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VOL. 5 FEBRUARY, 1939 No. 1

A MESSAGE TO SECOND YEARS

In bidding welcome among us a fresh class of second years on behalf of those who are already imbued with the customs and traditions of the Medical School, a few suggestions to those about to embark on their search for medical knowledge may not come amiss. The five year steeplechase towards the M.B., B.Ch. constitute in themselves a life apart. Your interests and attainments are removed from the outer world of stress, and within the comprehensive arms of the Medical School you may give full expression to your personality. The writer and cartoonist can contribute to the School's journals; the student with organising ability has full opportunity to arrange concert or other functions, societies or what he will; the sportsman may indulge in inter-year sporting activities; the man who wishes to cultivate the art of speaking may attend debates and meetings arranged by the Cultural Activities Society; nay, even the brain-worker may work, should he so desire. Nothing from outside need penetrate this small universe, that has its own societies, clubs and activities, its own ideals and traditions, its own leaders in thought and action, and its own tests of worth in the sporting and intellectual fields. **We desire no politics, no bitter hatreds within our midst, but something of a sound University spirit and pride and the development of a scientific outlook and attitude of mind on all matters, which no student can afford to be without.**

And the second year student, more than any other medical student, has responsibilities that fall on his shoulders as a member of his Student Faculty. It is now ten years that the medical students founded their own separate faculty organisation, the Students' Medical Council, in order to improve student amenities and represent medical student opinion before the University authorities. It is a far cry from its struggling efforts in the early years of its existence to the facilities that the S.M.C. now provides for students. You are now in the happy position to reap the fruits of the efforts made by your predecessors. Through the Supply Association you may obtain your instruments, notes and other requirements at prices more reasonable than hitherto, you will find a host of entertainments arranged for you and less expensive than similar University functions, you will be drawn into round after round of inter-year sports and good fellowship, you will be able to attend interesting lectures and debates on a wide variety of topics, in short **you will be able to live life to the full and have an enjoyable time. But you will only obtain all these things by supporting your S.M.C.,** and by taking an *active* interest in all its activities. In past years the second year student has been denied the vote or any say in student affairs during the first six months of the year; but this year for the first time you will be a fully fledged member of your Faculty. See to it that you make full use of your opportunity; attend meetings and use your vote intelligently.

Only in this way will you ensure that the present standard of amenities will be maintained, that your rights will be protected, and that you will reap the benefit of future developments as you tread your way to the FINAL. Let the coming years mean to you a happy striving in all that the Medical School stands for!

R. E. BERNSTEIN.

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MEDICALS AWAKE

The year 1938 has passed into oblivion—unregretted and unmourned. Yet the unpleasant smell of the angry controversies, heated feuds, and petty animosities of last year still linger faintly in our sensitive nostrils. With the advent of the new year, however, it is the first duty of each medical student to play his or her part in not only obliterating the memory of past hatreds and quarrels but also in the building of a new and brighter era for the future.

For several years now the Students' Medical Council has, in consolidating the gains of the past, been building solid foundations of a great superstructure. The time has now arrived for that superstructure to be built.

Yet the one fundamental element that is lacking for a successful future is money. It seems strange that a faculty of nearly seven hundred students each one of whom contributes £2 10s. annually to the S.R.C., should be hampered by lack of funds for even its essential services.

The reason for this "poverty amongst plenty" is, however, not far to seek. **Although we pay over £1,500 annually into the coffers of the S.R.C., we receive an annual grant of only £100. This is the most glaring example of in ustice to the Faculty of Medicine in a University where such examples are unfortunately all too frequent.**

Our journals receive no subsidies; our Cultural Societies are not supported in any way. In fact the powers of Milner Park expect the Medical School to run all its organisations on the meagre hundred pounds per year.

Admittedly the S.R.C. pays for maintenance of sports grounds and cultural activities at Milner Park. Assuming that half of the money we pay goes towards the upkeep of University sport—that amount we pay willingly. But what of the balance? Are we not entitled to some return of all the thousands of pounds we have paid in?

It is obvious to all that we do not ask for money for the mere sake of asking. It is urgently needed for the support and expansion of student functions in the Medical School. The S.M.C. would like to inaugurate in 1939, inter-class sport, inter-class debates, a best speakers cup, student bursaries and many other things, all of which require funds. The Women's Common Room is in sad need of new furniture. There is an acute shortage of lockers, and those we have need repair.

Medical students already pay a voluntary fee of 10s. over and above their S.R.C. fees. Yet the odd £200 received from this source is insufficient even to pay for office expenses and the salary of the typist. Council has never attempted to show a profit on dances, dinners, the Supply Association, etc. The aim has rather been to give all this to the student at the minimum price possible.

There is thus only one possible solution to this problem. The S.R.C. must pay to the Medical School a per capita grant of at least one-third to one-half of the fees it receives from medical students.

Only we must be very clear on one point. Unless we fight and fight hard for our just dues then we will continue to live in the fool's paradise of hoping that Milner Park will relent in its policy of discrimination.

We have often in the past been accused of separationist tendencies, but the reason for this is again not far to seek. When a committee is appointed, when a position is allocated, the Medical School is steadfastly ignored. It is only necessary to point out in support of the above statement that since 1934 no medical has been on the executive of the S.R.C. During these last four years some of the most brilliant students have been active in medical school and university students affairs, yet none have received even the scantiest recognition from Milner Park. Why, take even such a small matter as the grad. ceremony.—On the appearance of any slighly prominent Milner Parkite the cheerleader orders his band to strike up. Yet even when a president of the S.M.C. appears, the cheerleaders allow him to pass from the University amid stony silence!

Naturally then, this anti-medical discrimination has resulted in a feeling of hostility on our part to those who exercise this bias.

We feel that the time is now ripe for us to cry ,, Halt." We must either re-establish our position as the most prominent faculty in the Univesity or else we must cut ourselves off and dwell in "splendid isolation."

(Continued on page 3)

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AS EK EENDAG DOKTER IS

Die student in die finale jaar wonder of hy sal deurkom: terwyl die student in die tweede jaar wonder of daar werk vir hom sal wees as hy deurkom. Daardie gevoel dat jy eendag as dokter nie werk sal kry nie, of van huis tot huis sal moet loop en roep: „anybody sick to-day?" is veral sterk in die pre-kliniese jare.

Maar laat ons die toestand ontleed.

In 'n artikel in „The South African Journal of Medical Sciences (Julie 1937)" gee Dr. Phyllis Gillman van die Universiteit Rand 'n duidelike uiteensetting van die verspreiding van mediese praktisyn in die Unie van Suid-Afrika, en vergelyk dit met die posisie in ander lande, waar die getal dokter in verhouding tot die bevolking van 800 per dokter in Australië en Amerika tot 1800 in Holland en Belgie varieer.

In die Unie is daar 1981 dokters vir 'n totale bevolking van 9,588,655 wat beteken een dokter vir elke 4840.4 inwoners. Wanneer hierby in aanmerking geneem word die geweldige uitgestrektheid van gebied waaroor hierdie bevolking versprei is, kan daar enigsins 'n begrip gevorm word van die outoereikendheid van ons mediese diens in vergelyking met ander lande in die wereld.

Wanneer die toestand nader ontleed word, word bevind dat hierdie nadelige verhouding, as gevolg van die konsentrasie van dokters in die stede, veral swaar op die platteland druk. In nege van die Unie se grootste stede is daar 1090 dokters vir 'n blanke bevolking van 818,286 of een dokter vir elke 750.7 inwoners. Die orige 891 dokters moet 'n uitgestrekte gebied van meer as 460,000 vierkante myl met 'n bevolking van 1,185,226 blanke inwoners bedien. Dit toon dat die aantal dokters vir die Unie as geheel nie alleen ver onvoldoende is nie, maar dat die beskikbare getal self nog baie ongelyk onder die bevolking verdeel is.

Om 'n beter besef hiervan te verkry, kan die volgende voorbeeld genoem word: Kaapstad se bevolking het een dokter vir elke 522 blanke inwoners, teenoor een dokter vir elke 6000 inwoners in die distrik Schweizer-Reneke. Hierdie berekening geld alleen die blanke bevolking van die Unie, sodat die toestande nog hagliker vergelyk wanneer die nie-blanke bevolking van 7,585,135 wat ook deur dieselfde dokters bedien moet word, bygereken word. Sluit ons hulle ook in, word bevind dat daar in Kaapstad 1075 inwoners vir elke dokter is en in Germiston 4,533 inwoners per dokter. In laasgenoemde plek word die dokters feitlik voor 'n onmoontlike toestand geplaas, en dit nogal in stedelike gebied. In die digbevolkte naturelle-streke soos die Transkei b.v. waar daar een dokter vir elke 30,000 inwoners is, kan eenvoudig nie van 'n mediese diens gepraat word nie.

Bogenoemde verslag, wat uit Die Volksblad geneem is, is juis gepubliseer in die kritieke tyd verlede jaar toe die behoefte aan 'n ekstra Mediese Skool in Suid-Afrika, en wel in Afrikaans, so vurig bespreek is. Die verslag laat 'n mens bietjie dink.

MEDICALS AWAKE.

(*Continued from page 2*)

The second alternative is neither admirable nor desirable. The first can only be achieved by a courageous and persistent campaign. We must attend Milner Park general meetings in greater numbers. We must see to it in the selection of our representatives on the S.R.C. and other bodies, that those we choose are capable and willing to fight not only for our financial due but generally for those rights which have hitherto been ignored by the ruling powers at Milner Park.

The moment is now opportune. It is up to the students to act in a manner befitting the great heritage of our faculty that preceding generations fought so hard to build.

We must not fail!

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● A RETURN TO GLORY ●

The Editor, Sir,

In the issue of the Auricle for October last year I wrote that the *laissez-faire* attitude of the medical students had resulted in their having little or no say in many vital University student affairs, that they had allowed matters affecting their welfare to be decided at Milner Park without even having taken the opportunity to consider them, and that they were not pulling their weight in deciding the interests and activities of the general student body, except in the sphere of sport. Subsequent events in the form of the pre-election of certain University Committees have shown that immediate and drastic action is necessary. To-day, the influence of medical students in University affairs has dwindled to such an extent that there is scarcely a Medical in any important University student position.

Let us now turn back the pages of history to the 1920's when the Medical Faculty had just been founded. Its students were full of enthusiasm for the University spirit, and their achievements were manifold. What the students of the Faculty of Medicine were thinking and doing one day, others were imitating on the morrow; they were the leaders of the University, for they started the first Radium Rag—the forerunner of the present Hospital Rags—and the first Wits. Wits. They were prominent in the leading societies, clubs and activities of the University, and between 1923 and 1929 no fewer than four Presidents of the S.R.C. were medical studonts. Many other were their achievements, and they worked not for self, but for their Faculty and Alma Mater.

Let us then endeavour to restore the Faculty of Medicine to its former pride of place. The time is opportune. Our faculty organisation, the Students' Medical Council and its constituent subcommittees is now able, thanks to those in the past who have been instrumental in creating and building it up, to cater for medical student requirements and bring their opinions before the responsible authorities. But the S.M.C. was only created to cater for our special needs as a faculty, and never has any student of medicine lost his right to be a student of the University. Milner Parkites, misinterpreting our necessity for a faculty organisation, have been at great pains vainly trying to prove us as not "true-blood" University students. Persistently they have refused our requests for increased grants for our societies and amenities, and because you are a medical, you will never receive notices of meetings nor will you be invited to the "— Ball" until the day after it has occurred.

The remedy for all this is simple. As the largest faculty the Faculty of Medicine should not place itself in a position to be dictated to, and can by the simple procedure of attending its own general meetings and those at Milner Park secure for itself its just and rightful requirements.

R. E. BERNSTEIN.

STOP PRESS!

The Auricle learns from reliable sources that the work of the Tearoom Commission under the Chairmanship of Mr. D. L. Ovedoff has at last borne fruit. We understand that within a few weeks the prices in the Tea Lounge will be reduced all round. Mrs. Magee will still be in charge of the tearoom.

Dr. M—: This is the kidney of a young girl I removed.

* * *

Patient in V.D. Clinic: "I was alright until I was 22, and then I became disseminated.

* * *

Police announcement: Stools taken possession of by the police during the recent celebrations will be sold by auction unless claimed by the owners before Feb. 20th.

* * *

Dr. B—: The commonest gas-forming organism is Wee Belchii.

* * *

Dr. P—: The perinaeum was then painted with iodine, and the sphincter ani was delighted.

GREAT DOCTORS

THREE FAMOUS SURGEONS.

Towards the end of the century Pott had the largest surgical practice in London. He was a greatly esteemed teacher, whose influence on his time and ours cannot be too highly stressed.

SIR JAMES PAGET, 1814-1899.

It was a well-known phrase in Victorian times that "one ought to go to Paget to find out what was wrong with you, and then to Fergusson to have it out"—a fine tribute to Paget's amazing diagnostic ability. Paget was the forerunner of the surgical consultant, so familiar to modern practice but almost unknown then. He was one of the very first to recognise the current advances in Germany of microscopical laboratory pathology and applied these principles assiduously in his daily work. His name soon became a familiar one in the domain of pathology; it is mainly for his classification of tumours that he is remembered in this connection. His undying interest in morbid anatomy was the key to his great success as a diagnostician.

Paget, like Pott, was associated throughout his brilliant career with St. Bartholemew's. He was Assistant Surgeon there in 1847, as well as a lecturer in physiology and surgery. In 1851 he became a Fellow of the College of Surgeons. He was made Court Surgeon to Queen Victoria in 1875, and elected to the Royal Society in the same year. He distinguished himself as President of the International Congress in London in 1881.

At the beginning of the nineteenth century the profession of surgery was regarded as rather suspect socially, owing, it is maintained, to the ungentlemanly mien of the greater portion of its body. The effect of Paget upon the reversal of this stigma was tremendous. He was universally admired by all sections of the community for his skill and complete simplicity, which could not be affected by the honours and recognitions bestowed upon him. Even to the last the Court surgeon occupied an unpretentious dwelling off Oxford Street, and all patients, rich and poor alike, were ushered into his small study via the homely portals of the breakfast-room.

SIR WILLIAM FERGUSSON, 1808-1877.

Fergusson studied his anatomy in stirring times under the tutorage of Dr. Knox, at Edinburgh. A trifle too stirring as events turned out, as he was involved in that controversial and dangerous trial of Burke and Hare. Burke's confession contains the following:—"That worthy gentleman, Mr. Fergusson, was the only man that ever mentioned anything about the bodies. He asked where they got the girl Mary Paterson from, because she would seem to have been well known to some of the students." Anyway, things turned out satisfactorily for Fergusson, and he was subsequently created a demonstrator in anatomy in Edinburgh, where some of his excellent dissections are still preserved. His ambition to become a surgeon resulted in his obtaining a Fellowship in 1829. He startled contemporary surgeons in the same year by tying the third part of the subclavian artery, being the third surgeon to have accomplished this. In 1836 he was made a surgeon at the Royal Infirmary, Edinburgh, and shared with Syme the largest surgical practice in Scotland.

In 1840 he was offered the Chair of Surgery at King's College, London. He readily accepted, and was soon as firmly established in the metropolis as he had been in the North. He ushered in a new era of "conservative surgery," whereby conditions previously amputated without cavil were treated by excision of the affected parts. He first excised the head of the femur in 1845, and the knee joint in 1850. Diseases of the elbow and ankle joint were similarly treated. He made 400 operations for harelip, with only three failures, and 134 operations for cleft palate with five failures. He was an amazing operator and unbelievably swift. A prospective visitor to his theatre was advised to "look sharp for if you only wink you'll miss the operation altogether." This advise was not misplaced.

The "Medical Times" vouches for the following: "A woman was placed on the table labouring from a painful enlargement of the bursa over the head of the tibia. Mr. Fergusson made a perpendicular incision over the patella two and a half inches in length, and had some difficulty in dissecting the cyst, which was firmly attached to the skin. The operation was, however, completed in two minutes. The next case was a male child labouring under a white swelling of the knee joint and complete atrophy of the leg. Mr. Fergusson amputated the leg by a flap incision. The limb was removed and the wound dressed in the space of three minutes."

These were the days when stone of the bladder was removed through the perineum. Experiments of this art were known as lithotomists. Fergusson was unrivalled in this particular operation. A grooved cannula was introduced into the bladder and the stone located. Fergusson seated himself on a stool with the patient before him in the lithotomy position. When the stone was felt a swift incision was made from the midline to the ischium and the knife plunged in to meet the groove in the cannula. The knife was guided downwards and lateralised to enlarge the wound. The stone was then deftly removed with the fingers. Fergusson had an uncanny knack of always striking the cannula, others were never anything as like so fortunate. No attention was paid to haemorrhage, except that the legs were fixed tightly together. Never was a moment lost or wasted in this very difficult procedure.

Fergusson was an indifferent teacher, but seems to have fascinated his patients and adored by the children. It is written that "he was highly accomplished, a good violinist, an inventor of many surgical instruments, so expert in carpentry and metal work that he could devise any necessary apparatus out of hand. He was noted for his great generosity to struggling authors, dramatists and medical students."

D.R.M.

Contributions on any topic are invited for the MARCH ISSUE.

Closing date: Feb. 20th.

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AURICLE QUOTES

A SAD CASE.

Experiences clinical,
Have made us slightly cynical.
To us the female form is bone and tissue,
Diagnosis and dissection
Leave us no time for affection,
So matrimony can't become an issue.
Though there may be little future
In sewing up a suture,
It's the job to which we dedicate our lives,
And will give each operation
Our entire concentration,
And forget about our sweethearts and our wives.
So it's Hip, Hip, Hip, Hippocrates,
And farewell to all that's feminine and frail.
Love affairs engender boredom,
And besides we can't afford 'em,
With the debits and distractions they entail.
So remember lovely lady,
Though you have a pretty face,
Professionally speaking,
You are just
Another case.

(Sent in by A.T.H.).

SHORT STORY.

The Editor of "The Auricle,"

Dear Sir—You have been so good as to invite me to contribute to your worthy journal. It is gratifying in the extreme to learn that knowledge of one's fame has so rapidly spread to the editorial sanctum. My *forte*, you must know, is short-story writing. Unfortunately, Forensic Medicine, Public Health and Psychiatry occupy much of my time that could better be employed in literary pursuits. I am pleased, however, to contribute this, one of the shorter of my short stories:—

U.W.M.S.
M.B., Ch.B.
G.P.
P.U.O.
O.P.D.
C.O.E.?
V.D.
G.P.I.
R.I.P.

Yours, etc.,

One of those who are always too busy to contribute to "The Auricle."

THE TWISTING OF A TALE.

An illustration of the way in which exaggeration develops a monstrous falsehood out of a tiny germ of truth is afforded by the following series of wartime statements made by European newspapers) quoted from Florence Boeckel—"The Power of the Press for Peace and War."

Cologne Zeitung (Germany) "When the fall of Antwerp became known the church bells were rung." (Meaning in Germany.)

Matin (Paris). "According to the Cologne Zeitung the clergy of Antwerp were compelled to ring the church bells when the fortresses were taken."

The Times (London). "According to what the Matin has heard from Cologne, the Belgian priests who refused to ring the church bells when Antwerp was taken have been driven from their place."

Corriere della Sera (Italy). "According to what the Times has learnt from Cologne via Paris the unfortunate Belgian priests who refused to ring the church bells when Antwerp was taken have been sentenced to hard labour."

Matin (Paris). "According to information to the Corriere della Sera from Cologne via London, it is confirmed that the barbaric conquerers of Antwerp punished the unfortunate Belgian priests for their heroic refusal to ring the church bells by hanging them as living clappers to the bells with their heads down."

(Sent in by P.J.K.)

BOME

—*Vry na „Trees."*

Geen digter kan ooit verse droom
So skoon, so heerlik as 'n boom ;
'n Boom wat wortels soos 'n mond
Laat krag suig uit die hardste grond;
'n Boom wat heeldag God aanskou
Sy takke sprei na hemels blou,
'n Boom wat in sy blare kroon
Die voeltjies so gerus laat woon,
'n Boom wat bos en tuin versier
En skaduwee gee vir mens en dier.
Rympies te maak kan elkeen leer
Maar bome maak net glad die Heer.

P.J.K.

LOCAL LETTER

FABRICATORY.

It is amazing the total absence of study among the Final Year students of this faculty—that is if one is to believe all one is told. Confront one of the said students and enquire "Working hard?" . . . invariably the answer is "I haven't done a stroke of work for ages!" Now this provides you with one of two conclusions:—either the whole Final Year is due to spend another six months in study or . . . so what is one to believe.

ATHLETICS.

Another sphere in which this University would appear to excel is on the running fields. Medical Students have as usual provided their support for this eminently successful club and were I to mention anyone in particular it would be V. H. Turnbull whose general consistency and brilliance has in no small way been responsible for the many smashing victories of this club.

RECOMMENDED.

Last year with its influx of commissions has provided distinct promises for the future. Perhaps the most outstanding feature of the year was the recommendations to the Education Commission. These were of a most constructive nature and it is with great interest that one awaits the response of the commission . . . which response one is led to hope will consist of that which one is inclined to term "Action."

STUDENTSHIP.

It is interesting to note that the students of the institute have been supplying material for the magazines of the overseas countries. As a case in point might I mention Mr. Scheeper's work, while The Journal of Medicine, Surgery, Gynaecology and Obstetrics include a most lengthy review of the article published by Dr. M. M. Suzman, and Messrs. C. C. Freed, and J. J. Prag on Peripheral Vascular Disease, in a South African scientific journal.

VALEDICTORY.

I am afraid that this is the last time I will compile these columns for your destructive criticism. While affording very little encouragement until recently, this has been adequately remedied by a publication in the last issue of this journal. But, in all due seriousness, might I say that if you have enjoyed the reading of these lines as much as I have enjoyed writing them, then I have been amply rewarded. As a little advice for the future, try to make your Medical School a better place for the future and don't be content to just let things slide and regard this institute as a glorified school. There are plenty of other things which could be done while not interfering to any extent with the time necessary for study and it is things like these which tend to create greater harmony and generally to improve the conditions under which you work. So, Good Luck! and Vale!

Yours sincerely, BINAURAL.

CAN YOU WRITE A SONG?

As a result of a decision taken by the S.R.C. at its final meeting of 1938, one of the two cheerleaders of the University will in future be a Medical Student.

In consequence the S.M.C. has decided that the Medical School should organise its own band and hold its own sing-songs. It is also felt that "Beer, Beer, Beer" has just about worn threadbare and that we should have new Medical School songs.

The Auricle, therefore, invites you to write a new Medical School song. Write the lyric or the music or both. Two prizes will be awarded—

1st prize 15s. 2nd prize 7s. 6d.

The competition is open for one month only. Entries will close on March 4th, 1939. This is *your* chance to prove that genius for songwriting which you have always suspected you possessed.

Let us have some new, brighter and breezier songs for 1939!

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GRAPEFRUIT

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DRY GUILLOTINE.
By R. Belbenoit.

I make no apologies for introducing this book to these columns, for, while not being primarily of medical interest, it is such as may be read and digested by any free-thinking individual.

A vivid story is presented of a man who spent fifteen years on the notorious Devil's Island before contriving a successful escape. An unmitigated condemnation of the French Penal System is a feature of this sometimes terrifying realistic and brutally frank word-picture of the condemned men. Despite the apparently amazing assertions made one is inclined to believe that these are quite genuine.

As in any other large penal settlement, homosexuality was very prominent among the Devil's Island group, while the wardens were very susceptible to favours, both monetary, material and otherwise, in return for which the said prisoner was accorded some slight privilege.

Several men tried to escape during the Author's term of imprisonment on the island but it was their fate either to be consumed by the sharks which abounded off the mainland or to die of starvation in the jungle which encompassed the rest of the island.

It is interesting and gruesome to read how all the prisoners were compelled to watch the executions of re-captured prisoners who had assayed escape unsuccessfully, such an exhibition being calculated to act as a deterrent to further attempts.

Altogether this book is one of the most vivid accounts that fiction has provided and, while this is scarcely a fitting birthday present for a maiden-aunt, the tragic account of how imprisonment such as this may contrive to break the soul of men is worthy of being read by all.

A DOCTOR TELLS.
By Dr. Ernest Parker.

This little book by the author of "In and Out of My Consulting Room" is a charming collection of nothingness concerning the observations of a British Medical Practitioner. In his Foreword, the author tells us that what decided him to write this book was a letter from a lady in Northern Ireland "who informed me that she belonged to two 'Reading Circles,' and the members of these had asked her to write and request more 'reminiscences.'" Well, I am inclined to think that the major portion of the readers of this book will be confined to such-like "Reading Circles"!

Perhaps the only really interesting part of these 'reminiscences' is the original account of the trial and execution of William Burke, the notorious body-snatcher of early anatomical days.

THE WHITE-COATED ARMY.
By James Harpole.

Here is another work presented by the author of "Leaves From a Surgeon's Case-book" of a similar nature and which is calculated to be enjoyed by those who received this author's previous work favourably.

It is a further account of cases and experiences as a doctor in the London County Hospitals. Some outspoken ciritcism of the Medical Profession as were worded by Dr. A. N. Cronin are ably contested within the pages of this work.

THE FROG.

What a queer bird the frog are!
When he sit he stand—almost,
When he walk he fly—almost;
When he sing he cry—almost.
He ain't got no sense, hardly;
He ain't got no tail, hardly, either;
He sit on what he ain't got—almost!

"Lucio,"
"Manchester Guardian."

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WILLIAM HUNTER, M.D., F.R.S., F.S.A.

The name Hunter usually conjures up to the mind a red-headed, bad-mannered, hard-working anatomist who lived a long time ago and who founded a museum of naturalist's objects, for which he is now famous. William was the elder brother of this man, John Hunter; and is now almost forgotten by the English-speaking medical fraternity.

William Hunter was born in 1718 upon a farm in Lanarkshire; and at the age of fourteen he went to Glasgow, where he studied for five years with the intention of entering the church; but, however, at the end of that period he became apprenticed to the physician Cullen: a man with an enquiring mind, a liberal outlook, and a library. In 1740, with the object of later rejoining his master in partnership, William Hunter went, after a short sojourn in Edinburgh, to London to gain experience and knowledge. Here with the leave of Dr. Cullen he remained. In 1750 he returned to Glasgow to take the M.D. degree; and on this occasion he happened one day to be out riding with Cullen in the vicinity of his birthplace. His friend remarked upon the unconspicuousness of the house in the landscape, to which William Hunter replied with energy, "Well, if I live, I shall make it more conspicuous."

Hunter left Scotland at the age of twenty-one; and within ten years he made himself the leading teacher of the metropolis: and at the age of forty-two he was Physician Extraordinary to the Queen. On his arrival in London Hunter took up residence with the obstetrician, Dr. Smellie; and very soon he was assistant to Dr. Douglas, the accoucheur, and osteologist. At St. George's Hospital he attended lectures in surgery as well as in anatomy, and in natural philosophy elsewhere. Within three years he presented to the Royal Society a paper on "The Structure and Disease of Articulating Cartilages."

In stature Hunter was short and slight. His face was pleasant: a well-formed nose; observant yet kindly eyes; a mouth, although possessing the compressed lips of propriety, was ready to smile. He was a gentleman, a scholar, and a Scotchman.

As a gentleman he was unostentatious, yet elegant, of dress; and comely in his manner towarsd others, always adapting himself to his immediate company. To the sick he was attentive and understanding; with his fellow doctors he delivered his opinions with diffidence and candour; at his lectures he was precise and eloquent; with familiar society he was light and gay; and with women he was deferential as is befitting of a bachelor. To his friends he was loyal and generous. At the end of his first course of lectures his friends had borrowed so much of his fees, that he had not sufficient wherewith to advertise the second course. Professional, literary, and artistic acquaintances were many. Dr. Samuel Johnson asked William Hunter to present his "Journey to the Western Islands" to the King; which he did.

As a scholar he was a man of learning in the wider sense, being "of singular foresight and breath of view in every department of intellectual life" for "nothing that revealed the wonders, or the beauties, of Nature was outside his interest." Of this there is ample proof in his museum which includes Grecian pieces of money, Tyndale's New Testament, meticulously prepared anatomical specimens, portraits of Vesalius and Harvey, and paintings by Raphael and Rubins. Hunter bequeathed this, the first great anatomical museum of the British Isles, to the Glasgow University, where it may be seen to this day.

Scholars who are remembered by their fellows, are those who have influenced mankind by either the spoken or the writen word. When advanced in years, William Hunter wrote of himself, "to acquire knowledge, and to communicate it to others has been the pleasures, the business, and the ambition of my life." To further this ideal he built for himself a lecture-hall to which the surgeons of the day were wont to repair for instruction. Such was the eloquence of Hunter that for his own edefication in the art of expression the historian Gibbon attended a series of these lectures.

Periodically at his lectures Dr. Hunter would lay out his obstetrical forceps which were covered with rust, in order to demonstrate to the audience his opinion of the value

(Continued on page 10)

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Old Societies to be Disbanded—Cultural Activities Re-organisation.

After many years of heated argument and controversy, the 1938-39 Vacation Committee of the Students' Medical Council has taken the decisive step towards placing Cultural Activities on a new, and it is hoped, more efficient basis.

As from the end of last year, all Cultural Activities Societies have ceased to exist. It has always been felt that we were carrying our desire for new societies and committees beyond reasonable limits. In the past many squabbles have arisen as to whether such and such a lecture was under the jurisdiction of say the S.M.C. Bantu or the Aesculapian Society or the Social Studies Society. The result was a considerable amount of confusion, wasted energy and dissension.

From the beginning of this year the one Society-Cultural Activities Society, will control all cultural functions.

The constitution of the committee provides for the appointment of members to the committee by the S.M.C. each for a specific branch of the work. In addition each class not already represented, will be asked to nominate one member to the committee.

As in the past every student who has paid his S.M.C. fee will be entitled to full membership. From this year, however, students will be asked to apply for membership and will then receive a membership card. Students who have not paid their S.M.C. fee will be allowed to join on the payment of a small fee. Free admission to all the society's functions will be on production of membership card only. Admission fee will be charged to all those not in possession of a card.

This year too, a real attempt will be made to put new life into Cultural Activities at the Medical School. It is hoped among other things to arrange inter-class and inter-faculty debates, a best speakers cup, and to see that the best lecturers are brought to the Medical School to discuss a wide range of subjects. Films of medical interest will also be shown during the year.

The Society for Investigation of Bantu School Children is also in the process of complete reorganisation.

It is the intention of the S.M.C. to ensure that the work of the Society will be more efficient and accurate in the future in order to give finally the lie to all those who have doubted the work of the Society in the past.

Incidentally this society will also not exist as a separate entity this year but will form the research section of the Cultural Activities Society.

It is sincerely hoped that the students of this School will give this new move the support it merits.

D.L.O.

(Continued from page 9)

of such instruments in everyday practice. In 1778 he published a famous treatise, "The Anatomy of the Gravid Uterus," which is a foundation of the science of midwifery. His publications include observations upon the lymphatic system, upon retroversion of the uterus, and upon ovarian dropsy. Hunter was a Scotchman of the better type with the defects as well as the virtues of that race. The Scot, notwithstanding his intellectual capabilities, is petty in his thoughts and actions towards those, not numbering among his friends, whom he considers as rivals; hence Hunter engaged in fruitless controversy with Percival Pott, and Munro secundus. For the same reason there was an unfortunate quarrel between the brothers, William and John; and, in spite of the sorrow, shared by both, that bitterness had come between them, the two were never re-united in friendship.

William Hunter died in 1783.

D.A.

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ON STUDENT HEALTH

The National Union of Students in England and Wales recently published a report of an enquiry into University health services. The report makes it abundantly clear that though there are facilities for recreation and opportunities for studying physical education in certain British universities, the provision for physical well-being as a whole does not stand favourable comparison with the more adequate provisions made in the American, Canadian, German and Swedish Universities. Further it was found that little or nothing was being done by the authorities to ensure that the health of the students was in any way being cared for. It is evident that in South African Universities a similar state of affairs exists.

At present no one is responsible for looking after the health and fitness of students when they come to universities; this in spite of the fact that a considerable proportion of students live away from home with no one to advise them on health matters. No medical examination is made when the student enters university, nor is any advice given to students regarding their physical condition. This is an unfortunate state of affairs, since figures show that students as a class are not notably healthy, and in many cases they fear to fall ill because of the inroads on their slender income that medical attention might make. One step in the right direction is the system of insurance against sickness under the Students' Benefit Society, who intend shortly to start a clinic under the control of the Dapartment of Medicine on lines similar to that being run at present for medical students.

The provisions for the prevention of illness and sickness amongst the student body have been few and far between. Sports facilities are mainly for the specialised few, and it is remarkable how the average student seldom indulges in any form of physical exercise beyond an occasional game of tennis or a swim. All praise is therefore due to that band of third year medical stalwarts who last year organised inter-class sport of every description, and thus laid the foundation of the idea of "sport for all" in the University. Actually one would like to see the scheme of physical jerks at present compulsory for mining students extended to medical students, and one cannot too heartily condemn the lack of a gymnasium at the Medical School. The fact that the original gym. was commandeered to house a lot of decrepit and moth-eaten Public Health models, which are exhibited to students once a year, shows the way in which any attempt to better the amenities for students is nullified. Nor was the promise to build a gymnasium on the roof ever fulfilled. It is amazing to think that in these days when the principles of health are so readily advailable, that centres of education and even medical schools should do so little to ensure the health and fitness of those passing through their doors.

How far short we fall can be seen from the recommendations made in this report for a "minimum policy" to remedy the existing state of affairs. It is suggested that in every university there should be medical officers to examine students and advise them as to the treatment of any disease or defect and as to the type of physical training most suited to them. Systematic voluntary courses in physical training for those who wish to keep themselves fit should be organised. Every university should have a gymnasium, swimming bath, consulting rooms for the medical officers, and sports facilities that will afford every student some opportunity of physical exercise.

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"Seven, doctor."

"That is very little—I work 9 myself."

"Oh you see, doctor, but mine is brain work."

* * *

There was a young lady called Trotter
Whose ovariam cyst had a stotter.
When she bounced on the floor
It went off with a roar
So they mopped up the mess with a blotter.

Durham Medical School Gazette.

Mr. J. J. L. . . . "How long did this child survive after death, Mister?"

* * *

Clerk: "Why did you go to America?"

Patient: "To get married."

Clerk: "Do you mean that you were offering yourself on the marriage market?"

Patient: "No, I went to marry a specific lady."

* * *

A Second Year Medical: "One of the functions of the ciliated epithelium is to gently waft the faeces out of the rectum.

T.C.U.

Vaginal douching for septic abortion is like washing your neck for tonsillitis.

U.C.H. Magazine.

* * *

Sayings of the Great.

Note to surgeon from houseman: Please do not operate on this patient. He will die first from haemorrhage during the op. and later from liver failure.

* * *

From a Text Book.

Eczema: Etiology, eczema may begin in infancy and last throughout life or it may occur in infancy but not later, or again it may only appear in adult life or old age.

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BI-CENTENARY

The Influence of Hermann Boerhaave.

Two hundred years ago there died a man who had a profound effect upon the course of medical practice, and whose influence may be discerned in the present day manner of attending the sick. Hermann Boerhaave, a clinical teacher and physician, initiated these steps himself, and such was the greatness of his personality that others kindled the flame which he ignited, thereby bringing medicine on to a more scientific footing.

Hermann Boerhaave, born in 1668, the son of a Dutch country clergyman, studied theology at Leyden, but finding that the sciences had a greater attraction, he changed his courses by removing to another university so as not to attract attention. However, he returned to Leyden on qualifying as a doctor, and filled the position of lecturer of clinical medicine at his old university, and was offered, and accepted, the first professoriate, namely, that of botany, to fall vacant.

"No explorer," writes Hallre, "ever made his way into more unknown country than this new professor, who knew almost nothing about plants, however much he might have excelled in other departments of knowledge." Immediately he set about preparing a classification of the plants in the botanical garden, and soon became an excellent teacher of this subject.

During the winter months he lectured upon chemistry, and three years after his appointment to the professorship of botany he received a similar office as teacher of clinical medicine. Two small wards, each containing six beds, had been set aside for clinical tuition; and it was here that one-half of the students in medicine of Europe gathered for instruction.

All Boerhaave's pupils are at one over the completeness of his personality which was unfolded to the full at the bedside of the sick. The essentials of a diagnostician is to have a pleasing personality coupled with a concise knowledge of disease. Both of these attributes were present in Boerhaave, who was extraordinarily kind-hearted, and who was known for "his goodness towards all, and in his benevolence even to the envious and his rivals. No one ever heard him say a disparaging word."

Boerhaave was but interested in the patient and his cure; and, on this account, he was an electic, adopting what seemed to him good, no matter the source. His clinical histories were masterpieces; and his writings, although not profuse, were concise, lucid and full of original observation. He was firmly convinced of the importance of anatomy and physiology to medicine. It is to be expected that Boerhaave should have had a profound respect for Sydenham, another who obtained his knowledge of disease from the study of the sick; and such was the position; for he said of Sydenham, "I should blush to mention his name without extolling him."

Great personages usually attract brilliant followers, hence it is not unfitting in studying the influence of Boerhaave to consider those men of note who had personal contact with him, thereby having their enthusiasm fired by the man whose watchword was "Simplex insignis vera." I shall consider Haller, Swieten, Haen and Munro.

Albrecht Von Haller was a Swiss, who in his youth was a poet, and who later in life interested himself in the sciences, especially anatomy, pathology and botany. His classification of the flora of the Alps brought him considerable repute, and lead to his appointment to the professoriates of anatomy, surgery and botany at the then recently-founded University at Gottingen, which was to become a German Leyden, provided with library, dissecting-hall, botanical garden, and a clinical and scientific journal of which Haller was editor.

In Vienna, Gerhard van Swieten and Anton de Haen applied the principles of careful clinical observation and sound correlation with such enthusiasm and promptitude, that during the latter portion of the seventeenth century the capital of Austria was regarded as the centre of medical education. Both these men were Dutchmen, Catholics, pupils of Boerhaave, and employees of the Queen, Marie Theresa, under whose patronage Swieten reorganised medical teaching through the realm; whereas Haen, who was in charge of the clinic at Vienna, caused complete records to be made of all patients who came under his care.

The year 1720 may be considered as witnessing the actual start of the earliest medical school to be established in the British Isles; for it marks the appointment of the first professor of anatomy of the medical faculty of Edinburgh. Alexander Munro did much to substantiate this puny child of the College of Surgeons, as well as make for himself a reputation as anatomist, surgeon and accoucheur. Munro primus, as he is known to subsequent generations, studied at Leyden under Boerhaave.

D. A.

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A Shorter Course in Surgery

Ladies and Gentlemen,

To-day I wish to speak to you on the Surgical Conditions arising from Congenital Errors in the Rotation of the Gut.

The Gut! What visions of mechanical aesthetics this pliant circumbendibus conjures up in the lively imagination. The three storey water-pipe becomes the Metropolis' intricate tube railway. Tube railways! In London alone, one quarter of the day population has dealings with orthopaedic surgeons! And why? Because of deformities and other injuries acquired in the getting in and the getting out of Tube railway coaches. Coaches! An American football coach tells me that American football and not State propaganda has saved America from Socialism. As soon as the American Student is inspired with the desire to redeem the proletariat, he is played at half-back in the College eleven. Thousands of brilliant socialists are quietly removed in this way every year.

A Year! It doesn't take a year before the primitive gut begins to rotate. It takes only five, or, at the most, ten weeks. It is not the waving of a swastika or the rubbing of an Aladdin's lamp or an open sesame or an abracadabra or hocus-pocus or Mumbo-Jumbo that makes the gut rotate. It is the liver. The liver grows. The liver has a right lobe. The right lobe grows. It grows downwards and to the right. If anything were to get in the liver's way the liver would push it downwards and to the right. The prearterial segment of the midgut loop gets in the liver's way. It is pushed downwards and to the right.

Right! What is right? Some nations think that might is right. That might be. But what is might? Might isn't a million aeroplanes, two million tanks, three million field guns, four million machine guns and five million gas masks. Masks! Have you seen a surgeon opening an abdomen without a mask? Have you been told what grows in a surgeon's mouth? A mouth without a mask is in the theatre what an arsenal without a roof is in the war. War! Are we going to have war? What do the newspapers say? I say that we are going to have war within three months.

Three months! In little less than three months the Second stage of rotation takes place. The midgut loop pushes its way from the umbilical cord into the abdominal cavity. When the "Titanic" sinks a thousand people cannot all jump into a life-boat. Women and children go first. The prearterial segment is smaller than the caecum. It goes first. When you go to the Ellis Park to see the International Rugby do they make the gates a mile wide? No. The capitalists make you go through a narrow turnstile. It wouldn't pay to let everyone in through wide gates. If the umbilical ring is too wide the caecum might get in before the prearterial segment. So what! So nothing, or so a lot.

A lot! Do you think that doctors make a lot? I wear a morning suit and an orchid because my female and lady patients like it. I don't. I'd rather wear trunks.

Trunks! Elephants have got trunks. I don't know why. Kipling knew why. Kipling wrote "Captains Courageous." I don't like Freddie Bartholomew! Bartholomew! St. Bartholomew! Barts! When I was a final year student at Bart's I saw a woman who drank three bottles of brandy a day. When she died she had a small cirrhotic liver, not a large fatty one. I once knew a student whose liver was not on the right side, but on the left.

Left! The coils of the small gut are pushed to the left behind the superior mesenteric artery. When the caecum is pulled out of the umbilical cord it follows the small gut. The dachshund's tail follows the dachshund's head. When the head stops, the tail stops. The small gut stops behind the superior mesenteric artery. The caecum stops behind the liver. When Plato goes down into Hades, Proserphone goes with him. When the colon grows down into the right iliac fossa the caecum goes with it. The transverse colon will lie in front of the superior mesenteric artery and the post arterial mesentery will become

the transverse mesocolon. Che sara sara! In most cases. But there's many a slip.

Slip! Do you know the tragedy of the man who slips on the ground and breaks his back? Do you throw banana skins on the pavements and can you see your beautiful faces in your polished floors at home? Home! What is home without children? Children! What are children without a wife? A wife! I knew a man whose wife left him to go on the stage.

Stage! In the third stage of rotation all that happens is that the gut fixes itself to the posterior abdominal wall.

Wall! When you find empty jam jars in your back yard, do you throw them over the wall? A friend of mine nearly killed his neighbour that way. The neighbour was a Major. Major! Do you know that opening an axillary abscess is a major operation? It is easier to open Pandora's box than an axillary abscess. And in both cases all that you're left with afterwards is hope. Hope! My first sweetheart was called Hope. She was my first big error.

Error! Let me tell you of errors that occur in the rotation of the gut. There are errors in the First Stage, Errors in the Second Stage, and Errors in the Third Stage.

In the First Stage you get what is known as "Extroversion of the Cloaca." I've never seen it. It must be very rare.

Rare! "Rarely, rarely comest thou, Spirit of Delight." "I love snow—" Snow! I once read a short story in which the murderer used carbon dioxide snow to kill his victim! Victim! Do you know that we are the victims of Society? Society! I read of a Society blonde who smoked three hundred cigarettes a day. Has anyone ever told you that cigarettes contain a dangerous alkaloid called nicotine? Perhaps you don't believe it. A few drops of nicotine will kill a dog in a second.

Second! Errors in the Second Stage of Rotation are Non-Rotation, Reversed-Rotation and Mal-Rotation of the midgut loop. I have already explained Non-Rotation. The umbilical ring is too wide. Most of the small gut is on the right of the midline, and the colon on the left. The duodenum lies on the right side of the superior mesentry artery, while the terminal ileum may do one of two things. It may have to cross the midline to reach a left iliac caecum, or it may end in the midline in a pelvic caecum. Reversed Rotation is just what it says. The transerve colon goes **behind** the superior mesentry artery and the duodenum in **front.**

Front! Do you know that if war breaks out the least dangerous situations will be at the front? It is hard to believe. Believe! A student asked me whether I believe in Prontosil or Soluseptasene or Sulphanilamide. I can only say that people once refused to believe that the world was round, while some people believed that the sun rotated around the earth. Ah! Mal-Rotation! Mal-Rotation is just a term.

Term! At the end of this term I am going to England for my Fellowship. Fellowship is the only real human virtue. Virtue in a girl is undesirable. It is undesirable to let a bitch mate indiscriminately. But you can never trust dogs. I backed a dog at Wembley and it ran third.

Third! In the Third Stage of Rotation there may be derangements of fixation of either the caecum or proximal colon. If the caecum is fixed too early it may be sub-hepatic or right lumbar. If it fixes too late it will be pelvic. If there is a deficient fixation of the post-arterial mesentry you will get a mobile proximal colon.

Colon! Have you read A. P. Herbert's articles on Punctuation in Punch? It might be a good thing if you read them before you write Surgery. Surgery is the only branch of Medicine with a future. I wonder what the future holds in store for us. Store! I never get my eggs from the store. I get them straight from the farm. Anyone who farms in South Africa must be mentally deficient.

Deficient! Deficient fixation may lead to Ptosis, or Torsion or Volvulus. Excessive fixation may cause interference with mobility, kinks and compression of the bowel.

Bowel! Why do so many of you write bowel without the "e"? That's bowl. I don't think that our bowling will be good enough for the M.C.C., do you? Well, we've got Owen-Smith with us again. He's the only South African to have scored a Test century before lunch, isn't he? Lunch? Why, it's one o'clock already. Well, I think that that will be all for to-day, ladies and gentlemen. Thank you.

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