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Students` Medical Council

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The Auricle

S.O.S.
Save Our Stomachs
Mr. A.: "Why are you looking so replete and satisfied?"
Mr. B.: "Ah, you see I've just dined at the
Medical School Refectory."

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STUDENT - SENATE MEETING

There is to be a meeting of the Student Senate Committee in the near future. Among matters to be discussed are the students having numbers in exams, and collections in the University.

Concerning the bookshop, the authorities are to be asked if it could not be made a University project, run by the University authorities and not by the students. Should this be decided against the S.R.C. will sponsor the scheme as was formerly arranged.

As far as the collections are concerned, it has to be ascertained whether collections for public funds are permissible within the University.

The question of students using numbers for exam. papers instead of their names was originally an S.M.C. suggestion and it is to be broached to the authorities to find if the idea is at all practicable and if they will consider carrying it out.

The S.R.C. has also asked for a clear exposition on the question of fees; this, together with the possibility of medical students becoming full members of the Benefit Society, is to be discussed at a meeting between Mr. Raikes and the Executive before the Student-Senate meeting. *As far as the question of medical students and the Benefit Society goes, it has been found that medical students are being penalised by the present arrangement. They are being charged by various doctors in town for medical services, and not being full members of the Benefit Society, they cannot claim money from it.*

Also to be discussed at this first meeting is the question of the proposed S.R.C. Loan Scheme. It is felt that as these loans are for a term of a number of years, and the S.R.C. membership is constantly changing from year to year, there will be no continuity in the administration of the scheme. Consequently, the authorities are to be asked if they will administer the scheme, the S.R.C. reserving the right to stipulate the conditions of the loans and to have a part in the selection of students for the loans. The questions having been discussed at this first meeting will then, if necessary, be referred to the Student-Senate meeting.

● The Student-Senate Committee was instituted as a result of the Fees Crisis in 1943 and is supposed to act as a liaison between the University authorities and the students. It has functioned rather spasmodically up to now and students have not been consulted through it to the extent which was hoped for and expected. This coming meeting is therefore full of promise.

NEWS FLASHES

★ Night School recently held a very successful film show at which 400 Africans were present.

★ Uitgawer van Leech sal aan Johannesburgse doctors gestuur word, om sodoende in die toekoms hulle hulp vir Leech te verkry.

★ Dental Council to pay part of costs of T.B. Leech on a pro rata basis if possible.

★ Next Conference to be on "Nutrition and Disease," and will probably be held from August 3rd — 6th. Tentative programme now being drawn up. Minister of Social Welfare and Health to be asked to open Conference.

★ Die verloop van dinge gemaak deur N.E. pasiente het £5.4.6 verwesenlik.

★ Committee on Gluckman report has drafted a summary of the report. 'Twill soon be ready to be cyclostyled and issued to students.

★ Die Mediese Skool Sport Raad word ontbind. In die toekoms sal daar slegs 1 Mediese afgevaardigde deur die Milner Park Sport Raad aangestel word. Indien daar geen Mediese lede is nie, sal die S.M.R. een verkies (have one elected).

★ Die Mediese Bal sal 1 Junie plaasvind.

★ Die verbod teen kaartspel gedurende skaftyd sal ingetrek word.

DR. PAT HINGLE CHOSEN FOR U.N.R.R.A. WORK

Among the few South African doctors to be chosen for U.N.R.R.A. work in Europe is Dr. Pat Hingle, present Medical Officer at Fordsburg Clinic. She is to be attached to one of the health units going to Yugoslavia at the beginning of June. These are in the nature of mobile ambulance units consisting of two Public Health and two Medical units. There are 15 people in each.



Dr. Hingle, who graduated in 1943, was an extremely popular and well-liked student. Her interests were widespread, but little is known to present medical students of her untiring work at the N.E.H. She was the founder of the Occupational Therapy Society, beginning by teaching two non-European patients to knit. Although her finances were meagre, she financed this project by herself. Despite many difficulties, she began the nursery school and library at N.E.H. It was owing to her that wirelesses were installed in the wards. During her final year she was senior women student. A member of the S.M.C., she took an active part in many student affairs, and on the sports field she represented the University at hockey. Through her work at Fordsburg Clinic, begun while she was still at Medical School, Dr. Hingle has kept in touch with student affairs. To those who worked under her during their brief hours at Fordsburg Clinic, she was a constant source of inspiration.

The work she has now undertaken promises to be most instructive and interesting and on behalf of all medical students we wish her good luck and "bon voyage."

LECTURETTES ON NURSING

As it is felt that students do not know much of the ins and outs of practical work in the wards, a series of lecturettes on the subject has been organised. Every week one of the Diploma of Nursing students gives a talk and demonstration. Equipment is lent by the N.E.H. and sessions are held in the Physiology Lecture Theatre from 1.20 — 1.50 on Wednesdays. So far three have been held on Pre- and Post-operative Treatment and Injections, and these have been well attended.

Forthcoming items on the programme are: "Enemas" (Miss Burdett), May 16th; "Bowel Washouts" (Miss Bayne), May 23rd.

(Students of all years can pick up valuable practical tips at these lecturettes, which are well worth anyone's half-hour at lunch-time.)

★ First annual report of Fordsburg Community Health Centre has been published.

★ Refectory to put its money into Building Society — £250 on fixed deposit (3%), £500 in shares (4%), leaving £250 in the bank.

MEDICAL EDUCATION

THE report of the Goodenough Committee on Medical Schools, published in Great Britain at the beginning of last year, has been regarded as one of the most important documents of the century. It might well usher in a new era in Medical Education. The Committee was appointed in March, 1942, by the Minister of Health and the Secretary of State for Scotland to enquire into the organisation of Medical Schools and the relation of medical teaching to the Universities on the one hand, and to hospitals on the other. We feel sure that medical students will be interested in a few of the summarised excerpts we print below.

"The aim of undergraduate medical education must be to guide medical students to such development of mind and character as will enable them when qualified to give maximum service to the community. It must help a student to acquire a scientific foundation for his professional work, a proper outlook on the promotion of bodily and mental health, an adequate knowledge of disease, a sympathetic understanding of people and the ability to observe accurately, reason logically and assess the claims of new knowledge." To achieve success in medical education there must be an active partnership of students, teachers and the general public.

ORGANISATION:

The unit of organisation of undergraduate medical education should be a medical teaching centre, a compact geographical unit, consisting of a university medical school, a group of teaching hospitals, and such clinics of the district health services as could be used for teaching purposes. A medical school should be integrated with a university, and it would be a distinct advantage for the dean to be a *whole-time officer.*

FACILITIES FOR CLINICAL INSTRUCTION

The two functions of a teaching hospital, namely, the care of patients and the furtherance of teaching and research, must receive equal emphasis.

These two function are complementary and reinforce each other. The Committee is of the opinion that an economic size of school is one which admits 100 students annually to the clinical part of the course. A school of this size should have access to 1,000 hospital beds, a well-equipped out-patients department, laboratories, clinics, rehabilitation and vocational training centres. Hospitals under separate governing bodies could be grouped to form a successful teaching centre. The spirit of education must permeate a health service, and medical schools, as partners in a national health plan, should have an appropriate place in the administration of such services.

STAFFING

In pre-clinical departments the following recommendations are made: Higher salaries for professional heads, more seniorships at attractive salraies and a sufficient number of junior staff to enable teachers to devote a substantial part of their time to reading and research. In clinical years more whole-time appointments are required, clinical teachers should be salaried and each clinical division to have an academic head. A national range of salaries is advocated for each grade of teacher, whose capabilities, academic distinction and the responsibilities of his post would be the factors in fixing his grade. All whole-time appointments should be pensionable. An adequate staff of non-medical technical assistants is regarded as essential.

MEDICAL STUDENTS

The committee believe that the promise of developing into a good doctor should be the over-riding factor in the selection of students. Co-education in every medical school and adequate grants to deserving students (over the whole period of training) are two important recommendations. The following principles are recommended for the selection of students (a) Students must have received a good general education; (b) selection not to be based solely on examination results; (c) a careful consideration of reports from headmasters, personal interviews and the results of aptitude tests; (d) unsuitable students to be weeded out early in the course. More attention should be paid to the health, recreation and exercise of students; and the value of residential *college life cannot be over-estimated.*

PRE-MEDICAL STUDIES

The pre-medical course at high schools is intended to give students a grounding in the basic principles and methods of science. This course could, with advantage, be increased.

PRE-CLINICAL STUDIES

Here, detail should be drastically eliminated. The course must be designed to establish the student's belief in the importance of health in the prevention of disease. The pathology teaching centre would have four departments — morbid anatomy, bacteriology, chemical pathology and clinical pathology. The emphasis should be on principles, not details or technical skill. Training in pathology should be given throughout the course.

CLINICAL STUDIES

There needs to be an introductory clinical course of planned scientific instruction, extending over four months, to bridge the gap between pre-clinical and clinical years.

The report discusses the organisation of the hospital departments under whole-time academic heads. Clinical teaching would still be done by clinicians in charge of units, but the course would be under the direction of the departmental heads. The student should reside for six months at the hospital during his clinical years. Again, the emphasis is to be laid on principles and methods, rather than on details. The time set free by this approach should be used to rectify the serious gaps in the teaching of the psychological aspects of medicine, child health, minor ailments and preventive and social medicine. The report proposes a year of compulsory resident appointments, in general medicine and surgery, before registration; it also advises that the total period of training, excluding this resident year, should not exceed 4½ years.

With a revision of the curriculum should come a remoulding of the present examination system.

● Post graduate training is discussed at length. This, together with other aspects of the report, will be dealt with in a future issue of "The Auricle."

APPEAL TO REASON

Lately there has been an outbreak of card-playing in the men's common room. The S.M.C. is prepared to countenance card games played as a social activity, but is not prepared to allow a small group of "serious" gamblers to turn the men's common room into a gambling den.

The S.M.C. has no desire to interfere with the personal liberties of students at the Medical School and is very loth to prohibit all card games; but unless the gambling schools are prepared to co-operate we shall be forced to rigidly apply the standing rules regarding conduct in the men's common room.

S.R.C. MEETING, WEDNESDAY 2nd:

★ Vote of censure passed on Wu's Views.

★ N.U.S.A.S. councillors instructed to vote at the coming Conference for the inclusion of Fort Hare as member of N.U.S.A.S.; to recommend that N.U.S.A.S agitate for statutory recognition of all S.R.C.'s; to vote in favour of N.U.S.A.S. linking up with overseas student organizations and helping in the rehabilitation of war-torn European Universities.

★ F.O.P.S. has now the official blessing of S.M.C. and S.R.C for the proposed T.B. exhibition. Has yet to get permisson from Mr. Raikes.

The Auricle

Friday, 4th May, 1945.

MEDICAL EDUCATION

NO one will deny that there is need for drastic reform of Medical education in this country. A revision and re-organization of the course is due, and should be undertaken in the near future. Among the many items at this Medical School which deserve consideration is the question of the importance of First Year subjects, and their relation to the rest of the medical course. Let us examine the reasons for these subjects being included in the training of medical men, to the extent of taking up one sixth of the course. Obviously to give these potential medical men a clearer understanding of the fundamental sciences on which Medicine is based, and to inculcate in them the much wanted scientific attitude to their work. This is, of course, very desirable, — but in how far are these aims realised with the course constituted as it is to-day? Not to any great extent, that is certain. Most Medical students have forgotten a good deal of their First year course before the end of their 2nd year, and are unable to correlate the earlier science subjects with subsequent work. This is mostly due, we venture to say, to the fact that the 1st year course and the latter parts of the course tend to be looked upon as separate entities and are not co-ordinated to any extent. As far as the so-called scientific attitude goes, many students hardly know enough about it to recognize it when they see it. More science could, with advantage, be added to the school curriculum, especially for those pupils who intend pursuing a scientific career.

Attention needs also to be paid to aspects of the senior year courses, some of which could with benefit be curtailed. Elsewhere in this issue we print some extracts from the report of the Inter-Departmental Committee on Medical Schools set up in Scotland, which deals with necessary reforms in all years very adequately. Some of the reforms advocated in the report are already in practice in South Africa, many are not.

One omission, common apparently to both British and South African Medical education, is that the student is not given enough insight into the psychological aspects of medical work. In the tradition of old-time physicians he is inclined to look on the body and the mind as entirely separate, and not to take into consideration the influence of one on the other. A worse fault is the tendency to separate the patient and his or her environment; that is, to disregard the social aspects and implications of medical work. **This is one of the greatest criticisms of present day medical education as now constituted. It tends to turn out doctors who live in a narrow world of disease with a narrow 'curative' outlook, not at all in keeping with the brave new ideas of 'positive' health in society.**

Another criticism of the medical course is that the finished product, though usually a good technician with a fair working knowledge of certain facts relevant to his work, is very often not an 'educated' or cultured man in the true sense of the word. Not that we are suggesting that the Medical course should include an Arts course as well, but **it should so develop a man that he will be able to, and will desire to acquire those other qualities embodied in the term "education."**

Altogether we see that there is need of much change in undergraduate medical education. Let us hope that the plans for Post-War Reconstruction will contain a comprehensive program for reform in this field.

UNIVERSITEITSSTATUS VIR A.N.S.

TEENSTRYDIGE politieke strominge maak vandag opgang aan ons universiteit soos nooit te vore nie. Die enigste organisasie wat egter Afrikaanse denke verteenwoordig gaan 'n krappegang weens die feit dat daar op konstitusionele gronde universiteitsstatus aan hierdie organisasie ontsê word.

Afrikaanse studente word of gedwing om buite die universiteit kulturele uiting te vind, of hulle raak kultureel ontstam en vervreem van diegoed. Laasgenoemde proses voltooi dan die totale verwatering en presipitasie van 'n doelbewuste burger tot 'n vormlose eenheid.

Intussen word „progressiewes" in hulle nastrewe om vae doelstellings met geld en gifte aangepor, terwyl aan die Afrikaanse kultuurminderheid bestaansreg ontsê word. As grond vir hierdie kortsigtige beleid word aangevoer dat die aard en omvang van organisasies aan hierdie universiteit genoegsaam kosmopolitaans moet wees, sodat alle studente afgesien van ras of kleur daaraan deel mag he voordat daaraan erkenning deur die S.V.R. verleen kan word. Hierdie konstitusionele misgreep is 'n tergende uitdaging aan elke selfstandige denker en student. Praktiese liberalisme bestaan in die erkenning van individuele- en groepsreg en **nie in 'n absolute gelykmaking van Ta en sy maat nie.**

Ons geskiedenis toon duidelik dat Engelssprekendes, weens gebrek aan kennis en insig deurgaans geweier het om Afrikaanse kultuur as 'n werklikheid te erken. Gevolglik word daar steeds aan hierdie universiteit getrag om die Afrikaanse lenkswyse met 'n lawwe en verwaterde liberalisme; iets wat aan sy verlede heeltemal vreemd is, te deursout.

Ons wil geensins die indruk skep dat die Afrikaanse kultuur van goddelike afkoms is nie. Baie aspekte daarvan is weens inwendige stryd misvorm, eng, en conserwatief. Maar hierdie verskynsels is ot 'n groot mate slegs 'n eindresultaat en reaksie t.o.v. indringing en gelurige bedreiging.

Die Afrikaanse student stam nie van n spesies „herrenvolk" af wat aan hierdie bodem sou die wees nie. Maar as 'n roep is sy taal, godsdiens, letterkunde en gewoontes in hierdie bodem gewortel en as sulks so onvervreembaar soos sy reg.

Soos in enige ander rassegroep dring die volksiel ook in Afrikaanse studente aan hierdie universiteit om uiting. Nou word aan hulle status ontse omdat hulle weier om eiegoed met vreemdes te deel. Gevolglik word die groepsiel van die Afrikaanse tudente verkrag deur wanbegrip en sy organisasies na die donkerste van duisernisse buite Milner Park verban.

A.N.S. as 'n organisasie is konserwatief en reaksionêr. Sou dit status verkry aan konflik onvermydelik volg waar die belange van rassekringe kruis. Ons weier egter om toe te gee dat hierdie eit voldoende grond is om die bestaansreg van 'n kragtige minderheid studente. ion gebonde deur hulle verlede en die teuningskrag van die „Afrikaanse Gelagte te vervreem.

Deur die kern van Afrikaanse bestaan an hierdie universiteit te erken en repekteer kan ons Engelssprekende kolegas die aanknopingspunt tussen twee iiterstes bepaal en die basis le van 'n moeel gesonde en verdraagsame patriotisne.

En jy A.N.S.! Waar rus en myf jy? **Sis jou reg.** I.v.D.

PROGRESSIEWE BARBARISME

ONGEKENDE vooruitgang op die gebied van die suiwer en toegepaste wetenskappe het die primitiewe tot godmens verhef wat allengs met die verloop van tyd, meer en meer natuurkragte beheer en na wil inspan.

Maar die aard van die mens is tweerlei, en alhoewel hy in terme van materiele welstand 'n hoogtepunt bereik het, het sy geesteswaardes verkwyn. Hierdie proses van verval het begin toe stoflike vooruitgang die ontwikkeling van die mens se gees vooruitgeloop het, en die balans tussen materiele en ontasbare verstoor is.

Maar hoe het dit begin? Namate die drang om beheer oor sy omgewing by die mens groter geword het, het sy behoefte om kennis uitgebrei. Die denk ermoe van die mens is egter beperk, en wat die enkeling betref het gespesialiseerde werksvermoe maastaf van sy bereiklike maatskaplike waarde geword. Om ake erger te maak wou meer mense meer van dieselfde ding of dinge weet en die wedloop om baas wees het begin. Meer toespitsing word dus al meer 'n vereiste en die tempo van die wrange irkelgang verskerp. Eindelik het ons lus 'n punt bereik waar daar geleef word om te werk, en om te kan werk moet mens eet, en dan leef mens weer en so leur. So het dan 'n nastrewe om materiele verwesenliking sin van die lewe geword, en is die waarde van geestesgoed eur die materiele in ons maatskappy verplaas.

Maar sommige lesers sal reeds wonder wat die toepassing nou eintlik is. Studentelewe is in besonder aan bogenoemde stroming blootgestel. Om die rede kan ekens van 'n opvallende sieledroogte oral op ons universiteite gesien word. Ons beskou verskynsels soos onverdraagsaamheid, pligsversuim, ligsinnige verdrvf, en dekadente jazz-musiek as direkte gevo'g van die verval van geestesswaarde.

Probeer maar om intelligent met 'n kollega oor letterkunde, kuns, of etiek te gesels, en baie gou gaan dit maar weer om die dybeen van „Charlie Cadaver" of om die kliniese simptome van daardie pasiënt met breinkoors in saal ses.

Dalkies ontdek jy tot jou verbasing dat Dostoevsky „Concerto for Two" komponeer het, of dat Akenatan lank voor Disraeli begin het om die Suez-kanaal te grawe.

Geagte lesers, ons Westerse beskawing is die eindproduk van ons maatskaplike ewolusie. Ons glo dat wat daaraan mag kortkom deur dieselfde proses voltooi gaan word, m.a.s die westerling sy gees hernu en 'n vrugbare aanpassing sock by sy verwikkelde leefswyse. Sonder sy ontasbare geestesgoed ontaard die mens in 'n meganiese werktuig en vervreem hy van drie maatskaplike en groepsverband wat so belangrik in ons wetenskap is.

Indien ons die aangroeiende barbarisme van moderne toespitsing wil ontkom, moet ons dadelik begin om ons geestelike agterstand in te haal. I.v.D.

BOGLING ROUND

Congratulations to the Musical Society for arranging a most interesting talk on the works of Delius, by Mr. Thomas Matthews, the noted British violinist, now touring South Africa.

We have discovered that the lunch-hour on Thursdays can enjoyably and profitably be spent in the comparative comfort of the Vesalian Lecture Theatre, listening to GOOD music, presented by this Society. There are whispers of a forthcoming, comprehensive History of Music series; and we also hear that those fortunates who possess classical records of their own will be welcome at the Society's meetings, especially if they are willing to arrange and present a programme . . let Music modify your Medicine!

★

Bouquets are also due to Diogenes for a superb "Brains Trust," held last week, when the Vesalian was packed to roof. May we humbly suggest that they organise another in the near future, with perhaps, some new, or a complete change of, "Trust" members. And if there are at this Medical School any students with minds that think — and enquire, they need not be afraid of sending in questions of any kind: these will be greatly appreciated.

Let us hope that this is not just a flash in the pan on the part of Diogenes, and that they will continue the good work.

★

Much as we regret having to say harsh things, we have to admit that the Debating Society is the "black sheep" of the societies at Medical School. That is perhaps being a little forceful, as the last few debates have produced some good speakers — from the floor as well as from the chair; Mr. Goldberg, Miss Ben-Hail, Miss Zyglebaum, and Mr. Mayat. Nevertheless, the choice of subjects for debates is inclined to be narrow . . "Should Euthanasia be legalised?" and "Should Abortion be legalised?" We suggest a wider range of subjects, of general or cultural interest, instead of remaining within the field of medicine.

The paucity of points of view from the floor may be due partly to shyness on the part of the students, and partly to the length of time taken up by the main speakers to put forward their arguments. This could be obviated by having two teams of three or four students each, instead of two individuals debating pro or con. In this way, we feel sure, the Medical School Debating Society will be restored to its pristine high standard.

★

The S.Z.A., for those with interests in affairs Hebraic,
Arranges, on these topics, weekly talks far from prosaic;
Believe us, it is excellent stough.
And now, it seems, we've said enough!

★

*. Lest "The Auricle" be deluged with letters, enquiring the meaning of this word, we hasten to explain that it has no "foxy" Ancient Greek, or Anglo-Saxon origin. It has been invented merely to attract the eye of the reader to this column and has, we confess, a somewhat nebulous meaning. Any suggestions or definitions will be welcomed.

The Auricle Hears . . .

THAT students congratulate Dr. Gladys Levy (Senior Woman Student, 1944) on her engagement to Professor Beinart.

THAT among other sports the Boat Club seems to be showing signs of life.

THAT the establishment of the Medical Faculty at Pretoria is costing £400,000.

THAT £150,000 was spent to establish this medical school.

THAT the Photographic Society has once again come to light.

THAT pegs for coats may be installed in the Dissection Hall.

THAT the Fordsburg Committee is not functioning as well as it should.

THAT students are flocking to the Clinic.

THAT attempts are being made to keep the Library open after 6 p.m.

THAT students hope this will be more successful than the attempts made for women to sleep in the Common Room.

THAT Prof. "Boet" Kloppers may be the next speaker in the "History of Medicine" series.

THAT students congratulate Dr. Flemming and Mr. Barnes on their engagement.

THAT Dr. Schneider is being congratulated on his recent marriage.

THAT Students congratulate Miss Strachan on her engagement.

THAT the Mamba evidently does not consider the Auricle a paper of any import in the University.

SITUATION VACANT

BUSINESS MANAGER required by Medical School publication; energetic, presentable and willing to work. Commence immediately.

ON ATTENDING AN S.M.C. MEETING

By Gum

Have you ever thought of going to the monthly S.M.C. meeting? It's a most illuminating and instructive experience. Big matters of policy are discussed, such as—should the chess boards be kept in the corner of the S.M.C. office or on the counter? —and should the Council decide to rigidly apply* the standing orders of 1930, or should they take any disregard of them lying down, because, hang it all, they've been standing since 1930, haven't they? (and, in any case, if you do, matters will get worse because don't things always increase when there's a law against them? you'll probably get tickey-tickey, too!). Sometimes major crises arise, such as when the key of the Refectory was mislaid and Council was in danger of having to go without sustenance. Eminent Council members arose, grimly rolling up their sleeves, others wildly volunteered to band together in gangs and beat up the recalcitrant key-keeper, still others professed themselves willing to break into the building if need be. You may even be asked to dine with the Council and be privileged to be present at their prandial ponderings on — "The attitude of the S.M.C. in the event of peace being declared." What would be the wording of the bulletin issued from 7a Esselen Street? — "It has been brought to the notice of the above Council that . . . . . mmmm . . . bit hackneyed. Perhaps — "The S.M.C. is standing by . .

But, joking aside, how many students think of going to the S.M.C. meetings? Besides the little bread and butter items like chess sets and locks, all manner of things intimately connected with student welfare are considered; all diversified student activity comes to a focus at the S.M.C. meeting and matters of plan and policy are discussed. Perhaps students don't realise that S.M.C. meetings are open to them (at the one held on Monday, 30th, there were present — 14 S.M.C. members, an "Auricle" reporter and a cat). Students still tend to display the high-school attitude — having elected a Council with a certain degree of authority, they just sit back and let the administration of their own affairs go on unbeknown to them. The Council, to work comprehensively, must have student co-operation, criticism and interest. Of this there is almost a total lack at Medical School.

It would be of value to students, especially potential S.M.C. members, if they occasionally attended S.M.C. meetings. They could see how the business of the Council was conducted and obtain a working knowledge of how Medical School affairs are run.

How about coming along to the next meeting of the S.M.C. in the Women's Common Room on Monday, June 4th, at 5 p.m.?

(* Is a man permitted to indiscriminately split an infinitive with impunity, be he a Council member or not?)

STEP - TALK

Rag in the Offing:

Remember Rag Day—June 16th ! 1945 Rag will show a return to the good old days; floats are to be unlimited, so get yourselves organised and show that Medical School can produce some original ideas. The theme of the procession is Post-War Reconstruction, which can be twisted and turned as you wish.

This year we have our own committee, owing to complaints that in former years Medical School's interests have profited by Rag. The committee is running a preview of the film, "Wilson," to be shown at the Twentieth Century. It is also responsible to Milner Park for a certain number of floats, so give them all the support you can.

Help make this year's Rag the best on record. Collect donations, sell raffle tickets and Wits Wits, build floats, and end up by enjoying yourselves at Rag Ball, on Saturday, June 16th!

Bilingual Doctors

A great deal of attention is being paid to bilingualism at this University. A motion stating that both Afrikaans and English should be made compulsory subjects for the B.A. course is to be put forward at the next meeting of the Senate.

Much could be said about bilingualism as far as doctors are concerned. A doctor in his work knows, or should know, no bar of colour, creed or race. An English-speaking doctor may be called upon to attend an Afrikaans-speaking patient or vice-versa. Much confidence is lost and psychological tension created if the doctor cannot speak the language of the patient. Doctors as essential men of public service need perhaps more than any other member of the community to be bilingual. They must be able to converse **freely** in both official languages. How many future doctors at this Medical School can claim this asset? Very few, especially among the English-speaking section.

The time has come for us to realise this dire necessity. Our schooling leaves much to be desired in this direction, and anyhow, most English-speaking students forget the little Afrikaans that they ever knew before the end of their first year. The best thing we can do is to try to make ourselves as familiar as possible with both official languages, by self-study. The little time required is worth the trouble, as our future careers will inevitably show. We can only hope that at some future date every medical student will, before commencing his course, be fully bilingual, and will keep this up throughout his course, no matter where he studies, so that this shameful inability to speak both Afrikaans and English will not hamper him in his future work.

The Play's the Thing !

On Thursday, Friday and Saturday this week, the Medical School Dramatic Society is presenting Oscar Wilde's "The Importance of Being Earnest" in the University Great Hall.

This play, written at the end of the last century, is full of amazing situations and witty dialogue, and has charmed audiences up to the present day, and in the Medical School Player's interpretation it has lost none of its original humour and vitality.

The play is in aid of Alexandra Health Centre and University Clinic, and is being produced by Betty O'Connor, who has been responsible for many well-known productions in Johannesburg, including "Mr. Midas" and "La Boheme."

The male leads are being acted by Sid. Hossy and Tom Bothwell; the female leads by Beth Rose and Peggy Irwin, and these are ably supported by Doreen Mantle, Shirley Burdett, Walter Hatchuell, Bennie Smit and Peter Asher.

The performance is the result of a month's hard work, not only by the cast, but also by many willing helpers, and we hope that the show will altogether be a great success.

Sshh !

Fifth years and others have complained of the noise made by the second and third years outside the Physiology Lecture Theatre when they are having lectures. One harassed individual has even suggested that a large hose arrangement be attached to a tap inside the theatre, passed through a hole high up in the wall and fitted with a sprinkler outside. Then whenever the juniors started kicking up a bit of a shindy a gentle reminder that their conscientious seniors were working within could be applied and their spirits dampened sufitably.

From The "Nurses."

WHY WE ARE HERE

There seems to be doubt in the minds of such medical students as we have met as to the reasons for the presence of diploma or nursing students at Medical School. The course we are taking is designed to fit nurses for the higher posts — mainly administrative and tutorial — in the nursing world. To this end we equip ourselves with an elementary knowledge of the basic sciences, and we have lectures on Anatomy, Physiology, etc.

This is mainly for the benefit of would-be sister nurses. Such varied subjects as History of Nursing, Hospital Administration, pediatrics, radiography and the principles of teaching, form part of our course, as well as medicine and surgery. In addition, a special study is made of the Elements of Hygiene so that when we have been promoted to matrons or sister tutors, we will be capable of adopting, and will be enthusiastic to spread the modern positive attitude to health rather than the "patch-them-up" view of the average nurse.

Lastly, we have been brought to a University for this course to give us a wider outlook and that vision without which "the people perish."

Book Review

Whether you are planning to spend the next ten days in slothful ease or bright-eyed diligence, take time off from either to read Jean Stafford's first novel, "Boston Adventure." The story of Sonia Marburg, daughter of an impoverished German shoemaker, and his beautiful, insane Russian wife is told in rich, colourful prose, sometimes almost breathtaking in the sheer beauty of epithet and simile. Interwoven with the story of Sonia's ambitions to live on Beacon Hill, Boston — the home of the so-called New England aristocracy, and her reactions when her childhood dreams were finally realised, are portraits of many and varied characters. These are painted in glowing words and are canny descriptions that verge upon the satirical.

Included in this gallery are: Hope Mather, a glamorous young socialite; her Long-Island "smart-set" friends, a retired Admiral, and a little French dressmaker, all of whom are brought to life by Miss Stafford's facile pen. The character sketches are far from flowery; the mental condition of Sonia's mother is not emphasised by textbook terms . . . Schizophrenic, paranoic . . . it matters not. Shura Marburg was insane and the authoress says so without embellishment.

The decadence and completed hollowness of contemporary Boston "society" so well hidden behind a facade of futile pride are brilliantly exposed, even at the price of the heroine's happiness, for thereafter hers is a life of frustration. Nevertheless, the theme of "Boston Adventure" and its execution are undoubtedly extremely clever. This book will provoke you to thought and it will certainly be enjoyed.

CADUCEA.

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ZULU LESSON No. 1

These lectures are based on questions a clinician might want to ask.

Students are advised to practice asking the questions in Zulu; any difficulties with regard to pronunciation will iron themselves out with practice.

Constructive criticism and suggestions will be gratefully accepted; if there are any other questions you want rendered in Zulu, send them to "The Auricle."

Pronunciation:

Pronounce **a** as in father.
Pronounce **e** as in met.
Pronounce **i** as in fix.
Pronounce **o** as in for.
Pronounce **u** as in put.
Hl is pronounced as Ll in Lleweylln (Welsh). (Something like shl.)
Dl is pronounced something like jl.

Clicks:

Q is the noise a champagne cork makes. (Tongue clicks away from roof of mouth.)
C is the "tch" of "tch-tch." (Tongue clicks away from upper front teeth.)
X is half of what the one cricket said to the other cricket.) (Tongue clicks away from teeth on one side of mouth.)
Th is pronounced as an aspirated t.
Ch is an aspirated c click, not the English ch sound.

Accent:

Accent is usually on second-last syllable of word.

GREETING AND HISTORY OF MAJOR COMPLAINT

Doctor: Good morning.
Molo. (Molweni when addressing more than one.)
Patient: Molo dokotela.
Good morning, doctor.
Doctor: How are you?
Unjani na? (or Uzizwa njani na?)
Patient: Ngiyagula.
I am ill; or
Ngikhona, ngaphandle komkhuhlane.
I am well except for the illness.
Doctor: What is your name?
Igama lakho nguhani?
Patient: Igama lami nguMahleka.
My name is Mahleka.
Doctor: What is your complaint?
Ukhala ngani?
Patient: Ngikhala ngesifuba.
My chest is troubling me.
[illegible]
Kuyisikhathi esingakanani?
Patient: Kuyisikhathi sezinyanga ezimbili.
It is for a period of two months.
Doctor: Do you cough a lot?
Ukhohlela kakhulu na?
Patient: Yebo.
Yes.
Doctor: When do you cough much, in the evening or the morning?
Ukhohlela nini kakhulu kusihlwa noma kusasa?
Patient: Ngikhohlela kakhulu kusihlwa.
I cough a lot in the evening.
Doctor: Is it painful when you cough?
Kubuhlungu na uma ukhoklela?
Patient: Yebo.
Yes.
Doctor: Is is blood-stained or not?
Sinegazi noma cha?
Patient: Cha! asinagazi.
No! There is no blood.

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IMPROVEMENTS WANTED

We would like readers' opinions and suggestions as to how they think "The Auricle" could be improved. We therefore print a simple questionnaire form below, which we hope students will fill in.

Medical students, we find, are usually full of bright ideas and suggestions. Members of "The Auricle" staff, on interviewing various students on this subject of improving "The Auricle," were recommended to go to several uninviting places* and take "The Auricle" with them, or, alternatively, to do one of many things with it.‡ There have, however, been a few constructive suggestions:

(1) That, in order to ensure steady sales, the committee give away free with each copy of "The Auricle" one Coca-Cola and one set of Tropical Medicine notes.

(2) That an extensive campaign be launched to de-Auriclize Medical School.

(3) That the Editor be lynched.

One helpful soul submitted the idea of putting perforations around each article so that if a reader didn't like any item he could remove it. The committee has considered this matter deeply and found many points pro and con; for example, if the scheme were brought into operation (a) the whole "Auricle" could be carried round in an envelope, and (b) readers could carry about with them some of the more brilliant and stimulating articles for constant consideration (e.g., Step Talk, The Auricle Hears, Fibrillations, Editorials, etc.).

However, as the scheme would involve each page's having one blank side, the final decision lies with the paper controller.

Here is the questionnaire form. You need not sign it. Just put crosses in the appropriate places and cut the form out and insert it in the Refectory or the box in the S.M.C. Office. (Will first-years please hand their forms in to a member of their class committee, who will see that they reach us.)

	More	Less
Humour	.....	.....
Verse	.....	.....
News	.....	.....
Cartoons	.....	.....
Serious Articles	.....	.....
Sport	.....	.....
Competitions	.....	.....
Medical School Gossip	.....	.....
	In	**Out**
Medical Articles	.....	.....
Film Reviews	.....	.....
Book Reviews	.....	.....
Competitions	.....	.....
Crossword Puzzle	.....	.....
News in Afrikaans	.....	.....

Remarks and Suggestions.....

* Blazes, the devil, hell, etc.
‡ Burn it, eat it, damn it, scram, etc.

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READERS' FORUM

Misdirected Medicos

I am appalled by the lack of interest shown by medical students about current medical problems.

On Monday, the 23rd, the Debating Society tried to hold a debate: "Should Euthanasia be Legalised or Not" Only 13 students were sufficiently interested to attend this meeting. Yet when a political debate such as: "Is Russia a Degenerate State?" was held, there was a large attendance of 83 students. Can it be that medical students are more interested in politics than they are in medical topics? From the above figures it would appear so. I would strongly advise those students who feel that their calling is in the political world to leave Medical School. Since Medical School, and all that it stands for, means so little to them, it can obviously hold nothing for them.

BENNIE.

Apathy Again ?

Where are the much talked about improvements at Medical School? Improvements have been suggested on many occasions, but nobody seems to take any notice. Everything is the same as it always has been. Do we want to see improvements? Wake up, Medical School!

True, the penny-pushers are gone, but in their place we have bridge and poker players, who keep score and settle up afterwards. True, we have a disciplinary committee, but for insidious, undisciplined students we need a Gestapo. Second-years still trudge round and round the building looking for an entrance or exit. Petty thieving is dropping the adjective of "petty" and assuming the one of "organised." The magazines in the men's common room are manhandled and mauled the same as they were before. Congestion in the Refectory has not lost any of its acuteness. There is still a serious shortage of lockers.

Do you know the reason for this? Well, why don't you make it your business to know? Find out which committees should have been responsible for the improvements. Suggest anything from escalators and free meals to dry towels and toilet paper. Stir them up! Make them act!

A.S.S.

Answers to Correspondents

OMAR: Your ode reminds us of that famous limerick:

There was a young man of Japan,
Whose poetry never would scan.
When told it was so,
He said: "Yes, I know,
But I always try to get as many words into the last line as I possibly can."

P.—We are considering it.

A.H.—We suggest that if you wish to quarrel with Wu's Views you go to them directly, rather than attacking them from our columns. We cannot print your letter.

PINCASSIO:

Those Freudian views you well express,
But, Pincassio, you must confess
The subject matter's not too chaste:
To print would show a lack of taste.

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Vandals

Through the medium of your paper, I would like to express my opinion of the behaviour of a certain section of the male population of our Medical School. This section of students by its selfish, asocial and dirty habits, blotches the reputation of the entire school. One has but to walk into the men's common room, preferably at lunch-time, to appreciate fully the reason for my accusations. There one will find tables and floors abundantly decorated with pieces of lunch paper, pieces of bread, banana peels, ash, burnt matches and cigarette ends. One could understand this state of affairs if there were no receptacles and ash trays, but these are available. Students who feel in need of relaxation do not hesitate to sit in a chair and put their feet up against the wall, making ugly, dirty marks on it. Others remove the newspapers from the stands in order to go and read them in comfort, and then don't bother to return them. Still other detestable individuals, spotting interesting articles or pictures in magazines, tear out the pages, or else take the entire magazine home.

Apart from the fact that these acts show a marked lack of manners, they also show a distinct selfish trend in these students.

But worst of all, are the despicable acts of yet another type of person who, strangely enough, delude the casual observer into believing that they are normal and intelligent individuals. They are the ones who are responsible for the obscene and base remarks and sketches which are to be found all over the walls of the men's lavatories. They are the ones who have minds so foul that one necessarily suspects some type of mental abnormality.

I shudder to think that these people are one day going to be doctors, or rather that one day these people are going to be allowed to masquerade as doctors, because true doctors they will never be.

I consider it the duty of every decent minded student to report to the S.M.C. anyone responsible for such acts; the time is already overripe for ridding ourselves of such scum.

C. BRUSCHI.

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FIBRILLATIONS

Impossible People:

The nurse who thought that "stop kidding" meant birth control.

★

The student who thought that amenorrhea was a form of religious mania.

★

The inquisitive Yank who walked into a crematorium and asked: "What's cookin'?"

★



The Houseman with an inferiority complex.

★

Heard at a Tutorial:

Prof.: "What are the respective actions of castor oil and croton oil?"

Student: "Well, sir, castor oil causes a motion, and croton oil a . commotion."

★

Verdict on a Lecturer:

He keeps up his monopologue for an hour.

★

Riddle:

Contributed by a fifth-year student: "Why was the hearse horse hoarse? For answer, see later in this column.

★

We Salute:

The second-year student who thought that another name for pancreas was "shortbread."

★

The student who said that albumen was the plural of album.

★

The second-year who fondly imagined that a Kristal gazer was a female histologist.

★



The student who thought that foetal circulation was what kept your lower extremities warm in winter.

Then there was the student who was given a femur as a "spot." After scrutinising it carefully for a few minutes he identified it as a femur. "Excellent," was the professor's verdict. "Now, tell me, right or left femur." More scrutinising. "Look here, professor," said the student, "I only want a pass, not a first class."

★

Quotable Quote:

A gynaecologist is an unfortunate individual whose goal in life is to correlate a woman's biological instincts with the dictates of Christian ethics.

—Dr. Hertzler, "The Horse-and-Buggy Doctor."

★

Rumour:

Second-year students are suffering from mnemonic plague.

★

Wise Guys:

The doctor who calls them his impatients.



The hospital patient's challenge at every knock at his door: "Who goes there? Friend or enema?"

★

Too much vitamin I in his system.

★

The little moron's description of the latest evening gown: "Low and behold!"

★

The fellow who was shirking his way through college.

★

From the Men's Common Room:

Four fourth-years were playing poker when they heard someone knock. "Who's there?" shouted one of the players. "Rigor mortis," came the reply. "May I set in?"

★

Answer to Riddle:

Because of the coffin.

★

Editor's Note:

We have held over other items, too rumorous to mention.

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