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Students` Medical Council

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THE AURICLE

THE OFFICIAL ORGAN OF
THE MEDICAL STUDENTS OF THE
UNIVERSITY OF THE WITWATERSRAND

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* * * *

Following our series of articles on the use of WELCH ALLYN OPHTHALMOSCOPES we are now starting a new series on Proctological Examination using the WELCH ALLYN ANOSCOPES, PROCTOSCOPES and SIGMOIDOSCOPES and we take this opportunity of mentioning that the series of articles which were published on the Welch Allyn Ophthalmoscope are available to you free of charge in book form, complete with descriptive illustrations. Send for your copy today.

PROCTOLOGIC EXAMINATION

INTRODUCTION

The anal canal, rectum and lower colon, unlike many parts of the body, may be directly viewed.

When a patient presents himself with an ano-rectal complaint it is the duty of every physician to make a thorough and complete examination. This examination has been considered by many, physician and patient alike, to be an embarrassing and repulsive procedure, yet there is no excuse for carelessness or its omission. Existing pathology is overlooked more often through failure of examination than through lack of knowledge of the ano-rectal and colonic areas.

HISTORY

It is imperative that an accurate history be taken. This need not be long and involved, but should cover certain salient points, such as, (a) Bowel habit, whether there has been any recent change toward constipation, diarrhea, size, colour and consistency of the stool, or sense of incomplete evacuation; (b) Bleeding, before, accompanying, or following the movement, fresh or old blood, amount, and whether or not it is mixed with the stool; (c) Protrusion, with each stool, with undue exertion, reducible spontaneously or digitally and consistency of protruding mass; (d) Pain, accompanying bowel movement or following, whether dull or aching in character, or sharp and lancinating, continuous or intermittent and duration; (e) Swelling at the anal margin or on the buttock, previous occurance, consistency and tenderness; (f) Itching, location and duration; (g) Discharge, from the anal canal or from an opening around the periphery, whether purulent, watery, sanguinous or mucoid.

The family history is important in establishing possible tuberculous contacts, and incidence of cancer in the family.

EXAMINATION

It is vitally important that a thorough examination be carried out in all cases and in most cases this is possible at the first visit. Frequently it is impossible, or at least unwise, to attempt an internal examination in the presence of an acute process, but upon the subsidence of these symptoms the examination must be completed at subsequent visits.

(1st in this Series) .....

Medical Ethics.

Vol 4 No. 4 By Prof. ELLIOTT. No 3

10th August, 1953.

GENERAL ASPECTS OF THE PRACTICE OF MEDICAL ETHICS

So far in this series of articles on medical ethics, one has defined the meaning and scope of medical ethics, and made reference to or quoted in full various ethical codes.

Before proceeding to discuss the codes in detail, and to give examples of behaviour to indicate why the rules are necessary, some general remarks on the practice of ethics are necessary.

There are two bodies in South Africa whose functions include the care of the ethical behaviour of the medical profession. These bodies are the South African Medical and Dental Council, a Statutory body established under the Medical, Dental and Pharmacy Act of 1928 (as amended) and the Medical Association of South Africa which is a voluntary body to which about 75% of the total number of medical practitioners belong. The Medical and Dental Council registers all medical practitioners, and without being registered with the Council it is illegal to practice medicine; it is the only body that can erase a practitioner's name from the register and thus prevent him from practising. The Medical Association of South Africa can expel a member, but cannot prevent him from practising as long as he remains registered with the Medical and Dental Council. Each body has rules which allow of the investigation of complaints of unethical behaviour. If a complaint is laid against a doctor by a patient or colleague, the procedure followed by both bodies is not dissimilar in that the complaint is forwarded by the body receiving it to the doctor complained about, for an explanation; the explanation may be accepted by the investigating committee and no further action taken, or if not accepted, an enquiry is held at which all parties concerned can be present or be represented.

Let it not be thought that all complaints of unethical behaviour come before either of the bodies mentioned. Far from it. Furthermore, of those complaints that are laid before the Medical and Dental Council, not more than 10% go to the length of a formal enquiry; the remainder are dismissed as frivolous or unproveable after the doctor complained against has given his explanation. Many complaints are settled by direct discussion between the parties concerned, and are never referred to the Medical Council or the Medical Association.

The most important controlling influence of a doctor's conduct is not the Medical and Dental Council or the Medical Association, but the CONSCIENCE OF THE DOCTOR. Temptations to behave unethically are frequent in everyday practice. No rules will prevent a doctor from raising a deprecatory eyebrow on hearing of a colleague's treatment of a patient whom he is examining, or, by an inflection of voice, from belittling the colleague's reputation, or from overvisiting a patient for the purpose of earning a higher fee or from subtly "stealing" a colleague's patient. No rules can lay down when and when not it is justifiable to give professional advice to a patient over the telephone (telephone prescribing will form the subject of a subsequent article). No rules can ensure courtesy between doctors.

Conscience is in some unfortunate people inherently weak. The strongest conscience may, however, be dulled by physical fatigue, and after a particularly fatiguing period, it is good practice for a doctor to seek time to browse over his behavioural peccadilloes of the period, and to do whatever he considers necessary to set right any harm that might have been done. NEXT WEEK.- PROFESSIONAL SECRECY

LOOKING BACK OVER THE FIRST 33 YEARS

By Professor R.A. DART. (9th in this series)

THEIR ACHIEVEMENTS AND THEIR FUTURE

Of the six and a half thousand doctors in the country less than a thousand are on the roll of specialists, so the field in which our graduates have predominantly wielded their influence is general practice. For many years before Internship became compulsory our School had established contact with every Mission Hospital in the Union and with the Directors of the Medical Services in the three Protectorates and the Rhodesias in such a way that our undergraduates were distributed thither for clinical experience during their vacations. Thereby many of them came to see and know for the first time distant parts of their own and neighbouring territories. These preliminary services in outlying hospitals paved the way for the introduction of the Internship system itself. Vistas of service opened up to them as graduates extending from the Cape to the Congo copper belt and even to Kenya from which distant points some of our graduates have also come such as Miss Weller, Allison and Cecil Luck, for many years Professor of Physiology at Fort Hare. In these twenty-eight years our graduates have unquestionably proved their competency as general practioners

As specialists they have mastered every field and in some have made outstanding contributions. Roland Krynauw and Gamsu did their clinical work overseas but their basic sciences were learned here and their teams of assistants in the Neuro-surgery which they have placed in the front rank are our graduates. I have already referred to Physical Medicine and Rehabilitation. In this lastnamed work Jack Penn's Plastic Surgery at Brent-hurst, as Professor of Oral and Maxillo-facial Surgery in our Dental School, in Rhodesia and in Israel is known to you all. Capetown may have given us our present Professor of Medicine, but we had already presented them with their present Professor and our first Master of Surgery Jan Francois Papenfus Erasmus, M.B.,B.Ch. Rand (1933) M Ch (1940). In our own school many of the Hospital departmental chiefs or their assistants are now our graduates. Pericles Menhof, 'Teddy' Schneider, 'Jock' Gear, Alf Tinker, Van Lingen and Lopis on the medical side; S Kleinot, D H Thompson, W Girdwood Skapinker, Fleming, Pencharz, Trehair, Zadikoff and Lannon on the surgical side; Daubenton and Shippel in Obstetrics and Gynaecology and scattered round in the various specialities Seymour Heyman and Javett, Maurice Franks, Peskin, Chitters, Eva Binion, Keith Allen and Moller. In the city the pathology firm of John Gluckman, Woolf Lewin and Sydney Sims and Benjamin Bloomberg is sui generis, while that of Polakow is just in its infancy. S W Verster still runs the Phthisis Bureau and C J Goedvolk the Chamber of Mines Hospital. I do not know how many now hold posts as hospital superintendents or members of their visiting staffs. The present Secretary for Health in one of our Diplomates and the Minister of Health an Honorary Graduate of the University.

Our graduates have proven themselves in the test of War. Francis Charles Gray sent with his mobilised laboratory by error into a forward area, when attached by a German dive bomber, threw himself in front of his laboratory assistant, to receive the stream of machine bullets.

Colin Ernst Lewer Allen received the George Cross for his heroism in rescuing the crew of a bomber still heavily loaded after it had crashed in flames.

Herman Israel Solomon was awarded the King's Silver Medal for Bravery after rescuing and attending the wounded during the shocking explosion of an ammunition dump near Pretoria.

Ian Brebner, Ian Macgregor and Lionel Meltzer were all awarded the Military Cross. Lionel also received the O.B.E., so too did Alexander Galloway and Trevor Jones. N C de la Hunt and C J Findlay Davidson were both awarded the M.B.E. and Findlay was also mentioned in dispatches. So too was Cyril Kisner. Amongst those who subsequently joined our ranks as students and graduates were Donald Brebner and A J. van Amerongen, each of who had obtained the D F C., and D K Dunning with the A F C.

Well, its nice to be back again.

Well its nice to be back isn't? Place hasn't changed a bit has it? Thought they might have taken the opportunity to paint it or something - didn't you? Not even a teeny weeny fire. No everything is the same. Same old faces not even a new look. Strange isn't it? What with all these new advances and things one would have thought they'd introduce something new by way of dress or what have you - nothing startling but one might have hoped that the staff would enter into the spirit of the age with trousers at the calf length. Can't afford to stand still can we - might as well face the thing now and be done with it. Perhaps the junior lecturers might start the ball rolling - trousers at knee length with pale purple socks and suede shoes. Introduce a little life into the place wouldn't it. Add little bit of Paris to the corridors. It would catch like wild fire in no time. Did you see the Professor today my dear? He's wearing those brilliant red socks he bought at the Woolworth's sale last year. Really it's disgusting. He is always in the things - practically smell him coming I'd say. One would think he'd try yellow to suit the complexion or something wouldn't one? Now take dear Dr. Wotsit - there's a man who really keeps up with the times. Do you know they say he's got a different pair for every day of the year though how he can possibly do it on his salary heaven only knows. And what about Dr. Curlsin. She's overdoing things a bit now isn't she? Do you know she delivered a lecture the other day and her skirt was at least two inches above the knee. Well my dear can you imagine what an effect it had on the morale of the class!! We sat at the back simply paralysed with laughter - have you ever seen her knees - I'll let you know when she's lecturing again its a scream my dear. Toodle-loo pleasant meeting you - see you at rugger practice this afternoon.

Be quite a change wouldn't it? Pleasant change I say. But I suppose it's too much to hope for. Its these corridors - draughty and things. Most depressing I say. No wonder they're irritable and bilish. As if one had nothing else to do except cruise through the syllabus for thirty six days or so. You'd think they'd be more pleasant about the whole affair. Ask you if you had a good time - if you managed to get the handicap down - something of that sort instead of jumping down your neck with - I suppose you'll be back in this class next year. Inhuman isn't it? It's like slapping a patient who has just come out of an anaesthetic and telling him the ops over you can go home now. You'd think that in this jet age and psycho-somatic medicine and things they'd learn to approach the thing gradually - instead of rushing at it like a bull at a red rag. Thank heaven the baths will be opening soon. Give a chap a chance to get away and put in a little Vitamin D, won't it? Feel washed out - and what with these exams practically on our necks - I mean it's a bit thick isn't it? Just got back and they're already waving exam papers in our faces. Like an executioner with his axe. Chap feels like going away on holiday before the breakdown sets in.

Place hasn't changed one bit has it? Suppose it'll be the same in 500 years time too. Wish they'd hurry up with the donations and things - then maybe they'd give us a holiday while they knocked the thing down. Not likely is it? Probably put us in tents in Esselen Street or something. Couldn't possibly let a minute slip by. Well it's getting on isn't it? Just in time for the

Foreign Affairs.

IIIrd World Student Congress.

27th August - 3rd September 1953, Warsaw.

This, the IIIrd World Student Congress, is something completely new in the history of the student movement; the IUS has invited student organisations from every country, whatever their political or apolitical attitude to send delegates to Warsaw to meet with other students and put their point of view, whatever it may be, thus every range of opinion will be represented and it is hoped that a new unity on an extremely broad programme will be achieved.

The first reactions to Congress invitations have been startling; to speak of national unions only; Canada has already decided to attend. In Australia the National Union of Australian University Student's Congress voted for re-affiliation to IUS, (and though the Congress is non-policy making, this decision makes it almost certain that NUAUS Assembly delegates will attend World Congress).

From the United States, the S.R.C. of Chicago University has telegraphed its support for the World Congress and has asked the IUS to invite the USNSA (USA National Student Union) to the Congress. This has been done. It is not necessary to stress the importance of this. As readers know, IUS has had little contact with the USA students, and for the S.R.C. of one of the largest Universities to have responded in this way to the Congress invitation, in the present USA atmosphere, is of the utmost significance.

Then the French National Union of Students, which until now has not been oversympathetic to the cause of World Student Unity through the IUS, this year welcomed an IUS speaker at their Congress and appointed a commission to study the possibility of French delegates attending the Congress, while a similar decision was taken in Italy. The British National Union of Students is attending and will put its constitutional amendment allowing for fraternal association with the IUS. As a sign of the times, the Italian National Student Sports Union, a completely apolitical body, has invited the IUS to open their annual games, which the President of IUS is going to do.

These are only a few indications of what is happening in the so-called 'anti-IUS centres'. The same thing is reflected throughout Western Europe - and this is at the very beginning of the popularisation of the Congress. The possibilities are really immense.

There will be detailed concrete discussions - faculty meetings in 5 or 6 subjects, special commissions on student health, scholarships, the press, the building of greater unity and sport.

This Congress will be a student forum, the like of which has not been seen before. Congress slogan is "YOUR POINT OF VIEW SHOULD BE HEARD AT THE IIIrd WORLD STUDENT CONGRESS". Nusas should make it one of their campaigns at all South African universities. They should take a reasoned case on academic liberties in South Africa to Congress and to ask for World wide support for the NUSAS stand. Perhaps, NUSAS might even compile a short document on NUSAS and S.A. students for distribution to all students at the Congress. We here at Wits. Medical School should hear more of this IIIrd World Student Congress - what about it NUSAS Local Committee?

EDITORIAL

Once a Year

It is not necessary to explain the objects or ideals of the African Medical Scholarships Trust Fund. The justice of this cause is not doubted, and especially now that many students have had to prolong their studies by a year, there is added need for support. Where does this support come from? Firstly from students by means of a voluntary levy, and secondly from the general public through the medium of an annual street collection.

Now a great deal depends on the latter at the present time. It is true to say that the careers and future usefulness of many intending and present African students hang in the balance.

Last year only £400 was collected. If the appeal on August 22nd is systematic and wide enough this sum can be doubled, and to make this only possible a large number of collectors are required. If you can give a couple of hours on that date, hand in your name to the S.M.C. Office.

YOUR HELP WILL BE APPRECIATED

Mass X-Ray - T.B. Survey

In August 1952, with the approval of the Principal and the Professor of Medicine, the Students' Health Insurance Society attempted to organise a mass X-Ray of all students at the University and Medical School. Various organisations were approached to do the X-Ray on the minature X-Ray apparatus, and in anticipation of co-operation application forms were sent to all students, and those desirous of partaking in the survey duly returned their application forms to the Society.

However, after several setbacks the Society has now decided to attempt the survey on the apparatus at the Clinic. The survey will consist of a chest X-Ray and a Mantoux test to be carried out at the same time.

Unfortunately, the Clinic is a bit short of X-Ray apparatus and so as not to interfere with the normal running of the Clinic appointments will have to be made with the Secretary at the Clinic, 63 King George Street, Hospital Hill.

Bookings are now open and if you have not already done so please obtain an application form which must be completed before the X-Ray will be done.

LIBRARIAN SAYS

A book that should prove to be very useful to students is A practical manual of medical and biological staining techniques by Edward Gurr. It is a "practical manual dealing with all or most branches of microscopic staining, entirely divorced from theory and general statements". Arranged in six main divisions - general methods, animal histology, botanical methods, cytological methods, fluroescence microscopy and smear preparations - and thereafter alphabetically by the name of the method, particular staining techniques can rapidly be found in it.

A new addition to the Library is the second edition of Viral and rickettsial infections of man which is edited by Thomas M. Rivers. It is similar in scope to the first edition which appeared in 1948, although, because of the great number of new developments that have occurred since first it appeared, it has, of necessity, been enlarged. Swineherd's disease and pretibial fever which are now known not to be caused by viruses are not included in this edition. There are new chapters on the Coxsackie viruses, viral haemagglutination and interference between animal viruses.

OTHER PEOPLES TROUBLES.

The subject of exams is at any time a painful one. For the 2nd years, to mention this horror in the first week of August, 1953, is like pouring salt into an open wound. But don't forget that the above-mentioned operation also has disinfectant qualities. There follows an example of a mid-year examination in Histology, Anatomy and Biochemistry that will probably freeze the blood of our Sophomores (2nd years to you) and increase the amazement of our senior students at the fact that somehow, sometime they managed to scrape through to the Clinical years. As for the 3rd years - stop reading now and go and swot Pharm!

First of all, these examinations are all oral. There are no written papers, just one long series of vivas and practicals. In addition, the first question is, believe it or not, on History of Medicine!

Now take the histology exam. First question - a slide of an embryonic mandible. 10 minutes are given in which to draw it. Then tell the lecturer all about tooth development.
Number two - cross-section of a hair. Draw it. Describe it orally.

Not too bad you say. O.K. Let's go over to Anatomy.
Question 1. Dissect out 1) Median nerve
2) Ulnar nerve
3) Ulnar artery and veins
4) Radial artery and veins.
Time - 2 hours.

Question 2. Recognise a special preparation of the medial lemniscus, then describe (verbally naturally) its composition and course.

Third question. - various points about the upper limb that it might occur to the examiner to ask.

That, I think would be enough. But no - now describe the heart! After that massacre, come and see if we can fare any better with Physiological Chemistry.

First step into the Laboratory and see what the Practical is like. "In the specimen of urine, prove the presence of the pathological factors Bilirubin, Urobilinogen and Urobilin.

Clinical Path students may now retire as we proceed to the Theoretical. Here students who were at Conference should clean up - Discuss Diabetes Mellitus. In second year with the Physiology Prof. firing questions at you for half-an-hour on the subject! The "importance of Calcium" is easy after that!

The nightmare has proceeded far enough without introducing Physiology now, so for your hearts' sake that is left out.

But friends, it is no hideous figment of the perverted imaginations of the Auricle Staff. That was the July examinations at Berlin Medical School. So sit back and relax and realise that our lives in Johannesburg aren't as bad as they might be.

Not that this will serve as an emollient, or even as a counter-irritant, to soothe the hard and bitter fact that is as easy to fail here as anywhere else, including Berlin.

Still, keep a stiff upper lip and all that, you chaps en alles sal regkom.

Perhaps!!

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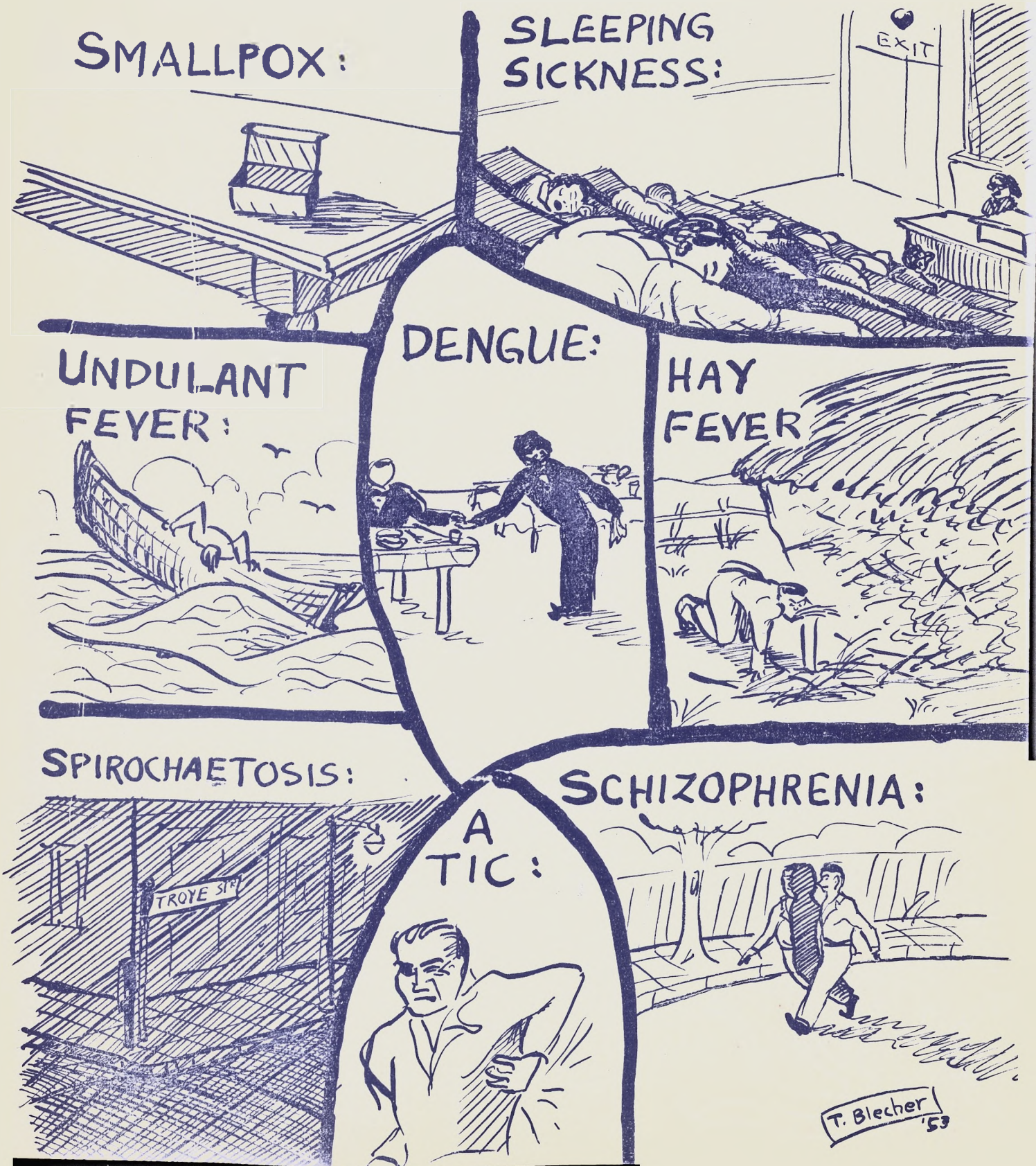
MEDICAL TERMS CLARIFIED

③ ALL THE DISEASES



In my opinion,

The Editor,
Auricle.

Sir,

As one of the opulent many who come to Medical School fairly regularly with a vehicle cum internal combustion engine, I would like through the medium of your most laudable newspaper, to draw the attention of all medical students to the fact that we, as a race, are extreme wasters of perfectly good space.

Some how or other, we seem to have developed a minor degree of claustrophobia-motorcarii. Where two cars could quite easily park, one car stands "Lording it" over the parking bays.

This regrettable practice is seen only too often where miserable Fiats, Renaults, Morris' etc occupy room that could be taken up by their bigger and more respectable brothers.

It is hoped Sir, that the readers of the Auricle, will act on this suggestion and allow me to park my car when I roll up at 11 o'clock.

Yours etc.

Lover of Justice.

Sir,

In recent weeks I have been mystified by the frequent use of abbreviations at Medical School. It has suddenly dawned on me that the abbreviated terms are an indication of the increased interest in politics of Wits. students, and the following short key is given in an attempt to aid the puzzled student:

Proportional Representation	P.R.
Proportional Voting	P.V.
Womens' Representation	W.R.
Workmens Compensation	W.C.
Vorkmens Disappointment	V.D.
Railways and Harbours Tariffs	R.H.T.
British Parliament	B.P.
Civilized Coloureds' Franchise	C.C.F.
German Parliamentary Institute	G.P.I.
Citizens' Vigilance Committee	C.V.C.
Economic Commission for goats	E.C.G.

Yours etc.

Second Year.

Sir,

I should like to know what has happened to the Medical Ball this term.

Thanking you for an early reply,

Yours etc.,
Curious(?)

The Editor regrets .....

Sir,

I am a prospective Medical Student and I should like to enquire whether my choice of vocation is suitable.

While I do not wish to place the onus on you; my father suggests that if I want to know the truth about medical life however, I should ask a Medical Student.

Thanking you for your honest opinion,

Yours etc.,

Matriculant.

The editor would not like to take the burden on his shoulders Should any of the more enterprising readers of this magazine care to help our young aspirant we would be grateful

SPORT

WITS ... TUKS

INTER-MEDICAL SCHOOL SPORTS DAY

Thursday Afternoon August 20th at Milner Park.

This year we are hosts to Tukkies for the Annual get-together, and unlike previous years the Best teams from each Medical School are to compete, in the following sports.

Rugby	3.30 p.m.
Soccer	2.30 p.m.
Womens' hockey	1.45 p.m.
Mens' hockey	2.45 p.m.
Tennis - Men and Women - commencing	2.00 p.m.

And in addition

Table tennis	(6 men)
Pin-tables)	All champs. in
Snooker)	these sports are
Bridge)	asked to hand in
Klaberjas)	their names to S.M.C. Office.

As in the past a Braaivleis and Social will follow the afternoon's sports.

N.B. In order to make the Social a success, all medicals and their partners are expected to attend.

SOCIAL TO BE HELD IN MILNER PARK REFECTORY AT 8.00 p.m.

Band ..... Residence Band
Tickets... Double 5/-
Single 3/-
includes refreshments
Beer - From STAG BREWERIES.

REMEMBER THURSDAY 20th AUGUST. MAKE THIS A GALA DAY.

All Medicals expected to support your teams and attend the Social

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News Item.

WITS. STUDENT AT BUCHAREST

Albert Kushlick, 5th year Medical Student is at present attending the 3rd World Student Congress in Bucharest on behalf of the S.R.C. and S.M.C.

The major part of his expenses have been met from the Solidarity Fund, a Fund organised under the auspices of the International Union of Students. The money for South Africa was actually collected by the students of Finland and Denmark.

Details of some of the functions Albert will be attending can be found in the Congress Bulletins and Newsletters in the Refectory.

The recent disaffiliation from the I.U.S. was apparently based to some extent on adverse reports which Miss Arnett (the then President of NUSAS) brought back from recent I.U.S. Meetings.

It will be interesting to see what reports Mr. Kushlick will bring back, and whether the Wits. opposition to disaffiliation is as well grounded as many well-informed people think it is. In the opinion of members of the Wits. delegation the recent NUSAS Congress many of the criticisms of the I.U.S. were either trivial or grossly uninformed and more valid objections are not regarded as in anyway justifying disaffiliation - a step which cuts off South African students from millions of students all over the world, and which is contrary to past NUSAS policy of trying to remedy any defects in I.U.S. from within.

The Solidarity Fund offered to assist Sports people from Wits. to take part in the Inter-University Games in Bucharest, but unfortunately nothing could be arranged due to shortness of time.

Bad Medicine



Number Game

Ethiopian tribesmen, travellers say, can only halve or double numbers, and that only by using pebbles and counters. Yet merely by halving and doubling, they can take any two numbers, multiply them and come out with the correct answer. Say a tribesman wants to buy 15 sheep @ 13 Ethiopian £'s each. How much is that? Here's how he goes about finding out. Put 13 in a left column, 15 on the right. Halve the left figure; you get $6\frac{1}{2}$. Ignore the $\frac{1}{2}$; Ethiopians don't know anything about fractions. Double the right-hand figure. Keep this up until the left-hand figure is 1. Now you have:-

13	15
6	30
3	60
1	120

Even numbers in the left-hand column are evil, the superstitious tribesmen say, and must be destroyed, along with their guilty partners. So scratch out 6 and its partner 30. Now add the right-hand column and you have the correct answer: 195. Try it with any two numbers; it does not matter which is halved or doubled, the answer is always correct. The Ethiopian's primitive mind simply cannot grasp how our system works. Of course you see at once how his works. Or do you?

NB! NB! NB! !!!

WITS - UCS INTER-MEDICAL

SPORTS DAY

MILNER PARK - THURSDAY AFTERNOON, AUG 20th

o

Braai - Social (5/- Double)

STAG BEER CHLOKE!

A serious thought for to-day
is one that may cause us dis-
may
Just what are the forces
That bring little horses
If all the horses say "Nay".

There was a young girl from
Peru
Who decided her loves were
too few
So she walked from her door
With a fig leaf, no more,
And now she is in bed with
the flu.

On Sailors.

Is it not strange
That the men, who range
The oceans wide, avoid the
rocks
but meet their fate,
With stamping gait
From sporting actions in the
docks.

V.D.
(Inyanga)

Two men were riding on a tandem bicycle. The man behind said
"Your chain is rattling",
"What?"
"Your chain is rattling",
"What?"
"Your Chain is rattling",
"What?"
Your CHAIN is rattling"
"What?"
"YOUR chain is rattling"
"What?"
Your chain IS rattling"
"WHAT?"
"YOUR CHAIN IS RATTLING"
"S orry I can't hear you. My chain is rattling!"

.....

Today Monday our distinguised secretary turned 42. Heartiest congratulations Miss Kronik. (This is no joke).

A MODERN PRACTICE OF OBSTETRICS

by

D.M. Stern, M.B., B.Ch. (Cantab.), F.R.C.S., F.R.C.O.G.
and C.W. Burnett, M.D. (Lond.) F.R.C.S., F.R.C.O.G.

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