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THE AURICLE



UNIVERSITY OF THE WITWATERSRAND MEDICAL SCHOOL

Vol. 12 No. 1 —— MARCH 1961

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EDITORIAL

THE serenity of the Medical School has again been shattered. Pouring in and out of her portals are flocks of white-coated students, ready, willing and I hope able, to cope with the year ahead. To all students I wish the best for a successful year of study.

This being the first issue of "The Auricle", I would like to take the opportunity of enlightening those of you who don't know, and reminding those of you who do know, what this publication is, and what it represents. "The Auricle" is the official medical student's magazine but also embraces the faculties of Dentistry, Physiotherapy, Occupational Therapy, Radiography and Nursing. It is brought out by the students for the students. The word "magazine" is no misnomer for we attempt to incorporate news, articles of topical interest, humour, etc., into the twelve pages we have at our disposal. The basic content of "The Auricle" has been determined by the analysis of the questionaires which you the student completed. However, I must point out that the Editorial Board is determined to keep "The Auricle" at a high standard and one worthy of our Medical School.

The essence of this magazine depends entirely on the student body. Without articles from you the reader, be they serious, humorous, sexy, or for that matter of any type or on any topic, "The Auricle" cannot exist and so I appeal to you one and all to submit some form of literature suitable for publication. I must draw attention to the fact that any article handed in must be signed by the author but that he is quite entitled to request publication under a pseudonym.

Financially speaking the production of Auricle in a printed rather than a roneoed form depends almost entirely on the generosity of our advertisers, who in turn depend upon your support. So I appeal to all readers of this magazine to please give them your wholehearted support wherever and whenever possible.

On behalf of the Editorial Board I wish you pleasant and enjoyable reading and hope that "The Auricle" comes up to your expectations.

THE LIBRARY

ALL the librarians would like to give to all students, whether they be Final Years or Second Years, our best wishes for their studies in 1961 and to tell them that they will all be most welcome in the Library.

All students should register every year in the Library. Second Year students are allowed to take two books out at a time. Most books may be borrowed for a week, and should you not have finished reading them at the end of that time, they may be renewed provided no one else requires them. You may renew them by telephone if it is difficult for you to come personally to the Library. If the book you require is out, have your name put on the waiting list for it, and you will be notified when it is ready for you.

Books for which there is a great demand are kept at the Issue Desk and many of these may be taken for home reading only "overnight". This means they may be taken out at four o'clock in the afternoon and must be returned before nine o'clock the following morning On Saturdays you may take them out at eleven o'clock and you must then return them before nine o'clock on Monday morning. You may reserve them for an evening that is convenient for you, and during the day you may read them in the Library.

You can be fined five cents a day for the late return of an ordinary book ,and should you be so misguided as to bring an overnight book in late, the fine is five cents an hour.

You will find that you will be expected to make an ever increasing use of the Library during your years at Medical School. Learn how to use the Catalogue and the Periodical Indexes. There is a pamphlet that we will gladly give you which explains these to you. Come in groups of five or six and we will show the indexes to you. And if ever there is anything you want to know about the Library, please do not hesitate to ask because we will always be pleased to help you as much as we can.

M. B LUCAS.

URGENT APPEAL

The students of night school are urgently in need of text books. Would anybody who has any old school books kindly give them to D. Levy 4th year. The gratitude of the students is well worth this small contribution.

DR. MICHAEL KENT WRIGHT

On 14th January 1961, Dr. Michael Kent Wright, a former Senior Lecturer in the Department of Anatomy at the University of the Witwatersrand, died of a coronary thrombosis at Manchester, at the age of 37½ years. He is second brilliant neuro-anatomist from South Africa to have died prematurely in the United Kingdom in recent times, the other having been the late Dr. Harold Daitz, also of the Witwatersrand Department of Anatomy.

His death has shocked his many friends and colleagues who have felt increasing concern at the deterioration of his health over recent years. Despite the handicap of ill-health, even in his last two years in the Anatomy Department, he showed himself to be a calm and efficient organizer and a very hard worker ,often staying at Medical School till well into the night, when he had an unfinished task on hand. He was a determined individual of noteworthy ability and competence. He felt deeply on his subject and never tired of stressing the need for a more rigorous approach in modern electro-encephalography. Of a sensit nature, he was quick to express himself when he felt that his views or his subject were being called into question. He never failed to fascinate and to stimulate those who heard him speak.

Mike Wright's passing leaves a definite gap in the field of neurology in South Africa and abroad.

All his friends will wish to extend their deepest sympathy to his family in South Africa and to his wife and children at their family home in North Wales.

P. V. TOBIAS.
Head of the Department of Anatomy,
University of the Witwatersrand
Medical School.

DEPARTURE

It is with regret that we note the forthcoming departure of Professor J. Gillman from our Medical School. It will indeed be a great loss to the University when he leaves us. During the past years, both as a student and as a teacher he has made a great impression on all those with whom he has associated.

On behalf of the student body we wish him success and happiness in his new post.

"THE OASIS"

By DAVID LEVY

SOUTH AFRICA—a land of racial intolerance and hatred; a land where the Black man is denied every basic human right and where his political and economic aspirations are totally ignored.

Slavery has been defined as "The subjugation of one race by another, the subject people being condemned to a life of enforced labour for the benefit of their lords". Yet how does the vile totalitarian concept of Apartheid differ from the above definition? No one can deny that the Africans have been "conquered" by Parliamentary procedures and have been forced to submit to the Government's unjust and shameful policies. In fact, does not the phrase, "the subjugation of one race by another", describe perfectly the situation as it exists in South Africa?

It is said that we live in a democratic country and in an enlightened age, yet we live in a country where, without the necessary permit, it is unlawful for a white and a non-white person to drink tea together in a tearoom; or where an African professor commits a criminal offence if he lectures at a 'White' Club; and where a policeman is entitled, without warrant, to search premises in which he has reason to suspect that an 18-year-old African boy is committing the criminal offence of residing with his father without having the necessary permit to do so.

It is against this background of sickening discrimination and complete disregard for another human being's feelings and dignity, solely because he is Black, that, in the barren wilderness of racial intolerance, there is an Oasis;—it stands out as a brightly shining beacon, illuminating a path for us all to follow—like a light-house guiding a lost ship from the dangers of a raging, frightening storm to the calm peacefulness of a tranquil ocean.

The Mission Hospital, about which I am writing, is in Zululand, and with its solid, white buildings and its air of orderliness and efficiency provided a striking contrast with the primitive, but picturesque beehive shaped straw huts of the Zulus and the ragged Zulu children that waved excitedly at the passing car.

The hospital has certainly progressed from the original single room with its seven patients in the ever-expanding group of buildings housing the 450 in-patients, the many Clinic rooms catering for the increasing number of out-patients; and the necessary staff quarters. This dramatic transformation from the romantic but trying days of bucket sanitation, surgery by Hurricane lamp, accommodation problems, language and transport difficulties, all worsened by the patient's distrust and superstition of the white man's medicine, to the modern, highly efficient hospital, offering first-class, up to date medical services to thousands of Zulus has been realised by an overseas doctor and his team of doctors and nurses. His dynamic personality and inspiring leadership, his cheerfulness and courage in the face of adversity, his boundless enthusiasm for the work to be done, his appreciation of beautiful things, his love for his fellowmen; and his steadfast faith in God make him a man of distinction doing unbelievingly fine work in devoting his life to the Zulu people.

Equally important are the rest of the medical staff—doctors and nurses with both the knowledge and ability to earn them recognition and financial reward in any city hospital; but because of their love for God and Humanity they are so idealistic in their work. I have never seen people treated with such sympathy, understanding and loving kindness as was shown by the doctors and sisters to their Zulu patients at the Mission Hospital. It was this combination of skill, knowledge and feeling that was so inspiring.

The crowning glory of the Hospital, its uniqueness, was its message of "love thy neighbour" and of the possibility of a brotherhood of all men where they are all equal, irrespective of race or colour—the only determining factors being their uprightness, strength of character and their desire to do good and help others.

These concepts, whereby men are judged according to their ability and merit alone, are almost unheard of in South Africa, scorned at, and even labelled "Communist" or "treason". Yet, at the Mission Hospital these concepts are inherent in their thoughts and are indelibly imprinted in their actions. The staff consists of European and Non-European doctors and nurses and both in their work and recreation, there is a delightful air of brotherliness and friendship, based on mutual respect and

Continued on page 12

Minutes of a Momentous Meeting

Present: Kahn, Wasserman, Kolmer, Schaudinn, Argyll-Robertson, Clutton and other names, too humerous to mention.

(The Chairman justifies his association with the Primates by assuming the erect posture, swivelling his bloodshot eyes around the comatose concourse and raising his hand for silence).

Chairman: (in a voice husky with emotion and phlegm): Gentlemen, you may be wondering why we Pundits are all assembled here today. **(Long dramatic pause).** Quite frankly, so am I. **(He sits down, amid frenzied applause and maniacal utterances).**

Wasserman: Enough Tomfoolery! If we have any more of it, my cat will have its third batch of kittens. We are here to discuss a matter of the gravest portent. This Conference has been called to discuss the Aetiology of a mysterious scourge afflicting mankind, which I myself had the misfortune to contract after my return from a holiday on the French Riviera. After an intense retrospective survey of all my activities during this time I have come to the inescapable conclusion that some organism present in the aetherial atmosphere of the air, settles on the staff of life and is consumed by the ravished victim in its attempt to justify one of the basic urges. In other words, gentlemen, WE EAT THE GERM!

Kahn: (A man noted for his pungent and acrid comments): How does this fall in with the fact that it infallibly flowers on the phallus?

Wasserman: A mere incidental finding, my dear Professor, and completely irreverent to the matter in hand.

Argyll-Robertson: Are you sure of yourself, Wasserman?

Wasserman: (angrily) I am positive And I have little doubt that you are as well.

A-R: An excellent pun, Wasserman. Allow me to Complement you.

Schaudinn: (who had hitherto been searching for particulate matter in the region of the inferior turbinate): Gentlemen, I have isolated the orgasm **(deathly silence)**, er . . .ahem, organism, that is. It wiggles and squiggles and jiggles inside you, and is not transmitted, as has been suggested, by food, but is a gift to those who worship too freely at the shrine of Venus. Forgive the circumspect talk, but I'm no D. H. Lawrence.

(Clutton, who had thus far remained silent, at last hesitatingly raised his hand). Well Professor?

Clutton: May I leave the room please? **(Thus was Clutton's immortal association with the Joint established).**

Hutchinson: At last we have something we can get our teeth into. I sincerely hope that my learned colleagues will avail themselves of every opportunity afforded them ,to study this matter at close quarters. Remember the motto, "Work is pleasure". **(He rises and strides majestically towards the door).** "Come, Josephine, the Carriage awaits".

(Exeunt).

CONGRATULATIONS

Congratulations to the following students on their marriages:

Naomi Epstein.

Anna van Heerden—A. Groesbeck.

Jenette Philips.

Corn Findlay.

Congratulations to the following students on their engagements:

Tony Leask.

Borris Datnow.

Roy Myers—Gillian Van Blerk.

Congratulations to Isaac Glen whose wife recently gave birth to a bonny baby.

PAEDIATRIC PRIZE ESSAY FOR 1961

All 5th and 6th year medical students are invited to submit an essay on the following topic:

"The Investigation and Treatment of Recurrent abdominal pain in Children over six years of age".

The Essay must be limited to 5,000 words, may be in English or Afrikaans, and must be typed in double spacing, together with one copy. Entries should be sent before 1st May, 1961 to the Hon. Secretary, Department of Child Health, University of Cape Town, Medical School, Mowbray, Cape.

The prize is a Bronze Medal and the sum of R20 for the purchase of books, instruments or subscriptions to Journals.

The Association reserves the right, in if any year there is in the opinion of the examiners no essay of sufficient merit to make no award for that year.

There was a young lady named Ransom
Who was loved three times in a hansom.
But when she asked for more
Came a weak voice from the floor,
My name is Simpson—not Sampson.

THE NEW ANATOMY COURSE

IN 1960 a new method and procedure of teaching anatomy was introduced into second year. Here for the information of the entire medical school we present the result of an interview with Professor P. V. Tobias.

During 1956, Professor Tobias toured the United States of America where he studied the teaching methods of approximately thirty medical schools. It was at a Philadelphian medical school that he was particularly impressed and their ideas have been partly incorporated in the new approach used in our own Anatomy Department.

In 1959, and prior to it, dissection was carried out in layers with little correlation between Physiology and Anatomy. Although the "laminar" approach is no longer used, it is important, however, to remember that the laminated structure of the body has not been entirely abandoned, but is emphasized where it serves a real function.

The new method basically is as follows: Firstly correlation between the two departments (Anatomy and Physiology) is aimed at, so that when the physiology of a certain system is taught, the students already have a good idea of the anatomical structure, both macroscopically and microscopically, of that system or region.

The second feature is that the different aspects of anatomy are now integrated—thus the dissection of an area triggers off the radiological, osteological, embryological, microscopical, teratological, and surface anatomical study of that area. Naturally the order of dissection of the different regions is determined in co-operation with the Physiology Department. In this way the students will obtain the concept of the human body as an integral whole.

The dissection is now carried out in regions (viz. thorax, abdomen, pelvis and perineum, head and neck, back and upper limb, lower limb). This facilitates correlation within the subject and with the order of teaching in the Physiology Department.

The notes have been entirely rewritten and the new notes are printed in both double-spaced type—these are dissection instructions and anatomical detail—and single-spaced type—these are explanatory clinical and embryological notes and other data.

Although the concept basically is regional, within each region there is a classification of anatomical detail according to the major system or systems within that region, thus enabling the student to correlate his anatomy far more effectively with systematic Physiology. Professor Tobias hopes to have these new notes printed in book form—each volume representing a region—before 1962. This will include the brain, in contrast to many dissection manuals which tend to leave this "little structure" out!

Another improvement is that joint staff meetings of the Gross and Microanatomy teachers are held almost every week, so that each subsection of the Department knows exactly what the other section is teaching—this fruitful exchange leads to better correlation and co-operation among the different sections of the subject.

Finally Professor Tobias hopes to continue the anatomy course into the clinical years in conjunction with the Department of Surgery.

Now that the initial mistakes have been ironed out, this year should progress smoothly and the second year students should find this year exciting, yet exacting, as they delve into both the anatomical and physiological workings of the human body.

Two patients in a hospital were exceedingly bored. They found a stack of diagnosis cards in a corner and began a game of poker. One shuffled the cards and dealt. They picked up their hands and looked at the cards. One bet, the other raised and they raised and reraised until one finally called.

"Looks like I win. I've got three pneumonias and two gallstones".

"Not so fast. Not so fast. I've got four enemas".

"Well I guess you take the pot".

☆

A clergyman and a truck driver found themselves in an automobile smashup. The truck driver told the padre what he thought about him in profane terms. When he paused for breath it was the clergyman's turn. "You know, my good man, that I cannot indulge in your kind of language, but this much I will tell you: I hope when you get home tonight, your mother will run out from under the porch and bite you!"

THE PHYSIOLOGY OF BRAINWASHING

PSYCHOLOGICAL warfare has raged unabated throughout the ages. The extent has been tremendous; from the insignificant skirmishes of everyday life to the carefully planned and executed attempts to win the minds of millions of people. It is well known that "if the souls are conquered, the bodies will automatically follow". We will attempt to examine the principles of mass indoctrination, the mechanisms whereby whole nations can be induced to believe in certain ideas which may seem completely illogical and unreasonable to the impartial observer. It should be emphasized that the specific nature of the doctrine implanted in the mind is irrelevant. It may be religious, political or personal. The individual, once susceptible, is at the mercy of his indoctrinator, and our chief interest is in the method whereby such a state of susceptibility can be induced in the individual that he is prepared to abandon his previous concepts and replace them by concepts which may be complete contradictions of these.

From the outset, let it be stated that nobody can be converted by mere rational argument. The prime requirements for successful conversion is the stirring up of emotion, and since emotion is the response of the organism to stress, the application of stress is the important key in the opening up of the portals of the mind. The stress may be either physical or mental, of which the former need hardly be elaborated upon. The form of mental stress most readily employed is the fear of rejection, which may be expressed at the physical (visceral) level, (e.g. deprivation of food, the threat of physical extermination) or at the psychological level (e.g. parental rejection, rejection by the opposite sex).

Stress, whether physical or mental, evokes a response from the organism which will depend on the genetic constitution of the organism. Reference will now be made to experiments conducted on dogs to illustrate these principles. It was Pavlov, who, from his studies on the behaviour of dogs outlined four basic personality types which correspond very closely to the four basic tempers outlined by Hippocrates. These he termed the Strong Excitatory ("choleric" type of Hippocrates), the lively ("sanguine") type, the Calm, Impeturbable ("phlegmatic") type and the Weak Inhibitory ("melancholic") type. Both the strong Excitatory and Lively types responded to stress and conflict by aggressive behaviour, which was more purposeful and controlled in the latter type; while the predominant response to stress of the "Melancholic" and "Phlegmatic" types was that of passivity and inhibition.

It is interesting that all four types, when subjected to severe stress, responded with inhibition and total collapse. This occurred earliest in the weak Inhibitory type, while in some of the other types even severe stress failed to cause a breakdown unless accompanied by a state of physical debilitation.

This may seem a far throw from the concept of indoctrination, but two points consequent on the above observations will put it into better perspective. The first is that human behaviour patterns have been found to be very similar to those of dogs, both in respect of the four basic temperaments and in their response to stress. The second is the observation that the stress which rendered the individual (dog or man) inhibited and depressed, also placed him in a state of increased suggestibility, which was maximal in the phase of maximal inhibition.

The essence of these experiments is used to explain the method of indoctrination, religious or political, which was developed to a fine art by such diverse characters as John Wesley, Hitler and Billy Graham. The method is simple: Arouse the subjects emotionally (excitement, anger, fear, all increase the suggestibility) by threatening their security: The standard religious pattern of "hellfire and damnation for eternity, unless . . . " (here the frightened subject is confronted with the redeeming alternative) "unless you repent and return to the Lord . . . " etc. is well known. In political appeals the theme is sometimes more subtle, but still detectable. Masses have been worked into states of frenzied excitement at the thought of a threat to their National security, or their Racial purity. In their states of hypersuggestibility they are only too susceptible to doctrines implanted in their minds by their shrewd leaders. The basis of all Nationalism is an Emotionalism founded on the need for Group Security, and all who constitute a threat to this Security are the victims of aggression.

Rhythm has been found to play an important role in the mechanism of exciting human beings; incessant drum-

beating, for instance, is responsible for states of maniacal excitement terminating in collapse, which are a feature of many primitive rituals and orgies.

Aldous Huxley goes so far as to say, "We can safely predict that if exposed long enough to tom-toms every one of our philosophers would be capering and howling with the savages".

The phenomena of religious hand-clapping ceremonies, Rock-n'-Roll sessions and War dances, for instance, are classical illustrations of the almost supernatural effect of rhythm on the human mind. What is not often appreciated is the state of suggestibility of the participants at the height of the performance. There is, however, an account on record of a young man who attended a Religious gathering with the sole purpose of implanting erotic ideas in the minds of young ladies as they collapsed in a frenzy of excitement at the exhortations of the preacher!

The necessity of supplementing mental stress with physical debilitation is well known, particularly in Soviet Russia, where the more resistant strains of human beings are forced to spend days under glaring, unshielded lights; robbed of sleep, humilated and starved they are at the same time urged to realize their guilt and are tempted to confess to non-existent crimes by the promise of freedom. So much for these "voluntary" confessions! Incidentally, those who resist the interrogator, or for that matter the preacher, by exerting their "will-power" or working up an antagonism towards them, are actively assisting them in their task. By getting "worked-up" they are increasing their suggestibiliy; i.e. this is increased regardless of what the emotion is or against whom it is directed. The most difficult to convert are those who maintain a studied indifference to the influencing forces. (The ideas outlined above are brilliantly enlarged upon by Sargant, in his book "Battle for the Mind" to which the reader is referred).

These principles are applicable to many seemingly inexplicable facets of human behaviour, and throw some light on the peculiar attitudes adopted by some members of the community in regard to others, but the explanation is by no means complete. An understanding of the role of emotions as a governing factor in human behaviour may be of paramount importance if one is to attempt to alleviate the human suffering which has been the unfortunate product of the successful assault by man on the battlements of the mind.

RESEARCH 1961

Students are invited to partake of the following research projects to be undertaken during the course of the year:—

Biology: A subjective survey of Mammary hyperplasia in the Post-pubic female, carried out macroscopically under Dark-ground illumination.

Zoology: The marital problems of monkeys, with special reference to Rhesus Incompatability.

History: The position of women under Henry VIII.

Physics: Studies on the tensile properties, co-efficient of friction and molecular permeability of anti-embryogenetic devices in common usage among philogynists of the modern age.

COMPETITION

Conference Committee offers a prize of R2.00 for the best Conference motive and banner for 1961.

The subject of Conference this year is Diseases of Blood.

Designs to be handed in at the S.M.C. Office not later than the 31st March.

A PLEA TO FOURTH YEAR STUDENTS

"So of your questions, don't in mercy try
To pump your patient absolutely dry;
He's not a mollusk squirming in a dish,
You're not Agassiz, and he's not a fish.
"If the poor victim needs must be percussed.

Don't make an anvil of his aching bust;
(Doctors exist within a hundred miles
Who thump the thorax as they'd hammer piles);
If you must listen to his doubtful chest,
Catch the essentials and ingore the rest".

O. W. HOLMES,
Dean, Harvard Medical School.
(1847—1853).

A very indignant manager of a famous hotel called Mr. Cohen into his office.

"Mr. Cohen", he said, "you must pack your bags and leave this instant".

"But why?" queried Mr. Cohen.

"Please don't argue" replied the manager.

"But you must give me a reason".

"Alright Mr. Cohen I will tell you", said the manager. "At this establishment we don't allow people to urinate in the swimming bath".

"Ah, so that's the reason", replied Mr. Cohen, "but Mr. Manager everyone does, you know that".

"Yes, Mr. Cohen, but not from the second floor".

WHO'S WHO IN MEDICINE

Here are a few questions and answers based on the history of medicine.

Q.—Who was the first to work out the life-history of the malarial parasite?

A.—Ronald Ross.

Ross was a Surgeon Major in the Indian Medical Service. Later he met Patrick Manson (well-known for his experiments in tropical medicine) who showed him the malaria parasite under a microscope. This set Ross off. Missing promotion chances and working in humid heat with a broken microscope, he struggled on. Then in 1897—three years after meeting Manson—he uncovered the first link in the cycle. In his ecstasy he wrote rather optimistically:

"I have found thy secret deeds
Oh million murdering death".

for it was only a year later that he completed the full life-history of the parasite. Later Sir Ronald Ross, he became a forceful figure in tropical disease research and control.

Q—Who comes to mind when you think of the inventor of the stethoscope?

A.—Laennec.

Rene Theophile Hyacinth Laennec was born in 1781 and died in 1826 at the age of 45–a victim of tuberculosis. He was catapulted to fame by his invention of the stethoscope and the very terms we use today (e.g. crepitations) were introduced by this restless investigator. Among his numerous medical articles was one on cirrhosis of the liver and today the term "Laennec cirrhosis" is still used.

Q.—Who was the great Viennese doctor who recognised the cause of childbirth fever?

A.—Ignaz Phillip Semmelweiss.

Semmelweiss was shocked to see students coming directly from the dissecting and post-mortem rooms into the obstetrical wards where they made vaginal examinations on expectant mothers. He instigated the careful washing of hands with antiseptics and immediately the death rate of pregnant mothers decreased. When he told the "great" obstetricians of Vienna, they laughed at him.

Eventually he became Professor of Obstetrics at the University of Pesth and found the obstetrical ward to be situated between the morgue and the cemetery—both geographically and figuratively.

At the age of 47 he died in an insane asylum, beaten in body but not in spirit by the "right people" in the wrong century. His ideas were buried for nearly a generation as deep as the mortal remains of the discoverer.

Physiotherapist's Corner
MASSAGE IN MOTION

NOWADAYS, with the marriage problem so acute, new contacts for the physiotherapist, as well as everyone else, are a must. Improved massage techniques on promising patients open up wide possibilities though it should never be forgotten that massage was, is, and ever shall be, intended primarily to help the patient.

For good results the following changes in method are advocated:

1.—the hands are gently placed in contact with the part to be treated — first impressions are most important!

2.—the use of appropriately scented powder often has a valuable psychological effect—the patient is brought into a receptive frame of mind. The significance of this cannot be overemphasized.

3.—close proximity to the patient should be avoided—it is definitely inadvisable and unscientific for the patient to guess the "aim" of the "treatment"!

Bearing these points in mind, the skin is gently stimulated, special attention must be given to areas well supplied with sensory nerves. If this has been correctly done, the patient should begin to respond and start "talking". Some patients, however, require further treatment before this stage is reached.

The next part of the "treatment" requires intense concentration by the physiotherapist. The manipulations should be performed so that the patient feels he is "getting to know you" and "you get him to feel free and easy". Once this has been achieved the time should immediately be noted and the treatment terminated—maximum time is 5 minutes. If attention is not given to this vital rule, disastrous complications could result!!

Hasty departure by the physiotherapist is strongly recommended, the patient should be left with parting words: "That's all until next time!"

Little Johnny wrote on the blackboard: "Johnny is a passionate little devil". The teacher reprimanded him severely and told him to stay after school for an hour.

When Johnny got out that night all his little friends were waiting to hear what punishment he had received.

"What did she do to you?" asked one little boy.

"Well, I ain't sayin', but it pays to advertise".

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FRIDAY AND SATURDAY

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"JUST JAZZ" every Sunday.

The fair village was all agog over the annual spelling bee. One by one the contestants dropped out and even our fair schoolmarm was eliminated when she stumbled over "psittacosis".

At last only two remained, the village druggist and the stableman, who was an Englishman.

They waited eagerly for the word. It came:

"How do you spell 'auspice'?

The Stableman lost.

$E = mc^2$ AND ALL THAT JAZZ

(With Apologies to Albert Einstein)

I MUST mention at the outset that the following observations should be assessed in the light of my unfortunate collision, taking a corner in the hospital corridor, with inter alia, a representative of the Gargantuan breed of Homo sapiens, whom even Sheldon would be forced to classify as a 7-7-1; a trolley which verified Newton's First Law verbatim till its momentum was cancelled by a conglomeration of concrete with a poor coefficient of restitution which was a tribute to the trade of masonry; one very irate hospital employee clothed in rubber apron and gum-boots who received the benefits of what little rebound the trolley had to offer full in the epigastrium, which precipitated the oral catharrsis of helminths both intestinal and verbal (I was previously unaware of the unlimited potentialities of our bilingual vernacular).

The rest is oblivion.

I certainly miscalculated my angular velocity around that corner—or was it an underestimation of centrifugal, and an inability to muster centripetal force? The pain must be close on 10½ dols, but I have great faith in the efficacy of therapeutic measures such as ataractic drugs, electroconvulsive therapy and prefrontal lobotomy.

For a few comatose minutes I lay there in the lithotomy position, both feet slung over the edge of the trolley, like a felled fly after an insecticide spray. Gradually my serotonin/noradrenaline balance began to be re-established within the confines of my scaphocephalic cranium, and migrant molecules of neurohormones began to percolate through my rebel thalamus.

I glanced up at the clock—two clocks—bouncing—perfect coefficient of restitution—better than the trolley. Fiddlesticks!—disjunctive nystagmus. God Almighty!—7.59. One minute to go. $V=u+ft$., "u" my initial velocity is zero; "f" the acceleration of the hospital lift can be disregarded for all practical purposes; "t", time, I have one minute left, so my final velocity, "v", can certainly not even approach escape velocity—not even any danger of reduced cardiac output due to positive G-forces—no time to calculate the hyperbolic tolerance curve. No, I must rely on the efficiency of my musculo-skeletal system—the hell with optimal rate of ascent.

First floor—Outpatients. Time? 7.45! Well for the love of Lorentz! I've done it! Faster than light! I make a mental note to write to the Princeton Institute, Ripley and the International Olympic Committee. As I race for the second landing, I ponder the philosophical implications of my sacreligious defiance of theoretical physics. In time I have not yet collided with the Rabelaisian endomesomorph. I wince in anticipation of the impact between his olecranon and my pterion.

Second floor—the wall clock shows 8.05. Incredible! My exercise tolerance is not all that bad, in spite of the luetic incompetence. Eureka! Plane of reference—of course! I delve into a recess of one of my mutilated temporal gyri. "See Euclidian Geometry, fourth neuron to the left of the hippocampus. Time is short as I set up my Galilean co-ordinates using myself as plane of reference. Sagittal, coronal, horizontal. The clock still stays at 8.05. I rush down to the first floor again, replete with co-ordinates. 7.47 on that clock. Damn those physicists!

By the time I reach the third floor my system is virtually flooded with lactic acid. Bicarbonate has liberated carbon dioxide, the respiratory centre has been stimulated, and labouring dyspnoea has changed to pleasant hyperpnoea. The third floor clock stands at 7.55. No fluke that! I've done it again. I can certainly feel the increased mass, but I'm not sure of the decreased length.

Fourth floor—Time? Relative, purely relative. Elated by my athletic achievement I charge into the ward, and skid to a halt, hair dishevelled, beside an an erudite-looking colleague. "Late?" the chief asks icily? manancingly? sarcastically? patronizingly? I don't know, but I didn't like it.

"It depends on how you look at it" I answered between gasps for my tidal volume, trying as best I could to imitate his voice inflection. Through the growing haziness I could see my white coated imbecilic colleagues smiling indulgently. "You see", I continued, "it depends on the variable dimension of time, the plane of reference, and on one over the square root of one minus the velocity squared over the speed of light squared".

The rest is oblivion.

CELEBRATED CASE HISTORIES
NAPOLEON BONAPARTE (1769-1821)

NAPOLEON, the man, needs no introduction, but less is known of Napoleon, the patient. In his younger days he built a vast Empire, yet by the time he had reached the age of forty, his health had deteriorated almost as rapidly as his Empire had fallen apart.

Napoleon never knew the joys of robust health. As a child he was undersized and undernourished, and the victim of numerous intestinal upsets. At the age of twenty he was ill for many months as a result of an attack of malaria. He probably also suffered from pulmonary tuberculosis, as his post-mortem revealed apical cavitations and pleural adhesions.

During the Italian campaign he suffered rather badly from scabies, of which he was eventually cured by Corvesart, the only physician in whom he had any faith.

At the height of his Russian Campaign (1812), he became the victim of acute cystitis. His severe dysuria caused him to delay a few days before launching his attack on the Russian forces. Whether this contributed materially to his defeat is doubtful, but the role of the bladder in determining the destiny of the world is a fascinating point to ponder!

As he approached forty he began to grow fat and sluggish. He suffered from "gastric attacks" which prevented his full participation in battles, in which he now, at times, exhibited an indecision quite unlike the early Napoleon. Some believe that his obesity was due to a late presenting Frohlich's syndrome (dystrophia adiposo-genitalis). The post-mortem findings certainly point to this.

Back in Paris ten months after his abdication it was noticed that his features sagged and that he often dozed—this was quite unlike his former self. Then came Waterloo. At Waterloo he was up against two armies, those of Wellington and Blucher. The night after repulsing the latter he suffered an acute "attack of piles". His prolapsed piles kept him up all that night, and instead of following and routing the enemy he waited until late that morning, by which time he felt better. But now it was too late, as every schoolboy knows. The Napoleon of Waterloo was only a vague shadow of the Napoleon of Austerlitz.

On St. Helena, whither he was banished, his stomach trouble which had been bothering him, steadily grew worse; his mind kept straying to his father, who had died of a gastric carcinoma. He was diagnosed as having chronic hepatitis, which may be explained by the prevalence of Amoebic Dysentery on the island. He became a "morose troglodyte". His orthostatic oedema worsened, he began to vomit and now suffered from severe and frequent attacks of pain in the right hypochondrium. He was weak and pale with sunken eyes, his face presenting a greyish, cadaverous tint—was this the cachexia of cancer? Napoleon suspected the worst. "I know the truth and I am resigned", he said. He began to vomit a dark fluid "resembling coffee grounds"—this continued intermittently. He was given purgatives, resulting in a stool that was "tarry"—melaena following upper intestinal haemorrhage? On the 5th May, 1821, he collapsed. In his delirium he attempted to strangle his physician. Then he sank into a stupor and died that evening.

His autopsy revealed a chronic gastric ulcer and a diffuse scirrhous carcinoma. The stomach was filled with changed blood and there were tough abdominal adhesions. In later years, however, his stomach was re-examined, and no evidence of malignancy was found. Many believed that he died of a perforated peptic ulcer with haemorrhage, but the question remains unanswered to this day.

CULTURAL ACTIVITIES AT MEDICAL SCHOOL

MEDICAL students have all too often in the past been accused of apathy towards cultural activities at Varsity. This criticism, being a generalization is perhaps unjustified. Nevertheless culture at Medical School has been in the doldrums, and it is only by active participation on the part of the students that we can hope to bring about a "Renaissance" in the cultural life at Medical School.

The fare is varied and dishes will no doubt be found to suit all palates. The Societies existing at the moment are: Music Society, Art Society, Jazz Association, Debating Society, Students Christian Association, Students' Zionist Association, "Photomed", Students' Liberal Association, History of Medicine Society, Chess Club, and a Night School for Africans.

THE OASIS—Continued from page 3
understanding and on the recognition that no man is inferior to another solely because of his colour.

Thus, in the wilderness of racial bitterness and hatred, of suspicion and violence, there is a lifesaving oasis changing part of the wilderness into a rich, fertile land of plenty.

"It can be done—it is the only answer to South Africa's racial problems" is the message that rings from the Mission Hospital's Bell tower. The days of serfdom in France vanished with the Revolution in 1789, yet nearly two hundred years later the inhuman, unrealistic and impracticable crime of Apartheid is still perpetrated. White South Africans must realise that the only solution is for ALL South Africans to work together in a multiracial society with equal opportunity for all men and where efficiency and merit are the keys to success, and so create a new, different and better country in which to live.

A woman approached the pearly gates and spoke to Saint Peter.

"Do you know if my husband is here? His name is Smith".

"Lady, we know lots of them here, you'll have to be more specific".

"Joe Smith".

"Lotsa those too, you'll have to have more identification".

"Well, when he died he said that if I ever was untrue to him, he'd turn over in his grave".

"Oh, you mean 'Revolving Smith'.".

☆

And then there was the Indian who drank 38 glasses of iced tea one night and the next day they found him dead in his teepee.

☆

Julia came to her father with her head downcast. "Papa", she said, "you know that rich Mr. Woolf? Well, he betrayed me and I'm going to have a baby".

"My God", said the father, "where is he, I'll kill him! Give me his address. I'll murder him." Dashing to the rich man's home he cornered him and in a loud voice told him what he intended to do. But the rich Mr. Woolf was quite calm.

"Don't get excited', he said, "I'm not running away, and I intend to do right by your daughter. If she has a boy, she gets $50,000. If it's a girl, she gets $35,000. Is that fair?"

The father halted, while the look of anger on his face changed. "And if it is a miscarriage", he pleaded, "will you give her a second chance?"

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