



PÉCS MEDICAL SCHOOL HERALD

May 2016, Pécs



CONTENTS

Students' Research Conference 2016
(Réka Vass)

Students' Research Conference – Results
New General Assembly representatives of the
Hungarian Academy of Sciences

International Recognition of
Professor László Horváth

Fellowship program:
Opportunities to earn a diploma in medicine
for graduated of Roma origin

“Contrary to the Nation Wide Trend,
Our Department of Pathology
Stopped Decrease in Pathologists”
(Interview with Professor Tamás Tornóczki
by Rita Schweier)

Happy Birthday Salutations to
Professor Miklós Fekete, 80

Curriculum vitae of Dr. Miklós Fekete,
retired full professor, emeritus professor
at the Clinical Centre of UP
(Miklós Fekete, MD)

Commemoration from the
former clinical director (Gyula Soltész, MD)

Some thoughts and views about our career
to a young, future doctor (Miklós Fekete, MD)

Interview with Professor Bennet Omalu
(George Hayek)

The week of high schoolers
2016 summer camp

Inaugural Ceremony at Szent István Academy

Tertium datur – there is a third way!
(Péter Bogner, Tamás Dóczy, Judit Fendler)

The Animal Care Facility (Péter Balogh)

Behind the scenes at the Spring Concert
(Balázs Dániel Fülöp)

Triumph reigns at the
44th Medical Students' Cup!

An interview with Professor Péter Hegyi

The pioneers of translational medicine
at the University of Pécs (Edit Klucsik)

A course featuring tropical medicine training
in Nigeria (Katalin Németh)

The Cleft Team of Pécs Celebrates its
20 Year Anniversary (Attila Vástyán)

The Beatlingers made it more enjoyable
with stickers for the children and doctors
at the Paediatrics Clinic (Annamária Apró)

Otology course in Hannover (Péter Bakó, MD)

Geisteswissenschaftliches Zentrum,
Geschichte und Kultur Ostmitteleuropas an
der Universität Leipzig – Conference-report
(Tamás F. Molnár)

Recent News and Developments

26th ‘Pilszanovich’ Guest Professor at the
Surgical Ward of the Department of
Paediatrics of the University of Pécs
(Ede Biró)

Photos

On the front and back cover, photos of Gábor
Takács. Back cover, Livia Vida: Owl

Photo supplement, Award-winning photos of
the 6th Health Photo Contest and Photo
exhibition of ‘POTE’ Photo Club, 2016

Students' Research Conference 2016

The Students' Research Conference was held in accordance with the traditions dating back several decades from 14 through 15 April, 2016. Much to the delight of the organizers, 126 abstracts in support of presentations were uploaded by the students this year, which is nearly twice as many compared to the statistics of previous years. Thanks to the active work of the mentors of the Undergraduate Research



In the photo (from left to right): Flóra Mayer (2nd place), Ákos Nagy (1st place), dr. Adél Jüngling, Réka Anna Vass (1st place), András Császár (2nd place), Balázs Ujvári (1st place), dr. Tamás Atlasz, dr. Alexandra Atlasz-Váczy (Astellas Award), Lili Atlasz, dr. Andrea Tamás, Kinga Farkas, Virág Ott

Society, the most recent research results of the Medical School's 13 basic science departments and 19 clinics were presented by the students. Additionally, students presented lectures from 4 departments of the newly established Faculty of Pharmacy, while 5 presentations were delivered from the Faculty of Health Sciences and the Faculty of Sciences of the University of Pécs.

Several departments represented themselves among the Departments of Basic Sciences, including the Department of Anatomy with 13, the Department of Translational Medicine with 8, the Department of Biophysics with 6, the Department of Immunology and Biotechnology with 5, while the Department of Physiology and the Department of Medical Microbiology and Immunology featuring 4 lectures, respectively. Other departments represented themselves from the Clinical Center, including the Department of Dentistry, Oral and Maxillofacial Surgery with 7, the 1st Department of Internal Medicine with 6, the Heart Institute with 6, the Department of Pathology with 5, while the Department of Anesthesiology and Intensive Therapy, the Department of Obstetrics and Gynecology, the Department of Neurology, the Department of Radiology, the Department of Otorhinolaryngology and the Department of Rheumatology and Immunology featuring 3 lectures, respectively.

Students competed in 19 sections this year, while 91 attendees participated in the role of jury members among the lecturers of the university. The sections were arranged similarly to the guidelines of the National Students' Research Conference, which seeks to promote the more extensive representation of the Undergraduate Research Society's delegation from the Medical School of the University of Pécs during the upcoming 33rd National Students' Research Conference in Pécs. Students who won their section's first or second places during this year's in-house conference have been granted a quota in next year's national competition. Additionally, students with the first or second places of their section on the next year's in-house conference will also secure their place on the National Students' Research Conference. The Undergraduate Research Committee will choose, considering the jury's suggestions, from students with a third place or a special prize in this year's and next year's in-house conference for the remaining places from the quota determined in advance by the National Council of Student Research Societies.

The preparation of this year's and next year's prize-winners for the national conference will take place during the Students' Research Saloon in the upcoming semesters. As usual, during these events, the jury will not only consist of professional examiners, but also mentors from other scientific areas. The effectiveness of the Students' Research Saloon's preparation activity has already manifested itself among the winners of this year's In-House Students' Research Conference, since five first place and four second place winner students have previously presented their lectures during the Students' Research Saloon.

The Research Sponsorship Award intended for Undergraduate Research Society-students and PhD-students has been awarded, on behalf of the Astellas Pharma Ltd., during the results announcement in this year's Students' Research Conference.

Réka Vass



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Students' Research Conference – Results

ANESTHESIOLOGY AND INTENSIVE THERAPY, TRAUMATOLOGY

1st place

Dániel Ragán (Department of Laboratory Medicine).
Supervisors: *Dr. Péter Kustán*, PhD-student, *Dr. Diána Mühl*,
Associate Professor

2nd place

Martin Rozanovic (Department of Anesthesiology and
Intensive Therapy). Supervisors: *Dr. Csaba Loibl*, Assistant
Professor, *Dr. Csaba Csontos*, Associate Professor

Special prize

de Groot Nadine Henriëtte Maria (Department of
Traumatology and Hand Surgery). Supervisor: *Dr. László
Gergely Nót*, Senior Lecturer

BIOPHYSICS, BIOINFORMATICS, BIOANALYSIS

1st place

Péter Gaszler (Department of Biophysics). Supervisors:
Dr. Beáta Bugyi, Associate Professor, *Adrienn Vig*, Assistant
Professor

2nd place

Ahmed Harmouche (Department of Radiology). Supervisor:
Dr. Arnold Tóth, PhD-student

BIOCHEMISTRY

1st place

Eszter Martina (Faculty of Sciences, Department of Biology).
Supervisors: *Dr. Szilvia Barkó-Huber*, Senior Lecturer, *Dávid
Szatmári*, PhD-student, *Dr. Emőke Bódis*, Senior Lecturer

2nd place

Roxána Ritz and *András László Sóti* (Department of
Biochemistry and Medical Chemistry). Supervisors:
Dr. Krisztina Kovács, Associate Professor, *Dr. Tamás Kiss*,
Assistant Professor

NEONATOLOGY AND PEDIATRICS, OBSTETRICS AND GYNECOLOGY, UROLOGY

1st place

Réka Anna Vass (Department of Anatomy). Supervisors:
Dr. Andrea Tamás, Associate Professor, *Dr. Beáta Polgár*,
Senior Lecturer

2nd place

László Mirkó Márk (Department of Pediatrics). Supervisor:
Dr. Éva Erhard, Senior Lecturer

Special prize

Anna Csenge Horváth (Department of Urology). Supervisors:
Dr. Csaba Pusztai, Senior Clinical Doctor, *Dr. Árpád Szántó*,
Senior Clinical Doctor, App. Chairman

HEALTH CARE STUDIES

1st place

Nóra Kozma and *Beáta Csiszár* (1st Department of Internal
Medicine). Supervisor: *Dr. Eszter Szabados*, Associate
Professor



Jury (Endocrinology, Radiology)



Jury (Pathology, Pathomorphology, Morphology, Anatomy)

2nd place

Petra Skerlec and *Brigitta Nagy* (Faculty of Health Sciences,
Department of Nutritional Science and Dietetics). Supervisor:
Dr. Zsuzsa Rákossy, Senior Lecturer

3rd place

Brigitta Nagy and *Petra Skerlec* (Department of Public
Health Medicine). Supervisor: *Dr. Zsuzsa Rákossy*, Senior
Lecturer

Special prize

Barbara Brandt (Department of Public Health Medicine).
Supervisor: *Dr. István Kiss*

ENDOCRINOLOGY, RADIOLOGY

1st place

Máté Hajdu and *Vivien Vértes* (Heart Institute). Supervisors:
Dr. Réka Faludi, Senior Lecturer, *Dr. Tamás Simor*, Full
Professor

2nd place

Bálint Soma Környei (Department of Neurosurgery).
Supervisors: *Dr. Arnold Tóth*, PhD-student, *Dr. Attila
Schwarz*, Associate Professor

PHYSIOLOGY, PATHOPHYSIOLOGY 1

1st place

Mátyás Belák (Department of Pharmacology and
Pharmacotherapy). Supervisors: *Dr. Ádám Horváth*, PhD-



Máté Hajdu, 1st place



József Ábel, 2nd place

student, *Dr. Zsuzsanna Helyes*, Full Professor

2nd place

Daniella Anna Dusa (Department of Physiology). Supervisors: *Dr. Tamás Ollmann*, Assistant Professor, *Dr. László Péczely*, Senior Lecturer, *Dr. László Lénárd*, Full Professor

3rd place

Rebeka Pagáts and *Zsófia Csernela* (Department of Translational Medicine). Supervisors: *Dr. Márta Balaskó*, Associate Professor, *Dr. Judit Tenk*, Assistant Professor

PHYSIOLOGY, PATHOPHYSIOLOGY 2

1st place

Zsófia Csernela (Department of Translational Medicine). Supervisors: *Dr. Márta Balaskó*, Associate Professor, *Dr. Judit Tenk*, Assistant Professor

2nd place

Zsolt Szakács (Department of Translational Medicine). Supervisors: *Dr. Márta Balaskó*, Associate Professor, *Dr. Ildikó Rostás*, Assistant Professor

Special prize

András Adámy (Department of Pharmacology and Pharmacotherapy). Supervisors: *Dr. Zsuzsanna Helyes*, Full Professor, *Dr. Bálint Scheich*, PhD-student, *Noémi Bencze*, PhD-student

DENTISTRY

1st place

Csanád Kiss (Department of Dentistry, Oral and Maxillofacial Surgery). Supervisor: *Dr. József Szalma*, Senior Lecturer

2nd place

Bálint Viktor Lovász (Department of Dentistry, Oral and Maxillofacial Surgery). Supervisor: *Dr. Edina Lempel*, Senior Lecturer

3rd place

Eszter Szappanos (Department of Dentistry, Oral and Maxillofacial Surgery). Supervisors: *Dr. Zoltán Tigyi*, Senior Lecturer, *Dr. Edina Lempel*, Senior Lecturer

Special prize

Lorans Elhag (Department of Dentistry, Oral and Maxillofacial Surgery). Supervisor: *Dr. Edina Lempel*, Senior Lecturer

GASTROENTEROLOGY, OTORHINOLARYNGOLOGY, INFECTOLOGY

1st place

Renáta Nóra Hargitai (Department of Medical Microbiology and Immunology). Supervisors: *Dr. Gábor Reuter*, Associate Professor, *Dr. Péter Pankovics*

2nd place

Nóra Kolat (Department of Otorhinolaryngology). Supervisors: *Dr. László Lujber*, Associate Professor, *Dr. Ildikó Takács*, Senior Lecturer

Special prize

Gergely Farkas (Department of Radiology). Supervisor: *Dr. Nándor Faluhelyi*, Assistant Professor

PHARMACEUTICAL SCIENCES

1st place

Dániel Pécsi (Department of Pharmacology and Pharmacotherapy). Supervisors: *Dr. Kata Csekő*, PhD-student, *Dr. Zsuzsanna Helyes*, Full Professor

2nd place

Imre Breuer (Department of Pharmaceutical Biology). Supervisors: *Dr. Edina Pandúr*, Senior Lecturer, *Dr. Viktória Farkas*, Senior Lecturer

3rd place

Sándor Lakatos (Department of Pharmaceutical Chemistry). Supervisors: *Dr. Pál Perjési*, Full Professor, *Dr. Mónika Kuzma*, Assistant Professor

Special prize

Eszter Csikós and *Asraf Amir Reza* (Department of Pharmacognosy). Supervisors: *Dr. Gyöngyi Horváth*, Associate Professor, *Dr. Kata Csekő*, PhD-student, *Dr. Zsuzsanna Helyes*, Full Professor

IMMUNOLOGY

1st place

Kornélia Bodó (Faculty of Sciences, Department of Biology). Supervisor: *Dr. Péter Engelmann*, Associate Professor

2nd place

Dorottya Virág Kardos (Department of Immunology and Biotechnology). Supervisors: *Dr. Tímea Berki*, Full Professor, *Dr. Diána Simon*, Senior Lecturer

CARDIOLOGY

1st place

Béata Csiszár and *Nóra Kozma* (1st Department of Internal

Medicine). Supervisors: *Dr. Gábor Késmárky*, Associate Professor, *Dr. Réka Faludi*, Senior Lecturer

2nd place

Vivien Vértés (Heart Institute). Supervisor: *Dr. Réka Faludi*, Senior Lecturer

ONCOLOGY, OPHTHALMOLOGY, EXPERIMENTAL LIFE SCIENCES

1st place

Anna Réka Vass (Department of Anatomy). Supervisors: *Dr. Krisztina Kovács*, Associate Professor, *Dr. Andrea Tamás*, Associate Professor, *Dr. Árpád Boronkai*, Associate Professor

2nd place

Flóra Mayer (Department of Anatomy). Supervisors: *Dr. Dóra Werling*, PhD-student, *Dr. Alexandra Váczy*, PhD-student, *Dr. Tamás Atlasz*, Senior Lecturer

MOLECULAR BIOLOGY, GENETICS

1st place

Fanni Gábris (Department of Immunology and Biotechnology). Supervisors: *Dr. Zoltán Kellermayer*, Resident Doctor, *Dr. Péter Balogh*, Associate Professor

2nd place

Bernadett Antal (Department of Pharmaceutical Biology). Supervisors: *Dr. Edina Pandúr*, Senior Lecturer, *Edit Varga*, Assistant Professor

PATHOLOGY, PATHOMORPHOLOGY, MORPHOLOGY, ANATOMY

1st place

Akos Nagy (Department of Anatomy). Supervisors: *Dr. Balázs Gaszner*, Associate Professor, *Nóra Füredi*, PhD-student

2nd place

József Ábel and *Veronika Antal* (Department of Anatomy). Supervisors: *Dr. Dóra Reglódi*, Full Professor, *Dr. Endre Pál*, Associate Professor, *Dr. Eszter Bánki*

3rd place

Adrienn Burján (Department of Pathology). Supervisor: *Dr. Béla Kajtár*, Senior Lecturer

PSYCHIATRY, EXPERIMENTAL NEUROLOGY

1st place

Balázs Ujvári (Department of Anatomy). Supervisor: *Dr. Balázs Gaszner*, Associate Professor

2nd place

Zsófia Nozomi Karádi (Department of Neurology). Supervisors: *Dr. László Szapári*, Associate Professor, *Dr. Péter Csécssei*, Assistant Professor

András Császár (Department of Anatomy). Supervisors: *Dr. Andrea Tamás*, Associate Professor, *Dr. Adél Jüngling*, Assistant Professor

RHEUMATOLOGY, HEMATOLOGY, DERMATOLOGY

1st place

Kata Barsi (Department of Pathology). Supervisors: *Dr. Béla Kajtár*, Senior Lecturer, *Dr. Livia Vida*, Resident



Renáta Hargitai, 1st place



Réka Anna Vass, 1st place

2nd place

Boglárka Gábris and *Dániel Kovács* (Department of Rheumatology and Immunology). Supervisor: *Dr. Cecília Varjú*, Senior Lecturer

Júlia Liza Szebényi (Department of Dermatology, Venereology and Oncodermatology). Supervisor: *Dr. Rolland Gyulai*, Full Professor

SURGERY, EXPERIMENTAL SURGERY, ORTHOPEDICS

1st place

Bence Béres (Department of Urology). Supervisors: *Dr. Árpád Szántó*, Senior Clinical Doctor, App. Chairman, *Dr. Bálint Horváth*, Consultant

2nd place

Mónika Tóth (Department of Surgical Research and Techniques). Supervisor: *Dr. Tibor Nagy*, Assistant Professor

ASTELLAS AWARD 2016—PHD-STUDENT CATEGORY

Dr. Alexandra Váczy-Atlasz

ASTELLAS AWARD 2016—UNDERGRADUATE RESEARCH SOCIETY-STUDENT CATEGORY

Bálint Soma Környei: The Examination of Slight Cranial Injuries Using Modern MRI Methods

HMAA (HUNGARIAN MEDICAL ASSOCIATION OF AMERICA) SPECIAL PRIZE—2016

András László Sóti (Department of Biochemistry and Medical Chemistry). Supervisors: *Dr. Krisztina Kovács*, Associate Professor, *Dr. Tamás Kiss*, Assistant Professor

New General Assembly representatives of the Hungarian Academy of Sciences

Every three years the regular members of the Hungarian Academy of Sciences elect the non-academic (non-member) General Assembly representatives. In March 2016, the following representatives were elected to the no. V. Class of Medical Sciences and will serve over the next three years:

- *Lajos Bogár*, Professor, Doctor of Sciences (Dsc) (or else: Doctor of the Hungarian Academy of Sciences);
- *Zsuzsanna Helyes*, Professor, DSc;
- *József Nyárády*, Professor, DSc;
- *Erzsébet Róth*, Professor, DSc

The non-academic elected representatives are involved in the activities of the public body of the Hungarian Academy of Sciences until 2019. The letters of appointment were distributed by László Lovász, President of the Hungarian Academy of Sciences, during a ceremony held on 30 March, 2016.

Source: *Új Dunántúli Napló (New Transdanubian Journal) 05/10/2016*

Fellowship program: Opportunities to earn a diploma in medicine for graduates of Roma origin

Among socially disadvantaged Roma minorities, only but a few pursue university medical training. In order to alleviate this problem, the UP Medical School offers a substantial equal opportunity scholarship program.

“The number of students of Roma origin is undeniably low at UPMS, especially when compared to the ratio of Roma within our country’s population,” remarked Dr. Attila Miseta, Dean of the Medical School. The Dean is fully supportive of the equal opportunity scholarship program in which admission fees are waived to those Roma pupils having completed a successful entrance exam. Currently, the program offers to participating applicants, the opportunity for two finalists, who, upon selection, may apply for these places in case of a successful second admission process should they achieve the required admission score point limit.

“We consider this to be a progressive initiative in which several of our most talented and inspired students may be sponsored in the event of presenting the proper academic achievement,” commented the Dean. He added, “If and when deemed a genuine requirement, the Medical School also offers applicants suitable dorm place based on the social and economic situation”.

Compared to the standard admission process, it brings about relief, knowing this opportunity is available for those who earn lower admission score points than the announced lower limit for a successful second admission. The self-financed training is otherwise chosen by very few students and represent only a small percentage of the entire Hungarian student population. Of course, the state-financed training is available to all Hungarian citizens who achieve proper score points. However, according to Dr. Miseta, “To Roma students coming from a disadvantaged background, this is not often a true reality. The aid, however, is not automatically awarded to the candidates. Students having graduated since 2013 are eligible to apply for the program until August, and the proposals will be judged by a committee including members of the Medical School faculty leadership. “The medical faculty strives to promote this opportunity extended to the large number of Roma students including the benefits of their mentor program, and is

International Recognition of Professor László Horváth

We wish to inform the Faculty and Staff, and extend our hearty congratulations to Emeritus Professor László Horváth, in the recognition recently bestowed upon him by the Editor-in-Chief and Editorial Committee of the Journal of Vascular and Interventional Radiology, in the recent election of Emeritus Professor Horváth, “Top Reviewer” of the journal in support of his professional activities carried out during the past year (2015).

We wish him a similar, successful year in 2016, both in his academic field and his professional career, prosperity and fine health!

Prof. Péter Bogner, Director,
Department of Radiology,
Clinical Centre,
University of Pécs

Great help

The “take over” of the reimbursement results in millions of HUF in support to those qualified seeking higher education. At the University of Pécs Medical School, general expenses may rise up to 950,000 HUF per semester, and the training generally lasts up to 12 semesters. General expenses at the Dentistry Program are 1,050,000 HUF per semester, in which the training typically lasts up to 10 semesters, including material costs. The training of the Pharmacy Program also includes up to 10 semesters, and the general costs often result in up to 750,000 HUF per semester expenses to those fee-paying students.

available nationwide. The program has been operational for several years and includes approximately 250 high schools in the country where interested pupils, including their teachers, are informed about this new educational opportunity,” stated Zsófia Duga, head of the Admission and Student Service Center of the Medical School.

Seemingly inaccessible career

Ethnic identity is not currently registered in higher education, therefore estimates of participants declaring themselves of Roma origin only exist. According to Tárki Career Survey, it is more difficult to attain admission to members belonging to minorities. While in the 20–21 age group, up to 91% of non-Roma pupils complete high school, yet, it is only 52% among Romas, concerning the results of the final exams 75% of non-Romas succeed in the exam, while this is only 24% among Romas. The difference in the proportion of non-Roma students in higher education is 35% compared to a drastic 5% among Romas. “In practical terms, there is no access offered to Romas to a Medical School,” emphasizes Catherine R. Forray, professor emeritus of the University of Pécs, founder of the Department of Romology. “This career field sadly appears to be inaccessible for those having a disadvantaged start, therefore it is important for them to be aware of the opportunities, future successes and positive examples,” added Ms. Forray.

The aid is not automatically awarded to the candidates. Proposals are judged by a committee.

László Nógrádi

“Contrary to the Nation Wide Trend, Our Department of Pathology Stopped Decrease in Pathologists”

Immediately after we entered and Lajos Kalmár started shooting, Dr. Tornóczy's eyes lit up and a vibrant exchange of ideas began to unwind in regards to the model and ability of our photomachine. He spoke with genuine interest towards discovering which direction he should move forward with respect to shooting even better quality nature photos in the near future. Then, we discussed how the history of sound recording technology has evolved during the past decades, including the latest advances and scientific innovations most generally associated with them. He added jokingly, he is far from being a devoted fan of technical gadgets, and he expresses his interest only in those which are related to one of his hobbies. When we met Dr. Tamás Tornóczy, Associate Professor and appointed Head of Department of Pathology for three years, he was in the midst of preparations for an upcoming PhD course, which currently was planned during the second half of April, the topic, of which, differed from the department's basic teaching profile. Notably, the participating students were introduced into the depth of the rapidly developing diagnostics of molecular pathology for an entire week.

Interviewer: How do you manage to fit an 'extra load' into the teaching profile, such as this oneweek PhD course?

T.T.: It is truly difficult since we already take on an immense set of responsibilities. We teach pathology to the third-year undergraduate medical students in three languages: Hungarian, English and German. During the second semester, our focus highlights organ pathology. We also meet each student group in practical classes twice a week. The series of lecture of this PhD course will last for a week, but we began preparatory work several weeks ago. At the same time, we are also expected to continue conducting our diagnostic activities.

Interviewer: With respect to diagnostic molecular pathology, is this rapidly developing field of science one of your areas of research?

T.T.: Yes, we apply its methodology in our research and partly in our daily routine diagnostic work, therefore every researcher and non-researching physician is required to be familiar with it. Some of our PhD students will eventually become clinical doctors and soon joining residency programs, where they can also use certain slices of this knowledge.

Interviewer: Are you also presently conducting research in this area?

T.T.: Yes, indeed, and as a matter of fact, I am interested in many topics, however, the issue I am most eager to devote time to, is childhood tumors, more specifically, neuroblastic tumors. I also actively participated in dentistry training in the past few years, was deeply involved in developing their teaching materials in pathology, and offered my support towards their research studies. I also joined in their studies related to oral pathological degenerations since one of my PhD students is working in this field. But we need to accept the fact, in which, sadly, university institutions are losing potential research opportunities due largely to an increase towards patient care and diagnostics, since it consumes more and more of our time. University centres all wish to develop and extend their scope of teaching in foreign languages. It means our 'teaching load' is going to be increasing more rapidly in the next several years, meaning, we expect even less time to devote to research. And

today, it is a real challenge for us to meet the expectations from all the three fields: teaching, research and patient care.”

Interviewer: Let's return to the research area you are most interested in. Is there a specific reason why you became so passionately interested in neuroblastic tumors in children?

T.T.: Well, it is an old but interesting story which dates back some twenty-five or thirty years. When I was finishing my undergraduate year, I envisioned myself in the future as an internal medicine specialist, since my father also chose this specific area, and I was exposed to his work during my childhood years. Interestingly, during my student years, hematology was the subject which was far more appealing to me, largely due to the neat cells in the samples. But I conducted my student research work here at the Department of Pathology and this is also where I prepared my final theses. I accepted Professor Kelényi's invitation and joined this department, and not internal medicine. Then I became, or as it is usually emphasized, I stayed a pathologist, unlike many others who began work as pathologists but later became clinical doctors. Pathology has turned into a wide spectrum science posing a real challenge to have a clear view on it. It demands discipline, healthy selfcriticism, perseverance and therefore, it is a demanding specialty. After graduating, one needs at least fifteen years to become a good, independent and reliable pathologist. One also needs to accept and tolerate the fact our true place is in the background, not in the spotlight. Additionally, I found its specificity intriguing because it is a much more exact discipline than clinical subjects, and we can see much more into the background than a doctor in patient care. This department used to focus on hematopathology at that time, and many pathologists gained immense expertise in this field, so I chose a different area, which introduced me to pediatric oncology. I had wonderful pediatricians around me, which proved to be a significant motivation factor, with Professor Kajtár as the lead, who generously provided a splendid clinical background at work. Other significant supportive factors include the lengthy discussions describing a variety of different cases, and he invited me along to several conferences in which I met all the pediatric oncologists from the entire country. It is a fantastic and cohesive team of experts who provide heroic work every single day. There is another area which I am fond of, which is soft-tissue pathology and here our focus is on rare pathological pictures or soft-tissue sarcomas which are rare and varying in appearance. It is a real challenge to work in this field, yet, at the same time enjoyable due to its unique character.

Interviewer: Are these examinations adequately supported financially?

T.T.: There are no problems financing pathological diagnostics. On the other hand, molecular pathology examinations are not as financed, since certain examinations are more difficult to perform due to performance volume limitations (PVL).

Interviewer: If we were to compare the specialties you mentioned relating to errors, to what degree is a pathologist's job more loaded with responsibility, than say, when compared to that of an internist?

T.T.: They are difficult to compare due to their methods being different, their allocated time is different, and so are the work conditions, yet, from a pathologist's point of view, I venture to say that clinical diagnostics, compared with ours, is rather the 'diagnostics of the moment'. During a rapid course of



disease, a patient's condition may change from one moment to the other, so the diagnosis of a given condition is inherently subjective. On the other hand, a radiological image or a pathological sample lasts for a long time, is recorded and may be retrieved even after ten years, so our professional opinion and diagnosis may be questioned and retrieved at any time in the future. This poses an immense amount of responsibility and demands the attitude of humility. At the same time, science may take big steps and demonstrate significant change, however, we need to come up with the most correct diagnosis possible with all our present knowledge available. True, we are given more time to do it.

Interviewer: Do you make fast decisions, or are you more of a pondering type of a person?

T.T.: It depends on the problem, but I think I am more of a pondering person. With a more complex case, problem solving or establishing the correct diagnosis may prove to be a long process. Luckily for us, we are usually given enough time for it since a slice will not go anywhere or may not change at all. We like to consult each other, share the samples and exchange opinions even when we are certain of the correct diagnosis. But it gives us a kind of comfort, which is why it is very difficult for one single person to perform this work, although unfortunately, we often see such cases in other departments of pathology in the country.

Interviewer: The number of tumor diseases is rising each year in Hungary. Do we have enough pathologists to combat this sad trend?

T.T.: No, unfortunately not. There were also very few of us, maybe little more than four hundred, when I began my career back in 1989. Currently, there are only 270 of us, and one third of the colleagues are working part time after retirement, so the situation is indeed dramatic, to say the least. I have been interviewed recently about this issue (which reportedly will be printed in an upcoming *Medical Review*), however, my colleagues and I use all the opportunities available to bring awareness in respect to this situation among the political decision makers relating to health care. The phenomenon is not solely a Hungarian characteristic, other European countries are coping with similar problems. If, for example, a colleague of mine decided to go to work in England, he/she would be employed the following day because of the huge demand. They are not able to train enough medical specialists, moreover, a portion of their consultants decide to work in the USA. We have not been able to tackle the exact reasons for the lack of popularity with respect to this profession, but I am sure it is not only a question of salaries. The factors which may dissuade the young physicians from choosing this field may much rather be the working conditions and possibly the difficulties of the profession, but we would need a detailed analysis to determine

the precise reasons for this situation.

Interviewer: As far as I know, pathology is the basis for medical science.

T.T.: Yes, this is true, one of its pillars, but so are pathophysiology and microbiology. I can always see how medical students become more aware of its importance as the examination period begins. It becomes significantly important later when they can see that clinical studies are also based on these subjects. Therefore their successful studies have multiple effects at later stages. In spite of this fact, pathology is not regarded as a popular profession today.

Interviewer: Do you currently have students to whom you might consider offering them an employment opportunity within your department, as much in the same way you were invited by Professor Kelényi?

T.T.: Fortunately, there is always one student who applies for employment within our department every year, but you mentioned a tangible point here. We just might also be responsible for the present situation, meaning, the lack of popularity. We should mingle more with the students and spend time together not only during the class time, but also on other occasions. We should show more of what we do including the beautiful moments of our profession, and we would also need to have a better understanding of the motivational factors that influence their career choices. Several of my colleagues agree to this premise, but we have not been able to find the optimal solution or the necessary time. Today, at the beginning of the 21st century, since many young people spend a significant amount of their time in front of their electronic devices, we might just need to take advantage of it because it may provide a solution to the problem of lacking professionals in our field. Anyway, I also asked my colleagues to make certain and offer pathology as a likely option when they meet talented students during the final exams. I do the same. I can assure you, we do have very talented students here.

Interviewer: Do you spend less time among your students since you were appointed head of department?

T.T.: Yes, unfortunately. Both my teaching and diagnostic activities are somewhat shoved to the background, although I am privileged to have many helpful and reliable colleagues who actively participate in daily administrative tasks. They take over certain aspects of work individually and all which is required of me is to listen to their reports. I would like to devote more of my time to research, since it shows a close correlation with our diagnostic activities. It is a fantastic feeling to observe a phenomenon through a microscope, which will propel us forward if we can spend more time to study it. It allows us to find out more about a certain disease or about science itself, and that is a very uplifting experience.

Interviewer: Since you were appointed leader in 2013, how and to what extent do you recognize any changes within the department?

T.T.: Well, I try to pay attention to the valuable thoughts and opinions of everybody, of which involves senior students including the younger colleagues, too. I believe we achieved some success during the past three years in updating our current technology, extending the staff of our medical specialists and offering new positions to our residency program. The common Hungarian trend is reversed at our institute, because here the number of pathologists is rising. We need to maintain this positive trend, which may prove to be more difficult than it was to reach where we are now.

Interviewer: Which measures helped you to strategize towards preventing a decrease in the number of medical professionals within this department?

T.T.: After 2010, when the Baranya County Hospital and

the University of Pécs were officially united, we took over the Department of Pathology from the County Hospital. The colleagues who were previously employed there either left the country to find employment abroad, or joined the private sector, therefore our colleagues had to take on a double work load. The entire system seemed to be shattered. It was very difficult to resolve the conflict problems which were continuously developing with the other county hospitals to whom we provided service in support of, since the merger. Our strategy included sincerity, openness and partnership behavior. Once the new contracts with the old partners were created, we decided to involve new partners, which stabilized and even increased our income. That formed the basis of updating our technologies and also for our financial investments. It also influenced our working conditions and to some extent, the salaries. At the same time, we were making a constant effort to show our young colleagues the opportunities hidden within the scope of pathology. I am referring not only to the relatively more satisfactory salaries, but also the opportunity to perform creative work and carry out such teaching or research activities which may not be available elsewhere. At our department, the young colleagues who have confident foreign language competency and are experienced both in practice and theoretical knowledge, are offered the opportunity to take on contact classes right away. They enjoy facing challenges and we are able to provide this together with the necessary supervision. We like to involve them in our routine diagnostic tasks with the presence of a specialist, so they can feel their degree of responsibility on a routine basis.

Interviewer: How many team members do you currently have on board?

T.T.: We have 13 medical specialists, six residents and two forensic residents who began their training with us, and after a year, will likely continue at the department of forensic medicine. It is not a small number and we could do with a few more specialists, although I should not complain because the situation is much worse in other hospitals at the pathology departments. It is also true that more specialists are employed at university departments of similar size than at our department, which means we still need to make some improvement in this respect. We need another three or four senior specialists with significant teaching experience in order to devote more time to research, which is one of our primary responsibilities. Actually, this is one of the basic problems in the Hungarian health care system, because a specialist is expected both to excel in his or her own field and to be an excellent teacher, although both areas demand almost the entire person and one is not necessarily talented in both areas. Some are more efficient in the former, while others have more talents in the latter. These two basic tasks are difficult to assess in figures and may be somewhat underestimated when it comes to professional achievement. The factor which is easy to measure is the number of publications and citations. We would need one and a half or twice the staff members in order to fully meet the expectations.

Interviewer: What does success mean in diagnostics to a pathologist such as yourself?

T.T.: This is the biggest secret in pathological work. It is not necessarily only a difficult diagnosis, which can provide pride and joy in this work, because it may involve a mere discussion with a clinician which sheds light to how much a pathologist can support a clinician's thoughts with his opinion. Later, the cooperative results are reflected indirectly in the development of the patient's condition and in the clinical decisions. Many people prefer to choose direct patient care with its immediate feedback, but that is not, or not necessarily present in our field of profession.

Interviewer: But it may also be a source of conflict when the clinician's opinion is not accepted?

T.T.: It may be so, and sometimes it does happen. In these cases a second sample may be taken or it may be sent for a second opinion to a different expert. But these conflicts do not necessarily cause frustration. We need to accept that patient care is a multidisciplinary process. We need to seek agreement and understand each other's way of thinking and problematic issue because that will allow us to reach efficiency together.

Interviewer: Can we meet pathologists during operations or at the bedside?

T.T.: Yes, occasionally, when we are requested by the clinicians.

Interviewer: Do you still perform autopsies?

T.T.: Not really, due quite likely to many administrative and other tasks I take on. I am not very happy about it, but I do get to see the difficult or distinctly interesting cases intended for demonstration purposes. My consolation is, I was able to perform a big number of examinations during my student years and as a beginner medical specialist, from which I acquired an immense amount of experience, and, therefore, I am privileged. The pathology specialist training has always been 'examination-demanding' and has always required a definite number of autopsy examinations from the applicants, and that is first priority in addition to their undergraduate training.

Interviewer: This microscope looks like a majestic piece of equipment sitting upon your desk. Do you think it will be considered somewhat ancient once virtual slides will play the main role?

T.T.: Not at all. Those who were socialized to use it will have it standing on their desk even following retirement. I am not sure the younger generations will follow, since telepathology, the virtual and digital slide based discipline, is developing and spreading at the speed of an explosion. This allows the pathologist to conduct work not only at the site where the slide was prepared, but even several thousand kilometers away. The virtual slide is received after the conventional slide is recorded with a digital scanner, which can be later sent on to any part of the world. I am sure that in ten to fifteen years most pathological findings will be based on the examination of such digital slides. We use virtual slides in routine practice only in undergraduate and postgraduate training, when we are requested to give specialist second opinion or if we are preparing for a national slide consultation event. Digital slides have several advantages, because they do not break, and the tissue block is not 'carved out', and the screens show the exact same image for everyone. Telepathology offers us great opportunities because it allows us to offer our specialist knowledge to those hospitals where there are no pathologists available, or no specialist for a specific field. Today, pathology is not unified any longer, moreover, it has become as diverse as internal medicine, but people know much less about pathologists and the specializations within the scope of pathology.

Interviewer: Do you have this specialization within your department as well?

T.T.: Yes, we do, simply because we offer our opinion on nearly thirty thousand surgical pathology cases annually. Furthermore, we receive thirty-seven thousand gynecological pap smears yearly, so we need to encourage everybody to specialize in a specific field immediately following the pathologist specialist exam. But we are not enough in number, therefore each specialist needs to be an expert and conduct work throughout several areas. The centralization of pathology is inevitable. Surgical pathologist patient care will not be available in those hospitals which have been working without a pathologist for a long time, and this care will be transferred to

the centers where specialized pathologists are employed. This seems to be the only feasible solution since it is impossible to find specialists in smaller hospitals, but at the same time it will exert extra pressure on the centers.

Interviewer: I hear you enjoy spending your free time taking nature photos and attending concerts?

T.T.: Yes, since the opening of the Kodály Centre I have taken my wife to several good classical and other concerts but not too often, I would not consider ourselves as regular visitors. What I do enjoy most about photographing nature is the challenge I find in macrophotography. I have also been doing archery for eleven years, moreover, I was a champion in a certain category of field archery in 2006. I turned forty when I received my first bow which I started to use without any prior training. First it caused more pain than joy, and my lower arm was full of hematomas. Later, I earned a deeper insight into it and my friends and I founded a club, the archery section of the Pécs Sports Club, and this is now where I perform this sport which gives me such a fantastic and joyful experience.

Interviewer: How did you happen to get a bow for your fortieth birthday?

T.T.: Once I was strolling among the line of merchant stalls in Visegrád, with my wife and my daughter. We love to take excursions, by the way. It was here where we met an archer and we paid to take a few shots at the target. I happened to hit the very center of the target (bull's eye), and the wonderful experience of this set of movements were etched in my memory forevermore. This is why I received it as a present shortly thereafter, my first traditional bow. It did not take long to move up to the most modern pulley bows, I use one of those

now, however, my favorite is field archery. I seldom participate in competitions, but two-three years ago I was still an active competitor.

Interviewer: Are both good vision and manual skills important in archery?

T.T.: That is an interesting question, because one of the best Chinese Olympic archer champions has a mere 10 per cent of vision in one eye, and thirty or forty per cent in the other eye, but he still broke the world record! The key for success is not sharp vision, but the sequence of movements. It may sound very strange to you, but archery primarily involves the harmony of a sequence of movements, the ability to produce the same sequence independent of one's momentary nervous condition. So, the key is a stable style and archery is nothing but the art of repetition. It may sound boring, but it is actually very difficult to repeat the exact same sequence. And the diversity originates from the field, the differences in light, terrain, and weather conditions. The other wonderful thing of this sport is it is never subjective, because the shooting sheet will never tell a lie.

Interviewer: You mentioned your little daughter who became older since your archery experience in Visegrád. What does she do?

T.T.: We have a beautiful and independent daughter we are both very proud of. She is now 26 and works at the Ministry for National Economy. She is also studying at the National Defense University in Budapest working towards her Master's degree. I hope she will manage with all that knowledge throughout her life.

by Rita Schweier

Happy Birthday Salutations to Professor Miklós Fekete, 80



Professor Miklós Fekete will turn 80 on the 20th of October, 2016. We planned to congratulate him and organize a celebration in his honor at the clinic on his anniversary, but he is definitely expressively against objective to such plans, for now.

Out of respect with regards to Professor Fekete's wishes, we collected the following birthday 'present' and out of our admiration, extend hearty congratulations and our genuine wishes for good health and prosperity.

Colleagues

Commemoration from the former clinical director

Miklós Fekete was probably the only person who was serving our university in the position of deputy clinical director throughout three lengthy decades. He was already employed in this position during the entire length of time when Gyula Mestyán or Károly Méhes were successive directors of the clinic.

During these 20 years, he was my honorable superior, both professionally and officially, then afterwards, I was appointed clinical director in 2007, and we switched roles for a ten year period. Or as he would put it in his fine and irreplaceable sense of humor, I became his 'principal' again. Fortunately, due to his personal behavior and character, the changes in roles only affected the form of our relationship and I did not hesitate for one second to select any other person for deputy director. I was fully informed about his previous responsibilities, his professionalism, expertise and precision, and indeed, how much he is recognized and respected at the university, among the medical faculty and each member of the clinical staff. As our director deputy-director relationship matured, somehow it turned into genuine friendship over a surprisingly short period of time, and is still present even today, nearly one decade after our official collaboration ended. The role of deputy director became significantly important with the frequent absences of the director due to his official delegation responsibilities from the clinic or the university. In those days, I was an active member of international research associations and my scientific career demanded several visits abroad. On the way to the railway station, I was always certain the clinic will be

directed by the very best hands. The professional expertise and experience from Miklós Fekete guaranteed me for maintaining the direction of continuous and quality patient care at the clinic. Based on his managerial experience for several decades, I had no doubt he would prove to be an adequate person to make decisions concerning both personal and university issues. Finally, I was never fearful an event might adversely affect my deputy's loyalty while I was away.

Dear Professor and my dear friend, Miklós! Thank you for your immense help and generously sharing your knowledge, professional experience and friendship with me.

Gyula Soltész, MD

Professor Miklós Fekete became known as a real clinician, as a conscientious and empathic doctor and as an enthusiastic instructor during his scientific career stretching more than half a century. His thoughts and views addressed to one of his close relatives who chose to follow the medical field may be considered as his 'ars poetica' on the ethical behavior and practice of medical professionals.

Some thoughts and views about our career to a young, future doctor

"What you are reading here are my somewhat random thoughts with regards to the medical career, the profession, the ancient craftsmanship, or most truly about this vocation of ours. I was writing these lines to a young, close relative of mine who was still a medical student back then. Some of my friends who read it talked me into opening it to a wider audience, hoping it might benefit others, and I agreed. The reason why I think I may be entitled to do so is the fact in which, including my six undergraduate years (1955-1961), I spent a total of 51 years (1961-2006) as a clinical doctor of the university. I was employed as an associate professor (1976-1989) then later as professor (1989-2006, and eventually, professor emeritus), and I was deputy clinical director of a clinic including 200 beds and 40 members of medical staff for nearly thirty years. And during all those years I was able to recognize and see many things, largely due to my role in which I made a constant effort to walk about with my eyes wide open".

"In today's educated world, THE MEDICAL PROFESSION is a highly respected, important, appreciated and honored activity, not only from the vast amount of knowledge which needs to be acquired, but also due to demands of certain individual characteristics (which, unfortunately, are not always met). I think the common attitude towards doctors may also be influenced by the fact everybody needs them at some point in their life. In the educated sector of the world I mentioned above, doctors (beware, it is not a homogenous population!) usually are associated with the wealthy middle-middle class sector, while its upper layers (not based on financial status) belong to the layer of elite intellectuals and scholars. I do not intend to discuss or elaborate the medical professionals' situation in today's Hungary, because it will be a different story altogether. But I do believe the present state is only a temporary one".

"I had long discussions with colleagues and talked to even more senior students (I participated in many, always oral exams) also as chief examiner in oral entrance exams during the previous era (for 11 years) to future, would-be doctors and asked them about WHY THEY CHOSE TO BECOME DOCTORS. There were very few who said they were devoted to the profession in such a way I was entirely convinced. Those who choose this career out of true and deep devotion to the profession, are in a better situation and will confront obstacles

much easier, but those are fewer in number. The majority explained their decision with the respect for the profession saying they will always be needed, and you can 'earn a living no matter what', or it is an interesting job, or because it provides financial security, or because there are several doctors in the family, or said it was their parents' wish, and so on. Naturally, even those who come without professional devotion, during their later clinical years, or if they do both curing and clinical work, then during their daily activities, may nurture into something which will make them wonderful doctors. They may become reliable, absolutely patient-oriented and patient-centered doctors, and here, I am not referring to professional qualities. Let me mention, as far as I know, the new medical curricula contain courses in bioethics or medical ethics. That is good news, but even better, when medical students, or later the young doctors, can experience this attitude every day in their colleagues, senior colleagues or superiors, because the fine example will sink in much easier than say, books serving in the role of a teaching aid."

"If a medical student successfully completes his 6-year undergraduate studies, he will become a QUALIFIED MEDICAL UNIVERSITY GRADUATE, and will be able to gain further specialist qualifications in another 5 or 6 years and then will be authorized to make individual decisions in his specialty and to practice medicine. Of course, that is only true for those who wish to work in patient care, because as a matter of fact, you can qualify for a lot of other jobs if you have a 'med.univ.' degree. Those who stay to work at departments of (university, or academic) clinics and perform some kind of research work, well, that is also an option, a possible outcome. But if one is passionate about the profession and is not a born researcher, then the person will become frustrated, disappointed and turn into a 'lizard tail-trimming', fake scientist, and that's that. In my opinion, if during the undergraduate years a medical student makes a decision to practice later in patient care, he first needs to determine whether to follow the conservative (speculation-based) or manual (surgical) specialty profession and to select where he intends to spend his clinical years. This is not at all unimportant, though there are many factors in achieving success".

Every single doctor must possess a viewpoint on, and be familiar with at least the most important points in THE HISTORY OF MEDICAL SCIENCE. On the one hand, this allows us to gain a perspective view on this branch of science, or 'art' today. We need it so we can truly appreciate the wondrous beauty in the development of thought and practice, together with their many failures. If it is not included in today's compulsory or elective courses in the medical studies (we did not have it back then, unfortunately), all you can do is consult the text books, again. Of course, here I do not mean to say everybody is expected to be as educated in the field as a medical historian, because there is no extra energy for this and it is not necessary, either. As a matter of fact, we should not confuse the history of curing and the history of medical science, since curing is much more ancient when compared with medical science. The first curing individual was the sorcerer or shaman, who later, originated from a priest order. I find it interesting, that as far as I know, the Hungarian word for 'doctor' ("orvos") dates back to the language reforms in the 19th century, and its actual meaning is, "orv", in other words, possessing secret knowledge. True medical science began to develop only during the second half of the 19th century and it was only during the 20th century when it became one of the most rapidly developing natural sciences. Naturally, first it needed a firm background support and prior development of the basic sciences of clinical medicine (chemistry, physics, biochemistry, later medical technology,

etc.), since clinical medical science is primarily one of the applied sciences.

Today, UNDERGRADUATE TRAINING AND EDUCATION FOR MEDICAL STUDENTS AT UNIVERSITIES LASTS FOR 6 years, throughout Hungary and in most European countries. Because of the constant overgrowth of study materials, there were several attempts to expand the duration with respect to training and education, but it is still debated and refused for several reasons. The opposition has a valid point, partly because newly inaugurated doctors are evidently considered would-be doctors. One solution may be to modify the conventional and rather fixed curricula. Well, it is being done in many ways depending on the place (i.e. curricular chauvinisms). It would be a valid aim to completely harmonize the curriculum of at least the four medical faculties in Hungary in order to achieve free transfer between the faculties, but I think even that has not yet been completed.

As for the form of instruction, (here I am referring only to the clinical subjects): for many years, auditorial 'big lectures' used to be the professor's task and privilege. He was able to present the chapters of his subject he considered most important, he was able to teach with a certain attitude, style and behavior (onset of clinical training), he could elevate student interest, and on the whole, this is where he left his impact upon his students. The role of these lectures was by far, not mere data transfer, as I mentioned earlier. If the point was only to give information, it would actually become redundant today since there are many good books available both in Hungarian and English, not to mention the data accessible from the internet. But a medical student can get lost and lose direction there very easily. As chief instructor, a professor also used to be chief examiner, and it was all suitable because his responsibilities included both areas. This is why a professor was also a university teacher, otherwise he could have stayed as a remarkable chief physician or senior doctor. Due to the diversification of clinical subjects (so-called sub-specialization or superspecialization), sadly enough, the present trend is to divide the big, classical subjects into sections and give them to different lecturers, who may be experts in the given area but may not be experienced (yet?) as lecturers, teachers or educators. Instead, these lecturers tend to show off the indepth knowledge focusing on their narrow and specialized field, usually demonstrating a vast number of overly complicated and colorful graphs (see today's technical innovations, the temptation of which a truly trained lecturer can always resist). My main objective towards these new trends are, the role of medical education is to adequately train future doctors with a firm, basic knowledge in general medicine, and not to launch young subspecialists along their way.

ADMISSION TO MEDICAL SCHOOL, PROFESSIONAL COMPETENCE. Today, applicants may be admitted to the medical faculties based on a unified point system, of which reflects their prior professional performance in the score they achieve. This is undoubtedly an objective and just (?) system, but it also has a clearly recognized flaw. The problem is the personality, character, personal behavior, general intelligence and psychological eligibility and competency of the future doctor is never assessed, and it is a true problem because these qualities are more important than for example, when compared with what the student scored in physics or in any other required subjects. He can still learn those materials later or may not even need all of it later. I know it is very difficult to correctly and responsibly evaluate the above mentioned qualities, but it is not impossible. For instance, I suggest a psychological and general intelligence test required to assess the applicant supplementing the present entrance exam, and this new test should not be performed

merely on paper. It is also an important and difficult issue how and to what extent these results may influence the final outcome of the entrance exam. Anyway, there have been strong views about the need for some kind of an oral test, which, I think would be most welcome. If I may add, I believe a good or excellent future doctor in patient care needs to be smart and bright congenitally, but not ingenious. There are many other factors far more important, for example personal integrity, consistent reliability, devoted interest in the profession, respect for patients, recognition of the personal professional limits, total lack of professional vanity, to mention a few.

UNDERGRADUATE STUDENT YEARS. It is not an easy period, but here is where you establish the foundation of your future career. A reasonable and highly qualified medical student possesses the biggest amount of knowledge in general medicine at the time of graduation, of which, may serve as a starting point in the near future. Their knowledge will be much deeper and more focused primarily to their selected specialty. There are no more polyhistorians of knowledge around, it is impossible to be fully informed about everything today. During the undergraduate years one must pay close attention, work hard, which means studying. Daily, regularly, for several hours, systematically. This is partly the price we pay with regards to the future. It is a mistake and reflects a primitive and irresponsible conduct, indeed, to leave studying until the examination period, to believe their only task is to attend (some) lectures, seminars and practicals, and pick up spontaneously as much as possible. You need to fight for knowledge, fight your own need for comfort and illusion of freedom. You need to prepare for exams during the previous semester, and in this way, and not during the few days of the scheduled exam, of which, you may have between two exams. It reflects a half-lost case, in which a medical student arrives to the exam sporting a pale complexion, sleepless face, slightly darkened eyes, sweating from tension, some even biting their nails. An experienced examiner might as well send these examinees home so they will not take up one another's time in vain.

During an exam, it is a prerequisite to wear a dark suit, white shirt, and a tie because these formalities reflect your respect to the exam and the examiner. As to behavior: no slackness or small talk, and nothing personal exchanged with the examiner, do not act like a geek or nerd (do not make faces when other examinees say something wrong, no nodding in agreement when something sounds good, especially when the examiner is trying to show off, etc.). Another important factor is not to make the claim for a better grade. You need to accept the premise, in grading, it is never and can never be completely objective. In my own experience, an excellent grade is easy to recognize, and so is failure. A sufficient grade is given when an examinee nearly failed, but only almost, and here subjective factors may have a bigger role. The most difficult objective for me was to note the difference between an average and a good grade. Even if it sounds unfair now, I think here the human factors strongly come into play. It might just be a better idea to use the three terms which were introduced a few years ago in specialist exams: excellent pass, pass, and no pass.

During the undergraduate studies, a medical student can decide which area to choose following graduation in order to acquire additional qualifications. When a senior student in the 5th or 6th years of study still do not know their preferred direction, I remain somewhat suspicious and I always find it strange. The decision is strongly influenced by the applicant's personal behavior and character, the experiences gained during the 6 years, and by the leading instructors (see role models! who may be, rather surprisingly, much more influential than expected!) But rational and reasonable factors may also play a role, for

example whether the field may be too important, or smaller and less recognized, whether there is a lack of doctors in that field, or which department it would be associated with, such as a general practitioner or neurosurgeon, etc. I think I may have mentioned already, there are three main paths to choose from: “theoretical” (researcher) career, clinical career, within which there is manual skills or conservative skills, and finally administration, or direction, the managerial field (I regard them as pseudodoctors, though I may be wrong).

YOUNG, BEGINNER DOCTORS (RESIDENT, TRAINEE, ASSISTANT DOCTOR, ETC..) AT THE NEW WORK PLACE, CLINIC OR HOSPITAL. The initial time period is always very important concerning the impressions the young colleague perceives (see the role of first elementary school class teacher) and the opinion of receiving community (see the role of first impressions, and its subsequent attachments, which sometimes may become disruptive). Adaptability always varies in individuals, but it is a good idea to acknowledge several rules consciously, even in today’s, mostly seemingly, democratic world. The medical society is rather hierarchical, even today. Depending on age, position and difference in ranks, individuals may be unequal and there is still an imbalance when addressing each other. The person with the higher rank is accepted to use the more informal way of speaking (“police per tu”), in which an imbalance can only be dismissed from the initiation of the person in the higher position. Clinical rules inevitably demand order and discipline, accuracy, reliability, and everybody is expected to be aware of their responsibilities and the scope of their authority for independent decisions. The somewhat (or even more characteristic) military discipline and rigidity is justified under the weight of responsibilities, and due to the still valid policy, of which makes the first line manager (chief physician or professor) solely responsible for everything. This style is characteristic of the German-Prussian school system, which was, in the past, especially influential in Hungary. Its opposite and more liberal Anglo-Saxon style has become more influential in the past few decades. In addition to the changes of the times, the director’s personal behavior is seen as relevant, even today. But going back to beginner doctors, they should always be interested and

Curriculum vitae of Dr. Miklós Fekete, retired full professor, emeritus professor at the Clinical Centre of UP

I was born in Miskolc in 1936. My parents, Dr. Miklós Fekete and Ms. Piroska Rigler, were both high school teachers. I attended primary and secondary schools from 1943 through 1955, in both Szeged and Pécs.

I married in 1964. My wife, Dr. Mária Weidl, is employed as an otorhinolaryngologist, pediatric otorhinolaryngologist, laboratory medical specialist, and as a senior doctor. Our child, Adrienne, was born in 1965 and became a high school teacher of English and Hungarian language and literature. Her husband, Dr. Tamás Magyarlaki, physician, an associate professor, and their children’s names are Miklós, an economist, who graduated from the Corvinus University, Bence, an undergraduate student at an art university in London, and Anna Laura, a student of the Science-Po University in Paris.

I was admitted to the Medical University of Pécs in 1955. I was working as a member of the student researcher society at the Department of Forensic Pathology for two years where I studied the issue in respect to induced amyloidosis. I completed my university studies with “summa cum laude”, the highest academic grade achieved in 1961.

I began my employment at the Department of Pediatrics of the Medical University of Pécs which proved to be my very first and final workplace. My first and most influential superior was Professor Ödön Kerpel Fronius. I completed my specialist exam in pediatrics in 1965. In 1966 I was appointed assistant lecturer, and then senior lecturer in 1974. I was also working as a head of several departments in support of the clinic during these years. From 1974 through 1976 I was responsible for the supervision of three different departments in the role as a senior lecturer. Since 1965 I participated in undergraduate clinical practice and presented lectures from 1986. I began clinical research in 1963, inspired and supervised by the teacher, Gyula Mestyán. Later, he became my next clinical superior, then professor and clinical director. I learned an immense amount of information from many of my colleagues during my career, yet I always saw myself primarily as one of his students. My research area was perinatal and neonatal pathophysiology, and I studied neonatal adaptation problems from both theoretical and practical, clinical aspects. In 1970-1971, as the recipient of the Wellcome Trust award, I was employed to the Special Care Baby Unit and conducted research in the laboratories of the Department of Pediatrics of the University of Manchester.

In 1974 I defended my PhD theses, entitled, “Hormonal regulation problems of neonatal adaptation”. In 1976, I was appointed associate professor after which I was employed as a deputy clinical director. Accordingly, I was responsible for the specialist supervision of patient care providing service for 170 newborns, infants and child patients. My responsibilities also included the organization and implementation of clinical training programs for both students and specialists, I was examiner in clinical practice exams, final exams, and in clinical specialist exams. I also participated in the strategic development of additional training for the clinical medical faculty; I prepared financial, procurement and long-term future plans in support of clinical development, and I was assigned a wide variety of administrative activities of the clinic, and managed problems concerning all clinic personnel. More directly, I was supervising work at the intensive care units of the internal departments (pathologic neonatal and child intensive care unit) since 1987 and I also managed our English Program. At the same time, I was happy to experience a narrowing of the scope of my administrative responsibilities.

In 1981-82, I was conducting research within the Department of Pediatrics of the University of Sheffield. I was also asked to participate in clinical practice classes for students, for which I received high qualifications.

The National Specialist Committee qualified me as a neonatologist in 1985, based on my clinical practice and I was exempted from having to endure the examination. I was awarded the title, “Doctor of Medical Science (Doctor of the Hungarian Academy of Sciences, DSc)”, in 1986 in the defense of my thesis entitled, “Perinatal growth and pathology”. I was awarded the university professor title in 1989 and my position was deputy clinical director from 1976 through 2005.

In addition to my scientific work and publications, I was author of several book chapters and editor of my two clinical monographs. (Neonatology, 1992; Problem Oriented Infant Pediatrics, 1995). I have been a member of the European Society for Pediatric Research since 1977, and became a member of the British Neonatal Society in 1982. I have been a board member on the Hungarian Society of Pediatrics since 1982. Within our university I served many years in the role as vice chairman for the Doctoral and Habilitation Committee of the Medical University of Pécs (later retitled, Medical School, University of Pécs), and I was also Chairman of the Ethics Committee of the Clinical Centre.

I received my retirement in 2006 and ever since then, I have served as emeritus professor of the Medical School and the Department of Pediatrics.

April, 2016.

Miklós Fekete, MD

open-minded, hardworking, and recognize they can learn a lot from their patients, since there are no two identical patients or diseases either. If a doctor is not sure about something, he should not be ashamed; he can admit it and promise to look it up later. You should never talk beside the point or hide facts from fear of losing face, not to mention lying, which is absolutely forbidden. In many ways, he should be frank and dare to ask questions from the superiors, and should not forget to express appreciation afterwards. If he should make an error or be mistaken, he should inform his superior openly, and he will learn from the corrections. To make mistakes is human, but he should beware of committing them too frequently. I also think it is very important to always speak politely to the assistants, which does not exclude the necessary assertion. He should know who to greet and also how, and notably, be the first one to greet. He must always avoid the role of the “big, white, knowledgeable doctor” even after retiring age.

He should initiate a form of self-education at the clinic immediately, whenever he encounters a new disease for the first time. He should acquire further information in reference to the case immediately (in his free time, at home or even at night, etc.), and record everything he can. But a good place for learning can always offer many other opportunities to maintain the level of knowledge and for further education in the form of conferences, seminars, scientific meetings, reports, congress participation, different professional visits or work contacts, etc. He should take advantage of all the above.

OBSERVATION OF SCIENTIFIC MEDICAL LITERATURE, SELF-EDUCATION. Medical science takes the leading role in today’s scientific publications (if nothing else, quantitatively for certain). It is an interesting fact and is due to many reasons and reflects constant progress, but we should also be aware of the many unimportant, irrelevant, pseudo-scientific, self-contained publications, per se. They are necessary because a certain number of activities are required for scientific professional progress (received from the number of papers, order of authors, number of international citations, impact factor, and so on and so forth). Therefore, we must be careful when reading literature and we need to be selective since studying the literature should be a regular, daily activity and our time is, of course, not unlimited. There is a feasible solution, of which, I think will work: select the two internationally most recognized general medical weekly journals (The Lancet – UK, and The New England Journal of Medicine – USA), and add the Hungarian Medical Weekly, and follow them regularly. Furthermore, he should select 2, or maximum 3 of the best international journals and the leading Hungarian journal of the given specialty. If you manage, but know that it will not be easy, then the person will be up-to-date in his profession, which is not negligible, indeed. (Note: currently, primarily since World War 2, the language of science is English. When researchers from big and truly proud nations, such as the French (!) or the Germans, want their results to be widely known in the scientific world, they often choose an English language journal to publish their findings.)

SCIENTIFIC QUALIFICATIONS. It is very true, or by far the most true of any other intellectual careers, the medical career requires certain conditions, namely, certain scientific qualifications, which are necessary to attain certain ranks. Today, even a medical faculty senior lecturer may only be appointed with a PhD degree, it is, of course, an exaggeration. It may not be a requirement, but when applying for managerial physician positions outside the university’s scope, it is probably an advantage if the applicant has scientific qualifications. This is also a bit exaggerated, but that will not make it untrue. PhD (doctor philosophiae) is a basic qualification and may be acquired at the university level (corresponds approximately to

the previously used ‘scientist candidate’—“tudományok kandidátusa”—title). Another, higher qualification is DSc (doctor of sciences, doctor of the Hungarian Academy of Sciences) which may be awarded from the Hungarian Academy of Sciences after a rather tedious procedure. But this title, for instance, is never officially required for employment, yet may still be beneficial in some cases (for instance, when it comes to appointing professors). So, the PhD is the basis and it is a good idea to begin working for it as soon as possible, if it is a plan in the career. Following graduation, either gaining a PhD student status for 3 years, or, what I think is by far more beneficial, it is a good idea to join a clinic’s doctoral school of the university with a scientific topic as a young specialist and then, in addition to employment, you will have several years on your hands to receive the qualification.

APPEARANCE AND STYLE. I think it is important for a doctor (and even for a medical student) to look well reserved, slightly conservative but elegant, but never too conspicuous. His communication should not be loud, should be clearly Hungarian avoiding medical jargons (i.e., here I am not referring to professional environment), foreign words and trendy, slangy words. One does not need to show off, or exhibit how up-to-date and sophisticated you might be. All this information, in fact, may be deduced by a quick look at you, or certainly, after the first uttered sentence. Of course, it is best if and when it all comes naturally from inside and not as something foolishly acquired to show you are, indeed, a doctor. But you can learn it as well, and using it is better than nothing at all (surprising, but learned behavior will give you away because it is a bit “overdone”).

My dear son, I cannot offer you additional advice with respect to this issue, although there must be a lot more still, for instance, necessary aspects in respect to a doctor’s general education and literacy. Maybe later, when I remember more, or if you should ask me questions, or perhaps, maybe never. But I do hope all the above in the form of my thoughts, will or may prove beneficial. I may be wrong and I am entitled to be wrong, some of the time, but honestly I do not believe I somehow I was wrong about these issues. At most, I am a bit outdated, but I can accept it because I have always been fond of a healthy conservatism in contrast to a forceful and straining modernism.

In conclusion, let me just add my entire family is happy you chose a medical career, which I believe, in earnest, you understand. You will be entitled to admit and feel you are a member of a true dynasty of doctors, largely due to ten medical doctors within your family since the end of the 19th century. This really can be considered a true dynasty, which serves as an obligation extended to you.

Miklós Fekete, MD



On April 1st 2016 the EGSC brought once again a motivational speaker to pump the moral of the students before exam period. This year the University of Pécs Medical School had the honor to receive Dr. Bennet Omalu.

Dr. Omalu was born in Nnokwa, Nigeria, in September 1968. He is the sixth of seven siblings. His mother was a seamstress and his father a civil mining engineer and a community leader.

He studied medicine at the University of Nigeria, Nsukka and then immigrated to the USA to complete his residency. He became a forensic pathologist, and neuropathologist who was the first to discover and publish findings regarding chronic traumatic encephalopathy (CTE) by examining American football players while working at the Allegheny County Coroner's Office in Pittsburgh. He later became chief medical examiner of San Joaquin County, California, and is a professor in the University of California, Davis, Department of Medical Pathology and Laboratory Medicine.

Dr. Omalu is married and is a father of two children, Ashley and Mark. He is a practicing catholic and became a naturalized U.S. citizen in February 2015.

The family name, Omalu, is a shortened form of the surname, Onyemalukwube, which translates to "he (she) who knows, speak."

And he did ...

Why did you choose pathology and not another specialty?

I never wanted to be a doctor, as I said during my speech I had the option of dropping out of medicine but that would have frustrated my parents and they would have been disappointed. So I chose to complete medicine and specialize in something far from clinical medicine and the only option I had was forensic pathology.

By choosing forensic medicine were you trying to avoid the interaction with people?

No, dealing with the cadavers was different from dealing with living patients.

I worked in emergency room medicine for 4 years and I started to become bored by the concept of seeing a patient, making a diagnosis and providing treatment. It became repetitive. To me once you know how to diagnose a disease and treat it, it becomes automatic, like using an algorithm, thing that you don't have in forensic pathology. You have a bit more of leeway, there is no standard differential diagnosis, it's the land of the unknown. It was also less rigidly controlled and if you made mistakes there are no consequences like in ophthalmology, if you make a tiny mistake someone loses his sight. So I got in forensic pathology by serendipity, circumstances led me to this specialty. If I hadn't have succeeded in forensic pathology, medical management would have been an option. I have an MBA in hospital management as well.

During your autopsies do you talk to all your cadavers and if yes why?

I talk to all cadavers, to their spirits, because they're all human beings. I introduce myself to my patients the same way you do with your patients. Before I start a procedure, I say: "Hello, I'm Bennett and I'm going to find out what happened with you" If it's a more complex case I'll tell them instead: "Hey, I'm going to do your autopsy, help me guide me to know what happened to you.

Were you always this religious, or did you develop your religious beliefs on your own?



I was brought up in a catholic household, as a child my parents used to go to church on Sundays and took me with them, I had to pray but I didn't have any deep-seeded faith. It was depression that made me rediscover faith. I started going to church, reading the bible and other religious books. As I started doing autopsies, actually they got me closer to God, made my faith stronger. I made autopsies on all kind of human beings, on the multi-millionaire, on the twenty-five year old doctor, on an eight-year-old girl and I've done autopsies on people who had the same age as me who were doctors and died in there offices. Death has come close to me on a daily basis and reminded me of my mortality. This made me realize that this life we're living in is worthless, there is so much more to it than our daily activities. The more you know in science the more you realize you do not know and the more you continue to seek and there is no end. So as long as there is no end, there is something beyond it and that is what my faith was teaching me, evidence of things we do not know or understand.

Are you teaching this faith to your children?

Of course, I guide them. They ask me questions; they go to a Christian school where they're taught the faith.

Right now, CTE can only be officially diagnosed post-mortem. Is there a way to diagnose CTE in the living?

CTE can be diagnosed in the living. Just like Alzheimer's disease can be diagnosed in the living. And when you make such diagnosis, it is based on the continuation of symptoms. To make a diagnosis, all you need is a reasonable degree of certainty. But now we, as pathologists, need more objective measures because symptoms, to a certain degree, are subjective. We need markers: biochemical markers, radiological markers. We are currently working on a biomarker but I can't tell you more...

In the future would you influence your kids choices the same way your father did with you?

No, I would give them the leeway to be whatever they want. So if they want to be pilots, musicians or whatever they choose to do I will support them and be by their side.

How does your family cope with your travelling and with all the media attention that you have got in the past few years?

My wife was there from the beginning and saw what I suffered when I discovered this disease. When people are attacking you it doesn't affect you as much as it affects the people

that surround you. She didn't want to be involved with CTE or even the movie. We had to beg her and eventually she turned around. In the house I have bought for them, I have installed cameras and a monitor so when I'm not there we can talk as if I was there. My wife is a tough woman; she's taking the role of father and mother. When I am back home I don't do anything else, I don't have friends I just spend time with my kids. Last time my daughter was having problems with her math so I went through it with her and now she is the best in her class. I spend time with them to compensate the time I am away.

In the movie they mentioned several animals like the woodpecker that have been created with an inbuilt shock absorbing mechanism. Would you see yourself working with helmet companies to create something better than what the players are currently using?

I wouldn't work with the helmet industry simply because helmets cannot prevent sub-concussive and concussive injuries.

So no cushion would be good enough to absorb the forces?

I don't think instrumentation would be the answer. Given basic physics, mass increases the momentum of the impact. When you increase the mass you increase the momentum, when you increase the momentum you increase the amount of energy reaching the brain. A football helmet is heavy, it increases mass and dimension of your head, so the helmet actually increases the risk. The helmet protects your skull, soft tissue, laceration, abrasions, possibly subdural hematomas but not the brain; the inside will still go back and forth. God didn't intend for us to play football, he didn't provide us with the anatomical devices needed for it. The human body wasn't created to sustain repeated blows to the skull.

Do you think the movie depicted properly your life and work?

Remember they had 2 hours to portray a 12-year event. I was marveled by what they did. Everything in that movie happened in real life, with some degree of dramatization. It is a true and accurate depiction of my life.

Did Will Smith do a good job in portraying you?

I think Will Smith did a phenomenal job and the director did a wonderful job in telling a story of such complex issue in

just two hours. They cut out so many things and still told the story. And that movie is highly educational. Hollywood is a great agent of change in America.

Do you think the movie will change people's opinion or is something else needed?

The movie ignited a fire, in America today it's unbelievable the response the movie has instigated and now the movie is out in DVD and people are watching it in the comfort of their homes. When you see the studio investing more money on the advertisement this means it's selling. I can see magazines everywhere just talking about it. The US congress is having hearings because of the movie.

Dr. Omalu, what do you do in your free time? Is there a sport you do or you like to watch?

In my free time I sleep. As for sports I watch soccer. I love playing Xbox with my kids. With my son we play FIFA and he is very good at it. My daughter likes to write stories and then she asks me to critique them, she is only 10.

I saw on the Internet a foundation with your name, could you tell me more about it?

Ridley Scott, and his wife Giannina Facio, created a foundation with my name on it; they dreamt a dream, an impossible dream, to find a cure for CTE. The goal is to support the families and the sufferers of this disease, to support the education and the awareness of CTE because there is so much misrepresentation of the science out there. There's so much focus on concussions, but the focus should be on exposure to repeated blows to the head. And this is not antfootball or anti- high-impact contact sports, it's simply about enlightenment.

Last but not least, is there something you would like to tell the readers?

Dream the impossible dream, for by faith the impossible becomes possible. You should always stretch yourself to the limit of your ability because when you don't do that, you settle in mediocrity.

Excellence is the constant pursuit of beyond the limit of your capacity. If you refuse to do that, you'll be a mediocre.

Dr. Hayek George

Photographer: Dávid Verébi

The week of high schoolers 2016 summer camp

From the 22nd through the 26th of August, 2016, high school students are invited to participate in a one-week summer camp, commonly referred to as the, "The week of high schoolers," will be held, for the second time, in our faculty. We are patiently awaiting the arrival of eager and adventure-seeking high schoolers, between the years of 9–13, who are interested in higher levels of education including general medicine, dentistry, pharmacy, and medical biotechnology. During this stimulating week, youthful participants will be encouraged to listen in on several planned informative lectures, experiment, and visit and review the environments and accomplishments of our laboratories, institutes, and clinical departments. In the afternoons and evenings, venturesome participants can take part in a list of events, such as, Quiz Night or a town contest, organized by senior students. Once the camp has run its course, participants can keep in touch with our faculty through our student mentors. Those who are genuinely interested will have the opportunity to join our talent programs.

The Student Service Center

INAUGURAL CEREMONY AT SZENT ISTVÁN ACADEMY. László Gyula Szabó, Emeritus Professor of the Department of Pharmacognosy, University of Pécs, presented his inaugural speech on 2 May, 2016, in Budapest at the Szent István Academy of Sciences featuring the title, 'Phytochemical Character and Allopathic Potential'.

Miklós Kellermayer, Full Professor, conveyed his appreciation of Professor Szabó during the honorary ceremony held at Pázmány Péter Catholic University, where Professor Szabó was awarded the Honorary Certificate of the Academy written in Latin, by Gábor Sarbak, President of the Szent István Association and substituting Péter Erdő Academician, Cardinal-President of the Szent István Academy of Sciences who was in Rome at the time. Professor Kellermayer highlighted that, László Gyula Szabó, who was appointed full member in 1998, exhibited his Christian and humanitarian spirit by helping his former teacher, Cistercian monk and botanist Adolf Olivér Horváth, 90 years old at the time, who was an internationally respected botanist of the Mecsek. Professor Horváth, the only surviving member of the old Szent István Academy, represented the legal continuity during the reorganisation of the academy.

Source: *Medical Tribune* 29 April, 2016

The Pécs model of CT and MRI services

Tertium datur – there is a third way!

What operating models prevailed in imaging diagnostics in Hungary? What are the advantages and disadvantages of these models? How can you operate a health service in Hungary today towards serving the objectives of meaningful health care and effective research, professionally and economically at the same time?

In our country, approximately 35-45 percent of the CT/MRI imaging diagnostic capacity is provided by private services, and roughly 50-60 per cent through public services. Private service providers are cost effective, however, a portion of their profit is removed from the health care system. Public service providers are typically less cost-effective, and they usually generate deficits to the hospital.

Our thesis lies with the Neuro CT Pécs Diagnostic Center (PDK), owned half by a public interest foundation and half by the private sector, providing 2% of the national MRI/CT performance, is a “hybrid” model, which is competitive with the private service providers in cost-effectiveness, and it generates profit, and almost 100 per cent of it is recycled on the development and operation of its own assets. The quality of services, mostly due to double medical reporting and standardized quality assurance, is indeed higher when compared to the private sector. An additional advantage of PDK (Pécs Diagnostic Center) is that it enables high quality research in life sciences. The PDK-publications’ cumulative impact factor in the last ten years was 273, far exceeding the average performance of a university research center. Therefore, the profit generated by the PDK is financing Hungarian science, meaning, the private operation serves the needs of the community, 100 per cent.

The operating models of imaging diagnostics

There are typically three models of imaging diagnostics financed by the social insurance (CT, MRI) which differ in ownership structure, efficiency, research and scientific activity, their system of interests, and professional criteria, however, all the service providers perform the same diagnostic testing on paper.

About 50-60 percent of CT/MRI services are maintained by government institutions operating within the public sector (hospitals, clinics). The effectiveness of these institutions varies, but the lack of funds due to inadequate outpatient TVK (Performance Volume Limit), and long waiting lists are typical. The research and scientific activities are not significant (except in the case of Semmelweis University), the professional criteria system is less standardized, and double medical reporting is not typically applied. The investment intended towards equipment replacement can be realized almost exclusively with external EU sources, the institutions usually are not able to perform these on their own. There is no incentive system, with a few exceptions, within these institutions. The employees typically have part-time jobs in the private sector or at other OEP (National Health Insurance Fund) financed service providers, and as a result, the utilization of their work-time and the efficiency of their work might be questionable in several cases.

35-45 percent of performances are provided by private owned services either directly in the framework of an OEP contract, or as a contributor of a public institution. The operation of

these service providers is standardized and they utilize the TVK (Performance Volume Limit) effectively from the profit aspect. There is characteristically no scientific research activity, the professional criteria system is well-defined and quality assured in the case of minimally expected services. They typically do not use double medical reporting. They are prepared to improve utilizing their own resources. The interest of the owner is strong, and the employees receive higher salaries when compared with the public sector, as these service providers have less tax-related expenditures. There are no other expenditures characteristically in support of the public sector, meaning the costs of employment are substantially decreased. They earn a profit and the dividends are distributed among the investors.

The third solution is the Pécs model, which, presently, only covers 2 percent of the services, and it combines the advantages of the two other operational models. Half of the owners of PDK (Pécs Diagnostic Center) are individuals interested in the operation, and the other half is composed of public interest foundations of the University of Pécs. The owners reinvest the dividend into the operation each year. The investments, replacements, upgrades are realized using both own resources and tenders. The scientific and research activity is significant in cooperation with the University of Pécs. The operation is standardized and double medical reporting is applied. The TVK (Performance Volume Limit) is exceeded regularly by the Pécs Diagnostic Center, however, it does not produce deficit owing to the thorough daily control and cost-effective operation. Doctors are employed in a performance-based system dependant on the complexity of examinations and time required for medical reporting. This system enables a somewhat higher salary than the average salary in public health care.

The key to success: patient satisfaction and development

How can the PDK (Pécs Diagnostic Center) operate this way when all the participants of health care are facing serious problems? The key to success is patient satisfaction and constant development of the 22-year-long relationship, interdependence and integration in supplying the city and region, including outstanding scientific and research activity. The PDK’s teams cooperate with the university, they take part in 5 programs of the Hungarian Brain Research Program, won several research and development, OTKA, TÁMOP and GOP grants, and participate in the Hungarian National Technology Program. The outstanding scientific and training role of the center is confirmed by the two Bolyai scholarships won by the professionals working here. The center has an integral role in university education, taking part in both graduate and postgraduate training of Hungarian and international students.

The PDK is well integrated in providing professional patient care at the University of Pécs, by means of intra-operative (CT, MRI) examinations, developing (hardware and software) for the investigation of special profiles, and through image processing (e.g., operational planning, perfusion MR imaging, diffusion imaging, instrumentation of functional MRI, etc.).

The Diagnostic Center founded a “Clinical Neuroscience

Medical Imaging Consortium” with the university in 2008. The role of the Consortium is to retain the best professionals while attracting new ones, and provide opportunities for their professional progress.

The Pécs Diagnostic Center performs MRI/CT and DEXA scans with a National Health Insurance Fund contract, especially for patients of the University of Pécs. High level routine imaging services are provided with a 1.5T and a 3T scanner. Additionally, the 3T MR scanner has been applied in research projects. Since the foundation of PDK in 1994, this is third generation equipment. The present 128 slice CT scanner is the fourth machine in support of the Center over the past 22 years, and is similar, operationally speaking, to the DEXA scanner.

Primarily, tenders provide the funding of research and scientific activity. New methods of routine examinations are introduced through scientific activities of the “Clinical Neuroscience Medical Imaging Consortium”. The PDK, in addition to the National Health Insurance funded patient care, generates significant revenues owing to the examinations fully covered by the patient. Paid medical care is available in the shortest possible time for those patients who wish to avoid the waiting list of the patients funded by the National Health Insurance Fund. It should be noted, waiting lists are longer as a result of the volume limitations in financing and not due to a professional or technical bottleneck. In summary, the effective operation is due to the highly qualified human resources, the promoting and practical approach in ownership, and notably, the professional commitment in support of the Center.

What is the optimal model like?

The optimal model intended for the future highlights more integrated cooperation with the University of Pécs. The total number of imaging tests in the region is lower than the national average (2.6 million vs. 2.7 million), and it is far below the performance of other central clinical regions (e.g., Northern Alföld 3.6 million per year). The technology, human resources and knowledge are available through the cooperation of the two institutions, and as a result, this particular circumstance can be improved through effective management of financial challenges.

Increasing the TVK (Total Volume Limit), thus making better use of resources will contribute towards a reduction in the enormous gap compared with the OECD countries. In Hungary, approximately 76-80 CT scanners and 28-30 MRI scans are currently available. However, the number of CT/MRI units per 100,000 inhabitants is more comparable data. In Hungary, this data is 0.8 for CT scanners and 0.3 for MRI scanners. This data is 3.0 and 1.9 in Austria, 1.5 and 0.7 in the Czech Republic, 1.6 and 0.6 in Slovakia. Through the better utilization of this specialized equipment, we can achieve faster patient care and

access to diagnosis even when considering these numbers.

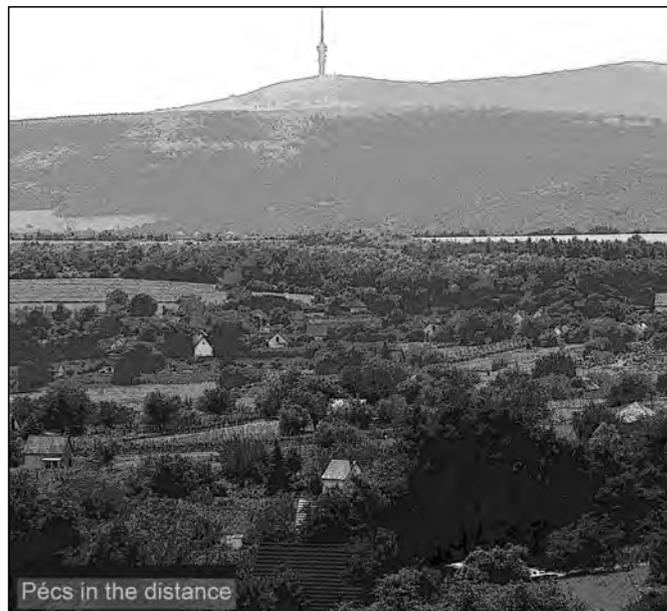
A more integrated cooperation with the University of Pécs anticipates additional positive effects. Common employment and professional specialization will likely expand, research activities and procurement will benefit from effective coordination. Jointly, we can apply for such programs, grants, which are not available for public institutions. Another priority is to strengthen research and entrepreneur activities, and reinvest the generated revenue to improve the quality of assets, routine patient care and human resources.

These goals significantly enhance the effective physician retention strategies of the region. We are determined to maintain the effective and productive functioning of the Pécs Diagnostic Center. We are willing to provide the know-how to those institutions that aim at operating a profit-centered radiology department. The past 22 years have proven this model is indeed operational, regardless of all changes in financing, and it is guaranteed through the efforts of the staff and management’s commitment and high level of interest towards achieving professional, scientific and organizational results.

Péter Bogner, full professor,
Clinical Director of the Department of Radiology,

Tamás Dóczi, full professor,
Head of the Pécs Diagnostic Center,

Judit Fendler,
health care economist



The Animal Care Facility, aligned to the Department of Immunology and Biotechnology, financed by the Hungarian-Croatian crossborder development program (IPA) grant application in 2013, carries out the production of accredited stocks of genetically modified and of standard inbred laboratory mouse strains, the only entity sanctioned throughout in the region, under standard SPF (pathogen free) conditions. Reservation of SPF condition requires not only continuous compliance with specific technical/technological requirements, but also control tests to be carried out regularly by independent and official bodies. Results of the periodic microbial status investigation from the 2015 year samples with respect to the SPF Animal Care Facility, was carried out by an accredited laboratory in Germany, were received last month. Notably, in the past two years, control investigations based on a wide range of control and supported by the Medical School, the Animal Care Facility currently boasts successful reviews deemed appropriate for the SPF criteria. In this regard, the Animal Care Facility continues to provide experimental animals for scientific research purposes from both transgenic and conventional mouse strains with SPF quality certification issued by independent auditors.

Dr. Péter Balogh

An interview with Professor Péter Hegyi

The pioneers of translational medicine at the University of Pécs

The Centre of Translational Medicine (TMK) opened on 1st January, 2016 at the Medical School, University of Pécs. It has three main pillars: the Unit of Translational Medicine of the 1st Department of Internal Medicine of the University of Pécs (TMT); the Department of Translational Medicine of the Medical School, University of Pécs (TMI) and the Multi-disciplinary Research Group of Szentágotthai Research Centre, University of Pécs (MKCS). In Hungary to date, no other academic centre effectively coordinates basic and clinical research. The Head of the Centre is originally from Szeged. We asked Professor Péter Hegyi about research, translational medicine and his plans in Pécs.

Interviewer: How would you define translational medicine?

P.H.: In translational medicine we look for answers to questions formulated in clinical medicine, at the patients' bedside, using the tools of basic research. In other words, we use methods, be it experiments carried out on animals or cell lines, which are typical of basic research, and then, translate the results back into clinical medicine. Therefore, the very essence of translational medicine is to effectively coordinate both basic and clinical research, in which the two distinct fields can operate codependently, as opposed to independently operating. In this way, we ensure that the questions raised in clinical medicine are answered in the quickest possible way.

Interviewer: What kind of benefits can this system bring to therapy, economy or even to a researcher's scientific career abroad, for example in the USA or in England, where translational medicine has been operating for some time?

P.H.: The advantages can be defined in many ways. From the point of view regarding science, one predominant benefit is the question of scientific output. In the most prestigious journals, results from both fields are required in order for you to be able to publish your research. In other words, you are required to formulate a question related to clinical medicine, to add results obtained through basic research, and also to outline the benefits these results can bring to clinical medicine. If these two fields are separated, and you want to publish your research separately, your chances of achieving high-quality, internationally acknowledged results are much lower. Another important angle is the question of the benefits these results can offer in patient care. In translational medicine, much more targeted clinical experiments can be carried out due to the results of basic research at hand, as opposed to when we raise a question randomly; for example, "this has never been tried out before in these patients, let's see if it works". If we, however, launch a clinical investigation with the knowledge of the results of basic research, we have a higher chance of actually coming up with a solution to the problem. The economic benefits can then automatically be realized. Since when we come up with a result that can help the patient to recover more quickly and with fewer complications, it is beneficial not only to the patient but also to the health care provider, since it decreases the duration of patient care, which, in turn, will cost substantially less. So if we take a closer look, we can see that translational medicine is good for the physician, who aspires to have a successful clinical career and publish in highly-ranked journals. It is ideal for the patient, since recovery is likely to be quicker. Additionally, it is suitable for the health care institution, since it can reduce the costs of patient care. I don't want to use big words, but if we

Profile

Péter Hegyi was born on 8 April, 1972, in Szeged. His father, András Hegyi, worked as a historian at the Faculty of Arts, József Attila University of Szeged (the predecessor of the University of Szeged). His mother was employed as a radiologist. He has two sisters. He went to school in Szeged; he obtained his school-leaving certificate at Radnóti Miklós Secondary School and his medical degree at Szent-Györgyi Albert Medical University (the other predecessor of the University of Szeged) in 1996.

He began his research at his Alma Mater, and became a clinical physician at the 1st Department of Internal Medicine. In 2002 he completed his board certification in Internal Medicine, and defended his PhD thesis. In 2008 he habilitated, and was awarded the title of the Doctor of the Hungarian Academy of Sciences (DSc) in 2011, and became one of the youngest professors at the Faculty of General Medicine, University of Szeged.

His main research fields are fluid- and ion-transportation in the epithelial cells of the gastrointestinal system, the experimental pancreatitis models and the examination of the microenvironment in gastroenterological tumors. The two major achievements of his research team include the discovery of the "vicious circle generated by trypsin" and the mapping of the development of the alcohol-induced pancreatitis, the results of which were published in 2011 and 2015 in *Gastroenterology*, the most prestigious gastroenterological journal. The article published in 2015 was also highlighted in *Nature RHG*. He worked abroad as a researcher for several years, mainly in England and in the USA. In 2014, he won the support of the Momentum (Lendület) Programme of the Hungarian Academy of Sciences. Currently, he is the Secretary of the European Pancreatic Club, the executive member of the European Society of Gastroenterology, and the President of the Pancreas Section of the Hungarian Society of Gastroenterology.

He is married and his wife is a teacher. They have five children. He is highly dedicated to research and also, to his hobbies. He is a former international football referee, linesman and assistant. He was appointed as a member of the UEFA Referee Committee, called the Referee Convention Panel, the second time in 2015. Notably, his other 'love' is folk dancing. Today, he dances with his daughters and his son in the Folk Dance Club of Szeged.

summarize all this we can see that it has a general positive influence on the whole society.

Interviewer: In Hungary the first such centre was founded in Pécs, with your leadership. Why Pécs?

P.H.: It was the University of Pécs who, in an innovative way, decided to launch and institutionalize translational medicine. Nationwide, we can find research teams, such as our pancreatic research group in Szeged, where basic research and clinical research are combined; and this works successfully. However, these individual, isolated groups are not the same as when a university is willing to provide financial resources and an institutional framework, so we can examine not only a thin slice of medicine in a translational way, but establish the entire vertex upon translational medicine. The University of Pécs dreamed a dream and voted in favour of the future of medicine, which, in turn, brought about changes, which, in my opinion,

will sooner or later occur within all medical faculties in Hungary; the only question is when. I'm enthusiastic that there is, indeed, a university here in Hungary, which through reorganization, dared to take the step towards this direction; and I am especially pleased that these changes are happening under my leadership. Naturally, I also feel the burden of decision-making, and hope, along with my colleagues, that we can truly achieve positive results, and our success will convince other Hungarian universities that translational medicine is the future.

Interviewer: What system is the Centre of Translational Medicine in Pécs built on?

P.H.: Our system is built on three pillars, which in itself is an innovation comparing to what you see in the West, such as Oxford, Cambridge or even at Harvard in the USA. In these countries, the centres of translational medicine are usually built on two pillars: a "theoretical" (preclinical) and a clinical department. In Pécs, we also have these two pillars: the clinical department is the Unit of Translational Medicine at the 1st Department of Internal Medicine, which, at present, focuses on gastroenterology, more precisely on pancreatology. The preclinical one is the Department of Translational Medicine, which was established by reorganizing the Department of Pathophysiology. Naturally, the teaching of pathophysiology still continues within a departmental framework. Our innovation is the third pillar, the so-called Multidisciplinary Research Group, in which areas of expertise that belong to neither theoretical nor clinical medicine are supported. One such example is the software development group, the IT professionals who provide the computer services for the databases, or the biostatisticians who can estimate the number of patients participating in an investigation, and follow up these investigations. The operative data management group also belongs here; and, I believe, their role is also essential. It is this group that handles patient registers that serve as a basis for these investigations. The operative data managers are responsible for data quality and assist in expanding the circle of national and international hospitals that participate in data collection. The medical professional groups that raise the questions are also included in the multidisciplinary group. My objective is to set up an economic unit within this group. If we can plan ahead, we will consider what kinds of experiments to conduct in both basic research and in clinical medicine in terms of their economic implications, and likely reap the benefits throughout all fields.

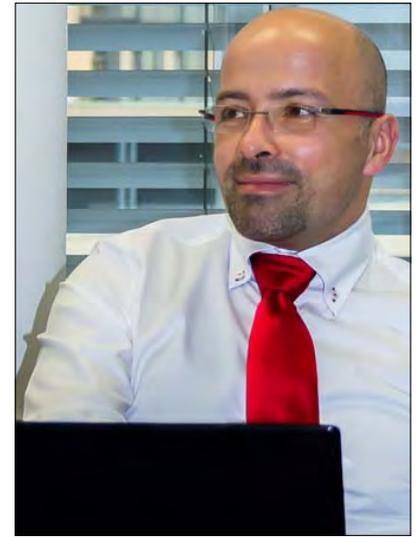
Interviewer: The Centre of Translational Medicine was established by a university that considers teaching its main role. How do you think the translational perspective can transform medical education?

P.H.: I think education is a key element. I often claim that you can be a good researcher without medicine, however, you cannot be a good doctor without research. In other words, if we don't teach medical students and residents how to ask relevant questions at the bedside and how to look up and safely evaluate results and be able to determine their evidence level, then they cannot become good physicians in the 21st century. Therefore, I believe translational medicine sooner or later need to be part of undergraduate and postgraduate medical education.

Interviewer: The Centre of Translational Medicine has been operating since the beginning of January. What are your first impressions?

P.H.: I've only had very positive experience thus far. I must admit that the acceptance of translational medicine is far better than I have ever dared to hope for. On the one hand, the patients have a very positive attitude and seem to participate willingly in the experiments and in providing data. On the other hand, our physician colleagues are also very motivated and open-minded, inasmuch that colleagues from not only Pécs, but

from Debrecen, Szeged and Budapest attend our meetings, because they would like to join us. We have managed to 'infect' several young researchers and residents with the translational way of thinking. And a few of the graduating students, some of whom previously planned on working abroad, have now indicated that they prefer to stay on board here in Pécs as they have been offered opportunities they cannot acquire abroad. Therefore, I am of the opinion that we have started on the right track.



Interviewer: What would you like to achieve one year from now?

P.H.: We plan on expanding the patient registers and clinical investigations. Presently, we have patient registers and conduct investigations only in the area of pancreatic diseases. In this area, we currently have four clinical registers and four ongoing investigations, which are all of internationally accepted standards. Our one year plan is to have a minimum of 20-25 registers and registered, international multi-centre investigations. In my opinion, we won't be able to go above 20, but if we can, I will consider this year very successful.

Interviewer: You have said that translational medicine is considered a novelty not only in Hungary but throughout the entire region. How farfetched do you think the idea that the centre in Pécs evolves into the translational centre of East-Central Europe actually is?

P.H.: I believe the chances are very high, because East-Central Europe has been able to take part only to a minimum degree in the internationally acknowledged scientific life. The prestigious journals and the literature impose an immense amount of requirements on those who intend to publish. The investigation is required to be registered internationally; the electronic data entry system should be set up while complying with the ethical licenses. Data should be accessible to any centre, but, at the same time, it is also essential that these systems can be used safely by only authorized professionals. In East-Central Europe, all these requirements are only partially complied with. We believe that this centre recently established here within the University of Pécs, will soon provide the whole East-Central European region with excellent opportunities, since our multidisciplinary group is accessible to not only professionals from Pécs, but to anybody who wishes to join us. If we consider that last year only the investigations in pancreatic diseases attracted 86 centres including some 20 countries, then we can surmise that this indeed is a profitable enterprise.

Edit Klucsik
Media Group Leader,
UP, Medical School,
Centre of Translational Medicine

Behind the scenes at the Spring Concert

This year, on 20 April, the sixth annual Spring Concert of the Medical School was held. This event, together with the Advent Concert, is an important component of the cultural life of both students and the staff of the faculty. The first Advent Concert was organized in December 2009. The initiative now seems nearly an almost insurmountable task to carry out, as this year, in support of the Spring Concert, each quote (light and sound system, piano transportation, and tuning, set and video design) had to be obtained thirty days in advance. Back then, in 2009, we were young and enthusiastic, and the Dean and the management were indeed supportive, so we could realize the first concert on 3 December. The performers gathered quickly, as it turned out many of the students and academic staff were very much interested in music in their spare time in addition to their university studies and/or work.

Since then much has changed. This year's concert was organized together with the help of Ms. Orsolya Koncz, President of the Students' Union Sports and Culture Committee and Ms. Zsófia Erdélyi, Head of the Office of the Students' Union. It was interesting to see more and more international students present among both the spectators and the performers. While in the beginning, only Hungarians were included, now the majority of the performers at this concert were German and/or English program students. Fortunately, interest towards these concerts has not changed. During the Advent Concert, the entire main hall is filled with spectators, while the Spring Concert usually attracts around 200-300 viewers. I am delighted the performances are consistently a high caliber performance. These are not only worth attending to listen to someone's friends or acquaintances, but are also a great artistic experience. I have a number of personal experiences connected to the concerts, as it is always very exciting to see performers behind the red curtain eagerly waiting to enter upon the stage. Then, as they enter the podium, and suddenly, it is as if all their uneasiness and anxiety had been blown away.

This year the audience listened to numerous masterpieces, top hits, classical piano pieces, arias, Spanish and Iranian bands' music, jazz remakes, gospel songs produced by the performers and dances. We look forward to welcoming anyone interested in these concerts, both in December, this year's Advent Concert, and next year's Spring Concert in 2017.

Dr. Dániel Fülöp Balázs
Assistant Lecturer,
Department of Anatomy



Source: www.aok.pte.hu

Triumph reigns at the 44th Medical Students' Cup!

The 44th Medical Students' Cup was held in Szeged from the 8th of April through the 10th, 2016. The Sport Facilities and the Student Union of UPMS agreed towards creating the optimal conditions for the preparations at the beginning of the semester. The schedule included providing regular training opportunities and entering all teams in the various competitions. In addition to the Medical School, the Petőfi and Son Sports Club also significantly assisted in creating the optimal conditions for the preparations. The teams participated in the Cup under the banner 'ÁOK Petőfi SE'. The sports club provided the training opportunities, referee's fees and uniforms. The students prepared for challenging other medical students in a sports competition in eight teams of five sports (women's and men's handball, women's and men's volleyball, women's and men's basketball, men's futsal and men's waterpolo). Notably, waterpolo joined the traditional sports for the first time this year. In the past four years, during its probational period, the sport proved its viability, thus in 2016, it became a sport of full value, and it was naturally tallied into the overall point system.

The single-minded preparation resulted in tremendous success. In five events of eight we won gold, in two silver, and in one a bronze medallion. The students forming the teams wilfully absorbed daily training and the competition alongside their rather time-consuming studies. Our teams proved themselves excellent in determination and tactics, and performed much like professional athletes do in traditional teams sports. Distinctively, the delegation of Pécs achieved overall victory with consideration to the point's race featuring a dominance unprecedented in the history of the Cup. Remarkably, over 300 supporters from Pécs generously served to create a fantastic atmosphere by the pitch with the aid from the UP Brass Band, who energetically provided the rhythm and melody. The traditional cultural programs, concerts and pop events, of course, were not lagging behind. It is laudable in which nearly members of the entire team knew when to pause the merriment, leaving a balance of time suitable towards regeneration.

The closing ceremony was held in a frantic mood. The cheerleaders of the University were naturally, once again dazzling exhibiting precision, timing and superb form, thus appreciably assisting in the creation of the fantastic atmosphere which reached a crescendo as the results ceremony announced the victors. It was a joy to experience the intensity exhibited by supporters and the teams, choreographed harmoniously in the final celebration of this unique success.



Women's volleyball, Men's volleyball

Results

Women's Handball

1. Semmelweis University (5 points)
2. University of Pécs, Medical School (3 points)
Coach: Zoltán Lipcsik
3. University of Szeged, Faculty of Medicine (2 points)
4. University of Debrecen, Faculty of Medicine (1 point)

Men's Handball

1. University of Pécs, Medical School (5 points)
Coach: Zoltán Lipcsik
2. Semmelweis University (3 points)
3. University of Debrecen, Faculty of Medicine (2 points)
4. University of Szeged, Faculty of Medicine (1 point)



Women's handball



Men's handball

Women's Volleyball

1. University of Pécs, Medical School (5 points)
Coach: András Demeter
2. University of Szeged, Faculty of Medicine (3 points)
3. University of Debrecen, Faculty of Medicine (2 points)
4. Semmelweis University (1 point)

Best hitter:

Dóra Májusi University of Pécs, Medical School

Men's Volleyball

1. University of Pécs, Medical School (5 points)
Coach: Tamás Storcz
2. University of Szeged, Faculty of Medicine (3 points)
3. Semmelweis University (2 points)
4. University of Debrecen, Faculty of Medicine (1 point)

Best setter:

Róbert Balla University of Pécs, Medical School

In 2017, the 45th Medical Students' Cup will be hosted by Pécs, in which it is hoped to bolster the community's formative power, and as a result, elevating sports to new heights, thereby advancing the students' cause towards higher education and quite likely benefiting their future careers.

In addition to the support provided by the University, I wish to genuinely express my gratitude towards all the organizers and the assistants, whose immense effort seamlessly contributed to the success. This was a triumph of collaboration, cooperation and teamwork, all in the name of superb sportsmanship.



Men's futsal



Men's water polo

Men's Futsal

1. University of Szeged, Faculty of Medicine (5 points)
 2. University of Pécs, Medical School (3 points)
- Coach: Dr. Endre Rugási*
3. University of Debrecen, Faculty of Medicine (2 points)
 4. Semmelweis University (1 point)

Player with the best technique:

Osman Zulquarnain University of Pécs, Medical School

Men's Water polo

1. University of Pécs, Medical School (5 points)
- Player-coach: Márk Sinkovits*
2. Semmelweis University (3 points)
 3. University of Szeged, Faculty of Medicine (2 points)
 4. University of Debrecen, Faculty of Medicine (1 point)

Best goalkeeper:

Tamás Somoskeöy University of Pécs, Medical School

Best goalscorer:

Bence Sinkovits University of Pécs, Medical School

Women's Basketball

1. University of Pécs, Medical School (5 points)
- Coach: Balázs Gyén*
2. University of Szeged, Faculty of Medicine (3 points)
 3. Semmelweis University (2 points)
 4. University of Debrecen, Faculty of Medicine (1 point)

Player with the best technique:

Melinda Késői University of Pécs, Medical School

Men's Basketball

1. University of Debrecen, Faculty of Medicine (5 points)
 2. Semmelweis University (3 points)
 3. University of Pécs, Medical School (2 points)
- Coach: Péter Poronyi*
4. University of Szeged, Faculty of Medicine (1 point)



Women's basketball



Men's basketball

Women's final results

1. University of Pécs, Medical School (13 points)
2. Semmelweis University (8 points)
3. University of Szeged, Faculty of Medicine (7 points)
4. University of Debrecen, Faculty of Medicine (5 points)

Men's final results

1. University of Pécs, Medical School (20 points)
2. University of Szeged, Faculty of Medicine (12 points)
3. Semmelweis University (12 points)
4. University of Debrecen, Faculty of Medicine (11 points)

Final result

1. University of Pécs, Medical School (33 points)
2. Semmelweis University (20 points)
3. University of Szeged, Faculty of Medicine (19 points)
4. University of Debrecen, Faculty of Medicine (16 points)

A course featuring tropical medicine training in Nigeria

The Medical Center of Hungarian Defence Forces organized an intensive training course in Tropical Medicine in Nigeria. The training course was held in Zaria, from the 6th through the 27th of February 2016, in collaboration with the Ahmadu Bello University (ABU) and Professor Gábor Ternák, MD, the Hungarian Ambassador to Nigeria. The intensive course was primarily organized in support of military doctors and included eighteen participants in the roles of either medical or healthcare professionals from the Hungarian Defence Forces, Semmelweis University, National Directorate General for Disaster Management and the Ahmadu Bello University. The aim of the course was to familiarize the participants in an authentic environment highlighting those tropical diseases which one day may potentially be infiltrated in Hungary as a result of illegal migration and additionally towards strategically aiding mission-readiness, if and when catastrophic tragedy strikes.

The University of Pécs was represented by Dr. Dávid Sipos, resident doctor of the Division of Infectious Diseases, 1st Department of Internal Medicine and myself. The training course consisted of 60 theoretical classes and 30 drills, which were taught by the doctors attached to the Ahmadu Bello University Teaching Hospital (ABUTH), Shika and professionals of the local healthcare system. Through listening to the superb lectures and case studies presented by the local specialists we quickly absorbed an insight into the epidemiology, clinical characteristics, prevention and therapy of tropical diseases rarely seen yet in Hungary, and also including the functioning of the local healthcare system.

The case presentations provided an immense opportunity to acquire first-hand experience in the everyday difficulties and pitfalls of patient care. It was mesmerizing to witness and experience up close the competence of the African colleagues and how different it is to set up a diagnosis in a hospital in which expensive diagnostic tests (CT, MRI and several lab tests) are yet not available. The Nigerian colleagues, without a hint of over-exaggeration, presented an exceptional lesson in humility and propaedeutics at its finest.

The majority of our exercises were held within the teaching hospital of the local university, of which, similar to the Hungarian system, includes the highest level of healthcare providers. However, the lack of equipment is a serious problem at this level. In Nigeria, the costs of healthcare are usually covered entirely by the patients who, unfortunately, in many cases cannot afford to seek appropriate specialized medical care. Even in those states where healthcare is cost-free for elderly people, pregnant women and children under the age of 5 years, it is all too common in which patients do not see a doctor, as they cannot cover the costs of travel and other related expenses. For this reason, they first seek the help of local charlatans. The same is true for medical therapy, meaning, many times the patients purchase medicine of questionable origin from local street vendors, and the treatment practically lasts so long as the patient can afford it. Sadly, we witnessed the most shocking and depressing cases in the Department of Pediatrics, in which the recovery of many children is delayed due to the lateness in effective diagnosis and therapy.

During the course we encountered diseases which, as of yet, are not or rarely present in Hungary, yet are part of the daily and routine practice in Nigeria. We studied an entirely different spectrum of infectious diseases, including HIV, tuberculosis and typhoid fever. As part of the professional program, we visited nearly all departments of the teaching hospital (internal



Street view



Visiting the Emir

medicine, dermatology, neurology, otorhinolaryngology, oncology, obstetrics and gynecology, microbiology) and as a facultative program we were encouraged to visit the local aero-medical center.

Personally speaking, my visit to the National Tuberculosis and Leprosy Training Center was one of the most compelling professional programs. In addition to leprosy, patients suffering from multiresistant tuberculosis are treated in this center. The local doctors offered a very interesting and thorough insight into the everyday practice of patient care. In this center, patients



Waiting room

spend months until reaching full recovery, following strictly the treatment plan and fully complying with follow-up care. The other memorable practice was within the Pediatric Outpatient Department, in which we examined patients alongside the

Nigerian colleagues, thereby taking part in the daily routine of the outpatient clinic.

As part of the official program, we visited the Chancellor of the Ahmadu Bello University and the Emir's palace, where the Emir of Zaria personally greeted us. Facultative programs were limited, as we only travelled with armed escorts due to local security challenges. Thanks to our local compatriots, we made the most of our free time while respecting the strict safety measures. We visited the museum of local history, where we learned many interesting facts about the history of Nigeria including its customs and traditions of the local people.

In all, these three weeks were thoroughly engaging and beneficial. Additionally, our experiences definitely enhanced our sensibilities and we all benefited from a distinct improvement in our professional skill sets. Lastly, we matured morally, with respect to many of the experiences annotated above. We wish to acknowledge and thank the organizers throughout Africa in support of this phenomenal opportunity and wonderful experience.

Katalin Németh, MD,
Department of Public Health Medicine

The Cleft Team of Pécs Celebrates its 20 Year Anniversary

In Hungary 130-160 infants are born annually with cleft lip and/or cleft palate. This severe and complex developmental defect cripples the patient, occasionally makes social integration impossible. In order to treat cleft lip and palate effectively, interdisciplinary coordination of specialists is needed towards focusing on the patient's interest and also taking into consideration different treatment perspectives. Annually, 25-30 babies requiring primary correction surgery increase the number of the patients treated by the Cleft Team at the University of Pécs, outnumbering the total 700 also considering patients with follow-up care. Members of the team adhere to the accepted guidelines in their individual work as well. In recognition of the event, a celebration was held on 6 May, 2016, commemorating the 20th Anniversary of the Team, including a one-day scientific symposium.

The morning program provided opportunities for presentations featuring the members of the Cleft Team including the following, *András Pintér, Attila Vástyán, Lajos Olasz, Olga Vincze, Gábor Kopcsányi, Gejza Herényi, Márta Lovász, Magdolna Kárpáthy, Andrea Nádas, Bernadett Kanyar, Nikoletta Mogvorósi, Brigitta Kappéter*, all highly respected experts within their fields.

The members of the team were honored with certificates and plaques designed specifically for this event. Prior to lunch, a photo gallery entitled, 'Many-colored smile' was launched by the photographer, *Péter Marsalkó*, exhibiting the photography of *Mirkó Márk*, our medical student. The portraits represent children of all age with cleft lip. We intend to display the photos in the Aula of our main building, in Szigeti Street in the near future.

Invited specialists from all over the country gave presentations in the afternoon in respect to their individual work. More than one hundred participants were interested in the program and contributed to a friendly atmosphere, hopefully paving the path for a fruitful future in the upcoming 20 years.

Dr. Attila Vástyán,
Pediatric Clinic

PÉCSI HASADÉK MUNKACSOPORT
1996 2016
"A mosolyt gyógyítjuk"

**20 ÉVES A PÉCSI
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2016. május 6., péntek

Magyar Tudományos Akadémia Pécsi Területi Bizottsága
(7624 Pécs, Jurisics Miklós u. 44.)

The Beatlingers made it more enjoyable with stickers for the children and doctors at the Paediatrics Clinic

“All you need is love”. So sang the Beatles and in the spirit of these lines, the Beatles tribute band from Pécs, affectionately known as the Beatlingers, positioned stickers and decals on the walls of the recently renovated Ward of Metabolic Care at the Department of Pediatrics of the University of Pécs. Their aim was to make both the children and the doctors feel better, surrounded by the fairy tale stickers, during the treatment of their patients. Charity relief and support are part of the life of the six-member Beatlingers band. They have frequently participated in the campaign of the Eurakvilo Paediatric Oncology and Children’s Hospice Foundation of the University of Pécs.

“We routinely have taken part in charity events organized by the Eurakvilo Foundation several times. We have given donations to the Ward of Oncology. However, the main problem was the parents could not sleep at the hospital and stay with their sick children,” remarked Ágoston Reiner, Jr, the band’s guitarist. The aim of the charity concert proceeds is to donate them to the Ward of Oncohematology at the Department of Pediatrics of the University of Pécs, in hopes towards the development of two parent-children wards.

“We are very pleased that now we can offer to financially assist wards throughout the Department of Pediatrics,” added Gábor Szántó, the guitarist-vocalist of the Beatlingers, regarding the band’s own initiative action of charity. “This is really a low-cost operation, we decorate the surgery with these fairy tale stickers ordered from the internet in order to generate a positive mood among both the doctors and the patients. It’s really nothing, regarding our effort, and people should do it more often.” Gábor Szántó assumes it is not really that easy to help and to find a place where one can help. “We often find distrust towards any charity actions, but fortunately here, at the Department of Pediatrics we found a place where we were welcome and everybody was happy for us.”

“In October, we met the boys for the first time. We discussed which fairy tale figures should be used to decorate the walls. Once the room was ready, they came to decorate the walls,” commented Orsolya Éger, Assistant, who also participated in placing the stickers on the walls.

“In the hallways, there are very beautiful wall paintings. Fortunately, there are similar charity donations that we shall always welcome.”

The members of the band wish other bands in Pécs will also join the charity initiative within the near future.

Annamária Apró



Otology course in Hannover

Otology has been the predominant objective within our department over the past several decades. We have expanded our borders to and well beyond the entire petrous bone in recent years. Several different surgical techniques have been applied, and the up-to-date audiological rehabilitation of our patients featuring the most modern middle and inner ear implants are now available. Broad anatomical and lexical knowledge is required to perform these specific types of surgeries. It is also very important to be familiar with the surgical techniques implemented by the leading hospitals across Europe and the world. I was recently honored to have the opportunity to participate in the Otology Update 2016 training, which took place this past April 4-7. Hannover is one of the most important otology centers throughout Europe in which some 500 cochlear implant surgeries are performed per year. I participated in a thorough training on petrous bone dissection, in which I enjoyed the possibility to practice different surgical techniques four hours daily over four days. Every participant was provided two halves of a human head in the form of a cadaver, to practice on. Thematic instructions were provided to us in reference to the different techniques ranging from canaloplasty through cortical mastoidectomy and subtotal petrosectomy, including the exploration of the inner ear from the direction of the labyrinth. Several live surgeries were demonstrated on cochlear



implantation, cholesteatoma and middle ear implant surgeries including the surgery of acoustic neuroma from several different approaches were also introduced. The demonstrations and lectures were presented by internationally acknowledged professors including, Prof. Schmid from Zurich, Prof. Vincent from France, and the heads of German clinics, Prof. Zenner from Tübingen and Prof. Bootz from Bonn. Our country was represented by Dr. Miklós Tóth, Associate Professor, as a demonstrator who is currently the head physician of the Department of Otolaryngology, University Medical Center, Hamburg-Eppendorf. In conclusion, I benefitted immensely and the training was indeed entirely a genuine success.

Péter Bakó, MD,
assistant professor

Conference-report

Körper-Körpergeschichte-Literarischer Text (Werkstattsprach III, 14.-16. April 2016, Leipzig) **Geisteswissenschaftliches Zentrum, Geschichte und Kultur Ostmitteleuropas an der Universität Leipzig**

Historically, Germany has been a reference point for all Central European intellectual work, notably, featuring Anglo-Saxon dominance, which began shortly after 1945, is today in decline. It has less impact on medicine with respect to major concepts, whether in cardiology, oncology or genetic engineering. Today, English is the common language. Medicine and philosophy have always been interconnected and had fruitful impact upon one another. We maintain a shy distance at home; however, Germans are more courageous. So I was invited to provide the opening speech at the International Interdisciplinary Intellectual Art Conference, in reference to the thematic of the body at the Eastern-Central European Institute of the University of Leipzig. I chose the title, “Silent Body Rhetoric”, for my presentation in English and focused on the representations of the healthy and sick body commonly found in 19th century literature. The culturo-medical approach developed by the Medical School at the University of Pécs (Department of Operational Medicine) provided in the past five years the main theme, specifically, how artists envision diseases, the relationship between literature and medicine, and the application of these in 21st century medical training and research. In the presentation entitled, “A medicoliterary approach”, I clarified the geographical and political inaccuracy, which positions both Hungary and Poland in Eastern Europe instead of Central Europe.

The three days long conference organized and moderated by Stephan Krause (the German translator of Parti Nagy Lajos, who is a former teacher of our university) offered presentations about Adam Mickiewicz (Michael Mrugalski, Tübingen) and Mirjam Meuser (Berlin) and analyzed the relationship between the literary text and the body shape in Heiner Müller’s work, “Vom Figurenkörper zum Textkörper”. Inga Probst (Riga) discussed the grotesque body photography of the German Demo-

cratic Republic (Volks-Körper DDR). It was strange to listen to the criticism of Marxism, especially since I lived on the Karl Liebknecht Avenue, a stone’s throw from the Klara Zetkin Park. Pascal Eitler (Berlin) investigated the boundaries between human and animal bodies emphasizing the lack of transition, and stressed the universal rights of living organisms. There was a debate on the issue of animal experimentation. Katarzyna Jastal (Krakow) reported about the concept of the 19th century “healthy national bodies”, “Zum Konzept des Körpers der Nation”. In condemning nationalism, she ignored the absence of this ideology in Poland which did not reunite at the end of the 19th century.

Indeed, the conference was full of exciting debates and offered an excellent model in which the essence and the driving force of the 21st century European university concept is interdisciplinarity and the living, intellectual communication. In all other aspects, traditional education and research has a devastating disadvantage compared to medialized education: using videos, interactive and simulation presentations, computer-specific experimental environment driven by abusive technology. There are some cafés or bars where one can read signs such as, “Do not use your mobile phone in this area, try to talk to someone,” and “No-wi-fi, pls”. Interestingly, slow food is gaining popularity. Similarly, university education, and the horrible dictu life of the universities is returning to normal circumstances. Student pubs and taverns situated on Karl Liebknecht Street are also part of this prolific medium. The German example is worth considering. We make an attempt at the International Hungaryology Congress in Pécs, hosted by our university, at the end of August. Distinctively, one of the lecturers of the Medical History section is the respected Stephen Krause.

Tamás F. Molnár, full professor

NEWS AND INFORMATION FROM DEPARTMENTS AND CLINICS

Department of Primary Health Care

■ Between April 21–24, 2016, the International Conference of Alzheimer's disease was hosted in Budapest. In support of the 31st International Conference, *Szilvia Heim* presented the following lecture, *Szilvia Heim et al.*: "Roles and attitudes of Hungarian family physicians regarding dementia and Alzheimer's disease care."

■ The XII National Congress of the Hungarian Hospice-Palliative Association was held between May 5-7, in Kecskemét. Our department was represented with the following talks: *Csilla Busa et al.*: "Who should decide in the end? The rights of patients and autonomy: Law clinic pilot program at the University of Pécs"; *Ágnes Csikós et al.*: "Opioid-induced constipation, traditional and innovative treatment options"; *Miklós Lukács, Ágnes Csikós*: "Application of principles of treatment and care in constipation"; *Miklós Lukács*: "Changes in regulating adult hospice-palliative treatment".

1st Department of Internal Medicine

Division of Endocrinology and Metabolism

■ *László Bajnok* presented a lecture on March 31, in Budapest in support of the II Patient Safety Conference, with the title "Patient safety challenges in internal medicine"; on April 8, in support of the MHEK 2nd Internal Department Professional Profile continuation course featuring the title "The epidemiology and suspicion of secondary hypertension – not only endocrine causes"; and from April 18 through 22, he gave five 4-hour lectures in Marosvásárhely in support of the Romanian Association for Medical and Pharmaceutical Training.

■ On the XXVI Congress of the Hungarian Association of Endocrinology and Metabolism, between May 5-7, in Szeged, *Emese Mezősi* offered summary lectures including the titles, "The biomarkers of acromegaly" and "Isotope-treatment in thyroid diseases". Both *Emese Mezősi* and *László Bajnok* served as the chairs for the 'state of art' lectures.

■ During the congress, the following talks were presented, *Szabina Szujó et al.*: "The predictive value of isotope examination with SPECT/CT after the first radio-iodine treatment in differentiated thyroid cancer."; *László Bajnok et al.*: "Testing for renin and aldosterone in hypertonics"; *Orsolya Nemes et al.*: "Damaged growth hormone reaction after an ischemic

stroke". The following poster was presented: *Dániel Dezső et al.*: "The link between the epicardial fatty tissue and Type 2 diabetes".

Division of Pulmonology

■ *Veronika Sárosi* offered the following lectures in the Hippocrates Itinerant Conference (February 27, Pécs, Hall of the Hungarian Academy of Sciences): "Life is better together, or significant innovations in COPD therapy"; Roche OncoForum (April 1-2, Siófok): "The newest experiences with angiogenesis-inhibiting treatment in BSCLC"; Regional Pulmonologist Meeting (April 27, Pécs): "Hungarian experiences with reviflut and reviform"; Time to FISH Roadshow (April 25, Pécs): "Xalkori-treatment in practice".

■ *Anita Harmat-Kacsó* presented an edifying case in the divisional meeting of the Medical School on May 2, including the title, "In the toils of imaging".

ENT Department (Department of Otorhinolaryngology)

■ On April 14 through the 16, *Imre Gerlinger* participated in the XI International Endoscopic Nasal and Thoracic Cavity Surgery course in Szombathely. The titles of his lectures were, "Ten new anatomic tips to become an even better endoscopic operator" and "Anastalsis in endoscopic thoracic cavity surgery".

■ During the same course, *László Lujber* offered a lecture entitled, "Fungal inflammation of the sinuses". Our clinic was also represented by *Krisztina Somogyvári* as a participant.

■ On April 25 and May 4, *Imre Gerlinger* was a participant of the surgical continuation course as Mario Sanna's guest at the ENT clinic in Piacenza.

Department of Pediatrics

■ *Mária Adonyi* offered a talk featuring the title, "When and how to be born? – Perinatal impacts, asthma and allergy," on the Spring Omega Forum which was held on March 18-19.

■ Additionally, at the Novotel Centrum, the continuation course "Current Issues of Paediatric Gastroenterology, Hepatology and Feeding" was held from April 8 though the 9th, in which our clinic was represented including three lectures: *Tamás Decsi*: "The the diet of pregnant and breastfeeding mothers in preventing diseases in adults"; *András Tárnok*: "Endoscopic possibilities

in IBD diagnostics and treatment"; *Szimonetta Lohner*: "The role of childrens' diet in preventing diseases in adults."

■ *Tamás Decsi* served as the chair of the section on "Nutrition in Special Situations" in "The Importance of the First 1000 days – Nutrition Update" symposium in Warsaw, on April 15.

■ *Dénes Molnár* presented a lecture in the memory of Pál Heim, in the Paediatrician Continuous Education Conference, in Pozsony/Bratislava on April 21-22.

■ The 44th Congress of the Hungarian Allergology and Clinical Immunology Association was held in Kecskemét on May 5-7. Our colleagues were present including the following lectures: *Bernadette Mosdósi*: "The clinical manifestation of an autoinflammatory pathography"; *Zoltán Nyul*: "A case of fatal mononucleosis caused by SH2D1A mutation".

■ The XV Conference of the Young Paediatricians was held in Hatvan between May 6-8.

The following lectures were given in support of the event: *Dóra Polgár*: "Acute paediatric central nervous system demyelinations"; *Gábor Simon*: "Four starting points – 1 Ending, or when should we suspect a growth in the brain"; *Zsófia Laufer*: "A neurological consilium for osteomyelitis?"; *Alexandra Tészás*: "Unconscious task"; *Lídia Haw*: "Epstein-Barr viral infection with fatal outcome"; *Anna Kövér*: "A rare and complicated case of intrauterine diagnosed mesenterial cyst – Therapeutic possibilities, when surgery is not an option"; *Tünde Breitenbach*: "A rare form of Streptococcus infection"; *Annamária Gilitsch*: "Girl or boy? – the dilemmas of the psychosomatic gender based on a complex case"; *Vivien Mátis*: "The traps of the pericardial effusion"; *Csaba Zsiborás*: "Experiences of the treatment of pneumomediastinum in cystic fibrosis". The scientific meeting of the Hungarian Association of Paediatricians and the Children's Endocrinology section of the Hungarian Endocrinology and Metabolism Association was held in Gárdony, May 20-21. Our colleagues presented the following lectures: *Annamária Gilitsch*: "Does the intersex status and troubles with innervations have a common origin?"; *Szilvia Bokor*: "The measurement of the serum calcium level, and what it means?"; *Éva Erhardt*, *Adrienne Kozári* and *Gyula Soltész* served as chair persons in support of the event.

Department of Neurology

■ *Emese Lovadi, Annamária Juhász and Tamás Cseh* participated in the CIDP (Chronicus Inflammatoricus Demyelinisatio Polyneuropathia) conference from February 25 through 26, in Tata, where, among others, *Sámuel Komoly's* lecture, "A Hungarian overview of the treatment of CIDP," was featured.

■ *László Szapáry, Csenge Lovig and Tamás Cseh* participated in the national meeting of the Hungarian Stroke Centers on March 21, in Budapest, in which *László Szapáry*, who will be the next president of the Hungarian Stroke Society beginning this fall, was moderating the "Thrombectomy" section. The center is Pécs, in which 137 thrombolyses were performed, with a lyses rate of 15-17%, which is far above of the 4.5% national rate of thrombolysis, and in recognition, *László Szapáry* received the esteemed Degree of Recognition from the society.

■ *Csenge Lovig* enjoyed an opportunity to participate in the Salzburg Medical Seminars held by the American Austrian Foundation between February 28 through March 5, and notably, was the only Hungarian participant present. The lectures were given by the instructors of the Weill Cornell University of New York and the Medical University of Salzburg, and all the participants had an opportunity to present and discuss one of their own cases. The lectures were practice-oriented, including several case presentations, and also reviewing the latest American and European guidelines. Most of the participants were from Eastern Europe and Asia, but young physicians from Tanzania and Mexico were also present.

■ *Márton Tóth* was on a six-month professional practice in the Hopital Pierre Wertheimer in Lyon, where he acquired the skill to plan and analyse the findings of drug resistant, epileptic, MR positive and MR negative, patients' stereotaxic EEG.

Department of Pathology

■ *Dávid Semjén* offered a lecture in the Urology Professional Preparatory Continuous Program on April 27, in the Bartók Hall of the Hotel Palatinus, including the title, "Prostate Hyperplasia through the Eyes of a Pathologist".

■ In the photo competition in support of the Society of Hungarian Pathologists' Resident Work-group, *Livia Vida* won third prize with her picture, "The Owl". The picture features the tissue cross-section of a breast tumour (*the photo can be seen on the back cover – the editor*).

Department of Psychiatry and Psychotherapy

■ *Tamás Tényi* was invited to present a lecture on, "The psychopathology of schizophrenia," on March 5, in the Schizophrenia Academy of the Semmelweis University.

■ *Sándor Fekete* participated in UEMS symposium of Psychiatric Training in Warsaw, from April 15 through the 18.

■ *Mária Simon* participated in a symposium on research into schizophrenia between April 2-5, in Florence.

■ *Tamás Tényi* held a training program for prospective specialists on Communication with Schizophrenic Patients on April 29, in Budapest.

■ *Sándor Fekete and Tamás Tényi* participated in the annual congress of the American Psychiatric Association in Atlanta, from May 13 through the 19.

Department of Surgery

■ *András Vereczkei* was invited to give a lecture on the surgery of adrenal glands, and also served as chair for the 4th Congress of the FISESZ, in Balatonalmádi.

■ Between April 6-8, *Gábor Szalai, László Jakab, and Zalán Szántó* was on the 1st South European Thoracic Surgery – Anaesthesiology Symposium, in Split. The congress focused on the topic of endoscopic lobectomy and they presented a lecture on the possibilities of mobile applications for screening pulmonary tumours.

■ *Zalán Szántó* held a workshop on Innovative possibilities in chest screening in the 3rd CEE Thoracic Surgical Symposium, between April 27-28.

■ The 4th Congress of the Young Surgeons Section of the MST was held simultaneously alongside the Work-group of the Young Gastroenterologists between April 15-17, in Balatonalmádi, and totalled more than 280 participants. Our colleagues included *Zsanett Biró, Laura Bognár, Ádám Varga, and András Palkovics*, all of whom gave lectures, including *András Vereczkei* in the role as chair of the meeting. *Zsanett Biró* won third prize in support of her lecture.

Department of Ophthalmology

■ The World Ophthalmology Congress of the International Council of Ophthalmology 2016 took place in Guadalajara, Mexico, between February 5–9. *Zsolt Biró* presented the following lectures: "Indications and technique of anterior chamber", "Intraocular lens implantation in the 21st century", "Examination of surgical stress

and cytoskeletal changes in anterior lens capsule epithelial cells following manual and femtosecond laser-assisted capsulorhexis". He also presented the poster, "One session surgery for cataract and asteroid hyalosis (phacoemulsification + pccc + anterior vitrectomy + pc-iol implantation)".

■ On February 27, the Hungarian Ophthalmologist Association held a meeting in association with the Glaucoma Section, in which *Zsolt Biró* presented the lecture "Changing a Luxated artificial lens in a pseudoexfoliated eye".

■ The 46th National Congress of the Ophthalmological Society of South Africa was held between March 9-13, where our clinic was represented by *Zsolt Biró* with the lecture, "Cataract surgery combined with PCCC and anterior vitrectomy for asteroid hyalosis".

■ The Department of Paediatrics held a mandatory course, "On the Current Issues of Paediatrics" between March 17-19, and our colleague *Valéria Gaál* gave a lecture "On the current issues of paediatric ophthalmology".

■ The annual congress of the Societas Hungarica Ad Implantandam Oculi Lenticulam (SHIOL), in 2016, was held between April 7-9. *Zsolt Biró* was a presenter on LIVE SURGERY, he was also a moderator on the Polytech symposium, and he gave a lecture on "The use of Morcher CCC rings for the exact capsulorhexis", and also led the course, "How would you solve it? How would you move on?", and together with *Lajos Szalczser* served as chair of the Congenital Cataract Section.

In the section, our colleagues presented the following lectures: *Zsolt Biró*: "Surgical treatment of congenital cataract"; "Cataract surgery in aniridiac patients"; *Nóra Horváth et al.*: "Cataract surgery after a radial keratotomy"; *Judit Kovács et al.*: "Changing the lens in the posterior chamber because of an accretion of unknown origin – a case study"; *Ágnes Nagy et al.*: "The surgical removal of a fibrin disc formed after cataract surgery – a case study"; *András Bálint et al.*: "The treatment of a traumatic cataract and a secondary lens implantation". *Zsuzsanna Szijártó* presented her poster entitled, "Repositioning a lens from the glass body space with 23G vitrectomy".

■ On May 6 *Zsolt Biró* served as chair for the West-Hungarian Regional Glaucoma Scientific Meeting held by the Alcon Hungaria Ltd. and the Department of Ophthalmology. *Andrea Hámor* presented a lecture featuring, "Brizolamide + brimonide in fixed combination's place in the modern treatment of glaucoma".

26th 'Pilaszanovich' Guest Professor at the Surgical Ward of the Department of Paediatrics of the University of Pécs

Owing to Professor András Pintér and his colleagues, this year marks the 26th occasion when a lecture was delivered by an 'Imre Pilaszanovich' guest professor. This was the 26th time we offered our tributes to and commemorated 'Uncle Pila', the father of paediatric surgery in Pécs, and the founder of our ward.

This time, Professor Sameh Shehata, the leading paediatric surgeon of the University of Alexandria, was our guest for three days. During his visit, we enjoyed the opportunity to learn about his work which has been deeply involved with innovative surgical techniques, laparoscopic methods and the minimally invasive surgical solutions for the treatment of abnormal testicular descent. The commonly

referred to Shehata-technique, which indeed was named after him, is now a globally well-known and increasingly widespread surgical method, the essence of which is that the intraabdominally 'trapped' testes are moved from the abdominal cavity into the testicular sacks laparoscopically, in two steps, via the gradual intraabdominal elongation of the supplying vessels. Surgeries performed in cooperation with Professor Shehata during the two days gave us the rare opportunity to master some additional techniques of this procedure, that we have also been performing on our ward. Several paediatric surgeon friends and colleagues also came from paediatric surgical centres from all over the country to listen to the memorial lecture and to witness firsthand these delicate surgical procedures.

Traditionally, our guest was invited to give a lecture at the Specialist Board Meeting in which this time, was a phenomenally vivid and colourful lecture about ancient Egyptian medicine. Subsequently, Dr. György Velkey, President of the Hungarian Hospital Association, delivered a thought-provoking presentation about the current situation of paediatrics and potential problems.

The three days spent with our guest Professor Shehata were undoubtedly busy and immensely useful, and thus, we came to know a very friendly, open-minded person who appeared to be surprisingly versant, up-to-date and comfortable with the dawning of the digital era, including advances made to the internet and mobile communication technologies, and whose aim has also been to employ these technical advances in education and the development of paediatric surgery. We are expecting an announcement soon with regards to who is going to be next year's 27th 'Imre Pilaszanovich' professor, and so with optimism.

Dr. Ede Biró



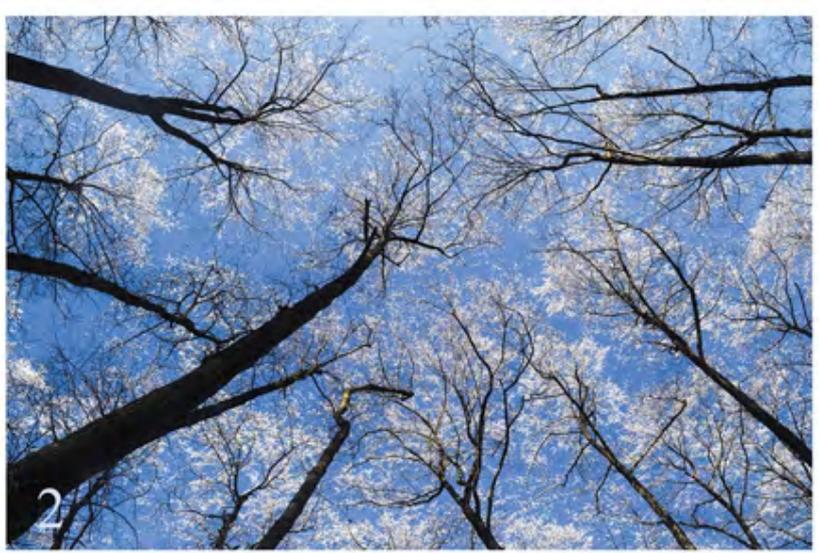
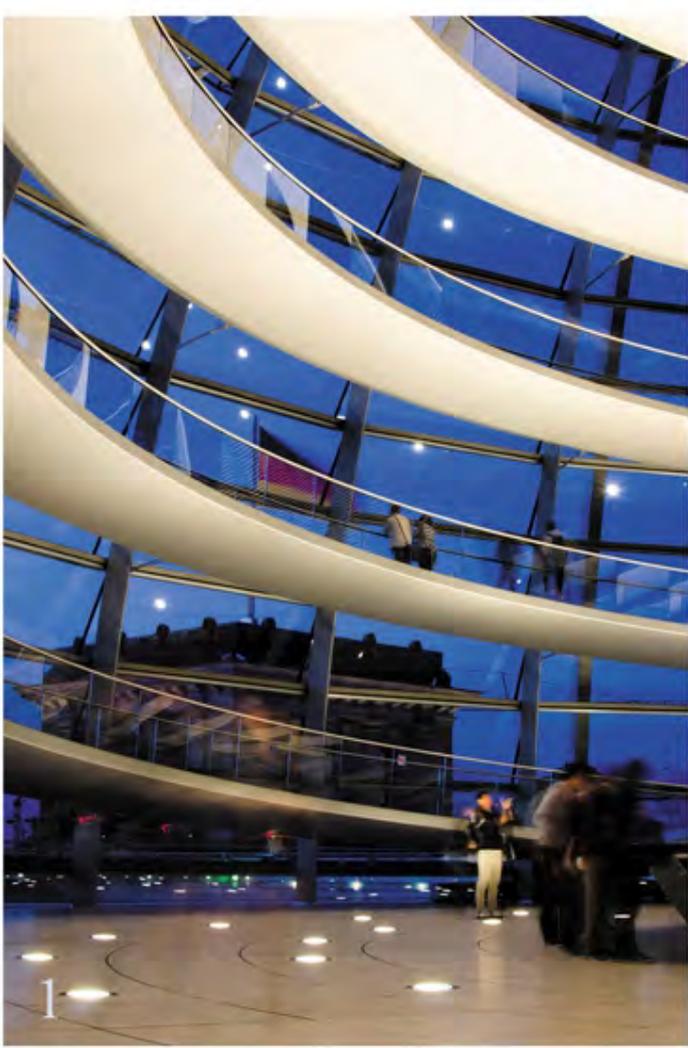
Authors of numbered photos on pages 31–32

Award-winning photos of the 6th Health Photo Contest

1—Gábor Smuk, 2 and 6—Gabriella Nagy,
3—László Kovács, 4—Éva Orbán, 5—Alexandra Bálint.

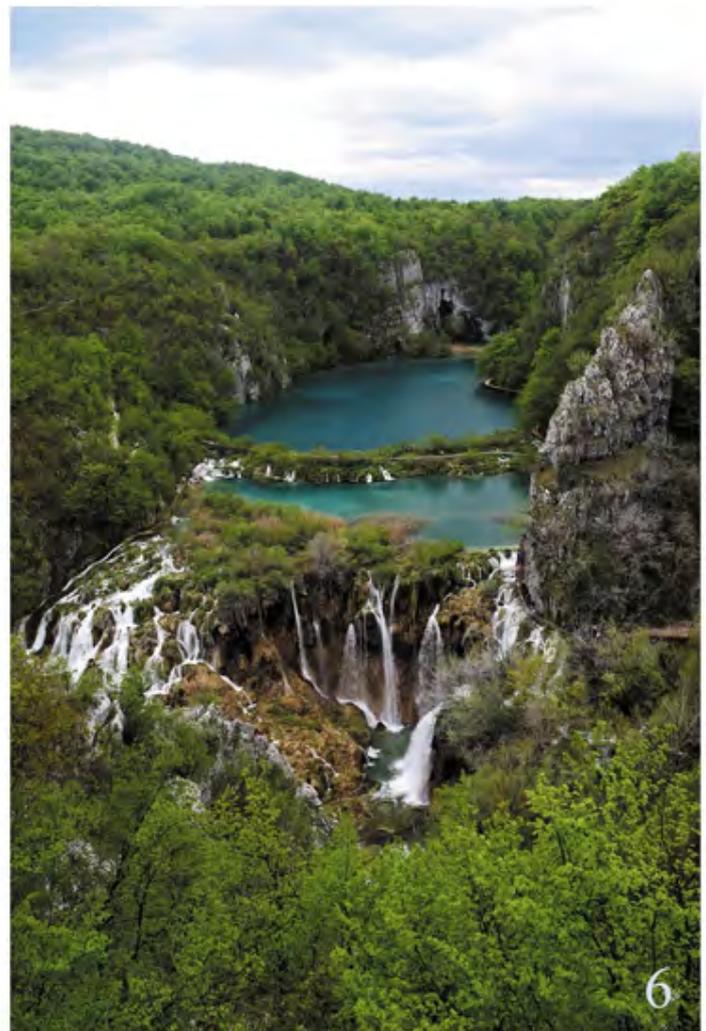
Photo exhibition of 'POTE' Photo Club

1—Miklós Ónodi, 2—Orsolya Koncz,
3 and 6—Miklós Rodler; 4—Bettina Tigyi,
5—István Mészáros, 7—Loránd Barthó, 8—Gábor Schmutk



Award-winning photos of

the 6th Health Photo Contest



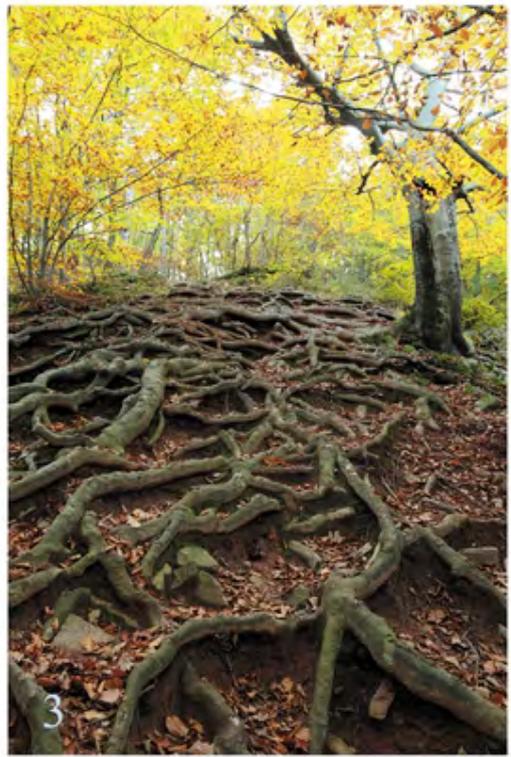
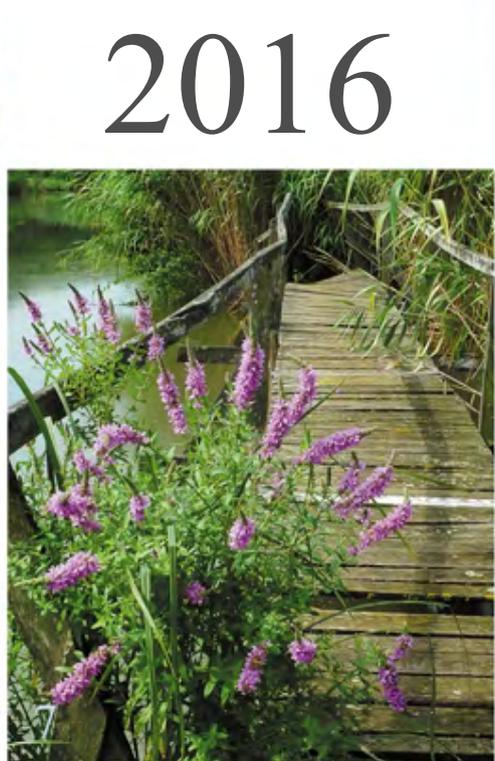


Photo exhibition of 'POTE' photo club

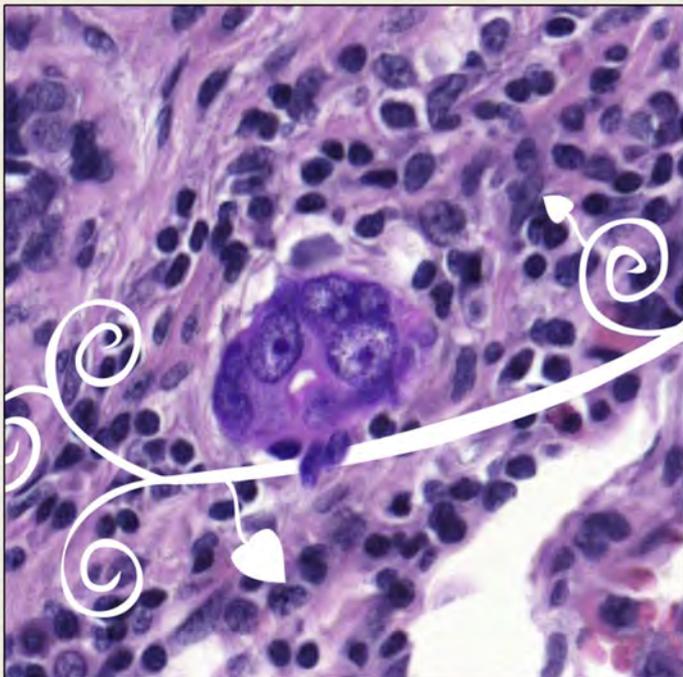


2016





Livia Vida: "Owl"



Photos by Gábor Takács