# A Final-year Medical Student's Voice

Professor J.B. Gibson, April 24th, 1975.
Dean of the Faculty of Medicine,
University of Hong Kong.

Dear Professor,

I am a final-year medical student writing to you on the eve of my final examination to voice my opinions on medical education and staff-student relationship in the Faculty of Medicine. I write now, because in a few weeks' time I will, hopefully, no longer be a medical student. And I want to express my views as a student rather than in retrospect of my experience as a student. I sincerely hope that I will offend no one in the faculty. I express only my personal feelings and do not represent any other students or student bodies although I do have in mind the interest and welfare of my fellow students and those after me. I must admit my own inexperience in the field of medical education but I hope something fruitful may come of my wild suggestions.

Firstly, there seems to be quite a lack of communication between the staff and the students. Students often feel 'persecuted' by the teaching staff especially in the clinical years and this combined with the enormous pressure from academic overload have led students to 'cram' for examinations, to study for the degree rather than for the sake of interest. This inevitably encourages memory work without reasoning which in turn, as the famous Chinese saying goes — 'To study without thinking invites confusion', is followed by a lack of clinical or even common sense. In my opinion, relationship between staff and students should resemble that between fathers and sons, with mutual understanding and care. I would like to suggest that we might have some staff-counsellors who would take care of groups of students. There could also be more staff-students functions like chats or luncheons to improve this relationship. Perhaps less spoonfeeding of material would encourage students to think and question more. With more feedback and fostering of independent individual reasoning, we may even have among us, great figures like Forgarty who invented the embolectomy apparatus while he was just a medical student.

I feel that two qualities of a doctor should be stressed. The first is a sound clinical sense and the second, which is just as important, integrity. As clinical sense requires more than academic knowledge, I suggest that less emphasis should be placed on the academic aspect, and more time should be spent in wards and outpatient sessions rather than in lecture theatres. I feel also that the intelligence of students in Hong Kong is too often suppressed by exam-phobia and an academic overload. I propose that there should be more rotations in the tutorial system to allow for continuous assessment of students. This seems a better alternative than the traditional examinations. Furthermore, this rotation may be beneficial too towards the improvement of the staff-student relationship. I think that instead of repeating a whole school year for failing a class test, it may be a better idea to allow those students to go on to the next course provided that they must find time to come back for extra lessons in order to fulfil the standard that is expected of them at that stage of their studies. In other words, a supplementary test or tests would be more reasonable. This would help to train more dependable doctors ready to serve the society, which I believe is the first and foremost aim of medical education, rather than a selected few from the vast majority to become specialists or even expert specialists engaging in research work.

As regards the integrity aspect, I feel that it is good if not essential for medical students to have a fair knowledge of medical ethics. An acquaintance with sociological and philosophical approaches to values in life and of life may also help. It may seem a good idea for the medical staff to talk of their personal experience and feelings towards their profession so that students can come to a better understanding of the career they are about to embark on for life.

I do realise that nothing is perfect but I believe that there is always room for improvement. I come to you with this problem and my personal opinions because I sincerely believe that you are a most understanding character and one who is always on the look out for ways of improving the faculty. And may I emphasize again, I am saying all this now because I want my views heard as those from a student. I thank you again for your patience with me and hope that this may spell a better education and training for those after me.

Thanking you with all my heart,

Yours most obediently,

**Robert H.K. MAK**
Final year medical student

(This is published with the consent of both the writer and recipient of the letter.)

# A Letter to K. L. and...........

18th May, 1975.

Dear K. L.,

Now that you are going into the clinical years, I think it might be of some help if I tell you some of my personal feelings:

It has always been idea that a doctor should be considerate and kind towards his patients. A doctor-to-be should in no way be less so. Try to be nice to your patients; say a few words to them before examining them. Your aim is to gain their confidence, for many a time it works like magic. Most patients are co-operative and will treat you as doctors but remember that you are learning from them and so treat them nicely. You may be eager to learn, but be considerate and don't exploit them.

Over and over again you will hear people say — 'Go to the wards; you learn in the wards.' Indeed you really do. You may know a thousand and one causes for an enlarged spleen but you'll never think of them unless you have felt it. Moreover, one disease may present itself in many ways and it's through your experience in the wards that you become aware of them.

You may be perplexed by the astronomical amount of details presented to you, but don't panic. You are just required to know the basic principles in the common entities — the rest are for experts not MBBS's. It's equally important that you understand why something is done rather than how it's done.

The above are what I've observed and concluded and it is up to you to find out any truth in them. This letter is written just to bring up a few points you are likely to encounter in your coming years.

God bless you!

Yours,

Human — E

# 畢業試点滴

——不業生

**（一）試前**

應付考試是香港學生習以爲常的一件事。但醫科畢業試，對我來說，就像泰山壓頂，透不過氣來。同學們中雖有些口說「乎碌」，但又有誰不全力以赴呢。有人深潛「拉記」窮經典，有人閉門苦讀念筆記，亦有人終日奔走於病房與門診部，仿似趁墟一樣，爲求是多得臨床經驗。正是睡的時間少，讀書的時間多，鎮靜劑成爲許多同學的良藥；腰酸頸痛成爲一時的通病。無它，大家都有同一目標：齊過、齊齊過。

**（二）試後**

筆試過後，大多數同學都認爲不太差，當然有人會沾沾自喜，更且滔滔不絕，談論如何作答，更有指出人家的錯處等等。亦有同學憂形於色，信心盡失，更因而影响臨床口試的表現。我可說是這其中的一個，抱着患得患失的心情，面對着臉孔嚴俊的主考官，腦子總是打了結一樣，應對緩慢，更兼亂「爆」一通。自問最笨拙的一個時刻，便是對着主考官的那一刻。

**（三）放榜——喜、怒、哀、樂**

全部考畢後，謠言處處，有人因而白白的憂心一場，亦有人空歡喜一場，更有人全無insight，那要看榜才知生死了。

那最緊張的一刻，終於來到了，我是最先看榜的其中一個。笑了，興奮的大叫了——（喜）出望外！一位隨着我笑，叫的同學突然臉色轉了，原來他雖是三科齊過，可是兒科補考不及格。人人都爲他不平，那有什麼用呢，還不是敢（怒）而不敢言。那些不合格同學的心情，我相信所有考畢業試的同學都會體會到的。那幾位取得優良成績的同學，尤其是那對在班中的「小夫妻」當然是一（樂）也。

**（四）考試秘訣？**

我從來不信命運，現在我却有些信了。有幾位同學平時表現良好，出人意表的不合格了。有些同學抽到難的 Case，有些却抽到了較易的，那不是運氣因素的存在嗎？雖然說能否正確斷症，並非關鍵問題，最重要的是能作一個合邏輯的推斷和處理，但以經驗淺的學生來說，得到一個難的 Case，往往便亂了方寸，不能有好的表現了。除了運氣外，人的因素亦很大。一個考官對一個考生有好印象，在考試時，往往會顯得更有耐性和更小心的去衡量考生的水準。而考生遇到這樣的一個考官時，亦會表現得鎮靜和較有理智，成績自然是比較好了。怎樣去獲得這個「人緣」的有利因素呢？無它，便是多上「病房」，多到「門趁部」看症，多上TUTORIALS等等。換句話說，是要多用功，多得臨床經驗。「人緣」的有利因素便垂手可得，是不用刻意求之或以其他途徑獲得的。

**（五）制度問題**

「運氣」與「人緣」的因素，無可否認是存在的，無形的考試壓力，更令同學在精神上，負担重重。在這種種因素下，考試是公平嗎？這個問題是值得各同學正視和討論的。

**（六）是終點還是起點？**

畢業了，醫學生的階段是終結了，那當然是值得高興的。但把目光放遠一點，這是一個新的起點。醫學生搖身一變，成爲了醫生。醫生所要肩負的責任，同學們有沒有細心的去想想呢，現在我們的學識能否使我們有效地去履行我們的責任呢？其實現在我們是走上了一條艱苦的道路，一方面要不斷學習，另方面，在現時社會的種種醫療服務問題，醫生的出路等等問題是需要我們不斷奮鬥和摸索的。以這未來幾十年所要走的道路，與現時的畢業試比較，當然是小巫見大巫，但是以一般同學來說，畢業試是當前最重要的問題，及格了的同學，希望他們在狂歡之餘，能靜靜的去想想將來的問題。失敗了的同學，和及格了的同學，其實只是「一綫之差」，希望他們能把目光放遠一點，心情相信是會好一點的。

# 新生之路

周榮祖

座落在黃竹坑南朗山道這條斜坡上，有三幢建築物——南朗山痲病醫院，安老院，和瑪灣女童院，在暮氣沉沉中發出一點青春的氣息。

該女童院是一綠色的建築物，包括有學校和宿舍，員生分為宿生和非宿生，她們每逢星期一至五，早上九時至下午四時在學校上課，下課後，非宿生便返回家中（大多是在附近地區）。

宿舍有四層，每層分作一組，每層約住上十四至廿人，女童的年紀由十至十六歲，除每兩星期回家一次外，其他時間都要在組裏共同生活。每組有一個導師和一個組長負責照顧組內的女童，然而主要的日常起居生活都由女童自己負責。

該院的女童大都沒有良好家庭環境，而由於種種不同原因由社會福利處或其他機構介紹進來。大致上看來，她們和其他女孩子一樣天眞活潑。如能多和她們相處，更會發覺她們各有可取之處，倘若經過循循善誘，不難成為可造之材。

醫學院同學所參與的義務工作主要對象為宿生。經過這三年來的活動，大家都很喜歡和這些天眞活潑的女孩們一起玩耍、傾談，當然最重要還是希望通過這樣的一種教育使她們將來能成為社會的棟樑。

談起來容易，做起來亦有實在困難，先是大部分女孩逗留在院內的時間不多，而義工們却只能每兩星期探訪一次，能夠在這短短的時間內得到她們的信任已是很成功的了，所以很多義工在她們離開後仍繼續和她們保持聯絡，希望在需要時可給予援手。

至於非宿生，能夠多接觸的時候是在暑假，那時將會舉辦一連串的活動，譬如露營，參觀等。

總括來說，在「瑪利灣」內的工作是多采多姿而富有挑戰性的。每一個參與的同學都能在與女孩們接觸後，分担她們的痛苦和快樂，眼見她們能步向正軌，心中的愉快，非筆墨所能形容。

在最近我們將會為她們舉辦很多活動，包括露營、訓練營、天才表演、球賽、旅行等，這些活動都需要很多同學參與，你願意來幫助她們嗎？

## 與參與瑪利灣工作同學的一席話

瑪利灣女童的義務工作，開始的情況可追溯到七二年間當時一年級的同學組織了社會工作小組，在一次偶然的機會下安排了一次到該院的訪問，得知該院極需義務幫助。訪問完後，一部份同學覺得做義工很有意義，便決定參與，協助，籌備一些暑期活動如旅行，參觀等。在隨著的一年中，斷斷續續的舉辦了一些活動，期間因第一次學位試，而停頓了一段時間。

去年初，同學們因為功課壓力的加重，參與的同學日見稀少，只得幾位同學苦撐下去，到了暑期，該幾位同學決定舉辦一個夏令營，着手籌備時開始吸收其他班的同學，參與的人亦有十多人，然而始終未能大規模發動同學參與。夏令營之後，同學的興趣似乎又大為低減，義工的數目幾乎等於零。

經過幾個月的慘淡經營，在今年的第一次學位試後，在一部份熱心同學的推動下，總算動了十多位二年級的同學及幾位一年級的同學參與。

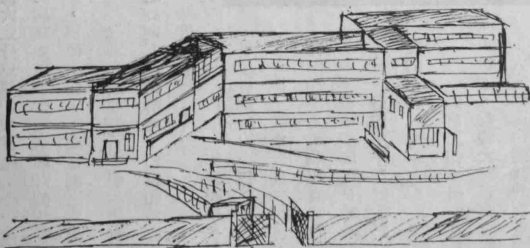
最初的工作，範圍比較狹窄，不外旅行、遊戲等，同時亦沒有系統。到後來，大家都覺得除康樂活動外，都需要注重女童們身心的均衡發展。事實上該院的女孩不少是很有潛質的，然而由於家庭和社會因素，令她們未能得到適當的照顧而漸漸地喪失自信心，甚至產生自卑感。所以義工的最大目標就是排除自卑感，盡量發掘她們個人的特長，從而使她重獲自信心，變成一個能夠獨立自主的人。要達到這個目的，在活動安排上就要更有系統，在最近正企圖推行一個 Target Training Prigramme，內容分戶外及戶內，就他們個人興趣和潛質而參與。

羣體生活訓練團培養她們對日常生活的慣性和責任感使她們適應社會的要求。

雖然義務工作已展開了三年，但實際的工作成果尚未能估計，因為該院的女孩逗留時間不長（約一年），而院方又未有對離開的女孩做甚麼持續性工作。事實上時間的短促，往往增加了工作的困難，因為人與人之間的信賴，是需要時間去建立，在如此短暫的相處時間，要達到互相溝通和瞭解實在不容易，幸而通過一些康樂活動，在融洽的氣氛下，那些女孩們漸漸地消除了芥蒂，願意接受我們的幫助。

在參與這項工作之後，大家都覺得無論對人生和社會都加深了認識，譬如以前認為人間慘事只是小說家或製片家撰出來，現在才知道社會上眞實存在著很多問題，不少人是在痛苦的邊緣中掙扎著，回顧一下自己，才發覺原來自己實在很幸福，因而更確定自己將來要為大衆服務的決心。

瑪利灣女童院這種形式的「感化」制度，在目前來說實在有急切需要，就以該院來說，輪候入院的不知凡幾，由此亦可反映現今社會的一個病態。所謂預防勝於治療，社會人士應對青少年身心健康的培養更積極下點功夫。



瑪利灣

## 社論

### 幾個小火頭，變成一把熊熊烈火

一直以來醫學生給外界人士的印象是只知讀書的閉門秀才。事實上，因為地理上的分隔和繁重的功課，參與學生會及屬會活動的同學都不多，另一方面，一部份同學可能仍抱著書中自有黃金屋和顏如玉的想法，而對於任何活動都不感興趣。

但是，隨著近年來學運的發展，很多同學都開始關心社會的要求，每年都有灌輸健康知識的展覽會，各班亦有舉辦一些社會服務活動如：訪問孤兒院、康復中心及修橋起路的工作。

然而，這些活動都沒有持續性，每每被喻為只有五分鐘熱度，更由於缺乏週詳的計劃，往往未能發動更多的同學參與，幸而有些同學亦覺醒到問題的徵結，近一年來，漸漸組織一些比較長期性的社會服務工作，就以今期所介紹的一些社會工作就可見一斑，其中以瑪利灣女童院的歷史最悠久，觀塘社康計劃義務工作小組和健康委員會的活動等，目標都定得很鮮明，計劃亦很週詳，發動的同學又比較多，可見醫學院同學參與社會活動的情況正進入一個高潮，一個蓬勃的時刻，實在令人振奮。

然而在興奮之餘，負責組織各項活動的同學應該看一看目前的發展形勢，是不是一每項活動都能眞正深入同學間呢？就筆者所知，一位平時稍為活躍的同學往往被視作爭取的目標，不知不覺間可能同時參與了幾項活動，要知醫學院同學都有一個很重的包袱——功課，能騰出來的時間實在有限，而參與任何活動並不是坐著開一二小時會便成，是要身體力行地去做，所以如果每項活動都我行我素，各出奇謀地拉攏同學，只會令同學們無所適從，更可能做成相互間的磨擦，因此我們希望有關的同學能大家一同坐下來細細詳談，想一個統籌的長期計劃，這樣不單能令各項活動得以順利進行，又能發動更多的同學，豈非一舉兩得。

# SOME THOUGHTS ON INTEGRATED TEACHING IN PRECLINICAL YEARS

Samuel H.H. Chan, Department of Physiology

** *The interpretations and expressions presented in this article are strictly personal.*

One "new" approach to the teaching of science in general that has been mentioned quite frequently by educationists in recent years is the so-called integrated teaching. For instance, the traditional subjects of Biology, Chemistry and Physics are now taught in Hong Kong as a single subject known as "integrated science" at Form One to Form Three level. This same approach has also been extended to medical education of late in many foreign Universities, or to put it more appropriately, integrated teaching has been re-vitalized in the teaching of medical students.

This article attempts to review this subject of integrated teaching in the context of preclinical curriculum. Particular reference is given to the teaching of neuroscience, one which the author is more familiar with.

Broadly speaking, any instruction which incorporates two or more of the traditional preclinical subjects, viz. anatomy, biochemistry and physiology, in some sort of logically intermingled manner can be called integrated teaching. To one extreme, there are medical schools which design their preclinical curriculum according to an "organ" system. Within a stipulated amount of time, individual functional systems, e.g. reproduction, circulation, CNS . . . will be covered in terms of anatomy, biochemistry, physiology, pharmacology, even pathology and medicine. This interdisciplinary approach is usually adopted by more newly developed medical schools, an example being the University of California Medical School at Davis. A more moderate format which is quite popular in many U.S. medical schools is to teach the "born-pair" (in the words of Professor J.E. Randall of Indiana University), neuroanatomy and neurophysiology, in an integrated fashion. This is usually done by a selected few from different departments who form a neuroscience group, or by a Department of Neuroscience. Still other medical schools teach the preclinical subjects independently but in a remotely integrated mode, i.e. individual departments attempt to fit into the schedules of one another.

Theoretically, integrated teaching will provide the students with a "complete" picture of the subject because of the broad exposure. For example, the nervous system can be dealt with, in total, by the teaching of neuroembryology, neuroanatomy, neurochemistry, neuropharmacology, neurophysiology and psychology. In some medical schools, like Howard University in Washington, D.C., introduction to clinical neurology, neuropathology and psychiatry is also being delivered at this stage. Students should, as maintained by advocates of this interdisciplinary teaching, therefore be able to grasp fully what they should know about the particular subject concerned.

It is exactly with such diversity of approaches to a single subject (e.g. the nervous system), which inevitably has to be delivered in a rapid pace, that some students found it difficult to cope with. Unless a student is able to absorb fast enough, he/she will be running a good chance of falling behind. This drawback could of course be remedied by an alteration of study habits. And in fact, medical schools that emphasize such teaching method usually set aside free afternoons in the time-table for the students to catch up with their reading assignments.

One side that is often overlooked is that serious drawback in integrated teaching can actually come from the teachers. Unavoidably, in an individual department setting, teachers will be moreorless tied to the traditions of teaching in his own department (methods, philosophy, etc.) that may differ from others. Furthermore, each teacher is liable to his/-her own views and concepts that may or may not be easily compromised by his/her colleagues. An integrated curriculum, therefore, may often appear only on paper without being executed in the true sense of the practice. Professor Randall, who became very "cool" towards integrated teaching after witnessing its pros-and-cons at Northwestern University and Indiana University, commented that "unless all staff involved can truly co-operate and agree on materials to be covered as well as concepts to be used, there is not going to be a successfully integrated course".

The Department of Neuroscience at the University of Florida may have solved this human factor by assigning each teacher a series of lectures on the CNS, e.g. special senses, motor system. This particular staff will then have to be responsible for teaching all aspects, anatomy, physiology, and so forth, in his assigned topics, regardless of whether he was trained primarily as a neurophysiologist or even a neurochemist. In such a way, the students will receive, hopefully, a more uniformly integrated course.

Will integrated teaching in preclinical years work in this University? With regret, the answer at this point is "not likely". With the present practice of individual papers on anatomy, biochemistry and physiology during the First M.B.B.S. examinations, and with the clear lines drawn between departments in terms of teaching and administration, the development of a truly integrated teaching programme seems to be very remote. Barring the difficulties, however, interdisciplinary teaching appears to be the approach to be adopted in preclinical curriculum. Towards this end, Professor D.R. Wilkie of the University College London rightly mentioned that genuinely integrated teaching depends a great deal on the personal capacities of the teachers organizing the courses, and the elimination of lines separating individual departments. Perhaps this is something that all of us should give a thought to during this period of reform of medical curriculum in this Faculty of Medicine.

### A Commission For Reviewing our Curriculum

Two visitors from England have been invited by the faculty to investigate (in the coming October) on the possibilities of improving our curriculum. On enquiry by the Dean, the Medical Society has set up a commission to collect opinions from the students. So, don't hesitate to voice your opinions! If you have any good ideas, please direct them to the Ex-co. as soon as possible.

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### RESULTS OF INTRAFACULTY COMPETITION

| | | 1st | 2nd | 3rd |
|---|---|---|---|---|
| Men | Badminton | 2nd yr. | 4th yr. | |
| | Basketball | 2nd yr. | 1st yr. | |
| | Hockey | 4th yr. | 3rd yr. | |
| | Lacrosse | 3rd yr. | 4th yr. | |
| | Squash | 3rd yr. | 4th yr. | |
| | Soccer | 4th yr. | 3rd yr. | |
| | Softball | 3rd yr. | 4th yr. | |
| | Table-tennis | 2nd yr. | 1st yr. | |
| | Tennis | 4th yr. | 1st yr. | |
| | Tug-of-war | 3rd yr. | 2nd yr. | |
| | Volleyball | 2nd yr. | 4th yr. | |
| | Cross-Country Run | 1st yr. | 3rd yr. | 4th yr. |
| Ladies | Badminton | 3rd yr. | 4th yr. | |
| | Netball | 3rd yr. | 4th yr. | |
| | Table-Tennis | 4th yr. | 3rd yr. | |

| Overall Results | | |
|---|---|---|
| 1st | 3rd yr. | (108 pts.) |
| 2nd | 4th yr. | (106 pts.) |
| 3rd | 2nd yr. | ( 86 pts.) |
| 4th | 1st yr. | ( 75 pts.) |

Sincere thanks to all referees and all those who helped in making the Competition a success.

Sportsman of the year (1974-75) — Mr. Koo Ping Kwong. (4th year)

Sportswoman of the year (1974-75) — Miss Kwan Kit Wah, Joyce, (3rd year).

# 健康週與你

健康委員會

每屆學期尾，照例便是一大堆「考試」「測驗」，但在溫習功課之餘，自不免胡思亂想，翻翻案頭日曆，估計大約還有一個多月，漫長的暑期便開始了。這一個假期，對醫院一、二年級同學來說，是一個很「難得」的機會，他們可以暫時擺脫沉重功課的負担，去做他們喜歡做的事情。

健康委員會在這個漫長的暑假中舉辦了一些活動。希望藉著這些活動，能使醫學院各級同學互相合作，促進彼此的了解。作爲一個醫學生，我們覺得有責任去幫助推行香港的健康教育和糾正一些普通醫學上錯的觀念，（例如在大會堂之展覽會及廣泛之流動展覽會等）。最後，更希望透過一些討論會或研討營，重新將醫學生多年來參與社會工作的道路作一個檢討，再重新認識醫學工作者之相互關係和彼此合作之可能性。

健康週活動基本上包括三方面……

## （一）流動展覽會

過去一年來，通過同學們的互相討論，大家都覺得如果展覽幾天，所能接觸到的市民很有限，而且我們更無法將各類型之醫療知識準確地傳遞到不同年齡和不同社會背景的市民。但流動展覽會便可做到這一點，藉著廣泛地，主動地去到每個社區中心和學校，向他們講解和討論一些醫療問題，同時，透過主動的參與和實際的討論，可以提高醫學生對社會問題的關注。

在今年健康週，我們成立了一個流動展覽小組，專負責流動展覽會之各有關事宜，例如，攝製健康教育的幻燈片，安排在不同的社區和學校播放和作討論。我們亦體會到流動展覽會是長期性的，決不可能在短短幾星期內便收到很大的成果，但這小組的成立，可作爲日後我們搞流動展覽的一個起步和依據。

## （二）研討營

這個營的主要目的是希望藉著一兩天的討論重新對醫學生參與社會工作的路向內容主要圍繞著醫學院最近所辦的一連串活動，是否與我們的目標有所抵觸。

這個營除醫科同學外，更歡迎其他中學同學及其他院系的同學參與（特別是參與健康週活動的）。時間約在九月上旬，在這短短的一兩天內，希望透過幻燈、討論等形式加深我們對參與社會工作的理解。

## （三）展覽會

健康週展覽會「性與健康」

（甲）前言：

性是人生重要的一環，然而香港及許多地方對於性教育之推行，仍受著種種因素之束縛，以致未能普及。學校中缺乏適當訓練導師，課程編排困難，家長反對等都形成性教育在學校推行於發展；在家庭裏，父母或忙於生計，或因本身性知識之不足，或因感尷尬而難於啓齒，使到許多青年對性產生不少疑惑和錯覺，而他們亦不知從什麼正當的機構團體或書刊找尋他們所要追求的答案。

香港人絕大部份是中國人，雖然受到西方思潮澎湃之沖擊，然在思想上仍不乏保守之人，一則採避而不談之態度，他們根本忽略了性教育對青年人之重要性。不少青年爲滿足其好奇心，轉而從黃色刊物或受到其他錯誤之引導，以致遺毒頗深，眞是始料所不及。

雖然普及性教育困難重重，但最重要的還是要改變一般人對性之觀念，性並不是那麼神秘莫測，並非什麼罪惡，亦不是一些難於啓齒討論的題目。基於以上的原因，我們實在有責任給大家一個健康性觀念和消除大衆對性衛生之誤解。甚於此，健康週展覽會便以「性與健康」爲題，同學們，努力吧，盡我們一點力量，作出我們對社會之責任，展覽會之成敗，在於你的誠懇積極參與。

（乙）展覽日期：九月十八日至廿三日

（丙）展覽地點：大會堂低座展覽廳

（丁）展覽內容：我們將以最顯淺易明之方法，給大衆一個性衛生之展示。內容將分爲六大部份：

（1）性之析義
（2）正常之性生理常識
（3）青春期性生理之變化
（4）心理及環境和性之關係
（5）不正常之性行爲及病疾
（6）節育，懷胎及有關資料

健康週展覽會
「性與健康」
九月十九日至二十三日

# 中醫拉雜談

老兒筆

聽別人談起中醫，就回想起小時看病的情形。那個老頭子，有一點鬍子，畧有氣派的，三指把着脈，或許叫我把舌頭伸一伸，偶然也看看我的眼。他不問病症，也不要我告訴他岔子出在那裏，就頭頭是道地把我的毛病說個清楚。倒能博取我對他的一點信心。吃一兩劑藥後病果然好過來。進了醫學院，對於這一班老頭子，中醫師的診病方法，覺得愈來愈不像樣。難道眞的是把把脈，看看舌頭，望望眼睛，或是說「望，聞，問，切」就足嗎？至於X—光，驗血，却一點也不做，怎能得到一個正確的診斷。至於他們的病理更像是沒有科學根據，談起「陰陽五行」倒也像江湖術士，玄妙而不著邊際。但是另一方面也是不能叫我明白，四千年來，我們中國人却一直藉著它除病健身，就玄妙如「陰陽五行」之身却一直沒有受到實踐的淘汰。說到這裏不能不找書學習，看看中國醫學是「什麼葫蘆賣什麼藥」！

## 中醫沒有理論？

說到中國醫學的理論就不能不追述到二千多年前的「黃帝內經」。「內經」認爲關於健與病的問題乃關乎到「陰陽五行」的問題。什麼「陰陽」？什麼「五行」呢？說到「陰陽」，「內經」認爲人體正常功能全靠陰和陽的平衡。其實「陰」是指物質，如血，體液等等，「陽」乃是人體生理活動機能，所以「陰虛」就是物質不足，「陽虛」就是功能不足。若是「陰陽」失掉平衡，中醫於投藥或扎針，都是藉以恢復其平衡。「五行」其實就是代表著人體的五臟，即心、肝、脾、肺、腎。「內經」認爲五臟是互相聯繫著，而他們又和六腑的配合有著特殊的關係。此外它們又和人體表面組織互有影響。簡單的一句，中國醫學理論看人體是一體的，人的器官功能是互相關連，互爲影響，致病的因由乃是這一個整體的相關部份失却平衡。所以治病的方法就是要找著根源對症下藥，以恢復平衡。

## 中國醫學

翻看我國在一五七八年的藥物著作「本草綱目」，把一千八百九十二種，複雜而繁瑣的藥物，科學地照動物、植物分門別類。至於藥物，配方的治病功能更是建基在長期治病的經驗基礎上，怪不得西方各國爭相繙成日，英、俄、法、德文等流傳世界各國研究的對象。

中國醫學的成就實在數不勝數，最後還是談談「麻沸散」和人工呼吸法吧！早在漢末三國時期，我國名醫華陀就利用「麻沸散」進行麻醉，做開腹手術。他的方法傳至日本，朝鮮，摩洛哥等國。據拉瓦爾在世界藥學史中說「阿拉伯人使用麻劑可能是中國傳去的」。這樣看來中國的「麻沸散」，乃是世界麻醉學的首創。華陀更創造出人工呼吸法。除胸外摩之法外還提出：「用人口以氣灌之，其活更快」的口對口人功呼吸法。這一個方法至二十世紀才在西方被提出來呢！可見中國醫學，無論在醫理論，藥物運用上都是繼承四千年來我國人民的臨床實踐的經驗。

## 中西醫結合

近十數年來中國醫學一方面學習西方醫學優良部份，而另一方面更是以客觀的精神去承繼中國的醫學，抱著去蕪存菁的態度使中國醫學走上一條中西醫結合的道路。

就拿針灸來談，已經有幾千年的歷史。通過幾千年的經驗總結，起着止痛，治病調節的作用。某一個內臟有病，如「內經」中的「五行」所說是常常會反映至體表某些部位，所以用針灸作用於體表的某些穴位會對某些部位和某一內臟的疾病有較顯著的治療效果。表體和內臟之間，存在著一種特殊的聯系，這聯系的途徑乃稱爲經絡。主要的穴位都是分佈在這些經絡上，所以中醫採取「循經取穴」的原則。藉著西方解剖結構的研究證明了人體一半的穴位下面有神經直接通過，另一半的穴位則在其周圍半厘內有神經通過。另一方面利用電子的儀器記錄發現了針刺「得氣」的時候神經結構上就會產生一連串的電波。種種實驗顯示，針灸是與神經有著密切的關係。利用這一個新的概念，中國醫生利用電針直接刺激面部的某些神經，在腹部等開刀，也取得了良好的效果。中西醫結合一方面解釋了「循經取穴」的秘密，另一方面更發展了針灸的知識和治病功能。

新骨節療法就是利用中西的長處結合起來的新方法。凡有縮短趨勢的斷骨就按照西法，牽引一個時期，同時利用中醫的小夾板來固定位置。並且鼓勵病人早日恢復傷肢動作。這樣就加速了康復的時間，避免西醫用石膏固定時所引起的關節變硬，肌肉消耗鬆弛的現象，又能防止單用中醫跌打方法時接位的困難。中西結合成了我們發展醫學的新基礎，除針灸，針麻，骨節療法外在各方面如燒傷，斷肢再植等都有卓著的成就。

# 醫生們眼中的「啓思」

編委會

醫生是「啓思」的一部份讀者——最沉默的一部份，爲了要瞭解他們對「啓思」的看法，在三月間我們曾發出一份問卷，問題包括對「啓思」內容和編排的意見，到目前爲止反應並不如想像中熱烈，然而在收到的問卷中，不乏中肯批評和建議，謹此致謝。

「啓思」應否以學術性爲主這個問題，大多數的醫生都表示不需，他們認爲「啓思」是一份反映醫學生生活、思想的刊物，既然已有那麼多期刊，幹麼要一份學術性的學生報呢？在這個問題上，我們亦有同感，正如在第一期的社論所說，我們都希望能藉一些醫療的問題而引起同學們對社會的關注，換言之我們都希望同學們能衝出象牙塔外去看一看週圍的世界（事實上醫學院的同學們都已不甘被困在書牢中而要求去認識社會了），另一方面，鑒於篇幅有限，對於冗長的醫學論文我們根本就不可能刊登。

雖然過半的醫生都覺得「啓思」的編排已經達到水準，但是仍然未能給予人活潑的感覺，他們認爲可以增加頁數和插圖，這個提議我們很同意，牡丹雖好，尚要綠葉扶持，何况我們還未能如牡丹般吐艷，有趣生動的插圖是極需的，但由於人手和來源有限，很多時都未能如願，要解決這個問題，惟有寄望同學們的幫助，除投文稿外，漫畫和有趣的照片我們都無限歡迎。

個別的醫生又提議「啓思」可以多刊登一些有關社會上的醫療問題，例如一般市民對疾病的觀念，醫生和病人的關係，醫療設施的缺乏和醫學教育等問題，希望藉此以幫助我們瞭解將來所服務的病人和面對的工作環境，這些意見和我們的辦報方針可謂不謀而合，實在給與我們很大的鼓舞，謹此再向各「前輩」道謝，我們保證將繼續努力去改進「啓思」，決不會令讀者們失望。

（編者按：每一期「啓思」都有寄發予本港二千個醫生。）

**編者按：** 在今年十月中，醫學會將首次與理學會、工程學會和建築學會攜手舉辦一個大型展覽會，內容爲介紹中國科技，醫學會將負責介紹中國醫療，現已進入籌備階段，極需同學給與意見和參與，有興趣的同學請與醫學會幹事或啓思編委聯絡。

**EDITOR'S NOTE**

The Caduceus is fully aware of 1975 being proclaimed International Women's Year. But as far as we can observe, there has been little cry for re-establishing the status of women in the society of Hong Kong concerning the medical profession. If the readers are interested, they are encouraged to read May, 1973 issue of the Caduceus on Mackay's thesis on "Women in Medicine in Hong Kong" in which a detailed discussion was given. Two years has lapsed but has there been any change in the situation and, in particular, how do the female medical students think about this? We admit we know little.

The editors were not aware that they have addressed their latest survey to all the registered doctors in Hong Kong by beginning with "Dear Sir". The reason can hardly be explained and the editors apologize to all these this letter has mis-addressed to.

We would like to thank Dr. J. M. Longstaff for her letter which has made us realize our mistake and also for her advice concerning the 'International Women's Year.' In reply to this, the editors would like the readers to appreciate the meaning in the following extracts taken from 'World Health', the magazine of the World Health Organization January 1975 issue on 'International Women's Year'. You may not totally agree with the writer's criticism and, if that is so, please do not hesitate to voice your opinion through the Caduceus.

## To the Editor,

Dear Editor,

Having contributed a thesis on 'Women in Medicine in Hong Kong' during the year 1973, I am perpetually dismayed that you continue to discriminate against women, even by addressing your latest Caduceus survey to 'Dear Sir.'

You continue to ignore the albeit low percentage of women doctors and medical students in Hong Kong by perpetually referring to the doctor or student as 'he', and deal with the psychological problems of obviously male students without a thought of the female.

As 1975 has been designated International Women's Year by the United Nations, I would have thought it highly appropiate that Caduceus would have commented on the discrimination that women face in medicine, ranging from the small percentage allowed into the Medical School, to the differing terms of service offered by Government itself towards its married women doctors.

I trust that you will rectify this ommission,

Yours faithfully,

Dr. J.M. Longstaff, M.B.Ch.B.

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# ALL IN THE MIND

**By Irma Kurtz, Freelance journalist**

**Ever since men claimed to be made in God's image and women merely in the image of man, the legend of female inferiority has persisted.**

The inferior status of women on earth, which to our minds must imply their innate inferiority, has been evident in our laws, in our churches, in our customs and in the secret persuasions of our empirical hearts. That women are constitutionally different from men is evident from a glance, for women carry all the machinary of parturition. Some psychologists point to infants in a nursery and tell us that from the beginning the girls are passive and cautious, the boys demanding and bold.

The qualities of feminity, they say (these very qualities which in a male are called weakness), must obviously be assigned by hormones, by biology, they are external and immutable. Women (they may as well be saying), in an existance that demands strength of will and courage, are therefore congenitally inferior to men.

"Different but equal" is the cliche underlying all the scientific jargon, though experience suggests there is never equality in difference but only domination and submission. What psychologists and biologists usually fail to notice is that from the moments their sex is made known to the waiting parents, female babies are assigned a different destiny from the one their brothers will enjoy. The psychology of the inferior is to some extent instilled in every female born to a male-dominated society.

It is the tender female physiology which makes women different, makes them important, makes them unimportant, makes them women and makes them the objects of male protection. Protection, like pity, emanates from a position of power and is degrading to the recipient. Protection from what? Some women are beginning to ask.

Women have connived at their inferior status because they have mistaken protection and paternalism for privilege; fathers commit their young sons to courage, to life, while genuinely loving mothers sentence their daughters to the pleasure of men and the demands of the next generation.

And since the "natural" women have been designed and defined to complement men, there must perface be something wrong with the majority's idea of "natural" male behaviour. Their territory stretches from river to river, from earth to moon, and not merely from the bed to the kitchen sink, yet men too play restricted roles, for the fact is that any community that subjects half its number to servitude and condescension cannot be free and cannot offer liberty to any of its members. The oppressor, particularly if he is born to the role and does not even pretend to choose it, must be victimized by his victims. In imposing a sex role on females, albeit one that most women try eagerly to play, men too are forced into roles that many of them do not especially want or are not equipped for the power of strength, the provider, the warrior, the wage slave, the disciplinarian.

Strong political activity by women all over the world is gradually bending mis-shapened laws and customs into fairness to the sex. Inexorable outside forces therefore appear to be altering that "immutable" feminine psychology, hormones are being diluted by education, the "naturally" modest female show signs of growing bolder, and necessity is inventing a new kind of mother. Within womanhood, however, and within each woman, there are still the remains of the stubborn belief that all women are inferior to any male; and within each male, an ancient voice still agrees.

Until that myth and that voice are silenced, until we have faith in our deep, true sameness and not in our superficial differences, until women too are allowed the male prerogative of commradeship, we cannot possibly have a world where each human being is free to learn and be, who he — or she — really is.

# Half of Humanity

**By Helvi Sipila**

(Note on the author: Helvi Sipila, a Finnish lawyer, was designated by UN Secretary-General Kurt Waldheim as Secretary-General of International Women's Year 1975, and of the International Women's Conference, to be held in Mexico, 23 June — 4 July 1975).

**Equality between men and women does not exist. It is still often a great disadvantage to be born female. As part of the struggle to get the whole word behind the effort to change laws and traditions that discriminate against women and to take positive action to redress the existing imbalances in all fields, the United Nations have proclaimed 1975 International Women's Year.**

We hope to achieve two goals during the year. First, we want to raise international consciousness of the need to promote equality and change traditional attitudes. This goal, difficult and intangible, is nevertheless a prerequite to any improvement.

The second major goal is to give women their full share of the benefits of development and a possibility to participate fully in the development effort, including planning, and policy-making in all fields and at the local, national and international levels.

Women, a good half of the world's population, have not been able up to now to make a full contribution. As a group, they remain the most underdeveloped of all human resources because of lack of opportunity to play an equal part with men in all areas of life, and because of the stereotyping of male and female roles.