

## Allocation of House Officer Posts

IN ORDER to qualify for full registration it is necessary for a successful candidate at the final examination to serve in a Resident Medical Capacity in an approved Hospital for six months in Medicine and six months in Surgery. For this purpose *Medicine* includes Paediatrics and Obstetrics and *Surgery* includes Orthopaedic Surgery, Obstetrics, Gynaecology and Neurosurgery. Obstetrics, however, may not be combined with Gynaecology.

The system of allocation of House Officer Posts is slightly different from that of last year. Each graduand, this year, is given a complete list of House Officers' posts in the thirty-one units of the various approved Hospitals (see: List of Vacancies for Posts of House Officer), and each is required to fill in 31 choices in order of his preference. This means that each graduand has the choice of the Unit, in which he would like to work, as well as the choice of Subject. Those who hold Dis-

tinctions or those who have sat for Distinction vivas in a particular subject are given priority to choose the particular Unit of that Subject. Otherwise, the allocation is by means of 'drawing lots'.

All the names of the applicants are contained in a box. When a particular name is picked up from the box, his list of choices is checked against the list of vacancies. If the Unit of his first choice is not yet completely filled he will be given his first choice; if, however, all the posts in the Unit of his first choice have been filled, he will be given his second choice, and so on. It could happen that, when his particular name is drawn last, or very nearly last, and all the Units of his earlier choices are filled, an applicant might be given his thirtieth choice — which happens to be Neurosurgery — and he is the last person in the world to want to be a Neurosurgeon. Then he has only Miss Fortune to blame, and the system, too, perhaps. Two rounds of lots

are drawn, one for the Medical subjects, one for the Surgical. (HK)

Vacancies for posts of House Officer for the period 1st July — 31st December, 1971, are as follows:

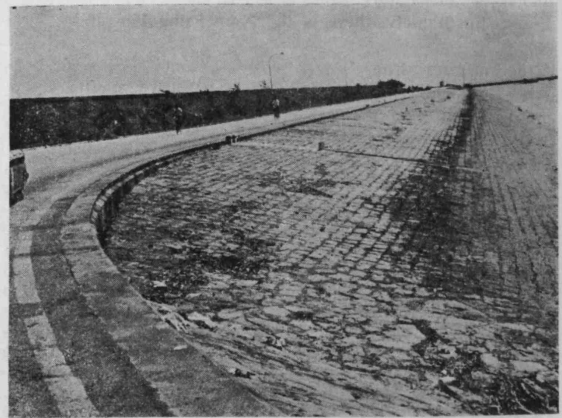
Queen Mary Hospital:	
U.M.U. ....	12
G.M.U. ....	4
U.S.U. ....	9
G.S.U. ....	5
Orth. Surgery .....	6
Paediatrics .....	6
Obstetrics .....	3
Gynaecology .....	5
Queen Elizabeth Hospital:	
Medicine .....	12
Surgery .....	12
Orth. Surgery .....	4
Paediatrics .....	8
Obstetrics .....	4
Gynaecology .....	4
Neuro-surgery .....	1
Tsan Yuk Hospital:	
Obstetrics .....	12
Sai Ying Pun	
Medicine .....	1
Nethersole	
Medicine .....	3
Surgery .....	3
Obstetrics .....	2
Gynaecology .....	1
Ruttonjee:	
Medicine .....	1
Duchess of Kent	
Orth. Surgery .....	1
Total: .....	119

## FINAL M.B. RESULTS

### Analysis of the Final M.B. Exam. results:

	Medicine	Surgery	Obstetrics & Gynaecology
No. of distinctions	0	0	2
No. of passes	106	108	114
No. of failures	15	15	7
No. of candidates	121	123	121
% passes	87.6	87.8	94.2
No. of students failing in 1 subject:			16
No. of students failing in 3 subjects:			7
Total No. of students who fail:			23
Total No. of students who pass:			100
Absentee:	1		
% passes:			80.65
Distinctions in Obstetrics & Gynaecology:			
Miss Ho Lai Ching, Sabrina			Chan Kai Ming Prize:
Mr. Yim Chi Ming			Mr. Fu Kuo Tai, Louis
Anderson Memorial Gold Medal:			Gordon King Prize in Obs. & Gyn.
Mr. Fu Kuo Tai, Louis			Miss Ho Lai Ching, Sabrina
Mr. Chin Chu Wah			Mr. Yim Chi Ming
Proxime Accessit:			C.P. Fong Gold Medal in Medicine: No award
			Digby Memorial Gold Medal in Surgery: No award

## It's a long way



June the 9th — and yet I still have lectures and clinics to attend. When I called up my old friends the other day, they were jolly and free as a lark. The series of exams and mental torture had been over, and there they were — with nothing in the world to worry them. And they were on holiday. If I were in the first year, I would be enjoying my summer vacation all the same. But being in the third year, I have to think about the class test by the end of this month, and also the case-taking every Saturday.

My old friends in the Arts Faculty and the Science Faculty entered the University in the same year as I did. We went through the very same Matriculation Examination. And when the results were out, we went together to Loke Yew Hall to look at it. But now that they graduate, I am left behind to continue my struggle.

Indeed, the road to the Medical profession is a long one. It is longer than the corresponding ones in other faculties. I know that very well before my entry into the University. However, at times such as this, when one's colleague is graduating and getting \$1500 a month, one simply cannot help thinking a little.

Besides being long, the road is also rough and difficult to walk on. Hurdles have been put at various points. Those who pass the test can get on, just to meet another one not too far off. And the struggle goes on and on. Sometimes you have to toil and sweat through sleepless nights just

because the battle has been hard on you and you are determined to win it. And what is the end of all this? Is it for the green pastures that lie beyond the hurdle labelled 'Final M.B.'? For some, it may be just that. But in fact, for the majority, their road thereafter is still full of hurdles, one after another. Take surgery, for instance, does one start surgery immediately after graduation? Can one go into the operating theatre and do a simple operation just after he or she has obtained the M.B., B.S.? And so the battle goes on. Challenge comes to you day after day. And obstacles are overcome one after another.

On this very same road, though many succeed to get through without any physical injuries, there are many others who fail or who succeed after paying a large ransom. Some may get so disheartened on the way that they go back and leave the road altogether. Luckily these last-mentioned ones are few.

Dear friend, when you start on the journey, do think of such despondency and cogitate about the problem before you plunge into it. Of course, when you fail, despair and pessimism will only make matters worse and you will only end up with complete failure. Pluck up your courage when you fall down so that you may rise up again more determined than ever. It is by trial and error, through success and failure that one gains experience and with that one may finally get through all the obstacles to end up with the crown of life.

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The views expressed by our contributors are not necessarily those of the Editorial Board.

The Editorial Board wishes to thank the special support of the Glaxo Lab. Ltd.



## In the Fashion

Medical students seem to be more fashion-conscious these days. And if you are not specially unobservant, you may have noticed that many of the spectacles that the gentlemen now wear are of a gold frame. Presumably the popularity gained by these spectacles is great and some have made up their mind that the next pair of glasses they wear will also be the fashionable kind. The ladies, expectedly, have a keener interest in fashion than the gentlemen. But some ladies are keener than others. One lady, for examples, recently displayed a series of Midi dresses on 5 successive days. She really excelled herself in the "fashion-show".

## Booming business in NCE Canteen

During the lunch hour, the canteen in NCE is packed and many of the customers are from the Medic Centre. One Friday, it was observed that staff members from 3 departments and over 40 students were there. According to reliable sources, the new cook in NCE worked previously at SJC. No wonder the dishes served are of good quality and at a reasonable price. The semi-self-service system has also much to be said about it. Perhaps it is high time to do something substantial to improve our own canteen.

## An unoccupied Parking Space

When the road-sides of Sassoon Road are packed with cars, and when the parking condition in Medic Centre and QMH is so poor, we find, at the main entrance to QMH, an unoccupied parking space. This is specially reserved for Prof. Yap who is due to arrive in August to take the new chair of Psychiatry. Go and have a look; you'll be impressed.

## Student patients in QMH

Quite a number of medical students make an experience of staying in QMH as patients this year. They suffer from a wide spectrum of ailments ranging from relatively mild ones like appendicitis and pneumothorax to the more severe ones involving the heart and CNS. As medical students, they are usually treated in the University units. "Special treatment", I suppose. And don't be surprised if you happen to find a patient chasing relentlessly after his poor fellow patient for a history. He's not out of his mind. He's a medical student.

## Meet Our New Profs

Two new Professors have been appointed at the University of Hong Kong. They are Dr. P.M. Yap, M.A., M.D. (Cambridge), D.P.M. (London), F.R.C.P. (Edinburgh) who arrives next month to become the first holder of the newly-established Chair of Psychiatry, and Dr. G.M. Kneebone, M.B., B.S. (Adelaide), M.Sc. (Pittsburgh), F.R.A.C.P., who recently succeeded Professor C.E. Field in the Chair of Paediatrics.

## Dr. P.M. Yap

Dr. Yap was educated at the University of Cambridge where he graduated with the degrees of B.A. in moral sciences (psychology) in 1943, M.B. in 1946, and M.D. in 1957. In 1948 he obtained the Diploma in Psychological Medicine from the University of London, after training in Maudsley Hospital. He became a member of the Royal College of Physicians of Edinburgh in 1958 and was elected as Fellow in 1963.

In 1948 Dr. Yap took up the post of medical officer-in-charge of the High Street Mental Hospital in Hong Kong. When Castle Peak Hospital was opened in 1961, he became its first superintendent. At the same time he also organized a voluntary treatment centre for drug dependence in Castle Peak. During these years Dr. Yap held many other appointments including that of part-time lecturer in psychiatry and in social medicine from 1952 to 1969. At his suggestion in 1967 the Mun Gold Medal in Psychiatry was endowed by an anonymous donor. Dr. Yap was also consultant psychiatrist to the University Child Guidance Centre and the armed forces, government specialist, and later senior specialist.

Dr. Yap became in 1963 a member of the expert panel on mental health of the World Health Organization, which had granted him a travelling fellowship in 1957. Over the years he participated in conferences and seminars in different countries, including Denmark, Switzerland, the U.S.A., Canada, Great Britain, Japan, Korea, and Australia, where he was Squibb travelling fellow in 1967. He has lectured in Yale, Stanford, Rochester, Queen's and McGill Universities, the University of Southern California, British Columbia, Vallee, as well as

the New York Medical College.

Dr. Yap is associated with the editorial boards of the *International Journal of Social Psychiatry* (London), *Social Science and Medicine* (Boston), and *Comment on Contemporary Psychiatry* (Philadelphia). He has published work on comparative (trans-cultural) psychiatry with special reference to culture-bound syndromes, nosology, suicide, and drug dependence. He has also taken part in preparing W.H.O. technical reports on schizophrenia, psychosomatic medicine, and suicide. Dr. Yap is a corresponding fellow of the American Psychiatric Association, and an honorary member of the Australian and New Zealand College of Psychiatry.

In 1969 Dr. Yap was appointed associate professor and head of the section of comparative psychiatry in the Clarke Institute of Psychiatry, University of Toronto.

## Professor G.M. Kneebone

Professor Kneebone was born in Australia and gained the degrees of M.B., B.S. with credit from the University of Adelaide in 1952. Following short periods as Resident Medical Officer at the Royal Adelaide Hospital and in general practice, he was appointed Medical Registrar at Adelaide Children's Hospital. Here he remained in various posts

from 1955 until his appointment as Lecturer in the Department of Child Health at the University of Adelaide in 1960. From 1961 to 1963, Professor Kneebone was Research Fellow in the Department of Biochemistry at the Graduate School of Public Health, University of Pittsburgh, where he obtained the degree of Master of Science. Returning to the University of Adelaide he was appointed Senior Lecturer in 1963 and Reader, his present post, in 1967.

Professor Kneebone has collaborated with Professor Maxwell of the University of Adelaide on a number of research projects relating to myocardial metabolism and cardiac physiology and pharmacology, as well as conducting his own studies in obesity in children and the biochemical disorders of growth in childhood. In 1968 he took study leave in Milan where he worked on brain lipid analysis and since returning to Australia has begun a study of the effects of nutritional disturbances in early life upon brain lipid composition and function.

Professor Kneebone has published numerous articles and is a member of several learned societies including the Paediatric Research Society of Australia, of which he is President, the Australian Medical Association, the Australian Paediatric Association and the Australian Society for Medical Research. He became a Member of the Royal Australasian College of Physicians in 1959 and a Fellow in 1970.

## Interclass Debates Final

## Third Year VS Fourth Year

Title: Impromptu  
Date: Thursday, 24th June, 1971  
Time: 5:30 p.m.  
Place: Physiology Lecture Theatre.

## SPORTS NEWS

The intrafaculty competitions of this year have ended on the 7th of June. The following chart shows the competition results:—

	1st Year	2nd Year	3rd Year	4th Year
<b>MEN'S</b>				
Badminton	Champion	—	—	Runners-up
Basketball	—	Runners-up	Champion	—
Hockey	—	—	Runners-up	Champion
Lacrosse	—	—	Runners-up	Champion
Lawn Tennis	Champion	—	—	Runners-up
Squash	—	Runners-up	—	Champion
Table Tennis	—	Runners-up	—	Champion
Tug-of-war	Runners-up	—	—	Champion
Football	—	Champion	—	Runners-up
Volley Ball	—	Runners-up	Champion	—
<b>LADIES'</b>				
Badminton	—	—	Runners-up	Champion
Table Tennis	—	—	Runners-up	Champion
Netball	—	—	Runners-up	Champion
Total marks	57	62	73	107

N.B. The Marking system is: Champion — 10 marks  
Runners-up — 7 marks  
Participants — 3 marks

## NOTICE

The Glaxo Laboratories, Ltd., have provided a number of Charts on the spectrum of anti-bacterial drugs in common use to be distributed through the Caduceus. One hundred and twenty have been distributed to the second-year students through their Class Representatives. A small number still remains. Anyone wishing to have one can contact any member of the *Caduceus* Editorial Board.

## NOTICE TO OUR CORRESPONDENTS

All correspondences with the *Caduceus* wishing to be published must be supplied with the author's full, *bona fide* name and address before they will be considered for publication. Our correspondents' names and addresses, however, will not be printed if they so indicate.

## APOLOGIES

The *Caduceus* Editorial Board wishes to apologize for a number of printing mistakes appearing in the May issue (Vol. 3 No. 5) due to inadequate proof-reading arising from an abrupt change of printer as a result of unforeseen circumstances.

# CONTENTMENT AND PRIDE

by HSK

In an earlier issue of **Caduceus** someone commented that medical students are contented because they have a wise and understanding personage whom they love and trust. However I tend to think differently, as I still have some doubts on his wisdom and understanding as well as their love and trust. I am not even convinced of their contentment. I do think that they are apparently satisfied only because time and courage are too scarce in this poor place. Moreover, some of our fellow students might have never seen the great man whom they are supposed to love and trust so much! Instead of attributing the success to the virtues of one man in what Osler called the "fixed period", I rather regard the long-lasting peace as the result of our good old system of medical education. Our curriculum is overloaded; our tutors do not try to cultivate constructive thinking and we are expected to accept without reserve dogmatic and high-handed conclusions which they would regard as simple "common sense". Paradoxically it is these same people who can pacify the sentiment of many by saying constantly that they hate "spoon-feeding". More important and worse are the flattery they offer and the submissive attitude with which they bow before authority. True indeed is Darwin's dictum of "survival of the fittest" but unfortunately these fittest people do have a demoralising effect on their followers. Who can deny that the conditioning process that occurred in Pavlov's dog works similarly in a medical student? I have no doubt that we all have learnt through examples offered by our teachers, but not too few of these examples are stifling to any budding non-conformist idea that is so essential for a good medical education as well as so conducive to scientific progress. We learn to tolerate and be silent although neither toleration nor silence is always a good thing.

Two years ago, when the cry for reforms in this University was waxing towards its zenith, our student leaders impressed a great mind by their statesmanlike performance and won its admiration. But I was more interested in a ruthless blow given to the Union by our representatives. We emphasized that our medical school, "being an institute for professional training, has inevitably certain characteristics in teaching and administration different from those of other faculties. These are necessary to ensure academic standards and professional discipline." This may be true, but why

should we emphasize our differences at a time when unity was most urgently needed? Is this the way to be "statesmanlike"? Is this the way to "earn admiration"? Fortunately the Union has been founded on immovable grounds and was able to absorb such a blow without much ill effect. I have always been wondering what our student leaders thought at that moment. Did they think our faculty was the sole institute for professional training in the University? Did they think that only medical students had to uphold academic standards and professional discipline? Or did they simply say this to earn admiration?

Many people say that we are proud and I think we indeed are. Suddenly I am ashamed of this pride as I find it ridiculous. On what is it based? Mere ramshackle vanity! Our faculty and our profession, I suppose, are the only things that are worth taking pride in. But I cannot help despising the narrowness, the rigidity

and the relative sterility of the intellectual environment provided by our medical school. I cannot help lamenting the greediness, the selfishness and the snobbery that characterize many members of our profession. In a recent incident that incited the soul of every taciturn Chinese, one of our teachers, who was a Justice of the Peace, exclaimed on reading a copy of the **Union-Undergrad**: "No, no! Don't go to support that!" Ah! Pride or selfishness? Or both? One can certainly be too proud to have sympathy on a cause of one's own race, but perhaps it is more likely that one can be too selfish to incur the disfavour of one's Master, namely our Colonial Government.

When I entered this medical school, I was full of hope and trust — hope in our faculty and trust in our profession. Now I find the former "as stagnant as a Spanish convent" and the latter "as self-satisfied as a Bourbon duchy". I am disillusioned.

## Our Counterparts in Birmingham University

— Art

(Editor's note: The following account about the Medical School in Birmingham University is based on an interview with Mr. Alex Chan, a 4th Yr. Medical student there, who has been in Hong Kong recently for 2 months for his elective study in our university.)

The duration of the course is 5 years leading to the degree of M. B., Ch. B.

### Subjects Taught & Duration

The subjects taught are very similar to those here. The main difference is that we have 2 years (i.e. 6 terms) of preclinical work. In the first year we do Histology, Embryology, Physiology, Biochemistry, part of Neuroanatomy. In the 2nd year we focus on topographical anatomy and physiology with part of pharmacology. The course in Biochemistry also extends up to the end of the 5th term. The 3rd year clinical training continues with an introductory clinical course for 3 months, during this time we learn how to examine a patient properly and some general pathology and bacteriology and virology, and the rest of pharmacology. At the end of this course we start dressership or clerkship (6 months each). During the next 12 months we go to wards in the mornings, and back to the medical school in the afternoon for a session of co-ordinated studies. In a co-ordinated studies session, a disease will be discussed e.g. hypertension by 3 to 4 members of staff from various departments e.g. a pathologist talks about the pathology of hypertension, a 'physician' talks about the clinical signs, complications and management, and a pharmacologist talks about the drug treatment. After dressership and clerkship we have 3 months of social medicine and revision on

pathology and pharmacology. Then come the 2 months of 'Elective Studies' during which time a student can do whatever he likes and at whatever place he likes. (This is what I'm doing now.)

### Teaching Methods

"Tutorial & Seminars' with or without audio-visual aids are very much welcome by students."

"Lectures' usually aim at explaining some aspects of the subjects which are difficult to understand by just reading, they also aim to add some up-to-date material. But, of course, a few lectures fail to accomplish these and get students very confused."

### Size of class

"120 in my class. Increasing slowly to 150 now. Classes are divided into many tutorial groups of 10 to 15 students each."

"The ideal situation for any student would be passing exams without opening a single book. This is far from the fact. But, on the whole, we are satisfied with our teaching. The main reason being the staff — students relations are very good. The teachers are usually keen, knowledgeable and very friendly. These, I think, are the best factors. Audio-visual aids play an important part, e.g. in pathology department cubicles, tape recorders and screen."

### Research Projects

"In our preclinical years we have 1-2 afternoons a week for 'elective studies'. Some students do research work in the period. 4 students did work on the safety-belts in cars and published their work recently in 'Nature' or some journals like that. Other students have done work on phospholipids (Dept. of Biochem), the pineal gland and

E.E.G. (in the dept. of anatomy).

### Examination System

"We have done away with the three big 'hurdles' and replaced them with continuous assessments throughout the 5 years. That means we have short exams, which take the form of essay type questions, Multiple choice questions, vivas at the end of each course or part of a course. Further, we are assessed in many other ways, e.g. tutor assessment, case reports, laboratory work, ward performances etc. At the completion of one subject, e.g. medicine, the marks scored will be added up. If he passes, it is O.K. If not, he will be required to take a viva. For a better account of this new examination system please read an article by our Dean in the B.M.J. 10-10-70."

"As in any other parts of the world getting into medical school is quite difficult. I read in the university newspaper that among 22.5 applicants only 1 is accepted for medicine."

"As to the chance for a foreigner in getting into medicine in England, I am not very sure, but there seems to be not more than 3 overseas students in our class."

### Post-graduate training

"Post graduate training is very well organised. There are many big hospital authorities reserving courses for their own junior doctors who are taking exams for fellowships and memberships."

The majority of the posts in the various departments are filled by Birmingham graduates. But the number of posts are limited, and lots of the graduates will have to turn elsewhere.

### Students Life

"A. We have a staff-students curriculum committee, the members of which are the various heads of departments and 1 or 2 students from each year. They meet once or twice a term. Any conflicts between staff and students will be smoothed out here. The dissatisfaction of students will be voiced and improvement may

be made after due consideration of the various heads. Students also sit on other administrative committees, but I don't suppose they have a big influence on the decision-making.

B. The sit-in a couple of years ago was due to students wishing to have a bigger influence on their courses. A large part of the sit-in was played by a Ph. D. student who was campaigning for a seat in the House of Parliament as a labour candidate.

C. Most of the students play games (rugby, football, hockey, basketball etc.) on Saturday mornings and/or afternoons. They spend their Saturday evenings in 'pubs' drinking beers and chattering. Sunday is a day of rest and we usually watch football match on T.V. and have a quiet drink in 'pubs' in the evening.

For vacation we usually work as hard labourers (e.g. on building sites) for a short period making enough money and then go to the continent or other parts of the world. Hitch-hiking is a very popular means of travelling.

D. We have a very well-equipped sports centre and many sports clubs. On Saturday over one-third of the students are engaged in some kind of sports in various parts of the country. University teams go to play in other universities. Faculty or department teams play against one another or with other university teams.

E. Every student is supposed to be getting a grant from his own local Education Authorities. The size of the grant depends upon the income of the parents and the number of dependents and other factors."

### Project

"The small project that I am doing in the department of anatomy involves making casts of the nasopharynx in the mortuary and taking various measurements. I am happy to carry on with the work when I go back to Birmingham so that I can find out whether there is any difference between the nasopharynx in Chinese and English."

## From the 3rd Medical Students' Council Meeting . . .

- 1) A memorandum concerning the election of class representatives has been drawn up:
  - 30% of the class shall form a quorum of the Election General Assembly of the class.
  - Election of the class representatives shall be carried out in the presence of any one of the councillors of the Medical Students' Council who shall act as the returning officer.
  - The outgoing class representative shall notify in writing the Faculty Secretary and the General Secretary of the Medical Society about the change of Class Representatives.
- 2) It has been resolved that souvenirs will be presented to the Councillor at the end of his/her term of office. The presentation shall take place on the occasion of a Presidential Address.
- 3) The Presidential Address scheduled to be held in May will be postponed to October. This has been unavoidable as the President was not free in May.

## Medic Annual Ball '71

— in aid of Elixir Loan Fund

Place: Mandarin Hotel (Connaught Room)

Time: 30th June, 1971. 8:00 p.m.

Ticket: \$35 (members)  
\$60 (non-members)



# 啟思

香港大學學生會

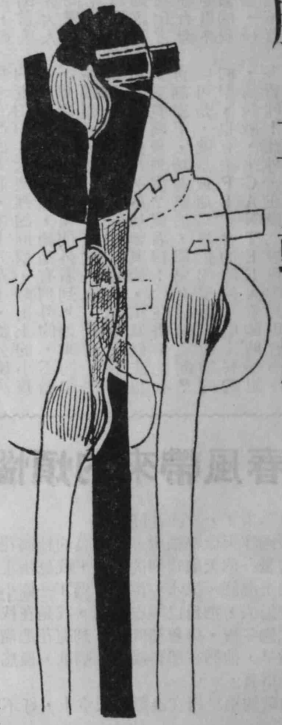
醫學會 月刊

第三卷  
第六期

一九七一年六月十五日

## 胸主動脈

### 瘤



梁兆文

#### (一) 主動脈瘤之病因

主動脈瘤之主要病因有三。一為梅毒，次為動脈硬化，三為動脈中層退化。近年以來，梅毒之病例已漸少，而動脈硬化之病例則較為增加。如 DE BAKELY 之報告中，動脈硬化佔百分之四十七，而梅毒佔百分之三十二。其他佔百分之二十一。較不常見之病因有先天性動脈瘤，其中包括 MARFAN 氏綜合症。又有損傷性動脈瘤，例如車禍中高速疾止所產生之損壞。其他尚有主動脈囊腫、及感染性動脈瘤等。

#### (二) 主動脈瘤之形式

胸主動脈瘤可發生於升主動脈，主動脈弓，及降主動脈等處。按病理理解可分為四類：  
甲、核形動脈瘤。乙、囊狀動脈瘤。丙、夾層動脈瘤。丁、假性動脈瘤。  
核狀動脈瘤是某一段動脈成分散性之擴大。囊狀動脈瘤是動脈壁之某處作局部之凸出，成囊袋形。夾層動脈瘤之形成，是由於動脈壁本身分裂，變成雙套管狀。假性動脈瘤，是動脈受傷破裂之後果。其壁由動脈周圍之組織及血塊所組成。

#### (三) 主動脈瘤之病理生理及病象

主動脈瘤之增大，往往因壓迫周圍之組織而引起各種病狀。例如神經痛楚，呼吸困難，吞嚥困難，聲音沙啞，以至胸骨、肋骨、或脊椎之侵蝕等。  
升主動脈瘤又常連帶主動脈瓣關閉不全，冠狀動脈孔狹窄，左心室肥大，心絞痛等病象。

晚期病例往往有廣泛性胸縱隔之阻塞，或胸壁受局部之外張，並帶有脈搏跳動，心臟期雜音，左右胸脈不均等，左右上肢血壓不相等，血液栓塞，以致最後心臟衰竭，或大量出血而死。

#### (四) 主動脈瘤之死因

破裂及大量出血，是主要的死因。其急劇之程度，為其他病例所罕見。破裂可切入胸腔、心包、食管、主氣管、或支氣管等。較慢性之死亡，是由於連帶之心衰竭，或縱隔阻塞，或血栓塞而致。

#### (五) 檢查及診斷

甲、病象之分析。(見前段)  
乙、X光檢查。  
A 照片，是初步用觀察動脈瘤之投影。

B 螢光透視，以觀察瘤影之擴散性脈搏跳動。  
C 心血管造影，是用導管逆行注入造影劑，然後作快速之連環 X 光攝影，或 X 光活動攝影。例如血液檢查，心電圖檢查，心肺功能檢查，以及其他手術前之一般例行檢查等。

#### (六) 治療

現代化的主動脈瘤治療原則，是將主動脈患處上下兩端游離，然後將該部份之血液循環阻斷，以便進行瘤切除術。餘下之主動脈有時可作直接縫合，但大多數情形下，是需要用人造血管含

全阻斷，身體各部份之供血如何維持。循環之維持方法有以下三種不同之考慮：  
甲、升主動脈手術進行時，身體各部份之循環由例行之體外循環方法維持。  
乙、主動脈弓手術進行時，身體下肢由股動脈逆行，其上部則由三導管分別注入血入無名動脈，左頸總動脈，左鎖骨下動脈。本港先導發明之技巧，是由一下肢動脈兩腋下動脈三路注血，使用起來，較外國的方法方便而靈活得多。  
丙、降主動脈手術進行時，可用人造血管，將血自主動脈弓導至身體下半部，或用左心室轉流術，將部份血自左心房引至心肺機再轉送入下肢。本港首創的技巧，是將血自左腋下動脈由膠管導入左股動脈，較前述方法簡單而快捷。

#### (七) 病例

以下是本港胸主動脈瘤之兩個病例：  
第一例：(C 219) 女性，四十六歲，病

象包括胸痛，心跳，連兩個月之久。經 X 光檢查及心血造影，證實有升主動脈瘤及輕微之主動脈心瓣關閉不全。血清檢查有 V D R L 陽性反應。一九七〇年五月十四日施行手術。手術時發現升主動脈作梭形擴大，其右側又有囊形擴張約達四吋直徑，壓迫着肺動脈。經過游離及循環阻斷之後，大部份瘤部予以切除。主動脈心瓣之關閉不全，原係由於環形擴張引起，在該病例尚不嚴重。經升主動脈瘤切除後，已經回復完整之關閉。(在另外一個病例，我們也曾成功地作同類心瓣之移植。)繼之便是人造血管之含接。經過上下游之縫合，還剩尚未完全切去之動脈瘤壁。病人便可以完全脫離體外循環。術後一般情況良好，一月後出院康復。  
第二例：C 272。男性，三十九歲。有左胸痛及背痛凡兩年之久。前曾患梅毒，V D R L 陽性反應。無心跳氣速之現象。X 光及心血管檢查，證實患有降主動脈瘤。已稱他入脊椎。一九七〇年九月九日施行手術。用導管將血自左腋下動脈轉流至股動脈。經過適當之游離後，降主動脈之循環阻斷，然後予以部份切除。但蝕入脊椎部份不能切斷。幸喜骨組織之損壞不深，無須作進一步處理。之後用人造血管接合，然後解除轉流導管。病者於六星期後康復出院。

#### (一)

是個充滿神秘感的人。  
普通的面孔，普通的身材，走在天星碼頭不會特別吸引你的目光，是似平凡却極不平凡的一個人，套句武俠小說的話，是真人不露相。

以前的學生，大概將來的學生，都對他敬畏，不要以為他又是個把人罵得狗血淋頭的人，不，一點也不，他是個典型紳士，談吐溫文爾雅，不苟言笑，你不會知道他何時喜喜哀哀，如果他有一天向你吡嘴，去買張彩票吧，包中的。

那末，他憑什麼使學生畏懼呢？就是他那腦袋中的白東西與灰東西，把學生全記住了，他對你那末的清楚，你要把狐狸尾巴藏起來也不可以，無所遁形，問你怕不怕？

老師與考試，是分不開的，問問剛脫苦海的人吧，他也是個「大慈大悲觀世音」呢！

#### (二)

謎面「同胞勿近」，就是他。  
他上課時說話多半很慢，很「滋油」的，正是「長江水，漫漫游」；謎着眼睛，雙腳有節奏地擺動着，對了，老師是位舞蹈高手，學生時代可算「一代波王」。

他對學生的要求很嚴格，一絲不苟，認為不能「放虎出籠」，從他手中遞出來的，相信有多少份量；所以，他雖然在太平日子中不易相與，但到考試，提起他人自危。

毫不擺架子，毫不疾言厲色的人，碰面跟你笑笑，一句「喂，點呀？」你是非常受落的。  
對，他笑得很好看，沒有辛康納利的粗野，沒有阿倫狄龍的女人氣，很酒脫的，笑一笑。

#### (三)

頭髮不亂，很整齊的分着一半一半，就像本翻開了的書，知道是誰了吧？

非常精於教書，上課是大刀闊斧的一兩句，便已點題，課文精簡，手寫得來腦又明白，而且他聲如洪鐘，六樓那個常壞的「咪」是難不到他，你睡了也會被吵醒，更不用要辛苦耳朵了。

在他來說，書不用多讀，有「Common Sense」則靈，是故，我們這班人就慘了，一句「No Common Sense」贈給你，你幾難不悶上好半天，為自己的愚笨而悲哀也！

看街症，跟巡房，你可以在他那兒學到好多東西，不過如果你「有七 Sense」的話……

#### (四)

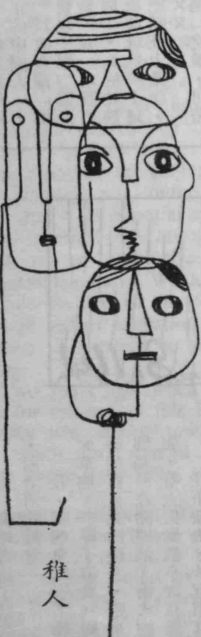
一個外國人的名字，一副中國人的面孔。  
他做外科最好了，害症自要斬草除根，而他的名字就已經表示「連根拔」，如果我是病人，也要找他開刀，拿個好兆頭嘛！

我們這位「沙準」，又是宿舍的「窩蛋」，是全港大最民主的，除了失竊例行向他報告外，我們是「自己顧自己」。

學生們最關心，是他「女朋友」問題，常常七咀八舌問他何時結婚，也常一窩蜂的伏在露台看個究竟，不知這位條件十足的院士，何時才釣得美人魚歸？

## 人物素描

之二



雅人