

# Rocephin

ceftriaxone

Trade Mark

## 24-hour bactericidal power

Once daily  
parenteral cephalosporin

### Highly effective in a broad range of pathogens

*Neisseria meningitidis*  
(human blood agar)



MIC<sub>50</sub>:  $\leq 0.008 \mu\text{g/ml}$   
MIC<sub>90</sub>:  $\leq 0.008 \mu\text{g/ml}$

*Proteus mirabilis*  
(maltose agar)



MIC<sub>50</sub>:  $0.008 \mu\text{g/ml}$   
MIC<sub>90</sub>:  $0.025 \mu\text{g/ml}$

*Salmonella typhimuricum*  
(S.S. agar)



MIC<sub>50</sub>:  $0.007 \mu\text{g/ml}$   
MIC<sub>90</sub>:  $0.125 \mu\text{g/ml}$

*Klebsiella pneumoniae*  
(endo agar)



MIC<sub>50</sub>:  $0.05 \mu\text{g/ml}$   
MIC<sub>90</sub>:  $0.1 \mu\text{g/ml}$

*Escherichia coli*  
(Levine EMB agar)



MIC<sub>50</sub>:  $0.027 \mu\text{g/ml}$   
MIC<sub>90</sub>:  $0.07 \mu\text{g/ml}$

sensitive:  $\leq 8 \mu\text{g/ml}$ ; intermediate:  $16-32 \mu\text{g/ml}$ ; resistant:  $> 32 \mu\text{g/ml}$

#### Reference

1. Data on file,  
F. Hoffmann-La Roche & Co. Limited Company,  
Basle, Switzerland.



Full details on composition,  
indications, contraindications,  
side effects, dosage and precautions  
are available on request.

Roche Pharmaceuticals and Chemicals Ltd.  
P. O. Box 98593, Tsim Sha Tsui Post Office, Hong Kong.

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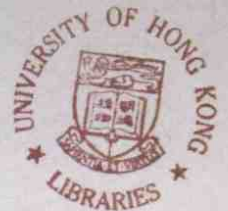
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# 序

跟「杏雨」糾纏不清的關係已維持了多年，它遲遲未能出版，多少和本人吊兒郎當、優柔寡斷的性格有關。幸得多位同僚的協助，今天「杏雨」終能呱呱墮地、笑面迎人，本人亦深表安慰！

這本「杏雨」記載了醫學院於八八及八九兩年內舉行的大小活動，跟以往年刊的形式有所分別；編委希望能藉此改變「杏雨」多年來延遲出版的作風。

外科學系一向是醫學生最感到好奇的專科——外科學系探索將會告訴你外科醫生和屠夫的分別。

常常聽到人說醫學生只懂唸書，不談政治，不理國是；那麼醫學生對六四學運的看法又如何呢？學運點滴會給大家一點兒線索。

最後，想藉此機會向曾經為出版「杏雨」而出力的同學致謝，令「杏雨」平添不少姿彩。謝謝！

總編輯  
陳藝賢

九一年三月

# Message From Our Dean

In my last year of a two three-year terms of Deanship, I would like to reflect with you upon some of the issues of the Faculty that we have tackled, and many of the problems and issues that continue to face us, as students, teachers, and health-care providers for the community of Hong Kong.

The first term came and went with unbelievable rapidity. Much of the pre-occupation was to mount a celebration for the Centenary of the Faculty. With the co-operation and support of the students, Faculty members, our fraternity of past graduates, both local and overseas, members of the community who in one way or another have been benefactors of our Faculty, the celebrations were undoubtedly a success. However many issues within the Faculty remain unsatisfactory for an institution of 100 years standing. Also, many issues in the medical scene, to some extent outside of the Faculty, although not unrelated to it, have arisen and need urgent attention and solution.

Within the Faculty, undergraduate teaching must be the primary concern. After all, when the College of Medicine for Chinese was formed in 1887, the sole purpose at that time was to train local people to an international standard of western type of medical practice. In 1991, the Faculty has many other functions, but must not forget this very important task of undergraduate teaching. With the explosion of medical and scientific knowledge, the biggest problem facing most medical schools now is how to structure the undergraduate curriculum so that its graduating doctors will have a sound basic framework of knowledge for medical practice in the future, realizing that many, if not all, will need further specialist training. A major curriculum review was undertaken and completed in February, 1986. Despite that, and realizing the rapidly changing requirements in the type of teaching methodology, proportion of time allotted to different disciplines, as well as the need to evaluate the present mode of assessment of student performance, mainly by degree examinations, another major review has already gone under way some six months ago.

Several aspects of the undergraduate curriculum have been taught mainly by part-time teachers, and this remains largely unsatisfactory. Apart from the availability of part-time teachers, and the willingness to contribute, there is a question of controlling the quality of such programs. Without the establishment of University departments with full-time teachers, little in the way of advancement and innovation can be expected. Such weaknesses have been identified by the General Medical Council of Britain some years ago, and under heavy pressure from it, the UPGC finally funded the establishment of some academic posts. At the time the Faculty accepted such new establishments with reluctance, realizing that they were inadequate, but was better than nothing. The four important disciplines of Anaesthesiology, Diagnostic Radiology, General Practice, and Radiation Oncology, have obviously benefitted from the appointment of full-time teachers, but have also necessitated the creation of three "mini" two-men departments of Anaesthesiology, Diagnostic Radiology, and Radiation Oncology. The jurisdiction of the Heads of these Departments over their respective clinical services in the main teaching hospital has remained in jeopardy, and has to-date remained an issue of negotiations with the authorities. This situation has had a profound adverse effect on recruitment of staff into these disciplines. It is even more ironical that our sister institution, of only ten years' standing has full-sized departments of all the disciplines aforementioned.

A faculty of such maturity needs to expand into areas other than undergraduate education. Indeed research and postgraduate vocational training have been practised, and flourishing for thirty odd years. Nevertheless, a more concentrated and organized effort is needed. To that end, the Faculty debated and decided on pursuing three research institutes, viz Institute of Cancer Research, Institute of Molecular Biology, and Institute of Neurosciences. Support was forthcoming from the UPGC only for the Institute of Molecular Biology, which the Faculty started, and is now on a relatively firm footing. In line with University thinking, the Faculty has agreed that the Institute is presently at a stage where it can become a University-wide concern.

The Faculty has been offering postgraduate vocational training to many of its graduates, largely on a departmental and ad hoc basis. That this has been a successful undertaking is reflected by the high percentage of pass rate of its trainees in the various Royal Colleges examinations overseas. However, the Faculty realises that the time has come for structured and organized vocational training for the whole of Hong Kong, and this must be reflected also within the Faculty. To this end, it has proposed the establishment of a re-structured Postgraduate Medical School to take the place of the existing Postgraduate Medical Education Unit. Although supported by the UPGC in principal, no significant funding has been allocated, until recently when there is a small amount of resources given, giving a ray of hope.

As I have mentioned earlier, many "external" happenings in the medical scene throughout Hong Kong have, and will in the future, affect our Faculty. The establishment of the long-awaited Hospital Authority is generally welcomed. But has also brought uncertainties and difficulties. Uncertainties arise at least in the following areas. Firstly, the expected date of taking over of control of public hospitals by the Hospital Authority, and particularly the main hospital used for teaching by this Faculty remains unknown. The timing is important, and there is strong feeling among all our staff that the earlier the take over the better, and Queen Mary Hospital must be amongst the first batch. Secondly, the question of funding pattern in future. It is generally accepted worldwide that "teaching hospitals" should generally be more favourably funded than hospitals which perform no or only a small amount of teaching. The reasons are not difficult to understand. "Teaching hospitals" tend to treat patients with complex problems on secondary or tertiary referral; and should be the institutions engaged in research into the frontiers of medical science and technology. However, with the unique funding concepts in Hong Kong, of teaching and research being funded by the UPGC, and service for patient-care funded by the Hospital Services Department in the past, the HA might well adopt a similar stand. This will be very much regretted, for clinical research (including the requirement of sophisticated equipment, instruments, and implants, and other consumables) are really part of patient-care. Thirdly, the Hospital Authority is committed to a concept of each specialty discipline in a hospital having a number of consultants, with one of them being appointed as Chief of Service. Whilst this concept is to be welcomed, in Queen Mary Hospital the HSD has so far ruled out the appointment of consultants in units headed by University teachers. In addition, whether (in a teaching hospital) the Chief of Service should be a University teacher, except in rare circumstances, is still not resolve.

Difficulties for the Faculty have also arisen with the establishment of the Hospital Authority. The main problem is that of the employment terms for HA doctors, which is perceived by our University clinical teachers to be much more favourable to their existing benefits. This has resulted in marked agitation among our clinical staff, especially at the Lecturer level. Over the past two or three years, there is firm evidence that recruitment has become more difficult, and wastage and vacancy rates are mounting.

An exciting development is the Government's commitment to the formation of a statutory Academy of Medicine. The Preparatory Committee is very near to completing its work, and hopefully the Academy can be formed before the end of 1991. For the first time, Government has formally accepted responsibility for structured postgraduate vocational training in the broad field of medicine. By sheer coincidence, a large majority of the members of the Preparatory Committee, nominated by the various specialty learned societies and colleges, comes from senior staff of this Faculty. With its past experience in postgraduate vocational training, and the restructured Postgraduate Medical School, our Faculty is poised to slot into and complement the future work of the Academy.

I can go into many more areas, such as measures needed to be adopted by the University to recruit and retain high-quality academic staff in this Faculty in the near or distant future, given the political uncertainty in 1997 provoking a brain drain. These include fractional appointments, limited consultative rights of private practice, etc. Time and space do not permit me to dwell too long. However, there is one outstanding problem that the Faculty faces, and that is the recognition of our M.B.,B.S. degrees for full registration with the General Medical Council of Britain. This has recently been brought up by the Council itself, not only for Hong Kong, but for all other Commonwealth countries with reciprocal arrangements that are presently effective. The Faculty will obviously pursue the same linkage for as long a period as possible.

I would like to conclude by saying that it has been a pleasure serving as Dean of the Faculty for six years, to be able to partake in many of the decisions of the Faculty, including and especially those related to undergraduate teaching. It is a most welcoming sign that our medical students are becoming increasingly vocal about their expectation of the undergraduate curriculum, about the postgraduate medical scene, and about health-care provision and delivery to the community of Hong Kong at large.



A handwritten signature in black ink, appearing to read 'John C. Y. Leong'. The signature is stylized and written in a cursive-like font.

Professor John C. Y. Leong  
Dean, Faculty of Medicine  
December, 1990

# Message From Our President



It is never an easy task to reflect on the past and write on one's thoughts. Nevertheless I would pretend to be a wise man and share with you some of the joy and frustrations during my term as President of the medical Society 1988-1989.

I was indeed impressed by the determination of the officials to improve the running of the Society affairs. Their dedication and commitment often meant that hours of their valuable time were spent on committee meetings. I was equally struck by the fact that in these times of rapidly changing events the majority of medical students remained silent and inactive. Being involved in running the affairs of the Society would provide a good chance to get acquainted with the procedures essential to the democratic invaluable in addition to their medical knowledge.

I realized that the various committee members had spent many a long night agonising on the difficulty of organising successful functions. Owing to constitutional constraints, too much time was spent in observing the procedure of the meeting and unless improved I am sure many who were genuinely interested in the affairs of the Society would prefer to shun its boredom.

Lastly I would like to thank all members of the Medical Society for having given me the pleasure and honour to work with you. I wish everyone success in the future and would leave you with a Chinese motto, which translated into English, reads "Strive with determination, live with a clear conscience".

勵志有恆

問心無愧

DR. M. K. CHAN

**(87-88)**



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# 1988-89

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## Bachelor of Medicine and Bachelor of Surgery

### *1988*

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1989

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Mr. Lam Wai Sun 林渭新  
Mr. Lam Yiu Mo 林耀武  
Miss Lau Ien Ien, Cheryl 劉欣欣  
Mr. Lau Ka Ho 劉家豪  
Mr. Lau Man Yam 劉文欽  
Mr. Lee Fu Tat 李富達  
Miss Lee Lai Fong 李麗芳  
Miss Lee Sau Nin, Sonia 李秀年  
Mr. Lee Yau Wai, Johnson 李有維  
Mr. Leung Ka Li, Frankie 梁加利  
Mr. Leung Ling Pong 梁令邦  
Mr. Leung Wing Cheong 梁永昌  
Mr. Leung Yiu Lam, Simon 梁耀霖  
Mr. Li Fu Keung 李富強  
Mr. Li Siu Lung, Steven 李少隆  
Mr. Li, Wilson 李威儀  
Miss Liu Man Kuen, Ivy 廖文娟 (Distinctions  
in Behavioural Sciences, Pathology, and  
Obstetrics & Gynaecology)  
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Mr. Lo Che Yuen 羅志源  
Miss Lok Yee Ha 駱綺霞  
Mr. Lui Wai Man 呂偉文  
Mr. Luk Ka Hay, James 陸嘉熙

- Mr. Ma Chee Kin, Peter 馬子健  
Miss Ma Ching Yee 馬靜怡  
Miss Ma Ying Hing 馬映卿  
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Mr. Ng Chi Cheung, Henry 吳志翔  
Miss Ng Fai Ngo, Cherry 吳輝娥  
Mr. Ng Hung Kwong, Tommy 吳洪光  
Miss Ng Ka Man, Carmen 吳嘉敏  
Miss Or Siu Fong 柯少芳  
Mr. Pak Chi Shing 白志誠  
Mr. Pang Kai Yuen 彭佳源  
Mr. Poon Tung Ping, Ronnie 潘冬平  
(Distinctions in Anatomy, Community  
Medicine, Pathology, and Medicine)  
Mr. Sng Kwong Peng 孫廣平  
Mr. Sum Tak Keung 岑德強  
Mr. Szeto Lok Tin 司徒樂天  
Mr. Szeto Shek, Petrus 司徒石  
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Mr. Tang Hon Lok 鄧漢樂  
Mr. Tang Kwok Wai, Anthony 鄧國偉  
Miss Tang Oi Shan 鄧靄珊 (Distinction in  
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Mr. Tang Wai Tak, Henry 鄧偉德  
Mr. Ting Chi Wai, Albert 丁志偉 (Distinction  
in Surgery)  
Miss Ting Yuen Ha 丁婉霞  
Mr. Tong Bing Chung 湯秉忠  
Miss Tong Nga Wing, Grace 唐雅穎  
Mr. Tsang Hin Hung 曾憲雄  
Miss Tsang Sik Hang, Shirley 曾式恆  
Mr. Tse Chi Wai 謝志偉  
Mr. Tse Chun Wah 謝振華  
Mr. Tse Man Kit, Gary 謝文杰 (Distinction in  
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Mr. Tse Sik Kee 謝錫基  
Mr. Tsui Kin Lam 徐健霖  
Miss Tsui Oi Wah, Amy 徐愛華  
Mr. Tung Hiu Ming 董曉明 (Distinction in  
Surgery)  
Mr. Wong Bit Lock 黃必樂  
Mr. Wong Chi Ming 王志明  
Mr. Wong Chun Yu 王振宇  
Mr. Wong Chung Lak 王忠力  
Miss Wong Fung Ling 黃鳳玲  
Mr. Wong Kim Ping, Rex 黃劍平  
Mr. Wong Kin Tak 黃健德  
Mr. Wong Tak Wai 黃德偉  
Mr. Wong Tsz Kau 黃子球  
Mr. Wong Wai Hong 黃惠康  
Miss Wong Wan Nar, Margaret 王韻娜  
Mr. Wong Yat Wa 黃一華  
Mr. Wong Yiu Chung 王耀忠  
Mr. Wu Shun Ping 胡信平 (Distinctions in  
Behavioural Sciences, Physiology, Pathology  
and Microbiology)  
Mr. Wu Yee Ming 吳義銘 (Distinction in  
Obstetrics & Gynaecology)  
Miss Yam Ka Ling 任嘉玲  
Mr. Yan Choi Man 忻財敏  
Miss Yap Hiu Yi 葉曉怡 (Distinction in  
Pathology)  
Mr. Yee Yuk Kei 余煜基  
Mr. Yip Kim Kwong 葉劍光  
Miss Yip Pui Wah, Lesley 葉佩華  
Mr. Yiu Siu Fung 姚少峰  
Miss Yiu Yuk Kwan 姚玉筠  
Mr. Yong Kong Fan 楊江帆  
Mr. Yung Chun Yu 容震宇

# PRIZE-WINNERS

## 1987-88

JOHN ANDERSON GOLD MEDAL

*Theresa LEUNG Ngan Ho*

PROXIME ACCESSIT

*MA Ming Wai*

CHAN KAI MING PRIZE

*Ida MAH Soo Fan*

DIGBY MEMORIAL MEDAL

*Maureen WONG Mo Lin*

THE NESTA & JOHN GRAY MEDAL IN  
SURGERY

*Maureen WONG Mo Lin*

GORDON KING PRIZE IN O & G

*LEE King Chung*

R.M. GIBSON GOLD MEDAL IN  
PAEDIATRICS

*MA Tze Yuen*

MUN GOLD MEDAL IN PSYCHIATRY

*TSANG Yick Woon*

HO KAM TONG PRIZE IN  
COMMUNITY MEDICINE

*Ronnie POON Tung Ping*

SOCIETY OF COMMUNITY MEDICINE  
PRIZE (shared)

*CHAN Yik Ming, CHANG Shyh  
Jye, CHAU Tai Nin, CHENG  
Che Chung, CHENG Kam Chau,  
CHENG Kit Wing, Kimberley  
CHENG Sau Yi, CHEUNG Chun  
Ming, Michael CHEUNG Ho Yin,  
CHEUNG Hon Ming, Wendy  
CHEUNG Hor Yee, CHEUNG Ka  
Kin, CHEUNG Yiu Fai, Elaine  
CHEUNG Yun Ning*

HONG KONG COLLEGE OF GENERAL  
PRACTITIONERS PRIZE (shared)

*CHAN Yik Ming, CHANG Shyh  
Jye, CHAU Tai Nin, CHENG  
Che Chung, CHENG Kam Chau,  
CHENG Kit Wing, Kimberley  
CHENG Sau Yi, CHEUNG Chun  
Ming, Michael CHEUNG Ho Yin,  
CHEUNG Hon Ming, Wendy  
CHEUNG Hor Yee, CHEUNG Ka  
Kin, CHEUNG Yiu Fai, Elaine  
CHEUNG Yun Ning*





**BELILIOS MEDICAL PRIZE**

Janice LO Yee Chi  
TSE Hung Fat  
WONG Sai Yin

**C.P. FONG GOLD MEDAL IN  
PATHOLOGY**

Janice LO Yee Chi

**MUN GOLD MEDAL**

YIP Kim Kwong

**LI SHU FAN MEDICAL FOUNDATION  
PRIZE IN PHARMACOLOGY**

WONG Sai Yin

**HK PATHOLOGY SOCIETY PRIZE**

CHUI Wing Hung

**HO FOOK PRIZE**

AU Wing Yan

**JANET McCLURE KILBORN PRIZE  
IN PHYSIOLOGY**

Selina CHAN Kit Yan

**JANET McCLURE KILBORN PRIZE  
IN BIOCHEMISTRY**

Selina CHAN Kit Yan  
Myint MA Wai Wai

**NG LI HING PRIZE IN ANATOMY**

AU Wing Yan

**H.C. LIU PRIZES IN ANATOMY  
RUNNER-UP**

AU Wing Yan  
CHEUNG Chi Wai

**W.D. LOW PRIZES IN ANATOMY  
RUNNER-UP**

AU Wing Yan  
CHAN Po Tak

**LI SHU FAN MEDICAL FOUNDATION  
PRIZE IN BIOCHEMISTRY**

AU Wing Yan

**LI SHU FAN MEDICAL FOUNDATION  
PRIZE IN PHYSIOLOGY**

WONG Wai Man, Raymond

**YUAN AI-TI GOLD MEDAL IN  
BEHAVIOURAL SCIENCES**

AU Wing Yan

**3M HK PRIZES**

AU Wing Yan  
WONG Wai Man, Raymond  
CHAN Po Tak

**BELILIOS MEDICAL PRIZE**

CHAN Chi Kin



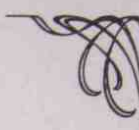
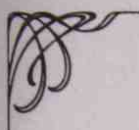


# 1988-89



SIR PATRICK MANSON GOLD MEDAL	LAU Chu Pak
JOHN ANDERSON GOLD MEDAL	Ronnie POON Tung Ping
PROXIME ACCESSIT	TANG Oi Shan
CHAN KAI MING PRIZE	TANG Oi Shan
DIGBY MEMORIAL GOLD MEDAL IN SURGERY	Albert TING Chi Wai
THE NESTA & JOHN GRAY MEDAL IN SURGERY	Albert TING Chi Wai
GORDON KING PRIZE IN O & G	TANG Oi Shan WU Yee Ming
R.M. GIBSON GOLD MEDAL IN PAEDIATRICS	TANG Oi Shan
HO KAM TONG PRIZE IN COMMUNITY MEDICINE	TANG Wai Man
SOCIETY OF COMMUNITY MEDICINE PRIZE (shared)	TSE Hung Fat, TSUI Chung Kan, TSUI Ka Fai, WANG Ki, Bernard WONG Bun Lap, WONG Chi Tat, WONG Chun Yu, WONG Ka Chun, WONG Kei Kwong, WONG Sai Yin, WONG Siu Yin
HONG KONG COLLEGE OF GENERAL PRACTITIONERS PRIZE (shared)	Antonio CHUH An Tung, FAN Yuen Man, Gardian FONG Chung Yan, Kenneth FONG Ki Kin, FUNG Kwok Shan, Bennet FUNG Yiu Tong, HO Kam Wai, HO Man Hon, Eric HO Wai Woon, Edmond CHUNG Kin Nam, Kenneth HO Wai Yip, HUI Sze Ki





**BELILIOS MEDICAL PRIZE**

*CHEUNG Yiu Fai (3rd Year)*

**C.P. FONG GOLD MEDAL IN  
PATHOLOGY**

*CHEUNG Yiu Fai*

**C.T. HUANG GOLD MEDAL IN  
MICROBIOLOGY**

*CHEUNG Yiu Fai*

**LI SHU FAN MEDICAL FOUNDATION  
PRIZE IN PHARMACOLOGY**

*CHEUNG Yiu Fai*

**HK PATHOLOGY SOCIETY PRIZE**

*LEUNG Siu Kau*

**HO FOOK PRIZE**

*YEUNG Yuk Pang*

**JANET McCLURE KILBORN PRIZE  
RUNNER-UP**

*Josephine NG Wai Man  
Janice LO Yee Chi*

**NG LI HING PRIZE IN ANATOMY**

*YEUNG Yuk Pang*

**H.C. LIU PRIZES IN ANATOMY**

*LEE Kwok Wai  
WONG Sai Yin*

**W.D. LOW PRIZES IN ANATOMY  
RUNNERS-UP**

*YEUNG Yuk Pang  
HUNG Wai Ka  
KWOK On Hing*

**LI SHU FAN MEDICAL FOUNDATION  
PRIZE IN BIOCHEMISTRY**

*YEUNG Yuk Pang*

**LI SHU FAN MEDICAL FOUNDATION  
PRIZE IN PHYSIOLOGY**

*WONG Sai Yin*

**YUAN AI-TI GOLD MEDAL IN  
BEHAVIOURAL SCIENCES**

*NG Wai Kuen*

**3M FAR EAST PRIZES**

*CHANG Kai On  
WONG Sai Yin  
YEUNG Yuk Pang*

**BELILIOS MEDICAL PRIZE**

*FUNG Kam Shing (1st Year)*

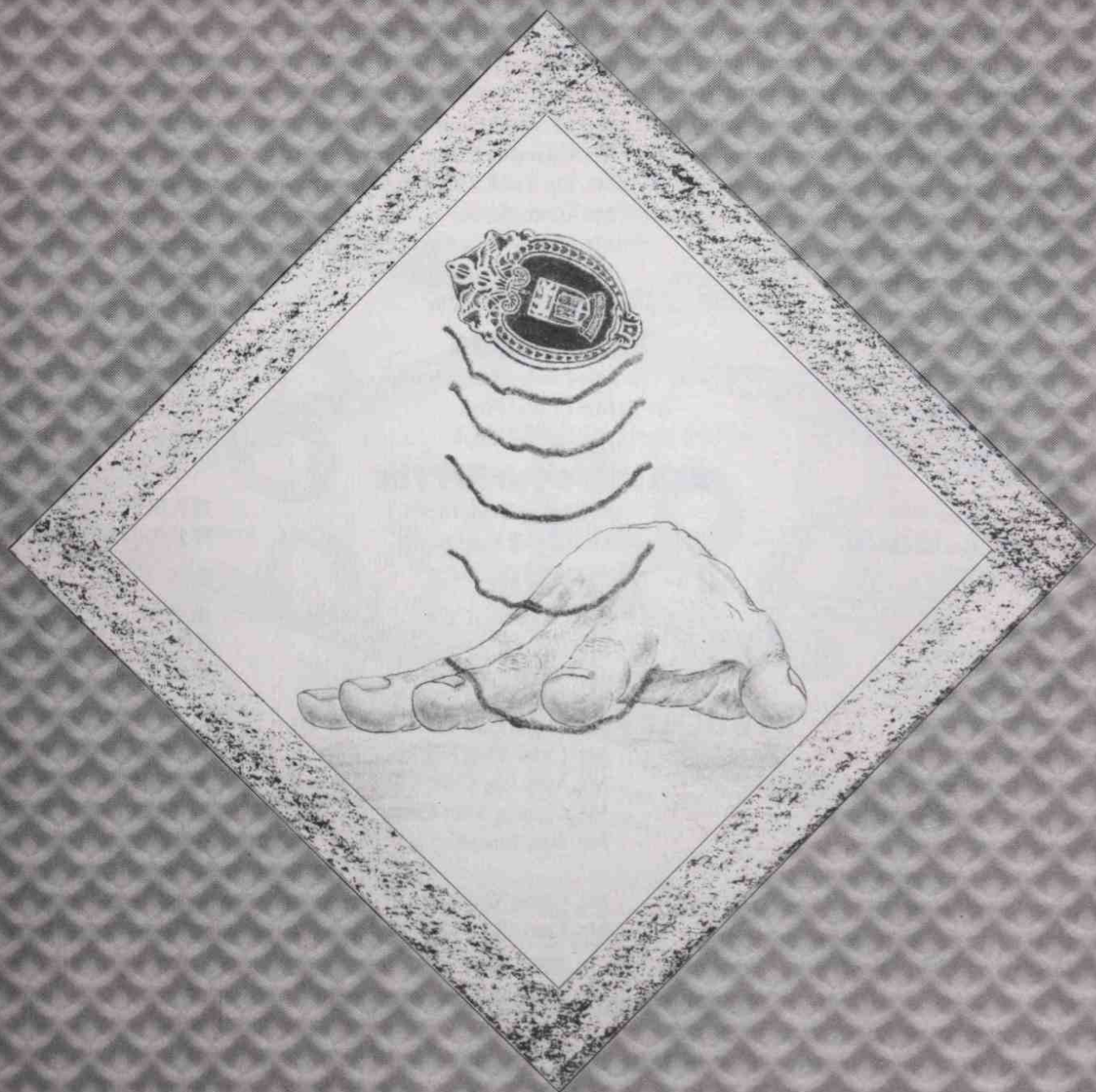
**DR. MARY HUI LING LI MEMORIAL  
PRIZE**

*Dr. Annie CHEUNG Nga Yin*



# THE SOCIETY

醫學會



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Honorary Treasurer  
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Ex-Chairman

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Dr. D.K. Luk  
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Ms. Chen Hong  
Mr. Cheung Wing Yung

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陳文岩教授  
陸庭驥醫生  
陳應城博士  
馮建華醫生  
陳虹 (M'92)  
張永融 (M'89)

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External Vice-Chairman  
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External General Secretary  
Welfare Secretary  
Social Secretary  
Sports Secretary  
Sports Captain  
Current Affairs Secretary  
Financial Secretary

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Mr. Wong Bun Lap, Bernard  
Mr. Wong Ka Chun  
Ms. Lam Tse Fun, Cathy  
Mr. Chow Siu Lun  
Ms. Cheng Sze Ting, Stella  
Ms. Ho Tze Kwan, Carmen  
Ms. Chim, Stella  
Mr. Wong Wing Shun, Albert  
Ms. Wong King Ying  
Mr. Chan Ngai Yin

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黃品立 (M'91)  
黃家進 (M'91)  
林紫芬 (M'92)  
鄒兆麟 (M'92)  
鄭思婷 (M'92)  
何紫筠 (M'92)  
詹愷怡 (M'92)  
黃穎信 (M'92)  
黃琮英 (M'92)  
陳藝賢 (M'92)

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General Editors

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Mr. Li Wai Hon  
Mr. Lai Sai Chak

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李偉漢 (M'91)  
賴世澤 (M'91)

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Assistant Health Officer

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Mr. Chang Kai On

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鄭啟安 (M'91)

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General Manager  
Financial Manager

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Mr. Lau Ying Yu  
Mr. Yim Tak Man

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劉應裕 (M'92)  
嚴德文 (M'92)

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Mr. Hui, Joseph

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張月秋 (M'92)  
許念忠 (M'92)

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Library Committee  
Faculty Review Committee

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Mr. Lam Chun Lit

程偉權 (M'91)  
林振烈 (M'91)

## CLASS REPRESENTATIVES

Final Year (M'88)  
Fourth Year (M'89)  
Third Year (M'90)  
  
Second Year (M'91)  
  
First Year (M'92)

—  
—  
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Mr. Wong Yue Ming  
Mr. Chan Ying Kei  
Mr. Chua Kien Han  
Mr. Ho Wai Shing  
Ms. Shu Yuk Wah

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—  
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黃裕明  
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蔡敬翰  
何偉成  
徐玉華

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陳應城博士  
曲廣運醫生  
伍秀賢 (M'93)  
嚴勵良 (M'90)

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**Sports Secretary**  
**Sports Captain**  
**Current Affairs Secretary**  
**Financial Secretary**

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Mr. Yeung Wai Man, Raymond  
Ms. Liu Ka Yee, Stephenie  
Ms. Mo Siu Chee, Liza  
Mr. Li, Anthony  
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Mr. Tsang Hing Lim, Kenneth

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—————  
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鄭佩君 (M'93)  
楊偉民 (M'93)  
廖嘉怡 (M'93)  
巫少慈 (M'93)  
李志毅 (M'93)  
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曾慶康 (M'93)

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湯嘉恒 (M'92)

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**Assistant Health Officer**

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Mr. Fong Wing Chi

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方榮志 (M'93)

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**General Manager**  
**Financial Manager**

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**Faculty Board**  
  
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**Loan Funds**  
**Library Committee**  
**Faculty Review Committee**

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Mr. Tang Chi Wai, Sydney  
Mr. Tse Wai Choi  
Mr. Lau Kar Wai

黃琮英 (M'92)  
鄧智偉 (M'91)  
謝偉財 (M'93)  
劉家偉 (M'93)

Mr. Ching Wai Kuen  
Mr. Tang Chi Wai, Sydney  
Mr. Yim Lai Leung  
Mr. Chan Ying Kei

程偉權 (M'91)  
鄧智偉 (M'91)  
嚴勵良 (M'90)  
陳英琪 (M'91)

## CLASS REPRESENTATIVES

**Final Year (M'89)**  
**Fourth Year (M'90)**  
**Third Year (M'91)**  
  
**Second Year (M'92)**  
  
**First Year (M'93)**  
**\* Resigned**

—————  
Mr. Tang Wai Man  
Mr. Fung Yiu Tong, Bennet \*  
Mr. Poon King Yue \*  
Ms. Wong King Ying  
Mr. Wong Tin Yau, Andrew \*  
Ms. Loong, Florence \*  
Mr. Pang Siu Kai, Peter

—————  
鄧偉文  
馮耀棠  
潘敬宇  
黃琮英  
黃天祐  
龍杏林  
彭兆楷

Medical Society, H K U S U  
Financial Report (Dec 1 1987-Nov 15 1988)

1. <u>Distribution of assets</u>	<u>Dec 1 1987</u>	<u>Nov 15 1988</u>	
	\$	\$	
A. Central Fund			
1. Current A/C 001	12,851.81	9,759.66	
2. Saving A/C 002-1-190657	6,705.35	11,094.15	
3. Cash	6,563.40	9,720.50	
B. Contingency Fund 002-1-179551	63,824.45	24,602.10	
C. Stock			
1. 003	13,623.83	7,983.73	
2. goods	23,709.65	30,376.05	
3. soft drinks	2,181.20	2,210.50	
4. cash	147.90	873.50	
D. Debtors			
1. O'Camp 86	3,445.75	3,445.75	
2. O'Camp 87	2,562.20	2,562.20	
3. O'Camp 88	/	7,950.00	
4. Health Exhibition 87	10,686.65	/	
5. Health Exhibition 88	/	32,801.65	
6. F A C	/	165.40	
	146,302.19	143,445.19	
2. <u>Total Income</u>	<u>Budget</u>	<u>Amount Received</u>	<u>Outstanding</u>
	\$	\$	\$
1. Medic 93 subscription	22,500.00	20,550.00	1,950.00
2. Gala Premiere 88	69,206.80	28,166.20	/
3. Interest	1,000.00	1,165.30	/
4. Stock, soft drinks & snacks	6,000.00	6,756.20	/
	98,706.80	56,637.70	1,950.00
3. <u>Total Expenditure</u>	<u>Budget</u>	<u>Amount</u>	<u>Outstanding</u>
	\$	\$	\$
1. Internal Affairs	12,685.00	5,531.00	7,100.00
2. External Affairs	3,300.00	3,378.60	/
3. Welfare	6,150.00	5,681.00	/
4. Social Activites	8,831.80	8,921.40	/
5. Sports	8,250.00	6,285.50	/
6. Current Affairs	1,450.00	1,513.00	/
7. Caduceus 88	31,900.00	18,609.40	12,302.10
8. Elixir 87	11,100.00	/	11,100.00
9. Elixir 88	1,500.00	1,500.00	/
10. Health Committee 88	4,310.00	4,310.00	/
11. Council	4,430.00	1,764.80	2,691.40
12. Elixir Loan Fund	1,000.00	1,000.00	/
13. Contingency Fund	1,000.00	1,000.00	/
14. Project Fund	1,800.00	/	1,100.00
15. Travel Fund	1,000.00	/	/
	98,706.80	59,494.70	34,293.50

Balance 1  
=decrease in assets  
=146,302.19-143,445.19  
=2,857.00

Balance 2  
=Total Expenditure-Total Income  
=59,494.70-56,637.70  
=2,857.00

Prepared by  
CHAN NGAI YIN  
Financial Secretary 87-88

Audited by  
CHING WAI KUEN  
Financial Secretary 86-87

Medical Society H K U S U  
Financial Report ( Nov 15 1988 - Nov 10 1989 )

1. <u>Distribution of assets</u>	<u>Nov 15 1988</u>	<u>Nov 10 1989</u>	
	\$	\$	
A. Central Fund			
1. Current A/C 001	9,759.66	8,477.90	
2. Current A/C 003	7,983.73	35,965.08	
3. Saving A/C 002-1-190657	11,094.15	11,537.90	
4. Cash	10,594.00	4,123.00	
B. Contingency Fund			
1. 002-1-179551	24,602.10	25,586.20	
C. Stock			
1. Goods	30,376.05	9,600.07	
2. Soft Drinks	2,210.50	1,074.90	
D. Debtors			
1. O'Camp 86	3,445.75	/	
2. O'Camp 87	2,562.20	2,562.20	
3. O'Camp 88	7,950.00	2,950.00	
4. Health Exhibition 88	32,801.65	/	
5. F A C	165.40	/	
	143,445.19	101,877.25	
2. <u>Total Income</u>	<u>Budget</u>	<u>Amount Received</u>	<u>Outstanding</u>
	\$	\$	\$
1. Medic 94 subscription	22,500.00	/	22,500.00
2. Gala Premiere 89	52,337.00	29,623.86	/
3. Interest	500.00	1,213.60	/
4. Stocks, soft drinks & snacks	6,000.00	10,310.20	/
	81,337.00	41,147.66	22,500.00
3. <u>Total Expenditure</u>	<u>Budget</u>	<u>Amount</u>	<u>Outstanding</u>
	\$	\$	\$
1. Internal Affairs	11,100.00	4,654.70	7,000.00
2. External Affairs	3,000.00	3,610.00	/
3. Welfare	3,242.00	3,398.90	/
4. Social Activities	3,415.00	5,162.50	/
5. Sports	5,000.00	3,217.50	/
6. Caduceus 89	25,500.00	31,258.00	(6,400.00)
7. Elixir 87	11,100.00	31,339.80	(9,800.00)
8. Elixir 88	10,000.00	/	10,000.00
9. Elixir 89	1,500.00	/	1,500.00
10. Health Committee 89	2,580.00	951.90	/
11. Council	3,000.00	1,722.00	/
12. Elixir Loan Fund	1,000.00	/	1,000.00
13. Contingency Fund	1,000.00	/	1,000.00
	81,337.00	82,715.60	4,300.00

Balance 1  
=decrease in assets  
=143,445.19-101,877.25  
=41,567.94

Balance 2  
=Total Expenditure-Total Income  
=82,715.60-41,147.66  
=41,567.94

Prepared by  
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# 評 議 會 主 席

鄧國偉



回顧過去一年，評議會總算能發揮對各學會活動的諮詢及監察工作，然而，仍有很多地方可以改善。記得上任之初看到以往評議會的問題，包括開會時有議員遲到早退，法定人數不足的困擾，與一般同學的溝通不足，有人嫌開會時間太冗長，亦有人批評討論氣氛不够熱烈……這種種問題，是否“老生常談”呢？

無可否認，可能由於部份同學之所以出任評議員之職，只因他的職位在憲法上規定為評議會的一份子，他本人對議事論事興趣不大；亦有同學真的由於重要私事，身體不適，又或是開會時間實在太多（比如下午五時半至凌晨一時），不論那個原因，開會時遲到、早退或無故缺席之事，卻不是罕見。曾經有由於開會人數少於法定的人數以致流會，要治本的話，則需要改變評議會的架構及成員的產生方法，如所有評議員都是經直接選舉產生而專為評議會工作，及加強評議員的責任感。但評議會不能一兩屆之間可以完全改變。當前可做的是嚴格執行計算各評議員的出席率及每次出席會議的時間的比率，若低於指定比率便當缺席論，而連續三次缺席又沒有合理解釋或書面事先通知評議會的話，該同學有可能遭評議會用動議譴責。去年執行起來，的確令同學有所警惕，令出席率有所改善。

總算能  
監察工  
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遲到早  
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因他的  
的一份  
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多（  
，不  
退或  
曾經  
數以  
改變  
方法，  
產生  
議員  
屆之  
是嚴  
及每  
低於  
三次  
先通  
遭評  
來，  
率有

法定人數的問題，以往法定人數是根據職位數目來決定，沒有彈性，如遇上某些職位没人出任（如班代表、幹事），再加上教職員醫生出任的會長，副會長，名譽司庫及附屬會員代表的偏低出席率，令開會時是否有足夠人數上出現不少壓力。因此，去年修改了會議常規，改以當年有人出任的職位才計算法定人數。

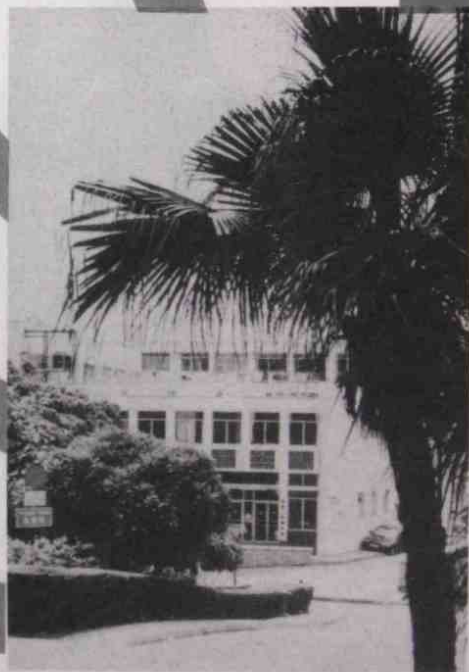
在討論氣氛方面，通常會看到在某個議題上，都只有幾名評議員發言，而在整個會議中，只有幾名同學特別熱衷的去發言問題，去年就曾經在重要問題上，要求每名評議員都要給予意見（即“橫柏發言”）。問題是一些評議員在被迫開金口之情況下，只草草幾句，卻令總開會時間增加了，因此不常使用這方法。若能使同學在開會前掌握議程內容，及由主席引導同學解答及提出問題，亦是可行方法。

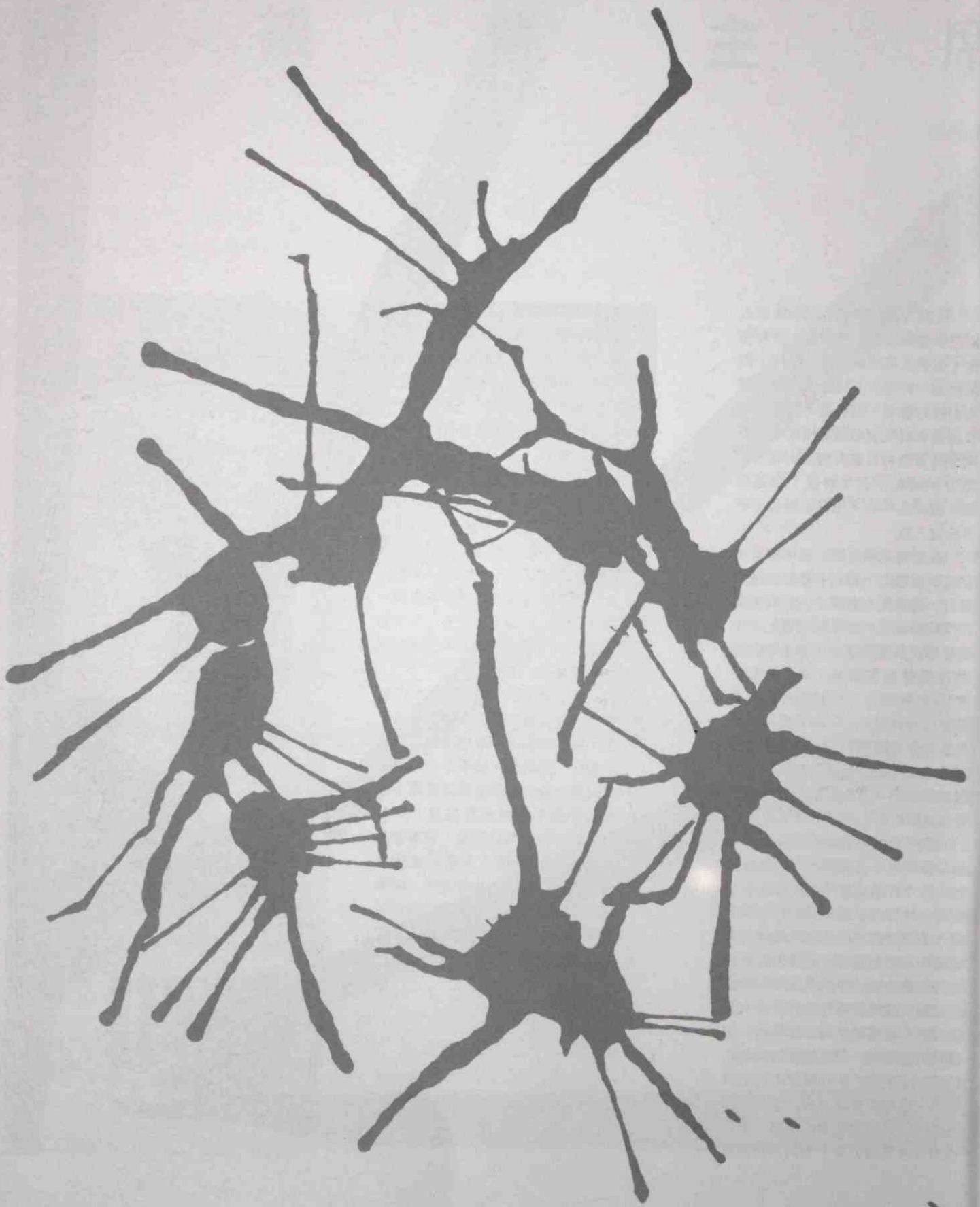
在開會的時間長短問題上，相信是魚與熊掌之選擇。一個會議過長，會令評議員疲勞而影響效率，亦有由於有人早退而產生的不夠法定人數等問題。但是若只顧減少會議時間而限制發言，則會失去評議會的諮詢功能。學生組織有別於政治組織，我們沒有專業的文書人員及行政人員協助草擬工作細則，交議員討論通過。學生組織的成員往往是年年更換，工作經驗不足是個弱點，因此在會議上容許多次發言發問，才可作出一個較為穩健及包括多方意見的方案。如何在時間及

討論的詳細程度上作出平衡，是評議會主席的考驗。有人提議進行備會，即在正式會議前預備好會議的文件，討論修改，而在正式的會議上只須作通過的程序。去年並未有實行備會，而詳細的考慮要留待來屆的同學。

在對同學溝通的問題上，去年便以大字報形式，把開評議會的日期，地點，時間，議程，向同學預告，歡迎旁聽，亦嘗試把開會結果以總結的形式向同學報告。文書方面，去年首次加入醫學會的會徽，設計出新的評議會用紙張，包括會議議程表、動議用紙等，望來屆同學繼續發展。

為了改善評議會議員的代表性，民主性質，及提高評議員的效率，評議會在來屆會增加普選評議員職位，而啟思，健委及杏雨的領導同學亦改由同學直接選舉產生，取消了同學之外的評議員（即會長、副會長，名譽司庫，附屬會員代表）的決策權，改為純諮詢角色。轉變正一步一步的進步，願來屆同學繼續努力。最後要向我的名譽秘書陳虹這年來的工作表現，表示深切的感激及讚賞。





# 主席

嚴勵良



21/8/90 7:30a.m. CSR 30°C

一覺醒來，“啊，啊，啊……哦”（打呵欠n次）……

突然發覺醒得太早，本想番瞓，但係CSR（Clinical Students' Residence）最近非常咁熱（尤以三樓更甚！），又有大毒蛾（註一），搞到我週身又痕，又“Lup次次”，轉嚟轉去都瞓唔番！但喺8:30a.m.先至係Specialty Clerkship嘅Bedside。「擒」去上格床，想找黃公家進大仙玩（或整古），但係發覺他瞓到死豬一樣，赤條條的（下身用毛巾包裹，看不見有否……），內肉團團的，怪難看的身段！可能係尋晚寫Elixir篇Exco稿寫得太累吧！（詳見本期Elixir）

忽然醒覺到原來家進大仙已經寫好咗篇稿，準備今日交貨，但係我就隻字都未寫。先八日曾經嘗試學前人e.g.大隻講大仙曲廣運，熊貓大仙陳惠明，老人大仙劉孔霖……etc.一大本正經咁寫番篇學運與學生的關係及其對社會、國家、銀河、宇宙、神／孫悟空的影響云云。但係用咗成個鐘，都只係“Bid咗”半版紙出嚟，終於放棄。

哎喲！乜咁快就8:10a.m.，又要穿上白袍聖衣去攻打QM宮（actually is Bedside by Dr. Y.T. Tai——Cardiologist）。今日輪到我present添，暫時到此為止……

22/8/90 5:00p.m. CSR 30°C

又番到Residence啦！

話說三年前——Sep. 87，我喺當年健展中碰到一個五呎九吋高，「儲」起兩條咸濕鬚，瘦蝨蝨嘅90班仙人——佢叫嚴勵。兩大巨頭相遇，英雄重英雄，豬紅溝豬紅，屎蟲鬥屎蟲……一輪無厘頭之後，就決定咗組莊上陣殺敵啦（黃道十二宮or黑妖擊乎！）。

兩年半前，Jan. 88：一切順利過無比。先後得到皇家（Royal）——家進（即係宜家同我同房嗰條肥蟲），加菲，壓地，史太娜井，卡門，鬚毛，史太娜仔，Elixir老總及King大帝仗義出擊，各司各職，一時好不快樂！快樂！

一年嘅工作，又多（開會），又長（開會），又重（入汽水），又臭（開會嗰陣啲大仙嘅脾氣），又麻煩（每逢1:15-1:45p.m. & 5:15-5:45p.m.要開檔賣嘢），又樣衰（通宵開會嘅第二朝清晨五點鐘，去西環新光飲早茶個樣！），又X！（猜一個做到發脾氣嗰陣最常講嘅字！）

我先後搵人去form啲迎新，健展……嘅Organizing Committee（又跪，又拜，又嘔血！）；出版內務通訊（比啲莊友發下嘢風）；出席大大，小小，中中，左左，右右……嘅會方，院方，校方，中方，西方，南方，北方……會議，比人地「丙」，有時又「丙」番人（不過前者較多！）。

做到六、七月，大家都十分

# 主 題

殘，又比人地少咗四分三嘅time。不過，竟然能够嘍最後一刻，領略到考試嘅神髓——第七感，過「倒」MB，真係好高興，流涕，淚流，感動，無限……。

七、八月間，我曾經遠離莊務，與友人去咗海南島渡假，十分暢快。最難忘嘅都係朝早一覺醒來，去Hotel啲Cafe食早餐。跟住又去椰樹成蔭，同Hotel只隔數十



步之距嘅海灘游水，晒太陽。Evening嗰陣，同友人喺沙灘樹影下漫步於夕陽之中！真Happy！（特附上一張相，係我坐船將近到達海南島時所攝得嘅，背景喺海南島。我嗰陣個嚴肅樣，只係「夾硬」扮出嚟嘅——快門關上之後，面部肌肉立時抽筋，打回原形！）

九月至十二月間，我都好幸福，除咗啲Routine嘅嘢之外，一切都上晒軌道。加菲，卡門，史太娜井三位美女，又勤奮，又努力，又美艷，又錫我，又……唉，我又發白日夢了zzzzzz……不過，臨落莊前，時運低，嚴勵Chair佬竟然要小弟一人替佢搞一個同外面嘅團體搞嘅International Conference——花咗我無數個晚上，喉嚨發炎，青筋暴現，先至動員咗超過100個各級friend「底」，搞掂！黃金聖衣就碎晒，人就幾乎虛脫暴斃而死！

一月，終於落莊，我「踏」到正零時零分，喺Medso房大踏步而出，不時回頭……

後記：喺一年當中，收穫最大嘅都係識咗好多人，又比好多人識咗自己，兼且對自己嘅小宇宙有更深入嘅了解。無限！

註一：據香港大學醫學院內科學系皮膚科Dr. C.F. Lai——此種 $\frac{1}{2} \times \frac{1}{2}$ inch，黃底黑點嘅蛾會令人敏感，起風疹，兼且十分痕癢，不過大多會自動消散。

# 外

# 務

# 副主席

黃家進

動筆之日，距離落莊之時已有年半罷，當日的景況，相信也所餘無幾。

外務工作，一向于人HARD SALE的感覺：怎樣關心社會、醫療。區區黃某任內亦難逃出這框框，參與率低亦無可厚非，在此亦不願多費筆墨去分析，以免嚇跑各叔伯兄弟，反正黃某亦無什驚世駭俗之見。

黃某勞碌了一年，實無甚建樹，倒有滿腹牢騷，如骨在喉，不吐不快。如黃某經常參與的口水會議，每每滿口仁義道德、民主法治，黃某口沫橫飛之後，回家面壁思過之時，定必慚愧不已。然則什麼仁義道德、民主法治，黃某對其認識，實不甚了了。舉出這些鬼原則，只為先聲奪人，少見風浪者，未致大呼拜服，亦難免無言以對。然則飯堂加價五個銅錢之鉅，在未經諮詢之下，不是嚴重損害千千萬萬人（斷估！）嘅福利，危害我們口腹之慾之基本生存權利。（按：當然就算先經諮詢，黃某亦大可視之為強姦民意。）總之就「我講晒」！此乃狡辯之術的一招半式——扣帽子+無限上綱。其他招式，不勝枚舉，在此不便細表，精於此道並樂此不疲者，大不乏人。由於黃某乃讀書人，知道無恥之恥，無恥矣之大道，故難以忍受自己繼續浪費時間（及唾液）於此也。



這裡亦牽涉到所謂獨立思考（番鬼佬名詞），意指知道自己諗梗乜，而非人云亦云也——詳見1997Lancet黃某大作“論獨立思考”。不過，此論題過HIGH（註：HIGH者，深奧、高調、或解作亢奮），不切合黃某的風格。

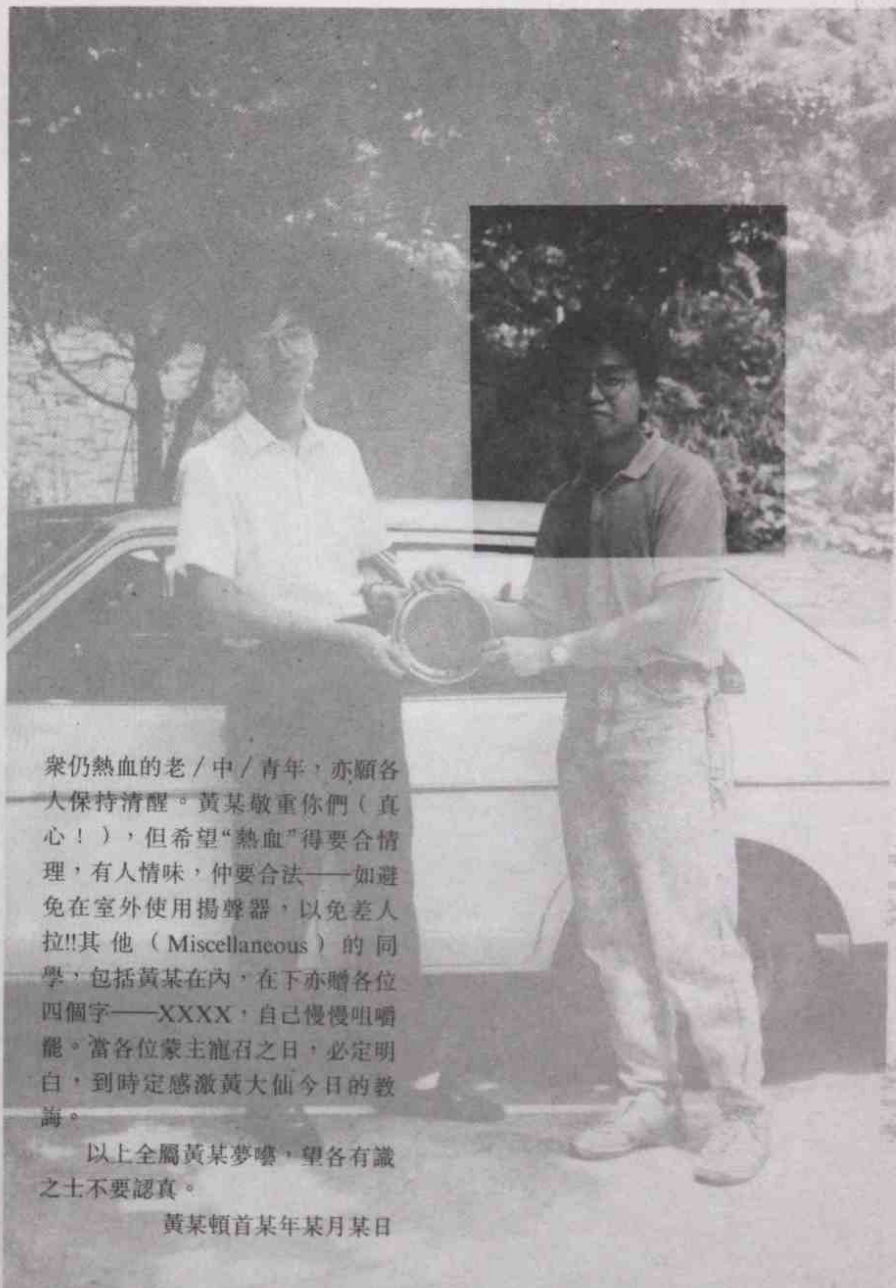
夫EXCO除發噏風之大任，當然亦有不足為外人道之處，吃力不討好，及經常捱湊，敢信其他EXCO也會論及，黃某也不願在此

糾纏。至於洋鬼子所謂的感性問題，在下才疏學淺，亦不懂怎樣寫，倒是上莊不久，黃某患上殘疾，可與眾人分享。黃某可能先天不足，又或者後天失調，經歷數趟所謂「鋤折」，染上名為Manic Depressive Disorder（各師弟/妹莫怪，“大仙”總愛拋點書包）。此病中文譯名欠奉，意指情緒久不久HIGH、久不久又DOWN。據牛津精神科教本（又晒料！）載此乃

不治之症（斷估！），尚幸黃某於落莊之日，揮慧劍，斬斷一切雜務的糾纏（或曰「線晒雞」也），殘疾亦漸見好轉。在下如此不堪，實迫不得已，相信各師弟/妹及各有識之士必不至小弟如此不濟罷。

落莊後，立即要面對2nd M.B.，由於十二分的幸運，可能拜老媽子求神拜佛，多積陰德，總算「碌」過。試後，風聞鵬哥大開殺戒，殺得血流成河，黃某這類熱血中年（慚愧！），即時投身於這巨變（請勿誤會！只是當上過跑腿的職務）。誠如其他熱血青年，過後亦同樣經過悲痛、憤怒、失去理智、冷靜及反思等所謂的心路歷程。黃某反思後所得的結論，且暫不公開，以保持在下語不驚人死不休之原則。現暫定於1997年6月31日，在港九各大報章，包括大公報、文匯報，將黃某的大作公佈。想中南海諸公，定必激到either心肌梗塞or腦溢血而死，在下到時必已飛往以下其中一地：加拿大/澳洲/美國/東加王國，以保障本人的人身安全。

行文到此，身為大仙，不得不恃老買老，贈各師弟妹幾句：嗚呼！各位在大限前考入MEDIC，志在發達者，仍尚有機會，願你們大有斬獲（忠告各位不要太過份，當心MEDICAL COUNCIL或ICAC請閣下去TEA！）。至於



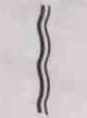
衆仍熱血的老/中/青年，亦願各人保持清醒。黃某敬重你們（真心！），但希望“熱血”得要合情理，有人情味，仲要合法——如避免在室外使用揚聲器，以免差人拉!!其他（Miscellaneous）的同學，包括黃某在內，在下亦贈各位四個字——XXXX，自己慢慢咀嚼罷。當各位蒙主寵召之日，必定明白，到時定感激黃大仙今日的教誨。

以上全屬黃某夢囈，望各有識之士不要認真。

黃某頓首某年某月某日



內



務

秘書

林紫芬





外  
務

秘書

鄒兆麟

前言

「我相信，

人生就是不斷的體會。

後語

「我發覺，

體驗給我活潑的人生。」



# 財

# 務

# 秘書

陳藝賢

當上醫學會之財務秘書已是三年前的事，今天要寫個人感受，實在非常困難。一方面怕自己文筆拙劣，寫來淡然無味；另一方面又怕讀者對此等自說自話之文章不感興趣，寫下來無疑浪費篇幅。因此決定憑歌寄意，跟大家分享以下一段舊歌歌詞。

*The changing of sunlight  
to moonlight*

*Reflections of my life*

*Oh how they fill my eyes*

*The grievings of people in  
trouble*

*Reflections of my life*

*Oh how they fill my eyes*

*All my sorrow sad  
tomorrow*

*Take me back to my old  
home*

*All my crying feel I'm  
dying dying*

*Take me back to my old  
home*

*I'm changing arranging*

*I'm changing I'm changing  
everything*

*Oh everything around me*

*The world is a bad place a  
bad place*

*a terrible place to live*

*Oh but I don't want to die*

—Reflections of my life





Ex- 財務司：「交得稿未呀？」

我：「得、得、得，考完MB，一定得！」

——半年後——

Ex- 財務司：「幾時交得稿呀？唔該呀？」

我：「得嘅啦，得嘅啦！」

——又再二個月後——

Ex- 財務司：「到底得未呀？」

我：「明天一定得！」

就是這樣給人再三remind之下，終於“嘔心瀝血”地寫了這篇超水準的文章。

記得剛開學時的某一個Anatomy practical上（適逢我又present），一位名為竹本笨立嘅有為青年，到處找人上莊（嚴黃莊）。最後他停在我身旁，「有冇興趣上莊呀？」，「上咩post呀？」，「剩嚟welfare sec.同soc.



sec.！」，咁就係咁多選擇底下，揀了我以為最適合我的Soc. Sec.！」

如果要我現在（一九九〇年）講當年（一九八七年）的感受，大部份都已被排出了！依稀可以記得的就是當年我們齊莊，大家都很投契，幹得開心，玩得高興，贏得友誼歸！

話雖如此，到底soc. sec.不是一個討好的位。搞活動難，無創意，人哋話你無腦；太有創意，大仙話無晒傳統！記得當年為了Medic Ball是否應該收費，就已爭持了很多個Man-hour！

最後奉勸以後的soc. sec.：搞活動最緊要好玩，大家投入，當然有創意是好，但也不要為有創意而去製造創意，以後唔會再有大仙會日以繼夜地“鋤”你哋嘅啦！不過我也不太清楚這是好還是不好！





作為一個卸任兩載的過氣幹事，為寫這篇文章，著實費煞思量。按道理，應在此將醫學會精神，博大精深之處，趁機加以弘揚光大，方不辱一年來的光榮使命。奈何鄙人肚子墨水有限，絞盡腦汁想出來的形容詞也無非是「偉大、有意義、貢獻多」之類濫竽充數之詞，比起前人所作頌文之生花妙筆，實有相形見拙之勢；是以決不獻醜了。其實，我等目光如豆之輩，只配寫些不成體統的瑣碎感受，有見笑之處，請大家多多包涵。

想當日，我甫上任就覺着一個大大的好處——可以堂而皇之的擱置學業。試想想，躋身功課沉重的醫學院，還可以不讀書仍振振有詞，箇中滋味，妙不可言。當然啦，其他幹事、同學都會體恤你以莊務為重，日理萬「機」，那兒還

騰得出時間去理會那些勞什子學科？在這情況下，測驗考試不合格是天公地道——為了服務人群而犧牲小我，有什麼比這更為感人的？倘若一旦僥倖合格，更顯得難能可貴，全莊全人道賀，自信心陡然大增！

又話說身為福利秘書，自少不了體力勞動如搬運汽水文具之類。經過一年來的漫長鍛鍊，我的體力和耐力由零開始，漸次增強。太好了，堅強的體魄，正為日後刻苦的醫生生涯奠定良好的基礎。與此同時，我更從勞動中領略到一些人生真諦：其一，慣於從事腦力活動的學生，加入醫學會後，發覺體能訓練的機會遠較腦力訓練為深入廣泛；久之，深感到體能訓練更能幫助發掘自我，充實生命。生不逢時，沒有機會像文革知青般上山開



荒，下鄉耕田；幸而仍可從幹事工作中片面諳得「勞動就是力量」的真理。遺憾的是，這種珍貴的經驗只能與少數參與的其他幹事分享，不能推而廣之，想深一層，實在是他們的損失。人生真諦之其二，是証實了在八十年代末期，女性已能勝任福利秘書，不讓男性專美。粗重工作，女性可能比男性幹得更好！自此對於男女平等一說，更加深信不疑。

在考慮上任時，還只模糊曉得幹事有時要參與不知什麼會議；及至上任後，方弄清楚開會竟是幹事公務中最重要的一環，實為大出所料，意外之喜。例如，評議會每由黃昏開始，動輒開五、六小時至深夜；眾評議員咬緊牙關，愈戰愈勇，本着不屈不撓的決心，一力拖延時間到底，把簡單的問題經深入分析然後加以複雜化，不斷天馬行

空地創造話端，無中生有地辯個你死我活。這等挑戰人類極限的智慧表現，精彩絕倫處每令人看得目瞪口呆，拍案叫絕！

如果說「吃得苦中苦，方為人上人」，沒嘗過辛酸屈辱的孩子長不大，那我可真要感謝幹事會給了我一個催谷長大的機會。就好像昔日美國的黑奴，他們任勞任怨地工作，為主子幹好活兒是理所當然，從沒半句讚賞；幹不好呢，千夫所指，打罵由人。美國的黑奴最後要站起來反抗，但我可大大不以為然。生為奴隸，有幸能經常蒙受充滿激勵作用的鞭撻，朝夕如此，必獲益不淺。因此，應該感恩圖報，豈還能大逆不道，妄想推翻階級制度？哼，簡直是恩將仇報，不知好歹！

說來說去，諸君應該清楚了

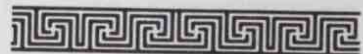
解，能够當上幹事真是三生修來的造化，而最有福的，莫過於能和多位一時無兩的人物共事，實在與有榮焉！據我一年間觀察所得，各幹事為人臨危不亂，處變不驚，隱隱然有大將之風，他日終非池中物也！君不見現今叱咤官場的議員們，年輕時在校園大多是舉足輕重的學生會領導人物。以此類推，將來眾幹事一幹成名，勢必震鑠四方；而平凡小市民如我者，也可津津樂道當年與某議員、某首長共事經歷，定可沾光不少，令人刮目相看！

上述種種好處，實乃膚淺之見，不足以表達幹事生涯精彩處之萬一。或者本人領悟力有限，始終未能略得箇中堂奧。幸而江山代代有人出，我深信各後浪新人，定能得到更高層次的體會，更發人深省的啟迪。幹事會萬歲！——臨表涕泣，不知所云。

時  
〰  
事

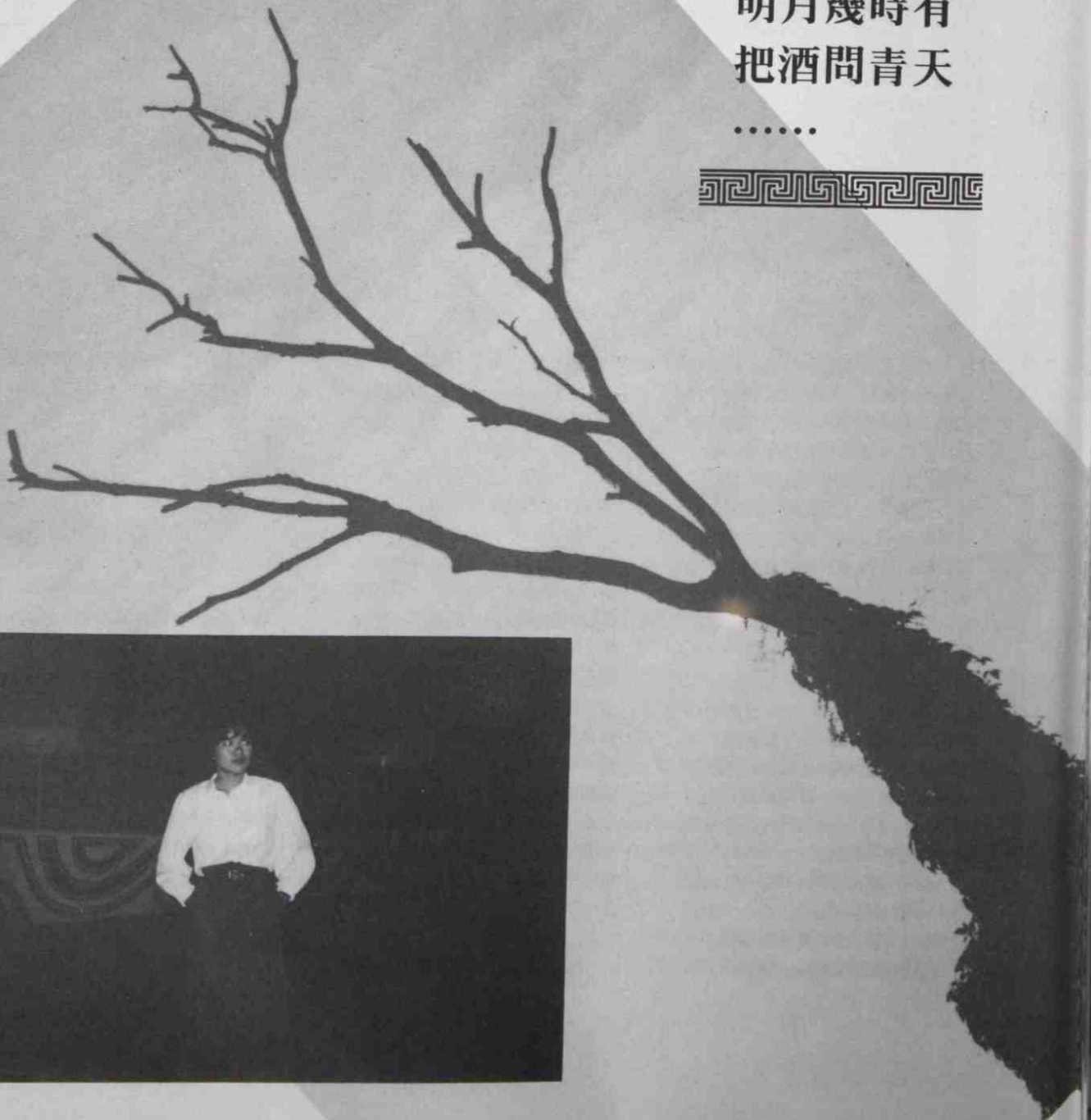
秘書

黃琮英



明月幾時有  
把酒問青天

.....



# 體 育

## 隊長



黃穎信

上莊好興奮；落莊好開心。興奮者，皆因好多嘢未做過，好多嘢想做，況且有考試，專心一致——「攞」嘢；開心者，皆因快可擺脫一些唔想做、做到悶嘅嘢，再者，考試迫近，「專心一致讀書係時候」了。——Cheer？興奮、開心嘅感覺雖然相似，但其心情截然不同。

晨早七、八點返到MEDIC，上早堂？哈哈！寫大字報、搵人打波是也。下午三、四點，非常忙碌，穿梭圖書館之間，讀書？用下腦啦！就快開波，快D招集各MEDIC健兒，揮衫，揮水，掂！出發！黃昏六、七點，雖然有落場打波，但都好疲倦，返到圖書館，



好彩D，就坐在圖書館裏瞓覺；唔好彩，就要開COUNCIL，有得瞓都唔好意事啦。

一個TERM過去，TEST RESULT「出奇」地差。喂，唔掂啦，下個禮拜要開始追返D書啦；一星期後，喂，INTER-YEAR SPORTS COMPETITION要開始攞喇啦，新年SOCIAL FUNCTION大家都幫下手啦；一日一日過去，堂就越多越上，書就越讀越少，十星期嘅SECOND TERM又過去，TEST RESULT，不提也罷。

大功告成，INTER-FACULTY SPORTS COMPETITION完滿結束，OMEGA ROSE BOWL重回MEDIC懷抱，可喜可賀；INTER-YEAR？大鑊，重有排

玩。FIRST YEAR，好不容易又成為往事。SECOND YEAR，洗心革面，M.B.在前，試問有誰敢輕視之。快落莊啦，吓！做REPORT，搵人上莊！好頭不如好尾，頂硬上啦！

唔通上莊就係「咁」？睇睇92班，各PAST EXCO仍然「健全」。無可否認，上莊或多或少都佔去了一部份時間，付出嘅時間唔通真係白費？！試想吓，唔上莊所得回嘅時間，難道就會完全用於讀書之上！當然，唔係人人都要上莊去花費D時間，但各樣活動有各樣嘅好處、壞處，自己去衡量，自己去決定選擇自己喜歡和能力所及嘅活動，好處，壞處，自己一一承受。就我而言，上莊所得的，唔少，亦不便盡錄，但有一關鍵之處，好希望同大家分享分享——時間，人人都有咁多，唔同嘅用法，結（後）果全然不同。

做醫科學生，書固然要讀，課外活動亦不可忽畧。





# 體 育

# 秘書

詹愷怡

不知不覺間，一年「上莊」的時間又溜走了，究竟是因為工作太忙，沒有察覺時光消逝；或是這份工作令我太投入、太回味呢？相信兩者都是。

體育秘書的工作實在很忙碌，因為由十月開始到三月都有院際的體育比賽，平均一星期有一至兩場賽事，雖然還有體育隊長的幫忙，但有時也會剛剛看完比賽，回到宿舍又要立刻打電話聯絡下場比賽的球員。就算工作較忙，箇中的樂趣卻是無窮，能訓練自己的耐性及口才，使自己更有責任感。

在觀看賽事時，我自己是十分投入的，就好像自己在場中比賽一般，也許是自己太喜歡體育，及其所表現之「搏盡」精神和對所屬團體之歸屬感。在舉辦班際比賽時，看見各班同學各施各法，有的為着力求取勝，有的卻是「最緊要好玩」，大家融在一起，實在令籌辦者感到安慰。

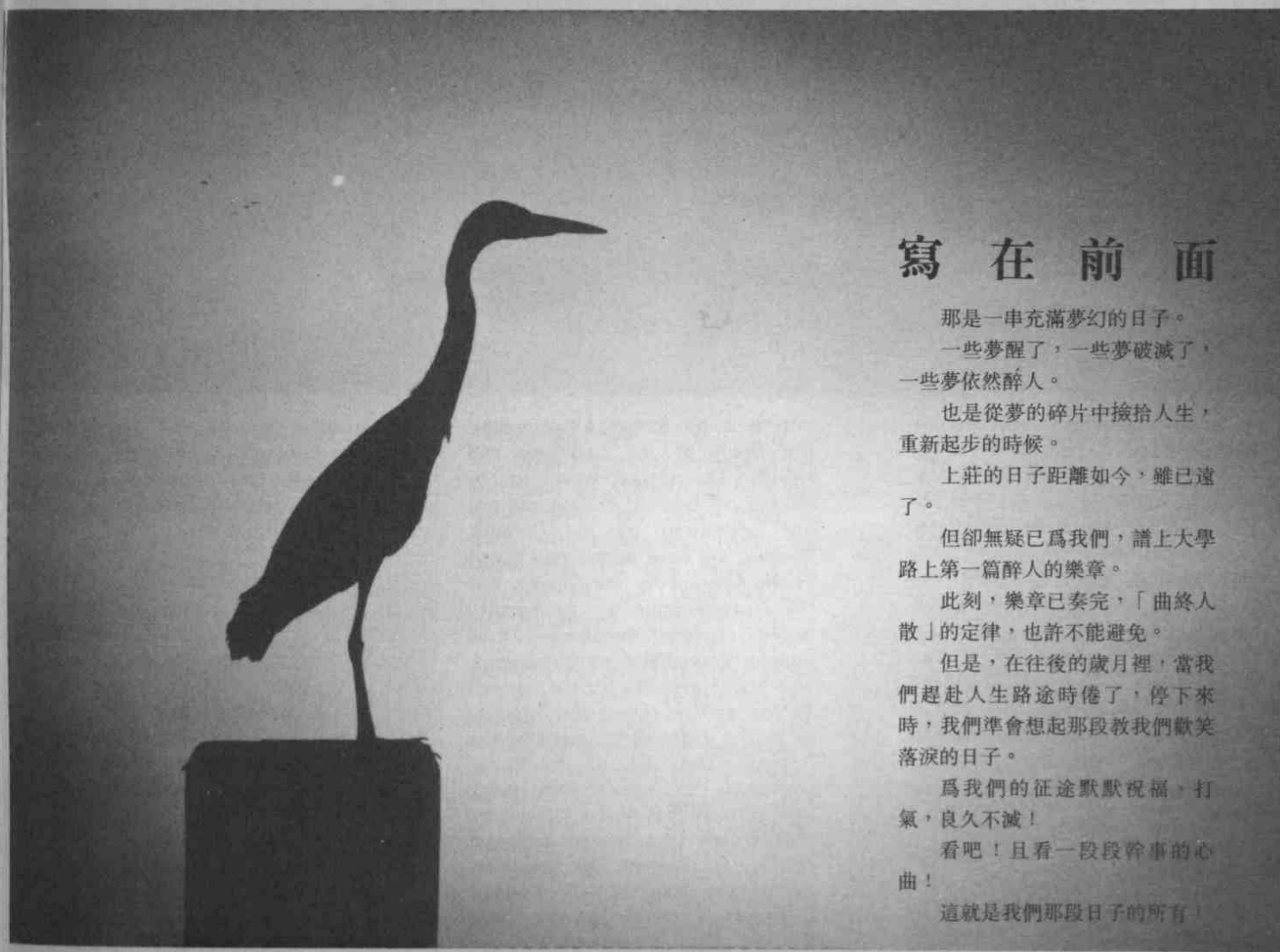
回想一年的工作，得着的總比付出的多。首先就體育方面，經過不斷的參與，自己對各種體育活動認識多了，興趣也濃厚了；而比賽中那不屈不撓及勇往直前的態度，

更可套用在生活中其他工作裏。另一方面，身為體育秘書，必須聯絡各班的運動員，藉此也認識了不少師兄師姐，日後就學業或其他方面有問題，也可請教他們。做完一年幹事，對醫學會了解深了，自然對醫學會及醫學院也加深了歸屬感，每天回來，都有一種說不出的親切感。

綜觀這一年的經歷，可說是苦樂參半，但總算是一個難得及難忘的體驗。整年遇到的困難也不少，而最困難的一件事莫過於完成這一篇文章了！



另  
一  
面  
年  
華  
，  
別  
苦  
忘  
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## 寫在前面

那是一串充滿夢幻的日子。  
一些夢醒了，一些夢破滅了，  
一些夢依然醉人。

也是從夢的碎片中撿拾人生，  
重新起步的時候。

上莊的日子距離如今，雖已遠了。

但卻無疑已為我們，譜上大學  
路上第一篇醉人的樂章。

此刻，樂章已奏完，「曲終人  
散」的定律，也許不能避免。

但是，在往後的歲月裡，當我  
們趕赴人生路途時倦了，停下來  
時，我們準會想起那段教我們歡笑  
落淚的日子。

為我們的征途默默祝福，打  
氣，良久不滅！

看吧！且看一段段幹事的心  
曲！

這就是我們那段日子的所有！

# 評議會主席

莫志超



It is a challenging year for the Medical Society, because it is for the first time since she was established about 44 years ago that she does not have an Executive Committee Chairman. However, with the assistance and guidance of the Councillors and other more senior colleagues, the Society is still functioning satisfactorily. The detailed working reports of all the secretaries have been distributed during our Annual General Meeting and the following is a brief summary of the Medical Students' Council from Nov., 1988 to Nov., 1989 inclusive.

## Functions of the Council

The functions of the Council are well stated in our Constitution. It is the main body for supervision, advice, appointment and law-making. This year, we have lots of work to perform because of the lack of the Exco Chairman. Many routine affairs are brought to the Council for discussion and approval.

## Organisation

With the change of Constitution during the last AGM, the Councillorship has been altered — the Chairman of the Elixir Com-

mittee is no longer a councillor, the heads of the Caduceus and Health Committee have to be elected by General Polling and not just appointed by the Council. Besides, we have added two places in the Council for the Senator and the representative of the Faculty Board student members. Three popular councillors are introduced, who are responsible for the Council Affairs and represent the interests of all the ordinary members of the Society. The aim of the above change is to ensure that every Council post has to be elected by DIRECT election through a general polling. At present, all the posts except the Ex-chairman, Council Chairman, Council Secretary and the 10 class representatives are elected directly by universal manhood suffrage. The class representatives in the Council can be cancelled in the future if we have very good and well developed popular councillors.

## Council Organisation

Last year, our Council comprised 18 members which included the Exco members, Ex-chairman, class representatives, leader of the Caduceus and Health Committee,

Student Senator and the Faculty Board members. However, 3 class representatives resigned during their sessions because of academic or personal reasons.

## Council Attendance

Council meetings are used to be very boring and prolonged. Surprisingly, the attendance rate is very good and is approaching 90%. One reason is that uninterested councillors have resigned from the Council and the remaining are very keen on Council meetings!

## Council Meetings

Council Meetings are used to be very prolonged. This is one of the 'custom' of the Students' Union. This year, in order to shorten the duration, meetings are divided into sessions should they pass 12:00 midnight. Moreover to minimize repeated and unnecessary discussions, preparatory meetings are held for events such as the financial budget and the final working reports.

## Council Atmosphere

Except for the first and last Council meetings, our meetings are held in the Discussion Room of



the Pauline Chan Building. In general, discussions are not as enthusiastic as in previous years. One reason is that the councillors are quite junior and dare not speak in the Council. Another reason is that there is no senior members such as the Exco Chairman to lead the discussion. Very often, the Council Chairman is not the right person to comment because he might bias the discussions.

#### Declarations

Compared with previous years, we have fewer declarations this year. The only declaration was released in June for the "Beijing Massacre".

#### Affiliation of the AMSA

The Asian Medical Students' Association has been an independent body since 1988. However, they have difficulty in obtaining sponsors without the name of our Society and therefore they apply for our affiliation. After discussion in the Council, we decide to affiliate the AMSA provided that they are bound by our new by-laws specially written for her.

#### Membership Fee

With the increased cost of our activities, we decided to raise our membership fees from \$150 to \$250 with effect from 1990. We hope that by this means, the pressure of our Gala Premiere will be lowered.

#### Looking Forward to our Council

The running of the Medical Students' Council is still satisfactory. However, I have some personal comments on the Medical Society as a whole. First, we should try harder to find out an Exco Chairman from more senior students. The reason is very obvious - without the Chairman, the Exco is just like footballers running aimlessly in the field. Moreover, there is lack of communication and link between the student body and the Faculty without the help of the Faculty Board members and the Internal Affairs Secretary/Internal Vice-chairman.

Another comment I want to make is that the EVC this year is too concerned with the Central Students' Union. There is no discussion on matters relating to the Medical field such as the In-

dependent Hospital Authority etc. The Medical Concern Group of our Society should be re-established as soon as possible and basic information should be provided to our ordinary members in order to arouse their interests.

Lastly, it is a pity to see that no students are willing to take up the posts of popular councillors this year. This may be due to the lack of previous experience and the exact Constitution which breeds their work. I hope that the 3 vacancies can be filled up in coming year and this can gradually replace the class representatives in the future. Good luck to the Medical Society!



# 外務副主席

莊義雄

執筆為文時，正值「世界盃」的高峯期，連場的角逐，為沉悶的六月添上不少色彩。

去年的六月，和今年相差太遠了，也許一年的幹事生涯可以從那時開始回憶。外務工作在醫學院一向不被看重，同學在緊張忙碌的學習生活之餘，對課外活動的追尋，比較偏重文康體育方面，不難理解，加上我們那年不齊莊，很自然地外務工作或多或少受到一些影響。但中國波瀾壯闊的民運，卻把一切帶到了先前難以想像的境地。一方面要組織起數目多得叫人難以置信的同學，另一方面亦像任何中國人一樣，要緊密留意千變萬化的局勢發展，心力交瘁，無以復加，但身邊的人與事，甚至是「六四」屠城的一幕，卻叫我從惶惑疲痛之中重新振作起來，畢竟要走的路還有很長。

可以肯定的是，沒有去年的民運，上莊的生涯會完全改觀，我對醫學院生活的體驗，亦會少了至寶貴的一頁。去年我認識到的良善心靈，至今難以忘懷。幹事會內外友儕的相互扶持，也令我感到這處地方充滿着人類特有的溫暖。

我想自己是幸運的，看到太多太多的人，上莊後換來的，是無力感，是益發強烈的空虛不滿。也許自己說不上有些什麼成就，但總算擴展了閱歷，認識了很多我會長久珍重的好友。在幹事會不齊莊的情況下，各人依然能做好工作，更令我感到驕傲。我亦要感謝各位同莊的戰友，沒有了他們的充份合作，也許我亦不會有機會踏足學生會，一展自己的理想。

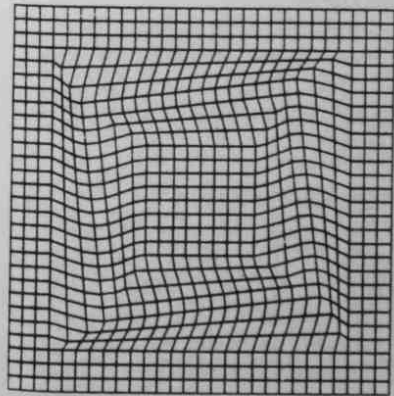
外副的重要工作，包括出任學生會評議會的評議員。評議會作為學生會的最高常設架構，工作量的繁重不難想像。很多人的心目中，最怕人的是那些冗長的會議，動輒開上六、七個鐘頭，幸好自己在這方面的適應未有問題，反而可把一些從學生會吸取的經驗帶到醫學會去，縱使學生會和醫學會給我的感覺往往是那樣的不同。

也就是這一年外副生涯的體驗，令我選擇了在二年級時再參與學生會的工作，也許除了是喜歡接受挑戰的性格驅使外，更是一份濃情之所繫。

醫學會往後會怎樣？相信在這個大時代，在這個醫療界面臨急劇轉變的日子，身為醫學生的我們，要面對的挑戰着實不少。醫學會也許需要更大程度的分工，需要更多高年班同學的參與，需要更強的組織力，需要更充裕的財政支援……但無論情況怎樣，參與其中者所贏取的體驗，是難以用工作成就或其他標準來衡量的。

我珍視這份體驗。

願以此與其他莊內友好分享，就如當日在Med. Soc.房分享美味的生日蛋糕一樣！





# 外務秘書

鄭佩君

Being a member of the Executive Committee, I felt honoured to participate in the running of Medso which worked for all members in the Medic Campus. I was the External Affairs Secretary and I took up this post during my first year in University. The range of my responsibility was very wide. Basically, any business not related to the internal affairs of Medso was considered to be part of my job. For example: keeping in close contact with the Students' Union, bringing news from the Main Campus to Medic, promoting medical-related issues and programmes from health organizations, organizing the HKU-CU Medic Interflow Camp, keeping in touch with overseas elective students in provision of information about Hong Kong etc. I found it was an excellent time to expose myself to different challenges, especially during the time when we could still afford our time, our effort and sometimes the price to pay for in making mistakes. Moreover, together with the profitable experience, I also gained a great deal in knowing myself, unveiling my weakness throughout the course of struggling through challenges and recollecting from mistakes.



The most essential part of my memory as an External Affairs Secretary was the time of Students' Movement in China during the middle of the year 1989. As one of the central members in the Democratic Movement Committee in Medic Campus, I was amazed to see hundreds of students standing out to take part in assisting students in China. Various committees were set up in the midst of voices for democracy in China. In fact, not only the Students' Union and Medical Society, the whole of Hong Kong was shaken; sit-ins, rallies, hunger-strikes, fund-raising etc. were obvious signs of support. I remembered during one of the students' hunger strike, two friends of mine and I joined the crowd and pricked their fingers with lancets in order to write out our inner

voice for democracy with our own blood. The picture was still fresh, everybody stood up and sang our national anthem again and again. Cars were passing by us with horns of support. All our real emotions for our mother country was unveiled. Indeed, it was a very unforgettable moment and a central part of my thoughts during my term of office in Exco.

With no doubt, it was indeed a wonderful experience to be a member of Exco. It gave me a chance to explore the world and to build up a sense of belonging to my own faculty where I will be trained for my career. Though it was rough, the fruit after the toil was always valuable and life-long.

Lisa Cheng 1990.



# 財務秘書

曾慶廉

一年就這樣過去了。還很清楚記得初上莊時的壯志雄心，給啟思的第一篇幹事通訊，等等。這一年裏苦多於樂，給了自己不少煩惱，但回想起學到的事，識到的朋友，思想上的進展，只可以答自己一句：「這一年的辛勞是值得的！」

最初上莊時對很多事都不滿——為什麼同學的反應永遠令搞手失望？為什麼幹事長期都要被人鬧？為什麼MOCK CAMPAIGN要被人鋤到零晨二時？為什麼COUNCIL永遠都要那樣FORMAL？但好像當小孩子長大後終於明白大人的教導一樣，現在終於明白到這些事的目的和來由。

對我來說，上莊最大的障礙是本來十一人的莊，卻要由七個人去負責。最初出缺的是主席，內務副主席，時事秘書和福利秘書。但傾莊後不久，內務常務秘書也因某些問題而退出選舉。所以在投票日時，我們只得六人上莊。但後來終於在二月時再補選出一位福利秘書，令我們再次可以用我們初上莊時「北斗七星」這莊名。

上莊後面對的第一個困難就是要為未來一年做個財政預算。做這預算的困難不在於怎樣用錢那樣簡單。困難是在於怎樣在沒有錢的情況下去「幻想」我將會在籌款活動中籌到幾多錢，然後繼續「幻想」怎樣分配這些還沒有「到手」的錢。走筆至此，真的不可以不讚自己一下，如果當時的幻想能力用了來作曲，可能現在已打了上榜。

由一月至四月，財務工作表面上是很平淡，但不知大家有沒有忘

記了迎新營和健康展覽？這些活動的財務工作都是和醫學會的財政不可分割的。今年最特別的是我們全莊只有七人，再加上沒有一個主席的關係，很多時候當其他幹事搞到活動需要用錢時，決策的責任都會落在我身上，因此在康樂活動，體育活動和外務活動，大家都可能見到我這財務秘書的出現。

今年全年來講對我來說最大件事的有三樣：四月份至六月份的學運，七月中的電影首映籌款，和十一月份的開放日。

四月二十七日可以算是我參與學運的開始。當日學生會本部的同學通知我們說因為新華社門外靜坐的一批大專同學準備寫血書要求大陸政府平反四月二十六日對學運的批評，所以希望醫學院能夠找到幾位同學去為同學做滴血工作。因為時間短促，找不到比較高班的同學。因此，我們幾個幹事再加上幾個九三班的同學四出去為這滴血事件而準備——買棉花，消毒藥水，大量刺血針（lancet）等等。終於我們在當日的下午大約四時為學運滴了我們第一滴血，跟着用我們的血寫了一句口號：「學運不死，民主萬歲」。繼續而來有籌款，信海傳真，遊行，靜坐，和難以計算那樣多的會議。六四後，一切開始沉寂下來，因為大家都發覺我們的能力不能做到什麼。

繼學運後的是電影首映籌款，其實由三月尾我們已開始籌備這次首映了。因為醫學會的主要財政來源是這次籌款，因此這是非常重要的。但籌備的工作並不順利，我們的工作不停的被其他事所弄亂，而



影響得最大的就是學運。在這種一波幾折的情況下，這次首映並未能夠為醫學會籌到需要的經費。

最後的一件大事就是開放日。開放日本來是應該由另一小組去處理的，但在沒有同學願意負責的情況下，全莊幹事再次總動員，另外再加上一批熱心同學幫忙下，終大功告成。

代表着我身為醫學會財務秘書的工作的完結——就是我嘔心瀝血，用了三日三夜才計算完畢的財政報告。幸好並沒有什麼錯漏，可以順利通過。我想我全年最大的功績，其實是我對Constitution Review Committee說的一句話：「如果要醫學會生存下去，一定要增加會費。」就因我這句話，由九五班開始，新入醫學會的同學所要交的會費不知多了幾多。希望不會因此而令我「名留青史」吧！

最後，終於也忍不住要寫句比較感情用事的說話：「北斗七星，我永遠不會忘記你！」

# 福利秘書

楊偉民

爲什麼我當時會上莊？好多人  
都問過我這個問題。我的答案是，  
只是靠一顆赤誠的心；醫學會不  
夠幹事，而福利的工作又和每一  
個同學都有切身關係，事關重大。  
因此，我決定出任福利秘書一職。

我當時個口真是大，後來才發  
覺除了自己是否熱心外，還有很  
多東西要考慮。其實，當時對整  
個幹事會的工作，對其他幹事的  
了解，以及對自己在評議會上的  
角色，都缺乏充份的認識，以致  
自己沒有一套完整的理念去工作。

正因為如此，很多時，自己就  
不能搞清有些東西自己應否去  
做，或是應該怎樣去做，只是盲  
目地跟隨傳統。傳統有的，便嘗  
試去仿做，或嘗試去作出一些未  
必有需要的更改，另外自己也不  
能去探索一些全新的意念。或是  
有其他幹事要求到，自己未必太  
想做，也應承了。又或是有時同  
學要求到，我便不想清楚那件事  
是否合理，是否有可能，是否有  
更佳的解決辦法，便馬上去實行。  
結果，自己就成爲大海中飄泊着  
的一隻小舟，不知去向。

到自己開始摸清自己究竟做什  
麼時，已過了莊期的大部份時  
間，加上一年級時成績很差，情  
緒又不穩定，我也不得不理學業，  
所以便沒有什麼大突破了。但以  
整個任期來看，自己也嘗覺得滿  
意，起碼最主要的工作，如汽水機，  
文具櫃，與薄扶林文娛中心經理  
的溝通等，我覺得已盡了責任去  
做了。

至於和其他幹事的溝通，我則  
覺得是全莊都徹底地失敗。上莊  
時又摸不清大家的性格，之後又  
沒有努力地去認識對方，又不設  
法彌補，又缺乏內部會議，大家  
性格又明顯地不同，以致好像外  
務有外務做，體育有體育做，文  
康有文康做，福利有福利做，就  
只有個 GALA PREMIERE，不知  
阿KEN（財務秘書）用什麼方  
法，「屈」到三個幹事肯幫他手，  
連我也有入局，真是服得我五體  
投地（我只是說笑而已）。而歷  
屆幹事會所用的內部通訊手冊——  
牢騷簿，則成爲數位幹事發表人  
生看法或發洩脾氣的地方。最後，  
落莊時，好似不知發生過什麼事，  
七個人都好似不認識大家，各散  
東西，有些回家閉門苦讀，有些  
在其他方面另求發展，有些專心  
結交朋友。唉！連去水街食一餐  
都不用了，更不用說什麼REUNION。  
自己當時當然是極之不開心，只  
能說聲我很無奈。其實，雖然我  
們沒有CHAIRMAN，但若大家肯  
努力去改，是不會搞到現在這情  
況的。

至於評議會，我初時都搞不清  
其角色，只是見到有一大班人，  
包括自己在內（其實通常只是得  
一小班人），聚在一起，討論些  
醫學會的工作。只聽見莫志超（  
評議會主席）說請各位評議員一  
次過舉手，然後有些人講些不  
明白的東西，跟着動議就通過了。  
但後來，認識深了，我就漸漸發  
覺到評議會的可貴之處。若果評  
議員依時出席，而

大家又勇於發言，是不難發現一  
些很精警的意見的。所以，我很  
喜歡嚴勵良（去屆主席）有出席  
的那幾次會議，我很欣賞他的意  
見。

對於醫學會的工作，我落莊時  
仍然感到很有興趣，同時也願意  
再付出自己的一顆熱心。因此，  
我落莊後，便再出任評議會主席  
一職。經過一年幹事生涯的磨練，  
自己所看的東西多了，思想也較  
爲成熟了。若有人問我上莊是否  
好事，我會毫無疑問地答——這  
是必然的。至於我在評議會主席  
的工作中見到什麼，學到什麼，  
就有待明年杏雨九零時再和大  
家說了。

最後謹祝各同學在醫學院內，  
無論是在學業或在身心發展方  
面，都能得到充份的成就，從而  
將自己訓練成一個能在任何環  
境下都能適應，都能隨機應變  
的香港大學醫科學生。





# 文康秘書

廖嘉怡

曾經有很多人問我，文康秘書究竟有什麼東西做呢？可能在過往的一年裏，很多同學都常常見我忙這忙那的，總之是很忙的樣子，卻不見有很多有份量，娛樂性豐富的文康活動攪了出來。結果，醫學院裏的氣氛仍然是沉寂的，嚴肅的。而我在初上莊時希望帶給醫學院一個活潑，朝氣勃勃的氣氛的抱負，亦只實現了一少許而已。

或許現時的我會反問一下自己當初為何會上莊，是爲了充實自己？爲了一腔熱誠？還是爲了過一個精彩而又充滿意義的一年級生活？相信當初決定上莊的我，心裏還不只是這些理由呢！總之在起初，縱然只有七位幹事，但大家一起傾莊，一起上莊的那份雄心壯志，到現在我仍然未能忘懷！

在過往的一年裏，我們七個幹事一起經歷了缺莊的失望及辛勞，同學大仙們善意的批評，漠不關心的冷眼，甚至惡意的中傷及破壞。這一切一切，都是上莊所必然遇到的問題，亦是我們必須學習的一個課題。或許我得承認，醫學會，甚至學生會中央都是瀰漫着官僚主義的組織！同學們根本沒有機會，亦沒有渠道發表他們對某些活動的意見或期望。又可能這些機會或渠道是有的，但同學們不知道，亦不想知道——皆因我們是香港人嘛，那裏有那麼多意見呢？可是上莊的我們亦只是香港學生，沒有什麼民主意識。結果很多時候是我們攪我們的活動，同學們做自己的事，大家

都不大知對方在做什麼！這是醫學會的結，亦是現今香港社會的結！的確，醫學會需要有個改革，使同學們有更多直接的參與機會和決策權；但更重要的是，她需要一些有勇氣，有抱負的同學的參與和支持！

記得快落莊的時候，知道下一屆幹事會只有三位幹事上莊，而文康秘書一職更是懸空，心裏不禁黯然神傷。望着快要離開的Soc房，心裏有說不出的依依不捨，畢竟這是我曾經歡笑和落淚的地方。縱然上莊是一件吃力不討好的事，但她所帶給我的，卻連我自己亦無法計清。期望不久的將來，醫學會會有一個新的開始，有一番新的景象！



# 體育隊長

李志毅



*"Now he that runs can read it,  
the riddle that I write,  
of why this poor old sinner,  
should sin without delight.  
But I, I cannot read it,  
although I run and run,  
of them that do not have the faith,  
and will not have the fun."*

*-Chesterton*

# 體育秘書

巫少慈



在醫學院兩年了，當中有苦有樂，而感受最多的，莫過於上莊的一年。我是當年第一個簽Nomination form的Exco，從來也沒想到原來由十一個人組成的莊只得七個人，缺莊是第一個打擊。接着一連串的傾莊，探班，Mock Campaign，Central Campaign，簡直叫人透不過氣來。當時我真的想放棄，但又總覺得不太好，可是這一切始終也嚇怕了我們的七分之一，六個人一個莊，是第二次打擊！

終於順順利利上咗莊，工作是頂忙的。作為一個體育秘書真不是一件易事，醫學院女孩子少，肯出來運動一下的更少，每一場比賽



都是不齊人的。而女體育秘書嗎，當然就是要填補空缺，九項Interfaculty的比賽，參加了八項，倒真可以參加Sportswoman選舉。最氣壞的，就是沒有人知道你做了些什麼。醫學院裏看到的體育秘書，就只會行行企企，真正忙着的體育秘書，就只可以在Flora Ho和Sandy Bay裏找。比賽完畢，還得替大家洗波衫呢！

記得有一次，有一位Exco認真的對我說：「Liza，坦白說，我覺得你沒有做些什麼。」當時我只是淡淡的應了一句：「我真的很忙。」但心裏卻滿不是味兒，我真的給他氣壞了。

經過一年的煎熬，我終於可以落莊了。可是就在我參加完四國大



學運動會，歡天喜地的從印尼回來的時候，壞消息便傳來了一——沒有人上莊！沒有人上莊又怎樣落莊呢？又是好一次打擊！體育秘書雖然看上去沒有什麼要做，但就是不可以缺少，我還是要繼續下去。不過我不要再做Acting Sports Secretary，因為我討厭那一種責任，那一次給人批評的機會。我就是本着那一份義務繼續的幹，沒聲沒息的幹下去。

一年多的上莊生涯，苦多於樂，但是我没有後悔過，因為我覺得從痛苦中我得着一些，一些寶貴的經驗和一次勇敢的嘗試。

最後，誠心祝福未來的Exco都活得開開心心！



# 啟思



## 八八

轉眼間已三個年頭了。三年前這個時候我還是個剛昇上二年級的小伙子，明年這個時候我將會當上見習醫生。我是個記憶力不太好的人，要我去寫有關三年前的事，實在有點困難，幸好寫的是啟思的事，總算還有一點印象吧。

我當老總那一年，值得存記的事不少，但大多屬於個人感受，在這裏寫出來沒有什麼意思。較為轟動要算是啟思與幹事會的爭執吧。其實「大字報事件」並不發生在我的任期內，不過當時正值轉莊期間，所以亦擔當了一個小配角。我無意在這裏再爭論事件的誰是誰非，若果未知道事件來龍去脈的人，我會簡單的交待一句，這是一場小誤會而牽起的風波。這場風波教我了解到人與人之間的交往之複雜，和溝通之重要。

若果要我選擇的話，我會喜歡那個年代的醫學院，至少在Pauline Chan Footbridge裏，你會找到很多可觀的大字報，有抒發己見的，有評論制度的，有指桑罵槐的，有報導近況的，應有盡有。現在的footbridge，你只會找到一張張賣microscope和賣舊書的廣告，又有折扣，又有大贈送，彷彿置身於旺角的商場內。



幹事會的流產今年已是第二年了。嚴格來說不應叫流產，因為她幾經辛苦終於都能誕生，可惜是四肢不健全，功能自然受到限制。這個現象恐怕會維持下去，一代接一代的沒有Chairman，而搞function的經驗隨着高年班同學的畢業一併被帶走，遲幾年恐怕啟思、杏雨亦要停刊或把產量減到新低點，並不是因為缺乏搞手和金錢（數位熱心課外活動的同學總會有的），而是廣大的醫學院同學並不需要她們，只願沈醉於圖書館的書本裏和休息室的「鋤大D」牌局裏。

醫學院其實只是外面世界的一個縮影，大學本部、其他學院、甚至香港社會，何嘗不是面對着同一個問題，利字當頭，金錢至上，錢多可以溜，不夠亦要「積穀防飢」，對周圍發生的事懶得去關心，人際間的關係變得越來越冷。

或許這就是一幅末世風情畫。

\* \* \*

起初杏雨老總交托的，是寫對我那年啟思的一點回顧，那知「筆發難收」，離題萬丈，敬希各杏雨讀者見諒。

梁展聰

「一份醫學院院報」

也許這就是「啓思」在你心目中的形象吧。

不過對於我，對於啟思人，「啓思」還有深一層的意義：一間啟思房、一羣啟思人、一小段人生；當中的人和事，又蘊含多少苦與樂……

### 「爬格子動物」生涯

辦報難，辦一份像啟思的院報就更難。爲什麼？醫學院自成一角嘛！醫學院生活平平無奇嘛！縱然如此，我們這一羣碩果僅存的「爬格子動物」仍爲每期啟思去費盡心思，以有限資源，希望創造奇蹟，希望從平凡中去找尋出不平凡來。

就我們一莊內誕生的四期啟思，對內容及版面都有新嘗試。《專題》方面發掘一些非醫學的題材，得到不少指引和啟發；關於加插《健委》和《幹事通訊》，唯一美中不足的是報導或預告活動之文章不多。另一方面，版面設計意念亦有所革新，雖被人批評爲「學苑」味太重，但當中獲得之經驗仍是可貴的。

### 六四迴響

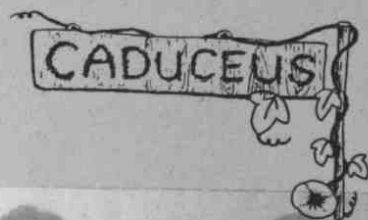
八十年代是一個動盪的年代，在香港面臨回歸祖國當兒，大家對將來對別人甚至對自己都感到忐忑不安。而六四事件的發生，更將一顆顆下墜的心靈加速墮向無底深淵。無數人的臉上，由怨憤化爲激情，由激情化爲驚愕，又由驚愕化爲沮喪的情景，在你我的眼中，也不知浮現過多少次。

在那人心鼎沸的時刻，啟思就曾出版一份民運號外。有份兒參與的啟思人，還記得當日聽到中共中央第一次頒佈命令，謂將要武力鎮壓學生時，大家憂感的心情嗎？誠然，那是個畢生難忘的體驗。

沒料想到，上天竟沒有眷顧我們這個民族，一個一個駭人的夢似要把我們吞噬。那些曾在六四前批評我們號外用字過於偏激的同學們，我盼望你們在六四後，會理解我們十數人當日出版時的心情吧！

### 開源節流

幾年來，醫學會都有人不敷支的情況，幹事會將此歸咎於電影籌款活動的失敗。而啟思由於支出龐大，結果成爲「開刀」的對象，由



出版五期減至四期。編委更要發信尋求更多的贊助商。聞訊下一莊也會向長期醫生讀者求助，盼將形勢扭轉，不用勒緊肚皮。

### 啟思人

最後，也談談啟思人吧。很抱歉的是這一年來，自己未能盡全力去指導啟思的師弟妹們去培養對啟思的一份歸屬感。我相信啟思人不會單爲辦啟思而加入的，建立珍貴的友誼也是大家所渴望的。我也相信人與人相處總要靠點緣和份，而感情也要自然地，而非刻意地去建立得來。我不能因爲我要開始和某某在某某時空下一起工作，便立刻與他或她成爲摯友。在會務上合作無間之餘，私底下亦成爲要好的朋友，大家便要向前踏出一步，在課餘時多一點溝通，多一點關懷。

希望以後的啟思人同樣對自己這個身份感到快樂和光榮。

\* \* \*

苦乎？樂乎？  
不錯！兩年啟思的生活不就是有苦又有樂嗎？



# 健

# 康

# 委

# 員

# 會

## 87-88



還記得嗎？曾與你結下不解之緣——健委，一個我喜愛的名字。

已經事隔數年，如今獨個兒在夜闌人靜時回想「當年情」，又仍是那般回味！

當天，薇就只憑着對健委的一點感情，對PHC——Primary Health Care的信念，我與啟安、肥周再重組健委……。

薇以三寸不爛之舌，「騙」了大批新人入健委，人數之眾是歷年鮮見。就是因為這樣，所以沒有前車可鑑。薇絞盡腦汁，編制全盤計劃，希望各健委人能多點接觸社會、多點思考，可於懸壺問世前得到一些體會及啟示。

可惜，一切都似乎計劃失誤。健委人根本就是醫學生，是要應付接踵而來的Term Test及M.B.，「線難」情況也是在所難免。結果工作的重擔也就只得落在薇與幾位健委的中堅份子身上，幹得大家筋疲力竭，現在仍感抱歉。薇根本就不

是一個好Leader！不過，也就是因為這些失誤，才能見到真情。誰個在你被功課及工作壓致透不過氣時，給你一把援手、給你一個微笑，再與你攜手同努力呢？

薇從不為自己的所謂「豐功偉績」而感自豪，卻為我的健委之家，一個溫暖的家而感驕傲！

現在人長大了，對PHC有一個新的領悟，對當天自己幹的，評了一個「傻得太可愛」，但仍是那般的眷戀。薇依然在懷念，懷念當天的一切，當天的每個小節、每個片段！

今天的薇要天天披上白袍，面對無數的病人了。雖不能再天天與君在健委房「豬嘯」，細說對生命的體會，但我們健委人的心仍是近，仍是那麼近……！與健委人共勉「同志仍須努力」！

馮若薇



心仍是近

馮若薇

# 健康委員會

鄭啓安

## 88-89



健康委員會在這兩三年間，實在有着重大的轉變。其實在工作的形式上，和以往的没有多大的分別，主要都是一些服務性質的工作，諸如替街坊量血壓、檢糖尿等。但在工作的背後我們則有着一個新的支柱，亦正因為這支柱，驅使我們不斷的探索、研習，希望能真正體現到較全面的健康照顧。所說的支柱，便是「基層健康照顧」。

走上了這條路，對於「健委」來說，其實絕對不是一條容易走的路。但在大仙的熏陶之下，我們也覺得在現今香港的醫療制度下，好像需要一條新的道路，能更有效地使用現有的資源，才可以解決這個日億增加的沉重負擔。

於是在這種原因之下，我們便開始了新的工作。透過多方面的研習，我們希望能更深入了解什麼是「基層健康照顧」——概括來說，這是除了醫院之外，以社會作為基地，為市民帶來更全面的健康照顧，如健康教育、預防疾病、注意生活環境、復康照顧等；希望市民能對自己的健康有更多的自發及關注。

其中我們較熟悉的便是健康教育。於是我們便實踐了一些活動，希望能體現到「基層健康照顧」的精神。這些活動包括健康講座、展覽，為市民量血壓、檢糖尿（希望可及早發現一些慢性疾病）及義工小組「健康之友」等。

我們在工作期間，也會遇上困難，也曾對我們的理念有懷疑及撞擊。但正如其他的課題般，經過反覆的思索，才能更深入的了解到



事物的真正意義。

在過往一年，健委更嘗試推行一個巡迴健康展覽計劃，希望藉此能更主動地把一些健康知識帶給更多的市民。而計劃的第一步，便是要搜集資料製作一套展板。可惜計劃暫時停頓了下來，但相信在各健

委人的努力下，這計劃很快便可以實踐了。

就正如這般，我們不斷的嘗試，希望可以更有效地推廣健康教育，參與社會服務。希望將來有更多同學能加入我們的大家庭，親身體驗我們的精神。



## 杏雨

自問不是一個主動爭取工作的人，上一次擔任健展八九籌委會主席時已是被人「勸」出來的。這一次擔當杏雨八九「老總」的情況也是一樣，否則我也不會等到九零年中才上此莊罷了。話說，在「過」了1st M.B.後，當時的Council Chairman楊X民又名楊偉X同學（現在流行的表達方法）向我進行遊說，說希望我能上已懸空了一年多的杏雨編委會的莊，使杏雨八九能如期在九零年十月出版。除此之外，楊同學更提出了將杏雨八八和杏雨八九合併一齊出版的「偉大」建議。此建議非常有用，因為它大大減低了杏雨八九的工作壓力——只須承受杏雨八八所做的學系探索和專題，而不須再做新的。為了這一點，和一點身為港大醫學會會員的責任感和熱誠（？），我和另一位同學鄭家信便組成了杏雨八九編委會，隨即展開工作。

工作至今，已經半年有多，遺憾的是最初的目標——九零年十月出版，已經無法達到。現在作出估計，本文出街之日，亦即杏雨八八／八九合訂本誕生之時，應是九一年三月——遲了五個月。主要的原因，就是收稿困難，因為我們要收

的稿是本應在半年前或一年前便已經寫好的——現在才去寫這些稿當然是比較困難，另外再加上功課繁忙和考試的因素，結果便是遲交稿。因此，在此奉勸未來準備上杏雨莊的人（如果有的話！）要準時上莊，準時開工，設立比較完善的組織，安排一些同學去即時採訪各項活動或約稿，這樣工作起來便會事半功倍。另外，由於杏雨八八和八九編委會的同學分屬'92和'93班，大家上堂和考試的時間都有不同，因此工作難免受到阻延。

最後，在此寄望未來有更多的同學有興趣／願意參與杏雨的工作（說真的，編輯杏雨不失為一件頗有滿足感和富挑戰性的工作。），用更多的創意和熱誠，把杏雨辦得更成功，更受醫學院同學的關注／歡迎。

備註：在杏雨八九編委會開始約稿時，港大醫學會88-89年度的會長蔡達權教授已離開香港（其後他亦離開了港大醫學院外科學系），我們未能與他取得聯絡，因此亦未能邀請他為杏雨八九寫該年的Message from President，對此我們深感抱歉，敬希見諒！

劉建榮



# 學 生 教 務 委 員

訪八八年學生教務委員會醫學院代表——陳英琪

記：學生教務委員做些什麼？

陳：學生教務委員（STUDENT SENATOR）代表全院學生出席教務委員會（SENATE），有發言權、動議權和投票權。他要反映學生對大學教育政策和大學發展方向的意見，所以他要調查、搜集同學對大學的意見，亦要把所知道的盡量解釋給同學知道。

記：那麼你當年做了些什麼？

陳：當年「教育統籌委員會」剛發表了第二號報告書，是關於大學年制和預科制度的，同年香港大學又提出「三改四」的行動。於是我和其他院系的學生教務委員一同印製了一份特刊給同學們，解釋現時的大學制度是怎樣演變出來的，又對不同的學制在理念、財政、效果等方面作出比較和初步分析。當年用了很多時間做關於三號報告書的工作：由不清楚大學年制對整體教育制度有何影響、甚至不熟悉整個教育制度、不知怎樣做，到搜集意見、訪問、討論、與很多教授交談，開始的略知道一些頭緒，然後著手製作問卷，搜集大學生和預科生對學制的意見；再由每個學生教務委員寫一篇文章，介紹有關資料；最後把資料遞交學生會通過、發表。

記：你在這些工作上得到什麼？

陳：做這些工作，要大概知道大學架構怎樣運作和學生在架構中的角色，又要顧及整體教育制度，和留意有關新聞和報章評論；從中知道多一點資料，增加一點認識。而身為學生代表，從向上反映意見的機會，也知道上面很多不同的看法。

記：你對你的工作有什麼感想？

陳：很多同學覺得「教育」是很沉悶的，又是遠離自己的，自己做不了什麼；或者自己既然已經走過了，便不需要再去想它。但長遠來說，如果自己清楚自己身處的制度和情況是怎樣，自己能預計到、明白到的事情便較多。雖然在現時學生階段做不了什麼有影響力的事情（聲明、遊行等等某程度上只是姿態罷了）；但若在將來有機會接觸到，甚至能影響到有關事情的時候（如從事議員、講師等工作，或身為家長），自己的學識與見聞便很受用。當年學生會有人說過：每個人都有兒女，趁你在這裡面時，明白一下制度改變了會怎樣，對將來為自己的兒女安排也有好處，那時聽這句話，覺得很誇張；但現在想起來，其實也很有意義。

記：有沒有有些事情，是你希望做，但是做不到的？

陳：有，當年自己很想建立一個有系統的、檢討自己課程或教育

質素的制度。當年自己和幾個院務委員在一至三年級做了些問卷，只做了一年，當時希望年年都有「後人」接手做——如果自己可以繼續參予當然最好——但因為年年學生代表替換；很多時，理想未必可以實現。

記：其實學生教務委員的身份是怎樣的？

陳：他是由學生普選出來（由港大學生會代辦選舉事宜），再由大學委任，作為眾學生的代表。

記：那麼誰去監察學生代表的工作？

陳：對學生代表的監察，是很含糊的；因為他是由學生選舉，但由大學委任。不過制度怎樣不重要，學生有沒有心去監察才最重要；在其他院系中，監察是大很多的。我認為學生代表理應受到選民的監察，雖由大學委任，但由學生選出，代表學生的意見，應向學生交待。大學亦是這樣看法，既然他代表學生意見，他說的就是學生要說的。當年對於我並沒有什麼監察可言！一是由於同學對教育問題較為冷感，沒興趣知，更加沒興趣理我做了什麼；二是沒有一個理想的監察制度。正因如此，監察本身便由學生代表個人的良知來決定。

記：既然監察不足，你有沒有主動向同學交待你的工作？

陳：當年因為自己仍在醫學生評議會（MEDICAL STUDENTS' COUNCIL）中佔一席位（二年班班代表），又在內務副主席（INTERNAL VICE-CHAIRMAN）之下，成立了學院事務委員會（FACULTY AFFAIRS COMMITTEE, FAC），自己做了委員會的主席：經過這些途徑可以向評議會（COUNCIL）作出交待。這制度其實要視乎學生代表會否主動去做——如果他不，其他人也無可奈何。當年就算自己想交待一些事情，也要看其他評議員（COUNCILLORS）究竟想不想知，和他們對這些事有多少了解。由於一向沒有監察學生代表的工作，就算你主動作出報告，他們有些只期望知道你何時去開會已經足夠；雖然現在制度改變了，學生教務委員成為了評議會必然會員，情況也沒有改善。沒有民衆壓力，交待或負責就只能視乎個人的良知了。如果學生對學生代表沒有什麼期望，沒有要求他要做到些什麼，也很難說有什麼監察。

記：你怎樣處理那些所謂「機密」文件，會不會向同學隱瞞了重要資料？

陳：所謂「機密」（CONFIDENTIAL）是分多個層次的，視乎時間、對象和內容本質而定：例如關於陳××同學的事，

對陳××同學之外的人便是機密；又例如關於某講師升留的問題，對同學來說便是機密。至於大學政策方面，如果該政策已經執行出來，有關的資料便應向學生解釋，不能因為「機密」二字，就什麼都不告訴學生。

記：從你的經驗，未來的學生教務委員要注意些什麼？

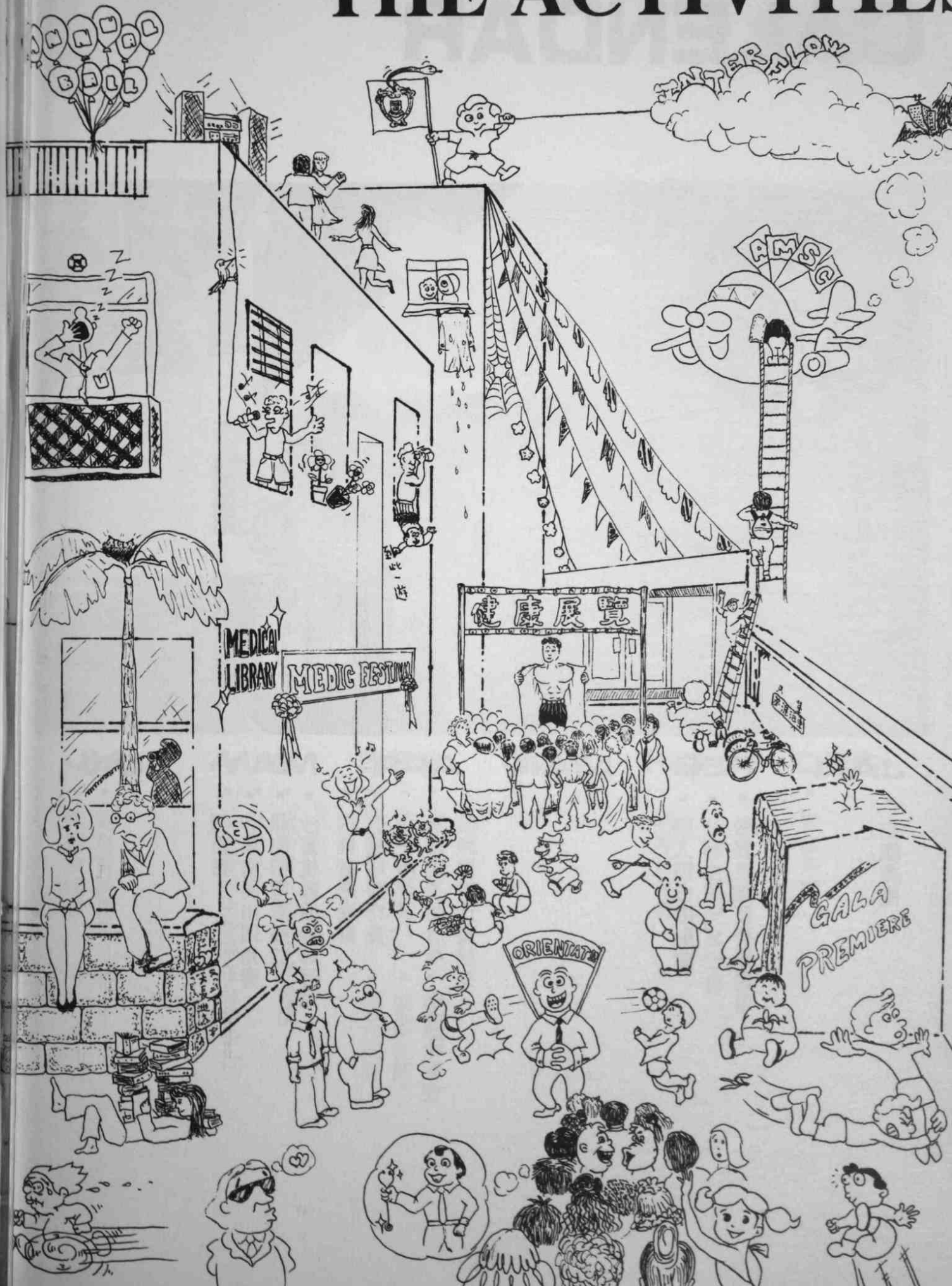
陳：教務委員會是制訂大學制度、教育政策的會議。而每學院的一個學生代表，一方面代表自己院內同學對教育制度的看法；另一方面可以和其他學生代表聯成一線，代表著全校學生的意見。因學生代表在會裡面擁有頗重要的權力（如投票），他們怎樣運用這權力便很重

要。學生代表絕不應該為滿足個人權力慾或好奇心而負起代表民衆的工作——任何學生代表均不能脫離民衆基礎。他要有一定的理想和對責任的承擔；應該為整體教育理想發表意見，而盡量避免牽涉入任何利益衝突之中（如各學系間的資源分配問題）；還要體會民衆所能接受訊息的最佳形式，把所獲知的事情向同學解釋，把同學以為沉悶的資料以簡單、有趣的形式使同學明白。就如當年雖然為同學製作了特刊，但把它做成同學喜歡看的形式，做得比較少，而我覺得這種工作很重要。

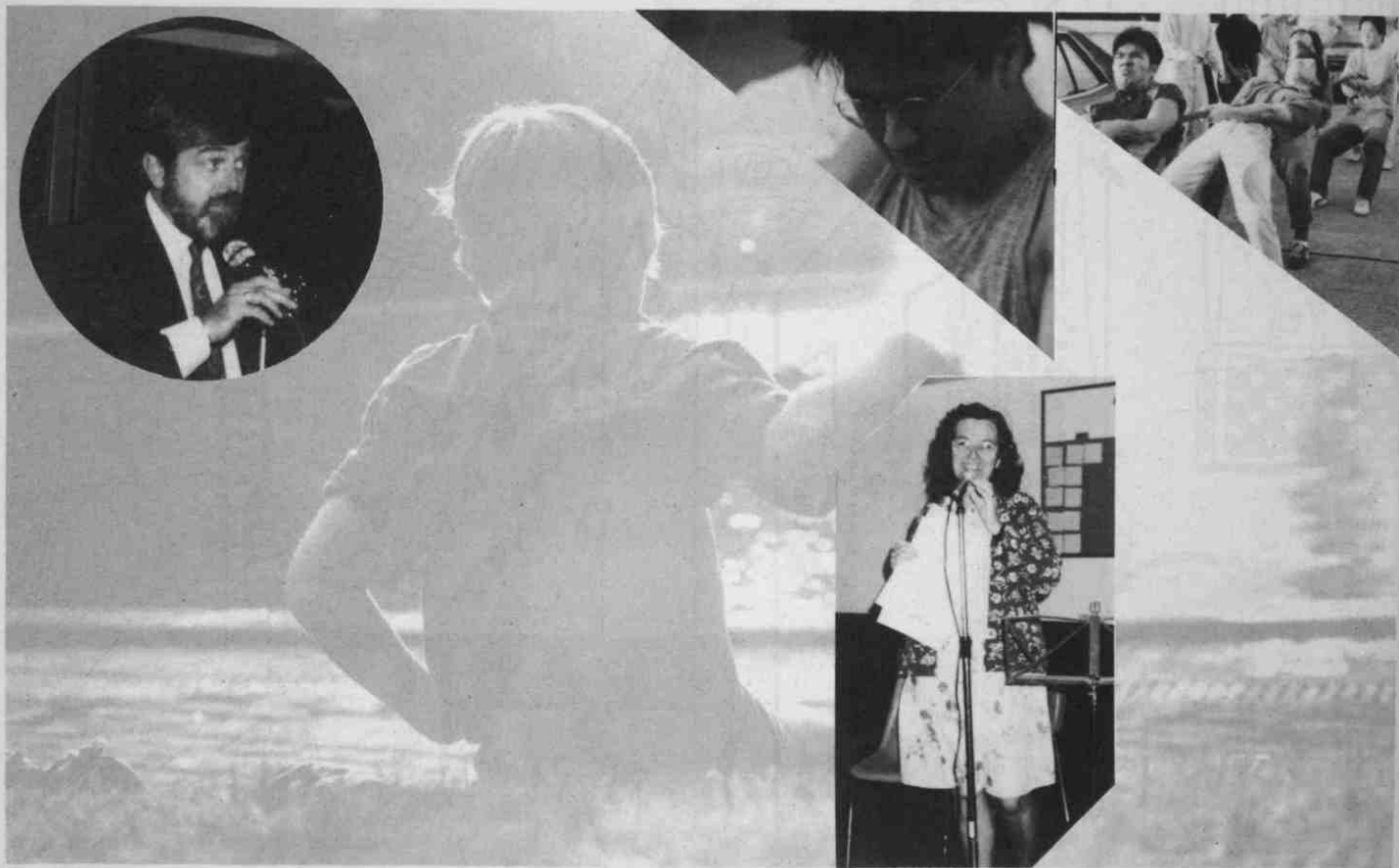
記：多謝你告訴我們寶貴的經驗！



# THE ACTIVITIES



# CALENDAR



## JAN

- 交職典禮

## FEB

- 情人節情歌點唱
- 「師生同樂喜迎春」
- 教務及院務委員選舉

## MAR

## APR

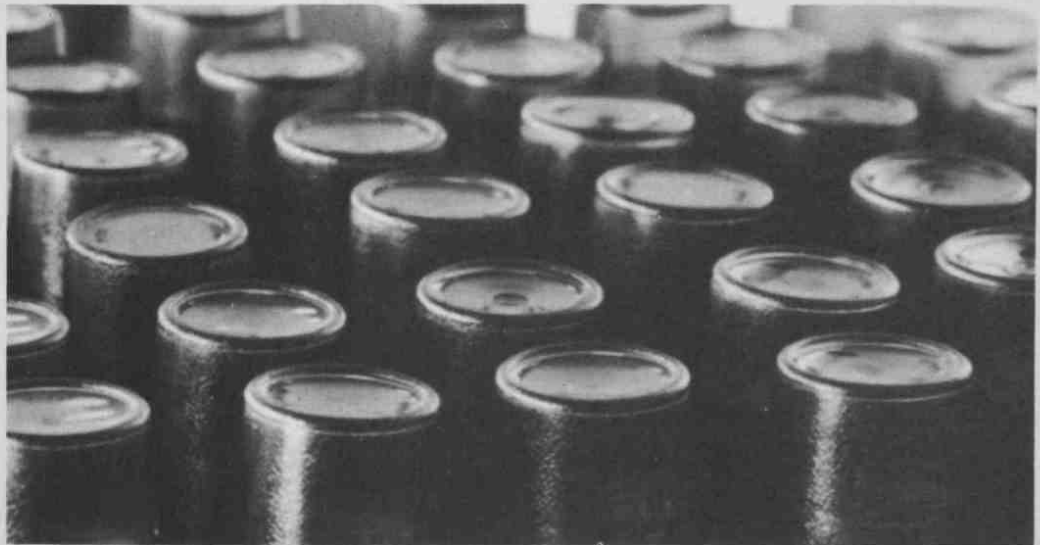
- 女子組亞軍
- 勇奪男子組冠軍(玫瑰杯)
- 院際體育比賽結束

## MAY

- 頒獎日
- 幹事會勝出四角賽
- 錄影帶電影播放
- 沙宣挑戰盾重奪冠軍
- 古典音樂晚會
- 班際球類比賽

## JUN

# 1988



## JUL

- 電影首映籌款八八
- 兩醫交流營

## AUG

- 迎新營八八——浸會園
- 迎新八八
- 亞洲醫學學生會議在台灣舉行

## SEP

- 預科生日
- 健康展覽八八
- 迎新營八八
- 院際水運會
- 醫學生節
- 學術迎新

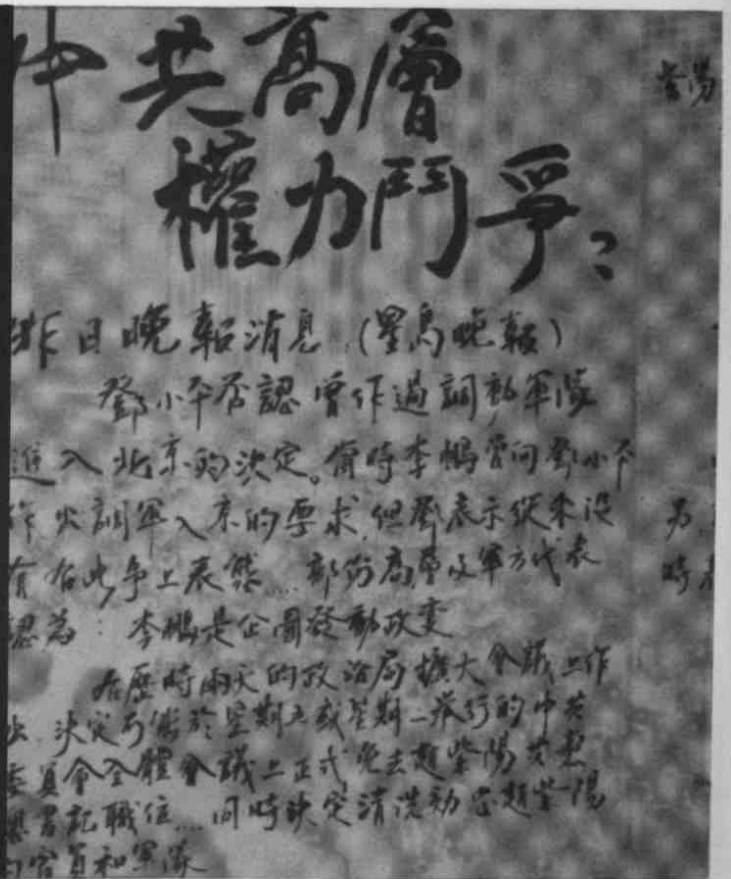
## OCT

## NOV

- 院際陸運會

## DEC

- 聖誕舞會



JAN

- 捐血日
- 交職典禮

FEB

- 農曆新年慶祝活動
- 學生會節，本院奪得冠軍

MAR

APR

中國 民主 運動

MAY

JUN



**JUL**

- • 電影首映籌款八九
- 兩醫交流營

**AUG**

- • • 迎新營八九——宣道園
- 迎新八九
- 亞洲醫學生會議在日本舉行

**SEP**

- • • 學術迎新
- 預科生日
- 健康展覽八九

**OCT**

- • 頒獎日
- 醫學生節

**NOV**

- • 捐血日
- 港大開放日

**DEC**

- 聖誕舞會

# 電影首映籌款八八

陳藝賢

電影首映籌款乃醫學會一年一度唯一之籌款活動，醫學會之財政命脈盡繫於此活動上，因此籌款活動成功與否，關係至為重大。

財務秘書運用其三寸不爛之舌，於當年三月份經已組成籌委會，蠢蠢欲動，準備大展拳腳。籌委會分頭工作，一方面游說同僚加入戲票推銷員（TICKET SELLER）之行列；另一方面則積極找尋適合場地、選擇首映之影片；大家當時可謂雄心壯志，忙個不亦樂乎！

TICKET SELLER招募行動破天荒地成功，合計有八十多位同僚答應拔刀相助；場地方面，亦順利地選擇了大專會堂，至於影片則選了美國賣座冠軍之猛片嘩鬼家族（BETTLEJUICE）。

七月乃令人失望之月份，真正參與工作之TICKET SELLER只有三十多位；無論如何，大家都竭盡所能，四出奔走，低聲下氣，厚着臉皮懇求醫生購票或資助，最後籌得之善款數字並不理想，實在令人沮喪。

但籌委會很快便收拾起悲哀之心情，把所餘精力盡放在首映典禮之籌備工作上。最後首映典禮當晚總算熱熱鬧鬧，星光熠熠，籌委會亦於既喜且悲之心情下有所交待了。



# 第九屆亞洲醫學生會議

何偉成

The Asian Medical Student's Association (AMSA) was founded in 1986. It is made up of medical students from various countries in Asia. The AMSA is a non-political, non-sectorial and non-profitable organisation. It exists to allow greater interaction and co-operation among the member countries and cognizance of the common problems, interests and goals.



For the summer vacation each year, the AMSA arranged a medical conference for its members, the Asia Medical Student Conference (AMSC). This year, the 9th AMSA was held in the Kaohsiung Medical College in Taiwan ROC, lasting eleven days from 1/8 to 11/8. Nine countries took part in this conference with more than 200 medical students and the main theme for this year was "Present Status and Future Prospects of Medical Service in Asia"

Seventeen of us attended the 9th AMSC representing Hong Kong. We started our preparation for the conference in early June. We had to conduct a study which was related to the main theme to be presented during the conference. The topic we chose was "Orthopedic Services and Bone-setters in Hong Kong" We set out interviewing various bone-setter and orthopedic surgeons in order to obtain their views on the matter. In July we were very busy rehearsing for the



Monument etc. There were also ball and games participated by all delegates where we all soaking wet.

The last night in Kaohsing was the climax of the whole conference. The cultural performance took part in the Armed Forces Hotel. After singing the song of the 9th AMSC, which was "All colleagues are my brothers". The first group to present their show was the Taiwan ROC delegates. When it came to our turn, there was too much embarrassment. Jimmy lost his T shirt ending up naked on stage! That night was of great fun.

cultural performance and making costume for the show. Each country's representatives had to prepare a cultural performance featuring the tradition of their own country. We imitated famous singers in Hong Kong from different era which was indeed great fun.

in which delegates from different countries came together to discuss certain public health problems. Apart from these very academical activities, the organising committee also arranged many tours around the place, such as going to the Kaohsing harbour, Ancient

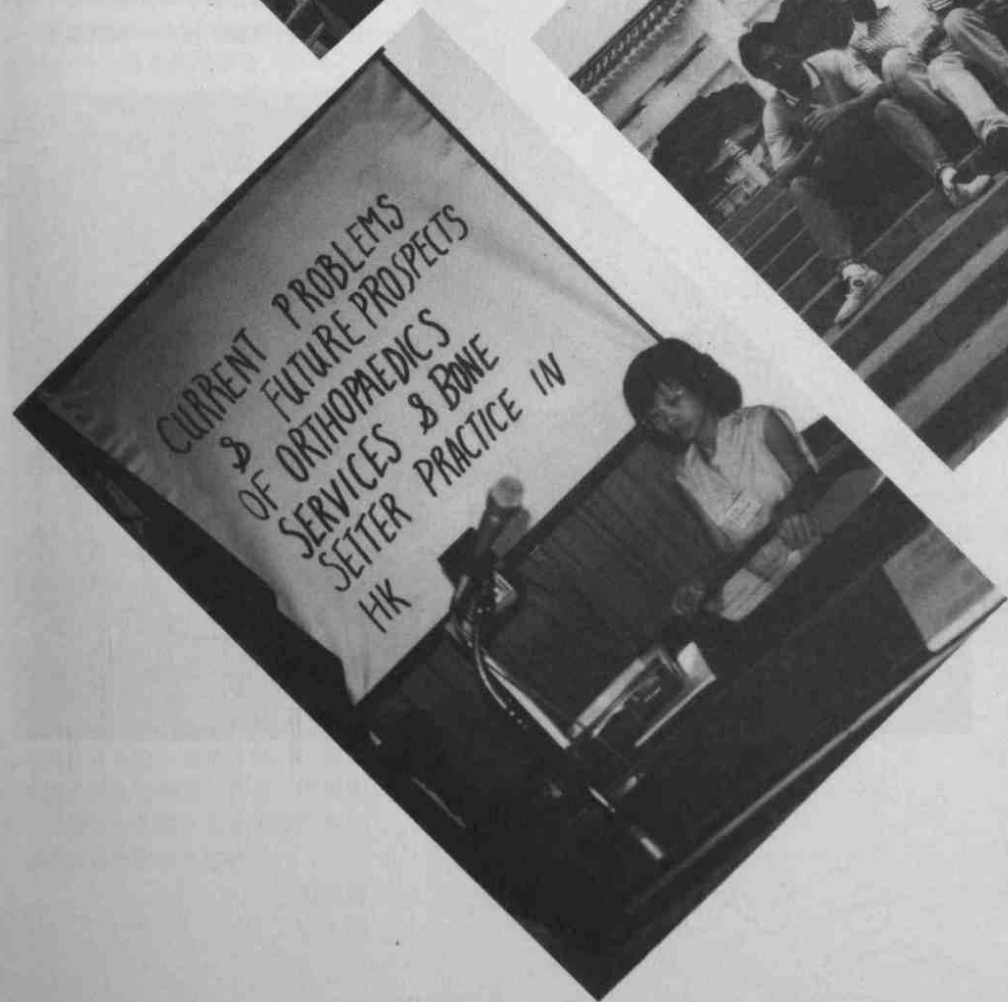
On the seventh day we left Kaohsing for Taipei. After staying for three days, we returned home loaded with joy and friendship. None of the participants will forget such wonderful experiences in their lives.

Due to some problem with the immigration procedure, we arrived on the second day at the Kaohsing Medical College. After the sincere welcome by other delegates, we took a brief round of the Kaohsing Medical College. Compared to the medical schools in Hong Kong it was nearly as large as the whole of HKU! That evening, we had a barbecue at the famous Cheng Ching Lake which was most enjoyable.

For the next five days, we stayed in Kaohsing. The programme for each day includes paper presentation from each country, panel discussion



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# 迎新



是因為我們認為創意不重要——對新鮮人來說，迎新營一定是新鮮的。我們著重的是其內容。我們希望透過小組討論，來帶出我們的主題。為此，我們定了每晚的討論內容，希望各組長會照着去執行。另外，為了加強組長與我們的認識和對主題的了解，我們亦準備了一些資料如文章、思考的問題給組長們作為參考。可是，這一切都進行得不太順利，一是我們發覺各組長對入營的態度都有不同，二是很多同學都只能做一、兩日組長，以致連貫性方面出現了很大的問題。

營前活動方面，今年我們作了一些小小的突破。首先，我們要求

當迎新籌委會於三月成立後，第一件工作便是找尋適合的營地。由於過去幾年都因等候北潭涌的回覆而耽誤了很多時間，今年我們決定不等待北潭涌的回覆，當知道浸會園有足夠空位的時候，便決定了迎新營的地點。

地點決定後，我們便開始籌劃迎新八八的方向和內容，當中遇到了很多問題。首先，我們的經驗不足，籌委中只有一位曾在過往參與過迎新的籌備工作。其次，人手也很缺乏。籌委會只有十三人，其中一些還身兼數職，不是AMSC的成員，便是健展的籌委。幸好，籌委們都很用心的投入工作，以至當大家熟絡了，有了默契後，我們往往也能依着起初定下的時間表去工作。

迎新營是整個迎新活動中最重要的一環，也是我們花最多時間去籌備的一環。今年的內容沒有多大創意，一是由於我們沒有條件，二



# 八 八

陳祖賢

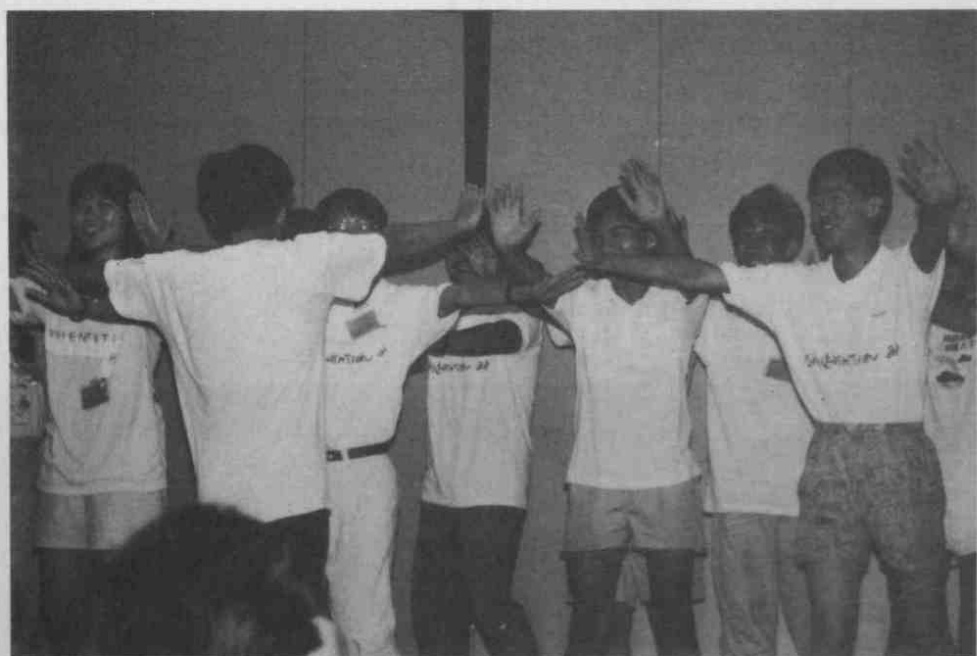


所有同學都要formally dressed，來出席一個簡單但嚴肅的開幕禮。第二，我們預備了一些refreshment，給同學們一個交談的機會。除此之外，我們也盡量減少介紹書本和顯微鏡的時間，以減輕新同學的「壓力」。至於遊戲日，如以往一樣，同學的反應並不太熱烈，很多於中午便離去了。也許將兩天合為一天會是一個較好的解決辦法。

營後活動的反應，往往是最差的。一是籌委會也倦了，二是開學後較難聚集人。高桌晚宴本應是迎新活動的最後高潮，但高年級同學的反應卻往往十分冷淡，以致失去了晚宴本身的意義。

總括來說，本年度的迎新活動雖仍有很多可以改善的地方，但整體也算不錯，在此籌委們的努力是不可忘記的。我十分多謝和欣賞他們願意付出自己寶貴的暑假，來做這既吃力但又不太討好的工作。特別是財政秘書，因他不單把那盤數做得井井有條，還在宣傳的事務上減輕了其他籌委的工作量，也減輕了我的很多負擔。在此希望以後的迎新活動會辦得更好吧！

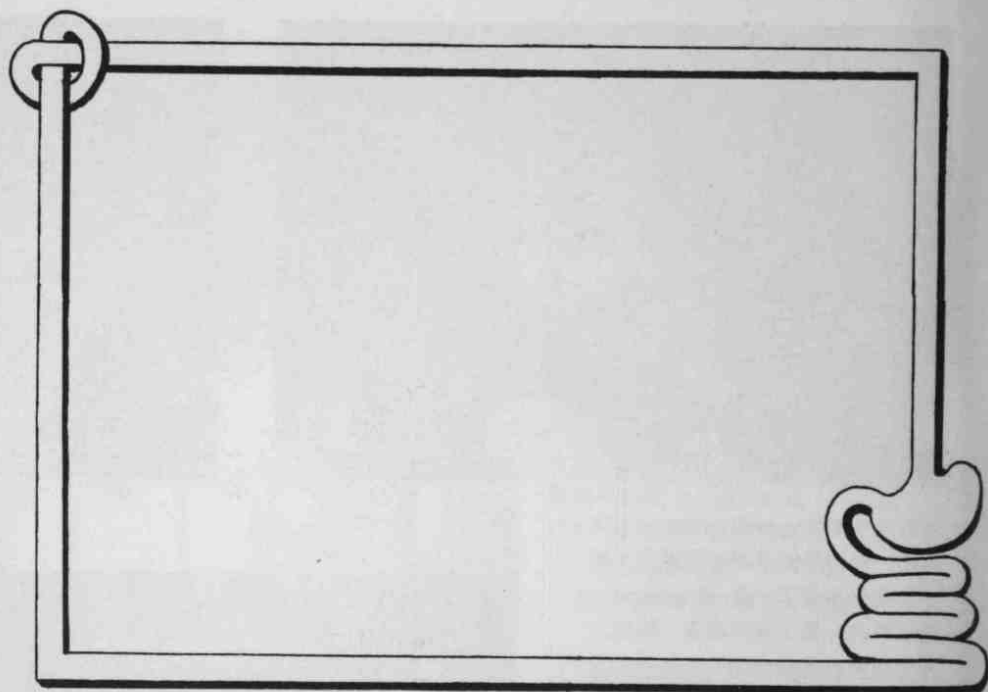
陳祖賢  
5/11/90



# 健康展覽八八

健康展覽——一個對任何一個醫學生都不會陌生的名字，一個就算剛為醫學生的新鮮人也會有機會參與的活動。

是次展覽的題目是「消化系統探索」，舉行的日期為九月一至五日，共五天，而地點則在大會堂低座展覽廳。入場的人數約有萬二人次之多，由此可見市民對這題目也倒有興趣。展覽的內容主要圍繞着整個消化系統的正常操作，以及在各種疾病的影響下所出現的徵狀，疾病的起因及其治療方法。展覽的形式亦頗為多樣化，包括傳統的展板、幻燈、錄影帶、一些疾病的標本以及一些幫助治療疾病的儀器，務求令到場參觀的市民對這些疾病有一個較為清楚的認識。由於內容豐富，相信一個到場參觀的市民亦要花上二、三小時才可看完整個展覽。



負責是次展覽的籌委在四月組成。由於由籌委組成至展覽推出只有四、五個月的時間，所以一切工作都要隨即進行。原來籌備一個展覽所需的工作是這麼多，幸好籌委們都能同心協力，不厭其煩地把這艱巨的工作完成。雖然工作是辛苦，但畢竟也是個考驗，而當大家看見自己的努力能給別人欣賞時，那份欣然的感覺亦足以令籌委們覺得自己的努力並沒有白費。當然，在這班籌委外，還有不少的師兄以及醫生都有為是次展覽出力，相信沒有他們的幫助，展覽是沒有可能完成的。

雖然展覽舉行的日期距今亦足足有兩年的時間，但相信留給各人的回憶仍然是很深刻。



許念忠



# 港大學生節八九

廖嘉怡

港大學生節八九可說是近年來時間上最能顧及醫學生考試時間的學生節。故此，久休復出的醫學院便能參加所有院際比賽，其中包括歌唱比賽，拔河比賽及戲劇比賽等。而醫學院的同學亦不負眾望，勇奪院際比賽的總冠軍，和法律學院平分春色。這可說是醫學院卧虎藏龍，人才濟濟的又一次證明！

港大學生節八九的主題為“Unity and Fun”。顧名思義，當然是友誼團結第一，比賽奪標等只是其次。醫學會本着這精神，亦以盡力參與，全面投入的姿態以響應和支持這次學生節的盛會。而背後曾經參與和支持這次學生節的一群醫學生，更是功不可沒！

在各項的院際比賽中，醫學院在戲劇比賽的成績至為特出。除了

奪得大會全場冠軍外，更獲得了最佳導演和最佳女主角等獎項，可說是滿載而歸。雖然在整個籌備過程中，時間都是很匆忙。但無論導演，演員以至工作人員都是那麼的投入和認真，以至出來的效果和成績都是出人意料，令人喜出望外。記得當晚出席的醫學院同學不多，但人丁單薄的我們仍然是大叫醫學院的口號，不斷的鼓掌和歡呼！當晚的團結和興奮程度簡直到了沸點，而各個工作人員亦深深感到團結一致和互相支持的可貴！至於歌唱比賽方面，我們醫學院亦奪得了第四名。雖然不能進入三甲，但歌唱隊的指揮以至所有的隊員所付出的時間和努力，都是值得大家向他們致敬的！拔河比賽向來是既緊

張，又刺激的活動。而比賽當日，雖然醫學院未能勝出，但一班同學都玩得很投入，很興奮，早把成敗得失置諸腦後！

整個學生節的壓軸項目，當然是學生節之夜了。當晚我們醫學院有約四五十位同學出席。我們一邊叫口號，一邊浩浩蕩蕩的進入陸佑堂，為整個大會帶來了不少熱烈的氣氛。而當晚我們一群醫學生的士氣高昂，充份發揮了我們團結一致的醫學院精神。

在閉幕禮當天，我代表醫學會去領院際比賽總冠軍的獎杯「王廣武杯」，當時心裏有說不出的興奮和光榮。但真正領受這份榮耀的，卻是一群曾經努力參與和支持這次學生節的醫學生！



# 兩 Interflow 醫

鄭佩君



## 交流營

# 八九

HKU-CU Interflow Camp '89 was a joint function between the medical society of HKU and CUHK. As the Vice-chairlady of this camp, I deep-heartedly hope for a better understanding and communication between the two medical schools. This camp was held in the summer vacation 1989 and there were about 80 participants.

The 3 days' camp involved various kinds of activities like mass games, orienteering, mid-night discussion, visits to both universities etc. It was full of fun and laughter. The most important of all was that it provided an opportunity for medics of both universities to co-operate and it shortened our distance.



*"IT'S A TIME FOR SHARING, FUN AND MEMORY."*



I deeply felt that joint functions like interflow camp between the 2 medical schools should be highly recommended. Not only to improve our mutual understanding, but also to provide chances of co-operation since we were very likely to be colleagues in the future. In fact, a three-day interflow camp might not be able to make a big step towards deep understanding, but at least it was a beginning for us to know each other. Therefore, in the future, I am hoping to seek more opportunities for the co-operation between the 2 medical schools, so that not only on a friend-to-friend level, but also on a deeper level on discussions on medical issues for the benefits of Hong Kong medical system could be achieved.

Lisa Cheng 1990.



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Gala Premiere. These two words could be found in many places in the history of Medical Society. It has been organized for a great number of years as the fund-raising campaign for the Society. The fund raised by this function contributes to the smooth running of the Society, the welfare of all Medical students (e.g. newspaper, facilities of the students' amenities centre, loans to needy students, etc.) and the promotion of public health care which is done via our Health Committee as well as the annual Health Exhibition.

Luck has not been on our side in the past few years and not enough funds was raised for the Society. The deficits in those years quickly developed into a financial crisis which is exemplified by the inadequacy of fund to organize the Health Exhibition. Thus, this year, we tried our best to explore different methods to obtain more sponsors. As most people probably know already, the success of Gala Premiere depends a great deal on the buying of tickets by the doctors. Considering the failure of the past years, it seemed that this year, we should look for more sponsors from companies and patrons.

The organizing committee was formed in March and started working during the Easter holiday. The committee consisted of 11 persons and was divided mainly in 4 sections: publicity; production; publication and ticketing. As mentioned above, this year, we put a great deal on emphasis of the work

of the publicity section which was responsible primarily for the finding of sponsors and patrons. At the same time, the production team dug their heads into finding a suitable venue for showing the film as well as bargaining for a 'good' film. The job of the ticketing section was the most tedious one of all. The reason is that we have to recruit some 70 ticket-sellers (mainly from 1st year) and this was no easy job. This is because by the time we started to sell tickets, it was already well into our Summer holiday and on top of that, it was well known that being a ticket-seller is like being a sales running around the hot summer streets of Hong Kong with a tie around your neck selling film tickets that are unreasonably expensive. Thus, it took quite some persuasion before we gathered about 65 ticket-sellers, all of them from Class '93.

As in most cases, thing could never go as planned. The obstacle that came into our way was something that none of us could afford to ignore — the pro-democracy movement in China. This started at around late April and did not end until mid-June. This greatly affected the progression of our organizing work for quite a few members of the committee took up active roles in this pro-democracy movement. At last, when things started to die down, we managed to catch up with the schedule that we have planned for the premiere.

By around mid-June, everything was confirmed: the film was going to be Tequila Sunrise; the

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venue was to be A.C. Hall; and the time and date was also set. By that time, the whole of the organizing committee was ready to tackle the most difficult part of the whole operation — ticketing. We have to send out about 70 ticket-sellers to all parts of Hong Kong and knocking on doors of clinics and hospitals to sell the tickets to the doctors. This operation of ticketing lasted for about 2 weeks and at last we managed to fill up most of the A.C. Hall.

Finally, came the evening of 16th July, 1989 — the night that we have planned, prepared and waited so long for. People started to arrive at around 8:00 p.m. . While everybody else of the committee was doing their jobs, I was trying my best to do mine — reading through my speech again and again. Most of the patrons did not have the time to come but we have the honour to have the presence of Dr. T.K. Choi, the President of the Medical Society, HKUSU and Prof. J.C.Y. Leong, Dean of the Faculty of Medicine.

The programme started by having our M.C. welcoming the doctors, fellow medical students, staff and friends that filled the whole of the A.C. Hall. Then she introduced Dr. T.K. Choi and myself to give speeches. The opening ceremony ended by the presentation of souvenirs to both Dr. Choi and Prof. Leong by myself.

Then came the film. This year, we managed to rent a film that has been nominated for quite a few Oscars — Tequila Sunrise, starring Mel Gibson, Michelle

Pfeiffer, Kurt Russell and Raul Julia. The film deals with 2 former high-school friends one of whom become a drug dealer and the other one become a cop assigned to put his friend behind bars. Caught between the two, both physically and emotionally is a woman unsure of their attention toward her is love or merely an attempt to use her as a pawn in their reluctant conflict.

Everybody left after the film was finished leaving behind us, the 11 committee members, to clear up. The night ended in good spirit.

Then we did some calculations. It came out that we managed to obtain about \$30,000 for Medso but this amount was desperately short of what we aimed for at the beginning. After some evaluations, we came to the conclusions that it was the high cost of renting the film which was the direct cause of our failure.

Lastly, I would like to take this opportunity to express my gratitude towards our patrons, advertisers, ticket-sellers and all those who contributed to the success of this occasion for their indispensable support. Most important of all, I would like to thank the whole of the organizing committee that worked so hard as well as supported me so much and making this a memorable experience.

Kenneth Tsang  
Chairman  
Gala Premiere '89



# 第十屆 亞洲

# 醫學生

# 會議

靳嘉仁

第十屆亞洲醫學生會議，舉行的地點在日本Kobe神戶。同以往的沒什麼分別，今年我們的主题仍然是圍繞Primary Health Care，但特别的是因為今次是第十屆，和舉行的地點是在日本，所以較為大型和很國際性。因為不同地方也派他們的students，professors，又例如日本也派他們的Health Minister參與我們的conference，所以很大型和國際性。今次參與的國家大約有十個，香港也是其中一份子。香港主要派出的代表有H.K.U. Medical Students和CU Medical Students，一共派出20個團員，參與是次會議。會議主要分開2個part，第一個part是Paper Presentation。各個國家的代表都會共聚，在幾個大型的Lecture Halls內deliver各個代表的presentation，主要是涉及preventive medicine and 各國的medical manpower distribution，各國所face的problems or dilemmas。Presentation佔大約六、七日時間，各國代表輪流present他們的materials，每個part也講得很detail，>40，50hrs are used for discussion和交換意見。其次是cultural performance，所佔只是一晚，每個國家大約有半小時的表演時間，主要是show每個國家不同的culture，文化特色或者是他們比較傳統，罕為人知的一面。例如泰國的劍道，利用木劍來較量，藉以說一個故事，又例如馬來西亞所show的是他們的傳統婚禮，最主要是show到每個國家不同的風俗習慣和不同的傳統。就我個人觀點，我覺得香港的文化是一個

mixture，and this is very obvious。我們有中國很傳統的例如粵曲，有西方很現代的rock，break dance，但是實際上要我說出一個香港才有的culture，那實在是很難辦到，但我們也要為這個cultural performance作準備，介紹香港有何特出，在以後的文字裏，會有所交代我們究竟present了什麼，足以令我們對這cultural performance有所懷念。Cultural performance差不多是closing ceremony的前奏，二天後，conference是practically完結了。Closing ceremony之後，會議是完結了，日本那方面替我們安排了一些觀光的活動。我們去了Disneyland Kyoto，東京，參觀不同的地方。觀光的時間不很長，大約兩日，其餘時間各國代表各自安

排了不同的活動。我們香港學生代表分開2批同學，其中一批要在conference完結後趕回香港，因為他們需要take part in學校的某些activities內；另外一批就留在日本遊玩，例如我自己玩了差不多十天，那十天是純觀光旅遊。我們去了2個博覽會，Disneyland，東京，心齋橋，見了不少風土人情，亦買了不少紀念品，也花了不少錢，因為日本是一個甚昂貴的消費地方。上文說過我們很懷念那夜的cultural performance，為什麼？因為那performance是很特別的。其他國家所present的是他們國家的傳統特色，非常純cultural，但我們則選了以drama的形式，去表達我們的ideas。我們的performance很有時代感，以戲來論，它很BB（孩子氣），不會特別深奧，可以一





看就明。例如壞人很深色，好人純白色，有顆紅色的心，但故事需要那些讀過書的medical student才明，Layman或外行人就未必明，非常簡單，例如我們提到Thyroid, Parathyroid和Macrophage的function和action，絕非一個沒有這方面知識的人所能明白。讓我現在略略介紹一些主要角色，以方便各位一會兒參考那個Script時，會較易明白。

Thyroid cells (T)——他們剛長成，很有理想，想幹一番事業。  
CNS Hypothalamus  
Pituitary (P/H) - control T-cell growth

Neurons (N)——他們負責報導給身體的其他organs知道，究竟身體內發生了什麼事，有co-ordinatry

function，其中又分2種neurons。Peripheral neurons負責把signals由一個器官傳到另外一個。CNS neurons則由Pituitary and Hypothalamus來控制，負責一些中央指令，至於好與壞，得由你們來判斷。

Macrophage (M)——專負責吃掉其他cells，他們比較無知，和不大明白他們的所作所為。他們只是依中央指令，聽從B cells (B cells secrete antibodies which stick on the foreign bodies so as to improve opsonisation，從而幫助Macrophage殺死foreign bodies)的指示行動。

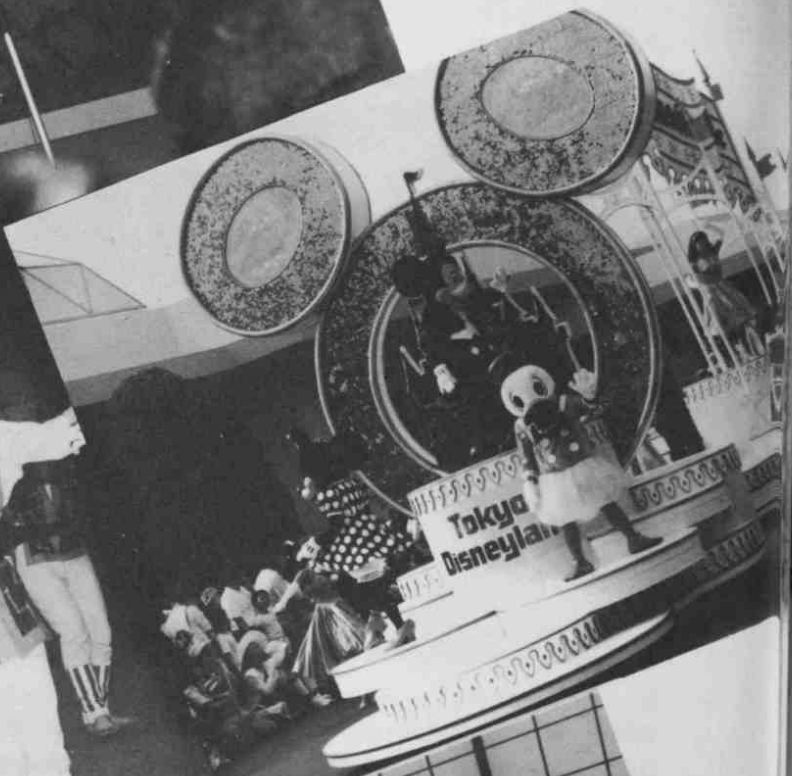
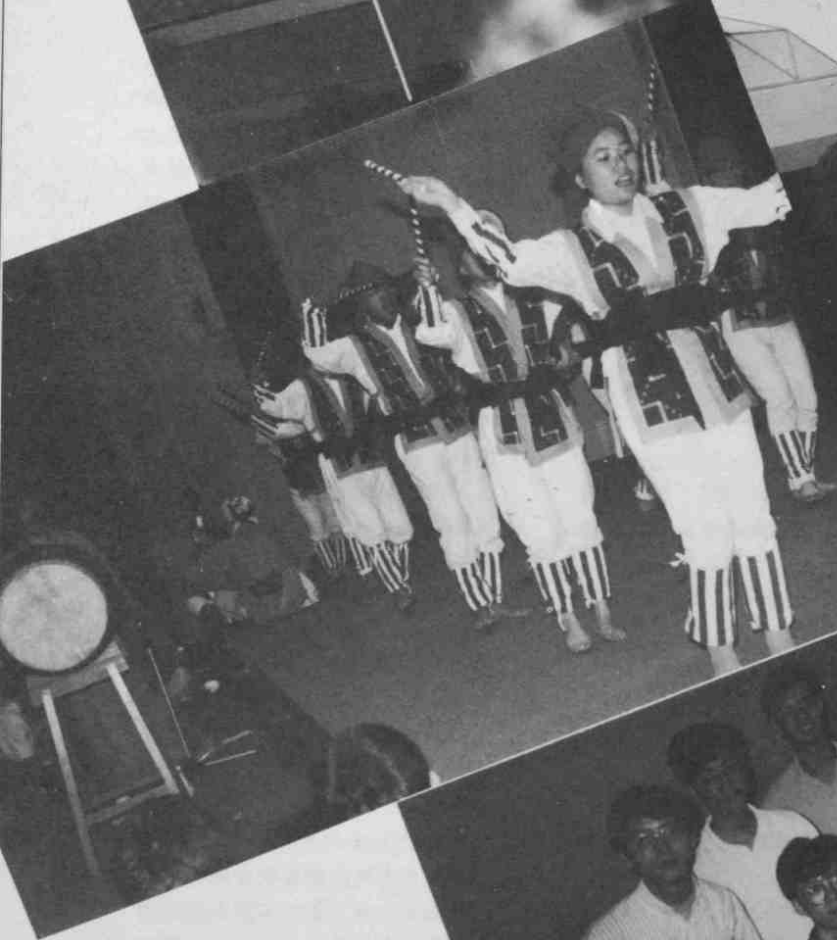
Parathyroid (P)——他們和Thyroid位置很相近。

Parathyroid glands 很小，付在thyroid gland後面，但他

們非常重要，因為他們負責control calcium level in blood。Calcium控制nerve impulse transmission, bone growth, teeth growth and metabolic process。Parathyroid cells很勤力的工作，為身體作出很多貢獻，但他們從好的peripheral neuron得知thyroid gland內所發生的事後，他們也很驚怕，各個cell都有很不同的反應。

故事有一個比較灰的結局。Parathyroid cells就好像我和你們，結果不單newly differentiated T-cells被吞滅，而parathyroid gland也受到不少的牽連。詳細的內容，希望各位能細心閱讀以下的劇本，也希望你們喜歡。

在本文結尾，我想藉此多謝麥浩良同學，他是我們整齣戲的導演和劇本策劃，我們非常感謝他的一番努力和對我的故事所作的支持，因為沒有他根本不能成劇本，和上演了一套我那麼喜愛的drama也很多謝一個沒有出場，也沒什麼人知的同學陳安安，她負責幕後的燈光，音樂等等。非常多謝她（聽說她很害羞，不想出場）。有很多同學也貢獻良多：韓尚穎同學請了她的朋友回來教跳舞；簡聚坤很努力的扮professor，穿上了醫生袍介紹我們的故事，令他花了不少口水，滴了不少的冷汗，令他很害怕。至於其他的人，非常謝謝參與上屆醫學生會議的各位醫學生代表，多謝他們對我的支持。也多謝你們看我這篇文章至最後的一句。謝謝。



# INNER SPACE

## - SCENE 1 -

(Many new thyroid cells after cell division)

T1: Hey, it's so good to be here. I feel energy all over me. I just can't stop moving. But what're we gonna do now?  
(Look at each other)

T2: I've got a suggestion. Let's join together and form a follicle.  
(Cells agree and join to form a circle)

T3: I feel something's coming out!

Others: Yeah, so do I!

T1: See what we've done!

T2: Oh yes, it's marvellous!!...but I'm feeling a bit tired and hungry now, I don't think I'll keep going.  
(All sit down)

T3: (Stand up) Hey, look! There're some food over those large red pipes. Let's go get some!  
(Cells get food and eat)

T2: Yes, it taste good!

T1: Yummy, Yummy, Yummy! I could also breathe in something and ... oh, I'm full of energy again. The gas is from there. Why don't you all get some!  
(All took deep breath, looks like stoned)

T2: That's wonderful. OK, let's join again, shall we?  
(Let us divide again.)

T1: Wait...I got a feeling that we may be lacking something. I'm feeling a bit empty. Do you feel it too?  
(Others discuss and agree)



T3: Yes, I feel it too. But what can we do?  
(Others discuss)

N: Let me tell you about this.  
(Neuron walks in and walks over the stage. Ts look surprised with wide open eyes.)

All Ts: Who are you?

N: I'm called Annie. I can get all you wish and help you make them come true.

T1: Oh really?...But do you know what we lack now?

N: Certainly! There's no use eating and breathing if you want to thrive because all you eat will get to nowhere. Let me tell you all that you need is just GROWTH.  
(Cells look puzzled, some asked 'what's that?')

Growth can make you bigger, make you more healthy, it can also make you mature so you can make more and better proteins.

(Pick up thyroglobulin)  
Like that?  
(Cells discuss and nod)

T3: That sounds good. But how do you help us get that?

N: If you really want it, I can report this to your master of growth --- the Pituitary / Hypothalamus.

T1: (Turn to cells)  
Folks, what do you think?

T3: Well, I'd really like to make more protein. I often feel happy of doing so. If growth can really keep me do that, I'd love to try it.

Others: Yes, I also agree!

T1: OK. Annie, now you must help us.

N: Calling CNS, calling CNS. Can I speak to Pituitary / Hypothalamus.

(Pit/Hypo appeared)

H: Yaun! Who's calling me?

N: Mr. Pit / Hypo, now these cells of the thyroid have felt that they need to function more efficiently and they need you to give them the appropriate factor for growth. Please respond accordingly.

P/H: (Look at cells) Uh? Growth? No, no growth.

(Fade out)

T1: But wait, wait! (P/H fade in) Can you tell me why?

P/H: Did you just talk? I said no growth and that's it!

(Fade out)

T1: Pals, do you want such an answer? Let's join and call him again!

Others: Hypo, Hypo, Hypo! (or Pit)

N: Calling CNS, calling CNS, the cells of thyroid here all want to know exactly why they can't have GROWTH.

P/H: (fades in) You really wanna know why.

I repeat no growth is no growth and you must follow the central control. Uncontrolled growth will make you crazy and become neoplasia.

N: This is only the effect of uncontrolled growth, it doesn't mean totally no growth. Furthermore, do you think that no growth is 100% good for the body?

T2: Yes, we only want to have contribution to the body's health and runs in an appropriate BMR. If we have no growth, we will become hypothyroidism. Please let us grow!

P/H: I don't want to listen to this bullshit! All of you listen, you must have been invaded by some oncogenic virus! It will turn to malignant tumour easily. Something must be done! Something must be done!

T1: What are you talking about? How can you tell if we are invaded by virus or not?

T2: Yes! We are not viral infected! We just can't understand why growth such a normal phenomenon is criticised as neoplasm! We are working for the good of the body! How can it be criticized as virus infection!

T3: We hope you can reconsider our wishes. To show our sincerity, I suggest to go for a hunger strike. We hope the Hypo can give us some growth factor! (Others agree)

T1 : Mr. Hypo, if we can't grow, how can we keep in pace with the body's requirement? What's the use of living? Now we sacrifice our lives. We hope you'll see us!

N: Calling CNS, these bunch of thyroid cells are unwilling to take in any nutrients! Please respond accordingly!

P/H : What the hell is this? (3 heads discuss)

Attention now! There is a very small bunch of thyroid cells among the large no. that have been infected with oncogenic virus. They'll soon turn neoplastic and will infect other cells. If action is not taken immediately, the body's health will be seriously endangered and the central control of the body will be threatened. Such a result is not to be tolerated. Now to maintain the health of the body, I announce that these small bunch of infected cells must be selected from the other healthy cells and these cells must be executed as soon as possible. All healthy cells must evacuate from the thyroid to avoid contamination with viral antigen. In a moment the troop for defence (macrophages and B cells) will enter the thyroid to complete the job of selection and elimination. All other healthy cells have no reason to worry for they are not the target of elimination, as long as they are still under the central control. End of announcement. (All thyroid cells look shocked, neuron looks angry)

T1: Can anybody tell me what's going on? What have we done that was so wrong? Are we a SMALL BUNCH?



T2: Why? We're only trying to do good to the body's health, is that a form of VIRAL INFECTION? Pals, at this point we must not surrender!! Down goes Hypo!! For the sake of health!! (Others follow) To hell with Hypo!! Health is not a virus!!

N: Calling other organs, calling organs! A group of thyroid cells are demonstrating in the thyroid gland. They have just been criticized as "cells infected with oncogenic virus" by the hy-pothalamus. Now they're shout-ing out slogans such as "Down goes Hypo" "All for health" and ... (A B cell (B1) entered and cut off branches of Neuron) What're you doing?

B1: No signal, no impulse from thyroid! Understand? (Put 'X' strucker on N's mouth)

N: Mm... (T cells notice this, run to front and try to hit B) (B cell use 'Ab' to hold back crowd)

B1: Move back, move back, babies. B, take care of the neuron and get our central neuron here.

B2: Okay! (Use fork (Ab) to hold N) Central neuron, please. (C enter stage, walk around and look down upon thyroid cells)

C: Attention all organs! This is the central neuron. It is the official signal which stands true all the time. All the others are false signals, which are sent out by virus infected neurons. Now what's really in the thyroid is that the morbid cells are going crazy, trying to grasp all the nutrients and dividing in an uncontrolled manner. All the cells are attacking our defence troops. Our cells did not attack back, but are in great danger. All organs must join together to help the central fight these cells, or they'll become infected.

T3: What's she talking about? It's all lies! Lies! Lies! (Others follow)

B1: Now shut up! Or I'll kill you right away!

T2: Why do you want to kill us? We're not foreign bodies! We're not morbid cells! You and us are derived from the same embryo, don't you know?

B1: But you're threatening the power and privilege of the central master of the body! That's why you mustn't exist anymore! B, don't waste time, let's capture them, all for mac!

B2: Mac, mac! (Runs to hold down cells) (Mac enters stage)

B1: It's the end of you now! Mac, got something for you, ever tasted thyroid cells before?

M1/M2: No, no, Mac is hungry, bring me the food! (Ms eat up all cells, all Ts lie on floor)

C: Attention all organ! Our troops of defence are in great danger! The mad and bad cells of thyroid is attacking the macs! But our troops are still holding back. That is a riot! The macs got no choice. They have to defend themselves to put this neoplastic growth under control. 23 macs and Bs have been sacrificed. But their heroic spirit is never to be forgotten!

N: Mm...! (run out of stage)

P/H: Ha, Ha... (in mandarin) (Bs and Macs dance) My honourable troops.

B & M: (Salute) Yes sir!

P/H: The morbid neuron has just escaped from here to the parathyroid. Now go and kill her!

B & M: Yes sir! (run out of stage)





-SCENE 2-

(Parathyroid working hard, throwing parathyroid hormone into blood vessel)

P1 : Plasma calcium level has just fallen by 2 units! Please increase your secretion!

P2,3,4 : Work, work, work... (Whole group write messages on paper, roll paper and throw into blood vessel)

P2 : Osteoclast please erode the bone matrix.

P3 : Kidney, please get rid of phosphate...

P2, 3,4, 5 : Work, work, work...

P7 : Keep on, boys! It'll surely pay off! Oh, I think it's about time for a rest, why not call it a day now?!

P1-6 : Thanks, Boss!

P7 : And I suggest that we all should relax for a while, is that true, folk?

P1-6 : (cheer) Hurray!

P7 : Maggie, let's dance!  
(Parathyroid dance)

P1 : I'm so content to work here! I think we're doing a great job!

P2 : Yeah, if we keep this spirit together, the bones are gonna be large and strong. The heart will beat well! The body 's gonna thrive!

P1: Help her get off that thing and let her rest! (P1 & P2 pull sticker out)

N : I have to tell you about this .... I came all the way from the thyroid gland... the cells there asked the Hypo for more growth hormone and the Pit refused, and so they refuse to take any nutrients... Bs and Macs to kill all of them! Then they cut my processes and Then they cut my processes and cut off my signals! ... They used another neuron which gives out signals that the thyroid are oncogenic/ neoplastic / potentially tumourous/ virus infected and that they're attacking the Bs and Macs! I saw it myself that macs are eating up the thyroid cells...Ooh...(cry)

P3-6 : "How can that happen?" "I don't believe it." "What are we going to do?" (Discussing)

P7 : (Spoke up) Quiet! Folks, quiet! I've just got a message from the Pit recently ,he says we can maintain our own autonomy and after all our growth and metabolism has only been determined by the calcium level instead of the central control! (others agree)

N : But let me tell you one thing... The Pit has gone crazy now... he wanna gain control of here also! So the troop of Bs and Macs are coming soon!

P3 : What?

P4 : Oh, my goodness!

P7 : Folks, folks! Don't worry at all. We must keep on with our work, everything's gonna be fine. (Turn to P8) Now get me the pack of nutrients (P8 leave stage)

P1 : Hey, friends, I have confidence in ourselves! I don't think that's gonna happen, maybe the neuron has got the wrong message....

N : That's true, trust me please!

P : But, but, but we're such an essential organ! Without us the heart rhythm will not be synchronized and... (P8's got the pack, she's going with P7)



P1 : OK! Work's Completed, Calcium level have risen again!

P7 : Hi, Folks, how's the work here?

P1-6 : Boss!

P1 : It's running smoothly though we're working hard!

P1 : Yeah, it's great.... Boss, why don't you have a dance with your partner?

P2-6 : Yes, Boss, Boss, Boss.  
(P7&P8 dance, surrounded by P1-6)(P7&P8 furnished, all applaud)  
(N enter stage, all attention, diverged)

N : M..... Mm.....!



P1-P6 : Well, er.... I'm leaving for the Pit to negotiate with him on this matter (smile) Don't worry. Every thing will be fine... (Leave via blood vessel)

P1: Well, we'd better let them go. We can't force them to stay, or what's the difference between the Pit and us?  
(Others agree)

P2 : But boss! (P7&P8 left) But... that's not the way towards the Pit. That's away from it! He is migrating to another organ!

P1 : (Worried) What's he doing? Leaving us behind? Folks, folk! Please listen to me for a while. Now we cannot depend on anyone but ourselves. We must unite together, or this organ will be destroyed in the hand of the troops. If we unite together, I don't think we'll be killed. We can also maintain our work, growth and metabolism since we're such an essential organ. Neuron, you must help us deliver the message to all parts of the body that the Pit's power can be suppressed. (N nod)

P3 : Well, but I think I'd rather migrate.... I wish all of you good luck.

P4: Wait for me! I'm going with you. (Pick up nutrient from ground)

P5: You selfish cells! You can't leave us alone! Why don't you think for the sake of this organ?

P3: This's the way to the nearest bone.

P4: Yeah, we must be welcomed there for we've been in close relation for such a long time.  
(Suddenly blood vessel constrict)

P3: What's going on?

N: I think the bone's not letting you go there... Maybe since you're of ectodermal origin while the bone is from the mesoderm!

P2: Why not stay with us then?

P3: No, I'm gonna pull open this vessel till we can go! Help me!

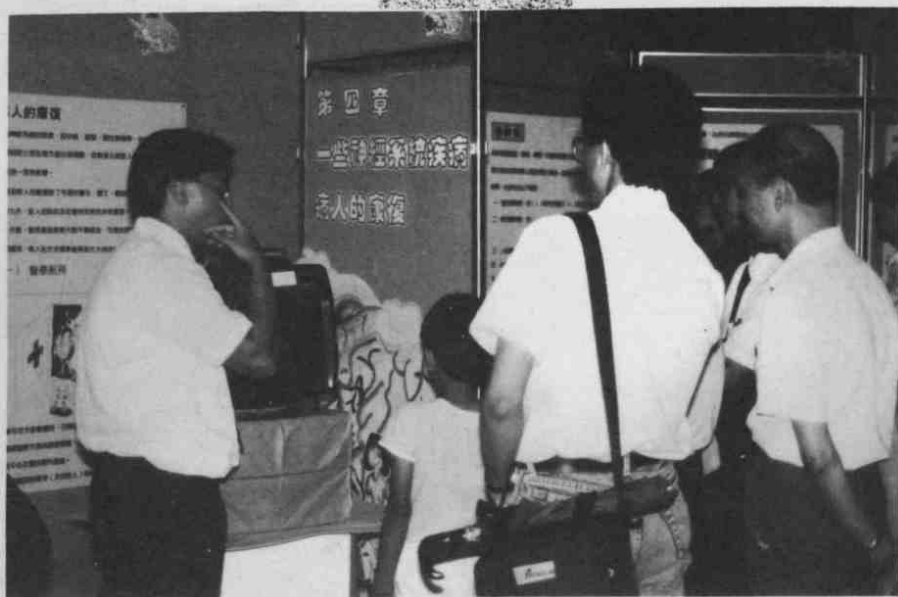
P4: Why are we like a bunch of outcast? What's so wrong we've done that we're rejected by them? (Every cells are very worried about their future. They discuss with each other)  
(Heart beat gradually fades in and becomes faster and faster till alarm rings --- END)

- THE END -



# 健 展 覽 八 九 康

劉建榮



八九年的健康展覽，是以人體的神經系統為主題，名為「動、感之源——神經系統透視」。是次展覽是在九月五日至七日於香港大會堂低座展覽廳舉行，其後在九月十五日至十七日移師沙田大會堂展覽廳再展出三天。在這五天半的展期內，共有約六千五百人次曾到場參觀。展覽中除採用傳統的展板外，更以錄影帶、幻燈、模型、病理標本、X光片等作輔助說明，務求令展覽的內容更加充實和富趣味性。至於展覽的內容，主要分為四個部份，將一些有關神經系統的功能，神經系統疾病的起因、診斷、治療及康復的知識帶給市民，使他們對這些疾病有比較深入和正確的認識。

健展八九的籌委會在四月初組成，成員全是九三班的同學。在籌備工作進行的初期，籌委在很多方面都遭遇不少困難，其中尤以展覽場地的問題為甚，令人費煞思量。這主要是由於大會堂碰巧在該年改了預訂場地的規例，將預訂場地的時限由半年前改為一年前，令醫學會未能在大會堂租到理想的日子（即包括星期六、日或公眾假期的）來舉行健展。這實在是一個非常不利的消息——我相信大家都可以想像得到，在平日參觀大會堂的人數會和在假日參觀的人數有多大的差距。其後，經過詳細考慮後，籌委會決定在香港大會堂外，再在沙田大會堂租了三天（都是假日）的展期，以方便市民參觀。

在之後的籌備工作裏，籌委亦遇到不少障礙，幸好在大家的努力和很多人的協助下，終於亦能使展覽能順利舉行。其中，在編製小冊子及展板的資料的工作，如沒有了多位師兄和醫生的指導及協助，實在是不能完成的。在此要向他們說一聲多謝。此外，一班曾經在展覽期間擔任講解員及工作人員的醫學院同學亦是功不可沒。

健展八九的順利舉行，一班籌委的努力是不容抹煞的。不過，對於籌委來說，展覽的成功與否，已不是最重要的了；重要的是大家已經竭盡所能和全情投入地去籌備是次展覽。對於我來說，那段天天在 Games Room 趕工的日子，實在是非常值得懷念的。

後記：健展八九的參觀人數偏低，這是不爭的事實，尤其是和健展八八（約萬二人次）比較起來時。這其中可能涉及以下的因素——題目不够吸引，天氣不佳（下雨），沙田大會堂的位置不佳，沙田展覽時的宣傳工作不足（經驗和人手均不足）又或者是市民對這類展覽的需求／興趣已經下降。因此，在這個時候，當健展的舉辦成本日高而參觀人數反下降，而中大醫學院在近幾年間每年亦舉辦同類展覽時，我認為醫學會應該開始進行研究，看看健展是否有必要或值得每年都舉行呢？健展的存在價值又有多大呢？在形式上又是否需要有一些改變呢？

這些問題都值得大家深思。

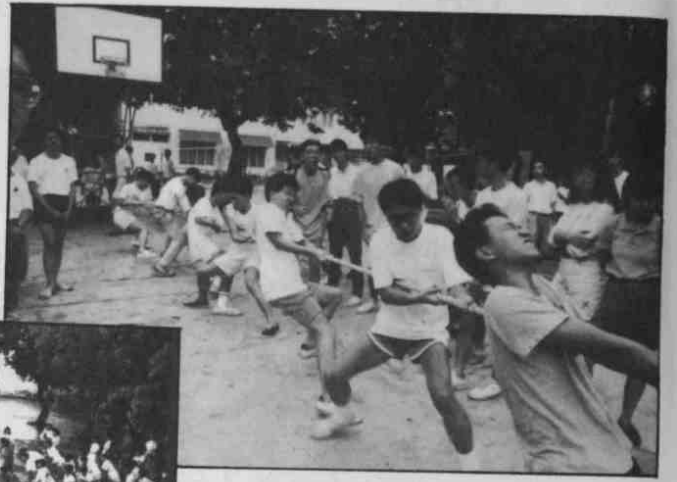
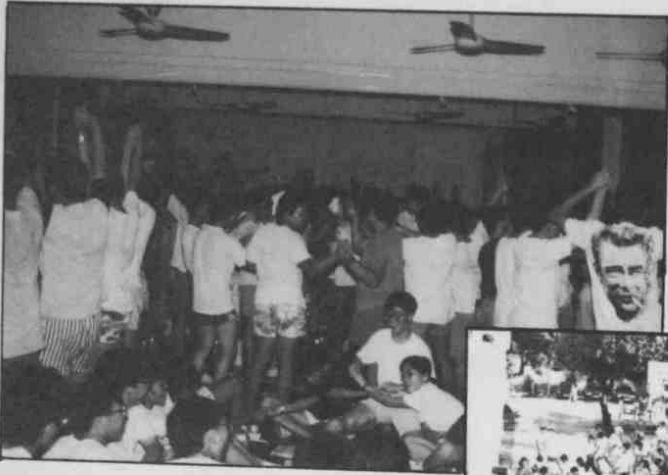


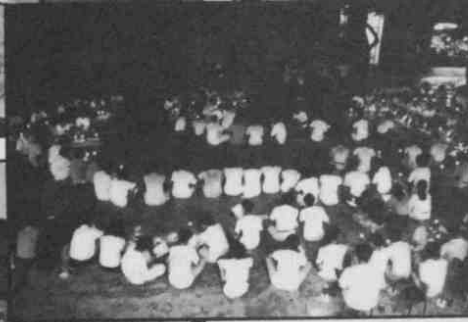
醫學院的迎新活動，向來是包羅萬有的，有靜態的，如迎新日；亦有動態的，這當然是重點節目——迎新營吧。去年的「迎新八九」，既名為「大學一族的憧憬」，自然就更節目豐富。我們為新同學準備了迎新日、迎新營、買賣舊書、高桌晚宴等節目。

最值得一提的，當然是迎新營。雖然天公並不造美，差不多天天下雨，但卻不損同學興奮的心情，尤其是新同學，不知玩得多起勁呢！不過，我們的迎新營不是只管玩的，透過與輔導員和「大仙」的傾談，新同學還能多了解醫學院的情況及醫學生的實際生活體驗，更可與高年級同學建立友誼。我們的迎新營，可說是「有益又有建設性」吧！最後，在舉行過高桌晚宴後，「迎新八九」終於圓滿結束。

胡仲明









# 開放日

## 大港



目擊証人

孟波

八九年十一月五日，星期日，我好像一般星期一樣回「拉記」讀書。豈知剛步入沙宣道口，便發覺有一大羣人正在李樹芬樓門外等候巴士，而九二班班代劉應裕同學，則表現得神情緊張，努力地派發單張給市民。我走上前，問他說：「PATRICK，今天是什麼大日子呀？為什麼有這麼多人呢？」「難道你不知道昨天和今天是一連兩天，香港大學三年一度的開放日嗎？」



開放日?! 怎麼這麼大件事我竟然不知道，上次港大開放日時，我還是在中學階段，那次由於有要事，不能抽空來參觀。今天雖然有很多Anat未讀，Biochem tutorial又未做，但機會難逢，勿失良機，看看今年有些什麼「Show俾人睇」。



原來今次開放日，一共有解剖學，生物化學，生理學，社會醫學和病理學等學系供人參觀。每個學系都有不同的實驗示範和標本展覽，林林總總，內容豐富。例如在生理學系，有心電圖示範和人體呼吸實驗等，市民可以親身參與，試用那些儀器，之後又有同學加以解釋。在解剖學系有愛克思射線照片，顯示人體生長不同階段的骨骼狀態；又有不同器官的模型和顯微



鏡示範。在生物化學系有免費為市民驗糖尿，並解釋糖尿病的成因和後果。社會醫學系則告訴市民：「吸煙危害健康。」這一切，相信都能使市民對醫學有更深的認識，使他們受益不淺。

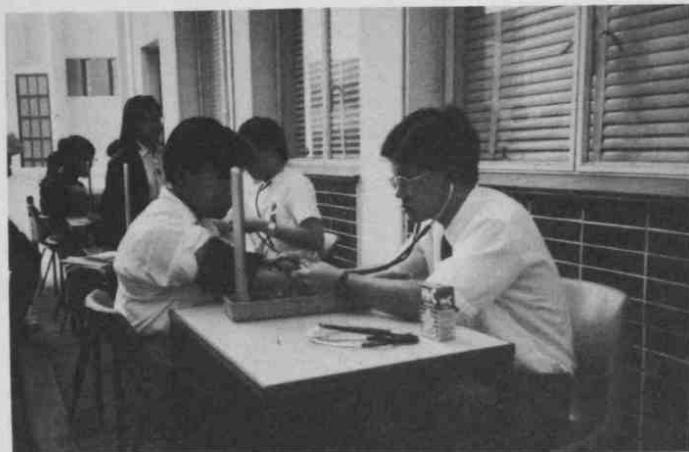


而在停車場那邊，我們醫學會的健康委員會又再次出動，設立數個單位給市民量血壓，並向他們灌輸一些基層健康知識。在他們旁邊，見到有數位同學在向市民售賣紀念品，包括筆、毛巾、簿、紙、健康小冊子等，這些全是醫學會的產品，好讓市民留作紀念。在這幾位同學中，其中一位是我們上任的福利秘書Raymond Yeung。「喂！Raymond，生意好嗎？」我問。「好！生意不錯！今次也可將Medso房的倉底貨清一清，想不到平時沒人買的東西，今天賣得這樣快，不過，我就快曬到變燒豬了。不講得太多了，有生意做，下次再談！」想不到我們上任的福利秘書除了入汽水了得外，做買賣也有一手呢！不過後來我發覺他的加減數差勁，所以經常不知要找贖多少錢。



總括來說，今次開放日頗熱鬧，有個Exco告訴我知曾有八千五百人次前往醫學院。相信今次開放日，背後是有很多同學幫忙，否則，一切也不能進行得這麼順利。

（本文原刊於啓思第21卷第4期）





# 醫 學 生 節 八 九

廖嘉怡

醫學生節可說是醫學院裏一年一度的盛事。因為她不但提供給同學們一個課餘消遣的好機會，亦使同學的創意和表演慾有機會盡情發揮。但更重要的是，她能聯絡班與班同學之間的感情，增進彼此的友誼和歸屬感。

醫學生節八九的最大特點，是把以往為期兩星期的節目改為一星期，使同學們有節奏緊湊，一氣呵成之感。此外，舉行日期亦定於開學後兩星期才開始，意在使同學們在稍為適應了醫學院的生活後，才開始投入醫學生節的節目。

一如以往的醫學生節，我們有康樂棋比賽，歌唱比賽及醫學生之夜等，但不同的地方，就是我們一班籌委的精心設計及安排。就好像在開幕典禮上，我們加插了各個屬會如健委，啟思等的自我介紹環節，當中亦不乏精彩，鬼馬的表演。而各屬會亦有一系列的展版在Footbridge上展出，務求使新同學有更多時間詳細了解醫學會的架構，從而增加他們參與活動的興趣。

此外，我們亦有一些緊張刺激，娛樂性豐富的競技比賽，如班際啤酒拔河大賽，競技遊戲日等。同學們飲啤酒時的豪情，拔河比賽時的團結和投入感，還有那些用盡各種方法希望在遊戲「奇謀妙計過MB」中獲勝的同學的興高采烈情景，至今還歷歷在目呢！而整個醫學生節的高潮，當然是水準十足的歌唱比賽了。每晚同學們都興高采烈的聚在Student lounge欣賞其他同學的「天才表演」。當中有認真表演的同學，亦有一些「攪笑能



手」的精彩表演，無不使同學們捧腹大笑，盡興而歸。

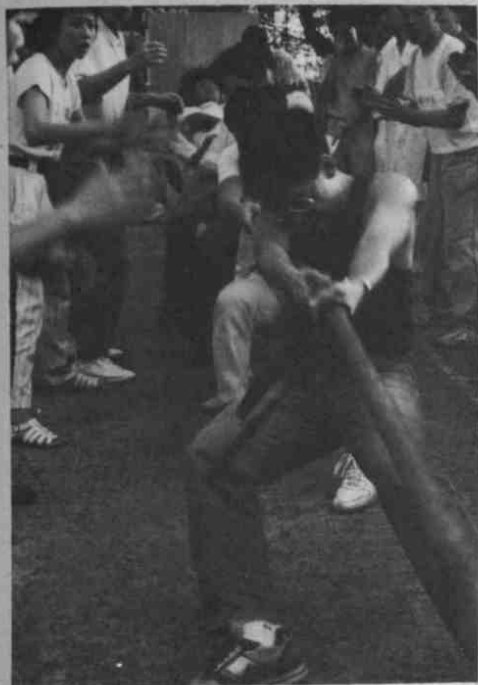
醫學生之夜，可說是整個醫學生節的壓軸好戲。當晚我們更加插了班際啦啦隊比賽。還記得九四班同學那些驚人的口號嗎？好像說什麼「沒有九四班，那有醫學院……」，把一班導師評判及大仙們差點嚇昏了。幸好評判們還能繼續評

分，結果九四班同學就勝了這比賽啦！真服了他們的想像力！當晚整個大會的氣氛都很好，而醫學生節八九亦隨着完滿結束了！

在此不能不提的，就是一班勞苦功高的九四班籌委及工作人員。沒有他們，我們便沒有這個既有意義而又精彩的醫學生節了！



# 體 育 在 醫 學 院



八七至八八年度院際運動比賽成績：  
( OMEGA ROSE BOWL )

男子組——全年總冠軍

項目	成績	隊長	最佳運動員
水運	冠軍	羅毅樑 (91)	羅毅樑(91)
陸運	冠軍	劉 雄 (91)	劉 雄(91)
羽毛球	淘汰	王健文 (92)	—
籃球	淘汰	蔡敬翰 (91)	—
曲棍球	季軍	陳志健 (92)	伍梓奇(91)
足球	冠軍	謝卓華 (91)	伍梓奇(91)
壘球	亞軍	陳平德 (91)	鍾健禮(89)
壁球	冠軍	顏令朱 (91)	鄭楚豪(88)
乒乓球	殿軍	何偉業 (91)	鄭建明(88)
網球	冠軍	Amjad Ali (90)	曾奕桓(88)
排球	殿軍	李耿淵 (91)	岑旭華(89)

女子組——全年總亞軍

項目	成績	隊長	最佳運動員
水運	冠軍	—	羅麗婷(89)
陸運	冠軍	吳凱華 (91)	吳凱華(91)
羽毛球	冠軍	詹愷怡 (92)	張可怡(90)
籃球	殿軍	何天儀 (92)	倪淑慧(90)
壁球	淘汰	張可怡 (90)	張可怡(90)
乒乓球	季軍	詹愷怡 (92)	羅麗婷(89)
網球	季軍	吳凱華 (91)	王韻娜(89)
排球	淘汰	林紫芬 (92)	倪淑慧(90)

醫學院 Sportsman：趙學民(89)

羅毅樑(91)

Sportswoman：張可怡(90)

八七至八八年度班際運動比賽成績：

男子組：

	89	90	91	92
水運	6	8	18	12
陸運	6	8	18	12
網球	6	9	4	4
排球	9	4	6	4
羽毛球	0	4	6	9
乒乓球	6	4	4	9
籃球	4	4	6	9
曲棍球	0	9	4	6
壘球	9	4	6	4
壁球	6	9	4	4
足球	0	6	9	4
拔河	0	6	9	4
總成績	52	75	94	81

女子組：

	89	90	91	92
水運	12	18	8	6
陸運	0	8	18	12
網球	0	6	4	9
排球	0	9	4	6
羽毛球	0	9	4	6
乒乓球	0	9	6	4
籃球	0	4	6	9
壁球	0	9	0	6
拔河	0	4	6	9
總成績	12	76	56	67

班際水運總冠軍(陳應城盾)：91

班際陸運總冠軍(陸庭驥盾)：91

班際男子總冠軍(陳棣光杯)：91

班際女子總冠軍(廖獻貞杯)：90

全年總冠軍(陳文岩杯)：90

八八至八九年度院際運動比賽成績：  
( OMEGA ROSE BOWL )

男子組——全年總亞軍

項目	成績	隊長	最佳運動員
水運	冠軍	羅毅樑 (91)	羅毅樑(91)
陸運	冠軍	葉健星 (92)	葉健星(92)
羽毛球	季軍	王健文 (92)	——
籃球	淘汰	黃穎信 (92)	——
曲棍球	淘汰	李志毅 (93)	——
足球	亞軍	劉 雄 (91)	葉健星(92)
壘球	亞軍	鄒兆麟 (92)	陳平德(91)
壁球	季軍	——	——
乒乓球	殿軍	——	——
網球	季軍	林照榮 (92)	——
排球	淘汰	林文俊 (92)	——

女子組——全年總季軍

項目	成績	隊長	最佳運動員
水運	冠軍	黃琮英 (92)	黃琮英(92)
陸運	季軍	——	——
羽毛球	冠軍	詹愷怡 (92)	張可怡(90)
籃球	淘汰	黃秀惠 (92)	——
曲棍球	亞軍	詹愷怡 (92)	詹愷怡(92)
壁球	淘汰	詹愷怡 (92)	——
乒乓球	淘汰	巫少慈 (93)	——
網球	季軍	何紫筠 (92)	何紫筠(92)
排球	淘汰	林紫芬 (92)	——

醫學院 Sportsman：羅毅樑(91)

王健文(92)

Sportswoman：詹愷怡(92)

體育聯會 Sportsman：羅毅樑(91)

Sportswoman：詹愷怡(92)

Alumni Award：鍾健禮(89)



八八至八九年度班際運動比賽成績：

男子組：

	冠軍	亞軍	季軍	殿軍
水運	89+92		91	93
陸運	92	91	93	90
羽毛球	93	92	91	—
籃球	90	91	92+93	—
足球	91	93	90+92	—
壁球	91	92	93	—
乒乓球	92	91	93	—
網球	90	92	91+93	—
排球	91	92	93	—

女子組：

	冠軍	亞軍	季軍	殿軍
水運	92	91	93	90
陸運	92	93	91	90
羽毛球	93	92	—	—
籃球	92	93	—	—
壁球	92	93	—	—
乒乓球	93	92	91	—
網球	92	91	93	—
排球	93	92	—	—

男女混合：

	冠軍	亞軍	季軍	殿軍
曲棍球	92	93	—	—

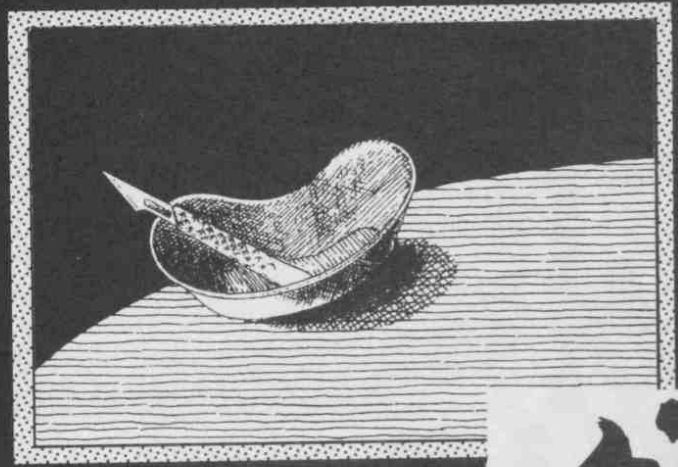
班際水運總冠軍：92

班際陸運總冠軍：92

班際男子總冠軍：92

班際女子總冠軍：92

全年總冠軍：92



醫 學 之

外

DEPARTMENT OF

SURGERY

A b o u t t h e

d e p a r t m e n t . . .



Surgery in Hong Kong dated back to 1914 when Professor Digby was first appointed to fill the Chair of Anatomy at the University of Hong Kong. In 1915 when the Ho Tung Professorship of Clinical Surgery was established he became the Professor of Clinical Surgery and then as the Professor of Surgery until his retirement in 1945.

Mr. John Gray, as Surgical Adviser to the Hong Kong Government, was appointed Acting Professor of Surgery after Professor Digby's departure.

Professor F.E. Stock was instrumental in reestablishing the Department after the devastation of the Second World War. From 1948 to 1963,

against great difficulties, he was able to bring the Department through with meager staff and resources.

From 1964 to 1982, when Professor G.B. Ong was appointed to the Chair, a revival took place following an increase of medical support from the University and from the Government. The Department began to attract the attention of surgeons from the West and, more particularly, from the neighbouring countries in South East Asia. Since his retirement from the chair eight years ago, Professor Ong has remained vigorous in mind and in body and his arresting remarks can still be heard.

From its original humble beginning of two offices, one for

The history of Department of Surgery of the University of Hong Kong is associated with eminent names such as Kenelm H. Digby, John Gray, F.E. Stock and G.B. Ong. As holders of chairs of surgery they have each made contributions to a Department which has earned a place as a specialized surgical centre not only in South East but all over the world.

the Professor of Surgery and one for the medical staff, with the secretarial staff occupying a small room at the end of the corridor of the 5th floor of the old Queen Mary Hospital building (B Block), the Department moved to what was then more comfortable and attractive surroundings in 1967. It now occupies a suite of offices and laboratories in the second floor of the Professorial Block. There are also laboratories in the New Clinical Building and an Animal Research Laboratories in the Li Shu Fan Building for various research projects to be carried out by members of the staff. However, as the student number and the Department grew, even these facilities have become inadequate.

With the completion in 1990 of K Block, an extension in Queen Mary Hospital, the Department will be provided with badly-needed space for wards and offices. There will also be a Neurosurgical Unit in the renovated B Block extension to be completed in three years' time.

Within the Department, in addition to General Surgery there are now sub-specialty units in Cardiothoracic Surgery, Neurosurgery, Ophthalmology, Otorhinolaryngology and Paediatric Surgery. The surgical service offered by the Department is wide ranging and in the forefront of acceptable surgical methodology. When new innovation and technique are available, these are applied after careful evaluation so as to minimise risk to patients and offer the advantages in technology. A few examples are the use of sophisticated assessment of liver function prior to

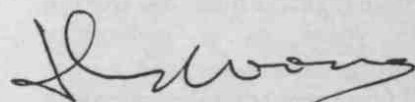
operative and non-operative treatment of liver cancers; the use of radiotherapy of chemotherapy in addition to surgery for oesophageal cancers; the optimal operation for perforated ulcer; a unique surgical approach to deal with recurrent nasopharyngeal carcinoma; the use of stapling devices instead of suture material; to mention a few. Suffice it to say that in addition to offering a high quality surgical care, both by operative and non-operative method, one of the achievements of the Department has been to answer clinical problems by the appropriate use of the controlled trial as well as by other types of studies of a prospective nature. The many surgical patients in Queen Mary Hospital have not only been well managed but have also contributed to new knowledge that will help patients here and in other parts of the world in the future.

One of the major events of the Department has been the holding of the Hong Kong Surgical Forum in January and in July each year, and an additional one in a specialty field in October in some year. On each occasion renowned local and overseas speakers are invited to give presentations on current topics of a general and specialised interest as well as to take part in the Post-graduate Advanced Course in Surgery. These forums have made an important impact on the continuing education for our young surgeons and afforded a stimulating experience to the audience which also includes many from overseas.

There has been a constant flow of visitors to the

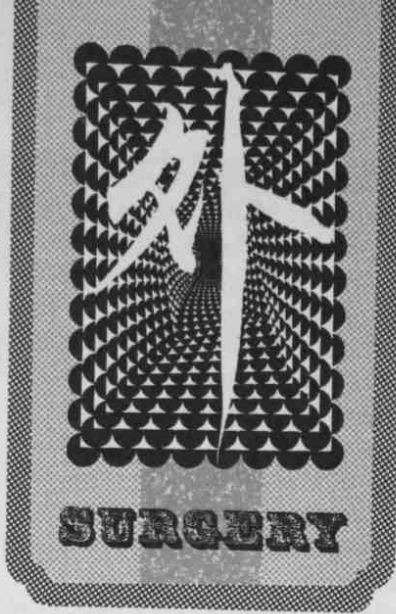
Department and they have contributed to the flavour of academic and social activities of the Department. Visiting Fellows from all over the world have also been a valuable asset to our Department and we hope that they will return home with good memories and the training and experience they sought.

The Department has undergone many changes since I took up the chair. But throughout these years its tradition of a high quality in teaching of medical students training of future surgeons, treating patients, and conducting research have, I hope, been maintained and improved.



Prof. J. Wong





## Prof. J. Wong

*B.Sc.(Med)*  
*M.B.,B.S.*  
*Ph.D.(Syd)*  
*F.R.A.C.S.*  
*F.R.C.S.(Edin)*  
*F.A.C.S.*



If one was only listening to his voice, one would immediately think that one was talking to a native Australian. This is no wonder when one realizes that Professor John Wong emigrated to Australia with his parents at the age of 11. Professor Wong had wanted to be a surgeon ever since he was a child. His father was a businessman and his mother was a housewife, so there was no family influence when he decided to read medicine at the University of Sydney.

Things worked out well for him and he graduated from the University of Sydney in 1966 with first class honours. During his years as a university undergraduate, he took a year off from his medical curriculum to do research on cirrhotic livers in the rat and obtained a B.Sc.(Med), also with first class honours, in 1964. Professor Wong's interest in research work did not cease after his graduation but followed him through his post-graduate medical career. He studied for a Ph.D. and wrote a thesis on "Pattern of epithelial redistribution following wounding at squamous-columnar junction in the rat." And, as we all know, he is still active in the field of clinical research even to this days.

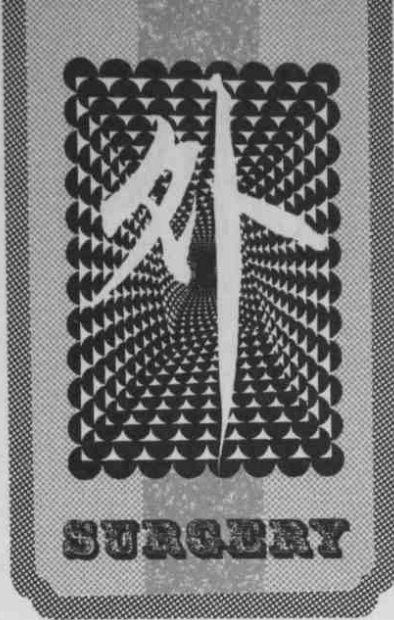
Professor Wong joined the department as a lecturer in 1975, initially on a visiting basis. His visit was suggested by his department head in Sydney, Professor Sir John Loewenthal, who was a close friend of the then head of the

Department of Surgery at the University of Hong Kong, Professor G.B.Ong. Being an ethnic Chinese, Professor Wong settled into his new environment with relative ease, and after a while, decided to stay on, this time on a permanent basis. Professor Wong was appointed to the Chair of Surgery in 1982, following the retirement of Professor Ong.

After all these years, Professor Wong still recalls

with fondness the time that he spent working for his Ph.D. "You could spend all your time thinking about a certain problem, do some experiments to test your hypotheses, and even get a chance to get up in the middle of the night to feed the rats!" Professor Wong believes that it is important for all doctors to have a perspective of many different facets of medical science, not just the field in which one chooses to specialise. To be a surgeon, he feels that one must be decisive and technically skilled, in addition to possessing other qualities which make a good doctor, such as compassion, honesty and knowledge. However, he is particularly concerned about the gradual erosion of the humanity aspect in patient care nowadays.

As Professor and Head of



the Department, Professor Wong confessed that he was seeing less of the students than he used to in days past. "My overseas commitments and various external committee work have taken up a considerable amount of my time," lamented Professor Wong. Yet, when asked about his opinions on medical students here, the answer he gave was full of praises. "Most of the students are very bright and motivated; they do well academically and professionally." said Professor Wong. However, he pointed out that students were too examination oriented, rather than thinking in a creative

manner, and they often over-concentrated on facts. "But this may be due to the training process which they received throughout their education," suggested Professor Wong.

As for the future, Professor Wong believes that we must strive for an even higher academic level, so that the department, the faculty, the students, and future doctors would have a good standing internationally. He added that the department has offered training to graduates from Mainland China (as well as from other parts of the world), and in the broader perspective, acts as a stepping-stone through which Chinese surgeons could make contact with surgical advances that are taking place in the rest of the world.

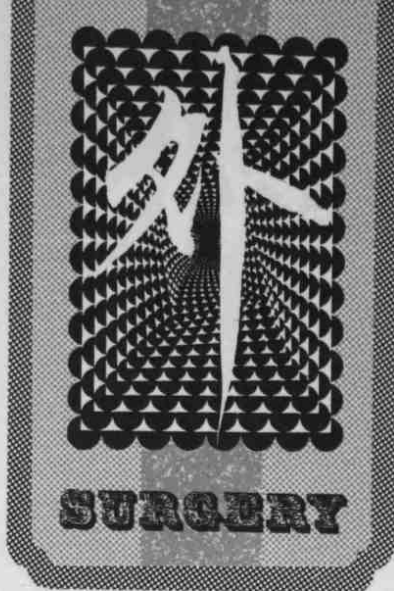
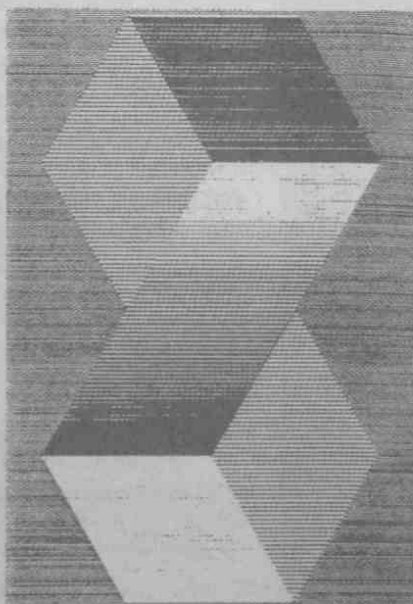




Professor Lam graduated from St. Joseph College in 1965. He obtained the degree of MBBS at HKU in 1970. Then he joined the Department of Surgery in 1971 and was appointed as a Professor since 1982.

In his opinion, a newcomer requires only one to two years' time to be familiar with the surgical procedures. However, he or she may need five more years to become acquainted with the indications for surgery. In order to learn when not to operate, he/she may have to spend eight more years. Thus to be a good surgeon is very difficult but challenging.

Generally speaking, surgeons of today tend to solve may medical problems alone. They often pay inadequate attention to the other treatment modalities. In his opinion, a good surgeon should consider surgery after weighing the pros and cons since surgery does not necessarily lead to a cure.



## Prof. K.H. Lam

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

Although a cure is obtained, the long term complication may be too severe to be borne by the patient.

His main academic interest is on head and neck surgery. In the past, such surgeries were performed by general surgeons. His research is mainly concentrated on head and neck surgery especially carcinoma of larynx. Since then there have been great improvement in treatment modalities as well as prognosis. He also obtained the Master of Surgery after publishing the research in 1981 on this subject.

Up to now he is quite satisfied with his job because the Department provides him with plenty of opportunities, financial and technical support and facilities.

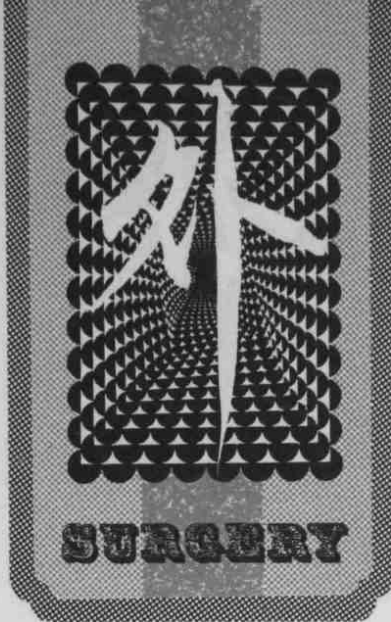
He thinks that most



medical students look much younger. But they seem to be too shy in raising questions when they have queries. In his opinion, teaching is fun provided that the students are actively participating and responsive, as teaching is a two way game. Next time, if you are confronted with questions from Prof. Lam or any other doctors, be responsive and try your best to give a sensible answer.

Professor Lam is married and have one son and two daughters. The younger daughter is eight years old and stays in Hong Kong. The other two study in Australia. He is so busy that he gets little time to spend with his family. Nevertheless, his family is a great social support to him.

Amongst his hobbies, he likes racket games, music and computing. Finally Prof. Lam advises that being responsible is the greatest virtues of a surgeon.



It was a sunny day when I was going to conduct an interview with Professor Saing for the Departmental Survey of Elixir, the official journal of HKU medical students. But my feelings were not as good as the weather because Professor Saing, who was recently promoted, is a stranger to me so made me quite tense and uneasy.

I started very cautiously asking for Professor Saing's academic history. With a friendly smile, he told me that he graduated from the University of Rangoon in Burma. After he worked there for 5 years in General Surgery, he specialised in paediatric surgery. He had been to the UK and Canada for several years and it was not until 1979 did he come to HK to join the Department of Surgery in the University of Hong Kong.

## Prof. H. Saing

**M.B.B.S.(Rangoon)**  
**F.R.C.S.(Edin)**  
**F.A.A.P.**  
**F.A.C.S.**

After this very initial contact, I found Professor Saing a very nice person to talk with and I was brave enough to ask the sensitive question that why he left Burma and came to Hong

Kong. I was told a lot but requested to write little. What can be reported is that Professor Saing left Burma mainly for his children due to the prevailing political situation at that time.

I was really impressed by the delights of Professor Saing when he talked about his career. He took up paediatric surgery rather than surgery because the former deals more with reconstruction of anomalies while the latter concerns more with excision. He feels that reconstruction is a very dramatic operation, especially in the case of conjoint twins. In fact, Professor Saing was the surgeon who did the earliest cases of conjoint twins separation in Hong Kong. He said vividly, "when I see the children after my surgery return home with their parents, I feel contented even without being thanked!"

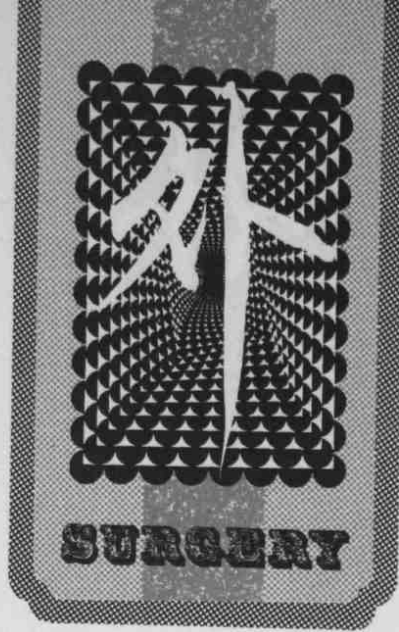
He told me that to be a paediatric surgeon, one would need affection for children in the first place. And good overall surgical knowledge is also important.

Asking his engagement about research, he told me that he concentrates mainly on biliary tract problems, Hirschsprung disease, gastro-oesophageal reflux and obstructive uropathy.

The healthy physique and fitness of Professor Saing is admirable and actually he likes all kinds of sports. When he was young, he engaged



mostly in rowing and has represented his country. When he grew older, he played tennis more. He then suddenly stared at my sleepy eyes and told me that sports is good not only for him but also for us medical students! In general he finds medical students did too little sports. He said that by



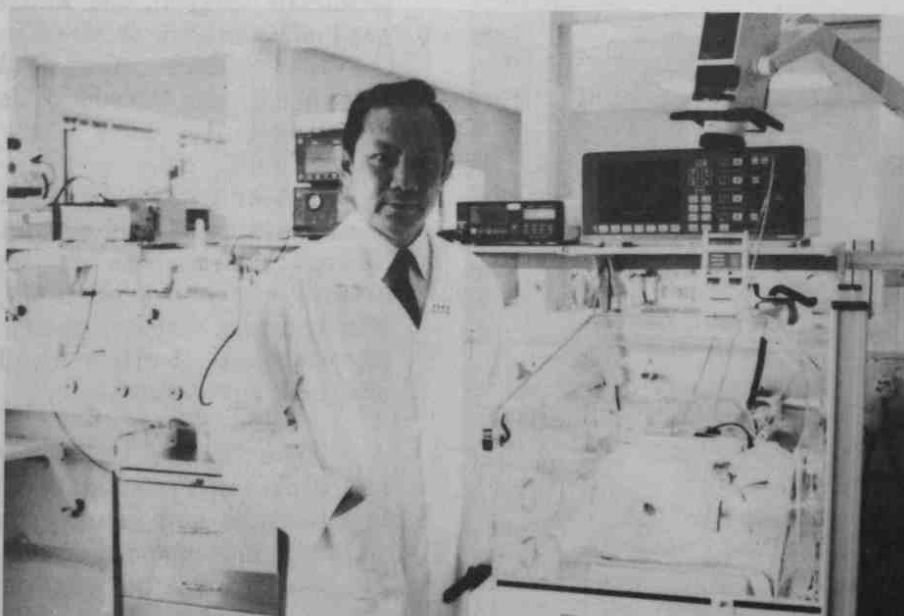
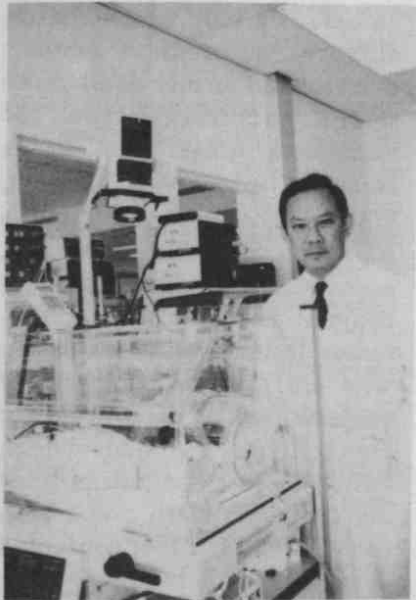
engaging in team sports, one would learn how to co-ordinate and co-operate with others.

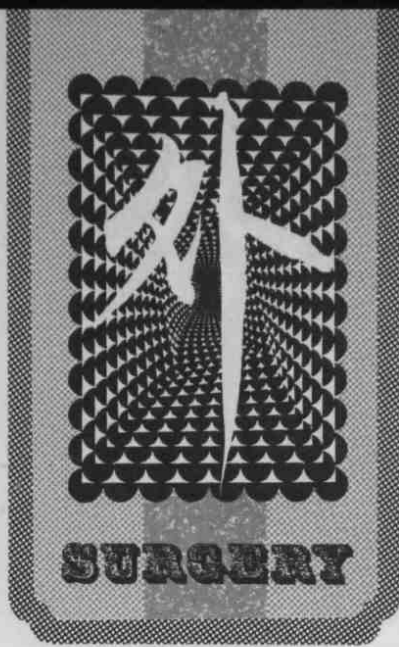
He feels that HK medical students are very hard-working and know lots of theories. However he pointed out that we lacked bedside experiences.

Talking about Professor's children, he has a daughter and two sons. His daughter is now in US and she would like to take up medicine as her career. Both of his sons are in HK; one is in secondary school and the other, being handicapped, is in a special school.

Lastly, as the issue of Hospital Authority is such a hot topic, I would not to miss the chance of asking for his views. He thinks that the principle and aim of setting up such a central body is good but he also understand that there is genuine worries among doctors. He suggested more information should be given to doctors about the future arrangements.

After stepping out of Professor Saing's office, He called me back and asked me in a sweat smile "do you engage in any sport?" I hesitated for a while and answered with a silly smile.



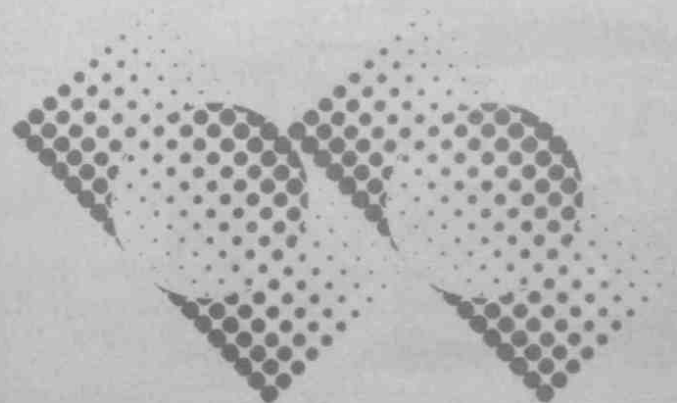


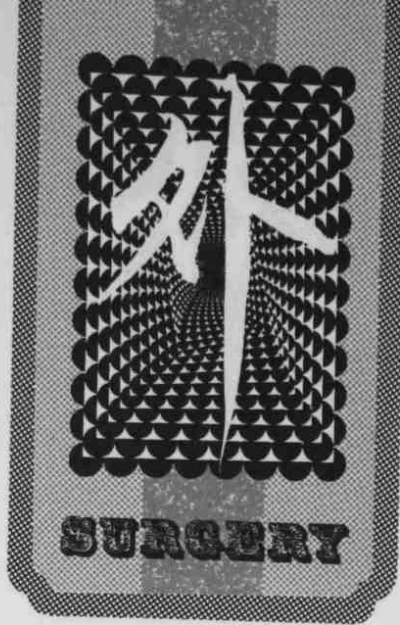
## **Dr. T.T. Alagaratnam**

**M.B.,B.S.(Ceylon)**

**F.R.C.S.(Eng)**

**F.R.C.S.(Edin)**





"The practice of surgery expedites the development of both the mind and manual dexterity" said the Shanghai-born surgeon, Dr. William Wei, when I asked him what made him choose surgery as his career.

After graduating from the University of Hong Kong Medical School in 1974 and serving his internship in 1975, Dr. Wei joined the Department of Surgery as a lecturer. He is now a Reader in Surgery. Dr. Wei specialises in Head and Neck Surgery and as many diseases in this region are related to the ear, nose and throat, he received further training in this field in the United Kingdom and obtained his second surgical fellowship in Otorhinolaryngology in 1986.

In his opinion a surgeon must be technically competent, possess the ability to think logically and to plan the various surgical procedures with concept. To manage

## Dr. W.I. Wei

M.B.,B.S.(H.K.)  
D.L.O.  
F.R.C.S.(Edin)  
F.A.C.S.  
F.R.C.S.(ENT)

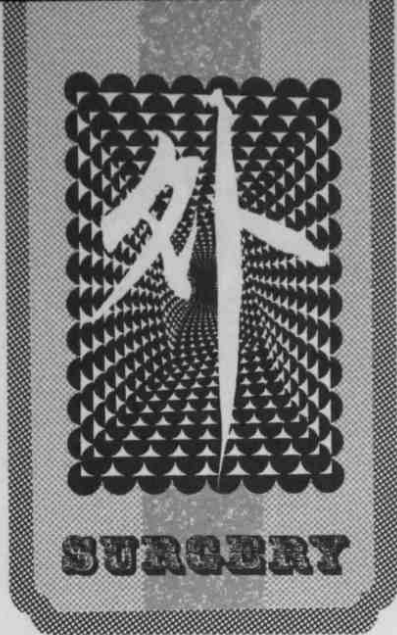


patients properly, collaboration with other medical specialties is important. Currently, combined clinics are run jointly by the Department of Surgery and other departments, and a number of joint studies are in progress.

Other than a heavy load of managing patients, teaching medical and dental students, Dr. Wei spends some of his time to research. Besides publishing the results of his research work in international medical journals, he has also contributed chapters to books. He is the co-editor of an English-Chinese handbook on medical terms. This lexicon, now in its second edition, is for medical personnels who were taught in English but have to communicate with patients in Chinese. This concise glossary can be read within hours and provides adequate vocabulary for communication.

The subject of private practice was mentioned. "Private practice? No, not for the time being. Academic medical practice is much more interesting and challenging."

Presently, Dr. Wei is an advisor of the 'New Voice Club of Hong Kong' - a voluntary organisation run by and catering to the needs of the laryngectomised patients. "I know most of the members," Dr. Wei said in a friendly manner, "many are our patients."



The task of looking after two million people in a remote province of the size of Wales in Kenya, only with the help of three Russian surgeons and a few Kenyan MOs is certainly a challenge. Dr. Branicki, a young surgeon and also a committed christian, volunteered and spent two and a half year in Kenya five years after graduation from the University of London St. George's Hospital Medical School.

This Welshman born of American-Polish ancestry, determined to become a doctor at the age of thirteen, was intrigued by the high incidence of oesophageal cancer during his stay in Kenya and decided to come to Hong Kong to further his knowledge as oesophageal cancer is common in this locality. After obtaining his doctorate theses degree in England, he travelled to Hong Kong in 1985 with his family.

He benefitted under the guidance of Prof. Wong, learning his techniques and repertoire in his early days in the Department; while simultaneously looking after the upper gastrointestinal team. In addition to the clinical work, Dr. Branicki also supervises the Specialty Clerkship and oversees elective students coming from aboard. He strongly encourages students to take the opportunity to travel during their elective period so to see and learn of experiences elsewhere in the world.

## Dr. F.J. Branicki

*M.B.B.S.(Lond)*

*D.M.(Nott)*

*F.R.C.S.(Eng)*

involved in the Asian Surgical Association which was founded in Hong Kong more than ten years ago. Currently he is the Editor in Chief of the Association's journal, the Asian Journal of Surgery, now published quarterly since his appointment two years ago. Furthermore, Dr. Branicki is Secretary Council member of the Hong Kong Society of Gastroenterology and Council Member of the Hong Kong Surgical Society.

An indefatigable and versatile surgeon, Dr. Branicki's spare time is actively involved in the work of the St. Stephen Society; a charitable organization which began twenty years ago in the "Walled City" to help drug addicts to overcome their addiction.

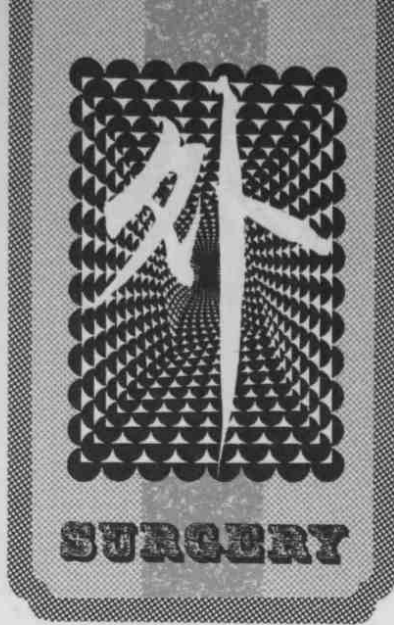
Dr. Branicki married his wife Helen, a radiographer while they were both students. Mrs Branicki is now working in an international travel agency.

Dr. Branicki said frankly that his Cantonese apart from medical jargon is, despite lessons, inadequate, and he finds that a handicap in caring for terminally ill patients. He always makes use of an interpreter to ensure that nothing gets lost in communication.

Photography is one of his many interests; he used to photograph wildlife in Kenya and he also enjoys dinghy sailing.



Apart from work within the Department of Surgery, Dr. Branicki is also actively



Back from England 4 years ago, Dr. Cheung is seeking for a new challenge in life in the place where he was born. Graduated in Cambridge University, one of the most prestigious universities in England, he has been working in England for 17 years as a consultant cardiothoracic surgeon and lecturer in University of Leicester, before returning to Hong Kong.

Although the cardiothoracic unit in Grantham Hospital has been established for more than twenty years, Dr. Cheung finds that the facilities are not so ideal. Despite of these impediments, the unit is comparable to other overseas centres in terms of surgical skill.

As a world acknowledged university, HKU should be in the frontier of technology. Dr. Cheung thinks that cardiac transplantation should be one of the prime goals of the cardiothoracic unit. Above all, there are a large number of potential young patients who desperately require transplantation. According to Dr. Cheung's opinion, one of the crucial obstacles in the way of transplantation is the public reluctant attitude towards the acceptance of the definition of brain death. For it is essential to have a beating heart in the transplantation. "As a matter of time," Dr. Cheung confidently said, "one day the attitude will change." Currently the unit is experimenting on animals to proficient their skills.

## Dr. D.L.C. Cheung

M.B.,B.Chir(Lond)

M.A.

M.Chir(Cantab)

M.R.C.P.(Lond)

F.R.C.S.(Eng)

As there is only a handful of cardiothoracic surgeons in the territory, it is extremely demanding to handle a workload of some 650 open heart surgeries a year, excluding other heart operations. The

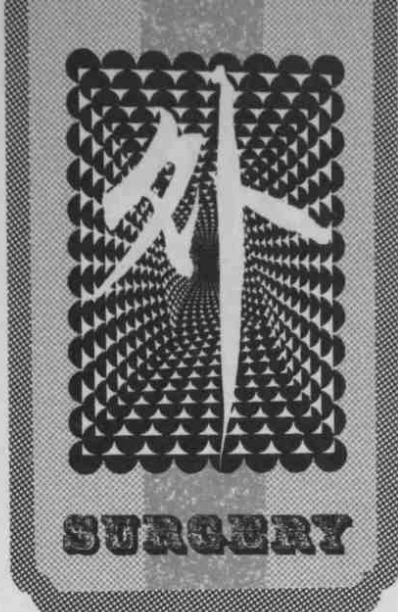
job is stressful, challenging and demands dedication. However, according to Dr. Cheung, in the future cardiac surgery is the field to be involved in unless there is a solution to stop atherosclerosis. Cardiac surgery is no longer a novelty but a routine in more developed countries.

Dr. Cheung is a lover of classical music but he said that sometimes he has to give away concert tickets because of emergence calls.



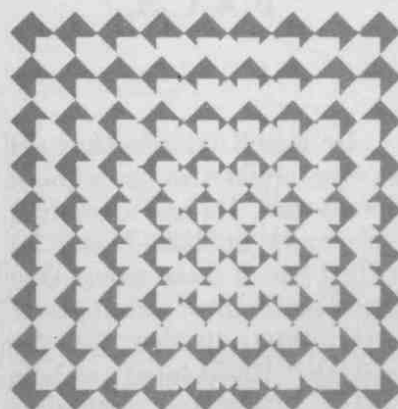
Dr. Fan received his secondary education in Kiangsu-Chekiang College. After graduating as MBBS in the University of Hong Kong, he worked at several hospitals. In 1987 he joined the Department of Surgery which he described as the best department in the Faculty of Medicine.

When asked why he chooses to be a surgeon, he answered, "Surgery is the most challenging. It is the surest way to save the patients' lives. You can always tell during the operation or afterwards whether you can save the patients' lives or not."



## Dr. S.T. Fan

M.B.,B.S.(H.K.)  
F.R.C.S.(Glas)



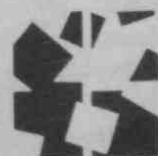
Dr. Fan is married and has two children. He is fond of badminton but now he is so busily involved in his work that he cannot spare any time for this hobby.

Although his work keeps him so busy, Dr. Fan said that he gets great job satisfaction from that and in the near future he will continue to stay in the Department of Surgery and will continue his researches, mainly in the field of hepatobiliary and pancreatic surgery.

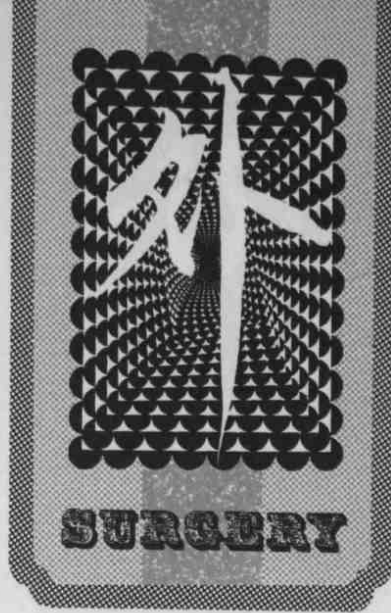


Dr. Fan's idea of a good surgeon is that in his practice he should pay a lot of patience to his patients while on the other hand he should also be persevering in order to get good results in his work. Apart from that, a good surgeon should be calm in emergency and be able to respond quickly.

According to Dr. Fan, medical students nowadays are not inferior to those in the past. He feels that medical students are the same in quality and have the same attitude.







It was a rainy Wednesday. The weather had been quite unstable over these days. I was relieved that finally I could meet with Dr. Nandi in spite of the last missed appointment.

Dr. Nandi was a graduate from University of Calcutta in India in 1962. He obtained fellowship in England. And he had stayed there for 9 years. In 1973, he came to Hong Kong and joined the Department of Surgery in this university.

Dr. Nandi chose surgery to specialise in because it is practical. And more importantly, he had a very early exposure to surgery. Dr. Nandi started to perform some minor operations since he was a 4th year medical student. I showed much surprise and curiosity and he seemed to read my mind and told me that he knew the surgeons and professors well, and so he was able to engage in real surgical procedures in such an early stage in his medical life.



## Dr. P.L. Nandi

M.B.,B.S.(Calcutta)  
F.R.C.S.(Eng)  
F.R.C.S.(Edin)  
F.A.C.S.

Dr. Nandi described himself as very 'productive' throughout these years. He had more than 70 papers published and he valued two of them most. One described a new technique of suture and division for the surgery of isolated patent ductus arteriosus. Another described an effective method of talc poudrage for recurrent spontaneous pneumothorax.

As Dr. Nandi pointed out, these two new techniques have been benefiting patients very much. Dr. Nandi was a very confident person and claimed that what he achieved was very much dependent on his own labour and effort.

During his leisure time, he likes to play squash and jogging. In these recent years, he devoted much time to community work. The latest project he engaged in was a fund raising campaign for kidney disease patients.

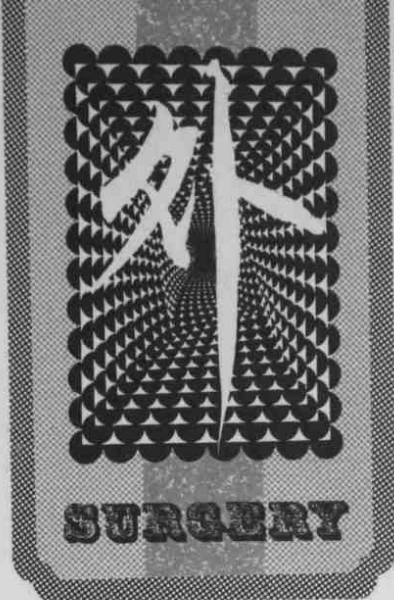
Dr. Nandi has got very good impression of HKU medical students. He said that we are hard-working and perform very well in examination.

He thinks that to be a good surgeon, one would need good hands and good co-ordinated movement. According to him, surgeons are not born.

Lastly, I asked Dr. Nandi about his family. He was married in Hong Kong in 1974. His wife is a graduate from University of Hong Kong and now she is working in the Legal Department. He has two daughters, one is ten and another is thirteen. Both of his daughters are brought up in Hong Kong.

To my surprise, Dr. Nandi's English was not so difficult to interpret as my senior colleagues had warned me of. And the productivity of publishing 70 papers gives me the greatest impression in this interview.

Dr. Cheung, a cheerful looking cardiac surgeon, is a member of the Cardiac Team, based at Grantham Hospital. He joined the Department after his graduation in 1979 and has worked in this field since 1983.



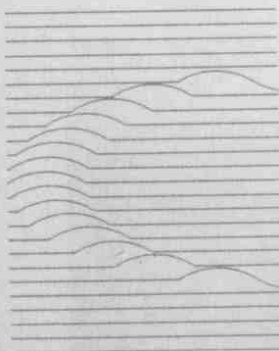
Dr. Cheung enjoys the miniature of Grantham hospital. "You get to know all the nurses and people around. It is so nice to work in such a friendly environment."

## Dr. H.H.C. Cheung

To him, surgery is direct and full of action. He finds cardiac surgery much more rewarding than the commonly done tumor surgery. Those patients have valvular replacement can be relieved of symptoms and with a very favourable prognosis. The basic requirement for such a job is dedication; the cardiac surgeon has to be on his full alert and be present beside the patient in the critical period immediately after the operation.

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

Singing chinese opera is one of his most favourite pastimes. It was back to his houseman days that he first

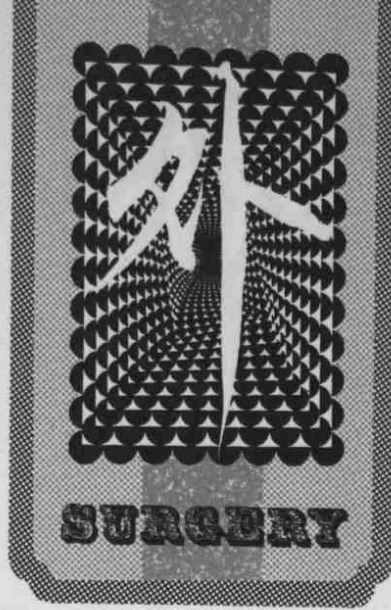


took up this arts. However, well in the time he was in Wa Yan Secondary School, he was already a keen member of the drama society. The beautiful lyrics of the opera attracted him to this traditional performing arts. Now and then his group of opera singers have open performances around Hong Kong. Cookery is another favourite of his. He proclaims that there are more cookery books on his shelves than medic books!

Having been educated in England and then in Canada since the age of 10 and had 3 years of physiology at the University of British Columbia, Dr. Fok came back to where he was born for his medical education at the University of Hong Kong.

As a brave young graduate, he applied for the USU post after his houseman year. It was a common saying at the time: "Anywhere but never USU." USU at the time was nobody's choice. Even Professor Wong was surprised by his courage and said that his head had to be examined. He was made to become a doctor by his family. To become a surgeon was his own choice. He recalled that an open heart surgery in his elective period gave him the inspiration.

After working in the Department for some time, he finally specialises on esophageal surgery, instead of cardiothoracic surgery which first attracted his affection to surgery. Dr. Fok explained that the decision was made after thorough thoughts. The constraint of equipment supply limits a cardiac surgeon to work only in specially equipped operating theatres. A cardiac surgeon would be helpless without the support from specialist teams such as the histopathologist and laboratories. He likes esophageal surgery because the scope of operation is not limited to the thorax but ranges from the



## Dr. M. Fok

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



neck all the way down to the abdomen involving a much wider scope of knowledge and techniques.

His work in the clinical service involves attending patients starting from admission to surgery and to subsequent follow-ups. He gets to know all his patients and their families and develops a relationship further than as a doctor but more as a friend. Dr. Fok finds this specialty dismal as most of the patients die within 1 or 2 years after diagnosis and where cure is an exception. The reward is all in caring for the patients and the relationship thus established. He still remembers that a dying patient said to him, "I am pleased to see you before I die."

Dr. Fok is married and has a daughter. He finds that family life is very important. Despite the work load in USU, he always spares some time for his family.

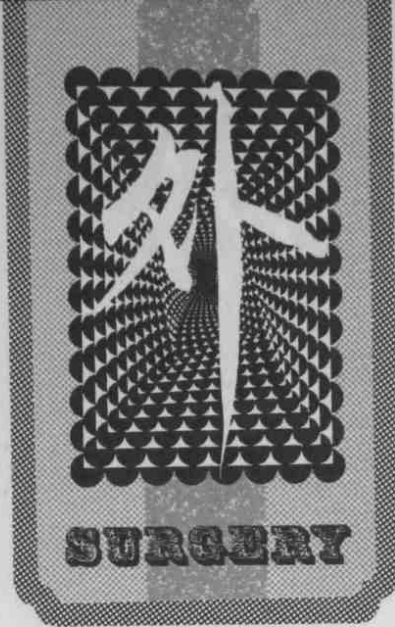
Though he has a Porsche, speedy driving is not what he fancies. The car enables him to shorten travel time. Instead he enjoys something slower: cycling and running. He was a marathon runner a few years back, when the Department had a team running for the yearly marathons in Hong Kong.

Dr Fung obtained his MBBS in HKU (1978). He was houseman in the surgical & pediatric units in QEH and then became MO in QEH. From then on, he has spent about seven years in neurosurgery, during which he obtained his FRCS (1983). After one year's study leave to UK, he joined QMH USU as SMO (1987) and later as lecturer in neurosurgery (1989).

Dr Fung is now head of the neurosurgery team in QMH as well as lecturer in neurosurgery. His job occupies nearly 80% of his time. Most of this is spent in operations & patient care. The rest is in teaching & research. Dr Fung's students include medical students, dental students, nurses & Polytechnic students.

The neurosurgery team in QMH is among the smallest and consists of only 3 staff. Their workload is therefore extremely great. Even senior members of the staff always need to be on call. For instance, Dr Fung himself has to be on calls every night.

On the whole, Dr Fung is satisfied in his job. Despite a heavy workload, Dr Fung has maintained a good relationship with his family. He has been married for nine years and his son is now studying in primary three. Nevertheless, he has little time to spend with them. He just cannot travel abroad since nobody is taking over his job in QMH. Actually, he has



## Dr. C.F. Fung

M.B.,B.S.(H.K.)  
F.R.C.S.(Edin)  
F.R.C.S.(Glas)



not obtained a leave for three years.

When asked on the 1997 issue, Dr Fung says he has no plan of leaving HK. Practising abroad for him is difficult, for in neurosurgery there is no internationally agreed standards nor formal systems of training. Every country has its own standards and its own system.

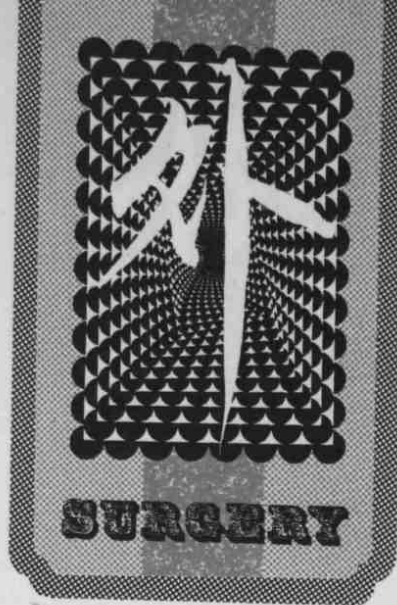
As a predecessor in neurosurgery, Dr Fung has some advice for those who aim to succeed him. If you enter this subspecialty just because of rapid promotion, you'll get nothing but sorrow & regret. Do think twice & again before joining the world of neurosurgery. It demands total commitment, total involvement as well as interest in the field.

To add some political tastes to the interview, Dr Fung was asked about the Hospital Authority. Personally, he prefers establishing the Hospital Authority, for it helps to solve some deep-rooted problems in the health care system. Dr Fung also suggests an increase in medical fees for improving services and the implementation of medical insurance in HK.



Dr. Ho is an old boy of New Method College and Queen's College. He entered the University in 1976 and graduated from the Faculty of Medicine in 1981.

He joined the Department of Surgery in 1988 as a lecturer. His main interests are in Head and Neck Surgery and Plastic and Reconstructive Surgery. The main bulk of patients are those with cancer in the head and neck region. They usually presented in an advanced stage and major composite resection had to be performed. Reconstruction of the massive defect left behind after resection and the intricate anatomy in the head and neck region are difficult as well as challenging.



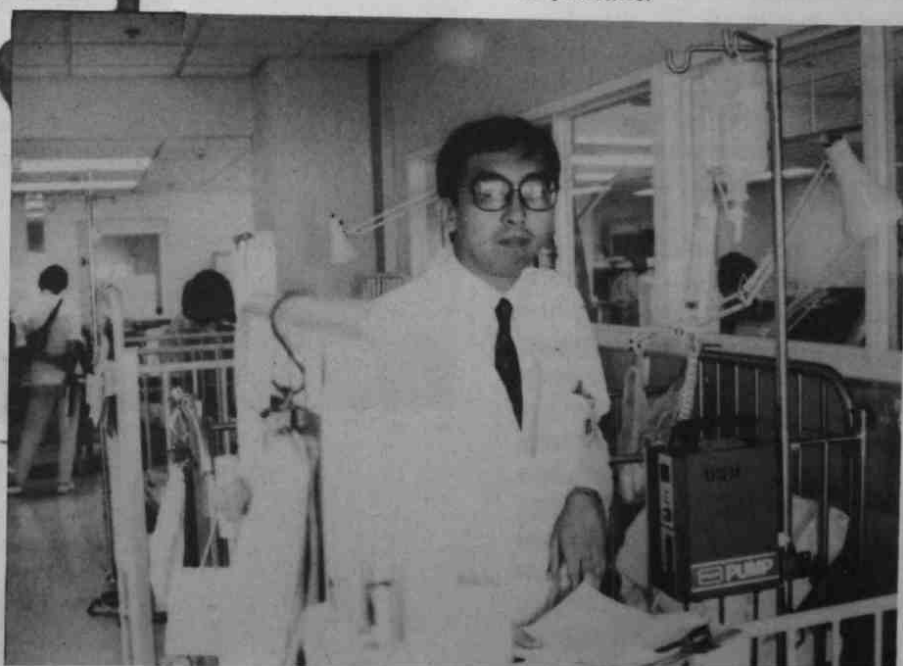
## Dr. C.M. Ho

*M.B.,B.S.(H.K.)  
F.R.C.S.(Edin)*

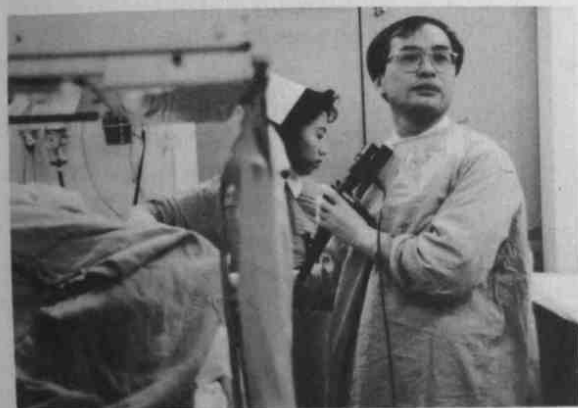
Dr. Ho believes that university life is more than diligent studying alone. Apart from active participation in the activities of the Student Union and Medical Society, he was a member of the University basketball team.

His weekly schedule includes ward rounds, surgery session that may take a whole day, OPD sessions, teaching and research. In addition to that he still spares time for basket, soccer, jogging and squash. The key to cope with such a load of work is to set up your priority and to allocate your time accordingly.

The advice to medical students is that they should spend more time in the ward. Clinical and practical experience as well as book work are needed in clinical medicine. Above all, the ability to reason rather than recite is more important.

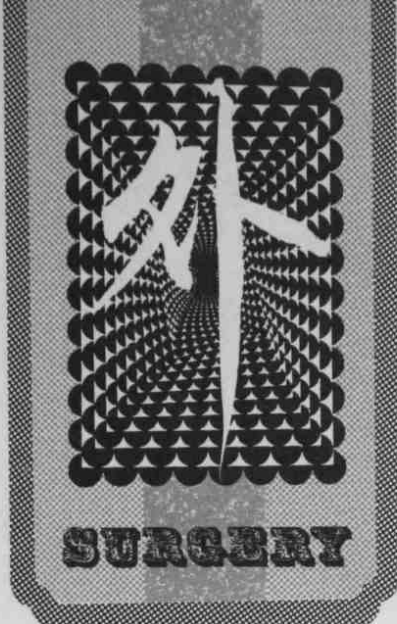


Dr. C. S. Lai was a graduate from the Faculty of Medicine in University of Hong Kong in 1978. He joined the Department of Surgery immediately after a year's houseman life. Dr Lai chose to be a surgeon rather than a physician because of two reasons. Firstly, he likes to dissect and secondly he claimed that it is his personality that he prefers to see obvious results. Dr. Lai is proud of being a member in the Department of Surgery and he values the meetings held weekly by the Department very much. In such meetings, cases and results of operations are discussed and lessons can be learned.



Dr. Lai is the only child in his family. He is married with a three year old son and a four year old daughter. His wife is also a medical graduate from the same University in 1981.

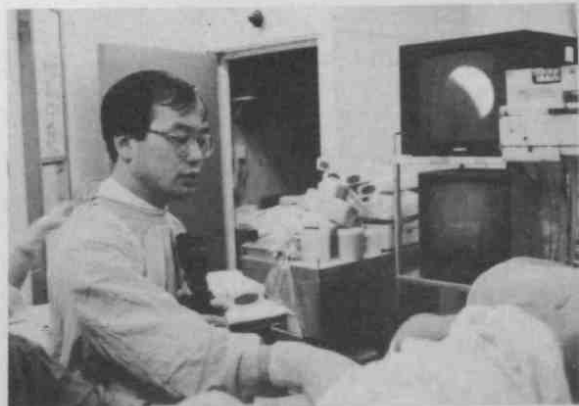
Dr. Lai was a student in St Paul's Co-educational College. As he described, he was just an ordinary student at that time and was even a bit



## Dr. E.C.S. Lai

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

lazy. But as he grew older and older, he became more and more diligent. In his student's



days, he liked painting and drawing. He was the artist of Caduceus when he was in 1st, 2nd and 3rd year of his University life. And even now in the Department, he will draw some cartoon for demonstration.

Dr. Lai is doing research mainly on two areas. One is the pathology and surgical treatment of hepatocellular carcinoma and the other is the use of biliary endoscopy.

Concerning medical students here, he complained that we relied too much on

tutors and we did not read journals. He suggested the students to see more and take the chance to go abroad to see how other medical students learn.

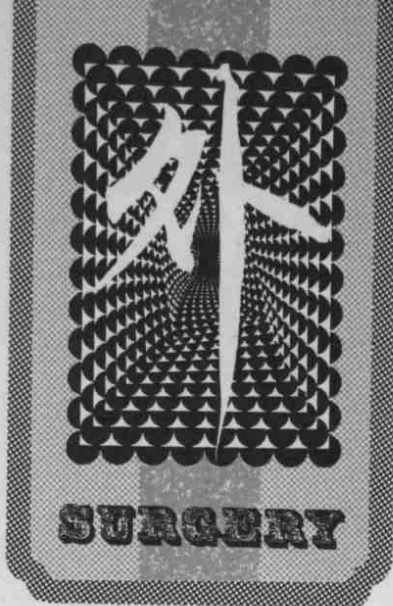
Lastly Dr Lai said that both experience and exposure is of utmost importance to a surgeon and that the first five years of a surgeon's life is a very difficult time indeed.

Dr. Lau was a past student of Queen Elizabeth Secondary School. After graduation, he was admitted to the Faculty of Medicine and graduated in 1978. He was then appointed to the Department of Radiotherapy after the registration.

One year later, he left for U.K. to further his training in ENT. He changed to ENT because he contacted a lot of patients suffering from nasopharyngeal carcinoma during the year in radiotherapy, and he began to have great interest in ENT. He worked as a registrar in otorhinolaryngology in UK for 3 years and obtained his fellowship.

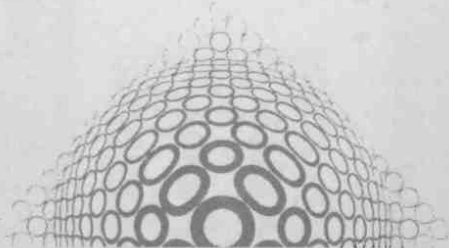
He found that there has been a lot of changes in ENT techniques in the past 10 years. For example, the widely use of endoscope in sinus surgery, the requirement of ossicle and the cochlear implants. Moreover, the ENT services provided by the Department of Surgery was greatly improved. The expanded manpower, fully booked operation make a great difference from the ENT service founded in 1983 in the Department of Surgery.

As a lecturer of ENT, Dr. Lau does not think that there is too few students attending his lectures. He thinks it might be due to the fact that his lectures are early in the series of ENT teaching. Moreover, he found that medical students nowadays is more or less the same as they were when he



## Dr. S.K. Lau

M.B.,B.S.(H.K.)  
D.L.O  
F.R.C.S.(Edin)



was a student.

Dr. Lau's academic interest is on nasopharyngeal carcinoma and tuberculous cervical lymph nodes.

When asked about the foundation of the Hospital Authority, Dr. Lau think that it is a good idea. He said that a lot of wastage of resources can be minimized by a good administration and coordination and it is time for a great change in the medical system, because the number of patients who can afford the lower price beds but not the private one, has been fully neglected. However, he does not know whether there is a real improvement to the salary of the medical practitioners.

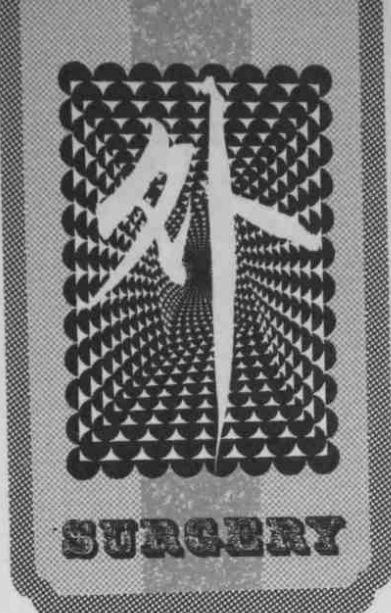
Although Dr. Lau is busy in his work, he spends some of his lesiure time in swimming, sailing, reading and computer.



It was a rainy day and I conducted an interview with Dr. Lorentz then.

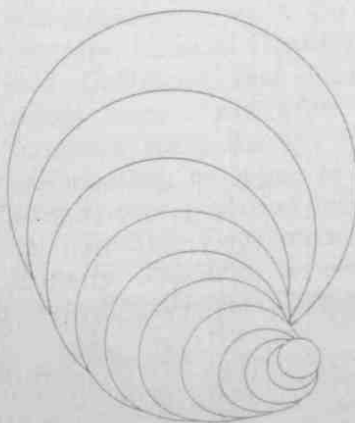
Dr. Lorentz was born in South Africa. He completed his study of medicine there and started in South Africa as a private practitioner. He joined Department of Surgery in this University in 1986. As he explained, he made the decision when Professor Wong came as a visiting lecturer in 1985.

He chose to be a surgeon because surgery is active and practical. And he thought that a surgeon was really doing something. He has also got great satisfaction from his job which was labelled by him as a mixture of teaching and clinical activity. Dr. Lorentz regards communication difficulty with patient as the main problem in his work. However he is glad to have help from the other staff and colleague. Dr. Lorentz also feels a great sense of belonging in the Department. He said that Professor Wong was a good initiator and that there

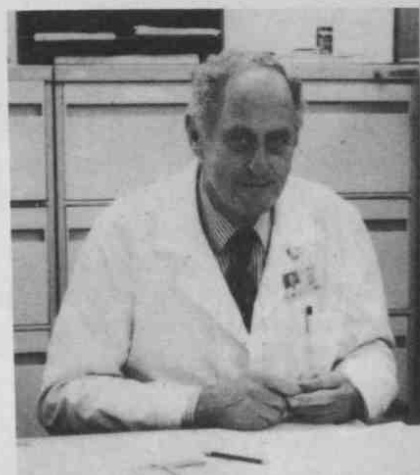


## Dr. T.G. Lorentz

M.B.B.Ch.  
M.Ch.(Witw)  
F.R.C.S.(Eng)  
F.R.C.S.(Edin)



was adhesion and good relationship in the Department. For the research work, Dr. Lorentz is making the records of carcinoma of thyroid in order and results will be published later.

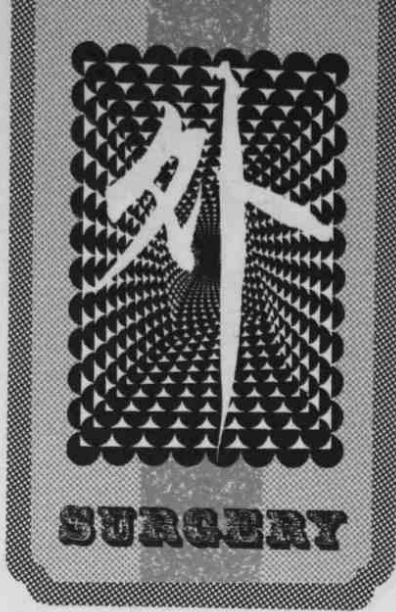


Dr. Lorentz finds Hong Kong medical students very diligent but feels that we lack practical application of the book knowledge. He said that we have got language problem and he advised us to practice presenting cases to each other.



Lastly, on asking about views on the establishing of Hospital Authority, Dr. Lorentz said that the principle was good and he was prepared for it.





Dr. George H. Mya is an oversea Chinese born in Burma. He received secondary education in Rangoon, the capital city of Burma. He obtained M.B.B.S. from Medical School in Rangoon in 1967. He has worked in the department of anatomy there for three years. Afterwards, he entered the department of Surgery in Rangoon General Hospital. In 1973, he went to U.K. and got his FRCS in Edinburgh. He then came back to Burma in 1975 as an assistant surgeon in Children's Hospital in Rangoon. In 1979, Dr. Mya was promoted to a consultant. He went to U.K. in 1989 and he is now a pediatric surgeon and a lecturer in our university. Besides daily practice and teaching, he is also doing research in pediatric surgery.

Dr. Mya is married and has three children. His wife is also a doctor who works for UNICEF. His eldest daughter is a secretary, his son is studying in U.S.A. while his youngest daughter is studying in a secondary school in H.K. Dr. Mya loves to play tennis in leisure time in spite of heavy daily work.

Although some students are very good in academic performance and some are less competent, Dr. Mya said that medical students in H.K. are very good on the average. Good facilities are suggested by Dr. Mya as a reason for the good performance of students. How-

ever, he added that medical students in H.K. are not active enough. They should speak up more voluntarily. He advised us to play more sports whenever we have time.

## Dr. H. Mya

M.B.,B.S.(Rangoon)  
F.R.C.S.(Edin)

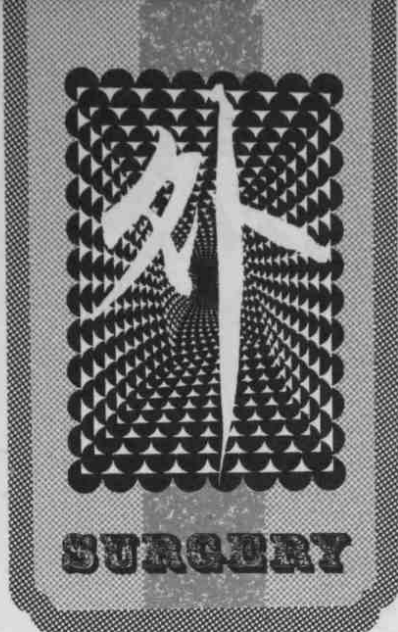


Dr. Mya said that a good surgeon needs to work hard, to read a lot, to see a lot, and to assist a lot. He said that working in pediatric team is a big challenge for him. Sometimes he feels sad because some children suffered from congenital malformations are abandoned by their parents. As a pediatric surgeon, what he can do is trying to correct the malformations and understand their difficulties. It is no doubt that Dr. Mya is a kind and sympathetic person who can earn high regards from his patients and students.

Through three weeks' tracing of the busy surgeon, Dr. Tam, finally, I was able to sit comfortably in his office to make a quick interview with him then.

Dr. Tam was a medical graduate from University of Hong Kong in 1983. He is single and has got two brothers. Neither of them are in medical field. Now he lives alone while his family is living in Tai Po.

Dr. Tam was born in Sha Tau Kok and received secondary education in Tai Po. As a child, he described himself as a common "naughty" boy doing all kinds of activities e.g. climbing trees, cycling. In his University life, he has won a photography competition and has been the captain of Lacrosse team in University Hall.



## Dr. P.C. Tam

**M.B.,B.S.(H.K.)  
F.R.C.S.(Eng)**

Asking why he chose surgery as his career, he said that he had no special interest in this subject when he was still a medical student. On the contrary, he liked Paediatrics, and Obstetrics and Gynaecology more. But after the intensive study for the final examination, he began to like surgery very much and decided to join the Department of Surgery. The liking for craftsmanship developed during his

years in technical secondary school also contributed to his decision.

Dr. Tam has good satisfaction of his job because according to him, he can achieve what he wants up till now.



Dr. Tam felt that the standard of medical students in Hong Kong has fallen in recent years. He complained that some medical students had poor manner both in front of patients and lecturers.

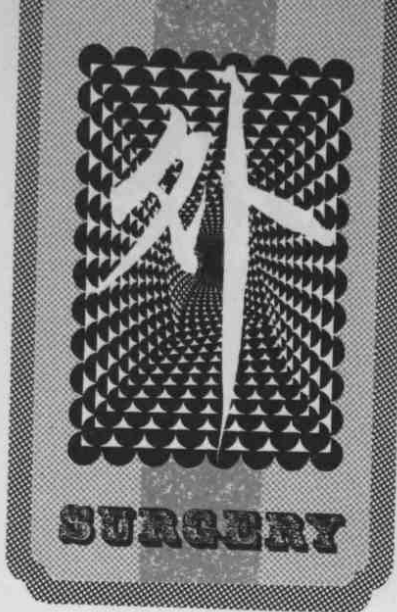
Lastly, on asking for Dr. Tam's future plans, he said that he would go to the United Kingdom next year to receive centre training in urology. And he will be back in a year's time.

After the exciting lecture on sexual asphyxia ended, I rushed to Dr. CK Yeung's office and was fortunate enough to catch him in time. He was chatting with Dr. Mya who was also one of our targets. I was only able to conduct a short interview with Dr. Yeung because he had got a date.

Dr. Yeung graduated from University of Hong Kong in 1981. Thereafter he has worked in Kwong Wah Hospital for 5 years. In 1986 he joined the Department of Surgery in this university.

Dr. Yeung gets a special liking for surgery. When he was asked for the reasons of prejudice for surgery, he sat back and hesitated for a while to seek the right words. He said solemnly that surgery was a direct and quick way of treatment and he has got much job satisfaction by being a surgeon. As Dr. Yeung pointed out, the most important thing that he learned from his practice was that one should never give up hope. He has been following this principle and has saved some lives of the apparently hopeless cases. As Dr. Yeung is a paediatric surgeon, he has done research work on paediatric peptic ulcer and paediatric urology.

As I tried my best to make myself seem attentive, I found signs of hurriedness from Dr. Yeung's appearance. And so I asked straightly into the family



## Dr. C.K. Yeung

M.B.,B.S.(H.K.)  
F.R.C.S.(Edin)  
F.R.C.S.(Glas)



of young Dr. Yeung. He was married in 1989 and his wife is not in medical field. He has not got any children yet. A phone call got in and interrupted the interview. It was fortunate that it was only an interruption but not a termination of the interview.

I continued by asking about his secondary school life. Dr. Yeung was a graduate from Maryknoll Fathers' Secondary School. During his school life, he concentrated himself on academic studies and he described himself as a 'bookworm'. When he was admitted into the university, he got the chance to be a University Hall resident and it was then that he engaged in tennis and hockey.

Commenting on HKU medical students, he described us as a bit book-centred and he said that we lacked critical thinking. However in general, he regarded HKU medical students as a group of hard working boys. He advised us to discuss more among ourselves.

I continued by asking for his opinion on the necessary qualities of a surgeon. He suggested hardwork, perseverance and patience --- the phone call came again --- this time it was his wife.

I dared not to delay him any more and ended the interview at this point.



州神哭慟  
扣緊絃心



# 序

一九八九年的四月，在胡耀邦逝世後，北京學生爲了爭取民主自由，發起了一次歷史性的學生運動。爲了支援這次愛國民主運動，港大醫學會在五月中旬在幹事會轄下成立了愛國學運跟進組，負責組織進行有關之支援行動，其中又以籌款和突破新聞封鎖爲主。籌款行動在兩天內，由醫學院同學向全港的醫生進行募捐，共籌得二十萬餘元，全部捐予學聯管理的「中國民主基金」。而另一方面的「信海傳真」行動，則將以萬計的報紙和大陸工作機關地址分派給中學生和市民，再由他們將有關資料寄往內地，以突破中國的新聞封鎖。

在參與這些行動時，同學們均懷着一腔熱誠，希望藉着這些行動，支援北京學生，爲中國帶來民主自由。可是，在六月四日凌晨之後，這些希望一下子化爲空想——民主自由對中國似乎是遙不可及的。滿腔熱誠變爲悲憤莫名，而其後再衍生出來的無力感，更進佔了不少人的心靈。

爲了記錄當日的人、事、感受，我們從啟思中選輯了一些文章在這裏再度刊出。此外，我們在九零年六月，邀請了幾位曾積極參與支援行動的教師和同學爲文，以抒發他們一年後的感受。透過這些文章，我們或許可以重拾當日的一些情景、感受。畢竟，八九中國民運已經在我們每一個人的心中或腦海裏留下了不可磨滅的記印。最後，願在此寄望民主、自由、人權、法治的精神早日在所有中國人的社會中得到體察／實踐。

「革命尚未成功，同志仍須努力」

# 悲痛之餘

## 記六月七日三個哀悼北京死難者集會

醫學院哀悼集會遊行

時間：八時半

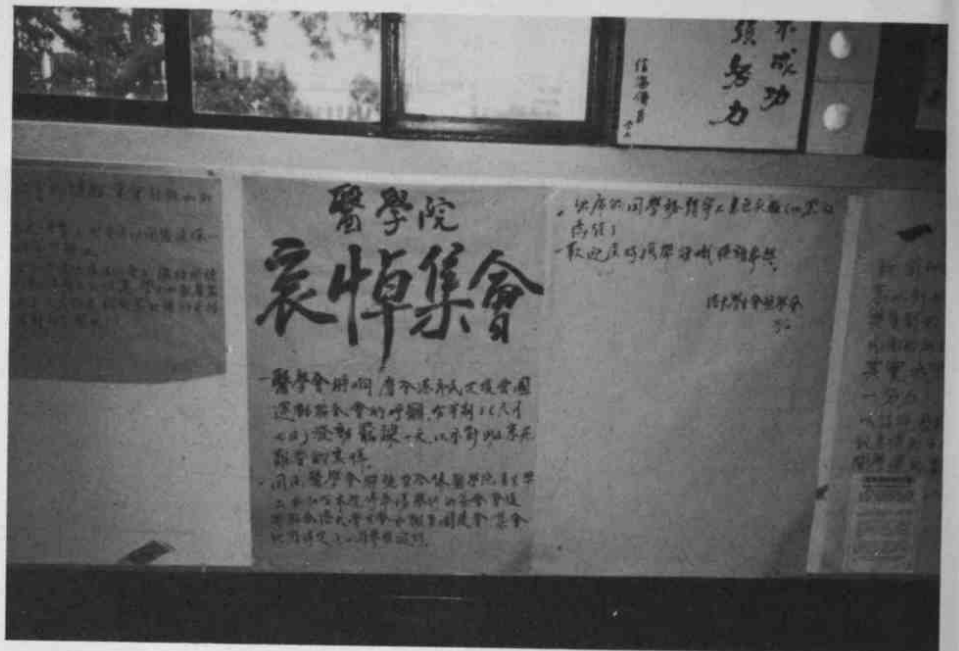
地點：醫學院停車場

人物：醫學院同學及港大職員

默哀過後，外務副主席宣讀了醫學會對是次學運的一份聲明。哀悼會中，幾位講師和同學都分別講出他們的心聲。同學齊唱愛國歌曲，齊喊口號，志氣高昂。

由於當日凌晨，油麻地及旺角區發生遊行人士滋事騷亂事件，原定聯同港大學生會及職員國是會的遊行被迫取消，但與港大教職員及員工一起步行往黃克競平台的活動則如常舉行，為避免滋事份子搗亂起見，同學除了組織糾察隊外，還得警方協助維持秩序。

人龍由一貨車開路，其中不乏生理系、生化系、藥理系等講師，另外technical staff、library staff，甚至外籍教職員亦有加入。



港大師生追悼會

時間：十時正

地點：Haking Wong Podium

人物：港大師生

醫學院師生唱着義勇軍進行曲抵達黃克競平台。集會中，多位講者發表了他們的意見和感受。王慶武校長表示作為大學生的我們，要對今次北京大屠殺事件保持冷靜和理智態度，並為推行民主作開路先鋒。相反地，學生會主席周永恒卻表現得頗為激動，港大學生難道只是一班血氣方剛的「後生仔」？

醫學院兒科系楊執庸教授亦有到場，他說：「百年前的醫學院就曾經出過我們的國父孫中山先生，他不但被培育成爲一位好醫生，更被培育出一份爲民主而奮鬥的精神。」百年後的今天，作為醫學生的我們，要肩負起的又是什麼？

徐朗星文娛中心外牆掛上「中國魂」三個大字，平台上坐了約二千人。在烈日當空之下，哀悼會的冗長可能成爲美中不足的地方，但同學有沒有想過，「我們流着汗時，北京學生正在流着血」？



瑪麗醫院同人哀悼會

時間：一時十分

地點：醫生餐廳外停車場

人物：醫生、護士、醫學生及其他醫務人員

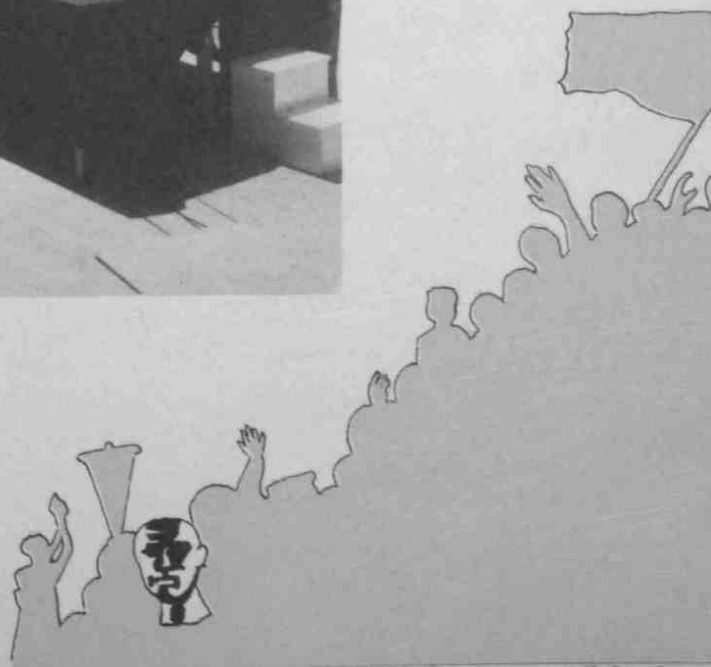
身為醫務人員，瑪麗醫院上下員工並沒有響應罷工，卻只是臂纏黑紗表示，也在當日拿出了他們午膳的時間，以集會形式（一個象徵式的罷工）向北京死難者致哀。講者包括楊執庸教授、達安輝教授、莊義雄同學、梁智鴻醫生及彭樹勳博士等。

達安輝教授：「……我很欣賞醫務人員保持冷靜，仍然緊守崗位的態度。我希望醫生、醫學生和護士等在病房中要好好對待病人，才對得住國內死難同胞……」

彭樹勳博士：「……中國人民一向不願承擔政治責任，卻愛服從君主、長者，這是政治獨裁的根源……希望大力推行民主教育，亦希望中央容許反對說話。」

雖然集會只是短短五十分鐘，但愛國氣息洋溢，唱愛國歌的當兒，不少參加者都黯然神傷，灑下熱淚。而隨着哀悼會的結束，大家又要返回崗位工作。六四慘劇的發生，令普遍香港人悲憤莫名。醫生護士同樣是人，怎會不沉痛，不哀傷？縱然如是，他們心中悲痛之餘，仍舊要沉着氣，忍着淚，為的又是什麼？

（本文原刊於啓思第21卷第2期）



# 這是光明與黑暗爭戰的日子

自胡耀邦去世後的一連串民主運動，像黃昏的夕陽，映照萬里紅霞，鼓盪人心。人民重漫了七十年前的舊夢，再和民主自由打了個照面，民主自由縱使不是今天垂手可得，但已足令在未來的日子中，千千萬萬人誓願投身追尋。

夕陽次隱於遠度的不可知處，是絢爛的，也是悲壯的，天地都染得通紅，就像人民的鮮血，染紅了天安門的台階，染紅人民的心靈一樣。黑暗將臨大地，血的鮮紅給黑幕籠罩，直至人民的肉眼不可見為止，但心靈卻始終感受到。

今天黑夜已經降臨，民運進入了另一個時刻，一個考驗人心的時刻。

十年的改革，剎那間灰飛烟滅，過往間續維持的自由言論氣氛，亦不復存在。電視台的廣播，只見一張張滅絕人性的臉孔，在張牙舞爪，以吞噬人民的血肉為樂，使今天的黑暗更形黑暗。

我們還有甚麼？我們還有甚麼？

香港人在今次事件上的熱切表態，叫大家再一次認清楚自己的身份角色。我們以往是過客，是過客的後代，是殖民地的次等公民，是「香港人」，不是「中國人」，但到今日，誰也應該明白到，這一切的身份都不是真正的身份，我們仍是和十億的人民心連心，流着一樣的血液的。

看見國內的同胞在受苦，我們的心強烈在扎痛，可能很多人流淚痛哭不下數十次，捶胸頓足，連問蒼天為何，仍是未得答案，但傷痛之餘，大家都知道今天香港扮演的角色，舉足輕重，近百年香港孕育了一班革命烈士，而國父孫中山先生亦曾在醫學院就讀，香港更成為推翻滿清暴政的重要革命根據地。到了今天，這個在大陸東南一隅的城市，要再次為祖國的出路效命，這不是一時的爆發，而是長期的抗爭。

一次代表醫學會出席在瑪麗舉行的醫護同人追悼會，全數的講者，包括自己在內，都呼籲大家要冷靜理智，緊守崗位，攬好香港的內部安定團結。這時候，我們除了要以勇氣，作出種種支援民運的事情外，更要以耐性，以理智，反思當前局勢。



黑暗雖然絕不光輝燦爛，但卻  
是反思的好時機，是迎接黎明的預  
備期。

民運必有出路，這是我們應持  
守的訊息，就像身處黑夜時，要深  
信黎明必再來，紅日必再高懸天  
上。

但這不是件容易的事情，更需  
要不少的勇氣和忍耐。

英國首相邱吉爾，曾在倫敦飽  
受德軍轟炸的時候，說：「這是最  
好的時刻！」

他似乎是在痴人說夢，但其實  
卻是在黑夜最深沉處，看見黎明的  
光亮。

這樣的道理，我們明白嗎？我  
們是否願意在黑夜中，充當領航  
燈，讓許多驚慌惶恐，不知所措的  
心靈，步向黑夜的盡頭，黎明的出  
處嗎？

這樣的角色，我們應該不陌  
生，當初進醫學院時，我們不都是  
希望為更多在黑暗中度日的病者，  
帶來光明嗎？

也許這篇文章，會叫你失望，  
因它沒有太多的答案，相反可能帶  
出更多令你費解的問題，但我仍願  
意相信，你能為更多的人，帶來更  
多的希望。

這是光明與黑暗爭戰的日子。

屠城後第八日・凌晨  
外務副主席  
莊義雄

後記：本來想借一些篇幅，多  
謝在今次支援愛國民主運動中出過  
力的同學，但再想這並不太恰當。  
畢竟大家不是為幹事會做事，而是  
為祖國的前途、自己的前途奮鬥。  
無論如何，同學的熱誠和投入，叫  
我深深感動，也叫我認識很多先前  
於我陌生的美麗心靈，這相信是我  
以後生活和工作的支持，也為今次  
醫學會能協調院內外人士，在國運  
上盡一分力，深感慶幸。

（本文原刊於啓思第21卷第2期）

# 專訪——陳應城博士 黃德明博士

恆

訪：在這次學運事件中，港大的教職員（特別是生理系）做過些甚麼？

陳博士：在李樹芬樓工作的教職員中，有很多也參加了港大教職員國事關注委員會，而其中更有數人加入了執行委員會，另一方面我與其他同事也有與一些同學分享了對這次學運的感受。而在六四事件後，李樹芬樓有大約百分之七十五的教職員參加了六月七日的遊行，鮮明地表達了對這事件的看法和態度。但另一方面，在這次學運中，學生與老師之間的溝通亦有不足，例如在「六四」之前的一次罷課，同學決定罷課後應與校方聯絡，以作適當安排。

訪：剛才你提及罷課，那麼你認為罷課有甚麼效用？

陳博士：無可否認，罷課是會妨礙學業的。但在當時的情況下，罷課是回應的一種方法。當然，罷課是需要有理由的，例如一些同學沒上導修堂，說是要去寫大字報，幫手出啓思號外等等，在當時是可以接受的；但若是返回家中，不做任何事，便失了罷課的意義。不過，當時也有個別同學，認為上課比罷課重要，而部分教員亦有同樣看法。以我的角度來看，在當時的情況下是需要權衡輕重的。

訪：在你的角度來看，大學生在這次學運中所擔當的角色應該為何？

陳博士：高年級的同学功課壓力比

訪：你認為醫學院（學生、教職員）在這次學運中所做的事有意義否？

陳博士：絕對是有意義的，但卻有些不足。例如信海傳真，自己參與方面是有點忽略，像沒有呼籲教職員幫忙寄信。很多教職員熱心於打破新聞封鎖，但卻從來沒有人向他們提供地址等資料。另一方面，同學在組織和計劃上亦有點不足。例如有一晚大約六時三十分左右，一位同學忽忽地走來問我有没有香港地圖，以用來分區以便呼籲中學生參加信海傳真行動。這可見他們預備不足，而溝通方面亦有不足。另外，他們所寄的報紙當中，有些是附有較重，參與程度較低，是可以理解的。但是比較低年班的同學卻有很多應做的事還未做到，而且積極性不高。我個人對同學感到失望且高興。失望的，是因以往同學對社會及國家事務的關注與參與程度甚低，雖未至零亦不遠矣；而感到高興的，是因此次參加的同學是自發性的，但我認為人數仍然是比較少。同學們對國是的關注程度，從一些導修組的同學（在這次中國學運尚未被傳媒廣泛報導之前）連「五四運動」是甚麼和其始末也不知道，便可見一斑。所以，同學們在一些活動，例如迎新活動中，應加深討論「五四精神」等等，培養「接班人」對參與社會、國家事務的積極性，提高認知民主、自由及人權的真諦。

中華民國年號，他們沒有考慮到這些報紙是不可在中國大陸流通的！另一晚大約七時左右，一位同學需要量度預備寄出報紙的重量，但因為太晚的關係，不能用生理系中的秤，而只可用一個不太準確，用作量老鼠的天秤。此外，醫學會在考慮把款項匯上大陸時亦遇到技術上困難，不知應循甚麼途徑，而我亦為同學提供了一些我認為可行的方法。

訪：最後，請你評價今次學運。

陳博士：總的來說，現在只好讓歷史作出公平裁決。而我們亦要放眼向前，看同學可做些甚麼。此外，醫學會、港大學生會和學聯等等，亦應檢討在「六四」事件之前，香港參與學運造成的影響是正面還是負面。香港援助國內學運，是有一定程度上的催化作用。這作用雖有正面影響，但亦可能把事情嚴重化，做成負面的影響。無可否認，香港在中國近代歷史上，特別是清末、民初和戰後，是擔當着重要的角色。而在香港大學醫學院方面，因同學們對中國認知性低，對學運參與性低，所以學運對港大醫學院的實際影響不算太大。另外，從一次中學生自發性的支援北京學運集會中，可以察覺到本港的中學教育在很大程度上忽略了對同學們的獨立自主培訓；那次遊行雖是自發的，但欲缺乏組織及預備，以至事倍功半。可能香港的大學生對他們的身份沒有肯定，故對社會的關注也不太高；而解決

的方法，是需要有比較積極及有領導能力的同學起帶頭作用，喚起同學們對香港及整個中國社會情況的關注及參與。

訪：在這次學運中，港大教職員（特別是生理系）做過些甚麼？

黃博士：有很多同事都參加了遊行、簽名、打電話往國內和寄信往外國等。我們更有一個外籍講師主動發起寫信往外國，叫外國人呼籲中國當局不要迫害知識份子。我們其實沒有特別甚麼可以做到的，我們所做的和其他人所做的也差不多。但現在打電話和寫信往國內已是不可能了，其他的就只有看電視新聞和討論學運事件。

訪：在你的角度來看，國內大學生在這次學運中所擔當的角色為何？

黃博士：今次大學生的角色很好，這次運動是他們自動發起的，組織得好。以前我在導修堂中說過，現在中國的學生沒有那麼有理想，沒有甚麼作為，認為中國沒希望。但經今次北京學運後，我想法完全不同，是我意料之外的。他們這次可說是學生運動中的模範。從這件事上來看，中國是仍有希望、仍有前途的。

訪：剛才說了中國方面，你認為香港的學生又可以做些甚麼和擔當些甚麼角色？

黃博士：我也想不到他們有甚麼可以做到。他們最多也是在輿論上支持北京學生；但實際行動上是很少事可以做到的。我能夠想到

的你們也可以想到，就是盡量令國內和國外的人可以知道更多，做成一種輿論壓力。我覺得北京學運另一好處就是喚醒了學生對民主的認識，和對共產黨的認識，之後，可以盡力令中國建立一個比較民主的社會。雖然目前好像沒有甚麼可以做得好，但各人可以嘗試用不同的方法努力，或許會做到一些有用的事出來。

訪：在學運期間，我們醫學院的學生也進行了罷課，那麼你認為罷課有甚麼效用？

黃博士：罷課是一個表示抗議的方法，我贊成罷課一天，以表示抗議。我覺得等如罷市一樣，我贊成罷市一天以表示抗議，但不要那麼久，不然會影響香港經濟。不罷課，沒有甚麼表示，沒甚麼方法表示支持或抗議，似乎是很冷漠的。

訪：你認為醫學院（學生、教職員）在今次學運中所做的事有意義否？

黃博士：至少我們對參與學運的學生表示支持；另外是有教育意義的，令大家知道民主的重要，第二個意義至少是讓我們發洩了。其實我們沒有甚麼可以做到的，但參加集會，喊口號幫助我們發洩了心中的氣憤。我記得楊執庸教授在一集會時說過（大意），對北京學運他也不知有甚麼可做，唯一可做的只是參加集會、喊口號，似乎這樣會心安一些。

訪：另一方面，學生做了一些如「信海傳真」等等活動，你認為怎

樣？

黃博士：這些很好，很有意義。有沒有效用我卻不知道，但有時做事是不要計成效的。若不做便永遠沒用，但做了則可能有或可能沒有用，這是不是總好過沒有做？

訪：聽說你在讀大學時曾參加學運，是嗎？

黃博士：我當時是做學生會長，但那時是沒有那麼政治化的，而是比較多康樂方面的活動，嚴格上來說是不同於現在的學運；那時的學運最多只是要求「中文合法化」等等。

訪：你有沒有經歷過釣魚台事件呢？

黃博士：那時我已畢業了，正在當研究生。研究生和外界是比較隔離的，也沒有組織，所以我那時像是個旁觀者，最多是我的同學或其他人開會，演講時我便往旁聽。那時香港方面是大學生搞的，研究生沒有一個組織去參與。而在外國的中國學生和研究生大多組織起來，據我所知，我在外國的許多同學當時都很積極地參與那次事件。

訪：今次學運和釣魚台事件有甚麼分別？學生的參與程度有甚麼不同？

黃博士：今次學生的參與程度相對於上一次是比較熱烈的，而且今次的組織是相當好。可能由於北京方面的學生組織得好，影響到香港的學生，釣魚台事件時也相當多人參加，但其規模和現在卻

無可比擬。

訪：在校園裏所引起的影響也沒有那麼大嗎？

黃博士：沒那麼大，那時沒有人罷課，又沒有那麼多學生參與。現在的學生真是很積極。

訪：教職員方面呢？他們的反應又有何不同？

黃博士：教職員的反應今次大很多。釣魚台事件時我仍是研究生，未做到教職員，但那時我也不覺得教職員是有參與的。但現在我做教職員，知道很多教職員對今次的事件很憤怒，許多都參加了遊行，天天都談論此事件。

訪：跟着請你評價今次學運。

黃博士：我相信這次北京學運是會留名青史的。另一件事我相信一定會發生的，就是今次學運一定會被平反（就算大陸仍是共產黨當權）。我認為這是一次很有意義的運動，對中國歷史相信是一個很大的衝擊。我是在內地唸中學的，知道裏面很嚴，我發夢也想不到學運可以推進到今次這個地步：公開要求民主，佔領天安門一個月，發動上百萬羣衆示威及叫領導人下台。今次雖然發生了屠殺，繼而白色恐怖，令學運完全沉寂，但我認為這次學運已是很成功了。就算是在屠殺之前，吾爾開希叫他們退卻之時，他們已取得了很大成功。雖然大家也不想屠殺發生，但既然發生了，事後來看，這件事在歷史上的地位和影響可能會更深遠和重大。對共產黨的政權來說，亦可



能是一件很重要的事。以前共產黨沒有用坦克和槍炮來殺害自己的人民，人民也只希望共產黨能和平轉變；現在，學生這樣理性和平的請願，完全沒有用武力，共產黨也用坦克衝鋒槍來殺害人民，以後人民便會嘗試使用暴力推翻其政權。我覺得這屠殺事件可能是中國共產黨政權走向失敗的一個轉捩點。人民何時能成功？我不知道，但人們鬥爭的方法一定會轉變。

訪：對香港支援大陸學生方面，你認為有甚麼影響？例如國外的輿論和物資支援，會否影響中國學生的進退？

黃博士：我認為，香港的支援是不會有決定性地影響他們的去留。我認為香港的支援沒有甚麼不對，也不會因支持而導致這次的大屠殺。共產黨殺人已不是第一次，上次的天安門事件（1976）他們不是也殺了人？以我們知道的消息來看，就算香港沒有資助，

由外省去北京的學生也不肯走，所以殺人是遲早的事。甚或很多人相信到後來是共產黨挑起學生和市民的情緒，製造藉口來殺人。重申一次，我覺得香港人的支持是很應該的，我認為對於這次屠殺我們不需負責任。不過香港有些人是做得太過天真，沒有想清楚便大張旗鼓地支援學運，果然出事了。我從大陸裏面出來，知道裏面是甚麼環境，看見他們公開對學生支援、會見記者，我對歷史系高級講師陸人龍說（陸人龍講師是我們的國是會主席）：「這些人所做的很危險。」

訪：你即是認為不應該那麼張揚？

黃博士：是的。今次那些人連所帶上去的錢也失去了；另一方面，他們也可能連累其他人，例如一些學生領袖。總而言之，幫助國內的學運是應該謹慎一些的。

鳴謝：港大生理系——陳應城博士  
黃德明博士

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# 靜思默想



近多個星期以來，每天準時看六點半新聞報導，買齊早報晚報，所有電視電台的時事特輯一概收聽收看，不為甚麼，只為要盡點本份，關心一些中國人應關心的事。

不想再說甚麼痛心疾首、憤恨難平；不想再對屠夫們口誅筆伐。這一切都太多了、太濫了。不少知名人士已呼籲過全港市民要冷靜，可是在城市論壇上某些不知名人士，大聲疾呼組織志願軍打上北京，或集資在太平洋買個島避難，竟還搏得全場觀眾掌聲雷動，拍案叫好的，那就可見香港人「冷靜」到甚麼程度了。

不過現在能够靜下來去看問題的人，心情也並不好過。無論如何心平氣和，仔細推敲，現況始終是推不走，敲不碎的。有人說要等待

這個政權慢慢蛻變，但這真可以盼出甚麼希望來嗎——

試想那班七八十歲的「老舵手」們，未知是否得仙丹進補，雖古稀高齡仍精神矍鑠；其意志之堅，焦油尼古丁難傷分毫，此等老者勢必福如東海，萬壽無疆。

五六十年歲的所謂「中流砥柱」，一般患有民主恐懼症，發病時呈狂犬狀，亂吠亂咬；既不肖人，何以成器？

三四十歲的是文革失落的一代，學識、人格、廉恥全都失掉了，所餘只有巧言佞色，令人噁心。

如此，廣大十來二十歲，本可大有作為的青年人，恐怕只有無止境的活在思想禁錮之中。

毛蟲似乎是變不出彩蝶了，那麼來一個革命，轟轟烈烈推翻暴政又如何？

不行。

我既不相信現在已催生出革命的芽苗，甚至不相信它的重生意義。歷史上已多次證明，革命未必帶來生機，但必會伴隨血淚、痛苦、動盪和紛亂。「一七八九」不期然使人想起一座沾血的斷頭台。列寧對俄國人民許下的諾言早已成了空頭支票；毛澤東四十年前宣佈中國人已站起來了，但事實上，他們仍然跪着，且還五體投地的跪着。

無奈的——

我慨歎，神州大地從此要無了期的沉淪下去。

我恐懼，十一億人將永遠丟不去歷史留給他們的包袱。

我質疑：中國，你究竟受了甚麼詛咒？

八九·六

萃采

(本文原刊於啓思第21卷第2期)

# 北京學運——反省與再思

小園

自胡耀邦逝世後，中國一羣熱血的學生爲了爭取自己的理想，發起了一次歷史性的學生運動，他們以和平的方式爭取，不少市民也起來支持，但可惜的是，這羣學生純潔的心卻被無情的政府以機槍及坦克所打碎和碾碎，他們的希望被鮮紅的血肉所掩蓋。但他們的血是沒有白流的，他們無懼的精神卻將全球的中國人喚醒，將他們的心燃點起來了。以香港爲例，曾幾何時你可以看見有一百多萬的香港人站起來，他們的心向着同一方向，爲的是支持這羣愛國的學生，爲的是爭取更大的民主。

作爲一個學生，我們在這整件事當中究竟做過些甚麼呢？它所包含的意義又是怎樣？在將來的時日中，我們又應該擔任甚麼角色呢？筆者願意在此和大家探討一下。自從北京有學生在天安門廣場進行靜坐及絕食的時候，香港一羣十數人的專上學生也以絕食來聲援北京的學生，這可說是爲香港支持北京學生運動展開一個序幕。跟着以後，不斷有團體、學生組織到香港新華社的辦事處請願，希望中國政府能夠與北京學生進行對話，藉此結束這場廣大的學生運動。很可惜中國政府卻像聾子般始終沒聽到學生的呼喊。在這段期間，香港的學生只

是利用靜坐、遊行集會的方式聲援北京的學生，他們並且爲北京學生在香港進行籌款，利用捐款替北京學生購買日用品及食物，他們雖然關心中國所發生的一連串事件，但畢竟這裏與北京遙遙相隔，我們大部份只可以在精神及物質上支持他們，希望他們能感受到除他們以外，我們也有着同一的理想與希望。這次學運不單是歷史上一件大事，在香港，它也將大部份學生從沉默中喚醒過來，他們開始領會到甚麼是民族意識，爲甚麼要去爭取民主，相信這一次的教育比任何以往的公民教育來得有效率，來得刻骨銘心。

從另一方面看，當中國政府實行新聞封鎖的時候，香港人才開始知道自己是多麼幸福，因爲他們仍可從不同媒介中得悉四周發生的事件，但對於中國大陸十多億人民來說，他們卻被困在一個黑暗的世代，他們只能從政府中得悉政府想他們知的事件，他們被蒙在鼓裏，被欺騙着，港人也因這件事而爲這些人民覺得難過，這也使我們了解到自由的可貴、自由的意義。所以爲了突破中國的新聞封鎖，香港各專上學院的同學也想出各種方式，各出奇謀，例如一人一信、一人一電、利用傳真機等，這些都是爲了

兩個字——自由。

直至六四北京大屠殺發生後，本港呈現一片愁雲慘霧，因爲每一個有良知的中國人也知道「中國人不應打中國人」，但不幸的事始終發生了，北京數以萬計學生及市民受到無情的屠殺，我們在香港能夠做甚麼呢？黑色大靜坐？罷工罷市及罷課？這些都是一些短暫的抗議，但並不是長期的。我想大家應該學習大部份人所說的，將悲哀化爲力量，因爲民主的鬥爭是長期的，今次的事件只是一個開始。作爲一個學生，我想大家應該好好利用自己的學習時間，眼光要放遠些，不應只是着眼在眼前的世界，應該學習去留心自己四周所發生的事，留意自己祖國未來的發展，雖然現在我們可能不能做到甚麼，但是在將來，香港甚至祖國的事情是需要我們的關心。到時我們可能需要出一點力。還有一點，我想現在是推行公民教育的時候了，大家應該將公民意識、民主精神等灌輸給我們的下一代，大家努力吧，我們決不能讓人民白白犧牲的。

小園

（本文原刊於啓思第21卷第2期）



## 哀歌



孩子啊！你不要哭，  
不要為那殘酷的暴政而哭泣，  
你應以己為傲，  
藉着你的犧牲，千千萬萬的人已經站  
起來。

孩子啊！你不要悲傷，  
雖然槍彈在你身穿過，  
我的心正在淌血，  
雖然坦克在你臂輾過，  
我的身也感痛楚。

但，孩子啊！你不要傷心，  
你的血不是白流的，  
鮮紅的血已經將我們的心燃起來。

孩子啊！你不要失望，  
你的身軀雖已化成煙霧，  
但你的聲音，你的精神，  
卻不斷在我耳旁迴響。

孩子啊！你雖倒下，  
我們卻要繼續你的理想，你的希望。



# 矢志不忘

雲

回首當年，  
他們揮灑出熱情，  
吶喊開明的呼聲；  
正是那天，  
他們擁懷着摯誠，  
肩負宏巍的使命；  
勇往直前，  
豈懼荆棘刺脛！

曾幾何時，  
顆顆炙熾的心靈，  
幾把睡龍叫喚醒；  
變革無定，  
條條捏造的罪證，  
教他們憤恨難平；  
連聲怨問，  
孤掌如何獨鳴！

盼望有天，  
消沉戰意復回升，  
重拾理想將國靖；  
矢志立誓，  
民主精神心中銘，  
除嬴伐紂祭英靈；  
再踏征途，  
那怕風霜佔領。



媽媽，總有一天光明是屬於你的。

編者按：這首詩曾在去年學運期間在醫學院內以大字報形式發表。現得作者將原文略加修改，予以轉載於啓思上，藉此帶出一個訊息——毋忘六四。

（本文原刊於啓思第22卷第1期）



# 「六四」周年有感

黃德明



許多事情可以忘記，但「六四」屠殺永難忘記。許多錯誤可以原諒，但用機槍、坦克殺害手無寸鐵的學生，平民永不能原諒。無論如何壓制、多少謊話或掩飾，「六四」屠殺將會是永留史書的錯事，主使屠殺的人將會遺臭萬年。

在「六四」屠殺一周年我們不期然會悼念死去的人，期望有朝一日看到殺人者填命。死者爾已。但死去的人並沒有白白犧牲。「六四」屠殺是個如此黑白分明的錯誤，令我們看到共產黨自私及殘酷的本性，看到一黨專政的壞處，更體會到民主的重要，從而更決心推翻一黨專制，建立民主的中國。「六四」屠殺更喚醒有良知的人，令他們決心改變現狀，加速不符民望的政權的衰之。



中國人被人認為自私，缺乏勇氣及對民主認識不足。看北京學生的表現，此評論並不完全正確。但看今日的中國及部份海外中國人的表現，此評論似非完全不確。從今開始每個人應盡一己之力，減少自利損人行為，勇於對抗不合理事物。最重要是學習尊重別人的意見，體現民主精神。推而衍之則有機會建立一個民主的中國。

黃德明於1990年6月3日

在作思六

# 記中國民運若干日子後 的一席亂語

莊義雄



要記那段風雲變幻的日子，  
就憑此刻腦際的絲絲記憶。  
往昔點滴，此刻還在心頭湧  
現，  
當日的人、當日的事、當日的情。  
或許若干忽忽歲月飄過以後，  
回溯當年今日。  
依然會為這一切驕傲、哀傷、  
驚訝……

這是一個怎樣的世代？  
五內鼓盪，頭昏腦漲！  
我們是誰？該做何事？  
現代人被譏為「平面人」——  
不能攀高，  
俯仰自己別人的命運，  
俯仰全人類的安危，  
俯仰這世代的終局。  
可是，我們確又曾攀高，  
目睹真正的曙光！  
現在，我們也許再要伏在地  
面，  
視野不出週遭五尺……

除了自我的鞭策、儆醒，  
還有什麼可突破這徧狹的囚  
籠？

想再記當日的一些人、一些  
事、一些情，  
內心卻起了抗爭，  
往事俱往矣！  
起了暴君式的豪情，  
數風流人物，還看今朝。  
從今以後，如何為繼？

在專業中持守？  
走出專業，奮力勇闖？  
伺機開溜，在異地找尋昨天未  
竟之夢？  
無論如何，  
這世代總會  
追討一個匹配的答案。



# 海旁……

糯米



也愛上了默默的想，  
茫然沒有軌跡的，只是在想。  
有些時候，我想到生老病死，  
悲歡離合。

有些時候，我想到人生，想到  
生命，想到無限的宇宙。

而在這個時候，我卻想到了一個  
古老的東方傳說……

天地渾沌如鷄子，盤古生其  
中，萬八千歲，天地開闢，陽清為  
天，陰濁為地，盤古在其中，一日  
九變。神於天，聖於地，天日高一  
丈，地日厚一丈……

——徐整《三五曆紀》

是否真的是如此，天地初開，  
有着了生命，有着了人類，有着了  
我們延綿五千多年的古老東方民  
族？在這個傳說裡，盤古的血化成了  
滾滾不斷的河流，他的肢體化成了  
延綿千里的山脈，化成大地，化  
成土壤，使到在他身上生長的一草  
一木，生生不息，也使到我們脆弱  
的生命得以保存，得以繁衍。

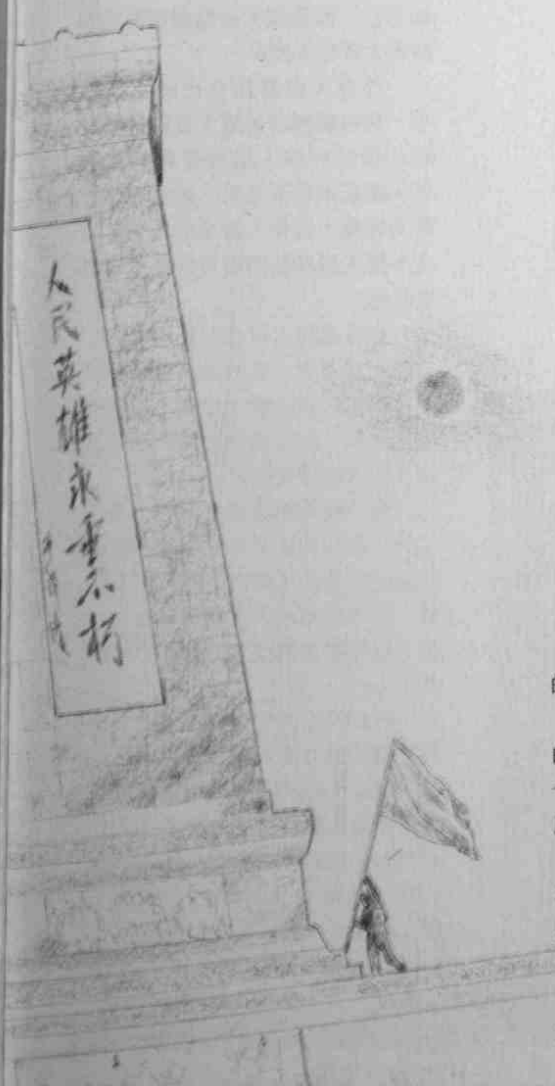
望着偌大的海，偌大的，深邃  
的，也是灰灰的。

我愛看飛艷的晚霞，也愛如今  
的灰，一片黑黑灰灰的，深淺不  
一，彷彿比那幻彩的黃昏更有深  
度，更有內涵。

我靜靜的躺在這個既平靜又永  
不休止的大海旁，默默的望着遠處  
出神，心裡懸念着一些故事。

這些日子，我愛上這海。

這孤獨、高傲、平靜、偌大而  
灰，深邃而淡的海。





大大的官兒肯和那小小的百姓們談話的呢？哪管你百姓有幾多；一萬，十萬，還是百萬，都不及大大官兒的一根槍子。話是不用說的了，不吃飯，不上學，便去找盤古談天去罷。結果，這些年輕人和百姓也像盤古一樣，血變成了河流，軀體變成了山脈和土壤，可是，和盤古不同的是，這些河流山脈全是血紅色的……

我再吁一口氣，扎動的心子沒有平息過，可是我仍然沒有哼出一下呻吟。

我還可以說什麼？面對這樣的世界，這樣的現實，這樣的一個祖國。

貧窮落後並不算是什麼，殘暴不仁才是叫人無說可說。然而最最令人無話可說的並不是國家的殘暴不仁，而是國家由幾個殘暴無賴的大大官兒去擔承。

沒有人會喜歡自己的祖國，不是祖國裡的領導人負着這麼樣的一個形容詞。這些形容詞說起來，聽起來並不光采，並且有種羞恥的感覺。可是，當今世界，有超過十億人因為他們而背負着這樣的羞恥感。

在遠遠無人可及的高椅子上，他們正抽着煙，也許是萬寶路香煙吧，斜着眼睛，吐一口痰，輕視的說上一句：「是要你們羞恥着又怎樣，你可奈得我何？」

我，或許應該說是我們，奈不了你，但我們雖是無話可說，但可別忘記，我們也可沒有哼出一下呻吟。更不要忘記，我們每人吐一口痰，也可把你們浸死，把你們淹沒掉了……

浪沒停息的擊打着岸，像要把我這個沉醉於虛幻世界裡的小伙子叫喚醒來。瞬間，我驀地驚覺原來那羣年輕人和百姓的血化成了我身旁的海，拍打着每一個良知未泯的心靈，扎動它，喚醒它，生生不息，滋潤着一個新世界的來臨。

可不是嗎？看看出了名沒有政治意識，急功近利的香港人吧。在

這是一個多麼美的傳說：古老，神秘，玄妙，處處讓人感到生命是充斥着宇宙的每一個角落。

可是，它卻又是令人多麼的傷感，無奈。

這種傷感使人覺得心臟像是被針子扎着的刺痛，擴射着散到身體的每一處毛孔。

我吁出一口氣，然後默然，沒有哼出一下呻吟。

這全因為我想起了一個並不古老的東方傳說……

在東方，有一羣年輕的人不肯吃飯，不肯上學，坐在偌大的廣場上，要和一些大大的官兒談話。可是自盤古成長那天開始，又有哪些



靜，較少理會政治和外間事務的同學紛紛活躍起來。因為我們看入眼睛的，聽進耳朵的，不再是那些難明的政治模式，複雜的政治架構了，而是切切實實的，明明白白的；北面有一羣懷着赤子之心的學生在靜坐，在遊行，要求現中國去改善，改善貪污，改善官倒，要求對話，可是被定了叛亂罪。

學生絕食了，以死相諫，為的，只是一個公道。

我們以死的氣概，為了生而戰。

但我們還是孩子，我們還是孩子啊！中國母親，請認真看一眼妳的兒女吧，雖然飢餓無情地摧殘着他們的青春，當死之正向他們逼近，您難道能夠無動於衷嗎？

我們不想死，我們想好好地活着，因為我們正是人生最美好之年齡；我們不想死，我們想好好學習，祖國還是這樣的貧窮……

——絕食宣言（節錄）

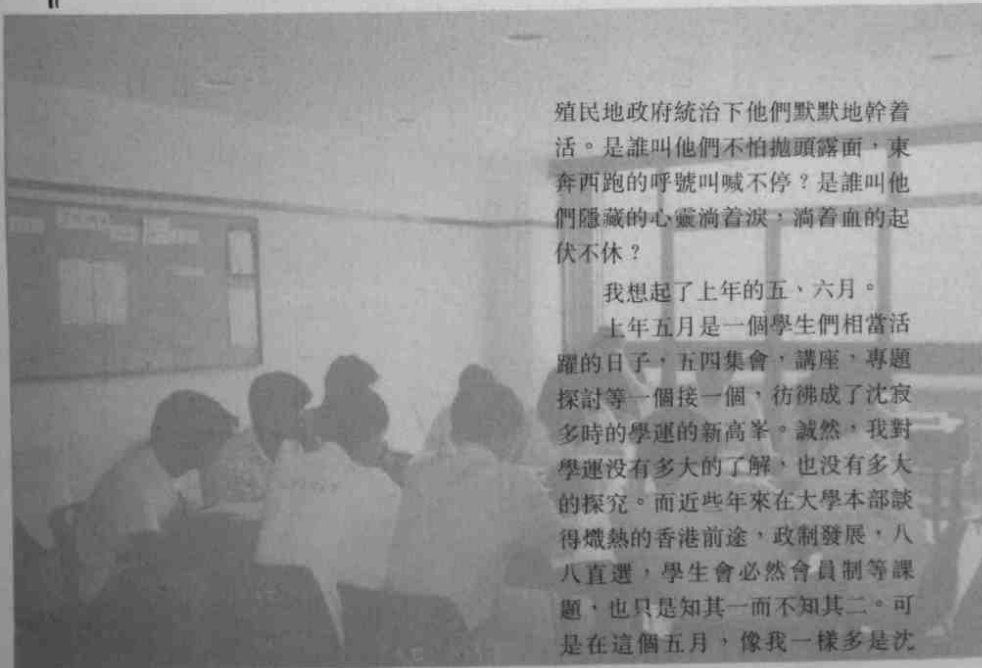
看到了嗎？看到那一顆一顆跳動的真心了嗎？感覺到了嗎？感覺到那一份熾熱了嗎？為什麼給他們瓦斯槍彈，叫他們一排一排的倒下來？為什麼叫他們流清了鮮血，叫他們的身體化成了塵土？

在這邊廂的殖民地，人們乾瞪着眼睛，張大了口，久久的不能合攏。人們的口頭乾涸了，眼睛淌淚了，心頭的血是一滴一滴的流了出來。因為他們目睹了一場謀殺，不，是屠殺，一場荒謬絕倫，匪夷所思的，殘殺自己手無寸鐵的同胞，自己國家精英的大屠殺。這還不止，那些雙手染血的大官兒們，還洋洋洒洒，面不改容的胡扯，難道他們真以為全世界的人，除了他們以外，都是瞎子，都是白痴？可是他們也是真還了得，對國內國外實施新聞封鎖。對外是起不了什麼作用的了，世界各地的人也不是全都知道了他們的所作所為了嗎？但對內，由於國內資訊落後，平民百姓在官方操縱下，未必有機會知道真實的情況。

殖民地政府統治下他們默默地幹着活。是誰叫他們不怕拋頭露面，東奔西跑的呼號叫喊不停？是誰叫他們隱藏的心靈淌着淚，淌着血的起伏不休？

我想起了上年的五、六月。

上年五月是一個學生們相當活躍的日子，五四集會，講座，專題探討等一個接一個，彷彿成了沈寂多時的學運的新高峯。誠然，我對學運沒有多大的了解，也沒有多大的探究。而近些年來在大學本部談得熾熱的香港前途，政制發展，八八直選，學生會必然會會員制等課題，也只是知其一而不知其二。可是在這個五月，像我一樣多是沈



「今次我們所要做的，是要讓較為報導全面的香港新聞報章，流入國內，讓被蒙蔽的中國人民知多一點，明白他們國家現時的情況。」記得我在「信海傳真」裏的其中一次會議上曾經這樣說過。

我們就是在這樣的動機下，在不想只能乾瞪眼，張大口的情況下，在醫學院裏組成了「信海傳真」行動小組。聯絡了醫學院上下同學和教職員，二十多間中學，多間報社，港大學生會和透過傳媒作為宣傳，希望能在四天內共寄出六萬份報紙到全國每一個角落，實行以毛澤東慣用的「人海戰術」，務使那些守候在郵件處理部門旁的公安人員疲於奔命。我們想：六萬封信寄出去了，縱使是只得一封信流入民間，也不枉我們所下的一番苦心。我們只希望我們能提供我們在這裡的所見所聞，讓國內的人仕知道後，再將我們的資料擴散開去，寄望那點星星之火，足以燎原。其實，我們所擔心的事也很多，在籌備過程中也經過多次的激烈辯論和

部署。恐怕牽累國內的收信人便是其中一個重要的考慮點。我們最後的做法是不寫明誰人收信，只寫機構的地址和名稱，希望就算中國當局要算帳時，也無從入手。怎樣逃過那些截信的幹部也是一個問題。我們不知從哪兒得到的資料，知道國內的「密探」查看信件有以下的「招式」：一、用強力燈泡照透信封，看看信封內的是什麼；二、用蒸氣將信封口的膠水溶掉，看畢後再行封上；三、直接拆閱信件。姑勿論他們如何查拆信件，六萬封信要逐封處理並非易事，而我們亦相信國內沒有儀器可以先進到在很短時間內分別信件的內容是否適宜那時的國內情況。當然，能於全球面前不眨眼睛地說謊的大官兒們沒有什麼可以做不出的。他們將所有從港寄出的信件一併予以燒掉也大有可能。但我們也有我們的對策：我們有些信件先寄往外地，或交給了一些遊客，讓這些信件可以由世界其他的地方寄出。而在本港寄出的信件，我們的同學也發揮了他們豐

富的想像力：用英文的文件包裹着報章寄出（他們希望截信的大哥們不懂英文），甚至有同學用我們的“Hand-out”夾着新聞剪貼寄出。有些同學為了信件看起來更難辨認，更填上一些似是而非的回郵地址：「香港朱氏李道4092號十七樓T座」「九龍大蒙平里下台街007室」……總之，形形式式，令人大開眼界之餘亦捧腹不已。（給市民、中學生寄出的信，我們是不贊成他們提供回郵地址的，縱使是假的亦不贊成，因為我們擔心市民們誤把一些真實的香港地址填上，那麼若果真的在日後有任何的報復算帳行動的話，便誤了那些在香港的人仕了。）我們就是這樣工作了一星期，共寄上了近八萬封信件。可是當我們準備收隊的時候，北京的局勢急轉直下。六月四日，軍隊開入了天安門，而當第一顆子彈射穿了人們軀體的時候，也在這同時，世上一切相信民主，自由的人，相信生命尊嚴不可侵犯的人，相信真誠熱血的人，相信……的人，都同



時被刺上了一刀了……。

立即，全體「信海傳真」成員在會議室內召開緊急會議。

「我提議將我們的行動升級，進入第三階段，對象是全港市民，分四日進行，分別在四處地方進行宣傳及派發國內地址及報紙，數量不限，視乎反應而定。」我在會議上提出。結果，全體一致通過贊成，並即時行動。

結果，我們工作了三天，便把手頭上十多萬個國內的單位地址派發了出去，而第四日的工作，因為沒有太大的需要和安全問題而取消了。（六月四日後的第二天晚上曾發生暴徒藉遊行放火搶劫的事件，而事後我們在派送地址時也接過了一些「忠告」。其「忠告」內容大致是說有秘密的中國特工來到香港搗亂，並會在遊行期間或在我們的工作單位內搞事。我們為了安全計，通知了警方。結果我們七、八人等由二十多位警務人員保護至工作完畢並由他們護送到車站直至巴士開出為止。現在想起也得多謝警

務人員的照顧。）結果，「信海傳真」完成了既定的工作，各同學也回到自己的學習崗位。整個行動從組織，籌劃，進行，到完結，共用了二個星期的時間。

想到這裡，我微微的笑了笑，慢慢的望向遠方海際的沒有盡頭處。

笑的不是爲了什麼，只是爲了同學們的熱誠，認真，有效率的工作態度。君不見現在醫學會和很多的學生組織職位出缺了麼？搞活動的同學在大嘆現在的同學冷漠之餘，也得看看他們的心態，狀況和需要。另一個令我會心微笑的原因是：學生和同胞們的死似乎得到了回報。雖然祖國仍是那個老樣子，但世界的氣候卻是有着驚天動地的巨變。也許，在不久的日子裡，我們也會有着萬人齊歡呼，齊洒熱淚的一天，去迎接另一個新的國度的來臨。只可惜，用生命，用鮮血所換來的這些回報，代價委實太大了。

天際仍是深深邃邃的，墨藍灰

黑的海也是不停的洶湧起伏着，彷彿是一排一排堅定不移的腳步，前仆後繼的撲上岸邊。

海上船隻稀少，水平線去得極深極遠。

偶爾，長空深處來了那孤傲的鷹，盤旋西下。

偶爾，船竿鳴鳴劃破了寂靜，驚醒了破碎的心靈。

我醉了。

凝望這深沉但有力的海，我醉了。

醉倒在孫中山先生心裡的大同世界……

大道之行也，天下爲公，選賢與能，講信修睦，故人不獨親其親，不獨子其子，使老有所終，壯有所用，幼有所長，矜寡孤獨廢疾者皆有養，男有分，女有歸。貨惡其棄於地也，不必藏於己。力惡其不出於身也，不必爲己。是謀閉而不興，盜竊亂賊而不作，故外戶而閉。是謂大同。

——孫文——





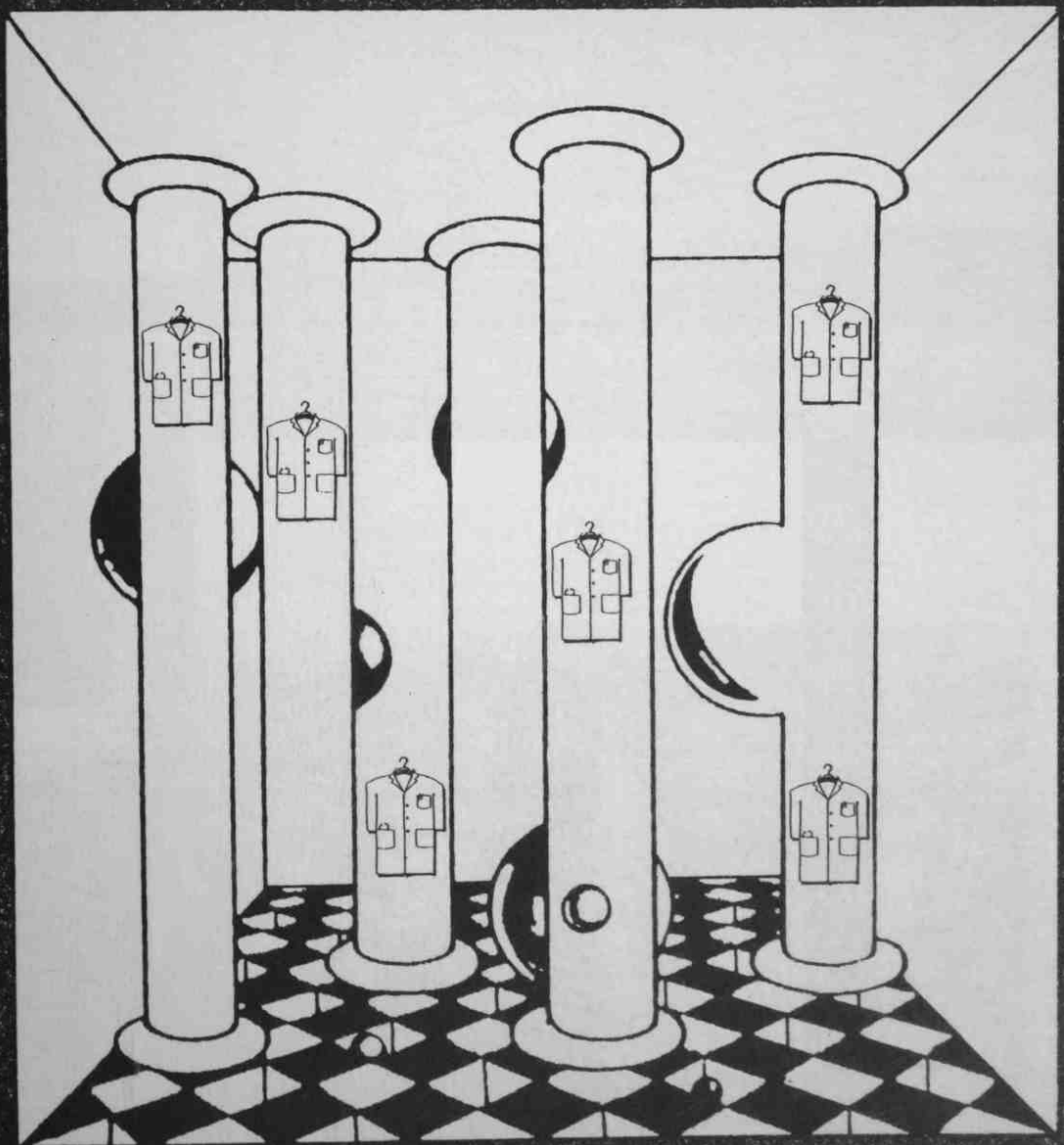
八九八九 個個高手

八九八九 精神抖擻





# THE CLASSES



# 真傳齋信 勤行

現在中學  
學期解  
要一及  
大量工  
人手去  
各同  
宜。請留

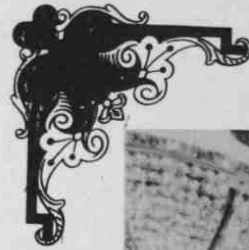


# M'89





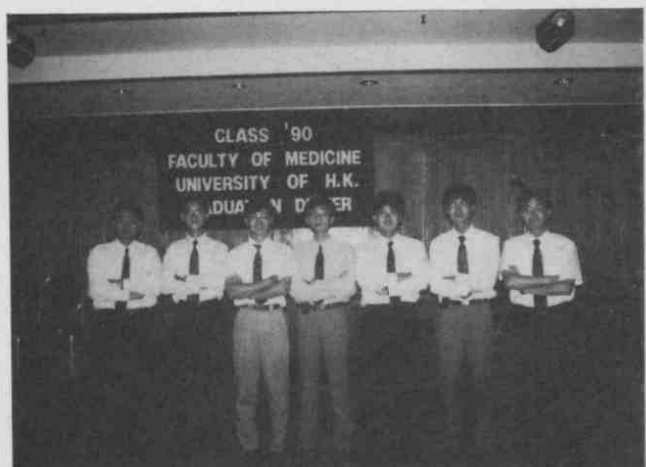
# M'90



百師滙集在九零;  
 奇兵猛將盡精英;  
 為我醫學振遠聲!



90 90 show your mighty,  
90 90 win the glory



# M'91



踏入了三年級後，我們開始要進入病房學習，在一向已穿袍的白袍的口袋裏加放了聽筒，感覺到自已真的開始了學醫的生涯，真的要面對病人。早上的時候，班中的同學已在病房間穿插，將早已擠滿了病人的病房變得更擠擁。我們都在輪流檢查病人，那時才發覺我們的來臨卻為他們帶來更多的痛苦！但有一次遇到了一位病人，他既沒有憎厭我們，還很樂意給我們檢查，那時我的心裏真是充滿着無限的感激。

雖然功課的壓力大了，但我們九一班的同學正如班Cheer所言—



一文武皆得；在八八年的醫學生節裏，同學們各展所長，取得多項的大獎，而總成績更是各班之冠。在陸佑堂裏，我們九一班聲勢浩大，歡呼聲如雷轟天。那次我們真的玩得痛快，勝得痛快。

可是和這歡欣剛成對比的一件不幸事，卻在八九年的六月發生了。同學們都感到十分悲痛；充滿熱誠的同學都以各式各樣的方法獻出了一分力、一顆心。可惜，暫時的結果都令我們感到……痛心疾首。

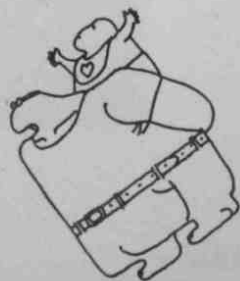
在四年級的時候，我們被派到不同的醫院去學習，可能因那些醫

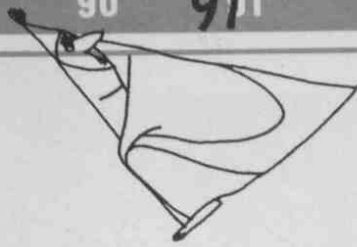


## 分組？分組。

由於五年級分組上堂的安排，便須在四年級時自由組合成五小組。曾經聽過一位高年級的師兄說，因為分組的事宜，差點弄致多年老友割席絕交。但回想起年中分組時的情況，我們又比他們優勝幾多？

話說分組遊戲雞聲一響，便不知從何跳出數位「龍頭大哥」。姊妹團，情侶檔，足球隊等便開始給各自入會。但世事又豈會這樣完美？同性相吸的背後，必然是異性





院沒有那麼多的醫學生，所以受到的對待也比較好，而學習也十分充實。

寫此文章時已是speciality clerk的最後一個月，希望各位九一班的兄弟姐妹明年動過Final M.B.，並發揚我們九一班的精神——文武皆得，發揚醫學好本質。並且祝各位師弟妹從心所欲、萬事勝意。

陳贊輝12/90

來便每個人都不快樂。如果大家都能多從其他人身上着想，相信必定「分組愉快，學業進步」。

陳贊輝  
陳德揚



相拒。「大亞哥」不喜歡新入會的薯頭，便嚷着要和兄弟退會；各會互相挖角的情況就更加不在話下。正因如此，各會也要求會員簽上賣身契，生死狀等。退會，轉會，入會的消息，更成為同學課前必讀的新聞，情況好不熱鬧。

這樣的分組遊戲足足進行了兩個多月才平靜下來。現在想起當時的情境，覺得實在可笑。從中所領悟到的人生百態，真是事始料不及的。

在一羣人中生活，每人都有選擇自己朋友的自由。假如人人要求周圍的人與事都十全十美，到頭

釋一些如何得來的數字。到頭來的聽眾可能祇有評分的講師和自己的女朋友。

一科你不容忽視的科目。因為今年有超過五分一的同學須要參加口試（PULL - UP VIVA），因而錯過了性學的示範影片。

陳贊輝  
陳德揚



### 我眼中的社會醫學.....

是一科要利用學生簽名去統計出席「理論課」人數的科目。可惜每次得到的數目都比真實的多出一倍。這也祇好怪他們忘記了數數的基本方法。

會帶你深入認識屠房，垃圾收集站等地方。其中屠房中豬血、內臟飛濺的情境，以及收集站令人嘔心的氣味，相信很多同學都會畢生難忘。但除了這些之外，我們還能記得甚麼？

殺鴨我們如何在百多位埋頭苦讀的學生面前演說，還須努力地解



九一九一文武皆得  
發揚醫學好本質

步上沙宣道，看到一羣羣新的面孔。他們興高采烈地談着，笑着，叫着。此時此刻他們心中那份喜悅，相信任何途人都感受得到。他們是Medic '95的freshman。

已經四年級了嗎？有時自己也不信，三年已悄悄在身邊溜掉了。

回想起來……

第一年是Honeymoon Year？相信沒人可以給一個肯定的答案。但剛剛卸下A-Level考試沉重的壓力，誰不希望放縱一下，而且第一年也沒有MB。於是，策劃班活動，參加Med. Soc.舉辦的activities，便成了主要任務。很多'92同學都十分積極，加上他們頭腦精明，不怕挫折、充滿活力，令'92在Interyear比賽中初露鋒芒，更得到不少獎狀和掌聲。

第二年上半期是'92最巔峯的黃金歲月。'92不但囊括水運，陸運絕大部份獎牌，更在Medic Festival中大顯神威，直接威脅高班成為Medic Festival冠軍的機會。1st MB之後，'92更如猛虎出籠，一連拿走大部份球類運動的獎牌，並順理成章地成為Sports

Competition全年總冠軍。

步入第三年，開始感覺到ward的壓力。加上Pharmacology，Pathology，Microbiology以及三月份的2nd MB，同學們也將注意力轉移到書本上。雖然如此，但'92在Medic Festival中仍有驕人的成績，雖然後來以些微分數屈居亞軍，但總算對同學們有所交代。

第四年是讀書時期。內科+外科已感吃力，再要應付Community Medicine，Forensic和ENT，更是百上加斤。但每當想起將來要獨立面對病人，進行診斷、調查、治療，而且更操縱着病人生死大權時，良心便告誡自己：現在一定要打好基礎，萬萬不可一知半解。

做個好醫生，全心全意為病人，是每個醫學生現時必備的基本條件。

As states in Hippocratic Oath, doctor owes his patient complete loyalty and all the resources of science……

Chairman





# M'92

## 九二班歌(粵語版)

九二，聲威最響，  
 共去找美夢要奔馳；  
 勝敗都不緊要，  
 共去參加比賽有風度。  
 九二，打波賽跑，  
 用勁搏盡要進取；  
 強勁凜烈是我，  
 聲威振萬方，  
 誓要爭取出線全力注！

## (國語版)

我們是光榮九二，  
 我們不怕困難齊向前，  
 手輕充滿理想，  
 像那旭日初昇的太陽；  
 沸騰滿腔熱血，  
 再創奇蹟顯威風；  
 我們團結一致，  
 永遠心連心，  
 定能爭取勝利振萬方！

## Class song:

Do it, Ninety-two men  
 To succeed we're work'n hand in  
 hand!  
 Show it, Ninety-two girls  
 You've achieved the best around  
 the world!  
 Move it, Ninety-two mates  
 Say OK, no matter come what may!  
 Don't you ever be shy  
 Do give it a try  
 It's the spirit of the Ninety-two!

約在夏季將盡，秋意日濃之前，班會主席已嚷着要解散班會，好專心一意應付第一次學位考試。

班會解散了之後，一直感到可惜，又確找不到接班人，幸而還有自願協助班內瑣務的能士，才不致大小事務均由班代肩擔。然而每一個人也許會懷念以往班會尚存時的盛勢，班內的Spirit得以宣揚及發揮，同心合力參與各項大小型活動的日子。也許每一個曾是班會「內閣」組員的同學，更懷念當年的午飯小敘，假日踏單車嬉戲。當然他們都無悔要花時間在開會，安排活動，替同學服務等事。

最初是在一個微雨晚上，各人互相傳遞燭光之時，接上這項大使命的。同學們手執着一顆顆閃亮的燭光，搖着同僚的手，默默承接了臨時班會職員的任務。



## M'93



杏露(九三班歌)

多慶幸此刻可以同與你  
一起走向這杏途  
不理會淚汗逆流滴淌  
挑戰艱辛竭力往  
九三今天不再驚巨浪  
懷滿鬥志讓我啓航  
懸壺問世心既定無後悔  
盼爲人間驅苦況  
展望日後熱誠齊獻上  
思進步還要自強  
雖說現在問前途沒答案  
新方向繼續同你共創

此時班會職員的組合，和後來正式的「內閣」成員分別不大，班會承擔的任務及服務範圍卻擴闊了不少。班內一切的影印，訂購用具，書籍等，固然是班會職責之一，更有不少 Intertable 的 Functions 如撲克比賽，康樂棋比賽及乒乓球比賽等，都是空前的成功。此外更有 Interyear 的足球比賽或 '93 Medic Vs '93 Dental 等比賽，班會的成立目的總算也達到了

吧！今時今日九三班的團結也要歸功於班會的帶動吧！

除了各項服務及比賽，班會也鼓勵各 table 舉行 table function，以使各 table 的成員互相建立友誼，可以在人海茫茫無處容身的新環境有屬於自己的一羣。當然少不了的是不定時的生日會，給人無限溫馨，班會彷彿是做到深入人心，還時常與衆同樂。當年的班會生涯，可謂多姿多采，取替了刻板納悶的醫學生生涯，樂亦不乎！



可惜班會沒有在 Medic Orientation Camp時發揮她的作用。然而，一班共同進退的同學們，自發組成志願軍，演出了一幕 pre-clinical生涯。而在 Medic Festival'89之前，班會已面臨解散，無疑對班內士氣總有點打擊。幸而總也有不少同學自發參與，並有幸能得到冠軍，發揮淨盡九三同學的團結力量。

今年的 Medic festival又剛過去，恐怕越加繁重的功課會使各人更「嚮往」圖書館生涯，大概沒有人可以再接上如此偉大的任務了。雖然手上的燭光已經熄滅，昔日班會猶在的光輝日子不再，但同學們的心火卻仍然亮。Medic Festival '90再次衛冕成功，可証九三的團結精神猶在，心中不禁有點欣然，默默祝福九三精神不死，並衷心感激九三的班會。我們委實沒有後悔過為班會犧牲如此多的時間，精神，一切都是難能可貴的。

Eileena Chui



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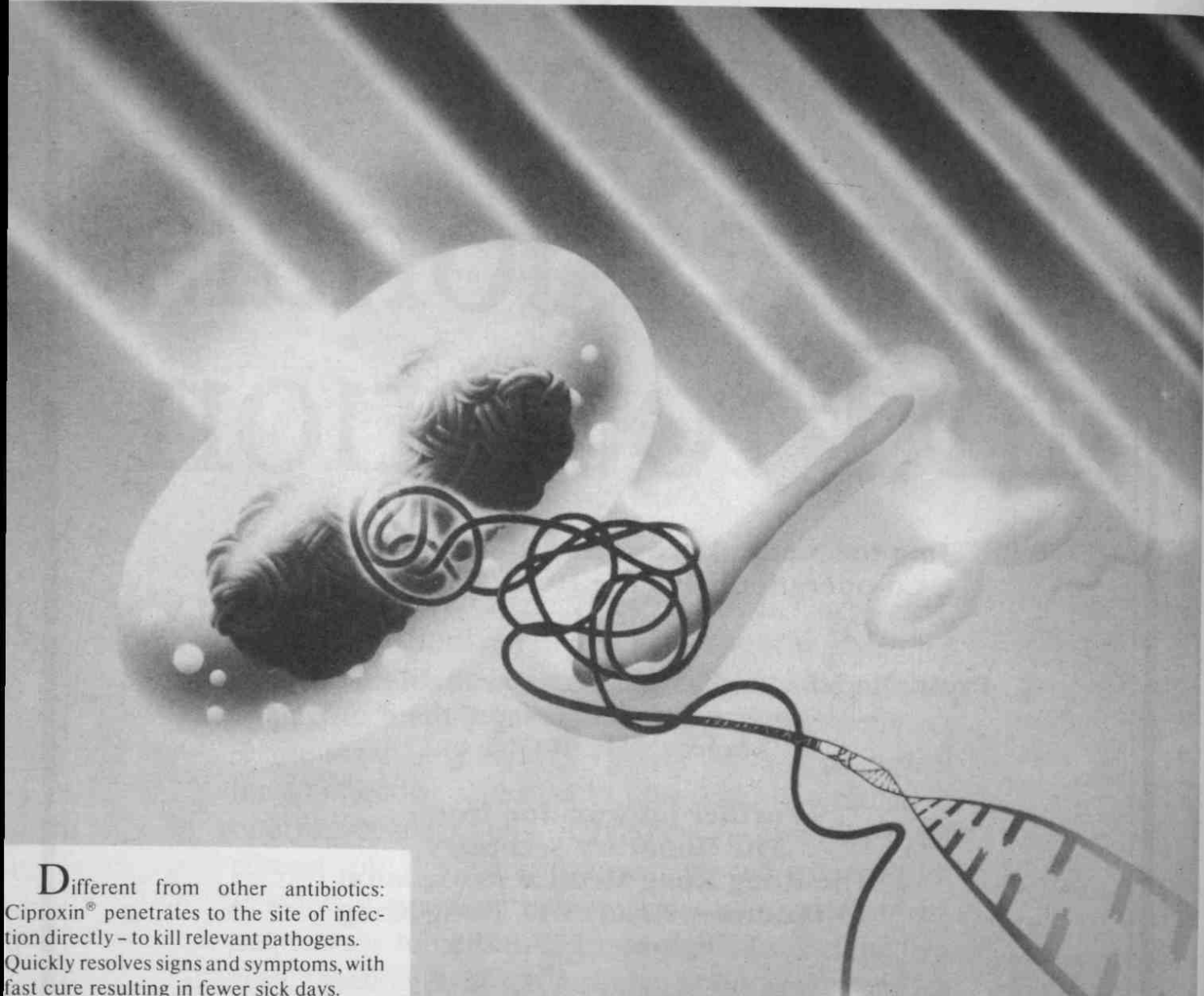
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#### Indications

Infections (due to sensitive organisms) of the respiratory tract, middle ear, paranasal sinuses, eyes, kidneys and urinary tract, genital organs (incl. gonorrhoea), abdomen (e.g. bacterial infections of the gastrointestinal tract, biliary tract, peritonitis), infections of the skin and soft tissues, bones and joints; also in cases of septicaemia, for patients with reduced host defence and for selective intestinal decontamination.

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#### Side effects

The following have been observed: nausea, diarrhoea, vomiting, gastrointestinal disorders, abdominal pain, flatulence,

anorexia. Severe, persistent diarrhoea (even after treatment) may be due to pseudomembranous colitis which should be treated without delay. Dizziness, headache, fatigue, insomnia, agitation, tremor; very rarely: impaired peripheral sensitivity, sweating, unsteadiness, convulsions, anxiety, nightmares, confusion, depression, hallucinations, impaired sense of taste and smell, impaired vision. Skin reactions; very rarely: pruritus, drug fever, facial, vascular and glottic oedema. Very rarely: tachycardia, hot flushes, migraine, fainting.

Very rarely: articular pain, lassitude, mild photosensitivity, transient impairment of renal function. Eosinophilia, leucocytopenia, leucocytosis, anaemia; very rarely: thrombocytopenia, thrombocytosis, altered prothrombin values.

Temporary rise in transaminases, alkal. phosphatase, urea, creatinine, bilirubin; in isolated cases: crystalluria and haematuria. Very rarely; thrombophlebitis.

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Photophobia, anaphylactic-type reactions (even life-threatening shock), petechiae, haemorrhagic bullae, vasculitis, bullous exanthema in areas exposed to light, hyperglycaemia, tendovaginitis, muscular pain.

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Film-coated tablets: Ciproxin should be taken 4 hours before or after mineral-containing antacids because these reduce its absorption. Simultaneous administration of Ciproxin and theophylline may lead to raised plasma levels of theophylline.

Infusion solution/infusion solution concentrate: if i. v. anaesthetics containing barbiturate are given concomitantly, cardiovascular function should be carefully monitored.

#### Dosage

Depending on the indication, 2 x 125–750 mg (orally) or 2 x 100–200 mg (i. v.) per day. Acute gonorrhoea, acute uncomplicated cystitis in women: single dose of 250 mg (orally) or 100 mg (i. v.). Impaired renal function: creatinine clearance less than 20 ml/min – reduce standard dose.

#### Administration

Film-coated tablets: to be taken unbroken with a little liquid. Infusion solution: to be infused directly or diluted first with a suitable infusion solution. Infusion lasts 30 min. The concentrate must first be diluted in e. g. physiol. saline, Ringer's, glucose or fructose solutions.

#### Duration of treatment

The duration of treatment depends on the severity of the infection and is generally 7–14 days.

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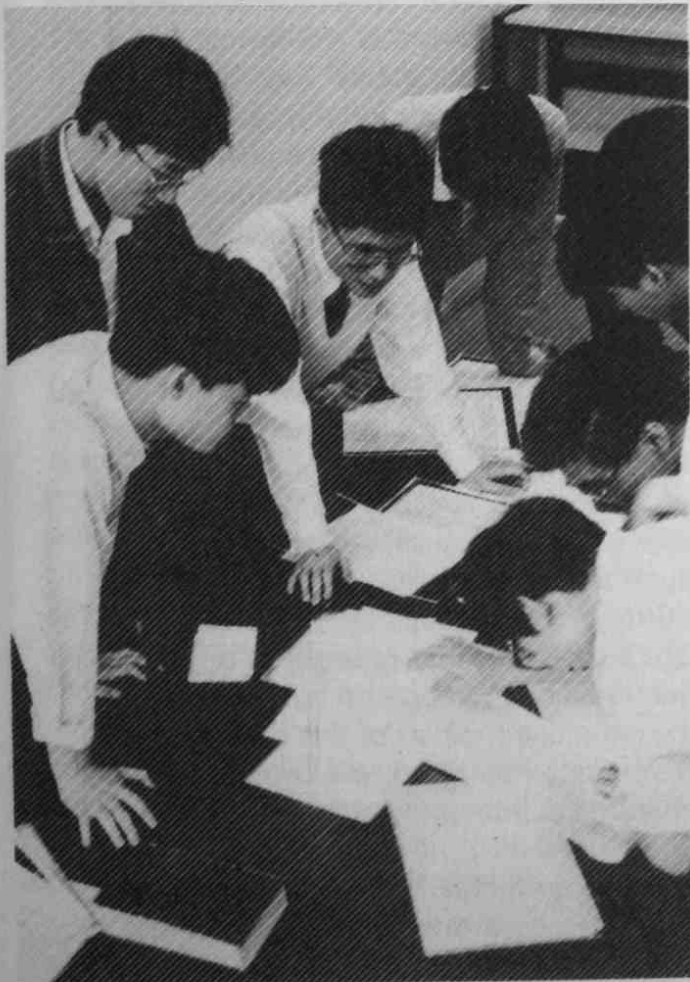
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# ELIXIR

# '88/'89

# —contribution—

## PATIENTS AND THEIR ILLNESSES

It was a warm, humid and misty afternoon in Hong Kong. It was usually like this in springtime in this sub-tropical city. Dr. Chan had been very busy today seeing a lot of patients, and most of them were complaining of fever, sore throat, dry cough, and muscle aches. "Another flu epidemic!" Dr. Chan told himself. He had just completed his internship and was at present working at one of the Government general out-patient clinics, waiting to go back to the hospital for specialist training.

The next patient, Mrs. A, was a forty year old woman who complained of cough and malaise. "Another flu!" Dr. Chan thought. He did all the usual enquiries and examinations, wrote his prescription and was about to hand it over to his patient, when she suddenly said, "Doctor, by the way, I've got some problems with my periods!" Dr. Chan became a little bit irritated at first, but remembering what his General Practice teacher had taught him some time ago, that this might be the real reason for this patient's consultation, he calmed himself down and let patient A talk. Her main complaint was in fact irregular periods with menorrhagia and polymenorrhoea.

She was carrying with her a plastic bag from a very large shop selling Chinese herbs. Dr. Chan remembered he had seen the name of this shop in one of the commercials when he was watching television last night. He suddenly realised what the problem was. She had been taking some "deer's tails" and herbs for some time as tonics for her malaise. Ever since then, patient A had had irregular periods, but unfortunately, for fear of suffering from anaemia secondary to her menorrhagia, she took these tonics even more frequently. Dr. Chan had to spend the next ten minutes explaining to her the probable diagnosis and advised her to come back if her problems persisted after stopping taking the "deer's tails" and the herbs. He had to hurry up with the next patient now because he had spent too much time with patient A.

But, unfortunately, he could not. A very anxious mother brought in a fifteen month old boy wrapped in layers of coats. The general condition of this boy (patient B) was not very good; he coughed a lot while inside the consulting room, and there was a rash all over his face. The boy was suffering from measles, which was quite common at this time of the



year. His grandmother had taken him to consult a Chinese herbalist and some herbal medicine was given for the fever and some local application for the rash. She would not allow him out of bed for fear that he might catch a cold and become blind after exposure to bright light. A quick examination of the boy revealed crepitations all over the chest and a low grade fever. The diagnosis was measles complicated by pneumonia. "Hard luck!" Dr. Chan said to himself. He had to explain to the mother what the boy was suffering from and that, as a result of improper treatment, the boy now required hospital admission. He had also to write a referral letter and to arrange an ambulance for him.

The next patient (patient C) turned out to be quite straightforward, a fifty year old labourer with a dry cough. When patient C was about to leave the room, Dr. Chan incidentally noticed that he had a bandage around his left ankle. "What happened?" Dr. Chan asked, pointing to his patient's left ankle. "I've got an injury there from a few days ago. I've gone to see a bonesetter whom I believe is better at treating this sort of problem. Doctor, I don't like bothering you with this, I've just come for the cough today," said patient C. In view of this patient's reaction and that he was quite behind his schedule now, Dr. Chan did not say anything but let patient C go. But in his mind, he knew that this was not the first time that his patients preferred a bonesetter for managing their skeletal problems rather than coming back to consult him, but why?

While he was still thinking, the next patient (patient D) came in. Dr. Chan's heart sank when he saw her. He knew this patient very well. Patient D was an obese lady of fifty and had consulted him several times, usually with multiple complaints. She was discovered to have had

asymptomatic gall stones for some years now but absolutely refused operation. She had tried different types of herbs and believed that they could dissolve the stones away. She was also suffering from hypertension but never complied with the treatment given by Dr. Chan. Whatever hypotensive drugs he prescribed, she would complain of side effects and that her body could not tolerate these Western drugs. She had put herself on some Chinese herbal medicinal tablets which she had bought over the counter in the drug store. However, she came back regularly monthly just to have her blood pressure checked. Her blood pressure had varied between 170/100 mmHg and 165/95 mmHg for the last few months and today it was found to be 150/90 mmHg. She was very happy with it and attributed it to her wisdom in doubling her usual dosage of the Chinese medicinal tablets. However, she went on to ask Dr. Chan whether it was safe for her to do this and whether there would be any interaction between these tablets and the herbs she was taking for the gall stones. Dr. Chan was in a particularly good mood today; he smiled and said softly to patient D, "Frankly speaking, I don't know the answer! Do you?"

Primary care physicians in Hong Kong, like their colleagues elsewhere in the world, have to face the same problems, i.e. patients usually have taken some form of medication before consulting them and some of them even prefer traditional remedies to the doctor's scientific therapeutic methods. Self-medication for health problems is a very common practice amongst the Hong Kong Chinese population. A preliminary study carried out by the General Practice Unit of Hong Kong University has found that nearly all the patients had tried some form of medication, e.g. over the counter

drugs, left-over drugs, Chinese herbs, Chinese medicinal tablets, or home remedies without consulting their doctors before. A survey conducted by the Unit in several secondary schools in Hong Kong shows that self medication is also very common amongst the teenagers. The primary care physicians must therefore bear this in mind and should always enquire into their patients' drug histories, including self prescribed drugs and Chinese herbs and tonics, because these may be the main cause of their patients' symptoms and also because drug interactions may occur if they themselves prescribe something additional.

In Hong Kong, a lot of people still prefer traditional methods of healing and remedies and visit the indigenous healers, e.g. the Chinese herbalists and bone-setters, for their health problems. There are many reasons for this. First, a lot of Chinese, especially the older generation, still believe in Chinese medicine for the Chinese and Western medicine for the Westerners. They worry that Western drugs, e.g. hypotensive agents, etc., though very effective in treating their diseases, are equally harmful to their bodies. They are also frightened by the side effects of drugs and the invasive procedures and investigations, such as cholecystectomy, blood taking, etc., occasionally used by the Western style doctors.

Second, there are difficulties in communication between Chinese patients and Western trained doctors — owing to the understandable difference in origin, it is very difficult or sometimes impossible to translate medical terms into the Chinese lay language. Even if this is possible, the medical information often conflicts with the Chinese's own cultural beliefs and viewpoints, e.g. measles is just a viral infection and will not normally cause blindness even if the patient is

exposed to bright light. Whereas for the indigenous healers, even though their theories of disease may be unfounded scientifically, these theories are in some way modified to be culturally and psychologically consonant with the views and hopes of their clients.

Third, previous experience with a Western-trained doctor may have failed to satisfy the patient's needs. Even though the doctors may be correct in their beliefs, that there are no effective remedies available for curing particular conditions such as hypertension, asthma, terminal illnesses, etc., such scientifically correct information may be in conflict with the needs of the patients, who may then have to establish their hopes elsewhere, in faith healers, acupuncturists, herbalists, etc.

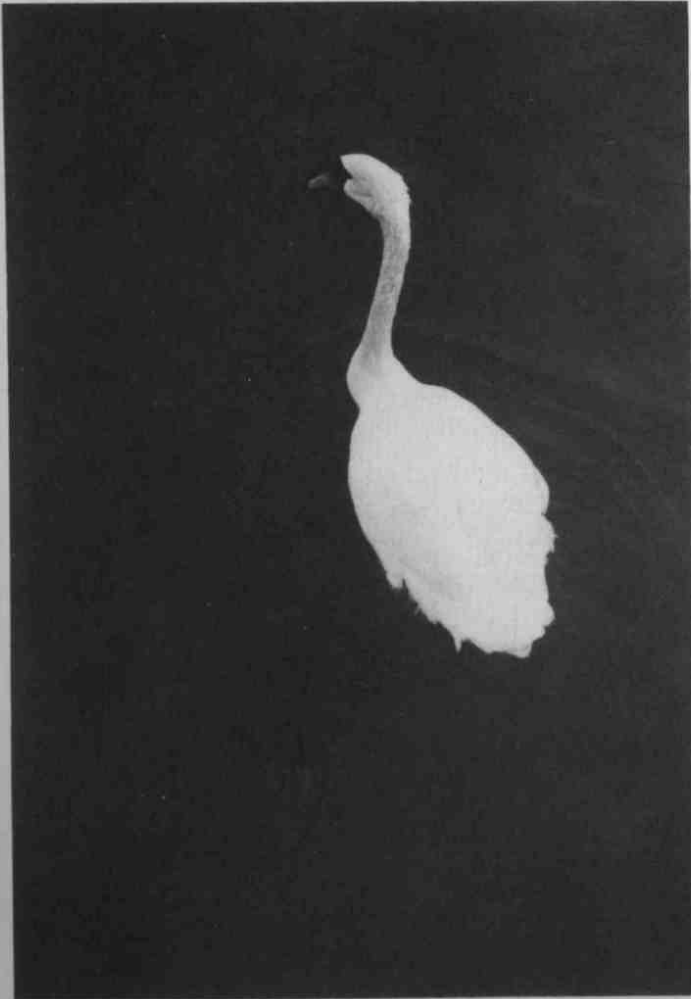
Fourth, the indigenous healers are more tuned in than the Western-trained doctors are to the psychological needs of the patients in the community. It is perhaps that the Western-trained doctors are too much disease oriented and their training is almost exclusively in the hospitals, whereas the Chinese style practitioners use a more holistic approach and are trained exclusively in the community. With the introduction of general practice/family medicine teaching in the medical curriculum of Hong Kong University, the graduates will be better prepared to practise medicine in the community in the future. Lastly, most primary care physicians in Hong Kong are attending to their patients under tremendous pressure of time and cannot afford to entertain each one of them with no limits.

How can we deal with these patients? Physicians should always be aware of the fact that patients may have tried their own remedies before consulting them and that their symptoms and complaints may be the result of these self prescribed

"medicines." Dr. Chan was very alert in this respect and therefore solved patient A's problem very effectively and promptly. As for patient B, although Dr. Chan had to spend a lot of time to explain to this patient's mother the correct management of measles, this may prove to be beneficial in the long run; when she becomes a grandmother later on, she will know how to manage her grandson's measles correctly. The key to correct patients' health beliefs and to change their attitudes towards modern scientific medicines is health education. But this is very time consuming. Dr. Chan should have offered his scientific treatment for

his patient C's sprained ankle only if he had the time and the patience. Patient D is very familiar to most of us; we usually label her as a "difficult" patient. However, her case has demonstrated quite vividly to us that people visit their doctors not only for good medical management but also for sympathetic emotional support. A consultation means more than a desire for just "scientific medicine" with emphasis on physical diagnosis and therapy. Apart from being more patient and spending more time with her, what can we do? Frankly speaking, I don't know the answer, do you?

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