

**A LAMENT FROM THE THEATRE.**

Silently he climbs the narrow stairs and enters the theatre gallery. Gloomily he seats himself on the cold cement seat and casts a dispassionate eye on the scene before him. A stertorous patient is grudgingly relinquishing his last grim hold on consciousness, and a bored anaesthetist is settling down for a quiet doze. A half dozen nurses are busying themselves at diverse tasks, and maintaining an incessant hum of conversation.

A surgeon and his houseman enter, and behind them, very humbly and apologetically, a student, of the same ilk as he of the gallery. The surgeon stands on the right of the patient, the houseman on the left, the staff-nurse takes up her position next to the surgeon, and the clerk seeks a quiet haven at the anaesthetist's elbow. The operation commences. The gallery occupant droops listlessly against the railing, and his gaze turns dully in the direction of the field of the operation. Hurriedly a waiting nurse takes up her position, and effectively screens from him the desired view.

Sight denied him, the student of surgery develops an hyperacuity of hearing, but nothing breaks the silence thereafter but the grating and the click of forceps clamping home on pumping arteries. From force of habit, his eyes turn up to the ultimate resort, the mirror, but at the foot of the table stands yet another nurse, acuated by even stronger desires; for in time to come, with promotion to staff-nurse-ship, will not she be called upon to assist in perhaps just such an operation? The knowledge is invaluable, and therefore an active interest now is essential. In her eagerness she leans still farther forward, and in so doing leaves the mirrored view unobstructed to the patiently-waiting gallery . . . a truly magnificent reflection of the tops of the surgeons' heads. How cool and collected they seem! How infallible! To think that they need not fear these all-powerful Amazons, but could command them—yea, even ignore them. The forceps slips, and a muttered curse from the chief is clearly audible. A light of admiration, tinged with awe, shines in the student's eyes. Well, who knows, perhaps in a decade or two he may be in just such an enviable position—but no, such presumption, such assurance—it is impossible . . .

The heads disappear from the mirror—the operation must be over. A glance downwards confirms this. The next case is his, and he commences the long and devious way to the front entrance of the theatre—woe betide him who dares to shorten the journey via the gallery railings. Silently the brothers in affliction change places, and the scene repeats.

TOBIAS.

**TREATISE ON GONORRHŒA.**

[Based on observations made in our hospitals.]

DEFINITION.—An unfortunate accident.

TYPES.—The condition is classified on an aetiological basis into two types: (a) Royal; (b) Traumatic.

The former type is so rare as not to merit further consideration. Statistics show that out of 14,297,385 cases only 6 were contracted in the Royal way. All of these 6 cases were mentally abnormal.

TRAUMATIC TYPE.—This is by far the commonest variety and observations in our hospital go to show that it is the only variety. Whilst it is possible that the disease may be contracted apart from any injury, there has always been, in each and every one of our cases, a definite history of trauma of one form or another.

**AETIOLOGY.**—Gonorrhoea is a disease of the upper classes, all our patients assuring us that they are respectable and respected, of good family, well educated and morally pure. It is curious that the disease occurs only in men and women who have absolutely nothing whatever to do with members of the opposite sex, indeed in those who cannot tolerate the opposite sex.

The commonest causes are as follows:—Falling off a bicycle, falling off a kerb, falling on a spike, lifting heavy weights, being kicked by a horse, or tripping over a stone. The commonest place in which to contract the disease is in a public convenience.

**SYMPTOMS.**—The symptoms may be those of any disease. The characteristic symptom, of course, is the discharge, and the characteristic feature of the discharge is that it first appears when the patient is being examined by the physician.

**PROPHYLAXIS.**—Bearing in mind the aetiological factors, prophylaxis is a simple matter. Bicycles should be abolished and tricycles substituted—they are safer. All kerbs should be removed. The erection of spikes should be prohibited. Each individual should be supplied with a crane to lift heavy weights. Horses' hoofs should be well padded and all public thoroughfares cleared of stones. Public conveniences are a menace to moral society and should be destroyed or converted into safer or more useful institutions.

**TREATMENT.**—Tell your best friend about your affliction, he will advise you how to treat it from practical experience. Otherwise visit a pharmacist. When in spite of all the expert advice so obtained the disease has progressed to such an extent that you cannot perform an ordinary, natural, and perfectly harmless act without excruciating pain, it is permissible to visit a physician.

I.G.

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## BORBORYGMI.

Scene:—Ward 14: Patient with ataxic gait.

Physician: "In a lesion of the Pyramidal tract the patient can still walk, but his gait is ataxic. This is due to the fact that the Rubro-Spinal tract is intact and this primitive tract enables the patient to walk."

Student: "Well, sir, in that case, how is it that an infant can't walk, for it also has the Rubro-Spinal tract, the Pyramidal fibres only developing later in life."

Physician: "Young man, if you can answer my question, I will answer yours. How is it that a child can swim in Utero, but is unable to do so when born?"

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Student (reading out notes on case in Ward 13):—"Complaint: The patient was admitted under the care of Prof. Williamson on . . ."

Non-European Casualty.—Enter buxom Zulu belle with a six inch scalp wound down to the bone.

Casualty Officer: "Is this from a motor accident?"

Zulu Belle: "No, sah! Ma husband woke me with a choppah."