

THE BEAUTY OF SCHOLASTIC EXPERIENCE

by: Phillip C. F. Chan (Anatomy)

To do a well-paid extraordinary job is by no means enviable, but to do any unpaid job extraordinary well is unsurpassable. Nobody is a perfect expert, who knows more and more about the less and less, usually away from home giving advice with only a set of slides. If you cannot see the wood because of the trees, a liberal education would be a straw to show which way the wind blows. President Kennedy retold in his autobiography that with a Harvard Education and a Yale degree, he has the best of both worlds! Winston Church also remarked, "No one has ever passed so few exams and received so many degrees!"

Education, being only a means to an end, is not for today. It is of the past and for the future. It targets on a philosophical attainment of moral-intellectual virtue to conquer the inner soul of man, as a means of social communication. Remember, the greatest mind do not necessarily ripen the quickest. Ample examples can be cited. — Winston Churchill and Albert Einstein, Bach and Mozart, Charles Dickens and Mark Twain, Waldo Emerson and John Dewey. Education without our Lord is just like a boat without the oars. And sculpture is to marble what education is to the soul. The primary purpose of Education is not to teach you to earn your bread, but to make every mouthful sweeter, or rather how to live while we are

earning a living. Too many of us have the cart before the horse. An educated man is one who has finally discovered that there are some questions to which nobody has the answers. "What three words are frequently used by most college students?" asked one professor. "I don't know," came the answer. "Correct" remarked the professor. Nothing is easier in America than to attend college and nothing harder than to get educated. With half an hour's reading in bed every night as a steady practice, the busiest man can get a fairly good education before the plasma sets in the periganglionic spaces of his gray cortex for engram reformation. It is a form of repose. I rest most when my mind is busiest. It is deadly impossible for one to learn what he already thinks he knows. We must unlearn something before we can become truly learned. To be proud of learning is a mark of great ignorance. Better be ignorant of a matter than half know it. If you get out of school today and stop learning tomorrow, you are uneducated the next day. Seeing much, suffering much and studying much are the "try" angle of learning. Remember, knowledge is impersonal, error is personal and human! So, always learn the blessedness of the unoffended in the face of the unexplainable. The end of learning is to know God, and out of that knowledge to love Him and imitate him. The five most important questions a Kindergarten child asks frequently are: 1/Why

2/Why 3/Why 4/Why 5/Why????? An investment in knowledge pays the best interest. To know that we know what we know and that we do not know what we do not know is true knowledge. Always empty your purse into your head. Beware, the philosophy of this century is just the common sense of the next. You reach into the heaven to grasp an idea down to earth and make it work. The present age to many is mere idealism, while to others the forces of youth. Life with Christ is an endless hope; without Him it is a hopeless end, because life is merely a little gleam of time between two eternities! So my friends, don't put off till tomorrow what can be enjoyed today. Whatever you say, be brief because brevity, being Shakespeare's "soul of the wit," is not a virtue, it is a result. When your mind goes blank, turn off the sound. Measure your mind's height by the shade it casts! But don't measure God's mind by your own. We are now living in a new world of science, and this 2-edged sword is in our hand — yours and mine. When being asked on when will be the doomsday, I'm afraid I have no idea. Long ago, I learned that if I didn't know, it was a good policy to say I didn't know and the greatest difficulty is when try to answer something you don't know. Well then, why don't you get somebody who does know, and you'll never get into any trouble. When in doubt, ask God. After all, this is a happy world — Earth laughs where flowering in every spring. It is forever fresh and promise as to Adam." True life is built around 4 factors, viz: Love, Integrity, Faith and Enthusiasm. Live your own life and you will die your own death. According to the Arabic aphorism, there are 4 types of men on earth. He who knows not and knows not he knows not, he is a fool — shun him; he who knows not and knows he knows not, he is simple — teach him; he who knows and knows not he knows, he is asleep — wake him; he who knows he knows, he is wise — follow him! They can fool some of the people all the time (and all the people some of the time, but not all the people all the time), Be ready to accept defeat at times because disappointment is the nurse of wisdom. Logical retrospection makes the answer easy and second thoughts are best. Flood your instinct with skepticism because it is the seed of science. Don't show your ego superiority, nor exhibit an inferiority complex. To start each day is to move into a troubled world, yet some-how there has to be a way to begin afresh.



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	Highly Sensitive <1 ug/ml	Sensitive 1-8 ug/ml	Moderately Sensitive 8-25 ug/ml	Resistant >25 ug/ml
Gram-positive				
Bacillus anthracis	██████████			
Clostridium septicum	██████████			
- tetani	██████████			
- welchii	██████████			
Corynebacterium diphtheriae	██████████			
Diplococcus pneumoniae	██████████			
Staphylococcus aureus penicillin-sensitive	██████████			
Staphylococcus aureus penicillin-resistant			Occasional	methicillin-resistant strains
Streptococcus faecalis	██████████			
- pyogenes	██████████			
- viridans	██████████			
Gram-negative				
Bordetella pertussis		██████████		
Brucella spp.				██████████
Escherichia coli		██████████		
Haemophilus influenzae		██████████		
Klebsiella pneumoniae (Aerobacter aerogenes)		██████████		
Yersinia—other species		██████████		
Nisseria catarrhalis		██████████		
- gonorrhoeae		██████████		
- meningitidis		██████████		
Pasteurella spp.		██████████		
Proteus mirabilis		██████████		
- morgani		██████████		
- rettgeri		██████████		
- vulgaris		██████████		
Pseudomonas pyocyanea				██████████
Salmonella enteritidis		██████████		
paratyphi A & B		██████████		
typhi		██████████		
Shigella dysenteriae		██████████		
flexneri		██████████		
sonnei		██████████		
Vibrio cholerae		██████████		
Spirochaetes				
Treponema pallidum		██████████		

CORRECTIONS

In the last issue of Caduceus, the following names were misprinted.

Dr. S.G. Tso should read as Dr. S.C. Tso
Dr. K.L. Ding should read as Dr. L.K. Ding

We apologize for any misinterpretation thus caused.

— Editor —

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醫學院——醫學學生——雜感

青

小引

不經不覺，進入這個「最高學府」的「最有前途」學院又有半年了，現特趁啓思以Preclinical生活為題，亦正好一舒半年來生活之感受。筆者寫此文時，並沒有「一貫之思維」，各段落皆為獨立之感受，故特此話設在前頭，以便讀者。

醫學院內之教育形成

起初進入醫學院時，本來希望採取一個新的學習方法，亦即是不單為考試過關而讀書，但在一個以後，卻發覺差不多是沒有可能這樣做的；教育仍然是填鴨式，讀書主要仍是考試過關；為什麼不把這個「過份濃縮」的課程擴展為七年或八年呢？

同學對社會之認識

一般來說，大學生對社會之認識本來就是不深，加上醫學院在地理上及其他各方面之隔離，醫學學生對社會的認識就更形貧乏。在醫學院內，本來有兩個組織（啓思及健康委員會）可以負起這方面的工作，但到現在效果仍未普見。當然我們可以解釋為同學缺乏關心及參與，但另一方面，啓思及健康委員會亦應檢討一下其政策。（編者按：啓思及健康委員會舉辦一連串之活動，不知筆者有否參加？）過往當醫學生對社會問題留意時，往往將範圍收窄到「醫學生有關」的方面去，當然醫學生對這方便之問題，是應較其他同學認識深刻，但整個社會是統一的，我們又怎能放棄去認識其他各方面呢？如果教育不單是為了考試，為甚麼不把與醫學有關的社會問題及工作，編在醫學院的課室裏？大學之教育在明德格物，在培育完善的人，單單認識某門之學問，又是否可以做道這點？

真正的「填鴨式教育」

學科教育的填鴨式已不用多述，但進入大學後，卻又發覺另一種填鴨教育。有小部份講師（希望只是極少數，大部份都是不聞不問），常與學生們談做人的態度，這本來是一件很好的事，但可惜在這些學術以外的交談上，他們也採取了教學之態度，有些像迫使學生接受其人生觀。也許「填鴨」工作是習以為常吧！

醫學生之心態——思想

在醫學院內的同學，就筆者之接觸及認識，可分下列數類：

第一類同學認為只要苦心研讀，數年後便可得到一份收入不少的工作，於是便可安居樂業，渡其餘生。

第二類同學是為追求名譽地位而「掙扎」；（金錢對他們來說並不太需要）在香港或其他很多地方，醫生的社會地位都異常之高，於是部份同學極希望有日子取得這個極高的地位，這點甚至可從些醫學生平日的表現中看出。

第三類同學則抱有一高尚理想，希望能在學成後真正的為人民服務；他們可能會想到繼續在學術方面發展，以求收益更大。

第四類同學對自己的前途感到頗為迷茫，此等同學以高年級同學為多。他們以前可能是屬於第三類的，但在若干日子後，發覺在香港現今之醫療制度下，自己不能真正的為人民服務，故多有離開香港或到其他地方報業之想；但另一方面，各方面都在說香港之醫生極為短缺，自己是在香港培育出來，故不能捨棄使到自己成才的香港布民；在兩方面的衝擊下，又怎能不感到迷茫呢？

第五類同學則只是因着香港的教育制度及社會風氣而被「安置」到醫學院裏來，他們大多數對自己的未來，沒有明確的認識，亦沒有立場批判事情。正因為這樣，他們都極容易為其他事物影響；其中一部份，因為家人（特別是父母親）時常向別人訴說自己兒女進入醫學院，致使自己亦以為入了醫學院是非常了不起，另一部份因為在港大內受到「不正常」的優待，而使他們認為自己有權利去要求更多更好的待遇，做成一種自大的心理；當然，有一部份會受到一些衝擊而去接受正確的人生觀。

醫學生之質素

起初進入醫學院時，以為所有準醫生都是一等良民及有崇高理想，事實告訴我相反的一面，不是所有醫生都有資格當醫生（這個特別就是醫德方面而言）。在醫學院內生活過一段時期，就不難看出一些醫學生之劣根性——在宿舍內掛淫

畫、看淫書，在公眾地方吸煙（即忽視別人存在或損害他人健康），高年級同學欺壓低年級同學（醫學生之夜）等，粗言穢語更不在話下；如果一般勞苦大家知道他們來帶培養出來的人是這段模樣，他們會作何感想？為什麼在選擇醫學生時（其實有很多選擇的機會，亦可選擇更有資格的），不慎重地考慮其品德呢？

醫學生的使命

進入醫學院只有半年，對「醫」這一行業未有深刻認識，對醫生之使命亦未能澈底認識到，在這裏只能用幾句概括的話，表示一下。

一個醫學生當前的使命就是盡自己的力量，讀好自己的書（香港醫生缺乏問題還未解決），多對社會事態認識，並利用空閒的時間去幫助一些有需要的人。

結語

雖說濃縮，亦寫了二千字（其實半年的生活感受又怎能在這這數字中完全表達呢！）；收筆也是時候，不然下星期的測驗可能會「肥佬」。寫這堆東西，使腦袋有被運用的機會，可總算收益不淺，以後有空再談吧……

（編者按：歡迎其他同學發表他們的觀感，及對啓思多些批評。）

但願是短暫的

無料生

一個車輪被磨光了，可是它底被磨光的日子裏又受過多少挫折呢！它到底滑平了，它會受壓力而外變，可是它會達到這最終的目的嗎？或是它還會強硬地支持？可是造成這情形的人會後悔嗎？會稍帶歉意嗎？不，絕不，他們會使它磨着……直到破裂……直到它不能翻新！

一個老是在尋找的人，他尋找什麼呢？是至高理想，是心境之慰藉，從一寒風枯樹嗎？旭日豔陽嗎？無波的水面嗎？從遐想、從朋友、從工作嗎？

一時間作不了決定，他從教訓中得了這玩世不恭的態度，就如你是空手來的，你就空着手走吧，在人生之旅，你有着這麼多的責任去負，你是負不完的，家庭的啦，感情的啦……那就放棄吧！

啓思錄

好察非明

每文

聰明二字，從其從目，所指其實只是感應上的敏銳，它不是智慧，而只是智慧的工具，這工具能產生什麼效用，仍要看使用的人是否智慧。

「自作聰明」便是因誤用聰明而損及自己的一個例子。但缺乏智慧的聰明，其害處有時還不止此。在知識份之中，這情形可帶來一種思想上的病態。無以名之，姑稱為「思想敏感症」。這因人因其聰明和學問，觀察常能透過表象。一切虛假、粉飾、面具……等等都難逃過他們的眼睛。在普通情形下來說，這當然是優點，因為不致受欺騙是追求真理的一個先決條件。但苦在這些人患了敏感性，不是對光線或聲浪，而是對他們觀察到的潛在事物。正如光線和聲浪一樣，此等事物，本來都不足以使人發狂，但這些人就是不能接受，他們說：「這世界罪惡太多了，我要發狂了！」「社會這般多假面具，人人都如此無知，可笑……」；「我要失望，哭泣……」；「但不知發狂，失望、哭泣，除了能損壞個人的心理平衡使自己成為另一個無用的人外，實在毫無必要和用處。有些病入膏肓的，有時還會大叫知得愈多，想得愈深，痛苦愈大，恨不得天生愚鈍。其波聰明，觀察和思想之複雜，其不智之程度，竟有如此者！」

去過沙田西林寺遊玩的人，大概都會看過山巖石壁上的一副對聯。下聯曰：「好察非明，能察能察之謂明。」——但要能察能察，所需已是比「明」更高的一個境界了。又一股火在燒着，因為他有着理想，他有着立人志己之心，又如一場感情和理智之爭。

他所抱的態度是彷彿的，他立不定主意，這猶如在取捨之情，取捨之義，他抱頭而睡，影子使他睡不着；他迎風獨步，沿大圈子徘徊，想着他渴望的，深蒂的，他得到嗎？它們都像泡影，只激起陣陣陣志不了的漣漪，一次復一次。對了，就因為責任上的問題使他促着了脚，他能對他的學友傾訴嗎，他們能了解嗎，他只能訴出表面的，就憑他們從表面去揣測吧。

讓一切自然好嗎？他思得可不自在，然而他不知所措，表面是靠不住的，歡樂暗藏隱憂，表面冷理奸狡。葉子又黃了，這些年頭，他衡量了又壓抑了多少話呢，他不知道，他在茫然！

「不要讓太陽見你的痛」
若失意日中，但願月能明瞭
獨書房內，獨語鏡中
我在這裏道子您我的最不是！

LIFE OF THE PRECLINICAL YEARS — JOYFUL OR MERCIFUL!!

Now that the second year students have completed, hopefully, their preclinical course, and the freshmen, having tasted seven months of university life, are no longer that fresh; it is the ideal time for us to pause and cast a look behind. During the term vacation, a forum was held in which about forty preclinical students exchanged views on their experiences in the University.

First of all, quite a few students expressed the opinion that there was too much spoon-feeding in lectures. They felt that lectures should serve to stimulate the students to probe further into the topic rather than to give as much information in as short a time as possible. Of course, there were others who held the opposite view that there wasn't enough time for students to find out everything by themselves.

The tutorial system, which is in full swing this year, is meant to provide the students with a chance to bring up difficulties encountered in their course of study. There was no denying that the success of any tutorial depended very much on the tutor, but at the same time, we must not forget our own role. How often have we attended a tutorial, all the while praying that we would not be the "chosen ones"? For those of us who were not born under the lucky stars and did not happen to get the best of tutors, there is no need for despair: our second year students proposed the idea of study groups whereby a handful of students can study and discuss problems together.

The examination system was naturally a topic of great concern to all of us, our lives being always overcast by its shadow. Most of us felt that the tension generated by this "one go" system was too great, and that continuous assessment together with an examination should be adopted. For the first year students, who haven't as yet experienced the pressure of the M.B. exams, there was also ample ground for complaints. It was brought out that many of the multiple choice questions met in the tests were ambiguous. Moreover, we could not learn from our mistakes, since we were not given any opportunity to see the questions again, except perhaps in another test. The much-asked controversial question was again raised: what are the use of such tests?

The latter half of the forum was focussed on the non-academic aspects of life in the preclinical years. Although the programme of study is very tight, we should still be able to adjust our schedule so that a

balance can be kept between studies and extra-curricular interests. Participating in projects such as exhibitions, social service gives us opportunities to associate with people from the various strata of society. It helps to prepare us to be real doctors of the community, which involves not only technical skill, but also diverse human relationships.

There was the complaint that our study course is non-clinical rather than pre-clinical. It was then pointed out that the key factor was in the students themselves, many of whom held non-clinical attitudes. This may be attributed in part to the making of this once-in-a-life-time decision of choosing the medical career at too early an age. Everyone had his own

illusions of university life and the medical profession before entering this ivory tower. The name of "university student", "doctor-to-be", sounded so glamorous and promising. However, many were disappointed when they really became one. Life seemed not much different from, and in some aspects, even worse than, life in secondary school. Nonetheless, we did enjoy a greater degree of independence which we should exercise with discretion.

The above account of the forum is by no means complete, and opinions from the readers are welcomed, whether they are on the theme or content of the discussion or on the way it is held.

By M. I.

SOME FEELINGS

By T. H. C.

"I would try my best to serve the society. I would treat the patients as parents treat their children. I would give free medical treatments to the poor. I would if only I were admitted to the Faculty of Medicine."

Thank God, 1973 saw another one hundred and fifty lucky fellows gazette to the Medic Centre after traversing a turning point of their lives. From then on, they would know what is ahead of them. They are freed of the mental burden which once suppressed them so severely before entering the University. They think that they can keep abreast with their curriculum without much effort until they graduate, and their gold profession thenceforward secured

Amongst these lucky fellows, one may find out several different trends followed by them during the long medical curriculum. Perhaps they are very much examination-oriented when compared with students of other faculties. Passing examinations is of course their primary aim. However, they have different attitudes towards examination. Some know that gaining distinctions is not so easy and they only work steadily in order to get passes. Some can adjust their time in studying so that they can pass safely above the border line. Some imprudent fellows even dare to ignore the examinations — they put their bet in the supplementaries.

After graduation, they would lead carefree and enjoyable lives. Their enthusiasm in serving the others declines. Before they enter the university, they might have much complaint with regards the attitudes of the medical sphere towards the patients; they might wish to do something good for the people one day when they become practitioners themselves. These grand desires, however, are corroded by the flux of time.

We cannot, nevertheless, afford to overlook this. Nor can we afford to overlook the importance of doctors' role in the society. It is true that there are devoted doctors, yet these are far too few and precious to be general. It must be stressed that the way doctors deal with their patients also counts in relieving the pains of the latter: a patient will recover faster if he is treated by a kind and sympathetic doctor than by one who treats him as nothing but a mere biological specimen.

It is perhaps not essential that doctors squeeze as much money as they can when they are in such situation that money already "rushes" to them from all directions. Certainly, money gives them materialistic fulfilment and social prestige. However, some of the profit may be, as it often is, taken from people who are in desperate need. Why can doctors not be generous enough as to sacrifice a little of their profit for such people?

Cont'd from page 1

some men and women undergraduates never receive the help they need and leave the University with unsolved emotional problems which could have been resolved and which are apt to be a source of unhappiness to themselves and their families and of friction in their professional and social contacts."

It must be remembered that medical students come into much more frequent and responsible contact with personality malfunction than other student groups both in their course of instruction and in their daily work with patients. This is more so when they deal with psychiatric patients.

During only past four months since the year four medical students at U.M. started their clerkship in psychological medicine in the teaching hospital the author has been approached too often with "have-you-a-minute-to-spare, Sir," requests which often extends to half an hour or more. It is too premature to produce figures at this stage but the author is convinced that there are major mental health problems which are signals that the students are experiencing general emotional turmoil and are crying for help.

One of the main recommendations of the new report on student health from the Royal College of Physicians of London is that "Special provisions

must be made for mental health problems, which should include psycho-therapists in Student Health Service." Student Health physicians should not only be able to diagnose these conditions early, but they should also be able to treat many of them, and they should have prompt and easy access to skilled psychiatric help.

The report refers to the other "traditional and valuable source of life chaplains, tutors, hostel wardens, lodgings officers A close liaison between them and the medical service is essential, and the training of such colleagues in the recognition of psychological disturbances and their proper management either by themselves or by referral is an important aspect of the mental health work."

In conclusion, this paper is an attempt to illustrate and emphasize the fact that they psychological study of the medical student and establishing an effective student counseling service are both feasible and important. It is time we better our understanding in this respect, and intelligently and efficiently help them. It remains for us to take the step and face the reality.

The Editorial Board wishes to thank Mr. So Ping Chan for excerpting this article from *Medicasia* Vol. 1 1968/69.

The Editorial Board has planned to organize a fund-raising film show in view of its financial difficulties.

Date : May 5, 1974.

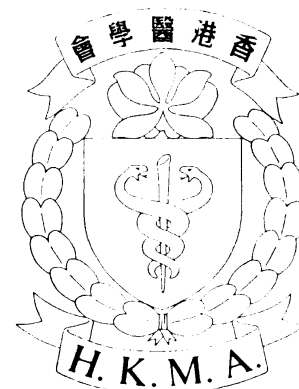
Time : 10 a.m.

Place : Lee Theatre

Film : Winter Comes Early

Please support us by coming to the show and/or donating to us.

SAVE YOUR PAPER. BUY YOUR TICKET NOW!



THE HONG KONG MEDICAL ASSOCIATION

Doctors and Medical Students in Clinical Years are invited to join the Hong Kong Medical Association, the Association that represents the majority of the registered medical practitioners in Hong Kong.

The financial year starts in April. Now is the best time to join.

Doctors can obtain membership application form by ringing Miss Y. M. Chow, Administrative Secretary, at H-231898.

Students should apply through the HKU Medical Society. Get in touch with your Hon. Secretary.

聽後

考試完了，躲在家中，是養疲倦的身，是養緊張了的大腦，不清楚，也沒有細想，兩週了，昔日一週三戰定江山的情境，恍惚和大學入學試一樣遠。啟思有個座談，說是有關考試，有點意思，跑去聽聽，參加者亦算踴躍，近三四十人，談了一輪，有何結果，啟思主人自有專文報導，自己其實亦忘了很多，只是當時自己感覺，還記得一些，根本是弄錯了題目，談的是對 M.B. 前生活的意見，不過亦無傷大雅，只好閉口，洗耳躬聽，現場氣氛不錯，也許坐得散開，故此發言不太熱烈，有說：要對着「咪」說話，假如少幾句，不如不說了。亦是理由，但個人意見，則以為小心字句，亦可以免了無意或誤解。

啟思的言語爭執，未嘗不好，而且讀了多年理科，說話有根有據，總比只表示一下個人感覺好些。縱觀全部過程，平淡。最能引起爭論是 Tutorial 制度和各科上堂的情境，說是有關考試，有點意思，跑去聽聽，參加者亦算踴躍，近三四十人，談了一輪，有何結果，啟思主人自有專文報導，自己其實亦忘了很多，只是當時自己感覺，還記得一些，根本是弄錯了題目，談的是對 M.B. 前生活的意見，不過亦無傷大雅，只好閉口，洗耳躬聽，現場氣氛不錯，也許坐得散開，故此發言不太熱烈，有說：要對着「咪」說話，假如少幾句，不如不說了。亦是理由，但個人意見，則以為小心字句，亦可以免了無意或誤解。

境前的好美造創為

今次是「啟思」首次舉辦研討會，時間雖然安排在假期，參加者仍甚踴躍，同學對「啟思」的關注，實令人振奮。我們沒有邀請講者，只是圍繞着 Preclinical Years 所見所聞，無拘無束地發表意見。回憶起往事，同學們談得更興奮。很多同學都覺得這半年的生活，好像把自己關在樊籠裏，唯一接受的營養，便是根本與臨床實驗脫節的課程。本來是身經百戰，對考試已本着「大無畏」的精神，但也要屈服在 IST M.B. 關前，究竟怎樣解釋「十條題目便決定學生的質素，是否公平？」我們看到做實驗的費時失事，上課程有改革的必要，教授方式亦應改善，以收最佳效果，這些是同學盼望的。說且單憑一次考試去判斷學生的質素未必可靠。

啟思的言語爭執，未嘗不好，而且讀了多年理科，說話有根有據，總比只表示一下個人感覺好些。縱觀全部過程，平淡。最能引起爭論是 Tutorial 制度和各科上堂的情境，說是有關考試，有點意思，跑去聽聽，參加者亦算踴躍，近三四十人，談了一輪，有何結果，啟思主人自有專文報導，自己其實亦忘了很多，只是當時自己感覺，還記得一些，根本是弄錯了題目，談的是對 M.B. 前生活的意見，不過亦無傷大雅，只好閉口，洗耳躬聽，現場氣氛不錯，也許坐得散開，故此發言不太熱烈，有說：要對着「咪」說話，假如少幾句，不如不說了。亦是理由，但個人意見，則以為小心字句，亦可以免了無意或誤解。

零零碎碎，要好得多，至於如何系統化，客觀寫出，使主事者易於接受，啟思主筆，想能辦到。(編者按：討論會特以對話式報導，使讀者能意味當時情況) 有幾位同學提出的頗值得深思：「整天怪人，有沒想到自己的錯處(順帶一提，類似形式的座談，多是揭人之短，各科的老師及上課時，亦大有值得讚揚之處，為何不見多說) 若能為學而學，測驗與否，計分與否，亦不必介意，測驗不外助讀書快點，讓自己估計一下自己的實力。」雖然說者都是功課甚好，方有此言，但說的亦是道理，當然考試方式含糊，考後又不知「一點點法」亦是應該改的。當日談的亦以這幾點對制度上的不滿，最有實用價值，如能切實開會，提出切實的技术改良，將會對他的第一年同學，有所裨益。很慚愧個人沒什麼建設性的意見，但看過幾張倫敦大學醫學院的題目，生理科平日用 MCQ，小組討論集中 Problem Solving，大考則不用選擇題，分 Problem Solving, Experimental Data Analysis, 及本地常用的 of Size in Physiology, 雖然亦有其缺點，但優點是較全面性，不致弄到有 MCQ 式的「飛書」或長題目式的提問，似乎值得借鏡的地方。

「接第一版」
學生對學習，所領悟的才是最要緊，任何測驗你的領悟程度的方式，永不能全面，只可以探到你所領悟到的一部份。——西班牙諺語

「似乎我們的談話太側重於學業方面。有人說過「入了大學，便彷彿置身書堆一樣。」但問題的焦點是在我們能否在繁瑣的功課中支配我們的時間。同學中有喜歡讀書的，有喜歡活動的，也有兩者兼顧的——但大家之間卻缺乏了一個共同點，那就是對於我們將來的使命的共同探究。」
「我個人覺得讀書固然很忙，但只要曉得支配時間，讀書也不會令我們不能兼顧其他。其實這和個人的態度有關，即使沒有 Continuous Assessment，有些人也緊張得由年頭讀到年尾。至於選擇課外活動方面，我們也要憑自己的才能和興趣去抉擇，因為課外的種類是這麼多，而我們的時間只是有限。」
「別人往往以為我們這個學系的同學關係搞得最好，因為我們沒有選科緣故。但實際上由於有些人活動太少，所以大家一點也不熱衷。」
「我以為參加活動的多與少，或相識的朋友多與少，根本與我們將來的生活無涉，和我們能否作為一好醫生完全無關，全視乎各人的興趣而已。」
「我活動端視乎個人的興趣，不可強迫。但個人的經驗是：課外活動的確給我不少裨益，至少是認識多些不是自己班的同學。」
「各人的路，不錯，是不同的。但我們間也許有共同點，憑着課外活動而得到彼此了解，和學習到更多的東西。比如去年的 Exhibition 便是。我們將來的責任是產生那麼簡單嗎？絕不，我們對我們的家庭、社會、國家也是有責任的，所以讀書以後，我們更需活動。」
「作為醫生，我們將來是會遇到各階層的人士的，所以在學生時代，我們必須對四周的環境加深認識。去年我隨班的 Social Service Group 到過元洲仔，就有一種感慨，那裏的孩子是被社會遺忘了。」
「如果說五年之後才去學，如何去接受人和被人接受，那就太遲了。」
「在這五年之中，除了課本的知識之外，我相信還有一樣更重要的。就是去學會處理人與人之間的關係。可能是彼此不認識，和大家都是成長過程中，所以有保持自我的傾向，隔膜因而產生了。我希望在這五年之中，除了在學識增長之外，我們於此也能作一突破。」
「在鼓勵人參加課外活動方面，Med so 似乎下工夫不夠。比如我參觀成毒所 FPA，也毫不見踴躍這實是我們 Faculty 中一個大問題。如果 Med So 能加強鼓勵，更多人會參加各種活動的。」
「在德育培養方面，同學似乎也不什注重。看「杏林放傑」，姑勿論其真與否，它所提倡的責任感和仁愛愛心是值得推崇的。」

「贈勸家開懷之用：「春天正是讀書天，夏天炎炎未好眠，勸得秋來冬又至，飽創精書好過年。」」
主席：「過了七年中學生活，進了大學，環境上的變遷不少，不知同學對此有何感想？」
「大學生活和初中分別不大，課外活動雖然多了，但一樣很多人只顧讀書，不如我想像中的 Liberal。現在？」
「除了舊同學和實驗同組的同學之外，同學們的關係都不很熱切，有時向陌生的打招呼，不知是看不見或不願應，很是無趣。由於在 Lecture theatre 沒有固定的位，大家都忽忽忙忙的趕來趕去，很難熟落。」
「大學生活的確自由——在較闊方面而言。但精神方面的則一點也沒有。比如指出老師錯誤的地方，誰也沒勇氣。」
「我想在 Lecture 時不准許發問(指剛才第三位同學所說)，是因為同學的數目多過中學的時候，根本沒有可能在 Lecture 時解答這麼多人的問題，有問題還是下課後找老師解決較妥。」
「不過有時間不是一個人的，而可能是全班的，在上堂時間，不但更多人能明白那課書，較下堂後問也省卻 Lecturer 許多時間。」
「師生的關係不好，可能是由於 Lecturer 把主力都放在自己的 lecture 上，上 lecture 但求「快做」了之；亦可能是時間太密，恐怕上堂發問誤了 Schedule，故此不准發問吧。」
「記得最初入大學之時，導師會教訓過我說，醫科第一年最難，而且自視甚高，其實他們是全醫學院最無料的一羣，所以他在離港前，曾吩咐我們做人要無驕無躁。現在聽過多位一年級同學發言，覺得她所說不差，我們只嘆怪別人，不想想身為大學生，應該有獨立自主的能力，不能全倚靠別人，各同學應好好反省一下。」
其後談話又扯到說 Preclinical 實在是 non-clinical……性的論調，筆者茲以他的話結束本文。
「現今的醫學教育——包括制度和學生而言——是否成功，可以值得思考。如果假設醫學教育失敗的原因何在？在求得原因之後，我們便可進一步的去補救。」



啟思

香港大學學生會
醫學會月刊

六卷四期

本期發行四千份
一九七四年四月



三月二十五日，雖屬假期，還可見到近四十人擠在 MENS COMMON ROOM 內學談着，是「啟思」第一次討論會，「名」為「LIFE OF THE PREMEDICAL YEARS」，實在是希望同學們有機會坐在一起，在輕鬆的氣氛下，交換一下彼此的意見，訴說一下大家的觀感。一談便是兩個多鐘頭。

由於當時發言，此起彼落，好不熱鬧，故此用對話方式寫出來，希望沒參加的同學也可以捕捉一下當時的氣氛，而且很多對話，都沒什麼結論，同學們如果有興趣，幾個坐一堆，接續他們的談論，也是不錯的事。

「我不明白，生化學的課程及實驗和將來有何關連，而且和講師談過，他亦說這些是過時的，我不明白究竟花一早上做實驗有何作用。」

「解剖科六七個人圍住一條死屍，是很不夠的，每人可以學到是實際經驗很少，其實多數是從書本上取得知識，上堂的時候，常常教授在黑板講精，大堆人圍住，外面的又聽唔到，其實好話，這樣是不很行的。」

「剛才講生化學，不大對，學問應該從根本學起才能記得牢，才運用得好，讀書應該自發，不是全倚靠老師，上堂的精華也不必一定要知，其實導師們所知很多，你不必都要知道的。」

「我很同意，但說到自發其實這裏圖書館太舊，書也不夠，我試過查 JOURNAL，很多是脫期的，很多參考書也是舊得很。」

「但以我們的需要，是否要查最新的 JOURNAL，這些是給研究工作者的，其實課本已經選取了很多重要的新發現，JOURNAL 太詳細了，而且我們是否有足夠時間去查 JOURNAL？」

「讀書不是單為考試的，而且 Reserve Book 很不足夠，常常有同學借了，以致很久也借不到。」

「很同意剛才那位同學，但查期刊固然是好，但是否要每一科都要查最新的期刊，我很懷疑，而且可以說：看新的研究結果，除非你很清楚這方面的進展，是很容易走火入魔的。」

「我初入，好有理想見人人讀大書，以為

好得意，但後來發覺時間不容許，只要能充分解靈活運用小書上的知識已很足夠了，這是考試後的經驗，也許你們一時間不會明白的。」

金句：「請書要熟，天書要讀，大書要 LOOK。」

「生化學上堂，速度好，快看着不斷放換幻燈片，不知所措，等於浪費了一堂的時間，做實驗，花一整上午，只是做技術員的工作，我不知有什麼用。但我和講師談過，知道是會有改善的。」

主席：「同學們可否看到，這會不會是制度或課程的問題呢？希望大家可以提點建設性的意見。」

「上堂太死板，應該是提出課程的重點在那裏，使同學們知所抉擇，例如一科不知那裏將來有用成本讀，是很費時的。」

「講師們或許才學很好，但上堂時的講授方式很多是頗差的。不但不能培養我們的求知慾，反而令我們沮喪。」

「講課的作用，應該是推廣知識，刺激同學們自己研究查書，不應是把知識灌給同學，課程上亦有不足之處，但課程是由飽學的老師編出，牽涉其廣，我們學生，可不能驟然加什麼意見，只可以發表一下自己的感受而已。其實同學們的學習態度亦要檢討，是否自己懶惰呢？其實上堂所派的筆記，雖不少是太長，但亦不少是好精簡，省了同學不少入圖書館查書的時間。」

「上顯微解剖學也是，很多是實驗說明中有寫的，有些是書有，很長時間，不如省一堂，去讀書好了。」

「但自己可否一小時讀這麼多，而且還有幻燈講解。」

「也不是不用心，但好像上 Radioanal，剛吃完飯，又黑又倦，很易入睡的，實在是力不從心。」

春眠不覺曉，處處聞啼鳥，
夜來風雨聲，花落知多少？

「TUTOR 的形式不好，好似考 VIVA，令人神經緊張。」

「有時亦不是不好，好似見人答得咁醒，自己騰騰，回家死勁，又或者自己讀到以為好精，點知被人一問，或個啞啞，也可有助自己讀書。」

「其實有些 TUTOR 太過符碌，好似急急來，敷衍了事，根本不想上，又急急走，不知是否做研究太忙。」

「有些好固執，死也不認錯的。」

「有些叫你一個去，作兩條題目，交了，也不改，只是問「有什麼不明，沒有？可以走了。」

「真是令人難過。」

「我發覺原來是要講命水，如果抽着個好 TUTOR，則那科必定好精，如果抽着個符碌，則好難會好了。」

「但我另一科很好彩，有個好 TUTOR，每次她都是叫我們下次預備一個題目，然後她自己去看書，下次就指導我們怎樣去讀，我以為這樣做是很好的。」

「其實 TUTORIAL 不外是提供一個同學們有機會互相領悟，他人想到，自己想不到，這時可以聽到。」

「其實是要看 TUTOR 是否太固執，能否處理氣氛，令同學們有興趣研究，TUTORIAL 應該是 TUTOR 在旁協助，同學們自己互相討論。」

「如果抽着個好 TUTOR 固然很好，如果不好運也不必心灰，可以肯定說句你那一科的考試成績必然會很好的。」

「其實 TUTORIAL 是給同學們一起討論的機會，老師不好，亦不應該放棄努力，這是很可惜的。」

「起初愛怪 TUTOR，其實自己想想也有責任，如果 TUTOR 不好，我們有責任將學習小組變成學習小組的。」

「其實，學習小組更好，因為可以找和自己學習方法一致的同学，剛才從同學們說話可以看到學習方法明顯的分很多種，有的愛自己查書，有些希望他人教。有些愛單獨工作，有些愛討論，最好找習慣同的組一個小組。」

「開學初，連人名也未識，根本不知如何組成有近似學習習慣的小組。求其人寫名我及寫名。」

「雖然若 TUTOR 不負責任，但同學們亦要負責，有很多時，是因為人數不足開不成的。」

「是啊！好像今天開 TUTOR，很少人開不成，原來很多回來了却躲在拉記，這些人是要負責任的，有些組長，通知不週亦是錯失。」

「我去年得到一位人人都說符碌的 TUTOR，但是我沒怨，我學到一點，就是要自己努力，其實說聽書不明是自己不讀書，不備課，還是教得不好？」

「以一試，區區六小時決定生死，很沒安

全感，若是那天表現不佳，就慘，而且心理生理壓力好大的。好易失水準。」

「最好用 Continuous Assessment，佔一部份，另外大考又佔一部份。可以照顧不同程度的學生。」

「我以為長有測驗會限制同學們的學習方式，要為測驗而趕書，其實最重要是考試方式，美國用很多 MCQ，如果考 MCQ 可以多點看書，但不必太熟，明就讀，但考 ESSAY，則不必讀咁多書，最緊要熟，但我不能驟然說那一種好點。」

「測驗結果，沒有加以分析，形式是選擇題，故此只知分數，不知自己錯在那裏。」

「知道怎樣錯，可以改進，很有益處，但會問過主人因為題目難出，傳出來流傳數年，很多流弊，所以堅不肯解。」

「其實如此保密沒用，我們試過各人記十條，將整張卷重新砌出來。」

「其實，外國試過，出很大堆題目，結果人們寧願讀書不去記答案了。」

「在外國有些圖書館，是有各校歷屆考試選擇題可供借閱的，不見有何不便考試出卷。」

「測驗作用，據說是 Continuous Assessment ② 逼學生讀書 ③ 使學生從錯中知所改進。但既不計分，又不派卷，題目又含糊，很難達到作用。」

「最好在考完即時唸答案，我們有何不明即時可知，而且題目含糊可以提出，有所改進，這樣又可免題目走漏。」

「測驗的作用在逼我們讀書，這是不合理由，身為大學生，是要自己自發學習。」

（對此問題有興趣的同學可以看看圖書館地下的一本期刊：談及各種醫科考試方式的成敗，及改良）

「TEST 用兩條 ESSAY，是不能 ACCCESS 學生的水準。」

「而且 TEST 的目的像是如學生們作對的多；比如解剖科次的 TEST，本來是計分，但後來因為考得太好了，便又取消計分。」

（下轉第二版）

