



MEDICAL STUDENTS' CENTRE,  
SASSOON ROAD,  
HONG KONG.

# Caduceus

VOLUME 3 NO. 7

OFFICIAL PUBLICATION OF THE MEDICAL SOCIETY, H.K.U.S.U.

15TH JULY, 1971

## Child Care Project

— a project organised by the Medical Society, HKUSU

### I. Theme.

The biological and psychological problems that confront a child in his first 5 years of development, with special emphasis on the first 2 years.

### II. Aim.

To present to the public the proper way of child care and to eradicate the various erroneous belief and practice in child rearing.

It is to the lower socio-economic classes that our effort will be particularly directed.

### III. What are the erroneous belief and practice?

A few examples will be cited here.

#### 1. Improper weaning.

According to the results of a research started in 1967 by the Child Developmental Centre in H.K., Dr. Baber, the paediatrician-in-charge, pointed out that Chinese infants, although born with a lower body weight than the British infants, have a remarkable rate of growth and actually catch up with the British counterparts in body weight at the age of 4-6 months. Thereafter, the normal development is hampered, the growth curve drops and never regains its former gradient. The result is an underweight, malnourished child, easily prone to infections, with an apathetic and shy attitude towards life. This will destine the rest of his life — his physical development, his intelligence and his psychology.

This is preventable by proper weaning.

#### 2. Reaction to Measles.

It is still held by many, particularly the older generations, that measles is a disease carried from the mother's womb and nothing needs to be done about it. Measles, in fact, ranks second in the global mortality rate of communicable diseases and can be effectively prevented by vaccination.

### IV. Organisation.

A 7-membered organising committee had been set up which will study the issue of child-care in H.K. in full detail and organise programme that will adequately bring out our message to the public.

Each committee member will head an administrative as well as an academic sub-committee.

The substance of the project are tentatively organised under the following 5 topics:

1. Normal development of a child.
2. Nutrition.
3. Prevention of accidents.
4. Diseases and the prevention of them.
5. Child psychology.

### V. Programme.

1. An Exhibition to be held in City Hall Lower Block on 2nd-4th, October this year.
2. An Oratorical Contest for contestants among secondary schools to be held in the last week of September.
3. Organised visits to schools and factories where brief lectures, slide-shows and some pamphlets will be given.

### VI. Scale.

1. Exhibition. There are at least 70 students from the Medical Faculty and 150 others from (10) secondary schools as active pamphlets will be given. 000 spectators are expected.

2. Oratorical Contest. 15-20 contestants + 200 audience.

3. Visits to secondary schools and some primary schools. About 10-15 schools will be visited.

4. Visits to factories. About 15-20 factories will be visited.

5. Press. A well-planned series of articles will appear in the Chinese and English papers in H.K. besides the press release.

6. T.V. Besides brief interviews, we hope to stage a series of programme to present our substance.

### VII. Liaison.

We have already gained support from the Paediatric Department and the Department of Preventive and Social Medicine, HKU, as well as the Maternity and Child Health Department. Further communication with the Medical and Health Department, H.K. Society for the protection of Children and Children's Meal Society will be sought in due course.

## Should the Medical curriculum of HKU be Revised?

'Yes' was the conclusion drawn from the final interclass debate between 3rd year and 4th year.

The debate was held on 8th July at 5:15 p.m. in the Physiology theatre. The occasion was honoured by the presence of Dr. C. H. Chan-Teoh (President), Professor C. T. Huang (Ex-President) and Dr. Frank C. Y. Cheng (Hon. Treasure) as adjudicators.

Speaking for the motion was the 4th year team and against the motion, the 3rd year team. The debate ended with the presentation of souvenirs to the champion team — 4th year and runners-up — 3rd year, and also the best speaker — Mr. Peter Lam from the 4th year by our President Dr. Chan-Teoh.

## From the 3rd Emergency Council Meeting . . . .

### On the Canteen.

It was resolved to change the caterer of the Medic Canteen. There were two applicants; it was then decided to approach Mr. Fung who is now catering in the QUEEN Mary's Houseman Canteen and in the QEHL (For further details, please consult the report of the Vice-Chairman.)

### On the Fraternity Committee.

Mr. Cheng Kam Wing was elected Administrative officer and Mr. Yew Wing Wai Education and Information Officer of the Fraternity Committee.

### On the G.A.

The Council was informed that the 20th G.A. of IFMSA would be held in France/Italy instead of New Zealand in August. The G.A. of ARMSA will still be held in SYDNEY. In view of the fact that: a) France/Italy and Sydney are too far away; and b) HKU Medical Society is not a member country of IFMSA but a member country of ARMSA, it was resolved that the 2 delegates of the Medical Society Mr. Tsang Chiu Wah and Mr. Wan Ho Yue will attend the 5th G.A. of ARMSA in Sydney in August only this year.

## Our Canteen . . .

— Chan Wing Chung

This is the second time that I have to write in order to clarify the situation of the canteen.

In the Emergency Council Meeting held on the 19th of June to discuss this matter, it was decided by a majority vote that the contract should be signed with a new applicant Mr. Fung instead of the present caterer Mr. Mok. The Councillors felt that Mr. Mok's service had not been very satisfactory and the possibility of future improvement is small. I would like to point out, however, that every change of caterer is a risk. Our criterion of choice is based on the person's previous experience in catering and/or his present catering in other places and a deduction from the information we get

of what his performance in the Medic Canteen will be like. We try our best and hope for improvement but we cannot guarantee improvement.

At present, no meal can be served in the Medic Canteen due to the fact that the Estate and Maintenance Office is doing some reconstruction and decoration work in the kitchen. It is hoped that the work will be finished by 20th July. During this period, the canteen will remain open to sell drinks etc., which do not require the kitchen. The co-op will resume service as soon as I can get some responsible person to sell the articles for us. I am sorry that the kitchen has to be closed for so many days but it is beyond my power to shorten the period of closure.

## Sound of Love



## Sound of Love 愛果情花

In aid of the Hong Kong delegation to attend the Asian Regional Medical Student Association 5th General Assembly in Sydney, the Medical Society is going to present a fund raising morning show called 'SOUND OF LOVE' (愛果情花)

Date: 25th July, 1971.

Place: Isis Theatre. (新都戲院)

Time: 10.30 a.m.

Tickets at \$2.00, \$3.00, \$4.00 and \$10.00.

Available at Medic Canteen Co-op, Union Co-op, class-reps, or any of the Executive Committee.

# FROM PRECLINICAL TO CLINICAL — A brief survey into the mental stresses encountered by the Medical Student

Changes in the environment always call for adaptive changes in the individuals concerned. And the change from preclinical stage to clinical stage of study is no exception. This is a radical change on the part of the Medical Students. Hitherto, he is just like any student in other faculties, say the Science Faculty. But now, suddenly departing from being an outsider to the hospital, he jumps into the wards to become the lowest kind of animal life there — even worse than a parasite. On the one hand, merely walking in the wards gives him a sense of superiority, and a feeling of being somebody inside the hospital. But on the other hand, when he meets the patients, the instructors and when he sees what is done in the wards, he is amazed, bewildered and disillusioned. All these factors interact in his mind. And it is no simple task to cope with such stresses and strains.

## From the preserved to the recently dead

In his preclinical years, the Medical Student has already got used to meeting, feeling and even cutting up the dead. However, the bodies he met have all been preserved. Such bodies are no longer soft as the flesh of the living, and there is no blood in them. When he starts his clinical years, during the study of Pathology, the student has to go to the Post-Mortem Room and watch autopsies being done. Here are bodies just dead, still soft and with so much blood in them that those seeing autopsies for the first time may have a vaso-vagal attack. Even the most daredevil students cannot have a good luncheon after watching the procedure.

With time, such uneasiness soon disappears. However, with that also goes the respect for human dead bodies. Contrary to traditional Chinese beliefs, he no longer regards the keeping of an intact body after death as a necessity. He would, if he gets the chance, persuade the relatives of the dead to give permission for cutting up the body for he knows that by so doing the cause of death will be ascertained and that he will benefit from it.

Of course, there are also those who would never enter the Post-Mortem Room. They know what to expect and they are afraid. Since attendance at autopsies is not compulsory, the easiest way out is to escape from it. Nonetheless, such students only represent the minority.

## From the dead to the living

The contact with patients is the most important event in the initiation into the clinical studies and it has the greatest effect on the Medical Student. In Anatomy, he only deals with the dead. In Physiology and Biochemistry, he mainly learns from textbooks. But once he passes into the clinical years, the patient occupies quite a big portion of his studies. And from the patient many problems arise.

Firstly, since a good doctor-patient relationship is not easy to establish, it can be concluded that the medical student-patient relationship will be even harder. It is particularly difficult when the latter knows the identity of the former. And so, to the medical student, a co-opera-

tive patient is always a blessing.

Secondly, the approach to patients is not so simple as one may think. It might have been easier had the language used with the patients been English, for all the terminology and all the information in the student's mind is in English. When he asks about a certain symptom he has to translate it into Chinese and when he records it, he has to translate it again into English. Thus the clinical clerk has to take up translation as well!

When clerking a case, the medical student has to enquire into the history of the disease, the family history and the past history of the patient. So there lies a man, who is unknown to you, and you go to his bedside, sit down and ask all sorts of questions concerning the most private part of his life. "Am I intruding into the personal life of a man whom I do not know?" — the medical student very often has this question in mind. But of course, sooner or later, one acquires immunity to it. And it is only then that asking a lady her menstruation will be no more embarrassing than asking where an inguinal hernia is.

During physical examination the Medical Student intrudes even more deeply into the personal secrecy of the patient. On the part of the patients themselves, they may have never before let anybody see or touch certain parts of the body. But they reveal them to you — you who are not yet doctors and who can do nothing to relieve them of their sufferings. And human dignity vanishes into thin air. Whether it is an old man, or a young girl, and whether he is the greatest man on earth or just a street sweeper, there is no distinction between them and they all come into the wards to reveal their bodies to you. And the medical student, dumbfounded at having access to such human private parts, cannot cope with it easily. And the conflict often haunts his mind.

Rectal examination is particularly worthy of note. Who would ever think of probing a finger into the anal canal and get a sample of the "dirty" faeces from within? The act of merely touching human excreta with the fingers is already considered as dirty business by many. But now the medical student has to start doing the "dirty" job. Not all can reconcile with this thought and some joke about it and force their classmate who performs the P-R for the first time to treat them with an ice-cream while they would not for dear life start practising the P-R exam, until late.

At the start of the clinical clerkship, the medical student still regards the patient as a human being. When he tries to demonstrate certain physical signs, he may cease doing so if the patients yell in pain. But as time goes by, the patients are transformed slowly and gradually into objects. Thus when he thinks of them, he may only remember Mr. So-and-So's Troissier's Sign or Miss So-and-So's systolic murmur thought what they look like he cannot tell. Their appearance and their

suffering no longer occupy any part of his mind. And when they die there is no remorse, besides being sorry at the loss of a chance to demonstrate certain physical signs.

## OT — Blood-shed by design

As a preclinical Medical Student, one does not even have the chance to see an operation being performed. But now, when he enters the Operating Theatre, especially when there are some major operations going on, he gets a feeling of the OT atmosphere: the smell of disinfectants intermingles with the strange clothing which he sees only in "Doctor Kildare" and the like. He does not see the patient. He only sees the part for the dissection. Then the surgeon comes in with his assistants. He holds out his hand and a scalpel is placed in it. All these are but the beginning of the play. The surgeon then steadily, but calmly, begins his dissection. If the on-looker forgets for a moment that this is a living person being cut up, he may just take it to be the rabbit he dissected during his matriculation days. But when this thought flashes through his mind, he just cannot help gasping for air. Despite its aim of saving life, here is blood-shed by human design. And the beginner has to learn to accept it.

## Student-staff relationship

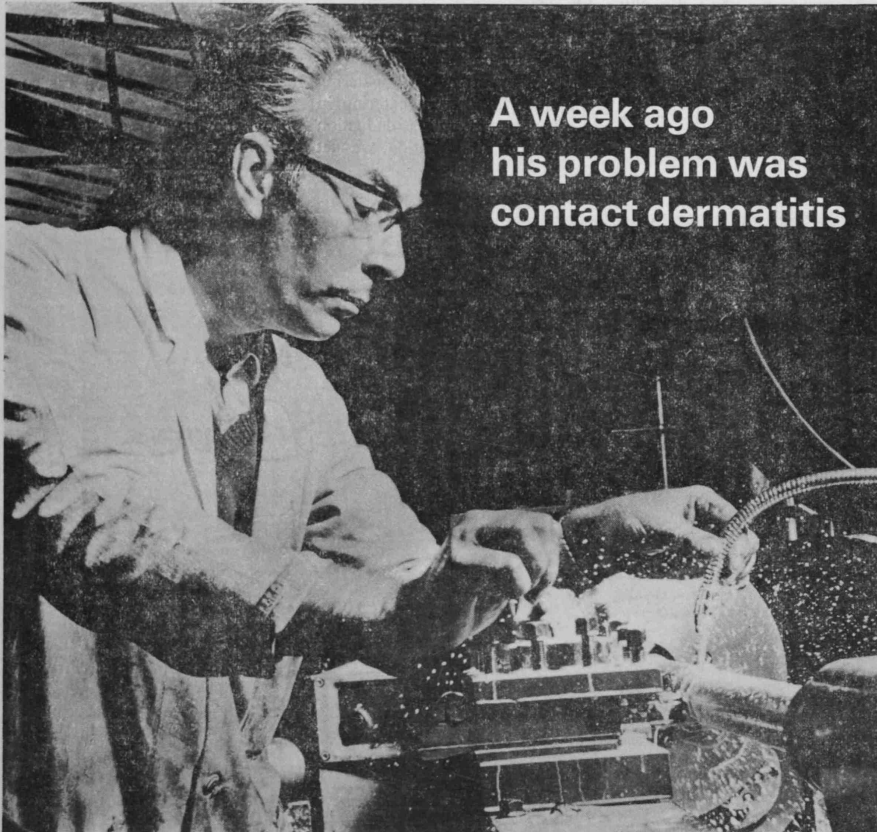
The change from preclinical to clinical is associated with a change in the student-staff relationship. The division into groups and subgroups is so marked that in the end each medical student belongs to a group of only six or seven. Of course each group has its own tutor or instructor and because there are so few of them in a group, as compared to the groups of fifteen or twenty in the preclinical courses, the individual student is much better taken care of in this new environment. Very often, he is so wonderfully looked after that he feels just helpless in the instructor's hands. This is especially so during bedside teaching when the student is asked all sorts of questions and is reprimanded when he gives wrong answers. Indeed, the instructors often fill the medicine student with respect which is intertwined with awe.

## So much to learn

When the medical student enters the University, he frequently fancies himself being the graduate, knowing all there is to know about Medicine, Surgery and the other subjects. The only thing he lacks then is experience, which would be adequately acquired in the year of intern.

But when he actually begins these subjects in the clinical years, he realizes how much there is in these subjects and how little he would know about them when he graduates. He then acquires a different picture of the graduate. Despite the degree M.B., B.S. there is in fact nothing much to be proud of. And one who is preparing for the Final M.B. may be just as ignorant as one who is beginning the clinical studies. And these graduates or would-be

(Continued on page 3)



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## CADUCEUS

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## A long march

"I have been informed, rightly or wrongly, about . . ."

This is the prelude to that long march.

The batch of anxious junior clerks were gathering together in the lecture room, each taking his/her strategical position and ready for the distribution of examination papers. At this announcement, however, they had to leave the lecture room, with everything behind (including their positions, of course). Then they followed the leader in a long march — from the professorial block through the Queen Mary Hospital Compound to the Pathology Building.

And, thank heaven, it was not raining even in such a gloomy day.

But to those in the corridor and the casualty, the sight of so many 'doctors' marching along would always remain a spectacle.

## The long and winding road to the library

If you think the old muddy road to the library is horrible, you may change your mind when you plod through the new long winding road next time.

Again, the road is muddy, but this time you may enjoy the delightful music when you step on to the ever creaking wooden planks.

Remember, ladies, never walk alone here, for you will have no one to turn (or cling) to if you should happen to encounter a certain charcoal-black animal called rat, measuring 6 inches (excluding tail) long, peeping at you through the planks.

So, watch out, Ladies!

(Continued from page 2)

graduates are about to treat patients. The medical student is disillusioned. He sees himself in a new light. He recognises that the graduate is still quite ignorant and that the process of learning has to go on for ever.

## Fear of ill health

Since the medical student begins to have contact with patients, especially among the infectious ones, he often has the fear of contracting the diseases himself. Moreover, after he has read certain sections of the Davidson or after his tutor has instructed him on certain diseases, he frequently imagines that he himself is hit by that disease. Thus he may fancy himself as having Carcinoma of the Pancreas on one day and having Peptic Ulcer on another day. If he studies his books well and knows the complete clinical picture, he should not have such troubles. It is only when he knows just part of it that the troubles begin.

This fear of ill health is not confined to the student himself. It is also projected to the student's relatives, especially the close ones. Any minute complaint from, say, his parents will be taken seriously. Thus when his father coughs a bit, he may think of chronic bronchitis or when his mother has dyspnoea on climbing six or seven flights of stairs he may think of some cardiac conditions. Luckily, he is careful not to tell his parents for fear of false alarm and so he keeps the speculation to himself. Needless to say, this forms the basis of unnecessary worry.

## Some final words

It must be said that there are still many other aspects of the medical student life, be it the happy side or the sad side. It is hoped, however, that the readers will form their own opinion and will design their own adaptive measures as they deem fit. (J)

## CHILD CARE, WHY?

— P. Ho

Each and every one of us today should be and has to be interested in the problem of children care. It isn't because we are privileged as medical students, nor is it because we are going to be parents soon. But because we are members of the human race.

The rationale behind child care is pretty obvious. Children have always been the symbol of love and compassion. Everyone handles babies, especially his own babies, with gentleness and care. This is a human instinct and may be explained by the fact that one's child originates from one's own body. Or, perhaps, it is due to a more subtle realization that the child is the only means by which the human race seeks its continued existence. And it becomes a socially accepted phenomenon that we rest our hopes and love on our children. Children, and, for that matter, babies, born or to be born, are expected to perpetuate the civilisation, the knowledge, the glories and the sins of the human race.

The rationale behind care for the handicapped child may not be so obvious. Here, we need a stronger ethical setting to back up our principles. We regard Life as sacred. It is to be taken away by no one, not even oneself. It becomes the responsibility of society to take care of those unfortunate, handicapped children, in addition to the parents' responsibility. In fact, it is on these children that we should place our special efforts.

In my own theological interpretation, every man shares the spirit and the grace of God. Everyman's existence is undefeatable; his life carries a meaning and he is entitled to be loved. I am ready to extend this interpretation to all men, young or old, normal or abnormal.

I shall conclude here by giving you what the present leaders of the world think, concerning the question of child care. The IUCW, International Union for Child Welfare, made a 10-points Declaration of the Rights of the Child, which was adopted by the United Nations General Assembly in:

1. The child shall enjoy all the rights set forth in this Declaration. All children, without any exception whatsoever, shall be entitled to these rights, without distinction or discrimination on account of race, color, sex, language, religion, political or other opinion, national or social origin, property, birth or other status, whether of himself or of his family.

2. The child shall enjoy special protection, and shall be given opportunities and facilities, by law and by other means, to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity. In the enactment of laws for this purpose the best interests of the child shall be the paramount consideration.

3. The child shall be entitled from his birth to a name and a nationality.

4. The child shall enjoy the benefits of social security. He shall be entitled to grow

and develop in health; to this end special care and protection shall be provided both to him and to his mother, including adequate prenatal and post-natal care. The child shall have the right to adequate nutrition, housing, recreation and medical services.

5. The child who is physically, mentally or socially handicapped shall be given the special treatment, education and care required by his particular condition.

6. The child, for the full and harmonious development of his personality, needs love and understanding. He shall, wherever possible, grow up in the care and under the responsibility of his parents, and in any case in an atmosphere of affection and of moral and material security; a child of tender years shall not, save in exceptional circumstances, be separated from his mother. Society and the public authorities shall have the duty to extend particular care to children without a family and to those without adequate means of support. Payment of state and other assistance toward the maintenance of children of large families is desirable.

7. The child is entitled to receive education, which shall be free and compulsory, at least in the elementary stages. He shall be given an education which will promote his general culture, and enable him on a basis of equal opportunity to develop his abilities, his individual judgment, and his sense of moral and social responsibility, and to become a useful member of society.

The best interests of the child shall be the guiding principle of those responsible for his education and guidance; that responsibility lies in the first place with his parents.

The child shall have full opportunity for play and recreation, which shall be directed to the same purposes as education; society and the public authorities shall endeavor to promote the enjoyment of this right.

8. The child shall in all circumstances be among the first to receive protection and relief.

9. The child shall be protected against all forms of neglect, cruelty and exploitation. He shall not be the subject of traffic, in any form.

The child shall not be admitted to employment before an appropriate minimum age; he shall in no case be caused or permitted to engage in any occupation or employment which would prejudice his health or education, or interfere with his physical, mental or moral development.

10. The child shall be protected from practices which may foster racial, religious and any other form of discrimination. He shall be brought up in a spirit of understanding, tolerance, friendship among peoples, peace and universal brotherhood and in full consciousness that his energy and talents should be devoted to the service of his fellow men.

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## THE MEDIC ANNUAL BALL

This year, the Medic Annual Ball was held at Connaught Room, the Mandarin Hotel, on 30th June. This grand annual function was much honoured by the presence of Dr. Chan-Teoh, President of the Medical Society, and Dr. S. T. Chan, Vice-president, and many distinguished guests.

The Social Secretary first made a short speech of welcome to mark the opening of the evening. The Chairman then addressed the gathering and thanked the various benefactors and contributors who had helped to make this delightful occasion a success. The master of ceremony, Mr. Laurence Chan, added much humour to the amiable atmosphere and kept the Ball rolling smoothly with his witty remarks.

Dr. Chan-Teoh was then called upon to cast her pearls of wisdom. She stressed upon the importance of hard-working in order to be happy. Her special wishes went to the 1971 graduates. Her speech ended with a loud applause.

A fashion show followed immediately after dinner, to provide ice cream for the eyes. Four lovely mannequins displayed a train of exotic ladies' wear. Although some

of these were very sophisticated while some others were perfectly simple, they had one thing in common; they were simply perfect! For those who'd like to buy some of these, here's a tip, go to Justin Jake at D'Aguiar St.

When music commenced after the fashion show, Dr. Chan-Teoh's message was put into practice and everybody swayed and stepped energetically.

The highlight of the evening, the raffle, draw took place before midnight. And at this — "Whenever a man is rich, gifts will be made to him and his riches will abound" — was fulfilled. Quite a number of lucky winners won more than one prize.

When dancing resumed after the raffle draw, the party was at its full swing. The dancers were deeply absorbed in the magical tempo and rhythm that the band so ingeniously produced. Mr. Stephen Ng, the ex-Chairman, added something more by singing a beautiful song: The Twelve of Never. Some Kowloon-dwellers were compelled to leave early before the ferry stopped service, but most of the guests remained till nearly 2 a.m. when the Ball ended. (LS)

# 七、七示威圖片特輯



去！參加示威來！



大家坐下來！



唔！警察來了！



「各位同胞，今天我們……」

他還沒有說完，警察便……



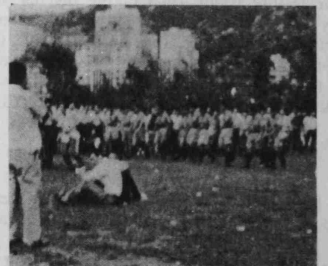
旁觀的心也在流血！



來！上山打游擊去。



上山為王



剛才他們還安靜的坐在這裏。  
轉眼間……

三十多年未  
從抗戰到內戰  
從內戰到分裂  
從分裂到流亡  
家國茫茫何處



怎麼辦？他們在拉人了！



為什麼打穿我的頭！



# 七七事變始末

三十四年前的七月七日，蘆溝橋上一聲砲响，把中國這睡獅驚醒過來，接着下來是全民投入的八年抗戰。

三十四年後的今日，日本在美國的大力扶植下，已成為一經濟巨人，儼然把握東南亞的經濟命脈。

隨着而來的是日本軍國主義的復活。三島由紀夫的死固然轟動世界。但一些比較不為人知的事正在發生中：日本小學教科書開始再把中國稱為「支那」，而中日戰爭實在由中國所引起，日本只不過為「自衛」而戰；東條英機等七名二次大戰甲級戰犯的墳墓上也刻上「殉國之士」的字樣了！

是的，釣魚台島事件實在日本軍國主義向外擴張的第一步，也正如一九一四年日本乘歐洲大戰之際，強佔我膠州灣，又如一九三一年強佔我東北三省的一樣同出一轍！

因此現在就讓我們來重溫下一九三七年（民廿六年）七七事變的可歌可泣的歷史吧！

——編者

× × ×

日本對中國的侵略，是明治維新以來蓄意已久的既定政策。民國四年，利用袁世凱的皇帝大夢，提出了「二十一條」；民國廿年的「九一八」，侵入瀋陽，佔領東北，成立偽滿洲國；民國廿一年「一二八」，再進犯上海；民國廿四年，日本加緊策動「華北自治運動」，陰謀使華北成為「滿州第二」；民國廿五年，在日軍的脅迫之下，一羣親日官員，在北平成立了冀察政務委員會。

冀察政務委員會和當時經日方同意的唯一駐軍——廿九軍的表面任務，是維持地方秩序，而在實際上，一方面是阻止日本勢力的迅速擴展，另一方面的壓制國人的抗日運動。

這種苟安一時的局面，使北平的青年學生感到極端的悲憤。自五四以來，北平原是全國學生運動的發源地。緊接着上海的七君子事件之後，北平的青年響應了救國會的幾點主張：

- 一、堅持領土和主權的完整。
- 二、堅決反對中國領土內以任何名義成立由外力策動的特殊行政組織。
- 三、堅決否認以地方事件解決東北問題的華北問題。
- 四、要求即日出兵討伐冀東。

當時日本侵略者的面目，愈益猙獰，國家危在旦夕，救亡圖存的抗日運動，在高度壓抑下，已經到達爆炸的邊沿，繼承五四傳統的北平學生，終於掀起「一二九」學生運動的狂潮。由學生領導的三萬多羣眾，在冰封雪掩，寒風凜冽中，衝着水喉、皮鞭、槍柄和刺刀，舉行了示威請願的大遊行。他們大聲疾呼：

- 「反對國體分裂！」
- 「反對主權分裂！」
- 「反對華北自治！」
- 「要求立即抗戰！」

## 來函照登

### 給某先生的一封公開信

某先生：

前幾天看見你在飯堂內口出狂言，以極盡詆諆保衛釣魚台示威行動為飯後消暇，心中實覺不忍，是故連夜給你寫信。

唉，就看看你吧！黃皮膚，有著又直又黑的頭髮，好一個堂堂正正的中國人（就是連口上三句話說不完帶上一句的粗口，也是正宗廣東三字經的），竟然以持有英籍護照，大英帝國女皇陛下裙腳的子民的身份，而沾沾自喜，大有我們「支那」人在本地擾擾震，連帶影響你的安定公民生活之勢。

不過你既然說及公民權，我也倒想問問你：香港總督的人選你有權過問嗎？香港的法律你有權修改嗎？香港政府每年花用納稅人你的錢你有權過問嗎？如果這些最最基本的東西也沒有，這個算什麼勢什子的公民權？

不過，你既然已歸化了英籍，又連起碼的正義感也沒有，我也不宜多費唇舌。

但我真的要求你：不要再誹謗我們的示威行動。雖然我們可能曾經把你的寶貝汽車在中環阻塞了幾分鐘，但你真的連這幾分鐘時間也抽不出來？我真的要求你：因為除了你以外，還有很多人寧願做中國人的呢！

一讀者上

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清道夫「戰畧，清理怡和街一帶。

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防暴隊大約在晚上八時五十分開進街上，以

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在圍觀的人羣中，有不少是中年以上的人，

×

他們雖然沒有積極的參加示威，但總是在助威，

×

後來學生們和警察衝突後，他們更對手無寸鐵的

×

學生深表同情。

×

有張報紙指出警方在維多利亞公園之所以被

×

迫動粗，是由於學生們不守規矩向警方投擲石頭

×

。但是各位去過那公園的，可曾在示威的草地上

×

見過可供投擲的石頭，或還是市政局管理不週在

×

地上遺留下那麼多的亂掃。

×

回家後，電視剛播出示威時情形，結語是銅

×

鑼灣居民他受驚擾。

×

不知是指受誰所擾？示威者？防暴隊？

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「擁護光榮傳統的廿九軍！」

這悲憤的、撕裂心肺的呼聲，打破了全國人民之間的隔閡，掃平中央與地方之間的裂痕，增強了敵愾同仇的情緒，無疑的，亦給賣國媚外的漢奸以當頭棒喝。

民族覺醒的抗日救國運動，更加如火如荼地燃遍了全國。日本軍閥既決心侵畧中國，又見於中國民情沸騰激烈，更感到侵略計劃的實施，已刻不容緩了。

於是，敵軍不斷在華北增強兵力，在平津一帶地區舉行一連串大規模的軍事演習。興建機場，趕築工事。為了保密，甚至把僱用的中國人殺害滅口，棄屍海河。這一切陰險殘忍行動，烙在廿九軍兄弟們的心版上，但迫於當時的整個形勢，惟有壓抑悲憤，嚴加防範，積極擴充軍備，靜待復仇的日子。

駐北平的英國名記者勃特蘭的回憶錄中，會這樣描述當時的情況：

「一九三七年的春季……很難相信那些和平的日子是真的，新春給中國人帶來了新生，中國最後的嚴重的內部危機，已獲得和平解決了，產生了全個團結一致的新希望，而使人感到詫異的，是日本人對於這件事，似乎是滿不在乎。」

勃特蘭的觀察是正確的，在國族垂危的時刻，中國確是團結統一了，但日本軍閥却認為中國人有着牢不可破的私見和互相傾軋的天性，認為「以華制華」，能使中國迅速的滅亡。

七月七日的傍晚，北平市長秦德純，歡宴文化界人士和學者名流之後，返回寓所時，突然接到了冀察政務委員會外交委員會主任的電話，報告一隊日軍在蘆溝橋附近演習，發覺走失了一名日軍，日本特務機關長松井要求率隊進入宛平城搜查。

局勢有如即將爆發的火山，因此，這一突然發生的事件都並不是意料之外的事。當時的英文「大陸報」，就曾刊載以下的一篇北平通訊：「記者獲悉冀察政務委員會暨廿九軍，已探悉日辦收買中鮮無賴，在北平企圖生事，以便造成事故。據悉約有鮮人二百名，由日軍指揮，分佈重要各處，可能時即攫取北平。廿九軍曾在鬧市中，捉得身藏武器的便衣鮮人多名，在冀察委員會後門，亦捕獲為日本收買的漢奸三名。」現在，是日軍自己出頭尋釁了！

秦德純在聽到電話之後，冷峻地回答說：

「告訴松井，蘆溝橋是中國的領土，日軍在我國領土上演習，事先既沒有取得我方的同意，是違背國際公法和妨害我國主權，因此，走失士兵，我方不能負責，日軍更不能進宛平城搜查！」

他知道這斬釘截鐵的答覆，會帶來怎樣的後果，然而，國族的尊嚴，保土衛國的責任，已不容他有所閃避了。他掛下電話後，立即向駐軍發出了一道命令：

「蘆溝橋和宛平城的一尺一寸土地，決不可喪失！」

於是日軍包圍了宛平城，吉星文團長及王冷齋專員依舊嚴峻地拒絕日軍進城搜查。午夜，日軍炮火集中向宛平城猛轟，並且擁護步兵進攻。於是，在蘆溝橋上展開民族救亡的抗日戰爭。

蘆溝橋又名馬可波羅橋，是一座富有詩情畫意的石橋，橫臥在宛平縣西北的永定河上，想不到竟在那裏點起了我中華民族抵禦外侮的聖火！

（按：本文大部取材自明報月刊第二卷第七期）

## 七、七大示威側記

和

據聞市政局今次有意留難示威，可能是因為今年初學聯杯葛市政局議員選舉有關云云。

不過那時的學聯諸公相信也不知道這些議員也太極派高手，對示威的申請，「拖」延時日，遲遲沒有回音，更「一推」便從維多利亞推到掃桿埔。可不謂功力不深。

在示威捕人時中，起初警察似乎專門捉拿那些示威頭頭，但「一個倒下去，千萬個站起來」，到了後來，警察們真不知捉誰才好了。

在圍觀的人羣中，有不少是中年以上的人，他們雖然沒有積極的參加示威，但總是在助威，後來學生們和警察衝突後，他們更對手無寸鐵的學生深表同情。

有張報紙指出警方在維多利亞公園之所以被迫動粗，是由於學生們不守規矩向警方投擲石頭。但是各位去過那公園的，可曾在示威的草地上見過可供投擲的石頭，或還是市政局管理不週在地上遺留下那麼多的亂掃。

回家後，電視剛播出示威時情形，結語是銅鑼灣居民他受驚擾。

不知是指受誰所擾？示威者？防暴隊？

最無辜是一個在樂聲戲院內看海報的男子，還弄不清楚發生了什麼事時，便被防暴警察又推又撞的趕走，背上更推了數棍。

防暴隊過處，所向披靡（這一點在場的人和來往的車輛裏的人，都可以見證），不過有些隊員似乎有虐待狂，專以棍子追逐擊打途人為能事。

# 文啟思

香港大學學生會

醫學會月刊

第三卷  
第七期

一九七一年七月十五日

## 七七日擊字錄

冷

七月七日晚上在維多利亞公園裏，一個名正言順的和平示威演變成一場不不大的暴動。

這個由香港學生聯合會所領導的示威行動，在一個多月前便專有所聞，後來申請手續順利經過警務處長親自批准，但附帶條件是要得到市政局的批准，當時滿以為政府當局經過過去多次青年示威，重申和平示威的權利，已尊重民權民意之民主精神，但是很不幸，市政局當局諸多留難，務求令任何民權運動都胎死腹中。香港大學學生會以尊重法律不欲與警方衝突為理由宣佈退出行動委員會，行動委員會主席又經已辭職，離開示威的日子只有兩天，竟然發生這件不愉快不團結的局面，令人不禁為該日示威的進行擔心起來。警方的干預似乎是無法避免的事，但誰也料不到竟然發生這般嚴重的流血事件。

事前朋友同學家都勸我不要以身試法，自討苦吃，更有人說這是一件吃力不討好白費功力的愚蠢行為。直至今天早上我還是下不定主意，但是今早返校時在大雨淋漓下，有一位青年朋友冒雨派發傳單，我深深被感動，於是下了決心好歹也要支持他們。

下午六時四十五分，我身上帶了一百塊錢乘巴士來到維多利亞公園大門。下車時我依稀聽到售票員說：「又有一個大學生去參加示威了。」我聽了心中不知是甚麼味道。很久沒有到過維多利亞公園了，這時的遊人只是比平時略多，還沒有聚集的人羣，在網球場那裏停了六七輛警車，四周有數十個警察佈防，好像有人在網球場裏被警察扣留，我很想走近一點，但

是給在場的警察勸告走開。

在草地上有很多人走來走去。跟着在小山丘那裏有人大叫口號，有一個男子被兩個警察連拖帶拉的帶往網球場，後面跟着一大羣青年男女，大聲呼叫：「警察是中國人」、「反對暴力」等口號。拿着攝影機和錄音儀的記者紛紛爭取有利位置，攝取珍貴鏡頭。這時不知人從那裏擁出來，草地上集結了分成幾組的人羣，主要是在小山丘那裏。主持示威的同學們都在左臂纏上一條寫上「保衛釣魚台」的黃色布條，紅底黃字「保衛釣魚台」的布條或白色黑字的布條。參加示威和看熱鬧的人很多，整個公園都擠滿了人。警察帶着鐵柵十步一人佈防，防止外圍的人羣擁進草地，這時人數少說也有三四千人，有些本來在公園乘涼的人也加入示威（或是看熱鬧）的行列。一個印度婦人手拖三個兒女也站在羣情激動的示威羣裏，也有一二幾位坐在長凳上悠閒地看熱鬧。在這時候我遇見了好幾位朋友和同學，大家本來想同進共退，但是在混亂的人潮中失散了。

主持示威的同學在小山丘那裏拉起了布條，唱起慷慨激昂的一釣魚台戰歌，呼着一保衛釣魚台，一抗美日勾結，一釣魚台我們的，一打倒日本軍國主義」等口號，有幾位同學在警察迫近下把傳單拋向空中，一張張傳單隨風飄揚，煞是好看。警察早已準備妥當，在公園四圍駐守着幾十輛警車，數百個警察將公園圍圍着，圍着大門封鎖，禁止遊人進入。警察不斷用擴音機勸告羣衆離去，但是始終無效。

### 社論

六月十七日，美、日政府竟然不顧一切，悍然簽署所謂「沖繩歸還協議」，內容竟然把一塊中國人的土地——釣魚台列島——劃歸日本所有。這實在和第一次世界大戰後，各強國乘中國弱小可欺，內部又不團結，把中國土地擅自瓜分的情形一樣。

這種國際大陰謀，實足以令世界上每一個有血性的中國人為之髮指。

在香港這方面，一羣熱血青年，便在正義感和愛國熱忱的驅使下，發起了一次釣魚台「七、七」大示威，聲言是和平示威，並在事前向有關當局申請批准在維多利亞公園舉行。

首先是警察當局「在原則」上批准這次示威行動，頓時使人對香港民主前途信心大增。但接着市政局却以不成理由的「理由」拒絕批准這次示威，使人霍然從夢中醒來，方才明白當局根本上企圖扼殺這一次「七、七」大示威。

但當局也似乎低估了學聯做事的魄力。結果是學聯方面為了伸張正義，更不滿當局所運用的手法，便如期在維多利亞公園舉行示威。

因此當日示威所引起的不愉快事件，當局實在要負上大部份責任。

我們僅在這裏重申幾點我們的一貫看法：

(一) 和平示威是民主社會裏每一個人所應有的權利，我們對當局企圖阻撓這次示威實在感到非常不滿。

(二) 我們對警方當晚所採取的暴力行為（如毆打示威學生，追打途人等等）提出嚴重抗議。

(三) 釣魚台是中國人的神聖領土，任何侵略的企圖將會引起全世界中國人的敵視和反擊。

在警棍淫威下，人羣被暫時驅散了，但是不久又在另一處集合，這時羣衆對警方的暴力行為感到憤怒，口號暫時集中於「警察是中國人」、「中國人打中國人」，更有些極端份子高叫「X皮狗，X皮豬」，弄得羣情激憤，有些受過日本迫害的中年人和老年人紛紛指罵日本無恥，強橫無理，更有人大罵警察是日本的走狗。專行負責驅散和拘捕人羣的警察起初只有兩連，示威羣比他們多上好幾倍，看見示威羣乘此起彼伏，分頭示威，而且羣情洶湧，他們不敢再採取更激進的手段，只是排成隊伍衝散人羣，勸告羣衆離去，我親耳聽到一位警察對示威羣衆說：「大佬，無法啦，上頭命令。」還算他有人性，不致完全忘本。

這時大概是七時五十分，示威羣衆在和警方一打遊擊，捉迷藏」了好幾十分鐘，終於組成一支最成規模的行列，在草地的西面立定陣腳來，領導示威者呼着羣衆在地下，高呼口號，除了在外圍的朋友們是站着準備應變外，坐着和半跪着的約有三百多人，我們唱着戰歌，喊着口號，跟着為卅四年前當日死難的殉國志士靜默三分鐘。那靜寂的靜寂是多麼的莊嚴神聖，是向暴力的最有力的控訴。靜默完畢，有人提議用實際行動抵制日貨，準備到大九貨公司示威，激動的人羣紛紛向西面的大門走出去。

警方消息靈通，不到幾秒鐘軍隊頭戴鋼盔，手執長棍，持着藤盾，和配上催淚彈的防暴隊衝到大門防守，一大隊的警車在停車場停着。大門的警察橫互着，想走出去的人必須在他們的警棍藤盾圍護中經過，我起初不大願意在這種提心吊膽的情況下走出大門，但是警方開始用堅硬清野的戰車，大隊增援的警察從公園裏面逐步將羣衆迫向西面的出口，這時在公園外邊傳來一陣陣響聲（不知是催淚彈），好漢不吃眼前虧，急急隨着人羣懷着戰戰兢兢的心情走出警察陣，走出大門，空地全擠滿了人，有些人更爬過鐵絲網跳入兒童遊樂場。這時公園內有人拋石頭，有玻璃破裂聲（傳說是擲破警察頭上的玻璃），公園外人頭湧湧，羣情憤怒，很多人指着車裏的警察罵：「X皮狗，X皮狗」，「賣國賊」和種種不堪入耳的粗言穢語，幾輛警車開走了，人們更罵罵得震耳若雷。

最不幸的事情就在此時發生。一隊隊槍實彈揮動警棍的防暴隊從樂聲戲院那方面衝過來，真個當者披靡，人羣像潮水般激激後退，但是後無退路，前有如狼似虎的警察，於是失魂落魄的羣衆像潮水的湧落馬路，遠在行人天橋隔岸觀火的羣衆也相驚伯有，散了下來。驟時整條馬路都擠滿了走避的羣衆，所有的交通工具迫得停頓下來，在指揮交通的交通警察也見勢不佳跳下交通亭跑掉了。這時的羣衆是失了理性的，一輛私家車試圖強行開行，衝過人羣，險些被人翻倒。一輛英軍裝甲車駛過時，羣衆更嘩聲四起。四週都是亂糟糟的。一個忠於職責的交通警員，看見前面車輛阻塞，意圖上前指揮交通，在交通亭附近被一

羣極端滋事份子拖下警車，我在人羣中聽得他呼喝和求救聲，跟着有人叫「着火啦」，人羣又像潮水般的退後，一股烘烘的烈火夾着濃密的黑烟從遠處升起，夾着輕微的爆炸聲。

現時大概是八時卅分，警方成功地將人羣驅成兩堆，一堆向豪華戲院和禮頓道方面散去，一堆則被驅向新都戲院那方面。我隨着人羣退向新都戲院。這時我看見羣衆中有激烈份子，向警察投擲石頭，一個警察盲目的胡亂揮動警棍，見人便直下橫掃，大聲叫：「死啦，回家去，打X死你」，雙方都是失了理智。我開始感到局勢的惡化，一場原是和和平的靜坐示威，再也不能像在荷花池那般的有條不紊，那般和平，眼見情形再惡化下去，必定有更多的流血事件，於是尋思回家或是上同學家躲藏，但是交通不通行不得也。激烈份子又在新都附近繞了另一架電車，在警方保護下一輛滅火車奉召到場施救，火車在化學藥液噴射下逐漸撲滅。

也許警方的警棍威力無比，人羣不知怎的漸漸散了。看見衝突慢慢平息，我於是從圍欄邊走出來，經過一條橫街，看見圍着人羣，便上前看個究竟。在那門前的石階上，赫然是兩灘觸目驚心的鮮血，一滴滴在地上開遍了數百朵血染成的鮮花，一條血路沿着大門進入尾房。在人們議論紛紛，評擊防暴隊的狂暴，毆打無辜時，救護車到了，不一會救護人員扶着一個滿身鮮血的卅多歲男子出來，頭上包紮着的紗布滲着血，但是我說你也不相信，他穿的是睡衣拖鞋，也許你會說他是被打破頭後才換上去的，這個嗎，我不是他我不知道，要是我是他才不那麼蠢呢？乖乖的還是躲在門後面偷偷看吧，何必走出來呢？要走出來倒不如提足勇氣走到公園去吧。

七月七日晚



威利警司瘋狂打人