

Editorial

It is an editor's greatest pleasure to see that his job has invoked curiosity among his readers. Indeed I am not pretending to be professional, and I confess that should the first issue published in April be anyhow successful, tribute is to my fellow editors and the enthusiastic writers who generously allowed us access to their intellectual minds through their wonderful submissions. Nonetheless, to answer our readers' questions on how to produce a volume stacked with words and graphics — pray Lord that Caduceus means more than that to you, may I venture to say that our work is simply putting ideas into words, feelings onto paper. And it is not just OUR thoughts that matter. YOURS count no less important. For such a reason, criticisms, alongside with appraisals, have been gladly taken in, and one after another, carefully studied. Grave as they might be, we have not overlooked the underlying expectations and trust in our abilities to forge for the better.

Overwhelmed by the encouragement we received from our readers and conscious of our faults, we headed boldly on. This is the second issue of Caduceus Volume 35 and I earnestly hope that being happily satisfied with our efforts in the previous issue has been the reason that you are flipping through the pages and eventually ending up reading these hearty words of mine. If we are but strangers to you, or rather, your bewildering life on Sassoon Road is yet to start, I assure you that we have worked with zeal and passion to capture your eyes, and hopefully, your hearts.

Read on with joy!

Jessica Lai
General Editor

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陳波教路

早上十時半便上畢兩個lectures，下午又有 practical，不知道時間怎用才好？又想暫時放下書本？唱K已唱不出聲了？有套新戲剛剛上畫？數碼港戲院是您的不二之選！

數碼港百老匯戲院位於薄扶林數碼港商場地下，離醫學院甚近。除了地點優越外，戲票價格也是它的一大優勢。無論早場晚場，港片西片，一星期七天風雨不改，只收三十元正；另外，其豪華的 Palace 影院收費為四十元正。

由於數碼港商場仍在建設中，大部分商鋪仍在裝修階段，但其商場之宏偉設計，確令人嘆為觀止。至於食肆方面，暫時只有 Starbucks，一些 café，美食廣場及莉碧嘉投入服務，相信商鋪陸續開幕後我們會有更多選擇。



羅馬競技場設計是數碼港的景點之一。



這不是似曾相識的莉碧嘉餐廳嗎？住在利瑪竇堂、何東夫人紀念堂和施德堂的同學，感覺特別親切。

如何前往數碼港：

- (1) 在沙宣道乘搭的士十分鐘內直達商場門口，費用大約三十元。（如果是五人同行，這會是最方便的方法）
- (2) 在瑪麗醫院乘坐 M49，\$4.6；於香港站上車，\$5.0。
- (3) 於銅鑼灣至鰂魚涌一段英皇道乘坐 69 號專線小巴，\$8.5-\$10。
- (4) 免費戲院穿梭巴士：由寶翠園、西寶城往數碼港，要買戲票才可乘坐。
- (5) 由沙宣道步行，約需三十分鐘。
- (6) 從彌敦道太子至佐敦一段乘坐 970 到總站，\$10.6。

數碼港百老匯戲院網址：http://www.cinema.com.hk/cinema/c_cinema.php?cinemaID=13

(以上資料僅供參考)



69號小巴



M49號巴士



從數碼港可以看到我們宏偉的醫學院。

鍥而不捨的翱翔 ——鄭養鴻博士專訪

樺之

在學術的領域中，俯仰自得；於研究的尋覓裏，鍥而不捨——這正是鄭養鴻博士的寫照。社會醫學學者鄭博士除了醫學院的教育工作，亦一直致力研究人口老化及長期病患的社會課題。《啟思》編輯訪問了這位即將卸任的《啟思》榮譽顧問，也就是在零四年七月離任社會醫學系助理教授的鄭博士，與大家分享他的工作及人生觀。



教學研究 相輔相成

鄭養鴻博士在港大工作了多年，見證了大學與時並進的轉變。近年香港大學也朝著「研究型大學」這個目標邁進，鄭博士對此又有何看法？

「研究型大學是大勢所趨；無可否認，教學與研究是相輔相成的。」如果說教學是作為知識傳承的橋樑，那麼研究，則恰恰為知識的彼岸耕耘出新的土壤，讓學者能俯仰於學術課題中。近年來，港大醫學院大多數

究，固是賞心樂事。然而，教學和研究的比重，應如何取捨？

鄭博士認為：「事實上，在醫學院需兼顧教學、研究，甚至行政的工作，無疑為我添加了壓力。研究工作通常以在期刊發表的論文多寡來衡量。誠然，過於着重研究成

果，教學工作會受到制肘；以教學為先，就未必能在其他方面全力以赴。我喜歡教學，也享受研究；重視與年青一代的交流，也不忘與社會文化的對話。」面對這種兩難，他自有一套解決問題的人生哲學。

生活哲學 付出熱誠

「要面對分配時間的困難，對工作存有熱忱是非常重要的，若一個人喜愛本身的工作，自然會盡力而為。」鄭博士在繁重的工事中能應付裕如，「盡力而為」正是他處事的座右銘；儘管他的時間表排得密密麻麻，他都會抽時間與學生溝通交流，更擔任港大學生會醫學會的榮譽財政及《啟思》榮譽顧問。

「教學不單是我一直喜愛的工作，更給我與學生一個充盈著活力的交流經驗，除了單向的知識傳遞，還有多向式的溝通。」的確，小記們與鄭博士傾談間，或凝思、或頷首、時會心一笑、時高談闊論。鄭博士續道：「有時大學的教員總給人高高在上的錯覺，但我也挺喜歡與學生交流哩！」披上筆挺的西服，他仍然擁有一顆熱誠的赤子之心。

社會醫學 實踐應用

很多教育工作者批評時下學子的素質不及上一代，鄭博士卻持不同的看法：「我認為學生的轉變並不大，當然現在和過去的社會環境不同，存在文化差異是無可避免的。例如現在學生的娛樂也和上代迥異，從前哪裏有卡拉OK？」他又認為，學生應掌握一定的溝通技巧及維持良好的人際關係，不要把自己困在墨守成規的桎梏內，才能讓別人感受到尊重。尊重，就是人際關係的基礎。筆者對此表示贊同，雖說尊重由心出發，然則沒有恰當的表達方式，別人又怎能感受？

提到溝通，不禁想起社會醫學科。社會

醫學學科其中一個重點就是提昇同學的傳意技巧。「社會醫學？這科實在不太有趣啊！」相信這是不少同學的心聲。鄭博士對此也表示諒解：「我也曾經歷學生年代，翹課也是人之常情，有時在課堂上太疲倦，也會禁不住睡魔的誘惑。作為課堂上的講者，我會盡量用更生動的演繹手法，增加例子的講解，以期提昇大家的代入感。」他更笑言，要求全班一百幾十位醫學生聚精會神聽課，大概也是沒可能的；要是有一小撮肯用心思考和聆聽的學生，也就很是安慰了。

小記又提出了一個大家都關心的問題：「究竟平日課堂上填寫的課程評估及意見能否轉達至教員的手中？」原來答案是肯定的。鄭博士提起同學在課堂完畢後所遞交的意見調查，「偶爾看見同學有正面的評語，感到很是高興。大家給我的意見，我一定會用心看。」同學們，可千萬不要吝嗇讚美的說話啊！

「同學未必能牢記社會醫學的理論，但我冀望，同學日後可以在面對病人時，能夠學以致用，加深對他人的理解。」這話說得也是。畢竟，醫學生在三年級以後，也沒有太多機會複習社會醫學，於低年級打好基礎，還是應該的。

「即使不諳社會醫學的理論，也能成為一位醫生；但要成為一位出色的醫生，必須對社會醫學有一定的認識。」鄭博士語重心長地說。

問題為本 突破框框

在周肇平教授（前任港大醫學院院長）倡議下，醫學院在一九九七年由傳統的單向授課轉為問題為本教學（Problem Based Learning，簡稱PBL）。鄭博士見證了這項轉變，感觸良多。

鄭博士言道：「『求過』是不少醫學生的心態，考試過後，知識就棄之如敝屣。有見及醫學生的批判、思考、自學能力均未如理想，學院遂引入PBL教學模式：一方面讓學生在個案分析中訓練獨立思考，另一方面

同學們多以小組上課，大家相處的時間多了，也會熟絡起來，無形中增強班內的凝聚力。」

除了平日的課堂講授，鄭博士亦曾擔任PBL導修課的導師。他認為：「雖說直接進行資料性較強的講授，能短時間內傳授大量知識，但同學的耳朵可能會不聽使喚：『左耳入，右耳出』，反而不能把知識靈活運用。」小記們不禁點頭。「而PBL導修課的討論，則能鞏固所學，更可以提出討論的問題。即使有錯，也能從錯誤中學習。我認為，兩種教學方法宜作平衡，才能收最大的效用。」在思考的過程中，可以深入所學，也使同學熟習作為「診斷者」的角色。由社會醫學系安排的Patient Care Project (簡稱PCP)，也能打破平日課程的限制，多點接觸長期病患者的機會，使同學能加深對病人的了解與關心。

終生學習 多向發展

在課堂之外，鄭博士均極重視與年青人的交流，因此，他擔任《啟思》榮譽顧問多年，也感受到《啟思》的轉變：「《啟思》在創刊時，是一本學術性較強的刊物；現在的《啟思》加入了更多生活化的元素，設計也



更繽紛、更有時代感。這個轉變證明了《啟思》編輯懂得與時並進，了解讀者的需要。」他更相信，要有一定的識見和敏感度，才能把每期《啟思》的內容作良好的編排，在有深度之餘又不乏其趣味的一面。

「識廣而智足，智足而謀多。」要見聞廣博，固非一朝一夕之功。鄭博士回想起他的學生時代，除了學業外，他亦有攝影的興趣，同時又熱衷參加義務工作。可惜的是工作愈忙，工餘就愈難騰出放在興趣的時間。「於我而言，我覺得以往的義工經驗是極為珍貴的；在人生的旅途中，這就是值得珍惜、值得回味的一課。」他更對那些「上莊」的醫學生表示欣賞和期望。「醫學院的讀書壓力排山倒海，同學仍舊肯承擔吃力不討好的莊務，實在不容易；儘管如此，當同學日後憶及『上莊』的生活，自然知道自己多學了一點兒：可能是待人接物、可能是處事技巧，更可能為你帶來一份莊友間彌足珍貴的感情。」

躊躇滿志 展望將來

已離任助理教授的鄭博士，將會擔任社會醫學學系的榮譽助理教授，可能間中仍會為同學講授社會醫學。他亦會在其專長的研

究領域——人口老化問題，繼續一直醉心的研究。「我將會在秀圃老年研究中心（註）做研究工作。邁入廿一世紀，人口老化問題將會影響世界，特別是中國及亞洲各國的社會及經濟結構，要讓香港健康發展，必須找出解決問題的契機，把握其中的機遇及挑戰。」

現在，鄭博士滿肚密圈，未來更希望走出香港，把握到外地作學術研究的機會，特別渴望參與中國內地的交流活動，「從前的時間表實在缺乏彈性，現在我離任後獲得更多空間、更多時間，可以自主地作出學術上的全方位發展。」說的也是，單靠社會醫學中書本來書本去的理論，怎及到各地作實地考察及借鑒，來得實在？鄭博士更勉勵在學的醫學院學生們，把握機會拓寬視野，終生學習，才能成為掌握時代浪濤的舵手。

最後，《啟思》再次深深感謝鄭博士多年來擔任《啟思》榮譽顧問，更冀望鄭博士在學術的穹蒼裏，翱翔萬里，展翅鵬飛。

(註)：秀圃老年研究中心於一九九九年四月在香港大學正式成立，致力通過老年學研究、教育及政策倡議，提高老人的生活質素。



我與 Kathy

老殘

還記得第一次和 Kathy 見面的情況。

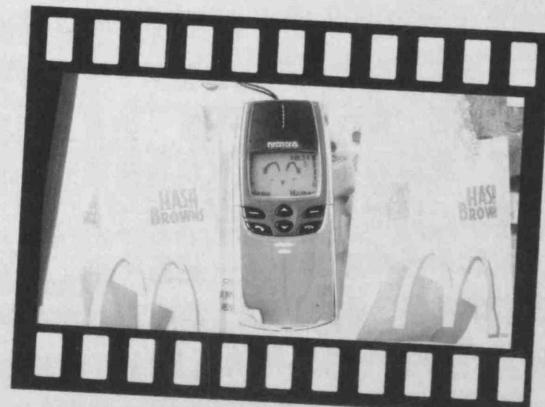
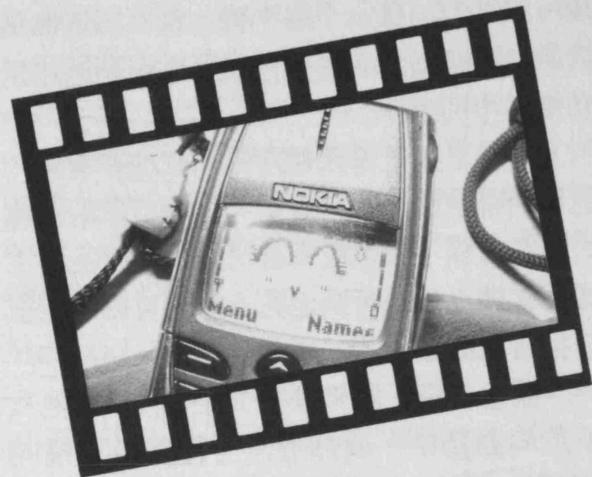
那天正要回校上課。我一開電話，居然見到一個親切的笑容出現在手機屏幕！怎麼不再是我一向用開的 1010 圖案？？？呆立半晌，也想不通為什麼。結果用開的 1010 圖案還是沒有出現，但我卻遲到了。這是我第一次遲到，也是我第一次和 Kathy 見面。

那天之後，每次開機都見到她傻傻的笑容。每次看到她的傻笑，我總忍不住要看多幾眼。如果她是一個人，我相信她一定是一個很可愛的女孩子。當時的我有個夢中情人叫 Kathy，於是，我也把這電話命名為 Kathy。

說也奇怪，Kathy 像有靈性似的。當我沒有好好待她時，她就會病。她有時會擅自截斷通話，甚至擅自關機！但當我好好照顧她時，她卻會很健康。我相信，她並不是一般的手機，而是與我感情相通的。自此之後，我把 Kathy 看成我最要好的朋友。我無論有甚麼心事都會向她傾訴。我無論有甚麼測驗考試，都會找她陪伴。雖然她只是一部電話，不會給我任何回應，但我相信她是感受得到的。

把 Kathy 當作好朋友，當然不少得慶祝生日！每年生日（我記得很清楚是四月廿六日），我都會送一份生日禮物給她。我送過生日熊，手機繩甚至沙發！看著她坐在沙發上傻笑著，相信她一定很愛這生日禮物了！於是，第四年的生日我還送了一張床給她呢！在這張豪華的床上睡覺，必定會做個好夢！

最近 Kathy 病了，她似乎很辛苦似的。看著她殘舊的身體，心裡突然有個奇怪的念頭——她想安樂死嗎？但，我會捨得她安樂死嗎？所以我最終決定，我會加倍地關心她照顧她，讓她在幸福中離開。



我與呆子

Kathy

還記得第一次我和這呆子見面的情況。

那天一起床，居然見到他！他呆呆的看著我至少也有三分鐘，完全是當了機的模樣。雖然他的樣子不似手機，但我相信他應該是台灣廠出品的，軟件沒有經過甚麼測試就推出市面。

那天之後，每天起床都見到他在發呆。他每朝都當機一次，真慘。細廠出品的手機大多是這樣，我很慶幸自己是大廠出品的！從不當機！我很可憐他呢！如果可以，我很想把自己的軟件抄一份給他。

說也奇怪，原來呆子不是手機！從他和朋友的通話中，我知道呆子原來是一種叫「人渣」的生物。怎麼我沒有聽過的呢？無論他是手機還是人渣，我都認為他是善良的。每次當我唱歌，又或者發抖，他都會立刻把我抱起。當我肚餓的時候，他會立刻為我充電。無論他有多忙，只要我需要他，他一定會第一時間為我放棄手上的工作。

我和呆子相處五年了。這五年來，他的記憶愈來愈差。很多時候，他還沒有撥電話就對著我滔滔不絕！即使耳筒沒有傳來回應，他還是繼續說下去。有一次，他對著我說話說足十五分鐘，連小巴上的乘客都被嚇怕了呢！！他每次自言自語之前都提到一個英文名——Cathy。難道，這個Cathy是他的前度女友？難道，他怕Cathy不肯接他電話所以不敢撥電話嗎？

呆子雖然對我很好，但畢竟怪人就是怪人。每到我們的相識一周年紀念，他都會待我很差的。還記得第一年他送了一隻生日熊給我。但我的生日在十一月，他為何要送一隻四月生日的生日熊？很明顯他要我難堪了。第二年，他送了一條很可愛的手機繩，但後來我才知道那是一個刑具！！他把那刑具繫在我的頭上，出外的時候，繩上的流星鎚就會無情地打在我的背上！很痛呀！第三

年，他送我一張很豪華的沙發，但後來我才發現又是一個刑具！！坐在這沙發上，沙發上一根一根的毛便會刺著我的臀部，很不舒服。到第四年，他居然送我一張床！那張床很美麗，更有點像公主睡的床呢！可是，美麗的包裝中又是一個刑具！呆子把我的床放在他的枕頭旁，每當我正在做好夢的時候，一隻厚重的大手板就會以高速撞到我的身上！

最近我有一種很特別的感覺。我知道自己快要離開了。回想起這五年，雖然呆子又傻又笨，但我感覺到他對我的關心。只是，他一向的關心都不得其法。在最後的這段時間，我希望可以到外國旅行，看看美麗的雪景。（最少也得到望夫石看看風景呀！）。但最重要的是呆子切勿特別關心我，否則我又得苦笑著收下幾件刑具了。

後記：

大家有否看過一些介紹大自然的電視節目？節目中，主持常常為動物配音，說他們「正在開開心心的覓食」，「正在享受天倫之樂」。我一向最憎恨這類節目。主持把自己的思想強加在動物身上，令我想起「霸王硬上弓」這詞語。

這個世界實在有太多一廂情願的想法。很多時候，我們不知不覺間都會作下很多假設。我們把這些假設看成是必然的事實，並根據這些「事實」去做事，結果吃力不討好。很多時，我們都很熱心去幫人，但結果原來他根本不需要我們去幫。當然，我也不知道我的電話的思想（它是死物，應該不會想吧……）。這篇文章，只是讓大家笑一笑，亦提醒大家不要作出太多假設，以免好心做壞事。

Report from Health Committee:

A comparison between the elderly from public housing estates and community centers in Hong Kong

Objective

To find out the health pattern in public housing estates and community centres.

Background

It has been the aim of the Health Committee to serve the community and to promote health. Every year, various health screenings are provided for the general public, so that diseased individuals can be aware of their illness, and hence, have an early intervention to improve the condition. From these health checkups, a lot of data has been gained. However, it was never analyzed. Hence, we hope that we can observe disease trends through the data. The information will serve as a reference for planning our future services.

Study population

Two groups of subjects were recruited from various public housing estates and community centers in Hong Kong. A total of 542 subjects were recruited, with 296 subjects from community centers and 246 from public housing estates. The estates were located in Tsing Yi, Wong Tai Sin and Kwai Chung. The two community centers were in Lam Tin and Jardine's Lookout. For the particular health check in Jardine's

Lookout, subjects in turn came from three community centers, situated in Stanley, Jardine's Lookout and Aberdeen respectively. These housing estates were selected because they have a higher proportion of elderly people, with most of them living alone. These community centers were selected since all of their clients are elderly people.

Method

Data collection was done through physical assessment of the subjects. It was done by medical, nursing and Chinese medicine students with proper training in the relevant clinical skills. From each subject, the body mass index, blood pressure and blood glucose readings were taken, except for the health check at Jardine's Lookout, in which the blood glucose level was not available.

For the health checks in public housing estates, our counters were set up in covered areas. Subjects were passively recruited when they joined our health care assessment. Hence random sampling was not achieved as the tests were done only to those subjects who came forward to our station. For the health checks in community centers, subjects were recruited by community centers and were all members of the respective centers.

The blood pressure of every subject was taken in a sitting position using a mercury sphygmomanometer. If the reading was high (systolic pressure $>140\text{mmHg}$) the subject would be asked to relax for five minutes and measurement was repeated after resting. Body weight was measured



using a portable standing scale. Body mass index was calculated by dividing the weight (in kg) by the height (in m) squared. Blood glucose level was measured using the

fingerstick method. Subjects who were younger than 60 would not have their blood glucose checked due to limited resources.

Result

Table 1: Data collected from various estates

	Kwai Chung (n=108)	Tsing Yi (n=62)	Wong Tai Sin (n=76)
M:F	0.27	0.41	0.41
Age, years	70.4+- 10.0 ¹	69.0+-9.7	74.1+-8.6
Systolic pressure, mmHg	129+- 16	129+-15	135+-21
Diastolic pressure, mmHg	75+-12	74+-9	72+-12
BMI, kg/m ²	25.9+-4.6 (n=104)	25.4+-7.5	23.6+-3.4 (n=74)
Blood glucose, mmol/L	7.2+-3.6 (n=90)	7.2+-3.5 (n=56)	7.6+-3.0 (n=62)
% with elevated BP	22.6	19.4	34.7
% with elevated BMI	49	40.3	33.8
% with elevated blood glucose	21.1	26.1	38.7

¹ Mean +- SD

Table 2: Data collected from community centers

	Jardine's Lookout (n=235)	Lam Tin (n=61)
M:F	0.18	0.13
Age, years	74.3+-6.9	75.4 +- 7.0
Systolic pressure, mmHg	138+-21	136+-15
Diastolic pressure, mmHg	79+-13	72+-13
BMI, kg/m ²	24.3+-3.3 (n=208)	24.2+-3.8
Blood glucose, mmol/L	Not available	6.5+-2.1 (n=60)
% with elevated BP	44	42.6
% with elevated BMI	36.5	32.8
% with elevated blood glucose	Not available	11.6

The definition of "elevated BP" is systolic pressure >140mmHg or diastolic pressure >90mmHg. "Elevated BMI" means BMI >25 for male and BMI >24 for female. "Elevated blood glucose" means fasting blood glucose concentration >7 mmol/L, or random blood glucose concentration >11.1mmol/L if the subject has had food intake within three hours before the measurement.

Comparing the data from individual estates

Subjects from Kwai Chung and Tsing Yi are similar in all aspects (all with $p>0.5$), except the sex ratio. However, when comparing these two estates with Wong Tai

Sin, the latter has a higher systolic pressure (with $p<0.05$), which may be explained by the older age of its subjects ($p<0.05$).

Comparing the data from community centers

Subjects from the two centres are also similar in all aspects (all with $p>0.1$), except the diastolic pressure, which is higher in Lam Tin ($p<0.001$).

The findings from comparing among the individual estates and the community centers are trivial. However, when we group all the estates into one group and the community centers into another and compare the two groups, the findings will be more significant.

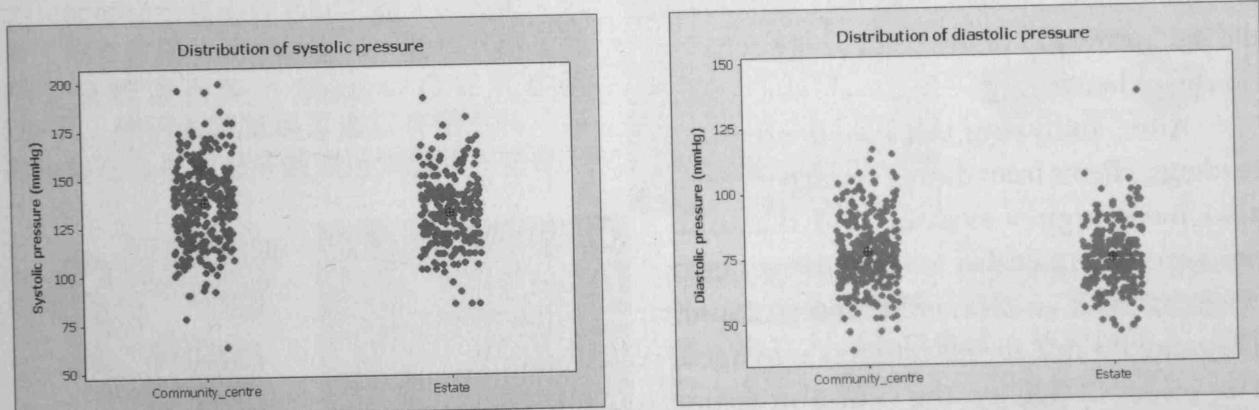
Comparing the data from the estates and the community centers

Table 3: Overview of the data collected

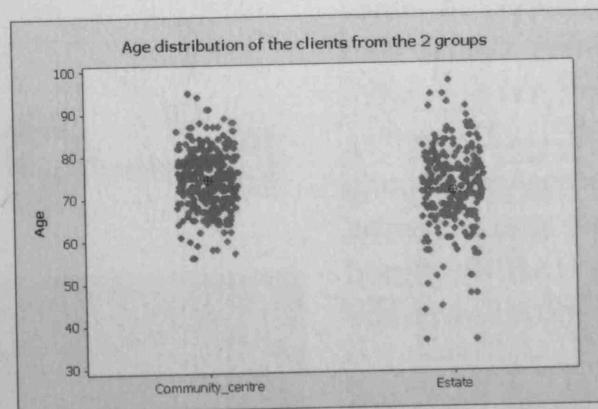
	Estates (n=246)	Community Centers (n=296)
M:F	0.34	0.18
Age, years	71.3+ 9.6 ¹	74.5+7.0
Systolic pressure, mmHg	131+ 18	138+21
Diastolic pressure, mmHg	74+12	78+13
BMI, kg/m ²	24.8+3.8 (n=240)	24.3+3.4 (n=269)
Blood glucose, mmol/L	7.3+3.4 (n=208)	6.5+2.1 (n=60)
% with elevated BP	25.3	43.6
% with elevated BMI	42	35.6
% with elevated blood glucose	23.4	11.6

¹ Mean + SD

The two groups have similar BMI ($p>0.1$), however, the group from the community centers has significantly higher age ($p<0.001$), systolic pressure ($p<0.0001$) and diastolic pressure ($p<0.005$) comparing with the group from the public housing estates.



The distribution of age is also more dispersed for the group of clients from the housing estates.



For the random blood glucose level, the difference is significant with regard to the p value ($p<0.05$), however, the sample size of the community center group is too small ($n=60$) comparing with that from the public housing estates ($n=208$).

Discussion

Concerning the comparison among estates, most of the parameters are similar for the three estates. This shows that all the clients from the three estates may belong to the same social class, with similar disease trends and needs for health assessment. The same observation can be seen when we compare the data gained from the two community centers.

When we compare the estates with the community centers, clients from the community centers are generally older than those from the public housing estates. Besides, the age distribution of clients from the estates is more scattered than that from the community centers. This may be due to the age restriction of the community centers on their clients.

After analyzing the blood pressure readings, clients from the community centers also have higher systolic and diastolic pressure. There is also a higher percentage of clients with an elevated blood pressure. This may be due to the difference in ages. The effect of age on the blood pressure should lead to a higher increase in systolic pressure, which matches the observation of the data. The clients were recommended to have regular health checkups and hence raise their health awareness. Clients with blood pressures that were too high were recommended to visit clinicians. Controlling blood pressure simply through monitoring food intake and exercising may not be effective. It is observed that the blood pressure is not well-controlled in the community center group.

The random blood glucose levels also show a difference. However, as the sample size of the community center group is only 60, the findings are prone to sampling error.

There are several limitations to the

study. First of all, the sample size is small owing to the lack of resources and manpower. Secondly, patient follow-ups are not available for the subjects, hence the risk of developing diseases cannot be assessed. Moreover, the number of subjects from each individual service is too small, so we cannot compare the data between different areas of Hong Kong. Finally, having more services in estates and community centers will give a better coverage of the health pattern of the two populations.

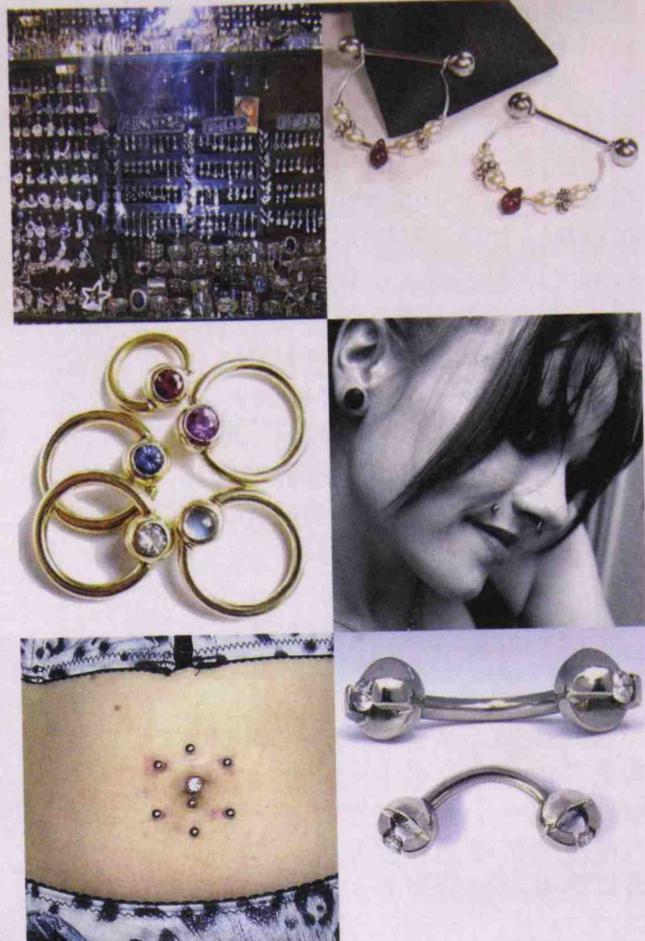
周身環

翻翎

這潮流……

現今香港的年青人，甚麼都要趕得上潮流。不論是吃的、穿的、還是玩的，都喜歡緊貼著潮流。這陣子「興」些甚麼，大家就「一窩蜂」地去試、去做：原因是不想自己變得落伍。還記得這幾年興起的葡撻、芝士蛋糕、懷舊復古、還有哈利波特、魔戒等等，哪一樣沒有掀起全城大熱，成為朋友之間熱門的話題呢？當某一個潮流興起，若有人還未吃過某種食物，沒有穿上時興的衣服和飾物，沒有看過某部電影，就好像生活中缺少了些甚麼，在談話間亦搭不上嘴。

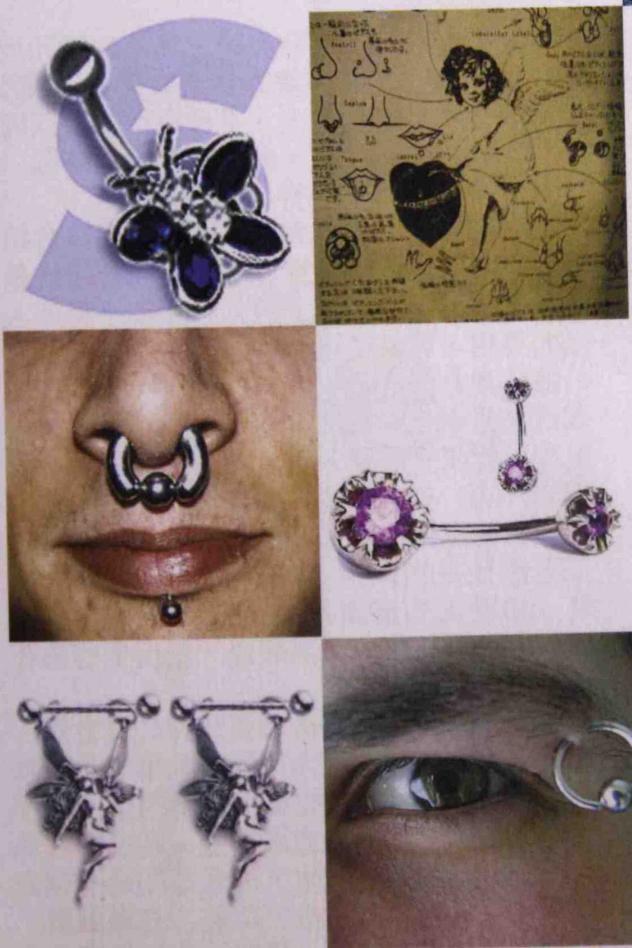
同樣，穿環文化於七、八年前便在日本興起，並隨即傳到香港。一時間，街頭上湧現著「周身環」的「潮人」。穿環這個潮流，或多或少是由許多知名藝人帶起的。年青人都喜歡模仿偶像的言行，當他們眼見張柏芝穿臍環很美，Maggie Q穿乳環很「型」，陳冠希戴單邊耳環很有個性時，自己也會在心裡興起穿體環這個念頭。於是，



有些人會在耳朵上穿上多個環；除了在耳珠外，還有的在耳門、耳窩、耳摺等位置穿環。另外，一些穿體環的熱門位置包括肚臍、舌頭和鼻子等。一些喜愛PUNK文化的人還會選擇在他們的眼眉和唇上穿環。有些人更會在其性器官上穿環！據說，在性器官上穿環，除了能夠給伴侶帶來新鮮感外，還可以增加性愛的快感呢！

其實，只要是身體上有肉的地方就可以穿環。因此，有些人會選擇在頸上、腳上和手臂上穿環。但穿環師警告，若在神經密佈的地方穿環，例如耳骨位置，就會異常地痛。原來，穿環再不只是年青人的專利，根據一位專業穿環師所說，現在也有OL、名人和家庭主婦愛上穿環這個玩意。

對於穿環，不同的人有不同的看法。有的認為這是無聊的玩意，有的卻稱之為美容。有的認為用針刺穿皮膚很血腥、很恐怖，有的卻稱之為勇於冒險，是帶有反叛意味的前衛藝術。有人批評穿環簡直是自虐的表現，是瘋狂的行為，有人卻認為這樣會增加自己的吸引力和突顯自我個性，是很「酷」的行為。原來，穿環也會上癮的。根據一位香港穿環師的觀察，有些年青人在耳

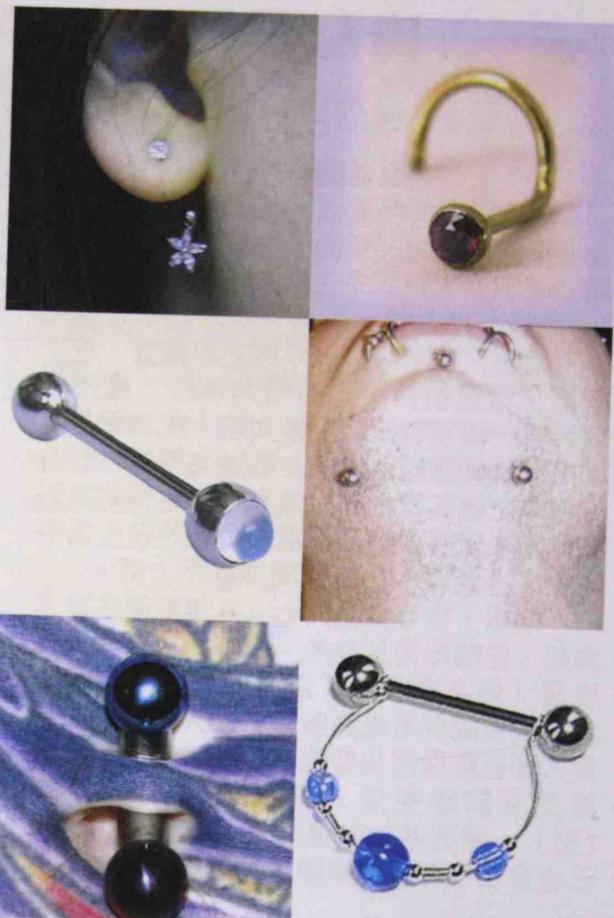


朵上穿了一個孔後，會陸續回來多穿幾個，穿得耳朵也麻木不覺痛了。

既然體環有這麼多種類，那麼會不會有各種不同的穿環技術和工具呢？一般穿環的過程又是怎樣的呢？原來，在身體各處穿環，情況都是大同小異的。除了穿耳環要用耳槍外，其他任何部位都會用穿環針，只是針的大小粗幼會有分別。穿環的過程其實並不複雜。首先，穿環師會替穿環的部位進行消毒。若有需要，他還會替病人進行局部麻醉。然後，就用耳槍或穿環針在身體上穿孔。之後再在該部位塗上一層薄薄的消炎藥。過程完畢，穿環師還會教導客人一些保持傷口清潔的基本知識和技巧，盡量減低傷口發炎的機會。

穿了以後……

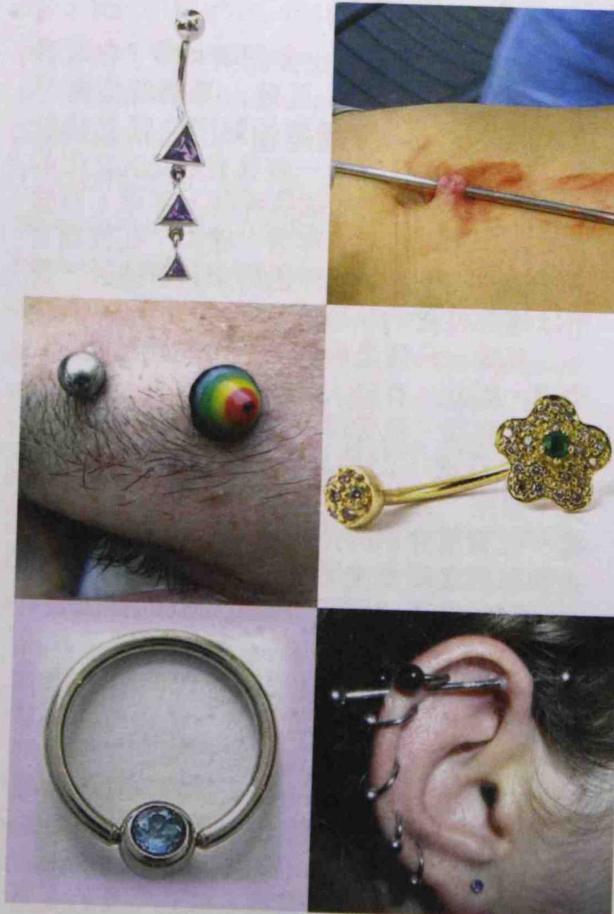
穿環或許是種刺激的玩意，是潮流的指標，是前衛的藝術。但在穿環背後，其實潛在著很多危機。最常見的當然就是穿環的傷口發炎，這其實是很普遍的現象。「有些人會對那耳槍在耳朵上的刺激產生過敏反應，引致發炎。」穿環師這樣告訴我們，「有些人的皮膚較敏感，因此很容易發炎。有的更會斷斷續續地發炎多次呢！若他們的耳上有



多個孔的話，當一處發炎時，其他的耳孔也很易受感染，最終整隻耳朵都會發炎。」因此，她會建議那些客人，平日只可穿戴以純銀或手術鋼製造的環。而當在發炎的時候，就應該脫掉耳環，只穿幼幼的耳針。

除了發炎外，也有些人的穿孔傷口會結疤，甚至長出肉芽。穿孔對人體而言始終是一個創傷，再在傷口上放入一個本不屬於人體的異物，若處理得不妥善，異物就有機會不斷刺激身體組織，使穿孔位置腫脹起來。若情況嚴重，組織出現增生，瘤狀突起時，更有可能產生癌變。由於每個人的皮膚質素都很不同，有些人傷口癒合快，已頂孔的位置很快就變得平滑且沒疤。但有些人卻會在耳孔位置長出肉芽，並要到診所求醫。原來，白種人的皮膚最少長疤，黃種人居中間，皮膚黝黑的人最易起疤，部份更容易在傷口長出肉芽。

穿耳環除了有發炎和長肉芽的機會外，其實危險性已不算太大。但穿臍環和舌環就要更加小心了。肚臍位處於腸臟附近，如不幸發炎的話，細菌經血液擴散，若感染其他內臟，情況就非常危險。而舌頭則是一個血管密度很高的身體部位，口腔又充滿細菌，因此，若在該處穿環，傷口受感染的機會亦



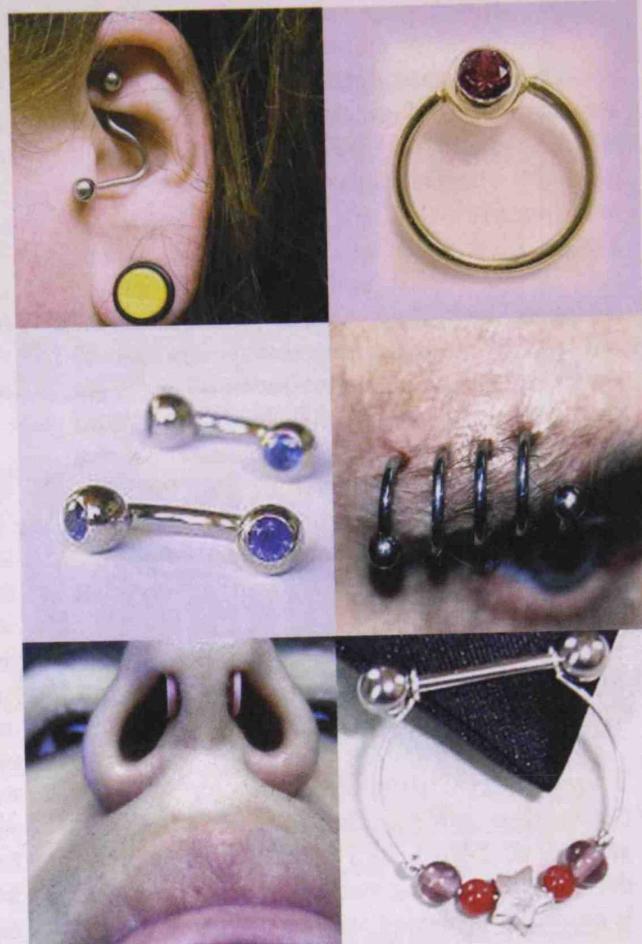
較高。英國就曾有一名女子在穿舌環時，傷口受細菌感染，一直流血不止，還差點送命。舌環其實也會影響說話，嚴重時更會引致語言障礙。若舌環不小心鬆脫，更可能被吞入氣管，引致窒息。由於食物殘渣容易藏在舌環的位置，為保持衛生，舌環是要不時除下來清潔的。

更可怕的是，若穿環所用的針未經過完全消毒，穿環者就有機會染上一些傳染病。消費者委員會指出，衛生署每年都發現四至六宗患急性肝炎的病人，在染病前曾在身體上穿環。由於穿環要刺穿皮膚，而身體的血管眾多，容易被弄破，以致許多傳染病，例如乙、丙型肝炎和愛滋病，有機會透過血液和體液傳染。因此，消委會呼籲市民穿環時要注意衛生，並要留意穿環用的針有否徹底消毒，以及用完即棄。而負責穿環者亦應事先洗手，戴上手套，並確保環境光線充足。

健力士世界大全之

“在有限時間內穿環最多的人”

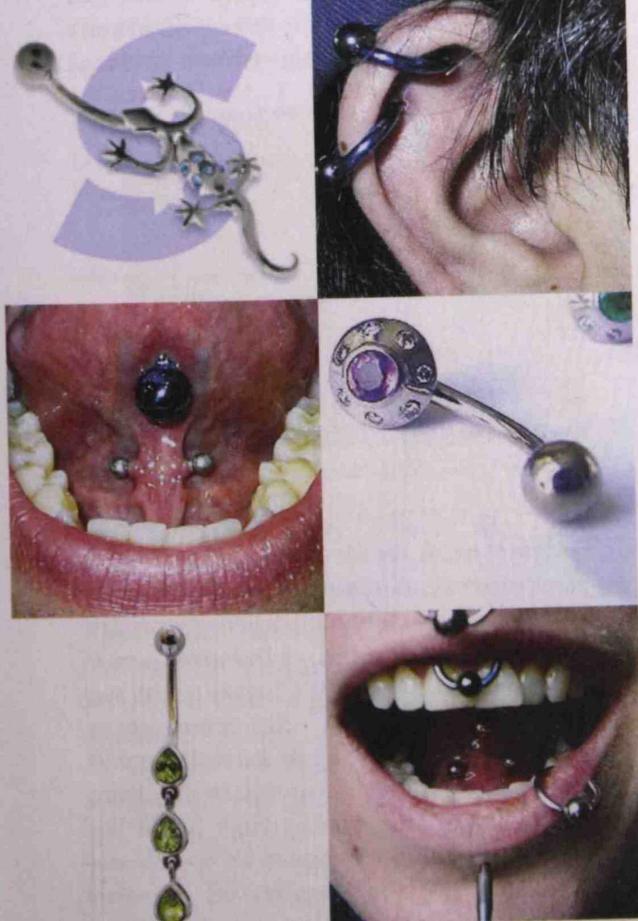
英國其中一間規模最大型的紋身穿環場所的店主 Charlie Wilson 用 8 小時 32 分鐘在 28 歲的 Kam Ma 身上穿了 600 個體環。平均來說，即每 51 秒，Kam 身上就被穿上一



個環，打破了 Wilson 之前所創下，在一人身上穿 373 個體環的世界記錄。看上去很難以置信，可是 Kam 還認為感覺相當好，可以多穿幾個洞呢！為了應付這次的挑戰，Kam 在比賽前六星期都不停進食一些含有豐富維他命 C 的食物去增加皮膚的彈性，方便穿孔。連 Wilson 也笑說未曾遇過一個比 Kam 皮膚傷口復原更快的人呢！如果大家想皮膚彈性好一點，傷口又痊癒得更快的話，也應多多進食含有維他命 C 的食物了！

後記

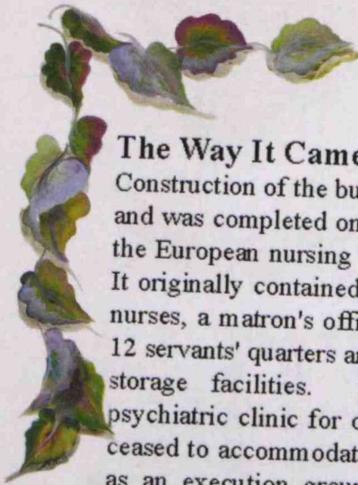
穿環風氣的盛行，除了是因為明星效應外，還有很多其他因素，例如年青人愛美的心態、為表現自我個性、為「人有我有」、為緊貼潮流、為追求刺激和新鮮感、為表現自己反叛和任性的一面等。體環的種類五花八門，真是說得出來的就可以做到。現在還新興一種指甲環呢！但是，穿環始終是一個帶有相當危險性的玩意。只是穿臍環的過程已有不少人痛得暈倒。而傷口發炎和細菌感染的後果也是可大可小的。因此，在決定是否穿環之前，真的要認真地考慮一下自己的皮膚，想清楚自己是否真的適合穿環啊！做 Lord of the Rings 是有代價的！



Local Heritage – The Old Mental Hospital on High Street

Jessica Lai

Notorious for its ghostly appearance and supernatural sightings, the Old Mental Hospital on High Street is one of the most widely recognized landmarks in Sai Ying Pun. It was once home to psychiatric patients all over Hong Kong. Later, fallen into disrepair and ruined by fire, it was turned into a haunt for curious teenagers and drug addicts who used the methadone clinic nearby; not to mention its becoming one of the most favoured spots for shooting movie scenes set in the 1960's. This summer, before we make our plans of going around the world visiting world-class heritage, let us first familiarize ourselves with one that has witnessed the historic development of mental health care in our own hometown, and one not far from us.



The Way It Came Through

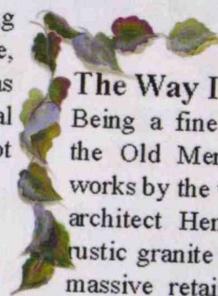
Construction of the building commenced in 1891 and was completed one year later as quarters for the European nursing staff of the Civil Hospital. It originally contained only 10 bedrooms for the nurses, a matron's office, a chemical laboratory, 12 servants' quarters and other living, dining and storage facilities. In 1896, it became a psychiatric clinic for outpatients. The building ceased to accommodate staff in 1941 and served as an execution ground during World War II, adding a mysterious shade to the many eerie tales that have originated there.



Its proud façade
—worn down by years of disrepair and fire

In the post-war period, due to a dramatic increase in the number of psychiatric patients and hence the need for their medical care, the

building was converted into a residential mental hospital. The east wing, now a methadone clinic, was extended in the 1940's to provide up to 140 beds. The Castle Peak Mental Hospital opened in 1961 and the Old Mental Hospital was subsequently converted back into a psychiatric day treatment centre until 1971. Since then, it had been left vacant and was badly burned by two fires believed to be inadvertently started by trespassers.



The Way It Once Stood

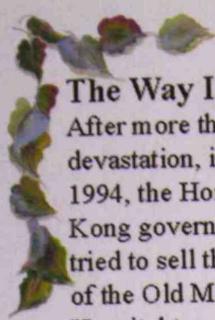
Being a fine example of colonial architecture, the Old Mental Hospital is a reminiscent of works by the well-known 19th century American architect Henry H. Richardson. Featuring a rustic granite façade with arched verandahs and massive retaining walls under a pitched tiled roof, it is a blend of 19th century Western and traditional Chinese styles. By contrast, windows with green, wooden shutters set in red bricks give the building a Mediterranean touch. \$42,500 was spent to construct the whole building while two-thirds of the sum went to the establishment of its proud façade – the Old Mental Hospital is the only piece of historic architecture in Hong Kong with a frontage purely composed of granite.



The emblem of the Old Mental Hospital

—still preserved on the pediment after redevelopment

The original north façade had 18 arches with a pediment marking the middle and turrets at the ends to form a classically proportioned structure. The emblem of the hospital – a European coat of arms standing in front of a Chinese yacht was carved on the pediment. Six more arches, however, were added during an extension uphill. The two-storey building is asymmetrical owing to its location on the sloping High Street and such a flaw is skillfully balanced by the use of a stone plinth to lift the verandah off the street presenting a gradation of rhythm.



The Way It Fell And Rose Again

After more than 20 years of vacancy and devastation, in 1994, the Hong Kong government tried to sell the site of the Old Mental Hospital to private land developers. Nonetheless, the Central and Western District Board violently objected to such a notion and subsequently suggested that it

should be converted for community use. Thus, in 1996, the government announced that the Architectural Services Department would be responsible for redeveloping the site into a community complex.

The building is the only specimen of its kind in Hong Kong, but the interior was much brought down by the fires and the roof had collapsed. Given its physical condition, it would have been very costly to restore the whole building, so a compromise was reached to preserve the L-shaped façade - the only part of the building assigned Grade 1 status by the Antiquities Advisory Board. Except for the old granite facade, therefore, the rest of the Old Mental Hospital was demolished.



The granite façade was carefully preserved during redevelopment

The resulting community complex, with its restored façade, contains many facilities, which include an early education training center, a group work unit; elderly homes, a community hall, and a children day care centre. There are also facilities for the mentally handicapped and a singleton hostel on the upper floors.

The Way It Goes On

The preserved façade now stands quietly in an old neighbourhood where locals have long become accustomed to its presence. It blends in with the tranquil picture of elderly residents



Birds' view of Sai Ying Pun Community Centre

taking leisure strolls in King George V Memorial Park. Sai Ying Pun is one of the oldest districts in Hong Kong and hosts a range of historical structures from which the history of life in the territory could be traced. Let us hope that the rejuvenation of the Old Mental Hospital on High Street has set a proud example for the many attempts to preserve this pocket of history.

From Past to Present: Services for the Mentally Ill and Mentally Handicapped Nowadays

After looking into perhaps one of the most historically significant psychiatric hospitals in Hong Kong, let us move on to look at the services we currently provide for mentally disabled patients.

Apart from the approximately 4,800 beds provided by psychiatric hospitals and public psychiatric units of general hospitals, increasing emphasis is now placed on an integrated

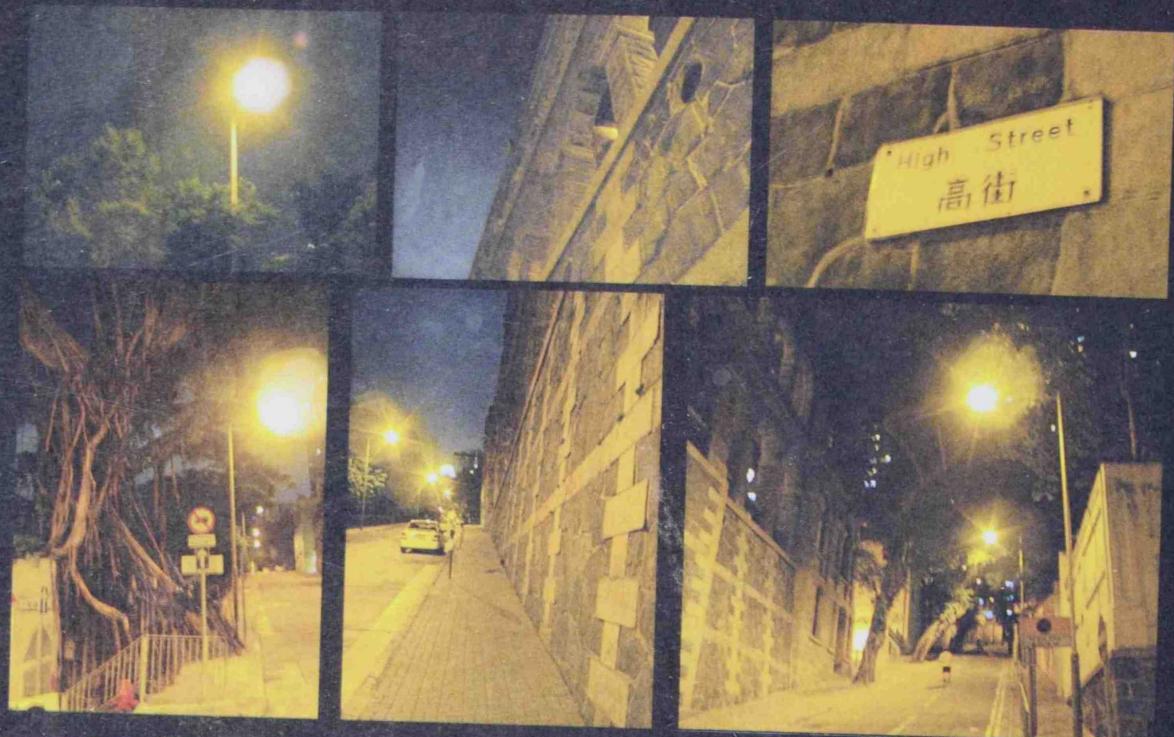
hospital-community approach in treating psychiatric patients in their home settings. Community work and after-care units of psychiatric hospitals offer community

psychiatric nursing service and domiciliary occupational therapy service to discharged patients. Not only can these services help in patients' social readjustment, they can also educate patients and their families on mental health.

Other complementary rehabilitative services run by both government departments and non-governmental organisations include day-care centres, halfway houses, long-stay care homes, vocational training, selective placement and social clubs. There are also outreach teams to screen for severe mental illnesses, such as schizophrenia and severe mood disorders, so that early identification and treatment are possible.



Emblem of
Castle Peak Hospital



The Tale Begins...

With hot and blistering movements of air, it was a midsummer night. But people's dreams dwelled not upon the enchanting Shakespearian fantasy plotted by the legendary Renaissance Englishman. There were no mischievous goblins or lovesick Athenian maidens, no sweetness or humour to cure sore hearts. On a midsummer night in the early 1970's, a nightmare struck the west side of our petite island - a dream to be remembered with fear and horror. The Old Mental Hospital on the end of High Street was burnt down to ruins, bringing down with it strangers young and old - all trapped inside its barred windows, never to see the dawn of the day anymore.

Everyone has his own nightmares and many of them are housed in a haunted mansion. The irony is, honestly, how many people have actually seen a haunted mansion, heard the crackles of its floor boards, or worse, lived under the shadows of it? I am NOT, however, speaking as if I have. For, quite on the contrary, I overlook one from the windows of my very own bedroom.

Sai Ying Pun has been home to my family ever since the times of my Great

Grandmamma. Though not still in the very same flat, for four generations, we've been dwelling near the forbidden house of lunatics and madmen. I remember the days when I would cling fearfully to the shirt of my Grandmamma at the sheer mentioning of the haunted mansion. I meant to say the Old Mental Hospital on the east end of High Street, one block downhill to where my apartment stands. Nonetheless, for the local people who have lingered on long enough, "this has been a forbidden name not spoken to be heard..."

As such, the tale begins.

It was a midsummer night during which no evening breeze cared to bear any coolness. As a diligent medical student showing her dedication only when the exams were drawing near, I was staying up late referring to a human skull while memorizing in what way its bones could all be pulled off and put together again. It was way past midnight when the stereo player finished playing the last song on my CD. To my surprise, I realized how subtly quietness has sneaked its way into the neighbourhood. There were no buses roaring while struggling uphill, no children screaming while the school bell rings, no men talking, no babies

crying... and when I cast my gaze out of the bedroom window, no other flat nearby was lit, except by scarlet lights on the Chinese altars - reminding me of the gory eyes of people being strangled to death. I shuddered at this thought.

"As if Death was watching the living," I whispered softly to myself.

Far above, the pale-faced moon was nowhere to be seen. Another moonless night, as grave clouds had gathered solemnly over our miserable city in the past few days. A storm was to come, the weather report so said. Typical of the air before a storm - fervent, stagnant, like that in hell...

I tried to shake the eerie thoughts out of my head. "Must be the skulls and skeletons," I convinced myself. But the uneasy feeling lingered on inside. I turned away from the window to switch the lights off and went back to draw the curtains. "Time to sleep," I gathered. Nevertheless, while reaching out for the curtains' rope and going through the names of the skull bones one last time, I looked down and caught a glimpse of a red light shimmering in the darkness.

The light blinked. There was no constancy in its brightness, dimmer at one time and flaring at another. Its colour also varied - from crimson to orange, from maroon to violet. There was an inconstancy, an uncertainty, a mysteriousness about this gleam of redness.

I knew I ought not stare. I ought not stand dumbly in front of the dire darkness glaring at the spot of light. I should have turned my back to it, shut my eyes and gone to sleep under the protection of my blanket. I knew I had to stop, for I knew what I was spying on - the haunted mansion, the abandoned Mental Hospital, seventeen floors beneath my feet. For if I could see its lights, could it not also know my consciousness?

Despite a sophisticated mind, by natural fear, I was obliged to firmly draw the curtains. I felt my neck go stiff and I pulled as hard as I could on the curtain rope. My legs were impatient to get themselves under the

quilts on my bed. I heard my breaths go fast and coarse. I felt my heart pound against my chest. Its beats became more and more rapid, quicker and quicker and all of a sudden, they stopped. I drew in a cool, deep breath. No warmth travelled to my skin.

It fell.

My precious fell.

I lost it to the pitch-black night.

Something fell while I pulled the curtains. Of what importance was it to be? The Tale goes on in Issue 3.



Focus

Super Pass

Pre-exam and Post-exam

Syndromes

John Chan

Donald Ip

Kevin Li

Ivy Cheng

June Leung

Sam Wan

Ivy Wong

Connie Chong

Introduction

Day one of my study break: I find myself opening the bathroom door more frequently than a minibus stops in any given hour. My palms sweat and it seems like people have changed from being kind and manageable to irritable and unforgiving. The vibrant and colorful streets around my apartment have suddenly lost their luster and life has become tedious and wearisome as finals are a mere three weeks away.

Could this anxiety attack be brought on by the thought of dealing with an exam? Or could it be in response to other people's change in attitude when dealing with stress? While exam stress is negatively stereotyped by many, it is this pressure that often motivates us to do well. Exam stress is something unfortunate that we, as students, have to deal with. But depending on how we look at it, it has the potential to bring the best and the worst out of each of us.

With the exam experience still fresh in mind, we explored the impact of exam stress on a group of self-conscious, aspiring students from the Faculty of Medicine. From their experience we can hopefully draw some conclusion on how exams can impact us physiologically, socially, emotionally and how our beliefs and value system plays its part in dealing with exams.

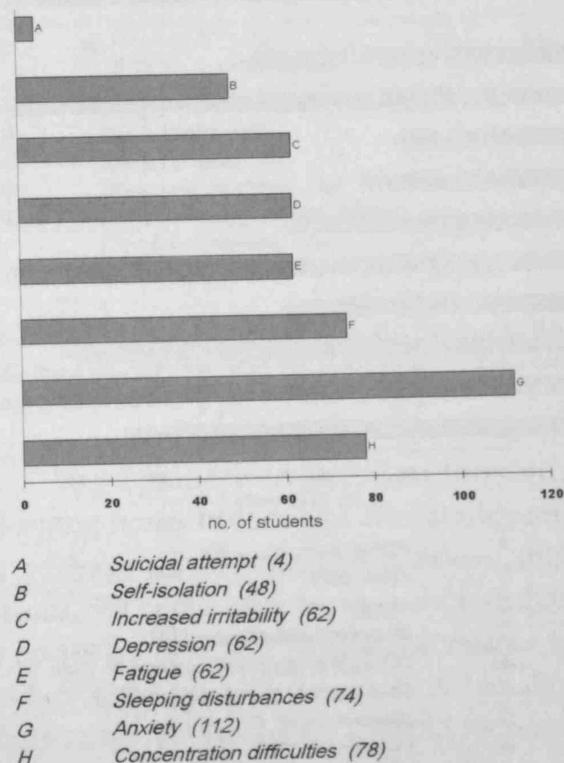
To find out the stress level of students during the examination period, we conducted an online survey in June and July 2004. About 150 medical, nursing and TCM students completed the survey. 60% of them were year 1 students. Average speaking, they found studying medical-related subjects moderately stressful.

Pre-exam syndromes

It is quite a shocking result that many of our colleagues are suffering from pre-exam syndromes of various degrees. From the data retrieved, exam pressure really gets

onto our fellow classmates' nerves. In fact, many of them got through exams with flying colors easily in the past. They might only need little effort to be the cream of crop. On the contrary, life is harsh in the Faculty of Medicine. One needs way more effort, patience and determination just to get a pass. What follow inevitably are the numerous so-called 'exam syndromes'.

Cognitive and emotional disturbances before exam

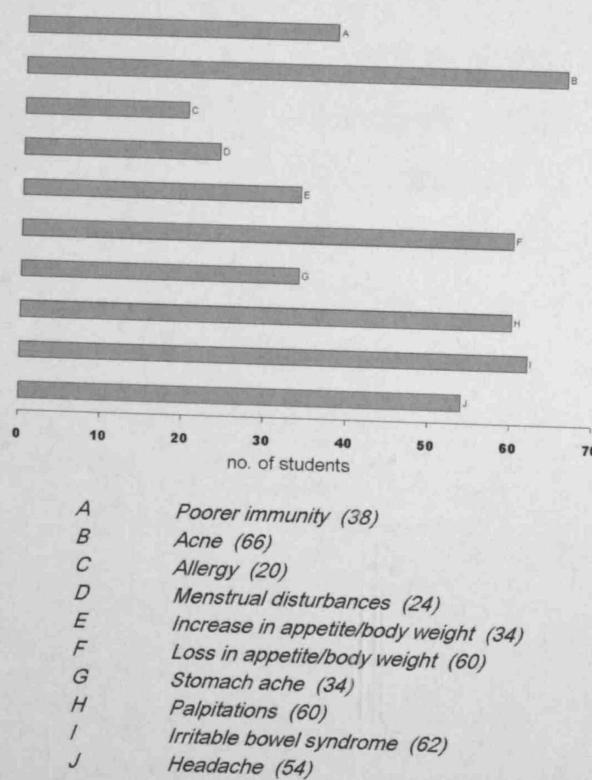


Many fellows felt anxious and had difficulties in concentrating on their work.

Minor emotional disturbances are nearly a must for all our fellows. Anxiety and increased irritability are the more common ones. I guess many of you would have experienced the suffocating feeling. It is indeed helpless and depressing when you are facing a whole pile of lecture notes but only have a few days to gobble them. Sleep disturbances and nightmares are often present as there is no way to stop the rumbling thoughts in our heads. Nightmares

of never-ending exams or being late for exams are just ubiquitous. Some may experience self isolation or difficulties in concentration as well. It is commonly felt that during the pre-exam period, revision is the only meaning of your life. Yet we are not machines. Fatigue and sudden lapses of concentration are already signs of exhaustion. Yet, this not the end, more troubles lie ahead.

Physiological disturbances before exam



Many students had acne problems and experienced the irritable bowel syndrome—recurrent abdominal pain and diarrhea (often alternating with periods of constipation); often associated with emotional stress.

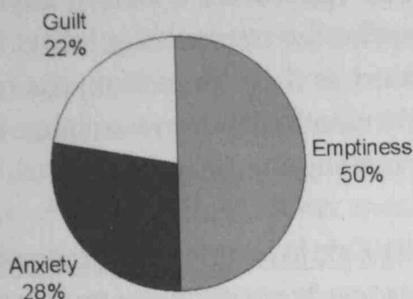
I am sure most of you know that the various systems of our miraculous human body work in close relations. The emotional problems are just the prelude to a whole episode of exam syndromes. Most of the physiological disturbances are results of abnormal hormonal activities, and the culprit of these are emotional disturbances. Some common ones are uncontrolled acne

growth, bowel syndromes, stomach aches, body weight changes. These maybe due to the fact that many of our classmates are having irregular meals, changes in appetite, sleep disturbances, or simply emotional issues. One point worth noticing is that many suffer from palpitations (sensations of rapid or irregular heartbeat) and headaches, which undeniably reflect high stress level. Moreover, some female classmates also suffer from menstrual disturbances as a result of hormonal disturbances. Indeed, many of the symptoms are very closely related.

Post-exam syndromes

It is easy for one to think that everything just returns to normal after the exams. But is this really the case? Perhaps not.

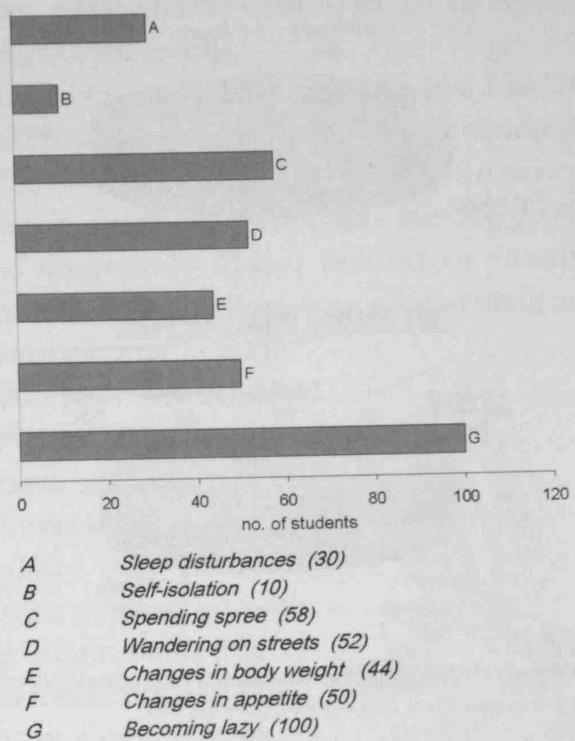
As you may know, there is usually a long vacation after the final examination, especially for junior years. After the last day of exams, all of a sudden, students come to realize that no more revision is needed. That is why so many people feel empty after the exams. Moreover, since you have memorized such a bulk of lecture notes in preparation for the exams, what a harsh thing it would be if you could not get a pass and needed to study them all over again. Therefore, it is understandable to be anxious before the release of results. Interestingly, a significant portion of students feel guilty after the exams. Then, are these survey results pointing to the fact that our Faculty should lengthen the study period before examinations for the students to study?

Do you have the following feelings after the exam?

Half of the students have a feeling of emptiness after the examination.

There are still quite a number of people who continue to work hard after the exams, particularly among MBBS students. Can this be related to the guilt referred to in the previous question? Or, are some of the students worried of having to take a supplementary exam and so, prepare for the worst? 29 students found themselves having a spending spree, most of whom were girls (22 of them). So it is not difficult to find girls spending recklessly after the exams. In addition, this can be linked with a similar number of people who wander on the streets after exams. The more time you spend on the street, the higher the chance, of course, for you to empty your wallet.

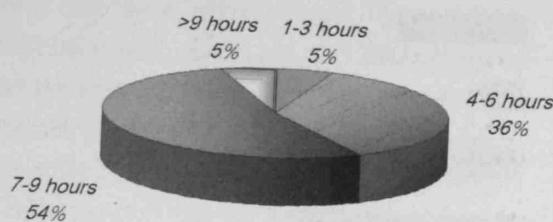
There was a research stating that when a person is experiencing a sudden psychological change, he/she will change his/her eating habits. Changes in appetite after an exam may be due to the sudden relief of pressure. Another possibility is that some students experienced a change in appetite before the exams, so the change after exams may only be a reversion back to the norm.

Changes in lifestyle after examination

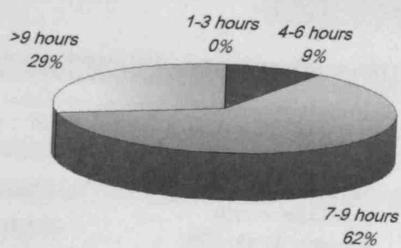
About 65% of students responding to this survey feel that they have become lazy after the examinations. They also spent a lot of money.

The comparison between the daily sleeping hours before and after the exams is perhaps an indicator of laziness after exams. 5% of our classmates spent less than 3 hours on sleeping before the exams to rush over the notes, but nobody did so after the exams. There is also a 5-fold increase in the percentage of students who sleep more than 9 hours a day. It is very probable that this increase is due to the fact that some students sacrificed their sleeping hours to struggle with their lecture notes. According to an MBBS lecture, the recommended daily sleeping time for a person is 7.5 hours. Either sleeping more or less than this number of hours is not good for our health. More than half of the respondents sleep about 7-9 hours a day. Students from the Faculty of Medicine seem to be quite aware of the importance of sleep to their health.

Daily sleeping hours before exam



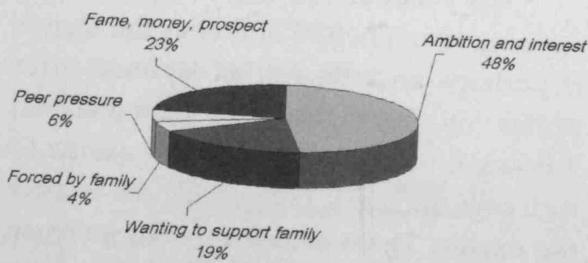
Daily sleeping hours after exam



The daily sleeping hours of students after examinations are much longer than that before examinations.

Motivation of studying in the Faculty of Medicine

Motivation of studying Medicine/Nursing/TCM

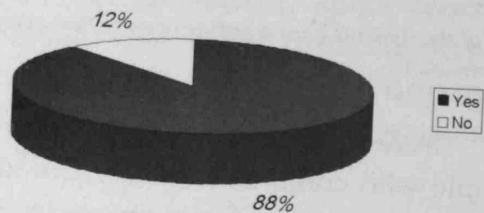


About half the students said that they were pursuing their own ambitions and interests. Most of them admitted that the motivation behind was one of the factors affecting their stress level.

After the exams, more than 88% of students are still sure that they have made the right choice studying their respective degree programs. Despite the stress they faced during the exams, they believe that they have found the subject that truly suits their ambitions and interests. For the students who felt that they have made the wrong choices, they have probably chosen their current programs due to peer pressure,

or were driven by fame, money and prospect. Hence we'd better advise our friends who are considering MBBS/BNurs/BChinMed as their future subjects to think carefully whether they are suitable for that before making the decisions.

Do you think you have made a right decision studying Medicine/Nursing/TCM after the exam?



Parents' interview

Family support plays a vital role in helping a child to fight the dreadful and weary battle during his exams. Vice versa, improper handling of stress by both parent and child is also detrimental to the family. From the survey done above, many of our fellows suffer from various emotional problems and they may exert their anxiety and irritability on their family members. Meanwhile, parents may be under enormous stress when their children are living on the edge.

We have conducted several interviews on how parents cope with the unstable emotional states of their kids during the exam period. We have carefully selected our interviewees so as to get a comprehensive overview of the issue.

Exam and the anticipation of results can be a stressful experience. During the pre-exam period, parents often notice changes in their child's health or behaviours as a result of stress. According to the interviews conducted, the examples of changes are headaches, the irritable bowel syndrome, loss in appetite, acne, anxiety, fatigue and sleep disturbances.

When it comes to combating exam stress, profoundly believing, a healthy environment at home is really important. Luckily, none of the parents in the interviews feel stressed out and suffer together with their children during the exam period. Most parents of our fellow students would play the role of a listener if their children were suffering from great stress, as shown in the interviews. A relaxed, communicative atmosphere is essential. The family relationship doesn't change during the pre-exam period for all cases in our interviews.

In parents' view, how can you avoid stress and substantially increase your chances of success? Eating a well-balanced diet will give students the energy they need to get through the end of the term. How exactly would the parents do to support their child? The key is to eat smart. For instance, parents would prepare balanced meals, herbal medicine, Chinese soups and fruits for their children.

In order not to exert too much pressure on their child, parents should not adhere to their own ego with the rank of their ward in an exam. Some parents' expectations, however, have affected their children's choices as medical students, though they have not actually increased their children's pressure and stress during the exam period. Apparently, parents of the medical students think it is worthwhile that their children work so hard in order to be a doctor in the future.

Stressed Out!

Whenever exam time comes around, when our brains are screaming "overload", fueled by the anxiety to devour impossible amounts of information — many of us can only sigh at the irony of the cliche, "stressed is desserts spelled backwards". Indeed, the adjective is most frequently used not only by students from our Faculty to describe

themselves; key in "stress" at Google and the page shows you 1 to 10 of about 19,400,000 results.

Stress is so common to us but it holds a different significance to each individual. For some, stress results from changes or major events that disrupt daily life - the death of somebody close, marital or family problems, being fired from work, failing an important exam; whereas for others, stress stems from having to cope with everyday demands alone. The problem with coming up with a single definition of stress is precisely that it is a complex web of experiences and responses arising from a variety of events or situations. Hans Selye, hailed to be one of the founders of stress research, wrote that "the stress of exhilarating, creative successful work is beneficial, while that of failure, humiliation or infection is detrimental." Stress, in his view, could be seen as good (*eustress*) or bad (*distress*).

A more recent definition of stress emphasizes its cognitive component as well, presenting it as a kind of transaction between an individual and his environment. Richard S Lazarus and colleagues believed that stress is a consequence of appraisal — that the way we perceive a situation determines whether the event is stressful or not, and ultimately how we cope with it.

So what happens when we're stressed? The "fight-or-flight" response might ring a bell. Some early research done by Walter Cannon in the 1920's suggests that the body responds to threats by a general activation of the sympathetic nervous system, with the release of adrenaline and noradrenaline from the adrenal glands. These



catecholamines then trigger a series of physiological reactions that prepare the body for "flight" — your heart beats faster, you breathe more rapidly, your muscles tighten and blood vessels constrict. Later on, Hans Selye identified the physical effects of stress as the "general adaptation syndrome" (GAS) — where when the body is pushed to extremes, it reacts in three stages: the alarm reaction, when the body detects the stressor; adaptation, when the body develops defense mechanisms to resist the stressor; and exhaustion, when the ability to resist no longer exists. You may have heard of people in highly stressful jobs refer to this condition as "burnout". An optimal amount of stress motivates us to do better and more, while the negative effects of stress manifest themselves in reduced performance — we might feel nervous, irritable, fatigued, lose concentration and have poor judgment. Yet other studies have linked chronic stress to impairment of the immune system, migraines, cardiovascular diseases, stroke, peptic ulcers, irritable bowel syndrome and even mental health problems, particularly depression and anxiety.

The good news is, though, that stress is entirely manageable! Why think "doomsday" when it's all in your head? I once read a quote by a teenager — when asked what really made adolescence so stressful, she replied, "the drama of everyday living". I won't pretend to be an expert here, but the next time you're faced with a problem, try asking yourself the following questions before you tell yourself that you're losing control:

- What exactly is the problem? Why am I upset?
- What can I change to reduce the problem?
- Am I thinking too much? Am I blowing things out of proportion?
- Am I trying to please everyone?

- Or am I setting unreasonable standards on myself?

- Is this a mistake that I can learn from?

Conquering stress does not require a radical change in lifestyle, as long as you don't let those demands overwhelm you first. Begin with building these simple defenses:



- **Rest, relax and sleep well.** Spend a little less time at the computer, close your books and let your mind switch itself off at least half an hour before bedtime. Allow your body 8 hours of sleep daily to re-energize.

- **Deep breathing.** Several slow, deep breaths from the diaphragm are a quick way to calm those jitters in an emergency.

- **Manage your time well.** Leave yourself plenty of time to get ready in the morning. Quit killing those deadlines — a job earlier done is a job better done.

- **Eat well.** Start your day with a nice breakfast, and don't skip meals. Cut down on the caffeine and sugar — they take years off your life. And don't take it out on alcohol.

- **Exercise regularly.** Moderate, rhythmic aerobic exercise is best, like walking, jogging, swimming and cycling. Or check out alternative forms of exercise like yoga and pilates.

- **Read and listen** — to something other than textbooks or those lectures on your

mp3 player! We live for the small pleasures of life too.

- **Prioritize.** Make a to-do list every day and forget about unrealistic goals.
- **Strategize.** Develop a good study routine. Break your work into manageable chunks and take breaks in between.
- **Reach out.** Friends are around to lend support and to listen. A good, long chat does wonders.
- **Be kind to yourself. Love yourself.**

What about Comfort Food?

Our Top Ten Stress Busters

- **Complex carbohydrates** — which according to research, replenish serotonin levels and buffer the stress response. Whole grains, green vegetables, peas and beans are all foods rich in complex carbs, and should make up the bulk of a meal.
- **Calcium** — the vital mineral in the transmission of nerve impulses and contraction of muscle fibres. It keeps your bones strong too. Make milk, fresh cheese and yogurt part of your breakfast.
- **Magnesium** — helps to relax tense muscles. Chocolate, almonds and sunflower seeds make good magnesium-rich snacks (provided that you don't overindulge).
- **Folic acid** — not only proven to lower the chance of birth defects in babies of potential mothers, researchers say it may

also help patients recover from depression. Spinach, broccoli and cabbage are good sources of folic acid that go well with any meal.

- **Lysine** — an amino acid that may help to prevent and relieve those ugly cold sores (herpes) that annoy you even more when you're stressed out. Include chicken, turkey or beef in your sandwich to get more lysine in your diet.
- **Vitamin B-complex** — a group of indispensable vitamins that help relieve stress by releasing energy from carbohydrates, boosting the immune system and promoting healthy nerves. Good sources of B-vitamins include whole grains, meat, low-fat dairy products, lentils and leafy greens.
- **Vitamin C** — a popular vitamin that plays a myriad of functions in the body — the manufacture and defense of our connective tissues, facilitating fat metabolism and converting amino acids into essential neurotransmitters. It also serves as an important antioxidant supporting our immune system, and might play a role in relieving symptoms of colds — a major complaint around exam time. Don't forget the citrus and kiwi fruits, or toss in more bell peppers, raw lettuce and tomatoes to your salad.
- **Biotin (Vitamin H)** — essential for growth and metabolism, especially of niacin, and the production of fatty acids, digestive enzymes and antibodies. Without biotin, we may become tired, depressed, nauseated or anaemic. Egg yolk, liver and yeast are some good sources of biotin.
- **Zinc** — this often-neglected mineral is an excellent stress buster because of its use in fighting skin problems like acne and is essential for cell division, insulin activity and liver function. Zinc is present in meat, so vegetarians should eat plenty of beans, lentils, nuts, seeds and



wholegrain cereals.

- **Water** — what would we do without it? Definitely a better idea than soft drinks or coffee. Have at least eight glasses of H₂O a day.

Are you superstitious?

'Men would never be superstitious, if they could govern all their circumstances by set rules, or if they were always favoured by fortune: but being frequently driven into straits where rules are useless, and being often kept fluctuating pitifully between hope and fear by uncertainty of fortune's greedily coveted favours, they are consequently, for the most part, very prone to credulity.' How true is this saying of Spinoza's *Tractatus Theologico — Politicus*! Since we are all overwhelmed by uncertainty every day, it would not be surprising to know that many of us might have already turned to magic, charms or even irrational religions. When you realized that your brain was actually blank, though after weeks of hard work in the library, at the moment you entered the examination hall, you truly understood how life and circumstances could never be fully controlled by knowledge. The feeling of fear and hopelessness brings superstition.

However, very few people care to admit themselves as superstitious because it is hard to mark the boundaries of being so. According to different dictionaries, the word "superstition" can be defined as irrational or unfounded belief and practice in general, but one's belief may be others' superstition! Therefore, we are not going to drag on and find out a perfect definition for the word here. To keep things simple, you may spend a few minutes to complete the following quiz to see if you are really superstitious during the exam period!

Did you have the following habits during examination in view of getting better results?

- Using the same set of pens that brought you straight As in CE or A-Level Exam.



- Choosing a specific period of time to leave home for exam.



- Wearing clothes or shoes of your lucky colour.



- Getting lucky charms from Chinese temples like Man Mo Temple (文武廟).



- Avoiding contact with people who have bad luck.



- Wearing certain accessories that have brought you good luck in previous exams, e.g. a purple crystal bracelet.



- Eating banana, chocolate or sweets before entering the examination hall.



- Keeping the 'SuperPass' red packets and bookmarks with you everyday.

If you have done most of the things listed above, you are definitely **SUPERSTITIOUS!**

Why are men superstitious?

Superstition can be viewed as a conditioned response. According to Sigmund Freud, certain childhood experiences might result in unconscious



Classical Conditioning

mental processes of which becoming superstitious is one particular manifestation. In other words, those irrational beliefs and practices are the outcome of learning, just like other forms of behaviour. The only difference is that in superstition the learning has in a sense gone wrong.

To understand the psychology of superstition, we must first have some idea about the two basic theories of behaviourists: Classical Conditioning and Operant Conditioning.

Classical Conditioning is a learning

process in which a previously neutral stimulus becomes associated with another stimulus after repeated pairing with it. The phenomenon was first studied by Ivan Pavlov, a Russian physiologist, in the early 20th century. In Pavlov's experiment, it is discovered that any dog will salivate when food is given to it. This salivation is an unconditioned response as it is an autonomic reflex where no learning is involved, while the meat is an unconditioned stimulus. Then, a light is turned on in front of the dog every time

when food is delivered. After this procedure is repeated for a few times, the dog will salivate in response to light even in the absence of food. This salivation is a conditioned response since it is not inborn but acquired. The light is a conditioned stimulus as it is previously neutral and would not evoke the response originally.

In classical conditioning, the conditioned response resembles the normal response to the unconditioned stimulus, e.g. salivation is a dog's natural reflex to food. However, in Operant Conditioning, the responses are learned so that they operate on the environment. That means people behave in certain ways in order to affect their surroundings. For instance, a baby may twist and cry spontaneously without any external stimulus. The baby cries so as to seek attention and he will cry even more often if such act is always followed by parental attention. The example demonstrates that the likelihood of a behaviour to be repeated actually depends on its consequences.

Similarly, people have superstitious acts because they want to operate on the environment, even though their beliefs may not have sufficient scientific proof. For example, you would wear a purple crystal bracelet for your coming examination if you found that your performance was excellent every time you wore that bracelet.

Although superstition may help to increase your confidence when you face challenges and difficulties, do you really think that it is useful?

Conclusion

Regardless of the level of our intellect, exam stress is something that we all have to deal with, and we're in it for the long haul. It is no secret that being diligent with good study habits is the key to being

successful in school, but having an awareness of our personal stress level and being able to cope well with it is crucial to our happiness and success in life. How many times have you observed someone fumble over a seemingly manageable task or lose his cool in a stressful situation that would normally not be a problem? (Think about the way we perform our clinical skills in our exams and how it differs from our normal practice!) Being able to manage our stress in a positive way can only help us be that much more successful in life.

As the workplace is getting more and more interdependent, it is important to think about how stress can affect not only us, but also the people working with us. "How do you work under stress?" has become one of the quintessential job interview questions in the workplace today. Employers are no longer just looking for qualifications and experiences in their employees, but also the ability to adapt and perform consistently in various situations. Stress coping skills aren't something that can be called forth on demand, though, but something that has to be acquired and disciplined long before our individual challenges come up. With better understanding of stress and coping with it, let us try to make our study break more tolerable for our friends, our family and ourselves.



寫我情・心

水林

早晨微冷的海風吹開了惺忪的睡眼，使人自然而然地眺向斜路外藍藍的天、白白的雲，還有那些在粼粼碧波上劃出道道鱗光的輪船：一切都好像蘊藏著無窮的朝氣與活力，待人去擁抱，去散發。

「喂，別磨蹭了，快上課了，還不快進旋轉門，遲到了多不好意思呀。」每個天朗氣清的早上，總有這麼一把聲音在催促著自己……

傍晚也是那股海風冷卻了發熱的腦袋，使人「悠哉遊哉」地看看火燒的天、炙紅的雲，還有那一輪似盡還昇依山傍水的紅日和她揉碎在水面的金暉：一切都好像充滿著無盡的溫情與浪漫，等著「他」和「她」一起去期待，去珍惜。

「喂，別做夢了，快餓死了，還不快回家吃飯，總不能讓全家等你吧。」每個斜暉脈脈的傍晚，自己還是被一把聲音催促著……

說以上是我在醫學院的生活不免有些誇誕。因為不論如何忙，總會「偷得半日閒」，但是時間對於每位同學來說，確實是有壓力的。平日大部份時間我們都會用書本將自己「埋葬」；或是搞「莊」搞得「天昏地暗」卻又不亦樂乎。忙碌過後，難得可以不理那「棟」高已過膝的「叻桌碌史」，情緒的起伏又把我帶到她身邊……

「你們好」，蟄臥在病床上的她轉過頭來，擠出一絲笑容，輕輕回道。她看起來約莫三十出頭，表現得很平靜。疾病給她的煎熬不僅刻在瘦黃的面上，也滲進了她的眼中。是妥協？是無奈？只有她自己才知道。她很合作，整個探訪順利地完成。*註一

「你們猜猜，嘉麗（化名）今年幾歲？」主診醫生問我們。「三十幾？」「不是！」「三十尾？」「也不是！」「總不可能二十幾吧！」不知是誰在嘀咕。「沒錯，她今年才二十出頭，比你們大不了多少。」一句話把

空氣凝結住了，大家心中有說不出的沈重與難受。

花一樣的年華，卻白白在病榻上虛耗。現代醫學如此昌明，為何無力幫助柔弱的生命寫出青春無悔的詩篇？我被震撼了！那是一種從小到大都沒有過的切切實實的震撼：生命，竟是如此脆弱；生命，竟是如此哀愁。

不久之後，我遇到了另外一個她。

她叫馬婆婆（化名），今年八十多歲，獨居在某公屋單位。與很多老人家一樣，馬婆婆患有兩三種慢性疾病，如高血壓、糖尿病等。她曾試過在家中跌倒，不能動彈。

馬婆婆是一個很樂觀，很健談的人，每次去探訪她總是充滿笑聲。有時我甚至懷疑眼前這位白髮蒼蒼的老者是否真的八十多歲了。尤其是當她說到如何在跌倒後不能動彈的情況下一點點奮力挪向電話時，我這種「懷疑感」特別強烈。

其實馬婆婆一路走來殊不容易。她自幼失學，掙錢養家。她經歷過日軍侵華和香港許多的風風雨雨。我想，正是這些苦難澆鑄了她達觀不撓的精神，令我為之折服。最近一次探訪，她自豪地告訴我，在她日日鍛鍊下，已經不再需要助行器了。

我釋懷了。看似風中殘燭，卻能散發迫人的光芒：原來生命可以這麼堅韌；可以這麼美麗。

感受生命的美麗與哀愁，不一定要看偉大的作品。我們的身邊不是有許多平凡而發人深省的人和事嗎？

* 編輯註：文中所提及的其中一位病人是作者在參與“PCP-Feel Link”（關懷病人計劃）期間接觸到的。此計劃由社會醫學系舉辦，目的是讓一年級的醫學生和護理學生一起以小組形式探訪長期病患者，讓同學們能夠從理性（think）和感性（feel）兩個層面去更加全面地了解病人照料（patient care）這個課題。

醫生轉型？

香港大學學生會醫學會

內務副主席

吳基恩

「將來我來當醫生！」

這不是一個小孩子在分享他的志願，而是一位唸工程系的同學得意地告訴我的。別以為他是想畢業後再攻讀醫科，他指的是未來機械人可以執行醫生的工作。而醫生呢？可以做他的顧問，教他如何為機械人設計醫療程式，來一個角色大換位。

客觀來看，今天與機械人代替醫生的日子，還有一大段距離。畢竟，機械人還未可以洗衣煮飯，醫生倒不必擔心飯碗不保。值得關心的是，一般市民心中對醫生持有甚麼概念？有人認為，醫生只是一個有機械臂的人，在沒有醫生機械人之前暫代幾年，換入機械人後，就可以在後備席休息，來一個安享晚年。



依我之見，醫生的核心價值在於人，在於人的才華，更在於人的心志。社會從來都不乏機會讓人發揮，以機器代替人手，造就了工程師。正因如此，醫生絕對有辦法竭其所能，貢獻社會。舉例來說，醫生可以醫治病人的同時，擔任在社區推廣健康生活的角色，又可以參與政制討論，甚至到第三世界扶貧，推動世界和平。

醫生的角色，在未來將邁向多元化發展。所以，同學們在大學的時候，如果能夠在學業、社交及個人態度、個人才華等方面取得全面的發展，將來在社會的球場上，就可以擔當教練，為社會的未來打下基礎。承此信念，今年幹事會的目標也定為：鼓勵同學認清自己在社會上的承擔。



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