

~~EDITORS' PAGE~~



You may shudder at the appellation of 'editors' as many would believe that editing is a most time-consuming AND wit-consuming task. Well, let us tell you from our personal experience, 'IT CERTAINLY IS!!!' Our stress threshold and levels of patience have been put to a genuine test during the production of what lies open in your hands now. However, we consider ourselves winners because we have survived the trials and challenges of publishing this issue of Caduceus.

It is our ambition – to compose something entertaining yet thoughtful, something special yet traditional, something that has a little of everything and yet is, in itself, something of importance.

As a result of all the work behind the scenes you may never know completely of, this is our accomplishment – to have Caduceus printed out and have you sitting comfortably enjoying every part of it. In this issue of Caduceus, you will find articles that inspire and enthrall, like our enlightening interview with Ms Julia Chan, medical librarian of the Yu Chun Keung Medical Library, and our thought-provoking feature article 'The future is ours, so what to do now?' Basically, we've gone to the longest lengths and the deepest depths to bring you this exceptional assortment of work, which we are sure you will savor with relish. Enjoy!

Here we must not forget our fellow committee members who have worked day and night to contribute to the publication of Caduceus. Special thanks to Ms Julia Chan for accepting our interview. Also, we must extend our thanks to Dr. YH Cheng for his invaluable guidance and support. Of course, we have NOT forgotten you, our readers who have made this entire chore worthy and meaningful.

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FOCUS
專題

- 1 醫學院圖書館主任陳麗業女士專訪
- 4 余振強圖書館導航圖

LETTERS
通訊

- 6 醫學會常務委員會
- 7 健康委員會 Health Committee
- 8 Health Exhibition
- 9 Asian Medical Students' Association (Hong Kong)
- 10 M05—班長故事
- 11 M06—Crossroads & Challenges
- 12 —多謝M06全班 Thank You! Class M06

CONTRIBUTION
創作園林

- 13 The Future Is Ours, So What To Do Now?
- 15 Across Pokfulam Road and Sassoon Road:
Different Faces of Today's HKU Experience
- 18 Hong Kong Is Better Than You
- 21 Survivor PBL
out-Play out-Bluff out-Live

- 24 驀然回首—中國古代的醫學成就 (一)
- 26 迎新營
- 28 歷程
- 30 週末的課堂
- 32 非一般的動畫—《千與千尋》
- 34 「主流」? 「另類」?

SUPPLEMENT
閒趣

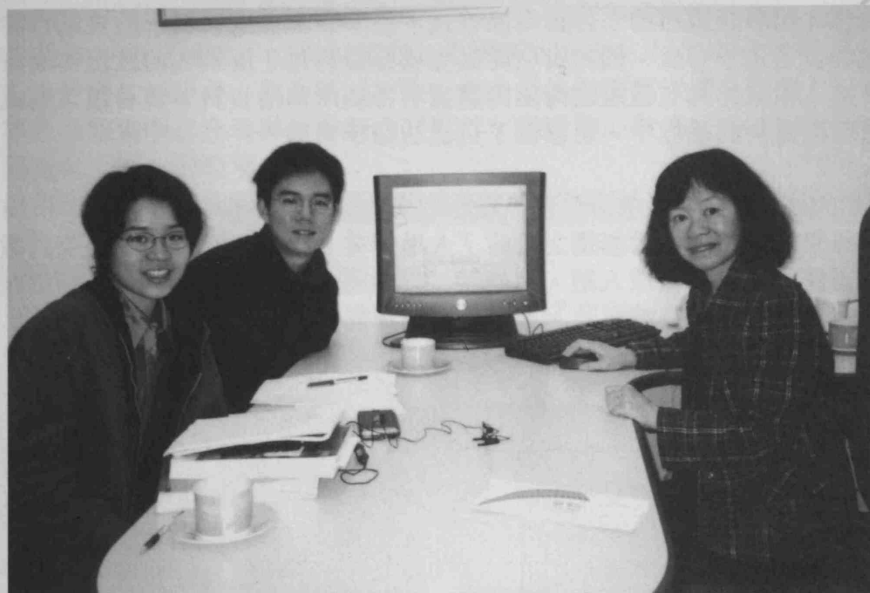
- 35 給02班的朋友
- 36 Food For Thought
- 37 Tonight

徵稿

- 38 啟思徵稿

醫學圖書館主任

陳麗業女士專訪



陳麗業女士和啟思記者

啟思記者

陳麗業女士

請問你出任了醫學圖書館主任一職有多久？

我是在二零零一年七月一日正式出任醫學圖書館主任一職。在此之前，當上任醫學圖書館主任有要事出外或在假期之時，我也曾經暫代醫學圖書館主任一職。我在到醫學圖書館工作之前，是在大學圖書館總館擔任「館藏發展」的職位。我認為大學總館和醫科圖書館有些工作，例如館藏發展和讀者諮詢服務方面，除科目不同之外，都非常相近。

當初你是因為何種機緣而當上醫學圖書館主任一職呢？

我過往在管理醫學圖書館也有著相當的經驗，例如我曾經在加拿大多倫多的St. Joseph Health Centre 擔任館長，也曾在香港大學的牙科圖書館任職主任。故此自上屆醫學圖書館主任在二零零一年六月三十日退休，便由我接任這一職位。

在你當初擔任此職位時，有否遇到甚麼困難？

我並沒有遇到特別大的困難，但在我上任後的第一個任務便是要籌劃一個全新的圖書館，還有如何把書籍和其他資料由舊館搬到新館。圖書館的館藏包括160,000冊書籍、2,900多種期刊和4,000多種多媒體資料，雖然有小部份在館外儲存，搬遷的規模仍然非常龐大。在出任圖書館主任起的六個月內完成這項工作，對我來說是一個很大的挑戰。

在新圖書館的安排方面，我們也要選擇和採購許多設施、儀器和系統，包括一切傢俱，學生使用的書桌和電腦等。

而搬遷方面的安排，我們也要計劃搬書的時間、次序、各類書籍安置的地方和員工的安排等。我們選擇了利用假期的時間來進行搬遷，而搬遷期間，舊館的二樓則仍然開放讓學生溫習，希望令圖書館的搬遷對學生的影響減至最低。



假若時光倒流，你會否仍然願意當圖書館的主任？

當然願意。

對我而言，醫學圖書館的工作很有挑戰性。醫學研究是處於科研的尖端，而醫學圖書館的工作也常常是急不容緩。例如有些時候要找尋資料以了解病人的狀況，通常是面臨生死關頭的事情。如果能夠在最短的時間內讓讀者得到所需的資料，將有很大的成功感。同時在為讀者查詢資料的過程中，也擴闊了自己的醫學常識。

在這個圖書館的工作經驗當中，令你最難忘的事情是甚麼？

令我最難忘的是在圖書館搬遷之時的「人鏈傳書」活動。當時由醫學院的教授、學生、員工和圖書館的同事等組成人鏈，把最後一批書籍由舊館搬到新館。這活動在港大的歷史上是首次，具有極大的歷史意義，亦令我非常難忘。



圖書館搬遷當日，人鏈傳書的情況

提及「人鏈傳書」的活動，我們也想知道此項活動的意念是如何得來？而你對此項活動的成果又有甚麼看法？

這概念是由一位學生及現任圖書館的館長 Dr. A. W. Ferguson所提出的。在一九三七年，美國哥倫比亞大學圖書館搬遷之時，也曾由學生組成人鏈把書籍由舊館搬到新館。當時這一活動成為佳話，而館長一位當年參與的舊同事亦一直念念不忘。

學生們的參與情況非常踴躍。平時學生除了上課以外，很多時間都會在圖書館溫習，有些同學更認為這是他們的「第二個家」，故此參與圖書館的搬遷工作對他們來說很有意義。這項活動表現了學生團結和合作的精神，和對醫學院及圖書館的支持和關心。同時也象徵著知識相傳和醫學精英邁向新世紀。

平時同學們只會偶然在圖書館內見到你，對你的工作性質也許不盡了解，可否為他們略作簡介？

我的工作包括醫學圖書館的管理與發展；館藏發展及管理；定立目標，制定政策，例如館藏發展方向，和其他設施使用方式和政策；監控財政預算；策劃：職員、館舍、系統、設施、傢俱；領導職員培訓，例如在圖書館新引入技術和資料時，員工都必須經過培訓和懂得使用；策劃及推廣服務，透過電郵或其他途徑通知讀者有關圖書館的新設施和服務；讀者教育—指導使用書目及網上資源；促進館際合作，使讀者能夠有一個更大的資料庫；與醫學院、圖書館讀者及供應商保持聯繫和研究及編制書目。



新圖書館和舊圖書館最大的分別在哪裏？

新館總面積為2,850平方米，較舊館的樓面面積加百分之七十八。其設計集一流設施與尖端資訊科技於一身，可創造一個先進的虛擬學習環境，以促進學習及科研活動。

圖書館的中心設施—知識導航中心設有電腦、多媒體工作站、掃描器及供學習、課堂簡報和電子出版用途的軟件組合。館內並設有約四十台網絡電腦供讀者檢索網上目錄、本地數據庫及世界各地的醫學信息資源。除網絡結點外，圖書館亦敷設了無線局域網，讓讀者享受一個「隨處可上網」的環境。

大致上，新館相比舊館的設施和服務都是更臻完善。

請問在目前和未來數年間有甚麼改善圖書館的計劃呢？

我們計劃進一步擴展館藏，在服務上精益求精，及引入先進科技以配合教學和研究工作。現今港大醫學院的教學方式是PBL(Problem Based Learning)，推展小班討論教學，圖書館會配合現今教學及研究的需要而發展藏書及提供服務。我們會提供電子指定參考資料，令讀者能夠二十四小時查閱。我們也會積極擴展我們的電子資源 (electronic resources)，包括電子書和電子期刊等。最新訂購的電子期刊有BMJ Journals 和ASM (American Society for Microbiology) Journals Online。關於圖書館的首頁和網頁的設計，我們會繼續改善使讀者能夠更快速，更有效地查到館藏的資料。我們亦會搜集和整合世界各地有關醫護的網絡訊息和資源，令讀者找尋這些資料時更加方便。我們的整體目標是成為區內一所最優秀的醫科圖書館，以支援各領域的教學和研究工作。

你覺得一個圖書館要辦得好有哪些重要因素？

圖書館要辦得好的主要因素包括：精細的策劃、妥善的管理、優級的訊息資源、優質的服務、優秀的人才和充足的財政預算。

在繁忙的工作中，請問你有甚麼減壓的方法？

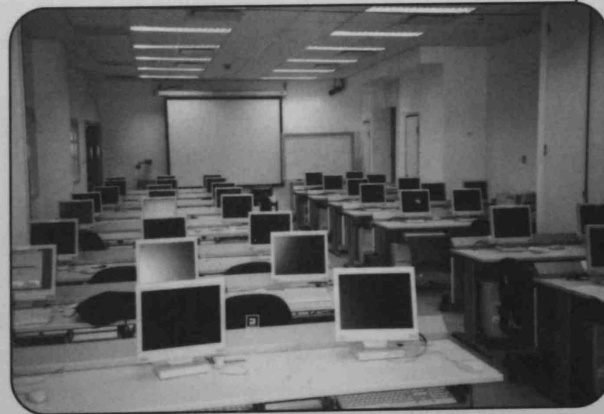
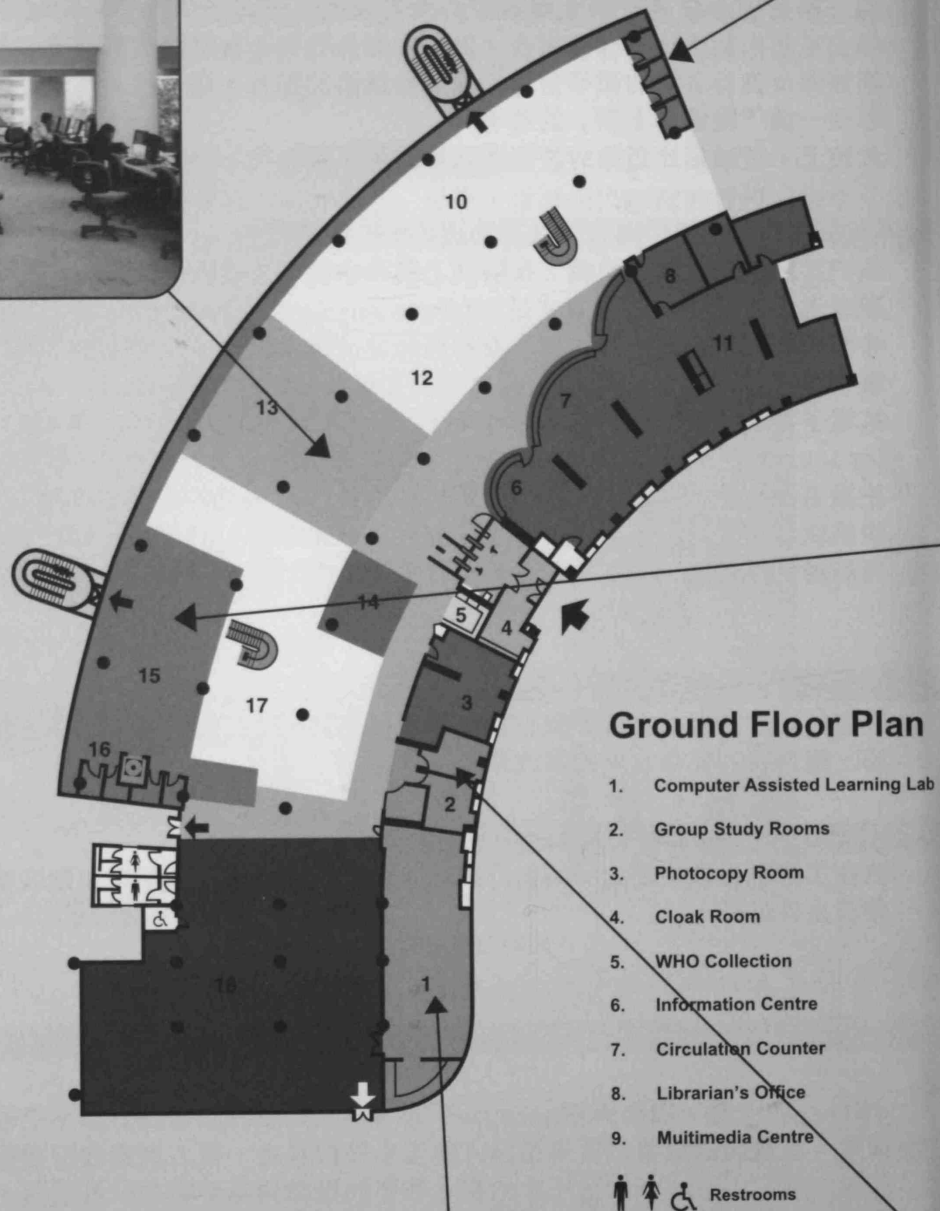
我在工餘也會做些運動，例如打網球、游泳等；我也喜歡閱讀和聽音樂。在假期之時，我亦會出外旅遊。



余振強圖書館導航圖

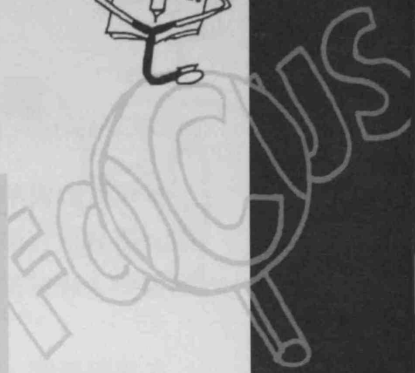
知識導航中心

位於圖書館的中央，設有電腦、掃描器
及供學習、課堂簡報和電子出版用途的軟件

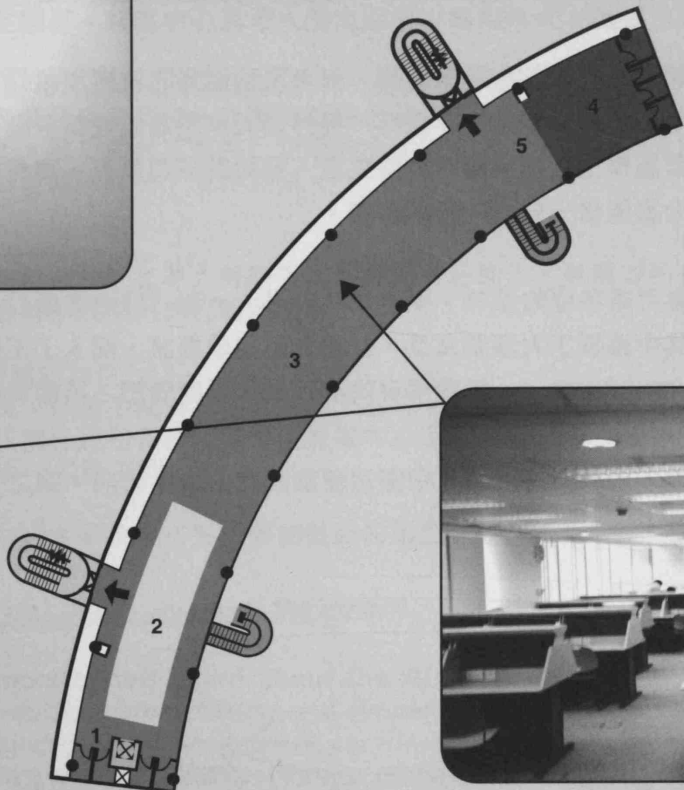


電腦輔助學習室

設有45台電腦及所需軟件，
適合較大規模的集體簡報或研討活動



多媒體中心
設有多種視聽器材，供讀者觀賞各種媒體資料



閱覽區
在地下及閣樓均設有大量書桌供研習及閱覽之用

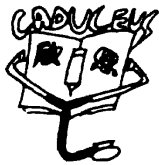
- Western Medical Collection
- Multimedia Collection
- Reference Collection
- Knowledge Navigation Centre
- Exhibition Area
- Reading Area
- Postgraduate Study Rooms
- Current Journals
- Bound Journals
- Emergency Exit

Mezzanine Floor Plan

1. Postgraduate Study Rooms
2. Chinese Medical Collection
3. Reading Area
4. Faculty Reading Area
5. Recreational Materials



三間多用途自修室
可作集體討論、觀賞視聽資料及小組示範之用



醫學會常務委員會通訊

本年度的醫學會常務委員會總算誕生了！首先，多謝各位醫護同學踴躍參與投票。我們「敢閣」將會敢言敢行，繼往開來盡力為各位謀取福利。一如以往，我們首項活動是二月下旬的交職大典，此典禮象徵著一份薪火相傳的信念，把醫學會的精神延續下去。

在暑假期間，熊熊烈日曬得各位熱血滿腔，兩項焦點活動將會同步並行。首先是交換生計劃，讓我們更了解外地風土，更緊貼世界脈搏。另外是大家熟悉的迎新活動，讓我們更懂得和他人溝通，讓新一屆醫護學生更能適應新校園生活。迎新營成功與否，實有賴我們一眾醫護學生的積極引導，希望大家能出一分力，踴躍參與。

當然，我們亦不會忽略各位的福利。少不了「勁過卡」和「勁過書籤」！會房內的文具部早已重新投入服務。其中添置了大量新文具，並應各位同學要求，購入了不少受歡迎的螢光筆及改錯帶等。文具部亦重新印製了一批醫學會的單行紙，反應熱烈，欲購從速！

尚有更多精彩活動，未能盡錄，請大家密切留意我們的最新動向。總之，大家儘管提議，我們即管嘗試。請支持！

敢閣

Frankieff
Internal Vice-Chairman
Kevin CAS

Missis
Fin Sec \$\$...ü

Welfare Sec

P.S. 陳律銘

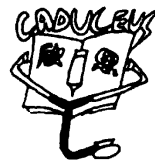
Quar

Noby
Sports Captain

EV 勁過卡
Sports Sec

敢閣

敢閣



復活!!! 我們的健康委員會

Adrian Chan

一年前，健委無人接莊，實在遺憾。

一年後，在大家的支持下，我們的健康委員會又來了！以「貢獻所學，服務社群」為宗旨，我們將團結港大醫護學生之力量，一起為改善基層健康而努力。2002年度健委以老人為服務重點，各服務小組將在屋村、社區中心及老人院定期舉行健康檢查、展覽及講座。

(這些工作都很好，但老人家必須要自行前往…一些孤立的獨居老人怎辦?)

有見於很多獨居長者長期缺乏照顧，身體有毛病也不知道，又無人過問，於是我們新成立了外展服務組來服務他們。健委的義工會進行定期的小組家訪，了解獨居長者的需要，為他們提供簡單的身體檢查和家居風險評估，並作跟進。

(這挺困難，我能做到嗎?)

不用擔心，我們將有資深社工和老人科醫生提供訓練予各義工，更重要的是你們能在家訪中真誠地聆聽老人家的心聲，表現對他們的關心。

(明白,但甚麼是家居風險評估?)

老人家因為視力不良，行動不便或家中雜物過多而容易絆倒，所以便有這項家居風險評估，避免他們因此受傷。我們已經和香港堅道明愛社區中心合作，在上環開展這外展服務，而家訪時每一組(2-3人)將會有一名社工同行。

外展計劃現已開始，請大家多多支持和參加健委的服務！

Health Committee's Outreach Program

I bet everyone has more or less heard about the *OUTREACH program - home visit for single elderly that includes history taking and simple health and home risk assessment*. I think it's just a new kind of volunteering, but my friends all seem to be extremely confused and they all doubt the practicality and worthiness of this idea:

Is it safe to go visit the elderly at their home?

Will we be rejected as we are first year medical students?

Will it be too much work? We know nothing about this home risk and elderly fall thingy, so we have to learn it from head to toe all over again...

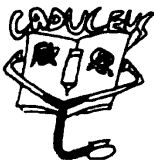
Does it worth all the troubles in organizing the assessments and the visits? The screening program may not be effective and even if you find out problems, what can you do?

Oh well, why don't you look at the event from my perspective:

The elderly require much more psychosocial support than they can receive. It seems that as first year medical students, we cannot offer more than blood pressure measurement, taking their BMI and giving simple counseling concerning these issues. However, we're missing out the most important aspect of our visit: by simply talking to these elderly and listening attentively, we can show them how much we care and thereby enlighten their day. If we are able to apply this belief as the basis of our visit, everything else we offer to our elderly, such as history taking, risk assessment and BP measurement, are just additional. So, who cares if the screening program is cost effective and if we can really help the elderly in managing their health? We just want to show them that we DO CARE, this time, not in the hospital setting but at their home. Of course, to make the visit more meaningful, the health committee will try to arrange some training sessions so as to maximize the benefit of these visits to the elderly and to us. So, don't ever ask me again why we should join the outreach program...

Just join!

Esther M06



Health Exhibition 2002

~~Pediatric Care: General Aspects of Children's Health~~

The health exhibition is the largest event organized by the students of the Faculty of Medicine. The two main objectives of the event include the followings:

1. To enhance public awareness and understanding of medicine.
2. To provide an opportunity for students to contribute their time and knowledge to interact with the society.

In an affluent society like Hong Kong, people tend to have fewer number of children in their families. As a result, children in this generation generally receive good nutrition and are well taken care of. However, certain aspects of health are often neglected by parents. In view of this, our project aims to provide the public with more in-depth and multifaceted information on children's health and to raise their awareness on these issues.

We aim at fostering effective and independent parenting skills based on current information. It is equally important that both parents and children learn about the issues of growth, development, behavior, preventive health and management of illness. We hope that our project can help the parents be more comfortable and confident in dealing with the vast array of issues that are present on a daily basis during the upbringing process of children. Moreover, we hope that the exhibition can help people choose a healthy lifestyle.

The main focus of the 3-day exhibition will be to raise public awareness of the different contributing factors of the healthy development of children. These involve issues on growth and development, common health or disease conditions, healthy life-style and mental health. Nevertheless, some common childhood disease conditions are introduced in the exhibition to help parents handle these problems.

Health-screening tests for children are also included in the exhibition. These include tests for eye function, ear function, body mass and fat ratio, tests for indicating stress level, etc. Results of these tests will be presented to the subject with interpretation and advice.

We hope that this year's health exhibition will be a successful one, which will bring benefits to both exhibition participants and students who have contributed their time and effort in it.



~~AMSA~~ **Asian Medical Students' Association (Hong Kong)**

So what is AMSA?

AMSA is an organization founded with the paramount aim of uniting medical students from the Asian — Pacific region. Its ever expanding list of member countries include: Australia, Hong Kong, Indonesia, Japan, South Korea, Malaysia, the Philippines, Vietnam, Thailand and Taiwan.

The AMSC

Throughout the years the Hong Kong chapter has maintained a high profile and this year is no different. The highlight of this year's events is undoubtedly the 23rd Asian Medical Students' Conference (AMSC) which will be held in August and will be hosted by the Jichi Medical School, Japan. The 8-day conference will be based around the topical and much familiar theme of "Community medicine in Asia". It is envisaged that the event will be a splendid opportunity for Asian medical students to exchange their ideas not only on medicine but on a variety of issues and promote mutual understanding among them. The agenda will look something like this:

- **Research Paper Presentations** given by the Hong Kong delegates
- **Small group discussions** of 10 to 15 people
- **Cultural Night** — often seen as the most exciting party of the trip where we will have the chance to tell the rest of the world something about Hong Kong's unique culture.

On a more local basis, a recently held Joint University BBQ with the Medical students of the Chinese University of Hong Kong in mid February was well received. It proved to be a good opportunity to extend our acquaintances and to meet people who may well be our future colleagues.

The people

The AMSA committee 2001-2002 was a coherent team, we went thorough many challenges and struggles together but eventually we've made it!! I would just like to express my appreciation for the efforts that my fellow committee members have displayed throughout the year!! No doubt we have met a lot hurdles but it is these things that have allowed the Committee to achieve the cohesiveness it has today. Thank you all!!

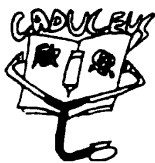
The AMSA (HKU) 2001-2002 committee consisted of:

- | | |
|----------------|------------------------------|
| → Dorothy Chu | Minister of Internal Affairs |
| → Jack Tsang | General Secretary |
| → Kelly Chan | Finance Secretary |
| → Maggie Mok | Publication Secretary |
| → Wong Tin Hau | Academic Secretary |

And Final Words.....

On behalf of the whole AMSA Committee we would like to thank our fellow M06 Classmates for their keen support and enthusiasm towards our activities. Without your generosity none of this could have happened. Also we must express our appreciation for the numerous individuals of our class who have given out a helping hand to help us organize and prepare for the recent Joint University barbecue. **Thank you everyone!!**

Written by: Jack Tsang, General Secretary



相信不少人曾在中學或小學時當過班長或風紀。那麼各位當班長的感覺是怎樣的呢？“好威”因為可以代表全班？像廉價勞工般為同學做牛做馬？當然各人對當班長都會有不同的感覺，可是對一個自小就逃不過當班長命運的人，那種體會的確是相當的豐富。以下便是本人十四年來當班長的故事。

My Life As "Class Monitor"

班長故事

余自幼家貧，幼稚園只上了一年便退學了。看著別的孩子上學的情景，令我非常嚮往校園生活。小一的第一個上學天，班主任很鄭重地跟我們說要選舉班長，當然少不了對班長的職責和重要性作一番詳盡的講解。選舉的反應非常踴躍，除我之外自薦參選的共有五人（注：當時班中只有三十人）。我們的班主任也真的非常認真，除了簡單的自我介紹外，他還要求我們用一分鐘的時間來解釋參選原因和抱負。同學們的反應可想而知，大都成了一分鐘的石像——一句話也說不出來。其實我也好不到那裡，站在台上良久，才想起老師的解說，一句話便脫口而出：「我會盡力為老師和同學服務的！」頓時掌聲雷動，當時我萬萬想不到一句話的影響力竟然如此之大，不單令我以大比數當選班長，更成為老師之間的熱門話題（注：我也是後來才得知此事，這才令我明白，為何連我不認識的老師也會要我替他搬簿搬作業）。

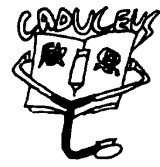
如是者我當了六年班長。升上中一後，同學來自五湖四海，競逐武林盟主一職應有一番龍爭虎鬥。怎料班主任第一句便問：「有誰在小學時曾當過班長？」更出乎意料的是只有我和另一位同學舉手，結果班主任高明地說：「好！就由這兩位同學擔任臨時班長，一星期後同學們如無異議，便由他們正式擔任班長一職。」結果顯而易見——我逃不過當班長的命運。

就我以上所說，當班長好像十分無奈，但事實並非如此。當班長的確很開心，儘管要額外多花時間精力，但是同學對我的尊重、老師對我的愛護和那種成就感都使我感到再辛苦也是值得的。當然事情永沒可能十全十美，當班長也有其苦處，例如小學時班長有責任維持秩序和記下轉堂時不守紀律的同學，我卻因此曾被指是「金手指」、「狐假虎威」和「出風頭」，故此班長很多時都會成為老師和同學之間的夾心餅。儘管如此，開心的事總是比不快的事多，例如每當我看到全班同學都穿上由班會設計的班衫，為在班際比賽中出賽的同學打氣時，我都會感到我的努力是令同學更加團結的催化劑。從他們喜悅的表情中我找到我工作的價值。

其實當初我決定參選M05班會只是一念之間。我中六時因為花了太多時間在學生會上，學業一度停滯不前。前車可鑑，考上港大醫學院後我決定專心讀書，不多花時間於學會和活動上。然而經過Medic O'Camp後我發現我真的很喜歡這班同學。而正因為我喜歡M05班，所以我希望同學都會有「是M05班一份子」的感覺，希望M05班能像一個大家庭，能給同學溫暖而又親切的感覺。我這信念由決定參選班會起至今未變。

當上班會主席後有一件有趣的事——不少同學稱呼我為「班長」而不是「主席」。而事實上我覺得「班長」比「主席」要來得更親切、更接近同學，因此我較喜歡「班長」這稱呼。最後我想在此說句「對不起」和「謝謝」。我明白自己並非很能幹和很有領導才能，雖然滿腔熱誠，但是實際上能做到的並不多，因此想向M05班的同學說聲「對不起」。而對於班會幹事和同學們對我的支持和體諒，我在此衷心的說聲：「謝謝你們！」

Michael M05



Crossroads & Challenges

Life is full of crossroads. The major crossroad I recently encountered was my decision on where I would be studying medicine. Many people asked me why I decided to come back to study at HKU. Indeed, I had to admit that choosing between Hong Kong and the United States was really difficult for me. However, I selected to pursue my education in Hong Kong because I would like to be closer to my family. If I chose to study overseas, I would not be able to come back until six or seven years later. In addition, I wanted to work in Hong Kong in the future. Since I was born here, I would enjoy living here for the rest of my life. Although many people said that I had totally wasted four years in obtaining my bachelor degree, I did not agree with them. During my college years, I became more mature, and was able to learn many different subjects, such as economics, accounting, statistics, psychology and other pre-medical classes. With this background, I was more prepared to cope with the challenges and stress in the medical school.

After coming to HKU, I realized the challenges in front of me. Elected to be the class chairman in September, I understood that I would try my best to serve the class. Working with the brand new class committee was a major challenge, because I knew none of them beforehand. As time went on, I was able to get to know them better. Throughout the past few months, we coordinated well in ordering name tags, skeletons, stethoscopes, class jacket and lab gowns. These jobs were very difficult to accomplish. Fortunately, thanks to the help of the class committee as well as my fellow classmates, these tasks were completed smoothly. Out of all these events, I found that one of them should be mentioned here, because it was the most demanding task.

The most difficult mission I have encountered so far was the ordering of stethoscopes. It had to be dealt with extreme care because of the large amount of money involved. In order to ensure that all the money was collected without error, we spent four hours in PAC counting all the checks and order forms. Aiming to meet the company's request, we went through every single order form, tallying up the overall amount of each type and color of the stethoscopes purchased. Four different officers had repeated the same procedure as to avoid any mistakes. After a few hours, we were able to give the company a finalized class order form. Upon giving the company all the checks, we asked them to sign a confirmation letter ensuring that the stethoscopes would be delivered to us in January. When we received the products in January, we spent another major effort to guarantee that everything was distributed properly. In doing so, we used the streamline collecting method, and eventually, the whole thing worked out.

Looking at the missions of the class committee being accomplished one by one, we felt very satisfied and relieved. In addition, we would continue to work for our fellow students. Personally, I was so glad to see that we could finally show our class spirit by wearing our class jackets! Let's carry on with the spirit towards 2006! =)

- Victor Yeung M06



多謝M06全班

A同學

時間過得真快，一個學期的快樂時光已成往事。大家先是拼命地玩，然後是拼命地讀書，貫徹了港大"play hard and work hard"的精神。

做了班會副主席半年，我實在要感謝M06班上每一位同學對班會的鼎力支持，因為有你們，班裏才充滿歡樂！班會將聯同醫學學生會在以後舉辦班際運動比賽和各類活動，請大家多多參加，將這歡樂延續下去！

今年Formative Exam 我班之成績打破往年所有紀錄，在此A同學祝大家再接再勵，在Summative Exam 人人一次就過，不用補考！

小話

You will remember
some of what you hear,
much of what you read,
more of what you see,
and almost all of
what you experience
and understand fully.
—Keith L. Moore

Thank You!

Class M06

Adrian



One whole semester has passed since all of us came to the Medical School: We played hard in the Orientation, Medical Festival, Med Ball and every chance we got. (and worked hard throughout Christmas and the first few days of the New year... @_@)

Thank you every M06ian, it is you who make this time so memorable. The amount of work is increasing from now on, but don't worry: You are the best. The class committee and the Medical Society will be organizing lots of activities -- enjoy your life here.

See all of you in the third semester.



'THE FUTURE IS OURS, SO WHAT TO DO NOW?'

Shiobhon Luk M06

A rise in drug abuse, particularly by our young peers, shakes the soul and future of the society. Depressants, hallucinogens and violent crime continue to be major problems, and the direct causal relationship between drug use and felony has been clearly established. Addiction, injury and loss of life are often the effects of abuse. The individuals, the family and our future are at risk unless we rectify the problem and become committed to the goal of a drug-free society. Ultimately the most effective and direct solutions to the drug crisis are to dry up demand and to cut off drugs at the source.

The reasons for drug addiction cross cultural, political and social boundaries. To some of our peers, drug abuse is seen as being fun and for the thrill. Some think that drugs can allow even the most cowardly and weak to feel brave and robust. However, people often fail to realize that they are easily lured to fall into a pit of dependency and despair. As youngsters and responsible members of the society, we should not hesitate to provide sound information and advice for the drug abusers to realize the inappropriateness of their actions and to accept responsibility for them. No mythology, no lies and no prejudice. The strategy is not about coercing people not to take drugs; rather it is to give them the information to make an informed choice for themselves.

The conventional wisdom is that demand reduction means prevention, which in turn means education. It would be most effective if we could arouse the public on the need to provide an educational framework by which young people can be more aware of the consequences of their actions both on themselves and on other people. We could coordinate members of various community youth clubs to organize workshops to provide people with the skills for recognizing and resisting social pressures to experiment with tobacco, alcohol and all other forms of drug abuse. In addition, we could organize student activities to teach others positive and healthier alternatives to drug abuse and give information on organizations to which people can turn for help and guidance in a drug related situation.

The present society has generally been able to control and channel aggressive drug impulses through its basic institutions - home and schools. But these moral pillars are crumbling. Much more fundamental changes in society are needed. We could make good use of the media to express our view that schools in particular have to take that role very seriously. They undeniably account for the debate over how to teach self-discipline to a generation whose boundaries have been loosely drawn. We, as youngsters, should try our best to lobby TV, movie and record producers to reduce the level of alcohol, cigarettes and drugs in entertainment. We could also try to persuade major advertisers through petitions and letters to avoid sponsoring programs that are objectionable.

Through organizing parent-child associations, we can convey to our parents the message that they can also contribute in creating a nurturing and drug-free future by developing the capacity to let youngsters know that although what they are doing might not be approved or agreed, the rest of the society still love and support them as a person and are urging for their repentance. However, there will be no meaningful progress, no genuine hope for the future generation until the sense of urgency forces a reconsideration of values in every home, up to and including the public sector. We can



make good use of public student forums to stimulate government at all levels to step up the battle against drugs – to pour more money into education, day-care and recreational opportunities for the young and other members of society. It is worth recalling that the future generation is an honest conscience, the perfect mirror of a society's priorities and principles.

It is inevitable that we are calling for stronger laws and punishments. Some young people argue that prison sentences should be longer. Others have offered an even more radical idea: locking up parents. Parents can be held responsible for the drug abuse of their offspring. An unpopular but more sensible approach is to offer rehabilitative treatment for addicts. We should emphasize the need to set up a federal program in the near future for addicts to provide them with the option of receiving treatment for their drug problems in place of a prison sentence. We ought to participate in voluntary agents to initiate action and coordinate efforts to bring the message 'Drug Use is Life Abuse' to every citizen.

A more eradicable and immediate alternative is to provide heavier penalties for the illegal sale or possession of stimulants, sedatives, and hallucinogens. However, we understand that eradication does not work unless it is accompanied by adequate compensation to some particular developing countries for the loss of a drug crop that requires less work and promises far more profit than such alternatives as wheat or barley. Often, in addition, other crops cannot flourish on the soil where drug crop grows. It is indeed our earnest request to invite international organizations to allocate funding on this matter.

We should not hesitate to urge regulatory agencies to continue monitoring the development and use of all drugs sold in the community to ensure that the public has access only to drugs that are safe and effective. We should insist that the medical field establish more concrete rules for the manufacture and prescription of habit-forming drugs. Through health education festivals, we would be able to arouse the community to ensure that all alcoholic beverages are labeled with warnings about alcohol's potentially dangerous effect on the body. In the course of public campaigns, we can urge the government to develop an action plan that would involve the public, as well as private agencies, in eliminating the illegal sale of drugs - in helping individuals who use drugs to stop, and in preventing nonusers from ever starting to use drugs.

If the resolve to tackle the drug problem were simply a matter of conveying scientifically accurate information on posters and public-service announcements about the dangers of drug use, the trouble would already be history. It is axiomatic that further concrete action is a moral imperative that should need no additional justification. Not until the despair and alienation of the drug abused is reversed through improved schooling, better drug awareness and a rebirth of self-respect can we hope to build a drug-free future. As young pioneers in the new millennium, it is of utmost importance that we rally support within the entire community to make the commitment to accomplish these goals.

Across Pokfulam Road and Sassoon Road: Different Faces of Today's HKU Experience

Wong Wing Cheuk Richard (MBBS I)



15

As a medical student who had studied in another degree curriculum in HKU, my daily encounters in the Faculty of Medicine keep on reminding me of the contrasting university life on the Main Campus. From time to time, I also hear my classmates complain about the hardships of a medical student, compared with the life of their friends on Pokfulam Road. While many of these grievances are truths, equally many may simply be biased pictures. This is precisely why I am writing down my recollections and reflections about the current U-life of a HKU student.

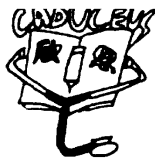
Let us start with the beginning of everything. Orientation. Quite obviously, the most shared experience of "Main Campus students" and "Sassoon students" is the messy chaos on Registration Day, followed by all kinds of orientation activities. After that, however, the focus becomes very different.

On the Main Campus, the hot topic in daily conversations (if you already have new friends) would be the art of timetabling. Of course, the primary issue is to choose the courses you like, or (when all the options sound boring to you) the courses that senior students recommend. Yet, two other issues, creating day-off(s) and avoiding time-clashes, are of equal importance, if not greater. Apparently, if you wish to create a day-off, you have to struggle between the courses you like and those that fit into a 4-day timetable. However, even if you give up your day-off attempt, you may still be surprised by the scale and complexity of time-clashes! In some circumstances, the wide range of choices mentioned in the Prospectus may simply become a sad joke. Time-clashes between courses of different departments and, particularly, of different faculties almost inevitably force you to sacrifice some of your preferred courses. This is especially disappointing to students who dreamt of taking the course since they first read the prospectus.

You may find the above account a bit too threatening, or (if you are studying on the Main Campus) exaggerated. Surely, such situations are less prevalent in degree curricula like law and architecture, which consist mostly of compulsory courses, but they are not negligible in the increasingly common double-major or double-degree curricula. I must also add that, although the course selection procedure may be very tedious and disappointing, the courses which initially appear boring may later turn out to be surprisingly interesting, and vice versa. An example from my own experience is the Introduction to Social Welfare course, which I found unforeseeably enjoyable and useful. This clearly reflects the benefit of allowing freshmen a greater choice of courses before deciding on a particular curriculum, since most students would have a somewhat different idea of their interest after being totally exposed to university study.

Relative to the Main Campus experience, the orientation period on Sassoon Road seems much more peaceful. Almost everything, from lectures to tutorial groupings, has been decided for you. To a certain extent, this is a privilege, although it may as well be a heavy burden, depending on your preferred style of U-life. It is a common complaint that the rigid timetable of medical students limits our choice of language, sports and other courses. This is true, but as shown above, the situation of timetabling on the Main Campus is not as good as perceived. To summarize the situation, while many other freshmen are struggling with the Student Connect system for approval of course selection, many medical students are already reading such books as Guyton's Textbook of Medical Physiology or Robbin's Pathologic Basis of Disease.

What about the situation after the orientation? By the second week, medical students



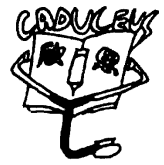
have already had a significant number of lectures accumulated; however, many Main Campus students would still be struggling for the best tutorial time-slots and having a few introductory lectures. Nevertheless, the first few weeks should be the honeymoon period for all HKU students alike, but the coming challenges are remarkably different. The major challenges for medical students are basically preparing for problem-based learning (PBL) tutorials and catching up with lectures, while those for other students are mainly assignments, projects and mid-term tests.

Even before I came to study medicine, I had heard of the hardships of PBL tutorials, but after really having PBL tutorials, I come to realize that the PBL experience largely depends on your group-mates. Luckily, so far my groups have been working together very fine. Some of my classmates, however, find it a total nightmare. As they enter the tutorial room, they feel like entering a battlefield, struggling just to have a humble say. From my personal experience on the Main Campus, tutorials are very different things. Usually much of the time is devoted to a presentation, but when it comes to discussion, it is rather difficult to get people participate actively. So, deep and focused discussions are often impossible, being replaced by small comments and dead air. In my opinion, the major reason for the contrasting tutorial experience is the weight of tutorials in the assessment. While PBL forms an individual component of assessment in medicine, tutorials on the Main Campus usually form a minor part of the assessment of each course, around 10%. By the way, the format of tutorials may also be a factor. PBL tutorials have a much clearer problem to discuss, as well as a much clearer procedure to follow, than other tutorials that usually only have a broad essay title to discuss.

Apart from PBL tutorials, the overwhelming cause of headache for medical students is catching up with lectures. I must admit this is a small problem for many students on the Main Campus. The primary reason is that their examinations usually allow a choice of questions, each covering a single lecture topic. Students can thus choose only a few lectures to study just before the exam, and still pass with flying colours! Certainly, this does not apply to all courses, but quite true for essay examinations.

Nevertheless, the pressure from lectures and PBL tutorials often prevents medical students from appreciating one privilege compared with other HKU students: assignments are minimal. We have to study a lot, read a lot, memorize a lot, practise a lot, but we seldom need to write essays, which are almost inevitable on the Main Campus. Normally a 6-credit course, particularly for arts and social sciences, has one or two essays, ranging from 1000 words to 3000 words. So, on average, a typical student on the Main Campus has 5-6 essays each semester. It takes quite a long time, especially for freshmen, to find relevant articles, read them, understand them, and generate ideas about how to write. Going through this painstaking process for each essay is usually time-consuming and boring, despite being a good preparation for examination. Never forget, apart from essays, that a student also typically has several presentations and mid-term tests, as well as one or two group projects. They all form part of the assessment, normally around 20-30%. You might imagine that these assignments are evenly distributed throughout a semester, but unfortunately, they are usually concentrated around the later half of the semester. The obvious reason is that you have to accumulate some lecture knowledge before being able to discuss them.

One particular phenomenon concerning Main Campus courses is worth mentioning. You may think that a 3-credit course has a smaller workload than a 6-credit one. The truth



is just the opposite. The compulsory 3-credit Language Enhancement courses, being the product of "enhanced" criticisms on the language standards of university graduates, usually impose the greatest demands among all other courses. Many courses do have useful assignments (such as research projects), but some are really amazing. Could you imagine a university student has to do sentence-making exercise? In a Chinese course exercise, students are given five Chinese idioms and they need to make up five sentences using each idiom and copy the definition and usage of that idiom from three different dictionaries, and they must submit it by email! In the tutorials of this Chinese course (not for business or economics students), students are required to do business presentations for a hypothetical situation, then the tutors would spend most of the time criticizing their marketing strategies and body posture! This is something really happening in HKU. I am not saying that these are useless, but are such courses the best and appropriate way to improve the language proficiency of students?

Lastly, I would like to look at the human face of the HKU experience. The rigid timetable of medical students is largely responsible for the close relationship of medical students. We share exactly the same syllabus. We meet the same classmates in all lectures. We meet the same PBL group-mates in a semester for all tutorials and practicals. All these nurture friendships (and other "relationships" of course). In contrast, the Main Campus students, even studying for the same degree, have much more variable syllabi, classmates and group-mates. You would still have a number of good friends who tend to stay together, but you might have to spend much more time with some unfamiliar U-mates, especially in tutorials. You are also more likely to have lunch alone, because your friends may have different timetables (or even skip lunch because the canteens are too crowded).

Similarly, medical students usually have much closer relationships with teachers. Not only are PBL tutors spending long enough time with the group of students to recognize all of them, other lecturers and professors are also very ready to talk to students face-to-face, particularly during practicals. This degree of intimacy is so difficult to find on the Main Campus, where students see their lecturers almost exclusively in lectures. Even tutors cannot possibly recognize all tutees because each tutor has many tutorial groups and infrequent tutorials. Though all degree curricula have at least one course coordinator, they meet their students once or twice a semester simply to discuss problems concerning the curriculum, so their relationships with students are seldom as personal as a PBL tutor's. Obviously, medical students are much more "visible".

The picture of HKU portrayed above, although impossible to show large individual differences, consists of bits and pieces of the life in today's HKU from the real experience of my friends and I. University life, no matter on Pokfulam Road or Sassoon Road, always has its ups and downs. Ideally we should try to improve it, but there is just too little in this world that we could change. This is why we should have a future goal to pursue, so that we could survive all the coming difficulties, but even more important is to stay aware of every moment of the university life we now have. Treasure every moment we enjoy, since we will never experience it in the same taste again.



Hong Kong is better than you

Jocelyn Mak

Some people travel to escape themselves. It can't be done, of course, so some people choose to face reality. Though it may be less pleasurable to count up failures in a real world than on some tropical beaches, you probably find that your wounds heal quicker. If you have been to Hong Kong, you will agree that she has the underlying energy that no other place has. When you are drenched in your last fiasco, Hong Kong is a place to activate your adventurous gene and to give you courage to confront new challenges.

You see, Hong Kong is better than you. She is more exuberant than you, more picturesque, more vibrant, more dynamic, more fun, and, furthermore, lets you know it.

Even if your first trip to Hong Kong is a bust — suffocated in the MTR; astounded by the public toilets in which the flushing service is always out of order; your ears are buzzed because of the thick crowd in shopping malls or in restaurant — you know you will return. Hong Kong has so many things to admire. You'll be back. The defects cannot obscure the virtues.

Hong Kong is renowned as the "Pearl of the Orient". Pearl is a lustrous mass that forms inside the shells of some oysters. It grows layer by layer. The longer it stays in the shell, the larger the pearl is. In other words, every visit you make to Hong Kong adds a new layer. Even an unpleasant experience helps enlarge the pearl.

Things about Hong Kong that will activate your adventurous gene: from ubiquitous tiny stalls vending bogus handbags to elegant boutiques selling those with genuine trademarks; from youngsters sleeping outside the Exhibition Centre the night before the Comic Fair to the retired enthusiastically engaged in stock exchange; from frenzied Hello Kitty fans queuing outside McDonald to demonstrators rallying to the Central Government Offices; you can always find your niche in this little city.

Things about Hong Kong that keep your pearl enlarging: teeming crowds wearing fashionable clothing in Central, Causeway Bay, Tsim Sha Tsui and Mong Kok throughout the day; shops selling the latest models of mobile phones—creating and following trends always come first with the Hong Kongers.

Then there are things that you don't like: the notorious air quality in the urban area (you can take a deep breath of sweet fresh air in any country park); salesmen and taxi drivers speaking faltering English; and the fast pace of living.

You can leave Hong Kong without angst because you know for certain that you'll visit again. And the best thing is, in some way you are a better person for having visited. How



long the effect lasts varies for different people, but I can assure you will gain something. It is irresistible, your next trip.

Best time to visit

Hong Kong is a place with four distinct seasons but moderate temperatures. My favourite is autumn with a refreshing breeze when you go hiking or picnicking. In fact, each season is admirable: spring with azalea in blossom, summer with the scorching sun and winter in the joy of Christmas and Chinese New Year. During summer vacations, it is hard to get an aeroplane ticket.

A great 24-hour

HK\$20 can give you an abundant breakfast, either Chinese style —congee with deep-fried fluffy dough sticks, or Western toast with tea.

Then you may go for a walk in suburban areas such as Sai Kung or in Hong Kong Park, with fountains and blossom right in the middle of the business district.

Night owls will not be disappointed in Hong Kong. You can stay overnight in a bar available all over Hong Kong. If you enjoy chatting with friends, Lan Kwai Fong and the SoHo (South of Hollywood Road) areas are the places you must go. Some people enjoy sitting comfortably in a restaurant; while some prefer gathering in groups and sipping beer outside the bars, under the soft night sky.

For those who stay in Kowloon, you may visit Mongkok and have a peep at Temple Street — the night club for grassroots.

Best Street Food

Hong Kong still holds the title of the paradise for food. High standards of various cuisines are available, but to most people, Chinese, especially Guangdong cuisine, is the most attractive.

Shopping

Tourists enjoy shopping in Hong Kong because you can always find the latest designs and models. Fresh from the catwalks of Milan, Paris, London, New York, Rome...all the fashion world come to this tiny state. In a city where East meets West, a large variety of goods is available. Chinese love buying gold and jewelry, while Chinese culture admirers can find their beloved antiques in Sheung Wan. Window shopping is a delight, and free — but be careful! You may be seduced by a piece of Han pottery costing thousands of dollars, as well as by a souvenir costing a few cents.



long the effect lasts varies for different people, but I can assure you will gain something. It is irresistible, your next trip.

Best time to visit

Hong Kong is a place with four distinct seasons but moderate temperatures. My favourite is autumn with a refreshing breeze when you go hiking or picnicking. In fact, each season is admirable: spring with azalea in blossom, summer with the scorching sun and winter in the joy of Christmas and Chinese New Year. During summer vacations, it is hard to get an aeroplane ticket.

A great 24-hour

HK\$20 can give you an abundant breakfast, either Chinese style –congee with deep-fried fluffy dough sticks, or Western toast with tea.

Then you may go for a walk in suburban areas such as Sai Kung or in Hong Kong Park, with fountains and blossom right in the middle of the business district.

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Absolutely must not miss

Hong Kong at night, when she sparkles and scintillates: take the Star Ferry across Victoria harbour to see her at her shimmering best.

Most overrated

Nothing!

If you go

It is not necessary to do research before you go. Hong Kong is an amazing place. I hope you find your pearl by wandering the streets, the green valleys, and on her shores.





If you ask any member of the medical faculty how they feel about PBL, they will most likely tell you that it is truly a godsend. If you push them hard enough, they will probably even tell you that it can turn rock into gold. Unfortunately, for the students, this message has not hit home. I have heard numerous negative comments about the tutorial system such as it being nothing more than a 'show'. However, there is certainly a grain of truth in that for we are playing Hamlet in every PBL session and are much troubled with the dilemma of 'To be or not to be'. Should I speak? Should I not speak? Should that be a learning objective or just a yearning excuse? Should I cut him off since I know or not know the correct answer? Should I copy the whole chapter in Robbins onto the whiteboard or should I just awe my audience by reciting it? These are probably just a few of the thousands of decisions which we have to make. However, after just one or two problem-based learning sessions, we all have learnt to solve the problems by many ingenious approaches.

With my countless hours of experience in PBL, I carefully observed our behaviour, including mine and scrutinized our psychology. I have finally managed to piece together and analyze some of the more radical and strange approaches to PBL.

The first is the 'Speak like there is No Tomorrow' approach. The followers of this belief will always have an endless supply of comments to drown the discussion. These comments are almost always either about the complex physiology and pathology of the case or the highly expandable 'social issues' and 'ethical issues' underlying the patient's condition. It is possibly the depth of the content which provokes so much thought that it leaves all other members of the PBL group continually nodding their heads in agreement for no less than half an hour. With such enthusiastic contributors, it is most baffling why those groups having such followers are named the 'Group of Death' or 'Group of Hell'.

Another approach is the 'Forever Inquisitive' mode whereby supporters of it seem to be in a race to generate as many learning objectives as possible in the shortest period of time. One point worth noting down is that these learning objectives never tend to bear much relevance to the case. For example, someone committed to this mode may come up with 'how to surgically remove a bullet in the head' for a case on diabetes mellitus and still manage to somehow link the two together. Nonetheless, their quest for knowledge and everlasting capacity to churn out new learning objectives is certainly admirable.

A rather different approach compared to the previous two would be the 'Silent but Deadly'. The devotees of this type will generally keep quiet during tutorials, which conceals their wealth of knowledge on the case. Never underestimate these mutes. When



given the chance to express their opinions, they will most likely say something which will inspire and at times stun the group.

A less commonly adopted approach to PBL is the 'Speak Now and Forever be Silent'. The advocates of this strategy on average speak once or twice at the beginning of the tutorial and then rapidly plunge into a state of deep thought for the rest of the session. It is often extremely difficult to discern between these believers and the 'Silent but Deadly'.

A slight modification from the 'Speak Now and Forever be Silent' is the 'Forever Silent'. These disciples are very rare but we do occasionally meet them. They strongly observe their holy commandment: 'It is better to be silent and be called a fool than to speak and remove all doubt!'

Given such extreme variations in the approaches to PBL, it is quite amazing that our tutorials have managed to run smoothly, and have not caused maladies to our fellow PBL-mates. However, let me disclose the potential danger of some of the approaches.

Chronic neck injury could very well be a hazard of PBL. The causative agent is to have three or more subscribers to the 'Speak like there is No Tomorrow' approach in your PBL group. The pathology of it may be that the constant nodding during the tutorials causes the neck muscles to over-exert leading to chronic injury. It is very easy to identify those with the disease as they all belong to the 'Group of Hell' and 'Group of Death'. The prognosis is extremely poor and there is no chance of an uneventful recovery. However, with our modern-day advanced medical technology there are two treatment options. The first is palliative therapy whereby a physiotherapist will teach them to repeat phrases such as, 'Uh-huh', 'Yea' and 'I totally agree with him.' The other option is of course to jump onto the 'Speak like there is No Tomorrow' bandwagon. Although this treatment is more invasive and drastic, it yields the best results and its effects are permanent. Like the wise man once said, 'If you can't beat them, join them!'

PBL is also a highly probable cause of brain damage among students. If the majority of the tutorial group members are 'Silent but Deadly' or the 'Speak Now and Forever be Silent', the atmosphere of the PBL session would be extremely still if not stagnant. The pathological basis of brain damage would be that very few members actually speak which results in the accumulation of large amounts of 'dead air'. This would cause hypoxia of the brain tissue leading to permanent damage. Since the tutorials are generally two hours and the brain tissues can only withstand hypoxia for around three to five minutes, it is very difficult to estimate the extent of damage to the brain over one semester. The



prognosis is once again poor and damage is usually irreversible. Hence there are but few possible treatment solutions, one being a high dose of caffeine taken orally right before the tutorial. Caffeine can always be trusted to stimulate some sort of speech. Another option is to switch to the 'Forever Inquisitive' mode and just fire away like a loose cannon, but this should be used with caution as you may be ostracized by the rest of the group for as long as you live.

With so many possible conditions that may affect the well-being of our students, it is a surprise that no one in the faculty has yet been diagnosed of these diseases or even begun to show their symptoms. Is it because the subjects are asymptomatic? Definitely not. Is it because this is all some kind of conspiracy that our faculty has been desperately covering up? I doubt it. Or is it because we are students of the University of Hong Kong, which means, we are genetically more superior and hence are immune to all these diseases, unlike our counterparts on the other side of the harbour? Possibly...but the point is that PBL is a difficult mode of learning, and it is only natural that we need individualized tactics to deal with it.

Despite our differences, we are lucky that we all manage to survive the tutorial. The secret of that lies in our less creative majority who loyally observe the golden rule: Speak and Let Speak.



驀然回首—中國古代的醫學成就（一）

雨夜

你有閱讀過《三國演義》嗎？如果是有的，相信也記得關羽中毒箭後，華佗替他刮骨療傷的故事。姑勿論這是否誇大了，我們也不可否認中國古代確有一些神奇的醫術。早在半年前，電視上便有一個介紹中國古代神秘醫術的節目，當中的一些內容，更被一些醫生所認同。身為醫學生或護理學生的我們，每天研習西方的醫術，但對中國的醫術有幾許認識呢？就讓我們一起看看中國古代的一些醫學成就吧！

中國人第一次認識昏迷

話說春秋時代，有一位太子突然死去。當所有人都為此哀哭著臉之時，一位大夫來到說可醫治太子。當時的人心想：人死了，還能復生嗎？那位大夫卻說，太子沒有死，他的耳還在鳴，鼻也在動。其他人在仔細觀察後，發現果如大夫所言，於是連忙請大夫醫治。大夫替他扎了幾針，太子便醒了！其他人連忙說這大夫能「起死回生」，而那大夫卻說這人只是昏迷，並沒有死去，所以並不算起死回生。這是中國人第一次認識「昏迷」。

這個大夫，名叫秦越人，亦即為人熟識的「扁鵲」。在這次事件，我們認識到觀察的重要性。扁鵲單從這些細微的特徵，便能清楚知道太子根本沒有死。歷史書還記載一次扁鵲見齊國國君桓公午，從觀看桓公午的面色，便斷定他有病。桓公午當時不相信，認為扁鵲只是為了賺錢，連無病的人也想醫。最終桓公午也為此付上代價—in十多天後死去。

中醫很著重觀察，其中他們所說的「望(色)、聞(聲)、問(疾)、切(脈)」，都是由扁鵲提出的。這不單對中醫有用，我們西醫也必定有用。曾記起有一次上課時老師說，中醫把脈時所分別出的十多種脈象，已可為西醫所解釋到。可想而知，扁鵲那種認真觀察的精神，對我們習醫是很重要的。

第二位外科醫生

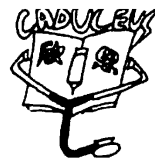
說起華佗，很多人也會想起四大名著之一的《三國演義》。當中有一幕講述曹操有「頭風」，華佗提議替曹操開刀做手術，但卻遭到殺身之禍。其實華佗在向曹操獻計前已有替人做手術。相傳有一次，華佗看到一個船夫肚子痛得很厲害，經一番診症後，認為是脾臟腐爛而引致劇痛，必須立刻切除。那位船夫同意後，華佗便給他喝麻沸散**，那位船夫便頓時昏昏欲睡了。華佗立刻替他剖腹切除破爛了的脾臟。其後為他合上傷口、止血，塗上一些幫助復合的藥膏。那位船夫醒了後，肚子不痛了，在吃了一點藥後，傷口便復合了！

這是何等大膽的嘗試呢！

除了動過數次的手術，華佗更對其他醫學甚有研究。他是早期少有提倡健康生活，預防疾病為治本之法的醫師之一。他在晚年把行醫多年的經驗集合，寫成好幾本醫書。他在被曹操判了死罪以後，本想把那幾本著作交給看守他的獄卒。可是，那位獄卒卻怕事，不敢接受，華佗也只好把這些著作化為灰燼。這是多麼可惜的事呢！

今天我們習醫，會有華佗那種敢於嘗試的精神嗎？

**麻沸散是華佗發明的一種藥，成份為曼陀羅花、川草烏、香白芷、當歸、川芎及天南星共六樣藥合製而成，作用就好像今天的麻醉藥，並有鎮痛、活血等作用，一般與酒共服，增強效力。因此，華佗也可說是中國第一位麻醉師呢！



傳染病大師

相傳公元一九五年以後，大規模的傷寒病在全國各地流行，不到十年時間，死傷無數。當時不少大夫認為傷寒是絕症，一旦患上便無痊癒的機會。長沙的太守為此十分心痛，且對醫師那種抱殘守缺、草率處方的態度，十分不滿。他不希望再有人墮入病魔手中，毅然辭去太守職務，閱畢前人的醫學理論，參考當時民間的處方，埋頭工作，最後用了十年的時間，著成十六卷書，名為《傷寒雜病論》。那位仁兄是誰？他就是被譽為「醫中之聖」的張仲景。

張仲景的一生都堅持不斷學習，自少便很愛閱讀前人的醫學著作。每次瘟疫到來，他必會十分感慨，心想：我要是個醫生，能治好這些人的病該多好啊！因此，他十多歲便拜張伯祖為師，勤奮鑽研醫術，決心為民除疾。

有一年夏天，張仲景到桐柏山區採藥，得知那裡有瘟疫，便立刻替那些人治病。有一戶人家老兩口只有一個兒子，病得不省人事。張仲景給病人摸了脈，又摸摸肚子，深思了片刻，對老人說：「老人家，你兒子得的是傷寒症。因耽誤了，表病已入內，熱積腸胃便閉，吃點涼藥，通通大便把病邪瀉出去就好了。」老兩口聽了連聲說：「先生說的對，說的對！」張仲景給病人開了藥方。經過兩天精心治療，病人很快就好了。村裡人聽說來了好大夫，紛紛前來找他治病。等他走後，村子裡的人們才知道他便是張仲景，個個讚不絕口：「真是個好大夫啊！」可見張仲景是如何的「仁心仁術」呢！

張仲景所著的《傷寒論》，說得上是古時一部不可多得的傳染病巨著，及至後來多位名醫，也以此作參考、斷症。他的著作更傳往日本、朝鮮等地，成為當地一些藥方的根本。

後記

執起筆回首中國古代的醫學成就，著實沉重。要在浩瀚的歷史舞台上揀選一些具份量的人物，尤如在美麗的花園中擇一朵花，很不容易。最後還是選了扁鵲、華佗及張仲景三位大師，望能令各位認識更多。

就在筆者埋首撰稿的時候，一個電視節目卻把我吸了過去。那是一個有關現今醫生的就業前景的節目。很多受訪的醫生都叫苦連天，說做醫生沒有前途，有些現職醫生更對自己的子女說當醫生沒有前途，連忙叫他們不要習醫。我看到這刻，心中不禁寒了起來。

我們今天習醫是為了甚麼？為一份高收入工作？為了有社會地位？為了滿足家人的期望？還是為了幫助他人呢？相信不同的人有不同的答案。我不敢說自己習醫全為幫助別人，但至少每人也應有「醫者父母心」的心腸。單看張仲景那份幫人的拼勁，一顆熱心，又有多少個能做到呢？當我們每天也為順利畢業而努力時，我們有那份助人的心嗎？

你，不論今天面對甚麼處境，你的心是怎樣的呢？



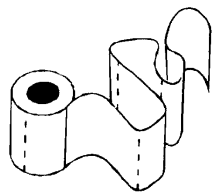
迎新營

瑪利亞

常聽說，醫學院的『迎新營』是很可怕的，玩什麼『虐人』遊戲，『色情』玩意，光是聽，已『毛骨悚然』。我考慮了很久，到底要不要參加這『迎新營』？在床上輾轉反側了多晚，決定要試！管它玩什麼！

不知大家有否玩過『超級估領袖』？這遊戲的玩法是，首先，不懂玩的先離開房間，跟著懂玩的便會叫站在房外的人一個一個進去。我不是第一個進去，但當我們正在房外談論著這遊戲時，突然，房燈全熄，且傳來一陣淒厲的叫聲……各人為之心慌……如是者，一個又一個走進去，過了一陣，房燈又熄了，淒厲聲時有時無……到我時，真相大白了。當我走進房，便被除下眼鏡，跟著，便聽見一段說話：『我們之中有一位是大家的領袖，他做什麼動作，我們便跟著做。你的任務便是要把他找出來，你只有三次機會，找得到的話，我們便一起打那人，估不到……便要打你啦！』於是，我十分留心地看着大家，不知是否心理作用，我覺得他們包圍著我像圍看著一個囚犯似的。結果，我三次都不中……然後，突然房燈全熄，我被『打』了！我問誰是領袖？答案便是：我自己！那豈不是『估中又死，估唔中又死』？好一個『刑』新營！

但笨人如我也總有不吃虧的時候，如玩六格廁紙的遊戲時便是了。



這遊戲是，每人先拿六格廁紙綁著眼睛。跟著，主持人便會叫：『每人手上都有一樣東西，是一樣的，你認為是什麼呢、拿出來放在手上，不要出聲，若然答對，你會知道的。』玩這遊戲時是在床上，沒手錶沒鞋沒袋子，哪來能放在手上的東西？於是我想到，是那『六格廁紙』！一手拿下，主持人使眼色說：答對了！且靜靜地看別人還在傻傻的找東西，一臉的徬徨無助。到底一個接一個的估中了，最後剩下兩位男士，全世界的焦點便落在那兩人身上。

為免那兩人懷疑，我們便在其周圍，提高聲音，可憐兮兮的：『想來想去也想不到，到底是什麼啊？』邊說邊偷笑。還是有一方較『聰明』，以幾分鐘的時間估了出來，拿下廁

紙，全世界只剩下一個『蒙眼人』。我們可樂透了，不斷大聲『慘』叫：『還是沒找到啊！好苦啊！是不是手錶？是鞋子嗎？還不是，那，是不是衣服呀？是呢，定是衣服了！』本來我們只是隨便說說，但在大家慫恿下，他終於徐徐把衣服脫下……但脫到一半，他便發覺有閃光。『咦？為什麼會有閃光燈？』他『終於』領悟了，有女生在，又怎會是衣服呢？於是他便狠狠地拿下那條『廁紙』，跟著全場哄動，大家都笑到差點失聲，到現在每人仍牢牢記住這事……

除了這些精彩遊戲，有很多活動都很難忘，如第二晚在草地跳舞，第三日Dem Cheers，各組都出盡奇謀，表演得十分精彩。

迎新營總算告一段落，大家亦過了一段快樂時光，但快樂過後便要面對一大堆課堂及功課，真渴望能參加下屆的迎新營！





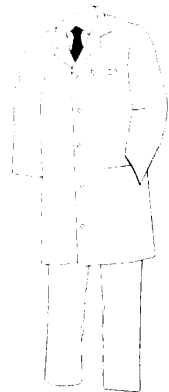
歷程

學業:

「你好，我係香港大學醫學院一年級生，我姓X，依家想同您量一量血壓，可能會有少少唔舒服，……」

第一次feel到做醫生的感覺，帶上stetho，輕輕地以自以為熟練的手勢放上「病人」的brachial artery上，徐徐量度，然後輕描淡寫地道出讀數，而其實心裡仍有絲難以掩蓋的「快感」……真係有點high……

當然，過來人都知道，這只不過是「表面風光」。這麼過癮的 Clinical Skills Session 只是醫學課程（只是 Year 1）這沙漠中的一顆沙，大海的一滴水；當然我們明白，更多更多的是“Big Robbins”、“Kumar”、“Guyton”……這些可用來「健身舉重」的讀本，和能盛滿兩個紙皮箱的 Lecture Notes 才是 Beauty & Art of Medicine。不過話又說回來，入來之前都知道MBBS這個課程是「木人巷」。既然大家明知道是「賊船」也要拼命上，一起犯賤，那也沒有甚麼好怨的了。唯有希望大家浪起浪過（或勁過），同舟共濟，不要中途翻船。尤其是在 year 4 或 year5，阿門……阿彌陀佛……



交友:

入到 Medic 最開心就係識到一班一起上了同一條船的朋友，儘管以往並不相識，大家都能彼此幫助。最令我感動的就是大家都懂得分享，PBL前交換資料、組group study 一起溫習等等。當然世界亦不是完美的，偶爾亦有聽到同學之間有不和的時候。希望以下這個故事可給大家一些啟發。（其實都係抄出來，不過我真係覺得好有意義。）

父親帶兒子到山腰。

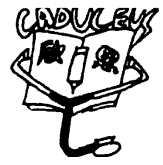
「你是誰？」兒子問；接著聲音也在問：「你是誰？」

「你是壞人！」兒子罵那聲音。聲音反罵：「你是壞人！」

兒子怒了。

父親笑了，道：「我愛你。」回音也反應：「我愛你。」

我想這就是交友之道。（如果你明白的話）



Hall-life :

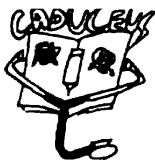
住 Hall 真係好開心，不過又真係好辛苦。記得first semester，頭兩個星期的 Introductory Session，無住Hall的人個個生龍活虎，好不精神。反觀自己，唔係釣魚就係抱頭大睡，到現在亦晚晚到2、3點先有得瞓。但上lecture、PBL又唔瞓得，有時都覺得幾辛苦。儘管 medic人住Hall辛苦，但仍使我覺得值得的就是那種經驗「一去不復返」，失去了這個機會以後要再體驗就比較難了。哈哈，當然最重要係住Hall可以兩分鐘內抵達LT3。

其他:

親朋戚友知道您讀醫後，一輪道賀後，90%隨之道：「給我一張五折卡好嗎？」；餘下9%道：「我哋咁friend，第時有病搵你唔駛錢，OK？」他見你有點錯愕，目露凶光道：「依家我信你先至搵你，唔係唔OK吓嘛？」儘管朋友以「不友善」的方式來表達，但他們的信任真的成為我讀醫其中一條重要的精神支柱。(當然也希望在我們當上醫生後，他們會成為我們的物質支柱。)

總結:

以上都是過了 medic 一些必經歷程，我心裡一些感覺 (所以純粹從自己角度出發，一點也不客觀)。由中學轉大學，認識很多新朋友新事物，而上 IHD 是每個 medic 學生必經的階段，當然每個人感覺不盡相同。但亦希望小弟一篇劣作能引起看官一點點共鳴。



早上賴床、睡至日上三竿都是週末症候群的症狀。自踏入校園生活以來，星期六都是假期的代名詞。這個多年來的習慣隨著成為一個大學生而打破。

原本因為課程改革而取消了的解剖課今年重出生天，並安排在星期六的早上。

由於第一個學期主要是給我們醫學課程的概念，因此第一堂解剖課也旨在汲取經驗，但因為我們都是第一次接觸屍體，加上能親自動手，以小組形式學習，所以我們也相當期待。

假若你告訴別人你是個醫科生，身邊的人除了會把有關他們的奇難雜症的問題拋向你外，另一個最常提及的話題大概是有關解剖課的經驗和傳聞了。相傳當醫學生註冊成為天子門生的時候，除了要向學系的每一個部門上繳一幅相片外，還要多交一幅，好使有關部門請來法師為學生作法祈福。此外，學生間的閒聊不時涉及有關名詞，相信大家也偶有提及李樹芬樓的B2層。經過種種傳言和自己的多重想像，更令人急不及待想揭開解剖課的神秘面紗。

為了使解剖時能順利進行，解剖學部門先指導我們應在哪兒下刀和是次要認出的肌肉、血管和神經。經過 Professor Lucas 有條理的講解，我們對是次課堂的學習範圍有了個初步的掌握。

期待已久的實戰時刻正式來臨，穿上白袍，手持解剖用具，幾經辛苦才從水洩不通的李樹芬樓四樓儲物櫃間擠到五樓。

解剖實驗室瀰漫著一貫的哥羅芳味，門外除了有體貼的副班長在派發口罩外，還有其他級別的同学一起參與。

我們一行七人分派到一副剖開皮膚的男性屍體。戴上手套，取出四號刀，套上刀片，便笨手笨腳地用鉗子夾起表面和深層筋膜，由於這位先生甚為健壯，幾乎沒有皮下脂肪，所以第一個步驟進行得甚為順利。雖然並沒有遇到甚麼困難，但熱心的 Dr. Tipoe 經過我們的地盤時從同學手上取過工具，兩三下子便俐落地除去了整層筋膜。

接著我們需要切開大胸肌跟鎖骨及胸骨的連接位，我們分開兩批進攻左右兩邊。有了切割大胸肌的經驗，除去小胸肌的工作也較得心應手。

去了兩層肌肉，已能清楚看見肋骨。體力勞動的時間來了。我們要用大鉗子鉗斷肋骨，並用鋸鋸斷兩端的胸骨。雖然 Professor Lucas 之前已經提點我們要小心彈出來的碎骨，可是



仍然誤中一位同學的眼睛。由於我們當中以女同學佔多數，盡了九牛二虎之力才鉗斷一條骨，眼看時間緊迫，Professor Lucas 便叫我們組的男丁完成餘下的步驟。

當我們揭開胸壁的時候，因為內胸血管連著身體，所以需要剪斷。剪的時候Professor Lucas 還叫我們先合上眼、許個願呢！

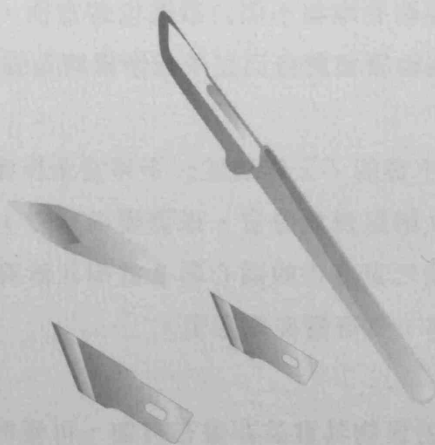
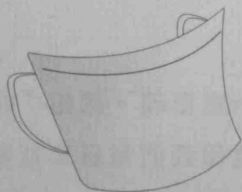
終於到了最後一個步驟，我們要認出肋骨間的靜脈、動脈和神經。三條條狀物被成功找了出來，但原來並非我們想像中那麼容易分辨的。

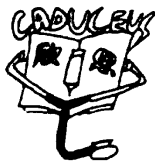
當完成整個程序已差不多十二時了，眼看隔鄰一組因為抽中一副豐滿的屍體，花了不少時間去除表層筋膜，現在才剛開始切胸骨，我不禁慶幸我們組的分到的是一副健碩的屍體。

雖然雙腳因為連續站了數小時而甚為酸痛，而且因體力消耗量大而飢腸轆轆，但我還是很期待下次的解剖課，因為我們能有較大的參與，最重要的是每個結構都是自己親手找出來，所以印象尤其深刻。當切出來的部份跟書上所說的完全吻合時，更加興奮，因為我們找對了！

最後，在此謹多謝諸位大仙在實驗室內穿插，不時以深奧的生字回應我們的奇怪問題，並用潔淨的手替我們整理頭髮和口罩。

解剖課真的很實用，這是一個既有趣，又有意義的週末。





非一般的動畫—《千與千尋》

墨盒

日本動畫大師宮崎駿的最新力作《千與千尋》挾著在日本打破《鐵達尼號》票房的聲勢，在上年度的聖誕節在香港搶灘，並成功取得極大的回響。基於羊群心態，我也在落畫前夕跑到戲院瞧個熱鬧。

一如其他舊作，宮崎駿的電影總是以美妙的音樂拉起序幕。在天籟般的主題曲襯托下，交代了主角千尋和故事背景。女孩千尋舉家搬到郊區，因為她的爸爸認不了路，所以誤進了一個九十年代時期因日本泡沫經濟爆破而倒閉的主題樂園；而這裡，也是靈異世界的入口。

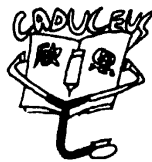
千尋的父母因為貪吃而被變為豬，千尋因此肩負起拯救雙親的任務。其間，她得到異世界的白龍幫助，最後成功救出家人，大團圓結局。

在拯救的過程中，千尋遇上千奇百怪的角色，全片高潮迭起。然而，《千與千尋》並非只提供出色的視覺和聽覺的享受，影片的背後還有多重信息。有閱過相關影評的讀者大概都知道這是一部反映日本經濟狀況的作品，由於筆者並未詳閱有關文章，據聞影片裏出現的「怪物」都有其象徵意義，因此若與原作或有關的影評有出入，望能見諒。

最先令我震撼的一幕要數澡堂主人湯婆婆面目猙獰數著不肯聘請千尋的原因：「我為什麼要任用你？你只懂撒嬌，什麼也不懂……」或許千尋真的缺少實質工作或交際經驗，所以很多基本的禮貌也不懂：求職時入房要先搵門、向提攜的人道謝。或許這就是所謂一般成年人對時下青少年的印象。然而，千尋並非是一個只懂撒嬌的女孩，儘管她多番要求父母不要擅闖異地和不問自取攤檔的食物，她的父母依然故我，最後反倒要依靠千尋逃離險境，這跟湯婆婆對自己兒子的溺縱成為強烈對比。

假若千尋的「工作無能」不可完全怪罪於她父母未能樹立一個好榜樣，那湯婆婆對其兒子的任性則是責無旁貸。湯婆婆很富有，她視兒子為心肝寶貝，給他最好的物質享受。然而，這就代表真正的關心嗎？當她在計算敵人的時候，竟然要人提醒才發現眼前的兒子是被掉了包，真可謂失敗之至。

影片的怪物其實並非虛有有趣、可愛的外表，它們還有另一重意義。例如「腐爛神」表面是垃圾而成，其臭無比，但實內藏黃金，實為「河神」。就像我們每日棄置數以噸計的廢物一樣，當中其實甚有回收再用價值，如建築廢物可作填海之用，這樣便不用挖掘海泥或移山，減少對自然生態的影響。



又例如蒙面怪物囫圇吞棗，把自己塞得滿滿，弄得手腳遲鈍，是否像我們讀書時不求甚解，只把知識吞進肚裏，但又食之無味呢？蒙面怪物又有變金能力，戲中眾人或妖怪爭相搶奪；但時間一過，法力失效，黃金一下子變回石頭——跟日本的泡沫經濟和「八號仔」的紙上富貴異曲同工。

《千與千尋》亦有涉及身份認同危機的問題。當千尋簽下合約，正式成為湯婆婆屬下的一員時，湯婆婆替她改了名作小千。過了一個晚上，千尋幾乎忘記了自己的名字。幸而得到白龍的提醒，才沒丟了名字，因為簽了約等於賣了自己的姓名給湯婆婆，而忘記自己的本名是不能離開靈異世界的。同樣，在經濟低迷的情況下，或許因為失業，因為成為負資產而缺乏自信，對前路感到迷惘。不少成功人仕也說要成功，需要對家庭、對社會、對國家有承擔，而這份心跟個人的身份認同有著密切關係。日本的自殺率在世界上名列前茅，人的自尊或多或少會因失敗而有所磨損，但假若保有自我價值，便不會走進死胡同，不會如此輕賤生命了。

我不知道戲名為何叫《千與千尋》，我認為編劇是想道出小千跟千尋的分別，小千只是在異世界受人擺佈、勞役，而千尋則是保有個人身份，有理想、有目標、敢於承擔的女孩。

故事的結構很簡單，但是越出色的作品越能在平凡裡展現非凡。《千與千尋》在兩個多小時內探討了這麼多方面的問題，是一部值得一看再看的佳作。



「主流」？「另類」？

William

記得上一期《啟思》有一篇英文文章，內容是關於一些所謂「另類」療法（如香薰、氣功、瑜伽等）。稱為「另類」，主要不是指其療法「旁門左道」或「不可靠」，而是指其不屬於「主流」醫學（即我們每日費寢忘餐地鑽研者）之列。近年來，有些「另類」療法開始為社會大眾所注意。例如香薰近年大行其道，電視亦有「尋找隱世醫術」一類的節目專門介紹一些不為人知的療法。不知道作為明日的醫生或護士的你，對這些「不入流」的醫術有何看法呢？

其實所謂的「主流」醫學只有數百年的歷史。相反「另類」療法卻多數是年代久遠，在時間上大大超越當代的醫學。為甚麼這些可能曾經是「主流」的東西如今卻被「貶」為「旁門左道」呢？我想原因不外乎下列幾種：

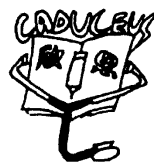
- 1) 這些療法本身效果不佳，沒有現時使用的方法好。
- 2) 這些療法大多缺乏科學根據，只是建基於古人的經驗。
- 3) 這些療法早就被「喜新厭舊」的人們遺忘，當然變成「偏門」。

幸好還有「懷舊」的人，把這些已封了塵的東西再翻出來，形成一個新潮流。

既然潮流已經形成，自然有人開始認真研究這些東西。不久前聽說港大醫學院有意開設中心研究「另類」療法，卻有人指這樣做浪費資源。其實這哪裏算是浪費呢？既然另類療法是建基於經驗，那麼它便一定有其價值。難道古人還會把沒有用的東西當作寶貝傳給子孫嗎？既然我們今天還未能好好利用這些有價值的東西，難道就不應該嘗試用科學的方法來解釋它，把它發揚光大嗎？另類療法效果不佳也不應成為反對研究它的理由，因為這往往是我們不懂得善用這些療法的結果。即使研究結果是另類療法毫無作用，甚至對人有害，也可以公諸於世，來一個「破除迷信」，警告市民不要再相信它啊！

話說回來，不管其醫學價值如何，在日常生活中，很多「另類」療法對我們都是很有好處的。例如瑜伽和氣功都可以強身健體，而香薰則可以舒緩緊張的情緒。強健的體魄和愉快的心情，對保持健康、預防疾病都是很重要的。

所以最後我的結論：不要因為其「另類」而否定另類療法，它有一天可能會成為和「主流」醫學一樣重要的一種科學。



給02班的朋友 填詞: Usagi

(原曲: 交換溫柔 曲: 陳輝揚 詞: 林夕)

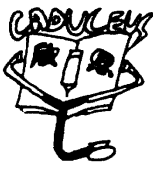
承受過悲傷共苦惱 都走過最快樂路途
前途讓我筋竭力疲 曾遇過跌倒都企起

期望這歌聲道出口 多得了你我沒逃避 (多感激你我還能夠)
活著願發揮所有 祈求能盡心所有
將所長 將所愛 傾注便夠

在這普通不過的天地
是誰 揀選了這個我跟你
置身遙遙路途學習病與生理
我們也親身去目睹生死

是有想過一剎的躲避
仍毅然 想親身走遍每一里
明天會念記
在五載裏慶幸你
共我一起生與死
前途縱是困惑也不棄

明日到底將怎麼走
分開到各處在治療
想起今日 多得你
為我打氣



Food for Thought

"Healing is a matter of time, but it is sometimes also a matter of opportunity."

~ Hippocrates

"Medicine is not only a science; it is also an art. It does not consist of compounding pills and plasters; it deals with the very processes of life, which must be understood before they may be guided."

~ Paracelsus

"Medical education is not completed at the medical school: it is only begun."

~ William H. Welch

"Many ordinary illnesses are nothing but the expression of a serious dissatisfaction with life."

~ Paul Tournier, M.D.

"Honor a physician with the honor due unto him for the uses which ye may have of him: for the Lord hath created him."

~ Ecclesiasticus 38:1

"Three rules: I do not eat too much; I do not worry too much; and, if I do my best, I believe that what happens, happens for the best."

~ Henry Ford (1863-1947)

"An old-fashioned vegetable soup, without any enhancement, is a more powerful anti carcinogen than any known medicine."

~ James Duke M.D.
(U.S.D.A.)

"Enjoy yourself. These are the good old days you're going to miss in the years ahead."

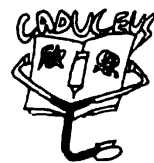
~ Anonymous

"I can write better than anybody who can write faster, and I can write faster than anybody who can write better."

~ A. J. Liebling (1904-1963)

"People demand freedom of speech to make up for the freedom of thought which they avoid."

~ Soren Aabye Kierkegaard (1813-1855)



"Tonight"

Tonight I chased a setting sun it danced,
And shone with fire, trying to outrun me.
Dipping quickly into the sea it glanced
At me, till red and orange ceased to be.

Tonight I wished upon a star, a star
Which shone with hopes, with tears, with joys, with fears.
Music from its twinkling rang near and far,
Harmonizing songs from angelic lyres.

Tonight I'm bidding sweet farewells: to me,
To you, to carefree days on honeydew.
But suns that set are not swept by the sea.
On horizons they rest, then rise anew.

Now a sun sets, a moon climbs, stars cry.
They'll not scatter like us when these days die.

~ Mercedes Chan

May 14, 1999



啟思徵稿

歡迎各位老師、同學、醫生及護士來稿。

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