

THE
Auricle



UNIVERSITY OF THE WITWATERSRAND MEDICAL SCHOOL

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THE MONTAGUE OSHER SYSTEM PRODUCES QUICK VISUAL RESULTS

Editorial

The 19th Annual S.M.C. Conference opens on Thursday, 26th April. The topic under discussion will be "Human Heredity and Disease", and promises to be one of the finest and most interesting conferences ever held at our Medical School. Genetics is a field of Medical Science that has assumed great importance in recent years. We are on the threshold of a new era in the understanding and treatment of many diseases and malformations that have a genetical background to their actiology.

Although S.M.C. and Conference Committee are to be congratulated on their fine achievement of being the pioneers in human genetics in South Africa, there is one unfortunate nagging factor that has detracted from conferences in the past and is particularly noticeable this year . . . **Is this a Student Conference?**

* * *

It seems that the New Medical School Buildings are finally to be realised. We are told that construction will commence in August of this year. Although we accept without question that a library is the backbone of any place of learning, we hope that it will not be forgotten by the authorities that Medical Students (like most other animals) must eat. It is also fervently hoped that many of our antiquated books will be donated to the newly formed History of Medicine Museum, to be replaced by their more current counterparts.

* * *

One of the finest events of the year and something of which we can be extremely proud is the opening of the new Katlehong Location Students' Clinic. This clinic will replace the Germiston Clinic we lost in 1960 when the location was moved. This much-needed social service to the underprivileged is to be commended. We wish Clinics Committee all success with this venture and express the hope that this will only be the first of many similar clinics run by our School. Clinic has received encouraging support from the student body, and indeed it should. It is our duty and privilege to support and ensure the success of an undertaking of this nature.

ernest levy

OPEN HEART SURGERY

IN THE PAST DECADE surgeons have made tremendous strides in correcting cardiac defect and damage. The surgeon today is able to open up the heart, empty it entirely of blood and, under direct vision, make unhurried repair of the valves and chambers within. The key to this progress is the heart-lung machine, which makes it possible to bypass the heart with the circulation for some hours.

Surgeons are correcting formerly hopeless congenital defects of the heart which have condemned many children to premature death. In an ever increasing number of cases surgeons are successfully repairing the injuries done by such diseases as rheumatic fever which have crippled and shortened the lives of a considerably larger number of people. There is promise that even the damage done by coronary disease may become subject to surgical relief. The key to this historic advance in the capability of medicine is the heart-lung machine.

In order to disengage the heart, they have also had to find a way to bypass the lungs. The heart-lung machine not only does the pumping the heart but also conducts the pulmonary exchange of oxygen and carbon dioxide. Without a reliable machine of this kind, interruption of the function of the heart and lungs for even a brief interval would expose to irreversible destruction such oxygen-sensitive tissues as the central nervous system and the kidneys.

The heart tolerates the invasion of surgery well. This is in keeping with the enormous capacity for work and the formidable reserves of strength that cardiac muscle displays under stress and injury. The heart can continue to function with as much as a third of its muscle mass destroyed, and has great power to recuperate from surgical damage.

EARLY SURGICAL EFFORTS

Operations on and around the heart had been attempted from time to time. The first regularly successful operations *within* the heart were performed in 1948 by Bailey and Harken, and had as their object the relief of mitral stenosis. Through an opening in the left atrium just large enough to admit the finger, the mitral valve is reopened by splitting the valve leaflets with the finger or by cutting them apart with a special knife attached to the finger tip. *The finger and knife are guided entirely by the sense of touch.*

Even while such closed-heart operations were being developed, investigators in several centres were seeking ways to operate upon the open heart under direct vision. In 1952, the first successful operation under *direct vision inside the heart* was performed the repair of an atrial septal defect in the heart of a five-year-old girl, with the patient's body temperature cooled to 85 degrees Fahrenheit. The operation took five and a half minutes. The surgeon in such a case is allowed only five or six minutes in the heart. This is not enough time to deal with complex defects or unexpected difficulties. More-over, especially if operations upon

or within the ventricles are attempted, cooling of the heart brings the risk of ventricular fibrillation.

THE HEART-LUNG MACHINE

Meanwhile in the 1930's work had begun on the development of a mechanical substitute for the heart. It was concluded that the machine would have to assume the function of the lungs as well. The principal task for the developers of the heart-lung machine was the design and construction of a device to perform the functions of the lungs. In the lungs the exchange of oxygen and carbon dioxide takes place across the myriad microscopic air sacs that bring air into close proximity with the blood. The surface area required for the exchange is immense. Artificial oxygenators must likewise furnish relatively large areas of surface for the exchange of the two respiratory gases. One of the most difficult problems was that of how to expose the blood over such large surfaces outside the body without irreparably damaging the delicate blood cells.

The oxygenation of blood outside the body was finally accomplished, but surgeons were discouraged in their first attempts to employ the heart-lung machine in open-heart surgery. In 1953 Gibbon succeeded in repairing a large atrial septal defect with the patient maintained by his machine. But all further attempts at that time failed.

In 1954 cross-circulation (the circulation of the patient is connected to the circulation of a donor) was attempted for surgical repair of those lethal intracardiac defects which could not be corrected in any other way. Some measure of success with this method played a critical role in demonstrating beyond any doubt the feasibility of heart-lung by-pass and of unhurried, direct-vision surgery in any region of the heart. In 15 operations performed by a Minnesota group, the lung of a dog, dissected free of its host and thoroughly washed served as a blood oxygenator with a mechanical pumping system carrying the blood to and from the patient. The ultimate fruit of this and other developments was a fully mechanical heart-lung machine, the so-called helix-reservoir system introduced in 1955.

THE HELIX-RESERVOIR MACHINE

The helix-reservoir machine embodies simple and reliable solutions to the variety of critical specifications that are set by the purpose it serves.

(Continued on Page 11.)

AMSSA CONFERENCE

MANY OF YOU WILL BY NOW have been asked to fill in forms sent out in an attempt to assess the number of people likely to be attending the AMSSA conference this year; and also to find out which students would like to deliver papers at this conference. AMSSA is the Association of Medical Students of South Africa. Its main function is to create an opportunity for South African medical students to get together to meet one another and to discuss problems of mutual interest. Last year, this association held its first come-together in Durban during the first week of the July vacation. This meeting was a good start to what we hope will become an annual student's conference.

This year the conference is to be held here at Wits. from Monday, 2nd July to Friday, 6th July. A number of addresses will be given in the mornings by speakers from medical school and outside it. These will cover a variety of subjects. Some subjects already arranged are:

Therapeutic abortions.

Psychiatric aspects of the organically ill.

Cholecystitis.

Diverticulitis.

Anxiety: We have asked two people, a psychiatrist with a behaviouristic approach and a clinical psychologist with a Freudian approach to discuss this subject. This is one of the aims of conference: to bring together in one place people with divergent views on a subject. This should lead

to dynamic discussions and clearer thinking.

While we look forward to hearing the variety of outside speakers who are to address us, it is mainly the opportunity that this conference will give to us as students to discuss subjects of interest to us that is important. That is why there is no set topic for the conference. We have enough lectures through the year to not continue the same pattern into the vacation. So this year a large portion of the conference will consist of student papers. Staff members will be invited to attend to guide the discussion after these papers.

We also hope that there will be a comparison of surveys done in the various centres. These surveys will be to compare disease trends in the various centres where we study.

In the afternoons clinical work will be arranged.

This conference is an opportunity to meet students from other medical schools and to learn from them their views, and to give them ours. Wits. being the host medical school this year, also means that conference will be on your doorstep. There is much work to be done in organising this conference though, if it is to be a success and the committee running it need help. We hope that anyone prepared to help will contact Dave Levy or leave their name at the S.M.C. office. There will be more details about conference in the next Auricle.

KATLEHONG LOCATION STUDENTS' CLINIC

In 1957 a Students' Clinic was started at Germiston Location. Despite early problems and setbacks this venture soon became a highly successful student activity and in no certain way achieved the objects as laid down by the original constitution, which were:

"To provide free medical, dental and social services where possible in the Germiston location area by means of regular clinics.

"To give medical students the opportunity of dealing with patients on their own initiative, providing always that a qualified medical practitioner is present".

In 1960, much to the disappointment of the students who were instrumental in starting this clinic, the Germiston location was moved to a new site at Natalspruit and Student's Clinic had to close down. The same year the possibility of establishing a clinic elsewhere was investigated, but this met with little success.

This year 1962, sees the re-opening of Student's Clinic at Katlehong location, Germiston. The location which houses a large African population, has ample Medical facilities during the day — but none at night. The location is situated twelve miles away from the centre of Johannesburg. The Clinic will be run on the same lines as the original

clinic.

Starting on Thursdays, 26th April, Clinic will be open two sessions a week — on Tuesdays and Thursdays starting at 7.30 p.m. and closing at about 12 midnight. The Medical panel at each session will comprise the following:

- (a) One qualified doctor and one final year student.
- (b) Two students from each of the other years (1st to Vth year).

The medical panel for each night will be drawn from a list of student members already obtained and they will be advised accordingly.

The Student's Clinic Committee has already been elected — including a class representative from each year of study.

The response on the part of the student body to the re-opening of Student's Clinic has been very encouraging and there is no reason why the new clinic should not exceed the success the original one enjoyed.

In closing I would like to add a special word of thanks to Dr. Erasmus, M.O.H. for Germiston, for her interest and kind co-operation in re-establishing Student's Clinic.

Neville Weston,
(Chairman, Student's Clinic Committee)

LETTERS TO THE EDITOR

MINE EYES HAVE SEEN

Dear Sir,

On Monday evening, the 2nd of April, a distinguished audience gathered at the University Great Hall to hear Major-General Orenstein's address. A much-needed Museum of the History of Medicine was finally being born at our University.

Major Orenstein's address was lucid and short, but I feel he could have told us more of his activities not only in Panama, but also in South Africa. Much mention was made of Gorgas — a great administrator but one who did not believe Finlay's theory of the mosquito-borne character of Yellow Fever. Finlay was not mentioned.

Major Orenstein recaptured for us medicine during the early years of this century — the wards filled with typhoid, pneumonia and syphilitic manifestations; the electro-coagulation of the blood in aneurysms to prevent their rupture and numerous other interesting aspects. At this time the great Osler was supreme and many of us would have liked to have heard more of what the medical profession thought of him at that time.

Finally as Major Orenstein had so much to do with Preventive aspects of Medicine we would have liked to have heard more of people such as Nicolle (typhus fever), and Noguchi (leptospirosis).

A fairly enjoyable evening; the potential of which was probably not fully exploited. However, the museum has been launched — it is our duty and privilege to support it.

Gerry Baise (Vth Year).

LOLLIPOPS

Dear Sir,

The 2nd year class wish to thank Dr. Stanley Bletcher for his generosity and extreme kindness in holding an "Hospitality Week" and thoughtfully donating a string of lollipops to us. Unfortunately there seems to be some misunderstanding between the solicitous doctor and the 2nd years, because there are horribly threatening letters on the latest string of sweets adorning his office. But we know that this beneficent gentleman does not wish to appear "soft hearted" and we understand that we are still welcome to help ourselves.

Ode to S.B.

We respect Stanley
We admire Stanley
We love Stanley
Yay! for Stanley.

Doctor making lollipop
Hanging from his office top
Finds to his profound dismay
Lollipop all gone away.

Doctor hanging up some more
(This time hanging to the floor)
—Just remember this refrain.
—Lollipop will fly again!

2nd Year Medic

REFECTORY SOLUTION

Dear Sir,—Our Medical School is housed in what is probably the most dreary and decrepid University building on the campus. It is situated in one of the busier and more noisy parts of our city, which you must agree is not exactly an atmosphere conducive to study.

I have been led to believe that a new highway is to be built in our vicinity, and will literally pass under our noses. Now this is something to be commended. If the City Council is to make a mess of our surroundings, I agree wholeheartedly that they should make a good job of it.

As far as our refectory goes, after all our fruitless pleas and "down on the knees" begging we still have no "official" meeting place.

As a member of the common herd, may I be forgiven if I put forward my humble suggestions. Let us approach the City Council on the matter. Let us ask them if we might share in this new venture of theirs. Let us ask if we may share the new highway with the motorist.

Maybe we could have the east side of the road between Esselen and De Korte Streets and the motorist the West half. This could be reversed every alternate week to ensure no undue advantages on either side.

I don't think this is an unfair request to the motorist. After all he does have many other roads on which he can ride.

This area could be cordoned off and named: "The New Medical School Refectory" and we could even invite a member of the University Council to lay a foundation stone, of sorts, for us.

Hoping that my suggestions prove useful,

A Dumb and Hungry Medic.

EDITOR'S THOUGHT:

On the Nature of Genius

To contemplate the familiar with a child's sense of wonder; to find inspiration anew in the unfolding of Nature's intricacies; to probe and balance and "grind exceedingly small"; this is the character and tenure which distinguishes the true citizen of the Universe. This Universe is dynamic and intrinsically creative at all levels of organization.



VAL LISTER RAG QUEEN 1962

*(Photo: Courtesy
Michael Joseph)*

Val. is nineteen years old and was born on 27th August, 1942 in Pretoria, where she lived for a few years. She then moved to Durban and has been living in Johannesburg for the last six and a half years.

She is the eldest of four children; both her brothers are still at school and her sister is in her first year B.A. at Wits. She attended a variety of schools and spent her last four years at Roedean, where she was a school prefect and obtained a first class Matric. She was hockey captain and was awarded both her hockey and tennis colours.

Val. is a fairly good artist and enjoys doing anything with her hands. She is studying Occupational Therapy at Wits. and is in her third year. She has six months of hospital practical next year and then hopes to receive her diploma. She intends going overseas as soon as possible and many of her friends are there. Every cent is being saved, which means fewer visits to the Milky Lane. Val. also worked as a hotel receptionist last holidays.

Our Rag Queen makes nearly all her dresses and knits most of her jerseys. She is at present taking millinery lessons and when she leaves Wits. she should be able to make practically anything, as her course

includes carpentry, weaving, basketry and many other crafts.

Sport has always been one of Val's keenest interests, but she does not have time to play much herself lately. She played hockey in her first year at University, but now only plays tennis. Her whole family is very fond of cricket and Val. has been an ardent Roy Mclean fan for many years. She is also a rugby enthusiast and enjoys water-skiing.

Val. enjoys listening to classical music, but a few years ago she preferred Elvis and Rock 'n Roll. Although she has never had any lessons, Val. can play the piano quite well. When she was younger she was a little bookworm, but does not find much time to read now.

Since Val. was elected Rag Queen she has had no spare time and is hardly ever at home. She attends very few lectures as she is always busy with rag affairs. However, as she is very interested in people, she is finding it all a wonderful experience and very enjoyable.

I am sure that I am voicing the wishes of everyone at Medical School, when I say: "Good luck, Val! May you have a pleasant and very successful reign. Medical School is PROUD of you."

AN INTERVIEW WITH DR. LEIGH

I WAS GRANTED AN INTERVIEW with Dr. W. Leigh, the Senior Lecturer of the Department of Pharmacology.

When I arrived there I was embraced by clouds of dust and the hustle and bustle of great activity. It appears that the entire Department of Pharmacology has been turned inside out and accumulated dredges of the ages have been either completely removed or stored, for further reference, out of sight.

The display cabinets have been emptied of dried and mummified plant remains. I was given to understand that modern displays — which will co-relate the teaching of the Pharmacology Department with those of Pathology and Medicine — will appear there in time.

I have been shown a vitrine which acts as a museum of those implements of Pharmacy which, apparently, have little place, if any, in the teaching of modern Pharmacology and pharmacy.

Yet, a small Pharmacy Laboratory has been brought back to life, where Third Year students will be taught the fundamental principles of Pharmacy and the background to intelligent prescription writing.

This is both new and old. New in that no Pharmacy practicals were held in the Pharmacology Department for at least four years, and old in that Professor Watt taught a great lot of Pharmacy until the day he retired.

Apparently, it is Dr. Leigh's intention to find the golden mean between too much and none-at-all.

I was given to understand that two terms are taboo in our new Pharmacology Department — one is the term "drug", which has been replaced by the better term "substance". The reasons Dr. Leigh gave me are that the word "drug" releases an unwanted reaction in the patient and means something utterly different to him than to the doctor who prescribes it. In fact, often a patient asks: "Doctor, is this a drug you are giving me?" If the doctor is used to the term "drug" rather than "substance", he might unwittingly release effects which interfere with the psychological background to good therapy. Hence Taboo No. 1.

Taboo No. 2 is Trade Names. All teaching, apparently, will be done with generic names and trade names will only be mentioned when it is absolutely necessary where confusion is possible, or where the substance is unique.

Dr. Leigh stated that every practising physician has his own preference for generic substances of particular trade names and, unless the generic name is known, there will be no end of confusion later in the wards, because most generics are sold under innumerable confusing trade names which have no meaning in pharmaco-therapeutics nor applied therapeutics. The doctor guilty of using the trade name for prescription is acting to the advantage of the pharmaceutical industry and is directly responsible for the present enormous cost of therapeutic agents.

Another innovation is the teaching of the Medical, Dental and Pharmacy Act along the lines of Professor Elliot's recent article on this subject in Medical Proceedings; as well as other aspects of the Law as they apply to the medical man in general and to the knowledge of pharmaco-dynamics specifically.

These lectures will be given by an advocate who happens to be a pharmacologist as well.

Dr. Leigh stated that his department could not teach therapeutics since, firstly, that subject had apparently been taken over by clinical departments, and, secondly, Third Year students had their hands full in absorbing all they had to know on Pharmacology, Pharmaco-Dynamics, Pharmacy and the biochemical structure and functional relationship of therapeutics substances.

It is his feeling that applied therapeutics should be separately taught and preferably in Fifth Year, when a fair amount of clinical knowledge already existed, not only during ward rounds but as an integrated subject following logically on pharmacology teaching.

All round, I felt the "wind of Change" blowing. But this is certainly not an ill wind blowing no-one any good but the fresh breeze of modern scientific and clinical approach to the fundamentally important subject of Pharmacology.

(Ed.: The editorial board would like to welcome Dr. Leigh to our Medical School and wish him all success as Senior Lecturer in the department of Pharmacology.)

MEDICAL ELECTRONICS

Mr. G. J. Korvink, lecturer in the faculty of Engineering, is hoping to form an electro-medical unit in which top medical authorities and electrical engineers work co-operatively in the production of accurate electronic diagnostic equipment.

NEW MEDICAL SCHOOL BUILDING

by Staff Reporter

DRIVING SLOWLY down Esselen Street in a few years' time, you will still be deeply engrossed in the dismal occupation of hunting for that tiny space in which to park your car. At this time, more so than before, you will have your time cut out avoiding figures clothed in white coats. White coats — that spells Medical Students — but why so many of them wandering around in Esselen Street? The answer is quite simple (!) classified under two important headings:

- (a) Students will be more study-conscious (amazing, really).
- (b) To reach their books, they will have to cross Esselen Street to reach the new Medical School Library.

By this time I shall assume that you have either managed to find a parking spot, or have parked your car on the pavement in sheer disgust, personal discontent and in sheer defiance of the Traffic Department! Now you will be able to survey the scene — the old Refec., S.M.C. Offices, Administration offices and the O.T. cottage no longer exist. Their place has been taken by a beautiful, gleaming new edifice, embracing Esselen and King George Streets. This is the new Medical School Library and Administrations Building.

A conducted tour of the building will lead you through the main entrance on Esselen Street just next to Medical House. The entrance is in the form of a roofed forecourt which extends northwards into an open court. In the centre of the forecourt there is a pond with a fountain forming the hub of a gradually upward sloping ramp. This ramp spirals clockwise (when looked at from above) and leads to the entrance hall of the new Medical School. Descending towards the right are a few steps leading to the library entrance.

One passes through glass swing doors into the lobby which proceeds past a circular desk for the library staff. Hence one passes into a large catalogue room from which one is able to reach a silent smoking reading room, a smoking talking room, the Periodicals room and Rare books room. On this level too are the offices, work rooms and entrance hall for the library staff.

Returning, now, to the lobby we ascend the main library stairs to the ground floor, which can alternatively be approached by means of the winding ramp mentioned above. Here one enters the main entrance hall of the Medical School. On this floor are

situated the administrative offices accommodating the Dean, Assistant Registrar and the other faculty administration staff; also the main reading room of the library which is confluent with the lower book stack. From the reading room one can ascend to the first floor by means of the stack stairs leading to the upper book stack immediately above the lower stack. The reading room extends upwards through two stories, thus providing adequate lighting and ventilation for feverish churning brains.

The first floor contains the upper book stack, a staff and past graduates Reading Room, a dark room, microfilm reading rooms, a Seminar room, and also an exhibition space.

That is what the building will look like from the inside. Provision has been made for the installation of four lifts extending from the ground floor which will ferry students to and from their lectures at a later stage when the actual Medical School per se is built extending skywards another 6-8 stories. Further growth of the library has been provided for — further book stacks will be successively built on top of the present upper stack — the design of the building will be such that the book stacks will remain separate from the Medical School section.

Window area is generous to allow the maximum natural lighting possible — the whole building will be air-conditioned (the smoking rooms will no doubt require it!).

That will be the new building when completed. A new building — yes, but we sincerely hope that it will maintain and nurture the fine spirit of the Medical School. It is also hoped by present Medical Students that all books published before 1950 will be replaced by their more current counterparts, and that the jacaranda trees will remain in front of the new building to add their beauty to the scene.

At present, it is apparent that the antiquated building occupying the site will be demolished during July-August and that building operations on the new building will commence in late August. Thus it appears that present fourth-year students will at least be able to use the library in their final year of study.

Oh no! Look, I do believe you have been given a ticket for parking your car on the pavement! Really, we must see what can be done to solve the chronic parking problem in the area of Medical School — but don't worry, let's have some coffee in the meantime.



(Ed.: We regret the absence of an architect's impression. We hope to include this in a later issue.)

Solution to the parking problem at Medical School:
Drive-in lecture theatres.



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SPORTS NEWS

STORMY ALL-SPORTS COUNCIL MEETING

"OCCASIONAL" STUDENTS

At a stormy All-Sports Council Meeting a controversial motion was proposed. The motion read (as amended): "that the All-Sports Council decree that no occasional students be permitted to play for any University Sports Club, and that action be taken against those clubs which have such members.

Any student studying at the University who is not in pursuance of a degree, certificate or diploma is an occasional student.

The water Polo and Swimming Clubs' representatives debated strongly against the motion and at one stage almost left the meeting. The motion was carried (11-8) and the University Council will be asked to confer disciplinary powers on the All-Sports Council in order to deal with clubs that transgress this ruling.

SPECIAL SPORTS BLAZER

A motion was proposed at the All-Sports Council Meeting asking that a committee be set up to enquire into the possibility of sports clubs at the University having blazers or blues.

Mr. Viljoen, of the rugby club spoke of

the unpopularity of the University blazer, and he felt that a non-striped blazer, which would distinguish University players on tour, should be made available. The blazer would be black or navy-blue with a badge dissimilar to that of the Convocation or any other University badge, and would have a scroll distinguishing the various clubs.

Mr. Viljoen also proposed a motion that colours awarded to sportsmen should be conferred at some sort of ceremony, preferably in the Great Hall. The proposal that certificates be awarded to members of clubs who have participated in 60% of all matches or meets was put forward. This certificate would be for those sportsmen who are not of the standard necessary for team blazers.

These three motions were passed and the matters are under investigation.

WOMEN'S HOCKEY WIN

In their first match of the season Wits. beat Roodepoort 1sts. on a sunny Sunday morning at Pattison Park, the students won 3—1.

The forwards showed good tactical play but at times tended to muddle each other. This could be understandable at the start of the season. The defence played very well and were the mainstay of the team.

Four Medics. were members of the victorious team. Let de Maar at left wing, played a good game and is getting her feet round very well; her centres are a pleasure to watch. Hil. Bisman at right back, captained the team, was exceptionally sound in her defence work; her inspiration is a decided asset of the team.

Denny Barker at left half intercepts the ball well and gave some beautiful sympathetic passes to her forwards. Carole Forbes at right wing is surprisingly fast and is combining well with her right inner.

PREMIER LEAGUE CRICKET

University lost their final match of the season to a depleted Southern Suburbs side at Pioneer Park. Wits. have not a single Premier League victory to their credit. Only by their tied match with Pirates last month has the club averted possible relegation.

Bev Oelschig was in good form and had an excellent all-round performance of taking 9 wickets for 62 and scoring a confident 43.

Wits. needed 183 for victory in their second innings, but crumbled before the attack of Springboks Ken Walter and Hugh Tayfield.

TENNIS—

The Wits. Tennis Club held its first fixture of the 1962 season on Sunday 1st April. If the Freshers vs. Seniors match on Sunday is any indication, the Tennis Club is in for a highly successful season.

Although the freshers and freshettes suffered defeat at the hands of their more experienced (aged) opponents, enthusiasm they did not lack. At no stage of the game did the freshers or freshettes submit to the onslaught of the seniors. They fought back with determination at every opportunity, which certainly bodes well for the future.

The final results showed the Seniors victors with the overall score 276 to 156 (432 games were played.)

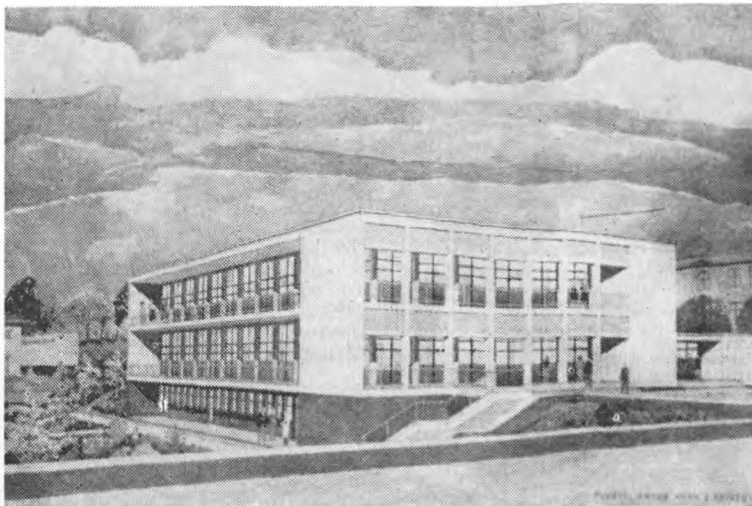
The Tennis Championships Start on the 28th April, 1962. Ray Weedon and Charleen Rigby the present holders of the Men's and Women's singles respectively are the number one seeds.

* * *

Everytime I think of exercise. I sit down until I get another idea.

Team spirit is when your hands and feet keep on working when your head says it can't be done.

STUDENTS' UNION BUILDING



Architects

Impression

of

new

building

(Picture by courtesy
of Torque)

THE ARCHITECTS have almost completed plans for the proposed Students' Union Building, and construction will probably commence in July or August, 1962, on a site very similar to that of the present canteen.

The news plans are for a new refectory which will replace the present "temporary" building. It will thus be situated east of the swimming bath, just north of the present canteen. When construction begins the extreme north wall of the present refectory will have to be removed.

The building comprises lower ground floor, ground floor, and a first floor, with balconies along the north and west faces. Provision has been made for an extra floor. The building will provide a students' refectory on the ground floor with a floor area of 7,600 sq. ft., including balcony (approx. one and a half times the size of the present refectory). This will seat about 720 students as compared with the present refectory seating of 360.

In addition to the refectory, which will have an extremely modern self-service kitchen, with large stores and cold room, the building will include S.R.C. offices, W.U.S.P.O. office, Men's and Women's reading rooms, a third common room, and a large balcony overlooking the swimming bath and playing fields. A new bookshop is also to be included.

An additional feature is a locker room for men with about 350 lockers. On the first floor there will be a fountain and flowerbeds in a small central courtyard around which there will be large waiting areas with seating accommodation.

Construction will take 18 months and hence the building should be ready in early 1964.

Although the plans have been met with general enthusiasm, some people are expressing the opinion that the new building will be "little more than a glorified canteen".

MEDICAL MUSEUM

On the 2nd April, under the auspices of the M.G.A., Major-General Orenstein gave the Inaugural Lecture, "Mine Eyes Have Seen", at the inauguration of the museum. The museum was officially opened by Professor Sutton, the Vice-Chancellor and Principal of the University.

It is proposed to collect and preserve in this National Museum, for permanent record, all material which illustrates the history of medicine in general and its development in South Africa in particular. These exhibits will include instruments, apparatus, books, copies of original papers (if possible autographed by the author), photographs, etc.

The Museum will sponsor research and lectures on the history of medicine and it is hoped that eminent medical historians will from time to time visit South Africa to give addresses on their research in this field. This valuable project deserves the support of all members of the medical or allied professions.

Dr. Cyril Adler.

Dr. Cyril Adler has been elected to serve on the Council of the University of the Witwatersrand as one of the representatives of Convocation for the next four years.

Dr. Adler, who is vice-chairman of the Executive Committee of Convocation, is a former president of the Southern Transvaal branch of the Medical Association of South Africa, on the Federal Council of which he still serves. He served as a member of the University Council in 1956 and 1957.

It was mainly through Dr. Adler's efforts that the realisation of the Museum of the History of Medicine was possible at the beginning of this month.

NEW PROFESSORS

Dr. Wyndham

Dr. H. C. Wyndham who has been Director of the Applied Physiology Laboratory of the Transvaal and O.F.S. Chamber of Mines since its inception in 1950, has been appointed Professor of Physiology. Dr. Wyndham's record of achievement in his field is outstanding and we are indeed fortunate in having a man of his stature as head of the department of Physiology.

Professor Wyndham is a world authority in circulatory and climatic physiology and as a result of his advances in this subject has been appointed to U.N.E.S.C.O.'s panel of experts.

Dr. Kaye

Dr. Josse Kaye has been appointed Professor of Radiology and head of the newly established department of Radiology. He has been senior lecturer in Radiology at the University since 1945, and at the same time served as a full radiologist at the Johannesburg General Hospital.

Dr. Kaye, who has carried out extensive research work on cardiology, was largely responsible for the acquisition of a cobalt bomb in South Africa. In addition he is the author of more than twenty original papers and has devised several instruments for the radiation physics department at the hospital.

(The editorial board would like to take this opportunity to wish Professor Wyndham and Professor Kaye all success as heads of their respective departments.)

OPEN HEART SURGERY

(Continued from Page 2.)

The machine is connected to the patient's venous circulation, after the chest has been opened, by the insertion of two catheters into the venae cavae. The blood runs by gravity to the bottom of the oxygenator tube. Entering the vertical tube through a disc that also admits oxygen through holes large enough to form large bubbles, the blood is lifted gently by the flow of oxygen to the top. Exchange of oxygen and carbon-dioxide takes place at the blood-gas interface on the surface of the bubbles, as the blood-gas mixture rises through the tube. Thus the oxygen itself, without the help of screens or discs, supplies the huge surface area necessary for gas exchange.

The excess of gas must now be completely removed to prevent embolism when the blood is returned to the patient. This is the function of the debubbler chamber atop the oxygenator tube. As the blood passes through the debubbler, it passes over stainless-steel sponges coated with a special anti-foam silicone that lowers the surface tension

of the blood and breaks up the bubbles, permitting the gas (which now contains carbon dioxide as well as oxygen) to escape through a screened vent in the top of the chamber. The sponges also serve as a filter to remove any clots that may have formed.

The blood then passes by gravity from the debubbler to the top of the helix-reservoir, a coil of plastic tubing from which the machine gets its name. Here an added safeguard is provided by simple physical forces. If any bubbles of gas should still remain in the blood, they are forced to the surface and are held in the top turn of the coil by the denser, bubble-free blood flowing by gravity down through the helix. Enough turns are provided in the helix to hold a one-minute supply of oxygenated blood, in the event of unexpected difficulties in the flow between patient and machine. A thermostatically controlled water bath surrounding the helix-reservoir maintains the blood at body temperature.

From the helix-reservoir the blood runs to a "finger" pump that squeezes the blood along a tube with cam-actuated metal fingers. This pump delivers the blood to the patient's arterial system via a catheter inserted into the femoral or subclavian artery. Through either of these major arteries the arterialized blood from the heart-lung machine perfuses the entire systemic circulatory system and returns to the heart in the venae cavae, where it is intercepted by the catheters and delivered anew to the machine.

Unless it is deliberately halted, the heart continues to beat, although its contractions are smaller than normal. Blood, essential to the maintenance of the heart muscle itself, flows in through the coronary arteries and makes its exit from the coronary circulatory system mostly through the coronary sinus into the right atrium. This coronary-return blood is gently aspirated by a low vacuum and drawn into the heart-lung machine for "reprocessing".

An important development has been the direct hookup of an electric pacemaker through a wire implanted in the heart muscle. This was devised to deal with the problem of complete heart block which sometimes arose during ventricular septal defect operations.

With the heart-lung machine affording ample time and enabling the surgeon to see what he is doing as he works in the open heart, it has been possible to develop routinely effective operations for many forms of congenital malformations of the heart. The same boons of time and direct vision have made it possible to develop solutions for many acquired defects that result from disease and chest injury, especially defects of the valves. Considering that cardiovascular diseases are the largest single cause of death the future would appear to be without limit.

(From: *Scientific American*, February, 1960.)

BELLEVUE HOSPITAL

BELLEVUE HOSPITAL, NEW YORK, is one of the most famous hospitals in the world. It is almost incredibly vast. "At Bellevue," writes Dr. Cutolo, Deputy Medical Superintendent, "you can go to church, see a current movie or Broadway entertainment brought to the hospital by volunteers, enjoy the rodeo and the Circus which gives annual performances on Bellevue's grounds, hail one of our thirty-two special uniformed policemen, join one of four lending libraries, or attend a public grammar school.

"Bellevue's total population on an average day is 9,700. Broken down, it includes 1,000 visiting physicians and a house staff of 459 internes and resident doctors . . . a volunteer staff of 1,000 men and women; 582 graduate nurses; 302 practical nurses; 500 student nurses; 1,322 attendants, and 1,890 other salaried personnel including administrators, secretaries, cleaners, therapists, technicians, guards, clerks, dietitians, and cooks."

The daily clinic average is 1,500; each month a thousand major operations take place in the fifteen operating rooms; and on visiting days ten thousand people flock into the hospital.

The Hospital is divided into three sections: General, Tuberculosis and Psychiatric. Extraordinary medical facilities are offered at Bellevue (the hospital is associated with no less than four first-rate medical schools). A vast range of illnesses are treated at Bellevue and to a great extent the hospital acts as a pioneer in its medical work.

What of the training and duties of internes and resident doctors? Being a graduate of one of the medical schools connected with Bellevue is no guarantee that one will be accepted at the hospital for internship. Each of the four divisions at Bellevue makes a conscious effort to take about 60% of its internes from schools other than its own, in order to keep a cross section of the world on its wards. A great deal is learned from the foreign doctors on the staff. No matter where a doctor has received his basic education, it is found that he has something to contribute as an interne at Bellevue. He carries with him the trends in medical thinking of his native land, and it is always valuable to have all of these trends brought before a medical centre. To be accepted for internship at Bellevue qualifications must be high. Often as many as ten applications for every one vacancy is received.

After a year's internship, if the doctor elects to stay on at the hospital, he becomes an assistant resident. The assistant-residency period can vary from one to three years. Then comes the residency, when the doctor is placed in charge of a service. There is only one resident on a service, but there may be twenty assistant residents. The resident acts

as the liaison between the internes and assistant residents on the one hand, and the visiting surgeons and director of the service, on the other. Like the internes, all assistant residents and residents are salaried by Bellevue and live in the hospital.

After a resident has spent a period of years on a special service, say on the eye service, he usually considers his hospital training period over. He then starts a private practice and becomes attached to the visiting staff of a private or voluntary hospital, perhaps becoming a visiting physician at Bellevue, as well.

The decision to promote an interne to an assistant resident and finally to resident is in the hands of the director of the service.

Bellevue nurses constantly meet and accept the call beyond that of mere duty. A blind man's broken cane is replaced by a new cane from the clothes house. Often a shabbily dressed individual will seek the shelter of Bellevue's Admitting Office on a wintry day, with no ailment but a chilled body. The nurses see to it that he does not leave without an overcoat — either from the Bellevue clothes house, or through the intercession of a social worker.

As in most hospitals there is an acute shortage of nurses. One of the ways in which Bellevue tries to compensate for this is with a paid staff of nurse's aids. They take over many of the tasks formerly performed by nurses, such as bed-making and bathing. They too, have been imbued with the spirit of helping with both big and little extra attentions.

The Bellevue Nursing School, ranked as one of the best in the U.S.A., is constantly thinking up new ways of attracting qualified high school graduates to the profession. Each semester there are roughly five hundred students at the school. Their period of training, during which time they must live on Bellevue's grounds and adhere to dormitory regulations, consists of a freshman, junior, and senior year. At first, the training consists largely of textbook-classroom work. Gradually they move on to the wards, first for instruction, and later for supervised work. In the senior year, the nurse undertakes, still under supervision, most of the actual hard work or operating-room procedures that they will practise as graduate nurses.

The part of the uniform of which the nurses are proudest is the cap, which the students receive after their first year of training at a ritual candle-lighting "capping ceremony". A Bellevue graduate wears this cap no matter where she serves after graduation; each training school has its own distinctive headgear, by which its graduates may be known.

Dr. Cutolo paints a remarkable picture of a remarkable hospital in his book entitled "This Hospital is My Home". He describes the Emergency Ward, the blood, bone and eye banks with fascinating detail. He talks of the Psychiatric Pavilion, which treats 17,000 to 18,000 patients a year: this is a diagnostic and disposition centre, not a place of confinement. Patients are, where necessary, committed to state mental institutions. There is a hospital for disturbed children: the emphasis there is on self-expression through art and music rather than on a formal academic education. Children are wonderfully treated in every department of the hospital. There is a Children's Recreational Service, organized by women whom the children call the "Toy Ladies".

Not only is Bellevue a world in itself, it has a tradition of service and dedication which give it an exceptional humanity. It has a tradition, too, of never turning away a patient in need. Many most interesting and rare cases are found among the patients, and as a result, top-notch surgeons are glad to work there.

Mark Twain:

Don't mourn over fancied grievances. Bide your time and real sorrow will come.

Good breeding consists in concealing how much we think of ourselves and how little we think of the other person.

If you pick up a starving dog and make him prosperous, he will not bite you; that is the principal difference between a dog and a man.

Get your facts first, and then you can distort them as much as you please.



Many of us spend half our time wishing for things we could have if we didn't spend half our time wishing.



Simple Simon, simple soul
Bought a book on birth control.
Judging by his wife's condition
It must have been an old edition.



A new version of "The Facts of Life" was presented by Jimmy, aged eight. He was assigned by his teacher to write a piece about his origin. Seeking co-operation, he questioned his mother: "Mom, where did Grandma come from?"

"The stork brought Grandma, darling."

"Well, where did you come from?" pursued Jimmy.

"The stork brought me, too."

"And me too?"

"And you too, dear."

Resignedly Jimmy wrote the lead for his composition. "There have been no natural births in our family for three generations."

POSTURAL DRAINAGE

POSTURAL DRAINAGE is a form of treatment, in which the Physiotherapist employs gravity and vibration to assist abnormal secretions from the insensitive periphery of the lung to the area of the cough reflex, from whence it may be expectorated after coughing.

Under normal conditions ejection of mucous and foreign bodies in the lungs is brought about by ciliary action in the bronchi and bronchioles and by the cough reflex. In respiratory infections such as bronchiectasis, pneumonia, and post-operative complications such as atelectasis, the secretions become thickened and cannot be dislodged by ciliary action. The bronchioles thus become blocked and dilated with the stagnant mucus which becomes a seat of subsequent infection. This stagnation of secretions can be prevented by accurate and vigorous postural drainage.

The technique used is as follows: A patient may present with atelectasis of the lateral segment of his right lower basal lobe. To assist ejection of the plug of mucus, the patient must be positioned so that the axis of the affected bronchiole is in line with the pull of gravity. The bronchiole of the right lateral basal segment slopes downwards, backwards and laterally. For drainage of this area the patient must lie on his left side with the foot of his bed raised 18 inches. The patient is supported in the drainage position by pillows.

Complete relaxation is essential for the success of the treatment. Any tension will effect involuntary contraction of the bronchiolar musculature causing restriction of drainage. Ejection is further facilitated by vigorous breathing exercises and percussion.

In the acute stage the patient should be drained in the appropriate position for 23 hours out of 24. If the patient finds the tipping position intolerable he may be placed in the drainage position for 15-30 minutes every 2 hours. As the acute symptoms subside drainage is prescribed 3 times daily for 20 minute intervals until the condition clears up.

Correct coughing is essential for expectoration of sputum. The patient is instructed to cough whenever he experiences the welling up of mucus, or on the physiotherapist's instruction.

The position adopted for postural drainage is governed by the area affected. Efficient and successful treatment depends on an accurate knowledge of the distribution of the bronchial tree. Where possible a bronchogram should be obtained so as to facilitate the physiotherapist's work.

Postural drainage, provided that it is used with discretion, is a valuable adjunct in the treatment of respiratory disease and is an invaluable post-operative technique after thoracic surgery.

Bernice Coll (Physio. IV)

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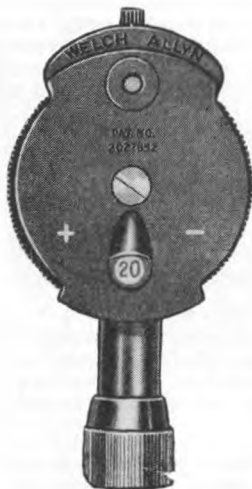
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OPSAAL

I have received an appraisal of last week's concert from Mr. Harold Behr. As it shows a remarkable insight into the problems of the student at one of our concerts, I have decided to donate my space this month to him. (ALSO I HAVEN'T WRITTEN ANYTHING YET.)

LAST NIGHT'S CONCERT was launched, as usual, under the baton of one of our local nonentities (the name eludes me for the moment) whose meaningless contortions guided the orchestra through a rendering of the Overture to "The Marriage of Figaro" which could only be described as incompatible.

Having choked on the hor d' oeuvre, the orchestra noisily braced itself for the main course; to relieve the strain of this cacophony impinging on the eardrums, one was able to relax by casually observing the continuous seepage of latecomers into the hall — those immediately to the rear majestically sweeping their flowing raiment over one's hair and eyes, thereby temporarily obscuring the picturesque scene provided by the silhouettes of those in front, who, by their gesticulation, were presumed to be discussing the seating arrangements with other members of their company. Incidentally, the reasons why I almost invariably occupy a seat on the aisle are threefold: firstly, I am able, by swivelling my feet through an angle of ninety degrees, to admit latecomers into my row at no extra cost to my bunions. Secondly, a seat so strategically placed reduces by at least fifty percent the number of embarrassing questions and criticisms levelled at me by contiguous concert-goers. Thirdly, there is always the possibility, however remote, that I may be able to trip up Dora Hoyden as she comes galloping up the aisle seconds after the last jaded note has been wrung from the orchestra.

The main item on the pogrom was the Concerto for Fiddle (ha! Managed to slip in that word again) and Orchestra by Beethoven. Good, solid stuff for the Plebians, but on this occasion a Waterloo for the soloist. Seldom before have I been so envious of the composer's handicap. While the orchestra managed to get off to a good start, the soloist eventually caught up, and in fact retained a slight lead until towards the end, when the strings, which had hitherto been lagging badly pulled into the lead and managed to win by a short bar from a solitary trombone player (who will, I fear, be henceforth swelling the ranks of the unemployed). The conductor, an S.A.B.C. favourite, finished a bad last. The outstanding feature of the performance was its length. It actually forced the postponement of another slanted news bulletin by four

minutes. Nevertheless, one could say that after three movements the piece had been thoroughly purged.

The second half of the concert, in keeping with the usual pattern of these affairs, was comprised of some ponderous modern symphony by a youthful composer who has, as yet, provided programme compilers with only one date for inclusion in the parentheses after his name. However, if much more of this work is forthcoming, there may be those who will be tempted to provide the second date. The monster-child of the Symphony', which purported to entertain us last night, proved to be completely arrhythmic, disjointed and off-key, a fact which could partly, but not entirely, be explained by the quality of the orchestra.

The initial flounderings of this mammoth work could well be confused with the tuning up of the orchestra; indeed, this may explain its inclusion in the second half of the programme rather than the first. The seemingly interminable whining, screeching and banging of the instruments was only occasionally interrupted by short intervals, during which half of the audience (spectators) misguidedly clapped, while the more sophisticated element forcibly expelled non-existent mucus from their bronchi. Unlike the bioscope, where the end is usually heralded by the harsh sound of curtains being torn apart by impatient ushers, the frequenters of the concert hall were taken completely by surprise at the kill. When the end finally did come, one was strongly tempted to extend the clenched fist and jab the thumb downwards, but sheer mental exhaustion did not even allow participation in the relieved applause which broke about one's ears. The magnitude of this traditional response seems to be directly proportional to the reputation of the conductor. It thus ranges from polite ripples which ebb and flow with the ego of the conductor, to aggressive thundering and stamping of feet, punctuated by loud indistinguishable whoops (the latter response particularly likely to develop if soloist or conductor are of foreign descent)

After the concert I went straight home, took an opulent cigar from my Persian slipper, and proceeded to soothe my jangled nerves by listening to my latest Elvis disc, obtainable from your nearest record dealer.

It has been a pleasure to have allowed my space to a man of Mr. Behr's stature. I hope we will hear more (but not too much) from him in the future.

Anyhow, cheers and totsien's, and don't forget, MOENIE PANIC NIE!

The Yoke's on Us

SUM AVIS SUM

Thirds are for the birds
the most apt of words!
Let come the exams
say the hams!
sad results,
bad insults!
I got a third!
I am a bird!

The American soldier was being given a blood test. The inexperienced young nurse jabbed him twenty times before she contacted a vein.

The soldier hung around. "What are you waiting for?" asked the nurse. The soldier looked at her shyly, "My Purple Heart, Miss."

(Ed.: With apologies to Muffin.)

She rolled her big brown eyes at me . . .
I picked them up and rolled them back.

3 O'CLOCK IN THE MORNING

I walked down quite casually
To the joint called casualty
To survey the kingdom
that'd strike you dumb!
In cubicle four
Without a door
I was quite sure
The chap was poor.
The poor bum
Had spent his sum
On the booze
Of which he did ooze.
You have a pain?
(What a shame)
For months, SIX?
(You need a fix!
Just for heck
I'll break your neck)
Good Heaven —
Cubicle Seven!

ERRATA: "Radiographer's rendezvous"
March, 1962. Page 8. 10,000 should read
40,000.

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You have two chances —
One of getting the germ
And one of not.
And if you get the germ
You have two chances —
One of getting the disease
And one of not.
And if you get the disease
You have two chances —
One of dying
And one of not.
And if you die —
Well you still have two chances.

Charlie and George, both very drunk, stumbled home blind and both stumbled into the same bed without realising the mistake. After an uneasy silence, the dialogue:

Charlie: "George, there's somebody in bad with me."

George: "It's a funny thing, Charlie but there's someone in bed with me too. And I'm going to throw mine out."

There follows a brief struggle. Then, with pride:

Charlie: "George, I chucked mine out."

George (shameful): "I tried to chuck mine out, but he was too strong for me."

Charlie: "Never mind, get in with me."

REWARD

A reward of 500 micro-farads will be paid for the capture of Hopalong Capacitor who escaped from the primary cell last night.

This man is dangerous and may be armed with a carbon electrode. He is wanted for the induction of an 18-twin coil which was found burnt out just outside an oscillatory circuit. He is also wanted for driving a d.c. motor over a wheatstone bridge when crossing the electron stream and refusing to let the band pass.

If captured he will offer great resistance and must be neutralised. The potential difference between him and any other criminal is that he always returns to the scene of oscillation by means of a complete circuit.

He was last seen riding a kilocycle.

Will any self-respecting millihenry please report any information to the chief proton.

(From: "Manchester University Engineering Society" magazine.)

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