Caduceus

啟思

香港大學學生會醫學會月刊

OFFICIAL PUBLICATION OF THE MEDICAL SOCIETY, H.K.U.S.U.

Vol. 9 No. 6

第九卷 第六期

從那個遙遠的角落，來了我們親愛的朋友

編者的話

六月七日，是醫學會歷史的一日——巴布亞新畿內亞大學（University of Papua New Guinea）醫學院訪華團過港並訪問香港大學醫學會。這個團包括了教授，講師，第四和第五年的醫學生共二十二人，曾應邀到中國訪問了十七天，並到過很多城市（包括北京、杭州等）和農村；重點在參觀中國的小兒健康設施和服務（Child Care）。

他們今次到中國旅行的目的，是因為他們的醫學生是on elective，而有部份選擇了到中國去。他們另外一個目的，是因為他們覺得單靠外國技術，是不足以充份地結合本國的實際去發展本國各經濟科技設施的。他們的國家，也曾派很多人才到外國去訓練和學習，但是效果不太好，例如他們的國家有很多銅鑛，但這些都沒有被充份地利用。所以他們很想親身去看看在「自力更生」的原則下，中國的發展和成績。

我們在六月七日為他們在體育中心安排了一些體育項目和在Faculty Seminar Room安排了一個座談會；當日的討論十分熱烈，出列的五十多位同學都十分踴躍發問，當晚我們也在 Medic Canteen 吃飯，而他們也為我們唱了三首歌。

今期我們將當日座談的內容節錄，希望和同學們分享。

致香港大學學生會評議會的一份備忘

評議會主席先生：

由於七六年度港大學生會年刊「赫戲」於處理稿件問題上之不當，醫學會評議會於五月二十四日之第三次會議就此事作出了討論，並一致通過下列決議：

「香港大學醫學會認為七六年度『赫戲』（The Union 1976）編委會未經原作者及 Elixir 編委會許可，擅自刊登香港大學醫學會年刊 Elixir 1976中隱文君「我的夢」一文，實乃對原作者主權的侵犯及對香港大學醫學會及 Elixir 編委會的蔑視，本會對此等做法深表不滿，並要求「赫戲」編委會公開道歉。」

就此事，醫學會幹事會曾多次與七六年度「赫戲」總編葉祖達同學接觸，惜仍未能達成任何解決方法。

為了使同學了解事件眞相及對此事作出較廣泛之討論，醫學會幹事會於六月三日召開一次座談會並邀請「赫戲」編委出席，俾使各醫科同學及「赫戲」編委能了解雙方的看法，惜未有編委出席。

儘管如此，為了使來年的學生會年刊辦得更好，各同學對此事仍作出了討論和一些建議，現附錄於後，俾作來年「赫戲」編委會參考，並希望能就此事備案提醒來年的年刊編輯。 謹此

祝學生會團結進步！

香港大學醫學會幹事會

七七年六月十四日

Foreword

Papua New Guinea gained independence from Australia for merely a few years, and it is still a developing country. Early this year, UPNG contacted our faculty, hoping to pay us a visit on their return trip from China. During their stay in Hongkong, they received warm welcome from our faculty. Ballgames and a forum were arranged between our faculty and the visitors. Their Professor and students participated in the forum and valuable ideas were exchanged. Below are the highlights of discussion.

Descriptions of UPNG

There are merely about one hundred students in the medical faculty in UPNG, with eighteen in the final year, about twenty in both third and fourth years, and with the second year having the largest number.

The faculty is situated about 6½ miles out of the main campus of UPNG and is incorporated into the Port Moresby General Hospital.

In UPNG the students and teaching staff are intimately related and they both take part in running the faculty. The students can participate in deciding who will become the dean of the faculty, and such thing is often settled by compromises made between students and staff. They have an executive board to which the student leader also has a seat. Any matter presented to the faculty board is discussed and resolved by the student president, dean, subdean and often invited heads of departments.

Purpose of the trip

The trip to China is taken as a part of the curriculum in the University. The medical students of fourth and fifth years make use of the elective period to take a look of the health services in China. Many of them were interested in community health, occupational health, and internal medicine.

One of the objective of the trip is to expose the medical faculty to UPNG to the fact that there are other ways to deal with things besides those of Australia. This is significant because in the past Papua New Guinea was a colony of Australia, and thus relied very much on Australia. However, there is a completely different pattern of morbidity and mortality in Papua New Guinea; so the health care system of Australia is quite inappropriate. The elective trip thus allowed medical students to widen their view while completely free of examination pressure.

Observations in China

'I can at best summarise what we found in China and it has to be very general because we had only spent 17 days there. We only saw a very small part of that very large country.' said Professor Biddulph, but he and his students had made keen observations.

THE MEDICAL SYSTEM

They saw that health care services are organised as a part of the large socioeconomic system. This is the very obvious part lacking in other countries. They also found in China that emphasis was very much put on prevention, with regard to the amount of budget spent on and the number of people working on preventive programmes.

The health workers in China were really carrying out the June 26 Doctrine of 1965 in Medical Health to put the stress in rural areas. In many countries inhabitants on rural area comprise at least 70 to 80% or more of the population. These areas are usually rather neglected as to health man power and health facilities. However they found that in China emphasis is put on rural areas and there is a large number of doctors in these areas.

The facilities that are available in these rural areas are striking. In Lin Chin County, a rural commune of about a hundred kilometers from An Yang City, one of the major health problem is carcinoma of the esophagus. It is amazing to find that the local hospital has a department of oncology and it is even more striking to find in this department of oncology a cobalt radiotherapy unit, with a cobalt machine and patients receiving radiotherapy there. So there is not only care given in quantity, it also has quality, as well.

Traditional Chinese medical services such as acupuncture, herbal medicine and so on has been integrated with Western medicine. Patients did not have to select wether they want Western medicine or traditional Chinese medicine, they got a combination of both and they seem to be happy with it. The doctors all seem very enthusiastic about Western medicine and Chinese medicine and use both to provide health care services.

They also noticed during their visit the deemphasis put on status in the Medical profession. It is very hard often to find out the position hold by some of the doctors. They do not usually have titles such as professors, senior lecturers etc.

THE HEALTH SERVICES

Child care is an expert plan in China that includes every body. Eight week maternity leave is given to the mother. There are places in factories with the babies of the workers being looked after by nurses. The mothers are given time to breast feed their babies: half an hour in the morning, one and a half hour in lunch, half an hour during afternoon. Breast feeding is encouraged, and even in the highly industrialised city of Peking, breast feeding is about 90%. There is no case of malnutrition, only cases secondary to metabolic disorder. The average birth weight in a place near Peking is 3.3 kg., indicating that the mother are well nourished.

Children at the age of 3 to 7 attend state kindergardens which are very cheap. Institutions for children are well managed and well staffed with 500 children looked after by 2 doctors and 4 to 5 nurses. Excellent health records are kept.

There is no sign of institutionalisation among the children that were placed in the institutes. The children have much confidence, they can sing and perform publicly with much self assurance, and they seem to be extremely happy and they have a lot of toys to play with. They are cheerful kids surprisingly tolerant to visitors and foreignors. They contribute also to the production of the nation. They are picked up by their mothers who have finished their day of work at 5 pm. Actually they become the state's child.

Various types of immunizations are given to the children. No children will be missed out as the local doctors will pick out those that are not immunised. However rubella is still prevalent and causes cases of deaf-mutism. Acupuncture is being developed to treat these deaf-mutes.

For communicable diseases there seem to have no uniform reporting system. The Chinese medical workers say that it is better to go out to do the work rather than collecting the figures. For T.B. they emphasis the importance of X-ray screening and this is given once a year in some institutions. B.C.G. is also provided.

Family planning was widely practised, probably enforced by social pressure. On their way from Kwangchow to Peking they saw only two pregnant women. Late marriages are encouraged with males marrying at 28 and females at 23-24. Family planning has led to a birth rate of 6-7 per thousand in city area but the planning is less successful in rural areas where the family would have more children to get a boy.

THE MEDICAL EDUCATION

Politics in China is a compulsory subject for all students. This is in contrast with the Western World where politics tends to be avoided in schools.

Although the Chinese Medical students complete their course in three years they have to work six days a week and from 7 am to 5 pm each day. During part of the course they have to work in factories. All of them have to work in the rural area and 30% of the medical students help in research. Research topics are set by the nation instead of by some persons for their own interest. Research is geared to a programme that is prevaling in the local hospital.

Medical students there have to give up their personal interest and they do what is needed by the state. There is no dean, only a chairman of the revolutionary committee.

Greater emphasis is being placed on academic ability. In the past, academic ability only ranked fourth in the selection of medical students, the first being ideology then physical fitness and reports form the group. Although ideology still rank top, academic ability seems to rank higher now.

There are no failures in the medical students because if one fail to learn, other student will reeducate him. They could not fail because they are selected by the peasants and workers.

THE CHINESE PEOPLE

"The people work very hard. No guns are used to force them to do so but they probably have other ways to make the people work so hard."

"The people have good shelter, and rice is rationed at 50kg per month per head. Cotton wears and bicycles were available. Water supply is well and is provided to every house. The people don't think of getting cameras and so on but there are Chinese people with cameras. The workers work for points. So the workers are competing to be model workers. Similarly students work to become model students. They are working for place."

"The Minds of the people are directed by the party and when they grow up they are conscious of what they are doing and whether they are doing according to the direction of the party. For example, when the party give out the direction to wipe out the "gang of four" many of them talk about giving "the gang of four" a blow. Anybody sidetracking from the group is committing a mistake and he will be pushed back into the line."

"Group pressure forces on the conscience and they are working for the needs of the state. Whether each individual really had analysed or understood or actually know about the needs, I don't know."

"They have confidence in further achievements and not just sitting down and celebrating everyday. They have concrete examples to follow. They follow the direction of the party and if the gang of four still come to power I think they would say that they are correct. Probably they have the idea that whoever is leading us is our leaders and we should follow. They have confidence in the party and their life is directed by the party."

"Papua New Guinea and China share some common features in that China has 80% of its population in rural areas whereas Papua New Guinea has 90%. There is lack of methods to utilise the resources in Papua New Guinea so that although we have plenty of copper mines, we are still unable to use it appropriately Self reliance have to be established both in Papua New Guinea and in China. However we do not want to have the whole system in China to become transposed to Papua New Guinea"

中國的幼兒護理

啓思編委會

幼兒護理的制度和組織

關於中國對兒童的照料，大概可分為幼兒教育和對母親方面的照顧兩方面。中國的幼兒教育大至分為三個階段：①育嬰室：是為養育五十六天至一歲半左右的嬰孩而設，一般都是在工作單位上設辦，以方便母親按時到育嬰室照料和哺育。②托兒所：是為教養一歲半至三歲左右的兒童而辦。③幼兒院，是為教養三歲至七歲左右的兒童。七歲以上的兒童即開始讀小學。這些幼兒教育的組織有由工作單位辦的，有由街道里弄居民組織辦的和由國家設辦的，一般來說，國家和較大規模工廠設立的托兒所及幼兒院等的規模較大，設備較為完善。

組織方面，育嬰室是附設在工作單位上的托兒所也是設辦在單位附近，以便需要上班的父母。一般的工作人員有行政、教養、保健和後勤、教養人員有教師和保育員，前者多是受過短期育兒保健訓練的，負責生活管理方面的工作。規模較大的托兒所和幼兒院還有自設醫務所或保健室。

幼兒教育方針和一些方法

教育的方針是在於培養兒童在德育、智育、體育三方面的全面發展。德的方面包括革命思想，道德品質，友愛無私，團結合作，及培養對工農兵的情感和為人民服務的精神；智的方面包括言語和文藝的表達能力，獨立的思考力，對社會環境的正確組織，對實物的體驗理解，及實用的技能和常識；體的方面包括保健工作，營養調理，運動體操，勞動工作等。

幼兒教育在中國是有雙重意義的，一方面對生產家庭，尤其是勞動婦女的服務，另一方面是培養接班人。養育小孩子不單只是父母的責任，而是整個社會的責任，所以無論是國家辦的或單位辦的托兒所幼兒院，全是公費支持的。至於小孩子不在家庭中養育而在集體生活中長大，是否會把父母與孩子之間的感情沖淡了呢？國內的家長認為孩子們遇着紀律性的羣體生活，與家庭的關係更融洽，父母子女感情更濃厚。另一個特點是中國的幼兒教育和家庭教育，社會教育的相接合，大家都有共同明確的教育宗旨去培養兒童成為下一代社會主義接班人。

此外，國內的幼兒教育是集體的，羣性的，能培養小孩子一種互助互愛的精神，小孩子一定要想到大家，考慮到大家，不能單從自我為中心。這方面的教育要從每天日常的生活去培養，不斷的提醒。這與歐美的個人主義恰好相反，在中國的幼兒院便很少聽到「我的力氣比你大」，「我的多過你的」等等。在西方，教師常常把所謂有天才的孩子特別安排教導，使他們將來能成為天之驕子，但在國內，教師則着重於每一個孩子都要做到編定的課程，對學習稍緩的小孩也盡力個別補習至教懂為止，這些都是集體觀的表現。

中國教學的主要途徑是人與人之間的接觸交流和互相啓發，所有活動都是一班一體的，這使孩子可以很早便能體會到大家互助互勉，互相支持的快樂和溫暖。中國所提倡的是正面教育，如小孩子發生打架，搶玩具的情形時，便進行改正教育。西方一般認為小孩天生是有侵畧性的，故也期待孩子有野蠻的表現，但中國的正面教育卻不期待小孩子有侵畧性或其他類似不好的行為，但也不否定有發生的可能，而是在發生時即對他們加以教導，教他們怎樣用道理來解決問題，使他們以後能用和平，講道理的辦法去解決問題。

母親方面的照顧

說到幼兒料理，母親自然是最重的一環，可惜時下「流行」的卻是奶粉和托兒所，母親的重要情，反而被視為落後了。在中國，托兒所也是十分普遍的，可是母親仍是主角之一。為了確保兒童能夠健康地成長，婦女在懷孕後即接受定期檢查，女工做比較輕便的工作，增加工間的休息，所以難產、早產也較少發生，加上推廣了新法接生（消毒接生），嬰兒死亡率已是顯著地降低了。至於對產後婦女的照顧方面，政府規定女工、女職工有產假五十六天，難產或孖胎者七十天，工資照發，並有，間喂奶時間，七八個月內不上夜班等福利。此外，醫生和赤腳醫生等衞生人員還經常向母親和保育人員宣傳關於喂養，防病和體格鍛鍊等知識，藉此保障嬰兒和幼兒的健康和增强體育，減少了疾病和死亡。

資料選輯自：

①七十年代一九七四年四月號

②中華醫學雜誌七四年第十期

編者按：六月初來自巴布亞新畿內亞的醫療代表團往訪中國十七天後途經香港，曾到醫學院訪問了一個下午，和我們一起交流了不少所見所聞，尤其有關中國的幼兒護理情況。啓思編委會也就這方面搜集了一些資料與大家一起切磋，希望同學也就自己所見所聞所閱，來稿討論。

我們的看法與一些建議

我們舉辦是次座談會主要是希望澄清一些事實及對同學交待整件事的發展；同時我們也認為該文既已刊登，無法收回，讓事件惡化不但無補於事，對學生會的團結只會造成更大的損害。為了使來年編委能夠總結錯誤經驗，把年刊辦得更適合同學要求，多提一些意見比讀貢今年編委有建設性一點。以下便是醫學院同學的一些意見，希望來屆編委會能夠討論一下。

（一）年刊與原作者的關係

我們認為在任何情況下不徵求原作者同意實屬錯誤及無禮之做法，所以我們堅持「赫戲」編委會應向原作者公開道歉；同時，希望來屆在轉載文章前先徵得作者同意。

（二）年刊與屬會的關係

（A）我們認為辦事的態度應該是互相尊重，共謀合作，為辦好學生會而努力。

「赫戲」編委會就這次事件，事前事後的做法，均不尊重屬會：

①事前全不打算徵求屬會及原刊物同意而擅自轉載；這不是法律問題，是一個責任及工作態度的問題。

②事後不但無誠意交代整件事，更把屬會的意見說成「不謀而合」、「咄咄迫人」、「有意將事情擴大」，此種做法，令人「感到難過」。

在這裏我們重申「轉載應事前徵得原刊物同意」的處事態度。

（B）關於屬會供稿的問題，我們認為編委方面應更主動，並非一紙通告，再東抄西襲，敷衍了事。同時，希望來屆能夠讓屬會有較充份的時間準備稿件。對於不獲登之稿件，如醫學會之迎新稿件，亦應作出交代。另一方面，屬會亦應爭取主動，提供活動的稿件，以免被遺。

（三）對年刊工作的其他建議

①我們認為年刊不宜以過多篇幅刊登一些冗長的而又互相攻擊的文章。

②組織編委會時宜公開提名及邀請不同舍堂、屬會的同學加以擴大接觸面，豐富年刊的內容。

③一份內容充實的年刊比空有美觀的排版更受同學歡迎。

以上謹是一些同學的建議，希望其他同學亦能多討論，多提意見，使來年的學生會年刊——我們的年刊辦得更好。

香港大學醫學會

編者按： 本文作者是一位應屆畢業班同學，作者就自己在醫學院裏的學習和體會寫了出來；儘管內容只代表作者個人意見，但一些內容相信能引起不少同學的共鳴。

旅程

青雲

拖着疲乏的腳步，從電視台回到家裏。雖然已經接近六時。在這個七月天，火紅的太陽，仍然，無情地，照射着。換下了濕透的衫，喝上一大杯冰水。坐下，累得昏昏欲睡的頭腦才漸漸醒了過來。

噢！今天是大日子呀！

其實也很想跟他們一起去，不論得否，也可借這機會，參觀那期望已久的最高學府。可惜錄影工作，五時許才完。沒關係吧，工作也已經找好了。

今天的太陽走得特別慢，也六時了，怎麼他們還沒有打電話給我？也不在家裏。難道，不想我失望？還是有同學考得很好，他們去了慶祝。

爸爸回來了。他見我坐立不安的樣子，便打電話找他的老朋友問問。

甚麼？再查清楚一次。姓名雖然不大相同，號碼卻是一樣。

是我聽錯了嗎？沒有。是他們搞錯了？

我實在不能相信！

湧溢，湧溢，充盈着我的眼眶，流過了我的面頰。是快樂？是悲愁？

初長出地面上的嫩草，東風吹來向西拜，西風吹來向東倒。在交回報名表前，填下了第一選擇——醫學院。

唉！五年了！

算了吧！"Exceptions make the rule. You are just an exception."？？？

懷着疑惑、憂慮、好奇的心情，準時到達醫學中心，參加迎新日。有幾個教授、講師和大仙說了一連串冗長的話。不知他們說甚麼，只曉得有位講師說，我們是 cream of cream，don't say it unless you mean it.怪有趣。接着，被派到一位大仙處，不知他要作甚麼，只知他就是我的 so-called tutor。跟他在李樹芬樓走，也畧知少許醫學院的事情。到了頂樓。從museum的門往內看，一個一個的箱子，裏面的，怪恐怖。行過點是解剖室。門一開，刺鼻的氣味充塞着，也只好忍耐一下。一張一張銀色的枱，每張都鋪蓋着墨綠色的帆布。這就是……噢！

白文信樓正在油灰水，是白色的，仍還看見未油的灰暗的部份。

同校的同學說，如果要得教授恩澤，必定要有女孩子同枱。如果要有女孩子同枱，必然要和她們友善一番。當然，是手快有，手慢無。當天便組成了以後一年中時常相對，並肩作戰的一枱。

終於，開課了。

Cream of cream對舊同學感情很要好。每朝上課和轉堂，一行一行的，旗幟分明。一位走得快，他的同窗也必然可以坐得前。漸漸察覺一位高高瘦瘦的同學，時常悠然自得，獨來獨往，坐在後面近路旁的座位。呵！原來是KING EDWARD。

第一個星期好像是選舉週似的，十多位提名競選班代。在數天內，怎能認識那麼多同學呢。當然是實力雄厚的學校獲得大勝。高高的坐在上面，有人自願站出來，讓人評頭品足，這個玩意也不錯。後來，才知班代和幹事會是同學爭取權益的途徑。可幸，選了出來的都是distilled cream of 'cream of cream'。

起床，上課，dissection，下課，拉記小坐，晚膳，大拉夜讀，回家，睡覺。起床，上課……

個多月了，這樣子的生活，我怎能忍受。五年長，唉！可恨填上了醫學院。

同學上課，我便上。別人上dissection，我也到 dissection room 坐坐。不早到，不早退。組裏有eager的，正合我意，dissection set我完全献出。談談天，說說地。遠觀南丫島，蔚藍色的天空，碧綠的海灣，數數帆船。華富邨，high west，宏偉的大學堂宿舍，風景也不錯。偶然教授和 walking Grays 也會走到黑板前，同學熱情親切之情，此時一覽無遺。我有時也會趁趁熱鬧。Let your lady colleagues stand in front, gentlemen 當然為命是從。窗外，薄扶林道旁的山坡，生滿了野樹亂草，密麻麻的，一個可容人站腳的地方也沒有。那時這樣，現在也是一樣。

上 microanatomy practical，實在不知所為，一百五十多人，不知有否十位講師和導師。要等他們有空指導，或者，下一堂吧。下一堂也不是一樣情況。還幸有本 de fiore，學了其中的專有名詞。其後，測驗或考試，看看 slide，想想相近的圖片，不是這個便是那個。把其中一個名字填上，也有二分一對的機會呢。

死板的 Anatomy，沒有邏輯，沒有解釋。（如果有，是沒有被側重吧。）一個個的名詞，教我如何吃下去！後來上內科和外科時，才知道 Anatomy 也有用處，特別是 surface anatomy。那時從頭開始學，原來每名詞都有解釋，而 normal anatomy 及deviations也可以deduce出來。後者相信不包括在undergrad 課程內。花了年半多的時間，不重要的枝節被迫强記，（因為要應付考試），最沒理由是由重要的卻還未知道。還有人說，如果不是教了那麼多，恐怕懂得更少。眞的那個，恐怕連最基本的 principles of memory——interference, meaningfulness of material and degree of learning——也不恤。

Biochemistry 是讀得最少的一科，因為那時的大仙都說，B B B便可以了。那時，上課多數不知講師在說甚麼。講得快不在話下，聽得時卻抄不得筆記，抄得卻聽不懂。很多時，講師像在表演威水史的，大堆頭，甚麼也說了出來。不知是博士論文的一部份也完全拿了出來教undergrad。後來，很多科目的講師也是這樣。眞不明那麼多學者，把 basic principles, undergrad 課程及 postgrad level 攪得混淆不清。除非，從來就是沒有界限的。

Physiology是生動的一科，可惜天生愚鈍，一本又一本的standard textbooks，再加上比書還要厚的 notes，總是未能掌握一些概念。其實我已經很幸運，有一位有學識、對學生很友善的導師。可能，好的學者，不等於好的導師；或者，我實在就是那麼差勁。後來，讀medicine，因為physiology不通，也迫得要重溫，這時才開始察覺生理學實在很吸引人。

Sociology, Psychology 在學生和講師兩方面都是得過且過便算了。雖然很想認識這兩科目的問題，可是在這樣的氣氛下，買了教科書也未能看完。心理學上的理解不足，後來便影响到對精神科的了解。就是對日常生活行為表現。也未能作稍為深入的觀察和探討，眞是可惜。

大學生活是多姿多彩的，但只適用於在 main campus，和有宿舍的幸運兒。而進宿舍則非美男美女、運動員、才藝非凡，或和有關人員搭上關係不可。在醫學院裏，活動貧乏得可憐，參加者寥寥可數。不幸的，我也追隨大夥兒，埋頭於圖書館裏。

考試始終是逃避不了，可怕的陰影籠罩着醫學院每一個角落。平常綠樹蔭庇的沙宣道，漸漸舖上了金黃色的一片。在路旁脫下了綠衣的樹，每個晚上，在陰暗的街燈下，孤獨的，奮勇地和刺肉的北風抗戰。默默的期待着苦楚之後的春天，將要來臨，鳥語花香綠衣鬢影的日子，準備為途人，織成一片炎日下休歇的地方。

我終於忍受不了朝九晚十的圖書館生涯，逃回家裏。算了吧，怎樣也是讀不完的了，就是讀完也忘記了。倒不如行街看戲，散散悶氣吧。或者，我眞的不適宜讀醫科呢！電影是會看完的，只好呆在家裏看電視。晚上也無聊得睡不着覺。唉！怎樣過？

不知是否上天有意與我作弄。Anatomy 佔中了一條長題目，就是四份一。於是搬弄過紙，把 Johnston 原原本本的默了出來。至於選擇題倒有點像買大細呢。physiology則碰巧全班成績比較低。Biochemistry卻是莫明奇妙，糊裏糊塗的做完題目，連B B B也讀不懂，居然過了。

休歇未足已經要重回醫學中心，進軍到薄扶林道的那一邊。不須多久，便可身穿白袍，踏身於病房之間，豈不威風。

眞不明白，為甚麼在大學還有那麼多人，想考驗我們讀默的技巧。更堅持說，印了筆記會有很多人不上課。上課是為筆記嗎？被侮辱的大學生怪可憐，滿肚子填了別人的東西，一點屬於自己的也沒有。有了筆記就不用上課了嗎？滿有智慧的大學生，讓他走自己的路吧。一位懂得教書的講師，是不愁沒有聽衆的。

滿有理論的邏輯的病理系，也來是很引人入勝的。可是在短暫的時間，把一大堆名詞拋了過來，我實在接不下。到第三年頭，神速的授課，始終沒法追得上。現在看，那時未有掌握多些病理原則，眞可惜。

以前考試，總希望求得考試題目，其實這種不切實際，不合理的想法，早應該除去。但當事實出現在眼前，長題目、選擇題，要甚麼有甚麼，我只能選擇相信。衆人愛戴的，未必是好的講師，方便考試及格的，也未必是好老師。

也當了別人的所謂 tutor，連他們的名字也忘記了，實在胡混。只期望他們見諒，到他們有機會時，做個眞正的 tutor。展覽會中也充當了講解員。在廣大市民前，顯示了我醫學生的地位和學識。本來，也知道自己有很多問題也不懂，但當市民問及一些問題時，我的口舌卻是停不了，滿有權威和信心。不奢望那時有幫助別人，只願錯誤的知識，沒有深入別人的腦海中。

第三年第一學期課程頻密，深感有關方面是可以安排好一些的。在大學悶了年多的我，卻在那時積極參予校外活動。雖然，臨床學習是新的挑戰，大部份講師也循循善誘，但在短促的時間下，只好容讓學習基本臨床技巧的好機會溜走。考 finat M. B. 時，才體會到那個學期的重要。

早上完了 Lecture，穿上了雪白的袍，拿着崇高的聽筒，輕快的步伐來到 2 D外。一大羣神采飛揚、談笑風生身穿白袍的同學，已經在這裏。來探病的，看見我們，也都很尊敬地行過。

一會兒病房有位醫生行出來，對我們說：「教授請你們靜一些。」

立時鴉雀無聲。

一組一組的被帶進病房，我們的導師卻還未來。最後，十時卅五分我們步進病房。

每張床上都臥着病人，他們都好像以疲乏的目光看着我們。祈待着我們的垂憐？或是了解我們的腳都站得累了。

導師的腳步在一張床前停了下來。

"Okay, general examination of this patient."

醫學生的反應速度實在無以倫比，十數個人已經圍着這張病床。我眞想看看這是否一位女病人。噢，這是間女病房，這當然是女病人。

百花叢中只得一朵大紅花，大羣工蜂一齊在她的身上採蜜。大紅花不知是喜是怒，不過，有些工蜂無意間刺痛了其他伙伴。

逐漸，病房這個環境也熟習了。等數十分鐘，或導師臨時沒空，也見怪不怪。遇着病人有 mass per rectum。看見十數人已經帶了手套，只好和別人聊聊天，也便算了。說來很奇怪，當病人有 interesting physical signs時，我通常都是最後一個做 examination，病人也就不大耐煩了。不知是我無心戀戰，還是循規蹈矩排隊時也是別人做先了。不過，如果在你後面的同學對你說，"Let me do it first." 你該怎樣做呢？他實在比那些不出聲，而又擠了上前來的還好。經常都先做的，有時也會得到某些導師讚賞，他們的 eagerness。唉！這個世界看來也就是這樣的了。

時日增長也帶給了我堅忍的精神，每當名命如炮發時，便默默的假裝着聆聽的樣子。

五地旅行團

幹事會

每年暑假，都有不少同學利用假期到國內，或往探親，或往一遊。今年，在香港中國旅行社的協助下，醫學會也籌辦了一個五地團，同學可在一星期裏遍遊五大風景名勝區。

一個中等城市，是歷史上四大名鎮之一（其他三鎮為景德鎮、朱仙鎮和漢口鎮）。佛山的民間藝術很著名，且在五五年建立了佛山民間藝術研究社，主要工藝品有「秋色」、「燈式」、「剪紙」、「磚雕」、「墨魚骨雕刻」、「美術陶瓷」等。祖廟公園也是廣東省著名的古建築物，特點是整座建築物的建成運釘也不須用，此外，建築物內外還嵌上許多工藝美術品。

中國的南大門，一個歷史悠久的城市，也是中國對外貿易的重要口岸之一。農民運動講習所舊址、廣州博物館（鎮海樓）、文化公園、廣州起義烈士陵園、越秀公園等都是有名的參觀點。

歎為觀止的七大岩，是廣東省有名的風景名勝區。石灰岩的土質，經過天然的冲刷，再加上人工的修飾，奇峯異石處處，有若置身仙人洞。泛舟人工湖上，亦是一樂。

位於南海縣西部，有七十三峯，主峯大科峯高達四百公尺。山上有九洞三十六岩，以「白雲洞」、「石燕岩」、「九龍岩」、「清暑岩」等最為奇觀，另有大小飛瀑十一條，以「玉岩珠坑」、「飛流千尺」、「雲岩飛瀑」和「雲路鐵泉」四大瀑布最引人入勝。

從化二字緊跟着便是溫泉了。是廣東省有名的遊覽區和療養勝地之一。從化瀑布更是廣東第一。流溪河，便是由山中羣瀑匯流而成，在山中是瀑布，在山麓便成河流，「麓川」便是因此取名。一九五五年開始勘測，五六年動工興建，五八年八月中落成的流溪河水電站，還能發出電力，足供現在廣州市和近隣各地的各種需要。

你有興趣一遊上面五地嗎？

日　　期：八月二十四至三十日
費　　用：港幣三百六十元正
人　　數：三十人
截止日期：七月三十一日

請向任何醫學會幹事索取報名表格，歡迎你也一同暢遊祖國的河川，歡渡一個愉快的星期。

續《旅程》：

"Give yourself enough rope and you hang yourself."

"Two wires come together."

You must have got a distinction in physiology . . . . tell me something about YOUR physiology on . . . . . .

"Who taught you anatomy? Go and get back your money!"

"I'm afraid I'll find it very difficult to pass you in the exam, Mr. X. Mr. Y is much more sensible. Mr. Y, never mind about the wrong answer. I know you know it. Try again."

"Nonsense! Totally without sense! Your brain must be rotten. You!" with his long stick he pointed to another.

"Sorry, Sir, I don't know."

"Don't you have a brain? Can you not think? What do you have a brain for?" staring at his poor student. ". . . . . ."

"You are the lowest animal in the ward!"

小時候曾到過一個馬戲團參觀，看着鐵欄的那一邊，嘰哩咕嚕，似是而非的聲音，也是默默的聽。

病房裏的病人，很多時都任人擺佈，奈何！

慢慢，上Ward成了難受的時刻。只好盡量減少說話，情況不大對勁時，便躲到人堆後面，避色映壞相，起碼不用感到難受，保障自尊心不受無見識的凌辱。

「醫生，早晨。」「醫生，這病人看完了沒有？」「醫生，請過去那一邊吧。」廣華醫院的護士實在是模範，是我們的朋友。

但無論在那裏，O. P. D. 實在恐怖。外面等着病的，坐到滿，也有站着的。內面的，不見得少很多，也是水洩不通。如果我的親戚病了，我決不介紹他們到這樣的地方。在十多人面前寬衣，被廿多卅人摸 breast lump，在四十多人的鬥獸場中。一羣身穿白袍的所謂醫生，細聲講，大聲笑，很像不懂廣東話似的，不知是否取笑病人。有一次，督導鬥獸場的大師傅連珠妙語，在場者無不抱腹大笑。臥着的病人，突然站了起來，破口大罵，說場中的人無醫德，等着「最後幾年」看。沒有看病，她便扶着手杖，一步一步走出了鬥獸場。嘭的一聲，關上了那一扇門。唉！身穿白袍的人！

Specialty clerkships 是最輕鬆、最愉快的一年，就是過得太快。在medic centre住，雖然蚊多，得到的歡愉卻是歷久不忘。落日的時光，絢爛的晚霞，非筆墨可以形容，非阿里山日出可以相比。晚上消夜餘慶，滿有青年人的氣息。閒來，午間可以睡覺，夜了也可以乘車到山頂，或到海旁吹風，欣賞東方之珠的夜景。到體育館或海灘游泳實在方便。最後，也要從這個安樂窩搬走。

那一生只能容忍一次的贊育生涯，也是不能遺忘的。那些討厭的七零一，貪得無厭的亞婻，令人煩燥的擴音器聲音，冗長沉悶的 closcob，熟睡中被叫醒，趕到產房才知是飛仔。雖然，辛勞工作卻得不到薪酬，也得不到合理的待遇，但這卻是五年中唯一有參予工作機會的日子。心中做醫生的渴望，得到一定程度的滿足，也從實際經驗中求取知識。

初生的嬰兒，很多時都會哭嘯，這和第一口新鮮空氣有很密切的關係。但其實這哭號是悲還是喜有誰知呢？贊育沒有了醫學生，怎樣可以正常工作呢？倒也奇怪有人說，醫學生不幫手也沒關係。多產的婦人，很多時都忘記了初次的艱苦。讓她重頭做起，記性或者會好一些。

在這困身的十個星期中，同學之間的利益衝突，友情的眞僞，很明顯的表露出來。這也是人生的一課。

四年多的光景，在我還沒有着意的時候，已經溜走了。跟着來的，不是自憐的時刻，卻是接踵而來，喜怒哀樂共冶一爐的考試。

我重新投入了拉記這個大家庭。很多座位都坐過了，卻經常坐着同一個座位。魂遊四海時，遠眺南丫島的海景，不亦樂乎。左鄰右里，同班與否，漸漸相熟了起來，座位也不會坐亂。起初，個多鐘頭便會坐立不安。只好强迫自己對着書本，就算不是在讀，也得坐在椅子上。這樣，坐着的時間，便慢慢增長。當我想到每天讀少一兩句鐘書，可能會導至後來多讀半年或一年時，我的腳怎樣也不能離開座位。在這種心情下讀書，速度是蝸牛式的。拿起以前未看過的來讀時，更是難堪。我裏面好像有聲音跟我說，考試合格固然重要，但是，一個醫生在很多問題上，錯漏百出，對完全付上信任的病人實在不公平，也貽笑大方。新的，舊的，也希望在考試前讀完一片。

考試卻是現實的，有很多知道是不會考的，有些是可能今年考的。其實，醫學那有讀完的呢，只是在某一範圍內，某一程度下，盡量理解明瞭吧。結果也在時間許可下，看完了一遍基本課程。就是那八本recommended standard textbooks，有需要時，也翻翻筆記和其他書籍。其實我也沒有完整的筆記。

本來 clinical subjects，應該在病房裏從病人身上學習的。不過，如果書本知識不懂，對着病人，對着排板，也只是覺得在花費時間。更無謂的騷擾病人，可能影响別些同學的正常學習。一個人，天天對着書本，始終會厭悶。可幸，這時開始了集體溫習。大家互相指出錯誤的地方，解釋不大明白的，也在唇槍舌戰中得到進步。

試前，依利沙伯和廣華的門診部，塞滿了同學，三、四十只是一個保守的估計。病人可就苦了，怎可以有那麼多口水吞呢！甚麼是體貌，甚麼是considerate，甚麼是醫德？實在嘔心！奈何，不是考試範圍。就算是，考試時的十數分鐘便可以了。

憂慮，本來是自然的。一位熟書的同學，差不多甚麼也念得出，時常找着別人訴說他的憂慮，還說他會不合格。唉！他也是人呢！Valium 成了作戰盟友。如果知道這時暫時性的，也無妨，實在也有功效。

考試，一是運，二是運，三也是運。經過了 Final M. B.，不由你不信。Examiners 的要求、對考試的態度、發問題的技巧，差異很大。遇到考試期間，有晴天，有陰天，考生的命運，就掌握在姓名的alphabetical order。難的clinical problem未必就輸實。易的，也並非一定過。可是，病人的合作、智力、知識和觀察力，肯定足以影响生死。如果examiners不體諒病人的可能誤導，考生必凶多吉少。

試後，謠言滿天飛。某天，有多少人 straight fail，某某人在 clinical 得多少分等。每人都誠惶誠恐，爭着認 straight fail，也有人在數有機會不合格的，來exclude 自己 from straight failure。自我信心，不是醫學生的。起碼，在這段時間，不是。

我也不是例外。可是，當大水泡繫在你的頸項時，你怎樣也不會下沉。試前 revision lectures中，同學提出的問題，竟然包括若干條試題。有些試題，不用讀書也可作答。今年，可能是我的運年。考clinical時，我不懂的，examiners 不問，我懂的，他們卻問了。除了說多謝，還有甚麼要說呢？那天，在教授樓，從surgical pathology museum的兩扇木門中行了出來，疑惑的自問，這樣就成了醫生嗎？

「正！攪掂！」那高高的最先開心地大聲叫了出來。

「恭喜！恭喜！……」

「好嘢喎！三個都有，今次有得食！」

歡呼聲，急促的上樓梯聲。

「嘩！今年為甚麼大開殺戒？只O&G一科不合格已經有八個人，前所未有。」

「我只讀了一個星期，留半年，不知他們怎樣過日子。」

「青，我肥了O&G！」紅紅的眼睛，憤憤地强忍着眼淚。

「噢！」我再鑽上前看。有甚麼可說，有甚麼可幫他的不平呢？

一個又一個的人堆，圍着辦事處外的的報告版。整個醫學中心充滿着歡樂喧嘩的聲音。

步出了白文信樓。噢，沙宣道旁的樹，已經掛上了茂盛的綠葉，蔭庇着烈日下的路人。回頭看看，剛油了的灰水的白文信樓，是神聖的白色。這時，灰暗的牆是看不見了。圖書館外，短短頭髮的，喜氣洋溢的一羣，時跳時叫。往上看，無情的烈日照射着天台。欄杆旁，數個無表情的，呆立着。

不是全部有名氣的醫生是一次過關的。祝好運！

拖着沉重的腳步走到巴士站。剛巧有一輛巴士駛到，不加思索，就走上去。在中環總站，巴士停了，也得下車。噢！第一次察覺到港內、港外、港澳碼頭間，有很多路線巴士，分別到不同的地方，有很多也未到過。遠望九龍方面的獅子山，剛巧有飛機下降機場。不知它下一站到那裏呢？

訪美沙酮戒毒中心有感

土

「每日只需一元，不久就可以戒除毒癖。」這句話很吸引，吸引了無數經濟上難以支持的「道友」，吸引了多少有決心戒除這陋習的「癮君子」。

× × ×

「事實上，當他們戒除了毒癮後，也要每天回來飲美沙同。」中心的負責人這樣說。

「沒有停止飲用的可能？」

「也可以這樣說，當他們一旦停止飲用美沙酮，他們就很容易再次去吸毒。」

「為什麼呢？是否因為一些社會問題？」

「這也是一個很大的因素；例如，家庭未必接納他，又或者工作過度辛勞，居住附近環境很雜等。其實又有誰能夠完全逃出吸毒的陰影？像在「Dirty Harry」中的探員，被匪徒搶去打毒品針，以至上癮；又不是也有醫生，因為工作太重太繁忙，結果又去了吸毒！

但另外一個很重要的原因，就是嗎啡、海洛英等能給予他們一個飄飄然的幻覺和滿足，而美沙酮則不能，所以他們會寧往這種感受而再次吸毒。事實上，有很多人一陣子吸毒，一陣子用美沙酮，梅花間竹似的，因此他們能節省一些費用而久不久又可以有這種滿足。」

「那末，美沙酮根本就不能用來戒毒，因為它只是另一種形式的毒品？他們會不會因此產生心理上的過份倚賴？」

「間中也有人能夠不用再飲美沙酮的，但為數極少，不過不是完全沒有可能的。事實上，我們所針對的乃是經濟問題，每日一元的美沙酮至少比每日三十元起碼的毒品廉宜得多。他們不會因此而產生經濟困難，對家庭、社會的影響也沒有這樣嚴重。況且，現在美沙酮計劃所用的錢比起政府其他戒毒方法節省得多了。

不過，有很多人是真正有決心戒毒的，當他們一知道政府有新的戒毒方法提供，他們就立刻去嘗試，但很可惜，這些方法還未成功。所以他們中間有些人或者會變得很灰心，但這又奈何？」

大家都默然無聲，心裏好像有一陣絞痛。

「你們或者會覺得這幅圖畫很灰，但事實就是這樣，你不能去逃避它，問題就是存在，你便要去面對它。」這位負責人——一位社會工作者——繼續說：「其實我們這份工作也很危險，那些毒販時常利用這裏的空地去派發毒品，因為幾乎每個『道友』都來這裏，我們想管也管不來，只好隻眼開隻眼閉；有時可能得罪了他們也不知，我可能隨時會喪命街頭的啊！」

大家臉上都浮着一絲苦笑。

× × × ×

實在灰心得很，但我們可以怪誰呢？怪道友？怪毒販、怪政府做得不足、怪社會制度？但是問題已經產生了，怪誰、責誰也是對他們無補於事。

我為着人的能力悲鳴。

人可以知道那是不對的，可以立定決心擺脫它，但就是無能為力，別人又能幫他些什麼呢？無論他灰心也好，堅持也好，始終不能勝過自己。不是吸毒的，其實又不過如是？

人眞的就是這樣沒用？

× × × ×

在宿舍某一個晚上，有幾個曾經做過道友的和我們分享他們的經歷。他們都是黑黑實實的，相當健碩，精神甚佳，眞看不出他們曾是個墮君子。其中有一個更加在幫助其他同「道」戒毒：難道他不怕引誘？他不怕遭報仇？他不怕再陷入毒窟中？

「吸了毒三年，自己也覺得不能再長此下去了，但試盡各種方法、又入獄也是不行。最後有人告訴我有一個靠信耶穌戒毒的組織，我起初也不信這玩兒，但是在毫無辦法之下，也不得不去嘗試。起初要去聽道理時，心裏都是很橫梗；後來聽到聖經說：『若有人在基督裏，他就是新造的人。』自己的心態才改變，願去信耶穌。後來就因着對祂的信心和祈禱，使我戒除毒癮。不單如此，我更覺得我有責任去幫助其他道友。」

人畢竟不是這樣沒用，只是，人的能力從何而來？

× × × ×

想起耶穌說：「眞理必叫你們得以自由。」

中國醫藥醫療器材展覽知多少

火

在六月初，一個頗引人注目的中國醫藥醫療器材展覽在尖沙咀中國出口商品隊列館舉行。同類型的展覽曾在一九六九及一九七三年舉辦過，均以介紹針灸器材為重點。一九七七年的今天，不論從展場面積、展品數量及種類、趣味性和知識性，都要比過去進一步。

計醫療器材有一千多件，分為十大類，包括X射線設備，外科手術器械、牙科器材、針灸器材等。醫藥部份也分十一大類，包括消化系統、心臟及血管循環系統、中樞神經肌肉系統、眼耳鼻喉、治癌藥物等，此外，還展出了三十種中西醫結合的新藥品種。這與七三年六百多項器械及藥品種不多的情況比較，實是一個很大的發展。

中國醫療器械生產水平的提高，突出地表現在把現代科學技術廣泛應用在醫療器械的研製上。不少展品，過去完全依靠進口，經過試製成功後，有些已能大量生產了。其中包括人工腎、彩色掃描儀、電動手術床、冷光燈、蘇綸人造血管修補材料、激光手術刀、高頻電刀等。下面介紹幾款較引人注目的展品。

人工腎（Dialysing Machine）

是中國近年試製成功的新產品之一。主要用途是治療急性或慢性腎臟疾病或其他原因引起的尿毒症，將血漿裏面因尿毒所造成多餘的鉀、鎂、非蛋白氮清洗，所以也稱為洗腎機。近年來，北京、上海、天津、廣州、武漢等都能大量生產。

胎兒心音診斷儀（Foetal Heart Monitor）

婦女妊娠，能夠確診胎兒的生長很重要。過去，由於技術水平及設備還較落後，有些婦女至臨盆時，才發覺雙胞胎或多胞胎，有些甚至在晚期才發現葡萄胎。展出的DTY—1型胎兒心動音診斷儀，可以解決上述難題。該機是應用超聲波原理，幫助聽取胎兒心動音，確定胎盤位置，鑒別診斷盆腔腫塊、葡萄胎等。能使妊娠中婦女及早發現情況及採取必要措施。

彩色素描儀（Isotope Scan）及鈷六十放射治療機（Cobalt-60 Radiotherapy）

彩色同位素掃描儀在世界各先進國家都廣泛使用，診斷人體內某些器官疾病。不但有助於提高診斷質量，而且還有助於診斷比較早期的腫瘤（癌）及其他疾病。在診斷到人體內患有癌腫時，下一步當然是治療了。展館陳列了一張專治癌腫的鈷六十放射治療機的照片，為什麼只有照片而沒有實物呢？原來此機乃一龐然大物，重量達八噸，如搬來展場實有場棲之虞。

近年來，在大量生產常用醫療器械的同時，中國還努力進行新產品的研製工作，在診治常見病、多發病的醫療器械方面應用電子、核子、超聲波、超低溫、紅外線、激光、微波、纖維光學等現代科學技術，已經有了一個良好的開端。

醫覽會一位負責人也說：「事實上，在一九七六年，醫藥醫療器械工業衝破了『四人幫』的重重枷鎖，敢於嘗試、創新和努力鑽研，也能虛心學習外國先進技術，取得了較好成績。總產值比一九七五年增產11.8%，多數省、市、自治區超額完成了年度計劃；試製成功的醫療器械新產就有四十八項，其中有適合農村需要，有的填補了國家空白，前景令人鼓舞。」

更正啓事

第五期有下列錯誤。

①第三版，「今年的題目：『你的健康』」下的第二段，（Physical Hehcth）應改為（Physical Health）

同一文中，「籌委會成員」下，第一部份：「謝宏深」應改為「謝宏琛」。

②第五版，「畢業班北京旅行團」一文中，末段「今晚旅行」應改為「今次旅行」。

③第十一版，「體育秘書的話」一文中，第二段「如以前籃球及網球」應改為「如以前壘球棍網球」。

第十一版，小標題「潘偉奇」應改為「潘偉琪」。

④第十二版，「香港大學醫學會及科學會聯合舉辦台灣旅行團」應改為「香港大學醫學會及社會科學會聯合舉辦台灣旅行團」。

第十二版，「週年舞會」一文中，第一段第二行，「出席的來賓包括醫務衛生處？？？」應改為「出席的來賓，包括醫務衛生處」。

閒談 MEDIC CENTRE

啓思記者

記得在三年前港大的開放日曾到醫學院一遊，經過飯堂時，導遊曾說上面是 Medic Student Centre，專給四、五年班住的，讓他們嘆世界云云。嘩！當時實在羨慕得很，心想讀完三年之後，自然要享受人生一番，簡直當了那兒是渡假勝地。可惜其時沒有上去參觀，因此一直都無法了解 Medic Centre 的情形。入了 Medic 後，也很少人提起它，所以依然是矇查查，終於忍不住時時心思思，便特地找了幾位現住 Medic Centre 的師兄談談。

原來住客分為幾種。佔大多數者是做 Special Clerkship 的，Surgery 和 Medicine 住十個星期，Pediatric 住兩個星期。此外便是 exchange Student, Voluntary apptication 和黑市住客。所謂 voluntary application 者，自己主動申請入住也，低班的同學也可以申請的。雖然話做 Specialties 要住 Medic Centre，但如果居住距離近的，很多都不住的，故此便可以將住位「讓」給別人，所以便有黑市住客了。

從外面看來，Medic Centre 眞是不錯的，一個個頗為寬敞的露台給人一種舒適寧靜的感覺。可惜裏面卻差勁一點，一條又長又窄的走廊和那暗淡的燈光，實在叫人窒息。走廊的兩邊便是房間（全是雙人房），結構和 St.John's 差不多，只不過龌龊一點。「地方都唔錯㗎，只不過有的蚊和甲由啫」，「勤書環境又好，有拉記及 common room，不怕嘈吵」，每個房間都有洗手盆、書枱、椅、衣櫃和燈，設備很齊全呢。

日常的起居是「生活平淡，方便舒適」，由於大家都是同一 Specialty 的，因此相處得很好，房間分配的問題也是自己處理。飯餐多是在飲堂搞掂，也有在房中自己煲麵食，「那些姿姿整整的女同學」尤為普遍。住得近了，多半容易變懶，早上總是很遲起床，「返八點半鐘，八點起床都唔遲」，至於活動方面，比其他宿舍少得多了，通常都是一些 fussy 之類的活動，如大食會等。「天九、麻雀都唔少」，所以有時經過也傳來辟拍之聲。運動自然是在 Medic 中不可缺乏的，因此也常到 Sports Centre 打波及游水，還有 Cross-country 添，練起來幾乎每星期一次呢！

Medic Centre 和其他宿舍一樣，也有 Warden 之設，只不過住客和 Warden 無甚瓜葛。這兒是比較自由得多的，如無限制時間返房。事實上這裏根本談不上有什麼的限制，「衣櫃門後面，好像是有 regulation 的，但人人都懶得理它」，當然喇！大家都是未來醫生自然，互相尊重，凡事都有分寸的。Medic Centre 還有很多地方和其他宿舍不同，這裏是沒有 Orientation 的，新舊生都相處得很好，「我們 treat them（指新住客）nicely」還有嘛一個特點，這裏是男女混合的，沒有男女的分隔。前幾年美國大學的宿生還嚷着要男女混合的宿舍，看來他們比起 Medic Centre 還落後幾十年！

AUTOPSY OF BEETHOVON

March 27, 1827

The corpse was very emaciated, especially in the limbs, and sown over with black petechiae; the abdomen, which was unusually dropised, was distended and stretched.

The external ear was large and irregularly formed, the scaphoid fossa but more especially the concha was very spacious and half as large again as usual: the various angles and sinuosities were strongly marked. The external aduitory canal was covered with shining scales, particularly in the vicinity of the tympanum, which was concealed by them. The Eustachian tube was much thickened, its mucous lining swollen and somewhat contracted about the osseous portion of th tube. In front of its orifice and towards the tonsils some dimpled scars were observable. The principal cells of the Mastoid process, which was large and not marked by any notch, were linked with a vascular mucous membrance. The whole substance of the Os petrosum showed a similar degree of vascularity, being traversed by vessels of considerable size, more particularly in the region of the cochlea, the membranous part of its spiral lamina appearing slightly reddened.

The facial nerves were of unusual thickness, the auditory nerves, on the contrary, were shrivelled and destitute of neurina; the accompanying arteries were dilated to more than the size of a crow quill and cartilaginous. The left auditory nerve much the thinnest, arose by three very thin greyish striae, the right by one strong clearer white stria from the substance of the fourth ventricle, which was at this point much more consistent and vascular than in other parts. The convolutions of the brain were full of water, and remarkably white; they appeared very much deeper, wider, and more numerous than ordinary.

The Calvarium exhibited throughout great density and a thickness amounting to about half an inch.

The cavity of the Chest, together with the organs within it, was in the normal condition.

In the cavity of the Abdomen four quarts of a greyish-brown turbid fluid were effused.

The liver appeared shrunk up to half its proper volume, of a leathery consistence and greenish-blue color, and was beset with knots, the size of a bean, on its tuberculated surface, as well as in its substance; all its vessels were very much narrowed, and bloodless.

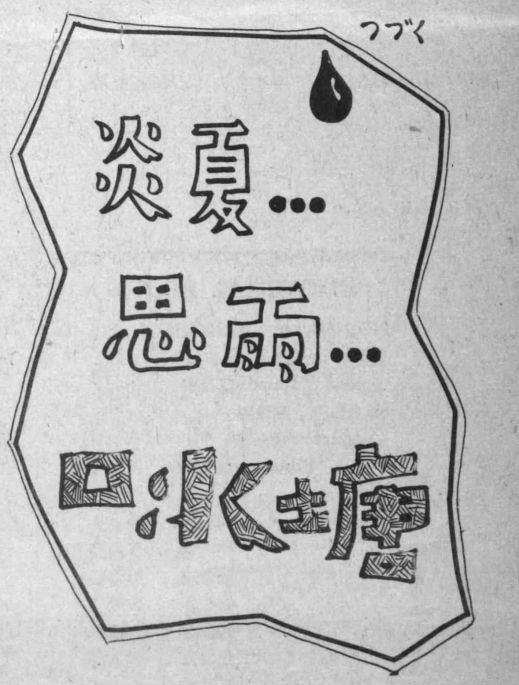
The Spleen was found to be more than double its proper size, dark-colored and firm.

The Pancreas was equally hard and firm, its excretory duct being as wide as a goosequill.

The Stomach, together with the Bowels, was greatly distended with air. Both Kidneys were invested by cellular membrane of an inch thick, and infiltrated with a brown turbid fluid; their tissue was pale-red and opened out. Every one of their calices was occupied by a calcareous concretion of a wart-like shape and as large as a split pea. The body was much emaciated.

(Signed) Dr. Joseph Wagner
Assistant in the Pathological Museum

(adapted from: Thayer's life of Beethoven)



我們學習，別人就……

吳　佛

還記得初初披上白袍，袋着聽筒，戰戰兢兢的踏入病房的時候，心情是多麼的緊張，跟着來的就是發現醫學知識是那麼廣濶，在我們面前，有那麼多的東西等着我們去學習，這種心情，很多同學亦能夠了解，知識一點一點的積聚起來，對疾病的理解漸漸加深了，或許我們對知識太重視了罷，使到我們對另外一些事情輕視了，這就是對待病人的態度和原則。

相信你還記得你在 Introductory Clerk 時上 Ward 的情形吧。我們跟着老師去學習檢查病人的腹部，老師教我們捫病人的肝，脾，教我們叩診（Percussion）病人的肝區，脾區。我們排着隊，輪着去換病人的肚子，眼巴巴的看着前面的同學問病人那裏疼，摸着那裏有 tender 輪到自己的時候，卻裝着不知又再問一次，明明知到那裏 tender，亦要按下去使病人叫痛，為的是要「學習」，找出 Positive finding要檢查 shifting dullness，或是 Palpate spleen時，叫病人轉左，轉右，如是者病人好像做柔軟體操一般，「左、右、左」的給我們輪流「合作，合作」。還記得一次老師帶我們一組人去到一病牀前，那女病人望着我們說：「今朝好多人摸過我啦，我好累呀」。在我們的「好言」之下，自然又有更多的「醫生」參予「診斷」。

還記得數十人到病房中去摸一個 Testicular atrophy 的病人，令別病人用粗口罵出來嗎？你記得一次 OPD 時廿多人輪流捫病人的Papilloma of the palate，使病人張口達五分鐘之久，（我相信你和我都不能張口達五分鐘而不舒服），你又或會記得十多人輪流用 ophthalmoscope 看病人 fundus，每人一分鐘吧？試用電筒照你的眼十分鐘，看你有些什麼感受，你又或會記得你 Clerkcase 時，clerk 完又 Clerk，擾攘個多鐘頭吧，你更會記得你在病麼時是那麼麻木，那麼「認眞」，那麼「好學」吧。

擺在眼前是那麼多事例，我們眞的看不到嗎？或你會說：「我們要學習嘛，不學習將來怎樣醫人」，這確實是一個矛盾，（學習——病人）的矛盾，但我們應該有別的辦法解決的。我們可以在組內自定辦法，輪流每次 Bedside 由一位同學負責，又或者「睇底」一些，遲些再上 Ward 做，使病人不用一次忍受那麼多，又或者儘量縮短 Examination 時間（我曾經見過 Palpate liver 一次達三分鐘），我相信還有別的方法可行的，為什麼我們不去想一想呢？

我們的周圍，說話的人很多，說說「愛他人」的人更多，不要以為平日「愛」口連聲的人上 Ward 就會「愛」人，他們跟我一樣，面目是那麼醜惡，當然嘛，要有好收成，就必要多作功了，說「愛」容易，要實踐就不必了。病人正正是「兄弟中弱小」的，我們如何幫他？

ADMISSIONS POLICY OF THE FACULTY OF MEDICINE

Recently an investigation was launched by the Medical Society and the Student Representatives to the Faculty Board to probe into the admissions policy of the Faculty of Medicine and a framework of information is now available. The society & the Student Representatives to the Faculty Board would like to publish the information in a hope to initiate fruitful discussion among students on this particular matter and to clarify some queries about the policy of accepting 'foreign students' to the Faculty.

DATA PROVIDED BY THE FACULTY OFFICE

Please refer to TABLE 1 and TABLE 2 for details.

REQUIREMENTS FOR ADMISSIONS

These are listed explicitly in the Undergraduate Prospectus to which the reader should refer. In brief, passes in Physics, Chemistry plus another subject in the H.K.U. Advanced Level Examination are required. However, consideration of foreign applications and criteria for exemption are not so straightforward and are subject to individual assessment.

Professor Gibson, who is on the Selection Board, commented that selection is based primarily upon academic merit. Students with very good results are not interviewed because it would be unfair not to admit them merely because of a poor interview. Many students on the borderline are interviewed in order to select the most deserving ones.

There is no quota for students taking mathematics in their Advanced Level Course and in this case selection is again based on academic merit. Graduates from local universities will also be considered if they display good academic performance.

'FOREIGN STUDENTS'?

A 'foreign student' is interpreted by the Faculty as a student who holds a foreign passport and who or whose family has not been paying tax to the Hong Kong Government.

The laymen's interpretation of 'foreign' seems to be referring to any student coming back from foreign countries or having been studying in an overseas high school or university. According to the Faculty they are only ranked 'non-H.K.U.A. Level matriculants' and there is no quota for this group of students.

The Faculty has always been trying to select the most suitable applicants for the Course – provided they possess good qualifications obtained from overseas educational institutions.

As regards the genuine foreign students, the quota for them is 4% of each class, that is, 6 among 150. However, according to Professor Gibson, this quota has never been reached.

OPINIONS FROM MEDICAL STUDENTS

Many students who followed the usual matriculation course in Hong Kong feel that the competition between local students sitting for the H.K.U.A. Level Examination is already extremely keen and it is unfair to admit non-H.K.U.A. Level students. A minority even think that getting a degree in a foreign university is easier than obtaining good results in the H.K.U. Matriculation Examination and that Hong Kong students are of higher quality. Some students reckon that graduates from foreign universities have already got a degree by which they can earn a decent living and more opportunity for university education should be given to local matriculants who have so few outlets for further education except going abroad to study.

By and large the majority of students do not take exception to admitting non-H.K.U.A. Level students if the number admitted is not too large.

Some students are in favour of accepting students from various sources because this move will enrich our community of medical students and enhance exchange of ideas between students of different backgrounds. Some think that admitting more foreign students raises the standard of the Medical School. Since foreign medical schools are accepting fewer Hong Kong students, some would think the local Medical School should try its best to cater for Hong Kong students who will serve the community of Hong Kong after graduation.

SOME WORTHNOTICE DATA

(Please refer to TABLE 2)

1) Of the 5 applicants holding the International Baccalaureate High Level Certificate, 4 were admitted.
2) No student with the Hong Kong Baptist College Diploma has been accepted.
3) Of the 5 Masters applying in the year 1975/76, only 1 was accepted.
4) Neither Ph. D. applying in 1976/77 was granted admission.

UNIVERSITY OF HONG KONG
FACULTY OF MEDICINE
Numbers of Applicants for Admission
1973/74–1976/77

Year	H.K.U. 'A' Level		Others				Total No. of Applicants (a) + (c) + (e)	Total Admit (b) + (d)
			H.K. Residents		Foreign Nationals			
	No. of Applicants (a)	No. Admitted (b)	No. of Applicants (c)	No. Admitted (d)	No. of Applicants (e)	No. Admitted (f)		
1976/77	179	130	157	18	29	2	365	150
1975/76	204	137	135	12	35	1	374	150
1974/75	218	140	137	9	27	1	382	150
1973/74	199	142	144	7	62	1	405	150

how much d'you know 'bout IFMSA ?

Caduceus Editorial Board

History

The International federation of Medical Student Associations was found in May, 1951 in Copenhagen by medical students representatives from eight European countries (Austria, Denmark, Finland, W-Germany, Netherlands, Norways, Sweden and UK). It is a non-political, non-racial, non-religious student organization. Its aims were defined in Copenhagen as to "study and promote the interests of medical ties in the field of student health and student relief."

During the past over twenty years the structure and functions of the IFMSA have been changed several times. From the originally Federation of eight European National Founding Associations it has grown to have members from 54 countries (1974). The aims have been further defined since then and in the present constitution of the IFMSA it is stated that "IFMSA exists to serve its member association and their member students. It is the place for mutual cooperation in the fields designated in the policy statements."

Structure

The General Assembly (GA) of representatives from the member associations is the highest authority of the IFMSA. Each year, the Executive Board (EB) is selected by the GA and is responsible for the work of the IFMSA between the meetings of the GA, which are also held annually.

1. EB

   The IFMSA Executive Board consists of:
   President
   Immediate Past-President
   Secretary-General
   General Treasurer
   Regional Vice-President (Africa)
   Regional Vice-President (Asia)
   Regional Vice-President (Europe)
   Regional Vice-President (North Americal)
   and several standing committees.
   The permanent headquarters is situated in Helsinki, Finland, where the General Secretariat is located.

2. Standing committees

   SCOPE

   SCOPE stands for the standing committee on professional exchange of medical students among different countries.

   Professional exchange is defined as "exchange of medical student body on one side and another medical student body on the other side".

   The activity are carried through by the local exchange officers of the member associations, but very much co-ordinated by the Director of SCOPE, and the IFMSA has under this management succeeded to exchange more than 3000 medical students per year.

   The Director of SCOPE is elected for a term of two years.

   SCOPE's main task is to develop and improve a scheme of clerkships. The clerkships are usually arranged for one month, mainly during the summer period, and in such a way that the host organization provides free board and lodging for the exchange students and in some cases also pocket money. Official Application Forms are used and the Exchange Officer of the applicant is responsible for the students he sends. The student gets a chance to work either in a hospital or in a preclincal department. Just recently IFMSA has tried to establish clerkships in more sophisticated department. just recently the IFMSA has tried to estive as possible. Some of these include Social Medicine, Hygiene and Tropical Medicine. To improve further the Exchange scheme a new common Evaluation form will be taken into use. All exchange students are asked to fill in the form after returning from the clerkship, so that they can express their comments and critisms necessary for improvement.

   Every second year the IFMSA publishes a booklet "Medical Student – How to Go Abroad", which contains all the available information on the possiblities to become a clerk in all the member countries. In HK, this can be available from the External Affairs Secretary.

   SCOPA

   A Standing Committee on Population Activities has been established within the IFMSA for several years. Its basic objective is to re-riew, coordinate, initiate and stimulate the organization of Population Activities, by the world's medical students, concerning medicine, health, science, economic, law, pharmacology etc.

   During the GA held in Hong Kong last year, a Standing Committee on Environment (SCOE) was formed. This, as well as the two workshops in Cario and Japan, works towards the aim of SCOPA.

3. Consultative organizations

   All through its existence the IFMSA has maintained liaison with a number of international organizations. The IFMSA has been represented in many World Health Organization meetings, and WHO has sent (representatives) to the IFMSA meetings. Through the Liaison Officers contact have been kept with World Medical Association, and the IFMSA were also represented in their fourth Medical Education Conference in Copenhagen. The cooperation with World University Service has been established and correspondance with CIOMS and UNESCO has also been set up.

   There has also been established a live contact with International Dental, Pharmaceutical and Veterinary Student Associations.

Functions

The IFMSA pursues its aims without discrimination on political, social, racial, religion or national basis and will not interfere with the internal affairs of its member or of co-operating organization. With these as basis, the functions of the IFMSA are: firstly, to be a forum for medical students throughout the world to discuss topics of interest to themselves and to formulate policies arising from such discussions (via GA and seminars); secondly, to act as a means whereby medical student professional exchange programs can be carried out (via SCOPE); thirdly, to be the body through which contacts with other world-wide organizations are made, and lastly but not the least, to act as a means by which member associations can exert influence in fund raising activities for the IFMSA recognized projects and contact other medical student associations throughout the world.

Besides, there are other activities, such as

1; Drug appeal programme
   It is concerned with the obtaining of outdate but effective drugs from drug firms and sent to countries in need of them upon payment of the postal charges only.
2. Book appeal programme
   Cheap textbooks list is obtained and sent to all member countries. It also collect textbooks of older editions to be sent to students of developing countries.
3. Various special projects sponsored by the IFMSA. In the GA held in Singapore, the theme that "Medical students – towards greater involvement in the Community" has been accepted. Perhaps, most important of all, the IFMSA endeavours in promotion humanitarian ideals and ethics of medicine amongst medical students.

Communications

Communication is highly essential, especially for an international body as the IFMSA. The IFMSA has been trying hard to establish a close link between admistration and the member associations and their students via different publications.

Monthly, there are the IFMSA News, GA Supplement, EB news and special periodicals. Biannually, there are the Intermedica and Treasurer report. Yearly, there is the IFMSA Yearbook. Every two years, as mentioned above, there is the Medical Student – How to Go Abroad. In addition to these are a good number of special publications.

Proposed change of Policy Statments of the IFMSA

A proposed new policy statements was suggested in last year's GA in HK. However, the discussion and voting of this was postponed because of political reasons and inadequate time for discussion. Caduceus Vol. VIII No. 7-8 Aug. 76). In this year's GA, the delegates from member associations of the IFMSA all over the world will once again take up the matter seriously for discussion. Our delegate will be representing us in his vote. In order to collect the opinions of H.K. medical students and for our delegate to reflect our views on the proposed policy statements, the external subcommittee and the Caduceus Editorial Board have decided to hold a forum for the matter. The forum is scheduled to occur around mid-July and it is our sincere hope that all of you can come to the forum to express your views.

UNIVERSITY OF HONG KONG
FACULTY OF MEDICINE

Hong Kong Residents & Foreign Nationals
Analysis of Qualifications

		G.C.E./H.S.C.	International Baccalaureate High Level	Under-graduate	H.K. Baptist College Diploma	Bachelor	Master	Ph. D.	Total No.
1976/77	H.K. Residents	12	5	46	2	88	2	2	157
	Foreign Nationals	15	–	5	–	9	–	–	29
1975/76	H.K. Residents	6	–	46	2	76	4	1	135
	Foreign Nationals	14	–	8	–	12	1	–	35
1974/75	H.K. Residents	7*	–	46	–	83	–	1	137
	Foreign Nationals	9	–	7	–	11	–	–	27
1973/74	H.K. Residents	4	–	68	–	69	1	2	144
	Foreign Nationals	20	–	13	–	28	1	–	62

*including 2 with IB 'A' Level

實習醫生

啟思編委會
外務委員會

外務委員會在五月中發起了一個對實習醫生工作的探討，藉以增加同學們對這個必經階段的認識。透過訪問，去醫院（包括伊利沙伯醫院和瑪加列醫院）探訪在職實習醫生，和用問卷去收集他們的意見，然後以討論的形式去綜合收集所得的資料和同學之間的不同意見和心得。希望在這個過程中能夠令同學更了解實習醫生的生活，他們希望做什麼而實際上他們做些什麼，得到的又是甚麼，以至到實習醫生的管理和工作負担等問題。最後，我們希望能夠就現存的問題找出一些建設性的解決方法，甚至如何去爭取改善。

雖然，寄回來的問卷依然陸續有來，但截至現在，寄出的一四三份問卷，收回不足二十份。當然問卷本身可能未臻完善，但實習醫生們的冷淡反應，肯定是有他們自己的原因。儘管如此，問卷的確帶回來了好些有用的資料，不同的意見和一些建議。無論這次探討成功與否，問卷的反應結果會如何，至少能引起同學多些關注這個切身問題。以下綜合了一些實習醫生們的意見：

理論上 實習階段是五年醫學教育的延續，在這一年之內，實習醫生應該可以理論知識和有限的實際知識，通過與病人頻密的接觸，廣泛地應用出來。而且，作為一個醫學生與醫生之間的過渡時期，他們應該在正式醫生小心監管之下工作，直至實習完畢，才可以單獨工作。實習醫生並不是專家，所以應該有機會在各種專科單位實習，以求全面的實際經驗。一邊做一邊學，效果當然比較好，所以如果實習醫生能在診症之暇，有機會和正式醫生或顧問醫生討論病例，一定得益不少。可能的話，大學更可以提供一些學術性課程與及參加研究工作的機會，以便他們將來能繼續深造。名義上，實習醫生是歸大學管理的，大學理應照顧他們的福利和工作情況等。

實際上 這麼多的「應該」和思想，與實際情形有很大的出入，好些實習醫生都對現狀表示不滿。就以工作負担來說，在不同單位就分別出現了過輕和過重的現象，而兩種情形顯然都是不好的。工作量小的單位，可以學的東西極可能相應地小，要在這樣的一個單位呆半年，實在浪費時間。相反地，工作繁忙的單位，就算想學亦可能沒有時間，因為很多時間都花在一些 Routine上面，自然就沒有機會去思考，閱讀，討論病例和與個別病人多接觸了。而且晚上要On Call，有些人平均每天工作十多小時，更加形成了睡眠不足的問題，有些單位因欠缺人手，竟要隔晚On Call。在很多情形之下，公立醫院病人都是由實習醫生直接照顧的，試想 ， 如果在工作負担大，休息少的環境之下，一個實習醫生的工作情緒會如何？處理和對待病人的態度又會如何？作為接觸病人的第一人，這樣是很容易引起病人對這些工作過多的實習醫生的態度不滿，難怪很多病人都寧願付昂貴的診金而不到公立醫院求助了。

學習機會 普遍說來，工作之餘他們是有一些機會參加一些學術性的課程，相信有一定程度的得益。可是一年實習生涯只有兩個專科，肯定是不能全面地吸收實際工作知識，而各單位的工作和工作量又有很大差別，對一部份實習醫生可能是有點不公平了。此外政府醫生的缺乏，令到M.O.們的工作太忙，更不能要求他們額外地教導實習醫生，和他們討論病例了。通常，只有大學的單位才有研究工作，但實習醫生多數只負責抽血，送樣本等工作，對研究工作一無所知，不用說從協助研究工作的過程中學習了。

在一個健全 的醫療制度之下，實習醫生並非醫療服務的重要一員，他們在醫院中主要的目的是學習，以便將來成為正式醫生加入醫療服務。但在目前政府醫生缺乏的情況之下，他們反而承担了大部份醫療服務的責任，夜間M.O.當值的人數太少了，他們更要孤軍作戰，獨力負起照顧病人的責任，這種情形，無論對實習醫生和病人都是有害無益的。談到他們的工作，有很多其實不必由醫生做的，例如驗血，抽血，填表等工作。在忙碌的工作和缺乏經驗的情形之下，便有可能犯錯誤，危害病人的生命。工作繁瑣加上心理負担，實在不好受！

關係 很明顯，要了解實習醫生的生活和工作，我們不能將這個角色孤立來看。故此，問卷中亦有查詢他們和其他醫護人員以及病人的關係。總括來說，或因階級分別，工作繁忙，或因工作負担上的利益衝突，所以他們和其他醫療人員的關保和合作，都並不緊密。至於病人方面，可能因病人太多，或工作多心情煩燥，以至對病人的態度不太好，有些醫院更因為病人太多，地方小，弄得想走近一些病人都感覺困難。

福利 方面，工作時間長（十多鐘頭），兼薪金少，（一千四百多元），一直以來都有人不滿，而且曾經有人發起爭取加薪運動，可惜沒有結果。其他如娛樂設備等亦出現不公平現象，有些較新的醫院設施頗為完善，（瑪嘉烈醫院有自己的足球場），其他醫院卻有很多連一個像樣的休息室都沒有。所以有些實習醫生，在偷得浮生之餘卻沒有事可做。更可笑的是實習醫生竟然沒有免費醫療服務，到公立醫院看病亦當 Out Patient 看待。又政府規定凡二千元月薪以下非體力勞動僱員亦可享有七天有薪假期，而實習醫生卻沒有。

爲什麼 會有以上的情形出現呢？制度上，一年實習做兩個專科實在不夠，前面已經說過要實習的專科不止兩個，而有些專科實在無須半年時間。改善的辦法有很多。例如將每一專科的時間縮小而一年內可以做四至五個專科，或者將實習期增為兩年等， 都是可以考慮的。 另外，工作時間太長，又可否效法護士的編班制？這樣每天工作八小時，又不用On Call，就可以多些時間休息和學習了。地位上，實習醫生的職份沒有明文規定。而醫院中有很多種工夫是除醫生以外的人不能做的，（例如抽血）這些工作自然不會由M.O.做，當然就是實習生們做了。這樣，很多繁瑣的工夫，都由實習醫生一腳踢了。除阻碍學習之外，更可能有被利用做Cheap Labor的感覺。因為常常要做抽血，更引起一些病人對他們的恐懼，視他們為「吸血鬼」。雖說是醫學教育的延續，卻又受政府千四元的薪金，究竟他們是政府的僱員抑或是實正在「實習」的醫生？在單位分配的問題上，出現了更大的問題，各單位在各方面都有不同之處，而被分單位實習對將來前途是有莫大影响的，因為各單招聘M.O.都可能優先考慮曾經在該處實習的醫生。除了這些不公平的可能之外，分配人數亦不均衡，有不少政府單位出現實習醫生的空缺，更加重各人的工作。

行政上，實習醫生介乎大學與政府之間的身份，就令到很多福利上的問題不能解決，他們若有不滿亦不知向誰投訴，沒有醫療福利就是一個例子，因為政府既不認他們為正式僱員，而他們亦不是大學的僱員或學生。

其實 ，很多實習醫生的問題都源於香港醫療制度設施本身。在這個探討的過程裏，不少實習醫生覺得雖然自己有盡力為病人服務的良好願望，但是在實際上卻因整個醫療隊伍裏一些工作人員不合作而不能付諸實行。例如化驗所對一些註明是Urgent的標本的不重視，引致實習醫生們不能盡早確定自己的臨床斷定；而不少病人卻不能不立即開始醫治，所以實習醫生們便只能靠自己的臨床斷症經驗而下藥了。又例如一些產科病人需要立即分娩，但卻因麻醉師的不合作而將分娩工作拖遲，加深了病人的痛苦。醫療服務從來都是依靠一隊全力合作，急病人所急，痛病人所痛的醫務工作人員；單是一些個人的熱誠，看來是不足夠的。

當然，我們也要了解到現時的醫療技術人員和醫生也有他們的苦處，他們人手少，工作多，有時是不能夠乎合所有醫院的需求。所以正如一些實習醫生說，香港的大部份醫院沒有二十四小時的實驗室服務，是直接影响着香港的醫療服務質量和病人的利益的。我們覺得每間醫院多請數名實驗室技術人員在夜間服務是完全必要的，而且也不會為政府引至太大的財政上困難。

當然，我們不能單看實習醫生的苦處、不平和在制度上的限制；相信，如果我們能保持工作的熱誠和態度上的認眞，雖然受到種種限制，也會為病人減少了一些痛苦的。

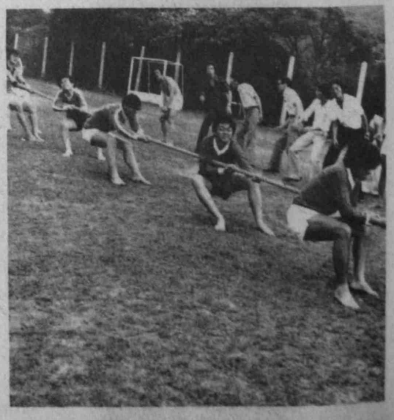
組織起來，爭取權益！

儘管這樣，問題既然存在，就不能視若無睹。我們看見問題，他們現在的情形就是我們以後的情形，他們現在的問題和不滿可能亦成為我們以後的問題和不滿。所以，如果我們趁着現在，多多思想這個問題，努力爭取，可能就能改善以後我們實習時的情況，同學們，是我們自己的權益，就讓我們自己來爭取吧！

Results of Interyear Sports Competition (1977)

MEN	1st yr.	2nd yr.	3rd yr.	4th yr.	Champion
Badminton	3	3	6	9	4th yr.
Basketball	9	3	3	6	1st yr.
Soccer	6	3	3	9	4th yr.
Squash	3	3	9	6	3rd yr.
Table-tennis	3	9	6	3	2nd yr.
Tennis	3	3	9	6	3rd yr.
Tug of War	9	3	6	3	1st yr.
Cross Country Run	9	3	3	6	1st yr.
Volleyball	6	9	3	3	2nd yr.
Lacrosse	3	9	6	3	2nd yr.
Hockey	3	9	3	6	2nd yr.
Softball	3	3	6	9	4th yr.
LADIES					
Basketball	9	3	3	6	1st yr.
Badminton	3	3	6	9	4th yr.
Tug of War	6	3	3	9	4th yr.
Table Tennis	3	3	6	9	4th yr.

Overall Champion: 4th yr.
1st runner up: 3rd yr.
2nd runner up: 1st yr.
3rd runner up: 2nd yr.



A survey is done earlier to study various aspects of the houseman life. 143 questionaires are sent and 19 returned (Since each houseman works in 2 units there are 38 returns).
■ Results are as follows.

I. EXPECTATIONS

OBJECTIVE	DESIRABLE	ACTUAL CONDITION: too little	satisfact.	too much
a. Opportunity for critical discussion of diagnosis and patient management	18	7	15	1
b. Time to learn practical procedures	16	8	16	1
c. Opportunity to obtain maximum exposure to patients	14	0	18	9
d. Extended period of clinical teaching by consultants in working situation	1	12	11	1
e. Period for study and consolidation of medical knowledge.	14	18	11	0
f. Period of practice of basic skills of history taking and examinations	17	4	14	6
g. Period in which to learn basic admin. skills necessary for running ward	11	8	14	0
h. Period for inculcation of a 'sense of profession'	13	7	16	0

II. DUTY

1. No. of beds you are responsible for:
   permanent beds: 20-94, average 40
   temporary/canvas beds: 8-40, Modal Class 0
2. Attendance in O.T. No: 14 — Yes: 21 (1-5 days/week)
3. Attendance in O.P.D. — Yes/No = 17/16
4. Frequency of night duty — every 2 day/every 3 days/ > 3 days = 10 / 18 / 1
5. Estimate number of hour of sleep per night required by you — Modal Class: 8

	4 or below 4	4–6	6–8
Estimate no. of hour of sleep per night when on duty	20	8	2

6. Sleep obtained is — continuous/punctuated
   If punctuated, average no. of calls/night = 4/28

2 calls/night	2-4 calls/night	4-6 calls/night
5	12	9

7. Given the clear problems of long hours of sleepless working, can these hours be justified by their necessity? — necessary/unnecessary = 17/15
8. Would you like to work a rota system like that of the nursing staff, whereby a doctor will never on duty for more than 12 successive hours? — definitely yes/possibly/definitely no = 9/18/5
9. Conclusively,
   the nature of your duty is intellectually — demanding/not demanding
   you consider your duty — dull/boring/interesting/meangful = 22 said demanding.
   Others: Cheap labour, exhaustive, satisfactory, too heavy work load, unfriendly environment.
10. As regard to your workload:

	Degree Affected: not at all	occasionally	frequent
Relationship with your patient	3	13	13
Relationship with your staff	5	12	12
Efficiency of working	3	11	10
Psychological well being	4	12	7
Non-medical activities e.g. seeing friends	3	16	5
Self-study	11	6	7

III. EDUCATIONAL PROGRAMME

1. Provision of such programme — adequate/inadequate = 17/14
2. They are held during — duty hour/free time = 27/3
3. Your attendance at such programme is — 50% / 50% / nil = 13/5/1
   if 50%, why? Compulsory
   if 50, why? (i) work load too heavy (ii) on call (iii) too tired.
4. Opportunities for obtaining practical experiences eg. surgical, Gyn. & Obs. — adequate/inadequate/none = 13/13/0
5. Any orientation programme for House Officers at begining of postings — Yes/No = 16/16
   If no, do you think it is necessary, why? unnecessary (i) to familiarize with the unit (ii) to learn basic skill and technique.

IV. RELATIONSHIP

a. With Senior Staff:
   Supervision is — adequate/inadequate = 21/9; responsible/irresponsible = 13/3
   Open discussion on cases is — possible/not possible = 25/6
   If possible, why? (i) firendly, open minded M.O. (ii) Discussion seldom produce anything (iii) for easiness of management.
   If NOT, why? (i) stubborn and busy M.O. (ii) difference too great between every unit.

b. With fellow House Officers:
   Degree of co-operation — good/fair/bad = 17/10/2
   Why? (i) depends on fellow concerned (ii) egocentric (iii) too heavy work load (iv) no direct contact (v) lack of sleep (vi)

c. With Nursing Staff
   degree of co-operation — good/fair/bad = 11/16/2
   Why? (i) friendly, good training, too busy. (ii) very stupid nurse (U.C.H.) (iii) we cannot rely on their efficiency.

d. With minor staffs eg. amahs
   degree of co-operation — good/fair/bad = 9/13/0
   Why? (i) no contact (ii) good amah (iii) do you mean that they can prepare cut done set or clerk the case for you?

e. With your patients
   degree of co-operation — good/fair/bad = 11/16/2
   Why?
   Reasons:
   (1) Young patients better
   (2) Too many patients
   (3) Not understand scheme of treatment to spite of explanation.
   (4) Tender and loving to children never fails
   (5) Too lowly educated
   (6) Too often and too easy they seek help from outside doctors
   (7) Can't expect every patient to be and intelligent co-operative

   Other comments:
   (1) Time wasted in routine duties, should be done by other clinical staffs.
   (2) Bad attitude of M.O. not willing to help, only to give and to order,
   (3) Nursing staff not efficient, experienced nurses let new nurses to help you.
   (4) M.O. are lazy. M.O. treat you as technician, patient think you are blood-suckers.
   (5) Questionare poorly prepared.
   (6) No free time even to complete the questionaire.
   (7) Children orthopaedics, good training but can hardly be taken as substitute or alternative to surgery.
   (8) Lab. facilities up – to standard. +24 hour lab. services (QM)
   (9) PMH: good opportunity for learning and practising orthopaedic unit: a young and energetic unit, allow free discussion.
   (10) There should be 3 house officers, but we have only 2, alternative day on call is too demanding.
   (11) QEH: too busy, but recommended.
   (12) We need more housemen in this hospital (PMH).
   (13) Salary not reasonable, encounter all sorts of humiliation and conflicts, feeling of being exploited unable to concentrate, many common diseases in my clerkship: Obstetric/children orthopaedics.
   (14) Suggestion to Prof. Lewis, rotating system as in U.S.A.
   (15) Inadequate (VERY) lab services poor facilities (QE) shortage of blood.
   (16) QEH need more housemen.
   (17) UCH. Dept not recognised by Edinburgh Royal College of Surgeons but it is up to standard with good facilities.
   Good hospital for training, a pity: not recognised.

地鐵醫療室參觀記

九峰

十八日下午，一行廿餘家，聚集於彌敦道地鐵醫療室，在聽介紹、在發問、在觀察、在試驗減壓……

這所醫療室，特點在於它的中央安裝着一間牆厚寸餘的壓力室，內裏分為兩個小室，室內擺設着兩張小床、暖爐、電話、馬桶及增減器設備，還有小窗一個，用作送食送藥之用，算是蔴雀雖小五臟俱全。

× × ×

第一件刺激我們的事，就是夢寐的重現——牆上兩幅香港地圖，上面線着複雜的隧道，但相形之下，竟大有出入，一幅是初期某日本財團承接整項工程的圖行，路線堂而煌之，另一則是現在的圖表，線條少了近半，原因是前者背約，現在分為七間公司承担，我們的地鐵也自白短了，實在短得很慘，很可憐！嗚呼！好西當道，連港府也要受騙，四百萬人也成了這大騙局的犧牲品！

減壓時間應該隨壓力勞動時間及强度而轉變，地鐵在香港是新工程，工人工作後的減壓時間唯有跟從英國的作標準，說實話就是這批工人為香港在實驗，吸收經驗資料，繼續創造合適香港用的圖表，幸好資方也很小心，既有定期檢查，又有X光檢驗，希望減少意外發生。但相信也有不少工友被淘汰於這項工作之外，原因是熬不住或是根本不適合這項工作，未知熬不住的出事之後的生活或賠償會怎樣？

× × ×

與醫生交談，逐漸明白多了。其實基上要改善工人的健康，在醫學及設備上根本不是大問題，問題就出在「人」的身上，所謂人當然亦包括了人的組合——社會——的因素。往往就是工人們，受着謠言的干擾，對加減壓產生懷疑恐懼，對某些問題自己加以一套所謂解釋，從而產生惡果，有些工人更受着多方壓力，為了生活，為了多賺點錢，不顧一切地「死頂」，面對這許多的錯綜問題，作為一個醫生應如何處理呢？某醫生提出了解決方法，根本在於我們是否當個眞心眞意的醫生，在於我們是否肯花多點時間向工人解釋，了解他們的問題，是否肯與工人一起，了解他們的工作環境和工作量，多作親身體會，才可眞正有所認識，工人們才會眞正信賴這個醫生，有事不隱瞞，於是醫生才能掌握他們的健康狀況。

× × ×

一番道理之後，又是一番「情趣」——我們也來個親身體會增減壓的的感受。氣槍發出沙沙氣聲，我們有的在吞口水，有的在閉口吹氣，目的是讓耳膜兩面氣壓均等，一番刺激後，氣壓已增至七磅，頓覺混身發熱，有點納悶，不大好受；開始減壓時，又是另一境界，水氣的凝聚，造成烟幕瀰漫，全身凉透，猶似仙界，十分過癮。但回想工人在三十二磅壓力下做着八小時的粗重勞動，相信很不是易受，之後還要減壓兩小時，未知他們有否像我們置身仙境的感覺呢？

最後，還有一支小插曲，一位工人尾指受傷進來，指上有點臨時簡單的包扎，原來他在工場受傷，臨時包扎後，費了兩小時減壓，才可到達這裏。看傷口也很大，醫生為他敷了藥，整理好，勸他到醫院去檢驗有沒有其他細菌入侵，他的答覆是：「醫院，太麻煩了，我的傷口包扎了沒有事的了，現在也不痛了。」很明顯，這是會是一宗沒有報告的工傷，再反觀有報告的工傷每年三萬多宗，可見香港工傷情況之嚴重，另一方面，也可感到這些醫療室在工場之重要性，只可惜，在香港這樣大規模的工程又有多少呢？

一點聯想

其實，經過一連串的參觀了解，越加發覺所謂醫療問題的根本許多時也是社會問題，小則實習醫生問題，醫德問題、性病問題，大則學生精神問題，工人健康問題，居住環境衛生問題，而且許多問題又往往是錯綜交替地存在，作為一個醫生，要解決醫療問題，又怎能孤立去看，唯有清楚充份認識我們的環境及現狀，才能更好地設法改變環境，爭取改善，找尋道路。**一點不錯，醫護工作也是社會工作的一部份。**

廣告時間

同學們，當大家上學的時候，可曾留意薄扶林道在擴闊，可曾留意不少工人，老的，嫩的在烈日下，挖石，鑽地，鑿泥，可曾留意那些鑽地工人都把腳架在鑽機上，全身用力量壓着鑽機，希望能快些完工，還有些在橫鑽，自己臥在地上用雄腳推着鑽機，可曾留意那位穿黑色唐裝衫褲的老工人朝朝辛勤工作，他們的生活是怎樣的呢？他們的心境，健康如何？還有各行職業中產生的健康問題怎樣，我們都希望能多了解，多接觸，更希望大家都參與！

今年「你的健康」展覽也有這樣一部份，名為「職業與健康」，還記得上年我們到過石礦場，太古城參觀嗎？還有那六小時長的工人座談會嗎？

這許多許多的問題，我們可曾察覺到嗎？**讓我們在加深認識，提高大衆健康意識的大前提下，**通過調查，家訪病人，工傷，參觀工人醫療所，康復中心等等，對這些的問題加以研究，分析！

一點點關於……

兄弟會

不知道大家進入醫學院前對醫生這一行有多少認識？對於我們要面對的這個職業的態度如何？

我們都會同意，在選擇讀醫之前，如果我們能對醫生這門職業有一些基本的認識，會幫助我們怎樣去選擇適當的學院，會幫助對這個職業的投入，甚或乎献身。

為此緣故，「兄弟會」將在今年大學入學試放榜前（七月九日）舉辦一個與應屆考生的聚會，希望藉此向他們介紹醫學生的實況如何，與及在醫學院裏的生活；讓他們在「成績分數」之外，也能去考慮他們是否有興趣及適合讀醫科，或大胆一些的期望——對讀醫建立一個正確積極的態度？以至他們能在選擇學院時有較聰明適當的選擇。

當日大概會有百多位中學生參加，我們打算請兩位講者——一位醫生及一位同學——為我們介紹這兩方面的情形。另外有分組討論閒談的時間，同時希望有一個輕鬆的氣氛；這是需要大家同學的參與及支持，給予他們一點點的輔助。如果你覺得這樣做是有價值而又有空的話，很希望你當日能與我們一起。同時亦歡迎有關的意見。

我們覺得，做一個醫生對其本身職業必須要有認識和投入。而一個良好之態度又能幫助我們去認識和投入；因此「兄弟會」決定在這一年內以提起大家去認識醫生在社會上的責任和位置為主題，希望大家能從這一個基本的態度去投入我們未來的職業。當然，我們會盡可能用各種不同的、輕鬆有趣的途徑，去促進班與班之間的友誼

我們一些已定的迎新活動：

WELCOME DAY (26-8-77)

FRATERNITY CAMP (1, 2, 3-9-77)

很歡迎大家提出友善的意見！

MATRICULANTS GATHERING DAY
9-7-77 (Sat) 2.00-4.00 p.m.
Do come and give support!

MEDICAL FRATERMTY COMMITTEE

Hon. Adviser	: Prof. A.C.L. Hsieh
Administrative Officer	: Lo Wai Kei (2nd)
Information and education Officer	: Alice Chow Sui Ping (2nd)
General Secretary	: Leung Shu Piu (2nd)
Financial Secretary	: Wong Kin Ming (2nd)
Committee member	: Chu Wan, Raymond (1st)
	Leung Yuet Foon (1st)
	Ko Wing Man (1st)
	Yuen Kwok Yung (1st)
	Cheung Ming Kuen (2nd)
	Kong Chi Kwan (2nd)
	Chan Pik Si (2nd)
	Yeung Yat Wah (2nd)
	Lam Kei Chiu (2nd)
Past Committee Representative	: Ng Hang Kin (3rd)

承印：忠誠排字植字公司
香港灣仔船街 15 - 17 號 2 樓 B 座 電話：5-280745 · 5-270842