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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

V. 4. no 6. March 26th
1953.

WHY WELCH ALLYN ?

(Series No. 3)

EXAMINATION OF PERIPHERY

8. One can see further into the periphery by having the gaze of the patient changed as follows :

   (1) Instruct him to look up to see superior retina,

   (2) down for inferior retina, (3) temporally for temporal retina, and (4) nasally for nasal retina.

9. Examination of the left eye is done in the same manner except that the ophthalmoscope is held in the left hand before the left eye and the examiner sits or stands at the patient's left side.

10. One of the most troublesome barriers to a good view of the retina is the light reflected back into the examiner's eye by the patient's cornea and iris. Two methods may be used to minimize this nuisance. The first is the use of he pin hole cap. For the beginner this is a satisfactory method, but it reduces the area of the retina illuminated, hence it is not as satisfactory for the busy practitioner.

    The second is to direct the light so that it enters the pupil in its lower half rather than through the centre. A little practice is soon rewarded by much better views of the retina.

11. Special examinations can be made by the use of the various accessories included in the head. The red free filter (blue-green light) can be used to make hemorrhagic lesions stand out more clearly. In red free light they appear black. The lit aperture makes it possible to determine whether a certain lesion is elevated or depressed, and also aids in determining the relative level of the disc and the remainder of the retina. The grid can be used to determine size and to locate accurately certain lesions observed. This is a valuable asset for repeated observations on the same lesion since it will show definitely any changes in size.

WESTDENE PRODUCTS (PTY) LTD., 23, ESSANBY HOUSE, JEPPE ST., JOHANNESBURG

This week's "Westcrack"

As the saying goes "figures don't lie, but girdles condense the truth".

THE AURICLE.

VOL: 4 Nº 6

26th March 1953.

EDITOR: R.E. YODAIKEN
7A EGLESTON STR.,
JOHANNESBURG.

Prof. Elliott's Guest Editorial.

Throughout our medical course, we must learn and practise the philosophy of Integral Medicine, whereby we regard the patient as an individual composed of many systems, each one interacting on the others, and influenced in greater or less degree by the environment in which the individual exists.

An important factor influencing the patient favourably, and therefore a part of Integral Medicine, is the professional tradition of Service. All doctors have earned the privilege of practising within the aura of the reflected glory of this tradition, which, since earliest history, has permeated the practice of medicine, and which has survived through the ages all the criticisms that have been levelled at it. The accusation of commercialism, for instance, is no new one, for there were complaints that Galen overcharged his patients. Hippocrates it was who warned the physician against administering any poison to anybody, and the Declaration of Geneva of today demands that even under threat the doctor will not use his medical knowledge contrary to the laws of humanity. Hippocrates, too, directed that the doctor give not a woman a pessary to cause abortion; today, in fact, procuring abortion is a criminal offence. These prohibitions indicate that the code of professional behaviour has always been compelled to provide for the dishonourable doctor, but it speaks well for the behaviour of the many that the behaviour of the few, on whose account the prohibitions have been introduced, has failed through the ages to detract from the aura of service that is one of the profession's treasured traditions.

What is it that is responsible for this tradition? Why does the tradition of service persist in spite of the bad behaviour of the few? It is not because the doctor is an instrument for stupidly or cleverly, as the case may be, bringing modern medical science to the people, or because he certifies patients, wisely or unwisely, for benefits such as pensions and disability grants. The cause is less readily defineable. One of the less defineable factors is the quality of sharing knowledge; there are a few members of the profession who attempt to "corner a market" in some form of drug treatment or some new surgical technique, and keep their remedies secret, but the age old tradition of sharing still dominates professional conduct today, as it did 2,000 years ago. Even more important than sharing knowledge is the quality of sharing ignorance and mistakes. There are a few who discourteously scoff at the mistake of a colleague and derive pleasure and temporary benefit from declaiming the colleague's infamy to the world.

(CONT. ON PAGE 4.)

LOOKING BACK OVER THE FIRST 33 YEARS.

By Professor R. A. DART.



In 1929 came South Africa's first Diplomate in Psychological Medicine: the late Isadore Liknaitzky and our first Doctorate - but not in Medicine - in Dentistry, John Cecil Middleton Shaw, Senior Lecturer in the Department of Anatomy and Comparative Odontology and subsequently to become the Professor in that subject, Director of the Dental Hospital and Dean of our Faculty of Dentistry for the past twenty and more years.

In 1930 we produced our first Doctorate in Medicine: Nicolaas Anton Stutterheim; and a few years later George Slade became the first of our own medical bachelors to achieve Doctorate status with his thesis on Asbestosis.

The year 1929, the end of the School's first decade is in many ways a landmark for our and the country's medical history. We had produced 97 medical graduates'. The British Association for the Advancement of Science visited South Africa that year! The North wing of the School - our first four storey effort in reinforced concrete - had been built; and our three Clinical Professors and the Professors of Psychiatry, Public Health and Forensic Medicine for the first time had rooms that they could call their own in the school. In 1929 the depression years hit us; we had almost passed our first clinical era - the old palaeolithic, shall we term it - of O.K. Williamson in Medicine, Ritchie Thomson ('Christo' Beyers was still with us) in Surgery, John McGibbon in Obstetrics, Gordon Grant in Gynaecology, and the era of dear old Ronnie Mackenzie running the General and its associated Group of Hospitals. The Kudu head adorning the foyer of the School was shot and presented by him. At that time most of the wards were tin hutments left over from the Anglo-Boer War or cottage structures such as persist today in the Barnato Wards and the old administrative block of Queen Victoria Maternity Hospital. In that era a journey from Johannesburg to Pretoria was a thirty-five mile agony of dirt-road adventure in a 'Tin Lizzie' through dust clouds and potholes. Today Johannesburg cannot be planned without reference to Witbank and Klerksdorp, Vereeniging and even Odendalsrust.

The second clinical era - the middle stone age - stretches over the fourteen years from 1932 to 1946; from Tielman Roos and the lifting of the gold standard and the visit of the Prince of Wales to the coming of Hitler and World War II. It was the era of W.H. Craib in Medicine, I.W. Brebner in Surgery and G. Black in Obstetrics and Gynaecology: all, to their own deep regret, still Part-time Professors during the period of their tenures.

The third clinical era - the recent - but still stoney, post-war clinical phase of our Full-time Professors G.A. Elliott in Medicine, W.E. Underwood in Surgery and O.S. Heyns in Obstetrics and Gynaecology is so recent that its graduate products have scarcely had as yet an opportunity of exerting their impact upon the country.

S.M.C. Election Statements.

A.M. BARNETT
Proposer: W.A. Roberts
Seconder: R. Kushlick

I have served on the S.M.C. Executive for 2 years, as Treasurer, and have gained a large amount of experience in student administration at Medical School. If I am elected I feel I will be able to contribute considerably to the administration of the S.M.C.

Recently there has been a distressing split in the student body, and I will work towards closing this gap so that the entire student body can work together in harmony and defend the principle of academic non-segregation in this University.

J.A. BLECHER
Proposer: L.L. Taitz
Seconder: A. Chaitowitz

Secretary: Science Society
Committee: N.U.S.A.S. Health

I am standing as a representative of the 3rd year Medical B.Sc. class composed almost entirely of Medical students who have left Medicine for 1 year to complete the Medical B.Sc. and who are returning to Medicine III 1954 and who have no representative as such on the S.M.C.

I believe in greater co-operation between students in all student affairs and interests, and will seek to ensure greater co-operation between our students and our lecturing staff in all matters concerning students. In the Science Society I will arrange talks of general scientific and Medical interest by members of our staff and will try to form a discussion group including staff and all students.

In the Auricle Science News I will arrange for members of staff to write articles on the latest research they are conducting in the departments.

I am entirely non-political in opinion - we are here for greater education - not to enter politics. I will protect and uphold student rights and privileges to the best of my ability at all times.

E.C. GRUEBEL LEE
Proposer: N. Schwartz
Seconder: D.J. Goldstein

I have pleasure in offering myself for election to the Students' Medical Council, and although I am desirous of keeping outside the political field should I be elected I can definitely promise my willingness for hard and consistent service.

I have been a student at Wits. for over three years; and as vice-chairman of Cultural Council sat on the Executive of the S.M.C. during Mr. Momoniat's indisposition. For the previous year I sat as a member of this Council, acted as cartoonist to the Auricle, and have acted from the beginning of last year as Chairman of Arts and Literature Society.

I have felt for some time that measures occupying the activities of the S.M.C. should be handled outside the political sphere and that each case should be dictated purely by conscience. I am in full agreement with the handling by S.R.C. of the case lately discussed in the matter of the non-admission to second year Medicine of African students, being cognisant through sitting on S.M.C. of the facts of the case.

S.M.C. ELECTIONS THURSDAY.

(Election Statements ctd.)

C.P. LEGUM
Proposer: H. Geffen
Seconder: M. Freeman

Medical School elections depend entirely on:-
1) Politics in student affairs.
2) Black-White relationship within the University.
3) The price of co-operation with:-
   a) University authorities
   b) Afrikaaner Nationalist students.
4) Gambling in the Mens' Common Room.

Leaving politics alone doesn't guarantee that politics will leave us alone and who likes getting kicked in the teeth sitting down.

Non-European education, the White Man's last hope and consequently sole responsibility, can only be realised on a plane above pigment discrimination.

Co-operation comprises investigation and discussion of a situation by both sides with a mutual decision on the justice of the case. This is not synonymous with moral compromise or practical cowardice nor is the price of co-operation preliminary sacrifice of any one principle.

Freedom to gamble is a basic precept of Democracy which is more than can be said for superficial respectability so on with the deal boys.

E. ROTHSCHILD
Proposer: D. Meskin
Seconder: D.M. Gruebel Lee

Qualifications:
1) 1949: Rag Committee, Dramatic Society, NUSAS Research.
1950: Rag Committee.
1951: Medical School Rep. on Rag.
1953: All Sports Council Conference Committee
Rag Publicity Manager.

Attitude: Pro Medical student. Support Academic non-Segregation.
Pro- NUSAS.
I am pro-moderation in all student affairs, and feel I am fully qualified to serve the Medical students in a way which may create a precedent, namely, intelligently.

(Guest Editorial ctd.)

The temptation to scoff in this manner may on occasions be great and must be resisted, if only because of a curious nemesis that inevitably turns the tables sooner (usually) or later, and the biter becomes the bitten. The World Code of Medical Ethics summarises the principles underlying inter-professional behaviour in the sentence - "A doctor ought to behave to his colleagues as he would have them behave to him".

The tradition of service has been built mainly upon the intensely individual character of the doctor-patient relationship. Its maintenance is also dependent upon courteous even if not happy interpersonal relationships between doctors. If the tradition of Service is lost through loss of either of these two factors, medical practice will become a trade. If ever that day arrives, Integral Medicine will cease to exist.

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EDITORIAL.

Letters to the Editor

While we will always try to maintain an open forum of opinion we are afraid we cannot in future allow our Auricle to be filled by correspondence. In fairness to all correspondents we have on this occasion attempted to print all letters in full but we found it necessary to drop a number of letters because of the length of those received. It is important that this magazine receives letters from its readers but we would appeal to all correspondents to confine themselves to a maximum of 250 words and not to attempt to publish long polemics. Why did we not cut down the letters in this week's issue? Because of the nature of the correspondence we felt it impossible to cut out large sections without losing the sense of the article. In fairness to those who may reply to these letters we assure them that all letters will be published regardless of length, but for future reference we would ask readers to take cognizance of the fact that there is limited space at their disposal.

Our Shame

This magazine has a small but wide circulation. It proceeds to all South African Medical Schools and many overseas universities. It appears at most local hospitals. It is to our shame that we have to draw the attention of our students to the resolution passed by the S.M.C. Executive last week which is designed to deal with petty thieves whether such steal articles from lockers or steal free games from pintables.

We assure all concerned that the petty theft will not compensate for the heavy penalties involved.

CHESS CLUB

In the first match of 1953 the Medical School Chess team scored a narrow and exciting win against the Athlone High School Chess Club.

The Athlone players were on top form and scored several early successes. Within half-an-hour Athlone were leading 5-0. But Medical School fought back gamely and levelled the scores at 7-7. It was then that all eyes turned on Medics. 1st and 3rd players, Gamsu and Klintworth respectively, who were engaged in epic struggles against their Athlone counterparts. All Medical School's hopes were in the hands of these two players and they acquitted themselves nobly, each one winning after marathon games lasting 2 hours each.

Medical School won a hard fought match 9-7.

Detailes Scores and names of players:

	Won	Draw	Lost
1. Gamsu	1	1	-
2. Klachko	1	1	-
3. Klintworth	2	-	-
4. Legum	-	-	2
5. Blecher	1	-	1
6. Luntz	-	-	2
7. Klein	2	-	-
8. Rayman	1	-	1

FRIDAY.

FACULTY MEETING.

MONDAY.

REFERENDUM.

S.M.C. ELECTIONS

VOTE ON THURSDAY.

EDITOR IS ALONE RESPONSIBLE FOR ALL COMMENT & MATTERS OF POLICY UNLESS OTHERWISE STATED

NUSAS HEALTH GROUP.

"What remains to be done in Medical research is simply beyond imagination, for research involves not only an unremitting, repeated and exhaustive quest for new facts; but also for new factual relations". It must involve therefore, not only the problems to be studied but also the approaches to these problems - i.e. the effect of therapeutically applied drugs, the use of pathological slides, development of techniques for tissue examinations etc.

"Some research requires only pen and paper; some requires so much that economy is not only a virtue, but a necessity - but the economy may be false, sacrificing the whole to save little". When apparatus and supplies are essential for investigations, it is poor policy indeed to "pinch pennies".

Most of research organisations in this country are hampered by lack of funds, relying for this income on benefactors, street collections and small government subsidies. To increase the "fixed income", we intend introducing the Medical Charities Fund in the 2nd Term of this year.

Briefly, this scheme would require class, firm or group representatives to collect the money each week. At the end of each year the total sum would be divided among charities working in medical fields, (e.g. Polio research, Cancer research, S.A.N.T.A., etc.) as decided by the S.M.C. and the NUSAS Health Committee.

The donation from each student should be £1 per annum. This means one shilling a week for 20 weeks i.e. NOT playing pinball twice a week or NOT having 3 cold drinks a week.

The Funds would prove a most welcome addition to selected organisations.



Every profession has a standard of conduct which its members are expected to honour and in which they take a jealous pride. The medical profession everywhere sets a very high standard, and codes of ethics are drawn up for the guidance of new members of the profession. Breaches of the rules of conduct may result in the offender being dropped from the profession or, at the least, being regarded as not quite up to standard. The necessity for such a rigid code of behaviour may not be clear to the general public but the fact that it exists has much to do with the special regard which the public has for the medical profession as a whole. In The Ehtical basis of medical Practice, by W.L. Spery, there is a full discussion of the principles on which professional conduct is based, including a definition of the word "Profession", which explains why standards of behaviour are necessary to those who enter a profession rather than a trade.

The clear-cut and easily stated rules of conduct often leave no room for doubt as to the right proceedure, but occasionally a practioner finds himself in a situation where there is no written rule for him to follow, and he is thrown back on his own understanding of the broad principles of ethics. Sperry quotes such cases in his book, and leaves the reader to judge the result of the action taken. Every serious-minded student should read this book, if only to learn what a member of another profession expects from a medical practioner, but he will get far more from it than that.

POLITICAL NEWS.



MEDICALS DANCING THE FANDANGO AT THE ENGINEERS SOCIAL.

THE GREEN-EYED MONSTER
(A Five Minute Story)

My palms were damp, and cold perspiration was streaming down my brow. In the eery darkness I began to wonder what was happening to me, and the most ghastly of thoughts raced through my mind.

I had a feeling of being caged in with only my distracted thoughts, yet I knew that there was someone there beside me.....Someone I could not see.

And then I realised that I was being carried forward by some hidden force and all the time there was that queer buzzing noise. I knew that I had often heard that noise before, but in my frenzy I just could not give it a name.

Where was I? In the pitch darkness I could just make out a few weird shapes outside that thing which was rushing with me to..... where was I being taken? I told myself sharply I must not think of that again - yet there were those shapes still - some tall, others shorter, some with little bright eyes, others just black masses.

And then...I saw it! It was fearful, it was monstrous, it was unearthly....A lean, long body, and a giant head looming above, with a green eye,...one huge, green eye in the middle. It glared at me maliciously as I was drawn closer. I felt, in fact I knew that the being shut in with me was responsible for that. And, much as I wanted to, I could not speak to him, implore him, not to give me up to that terror. We drew nearer and nearer and then... and then it was no longer green but orange and then red - red as the fires of hell. A huge gaping scarlet mouth, waiting waiting.

The Robot turned green. The driver shifted the gears and with a jerk I came to my senses.

M.E.

In my opinion,

The Editor,
"Auricle".

SRC President Explains

Sir,

I should like to congratulate you on the clarity of your last editorial. It may be argued that the action which the S.R.C. has taken is political, but exactly how one labels this action is not very important. The action of this sort which the S.R.C. has felt obliged to take over the past years can be divided into two categories:-

(1) Defence of academic non-segregation. As you all know government persons have made persistent attacks on this ideal, which the S.R.C. has considered need to be answered. A corollary of this policy of course, is the policy of seeing the entrance to a University is based on the capacity to benefit from a University education and the need of professional persons and on these criteria only.

Unfortunately in this country these criteria are not so easily applied. Other factors - economic and social and educational ones - affect the possibility of entry into a University, so that, consistent with the S.R.C.'s policy in this matter, it may prove necessary for the S.R.C. to take action in this regard which may be termed as political. As has been stressed before, this is not by design of the S.R.C., but because of the very nature of the problems.

(2) Defence of academic freedom. It is our opinion that a University can only be academically free in a society which tolerates freedom of speech and expression. It is therefore our view that freedom of speech etc. must be defended and fought for wherever it is endangered and this we regard as the particular duty of University students. We students come to the University to be professionally trained, but more important - if we are true students - in search of the truth. But the search for truth can only be conducted without restriction by any political party or idiological doctrine. We must be in a position to follow wherever the truth leads - this unhampered by any doctrine or necessity to conform to a set of beliefs held by any group however powerful or influential. This is an indivisible ideal which we must adopt at all times, irrespective of the exigencies (political or otherwise) of the time.

Finally let me say one thing. The S.R.C. is of the opinion that it has done its duty by these ideals. It is for the students to decide, in this case, by a referendum: firstly whether these are their ideals and secondly whether they think the S.R.C. has fulfilled them. We have no wish to remain on the S.R.C. if we do not represent the majority of students. It is for you to decide. As I see them the issues are before you.

Yours etc.

G.S. Getz.

SRC NOT LEFTIST [illegible] TO GRESTY.

Sir,

In your issue of 19/3/53 I note a statement by Mr. W. Gresty under the heading "Candid Comments on the Crisis". Insofar as this reporting is in line with your commendable policy of editorial impartiality, it is to be heartily welcomed.

However I feel strongly that the time has come when it is necessary once and for all to expose the campaign embarked upon by a certain group of unprincipled individuals among the student body - the campaign of the Smear and Big Lie.

I refer in particular to Mr. Gresty's allegations that

(ctd on next page)

(ctd. from previous page)

"the S.R.C.'s policy has been to stir up political sentiments;" that the S.R.C. is submitting "to pressure from a politically active Leftist Group" etc. etc. I do not wish to imply that Mr. Gresty or any particular individual is the leader or even deliberate supporter of this campaign by slander; for example even Mr. Didcott was recently quoted in the press as having accused the S.R.C. of leftist policies, and I regret that there are many others who seek to bewail with crocodile tears and ostentatious good faith the absence of a "progressive conservatism" in student affairs.

It has been the case for some time past that certain individuals have deemed it fit to abandon any vestige of moral decency in their campaign to discredit the policy of academic non-segregation together with the battle waged to defend the principles implicit therein. Taking a leaf from the underhand tactics of the McCarthy group in America, they have unscrupulously attempted to brand their opponents as leftists, extremists, and when feeling sufficiently safe, as communists. Not willing to openly and honestly oppose the principles upheld by the S.R.C., (knowing full well how parlous would be the student support they would then receive) they have preferred to conduct a scurrilous campaign of innuendo, implying indirectly that the S.R.C. is dominated by a group of professional leftists. They seek thus to make capital out of the prevalent anti-left feeling stemming from the present unfortunate national and international situation.

As a member of the S.R.C. I have had as ample an opportunity of forming my impressions of the majority group on Council as has had Mr. Gresty; I HEREBY FORMALLY CHALLENGE MR. GRESTY TO ADDUCE A SINGLE INSTANCE WHERE S.R.C. POLICY HAS BEEN DICTATED BY ANY POLITICAL OR QUASI-POLITICAL BODY EITHER ON OR OFF THE CAMPUS, OR INDEED BY ANY PERSON OTHER THAN AN ACCREDITED MEMBER OF COUNCIL; I challenge Mr. Gresty to cite any instance whatsoever of collusion with leftist organisations, bodies or groups.

The only occasions when the S.R.C. has involved itself in political matters have been when it has been forced to by its constitution, i.e. when issues affecting the rights of students as students have cropped up. For the S.R.C. to have acted otherwise would have been failing in the very objects for which the S.R.C. exists.

I have sent a copy of this letter to Mr Gresty.

Yours etc.,
J. Herberg.

(A similar letter was received from D.Goldstein also challenging the validity of MR.Gresty's statements. - Editor)

"THE" MEETING.

Sir,

The charges brought against the S.L.A. by Gordon Smith, Seawood and their followers, which appeared in last week's Auricle demonstrate only the ignorance which they have of S.L.A. Policy.

The contentious pamphlet advertised a lecture entitled "The Truth about Kenya". Had these gentlemen attended this meeting they would have learnt, too, the truth about the S.L.A; for the meeting, and the S.L.A., unreservedly condemned the terrorist outbreaks in Kenya! The S.L.A. condemns the Mau Mau! The S.L.A. deprecates all terrorist methods of achieving any aims!

Our contention is that repression is not aimed solely at a secret society, alleged to be encouraging terrorism. It is aimed also at putting under lock and key anyone who can be regarded as a leader

(ctd. on next page)

In my opinion

(ctd. from previous page) organiser or spokesman of the Kikuyu tribesmen. It is a cover to destroy the Kenya African Union whose leaders were arrested on the flimsiest of evidence.

The following is a brief summary of the views and facts expressed by the speaker at the meeting advertised.

(1) Farming constitutes the only means of subsistence of the Kikuyu.
(2) The white settlers have expropriated 50% of the land, viz the 50% which was not desert.
(3) As a result the Kikuyu starve.
(4) A popular organisation, the Kenya African Union was set up with the aim of obtaining a decent standard of living by improving agricultural conditions and by campaigning for opportunity to realise their full development.
(5) More recently an organisation of a totally different nature seems to have arisen, the Mau Mau.
(6) This semi-tribal society bases its activities on terrorism and murder, and as such cannot be too strongly condemned. It is again another symptom of the basic disease of the Kenya economy.
(7) The land hungry settlers faced with the growing opposition from the well organised KAU have sized upon the pretext of the Mau Mau to shut down the KAU, and also by mass expropriation to take over that land which was still left to the starving Africans.

The KAU is the leading organisation fighting for the interests of the people of Kenya. It is an open organisation conducting its affairs legitimately and has a membership of 100,000 paid up members. In a recent mass petition on the land question the KAU collected 400.000 signatures.

The KAU has listed a 15 point program amongst which are:-
1) Immediate implementation in Kenya of the UNO Universal Declaration of Human Rights.
2) The satisfying of the land needs of the people.
3) Equal educational facilities for all races.
5) Trade Unions to be recognised.
6) The right of freedom of speech and assembly.

Hardly revolutionary, yet certainly legitimate aims!

Leaders of the KAU have repeatedly condemned the Mau Mau and denied the alleged connection between the Mau Mau and the KAU. The President and vice-President of the KAU are nevertheless awaiting judgement in a trial which charged them with the respon - sibility for the recent acts of terrorism.

Finally, one can quote Mr. Jomo Kenyatha himself.

"Africans are not hostile to Western civilisation as such; they would gladly learn its techniques and share in the intellectual and material benefits which it has power to give. But they are in an intolerable position when the European invasive destroys the very basis of their old tribal way of life and yet offers them no place in the new society except as serfs doomed to labour for bare subsistence."

Yes, let us show our solidarity with our brothers and sisters throughout the world who are struggling for the right to live a decent life.

Yours etc.
S. Shall
24, Mitchell Street.
Berea.

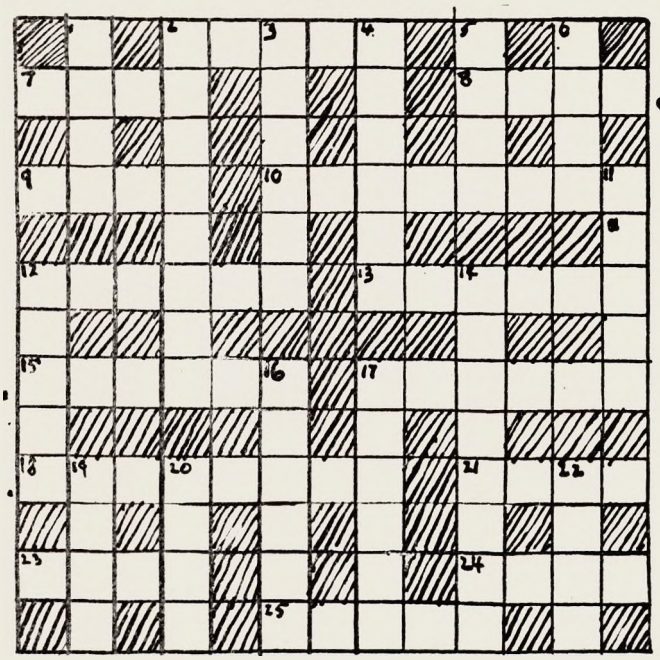
S.Z.A.

Mr. KUPER on.

JEWS IN EASTERN EUROPE.

THURSDAY

EASY AS A B C BY D E



No 4

C L U E S .

Across:

2. Freed to delay. (5)
7. I am against an insect. (4)
8. Where to send it at last. (4)
9. Talk of a well-known doctor at Medical School. (4)
10. This was sure in mead! (8)
12. An interesting name in cord. (6)
13. After the men listen to the soldier they do this. (6)
15. A Canal, craft or receptacle. (6)
17. And so came striated stones carved in relief. (6)
18. Often nowadays done by cheque. (8)
21. Hub of the wheel. (4)
23. Ha?! In a little weight. (4)
24. Cleans the pulverised earth. (4)
25. Cheek! (5)

Down:-

1. Size of the chin? (4)
2. Displaces. (8)
3. Oh, to have made me in a ford! (6)
4. Welcome word on income tax form (6)
5. Indian ox. (4)
6. A sharp end. (4)
11. Boys often find it hard to get the fruits. (4)
12. A shelter over the fellow. (5)
14. Leon made a drink. (8)
16. Capital city. (6)
17. The oil least loved by children (6)
19. Imitate. (4)

(cont. next column.)

Solution to No. 3.

Across:- 1. Ampere 7. Neo-natal 9. Adders 10. Unseeing. 11. Crime 12. Assert. 15. Censer. 19. Naive. 20 Succeeds. 21. Iceman. 22 Entitled 23. Entrée..

Down:- 2. Medicine. 3. Evenings. 4. Ensues. 5. Stripe. 6. Slight. 8. Needs. 13. Sediment. 14. Renegade. 15. Coster. 16. Nicety. 17. Event. 18. Inside.

.....oOo.....

20. Toot for a male name. (4)
22. Undershirt. (4)

MEDICAL STUDENT-NURSES SOCIAL TO-NIGHT..

Once again I am arranging a social with the nurses - at the Hugh Solomon Hall. This Social will be one with a difference - as included in the night's entertainments will be; games, an act by Colin Hersch and Jack Botha, skits by me and the nurses, and square dancing and other novelty dances. The Physiotherapy girls and nurses have promised to come in full strength - and I am appealing now to Medical students to support this function for two reasons:- i) No outsiders (i.e. outside Medical School) will be admitted as this is your social and its success depends on you. 2) The proceeds are going towards our Inter Medical Sports Day with Tukkies - and as the S.M.C. have not got the money to give us we must find it elsewhere - So please turn up in your dozens - Ta!

S.F.

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SPORT.

RUGBY CLUB NEWS

It seems that at the beginning of each season the rugby club either feel that they have no material at all to form a team from, or the prospects are really rosy. This year is one of the latter catagory.

We have a good nucleus from last year with people like Lombard, Pienaar, Freeman, Pike, Rosenberg, Leeb, Powell, Revelas and Dreyer still with us. This year, however, the full-back position will be filled by the able Freddie Herbst, and he should be a winning factor in the team.

Des Catterall I hope will have no more bad luck with injuries and will continue to show his brilliant form on the wing.

In the forwards we are lucky to have acquired the services of "Sacks" Morgan (ex-Rhodes University) on the flank, and who appears to be very useful player and an acquisition to any side.

Players in the club who should develop this season are Ulyate, Charlton and Bowring and their progress will be watched with interest.

I hope this year with the Wallabies tour, a much greater interest will be shown in the rugby club. The ranks of the few loyal supports who faithfully follow Wits. rugby every week, certainly need swelling.

Intervarsity is on the 23rd May this year, so this early reminder should help you keep this date open.

MEDICAL SCHOOL RUGBY TEAM.

Last year Medical School was asked to organise a team to play in league matches. This team under the captaincy of Dr. Meyercwitz met with great success.

Jack's Corner



Latin Lesson: Prima facie - original complexion.....
In loco parentis - following in father's footsteps.....
Dido et dux - Dido ate ducks.
Casus belli - the lining of the stomach.....Quid pro quo - a pound note.....

DAFFYNITIONS.

Bachelor: A guy who is foot-loose and fiancée-free.
Prostitute: Busy-body.
Woman's Gossip: Gab bag.

.....oOo.....

The three Chinese Virgins.
Tu-Yung-Tu
Tu-Bung-Tu
Tu-Dumb-Tu.

.....oOo.....

She had a hiphazard way of walking.

Then there's the story of the bull who got mad when he saw pink - the sissy.

N.B. It 'sn't the cough that carries them off, it's the coffin that carries them cffin.

It consisted mainly of players of note who due to pressure of work were unable to turn out for regular practice, but who took it upon themselves to keep fit and turn out on Saturday afternoons. The matches were played in great style and spirit the final judgement being delivered in the lounge at the DEV.

This year the team is again in process of formation and all those who are interested in representing Medical School should give their names to Bentley Phillips.

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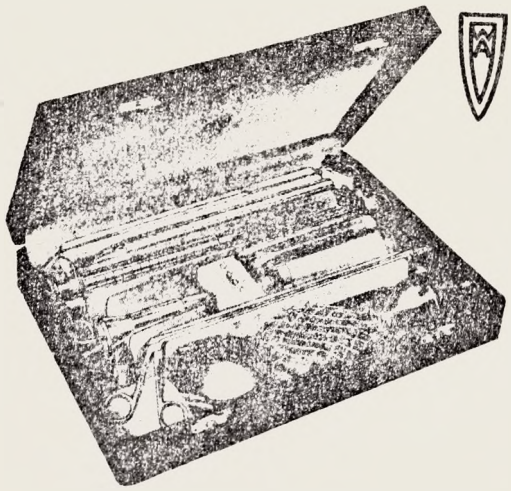
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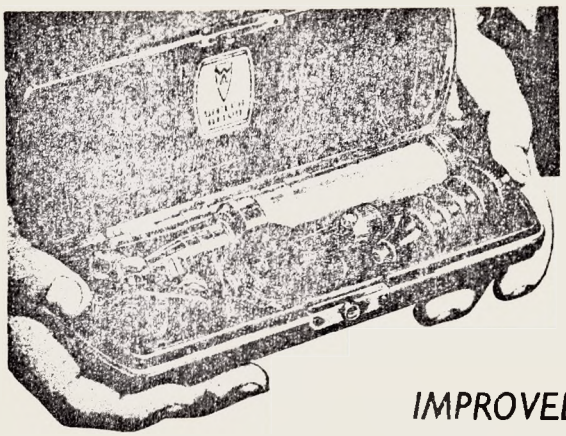
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