

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



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CONTENTS

Editorial Board	3
Present Council	4
Editorial	5
NEWS FROM THE COUNCIL	
President's Message	7
Secretary's Report	9
Treasurer's Report	10
News from the Boards and Committees	11
HKCA Courses	14
Scientific Sessions	17
College Announcements	18
NEWS FROM MEMBERS	
Article: Combitube	24
Exam Successes	29
New Appointments	30
News from Hospitals	31
Members' Publications	33
Members' Presentations	40
Register of Members	45

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- Dr. SL Tsui** - Consultant in Anaesthesia, Queen Mary Hospital
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- Dr. Clement Yuan** - Chief of Anaesthesia, Department of
Anaesthesia, United Christian Hospital (and Chairman, Board
of Accreditation)

EDITORIAL

From Chandra Rodrigo:

Various Boards and Committees of our College have been very busy performing the tasks set for them. With the Board of Education publishing the Vocational Programme, the Board of Examinations preparing for the first examination of the College in August, Board of Accreditation inspecting hospitals for Accreditation, Committee on Guidelines publishing various guidelines and the Committee on Manpower studying the manpower requirements in Anaesthesia for the territory, the College appears to be progressing towards its goal of attaining a brighter future for its members.

At this time of progress, the Newsletter of our College has been printed in a new format with a separate section for the News from Members of **OUR** College. We hope that, in the future, our members will take this opportunity to express and share their views, experiences and knowledge with their fellow members, through this section of the Newsletter.

NEWS FROM THE COUNCIL

PRESIDENT'S MESSAGE

From Ronald Lo:

As I mentioned in the last Newsletter, the recent effort of the College Council has concentrated on accreditation of training hospitals, establishment of the vocational training programme and on planning for the mounting of Fellowship examinations. These are related issues that need to go hand-in-hand.

The above work has fallen on the shoulders of a few dedicated colleagues who spent many evenings and days working on the planning and execution of hospital inspections, on drafting of training programme requirements and on the examination strategy. It is hoped that the results of their work will bear fruit in the coming two to three months. We should all be grateful to these colleagues who have put such hard work into the College.

You will read in other sections of this Bulletin that the College has approved a Vocational Training Programme for trainees who wish to obtain The Fellowship of our College by examination. Obviously, there are other details of significance within that framework that need to be worked out and promulgated as soon as possible in order to get the programme truly and soundly off the ground. The recommended accreditation of individual hospitals will follow soon to complement the programme so that trainees and potential trainees will know where they stand.

You will also read a report from the Board of Examinations about our Fellowship Examinations, and our plans to mount the first Part 1 examination in July/August this year, with invited external examiners from overseas sister Colleges. It is envisaged, at this stage, that this examination will be held annually. The first Part 11 examination will be mounted as soon as we are ready, possibly in 1995.

By the time you read this Newsletter, the Hong Kong Academy of Medicine will have been inaugurated. The Presidents of the Australian & New Zealand College of Anaesthetists, the Royal College of Anaesthetists, and the Dean of the Faculty of Anaesthetists of the Royal College of Surgeons in Ireland had been invited to join us in the inauguration ceremony of the Academy. Those of you who attended the Education and Training Seminar held the day before the inauguration ceremony, at which the heads of these overseas sister organizations spoke, will be particularly aware of our intention to remain in the international light. We received a fine crystal set as a gift from the Royal College of Anaesthetists.

Our temporary office within the temporary headquarters of the HKAM at the Pamela Youde Nethersole Eastern Hospital is being furnished so that future meetings of our Council, Boards and Committees will not be dependent on the availability of meeting venues at the various hospitals.

In relation to the College office, it is necessary to mention the HKAM Foundation Fund (HKAMFF). The fund raising activity of the HKAMFF is on-going and is needed to fund the building of the permanent headquarters in Wong Chuk Hang as well as to provide a foundation for recurrent expenditure of the future Academy. You must have been aware of a charity Chinese opera show on 6/7 January 1994 organized jointly by the Academy and the Kwen Fong Foundation. This resulted in a gross income of roughly \$26 million of which half of the proceeds, after deduction of overheads, will go to the Academy. This was but one of the major fund raising activities. Continued support of the Fund is encouraged.

As to finances, Council considers that it is inappropriate to invest in high risk investments to generate an adequate income for our recurring activities. It is envisaged that, in the near future, we will have to pay for our own secretariat and staff since the various public hospitals will be less and less able to absorb the cost of our administrative work. Thus Council has decided that all activities of the College cannot be free of charge despite the annual subscriptions : Fellows and Members participating in these activities will have to contribute at least partly towards the costs, unless such activities are fully sponsored by outside organizations. Since the Hospital Authority also has a mechanism to provide funding (reimbursement) for training activities, it is considered that charging a fee for College training activities to trainees is not unreasonable.

Do give the Council any feed-back you may have on issues related to the College. I will be most happy to consider any view that you may wish to express.

SECRETARY'S REPORT

From Arthur So:

The first few months have been a busy time for the Council and its subcommittees.

On December 8, Dr Davies, Professor Spence and Professor Clarke spoke on the subject of training for anaesthetists in a symposium held at the Ramada Renaissance Hotel. Professor Spence presented a set of crystal glasses and a decanter to our College

The inauguration ceremony of the Academy of Medicine was held in the Hong Kong Exhibition and Convention Centre on December 9. All 116 Fellows nominated by the College were admitted as Foundation Fellows of the Academy of Medicine. Dr Michael Davies, President of the Australian and New Zealand College of Anaesthetists, Dr Alastair Spence, President of the Royal College of Anaesthetists (UK) and Dr Richard Clarke, Dean of the Faculty of Anesthesia of the Royal College of Surgeons in Ireland were invited guests at the inauguration ceremony, at which 39 Fellows also attended.

The Academy of Medicine has its temporary premises at the Pamela Youde Nethersole Eastern Hospital. Our College has been allocated one office in the same premises.

Dr SL Tsui has been appointed Censor-in-Chief of the College.

The Board of Accreditation has completed its exercise of visiting all 12 major public hospitals which sent in their application forms. Reports on hospitals accredited for training are expected to come out soon.

The Board of Examination is working hard in planning for the first College Examination in 1994.

A report from the Royal College of Anaesthetists (UK) on its recent accreditation visit was received. There is no major change in policy for the Royal College of Anaesthetists concerning recognition of training in Hong Kong.

On behalf of the Council, I wish you a prosperous New Year in 1994.

TREASURER'S REPORT

From Chi-tim Hung:

1993 ASA Refresher Course Lectures:

All the 1993 ASA books have been despatched to paid-up Fellows and Members of 1993. If you have not received your copy by now, please feel free to contact me at 7102176 (Secretary) during office hours.

Correspondence Address:

Please be reminded that it is very important for you to keep an up-to-date correspondence address and contact phone number with the College. You can notify your change of address/contact phone number either to the Hon. Secretary, Dr. Arthur So at Kwong Wah Hospital or to me, by mail or by fax, at

Dept of Anaesthesia,
Queen Elizabeth Hospital,
30 Gascoigne Road, Kowloon.
(Tel 710 2176, Fax 782 4725)

Foundation Fellows of the Hong Kong Academy of Medicine:

An invitation to join the Hong Kong Academy of Medicine as a Foundation Fellow was sent out in late October to 116 eligible Fellows of our College. Ninety six Fellows have accepted the invitation and most of them have paid the entrance and subscription fee of HK\$9000 to the Academy through the College. For the few who have pledged to pay but have not yet paid, our College has settled all their payments to the Academy on their behalf. Please settle your Academy dues with the College as soon as possible if you have not done so.

Annual Subscription for 1994:

The annual subscription fee for 1994 will stay the same as last year, i.e. HK\$1,000 for Fellows and HK\$500 for Members. As the subscription was due on 1st January 1994 for all Fellows/Members, the subscription renewal notice has been sent out in early January. It would be very kind of you if you could pay the subscription promptly to me with the address label provided so that I do not have to issue reminder after reminder to collect the subscription.

NEWS FROM THE BOARDS AND COMMITTEES

BOARD OF EDUCATION

From Ronald Lo:

The major work of the Education Committee since the last issue of the Bulletin had been the drafting of the Vocational Training Programme for anaesthetic training in Hong Kong. This will be the required training programme for any anaesthetist wishing to acquire Fellowship of our College by examination. The draft was approved in principle by council in December 1993, and was finalized in January 1994. It is now being published. (see separate section of this Bulletin.)

It should be noted that membership of the College will be required for recognition of any local training done in College-approved hospitals and for registration with the College as trainees. Trainees who wish to take advantage of the College programme have a deadline for application of registration as trainees of the Hong Kong College of Anaesthesiologists. The deadline is 30th April 1994 for all who wish to start recognized training (or have just started training) on or after 1st January 1994. Those who are currently registered for training under overseas schemes of training will also need to be Members of our College and register as trainees with the College before the said deadline, if they wish to be considered for assessment of their previous experience. The application forms for Membership and registration as trainees will soon be distributed to hospital departments.

The training programme will be reviewed at intervals and no registered trainees will be disadvantaged by changes made in the training programme during the course of their training.

BOARD OF EXAMINATIONS

From Tony Gin:

The first examinations of the Hong Kong College of Anaesthesiologists (HKCA) will be held in 1994. The College realizes that the overseas training requirement of the Royal College of Anaesthetists and the Australian and New Zealand College of Anaesthetists is a strong disincentive for medical officers to take up or continue a career in Anaesthesiology. The College thus offers a local training and examination programme towards a specialist qualification which may be completed solely in Hong Kong.

The first Part I examination is scheduled for 16 July 1994 (Written) and 13 August 1994 (Oral). The two subjects for the examination are Physiology (including Clinical Measurement) and Pharmacology (including Statistics). Each subject will be examined by a written paper and an oral, the format being similar to the Primary examination organized by the ANZCA. Each written paper will contain three questions to be answered in two hours, one question will be an essay and two questions will each require three short answers. Each oral examination will be for 20 minutes in front of three examiners. For any one candidate, only two examiners will ask questions (10 minutes each) but all examiners will mark. The examination fee is HK\$3000/-. Any trainee registered with the HKCA is eligible to apply to present for the Part I exam. Two external examiners have been invited, one from the Royal College of Anaesthetists and one from the Australian and New Zealand College of Anaesthetists.

There is still some debate about when the Part II exam should be held; early or late 1995. Fellows and members of the College are welcome to contact me to express their views about the examinations. There is no clear indication of the number of candidates likely to sit either examination and any information that you may have would be much appreciated.

BOARD OF ACCREDITATION

From Clement Yuan:

Inspection of ten hospitals within the Hospital Authority was carried out during October and November 1993. Teams comprising Fellows of the HKCA conducted the inspection essentially along the lines of the Royal College of Anaesthetists of the United Kingdom and the Australian & New Zealand College of Anaesthetists. The prearranged format of inspection was similar for each hospital that was inspected, namely, an interview with the Chief of Service, a survey of anaesthetic facilities, an interview with the trainee group, a discussion with senior anaesthetists, a meeting with nursing personnel and finally a meeting with the Hospital Chief Executive (HCE).

Training potential, training content, trainer ability, educational facilities, environment and staff attitudes, including the amount of support from the management committee of the hospital, were assessed. The inspectors favourably viewed any active teaching programme, structured or otherwise, and noted if in-service time was made available for this and for quality assurance activity. The Board considered the inspection a successful exercise in that staff groups became aware of what was required for effective training, the Hospital Chief Executive was briefed on impediments affecting training and quality of anaesthetic practice and on manpower deficiency if it existed.

The Board wishes to acknowledge the tremendous efforts of the Chiefs of Service in arranging the programmes, of inspection and to thank all those hospital personnel who

took the time to help the inspectors with the visits. Recommendations will be made to the Council after full assessment of the data. Such constraints required by the Australian and New Zealand College of Anaesthetists, e.g. the compulsory 18 months pre set vocational non-anaesthetic medical experience, have been removed. The Board shall be putting together a six year training programme for trainees on the basis of the results of the inspection and will be interlinking with other Boards of the College in making an effective training programme for trainees.

COMMITTEE ON REVISION OF PUBLICATIONS AND GUIDELINES

From Andrea O'Regan:

Much progress has been made in formulating guidelines in the areas of acute pain, quality assurance, transport of critically ill patients, patient rights and responsibilities, and the duties of an anaesthetist. These guidelines were tabled before the Council in January and it is anticipated they will be distributed to Fellows and Members in either March or April 1994.

The committee would like to acknowledge the enthusiastic and expert input from the following co-opted members:- Dr. Dominic Woo, Dr. CS Lam, Dr. Hing So, Dr. Timothy Short, Dr. Tom Buckley, Dr. CL Kwok, Dr. CT Hung and Dr. SL Tsui.

COMMITTEE ON MANPOWER STUDY

From Joyce Wong:

The Committee presented a report to the Council for its consideration and comment on the 1st of December, 1993. Salient features are a proposed minimum manpower formula for staffing in anaesthesia departments which takes into account all activities of anaesthesiologists and the proposal that all anaesthesiologists be entitled to a minimum of one half-day per week or 10% working time for Continuing Medical Education activities.

The College is starting to accumulate data from the various public hospitals in Hong Kong with regard to present staffing levels. The Committee's next step will be to use this information to estimate Hong Kong's requirement for trained anaesthesiologists in the coming years.

HONG KONG COLLEGE OF ANAESTHESIOLOGY COURSES

Part I FANZCA Course 1993/94 Interim Report

From S L Tsui:

Course Co-ordinators:

S L Tsui

Cindy Aun

Andrea O'Regan

An intensive course was organized by the Hong Kong College of Anaesthesiologists for trainee anaesthetists to prepare for the Primary FANZCA Examination.

The course consisted of four parts:

- I. Informative systematic lectures - 4 September to 27 November 1993
- II. Training on answering essay questions - September to December 1993: one past examination (essay) question every week answered by primary candidates and marking with comments made by local tutors.
- III. Tutorials conducted by ANZCA tutor - Dr Salamonsen from 17 to 28 January 1994.
- IV. Crash Course on Oral Examination Training - To be conducted after the written examination on 6, 12, 19, 26 March 1994.

Charges:

Course charges payable by participant trainee, as determined by HKCA Council:

Part I & II - HK\$ 500.00

Part III & IV - HK\$ 700.00

Total: - HK\$1,200.00

Part III of the course was partly sponsored by Hong Kong Oxygen & Acetylene Co. Ltd.

Report on the Part I and Part II of the course:

The Part I & II of the course was completed on 30 November 1993. Twenty six anaesthetic trainees joined Part I & II of the course. The attendance was satisfactory which ranged from 14 to 24 representing a mean of 71% (range 54 to 92%). Participant trainees were invited to assess and make comments on these two parts by answering a questionnaire on 30 November 1993. Ten completed and returned the questionnaire and the results were analysed as follows:

1. Part I: Systematic lectures

- 1.1 Overall Assessment (Five grades - excellent/good/satisfactory/unsatisfactory/ waste of time): good - 20% , satisfactory - 60%.
- 1.2 Assessment of Individual Lectures (Five grades - A to E); most trainee rated the systematic lectures B or C.

Part II: Essay Training

- 2.1 Seventy percent of the trainees regarded the questions set were appropriate and helpful for their preparation for their Primary FANZCA Examination
- 2.2 Some trainees commented on the delay in returning marked questions and suggested that an earlier return would enable them to correct their weaknesses in answering essay questions.

Part III of the course was completed in January. Dr R F Salamonsen Intensivist-in-Charge, Cardiothoracic Intensive Care Unit, Alfred Hospital, Prahran, Melbourne Victoria, AUSTRALIA, conducted the tutorials.

Part IV of the course will be held in March. Please refer to the enclosed draft of the programme for details.

FANZCA FINAL COURSES 1993/94

From Chi-tim Hung:

Final FANZCA Informative Course 1993

This Course was held on every Friday afternoon from 8th October 1993 to 17th December 1993, spanning over three months. Fourteen trainees enrolled into the Course, which was given by 41 local speakers, including 40 anaesthetists and 1 physician. The Course covered a wide range of important topics in Anaesthesia and Intensive Care that served to give the candidates preparing for the Final FANZCA examination a study guide and an overview of the subject. I am in the process of collecting and analysing the evaluation returns from those participants, which will serve to improve the running of future courses.

Final FANZCA Crash Course 1994

As the second part of the Final FANZCA Course, the Crash Course is aiming at a more examination oriented approach. The programme for 1994 consists of three Saturday whole-day sessions, and they will all be held at the Queen Elizabeth Hospital. The provisional Time Table is summarised as follows:

Day 1: 19th February 1994 (Saturday)

Venue: B1 Rooms, QEH

Programme: Mock Written, Introduction to the Course, Tips & techniques on answering Short questions & MCQs, Feedback and analysis of the 4 Essay/Short Questions, Two MCQ papers each of 1.5 hour duration, with analysis

Time: 08:30-18:00 hours

Day 2: 9th April 1994 (Saturday)

Venue: Queen Elizabeth Hospital

Morning: M2 Seminar room (Rm 5)

Afternoon: B1 Rooms

Programme: Tutorials & Vivas

am: X-Ray sessions

How to interpret CXR

Film Quiz

ECG & Lab result Interpretation

How to pass Medical Examination and Anaesthetic Vivas

pm: Mock Viva & Medical examination (examination style)

Time: 09:00-18:00 hours

Day 3: 30th April 1994 (Saturday)

Venue: Queen Elizabeth Hospital

am: M2 Seminar Room (Rm 5)

pm: B1 Rooms

Programme: Tutorial & Vivas

am: Tutorials

ICU for anaesthetist

Controversies in Anaesthesia

Airway management

Regional Anaesthesia

Obstetric Anaesthesia

Risk Assessment

Equipment

pm: Mock Viva & Medical Examination
(examination style)

Time: 09:00-18:00 hours

Course Fee: HK\$500.00

For applications or enquiries, please contact

Dr. C.T. Hung

Final FANZCA Course Organiser

c/o Dept of Anaesthesia

Queen Elizabeth Hospital

30 Gascoigne Road

Kowloon

(Tel: 7102176 (Secretary).

Fax: 7824725)

SCIENTIFIC SESSIONS

From Cindy Aun: A symposium on "Chronic Pain Management" sponsored by Astra Pharmaceuticals Ltd., was held in the New World Hotel on the 23rd of September, 1993. Dr. David Cherry, the Director of the Pain Management Unit in the Flinders Medical Centre in Australia, and two local colleagues each gave a presentation. Dr. Cherry spoke on "Recent Advances in Chronic Pain Management". "Neurophysiology of Chronic Pain Pathways" was covered by Dr. K.K. Lam from Prince of Wales Hospital and Dr. S.L. Tsui from Queen Mary Hospital spoke on "The Hong Kong Experience of Chronic Pain Management". More than 100 people, including specialists from other specialities, attended the meeting. The talks were lively and invited vivid discussion at the end.

The Flinder's Pain Management Unit in Adelaide was the first of its kind in the whole of Australia. The joint efforts of the various dedicated specialists and nursing staff contributed to the success of this multidisciplinary unit. Their recent interest is in the development of an implantable "Patient Activated Reservoir." The other are in which they are involved is the pharmacokinetics of different opioids. It was Dr. Cherry's first visit to Hong Kong. He was totally absorbed by what he had seen during his one week stay in Hong Kong. He was still busy doing his shopping in "Women Street" at the very last minute before leaving for the airport.

From Joseph Lui: The College held a symposium on education and training in anaesthesia on the 8th of December 1993 at the Ramada Renaissance Hotel. The symposium was well attended by fellows and members.

Prof. Richard Clark, Dean of the Faculty of Anaesthetists, Royal College of Surgeons in Ireland started off with a talk on "The Value of Research in Anaesthetic Training". In his talk, he emphasised the importance of research as part of the fellowship training.

This was followed by Dr. Michael Davies, President of the Australia and New Zealand College of Anaesthetists who gave a talk on "Training in Regional Anaesthesia" in which he presented an interesting, but rather unconventional, viewpoint on regional anaesthesia training. He was proposing that we should aim for a 50% regional anaesthesia rate in a teaching hospital setting.

The final speaker, Prof. Alastair Spence, President of the Royal College of Anaesthetists gave us a soul searching talk on "Training Doctors to Teach" in which he was highly critical of the conventional training schemes whereby service needs of the training hospitals sometimes took precedent over the training requirements of the trainees. He believed we would produce better trained anaesthetists in much shorter time if we trained our trainees using training objectives.

This was followed by a very spirited discussion, especially between Prof. Clark and Prof. Spence on whether research should be part of the fellowship training. Prof. Spence was of the opinion that it was better if research was carried out in a stand-alone setting, eg a PhD programme.

Finally, we are most grateful to Burroughs Wellcome for sponsoring the meeting which concluded with a sumptuous Chinese dinner.

COLLEGE ANNOUNCEMENTS

HKCA PRIMARY FANZCA CRASH COURSE

This is a Crash Course for Viva Training.

DATE, TIME & VENUE:

1. 5 March, 1994, 09:00 to 17:30 at Queen Elizabeth Hospital, Wylie Road, Kowloon.
2. 12 March, 1994, 09:00 to 17:30 at Audiovisual Section. Doctors' Common Room, K2, Queen Mary Hospital, Pokfulam Road, Hong Kong
3. 19 March, 1994, 09:00 to 12:30 at Department of Anaesthesia and Intensive Care and 14:00 to 17:30 at Seminar Room 4, Prince of Wales Hospital Shatin, New Territories.
4. 26 March, 1994, 09:00 to 17:30 at Audiovisual Section, Doctors' Common Room, K2, Queen Mary Hospital, Pokfulam Road, Hong Kong.

Viva training conducted by local tutors on four Saturdays which consists of 90 minute sessions as follows:

- a. 09:00 - 10:30
- b. 11:00 - 12:30
- c. 14:00 - 15:30
- d. 16:00 - 17:30

Arrangement for the viva trials:

Each 90 minute session will be conducted by two tutors who take turns to ask examination questions (for 14 minutes) and make comments and recommendations (for 1 minute) immediately after each viva. Each candidate will be questioned for 15 minutes. Other candidates are encouraged to watch the trial viva. Candidates will be interviewed in rotation. The number of rotations will depend on the total number attending. Up to six candidates will undergo at least one viva trial per session.

Charge for Part III & IV of the HKCA Course for Primary FANZCA Examination payable by each participant is HK\$ 700.00 .

Enquiries: Dr.S.L.Tsui, Course Organiser, Consultant Anaesthetist, Queen Mary Hospital, Pokfulam Road, Hong Kong.

HONG KONG COLLEGE OF ANAESTHESIOLOGISTS VOCATIONAL TRAINING PROGRAMME

Training Requirements:

1. Only Members of the College, who are registered as trainees with the College, may have their experience accredited towards their vocational training programme requirements as described hereunder.
2. These requirements will apply to all new trainees starting training on or after 1st January 1994. Members of the College must register as trainees with the College within three months of the start of training for the training experience to be accredited, except for those starting on 1st January 1994 (see below).
3. All anaesthetists intending to have their experience accredited as training experience starting from 1st January 1994 shall become Members of the College and register as such before 30th April 1994 in order to have their training experience accredited.
4. Anaesthetists already under training in training schemes of overseas Colleges prior to 1st January 1994 will have their cases considered individually, but will need to become Members of the College and register as trainees before 30th April 1994 in order to have their previous experience considered for accreditation.
5. Vocational training in anaesthesiology shall consist of six years after full registration with the medical registration authority.
6. The six year vocational training programme shall be full-time and shall consist of the following components:

6.1 Non-anaesthetic clinical experience	6 months
6.2 Clinical Anaesthesia	48 months
6.3 Intensive & Critical Care Medicine	3 months
6.4 Elective Options	15 months
7. Elective options (referred to under Para. 6.4)
 - 7.1 Trainees may undertake the following or a combination of the following as part of their elective training:
 - 7.1.1 clinical anaesthesia
 - 7.1.2 intensive & critical care medicine
 - 7.1.3 clinical specialties
 - 7.1.4 research related to anaesthesia and/or intensive & critical care medicine

7.2 Training in elective options must be in posts approved by the College or the respective specialty College in Hong Kong. Research positions must have prior approval of the College.

7.3 Elective options are subject to the following limitations:

7.3.1 Not more than 12 months may be in clinical anaesthesia

7.3.2 Not more than 12 months may be in research.

8. The minimum period of hospital appointment for approved training is three months.

Rotational Anaesthetic Training:

9. Vocational trainees shall undergo rotational training in accredited hospitals in approved rotation schemes.

10. Vocational trainees shall acquire their necessary clinical anaesthetic training experience at accredited hospitals with the following limitations:

10.1 Not more than an aggregate of thirty months of approved anaesthetic training may be obtained at Category B and /or C hospitals.

11. Trainees with overseas training experience will be considered and assessed individually by the Education Committee.

Documentation of Experience:

12. Each vocational trainee shall keep a LOG BOOK, in the approved format, to document, all cases handled. This log book should be audited by the Supervisor of Training of accredited hospitals, at least annually, to ensure adequate exposure to the various sub-specialties available in the hospital, having regard to the previous training experience of the trainee. The Supervisor of Training is responsible for the certification that the case load experience experience any standard that may be stipulated by the Education Committee. The Log Book on demand will be subject to the scrutiny of the Education Committee.

Note: Accreditation of Hospitals for Training:

Individual hospitals shall be accredited for training in clinical anaesthesia in the following categories:

1. Category A Accredited anaesthetic training of more than twenty-four months but not more than thirty-six months.
2. Category B Accredited anaesthetic training of not more than twenty-four months.
3. Category C Accredited anaesthetic training of not more than six months.

HONG KONG COLLEGE OF ANAESTHESIOLOGISTS APPLICATION FOR REGISTRATION AS A VOCATIONAL TRAINEE

Details of Applicant:

Surname: _____ Given Names: _____

Address : _____

Date of Birth: _____ Place of Birth: _____

Qualifying Degrees/Diplomas: _____
with details of issuing _____
institution & date _____

Present Hospital Affiliation: _____

Hospital Address: _____

Internship Appointments:

Date	Department	Hospital
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Application Supported by Chief of Service: _____
(name)

(signature)

(Recent Photograph)
of Applicant

(Date of Application)

(Signature of Applicant)

HONG KONG COLLEGE OF ANAESTHESIOLOGISTS REGISTER OF TRAINING -- TRAINING APPOINTMENTS

APPOINTMENTS YEAR 1

Dates	Hospital	Department	Appointment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Trainee

Certified by Supervisor

APPOINTMENTS YEAR 2

Dates	Hospital	Department	Appointment
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Trainee

Certified by Supervisor

ANNUAL GENERAL MEETING AND SCIENTIFIC MEETING

The Annual General Meeting of our College will be held on the 19th of May. It will be followed by a Scientific Meeting. Professor John Norman from the University of Southampton will be the guest speaker. The venue will be notified later.

NEWS FROM MEMBERS

ARTICLE:

The Importance of Combitube™ in the Management of Failed Intubation and Impossible Ventilation

K.O. Sun, MA, DA, DCH, FFARCSI, SMO, Kwong Wah Hospital

The most frightening experience that an anaesthetist may face in his career is the life-threatening situation when he cannot ventilate the lungs of a patient via a mask or intubate the trachea (hereafter referred to as failed intubation/ventilation). This unexpected airway problem poses a constant threat to the anaesthetist. Analysis of the 750 cases of death and cerebral damage reported to the Medical Defence Union between 1970 and 1982 showed that inability to successfully manage difficult airways was the most common cause of these incidents [1].

The options available for management of difficult airways have been reviewed [2], and these include fiberoptic-guided intubation, retrograde intubation, cricothyrotomy, transtracheal jet ventilation, the use of the Bullard laryngoscope, and the use of ancillary devices such as the laryngeal mask airway and Combitube. In the event of failed intubation and impossible mask ventilation, unless there is an alternative method of ventilation immediately available, major cerebral damage or death will rapidly ensue. The extreme urgency of this situation, compared with the adverse intubating environment, of blood and secretions in the oropharynx, seriously limit the use of cricothyrotomy, fiberoptic laryngoscopy, the Bullard laryngoscope and retrograde intubation.

Laryngeal mask airway, transtracheal jet ventilation and Combitube are the three ventilation options that can be considered in the failed intubation/ventilation situation. They can be instituted rapidly, easily, and effectively, and their use is associated with relatively few complications. Laryngeal mask airways have been used successfully in patients whose trachea cannot be intubated [3-7]. However, the main drawback of this airway is that it will not protect against pulmonary aspiration, as the rim of the inflatable cuff cannot guarantee an air-tight seal around the larynx [8-11]. This is especially dangerous after failed mask -ventilation which may have resulted in gaseous distention of the stomach.

Percutaneous transtracheal jet ventilation, using an intravenous catheter inserted through the cricothyroid membrane, is a rapid and effective way to resume ventilation in these urgent situations [12]. Some anaesthetists may be deterred from trying this procedure as it is potentially fatal if improperly performed [13-16]. Anaesthetists in Hong Kong may be more disinclined to use transtracheal jet ventilation as their exposure to this technique may be very limited. Transtracheal jet ventilation is contraindicated in cases of obstructed upper airway, where expiration is impossible through the glottis and mouth. Another limitation to the use of this ventilation method is that pulmonary aspiration is always a

possibility. Therefore, once the condition of the patient becomes stable, the airway should be secured by other means if general anaesthesia is to be continued.

Oesophageal tracheal CombitubeTM (Sheridan Catheter Corp., Argyle) is a new device combining the functions of an oesophageal obturator airway and an endotracheal tube [Fig. 1]. It is a twin-lumen tube, consisting of a "tracheal" and an "oesophageal" lumen [Fig. 2]. The "tracheal" lumen has a distal open end and acts as an endotracheal tube. The "oesophageal" lumen has a blocked distal end, an inflatable distal cuff and perforations at the pharyngeal level. Proximal to the pharyngeal perforations is an oropharyngeal balloon, which seals the oral cavity and the nasopharynx after inflation.

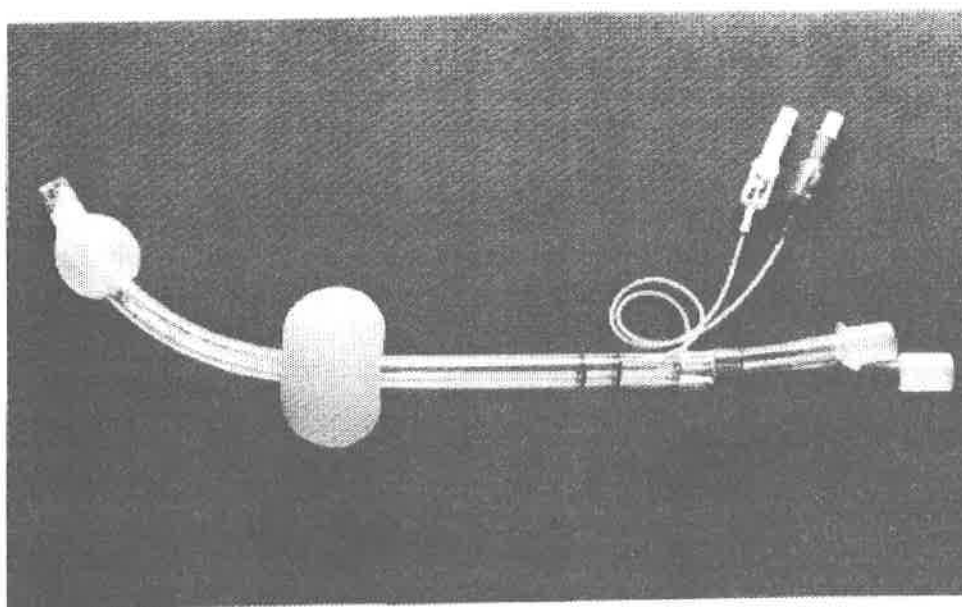


Figure 1.
Oesophageal tracheal Combitube

The Combitube was designed to establish airway patency in the difficult airway and can be inserted blindly, without laryngoscopy, into either the oesophagus or the trachea. Ventilation is possible in either of these positions. In case of oesophageal intubation, the pharyngeal perforations will direct the gas to the trachea, as the inflated proximal and distal cuff seal off all the other pathways [Fig. 3]. In case of tracheal intubation, the Combitube is now functioning as a conventional endotracheal tube [Fig. 4].

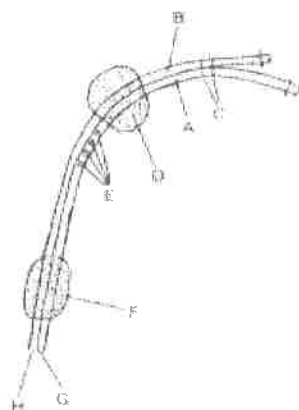


Fig 2. Cross section of the Combitube.

A: Oesophageal lumen. B: Tracheal lumen.

C: Printed marks for depth of insertion. D: Oropharyngeal balloon.

E: Pharyngeal perforations of the oesophageal lumen.

F: Distal cuff for sealing of either the oesophagus or the trachea.

G: Distal blocked end of the oesophageal lumen.

H: Distal open end of the tracheal lumen.

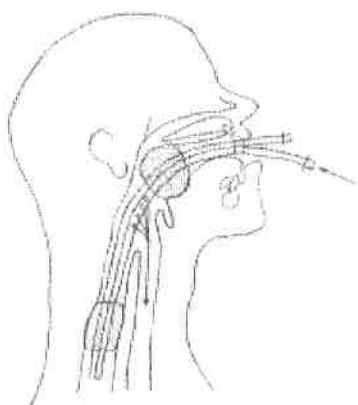


Fig 3. Combitube in oesophageal position. The arrows show the flow of air through the oesophageal lumen and pharyngeal perforations and thence into the pharynx and trachea.

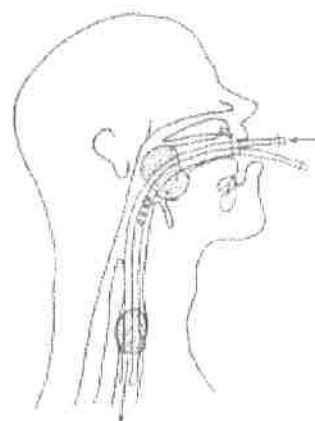


Fig 4. Combitube in endotracheal position. The arrows show the flow of air through the tracheal lumen and thence into the trachea.

Each lumen is linked via a tube with a connector. With the help of capnography, it is easy to decide which connector should be attached to the ventilator. The Combitube has been used in cardiopulmonary resuscitation [17,18] and in cases of difficult intubation [19-22]. It probably provides the best alternative to endotracheal intubation in the failed intubation/ventilation situation. The ease of insertion ensures prompt establishment of a patent airway. It also allows for adequate ventilation and excellent oxygenation and at the same time provides good protection against pulmonary aspiration. The Combitube can also be used for prolonged ventilation [23] and so general anaesthesia can be maintained with the airway in situ. However the insertion of this device requires an adult-size mouth and a fair degree of mandibular movement. Until the paediatric sizes are available, the Combitube at present is contra-indicated in patients under the age of 16. Another disadvantage of the Combitube is that the lungs cannot be suctioned when the tube lies in the oesophageal position. Nevertheless, the oesophageal tracheal Combitube has gained worldwide interest and has been included in the "Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care" of the American Heart Association [24].

References:

1. Utting JE. Pitfalls in anaesthetic practice. *British Journal of Anaesthesia* 1987; 59: 877-890.
2. Benumof JL. Management of the difficult adult airway, with special emphasis on awake tracheal intubation. *Anesthesiology* 1991; 75: 1087-1110.
3. Editorial: Laryngeal mask airway. *The Lancet* 1991; 338: 1046-1047.
4. Brain AIJ. Three cases of difficult intubation overcome by the laryngeal mask airway. *Anaesthesia* 1985; 40: 353-355.
5. Chadwick IS, Vohra A. Anaesthesia for emergency caesarean section using the Brain laryngeal airway. *Anaesthesia* 1989; 44: 261-262.
6. Calder I, Ordman AJ, Jackowski A, Crockard HA. The Brain laryngeal mask airway: An alternative to emergency tracheal intubation. *Anaesthesia* 1990; 45: 137-139.
7. DeMello WF, Kocan M. The laryngeal mask in failed intubation. *Anaesthesia* 1990; 45: 689-690.
8. Payne J. The use of the fiberoptic laryngoscope to confirm the position of the laryngeal mask. *Anaesthesia* 1989; 44: 865.
9. Griffin RM, Hatcher IS. Aspiration pneumonia and the laryngeal mask airway. *Anaesthesia* 1990; 45: 1039-1040.
10. Brimacombe J, Berry A. Aspiration and the laryngeal mask airway -- a survey of Australian intensive units. *Anaesthesia and Intensive Care* 1992; 20: 534-535.
11. Nanji GM, Maltby JR. Vomiting and aspiration pneumonitis with the laryngeal mask airway. *Canadian Journal of Anaesthesia* 1992; 39: 69-70.
12. Benumof JL, Scheller MS. The importance of transtracheal jet ventilation in the management of the difficult airway. *Anesthesiology* 1989; 71: 769-778.
13. Smith BR, Babinski M, Klain M, Pfaeffle H. Percutaneous transtracheal ventilation. *Journal of American College of Emergency Physicians* 1976; 5: 765-770.

14. O'Sullivan TJ, Healy GB. Complications of Venturi jet ventilation during microlaryngeal surgery. *Archives of Otolaryngology* 1985; 111: 127-131.
15. Oliverio R, Ruder CB, Fermon C, Curd A. Report on pneumothorax secondary to ball-valve obstruction during jet ventilation. *Anesthesiology* 1979; 51: 255-256.
16. Smith RB, Schaer WB, Pfaeffle H. Percutaneous transtracheal ventilation for anesthesia: A review and report of complications. *Canadian Anaesthetists' Society Journal* 1975; 22: 607-612.
17. Frass M, Frenzer R, Zdrahal F, Hoflehner G, Porges P, Lackner F. The oesophageal tracheal Combitube: preliminary results with a new airway for CPR. *Annals of Emergency Medicine* 1987; 16: 768-772.
18. Frass M, Frenzer R, Rauscha F, Schuster E, Glogar D. Ventilation with the oesophageal tracheal Combitube in cardiopulmonary resuscitation. Promptness and effectiveness. *Chest* 1988; 46: 781-784.
19. Frass M, Frenzer R, Zahler J, Llias W, Leuthner C. Ventilation via the oesophageal tracheal Combitube in a case of difficult intubation. *Journal of Cardiothoracic Anesthesia* 1987; 1: 565-568.
20. Bigenzahn W, Pesau B and Frass M. Emergency ventilation using the Combi tube in cases of difficult intubation. *European Archives of Otorhinolaryngology* 1991; 248: 129-131.
21. Eichinger S, Schreiber W, Heinz T, Kier P, Dufek V, Goldin M, Leithner C and Frass M. Airway management in a case of neck impalement: Use of the oesophageal tracheal Combi tube airway. *British Journal of Anaesthesia* 1992; 68: 534-535.
22. Klauser R, Roggla G, Pidlich J, Leithner C, Frass M. Massive upper airway bleeding after thrombolytic therapy: successful airway management with the Combitube. *Annals of Emergency Medicine* 1992; 21: 431-433.
23. Frass M, Frenzer R, Mayer G, Popovic R, Leithner C. Mechanical ventilation with the esophageal tracheal Combitube (ETC) in the intensive care unit. *Archives of Emergency Medicine* 1987; 4: 219-225.
24. Combination esophageal-tracheal tube. In: Guidelines for cardiopulmonary resuscitation and emergency cardiac care. Recommendations of the 1992 National Conference of the American Heart Association. *The Journal of the American Medical Association* 1992; 268: 2203

EXAM SUCCESSES

We wish to congratulate the following members on their exam successes:

Higher degrees

MD Thesis

Dr Ivan T Houghton, MD Thesis, Some Common Factors and Problems Relating to General Anaesthesia in Asians and Europeans, CUHK 1993.

Dr Timothy G Short, MD Thesis, The Use of Midazolam in Anaesthetic Practice, Otago, NZ, 1993.

College degrees

FANZCA Part 1 Anaesthesia

Dr Terence HK Beh
Dr Theresa Wan-hun Hui

FANZCA Part 2, Anaesthesia

Dr Dick Lee Kai Wai,
Dr PW Ceung

FRCA July 1993

Major C Barraclough

FFARCSI Dec 1993

Dr YY Lee

NEW APPOINTMENTS

We congratulate the following on their new appointments:

Professor of Anaesthesia

Professor Joseph C S Yang, Chair of Anaesthesiology in the Department of Anaesthesiology, University of Hong Kong.

Chief of Service in Anaesthesia

Dr. Sathasivam Anandaciva, Anaesthetic Department, Tuen Mun Hospital

Dr. Arthur So, Anaesthetic Department, Kwong Wah Hospital

Head of Administration in Anaesthesia

Dr. Chandra Rodrigo, Anaesthetic Unit, Prince Philip Dental Hospital.

Senior Lecturer in Anaesthesia

Dr. Timothy Short, Chinese University of Hong Kong, Department of Anaesthesia and Intensive Care, Prince of Wales Hospital

Consultant in Anaesthesia

Dr. CK Chan , Hong Kong Eye Hospital

Dr. WL Tam, Pok Oi Hospital

Senior Medical Officer

Dr. K.Mui, Department of Anaesthesia and Intensive Care, Prince of Wales Hospital.

AN INTRODUCTION TO OUR NEW PROFESSOR IN ANAESTHESIOLOGY IN THE UNIVERSITY OF HONG KONG

Professor Joseph C. S. Yang graduated from Un Long High School, Kowloon, Hong Kong in 1953 . He obtained the MD degree at the Medical Academy in Dusseldorf, West Germany 1964 and the L.R.C.P.,L.R.C.S.(Edin.) and L.R.C.S. (Glas.) in 1968. He trained in Anaesthesiology at the Belfast City Hospital, Belfast and the Columbia-Presbyterian Hospital in New York, U.S.A. Certified by the American Board of Anesthesiology with additional subspeciality certification in pain management. He is also a Fellow of the Faculty of Anaesthetists of the Royal College of Surgeons in Ireland. He has worked in the Columbia University in New York and the New Jersey Medical School in the U.S.A. His main research interests are pain measurement and pain management.

NEWS FROM HOSPITALS

British Military Hospital

The British Military Hospital in Hong Kong either provides or arranges for complete medical services, in general, to all entitled military and civilian personnel and MOD locally employed civilians who contribute to the Medical Benefits scheme. As the number of entitled personnel will reduce as 1997 approaches, so will the establishment of the British Military Hospital be reduced and more services will be contracted from outside agencies. The Department of Anaesthesia and Resuscitation will be reduced in size from two consultant anaesthetists (Colonel IT Houghton L/RAMC and Colonel (Retd) DCB FitzPatrick) and a specialist anaesthetist (Major C Barraclough) to two consultants, probably in October 1993. With the reduction to two anaesthetists, leave and other duty absences will need to be covered by *loca tenentes* recruited either locally or from the United Kingdom.

Kwong Wah Hospital

Formal decentralization of the Anaesthetic Unit of Tung Wah Eastern Hospital from the Tung Wah Group of Hospitals has been effected since the 1st of July, 1993.

Decentralization has not been effected in the Anaesthetic Units of Tung Wah Hospital and Kwong Wah Hospital. Dr. Chakrabarti remains the consultant anaesthetist in Kwong Wah Hospitals and consultant i/c in Tung Wah Hospital.

Dr PC So, formerly the consultant anaesthetist in Kwong Wah Hospital, has been appointed the Chief of Service in the Department of Anaesthesia in Kwong Wah Hospital since the 1st of July, 1993.

Prince Phillip Dental Hospital

Anaesthetic Unit of this hospital has been reorganised. Dr. Chandra Rodrigo has been appointed the Head of Administration and Dr. Mike Moles the Head of Clinical Services.

The Prince of Wales Hospital

The Department welcomes the following Visiting Lecturers

Dr Warwick Ngan Kee, FANZCA, from New Zealand
 Dr Ross Freebairn, FANZCA, from South Africa
 Dr Charles D Gomersal, MRCP, FRCA from London

The Department bid farewell to the following Staff

Dr. Simon Rowbottom, Senior Medical Officer, departed for the private sector.
Dr. Shashi Bhatt, Lecturer, departed to America.

Awards

Dr. Tommy KL Suen . The Gilbert Brown Prize, for the best presentation by a trainee or junior fellow of the Australian College at the Annual General Scientific Meeting, Adelaide 1993

Dr. Timothy G Short & Dr T Buckley. Awarded \$272,000 in July, 1992 by the Universities and Polytechnics Grants Committee for the study of morbidity and mortality in anaesthesia and intensive care.

Dr. Peter Au Yeung. Awarded \$432,000 in July, 1993 by the Universities and Polytechnics Grants Committee for the study of cerebral perfusion and oxygenation by near infra-red spectroscopy in head injured patients.

Events

This year the Department organised the 7th Congress of the Western Pacific Association of Critical Care Medicine, in Hong Kong, in January, 1993.

The following distinguished guests visited the Department:

Prof. Graham Smith, Professor of Anaesthesia, Leicester University and Editor of The British Journal of Anaesthesia, May, 1993.

Dr. David Cherry Director of The Pain Management Unit, Flinders Medical Centre, Adelaide, Australia, September, 1993.

Dr. Arthur Lam, Neuroanaesthetist from Seattle, USA.

Queen Mary Hospital

A Seminar on Pain was organized by the Department of Anaesthesiology. It was held on the 13th of November, 1993, from 14:30 to 18:00 hrs in the Underground Lecture Theatre 1, New Clinical Building, in QMH.

Tuen Mun Hospital

The hospital commenced Day Surgery with the setting up of a preoperative assessment clinic for the day patients in January, 1993. The feedback from patients has been very positive, especially for paediatric and gynaecological patients.

The ICU expanded from five beds to seven beds in September, 1993.

MEMBERS PUBLICATIONS IN 1992 & 1993

British Military Hospital

1992

Houghton IT, Aun CST, Gin T, Lau JTF. Inter-ethnic differences in postoperative pethidine requirements. *Anaesthesia and Intensive Care* 1992; 20: 52-55.

Houghton IT, Aun CST, Oh TE. Vecuronium: an anthropometric comparison. *Anaesthesia* 1992; 47: 741-746.

Houghton IT, Chan K, Wong YC, Aun CST, Lau OW, Lowe DM. Pethidine pharmacokinetics: a comparison in three ethnic groups. *Methods and Findings in Experimental and Clinical Pharmacology* 1992; 14: 451-458.

1993

Houghton IT, Aun CST, Gin T, Lau JTF, Oh TE. Suxamethonium myalgia: an ethnic comparison with and without pancuronium pretreatment. *Anaesthesia* 1993; 48: 377-381.

Houghton IT, Aun CST, Chan K. Pethidine pharmacokinetics in a heroin addict: a case report. *Journal of Clinical Pharmacy and Therapeutic* 1993; 18: 139-140.

Houghton IT, Chan K, Wong Y-C, Leung DH-Y, Aun CST. Biotransformation of Pethidine: A comparative study of 24 H urine in three ethnic groups. *European Journal of Drug Metabolism and Pharmacokinetics* 1993; 18: 285-288.

Houghton IT, Aun CST, Leung DH-Y. Minimum alveolar concentration of halothane. An ethnic comparison. *Journal of the Royal Army Medical Corps* 1993; 139: 117-119.

Houghton IT, Low JM, Lau JTF, Oh TE. An ethnic comparison of the sympathetic response to tracheal intubation. *Anaesthesia* 1993; 48: 965-968.

Kwong Wah Hospital

1992

So PC, Sun KO. Pneumomediastinum and subcutaneous emphysema following spinal surgery. *Anaesthesia and Intensive Care* 1992; 20: 93-97.

Yogasakaran N. Laparoscopy, surgical emphysema and ECG voltage. *Anaesthesia* 1992; 47: 720.

Yogasakaran N, Jayaprakash KP, Sun KO. Sugi absorbent swabs, dacrocystorhinostomy and partial respiratory obstruction. *Anaesthesia* 1992; 47: 916-917.

1993

Sun KO. A risk of using elastic bandage to secure the breathing circuit. *Anaesthesia and Intensive Care* 1993; 21: 125.

Sun KO. Doxapram in tubeless anaesthesia for microlaryngeal surgery. *Anaesthesia and Intensive Care* 1993; 21: 250-251.

Sun KO. Malfunction of Servo ventilator and auto-PEEP. *Anaesthesia and Intensive Care* 1993; 21: 258-259.

Sun KO. Central anticholinergic syndrome following reversal of neuromuscular blockade. *Anaesthesia and Intensive Care* 1993; 21: 363-365.

Sun KO. Prevention of bronchial intubation with RAE tube during adenotonsillectomy. *Anaesthesia* 1993; 48: 645.

Sun KO. Bronchospasm after esmolol and neostigmine. *Anaesthesia and Intensive Care* 1993; 21: 457-459.

Prince Phillip Dental Hospital

1992

Cheung LK, Rodrigo MRC. Tenoxicam for pain relief following third molar surgery. *Anaesthesia and Pain Control in Dentistry* 1992; 1: 229-232.

Rodrigo MRC. Disorders of cardiac rhythm during anaesthesia and sedation for oral and maxillofacial surgery. *Oral and Maxillofacial Surgery Clinics of North America* 1992; 4: 781-794.

Rodrigo MRC, Chan LSC, Hui E. Flumazenil reversal of conscious sedation for minor oral surgery. *Anesthesia and Intensive Care* 1992; 20: 174-176.

Rodrigo MRC. Flumazenil - Review. *Journal of the College of Anaesthesiologists of Shri Lanka* 1992; 2: 37-47.

Rodrigo MRC. Hong Kong Chinese prefer to be sedated during Dental Surgery. *Hong Kong Dental Association 1991 Year Book*, 1992; 50-1

1993

Rodrigo MRC, Comfort MB, Lee KM. Pre-operative diflunisal for pain relief following third molar surgery under general anaesthesia. *Australian Dental Journal* 1993; 38:125-130.

Rodrigo MRC. A new drug for the resuscitation trolley in a dental surgery. *Hong Kong Dental Association 92/93 Biannual Report*. 1993: 92-93.

The Prince of Wales Hospital**1992**

Aun CST, Short SM, Leung DHY, Oh TE. Induction dose-response of propofol in unpremedicated children. *British Journal of Anaesthesia* 1992; 68: 64-67.

Bhatt SB, Buckley TA. Septic shock: pathophysiology, clinical features and a therapeutic approach. *Journal of the Hong Kong Medical Association* 1992; 44: 91-96.

Bhatt SB, Hutchinson R, Tomlinson B, Oh TE. The effects of dobutamine on oxygen supply and uptake in healthy volunteers. *Anaesthesia and Intensive Care* 1992; 20: 239.

Bhatt SB, Hutchinson RC, Tomlinson B, Oh TE, Mak M. Effect of dobutamine on oxygen supply and uptake in healthy volunteers. *British Journal of Anaesthesia* 1992; 69: 298-303.

Bhatt SB, Kendall AP, Lin ES, Oh TE. Resistance and additional inspiratory work imposed by the laryngeal mask airway. A comparison with tracheal tubes. *Anaesthesia* 1992; 47: 343-347.

Buckley TA. Heat stroke. *Journal of the Hong Kong Medical Association* 1992; 44: 110-115.

Buckley TA. Multiple organ failure syndrome. *Journal of the Hong Kong Medical Association* 1992; 44: 74-83.

Chen PP, Chui PT. Endobronchial intubation during laparoscopic cholecystectomy. *Anaesthesia and Intensive Care* 1992; 20: 537-538.

Chen PP, Gin T. Spurious end-tidal CO₂ diagnosed by capnogram. *Anaesthesia* 1992; 47: 910-911.

Chen PP, Short TG, Leung DHY, Oh TE. A clinical evaluation of the Hemocue haemoglobinometer using capillary, venous and arterial samples. *Anaesthesia and Intensive Care* 1992; 20: 497-503.

Chui PT, Gin T. A double-blind randomised trial comparing postoperative analgesia after perioperative loading doses of methadone or morphine. *Anaesthesia and Intensive Care* 1992; 20: 46-51.

Chui PT, Gin T, Chung SCS. Anaesthesia for a patient undergoing transthoracic endoscopic vagotomy. *British Journal of Anaesthesia* 1992; 68: 318-320.

Chui PT, Short TG, Leung AKL, Tan PE, Oh TE. Systemic absorption of glycine irrigation solution during endometrial ablation by transcervical endometrial resection. *Medical Journal of Australia* 1992; 157: 667-669.

Gin T, Chui PT. Coughing after fentanyl. *Canadian Journal of Anaesthesia* 1992; 39: 406.

Gin T, Lew JKL. Gastric emptying in pregnancy. *British Journal of Anaesthesia* 1992; 68: 115-116.

Gin T, So HY. Effect of oral fluids on gastric volume and pH in postpartum patients. *Anaesthesia and Intensive Care* 1992; 20: 103.

Kan AF, Oh TE. Anaesthesia for bullectomy. Use of propofol, high frequency jet ventilation and extradural blockade. *Anaesthesia* 1992; 47: 480-482.

Lew JKL, Gin T, Oh TE. Anaesthetic problems during laparoscopic cholecystectomy. *Anaesthesia and Intensive Care* 1992; 20: 91-92.

Oh TE. Defining ARDS. *British Journal of Hospital Medicine* 1992; 47: 350-353.

Oh TE. Intensive care in Hong Kong -- where now? *Journal of the Hong Kong Medical Association* 1992; 44: 57.

Oh TE. IV anaesthetics for sedation in ICU. In: *Refresher Course Lectures, 10th World Congress of Anaesthesiologists*, The Hague, The Netherlands, 1992: A103.

Oh TE. Making up inotrope solutions. *Anaesthesia* 1992; 47: 633.

Oh TE. Postoperative hypoxaemia. In: Atkinson RS, Adams AP, eds. *Recent advances in anaesthesia and analgesia* 17. Edinburgh: Churchill Livingstone, 1992: 103-117.

Oh TE. Weaning off mechanical ventilation. *Journal of the Hong Kong Medical Association* 1992; 44: 58-64.

Oh TE, Bhatt S. Plasma catecholamines and oxygen consumption during weaning from mechanical ventilation. *Anaesthesia and Intensive Care* 1992; 20: 237-238.

Oh TE, Bhatt S, Lin E. Increased oxygen consumption does not depict work of breathing during weaning from mechanical ventilation. *Anaesthesia and Intensive Care* 1992; 20: 107.

Parnis S, Foate J, van der Walt J, Short TG, Crowe CE. Oral midazolam is an effective premedication in children having day stay anaesthesia. *Anaesthesia and Intensive Care* 1992; 20: 9-14.

Plummer JL, Short TG. Analysis of effects of drug combinations. *British Journal of Anaesthesia* 1992; 68: 114-115.

Short TG, Plummer JL, Chui PT. Hypnotic and anaesthetic interactions between midazolam, propofol and alfentanil. *British Journal of Anaesthesia* 1992; 69: 162-167.

Tan IKS, So HY. Intensive care for hepatobiliary diseases. *Journal of the Hong Kong Medical Association* 1992; 44: 84-90.

Tai YT, But PPH, Young K, Lau CP. Cardiotoxicity after accidental herb-induced aconite poisoning. *Lancet* 1992; 340: 1254-1256.

Tomlinson B, Bhatt SB, Mak MC, Critchley JAJH. Assessment of inotropic effects of dobutamine by systolic time intervals derived from impedance cardiography. *British Journal of Clinical Pharmacology* 1992; 33: 555P-556P.

Van Hasselt CA, Low JM, Waldron J, Gibb AG, Oh TE. Plasma catecholamine levels following topical application versus infiltration of adrenaline for nasal surgery. *Anaesthesia and Intensive Care* 1992; 20: 332-336.

Yau G, Kan AF, Gin T, Oh TE. A comparison of omeprazole and ranitidine for prophylaxis against aspiration pneumonitis in emergency Caesarean section. *Anaesthesia* 1992; 47: 101-104.

1993

Aun CST. Safety of anaesthesia in childhood. In: Taylor TH, Major E (eds). *Hazards and complications of anaesthesia*, 2nd Ed. 1993: 185-198.

Aun CST, Sung RYT, O'Meara ME, Short TG, Oh TE. Cardiovascular effects of i.v. induction in children: comparison between propofol and thiopentone. *British Journal of Anaesthesia* 1993; 70: 647-653.

Chan MSH, Kong AS. T- piece—the double-bag system. *Anaesthesia* 1993; 48: 647.

Chan MSH, Mui KS, Kan AF. Insertion of LMA: Thiopentone with topical lignocaine. *Anaesthesia and Intensive Care* 1993; 21: 130.

Chui PT, Gin T, Oh TE. Anaesthesia for laparoscopic general surgery. *Anaesthesia and Intensive Care* 1993; 21: 163-171.

Chui PT. Severe obstetrical haemorrhage. In: Abstracts, *7th Congress of the Western Pacific Association of Critical Care Medicine*, Hong Kong, 1993: 61.

- Chung DC, Rowbottom SJ. A very small dose of suxamethonium relieves laryngospasm. *Anaesthesia* 1993; 48: 229-230.
- Critchley LAH, Critchley JAJH, Gin T. Haemodynamic changes in patients undergoing laparoscopic cholecystectomy: measurement by transthoracic electrical bioimpedance. *British Journal of Anaesthesia* 1993; 70: 681-683.
- Gin T, O'Meara ME, Kan AF, Leung RKW, Tan P, Yau G. Plasma catecholamines and neonatal condition after induction of anaesthesia with propofol or thiopentone at Caesarean section. *British Journal of Anaesthesia* 1993; 70: 311-316.
- Gin T. Pharmacodynamics of propofol and free drug concentrations. *Anesthesiology* 1993; 78: 604-605.
- Gin T. Anaesthesia and breast-feeding. *Anesthesia and Intensive Care* 1993; 21: 256-257.
- Gin T. Pharmacokinetic optimisation of general anaesthesia in pregnancy and labour. *Clinical Pharmacokinetics* 1993; 25: 59-70.
- Gin T, Kan AF, Lam KK, O'Meara ME. Analgesia after Caesarean section with intramuscular ketorolac or pethidine. *Anaesthesia and Intensive Care* 1993; 21: 420-423.
- Gin T, Kan AF, Lam KK, O'Meara ME. Ketorolac versus pethidine for analgesia after Caesarean section — preliminary results. *Anaesthesia and Intensive Care* 1993; 21: 246.
- Gin T, O'Meara ME. Epidural bupivacaine and clonidine during labor. *Anesthesiology* 1993; 79: A968.
- Ho JK, Lau WY, Liu K, Li AKC, Leung N, Leung T, Buckley T, Cho A, Chui PT, Oh T. Liver transplantation at Prince of Wales Hospital in Hong Kong. *Journal of the Hong Kong Medical Association* 1993; 45: 136-142.
- Kong AS, Mainland P, Lai C, Chan HS, Chung DC. A solution for topical anaesthesia in awake intubation. *Anaesthesia and Intensive Care* 1993; 21: 246.
- Kong AS, O'Meara ME, Chung DC. Awake endobronchial intubation. *Anaesthesia and Intensive Care* 1993; 21: 261-262.
- Lam KK, So HY, Gin T. Gastric pH and volume after oral fluids in the postpartum patient. *Canadian Journal of Anaesthesia* 1993; 40: 218-221.
- Low JM, Gin T, Lee TW, Fung K. Effect of respiratory acidosis and alkalosis on plasma catecholamine concentrations in anaesthetized man. *Clinical Science* 1993; 84: 69-72.
- O'Meara M, Buckley TA. Tracheal intubation of children in intensive care. *Anaesthesia* 1993; 48: 181.

O'Meara ME, Bhatt SB, Breen D, Bennett NR. The minilink breathing system: resistance and suitability for spontaneous ventilation. *Anaesthesia* 1993; 48: 235-238.

Oh TE. Effect of PEEP on hyperinflation. *British Journal of Anaesthesia* 1993; 71: 322-323.

Oh TE, Bhatt SB. Oxygen delivery and oxygen consumption. *Anaesthesia* 1993; 48: 731-733.

Oh TE, Bhatt SB, Tomlinson B. Metabolic effects of dobutamine. *British Journal of Anaesthesia* 1993; 70: 236-238.

Oh TE, Hutchinson R, Short S, Buckley T, Lin E, Leung D. Verification of the acute physiology and chronic health evaluation scoring system in a Hong Kong intensive care unit. *Critical Care Medicine* 1993; 21: 698-705.

Rhys Williams S, van Hasselt CA, Aun CST, Tong MCF, Carruth JAS. Tubeless anesthetic technique for optimal carbon dioxide laser surgery of the larynx. *American Journal of Otolaryngology* 1993; 14: 271-274.

Rowbottom SJ, Kong AS, Chan M, Tabrizian I. Subdural block. *Anaesthesia and Intensive Care* 1993; 21: 132-133.

Short TG, O'Regan A, Lew J, Oh TE. Critical incident reporting in an anaesthetic department quality assurance programme. *Anaesthesia* 1993; 48: 3-7.

Short TG, Tam YH, Tan P, Oh TE. Pharmacokinetic model-controlled infusion of midazolam. A prospective evaluation during general anaesthesia. *Anaesthesia* 1993; 48: 187-191.

Suen T, Gin T, Chen PP, Critchley LAH, Ray AK. Ondansetron 4 mg IV for the prophylaxis of nausea and vomiting after gynaecological laparoscopic surgery. *Anaesthesia and Intensive Care* 1993; 21: 466.

Sung JY, Chung SCS, Low JM, Cocks R, Ip SM, Tan P, Leung JWC, Oh TE, Li AKC. Systemic absorption of epinephrine after endoscopic submucosal injection in patients with bleeding peptic ulcers. *Gastrointestinal Endoscopy* 1993; 39: 20-22.

Tan IKS, Bhatt SB, Tam YH, Oh TE. Effects of PEEP on dynamic hyperinflation in patients with airflow limitation. *British Journal of Anaesthesia* 1993; 70: 267-272.

Yang YT, Daly BD, Li EK, Hutchinson R. Cranial computed tomography in the assessment of neurological complications in critically ill patients with systemic lupus erythematosus. *Anaesthesia and Intensive Care* 1993; 21: 400-404.

Young K. Hypotension from the interaction of ACE inhibitors with stable plasma protein solution. *Anaesthesia* 1993; 48: 356.

PRESENTATIONS BY MEMBERS AT MAJOR MEETINGS IN 1992 & 1993

British Military Hospital

1992

Houghton IT, Aun CST, Wong YC, Chan K, Lau JT, Oh TE. The respiratory depressant effect of morphine: a comparative study in three ethnic groups. *The Tenth World Congress of Anaesthesiology*, The Hague, Holland, June 1992.

1993

Houghton IT, Aun CST, Oh TE.
Vecuronium: an assessment of its effectiveness in different ethnic groups in two locations. The Society of Anaesthetists of Hong Kong, March 1993.

Kwong Wah Hospital

1992

Sun KO, So PC. Attenuation of cardiovascular responses to tracheal intubation: A study on placebo, fentanyl and esmolol. *World Congress of Anaesthesiologists*, the Hague, Netherlands June, 1992.

So PC, Sun KO. Evaluation of the laryngeal mask airway in the 200 cases of intermittent positive pressure ventilation. *World Congress of Anaesthesiologists*, The Hague, Netherlands June, 1992.

Sun KO. Tetanus in Hong Kong - An Eight-Year Review. Joint Meeting of *The Hong Kong Society of Neurosciences and Hong Kong Neurological Society* October, 1992, Hong Kong Baptist College.

Prince Philip Dental Hospital

1992

Rodrigo MRC, Leung SF. A nasal mask for the Chinese (Rodrigo - Leung Nasal mask). *Biomedical Engineering Symposium*, Hong Kong, February, 1992.

Rodrigo MRC. Flumazenil - A review. *Eighth Annual Scientific Meeting of the College of Anaesthesiologists of Shri Lanka, Colombo*, February, 1992.

Rodrigo MRC, Tong A.

Patient controlled sedation in minor oral surgery. *Seventh Annual Meeting of the IADR/SEA Hong Kong*, P.51 September 1992.

1993

Moles TM. Impact of terrorist activities on anaesthesia and critical care services. *6th Annual Trauma Anaesthesia and Critical Care Symposium*, Baltimore, Maryland, USA, MIEMSS, 1993.

Rodrigo MRC, Chow KC. Time interval between increments in patient controlled sedation with midazolam. *8th Annual Meeting of the IADR/SEA*, Kuala Lumpur, Malaysia, p. 37, April, 1993.

Rodrigo MRC. Flumazenil reversal of a paradoxical reaction with midazolam. *8th ASEAN Congress of anaesthesiologists*, Bali, Indonesia, August, 1993.

Rodrigo MRC, Tong CKA. Patient controlled sedation with midazolam. *8th ASEAN Congress of Anaesthesiologists*, Bali, Indonesia, August, 1993.

Rodrigo MRC. Handling volatile anaesthetics. *First Anaesthesia and Pain Control in Dentistry Symposium*, Oxford, UK, October, 1993.

Prince of Wales Hospital

1992

Chui PT. Anaesthesia for laparoscopic surgery. *Practical Course in Laparoscopic Cholecystectomy*, Hong Kong, June 1992

Gin T. Plasma catecholamines after propofol or thiopentone at Caesarean section. *Conference of Anaesthetists of New Zealand*, Dunedin, 12-16 August 1992

Gin T. Ketorolac versus pethidine for analgesia after Caesarean section. *Australian Society of Anaesthetists AGM*, Adelaide, 17-21 October, 1992

Gin T. Studies on the gastric acid problem *Department of Anaesthesia, University of Malaya*, Kuala Lumpur, 31 October, 1992

Oh TE. Intensive care of hepato-pancreato-biliary diseases. *4th World Congress of Hepato-Pancreato-Biliary Surgery*, Hong Kong, 1992

Oh TE. Bedside measurement of work of breathing. *13th International Symposium on Computers in Clinical Medicine and Anaesthesiology*, Rotterdam, 1992

Oh TE. IV anaesthetics for sedation in ICU. *10th World Congress of Anaesthesiologists*, The Hague, 14-19 June, 1992

Oh TE. 1) Cardiovascular aspects of shock. 2) Development of Intensive Care. *Critical Care Society of Ireland*, Dublin, 1992

Oh TE. 1) Intensive Care, then and now. 2) Minimum monitoring standards - are they useful?. 3) Mechanical ventilation. *Princess Alexandra Hospital Week*, Brisbane, 1992

Oh TE. 1) Management of the ICU. 2) Septic Shock. *Critical Care Society of Indonesia*, Bandung, Indonesia, 1992

Oh TE. 1) Drugs for brain protection. 2) Cardiovascular support for sepsis. 3) Weaning from mechanical ventilation. 4) Mechanical ventilation. *Baragwanath Hospital 50th Anniversary Conference*, Johannesburg, South Africa, 1992

Oh TE. Management of septic shock. *Natal Chapter, South African Society of Critical Care and South African Society of Anaesthetists*, Durban, South Africa, 1992

Short TG. Hypnotic and anaesthetic interactions: midazolam, propofol, alfentanil. *Australian and New Zealand College of Anaesthetists GSM*, Canberra, 11-15 May, 1992

Short TG. An evaluation of the Hemocue haemoglobinometer. *Australian and New Zealand College of Anaesthetists GSM*, Canberra, 11-15 May, 1992

Short TG. Inpatient variability in midazolam and flumazenil pharmacokinetics. *Conference of Anaesthetists of New Zealand*, Dunedin, 12-16 August, 1992

Short TG. Medical audit. *British Military Hospital*, 5 November, 1992

1993

Aun CST. Recovery from GA in children after minor surgery: Comparison of four techniques *3rd European Congress of Paediatric Anaesthesia*, Liverpool 1993.

Bhatt SB. Supply dependence of oxygen uptake: Thermogenic effect of adrenergic agents. *7th Congress Western Pacific Association Critical Care Medicine*, Hong Kong, 12-15 March, 1993

Buckley T. Bronchoalveolar lavage in the diagnosis of nosocomial pneumonia. *7th Congress Western Pacific Association Critical Care Medicine*, Hong Kong, 12-15 March, 1993

Critchley LAH. Haemodynamics of preloading in spinal anaesthesia. *Australian Society of Anaesthetists AGM*, Perth, 23-27 October, 1993.

Chui PT. Severe obstetric haemorrhage. *7th Congress Western Pacific Association Critical Care Medicine*, Hong Kong, 12-15 March, 1993.

Chui PT. NSAID's in laparoscopic sterilization. *Australian Society of Anaesthetists AGM*, Perth, 23-27 October, 1993.

Gin T. Ondansetron for PONV in gynaecological laparoscopy. *Hong Kong College of Anaesthesiologists*, 1993.

Gin T. The role of propofol and ketamine in obstetric anaesthesia. *ANZCA and CANZ Single Theme meeting*, Auckland, 5-7 March, 1993.

Gin T. Anaesthesia in the postpartum period. *Singapore Society of Anaesthesiologists*, Singapore, 23 March, 1993.

Gin T. Total intravenous anaesthesia
8th *ASEAN Congress of Anaesthesiologists*, Bali, 24-27 August, 1993.

Gin T. Pressure support ventilation during isoflurane anaesthesia. *Conference of Anaesthetists of New Zealand*, Taupo, 21-24 September, 1993.

Gin T. Epidural clonidine and bupivacaine during labor. *American Society of Anesthesiologists Meeting*, Washington, 9-13 October, 1993.

Gin T. Acid aspiration prophylaxis at emergency Caesarean section. *Australian Society of Anaesthetists AGM*, Perth, 23-27 October, 1993.

Oh TE. 1) Modes of ventilation. 2) Resistance of breathing circuits. 3) Intensive care of hepatobiliary diseases. *Second Gulf Intensive Care Conference*, Dubai, United Arab Emirates, 1993.

Oh TE. Choice of ventilators. *7th Congress Western Pacific Association Critical Care Medicine*, Hong Kong, 12-15 March, 1993.

Oh TE. Organisation of ICU's. *Society of Anaesthetists Annual Scientific Meeting*, Kupiou, Finland, 1993.

Oh TE. Difficult weaning. *Singapore Society of Anaesthetists*, 1993.

Short TG. Prospective evaluation of pharmacokinetic model controlled infusion of propofol in paediatric patients. *3rd European Congress of Paediatric Anaesthesia*, Liverpool, 1993.

So HY. Percutaneous tracheostomy. *Seventh Congress Western Pacific Association Critical Care Medicine*, Hong Kong, 12-15 March, 1993.

So HY. Anaesthesia for thoracoscopic surgery. *Video thoracoscopic Workshop*, Prince of Wales Hospital, November, 1993.

Suen T. Ondansetron for the prophylaxis of nausea and vomiting after gynaecological laparoscopy. *Australian and New Zealand College of Anaesthetists ASC*, Adelaide, 9-14 May, 1993.

Suen T. Ondansetron for prophylaxis of nausea and vomiting after gynaecological laparoscopy. *Society of Anaesthetists of Hong Kong Meeting*, July, 1993.

Queen Mary Hospital:

1992

Yang JCS. Narcotics in neuropathic pain. *Ninth Annual Advances in Pain Management. Narcotics Controversy*. New Jersey Medical School, U.S.A., 1992.

Yang JCS. The effect of intravenous phentolamine in patients with sympathetically independent pain. *American Pain Society*, 1992.

1993

Yang JCS. Chronic intrathecal morphine administration for pain control in reflex sympathetic dystrophy. *Seventh world Congress on Pain. Paris, France*, 1993.

Yang JCS. Lack of effect of intravenous 2-chloroprocaine for pain related to reflex sympathetic dystrophy. *American Pain Society*, 1993.

Register of Members 1993

- A -

- * 1. Aitken, Alistair William
- * 2. Allison, Jean Marie
- + 3. Anandaciva, Sathasivam
- * 4. Au, Tak-kwan, Eillen
- * 5. Au Yeung, Kar-kit Peter
- # 6. Au Yeung, Kin-wah
- 7. Au Yeung, Yick-chor
- + 8. Aun, Cindy Sui-tee
- 9. Aung, Saw-nanda

- B -

- 10. Baig, Mohammed Ataullah
- * 11. Barraclough, Clement James
- * 12. Bascombe, Michael John
- 13. Beh, Hung-kiat, Terence
- * 14. Betham, Valerie Joan
- * 15. Bhatt, Shashi Bhushan
- * 16. Buckley, Thomas Anthony

- C -

- * 17. Campbell, Robert Charles Howard
- * 18. Chakrabarti, Syamal Kumar
- * 19. Chan, Edmund Bernard
- * 20. Chan, Boon-kin, Peter
- + 21. Chan, Chi-keung
- * 22. Chan, Chi-keung
- + 23. Chan, Chiu-suck
- 24. Chan Ka-yee
- * 25. Chan, Ka-yuen
- * 26. Chan, Mi-lan, May
- # 27. Chan, Chun-hung, Andrew
- 28. Chan, Suen-ho, Mark
- 29. Chan, Tsz-yeung
- 30. Chan, Wing-sang
- 31. Chang, Mu-king, Alice
- # 32. Charles Chen Chong-wah
- 33. Chen, Kyaw-soe, Thomas
- * 34. Cheung, Kai-shuen
- * 35. Cheung, Luen-yin

- 36. Cheung, Po-wah
- * 37. Cheung, Wing-lun, Blase
- * 38. Chien, Yu
- * 39. Chinniah, Sakuntala
- * 40. Chiu, Kai-yue, Wallace
- * 41. Cho, Mun-wai, Amy
- * 42. Chow, Sui-ping, Alice
- # 43. Choy, Lai-keung, Alice
- * 44. Choy, Tak-chiu
- 45. Chua, Ka-peng, David
- * 46. Chui, Po-tong
- * 47. Chung, Kin-kwok, Albert
- * 48. Connell, Ross Morrison
- 49. Critchley, Lester Augustus Hall
- * 50. Curtis, John Warwick Hawkswell

- D -

- 51. Dasgupta, Amit Kumar

- F -

- 52. Fernando, Merlyn Edward
- * 53. Fitzpatrick, Denis Coleman, Colonel (Retired)
- * 54. Fok, Wei-guen
- * 55. Fong, Lai-lan, Lillian
- 56. Fung, Chiu-fai
- 57. Fung, Ka-yi, Serena

- G -

- * 58. Gin, Tony
- 59. Gopal, Kishor
- * 60. Gunawardene, Welagedara Mudiyanse Lage Swarnamali

- H -

- 61. Henry, John Bobby
- 62. Hla, Tha-htoon
- 63. Ho, To-on
- * 64. Ho, Vincent
- # 65. Holland, Ross Beresford
- ##66. Hong, Wing-lee, Winnie
- # 67. Horton, Jean Mary
- + 68. Houghton, Ivan Timothy, Colonel L/RAMC

- 69. Htu, Khin-maung
- 70. Hui, Wan-chun, Theresa
- 71. Hung, Chee-keong, Roger
- * 72. Hung, Chi-tim
- # 73. Hutchinson Robert, C
- . 74. Hwee, Mun-foon

- I -

- * 75. Ip, Wai-cheung, Wilson
- + 76. Ireland, Patrick Aubrey
- * 77. Irwin, Michael Garnet

- J -

- 78. Jan, Siu-kei, Gordon
- * 79. Jayasuriya, Jayantha Premalal
- * 80. Jones, Robert Douglas Morrison
- # 81. Jong, Khi-min, Winston

-K-

- # 82. Kan, Alex Ford
- # 83. Kendall, Andrew Paul
- 84. Koo, Chi-hung
- * 85. Koo, Chi-kwan
- * 86. Kotur, Chintanaran Fakiayya
- * 87. Kung, Man-chiu
- * 88. Kwan, Siu-king, Anne
- * 89. Kwok, Che-ling
- * 90. Kwong, Sze-why

- L -

- * 91. Lai, Fung-ming
- * 92. Lai, Kin-ming
- * 93. Lam, Chuen-shun
- 94. Lam, May-sien, Amy
- * 95. Lau, Lai-lin, Lillian
- 96. Lay, Maung-maung, Clive
- 97. Lecamwasam, Indra Manel
- 98. Lee, Doreen
- 99. Lee, Kai-wai, Dick
- # 100. Lee, Tsun-woon
- 101. Lee, Ying-yin

- 102. Leong, Daisie (Chow, Leong, Daisie)
- * 103. Lei, Grace Mun-yee
- + 104. Lett, Zoltan
- # 105. Leung, Chung-cheung
- 106. Leung, Kit-hung, Anne
- # 107. Lew, Ho-cheun, Kian Leong
- 108. Li, Teresa
- * 109. Li, Kai-chung
- 110. Lim, Henry, Hoe-teong
- * 111. Liu, Tak-chiu
- + 112. Lo, Ronald Joy-wah
- * 113. Loong, Lai-wan, George Young
- + 114. Low, John Matthew Say-woon
- 115. Lu, Wan-hong Edwin
- * 116. Lui, Cho-ze, Joseph
- * 117. Lwin, Kyaw-nyunt

- M -

- # 118. McLaren, Ian M
- * 119. Menon, Manavelil Ramakrishna Bhaskar
- + 120. Moles, Thomas Michael
- * 121. Morais, Rex Joseph
- * 122. Muchhal, Kamal Kishore
- 123. Mui, sing-yun, Kevin

- N -

- * 124. Ng, Kin-pong
- * 125. Ng, Lai-ping, Pinky
- # 126. Ni, Khin-maung
- * 127. Nihalsinghe, Kalyani

- O -

- + 128. Oh, Teik-ewe
- * 129. Onsiong, Meng-keong
- # 130. O'Meara, Moira E
- * 131. O'Regan, Andrea Margaret

- P -

- * 132. Pamula, Rajendram Prasad
- * 133. Patel, Pankaj Indulal
- ##134. Perera, Mary Sylvia (nee-Subramanian)

- * 135. Philip, Aroquiasamy Emmanuel

- R -

- * 136. Rajendram, Selvadurai
- * 137. Ray, Ajit Kumar
- * 138. Rodrigo, Muhandiramge Raveendranath Chandrakumar
- * 139. Rowbottom, Simon James
- 140. Roy, Mita
- * 141. Roy, Nirranjan
- @ 142. Runciman, William Ben

- S -

- 143. Saw, Beng-kong
- 144. Searie, Kenneth Charles
- * 145. Short, Timothy Gordon
- * 146. Shu, Karl-kai
- * 147. So, Hing-yu
- * 148. So, Ping-cham, Arthur
- * 149. Stuart, Joyce
- 150. Subramanian, Krishnapuram Ramakrishnan
- + 151. Sudhaman, Devasirvadam Arul
- 152. Suen, Kai-lok, Tommy
- * 153. Sun, Kai-on
- 154. Sung, Man-ling

- T -

- * 155. Tam, Wai-ling
- 156. Tan, Boo-kong
- 157. Than, Khynn-mya
- 158. Tiwari, Brij Bushan
- * 159. Tong, Wai-nung, Edwin
- * 160. Tse, Shing-lam
- * 161. Tsui, Siu-lun

- W -

- * 162. Wijayarathnam, Mary Lida
- 163. Wong, Cecilia
- 164. Wong, Diana
- 165. Wong, Fung-yan, Joan
- * 166. Wong, Kai-kong
- * 167. Wong, Kam-ying, Annie

- 168. Wong, Mun-ling, Cynthia
- 169. Wong, Po-yee
- 170. Wong, Wai-lik, Alex
- * 171. Wong, Wai-lin, William
- * 172. Wong, Susan Joyce
- * 173. Woo, Chiu-shui, Dominic
- * 174. Wu, Ching-ying, Amy
- * 175. Wu, Ho-yuen

- Y -

- 176. Yang, Chuan-shik , Joseph
- # 177. Yau, Hok-man, Gordon
- * 178. Yau, Hok Shing, Ernest
- 179. Yeo, Swee Kiaw
- * 180. Yeung, Man-lee
- * 181. Yogasakaran, Bhuwaneswari Sivakumarie
- * 182. Yogasakaran, Namasivayam
- * 183. Young, Kang, Karl
- * 184. Yow, Chee-kong
- + 185. Yuan, Clement

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