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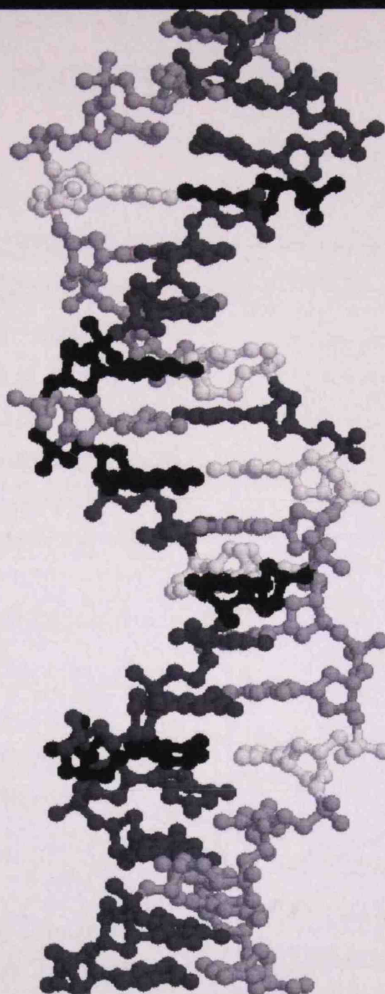
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**ON THE COVER:** Photo of Dr. Philip Beh taken by Lena Xu, M14 & Phyllis Chan, M14. Magazine theme "Amanda's Red" designed by Keedon Wong, M14. Page layout ordered by CADUCEUS editorial board, with special thanks to Joanne Lai, M14. Full reference list is available online at [caduceus10.blogspot.com](http://caduceus10.blogspot.com)



# 人類豬流感疫苗

BY KEN POON SHING HO, P12 & MICHAEL CHAN TSZ KIT, M14



人類豬型流感疫苗 (資料來源: Sanofi Pasteur)

## 人類豬流感疫苗事故頻生，公眾失信心

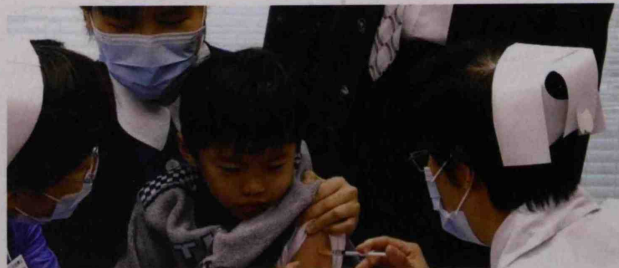
**自** 上年 12 月香港政府推行「人類豬型流感疫苗接種計劃」以緩延人類豬型流感在社區內廣泛傳播，兩月內爆發多宗孕婦接種疫苗後流產及其他副作用個案，公眾及傳媒質疑人類豬型流感疫苗(Panenza®)的安全性及可靠性，有社會人士更認為政府在推行接種計劃前並未對疫苗作出足夠的諮詢和研究。到底疫苗是否如個別傳媒及公眾所想般「副作用大，成效低」呢？

## 疫苗·流產·吉巴氏綜合症

近兩個月來發生的疫苗接種後流產和吉巴氏綜合症事件已成為傳媒論壇的討論熱題，眾說紛紜，有些說疫苗的副作用大；有些說疫苗的成效未能確實；有些說疫苗的安全性低……市民大眾在媒體廣泛報導一連串事件下，不免把疫苗和意外聯上關係。

到底孕婦接種疫苗後會否導致流產，醫學界對這說法持保留立場。世界衛生組織(WHO)經收集關於孕婦接種人類豬型流感疫苗的海外經驗及建議，表示沒有證據顯示疫苗會增加孕婦流產或死產的風險。事實上，本地數據亦未能顯示疫苗和流產互相關連，根據衛生署人類豬型流感疫苗嚴重不良情況專家小組在 2010 年 1 月 28 日發表的報告，香港每年約有一百五十至二百二十宗胎兒宮內死亡個案，截止今年一月二十七日，共有 1375 名孕婦接種人類豬型流感疫苗，其中 2 名孕婦在接種疫苗後流產，可見接種疫苗婦女胎兒宮內死亡的人數只屬少數，且兩宗事故各涉及其他風險因素引致流產，分別為高齡懷孕及妊娠期糖尿病。醫學數據亦顯示，百分之十五至百分之七十胎兒宮內死亡個案均找不出可識別的原因。

一月期間，各媒體報導吉巴氏綜合症個案，不禁又觸動市民的憂慮：到底這疫苗安不安全？進一步打擊參與接種計劃的人數。吉巴氏綜合症(Guillain Barré syndrome)是一種罕見的腦神經失調，會引致癱瘓，甚至呼吸困難及有生命危險，導致吉巴氏症的因素包括感染病毒和細菌，但有不少個案原因不明。世衛的報告說明沒有證據顯示疫苗吉巴氏綜合症，而世界各地呈報的吉巴氏綜合症個案數目亦與疫苗面世前的數目接近；香港本土的吉巴氏綜合症個案亦沒有超過每年約四十至六十宗的基線。外國數據顯示，每逢流感





爆發，患上吉巴氏綜合症的比率都會上升，因此吉巴氏綜合症個案或與本港豬流感疫情進入高峰期有關，未必由接種疫苗引發。

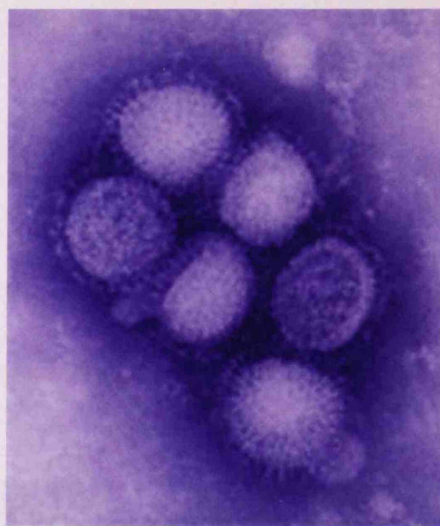
根據醫學界對疫苗的分析，近期發生的事故並不足以否定疫苗的安全性和可靠性。市民對疫苗的疑慮似乎是基於對疫苗認識不足，經媒體強烈討論後，疑慮演變為不信任。

### 疫苗解畫釋疑慮

雖然衛生署和醫學界人士多次對外澄清疫苗的安全，但因討論不夠深入和接觸市民的時間不夠廣而未能達致「安定人心」的效果，市民依然未能認識疫苗。在眾多疑惑及猜測中，市民難免對接種疫苗為之卻步。要釋除公眾的疑慮，政府和醫護人員應加強市民對疫苗的教育。前線的醫護人員絕能在教育市民方面擔當重要角色，參與疫苗資助計劃的診所和醫院以至社區藥房可向市民講解疫苗的資訊和其對預防人類豬型流感的重要性，以增強市民對疫苗的信心和認受性；政府當局亦可提高疫苗安全

調查的透明度，清楚地公佈本地與外地對疫苗的研究。

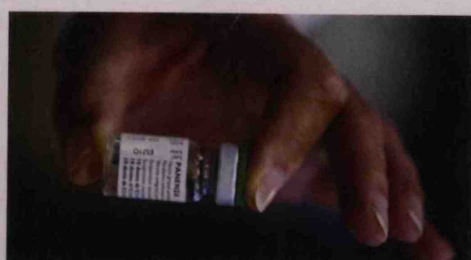
人類豬型流感威脅人類的健康，現時預防它的最好方法只有接種疫苗。醫療界和政府應正視公眾對疫苗的意見，作出足夠的解釋。否則公眾會對疫苗逐漸失去信心，削弱疫苗計劃的成效。■



人類豬型流感病毒  
(資料來源：世界衛生組織)

資料來源：

- i) 衛生署人類豬型流感疫苗嚴重不良情況專家小組調查報告(1月28日)
- ii) Sanofi Pasteur press release October 8, 2009
- iii) PANENZA®, Sanofi Pasteur's Influenza A(H1N1) 2009 Vaccine INFORMATION NOTE for the DOCTOR/USER
- iv) World Health Organisation, Report on the Safety of pandemic (H1N1) 2009 vaccines (30 October 2009)
- v) 衛生署衛生防護中心，人類豬型流感疫苗接種計劃專題報導





# 老當益弱？

## ——塌樓後看現時舊樓問題

BY HEWLETT CHAN SUEN WAH, M14 &  
TOM CHOW CHI MAN, M14

### 事件簡介

一月廿八日。紅磡馬頭圍道45號J座(一所屬唐樓式的大廈)外牆約於下午一時四十三分局部倒塌。消防員和警方接報到場。其後該四至五層(天台潛建)高的大廈於約2時全座下塌導致3男2女被困,其後4人證實死亡,2人受傷。據報導,該樓宇超過50年樓齡及裝修工作正於地下商店進行。鄰近的45號G和H座也因而受到波及搖搖欲墜,需被封閉。民政事務總署事後開放油麻地社區中心,及紅磡的聖匠堂社區中心,作為臨時庇護中心。政府也在籌備讓災民暫住新界西葵涌石籬邨中轉房屋及提早申請入住公屋。安置災民外,政府亦已派出40支小隊於一個月內巡查所有約4000棟50年以上房屋。

# 俗

話有說「薑是老的辣」,人是年資越高經驗越豐富。然而震驚了全港的馬頭圍塌樓意外卻毫不留情地指出了樓齡50年以上唐樓的種種潛在問題。到底事實究竟應該是「老而彌堅」,還是「老不中用」呢?

### 居民方面

對於人來說,50歲算不上高齡,起碼在香港,很多長者優惠也未能享受到;對於建築物來說,50年其實也不是什麼生死難關。

不過,跟人一樣,前提是有足夠保養。

### 缺乏保養

馬頭圍道45J是一幢典型的「四無」大廈,即是「無立案、無管理、無維修、無保安」。樓宇的維修保養是一項大工程,所費不菲,並非一般居民能夠輕易承擔。在沒有業主立案法團或管理人的協調下,即使有居民願意出一分力,也礙於金額不足,以及法律責任等問題,而使工程無疾而終。再者,居民不熱衷於屋宇維修是香港非常普遍的現象。民情冷淡和缺乏



業團規管、督促下,無人承擔維修責任,令樓宇維修更加渺茫。另一方面,政府對維修整棟大廈的資助只局限於擁有立案法團的大廈,使得「四無」大廈一直都沒有能夠得到足夠保養。

### 業主立案法團難以成立

成立業主立案法團當然解決問題,但說的容易做的難—馬頭圍區數十棟樓齡50年以上的房屋,只有一間擁有法團,充份反映到成立業團的困難。這些年來,政府一直都在鼓勵這些大廈盡快成立法團,然而這些「四無」大廈卻依然為數不少。問題在於這些舊樓的業權失散如業主離世、移民等。另外,很多居民其實本身不過是租客而已,沒有業





*Above: New found victim*

*Below: Usual calmness after a disaster*





權 而業主很多都對投入資源於維修舊樓並不熱心，有些亦長期聯絡不上。於是乎，就算居民殷切期盼成立業主立案法團，在參與業主人數不足下，也無法成事。

### 樓宇內部隱憂

沒有維修固然有問題。可是，數十年的風吹雨打、自然外部老化，只是問題的冰山一角，不至於會使大廈整棟塌下來。不可忽視的是，舊樓的內部也大可能滿目瘡痍。數十年間，建築內部做過大大小小不同的改動，當中或許有碰觸過重要的受力結構。當中的改動大部分是由於業主因出租用途，把單位劃分成數個小單位以牟取最大的短期利潤。分間單位，石屎牆、食水管、污水管要增加之餘，地板也要增加厚度藏好新增的管道（水、電、煤等）。因這些改動而增加的重量，隨時會超出樓宇結構能夠承受的負荷。即使一時沒有超出，地板中的水管一旦出現滲漏也會令鋼筋會出現鏽蝕、變弱。這無疑，就是在人口密雜的市區埋下計時炸彈。

### 政府方面

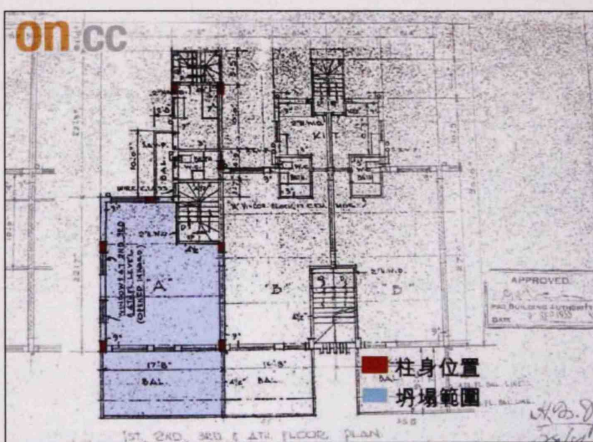
有人指出，釀成今次意外的導火線是一宗拆除僭建物的工程。事緣，某次房屋署的巡查人員發現該大廈的地舖有違規僭建物在外面，於是命令業主立刻拆除。殊不知，工人拆除的僭建物的正體原來是該地舖的主力牆。主力牆承擔樓宇一部分的重量。一旦被移去，會使大廈的重量頓失支撐而崩塌。那些工人雖然立刻意識到事態的嚴重，短時間內通知地產商，阻攔車輛經過，呼籲人們離開，成功地把意外造成的傷害減低，但卻顯露了現行制度的不足。首先，為何政府巡查員不知道那僭建物是不能隨便移取呢？跟着為何工人在拆取後才知道那是不能破壞的主力牆呢？

### 單位改動沒有記錄在圖則中

舊樓單位大部分曾經過多次易手，內裏結構也有可能被多次改動。一般改動應該不會構成危險，即使改動涉及主力牆，如改動工程事前有由專業人士經屋宇署審批，理應不會構成危險。不過，如果業主並沒有把改動記錄於單位的圖則，即進行違例工程，下一手的業主可能會在毫不知情下，根據原本圖則而錯手把主力牆毀壞。

### 政府巡查人員沒有專業的結構工程師

本次誤當「催命死神」的政府人員未能察覺該外部建築物為重要結構，一來是因為圖則並無提及，二來揭露了政府巡查人員其實並無結構工程師陪同。結構工程師是工程師的一種，專責辨別建築物的受力結構，能夠有效減少錯誤破壞主力牆的情況發生。加上政府的樓宇檢查一般只牽涉及大廈外牆，內部的檢驗完全缺乏。現在使用測量師只以肉眼檢查樓宇外牆的方法，驗樓的可靠性受到各界的質疑。監察和預警的效用若有若無。



### 汲取教訓

在本次意外後政府已連忙推出了一系列「亡羊補牢」的措施。雖然的確短期舒緩了災民的苦況，但真正的考驗還在往後如何處理超齡的舊樓。維修及管理問題斷不能被大事化小，不了了之。除了於一個月內檢查 4000 幢舊樓等「治標」方法，政府是時候需要檢討現行的制度，對現行的問題作出徹底的「治本」。

### 驗樓制度要先被檢驗

首先，政府應該在樓宇巡查人員當中加入結構工程師，即使日後再遇上同類型的違例工程，也不會錯誤作出危及單位受力結構的決定。其次，資助並鼓勵業主在拆取結構時聘請專業結構工程師作檢查。在聘請專業維修這一方面，政府也必須提供對市民的援助，如增加市民對法律，法團重要性上



的認識，給予更多的教育。

另外，在2月3日於立法會提交草案的強制驗樓計劃只訂明30年以上的樓宇須每10年作單位外部檢查，如外牆、排水系統、消防系統、公共地方的結構部件等，但並沒有於單位內作檢查的安排。雖然會增加費用負擔，但選擇性地檢查單位內可及早發現當中的結構性問題，防患於未然。

### 有家「遷」不得？

在經過塌樓一事後，市民都對市區內的計時炸彈顯得憂心忡忡。然而，即便如此，很多舊樓居民都並不遷出。這是為什麼呢？

在電視台訪問中，一些居民表示自己其實非常憂心，奈何香港樓價高企不下，緊拙的財政狀況根本不容許他們遷出。

現時政府未有有效讓樓價調節至合理水平。很多買家一屋難求，甚而有律師跟醫生的夫婦於電台大吐苦水，而樓價卻屢創新高，可見市場經濟未能發揮其預期效用。有見及此，政府可增加廉價居屋的供應。一來，可以提供一個相對廉價的選擇予舊樓居民。二來，樓價高企的問題也能得以舒緩。三來，更多的空置舊樓可以減少重建計劃的買入和居民安置的費用，增加市區的樓宇更新效率。此外，居屋出售可以減少等候公屋人數眾多等其他民生問題。長遠來看，舊樓居民減少，舊樓問題造

成的危險也可以減低。

值得一提的是，市區重建局選擇項目的優次並不是按樓宇的殘破程度或樓齡而決定。旺角的K2地盤轉眼變成朗豪坊，尖沙咀的K11變成天價豪宅和商場，眼看灣仔的K15、K16也即將變成豪宅，馬頭圍的45J卻偏偏不受青睞，到今天已成一堆頹垣敗瓦。不可否認的是，這次意外是無人能料，並不能隨便責難政府，但看來政府在計劃市區重建時，除了考慮發展潛力和盈利以外，更應該多着重民眾生計和樓宇安全。



### 總結

儘管政府在很多方面也有責任幫助市民住屋上的問題，歸根究底，業主自己也要承

擔自己物業的問題。但是，若市民貧窮因而無法承擔業主責任，那麼政府應當給予適當的援助。大廈管理的每一個環節均不能忽略。政府應整合各相關部門，實行跨部門的聯合行動。居民也要踴躍參與大廈事務，積極做好大廈的管理。只有各方之間存在溝通、合作和包容，才能徹底地解決香港的舊樓問題。■

## 小百科

### 何謂唐樓

所謂的唐樓指的是指戰後19世紀中後期至1960年代的一種建築物，與之相對的是洋樓。對唐樓的定義其實是十分模糊，即使是在《建築物（規劃）規條》第46條裏，也只有「任何建築物，而在其住用部分有任何起居室擬供或改裝以供多於一名租客或分租客使用」、「由前面主牆算起（如有露台，則以露台前端為準），直至最接近的背面主牆之間的深度不得超越10米。背面的主牆至少設有一隻窗，廚房的尺寸也要按比例」等近乎沒有特徵的陳述。而在一般大眾的概念中，唐樓是沒有升降機、四層多、有露台、樓底高的建築物。



# Against All Odds

## The First Female Doctor of Japan

BY AMANDA MUN YEE SLOCUM, M14

**People** tend to think that getting into medical school is pretty much a passport into the upper ranks of the social ladder of elitists and more convincingly, a feat to be praised and lavished upon by your aunts and uncles as far as Chinese New Year reunions are concerned. However, it was not always the case 100 years ago.

### Her Background

Born at a time when women were confined to cooking, cleaning and making men happy, Ginko Ogino was married at the age of 16 to a wealthy and well-known family in the Musashi province of Japan.

However, 3 years of shaky marriage drove a divorced Ginko back to her village childless and husbandless, disgraced and at the center of gossip amongst her villagers. Yet, little did they know that she returned home not completely empty-handed, but with *Norin*, the Chinese medicine term in reference to gonorrhea, which she had contracted from her husband.

### Her Aspiration

At the time, there were only male doctors and the modern Western medicine was still viewed upon with great suspicion by the conservative Japanese. Ginko was no exception and she was at the receiving end of a rude shock upon her first ever physical examination by a male doctor. What made the experience even more humiliating were the dozen of male medical students who were scrutinizing the part of her body that she'd never have shown any other men throughout the examination.

Shaken by the intense embarrassment and humiliation, an idea struck her:

*"If there were women doctors, I and countless other women like me would be*



*saved from such terrible shame... Why don't I become a doctor and help those women?"*

### Her Struggle

There were many problems with Ginko's quest in becoming Japan's first female doctor.

Firstly, with men largely dominating society, no medical school would accept females into their institution. Despite managing to gain a hard-earned place into medical school with the help of a teaching qualification and a recommendation letter, her acceptance only signified further distresses for Ginko.

She was jeered and bullied by her male counter-



parts. They deemed her place in the institute as an insult to the medical profession and were determined to make her life miserable, perhaps as means to drive her away.

Apart from these struggles, her pretty features almost led her to being gang-raped by a few medical dropouts. She narrowly escaped by convincing them that she carried gonorrhoea, which had the tendency to cause her much pain with each exacerbation.

On top of it all, she took up demanding tutoring jobs in order to resolve financial difficulties. She also had to resort to begging some of the prouder male patients (mainly the ex-samurais) to allow her to observe their wounds in order to learn.

But at last, her determination pushed her to emerge amongst the top in her class, and she started to gain respect amongst her more open-minded classmates over time. Her passion for learning was clearly outlined when she managed to convince some of her classmates to steal bones from a tightly guarded execution ground in order to study anatomy. Finally, her efforts paid off for she graduated from Kojuin Medical School in 1882.

### Her Peak

Upon completing medical school, Ginko still had a major obstacle to conquer. Despite graduating with flying colors, she was not allowed to sit for the medical licensing exam on the grounds that she was a female. It took her further effort to convince her way into sitting for the exam. In 1885 she finally became the first woman to pass the exam.

Everything turned to the better here-on. She opened up her own clinic in Tokyo where she specialized in Obstetrics and Gynecologists cases to help women like herself. She received a lot of media attention as the first woman doctor of Japan. Respect and admiration replaced the scorn and stigmatization that society used to thrust upon her.

She was known as an extremely strict perfectionist who did not forgive faults easily. Yet behind her harsh demeanor, she was always caring towards her patients and her colleagues. She also supported many women who aspired to be doctors by providing them with lodgings and food upon request.

She became a Christian and one of the original members of the Japan Women's Christian Organisation, where she was appointed Chief of Morals and Manners. Aside from that, she was offered the post of

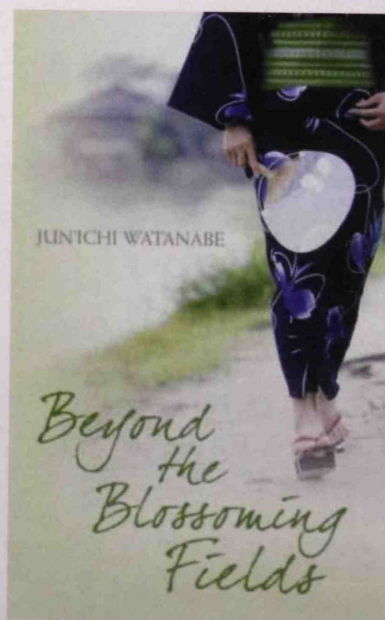
Secretary of the Japan Women's Health Association as well as a teaching post in the Meiji Women's School, both of which she accepted. Her popularity grew and soon, she was in the forefront of society, working and living in fame.

### Her Fall

Even saints have faults, and thus many critics lamented that Ginko's greatest mistake was her second marriage to a college student 13 years her junior. Her young husband was an idealist whose ambition was to create a utopian Christian settlement.

In support, Ginko closed her clinic and followed him to Hokkaido. Unfortunately, that plan failed and many difficult years on, Ginko resorted to opening a humble clinic in the small town of Setana where she lived a quiet and simple life, away from the glamour and attention that she used to receive in Tokyo.

Many felt that she could have achieved a lot more had she continued her work in Tokyo. She did attempt to start a clinic in the more bustling town of Sapporo, but was no longer as well received as she once was since she neglected her practice for ten years. Nevertheless, after her husband's death from acute pneumonia in 1905, Ginko returned to Tokyo to practice medicine. She died from atherosclerosis on 23<sup>rd</sup> June 1913 at the age of 63. ■



**READ MORE!**

\*If you are interested to know more about Ginko Ogino, try reading *Beyond the Blossoming Fields* by Jun'ichi Watanabe, a story based on her history, also used as a reference in constructing this short biography of her life.



# 香港渣打馬拉松

BY HEIDI YU WING HAY, M14, & CHEUNG NGO, M14 &  
JIMMY LAU KIT YAN, M14

若果說起香港最矚目的體壇盛事，除了剛過去的東亞運會外，你又會聯想到甚麼呢？

羽毛球超級賽？賀歲盃足球賽？抑或是甲一組籃球決賽？但我相信，以上各項的賽事的普及性、知名度，以及號召力也許都比不上它——香港渣打馬拉松。

由1997年的第一屆開始，渣打馬拉松每年均刷新參賽人數紀錄：從最初的一千多名參加者，至今屆六萬個全部爆滿的名額，可見香港及外國的運動員都顯得越趨投入。今屆的賽事雲集全球20多個國家和地區的長跑健兒，分別於十公里、半馬拉松及全馬拉松三個項目競逐。此外，大會特別加入了多個意念創新的項目，如領袖盃、18區挑戰賽及最有創意服飾獎等，為馬拉松加入了競技外的其他元素，也鼓勵了更多市民參與馬拉松這有益身心的運動，使其不再成為長跑運動員的專利，無疑促進了馬拉松運動於香港的發展。

## 堅毅不屈

馬拉松的歡迎程度，也許跟它背後的精神價值有着重要的關係；而談及馬拉松精神前，先讓大家了解一下它的歷史：

「公元前490年，希臘聯軍在馬拉松戰役中擊敗入侵的波斯軍隊，取得希波戰爭的決定性勝利。傳說希臘士兵費迪皮迪茲(Phidippides)帶傷從馬拉松跑回雅典宣布勝利，之後力竭而死。」

後人為了紀念這位盡忠職守的士兵，特地把馬拉松到雅典中央廣場的路程設定為一長跑比賽之距離，以表揚這位士兵驚人的耐力和無比的意志。這也就帶出了馬拉松背後的意義：意志、體力和己身的比拼。



一位馬拉松選手，毅力和體能絕不可少。競賽場上，只得他一個人，不像球賽中有隊友為他打氣，不像練習時有隊友在他身邊扶持。讓他走下去的，除了他自己，還是他自己。所以，堅持到底的決心和意志絕不可少。而且，有了這頑強的鬥志，沒有身體適當的配合，終究不能完成那42.125公里的賽事；勉強跑下去，甚至會因體能負荷不了而出現問題（詳解請見下文）——所以，跑馬拉松，體力和意志絕不可少。

馬拉松更是一種自我的挑戰。要踏上世界級的路途雖然遙遠，但對各跑手來說更重要的是突破自己。經過長年累月的訓練，比賽就是考試，結果就是訓練效果的成績表。創造個人最佳時間，不僅是對自己能力的肯定，更是自信的強心針。跑馬拉松最難能可貴的就是挑戰自己的成功感，這是其他運動都難以給予的一份滿足。

## 量力而為

說到這裏，大家可能對馬拉松躍躍欲試，但我們卻不應忽視任何運動的潛在危險。以馬拉松來說，如果沒有足夠的體能來應付，隨時可引致難以想像的反效果。

大家都知道，馬拉松是帶氧運動，所運用的能量大都來自脂肪，而並非糖原(glycogen)，但要使脂肪發揮最大的功效，卻需要糖原作為其代謝物(metabolite)。





因此，當肌肉中的糖原被盡用時，脂肪的能源便不能被盡用，以致很多馬拉松選手都會在終點前20英里出現的“Hitting the wall”（肌糖原耗竭）。如果參加者是缺乏練習或長跑經驗的，更有可能出現暈眩、視力模糊，甚至心跳過快等問題。因此，參加前請先進行適當的訓練，以增強心臟肌肉的強度、最大攝氧量及脂肪效用，而且平日飲食要均衡、有足夠休息，並於比賽前一週攝取多點蛋白質及保持心境開朗，好讓身體及心境都能以最佳狀態應戰。

### 「我們」的渣打馬拉松

在我們的醫學院裏，也有人準備於這次的渣打馬拉松中發熱發亮。他們就是參加全馬拉松的內外全科醫學二年級生萬智健和參加半馬拉松、三年級的葉愷揚。

#### 突破自己

就讀內外全科醫學二年級的萬智健(Chris)今年參加了全馬拉松賽事。他於兩年前已開始參與此體育盛事，但只參加了十公里賽事，跑全馬拉松還是第一次。被問及為什麼想嘗試跑馬拉松，他說是由於朋輩影響，想跟身邊一些長跑朋友一同挑戰自己，而且全馬賽事十分講求體能，對於主項是野外定向的他來說，體能上的提升能讓他的定向成績更上一層樓。

萬同學認為跑馬拉松除了能增強他的肌耐力及心肺功能、減少病痛外，還使他時常保持積極快樂的心情。跑步亦令他感到自信，給予他人生有目標。要知到目標對運動員是很重要的，是他們奮鬥的方向、堅持的動力。既然長跑有這麼多的好處，萬同學當然會推薦這項運動給身邊的朋友。他說長跑不受場地和設備限制，想跑便跑；可單獨訓練，亦可結伴同行，而且低消費，是運動的好選擇。在香港，跑步唯一的問題是街上空氣污染太嚴重，所以容易吸入廢氣，得不償失。他建議同學們最好在運動場或較少車輛經過的街道練習。

眾所周知，醫科生的課程都較緊湊，但萬同學仍能在訓練和讀書間取得平衡。他把跑步看作一種消遣，而且沒有限定時間，所以跑步跟讀書壓根兒沒衝突，於課餘期間彈性地抽出時間練習便可。誠然，他坦言跑後會感到疲累，令他不能溫書，但只要時間分配得宜，所造成的影響並不大。臨近比賽，萬同學每星期會進行四至五天、約共十小時的訓練，並把訓練方式由以往的多元化訓練，轉為長時間及長距離的快跑來備戰全馬，可見他為這場比賽下了不少苦功，相信他的努力必定能夠在比賽中換取驕人成績。



萬同學在赛道上的英姿



另一位內外全科醫學三年級生葉愷暘將會出戰渣打馬拉松的半馬拉松賽事。雖然他一直有參加本地的長跑賽，但賽程大多為十公里或以下。由於半馬拉松賽程較長，比以往賽事更具挑戰性，葉同學這次毅然作出嘗試。其實早在一年前，他已開始為是次半馬拉松備戰，三個月前更參加了首場半馬賽事，感受長距離的賽道。至於全馬拉松，葉同學指所需的訓練量更多，由於學業的緣故較難多抽時間訓練，所以並沒有參與。其實，他也覺得這賽事非常具挑戰性，表示會考慮日後作出嘗試。

在短短的訪問中，筆者能輕易感受到葉同學對長跑的熱愛。雖然三年級生學業繁重，但葉同學仍堅持每星期進行多次練習。他認為練跑能令他的生活更健康和有規律，絕不是他的負擔。他亦很高興能與志同道合的隊友建立深厚的友誼，認為一夥人一同為比賽刻苦練習，有共患難的感覺。雖然練習一點也不輕鬆，但葉同學從沒想過放棄，因為他享受與隊友一起訓練的時光。長距離的練習，需要很大的意志和毅力，而衝線一刻的快感，或看到時間上的進步，都令他鼓舞得把一切辛酸都拋諸腦後。

身為一名醫科生，葉同學十分鼓勵身邊的朋友參與馬拉松運動。他認為長跑可讓人暫忘繁重的學業和工作，減輕壓力，以輕鬆的心境欣賞街上的景致。而且馬拉松是一年一度的盛事，能參與其中亦應感高興，所以他會鼓勵比賽經驗不多的朋友先參加十公里比賽。對於是次比賽，葉同學也有一定的期望。這是葉同學第三次參加半馬賽事，他希望能突破個人紀錄，把練習的成果發揮出來，取得較高的名次。

這句扣人心弦的鼓勵正是2010渣打馬拉松的口號，也足見來自五湖四海的參加者對今屆渣打馬拉松的重視和熱衷。而且全球正值金融海嘯的回復期，不少人對香港的前境憂心忡忡；跑馬拉松正好讓大家拋開生活上一切的煩憂，盡情享受比賽的過程，為香港這個石屎森林添上一層歡欣。全球正值金融海嘯的回復期，不少人對香港的前境憂心忡忡；跑馬拉松正好讓大家拋開生活上一切的煩憂，盡情享受比賽的過程，為香港這個石屎森林添上一層歡欣。雖然今屆的比賽已截止報名，但大家還可以從現開始練習，參加下屆的比賽，為香港的體壇獻一分力吧！

### \*馬拉松軼事

在1896年第一屆雅典奧運會上，東道主希臘隊選手斯皮裏東魯易斯第一個衝入運動場，全場歡聲雷動，希臘王儲康斯坦古情不自禁地陪著魯易斯跑向終點，國王喬治一世也步下觀禮臺迎接這位冠軍。不過，魯易斯仍舊回到家鄉，當上了一名郵遞員，和妻兒一起過著清貧的生活。

1900年第二屆巴黎奧運會上，馬拉松比賽要在巴黎市區轉上一圈。參賽的19名選手中只有法國

選手對巴黎的大街小巷瞭如指掌，拐彎時“抄近路”。最後，法國人泰阿托獲得冠軍。外國選手卻繞了不少彎路，19歲的瑞典選手法斯特本可取得更好的成績，一名警察卻指錯了路，使他只獲得第三名。事後，那位警察竟內疚得自殺身亡。

在1908年倫敦奧運會上，最先進入體育場內的是意大利人皮耶特裏，但是他已經累得幾近虛脫，5次摔倒在跑道上，而且跑錯了方向。最後，是官員架著他越過終點線的。可惜，因他依靠了外力幫助，最後被取消比賽資格。■



葉同學在赛道上的英姿



# Toxicology: 以毒攻毒



BY LEUNG KWAN WAI AMAS, M14  
CHEUNG YU HO WILLIAM, CM13

以毒攻毒這個治法一直在社會中流傳。有些人覺得以毒攻毒只是古代醫學的一種治病方法，在現代社會中已經失去其作用。有些人，特別是中醫，卻一直堅持以毒攻毒為治病的其中一種原理。在這裡，我們為大家探討一下傳統醫學的真諦。

## 歷史

以毒攻毒在古代已有筆錄。例如宋·周密的《雲煙過眼錄》：「骨咄犀，乃蛇角也。其性至毒，而能解毒，蓋以毒攻毒也。」宋·克勤《圓吾佛果禪師語錄》：「以言遣言，以機奪機，以毒攻毒，以用破用。」宋·宗永集《宗門統要續集》：「以毒攻毒，以楔出楔，還他睦州老漢始得。」

在我國傳統醫學中也有不少以毒攻毒的經驗，如用蝎子、蜈蚣、蟾蜍等治療多種疾病。我國最早的醫學著作《黃帝內經》中也提到，治病要用「毒藥」，藥沒有「毒」性就治不了病。之後有不少中醫藥文獻指出用藥性溫和的藥物如黨參、黃耆是治不了大病的，而用毒治病最重要就在於用量和用法。中醫理論中有講「有故而無殞」，意思大概就是身體哪裡有病，就用有毒性的葯來相對，只要用法用量得宜就不會對人體造成損害。然而，最早把這種思想實踐並發展成免疫學先河的，是醉心於煉丹的道教徒葛洪。話說有一天，一個農夫的儿子被瘋狗咬傷，他想起以毒攻毒的方法，叫農夫拿瘋狗的腦髓塗在傷口上，結果農夫的儿子再沒有病發，於是後人繼續用葛洪的方法來醫治被瘋狗咬的病人，均得到不錯的成果。

## 現代運用

醫學對「以毒攻毒」原理的認識和運用，最早是出現於醫藥行業的，是我國先民們的智慧在祖國醫藥學上的體現。現存最早的醫學典籍《黃帝內經》中，已有應用這一方法的間接論述；最早的藥物學專著《神農本草經》裡，則更詳細地闡釋了用毒藥療疾的原理；誕生於公元 10 世紀的天花「痘接種法」，是這一方法運用上的里程碑，更開創了人類預防接種、抗菌素研製和現代免疫學發展的先河。

如今，「以毒攻毒」療法已受到醫學界的高度關注，並且被廣泛運用於一些毒病、大病、危病、難病、頑固性疾病等的治療中，並顯示出明顯的療效與其可貴的價值。以毒蛇的毒素攻毒，除了傳統的用法，現在已經有治療腦血栓、心腦血管病和惡性腫瘤的新途徑。用它製造的抗蛇毒血清具有良好的止痛作用，且能挽救蛇傷病人的生命。蛇毒製成的多種生物製品，分別對治療三叉神經痛、坐骨神經痛、小兒麻痺後遺症、關節炎、癲癇、靜脈血栓堵塞、冠心病、心血管病等都有滿意的效果。值得關注的是，蛇毒治癌的效果越來越引起人們的注意。我國用蛇毒製成注射劑對早期消化道癌腫瘤進行治療，有效率達 70% 以上；口服蛇毒製成的膠囊，可以緩解、減輕癌腫患者的症狀，增加食慾，縮小腫塊，對晚期病人有明顯減輕痛苦的作用，有效率也可達 70% 左



右。

除了蛇毒以外，蟾蜍毒也從傳統的治療發展到對白喉、慢性氣管炎、炭疽病、腹水、麻風病和惡性腫瘤的治療。蜘蛛毒素的運用更是廣泛，對腦溢血、癲癇、類風濕性關節炎、支氣管哮喘、結節性紅斑、蕁麻疹、膽絞痛、偏頭痛、過敏性鼻炎、過敏性紫癜、梅尼埃合徵等都有顯著的效用。河豚魚毒則有明顯的止痛作用，用於肌肉傷、關節損傷、湯火燙傷、跌打損傷都有良好效果，比杜冷丁(Dermerol)、嗎啡(morphine)優點多。它的鎮靜、麻醉作用也比較可靠，麻醉效果是普魯卡因(pulukayin)的16萬倍！用螞蟻毒治療風濕性關節炎、用蜂毒治療支氣管炎、用海洋動物毒治療愛滋病等，都不尋常地被派上了用場。這些被現代科學統稱為「生物毒」的毒藥，也許就是未來的希望。

以下是一些「生物毒」的例子。

## 蜈蚣

【藥性】辛，溫。有毒。歸肝經。

【功效】息風鎮痙，攻毒散結，通絡止痛。

【應用】

1. 痙攣抽搐。本品性溫，性善走竄，通達內外，搜風定搐力強，與全蠍均為息風要藥，兩藥常同用，治療各種原因引起的痙攣抽搐，如止痙散（《經驗方》）；若治小兒口撮，手足抽搐，以本品配全蠍、鉤藤、僵蠶等，如撮風散（《證治準繩》）
2. 瘡瘍腫毒，瘰癧結核。本品以毒攻毒，味辛散結，同雄黃、豬膽汁配伍制膏，外敷惡瘡腫毒，效果頗佳，如不二散（《拔萃方》）；本品與茶葉共為細末，敷治療瘰癧潰爛，如《本草綱目》引《枕中方》驗方，新方結核散，配合全蠍、土鱉蟲，共研細末內服，治骨結核；若以本品焙黃，研細末，開水送服，或與黃連、大黃、生甘草等同用，又可治毒蛇咬傷。
3. 風濕頑痺。本品有良好的通絡止痛功效，而與全

蠍相似，故二藥常與防風、獨活、威靈仙等祛風、除濕、通絡藥物同用，以治風濕痺痛、遊走不定、痛勢劇烈者。

4. 頑固性頭痛。本品搜風，通絡止痛，可用治久治不愈之頑固性頭痛或偏正頭痛，多與天麻、川芎、白僵蠶等同用。

【古籍摘要】

1 《神農本草經》：「噉諸蛇、蟲、魚毒……去三蟲。」

2 《本草綱目》：「小兒驚癇風搐，臍風口噤、丹毒、禿瘡、瘰癧、便毒、痔漏、蛇瘻、蛇



瘻、蛇傷。」

## 輕粉

【藥性】辛，寒。有毒。有毒。歸大腸、小腸經。

【功效】外用攻毒殺蟲，斂瘡。內服逐水通便。

【應用】

1. 外用治瘡瘍潰爛，疥癬瘙癢，濕疹，酒皸鼻，梅毒下疳。本品辛寒燥烈，有較強的攻毒殺蟲止癢及生肌斂瘡作用。治黃水瘡癢痛，配黃柏、蛤粉、煅石膏共為細末，涼水或麻油調塗，如蛤粉散（《外科正宗》）；如配黃連末，豬膽汁調塗，治膿瘡不合（《永類鈴



聖濟總錄》)；又可配大黃、硫黃加涼水調塗，治酒齣鼻、瘰癧，如加味顛倒散（《瘡瘍外用本草》）。

2 內服治水腫脹滿，二便不利。本品內服能通利二便，逐水退腫。常配伍大黃、甘遂、大戟等同用，治水腫便秘實證，如舟車丸（《丹溪心法》）。

#### 【古籍摘要】

1《本草拾遺》：「通大腸，轉小兒疳並瘰癧，殺瘡疥癬蟲及鼻上酒齣、風瘡瘙癢。」

2《本草圖經》：「服之過劑及用之失宜，則毒氣被逼竄入經絡筋骨莫之能出，變為筋攣骨痛，發為癰腫疔漏，經年累月，遂成廢疾。因而夭枉，用者慎之。」



## 砒石

【藥性】辛，大熱。有大毒。歸肺、肝經。

【功效】外用攻毒殺蟲，蝕瘡去腐；內服劫痰平喘，截瘧。

#### 【應用】

1 腐肉不脫之惡瘡，瘰癧，頑癬，牙疳，痔瘡。本品外用具攻毒殺蟲，蝕死肌，去腐肉之功。雖可單用貼敷，因易中毒且引起劇烈疼痛，故多配其他藥物以輕其劑緩其毒。若治惡瘡日久，可配硫黃、苦參、附子、蠟同用，調油為膏，柳枝煎湯洗瘡後外塗，如砒霜膏（《聖惠方》）。若配明礬、雄黃、乳香為細末，可治瘰癧、疔瘡等，如三品一條槍（《外科正宗》）。

2 寒痰哮喘。本品味辛大熱，內服能祛寒劫痰平喘。

主治寒痰喘咳，久治不愈，可配淡豆豉為丸服，如紫金丹（《普濟本事方》）。此外，古方還用治瘧疾，現已少用。

#### 【古籍摘要】

1《日華子本草》：「治瘧疾、腎氣。帶辟蚤虱。」《日華子本草》：「治瘧疾、腎氣。帶關蚤虱。」

2《本草綱目》：「除胸喘積痢，爛肉，蝕癩腐瘰癧。」又「蝕癰疽敗肉，枯痔殺蟲。」成廢疾。因而夭枉，用者慎之。」





# Special Study Module

How much do you know and don't know?

BY LENA XU LU, M14  
PHYLLIS CHAN CHI HUNG, M14  
ELAINE LEE YIN LING, M14  
CYRUS LAI HO YEUNG, M14

If you are a student from B Nurs / B Pharm / B ChinMed, you may not know what SSM is. Here is a chance for you to get a glimpse of the "most interesting" part of MBBS students' school life. If you have already completed an SSM, you may think you know everything about it and may want to flip to the next page, but this article may give you some new ideas. If you are a MBBS freshman and still feel lost, not knowing what to do for SSM, then here is your beacon.

## "What is SSM?"

Following the movement in the UK to abolish pure knowledge-based medical education and to promote self study and life-long learning, the HKU Faculty of Medicine also revised its medical curriculum in 1995 by cutting out half the lectures and dividing the curriculum into core and elective curriculum, with the elective being the Special Study Module, SSM.

Introduced in 1997, SSM encourages diversity, gives students time and opportunity to explore activities outside the core curriculum, to continue or develop a new hobby and to look at things other than medicine like arts, music, social sciences, language, and travel.



*"If you make medicine all your life and then for whatever reason medicine doesn't work, then you have nothing and I think that's very sad."*

*"That's why we encourage students to develop their own interests, be it cooking, eating. For example when I retire, I can go around writing food guides, travel guides."*

Although more non-medical modules such as voice training and dancing classes were introduced in the recent years, students eager to pursue additional medical exposure are also provided with opportunities to partake in dissection and medical research.

SSM is conducted in the four weeks of June of MBBS I / II / III and after the summative examination of MBBS V. Throughout the whole MBBS curriculum, students must take four full modules or a combination of full and half modules which is equivalent to four full modules with at least one full non-medical module. They can be either faculty-organized courses or self-initiated activities.

## "Faculty-organized SSM"

According to Dr. Beh, Chairman of the SSM Sub-Committee, the faculty organizes various courses including Anatomy dissection, medical humanity, introduction to forensic medicine, research activities with professors, Chinese calligraphy, literature, languages, ecology and geography field trips. In particular, the anatomy dissection and medical humanity courses have been popular among students. The medical humanity course allows students to gain an appreciation of medicine through arts and gives them the opportunity to reflect as to why they are doing medicine and allows them to better understand patients' feelings.

Language lovers may consider the option of taking a language course for a half SSM and then doing



another self-initiated half SSM by visiting the corresponding country.

Lasting only 12 hours, the Mental Health First Aid Course is definitely an option worth considering. Another bonus is that it is also considered as a PETTS Personal Development.

### “Self-initiated SSM”

Students also have the option of initiating and planning their own SSM and sending a proposal to the SSM sub-committee for approval.

Dr. Beh encouraged students to conduct self-initiated SSMs and recalled many accounts of interesting SSMs that the students did in the past. One particular student went to Cameroon, Africa with her Church group to help the locals rebuild their houses in her first year. She then returned the second year with a few of her classmates. She also sent many e-mails to friends and faculty members asking for sponsorship, and although the cost for the trip wasn't too much by Hong Kong standards, collecting the amount of money she required was still a difficult task.

*“In the end, she succeeded and sent back photos of happy families with brand new huts,” said Beh. “It shows how simple little things can be. This is probably one of those experiences that she will remember forever and if she has the opportunity, I suspect she will go back there to do more work in the future.”*

In addition to that, some students volunteered in hospitals in India, orphanages in the Philippines and China, while others learnt how to shape glass in Taiwan, took Sichuan-style Chinese cooking lessons in Chongqing, and traveled with friends to study the history of medicine, architecture and food.

As Dr. Beh puts it, SSM is a time for students to explore new interests and have fun. ■

*“Doctors are human beings too; they should have more than medicine as their interests,” he said. “One day, you will stop doing medicine and when that day comes, hopefully SSM has given you other interests that you can develop.”*



*Dr. Beh took us out for ‘laksa in Admiralty’. After that, we had a nice interview session over coffee.*



## Tips & Reminders

**Talk to your parents** before submitting the proposal and make sure that they will not object to your trip due to safety or financial concerns.

**Be well-prepared.** Show the committee that you have given enough thought in regards to the trip. Be clear as to what you want to do, the money required and the duration of the trip.

### It's better not to leave too early or too

**late** if you go overseas. The SSM period is from June 1 – 25. If you leave early, you are still required to cover the full month/two weeks of June. June is technically term time. Therefore, you will still be covered by school insurance during the SSM period.

**Travel grants are provided** preferentially to the seniors and students in need. Priorities are given to activities organized by the university and the Asian Medical Students' Association (AMSA).

**Remember** that the self-initiated SSM application has to be submitted earlier (April 1, 2010).

The summative examination results are usually released before the beginning of SSM, while the supplementary exams are towards the end of summer holiday (August 4 – 10 for MBBS I/II and June 28 – 30 for MBBS III). Please note that the SSM must be completed regardless of examination results.



# Following Shirley. SSM Example

BY MARVIN CHUNG MAN TING, M14  
AUDREY HUNG WING CHI, M14  
SARAH POON WING YIU, M14

**Every** student in the Medical Faculty has probably dreamt about saving patients' lives, but has anybody thought about putting our hands at work to save our planet Earth? Shirley Chan (M13) did. During her Special Study Module period in Year 1, she spent a few weeks in Australia doing voluntary work for environment protection.

Being a medical student interested in environmental science, Shirley surfed the web looking for volunteering opportunities and stumbled upon *Conservation Volunteers Australia (CVA)*, a non-profit conservation organization devoted to environmental restoration projects in Australia.

*"CVA is an interesting group and their work shows a great variety. They keep a log on sea turtles' seasonal reproductive activity, and record the ecology on different islands. They also collaborate with the Government and local aboriginal representatives to restore the environment of Ayers Rock – by weeding."*

There is actually a pretty long story behind what Shirley said about weeding. The Ayers Rock (a famous mountain-sized 'rock' in Central Australia) is considered to be sacred according to aboriginal culture.

However, due to desertification and erosion, the Government started to introduce a species of grass named Buffel Grass to stabilize the soil there. Since it is an invasive species that scrambles very quickly, it killed many other native plants



within 10 years and interrupted the ecology immensely. As a result, the Australian Government worked with the aboriginal representatives to save the Ayers Rock region by removing the Buffel Grass.

Shirley spent 10 days in the UNESCO World Heritage-listed *Uluru - Kata Tjuta National Park* (Uluru is the aboriginal name for Ayers Rock) to help with the weeding. The weeding experience was accompanied by talks and sharing sessions by aborigines, and excursions to areas around the National Park.

After the wonderful 10-day experience in Central Australia, Shirley headed to Perth, a big city in Western Australia, and stayed there for 7 days. Despite being a modern and technologically advanced country, the Australian Government focuses a lot on environmental protection.

*"There are 3 main routes taken by the Perth City Bus that you don't have to pay a dollar for. This*





### **Holding tool.**

*Shirley poses in front of Ayers Rock*



*“The trip was a great opportunity to free myself from Facebook notifications and the hustle and bustle in Hong Kong. I could get away for a while from being a medical student, sit back and think deeply about the values in life. Many people go on trips abroad and get distracted from food and clothes. However, there’s nothing in Central Australia but nature and people. I really enjoyed the time exploring through the nature and chatting about everything with my new friends.”*

*is to encourage people to utilize public transportation instead of driving by themselves.”*

This encouraged Shirley to think more about environmental protection in Hong Kong. She believes that Hong Kong citizens have the general awareness and the skills required to protect the planet but amidst their bustling lifestyles, convenience seems to be placed at a higher priority compared to the ‘troublesome’ commitment of environmental protection.

Shirley recalled one of the best parts in the trip being the heavenly scenery in Australia, “You know that people all over the world fly to Ayer’s Rock for its renowned beautiful sunset. Our conservation team leader was an expert in the surroundings there, so we went to the Rock to watch the sunset nearly every day. It was truly amazing.”

*“This was also my first attempt at back-*

*packing alone. I booked the plane and hostel myself. It was fun living with local Australians and also people from Korea and Taiwan.”*

### **New plans on SSM this year?**

“I’m still thinking. Probably backpacking around Europe with my friends. I’ve never been there but I heard it’s awesome.” ■



# MBBS & BNur belong to the Faculty of Arts

Is this author insane?

BY *Ketone Body*

I run a great risk by using the above title, for not only will I get a referral letter to a psychiatrist possibly from the Dean of Medicine, but the Faculty of Arts might actually switch my enrolment to Bachelor of Arts. But before all that happens, please allow me to humor myself for a moment, and perhaps, you might see my direction:

**“Medicine and nursing are both subjects in art”.**

*Outrageous. Shameful. Is this guy taking drugs?* These are probably the thoughts lingering in your limbic system at this moment. Yet, after the initial surge of emotions fuelled by our amygdale (ironically some scholar call it the primitive brain), you will start to hesitate. If not, you will just have to wait longer (blame evolution). Don't worry, I will steer you in the right direction.

How would you define 'Art'? Anything convoluted like the Shakespearian language? To be or not to be; O penicillin! Wherefore art thou penicillin? According to Dictionary.com, 'Art' is defined as '*a branch of learning or university study, especially one of the fine arts or the humanities, as music, philosophy, or literature*'. In other words, it is a study of expression, humanistic expression. Giving a rose to your girlfriend qualifies as an act of art. Singing happy birthday also fits this description. Cleaning dishes for your girlfriend, however, does not! (since you have no say to that command)

In contrast, what is 'Science' then? I will not occupy you with another extract from my friend, the Dictionary.com, but we can all agree that there is something factual attached. In fact, it is all about facts. How does a brain transplant work? Can my PBL



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group mate get one? But of course, with invented words like *Mycobacterium tuberculoshit*, some medical students can argue that there is still room for creativity, a tiny one perhaps.

But what do all these add up to? Does it justify the title of this composition? Well, although I have worked out the definitions of the two extreme nouns, I have not described how they are being taught, or learnt;

**How would you teach an 'artsy' topic?**

For instance, if you are asked to describe the history of Suen Yat-sun to someone, how would you do it? Would you do it in a manner similar to story-telling? "Suen Yat-sun is this, this and this, he did that, that and that in 19xx after the war ...". What about a painting then? How would you describe a painting to a blind man? Well, you might elaborate on the story of the person portrayed or the context of the artwork, but with occasional references to the brush stroke or color.

So, simple deduction: arts are taught by telling stories, stories told by people or about people. It is the most effective way to convey our expressions. Yet sci-



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## Homepage of Faculty of Arts

How would you define 'Art'?

Or does it really?

Any practicing physician or health worker can tell you that it is not that simple. For starters, you might not even have a patient history to work with. What you do have is a 70 yr-old gentleman who is capable of telling you a story, a story about himself and his discomfort. From his tale, we try to understand his expression, feelings and needs.

This is a form of art. And only from this exercise can we gather our As and Bs and Cs, the 'science' bits of things, but this is not enough. We will have to go back to the gentleman and inform him of the poor news, and that there is no cure at 'stage four'. We will have to explain to him the nature of his illness, and discuss about the management plans which may involve palliative care. This time, we will be the ones telling him a story, delivering our message to the gentleman in the most effective manner. It is again, art.

Is medicine or nursing an art? I guess my argument is conveyed, and that your sympathetic tone is now, hopefully, back to a basal state (take some beta blockers if this isn't the case).

But this is not the only hypothesis we have reached. After all, if the practice of medicine, or nursing is more or less an art, shouldn't we invest some time (a decent lot) to cultivate our 'artistic' skills, to perfect our empathetic reception and to sharpen our expression? Even Von Gogh had to experiment with colors; even Eason Chan (陳奕迅) has to rehearse. So, why shouldn't we? And of course, the title of this composition is simply no more than an eye catcher. ■

ence is taught by presenting the facts. This is A which equals to B, preceding to C. We then go home and memorize ABC, and replicate it in our everyday practice: the girl smiled at me = she likes me = I am hot (example of malpractice). So why should MBBS or BNur be considered an arts subject? Well, you are about to find out:

*"A 70 yr-old patient has a massive consolidation on his middle right lobe of the lung. Significant pleural effusion is witnessed. He complains of fatigue, severe weight loss and loss of muscles. There is coughing of blood but no fever or any signs of infection. The patient has been a heavy smoker since the age of 16."*

As a medical student, we would suspect several diseases immediately, with lung cancer as one of the higher possibilities. We might then think of CXR, CT, MRI, blood work. And if we are a triple-'Ding' distinguished student, we may be thinking of treatments and management, perhaps even issues surrounding community medicine and ethics. It is all very factual: A = B = C. It is science and it looks good on the exam paper. It definitely sounds professional.



# A HANDFUL OF FACTS, OR MYTHS?

LENA XU, M14 & CYRUS LAI, M14 reveal...

## "We should drink at least 8 glasses of water a day."

Whether it is from the media, your relatives, teachers or friends, you have probably been given this piece of advice many times. There is no doubt that water is essential. For people with kidney stones or urinary tract infections, drinking lots of water is beneficial. However, there have been many reports, including a recent 2008 review article published in the *Journal of the American Society of Nephrology*, concluding that there is a lack of evidence supporting the recommendation for a normal individual to drink eight glasses of water a day. Studies have shown that most of the required fluid intake is already met by the typical daily consumption of drinks, soups, fruits, vegetables and other foods. The rest is met by the sensation of thirst. Therefore, just drink when you feel thirsty and not for the sake of drinking.



## "All babies are born color blind."

It is true that newborns see the world in black and white. So at first, they may not appreciate all the pretty colors of the walls, blankets and toys in their room. Their overall vision is said to be 40 times less accurate than an adults', but it quickly develops as they grow. By about four months, the cones, the color photoreceptor cells in the retina, finally mature and babies can then see full ranges and many shades of colors.



## "Sneezing makes the heart stop for a brief moment."

Ever wonder why people say "bless you" after you sneeze? It may sound silly but ever since the Dark Ages, there has been a deep rooted belief that the heart stops when you sneeze, killing you for an instant and so you need to be blessed to make your heart continue beating and to bring you back to life. Another source for this tradition is the Black Death (the bubonic/pneumonic plague) in the 1300s, which killed half the European population. One of the symptoms of this disease caused by the bacterium, *Yersinia Pestis*, was sneezing and so people began to say "bless you" after a person sneezes to protect them from death.

While the heart does not stop during a sneeze, there are some medical explanations for this sensation. A sneeze is preceded by deep inspiration and closure of the glottis. Then, forceful contraction of the diaphragm, respiratory muscles and abdomen muscles compress the lungs to let out the air. This creation of positive pressure in the chest, called a Valsalva maneuver, may change the rhythm of the heart beat, giving the sensation of a skipped heart beat.

## CHATBOX ONE

We all love good stories, but sometimes good stories may not be true. This intrinsic human nature, fueled by our habit of passing on what we've heard without verifying its source and validity, gives birth to myths. There is always a daily life element in myths, so let's talk about them, up close and personal!

### A not-so-scary Halloween story:

When we gather around the campfire, it is always a good time to tell ghost stories, so here is one that I've heard.

One stormy night, the noble family of Mithville gathered in the churchyard, ready to bury the body of count Onychoid. Out of custom, the eldest son opened the coffin and bade farewell to his father. Suddenly, lightning struck, the crows scattered, and he saw..... that his dead father's nails grew longer !?

*Myth: Can nails grow after death?*

Answer: **No**, nails do not grow longer after death. The reason is that nail growth requires a complex hormonal regulation that is not sustained after death.

Interestingly, the cause of this myth can be traced back to a biological phenomenon. As the body dries up after death, skin around the nails may retract, thus creating an appearance of increased nail length.

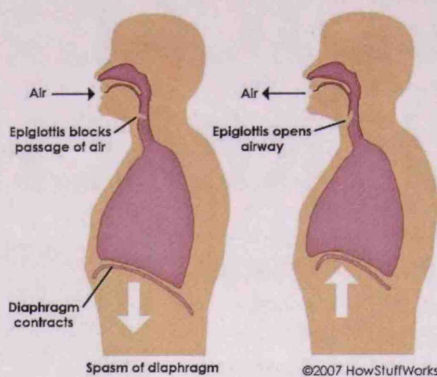


## "Shaving hair causes it to grow back faster, darker, and coarser."

You probably hear this all the time from your mother or may even think that you have witnessed it yourself. However, there is strong evidence disproving this phenomenon. Actually, a clinical trial in 1928 conducted by Trotter M. already showed that shaving has no effect on hair growth. Recent studies have also confirmed this, stating that shaving only removes the dead portions of hair, not the live portion below the surface of the skin, where growth and pigmentation take place.

Why then do so many people still believe this myth? The answer is illusion. First, the small amount of growth on a clear surface is more noticeable. Second, the short, blunt ends in new growth give the appearance of darker, harder hair, but with time, they will soften. Third, the new hair has not yet been bleached by the sun or other chemical exposures, and so seems darker.

So, don't be afraid of shaving!



Mechanism of hiccups

## "Hiccups can be a sign of disease."

As many of you will agree, hiccups can be very annoying, especially when they don't go away. Hiccups are sudden contractions of the diaphragm due to the triggering of the phrenic nerve, causing quick, involuntary inspiration followed by the rapid closure of the glottis (the space between the vocal cords), creating the characteristic hiccup sound. Normally, it is caused by emotional stress, prolonged laughter, excessive alcohol consumption, stretching of the stomach after overeating or swallowing air, or sudden changes in temperature like when drinking a hot beverage.

But have you ever thought the seemingly innocuous hiccup could be a sign of disease? Well, it can. Both central nervous system disorders like stroke, multiple sclerosis and injury or irritation to the phrenic and vagus nerves like laryngitis, tumors in the neck, gastroesophageal reflux, or infections near the diaphragm and other less common causes like kidney failure and heart attack can lead to persistent hiccups that last more than 48 hours or intractable hiccups that last more than two months. Although rare, these hiccups may be dangerous.

## CHATBOX TWO

### I have a dream

Strange things happen in my dreams. I've dreamt of myself flying through the air, breathing underwater, entering Hogwarts and defeating Voldemort. Okay, I'll admit the last two are a bit of an exaggeration, but just to illustrate how anything is possible in our dreams. People say dreams can be so wild that the deaf can hear and *the blind can see in their dreams, but can they?*

Answer: **Yes and NO.** Studies so far indicate that dreams come from our stored sensory input. So if a person was born blind, there will be no visual input to make up the visual part of his dream.

However, if a blind person has had previous experience of sight, the images are stored in his brain and it is therefore possible for that person to see in his dreams, even after he was blinded.



"Once blind but now I see"





醫心 • MEDICAL  
OUTREACHERS  
HONG KONG

# NEW 'JONG': MEDICAL OUTREACHERS

BY FERGUS WONG, Year 4 CUHK MBChB

**During** the summer vacation of 2009, the "Healing Hands, Loving Spirit" project, a two-week medical service trip to *Sichuan* was organized by *The Hong Kong Model United Nations Club (HKMUNC)*. The HKMUNC itself was founded in 2005 with the mission of arousing youths' awareness of global issues, with the hopes of building a better world. The project was one of the specialized projects initiated and organized by the Club to achieve this mission.

Inspired by this project, we, 11 enthusiastic medical students from both HKU and CUHK who participated, then formed a group named *Medical Outreachers* (醫 • 心), which aimed to continue the spirit of serving and extending our understanding in the field as well as the medical healthcare system in mainland China. Our group's project shall mainly include: an annual trip, short trips and seminar series.

## Annual Trip - Sichuan Relief Work 2009

With assistance from the *StandTALL* project, we initiated a medical service trip which targeted aspiring young doctors and nurses to visit *Sichuan* last summer as well as contributed towards Earthquake relief projects in the area. Supported by various authorities in the medical field as well as **Mr. York CHOW Yat Ngok, SBS, JP** (周一嶽局長), Secretary for Food and Health, the program involved 40 medical and nursing students from different universities across HK who partook medical voluntary work in both *Sichuan Provincial Hospital* as well as outreach medical services in some disaster areas of *Sichuan* during 16<sup>th</sup> to 29<sup>th</sup> June 2009.

The main focus of the trip was the service project at the *Sichuan-Hong Kong Rehabilitation Centre* which catered for victims of the *Sichuan* Earthquake. Students were divided into groups and they then carried out medical and non-medical projects targeting



both inpatients and outpatients receiving care at the Centre. Students also visited the *Hong Kong Red Cross Clinic* in *Deyang* and observed surgeries as well as the out patient clinic procedures.

Besides sessions serving Earthquake victims, visits to seriously affected areas such as *Hanwang* and *Dujiangyan* also gave students an idea of the Earthquake's catastrophic impact and damage. Last but not least, home visits to patients receiving treatment with *StandTALL* were arranged so that students could observe what it's like in the temporary housing areas as well as interact with the locals.

Another annual trip to China will be launched in summer 2010 which we hope, will cultivate your interests of serving and raise the standard of humanistic care in the Hong Kong medical field.



Ophthalmologic care to the underprivileged in *Lian-shan Zhuang and Yao Autonomous County* (連山壯族瑤族自治縣); and governmental medical survey in *SiChuan ChongZhou* (四川崇洲) were launched with highly positive feedback from participants

### Seminar Series

One of the main activities of the project is the coordination of a series of seminars which will provide a platform for the students to exchange ideas with distinguished leaders in the medical field and to learn from their experiences. The seminars are in the form of sharing and discussion and they focus on areas of humanitarian work around the world and the medical systems in Mainland China and Hong Kong. The seminars aim to promote the students' social awareness and responsibilities which are essential qualities of a capable doctor.

We invited **Dr. CHAN, Thomas Sze-Tong** (陳思堂醫生), Chief Executive Officer of *World Vision China* and Area Director (*East Asia of World Vision International*) and **Prof. SUNG, Joseph Jao-Yiu** (沈祖堯教授), Professor of Medicine, the Associate Dean, and Chairman of the *Dept. of Medicine & Therapeutics of the Faculty of Medicine of CUHK*, to share with us their voluntary experiences and discuss the social responsibilities of a doctor.

Two other speakers with plenty of voluntary experience, **Prof. CHAN, Emily Ying Yang** (陳英凝教授), past president of *HK Medecins Sans Frontieres*, and **Prof. LEUNG, Ping-Chung** (梁秉中教授), Chairman of *Operation Concern* (關懷行動) have also been invited to share their invaluable experience with the participants.

### Future Development

We aim to establish a fund to prolong and sustain our series of activities as well as to look for a global partner in order to promote the activities worldwide. The project does not merely provide a chance for participants to learn more about the Chinese system but also the global system. This will undoubtedly widen the horizon of the participants whose experiences can help to improve HK and mainland's medical and healthcare systems. We hope to gather and nurture a group of future leaders in the medical and healthcare constituencies who have the abilities and commitment to contribute to HK, China and beyond. ■



### Continual Short Service Trips

By contacting organizations or doctors with service sites in Mainland China and following them during their services there, we hope to know more about their roles and the type of services they provide to the needy. Of more importance will be to experience and learn from their devotion to volunteering.

Trips lasting for 2-3 days will be offered to 2-4 participants each time. The degree of inspiration and experience in volunteering will be more emphasized compared to the mere practicalities of the services.

Previous trips include an orthopedics attachment in *Xuzhou Hospital, Jiangsu* (江蘇省徐州市雲龍醫院);



「醫·心」“Medical Outreachers” Short Trip 介紹：

# 連山

胡冠一, M14

黃卓樺, M14



**在** 2009年12月26日—30日由連山縣衛生局、連山縣紅十字會牽頭；新會新希望眼科醫院、連山縣殘疾人聯會、香港力行植林慈善基金會義工、同兩名港大醫科一年級生到廣東連山鄉鎮為101名白內障患者進行白內障摘除手術。

## 光明快車

停泊在連山人民醫院外是一架長達十一米的巴士，也就是為白內障患者做復明手術的「光明快車」。巴士裏設備齊全，可以容納兩張手術臺，而手術儀器例如顯微鏡也頗先進和潔淨的，可能比很多內地的醫院還要好。病患者除下鞋襪和厚厚的上衣，登上車，戴上手術袍和帽，等候進入手術室。手術的過程只需十五分鐘，一點都不會痛。醫生會透過超聲乳化術 (phacoemulsification) 或囊外摘除術 (extracapsular cataract extraction) 將白內障取出，然後把人工晶體放入眼球內。用的是較優質的人工晶體，避免日後為病人帶來麻煩，對病人有一定的保證。

## 連山人民

連山和香港的確是兩個完全不同的世界。當地的人民雖然不是很富裕，但從我們這五天遇見的人，我們可以總結他們的衣、食是沒有問題，只是他們沒有積蓄來做一個需要數千元的白內障或其他手術。由此可見，做一個簡單的白內障手術可能會在金錢上連累全家人。例如，一位婆婆下田工作時泥沙傷及眼睛，她一直都沒有尋求醫療，因為對她家人來說，醫好隻眼睛可能要借錢及用去他們所有的積蓄，所以她選擇靠一隻眼維持生活都不要全家沒有飯開。連山人民的見識和文化水平遠遠不及香港人那麼廣。大部份的老病患者都不懂得寫字，所以手術同意書大多數是用指紋印代簽的。一個我們常見的視力測試表他們完全不認識怎樣用，我們的一切對他們都是很新奇的。語言方面，他們有部份可以用粵語溝通，但有很多都只能運用本地的方土語言，需要翻譯。位於壯族瑤族自治區，連山主要是這兩個少數民族的人，他們也應該是那裡最貧窮的人，而我們在連山人民醫院的第二天更有機會為幾個來自連南的瑤族人服務。



## 團隊工作

是次活動的成功有賴新會新希望眼科醫院和連山縣殘疾人聯合會的合作。新會新希望眼科醫院的隊伍(4名醫生, 5名護士)負責技術上的工作, 香港力行植林慈善基金會負責資金上的支持, 連山縣殘疾人聯合會則負責聯繫及協調的工作。雖然到我們連山服務是第一次, 但各人都齊心合力, 一心為患者服務, 自發地到有需要幫忙的崗位工作, 配合整個隊伍的運作, 團隊之間的合作精神值得嘉許。

## 義工的心聲

這一次前往連山做義工, 令我獲益良多, 雖然只是短短的五天, 但當中的體會及感受我一輩子都不會忘記。這次活動令我理解到連山人民的生活水平, 以及當地居民在尋求醫療服務時所遇上的難處及憂慮, 與他們相比, 身在香港的我們實在是太幸福了, 可惜的是, 很多時我們卻身在福中不知福, 常抱怨這抱怨那, 我們真的應該好好珍惜我們所擁有的, 因為幸福並不是必然。作為一位醫學生, 我從各醫護人員中學到不少技巧, 例如與病人溝通的技巧, 對待病人應有的態度等。他們之間合作無間, 令我深深明白到團隊精神是如何重要的, 只有在各個崗位的人都做好本份的時候, 團隊才能發揮最大的作用。

黃卓樺(M14)

這次到連山五天是我畢生難忘的經驗。作為一位醫學生, 我一直很希望能夠汲取更多的醫療實踐經驗, 也認為醫學生們有責任去了解其他地方的醫療問題, 特別是香港的學生應該去了解內地同胞在尋求醫療服務時所遇上的困難。這一程我親身看見白內障病患者重見光明而開心到哭的情景。有一位伯伯抱著燦爛的笑容跟我說他能看見自己的鞋子了! 當時我覺得一架價值二百萬, 設備齊全的手術車可以東奔西跑, 送給無數人民這燦爛的笑容實在是太美妙了, 而二百萬能夠換來這麼多的笑容實在物超所值, 比用二百萬來購買一架名貴跑車有意義得多看見義工們小心翼翼地拉著老人家們, 一隊醫護人員日夜不停地忙碌工作, 和當地政府的熱烈支持, 每一個人都懷著一顆充滿熱誠的心, 親力親為地為



手術前洗眼睛



手術巴士裏

有需要的人服務, 我感到非常興奮, 也非常安慰, 這世界上有這麼多熱心人士進行有意義的工作。■

胡冠一(M14)



A STUDENTS' INITIATIVE

上述是「醫心」“Medical Outreachers”的 Short Trip。

「醫心」“Medical Outreachers”是港大和中大醫學生剛剛成立的一個義務組織。我們將來會有更多 Short Trips 和暑假五至六月更有長達兩周的 Long Trip。我們希望會有更多醫學生們親身投入在香港外的義務工作, 獻出他們的熱誠、關懷、和愛心。



# AMSAHK

## East Asian Medical Students' Conference 2010

BY TONY KWUN YAT WU, M14

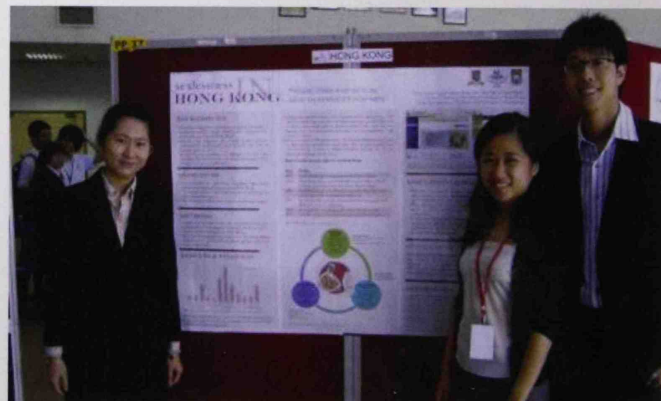


On 14-19 January 2010, 30 students of Asian Medical Students' Association Hong Kong (AMSAHK) from both University of Hong Kong (HKU) and Chinese University of Hong Kong (CUHK) participated in the 23<sup>rd</sup> East Asian Medical Students' Conference 2010 in Kuala Lumpur, Malaysia, titled "Men's Health: defining the past, refining the future". Together with 320 delegates from over 15 countries, the Hong Kong students participated in academic and cultural exchange, explored beautiful Malaysia, and made many international friends while learning a lot and having fun at the same time!

### Academics

A focus of the conference is the academics. A keynote lecture from Malaysian professor Dr. Tan Hui-Meng and interactive workshops were held on the topic of men's health. Each country also sent out representatives to present on their countries' unique men's health situation in the paper and poster competitions. With the topic of sexlessness, the lack of sex among married couples, Hong Kong was able to capture 2 awards: 2<sup>nd</sup>

place in the scientific poster, and 3<sup>rd</sup> place in the public poster.



-2<sup>nd</sup> Place Scientific Poster

### Site Visits and Cultural Workshops

Delegates from different countries were able to catch a glimpse of the Malaysian healthcare system by visiting hospital wards, institutions, and rehabilitation centres and learned about Malaysian culture through hands-on workshops.





-Batik, traditional Malaysian art

## Community Service

With the help of translation by local Malaysian students, medical students from every country offered voluntary body checkup services in different communities around Malaysia. The services included measurement of BMI, blood pressure, blood glucose, and blood typing. The students also conducted house visits to learn about the lifestyle of Malaysian families and how they access local healthcare and deal with health problems.



-Blood glucose and blood typing



- L: Cultural diversity in beautiful Malaysia  
-R: The Petronas Twin Towers.

## Sightseeing and Social Events

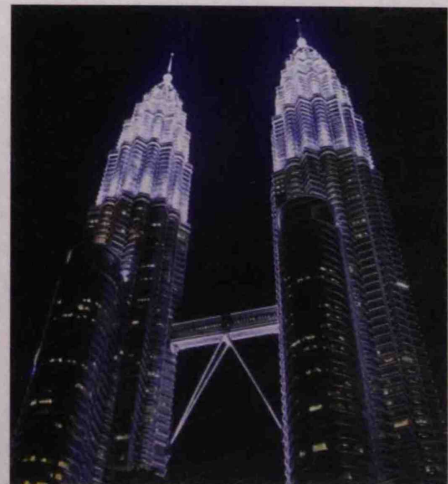
Taking advantage of the rare opportunity to visit Malaysia, students toured popular sightseeing destinations, including the Kuala Lumpur Tower, Petronas Twin Towers, and tasted local Malaysian delicacies. The conference was also made even more interesting with a cultural performance and a cruise tour, wrapped up with a day in the Genting Highland's Indoor and Outdoor Theme Park.

## AMSAHK Upcoming Events

The January EAMSC is only the first major event of the year for AMSAHK. There will be many opportunities for students to get involved as recruitment begins in late March for AMSC delegates and for the organizing committee of the first ever Joint Conference (APRM+AMSC) that will be held in Hong Kong with 550 delegates from around the world! Make sure to keep your eyes and ears open for AMSAHK updates! - [www.amsahk.org](http://www.amsahk.org). ■

## AMSAHK Relevant Dates and Events of Note

Date	Event
March 16 to 21, 2010	APRM - Thailand
June 25 to Aug 1, 2010	AMSC - Indonesia
Jan 2011	24 <sup>th</sup> EAMSC - Thailand
2011	1 <sup>st</sup> Joint Conference – HK





# White Coat Detectives

## The Boy Who Cried Tears of Blood

BY AMANDA MUN YEE SLOCUM, M14

**Okay,** so everybody loves their share of mysteries, or else CSI wouldn't have been able to last 10 seasons (not including the spin-offs). Closer to home, we have Dr. Gregory House, the sadistic TV drama doctor who dissects medical mysteries with his sharp analytical skills and has as much empathy for his patients as an empty matchbox.

Empty matchboxes aside, let's see if you can solve this real-life medical mystery that's been hot on the U.S. news since September last year.

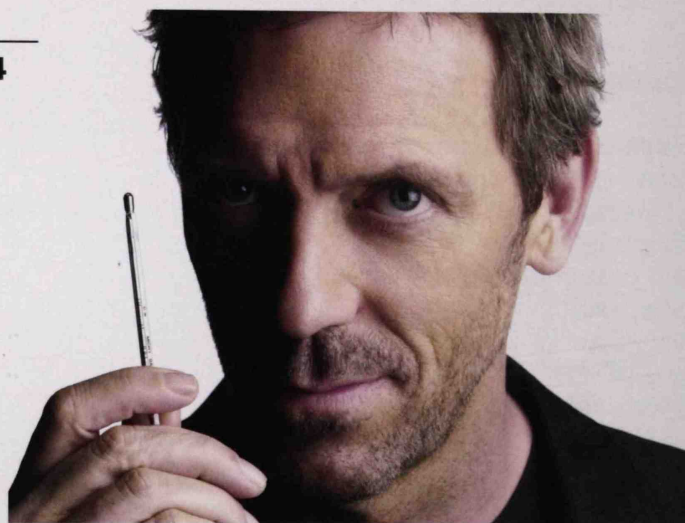
### The Story (Source: CNN news)

The patient in question is the then 15-year-old Calvino Inman. One evening in May 2009, he stepped out of the shower and was shocked when he saw his reflection in the mirror for tears of blood were streaming down his face.

His mother rushed him to the hospital but by the time they got there, the bleeding stopped. The doctors couldn't understand what they were trying to explain, and hence, Calvino and his family returned home completely baffled.

The bloody tears returned a few days later while he was on a camping trip and again, he was rushed to the hospital.

This time, the doctors were astounded by



*“You can think I'm wrong, but that's no reason to quit thinking.” Hugh Laurie in House M.D.*

what they saw. An MRI, CT scan and an ultrasound were carried out but the test results came out normal.

So what was wrong with Calvino?

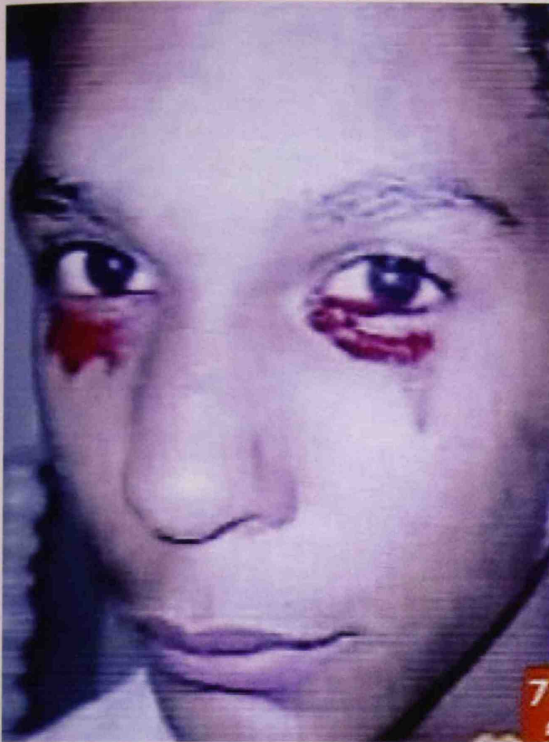
Some people accused him of faking the condition to seek attention whilst the more creative people suggested that he may have been possessed. So, what do you think?

### The Possible Answer

Dr. Barrett G. Haik, director of the University of Tennessee's Hamilton Eye Institute, had an answer in regards to the condition he was suffering from. The name of this condition is 'haemolacria', for obvious reasons, as it translates to 'crying blood' in layman's terms.

Amongst the differential diagnosis of bloody tears include anaemia, jaundice, vascular tumors, vicarious menstruation, hereditary hemorrhagic telangiectasis,





*-Calvino Inman,  
photo taken on  
September 2009.*

infections, hemophilia, application of drugs such as silver nitrate and even hysteria.

However, these possible causes did not seem to fit into Calvino's case and hence, the mystery remains unsolved.

### **Previous Cases**

Dr. Barrett G. Haik and a team of researchers published a 2004 study in the *Journal of the American Society of Ophthalmic Plastic and Reconstructive Surgery* looking specifically at children who developed unexplained spontaneous episodes of bloody tears between February 1992 and January 2003.

This case-controlled study involved 4 cases of recurrent unilateral bloody tears. 1 boy and 3 girls ranging in age from 6-14 years, reported spontaneous bloody tearing. Amongst the further tests conducted included probing and irrigation of the nasolacrimal system, blood and coagulation profiles, blood typing, serum hormone levels, conjunctival biopsy and imaging. All the findings were normal and once again, the mystery remains unsolved.

Eventually, the bloody tearing in all the patients resolved without further sequela. Also, no recurrence has been reported in the 9 months to 11 years of follow-up.

Another case of this sort happened in Medi-

cal College Hospital, Rohtak, India. A 15-year-old girl was admitted to the hospital in 1984 with the same medical condition. Her condition cropped up when she was under examination stress. Her parents were stunned when they saw bloody tear streaks over her cheeks while she was focusing on her studying. Headache and giddiness accompanied the bloody tears but her vision was unaffected.

She was admitted to the hospital after her third attack about 2 days later. By year 1987, she had had 11 such episodes and no relationship with menstruation could be established. There was also negligible family history of bleeding disorders. The blood was confirmed to be of the same blood group as the patient's and her vision, along with a range of other tests, showed normal results.

### **The Conclusion**

I'm sure Dr. Gregory House would have loved to get his hands on this case. There's still plenty that doctors and researchers do not know in regards to this rare medical condition. Hence, in managing patients like Calvino, it is of vital importance to take a complete history and conduct a thorough examination to establish the possible (or lack of) underlying cause of haemolacria so that proper treatment can be provided.

However, in the case of Calvino Inman, close observation and reassurance may be the only form of care that can be offered. ■



## POETRY

Afternoon grey and smoky, evening yellow and rose;  
 Should die, and leave me sitting  
 Pen in hand, with smoke  
 Coming down from above the housetops  
 Doubtful, for a while,  
 Not knowing what to feel or do  
 or if I understand  
 This music with a dying fall -  
 and now that we talk of dying  
 Should I still have the right to smile?

Submitted by *Sorbet Pastels*

## TOP 10 QUOTES

- 10 "In nothing do men more nearly approach the gods than in giving health to men." ~Cicero
- 9 "The greatest mistake in the treatment of diseases is that there are physicians for the body and physicians for the soul, although the two cannot be separated." ~Plato
- 8 "Body and soul cannot be separated for purposes of treatment, for they are one and indivisible. Sick minds must be healed as well as sick bodies." ~C. Jeff Miller
- 7 "To array a man's will against his sickness is the supreme art of medicine." ~Henry Ward Beecher
- 6 "I got the bill for my surgery. Now I know what those doctors were wearing masks for." ~James H. Boren
- 5 "I wonder why ye can always read a doctor's bill an' ye never can read his prescription." ~Finley Peter Dunne
- 4 "The art of medicine consists in amusing the patient while nature cures the disease." ~Voltaire

### Third Place

The only equipment lacking in the modern hospital? Somebody to meet you at the entrance with a handshake!

~Martin H. Fischer

### Second Place

"Did God who gave us flowers and trees, also provide the allergies?"

~E.Y. Harburg, "A Nose Is a Nose Is a Nose," 1965

### Quote of this Issue

"It is a mathematical fact that fifty percent of all doctors graduate in the bottom half of their class."

~Author Unknown



FACTS

RULER OF ACCURACY

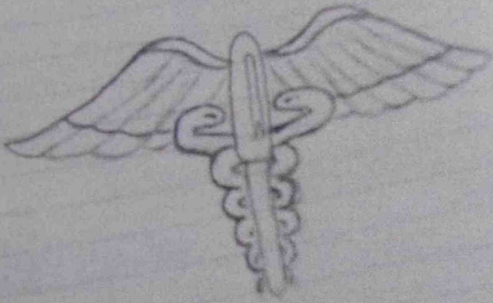
OFFICIAL TIE

WRITING TOOL

UNSTAINED ATTITUDE OF JOURNALISM

SUNDAY  
January  
17

- email
- Name ENGR / CHZO
- No.
- Color theme (caduce tie)



CADUCEUS

**Ingredients of CADUCEUS 2010**  
ON DISPLAY: Original draft of new logo



CADUCEUS