



The Hippocratic Oath

20 MAY 1996

"I swear by Apollo the Physician, and Aesculapius, and Heath, and All-heal, and the gods and goddesses, that, according to my ability and judgment, I will keep this Oath and this stipulation equally dear to me. I will follow that method of instruction, I will leave offspring in the them this art, stipulation; and of instruction, I sons, and those stipulation and oaths, to none others. I will practice the Art to my own disciples bound by a of medicine, but to purity Art. I leave k. Into

and will this what

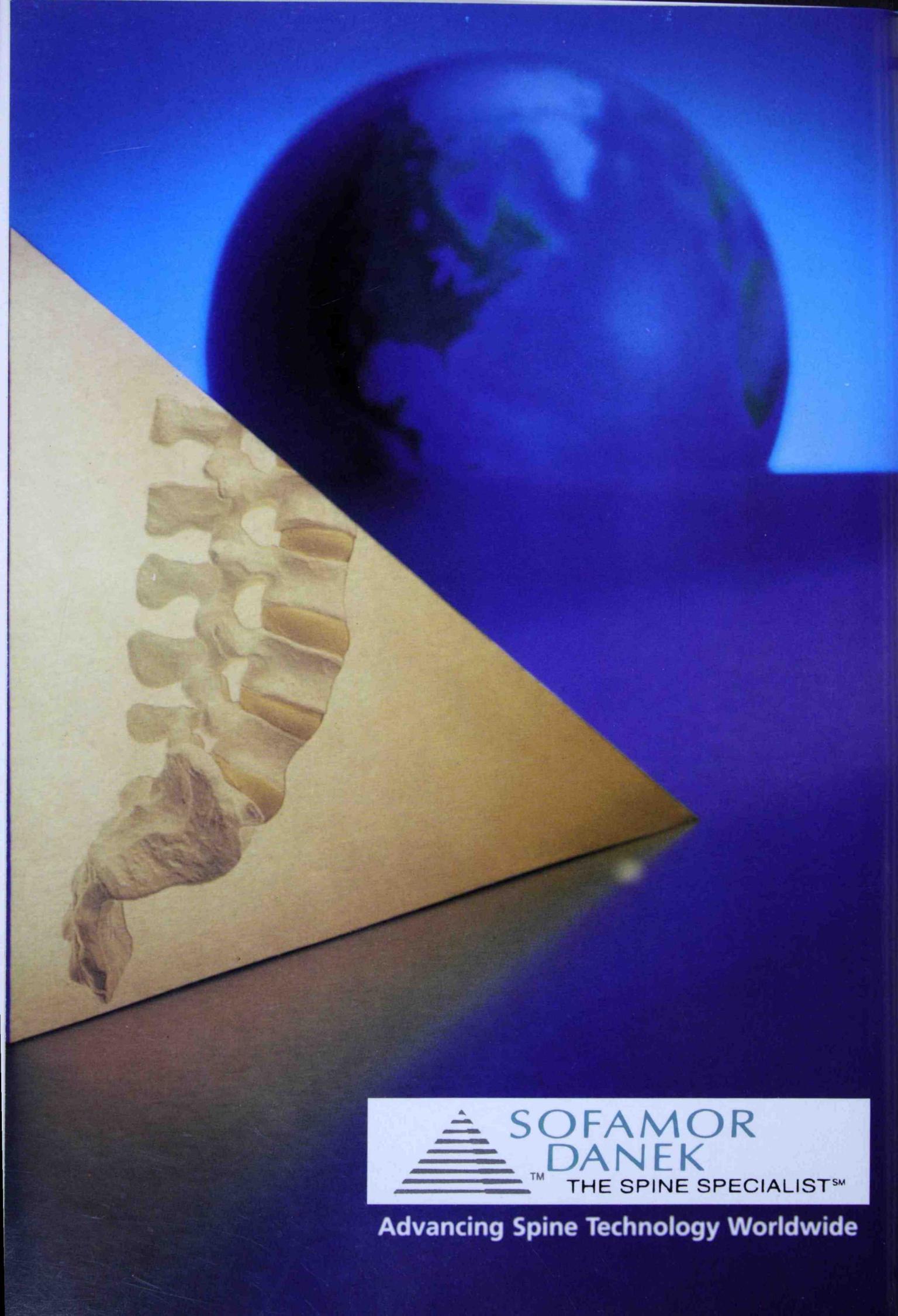
ELIXIR '93



the sick, and will abstain from every voluntary act of mischief and corruption; and, further, from the seduction of females or males, of freemen or slaves. Whatever, in connexion with my professional practice, or not in connexion with it, I see or hear, in the life of men, which ought not to be spoken of abroad, I will not divulge, reckoning and all such should be kept secret. While I continue to keep this Oath inviolated, may it be granted to me to live a long life and the practice of the Art, respected by all men, in all times. But should I trespass and violate this Oath, may the reverse by my lot."



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Content

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MEDICAL SOCIETY

H. K. U. S. U.

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ELIXIR '93

The Official Annual Journal of the Medical Society, H.K.U.S.U.

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Office: 6 Sassoon Road, Pokfulam, Hong Kong.



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EDITORIAL

Elixir: a substance believed to be capable of prolonging life indefinitely. It means any class of sweetened aromatic alcoholic preparations used in treatments either for their flavoring quality or for their medicinal ingredients.

Thus, "Elixir" is supposed to make medicine taste better, adding a special touch to the life of medical students; the same applies to all issues of *Elixir* since its inception in 1951. *Elixir* is the Official Annual Journal of the Medical Society, serving as a valuable historical record of both the Society and the Faculty of Medicine. Echoing the words from previous editors of *Elixir*, this is a journal entirely by the student, for the student and of the student. The purpose of its publication has always been first, to highlight the events of each session of the Medical Society, and second, to serve as a bridge between doctors and students as well as that among students themselves.

It is especially gratifying for us to see that this issue of *Elixir* finally comes into publication, although it comes quite late due to the delayed uptake of the task. In fact most of our contents were prepared in late 1994, that is one year lagging behind already. The editorial board would like to apologize for this. Yet we have tried our hardest to recapture the colourful pictures and recall the remarkable events in 1993 and we hope that our efforts can be appreciated by our readers.

The contents of our issue mainly follows the format of the preceding issues. In our Departmental Survey, we have chosen the Department of Orthopaedic Surgery as our focus. After reading this Survey, we are sure that our readers will be amazed by the many remarkable achievements that the Department has made on researches and clinical services in the field of Orthopaedic Surgery. Also in this issue, we have included passages on two special topics -- the Clinical Syllabus Review and the Hong Kong Academy of Medicine. These are important milestones to our medical education. We would like to thank Professor H.K. Ma, our Dean, for providing information about the former, as well as Professor David Todd for writing an introductory passage about the latter.

We would like to express our heartfelt gratitude to our Honorary Advisor, Professor John C.Y. Leong, the staff of the Department of Orthopaedic Surgery, and teachers of the Faculty for their unceasing support, valuable advice and assistance. Of course we also have to thank all editors and contributors of this issue, without whose painstaking effort we could not have made this publication possible.

Last but not least, we thank our fellow schoolmates and readers for their support, and we sincerely hope that everyone will enjoy reading *Elixir '93* and get the sweetest memories out from it.

R. L.
Elixir Editorial Board '93,
Medical Society.

Message from the Associate Dean



Dr. Raymond H.S. Liang
梁憲孫教授

I wish to thank the Editor of Elixir '93 for inviting me to contribute a message.

Being the oldest Faculty in the tertiary education in Hong Kong and a medical school of more than a hundred years old, the Medical Faculty of the University of Hong Kong is endowed with a long history and a distinguished tradition. We aim to provide an environment conducive to the advancement of learning, teaching and research in medical and health services, to the promotion of its practical application through the direct provision of patient-care service, and in doing so, to benefit and serve Hong Kong, China and the international community generally.

Undergraduate medical education has undergone major changes in the recent decades and it is common to see curriculum reviews being conducted by medical schools including ours. Our teaching programmes have to be up-to-date in response to the changing needs of the community, the advances in medical sciences and the trends in medical education. This will ensure that our graduates attain the international standard and are fit to practise in a wide variety of positions.

Important changes shall include enhancement in the teaching of new subjects and subspecialties such as family medicine, geriatric medicine, oncology and advanced medical technology such as molecular biology which has revolutionised our knowledge in medicine. This may however create a very overcrowded curriculum which is a major problem facing many medical schools worldwide. Teachers should therefore aim to emphasize important principles and skills in problem solving rather than the minutiae. The Faculty should constantly seek to enhance and improve the teaching skills of the teachers and the learning skills of the students. Modern medicine also generates many new ethical issues such as organ donation, in-vitro fertilization and euthanasia. Our medical students must be ready to face these challenges upon their graduation.

It has been well recognised that postgraduate vocational training for most if not all medical graduates is essential to ensure high quality medical practice. This is the main objective of the newly established Hong Kong Academy of Medicine. In coordination with the Academy and the Hospital Authority, our medical school shall continue to play an important role in the provision of postgraduate professional training and continuing medical education. A school of postgraduate medical education and training has already been established in our Faculty to accomplish this.

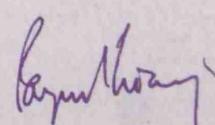
There is no doubt that conducting research is another important function of our medical school. Despite the limitation in funding, we are proud of our track record of excellent research. These innovative and original research works have gained international recognition and have contributed significantly to the knowledge of medical sciences. Our Faculty plans to enhance our research activities further by developing inter-disciplinary research in many areas such as cancer studies, organ and tissue transplantation, basic and applied neuroscience and topics of local interest. We wish this will maintain our prestige as a centre of excellence in this region. Our school of postgraduate medical education and training will also be responsible for promoting research studies in the Faculty. Effort has been made to increase our number of research postgraduates, both local and overseas. Financial support is needed to recruit more able research postgraduate students.

Our medical school is well known internationally. There are many existing interactions in medical education and research with institutions of higher learning in China, Southeast Asia and the rest of the world. This has to be strengthened by enhancing collaborations in research, and promoting academic exchanges with other institutions.

In our undergraduate and postgraduate teaching, we emphasize the importance of total patient care. Teachers are encouraged to set examples in patient management, and to participate or to take up leadership role in voluntary organizations which help and educate patients and our community on diseases and their prevention. We have continued to contribute to the community through our direct participation in patient-care work and in the provision of expertise to the medical needs and problems. Our teaching hospital at Queen Mary is a major regional general hospital as well as a centre for tertiary referrals for patients with difficult or special problems. Also, we play a key role in providing continued medical education. In fact, our clinical teachers are spending a large proportion of their time in providing clinical services to our patients. Furthermore, members of our Faculty are actively participating in various public services, including the Hospital Authority, Department of Health, the Hong Kong Academy of Medicine and many professional Colleges and Societies.

We recognised that there is always a limitation in resources. We should therefore always make the best use of the resources available. We wish to achieve this by enhancing cross-departmental cooperation in teaching and research and the formation of a good system of quality assurance.

I hope we can all be proud of this medical school as we are proud of the status of Hong Kong in the world of banking and finance as we move into the next decade.



Dr. Raymond H.S. Liang
Associate Dean,
Faculty of Medicine

Message from President of Medical Society ('92-'93)



陸殿麟教授

Dr. Keith D.K. Luk

It is my pleasure and privilege to have the opportunity to serve the medical students as President of the Medical Society, HKUSU. It brings back a lot of good memories I had as a medical student in Sassoon Road and keeps me young at heart.

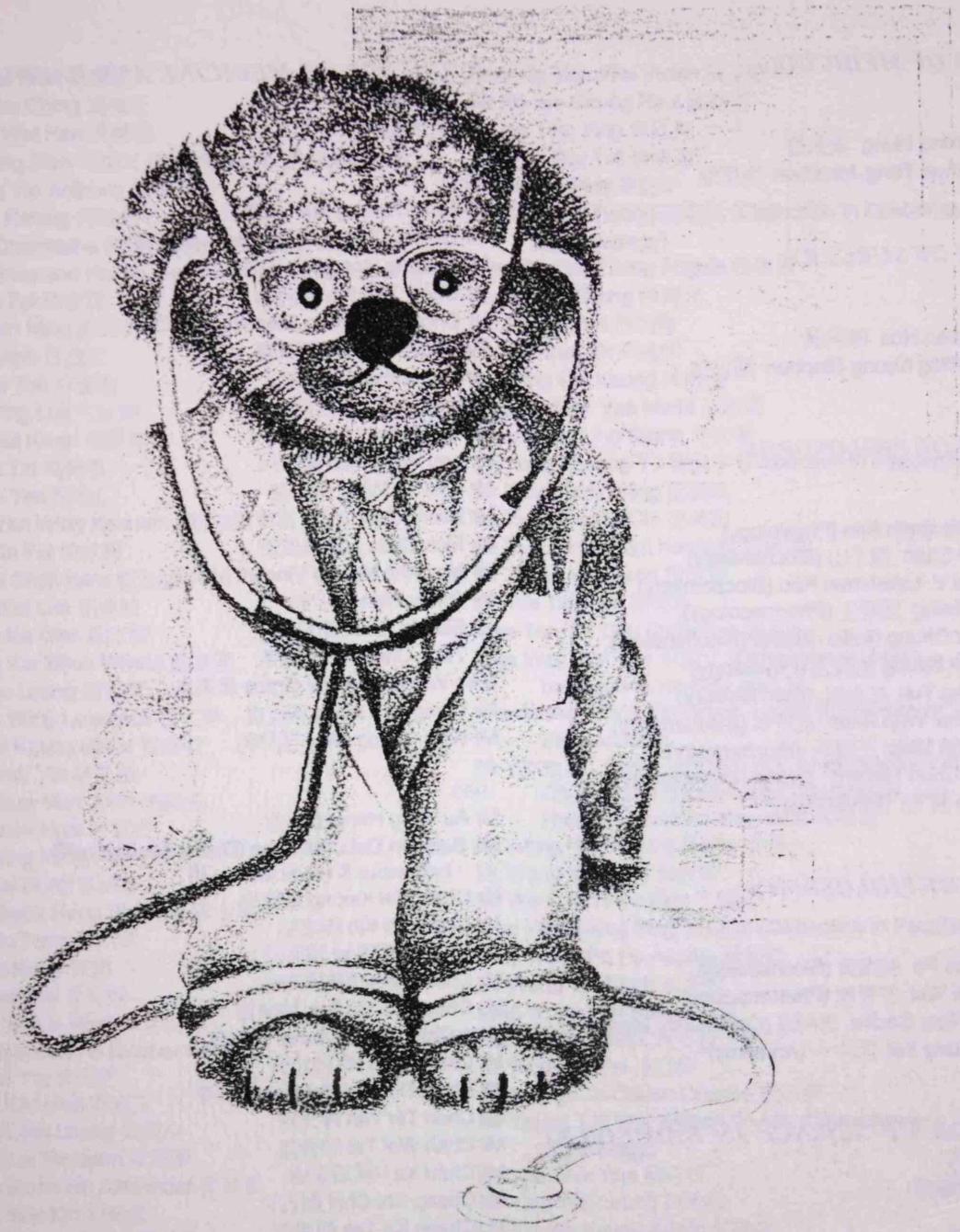
I firmly believe that "all work and no play makes Jack a dull boy". Experience tells us that those students who perform well academically are also those who play hard. University life will not be complete without one's active participation in social and extra-curricular activities. I am sure you will regret in the future if you have not taken the best advantage of the facilities and opportunities available to you during your undergraduate days.

We should all be grateful to the council members for sacrificing their time and effort in organising all the educational and recreational programmes not only for our fellow students but also for the public. Raising funds must be as difficult as ensuring that the fund is being spent most efficiently and meaningfully but the experience is certainly invaluable for those involved.

I congratulate the editorial board for doing such a good job this year in producing this excellent issue of Elixir on time. It has succeeded not only in introducing to the readers the exciting multifaceted life of our medical students but also in demonstrating the outstanding organising ability of these future doctors. I hope this will help in continuing to attract the best young people into our Faculty.

A handwritten signature in blue ink, appearing to read "Luk".

Dr. K.D.K. Luk
Reader,
Department of Orthopaedic Surgery



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The One Hundred and Forty-fourth Congregation

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Dr Sham Shun Tong Jonathan 岑信棠

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外科碩士

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Dr Cheng Wing Keung Stephen 鄭永強

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Mr Papineni V. Lakshman Rao (Biochemistry)
Mr Qiu Bosheng 邱博生 (Pharmacology)
Ms So Ngar Chung Nellie 蘇雅頤 (Biochemistry)
Mr Tai Kwok Keung 戴國強 (Physiology)
Mr To Kwong Yuk 杜光旭 (Biochemistry)
Mr Wong Choi Wah Brian 黃楚華 (Biochemistry)
Mr Wong Wai Ming 王偉明 (Biochemistry)
Mr Yip Tak Chun Timothy 葉德俊 (Microbiology)
Mr Yuan He 袁和 (Physiology)

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Mr Yuen Chung Yat 阮中一 (Anatomy)

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Second Class Honours Division One 二級榮譽甲等
Mr Lam Chi Leung 林志良

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Mr Woo Lap Fai 胡立輝
Mr Yeung Chi Chuen Charles 楊志泉
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Mr Ying Wai Leung 英偉亮
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Mr Yip Wai Chuen Norman 葉偉銓
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Mr Yuen Shiu Tim Timmy 袁紹添
Miss Yung Wai Ming Miranda 容慧明

Prize Winners (1992-93)

Sir Patrick Manson Gold Medal

Dr LEUNG Wing Hung

John Anderson Gold Medal

Miss HON Charmaine

Proxime Accessit

YUE Tak Tai, Andrew

Chan Kai Ming Prize

Miss HON Charmaine

CP Fong Gold Medal in Medicine

Miss HON Charmaine

The Nesta & John Gray Medal in Surgery

KWOK Ka Fai

Dr Sun Yat Sen Prize in Clinical Surgery

LO Kwok Man

RM Gibson Gold Medal in Paediatrics

TANG Cheong Yu

Gordon King Prize in Obstetrics & Gynaecology

SIT Hing Cheong

Mun Gold Medal in Psychiatry

Miss CHUI Mo Ching

Ho Kam Tong Prize in Community Medicine

CHENG Koi Man

Medic '71 Prize in Medical Jurisprudence

CHEUNG Hon Kee

HK College of General Practitioners Prize in General Practice

NG Man Wai, Vivian

HK College of General Practitioners Prize in Community Medicine (Shared)

CHEUNG Hon Kee, CHEUNG Wai, CHEUNG Wai Yuen, CHEW Teck Hwee, Shirley CHIM Tsui Shan, Johnny CHOI Wing Kit, CHOI Yu Fai, CHONG Wan Yip, CHOW Pak Cheong, Claudia CHOW Wing Shan, CHUI Kai Yeung, Rebecca CHUNG Pui Yi

POON Tsz Kit, William POON Wai Lun, SETO Chi Leung, SHUM Kim Ping, SIEH Koon Man, Julian SIT Sou Chi, Jimmy SIU Chi Wai, SO John, Virginia SUEN Sai Tsz, Richard TAM Chun Hung

The HK Society of Community Medicine Prize (Shared)

Carina LI Ching Fan, LI Yin Fai, Angeline LIAUW Linna, LIU Kwok Kuen, LO Chun Kwong, LO Hak Keung, LO Kwok Tai, Yvonne LO Siu Chung, LUI Siu Yung, Elizabeth LUI Woon Ling, Irene LUK Chi Wing, David MA Kam Hung

Belilios Medical Prize (Third Year)

Miss NG Sin Yee

CP Fong Gold Medal in Pathology

POON Wai Lun

Li Shu Fan Medical Foundation Prize in Pharmacology

Miss HO Pei

The Hong Kong Pharmacology Society Prize

Miss HO Pei

CT Huang Gold Medal in Microbiology

Miss HO Pei

Hong Kong Pathology Society Prize

Oswens LO Siu Hung

3M Hong Kong Prizes (Shared)

TSE Kai Chung, YEUNG Chi Keung, Miss CHAN Po Lin

Ho Fook Prize

TSE Kai Chung

Ng Li Hing Prize in Anatomy

TSE Kai Chung

HC Liu Prize in Anatomy (Shared)

TSE Kai Chung, WONG Wing Nam

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CHOI Chun Hung

WD Low Prize in Anatomy (Shared)

LAM Chi Kei, YEUNG Chi Keung

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Miss TONG Shui King

Li Shu Fan Medical Foundation Prize in Biochemistry

TSE Kai Chung

Li Shu Fan Medical Foundation Prize in Physiology

YEUNG Chi Keung

Janet McClure Kilborn Prize in Biochemistry

Miss LIAO Wei Ming

Janet McClure Kilborn Prize in Physiology (Shared)

Miss Ann WONG Han, Miss YEUNG Fuk Ngai

Yuan Ai-Ti Gold Medal in Behavioural Sciences

Miss CHAN Po Lin

Belilos Medical Prize (First Year)

CHUNG Chong Fai

The HK Society of Medical Genetics Prize

Miss YAN See Wan

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Professor VNY CHAN

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Founded in 1920



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Medical
Society



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Ex-Chairman	Mr. Tsang Sam Fung	(94)

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Welfare Secretary	Mr. Cho Hing Yan, Danny	(97)
Current Affairs Secretary		

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Miss Chan Po Lin
Miss Shum Nam Chu
Miss Wat Zee Man, Winnie

Popularly Elected Councillor

Mr. Wong Chi Keung, Michael	(95)
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FINANCIAL REPORT OF THE MEDICAL SOCIETY ('92-'93)

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 15 NOVEMBER 1993

INCOME	\$	\$	\$
Gala Premiere '93			61177.7
Subscription Fee (\$250*163)			40750.0
Stock & Commission			4962.9
Back Interest			<u>305.0</u>
			<u>110195.6</u>
 LESS : EXPENDITURE			
Internal Affairs	14108.1		
External Affairs	1368.9		
Welfare	2008.7		
Social Activities	5995.4		
Sports	7775.0		
Caduceus	28345.5		
Council	4681.1		
Health Committee	5976.0		
Elixir '90 (\$20347.6-17500)	2847.6		
Elixir '91 & '92	18500.0		
Orientation '93	7000.0		
Elixir Loan Fund	1000.0		
Contingency Fund	<u>1000.0</u>	<u>100606.3</u>	
 SURPLUS			9589.3
			<u>=====</u>

**BALANCE SHEET
AS AT 15 NOVEMBER 1993**

INTANGIBLE ASSETS	\$	\$
Time Deposit (U.S. \$8000.0)		62180.0
Contingency Fund		33870.0
 CURRENT ASSETS		
Bank- Savings account	79919.1	
Current account - 001	63877.8	
- 003	12.2	143809.1

Stock		66000.0
Cash		7046.7

		216855.8
 LESS : CURRENT LIABILITIES		
HK Federation of Students**	23600.0	
Accrued Expenses- Caduceus	15400.0	
- Council	1700.0	
- Elixir 91&92	18500.0	
- Health		
Exhibition	17764.0	76964.0
	-----	-----
 WORKING CAPITAL	139891.8	

	235941.8	
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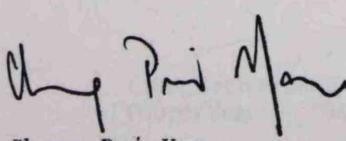
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ACCUMULATED FUND AS AT 1 NOVEMBER 1992	226352.5
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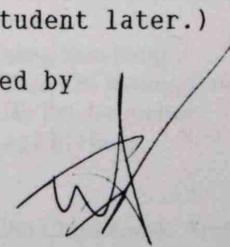
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(**for the fund raised during the Chinese democratic movement in 1989 and should be transferred to the HK Federation of Student later.)

Prepared by


Cheng Pui Yan
Financial Secretary (92-93)

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評議會主席

吳秉琛

終於要寫下第一筆了。我在九月至十二月間被同一位杏雨編輯追稿已不下二十次了，在面臨舍下大門被噴字「欠債還稿」前，我立下決心要完成這篇稿。

評議會工作根本無啥好談，任何曾參與評議會會議的人都知道，評議會只是一個舉手的地方，舉手發問，舉手質詢，舉手反對，舉手……，唯一不用舉手就可以發言的就是主席，可惜主席並不能多講，就算是明知爭拗下去都不會有結果的議題都不能制止，主席所能做的就是眼巴巴看着時間溜走。不甘讓時間溜走的我，只有將一份一份的筆記取出，細心閱讀，直至衆評議員發表完意見。悲哀，實在令人傷感；叫主席太沉重……。

聽前輩說，以前的會議往往是通宵達旦，不眠不休，令人身心俱疲。於是痛下決心要令會議於午夜左右完結，終於整個年度過去，評議會的運作與以往相比並沒有甚麼顯著分別。這足以證明會議的長短與評議會運作根本無關係。讀過臨床醫學的同學都會學到一點：對 MANAGEMENT 沒有影響的 INVESTIGATION 根本就是浪費金錢和時間。可惜大部份評議員都是一年班同學，他們並未有機會學到這個道理。他們有的是理念，而且往往是不切實際的理念，「理論和實際相配合」只是掛在口邊，並不存在於腦子裏。對於這個現象，我只希望整個年度的十來個會議能令他們領悟到這高深的道理。可惜在這個年度結束後，一篇對啟思內一篇文章窮追猛打的大字報令這個希望幻滅了。



本來對評議會的運作還有很多可以寫，可惜畢業試的迫近令人無法「的」起心肝去做任何事，包括寫文章，最後謹在此向評議會義務秘書何淑儀同學致謝。老實一句，她的發言在整個評議會中往往是最有見地的。樂觀地看是慶幸評議會中有這般高水準的人存在，悲觀地看，其他評議員的水準……唉，不提也罷，希望有關同學在準備引經據典，寫大字報反駁此文前能反省一下，方才下筆。就此謝過杏雨編輯所給予的機會，請請。

幹事會主席

刁國良

齊十一閣

——促使我成長，令我在醫學院第一年的生活充滿着美好回憶和各種各樣的憧憬。

日落日出

——一天又一天。休息。安穩平靜地渡過另一年。已沒有考慮重拾這份使命的心。或者這就是命運的安排。

——我欣賞他們的勇氣和熱誠，亦多謝他們的推動。受同化還是給喚醒？猶疑不決的我決定再次和大家步向這挑戰。

精忠報閣

——另一個夢的開始，其中包括了十個性格截然不同的心。藉着大家的勇氣，互相的信任，各自不同的堅持，共同的目標，我們並肩作戰。我們深信及明白到「WORK AS A TEAM」和「INDIVIDUAL THINKING」的重要性。

如風、如煙

——工作給予我們相處的機會，增進了互相之間的認識和了解。

活動一浪接一浪，會議亦一個接一個；MB及TERM TEST亦有點不甘似的接踵而來，並沒有給我們喘息的機會。儘管如此，我從中認識到自己所付出時間及辛勞的背後意義；我感到滿足、快樂。時間就在大家不知不覺的情況下悄悄的溜走了。



回 想

——我對這一年的整體運作和表現感到滿意，更欣賞和感激每一位幹事所付出的心思、時間和精神，為這本來平平無奇的日子添上色彩。

——我珍惜……

珍惜和大家之間所建立的友情和默契；珍惜其間所接觸的人和事，令我從中得到寶貴的知識和經驗；亦珍惜所有令我開心或不快的人和事，令我更懂得欣賞生命、認識自己。

——我「笑」……

我「笑」，因為我失望，但我不懂得如何適當地表達；我笑，希望可一笑置之。

在AGM中，我並沒有因場面冷清而「笑」，因為我已習慣了。

我「笑」，因為眼見某些同學的出席；他們的身份→「借手」，他們的出現只是單純為了舉手。從過程中，我敢肯定他們並不知道自己舉手所支持或反對的是甚麼動議，並沒有經過獨立的思考，全是由我舉。

我「笑」，因為我找不到這開會的意義，但我仍要多謝他們給我機會去感受和知道民主政制的黑暗地帶；更要多謝他們給我機會去認識他們；除了「笑」，我不懂了。

感 激

——感激MEDSO再次給我機會去從她身上學習，擴闊眼界，感受人生種種滋味。

我更想要借此機會多謝DR. LUK, DR. SHUM, DR. YANG及DR. CHAN的寶貴意見，指導及支持。

多謝幹事會的每一位成員為這一年醫學會的歷史添上美麗的回憶。

祈 望

——MEDSO會有更好的明天！

——更多人知道獨立分析思考的重要性，並希望香港將來前途光明！

內務副主席

陳年娜

提筆重寫那已是年多前的舊事，有時真覺苦。畢竟種種迭事，我用一個晚上，或許仍能細意追索回。然而那曾從中得來的感覺，卻早早飄遠，始終不再置身其中，而那時曾一度纏繞心頭的各樣感觸及體會，無論是升是沉，也早已釋懷。如今爲了交稿，卻又要去緬懷一番。

畢竟事緩則圓、弦崩易斷。有時強要一念求圓，反爲總不達心想的。

我也曾一度把自己弄至公務纏身，席不暇暖，甚至學業也被放到次等位置。如此一來，自有顧此失彼之嫌。幸得旁人的扶持，才讓我一關又一關的闖過。因此有人要來抬舉我的能幹時，有時卻叫我受之有愧而汗顏。



有時真不想說那些什麼從困難失敗中得到成長，上莊叫我眼界大開，交遊廣闊諸如此類比較「行貨」的話，但事實確是如此，大概太陽底下無新事吧！

由我輾轉被遊說上莊起，面對各方面的壓力，到大家手忙腳亂地去應付諮詢大會，至順利上莊，如今想來還歷歷若前日事。

到任初期還算戰戰兢兢恐有所失。其時還肯虛心受教。做小的真好，以我一年級的身份，錯了大概仍有人原諒、指點。久了，我的急性子又來，忍耐力不夠，總影響了表現吧！孔子說得好：「煩躁者，損生之利器也；忍耐者，成功之不二法門也。」我現在仍不時在體驗箇中含意。不錯，急躁欠頭腦之輩，我一年來已領教過不少，他們只會在替自己製造笑話，作爲我們閒聊的話題罷了。

始終感到一年級便上內副一角，苦頭是免不了。至少我認識的不比其他人多，要肩負起監察一務時，便甚覺吃力。況且，人事這方面，總是敏感非常。能夠做到「君子和而不同」固然最好，但這又談何容易？好比在評議會上受窘而散會後仍悻悻然的不無人在，更甚者是那明明理虧的，還要強橫地去文過飾非，更自以爲義正辭嚴，其實已貽笑大方；也有些未明事情真相之徒，企圖橫生事端來嘩衆取寵——總之，形形式式的衆生相，團團繞着自己，也曾令我爲之困擾。但如今任期屆滿，我已不用再染指其中的爭持與辯論，我已可走到局外人的角色，客觀看事態，確是蠻不錯呢！但無論是偏激的、倔強的、傲慢的、自以爲是的、冥頑不靈的、又或是善良可親的……如今可能仍抱着同樣態度，或各得其所，又或各自碰壁；然而我的喜惡已無用受他們支配，對於我認爲面目可憎的，那便不提也罷！

工作自是有其苦悶沉重的一面，然而我對「精忠報閣」的組合，各成員的動態，我喜用「妙」一字概括。上莊一年來，最叫我想悅的，莫過於和他們一起談笑風生；最叫我欣慰的，莫過於有他們在我身邊。不止他們，還有那些經常和我們「共患難共富貴」的非幹事同學，我也忘不了他們的好。在莊期間最愛看大家妙語連珠，趣事迭生；如今落莊一載，關係免不了疏離點，然而他們的一顰一笑，我仍是感親切。

未至水窮處，焉知雲起時？到了功過分賬的週年大會時，大家才恍然已在那悲喜憂怒中轉了又轉，或已得到心中所求，又或仍心有不甘，然一切也到止息之時。

不錯，眼前千帆過盡，耳邊歲月如風，「精忠報閣」已成過去，在我們之後的一莊，又快到卸任時，自是百般滋味在心頭。然大江雖東去，浪頭仍滾滾來，我們又在期待新一莊的組成。但不管是如何的組合，我仍喜看見一代新人勝舊人的盛況！



外務副主席

陳少儒



如果我可以再選擇的話，我仍然會選擇外務副主席一職。因為外副之工作就是我的興趣所在。

外副工作離不開政治、大學校政、各屬會之監管及社會民生等問題。因為外務工作大都不是醫學生切身問題，而且各項議題都需要用腦思考、用心研究，缺乏「即食」的娛樂，不能提供鍛鍊體魄的機會，又不能提供金錢的支援或實實在在的服務，故此鮮有同學留意關心外務工作，即使有亦不願投身參與！

在擔任外副一年中，我最珍惜的有兩方面：一是「精忠報閣」各成員的真摯友誼；二是在學生會評議會上的所見所聞、所學所行。在評議會中，我見到很多志同道合的外副及學生會幹事。在衆多議題上如政治民生校政參與，我不再感到孤獨。我們可以各抒己見，一起參加遊行集會，所以我較喜歡置身於學生會之中。

亦因為要經常到本部開會，我發覺本部生活是極之多姿多采。那裏有數十個興趣學會 (ICA)，不同的院會，再加學生會中央，本部差不多每日都有講座、展覽或義賣，還有各式各樣眼花撩亂的宣傳活動，使人有應接不暇的

感覺。

這也難怪，本部匯集了各種各樣的人材及資源，每人都可以積極參與推介自己喜愛的活動，每人都可以自由選擇自己鍾情的項目。相對之下，在醫學院裏，人力財力都有所遜色，課餘活動的選擇就自然受到限制。

在本部裏，或工作或機緣巧合，我認識到其他學系的同學。他們的思考方法與我們的相差甚遠，使我大開眼界，有時甚至有衝動去修讀他們的一些課程，給自己營造一種「博學」的感覺。當然這些只是我碰到的一小撮！

在本部，我會暫時忘記沉重的讀書壓力，彷彿壓力只是屬於其他學院的同學。

這幾個原因漸漸使我不願侷促在沙宣道及醫學院裏。遠離本部是醫學生的遺憾。

正就是這個「隔離」使每個醫學會的外務副主席都要比其學院的外副多做工夫。其他的外副不用抄寫黃克競樓的大字報，但醫學院的外副就要這樣做；大部份學生會搞的活動，其他同學都能透過學生會幹事的宣傳得悉，但我們的外副卻要自己在醫學院裏自己搞。一個盡職的醫學院外副真不易為！

General Secretary

The day I picked up my pen to write this passage was already a year since being a member of Exco (and probably two by the time that this gets published!).

Quite a number of events that occurred during the term of office are already becoming vague, but still, certain flashbacks could be envisioned distinctively in my mind. As I tried to recall how I became an Exco, I could clearly visualize some six of the then would-be Excos gathering together in Bayview Restaurant the morning nominations were due, making a last minute decision of whether to go-for-it or quit together. Just as vivid was the incident outside the Anat. Lab. where I 'fought over' the post of Gen. Sec. with two other Exco members!

Looking back on some notes that I had scribbled on the reason of joining Exco on our first meeting, I couldn't believe how corny it was: to achieve a well-rounded education through organising activities. Yet on further thought, I realized that it was actually fulfilled to some extent, for during the year, I got to experience more aspects of Medic life; of the ones I found most fascinating and memorable (least to say enjoyable though!) were those election campaigns and council meetings.

After almost two years, the eight odd hours of mock campaigns and twelve hours of central campaign still raked up as a nightmare. Nevertheless, it was beneficial in that they provided us the opportunity to get our roles into perspective and helped us to see ourselves in the right orbit.

As for council meetings, I had hardly any idea what they were all about when I first decided to be an Exco; nor were the formalities, orders and the long hours of meetings ever within my imagination. Thinking back, my role as a councilor has never been active and sad to say, I have always found the meetings somewhat tedious.

Victoria Wong

Still, the year passed rapidly. Reflecting back, it seemed that I have had a busy year but to my disappointment, there wasn't much that I could be mindful of doing - except sweeping the floor of the Medso Room every now and then - so there goes the sense of achievement! Yet the friendship that I had gained during the year was something that I found most rewarding and gratifying, without which, times of depression would not have been easy to pass through. Precious memories, ranging from the 'midnight meeting' in our 'Exco resort', to the hotspot dinner in the office, to our tour to Macau will be well treasured in my heart, but I wonder whether we'll ever have the chance to do it again.

In spite of the much heart-warming times shared in the Medso office, I couldn't help being relieved when the year of obligation finally came to an end and that another group of enthusiastic 'fresher men' took over our post to strive for a better Medso.



外務秘書

家樂仔

每年當要找人「上莊」的時候，最難找到的便是負責外務的三位幹事（尤其是時事秘書）。今年便只有我和小魚兩位擔當外務的工作。對於一年班的小魚來說，外務副主席這個職位是十分陌生的。但經過一段時間之後，他很快便上了手，而且對這份工作越做越有心機，他看來很有天份。在整年的工作上，他很落力和認真，事事務求做到最好。而最後的成果也令大家對這年外務工作十分滿意。縱使缺少了一位時事秘書，我與小魚也並肩作戰，希望能盡量將重要的時事帶給大家。遺憾的是我們其中一項工作計劃不能完成——醫院管理局。但我們仍然張貼有關醫管局的簡單資料在壁佈板上，使同學對它不致太陌生，並有待日後的外務幹事能向同學再作深入介紹。

在過去一年之中，工作十分繁忙。其中原因是「人少工作量大」，其次學業也不能不顧。

及。所以這一年算是十分難捱！就當對自己來一次挑戰，把自己推至極限。在這段日子裏，很幸運能認識到一班好朋友（其他幹事）。我們互相扶持，相處十分融洽。這是我「上莊」的最大得益，也令我畢生難忘。雖然在這過程中也有不愉快的事情發生，但最後投契的一班也能走在一起把「它」消除。這更拉近我們的距離。

大家看到這裏也可能不知我在說什麼！這不要緊，只要你們知道「上莊」都只不過是五年醫學生涯中的一頁。錯過了，也不要太惋惜。不過，「上莊」的經歷可帶給你不少回憶和得益，當然也有失落與苦惱。其實，很難用文字來與大家分享「上莊」的苦與樂。這些都要大家自己去領略呢！

最後，在此多謝「大口」為「精忠報國」繪了一幅非常趣怪的漫畫。看大家能否找到認識的幹事！



財務秘書

欣兒

從沒有想過可以把上莊的感受記錄在屬於自己年份的「杏雨」內，在這些年頭，願意走出來承擔的同學，已經越來越少。今期杏雨幾位編輯的出現，實在叫人興奮和安慰。「它」使這幾年的醫學生活動的日誌不致流於空白，也是同學的一份福氣，對嗎？

畢竟，上莊，當醫學生會財務秘書，已是兩年前的事；今天，記憶已不能完整，昨天的往事亦變得依稀、模糊，剩下來只是一些零碎，但卻依然醉人的片段……

當財務秘書是吃力的，工作尤多，但從中可以接觸很多不同類別的人，擴闊了自己狹窄的生活圈子。還記得在籌辦醫學會的學生貸款時，由派申請表格，計分，至聯絡有關職員開會，宣佈結果，都是「一腳踢」；相反，在週年籌款裏，我則要負責領導小組工作，與對外機構接洽，這決策性的領導工作對於我這樣一個優悠寡斷，處事幼嫩的人絕對是一個大考驗！



在初上莊的時候，除了三年級的阿刁(主席)和家樂仔(外務秘書)外，我們都是剛跨進大學校門的「新丁」，有着青年人的一般特徵：幼嫩、沒有經驗、思想也不怎麼成熟，但卻有一股傻勁、熱誠，對自己信念的執着。憑着這些和一班亦師亦友的莊友的同行，我們經歷了多姿多采的一年：繁重的莊務、人事的問題和許多、許多心底的掙扎……

還有值得一提的，就是當時一班很好的莊友，通過莊簿和大家在Soc房相聚的時間，無盡的歡笑、慰問、關懷把我們的感情緊緊扣在一起。

到今天，曲終人散的定律，也許不能避免，當日的情誼，亦已難復再。這段叫人歡笑，教人落淚的日子將永印在回憶深處……

文康秘書

關思禮

好多人認為，作為一個醫學生，功課壓力已不少，哪有時間再攬活動呢？這個隱憂，對於每個Exco來說，也是存在的，當然自己亦不例外。然而，內心深處亦好像有把聲音告訴自己五年的醫學生生涯若平平淡淡地在圖書館中渡過的話，自己將會後悔。我不甘心自己的全部也放在書本上，作為一個醫生，學識與品格同樣重要。剛二十出頭的我，自問有很多東西不懂，很多事亦未看過，未經歷過，自知待人處事方面，亦有很多不足之處。因此，在一踏進大學不久，仍未完全適應新環境之下，就毅然上莊，希望可以磨練一下自己。

上莊的心情，就像剛入大學時一樣，都是戰戰兢兢的，何況自己更選了Soc. Sec.的職位。雖然自己不能說其他職位很輕鬆，但未上莊前，已經知道這個職位是十分吃力，而表現更是很容易成為別人批評的對象。自問不是一個很「Sociable」的人，不過，這不就是更有挑戰性嗎？自己是希望做過Soc. Sec.後，可以變得更「Social」的。

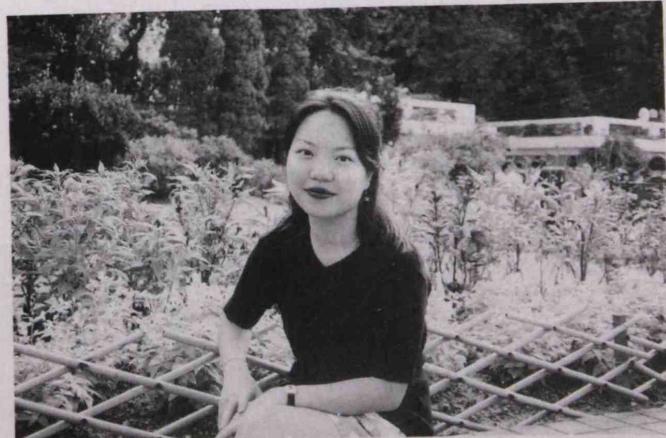
自決定上莊後，立刻有種患得患失的感覺。旁人潑的冷水，還未習慣的大學生活、Campaign時的挑戰、難關，以及Polling後原本已累積未讀的書本變本加厲的情況，1st Term Test的恐懼，都使自己變得不安、徬徨，更加預測到未來一年內，也會是一條很長很重要的路，自己的心情，就好像將要上戰場一樣，而唯一可以互相扶持的，相信就只有其餘九位的戰友(Exco)了。

作為一個Soc. Sec.，就是盡量搞一些文康活動給各同學，希望可以令醫學生在沉重的功課壓力下，可以輕鬆一下。然而對於所搞的活動，照以往的去做，又會被人批評沒新意；過於新穎的話，又怕同學接受不來，往往就是難於取捨。不過，希望大家能體諒，因為每年的

Soc. Sec.多數也是由一年級擔任，而即使節目是舊橋，對於一個新鮮人來說，也是新鮮的，每人也有不同做法，而效果亦會不一樣。

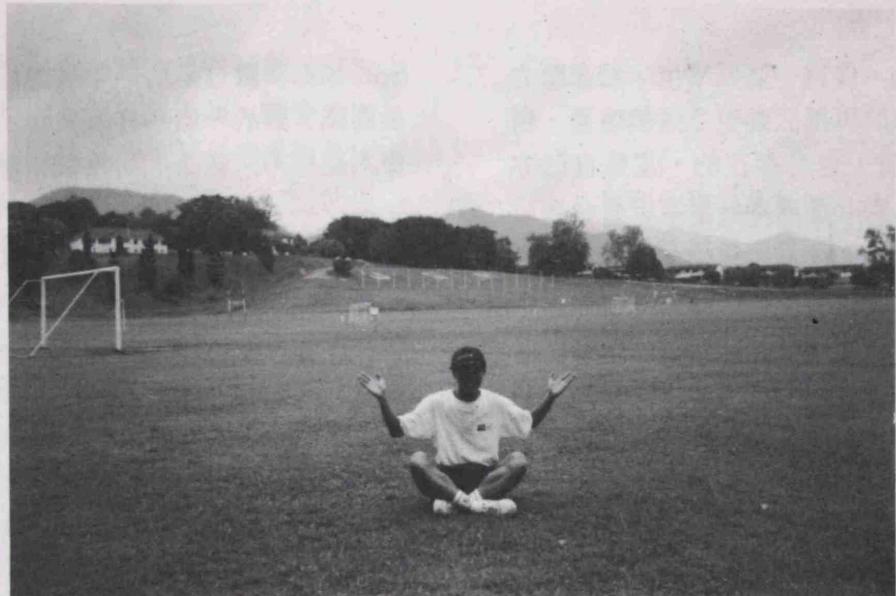
個人認為，上莊最大的收穫，就是贏得一班莊友珍貴的友誼。雖然每人也有自己的工作，各有各忙，但就是憑着在Soc房一起的日子，友誼慢慢地建立起來。不過，有得必有失，我們的關係越好，相對地，和其他班中的同學就越少接觸。再加上，很多時候，別人越不了解Exco的立場及工作時，誤解及Stereotype的情況就越嚴重，有時候，真的有種無奈及身不由己的感覺。

一年的Soc. Sec.生活，可以用忙碌、緊張、充滿壓力，但又刺激、富挑戰性、具成功感來形容。打電話、Book場，做Banner，Call Mic等，已經成為Soc. Sec.生活的大部份。雖然，付出的與收穫的未必可以成正比，但是，所得與所失，真的可以那麼容易衡量及計算嗎？



體育隊長

鍾沛康



真摯的友情，是有跡可尋的。

Raymond、樹熊、肥基：記得 Medic Nite 我們做的默劇嗎？還有班際的比賽，你們 Mini 合力炮製的運動戰衣，真是萬分感激。

豬仔俊、簡化謙、Hunger Chan：記否我們是由 Soc 房開始嗎？漫漫寒夜、枕戈待旦的「衝書」，友情從點滴情懷中堆積。雖然 Specialty 不同組，但打機、Flora Ho 追逐戰等等……相信不會不預我吧。

Pauline、志偉：原諒我——醫學院的 Superstar 不多，累得很多比賽都要你們「頂重飛」，但你們的雪中送炭，我將銘記於心。

Jac、阿南：雖然每年院際比賽你們都陰差陽錯地因要事無法拔刀相助，但你們的誠意我只能無言感激。

啊！還有九七班的 Danny：今年的游泳比賽中，很高興見你老遠的趕去 Stanley Ho 游接力，但竟發現你有「車咗肚」（一笑）；還有細康：見你在比賽中「撲完蝶」又要游接力……自己卻愛莫能助，對不起！

當然，各位見義勇為的大小仙：謝謝你們的支持和參與！！

對醫學院 Sports Team 有貢獻的，當然未能一一盡錄，藉此我向你們致以萬二分的謝意，你們的熱誠在我腦海中交織成美好的回憶。

任職一載，略有所感：

體育幹事最好由一位高班男同學及一位低班女同學擔任。因為一年班的女幹事可以召集多些女孩子參與院際比賽，而高班的體育幹事則人面可能比較廣，能呼籲一些高班同學參與。

一同工作，磨擦自然難免，大家互讓一步，何嘗不會海闊天空、冰釋前嫌呢？學習待人處事也是上莊的一項資產啊！

各精忠報國的成員能有緣走在一起籌辦活動，苦樂參半的經驗確是畢生難忘。

各位同學，並不是一年班的同學才有時間「上莊」，只要分配時間得宜，「上莊」是一個好的磨鍊。

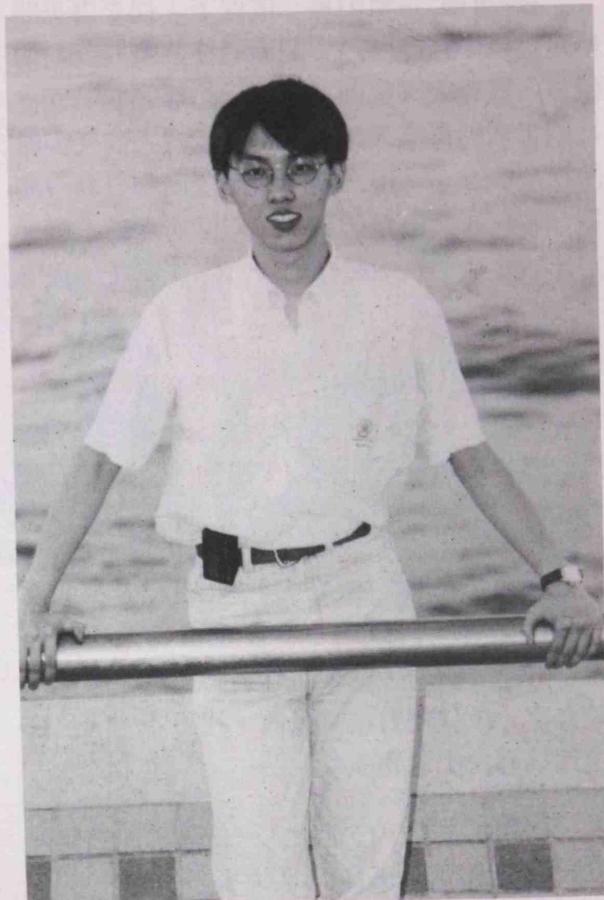
體育秘書

李兆康

雖然在一年前已經落了莊，但對於一年的上莊生涯仍記憶猶新。回想起兩年前某天，忽然有人向無知的我說：「你有興趣上莊嗎？體育秘書一職頗適合你，何不嘗試一下呢？」因為這番說話，我便當上了體育秘書。

很多人會說體育秘書工作簡單，只要負責帶隊作賽便行。但當了一年體育秘書的我並不認同這番說話。除了帶隊以外，還要兼顧很多其他事務。每次帶隊完畢，發臭的球衣還得勞煩其他住宿舍的「莊友」幫助清洗，自身卻要趕回醫學院開評議會，半夜三更才拖着疲乏的身軀回家。別以為這時候我能夠開始溫習或睡覺，我還得拿起Handbook，搖電話通知明天比賽的健兒們地點和時間。視乎運氣，需時半至兩小時不等。

四、五月期間，因為班際比賽正式開鑼，工作尤為辛苦。每晚參與球賽，有時甚至兼任球證，連晚飯也沒有「着落」。歸家後，還需做紀錄、及聯絡各班班代表等。至於功課上，Abdomen, Resp. Physi，一概不通，滿腦子只有比賽時間表。為期一個月的班際比賽幾經艱苦才告結束，滿以為可以休息一下，可是期考又迫近，只得拿起課本，急起直追了。



好不容易才等到落莊的一天，但落莊後的我反而覺得寂寞難耐。整天對着沉悶的課本，卻又沒有藉口丟下，只有繼續努力，準備即將來臨的M.B.試。

總括整年的上莊生活，得到的並不比失去的少：我結識到各年級的師兄姐，並且懂得怎樣利用僅有的時間去溫習堆積如山的課本。

「有否後悔上莊？」「不！」

「會否再上莊？」「不！」

為什麼？高年班上莊太辛苦了，一年級嘗試一下則無妨！

福利秘書

曹慶恩

在「杏雨」編輯的再三催促下，我不得不開始寫這篇「落莊感言」！翻看過往數年「杏雨」的報告，發覺大家都面對着同樣的難題——回憶近兩年前的舊事。這是因為難以找人擔任編輯的緣故。今年，得到幾位九七班同學自動請纓擔此重任，實屬難得，在此希望隨着幹事會加設出版秘書一職，以後的「杏雨」能準時出版。

看！話題又扯遠了，這是我的老毛病，請多多原諒！為了這篇文章，我可不是全無下過功夫，我把昔日屬於「精忠報閣」的「莊簿」略略的翻過一次，使我勾起一大串回憶。當中固然有苦有樂，那確是一份「非旁觀者的感受」。

至於上莊的經過及原因，相信已是一個很陳舊的話題，而我也不打算在這兒作長篇大論。唯一想說的，就是雖然當初上莊的決定比較倉卒，但我絕對沒有後悔，我所得到的，甚至比我想像中還要多。

福利秘書的工作常給人一份瑣碎的感覺。沒錯，其實我的工作除了大家熟悉的文具供應、出產物品外，還要聯絡有關辦公室的水電維修、信用咭的推廣計劃和出席灣景餐廳的消費者委員會等。工作有時的確很煩悶，但重要的是從中發掘樂趣，不斷的給自己動力。每當看到同學穿着Medic風襪，在Resi見到勁過杯等，那種滿足感實非筆墨所能形容。

老實說，上莊可以說是對自己的一個磨鍊，得益最多的亦是自己。雖然只是短短的一年，但我的眼界就大大的擴闊了。我可以接觸到很多不同類型的人，使我有不同的體會，這可以說是我在醫科生涯中的一個驚喜！當然，在這一年中亦有令我低沉的時候，尤其是成績方面，可以說是到了人生的新低點。我固然相信這和我的工作沒有太大的關係，但旁人可不是這麼想。曾聽見有人在背後的冷言冷語，什麼「Exco有書唔讀去攬嘢」、「Exco都預咗唔過啦」等，當中的壓力可想而知。

寫到這裏，實在有些經驗想和將來有意上莊的同學分享一下，當然這亦是我主觀的感覺，不過仍希望大家想一想。首先，近年上莊的差不多全是一年級同學，很多高年班同學都會對「新鮮」幹事的工作加以意見，但希望同學不要只聽片面之詞，最好多參考幾個人的意見，自己再作分析才作出決定。其次，醫學院無可否認是一個大家庭，所以有時很難做到公私分明，但切記，遊戲始終有其規則，請同學們多加留意。此外，各幹事之間必須通力合作，切忌「各家自掃門前雪」。最後，希望大家細心考慮才作上莊的決定，否則中途後悔而自動消失時，不單是自己的遺憾，亦是全醫學院同學的遺憾！



在這篇文章結束之前，很想藉此機會作一些鳴謝啟事。很多謝在這一年來和我並肩作戰的莊友們，你們的友誼實在珍貴。另外，對於經常向我提點意見、在旁鼓勵的大仙和同學們，請容許我在此向你們作衷心的感謝！

寫在最後，希望將於未來上莊的同學們好好地珍惜這個機會，同時謹祝你們能渡過豐盛、難忘的一年。

啟思

郭永康

要回憶近一年多的事情，實在不易……
印象中只有「辦報」的感覺：每每都是開會討論來期內容、人手分配、維持工作進度、追稿、對稿、排版……周而復始，期期如是。雖然工作單調，但每當新一期啟思面世時，那份感覺就如一個生命的誕生——一切都是有血有汗；那時，喜悅掩蓋了所有的辛勞。

翻看着自己的成果，發覺今年的啟思似乎側重報導政策上的改變：政府的健康諮詢文件、醫管局的分流計劃、救護車的管理問題、醫學院臨床教學時間表的改動……等。儘管種種改革曾分別引起許多風風雨雨，但它們卻在爭辯中落實了，全因有關方面抱着一個堅定不移的信念：新措施在質及量上都勝舊的一籌，而更能達到更理想的效果……是耶？非耶？唯



在來稿方面，亦比預期中踴躍。大多數專欄每期都有來稿。投稿方面，無論在質或量方面，都令人滿意。



最後，要萬二分感謝兩位副編及衆編委。雖然自己在任內忽略了聯繫的問題，缺少了工餘活動，以致大家每每都只是為了開會、排版等才聚首一堂，但在工作上，大家亦能全情投入，鼎力相助。這實令我深受感動。
當然，亦要多謝各同學一年來的支持及參與。

健康委員會

馮惠君

健康委員會這個名字，大家一定不會陌生，由大家一踏進醫學院開始，便有機會接觸健委。但是，又有多少人能清楚知道健委在做什麼呢？

健委成立只有簡單的兩個目的：
一、提高醫學生對市民健康的關注
二、代表醫學會提供有關醫療的社會服務

但我們背後卻有不簡單的抱負——希望把「基層健康照顧」(Primary Health Care)的理想推廣及實踐。

要達到這個目的，健委的工作分為對外及對內兩方面。對外的社會服務，我們經常會到不同的地方，例如公共屋邨替市民做一些健康檢查，有量血壓、驗糖尿、人體模型、展覽等，而我們亦經常被邀請到一些社區中心舉行健康檢查。講座方面，繼反吸煙之後，新設的器官移植也到過港九新界七十多間中學舉行。對內方面，我們也籌劃了兩個內部研習，包括PHC及輔助醫療人員面面觀(Paramedical in HK)，通過小組討論及不同醫療機構的走訪，是非常有助低年級的同學了解健委背後的理念及醫療人員之間合作醫護病人的情況。

只有一羣醫學生組成的健委，要實踐基層健康照顧的理想實在太難了，路途太艱辛、太遠了，我們在人力和物力方面都太不足夠，但

我們深信通過各種不同的活動及研習，或多或少，我們都為社會出了一點力，而更重要的是我們從中學會了與人相處和溝通的技巧，培養出服務精神和自信心。多體驗、多學習，和擁有一顆熱誠的心，都是將來成為一個好醫生所必備的條件，亦為貢獻社會踏出了第一步。

還是談談這一年上莊的感受吧！上莊後最使人雀躍的是看到很多熱誠的九七新鮮人加入健委，心想健委從前只有十多人到今天變成這麼「龐大」的組織，必然可以大展拳腳了。始料不及的是人多卻帶來了一些問題，例如怎樣統籌這個組織呢？要維繫各班健委人、分工合作，殊不容易，這便成為我上莊後第一個迫切的任務了。幸好得到大仙們及各健委人的合作，健委這個「大家庭」工作總算順利。其後由於醫學會新辦公室的落成搬遷，為了健委房一向「出入平安」的問題，又帶來了一些爭論，幸好最後還是一一解決了。

自己能力有限，每次遇到困難，卻幸運地得到一班支持自己及健委的好朋友幫助，為我分擔了不少工作，健委亦慢慢地上了軌道。在此必須多謝九四大仙牛、昌、力士、Michael Poon和各健委人的支持，當然少不了多謝我的得力助手Anthony。

希望以後健委大家庭一團和氣、工作順利！



醫學院院務委員 (Faculty Board Representatives)

院務委員九二——九三 何蓓

院務委員一職，每年都要幾經辛苦才找到人上任，而他們的工作，亦很少同學會過問。其實在這個不斷改變，科技膨脹的年代，樣樣事物都要不停改進以求最好。醫學院亦是一樣，固有的教育方式、課程等不一定不好，但總要不斷檢討——加入有需要的，減去一些不太好的。這個過程，是一定需要同學們的關心及回應。學生代表則扮演着橋樑，將院方及同學的意見交流。

然而，目前有多項因素導致這種意見交流沒有充份進行。首先，教政並非大部份同學關心的東西，要找幾個學生代表也困難。另外，也有錯誤成見認為院務委員就像舉手機器，並不能改變什麼。院務委員的工作亦缺乏監察，也沒有固定途徑去讓院務委員向同學們報告工作進度。這些問題儘管是十分難解決，但卻也是極待解決的。希望在未來一兩年內在對院務委員工作監察上會有進展。

誠然，要院方尊重同學們的意見，明白學生的疾苦，建立更好的教育制度，首先就要同學們對校政關心。



杏雨九三

「杏雨」中的點滴「杏語」

屈詩曼



「杏雨」是醫學會的年刊，表面上它只是記錄醫學院一年復一年的歷史，但當你細讀每篇文章時，你也許會察覺到它並非止於此：它所包涵的是八百個生命在薄扶林沙宣道上一起走過的三百六十五個日子！

一串一串的「杏語」牽來了無限回憶……

你還記得九三年度的學年是怎樣渡過嗎？是多姿多采的？是戰戰兢兢的？是充實忙碌的？或是不知所措的？無論那年的生活怎樣，總有些令人難以忘懷或叫人回味無窮的片段吧！

回想當年，筆者只是個幼稚無知的「新鮮人」，對於大學生活充滿着憧憬和幻想，結果這片世外桃源被現實的縱火者轉瞬間破壞得面目全非。或許你也會像多愁善感的筆者一樣，在理想與現實的裂縫中唏噓嘆息過，然而當那顆「執迷不悔」的信念仍堅守不減時，卻頓悟出原來一切的幻滅也即是一切的建立：每一次的失望也帶來一個新希望，每一個失意沮喪也牽來一顆掙扎奮鬥的心……

一場一場的「杏雨」抹走多少光陰……

不知為何醫學院的時鐘總是走得特別快，追逐得筋疲力盡之際，原來已過了三個年頭。這三年的寶貴青春，你給予它什麼的色彩呢？九十年代的大學生，常被批評為一羣眼光短淺、不思進取、只懂吃喝玩樂的既得利益者。有時候，筆者也會反問自己的大學生活，是否

與他們所批評的大同小異。不同的生活方式和處世態度反映出不同的價值觀——包括對個人自身的價值觀。試問一個從不自重的人又怎能得到別人的尊重？別人常說這個年頭的大學生一屆不如一屆，究竟是偏見還是事實？大學生在社會上地位的下降，問題究竟是出於大學還是大學生本身呢？古語有云：「大學之道：在明明德，在親民，在止於至善。」那份修身正心，自強不息的信念，是否仍然掛在心上？或是早已忘掉了？

一本一本的「杏雨」留下多少歲月……

春去秋來，日子無情的匆匆流過，要把它挽留下來，就只得把一段段歷史轉化成文字和相片，寄存在一片片的白紙上。沒有過去，又豈有現在，更休談將來。然而，過去和未來其實都源於現在這一刻——也是我們在時間的直線上只能把握的這一點時光。要追尋燦爛的回憶，要締造理想的未來，就必須好好把握現在，好好裝備自己，磨練自己，待機會來臨時盡情發揮所長。那麼在你生命的「杏雨」中，每一頁都將是色彩繽紛、燦爛奪目的。

當你看完整本「杏雨」後，快要蓋上封面，快要把自己從過去帶回現在時，就別忘了留下象徵着杏雨的「紀念品」——一顆熱的心——一顆熱愛生命、敢於接受生活上種種挑戰的「醫者心」！

(co - se) nsons



Activities

Calendar ('92 - '93)

1992

November

Mock Campaign
Central Campaign
Polling



December

Medic Ball
Campus tour for matriculant students



1993

January

Promotion of "Political Reform and of the Legislative Council Election before and after 1997" by Exco
Publication of Handbook '93
Publication of Caduceus
Lunar New Year Celebration -- 桃紅燦艷喜迎春
Joint Welcoming Party of AMSA (HKU and CU) at University Hall

February

Inauguration Ceremony
General Polling on Political Reform



March

Establishment of a Campus TV outlet in the Medic campus

April

Film show on 'The Hand that Rocks the Cradle' (搖籃驚魂)
Completion Inter-Faculty Sports Competition '92-'93 + Presentation Day
Inter-year Sports Competition
Publication of Caduceus
Visit to Jiang Man Hospital in China of AMSA

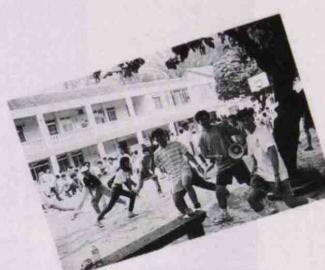
May

- Inter-year Sports Competition
- Film-show on 'My Left Foot' (無悔今生)
- Book Exhibition
- Promotion week for Medso products
- Blood Donation Day



June

- Memorial slide-show on June 4 event
- Publication of Elixir '90



July

- Publication of Caduceus
- Interflow Camp '93
- Campus tour for matriculant students
- Gala Premiere '93

August

- Medic Orientation '93: "Medic Touch"
- 14th Asian Medical Students' Conference in Taiwan
- Annual Fund Raising -- Gala Premiere: A Heart in Winter
(*Un Coeur en Hiver* 今生情未了)



September

- Health Exhibition '93 (生命重燃—認識器官移植)
- Medic Orientation '93: "Medic Touch" -- High Buffet Nite
- Seminar on 'Towards Better Health - a Consultation Document'
- Inter-year Aquatic Meet
- Campus tour for matriculant students

October

- Campus tour for matriculant students
- Medic Festival '93



November

- Medic Nite '93 + Medic Presentation Day
- Publication of Caduceus

Medic Ball '92 - Dancing in Harmony

關思禮

Medso每年也會在聖誕節期間舉辦舞會。一個舞會成功與否，除了O. C.事前的準備功夫外，地點也是一個十分重要的因素。今年較過去數年幸運，因為終於可以在「西環大舞廳」——陸佑堂舉行。日期則在於十二月二十二日舉行，雖然不是正日，但佔盡「地利」，已經很足夠。

為了增添當晚氣氛，尾段時，除了有幸運大抽獎之外，更增添兩個獎項——「最具特色服裝獎」及「最合拍舞伴獎」，在場的同學也玩得十分高興。

除此之外，賣花是一種既可增添氣氛，亦可賺錢的途徑。當晚賣花的成績十分好，O.



舞會在黃昏六時開始，不過O. C.早在下午三時已經開始準備佈置了。開始的一小時「人丁單薄」，但過了七時後人羣開始多起來，而O. C.們也開始忙碌起來。不到一會，熱鬧、歡樂的氣氛，已經籠罩着整個陸佑堂了。但是，O. C.們一點也不敢鬆懈，有些忙着「炒黃牛飛」(註：由於Regulation上不准同學在當晚賣Ball「飛」，而有很多人又無「飛」而來，所以O. C.就不敢「明刀明槍」，只有鬼鬼祟祟地帶着想買「飛」的人到黑暗的地方「交易」)，有些則忙着招呼來賓，有些則拚命地向男士兜售鮮花。

由於Medic一向以來，也是「陽盛陰衰」，所以聰明的O. C.們，也就邀請了一批女嘉賓(商科的女生)前來，可惜，當晚卻有多位女士坐「冷板櫈」，這歸咎於O. C.的預算錯誤，或是另有原因，就不得而知矣。

C.的落力表現是功不可沒的。有說當晚為了盡量把鮮花賣去，在完場前的幾首歌中，也將快歌改為慢歌，好讓各O. C.作最後衝刺！另外，有件秘密可能大家不知道，就是賣花的收入比預期中還要多，原因是有些O. C.自己也收到鮮花，在「犧牲小我，完成大我」的精神驅使下，只好忍痛把收下來的鮮花，割讓出去Recycle再賣。

總括而言，今次Medic Ball是十分成功的，而事前的種種憂慮(包括人數、金錢)，也隨着當晚熱鬧、興奮、歡樂的氣氛消失得無影無踪！

Inauguration Ceremony 交職典禮

Date: 3 Feb 1993

Time: 5:30pm to 7:30pm

Venue: Student Lounge, Pauline Chan Amenities Centre

About 50 participants including past and present councillors, representatives from the Science Society, Art Association, Law Association and medical students.



The present EXCO "精忠報國" led the audience to sing the MEDIC SONG.

Schedule

1. *Speeches*
2. *Presentation of souvenir to past councillors and guests*
3. *Inauguration*
4. *Medic Song*

~End~

After the Ceremony, picture of Dr. Keith Luk (the President), the present EXCO, some past councillors and the helpers.



New Year Celebration -- 桃紅燦豔喜迎春

——節錄自啟思25卷第一期

陳年娜

一輪喧嘩嬉鬧後，學生休息室又回復冷寂。餘下盡興後的遺跡——凌亂肥膩的食具、懸垂的燈謎、四散的揮春紙筆……

籌備數天的賀年節目「桃紅燦豔喜迎春」，個多小時內消化淨盡。一刻鐘前還是熙攘吵鬧，現在卻蕭條冷清。面頰通紅，肚子卻空空。

節目進行的模樣，與想像中截然不同。原以為我們一班籌委能於衆人未到時把一切糕點預備妥當，大盆小碟擺列酬賓，尤如自助餐。豈料實情叫人狼狽失措：時辰還未到，人影已幌幌，我們尚未準備妥當，唯有匆忙掛出燈謎、大寫揮春，以增加氣氛，並舒緩「廚桌」的擠擁情況。至於大廚們，可真忙過不亦樂乎，汗流浹背。

時辰到，大勢更形緊張：除了揮春、燈謎處人山人海，更多人對廚桌「虎視眈眈」，催促強搶，兼而有之，無奈爐火作怪，糕品慢熱，怎麼起勁加工，總是供不應求，叫人心焦如焚。

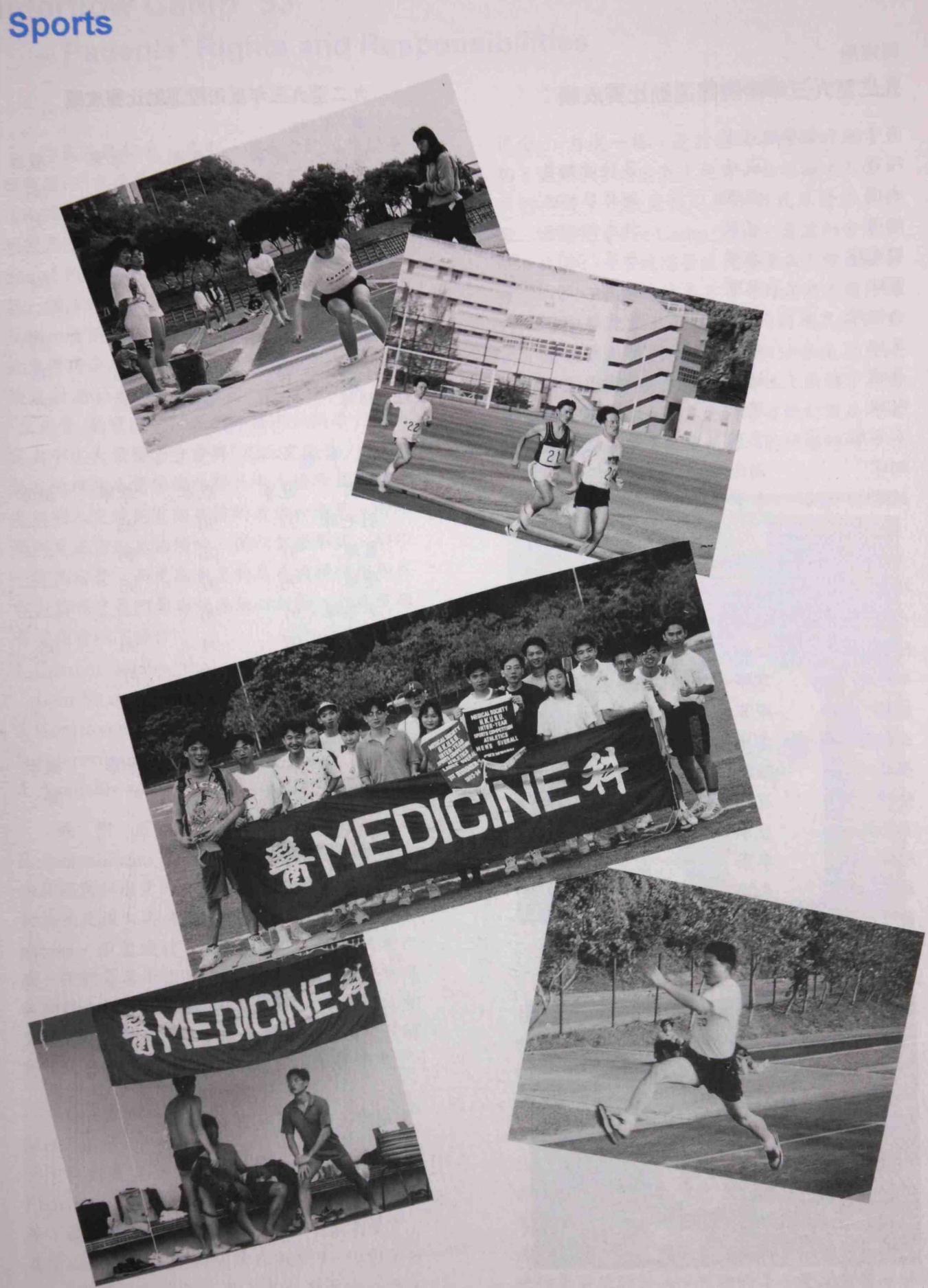
大仙同學們「咄咄相逼」，更出現「赤手空拳」搶食奇景。為了照顧「外圍」猜燈謎寫揮春的同學，我們這班煮得頭昏腦脹，快要失控的籌委，唯有奮力「防圍」，應付企圖「殺入重圍」的「獵食者」，頓時陣腳大亂：半瓶子油連油蓋也掉到鍋子裏；油炸的、三尖八角的、奇厚半熟的、掉到桌上的年糕和蘿蔔糕，也若無其事的拿去招呼他人。

嘈吵笑鬧之際，上課時間又到，各人四散離開，剩下凌亂肥膩的爐碟，半懸的燈謎，亂七八糟的揮春紙筆和垃圾……

我們仍要繼續，帶着倦態清理場地。然而換來個多小時的歡愉快景，倒也值得！



Sports



九二至九三年度院際運動比賽成績：

男子組：全年總亞軍

項目	成績	最佳運動員
水運	亞軍	謝梓華('95)
陸運	冠軍	許志偉('96)
羽毛球	季軍	卓華('96)
籃球	季軍	陳樹仁('97)
曲棍球	季軍	曾俊華('95)
足球	季軍	鄭振邦('96)
壘球	冠軍	王健文('93)
壁球	冠軍	巫浩源('93)
乒乓球	季軍	黃銘豪('96)
網球	淘汰	張勇仁('96)
排球	季軍	鄭恆國('95)

女子組：全年總亞軍

項目	成績	最佳運動員
水運	冠軍	李素敏('96)
陸運	亞軍	李若英('97)
羽毛球	季軍	巫少慈('93)
籃球	殿軍	張香忍('97)
曲棍球	季軍	陳素絲('95)
壘球	殿軍	李夏茵('96)
壁球	冠軍	曾寶玲('96)
乒乓球	亞軍	岑健('96)
網球	季軍	雷文清('97)
排球	季軍	廖鈺冰('96)

醫學院 Sportsman：夏威('97)

Sportswoman：巫少慈('93)



九二至九三年度班際運動比賽成績

男子組

項目	冠軍	亞軍	季軍	殿軍
羽毛球	94	97	95	96
籃球	97	95	96	94
壘球	96	97	—	—
足球	96	97	95	94
壁球	95	96	97	—
乒乓球	96	94	97	95
網球	94	97	96	95
排球	96	94	95	97

女子組

項目	冠軍	亞軍	季軍	殿軍
羽毛球	97	96	95	—
籃球	97	95	96	—
壁球	96	97	95	—
乒乓球	97	96	—	—
網球	97	94	96	95
排球	96	95	97	—

男女混合

項目	冠軍	亞軍	季軍	殿軍
曲棍球	96	94	97	95

班際男子總冠軍：96

亞軍：97

班際女子總冠軍：97

亞軍：96

全年總冠軍：96

亞軍：97

班際男子水運冠軍：97

亞軍：95

班際女子水運冠軍：97

亞軍：96

班際水運總冠軍：97

作為外務秘書，其中一個主要的工作便是舉辦類似「交流營」的活動。為何我使用「類似」這兩個字呢？因為以往的同類活動都受評議會批評為一個不但沒有交流，而只會尋歡作樂的 Social Function。甚至是浪費院會的金錢來搞一個活動給少數人去玩。其實，這些批評都反映出所謂「交流營」在近幾年也不能真真正正地舉辦得令人滿意。而且，醫學生也被批評為缺乏討論社會時事的能力。在這些不利於搞「交流營」的環境下，我們外務兩位同學仍然決定與中文大學醫學會合辦「九三交流營」。我們背後的理念是覺得搞外務其中一種所需的原素是與別人交流對有關事情的看法和意見。所以舉辦交流活動是必須的。但以什麼形式，則不一定為宿營。而更為重要的是在選擇什麼題目作討論呢？我們籌委經過細心討論，認為這題目必須有以下條件：

1. Current affairs that raise public concern (can be medically-related)
2. Controversial for discussion
3. Interesting enough
4. Available source of information

我們選出「Patient's Rights & Responsibilities」作為是次交流活動的主旨，而且認為以宿營的形式最為適合作全面一些的討論及交流。再者我們也打算加入一些 Social games，希望使這次宿營兼有嚴肅和輕鬆一面。我們籌委希望透過是次交流會，令參加者能夠對主題有深刻的認識及關注，以及能互相交流意見。此外，參加者也能互相認識，了解對方所屬院系的生活。

籌委會在四月才成立，由HKU及CUHK Medical Societies的同學組成，共有十名成員。我們更邀請其他院系參與，包括CUHK Pharmacy(第一屆)及理工學院物理治療系等，總共有六十多名參加者，都可算滿意了，其中以港大醫學院的同學人數最多(約佔三分之一)。舉辦日期為九三年七月九日至十一日，地點在將軍澳青年營。那裏「麻雀雖小，五臟

俱全」，自成一格，是討論或休憩的好地方。為了能夠讓參加者對主題有一些認識才入營，我們準備了一些資料以單張形式派發給參加者，亦舉辦了 Pre-Camp Talk，邀請到香港醫學會代表——李健鴻醫生及香港病人權益協會發言人——翁慧梅作為嘉賓，對我們主題作討論，希望以此來引發參加者的興趣及討論意欲。為了讓更多同學能知道和分享是次交流營，在九月我們於陳蕉琴壁佈板上張貼了有關的資料及照片，希望其他同學亦能認識是次交流營的主題，以及感受到營內的快樂時刻。



在組織上，我們也遇到不少困難，主要是由於籌委成員來自兩間 Medical Societies，各有不同做事方式，若不能包容的話，磨擦便自然產生。再者，大家考試時間不同，需要互相遷就以求達到分工合作。其次，時間的緊迫使我們更需要每分每刻也有成員在跟進籌備工作。宣傳亦是我們籌委認為一項十分困難的工作，尤其是邀請其他院系的參與，聯絡一環非常重要。幸好這次邀請到的 Para-Medical 同學亦佔大約一半人數，都算能夠有不同層面的同學作更廣泛的討論。可惜的是，是次宿營有着一種現象，就是除分組討論和活動外，當自由

活動時，同學便自然而然地返回自己院系的一堆。更差的是，在宿營末段，有少數同學因不能投入而提早離營。這是否反映到這次交流營不能達到原先的目標呢？攬小圈子，提早離營及參加者不能投入是否表示交流營的失敗呢？是否我們籌委逼大家去交流呢？大專學生是否不習慣討論，而只愛玩耍呢？是否題目不能引發討論，及缺乏新意呢？是否根本不應去交流，應搞Social Camp呢？這些問題也一一湧現。

為檢討這次交流營'93，我們特別準備了一份頗為深入的問卷在離營前派給參加者填寫。結果總算令人安慰。有達九成的同學認為自己能在是次活動中對「病人權益與責任」取得更深認識及關注。有大約七成同學認為能透過這次活動對其他院校同學的生活增加認識。問卷其餘部份是問及參加者對舉辦交流活動的一些意見，例如形式，時間，參與單位等。最後問及同學對營中所準備的活動的滿意程度，包括Group Presentation, Film Show, Pre-camp talk and Case study，其他Social functions有Mass games and singing together，綜合同學意見，以Group Presentation最為滿意。

「後感——」這次交流營有成功之處，也有失敗的地方。成功在取得參加者的認同，就是能透過交流營對主題作深入的討論和認識。其中最重要的是必須要有主題才能作交流，所以在挑選方面便要十分謹慎，否則活動便淪為類似「交流營」的Social function。失敗之處是我們沒有預料到的，就是我所提及的現象——參加者當自由時間時返回所屬院系。這實在使我覺得莫名其妙。若大家本着交流這個意念，就應盡量利用這個難得的機會去與其他同學互相認識，及其後在多方面互相交流意見，以求達到這交流營的目標。我想這點在以後舉辦交流活動的同學都需要留意。

最後，在此向參加的同學表示謝意，多謝他們的支持，也希望他們經過這次活動能啟發到對時事的關心及討論的重要性。更加要多謝各籌委的努力和忍耐，希望他們除了從交流中有得益，也能在籌辦的過程中學會不少處事做人的道理。



Annual Fund Raising '93

Gala Premiere – "A Heart in Winter"

鄭佩欣

每年，醫學會都會舉辦一次週年籌款，藉此籌集整年的學生活動經費，如健康委員會為社區提供之健康檢查的費用，啟思的印製，及幹事會所舉辦之活動經費等等。繼承以往的傳統，此籌委會的主席是由幹事會中的財務秘書所擔當，但可知道要組成一個完整的籌委會確實不易！當週年籌款的籌委都被公認為是一份「豬頭骨」的工作，工作辛苦不在話下，還要硬着頭皮四出籌錢。好不容易地，在各友好及其他幹事的協助下，籌委會終於在九三年一月成立。

隨着籌委會的成立，一連串艱苦的工作立即展開……

由於人手及資源有限，經過了十名籌委的周詳考慮，便決定了今年週年籌款的形式——電影首映。由於電影首映所需要的籌備工作不算多，主要只是聯絡電影公司及租借場地，所以我們的主力都放在籌款的活動上。不幸的是，今年廣告贊助方面反應冷淡，所以我們唯有靠籌委親身向General Practitioners及Lecturers募捐，幾經辛苦及波折才籌得接近預期數目的款項，各人總算鬆了一口氣。



七月三十一日，一個期待已久的日子……

當晚，香港科學館的劇院非常熱鬧，各嘉賓在電影開始前的酒會內，除了和同學們傾談問好外，還參觀了場內介紹醫學會的展板和各種現場售賣的醫學會產品（如今年新出產的Medso錶、勁過杯等）。至於當晚的電影——「今生情未了」得到的反應也不錯呢！當晚大約十時，隨着影片的結束，本年度的週年籌款亦劃上一個句號，大家都經歷了一個難忘的晚上。

反觀整個週年籌款活動，比較遺憾的是各同學的反應未見踴躍。其實，既然所籌得的款項都會用於學生福利上，如果能夠得到更多同學的參與和支持，是次活動一定會更有意義！



第十四屆亞洲醫學生會議

第十四屆亞洲醫學生會議(14th Asian Medical Students' Conference)於一九九三年八月一日至九日，在台灣的高雄和台北市順利舉行。這次香港派出的代表總共有三十名，其中包括港大醫學院十七位一至三年級的同學與及中大醫學院十三位一年級的同學。大部分的同學於會議開幕當天——八月一日抵達高雄市，隨即入住高雄國軍英雄館。這次大會對居住方面作了頗特別的安排，每位參加者都與三位來自其他國家的代表同房。雖然很多國家的代表平日慣用母語，英語不是太好，但由於大家也懷着開放的態度去結識朋友，因此語言也不會在彼此溝通或建立感情上成為阻隔。



其實是次會議主要由台灣高雄醫學院舉辦，並得到多個官方及非官方機構的協助，參與的代表分別來自八個國家或地區，包括台灣本土、香港、印尼、日本、南韓、泰國、菲律賓和澳洲。合共人數大約二百多名。這次的主題是環境醫學(Environmental Medicine)。每個國家的代表也圍繞這主題報告自己當地的情況。至於香港方面，就由港大的關添樂及梁偉民負責工作環境的陳述，而生活環境方面則由中大的黃學俊負責，而為了使各國的代表對我們的報告增加瞭解，我們更特地印製了一本精美的特刊，派給各國的代表，留為紀念。

除了學術上的交流外，這次的行動節目(Action Programme)也令代表們眼界大開。首先，同學們去了中國鋼鐵廠和中國造船廠。這兩處的參觀使來自輕工業發達城市的香港代表，增加了對重工業的認識。另外，同學們又參觀了第三核電廠，並向廠方發問了一連串有關輻射的問題，以配合這屆的主題——環境醫學。



而在台北的時候，同學們也被分別安排往台大醫院或榮民總醫院參觀。令同學們印象比較深刻的是台大醫院。台大醫院全名是國立台灣大學醫學院附設醫院。顧名思義，它是一所教學醫院，擁有全台灣最優秀的醫學教學人才；同一時間，它也是台灣最大規模的醫院之一，肩負起台北市及鄰近地區的醫療使命。它比香港的瑪麗醫院大，而以技術相比，也是有過之而無不及。至於榮民總醫院方面，大致上也跟台大醫院差不多。留給代表們最深刻印象的要算是其急診流程制度，這制度使所有急診病人也能獲得最適當的醫療幫助。希望日後本港的急診服務，也能得到此等效果。

其實全程最使人難忘的，應算是民族表演之夜(Cultural Night)。各地的代表也分別穿上了自己國家的傳統服裝，或表演舞蹈、或唱民族歌曲，務求把自己國家有特色的文化表演，和大家一同分享。其中最有趣的莫過於日本代表所表演的話劇：它講述一個醫生積勞成疾死去，而回憶起一連串自孩童時代至青年時的往事，內容生動有趣，並不是筆墨所能形容的。當晚香港代表的表演就環繞香港怎樣由一條小漁村發展成一個繁榮及現代化都市，最使人回味的壓軸節目是所有代表一起跳「火熱動感La La La」。雖然排練不足，錯誤百出，但也能把觀眾的情緒帶到一個高峯，更博得當晚一連串熱烈的掌聲和歡呼。



當然，這次同學們也有不少輕鬆的時候，好像到了台灣南部的墾丁國家公園。這裏的沙灘連綿數里之長，而且水清沙幼，代表們在那裏便渡過了一段快樂的時光。除此之外，同學們更到過不少大、小夜市，其中在高雄醫學院更碰上一個香港留學生，他帶同學們走遍了高雄不少值得參觀的地方，這也可算是「他鄉遇故知」了。此外，在台北及台中時，當地的醫學生也成了代表們的嚮導。他們樂此不疲地陪着同學們遊夜市，買東西，吃地道小菜……為這次的旅程增添不少色彩。

話說這次會議的籌備工作早在四月初已經開始了。來自香港大學和香港中文大學的三十位同學分作四個小組負責不同的準備工作。它們分別是Academic Section, Publication Section, General Section及Cultural Performance Section。為加強兩大同學彼此了解，在會議前更辦了多項活動以增加雙方的接觸。結果，在這屆會議的籌備工作中，發現雙方的同學的默契和配合都有進步，衆多難題都能迎刃而解。現在回想起來，也覺得很有滿足感呢！

總而言之，這次的會議實在使同學們的眼界擴闊了不少，對於其他亞洲國家醫學生的生活和文化，也增加了不少認識。而最值得同學們珍惜的，相信是與中大同學與及其他國家代表所建立的難能可貴的友情。這一切一切，都會深深的藏在同學們的回憶裏。

此外，不可不提的，是香港已獲得於一九九五年夏天舉行的第十六屆亞洲醫學生會議的主辦權。這是我們香港的榮耀，也希望藉此令更多香港的同學能參與亞洲醫學生會議。籌備工作現已在密鑼緊鼓中，而我們最需要的，是你們的支持和鼓勵呢！願同學也能把握這次的機會吧！



迎新九三—Medic Touch

李錦旋

九三年度的迎新活動，歷盡風風雨雨。八月二十日早上，三號風球高懸，各同學雖然被傾盆大雨弄得狼狽不堪，但仍依時出席上午的「新書介紹」；到下午，籌委原本安排了正式的迎新典禮，但由於颱風進一步直逼香港，也被迫在三時半腰斬，幸好當時主要嘉賓已致詞完畢。

八月二十五至二十八日是九三年度的迎新營，為期四天的「宣道園」生涯，相信還為各同學帶來不少的回憶。



最令人難以忘懷的相信還是萬眾期待已久的「秘密行動」——Secret Mission。大家都不會忘記各姊妹組「虐待」人的方法吧！紙皮隧道、金銀粉、腐爛橙皮、各種的顏料、白膠漿……到了最後，大家身上的衣服都變了五顏六色，手手腳腳都是黑髒髒，大家都在瘋癲着、互擲顏料、互擲墨汁，摟摟抱抱碰碰撞撞，大叫大喊，此情此景，確是畢生難忘。

一個最受新鮮人歡迎的節目是「Soci game」。這是一個模擬醫學生涯的遊戲，同學除了要兼顧學術及課外活動之外，還要理智地運用時間，以取得好的考試成績，可喜的是大部份同學都能明白Soci game裏頭的意義——

一個好的醫生，除了有基本的專業知識外，責任感、自信、合作精神等各方面的才能都是重要的。



其他的節目，例如Drama Competition, Cheers Competition, Mass game, Orienteering等，都受到各同學的歡迎，大家亦都能百份百投入這次的迎新營。

迎新活動最後一個環節——High Buffet Nite——原定於九月十七日舉行，但又由於颱風關係而被迫順延一個星期。當晚氣氛融洽和諧，而九三年度迎新活動也於當晚劃上句號。

總括九三年度的迎新活動，雖然歷盡風風雨雨，每個活動都受到颱風影響，但畢竟還是順利完成。除了新鮮人學了不少東西外，籌委自己也獲益良多。



健康展覽九三 生命重燃 — 謀識器官移植

吳咏志

九三年九月十日，籌備了九個多月的健康展覽終於在九龍尖沙咀中港城展覽廳隆重展出。是次展覽為期四日，到場參觀的市民約有七千人，而義賣小冊子所籌得到的款項約有一萬三千多元，成績確是令人鼓舞！



健展的意義

隨著社會的繁榮與進步，香港市民的教育程度雖然普遍提高，但他們對於器官及組織移植的認識和器官捐贈的態度和支持卻遠比西方國家人士為保守，而近年來本港急需進行器官移植的病人亦日益增加，此乃是造成現時器官捐贈供不應求的原因。今次的健展正是為了針對目前的情況，希望藉此機會增加大眾市民和我們一羣醫學生對於器官移植及捐贈的認識和支持。

展覽的籌備工作

在展覽會前，本籌委會曾邀請多位學術顧問在李樹芬樓的演講廳作十多項器官移植的講座，此項活動除了作為九三健展的頭項宣傳活動外，亦希望能增加醫學生和籌委會成員對於器官移植的認識。此外，在九三年的暑假前後階段，籌委會成員亦前往十多間中學作宣傳短講，並於九月初在多處公眾場所（包括九廣鐵路旺角站、社區中心、新世界中心等）設立宣傳攤位，並備有展覽詳情及宣傳單張派發給市民。

今次的展覽除了邀請到國際獅子會腎病教育中心及研究基金作為協辦的機構外，還得到了多位顧問、師兄、師姐和九八班同學的鼎力支持和協助；從整體而言，籌委會成員在整個活動的參與和投入方面，表現還算不錯。



展覽概況

承繼了歷年來健展的特色，今次的展覽項目包括有展板介紹、人體模型、病理標本、錄影帶、幻燈片和專題講座。此外，我們亦設立了多個攤位派發一些健康指南和器官捐贈卡予市民以及免費為到場參觀的市民量血壓、驗糖尿和蛋白尿。展場內亦有小冊子義賣，而得到的款項分別撥捐「腎之友」及「骨髓移植病人復康會」。在這四天展期內，到場參觀的市民約共七千人，而義賣小冊子所籌得到的款項約一萬三千多元。

健展後感

回想起當初能夠拿出勇氣擔任籌委會主席之職，實在是出於一份好奇和熱誠。在策劃和籌備的過程中，往往遇上了不少意想不到的困難，如同學之間的相處之道、展覽場地的選擇、展場設施的借用以及和協辦機構的合作等等，都需要費心思去解決；而龐大的工作量、意見上的分歧、測驗和考試的沉重壓力以及在醫學會評議會上的工作報告，凡此種種有時實在令人吃不消！倘若不是本着對責任的承擔以及得到了幾位「健展人」的積極參與和協助，恐怕我也難以渡過這一切的難關。在「邊學邊做」以及和同學的合作過程中，我確實發覺了自己不少的短處，以此同時亦真真正正的認識了合作的重要性。

回想九三健展能夠順利完成，實在有賴各方人士和同學的支持和參與，在此我謹希望向各位一一致謝，更希望各位籌委們繼續積極地面對將來每一項的挑戰，讓這生命活得更加精彩！



三九節學生節

關思禮

醫學生節是醫學院一年一度的盛事，因為每年一到這個時候，五年的醫學生也會聚首一堂，把平時緊張的讀書壓力，暫時拋諸腦後，放縱一下。

一如以往：扯大纜、食雪糕、飲啤酒、拗手瓜、歌唱比賽……都是不可缺少的。有人或許會批評節目沒新意，年年如是，可是這些「例牌菜」，卻是深得人心。每年這些活動，總能吸引一大批醫學生參與，總能把Student Lounge擠得水洩不通，這樣，又怎教籌委能夠忍心放棄它們呢？

今年吃的雪糕，再不是小柏林的Magic Cone，而是高檔貨Double Rainbow(級數與Dreyer's同等)。籌委一心想令各同學一飽口福，誰知卻帶來了一些副作用；有些同學，竟然給美味的雪糕吸引着，不理賽果，也要慢慢地品嚐眼前佳品；比賽過後，未吃過的雪糕更成為衆人的焦點，場面更一度十分混亂，醫學生久違了的精力及朝氣，又再重現眼前……

宣傳方面，籌委搞盡腦汁，創作了幾個口號，而這些口號，更滿佈整個醫學院，可謂無孔不入，甚至連大家如廁時，抬頭一看，亦可發現這些口號的踪影。除此之外，籌委更加邀請到Campus TV替我們拍了一段宣傳短片。除了四大天王外，我們熟悉的講師，例如Dr. Y.C. Wong, Dr. V. Lam, Dr. Yip等，也有份「參與演出」，在此，筆者向他們致萬二分感謝。

Medic Nite是醫學生節的高潮所在。當晚，除了有歌唱比賽的決賽之外，亦有班際話劇和Cheers Competition。每班也出盡八寶，使出渾身解數，除了希望博取評判的歡心外，亦希望得到在場觀眾的掌聲及歡呼聲。最後「醫學生節——九三」全場總冠軍的寶座由'98班奪得了。

有競爭才有進步，醫學生節的節目，在比賽的形式中進行，大家才感到更刺激，及表現得更投入。然而，最後的賽果孰誰是其次，最重要最寶貴的是大家都可以狂歡一番。



醫學生基督徒團契

基督徒的「小圈子」

陳煒嬪

相信當你走過Pauline Chan footbridge的時候，都曾看過寫着「醫學生基督徒團契」或「Medic Christian Fellowship」的宣傳海報吧！或許當你們看見「團契」二字時，只聯想到基督徒的小圈子——跟自己沒有什麼關係，便不屑一顧海報上其他的內容了。究竟這些海報在說些什麼呢？其實這些海報都在預告下一次團契聚會的內容。

每隔一個星期，我們都會聚在一起。不單是唱詩歌，還會彼此問候近況，高年級和低年級的同學互相支持和鼓勵。最重要的是我們都有同一個信仰，在團契中分享生活上的經歷。有些時候更藉着講道去討論一些與醫學不可分割而又富爭論性的問題，例如：安樂死、墮胎等。在聚會之餘，每班也有自己的祈禱會，讓我們將日常生活的遭遇，無論大小，都藉着祈禱求神幫助。聖誕節的時候，我們會到醫院「報佳音」，在病房裏為病人唱詩歌，又預備聖誕禮物送給他們，讓他們也能分享我們的快樂。假期的時候，我們也會一起到郊外遊玩一番，維繫感情之餘又可輕鬆一下。而每年的四月至五月期間，都有書展和佈道會。

假若你以為團契只是為基督徒而設的「小圈子」，那麼你就誤會了！其實團契非常歡迎每一位同學參予。所以，以後每當你看見我們的海報時，都請留步看一看吧！我們誠意邀請你參加這個大家庭，希望有機會與你分享我們的經歷。

Medic Cell

Medic Cell，一個由讀醫學院的天主教徒所組成的團體，一年五十二個星期四的下午五點半，都鐵定在 Student Lounge 的音樂室聚會，風雨不改。

你或者會問，那麼頻密的聚會，對於十分忙碌的醫學生，怎可以應付呢？這點可不用擔心，因為五個年級的人，會在一整年之中分工合作，分配好誰人負責聚會的內容。

經過多年來前人的種樹（大概已有二、三十年罷？），Medic Cell 已漸漸建立起一些傳統，如每年邀請 Ricci Hall 舍監吳神父來主持開學彌撒、醫療倫理專題探討、週年退省等等。另外，Medic Cell 在結構上屬於港大天主教同學會，因此可以十分方便地和港大其他各院系的 Cell 在不同程度的交流。

Medic Cell 是隨時開放給其他宗教信仰和沒有信仰的人，去探討人生、信仰，歡迎您來參加。記著，星期四五點半，風雨不改！





The Classes

九三班

李家駒

在畢業後一年半的時間要執筆寫出一些五年級所發生的事，確實有一點難處。確切的事和物已經隨着時間而沖淡，餘下的就只是對印象深刻的事情點點的回憶。

從一年級的迎新活動開始，我們一班同學便已經註定要在這五年中同生共死，雖然有些同學捨我們而去，例如移民或轉換修讀科目，但最終能一起畢業的，也確實是緣份和努力的使然。

要當一位醫生，艱苦的學習是少不了的，所以在到了專科實習期的時候，各人參與的活動明顯地少了，而由於全班分開了五組上課的關係，同學間見面的機會就更少了。同學要面對沉重的功課和考試壓力，平日的溝通就只有通過學術上的交流，與及在醫學生宿舍中共同生活時的閒談而已。但我想，這不會影響各人之間友誼的增長吧！



各人在五年的醫學生生活中都總有着不同的經歷和回憶，大部份都總會是美好和甜蜜的。對於我而言，每當想起在圖書館趕印 Term Test Past Paper，在Student Lounge搶答中華英雄問題的答案，在上Bedside Teaching時所發生的趣事，在陸佑堂叫Cheer 和演話劇，在閒談中談某講師的不是，在Flora Ho中作球類比賽或打氣，在上Lecture 時熟睡、在停車場作啤酒競飲……等等，都叫我心中甜滋滋的。這是同學間擦出的火花，令本來刻板的醫學生生活變得豐富起來。

但當我想起Kenneth Go……
盼你也有一個美好的回憶。



很久沒有寫文章了，太忙了吧！

由我來寫四年班的生活，未必是最佳人選，只是Elixir的編輯與我相熟而已。

當年事蹟，多少已淡忘，只能憶述數篇，讓大家分享。

遲來的春天

猶記得我們在Year 2齊心出戰Medic Festival，卻被當年更強的'93班比下去，又在Year 3以老大哥的身分敗陣給'95。在一致看淡的形勢下，當大家正埋首ENT，Forensic Medicine之際，Michael及昌仔竟帶領我們在陸佑堂贏得Champion，以四年級的高齡才勝出，可算是遲來的春天了。

小學的生活

大學本是實踐和體現民主的地方，明德格物，擇堂而上，為學之道，但Com. Med. 却帶我們重返往日的時光——Lecture簽名、Tutor點名、Talking「摘」名，又要參加課外活動，例如「遊覽」屠房、汽水廠等等「重要建設」，目不暇給。Seminar Presentation本是一個很好的經驗，奈何花了整年時間來準備，最後的聽眾可能只是班中的友好和伴侶。

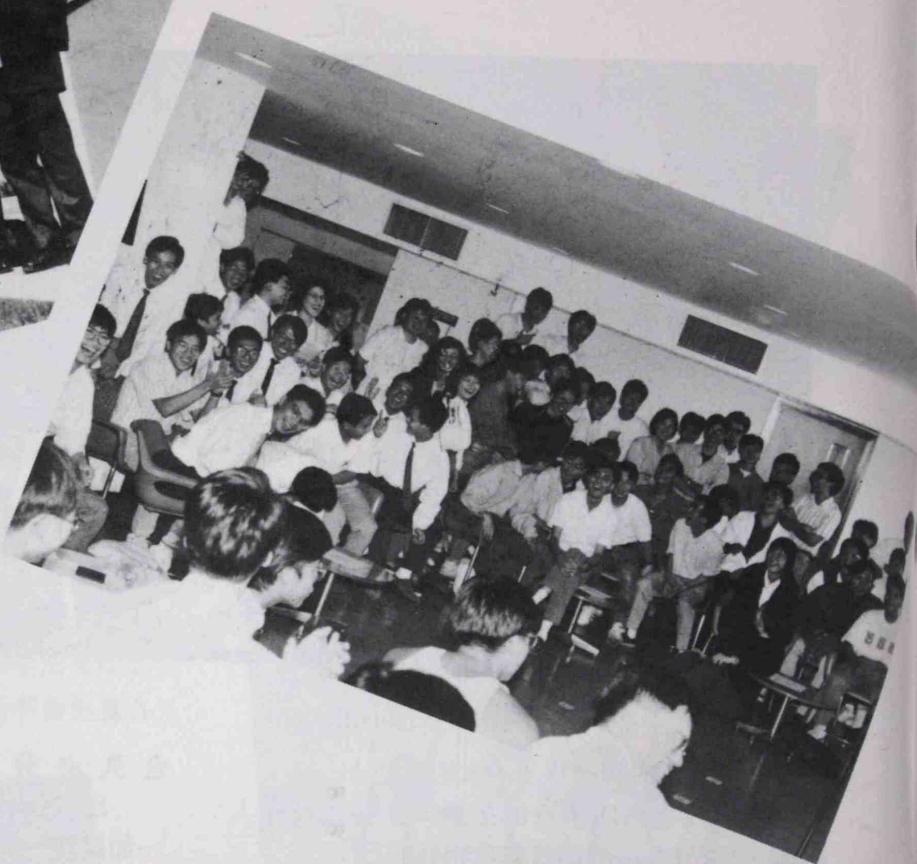
合久必分

Specialty的誕生，是成長必經的階段，一如以往，大家要經過多方面的協調和共識，才能建立國際新秩序。從此，由班變組，詳述Specialty的事蹟已是牙痛文學了。唯獨只有一件事情例外。

晨光第一線

團結一致是Specialty的特式，準時和出席是不可缺的條件，二十多人的小組，如果大家都只出席有用的堂、缺席沒用的課，那麼善良的少數便會受到無良的對待。

猶記得當年的一段小插曲——傳聞我班一名樣貌娟好的女孩子，恃着無比的童真，高估了教授的容忍度，在Dept. Meeting開始後的四十五分鐘(只是一句鐘的Meeting)，不穿White coat，大搖大擺地進來，更坐在教授的正前排，引來後排本已入睡的M. O.一陣嘩然！不知是否安排或巧合，自那時開始，Medical Students便要與First Call M. O.一起在晨早七時之前，抵達Surgical Ward巡房。此制度遺禍至今。



九五班

時間：一九九四年十月二十四日

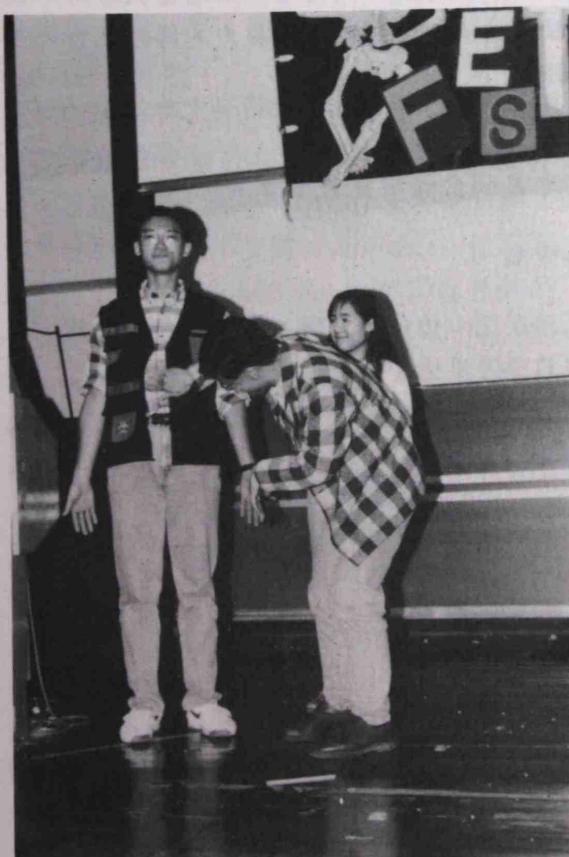
地點：黃麗松演講廳

「Hi！你好，我叫Stryer呀！我以前讀保良局鄉議會屏山呂丙才第一中學，請多多指教！」

以上的一句，便揭開了Medic Nite九五Drama的序幕。在短短的四十五分鐘裏，我們演盡了這四年來所發生的各樣事情，包括了劏屍趣聞、健委出Service、二年級時奪取Medic Festival總冠軍的盛況，醫管局的Seminar，贊育執仔，以及展望九五年Final的苦讀的日子。以上種種，全都曾或將會發生在自己身上，所以演起來特別投入，特別有親切感。記得在拍九五班Clap時，所有台下的師弟妹們同時和應，令我們萬分感動。

黃昭灼

五年了，我們便這樣奉獻五年的青春給沙宣道。回想起來，實在感觸良多。臨牀前期我們都過着像預科的生活：上堂、落堂、讀書、考試，辛苦而有點兒悶。不過這正是我們紮穩根基的歲月。考了第一個MB後，我們深深感到「適者生存」的道理。「適」，不單只是體力的適，而是心理壓力上的適應。歲月不留人，過了固然高興，但有意外的還要咬着牙根繼續下來，永不氣餒。到了臨牀期，是學習看病人的時候，也是學習和病人、醫生、醫護人員及同窗建立良好關係的日子。臨牀期苦樂參半，苦的是知道自己所識的是那麼的少，自己的基礎是那麼的不濟，有時甚至被導師當着半班同學前取笑，大罵。回想起來，罵是應該的，作為一個準醫生是應有嚴格的訓練，而嚴格的教師是必要的。我們從被罵及看到別人被罵中學習，一步一步的成熟起來，「不罵不成醫」也是道理。其實也很多謝師長的教誨，他們一點點的經驗及對待病人的態度，也值得我們好好的借鏡。至於樂的方面，就是朋輩間互相支持，玩時投入，讀時也投入。在病房裏，我們醫學生是最低下的一羣（連「亞嬌」也大聲過你！），不過在跟進病人的過程中，看見他們一天一天的康復，與及他們鼓勵的說話，實在是嚴緊課程中的一種鼓舞和強心針。



現在我們將要面對Final M.B.，一個將你名字後冠上「醫生」兩字的考試。這兩字曾是衆人五年前，甚至小時候渴望所擁有的，我們快要得到了。這意味着一個新的開始，正如奧勒斯(Osler)所說：「我們正在所接受的，不是學院式的教育，不是醫科學的教育，而是一個被教師指導幾年後，一個能教懂他準備以後人生路上的自我發拓，自我學習的教育。」好吧！就讓我們一起努力，一起創造我們的人生路吧！

時間：一九九四年十月二十四日

地點：黃麗松演講廳

「呀！這時是我們最後一次在Medic Nite表演了。唔，這是你們期待已久的……一聲九五班Clap……！」



九五班班歌

曲、詞：李禮舜

我的心，藏着希望，心坎裏有一個理想。
前途路向，縱是蒼茫，
攜手一起去尋心中烏托邦。

*熱情熱愛生命是頑強，盡力在社會中拼發出
火與光。無限愛心共力量，理想當我路向，
付上一生至誠，伴以千份毅力，同奔往！

這顆心，曾在想像，誰會將心中意分享。
在這地方結伴同航，
願那真的友誼暗地在燃亮。

*重唱

求用我關心作句子，填入冷冰生命這首詩。
讓熱望漆黑中告知，幾多艱辛可在意，
留下你我一個動人故事！

熱情熱愛生命是頑強，
屹立在這秋風秋雨的香港
無限愛心共力量，破開一切路障，
讓那新的里程，美好光輝歲月，同開創！



九六班

'96 Class Rep. 木子

月前，Elixir Committee來電，說想要一篇關於'96班的文章，當時真的嚇了一跳。93年？講笑乎？完全是挑戰記憶力的一回事。莫說93年的事，94年做過什麼也都不大記得了。Anyway，文章開始要寫，經多方合作之下，終於能將一些瑣碎的資料整理過來。內容如有錯漏，請莫見怪！

記得93年4月我們要考First M.B. exam (Physiology, Biochemistry, Anatomy)。如無記錯，Physiology「殺」最多人，整整二張Pull-up viva list,一張Supplementary list，嚇得每位同學人心惶惶，草木皆兵，彷如一隻驚弓之鳥。不過印象最深刻的就是當時傳聞有位博士「放料」，說會有關於Vestibular System的題目，還用他/她的reputation做擔保，不會有ear的問題。結果，嘿！前者果然如是，各同學們都喜出望外，笑逐顏開。但當同學興高采烈之際，竟然發現Section C有一條ear的題目。唉……唉……！結果如何，我想那不用我說了。還記得當時收卷的時候，每一位同學的目光都放在這位博士身上，咬牙切齒，目露兇光，有些同學口中更喃喃自語，內容是什麼，心照不宣罷。Anyway，經過這次MB後，大家都知MB Exam不是容易考的，一定要有充足的準備才可「過關」！Moreover，上了Ward之後，才發覺Pre-clinical的知識是很重要，尤其是Physiology及Anatomy，如果Pre-clinical讀得好，彷如有一個好的根基，對將來讀Medicine, Surgery或其他科有莫大裨益，各位1st Yr. 同學，努力啦！

考完MB, Pharmacology, Pathology and Microbiology便開始了。三科之中普遍覺得Microbiology比較容易，而Pathology就剛剛相反，覺得很難。Therefore，開始不久，便爭相搶購大/中/細Robbin，甚至Muir都有人想要！現在回想起來，其實是不是有這樣需



要？老實講，Pathology Notes已經很足夠了，到了近2nd MB，有些同學連Notes都未完全溫熟，更何來時間看Robbin呢？

7月至8月是我們Medic生涯的最後一個Summer Vacation，大部份同學都把握最後機會，出國旅行，大多是東南亞，當然有些會留在香港，自得其樂，總之各自各精彩！

9月是Medic Life的轉捩點，開始上Ward了，未上Ward前已經要為上Ward「校服」大傷腦筋，尤其是女同學就更加惆悵。不過，當女同學改穿了Formal Dress之後，往往會有一些出人意表的效果，尤其是一些平時不甚被男同學注意的女同學，效果就更加明顯了！Therefore 9月之後，喜訊頻頻，所謂「貨」如輪轉！Anyway，上Ward後，真的看見了很多東西，學了很多書本上得不到的知識。當然很多時我們會被Doctor責罵，但回想起來，從責罵當中，會令自己檢討自己的錯誤，被責罵有時也是值得的。

在Sports方面，Sorry，記憶不多，不過印象中成績應該不錯！

好了，寫到這裏要停筆了，有一段長時間沒有執筆寫文，如文法、詞句有任何錯誤，請見諒，再見！

九七班

陳樹仁



九七班除了學業成績優異外，各類活動亦相當突出。班會為顧及各同學的需要，舉辦了多姿多采的課外活動。

當大家初初踏進沙宣道，便參與了九七迎新週，包括茶敍、集體遊戲、卡拉OK及探討讀書技考，同學之間的認識亦增進不少。

第一次學期測驗過後，過百位九七班同學參加了在麥理浩夫人渡假邨舉行的宿營，在三日兩夜中，少不了集體遊戲，包括野外定向、羣體舞、燒烤、球類運動及游泳等，在自由時間裏，大家皆盡情享用營內娛樂設施。為了隆重其事，班會製作了一本精美營刊，認真態度可見一斑。

九三年十二月考試後，有一次行山活動，地點西貢，途中攀過多個高山，俯覽萬宜水庫，令人心曠神怡。我們又從不同角度觀看牛耳石山的兩塊牛耳石，再往嶂上品嚐馳名的山水豆腐花。有參與的同學，你們還記得上雷打石的一段路嗎？「四腳爬爬」的狼狽情況依然歷歷在目，大家還在雷打石旁輪流拍照留念，影下「威水相」。想不到九七班內原來有一羣精於地圖閱讀的穿山一族。

運動無疑是最受同學歡迎的，九七班入水能游，出水能跳，彪炳戰績數不勝數，在此就提及璀璨中的一點班爛。男子籃球是九七班的強項，我們常四出作戰，跟別的學系、宿堂比試，勝仗也是斯空見慣；在醫學院內，九七當然未逢敵手，但願球隊也能保持長勝姿態畢業啦！最深印象相信是九二年十月對聖約翰學院的一役，我隊表現水準，雖然對方有數百名支持者的吶喊，我們仍能力戰至加時，可謂雖敗猶榮。

足球隊人材鼎盛，球員腳法了得，擁有數名港大代表，整隊默契日趨成熟。值得一再回味是對解剖系教職員的一場友誼賽。由於有多位備受同學愛戴的老師披甲上陣，不少同學亦慕名前往觀戰。想不到平日文質彬彬的老師，在球場上是如斯矯捷，技術精湛。最後九七班以三比二小勝。勿忘記教職員與其他班對壘亦未嘗一敗。

游泳池也是我們一展身手的好地方。我們擁有多位港大男女泳隊代表，加上二線力量雄厚，又有耐力驚人，擅於長途項目的同學，水運會的男女總冠軍當然也成為九七班囊中物。

我們在九三年初舉辦了九七班羽毛球單、雙及混雙比賽，參賽同學踴躍，更有紀念品致送。球類訓練班，例如壘球、曲棍球等，給予大家接觸的機會。其他球類的練習也不必多提了。九七班運動給人一種精神奕奕，有紀律的感覺。

不少九七班的運動員都是醫學院裏的中流砥柱，值此不如表揚他們一下，醫學院最有價值球員：網球雷文青；排球林文恩；游泳劉穎怡；籃球張香忍、陳樹仁；足球袁家兒；田徑李若英；曲棍球戚夏穎；最佳運動員夏威。有了他們的協助，醫學院及九七班的運動水平都能保持超卓。

雖然班會的重要性逐漸減退，但幾位幹事仍不遺餘力，默默作出貢獻，他們包括財政秘書、體育秘書、福利秘書及康樂秘書等，加上部份熱心同學的協助，得使大家在枯燥的醫學生涯加添情趣，在此我代表大家向他們致萬二分的謝意。班代表亦出力不少啊！他們四出奔走，替我們借課堂講義、影印，又向校方反映大家的意見。缺少了他倆的幫助，相信大家學習就更加吃力了。

回頭一看，繽紛的往事實在難以形容，但卻一一浮現在腦海裏。展望將來，大家在這裏仍有漫長的路要去探索，其中不乏崎嶇險阻，但願各位能拿出勇氣，排除萬難，擔起對社會的責任。





Department of Orthopaedic Surgery

香港大學骨科學系

Departmental Survey

Department of Orthopaedic Surgery

The Department of Orthopaedic Surgery was founded in 1961. Since then there has been a continual growth in both its staff, physical size and activities. Besides, the Department has earned an international reputation in several areas like spinal surgery, treatment of spinal deformity, hand and microvascular surgery, etc. This was achieved by generations of highly-dedicated, forward-looking, competent and innovative staff. It has now grown to a department of nearly 40 doctors, with nearly 300 beds in three hospitals and some 200 beds in rehabilitation and convalescent centres.

There is a constancy of purpose in the goals of the Department, which are to impart undergraduate and postgraduate medical teaching of an international standard, provide the best patient-care service and conduct research at a level satisfactory to scrutiny by peer review.

Historical Aspect

It was in the year 1951 that the concept of academic orthopaedics in Hong Kong began. Prior to that, patients having orthopaedic or musculoskeletal trauma problems were mainly treated by general surgeons. In 1951, Professor Francis E. Stock, who was then the Professor of Surgery, Department of Surgery, University of Hong Kong decided to set up an Orthopaedic and Trauma Unit. Dr. A.R. Hodgson from the U.K. was recruited to start the unit and he was joined by Dr. H.S.Y. Fang and Dr. S.F. Lam.

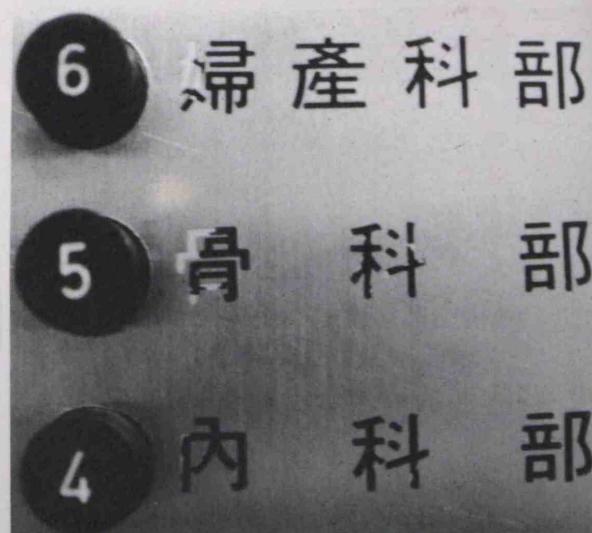


Queen Mary Hospital, 1947

At that time, the formation of the Unit made it possible to focus more on the main orthopaedic problems which mostly belong to either tuberculosis of bone, joint and spine, or poliomyelitis.

The Department of Orthopaedic Surgery was formally established in 1961. The application of the anterior approach to treat spinal tuberculosis with radical resection of the disease focus, and anterior strut grafting in compression, has earned the Department a world-wide reputation for pioneering such an endeavour. (The efforts of Prof. A.R. Hodgson and his co-workers on the treatment of spinal tuberculosis has the honour of being named 'the Hong Kong operation'. The first paper on the results of this operation was published in the British Journal of Surgery in 1956 and remains a classic.) Further hard work enable the Department to continue to be an international leader in the field of spinal surgery today.

At that time in 1961, the Department was still small and still lacked facilities being housed in tiny premises on Eastern Street in the Sai Ying Pun district near the main University Campus.



In 1967, the Department moved into its premises on the 5th floor of the Professorial Block. For the first time, there was space for the holder of the chair, a few teachers and also a research laboratory.



Duchess of Kent Children's Orthopaedic Hospital, 1956

The Duchess of Kent Children's Orthopaedic Hospital was founded many years ago as the Convalescent Home for Crippled Children. It provided convalescent beds, and rehabilitation services for children with chronic orthopaedic problems and musculoskeletal trauma.

In 1970, The Home was renamed the Duchess of Kent Children's Orthopaedic Hospital (later to be known as the Duchess of Kent Children's Hospital) and became a 200-bed orthopaedic hospital, with full operating theatre facilities, day time clinical laboratory services, out-patient facilities, etc., for residual spinal and limb paralysis and deformities of children who previously had suffered from spinal tuberculosis and poliomyelitis and required further and lengthy treatment.

Initially the emphasis was in tuberculous kyphosis, and later on scoliosis. Limb deformities from poliomyelitis, and other orthopaedic problems occupied the rest of the focus. The work became so well-known that it has the reputation as excellent spinal and paediatric orthopaedics, and attracted numerous overseas orthopaedic surgeons for formal training.

Dr. John P. O'Brien, an Australian orthopaedic surgeon trained in Edinburgh, joined the Department in 1967 and played a key role in developing the orthopaedic services at the Duchess of Kent Children's Hospital, holding the post of Medical Director from 1967-1975. After that, Dr. John C.Y. Leong and Dr. Louis C.S. Hsu continued and further expanded the clinical services and research. Dr. Louis Hsu was medical Director from 1978 until 1990.

While Professor Hodgson approached his retirement in 1975, Dr. Arthur C.M.C. Yau was accelerating in his commitments and contributions. In 1972, he was promoted to a Personal Chair, and spearheaded the further expansion of the Department. Dr. Yau and Dr. O'Brien were mainly responsible for developing techniques for the correction of tuberculous kyphosis.

Professor Yau took up the chair of Orthopaedic Surgery from 1975. He saw the need to organise the hand service and encouraged basic research. After 5 years in the chair, he left the University in 1980 for private practice.

Professor J.C.Y. Leong was appointed to the Chair in June 1981 and led the team to its present set up.

The Present Set-up of the Department

The Department of Orthopaedic Surgery in 1992 is a much expanded version of the one founded in 1961. The medical staff of the Department consists of a mixture of University-employed teachers, doctors employed by the Hospital Services Department and the Hospital Authority, overseas doctors on formal training programs, interns and externs. The supporting staff include administrative, secretarial and clerical staff, technical staff, minor staff, and plaster artisans.

The Department is taking care of nearly 300 beds in three hospitals, with acute or booked admissions. There are 150 beds in Queen Mary Hospital (where workload is very high), 100 beds in Duchess of Kent Children's Hospital where paediatric orthopaedic problems and spinal deformities are tackled, and 42 beds in Grantham Hospital. In addition, there are 112 beds for patients undergoing convalescence at the Fung Yiu King Convalescent Hospital, and an average of 80 patients at any time undergoing rehabilitation at the MacLehose Medical Rehabilitation Centre.



MacLehose Medical Rehabilitation Centre

Clinical Service

The policy in this Department is to encourage special clinical research interests, but maintain a competent level of general orthopaedics for each of the senior staff. At present, the main areas of specialization include spinal surgery, paediatric orthopaedics, hand and microvascular surgery, and to a lesser extent sports injuries.

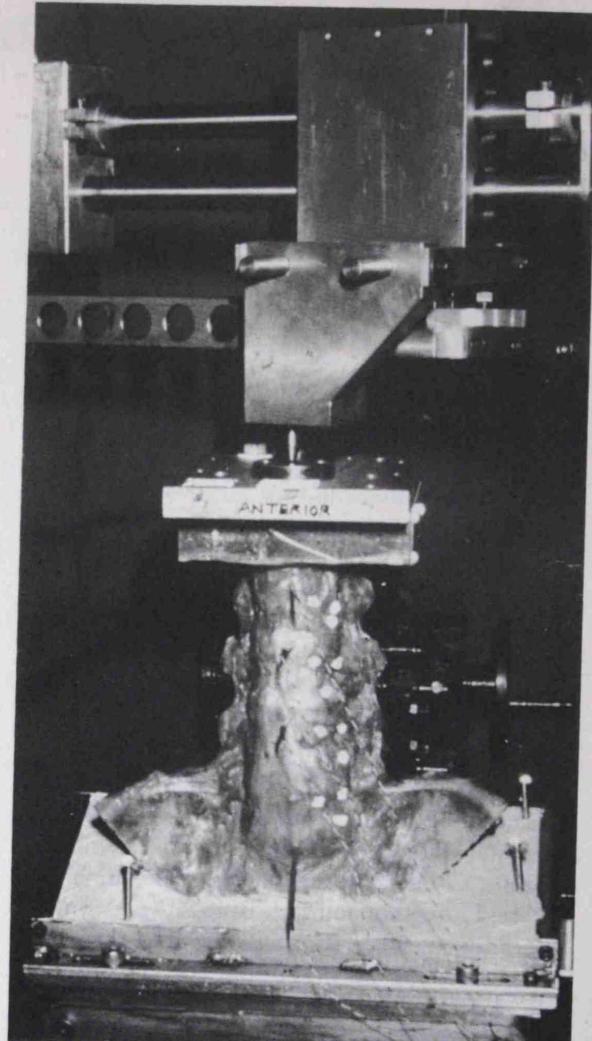
From July 1995, the Department will divide its patient-care services into three teams (1. spinal and paediatric orthopaedics; 2. hand, microvascular and complicated trauma; 3. joint replacement, trauma, and sports injuries) for more efficient and effective treatment.

Such specialization is likely to produce greater efficiency and effectiveness in patient management, and increased output in clinical as well as basic research.

Research

The Department has produced a number of important contributions on clinical and basic research. The areas and fields include tuberculosis, poliomyelitis, scoliosis, adult spine disorders, hand and microvascular surgery, biomechanics, fractures of bone and joint, paediatric orthopaedics ... The above mentioned contributions are not meant to be exhaustive. The Department is involved in almost all the sub-specialties of orthopaedic surgery. Its staff have also published on the results of total joint replacement in ankylosing spondylitis, non-cemented PCA hip replacements, the use of allograft in reconstructive surgery, bound feet, etc.

A Biomechanics Laboratory was established in January, 1988 at the Duchess of Kent Children's Hospital through a generous donation of HK\$ 250,000 from the Liu Po Shan Foundation. Dr. K.D.K. Luk and Professor J.C.Y. Leong also applied for various grant applications to equip the laboratory with an Instron tensile testing machine. Later, a new telemetric electromyographic system with a flexible goniometer was installed which led to the EMG studies of selective quadriceps activity in anterior knee pain. Subsequently, an M. Phil. candidate working on 'Biomechanical Study of the Lumbosacral Junction' was registered under the supervision of Dr. Luk and Prof. Leong.



In January 1990, a 3-D motion analysis system, coupled to an EMG system, was installed (from funding through UPGC and Croucher Foundation), enabling detailed study of muscle activity and movement.

A number of original observations have been published in various international journals in the fields concerning the development and biomechanics of the iliolumbar ligaments, their role in the stabilization of the lumbosacral junction, and the influence of erect posture on the development of the lumbosacral junction.

The recent work was on motion of the lumbar spine adjacent to an interbody fusion, a radiologic and cadaveric biomechanical study, as well as pulmonary mechanics and physiologic function in scoliosis before and after correction and spinal fusion.

Apart from the Biomechanics Laboratory, research in hand surgery and microsurgery has promised to be the 'second wave' of excellence, after the Department's initial success with spinal surgery. The pathology

of the moulding press injury has been studied, and one of the subtypes, the thenar burst injury in over 200 cases was analysed in detail, with a new proposal on classification and assessment. Finger tip injuries, which thousands of cases are presented in Hong Kong each year, and tendon injuries are also extensively studied. The computerised record of over 900 cases of digital fractures constitutes one of the largest series of digital fractures in the world. Various studies on digital nerve injuries such as the 'jump phenomenon', 'collateral innervation', and long-term follow-ups have been completed in several hundred cases. The Department also identified the culprit of a frequently seen indurated infection of the hand among Hong Kong fishermen, *Mycobacterium marinum*. The experience gained from over 100 patients has given some golden guidelines for treatment and prognosis. Research on microvascular anastomosis, including the behaviour of homografts, heterografts and the effect of infection, etc. has also yielded valuable results. Several joint-university projects including the study of venous flap, neurotropism and collateral innervation were also conducted. With the collaborated efforts of the University of Hiroshima, University of Osaka, Sun Yat-sen University of Medical Sciences; local scientists from the Departments of Physiology and Anatomy, HKU and Department of Anatomy, The Chinese University of Hong Kong and Hong Kong Polytechnic University..., the Department has certainly played an important role in promoting exchange of knowledge among international institutions.

The Orthopaedic Fellowship

Two unique Fellowships are offered by the Department of Orthopaedic Surgery at the Duchess of Kent Children's Hospital. It was established in 1968. Since then, more than 90 fellows from all parts of the world have been trained in this Hospital and a great number of them have already become prominent figures in the world orthopaedic scene.

The Fellows are usually at chief resident or senior registrar level and have completed an orthopaedic training program in their own country. At present there are four 6-month fellowships in paediatrics and spine surgery each year. The Fellows will automatically be appointed as Honorary Clinical Associates to the Department of Orthopaedic Surgery, HKU. This enables them to be registered

temporarily with the Hong Kong Medical Council. A fixed honorarium will be paid and hospital accommodation provided at a subsidized rent.

Duties of the Fellows involve in/out-patient care, operating sessions under supervision, teaching and research. They are encouraged to take part in ongoing research or suitable new projects.

This Fellowship program is one of the most famous and popular programs and has a long waiting list of about two years at present!

A similar Hand Fellowship has just been started in 1991. Besides these regular six-monthly fellowships, the Department also entertain other short term visiting research fellowships for one to three months. Visiting researchers from Japan, China, the USA and the UK have in the past collaborated extensively with the Department.



Conclusion

The Department is committed to a training program of the highest standard for budding orthopaedic surgeons, encouraging both clinical and basic research. It provides both physical facilities and funding from private donations, but also has a good track record of obtaining research grants through competitive bidding (such as Research Grants Council of the University Grants Committee, Croucher Foundation, etc.). It promotes international co-operation, including positions for training overseas doctors. In its thirty-four years' history, the Department is expanding rapidly into all subspecialties of orthopaedics and traumatology.

Professor J.C.Y. Leong

M.B., B.S. H.K.; F.R.C.S. Eng. and Edin.; F.R.A.C.S.; F.H.K.A.M. (Orth.); J.P.

Professor J.C.Y. Leong was born in Hong Kong in 1942. His father was a general practitioner, and elder brother a urologist. They had some influence on his deciding to take up medicine as a career. He entered the Medical Faculty of HKU in 1960 after graduating from St. Joseph's College.

During his five years' stay in the university, Professor Leong has been very active as a member of University Hall. He was an Exco member and a choir member (they won the champion in the singing competition that year). He was also a member of the debating team.

After graduating in 1965, Professor Leong spent the internship in Medicine and Orthopaedic Surgery. He joined the Department of Orthopaedic Surgery of HKU as Assistant Lecturer straight after his internship. He was then appointed Lecturer in 1967 and Senior Lecturer in 1975. In 1981, when Professor Arthur C.M.C. Yau, the Head of Department at that time, left for private practice, Professor Leong was appointed to the chair and led the department up to now. Professor Leong was also Dean of the Faculty from the year 1985 to 1990.

Professor Leong was always very interested in Surgery. Some 30 years ago, he already foresaw the tremendous advance in Orthopaedic Surgery that would take place. Besides, he has a strong belief in the quality of life of the patients. 'We all know that our most important task is to save lives. Yet it is not just life itself, but the quality of life that is important. Our brain is obviously important for us,' said Professor Leong, 'yet we probably won't be able to enjoy our life without our limbs, hands and feet.' Orthopaedic Surgery, according to Professor Leong, is not just a branch of medicine concerning bones; it actually concerns the whole musculoskeletal system. 'You can't even eat or play sports without your limbs! In the past, many patients just had crippled lives in their old age. But with the advent of Orthopaedic Surgery, many of the patients are saved from such tragedies and lead perfectly normal lives.'



Apart from his clinical and teaching activities, Professor Leong has several special research areas. One of those is the limb lengthening procedure. The need for such a procedure was stemmed from the high complication rate from poliomyelitis in the 60's and 70's. With this procedure, one can reduce the disability produced by minimising the degree of asymmetry between the limbs. But as the incidence of polio decreases, this is now performed for other congenital and acquired diseases, such as growth arrest after epiphyseal injuries or infection. At present, Professor Leong's major research areas are the spinal problems and paediatric orthopaedics such as congenital dislocation of hip and club-foot. As regards basic research, Professor Leong has worked on biomechanics.

'Being a clinician, one would of course face many challenges every day,' said Professor Leong. As one progresses to a higher position, one would have to rely more on his own to overcome the challenges. When faced with difficulties, the important thing is not to succumb to them but try to solve them. It is by surmounting these difficulties that one can improve.

Besides being the Head of the Department, Professor Leong has a lot of other societal commitments, which practically occupies most of his off-work time. To name just a few, he is the Chairman of the Local Student Finance Scheme (under the Education and Manpower Branch), the Director of School of

Postgraduate Medical Education and Training (SPMET), a council member of Hong Kong Polytechnic University and a member of the Telecommunications Authority. He is also a member of the Editorial Board of eight international orthopaedic journals.

Professor Leong is also one of the founders of the Hong Kong Academy of Medicine. He was a member of the Government Halnan Working Party on Postgraduate Medical Education and Training from 1986 to 1988. The conclusion of the committee was that the Government should take a more active role in postgraduate training and that different colleges should be set up to implement the training. In 1990, the Hong Kong Academy of Medicine Preparatory Committee was set up and Professor Leong was also a member of the committee. As for the present set-up of the Hong Kong Academy of Medicine, Professor Leong would expect a faster progress in its work and a better environment for postgraduate training in the future.

When asked about the opinion on medical students, Professor Leong concluded that medical students are still the cream of the crop and would be capable of tackling the course intellectually. What he thinks is lacking in most medical students, is a sense of 'clinical' orientation. 'Students should think of themselves as doctors right in their first clinical year, and not after the whole course.' He made an analogy with playing tennis: a tennis player may aim at winning a match, but all the practice starts well before that winning. One just can't only sit back and think about the play without actually practising it and hope that he can win when the match comes. It is similar for medicine: no matter how many books one can regurgitate, it's no use if he doesn't contact with patients! The initiative of learning should be from the patients and not from the books, which unfortunately most students fail to recognise. Professor Leong also suggests that students should pay attention to the more common diseases. After all, the aim of the M.B.B.S. course is not to produce some specialists, but doctors capable of delivering primary health care. Only by contacting more patients and thinking pragmatically will one be able to enjoy the learning.

There is always a very tight schedule for Professor Leong every day. As a routine, he works from 8 a.m. to 7 p.m. in the hospital. After that, he would often go for some other meetings and these often last several hours. He also has to go abroad several times a year to attend some conferences. With such a tight schedule, Professor Leong naturally has little time for his leisure. However, when there is time, he would go playing golf. In the recent years, Professor Leong has returned to reading some novels which according to him, will keep his mind more open.

Professor Leong is married and has two sons. The elder son is studying college at Dartmouth College in the United States while the younger one is studying Medicine at Oxford University.



Professor S.P. Chow

M.B.,B.S., M.S. H.K.; F.R.C.S. Edin.; F.A.C.S.; F.H.K.A.M. (Orth.)

Probably most medical students will be curious about how their teachers use their working hours. Professor Chow gave us his answer: 60% on administration and paper work, 24% on taking care of patients, 12% on teaching and the remaining 4% on research. His own comment on it is: he wished that he could allocate more time on the patients instead of the paper work.

Being a world-renowned expert on hand surgery, Professor Chow has devoted a lot of effort to improve the standard of orthopaedics both locally and overseas. In the meantime, he is busy re-organizing the Traumatology Unit of the Department. As the chairman of the examination board, he has to help organize the first local professional examination of Orthopaedics (Hong Kong Academy of Medicine) in Hong Kong this year. A few years ago, he started a Hand Fellowship so that doctors from many different countries in the world could learn hand surgery from him. Also, he is now preparing an international journal on hand surgery.



Professor Chow graduated from our Medical School in 1968. After spending a year in Canada, he joined the Department of Orthopaedic Surgery in 1973. Several years later, he developed much interest in hand surgery and microsurgery and so spent a lot of time on them. No wonder when I asked about the most challenging surgery he had ever encountered, the answer was a 27-hour surgical operation he had performed on a patient with multiple level amputation on forearm and hand!! (I was wondering whether the first thing he did after the operation was to get a good sleep at once!) Moreover, he has been the world record holder of successful anastomosing 0.15-0.20 mm arteries since 1980!

After promoting to the Professor, Professor Chow has been working on research that is more imaginative than before, such as the regeneration of the spinal cord! If it is to be successful, probably lots of patients will benefit!!

In his leisure time, Professor Chow also participates in charity work and he is the chairman of the Hong Kong PHAB Association which assists the rehabilitation of many orthopaedic patients. He has a wide range of interests, ranging from music and painting to table-tennis and jogging.

When being asked about his opinion on medical students, Professor Chow had a lot to say. He told us that in the past decade he was furious about the declining standard of the basic pre-clinical knowledge, as well as mastering of language.

On pondering the reasons behind, he admitted that nowadays medical students have to learn more topics than their previous generations, and therefore less time could be allocated on each subject. Also, students nowadays spend more time on computers than they used to be. He also found that medical students in these days are becoming more realistic and materialistic, many of them sacrificing their studying time to earn money. He did not oppose such action but he would like to remind these students that they should bear in mind the base-line of maintaining a competent academic standard.

In view of these comments, I think none of us will deny that it is time for us to reflect and to do better in the future! After all, our future build on the effort we make today!

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In view of these comments, I think none of us will deny that it is time for us to reflect and to do better in the future! After all, our future build on the effort we make today!

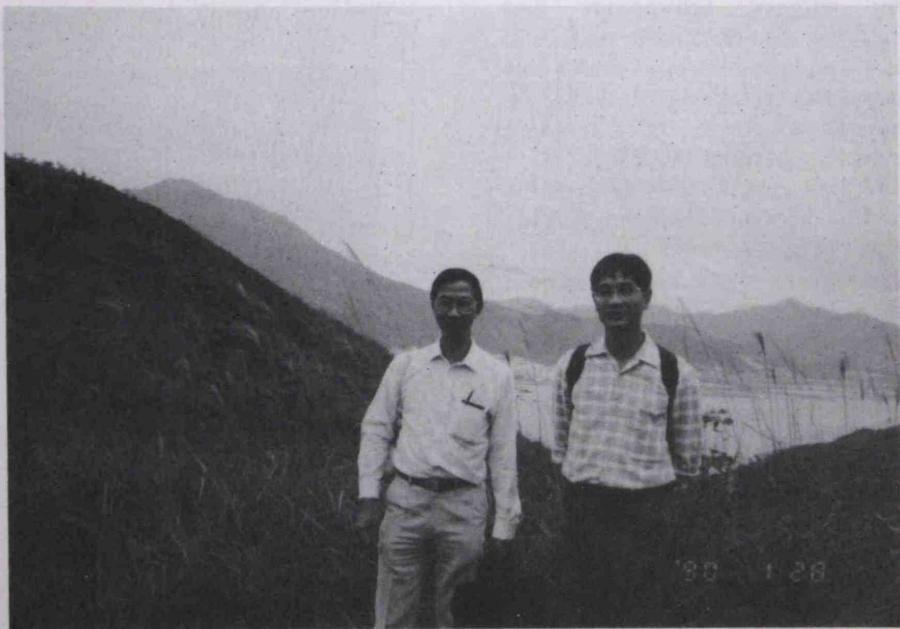
Professor Chow believed that medical students in the future would face a more challenging and competitive situation than their precedents. He believed that as 1997 approaches, outstanding students from China as well as the children of those who had left Hong Kong would compete for the limited places in our Medical School.

In view of these comments, I think none of us will deny that it is time for us to reflect and to do better in the future! After all, our future build on the effort we make today!

Recently, he was told that the standard of medical students had been rising since these few years, and he hoped that they would not let him down when they get promoted to the clinical years.

In view of these comments, I think none of us will deny that it is time for us to reflect and to do better in the future! After all, our future build on the effort we make today!

After half an hour of interview, I found that Professor Chow is a doctor with a strong sense of dedication, both to his patients and to the medical profession. He bears the responsibility of training local doctors so that these doctors would contribute not only to Hong Kong and China, but also to the whole world.



Dr. D. Fang

**M.B.,B.S. H.K.; M.Ch. (Orth.) Liv.; F.R.C.S. Edin.; F.R.A.C.S.;
F.H.K.A.M. (Orth.); J.P.**

Dr. David Fang was born in Tianjin in 1947. Two years later, he came to Hong Kong with his family members. Dr. Fang received his secondary school education in Wah Yan College, Hong Kong. Because of his interest in medicine, he joined the University of Hong Kong to study medicine in 1966.

Dr. Fang completed his M.B.B.S. training from this university in 1972 and served his internship in the University Departments of Medicine and Orthopaedic Surgery. After graduation, Dr. Fang took up Orthopaedics as a specialty without any hesitation because of his interest in biomechanics and model making, which turned out to match his character very well.

His association with the University continued as he became a lecturer of the Department of Orthopaedic Surgery in 1976. After receiving various sub-specialty trainings in H.K., he had a chance to go to Edinburgh and London for further training and he obtained his F.R.C.S.(Edin.) in 1978 and M.Ch.Orth.(Liv.) in 1979. Two years later, he was promoted to Senior Lecturer. In 1984, Dr. Fang went to New York and Toronto under an exchange programme. Not only did he receive further training in joint replacement surgery, arthroscopy and traumatology, but also training in paediatric orthopaedics and spine surgery under this programme. After returning to H.K., he engaged himself in patient service, teaching and research. He obtained his F.R.A.C.S. in 1985 and he was appointed Reader of the Department of Orthopaedic Surgery in 1990.

Dr. Fang has extensive research interests in Orthopaedics. His past research activities centred mainly around the following areas: degenerative conditions of the back and neck, arthroscopic surgery and sports injury. Working in collaboration with local and overseas researchers, his current research is focused on hip joints. He has designed an 'Asian Total Hip System' and it is now undergoing a multinational trial involving 8 countries in Asia.

Besides his contribution to the University, Dr. Fang has also a good reputation for his participation in various community services. He was elected as the President of Hong Kong Medical Association from 1992 to

1994, during which, the association was active in promoting patient's rights. In addition, it overhauled the Medical Registration Orders in order to provide a more fair and open registration system and to control the standard of locally registered practitioners after 1997. In fact, Dr. Fang and other council members of the association had visited China many times during the period and had obtained the official assurance that the medical profession in H.K. will independently determine standards, grant licences and deal with professional discipline after 1997.

With regards to the teacher-student relationship, Dr. Fang thinks that the traditional bedside teaching must be changed. He does not agree on asking students too many questions concerning book knowledge in bedside teachings and he thinks that students should not be blamed if they don't know the answers. He thinks that bedside teachings should be more creative and tutors should concentrate on stimulating students' incentive and individual thinking. However, he has also observed that generally students are too shy to express their views and regard themselves to be inferior to their tutors. He thinks that students should not bear such attitudes because, after all, they are just students.



Moreover, Dr. Fang thinks that students are still too much concerned with their bookwork and their method of study is too passive. In fact, he thinks they should spend more time on discussion. For those students who are in their clinical years, Dr. Fang has a piece of advice for them: during your clinical years, you should cultivate your clinical approach, your relationship with patients, your ability to take a history and arrive at a diagnosis in a short duration of time. You should also have a good impression of what the patient's needs are and the chances of successful treatment. Moreover, you need very good hands when you are examining a patient in orthopaedics.

It is said that the standard of English among medical students has been deteriorating in recent years. However, Dr. Fang does not agree with the view. In fact, he cannot see any significant difference in the standard of English between the present and past medical students. He believes that students are generally weak in English but their weakness is mainly due to the inadequacy of the present educational system.

Having served the University for 18 years, Dr. Fang has recently resigned his post (as Reader) in the department and has changed to private practice. However, as an Honorary Lecturer of the Department, he will still continue his teaching and research. The reason for such a change, as Dr. Fang explained, was due to his lack of interest in administration work in which he had to take up if he stayed on his post. Seeing the improvements that Queen Mary Hospital had achieved in the past 18 years, he is now gratified and he thinks it is time for a change. In addition, he thinks that his resignation can also provide a chance of promotion for other staff.

Dr. Fang was active in extracurricular activities when he was a medical student. He had spent his university days residing in Ricci Hall. He was the choir leader of his hall during his first year of residence. He had great interest in debate and every year he was the representative of his class in both intra- and inter-faculty debates. Moreover, he was once elected as council member of the Students' Union. In fact, he had thoroughly enjoyed those years.

Dr. Fang is now a father of three children. He enjoys spending his spare time with his wife and three sons. During his leisure time, he is interested in painting, playing golf and listening to music.



Dr. K.D.K. Luk

M.B., B.S. H.K.; M.Ch. (Orth.) *Liv.*; F.R.C.S. *Glas.* and *Edin.*, F.R.A.C.S.;
F.H.K.A.M. (Orth.)

Dr. Luk received his secondary school education in Ying Wa College and entered the Medical School of Hong Kong University in 1972. During his five-year university life, what he treasures most is his hall life. He is a Riccan and he can still remember the time he and his hallmates playing sports together. Most of them become his good friends and they meet with each other every year.

After graduated in 1977, Dr. Luk entered the Department of Orthopaedic Surgery. When asked for the reasons, he said surgery is of his character. He is a practical person and likes things to be straight and direct; surgery somehow is a direct and quick way of treatment. He does not like General Surgery because he does not like to work on the abdomen, rather he likes to be fussy with hammer and chisels.

"A Surgeon is A Physician who can Operate"

"As a surgeon, one has to have the treatment knowledge of a physician, but at the same time, he also has to have the technical skills in dealing with surgical procedures. The more senior one becomes, the harder one has to work because surgery is a skill that requires experience," Dr. Luk said.

Dr. Luk has worked in the Orthopaedic Surgery Department for 17 years. When he first joined the Department in 1977, it was small with only a few number of staffs. Now, it has become one of the most advanced branches in the field of surgery. Such a rapid expansion is attributed mostly to the advance in biomechanics.

What is changing is not only the material used, but also the technique and the concept. Dr. Luk uses hip fracture as an example. When he was a houseman, the patient had to be confined to bed for at least 3 months before he could walk again. In the later 5 to 6 years, however, at least 5 different approaches to hip fracture have appeared and now, the patient can walk as early as the next day after surgery!

At present, most of the clinical work of Dr. Luk is on spinal surgery. However, there is also administration work. Dr. Luk is the Honorary Hospital Chief Executive and is in-charge of the management of the Duchess of Kent Children's Hospital. He is also a university staff and the president of Hong Kong Orthopaedic Association. In the future, he will work in the College of Orthopaedic Surgeons. One of the most important tasks is to maintain international recognition of professional degree after 1997.

Concerning the future development of Orthopaedic Surgery, Dr. Luk said he would like the Government to put more money into basic research. In fact, the orthopaedic services provided at present is comparable to that of other developed countries. In certain aspect, Hong Kong is even more advanced and taking a leading role. Locally, Dr. Luk believed that more promotion among our undergraduates is necessary, so that more doctors would enter the Orthopaedic field.



Dr. K.M.C. Cheung

M.B.,B.S. Lond.; F.R.C.S. Eng.; F.H.K.A.M. (Orth.)

Dr. Kenneth Cheung Man Chee was born in Hong Kong. At the tender age of 11, he left his parents and birthplace to study in England. Inevitably, he followed his father's footsteps and chose to study medicine. After graduating from The Medical College of St. Bartholomew's Hospital, University of London, he worked in The Westminster Hospital in London for 5 years. During those years, he obtained his F.R.C.S. He then returned to Hong Kong and joined the University Orthopaedic Unit in 1992. Dr. Cheung belonged to the first group to be qualified for F.H.K.A.M. (Orthopaedic Surgery) in 1994.

Elixir: Dr. Cheung, why did you choose Orthopaedic Surgery?

Cheung: Well, it is a difficult question to answer. Perhaps for a greater sense of satisfaction. Unlike general surgery, in which many patients are suffering from incurable, terminal diseases, orthopaedic patients suffer from pain and/or functional impairment which can usually be relieved, and patients are often grateful.

Besides, I love to use my hands, whether in surgical operation, building models, or woodwork.

Elixir: Could you tell us your most challenging clinical experience?

Cheung: To me, the most challenging time is when patients come in with serious multiple trauma. I have to save their lives!

Elixir: Dr. Cheung, being from the United Kingdom, we feel that you are in an ideal position to give us comments and insights about the Hospital Authority in Hong Kong?

Cheung: Indeed it is better to have the Hospital Authority than nothing. However, in my opinion, the Hospital Authority spends too much time 'administrating'!

Actually, every system has its own problems. A rose is never without thorns. For example, in the United States of America, defensive medicine is practised and lots of unnecessary investigations are done. On the other hand, the Hospital Authority in The United Kingdom, though having the advantage of minimizing wastage, excessively cuts down cost in medical practice. I think the application of business principles on medical management is not practical. Since the Hong Kong Hospital Authority models on the version of the United Kingdom, it needs to be aware of these. Fortunately, the situation in Hong Kong is not so bad yet.



Elixir : Do you have any words of advice to H.K.U. medical students?

Cheung: I would like to encourage medical students to have more clinical exposure. In the United Kingdom, every medical student is responsible for 3 beds in the ward. They have to clerk these patients and participate in the ward-round every day. Though they read less compared with medical students in Hong Kong, they have a much better clinical sense and an ability to think laterally. These qualities are essential in clinical practice. Besides clinical experience, doctor-patient communication is also important. A good doctor-patient relationship not only makes patients feel comfortable, but also makes it easier to elicit information from patients and educate them. Thus it can minimize patient's dissatisfaction of a physician's care. Apart from acquiring 'clinical sense', a good doctor should be well informed. So, students should not read textbooks only but always be aware of current opinions and recent advances in the medical field. In terms of becoming a good surgeon, good technical skills is a 'must'. Of course, it is impossible to acquire this within a short period of 5 years' medical training. But you have to bear in mind that continued medical education is a life-long process!

Elixir : How do you like your present work?

Cheung: Very much! I'm very happy with my work. (his great satisfaction was evident in his smiling face)

Although the patient load here is much greater than in Britain, the teamwork with my colleagues has been harmonious and this makes work very enjoyable. Furthermore, I like teaching very much.

Besides engaging in clinical services and being a lecturer, I am also involved in several research projects, such as clinical researches in trauma-related topics (eg. in tibial nailing, patella fracture) and also basic biomechanical studies.

Elixir : How can you manage all these?

Cheung: A well-planned timetable is very important. The work-load is definitely heavy, often making life hard and tough. But I am still young, and this is the time to work hard towards my aspirations!

Indeed, Dr. Cheung manages his time very well. Besides working and studying, he hikes and plays tennis in his leisure time. He enjoys his sweet family life and is expecting his first child in March 1995.



Dr. P.K.Y. Chiu

M.B.,B.S. H.K.; F.R.C.S. Edin.

Dr. P.K.Y. Chiu was born in Hong Kong in 1962. He chose to be a doctor because he thought that the life of a doctor was full of challenges and doctor do help people in need. After graduating from the medical faculty of HKU in 1987, he gained his FRCS (Edin) in 1991. At present he is concentrating in 2 special research areas: Elderly Hip Fractures and Total Joint Replacements.

Dr. Chiu thinks that orthopaedic surgery is an art of reform and reconstruction. Some people think that it needs a powerful man to be an orthopaedic surgeon, but Dr. Chiu said that it was not the case. Actually, certain branches in orthopaedic surgery such as microvascular surgery need refined techniques and moreover, most training is given at the postgraduate stage. Therefore, it is too early for a medical student to conclude himself/herself as not being fit to be an orthopaedic surgeon.

With regard to student activities, Dr. Chiu said that it was a golden opportunity to explore one's potential and make oneself grow faster. Although medical students were always reluctant to participate in student activities, they really got involved whenever there were big events. One example was the blood letter written by medical students during the time when the Japanese had denied the fact of invading China in World War II.

No wonder Dr. Chiu was very active in student activities during his years in the Medical Faculty of HKU. He has been the Sports Secretary of the Medical Society (1982-1983), Chairman of Organizing Committee of Orientation (1983-1984), Internal Vice-Chairman of Medical Society (1984-1985) and Student Representative in Faculty Board (1985-1986). He is now an honorary member of the Hong Kong Rheumatoid Arthritis Association and is actively participating in social services.

After graduation, Dr. Chiu spent most of his time working in the Orthopaedic Surgery Department of QMH. He enjoys his job and finds it rewarding. Most importantly, he has established a sweet friendship with his colleagues and so has a very good working environment.

After attending lots of international medical conferences, Dr. Chiu thinks that medical students in Hong Kong have a very good education when compared with that of other countries. However, their presentation skills are weaker. Overall, medical students here tend to be shy and dare not ask questions during bedside teaching. This is probably due to cultural differences. Dr. Chiu claims that the attitude of a doctor towards his patients is also very important though the present curriculum puts the greatest emphasis on knowledge. Since there is not enough time during lessons for teaching the correct attitudes, students should take the initiative to learn these by themselves.

When asked about the prospects of the Department, Dr. Chiu said that with the opening of the Pamela Youde Nethersole Eastern District Hospital, QMH would have a decreasing workload and so has more room for developing high technology surgery and investigating complicated cases. Personally he wants to be trained in worldwide research centers because this can broaden his horizons and he can learn from other people.

Dr. Chiu believes that there will not be any major change in the medical field after the year 1997. Moreover, he thinks that under well-set assessment, we can definitely allow doctors from different countries to practise in Hong Kong. Nevertheless, we should use both Chinese and English as teaching languages since we communicate with our patients in Chinese while English is still the most common language for international medical interflows.

Last but not least, Dr. Chiu would like to offer some advice to medical students. 'Be more active in lessons. Most importantly, be confident in yourself. Never underestimate your potential and with determination, you can achieve your greatest ambition,' said Dr. Chiu.



Dr. W.Y. Ip

M.B.,B.S. H.K.; F.R.C.S. Edin.; F.H.K.A.M. (Orth.)

Dr. Ip Wing Yuk obtained her M.B.B.S. from the University of Hong Kong in 1986. Later, she received her F.R.C.S. Edin. She specializes in Orthopedic Surgery (Hand & Reconstructive Microsurgery). Dr. Ip is married and has two sons.

Becoming a doctor had long been a dream of Dr. Ip since childhood. She finally decided to embark upon the path to the medical profession when she was in form 4. Despite family opposition, Dr. Ip was deeply fascinated by the spirit of this profession.

However, her road to becoming a doctor was in no way a smooth one. With smile on her face, Dr. Ip recalled the time when she was looking after her first-born and having F.R.C.S. Edin. She struggled hard to get through. There were times when she really wanted to drop out and back to her life as a housewife again but at last, she made it.

At first, she started out on general surgery. Sincere and dedicated as she is to the medical profession, Dr. Ip is also devoted to her family. Hence, she changed her specialty to Orthopedic Surgery for the sake of sharing more time with her family.

When talking about the most impressive clinical experience in her life as a surgeon, she recalled the first time she operated on revascularization of a finger. From a lifeless, ischaemic hand, she witnessed a dramatic change to a revived creation. She was amazed! Claiming herself as an idealist, she cares a lot not only to snatch lives from the dreadful paws of death, but also about improvement of lives' quality. Thus, the choice of being a surgeon means no regret for her.

To orient the coming future, Dr. Ip plans to dedicate more of her time to her family. Her greatest hope is for her sons to have their own ideal, beloved way of living.

Lastly, Dr. Ip's word of encouragement to medical students is that 'the key to becoming a good doctor lies not in talent, but one's dedication and enthusiasm to learn'. Thanks to the inspiring advice of Dr. Ip.



Dr. D.K.H. Yip

M.B., Ch.B. *Leic.*; F.R.C.S. *Edin.*; F.H.K.C.S.

Dr. D.K.H. Yip has been one of the lecturers in the Department of Orthopaedic Surgery since 1992. He studied for his M.B., Ch.B. in the University of Leicester and graduated in 1990. He also completed his internship in the UK.

After working in Hong Kong for a few years, Dr. Yip found there is a wide spectrum of pathologies presented amongst HK patients, which is less common in the UK and the West. He thought this is mainly due to the difference in primary health care. 'With this in mind, it is worth working harder in the education of the public for the possible preventive measures,' said Dr. Yip. Apart from that, there are also some pathologies that are more common in the Asian population but less in others. With the aid of the modern technology in Queen Mary Hospital, Dr. Yip found that Hong Kong has offered a unique combination that satisfies his huge appetite in exploring and learning. Sometimes, Dr. Yip would encounter some difficulties when he attempts to educate the public on primary health care. 'To make them understand the importance of prevention is difficult enough and such a task is being made more difficult for those of low educational attainment like some of the elderly and the immigrants. However, the education must go on in order to remind the public to bear more responsibility for their own health.'

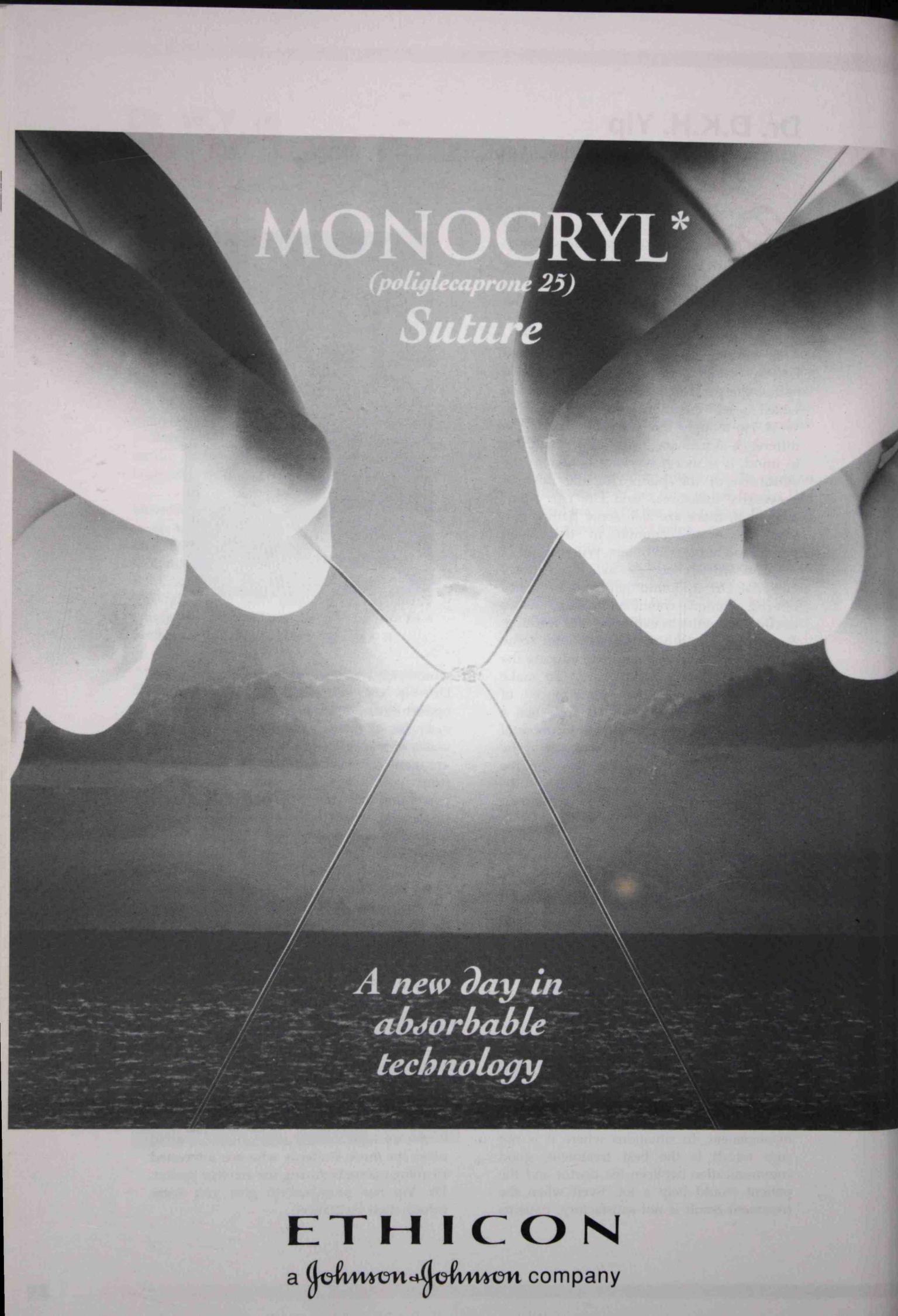
In his teaching, Dr. Yip has perceived some subtle differences between HK and UK students. Academically, HK students are more meticulous in the knowledge relating to clinical signs but there is a need to spend more effort in their physical examination skills. On the other hand, UK students have better bedside manners. Dr. Yip advised students to be more friendly towards their patients and avoid giggling in the ward.

When being asked for a word of advice to medical students, Dr. Yip said that good communication skills is very important, especially when you need to assist the patient to decide the suitable mode of management. In situations where it is not sure which is the best treatment, good communication between the doctor and the patient would help a lot. Even when the treatment result is not satisfactory, patients



would still feel grateful towards the doctor. Dr. Yip also reminded us to take more opportunities to broaden our horizons. For example, to know more people from all walks of life. When you recognise that there are many intensive working positions apart from your own, you may change the perception that your workload is too heavy. 'In general, what students usually lack is not medical knowledge but simply life experience that make them become more open-minded; after all, medical knowledge could be picked up when you get along in the career and you can always gain more experience by leaving the ward late.'

Dr. Yip strongly encouraged students to go overseas during the elective period for he takes the view that it will be a good experience to meet the medical staff of other countries and to exchange ideas with them. As a matter of fact, Dr. Yip has also gone to several countries in his university days such as the United States and Australia. He told us that the cost in undertaking this challenging and rewarding overseas venture is not as high as one may think. A good news for those students who are interested in going overseas during the elective period: Dr. Yip has promised to give you some information assistance!



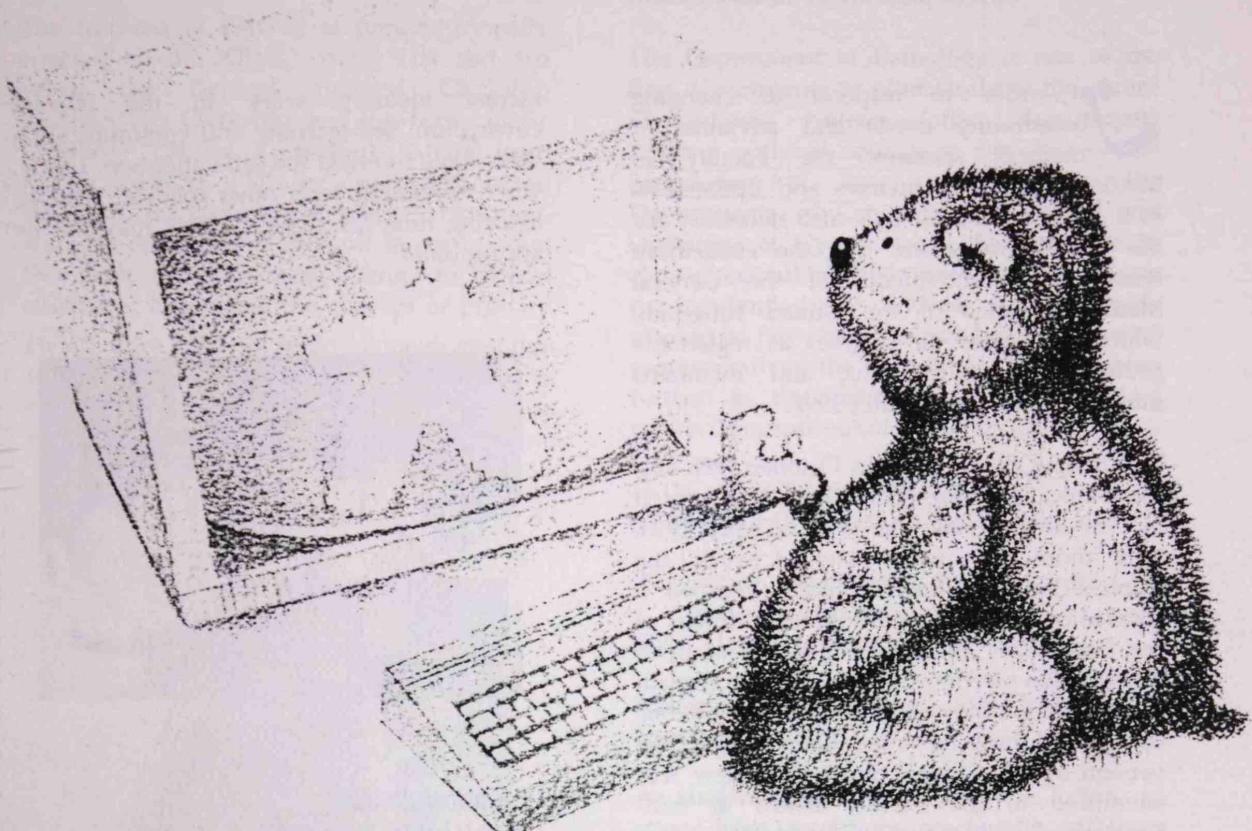
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Special Topics

Clinical Syllabus Review

In order to respond to changing community needs and advances in medical sciences, the Faculty of Medicine regularly reviews and updates its M.B.,B.S. curriculum. It is also necessary for the Faculty to ensure that the curriculum meets the requirements of the General Medical Council of the United Kingdom, which recognises the degrees as registerable professional qualifications, and maintains international standard after 1997.

The review first started in October 1988 and the Clinical Syllabus Committee was formed in 1989 to undertake the task. In April 1993, after more than four years of work, the Clinical Syllabus Review finally reached a conclusion. Professor H.K. Ma, Chairman of the Committee then attended several open consultation meetings with students to explain the recommendations and collect students' opinion on these recommendations. The final version of the Clinical Syllabus Review was submitted to the Faculty Board in mid-September with some amendments when compared with the original one.

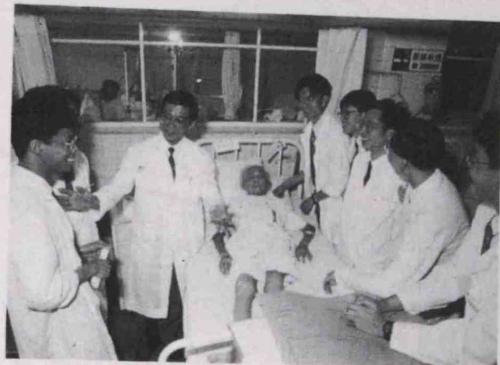
Problems of the Old Curriculum

In reviewing the curriculum, the Committee has identified several problems:

First, there is a lack of formal mechanism of communication and co-ordination between departments. As a result, there is little co-ordination in the materials being taught and departments are not aware of what others are teaching. Besides, with the continuous addition of new topics/subjects and the reluctance of the departments to give up teaching details, the curriculum becomes increasingly overcrowded in content. This problem is much due to a lack of clear specifications for the knowledge and skills required to deliver primary health care. Teachers therefore have difficulty in determining what should be taught to students, and worrying that their teaching may be less than expected, they tend to teach more.

Moreover, teaching activities are to some extent interrupted by scheduled examinations and class tests; and worse still, the number of which is increasing. Apart from too many formal assessments, there is also too much

factual memory work in the current curriculum. Self-learning and communication skills have received too little attention. Lastly, when compared with other medical schools, teaching time for some subjects may not be appropriate.



Recommendations

Primary Health Care (PHC)

Medical students have always complained that too much has been taught in too little time. As stated by the Clinical Syllabus Committee, the Faculty is aiming at producing doctors that upon their registration could be able to deliver primary health care. One of the measures to improve overcrowding in subject content, therefore, is to have a clear definition of the requirements for doctors to deliver primary health care. This would be served as a guidance to departments, teachers, and in particular, to students who will have a clear picture of what they are expected to be after graduation.

The definition of PHC, however, has been confusing. The Faculty has cited a number of definitions from various sources: Primary Health Care is the first point of contact individuals and the family have with a continuing health care process and constitutes the first level of a health care system and it addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitation services accordingly and relies on a multi-disciplinary team approach. Every registered medical practitioner shall be entitled to practise medicine, surgery and midwifery. Thus, doctors produced by this university are

expected to be able to deliver *first level care* which includes *promotive, preventive, curative* and *rehabilitation* services and to participate as a junior member of a team of doctors in any field of medicine.

The teaching of PHC is at present formally covered by the HBMC course (1st and 3rd year), the General Practice Clerkship (Subspecialty Clerkship) and the Tuberculosis Clerkship (Senior Clerkship). Apart from formal teaching, PHC is also taught in an integrated manner in other subjects. However, students often find it difficult to apply what they have learnt in these courses to clinical situations. In general, the concept of Primary Health Care does not receive enough attention within the Faculty. As a remedy to this situation, the Clinical Syllabus Committee has recommended the establishment of a standing



committee, which is expected to tackle problems related to PHC teaching. Yet, some problems like 'how should it be taught', 'who should teach it' and 'where should it be taught' are still unsolved.

Cores and Options

As another measure to improve the overcrowding situation, the Clinical Syllabus Committee also recommended that departments divide their courses into *cores* and *options*. The content of a core course should include topics that a graduate must know in order to practise in the future. Core courses are compulsory for all students. As for

optional courses, it only indicates that the course does not require every students to attend. All students will be required to attend a specified number of options and pass the examinations of each before proceeding to a further year of the medical course.

The Department of Pathology is one of the first departments to offer students the choice of optional courses (other departments offering optional courses at the date of the completion of this article include the Departments of Community Medicine and Obstetrics & Gynaecology). Students are to choose one out of two optional courses during the academic year 1993-94. As favourable comments have been received from students' representatives, the Department took one step further in the year 1994-95 to offer two optional courses out of four choices:

- (A1) Congenital heart disease
- (A2) Myocarditis and cardiomyopathy

- (B1) Immunoproliferative disorders and monoclonal gammopathies
- (B2) Cytogenetics in leukemia

Students are to choose one from Option A and one from Option B.

As students can only choose one lecture to attend from the options, no students will have to attend more lectures as a result. The group of students not attending a particular optional lecture is given other forms of guided activity e.g. studying gross and microscopic pathological specimens with a tutor. Apart from reducing the number of lectures students have to attend, this form of offering optional lectures also help students develop their self-learning skills. Students may have to read up a little bit about the lectures they have not attended but not in a very great detail. In contrast, the depth of the optional lectures can be increased as relatively more teaching time is given for that particular topic. It is also hoped that students will know what is important in providing PHC when the Faculty is offering cores and options courses.

For most of the other departments, the courses are usually unified programmes which offer no choice of optional courses. In some very short courses, like Paediatrics, the time constraints imposed just make them impossible to cut their courses into cores and optional.

Elective Period

The eight-week elective period is a valuable experience in which students can attach to a specialty they are interested in. Students can

also go to attach to some other foreign countries in their elective periods. This can give students chances to see how the medical systems of other countries are different from Hong Kong's. In some very special cases, students may think that they have not learnt some of their subjects very well during the Specialty Clerkship; and they can therefore attach to these subjects again during the elective period.

However, as the elective period is just before the four-week revision period (and hence the final examination), many students tend to use some of their time in the elective period for private studies. The Clinical Syllabus Committee therefore recommended that the elective period be re-scheduled and held *before* the beginning of the Specialty Clerkship for six weeks so that students will not use this period simply for revision and will benefit more from the elective clerkship.

This recommendation has received the fiercest objections from students. During the several consultation meetings, students have expressed their worries about this re-schedule. They thought that students might not have enough clinical experience before the Specialty Clerkship. Moreover, as only Medicine and Surgery are formally taught in Junior and Senior Clerkships, students would not have been able to choose Paediatrics and O & G if the elective period were rescheduled. What's



elective period was scheduled to after the examination, the attendance control would be very difficult to implement. As elective period is an integral part of the medical curriculum, failing to complete it may mean failure of completing the curriculum. But it would be technically very difficult to stop a student from graduating merely because of their failure to complete the elective period, after they have passed the examination.

Other recommendations

As the most overcrowding part of the clinical curriculum is in the Specialty Clerkship, especially the Sub-specialty Clerkship, the Committee recommended that the teaching of the subjects Radiation Oncology, Diagnostic Radiology and Accident & Emergency be moved away from the Subspecialty Clerkship to the Senior Clerkship. The time vacated by the three subjects will be given to General Practice in the Sub-specialty Clerkship to enhance students' knowledge and skill to deliver Primary Health Care.

To improve students' learning process, the Committee also recommended that training of communication skills be strengthened in different disciplines, and that critical thinking and self-learning be encouraged in the curriculum.

The Head of Medicine is also invited to consider including Psychiatry in the examination papers of Medicine in the Final Examination.

The Staff-student consultation

The Clinical Syllabus Review is one of the first policy decisions in which there is significant students' involvement. The Faculty Board Students' Representatives were informed of the result after the initial conclusion from the Clinical Syllabus Committee in April 1993. Professor H.K. Ma, Chairman of the Committee, attended two consultation



more, some institutes abroad may not entertain those students who have only completed Senior Clerkships to attach to their elective clerkship, either.

To avoid students using the elective period for private studies and thus missing this valuable experience, some students suggested that the elective period can be re-scheduled *after* the final M.B. examination. Students will then be able to enjoy this period without much pressure of examination. However, if the

sessions with students on 3rd and 17th of May, 1993. During the two sessions, Professor Ma explained the recommendations suggested by the Committee and received comments made by students and some medical officers. The Faculty Board Students' Representatives also conducted a questionnaire survey to collect students' opinion.

As noted above, the final version of the Clinical Syllabus Review was quite different from the original one in several aspects:

'The Faculty is not as stubborn as most students thought,' said Ms Jacqueline Ho of class '95 (students' representative in Faculty Board at that time). 'The important thing is to try to have mutual understanding and negotiations must be on reasonable grounds.'



First, the elective period was kept in its original time-slot, i.e. just before the revision period. But it is reduced from eight weeks to six weeks and students can only attach to one specialty as compared with two specialties in the old curriculum. Students' recommendation to re-schedule the elective period to after the final exam was not adopted in the final decision. Besides, the recommendation of including a question on Psychiatry in the Medicine exam paper was turned down. Whether these changes were purely due to the students' objection was obviously not known. But if the students' opinion had not been sought, chances are that these recommendations would have been adopted and implemented. The Clinical Syllabus Review thus provide an invaluable experience in turning the Faculty of Medicine a more democratic place.

Conclusion

The Clinical Syllabus Review is always a continuous process. Feedback and monitoring from students is certainly an integral part of making a successful curriculum.

Acknowledgment

The editors would like to thank Prof. H.K. Ma, Ms Cecilia Yeung and Ms Jacqueline Ho for their support on the writing of this article.

The Hong Kong Academy of Medicine

Professor David Todd, CBE, JP,

DSc (Hon) (CUHK, HKU), FAMS (Hon), MD,

FRCP, FRCP (Edin), FRCP (Glas), FRACP, FRCPath

President, Hong Kong Academy of Medicine

Medical education can be divided into three phases - undergraduate, postgraduate and continuing. It is generally accepted that the several years in medical school are inadequate for preparing a medical doctor for independent practice so postgraduate medical education and training (PMET) are necessary. The latter, which begins after internship, deals with the vocational and professional aspects of a doctor's education and it is during this period that specialist qualifications are acquired. PMET is usually organized by professional organizations such as the medical Royal Colleges or American Specialty Boards and training takes place in hospitals and clinics. On the other hand, some medical graduates may pursue a more academic programme and study for a M.Phil. or Ph.D. but this can also be combined with a professional career. Continuing Medical Education (CME) should be undertaken throughout a doctor's entire professional life as competent and good doctors must keep abreast of developments in medicine. Of course PMET and CME often overlap.

A central organization in Hong Kong to oversee PMET and CME is required. In response to requests from the profession, a Working Party on Postgraduate Medical Education and Training, chaired by Dr. K. E. Halnan, was set up in 1986. The main recommendation of its Report, published in 1988, is that a Hong Kong Academy of Medicine (HKAM) should be established "to undertake and supervise postgraduate medical education and training". The emphasis was on the training of specialist medical doctors. As a result, the HKAM Preparatory Committee was formed under the aegis of the Secretary for Health and Welfare, Government of Hong Kong. The Committee first met in March, 1990 and completed its task 2 years later. The HKAM Ordinance was passed by the Legislative Council in June 1992 and an Interim Council was established on August 1, 1992. The

HKAM was inaugurated in December 1993 and the first elected Council took office in July 1994.

There are now 12 Academy Colleges: Anaesthesiologists, Community Medicine, Dental Surgeons, General Practitioners, Obstetricians and Gynaecologists, Orthopaedic Surgeons, Paediatricians, Pathologists, Physicians, Psychiatrists, Radiologists, Surgeons; and Ophthalmology and Otorhinolaryngology are faculties within the College of Surgeons. A college has to have at least fifty fully trained specialists available for postgraduate teaching and training and the latter should be Fellows of one of the Royal Colleges or equivalent postgraduate bodies such as the American Specialty Board. A faculty must have potential to become an Academy College.

In Hong Kong, an organization comprising different specialties in medicine like the Academy is needed to act as a focus for PMET and CME; the territory is too small for individual independent colleges. However, the strength of the Academy should be in its Colleges which will be responsible for the PMET programmes, accreditation of posts, examination and assessment of candidates, and CME in the specialty. These activities will take place mainly in the teaching and other public hospitals and clinics. The Academy Council comprises a president, two vice-presidents, an honorary secretary, an honorary treasurer, an editor, the presidents of the Academy Colleges and several elected Fellows. The Academy's role is that of overall administration and coordination and to ensure that there is consistency and comparability among the Colleges in matters such as the constitution, criteria for membership, duration and level of training, requirements for accreditation and the format and standards of examinations and assessment.

The training programmes will be for at least 6 years after internship, with a period of basic specialist training and a period of higher specialist training. Guidelines for training have been adopted from the General Medical Council Recommendations on General Clinical Training published in October 1987. Clinical research is included; and rotational training, cross-specialty instruction, ethical and social issues are to be stressed. The training, especially higher specialist training, should include experience in overseas centres. Colleges will hold either an intermediate examination between basic and higher specialist training similar to the present MRCP(UK) or FRCS or an examination towards the completion of training, like the FRACP (Fellowship of the Royal Australasian College of Physicians). External examiners will continue to form part of the examining team and several Colleges are already holding joint examinations with the Royal Colleges. Some Colleges should be able to mount their own independent professional examinations soon. After completion of training and having passed all the required examinations and assessments of the respective College, the doctor will be recommended for Fellowship of the Hong Kong Academy of Medicine (FHKAM) which is the only specialist qualification awarded locally. It is envisaged that Fellows will be placed on a specialist register to be established by the Hong Kong Medical Council.

Central to training of specialists is manpower planning. Manpower surveys are at best an imprecise exercise, particularly in these unsettled times in Hong Kong. While the doctor to population ratio is about 1:900, the optimal number of specialists required in each specialty is not known. This matter is being urgently addressed by the Government (Hospital Authority and Department of Health); and the Universities, the Academy and its Colleges will be able to make major contributions to these deliberations.



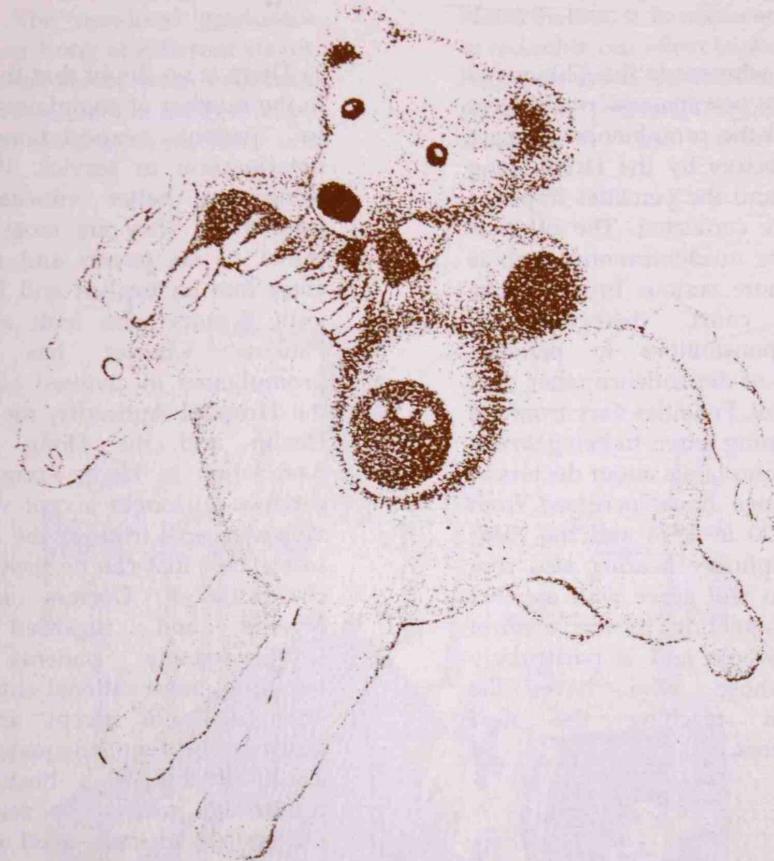
Government has granted land near the Grantham Hospital, Wong Chuk Hang, for a building and \$10 million to help the project to start. The Royal Hong Kong Jockey Club has made a generous donation of \$165 million towards construction costs and other charitable organizations philanthropists, and members of the profession have also contributed. A headquarter will be required to accommodate the Academy Secretariat, Colleges' offices, a central examination office, a library, meeting rooms, and some food catering facilities. What is of equal if not greater importance is that an increase in staff establishment in hospitals and clinics is necessary to allow individuals dedicated time for PMET and CME, and a higher senior to junior doctor ratio is needed for teaching purposes. Initial estimates are for an increase of about 10% in staff after present deficiencies have been made good. The actual number of specialists required in each specialty or sub-specialty awaits the manpower surveys mentioned above. Facilities such as seminar rooms, a library and audio-visual equipment are being provided or improved in many hospitals; and in the larger regional hospitals and polyclinics, PMET/CME centres will be established. The director of PMET/CME at each institution, in most cases part-time, will liaise with the Academy Colleges' Education Committees to implement the various programmes. As such improvements will benefit the community by providing better patient care, it is hoped that the Government will give its financial support.



The medical profession in Hong Kong is indebted to overseas medical schools and professional postgraduate institutions for their many contributions to our PMET and CME. However, it is time we took over more of this responsibility. In addition, the Academy will be a united body of specialist doctors which can represent the profession in interchanges with Government, the public and similar overseas organizations.

As stated in the HKAM Ordinance, the objects of the Academy are: (a) to promote the advancement of the art and science of medicine (including dentistry); (b) to foster the development of PMET and CME; the study and practice of medicine and its specialties and medical research; (c) to promote the integrity of the medical profession; ethical conduct in the practice of medicine and its specialties and the improvement of the standards of such practice through training programmes approved by the Academy; (d) to promote the improvement of health care for Hong Kong citizens; (e) to foster a spirit of co-operation among medical practitioners; and (f) to facilitate the exchange of information and ideas in relation to all aspects of the art and science of medicine and matters connected with the medical profession. These should be achievable, with dedication, hard work, integrity and the cooperation of all concerned.





Contributions

What Has Gone Wrong With Our Profession?

Professor R.T.T. Young

O.B.E.; M.D. H.K.; F.R.C.P. Lond., Edin., Glas.

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Anyone who reads the Chinese or English newspapers must have noticed the prominence given to prosecution of doctors by the Hong Kong Medical Council and the penalties imposed on those who are convicted. The offences ranged from minor misdemeanours such as advertising, to more serious breaches like convictions in court, disregard for professional responsibilities to patients, prescribing drugs of dependence other than bona-fide treatment. Penalties vary from the issuance of a warning letter, to being struck off the register. Complaints about doctors to the Medical Council have increased from 112 in 1991 to 170 in 1994 and the cases referred for disciplinary hearing also rose from 6 to 23. You will agree with me that this trend is disquieting to the medical profession as a whole and is particularly worrying to those who have the responsibility of teaching the next generation of doctors.



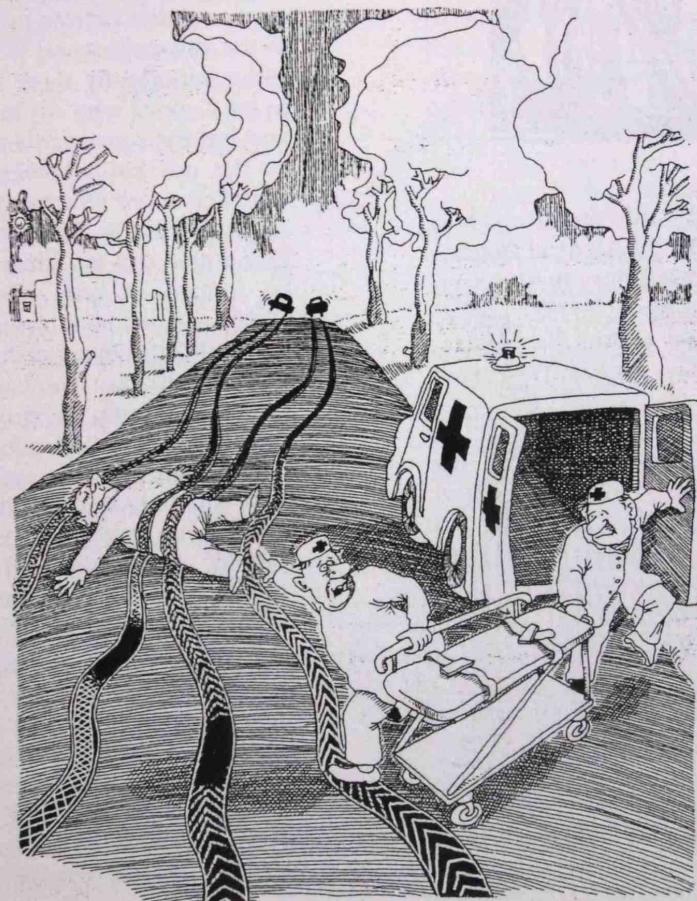
You may well ask what has gone wrong with the medical profession. Is the quality of our education failing? Are the doctors we produce lacking in knowledge or skill? Or could it be that our doctors do not practise ethically? I think the reasons are complex and more than one factor is involved. The important ones are itemized below:

1) There is no doubt that the sharp increase in the number of complaints is more related to patient expectations than any deterioration in service. People in Hong Kong are better educated than their forefathers. They are more aware of their rights, as tax payers and as patients who enter into an explicit and implicit contract with doctors who look after them. The Patients' Charter has been widely promulgated in civilised countries and by the Hospital Authority, the Department of Health and the Hong Kong Medical Association in Hong Kong. Quite rightly, patients no longer accept what the doctor says as gospel truth or the treatment given as the best that can be provided under the circumstances. Doctors are no longer revered and regarded with awe. Understandably patients ask many questions, some rational and others less so. They will not accept an authoritarian statement without adequate explanation. I think all this is a healthy sign of a progressive society. To respond to these expectations doctors need more time and patience to conduct consultations, but as a reward they can obtain fuller patient cooperation in the management of illness. This will also require better accountability of the profession to the community in order to better justify the fees or emolument doctors receive. But inevitably as human beings we make mistakes in diagnosis, investigation or management. We may not have been able to communicate or explain adequately to the patient the rationale behind our actions. Simply through ignorance the patient may have misunderstood what we have done or said. Such mishaps convince the patient that we did not perform our duty as implied in the doctor/patient contract. These circumstances prompt patients to lodge complaints to the Medical Council in recent years. The wide publicity given by the media would have prompted many patients to take such action.

2) Another important factor which might have led to the sharp increase of complaints is purely numerical. Government statistics show that the number of doctors registered in Hong Kong has increased from 4137 in 1982 to 6818 in 1992, an increase of 65 % in 10 years. A recent count also shows that only about 58% are graduates of the two local universities. The remainder were trained outside Hong Kong, mainly the British Commonwealth, China, SE Asia and North America. The non-local graduates have come to Hong Kong at different stages of their professional career from countries with different socio-economic backgrounds, political and legal systems. Some have not

I am fully aware that in recent years, the medical faculties of the two universities have intensified instruction on medical ethics through lectures, seminars and other means. But medical ethics cannot be passed on from one person to another by words alone. The whole profession has to practise ethically and inspire our students through good example.

Nevertheless, it is necessary for our faculty to redouble our effort to show students what high standards of medical practice mean, what the profession's obligation towards society is and what are doctors'



been in active practice for many years. Although their professional competence is considered adequate there is no formal assessment of their understanding of the health care system in Hong Kong or their awareness of the professional code of conduct adopted by the Medical Council of Hong Kong.

responsibilities towards patients and colleagues. There are various pronouncements on ethical practice, including the Hippocratic Oath and the International Code of Ethics adopted by the 3rd General Assembly of the World Medical Association in October 1949 which was amended in 1968 and 1983. The common

denominator in these pronouncements is the importance of personal integrity and honesty. Further overriding considerations include putting the patient's interest first and recognising obligations to society and to colleagues. More specific guidelines are issued by the Medical Council as a Professional Code of Conduct (in 1993). This replaces the former red book or warning notice and is a more up to date, enlightened, positive and user friendly document.



Perhaps I should take this opportunity to say a few words about the Medical Council in Hong Kong. It is a statutory body set up by the Laws of Hong Kong in 1957 and as such is required to act within the Medical Registration Ordinance. It has two main functions:

- 1) Registration and maintenance of the register, identifying those medical practitioners who have attained an acceptable standard of skill, competence and knowledge for the information and protection of the public.

- 2) To ensure that good professional standards are maintained. This is achieved by self-regulation of the profession in areas of professional conduct.

I wish to draw your attention to the word "self-regulation". It is much better and more effective for the profession to regulate itself because we know what our objectives are, what standards are regarded as optimum and hopefully what the community expects of us. Sad will be the day when non professionals take over this function. To retain this important function and right it is important for the profession to uphold the level of competence and ethical standards of doctors and prove to the public that we are doing this in a fair and open manner. Justice must be seen to be done. Membership of the Medical Council comprises doctors in public service and in private practice, medical staff in the universities and in the administration. More importantly there is one lay member in the Council who sits in at all the meetings and has the same rights and responsibilities as the medical members. To perform its functions more effectively and to widen its scope a Health Committee, an Education Committee and an Ethics Committee are to be formed. A new Medical Registration Ordinance will be introduced later this year to expand the membership and to increase the number of lay members. All these moves are in tune with the progress in medicine and with heightened public expectations of our profession. As students of a well established medical faculty with more than 100 years of history behind us, I would urge that we all take the lead in upholding the reputation of the profession by our deeds as well as our words.

Marrow Donation: A Gift of Life

Dr. Raymond Liang

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Every year, more than a thousand adults and children in Hong Kong are diagnosed to have leukaemia, lymphoma, aplastic anaemia and other life-threatening malignant blood diseases. For many of them, a bone marrow transplantation is their only chance of cure. The first marrow transplantation in Hong Kong was performed by the Department of Medicine at Queen Mary Hospital in 1990. Since then, more than 200 patients have received the operation in the Department and most of them are successful.

One of the limitations of marrow transplantation is the availability of HLA-compatible HLA marrow donors. They are usually the siblings of the patients. Unfortunately, they are available in less than 40% of the adults and, with decreasing family size, only 25% of the paediatric patients requiring a marrow transplant. Others would have to resort to searches from unrelated marrow donor panels that contain the HLA data from volunteers.

Depending on the frequency of the patient's HLA type, the chance of finding an identical tissue type in a person outside the family can vary from less than one in 500 to greater than one in 20,000. A working average is one in 5,000. Therefore, to be successful in locating a suitable unrelated marrow donor, it is necessary to establish a registry containing HLA data of at least several thousand potential marrow donors.

The size of the marrow registry is not the only determinant of the probability of matching. Other factors include the racial homogeneity of the donor and the patient populations. As most donors in the worldwide marrow donor registries are Caucasian and the prevalence of HLA antigens varies with ethnic group, the chance of Chinese or Asian patients finding a fully matched donor in these registries is low.

The Hong Kong Marrow Match Foundation was established in the summer of 1991. The Foundation is a charitable organisation with the goal of enlisting a large number of Hong Kong Chinese to form a local marrow donor panel. This will allow a good chance of finding compatible marrow donors for patients in Hong Kong as well as for Chinese patients overseas. So far, the Foundation has recruited more than 17,000 volunteers to the registry.

More than 400 local and overseas patients have so far been referred to our registry for unrelated marrow donor search. Suitable marrow donors have been located in around 40% of them. So far, more than 30 marrow transplants have been performed using unrelated donors from this registry and they include seven overseas Chinese patients. We aim to increase the number of volunteers in our registry to at least 25,000. This will improve the chance of finding a donor to 60%.

Becoming a member of the marrow registry is simple. Ten ml. of blood is taken for initial HLA testing. The result of the blood test is then kept in a computer file. If it is ultimately found to be identical to that of a patient, the donor will be asked to have an interview with a physician to explain the transplant procedure and to answer any questions. If the prospective donor chooses to proceed with the marrow donation, a full medical examination will be given and additional blood tests done to ensure that the donor is in good health and is suitable for the donation. The donor will normally enter hospital the night before the operation. During the operation, the physicians will aspirate a few hundred ml. of marrow from the pelvic bone of the donor under general anaesthesia. The amount of marrow collected is actually less than 5% of the total body marrow store and will be replenished naturally within a few weeks. The whole procedure takes about an hour. There will be

no obvious wound except two or three needle puncture sites on each side of the pelvis. The donor may feel some discomfort over the puncture sites for a few days but analgesic is seldom required. The donor usually can go home on the next day. Normal activities can be resumed after resting for a few days and no long term side effect is expected. The operation is a very safe procedure. Like any general anaesthesia, the anaesthetic risk in a normal healthy individual is less than one in 10,000.

In some cases, the donor may be asked to donate marrow for a patient overseas. The donation procedure will be the same as for a local patient. The marrow is usually collected in Hong Kong and then sent overseas within 24 hours.

The patient's preparation for the transplant begins two weeks before the marrow is removed from the donor. The patient will first receive several days of high dose chemotherapy and radiotherapy to destroy the diseased marrow. Although the donor is free to withdraw from the donation process at any time up till now, the donor cannot do so at his point because it would invariably be fatal to the patient. On the day of the transplant, the donated marrow is administered to the patient intravenously, similar to a blood transfusion. After the transplant, the patient will need to spend at least three to four weeks in an isolation room to avoid infection until the transplanted marrow has regenerated. The patient may leave the hospital at this stage but many months are required for a full recovery.

WORDS FROM DONORS:

"Given adequate explanation, marrow donation is nothing scary! I went back to work just a couple of days after the donation although my boss had asked if I needed a longer rest. That was really unnecessary."

- Mr. Cheung, 32, has donated his marrow. His wife has supported him fully.

"A nurse rang me up one day and told me that my marrow is suitable for an overseas Chinese patient. I thought that it made no difference whether the recipient was local or not. I felt a little bit tired immediately after the marrow donation but I was working as usual on the next day."

- Mr. Ho of age 25, is a Hong Kong marrow donor who saved the life of an overseas patient with leukaemia.

"I think it is worthwhile being able to save someone's life by a small sacrifice. A mother of a child with leukaemia wishes that there are more marrow donors like me. I have the same hope!"

- Ms. Tang's first time in a hospital was for the marrow donation.

"Marrow donation is safe and simple. It gives patient a chance to live."

- Mr. Wong of age 27 was the first unrelated marrow donor in Hong Kong.

WORDS FROM PATIENTS:

"Life is like a burning candle. Some gives brilliant light and heat until the last drop of wax is finished. Some are dimmed or even extinguished by an unexpected draught. A marrow donor is a candle in full glow. A little sharing can revitalize a weak and fragile life."

- Ms. Ling had leukaemia. She regained the light of her life in 1992 after a marrow transplant using marrow from an unrelated donor.

"The great young man tried to save my life and my family."

- Mr. Yeung had leukaemia and received an unrelated marrow transplant in 1993.. He is a father of five as well as the bread-winner of his family.

If you wish to become a marrow donor, please call 28190766.



MEDICAL STUDENTS → INTERNS → MEDICAL DOCTORS

Dr. Ming-sun Wat
M.B.,B.S. H.K.; MRCP U.K.
(Medic Class '88)
Medical Officer,
University Department of Medicine,
Queen Mary Hospital.

Thank you for giving me this opportunity to share with you my past experience of being a doctor. It has been quite some time since I graduated from the medical school. I chose to become a doctor because I like to communicate with people. It is the mutual trust between a patient and a doctor that I treasure. It is something that I can hardly find in other daily human interactions.

In order to be qualified, one has to pass examinations. I sympathize with the medical students who have to sit for one examination after another. Examinations are just ways whereby teachers can remind students to study. I fully appreciate that preparing for examinations is such a painstaking exercise. The majority of you will pass in examinations. I agree that there are only too many things to study. Then why do you not learn the principles but not the details on the one hand, while on the other hand, remembering the exceptions. Do treat examinations as a challenge but not a burden in the course of your medical training.

I would strongly recommend those who are in the first and second year to spare some time for other extra-curricular activities that are offered by the University. You can still afford time to do so. After all you have been admitted to a university and not just to a medical school. One should pay more attention to picking up clinical skills starting from the bed-side training in the third year onwards. Students usually are more concerned about studying the books and scoring high marks in examinations. But it is your clinical competence in the future that matters. Lectures and text-books are means to provide you with the necessary information and core material for learning. However, the teachers and the patients are there to enlighten you and to arouse your interest in the subject.

I can remember vividly that on the first day of my clinical year, I was told the ultimate duties of a doctor are to heal, teach and research. Being a medical officer in the

medical unit 1 & 2, the former university medical unit, at Queen Mary Hospital, I often have the chance to meet the medical students in their formal bed-side teaching sessions. For those who know me would appreciate that my aim of running any teaching session is to stimulate interest among medical students in different aspects of clinical medicine. Besides, I will never give up emphasizing the importance of bed-side manners.

After graduation, you have to spend a year undergoing internship training. Unfortunately, I do not think the present internship training programme is well structured enough to benefit all. Long hours of laborious work and monotonous ward routine actually scare away many young men from becoming clinicians. Apprenticeship, as a matter of fact, is not a bad way of learning. Nevertheless, whether you can benefit most from your clinical experience during the year of housemanship depends on the competence and willingness to teach on the part of your supervising medical officers.

Throughout the past years of my clinical practice, I find that not many diseases can be cured. There are only two modalities of treatment, antibiotics and surgery, that can effect a cure. While for the majority of other diseases, what doctors can do are limited. To allay fear from uncertainty, convey the diagnosis, course of the illness, treatment options, prognosis and emotional support for patients and their relatives are our most respectable duties. We are the shepherds for the lost sheep. We are to shed light to those who are lost in the dark. I think being able to make patients wear a smile on their face in coming towards the end of their life is our ultimate goal when looking after those terminally ill patients. To that end, may I wish you all a very successful career in the time to come.

住院的第五天

陳雙煒 '94

已經兩個多小時了，怎麼媽媽還沒有回來呢？

今天是我入院的第五天吧，以往媽媽從來沒有離開過我那末久的，但今天……怎麼我一覺醒來，媽媽便不在身邊呢？

病牀旁的椅子上，是空空的。

我東看看，西望望，只見一個個忽忙的醫護人員；那藍色衣裳的護士，那白色制服的醫生，都在各顧各的忙着，冷冷的，眼角也沒瞄我一下，我該向誰問媽媽的下落呢？

十分鐘過去了，病牀旁的椅子上，仍是空空的。

我開始覺得有點兒不對勁，媽媽，她到底去了那裡呢？媽媽，你別撇下欣欣一個人在這兒呀！



椅子上，仍沒有媽媽的影子。

我恨透了這個地方，打從第一天開始，我便知道這不會是個好地方。那濃濃的藥水氣味，那冷冰冰的面孔，那嘈雜的環境，還有那叫人作嘔的菜、沉悶的生活……唔，我到底怎會來到這兒的呢？



唔，記得五天前，我全身發癢，不住的顫抖着，整個人迷迷糊糊的，發着高燒，是媽媽抱着我來到這裡的；那天，她把我懷着，一路上把我擁得牢牢的，手掌不住的輕拍着我，眼睛紅了，淚水在流着，隱隱約約的我聽見一聲聲的哽咽：「欣欣，別嚇媽媽，你沒事的，你沒事的，別嚇媽媽，天啊！」

之後我照了張X光，然後醫生便拿起針筒準備幫我抽血去化驗了，當時我在掙扎着、嚎號，一位護士在死死的按着我，媽媽也在一旁壓着我，我只管在叫：「媽，媽，我不要……我不要打針針……哇，好痛啊……」

我手腳受制，醫生已狠狠的一針刺痛着我，我使勁的反抗着，只聽見媽媽在說：「欣欣，乖，別動，媽在嘛……忍着啊，不打針病怎會好，欣欣，別動，媽在旁邊。」媽媽只管勸着我，而她的兩行淚水，已從頰上滴在我手上，她哽咽着：「醫生，麻煩你，請快點。」

之後我睡了過去，吊着鹽水打着針的滋味很不好受，有時半夜醒來，總會看見媽媽坐在牀邊的椅子上，打着盹，甚至伏在牀緣，睡着；這幾天來，她就這樣帶着一臉倦容和憔悴，一直沒有離開過我，吃飯睡覺，都在牀邊的那張椅子上。

但現在，那張椅子上，卻是空空的。

是的，媽媽，以往即使你多疲累，也未曾拋下我。要知道，當昨天我知道我肺部的感染已受到控制時，我是多麼高興，我還問今天是星期天，我們不是可以出院去吃漢堡飽呢？但現在，你卻不在身邊了……

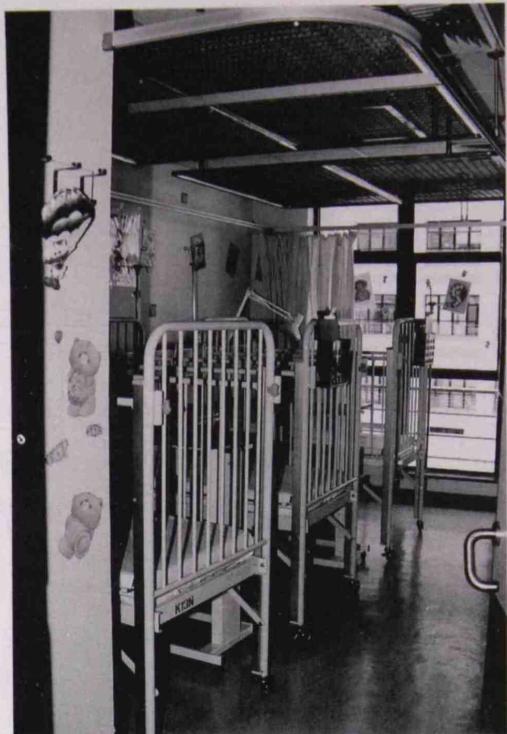
媽媽，欣欣答應以後不再撒嬌不鬧情緒了，不再埋怨你把我帶到這裡、把我縛在牀上，不再拒絕那苦澀的藥水，媽，你快回來好嗎？你別丟下欣欣一個人不理呀，欣欣這裡沒有朋友，沒有親人，沒有消遣，你走了，叫她一人孤伶伶的，無依又無靠，怎辦呢？怎辦呢？

病牀旁的椅子上，還是空空的。

我突然鼻子一酸，視野朦朧了，淚水從兩頰簌簌的溜了下來……

突然我看見個熟悉的身影，從門口處匆匆的趕了過來，我揉揉眼，是媽媽，那是媽媽！她回來啦，她終於回來看我啦！看，她笑瞇瞇的手上提着什麼，那是麥當奴的白色紙包呢！

「媽媽……」我跳下牀，奔了上去，突然之間我很想哭，「哇……」的一聲大哭起來，只見媽媽迎着我，把我摟在懷裡，手上的袋子，貼着我面龐，溫溫的在散發着陣陣漢堡飽的香味……



「媽媽……」我仍在哭，淚水流了一臉，媽望着我，撫着我的頭髮，又揩着我的淚水，幽幽的問着：「傻孩子，哭什麼呢？媽媽才走了一會。怎樣，今天覺得怎樣？好了點麼？還在燒嗎？醫生看了你沒有？看，媽媽今天買了什麼給你吃？」

她提起手中的漢堡飽，而我卻頭也不轉，只懂把臉湊在她肩上，貼得緊緊的……

抽身

陳雙煒（九四）

也許

維繫已再沒有意義

也許

連一聲再見也可省下

如果

這會令你安心一點

如果

叫你舒服一些的話

也許

這本身只是個美麗的錯誤

也許

一開始便不該有這般的開始

如果

結果

是沒有結果的話

如果

捨起的就得放下

收回的也要拋出

也許

在珍惜之餘

我得學懂如何放手和摒棄

如果

眼前的只是無盡期的苦候

如果

付出的償不到回報

努力的只換回空空雙手

也許

我該在這時候

抽身離去

彼得大帝鋼鐵的意志，
改變了俄羅斯的面貌。

——《彼得大帝的黑教子》普希金

過去的承諾

那天你跨過這「門檻」，執起鎗與鎚，憤然道：「這是唯一的道路，也是最後的道路；社會的大轉向，人類的新里程。」

想不到四十年來，你的影踪杳然。

是否作了無名的犧牲，成就凱撒的帝業？
抑或，最終知道受騙，伺機復仇？

幽幽地下骨，地上草長青。你許下的承諾，我們畢竟未忘記。

(註釋)「門檻」：屠格涅夫，一八七八年

——水木1994

新生

在黑暗而且寂寞的夜間，
什麼也不能看見；
只聽得……殺殺殺……時代吃着生命的聲
響。

——《夜聲》徐玉諾一九二二

在性的大海的邊際，生命與思想的兩道銀
河瀉然而下。

在遼闊的天際，一枚微小的種子從造化的
指尖掉下，落到性的大海裏。

須叟，「新人」從種子裏孵化而出；一個波
浪陡然打來，把他湧捲到岸邊去。

新人躊躇於漆黑的狷野上，躊躇着應走的
方向。一丁點的火光霎時映入他的眼瞼，跟着
一把嚙呴的聲音響遍天際。

「新生的，向光明處奔去吧；那裏的人們
急切地等待你。」

「可是，我如今一無所有，能給我一些武
器？」

「我不是已經賦你生命之弓，思想之箭
嗎？那會是天下間最强的兵刃。」

「是時候了，那你就去吧。」

新人雄赳赳的奔向光明處。

在途上，一個老叟迎面走來。

「新生的，你暫歇在這兒吧。那裏兵燹連
年，我終日佝僂於田間，卻不能糊口。」

「不，我不能稍一怠懈，人們急切地等着
我。」

「我的生活是那麼艱難而無奈；七、八旬
的人生，猶如閃電般短暫，只瞬間畫破天空，
最後連一絲痕跡也沒有。」

「我也會是一道閃電，但我要撕裂漆黑的
天幕，引發狂風暴雨，吹倒桀紂的旌旗，洗鑿
大地的汗垢。」

「人生不會給我許諾幸福，但生命與思想
給我繕造幸福的能力。」

「豎不畏死的新人，那你就去吧。」

新人雄赳赳的奔向光明處。

他深諳人生是無數鬥爭的戰場；在一次又
一次的鬥爭中，他定會淬礪為強者，而他最好
的武器就是生命之弓，思想之箭。

即使敵人從四周蜂湧過來，他仍要拉動生
命之弓，發出思想之箭，擊潰舊世界一個個的
毒瘤；即使敵人的利刃已到達頸項，他仍要高
唱激昂的戰歌，警醒人們鬥爭已經展開；即使
他與生命之弓一齊倒下，仍不會後悔，因為一
枝枝思想之箭已經到達世界每一角落，人們知
道鬥爭已經展開。

新生的，向火光奔去吧，這是光明的路
向。

(後記)

我滿目瘡痍的國土，
即使你埋葬了多少烈士，
又覆蓋了多少夢想；
但到底年青的仍為你瘋狂。

水木 一九九四年二月

Acknowledgements

Professor J.C.Y. Leong (Honorary Advisor)
Professor H.K. Ma (Dean, Faculty of Medicine, HKU)

Department of Orthopaedic Surgery, University of Hong Kong:

Professor S.P. Chow
Dr. David Fang
Dr. Keith D.K. Luk
Dr. K.M.C. Cheung
Dr. P.K.Y. Chiu
Dr. W.Y. Ip
Dr. D.K.H. Yip
Staff of the Department of Orthopaedic Surgery

Professor David Todd
Professor Rosie T.T. Young
Dr. Raymond H.S. Liang
Dr. Nelson M.S. Wat
Faculty Office, Faculty of Medicine, The University of Hong Kong
All Contributors
China Advertising and Publishing Co.
Johnson & Johnson Medical Hong Kong
Shing Hing Printing Co.
Sofamor Danek Asia Pacific Ltd.
The Hong Kong Medical Association

Amendment for Elixir 90-92
p.14 Degree congregation
Miss Mok Mo Yin (Distinction in Obstetrics & Gynecology)
Miss Myint Ma Wai Wai, Jennifer (Distinctions in Behavioural Sciences,
Health, Behaviour & Medical Care II, and Medicine)

古有名醫，贈診施藥，不收酬金，只要病人癒後在他門前栽一杏樹；不久成為杏林，杏林遂成為良醫的代詞。

杏花時雨，也就是春雨。萬物受此滋潤，喻我們將來治人之道。雨也者，諧音語：代表我們的說話。