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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. 13. No. 5. — 9th SEPTEMBER, 1947. — Price 2d.

MEDICAL SCHOOL REFECTORY
Please help to relieve unavoidable congestion at refectory by adhering to the session times.

A CHALLENGE TO STUDENTS BY MINISTER

An extract from a report by our Special Correspondent B. Levinson, who was sent to Cape Town by the "Auricle."

CAPE TOWN, July.

The N.U.S.A.S. Conference, held in Cape Town, was opened by the Hon. the Minister of Health, Dr. H. Gluckman. In his opening address he said that there was scarcely a branch of University study which had not at least an indirect and very often a direct contribution to make to the promotion, protection and the restoration of the health of man. National health was based not only on the welfare of individuals, but on communal welfare and this was based on economic prosperity, social happiness and political stability. For the promotion of health, Dr. Gluckman went on to say, that a great host of scientists were needed on whom the responsibility of producing more and better food could be placed.

LOOKING TO THE FUTURE

He spoke of the non-material aspect of our social life, the constant rushing and endless worry which seems to prevail in our present mode of life and undoubtedly caused most of our present social diseases. He concluded by issuing a challenge to all students who wished to see this country prosperous and happy. It was a challenge to service, and high endeavour so that there may emerge from the turmoil of the world today an age in which the world's resources may be used for the welfare and advancement of all its peoples.

The only interesting point pertaining to medical students which arose from the discussion of the President's report, which followed Dr. Gluckman's address, was that there might be a trend to allot inferior housemanships to non-Europeans when the year of compulsory housemanship begins. It was agreed by all present that this must be carefully watched by N.U.S.A.S.

BIRTH OF A LONG-HAIRED BABY

From Our Correspondent.

Milner Park, August.

The Arts Council was founded with the object of co-ordinating the activities of a number of societies at the University, including among others the Dramatic, Debating, Architectural Musical, Philosophical, Rationalist Societies, etc. This Council is fulfilling what it feels is a long standing need in publishing their half-yearly review, "Criteria."

"This publication will present to the students and public a mirror of contemporary thought and opinion," said Mr. D. Susman, the Editor, in an interview. "We hope to get contributions concerning music, art, poetry, literature, philosophy, economics, history, theatres, etc., not only from S.A. Universities, but also from established overseas writers." Articles should be forwarded to The Editor, "Criteria", c/o. The Arts Council, Milner Park. The first issue will probably

STUDENTS SEE FOR THEMSELVES

FROM A SPECIAL REPORT BY OUR CORRESPONDENT.

DURBAN, July.

Last month a party of Medical students from Cape Town University and the Witwatersrand University paid a visit to the Springfield Health Centre in Durban. The tour was arranged by the National Union of South African Students, and was the first inter-varsity student tour since the war under the auspices of the N.U.S.A.S.

A course of lectures, discussions and demonstrations was drawn up by Dr. Sydney L. Kark, Medical Officer in charge of Springfield, and was presented by the personnel of the centre.

The students were given a survey of how the health centre functions in the scheme for an overall National Health Service for South Africa as envisaged by the Minister of Health, Dr. Gluckman. They learnt the basic principles of Social Medicine as applied to the people of South Africa, and how the health centre aims at promotive, preventive, curative and rehabilitative health services for all the people, based on the family as a unit of the community.

A deep impression of the good such a system of medicine can do for all in this country was made on those attending the course. It is hoped to arrange further visits during future university vacations.

AUSTRALIA HAS TOO MANY MEDICALS

From Our Reporter, B. LEVINSON.

Never before in the British Empire, nor even in the U.S.A. have 700 students stepped across the threshold of a Medical School. That is the position at Sydney, where there is only room for 130 students graduating each year. It is, therefore, apparent (even to second year Wits. students to whom few things are apparent) that Australia has a definite problem in the years to come. It is a fact that there cannot be enough appointments to go round and if excessive residences are created, standards will suffer. Further, even if and when residency is complete, the field of practical medicine will be more than somewhat limited. In fact it looks as though Australia is going to have the most doctored population in the world, even exceeding U.S.A. which already has one doctor to every 750 persons. Unfortunately this happy situation does not only apply to Australia. All other overseas centres are far from keen to receive graduates of any size, shape or description having their own troubles absorbing their surplus of ex-service medical officers.

Is Nationalisation the answer to this most disturbing situation? We think it must be, but the students of Australia possessed with that innate optimism so essential to students are forever hoping like Mr. Micawber, that when the time comes something will turn up. I am afraid, that for quite a number of students it is a mathematical certainty that nothing will turn up.

N.U.S.A.S. TOUR

From Our Correspondent M.C.M.

Medical School, July.

The N.U.S.A.S. Travel Dept. organised a very successful tour ROUND THE COAST for the Students of South African Universities. Unfortunately, due to accommodation difficulties the Cape Town students were prevented from accompanying us. Rhodes University did not send in the minimum number required, so they were also excluded. The contingent consisted of 75 students, the majority Wits and the rest N.U.C.

The train trip to Cape Town was uneventful except for the late arrival (6 hours to be exact) which prevented the students from seeing the peninsula. A bus-trip had been organised for this purpose but had to be cancelled.

The boat left Duncan Dock with a foreboding sea ahead. A 90 mile an hour gale rocked us to sleep on the first night. Saturday morning we landed in P.E. A trip to the Snake Park was organised and students took the opportunity of paddling at Humewood.

Saturday night a dance was held on board. At East London a tour was organised by the Publicity Association and in the brief period of two hours we were shown the whole of East London in such a fashion that any private individual might have taken a week to see. The only unfortunate incident of the tour occurred here, where three of our misguided students missed the boat and had to come back to Johannesburg by train. We docked in Durban in a 57 m.p.h. gale and Durban was blowy and miserable.

We left for Johannesburg that evening, all tired, but grateful for having had the opportunity of experiencing something that everyone should definitely try to do. The tour in itself was an education.

STUDENTS STRIKE AT ROOTS OF DISEASE

RAG GIVES MONEY

A REPORT BY N. WULFSOHN.

ALEXANDRA CLINIC, Friday.

In September, 1946, a grey-walled pre-fabricated structure was erected on an arid, bare square of land in the midst of 70,000 people. That was 1946. Already in 1945 money was being voted for this building. Rumours were rife amongst the people as to its purpose. Only 50 families knew. They were the selected few in that vicinity who were members of the new scheme. Based on the principles of Fordsburg Clinic this new Alexandra Family Welfare Centre took on a bigger task in working with Africans with all their attendant problems of ignorance, superstition and their peculiar struggle for existence in this seething slum area.

The money came from students of Wits. when they organised the 1945 Rag. Miss V. Junod, director of this Centre, was surprised to learn that even a member of Rag Committee did not know that the money came from Rag.

The fact is that most students don't know that it was their generosity which helped the Alexandra Clinic to envisage this branch on its tree. Every Rag that is organised brings succour to this venture.

The Centre tackles the problem in a scientific manner. I saw this at a glance from their chart on field work. Here is a sample: One family was visited in the space of two weeks by one social worker, a nursery school teacher, a research worker and had six visits on miscellaneous purposes. Another family was charted: a nursery school visit, a miscellaneous visit, a nursery school visit again, a cookery demonstration in the home, and yet another nursery school visit, because of a problem child.

This Centre caters for health and research. It tackles the social problems of all its members. It handles the nursery-school child, the school-going child, the mother, the father and the family as a whole, all for 1/- per month. For 2/6 they can buy at this Centre fruit and vegetables for the week, which normally would cost them anything from 4/- to 7/6.

The research project at the moment is a survey on the family income, the expenditure, and the most useful means of spending that income for the creation of a healthy human being, healthy in body and mind. This is the foundation of a solid future in our present medical ideology of "prevention is better than cure."

Centres like these should be encouraged as they strike at the roots of disease. I suggest next year's Rag pay for the establishment of a similar Centre in Orlando Township with its 60,000 people. This Centre could be run by Wits. Social Science students where great scope for practical experience is open to them.

WITS. GOLFERS SHINE IN SCOTLAND

From our Sports Editor.

GOLF: In the Boyd Quaich Tournament held at St. Andrews, Scotland, South Africa was represented by Taylor (S.A. University Champ.) and H. Brews. (These players are both from Wits.). Fifty competitors from the Universities of England, Scotland, Wales, Australia and New Zealand took part and it was a great honour indeed, for Wits. that Brews tied for first place with Deighton of Scotland. Taylor was placed fifth.

In the inter-University Hockey Tournament, Wits. and U.C.T. drew on points. U.C.T. however, won the Tournament on goal average, therefore, the Mundy Cup is their's for the next year.

CRICKET: The cricket season is soon to commence, and I hope a new system will be introduced. Up to now, it has been almost impossible for one to have a game of cricket unless one is in the first team.

Only two nets are used, the first team play in one, while the other net has to accommodate the rest of the players. It is not strange for a player to get on "knock" in four practices.

Also there is a deplorable lack of interest shown by the senior members of the Cricket team. They do not encourage younger players and anyone is in charge of the second net. It is due to these reasons that so few "knocks" are had, and also that many players join outside clubs in the hope of at least getting an opportunity to show their worth.

The main fault may lie in the fact that only two nets are available; if so, something must be done to get the use of a third net.

It is up to the new committee to see that some changes are made so that students who come down to nets will be able to "get a game."

Perhaps another good idea would be for the S.R.C. to give the cricket club a grant to enable them to acquire the services of a coach.

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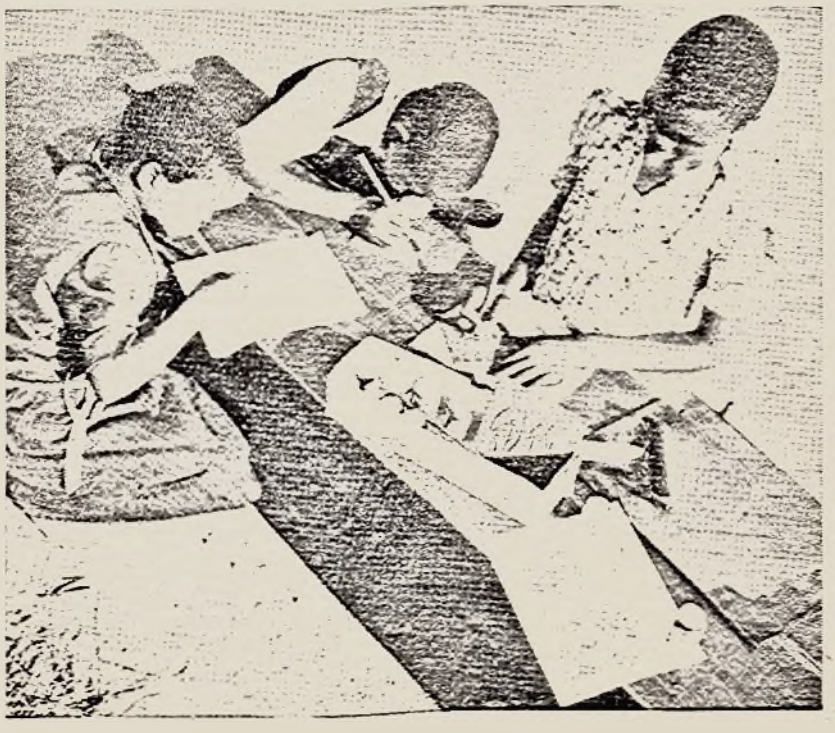
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MEDICAL BALL

September 12th

AND NOT AS

PREVIOUSLY STATED

Our Four Forefathers

(OR IT WASN'T THE STORK)

"Prehistory Week", held at Medical School and organised by the Science and Research Society and N.U.S.A.S., was attended by 1,600 people, who came to the lectures. Four hundred people inspected the exhibition and 250 people visited the original ape-man-caves. The following article was received by an interested "anthropologist."

Man, both extinct and living is classified chiefly according to the measurements of his skull. This is measured from front to back, top to bottom teeth to nose, chin to forehead, ear to ear, eye to eye or dropped into wax to find the specific gravity. All these measurements when compared give indices, and the sum of the indices tell you, within the limits of experimental error, whether the owner of the skull had:—

(a) a large head;
(b) a small head;
(c) was a dipsomaniac.

This is very important, and the above indices must be known.

When these important features have been learned, the reader can go on to the study of fossil types and trace the evolution of Man. Everyone has heard that Man is descended from the apes, but what is not generally known is how far.

The first step in this descent is usually taken to be represented by Australopithecus Africanus, a very primitive type with heavy eyebrow ridges and a low cranial capacity. He apparently had nothing on the apes, and, with a name like Australopithecus Africanus, it seems a little hard that he is referred to as the Sterkfontein Man.

The next member of this fascinating series is Pithecanthropus — also a low type. He had heavy eyebrow ridges and a low cranial capacity. It is thought that he ate his own family. (This may sound pleasant, but it is one way of distinguishing him from the other fossils). His dietary habits make it not surprising that he did not survive until today.

Sinanthropus had heavy eyebrow ridges and a low cranial capacity. He was a definite advance in civilisation on Pithecanthropus. He was definitely less advanced than Pithecanthropus. Sinanthropus and Pithecanthropus were at exactly the same stage of development. Nothing is known of the diet of Sinanthropus.

Eoanthropus had heavy eyebrow ridges and a low cranial . . Oh no! Beg pardon! He had neither, which only shows what a fascinating study this is. He had, however, a jaw which:—

(a) belonged to him.
(b) wasn't his at all.

Neanderthaiensis was the first definite advance on the previous types. He had heavy eyebrow ridges and a low cranial capacity. You may not, from previous reading, think that this constitutes an advance, but then think how little you know of anthropology!

After these frightfully fossilised very old types, one misses a few tens of thousands of years to reach the rather less civilised modern Man. (There were oddities like the CroMagnons during this period — but they didn't play fair, being more like Modern Man than he is himself). These are ably represented by the Bushmen who have no H.E.R. but keep on with L.C.C. This is rather sporting of them as it makes all the rest almost seem like sense. They are distinguished by steatopygia (fat behinds to you). After a holiday at Muizenberg, this may not be characteristic of Bushmen, but believe it or not — they are more so.

The very modern man like you or me, is divided into many groups — T.T.'s, T.B.'s, D.T.'s and M.P.'s being four of the largest. They are all very civilised and rather discouraging but of course make interesting study for the anthropologist.

The following few questions will give the reader some idea of how this fog of ignorance has been dispelled by the careful perusal of this little essay.

(a) Did Neanderthaiensis have a girl friend? If not, why not?

(b) Anthropology is the study of Man — both primitive and modern. On the basis of this definition, discuss whom you think would make the better anthropologist — Professor Dart or Tondelayo?

(c) If A has a cranial capacity of 1.047 pints and B a blood pressure of 3.8 millimetres of Ponds cold cream, which is the more likely to have an impediment in his speech?

(d) In your opinion, did Eoanthropus suffer from toothache?

(e) Who was oomph girl in April, 2,671,842 B.C.?

A.I.F

YOU TOO CAN BE A POET

A manic-depressive psychotic wrote this while in the manic phase of the disease:—

A bag of Mystery!
The Doctors are trying to solve the puzzle!

A RECIPE FOR SUCCESS

Ingredients:

Mentality, Vitality, Morality!!
Ability, Servility, Futility!
These are the Essences required,
For success to be acquired,
If truly by you desired!
Interference, Experience, Grit!
Tolerance, Sin — the exit!
Health, Hope, Hilarity!
Faith, Hope and Charity!
These placed in a large pot.
Mixed well, will alter a lot,
Especially if heated to a degree.
You will see the real man, the He,
For if a man can be made still angry,
He's not quite lost to posterity!
He still can show some emotion,
Still can quote some notion,
Concocted by a Quack
Who elsewhere would get the sack!
Please excuse my excesses,
A cynic I've become; all mixed up with scum.
The flotsam and jetsam of Humanity!
Your wonderful smile, does no longer beguile!
Your wiles are futile; yes, servile, senile!
Your crown upon a pedestal is but found in realms celestial.
But nowhere upon this Universe
Is there a man, who does not curse,
Your wanton vagaries, your eternal plagueries.
'Tis you who lead man into Temptation!
Then show pleasure in their frustration!
You offer them no Consolation!
But place them into Subjugation,
Till they do damn Creation.
With God they hold no Consultation.
Whatever their persuation, they prefer erasion,
From the
"Roll of Honour" by man dictated.
Feted!
Quod est demonstrandum.

EDITORIA STAFF

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VENTRICULAR FIBRILLATIONS

Honorary: "What's the bleeding-time?"
Clerk: "Just on 5.30. Sir."

Female patient (after appendicectomy): "Doctor, will the scar always be visible?"
Doctor: "That depends entirely on you."

Student examining E.C.G of patient known to have enlarged Prostate: "Wot, no P waves."

Phys. Lecturer: "Why has this class got such a big latent period?"
Voice from the deep: "Perhaps it is because you are such a weak stimulus."

Chief: Doctors die of the disease in which they specialise you know. The cardiologist dies of congestive cardiac failure; the nerve specialist of his brain tumour and the venereal man of syphilis. The only man who is safe is the gynaecologist.

"The corpus luteum is woman's best friend and man's worst enemy." — Dr. J. Gillman.

JAMAICA KISU

Waitress: Hawaii, mister? You must be Hungary?
Gent: Yes Siam. And I can't Rumania long either. Venice lunch ready?
Waitress: I'll Russia table What'll you Havre? Aix?
Gent: Whatever's ready. But can't Jamaica cook step on the gas?
Waitress: Odessa laugh! But Alaska.
Gent: Don't do me favours. Just put a Cuba sugar in my Java.
Waitress: Don't be Sicily, big boy. Sweden it yourself. I'm only here to Serbia.
Gent: Denmark my check and call the Bosphorus. I hope he'll Kenya. I don't Bolivia know who I am!
Waitress: Canada noise! I don't Carribean. You're sure Arrat!
Gent: Samoa your wisecracks? What's got India? D'you think this arguing Alps business? Be Nice! Matter of fact, I gotta Smolensk for ya!
Waitress: Attu! Don't Kiev me that Boulogne! Alamein do! Spain in the neck. Pay your check and scram, Abyssinia!

(Bennet A. Cerf's "Trade Winds" in the Saturday Review of Literature)

There is a young man called D-ght-n,
The subject of Phys. he's bright on;
His knowledge of nerves,
Frogs, cats and "curves,"
Gives 2nd years plenty to write on.

"A calcium injection is very effective, especially if you charge a guinea instead of 10/6" —Dr T. W. Osborne.

We salute the 2nd Year who thought that:

The umbilicus was for holding a candle while reading in bed.

One of the functions of the ciliated epithelium was to gently waft the faeces out of the rectum.

Then there is the one about

"The student who attributed his failure to dame-dreaming."

"The Hollywood physiologist who called gastric digestion 'The march of Chyme.'"

Impossible Females: The Conservative woman who attributed her Labour pains to her Liberal husband.

The Life History of a Medical Student (a short story): U.W.-M.S., M.B. Ch.B., G.P., P.U.O., O.P.D., V.D., G.P.I., R.I.P.

KRAZY DEFYNYSHUNS



YEAH: This can mean anything

(a) Yes.
(b) If the lip is curled down "No."
(c) It may mean a period of 365 days.
(d) Or two pieces of meat that protrude on each side of the head for a resting place for pencils, spectacles and cigarette stompies. A.L.

ZINC: They make submarines out of this and so we get the saying "Zinc or swim."

There was a young lady named Russel,
Accused of wearing a bustle.
She said "Its not true.
Its a thing I cannot do—
Its merely my natural muscle."

POMES AND THINGS



AN ODE TO 2nd YEARS

I counted them at break of day
But when the sun went down,
Where were they?
Hey?
(With due apologies). L.S

ANSIENT POETRI

By CHAW (SIR)

(1065—1066 and all that)

Septembre is icummen in
Lhude sing Cuccu (duck)
Procureth soap and visiteth scope
And byeth flowers for Cuccu (duck).

Man bleateth after women
Babe Brother attempteth too,
Unasked mopeth, alzo hopeth,
Winke at nice Cuccu (duck)

Cuccu, cuccu, why ask not thu,
Ne ring me never, Cuccu (duck)
Ask, cuccu nu, ask cuccu
Ask darn you, ask mi nu.

LYRICS FROM THE LIVING BODY

Breathing is such enormous fun
Nobody knows how it had begun.
But it's good to know that the air so spent.
Can all be measured in vols. per cent.
Your sojourn in this land so fair
All depends on the tidal air
And thank Hering-Breuer for discovery why
You don't inflate 'till you blow sky high!!

Fat Absorption?? Clear as the day?
Just jot it down in the formula way!
And for the hearts' regulating cause
remember Marey and Bainbridge Laws
Bowmans Capsule and Henle's Loop
Hamburger Shift and the Cardiac Duup.
If you can't get these fixed in your head
Put out the light and go to bed.

V. L. ROSEMONT.
(Student in Diploma of Nursing)

ST. JOHN'S AMBULANCE RAG

St. John's Ambulance are staging a Rag on September 20th. Those students who would like to get together and build a few humorous floats to join the main procession, please notify Miss Kronik at your earliest convenience. We sincerely hope numerous students will come forward to assist.

Beauty is only skin dope.

MY TICKER

(OR TIME MATZOS ON)

My watch had barely been a week out of the repair shop, when it began to decline again and go into decompensation. It had already been twice to the repair shop, both times admitted as an emergency in congestive cardiac failure. The history of its disease dates back six months when it developed a sort of religious mania — it stopped every Sabbath. Since then decompensation has been rapid. Two attacks of congestive cardiac failure have been dealt with already; and last Saturday I noticed that the exertion was again telling on it. It became dyspnoeic and brachycardia was a prominent sign — this latter causing me to arrive late for the ward round. I administered a sort of "digitalis effect" by turning the pointer to "F" but with only a transitory improvement. The increased work put a greater load on the already overburdened myocardium. On Saturday night auscultation revealed numerous and irregular extra-systoles followed by an occasional Stokes-Adam attack, which was terminated by shaking. Later that night dyspnoea, brachycardia, systolic and diastolic murmurs plus creps, were prominent. Sunday morning my watch was comatose, and nothing could arouse it. I am afraid it will have to go back to the repair shop again. S. LEVIN.

PSYCHOLOGICAL MANIFESTATIONS OF MENTAL TORTURE

Written for the "Auricle" by V. L. ROSEMONT.

The notorious German concentration camps provided outstanding examples of the depths of misery to which human beings can be reduced, in addition to evidence of the bestiality of which man is capable. As a member of Queen Alexander's Military Nursing Services working at Belsen, I saw the pathetic survivors of Nazi terror in that camp.

Those who had suffered most severely showed extreme apathy, especially, it would seem, among people of apparent breeding and refinement. All exhibited fear—fear of changes and new surroundings. Memories of long hunger caused widespread hoarding of the lavis and regular meals. A daily round of straw palliasses and odd corners was necessary, in order to stem the rat menace from hidden larders. This fear of hunger is understandable, when one remembers the diet at Belsen was reduced to a half litre of mangle-wurzle soup per day in the two weeks before our troops reached the camp in April, 1945. Even clothes which the liberators provided were hidden away, to be folded and gloated over again and again.

Trinkets, keepsakes, and all the internees' personal possessions were found, carefully tabulated with German thoroughness. But more terrible in its implications was a large collection of children's shoes. Many of those child victims were never found; a large number were proved without doubt, to have been herded to the gas chambers. Numbers died in the camp, but amongst those found alive were many in a remarkably good condition. They had been spared the worst rigours, by the sacrifices of the adult internees.

None of the living children were younger than five years, although there had been many births. Seemingly, all recently born children had perished. About one-third of the survivors were in various stages of starvation, and few were free from T.B. infection, which often proved the final cause of death. The worst cases exhibited the same apathy as did the adults; their faces were haggard and deeply lined, eyes dull and without expression, or else infinitely sad. Younger children quickly responded to toys and affection, but the older ones retained memories of the horrors they had endured, and kindly treatment was often of no avail.

Hans (named by us), was a miserable, unowned little Austrian Jew of about eight, who was adopted by the watercart orderly. The rough and ready Cockney manner worked a miracle in that wizened little man, who refused to be parted from his friend. Another Jewish youth of sixteen was the only survivor of his family. His first faint, fleeting smile held all the woes of the world.

The cry of many of these poor people was to go "home" — to Poland, Czechoslovakia, Austria, Belgium. Too often "home" was now a heap of rubble, and families had disappeared. The outlook for such people was pretty black, and did not render the task of nursing their minds back to normal any easier.

Simple occupational therapy was introduced at first in an attempt to restore half-crazed minds to sanity. Later, welfare workers of the International Red Cross Society established schools and workshops, and a regular service of advice and help. The power of music to arouse such people from their apathy was recognised, especially in view of the fact that in normal times it is part of their life. Great musicians visited the camp, and concerts were later arranged entirely by artists from among the internees, with beneficial effect.

It had been the policy of the Nazis to degrade these people to the level of animals, depriving them of all the refinements of civilised life. Dressed in foul rags, without latrines or washing facilities, many had existed for years in a state of slow deterioration in social habits. The way back for such was slow, and a certain restraint had to be placed upon them. Before their liberation, when the Nazi guards had taken to flight on the approach of British troops, numbers of uncontrolled internees, filled with a lust for revenge, started a campaign of looting, assault, and sometimes murder amongst the lonely farms around.

Only away from the scene of such misery, with its tremendous graves — the burial place of 25,000 — could any real work of reconstruction begin. Happily, Sweden took thousands for convalescence and healing. But there are many who are still wandering aimlessly all over Europe; the homes and families to which they had hoped to return when the war ended are gone. Under the circumstances, will they ever start life anew? Or will they simply go on living in the dreadful memory of the dark night through which they have passed?

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STUDENTS ATTEND WORK CAMPS

AMERICAN IDEA SPREADS

Johannesburg, July.

The idea of work camps to foster inter-racial relations was originated in Europe, and has been used very successfully in the U.S.A. During July the experiment was tried here, with the help of two American missionaries now in Johannesburg, who have had considerable experience of this type of work.

Persons of radically different outlooks but a common sympathy live, work and talk together at these work camps, which bring everybody together at a common task and facilitate their becoming better acquainted with each other.

In our own particular camp, Africans, Indians and Europeans worked together in the mornings and held discussions on problems of common interest during the rest of the day. Finding a suitable project for our work was difficult, but finally we decided to renovate the main kitchen of Adam's College, where the camp was being held.

On inspection, we found, amongst other things, a most evil smell in and around the kitchen. This, it transpired, emanated from an old septic tank just outside the door. The tank was full and had ceased to function, and on occasions had been known to overflow—an extremely unhygienic state of affairs. Buckets were used to empty the tank, and in order to do so completely, one member of the party had to descend into the interior. Finally the tank was cleaned out, and the pits filled in.

It was an unpleasant task, but everyone worked together with a good spirit. The job was a fine example of inter-racial co-operation, which was remarked on by Non-Europeans who passed by and saw us at work. Everybody present was impressed with their idea of co-operative work, and the hope was expressed that there would be many more camps of this nature.

The conclusions arrived at by those who attended were that there is firstly, a widespread need for education and greater opportunities for the Non-European; and secondly, that colour differences are used as a weapon by the ruling and moneyed classes to keep in subjection a supply of cheap labour.

J. S. CADDICK.

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MEDICAL COUNCIL LAYS DOWN NEW REGULATIONS

Owing to the minor incidents at the last general meeting of Medical Students, we volunteer the information below.

Proposed regulations to come into effect on January 1st, 1948, lay down new conditions to be met by the practitioner intending to specialize.

It is required from ALL practitioners that:

(a) A period of five years — including the houseman year — shall elapse between graduation and specialization.

(b) Except where pathology is the speciality, at least six months each of medicine and surgery shall have been done at a recognised institution.

Except where pathology is the speciality, the candidate shall have had at least two years of general practice.

(d) Every candidate shall have done advanced study in Anatomy, Physiology, Pathology and Psychology in relation to his particular branch of specialization, under academic supervision for at least one year.

In addition to the above, the requirements for the various branches of specialization are as follows:

1. **Medicine:** 3 years' clinical experience in medicine at a teaching hospital.

2. **Surgery:** 3 years' clinical experience in surgery at a teaching hospital.

3. **Gynaecology; Obstetrics:** (i) Resident appointment in an approved maternity hospital for at least six months; (ii) 18 months clinical experience under control of departments of gynaecology and obstetrics in a teaching hospital; (iii) One year's experience in surgery at an approved hospital; (iv) Six months' regular attendance at ante- and post-natal clinics in a recognised institution, which may run concurrently with (i) and (ii).

4. **Orthopaedics:** (i) One year's surgery experience in an approved hospital; (ii) Two years' training in orthopaedics in a teaching hospital, during which candidate must have held a responsible post in a hospital.

5. **Urology:** (i) One year's training in surgery at an approved Hospital; (ii) Two years' urology experience in a teaching hospital.

6. **Ophthalmology:** (i) One year's training in medicine in an approved hospital; (ii) Two years' ophthalmology experience in a teaching hospital.

7. **Otorhinolaryngology:** (i) One year's surgery in approved hospital; (2) Two years' otorhinolaryngology experience in a teaching hospital.

8. **Dermatology:** (i) One year's training in medicine at an approved hospital; (ii) Two years' Dermatology experience in a teaching hospital; (iii) One year's attendance under academic supervision, at institutions for acute infectious diseases, chronic diseases, mental diseases, Venereal diseases, tropical diseases, T.B. and leprosy.

9. **Venereology:** (i) One year's training in medicine at an approved hospital; (ii) Two years' V.D. experience in a teaching hospital.

(For specialization in both Venereology and Dermatology, the period specified under clause (ii) in each case, becomes 18 months, making a total of 3 years.)

10. **Psychiatry:** (i) 3 years' experience in psychiatry (in a situation which includes training in child guidance, mental deficiency, forensic psychiatry).

11. **Neurology:** (i) 3 years' training in neurology in training hospital.

(For specialization in both neurology and psychiatry, the periods specified under clause (i) in each case, become 2 years each, making a total of 4 years.)

12. **Pediatrics:** (i) One year's training in medicine in an approved hospital; (ii) A special resident appointment for one year, six months in infectious diseases, and six months in pediatrics; (iii) Two yeas' training in pediatrics at an approved hospital, during which time experience in infant welfare shall have been gained.

13. **Pathology:** (i) Two years' of study at a recognised teaching institution, in all subjects of general Pathology; 3 years' work in Pathology, or any of its general branches under supervision.

14. **Physical Medicine:** (i) Six months' training in medicine and six months' surgery and orthopaedics at an approved hospital; (ii) Two years' clinical experience in physical medicine in a teaching hospital.

15. **Anaesthetics:** (i) 6 monhs training each in medicine and otorhinolaryngology in an approved institution. (ii) Two years' clinical experience in anaesthetics in an approved hospital.

16. **Neurosurgery:** (i) One year's training in surgery in an approved hospital; (ii) One year's neurology experience in an approved hospital; (iii) 3 years' experience in neurosurgery at an approved hospital.

Various credits and remissions of periods of apprenticeship are given for particular experience. For full details see S.A.M.J., XXII., II., 1947.

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PIONEERS OF MEDICAL SCHOOL

The Editor,
Dear Sir,

I was very interested in your article entitled "Birth of the Medical School," as I was one of the original 1919 class that completed its course at Wit's.

The first year course was held down at the Old Tin Temple which was subsequently demolished to make way for extensions to what is now the Witwatersrand Technical College and the lovely park to the west of that building.

The illustrious Professors who conducted the courses were grand fellows and were most enthusiastic about the new faculty. Professor Fantahm of Zoology fame migrated to Canada where he subsequently died. Professor Wilkinson of "Watah Vapah" fame has also passed away. Professor Ogg left to take up an appointment in the Department of Physics at the University of Cape Town and Professor Moss ruled the Department of Botany. I think that the latter two have also passed to better lands.

The students who finally found themselves as a group from the third to the final years were to the best of my memory as follows: Thompson, who is now doing Urology in Johannesburg after having spent some Post Graduate time in America.

Eric Slade, who did some original work on Asbestosis for which he received a M.D. He has been in practice in Johannesburg since he qualified.

Effren and Kuny who are still buddies are in partnership practice in Springs.

Lockie Klein has built up a very extensive General Practice in Pretoria.

Bill Duthie is a Specialist Physician in Johannesburg. He too did his M.D., and I think a M.R.C.P. (Ex-President S.R.C.) Member of Convocation Executive.

I don't know where Miss Blake is, but she has been a country Practitioner since she qualified.

Miss Binion is a Specialised Dermatologist in Johannesburg while Esther Franks is looking into "eyes" in Pretoria.

Frikkie Grobbelaar has settled in Roodepoort as District Surgeon after spending a few years in South West Africa.

Tommy Tasker is still a Mine Medical Officer and Tich Carpell is in General Practice in Orange Grove.

I. Frack has wedded himself to Social Medicine, having done several years G.P. at Koster and Krugersdorp. Incidentally, Frack has written a book entitled "A Country Doctor Looks Backwards" and Laurie Adler is M.O.H. at Krugersdorp. (Ex-President S.R.C., Students' Union, Member of Convocation Executive.)

In 1935 we had a very interesting reunion dinner at the Carlton Hotel at which Mr. Hofmeyr presided. (He was our old Principal.) It is our intention to have another reunion in 1950, to celebrate our Silver Anniversary.

I think it can be said that as a group they have done extremely well and made their mark in the profession. Five out of the eleven men were on Military Service, two of them for the second time in their short lives.

I hope you will be able to stimulate some of them to send you their memoirs which can eventually be collated to form the history of the Medical School.

Yours sincerely,
"ANON" (M.O.H.)

(Ed. Note: Ask some of the "old boys" to contribute to our series and collection "Birth of

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