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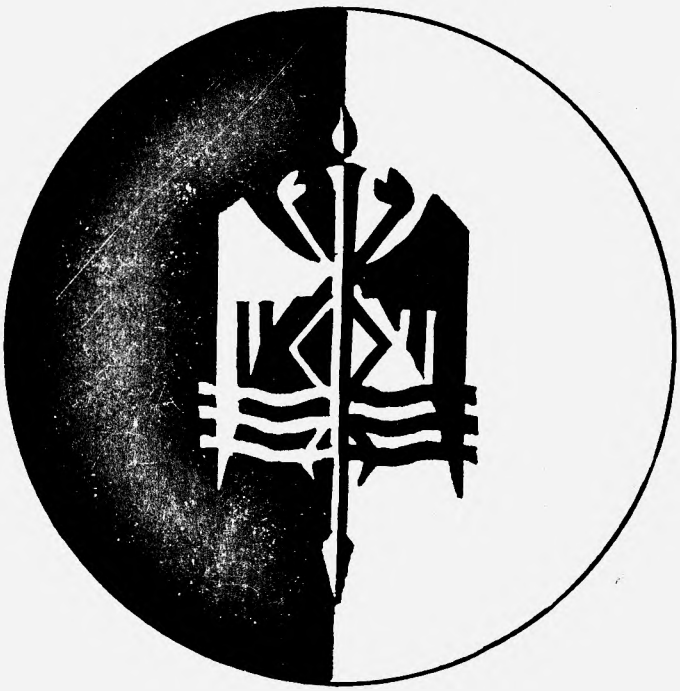
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Students` Medical Council

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THE AURICLE



UNIVERSITY OF THE WITWATERSRAND MEDICAL SCHOOL

Vol. 12. No. 5—AUGUST, 1961

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EDITORIAL

AT the last S.M.C. Meeting a most interesting report was presented by Mr. Peter Arnold in his capacity as chairman of the Medical Education Committee. A portion of this report dealt with the failure rate at our Medical School and I think it is incumbent upon me to present to you his findings which I am sure will prove an eye-opener to everyone and lead to considerable food for thought.

Mr. Arnold approached the class representatives and asked them to estimate how many students there were in the respective years at present, who had started their medical course together as first year students and had not failed at all. The figures submitted to him revealed startling facts.

Of the class of 120 students who started first year in 1955, 50 passed their final exams in 1960. Of the class of 120 students who started in first year in 1956, 42 are left to write their final exams this year. Of the present fifth year class, only 42 students are left who started together and in the present fourth year class, only 38.

These figures are only approximate and the estimate is conservative but it is obvious that they cannot differ very much from figures which could be officially obtained from the Dean's office. After all each class representative based his calculation on the comparison of first year lists with present class lists.

The burning question that exists is what does the analysis of these figures show. Simply they indicate that two thirds of first year students fail at least one year or more during their course. I don't think that there is any student who previously realised this and who is not flabbergasted and does not feel that the failure rate is exceptionally high.

Mr. Arnold and his committee are of the opinion that these figures indicate a fault somewhere in the educating system practised by our University and that the fault should be found and corrected. The fault may lie in the selection of first year students or in the teaching of the students, or in the quantity of work to be done, or in the inability of students to cope. The problem obviously is one of vital importance and the figures presented above should be more accurately assessed with the help of the Dean's office, and should then be brought to the attention of those interested in medical education, particularly the South African Medical and Dental Council.

I would like to thank Mr. Arnold for allowing me to present his findings. When he qualifies at the end of this year Medical School will be losing a man who in my opinion has done more for the student body than anyone else I know. On behalf of the students of this Medical School I would like to thank him and wish him every success for the future.

A.M.S.S.A. REFRESHER COURSE

AND refreshing it was too. This was the first large AMSSA venture, and I must say that I had my doubts about it. A refresher course, in Durban, in July! Wishful thinking! Then I heard that the course was only ten bob and accommodation cheap, so I decided to sign on. A good excuse to go to Durban for a week and good for my conscience too, I thought. So it was that I packed a costume and a toothbrush and a notebook, some white coats and a stethoscope and set off for Durban with every intention of getting well tanned. And I have a very shrewd suspicion that most of the other eighty seven people who pitched up at the course had much the same idea.

The organizers of the course had other plans for us, however, and I was feeling pretty blue when I had to roll up at Durban Medical School at a quarter to eight on the first Monday of my vac. I consoled myself with the thought that I would slip down to do some bikini-watching round tea-time and give the rest of the day the shove. It was with some surprise that I found myself wearily but happily leaving the Medical School at 5 p.m.

There were lectures and symposia in the mornings from eight till one and ward rounds and case demonstrations all afternoon. In the afternoon final year students were taken separately on ward rounds and other year students could usually have the choice of going to surgery, medicine, gynae, or paediatrics.

The lectures and symposia which covered a wide range of subjects, were grouped into sets of associated subjects. There was no attempt to cover systematically any part of medicine, but rather there had been obvious care in selecting Natal speakers who had a special interest in the subject that they had been asked to speak on. This meant that the series was stimulating throughout. The symposia were particularly successful to my mind. For instance, aspects of shock were discussed by a surgeon, an obstetritian and an anaesthetist in turn.

One criticism of the morning lectures was that to have lectures from eight to one with only a half hour tea break is too much for anybody's abilities of concentration. It would be better to offer less during the week in the hope that we might retain more. I hope this suggestion will be considered by next year's organizers.

Of the variety of subjects, tuberculosis and amoebiasis were particularly interesting to hear discussed by expert workers from the research units centred in Durban. Kwashiorkor did not appear on the list unfortunately, though we did see many cases in the wards. There seems to be much work being done on the syndrome in Durban. I mention this as I feel that it is in this accent on the research in the centre where the course is held that the success of future AMSSA courses will lie. This and seeing new lecturing personalities "in action" and working together with students from other universities, are strong points on which to build.

At ward rounds I was continuously impressed by the enthusiasm of the doctors to show us their work and to teach us.

But to me the most important part of the conference was that I saw another way of doing things. We spend such a long time in medical school that we become obsessed with it. Our view is narrowed. One's medical school is the only medical school, its ways the only ways, its research the only research, its traditions the only ones. It was good to be able to see another school in action. One returns to see one's own familiar world through new eyes — to appreciate its assets and to realise its defects.

Durban Medical School is a large new building pleasantly situated behind palm trees on Umbilo Road next to King Edward the Eighth Hospital. Considering the various difficulties that the school has been through in the past few years, I was surprised at how cheerful everyone was. I suppose that I expected a rather grim atmosphere, a barracks before a battle feeling. There was none of it. Nor was there dull resignation, but rather a vital and energetic hum of activity. One could almost feel the growth of this young school, and I was surprised at the vigour of students and staff considering the pressures placed upon them.

It is a small medical school — the fifth year has about twenty-five students for instance — and as a result there is far more personal contact between lecturer and student and between students. Though the size of our other schools in South Africa naturally makes this same relationship impossible, I think it is something that should always be aimed at.

The President of AMSSA, Mr. Peter Arnold, was, we were rather startled to hear, virtually spending his honeymoon presiding over the course. He looked surprisingly unharrassed considering, and the thanks of all who attended go to Mrs. Arnold for kindly releasing her husband for our benefit. The brunt of the preparatory work I am sure fell on the chairman of the organising committee, Mr. Herbert Ushewokunze. He had obviously gone to much trouble organising lectures, ward rounds and accommodation. We must have strained his patience severely at times too — particularly when he tried to herd us (the correct word for we were rather like sheep) together for a photograph, or when we were late for lectures or lost on our way to ward rounds — but he always looked cheerful and seemed untiring. When Herbie wasn't there to turn to for help, there was always sure to be John Letsunyane on hand. To them particularly — but also to all our other hosts — go our thanks.

Professor Gordon rules over all from some busy office, but found time to come to address us at the start of the course.. His talk was provocative. He traced the turbulent history of AMSSA's foundation for us, and gave many helpful pointers for our future. He also suggested that its history should be recorded. Detailed records of the early years of the association could be of great help to future AMSSA workers.

It was surprising how rapidly I had settled into the way of life at the Durban school. It was somewhat of a shock on the Saturday when I was packing my unused costume (it was a bit too cold before 8 a.m. or after 5 p.m. to swim) and my dirty white coats to realise that I had only stayed six days. It had become a whole new way of life.

Wits medical students are to be the hosts at next year's course. I hope that we will hold as successful a conference as Durban held and I hope that this will become a regular feature of medical student life in South Africa. We at Wits can only say that we look forward to returning the hospitality you showed in Durban. We hope we will see all of you here. U.C.T. is a thousand miles away, we know, but you showed your trekking abilities by arriving in Durban in good numbers. We hope to see even more of you in Johannesburg.

Again our thanks to the organizers, speakers and ward round tutors. If we carried away one tenth of the knowledge and one hundredth of the enthusiasm laid before us, it was well worth our while. **DONALD SINCLAIR.**

SOCIAL

A social is to be held under the auspices of the S.M.C. and it is hoped that everyone will support this function.

Date: SUNDAY, 3rd SEPTEMBER, 1961.

Time: 8—12 p.m.

Venue: REFECTORY AT MILNER PARK.

Music: THE HAVANNA DANCE BAND.

Admission Charge: 3/6 per person.

Refreshments will be sold. No liquor is to be allowed on the premises. All university students are welcome to attend. Remember Monday the 4th is a public holiday.

* * *

There was a young lady from Thrace
Whose corset grew too tight to lace
Her mother said " Nelly,
There's more in your belly
Than ever went in through your face."

* * *

" Knock, knock."
" Who's there ? "
" Sam and Janet."
" Sam and Janet, who ? "
" Sam and Janet evening, you will meet a stranger."

* * *

"You're the first girl I've ever kissed," said the Medical Student, shifting the gears with his knee.

FACTS REVEALED AT THE LAST S.M.C. MEETING

In the new buildings planned for Medical School, no provisions have been made for any student facilities such as an S.M.C. office, refectory, common rooms or locker rooms. The present facilities are to be demolished and the student body will probably be given an old ward at N.E.H. to accommodate the student's needs. A petition has been held in protest of this. Full co-operation is expected from every student in this regard.

The refectory is being run by Mrs. Simons as a private enterprise. However, it has come to our notice that she will vacate the premises at her earliest opportunity and once again the student body will be without a proper refectory.

Arrangements are under way through the auspices of the Students Visiting Lecturer's Trust Fund for lecturers during 1961 for the Psychiatry Department and in 1962 for the Anatomy or Physiology Department.

Since January, 1960, twelve members of staff have resigned and left our Medical School. Seven of these resignations were from the Physiology Department. Two further resignations have also just come to the notice of the S.M.C., that of Professor Peacock, Professor of Public Health and Dr. Hovey, Senior Lecturer in Pharmacology. Thus up to date there have been fourteen resignations since January, 1960. As far as appointments are concerned, only five have been made.

A mannequin parade will be held shortly in the Great Hall, proceeds of which will go to A.M.S.S.A. Mr. Smart asked whether the mannequins might be taken on appro!!!

Mr. Smart addressing a male member of council, "Don't scratch it, back it for a place."

CONGRATULATIONS

Congratulations to:—

Peter Arnold, Jeff Maisels, Arthur Smith—Kay Rosmarin, Fred van der Merwe, Lennie Zibbutz who undertook the vows of marriage recently.

Edgar Freed who became engaged during July.

Dave Levy on being elected President of A.M.S.S.A.

Barney Levine on being elected to the A.M.S.S.A. Executive.

WANTED

Urgently required—Magazines and comics for distribution to patients in hospitals and nursing homes. Please contact A. Levin fourth year.

Chaucer and I wrote a dirty story
Bawdy and lewd from the start,
But mine, people said, was pornographic,
And Chaucer's was classical art.

CLINICAL PATHOLOGY ESSAY

The Hopes and Frustrations of a Fourth Year Student

WHAT was the title of that essay again ? — here it is on this " Karess " tissue paper — " the action of p-hydroxypropionylphenoxyphenone on the genital tract of male and female baboons " — only two days before we have to hand it in. Well I'll be darned — of all the stupid, idiotic and crazy subjects for an essay and I haven't a clue what it means. Just my luck to get an essay like this. Why couldn't I have been asked to write on something like — Is there any indication that the average medical sturent prefers ethanol (" booze " to you) to glucose-sweetened water. I could write a book on that — all on personal experience. No need for references then. Well, let's have a bang at it.

MEDICAL SCHOOL LIBRARY

Could you show me where to find journals ? No, I don't know. Yes I have been here five years already. No, I don't thing it is really necessary to feel ashamed of myself.

Well apparently nobody has heard of p-hydroxypropionylphenoxyphenone. Heck that's a long word. I wonder how many letters there are. Let's see 1, 2 . . . 31. Hell I'm sure I can make tons of other word out of the letters. Let's try — P-R-O ah gee there isn't an S. Crikey it's late, I must get a move on. Ah here is something. "Mittelschmertz, Menopause and Menorrhagia — the effect of drugs on the genital tract of male and female rats." I wonder if I could change the rats to baboons — nobody would know. Good idea. Lots of references at the back — good no need to look further. I'll just copy them out.

THAT NIGHT:

Let's have a look at this journal. What — only half a page on p-hydroxypropionylphenoxyphenone and two references. Minimum number of words required is 400 — that includes " and " and" if's " I hope. Ten o'clock already — page 63 of Cady Lhatterley's Lover is my best journal — funny there seems to be some relationship between my essay on genital tracts and my novel. I wonder if there are any references at the back.

MEDICAL SCHOOL LIBRARY AGAIN

Could you help me — you're married. I'm so sorry. Damn. Back to that index again.

Two hours later — could you please tell me where this book is? You're not on here at the moment. I'm so sorry. Could you perhaps — it's your teatime now — I'm so sorry. My apologies.

Eureka — at last here is something — the genital tract of Papythyricius humanibus vaginalis its response to a substitute derivative of PP(?) otherwise known as p-hydroxypropionylphenoxyphenone. Could I take this journal out please. You're busy — my apologies. Could you perhaps help me take out this genital tract journal. I'm rude. So sorry.

DAY ZERO

Finished at last. I forgot that two inch margin. Well, I'll not worry about that — let them. My writing is rather poor. Too bad. I'm sick of genital tracts—of baboons that is.

THREE WEEKS LATER

Winner of first prize. — C. RAP.

* * *

LOVE'S-END PAIN

To E.

In a vacuum complete suspended.
Thinking of pain and wound unmended;
Gashed by knife of cruel life,
Which seems a never-ending strife
Through Hell's confusion, feeling
Every cell of brain and body reeling
In vortex vertigo. Mind raw wrung
For far thought of love, but flung
Away by cold unlove and lost
In the weary words tossed
Back.
Red ruckle of wracked Soul casting dice
With Torture, taut-stretched;
Each deal stabbing another searing slice
Of screaming white light through inner-night loneliness
(Snarled snake-coil striking at mind-dry-desert stoniness).
Pang rang when the end you
Told me of, proved all true.
No sympathy in eyes
Of lover for lover's cries:
Sought reason in eyes averted
For fancies of love deserted.
Love's base crumbles like an earthern crust.
Or dove
(Symbol of pure lust?)
From glove
Turns out a hand of dust!

Jack van Niftrik.

A comely coed met her aunt downtown on Saturday night and was given her aunt's pay check to take home. On the way home she was held up.

"Help! Help! I've been robbed!" she cried. "Someone has taken my aunt's pay!"

A policeman quieted her. "Cut out the pig Latin, girl, and tell me what happened."

* * *

Two lunatics were playing a little game. "What do I have in my hands?" asked one.

"Three navy patrol bombers," was the answer.

The first one looked carefully into his cupped hands. "Nope" was the answer.

"The Empire State Building?"

"No."

"The Philadelphia Symphony Orchestra?"

The first one looked into his hands again, and then said slyly, "Who's conducting?"

* * *

Then there was the cow that swallowed the bottle of ink and mooed indigo.

PHISIOTHERAPISTS CORNER

PROPRIOCEPTIVE NEUROMUSCULAR FACILITATION (P.N.F.)

THIS technique of treatment was devised by Dr. Herman Kabat and his associates in California. The treatment has now become a constant and familiar adjunct in all physical treatment where there is paresis or paralysis of muscle.

P.N.F. is a new technique and embodies new ideas—many of which are based on old intractable facts. It is scientific, not a new fangled idea, which just seems to work. The basic fundamentals and physiology text books facts which each and every second year student has attempted to digest, and whose use in P.N.F. is so simple that one wonders why it was not discovered a long time ago—or, for that matter how we managed without it.

Each and every one of us knows that the greater the demand made upon us, the greater will be our response. This fact also applies in muscular contraction. Thus in order to obtain a maximal response we need both—

1. Maximal stimulus—supplied by way of visual, auditory tactile and stretch stimuli.
2. Maximum resistance—supplied by the operator.

Looking at any anatomy atlas one is immediately impressed by the special arrangement of the muscles, how they function as a team, and one can see that the majority of movements occur in a rotational and diagonal manner.

Practical application of these observations are borne out in all types of sport and functional activities. Movement always occurs at more than one joint and all powerful movements start from a fully stretched position.

In P.N.F. all these principles are obeyed. Movements, because they take place at more than one joint, are known as mass movement patterns—and these are functional.

Surely physical measures are more effective if they are objective and therefore functional instead of subjective and non-functional.

In P.N.F. stronger muscles are used to facilitate the action of weaker ones; all being based upon so much physiological principles of central excitation, summation, successive induction and irradiation.

Much has been written and said about P.N.F. It is a complete study on its own. It is fascinating because it is so simple (in logic and theory, not in practice!) it works so well and it is dynamic and purposefulful. It is in fact, the most exciting treatment Physiotherapists can offer in the recovery of weak and paralyzed muscles, and has gained for itself a permanent place in the modus operandi of any ambitious Physiotherapist.

WHO'S WHO IN MEDICINE

1) **Argyll Robertson Pupil**

This is named after one man, not two as many think. He was Douglas Argyll Robertson (1837-1909) one of the greatest ophthamologists of his time. He studied ophthamology under the great Albrecht von Graefe.

In 1869 he described the pupil that bears his name. He showed that this peculiar phenomenon was associated with tabes dorsalis and it is regarded today as practically conclusive evidence of syphilis of the nervous system. He achieved many distinctions among them are trophies for golf which he considered the finest recreation in the world.

2) **The Fallopian Tubes**

Gabriel Fallopius (1523-1562) was one of the the most illustrious anatomists of the sixteenth century. He was the favourite pupil of Vesalius and eventually (1551) he succeeded his master as Professor of Anatomy at the University of Padua.

Not only did he describe the human female oviducts but also the ovaries and the round ligaments. He also discovered the semi-circular canals and was the first to describe the trigeminal, auditory and glossopharyngeal nerves.

3) **Courvoisier's Law**

" In cases of chronic jaundice due to obstruction of the common bile duct, contraction of the gall-bladder signifies that the obstruction is due to a stone in the common bile duct, whereas dilatation of the gall-bladder signifies that the obstruction is due to a cause other than a stone."

Ludwig Courvoisier (1843-1918) first published his observation in 1890 in his book "The Pathology and Surgery of the Ball-Bladder." It was he who populated the operation of cholecystectomy and he was one of the first to remove a stone from the common bile duct.

Swiss by birth, he eventually became Professor of Surgery at the University of Basle.

* * *

An old lady was sitting in her rocking chair knitting, her Persian cat reclining at her feet.

Suddenly a fairy appeared and asked the old lady if there was anything she wished. "Yes," was the reply, "I would like to be a beautiful young woman again."

The fairy waved her wand—and there she stood a lovely girl of twenty.

"Now," asked the fairy, "is there any other wish you would like granted?"

"Oh yes, I would like a handsome young man."

Turning to the cat, the fairy waved her wand. In its place rose a fine looking youth. He looked sadly at the girl and sighed, "Now, aren't you sorry you took me to the vet?"

* * *

He: How many drinks does it take to make you dizzy?"

She: "Two, and the name's Daisy."

The Story, The Court, with some Reflection on its Decision

THE STORY

It was on an occasion,
Later explained,
That some second prisoners
Loosened their chains.

The chains were shackles
Of voluntary bondage.
With a fact-seeking god,
To whom all duly pay homage.

The occasion spoken of
One guardedly admits;
Was the end of the run
For a doctor at Wits.

It was a hard chase,
A long chase — stirringly fought.
In the end all his efforts, ...
Amounted to nought.

With an agonised cry
Of: " Oh what's the use ! "
He suffered his head
To be caught in the noose.

Celebration was called for,
It quickly was done.
To call: " Twenty cents "
From each and every one.

Dismissing the ear,
With a superior sneer
An innocent and intrepid four
Set out, forthwith, for the nearest drugstore.

(A drugstore
At all worth its salt,
Carries an abundant supply
Of both spirits and malt).

A word should be spared
For those innocent four
Who set out so boldly
For the nearest drugstore.

Still unbent,
But now of notorious fame
The stigma:
" Liquor carrier ! "
Attaches to each name.

Soon they assembled,
Each with joy in his heart;
And the ribald celebration
Was off to a good start.

A feat was performed,
Not easily forgotten.
A full sherry bottle
Was drunk to the bottom.

This by one man,
In a brief space of time;
Without lifting his lips
From the bottle of wine.
The time had now come,
One recalls with a sigh.
When a bloodstream and mind,
Spirits were high.

By grasping a bottle,
And flicking the wrist,
Participants created
A powdered-glass mist.

It must be admitted,
Some damage was done;
But purely in the spirit
And pursuance of fun.

A few panes from the window,
Some glass on the floor,
The total amounted
To six rand, no more!

Without hesitation,
Each paid his full share.
More subdued now,
But glad he was there.

THE COURT

A court was assembled
For ten greabeards to hear.
Each in a dark suit,
Of stern demeanour.

Up rose one greybeard,
And in a terrible voice:
Asked each participant
If he'd considered the noise.

The noise that would awaken
The nurses nearby;
And wring from their lips
A protesting cry ?

Then came this suggestion —
In clear concise terms:
The volumn of noise was certainly not more,
Than the bellicose, shattering of a sport's car roar.

The greybeard was silent,
And relinquished the floor.
From that point on,
He said little more.

Then quith the greybeards,
Their voice sounding as one:
" Bottles were broken —
By whom was this done ? "

Quickly there came a terse reply,
Boldly twas said, nobly done:
" Of those who broke bottles,
I, gentlemen, was one."

They lauded him them,
With " Honesty is best."
Later fined his summarily,
Twice as much as the rest.

The greybeards deliberated,
And decided to levy
A fine regarded.
As unprecedently heavy.

REFLECTIONS

Their honesty is unquestioned,
Some were heard to surmise
But lack of perspective
Has affected their eyes.

Through those eyes,
Their perception is out of proportion:
This concept of justice
Must undergo an abortion.

In its place,
Must be nurtured:
The depth of mind
This glorified polytechnic
Has left far behind.

BRIAN BETHLEHEM

* * *

Letters to the Editor

The Editor,
The Auricle.

Sir,—Your editorial which appeared in "The Auricle" of May, 1961, in which you refer to the "unnecessary waffle" spoken at S.M.C. meetings is not only untrue but also offensive. It may not have occurred to you that the very idea of having such a body as the S.M.C. is for the express purpose of gathering together a group of responsible students, who are prepared to work (at no reward or thanks from the general student body) for the benefit of medical students as a whole. It follows from this that it is essential for discussion amongst members to take place before decisions are taken, and for this reason it is obviously necessary for several different opinions to be expressed.

If this was not the case, why have an S.M.C. at all?—merely have one "dictator" running the affairs of medical school and administering the funds. The S.M.C. would serve absolutely no purpose at all if when anybody suggested an idea, the rest of the Council merely nodded in mute agreement, thus settling the matter. It is not uncommon for one's ideas on any particular subject to be completely altered by the course of a debate during a meeting, and as a result of this the most beneficial (to students) decisions are almost invariably made.

You continue by saying that "what with every member of S.M.C. voicing his or her opinion on a particular topic . . . very little is often actually achieved," although you then state somewhat grudgingly that the "S.M.C. must be given some due and in actual fact this body does manage to see to the students' needs, requests and grievances"—surely a contradiction of your earlier remarks (? a disorded mind).

The fact that the S.M.C. administers and runs a Night School, a Refectory, a Supplies Association (Books, Coats, Instruments, etc.), an Annual Conference, an **"Auricle"**, a Council of Cultural Societies (some 13 sub-societies), a "Leech", an annual Medical Ball, Medical Inter-Varsity, etc., etc., escapes your mention.

Your remarks can only be interpreted as purely destructive and irresponsible criticism, which one is not accustomed to seeing in "The Auricle".

M. J. MAISELS, M.B., B.Ch.VI.

Ed. Note: My opinion that unnecessary waffle is spoken by members of S.M.C. is not in the least changed having received this rather critisizing letter. My belief is well borne out by the fact that every meeting this year has lasted for seven or more hours except for the last which was concluded in three hours, the agenda being no different to that at any other meeting. It seemed to me that the cold weather kept "waffle" to its minimum, at the last meeting, for everyone was extremely anxious to get home. I also have been told by members of the S.M.C. who have served on a number of councils over the years that our present meeting are by far the most disorderly and uncontrolled. My opinion is firm, unnecessary waffle is spoken by members of the S.M.C. but I do not dispute the fact that the S.M.C. achieves a great deal for the student body. In conclusion may I say the guilty always plead innocent.

* * *

A marine regiment was sent back for rest after a rough tour of duty at the front. At the base they discovered a contingent of Wacs billeted and waiting assignment to various posts. The marine colonel addressed himself to the Wac commander, warning her that his men had been in the front lines a long time and might not be too careful about their attitudes towards the Wacs.

"Keep 'em locked up," he told the Wac commander, "if you don't want any trouble."

"My girls have it up here," the lady officers replied, and she tapped her forehead significantly.

"Madam," barked the marine, "it makes no difference where they have it, my boys will find it. Keep 'em locked up."

A young girl went into a doctor's office and he gave her a thorough examination.

Doctor. What is your husband's name?

Girl: I have no husband.

Doctor: Then what is your boy-friend's name.

Girl: I have no boy-friend.

The doctor went to the office window and raised the shade. The girl asked why he did it and he replied, "The last time this happened a star rose in the East and I don't want to miss it."

Student: How do porcupines make love?

Professor: Carefully — very carefully.

A frantic mother rushed into a doctor's office, dragging a four-year-old boy by the hand.

"Doctor," panted the woman, "is this child capable of performing an appendectomy?"

"Good heavens, no!" said the doctor.

"See!" screamed the mother. "Now you march right out of here and put it back."

There was an old sculptor named Phidias
Whose knowledge of art was invidious
He carved Aphrodite
Without any nightie
Which startled the ultra-fastidious.

OBITUARY

It was with deepest regret that we heard of the passing away of Dr. M. Ginsberg, Superintendent of Sterkfontein Hospital. Many students and doctors who visited Sterkfontein Hospital as part of their psychiatric course will remember his informative lectures and demonstrations. On behalf of the student body we extend our heartfelt sympathy to his family.

AFTER PARTING

I kissed your virgin lips
And felt a heart innocent of former desire
Beat against my chest.
In that moment and again in other moments
like it, you were mine.
For a breathless flash-bright while our hearts
together soared,
Through silver-shining caverns of bliss beyond
the mind.
In that placeless place you and I were one,
But all too soon time and space
To our separate selves drew us back,
And forgetting our former soul-fused joy
We parted—first our mingled hearts
And then our yearning bodies too.
Now you are gone,
Once more I wonder through a timeless void
beyond the mind.
Lost in a boundless cavern of impossible
desire,
Thick black clouds of soul-stifling loneliness
Block out the one-time dazzling light. Without
you I stumble,
My heart plunges down a terrible pit of its
own making.
My soul screams out for you,
My body aches for you,
While you, my love to the same pit have gone.

G. F. Röhm.

Jokes, funny stories and comic strips wanted. Also, a design for the cover of next years Wits Wits.
Send to: Wits Wits Editor, S.M.C. Office.

GIRLS GIRLS!

I love the girl who does;
I like the girl who don't,
I hate the girl who says she will
And then decides she won't.
But the girl I like the best of all,
And I know you'll say I'm right,
Is the girl who says she shouldn't,
"But just for you I might."

"Knock, knock."
"Who's there?"
"Ivy league."
"Ivy league, who?"
"Ivy league for every drop of rain that falls, a flower grows."

ONE MINUTE DIAGNOSIS

1. **An elderly male having had a history of cardiac failure.**
   a) **Anorexia, Nausea and headaches**
   b) **Bradycardia**
   c) **Pulsus Bigeminis**
   d) **Ventricular extra-systoles.**

2. **A young child**
   a) **Retardation in growth and development**
   b) **Dyspnoea on exertion**
   c) **Features of cardiac failure**
   d) **Normal electrocardiagram.**

3. **Female aged 60**
   a) **Headaches and vomiting**
   b) **Marked sweating and flushing**
   c) **Weakness and dizziness**
   d) **Catechol amines detected in urine.**

4. **Young child**
   a) **Headache**
   b) **Temperature 103° F**
   c) **Bradycardia**
   d) **Photophobia present**
   e) **Brudzinski sign positive.**

5. **Male aged 63**
   a) **Pain in the back**
   b) **Paraplegia**
   c) **Normocytic anaemia**
   d) **An increase in abnormal serum globulin**
   e) **Characteristic X-ray picture observed.**

6. **Male aged 40**
   a) **Headaches and dizziness**
   b) **Weakness and cramps in the legs**
   c) **Large arterial pulsation in the neck**
   d) **Systolic murmer at the base of the heart**
   e) **Marked difference in the volume of the pulses felt in the arms and legs.**

7. **Male aged 40**
   a) **Dyspnoea an exertion**
   b) **Cough and sputum**
   c) **Clubbing of the fingures**
   d) **Polycythaemia**
   e) **Development of complicating Tuberculosis.**

8. **Non-European female**
   a) **Dermatitis of the exposed areas of the body**
   b) **Red swollen painful tongue**
   c) **Diarrhoea**
   d) **Depression and anxiety.**

9. **Male aged 69**
   a) **Expression of mental deterioration**
   b) **Dribbling of saliva**
   c) **Rigidity of muscles**
   d) **Course regular rythmic tremour.**

10. **Male aged 33**
    a) **Recent appendicitis**
    b) **Severe chills and fever**
    c) **Right upper quadrant pain**
    d) **Jaundice.**

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CELEBRATED CASE HISTORIES
JOHN KEATS (1795-1821)

IT may be surprising to some that Keats spent more years in the pursuit of medicine than he did in the pursuit of poetry.

Born in 1795 he showed no extraordinary abilities as a child. He was slightly over 5 ft. 2 in. in height and was painfully aware of his short stature. This is probably the reason for his pugnacious attitude as a schoolboy. He was ready to take on all-comers irrespective of size.

First acting as an apothecary's assistant, he passed his final medical examination at Guy's Hospital in 1816, but by 1819 he had given up medicine.

> "O' for ten years, that I may overwhelm
> Myself in poesy; so that I may do the deed
> That my own soul has to itself decreed."

In fact after writing this he only lived about four years during the last two of which he was too ill to write any more poetry.

Keats was clearly a true melancholic. He presented the classical symptoms with his frequently recurring moods of gloom and despair, marked by complete apathy and lassitude of mind and body; with a state of listlessness which he called his abstraction, or langour which he referred to as indolence. At one time he actually contemplated suicide.

In 1818 he and a friend set out on a walking tour of Scotland. They started in a rain storm and bad weather followed them wherever they went. He became feverish, his throat was very sore and a local doctor put him to bed. There was a slight haemoptysis. During the following few days he was nervous, excitable and irritable. This marked the beginning of the end, both physically and mentally. His condition was diagnosed as being due to excessive nervous irritability as a result of the harsh criticism of his poetry.

On his return to London he diligently nursed his tuberculotic brother who died later that year. His own condition worsened.

He now fell in love. It was during this period of unfriendly criticism, precarious health, the recent loss of his brother and a hopeless love affair that he produced his greatest poetry.

By 1819 sore throats kept him frequently in bed. One night after a bout of violent coughing, he closely examined a drop of blood that he had coughed up. "I know the colour of that blood; it is arterial blood. I cannot be deceived in that colour; that drop of blood is my death warrant; I must die."

He improved but this improvement was only short-lived. By 1820 his periodic haemoptysis worsened. The sparse diet and bloodletting ordered by his physicians weakened him further. He became emaciated and anaemic. His voice was low and tired. He had periodic bouts of fever, night sweats, a feeling of tightness in his chest and violent heart palpitations.

By July 1820 the haemorrhages began to increase in frequency and quantity, and still the diet and bloodletting continued. Though now and then buoyed up by the false hopes (spes phthisica) characteristic of the disease, he knew in his heart that he would not live much longer. "It surprises me that the human heart is capable of containing and bearing so much misery. Was I born to this end?"

He was advised to go to Italy and there it seemed as if he was getting better but this reprieve did not last long. One day he was suddenly seized with a bout of coughing and "vomited nearly two cup fulls of blood." He was bled. The next day he again had a copious haemoptysis and again he was bled.

By this time his only comfort was death. As the time approached, he became more quiet and calm. "I am dying. I shall die easily. Don't be frightened, be firm and thank God it has come." The end came at four in the afternoon of February 23, 1821.

At post-mortem his lungs were found to be grossly diseased as a result of pulmonary tuberculosis. It is also likely that he had laryngeal tuberculosis as well.

Feeling his life a failure he asked only the following words be inscribed on his tomb.

HERE LIES ONE WHOSE NAME WAS WRIT ON WATER.

* * *

Nine out of ten doctors who have tried Camels prefer women.

* * *

If she calls you to her bedroom in the middle of the night,
And through her half-closed eyelids, you detect a tell-tale light.
If her bosom heaves tumultuously like a tide upon the ocean,
And her voice is soft and tremulous betraying her emotion;
If her nostrils dilate widely with each panting laboured breath,
And her shapely body trembles as one approaching death,
If she beseeches and implores you as she grasps your trembling hand,
To alleviate her suffering the tortures of the demand . . .
Buddy—THAT'S ASTHMA!

LAST LAUGHS

A few days ago Pedro wandered into his home in Caracas looking pale and haggard.

"Where have you been?" asked his wife, Carmelita.

"In jail," said Pedro.

"Jail?" said Carmelita, "por que? What have you done?"

"I was arrested for speeding," said Pedro.

"Speeding? Now you know we have never owned an automovil."

"I didn't say anything about automovils. I was arrested for speeding on Meester Neexon."

* * *

Most children are descended from a long line . . . their mothers once listened to.

* * *

It was at the cinema and the feature was one of those steam-heated affairs with a sultry heroine looking hungrily at a handsome hero. After some minor plot preliminaries they went into a terrific clinch. For fully five minutes they wrapped up in each other, lip to lip and mush to mush. Suddenly a small childish voice piped up from the audience:

"Mummy is now when he puts the pollen on her?"

* * *

"Last night I made an awful mistake."

"That so? How come?"

"I drank a bottle of gold paint."

"How do you feel now?"

"Guilty."

* * *

"Shall we boil this guy?" said one cannibal to the other as he trussed up the clergyman.

"No, he's a friar," said the other.

* * *

"You mean you gave that doctor five dollars and all he did was paint your throat?"

"What did you expect? Wallpaper?"

ANSWERS TO ONE MINUTE SPOT THE DIAGNOSIS

1. Digitalis intoxication
2. Patent ductus arteriosus.
3. Phaeochromocytoma.
4. Meningitis.
5. Multiple myeloma.
6. Co-arctation of the aorta.
7. Asbestosis.
8. Pellagra.
3. Parkinsonism.
10. Pylephlebitis suppurativa.

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* * *

THE FIRST TIME

I recall the first time I tried it
I was only a lad of sixteen
And then she was far younger than I
But more composed and serene.
Twenty years have gone by since that evening,
But I've never forgotten, I vow
The thrill and the joy I could feel as a boy,
On the day I milked my first cow.

A BUSY LIFE

Rabbits have such funny faces,
Their private lives are such disgraces.
You'd be surprised if you but knew
The awful things that rabbits do
And often, too.

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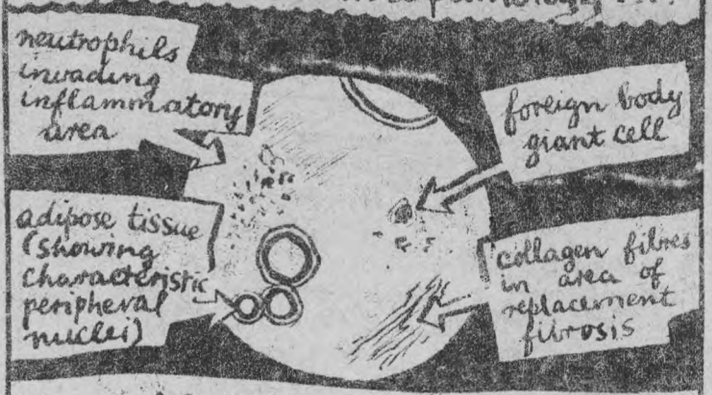
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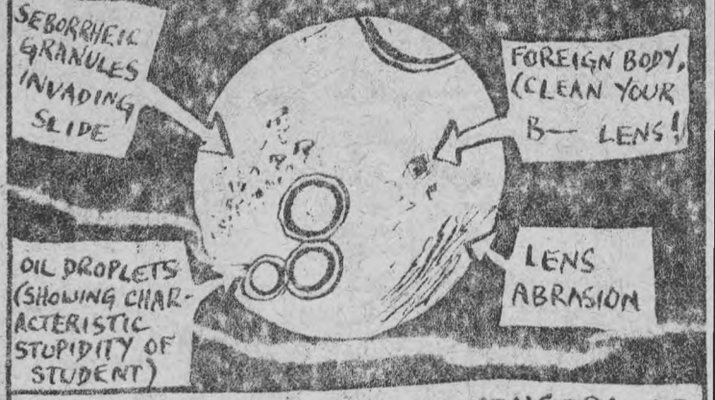
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I WAS A TEENAGE MEDIC

We found it very hard to be objective in histopathology....

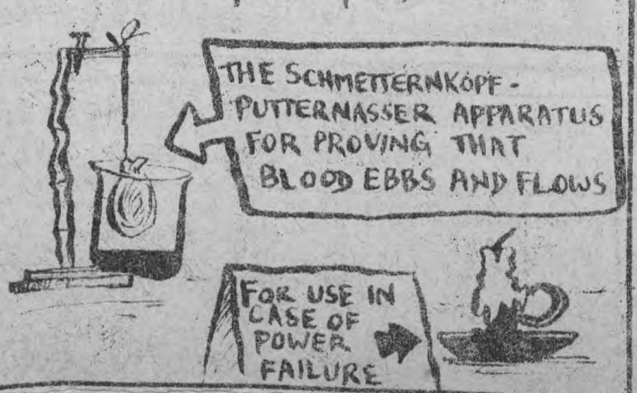


SLIDE AS SEEN BY STUDENT



SLIDE AS SEEN BY DEMONSTRATOR

Yet another course was held to titillate us in our spare time (Viva la Phys. Dept!)



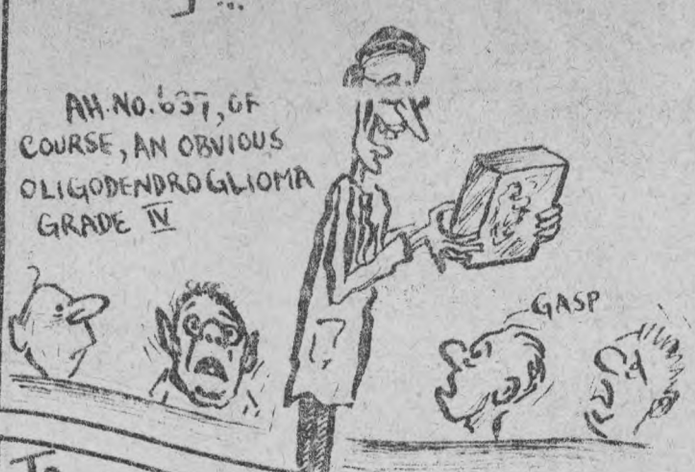
Parasitology? I knew of better places to go egg-hunting!



As the year drew to a close, some began noticing the adornments of the laboratory.



Other bright sparks had not been so tardy...



But..(chuckle!), in the end they didn't even get bottles.



To make up for it they got bottled.



to be continued

BALLAD OF THE CRANIAL NERVES

0



I



II



III...IV...VI



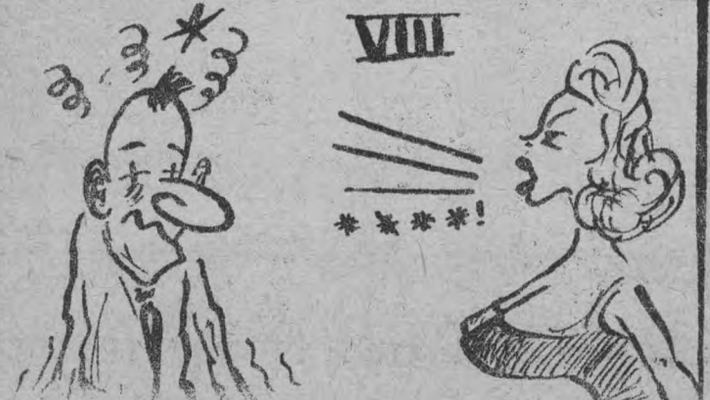
VII



V

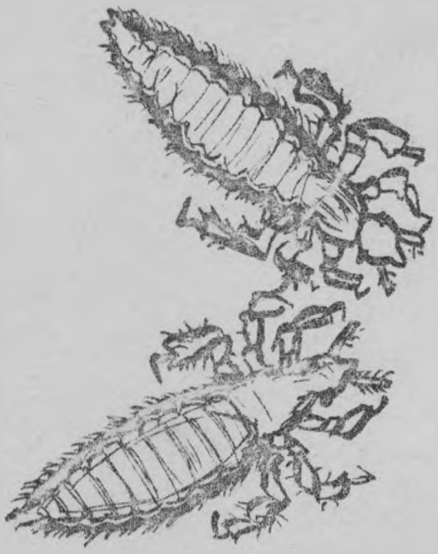


VIII



IX...X...XI.....XII







"MY DEAR, YOU DON'T KNOW HIS BACKGROUND"



"WE KNOW THERE'S INCOMPETENCE, BLOGGSWORTHY, WHAT WE WANT IS A DIAGNOSIS - NOT A CONFESSION!"