Content

序

杏雨（ELIXIR），是香港大學學生會醫學會的年刊。

今期的杏雨，記載了醫學會這兩年（九〇至九二）的活動，當然還有我們的「醫系探索」（DEPARTMENTAL SURVEY）。

在今年的「醫系探索」中我們在醫學院衆多學系中選擇了三個也許大家比較陌生的學系爲大家介紹，它們分別是麻醉學系（DEPARTMENT OF ANAESTHESIOLOGY），放射診斷學系（DEPARTMENT OF DIAGNOSTIC RADIOLOGY）和放射瘤瘤學系（DEPARTMENT OF RADIATION ONCOLOGY）。她們的成立，在院內行政，教學方面，都有某程度上的改變和影響。在一九八八年以前，它們都是屬於外科學系（DEPARTMENT OF SURGERY）的。

另一方面，經過一年的嚴重缺莊後，這兩年的學生會幹事終於都能齊莊組閣成功，的確是一件值得慶幸的事。

最後，希望讀者都能享受杏雨（九〇至九二）所記載的每一個回憶及片段。

總編輯

九三年


Message

Message from our Dean

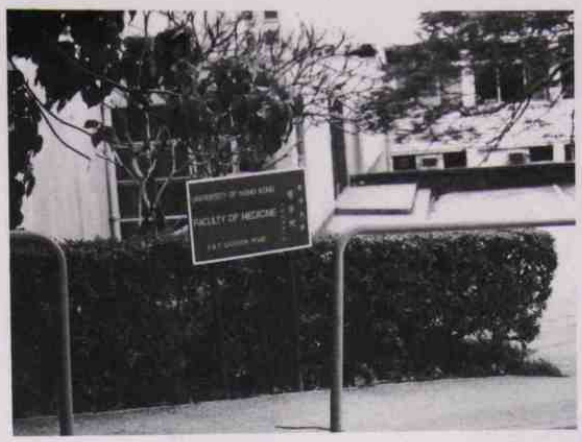
by
Professor H.K. Ma,
Dean, Faculty of Medicine

I thank the Chief Editor of the combined 1990/91 and 1991/92 issue of Elixir for inviting me to write a short message. During the last 2 years, there were no shortage of issues that were worthy of discussion. There were, for example, the establishment of the Hospital Authority, the Hospital Authority's proposed management initiatives in the public hospitals; the Hospital Authority's achievements to date; the problem of the "unemployed" interns; the Government / UPGC cutback on tertiary education places including those for medicine; the Hong Kong University's proposed reform in resource allocation and many others. However, I feel that all these are part of the continuous change that Hong Kong is undergoing, and change is an evolution process that happens to all societies and the present happenings are not solely caused by the change of sovereignty of Hong Kong in 1997. During this time of change, it will be good for us doctors and prospective doctors to examine some fundamental issues and principles and re-confirm our commitments in taking up medicine as our life time career. I shall discuss briefly some of the fundamental issues that should concern to-day's medical students and young doctors.

What are doctors' functions?

The General Declaration on the International Code of Medical Ethics states that "at the time of being admitted as a member of the medical profession, the doctor should pledge to consecrate his life to the service of humanity and that the health of his patients would be his first consideration". The doctor should or will serve his fellow beings and should be committed to relieve suffering of his fellows caused by disease or ill health. Health should be interpreted in the widest sense and should embody physical and mental health.

In 1987, the United Kingdom General Medical Council Education Committee stated that "The practice of medicine involves the care of men and women through successive stages of their lives from, conception to death as individuals, in families, and in society, at home and at work, in health and in mental and physical illness of infinite variety and origin." In caring for his patients, the doctor should always put his patient's interest before anything else. In order to be competent to serve the patients and to be able to relieve his patient's suffering the doctor needs to be equipped with up-to -date knowledge on recent advances in medicine. However, this is of secondary importance compared with the commitment to the service to humanity has not been sufficiently emphasized. It is important that it is understood by all who are deciding to embark on the course of study that will make him a member of the medical profession. One will have to have compassion and sympathy to those who are suffering from disease or ill health. Doctors who are engaged in scientific research to increase the understanding of disease processes might make great advances which would enable us to relieve our patient's suffering. But to an average person, doctors are expected to be clinicians who understand the feeling of their patients and their family and who treat and cure patients. Clinicians cannot function if they do not like to associate or communicate with or understand their fellow human. Those of us who commit ourselves to become doctors must possess the ability to listen, the ability to understand our patients' physical and mental state and the necessary clinical examination skill.



How should one learn to be a doctor?

The present day medical curriculum is not without problems. Students are overloaded with facts and frequently the hard work of trying to memorize the facts stifle the interest and the initiative to understand and to think. There is a tendency of overemphasizing the technical aspect of disease treatment. Students are taught more on the pathological processes and less on prevention of diseases or the psycho-social aspect of diseases. The feeling of the patients is neglected and the totality of the treatment is lacking. Economics of health care is seldom understood by doctors. It is difficult for students to appreciate that resource is an important factor that influences our patient care work when they grow up in an affluent society. Our Faculty members are aware of these deficiencies in our curriculum and constantly attempt to improve and to overcome these deficiencies. The Faculty Boards established a Curriculum Review Committee for more than 10 years. The Faculty has revised its curriculum twice and the Committee is due to report to the Faculty Board with its recommendations on further curriculum changes in 1993. However, changes in curriculum involve re-education of the Faculty, changes in resource allocation and availability of expertise in the Faculty to teach new subjects and motivation to effect the proposed changes. These are no easy tasks. Students also need to play their role in being more concerned and informed about their own society and its needs. They should be confident in reducing rots learning. It should be understood that learning medicine is not a 5-year course but a continuous life time career.

Are there too many doctors in Hong Kong?

In June 1992, anxiety arose because some of the interns who completed their year of internship were not offered a job by the Hospital Authority. A question was raised as to whether there was an over-supply of doctors in Hong Kong. Recent population census has shown that Hong Kong population has increased and that the average age of Hong Kong people is also increasing. Both of these will lead to an increased need of doctors. Besides population statistics, we also know that there are new hospitals being completed and being planned. These hospitals will certainly need doctors. Efficient administration of the existing hospitals may result in some saving of doctors' time, and some of the existing doctors can work in the new hospitals but the number will be small. New posts will still need to be created to staff the new hospitals. The Hospital Authority has projected a need of more than 200 doctors and we believe that this projection is correct. However, an increasingly aging population and the influx of Chinese immigrants will change the disease pattern in Hong Kong. There may be fewer needs for specialists of the present popular specialties. If our graduates understand the functions and commitments of being a doctor and are committed to becoming good doctors, they should be ready to respond to the needs of the society and work where they are needed. They should take the challenge and specialize in specialties such as geriatrics, psychiatry, emergency medicine, health education etc. where there is shortage of manpower. The Administration and the medical schools should be more efficient and effective in pressing the Government to provide more funds to health care and in informing and directing our graduates to work in areas of need to ensure that the episode in June does not recur.

Is the Hospital Authority achieving its mission?

The Hospital Authority has only been established for one year. It is much too early to assess its achievements. A great many of the criticisms of its doings were the result of misinformation, misunderstanding or lack of information. The Medical Faculty's main concern is its management of our teaching hospitals. The existing management system of the teaching hospitals it outdated, inefficient and ineffective. The hospital management needs to be much more open, receptive to new ideas, innovative, and flexible. The management needs active staff participation and support. The Hospital Authority culture is based on the above principles. The new management initiatives have incorporated these elements. It remains for us to see when the new management is in place whether it achieves its goals. If it does not, it is up to the Hospital Authority and the hospital staff to examine why and improve on the management. From now on, the Faculty has a chance to participate actively in the management of our teaching hospitals. We should be constructively critical and helpful in assisting the Hospital Authority to achieve its mission.

In this short message, it is impossible to discuss all the issues that concern our Faculty and students. However, I hope that my message will stimulate thoughts, discussions and debates in the Faculty which will lead us to re-confirm our commitment in choosing to be doctors. This re-examination will make us better doctors, and help you to enjoy your study in the Hong Kong University Medical School, and to enjoy your future work.

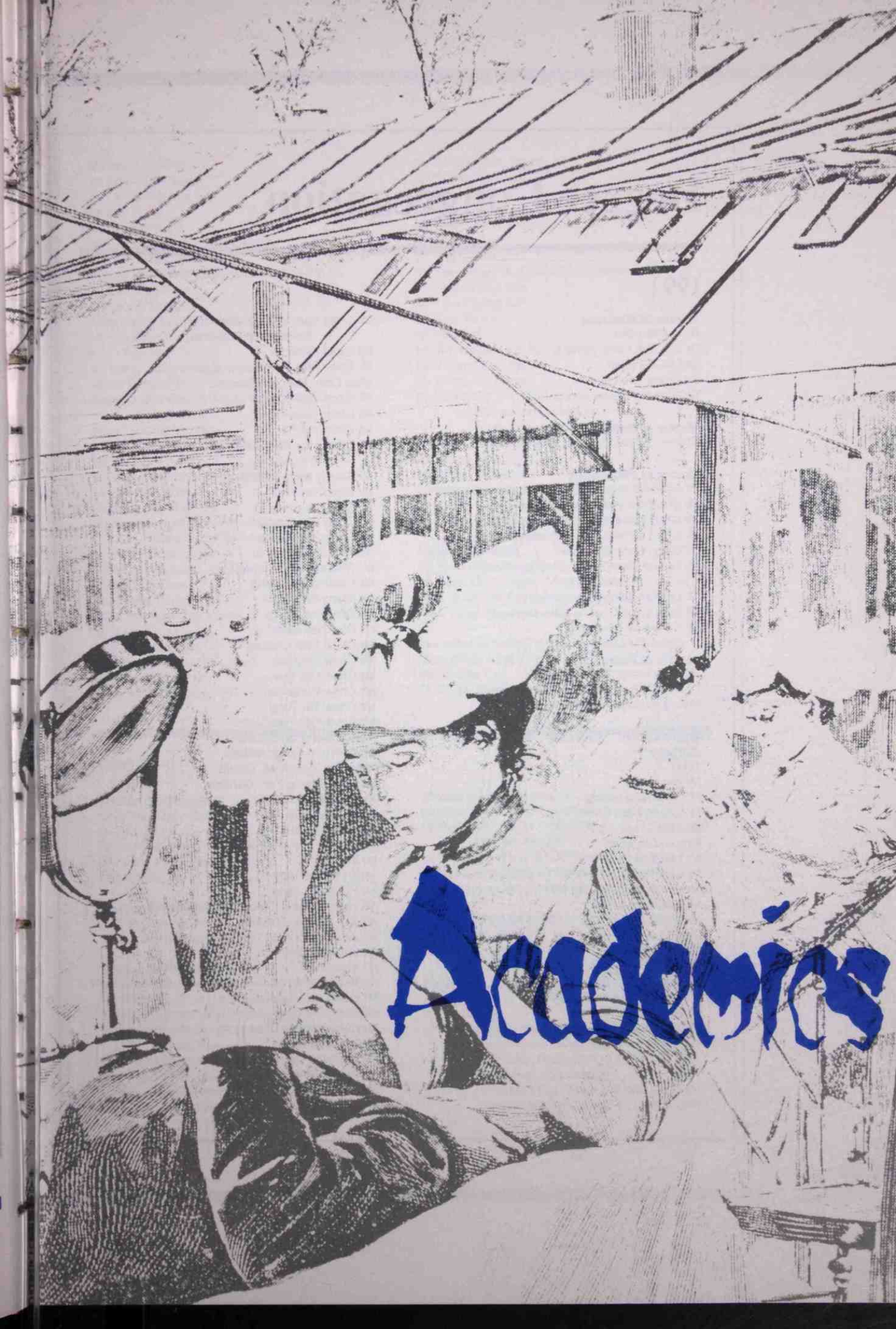
Message from our President

by
Dr. W K. Lam
President of the Medical Society, '91-'92

Elixir is the record of the activities of the Medical Society HKUSU and a reflection of the many-faceted, colourful life of our medical students. It also serves as a channel for interflow of ideas between teachers and students. On my own reflection on my term of office as President of Med Soc HKUSU, I have found it a great pleasure to work with a group of students who are genuinely committed to serving their fellow students and the community at large. There have been harsh moments of tests and strains, especially in external relationships, but all in all, their zeal, dedication and sense of responsibility are exemplary. I have been most impressed by the way the med Soc Council and its various committees organised the wide range of social, sports, recreational and educational activities. Its is also gratifying to see that the Annual fund Raising Blassical Concert has been a success, which would enable the Med soc to expand its health service to the public and educational activities.

I told the freshmen during Medic Orientation '92 that university education for a medical undergraduate is more than just professional training. It includes development of a person as a whole, a person in relation to the community he lives in. I hope that more students will take up responsible positions in students associations, take opportunities to apply the learning in everyday life, and to find out the needs of the community, e.g. taking part in public health campaigns and exhibitions. You will then find university life more fulfilling and rewarding.

Publication of ELIXIR is never a simple task, as evidence by the cumulated delays in its publication in the past two to three years. I congratulate the Editorial Board for producing this excellent, long-awaited issue, and wish all of you every success and happiness in the years ahead.



Academics

Degree Congregation

1991

Doctor of Medicine
Dr Hui Wai Mo
Dr Lok Suk Fong, Anna
Dr Luk Siu Luen
Dr Wong Kee Lam
Dr Wun Yuk Tsan

Master of Surgery
Dr Wei, William Ignace

Doctor of Philosophy
Dr Achike Francis Ifejika (Pharmacology)
Mr Chan Kai Wah (Physiology)
Mr Chen Xiang Yang (Physiology)
Mr Cho Yu Pang Eric (Anatomy)
Dr Garg Ganesh Prasad (Pharmacology)
Mr Huang King Chong, Stephen Joesph (Physiology)
Mr Lai Kam Ming (Biochemistry)
Mr Yam Wing Cheong (Microbiology)
Mr Yu Enhau (Anatomy)

Master of Philosophy
Miss Lin Hong (Microbiology)
Dr Poon Ming See Angela (Physiology)
Miss Yap Swee Mui (Anatomy)

Bachelor of Medicine and Bachelor of Surgery
1990
Mr Ali, Amjad
Mr Chak Wai Leung
Mr Cheng Kam Chau
Mr Lam Chuen Lung
Mr Lau Chi Kuen
Mr Lau Wai Lam
Mr Lee, Raymond
Mr Lee Chiu Wah, Sammy
Mr Lee Chung Nin
Mr Li Kit
Miss Mak Yuen Fun
Mr Ng Wing Kuen
Mr Wat Chi Kai
Mr Wong Chi Ping
Mr Wong Po Ngok, Caesar
Mr Wong Yue Ming
Mr Yau Ping Wa
Mr Yeung Tai Kong

1991
Mr Chan Cho Yin
Miss Chan Hoi Shan, Sophelia
Mr Chan Kam Hon (Distinction in Behavioural Sciences)
Mr Chan Kwok Ki
Mr Chan Ping Hon, Johnny
Miss Chan Pui Lan, Rowena
Mr Chan Tak Yueng
Mr Chan Tsan Fai
Mr Chan Yat Fai
Mr Chang Kai On (Distinction in Physiology)
Mr Chang Kwong Kuifa
Mr Chau Kin Wai
Mr Chau Kwok Kwan
Mr Chau Wai Kueng
Mr Cheng Hoi Ching
Mr Cheung Man Chiu
Mr Cheung Tak Cheong
Mr Cheung Yu Keung
Mr Ching Wai Kuen
Mr Chiu Hon Shing
Mr Choi Hok Kwok
Mr Chow Chik Cheung
Mr Chow King Ho
Mr Chow Lok Yee
Mr Chow Wing Sun
Mr Chow Yiu Tong
Mr Chua Kien Han, John
Miss Chuang Shuk Kwan
Mr Chuh An Tung, Antonio
Miss Fan Yuen Man, Cecilia
Mr Fong Chung Yan, Gardian
Mr Fung Kwok Shan
Mr Ho Kam Wai
Mr Ho Man Hon
Mr Ho Wai Yip, Kenneth
Mr Hui Sze Ki
Miss Hui Yee Hing
Mr Hung Chi Sang
Mr Hung Wai Ka (Distinction in Surgery)
Mr Jan Siu Kei, Gordon
Mr Jim Man Hong
Mr Kao Sau Shan
Mr Kong Kam Fu
Mr Kwan Wing Ho
Mr Kwan Yat Wah
Mr Kwok Chi Wai
Mr Kwok Kai Him, Henry
Miss Kwok Lai Key
Mr Kwok On Hing
Mr Lai Sai Chak
Mr Lai Tai Sum, Tony
Mr Lam Chun Lit

Mr Lam Siu Ming
Mr Lam Wai Chung
Mr Lam Wing Wo
Mr Lau Hung
Mr Lee Kang Yin
Mr Lee Kwok Man (Distinction in Medicine)
Mr Lee Kwok Wai (Distinction in Surgery)
Mr Lee Man Po
Mr Leung Siu Kau
Miss Leung Wai Yee
Mr Li Ka Kin
Mr Li Wai Hon
Mr Liang Chan Chung
Mr Lo Cheuk Kin
Miss Lo-Uee Chi, Janice Distinction in Pathology)
Miss Lui Choi Yu, Dilys
Mr Ma Hing Man
Mr Ma Tak Keung
Miss Maw Kit Chee, Christina
Mr Mui Tsz Kuen
Miss Ng Hoi Wah, Ivy
Mr Ng Wai Kuen (Distinctions in Behavioural Sciences and Pathology)
Miss Ng Wai Man Josephine
Mr Ng Yun Luen
Miss Ong, Peggy
Miss Pak Kam Tze, Karen
Mr Poon Ting Keung
Mr Pun Tze Shing
Mr Shiu Chi Wing, Stephen
Mr Shiu Yiu Keung
Miss Sin Wai Kuen
Mr So Chi Chiu, Jason
Mr So Hin Pan
Mr Soo Hon Ping
Mr Tam Ka Lok
Mr Tang Chi Wai, Sydney
Mr To Shiu Hoi
Mr Tse Cheuk Wa
Mr Tse Hung Fat (Distinction in Medicine)
Mr Tsui Chung Kan
Mr Tsui Chung Kan
Mr Tsui Ka Fai
Mr Wang Ki
Mr Wong Bun Lap, Bernard
Mr Wong Chun Yu
Mr Wong Kei Kwong
Mr Wong Sai Yin (Distinctions in Behavioural Sciences, Physiology and Obstetrics & Gynaecology)
Mr Wong Siu Yin
Mr Wong Tai Pang
Mr Woo Chiu Yat, Patrick
Mr Yeung Yuk Pang (Distinctions in Anatomy Biochemistry and Physiology)
Mr Yuen Ka Hong
Mr Yuen Kam Tong
Mr Yuen Man Cheuk, Conti
Miss Yuen Shi Yin
Miss Yung Wing Yan, Ada

Bachelor of Science in Biomedical Science
Miss Wong King Ying
Mr Ko Wai Tai
Mr Sit Yiu Kwong

1992

Doctor Of Medicine
Dr Ip Sau Man, Mary
Dr Lau Yin Nam
Dr Lee Shiu Hung
Dr Leung Ping, Maurice
Dr Ng Man Lun

Master Of Surgery
Dr Fan Sheung Tat
Dr Lai Cheuck Seen,Edward

Doctor Of Philosophy
Mr Chan Sai On (Biochemistry)
Mr Chen Hong Lin (Microbiology)
Miss Choy Wai Fun (Microbiology)
Mrs Ireland, Shelley Margaret Lorraine (Anatomy)
Mr Lau Kam Cheung (Anatomy)
Mrs Lau Yim Tak Kwong, Elizabeth (Biochemistry)
Mrs Zhao Li Ping (Anatomy)

Master Of Philosophy
Mr Chan Po Tong (Physiology)
Mr Fan Man Chuen (Obstetrics & Gynaecology)
Mr Kung Kam Pun (Biochemistry)
Mr Wan Shek Kong, Thomas (Paediatrics)
Mr Yung Kin Lam (Anatomy)

Master Of Medical Sciences
Mr Gogo Jr , Arturo R

Bachelor Of Medicine And Bachelor Of Surgery
With Honours
Mr Au Wing Yan (Distinctions in Behavioural Sciences, Anatomy, Biochemistry, Pathology, Microbiology, Pharmacology, Medicine, and Paediatrics)

1991
Mr Au Tak Shun, Thomas
Mr Cheng Kit Wing
Mr Choy Tim Shing
Mr Fong Ki Kin, Kenneth
Mr Fung Yiu Tong, Bennet
Mr Ho Wai Woon, Eric
Mr Kam Koon Ming, Michael
Mr Lee Kwok Tung, Rayson
Mr Lee Wai
Mr Lin Shek Ying
Miss Lui Lai Ching
Mr Ng Sik Chuen
Mr Ng Tsz Ki
Mr Or Chi Kong
Mr So Yui Chi
Miss Sum Ming Yan
Miss Szeto Ching Ho
Mr Tong Wing Lok
Mr Tsang Wai Kong
Mr Wong Ka Chun
Mr Yeung Wing Kin
Mr Yien Ling Chu, Renny
Miss Yip, Irene
Mr Yip Wai Man

1992
Mr Au Kwok Hung (Distinction in Biochemistry)
Mr Chan Chau Shing, Stephen
Mr Chan Ching Wai
Mr Chan Kin Wing
Miss Chan Kit Yan, Selina
Mr Chan Koon Ho (Distinction in Pathology)
Mr Chan Ngai Yin
Mr Chan Ping Tak
Mr Chan Po Tak (Distinctions in Behavioural Sciences. Anatomy, and Pathology)
Mr Chan Tat Ming
Mr Chan Tin Yau, Teddy
Mr Chan Wai Hee
Mr Chan Yat Sun, Joseph
Mr Chan Yau Wai
Mr Chau Kin Keung
Mr Chee Pay Yun, Peter
Miss Chen Hong
Mr Cheng Chi Wai
Miss Cheng Shuk Yin, Tereza
Miss Cheng Sze Ting, Stella
Mr Cheung Chi Wai, Stephen (Distinction in Pathology)
Mr Cheung Kam Sing, Nelson
Mr Cheung Wan Kit, Raymond
Mr Cheung Wang Yan, Warren
Miss Cheung Yuet Chow, Gloria
Mr Cheung Yuk Fai
Miss Chim, Stella
Mr Chiu Ka Chun, Patrick
Mr Cho Kai Kei
Mr Chow, David Alan
Mr Chow Siu Lun, Eddie
Mr Chu Ming Chi
Mr Chui Wing Hung
Mr Chung Kin Nam, Edmond
Mr Fan Hon Cheung
Mr Fu Ming Hung
Mr Fung Kam Shing
Mr Ha Ping Yiu
Miss Hioe Fei
Mr Ho Kam Man
Miss Ho Tin Yee, Tinny (Distinctions in Health, Behaviour & Medical Care II, and Obstetrics & Gynaecology)
Miss Ho Tze Kwan, Carmen
Mr Ho Wai Shing, wilson
Mr Hui Sing Man (Distinction in Surgery)
Mr Hung Siu Lun, Tony
Mr Hung Wai Yun
Mr Ip Kai Ming, Dennis
Mr Ip Lap Shun
Mr Ip Wai Kit
Mr Kam Ka Lok, Gerald
Mr Kun Wai Man
Mr Kwan Kwok Fan
Mr Lam Chiu Wing
Mr Lam Ka Chi
Mr Lam Man Chun
Miss Lam Tse Fun, Cathy
Mr Lam Wing Kwun
Mr Lam Yui Ming
Miss Lau Chun Wing
Miss Lau Nga Ting, Winnie (Distinction in Obstetrics & Gynaecology)
Mr Lau Shing Chi
Mr Lau Ying Yu, Patrick (Distinction in Surgery)
Mr Law Kam Leung
Mr Law Ngai Leung
Mr Law Wai Kee
Mr Lee Tsz Leung
Mr Lee Wah
Mr Lee Wai Kin
Mr Leung Man Fai
Mr Leung Ngan Chiu
Mr Leung Wai Yeung
Mr Lim Loong Lu
Mr Liu Sung Yu, Herman
Miss Lui Hau Man, Phoebian
Miss Luk Mai Yee
Mr Mak Ho Leung, Jimmy
Miss Mok Mo Yin (Distinctions in Behavioural Sciences, Health, Behaviour & Medical Care II, and Medicine)
Mr Ng Chun Kong
Mr Ng Kwok Leung
Mr Ng Wai Man, Stephen
Mr Pang Pui Shan
Miss Poon Kam Ha
Miss Shu Yuk Wah, Maggie
Mr Siu Yui Pong, Gordon
Mr So Chun

Mr So Hang Kwong, Eric
Miss So Kit Ying, Loletta
Mr Tam Kar Fai
Mr Tam Kui Fu
Mr Tam Tin Sung
Mr Tan Jin Min
Miss Tang May Ling
Mr Tong Ka Hang, Matthew
Mr Tsang Kin Lun
Miss Tsang Suk Kwan, Jenny
Miss Tsao Pui Yue, Joanne
Miss Tsoi Wing Yin, Winnie
Mr Wong Fat Kee
Mr Wong Kwok Fai, John
Mr Wong Kwong Sun
Miss Wong Ming Sum
Miss Wong Shun Man, Irene
Mr Wong Tin Yau
Mr Wong Wai Man, Raymond (Distinctions in Physiology and Medicine)
Mr Wong Wing Shun, Albert
Miss Wong Yuen Ha
Miss Wong Yun Fong, Mable
Mr Yau Wai Pan
Miss Yick Fung Yi
Mr Yim Tak Man (Distinction in Physiology)
Mr Yuen Man Kwong

Bachelor Of Science in Biomedical Science

Law Chi Ching
Yueng Wai Man
Tse Wai Choi
You Yeung
Ho Chi Ming

Prize Winner

1991

Sir Patrick Manson Gold Medal

Anna Lok Suk Fong

John Anderson Gold Medal

Wong Sai Yin

Proxime Accesssit

Tse Hung Fat

Chan Kai Ming Prize

Hung Wai Ka

C P Fong Gold Medal in Medicine

Lee Kwok Man
Tse Hung Fat

Digby Memorial Gold Medal in Surgery

Hung Wai Ka

The Nesta & John Gray Medal in Surgery

Hung Wai Ka

Dr. Sun Yat Sen Prize in Clinical Surgery

Antonio Chuh An Tung
Yuen Shi Yin

R M Gibson Gold Medall in Paediatrics

Kwok On Hing

Gordon King Prize in Obstetrics & Gynaecology

Wong Sai Yin

Mun Gold Medal in Psychiatry

Conti Yuen Man Cheuk

Ho Kam Tong Prize in Community Medicine

Mynt Ma Wai Wai

Hong Kong College of General Practitioners Prize in General Practice

Ng Wai Kuen

Hong Kong College of General Practitioners Prize in Community Medicine (shared)

Vivian Ng Man Wai, Lai Chor Yat, Liza Mo Siu Chee,
Mok Wing Yuk, Ng Ching Luen, Ng Kwong Yiu,
Ng Man Fai, Angel Ng Sau Yin, Paul Ng Siu Chung,
Ng Ting Ying, Peter Ng Tse King, Ngai Wai Tat

Society of Community Medicine Prize (shared)

Cheng Ka Tak, Chan [illegible] Fai, Choi Chau Ka [illegible],
Fok Chan Kin Chung, Cheng Chi Chor, Cheng Pui Kwan,
Cheung Kwok Kwai, Cheung Wai Hun, Choi Li Ping,
Chong Yee Hung, Chow Sai Ming,
Chow Wing Cheong, Francis Chu Kin Chiu

Belilios Medical Prize (Third Year)

Andrew Yue Tak Tai

C. P. Fong Gold Medal in Pathology

Yu Pui Hung

Li Shu Fan Medical Foundation Prize in Pharmacology	Tse Wai Choi
C.T. Huang Gold Medal in Microbiology	Fong Wing Chi
Hong Kong Pathology Society Prize	Chung Tin Hei
3M Hong Kong Prizes	Carina Chan Chi Wai Cheng Koi Man Lee Chun Kit
Ng Li Hing Prizes in Anatomy	Lee Chun Kit
H. C. Liu Prize in Anatomy	Lee Chun Kit
Proxime Accessit	Lam Chi Leung
W. D. Low Prize in Anatomy	Lee Chun Kit
Proxime Accessit	Carina Chan Chi Wai
Li Shu Fan Medical Foundation Prize in Physiology	Lee Chun Kit
Ho Fook Prize	Lee Chun Kit
Janet McClure Kilborn Prize in Biochemistry	Chan Ka Lai
Janet McClure Kilborn Prize in Physiology	Carina Chan Chi Wai
Yuan Ai-Ti Gold Medal in Behavioural Sciences	Yap Lok Yaw
Belilios Medical Prize	Kwan Tim Lok

1992

John Anderson Gold Medal	Au Wing Yan
Proxime Accesssit	Wong Wai Man
Chan Kai Ming Prize	Au Wing Yan
C P Fong Gold Medal in Medicine	Raymond Wong Wai Man
Digby Memorial Gold Medal in Surgery	Patrick Lau Ying Yu
The Nesta & John Gray Medal in Surgery	Patrick Lau Ying Yu
Dr. Sun Yat Sen Prize in Clinical Surgery	Au Wing Yan
R M Gibson Gold Medall in Paediatrics	Au Wing Yan
Gordon King Prize in Obstetrics & Gynaecology	Ho Tin Yee
Mun Gold Medal in Psychiatry	Tam Tin Sung
Ho Kam Tong Prize in Community Medicine	Wong Ho Yuen

Medic '71 in Medical Jurisprudence

Siu Hung Fai

Hong Kong College of General Practitioners Prize in General Practice

Lau Ying Yu, Patrick

Hong Kong College of General Practitioners Prize in Community Medicine (shared)

Wong Yuk Teck , Benny Wu Chun Bun,
Yao Hung, Yap Lok Yaw, Eric Yau Kin Cheong,
Yau Wai Keung, Yen Chi Hung,
Louisa Yeung Po Kei, Yim Wai Shun, Virgil Yung

The Hong Kong Society of Community Medicine Prize (shared)

Chan Yiu Cheung, Chan Yiu Hoi, Teresa Chang Yui,
Cheung Chi chung, Cheng Koi Man,
Simon Cheung Chi Yuen, Eric Cheung Fuk Chi,
Patrick Cheung Kar Chun, Cheung Wai Man,
Cheung Yiu Cheong, John Chiu Jong Hoh, Chiu Shin Yeung

Belilios Medical Prize (Third Year)

Carina Chan Chi Wai

C. P. Fong Gold Medal in Pathology

Carina Chan Chi Wai

Li Shu Fan Medical Foundation Prize in Pharmacology

Lee Chun Kit

C.T. Huang Gold Medal in Microbiology

Carina Chan Chi Wai

Hong Kong Pathology Society Prize

Cheung Wai

3M Hong Kong Prizes

Poon Wai Lun
Chow Pak Cheong
Lena Yeung Wing Hung

Ho Fook Prize

Poon Wai Lun

Ng Li Hing Prizes in Anatomy

Chow Pak Cheong

H. C. Liu Prize in Anatomy

Chow Pak Cheong

Proxime Accessit

Poon Wai Lun

W. D. Low Prize in Anatomy

Choi Yu Fai
Chow Pak Cheong

Proxime Accessit

Poon Wai Lun

Li Shu Fan Medical Foundation Prize in Physiology

Poon Wai Lun

Li Shu Fan Medical Foundation Prize in Biochemistry

Poon Wai Lun

Janet McClure Kilborn Prize in Biochemistry (shared)

Ng Sin Yee
Lena Yeung Wing Hung

Janet McClure Kilborn Prize in Physiology

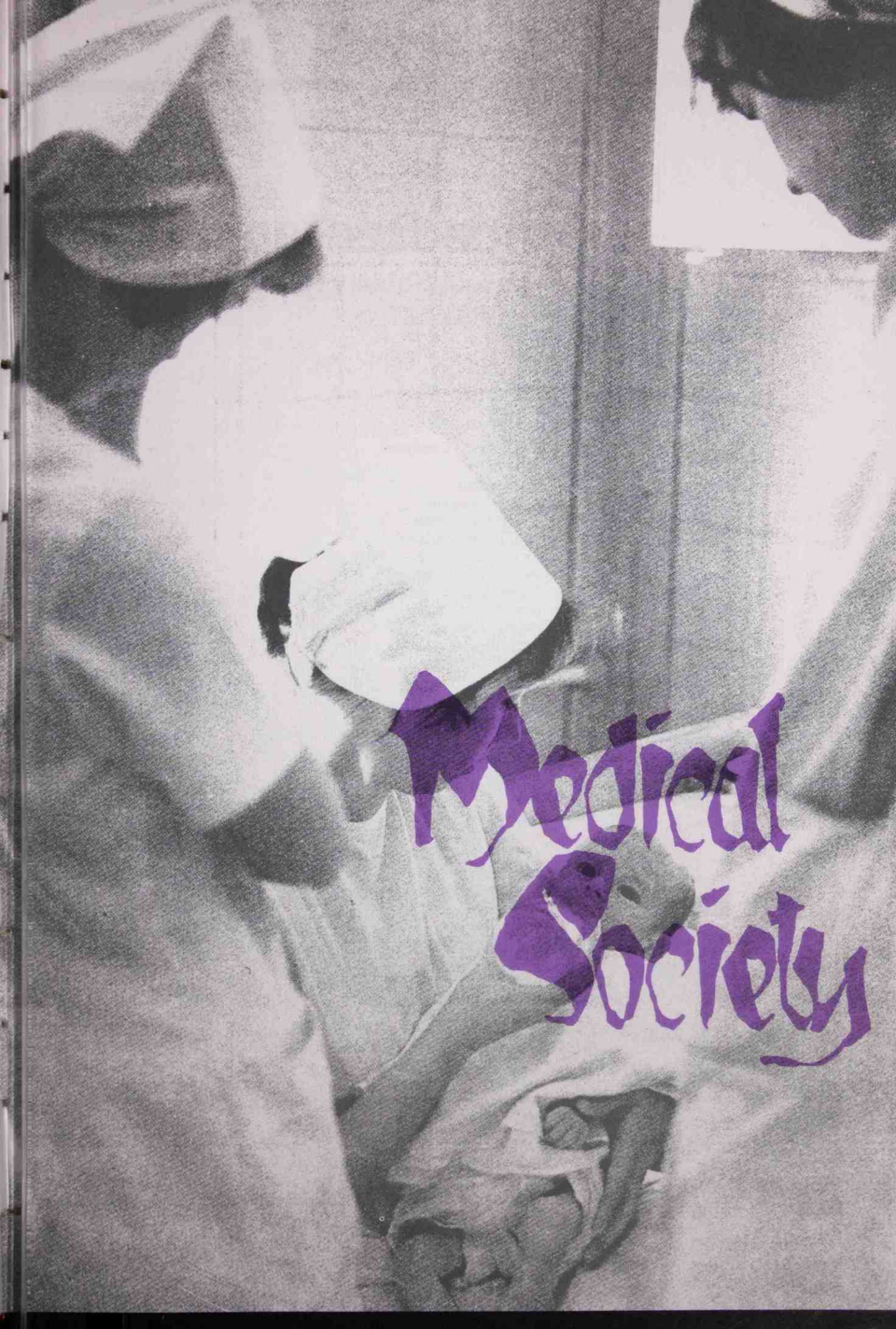
Lena Yeung Wing Hung

Yuan Ai-Ti Gold Medal in Behavioural Sciences

So John

Belilios Medical Prize

Chung Pui Hong


Medical
Society

YEAR '91-'92

Office Bearer

the Medical Society H.K.U.S.U.
Session '91-'92

Acting Council Chairman:	Mr. Chan Kin Chun
President:	Dr. W.K. Lam
Vice-President:	Dr. K.F. So
Honorary Treasurer:	Dr. P. Poon
Past Representative:	Dr. Chim Stella
Executive Committee	
Chairman:	Mr. Tsang Sam Fung
Internal Vice-Chairman:	Mr. Wong Ka Lun
External Vice-Chairman:	Mr. Sum Kin Wah
General Secretary:	Mr. Lam Ho Yin
Financial Secretary:	Mr. Chan Chi Pang
Social Secretary:	Ms. Ho Shuk Yee
Welfare Secretary:	Mr. Cheung Cui Yeung
Sports Secretary:	Ms. Liu Yuk Ping
Sport Captain:	Mr. Yuen Ka Ye
External Affairs Secretary:	Mr. Wong Kwok Keung
Current Affairs Secretary:	Mr. Chan Chiu Chuen
Caduceus	
Chief Editor:	Ms. Liao Wei Ming
General Editors:	Mr. Chow Wing Man
	Mr. Lam Yeung Kit
Health Committee	
Health Officer:	Mr. Wong Siu Bong
Assistant Health Officer:	Mr. Wong Chi Keung
Student Senator:	Vacant
Student Faculty Board Representatives:	Mr. Chan Chi Keung
	Ms. Ho Pei
	Mr. Lee Chi Hang
Popularly Elected Councilor:	Vacant
Class Representatives	
Final year:	Mr. HO Wai Sing
4th year:	Vacant
3rd year;	Mr. Choi Tat Fai
	Mr. Lam Man Fai
2nd year:	Mr. Choi Yu Fai
	Mr. Lee Lai Shun
1st year:	Ms. Li Chiu Fai
	Mr. Yong Lik Shan

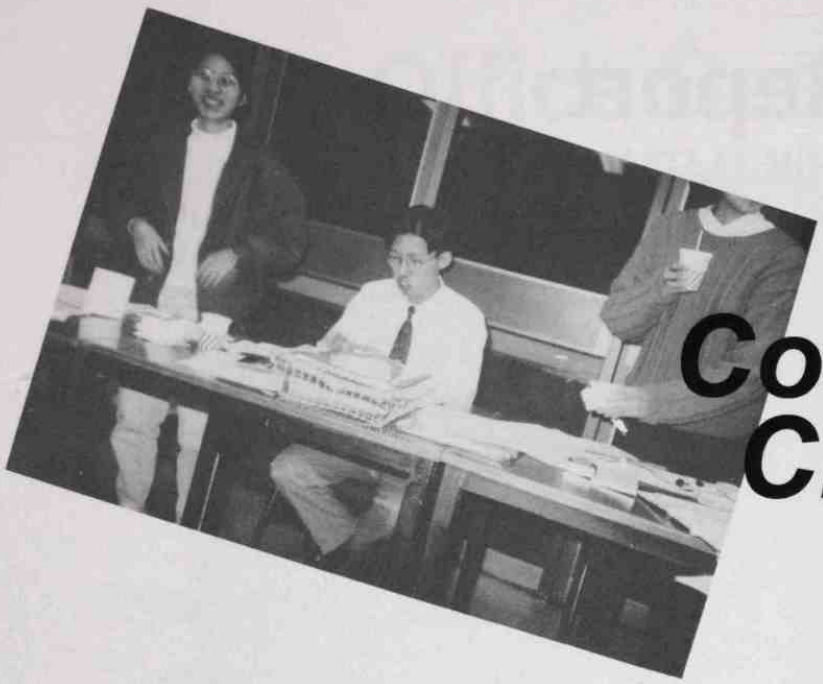
Financial Report

the Medical Society H.K.U.S.U.
Session '91-'92

Total assets	**$**
Balanced as at 1 Nov, 1991	145597.9
Add: surplus	23779.6
	169377.5
Income	
Annual Fund Raising Campagn '92	60237.4
Subscription Fee ($250X150)	37500.0
Stock Profit and Commission	6121.7
Bank Interest	3785.6
	107644.7
Less: Expenditure	
Internal Affairs	14199.7
External and current affairs	3953.8
Welfare	2868.4
Social Activities	10631.1
Sports	4141.5
Caduceus	15083.4
Elixir '90	17500.0
Elixir '91	1500.0
Council	4631.7
Health Committee	2111.8
Elixir Loan Fund	1000.0
Contigency Fund	1000.0
Health Exhibition '91	5243.7
	83865.1
Surplus	**23779.6**

Prepared by
Tiu Kwok Leung
Financial Secretary '90-'91

Audited by
Tam Chi Ming
Financial Secretary '89-'90



Council Chairman

Eddie Chau

經過了兩年的幹事會出缺，今年幹事會“組庄”成功，不但給醫學會帶來了新的動力，更舒解了過去兩年評議會因缺庄而形成的龐大工作量。加上各班代表及其他同學的支持和投入，今年的評議會，真可用生氣勃勃來形容。

回顧一年，大的成就談不上，但卻把同學們漸漸的凝聚起來希望這一個好的開始，能為以後一個更成功，更成熟的醫學會踏出成功的一步。

45th Executive Committee Medical Society H.K.U.S.U.

主席的話

Stella 仔

黃昏，正望着蛋黃般的夕陽，又是一天的完結，明天總會有日出，有新的開始。

「日落日出」正是我這一個年頭上庄的格言。每到彷彿完結的一刻，只要懷着信心與希望，總有新的開始。醫學會經過兩年的缺庄風雲，很多活動都暫時停了下來。眼見青黃不接之際，我也只好挺身而出，希望為這個屬於我，屬於每一位醫學生的組織出一點力，使它能延續下去。

作為一個四年級的醫學生，要兼顧學業及醫學會的工作實在不易，幸好我們「齊十一閣」沒有缺庄，每位幹事都努力於各方面的工作，實在減輕我的負擔不少，在此要向他們致謝。

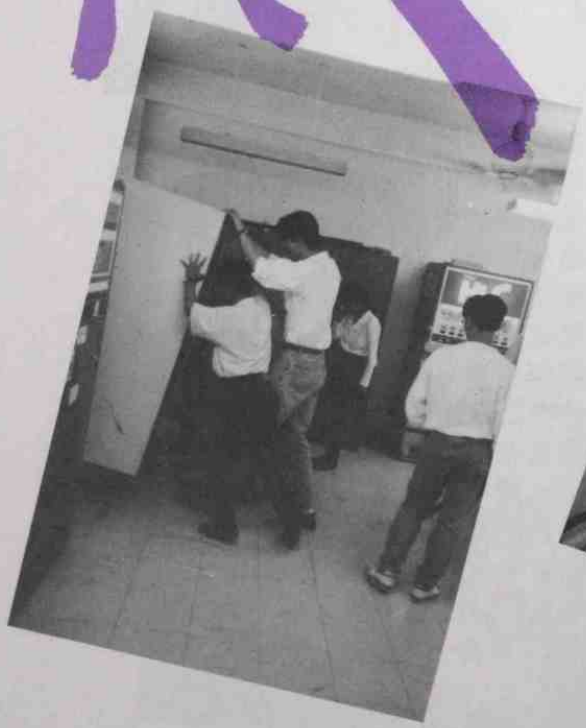
回顧今年的業績，總算能維持對同學們在文康，福利及體育上的服務，也有為市民服務及增加他們的醫療知識。較大型的活動包括健康展覽會、週年籌款活動、聖誕舞會、迎新活動、醫學生節、醫學交流營及班際運動比賽等等。經過兩年的缺庄，今年只希望能重整。醫學會及維持一般活動。對外參與如學生會中央、外界接觸、教務院務方面亦有位表參與。

話不多說了，只希望醫學會能延續下去，服務同學，並代表着這一群醫學生的意見。最後更多謝今年的會長方津生教授給我們寶貴的意見及財政方面的支持。

願我們的醫生會像「日落日出」一般，循環不息。

主席　詹愷怡

第十一回



Caduceus '91

吳秉琛

經過杏雨總經理多番催促後，終於提筆寫了這篇類似「回憶錄」的物體，仍記得上莊時曾立下宏願，要替啟思作一個改革，加入非醫學性的成份及增加趣味性。好不容易五期啟思出版了，可惜所能做到的只是加入一些「軟性」的醫學性文章，如「素食與健康」，「足底按摩」等，得到的反應亦只是一般。

看着自己有份參與的報紙，依稀記得與博家永同學討論港大維新。現在舊莊一去，新莊學生會上場，港大維新就似消失得無影無蹤，港大所存在的問題仍在，可惜已經沒有人再去理會了。一頁頁的掀着，當初提倡素食不遺餘力的石先生現在竟提倡喝下自己的尿液，是為「尿療法」吧，下次又會是甚麼呢？看到「無語問蒼天」一文，雖然醫科畢業生在九七前的專業註冊問題已經告一段落，但更大的問題又發生了，今次不幸地是畢業生的就業，應該說是失業問題。一方面增加醫科學生名額，另一方面減少招聘醫生，真令人懷疑究竟醫管局與政府之間有沒有所謂共識存在。看過一連多輯的醫管局專輯，再看看現在醫管局的運作，自己亦不禁嘆息一句：理想與現實真的可以有這般大的差異？

一輪牢騷後，字數又差不多了。繼續下去恐怕會開罪更多人，就此收筆，世事如棋，大家走著瞧吧。請請

Health Committee '91

黃思豪

健委91的一切，對我來說，實在是有點遙遠落伍也已經兩年多了，執起筆，不禁有點茫然。原本想在這裏作一番全年工作總結之類之類，不過，我想距離91年，也不覺間過了三個年頭，我再詳細寫當年的工作計劃，一切一切，又有誰會有興趣去細聽？不如就讓我借這個空間，拉雜的去談一些我的感想。

一年級時，覺得健委好有意思，一班同學走進社群，去接觸，服務一下社會大眾，跟他們傾下，聽下他們的說話，真是幾特別的經歷。當年健委係一個小小家庭，93班人好多，他們自己又好friend,互相好熟落。我們94人就比較少，時常在會議中出現的，都係得十個樓下。就是這樣，我就靜靜地渡過了在健委的第一年。

升上二年級，忽然有人叫我出來做健委老細。其實自己一向都「心野」，喜歡「攪事」，在Medic.,一年，對Medic.,健委都有一定的認識，而且在我心中實在有些理想，有些抱負想實踐，於是沒多大考慮，便答應了。那時有一個好簡單的想法，就是以一群醫學生的身份，以醫學會健康委員會的名義，以增加市民對健康的認識，增加醫學生對社會的關注為目的，是有很多東西可以做到出來的，只要我們肯去想，肯去計劃，肯去幹。就是這樣，我便坐上了健委的主席椅。

當年在目標方面，我放棄了健委歷代都在推廣的基層健康照顧(Primary Health Care)。點解我會放棄以PHC作為工作目標？因為我自己不懂。誠言，我自己對PHC一點認識也沒有，而要認識也要時間，我不想在工作中給人捉住，問：你是在幹PHC嗎？PHC是甚麼？而我卻完全答唔出。我只是很簡單地想，既然我們都是在推廣健康知識，不如就直接告訴大家，今年的目標，是攪社區健康推廣罷了。可是，我卻是很贊成將來一些有心，又對PHC有認識的同學，再拿它出來研究，推廣的。

好多人話，健委人只識量血壓同驗尿，這個一方面是他們對我們的工作不了解，而另一方面，我想，其實以我們健委的身份，成立的目的，根本就有好多東西可以做，只要我們肯想，有何不可？前人定下的亦不是一成不變，而我們亦不需要完全活於前人定下的框框中。於是我便不斷地想，我們可以做些甚麼？曾經想過組團回內地交流，又想過去一些遍遠的村落住一段短時間，並作一些健康推廣活動，也想過找些公開的健康團體，一同攪一些Health Project,等等等等。很多很多計劃，在大家的討論，研究之後，被「現實」淘汰了，不過，最令我深刻的，就是當年我同林文浩兩個，自己走上香港吸煙與健康委員會，跟他們傾成了一個合作計劃，由他們提供資料及作聯絡，而由我們派出同學到各中學作反吸煙講座。結果，一年以來，竟有多達二萬以上的中學生聽過我們的講座，這個實在遠超我最初的想像。至於其他往年做開的出Service,屋邨巡迴展覽等等，今年仍繼續進行。除了對外活動外，對內的聯繫及活動亦有所加強。在活動上而言，我相信今年可說是熱鬧的一年。

談到健委91，一定不能不談95班。你們的加入令健委加添了不少生氣，成個家庭也暖和、熱鬧起來。回想起當年的你們，初初加入健委一個二個都蹦蹦跳跳的，活潑又可愛，我真的覺得你們就像是我的仔女一樣。你們實在好能幹，沒有了你們，健委91大部份的工作都將無法推行。我也很想讚一讚你們的創意，你們實在提出過很多很有意思的意見。不過隨了工作外，你們帶給健委的那一份溫暖，那一份熱鬧，那一份新鮮的動力，到今天來說，仍是很深刻的。

當年的健委大家庭，除了一班活潑的95外，還有肥周仙人，阿B，93眾多師兄師姐與及數位94班的親密較友。健委實在很給人家的感覺，健委房是我們的屋企，而一班健委人就像兄弟姊妹一樣。返「屋企」對於每一個健委人來說，都是很自然的事。食飽飯又會到「屋企」行下，上完堂又會返「屋企」行下，讀書讀到悶又會

到「屋企」行下，連無聊無事做的時候，對腳都會像裝了自動導航一樣，不知不覺間，又行了入健委房。那裏你經常都可以找到三數知己，談「攪嘢」談讀書、談大學、談風、談月、談家、談國、談天下。慢慢的，人與人的感情，對健委的歸屬感，便滲入了大家的皮裏、肉裏、心底裏去。我想這一點一滴無形的健委生活，可能比那些有形的健委活動，對健委，對每個健委人，來得更重要。

其實對健委來說，真正的寶藏，就是健委的每一個人。說真的，當年實在的工作，許許多多的會議，我也一早忘記了，而且隨着年月，這些都會漸漸變得不重要，最後化成了微塵，被埋在歲月的曠野之中。唯獨是那一份人與人之間的感情、關懷，卻延續着，也許大家已不如當年的熟絡，生活的緊扣，但偶爾碰上，一番親切的問候與交談，令你驚覺，原來仍然流傳著的，當年歲月的印記，就是今天這點滴的人情。這一些感情，就是當年使大家聚在一起的力量，令工作、生活變得更有意義的要素，令健委之所以自稱是大家庭的最重要基礎。寫到最後，其實健委91令95班，每一個健委人的名字。我最難以忘懷的，就是91，92，93，94，

YEAR '90-'91

Office Bearer

the Medical Society H.K.U.S.U.
Session '90-'91

Council Chairman:	Mr. Chou Siu Lun
President:	Dr. D. Fang
Vice-President:	Dr. Y.S. Chan
Honorary Treasurer:	Dr. Daisy Shum
Associated Member Representative:	Dr. Tang Kwok Wai
Executive Committee	
Chairlady:	Ms. Chim Stella
Internal Vice-Chairman:	Mr. Yeung Wai Man
External Vice-Chairman:	Mr. Chan Kin Chun
General Secretary:	Ms. Ho Pei
Financial Secretary:	Mr. Tiu Kwok Leung
Social Secretary:	Mr. Lee Chi Hang
Welfare Secretary:	Mr. Chan Chi Keung
Sports Secretary:	Mr. Sieh Koon Man
Sport Captain:	Mr. Law Wai Lung
External Affairs Secretary:	Mr. Chan Tang Tat
Current Affairs Secretary:	Mr. Sung Wing Kuen
Caduceus	
Chief Editor:	Mr. Ng Ping Sum
Gneral Editors:	Ms. Lee Ching Fan
	Ms. Chan Shuk Ha
Health Committee	
Health Officer:	Mr. Wong Sze Ho
Assistant Health Officer:	Mr. Lai Wai Keung
Student Senator:	Mr. Chong Yee Hung
Student Faculty Board Representatives:	Ms. Au Wai Ming, Angelina
	Mr. Sit Shau Chi
	Mr. Wong Ka Hing
Popularly Elected Councilor:	Ms. Liu Ka Yee
	Mr. Kenneth Tsang
Class Representatives	
Final year:	Mr. Chan Ping Hon
	Mr. Chan Ying Kei
4th year:	Mr. Ho Wai Sing
	Ms. Carmen Ho
3rd year;	Mr. Hui Nim Chun
	Mr. Tam Yuk Wah
2nd year:	Mr. Marco Ho
	Mr. Tam Chi Ming
1st year:	Mr. Michael Yiu
	Mr. Nelson Lee

Financial Report

the Medical Society H.K.U.S.U.
Session '90-'91

Total assets	**$**
Balanced as at 1 Nov, 1991	169377.5
Add: surplus	65975.0
	226352.5
Income	
Annual Fund Raising Campagn '92	100163.5
Subscription Fee ($250X160)	40000.0
Stock Profit	578.4
Vending Machine Commission	3662.7
Bank Interest	5319.9
	149724.5
Less: Expenditure	
Internal Affairs	13838.0
External and current affairs	1042.2
Welfare	2871.1
Social Activities	14163.5
Sports	8289.3
Caduceus	21476.4
Elixir '91	20000.0
Elixir '92	1500.0
Council	4554.0
Health Committee	2690.0
Elixir Loan Fund	1000.0
Contigency Fund	1000.0
Social Camp '92	325.0
	92749.5
Surplus	**56975.0**

Prepared by
Chan Chi Pang, Lawrence
Financial Secretary '91-'92

Audited by
Tiu Kwok Leung
Financial Secretary '90-'91

評議會主席

陳健進

基於本年度評議會主席以及評議會義務秘書的出缺，評議會的事務便由兩位署理評議會主席，及署理評議會秘書暫代。楊偉民同學（94）負責處理上半年度評議會主席的工作，下半年度的工作則由本人（陳健進95）處理，而義務秘書由林浩然同學（96）出任。在此，本人十分感謝楊偉民同學和林浩然同學對評議會作出的努力和貢獻。

評議會主席除了負責處理一般的評議會會議外；亦需兼顧評議會屬下非常設委員會的工作，如選舉委員會，以及每年一度的全民大會，如在特別情況下召開的緊急全民大會

回顧91至92年度的評議會，一共召開過五次評議會會議　評議員的出席率尚算滿意，但比較可惜的是評議員，仍以幹事會成員爲主，大部份討論都由他們發起。因此可能令評議會不能發揮它的最佳功能——提供意見和監察，基於現今的醫學會仍是行政爲主導，假如缺乏此等討論和監察對醫學會常設委員會及非常設委員會的運作是有負面影響的。

在選擇工作方面，評議員都十分盡力協助處理票站的工作，投票率亦相當理想，有過半數的同學在「幹事會啟思，和健委」選舉中投票

醫學會於91—92年度會召開一次週年全民大會（ANNUAL GENERAL MEETING）和一次特別大會（EXTRAORDINARY GENERAL MEETING）兩次會議在第一次召集時出席的會員都低於法定人數（十五分一之會員），以致需要改期舉行，結果A G M 於一九九二年十一月十三日舉行，而會員出席率亦非常理想，超過一百位同學出席，主要討論內容包括啟思，健委和幹事會的工作報告，各委員

會的籌款活動，以及新醫學會辦公室的使用事宜。出席的同學對幹事會整年的工作提出質詢和發表意見，而醫學會屬下各委員會的籌款活動的規則，要在取得共識情況下決定於下年度第一次評議會中討論，而關於醫學會辦公室使用事議的議程，則由於決定足夠的資料和沒有事先知會同學下，決定安排於一九九二年十二月二日的特別全民大會中討論，結果是各委員會的成員都有權獲得辦公室正門的鎖匙。

評議會成全民大會的目的是議同學們對醫學會的運作作出討論、監察，甚至決策。同學們是有責任和權利對我們的醫學會作出上述行動。相信大家的目標都是造福同學和醫學會，好的意見我們應該接受，而不善之處應加以檢討和改善。因此，大家應該撇除歧見，以客觀的態度處理事情，針對事而非針對人，最終以同學的利益爲依歸，這樣才能達到有建設性的討論和決定。

署理評議會主席
陳健進

幹事會（第四十六屆）

主席：曾三峰

首先筆者要多謝杏雨編委給本人發表一下「牢騷」。

客氣話暫且不說了。筆者撰寫本文的目的，是要向各讀者，尤其是有意「上莊」的人，提供少許個人意見及抒發感想，內容既不代表本「莊」也不代表杏雨立場，相信大家都會明白的。另外，筆者寫作能力有限，希望讀者們包涵。

組閣－－猶如盲婚啞嫁

對醫學會而言，每年的十月都是個難關，因為這時正值「轉莊」的時候；職務上的交接固然困難，尋找接班人更不用說了。由於近年來，一年級以上的同學願意出任幹事較少，醫學會便出現了年輕化的現象。（請翻閱近二十年來的杏雨。）於是，在組閣初期，各候選幹事才開始互相認識，除非他們是中學同學或者是街坊鄰里。筆者由於比大部份候選人高上二年級，若要了解內閣各人，只能靠每週一至兩次談話達成，自覺這是無奈的草率。再加上筆者一心希望內閣「齊莊」，於是避免對閣內同學加諸太多要求，讓他們自由發揮，更可使那些對學業及個人生活有所掛慮但亦想「上莊」的同學留下來。最後，「莊」是齊了，但是換來的是一個「獨聯體」，各人有自己一套想法及標

準，缺乏清晰的共同理念。理論上，內閣的組成應始於一種認知的意識形態，缺之則不成閣，奈何醫學生之中「參政」者寥寥可數，於是只好以類似盲婚啞嫁的方式來組閣，一方面希望齊「莊」，另一方面希望內閣在這一年能合作愉快。

政綱——口是心非之作

老實說，好望閣（即筆者之內閣）的政綱毫無新意，絕大部份都只是因襲前輩們的大作，因為筆者缺乏實幹經驗，及當時實在想不到什麼新意思，換句話說，這一年只是過渡性的一年。

可是，筆者當時提出，醫學會組成乃基於同學們擁有共同理想及目標，並且願意結集力量邁向理想。然而現今的同學往往缺乏了這些共同理想及目標，苦果我的論點成立的話，團結就是空談，醫學會的存在就是多餘的！當然，要維持文康體育福利，仍要靠一班同學來負責，可是這祇不過是一個社交會所、雜貨店、供人麻雀耍樂的聯誼會，而不是一個學生會！負責的同學各自為政也沒有問題。我們應先弄清楚醫學生的共同使命、責任、機會及權利，之後才去說我們要團結，要有醫學會。

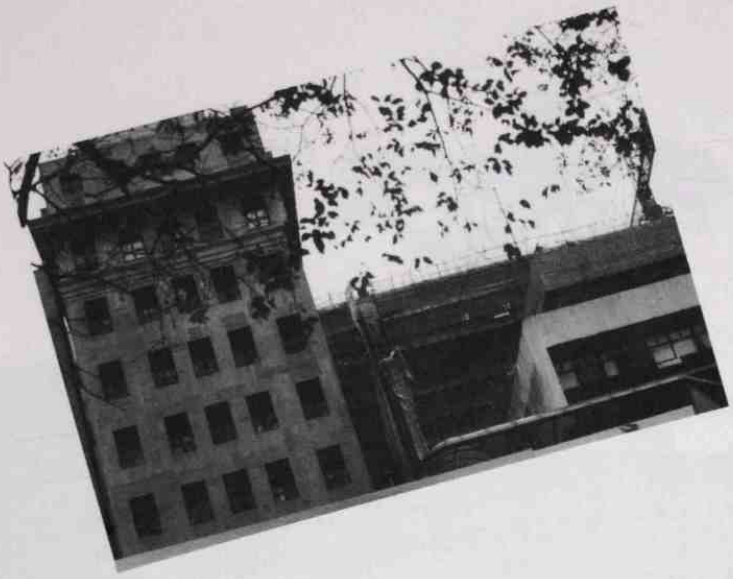
但是這種「醫學會要執笠」的言論，很難直接地表達，因為它既掃人之興，亦自打咀巴，哪有人還去經營一間已經破產的公司！？

那句「裝備自己」更有趣。誰不在每天都裝備自己？嚴格來說，這句話就如號召同學「趁機會填飽肚子吧！」是句名符其實的廢話。邀請同學參與籌劃課外活動，提醒同學注意周遭的人、物、事，就是筆者所謂的「鼓勵同學裝備自己」，並沒有什麼新奇，皆因歷年如是。或許有些同學以為筆者要辦學運、辦學習班、甚至拍紀錄片，請恕小弟薄學，無能為力！

現在想起來，覺得政綱還是以直說心中所想為佳，既免誤會，又有骨氣！

歸屬感——我們認識它嗎？

筆者在政綱中提出，團結就有希望。此言甚失實。若果大家各有不同目標，團結來做什麼？唉！又是那套「醫學會存在意義」的問題！筆者以為，真正的歸屬感出於享有及付出，缺一不可。歸屬感無色



無味無臭，不能由表面看出其真偽。它是一種感覺，但不一定和你所想的一樣。不要刻意營造的表面，因為沒有基礎的歸屬感，是全自私或者是全付出的，都沒有好結果。身為幹事的，應分清楚自己是在培養歸屬感，還是鼓吹虛榮感。

幹事不和？包容為上着也

上文曾說，幹事們相處融洽與否乃未知之數。上任後，由於各人會務繁重，有時忽略了其他同工，加上部份幹事性格很率直敢言，以致發生不少磨擦，幸而並未至反目成仇。其實磨擦是加深了解的必經「血路」，先苦而後甜，少許不和實在不足以掛齒。

另外，有些同工心目中想有一個像溫暖大家庭般的幹事會，其實各幹事須將精神集中在工作上，人際關係應順其自然，無須強求各人要有共同嗜好和思考方式，畢竟沒有人能和所有人成為「死黨」！其實只要各人對他人多欣賞、鼓勵及包容，縱使無大家庭「玩埋一堆」之表，亦會有溫暖大家庭之實。率直的年青人。為了成長，必須學會包容。

醫管局事件－－沉睡的學生啊！

筆者任內發生了一件大事，就是部份見習醫生未被醫管局聘用一事（請翻閱九二年四月至七月各大報章）。當時同學們的反應是既不滿又不了解，亦無法控制任何事，較積極的同學發覺自己對醫療工作所知是如何貧乏，想亡羊補牢卻不懂得如何入手，有位畢業多年的大仙對我說：「這幾年來醫學院出了一批又一批矇查查的醫生。」說得正對，近年來醫學會不認真地探討醫療，外務被認定為非份內事，

「不是學運就是花邊新聞」是一般人對外務的印象。我們忘記了（甚至不曉得）八六年的Scott Roprt，註：Deliveey of Medical Services in Hospitals: A report for the Hong Kong Govenment WD Scott & Co., PTY. Ltd. 1986 以致未能認清這個時代的醫療大趨向－－架構的轉換，結果被殺個措手不及。看來我們要急起直追，有系統地研究這問題。

開會－－絕非一無可取

擔任幹事的人一定出席過不少大小型會議。大型的會議通常很冗長，長者達十二小時之久（半日）！會眾之中總有人好批評，誓要窮追猛打直至對方潰敗為止，認為這是具批判能力的表現。筆者認為發問及表達意見是一項高深的藝術，其成敗並不在於對手是否被擊倒，因為往往雙方會同歸於盡，若果問不得其法，縱使口若懸河，亦難掩其對事情認知的缺乏及技巧的平庸，如果我們仍自以為是，後果真是不堪設想！其實，筆者認為我們應在會議中學習協調及節省時間，因為這些技巧在將來可能更有用處。

結束！另一個新開始

其實以上所寫的一切並非是教訓人的話，祇是筆者「上莊」一年來所得的教訓，希望在這裏能與各位分享。

願醫學會能找到存在意義，努力向前！

願所有醫學生都有積極人生，將來「為人謀出新希望」！

最後讓我以一句聖經與大家共勉

「因為我們得救，
還是在於希望。」

聖經羅馬書

啟思九二

廖慧明

啓思啓我思，我思啓啓思

接莊後，需要着實處理許多出版的程序，如開會討論新一期的內容，人手調配，工作進度計劃，追稿，排版……等。編輯除了要負責編委的工作外，還有許多鎖碎的莊務要顧及，雖然稱不上是十分繁忙，但所要付出的時間亦不少。有時亦會覺得莊的工作好像佔據了不少讀書的光陰，但想深一層，也許因為要完成莊務而導至讀書時間不多，所以一有空閒時間便全力投入溫習，以補償因莊務而損失的時間，效率反而會有所提高，而頹廢的光陰亦甚少復現。

計算一下，付出的是時間，而賺回來的，除了是充實的生活外，還有一班一同工作的朋友，大家因工作而接觸多了，亦較為熟落，朋友的圈子得以擴闊，帶來不少樂趣。所獲得的，我覺得始終比付出的多而珍貴。

記得初上莊時，是懷着一顆戰戰兢兢的心情。想像不到的醫學院功課壓力；來自不同學校，不同背景的同學，一切的新環境、新事物，對於一個一年級的同學來說，實在很新鮮、很刺激。畢竟，在大學裏，無論在籌備活動及人際關係上，都比起中學時代來得複雜。一想到當上啟思總編輯後，將要面對陌生的工作，處理不能預計的困難，心裏對新莊卻始終感到畏懼。

透過啟思，我亦可以參與到醫學院學生會的工作，對她多一分的認識，就有多一分的投入和歸屬感。假如每天回學校都只是上堂、做實驗、讀書，放學後便回家，感覺就彷如大學的過客一樣。在五年的醫學生涯當中，相信只有一年級的生活是較為輕鬆寫意的。我有機會在這一年中參與校園學生活動，大開眼界，自覺非常幸運。

健委九二

健康委員黃兆邦

一點工作、一點感受

「芭芭拉，你要努力做下去呀！」就這一句話我便將健委的重擔交給下一莊了。這是我初進醫學院時一幕情景。

「你有沒有興趣加入健委呀？」，「健委將會舉辦不同類型的健康服務給普羅大眾！」……一張張友善的面孔襯托着一把把熱切的聲音，就如在冷冷人間的一點火，烘暖了我的心窩，我好希望能將我們醫學生的一些知識，推廣到大眾市民去，於是便開始了我踏進健委的生活。

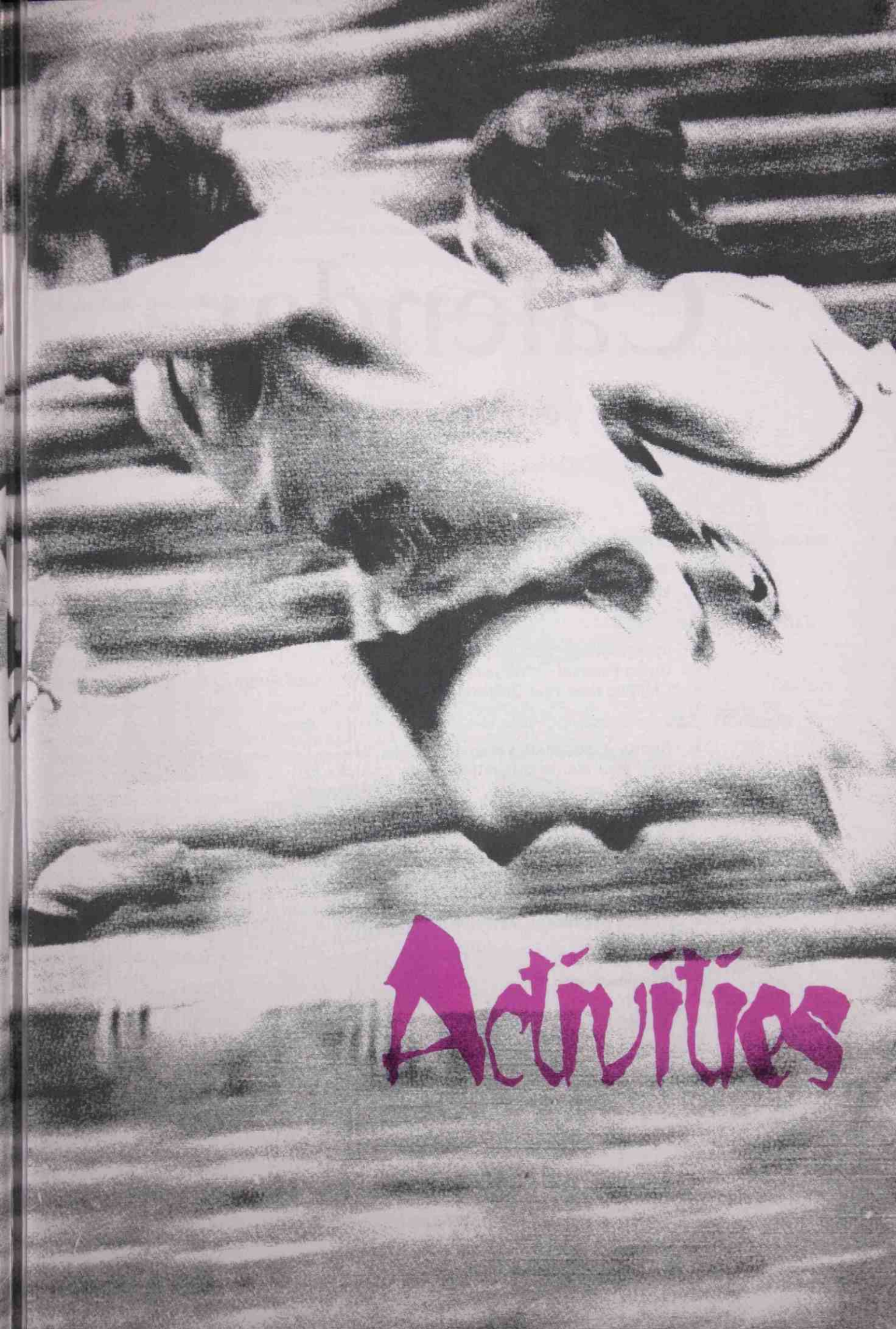
在健委的頭一年內，我對健委的認識深了，也學到不少書本內學不到的東西，更交了一班不同年級的好朋友，但最重要的是我從中培養了一個要當好醫生的心。我和MIC也很希望將這種種帶給醫學院的同學，所以我們最後也攜手上了「健委莊。」

在過去的一年內，我們舉辦了不少活動，其目的主要是盡醫學生的微力，去將健康訊息推廣到市民裏去，尤其是那班對健康不怎樣着重的人，「屋邨巡迴展覽」

對內方面，我們也準備到不同的社區中心或醫院探訪，讓同學們認識一些輔助醫療的人員。為了維繫不同班級的同學，我們也舉辦了一些生日會及宿營藉此聯繫大家的友誼。

總括來說，這年的活動並不太多，但也足夠讓同學們在課餘時間去和市民接觸，瞭解市民對健康的看法和想法。也是為着這個目的去進行的了。在這些活動中，我們會為市民量度血壓和驗糖尿，希望能篩出一班可能患上高血壓和糖尿病的人，及早勸喻他們去求醫，免得病情惡化；另一方面，我們也藉着「疾病介紹展覽」和「人體構造模型」，讓市民能及早發覺及預防一些常見疾病。如果你曾參加我們這些活動，也許你會察覺有不少市民真的十分缺乏健康常識和有着一些對健康的誤解。

除此之外，我們也舉辦了「反吸煙講座」（和吸煙與健康委員會合辦）和一些老人疾病專題講座，透過這些講座，我們也希望能將多些健康知識灌輸給市民。



Activities

Calendar

of the year 90-92

November 90

- 齊十一閣上莊
- **Medic Ball** - Pauline Chan Restaurant

Janurary 91

- **Inauguration** - Student lounge
- **Union Festival** - Mass game 2nd runner-up
- **Chinese New Year Celebration**

March 91

- **Sports Association Presentation Day '91**
- **Inter year sports competition** - Men' Champion 92
  Ladies' Champion 92

May 91

- **Blood Donation**
- **Film Show** - 賭聖
  Cinema Paradiso
- **Welcoming Day** - for form 6 students who have received a conditional offer.
- **Project of Chinese Medicine and Acupuncture**

July 91

- **Interflow Camp '91**
- **AMSC**
- **Annual Fund Raising Variety Show '91** - Rayson Huang Theatre,HKU

September 91

- **Health Exhibition '91** - City Hall

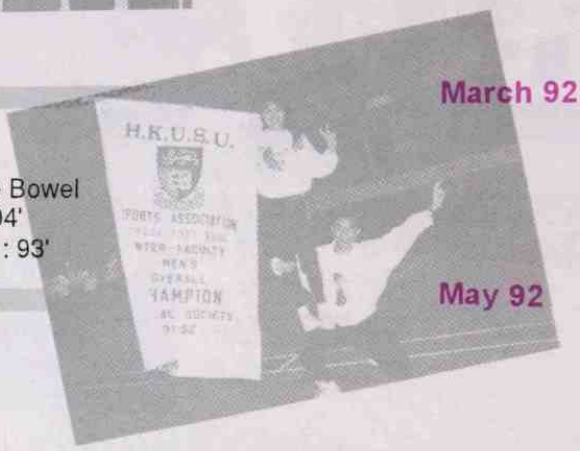
Academic Orientation - to explore to Secondary school students the academic and extra-curricular aspect faculty of Medicine
Medical Festival '91 - P day of Medso in Medic Nite
Matriculation Day - exploring to matriculant Medic and Doctors' life

November 91

好望閣上莊
Medic Ball - Dancing Melody
Haking Wong convered Podoum, HKU

Janurary 92

Inauguration - Student Lounge
Union Festival - tug-of-war 1st runner-up
Lunar- New-year celebration
Valentine's Day celebration



March 92

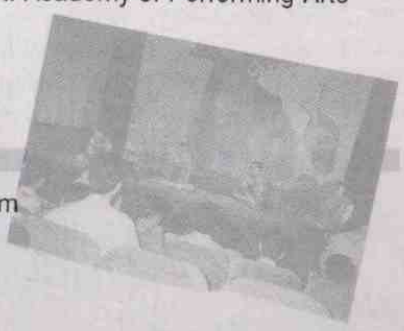
Presentation Day - Flora Ho Sports centre
Men's overall champion, Omega Rose Bowel
Inter-year sports competition - men overall champion : 94'
Ladies overall champion : 93'

May 92

- **Film Show -** Blackdraft
- **Book Exhibition**
- **Blood Donation**
- **Welcoming Day and Campus Tour-** for JUPAS

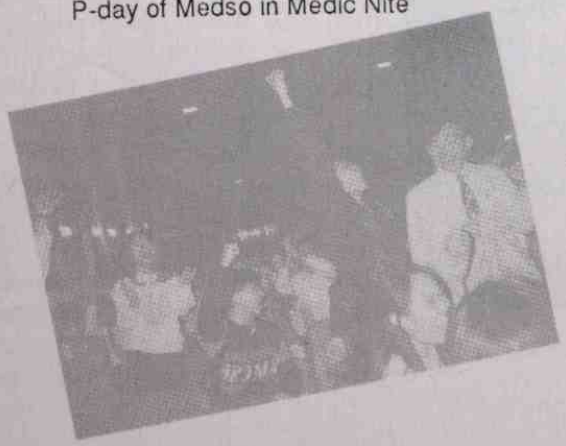
July 92

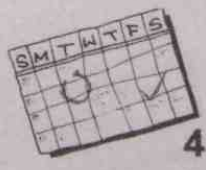
- **Social Camp '92 -** Medso HKU,Medso CUHK, SA of Physiotherapy H.K.Polytechnic
- **Annual fund Raising Classical concert '91-'92-** The H.K. Academy of Performing Arts
- **AMSC '92 -** Kaula Lumpar
- **Orientation '92**



September 92

- **Health Exhibition '92 -**Exhibition Hall, H.K. Science Museum
- **Medic festival -** Medic Nite at Loke Yau Hall
P-day of Medso in Medic Nite





兩醫交流營 九一

Ben

「兩醫交流營」自八五年開始便成為兩大醫學會一年一度的聯校節目。踏入九一年，已經是第七屆了。其實舉辦交流營的目的是提供一個機會給兩大的醫學生作醫科生活經驗的交流，促進彼此的友誼，希望藉此把大家之間的距離接近。

整個交流營的頭炮就是七月二日的PER-CAMP TEA GETHERING，地點在港大學生會的ASSEMBLY HALL，主要是讓各營友作初步的認識，而當天更順道參觀了港大的校園。

七月四日早上，在陳蕉琴樓STUDENT LOUNGE舉行了簡單的開幕儀式之後，為期三日兩夜的交流營便正式開始。首先是參觀港大醫學院，包括圖書館、解剖室。解剖及病理學系的MUSEUM……午飯之後，便起程到中文大學，為何？因為今年是住在中大新亞書院的宿舍呢？

抵達中大時，營友經過一輪安頓和休息後，便已經到晚飯時間，大家在飽餐一頓之後，便是緊張刺激的集體遊戲。笑聲、叫喊聲一時把沉寂的晚上變得熱鬧起來，大家都非常投入。

七月五日，清早的節目當然是吃早餐啦！然後就是玩MASS DANCE。隨着一首一首的音樂，大家伴着節奏起舞，就這麼一舞，又是兩小時的光景。下午的節目便是參觀中大醫學院，參觀的地方包括解剖室。生理及生化學系的實驗室、多用途實驗室……。當天晚上的節目就是話劇比賽，內容包羅萬有，攪笑、奇情，艷情、三級，懸疑等應有盡有。

七月六日，是交流營的最後一天，而早上的節目就是把這幾天錄下來的精采片段播出來，讓各同學可以重溫一番。影過集體相後，為期三日兩夜的交流營亦隨之結束。

ANNUAL FUND RAISING VARIETY SHOW '91

Having experiences of the Fund Raising Ball '90 and the Gala Premiere held previously, this year, we aimed at organizing a Fund Raising Function which has a low cost of production. The Annual Fund Raising Variety Show '91 served this purpose and had achieved the goal to raise sufficient fund for the Society running.

The Variety Show '91 was such a new attempt that we hoped it could bring everyone a good, fresh and colourful impression on the annual fund raising project, we emphasized to provide with both quality and variey programmes to all at the same tiem raising fund for the Society running.

On 3 August, The Variety Show started at 8:15 p.m. after a warm tea-reception to all our guests in the foyer of teh Rayson Juang Theatre. The programme included an opening speech by M.C., some speeches, medic choir, guitar solo, solo singing, harmonica play, group singing, drama, ending, medic song, and medic cheer in sequence. The programme lasted until at about 9:50 p.m. A total of 111 guests joined including students, freiens, and doctors. Even the number of audiences was not as many as expected, the atmosphere was warm and nice because of the attractive performances of different programmes and the hard working helpers in the scene. This year, a total of $60237.4 was raised.

Tiu Kwok Leung.
Chairman.
Annual Fund Raising Variety Show '91

第十二屆亞洲醫學生會議

12th AMSC

The Asian Medical Students' Conference (AMSC) was initiated by Thai and Japanese medical students in 1980. Toward the end of the 1970s, the Cambodian refugee was one of the most serious problems in the world. To help solve this problem, many medical personnel from all over the world voluntarily engaged in the rescue activity in some refugee camps in Thailand. some Japanese medical students also tool part in this activity. From their experiences in these extreme situations, they wanted to provide a mean for a long-term exchange of world-wide view points by Asian medical students.

Contact was made with Thai medical students who were also interested in international medical affairs. Together they discussed various problems, such as public health in rural areas, the refugees in Asian and international medical cooperation. As a result of the discussion, they developed a number of ideas, some fairly idealistic, about the solution of such problems. It became apparent that there many similarities in approach to cultural and historical backgrounds. At the same time, they understand that each country tried to promote its own way to solve he health problems.

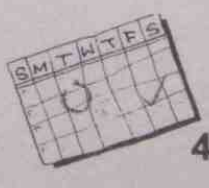
Since then, the conference has been held annually. The objective of the AMSC are to gain a · mutual understanding of the differences and similarities of public health systems in Asia from the view point of medical students, and also to form a "network" of medical students in Asia which will surely serve to facilitate international medical cooperation in the future.

This year, the 12th AMSC was held by Seoul National University, one of the largest university in Korea (just like a country park in Hong Kong!) From 26th to 31st of July, eight countries with more than 200 medical students took park in this conference. The main theme for this year was "Endemic Disease of Each Country and It's control". Nineteen of us from both HKU & CUHK attended the conference and the topic we chose was "Nasophargnageal Carcinoma in Hong Kong".

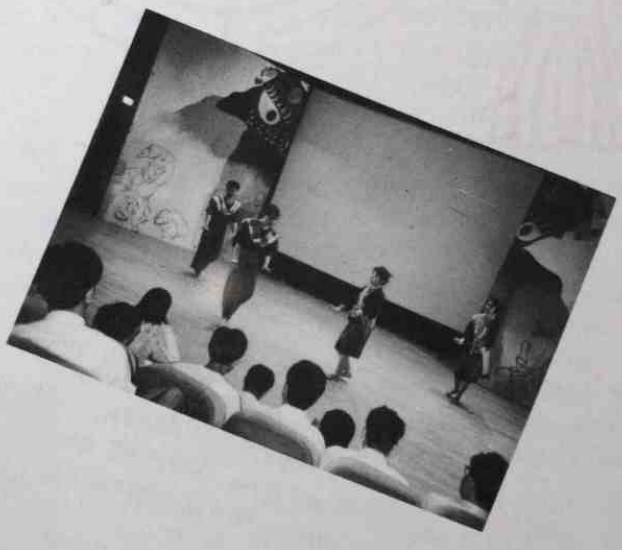
The six-day program, include paper presentation by each country; group discussion on various aspects concerning medicine, and technical tour to some hospitals, research institutes and pharmaceutical company in Korea. Apart form these very academically activities, the organizing committee also arranged BBQ, parties, games, and many tours around Seoul.

The last night in SNU was the climax of the whole conference. Each country's representatives had a cultural performance featuring the tradition of their own country. What we had prepared was a modern version of a tradition Chinese fairy tale, which was indeed great fun. After singing the song of the AMSA, we started saying good-bye sadly to each friend we made during the conference.

Happy time always pass quickly, after staying for a few days, we returned home loaded with joy and friendship. I think none of the participants will forget this wonderful experiences in their lives.




수련회



Orientation '91

籌備迎新活動是一份不太吸引的工作，我想最大的原因是這工作吃力不討好。一班籌委更要付出自己的暑假時間。但我們能走在一起把這次迎新活動籌辦得有條有理，成績總算不錯。

這次迎新的準備功夫早在一月尾展開，比起以往都早了，所以我們有充足的時間來完成一些比較簡單的工作。例如設計、文書方面等等。我們一早決定了今年的迎新營營地－－浸會園，使其他工作更得以順利進展。

此是入營後第一項活動 -mass game ▲

在迎新營裏，新同學們玩得很開心，加上各級同學與新同學互相交流，相信'96班同學獲益良多！但最遺憾的就是籌委與TUTORS在聯絡上出現問題，使到氣氛有點緊張，但大家也能夠互相諒解，問題也一一解決！在這裏，我代籌委會再次多謝TUTORS所付出的時間，努力和金錢（因為他們是沒有特別優惠的，所付的入營費與新同學無異。

迎新的最後一項活動是高桌晚宴；今年以自助餐的形式舉行，食物和整晚的安排都令人滿意。在晚宴裏，我們還增添歌唱項目，使到氣氛十分融洽。但新同學的反應並不理想，食物剩餘太多。更可惜的是新同學沒有利用這次機會與LECTURERS和高年級的同學交談。

總括而言，迎新'91能夠完滿結束是有賴新同學踴躍的參與，以及TUTOR們耐心的領導。最後，不少得的是各籌委所付出的精神和努力。他們費寢忘餐，希望趕及出版營刊；在入營的幾晚內，他們也沒有好好的安睡。在此，再次多謝，曾協助這次迎新營的所有同學！更希望來屆的新籌委能夠吸取以往的經驗，取長捨短，使來屆迎新更有聲有色。

▼ 第二天的 cheer competition

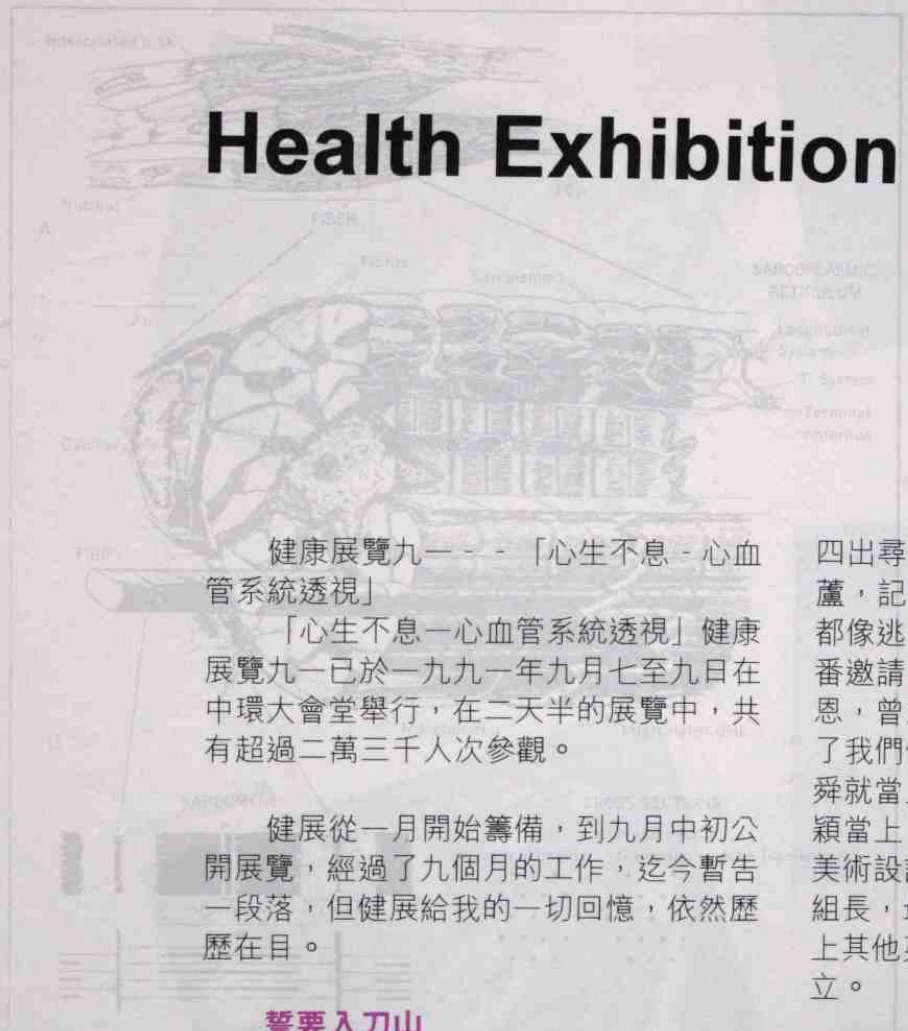
▼ 第三天的 secret mission

第三晚 O'nite 當中的drama competition ▼

▼ 高桌晚宴的情況

▲
晚宴當中的遊戲。參加者有高年級同學和 Professor

Health Exhibition '91



健康展覽九一－－「心生不息－心血管系統透視」

「心生不息一心血管系統透視」健康展覽九一已於一九九一年九月七至九日在中環大會堂舉行，在二天半的展覽中，共有超過二萬三千人次參觀。

健展從一月開始籌備，到九月中初公開展覽，經過了九個月的工作，迄今暫告一段落，但健展給我的一切回憶，依然歷歷在目。

誓要入刀山

健展是港大醫學院對外的大型活動，自己毫無經驗能應付嗎？健展近年備受批評，以往曾有停辦的紀錄，我們還應該舉辦嗎？這麼大型的活動，有「大仙」和同學幫手嗎？健展工作繁重，自己追得上功課嗎？這一切一切，在腦內轉了一星期，最終我和好友黃兆邦，憑着一顆熱誠的心，希望可以將健康訊息帶給市民，答應了負責這年的健展，分別當上了副主席和主席，亦被同學們取笑為「雙創合璧」奇人異士。

為了使健展可以順利舉行，我們二人四出尋人，搜羅各方豪傑，不惜多顧各草蘆，記得那時，很多同學們看到我們二人都像逃亡似的，四處躲避，最後在我們多番邀請，馮卓穎，黃小珍，周百昌，黃敬恩，曾志明，陸永符恒終肯出山相助，當了我們健展九一學術部門的要職。而李禮舜就當上了我們的宣傳部組長一職，陸至穎當上了我們的財神，陳慧是我們的首席美術設計組長，高大威猛的吳秉琛是總務組長，最後蔡宇暉當上印刷部組長，再加上其他英雄女俠參與，我們的籌委終告成立。

首遇問題

問題是我們要找一個主題！太快過可不要重蹈覆徹又要對市民有用，更要他們有興趣來一看。經過我們全體多次與大仙商討以及經過多番波折後，我們決定以心血管系統為題，再在千挑萬選下，定名為「心生不息一一心血管系統透視」。

貴人相助

問題似乎迎刃而解了。在定題後，我們幸運地找到了港大內科部心臟科專家劉柱柏醫生，戴有鼎醫生及方平正醫生作我們的顧問。他們除了批閱我們的稿件外，

還會為健展作專題講座，此外，生理學的龍博士為我們修改了生理部份的稿件，而全科部的林醫生更為我們批閱所有原稿，以評估稿件的內容並提供了很多寶貴的意見。

2nd term 的假期沒有了!

由於時間緊迫，犧牲假期少不了，學術部們由書本，大仙和醫生的資料中，揀選適合的，並將他們撮要和編排，花了很多天晚上在馮卓穎家中渡過，更多謝他媽媽的飯。而美術部份的鍾佩儀和林英努力為我們設計傳單和小冊子的封面。而Priscilla Aung就設計書簽作為我們內部宣傳用。財神爺陸至穎由於臨危受命。馬不停蹄地到處撲水，奈何遲開始搵錢和學院基金「乾塘」，收入不太如人意。宣傳部大軍，亦在同時不停商議大計，因我們深信現至今香港宣傳是舉足輕重。

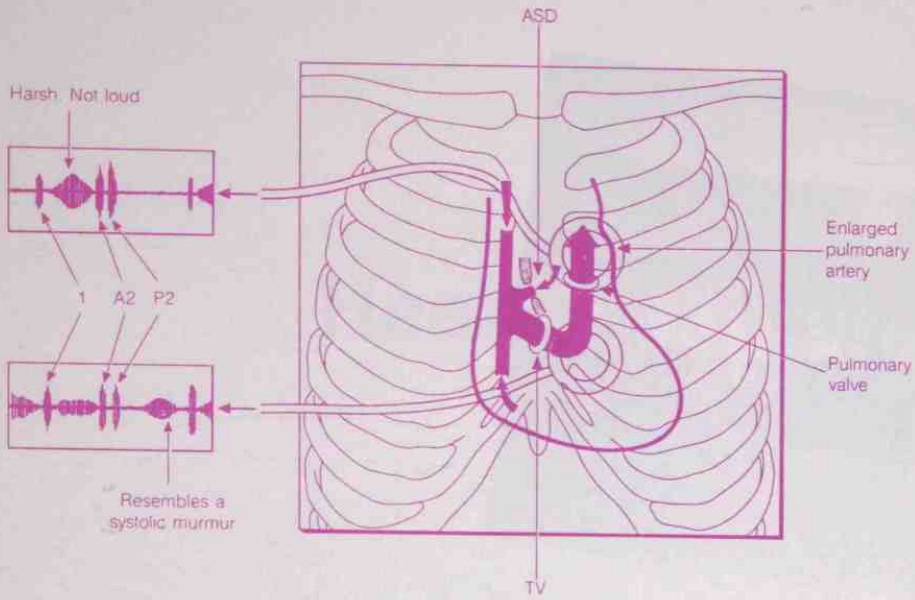
抗戰時期

第三個學期要考Behavioral Science，和另外三科，而且Biochem還要考整整一年的！但我們深信健展是不能停下來的，無論幾辛苦，我們仍要繼續。

健展的原稿完成後，更被大仙和顧問醫生修改成為了今年健展的秘「芰」，一切也以它為依歸。而健展的小冊子封面傳單的設計亦都完成了，但由於我們缺乏資金，封面設計選了較便宜和可接受的一個。那邊廂的宣傳部，已靜靜地起革命，派出許潔敏，鄭錦華，潘偉麟，余偉南四出聯絡各大傳播機構，和多個公共交通機構，如MTR，KCR，專線小巴，兩巴和電車等。

醒D、醒D、醒D，加油呀!

可能是上天保佑，大部份91健展都能四科齊過，故大家可在暑假裡專心辦健展，而健展的工作亦進入了直路，絕對不能放鬆。展板的製作在這段時間進行得如火如荼，但學術部和美術部在製作時缺少了小小默契，有時出現了已繪製好的圖畫，由於不切合內容或不同學術部原來的構思，而被人ban，而那時馮卓穎被稱為「小banner」，我叫「大banner」，「巨banner」當然是老板啦！



接近展覽期間，由宣傳部安排。我們向各大週刊及報章投稿，希望他們可以刊登，結果效果理想，而且他們更總動員在已批的地方張貼橫額；海報亦已寄到各公共交通機構張貼。

此外學術部門更籌辦了講員訓練班，由92和93的大仙教授；與此同時，學術部門到一些中學進行講座及宣傳健展。

黎明不要來

展覽前夕，「巨，大 banner」發揮極大的破壞作用，一些已做好的展板，亦不能幸免，故要通宵趕功，力臻完美。

主要的原因，是展覽前夕，掛着八號風球，當時人心惶惶，好不容易才能維繫人心，繼續工作，但心不由得震出來，難道是出師未捷身先死！

一起走過的日子

展覽當天上午六時，雨和風減弱了不少，仍然有一線生機，八時卅十分，改掛三號風球，雖然烏雲密佈，但至少沒有下雨，還有希望。

當時大家都已到大會堂佈置展覽場地我們只有二小時卅十分的時間，要在那裡由無到有，緊張刺激。想起也很感動，大家的拼搏和合作精神，簡直超乎想像。「喂，似乎歪了點！」「喂，劉志雄過來幫手，好重呀！」「我認為這樣放會好些！」「慘！沒有了，我去買啦！」「大家努力吧，還有四十分鐘！」

努力的成果

終於準時完成佈置，在嘉賓剪綵後，我們在十二時正式開始展覽。

第一個半天的展覽是滿意的，有大約六千人次參觀，但晚上仍要立即開了三小時「E」會。因為在測膽固醇那部份出了問題。因為人太多，而電腦遊戲亦被臨時抽起。可喜的是那天晚上四台的新聞報告都有詳細報告我們的健展，故我們已有心理準備在第二天再搏殺！

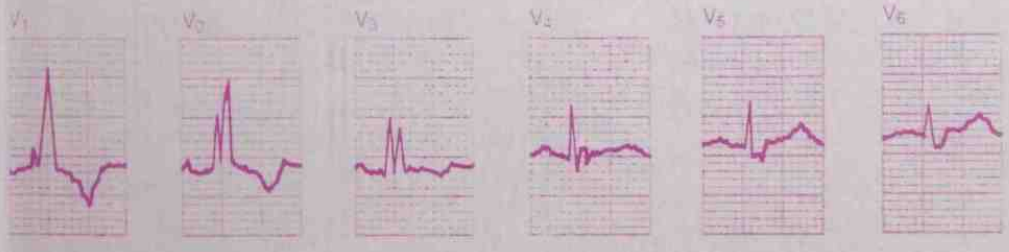
難以致信，第二天八時卅十分，已有約八十名市民在門外等候，是一個喜兆，估計正確，我們在當天下午五時許已經有超個一萬人次參觀，當向大家同學宣佈這喜訊時，大家都報以掌聲，多謝入場參觀的觀眾，截至當晚六時卅十分共有超過一萬一千人次。雖然如此，開「E」會仍不能被免。

第三天由於上午大仙們要上堂，故只有九五班同學留守陣地，幸好無風無浪，安全渡過，我們更安排中學生參觀。總結二天半的展期，共有二萬三千多人次參觀。

力求創新

今年健展，我們在多方面都有創新的地方。從整個健展計劃，我們分成兩部份，一是如以往的展覽，二是我們會去中學和青少年中心宣傳健康知識和健展。

在展覽中，我們用Complex的形式，代替以往只有展板，病理樣本和人體模型，今年我們邀得三個顧問醫生作三次的專題講座，而每日我們安排了多個講座（包括健康飲食和反吸煙等）並穿插有不同有關主題的錄影帶播放。除此以外，我們還和市民做一些簡單的檢查如量血壓，



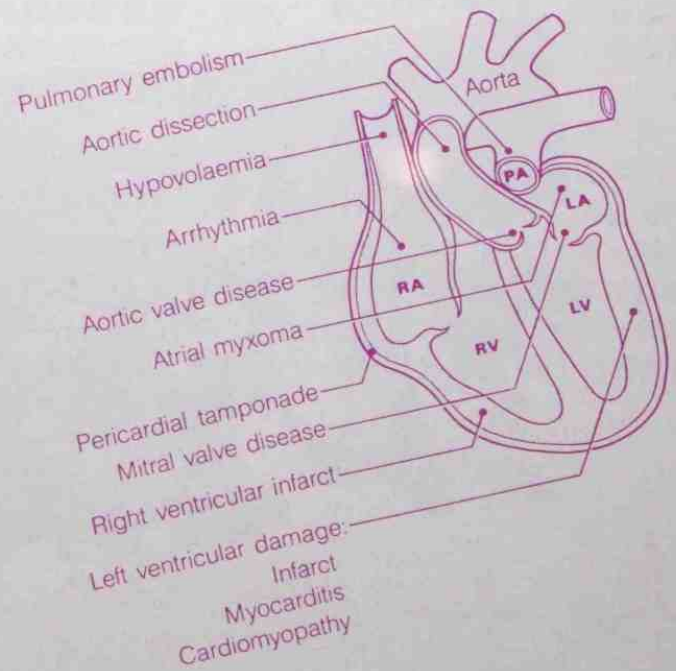
而健展91的小冊子，首次加入了一些相片和增加圖畫，加深市民的印象，同時，原定三千本小冊子在第二天下午三時許已搶購一空，在詢眾要求下，我們決定接受郵購，最後加印一千五百本。

驗胆固醇和body mass index等，我們還向市民介紹一些健康書籍和派發由中央健康教育組印制的傳單，而計劃也包括有電腦遊戲。

宣傳方面，我們嘗試在電車站，巴士總站，專線小巴和KCR等張貼海報，更在MTR的中環站擺放攤位以作宣傳；我們亦首次以文章形式投稿到各大報章；大眾傳媒是我們非常重視的一環，在幾番接洽後，黃兆邦和劉醫生和戴醫生分別出席了無線的香港早晨和商台的日日好時光，我，馮卓穎和方醫生出席了港台的一個中午歷時一小時節目以作宣傳。

無言感激

對於各幹事的盡心盡力，百折不撓的精神，深表讚揚。雖然工作是辛苦，但畢竟也給大家一個考驗自己的機會，而當大家看見自己的努力成果給別人欣賞時，那份滿足感亦足以令我們覺得自己的努力並沒有白費。當然我們還要多謝很多仗義相助的九五班同學，大仙和醫生們，肯定沒有他們的幫助，健展是沒有這樣順利。



醫學生節九一

為期一星期的醫學生節是每年醫學院的盛事。它不但給予醫學生於繁忙的學業中有一個喘息及娛樂的機會，更能聯繫各班的感情。

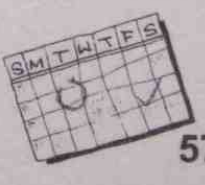
醫學生節九一籌委在迎新營中便已招募成員，除了籌委會主席外，成員全是九六班同學。在籌備初期，我們的確遇到不少困難，幸好得到各成員的努力，所有難題都能迎刃而解。今年除了一貫的康樂棋及拔河比賽外，更加插了鋤大弟比賽，可能是新環節的關係，參加的人數十分踴躍。同學們亦藉此拋開平日沉重的功課壓力，在賭桌上盡興一番。

最受同學們歡迎的便是啤酒競飲及食雪糕比賽。想不到除了男同學外，女同學也巾幗不讓鬚眉，在啤酒競飲中大顯豪情。平日我們吃雪糕通常都是細細嘴嚼的，想不到狼吞虎咽地吃雪糕並不簡單。

歌唱比賽是同學們表演天才好機會。當晚比賽的熱鬧氣氛是我們意想不到的。當晚的參賽歌曲除了流行曲外，更有聖詩和意大利文古典歌，所以說醫學生多才多藝絕對不是誇張之言。

醫學生之夜是整個醫學生節的高潮。最令人失望的是當晚到場參予的同學比想像中少，但卻不損參賽者的投入性。同學們Cheering時的團結和演話劇時的投入，至今仍歷歷在目。雖然各班只有兩個星期準備，但演出的精彩程度真令我們肅然起敬。九五班奪取了今年醫學生節的總冠軍，醫學生節亦隨之而結束了。

最後當然要感謝今年醫學生節的籌委及工作人員，如果沒有他們，相信醫學生節不能順利完成！



ANNUAL FUND RAISING CLASSICAL CONCERT '92
管弦樂韻耀杏林

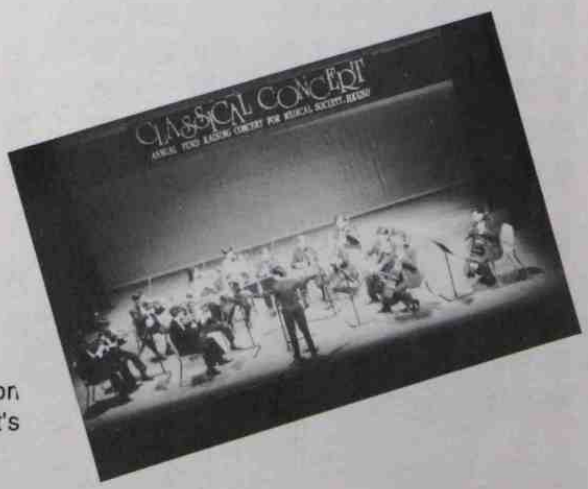
Snapshots of Annual Fund Raising Classical concert 92 (管弦樂韻耀杏林) For Medical Society, HKUSU on 25th July, 1992 at the Drama Theaters, The Hong Kong Academy For Performing Arts.

▸ **Fig 1 (7:00pm)**

Reception and cocktail at the foyer just outside the drama theater. Left : Dr. Lam Wah Kit, president of Medical Society, HKUSU. Center : Mr. Chan Chi Pang, Chairman of the organizing committee.

◂ **Fig 2 (8:00pm)**

Speech delivering by Dr. Leung Che Hung, Legislative Councilor



▸ **Fig 3 (8:20pm)**

The Hong Kong Medical Association Orchestra was performing W.A. Mozart's Senrenade in G Eine Kleine Nacht Musik.

◂ Fig 4 (8:50pm)

Music students from the University of Hong Kong : Ms. Chan Tong Ti Trudy and Ms. Chan Wai dick, Wendy were performing a diret : Selections from Dolly suite op.56 by G-Faure. They are now graduated.

▸ Fig 5 (9:00pm)

Members of the Chinese University Symphonic Orchestra were preparing play Joesph Haydn's Diretimento.

◂ Fig 6 (9:20pm)

Music students of the Hong Kong Academy For Performing Arts were preparing to play a piano-violin symphonic bespangle 1st movement (Right : Leung Ka Fai, Terry. Central : Cecila Ho)

▸ Fig 7 (9:35pm)

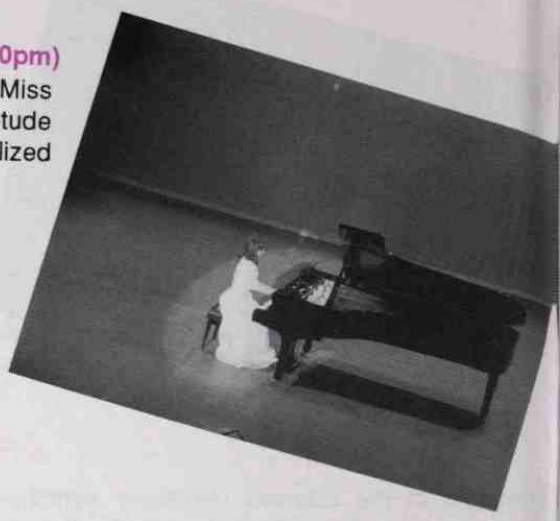
Centre : Dr.David Fang, reader of the Orthopedic Surgery Department, HKU and the new chairman of Hong Kong Medical Association told the two M.C. that he was going to sing "As time goes by" and "unchained melody".

◂ Fig 8 (9:50pm)

The 10 yr-old little girl, Ms. Lin Livia was now going to play the Schubert's Impromptu in E Flat Major op.90. She is one of the top students of great pianist, Mr. Liu Shih Kun

▸ Fig 9 (10:00pm)

Another and top student of Mr.Liu Shih Kun, Miss Wan Ho Yan was now playing Liszt's concert E-tude in F Minor. She is also a student of the centralized scheme of the Education Department.



◂ Fig 10 (10:10pm)

Mr. Lo Kwok Yuen was now preparing to have two performance : Chopin's Fantaisica Impromptu in C sharp Minor and Liszt's Ballade No.2. He has the most sophisticated piano skill and is talented in composing.

◂ Fig 11 (10:30pm)

The final hit of the concert - Mr. Anthony Lun Wing Leung, the famous composer and singer in Hong Kong appeared.

▸ Fig 12 (10:45pm)

Souenvirs presentation

第十三屆亞洲醫學生會議

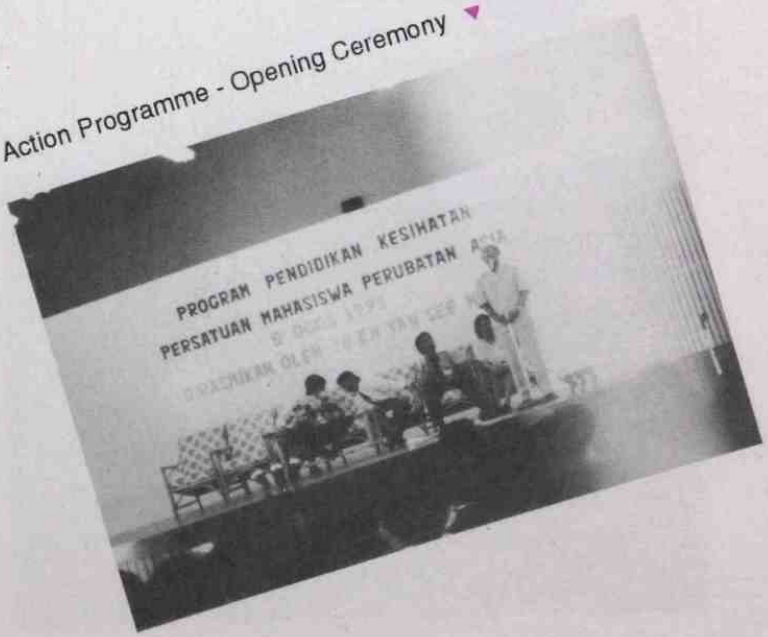
Paper presentation by Hong Kong Delegates

It's hard to express my felling about AMSC (Asian Medical Students' Conference). It is wonderful, terrific and unforgettable; an event full of warmth, friendship and love. It is an experience in which not only the academic knowledge, but also the understanding of other Asian cultures can be upgraded.

This year, the conference was held in Kuala Lumpur, Malaysia, lasting from 2/8 to 9/8. As in the past, the theme is around primary health car, with emphasis on the role of medical students. Hong Kong sent a team of 29 delegates to attend the conference. We began our preparation for the paper presentation and cultural students from the two universities. Fortunately, except some financial problems, all matters seem to be running smooth.

Since the time period of the conference was shorter in this year, the session of paper presentation had been squeezed into one day only. Nevertheless, each country had about half an hour to outline what was done by their students on PHC and exchange views with other member countries. Despite this short session, action program and technical tour still occupied two whole days. The former require all participants to carry out a survey concerning the life styles of the villagers near Kuala Lumpur.

Action Programme - Opening Ceremony



▼ 13th AMSC - H.K. Delegates

▼ Action Programme -
helping the villagers to measure blood pressure

Many tours were arranges around the city and to the historical town -- Malaca. We all enjoyed very much in eating and shopping, as the price index in Malaysia is a quite low!

There were several climaxes during the conference, namely the welcoming party, cultural night and the farewell party. The general atmosphere is warm and relaxes, where delegates from different countries come close and play together with great fun. We got excited even on the way back to the hostel!

▼ Malaysian traditional wedding ceremonies

In particular, the cultural performance attracts me most, as it is a rare chance to see many different traditional clothes to be worn in a single occasion. The comedy presented by the Japanese and the variety of traditional wedding ceremonies by Malaysian gave

the greatest impression to most of the audience. Our cheering and Pseudo-Kung Fu (功夫) performance are also highly appreciated by other countries, though we are the only one who had no traditional clothes on that night.

At the end of the farewell party, we exchanged souvenirs, took photos and sang songs together. We were happy but also upset by the fact that we would leave very soon. Many of us did not sleep and kept talking throughout the whole lst night.

On the whole, I am satisfied with the conference. As it really serves the function to unite Asian medical students and help to build up a trusting relationship among the future doctors in Asian countries which allow further co-operation to take place. AMSA is now going to expand its scope to involve other non-Asian countries, so that AMSA members can have better understanding of international situations. Lastly, I hope that more local medical students will join us to strive for a better tomorrow.

Kung Fu Performance by H.K. delegates

City Tour of Kuala Lumpur

AMSA
HONG KONG

Orientation '92

迎新九二

地點：西貢北潭涌渡假營

▼在一爲新同學而設的歡迎典禮上，林華杰教授的訓話給他們啟發不少

▼是次迎新營假北潭涌渡假營舉行。由於營內缺乏室內活動的空間，各參與者經常要在艷陽下曝曬

醫學院的迎新活動是從那一年開始，恐怕要請教現在已經獨當一面的大醫生才可以知道。重要的是迎新年年有，究竟意義是不是相同？

有人說一定要有新的念頭才算迎新；也有人問這次的迎新可以灌輸什麼概念給新同學。

讓我先說個故事——伯樂和千里馬的結緣，大家應該非常熟悉。假如有一次，伯樂看見一隻千里馬，但這是一隻餓壞肚子的馬；可惜，伯樂沒理會這點。只是想看如何為這匹馬「度身訂造」一套計劃去訓練它。最後，結果是怎樣，當然不難想像。

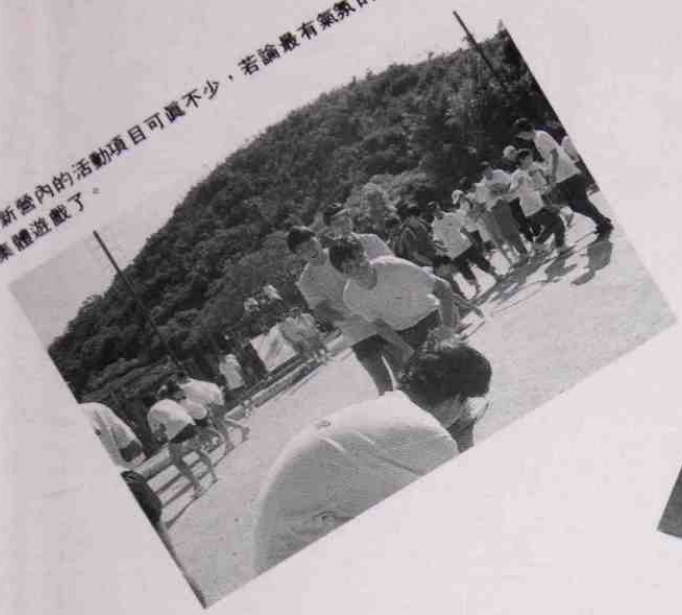
迎新的情況亦然。如果只顧高尚的意念和華麗的包裝，忽略了新同學的實際需要，豈不是本末倒置嗎？

因此，九二迎新便取「醫學院－－我們的大家庭」為口號，企圖令新同學能在他們與醫學院的第一次接觸後，把這股暖意寄存心底。

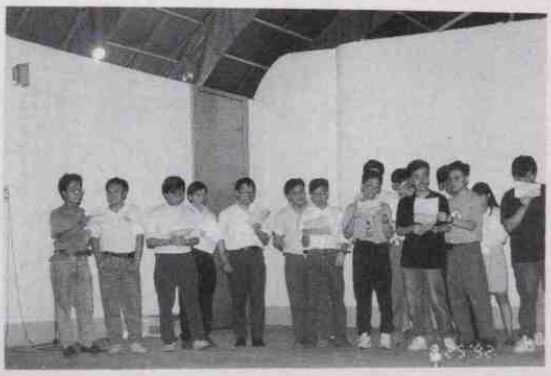
請別小覷這份關懷，一個人面對陌生環境，周遭的扶持是最重要的。迎新的意義就是幫助新同學踏出他們的第一步，令他們能充滿信心去走餘下的路。

一直以來，醫學生都能互相幫助，可見這美德是一脈相通的。盼這美德能延續下去，令醫學院更強大。

迎新營內的活動項目可真不少，若論最有氣氛的，應算是集體遊戲了。



▶ 話劇最能表現同學創作性和合作性。看！各同學真情流露毫不怯場

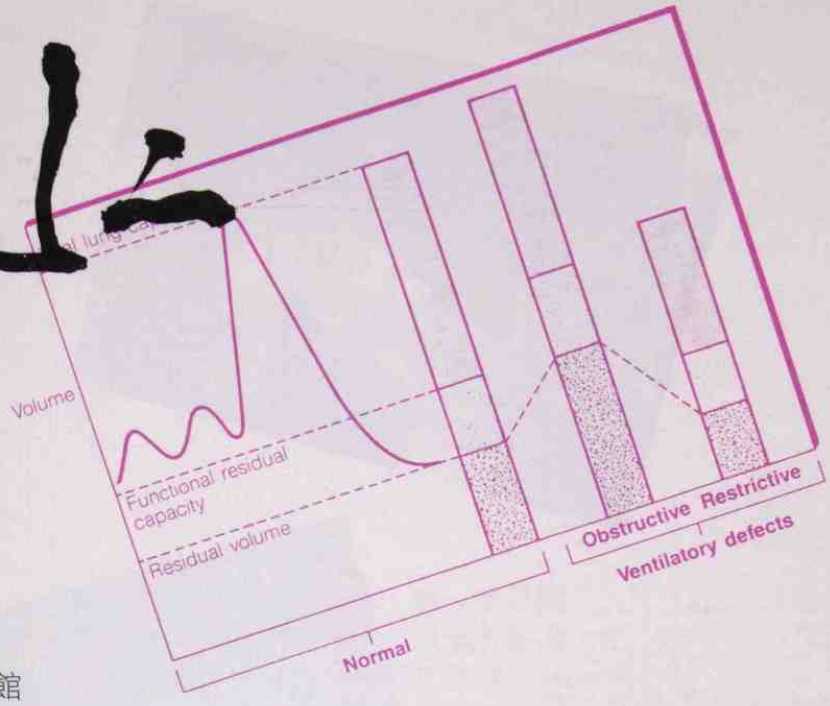


▲ 留意呀！每年迎新營的高潮就是在這個時候了。探營的「大仙」仙」和醫生放開懷抱唱個痛快，所有的開懷就藉着歌聲飄至各新同學的心上

◀ 迎新活動的完結就在這一頓晚宴之後。各同學都珍惜這個機會，盡情痛飲一番。

健展九二

肺苦之源——呼吸系統剖析



今年，我們特別選擇尖東香港科學館作為展覽場地。由於場地較新和大，所以準備工夫亦特別多，有幸得到多位顧問醫生及組織協助，籌備工作總算順利完成。

由香港大學學生會醫學會主辦一年一度的健康展覽，已在九月初完滿結束。

是次健康展覽的主題「肺苦之源－－呼吸系統剖析」，我們希望透過這次展覽，令廣大市民對呼吸系統疾病有更深入的了解，從而提醒市民「預防勝於治療」的重要性。

九月四日那天，經過嘉賓：香港大學醫學院院長馬鍾可磯教授，醫管局執行總監楊永強醫生，南區區議員蘇周艷屏太平紳士及健康展覽九二籌委會主席陳加明同學剪綵後，一連四天的健康展覽便正式開始。


剪綵 ▲


展版介紹 ▼

標本展覽▼

同往年一樣，是次展覽以展板介紹為主，內容大至可分為八大章：

一、呼吸系統的生理結構及功能簡介
二、常見呼吸系統疾病的病徵
三、呼吸系統疾病
四、呼吸道異物，氣哽之急救常識
五、吸煙對呼吸系統的影響
六、空氣污染對呼吸系統健康的影響
七、呼吸系統的保健方法
八、肺功能測試的介紹及示範

除了展板介紹外，場內亦設有人體模型及標本展覽，錄影帶放映及肺功能測試服務，供市民使用。

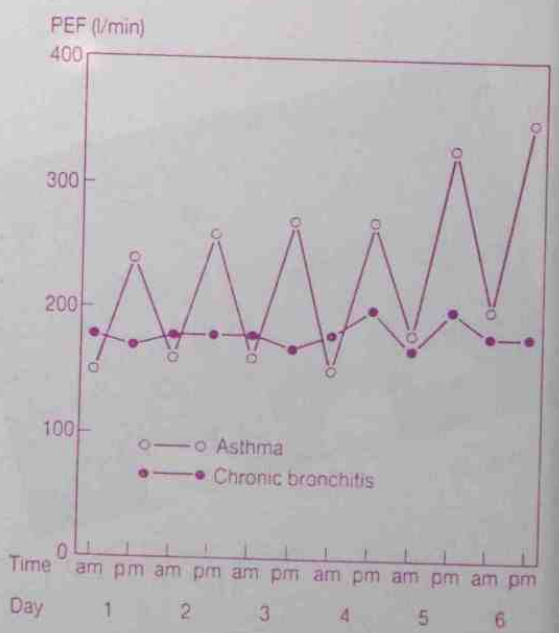
今年展覽的一大特色，就是我們很榮幸邀請到多位顧問醫生及教授主講一些呼吸系統疾病的專題講坐：

一、哮喘——由譚一翔醫生主講
二、肺結核——由陳兆麟醫生主講
三、一般常見呼吸系統疾病——譚一翔醫生主講
四、慢性支氣管阻塞病——葉秀文醫生主講
五、肺癌——林華杰教授主講
六、鼻咽癌——韋霖教授主講

市民不單從講座中獲得一些正確的醫學常識，同時亦可透過台下發問時間，向講者詢問有關的醫學問題，從而糾正錯誤的觀念。

除了醫學講座外，另一個受歡迎的環節，就是肺功能測試服務，透過簡單的測試，市民可以對自己的肺功能有多些了解。

肺功能測試（成人）▼



總括來說，市民對是次展覽都十分讚賞，認為很有意義。展板，模型，講坐亦能令市民留下深刻印象。希望我們能舉辦多些同類型的健康展覽，使廣大市民對自己身體健康有多些認識。

最後，希望借這個機會再一次多謝每一位協助這次展覽的教授、醫生及同學。雖然健康展覽九二已經曲終人散，我們期待着明年另一個更成功更輝煌的健康展覽。

哮喘藥物及用品示範

醫生講座（林華杰教授）

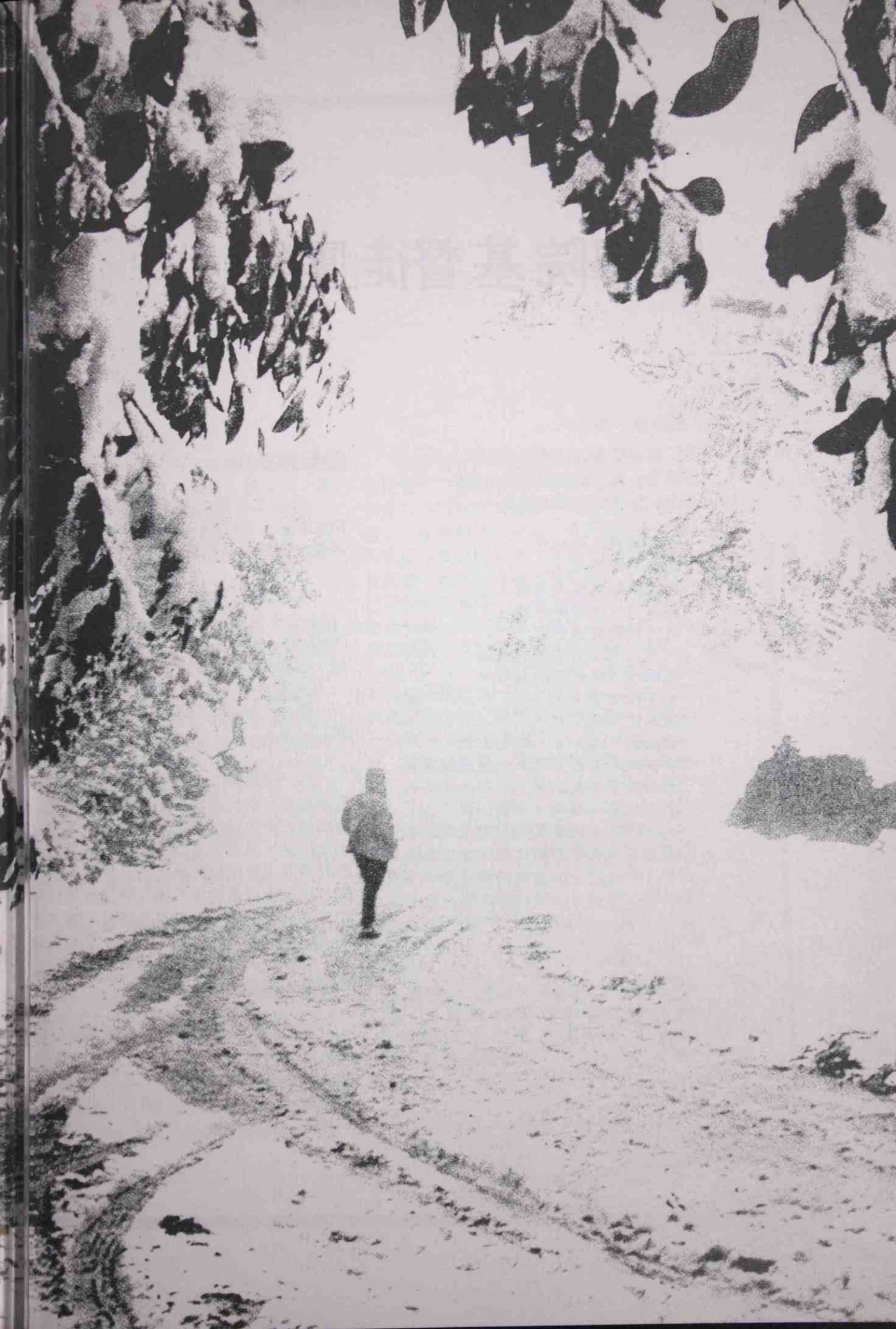
醫生講座（譚一翔醫生）

MEDIC FESTIVAL '92

Date : 26th October, 1992 - 3rd November, 1992
Venue : Medic campus and Loke Yew Hall
Program :

- Tug-of-war Cmpetition
- Card Games Competition (Big-2, Show Hand, Bridge)
- Flying Chess Competition
- Beer Drinking Competition
- Singing Contests and Instrumental Competition
- Arm Wrestling Competition
- Dars Throwing Competition
- Hong Kok Chess Competition
- Ice-cream Eating competition
- Halloween Charity Night
- Mass Rope Jumping and Hyuman Knot
- Film Show (supported by Cosmos Book Ltd.)
- Medic Nite (Drama and Cheedring Competition)

Overall champion '94

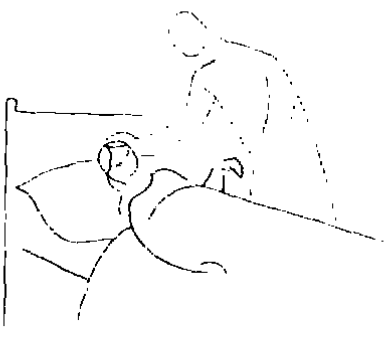


醫學院基督徒團契

周劍儒

醫學院基督徒團契其實成立了已有一段時間。而且還在啟思的出版佔一席位；可是，在杏雨的露面卻是第一次。

『耶和華是我的牧者，
我必不致缺乏。
他使我躺臥在青草地上，
領我在可安歇的水邊。
他使我的靈魂甦醒，
為自己的名引導我走義路。
我雖然行過死陰的幽谷，
也不怕遭害，
因為你與我同在；
你的杖，你的竿，都安慰我。
在我敵人面前，你為我擺設筵席；
你用油膏了我的頭，
使我的福杯滿溢。
我一世一生必有恩惠、慈愛隨著我；
我且要住在耶和華的殿中，直到永遠。』
詩篇二十三篇



團契知多少

湯伯朝

當你在星期二經過音樂室(MUSIC ROOM)外，聽到陣陣的歌聲時，正是我們基督徒團契隔星期聚會呢！

在聚會的時候，我們一班兄弟姊妹們，約三十至四十人！，來自不同年級(YEAR)，聚在一起，一齊唱詩歌，看聖經，或彼此分享。我們更透過遊戲來輕鬆一下，最珍貴的是大家能拋開讀書的壓力，精神上的疲勞，彼此見面問好，互相關心分享。

除了隔星期二的聚會外，在開學前我們會為來年的兄弟姊妹預備一個迎新營，幫助他們更快適應MEDIC的生活，及建立相交生活，隨後更會為他們開始祈禱會，查經班等，幫助他們將生活及學業上的問題，透過祈禱及查經，彼此分擔及倚賴神的幫助。學期尾，更會有佈道會，讓其他同學去了解我們的信仰。TERM BREAK間，我們有旅行；聖誕節時，有上瑪麗醫院向病人報佳音等。

團契最終目標，是希望透過彼此坦誠的分享、分擔，共渡五年MEDIC的的生活，同活出神與我們同在的見証。我們衷心歡迎每一位同學來到我們當中，不如就下星期二，好嗎？

疾病、死亡、永生

八九班一基督徒

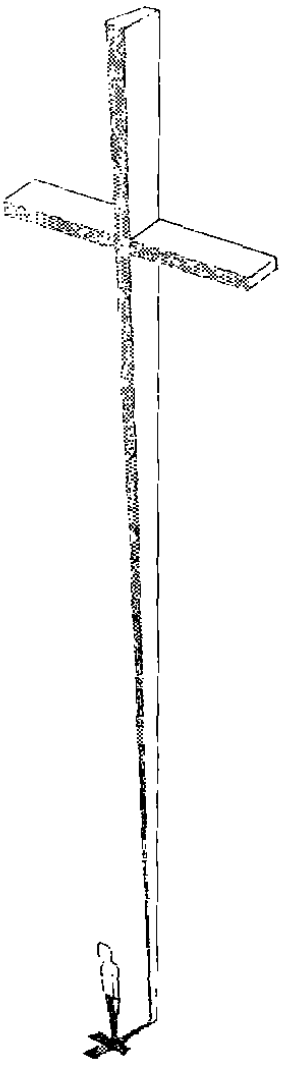
疾病和死亡是所有人都需要面對的經歷，在此並不分男女，貧富、種族等，而人類一直都尋找方去與疾病和死亡對抗，作為醫生，就站在最前線去工作，當一個學生進入醫學院習醫的一刻，就和疾病和死亡結下不解緣。

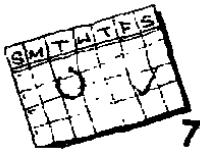
普通來說，醫生比一般人更多更深的去接觸疾病和死亡，因為他的職責就是醫治－－除滅疾病和減輕它所帶來的痛苦。不錯，在某角度來看我們是更了解疾病，科學和病理學告訴我們不同疾病的成因，而所帶來的病便是怎樣影響身體的組織和功能，所用的藥物的療效，但這些學問不能教我如何去解答在絕症底下受極大痛苦或長期受慢性疾病困擾的病人的一些簡單的問題：「為何我會有這種病呢？為什麼痛苦會來到我身上？為何……」，在處理這些問題，醫生並不比其他人高明。

能夠以行醫為職業，是值得榮幸的，因為我們所接觸的人，因我們努力工作所幫助到的是活生生的人，並且在他們最需要幫助時去服侍他們，榮幸的是工作不是僅僅處理文件、紙張、機器、電腦等沒有生命的東西，而是處理人切身的問題。工作經驗告訴我們，這份工作比較起其他非直接處理生命的事務來說，特別顯得艱鉅，醫學院的訓練可以使我們滿有醫學知識，但並不使我們更善於處理複雜的人際關係。

從基督徒的角度去看疾病和死亡，令我改變了行醫的哲學，職業的滿足感，不再是在乎得到高深的醫學知識去做一個名醫，或是高科技的追求，也不再在乎治癒疾病所得到的成功感（而對不能根治的慢性病者，無興趣以致不聞不問）；而是在於對全人的關懷，不單治療他們的身體，也去接觸、發掘和盡可能地去解決他們其他的難題，就如病者的日常活動、職業、家庭、財政、心靈等等方面，都會受疾病的影響出現問題，在不能完全治好的慢性病和絕症來說，幫助病者除身體以外的其他的需要就更形重要了。我工作的滿足感，是基於對每一個生命的尊重，沒有所謂「沒有意義的病人」、「只不過是等死的」、「千遍一律的工作」，每一位向你求助的病人，背後都不是有一個故事的嗎？能夠在他們人生過程當中作出參與和幫助，不是很值得興奮和光榮的嗎？況且生命不是止於肉體的死亡，基督的福者帶給人永生的盼望，我們如是，病人更如是。

讓我以《聖經》傳道書第八章第八節結束：「**無人有權力掌管生命，將生命留住；也無人有權力掌管死期。**」我深信如此。





Katso

潘志明

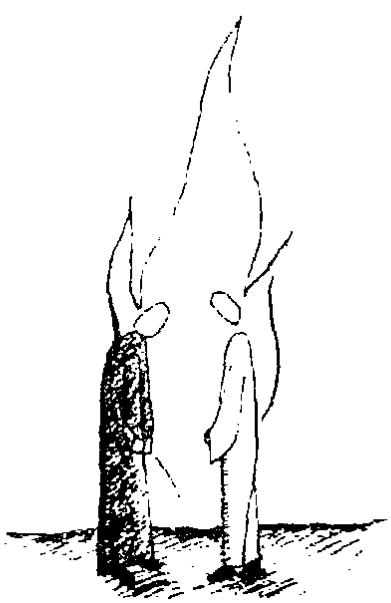
每個星期四的五時三十分，都有一羣人在Music Room或是Discussion Room相聚，一起分享，一起討論，一起祈禱……

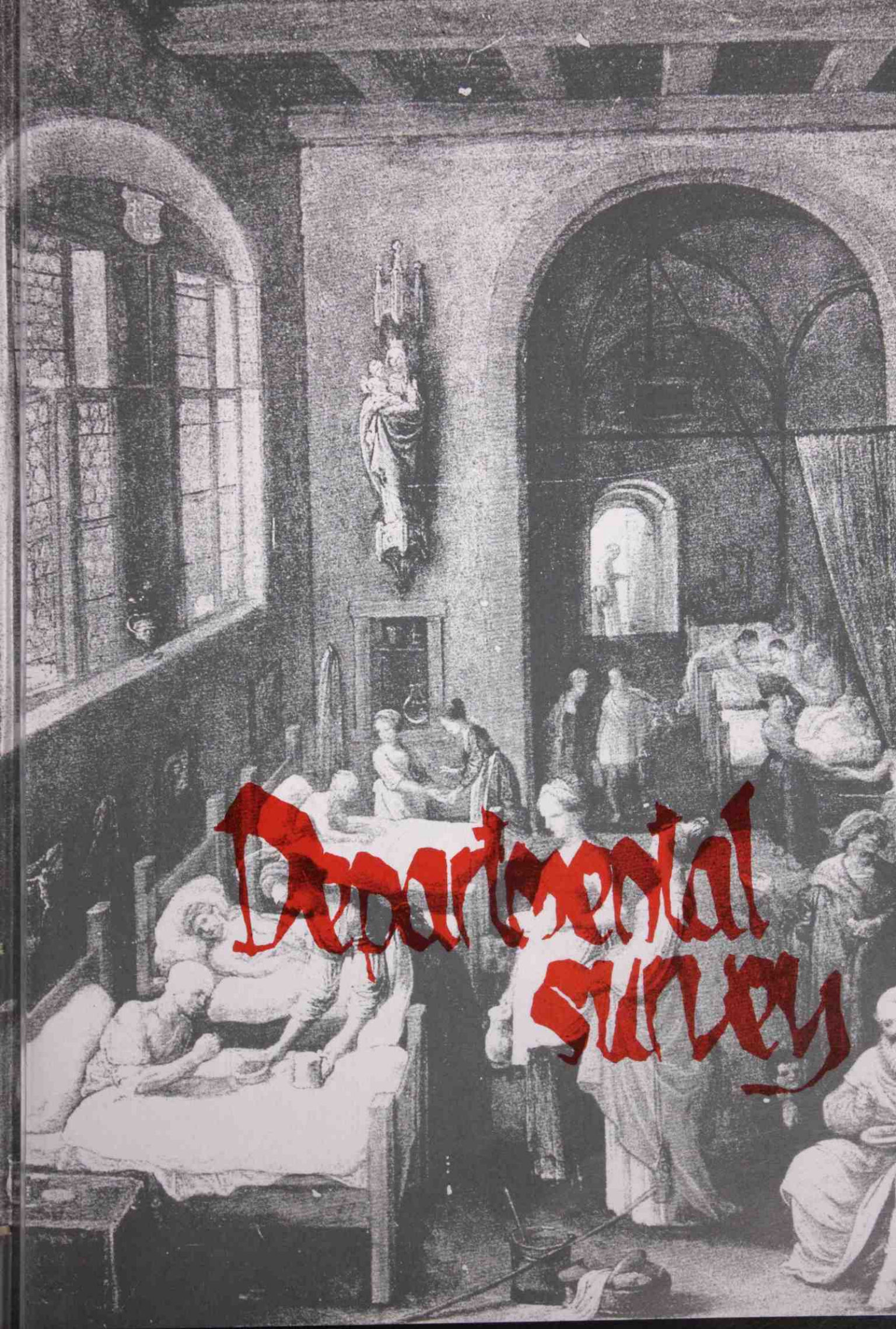
Medic Cell就是一羣基督徒的相聚，在Cell之內，一年級至五年級的同學都共融在一起。Cell，'細胞'這個詞語很有意思，他代表着共融一體；各人都是細胞的一部份，但我們一起組成的，就只是一個細胞，是不能分割的。我們相信，這一個就是基督身上的細胞。

其實，在天主教同學會內(Katso)，每一個學院都有一個Cell，各有各的特質。Medic Cell的聚會，或是祈禱，或是查經，或是彌撒，或是專題討論，或是信仰反省，或是生活分享，或是生日會，或是宿營，形形式式都曾經出現過。除了每星期四的聚會外，每年我們都會有開學彌撒，悔罪禮儀及週年避靜。我們也會一起參與Katso的活動。

我們與其他團體沒有太大分別，我們有開心的時候，也有沈悶的時候有熱心參與的時候，也有愛理不理的時候；有滿載而歸的時候，也有空手而回的時候；有目標明確的時候，也有迷失方向的時候。然而，這一切一切，喜或憂，苦或樂，基督都是伴着我們。他分享我們的喜樂，也背負我們的擔子。我們的支柱，並非一個人，或是一羣人，卻是愛我們的基督。

踏入第五年的我，對Medic Cell是有一份情，一份不能解釋的感情。我對他會有失望的時候，但從未想過離開他。始終，我相信投入團體，建設團體的唯一途徑，就是積極參與。當我不計較付出時，就不會想到收獲。信仰路上得到的支持是無聲無息的，與他一起成長，一起走過漫長的醫學生生活也是我所懷念和享受的。我相信，也盼望，Cell並不只是每星期的聚會，他貫穿了時間和空間，將各人連在一起，彼此關懷，彼此代禱，為基督的愛作證。




Departmental
survey

Charles Jackson experimenting on himself with ether, 1843

The Department of **Anaesthesiology**

About the Department.....

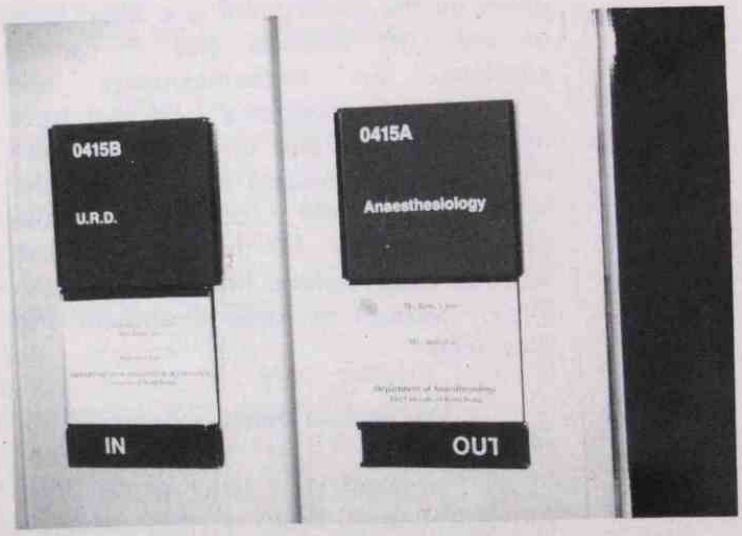
The Department of Anaesthesiology has only a brief history of four years, but the reaching of anesthesiology to local students has been a relatively long one.

It all began when Dr. Lett arrived in Hong Kong in 1954. He was the first anaesthethist to enter the territory. In the latter part of that decade, the consultant began to teach anaesthesiology on an informal basis.

In the late 70's, a review of the General Medical Council recommended the establishment of anaesthesiology as a discipline for teaching. However, the goal was not an easy one.

For years, there had been difficulty in recruiting a professor to the chair of the department, until Professor Holland took the seat in 1987.

At first, the Department of Anaesthesiology was under the Department of Surgery. After a year in 1988, three departments,



Anaesthesiology, Diagnostic Radiology and Radiation Oncology were endowed independent status's. Being an independent department, the Department of Anaesthesiology has its own seats for a professor, a senior lecturer, department secretary and technician.

It was also in 1988, Dr. Jones arrived as the senior lecturer. And with the Prof. Holland leaving in 1990, became the department head.

The independent status of the department, however, did not come with many new installments. The government was calling for fiscal restraint at that moment, and so, the department can hardly be established the same way its early counterparts were. There was not enough space for the department either, but it has its own offices. They reside on the 4th floor of Block K, Queen Mary Hospital.

Anaesthesiology has coped well, though, with both its teaching and research.

The tutorial and lectures are given in the central lecturing facilities, which are quite adequate. The course given by the department is a short one, of only 10 lectures and 8 tutorial sessions, on anaesthesiology and accident and emergency - all that boils down to about one day of the entire medical undergraduate life. Albeit the brevity of the curriculum, the department has 13 honorary clinical lectures from various hospitals : Queen Mary, Duchess of Kent, Grantham and Ruttonjee.

The second major concern of the department is research. Anaesthesiology is a farily active one, concentrating to keep a high research output. Its situation is quite different from other department, because the majority of anaesthetists working for Queen Mary are under the Hospital Authority.

But first, what about the facilities? The department does not have its own laboratory.

Researches are done in the laboratory spaces provided by other departments. The department of Surgery, in particular, is 'more thatn generous', according to the department head, Dr. Jones. Anaesthesiology also receives friendly assistance from the Laboratory Animal Unit and the Department of Pharmacology.

Associating with staff of various departments, our researchers are working on many projects. Examples include, researches on liver transplantation on pigs with Dr. S. T. Fan, and on pharmacokinetic works on childern, and on the application of Patient Controlled Analgesia in Chinese patients, with the Department of Pharmacology. And with the help from private companies, the department is trying to develop a long term monitor of oxygen saturation and a non-invasive continuous blood pressure monitor.

Having said that, let us take a closer look at the people of this department, beginning naturally with the department head, Dr. R.D.M. Jones.

Departmental Staff.....

Dr. R. D. M. Jones

Dr. R. D. M. Jones is head of the Department of Anaesthesiology. He arrived as senior lecturer in 1988. That means he has been teaching in the department since its every establishment: what does he think about our curriculum?

Personal information:

Date of birth	: December, 1949
Place of birth	: Australia
Age	: 42
Blood group	: O +
Height	: 5'6 1/2
Weight	: 75 kg
Martial status	: Married
Horoscope	: Sagittarius

According to Dr. Jones, the teaching philosophy is to prepare students for their internship. For that end, the tutorial and course are designed to teach them topics of use to all doctors - and not anaesthetists. The course is indispensable in that all doctors need to know something about intubation, oxygen therapy, pain treatment, etc.

He told us that the length of our course is at the lower end of a broad spectrum around the world: students have complained that they had little chance to put their knowledge into practice. He drew a comparison with the four-week curriculum in Chinese University, where students are expected to acquire certain efficiency in insertion of arterial, intravenous, intubation tubes, etc. - which is, impossible with the amount of time allocated in Hong Kong University.

He went on to comment the justification of expanding of teaching. He gave an example of the growing importance of anaesthesiology in post-operative pain relief. And from that point of view, anaesthetists can teach students how to monitor the patients and to weigh the relevant information. But he added that the overall incentive in anaesthesiology is still low.

On that vein, he seemed very exhilarated and told the interviewers that in the last year, there were more volunteer applicants for anaesthesiology training than there were places - the first time in history - up until recent years, graduates were drafted into the field. Dr. Jones attributed the phenomenon to a change in the attitude of students.

'People see more opportunities in career paths, and are prepared to make a choice for their interest rather than prestige.'

Dr. Jones wants to convey the message that anaesthesiology is in many ways very satisfying.

He told us that the subject allows one to apply basic sciences to clinical medicine continuously.

Then he pointed out that the demand on an anaesthetist is less than on its counterparts in other fields: an anaesthetist, won't be called to the wards day and night, unless one opts for intensive care unit, where the demand is very high.

So in that respect, he is convinced that, anaesthesiology allows one to organize life in a better way, have more time with the family, pursuing other interests, and still have a reasonable income with anaesthetic sessions. He said it is something to be thought about, and is a specialty quite attractive to women, having other aspects of their lives such as children and family to care for.

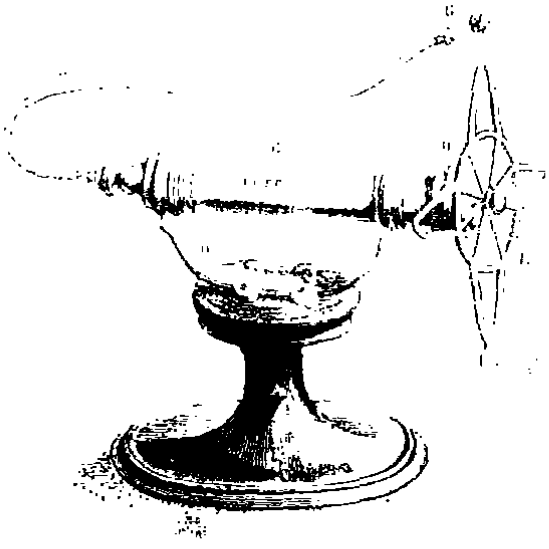
'.... people see more opportunities in career paths, and are prepared to make a choice for their interest rather than prestige .....'

He frankly told us that the remuneration is very well - because an anaesthetist can, `obviously give more anaesthesia than any one surgeon can do surgery' ; and while surgeons may see patients in their offices, the anaesthetists are actually being paid for performing.

What of post-graduate training in the field then?

The lecturers of the department and Dr. Hones himself are involved in post-graduate training. The candidates are given short course for their fellowship, including tutorials and trial examinations.

Luer's apparatus for spraying disinfectant liquids.



The training programme is five years, and involves an examination. The first part is essentially on basic science, and the second part, more on clinical aspects of anaethesiology and various demands in different situations. The last part is the production of some form of research paper during higher professional training, in pain, teaching or intensive care.

Incidentally, Dr. Jones is, in fact, chairman of the Board of Education for the College of anaesthetists, in the Academy of Medicine. He has a particular interest in education, and he told us that curriculum of the first and second part of our own fellowship are on its way, and by the end of next year, exams will be offered for the first time.

So there are available channels into the field. Wait! Before you sign up, listen to what Dr. Jones had to say, `It is pretty stressful, Andean must be prepared for the excitement and stress.'

But he continued with much enthusiasm. He said that up till now, there is not one full time Hong Kong Chinese academic anaesthetist. And in Hong Kong, there are two chairs in anaesthesiology and a number of senior lectureships which are very well remunerated and respected posts. Such posts are saturated in Medicine but the path is virtually open in anaesthesiology. `My message is to consider anaesthesiology from an academic point of view and fill the chairs!!'

Leading onto the students, Dr. Jones, has seen much positive changes in us. He found our predecessors book-oriented and just regurgitant in the knowledge. `[The students]' are much more participant, argumentative, and also try to apply their common sense much more, than just having a reflex response to any given situation.' He believes that interest is very important - there is little point in rote learning of thirty causes of something if one cannot rank their importance.

Dr. Jones said he understands the pressure of undergraduates, their nervousness before exams very well. The reason being that he is an undergraduate himself!!

Dr. Jones has just completed his

final year for a London University law degree. He is studying law out of interest form his involvement in medicolegan expert advice work. He wanted to appreciate the logic lawyers employ. Also, he enjoys the use of language, and studying law definitely enlarges his vocabulary!

Many of us already know that Dr. Jones speaks very good Cantonese. He took lessons to enhance communication with his in-laws.

Dr. Jones told us his wife is a lecturer in physiotherapy. Together, they are doing a number of research project in an attempt to present physiological explanation to why manoeuvres in physiotherapy can elicit the expected influences. They have, in fact, already published several booklets,

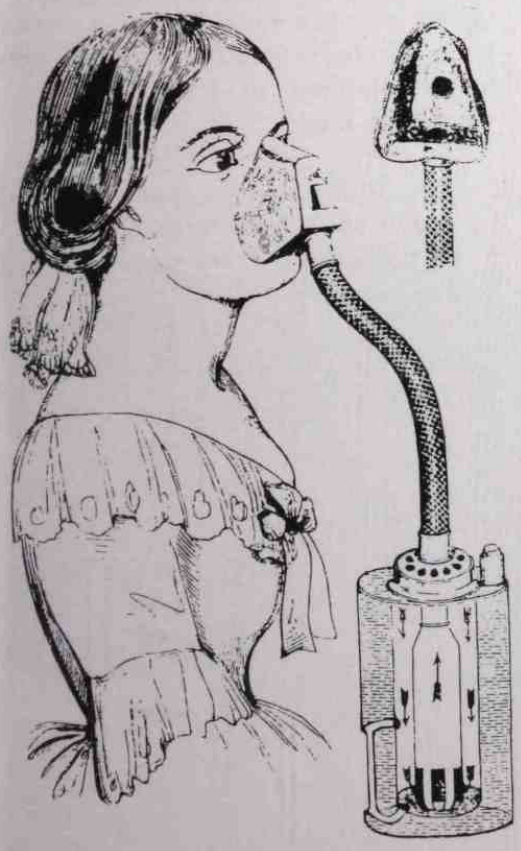
and are planning to turn them into a single edition, they also have plans to produce further teaching videos.

They share a lot of other common interests too. A visitor to Dr. Jones's office will definitely notice the many photographs of the couple engaged in all sorts of spots. During vacation, they travel a lot, and they ski in America, Japan, Europe, New Zealand. They dive too, in Hong Kong, and in other areas in Asia, like the Philippines, Malaysia and Thailand.

Dr. Jones is also captain of the local Vagabond cricket team! He told us his aspiration used to playing cricket for Australia, and not medicine! And he made plans to join the Forestry Department in his schooldays.

But when Dr. Jones was offered a scholarship for Medicine from the University of Tasmania, he took the offer on his surgeon uncle's advice. He received his M.B.B.S. degree in 1973. From then onwards, he specialized to become an anaesthetist, receiving his fellowship in 1980.

Now, he is teaching undergraduates and preparing graduates



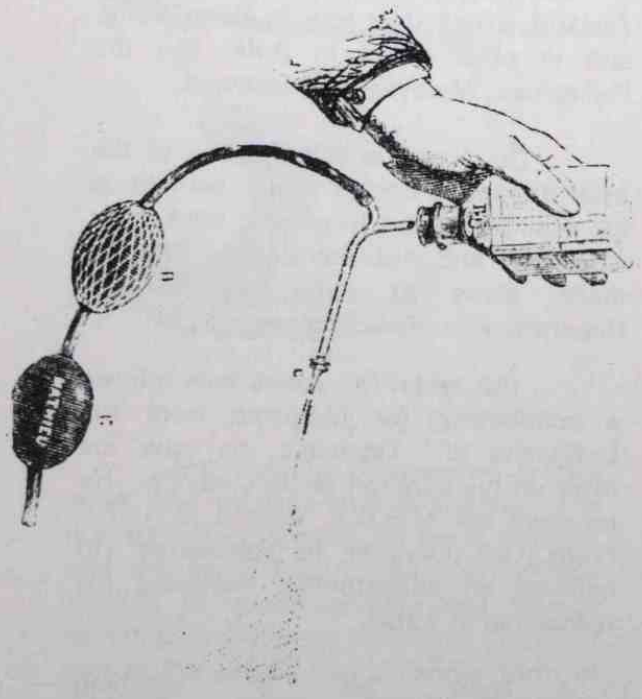
Inhalor for choloform, invented in England, 1858.

for their fellowships in anaesthesiology. Actually, before he became a lecturer in this university, Dr. Jones has worked in Hong Kong. He joined the Grantham Hospital in 1982. Dr. Jones has lived intermittently in Hong Kong for ten years now.

Dr. Jones found teaching one of the most satisfying things he does in life. He used to teach in the University of Tasmania and the University of Melbourne. But it is in Hong Kong, that teaching became one of his first obligations.

He found the local students very receptive to ideas and grateful for teaching, and he felt that we enjoy to learn and endeavour to do well.

And before we ended the interview, we asked Dr. Jones what particular things he dislike students doing the most, and what messages he would like us to convey for him.



Richardson's apparatus for local etherization.

'.... to have a go, and not to be frightened of any penalty of being wrong, there isn't one ! '

Dr. Jones told us that he particularly dislikes students who come late to tutorials. `You learn many more things than medicine during this part of your life,' he went on to explain that commitment and reliability are important traits. And particularly when someone has given their time to teach you, prepare their teaching, `it is bad manners not to come, bad to come late when you could in fact come on time.'

And apart from the message that anaesthesiology can be a very attractive and interesting field to specialize it, he would also like to include this message. He began by saying that students should be encouraged to think and say out what they think.

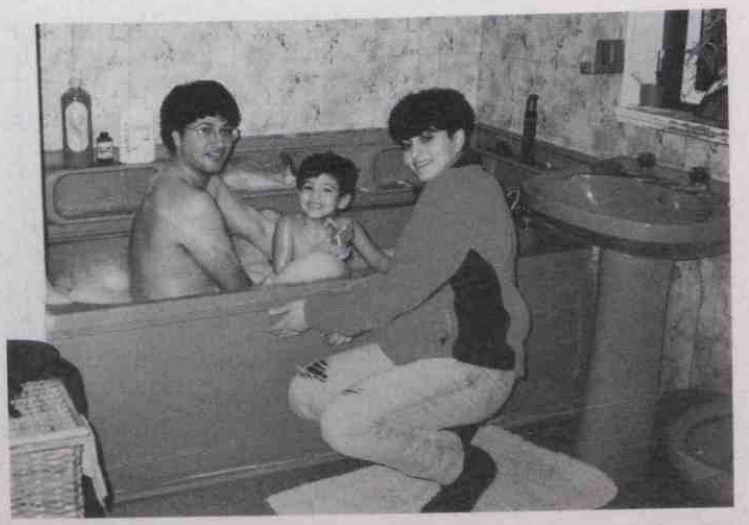
Addressing the medical students, he urged us, `... to have a go, and not to be frightened of any penalty of being wrong, there isn't one!'

Dr. Kornberg

Can you recognize him ?

Dr. Virchow

▲ Dr. Virchow and his cousin.



Patient-controlled Analgesia

The concept of patient-controlled analgesia (PCA) originated from a study of an objective measurement of pain, in which patients recovering from surgery were asked to call a nurse observer ot administer analgesics when they felt pain.

In the 1960s, separate researches were carried out in the States and in the U.K. It was found out that post-operative patients vary greatly in their need for pain-killers. In the end, it was concluded that the analgesic demand system was very helpful for the treatment of such cases.

Since then, several models of PCA have been worked on. In principle, they were all machines that administer pain-killers, like morphine, when the patient pressed on a button.

It was not until the last one or two years, that the use of PCA became more and more popular. Its application was boosted by major advances in microchip technology, and by the recognition of a need for better pain relief.

There are two major types of PCA available. The first one is a complicated electronic machine, which is facilitated for precise control of drug administration, armed with fail-proof programmes to monitor overdose. The second type is a disposable one. It is a small and simple machine.

The two types of PCA's have been tested for their efficacy. Its seems that they can both provide good analgesia. Because of the simple design, the disposable PCA is less flexible. It cannot adjust the dosage and lockout interval when the device is filled, and it cannot provide patterns of demands which can be produced by electronic machines.

The use of disposable PCA's, however, is advantageous in that they are less expensive, and there will be no miantenance cost and less wastage cost when the device is not in use.

Please note that PCA, administered by disposable or electronic devices, are not perfect. Hypoxaemia of patients may occur as iwth other post-operative analgesia. Also, complicated programmes for electronic PCA may not be free of error. A simple flaw may lead to inappropriate bolus doses and lockout itmes which can result in severe respiratory depression.

So one must still keep the precautions in mind, when PCA is employed.

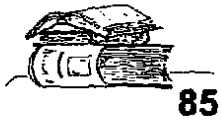
Precautions include allowing only the patient to press the button, providing training programmes for the medical and nursing staff, adequate monitoring and recording of the patient's conditions, and ensuring there is available staff to cope with emergencies.

With all that, and hopefully further breakthroughs in the design and manufacture of the PCA machines, perhaps the method can benefit many more patients in the near future.

References

Rowbotham D.J. Editorial: The Development and Safe Use of Patient-Controlled Analgesia. British Journal of Anaesthsia, 1992; 68: 331-332.

Irwin, M., Gillespie, J.A. and Morton N.S. Evalustion of a Disposable Patient-Controlled Analgesia Device in Childern. British Journal of anaesthesia, 1992; 68: 411-413.



First Radiography Roetgen (22.12.1895), of hie wife's hand.

The Department of **Diagonstic Radiology**

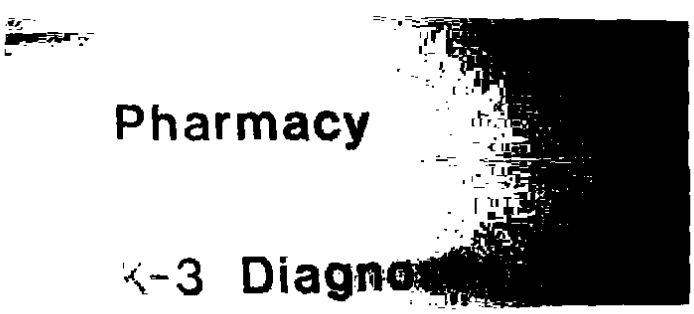
About the Department.....

The Department of Diagnostic Radiology was established July 1988. Before its establishment, teaching of diagnostic radiology was carried out by the Department of Surgery. In September 1983, Dr. H. Ngan was appointed as Part-time Honorary Clinical Professor to take charge of the Diagnostic Radiology Unit within the Department of Surgery. At that time, 18 lectures were given to medical students in their 5-year curriculum.

In 1988, the Diagnostic Radiology Unit was upgraded to become the Department of diagnostic Radiology and Professor H. Ngan was appointed to the Chair. The office is located at 4th floor of the K block of Queen Mary Hospital. Dr. W. Peh was appointed as a lecturer in December 1991.

After the establishment of the Department, there was improvement in the curriculum. Provision of tutorials is a good example. Students are divided into groups of 12-15 students and each group receives 5 tutorials each of 2-3 hours duration. Apart from the tutorials, the addition of radiological lectures to the curriculum helps the stunts to apply their radiological knowledge in their future career. These arrangements proved to be useful.

The role of diagnostic radiology is to provide accurate diagnosis before treatment. In Hong Kong, it is a relatively new subject requiring many expensive facilities. All the available facilities for teaching purposes belong to the Hospital Authority. The United States most advanced in diagnostic radiology and



departments there are also well developed and integrated. In the United Kingdom, on the other hand, the size of academic Departments of Diagnostic Radiology varies from place to place; some hospitals have only consultants and some are comparable to Hong Kong.

For the Department of Diagnostic Radiology, the available teaching technology consists of plain film radiography, mammography, fluoroscopy, angiography, computerized tomography and ultrasound screening. Magnetic resonance imaging will be available in 1993.

The professional training of diagnostic radiology is not well known in Hong Kong. For a graduate who gets his M.B., B.S. degree, he must have one year internship and one year clinical experience first. After wards, he should start working in the Department of Diagnostic Radiology in a Hospital and spend about three years before taking the Fellowship examination in Diagnostic Radiology. For the candidate who is successful, he will get the Fellowship. Then he must spend two years in a recognized post-fellowship post in the Department of Diagnostic Radiology in order to finish his professional training. In other words, the minimum period to finish the professional training is six years.

Due to the increasing demands on teaching quality and quantity, there are several difficulties facing the Department of Diagnostic Radiology. They include how to get the right curriculum time-table, how to get a sufficient number of teaching sessions and how to get appropriate facilities for teaching purpose from the X-ray Departments of the Hospital Authority. The key to these problems does not only depend on the efforts of the Department of Diagnostic Radiology, but also on the help and cooperation of the other departments.

Wihelm Konrad Roentgen.

Quite a lot of research has been carried out recently in the Department of Diagnostic Radiology. These include detection of liver tumors in its early stage by the technique of Lipiodol Computerized Axial Tomography and controlling of hepatocellular carcinoma by the procedure of chemoembolization.

Departmental staff.....

Professor H. Ngan

Personal information:

Date of birth	: 20-12-1937
Nationality	: British
Home Address	: Hong Kong
Blood Group	: Unknown
Height	: 5'7"
Weight	: 150 lb
Idol	: No
Aspiration	: Scientist

Professor H. Ngan finished his secondary school education in King's College of Taunton and graduated from London University. He had 13 years of practice in London. In 1975, he came to Hong Kong and was appointed to be the Consultant of radiology in the Queen Mary Hospital. He was appointed to be the Part-time Honorary Clinical Professor and in charge the Diagnostic Radiology Unit of the Department of Surgery in 1983. Since the establishment of the Department of Diagnostic Radiology in 1988, Professor Ngan was appointed to the Chair.

Professor Ngan is interested in travelling around the world. His most favourite place is Europe, especially the southern part of France.

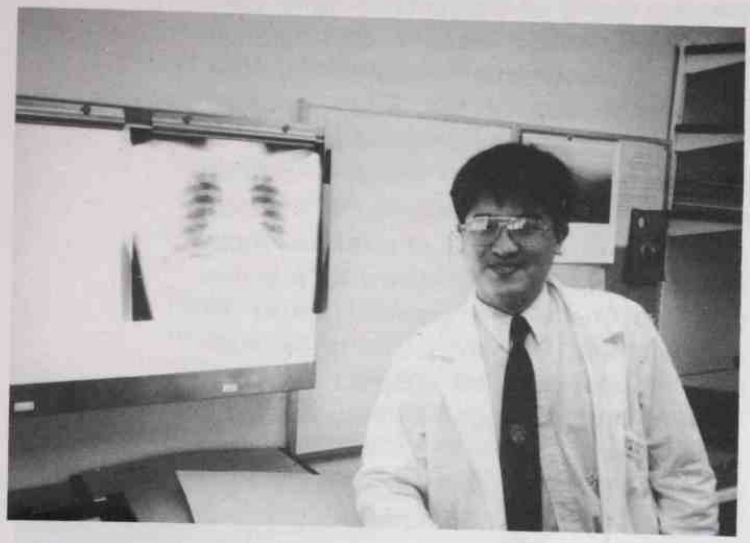
Professor Ngan thinks that the medical student in the University of Hong Kong can be divided into 2 groups roughly. One group of students is bright, active and achieves good academic standards.

'.... the most important aspect of the medical studies is good communication.....'

Another group of students is more shy, not participating, inactive and usually with unsatisfactory results. The common feature of the latter group is that their English is not good enough to express themselves and discuss problems. This phenomenon is obvious especially in tutorials. Professor Ngan advises all medical students to practise oral and make the greatest effort to improve their English. This is because the most important aspect of the medical studies is good communication.

Dr. W. Peh

Dr. W. Peh, who is a Singaporean, started his appointment here in December 1991. He graduated from the National University of ingapore in 1982 and completed his housemanship in Orthopedic urgery, Medicine and Paediatrics. After that, he spent two years doing his national service. His clinical experience include working in the general surgical and A & E departments. He started his radiology training in Singapore. In 1988, he went to the U.K. to continue his radiology training where he subsequently obtained the D.M.R.D. as well as the F.R.C.R. He was a Registrar in Birmingham for one and a half years. He then took up his present post as a lecturer in the University of Hong Kong.

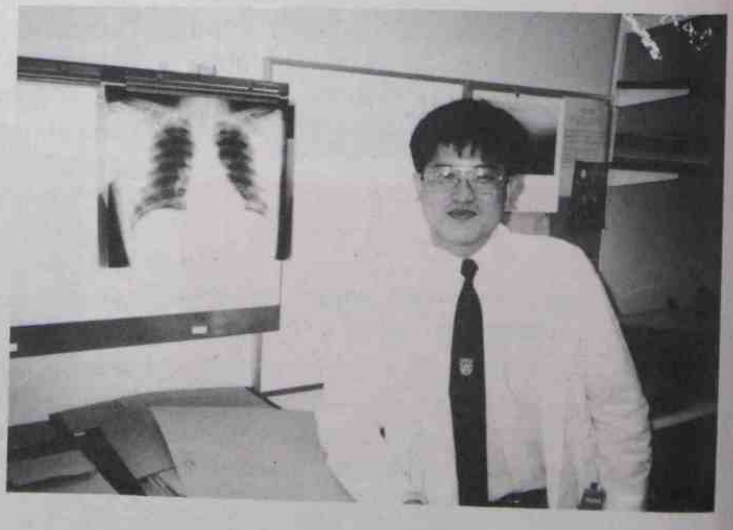


Although, Dr. Peh's Cantonese is not very fluent, he does not find much problem in basic communication with his patients. He is a general radiologist who practises all imaging techniques, including ultrasound and C.T. However, he has a special interest in musculo-skeletal imaging, having trained in this subspecialty for 5 months in orthopaedic hospitals in the U.K. With radiology fast expanding, the trend is for the radiologists in large teaching hospitals to subspecialise in a certain field, for example in neuro-radiology or musculo-skeletal radiology.

As radiologists are dependent on clinicians for referral of patients, there should be rapport and good working relationship between radiologists and other specialists. The radiologist can provide help to clinicians in solving their problem cases by advising on and performing the most appropriate investigations. Close consultation between doctors can only be beneficial to the patients.

Dr. Peh emphasizes that the patient's history and clinical findings are very important to the radiologist and should be adequately reflected on the request form. With this clinical information, the radiological investigation can then be directed towards solving the patient's problem. A report is then written and sent back to the referring clinicians, hopefully contributing to the patient's management. Contrary to popular belief, Dr. Peh finds that even reporting plain x-ray films can be interesting as he regards every new film an individual case, with a different clinical background and problem.

When asked about teaching of radiology in Hong Kong, he said that medical students here are very lucky in that they are receiving formal teaching in this subject. In the U.K., not all the universities have established departments of diagnostic radiology. Medical students there often do not



have a formal series of lectures as in Hong Kong, and in many centres, their clinical tutors or the students themselves have to arrange tutorials with hospital radiologists. Dr. Peh was involved in such undergraduate teaching while in the U.K.

He is honored to be the first lecturer appointed in the Department of Diagnostic Radiology. When asked about facilities here in Queen Mary Hospital, he said that they are comparable with those in the U.K., except that there is no MRI. This should be available in 1993.

When asked why he took up radiology, Dr. Peh said that he was originally interested in orthopaedic surgery. He spent part of his national service as an army radiologist, which he thought might be useful for future surgical work. However, he found radiology more and more interesting as he worked, and decided to embark on a radiological career instead.

'.... doctors should always try to help patients, but not be out to make money from them as they depend on you.....'

Besides his hospital work, teaching and research, Dr. Peh is also a member of the Faculty Board, Library Committee and Faculty Computer Committee.

When asked about the hospital services in Hong Kong, Dr. Peh said that he was still quite a newcomer but from what he could see, the system is quite alight in that most people who are in need can get adequate treatment. Although the wards of Queen Mary Hospital can be quite crowded, poor patients are able to receive subsidised care and for this reason, he is not in favour of privatisation.

Asked to give a word of advice to medical students, Dr. Peh said that they should decide for themselves what they aim to achieve when opting for a medical career. He said that doctors should always try to help patients, but not be out to make money from them as they depend on you.

Personal information:

Name	:Peh
Sex	: Male
Date of birth	:1958
Place of birth	: Singapore
Nationality	: Singapore
Blood group	: O +
Marital status	: Married

Diagnostic Imaging Technique

In recent years, the rapid growth of imaging techniques and its application in medical diagnosis gives great convenience and improves the accuracy in clinical practice. The doctor must now be familiar with various techniques including mammography, angiography, ultrasound, fluoroscopy, computerized tomography, etc. The theme of this mini-project is to introduce and describe the now available diagnostic imaging technique in the Queen Mary Hospital and we hope the student finds it to be useful and interesting.

Diagnostic radiology service is being provided to the patients of Queen Mary Hospital by the Diagnostic Radiology Division which consists of the Diagnostic Radiology Section and the Nuclear Machine Section. The service is operated about thirty medical staff (radiologists) under the management of four Consultant Radiologists and a Consultant in Nuclear Medicine, together with over sixty radiographic technologists. The academic staff of the Department of Diagnostic Radiology, the University of Hong Kong, also assists in the provision of service, and can utilize the equipment, in co-ordination with the Hospital Authority staff, in the collection of teaching material and research activities. The equipment are mainly accommodated in two large x-ray departments, one at the first floor of Block-B and the other at K3 Level of Block-K. Equipment are also in various satellite units in the hospital at the A&E Department, ground floor of the Professorial Suite, 5th floor of Block-B, K17 and K18 levels. Radiographic support is also provided to the Operating theaters, Cardiac Laboratory and Lithotripter Unit of the hospital.

General Radiography Equipment

Portable X-ray machine (Photo.1)

This machine is used in the ward, operating theater and intensive care unit to do portable X-ray for patients who are very ill and are not fit to come down to the X-ray Department., During the procedure, the technician must help the patient to get a suitable projection and position the machine over him/her. then a film is put underneath the patient. To avoid scattered the X-ray to the surrounding, a low dose of X-ray will be given and so the film may turn out with low resolution. Therefore, whenever possible, it is better to bring the patient to the X-

ray Department unless the patient is too ill to move.

Skull unit (Photo 2)

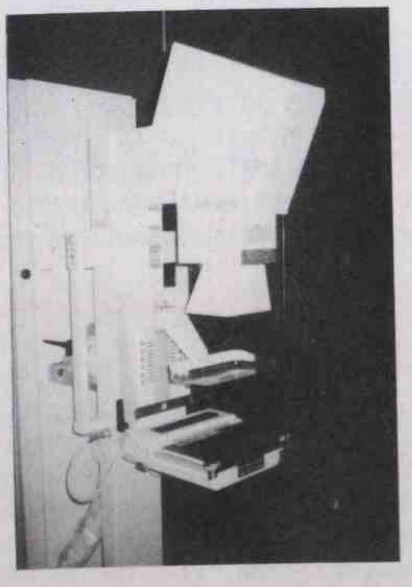
In the diagram, there is a skill unit. Once the patient sits on the chair and have his/her head immobilized in front of the machine, the technologist can take any x-ray view of the skill without moving the patient at all.

This is because the technologist can move the horizontal collar and also the vertical arm. This is known as the "Isocentre technique". It means that the whole skill unit rotates around the center point, i.e. the patient's head. The advantage is the elimination of the distortion problem.

Special Imaging Equipment

Mammography(Photo 3)

The diagram shown a new machine for mammography. The purpose of mammography is to screen for and diagnose breast carcinoma.

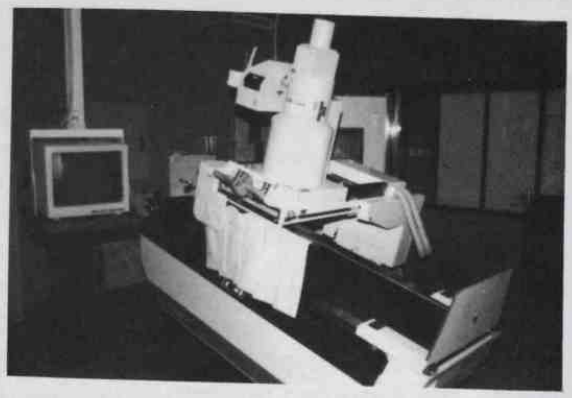


In order to take the X-ray film of the breast, the patient sits in front of the machine and the breast is placed in between two horizontal planes and compressed. This machine is special in the sense that it can give a very good resolution of soft tissue and it is possible to clearly distinguish fat from other tissue densities, such as tiny calcification seen in breast carcinomas. In the Queen Mary Hospital, about 10 patients receive mammography examination per week. Ultrasound is usually used

along with mammography to get the diagnosis because it can by very helpful in determining whether the mass is a simple cyst, and therefore benign, or solid and therefore possibly a carcinoma. Breast screening is not yet started.

Fluoroscopy(Photo 4&5)

This machine is used by the radiologists to obtain GI studies, myelograms, voiding cystograms, phlebograms, etc. In doing a barium meal, after the patient has had the 'barium sulphate suspension', one of the radio-opaque substance which is called 'contrast medium', we can do a fluoroscopy of whole gastrointestinal tract. The main advantage of this machine is that it can give a real-time imaging for the monitor in the diagram shown. The

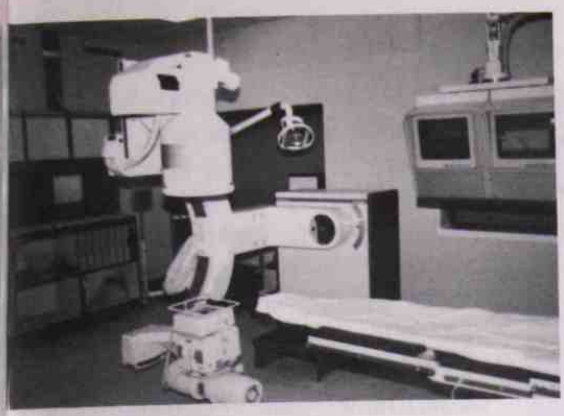


patient just needs to lie down on the table of the machine and then the doctor can observe the image on how the barium flows, what is the shape of the GI tract, whether there is a gravity and peristalsis by the adjustment of the slope of the table and therefore, the whole process can be observed from the monitor. Moreover, the doctor can take hard copy of the image as a record at any time.

This is the control room of fluoroscopy machine. All procedures are carried out by the controlling of the computerized generator and the good lead-lining will protect the technologist from radiation safely.

Angiography, including Digital Subtraction Angiography (Photo 6and 7)

In the diagram, there is a X-ray machine for angiography. It can do both screening and taking film. It applies the principle of Digital Vascular Imaging (DVI). DVI is a technique in which digital subtraction angiography is used. Firstly, a X-ray picture of the background is taken and is stored in the computer. Then the blood vessel outlined is obtained by taking a X-ray picture using a contrast medium. With this machine, it is possible to subtract electronically the background image from that containing the contrast, leaving only the contrast-filled vessels visible. With this technique, angiography with excellent resolution is made possible, with smaller amount of contrast to be administered



An angiography is an x-ray examination in which the blood vessels are opacified by contrast medium. This is an expensive, delicate injector of angiography in the diagram shown. It uses microprocessor as its control. In the past, the contrast medium is injected directly through a needle or through a catheter, the latter is also known as 'Seldinger technique'. The radiologist has to stand beside the patient and inject the contrast medium. The rate and the amount of injection is dependent on the experience of radiologist. However, with this injector, the radiologist can precisely control the amount and the rate of injection, so that an optimum level of image can be obtained easily. Also, the relation of amount of injection to the number of film taking is under control.

This is the control room of angiography machine. The operator normally works here. In the monitor, the same image is shown as those in the examination room. The technician can make hard copies of the images on the films. The advantage is the technologist can select the picture as record easily, he can also manipulate the picture quality, making it lighter or darker. Furthermore, he can play the image back and decide on the spot whether more pictures should be taken or stop.

Ultrasonography (Photo 8)

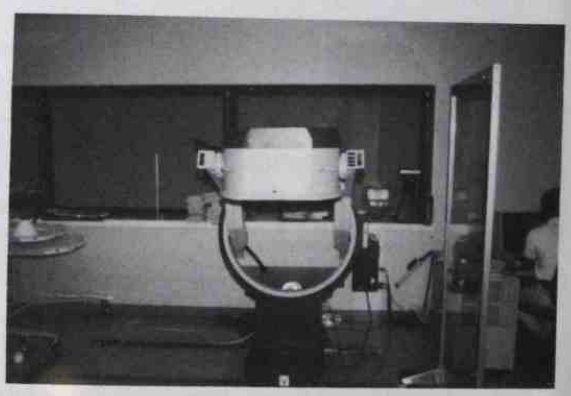
In the diagram shown, this is a ultrasound machine. A very high frequency sound is directed into the body from a transducer placed in contact with the skin. As the sound travels through the body, it is reflected by the tissue interfaces to produce echoes which are picked up by the same transducer and converted into an electrical signal. Ultrasound is often used to determine whether a structure is solid or cystic. The image is generated in the monitor and the doctor can see exactly how the structure is. This is quite useful in screening

if the doctor suspects there is a abdominal mass or liver problem, and also picking up lesions. The main advantage is that the patient does not have to be exposed to radiation. Therefore, it is very useful in examining obstetric and pediatric patients.

In the Diagnostic Radiology Department of Queen Mary Hospital, there is a total of 4 ultrasound machines. One is used for examination of the breast and the other 3 are used for the diagnosis of patients. For the latter, they examine about 30 cases, including the urgent cases, per day. Doppler imaging is available with two machines, and color Doppler imaging with one machine for studding blood flow.

Radionuclide imaging (Photo 9)

In the diagram shown, this is a gamma camera. The principle of radionuclide imaging is different from x-ray radiology. Before the investigation, certain kind of radioactive isotopes are injected into the patient's body, such as liver, bones, brain, etc. They will emit gamma rays detected by the gamma camera as decaying. Therefore, an image is produced and that gives the information about uptake and elimination of isotopes in various organs. Also, the data are processed by the computerized terminator. The images are shown in the monitor and hard copies can be obtained. Radionuclide imaging is a sub-specialty of diagnostic radiology and it is physiologically correlated rather than anatomically. The result of radionuclide imaging is mainly concerning the physiological function of various organs instead of their anatomical condition.



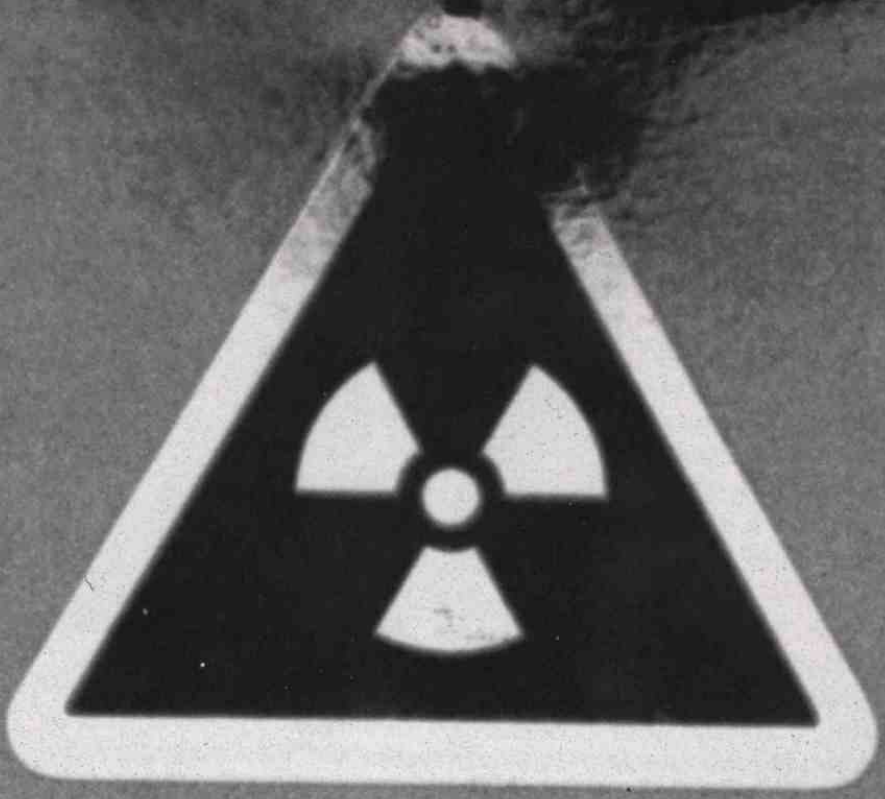
Computerized Tomography (Photo 10)

CT is well-known in the world and it stands for computerized tomography. It differs from conventional radiography in that it uses a more sensitive x-ray detection system than photographic film, namely gas or crystal detectors and then manipulates the data from the detector using a computer. The patient lies on the table and then he/her will go through the gautry of the machine. There is

a X-ray source which can rotate around the patient and multiple detectors arranged in a vertical circle. Therefore, using the CT machine, the radiologist can take a series of cross-sectional image instead of anterioposterior view or lateral view of the body. Another feature is the thickness between 2 cross-sectional image can be adjusted from 1.5cm to as thin as 1.5mm. It is useful for examination of brain, chest, abdomen and various organs such as liver. It is also applied in evaluating malignancy and lymph node metastasis. In addition, the radiologist can modify the image by injecting some contrast medium. This is usually applied in investigating tumors which may take up the injected contrast medium or to study vascular structures.

Conclusion

Diagnostic Radiology has been providing a morphological and physiological investigation of patients to evaluate pathological processes and to solve particular clinical problems in the individual patient. Medical imaging is one of the fastest advancing field of modern medicine, and should attract the challenging medical graduates. It is anticipated that the application of computerization will future modify the techniques in ultrasonography, angiography, radionuclide imaging and cross-sectional imaging in the near future. The Diagnostic Radiology Department at Block-B of Queen Mary Hospital will be undergoing a renovation project in 1993, at the completion of which there will be the installation of a magnetic Resonance Imaging (MRI) system and the addition of a second CT scanner to provide a more complete spectrum of service to the patients.



RADIATION 輻射

CONTROLLED AREA 控制區

NO
UNAUTHORISED
ENTRY
非請勿進

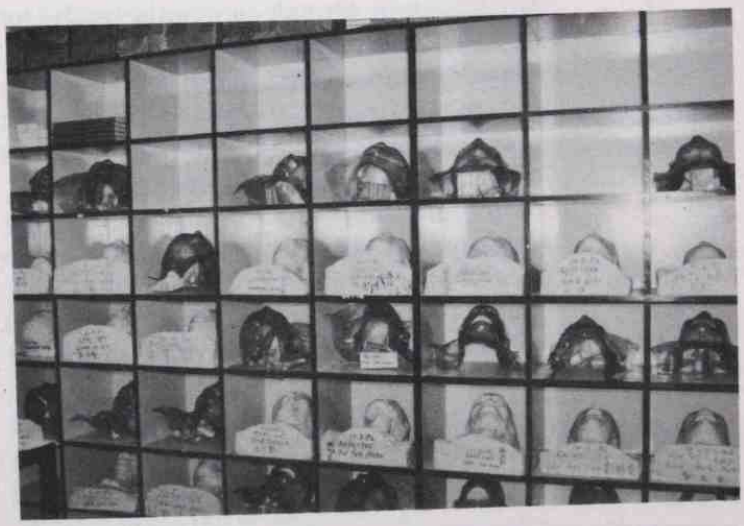
DO NOT ENTER
WHEN RED LIGHT
IS ON
紅燈亮時
切勿內進

The Department of **Radiation Oncology**

About the Department.....

According to Dr. J. Sham, Head of Department of Radiation Oncology, the Department has been established since 1988, but the Department failed to recruit any staff before he was appointed in November 1991.

Students may not be familiar with this department. Radiation Oncology is the treatment of cancers by radiation, less than 1% of patients treated by radiotherapy are suffering from benign conditions. The established methods to treat include surgery, chemotherapy and radiotherapy. Undergraduates received very little teaching on radiotherapy previously. Even after the establishment of this department, only general knowledge on radiation oncology will be taught since the actual radiotherapy planning requires some mathematics which is quite different form other aspects of medical training. The aim of undergraduate teaching, Dr. Sham holds, is to equip the students with the basic knowledge so that they are more aware of cancers in their practice to effect detection and to adopt a more positive attitude towards



their treatment. After they graduated, it is hoped that they can make appropriate referrals as general practitioners; as specialists, they can cooperate and coordinate with specialists in other fields in cancer management.

Within the Queen Mary Hospital, there are two units of Radiation Oncology : the University Unit and the Government Unit (formally called the Division of Radiotherapy and Oncology of the Hospital Authority). Until now, his department has only one teaching staff that is Dr. Sham himself. The main

duties of the University Unit are teaching of undergraduates and research. However, both of these cannot be divorced from clinical services. The administration reform of the Queen Mary Hospital will provide an opportunity for integration of the service.

Although the Department does not have much teaching facilities it provides systemic lectures, tutorials and clinical teaching for undergraduates, partly utilizing the premised of the Government Unit. There are seven systematic lectures for the third year students in May to July, and a subspecialty clerkship from the middle of

Although the Department does not have much teaching facilities it provides systemic lectures, tutorials and

clinical teaching for undergraduates, partly utilizing the premised of the Government Unit. There are seven systematic lectures for the third year students in May to July, and a subspecialty clerkship from the middle of the fourth academic year to the early fifth one. Undergraduates will sequentially rotate through the subspecialty clerkship in which they will learn Radiation Oncology, Diagnostic Radiology, Anaesthesiology, General Practice, Ophthalmology, Skin and Venereal Disease and Accidence and Emergency. Within this clerkship, there are three sessions of tutorial and clinical teaching on Radiation Oncology.

When asked about the changes after the taking over by the Hospital Authority, Dr. Sham pointed out that HA offers their staff an additional allowance amounting to 60% of their salary. Such difference in remuneration poses a great problem for the University to recruit and retain staff.

surgical treatment for cancer has been practiced for several hundred years, but radiotherapy emerged just at the turn of this century. Dr. Sham think that the establishment of this Department signifies that the Faculty recognizes the increasing importance of knowledge on oncology in the medical curriculum.

There are also practical reasons for radiotherapy to be provided by one department. The machine for radiation therapy is very expensive, costing around $7,000,000 and as the radiation emitted is very penetrating, a special room with 2 to 3 feet thick wall and other precautionary measures are necessary for adequate radiation protection.

On the other hand, chemotherapy are administrated by different specialists in different disciplines. For example, chemotherapy for carcinoma of the esophagus and rectum are administrated by the Department of Surgery, while chemotherapy for carcinoma of cervix given by the gynecologists.

The researches currently conducting in the Department of Radiation Oncology are clinical. Clinical research has the advantage of immediate application to benefit patient management. Although basic research may have more long term and fundamental implication, it requires laboratory facilities and supporting staff such as scientific officers which are not currently available.

The main research interest of the Department of Radiation Oncology is on NPC (nasopharyngeal carcinoma). Like researches on carcinoma of liver and esophagus, there are reasons for extra efforts locally. These cancers have a high incidence in South East China but is rare in other parts of the world, thus it is strength for local researchers if head on competition with overseas centers is to be avoided. Moreover research in these fields deserve special attention for the same reasons that knowledge on these cancers are not as easily forthcoming from other places. The Department of Radiation Oncology is also engaged in researches on testicular cancer, lung cancer, pituitary tumour and pineal tumour.

If a doctor wants to obtain the relevant specialist training on radiation oncology, Dr. Sham suggested that he join the Hospital Authority's Radiotherapy and Oncology Service. During the in-service training, a series of lectures will also be given by physicists, scientists, pathologists and statisticians on physics, cancer biology, tumour pathology and statistics.

After 3 years of in-service training, the doctor can sit for an examination (FRCR) of the Royal College of Radiologists of United Kingdom. Dr. Sham noted that, as he is the Honorary Secretary of the College, an equivalent examination will be organized by the Hong Kong College of Radiologists in the near future.

Commenting on the radiation oncology teaching in the Faculty, Dr. Sham noted that there are medical schools the Stanford where radiation oncology is not compulsory but is one of the popular elective subjects, on the other extreme there are medical schools that spend more time in the teaching of oncology. The appropriate amount of teaching by the Department of Radiation Oncology also depends on the teaching on oncology done by other Department of the Faculty in order not to overlap and overburden the students.

There can be two extremes of specialization in career treatment. At one extreme, surgery, radiotherapy and chemotherapy are given by different specialists (oncology surgeons, radiation oncologists and medical oncologists). Coordination and collaboration can create problems. On the other extreme, all three aspects of cancer treatment are administered by the same person. the difficulty here will be to fine individuals who can master all three. The present arrangement in this Faculty is that each Department will teach on the cancers managed by its own specialty and this is perfectly acceptable. Dr. Sham believes that it is the duty of his Department to teach in radiation oncology and give the students an overall view in cancer management.

For the time being, the staffing of one professor and one senior lecturer in the Department is sufficient for the teaching of the present curriculum. Whether the department will expand or not depends on the decision of the Faculty.

As cancer is the leading killer in Hong Kong, the workload of the Radiotherapy and Oncology Service of the Queen Mary Hospital is very heavy (1500 to 2000 new cases registered every year). The Government Unit has 2 Consultants, 3 Senior Medical Officers and 7 Medical Officers. The manpower is barely sufficient for the present workload. Dr. Sham holds that the future corporation between the University and Government Units will be harmonious and fruitful.

Departmental staff.....

Dr. J. Sham

Personal Information

Date of Birth : 29 march, 1955
Blood Group : Unknown
Nationality : British
Weight : 120 lbs
Height : 5' 4"
Marital Status : married with no child
Secondary school: St. Paul's College
King's College

Even though radiotherapy and other modalities of treatment are not capable of curing every cancer patient , we should try our best to comfort and care for their psychological needs, and not merely giving them pain-killers" said Dr. Sham, Head of he Department of radiology Oncology.

Having graduated form the University of Hong Kong in 1980, Dr. Sham served as an intern in the Queen Mary hospital. After the internship, and

'.... Even though radiotherapy and other modalities of treatment are not capable of curing every cancer patient , we should try our best to comfort and care for their psychological needs, and not merely giving them pain-killers.....'

worked for a year in the Accidence and Emergency Unit of Tang Siu Kin Hospital. The appointment gave him a good deal of useful experience, especially in the Casualty Ward (similar to the G-ward of Queen Mary Hospital where he was allowed to conduct minor orthopedic surgery.

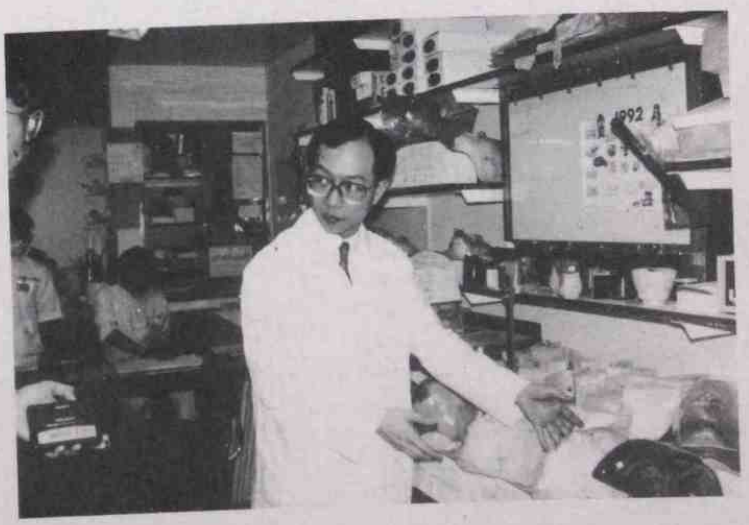
"Actually, I knew very little about radiation oncology, though I was already a Medical officer" answered Dr. Sham, when asked why he joined the then Government Division of Radiotherapy and oncology after his internship. In the ensuing years after he joined the Radiotherapy and Oncology Division, he received in-serving training on radiotherapy and oncology.. In 1985, he sat for the examination of the Royal college of Radiologists of United Kingdom and was awarded the Roham William Medal, the only item this was awarded to a Hong Kong candidate for the FRCR examination in radiotherapy. Dr. Sham was appointed honorary Lecturer of the Department of Surgery in 1990 and was engaged in the teaching of Radiation Oncology. A year later, he was appointed Senior Lecturer of the Department of Radiation Oncology.

In these years as a Radiation oncologist, his most pleasing experience was, Dr. Sham said, to witness the improvement in his patients' illness. He is delighted to see patient coming back for follow- up, recovered not only from the cancer, also from the trauma of the disease and its treatment.

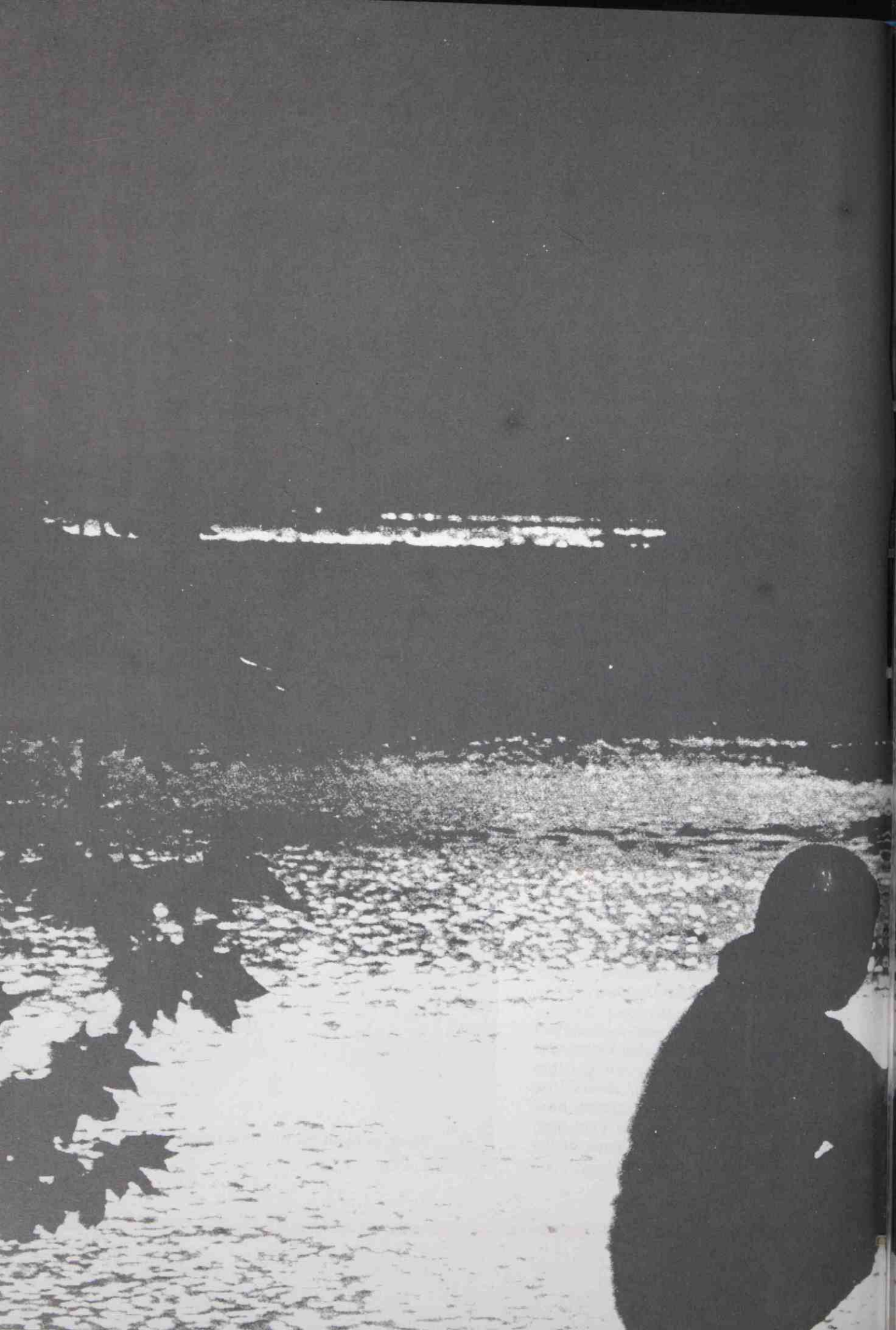
From his two years' teaching experience, Dr. sham found that medical students in general are quite passive. He suggested that they should try to play a more active role in tutorials. "Most of the answers are application of the basic concepts which they have learned before", added Dr.. Sham, "and after all, giving all, giving a wrong answer in tutorials is not a sin, it is one way to learn."

Moreover, Dr. Sham advised the senior students that they should always be courteous to the patients and be sensitive and sympathetic to their feelings. To quote an example, students may be very excited to have an opportunity to elicit rare clinical symptoms and signs in some patients, however, their enthusiasm disturb the patients. They should be more considerate and polite to patients so as to ease their anxiety and distress.

Finely, our curiosity of Dr. Sham's most favourite interest was met with a surprise answer: "Work, at least for the time being.....", said Dr. Sham, shrugging with a friendly smile.



'..... Work, at least for the time being .....'




Contributions

香港大學學生會醫學會應該每年舉辦健康展覽

黃志强

健康展覽（以下簡稱健展）近年來備受批評，在香港大學醫學院內甚至有一股不讚成舉行健展展覽的風氣，一些以前的評議員，更加在評議會上，以經濟效益爲理由，堅決否定健展的作用；一些又在未深入了解之前，讚成不舉行健展或提議把健展的工作、責任，全部放在健康委員會身上。

我們都是大學生，應該清楚、明白自己應有的本份；而且，我更加深信每位醫學生都有一顆爲市民服務的心。作爲一個醫學生，我們最爲可做的便是協助提高市民的健康知識，而最簡單直接的做法便是舉行健康展覽。故此，醫學生不讚成舉辦健展實在一種耐人尋味的現象。

在決定是否讚同舉辦健展之前，我們首先要清楚、了解健展的作用。健展除了是一個渠道給我們將保健知識傳送給市民外，它還起了一個引起關注健康的副作作用。　　市民

我們知道直接講解、直接溝通、直接對話，是最快和最有效率傳遞訊息的方法，健展期間，市民可以聽到同學講解，可的以直接與講員或「大仙」溝通，甚至可以向一些在場的醫生詢問問題。我們相信透過健展，健康的訊息更能準確地傳給市民

另外，我們是不可以忽視健展帶來副作用——警覺性。每年一次健展，便好像警鐘一樣，每年喚醒市民關注自己健康，無錯可能一些人不理會這鐘聲，可能一些人只能給這鐘聲喚醒了一刻鐘，但，我們不能忘記有些人會被這健康之聲所喚醒，走向健康的人生。而且，每年健展有不同的題目，市民每年都被來自不同方向的健

康之聲所呼喚，日積月累，我們深信在正常情況下，健展一定能將市民的健康知識提高。

以經濟效益掛帥的反對健展人士，其主要針對的地方，便是他們認爲健展經費高，浪費納稅人的金錢，而參觀人數卻不多，未能有效地把用去的金錢產生作用，爲所用去的金錢有點不值。試以健展九零爲例，在六天的展期中，實際用去大約八萬元，再以今年健展九一爲例，三天的展期，實數用去的大約六萬元，經費其實不是十分龐大。再以健展九一爲例，三天展期中，有超過二萬三千人次參觀，爲每人次所花的費用約爲三元，只是三元，我們便能有效地將健康知識傳給那班自己很送想得到健康知識的市民。

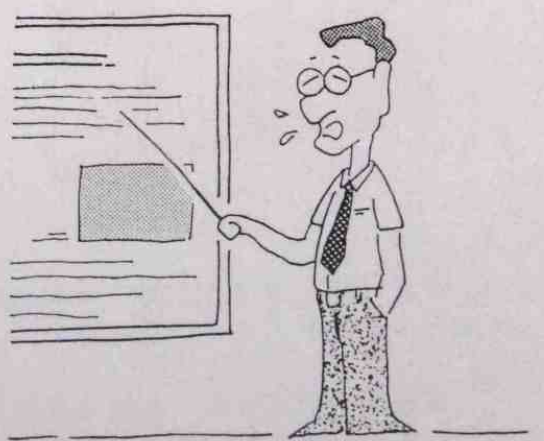
再者，以經濟掛師，其實是不理效益性的。須知道參觀人數是受到很多因素影響的，如題目、宣傳、展期間的天氣問題等。每一個因素不是每次都能完美配合。的只是因爲人參觀少但又 去改善，便提出不再籌辦，這種知難而退的態度，實有點「缸膊」的味道。難道我們知道M.B.難考我們便可以避開嗎？

而且，如果以經濟的角度看，以健展九一爲例，市場上根本有一大班很想獲得或加深健康知識的市民，他們除專心聽講解，搶購小册子外，甚至把我們講解員或「大仙」的說話來做筆記，所以，以經濟角度看，這樣龐大的需求，爲甚麼不推出我們的知識去供應這個市場呢？

一些沒有感受過健展的人，卻去讚成不舉行健展或提倡健展與健委合併。如果有去過健展的話，我們知道來參觀的市民是主動的想去得到知識，而健委則是主動地向市民灌輸健康知識，市民是處於被動的位置上。明顯地，主動的市民會更有心去記，去實行我們給他們的忠告和提議的做法。另外的一個較重要的分別是，健展是全港性的，而健委則只是地區性的。參觀健展的市民來自四方，但健委，由於大家功課忙的關係，很難去到香港每一個地區服務的。所以健展和健委在責任和做法上實難以合併。

但是，雖然健展和健委的工作不同，在功能上它們應該是可以配合的。健展每年所起的警鐘作用，如果健委能夠配合，實有助將每年健展的訊息帶給更多市民。

從健展的作用上看，根本很難去找一人折服的藉口去反對續辦健康展覽的。



緣起不滅

若愚

「如男歡女愛」的情節，是否眞實？我只知道妳我的相遇，結識便如電影一般。

八年埋藏心底的說話，竟溜到妳的耳邊

從來也沒有奢望，公主是遙不可及，高不可攀；青蛙變王子，只是騙人的童話！

可是從來只愛聽這個童話

那天的相識，是神的安排吧！一個喜歡閉門造車的人，竟在一個福音營內認識了另校的女孩 當時我們只是中三的學生！

曾幾何時，告訴自己要一生照顧妳，無論是什麼環境，只要一息尚存。

擁有美滿生活的你，奔波忙碌的我，基本上屬於兩個世界，各自在其軌跡內，創造自己的理想，互不干涉。

我也有我的渴望，只是那樣單純地，輕快地奔跑，讓每步都踏出悅耳的音階。在這忙碌紛擾的人世裡，有妳能凝神傾聽這生命的旋律，像我欣賞妳的演奏一樣。

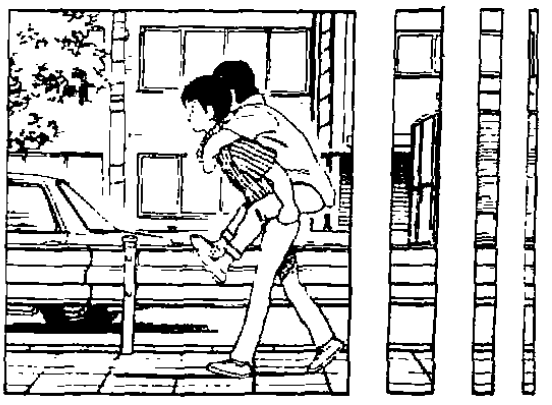
我們差點成爲同學，這是我可再有勇氣去接觸妳的時候 長時間的分離似乎可以令人更珍惜身邊的朋友，對妳來說幾年的友情是有價值的；對我來說，妳依然是我心中的公主，一樣可愛、遠人。

一次又一次在情感上的傷害，一次又一次的熱戀，我都是妳忠實的聽衆，和妳同渡喜與悲 可惜，我的喜與悲，恰好與妳相反，眞希望我能帶給妳幸福，快樂。

我們有緣嗎？差不多只有憑藉日漸剝蝕的記憶到夢中才能尋到的妳，在一次一次的偶遇後，使冷卻了的情感，變得旺盛起來，無情的理智使它一敗塗地，體無全膚 一次一次的烙印只好放在心頭。

認識妳時，妳已開始拍拖了，而且是妳的最愛：那並不重要，我對自己說，我相信有一天妳終會在我身旁。

一切對妳來說是太順利了。幾番經歷後，我已知道自己應該在更遙遠的地方；惦記著妳，是我的樂趣；祝福妳，亦變成是我唯一可做的。



這麼多年來，未曾可以一次眞正的去愛。自己也不知原因。驀然回首，生命中的所有情結，其實只在於妳。

是不是得不到才感到珍惜？是不是回憶是最美好的？是不是爲了彌補不能掌握的撲朔，我們要用淚水和辛酸、歡笑和甜蜜去記憶？去使我們生命得到依靠，去面對往後的日子？如果是的話，妳便是我的依靠。

不欺騙妳，是我對自己的承諾。受不住妳的追問，揭穿了我的秘密，會釀成大錯嗎？我不知道，心裡的恐懼和担憂是別人不能明白的，只好逃避。逃避自己心儀的妳，是多麼矛盾和笨拙的行爲，後悔亦太遲了。

逃避的原因是我不想做云云中的一份子，逃避的原因我只希望是倆方的意願；逃避，是我未有能力照顧妳。

妳明白嗎？對我而言，生命的意義是不斷向前，追求自己的理想，創造美好的回憶，可否，跟我一起，去實現我的夢，使妳成爲我生命中最主要部份，好在夜空中創造我們的未來，讓繁星點綴著我們的路，讓月兒默默祝福我們，讓我使妳一生也鋪滿了精彩。

今夜星月迷朦朧，眞的希望能再看到妳的俏臉。每個思念無窮的晚上，思潮總似沒法操縱。盼望終有一天，可以面對妳，交出心底的情濃。那天，星兒也會閃耀得更亮。

倘若可重新選擇，我也是執迷不悔地選擇這波濤起伏的紅塵。我並不在乎，縱使是萬丈深淵，我亦不顧一切，因妳包容了我生命的動力，我的一切。

我和妳又相遇了，感覺更强烈，更想擁抱你。

不知結果如何？

和妳相遇，彷彿是一場無止境的輪迴，使我常在類似的情境中心折，在同樣的激動裡去歡笑、悲傷、念記。命運既然支配著妳我，請教我在每次緣起緣滅中，堆砌新的憧憬，維持心中始終不變的願望。