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THE Auricle



UNIVERSITY OF THE WITWATERSRAND MEDICAL SCHOOL

Volume 13 No. 1 March, 1962

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Editorial

On behalf of the editorial board it is with great pleasure that I welcome all students initiating or resuming their studies at our Medical School. Heartiest congratulations to our recent graduates and sincerest best wishes for the future.

Student apathy! This unfortunate phrase has been used and moralised upon for many years at our revered Medical School. I think the time has come when it would seem expedient to reflect upon and re-assess the signs and symptoms of this much maligned affliction.

Is there such an entity as "student apathy"? Personally, I think not! Dorland's Medical dictionary does not list it, and neither, incidentally, does Aids to Medical Diagnosis. I am inclined to believe that this so-called obsessional neurosis, culturephobia of the student body, is *non est.* I therefore put to you the suggestion that we leave in the past this static discussion on "student apathy". Let us look to the future with a more balanced evaluation of our extra-curricular activities.

By 1.00 p.m. the average student is exhausted, and the above-average student probably asleep. What then, can we as students of Medicine gain from attending concerts, lectures or discussions during the lunch hour?

Apart from their basic importance as relaxation, all extra-curricular interests have their use. To begin with, they help us to maintain a sense of proportion. It is all too easy to become so absorbed in our own pursuits, our own circle, our own type of work, that we forget how small a part this is of the total of human endeavour and how much is entirely unaffected by what we do. To ignore our opportunities for knowledge, however imperfect they are. is like going to the coast and spending all our time playing klaberjas. "The world is full of things that are tragic or comic, heroic or bizzare or surprising, and those who fail to be interested in the spectacle that it offers are foregoing one of the privileges that life has to offer."

Then again, a sense of proportion is very valuable and at times very consoling. We are all inclined to get unduly excited, unduly strained, and unduly impressed with the importance of our little corner of the world.

Let us therefore not look to cultural meetings as the unpleasant pill to be taken with half a glass of virtuousness whenever our conscience manifests. If you prefer to rest your weary frame on our all too few blades of grass, let no-one disturb you. But before you do so, taste critically of the dishes offered and if you find an interest, follow it! The cultural activities at Medical School are many and varied.

Let your experiences live for the moment that is present, and let that moment be worthwhile. Sad is the day when it is realised that 'the moving finger writes and having writ moves on".

Our green and blue angels are very much missed at lunch hour concerts and discussions. I hope we will see much more of them this year.

To our second years, may I say, that if you manage to approach your brief sojourn in the Faculty of Medicine or allied branches at our Medical School not only as a course preliminary to your true vocation but also as the foundation of a life course, you will be well on your way to the pinnacle of success.

ERNEST LEVY.

THE ARTIFICIAL KIDNEY

THE KIDNEYS PLAY a pivotal role in one of the most complex and subtle of the body's functions: maintaining the stability of the internal environment in the midst of constant physiological activity. Introduced for the treatment of patients in 1945, the artificial kidney has become a standardised lifesaving tool and is proving a sensitive and versatile instrument in fundamental physiological research.

The basic element of the artificial kidney is a cellophane membrane. This material has pores of about the same diameter as the pores in the glomerular capillaries. Some artificial kidneys work partly by filtration, but in all, substances are removed from the blood chiefly by the process called dialysis. Dialysis is the process whereby crystalloids and colloids in solution may be separated by the difference in their rates of diffusion across a semipermeable membrane. The metabolic processes involved in filtration, reabsorption and secretion in the living kidney are too complex to attempt to duplicate in the artificial kidney.

When a porous membrane separates two solutions, atoms or molecules small enough to pass through the pores will migrate back and forth across the membrane but with a nett transfer towards the lower concentration. The blood passes through a cellophane tube, or between cellophane sheets, immersed in a bath or rinsing fluid. The direction and the rate of transfer of each constituent to which the cellophane is permeable depend on the relative concentration of that constituent in the blood and in the bath. By regulation of the composition of the dialyzing bath, various ions and molecules can be moved in and out of the blood.

If, for example, we wish to lower the blood potassium level, we make the potassium concentration of the bath fluid less than that of the blood. Some potassium ions move each way, but the nett movement is from blood to bath. The greater the difference in concentration, the faster the transfer of potassium from the patient's blood. By adding fresh rinsing fluid the process can be continued indefinitely.

By altering the balance among filtration, reabsorption and secretion the natural kidney extracts more or less of any material from the blood. In the artificial kidney the nett transfer can be in any amount and in either direction; substances can be added as well as removed. The movement of each substance is largely independent of the relative concentrations of other substances. Thus by adjusting the concentration of individual substances it is possible to remove potassium, say, at the same time that sodium is added to the blood.

The following crises can be traced in the development of the modern artificial kidney:

(1) In 1913, the blood of dogs was passed through a branching network of collodion tubes immersed in a bath and it was shown that toxic amounts of aspirin could be rinsed out of the blood.

(2) An anticoagulant was needed to prevent clotting of the blood while it flowed through the artificial vessels. Abel turned ingeniously, but laboriously, to the leech, which secretes an anticlotting factor called hirudin while it sucks blood. The heads of thousands of leeches were ground up for this purpose.

(3) The early 1930's saw the introduction of cellophane, and the discovery, isolation and purification of heparin.

(4) Armed with cellophane and heparin, Willem J. Kolff, developed the prototype of the modern artificial kidney in 1945 and with it first treated patients suffering from uremia.

(5) Various modifications of Kolff's artificial kidney have been introduced. A rotating drum around which the cellophane tubing is wound, was introduced. As the drum immersed in the bath rotates, the blood is spiralled along the tubing by gravity, forming a thin film on the wall of the cellophane that provides maximum exposure to the fluid in the bath. Only dialysis occurs; there is no filtration as the blood is not under pressure.

FILTRATION UNDER PRESSURE

A later Swedish modification was the pumping of the blood under pressure through the tubing. This brought in the process of filtration. Filtration provides the most convenient way of removing water. In another design sheets of cellophane were arranged to form a multidecked sandwich with alternating layers of bath fluid and blood

The machine used for renal dialysis in our Johannesburg General Hospital is a commercial standard model designed by Kolff and is based on a device made by Inouye and Engelberg. Cellophane tubing, wound in a spiral between layers of fibreglass screen around a metal core, is set in a tub that holds a circulating bath fluid. Relative motion between the cellophane and bath fluid is achieved here by continuous circulation of the solution through the inner chamber. The cellophane-fibreglass coil comes as a disposable unit, and the convenience of this machine which filters as well as dialyses, has made it possible for many hospitals to provide artificial kidney therapy.

(Continued on Page 11)

Conference on Human Genetics

— Medical School, April, 1962

THE first Conference ever to be held in South Africa on Human Heredity and Disease will take piace at Medical School towards the end of April. It will be the 19th of the Annual Conferences organised by the Students' Medical Council every year since 1944. These conferences are intended to provide medical students, as well as members of the medical profession and the public, with glimpses of new work and new directions in specialized branches of Medical Science.

The subject of human genetics, which has been chosen for this year's conference, has assumed great importance in recent years. The discovery as recently as 1956 that man has only 46 chromosomes — and not 48, as had been believed for thirty years — gave a tremendous fillip to research on human chromosomes. In the years which have elapsed since then, scores of investigators in different parts of the world have shown that many well-known conditions — such as the so-called but misnamed mongolism and various forms of intersexuality — are associated with very gross and obvious chromosome changes. For years, it had been known that fruit-flies and snapdragons sometimes showed extra chromosomes or too few chromosomes; few people dreamt, however, that even man could suffer from chromosomal diseases and that such chromosomal changes would provide the explanation for numbers of long-known medical conditions. Truly, a revolution has come about in human genetics in the last five years.

This is but one of many ways in which human genetics has progressed astonishingly in recent years. Other new horizons are the discovery of the genetic carrier state and the detection of heterozygotes ,the calculation of empiric risk figures for many diseases and malformations, and the uncovering of gene mechanisms through the study of abnormal haemoglobins.

All these and many other aspects of this important and exciting field will feature on the programme which Martin Colman and his Conference Organising Committee are busily preparing. An imposing panel of speakers is being assembled, not only from different parts of South Africa but from **at least two other continents!** Details of the distinguished overseas speakers will be announced in a later issue of "The Auricle". An innovation in this year's Conference Programme will be the inclusion of medical students as discussion leaders at several sessions.

Last year, the Second International Conference on Human Genetics was held in Rome and your Medical School was represented there. This year, modern techniques are being applied to the study of human chromosomes, right here in Johannesburg. It may even be suggested that the time has now arrived for the inclusion of a formal course of human genetics in the curriculum of our Medical School, as already obtains in many Medical Schools in Europe and America.

Clearly the moment is ripe for a conference on human heredity and disease: and once again the S.M.C. is acting the pioneer in a branch of medical Science in South Africa.

(Professor) P. V. Tobias
Graduate Chairman of Conference 1962.

GLIMPSES OF MEDICAL PROGRESS

Operating under pressure

Surgeons in Holland are investigating the possible advantages of operating under an air pressure of three times that of atmospheric pressure. The object is to increase the oxygen carrying capacity of the blood. Although the operating conditions are uncomfortable, the Dutch workers feel that the technique for adding oxygen to the blood will prove helpful in treating impaired circulation in the brain and limbs, poisoning with toxic gases and other conditions. Its efficiency in cardiac surgery without the use of the heart-lung machine, is being explored.

Aortic valve

Three groups of surgeons have attained one of the most elusive goals in cardiac surgery — the development of an effective replacement for the aortic valve. A duplicate in tough, flexible plastic of the three leaflets of the natural aortic valve has been evolved. The synthetic leaflets are separate; one, two or three can be fitted in the patient as required. Successful replacement of one, two or all three leaflets has been carried out.

LETTERS TO THE EDITOR

Bus Service to Bara.

The Editor,

"Auricle."

Dear Sir,—I would like to register a protest against the hospital authorities who have suspended the bus service for non-white students to Baragwanath Hospital. Of course, it would have been more reasonable to preclude white students from this service, since they must have the highest ratio of cars to student population in the world. But this is South Africa.

To bring some more perspective to bear on this subject let me remind you that non-white medical students only have access to N.E.H. of all the hospitals in walking distance from Medical School. Allow me to suggest that white students have a distinct advantage as to the clinical material available to them. Also I wonder how many students in 3rd year have been humiliated by being turned away from post-mortems?

Let us not make a fuss about this and other petty grievances. The Government has turned our University, and with it our Medical School, into a White (or should I say "colourless") institution. We made a fuss when that legislation was passed. But we didn't make a fuss before then, when most Africans were excluded by reason of financial status, except for the few who had to rely on the charity of A.M.S.T.F.

Let us "keep out of politics" and concentrate on Medicine. But let us, at least occasionally, remember these two declarations from the Declaration of Geneva (1948):

"I do solemnly pledge myself to consecrate my life to the service of humanity."
"My colleagues will be my brothers."

C. Gazidis

(Ed.: This letter has been forwarded to S.M.C.)

Renaissance

The Editor,

"Auricle."

Dear Sir,—The question that is foremost in my mind at the moment is: "Is there a Renaissance actually occuring in our once culturally primitive Medical School campus?" Judging by the attendance and enthusiasm of students for the first concert presented by our Medical Society, the answer can only be an emphatic "YES".

What splendid performances were presented to us by that talented trio Arnold Miller, LeRoy Lategan and Johann van Wyk, all, one might mention, Medical students. I can praise the organisers of this concert with superlative and yet fail to express how delighted I, and the rest of the student body feel at being extended this wonderful opportunity to hear music of the first order.

Added to our pleasure is the fact that the entire concert was executed by our own students.

Once again I wish to express hearty thanks and give three cheers for "our Boys", saying as I do: "You have the audience, give us more!"

Yours,

Ian D. Samson

O.T. a degree?

The Editor,

"Auricle."

Dear Sir,—On behalf of the Occupational Therapy students at our Medical School I would like to bring the following points to your attention:

(1) First year O.T. students are required to attend full academic courses in Zoology, Psychology, Physics and Chemistry.

(2) Second year O.T. students are required to attend full academic courses in Anatomy and Physiology.

We feel that as we are required to attend full courses in the referred to subjects, consideration should be given to changing the course to that of a degree course. This course could be completed in 4 years of study.

Gillian Bernstein (O.T. II)

(Ed.: This letter has been forwarded to S.M.C.)

Editor's Thought:

Culture is what is left when one has forgotten what one has set out to learn.

QUO VADIS?

WHERE are we going and what do we wish to achieve by holding lunch hour debates, concerts, lectures and films? Consider the well known saying that medical students qualify well versed in the science and art of Medicine and Surgery but ignorant of Matisse, Degas, Rodin, Wilhair Faulkner, Alban Berg etc., thus deserving the designation: "Scientific Barbarians". Be assured that any man who is ignorant of the Arts is ignorant of a very vast sphere of human achievement.

Now this state of affairs should not exist. For is not culture the highest and noblest product of the human intellect and is the mind not man's most valuable possession? And are we not, as potential doctors, concerned with man — his body and his mind?

Those Medics. who escape from Anatomy or Pathology to pinball as an alternative entertainment to Beethoven, are avoiding the epitomy of creative power and their's is the loss.

But we unfortunately also lose thereby. For if two and a half people roll up to a lecture or a concert, it must be cancelled to our loss, mutual embarassment and the disgrace of our Medical School.

People are tired after five hours of work in the morning and the prospect of another three hours after lunch. "A change is as good as a holiday" and therefore a lunch hour spent contemplating an entirely different field of human endeavour from those currently engaged in, is of far greater value, in so far as relaxation and mind-refreshment are concerned, than one spent idly chatting or swotting in the library.

Our Medical School has a Cultural Society which will provide lunch-hour entertainment throughout the year. Anyone wishing to asist is welcome to do so.

Whither goest our culture? — we hope that the answer will be: *into the Minds of the Medics.*

Bernard Kaplan
(Chairman, Council of Cultural Societies)



WHO'S AFREUD?

The analyst is my shepherd
(I may always be in want)
He maketh me to lie down on green couches
He redistributeth my libido
And leadeth it in the paths of normality
For his namesake.
Yea, though I walk through the turmoils of emotional conflict
I will fear no evil
For the transference is with me,
His explanations and encouragement — they comfort me.
He prepareth my mind to accept reality,
He defrosteth my libido.
My praise runneth over.
Surely a good mess of money will follow him all the days of his life,
Even if I must dwell in the Almshouse forever.

The psychotic insisted to the psychiatrist that he was dead.

The psychiatrist had the patient stand before a mirror for three hours, repeating the words, "Dead men do not BLEED."

Then the doctor pricked the other's finger, drew a few drops of blood, and said, "See, blood."

"Ah. ha." gasped the psycho., his eyes bulging, "then dead men DO bleed."

Two morons were building a house. One kept picking up nails, looking at them, keeping some and throwing others away.

"Why are you throwing away so many nails?" asked his companion.

"Because they are pointed the wrong way. They have the heads on the wrong end."

"You fool. Those are for the other side of the house."

The patient was a girl of nine. Her case history was extremely interesting. There were numerous acts of violence against members of her family.

"I hate my mother," she sputtered.

"But, surely, you love your father?" asked the psychiatrist.

"I could kill him, too. And my little baby brother, and my little baby sister. I could kill them all."

The doctor stroked his beard for several minutes. The little girl looked at him. Then she spoke: "Some psychosis, eh, Doc?"

There were two cases in the same ward of that institution for delusions of grandeur.
The doctor said to the first of these "slaphappies".
"What makes you think you're Napoleon?"
"God told me," he answered.
From the adjoining bed came the indignant voice of the other, "I did NOT!"

SPORTS NEWS

Our Alma Mater

DURING our years at Medical School most of our time is devoted to study. The primary intention of all is to obtain a degree. Ranking on a par with this should be our pride in the School; but unfortunately this does not seem to be the case. The Alma Mater of an institution like ours ought to lie, firstly, in our academic achievements, and secondly in our extra-curicular activities.

I am sure that the successes and achievements of the graduates of the School gives us much to be proud of. But what of the other side; and more specifically, what of the sporting activities? In my opinion there is a shocking attitude to this side of life at Medical School. One has only to arrange a game of Rugby with another class to realise the apathy toward sport.

We on the All Sports Council do our level best to arrange functions. Those sports arranged are naturally those in which the team counts more than the individual. A person need not feel out of the run because he does not excel at a particular sport. It is in fact, far better to have a team of mediocre players than one in which a few "names" have to carry the rest.

During the year we arrange meetings with both Pretoria Medical School and our Engineering faculty. Last year we were extremely proud to return victorious from both occasions, thanks to some good work by a few stalwarts. This year we hope to repeat the performance, so watch out for these events, and get into training; especially the first years who always seem to be under the impression, that because they are down the hill, they are forgotten.

Finally, let me encourage inter-class competition. A knockout Rugby cup is again to be competed for this year; also Men's and Ladies' tennis trophies and an inter-class Squash Trophy. But apart from these, let us see classes challenging one another at anything from tiddly-winks to boat-racing on their own initiative. And ladies, don't be scared to join in and arrange things against the males, ten to one they'll be too terrified to accept the challenge.

I hope to have the co-operation of all this year and hope that we will be as successful as we were last year.

Mike Wright
(Chairman Medical School All-Sports Council)

Tennis Club face lift

The Wits. Tennis Club is undergoing drastic re-organisation. After many years of discussion with the relevant authorities, the Tennis Club Committee has been given the go-ahead to begin preparations for their new scheme. The scheme has been accepted in principle and the final agreement with the Registrar on various technical points is eagerly awaited.

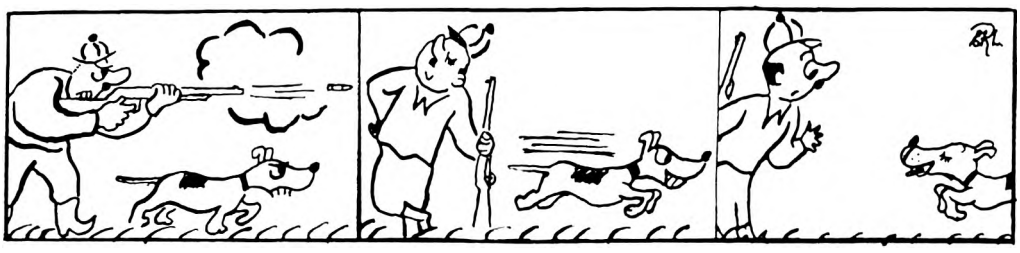
The features of this facelift are, in the main, organised social tennis for members of the club on 4 courts, and a booking system similar to that of the Squash Club for the remaining courts. The booking system will prevent the unfortunate incidents which have occurred in the past when students have occupied the courts for an entire session to the exclusion of other students wanting to play.

The committee is confident that, should they be granted these facilities, they will have a sound foundation upon which a truly sociable and successful club can be built. In the years to come it is envisaged that the Tennis Club will again be the social club it once was.

A basic outline of this year's activities would therefore be:

ANNUAL GENERAL MEETING — 15th March.
Organised social tennis.
Freshers' trials and the Freshers vs. Seniors match to follow.
Championships to commence at the end of March.
Winter and Summer league matches.
Intervarsity vs. Pretoria University.
Intervarsity at Durban in July.
Friendly matches with other clubs.
Social "get-to-gethers".

Anyone interested in joining the Tennis Club will be welcomed. They should attend the A.G.M. in C.B.142 at 1.00 p.m. on the 15th March, or contact Ernest Levy IV at Medical School or 44-5089.



HELP CRIPPLES TO HELP THEMSELVES

Polio has been defeated! But now the battle is raging against crippling from rheumatoid arthritis, bone cancer and other diseases, various types of deformities, and accidents on the road, playing fields, and at home. Rehabilitation is only complete when the cripple is restored to full usefulness according to his abilities.

1 booklet of ten Easter Stamps will cost you only 10 cents.

March is "Easter Stamp Fund For Cripples" month.





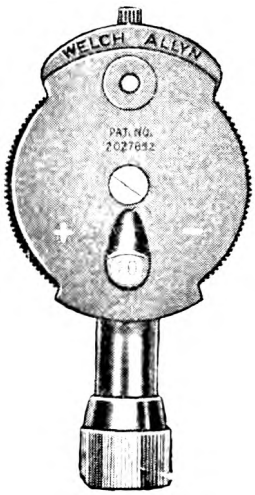
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Radiographer's rendezvous

Since the new student radiographers started at the beginning of this month, this article is calculated to boost their morale to sea level and help them in their fight for survival.

Although most radiographers are of the fairer sex, I have heard that the best in this town is a male, which just goes to show . . . Nonetheless we are a pretty good bunch*.

How is such an exclusive group brought together from the four corners of South Africa? How many poor unfortunates are there who are not among the chosen few? The process of applying and the methods of selection are about as complex and thorough as the choosing of an astronaut. Actually the basic principles are the same, except that in radiography it is more sacrificing as we don't go down in history.

First, there is the application. For this purpose, seven or eight copies are laboriously written out by the applicant, the best of which, according to diverse opinions, is submitted. (This, of course, is usually the most unsuitable copy.) How can anyone, who thinks radiography consists of taking nasty pictures of peoples' insides, and of being bombarded by tiny germs called X-rays which are bouncing all over the place, know what is suitable.

Besides, my deah, they (the radiographers) walk around in lead cages and live like moles, never coming out of dark rooms. No wonder they all have their appendixes out while they are still students.

After the application comes the interview, where the applicant is put into the dock and cross-examined in quick succession by representatives of all aspects of radiography. This is a good test of will power (not to give up), patience (not to give up) and quickwittedness. If the applicant is eventually accepted, a chest X-ray and blood count is done (just like with astronauts).

The new students are distributed throughout different sections of the department. In rooms specializing in barium examinations they are initiated by . . . you guessed it, a barium bath. The fact that it is usually unintentional is fortunate since there can be no hard feelings.

In rooms doing intravenous examinations the initiation may be:

(1) having a patient whose blood system and skeleton have disappeared within a fatty barricade, or
(2) a large patient collapsing forwards. This is remedied by putting your hands out and supporting the patient, thus easing his fall by letting him sink slowly downwards and forwards. The radiographer folds up underneath.

During injections or similar pleasantries it is necessary to apply a little "psychology", by encouraging the patient to describe his ailments or symptoms, whichever he prefers. Fortunately, it is soon time to "take a deep breath in and hold it" or "haal diep asem in en hou dit binne" or "Donsa moyah — Bamba", using whichever is suitable. (so versatile, these radiographers!) This brings the patient's recital to an abrupt conclusion.

Should the above information create a false impression, let me hasten to add that over 33,000 patients are satisfactorily examined at the General, over 10,000 at N.E.H., annually. Of these, at least 70% come to us willingly. The other 30% are never quite sure how they got there, but all are charmed by the radiography department and the very fetching radiographs which are produced.

Eda Golub

*(*Ed.: Hoor! Hoor!)*

Heartiest congratulations to the following radiographers on their engagements:

Jeannette Diemont — Robert Crawford-Brunt
Jean Huisbeeck — John Salters
Wendy Naisby — Malcolm
Lennys Bennet — Mike Frith
Gail Brook — Lionel
Hazel Lehman — George Breslaur

In anticipation?

Glenys A - - - -
M - - - - McG - - -
Hi - a - - P - - - - -
P - - L - - -
D - r - - - v - - H - - - -

THE WHOLE TOOTH AND NOTHING BUT THE TOOTH

The tooth of the pudding is in the eating, and the IIIrd. year Dentals were all but digested by their Medical classmates. The result? 18-3 for the Medics. Lack of cohesion in the Dental forward line and slow tackling by the backs (the result of a chronically high R-OH blood level) enabled the dyspuoeic Medics. to come out tops.

Never mind, the Teeth-men. Take heart! Môre is nog 'n dag.



Physiotherapy in all its glory

We would like, dear reader, to tell you in future of Physiotherapists — their training and their work. However the task is somewhat complicated by the fact that your bending author has but a few weeks clinical experience and thus deems himself unworthy of the task at the moment. A few thoughts then . . .

One's first visit to a ward in the capacity of a therapist — part of the medical team directed to the healing of mankind — is rather a trying one to the jolly old C.N.S., especially if one is inclined to be of a shy and retiring nature.

It is remarkable how, in the main (this is a purely subjective observation) patients are stone deaf and prefer to speak Afrikaans (a language in which I am not particularly proficient). I say this merely to emphasise the feeling which overwhelmed me when presented with my first patient.

I was informed that he had to be addressed in Afrikaans into the left ear, and had to be given breathing and leg exercises. I had not had a chance to prepare any suitable phrases but determined to attempt to do my duty.

My first hesitant "More mnr. Fourie," was met with a blank stare. The volume was increased somewhat, "Môre mnr. Fourie" (I think that was his name), but still no response.

I then let fly with a full intervarsity intensity "MÔRE MNR. FOURIE" and was utterly deflated by being greeted with an equally loud "MÔRE NEEFIE!" That was not my day.

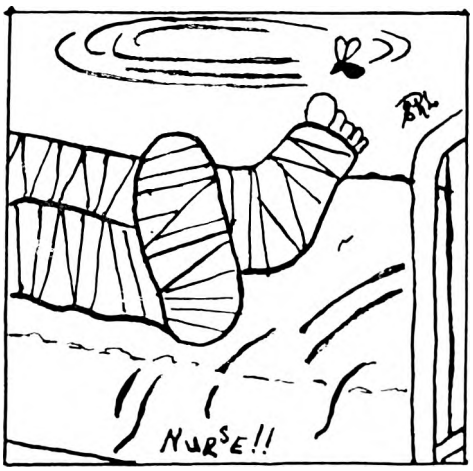
Then there was our littlest third year, M - - - - n, who, when she attempted to exercise a brawny patient, was told. "Go ahead dear, you're much too small to do any damage."

However it is not long before one develops a most rewarding relationship with the patients and one comes to quite look forward to seeing them every morning. They give substance and meaning to the theory taught to one during the rest of the day.

In the fourth year class last year there was but one unfortunate who has to rewrite in June, the whole of the third year class which wrote exams passed through to final year and nineteen out of the twenty second years passed through to their clinical years. Of the first years, only fourteen managed to penetrate to their second year — and the best of Republican luck to them!

Perhaps it would be as well to finish off by wishing all students the best of luck for the forthcoming academic year and — don't forget to work hard right from the start!?!

Chris Rodseth (Physio III)



Skinder with the nurses

J - - - - - Garth-G - - - - is heartbroken. Could it be transoceanic?

Lynn P. behaved herself all Saturday night at Casualty — she must've been working hard again.

Pris McDougal has recovered from her "code". Just in time too — Spookie has borrowed her handkerchief.

The students are missing Liz Barnes at Casualty.

Jess S - - - is strutting around very proud of her new headgear — Congrats. J.

Di Bartlett has recovered from infective hep.

June B - - - - - is a sweet kid — so say the 4th. year Medics.

Sister At - - - - - and Prissy just don't hit it off — Why?

The 4th. year Medics are flocking to Casualty. Who says "gentlemen" don't prefer blondes?

A STUDENT'S THOUGHTS

No mind of my own,
The seeds are sown
To follow this course;
With joy and remorse!
But I must agree,
I am quite free
To leave this joint
At any odd point.

WIN R4.00 FOR NOTHING

By exercising your artistic talent and drawing a motif to be used on banners, programmes and invitations for conference this year you can win R4.00.

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OPSAAL!

SO you've only been around at Medical School for a few weeks, and already you're in a flap. You're NOT, you say? You mean you THINK you're not! You see, I know all about you, I was once a second year myself. Permit me to cast my pearls of wisdom before you.

I spent three years in second year. Mind you, my University education was no haphazard affair. The courses in which I worked for the particular year, were all carefully selected with a very definite aim in view, with a serious purpose in mind — no classes before eleven in the morning or after two-thirty in the afternoon, and nothing on Saturday at all. That was my slogan. On that rock was my education built.

For my first year in second year, for instance, I chose histology, with special emphasis on Gastro-intestinal tract histology. I had an ulcer that year, which gave me a feeling of belonging to this particular course. Another factor greatly in the favour of this course was that it allowed for a good sleep in the morning. A man has his health to think of. There is such a thing as being a studying fool.

For my second year amongst the Anatomy and Physiology departments, I decided to follow a course on the physiological anthropology of our great forebears, the apes. In addition I supplemented this course with Russian taxation systems before Catherine the Great, North American glacial deposits and Early Renaissance etchers. This gave me a general idea of the progress of civilization and a certain practical knowledge which has stood me in good stead in many ways in the wards.

Now, for my system of studying. I always insist on organisation. One must know where one is going and all that. An organised mind will never be ruffled.

For lectures, I had my notebooks so arranged that one-half of the page could be devoted to drawings of five-pointed stars (exquisitely shaded), girls' heads and an occasional game of noughts-and-crosses with a neighbour. Some of the drawings in my physiology notebook were the finest I have ever done. Several lecturers commented on my work in this field.

These notes I would take home after the lecture, together with whatever supplementary reading the course called for. Notes and textbooks would then be placed on a table under a strong lamplight. Next came the sharpening of pencils, which would take perhaps fifteen minutes. I had some of the best sharpened pencils at Medical School. These I placed on the table beside the notes and books.

At this point it was necessary to light a pipe, which involved going to the table where the tobacco was. As it so happened, on the same table was a poker hand, all dealt, lying in front of a vacant chair. Four other chairs were oddly enough occupied by students, also preparing to study. It therefore resolved itself into something of a seminar, or group conference, on the courses under discussion. For example, the first student would say:

"I can't open."

The second student would probably say the same thing.

The third student would say: "I'll open for fifty cents." And the seminar would be on.

At the end of the seminar, I would go back to my desk, pile the notes and books on top of each other, put the light out, and go to bed, tired but happy in the realisation that I had not only spent the evening busily but had helped put four of my friends through Medical School.

Well, cheers and totsiens, and don't forget, MOENIE PANIC NIE!

THE ARTIFICIAL KIDNEY (Contd.)

The artificial kidney has been applied with great success in the treatment of acute renal failure. Often this loss of kidney function is temporary, and the kidney will eventually recover if the patient can survive the uremia that results on renal shutdown. People dying of uremic poisoning are literally brought back to life by intermittent treatments with the artificial kidney.

Because of its selective ability to remove a wide variety of substances from the blood, the artificial kidney is valuable in many situations not involving impaired kidney function at all. It can be used to supplement a healthy kidney. Poisons move through the circulatory system, and the artificial kidney is therefore an excellent tool with which to remove them. Thus many cases of aspirin and barbiturate poisoning are now handled with the apparatus. Bromide and thiocyanate poisoning can be effectively treated in this way.

Recent studies in Switzerland have raised a particularly interesting possibility. There is evidence that some substance circulating in the body fluids may play a role in schizophrenia; the Swiss investigators treated a number of schizophrenics with the artificial kidney and reported some remarkable improvements. The implication is that the hypothetical causative factor was removed from the patient's blood. On the research frontier the artificial kidney is playing an increasingly important role.

The artificial kidney's ability to change the concentration of specific substances in the body fluids, while keeping the level of the others constant, makes it a powerful and flexible research tool. Used with care and imagination, it should continue to add to our knowledge not only of the human kidney but also of a wide variety of disease and fundamental metabolic processes.

The Yoke's on us

A houseman at Casualty telephoned his colleague for reassurance.
"Joe, I have a case of beri-beri, what shall I do?"
Replied the drowsy "consultant": "Give it to the students, they'll drink anything."

A housewife found a 10 cent piece inside of a chicken she was cleaning. Which goes to show that even hens think a 10 cent piece is chicken feed these days.

The Indian kept raising his hand and saying "chance" each time a tourist passed by. Finally one of them asked him,
"Why do you keep saying "chance" when all the other Indians say "how"?
"Me already know how, me just want chance."

Newsboy: "Extra, extra. Read all about it. Two men swindled!"
Passerby: "Give me one . . . say, there isn't anything about two men being swindled."
Newsboy: "Extra, extra. Three men swindled!"

The army camped next to the Umzumbotsi river, and a private was sent out to get some water. He soon returned saying,
"Sir, there's a big crocodile in the river and I'm afraid to get any water.
"Nonsense," replied the lieutenant, "that crocodile is probably four times as scared of you as you are of him."
"Well, sir," replied the private, "if that crocodile is only half as scared of me as I am of him, that water isn't fit to drink."

Dr. Hogarty was summoned to the police station to examine an autoist for suspected intoxication. But the doctor shook his head, turned to the Sergeant, and said, "This man isn't intoxicated. He's been drugged."
Up stepped the arresting officer. "Of course he's drugged. I drug him three blocks to the station."

Confusion existed in the mind of a chap who assured the doctor he wanted to be castrated. Over the doctor's vehement objections, the young fellow was insistent. On the way out of the Surgery he met a friend.
"What are you doing here, Bob?"
Bob told him. "I'm here to get circumcised, Tom."
Tom snapped his fingers. "Dammit, that's the word I was trying to think of."

"Look at that sign on the doctor's house . . . nine to one . . . I gotta get better odds than that," said the gambler as he went in search of another diagnostician.

WANTED

Magazines are urgently required for distribution to patients. Please contact A. M. Levin 5th year.

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However, in order to sell these magazines the help of all students is required. All Freshers and Freshettes are automatically expected to help sell the Magazines. I would like to appeal especially to second, third and fourth year students to offer their assistance in other ways. Namely, taking charge of depots or areas and assisting in the collection and counting of money. All those who are willing to help please phone John Wilson at 53-5006 or leave a message at Rag Office.

Sales commence at 7.15 a.m. on Saturday morning and continue until all magazines are sold, which this year should be somewhere in the region of midday. This year the distribution to each depot will be slightly less than last year as there are more depots to be catered for and also there will be no fresh supplies once the depot has had a complete sell-out.

Once again I would like to appeal to all for their help.

John D. Wilson
(Convenor of Distribution)

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