

**THE HONG KONG  
COLLEGE OF ANAESTHESIOLOGISTS  
NEWSLETTER  
FOR MEMBERS**



**VOL 2 : 1**

**JANUARY 1993**

**Editor:**

Chandra Rodrigo  
Honorary Deputy Secretary

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## **EDITORIAL**

***From Chandra Rodrigo:***

Our College will be judged by Anaesthesiologists around the world, by the standards we set and how we achieve them. During the current year the Board of Education has formulated the curricula for the examinations for Diploma of Fellow of Hong Kong College of Anaesthesiologists, the Board of Examinations has set out the examination requirements and regulations for the assessment of trainees, the Guidelines Committee has set out the guidelines for safe practice of anaesthesia and the Board of Accreditation has set out the standards required for accreditation. Going through these documents it can be said that the standards our College has set are achievable and are in parallel with those of other prominent Colleges of Anaesthesiologists in the world. Thus the next goal of our Fellows and Members will be to achieve these standards and maintain them.

## **PRESIDENT'S MESSAGE**

*From Professor Teik Oh:*

The most important issue affecting the College in 1992 relates to the Hong Kong Academic of Medicine. The HKAM was founded this year by legislation, and an Interim Council was elected by the provisional HKAM Committee. Members of the Interim Council are:

|   |                         |
|---|-------------------------|
| President:                                      | Professor David Todd    |
| Vice President:<br>(Educational & Examinations) | Professor Ho-Kei Ma     |
| Vice President:<br>(General Affairs)            | Dr. C.H. Leong          |
| Honorary Secretary:                             | Dr. David Fong          |
| Honorary Treasurer:                             | Professor Teik E Oh     |
| Editor:   | Professor Joseph CK Lee |

### **Presidents of the Provisional Academic Colleges**

The Agenda of the Interim Council has been education (which covers both training and continuing education), the constitutions of the Provisional Academic Colleges, and conferment of Fellowship of the HKAM. This FHKAM will be the only qualification recognised in Hong Kong for a future specialist register. The FHKAM will be conferred by the Academy to candidates who have completed six years of post-registration training in a speciality and who have been recommended by their respective Colleges. I am assured of the support by the Interim Council of the Colleges. For example, the Academy will not confer the FHKAM to anyone not recommended by his or her College. The inauguration ceremony of the Academy to confer Foundation Fellowships is scheduled for Sunday, 5th December 1993. Fellows and Members are reminded to ensure that their College subscriptions for 1992 and 1993 are up to date. Anaesthetists who have not been admitted as Members or Fellows of the College are advised that it is for their best interests to do so.

Matters on training and examinations have preoccupied the College Council this year. Regulations regarding training and accreditation of hospitals have been formulated. Council is continuing discussions with overseas Colleges regarding the possibilities of either joint examinations or recognition of our training for overseas qualifications. Other matters which preoccupied the Council this year related to guidelines of practice, manpower needs, and continuing education.

The secretariat and computerisation to disseminate information, maintain a database of College members, and update subscriptions were established this year. Members and Fellows will appreciate that College affairs mean monumental work done by a handful of colleagues on an honorary basis. It is disappointing that there is singular lack of enthusiasm by College Members or Fellows to give a little of their time for the teaching of our trainees or for College affairs. This College, through the Academy, will steer the future direction of anaesthesia and intensive care in Hong Kong which will ultimately affect the way you practice, whether as a hospital doctor or in private practice. So please support the College to support yourselves.

Wish all members and Fellows a happy and a prosperous 1993.

## **NEWS FROM THE COUNCIL**

### ***From Ivan Houghton:***

The Council has held seven Council Meetings during 1992, during which, wide ranging topics have been discussed.

**Examinations:** Only Members of the College will be eligible to take the Diploma of Fellow of the Hong Kong College of Anaesthesiologists examination. This means that all intending candidates will be required to join the College as Members before their application to sit an examination can be accepted.

Tentative negotiations are taking place with another prestigious academic body in the hope that it might be possible to arrange either a joint examination or that the College assist in running that academic body's examinations in Hong Kong. For this reason, the College is to delay production of an examination timetable until plans are more definite.

**Overseas List:** The Council has resolved that Fellows and Members of the College who are away from Hong Kong for a period in excess of one year may apply in writing to the transferred to the Overseas List. Overseas Fellows and Members will pay subscriptions at one quarter of the rate of Hong Kong resident Fellows and Members.

**Post-nominal Letters:** After some ten months, the Medical Council of Hong Kong considered the application of the College for permission for Fellows to use the post-nominal letters FHKCA on signboards, letterheads and visiting cards etc. Regrettably the Medical Council decided to defer making a decision on the matter until the academy of Medicine is fully functional.

The Hong Kong College of Anaesthesiologists has also submitted an application on behalf of Fellows of the Australian and New Zealand College of Anaesthesiologists to use the post-nominal letters FANZCA. This application was approved and the FANZCA is now a quotable qualification.

No application has been made on behalf of Fellows of the Royal College of Anaesthetists as we are waiting for the determination by the Privy Council of the post-nominal letters to be used (FRCA or FRCAnaes). In the meantime, the post-nominal letters FCAnaes or FFARCS as appropriate should be used.

**Register of Expert Witnesses:** The College is occasionally approached by solicitors and the Royal Hong Kong Police for help in identifying suitable expert witnesses. A register of Expert Witnesses has now been compiled. Solicitors or the police are only given a list of suitable names and contact details. It is up to the solicitor or police to approach the anaesthetist of their choice and to negotiate any fees. Inclusion or exclusion of any anaesthetist from the list does not imply endorsement or otherwise of the expert witness by the College.

**Computerisation:** The College has purchased computer software to improve the information dissemination, collection of subscriptions and accounting of the College. Unfortunately, it took much longer than forecast to set up and begin operation. This is the reason that the annual subscriptions for the year 1992 have only recently been invoiced.

**Diploma Seals:** The College will in future be using wafer seals on its diplomas rather than wax seals. If any Fellows or Members wish to have their wax seals replaced with wafer seals on their diplomas, the original certificate must be returned to the College office.

**Elections:** The election process for the new Council to take office in May 1993 has now started with a request for nominations.

**Approval of Training Posts:** Administrative instructions concerning of training posts in anaesthesiology and intensive care have been produced. A form of application for approval of training posts in a hospital or institution have been produced and will be sent to suitable hospitals in 1993.

**Fees and Subscriptions:** The Council is recommending that annual fees should remain at HK\$1000 for Fellows and HK\$500 for members for the College's financial year 1 January 1993 - 31 December 1993. The fee payable on admission to the Fellowship *ad eundem* is to be increased to HK\$5000 in 1993. Provisionally, this increase is expected to take effect from 1 June 1993.

**Advanced Trauma and Life Support Training:** The Council is currently investigating the feasibility of running advanced trauma and life support training courses in Hong Kong. However, in view of the complexities involved and financial implications, it is likely to be some time before such a move comes to fruition.

**The Hong Kong Academy of Medicine:** Notification has been received that the Hong Kong Academy of Medicine is to hold its inauguration ceremony on Sunday 5 December 1993 at the Hong Kong Convention and Exhibition Centre. Only Fellows of the Hong Kong College of Anaesthesiologists will be eligible to be considered for an academy fellowship in anaesthesia.

## **NEWS FROM THE BOARDS AND COMMITTEES**

### **BOARD OF EDUCATION**

#### ***From Doug Jones:***

Board of Education formulated the curricula for the Part One (Primary) and Part Two (Finals) of the Examinations for the Diploma of Fellow of the Hong Kong College of Anaesthesiologists. These were approved by the Council. These documents, which indicate the breadth of knowledge which will be required for the College's examinations, have been distributed to all Members of the College and Supervisors of Anaesthetic Training in Hong Kong. Copies are available to Fellows on written application to the Honorary Secretary. Further copies are available from the Honorary Secretary at a cost of HK\$100 each (including postage).

### **BOARD OF ACCREDITATION**

#### ***From Clement Yuan:***

The first quarter of the year was devoted to the Regulations and Administrative Instructions by which the College relates to hospitals and teaching institutions and regulatory bodies. An application form was synthesised to be used by hospitals or institutions to seek approval of training posts that will be approved by the College. Details of what is required for both anaesthesia and intensive care training are available for members and Fellows of the College.

The next phase of work was a review of the Guidelines that will provide safe anaesthetic practice and a combined effort from members of the Board and the group on Guidelines chaired by Dr. Andrea O'Reagon culminated over some two months and several meetings, in the first series of updated Guidelines which are ready for distribution to all members and Fellows and hospitals in the near future. They are:

#### **T1-5 (TECHNICAL)**

- T1 Protocol for the checking of an anaesthetic machine before use. (new)
- T2 Recommended minimum facilities for safe anaesthetic practice in operating suites.
- T3 Recommended minimum facilities for the safe anaesthetic practice in organ imaging units.
- T4 Recommended minimum facilities for safe anaesthetic practice in delivery suites.
- T5 Recommended minimum facilities for safe practice for electro-convulsive therapy.

### **P1-3 (PROFESSIONAL)**

- P1 Guidelines for monitoring in anaesthesia
- P2 Guidelines for safety in sedation for diagnostic and minor surgical procedures.
- P3 Guidelines for postanaesthetic recovery care.

The third phase of work which correlated with the third quarter of the year was the putting in place of documents related specifically to the supervision of trainee anaesthesiologists, supervisors of training, and the relationship between the number of trainers who are trained anaesthesiologists with qualifications acceptable to the Board of Censors, and anaesthesiologists who have not attained such a qualification or who are approved trainee anaesthesiologists in an approved training post in Hong Kong. These documents are ready for dissemination to all interested parties.

The final phase of work which took place in the last quarter, is the production of the following documents which are now in the final stages of reading by the Council:

- Guidelines for the practice of anaesthesia for Day surgical procedures.
- Guidelines for the conduct of epidural pain relief for parturients in labour.
- Minimum assistance required for the safe practice of anaesthesia.
- Privileges in anaesthesia.

The last document is being produced to strengthen the standard of anaesthetic practice in all hospitals and institutions in Hong Kong and aims to prevent people from practising anaesthesia who have not been given privileges to practise anaesthesia by a accreditation committee of each hospital, and who have not been seen to keep up to date with current anaesthetic practice.

What work shall be done in the next quarter? We shall be looking at the Duties of an anaesthesiologist, the anaesthetic record and the actual process of accrediting hospitals. We are in a position to have in place an inspection committee and to establish a registry of both qualified anaesthesiologists and trainee anaesthesiologists, for which an enlarged committee for the Board of Accreditation is envisaged. Much work remains to be done on how accreditation process for each hospital shall be conducted and implemented. The Board shall be working closely with the Board of Education and the manpower committee of the College to determine the optimal relationship between service work and training and educational requirements which both trainees and trainers have to have so that there is the most efficient utilisation of manpower in both the specialties of anaesthesia and intensive care.

This work is likely to take the greater part of the first half of 1993, but it is hoped that the ensuing efforts will bear much fruit as the Academy of Medicine of which the College is a part comes into prominence. I must thank the members of the Board and co-opted Fellows for the time and effort they have given during this 1992 which I am sure has been a busy year for Hospital Authority activities. I wish all members and Fellows the very best for Christmas and the New Year which I hope is a full and productive one.



## **COMMITTEE ON REVISION OF PUBLICATIONS AND GUIDELINES**

### ***From Andrea O'Regan:***

The guidelines of the Hong Kong College of Anaesthesiologists that will provide safe anaesthetic practice have now been formulated and approved by the Council. These will be published and distributed to all members/fellows early in the new year.

## **COMMITTEE ON RESUSCITATION**

### ***From Michael Moles:***

Joint post graduate courses on Basic Cardio Pulmonary (Cerebral) Resuscitation for General Practitioners were conducted by the Hong Kong College of Anaesthesiologists and the Hong Kong College of General Practitioners in December 1991 and in October 1992. They were coordinated by Dr. Michael Moles and Dr. Chandra Rodrigo in 1991 and Dr. Michael Moles and Dr. Bob Campbell in 1992. 15 candidates in 1991 and 12 candidates in 1992 who were successful at the examination held at the end of the course were awarded Certificates of Proficiency in Basic Life Support Cardiopulmonary Resuscitation. List of names of the successful candidates appear in Appendix I.

## **JOURNAL: ANAESTHESIA PAIN AND CRITICAL CARE**

Dr. MRC Rodrigo (Editor in Chief)  
Prof. TE Oh  
Dr. D Jones  
Dr. T Gin  
Dr. C Aun  
Dr. R Lo  
Col. IT Houghton  
Dr. TG Short

### ***From Chandra Rodrigo:***

The Council of the Hong Kong College of Anaesthesiologists decided to publish a journal by the title "ANAESTHESIA PAIN AND CRITICAL CARE". The news was conveyed to the fellows and members by the Editor in Chief.

The journal will consist of sections, for Post Graduates, Original Articles, Reviews, Case Reports and Correspondence. The journal invites submissions of reports on original research, reviews, case reports and articles with material of postgraduate educational value on anaesthesia, pain control, critical care and related subjects.

We hope to publish the first issue of the above journal in 1993. However as yet the submissions to the first issue of the journal are few. Those who wish to contribute are welcome to submit their manuscripts, as early as possible. (For Guidelines to Contributors see Appendix II.) All papers will be peer reviewed prior to publication. Acceptance, need for modification, or rejection will be notified to the corresponding author.

## **NEWS OF CONGREGATIONS**

The seventh congregation of the College, chaired by Professor Teik E Oh was held on the Thursday the 23rd of April 1992 at the New World Hotel in Tsim Sha Tsui. Fifteen Anaesthesiologists were admitted addendum to the College as Fellows and twelve were admitted to the College as members. Chief guest was Professor WB Runciman who was conferred an Honorary Fellowship by the President. Professor Runciman delivered a lecture on "Quantification and Reduction in Errors in Anaesthetic Practice". The meeting was sponsored by Hong Kong Oxygen and Acetylene Co. Ltd.

## **ACADEMIC ACTIVITIES**

Crash Course for the Part I (Primary) Fellowship Examination, organised by Dr. Cindy Aun and Dr. Joyce Wong was held in January/February 1992. 20 candidates took part.

Crash Course for the Part II (Final) Fellowship Examination, organised by Dr. Chandra Rodrigo was held in February 1992. 15 candidates took part. The Informative Course for the Part II (Final) Fellowship Examination organised by Dr. Chandra Rodrigo was held every Friday from October to December 1992. 40 anaesthetists gave lectures and 14 candidates took part.

## **FUTURE EVENTS**

Crash Course for the Part I (Primary) Fellowship Examination will be held on Saturdays 6th and 13th of February 1993. Any enquiries should be directed to Dr. Cindy Aun and Dr. Joyce Wong who are organising it on behalf of the College.

Crash Course for the Part II (Final) Fellowship Examination will be held on Saturdays 20th and 27th of February 1993. Any enquiries should be directed to Dr. Chandra Rodrigo who is organising it on behalf of the College.

A Scientific Meeting will be held on the 14th of January at the Hilton Hotel. The speaker will be Dr. Gavin Kenny from the Glasgow Royal Infirmary. The meeting will be sponsored by Glaxo Hong Kong Ltd.

The Annual General Meeting and the Eighth Congregation will take place on Thursday 20th May 1993 at the Chater Room, the Royal Hong Kong Jockey Club, Shan Kwong Road. Syntex Pharmaceuticals will sponsor the event.

## **Hong Kong College of Anaesthesiologists Tie**

**HK\$ 65.00**

Please make cheques payable to 'Hong Kong College of Anaesthesiologists' and send them to the College Secretariat.

**Purchase your College Tie**

## **FOR SALE**

### **Hong Kong College of Anaesthesiologists Academic Gown.**

As good as new. A bargain at only HK\$ 775.00. Please contact Miss Cecilia Yeung on 7467913.

## **APPENDIX I:**

**The list of candidates who were awarded the Certificates of Proficiency in Basic Life Support Cardiopulmonary Resuscitation which are valid for two years from the date of the award.**

**Date of Award:        21st of December 1991**

1. Dr. Chan Kin Ling
2. Dr. Chan Kwok Tat
3. Dr. Chan Ping Chuen
4. Dr. Cheung Kam Fai
5. Dr. Cheung Kit Ying
6. Dr. Chiu Kun Ming
7. Dr. Stephen Chow
8. Dr. Fung Yuk Kwan
9. Dr. Kwan Ka Mei
10. Dr. Kwok Ka Cheong
11. Dr. Lam Pui
12. Dr. Albert Lee
13. Dr. So Kon Ping
14. Dr. Tse Kwok Ki
15. Dr. Wong Pak Hoi

**Date of Award:        3rd of October 1992**

1. Dr. Chan Sio Pan
2. Dr. Chan Yuen Kwan, Mario
3. Dr. Chiu Cheung Shing, Daniel
4. Dr. Chu Wai Sing, Daniel
5. Dr. Fok Ka Pun
6. Dr. Ip Yum Keung
7. Dr. Leung Wai Kay
8. Dr. Liu Hin Wing
9. Dr. Lun Kam Wah, Raymond
10. Dr. Wong Yuen Ping, Mariana
11. Dr. Yam Tak Kwong
12. Dr. Ngau Sze Yuen

## **APPENDIX II:**

### **GUIDELINES TO CONTRIBUTORS**

Anaesthesia, Pain and Critical Care is published by the Hong Kong College of Anaesthesiologists. It is an educational journal for those associated with anaesthesia, pain control, critical care and related subjects. The journal invites submissions of reports on original research, reviews, case reports and articles with material of postgraduate educational value on the above subjects.

#### **Communications**

All communications should be addressed to: The Editor, Dr. M. R. C. Rodrigo, Block 1, Flat A8, 23 Sha Wan Drive, Pokfulam, Hong Kong. (Phone 859 0223, Telefax (852) 559 9014)

#### **Manuscripts**

Manuscripts should be sent to the Editor at the above address. Contributors must submit THREE complete copies of the text, tables and figures, and retain one copy. The Editor does not accept responsibility for damage or loss of papers submitted. Manuscripts should be accompanied by a formal letter of request for publication which should be signed by all the authors.

Manuscripts should be prepared and submitted in accord with the 'Uniform Requirements for Manuscripts Submitted to Biomedical Journals' reprinted in British Medical Journal 1988;296:401-405, Annals of Internal Medicine 1988;108:258-265, or Canadian Medical Association Journal 1988;138:321-328.

Papers are accepted on the understanding that no substantial part has been, or will be, published elsewhere. This does not refer to abstracts of oral communications which are presented in the proceedings of certain societies or symposia. Papers accepted for publication remain the copyright of the Hong Kong College of Anaesthesiologists. However the authors reserve the following: 1. All propriety rights other than copyright, such as patent rights. 2. The right to use all or part of this article in future works of their own. The Editor reserves the right to style and, if necessary, shorten material accepted for publication and to determine the priority and time of publication. Receipt of manuscript will be acknowledged. All papers will be refereed. Following review of the manuscript, the corresponding author will be notified of acceptance, need for revision or the rejection of the paper. If a manuscript is accepted for publication a computer diskette of the manuscript using a single typeface in addition to the 'hard copy' will assist the editor and hasten publication.

Manuscripts must be typewritten on A4 paper with double spacing, on one side of the

paper only, and with 2.5 cm margins. Pages must be numbered in the upper right hand corner, consecutively, beginning with the title page.

**Title Page:** On the first page of one manuscript the title of the paper, the authors' names and initials, degrees and appointments, department and institution in which work was carried out, the name and the mailing address of the corresponding author and at the bottom of the page, a short title not exceeding 50 characters including spaces, for use as a running head should be provided. For anonymous critique, on the first page of the other two manuscripts only the title of the paper should be typed.

**Summary:** The second page should carry a summary of not more than 150 words stating the aims, methods, results and conclusions drawn from the study. **Key words:** Below the summary three to five key words should be provided for indexing.

**Text:** The text should be started on a new page with an Introduction (without the heading), followed by Methods, Results, Discussion.

**Acknowledgements:** Acknowledgements should be typed on a new page.

**List of References:** References should be typed on a new page and should be numbered consecutively in the order in which they are first mentioned in the text. Type reference numbers in the text, tables and legends as superscripts using Arabic numerals. Use the Vancouver style of references adopted by the U.S. National Library of Medicine and used in Index Medicus. The titles of journals must be abbreviated according to the style used in Index Medicus. Papers which have been submitted and accepted for publication should be included as 'in press' replacing volume and page number.

Examples of correct forms of references:

Journal (list all authors when six or less; if more than six list first three, then 'et al.'): Imrie MM, Hall GM. Body temperature and anaesthesia. *Br J Anaesth* 1980;64:346-354.

Book:

Gray TC, Nunn JF. General Anaesthesia. 4th ed. London: Butterworths, 1980:452-516.

Chapter in a Book:

Rafty EB. Cardiac arrhythmias. In: Gray TC, Nunn JF, eds. General Anaesthesia. London: Butterworths, 1980:636-657.

**Individual Tables:** Each table, with a title, should be on a separate page and must be double spaced. Tables should have legends which make their general meaning comprehensible without reference to the text. They should be numbered consecutively with arabic numerals. Omit internal horizontal and vertical rules. Cite each table in the text in consecutive order.

**Figures:** Figures should be professionally drawn and photographed. Instead of original drawing, roentgenograms, and other material, send sharp, glossy black-and-white photographic prints. Letters, numbers and symbols should be clear and even throughout, and of sufficient size that when reduced for publication each item will still be legible. On the back of each Figure should be written clearly preferably in soft pencil the number of the figure and the names of the authors, and an arrow should indicate the top of the figure. Cite each figure in the text in consecutive order.

**Legends for Figures:** Type legends for illustrations, double spaced, starting on a separate page with arabic numerals corresponding to illustrations. When symbols, arrows, numbers or letters are used to identify parts of the illustrations, identify and explain each one clearly in the legend.

**Abbreviations:** The International System of Units (SI) will be used except that pressure may be recorded in mmHG and cmH<sub>2</sub>O. Use only standard abbreviations and symbols as described in the booklet *Units, Symbols and Abbreviations: A Guide for Biological and Medical Editors and Authors* (ed.D.N.Baron) (1988), published by and available from The Royal Society of Medicine, 1 Wimpole Street, London W1m 8AE.

**Case Reports:** They should have a short summary, key words, a short introduction followed by the case history, discussion, acknowledgements, references, tables, figures and illustrations.

**Correspondence:** A portion of the Journal will be devoted to correspondence each issue.

### **Proofs**

Proofs will be forwarded to the corresponding author for correction of misprints only.

### **Reprints**

Reprints are supplied at cost price. They must be ordered when the author's proof is returned.



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- 133. Sung, Man-ling

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- 134. Tan, Boo-kong
- 135. Than, Khynn-mya
- 136. Tiwari, Brij Bushan
- 137. Tong, Wai-nung, Edwin
- 138. Tse, Shing-lam
- 139. Tsui, Siu-lun

- W -

- 140. Wong, Cecilia
- 141. Wong, Diana
- 142. Wong, Fung-yan, Joan
- 143. **Wong, Kai-kong**
- 144. **Wong, Kam-ying, Annie**
- 145. Wong, Po-yee
- 146. **Wong, Wai-lin, William**
- 147. **Wong, Susan Joyce**
- 148. **Woo, Chiu-shui, Dominic**
- 149. **Wu, Ching-ying, Amy**
- 150. **Wu, Ho-yuen**

- Y -

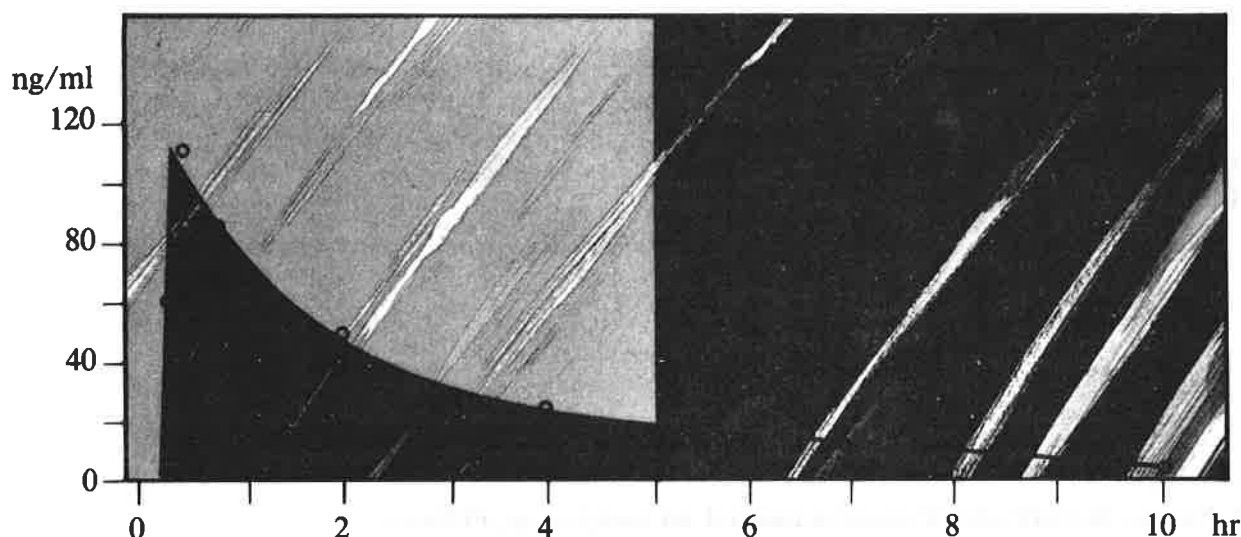
- 151. **Yau, Hok-man, Gordon**
- 152. **Yeung, Man-lee**
- 153. **Yogasakaran, Bhuwaneswari Sivakumarie**
- 154. **Yogasakaran, Namasivayam**
- 155. **Young, Kang, Karl**
- 156. **Yow, Chee-kong**
- 157. **Yuan, Clement**

**\* Names in bold are of those admitted ad eundem as Fellows**

# The sleep starter ◁Dormicum▷

midazolam Trade Mark

Asleep within minutes      Refreshed the next morning



Mean plasma concentrations of midazolam in 8 subjects after administration of one 15-mg tablet of ◁Dormicum▷. 60-80% of the active ingredient is metabolized to  $\alpha$ -hydroxy midazolam. This metabolite is then rapidly bound to glucuronic acid and excreted renally. The minimum effective concentration observed by Crevoisier et al.<sup>1</sup> was 30-100 ng/ml. The mean level is 65 ng/ml.

#### Composition

Midazolam

#### Indications

Disturbances of sleep rhythm and all forms of insomnia, particularly difficulty in falling asleep.

#### Precautions

◁Dormicum▷ is not indicated for primary therapy of insomnia in psychosis and severe depression. In such cases the underlying disorder should be treated first.

As with other sedative drugs, caution is recommended in patients with organic brain damage, severe respiratory insufficiency or whose general health is not good (increased drug sensitivity). When therapy is continued with high doses over a long period, habituation may develop in predisposed patients, as with all sleep-inducing agents, sedatives and tranquilizers.

Attention is also drawn to the general medical principle that no drugs should be administered in the early stages of pregnancy except where absolutely necessary.

When used in accordance with instructions no negative residual effects have been observed. Patients should be warned not to drive a vehicle or operate dangerous machinery in the first four to six hours after taking the drug.

#### Standard Dosage

1 tablet (15 mg).

The same dosage can be given to elderly patients.

If required, a second dose (½-1 tablet) can be given later the same night. Because of its rapid onset of action, ◁Dormicum▷ should be taken immediately before retiring. The tablet should be swallowed whole with a little fluid.

After a few nights of successful treatment with the standard dosage, ½ tablet is frequently sufficient.

#### Side effects

◁Dormicum▷ is well tolerated and has a wide therapeutic margin. No changes in the blood picture or in hepatic or renal function have been observed.

The rare side effects are due to the sedative effect of the drug, and are dose-dependent. They generally disappear on reduction of the dose.

#### Packs

Tablets (scored) 15 mg.

30, 100

#### Reference

1. Crevoisier, C., Ziegler, W.H., Eckert, M., Heizmann, P.: Relationship between Plasma Concentration and Effect of Midazolam after Oral and Intravenous Administration. *Br J Clin Pharmacol* 16, 51S-61S (1983).

Further details are available on request.



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