UWMS

THE AURICLE

V.5(13) June 1954

WITS DELEGATE GOES TO LONDON AND OSLO.

At an extra-ordinary meeting of Medical students, held in the Harveian on Wednesday, it was decided by an overwhelming majority to send a delegate to both London and Oslo in July.

The meeting, which had been called in response to a petition by 50 signatories, to President Monk, was but poorly attended. The motion which was piloted by Taitz and Sorokin also called for nominations from the student body but asked for final selection to be made by the Medical Faculty Board and not the Clinical Professors.

Mr. Taitz pointed out that his reasons for calling for re-opening of nominations were that the function of the delegate now were different to those originally envisaged.

Discussion then took place on the question of how the money was to be raised. Mr. Monk informed the meeting that letters of appeal had been sent to General Practitioners. The question of what would happen if sufficient money was not forthcoming was broached. Mr. Monk stated that thus far the S.M.C had not been asked to delve into its coffers to supply the money.

The meeting decided to appoint a Fund Raising Sub-Committee and nominations were called for. The eventual composition of the sub-committee was Schwartz, Geffen and Taitz.

FOOTNOTE: Some of the greatest protagonists for sending a delegate refused to stand.

Prof. Elliott Replies.

Last week the Auricle printed a letter headed Press and Medical Secrecy, dealing with a patient who had found out about the fatality of his disease from a newspaper article.

This week we are printing a reply from Prof. Elliott, who has been approached to give his views on a tricky point of Medical Ethics.

MENS COMMON ROOM: NEW LOOK.

Congratulations to John Monk and his worthy band of S.M.C. workers who did a magnificent job on renovating the Men's Common Room.

By the deft use of the painting brush, by installing some new items of furniture, and via first class spring-cleaning, they have certainly gone a long way towards removing what was described in an Auricle editorial last month, as The Slum in Our Midst.

SMC DECLARE BY-ELECTION INVALID

A specially called S.M.C. Meeting, upheld an objection lodged by Mr. J. Monk concerning the byelection held at Medical School last week at which Mr. E. Myer topped the poll 4 votes ahead of his rival Mr P. Obel.

Mr. Monk objected on the grounds a) that six-and-a-half years were allowed to vote, whilst others were refused permission.

b) A report had been received from Baragwanath that students there had not received their ballot papers.

After some preliminary discussion, a Phillips-Utian motion stating "That the S.M.C. byelectio be declared invalid and that a re-election be held ON MONDAY JUNE 14TH ", was passed Nem Con.

It was further moved at the meeting, that a memorandum be drawn up "to clarify S.M.C. Elections".

Chicago Lends A Shoulder.

The Student Governing Body of the University of Chicago(equivalent to our S.R.C.) have sent a letter to the S.R.C., indicating their sympathy with the stand that the students of this University are taking with respect to non-segregation.

It is with the deepest regret that we find ourselves unable to quote the entire letter owing to lack of space. Howeve. the authors of the letter find it ironical that whilst steps are being taken in America to stamp out racialism, we in this country find ourlves forced to fight racialism. They go on to quote the recent decisions of the American Supreme Court and point out that even in the south of the USA, racialism is fast becoming a thing of the past.

In conclusion they reiterate their solidarity with us and trust that our defence of the fundamental rights will be a successful one.

We of the Auricle, find it ironical in our turn, that whilst students of far off America are with us, so many of our own students are against us.

EDITORIAL OPINION

STASIS AT WITS

The 2nd term is rapidly drawing to a close, and with it the more exuberant period of extra-mural activity will pass into the more serious endeavours of students to devote themselves to work and examinations.

It is thus with no little disappointment that the Auricle has watched Medical School sub-societies - with a few noteworthy exceptions - pass into a period of very quiescent hibernation from which they are not likely to rouse themselves this year.

Some 3 months ago, the Auricle reported on "Diogenes Debut" - and a very interesting one at that. However, since that praiseworthy effort, Diogenes appears to have died a natural death.

S.L.A. is slumbering, Debating Society appears to have been frightened out of existence following the moral implications of the Chastity issue.

What is the reason behind all this stupor which at present envelops Medical School life.

We are well aware that owing to Mr. Momoniat's unfortunate illness, C.C.S. has been inactive. This position could, of course, have been avoided had a vice-Chairman for C.C.S. been appointed at the beginning of the year..

Through some oversight, this was not done. In parenthesis we can add that the S.M.C. are busy making the necessary constitutional changes whereby C.C.S. Chairman must appoint a secundus to represent him if the occasion arises

The system of "Weeks" - i.e. a whole week being devoted to one or a group of societies - has proved an abysmal failure. The position that this latter system created was that societies went into a month of enforced retirement from active participation, after which time all enthusiasm of society members had usually waned.

In point of fact, the S.M.C. discussed a resolution in the following terms - "That the system of allocating special lunch-hours for each society be abolished and that meetings be held subject to the approval of the Chairman of Cultural Council."

However, it was decided to give the system a further trial and the motion was not put. The period of "trial" has now passed and let us hope that the above resolution will be passed and implemented as soon as possible, and that the normal system of rotation will be adhered to, to the mutual satisfaction of all.

In the midst of this rather bleak picture, let us not fail to make mention of our active Arch and Anthrop Society, which grows in stature week by week.

FAREWELL TO A COLLEAGUE

This week we say farewell to our friend and colleague, Rod Dowling, who leaves Wits to seek pastures new at Cambridge University.

Rod is the recipient of a Scholarship, and although we will miss his staunch support, sound advice and unfailing enthusiasm, we can assure him that he goes with our very sincere wishes for a successful career both in student and in extra-mural activities overseas.

Good luck, Mr. Dowling - With your departure both Medical School in general, and the Auricle in particular, lose one of its stoutest sons, and most brilliant proteges.

Hard Work

They're putting themselves through Medical School.

If the present 3rd year class is a good sample, a fair number of our students are putting themselves through the Medical School. And often it is a matter of blood, sweat and tears.

There are more than 5% of the students in the 3rd year class paying their own way. If one takes into account those African students who are struggling along with scholarships of £250 a year and often nothing to supplement that, and students in mining bursaries of approximately £250 a year, then the percentage would be higher.

Don Bekker, 3rd year medical, is an example of real determination. His working day lasts 24 hours, with nursing from 11 p.m. to 7 a.m. at a Chamber of Mines Hospital. He is a qualified male nurse. Only a fast motor bike enables him to do all this and leave time over for irregular hours of sleep.

Although life is just all hard work for him, the £60 a month he earns gives a good deal of financial security to Don.

Yvonne van Straaten, on the other hand, works fewer nights a week. She is a qualified nurse and works at the General two evenings during the week as well as weekends. With careful living and a bursary to cover fees, she manages on less than £20 a month. No small feat. "Careful living" means one must find a room at....

ctd. on p.10

RAG IN RETROSPECT.

AN AUTOPSY:- DISSECTION BY SYD KATZ

Although Rag Day has passed, the Rag Committee have not yet disbanded. There are still a number of matters to be cleared up before Rag will be over for the year.

The total collected to date is in the vicinity of £12,000. Unfortunately a definite figure is not yet available as there is still plenty of money coming in. The prospects are that we will ultimately pass the figure collected by last year's Rag Committee.

The figure for the Street Collection is £3886 which is just below that of last year. This however is not the fault of the Rag Committee or the students: Rag had 400 collectors less at their disposal. The part-time Commerce students were due to write a Mercantile Law test on Rag Day. Nothing that Rag Committee did to have this test postponed was successful. Rag Committee cannot understand the unwillingness of certain members of the University Staff at Milner Park to co-operate with students in this most needy undertaking.

It is difficult enough to find a suitable date when both Milner Park and Medical School are not on vacation.

Further WHERE WAS "WITS STUDENT ON THE DAY BEFORE RAG?"

STOP PRESS

The Auricle

Friday 11 6 54

Engineers A Disgrace To The University.

An S.R.C. Meeting called in the Great Hall to discuss a resolution reaffirming the fundamental rights of students to BE FREE, was broken up by hoodlums after attempts by an S.R.C. Executive member to quieten some of these thugs and to take names.

To the amazement, astonishment, and complete bewilderment of the gathering, the mob resisted the member - who was acting in his official capacity - and a free-for-all resulted.

Despite attempts by President Goldstein to restore order, chaos ensued and the meeting had to be abandoned.

It is with horror, that I must record this disgraceful, irresponsible, vile, behaviour from a group which, although it has always been a persistent thorn in the flesh of all mature students, has now stooped so low as to disgrace the entire student body, to put student autonomy into a position from which it is bound to be criticised - and this at a time when we the student body, of which they are supposed to be part - are asking the Principal for PERMISSION TO MANAGE OUR OWN AFFAIRS.

Hardly the behaviour to encourage the Principal to accede to our requests.

Only the strongest possible measures will succeed in cleansing ourselves of their foul influences.

We have noticed their cowardice, herd instinct, and individual temerity. They must be individually disgraced and disciplined, before our whole student structure crumbles at the feet of this must dastardly group.

AND ALL THE WHILE THE MAJORITY OF WITS STUDENTS SLUMBER.

The Refectory was still packed at lunch-time.

Remember the German Universities!

Remember the Spanish Universities!

Remember that we are the strongest faculty!

WHEN the next meeting takes place it is our BOUNDEN DUTY to show this strength by packing the Great Hall TO THE DOORS!

WAKE UP ENGINEERS !!!

The behaviour of the Engineering students at General Meetings constitutes a disgrace to our University and a threat to democratic procedure. Unfortunately the name of the entire faculty is soiled as well as the name of our University, by the behaviour of a few undisciplined individuals who have not the mental equipment to bear the mantle of responsibility which is associated with the University student.

We wish to stress that the students' concerned are few in number. They are the element responsible for the animal noises, the rattles, the "Go to Moscow", "Go back to India", "Jew" and "Kaffir" to which we have been treated at so many meetings. At first ignored the few have now achieved such importance, that our meetings have become intolerable and the arrogance of these people a challenge to our belief in free debate.

The rest of the "Block", some hundred or so Engineers predominantly, Dentals and a few others, provide a convenient hiding-ground from which the scum can hurl the epithets. And the rest are only too ready to join in the "mirth" which these childish pranks evoke.

There is a gap in the education of these faculties. Somehow or another they think of the University as a Technical College with a sports ground attached, while we regard it as a training ground for citizens.

MESSAGE FROM S.R.C. PRESIDENT.

Due to disgraceful, apparently organised, rowdyism, the General Meeting has had to be adjourned.

The S.R.C. will not tolerate such over-riding of democratic procedure, and the names of several students have been taken, and are to be forwarded to the Disciplinary Committee.

At the meeting on Monday further action is planned, and possible effects include deprivation of any student of the rights to use Wits Sports' Clubs, to wear Wits blazers, Tea Room, and any other facilities.

All supporters of democratic ideas, whether they approve of the present S.R.C. or not, should come to Monday's Meeting to a man.

WE SAY TO THE ENGINEERING FACULTY - WAKE UP. DON'T TOLERATE THESE HOODLUMS IN YOUR MIDST. DON'T VOTE AGAINST US BECAUSE SOME ONE IS VOTING FOR US ON THE OTHER SIDE OF THE HALL. DON'T TURN ROUND TO YOUR NEIGHBOUR AS IS YOUR CUSTOM, AND ASK IF YOU SHOULD BOO OR CLAP. WITHOUT YOU WE WILL REMAIN AS STRONG AS EVER. WITH YOU WE WILL BE SO MUCH THE STRONGER.

M O N D A Y !!! MEETING AT GREAT HALL.. IT IS VITAL.

The Problem of Mental Disease.

By Dr. Louis Freed,

Lecturer on Social Medicine, University of the Witwatersrand

The human personality, at every stage of its development, is the product of interacting factors which operate in the body-mind-surround continuum. This is also true of each segment of the human continuum, for example, the mind or psyche. It follows, as a corollary to this concept, that mental well-being is the expression of the harmonic integration of the components of the psyche, the soma, and the surround, and that, per contra, mental disorder is the expression of disharmonic disorganisation of the components of the psyche in the first instance, or else of the components of the soma or the surround.

The ultimate effect of the process of disharmonic disorganisation, which is initiated by the impact of frustrational forces emerging "ab intra" or "ab extra", is to engender within the psyche a consciousness of insecurity or imbalance. It is thus necessary to define the phenomenon of consciousness.

Consciousness has been defined by the writer as a finite, unitary quantum of energy transmitted to the potentials of the individual human personality in the moment of conception, and constantly activated, conditioned, and differentiated by stimuli emerging from within and without the psychosomatic personality, and teleologically directed to the harmonic adaptation of the individual personality to the reality of the phenomenal world. Now the extent of the area of contact which an individual makes with Reality depends on the state of his mental health. In sound mental health an individual makes a relatively maximal contact with Reality, and in mental ill-health he makes a diminishing contact therewith. This is a matter of experience and observation. Consciousness, which is the medium through which contact is made with Reality, may be symbolised, for the sake of discussion, by a non-rigid channel representing, in continuous alignment, the interacting segments of the human continuum, namely, the body-mind-surround. In sound health, where the area of contact made with reality is relatively maximal, the consciousness of the individual may be described as belonging to the order of socio-psycho-somatic consciousness; in mental ill-health of moderate degree, where the area of contact with Reality is relatively diminished, the consciousness of the individual may be described as belonging to the order of psycho-somatic consciousness; and, in mental ill-health of grave degree, where the area of contact with Reality is nil or almost nil, the consciousness may be described as belonging to the order of Somato-psychic or Somatic consciousness. Somatic consciousness is thus the final step to death.

The behaviour of an individual who makes a maximal contact with Reality may be described as being "progressional", or, popularly, as adult-like; and that of an individual who makes a diminishing contact with Reality may be described as "regressional", or, popularly, as infantile.

Progressional behaviour is promoted by the impact of integrational forces which are released by the attributes of justice, love, mercy, and compassion. Regressional behaviour is promoted by the impact of frustrational or deprivational forces which are released by the attributes of injustice, hatred, cruelty, and wrong. Regressional behaviour means a withdrawal from Reality which may be symbolised as a constriction of the channel of consciousness at the point of contact of the psyche and the surround. Regression from reality is associated with the repression of psychic energy. The greater the contriction of the channel of consciousness, the greater is this repression, and the greater the repression, the greater is the disorganisation of the categories of psyche, viz. cognition, affect, and conation, which in health had existed in a state of harmonic equilibrium. The degree of constriction of consciousness effectuated by the impact of frustrational or deprivational stresses, emerging "ab intra" or "ab extra", and experienced as fear born of insecurity of tenure, will depend on the intensity and the duration of these stresses. Thus a stress, whether socio-psychic or somatic in origin, may elicit one of two main types of psychologic reaction when the patient's defence mechanisms have proved to be of no avail in his struggle for harmonic adjustment to the phenomenal world, i.e., for security on the diverse planes of experience. These reactions include -

I. THE PSYCHONEUROTIC REACTION

This reaction, in, which the disorganising stimulus or noxus is of relatively moderate intensity, may be expressed in a variety of symptoms indicating varying degrees of constriction of consciousness, and so varying degrees of disharmonic adjustment, such as:

(1) Anxiety reactions

(2) Phobias, e.g. Claustrophobia, agorophobia, acrophobia, etc.

(3) Obsessive - compulsive reactions, e.g. pyromania, kleptomania, dipsomania.

(4) Dissociative reactions, e.g. amnesia, somnambulism, fugue, dual personality.

(5) Psychic reactions associated with somatic dysfunction, e.g. conversion hysteria, hypochondriasis, neurasthenia, stuttering, sexual disturbances.

(6) Alcoholic reactions

(7) Criminalistic reactions

II. THE PSYCHOTIC REACTION

This reaction, in which the disorganising stimulus or noxus assumes a higher degree of intensity than in the case of the psychoneurotic reaction, ctd.

is associated with a far higher degree of constriction in the channel of socio-psycho-somatic consciousness. In effect, in this reaction, the area of contact which the psycho-somatic personality of the affected individual makes with the external world of psycho-reality, becomes considerably, or even completely, contracted, so that the individual lives largely, or even entirely, in the world of his own "laws" or "beliefs", i.e. lives autonomously and independently, and so unmolested, unrestrained and uninhibited by the irksome psycho-social realities of the external world.

The psychotic reaction to a disorganising stress, as in the case of the psycho-neurotic reaction, may assume one of several patterns, depending upon the degree of constriction produced in the channel of continuity between the psycho-somatic personality on the one hand, and the external psycho-social world on the other. Such constriction in the channel of consciousness may be brought about - as in the case of disharmonic reactions in general - by psychic stimuli emerging from the psycho-social milieu in the first instance, and then impinging upon the psychic segment of the personality; or it may be brought about by physical or organic stimuli emerging from the soma in the first instance, or from the external environment in the first instance and then impinging upon the soma, so disorganising the psyche by the process of interaction occurring through the medium of the blood chemistry and mediated through the autonomic nervous system.

Thus, the psychotic reactions to disorganising stimuli (as in the case of psycho-neurotic reactions), have to be presented, for academic and practical purposes, under two main heads:

A. Psychotic reactions engendered by disorganising stimuli emerging from the psyche or the psycho-social environment (Functional psychoses)

There include the following:-

1) The manic-depressive reaction.
2) The involutional melancholic reaction.
3) The schizophrenic reaction.
4) The paranoic reaction.

B. Psychotic reactions engendered by the impact of disorganising stimuli upon the somatic segment of the personality.

These psychotic reactions, which may simulate any one of the forms referred to above, may be classified under the following heads:-

1) Psychoses due to, or associated with, infection.
   e.g. Syphilis of the Central Nervous System;
   Tuberculosis meningitis;
   Epidemic encephalitis.
2) Psychoses due to intoxication.
   e.g. Alcoholism
3) Psychoses due to drugs or other exogenous poisons.
   e.g. Opium, dagga.
4) Psychoses due to trauma.
5) Psychoses due to disturbances of circulation.
   e.g. Cerebral arteriosclerosis.
6) Psychoses due to disturbances of haemopoietic system.
   e.g. Pernicious Anaemia
7) Psychoses due to convulsive disorders.
   e.g. Epilepsy.
8) Psychoses due to disturbances of endocrine dysfunction.
   e.g. Thyroid dysfunction (myxoedema)
9) Psychoses due to disturbances of nutrition.
   e.g. Pellagra.
10) Psychoses due to neoplasia.
   e.g. Tumour of the brain.
11) Psychoses due to unknown or hereditary causes but associated with organic change:
   e.g. Paralysis agitans.
   Disseminated sclerosis.

In mental disorder, as in all other medical problems, the task of the clinician is to identify, first the segment of the human continuum, and then the particular component thereof in which the process of disorganisation originated in the first instance; and, finally, to determine the extent of the transmission of this process, first to the other components of the segment primarily involved, and then to the components of the other segments. All this is achieved (a) by taking a case history which must be comprehensive in the sense of having reference to the sequence of events in the body-mind-surround; and (b) by making a complete physical and psychiatric examination in a particular case. When this is done, the clinician will be in a position to evaluate the initial dominant variable and the diverse factors which are functionally related thereto in the chain of causality. Such methodologic procedure is an essential logical preliminary to effective therapy. By way of illustration: when the process of disorganisation originates in the soma in the first instance, then therapy must be applied in the first place to the particular component of the soma affected. Thus, when specific therapy is applied to a case of myxoedema, or of pernicious anaemia, then the psychic disorganisation associated therewith will disappear spontaneously. Conversely, when the process

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READERS VIEWS

MONK ANSWERS HERBERG

Sir,

A letter about the proposed sending of a delegate to the London Conference appeared in your last issue. On behalf of the Students' Medical Council I would like to answer the allegations and questions of the writer.

The points raised will be taken in order:

1) "I would like to know on what authority the Council have taken it upon themselves to be responsible for this venture". - the S.M.C. were invited to send a delegate and accepted.

2) "In 1952 the then S.M.C.... correctly referred the matter to a general meeting of students (why was this not done this year?)" - The 1952 S.M.C. decided not to send anyone from here to England but to approach an overseas delegate to attend the Conference (Motion 109/52).

However, a petition for a General Meeting was brought up by members of the student body who wanted to send one. Thus it was not the S.M.C. who called this meeting.

3) "The delegate represented not Wits but NUSAS. This is in direct contradition to the information, or misinformation, contained in the circular". - Whether a delegate represents Wits alone or Wits, U.C.T., Natal, Rhodes and other NUSAS institutions is not relevant. This information was included in the second circular (13/5/52) because it was felt that some of the people, to whom the letter was sent, might have been supporters only of Wits and not NUSAS.

4) "In barely 18 lines (of the circular) there are no less than half a dozen errors of spelling, grammar or syntax, malapropisms or other illiteracies" - In the first paragraph, a comma could have been inserted to good effect.

The Correspondent also criticises the reasons given for taking part in these Conferences. We will endorse them:

a)"It puts South Africa on the map with regard to Medical student activities" - Due to the enthusiasm shown by past S.A. delegates it was proposed that the next I.F.M.S.A. Conference be held in South Africa. Surely this puts us very significantly "on the map". Unfortunately both this Conference and the prospective B.M.A. Conference in Johannesburg were cancelled due to immigration and travel difficulties.

b) "We (the S.M.C.) were able to report back and make some very necessary adjustments in our courses, with the co-operation of the Clinical Departments.

The correspondent has, it seems, mis -read the circular. The above quotation refers to both the 1948 and the 1952 Conferences. Among others, the following changes were made:

1) The door was opened for staff-student meetings.

2) Emphasis was laid on improving the instruction in psycho-somatic Medicine and this lead to the appointment of full-time Psychiatric consultants to the wards of this hospital.

3) Lecture time (e.g. during the morning was decreased to allow the final year students more opportunities for clinical study.

c) "It would awaken student interest" - a good deal of interest was shown in Dr. Goldblatt's visit and mamy of us have had enlightening conversations with him. To estimate the degree of student interest by the attendance of a lunch-hour meeting is a method open to fallacy.

Your correspondent concludes by saying 'There are many good uses to which £300 could be put' - His estimate is a little wide of the mark. The individuals who offered to attempt to raise this money were not offered any by the S.M.C. If they consider it worth the trouble of collecting funds to send a colleague to a Conference, our response is 'Good luck to them'.

Yours etc.
C.J.E. Monk
President - S.M.C.

PROFESSOR DART ON "THE AURICLE"

Sir,

I wish to congratulate you and your assistants upon the steadily improving quality of your publication. The increasing coverage of student interests, the thoughtful and readable character of the articles and the balanced mixture of grave and gay is a good augury. Its pages must have a steady effect of formulating student attitude as well as bringing enlightenment on student affairs to those who for some reason or another are precluded from participating in all of them personally.

It is unfortunate that so many students who have adequate literary and artistic ability still fail to take more advantage of the Auricle to heighten their own ability to express their thoughts in word and picture and to contribute to the sum of stucent enjoyment in their joint performances. The Medical School is now resuming its progress on a more even keel after the fluctuations in numbers and comfort unavoidably imposed upon its population by the last world war and its sequelae. There seems to me to be no reason why the student activities of today should not soon be rivalling and exceeding in brilliance those of that very progressive phase between the two world wars.

In this vitalisation of student life the Auricle plays a leading role by marshalling student thought and action both superficial and deep on the widest possible front. The measure of its effectiveness as a social mechanism is the width and variety of the feelings and interests it reflects and the consequent ardour and enjoyment with which its successive appearances are awaited by ever expanding student audiences. For that to be achieved much organisation is necessary so that every year of study finds adequate reflection in each issue. This, however, is not a task beyond the capacity of your planning, and I look forward to its rapid realisation.

Yours etc., Raymond A. Dart.

READERS VIEWS.

S.M.C. PRESIDENT ON CARDIAC LEECH

Sir,

It was with great surprise and chagrin that we read the editorial about Cardiac Leech in the last issue of the Auricle.

You quote motion 101/54 as a motion of censure which it was not It was merely a directive to the Executive to find out what had happened to the Cardiac Leech.

The S.M.C. were well aware of all the facts quoted in your editorial. Unfortunately, one cannot feel responsible for the individual promises of members of last year's S.M.C. However, the present S.M.C. offered help to Mr. Barnett but, by this time, he had already done all the "spade work" and we were only able to help with the proof-reading.

By subtle use of exclamation mark and by taking the statement of one member of Council to be the opinion of the whole S.M.C. you have caused a great deal of unnecessary hard feelings.

I can assure you that the S.M.C. is extremely grateful to Mr. Barnett for all the work he has put into Cardiac Leech.

Yours etc.
C.J.E. Monk
President - S.M.C.

S.M.C. DEFENDED

Sir,

Your front page splash about Cardiac Leech was forthright and commendable. While not wishing to detract from the merits of the article allow me to join issue on a few points.

It should be made quite clear, Sir, that the present S.M.C. per se is not implicated in the disgrace of Cardiac Leech. Your leader for 1¾ columns makes this point, but by the end of the second column refers to the present S.M.C. "in their illustrious capacity", (bad grammar and unnecessary implication) By the third column the accusing finger is without doubt pointed at S.M.C. 1954. Perusal of the minutes of the current Council's meetings, should disabuse the mind of our disinterest in Leech.

Secondly, our "learned brother" who "dared" to criticise. I hold no brief for the brother under consideration although he sits on our illustrious Council, but I do uphold his rights to make what he feels are remarks pertinent to the Editor of Cardiac Leech. The anonymous and learned brother, Mr. Editor, is not required by any book that I know of, to apply for a job on the Leech or Auricle before he can express a view point, held presumably in common with a number of students.

Thirdly the Editorship of Leech is a serious undertaking. It is quite on the cards that the person who accepts the job is expected to be a mature medical student, capable of shouldering the responsiblity associated with the publication of our most highly prized journal. Mr. (now Dr.) Goldblatt surely bore this in mind when he appreached the irreproachable Mr. Barnett in December 1952. Well, Sir, either Mr (now Dr.) Goldblatt was mistaken or Mr. Barnett had awfully bad luck. But despite the pretty excuses you make, Mr. Editor, and the blame you lay at the feet of the bad boys of the S.M.C., it requires a lot more than those that it took a conscientious Editor of Cardiac Leech as you would have us believe, one and a half years to present the finished (forgive me if I am premature) article for distribution.

The present S.M.C. is shortly to consider setting up a Publications and Conference Committee and should this Committee come into being it is to be hoped that the present slapdash methods of acquiring Editors of Leech will be a thing of the past and that the close liaison between Leech and S.M.C. so painfully lacking, will in future be assured.

Yours etc.
R.E. Yodaiken

ARE MEDICAL STUDENTS IMMATURE?

Sir,

The crowding of students to Dr. Mace's lectures on marriage and sex instruction was no doubt gratifying to Dr. Mace, but in some ways it was disappointing; for the students were not there to absorb knowledge in an objective way, but purely out of an immature curiosity. This was shown by the blushes, sly looks and winks exchanged amongst students, and the uproarious laughter at the rather strained humour of some of Dr. Mace's jokes. The poor attendance at other meetings—for instance the S.C.A.'s Symposium on the importance of Religion in Medicine - serves further to emphasise the point, for these meetings dealt with subjects which the mature student who was taking a wide interest in medical matters would attend just as soon as Dr. Mace's lectures.

However, please do not gain the impression that I am deprecating such lectures as those of Dr. Mace, for it is clear that students cannot but gain maturity by attending them.

Yours etc.
R.S.W.D.

The Problem of Mental Disorder

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of disorganisation originates in the psyche in the first instance, then the therapy must be applied in the first place to the psychic segment; and, maybe to the psycho-social segment of the continuum; thus psychosomatic ailments like bronchial asthma, ulcerative colitis, etc., may be improved or cured by the application of therapeutic measures to the psyche and the psycho-social background of affected individuals.

APOLOGIES

The Editor wishes to apologise to Mr. J. Herberg whose name, owing to technical difficulties, was omitted from his letter.

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Owing to lack of space, certain letters have had to be held over till the next issue of the Auricle.

Medical Ethics by G.A.Elliott.

OPERATIONS & CONSULTATIONS.

"I will not use the knife, not even, verily, on sufferers from stone, but I will give place to such as are craftsmen therein." - The Hippocratic Oath.

"A doctor owes to his patients complete loyalty and all the resources of his science. Whenever an examination or treatment is beyond his capacity, he should summon another doctor who has the necessary ability" - International Code of Ethics.

"(1) The performance by medical practitioners, except in emergency, of professional acts for the performance of which they are inadequately trained and/or insufficiently experienced.

(2) The performance under improper conditions and surroundings of professional acts, except in emergency". - Rule 25 of Rules of Conduct of S.A. Medical and Dental Council.

PERFORMANCE OF OPERATIONS

Until communications improved in South Africa, doctors in country practice were often forced to undertake operations under very difficult conditions, and for which they felt they were not properly experienced. There appears still to be a tendency for doctors not adequately trained or experienced to undertake major surgery, and Rule 25 is intended as a friendly warning against this practice.

Accidents, some fatal, have occurred through operating in inadequately equipped surgeries and with inadequate post-operative nursing facilities. The responsibilities of doctors in regard to administration of anaesthetics will be discussed in a subsequent article.

CONSULTATIONS

The doctor in charge of a patient may feel the need for additional advice, and request a consultation, or the patient or relatives may make such a request. The consultant may be a general practitioner or a specialist.

Wherever possible, the doctor in charge should be present at the consultation; this may be impracticable in the case of a consultation in the consulting room of a distantly situated consultant. The more urgent the case, the greater is the necessity for the two (or more) doctors to meet personally over the patient.

Where the doctors actually meet, the procedure is for them to have a preliminary talk before proceeding to the patient together; having examined the patient, they withdraw to discuss the case, and then convey their opinion to the relations and the patient, the quality and quantity of information passed on varying with the circumstances of each case.

Where the consultant sees the patient away from the patient's own doctor, it is in some cases advisable for the consultant to communicate his opinion to the patient's doctor and for the latter to inform the patient thereof, whilst in other cases, the consultant should give his opinion to the patient at once. A set formula of procedure cannot be laid down.

In the event of a difference of opinion, the patient or relatives may accept one or other and be satisfied. Or they may request further opinions. Multiple opinions may lead to confusion and be disturbing to the patient. The more doctors "in on the case" the more important it is that the patient and relatives recognise one as the doctor in charge, through whom advice is effected, preparations made for operation, etc.

The consultant must be particularly careful that he does not supersede the patient's own doctor. Should the patient express a wish for the consultant to take over the case, the consultant should be as discouraging as circumstances allow. If the patient is adamant, the proper formalities must be observed.

NEXT WEEK - RESPONSIBILITY WITH ANAESTHETICS

Arch. & Anthrop. Society.

A TRIP TO KIMBERLEY

In conjunction with the Wit-Watersrand Branch of the South African Archaeological Society, the Committee of the Medical School Arch. and Anthrop. Society has arranged for students to take part in a 4 day excursion to Kimberley. The trip starts in Kimberley on Saturday, July 3rd - 6th.

An extensive programme has been drawn up by the "Senior Society" and as many as ten different sites of Archaeological and Anthropological significance will be visited. These include impressive "museums-in-the-open" and unique rock engravings.

Details of the arrangements and particulars with regard to student participation will be given by the Society's Secretary L. Myers, Room 126, Anatomy Department

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The Arch. and Anthrop. Society is expanding rapidly and already has a membership of nearly 100, including members of staff.

The Committee are to be congratulated for the keenness they have displayed and for the arrangements drawn up thus far.

M.W.

Enterprise Of Medical Students

PROF. DART.

Because of their lack of interest in last year's Conference, Prof. Te Groen, Dean of the Faculty of Medicine, at the Pretoria University, was moved to berate Pretoria Medical students, when he opened the Clinical Conference this year.

He wondered why they showed so little interest. "What is wrong with the students?" he asked. "Do they get an overdose of lectures? This is certainly not so in their final year".

Prof. Te Groen went on to comment on the lack of general knowledge, except in the political field. He said:- "The lecturer finds out that the students cannot spell - in other words they have not a good understanding of the reasons and true meanings of their own particular subject."

The Third year of study was important, but subjects were badly learnt and badly remembered. "Interest is the first step on the patch to wisdom", Prof. Te Groen told the students.

The training of a medical student led to individual development. The doctor later realized he stood alone and must carry the full responsibility of what he did. Such isolation was likely to colour his personality.

"In interviewing applicants for situations in the Pretoria Hospital it is often tragic to see how one-sided and limited is their knowledge."

"I suggest that the organizers of these conferences set aside at least one night for discussions on subjects of general interest".

.....

Prof. Dart was asked to comment on the state of general education and enterprise of Medical students at Wits.

He said he did not wish to criticize Medical students at Wits. As for their general education, 50% were subscribers to the library - and this is a much higher percentage than among Milner Park students at their library. The Medical School Library lent out 16,000 books a year (including those lent to Medical practitioners and staff) compared with 26,000 at the Milner Park Library.

He felt that this interest in the library was a good index of the intellectual interest of the students. They showed considerable interest in their own field. And extensive reading of medical literature was bound to stimulate interest in science, learning, social conditions etc. in other parts of the world and broaden the knowledge of the reader.

Professor Dart said that the Medical students at Wits had always tended to be the leaders of the social life of the University. They had been the first to organize hospital Rags. They showed a considerable interest in social welfare and nutritional problems. Their newspaper was the only regular student publication in the University.

They showed a wide interest in cultural matters - as evidenced by the large number of active societies at Medical School. It was clear, too, from their newspaper that they had the capacity to criticize themselves.

Their interest in matters of social welfare was very considerable and they had made stupendous efforts in directing the attention of the public to these social conditions. A Medical student, Miss Klempman, had been responsible for the institution of an Occupational Therapy course at the University by stimulating interest in it.

These activities showed the great appreciation of the students of their responsibility towards the community. This, to his mind, said Prof. Dart, was the mark of educated men.

South Africans would be entitled to criticize the medical students when they had done as much for University education as the London Municipality has recently done for primary education (Prof. Dart was referring to the skyscraper institution for primary education recently erected in London.)

"Our medical students are a fine lot of men and girls" said the Professor.

THIS HILL OF OURS.

Assisting the anaesthetist in theatre last week, got to talking about Diploma in Anaesthetics - Can't get one at this hospital he told me -"Why not I asked" - He shrugged his shoulders. "They want you to do a year's full-time post-graduate study in Physiology etc. Difficult if you're a married man or a poor one." I nodded in sympathy. Obviously the poor man can't go overseas either. I asked how he intended overcoming the obstacle and he said he was thinking of going to Cape Town where a new course has just started, and where, as far as he knows, there is none of this full-time nonsense. Sad it seems that a poor man can't take a Diploma in Anaesthetics at a big teaching hospital isn't it?

.....

By the way, the op was one of those bi-lateral herniorrhaphies. I was down at O.P.D. when the old chap came in. He told his story and after that went behind the screen and let down his pants; the surgeon took one look at him and turned to the houseman - "Put him on the Waiting List" he ordered.

The old chap emerged, top button still undone. "How long" asked the surgeon. "14 YEARS" answered the old boy. The surgeon raised his eyebrows and repeated the question. "Yes, Sir, 14 years" insisted the greying lad. "Put him on the Urgent List" roared the boss, and the houseman, lowered his Adams' Apple and wrote in a shaking hand - URGENT PLEASE!!

.....

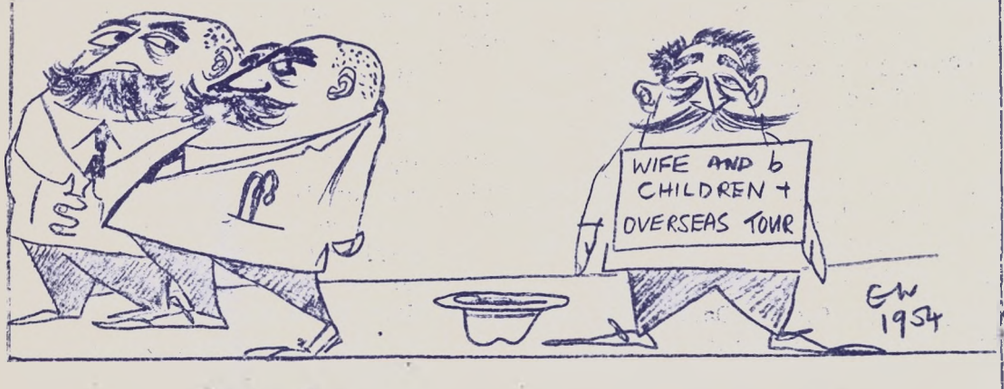
Rod Dowling goes to Cambridge soon. When I walked up to the 2nd year board to find my name among the wretched 3rds, Rod was the bloke who headed both lists with a 1st in Anatomy (Pretty good - but not unheard of) and a 1st in Physiology (almost unheard of). To me anyway that was some result! Yes, Sir, that was the second year that Prof. Gillman's course had been running.

Bon Voyage, Rod, see you make a name for yourself - won't you?

—R.E.W.N.

NEWS ITEM

Mr.Schwartz: The delegate may have to pay his own way to the Overseas Conference.



DIARY OF A DILETTANTE.

THE ART EXHIBITION has been a great success - a lot of work but good fun; thank goodness it's over - been nothing but one responsibility after another. Needless to say, many of the exhibitors handed in their entries at the last minute on Tuesday, so it was an awful business to get everything ready in time for the OPENING OF THE EXHIBITION.

LAST MINUTE RUSH: The opening was due for 5 p.m. on Tuesday. At 4.30 I rushed out, bought flowers, sherry; at 4.45 Emmanuel completed the catalogue, whisked it off to Becky who managed to finish roneoing copies in the nick of time. At 5.15 Emmanuel returned, loaded with glasses and records and vases which I proceeded frenzidly to fill with flowers (only the vases).

At 5.30 everything was more or less under control; Professor Watt gave an extremely interesting opening speech which was enjoyed by the sixty odd people present, after which everyone examined and discussed the exhibits, drank sherry, listened to good music and indulged in persiflage.

HIGH STANDARD OF WORK: This included oil-paintings, water-colours, sketches, pastels and photographs of doctors and students - would have liked to have had more entries by students. Of the 85 entries received - yes, there were indeed 85 - I was particularly struck by the water-colours of Dr. W. Girdwood which were sensitively handled and full of movement, by Dr. H. Gruebel Lee's "London Scene" and "Race-course" - the latter picture had a dream-like quality created by the unusual combination of colours and illusion of great spaciousness and emptiness.

NOT ONLY FATHER BUT SON: Dr. Gruebel Lee's son Emmanuel who arranged the exhibition entered interesting paintings; his "Christ on the Cross" showed a bold approach with good use of colours and brush technique.

Of the portraits, Sylvia Freed's two African heads were outstanding, one for its colour, the other for chiaroscuro (the latter was perhaps a bit hard). Gerry Blecher's watercolour portrait of his brother Stanley was one of the best likenesses I've seen for a long time of any person. Of the photographs, Dr. A. Bensusan's work was of a particularly high standard; R. Hoppenstein's colour photograph "Evening Departure" was dramatic with the most WONDERFUL COLOURS.

MANY THANKS: To all who have helped Emmanuel and myself with arranging of the exhibition: hope that next year's exhibition will be even more successful.

Marilyn.

Students Supporting Themselves

ctd. from pg.2

about £6 a month, and deny oneself such luxuries as frequent coffees at the Refectory. No expensive University Residences, either.

Other self-supporting students just happen to be in a fortunate position. One gets £40 a month by working only Wednesday and Saturday afternoons at Tattersalls. But he serves to illustrate the point that it is far easier for a person who has already secured skilled part-time employment and a good salary to turn to study.

These people we have been speaking about got their training and employment first, before launching out into a long course. It would be very difficult for the young chap just out from school, with no qualifications, to get a part-time job remunerative enough to see him through a University course, with no other source of income. We have yet to hear of "Dolls House work" seeing a man through a 6 year course.

Vacation jobs are seldom lucrative enough to enable the student to avoid term-time employment, and besides, vacations are supposed to provide a rest from organized studies, and allow time for reading around the subject. For this reason, Universities in England are somewhat perturbed that over 25% of their students find it necessary to take vacation employment.

Although one is filled with admiration for these people who are "working their passage" one feels that they are missing a great deal of the University education. Not only are extra-curricular activities closed to them, for reasons of time, but they cannot even take full advantage of the academic course. They all feel they have not the necessary concentration to apply themselves to their academic work. All find themselves applying themselves to their jobs more diligently than to study. The studying of books they find extremely difficult.

Anyhow, we in more fortunate circumstances salute these stout-hearted people.

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Patient (to nurse, diligently scrubbing umbilicus): You can't clean that away, nurse. I've had it for forty years.

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PROF ELLIOTT'S ANSWER.

Sir,

I have been asked to comment upon the letter of "Clinical Student", published in a recent "Auricle" under the heading of "The Press and Medical Secrecy".

My first comment must refer to the doctor's responsibility in such matters. In considering what he should tell the patient who has been found to be suffering from an inevitably fatal disease, the doctor must take into consideration the probability that if he informs the patient of the exact diagnosis, the patient, either accidentally (as in the case quoted by your correspondent) by reading an account of his disease in the lay press or a magazine, or by intent, by reading medical books, will learn the truth about the prognosis. If he decides to inform the patient of the diagnosis, the doctor must assume that the prognosis will become known to the patient, and must in anticipation take steps to soften the effect of such knowledge. How to do this will vary with the circumstances of each case.

The press reporter or editor of a newspaper, in publishing news items of the type referred to by your correspondent, assumes a very grave responsibility indeed. By publishing the diagnosis, embellished by grim details of the last hours or days of a person suffering from an inevitably fatal disease, the reporter and the editor must appreciate that unhappiness, despair, and mental agony may be caused to other unfortunate patients by the publication. The press cannot be prevented from publishing such news items, nor is it desirable that machinery should be introduced to such an end. The ambitious and thoughtless desire of the over-enthusiastic reporter to produce a melodramatic news item which exploits human suffering can be curbed only by his own innate good sense and human feeling and by the tempering disciplinary influence of his editor.

Yours etc.

Professor G.A. Elliott.

A.&A. TRIP TO VAAL.

Archæological sites between Henley-on-Klip and Vereeniging were visited by members of the Arch and Anthrop. Soc. on Union Day.

Before leaving Vereeniging a visit was paid to the fossil plant collection of Mr. S.F. Le Roux a wonderfully observant and enthusiastic amateur. His skilled hands have laid bare the beautifully preserved fruiting and flowering bodies in the Middle Ecca rocks.

The party set out along the Vaal River and stopped at three sites where they collected stone implements.

An excellent lunch was provided by the society on the banks of the river.

The afternoon was spent at the farm Badfontein where members found many artefacts dating from the pre-Stellenbosch culture of the Early Stone Age to microliths of the Late Stone Age Bushman cultures.

The party came home by way of Meyerton and a varied and memorable day was rounded off by many expressions of thanks to Mr. Malan of the Archæological Survey, who accompanied the excursion.

Multigraphed for the Medical Students of the University of the Witwatersrand by Westdene Products (Pty) Ltd. 10654

WITS WIN HANDSOMELY.

Having played some poor matches lately, Wits 1st XV redeemed themselves well on Saturday with a magnificent win over Wanderers.

For a change, the whole team were on form and the backs made good use of the opportunities afforded them, by again and again slicing through the Wanderers defence. With a little more luck Wits may easily have scored another 10 or 15 points, instead of winning only 15-0. Had the team played in this way last Wednesday they would have beaten Potchefstroom University by a large number of points, instead of going down 6-16.

Let it be said that the team were badly hampered by the most inefficient, unknowledgeable, lackadaisical display of refereeing that I and those present with me, have ever had the misfortune to see. At no stage of the game was the referee less than 30 yards behind play, the while he was engaged in whistling up Wits attacks for the most absurd reasons, not to mention the almost childishly ignorant interpretation of the rules once he had blown the whistle. The home linesman was also not as unbiassed as such an official should be. for on at least 3 occasions, he waved Wits winger Merrill Pike in touch when he had passed the ball back at least 5 seconds and 5 yards previously.

However, having unburdened myself of this cry against injustice, let me say that the Wits forwards did not play a good game, and the Wits backs were well held by some grand tackling. The various members of the team, no names being mentioned, who attempted penalty-kicks, were also, unfortunately, not on form, therefore allowing a large number of points to go a-begging.

Let us hope that the form displayed on Saturday be oft repeated in the future, and therefore permit Wits to regain the position held by them in previous years.

With regard to the Under 19A team, there appears to be a slight improvement. If Wednesday's match be not taken into account, this statement would be unqualified. As it is, however, their game at Potch. on Wednesday must be considered. Apart from having a referee who was almost as bad as the one who officiated in the main game, Wits were totally outclassed in all departments of the game, especially in the half-back position. Were this team able to get a good scrum-half, they would be a good team. I suggest that the present holder of that position be dropped as soon as possible, and given a chance to find himself, in a lower team. If the 1st XV selectors can do this, it should not be beneath the dignity of the Under 19 selectors to experiment, as well.

Tennis.

On Saturday, a tennis Intervarsity was held at Milner Park, vs. Tukkies. Among the results were the following.

Big surprise was the overwhelming defeat of the Wits Men's team who only managed to win one match out of nine. Neville Katzen was surprisingly beaten by Vorster, a newcomer to the Tukkie team. Jack Kampel was the only Wits man to win.

On the other hand, the Wits women were unbeaten in any match, and won 9 matches to love. Congratulations to the women.

SPORTING PROFILES.

Meet Zan de Villiers, University's "Miss Hockey" and surely one of the most versatile sportswoman ever to come to Wits. Twenty-one years old, and as pretty as they come, Zan is now doing third year Physiotherapy.

At Rustenburg Girl's High (Cape Town) Zan played first team hockey, tennis, netball and swam for the school. In '48 and '49 she played hockey for Western Province Schools.

1950 she came to Wits and by the end of her first year she had played for Combined 'Varsities, received her full-blue and was a member of the Proteas hockey team that toured Europe.

In 1951 she played for S. Transvaal, and it became obvious that Zan was going to make a big name for herself. In 1952 and '53 she was again chosen to fill the Provincial centre-half berth and in '53 was invited to the Springbok hockey trials. She unluckily did not make the Springbok team, but played well enough to impress as a player with a big future. At the end of 1953 she was awarded her HONOURS - a rare achievement!

This year she has again been selected to represent her Province for the fourth season running. Nice work Zan!

Zan again showed her remarkable aptitude for sport when she started playing squash at Wits for she now ranks as No. 2 player on the squash ladder!

This year I think is going to be Zan's BIG YEAR. With the English hockey girls coming to tour the Union, Zan may get her big chance to gain top international honours!

We know you must be hoping Zan. Here's hoping with you!

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PATHOLOGY LECTURER at Post mortem. "There are two kinds of Scotsmen ...."
VOICE. "Acute and Chronic!"