



《中大通訊》於暑期停刊，下期（四六一期）將於8月19日出版。

The CUHK Newsletter will take a summer break and resume publication on 19 August.



中大的糖尿病研究由來已久。適逢香港糖尿病及肥胖症研究所成立十周年，我們特回顧一下該所的工作，並與其所長陳重娥細談，探討一下這位時刻以病人福祉為念的醫生/ 研究員/ 教授的全人治療理念。

有些病人理性上知道病的風險，但禍未臨頭，總是吊兒郎當，只有感受到醫生護士真的着緊，才乖乖吃藥，控制飲食。醫者與病人的溝通能促進治療，在現代人急促的生活節奏下，這尤其難能可貴。

科技進步，溝通看似愈加便捷，一個文字短訊，再不，發幾個圖像符號，就算大功告成。然而，這當真能代替面對面的交流嗎？

暑假將臨，趁着閒暇，別再依靠電子屏幕的片言隻語了，擡起頭，邁開腳步，親身出現在你關愛的人面前，說出你要表達的心意吧。



The Chinese University's diabetes research has a long history. On the 10th anniversary of the Hong Kong Institute of Diabetes and Obesity, we review the institute's work and chat with its director Prof. Juliana Chan to learn more about the whole-person approach to treatment of this doctor, researcher and professor who makes patients' well-being her first priority.

Some patients are well aware of the risks of their illnesses, but choose to turn a blind eye as long as they still feel 'fine'. It's only at the urging of the doctors or nurses that they may change their lifestyles and take their medications on time. Good communication between patients and medical practitioners can enhance the quality of treatment. This is valuable given the hurried tempo of contemporary societies.

Technological advancement seems to have made communication more efficient, to the extent that words are deemed too tedious and replaced by symbols and visuals. But can these short-cuts really replace face-to-face interaction?

The summer holidays are upon us. Why not take a break from the digital screen, take a walk under the sun, and express your feelings to your loved ones in person?



## 陳重娥：醫人比醫病重要 (頁8)

### Juliana Chan: It is more important to treat the people than their symptoms (p. 8)

Photo by ISO staff



## 離情依依 留影寄語 Parting Shot, Parting Words

體育部主任盧遠昌先生（黃衣者）在1980年入職中大，他回憶當年電氣化火車只通到沙田，而馬鞍山公路亦只能通到沙田第一城。退休在即的他寄語學生：「體育教學是以老師的熱誠投入，以身作則來感染學生，並透過積極地參與運動，培養學生的奮鬥心和拼搏精神，藉此推動他們在人生的道路上不斷進步。」

Mr. Lo Yuen-cheong (in yellow), director of the Physical Education Unit, joined CUHK in 1980. He recalls that that year electrified railway ran to Shatin only. And Ma On Shan Road stopped at City One Shatin. Mr. Lo, who is approaching retirement, offers a piece of advice to his students: 'Physical education hinges on teachers' enthusiasm and dedication. Teachers have to set an example to students by actively doing sports, motivating them to press forward in the journey of life against all odds.'

## 目錄 Contents

與糖尿病人同行十載——  
香港糖尿病及肥胖症研究所  
Walking with Diabetic Patients  
for a Decade—Hong Kong  
Institute of Diabetes and Obesity **2**

校園消息 Campus News **4**

字裏科技 Tech Talks **6**

到任同仁 Newly Onboard **6**

宣布事項 Announcements **7**

舌尖上的中大 CUHK f+b **7**

口談實錄 Viva Voce **8**

# 與糖尿病人同行十載—— 香港糖尿病及肥胖症研究所

## Walking with Diabetic Patients for a Decade— Hong Kong Institute of Diabetes and Obesity

**糖**尿病全名為diabetes mellitus，diabetes源自希臘文，意指導管；mellitus是拉丁文，形容蜜糖似的，指病人尿液中的甜味，很多人以為那只不過是身體攝取過多糖份而出現的現象。此病沒有急劇的病徵可尋，不會像心臟病般引起絞痛，也不像癌症般兇猛擴散，所以往往叫人掉以輕心。然而這個長期病患卻可導致各種重創甚至致命的併發症，如失明、足部潰瘍、腎衰竭和心臟病，嚴重威脅全民健康。

### 從研究室到研究所

糖尿病研究在中大可追溯至1985年，郭克倫教授加入醫學院，成立內分泌研究室，初期只有三四位醫生和護士。陳重娥教授在1989年加入，她憶述：「我們發現本港病人的特質跟西方有異，許多年紀和體重較輕的都有糖尿、蛋白尿、腎病等問題。當年糖尿病研究在亞洲並不普遍，但我們已進行相關的大型臨床藥物研究，且早和英、美、日本的知名大學，還有美國國立衛生研究院等合作。」

當時中國的糖尿病研究和護理剛剛起步，國內醫生不時來參考威爾斯親王醫院的治療模式，研究室開始舉辦短期課程，工作範圍漸廣涉教育、研究、護理。為方便推動跨學院跨院校合作，遂在前副校長楊綱凱教授建議下，在2005年成立香港糖尿病及肥胖症研究所，由陳重娥教授出任所長至今。

### 深造課程 促進專業

研究所現在是本港主力的糖尿病治理專業課程開辦機構，馬青雲教授說：「我們的內分泌及糖尿病治理碩士課程（MEDM）和最受家庭醫生歡迎的糖尿病治理及教育專業文憑課程（DDME），以及肥胖症體重管理證書課程等，都得到香港醫務委員會認可，連同常見內分泌及代謝疾病專業文憑課程（GDEM），多年來已惠及六百多位醫護人員。」

研究所致力建立國際合作網絡，每年協辦「糖尿病及心血管疾病危險因素—東西方共同關注」研討會，出席的各國和本港專家超過七百人。第十七屆會議將於本年10月舉行。

### 「領先」全球 不容樂觀

綜觀全球，過去數十年，亞洲區糖尿病患者增長得最快。以中國為例，患病率在八十年代少於人口的1%，2012年的大型普查發現已超過10%，差不多一億一千萬成年人。研究所與上海交通大學及中山大學進行聯合研究，預計到2030年，中國的糖尿病醫療開支將高達每年三千六百億人民幣。香港的情況也令人擔憂，國際糖尿病聯合會2014年數字顯示本港糖尿病患者接近五十七萬，患病率是9.9%，高於全球平均。未診斷的糖尿病患者估計有三十多萬。

### 扭轉誤解 提高警覺

人們普遍把年長、肥胖、嗜甜和和糖尿病畫上等號，事實不然。研究所於1995年至2009年間的一項研究，分析一萬多糖尿病個案，發現兩成屬於早發性糖尿病，平均發病年齡僅三十歲，當中三成患者體重正常，清晰顯示年輕及體重正常人士亦有患上糖尿病的風險。陳重娥教授另一項在超過十個亞洲國家進行的網上普查，顯示在三萬多人中，超過五分之一在四十歲之前發病，意味着很多在生育年齡的女士、工作能力最旺盛的人士，都受此病影響。

馬青雲教授說：「攝取甜食以外的高熱量食物，令體重增加，一樣會形成糖尿病風險。增加風險的還有其他不容忽略的因素，如抽煙、高血壓、高膽固醇。遺傳也佔重要角色，直系家屬，尤其是母系家族有糖尿病史的，包括妊娠糖尿，患病風險增加四五倍。」



中大糖尿病研究團隊  
前排：陳重娥教授（中），馬青雲教授（左）  
CUHK diabetes research team  
Front row: Prof. Juliana Chan (centre),  
Prof. Ronald Ma (left)

陳教授說：「一百個糖尿病人或高風險人士的情況可能都不一樣。發病的方程式包括基因、遺傳傾向和其他因素，非常複雜。」關鍵是提升市民認知和警覺性。研究所的口號「預防——控制——治療」正是此意，落實到行動，是主動識別高風險人士，及早防治，建立並維持社區糖尿病登記冊，給患者賦能，為他們提供支援。

### 走出學府 深入社區

2007年，研究所成立丘中傑糖尿病檢測中心，即秉承這個理念發展。有幸得到丘耀西教育及慈善紀念基金慷慨捐贈，中心能以較相宜的價格提供全面的「糖尿病併發症檢測及風險評估服務」，鑑定受檢者的風險組別，由內分泌專科醫生給與評估報告，糖尿專科護士解釋檢測結果，以便選擇適切的治療方案。此類檢測需求甚高，中心的工作可以支援主流醫療體系和社區醫生。

中心推動社區教育不遺餘力，2011年推出香港糖尿病普檢計劃，跟獅子會等機構合作，定期到各區舉辦醫療講座，免費為市民進行基本檢測、風險評估和問卷調查，藉此偵測高風險人士，以便及早介入跟進。

### 正視病患 與之共舞

陳重娥教授強調，糖尿病的併發症其實都可以預防，只要病人正視病患，嚴格自律，定期吃藥、覆診、驗血，控制好血糖、膽固醇、血壓，就可避免日後洗腎、截肢的痛苦。但正如馬教授說，「改變生活模式是最難的部分。要求病人做運動，注意飲食，他們多會說身兼數職，已食無定時，沒有時間休息。」

長期病患者面對漫長的治療過程，容易孤單沮喪，專業團隊與同路人的支援不可或缺。檢測中心設立會員計劃，讓病人定期接收糖尿病資訊，並組織康樂活動，增進病友交流。又透過護士和義工協調，組成病友小組，互助互勉。陳教授說：「不少人在治病的過程中有所改變，樂於與人分享心得。我們請社會學家、心理學家、行為學家、醫生，開設三四小時的



早期的研究團隊  
Early team members

工作坊，教他們聆聽和激勵別人的技巧。久病成醫，他們可以補充醫生沒空閒做的，完善全人照顧。」

### 取諸病人 用諸病人

把基礎科學和臨床研究轉譯為全人治理方案是研究所的重點使命。馬青雲教授年前獲得教資會第三輪主題研究計劃資助六千萬元，進行糖尿病心血管及腎臟併發症的跨組學基因研究。

「十多年來，跟進了約一萬個2型糖尿病患者，由發病到併發症到身亡，平均隨訪時間為八年。感謝病人慷慨捐贈DNA，我們搜集了大量數據，收在『香港糖尿病登記』中。我們希望透過分析這些數據，找出能預測中國人糖尿病和相關併發症的基因指標和生化指標，有助及早辨識高風險病人。」這也將是研發新藥物的重要基礎。長遠而言，中心更希望可以推出一般評估以外的基因評估。

糖尿病不能根治，不能動手術割除。幫助病人控制病情，活得健康，活得精彩，是香港糖尿病及肥胖症研究所多年努力的目標。研究所的科研、評估、教育、護理，都從病人角度出發，深得國際糖尿病聯合會讚賞，現在已成為該會認可的教育中心。

The term diabetes is the shortened version of *diabetes mellitus*. It is derived from the Greek word *diabetes* meaning siphon—to pass through, and the Latin word *mellitus* meaning honeyed—the excess sugar found in urine. It is often thought of as a condition in which the body has taken in too much sugar. People with diabetes may display no acute symptoms. It causes no pain unlike a heart attack. Neither does it spread with the ferocity of cancer. It can be easy to ignore, but the chronic illness can damage health severely and even lead to fatal complications. Diabetes is a major health problem worldwide.

### From Unit to Institute

The research of diabetes in CUHK dates back to 1985 when Prof. **Clive Cockram** joined the Faculty of Medicine and founded the Metabolic Investigation Unit. At first it consisted of three, four physicians and nurses. Prof. **Juliana Chan** became one of them in 1989. 'We discovered that people in Hong Kong have diabetes, albuminuria, and kidney disease even at a younger age and with a relatively normal body weight compared to patients of European descent. Back then, research in diabetes was extremely rare in Asia, except that we had been conducting large-scale clinical trial on new drugs, and collaborating with universities in the UK, the US, Japan, and the National Institutes of Health.'

It was a time when diabetic research and care in China had just taken its baby steps. Sometimes doctors from the mainland came to the Prince of Wales Hospital to study its therapeutic model. The unit began to run short courses, and its scope of work expanded to education, research, and nursing care. To further facilitate collaboration across faculties and universities, the Hong Kong Institute of Diabetes and Obesity (HKIDO) was established in 2005 under the suggestion of Prof. **Kenneth Young**, then Pro-Vice-Chancellor, with Professor Chan as its founding director.

### Quotable Qualifications

The HKIDO is a major education centre in Hong Kong that offers academic programmes in diabetes. 'Like the Master of Science Programme in Endocrinology, Diabetes and Metabolism, the Professional Diploma Programme in Diabetes Management and Education that is well-received by family doctors, and the Certificate Course in Obesity and Weight Management, they are quotable qualifications of the Medical Council of Hong Kong. Together with the Professional Diploma Programme in General Endocrinology and Metabolism, these courses have benefitted more than 600 health care professionals over the years,' said Prof. **Ronald Ma**.

#### 國際糖尿病聯合會2014年統計

Data from the International Diabetes Federation, 2014

- 全球 (20至79歲) 糖尿病患者數目: 3億8,700萬, 患病率: 8.3%  
387 million people in the world (age 20 to 79) living with diabetes; prevalence 8.3%
- 當中1億7,900萬人 (46.3%) 不知道自己患病  
179 million people (46.3%) with diabetes are undiagnosed
- 死亡數目: 490萬人, 每7秒鐘一人  
4.9 million deaths; every 7 seconds a person dies from diabetes
- 醫療費用達6,120億美元, 即全球醫療總費用的11%  
USD 612 billion dollars in health expenditure—11% of total spending
- 預測2035年患者數目: 5億9,200萬  
Expected number of people with diabetes by 2035: 592 million
- 2013年1型糖尿病病童數目: 逾7萬9,000人  
Number of children who developed type 1 diabetes in 2013: over 79,000

The institute is dedicated to building up its worldwide network. Every year, the Diabetes and Cardiovascular Risk Factors—East Meets West Symposium is held with an attendance of over 700 local and international experts. The 17th edition of the event is coming this October.

### Undesirable 'Growth'

Globally, Asia has witnessed the fastest growth in the number of diabetic patients in the past few decades. For example, in the 1980s, under 1% of Chinese adults had diabetes, but it increased to over 10% (circa 110 million adults) in 2012. A research jointly conducted by the HKIDO, Shanghai Jiao Tong University and Sun Yat-sen University, predicted that by 2030, the annual projected cost of diabetes care in China will amount to 360 billion RMB. In Hong Kong, the landscape is no less worrying. According to data from the International Diabetes Federation in 2014, there were about 570,000 cases of diabetes in Hong Kong with a prevalence rate of 9.9%, higher than the world average. Undiagnosed cases are estimated to be over 300,000.

### Debunking Myths

Diabetes is usually associated with senility, obesity, and having a sweet tooth, but that is not exactly true. Between 1995 and 2009, the HKIDO analysed cases of 10,000 diabetes patients. Results show that 20% of diabetes cases are young-onset at an average age of 30. Among them, 30% have normal body weight, indicating that young individuals with normal body weight are also at risk of suffering from diabetes. Another online survey conducted by Professor Chan in over 10 Asian countries found that of the 30,000 respondents, over 1/5 have young-onset diabetes at 40, which means many women of child-bearing age and people in the prime of their lives still fall prey to the disease.

Professor Ma said, 'Except for eating sweet food, weight gain caused by high calorie intake also poses risk of developing diabetes. Other risk factors include smoking, high blood pressure, and high cholesterol. Genes play a pivotal role, too. If a close relative, especially on the maternal side, has a history of diabetes or gestational diabetes, the risk increases four- to five-fold.'

'A hundred people with diabetes may be a hundred different cases. DNA, genetic predisposition, and many other factors are all parts of the onset equation. It is very complicated,' said Professor Chan. It is essential to raise public awareness of the disease. The HKIDO's mission—prevent, control, and cure—means actively identifying high-risk subjects for preventive treatment, building and maintaining a registry of diabetic cases in the community, and empowering and supporting patients.

### Community Engagement

In 2007, the HKIDO established the Yao Chung Kit Diabetes Assessment Centre. Thanks to a generous donation from the Yao Yiu Sai Education and Charitable Memorial Fund, the centre provides a comprehensive assessment programme at an affordable price to identify subjects with diabetic complications and those at risk. Comments by an endocrinologist and explanation by a nurse specialized in diabetes are given to the patients to help them make informed choices about their health. The assessment services are in high demand. The centre serves as an important back-up to the mainstream medical system and the community physicians.

In 2011, the centre worked with organizations like the Lions Clubs and other organizations to launch the Outreach Programme to Raise Diabetes Awareness and Healthy Lifestyle, in which they hosted public health talks across districts, offered basic diagnostic services and risk assessments for free, and conducted surveys to identify high-risk groups for preventive care and follow-up.



左起: 郭克倫教授、陳重娥教授及楊綱凱教授  
From left: Prof. Clive Cockram, Prof. Juliana Chan and Prof. Kenneth Young

### Dancing with Diabetes

Professor Chan reiterated that many people with diabetes are able to prevent the onset of complications. As long as they face up to the disease, exercise self-discipline, take their medicine, follow up with their doctors, and manage their blood sugar, cholesterol and blood pressure, the tortures of dialysis and amputation are totally avoidable. As Professor Ma said, 'It is extremely difficult to change lifestyles. When patients are asked to exercise more and watch their diet, they simply say they have been working multiple jobs and that they eat irregular meals and have no time for rest at all.'

People with chronic illness are prone to loneliness and depression. It is important to feel support from peers and a professional team. The centre develops a membership scheme to send patients information about diabetes on a regular basis. It also organizes activities for members to establish bonds with their peers. Nurses and volunteers of the centre line up patients to form peer groups. 'The therapy process helps many to change for the better. They become willing to share their thoughts. Sociologist, psychologists, behaviourists, and doctors are invited to host workshops for three to four hours to teach patients how to listen to and motivate others. They make up for what doctors have no time to do. This improves the quality of holistic health care,' said Professor Chan.

### From Patients, For Patients

It is a core mission of the HKIDO to translate basic sciences and clinical research into the enhancement of human health and holistic capacity. Professor Ma has recently been funded with HK\$60 million by the University Grant Council's third round of Theme-based Research Scheme to pursue an integrated trans-omics approach to diabetic cardiorenal complications.

'In the past dozens of years, more than 10,000 patients with type 2 diabetes have been followed up for a mean duration of eight years, from onset to the progression of complications to the patients' death. Thanks to the DNA they donated, we have collected a huge amount of data in the Hong Kong Diabetes Registry. By analysing the data, we hope to discover the genetic and other biomarkers for diabetic complications for Chinese people. It can help identify at-risk subjects.' It also lays a foundation for developing novel drugs. In the long term, the centre aims to provide genetic testing that exceeds the capability of conventional assessments.

There is no radical cure for diabetes, and no invasive surgery can be applied. Helping patients to control the disease and to get a life is what the HKIDO has been striving for. The institute receives commendation from the International Diabetes Federation for its patient-oriented approach in research, assessment, education and care, and has been one of the officially recognized centres of education. 📷

## 高錕教授學生創意獎

### Professor Charles K. Kao Student Creativity Awards



「高錕教授學生創意獎2015」頒獎典禮於5月18日假祖堯堂舉行，由常務副校長華雲生教授（前排中）擔任頒獎嘉賓。這是兩年一度的科技創意比賽，旨在鼓勵學生跨學科、跨年級合作，發揮才能，成就卓越的科研成果。

副校長張妙清教授（前排右四）在致開幕辭時說：「得獎作品除了具有學術價值之外，還極具實用潛力或商業價值。」高錕教授學生創意獎2015的主席評判梁廣錫教授（前排左四）則說：「政府和大學都積極支持年輕人創業，鼓勵得獎學生把握機會嘗試。」

The prize presentation ceremony of the 'Professor Charles K. Kao Student Creativity Awards 2015' (PCKKSCA) was held on 18 May at Cho Yiu Conference Hall. The awards were presented by Prof. Benjamin W. Wah (centre, front row), Provost. The PCKKSCA is a biennial competition of technological innovation, with the aims of encouraging cross-disciplinary collaboration among undergraduate and postgraduate students, and unleashing their talents to achieve better R&D results.

In her opening speech, Prof. Fanny M.C. Cheung (4th right, front row), Pro-Vice-Chancellor, said, 'The awarded projects not only have academic value, but also have potential of application and commercial value.' Prof. Leung Kwong-sak (4th left, front row), chairman of the judging panel of PCKKSCA 2015, encouraged the awardees to grasp this opportunity to try their hand at entrepreneurship as the government and the University are actively supporting young entrepreneurs.

## 中大首個青年研究學術會議

### The First Conference on Youth Studies at CUHK



政治與行政學系及香港亞太研究所合辦中大首個關於青年研究的國際學術會議，於5月30日順利舉行。副校長張妙清教授及社會科學院院長趙志裕教授出席開幕禮，並致辭歡迎逾百位與會者。

全日會議共分三個主題環節，分別為「青年作為政策轉變的推動力」、「青年與媒體」、「青年與公民身份」。大會邀得Howard Williamson教授、David Buckingham教授、Tom ter Bogt博士教授及Maurice Devlin教授這四位在青年研究和公共政策上卓有成就的海外學者發表學術報告，並與來自中大及本地各大專院校的學者及參加者交流。

是次會議是大型的跨學科協作平台，匯聚社會科學院的政治與行政學系、新聞與傳播學院、社會學系及社會工作學系，從不同角度切入青年研究議題。其成功亦有賴公共政策碩士課程、公共政策研究中心和青年研究計劃幾個協辦單位通力合作。

Jointly organized by the Department of Government and Public Administration and the Hong Kong Institute of Asia-Pacific Studies, the first international conference on youth studies in the history of CUHK took place on 30 May. Prof. Fanny M.C. Cheung, Pro-Vice-Chancellor, and Prof. Chiu Chi-yue, Dean of Social Science, welcomed over 100 participants in the opening ceremony.

The conference consisted of three panels: 'Youth as Agency in Public Policy Change', 'Youth and Media', and 'Youth and Citizenship'. Four distinguished overseas scholars with outstanding achievements in the field of youth studies and public policy were invited to present academic papers and interact with scholars and participants from CUHK and other local tertiary institutions. They were Prof. Howard Williamson, Prof. David Buckingham, Prof. Dr. Tom ter Bogt and Prof. Maurice Devlin.

The conference served as a large-scale multidisciplinary collaborative platform for four departments and school in the Faculty of Social Science, namely, the Department of Government and Public Administration, the School of Journalism and Communication, the Department of Sociology and the Department of Social Work to investigate the youth issue from different perspectives. The Master of Social Science Programme in Public Policy, the Public Policy Research Centre and the Youth Studies Programme were co-organizing partners of the event. The success of the event would not have been possible without their efforts.

## 商學院校友舉辦電影欣賞活動

### Business School Alumni Watch Movie with Primary School Kids



商學院校友及企業事務辦公室於5月16日組織了該院校友與來自低收入家庭的小學生，一起到戲院欣賞電影《五個小孩的校長》。

活動由商學院校友擔任義工，一人贊助一位小學生，並陪伴他們到戲院看電影，活動當天戲院內坐滿五十位校友及五十位來自秀茂坪天主教小學的學生，大部份是「芥菜籽計劃」的小三學生；該計劃由鄭格如基金贊助、香港小童群益會籌辦。

電影完場後，商學院院長陳家樂教授與香港小童群益會的服務總監（機構發展）陳永健先生還主持了簡短的分享會。

On 16 May, the Alumni and Corporate Affairs Office of the CUHK Business School organized an appreciation event for the movie *Little Big Master* at a cinema.

In the event, a total of 50 Business School alumni and 50 primary school students from low income families packed the cinema hall. The alumni served as volunteers and each of them sponsored and accompanied one schoolchild to watch the film. The children were all students of Sau Mau Ping Catholic Primary School. Most were primary 3 students from the 'Mustard Seeds Project', a charity project administered by the Boys' & Girls' Clubs Association of Hong Kong, with support from the Zheng Ge Ru Foundation.

After the movie, Prof. Kalok Chan, Dean of the Business School, conducted a sharing session with Mr. Chan Wing-kin, supervisor (corporate development) of the association.

## 兩畢業生獲法國獎學金 Two Graduates Receive French Scholarships



法國駐港澳總領事館頒發獎學金予五名優秀學生往法國深造，當中兩名來自中大。

剛完成全日制環境科學理學士課程的陳雅君（左）獲頒 Alexandre Yersin 獎學金，於2015至16年度於里爾天主教大學修讀可持續污染管理理學碩士課程。

Alexandre Yersin 獎學金提供每月六百六十歐元作生活津貼，並安排得獎同學在前往法國前，於法國文化協會修讀法語。

何敏凝（右）是兼讀制新聞學文學碩士畢業生。她獲取 Studialis Group Graduate Program 獎學金合共五千歐元，將前往巴黎高等藝術研究學院進修文化企業及旅遊的相關課程。

The Consulate General of France in Hong Kong and Macau offers scholarships to five outstanding candidates for pursuing postgraduate studies in France. Two of the awardees are from CUHK.

Miss Chan Nga-kwan Katie (*left*), a full-time undergraduate who has just completed BSc in Environmental Science, has received the Alexandre Yersin Scholarship to study MSc in Sustainable Management of Pollution at Université Catholique de Lille, commencing in the academic year 2015–16. The scholarship includes an allowance of €660 per month and intensive French class at Alliance Française before departure.

Miss Ho Man-ying Christy (*right*), a graduate of the part-time MA Programme in Journalism, has won the Studialis Group Graduate Programme Scholarship of €5,000 to study the Graduate Programme in Cultural Entrepreneurship and Tourism at Institut d'Études Supérieures des Arts.

## 南海英語教學交流和體驗 A Teaching Practice Tour to Nanhai



十六位中大教育學院文學士（英國語文）及教育學士（英國語文教育）同期結業雙學位課程學生和老師，於5月11日至15日到佛山南海參加為期五天的英語教學交流和體驗活動。是次活動獲中大教育學院和佛山市西樵鎮教育局支持，旨在令學生了解國家英語課程內容和評估方法，並體驗內地英語教學。

共有六所南海中、小學校參與是次活動。教育學院學生兩人一組到其中一所中學和小學觀摩教學，並實習英語教學。他們生動的教學方式和豐富的教學內容，讓學生樂在其中，也給當地老師下深刻印象。

除了教學體驗，教育學院課程與教學學系秦家慧教授和白蕊博士更為南海區的中、小學老師舉辦了教師專業工作坊。

With support from the Faculty of Education, CUHK and the Foshan Xiqiao Education Bureau, a group of 16 students of the Bachelor of Arts (English Studies) and Bachelor of Education (English Language Education) Co-terminal Double Degree Programme (ELED) and faculty staff members participated in a teaching practice tour to Nanhai, Foshan from 11 to 15 May. The tour provided students with excellent opportunities to gain a better understanding of the curriculum and assessment methods of English teaching in mainland China, and to obtain first-hand teaching experience in that context.

Six primary and middle schools in Nanhai joined the educational exchange activities. The participating students were sent to teach a real class in pairs in a primary and a secondary school. The lessons were full of fun and the teachers were impressed by the teaching performance of our ELED students.

Prof. Cecilia Chun and Dr. Barry Bai of the Department of Curriculum and Instruction, the Faculty of Education, conducted a professional workshop for the serving English primary and secondary teachers in the Nanhai district.

## 翻譯科技新視野國際研討會 Conference on New Horizons in Translation Technology

翻譯系電腦輔助翻譯文學碩士課程於4月24日舉辦「翻譯科技新視野」國際研討會。文學院院長梁元生教授和電腦輔助翻譯文學碩士課程主任陳善偉教授在開幕典禮中致辭。

會議主講嘉賓包括加拿大渥太華大學 Lynne Bowker 教授，法國貝桑松大學 Sylviane Cardey 教授，英國倫敦大學學院 Rocío Baños Piñero 博士，廈門大學吳建平教授，上海理工大學姜誠教授及陳善偉教授。

The Master of Arts Programme in Computer-aided Translation (MACAT) of the Department of Translation held an international conference on 'New Horizons in Translation Technology' on 24 April. Prof. Leung Yuen-sang, Dean of the Faculty of Arts, and Prof. Chan Sin-wai, director of the MACAT Programme, gave speeches at the opening ceremony.

Keynote speakers of the conference included Prof. Lynne Bowker of the University of Ottawa in Canada, Prof. Sylviane Cardey of the Université de Franche-Comté in France, Dr. Rocío Baños Piñero of University College London, Prof. Wu Jianping of Xiamen University, Prof. Jiang Cheng of the University of Shanghai for Science and Technology, and Prof. Chan Sin-wai.





「天灸療法」保健運動  
Natural Moxibustion Health Campaign

中醫學院將於7、8月份推行冬病夏治「天灸療法」保健運動，為大家提供敷貼治療。詳情如下：

To promote health of the public, the School of Chinese Medicine (SCM) is going to launch the Natural Moxibustion Health Campaign this summer. Details are as follows:

日期 Date	初伏 7月13日 1st Treatment: 13 July 中伏 7月23日 2nd Treatment: 23 July 末伏 8月12日 3rd Treatment: 12 August	
時間 Time	9:30 am – 4:30 pm	
地點 Venue	崇基學院信和樓一樓中醫學院中醫教學診所 School of Chinese Medicine Teaching Clinic, 1/F, Sino Building, Chung Chi College	
費用 Fee (港幣 HK\$)	400	中大職員、學生、校友、退休職員、職員或校友之直系親屬 CUHK staff, students, alumni, retired staff, staff or alumni's direct family members
	600	校外人士 Non-CUHK affiliated
	200	中醫學院全日制學生 SCM full time students
	包括三次療程，須於初伏當天全數以現金、易辦事或信用卡繳付 For three treatments: full payment by cash, EPS or credit card is required at the first treatment	
名額 Quota	先到先得，額滿即止 First-come, first-served basis	
報名日期 Registration date	6月1日至7月6日 1 June to 6 July	
查詢 Enquiries	3943 9454 / 3943 4024 / scmclinic@cuhk.edu.hk	
網址 Website	<a href="https://clinic.scm.cuhk.edu.hk/clinic/NM_index.aspx">https://clinic.scm.cuhk.edu.hk/clinic/NM_index.aspx</a>	

大學游泳池延長開放時間  
Extension of Opening Hours of University Swimming Pool

大學游泳池由6月8日起延長開放時間如下：

With effect from 8 June, the daily opening hours of the University swimming pool has been extended as follows:

	星期一至四、六、日及公眾假期 Monday–Thursday, Saturday, Sunday, and Public Holidays	星期五 Friday
第一節 1st session	8:00 am – 1:40 pm	8:00 am – 12:00 pm
第二節 2nd session	2:30 pm – 9:00 pm	

訃告  
Obituaries

本校兩位職員近日離世，大學深表哀悼。

- 梁榮昌先生於2015年5月20日逝世。梁先生於1994年6月22日加入中大，任職保安處保安隊長。
- 工商管理學院卓敏管理學教授梁覺於2015年5月25日辭世。梁教授於1985年加入心理學系擔任講師，其後晉升高級講師及教授，1995至1999年為系主任。2000至2010年擔任香港亞太研究所名譽高級研究員，2014年起任管理學系教授。

The University is saddened by the loss of two colleagues.

- Mr. Leung Wing-cheong, who passed away on 20 May 2015, joined the University on 22 June 1994 and had served as security supervisor in the Security Office.
- Prof. Leung Kwok, Choh-Ming Li Professor of Management at the Faculty of Business Administration, passed away on 25 May 2015. Professor Leung joined the University in 1985 as lecturer at the Department of Psychology and was promoted to senior lecturer and reader. He served as chairman of the department from 1995 to 1999. He served the Hong Kong Institute of Asia-Pacific Studies as senior research fellow from 2000 to 2010, and joined the Department of Management as professor in 2014.

舌尖上的中大 CUHK f+b

鄉愁的解藥

A Cure for Nostalgia

中大師生來自五湖四海，當中不少嗜辣之士。龐萬倫學生中心膳堂特聘四川籍廚師，精心製作十多款「雲貴川」風味菜式，例如水煮牛肉、擔擔麵等，深得中大人喜愛。但數最受歡迎的，相信是「老乾媽辣子雞」了。

餐廳廚師盛師傅介紹做法說，首先燒熱油鑊，將雞件過油備用；爆香薑蒜，當然少不了紅椒、青椒、花椒、八角等香料；接着倒入雞件，加上來自貴州、遠近馳名的「老乾媽」油製脆辣椒醬和風味豆豉快炒即成。菜式紅黃綠相映，香氣四溢更是引人胃口大開。套餐配有白飯，建議以辣子雞汁拌飯，香辣可口，毫不浪費。

辣子雞每日賣出超過兩百份，除了是美味之故，還有那份濃郁的家鄉味道。據說有些來自內地的同學，在點餐時更要求「加辣」。為解同學們腸胃的思鄉之苦，餐廳都會樂意配合。

The Chinese University has staff and students from all over the world, and many are fond of spicy foods. The Pommerenke Student Centre Canteen hired a chef from Sichuan to make over a dozen Yunnan-, Guizhou-, and Sichuan-style dishes, such as 'water-boiled beef' and Dan Dan noodles, which are highly appreciated. Among them, Lao Gan Ma spicy chicken is probably the most popular.

To prepare the dish, the canteen chef Mr. Shing would first heat oil in a wok and fry the chicken until golden brown on the outside, then set it aside. Sauté ginger and garlic, with red pepper, green pepper, Sichuan pepper, star anise, and other spices. Add the fried chicken with the famous 'Lao Gan Ma' chili sauce and fermented black beans then give it a quick stir. The dish is rich in colour with a tantalizing aroma of spices. It is recommended to have rice with the sauce so you can thoroughly enjoy the taste without wasting anything.

Over 200 sets of Lao Gan Ma spicy chicken are sold every day. Besides its deliciousness, the hometown taste of Sichuan attracts fans from the region. It is said that some students from mainland China request 'extra spice' while ordering the dish. The canteen is more than happy to help alleviate their homesickness.



Photo by ISO staff

## 陳重娥教授

香港糖尿病及肥胖症研究所所長

**Prof. Chan Chung-ngor Juliana**

Director, Hong Kong Institute of Diabetes and Obesity

1984年你在英國醫科畢業，那正是香港前途未卜之時，為何還決定回港執業？

那時我在英國居住十年多了，然而，香港始終是我的家，剛好威爾斯親王醫院成立不久，我覺得是個機會，所以毅然決定回港從頭做起，希望能夠在事業發展上得到更大的滿足感。

最初在精神科病房工作的經驗如何？何時決定專研糖尿病治療？

當時政府醫院的內科職位非常熱門，我被要求先在般含道的神經科工作十五個月，這段時間，我了解自童年開始，成長過程、教育等怎樣影響一個人的心理、健康、家庭和事業。每人背後都有一個故事，精神科重視聆聽，碰巧我也喜歡聆聽。我在精神科做得不錯的，主管也說我會很快升職。後來我轉職威爾斯醫院，遇到啟蒙老師郭克倫教授，他很儒雅，醫術精良，對病人很細心，我深受影響。他邀請我加入內分泌科，我很快便答應了。深入認識糖尿病後，我了解到這病的心理、認知和行為，就像瓜與籐般夾纏不清。

治病便是「對症下藥」。這個觀念有修正的需要嗎？

「對症下藥」是治病的一個環節，像糖尿病這種長期病患，醫人比醫病重要。病人的認知、情緒和行為，也是很重要的環節。心病還需心藥醫，醫療團隊需要在背後支援，用各種不同的方法給病人賦能，讓他可照顧自己，健康起來。

這樣，醫者的角色是否也需重新界定？

醫生還身兼科研、管理、教育的多角色。他是科技與病人之間的橋樑，尤其長期病者在不同的地點、時刻，有不一樣的需要，唯有經過醫生的直接了解，才可適時選擇最好的科技來防治。我們得通過長期研究，了解病的成因和後果，把問題呈示給合作夥伴，研發新的治療方案。醫生應深入淺出教導病人或高危人士怎樣自我管理，掌握自己的健康，並教育下一代的醫護人員繼續改進。

談談你教學、行醫和研究的風格吧。

我非常直言，常常強調醫科生和教授都是因為有病人而存在的，學習不是單為了醫科畢業，而是為了將來要做醫生。所有的教學、培訓和考試，都是在這個基石上發展的。我的要求很高，希望學生畢業時有價值觀、技術和醫德，知道自己有重要的社會責任。

行醫二十多年了，見過不同的病人，年輕的，中年的，早期的，也有已經出現很多併發症的。他們會讓我了解家裏的情況，了解他們的情緒。我會鼓勵他們正面面對糖尿病，照顧自己，認識自主的重要性。相信他們也感覺到我的真誠，覺得我真的聽到他們說話。

糖尿病防治的涵蓋很濶，包括流行病學、基因學、藥物科研、管理學，甚至效益計算等，是跨學界跨業界的理念。我要決定策略，訓練同事，激勵大家互相了解，分享理念……也許有人會覺得我不夠專注，其實不然，我是非常專注於病人的多樣需要，才採用跨界的模式去達到這目的。

閒下來的時候，會做些甚麼？

每一日我盡量給自己十來分鐘，獨自在房間裏靜下來，反思一下當天做了些甚麼，哪些不應再做，哪些應繼續做，哪些該開始做。我很喜歡看社會學、心理學和管理學的書，很想了解為甚麼社會是這樣的，人與人之間的互動是這樣的，希望這些知識有助教研和行醫。我也喜歡到有歷史感的地方旅遊，人在宇宙只是瞬間的一點一滴，多知道過去，便會明白為何此刻身在此處，或者還會知道將來會是怎樣。那麼，在這短短的數十年裏可以真正做到多少把這個世界改變得好一點兒呢？



Photo by ISO staff

**You completed your medical studies in the UK in 1984. It was a time when the future of Hong Kong was hanging in the balance. Why did you choose to come back?**

I had been living in the UK for more than 10 years. But Hong Kong is always my home. Back then the Prince of Wales Hospital (PWH) had just opened. I saw it as an opportunity, so I decided to return and start from scratch and seek greater professional fulfilment.

**How was your experience when you first worked in the psychiatric wards? How did you get into the specialty of diabetes?**

At that time, internist posts in public hospitals were heavily sought after. I had been out-posted to work at the Hong Kong Psychiatric Centre on Bonham Road for 15 months. During the period, I got to see how childhood, upbringing, and education impact a person's mind, body, family, and career. Every patient has a story to tell. Listening plays a vital role in psychiatry, and I happen to like listening. I was doing fine, and my supervisor said I would get promoted in no time. Later I was transferred to the PWH where I met my mentor Prof. Clive Cockram, a gentleman and a fine clinician. He treats his patients with genuine care, which has influenced me deeply. He invited me to join the endocrinology division, which I accepted without hesitation. The deeper I look into diabetes, the more I learn about its psychological, cognitive and behavioural aspects. They are closely interlinked.

**Curing is usually thought of as prescribing the right medicine. Do we need to redefine the concept?**

Treating the disease through medication is just part of the curing process. When it comes to chronic illness like diabetes, it is more important to treat the people than their symptoms, because cognition, emotion, and behaviour are also critical parts that need to be addressed. Health care professionals stand behind patients to empower them in all sorts of ways so they can take care of themselves and change for the better.

**In this case, is there a need to redefine a doctor's role, too?**

Doctors assume additional roles in research, administration, and education. They act as bridges between technology and patients. The chronically ill in particular have different needs at different times and places. Doctors have first-hand knowledge of what kind of technology is best for their patients. We have to rely on long-term research to figure out the causes and consequences of the disease, and pass the findings onto collaborators to work towards

new solutions. Doctors should be able to educate patients in simple language how to manage themselves and take control of their health, and to teach the new generation of health care providers to keep improving.

**Tell us about your style in teaching, doctoring, and researching.**

I have no qualms saying that medical students and professors owe their existence to patients, that studying is more than the means to obtain a medical degree, but to become a doctor. That is the cornerstone of any teaching, training, and examining. I am a very demanding teacher, because I want my students to graduate with values, skills, and medical ethics. They must realize the weighty social responsibility that lies on their shoulders.

During the 20-plus years of my medical career, I've seen a vast variety of patients, some young, some middle-aged, some early-stage, some with multiple complications. They tell me about their families and their emotions. I always encourage them to confront diabetes, to look after themselves, and to understand the importance of self-determination. I believe they are convinced of my sincerity and feel that I listen to them.

The cure and prevention of diabetes is an interdisciplinary subject, covering epidemiology, genetics, chemical research, management, and even cost-effectiveness analysis. I have decisions to make. I need to train my colleagues and to foster mutual understanding and idea sharing. Perhaps some would call it a lack of focus, but that's not true. I'm very focused on patients' multiple needs to use an all-encompassing approach to achieve my goal.

**How do you spend your leisure time?**

Every day I allow myself 10 minutes of solitude in my room to re-examine what I have done and should not have done, what to continue doing and what to start doing. I enjoy reading sociology, psychology and management books. I am very curious about the way societies work and people interact. Hopefully the knowledge is beneficial to my teaching and medical practice. I also like travelling to historic places. Human beings are particles of dust in the universe, present for an instant in eternity. The more we learn about the past, the clearer we see how we come to the here and now, and probably what the future will look like. So, in a few fleeting decades, what can we do to make the world a slightly better place? 📺



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