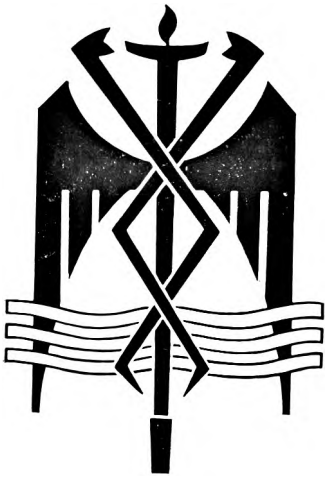
# THE Auricle



UNIVERSITY OF THE WITWATERSRAND MEDICAL SCHOOL

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# Editorial

There is a growing feeling of discontent with the inadequacies of existing systems of medical education throughout the world. One of the main topics under discussion at the present moment here at Wits. Medical School is that of lectures.

I have heard much grumbling and heated discussion on the necessity of certain lectures. I cannot help but feel that the "grumblers" do have a point. One might say that if one doesn't like the lectures one does not need to attend. However, we all know how much emphasis is placed on the knowledge of lecture notes for the final examination. The student is tempted to learn his lecture notes rote fashion if he wishes to pass examinations. It has been proved beyond doubt that understanding of the subject is not a necessary requisite for passing an examination.

If lecture time could be used more fruitfully as a seminar discussion or in a more practical manner and references rather than lecture notes be given, I am convinced medical education will have taken a step in the direction of progress.

**Medicine is a dynamic science, and medical education a dynamic experience.**

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It is an interesting fact that a large number of medical students are living in flats in and around Hillbrow. This number is steadily increasing. I think the time has arrived when a Medical School Residence should be considered. This residence could also be used by students who have stayed late at the Hospital on intake etc. and do not wish to travel the long distance home.

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What has happened to our bus which was to travel between Medical School and Milner Park? Surely it must be realised by the authorities concerned that this bus service is necessary. Some students are not so fortunate as to have cars or other means of transport at their disposal.

* * *

Medical School rose to the occasion when the World Blood Donation was broken on the 4th May as a Rag stunt. The record was set at 371 pints, of which Medical students gave at least 100 pints.

Two months must pass before a donor may donate blood again. It will be a nice gesture if as many of the Medics, who gave blood on the 4th of May would again donate a pint of blood as soon after 4th of June as possible.

In conclusion, I wish all an enjoyable and refreshing vacation.

ernest levy.

# ABDOMINAL DECOMPRESSION

**IN THE LAST DECADE, "Old Obstetrics" was thought to have reached its peak with general therapeutics of difficult labour well under control. A new era was then entered — one in which the emphasis was placed on the improvement of the foetus. Right here in our midst was the method which has, up to date, given the greatest promise of success in this direction. Professor O. S. Heyns, Head of the Department of Obstetrics and Gynaecology, designed his now famous "space suit" — the Abdominal Decompression apparatus.**

This apparatus consists of four components:

1. A plastic suit which encloses the body up to the nipple-line with a slide fastener on the anterior aspect.
2. A reclining chair.
3. Two fibre-glass supports, one being a bucket seat and the other a large dome fitting into two slots on the seat.
4. A vacuum pump.

The plastic suit is placed in the chair and the glass-fibre bucket seat is placed in position. The patient now gets into the suit and the dome is placed over the abdomen and lower thorax. The suit is now closed and connected to the pump by thick plastic tubing. The patient is able to control the degree of decompression by means of a valve situated next to a gauge indicating the pressure in the suit.

The basic theory of the apparatus is that it decreases the pressure under the dome thus pulling the abdominal wall ventrally, and off the viscera.

The apparatus was originally used to shorten labour, but its application has been widely extended since. The main uses today are:

1. Facilitation of labour.
2. Relief of backache and dysmenorrhea.
3. Improvement of foetal oxygenation.

**Facilitation of Labour.**

The abdominal wall pressure on the uterus is lowered, thus allowing the uterus to contract without having to compete with the restricting abdominal wall. This means that the uterus can attain its normal spherical shape of myometrial contraction with far less effort and with less pressure on the foetus.

The time taken for the first stage of labour is decreased by half in 50% of cases. The effects seen in primigravida are most marked.

The pain of labour is believed to be due to sacro-spinalis and rectus spasm and is not of visceral origin. Excessive stretching of the vagina, vaginal vault, cervix and lower uterine segment is thought to give rise to this spasm via proprioceptive pathways. With decompression the lower thorax is expanded with spreading and raising of the ribs. This stretches the muscle and breaks the spasm. Associated with this is a lordosis which allows normal shortening of the muscle. The same principle applies to spasm of rectus abdominis.

**Relief of backache and dysmenorrhoea.**

Backache due to spasm of sacro-spinalis muscle has been found to respond particularly well to treatment by decompression.

To quote a personal experience of considerable back pain due to a kick, I approached one of Professor Heyns' co-workers who, I had heard, had had a lot of success with similar cases and told him of my complaint. Although sceptical I was bundled into the apparatus and given a half-hour session at 100 Hg. below atmospheric pressure. Afterwards I disentangled myself from the suit and found to my astonishment that all pain had been relieved. My amazement was even greater in the following days when no sign of spasm returned.

This is not an isolated example of its application in this direction and I advise anybody with similar complaints to avail themselves of the opportunity to have treatment with this device.

Its application to primary dysmenorrhoea has been equally as successful with the exception of the congestive type. Perhaps the in cases where crippling dysmenorrhoea has most astonishing results have been obtained been present for years and has been relieved by a few sessions of decompression.

**Improvement of foetal oxygenation.**

Of all the applications of this apparatus, this aspect has probably the most far-reaching possibilities. That the foetus is poorly oxygenated during labour is an accepted fact. This is due to the restriction of the abdominal wall on the uterus causing isometric contractions; there is an increase of ing of the fibres. Since isotonic contractions pressure in the uterus without any shortenare needed for the normal circulation of villous blood, isometric contractions merely raise the intra-amniotic pressure without improving blood flow.

With the advent of abdominal decompression, much importance has become attached to variations of intra-amniotic pressure. During mid first-stage the pressure is normally found to be approximately 50-70 mms. of mercury. With a pressure of 80 mms. for one minute in four the foetal heart rate drops indicating hypoxia and when a pressure of 90 mms. is persistent for one hour, the foetus is in grave peril.

It has been found that with decompression the intra-amniotic pressure never rises above 30 mms., is usually below 20 mms. and may even be kept as low as zero, or even below zero.

Pressures in the inter-villous space also play a very important role in the exchange of oxygen between maternal and foetal blood.

With normal Braxton-Hicks contractions, there is a pressure gradient of about 20 mms.

*(Continued on Page 11)*

# A.M.S.S.A. CONGRESS

On the 2nd July, 1962, A.M.S.S.A. (Association of Medical Students of South Africa) will hold its first Congress. The venue — Wits. Medical School and Baragwanath Hospital.

Student papers are to be presented — Wits., Cape Town, Pretoria and Natal being represented. A number of students are also partaking in the analysis of incidence figures of various diseased processes encountered at the different schools. Many have felt Congress a stimulus to review the literature available on their particular topic of interest. The policy of A.M.S.S.A. in including as many student papers and as much student participation is one to be commended. Graduate speakers will also deliver papers.

Professor I. Gordon, Dean of the Faculty of Medicine at Natal University was unanimously elected Honorary President of A.M.S.S.A. Professor Gordon is well known for his interest in student affairs and is a decided asset to the Association.

An Auroscope of the value of R30 has been generously donated by Mr. Lurie of Protea Holdings to be awarded to the student presenting the best papers at the Congress.

If the A.M.S.S.A. Refresher Course held at Durban Medical School in July 1961, is any indication the 1962 Congress should be a great success.

# ALEXANDRA HEALTH CENTRE

The Alexandra Health and University Clinic provides health services for the inhabitants of Alexandra Township.

In the past decade the Clinic has grown from a two-room iron shack to the present well-designed facilities which compare favourably with those of any other clinic in the country.

The university subvents part of the expenditure of the Clinic and the Medical Officer-in-Charge is a member of the University Staff. Members of the Staff of the Department of Obstetrics and Gynaecology conduct bi-weekly gynaecological clinics at Alexandra, and other members of Staff assist in various ways.

All the facilities of the clinic are at the disposal of students who acquire important experience of the nature of a dispensary practice.

With the expansion contemplated in the preventive services at Alexandra the University of the Witwatersrand will have at its disposal facilities for the teaching of social medicine and the socio-economic factors influencing the health of a community that should make it a leading centre for teaching and research in this respect in the Republic.

The Therapy Council is endeavouring to include Physio. and O.T. treatment as part of the facilities available at the clinic. This should prove to be of considerable value to the Clinic and should provide the students with an excellent opportunity for gaining practical experience.

# *GLIMPSES OF MEDICAL PROGRESS*

**Oesophageal Stethoscope**

"I was surprised and pleased to hear the beating of the heart much more clearly if I had applied my ear directly to the chest." With these words, written in 1819, the famous French physician René Laënnec told what happened when he tried listening to a patient's heartbeats through a piece of rolled-up paper. Pioneered by Laënnec, the stethoscope rapidly became one of the most valuable of the doctor's tools and virtually a symbol of his profession.

But the familiar device has limitations. Slight gurgles and murmurs are sometimes muffled by body tissues. To overcome this problem in tricky cases, Dr. William M. Rogers of Columbia University's College of Physicians and Surgeons now uses a miniature stethoscope placed in the oesophagus directly behind the heart. "The patient simply swallows it," he explained. A rubber tip on the inch-long device picks up sound waves from the heart and transmits them out through a tube to a microphone and amplifier. Then the heartbeats can be heard and also converted to visual patterns on a screen.

Diagnostically, the "oeaophageal" stethoscope is especially useful in detecting mitral insufficiency, and coarctation of the aorta. "These are two diseases," Dr. Rogers remarked, "that Laënnec would surely have missed."

*(Newsweek, 4th June, 1962)*

# *LETTERS TO THE EDITOR*

**What Advantages do we take of Medical School?**

The Editor,
"Auricle".

Sir,—That most medical students are uncultured is patently obvious and needs little elaboration. That it is our own fault we all hotly deny. Oft we hear ourselves say: this is no B.A. course.

But more essential than the Beethoven-T. S. Eliot type culture, is at least an inkling of who Aescaplius and Harvey were, why the serpent symbolises medical practice and that Freud is not a character created by Edgar Alan Poe.

To become a doctor appears to be an undignified rat-race from lecture theatre to laboratory to library and thence rapidly homewards. The physiology of the human body has become the functioning of an engine and sickness a mere mechanical fault — provided lubrication with the odd antibiotic or hormone is maintained, all will be well. Of course, we must not become lost in a quagmire of philosophy and mysticism. Medicine is an exacting science, but equally important, we should not forget that we are, it is to be hoped, dealing with fellow human-beings. A mechanic may consider a motor car as some insufferable machine by which he earns his daily bread, the story of Henry Ford or the origin of petrol is superfluous to his training and technique.

Unfortunately, the motor-mechanic concept is very prevalent amongst us.

Any form of indulgence in attending Psychology, History of Medicine or Practice of Surgery lectures is considered a waste of valuable swotting time. And to many the playing of sport and Society activity is too ridiculous to suggest.

I wonder if any second and third year students have noticed that the best lecturers are usually those whose knowledge extends beyond their own subject into the realms of literature, history, philosophy and even religion? All too often there is much ado about the extra-curricular waffle which creeps into lectures and lecture programmes. But alas, having recently emerged from the hectic buffetings of adolescence we now consider ourselves sage and relatively superior. No one can teach us from their own experience — that Trichinella was used as a sabotage weapon, that Galen was a pompous ass, that the ego strives for homeostasis, that iatrogenic disease is on the increase — all this, and more. That sort of trash isn't going to pass exams., so we give such lectures a wide berth and feverishly cram dry sentences from even drier textbooks.

It is a compliment that the Surgery Department offers History of Medicine lectures, despite an attendance of but a handful. They feel they have achieved something by sending into the world six slightly broader-minded doctors.

Consider: A doctor is not a man who can cure a disease, a doctor is a man who can cure another man. And he can only succeed if he intimately knows his patient — his anthropological background, his psychic concepts, his social relationships and a host of other facets impossible to innumerate and impossible to teach in a formal lecture.

Let us not pass through Life dogmatically clutching the latest medical journal, a scalpel and a syringe; let us pause every now and then and learn about Life, before it is too late.

**Disillusioned.**

**Parking Problems.**

The Editor,
"Auricle".

Sir,—It is with great consternation that I notice the imminent erection of parking meters in Kotze and King George Streets in the vicinity of Medical School .I also view with foreboding the action of the Traffic Department in preventing parking on the empty plot across the road from N.E.H. last Wednesday.

The already acute parking problem at Medical School is deteriorating and the prognosis seem very poor indeed.

I suggest the organisation of a protest — possibly a sit-down strike blocking Hospital Street — to bring home to the authorities our difficulties.

We are being pushed around by too many people and it is about time we united and demonstrated once and for all that we are not school children and object violently to being treated as such.

We must not take this lying down! We must have adequate all-day parking in the vicinity of Medical School! Protest!

Yours in internal combustion,

**Pro bono Studenti Medici.**

**Is a Register Necessary?**

The Editor,
"Auricle".

Sir,—Could you enlighten me as to the pathophysiologic mechanism causing an otherwise enlightened department to insist on a register at lectures?

Surely it is an axiom that *if* a lecture is worthwhile and beneficial to the student in his task of acquiring knowledge and experience, he will attend of his own accord.

**Uncultured delinquent.**

* * *

EDITOR'S THOUGHT:

Dissatisfaction with the status quo is the life source of progress; dogmatism has no place in the world of science.

**Smoking and Cancer?**

The Editor,

"Auricle".

Sir,—May I congratulate the Student Committee on their highly successful and well organised Conference on "Human Genetics". However, one thing marred the entire Conference — and that was smoking during the Conference sessions.

Not only is smoking in itself nothing less than a dirty habit, but at public gatherings it shows a complete lack of consideration on part of the smokers for those who prefer not to indulge in that vice. But to pour salt into the wound the Committee allowed themselves to be convinced, no doubt by some silly salesman who obviously knows no better, into advertising their particular brand of "masticated weed" and thus allow the public to "benefit from the virtues of their outstanding product".

I find the whole set-up disgusting. One has heard a great deal about the recent College of Physicians report on the relationship of tobacco to Cancer of the Lung, and despite the excellent example set by a responsible government in their attempts to curb smoking, our Medical Student Committee not only allows smoking, but even permits the advertising of "these curses of humanity".

Perhaps the time has come for the Medical Student body, especially those who are supposed to look after the affairs of the students, to set an example to the Medical Profession and the public in general by urging the banning of smoking during lectures and public gatherings — or still better — smoking in general.

May I suggest that instead of wordy and more often than not fruitless discussions on politics, our Student leaders spent a little time considering the question of smoking, both from an ethical point of view as well as from, what is far more important, the medical aspect with its high morbidity and mortality.

If this suggestion of mine serves no other purpose than to "irritate" our Student leaders into discussing this problem (one cannot hope for *immediate action* as it is not a subject of political consequence), then I will feel justified in having written this letter.

**A. M. Levin.**

# MEDICAL INTERVARSITY

**Sports Editor**

The date
27th June, 1962.
The time
1.30 p m.
The place
Pretoria University.

Once again the annual Medical Intervarsity is with us.

This event has proved to be the highlight of the years gone by. Medical Intervarsity, 1962, promises to be a roaring success.

Old Crocks kick off at 1.30 p.m. at the Proef plaas. This game is always played in the finest of "spirits." Old Crocks are carried off and then 2nds begin their game at 2.15 p m. 3 points are at stake and a draw necessitates the sharing of points.

For 5 points the "big boys" take the field at 4.00 p.m. This is the main event of the afternoon. In 1961 Wits. won and the Sports editorial staff see no reason for "die oorwinning" not being repeated. Pasop Tukkies, ons kom!

Women's hockey (4 pts.) and Men's hockey (2 pts.) and Men's soccer (2 pts.) are also played at the Proef plaas.

Tennis, Men's and Women's (2 pts.) are to be played at 'Varsity and squash, Men's and Women's (2 pts.) at Hillcrest.

Bridge will probably be played in the canteen.

The total number of points is thus 20 and therefore 11 points are required for a win.

After the skilled sports there is more sport at Fountains where the Medical Intervarsity Braai is held. Party starts as soon as you can get there (about 6 p.m.)!

Opsaal kêrels, ons sal die Tukkies wys hoe om Rugby etc. te speel.

* * *

The Professor, famed for his dull and monotonous lectures, met a psychiatrist while crossing the campus.

"Funny thing," remarked the professor, "I just had a dream in which I was standing in front of my class giving a lecture."

"What's so remarkable about that?" asked the psychiatrist.

"Well," replied the professor slowly, "when I woke up that's just what I was doing."

# Proprioceptive Neuromuscular Facilitation

The third and fourth year students have just been the fortunate recipients of a course of lectures delivered by Miss M. Dena Gardiner.

Miss Gardiner is the authoress of one of our textbooks — "Principles of Exercise Therapy" — a standard text at most Physiotherapy Schools.

The subject of the lectures was Proprioceptive Neuromuscular Facilitation, a technique which Miss Gardiner studied in the U.S.A. it was originally developed to aid the recovery and restoration to function of polio victims. It is now found that the application of P.N.F. to other patients can considerably improve the results of any form of neuromuscular re-education.

This technique has a sound physiological basis and makes use of patterns of movement which are based on natural movement. Through stimulation of the proprioceptors these movements are facilitated. The idea is, that the more impulses one can get to travel along any particular nervous pathway, the easier it is for subsequent impulses to travel along it, in either direction, and thus voluntary movement is facilitated.

The patterns chosen are both the primitive type and those controlled by higher motor centres, the emphasis being on the latter since they are more functional: e.g. in re-educating, say, the hip flexors, the movement is better not isolated to the hip joint only but rather, use is made of a mass movement consisting of flexion, adduction and lateral rotation of the hip, flexion of the knee and inversion and dorsiflexion of the foot. This is, after a moment's thought, of course, the pattern used in walking when you bring the moving leg forward. We use this mass pattern because it is more natural to move thus. As Hughlings Jackson said, "Motor centres know nothing of muscles; they only know of movement."

The movements are all made in diagonal planes for the simple reason that both the glenoid cavity and acetabulum face anteriorly and laterally, also that most of the major trunk muscles run in a diagonal or spiral direction and therefore diagonal movements work the muscles directly along their line of pull and to their fullest extent.

The use of multipe muscle groups and the inclusion of strong and weak groups in a pattern results in contraction of the strong group strengthening contraction of the weak group. The physiotherapist aims to gain maximum contraction of the strong group before smoothly transferring movement to the weak group.

All these factors require great skill on the part of the physiotherapist who has to give different resistances with each hand in the direction of desired movement. We were thus very privileged to be taught by so great an expert as Miss Gardiner especially since there is very limited literature in this field.

I hope that now, where you hear a Physio. referring to "P.N.F." or "Patterns" you know what is being discussed.

# STUDENTS' MEDICAL COUNCIL 19th ANNUAL CONFERENCE

**Staff Reporter**

In 1961 it was suggested by Professor Tobias that a conference be held on Genetics. A Conference Committee was formed with Professor Tobias as the Graduate chairman. The amount of guidance and help that he gave was exceptional. He was the foundation, support and cornerstone of the committee. The title "Human Heredity and Disease" was decided on and Professor Boyes of Montreal, Canada was invited to attend and to present papers at the conference. He proved to be one of the most popular, interesting and informative of the speakers.

The general consensus of opinion is that this conference was a tremendous success. It is estimated that from 1,500-2,000 people attended the 6 (six) sessions. Many of the audience were laymen. Pretoria University lecturers and students were present at every session. A greater number of students than ever before attended; students opened discussion and the President of the S.M.C. was chairman at the first session.

The exhibition was really outstanding. It was informative and aesthetic. At the opening of the exhibition by Prof. du Plessis, he suggested that students take a more active part in the conference itself, in future. He suggested that a student should present a paper at each session.

He fully appreciates the value of the conference in the task it performs by highlighting new or neglected aspects of Medicine and does not suggest an entirely student conference, but suggests some participation since at present, there is more.

One hopes that next year's chairman will take cogniscence of Prof. Du Plessis suggestions.

However, it must be realised that students are either lazy or shy or inadequate in that they are loath to come forward and even present pre-conference papers. And it is a fact that this may be the main reason for the absence of student speakers.

To conclude, I would suggest that all future conference committees should endeavour to do better than this year's and that this conference should serve as an example for others to follow and to excel in successfulness.

# THE DURBAN MEDICAL SCHOOL

**By a Special Correspondent**

The University of Natal, through its Faculty of Medicine, provides a 7 year course of training for undergraduate students for the primary qualification of M.B., Ch.B. Provision is also made for M.Med. degrees for graduates.

Since its inception in 1951, the institution at which the students are trained, has been known as the Durban Medical School.

The Dean of the Faculty of Medicine is Professor I. Gordon who is the present Honorary President of A.M.S.S.A. The academic staff at present serving the University consists of 18 full-time members and 91 part-time and honorary members.

### 7 Year Course

The 7 year course leading to the degrees of M.B., Ch.B. is open to all matriculated non-European students who have passed mathematics at the matriculation level. The curriculum of training extends over 7 years and the courses are as follows:

*Preliminary Year:* English 1 or Afrikaans 1; History 1; Botany 0; Physics 0; and Chemistry 0.

*First Year:* Chemistry 1; Botany 1; Physics 1; Zoology 1; and Sociology 1.

*Second Year:* Anatomy; Physiology; and Psychology (first part of half course).

*Third Year:* Psychology (second part of half course); Pathology; and Pharmacology.

*Four, fifth and six years:* Medicine; Surgery; Obstetrics and Gynaecology; Social Preventive and Family Medicine; Special Subjects.

The curriculum structure as outlined shows that in the early years of study disciplines are provided in the humanities and in the sociological sciences, as well as in the physical and biological sciences .This provides an effective back-ground for training in the later years of study when the students are required to undertake clinical studies at the King Edward VIII Hospital as well as in the homes of families in communities served by the Institute of Family and Community Health in Durban.

### Students in Training

The first group of students qualified in November 1957. A total of 45 graduates (37 males and 8 females) have obtained their M.B., Ch.B. degrees at the University of Natal since November 1957.

There are Bantu, Indian and Coloured students in the Faculty .By an arrangement entered into between the Ministry of Foreign Affairs and the Governments of the Central African Federation and the Protectorates, a limited number of extra-territorial Bantu have been admitted to the Faculty of Medicine. In 1959 there were 15 Bantu students from the Federation, 6 from Basutoland and 1 from Swaziland in the Faculty.

The Department of Education, Arts and Science makes 15 bursary/loans available for each year of study for Bantu born in the Republic of South Africa. These bursary loans are available for the entire course of study over 7 years.

In the event of there not being sufficient Bantu eligible for bursary/loans in a particular year of study, the Department of Education may authorize a single award to a Coloured student and a single award to an Indian student. The South African students come to the Faculty from all parts of the country and the majority of the students gain admission to the preliminary year of study. The University regulations, however, provide that a student who holds an approved degree of any other recognised University and who has obtained credits in Botany, Chemistry, Physics and Zoology, may be permitted to enter directly upon the work of the second year of the curriculum. A number of students holding B.Sc., or B. Sc. (Hygiene) degrees, mainly from the University College of Fort Hare, have been admitted to the second year of study. Apart from the State bursary/loans there are a limited number of private bursary/loans and small bursaries and scholarships.

### Selection of Students

Normally there are many more qualified applicants for admission to the Faculty than can be accommodated.

Research into the problems regarding selection of students has been in progress for the past 4 years, with particular reference to the prediction of pre-medical and pre-clinical examination results. The faculty's procedure for the selection of students now includes personal interviews and written tests of intelligence and special abilities.

In July 1961, a very successful A.M.S.S.A. Refresher course was held at the School. All who attended the course were impressed by the growth of the school in so short a time and the enthusiasm and vigour of the students and staff.

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## NIGHT SCHOOL

When the present Refectory building is demolished in August, 1962, the S.M.C. Night School and Continuation Classes will be temporarily homeless. It is hoped, however, that until accommodation can be found "Up the hill" alternate accommodation will be available at Milner Park for this essential service to the African Community.

# RAG

**Special Correspondent**

Nineteen Sixty Two.

Rag.

Friday night. Crisp, starry with anticipation. Hammers beat a feverish tattoo and brushes lick and daub intense reds, greens and blues. Girls squeal excitedly, dart tight-panted, gaily sweatered between the grotesque statuary of papier maché and men — gruff hunks, laughing, singing, shouting. Colour. Colour swarming under electric light bulbs over patient, tolerant machines whose daily nature is alien to all this casual gaiety and carefree abandon.

The tolerant smiles of neighbours become a trifle anaemic as the night wears on and the babble and the sawing and the chatter continues unabated. Finally they give up, crawl into bed and think wistfully of bygone 'varsity days. Parents rue the day they gave permission to have a float built in their garden; look sadly at the litter-bedecked lawn, awestruck by the unbounded zest and constant stream of snacks and cups of steaming coffee from the kitchen. They too go to bed -- smiling.

The night, the stars, the moon flash by. Saturday morning. Hasty modifications and improvements made as the light of day reveals faults and omissions in the bizarre metamorphosis of the previous darkness.

The Peanut Gallery descend from nearby trees from which lofty heights their constant flood of unwanted advice and misplaced humour has been flowing in rectiloquent abundance. Futile attempts are made at removing the multi-coloured streaks produced by incompetent female painters, the slightly inebriated plucked off the float by the not so inebriated and the scantily costumed belles heaved onto the creaking superstructure.

The engine shudders to life, apprehensive glances are cast heavenwards as a cardboard and sticky-tape head threatens to succumb to the force of gravity.

Parents wave an exhausted farewell at the departing monstrosity, bemusing the while at the phenomenon of temporary insanity. Neighbours close their eyes and go to sleep.

Eloff Street. Crowds throng the pavements, throw pennies and laugh at ridiculous people each brandishing a collection box. Harrassed policemen grope in vain at snatched hats. Zany students prance down the street drunk with ecstasy, clamber up lamp poles and abduct unsuspecting spectators (female).

The Queen waves elegantly from a sleek automobile. Happy. Men whistle, cheer and give vent to frustration by throwing more coins.

Onlookers surge with the procession lest the hypnotic throbbing of drums and the euphoria of happiness should pass beyond them.

But the happiness will never pass away. It transposes to those who cannot be there to see the colour, hear the wild laughter or the beating music; those who do not run with the crowd. Because they are unable.

## This Ancient Liner Comes From China

. . . . . is the official translation of the message on the lateral aspect of the Chinese Students' Rag float.

Although 1962 is only the second year in which the Chinese Students Society have built a float they won the trophy for the best float in the Rag procession. This was a remarkable achievement.

Anton Hung was the float leader which was built at the Chinese School in Siemert Road.

"We all had a great time and the party was excellent" was the reflective comment of three Chinese students I spoke to in the Institute Canteen.

Building was started three weeks before Rag and no work was done on the float during Easter.

There are about 80 Chinese students at Wits., 13 of whom are Medics. and 1 student is a Dental.

Well done, Chinese Students Society!

## Rag Stats.

**Staff Reporter**

The existing Rag record is just over R32.000.

Net proceeds, 1962 so far are within the range R30-33.000. "It is impossible to ascertain accurately at the moment," said a Rag official. "However, we are almost certain that the record will be broken this year."

50,000 Wits. Wits. magazines were printed and all were sold. Quite an achievement Rag Committee.

* * *

*Here's to the dog that walked up to the tree.*

*The tree said to the dog, "Have one on me."*

*The dog replied as meek as a mouse,*

*"No thanks, dear tree, I had one on the house."*

# SPOT DIAGNOSIS

1. A 36-year-old male complains of:
   (a) Palpitations at night accompanied by dyspnoea and epigastric pain and lower chest discomfort. Only method for him to relieve these symptoms is for him to stand up and walk about the room.

   (b) Fluoroscopic examination with barium reveals a stomach bubble high in the left chest.

   Of the following the most likely cause of the attacks is:
   (i) Arteriosclerotic heart disease with left ventricular failure.
   (ii) Duodenal ulcer.
   (iii) Hiatus hernia.
   (iv) Gallbladder disease.

2. Convulsions following olfactory hallucinations suggests:
   (i) Intranasal tumour extending intracranially.
   (ii) Lesion of both olfactory bulbs.
   (iii) Lesion of one olfactory bulb.
   (iv) Temporal lobe lesion.

3. 20-year-old female presents with:
   (i) Splenomegaly.
   (ii) Yellowish pigmentation of the skin of the hand and face.
   (iii) Fracture of the tibia.

4. Four-year-old emaciated male has the following signs and symptoms:
   (i) Severe occipital headache.
   (ii) Head is retracted.
   (iii) Has spasms of the facial muscles.
   (iv) Vomiting.

5. A 12-year-old female has:
   (i) Restlessness with involutary movements.
   (ii) Dilated pupils.
   (iii) Slight anaemia.
   (iv) Emotionally unstable.

6. 30-year-old male with a temperature of 104°F. shows:
   (i) Malaise.
   (ii) Muscular pains.
   (iii) Gastric disturbances — constipation.
   (iv) Profuse sweating.

*Abdominal Decompression*

*(Continued from Page 2)*

of mercury between maternal and foetal circulation. It has been postulated that with decompression the intervillous space becomes more spherical and the pressure in it actually drops 0-20 mms. With a villous blood pressure of 20 mms. this means that a pressure gradient of 40 mms. exists. This is approximately double that of a normal Braxton-Hicks contraction and thus a far greater $O^2$ - $CO^2$ exchange can occur between maternal and foetal circulation. This fact is emphasised by comparing the haemoglobin of a control group of babies with that of a similar group whose mothers had had antenatal decompression. The control group had a mean level of 16.7 gms. % whereas the babies who had been decompressed had a mean level of 16.0 gms. %. The placentae of the latter group were found on microscopic examination to be far more vascular at the arteriolar and capillary level.

One might ask what are the "far-reaching possibilities" of this improved foetal oxygenation. Let us take an example of prolonged labour.

At the Margaret Orford Memorial Lecture of 1961, Professor Heyns stated that foetal hypoxia is suggested by a foetal bradycardia. This state often occurs in cases where there is an abnormally long first stage of labour. It is expected, at the best of times that a blue, cyanotic infant will be born.

Now if decompression is applied, even be it during the prolonged labour without any previous treatment, the foetal bradycardia immediately improves and a pink infant full of vitality is born contrary to expectation.

Here we see one aspect of improving foetal oxygenation. Let us look at it now from the other side. If a child is born without decompression and develops into a particularly talented adult, what is the possibility of, with decompression, firstly raising the status of a normally superior child to the realm of super-human levels; secondly of raising the physical and mental status of the average person and finally of averting the disasters caused by oxygen insufficiency to the foetal brain such as Cerebral Palsy.

The sensitivity of the brain to the lack of oxygen over a short period is widely accepted. Professor Heyns, however, postulates that all infants suffer from some degree of verebral ischaemia during birth with resultant loss of a variable amount of neurones depending of the degree of ischaemia.

The axiom "Healthy mind in a Healthy body" seems therefore to have unlimited scope if the depths of Abdominal Decompression are delved into to the full. One might even go so far as to say that if properly applied the entire human race might be raised to the level nowadays regarded as "genius", and the "genius" of today be raised to levels never before dreamt of.

*THINK BIG.*

*If you think you are beaten, you are;*
*If you think you dare not, you don't;*
*If you'd like to win, but you think you can't,*
*It's almost a cinch you won't.*
*If you think you'll lose, you've lost;*
*For out in the world you'll find*
*Success begins with a fellow's will*
*It's all in the state of mind.*

★ ★ ★

*Full many a race is lost*
*Ere ever a step is run,*
*And many a coward fails*
*Ere ever his work's begun;*
*Think big and your deeds will grow;*
*Think small and you'll fall behind;*
*Think that you can and you will —*
*It's all in the state of mind.*

★ ★ ★

*If you think you are outclassed, you are;*
*You've got to think high to rise,*
*You've got to be sure of yourself before*
*You can ever win a prize.*
*Life's battles don't always go*
*To the stronger of faster man*
*But soon or late the man who wins*
*Is the fellow who thinks he can.*

(Anon.)

* * *

An engineer we know has a broken arm he received from fighting for a girl's honour. It seems she wanted to keep it.

* * *

Once upon a time there were three bears. One morning they came down to breakfast and Papa Bear looked at his bowl and cried, "Someone's eaten all my porridge."

Baby Bear looked at his bowl and cried, "Someone's eaten all my porridge."

"Sit down and shut up," said Mamma Bear. "It ain't been poured yet."

* * *

*Little Miss Muffet*
*Sat on her tuffet,*
*Eating her curds and whey.*
*Down came a spider*
*And sat beside her,*
*And asked her —*
*"Have your bowels worked today?"*

* * *

*Have you heard about:* The queer who thought he was pregnant when his piles stopped bleeding?

"Ah," thought the visitor, "he's saying his prayers. I won't disillusion him by not saying mine." Then he knelt on his side of the bed.

The little boy looked up, and after a pause said in a hushed tone, "You'd better be careful or mother will give you hell. The pot's on this side."

* * *

Nurse: "I think that medical student in 312 is regaining consciousness."

Doc: "Yes, he just tried to blow the foam off his medicine."

● ● ●

PANEGYRIC PERIMETERING PELLAGRA

*Pellagra is the predestined penalty plying people who perversely persist in partaking of pale, preserved, potted, purified, polished, pickled, pared, pauperized, pathetic, pallid, puerile, paltry, parboiled, puny, pusillanimous, pediculous, piddling, prostrated, proprietary, and patent pap, pathetically passing as provender among penurious or parsimonious paupers and a perverted populace, due probably to paucity of pence or perspicacity, or possibly to a pernicious predilection for palatable provisions.*

*Pellagrous patients provide a pitiful pathologic picture of palsy and paralysis, and are peculiarly prone to pruritis, porphyrinuria, parethesia, paralogia, and paranoia.*

*Not to protract this platitudinous peroration, please preach and propagate the policy to our procrastinating and perishing population, that they prevent pellagra by the pleasant prophylaxis of polishing off plenty of peas, potatoes, pot-likker, parsnips, parsley, paprika, pancakes, porridge, pears, pie, pineapple, peppers, papayas, pawpaws, and proteins as pork, pigeons, pheasant, pancreas, and pemmican.*

● ● ●

**Solutions to Spot Diagnosis:**

1. Hiatus hernia.
2. Temporal lobe lesion.
3. Gaucher's Disease.
4. Cerebrospinal Fever.
5. Sydenham's Chorea.
6. Brucellosis.

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