

EDITORS' PAGE 啟思房



Upon picking up this issue of Caduceus, some of you are probably wondering what on earth the word "Caduceus" (Kah-DOO-seus) means. We believe it's time to add a new word to your list of vocabulary.

According to an ancient myth, Caduceus was the magic staff of Hermes, the messenger of the gods. Once upon a time, Apollo gave a staff to Hermes. When Hermes came to Arcadia, he found two snakes that were devouring each other, then he threw the staff between them and they were reconciled. From this legend comes the symbol of Caduceus, represented by a staff with two open wings and two winding snakes looking at each other. The symbol of Caduceus was intended to protect the heralds from dangers during their trip to foreign territories and it soon became a generic sign of peace. In 1902, the symbol of Caduceus was adopted as the U.S. Army's Medical Department official insignia.

During the production of what lies open in your hands now, we have encountered dilemmas, but finally we have overcome them. We are proud to say that this issue is made with our hearts. So we hope our work will bring you new perspectives and inspirations and, above all, enjoyment!

On behalf of the Editorial Board, we would like to express our gratitude to Dr. Y. H. Cheng for giving us guidance and precious advice.

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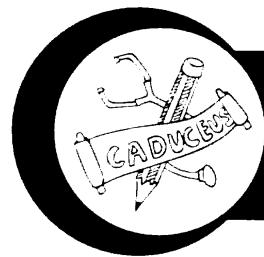
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EATING DISORDERS

Eating has always been an indispensable part of our lives. Some of us eat to live, while others live to eat. No matter what our preferences are, it is axiomatic that eating is a vital part of our survival as food is essential to maintain life and health. However, in the modern age, more and more individuals are lured to follow an extreme regimen that involves starving, bingeing, purging or compulsively exercising as attempts to express dissatisfaction of one's negative body image.

Complex factors involving underlying issues, current stressors and biochemical predispositions are conducive to extreme dieting, and sometimes deadly, eating disorders. Examples of eating disorders include anorexia nervosa, bulimia nervosa, binge eating disorder, sneaking eating and many more. Most people with eating disorders dreadfully try to seek satisfaction and recognition through the pursuit of thinness or the comfort of food.

Some have suggested that the reason why the magnitude of the problem is increasing is related to the intense pressure on women and, increasingly, on men today to diet in order to conform to today's ultra-skinny role models for feminine and masculine beauty. Thinness seems to become the universal symbol of personal happiness. Research shows that dieting to lose weight and fear of fatness are now common in girls as young as nine years old, particularly among those at the heavier end of the spectrum. That is why we have prepared an eye-opening feature on a quick introduction on eating disorders.

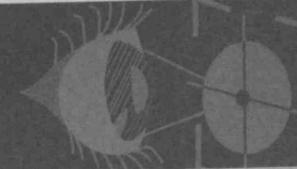
WHAT ARE THE CONSEQUENCES OF EATING DISORDERS?

Psychosocial Consequences:

- 1) Eating disorders adversely impact an individual's quality of life.
- 2) Eating disorders may be associated with mood disorders, anxiety disorders and personality disorders.
- 3) Bulimia nervosa can be associated with substance abuse problems.
- 4) Anorexia nervosa may be particularly associated with obsessive-compulsive symptoms.

Medical Consequences:

- 1) Physical symptoms include constipation, abnormally low heart rate, abdominal distress, dryness of skin, hypotension and lack of menstrual periods (amenorrhea).
- 2) Self-induced vomiting can lead to swelling of salivary glands, electrolyte disturbances and enamel erosion in teeth.



- 3) Complications may include tearing of esophagus, rupturing of the stomach and developing fatal irregularities of the heart rhythm.
- 4) Laxative abuse can lead to profound disruptions of normal bowel functioning.

A SELF-TEST FOR EATING DISORDERS

The Eating Attitudes Test (EAT-26), developed by researchers at the Toronto Hospital, is probably the most widely used standardized measure of symptoms and concerns characteristic of eating disorders. This quiz nor any other screening instrument alone does not yield a specific diagnosis of an eating disorder. However, studies have shown that the EAT-26 can be an efficient screening instrument as part of a two-stage screening process in which those who score at or above a cut-off score of 20 are interviewed in a diagnostic interview. For each statement, select the answer that most accurately describes you.

A= Always U=Usually O=Often S=Sometimes R=Rarely N=Never

1. I am terrified about being overweight.	A U O S R N
2. I avoid eating when I am hungry.	A U O S R N
3. I find myself preoccupied with food.	A U O S R N
4. I have gone on eating binges where I feel I may not be able to stop.	A U O S R N
5. I cut my food into small pieces.	A U O S R N
6. I am aware of the calorie content of foods that I eat.	A U O S R N
7. I particularly avoid food with high carbohydrate content (bread, rice, potatoes, etc.)	A U O S R N
8. I feel that others would prefer if I ate more.	A U O S R N
9. I vomit after I have eaten.	A U O S R N
10. I feel extremely guilty after eating.	A U O S R N
11. I am preoccupied with a desire to be thinner.	A U O S R N
12. I think about burning up calories when I exercise.	A U O S R N
13. I am told that other people think I'm too thin.	A U O S R N
14. I am preoccupied with the thought of having fat on my body.	A U O S R N
15. I take longer than others to eat my meals.	A U O S R N
16. I avoid foods with sugar in them.	A U O S R N
17. I eat diet foods.	A U O S R N
18. I feel that food controls my life.	A U O S R N
19. I display self-control around food.	A U O S R N
20. I feel that others pressure me to eat.	A U O S R N
21. I give too much time and thought to food.	A U O S R N



FOCUS 專題



- 22. I feel uncomfortable after eating sweets.
- 23. I engage in dieting behavior.
- 24. I like my stomach to be empty.
- 25. I have the impulse to vomit after meals.
- 26. I enjoy trying new rich foods.

A U O S R N
A U O S R N
A U O S R N
A U O S R N
A U O S R N

For questions 1-25, give yourself 3 points for 'always', 2 points for 'usually', 1 point for 'often' and 0 for 'sometimes', 'rarely' or 'never'. For question 26, give yourself a 0 for answering 'always', 'usually' or 'often', 1 point for 'sometimes', 2 points for 'rarely' and 3 points for 'never'.

A total of 20 or more is cause for concern. If you do have a high score, do not panic. If you have a score of 20 or more, this simply means that you should seek the advice of a qualified mental health professional who has experience with treating eating disorders.

ANOREXIA NERVOSA

Anorexia Nervosa is an eating disorder caused by a complex mixture of social, psychological and physical problems.

Who are at risk of developing anorexia nervosa?

Although this condition tends to occur most frequently among women, it also develops among boys or young men. As a matter of fact, anorexia nervosa develops in those from all economic backgrounds and those from various racial and ethnic backgrounds. Evidence shows that certain athletes, particularly those in sports (e.g. figure skating and gymnastics) that emphasize leanness to improve performance or appearance are at increased risk for eating disorders.

How do anorexics behave?

Repeatedly checking weight on a scale, looking in the mirror, measuring body parts with a tape or ruler and comparing one's own weight with others are common symptoms reflecting body image disturbance of people suffering from anorexia. Periods of starvation, obsessive counting of calories, compulsive exercising and purging after meals are common symptoms. Some anorexics use diet pills to control their appetite and laxatives to attempt to rid their body of food. They might deny hunger, make excuses to avoid eating and will even hide the food they claim to have eaten.

People who suffer from anorexia often have low self-esteem and a tremendous need to control their surroundings and emotions. They believe that they are not deserving life's satisfaction and pleasures. Individuals with anorexia nervosa are unwilling or unable to maintain a body weight that is normal or expectable for their age and height (most clinicians use 85% of normal weight as a guide). They are generally extremely sensitive about being fat even though they are significantly underweight.

BULIMIA NERVOSA

Bulimics are generally characterized by a sense of lack of control over eating. There is variation in the nature of the overeating episodes but the typical incident involves eating an amount of food that would be considered excessive in normal circumstances.

How do bulimics behave?

People suffering from bulimia nervosa regularly engage in repetitive episodes of overeating, which are followed by attempts to compensate for overeating and to avoid weight gain. After gobbling nearly everything in reach, some bulimics will exercise compulsively, in an attempt to burn off the calories of a binge. Afterwards, they exhibit behaviors such as induced vomiting or taking laxatives in fear of gaining weight. Some bulimics take diet pills in an attempt to keep from binging or to use diuretics to try to lose weight. Bulimics will often hide food for later binges and often eat in secret. They might even resort to putting detergent on their food in order to stop themselves from bingeing.

Bulimics are usually aware that they have an eating disorder. They are generally obsessed with food and enjoy reading recipes in cookbooks. Concerns about weight and shape are characteristics of those with bulimia nervosa. Most are very concerned about their body image and are fascinated by dieting issues. However, they inevitably surrender to the hunger drive which eventually leads to their recurrent episodes of bingeing.

Should you seek help?

Eating disorders are due to a variety of causes and are very complex emotional issues indeed. They create a self-perpetuating cycle of physical and emotional destructions. Thus, all eating disorders require professional help.

All in all.....

As a matter of fact, a person suffering from bulimia nervosa might be anorexic at the same time. There are clear similarities between both types of eating disorders, which are actually related. Paradoxically, these disorders often have nothing to do with food, but instead, the problems sprout from psychological factors. Many may still believe that eating disorder is merely an obsessive weight concern, but for most anorexics and bulimics, there are deeper emotional conflicts to be resolved.

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Kumar and Clark: Clinical Medicine, 4th Edition, W.B. Saunders

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Eating Disorder Education Organization: <http://www.edeo.org/>

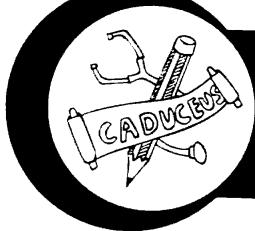
Massachusetts Eating Disorder Association, Inc. (MEDA): <http://www.medainc.org>

National Eating Disorders Association: <http://www.nationaleatingdisorders.org/>

Eating Disorders Association: <http://www.edauk.com/>

National Centre for Eating Disorders: <http://www.eating-disorders.org.uk/>

International Eating Disorders Centre: <http://www.eatingdisorderscentre.co.uk/>



COUNCIL OF THE MEDICAL SOCIETY

Most of you probably know about the existence of the Medical Society. Some of you might not know about the Council of the Medical Society. The Council was set up to ensure that the Medical Society doesn't go out of line. A group of your fellow classmates attend regular meetings to approve each and every function that the Medical Society provides.

I have been a member of the Council for 3 consecutive years. First year as the Internal Vice-Chairman, then Past-Representative, and now as the Council Chairman. I have seen the Council from 3 different perspectives, and I have benefited much from my experience. A lot of people might not understand why it is necessary to have this supervisory body on top of the Medical Society, but I can assure you that the Council has an important role. Many feel that the Council is there to criticize the Executive Committee. Contradictory to that belief, the Council is here more to advise, provide experience, and assist the Executive Committee. The Council provides experiences gathered from past years, and also experiences out of the Medical Society. It is perhaps the biggest library of experience here in Sassoon Road.

During the past years, I have seen the attendance of Council meetings dropped. Fewer and fewer class representatives attend Council meetings. Those classes whose class representative do not attend Council meetings are losing a say in the Medical Society. You are forfeiting one of your rights in the Medical Society. I urge you all to make yourself heard. Let the Medical Society learn more about your needs, so that the Medical Society can better serve you.

C.C.

醫學會通訊

又匆匆過了半年，如果你的記憶多了些甚麼，希望我們「敢闖」能穿插你的記憶之間。考試總算「過了」，大家囫圇吞咽大量醫學知識，真有點吃不消。為了令大家身心並進，三月間舉行了Fitness Week。有健康講座、化粧美容班、舞蹈班等，在大家午飯時間進行。一星期的活動，反應總算不俗。及後，為了令大家對中醫藥有所認識，我們舉行了一個中醫藥講座。不久，便到了令人緊張的考試，算是鼓勵，算是祝福，我們把一張藍藍的設計柔和的「勁過」書籤交到大家手上，祝你「勁過」。考試之後，是萬眾期待的交流營，一眾醫護同學結伴到了北京。上課，遊覽，美食，笑聲，交流，成了旅程的全部。他們帶回來的，不只親身體會的第一流中醫知識，還有行程中流滌出來的友誼。就是這麼寶貴。

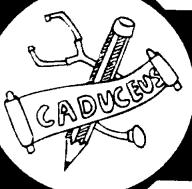
說了過去，看看現在。迎新活動正如火如荼。一眾新生，除了高考狀元，外地回港的精英，今年還有一群年輕清新的「尖子」。或許這個名字，就代表著眾人對他們的期望。希望所有新生都能踴躍參與各項迎新活動。我們為的不是折磨愚弄，只希望令你們認識沙宣道，早日適應這裏的生活。因為你們就是明日之星，醫學會需要你們的支持。請支持。

敢闖

23rd ASIAN MEDICAL STUDENT'S CONFERENCE (AMSC) IN JAPAN

Firstly, an overview of what we did at the Conference.

Dates	August 4th-11th 2002
Host	Jichi Medical School Tochigi Prefecture, Japan
Participating countries	Japan, Korea, Taiwan, The Philippines, Thailand, Australia, Malaysia, Papua New Guinea, Indonesia and of course Hong Kong
Total no. of delegates	Approximately 300 medical students
Theme	"Community Medicine in my country"
Activities	<ul style="list-style-type: none">Opening / Closing ceremoniesWelcoming Reception and Ball attended by Delegates, Professors from various medical schools throughout Japan, Consul Generals of the participating countries, Mayor of Utsunomiya city, Mayor of Tochigi prefectureAcademic lectures given by distinguished clinicians including the Regional Director of the WHO, Western Pacific regionAcademic presentations given by the 10 participating countries about "Community Medicine in their home"Small group discussions and field work to places related to the topic of your small group discussion e.g. Visits clinics, hospitals, factories, villagesCamp fire and overnight camping at NikkoVisit to Nikko Toshogu - world famous shrine classified as a world heritageCultural Night at the National Olympic Centre, TokyoFree time to visit sights in Tokyo and for shoppingPost Conference Tour to Mt Fuji, Asakusa and many other tourist attractions.



WHAT THE PARTICIPANTS HAVE TO SAY ABOUT THE TRIP

An unforgettable experience for me this summer was the AMSC---

Memories and friendship I would keep for life.

Strangers though we are from 9 different Asian countries, through Co-operation, exchange and sharing, we

Join hands to pursue for the goal of better Community Medicine in Asia.

A broader view and new inspirations are what I have gained.

Playing is another part of the conference. We

Ate, danced, chatted, played card games, went sight-seeing, camping...

Never will I forget my friends and what I have learnt there.

Maggie Mok (M06)

"This is the first AMSC that I have attended and I have been very impressed by what I experienced and have found it to be very meaningful. Although students of HKU have a wide selection of summer programmes which we can choose from, I personally have no regrets that I chose the AMSC. It has been a very inspiring event and it has added much sparkle to my summer holidays.

At first I was apprehensive that the trip might be boring since the schedule appeared to be very academic in its activities, but contrary to my belief it turned out to be very different. The major element of the trip was in fact the social activities that were organized. The main highlight being the *Culture Night* where each country had to give a performance that represented their country.

The memories of the very happy times I had still vividly remain in me. I got to know medical students from so many different countries. For example, in my group there was a fourth year medic from Papua New Guinea and it was really great to be able to get to know him and to learn more about the medical situation in his country. I'm sure you will agree that it's not often that we get to meet people from countries such as this one.

I didn't just know the people in the sense of being acquainted with them, it was much more than that; we became good friends. I'm still in close contact with all the people from my group and I expect this to continue because I know that I will be able to see them again at next year's AMSC, if I am privileged enough to attend it."

Jack Tsang (M06)



"Long before the trip was started in early August, preparation works had already been going on as scheduled. We collect and integrate information on HK health care reform, consult the health care professionals and design posters for our presentation. All these were done with a common belief: as representatives of medical students in Hong Kong, it is our responsibility to give medical students from neighboring Asian countries a brief picture about the community medicine in Hong Kong..

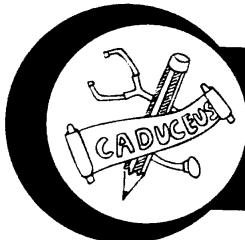
Fortunately, everything runs smooth in the conference. We managed to tell others the background, challenges and direction of our health care system in our presentation. A lot of questions were raised about HK situation, and we tried very hard to answer their queries. At the same time, I learnt a lot about the community medicine in other countries, like the primary health care system in Malaysia and the 30 Baht scheme in Thailand. Everyone was eager to learn and ask. Ideas and knowledge were exchanged freely in an open atmosphere without national boundaries. The controversial issues on community medicine were viewed in a global scale. Like what my Thai friend has said, ' The knowledge we gain from other countries in this conference will be brought back to Thailand and inspire our nation on how to improve! .'

Language and cultural differences are not barriers for us to make new friends from other countries. Instead, we respect each other, and we treasure the time when we were together. It is memorable to see delegates from different countries gather together striving for the same aim. The conference is over, but the friendship continues"

Kelly Chan (M06)

Next year's conference will be held in Indonesia during August - looking forward to seeing you then!!





健委今年度的外展計劃，以家訪為主，旨在關懷及提供健康檢查給港島西區的獨居老人，吸引了很多同學參加。以下是其中一位同學家訪後的感想。

探訪背後

我們探訪的老婆婆住在西環的一條小巷——中和里。

當天，我們從堅道明愛出發，一路上沿著熙來攘往的大街走著，直到到了士丹頓街，看見牛記士多，就知道我們到了目的地。

中和里第一眼給我的感覺非常深刻。

中和里是大街上一條寧靜的橫街窄巷。從她的外貌看來，已有很久的歷史，使我覺得彷彿回到了三四十年代的香港。兩旁的樓房樓高只有兩三層，外牆破破落落，給人一種久歷風霜的感覺。巷中央有幾道石級，顯然經過多次的修補。石級的一旁放了幾張矮凳子，坐著幾個老婆婆。她們一邊撥著扇乘涼，一邊閒話家常。我們探訪的老婆婆就是她們其中一位。老婆婆知道我們來探訪她後，顯得很高興，熱情地招呼我們坐下來。

老婆婆慢慢地道出她的經歷，老婆婆自十六歲起，一直當泥工為生，直到七十多歲才退休。多年來辛勞的工作，使她的身體不斷勞損，得了不少病痛。三十年前，她接受了一次膝蓋手術。自始之後，她的行動沒有以前那麼靈活，但她仍然咬緊牙關為口奔馳，為養育子女而奮鬥。十年前，她被的士撞倒，足踝骨折，她的行動更加不便，生活受到嚴重影響。她走路時一拐一拐，必須扶著四周的物品作支撐。遇上打風落雨天，就會風濕大作，痛楚難當。對於這些不幸的遭遇，老婆婆並沒有半點埋怨，只有無奈地接受及面對。

接著，老婆婆邀請我們到她的房間坐坐。

老婆婆和多戶人家同住在一個單位內，生活環境擠迫。走廊漆黑且有不少石階，為行動不便的老婆婆帶來不少麻煩。老婆婆住在最近門口的一個細小板間房內。房間地方狹窄，活動範圍不大。房內放了一張碌架床，床上堆滿了雜物，還有幾個小櫃子，上面同樣放滿了東西，

其中有老婆婆和兒子的合照。房間只有一支光管照明，幸好還有幾扇氣窗，空氣尚算流通。這樣一個面積細小，設備簡陋的房間，每月租金也要\$2200，對於一個老婆婆而言，實是極沉重的負擔。

老婆婆育有一子一女，他們都住得很遠，很少探訪她，而且他們給予老婆婆經濟上的幫助也很少。現在，老婆婆還未成功申請綜援，只依靠積蓄過著節儉的生活，每餐僅以鹹魚及少量蔬菜作為飯菜。幸而，街坊鄰里和老婆婆的感情很好，很照顧老婆婆，還不時拿些飯菜給她。說著說著，老婆婆不禁流下兩行眼淚。看見這樣的情境，心內有種酸溜溜的感覺，慨歎老婆婆年青時含辛茹苦的養育子女，為社會負出了不少血汗，換來的卻是滿身病痛，缺乏親人的照料，老來過著如此悲涼的生活，未能安享晚年。這實是繁榮社會背後的哀歌。

臨別時，老婆婆不停地道謝我們這次的探訪，請我們有空時再探訪她，還囑咐我們小心慢行。這幾句說話流露了老婆婆對人的關懷之情，同時亦渴望得到別人的關懷。

中和里的命運和西環其他舊區一樣——面臨清拆重建。一條寧靜古老的街道，載著人與人之間真摯的感情。這份感情是經過很長時間才能建立的。重建後的中和里也許會有很多新式的樓房，另有一番新景象，昔日那種左鄰右里的關係亦會隨著清拆而消失。對此，老婆婆感到無限的唏噓及憂慮。她擔心自己未能獲安排原區安置，要搬往陌生的地方居住，再加上自己行動不便，又缺乏鄰居照顧，生活不知怎樣過，這是值得大家關注的社會問題。

雖然一次探訪對老婆婆的幫助不大，但至少可送上一份關懷，讓她感受到社會上仍有人樂意關心他們。量度血壓、血糖只是簡單的幾個步驟，但當老婆婆知道血糖正常，血壓尚算受到控制，她立即鬆一口氣，流露出來的那種喜悅給予我很深的感受。

其實，社會上有很多人需要大家去關懷，遠的不說，近的如身邊的父母、親人、朋友，甚至隔鄰左右的獨居老人。一兩聲的慰問可能是很簡單的事情，卻可能帶來意想不到的效果。

Kenneth Lee



HEALTH EXHIBITION 2002

Title: General Aspects of Children's Health

Date: 5-6/10/2002

Venue: Gallery 1-3 of Hong Kong Central Library

HHealth Exhibition is an event prepared for the general public. Starting from the first day of our preparation, we aim to direct our footsteps towards the need of the people and have now reached the final stage of our work.

Apart from serving the community, we would also take this project as an experience. An experience in which we can connect ourselves with the public by matching what we've learned with what they need, that resembles what we will eventually do as professionals.

I would like to take this opportunity to report our progress in the past few months.

- Financial problem had been one of the major problems in past health exhibitions. As health exhibition is self-financing, we have to find our own sponsors to support the event.

With the hard work of our Financial department, we have collected adequate funds to cover our expenditure in mid July. As indicated by some of the sponsors, the surplus (if there is any), will be used to fund future health related activities.

- The Academic department is responsible for collecting information for the exhibition. In mid-August, we have already collected a full set of information for the exhibition. The set of information is proofread by specialists in the corresponding field.
- Our target audience this year will be children aged between 3-12 and their parents. The Publication & Art department is now in cooperation with the Academic department to tailor the information collected into exhibition material suitable for them.

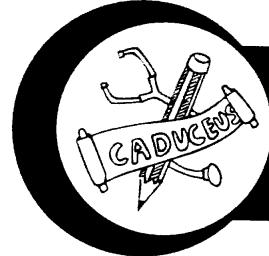
We are currently working on the recruitment of freshmen as our exhibition helpers. Their responsibilities will include working in the promotion campaign, reception, board demonstration, etc.

There are a number of tasks ahead of us, which will be more challenging. These include:

- ★ The promotion campaign will start in September. Since we have spent so many resources in the exhibition, we hope that more people will be benefited. The promotion campaign is therefore very important in catching the public's attention to our exhibition.
- ★ The organization of the exhibition hall will definitely dominate the first impression of any visitors. We hope that our organization can maximize their convenience in visiting our exhibition.

We received a lot of help from our sponsors, faculty staff, fellow students and other doctors along the way of preparation. We would like to express our gratitude to all of them.

We hope that with the contribution of students of the Faculty of Medicine, this year's health exhibition will be a very meaningful one.



沙宣道的基督徒團契

香港大學醫學院基督徒團契是沙宣道上其中一個宗教團體，醫學系及護理學系各年級的弟兄姊妹有自己的細胞小組，彼此間除了有定期的聚會以互相交流互相分享外，我們團契最終的願望還是希望將福音傳遍整條沙宣道，能讓聖靈感動每位醫學院的學生，至使我們在刻苦的學習中能蒙福音外，亦願同學們將來能以基督的愛心去看待別人，彼此愛心不要被書本所取代。

為此，每年一度的佈道會就是要讓未信主的同學有認識福音的機會。就如今年的三月，團契的同學與MEDIC CHURCH的事工舉行了一次名為《我有這喜樂》的佈道會，當中很多醫學院的同學亦應邀出席，我們還邀請了蔡元雲醫生作講員，向各同學講道及宣召，邀請他們接受福音，感謝主！此外，我們也不時有對外的關心工作，比方說，我們一年級的團契就在學年中曾聯同瑪麗醫院院牧，兩度作出臨床探訪。當中各同學有不同的體會，但我們都意識到很多良久留院的長期病患者，他們心理上的需要或可比身體的需要更大。我們在這些活動中除了能獻出關心外，自己從體會中的學習也獲益良多。

可是，我們基督徒團契決不是基督徒的小圈子，我們亦十分歡迎非基督徒來到我們當中，分享及感受我們的生活。謹在此邀請你們每一位參加我們團契的聚會。

以下是我們其中一位團友的分享：

我不是那種一直醉心讀醫的人。記得最初進入醫學院的時候，很多事情我都不清楚，感到十分迷惘，所以什麼都不想做，一心只想要好好讀書。但因為我組的chief tutor一直叫我去worship camp，我才半推半就的去了，也算是順理成章的參加了christian fellowship。真想不到現在我已成為了chief tutor口中christian fellowship的中堅分子。

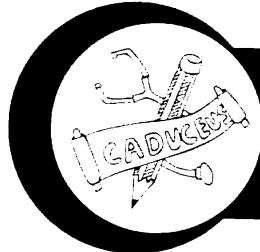
很高興能在fellowship中認識一班基督徒同學，跟他們成為好朋友。難得在medic中結交到一些關心自己又能彼此真誠分享的朋友。記得學期初的時候我未能適應medic的學習生活，覺得很沮喪。就是這班朋友聽我的分享和安慰我，陪伴我渡過這些不快的日子。

我在 fellowship 中開始嘗試事奉。雖然有時會頗忙，但在過程中跟其他團友有更緊密的相交，也有滿足和喜樂。漸漸我領略到自己在醫學院要做什麼事，更明白將來該走的路。

最難忘的是蔡元雲醫生在佈道會甫開始便說：「以現在的景況，你們仍選擇讀醫，實在是太勇敢了！」那時我對此心有同感。但我也想起當初我選擇醫科，是因為我認定這是神喜悅我走上的路。我不期然提醒自己，不要因為疲倦便退縮、躲懶。

最感恩的是見到同學在佈道會及 mock OSCA 中決志信主，要作這個決定真是不容易呀。但希望主能看顧保守我們這群醫學生，讓更多人能得著祂的豐盛的恩典和平安！





CONTRIBUTION 創作園林



THE INSIDE STORY of MOSIX FC - Official Football Club of M06 Class

Manager: Vincent Sin

Assistant Manager: Anthony Wong

Coach (Fitness): George Lam

Coach (Tactics): William Chan

Coach (Technique): Kevin Cheng

Coach (Goal-keeping): Terence Pun

Coach (Youth Development): Richard Wong

Scouts: Isaac Yip, Alva Lam

Physiotherapists: Bonnie Choy, Doris Chan

Captain: Michael Co (Hercules)

Vice-Captain: Arthur Lam

Official Sponsor (Season 2001-2002): Vincentism (HK)

Official Fans Club Chairperson: Faith Ho

EXPECTATIONS...

Following the major arrangement by Manager Vincent Sin before the season, the team was prepared to challenge their first ever competition in the faculty of medicine - the inter-year Championship. M06 Fans had high hopes that the blend of new blood and established players would enable the Mosix FC to mount a serious challenge for the Inter-year Championship 2001-2002.

The first task that Vincent had to do was to select a Captain, the Mosix FC Captain Armband was finally given to our influential golden oldie (20 Yr Old) Michael Co, where Arthur Lam would be his assistant on the pitch.

The early signs were good as Mosix started the season with four games won in a row in friendly matches against Salesian Alumni FC and a number of other local football teams. But things start to go wrong in the last friendly match before the Inter-year Cup - Mosix FC can only beat Salesian by a final score of 7 - 6, that means, Mosix FC's defend is not good enough. That is worrying.

Pre-season Friendly Matches:

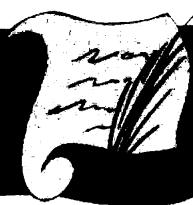
Mosix FC vs. Salesian Alumni FC (3:1)

Mosix FC vs. Unknown Regional Club (5:0)

Mosix FC vs. RC Lee Hall (amateur team) (4:0)

Mosix FC vs. Salesian Alumni FC. (7:6)

CONTRIBUTION 創作園林



We scored 19 goals in 4 matches before the Cup Final, the top goal-scorers in these friendly matches include our pacey striker Yu Wan Zhen, our Mid-fielder Arthur Lam and Dennis Wan, our Captain Michael and our established defender Kevin Foo and Tsui Tsun Miu. "Our attack is hugely effective, we are prepared to score more brilliant goals in the Inter-Year Final." Captain Michael said confidently.

Flying Start...

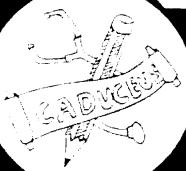
Just before the match against Year Five Seniors in Inter-year, injury news of our striker Harry Yu and our Defender Center Hung Yuk Wah makes Manager Vincent Sin unable to use his best formation in the game.

The Starting Line-up becomes: (4 - 4 - 1 - 1)

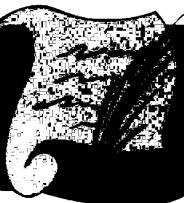


Substitutes:

- 7. Harry Yu (SC) (twisted toe)
- 12. Raymond Suen (MC)
- 13. Terence Tong (DMR) (strained adductor longus)



CONTRIBUTION 創作園林



14. Rocky Law (DR)
15. Jeffrey Lai (DC)
16. Billy Lai (DC)
17. Thomas Chan (GK)
18. Daniel Wong (MC)
19. Brian Shek (AMC)
20. Lam Long Yan (DR)
21. Adrian Chan (Any Position)
23. Oswald (DL)
24. Hung Yuk Wah (DC) (injury of the cruciate ligament - has undergone surgery)

But the starting line-up is still tough enough to challenge the Championship. With our famous back four led by Kevin Foo who has unimaginable stamina and strength; Miu who has good positioning, Paul Lam and Henry Wong who are good wingers as well.

The Midfield with powerful defending mid-fielder Captain Michael and our Central Powerhouse attacking Midfielder Harry Gill in the center, Arthur Lam and Dennis Wan as free role wingers. The Midfield has both defending and attacking ability with creativity and strength.

Striker Yu Wen will have his partner Chung Lap Yan in the front of the pitch. Chung Lap Yan will play as a supporting role and create chances for Yu Wen. This attacker line is a combination of skill, pace and aggressiveness.

Finally, our goalkeeper Frank Lam has his granted reflex and agility - "He was born to be a great keeper," said Captain Michael Co.

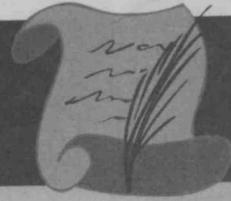
Match Day Kick Off...

It was a sunny day; the temperature was around 20 degrees, with a relative humidity of 55%. The Referee signaled the kick-off and the match went underway.

We got a high percentage of pass completion, but our honorable opponents Year Five also did well in defense, we led the game by a 20-yard long shot by our Central Powerhouse Harry Gill. The game became tough afterward, Year Five started to fight back, trying to mount a goal line stand. But our defenders struggled to keep the clean sheet. The clean sheet was maintained till the 2nd half, where the Year Five Striker scored a goal inside the box. With the final tactical arrangements by Manager Vincent Sin and Captain Michael Co, Yu Wen Zhen passed the ball into the box and Chung Lap Yan made the easiest thing and put the goal at the back of the net.

Final Score: We won 2-1.

Our brand-new Inter Year Cup Winner is Mosix FC!!!



"How do you follow that?" the media asked Manager Sin after the match. "Our first task is to win the Championship again next year, also, we are going to challenge the inter-faculty cup as well" he replied.

**"Coz we are the champion, my friend; but we'll keep on fighting till the end . . .
We are the champion, we are the champion . . . "**

Youth ONES...

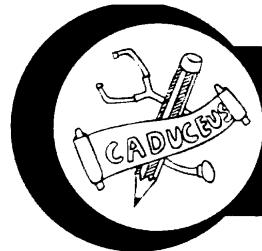
Skillful attacker Joe Sit and pacey full back Wong Tin Hau were promoted from the Club's Youth Academy in May 2002. After a number of friendly matches in June, they gained valuable on-pitch experience and are ready to serve the team. "Youth Team Investment is our ultimate goal," said Manager Vincent Sin. "We are the Champions today, tomorrow? Still we are . . . " "That's why we need young players, the blend of new blood," Captain Co added. This is true, we won most of our friendly matches in June 2002. . . . Surely, the victory must go on!

POSTSCRIPTS . . .

Medical Students need football in addition to Robbins, Big Moore, Fun Kee and Kumar . . . Football gives us Energy, Power, Passion, Stamina and Strength which are also essential for striking our meaningful 6 years in Medical School.

M06 starts their medic life with a striking victory - A victory that never ends.

Michael Hercules, Medicine 06



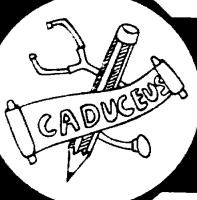
HEADLINE ON (TOMORROW'S) MEDLINE - DINOSAURS TAKE TRADITIONAL CHINESE MEDICINE

I'm sure leisure gives pleasure, but not so if practice makes perfect. Here comes the summer break, which is the most mind-soothing and least embarrassing judgment day for us to ponder on - well - how many of us have played truant to traditional Chinese medicine courses. In proportion, we should be (proudly) comparable to the number of kids visiting the Field Museum of Natural History in Chicago, Illinois who could yell out 'Tyrannosaurus rex'! To put it fair, though, some of us did attend special study modules on the subject, in analogy to those little wunderkinds who would rather say 'T. rex Osborn 1905 syn[onymous with] *Dynamosaurus* and as some put it, *Tarbosaurus* (too many references to quote here) and *Nanotyrannus* (Carr, 1999)'. Oops, are we medics the norm or the Frankenstein? (For the kids, leave it to the pediatrics wizards - aptly, because Ozraptor is also a dinosaur, thanks to Aussie paleontologists down south. Wizard of Oz handles 'lizard' of Oz...should make another headline on Medline.)

Give me one more minute on Chinese medicine. Perhaps the problem is just that: it is traditional. It gives me an impression that for every such beginner's course for dummies (who will soon be transformed into mannequins along the course) the introductory sentence will be - after some reflexive digestion - that the five-thousand year history of TCM practice has made it fool-proof. Unknowingly, the lecturer had got himself into a quagmire (he probably would not have seen those sinister peat bogs, as they were in North America back in the Tertiary, but not in a tertiary institution). Let's put it this way: around fifty percent of modern, evidence-based medicine (be it conventional or for that matter, TCM) would become obsolete in five year's time as estimated, so the stuff and experience five thousand years ago should very likely be outdated if not fundamentally wrong. On the other hand, we have still not been able to unveil what the bundles of meridians and the puffs of 'qi' are - scientifically. That is not to say we cannot eventually sort it out, but at present we have a scientific obligation not to mention it in a take-it-for-granted style. A kid may tell you that a tyrannosaur could charge at cheetah speed, but either we know he is just a kid, or else we medics need to spend some time on his biomechanics lectures (this argument... well... exactly ridicules that paleontological knowledge does change, if not improve, with time. Interested medics please confer Bakker [1986] and Hutchinson et Garcia [2002]).

Alas, pals, never mind. Traditional Chinese medicine is tres chic if not claimed to be state-of-the-art. Lo and behold! Now I think I know the culprit - five years behind Michael Crichton (sounds familiar?), who had written about it in an eye-opening essay in *Encyclopedia of the Dinosaurs* (a fully scientific book edited by Philip Currie and Kevin Padian, no joke) on why kids love dinosaurs. Some of us, perhaps, have cast our eyes on something even more avant-garde - biotechnology! The ultimate aim of traditional Chinese medicine is, as their martyrs have all done, to bring alive the 'dead'. Flabbergasted as we may be, biotech has already put one foot across hell and heaven. Thanks to the Aussies (again), we are now trying to resurrect the Tasmanian wolf, of which the last of the tribe died in 1933 but now scientists somehow managed to harvest some DNA from a preserved specimen and called upon the Wizard of Oz, who has recently switched (from alchemy) to cloning (another way to make gold / money). Securing a surrogate mother, an ovum would be harvested and its genetic material blasted away to make room for the metatherian (really, alien) DNA. And as the story goes, one thing after another, the Tasmanian wolf would lead a new leaf of life, literally. To sidetrack a bit, the Tasmanian wolf was (past tense for the time being) a marsupial (*Metatheria*) and not a wolf (*Canidae*), and a wombat may indeed make a better surrogate mother than a canid. But leave it to biotechnologists...

This is because we, and those kids who hang around in the Field Museum awing under the most complete *Tyrannosaurus rex* specimen ever found - now FMNH PR2081, acquired in an historic but not prehistoric auction for eight million odd bucks, have a grander dream: to bring alive the reptile. Oh, sorry to have misled everyone, dinosaurs were most likely not exactly reptiles, and reptiles cannot be grouped into a single clade of animals in their own rights. Neither were dinosaurs exactly avian, nor are birds dinosaurs in the eyes of some, notably Ruben et al, who probably have big noses (contact me if you wish to know why, or search him up in *Science*). In a nutshell, we don't know exactly what a dinosaur is! Certainly, some scientists who are probably in more than one way affiliated with Hollywood (read: mind and dime alike) would like to bring real a Jurassic park, regardless of the fact that in the first place all casts (*Tyrannosaurus*, *Velociraptor*, *Triceratops*, *Brachiosaurus*, *Struthiomimus*, disregarding the self-proclaimed *Dilophosaurus* which actually looked like the frilled lizards *Chlamydosaurus kingi* in Australia [not Oz]) lived in the Cretaceous, not Jurassic. Secondly, at present nobody has yet succeeded in retrieving some intact dinosaurian DNA. True, one of the most likely sources of paleo-DNA is in the digestive tract of bloodsucking insects trapped in tree saps that made ambers before



CONTRIBUTION 創作園林

those bloodsucking enzymes had the chance and the guts to denature the genetic materials. (For those unenlightened, avian and reptilian erythrocytes are nucleated). Remember, one base-pair error could mean from nothing (coding for the same amino acid) to everything (frame-shift, wrong protein, inability to further translate etc). But supposedly we have solved all these problems, just as we may eventually explain the meridians and 'qi' scientifically, and a surrogate mother (ostrich or alligator? Make a bet) eventually lay an egg and which eventually hatched, and which eventually survived the onslaught of modern pathogens, the present day solar radiation, weather and vegetation (diet) and so on and so forth, and this 'lizard' of Oz finally tried to make its way out (if not being kicked out) of the pediatric ward. Viva question, medics: what parting present would you give to our little Rex? Not a parting shot (thanks to the commandment of 'doing no harm' to patients which by now we should have learnt by heart [not brain?!]), but oxygen. What a fatal slip of mind to forget that during the late Cretaceous when *Tyrannosaurus rex* (reproduced bisexually) dwelled on Earth the atmospheric oxygen content was 33% instead of the present day level of 20.5%!

However, the real peat bog is still lurking behind, which is that we can never prove we have really made a dinosaur - genetically, phenotypically and behaviorally. To scientists, that is. If we simply play to the gallery, we could as well say that we have started off with something supposedly from a *Tyrannosaurus rex* and we have now made something that is supposedly a *Tyrannosaurus rex*, period. Just as we have taken the meridian and 'qi' theory for granted. Guaranteed, Hollywood loves it. Medics would love it too, because we're all now leading a new leaf of life governed by the sense / aroma of tres chic. Then we can start doing randomized control trials on dinosaurs by feeding them traditional Chinese medicine to see if this helps them circumvent the anoxic suffocation problem - yet another paradigm shift bound to make a headline on Medline.

Leo W. Sham

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SUMMER PROGRAMME FOR OUTSTANDING SECONDARY SIX STUDENTS 2002.

Welcome back everyone! How did you spend your summer vacation? For myself, I participated in an interesting program and would like to share my experience here with you.

I joined the Summer Programme for Outstanding Secondary Six Students 2002 organized by the General Education Department. The aim of this program is to enhance the intellectual, social and moral qualities as well as the personal traits of the highly achieving form 6 students. The program was separated into 3 weekly cycles. In every cycle, around 40 students were divided into 9 groups; each was led by an undergraduate mentor. Being one of the mentors, I guided the students (mentees) in doing a social-issue-related project, such as Mass Media and Peer Pressure Caused Dieting. Also, through attending different lectures, workshops and forums, the students got to taste what hall and university life were about.

Besides mentoring the students, I also experienced many new things. First, I spent a week each in 3 different residential halls, (Starr, Wei Lun, and Simon KY Lee). The new one was just like a hotel, or in another words, serviced apartments. However, for the older ones, the condition was not too satisfactory. In addition, I learned that most people living in the halls slept really late at night. I saw many people who were still awake at around 3 AM!!!

Having "siu yeh" was another interesting issue that I discovered about hall life. Almost every night, my mentees and I would go down to the Western District for some food. The first time we went to "yum bing sut" at around 1 AM. Obviously, it was closed. We ended up walking further and further away from the main campus, in order to look for a restaurant that was still open at that time of the night. Fortunately, we finally found some that were still open. An example is the "hor hor dim," that usually opens until 3 AM. Most of the time when we got back to the Hall after "siu yeh", it was about 2 AM.

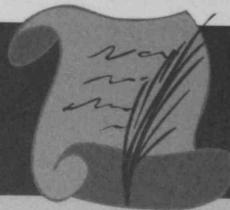
Apart from that, I learned how to get around in the main campus. After taking part in 3 rounds of orienteering games with the students, I found out that there was a short-cut path going from Ming Wah Complex to Simon KY Lee Hall. Also, I finally knew where the Sweet 19 Renaissance restaurant was. It was located behind the Run Run Shaw Building, and next to the Graduate House. Unfortunately, it is now out of business.

More importantly, I knew where the vice-chancellor's home was, and next to it was a road going all the way towards the peak. On Wednesday of each cycle, the whole group of 40 students would spend an hour walking up to the peak along this road.

After being the mentor for 3 weeks, I got to know more people from various faculties and different schools. It was a great way to get a break from the medical studies. So, I really encouraged all of you to participate in this kind of non-medical related programs. As a result, we could be more open and all-rounded. I am sure that it will be a very rewarding experience for you as well.
^_^\n



CONTRIBUTION 創作園林



b) Tsang Yuk Shing came for lecture and took a picture with my group afterwards.



3) Professor Ian Davis, the Vice-Chancellor of HKU, was invited to the High Table Dinner. My groups from all 3 cycles and I took a photo with him after the ceremony.



• 1) Every week, we had a lecture together with the Lee Shiu & Twin Cities Project.

a) Can you locate where Jacky Cheung is in this photo? =)

I LOVE NURSING

When I was young, no one would think that I could be a nurse, so did I. I fainted when I was bleeding or having injections; I was so small and weak that I got flu frequently; I hated sorrow and death. It should be a mystery that I am now studying nursing.

Why I chose to study nursing and why I love what I do? I cannot explain, and sometimes, I think it is an incite from God. Here I would like to share my gratifications and tears of living through challenges from a girl to a student nurse.

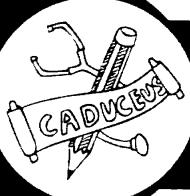
Faint

At the beginning of my study, I often queried about my ability to be a nurse since I thought I was so timid. I was not confident at all. One day, I had the Clinical Skill Laboratory lesson of measuring blood glucose. Our instructor asked for a student she could demonstrate on. I looked at the needle and tried to imagine how nice it was. I struggled for a second and finally raised my hand. I remembered she said "How brave you are!" But I was not brave, I thought, with my body shaking. I just could not explain where the fear came from. I dared not look when the instructor punctured my fingertip and squeezed my blood out. I felt thousand drops of my blood running from my fingertip. (But of course, there were only a few drops!) I prayed that I would not faint but it did not work. My face turned pale and I sweated. My classmates and the instructor were frightened. I was feeble but I insisted on standing instead of taking a rest. I told myself that I would not die of that! I do not mind others think I was amusing, what I do also think so, because I am braver now. It is a shame unless I cannot overcome it.

("There is no fear in love, but perfect love casts out fear" John 4:18)

Quiet conversation

Before I could work in the ward, I always wore the nurse dress and walkers at home and imagined I was working in the ward. But, unfortunately, it was much more depressing to work in the ward than I imagined. In the first few weeks, we took care of the infirm elderly in the



CONTRIBUTION 創作園林

"backstreet" of the ward. Most of them had been staying there for years, and were not expected to leave the hospital until the end of their lives. Some of them were paralyzed, lying on the bed with their eyes opening and closing, and could not speak a word. One day, I made the bed for one of the patients, who was an old woman that I thought she could not speak. I smiled to her, called her name and told her what I was doing. Her eyes replied to me. She was always frowning but I could see words from her eyes. She wanted to say "thank you" to me. Another day when I was preparing breakfast for the patients, I heard words from her. I was surprised and turned to her quickly. She was talking to me, though what she said was disoriented from the reality. (She told me her family and her past, she also asked me to play Mahjong with her!) I had never imagined she could talk so clearly, without slurring. I tried to talk with her and bring her back to reality, but did not succeed. From that day onwards, I talk with her more. I told her my name; I asked if she remembers me. But she did not say any word again. However, I saw words from her eyes. She was saying, "I remember you". I really did think so. I will remember this quiet conversation forever.

("If I can ease one life the aching,
Or cool one's pain,
Or help one fainting robin
Unto his nest again,
I shall not live in vain." Emily Dickinson)

Touching

The last two weeks of our practicum, we worked for the rehabilitating patients. Their conditions were generally better than the infirm patients. I spent much of the time talking with the patients. It was so touching that one of my patients told me that she wanted me to be her daughter. In fact, I was not doing my job very well. I always made mistakes and felt very depressed. But the patients' words always gave me comfort and encouragement, motivating me to work harder and better.

(When there is love, there is life. Mahatma Gandhi)

Heaviness in chest

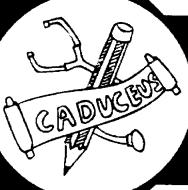
We had to dress the patients' wound every day. The wounds were always unforgettable for us. One day, I had to do a "big job". I prepared the dressing set and took many additional packs of cotton ball, gauze, and dressing. When I rolled up the blanket covering the patient's legs, I saw "mummy-like" legs. I am talking about it seriously, not joking. The scene was breath-taking. I carefully undressed the old dressing. It was a difficult job that would easily cause pain to her. When the wounds were exposed, foul smell filled the little room. I washed the wounds with antiseptic solution. Though my stroke was so soft, my patient frowned and sighed weakly. I saw some of the wounds turned black and felt that what I could do was so limited. I had never felt such heaviness in my chest before.

("Have patience with all things, but chiefly have patience with yourself. Do not lose courage in considering your own imperfections, but instantly set about remedying them--- every day a task anew." St. Francis DeSales)

The true meaning of nursing and caring

I have grown up. And I do not query about my ability to be a nurse anymore because I know I have the heart of a nurse. It is happy that we can offer love. It is wonderful that we can improve the world, right?

(by Fion, N05)



DAREDEVILS RUN AMUCK A MOMENT FOR THE DEAD OF 911- THE NEXT MOMENT FOR THE TERRORISTS.

Maybe, the State's interventionism abroad has evoked the angers of some thugs in the Islamic radicals. Two American flights were purposely and deliberately hijacked by the terrorists, and crashed to one of the best constructions ever in the world - World Trade 107. Almost at the same time, two other planes were also hijacked and were crashed to the Pentagon and to the Ground respectively, this terrible scene is still on everyone's mind.

For those who hate American's interventionism, they feel great after the terror attack!

Great? Yes --- 'Great', they won the game!

But these are 'lives', thousands of 'lives' are ended! They feel great after killing thousands of lives? Do terrorists have conscience?

Maybe their grievances are the major motive for the terror attack, but can 'grievance' be a good enough reason for the terror attack? Lives are lives. Killing thousands of people is a serious thing - ending thousands of lives is not just equivalent to killing thousands of ants, worms, birds, snakes, roaches, scorpions, centipedes, snails, rabid dogs, . . . Lives are lives, especially, these are human lives.

Being a medical student, I know it's sometimes not easy to save even a single life. Today, the terror attack has killed thousands of lives. I believe that the terrorists are not treating lives as something valuable - or maybe - they are treating lives from other races, especially the American, as something inferior.

Do those fundamentalists realize that they have to pay after the attack? Do they know that the terror attack will only trigger off the concern and condemnation of the international community? Do they know that the attack will only aggravate their relationships with the civilized countries? Their 'grievance' and 'mental fixation' have overruled their 'conscience' and they have to pay for everything they've done!

For me, those fundamentalists are just a group of unconscientious, cold-blooded and abominable gutless wimps - None of the terrorists dare stand out and admit their lousy behavior. Is this what the 'terrorist' believe how a 'Real Man' should behave?

'Real Men' should go to war for reasons of right. When the will and the conscience of the international community are defied, it is the 'Real Men'

who should stand out and terminate any abominable and deranged terror attack. Terrorists are not the 'Real Men', but the Peace keeping forces are.

The Declaration speaks of "Life, Liberty and the pursuit of Happiness." It is the US Government's obligation to punish those who killed thousands of lives.

Today, the landmark of New York City was destroyed, the heart of the American Troops was crashed, the international political arena is destabilized, and the world's economy is jeopardized. In such a serious condition, thinking with one's heart is a serious and dangerous offense. War is inevitable.

It is reasonable for the U.S. to use force. Yes, lives may be sacrificed when a war is triggered off. However, we should risk war when the will and the conscience of the international community are defied. The goal of the war is pure, pristine and righteous - we are not supposed to be the protagonists of those avenger-fantasy movies, on the contrary, we are going to turn a screw to the terrorists, to have a deterrence effect on terrorists, and to do what a 'Real Man' should do.

Governmental policy is not a social work, radical measures are essential to deal with those radical terrorists. But before the international community has decided what to do, it is important to think prudently and profoundly how to terminate any other terror attack again, that is, to develop a better immunity against terrorism. (This time, the immunity will be "war mediated")

The prospects of going into the war can be horrifying, but the world's most cunning and terrifying "army", commanded by a thug whom we believe is armed with biochemical weapons, gives U.S. and her coalition from the civilized world a license to kill, a politically correct license to kill.

When the civilized world is being threatened by the terrorists, we should not be on our knees in front of the thugs. The Coalition is now licensed to fight for a better place for our god's children. If everything is carried out reasonably, no one dares to stand up and blame President George W Bush and his forces.

Let us never get into the war out of fear, but let us never fear to have a righteous war.



DAYDREAMING IN THE PATHOLOGY LAB .

A pinkish scenery was unfolding in front of my eyes, with a bright yellowish background.

Purple bodies were turning up everywhere, each with a slightly different look, but you would find yourself dumb if you are forced to tell the difference.

The whorls and columns and islands were turning round and round, seemingly without boundaries.

In this pinkish purple wave, I soon found myself dressing in a pinkish gown, facing a horrifying wall made of bright pink bricks, looking over a valley painted in alarmingly dark red.

Where was I?

My neighbour, another ball-like creature in a pinkish red gown, was staring at me, smiling.

"Oh, you wake up. Do you remember anything?" she said.

I searched through my head, but it seemed empty.

"No wonder. We have gone through so much lately. You are simply too young to make sense of it. Let me tell you what brings us here.

"You are a cell. A young cell as I once was. We were originally residing in a body. I can't remember how long ago, we lived in that place happily. That was about the time when you emerged from a parent cell. At that time, we had a lot of nutrients flowing to us constantly along that river."

"River? You mean this valley?" I wondered.

She sighed, then continued, "Poor kid. You can't remember that it used to be a river? It was a bright red river flowing continuously throughout the body. Plenty of things were there, oxygen, glucose, and so on, all for us to pick up freely.

"Everything was well until then. That was about the time you began to mature. Since then, the body gradually came under a number of attacks, some from inside, some from outside ..."

"You mean things like tumours and infections?" I asked.

"Whatever you may call them. Anyway, the river was being rapidly depleted of nutrients. You know, some cells were using up more and more of our nutrients, irrespective of the means. You have heard of ectopic hormones. It's ectopic. It's illegitimate.

"The painful reality was, only a terribly few were getting more and more nutrients, most of the cells were getting less and less.

"As the body was alarmed by the whole range of threats, all cells were just forced to work harder and harder. Apart from it, some cells tried to adapt to the situation in different ways. Have you heard about metaplasia? Some mature cells, having secured a specific role for years, changed to a totally different type, just to meet the harsh demands of the body."

CONTRIBUTION 創作園林

"Why? Is there nothing we can do?" I queried.

"What, what could a single cell do? How much protein can you make? How many receptors do you have? Some cells had synthesized many signals to express their discontent, but those tumours cells simply ignored them. Our body had not evolved any mechanisms to restrain them, since the control systems in our body evolved in an environment very different from the present one. Every cell finally accepted the agonizing fact that individual cells were virtually powerless.

"Almost every cell, especially the younger ones, was facing a harsh environment with drastic changes. We had an unpredictable future. What appeared a promising route of differentiation today might turn out to be a beautiful trap. Insecurity lied deep inside every nucleus, particularly the young aspiring nuclei, like you."

A spark suddenly flashed across my mind. I began to remember the past.

"Can you remember what you told me when you were very young? You dreamt of contributing to the healthy functioning of the body. Inevitably, as you grew up, you began to forget these innocent dreams, realizing the whole range of inequalities between different classes of cells. You began to worry about the future, or how much nutrients you would be able to secure. You had to decide on what kind of cell you wanted to differentiate into."

"I remember now," I interrupted her. "Just as I was beginning my differentiation process, a strange thing happened. Something like a sharp shiny vehicle brought you and me and other cells nearby into this place. It was then I fainted. This is not the body. This is ..." I looked around, trying to identify where I was.

"A slide," she said. "This is an ideal place for us. We have each got a colourful dress tailor-made for us. We no longer need to worry about lack of nutrients. We are securely mounted on this place, more secure than anything."

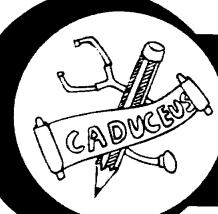
"But what about our body?" I asked.

"Forget about it. Where else can we find such beauty and security within our body? Yes, we have lost the chance to materialize our ambitions or to improve our body systems. But you see, in view of the environment, aspirations are simply frustrations. What better things to do than to appreciate the beauty of the present? Just let it be frozen forever. Enjoy this frozen beauty of life."

"The frozen beauty of life." I echoed her words, looking into the magnificent scenery ahead of me.

Wong Wing Cheuk Richard (MBBS II)

Epilogue: Dreams are imaginary. The account of a dream is never reliable as a source of scientific knowledge concerning human biology. However, dreams are reflective, reflective of the collective experience of many maturing minds, reflective of the emotions shared among the society, reflective of the smiles and tears of the contemporary world.



IT'S A SLIM SLIM CHANCE

Forgive me Father for I have sinned.

Despite the massive rave about slimming up and losing weight, oh yes, yet another packet of M&Ms has fallen victim of me. And to top that off with the ten pounds I gained since the start of summer -- that's blasphemy on an apocalyptic scale. Who could have ever guessed the amount of evilness concealed in a piece of chocolate? Although the whole association between stick-thin anorexic-looking people and beauty has been around for a long time, this concept seems to have recently exploded in Hong Kong. Burning up acres of fat in the SAR, it is undisputedly the biggest phenomenon to hit Hong Kong since Twins.

As a law of nature, hypes in Hong Kong only affect the teenage population and have a half-life of three hours. Just look around the walls of the MTR stations, it's clear that the slimming fad has proven otherwise and has conquered the hearts and waistlines of millions. Everyone has been affected: men, women, children, moms, dads, sisters, brothers and even Gigi Leung's stuffed teddy bear. If you haven't stopped eating, or weighed yourself every two hours, or considered the possibility of corrective surgery - the message is clear: 'get with the program'.

If you are thinking about exercise and a balanced diet, you're living in the 70s. After all, this is the age where mobile phones have GPS satellite capability (only God knows why we need it). What people want right now is something that can shred off 80 lbs in a week. And if that makes them look Ethiopian -- even better. That is why all sorts of get-slim-quick products are now flooding the markets to satisfy everyone's desire to look like Kate Moss or Barbie. But I repeat myself.

As expected, there are now more slimming products than there are cars. If you think that makes shopping easy, you are terribly wrong. The fact is that deciding on which of the millions of fat-burning products to invest in is harder than losing weight itself. All of them promise nothing short of a miracle to give your body a complete overhaul. However, even the skeptics are converted to die-hard believers after listening to the seemingly scientific theories. Having talked to a few of my lactophobic friends, I've gained remarkable enlightenment on some of the most worshipped slimming godsend.

First up is the fat-binding pill. The pill contains some sort of substance that binds onto fat and hence prevents your intestines from absorbing it. It all

sounds very reasonable at the start but then where does the fat go? You've guessed it. There's nothing like a case of lactorrhea. But that's just the least of your worries. Our lower GI anatomy is designed to contain solids and to expel them voluntarily. However, fat, or oil to be exact, is a liquid. So to make a long story short, my friend did describe a certain incident involving fat-binding pills, lactorrhea, a swimming pool and very greasy pool water. Needless to say, so much for the fat-binding pill.

Another more innovative but probably pain-challenging approach is fat-pinchning. From what I've heard, fat in a person's body tends to harden after a period of time. So the theory is by subjecting yourself to some contraption which physically pinches your fat, you will have it softened and naturally carried away by your blood. The question again is where does the fat go? I have absolutely no clue but it seems to me that with all the fat in the blood stream, this is the atherosclerosis special.

Then there is this ultimate pill that claims to burn fat when you are sleeping because it will induce your cells to be in an exercising state. Of all the products I know, this is undoubtedly the most miraculous and yet the *most* honest one. At least it *admits* that exercise does burn fat. As for how people can be sleeping and exercising at the same time, I'm not so sure. I just know that I don't want to wake up feeling like I've just run a 7-hour marathon.

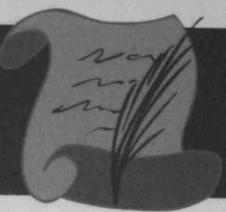
If there's one thing to learn from all this slimming frenzy, it is that the world of medicine is changing faster than you can swallow a pill. If you were even slightly behind, think about how you would answer your friend if they asked 'how can I possibly sleep and exercise at the same time?' Or how you would deal with a patient who is suing you for prescribing him fat-binding pills because he fouled his swimming pool? What would you tell someone if they simply asked 'does this work?' These questions of the universe will obviously be the most head-wrenching problems for medical practitioners in the future.

There is perhaps only one solution to this problem and that is to arm yourself with the most recent information and statistics which you can use to bluff your way out of awkward questions. For your convenience, here is a list of facts about body weight which will certainly be outdated by the time this is published.

Fact: To keep up with new perspectives on body weight, the Hospital Authority has revised the guidelines on Body Mass Index.



CONTRIBUTION 創作園林



BMI: <15 Beautiful

15-20 Overweight (Strict regiment of dieting pills is indicated.)

>20 Grossly obese (Triple therapy: Marie France, Angelface and Sau San Tong)

Fact: Actresses lose 30 lbs in two weeks because they exercise and eat a balanced diet. All those stories about how they eat virtually nothing except toast and lettuce, exercise like crazy and are motivated by a \$500,000 pay check are totally false and are just made up by losers.

Fact: 70% of the population thinks they are fat. 30% of the population thinks they are slim.

Fact: 30% of the population lies.

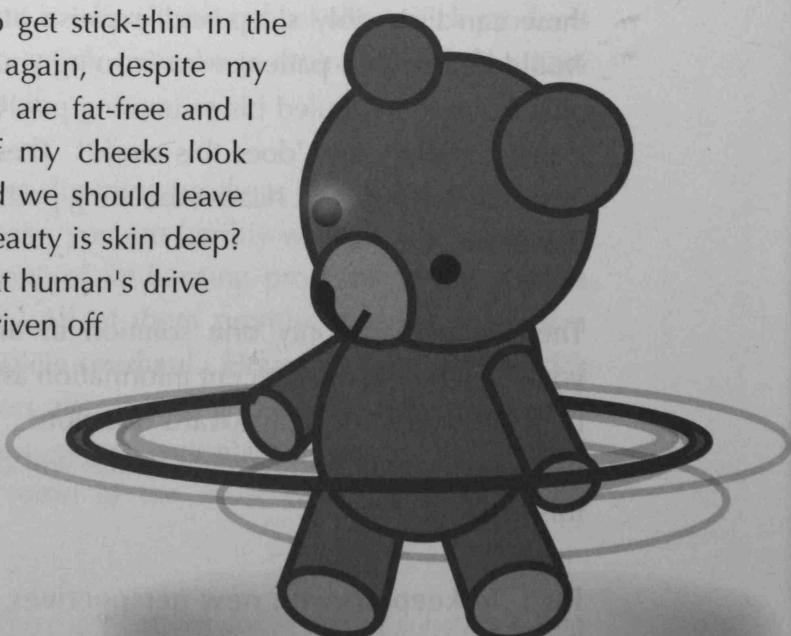
Fact: A person intaking 100 calories a day is definitely happier than one who intakes 2000 calories.

You may be thinking what they will come up with next and when the craze for slimming and its products are going to end? Well if it's true that what can be imagined can be achieved, then I can only keep my fingers crossed. Who knows? Maybe a pacified version of those flesh-eating bacteria will one day replace the fat-binding pill.

Undoubtedly, gluttony is sin but it seems that the only road to redemption is to starve and pop more pills than a lab rat.

Isn't it a high price to pay that we must try out everything humanly possible to get stick-thin in the name of beauty? But then again, despite my sobriety, all my dairy products are fat-free and I still scream in the morning if my cheeks look puffy. Maybe it's just right and we should leave things as they are. So what if beauty is skin deep? After all, it isn't the first time that human's drive for beauty and perfection has driven off a cliff.

Arthur Yung M06



孩子心

「我以為，如果醫者能保持一顆孩子的心，像孩子一樣熱誠、純良和好奇，已經足夠了。」這是區樂民醫生在他的著作《醫者孩子心》中寫下的引言。

孩子由呱呱墜地的一刻起，一切都是由零開始。他們要學習呼吸，學習站立、走路，還有說話等等等的生存技能。所有事物對於他們來說都是新奇的。好奇的本能，使他們像海綿一樣，把這些都一一吸收。孩子「性本善」的本質，亦令他們對人充滿熱忱。純良的本性，熱誠的待人態度，事事好奇的學習精神無疑是作為一名好的醫者需具備的條件，但要活得快樂滿足，亦不能缺少這顆赤子之心。

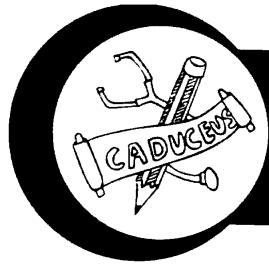
孩子，是世上最快樂的一群。他們簡單且容易滿足。由於有著單純的思想，他們不會有太多的煩惱。孩子並不會像很多過份聰明的成人那樣，把一樣簡單的事情複雜百倍來為難自己。他們對任何事都只會給予最簡單直接的反應。一加一就是等於二，不會多想是否過於容易，不會懷疑是否被設陷阱，不會疑心是否有人要刻意加害。純良的孩子根本不會懷有這些念頭，自然也不會有這些煩惱了。

其實，每個人都經歷過這單純的孩提階段，為何長大後卻總是遺失了這份天真？是不是人越聰明、越懂得多，就越要自尋煩惱？是否人越長大，就越怕受傷，越沒有勇氣去相信別人？現代人常為自己築起圍牆，對陌生的人和事都存有戒心。慢慢的，使自己的心，變得越來越蒼老。人，亦越來越不快樂。

曾聽說過人和人之間的相處，就如「鏡子反應」一樣——站在鏡子前，你向鏡中人一笑，鏡中人也向你一笑；你向鏡中人皺眉，鏡中人也向你皺眉。同樣的，在日常生活裡，人們對你的態度，很多時就是你待人接物的態度的倒影。你不信任人，人家也不相信你；你虛偽待人，人家也虛偽的對待你……但另一方面，一個微笑，一個誠懇的眼神，卻可以把距離拉近。不相信嗎？嘗試多對你周圍的人展露笑容，親身感受一下這個微笑的「魔力」吧！

地鐵車廂裡常遇到一些小孩子肆無忌憚地用他們那雙天真無邪的大眼睛看著你；大人總是望著地下，望著書本，望著除了人以外的任何東西。孩子對人充滿好奇，亦不會害怕你發覺他們的好奇，但成人卻都不願去了解他人，也不願被人看清楚。或許他們在成長的過程中曾遇到挫折，或曾被人欺騙，以至不敢再以單純簡單的心待人。但，不要忘記，當你還是孩子時，你也試過因為學習走路而一次又一次的跌倒，你也試過因為跑跑跳跳而一次又一次的摔跤。但是，你總會爬起來再次嘗試。那時候的你尚且有這種勇氣，為何現在又沒有呢？

要「返老還童」可能真的不容易，但最重要是大家都能踏出第一步。願大家常懷赤子之心，以誠待人，生活得簡單愉快！



信仰與我

平日認識我的人，可能覺得我很喜歡說笑，但是，今日我並不打算在這裡寫一篇「棟篤笑」；反而，我希望這裡分享一些對我生活有莫大改變的東西——信仰對我的影響。接著下來，我希望和大家分享這對我的人生觀及生活的影響。題材可能是悶了些，但是，這些實在是我個人的經驗及真切的體會，故此希望你能用心讀下去。

當然，信仰是一個漫長的歷程，我不能說一個人聽到一句話就能改變他的人生；同樣，我的信仰也不是「即影即有」而來的，而是透過我的經驗及遭遇才能建立。可是，我希望以一些話來總結我的信仰——對天主〔上帝〕的信心。在瑪竇〔馬太〕福音中，耶穌說：「你們先該尋求天主的國和它的義德，這一切自會加給你們，所以你們不要為明天憂慮，因為明天有明天的憂慮，一天的苦是夠一天受的了。」〔瑪 6:33-34〕他又說：「你們縱然不善，尚且知道把好的東西留給你們的子女，何況你們在天之父，豈不將更好的賜予求他的人！」〔瑪 7:11〕

可能你現在未必認同，但這並不要緊，經歷不同的人對人生的看法可能會不同，但對我個人來說，我卻對此深信不疑，而這也改變了我的生活。

第一，以前每當事情不能如意時，我便會很失望，因為我認為要達成自己的願望才是最好的。但是現在並不會這樣，因為天主既然把最好的賜給我們，那麼，如果我們未能達成願望，唯一的原因就是因為這願望的達成為我們來說長遠地並不是最好的。正如父母知道一些食物對身體無益，便不會按子女的要求買給他們一樣。

第二，以前我遇到挫折時便會感到很失落，但是現在並不會這樣，因為天主的安排既然是最好的，這「挫折」為我們長遠來說也應是最好的。可能我們在這「挫折」中的體會改變了我們的人生，也可能這「挫折」使我們更有能力應付將來的考驗……我們現在未必明白，但如果我們數個月後，數年後，甚至是數十年後回望現在，定會明白天主的用意所在。

第三，以前我希望能掌握事情的一切發展，但現在我明白事情的發展也包含了天主的安排，故此，我們亦無須事事執著。當然，天主不是要我們「等運到」，所以，我認為「盡人事，聽天命」是較好的做法。

以上的轉變對我實在有莫大的影響，使我在面對醫科帶來困難及挑戰，「上莊」的壓力，感情的問題等時，都能有一顆平安的心去泰然處之。

我並不是希望在這裡傳教，只是因為這些對我的生活有這樣大的影響，我才希望跟大家分享。其實，任何人都可因應自己的遭遇去找出一套自己最能接受的信仰，這信仰可以是基督宗教，可以是佛教，其他宗教、孔孟的思想等等。總而言之，只要有一套信仰作為動力和支持，在面對生活中的困難和變幻時，便可安然面對，在醫學院的日子也必能過得更開心！

OSCA 劫後餘生記

執筆寫有關考osca的感受除了因為想跟大家分享上次死裏逃生、足足令我個多兩個星期茶飯不思的經驗，還因為很懷念三十三卷第一期《啟思》的「medic XYZ 記」，所以班門弄斧，泡製了這篇《OSCA 劫後餘生記》。

起點——摸 pulse

考osca跟高考物理實驗考試的形式相若，都是見有空的攤擋〔station〕便自動自覺埋站。原以為這是個「執分」station，因為這個station在formative examination已經出現過，而且在mock osca也沒有被特別點名。但是原來summative examination要求真的高得多，那位考官會覆按考生剛按過的位置位，以確定考生不是濫竽充數。此外，考官還會問考生那個pulse的landmark，例如brachial pulse 怎麼找，當我答了在一條tendon的medial side，考官便會要求我答那條tendon的名字。

第二站——打 drip

據師兄、師姊的忠告，IV drip幾乎是GI block必考題目，所以我應考前都有牢記每一個步驟。我隨著鈴聲進入第二個station，檯上的假手跟平常練習的大有不同：平常用的充滿針孔，針孔周邊的皮幾乎要掉下來，就算不插入針也有假血水流出來；而眼前的手臂則光滑無比。循序跟dummy解釋打drip程序，檢查鹽水袋及導管，接著便替「他」綁上toniquet、插針。弊！點解無血出？！此時醫生考官的傳呼機響起，他更走離station。大好機會！眼見時間緊迫，我便拔下剛才的針，插上另一支在「前人」留下的成果〔奸奸……〕，這次血水順利流入假手，醫生考官也剛覆完call，鈴聲也適時響起。有驚無險，向第三站邁進！

第三站——take history

套取病歷其實也沒甚麼好準備，clinical skills 堂時也沒有學習實戰技巧。面前的病人想知道多點有關肺癌的資料，於是我想回憶PBL 提供的patient record，再問相關問題和告訴病人Commu. Med. EBP 上堂時殘餘在腦中的記憶，最後反問她有沒有問題作結。這位病人十分合作，並沒有任何challenge 或企圖challenge 我的舉動，令我順利過關，特此鳴謝。

第四站——throat swab

不知道faculty 從哪裏找來一大堆平時沒見過的dummies，這個station所用的假頭比平常慣用的小，口腔也紅得多，看見題目要求take throat swab，便打開封套，拾起棉棒，擦過dummy喉嚨，再套進culture medium。咦？有點不對，為何套不進去？多用點力水，還是不能……睜眼一看，哎呀！原來我忘記開蓋！理論上我已污染了specimen。算了，在不敢望考官、妄想他飯氣攻心打瞌睡的情況下，遮遮掩掩把蓋打開再插進去就是了。



第五站 —— spirometer

這個station 是另一送分點，只要記得clip 鼻，基本上沒有甚麼失分陷阱。接著的解圖部分則考平時有沒有留心聽課和溫習，雖然我答錯了第一題，幸好這位考官非常仁慈，多給我一次機會，又過一關。

第六站 —— 又是訪問

不知道為何這麼多訪問station，大概跟病人溝通是很高的學問。剛才在上一站見這站的師兄不斷以口型提示，心也定了些。輪到我了，這位師兄果然很好人，不斷引導我問問題，非常專業，值得一讚！

第七站 —— Chest examination

這個station考的東西我已練習過數十遍，左手中指也因練習過勞給我percuss得隱隱作痛。這站也沒甚麼特別，只要動作敏捷，完成全套動作便成。

第八站 —— Knee jerk reflex

雖然這站在formative出現過，但聽過試後檢討，也估到會在summative再出現。其實我在formative時也不能令病人的腳踢起，但上次的師兄非常仁慈，我還未打在腳上他已踢了起來。〔！〕

我徐徐拾起hammer，打在這位師兄的patellar tendon。咦？！無反應？再打！仍然無反應……又打！都係無反應喲……美女考官於是問我，點解打唔起呀？我將書本提過既原因略略覆述，又提下那塊quadriceps。美女考官於是叫師兄蹺腳。呀！我忘記做knee jerk reflex 時腳要吊起……後來得同學告知，原來此station 的一旁有一張高椅，應先讓patient坐上去。唉！好失敗……

第九站 —— Abdominal examination

這個跟respiratory examination station 差不多，同樣要在短時間內完成多個動作。得到考官的示意，我便按下病人的肚子。躺著的師兄望著我，嘴喃喃像要說甚麼似的。由於時間緊迫，我想大概是他提示要我先徵得他同意吧。由於這個station 有清楚的指示，所以很快便完成，我更多餘時間坐下休息。這時師兄亦開口說話：「你現在才懂得坐低？」天呀！晴天霹靂！我剛才一直忘記坐著perform examination！！！

終點 —— Oxygen saturation graph 及 pulse oximetry

緊迫的考試節奏並不容許我受剛才很灰的經歷的影響，幸而這個station 實在非常簡單，讓我的心情從谷底反彈到懸崖邊。夾夾手指，看看graph過後便完成我的osca live stations 考試。

墨盒

後記：

當大家提起osca考試，除了想起令人心跳一下子驟升至二百的live stations(這絕對是我未能在IV drip station 一針出血的 heart rate)，還有更令人心有餘悸的dead stations。有見dead stations 實在令人不堪回首，在下亦不在此多提。在此謹多謝各師兄師姊拔刀相助，並祝各位在本年的osca 考試有好的表現，M06 人齊齊勁過，未考過osca的則能在first summative exam 體會箇中滋味。

我們真的這麼不爭氣麼？

最近閱讀報章上有關成人對本地青少年人的評價時，總離不開「一代不如一代」、「品學皆失」之說。更甚者，欲說本地青少年人已被中國的大城市如上海及北京等地的青少年人所超越，無論是學業、處世及我們一直自誇的英語水平均與人「望塵莫及」。我們真的這麼不濟麼？

於今年七月，我有幸參與一個前往上海考察的交流團，與當地一些大學生作交流。最初我是抱著十分熱切的心情與他們溝通，互結友誼。我們參觀交流的，是在國內排行第三的復旦大學。復旦大學的環境真是美好呀！我可以說，這兒環境的清雅與舒適比我們香港大學有過之而無不及。那麼我頓想：物以類聚，這裡培育的人也如此高雅吧！

我們之後被安排前往一研討廳，聆聽有關復旦大學歷史與成就的介紹，而當中並有一些當地同學一同坐席。本來也沒甚麼問題，但當地同學的一些行為卻令我側目。他們在整個介紹過程中，交頭接耳，談得興高采烈，視講者為無物。反觀我們香港上來的學生，個個卻四平八穩的坐下來，留心聽講者的解說。難道當地同學連最基本的禮貌也不懂？

我們之後隨兩位當地同學遊覽校園。他們的解說也算詳盡，但卻予人欠缺誠意的感覺。與我同行的一些中學生皆異口同聲的說：那位同學態度不太友善，很像不太願意解答我們的提問。我認為，也許他們領我們參觀屬校方強逼，不願工作也可諒解。但畢竟這是接待外賓的活動，也應給予一點友善，好讓我們有賓至如歸的感覺吧？

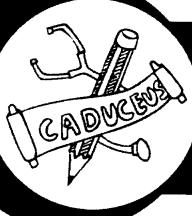
這也許是很個別的事件，若然我就此下論說內地大學生不濟，未免予人以偏概全之感。可是當我們每天細看報章或電視上的評論，也是否只是強執一例，把它無限上綱？如此誇大失實，為何社會人士不予抨擊？

從前的一個節目，說內地學生的勤奮刻苦，很像甚麼事也比我們好。內地學生沒有壞的一群嗎？就在旅程中，我親眼目睹一班內地中學生在街上亂碰亂撞，視旁人為無物的情況。你曾在港見過這種情況嗎？

在本人執筆的一刻，我翻閱報章，正好談到有關某院校迎新營上頻出的污穢標語。有一則報章的評論更一口咬定說「我們的大學生仍不自愛，不求上進。」。也許當中的標語確是不雅，但我們就個別院校的個別同學的個別低俗行為冠以如此猛烈的批評，我定不苟同。我又可不可以說我們社會的人充斥著以偏概全、一概而論的風氣呢？

本人寫這篇文章，不是為我們大學生作甚麼的爭辯，卻是想讓大家知道，看事物要多角度；以偏概全，麻木追隨的風氣並不可取。我們必須有廣闊包容的目光看每件事及每一個意見。

雨夜



生命

珍惜生命與否，只是一線之差！

一個十四歲讀中二的女孩子，一年前不幸患上了疾病，導致中風，使腦部記憶受損，說話和思考能力都受阻。行動也不大方便，要靠手杖扶助步行。為了生存，她接受了不同的物理與藥物治療。

因為疾病，她被迫停學和重讀一年。由於家庭不能負擔一個家庭教師，所以在社工中心申請義工教導，但遲遲仍未有回覆。直到我接到該中心的電話，請求幫助。猶豫了一會兒，我最終都答應了。我所擔心的不是沒有金錢的回報，而是能否勝任。

在這一日來臨之前，我為此作出各種的猜測和擔憂：她的樣子、說話和性格，我所需的溝通技巧和態度。

那天的早上，我們在中心的房間見面。她與一般的女中學生沒有分別，只是言語間帶點自我保護，眼神充滿著期盼。我們互相介紹後，便開始與她一起溫習。我從未直接問她的過去，一切都是由社工告知。起初我們都有點兒緊張，為了緩和這種氣氛，我會開玩笑和鼓勵她，她也會咧嘴一笑。在這一小時裡，每一分一秒都隨著她的努力前進，有意義地度過。我所講的說話她彷彿都記在心裡。儘管在思考方面要花上一段時間、努力和精神才能表達、領悟和理解，她，仍不放棄。我深深感受到她對生命的珍惜與求學的熱誠。她的笑容和認真的態度仍留在我心中久久不去。

無可否認，醫護人員對病人的治療和照顧是使病人康復的重要因素。但是，病人自己對生命的價值觀與意義，才是不可缺少的，否則別人所做的一切也是徒然。

同時，困於迷失世界，認為生命與前途皆是必然的青少年，又能否以此為鑒？

琪琪

Medical Students in Red Brick City

One fine afternoon a group of medical students were finding their way to the Rehabilitation Centre, located in "Core S" of Polytechnic University.

They got lost in this "red brick city" and grasped a student there,

"Can you please show me the way to Core S?"

"Easy, it's just next to Core PQR and T"

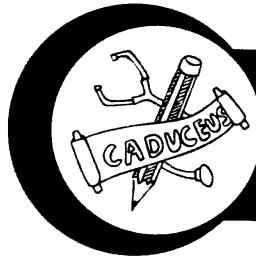
"... thanx very much"

"Where is the QRS complex exactly?" thought one of them

They went on searching for Core S, "Where in the world has the ST elevation gone?" asked one of them..

"It may have become a depression due to delay in diagnosis" answered another, giggling.

Dr Star



SUPPLEMENT 間 趣

THE STORM

The clouds loom as your storm approaches me.
Cold rains down, freezing my heart into stone.
Your thunder strikes my eyes open - to see
I'm lost in the world. You're lost in your own.

You live under lies, I keep you from view;
But not even night can shield what you hide.
The stars are too bright, the moon is too blue.
No sun lights your path to troubles inside.

Elysium is this? My soul quivers -
As it cries with summer, and aches with fall.
Your storm hides its course, and shows no answers.
A false peace resides and feigns calm with all.

My sun you have fell. Warmth I cannot feel.
Till our storms subside - a promise surreal.

~ Mercedes Chan
Feb. 8, 2001

FOOD FOR THOUGHT

"Not everything that can be counted counts, and not everything that counts can be counted."

~ Albert Einstein (1879-1955)

"Only two things are infinite, the universe and human stupidity, and I'm not sure about the former."

~ Albert Einstein (1879-1955)

"A lie gets halfway around the world before the truth has a chance to get its pants on."

~ Sir Winston Churchill (1874-1965)

"In theory, there is no difference between theory and practice. But, in practice, there is."

~ Jan L.A. van de Snepscheut

"I find that the harder I work, the more luck I seem to have."

~ Thomas Jefferson (1743-1826)

"Each problem that I solved became a rule which served afterwards to solve other problems."

~ Rene Descartes (1596-1650)

"Good people do not need laws to tell them to act responsibly, while bad people will find a way around the laws."

~ Plato (427-347 B.C.)

"Talent does what it can; genius does what it must."

~ Edward George Bulwer-Lytton (1803-1873)

"The difference between 'involvement' and 'commitment' is like an eggs-and-ham breakfast: the chicken was 'involved' - the pig was 'committed'."

~ Anonymous

"Life is pleasant. Death is peaceful. It's the transition that's troublesome."

~ Isaac Asimov

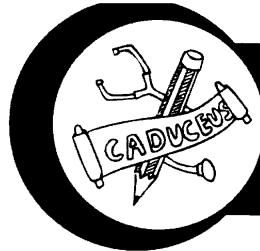
"Obstacles are those frightful things you see when you take your eyes off your goal."

~ Henry Ford (1863-1947)

"Am I dying or is this my birthday?"

When she woke briefly during her last illness and found all her family around her bedside.

~ Lady Nancy Astor



SUPPLEMENT 閒趣

Medic Orientation之醫學院下

填詞：醫學院迎新營第七組駱駝柒
(改編自獅子山下 作曲：顧家輝 填詞：黃霑)

入U總有歡喜
難免亦常顧慮
我哋大家在NMC內相遇上
總要食BAY VIEW煲嘅湯水

同處瑪麗醫院
無畏路途崎嶇
既是大家在醫學院下相遇上
一於Kong U同步去.

* 每天朝早要跑落去
跌丁一起去追
潛"拉"人讀書人
唔過會流眼淚 *

齊心 NEVER GIVE UP
讀醫不可心急
每日每天將lecture note屎煲熟佢
FIRST HON 都擺埋佢 #
Repeat *#

<夢之福>

吉蒂

單行紙上
寫下
世界上
每一個人
都感到幸福快樂
我的夢想

夢想未能成真
遊戲
畢竟弗能當真
然夢想
可能成真？

光纖傳來「知福」
朋友
你接收到嗎？
自豪的我要炫耀
我很幸福
你感幸福嗎？

縱或眼紅紅
有資格失去仍是幸福
別人笑我太阿Q
我笑
阿Q知福
紅絲帶上
寫下
繫在枝頭上
祝福你
每一個你

多謝朋友

M06 的一隻小薯

在沙宣道上
來回於李樹芬樓
與圖書館之間
夏天的烈日 冬天的寒風
在中暑和結冰的交替中

眨眼間 一年了
第一次感覺到
時間過得真的太快

要慶幸的是
在這一段日子裡
有諸位好朋友
給予我支持 紿予我幫助
在學習和生活的挑戰中
闖過來 到今天
真的十分感謝
你們使我充滿喜樂

希望在往後
這漫長的道路上
仍可以和你們
一起去歡笑 一起去流淚
在現在和未來的波浪中
齊努力 創明天



啟思徵稿

歡迎各位老師、同學、醫生及護士來稿。

- (1) 來稿可用筆名，但須附上真實姓名、年級，資料絕對保密。
- (2) 來稿之題材及字數不限，但請用打字或書寫清楚，內容不可含有攻擊成份。
- (3) 來稿可交予任何一位啟思編輯。
- (4) 本刊恕不退稿，如欲退稿，敬請註明。稿件刊登與否由編委會決定。
- (5) 來稿文責，作者自負。
- (6) 編輯有刪改權，如不欲刪改者，請註明。
- (7) 如有任何投訴，請於文章刊登後三個月內提出，逾期本刊恕不負責。
- (8) 如果轉載啟思文章，請先通知並得到啟思編委會同意。

