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Students` Medical Council

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MEDICAL SCHOOL REFECTORY

Please leave lunch tables as soon as you have finished.

The Auricle

Official Organ of the Medical Students, Witwatersrand University.

Vol. 14. No. 2. 18th May, 1948. Price 2d.

MEDICAL SCHOOL REFECTORY

Please help to relieve unavoidable congestion at refectory by adherence to the session times.

S.M.C. Internship Report

SINCE the compulsory internship regulations will be enforced November 1st, 1948, this report drawn up by the Students' Medical Council has been regarded as a matter of urgency, and has been compiled even though the information required is not complete.

THE POSITION TODAY

On March 7th, 1946, Act No. 14 of 1946 was passed empowering the South African Medical and Dental Council to demand a year's internship of graduates before registering them as practitioners. The application was later deferred until November 1, 1948.

The Council stated that they would only recognise approved institutions suitable for service of a residential medical officer. No list of approved hospitals have as yet been drawn up, but was at present being considered by the Council. Internship performed outside the borders of the Union would be recognised by the Council if the institution is a "recognised" institution in terms of the regulations.

It is understood that an "internes' register" would be established, but no information is available as to what responsibilities an interne would be able to undertake, such as his abilities to prescribe drugs on the Poison Register, etc. Enquiries as to the status of the internes have not as yet been answered.

A memorandum was presented to the Students' Medical Council by non-European students pointing out that positions were not available for non-European internes. In a letter of the 23rd September, 1946, in a reply to enquiries from Students' Medical Council, the superintendent of Coronation Hospital pointed out that it was not the policy of the Johannesburg General Hospital Board to appoint non-European internes until the appointment of non-European sisters to staff the wards. It is now understood that the Hospital Board intends to appoint such sisters, but as yet no decision has been taken as regards the appointment of non-European internes. It must be remembered that soon a medical school for non-Europeans is to be established in Durban. At present mission hospitals accept non-Europeans as medical officers, but often religious qualifications are demanded, thus narrowing the field and these hospitals being small have not the same facilities as provincial hospitals. Here again enquiries have not been replied to.

LETTER FROM COUNCIL

In a letter of the 21st February, 1947, the South African Medical and Dental Council stated that they would like a uniform rate of salary throughout the Union, and have suggested £10 per month. This represents a reduction from £20 per month all found in Natal, and it is understood that this implies reductions in all but teaching hospitals. In the Transvaal the standard rate will be applied with the introduction of compulsory internship and will represent a reduction at all hospitals except the Johannesburg General Hospital. Salaries except at the Johannesburg General range from £210 to £240 per annum. In Pretoria, a teaching Hospital, salaries are £180 per annum. Salaries in Bloemfontein Hospitals are £240 per annum. All these figures are exclusive of cost of living allowances, but board and lodging are provided. Where these are not available, £120 per annum is paid in the Transvaal, and £90 per annum in the Cape. If quarters are available, but not desired this allowance is not paid.

POSTS VACANT

The total number of junior resident medical officers in the Union are: Cape 111, Transvaal 130, Natal 31, and O.F.S. 10, which gives us a total of 282. In a letter of the 18th September, 1946, from the Transvaal Provincial Administration, it was stated that any increase in the number of housemen might lead to dilution of experience. The following figures are an estimate made by the Board of the Faculty of Medicine of the Witwatersrand in 1946. Although not up-to-date they provide an indication. In 1948 388 students will qualify, 1949, 410; 1950, 555; 1951, 648.

In contra-distinction to the policy of the Government, a great number of private employers, and in opposition to the spirit of the demobilisation plan no recognition of military service in respect of salary will exist as regards junior housemen in Natal, Cape or Transvaal. It can be assumed that the same applies to the O.F.S., although no reply has as yet been received. No married allowance will be paid in the Transvaal and in the Cape. Cost of living allowances paid at a married rate. In Natal it is compulsory for resident medical officers to live in. There is as yet no information received from the O.F.S.

MEMORANDA

1. Insufficient posts are available, therefore, many will remain unemployed.

2. General conditions unsatisfactory, particularly where ex-service students, whose maintenance allowances are no longer payable after their degrees are conferred, and many of whom are married, might find themselves financially embarrassed. The memorandum drawn up by the Witwatersrand Medical Graduate Association points out amongst other things that a "suitable" hospital should be such that:

(a) The staff includes practitioners of sufficient experience and competence as to be able to instruct and train interns and who are prepared to undertake these duties to the satisfaction of the South African Medical and Dental Council.

(b) The practice of Medicine, Surgery, Gynaecology, Obstetrics, and Paediatrics, to be regularly carried on therein, and practical experience in all these branches is obtainable, and that reasonable and adequate diagnostic facilities, including radiological and pathalogical, should be available.

The above requirements are minimal. Any relaxation of these standards, such as recognition of hospitals with inadequate facilities, or a system of apprenticeship to private medical practitioners, would be highly undesirable, would tend to defeat the original purpose for which the proposition of compulsory internship was introduced, and would not in any way be an improvement on existing conditions.

THE POSITION ELSEWHERE

In 1944 a Queensland Industrial Court awarded Junior Medical officers of the Brisbane General Hospital a salary of £350 per annum (all found), a 54-hour week averaged over 4 weeks, and a maximum shift of 16 hours. In its judgment the Court stated "while we realise that the period of residency in a hospital is a very valuable experience to young Medical practitioners as a post-graduate course of training, we feel that these employees are making a very valuable contribution to the Medical services of this State, and are deserving of greater recognition than is given by their present remuneration." (£200 per annum all found). .....

The report concluded by saying that were the working hours worked by these employees equated to the standard normal working week of 44 hours, their earnings would fall far short of the basic wage, with none of the usual industrial conditions, such as payment for work on statutory holidays, annual leave, and the like.

OBITUARY

We regret to announce the death of Harry Chavkin, a fellow-student. He was killed in a motor accident while returning to Medical School from his home in the Free State. Aged 22, Harry, an ex-serviceman, was just beginning to find his feet in Medical School life. He was a good friend and will be sadly missed by all of us in the years to come. On behalf of all Medical School students, the Auricle Committee offer their sincerest sympathy to Mrs. Chavkin, Harry's mother and his three brothers.

EDITORIAL

COMPULSORY housemanship comes into force on November 1st, 1948. After six years of study a houseman will receive £120 p.a. and it is understood, will only work under supervision.

These are the facts as they stand today. We as students have to accept them as such, and adopt a "wait and see" policy. Yes, wait and see what will happen in 1951 when 648 qualifying students will have 282 vacant posts to apply for. Nevertheless, it is only fair to state that the S.A. Medical and Dental Council are doing their best to avoid all possible difficulties that may arise, in a task, the magnitude of which is incoicevable. Students must realise that the S.A.M. & D.C are labouring under obvious difficulties, and are doing their best to keep the Internships Sub-Committee of the S.M.C. informed of the latest developments from time to time

APATHY

Apathy at Medical School is a cry handed down through the years. How many Medicals know when Rag Day is this year? Who has bothered to sell tickets for the various Rag Competitions? Give us our afternoons off to build our floats, — what floats, when floats, when is Rag? The Principal has cancelled all lectures on the afternoon of Friday, 14th May how many Medicals will be at bioscope and how many will build floats. That ladies and gentlemen is up to you!

During the vacation we received ballot forms asking us to vote for or against the fourth Rag Beneficiary. Percentage Poll 38 per cent. — Apathy?!!

The Medical School Players presented "Jupiter Laughs", an excellent production. Percentage attendance by Medical students 20 per cent. — Apathy?!!!

A PAT ON THE BACK

After the sermon of "Apathy" we come to our various Societies. Well, they have not been let down. Their meetings are reasonably well supported, although debating has not proved very popular. Evening meetings surprisingly enough are better attended than lunch-hour meetings, especially film shows. Film shows, Medical students seem to have an affinity for film shows. It is very comforting for the Chairmen of the various committees to know that they have the backing of the student body.

Do Medical students attend Sing-Songs? Our brethren down the hill seem to miss us, but then again, why not hold a few sing-songs up here?

"Belli, Bellae, Bello, Bellas,
What the hell's the matter with us".

NUSAS RESEARCH NEWS

Wits' representative Sid Brenner has been elected as a member of the National Executive of the National War Memorial Health Foundation. This, it is hoped, will effect still closer liaison between NUSAS and the Foundation.

NUSAS workers in three provinces have undertaken at least eight surveys, jointly and in collaboration with the Foundation.

In the Transvaal, students from Wits are surveying Transport Facilities for Johannesburg natives, and Native Houses in the city. The minority NUSAS group at Pretoria are nearing the completion of their second survey this year.

Grahamstown students investigated the local slum areas. Their report was highly informative, and should prove invaluable to the Health Foundation Scheme. Twenty students from Hewat College (Cape Town) recently spent a week at Windermere under trying conditions, investigating the living facilities of the natives there.

Finally, from Natal comes news of two surveys: One by Maritzburg students, of Sobantu Location, the other in Durban in the Booth Road area.

— NUSAS Dept of Publicity.

WU'S VIEWS AGAIN

Wu's Views, which in our opinion, has never been much of a rag anyway, and certainly not a worthy mouthpiece of 5,000 moderately intelligent students, cannot now even claim to be the official organ of all those students, as the S.R.C. has decided that Medical Students may no longer vote in the election of its editors.

We don't know if you are particularly worried (we're not), but we thought you'd like to know.

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London Congress News

It was announced a few weeks ago that Julian Hoffman had been selected to represent Wits at the Student's International Clinical Congress in London in July this year.

The successful applicant was chosen from thirteen 5th and 6th year students, by three Professors at Medical School, on recommendation from a students' sub-committee.

Phillip Tobias, of N.U.S.A.S. Executive, who is organising South Africa's participation in the Congress, stated in a special message that one of the main ideas behind our participation was that, on the return of the delegates, they would, by the written and spoken word, spread information about the constructive achievements of the Congress. In the selection of the delegates, therefore, special attention was paid to their ability to discern and formulate mature opinions on the trends revealed at the Congress, and to broadcast these impressions to their fellow medical-students on their return.

To date, no less than fifteen countries have accepted the invitation to attend the Congress, the draft programme of which is to hand. This programme promises of a most attractive and interesting agenda. It includes tours of leading teaching hospitals and medical schools in England, ward round conducted by the pundits in all branches of Medicine, and visits to many places of Medical interest.

Names billed include those of Prof. Florey on Antibiotics, Drs. Franklin and Barclay on Renal Circulation, Prof. le Gros Clark on Neuro-surgery, Prof. Seddon and Dr. McFarlan on poliomyelitis, Prof. Moir and Dr. Franklin on Foetal Circulation, Prof. Witts on Blood Diseases, Dr. Berenblum on Cancer, Prof. Ryle on Medical Education, Dr. Crosse on the care of the premature child, and Dr. Mackintosh on Maternal and Child Health.

The Congress is designed to demonstrate British Clinical Methods in teaching the undergraduate, but there will be ample opportunity for discussing general problems in Medical Education.

Our delegates, thus, will present the South African view on clinical teaching.

— NUSAS NEWS SERVICE.

JUPITER LAUGHS

The Medical School Players are to be congratulated on their excellent performance of "Jupiter Laughs". Producer Geoffrey Bond is lauded for his casting and production. Those taking part were, Gerald Phillips, Lucy Bitensky, Queenie Black, Percy Goldstuck, Cecil Enfield, Lily Gritzman, Ted Tollman and Judy Osborn.

It is most disheartening to see how Medical students shunned this production, which ran for four nights, and at each of which, medical students were conspicuous by their absence.

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DIS EASE DISEASE

(A Play with three infarcts)

THEME SONG: "The Muir I see You".
WORDS BY: O. O. Genesis.
MUSIC BY: Xavier Catgut and his Carcinema Orche tra.
DANCES BY: The O'Rhea Sisters:—Di
Pi
Gon.

TRAUMATIS PERSONAE:

Rita Testis: The Heroine.
Sir Cumvallate Papula: The Hero.
A. Scites: A watery individual.
M. Bolus: A bit of a clot.
Tiny Synovitis: The joint's superintendent.
Poly Posis: The night chambermaid.
Bili Rubin
Bili Verd n : Three Pigmented Personalities.
Hymie Globin
Lew Kaemia: The Innkeeper.
Poly Cythaemia: A Buxom Blood Ce'l.
Rh. Factor: A first cousin to Max Factor.
P. Wasserman: A nuisance.
Gingi Vitus: A screwball.
Di-Betes: A sugar-mommy.
Ann Aemia: A pale face.
Bella Scaris: A female worm.
Gella Tin: A spiritualist's medium.
Poly Uria: A member of the Hospital Hill Irrigation Board.
Act 1. Sc. 1. Line 1. (Fanfare).

Enter the entire caste singing theme song.
(Exudate triumphant)

etc., etc., etc. until Act 131. Sc. 3. Line 12.
Sir Cumvallate Papilla to Rita Testis: I have shot one M. Bolus.
R.T. to Sir C.P.: "My Hero."
Mitral Curtain.

Act 132. Sc. 1. Line 1.
Enter the entire caste singing "Daddy cut your toe nails, you're tearing Momma's nightie."
(Exudate Still Singing)

etc., etc., etc., until Act 1101. Sc. 3. Line 11.
Sir C.P. to R.T.: "My love I have discovered that P. Wasserman is back in town."
R.T. to Sir C.P. "Are you positive?"
Sir C.P. to R.T. (Wringing his hands): "I'm afraid so!"
This being in the third stage and time up, the play ended in a tragedy. This may not be much of a play ladies and gentlemen, but boy, what a cast.

FINIS.

Moof along Please.

VENTRICULAR FIBRILLATIONS

Surgeon in O.P.D.: "How did you first notice the lump in your breast, madam?"

Patient: "My boy friend is a Medical student, Sir."

* * *

The story is told of a certain famous obstetrician holidaying at a small country village. On the day of the annual races of a neighbouring town he was called to the bedside of a woman in labour, as the regular doctor was a devotee of the turf, and therefore absent. The rest of the town was absent too, the only aid he could get was that of the village idiot. After delivering the infant he raised it by the feet, spanked it soundly, whereupon it howled lustily. "Well," said the obstetrician to the idiot. "What do you think of that?"

"Serves the little beggar right for getting up there," replied the idiot.

POMES



I F

If she calls you to her bedroom
In the middle of the night.
And through half-closed eyelids
You detect a tell-tale light —
If her bosom heaves tumultuously
Like the tide of the ocean,
And her voice is soft and tremulous,
Betraying her emotion.
If her nostrils dilate widely
With each panting, laboured breath
And her shapely body trembles
As if approaching death.
If she beseeches and implores you.
And she grasps your trembling hand,
To alleviate her suffering
The tortures of the damned —
Brother, she's got Asthma!

— From "The Reef."

ON COWS

Once there was a cow
Not a sow or a crow, but a cow,
And she took a walk up town
Not to clown or to get a laugh
But to buy a quart of milk for her calf.
She bought a quart of pasteurised,
Homogenised, grade A, Vitamin D,
Guernsey, soft curd milk.
And what do you suppose?
The calf turned up its nose.
He wouldn't drink it.
He said "Mudder —
I prefer it straight from the udder."

J.A.M.A.

(T)ruthless Rhymes

* * *

There was a professor named Ell - - t,
Who could tell when a guy wa n't well yet,
He could artify death
Disregarding his steth,
By the fact that the bod didn't smell yet.

SID.

* * *

There was a professor named H - vis,
Who, tis said, was a fellow with brains.
By a swift calculation
Which involved menstruation,
He'd determine the onset of "pains".

SID.

* * *

There was a professor named W - tt,
Who admitted he knew quite a lot.
He said brandy by drachms
Was a'right for exachms,
But at other times, best by the tot.

SID.

* * *

There was a professor named D - rt,
Who was really a good chap at heart.
Though some of the conjectures
One heard at his lectures,
Stamped him as a type quite apart.

SID.

* * *

Once a physician, named Br - - n,
Told a patient his heart he should pawn.
But the patient said No,
When my clock stops to go,
You can give the old thing to Prof Str - ch - n.

H.B.K.

* * *

There was a surgeon named I-s,
Who treated his patients with moss,
Till once came the day,
When the patient gave way,
and reported poos I-s to the boss.

H.B.K.

THIS WEEK'S BEAUTIFUL THOUGHT

To ergot is human, to forget is foetal.

A Gastronomical Paradise

By kind permission of the Longpig Hotel we reproduce in full the menu at the recently held Pathologist's Annual Dinner

MENU

Hors d'Oeuvres

Nutmeg liver pe'it fours.

Soup

Oat cell tumour Soup a la Mortuari.

Entree

Sago Spleen Cutlets a la Anchovy Sauce Abscess.

Vegetables

Atheroma Porridge a la Bread and Butter Pericarditis et Cabbage, Peas, Beans and Roast Potatoes.

Sweets

Strawberry Gall Bladder.

Coffee Grounds a la Shot Cat Caseation Cheese.

AURICLE SMALLS:

In response to more than one reader's request, "The Auricle" is starting a "Smalls" column. The fee is small — 1d. per word or 6d. a line, whichever is more. Advertisements must be handed in at the S.M.C. Office. Only students may advertise.

We will print advertisements of any kind—"Births," "Deaths", "Marriages," "Engagements", "Divorces", "Wanted," "For Sale", "Lost", "Found", "Personal", (no censorship), etc.

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* * *

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Medical Pun-tuation

1. Does a patient have a "semicolon" after partial resection of the large intestine?

2. What should be done for a stenographer who misses periods?

3. Is an intact "hyphen" evidence of virginity?

4. What is a good treatment for diabetic comma?

5. Should "parentheses" be read by adolescents as part of sex education?

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ASPECTS OF THE NEW CURRICULUM

CRITICISM of any curriculum should take into account the fact that, no matter how perfect it may be in theory, a number of factors external to it play a major part in determining its value. For this reason it will be useful to consider these factors now, lest conclusions about the curriculum be invalidated by their neglect.

EXTERNAL FACTORS

First amongst these external factors may be mentioned the overcrowding of students with respect to hospital, laboratory and lecturing facilities. A consideration of its causes is out of place here, but it is certainly worthwhile to point out that such overcrowding is to-day probably the greatest single barrier to effective medical education. While it is in existence no curriculum can be expected to give of its best.

Next, some attention should be paid to a factor often overlooked — the personal one. The delivery of a lecture or tutorial the organisation of the lecture material, the amount of encouragement and responsibility given to students, the desire of students as a group to master a subject — all these factors play a large part in determining the results of a specific curriculum. They must therefore be carefully considered when attempting to assess either in actuality or in anticipation, the value of a curriculum by those results.

The remaining major external factor to be discussed here is the planning of a detailed syllabus for a subject. Under the old curriculum there was a tendency to produce technicians, superior types of technicians, if you wish, with a vast and complex system of scientific information at their fingertips, but nevertheless — technicians. Now, at the recent Conference on Medical Education (1947), Dr. K. Weinbren pointed out that whereas the medical man was trained in the world of to-day, he would have to practise in the rapidly changing world of tomorrow. In that new world the medical practitioner will be faced with constantly altering concepts and techniques, some of them differing radically from their predecessors, and he will have to fit them into his mental world. Therefore, not only should he be provided with the best of modern knowledge, but there should also be developed in him a critical faculty and an understanding of the foundations of his knowledge so that he can adapt himself as efficiently as possible to altering conditions.

While such an approach should permeate clinical teaching, its systematic inculcation can probably best be done in the preclinical courses. In my opinion this is seldom if ever done. Too often does it seem that each preclinical subject is taught with the object of producing, for example, chemists, botanists, bacteriologists, etc. Those responsible for the preclinical courses are apparently forgetful of Cardinal Newman's dictum, that "a one year's course, without sequel or resumption, provides too short a period for a new subject to take root."

From this policy there has resulted a patchwork course from which the student emerges with a heterogeneous array of ill-assimilated facts, and with but little knowledge of the basis, scope and limitations either of individual sciences or of science as a whole. As a doctor, it is possible that this lack of knowledge of fundamentals may reduce his efficiency in a changing society.

Having discussed briefly the main external factors, the new curriculum itself may be considered. Regarded quite on its own, it seems that the transference of Obstetrics lectures to fourth year and of Surgery and Medicine and Pharmacology lectures to third year, will be of considerable value. The great amount of lecturing time thus devolving upon the third and fourth years may be a necessary evil, in that the clinical years are thereby left in great part free for the all-important hospital work. More than this, however, cannot be said with profit. Without exact knowledge of the role of the external factors in the new system it is not possible to assess its value and predict its result, for, as shown above, the value of a course may depend more upon those external factors than upon the time-table facade which is all we know of the new curriculum. At present, from our scanty knowledge, we can only say that to us the new curriculum, with minor exceptions here and there, seems little more than the old one in a slightly different guise, having most of its faults and virtues alike. Until more is known of the intimate working of the new curriculum, it is as well to reserve our judgment, and to remember that, if it is too early to give bouquets, it is certainly too soon to throw any stones.

INFANTILE MORTALITY

THE infantile mortality rate is one of the most important indications of the general health of a nation.

In South Africa the European infantile death rate compares favourably with those in other countries. Among the non-Europeans however, the available figures are depressingly high.

A NATIONAL SURVEY

In Pretoria, the non-European infantile mortality rate was 303 per thousand persons in the year 1939, while it was only 51 per thousand among the Europeans, and 50 per thousand in England and Wales. In 1942 the non-European infantile death rate was 269 per thousand, while it was only 57 among the Europeans and 55 in England and Wales.

For all races in Pretoria therefore, the average infantile mortality rate is 103 per thousand persons. If the rates covering the whole of South Africa were available and comparison is to be made with other countries than the above statistics must of necessity be considered.

Dr. Fox in his investigations of the Transkei found that 15 to 20 per cent. of the population died during the first year; 25 to 38 per cent. before the age of 2 years and 30 to 60 per cent. died before attaining 18 years of age.

It is an established fact that most infantile deaths are preventable for there is sufficient proof that infantile mortality rates vary according to the socio-economic status of the people. Among the wealthy the rate is negligible and as the economic position deteriorates the infantile mortality rate increases.

Woolf and Waterson of the Birmingham University who have carried out extensive researches in the relationship between the infantile mortality rate and socio-economic conditions of people say: "of the preventible deaths, one third are associated with overcrowding, one quarter with low paid occupations, one fifth with unemployment and one eighth with the industrial employment of women."

So high a mortality of infants during their first year must imply that many of those alive escape death only to suffer from physical and mental deformity at later stages. But we know the remedy.

Foremost is the placing of the entire population, irrespective of race, colour or creed, on a higher socio-economic stratum. For, a higher income means a better standard of living which in turn means better health.

We should satisfy this primary prerequisite and then build our ante-natal, child-welfare and other clinics which will then function with a greater degree of efficiency and success.

D.W.

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SPORTS HIGHLIGHTS

THERE has been a great deal of discussion about the Wits. 1st Rugby XV. This is because of the team's most convincing display in the first game of the season against Randfontein, and of its most disappointing display the following week against Diggers.

RUGBY CRITIQUE

In the first game the team showed that it was fit and the forwards and three-quarters did all that was asked of them.

Then came the display against Diggers. There was an unusually large crowd at Ellis Park and the Wits. XV proceeded to give one of the poorest displays for a team with a reputation gained only the week before.

The team was beaten good and solid and if it were not for the forwards we would have been completely disgraced. The following week however, (Wed., 21st April) we saw Wits. draw with Pirates in a game where the team was unfortunate to draw.

The forwards played exceptionally well and of the "threes" Lawton was outstanding.

Now why is it that Wits. redeemed itself slightly? Some say that it is because Lee was dropped from the fly-half position and that Oberholzer replaced Herbst. This I must admit played a big part, but the blame for the Diggers game cannot be placed solely on Lee.

Lee, as is with every player, was off on that day and he missed his man every time. Carey, the centre, then attempted Lee's job which he did not accomplish. In this way the Diggers line always had an overlap and could not be stopped.

The blame must fall partly on the shoulders of the Wits. flanks, for it was shown in the Pirates game that they had apparently learnt their lesson. By this, I mean that they were on their toes and when Sharpe missed his man, Small and his men were on the spot to down him. Why they did not do this in the Diggers game has many answers. But, whatever the answer, the failure of the display against Diggers was not solely Lee's fault.

In the last three games Wits. was beaten by West Rand, West Rand Cons. and E.R.P.M. In order to finish as well up in the league as they did last year, the team will have to win the majority of the remaining fixtures.

Good Luck to Wits on their rugby tour of the Cape.

A word about the Rugby Club This club is one of the best run and efficient, and perhaps if the Soccer Club took more interest it would also be better. The Soccer Club and their teams are extremely poor and it is a shame that in a University as large as this it can do no better.

OTHER SPORT

The Boxing and Wrestling Club is once more advertising the coming of wrestling coaches. This, has been so for the past two years and not once has such a person been present. The only coaches present were extremely young and inexperienced, knowing very little of the new amateur rules. Let us hope that they will fulfil their promise this year.

The University Golf Club held its annual tournament on Tuesday, 4th May. Good golf as well as bad was seen, but all participants had an enjoyable day in the open. In the "A" Division (handicap of 12 or under) Ernie Lewis (First Year Medical) emerged the winner, in being one up, over 36 holes, on last year's champion Reg. Taylor.

G. Stein (fourth year Medical), won the "B" Division with two consistent rounds of 80. Stein's handicap is 14 and his nett total therefore was 150. Chipkin was second. For the best nett in the "A" Division, Matthews (5th year Medical) won a cup.

It is hoped that this year, as last year, South Africa will send representatives to take part in the Boyd-Quaich Golf Tournament. Last year H. Brews (Wits.) won the tournament.

Last, but not least, heartiest congratulations to Desmond V. Cohen (5th Medical), on being chosen to represent South Africa at the forthcoming Olympic Game in London during the middle of this year. Cohen, who came into the limelight with record-breaking wins in South African swimming only a comparatively short while ago, will I am sure, not let South Africa down. The best of luck from all.

LATE NEWS

On Wednesday, U.C.T. beat Wits. XV by 17 to 3 in the first game of the Rugby tour.

V.D. CONFERENCE STARTS ON FRIDAY, 21st.

"The Problem of Venereal Disease in South Africa" is the theme of this year's S.M.C. Conference, to be held from Friday, 21st, to Monday, 24th May.

This crucial problem will be considered from every angle by a series of competent speakers whose names will be announced later. Full details of the sessions, papers and speakers will be given in a special number of the "Auricle" appearing in May.

To every student at Medical School, the "Auricle" would like to say — as it has said so often before — "This is YOUR Conference — give it your full support by coming to every session." Without a doubt, the Annual Conference is the most important event in the Medical Students' calendar and one worthy of the wholehearted interest and support of every student who deserves to wear a white coat with a steth. sticking out of the pocket. So let's have a record attendance this year!

CONGRATULATIONS

To Julian Hoffman, 5th Year, on being selected to represent Wits. Medical School at the Students' Conference in London.

AND CONGRATULATIONS

To Des Cohen, 5th Year, on being nominated to represent South Africa in the Swimming Team for the Olympic Games.

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