰自己這些明爭暗鬥不是一朝一夕的事——幸好，醫學會與其他屬會利益衝突比較少，這個外務副主席還可憑著自己一貫的原則，公然說些比較合乎公允的說話。至於個人聽取與否，就視乎你講得動聽不動聽，提議的做法有否損害自己屬會的利益了！真令人沮喪！

這「權力最高機構」原來真的是權力角力的戰場，人們投票是為著「利益」而不是為了「真理」！（以上只是對有關各利益團體的議決而言。）

我這篇文章不是旨在貶低評議會的價值，而是我上莊一年來有感而發，希望評議員能自律，為大學整體利益及公平著想。

我真的厭倦了，考試又將來臨，改進評議會的工作就暫時交給你們去做，港大學生的利益就在你們手中。

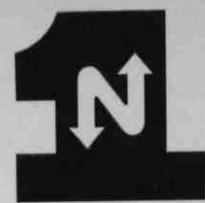


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