

# Editorial

Welcome to this small issue of Caduceus.

As we all know Caduceus, the Greek symbol, is recognized as the symbol of Medicine, which is to heal the body, mind and soul. In the Sassoon Road campus, the Caduceus Editorial Board is elected by all students of Faculty of Medicine. We are a platform for people's ideas and words to flow freely.

Writing is never an easy task. Not only do you put all the suitable words together, but you also have to refine and transform them into your own masterpiece. Good writing takes more than just time; it requires your best moments and the best of you. Your impressive contributions lighten up our first issue. With the combined effort of readers and editors, I hope this issue will become your pride and elixir. It can make you feel relieved when you are being suffocated in piles of lecture notes and give you inspirations when you are enjoying a cup of coffee.

I would like to thank God for giving us this precious opportunity to publish our issue in the medical school. And may I take this opportunity to thank to all the editors and affiliates for their tremendous support in the production of this issue. To express our gratitude, we must also thank Dr. L. Cheng for her invaluable advice; on behalf of Caduceus, I would like to express our heartfelt thanks to Dr. C.C. Lau, Dr. C.L. Yu and Mr. K.Y. Li, for their generosity in sparing their valuable time for our interviews. Most important of all, we must give a big hand to everyone of you who gave us your vote of confidence in the general polling and to your endless support to Caduceus.

Ladies and Gentlemen, enjoy the Caduceus!

Cham Yin Kwan, Esther  
Chief Editor

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# CADUCEUS

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## Nexus

### Mak Chong Yin, Damian

Six months after I first stepped in this faculty, its high time for an evaluation!

I first got the idea about life in the medical school from the registration programmes. For an hour, unaccompanied, I sat watching the society presentations. Though some of the presentations were quite interesting, they didn't really catch my eye. I went home, feeling a bit lost while outside was raining cats and dogs. This is how my life as a medical student started.

Closely following was the orientation programme. After the long 'carefree' holiday, I lost much of my enthusiasm. At the beginning of the orientation camp I always stood quietly aside watching others contribute, with no guilt in myself. The orientation camp was a turning point for me and refueled me with great passion to my coming university life. I was reoriented by the rhythmic cheers and claps.

However I must mention here that the obsessive cheers kept repeating again and again in my mind, which created much of a trouble when I tried to concentrate. Nevertheless I must agree that the orientation camp did successfully 'orient' the messy me. It gave me chances to build invaluable friendships with other nursing and traditional Chinese medicine students as well.

Then the first semester started. With the lesson-free schedule and the far-away examinations, I didn't press on myself too much and lived the first two months with ease. I was still in the 'carefree' holiday mood and I didn't want to do much work.

There came the Medical Festival in early November. After a whole month of preparation, the outcome wasn't very satisfying, at least, to me. The game booth didn't attract many students and the party was a bit out of our control. Nevertheless

the participants all had a great time in the festival. The week-long festival gave us a glimpse of student activities in the Medical Campus, thus contributed much to my decision to join the Medical Society as an Executive Member.

Let me introduce to you Nexus, our cabinet, which means linkage and core from Latin origin. Cycles of brainstorming, organization and evaluation brought Nexus through the campaign, one of our first biggest challenges, in early December. Although the campaign was demanding and unnecessarily (we thought) long, it did raise our spirits as we shared the common experience. We endeavored to be innovative and we tried our best to incorporate creative and constructive elements into our plan while respecting the history of the Medical Society. Our sincerity won us trust and we were elected in mid-December.

After that we had to set things aside and focus on the formative examination. I can still remember those days when everyone had 'phonecall-phobia'. While some of us got bad news in the phone, people were relieved with the fact that they got no phone calls from the faculty office in that particular afternoon. Luckily none of Nexus was invited to Dr. Ballard's office.

In February we assumed the executive power of Medical Society and brought plans into action. Our Inauguration Ceremony was successfully held on 23<sup>rd</sup> February. Then we had our year plan

finalized and started to provide welfare services. Plans are queuing up in front of our transform-to-reality machine and we really have to work hard.

Making the decision to join the Medical Society Executive Committee may not be difficult, but sustaining the desire to serve our fellow students is definitely tough. My colleagues and I would treasure this precious opportunity and exhaust our best to pass on the tradition and make this a fruitful year.

For the latest news of the Medical Society, please visit the Medical Society Website at <http://www.hku.hk/medisoc/>.



# Interesting Things One Learns at Medical School

LaLa-United

*“Wisdom is not a product of schooling but of the life-long attempt to acquire it.”*

*Albert Einstein*

It's been almost 6 months since we've embarked on our five-year voyage at medical school. We've been doing pretty well so far — no reports of attempted suicide or commitment to asylums — yet. Keen and excited as most first-year medical students are, we're brimming with eagerness to discover what medical school is all about, and, most especially, to do the things that only medical students are privileged to do, for instance, cadaver dissection or auscultating with a stethoscope. Indeed, the class of M09 is so full of readiness that we must be remembered by an incident that took place in the Pathology Student Lab. During a pathology practical, the students were so eager to examine the histology of lung cancer that all the specimen slides were taken within seconds, including the demonstration slides, which were apparently reserved for the lecturer's own use.

Few could question the fact that medical school is tough and demanding. From the activation of the complement cascade to the pathogenesis of colon cancer to the structures in the mediastinum — medical students are simply expected to have a 999GB hard disk. But I suppose none of us could really whine about this. After all, it was our own choice to get into medical school (was it a decision made with informed consent???). Thus, we can pretty much do nothing but to bite the bullet. Nevertheless, medical school can indeed be fun and relaxing. You may wonder how that could be. Well, here are some of the interesting things that one actually learns in first-year medical school.

In a lecture on the histology of movement-generating tissues, it was said that “smooth muscle contraction occurs in smooth muscles”. Sounds simple, doesn't it? Well, I believe this was not so much an insult to our intelligence as it was an attempt to simplify and condense materials such that we can learn in a more efficient manner. Right away, we can deduce that skeletal muscle contraction occurs in skeletal muscles, and cardiac muscle contraction occurs in cardiac muscles. Three concepts were being taught in one single phrase. But appearances can be deceptive — things that appear simple may not in reality be so. During a respiratory clinical skills session, we were told that “the lung is in the lung”. It certainly sounds simple, but it's almost unfathomable. Until now it still escapes my comprehension what it was the lecturer intended to convey. Does that mean there's another lung situated inside the existing ones? Hmm. However, on second thoughts, could this be a subtle but invaluable tip for our OSCA exam? Scenario: “Describe the anatomical location of the brachial pulse.” “The brachial pulse is at the brachial pulse!”

Microbiology is definitely one of the most interesting subjects. I suppose it is because there's an element of personal relevance in it. Most of us have had experience of infections before; not many of us have had cancer, I presume. In addition, this is the post-SARS era where awareness of infectious diseases is heightened. But moreover, dwelling in a moral atmosphere that is progressively becoming more westernized, there also lies a need for increased awareness of sexually transmitted diseases. Gonorrhea, caused by the Gram-negative diplococci *Neisseria gonorrhoeae*, is one example. Perhaps there is nothing extraordinary regarding this fact. However, little did we know that *N. gonorrhoeae* could also cause infections of membranous areas outside the urogenital tract, perhaps because of the increasing prevalence of "unusual sexual practices". Some possible areas for infection include the rectum (as a consequence of having rectal sex), the pharynx (as a result of engaging in oral sex), and the eyes — EYE SEX??!! (N.B. It was later clarified that this was referring to the condition known as gonococcal ophthalmia neonatorum — whew!)

Besides being trained as clinicians, we've also gathered how to be experimental scientists. The following is a short abstract for a mini-observational study. Hypothesis: Physiologists have better lung function than medical students.

Experimental methods: A Physiology lecturer overran a two-hour lecture for 35 minutes. Results: All students were hypoxic, most were hypoglycemic, and some were comatose. The lecturer was the only conscious person in the lecture theatre. Conclusion: Only the lecturer's lung function could afford him sufficient ventilation to meet the huge, additional metabolic demand. Discussion: Physiology lecturers have three lungs instead of two: a left lung, a right lung, and a M Lung.

Students make use of every opportunity to learn; professors make use of every opportunity to teach. There are times when things being taught in class are quite out of the scope of the subject the lectures were labeled with. For example, in a Biochemistry lecture we toured through the history of Nobel Prize winners; in Medical Ethics, we were taught that a gangrenous toe stinks; and in a Clinical Skills session, we had a seminar on the theology of God and the creation of man. Perhaps it would not be a bad idea to hold a General Education course for medical students. Or perhaps all of us should apply for exemption of half-module SSM?

I do hope I do not sound too frivolous. Indeed, I mean no disrespect on any kind. There is one and only one motive behind my writing this article — I simply wish to share with you all the memorable moments at medical school. These were the times when we could enjoy a real good laugh, allowing us to temporarily push aside the frustration of lecture notes and the intangible weight of exams. Medical students are not automated studying robots. We need to relax and have fun too. And it is precisely these interesting anecdotes that help us maintain our sanity. Otherwise, life in medical school would be terribly boring.

# *The Grey Ice and Crystallized River*

cs\_smile

Ever since I was young, I recognized my love for wolves. They are full of enigma, intelligence and pride. Especially the grey wolves, that have features such as the grayish fur, the hazel brown eyes, and the slightly pointed noses, that would form such a nearly perfect mammal by combining them all. Sometimes I would wonder whether their world was as complex as ours. I pondered about how they live, I even imagined myself as a wolf leaping across the dazzling white snow with its pack.

Eventually, I was fortunate enough to find out more about the magnificent creature which I admired. I set off for my journey in search of the grey wolves.

Glancing over the seemingly invisible horizon, the only thing I could make out was the glistening white of ice. As the cold gust of dry air pierced my pallid face, I wrinkled my eyes and tried to pull my hood and hide myself inside of it. It was freezing cold. The little specks of ice, which fell on my cheeks, melted as they met my heat. I was in Alaska for a week to fulfill my sole purpose of searching for the grey wolves. The situation had not improved since the weather forecast announced a storm, most probably a hailstorm, would arrive. However, nothing could stop me now.

I got to find them before I leave this place tomorrow morning. Despite the persuasion of the locals, I insisted to carry on with my destiny.

I thanked them for their care, while packing my backpack for possibly my last journey. No one could change my mind, not until I meet the wolves.

The weather forecast seemed to be quite accurate. Battered by small hailstones, I continued my monotonous footsteps.

Where were they? Setting a slow pace, I felt numb, gradually lost my sense of direction and purpose. I started to wonder whether I would ever encounter a wolf, or even any living being in this kind of weather. Perhaps this would turn out to be my last journey. What made me special enough to conquer nature? With a slight sense of regret, I recognized this was actually a journey of no return.

Following the invisible path to nowhere, I descended a gorge, where a river ran through the centre. The solidified river glittered as it reflected the last rays of sunlight. The sheet of ice that was floating upon the surface was as black as the night smoothed to the glass by the continuous movements of river currents and wind. Overhead, the sky was in purplish red, and was

dotted with hail. Fortunately, the hailstones were still small in size. I scanned down from the sky and discovered a frozen waterfall hanging from a low cliff, just like a chandelier hanging from a castle ceiling.

*The wind continued to howl.  
My head started to swirl.  
Sights before me became hard to focus,  
like multiples of images as I saw.  
A seemingly familiar cry echoed behind me.*

Glimpsing around the surroundings, my body uncontrollably lightened; I was about to fall, when I became aware of something glowing behind me. I could not resist to glance back. Forcing myself to get together, I regained my conscienteness with an adrenaline pump of excitement. Exhaustion was not something I would permit myself to give in to. Looking right into the icy blue eyes behind, I was aware that the being before me was doing the same thing as I did, which was looking into my eyes.

Tears prickled my eyes at the same instant. It was what I was looking for. Out of desperation, I staggered towards the grey wolf in fear that it would disappear. The thought of danger never occurred to me, and I never even considered being attacked by the fierce creature. I was destined to take the risk.

Pulling my mitts over the hard chilblained flesh of my hands, I stretched out my fragile fingers to touch the wolf. Freezing wind blasted my face as I stroked the wolf's neck. It did not withdraw my contact. As if it was also stranded in this part of Alaska, I seemed to be its only companion. I hugged it closely and tried to feel the warmth of it.

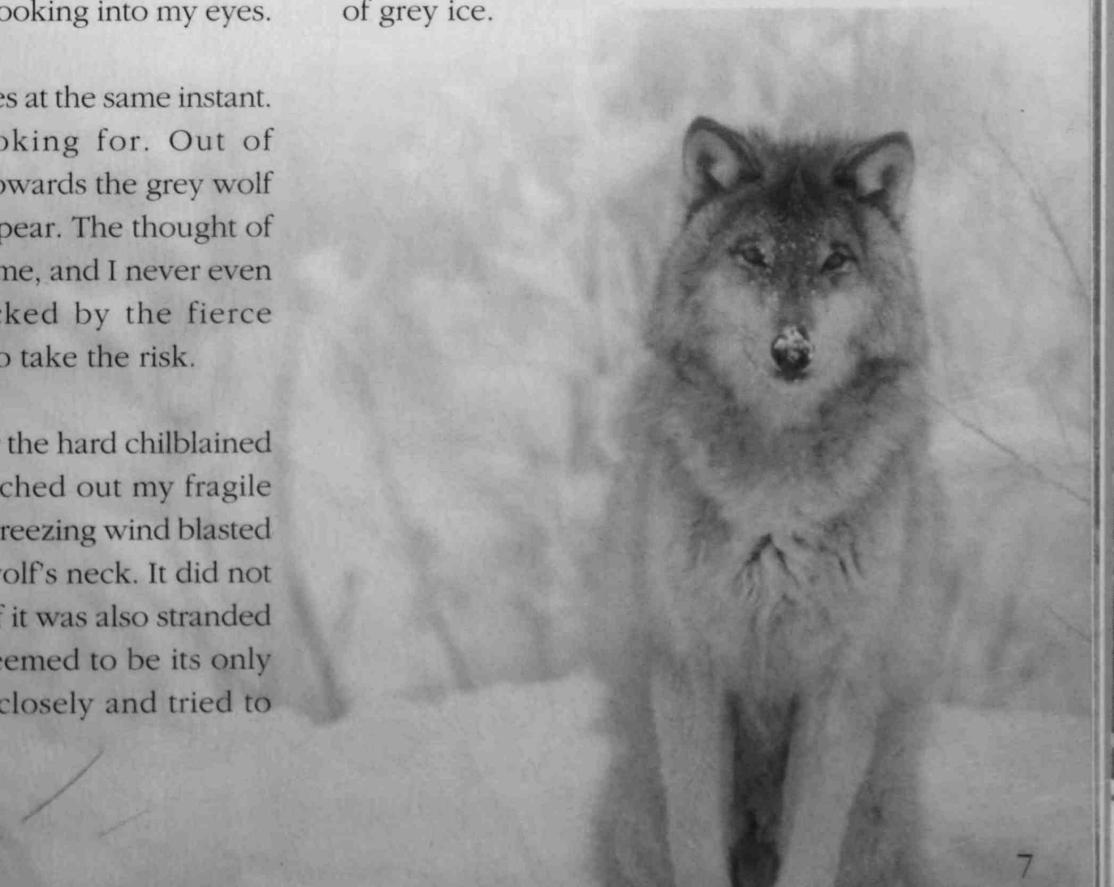
Without regret, everything went blissfully black.

\* \* \* \*

As warmth surged through my body, I tried to open my eyes. Artificial lights shone upon me, making everything before me sparkling white. I narrowed my eyes, and shielded my eyes with my hand. Where was I? As if a mist were formed, I could only make out distorting images of locals, who crowded around me. I flinched. Feeling confused and lost, I jerked up. I raced out of the cabin without even putting any attention and concern on my weary body.

Glancing up the cliff, stood the grey wolf, standing upright with pride.

Before I could reach for it, it turned, and disappeared into the great depth of the maze of grey ice.



# 醫學院來自……

**extravenous**

還記得中六時第一次走進沙宣道醫學院大樓，那是港大的開放日。簇新的建築充滿著時代感，加上先進的演講廳，和港大校園其他地方幾不能比擬的設備，像在告訴著我：「這是世界一流的醫學院。」在醫學院裏，放眼盡處都是時代的氣息，然而，我不禁想到，這可是當年培育出國父孫中山先生的學院？怎麼一點兒的歷史感也找不到？

到了真真正正進了醫學院，上了莊，有機會看到十多年前的《杏雨》（那是一本記錄每年醫學院大事的學生刊物，也就是學生會醫學會的年報），讀到了很多前人舊事，發現原來有不少的知名醫生也是我們的校友，他們之中更有不少是學生活動的活躍分子，也就是各位上了莊的同學的「上上……莊」喇。好像衛生福利及食物局的周一嶽局長就曾經是我們的體育隊長，而醫院管理局的行政總裁何兆煒醫生，就更擔任過醫學會內務副主席！而我更發現，原來早期的醫學生是在 main building 上課的，甚至當年的解剖室也是在 main building 內！原來我們和其他學院的同學們曾經如此接近！只是不知在那一年我們搬到了沙宣道。還有當年牙醫學院的成立，據說和我們醫學院也是頗有關係的（當年牙醫學會是醫學會的屬會！）。看過這些後，我不禁想到：「這些前人舊事可有在醫學院留下一點痕跡？」

我想，如果在醫學院的各處，都掛有一些舊相片，訴說著整個醫學院百多年來和香港一同成長的歷程有多好？同學午餐後有聚腳談論的議題，舊生回來也可回想昔日舊事，也讓參觀人士了解醫學院的歷史。想一想，在演講廳外你可見到五、六十年前醫學生上課的情況，在圖書館中遇到當年「大仙」們溫習的地方，這種跨越時空的偶遇，不是蠻有意思嗎？

我們的導師、教授，不是大都是港大醫學院的舊生嗎？如果間中能從他們口中聽聽醫學院的舊事趣聞，也不失為樂事一樁。藉此，不單拉近了師生之間的距離，也把我們和歷史之間的門打開了。

每一個人、每一個組織、每一個社會都必然有其歷史，只有明白過往的來路，我們才能更好地釐訂將來的道路。讓我們醫學生了解醫學院的過去，不論是過去的事、還是過去的人、過去的文化或是過去的傳統。只有這樣，才能讓我們對醫學院更有歸屬感，也讓我們明白到醫學院有著今天的成就，全賴前人的努力，讓前人的風骨，感染我們這一群醫學生，讓我們理解我們的使命：不只是讀好書這麼簡單，而是要為自己所屬的地方，出一分力。畢竟，進了醫學院，也就是把我們和歷史連結在一起了。

# 笑一笑

醫學生

## 輕談內外科的分別

前幾天，一位內科醫生與我們談及內科外科的分別。

“**Physicians know everything but do nothing.**”

“**Surgeons know nothing but do everything.**”

這樣說當然有點誇大，但亦非言中無物、憑空捏造。

最後他補充一句：

“**Pathologists know everything and do everything, but it is always too late.**”

難怪我們醫學院強調的是 multi-disciplinary 啊！

## 兩個女兩個梨的故事

同一個醫生，同一個病人，同一段對話……

\* \* \*

在病人眼中：

醫生正在問病歷，瞭解病人家庭狀況。

病人甲：「……家中有兩個女，很大個啦。」

醫生問：「個女靚不靚呀？」

病人甲心想：「醫生幹嗎不問病歷，反而對我個女有興趣？」

她稍微遲疑但也自豪地說：「當然靚！」

醫生淫淫的笑說：「想必也很甜，我最愛又大又靚的女，你的女多少錢個呀？」

想不到這個醫生這麼好色，還出言侮辱，於是病人破口大罵：「醫生也無道德的嗎？真是斯文敗類！」

這麼一罵，病人甲心想那醫生必定會知難而退。

可是，那醫生還帶著一副色迷迷的嘴臉問：「那麼你究竟有多少個子女呀？」

真是不知禮義廉恥！

\* \* \*

另一邊廂，在醫生眼中：

醫生正在問病歷，瞭解病人家庭狀況。

病人甲：「……家中有兩個梨，很大個啦。」

醫生乙心想：「無緣無故為何要提梨呢？」

他也樂意和病人閒聊，便道：「個梨靚不靚呀？」

病人甲稍微遲疑但也自豪地說：「當然靚！」

醫生微笑說：「想必也很甜，我最愛又大又靚的梨，你的梨多少錢個呀？」

病人甲怒道：「醫生也無道德的嗎？真是斯文敗類！」

醫生摸不著頭腦，但病人無故大罵醫生護士亦非罕見，實為見慣不怪。

再者，手頭上的工作非完成不可，惟有硬著頭皮繼續問病人家庭狀況：「那麼你究竟有多少個子女呀？」

病人甲不再理會醫生乙。

\* \* \*

有時候，反目就是由一個誤會開始，而誤會就是由一個字導致。

# The 18<sup>th</sup> East Asian Medical Students' Conference

Osaka, Japan

"The Nature of Health — the Medical Profession and Social Expectations"

26<sup>th</sup> - 30<sup>th</sup> December 2004

The East Asian Medical Students' Conference (EAMSC) and the Asian Medical Students' Conference (AMSC) are the highlights of AMSAHK activities every year. We started this year with our participation in the EAMSC held in Osaka from 26<sup>th</sup> to 30<sup>th</sup> December 2004. The theme of the conference was "The Nature of Health — the Medical Profession and Social Expectations", a topic which centered upon social and communal aspects of health. There were 18 medical students of HKU and CUHK from Year 1 to 4 representing Hong Kong in the conference, making us the second largest delegation, just after the host country, Japan. Other participating countries were Indonesia, Iraq, Korea, Malaysia, The Philippines, Taiwan and Thailand.

## Day 1 (26<sup>th</sup> December)



Despite being only a 4-day conference, the EAMSC was packed to the brim with various activities. Our first day in Japan was started off with ice-breaking games at the hostel — an exciting and fun way for delegates to get to know each other in their small groups. The highlights of the evening were a warm welcoming party and an entertaining cultural show. Our delegation thoroughly

enjoyed ourselves staging a play illustrating the "Post-SARS Hypersensitivity Syndrome (PSHS)" of the general public.



## Day 2 (27<sup>th</sup> December)

The Opening Ceremony was held on Day 2, officially marking the launch of the conference.



After an academic lecture given by Dr. Osamu Yoshida on 'Holistic Medicine', we proceeded to our long-anticipated small group activities. Each group had its own activities according to its theme. Group 2 visited Kamagasaki district, the "home for the homeless" in Osaka, while Group 3 experienced three kinds of popular Japanese alternative medicine in Kobe — aromatherapy, sports massage and neuromuscular spindles therapy. They even learnt how to do an aroma-therapeutic massage by themselves!

### Day 3 (27<sup>th</sup> December)

A series of innovative and intellectually stimulating presentations were given by delegates from each participating country on Day 3. This is the core programme of EAMSC and AMSC, in



which country representatives would deliver an academic presentation on a given theme. In this Conference, the Hong Kong delegation chose to explore the ever-evolving nature of health through a case study of SARS. After the formal presentations came the Small Group Presentations when each group shared its findings and reflections on their group activities and discussion. Group 1, whose theme was AIDS, invited



volunteers to participate in

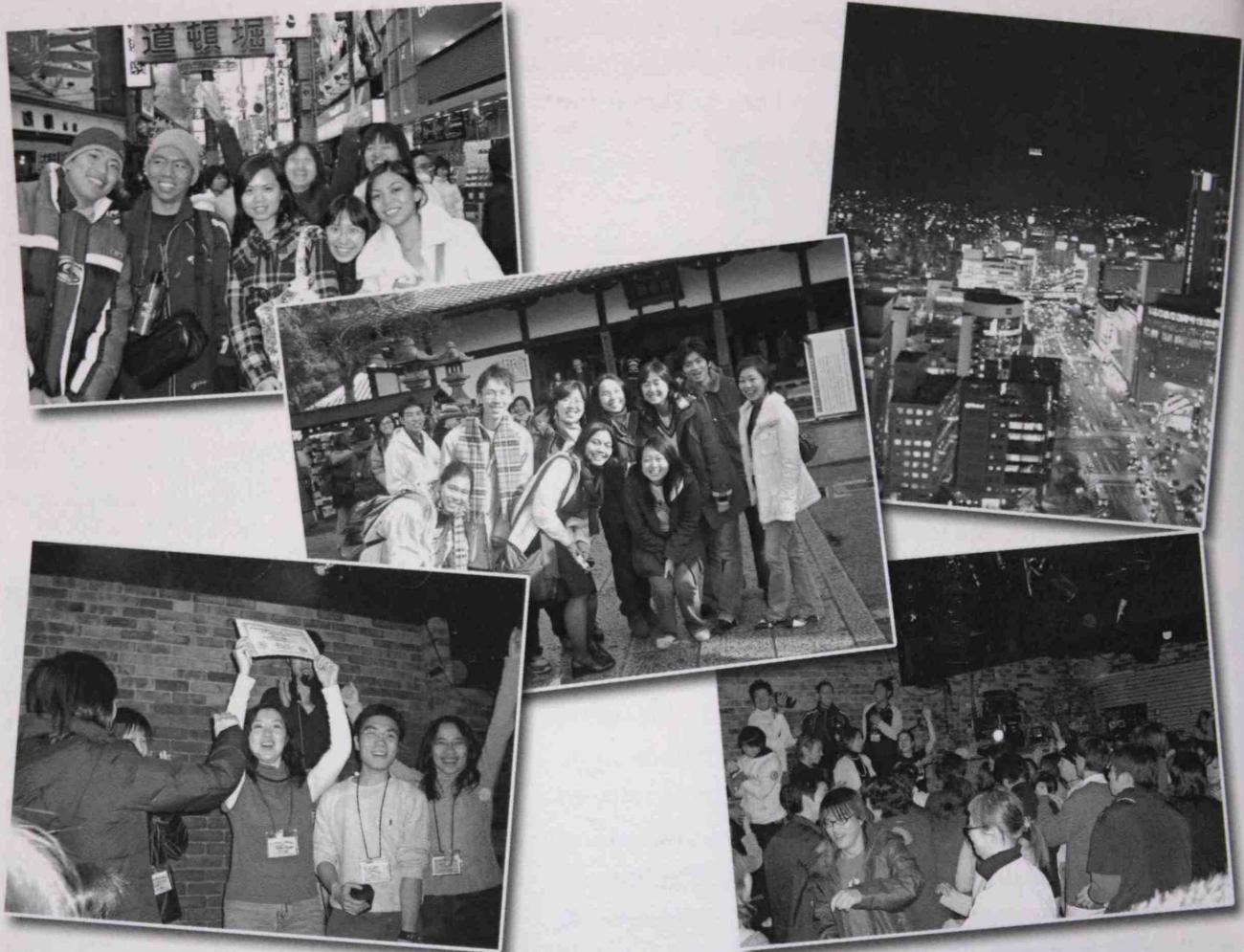
a game in which they used the mixing of dye and water to symbolize the silent and prevailing spread of AIDS through promiscuous sexual activities in the community. Day 3 came to an end with the Closing Ceremony and the presentation of bids by Korea and Indonesia to host the next EAMSC.



### Day 4 (29<sup>th</sup> December)

The morning and afternoon of Day 4 was scheduled for sightseeing in Osaka and Kyoto. We visited two traditional Japanese temples — Chion-in and Kiyomizudera. We then went on a tour around Namba, a famous shopping district in Osaka.

The Farewell Party, in which Hong Kong was announced to be the champion of the Country Presentations, was a pleasant conclusion to this memorable Conference. Yet it was only the beginning of new friendships that would continue to grow for a long time to come.



### Quotes from Hong Kong Delegates

“In the Conference, I saw the beauty of friendships blossoming across the different cultures and races.”

~ Jackie Cheung (President, Chief Delegate)

“The trip was short but truly memorable and worthwhile.”

~ Adeline Man (Financial Secretary)

“I can think of no other word than ‘excellent’ to describe the EAMSC Japan.”

~ Karson Ng (Information Technology Secretary)

“We had great fun rushing off for last minute shopping!”

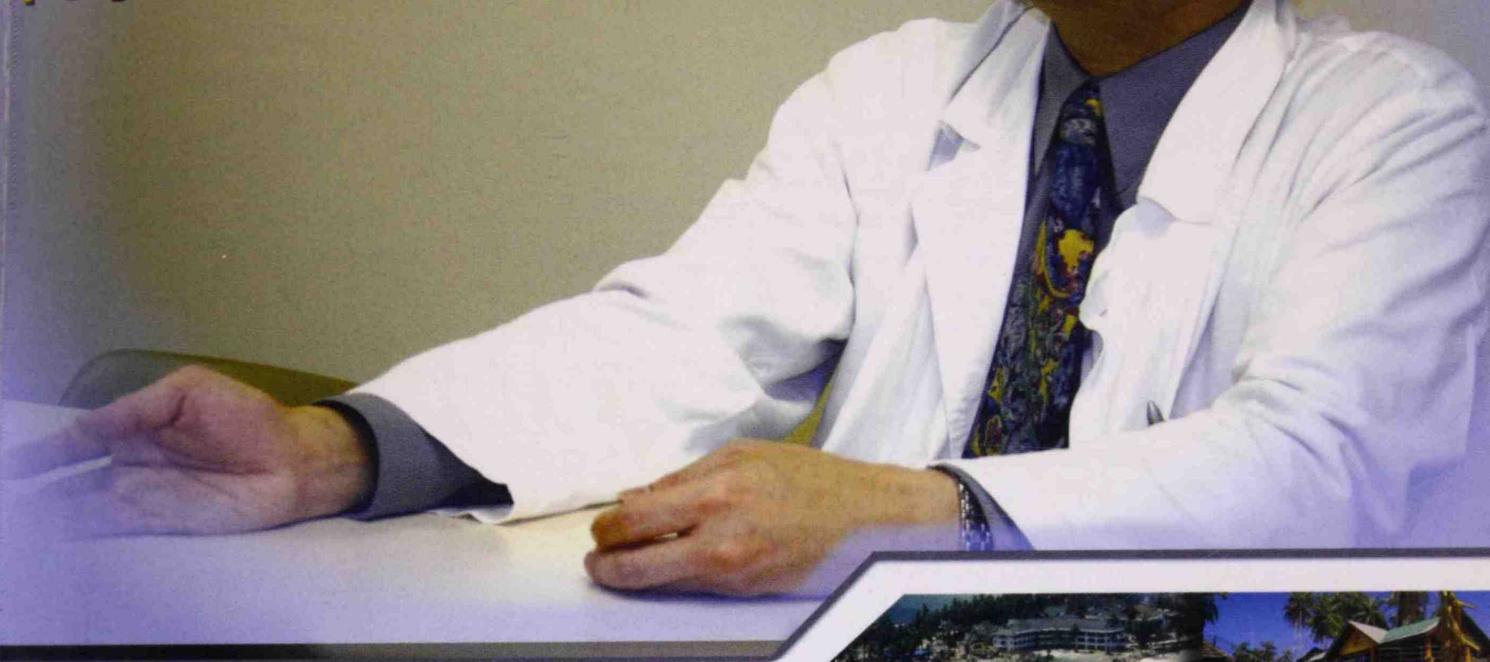
~ Athena Wong (Public Relations Secretary)

“The key to a good conference isn’t the hardware but the PEOPLE!”

~ Carol Ng (Director of Exchange, Publications & Promotions Councillor)

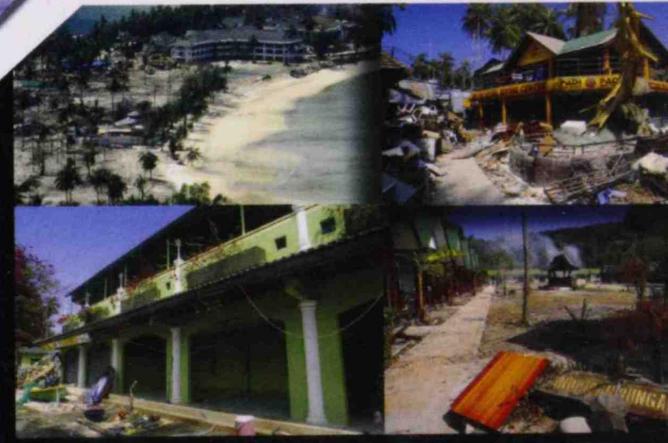
# 專訪劉楚釗醫生

## 南亞海嘯實錄



——零零四年十二月二十六日是一個令人難以忘懷的日子，正當濃厚的聖誕節氣氛籠罩著世界各地，一場突如其來的世紀大災難洶湧而至……印尼以西海域，棉蘭以西 330 公里的地震正式為南亞海嘯揭開了序幕，是次地震達黎克特制 8.9 級，是有史以來第四大的地震。附近的泰國、馬來西亞、新加坡及斯里蘭卡都錄得這次地震。隨之而來的海嘯直捲阿齊省、泰國、斯里蘭卡等地，樓房倒塌，屍橫遍野，家破人亡只是閃瞬間的事，一條條活生生的生命，一個個美好家園都逐一被巨浪吞噬，海嘯所造成的影响實在無從估計，印尼海嘯死者和失蹤人數逾二十三萬人，在泰國遇難的亦達五千二百多人，受影響的災區死傷枕籍。現時已遇難的港人有十二人，失去聯絡的亦有二十九人，情況令人痛心。海嘯過後所帶來的問題更是逐一湧現，二百萬人將跌下貧窮線，單是受災國的漁業損失已達五億二千萬美元，再加上孤兒、瘟疫等問題，情況實在令人憂心。

隨隊出發前往泰國布吉的劉楚釗醫生，八二年畢業於港大醫學院，現職東區尤德夫人那打素醫院急症科顧問及部門主管，同時亦是飛行服務隊高級航空醫生。劉醫生曾於零四年十



月二十六日，前赴香港旅行團發生嚴重車禍的台灣九份，協助香港死傷者及其家屬處理善後。在台灣九份車禍中，劉醫生需要來往有二十多名傷者留醫的三間台灣醫院，為傷者評估傷勢，向他們提供專業的醫療意見，並需快捷而有效率地安排傷者返港。他表示：「比較兩次災難，性質其實不大相同。但由於這次海嘯不知有多少人死傷，感覺與東區醫院內所見、台灣九份車禍不可同日而語。上次九份車禍的情況比較簡單，容易找到傷者，但今次災情卻嚴重多了，傷者分散各處，所以九份車禍實在是小巫見大巫。」

由於香港並沒有一個緊急的災難救援架構，無論是台灣九份的旅遊巴事件，或是今次

的南亞海嘯災難，香港特區政府所派到災區支援的小組都是緊急組成的。而劉醫生就是被選中的其中一名成員。劉醫生指出，自台灣九份車禍後，醫院管理局便開始籌備一個緊急應變小組及有關對策，誰知在小組成立之前，又是另一場大災難的降臨。在二零零四年十二月二十六日的晚上，香港特區政府得知海嘯的發生，第二天便派出入境處職員到泰國了解災情，隨後更籌組一隊支援隊，並作出有關準備。由於劉醫生是東區醫院的急症室主管，經常要處理不同種類、大小的意外，有豐富的經驗，而且災難應變亦是急症室的工作範圍，所以他便被邀請參與這次的救災活動。

劉醫生與另外二名醫生，三名護士，還有臨床心理學家便準備好一切等待進一步的指示。在災難發生後的頭數天，三十多個到泰國的香港旅行團都先後報告無港人在海嘯中失蹤的消息，所以救援小組只是按兵不動。正當眾人準備解除裝甲之際，關於港人失蹤的消息連綿不斷，香港特區政府和醫院管理局協商後便決定派劉醫生的小隊到泰國布吉支援受災的港人。他們在二十九日接受防疫注射（傷寒）等後，便出發到布吉。當談到出發前的顧慮，劉醫生在決定參與這次救災活動之時，曾擔心疫症蔓延、食水供應、餘震等問題，要下決定亦不像參與台灣九份事件時那般容易，所以他在出發前曾致電身在泰國的香港入境處職員詢問當地災情和食水狀況，希望使自己及家人安心。他還攜帶了蚊怕水、蚊膏、淨水丸等以備不時之需。

劉醫生指出，今次是首次派出心理學家同行，主要是擔心可能有港人在事件中心理受影響，因為面對世紀浩劫，傷者即使傷勢不重，心理上可能也難以平復。劉醫生在當地除了為香港傷者提供醫療援助外，還為死傷者的家屬提供心理輔導。救援隊的另一個任務是為其他前往災區工作的香港同事，包括保安科人員、警員、入境處的工作人員、民安隊隊員等，提供心理及生理上的協助，因為港府派出百多人前往災區，難免會有人患上感冒、腹瀉、甚至眼炎。劉醫生表示，他們這一趟的目的，是處理生還者的事務，所以如非必要，也不會到那些停屍的地方。但如果家屬要求，必定會陪同前往。這次劉醫生的工作，並非國際性救援，主要是服務港人。而他們提供心理輔導的地

點，通常會選擇支援中心或失蹤者親友下塌的酒店，絕對不會在停屍的地方進行輔導。很多時保安科人員、一名醫生、再加上一名護士及一名臨床心理學家，會一同接見失蹤港人的親友和傷者，因為這樣便能提高效率。有時候一些香港人會認為心理學屬於冷門學問，並認為指引他們如何取身份証，或替死者拿取死亡証，才是真正幫到他們，所以開始時會不大願意接受心理學家的輔導。但及後，家屬對找回失蹤親友的希望變得越來越渺少，內心變得越來越軟弱的時候，便會發現心理學家所提供的輔導對他們的幫助很大。開解家屬、協助他們接受現實，是這次劉醫生及醫療隊伍前往災區最重要的職責之一。

另外劉醫生表示，雖然災區處處充滿了淚水和沉重的心情，卻也處處顯露著溫馨，特別是泰國及世界各地的人，不分你我，不分種族，互相幫助，為的是拯救生命。劉醫生特別表揚泰國政府在這次海嘯事件中扮演的角色。他指出當地的指揮中心不但要處理死傷者，還要照顧來自世界各地的救援人員和物資，有一定的難度，但是泰國政府處理得宜，加快了救援的效率。當地的指揮中心位於一個會堂，就如香港的立法會般，每個國家都有官員派駐會堂，方便災民接洽自己國家的代表及辦理有關手續。這個室內的指揮中心更提供免費的上網和長途電話服務，如有重要的宣佈或會議，又提供一間很大的會議室予各國參與工作，例如DNA的樣本處理等。會堂的外面是一個露天公園，方便直升機升降，旁邊紮了很多帳幕，方便災民接洽各國翻譯員，這又解決了言語不通的問題。會堂門口的壁報板全都貼滿尋親者的尋人啟示，劉醫生說：「看見壁報板上的相片，有的是蜜月，有的是旅行，全都是開心的面孔，但其後腦海中卻會想到他們現時身在何方，感受很深……而不遠處背面的另一塊壁報板就放滿了屍體的照片，當了醫生二十多年，從未試過經歷這麼大的對比。」劉醫生又表示，在出發之前，他曾擔心過食水安全的問題，但到達後發現泰國政府已為救援人士準備了一箱又一箱的樽裝蒸溜水，又有自願人士在旁不斷燒雞做飯，提供給有需要的人士，這更突顯泰國政府安排的完善。除此之外，劉楚釗醫生更是非常欣賞當地人民的無私和團結的精神，他指出有些泰國居民從曼谷長途跋涉駕車

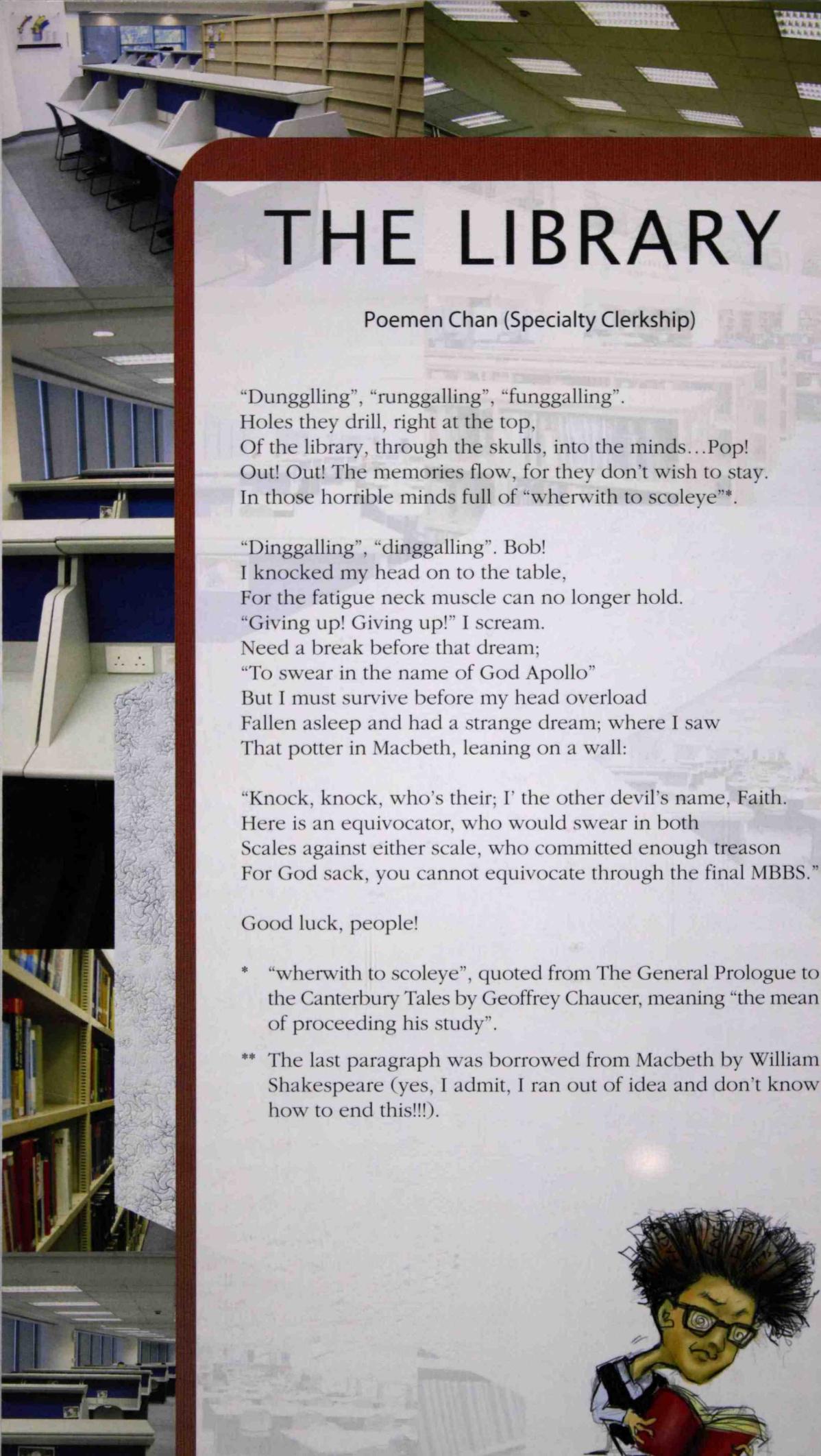


到災區充當司機，希望為這次災難出一分力，又有一些穿了校服的中、小學生在指揮中心來來往往，到處幫忙清埋垃圾。劉醫生表示，有一次，他跟同事工作至深夜，到他們想回東岸的酒店休息時，已沒有自願團體提供的交通服務，一名青年見狀，便帶他們去找警察，結果那警察截停了一輛途經的車輛免費送他們回酒店，劉醫生更強調那名被截停的司機並未因此而憤怒，反而，當他一知道劉醫生等人是專程到泰國的救援人士後，就非常樂意地伸出援手，可見當地民風樸素。

劉醫生一再重申在這次海嘯事件中，泰國政府功不可沒，全因泰國政府完善的安排，促使救援人士能安心協助救災。劉醫生坦言，假若當初他是首批被邀請到印尼協助的隊伍，他相信自己未必會這麼決斷地接受這個任務，始終他有自己的家庭，也要為家人著想。

除了災情的嚴重外，此行令劉楚釗醫生難忘的事還有很多。有一次，他跟同事工作途中

經過一間廟宇，當地的工作人員便帶他們到廟宇旁的一攤檔吃飯，由於當時的廟宇大多用作停屍的地方，大家當時心裏都不太願意，最後便在數條街外的餐廳快快吃完便走。在這次救援行動中，劉醫生更體會到港人實在非常勇敢。他們帶備水鞋，準備到災區或沙灘尋找死者，又帶備數碼相機，在尋找自己親人的同時，拍下一些貌似港人或亞洲人屍體的照片，再交給入境處，希望略盡綿力，幫助其他人認領屍體，可見港人互助的精神。劉醫生說，即使看慣屍體的他，當見到一張張被拍下的照片，心中也有點不寒而慄。但對作為非醫科生的普通市民來說，能有這種膽量，實在令人敬佩。而劉醫生每次想到生還者憶述親眼目睹失去親友，但又愛莫能助的時候，心中都不禁悲從中來，心情非常沉重。劉醫生認為，這次災難令香港政府獲益良多，不但能從泰國政府對突發事故的處理手法借鏡，亦能警惕我們必須認真計劃，為將來發生類似突發性事故做好準備。



# THE LIBRARY

Poemen Chan (Specialty Clerkship)

“Dungglling”, “runggalling”, “funggalling”.  
Holes they drill, right at the top,  
Of the library, through the skulls, into the minds...Pop!  
Out! Out! The memories flow, for they don’t wish to stay.  
In those horrible minds full of “wherwith to scoleyeye”\*.

“Dinggalling”, “dinggalling”. Bob!  
I knocked my head on to the table,  
For the fatigue neck muscle can no longer hold.  
“Giving up! Giving up!” I scream.  
Need a break before that dream;  
“To swear in the name of God Apollo”  
But I must survive before my head overload  
Fallen asleep and had a strange dream; where I saw  
That potter in Macbeth, leaning on a wall:

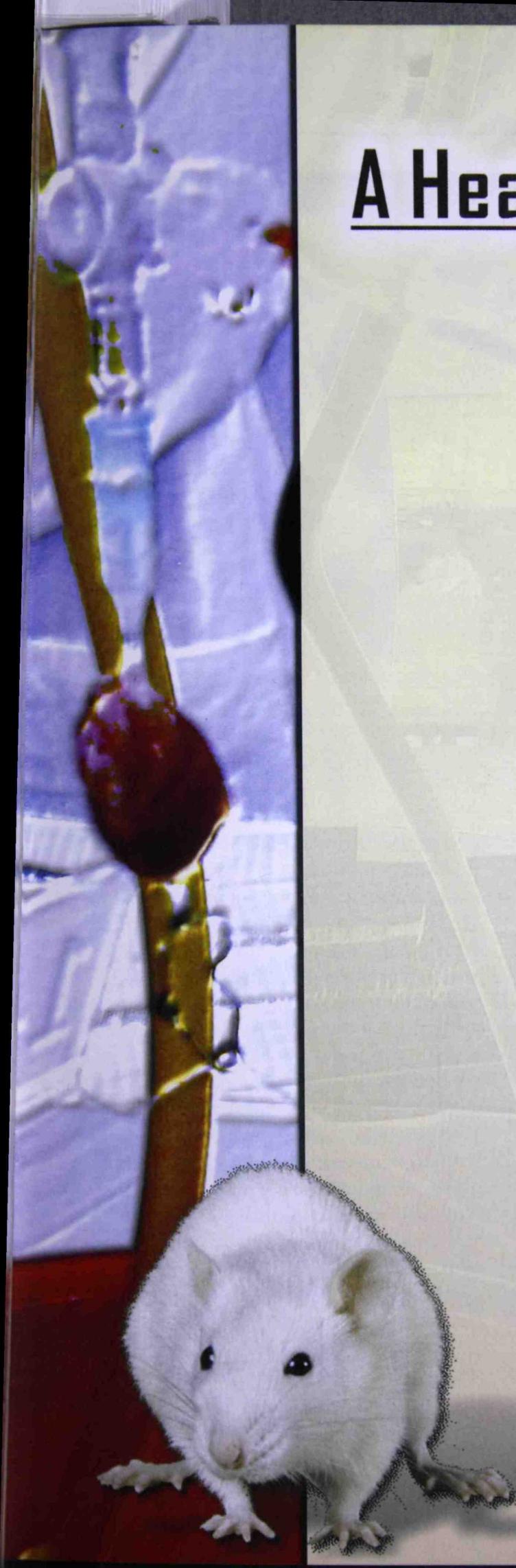
“Knock, knock, who’s their; I’ the other devil’s name, Faith.  
Here is an equivocator, who would swear in both  
Scales against either scale, who committed enough treason  
For God sack, you cannot equivocate through the final MBBS.”

Good luck, people!

\* “wherwith to scoleyeye”, quoted from The General Prologue to the Canterbury Tales by Geoffrey Chaucer, meaning “the mean of proceeding his study”.

\*\* The last paragraph was borrowed from Macbeth by William Shakespeare (yes, I admit, I ran out of idea and don’t know how to end this!!!).





# A Heart's Conviction

Shirley

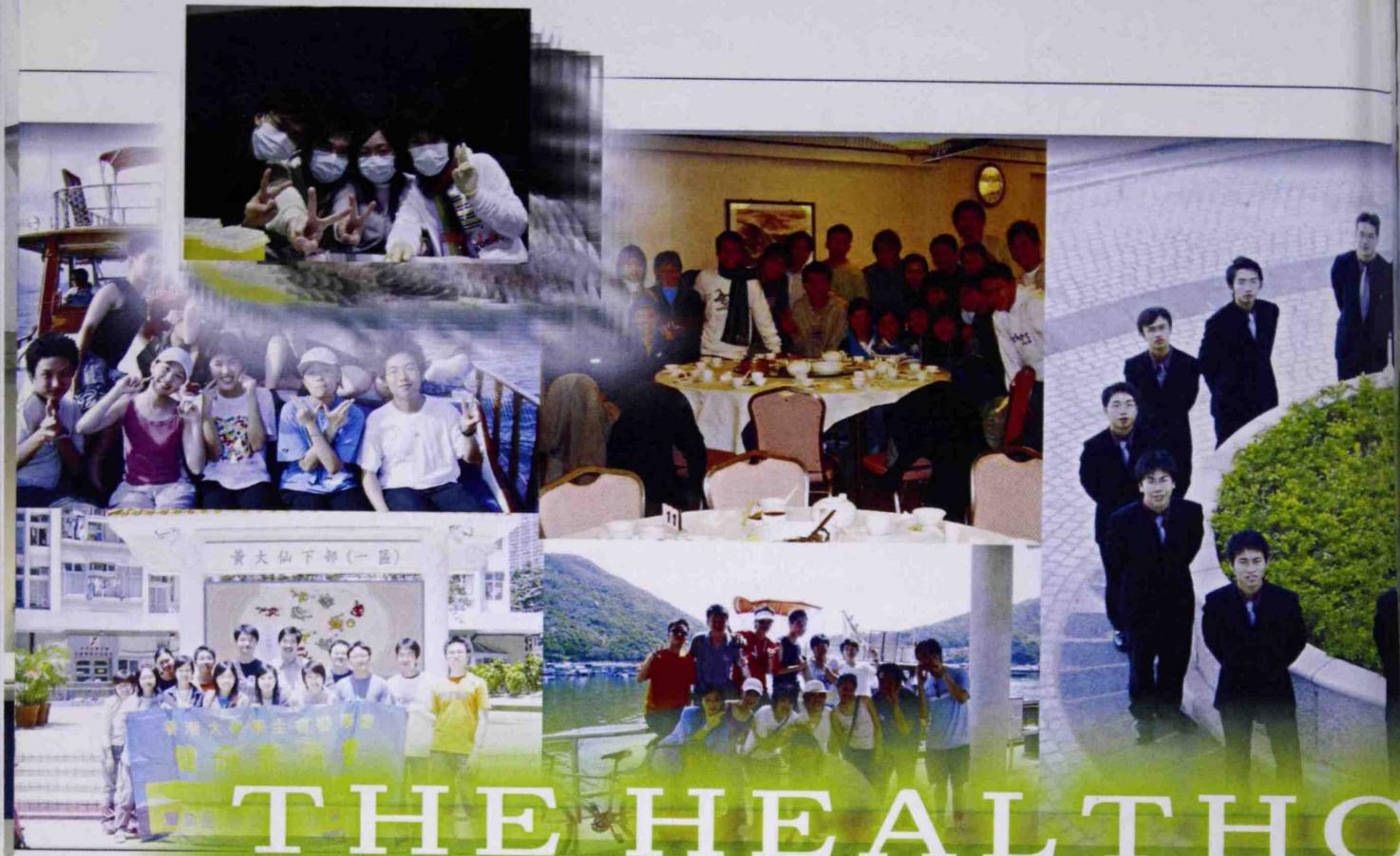
To science it gave its heart,  
And allowed us to tear it apart.  
It is with the rat's help,  
In medicine we made our start.  
The rat a wretched animal is,  
Condemned to the gutters, scuttling in darkness;  
But its heart is strong nature's own,  
Even in black wretchedness it shone.

We students entered the room  
Complaining of cold and lack of sleep;  
But how light is our gloom;  
The tiny souls lost their chance to live.  
We took their living hearts to investigate  
What'd affect their beat,  
To speed or inactivate  
If different substances they meet.

Acetylcholine we added; the heart goes slow  
Then placidly, steadily, returns to normal...  
Noradrenaline we tried. Up the heart rate goes!  
Yet in a while down again it slows.  
Interventions we gave, yet how soon they are lost!  
That heart swears to go on at all costs...  
Atropine, potassium, they set in, they lose out  
Never the rat's heart seems to pout.

The heartbeat never waning;  
Its book of life it writes,  
Never for a second halting  
Though so far from peace and light.  
On calcium it ought to falter;  
But on surviving it is set!  
Brave poor creature! In all your frailty  
Resilience reigns as yet.

Though the heart felt not a pain  
Betwixt its fight and struggle,  
I've great respect for it nonetheless,  
And its unceasing will to survival.  
When life goes wrong and sprits are low,  
With my strength and mind astray,  
I'll think of the heart that never bows  
To reality and toil today.



Glancing through our photo album made me recall the enthusiasm we had a year ago, when our committee had just formed, when we needed to prepare for the campaign, skipping lessons and dashing up and down Sassoon Road all week to publicize our committee to different classes. I still remember the hours we spent on meetings, on mock campaigns, on shopping around to look for the right 'jong'-clothes and on struggling through nights just to get the booklets and posters done on time. Those days were our toughest and busiest time of the year. It allowed me to experience what it would be like to run a committee in the university, which was so much different from those in secondary schools in terms of decision-making and responsibility. The system here is much more complicated and there are so many things you have to take into consideration. There aren't any guidelines and no one will be there to tell you what to do and how to do it. You're responsible for making every single decision and bearing the consequences. We were all exhausted at the

end of the campaign and we felt glad that we had finally made it.

Health Committee is known to be one of the least demanding 'jongs' in Sassoon Road. After going through the campaign and getting approval for the year plan, the rest of the year was much more relaxing when compared with the earlier days. As our real work commenced, we started to carry out different types of services: namely estates, community centers, outreach and education. Although we performed the same types of health check-ups for all services, the experience and feelings we had were quite different each time as we worked in different centers and served different target groups. Throughout the year we did have some successful services, but there were also times when things did not turn out to be as smooth as we expected. Some medical students claimed that they liked helping people when they entered this faculty and yet sadly they showed little interests in our services. Therefore our committee members had to help out in the services whenever there were not enough



## M-MANIA

Jeannie

helpers. Many students came to help often because they wanted to practise their clinical skills. I think this isn't the right attitude as a helper. Having been a helper who had many chances to interact with old people, I experienced how real-life clients were like and through talking to them I realized how little I knew. After a whole day of hard work, seeing our clients' smiling faces and getting a big "thank you" from them make everything worth it. As the general secretary, I took care of miscellaneous matters and internal affairs of the whole 'jong'. I think this really requires a sense of responsibility, a zealous heart and a methodical mind. Most people think that the work of general secretaries is very "general" — tedious and routine, but I found it interesting. Through coordinating members within the 'jong', I enjoyed the close bonding with each 'jongmate'. The workload could sometimes be heavy, but luckily there were always 'jongmates' around ready to help.

Last but not least, my greatest reward from joining health committee is definitely the group

of buddies I met, who shared so many common interests with me!!! It has been really fun playing and working with you all and life would have been so dull without you guys. Thanks for making every service and meeting so enjoyable =). I have to also thank our helpers for their unfailing support all the time. Without all of you, we would never make it! I'll always miss the days when we had pizza delivery during meetings, the fun times we spent together in the boat-trip to Cheung Chau and the silly things that happened during the services... We did have disputes among us, but who wouldn't? It's always good to be able to identify our weaknesses and improve ourselves. I think this is an inevitable step in learning and growing of one's mentality. We have fulfilled our duty and the sacred mission of promoting health will now be passed on to the 2005 committee members. I sincerely hope that they will have a successful year!

# 香港大學中醫藥學院



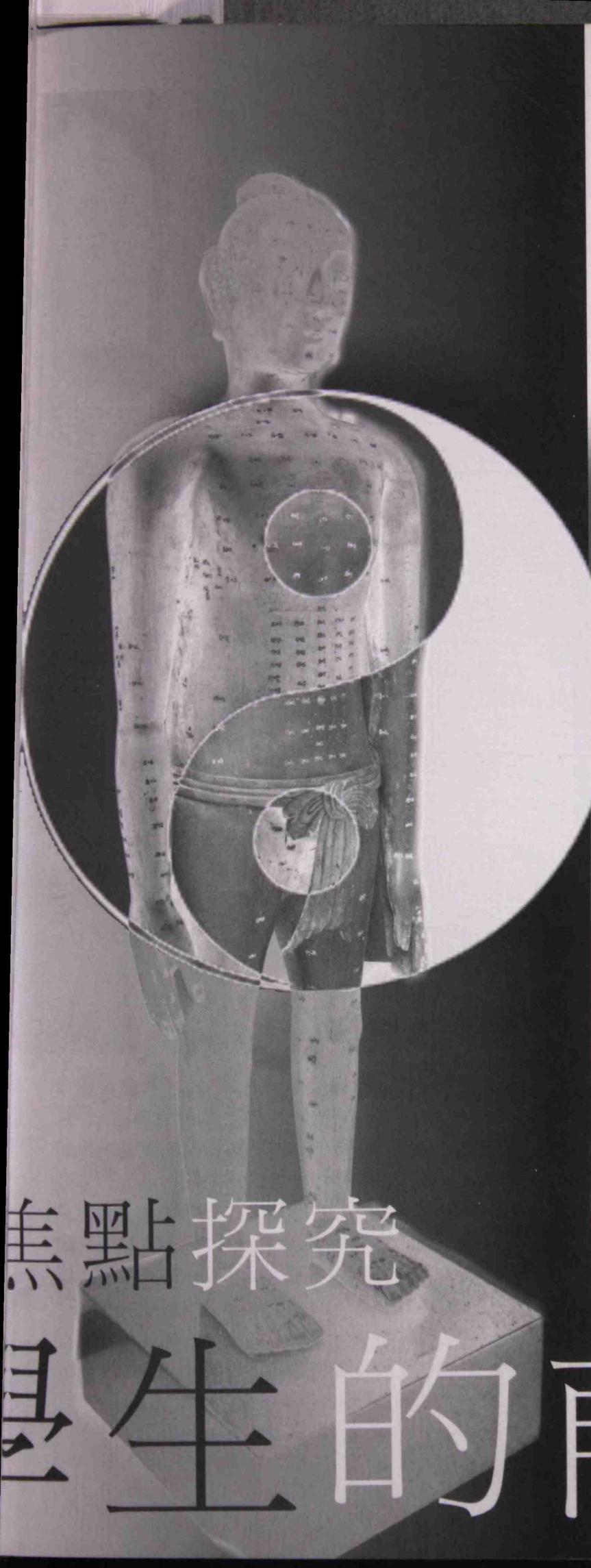
SCHOOL OF CHINESE MEDICINE

藥學院

醫學院學系

中醫學





# 焦點探究 學生的前景

## 前

行政長官董建華在一九九七及一九九八年的施政報告中，提倡了要使香港發展成為國際中醫中藥中心，推進中醫藥在香港的生產、貿易、研究、資訊和中醫人才培訓。在這樣的政策鼓勵下，香港大學、香港中文大學及香港浸會大學都先後設立中醫學院，每年合共提供約八十個中醫本科學位課程學額。浸大和中大已先後於二零零三年和二零零四年有首屆中醫本科生畢業，而港大的首屆全日制中醫本科生亦將於今年畢業。

然而，就有關香港中醫的報導，發現大多數受訪的中醫學生和畢業生也對就業前景感到不樂觀，而輿論則歸究政府缺乏全盤配套政策。今期的專題文章就會以此為題材，探討中醫學生在實習、求識和工作上的問題，也請了港大中醫系五年生曾同學和馬同學，港大中醫系二年生蘇同學和致力為中醫爭取權益的立法會議員李國英作訪問。

## 香港的實習地方及時間不足

以香港大學的中醫學生為例，即使只是「見習」（「見習」有別於「實習」，因沒有機會親自診症），也必須到幾所和大學有聯繫的診所。雖然一年級暑假開始已有見習，以後的見習機會也會逐年增加，但說到真正把脈斷症和處方，便只有學院安排到上海三十二個星期的「實習」了。但因為大陸的中醫制度和香港的有所不同，香港學生在大陸能應用到的，在本港卻未必能運用，例如中醫在香港不能處西藥方和使用「穴位注射」。

曾同學、馬同學以及蘇同學在訪問時都表示，三十二個星期的實習課程其實並不足夠，因為五年內學到的知識實在太多，八個月根本不足以全部把它們應用出來。雖然如此，蘇同學也認為，其實再長的實習時間也不會足夠，因為你不可能在實習期間把天下間的病症都遇上，就正如西醫一年的實習時間也未必足夠。

## 國內和本地學生程度不同

五年級學生實習歸來，表示本地和上海的中醫學生程度上有差別。他們發覺內地學生程度較高，經驗也好像較豐富。他們說其中一個原因可能是上海學生有較多的實習機會。

但蘇同學於去年和內地學生進行交流後則有不同看法。他認為內地中醫學生和本港學生程度分別不大，不同的只是兩地的制度，但所學的中醫知識都相約，所以問題不大。

## 中醫畢業生求職情況

就以上年為例，中大及浸大的中醫畢業生約有七十人，但就業的情況並未如理想。七十人中只有約有四十人找到和中醫有關的工作，



但其中大部份竟是推銷中醫用品，只有少數畢業生能在醫院或診所工作，而且也只是短期合約。今年香港大學中醫系將會有首屆的畢業生，相信求職的競爭將更為激烈。

香港現時只有三間公立醫院門診（包括東華醫院，仁濟醫院和雅麗氏何妙齡那打素醫院），根本容納不到每年「出產」的畢業生。西醫學生有一年時間在香港不同的醫院實習，所以實習完畢後大多能留在本港的醫院就職。但中醫學生則沒有機會在本地實習的機會，所以令求職更為艱難。



## 中醫畢業生在工作上所遇到的各項難題

中醫畢業生在工作上也遇上不少困難。以下我們會剖析一些畢業中醫所遇到的各項問題。

### 一、公營市場

中醫畢業生可以到醫管局轄下的東華醫院、仁濟醫院和雅麗氏何妙齡那打素醫院開設的三所中醫公立門診部入職。

許多人誤以為在公立門診部行醫的中醫前途較有保障，事實卻並非如此。

入職於三所公立門診部的中醫都是以短期合約形式獲聘的，每份合約的年期通常為期一

年，相對西醫的三年短期合約更短。而且由於上述三間公立門診每年均需吸納一定數量的新中醫畢業生，以符合政府支持發展中醫業的政策，所以大多數的中醫在合約期滿後，通常都不獲續約。因此在公營中醫門診工作的中醫變相要與每年的新中醫畢業生作惡性競爭。

### 二、私營市場

中醫畢業生另一選擇是投身私人執業市場，在中藥店內「掛單」或自資開設中醫診所。由於公立門診的職位有限，因此，許多新進的中醫畢業生如果有能力的話，都會自資或與其他同學合伙開辦中醫診所。



可是，他們卻會面對其他隨之而來的難題。面對私人執業市場那批經驗豐富的老中醫，這些只在公營中醫部門累積了短短一年臨床經驗的新一代中醫實在難以在市場內立足。

其他難題還包括要找尋保險公司承保。任何中西醫開設診所，為防止在行醫時有任何不可預見的情形出現，都需要購買專業責任保險，以應付病人的索償。不過，由於現時中醫的質素和水平未有劃一的標準去衡量，所以許多保險公司都未必向資歷較淺的中醫承保，故新入行的中醫在尋求保險公司承保時不免遇到一定程度的困難。目前，約有一百名中醫購買了專業責任保險，只佔全港註冊中醫百分之二。

衛生福利及食物局局長周一嶽承認，政府並無強制規定中西醫生購買專業責任保險，中醫投保的比率較西醫為低，是因為中醫的法定規例僅執行六年，目前仍處於發展的初段。

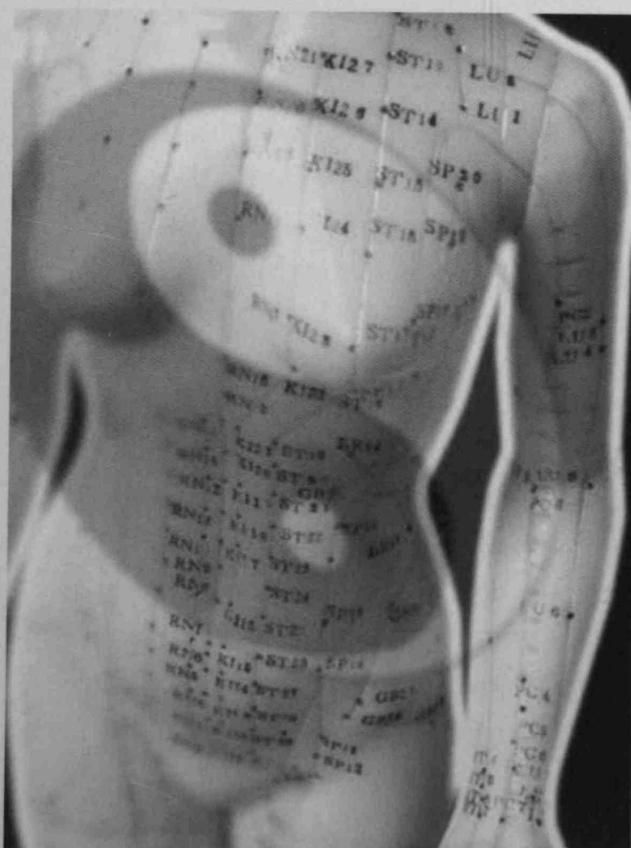
部份自設診所的中醫也會遇上生意虧蝕的問題。因為新入行的中醫在行內知名度不足，客源不穩定，初期甚至要以贈醫施藥以作招徠，最初難以應付龐大的租金、助護薪酬等各項支出，故開業初期的中醫診所的虧蝕情況，一直十分普遍。

### 中醫在執業後遇到的問題

除了以上所述各問題之外，中醫在行醫範疇、執業各方面也要面對各項技術性的問題。再者，按照中醫藥管理委員會的規定，任何已註冊的執業中醫均需在管委會認可機構內持續進修及接受考核，例如要在三年內要修畢一定學分，才獲准續牌。對這班初出來行醫執業的新丁，在經濟和時間安排方面均是百上加斤。

### 社會人士的看法

很多關心社會的市民均認為政府在推行中醫發展中顯得虎頭蛇尾。前特區行政長官董建



華於一九九七年施政報告中首次提出要使香港發展成為國際中醫中藥中心，並計劃於零四年之前開設十八間門診。可是直至目前，香港仍只有三間醫院提供中醫門診服務，並有另外三間在「積極籌備」中，和十八間的目標相距甚遠，可見中醫的發展非常緩慢。

致力為中醫爭取權益的立法會議員李國英本身是一位律師，個人非常相信和支持中醫。他認為政府對中醫藥發展的協助嚴重不足，令到這批初出茅蘆的「三無」醫生：無工作經驗，無經濟能力，無社區網絡，淪為中醫藥保健食品推銷員，幹一些與直接診病無關的工作，白白浪費了一批具備醫學知識、能夠治病救人的專業人員。這樣不但浪費了政府的教育資源，

畢業生又學非致用；而一批於一九九七年施政報告後，期望能夠受惠於高質素中醫藥服務的市民也空等一場，而且各大學中醫藥學院的教職全體人員也付出了不少心血栽培。李議員不禁慨嘆：「目前政府對中醫的發展，可用四個『唯』字來形容。政府『唯』資源，畢業生『唯』料，市民『唯』心機，醫學院則『唯』氣。」

他認為現階段政府資源不足，建立中醫院有一定困難。因此建議政府在各區醫院（尤其己有中醫藥發展背景的醫院如東華三院所屬醫院）的某些院翼加設中西會診部門，加設中西醫的聯繫合作。這樣不但可以舒緩中醫畢業生的就業問題，而且中西醫可以各發揮其長處：西醫能夠快速消滅病毒或細菌，消除痛楚，善於治療急性疾病；中醫長於固本培元，調節免疫功能，善治慢性疾病。從而攜手合作替病人提供高質素的醫療服務，使廣大市民受惠，這也是香港市民所願意見到的。

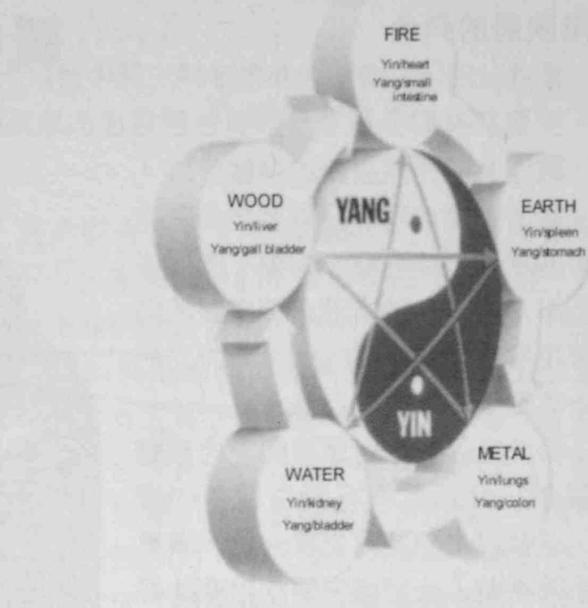
## 香港的中醫行業

一個行業能否蓬勃的發展，很多時候除了該行業本身在社會上有其客觀存在的價值外，還要加上社會輿論的助力；甚至部份依賴政府推行相關的政策協助，才可以卒底於成。

所以中醫各有關法定團體應該透過立法會議員或其代表，向政府反映中醫業界一直關注的問題，使政府可以正視和積極推行各種有效措施去解決上述各項問題。

## 中醫藥的發展

國內的「中醫醫院醫療質量監測中心」公佈了一項對中醫醫院監測數據與分析，結果顯



示近年到中醫醫院看病的人數在逐年遞增，以每年10%左右的幅度上升。但接受中醫或中西醫方法治療的以中老年為主，而且是慢性病患者居多。

對此，專家分析，這樣的結果除了因不同年齡的患者對不同治療方法的認識和選擇有所不同外，還與他們的疾病不同有關。老年人以慢性病居多，相反，年輕病人患的多是感染性疾病或是急症，因此多數選擇西醫治療。年輕人多看西醫，和中醫在急症處理水準不高不無關係，這便局限了中醫的醫療市場。舉個例子，中醫多數會把體溫39度以上的病人轉交西醫處理，因中醫並沒有一個功效快的降溫方法。但其實中醫本身也有一套重症急救的方法，只是大部分人也未曾接觸過。像針灸裏有回陽針，用於很多急性病療效良好，而且費用低廉。其他如燒燙傷急救等，也有極好的中醫處方可以運用。中醫要在發揮特長的同時，也要多作嘗試及在新技術和新製劑上尋求突破。

中華醫學擁有過千年的傳統。中醫之所以可以多年屹立不倒，是因為其確有療效。若中醫能作出適當的調整，在西醫普遍中佔一席位亦非難事。所以長遠來說，只要香港政府有全盤配套政策，中醫藥在香港的發展是無可限量的。

## 香港政府的角色

香港政府承諾會於今年內多開三間中醫診所。新設立的門診選址，主要在有較多長者及弱勢社群居住的地區，初步構思在深水埗、觀塘及灣仔開設新的中醫診所。

這些診所主要治理那些需要結合中西治療的項目，如癌症、創傷、皮膚或針灸科。鑑於現時本港三公立醫院門診使用率平均達九成，所以新設立的診所亦期望有正面的回應。

除此之外，政府還可向全民推動中醫藥，介紹更多有關中醫藥的資訊，以及將之包裝得更現代化，讓更多不同年齡人士認識中醫藥診療的好處及特點，從而增強市民對中醫的信心。現時香港人比以前更著重健康，市民樂於攝取不同類別的健康資訊，並願意接受不同類型的療法，包括中醫診療。增加中醫診療的宣傳可以令更多人認識中進行推廣及吸引有關項目的投資。待中藥研發上了軌道，相信可吸引部分中醫畢業生轉移從事研發工作。這樣不但給予學生多一個就業選擇，亦可以減少人才偏重行醫工作而忽略學術研究，減低人力市場發展的單一性。

香港政府和中醫只要攜手合作，定能為中醫開拓更大的發展空間。



## 中醫學生的看法

看有關香港中醫的新聞，發現大多數受訪的中醫學生和畢業生也對就業前景感到不樂觀。但在我們的訪問中，蘇同學和五年級的同學均表示不大擔心出路的問題，因為他們覺得中醫畢業生可在不同範疇發展。除當中醫（公營或私營）外，畢業生亦可選擇研究工作，或到內地考試執業，更可在其他相關行業發展。

就出路問題，蘇同學說在香港不只是中醫畢業生面對找工作的困難，其他行業也有相同情況，



只是外間常常「報憂不報喜」。蘇同學續表示中醫學生應該自我增值，為將來好好裝備自己。除了擔當醫生的角色外，更要在業界不同的領域如教育，研究，推廣，保健等各方面，全力以赴，作出貢獻。要為這種既有傳統中國特色，但又新被納入香港正統醫療體系的醫藥行業，在這新舊交替的適應時期，攜手努力為中醫的未來奠下重要的基石。

# 他來自中醫……

雲寶

『大家好！我是香港大學中醫藥學院一年級生……』

『喫，是 TCM 的同學？』

『不，我們學位課程的正確全名為 Bachelor of Chinese Medicine，是 BCM 才對……』

不知道大家有否遇過這樣的情形？

儘管中醫學院的本部只位於 NMC 附近，儘管沙宣道上不難遇見中醫學生，但我們對他們的瞭解仍未及皮毛，就連課程的正確名稱也未弄清楚。但隨著時代的不斷進步，中醫發展日趨成熟，我們（編按：就讀西醫課程的同學）與中醫合作的機會將有增無減，難道你還會容許自己對中醫學生的認識停留於『神農氏親嚐百草』、『李時珍……』的階段嗎？相信聰明的你，一定希望增加對『未來醫療拍擋』的認識；事不宜遲，我們現在立刻讓大家惡補一下吧！

要介紹中醫課程，必須先由中醫藥學院的院徽說起。請你先用三秒看看右圖，你能猜出校徽底部是那一種藥材嗎？不錯，正是人參！在芸芸中藥中，人參可說是最為人熟識，既傳統且珍貴的一種藥材了。院徽引用人參傳統的外形，喻意學院能繼承並發揚有幾千年歷史的中醫藥學術理論及文化。至於院徽兩旁的雙色絲帶，則代表遺傳基因脫氧核糖核酸雙螺旋構圖，象徵學院本著創新突破的精神，積極配合現代科技發展。而『繼承傳統』和『創新突破』正好是中醫藥學院寄予學生的期望。

要達到這兩個大前題，課程內容和教學設

施的配合也是十分重要的。先說說中醫藥課程，大家腦海中的中醫學生是否都捧著一大疊鋪滿塵的線裝醫學古典，並站在月光下朗朗吟誦？如果是的話，你的想像力未免過於豐富了！其實五年的全日制『中醫全科學士』課程是全面而充實的。包括中醫基礎理論（如醫學史、方劑學、古代哲學和周易知識），醫學古典（如醫古文、傷寒論、內經和金匱要略）和中醫臨床（如推拿、針灸和急診學）。除此以外，還涵概了基礎教育（如語文及博雅學科）和生物醫學，也就是我們（編按：西醫課程）的解剖學、生理學和病理學。到了第五年，學生將會於學院附屬的中醫診所見習，並在上海中醫藥大學各間附屬醫院實習一年，最後完成一篇論文，便可投身中醫行列。



至於中醫學生學習的地方，絕不規限於講室之內，學院亦設有多媒體教學中心、中藥標本櫃、臨床技巧實驗室和瑪麗醫院內的臨床教研中心，內裏有完善的教學設施，務求讓學生更全面，更有效地學習。大家有興趣而又有空的話大可去參觀！

其實要介紹中醫，又豈能以隻字片言去解釋呢？所謂『百聞不如一見』，日後大家要是認識到中醫學生為新朋友，不妨與他們多談，親自發掘當中隱含的奧秘吧！

『大家好！我是香港大學中醫藥學院一年級生……』

『喫？是 BCM 的同學？真高興認識你！其實我有很多關於中醫藥課程的事想問的……』

# 中西合璧——專訪余秋良醫生

郭淑德 杜正山

從前，中西合璧只是一個遠大而又理想的概念。今天，余秋良醫生讓我們看到中西合璧不再是一個概念而是實在的。

余秋良醫生於 1975 年畢業於港大醫學院，並於 1993 年取得香港醫學專科學院院士（兒科）。除此以外，余醫生是菁華中醫學院畢業生，亦是一位註冊中醫。余醫生一向致力推廣中西醫合璧，是現任香港中西醫結合學會的副會長及草藥園籌備委員會主席。

記 = 郭淑德，杜正山

余 = 余秋良醫生

**記：當初為什麼會選讀醫科？**

余：我自己是九龍華仁出身。自知世事難料，所以都不敢說要選修醫科。自問中學成績也算不俗，而小學的時候亦曾經得過獎學金，因此選科時，便斗膽選修醫科。

雖然當時同學們大多出國進修純物理、天文學等，而華仁中六亦只設有三班，分別為文科、數學及生物。留港進修的而成績較好的都爭相入讀數學班，較遜色的則入讀生物班。當時我被安排入讀數學班。可是，我希望留在香港發展，不欲跟隨自己的同窗出國進修。再三思量後，我覺得在香港進修數學的發展空間不大。儘管同學們多番勸阻，我仍然堅持向校長提出轉讀生物班的要求，為自己將來選修醫科踏出重要的一步。

回想在大學選科時，除醫科以外，我亦曾考慮過建築系，社會工作系。對於社會工作學系，我亦探究過社工的工作性質，最終認為社工始終不適合自己。至於建築系，我當時沒有任何作品，因此亦不符合資格申請報讀建築系。其後，我亦曾打算於音樂方面發展。當時我自問於音樂方面亦略有才華，心想如果不能升讀大學的話，亦希望能投身音樂行業。

總括而言，最終我如願以償，能在香港大學攻讀醫科，達到實際理想。

**記：為什麼於實習期間會選擇自修中醫？**

余：由於我對人的腦部結構有濃厚的興趣，因此中六時便大量閱讀有關書籍，希望有能成為 neurosurgeon，neuropharmacologist，neurologist……正因為我大學時當過班長，所以有較多的機會接觸不同學系的系主任，得悉當時是沒有上述專科，於是便希望攻讀兒科，了解兒童的發展及成長。

當時選修專科的方法是以抽籤形式進行，自己既然身為班長，就得讓同學們先抽籤。結果自己便無法進修兒科。幸好，最後因為某些原因都得以繼續於兒科發展。此時，因為人生經驗較為豐富，閱歷亦相繼增長，便有志自修中醫。結果於 1975 年當實習醫生期間選修了一些有關 Acupuncture 的課程。

我 1976 年便開始以兒科醫生的身分行醫，亦同時選擇了一些中醫課程如把脈等進修。結果卻發現課程與課程之間過於零碎，我便決定以全科形式進修中醫課程。亦即是於完成西醫課程後不久便開始自修中醫。

**記：可是，於時間分配方面有沒有問題？**

余：雖然需要同時應付兒科的專科試及實習醫生輪班通宵達旦的工作，自己亦能應付得來，可於放工後繼續自修中醫。



**記：對於中醫於香港的發展潛力有什麼看法？  
有什麼困難？**

余：二十一世紀是東方文化發揚的時代，當中當然包括中醫。可是對於香港來說，中醫發展的環境相當不成熟：傳統的中醫質素參差，而中醫畢業生則未達標準，出現了一個青黃不接的現象。

雖然面前的環境顯得困難重重，但箇中還有其契機：廣大市民對於醫學質素的要求很高。正所謂「有要求自然會有進步」，可以肯定的是香港中醫業能於十年之內可趕得上內地的質素。

**記：中西醫合併空間有多大？**

余：以大陸為例，中西醫合併起步時可謂是「盲婚啞嫁」，雖然時常提倡中西醫結合，事實卻不盡然，只能互相配合而已。眾人認為，大體上中西醫是有很大的結合空間：西醫講求微觀 (reduction) 中醫講求整體性 (integral)。西醫注重糾正身體機能上的錯誤 (concept defect)，當中便出現了兩個大問題：1) 當身體出現多過一個錯誤時如慢性疾病 (chronic disease)，西醫大多顯得束手無策。2) 西醫忽略評核一個身體產生疾病的能力，繼而有較少的預防工作。由上述兩點可見，中西醫互補不足，互相結合的層面其實是很遼闊。

**記：中西醫結合可治療什麼病？**

余：較輕微的病可選擇西醫或中醫。較嚴重的病則要考慮中西醫怎樣結合：如同行或先後之次序。

**記：當病人來求診時，你的身分是中醫還是西醫？**

余：我的原則是病人不求用中藥治療時就不用。可是於診斷期間，自己思維上已將中西醫的理論結合起來從而作出判斷。

## 後記

經過短短一個多小時的訪問，令我明白到事在人為的道理。

眾所周知，作為一個實習醫生的工作量有多大！要於實習期間再進修中醫課程是談何容易？可是余醫生卻能把時間分配好，使自己能一邊應付實習醫生的工作量，一邊致力學習中醫課程。余醫生最後能成為一位兒科的西醫專科醫生及中醫，並且運用自己於這兩方面的知識，提倡結合中醫及西醫的理論，互補不足，在醫學界開展一個新的里程碑！

## 輕揚醫話之二

何詠鋒

第二篇醫話，我請了一位中醫前輩與大家分享他的中醫生涯，希望大家喜歡。（以下內容亦同時刊登於2004-2005年度香港大學學生會中醫藥年刊）

在一個正值立春，霧氣濃濃，濕氣重重的星期六，我帶著三分睡眠不足的疲意，加上七分緊張，和李官弼醫師（下文均稱作李醫師）作了這一次印象深刻的訪問。

### 醫學世家

李醫師小時候讀書，是由私塾老師教古學的，從《三字經》、《百家姓》、《四字經》、《五字經》、《增廣賢文》到《千字文》、《大學》、《中庸》、《古文觀止》等等，給日後學中醫打下了一點基礎。後來，政府取締私塾教育，要人民讀新學。於是，他便轉讀政府公校，按現今的教育模式讀書。

李醫師的外公是一名老中醫，所以他從小就被要求讀或背記一些中醫經典名著，故他對於中醫藥的基礎知識較一般人多些。

### 迷途知返

然而，李醫師畢竟生長在中國進入自新文化運動的新時期，整個教育界，都以科學為宗旨辦學。故此，李醫師變成了一個「迷科學」的學生。那時他認為中醫太陳舊，不科學，故未有繼續學習中醫。

但當他考上中國科學院成都附屬中學時，身體檢查過不了關，醫生說他患上了風濕性心臟病。新學校勒令再復查，結果查了三次，都證實是風心病。於是，學校要他醫好了再讀書。他便到四川最有名的醫科學府——華西醫科大學醫院就醫。不料，他越醫越嚴重。當時他走不到兩米就心累心跳，透不過氣；經過七位西醫專家教授確診後，斷定李醫師最多可活七年，等於判了他死刑。於是，他的家人便帶他去找一名老中醫醫治。經過三個多月的中醫治療，他一切體症都消除了，精神也好了，於是又繼續去讀書。

經過這一次死裏逃生之後，李醫師改變了自己對中醫的看法，於是開始了兩件事——第一：學習中華武術；第二：學習醫學。（當時李醫師還迷信中西醫學可以並進，但現在明白中西醫藥是不可結合的。）

### 記傳者昌，瞞傳者滅

在一次偶然的機會下，李醫師認識到一位老中醫，經過兩天的交談後，便決心拜門跟師學醫；一直學了近六年，和兩位師兄弟過著同食同住的師徒生活。當時正值文化大革命時期，社會上反「封資修」，但背地裏，師傅仍以「八卦圖」來教授。除了背誦外，每星期還要考試一次。所選用的教材，以《內經》、《難經》、《金匱》、《傷寒》為主，同時，亦研習吳鞠通的《溫病條辨》和王夢英的《溫熱經緯》；並以此基礎，兼習明清以來各溫病大家的名著等。這就是他學中醫的經歷。「記傳者昌，瞞傳者滅」，是李醫師的門訓。筆者在這裏想讀者思考一下古今教學模式之別，古時師徒同食同住這種「身教」的教學模式，和現代「知識型經濟」所製造的量產型知識分子兩者有何分別呢？另外，師徒教學向來給人的印象是「師傅留兩手，唔怕徒弟嚟報仇」，看到李醫的門訓後，可能各位會對古時師徒教學多了些了解。

### 觀今宜鑒古，無古不成今

李醫師提及，近二百年來中國受到西方列強的入侵，甲午戰爭的洗禮，維新運動的吶喊和文化大革命的自我否定，令很多中國人放棄了自身的東西，改而投向西方文明的懷抱。中醫也不例外，它在這段時期被國人遺棄，後來雖被他們拾回部份內容，卻又加進很多西方科學、醫學以圖解釋中醫，發展中醫，以圖令中醫能被西方文明接納。最後，在當時學中醫的人學到的只有部份是真正的中醫內涵，而這些中醫現在卻成為教育和行政的骨幹。這些現象對經歷過文化大革命的他體會尤深；但也不能

怪他們，因為在那個時代的氣氛環境下，大部份人都會覺得否定自身文化，學習外國文化才是先進，合時宜的事。所以他希望人們能夠平心靜氣的停下來，回頭看看歷史長河，看看在那個時代，那些東西是精華，那些是糟粕，再來對中醫下定論也未遲。做學術研究一定需要一個中立的環境，不能被利益、政治等因素干涉，一旦受到干涉，好的壞的不分青紅皂白，不給實踐機會就全都被批死，那麼這門學問如何能發展呢？

### 中醫救了他三次，誰說能醫不自醫？

大家可能認為中醫只可以治慢性病，增加免疫力，美容減肥等，但中醫卻救了李醫師三次性命。第一次便是上文提及的風心病；第二次是七三年的三月，李醫師從二樓跌下，令其中一節脊柱骨折，下肢癱瘓。幸好當時有一位名醫用了正骨手法幫他復位，但下半身整天還是痛，於是他便用他學功夫時學的方藥來醫自己，結果到了四月他就已經可以去爬山了。

第三次是近幾年，李醫師不幸患上非典型肺炎（學醫的朋友應該知道，非典型肺炎並不單是指 SARS，還有很多病原體都會引起又急又重的肺炎）。他一開頭被送到醫院治療，在兩個月期間用上不少類固醇、抗生素，體重由一百多磅跌至七十多磅，肝腎功能衰竭，走路也變得無力，要找東西去挽扶。李醫師心知不妙，便要求出院，自行用中醫醫治。結果一個月多都退不了的高燒已被他在兩劑中藥後退下來，再經過兩個月的調養，李醫師終於康復過來。

### 由 286 時代已經開始的 IT 中醫

當我以為我在 486 時代開始玩電腦已經很了不起時候，李醫師早就在 286 時代（大約在 89 年民運後），已經開始接觸電腦，而且每部電腦都是他自己親身安裝，打字速度也十分快。李醫師在八十年代已經懂得政府現時經常提倡的「持續學習」、「自我增值」，實在令人佩服。

問到李醫師現在為何會成為香港中醫藥論壇 (<http://hk.ktop.com.tw/>) 的總顧問，原來開頭他是無意中發現這個網站；他認為自己是香



港的中醫師，所以便去這個論壇「捧場」，並經常在「我行我素」論壇發表文章。後來在論壇很多人都敬佩他的學術觀點，而李醫師亦以傳揚中華文化和中華醫學為己任，他便擔任了論壇的總顧問。

### 趕尾班車

到了二零零零年，李醫師退休了。當年正值中醫藥管理委員會在八月開始進行中醫註冊申請，李醫師幸好在十二月尾前「趕得切」搭上了尾班車，成功註冊成為表列中醫。至於問到李醫師會否去考執業資格試來成為註冊中醫，李醫師坦言絕對不會，因為他認為不需要為了遷就中醫藥管理委員會的標準來再掏錢包進修。他認為中醫藥管理委員會的管理人仕大多是中西醫思維並舉，缺乏中華文化的人，在委員會內也有些成員不是中醫師；有些成員只學過兩三年中醫，便擔任了管理中醫的角色。試問他們在良莠不齊的中醫業如何能夠正本清源呢？加上在商業掛帥的環境下，要中醫藥管理委員會明白並推動真正中醫的內涵的發展和傳播，是十分困難的。

### 現時教育的誤區

李醫師認為，現時的教育，從小學開始已經有錯誤。雖然每天的新聞報導都有播放國歌，在位者也經常說要弘揚中華文化，但具體上卻欠奉。現時的教育由小學開始已經給了下一代「過時的東西沒有用」這個先入為主的概念。至於中醫教學更是由一班中華文化基底不深、中醫理論根底不紮實的人主導；中醫教材雖是中文寫的，卻包含很多西方思維、西方思

想，而且教材的內容多是論述這些人對中醫理論的理解，斷章取義之處不少，這種情況實在令人憂心。

### 中醫畢業生的含金量

李醫師提及，內地所有中醫院校的畢業生一年約有十萬左右，但是「含金量」（即中醫理論根底紮實，臨床療效好的人）卻是少之又少。不過，經過二零零三年非典型肺炎爆發，中醫在治療這個疫病期間顯出的角色和地位後，人們也開始對中醫教育進行各方面的反思。

### 西醫面前

李醫師曾學習過四年的現代醫學，他治病卻完全依照中醫的辨証論治：「理、法、方、藥」環環相連。但他認為中醫也可吸收西醫的檢查手段，頗有古祖望前輩主張的「望、聞、問、切、查」的意味。

當提及近百多年西醫巨量發展與中醫的停滯時，李醫師還是對中華醫學絲毫不動搖。他認為西醫由開始到現在還是治病，不是治人，西醫的治療原則離不開「舒緩、輔助治療和切除」。李醫師認為它只不過是因為和現代科技「拍得上」才有這近百年的成績，但中醫的整體觀、扶正驅邪等理念和原則，都是從人出發，若有人能夠在中醫理論下應用現代科技於其中，中醫在未來的發展也指日可待。

### 科學中醫

李醫師強調中醫本身是科學的，中華醫學不但注重「理、法、方、藥」之醫學學術的完整性，同時，更注重臨床實踐的重要性；既注重人體宏觀的整體關係，更注重臨床診治的辨証關係。正如國家名老中醫鄧鐵濤所曰：「微觀是科學，宏觀也是科學。」李醫師闡述了中西曆法和天文學的關係，指出在某些範疇，中國古時還比現時的更先進、更科學，所以「過時的東西是沒有用的」這個先入為主的概念，是要揚棄的。惟有我們客觀的看待歷史，勤求古訓，博采眾方，才可窺見中華醫學博大精深的本來面目。

### 讓全世界知道中醫是甚麼—— 中華醫學，中醫的根和源

李醫師不會稱中醫為中醫、中國醫學，或者為傳統醫學，他稱它為「中華醫學」。而且中華醫學三千多年來的發展，都是有系統的。雖然歷史是不斷發展的，但歷史卻不能割裂開來看待；故今日中華醫學的發展，就只能是在繼承前人科學成果基礎上，才能去談發展。中醫自《黃帝內經》開始，已經表現出中華文化的「多元性」，它是中華文化在各方面兼容並蓄的結晶；並因中華醫學是臨床醫學，由於它的實用性和療效，所以它能在現時眾多中華文化失傳的時代能夠保存下來。所以李醫師一而再，再而三的要我們除了用中醫治病救人外，還要弘揚在中醫裏面的中華文化。只有了解到中華文化的全貌，才會明白中醫是甚麼，中醫應該怎樣學。

### 後記

在網上看見李醫師的文章已有不少時間，這一次初時和他見面，一握手，想不到李醫師在退休的年紀時勁力還是這麼好的。我在訪問他前預備了很多題目，但他在訪問時不拘泥於題目，信手拈來，講古講今，講東講西，隨意發揮。到最後我整理訪問內容時，突然發覺原來他已涵蓋了所有我想講述的主題，實在令我十分佩服。

這次輕揚醫話，是我拋出來的引玉之磚，希望能引得到各位對中醫的重新認識、了解。

正是：東門種柳掛玲瓏  
只待青龍揚輕風





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