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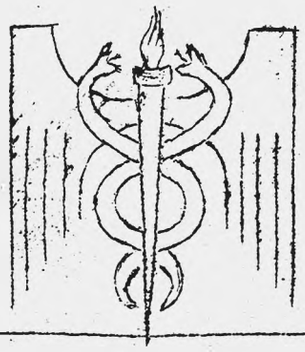
# The Auricle. 1954; February

## Students` Medical Council

**1954**
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# THE AURICLE

Vol 5 : No 10. [1954]

## SRC IN TROUBLE

### CHORAL SOCIETY OUT OF TUNE.

Reading between the lines of the S.R.C. minutes, we see arising a new crisis in this age of crises.

Defying a democratic decision reached by a General Meeting of students earlier this year, the Choral Society wants to USE THE GREAT HALL for their production of "Ruddigore" in June. From unofficial sources we learn that the Choral Society's executive, who attended the S.R.C. monthly meeting, were apparently unimpressed by a series of logical and valid arguments directed towards them, and decided to go above the S.R.C.

If they do this, and ignore the student decision, they will lose recognition as a student society. But our singers believe that either S.R.C. can't do this, or if they can, it does not matter provided they go to the Principal.

This action they are taking is reprehensible in the extreme since S.R.C. - and NOT the Principal or Council - are representative of the student body. The matter has been referred by the Principal to the University Council, which action indicates that the Principal does not consider the S.R.C. capable of jurisdiction over students although Parliament apparently does! At a special meeting the S.R.C. decided to submit a memorandum outlining its functions, to the Council.

At the time of going to press no communication has been received from the Council, other than that they reaffirm their decision to impose segregation at the Great Hall.

In the adjoining column you can read an account of our struggle for statutory recognition and the present position. Unfortunately the Constitution for the Statutory S.R.C. has not yet been drawn up, and there is a danger that its function as a student mouthpiece may be curtailed. It might even boil down to a matter of: "Who does the Council support - S.R.C. or Choral Society?"!!

By the time you read this, the position will be clear. In fact yesterday (Thursday) there was a General Meeting at which the problem was discussed. Whatever the results of that meeting, it is our duty to STAND FIRM!

Gilbert and Sullivan would have approved!

MEDICAL STUDENTS

Three blocks away from the Medical School is the largest Chemist Shop in South Africa. This Chemist Shop caters for the needs of students - apart from your personal medical and toilet articles.

Rubber gloves, post mortem gloves, stethescopes, boxes of weights, Haemocytometers and so forth, are always in stock.

Every student, at some stage of

FRED INGRAM
(Prop. E.J. Adcock Ltd.)
Ingram's Corner
Twist and Kotze Streets,
HILLBROW.

## STATUS OF SRC

BY EX-PRESIDENT P.V. TOBIAS.

Two years ago, the Wits S.R.C. became the first S.R.C. at any South African University to receive statutory recognition. The editor of the "Auricle" assures me that few students know the implications of statutory recognition nor the events leading up to it; so I gladly accept his invitation to describe how the S.R.C. has come to take its place in the University.

The achievement of statutory recognition was the culmination of an 11-year-long struggle by Wits students to be recognised in the eyes of the law. The need for a less tentative status for the S.R.C. had been felt since 1941, at that time, an editorial in "WU's Views" had pressed for student representation on the Senate! Another editorial, in 1944, went further and urged that students be represented both on the Senate and on the Council!

Although these hopes were not realised, a most important advance in the status of the Student body came during the fees crisis of 1942-43, following differences between the University authorities and the students on the raising of fees. There sprang into existence two liaison bodies, the Student-Senate Committee and the Student-Council Committee.

The Student-Council Committee consisted of the Presidents of the S.R.C., of the S.M.C. and of the Students' Engineering Council and the Executive of the University Council. The Student-Senate Committee consisted of the S.R.C. Executive and the Senate Executive.

Both bodies meant a considerable advance over anything South African students had previously enjoyed and I should be sorry to learn that they have been allowed to become defunct; But they were not enough. Neither Committee had statutory existence, - which is not surprising since the S.R.C. itself did not exist in the eyes of the law!

Ex-Principal Raikes, himself, urged the S.R.C. to work for statutory recognition. On 18th April, 1944, he stated:-

> "There is no reason why there should not be a new Statute governing the student body and I myself would welcome it. It would legalise the position of the S.R.C., of the Joint S.R.C.-Council Committee and the Joint S.R.C.-Senate Committee.
>
> I think that a Statue of this nature could lead to much closer integration of the students with the governing bodies of the University, would make for harmony which is the desire of all of us and the support of the University's effort by the students. Why don't you take the matter up?"

The encouragement of Mr. Raikes and the sub-acute (if not chronic) eruptions of fee-raising led to further discussion. Through NUSAS, the status of all S.R.C.'s became a national student issue and NUSAS set up an Enquiry into the Status of the S.R.C. at all Universities. As a result, recommendations were made to all S.R.C.'S, including that of Wits., on the procedures which might be adopted to achieve higher status and some form of recognition for the S.R.C.

The Wits S.R.C. adopted one of the recommended procedures, namely to strive for an amendment to the Act. At one stage, the S.R.C. - only slightly deterred by the thought of the £1000 expenses involved - was considering the possibility of itself sponsoring a Private Amending Bill. When, however, the sympathetic ear of the University was gained, it was decided to act in concert with the University authorities in seeking to amend the Wits University (Private) Act of 1921.

Through the efficient handling of the S.R.C.'s case by ex-Principal Raikes, ex-Registrar Glyn Thomas to the Council, the Amending Bill glided smoothly through Parliament in February 1952 - taking exactly 12 minutes to pass the second reading and all remaining stages in the Assembly!

The S.R.C. has thus become one of the statutory bodies of which the University consists, a responsible and elevated position.

The composition, mode of election, powers, duties and privileges of the S.R.C. are to be prescribed by Statute. A University Statute is made by the University Council; this is submitted to the Governor-General and, if approved by him is published by notice in the Government Gazette, to take effect from the date of publication; provided also that the notice in the Gazette is tabled in both Houses of Parliament. Either House may by resolution disapprove of any Statute.

The S.R.C. and the Council will therefore have to give careful consideration to the compiling of the S.R.C. Statute. It is most important that the Statute will define the functions, powers and the scope of S.R.C. activities. Now, one sees the importance of the old Student-Council Committee, since it is clearly desirable for the S.R.C. to discuss with Council what it would like to see in its own Statute. The method of determination of students' fees also emphasizes the importance of the Student-Senate and the Student-Council Committees, since both bodies with which the S.R.S. maintains liaison (at least theoretically) are responsible for fixing fees. It is clearly through these bodies that the S.R.C.'s views on any proposed change in fees should be voiced.

Continued in Column 3 Page 7.

MEDICAL SCHOOL APPLAUDS RAG COMMITTEE'S CHOICE OF THIS YEAR'S QUEEN - MISS ROBBIE BRUECKNER.

WE HAVE LONG ADMIRED ROBBIE'S TRANQUIL BEAUTY AND WE FEEL THAT IT IS A HAPPY COINCIDENCE THAT THIS YEAR'S CONFERENCE CHAIRLADY SHOULD ALSO LEAD THE RAG PROCESSION.

IS IT MERELY ANOTHER COINCIDENCE THAT FIVE MEMBERS OF RAG COMMITTEE ARE 5TH YEAR MEDICAL STUDENTS?

# EDITORIAL OPINION

## WHITHER OUR UNIVERSITY?

The University of the Witwatersrand stands to-day at the cross-roads. The one pathway leads to a continuation of the present policy of academic non-segregation with complete autonomy in university matters, staff selection etc.; on the other road lies the inevitable disruption of the present system of unbiased admittance to the University with complete disorganisation of the accepted and proved reaching standard existing to-day.

Whither Our University?

This should be the biggest and all important question occupying our minds - yes the minds of you and me and every student, irrespective of colour - attending University to-day.

Alas! If one is to take the complacent and jackadaisical attitude existing at Medical School at the moment amongst the great majority of Medical students, as an index of feeling at the University on this matter, one is forced to the conclusion that either the full import and probable repercussions of the events of the day are not apparent to them, or conversely like Charles Dickens' famous character Barkis, they too are willing - yes willing to give up cherished principles without so much as a fight - nay, without so much as a word of protest.

News of the Holloway Commission and its purpose "to recommend a practical plan for applying apartheid" to the only two South African universities where it is not already practised, makes front page news in every newspaper in the country - The Auricle too has attempted to publicise its importance - But noghting apparently is strong enough to rouse our somnolent Medical brethren from their stethescopes and their test-tubes - and their klaberjas.

"But this won't affect my studies" is the only comment one can extort from them.

What selflessness!

What insight!

What culture!

What a revealing statement for a future doctor to make whose supposedly bounden duty is to care for the sick and the underprivileged.

What a hellishingly cruel, self-centred and stupid remark.

Is this what student feeling, student ideals and student thought has degenerated into?

On the question of this last point one is reminded of a poster which was pinned to almost every tree near Medical School, showing a halfwit sucking at a straw, with a caption "WHAT do you think of the Government's attempt to impose Apartheid at this University - OR DON'T YOU THINK AT ALL".

The latter statement reveals the true state of affairs at this University?

What a different outlook exists in other countries - in Italy, in China, in Egypt in Czechoslovakia, students LEAD the country in cultural thought and deed.

Students ACT in order to accomplish the ideals they subscribe to.

We, in South Africa, don't advocate violence in order to retain our present status but to the question "But what can we do" comes a quick and ready answer!

Firstly, Mr. Grant MacKenzie's University Appeal is designed to allow the University to carry on financially without having recourse to Excessive Government Subsidies, which would allow the latter to have a say in the running of the University. There are a thousand and one different ways one can be of assistance in this appeal, not least of all being the "Buy a Brick" books which is probably our easiest way, as students, of raising some money for the Appeal.

Next, PUBLIC SUPPORT must be harnessed into seeing the importance of retaining Wits as a bastion of uninfluenced learning and liberal thought.

Wake up now Medicals, to-morrow may already be too late.

## THE NEW AURICLE.

This is not the first new baby born to the Auricle. Tracing the rather chequered course of our Medical School newspaper through the years since its inception in 1930, we find a succession of different shapes which our newspaper has assumed. From the grandiose printed newspaper it sank into what we feel was its nadir as a roneoed sheet. 1953 saw a revival as a magazine, but this we feel has not been able to cater for the tastes of Medical students, due to restriction of space and other factors.

Hence our reversion to newspaper form. The new Auricle policy will be directed to accurately portray trends and events at the University in general and Medical School in particular.

An impartial survey of the political field relevant to the University will be our striving, whilst all student affairs will in future be given full prominence.

Over and above these features we are introducing various new ideas, which will pertain mainly to Medical students.

Firstly we plan to cover fully all current items of Medical interest. It is our experience that students get most of their views on general medical topis from newspapers and magazines catering for the lay public which are therefore inclined to either oversimplify or misinterpret the facts. Hence the student gains a somewhat distorted view of various rather important issues.

The Auricle hopes to circumvent and overcome this important gap in student knowledge by presenting the views of leading Medical men on these subjects.

Finally the Auricle hopes to present Medical items of direct curricular interest and hence narrow the gap between students and teachers. This new plan is set out elsewhere in the issue.

The success of any newspaper depends directly on the standard of its contents. We hope to present only the best articles to you, but your co-operation is essential. Our reporters get very interesting assignments to interview the leading people in all fields and to sound them on their views.

It is within your power to ensure the success of the new Auricle.

## "WATCH OUT S.A. - WE'RE BEING GOT AT"

Keeping students in check is apparently becoming quite a popular passtime with our Johannesburg police - and indeed the followers of Sherlock Holmes are having a spot of bother in coping with Wits students.

After having been thwarted in their efforts to get into a Diogenes meeting at Milner Park, we humbly suggest that all detectives enroll on an extensive course of Peter Cheyneyism at the University, with specific reference to the chapters in Lemmy Caution and Slim Callaghan which deal with "lock-gimmying".

However, on the police horizon now looms a far greater problem; because from the ranks of our Medical students has emerged an instrument which could wreck the lives of all South Africans - An Orchestra.

Despite the somewhat lopsided appearance it now presents, we have no doubt but that the importance of Mr. Ted Blecher's ill-intentioned efforts and its probable subversive influence will not have been lost on Marshall Square.

Prompt action is called for, and detectives must be delegated to keep a watchful eye over proceedings.

Indeed when one merely looks at the composition of the orchestra, the hidden meaning thereof is revealed.

Consider the significance of Mr. Dan. "Great Lie" Goldstein's presence - even if he is only playing a humble recordor.

He is obviously there to steer the music to the left of centre. And what is lanky sleek-haired Russian looking Dennis Sloane's purpose in this innocent-looking orchestra - and this so soon after returning from Brazil. Obviously to inculcate un-South African ideology through medium of subversive music.

There are others - eleven others - with off-the-centre activities too numerous to mention.

Let us end by adapting Wallis Eaton's famous line from "Take it from Here" - "Watch out S.A. - we're being got at".

## OBITUARY

### MRS. GLYN THOMAS

It is with a great sense of personal loss that we note the passing of Mrs. M.E. Glyn Thomas, wife of our well-loved Vice-Principal and ex-Registrar. Her illness had been a long and exhausting one, but she bore it with a bravery that is often spoken of but very rarely seen. Few who saw her at Dr. Raikes' Garden Party a few weeks ago will ever forget her quiet fortitude.

Born in Wales, Mrs. Thomas came to South Africa in 1929. Until very recently she was a part-time lecturer in Physics at this University.

Mrs. Thomas was not only tied to Medical School through her eldest son, who graduated from here in 1952, but she always took a deep and abiding interest in our work; and we all mourned with her when our colleague, her younger son, died so tragically.

A wonderful person has left us, and we at Medical School all join in extending our deepest sympathy to Mr. Glyn Thomas and his son in their great loss.

# OUTSTANDING RESEARCH UNDER WAY IN DEPARTMENT OF SURGERY

"Of international importance" - says Professor Underwood.

"We have four main teams engaged in research at the moment" said Professor W.E. Underwood, Dean of the Faculty of Medicine and Professor of Surgery at Wits. University, when interviewed by an Auricle reporter.

"These four teams" added the Professor "although at the moment engaged on individual problems of research, have however, a common pattern of research and are working towards an ultimate integration of their findings".

The units were namely:-

Firstly the Nuffield Cardiac Surgery Research Unit, which is sponsored by a £2,500 Nuffield Foundation Grant.

This unit is at the moment working on the surgical treatment of Mitral Valve disease. With modern surgical manoeuvres, although Mitral Stenosis can be treated surgically, Mitral regurgitation has not as yet been found to be readily amenable to surgery.

However the Wits unit is now engaged in the manufacture of artificial valves with the ultimate goal of using them in cases of Mitral Incompetence.

These, went on the Professor, were NOT made out of dead tissue - like polythene for instance - but were actually fashioned out of living tissues, mainly using pericardium - Hence the replaced valve would have all the properties of normal living tissue - including of course the very necessary property of elasticity.

Comprising the Cardiac team are a cardiologist, a Surgeon, an Anaesthetist and an Anatomist, all duplicated in case any of them should for some unavoidable reason be unable to participate on ay particular occasion.

"Secondly", added Professor Underwood "there is what we will call the Refrigeration Team". At the moment techniques available to surgeons for lowering body temperatures for operative procedures, require the freezing of the entire body. This has proved not only a difficult procedure, but also a very tedious one, taking many hours to perform.

Now, a Wits unit headed by an anaesthetist and a surgeon have designed an apparatus which is capable of lowering the patient's temperature quickly, NOT by freezing the whole body, but by specifically cooling the patient's blood.

"This" said the Dean "is a unique bit of research work. Indeed the results hereof are being eagerly awaited overseas, in view of the great advance and speed-up it would bring about to what are at the moment very laborious procedures".

As a subsidiary of this unit, there is a group studying the ill-effects of freezing, histologically.

At this early stage, the team had already established that the ill-effects of freezing, appear to be produced by direct cellular action, apparently acting through intra-cellular enzyme systems.

"This work may well prove of international importance" was the way Professor Underwood summed up this branch of the work.

Thirdly, there is a team perfecting the Artificial Heart. This comprises virtually the entire Department of Surgery, with invaluable co-operation from the Department of Electrical Engineering where the guidance of Professor Bozzoti has been stimulating.

The unit was working mainly to perfect the technical side of the Artificial Heart.

The fourth pillar in this quite outstanding project was concerned in the preparation of a storage bank of Blood Vessels - both arteries and veins - for Vascular surgery. Headed by two surgeons, they are also actively working out Replacement techniques to employ in their Bank Tissues.

This then is the enormous project undertaken by the Department of Surgery.

Let us just get a glimpse of how far they have progressed in their work:-

An operation on an animal was performed whereby it was possible to perfuse its Coronary Arteries with WARM OXYGENATED BLOOD. The stenosed part of its Coronary Artery was canicalated, so that the area of HEART TISSUE it supplies did not undergo necrosis.

An hour had elapsed by the time the operation was complete and the heart restitched, but, apparently incredibly, by special means elaborated in the Department, the beating of the heart was again restored; and via the Defibrillator - a machine invented through the joint efforts of the Departments of Surgery and Electrical Engineering - fibrillation was overcome and Normal Sinus Rhythm set in.

The Professor then went on to show that it was thus feasible to prophesy that when the linkage between the four units was sealed, all four teams could participate in one operation. If the Cardiac team required the heart to be opened for say ½-1 hour to perform a valvuloplasty - which, incidentally has NEVER previously been done - then the freezing team would come into action and cool the patient's blood, and hence by lowering the B.M.R, thereby allow a longer period within which the operation could be safely performed.

Here the artificial heart team would join in and ensure a Blood Supply to Vital Organs like brain, liver and kidney.

Finally the Vascular Team would provide the Tissue Bank for replacement of a patient's diseased tissue, where it was deemed necessary.

"Let me, however, conclude on this note, namely that all our work is still in the experimental stage, and much remains to be done before our techniques are perfected" concluded Professor Underwood.

Continued in Column 3

## RAG - TO DATE - £6000.

With the advent of Rag, the Committee is making the usual moan about the support given by Medical students. Up to the present, the only support we have received is from 2nd years. There are various ways students can help Rag and there is plenty to be done:-

WITS WITS. Rag has so far disposed of 30,000 copies of Wits Wits, and there are still 10,000 copies to be sold and these are obtainable from S.M.C. OFFICE.

COMPETITION TICKETS. Judging by the number of Medical students on Rag Committee (there are eight of them, one being the Chairman) one would think that meds. would have done a large proportion of the work necessary to make Rag a success. But NO!!! - They have done nothing. But you can easily (I am talking to the Medicals). All you have to do is to take home one book of Competition tickets and sell one to each of your visitors (especially if you play cards). If you do this, everyone of you, Rag can gain an extra £1,000 or thereabouts.

GENERAL STUDENTS SUPPORT. If every student in this University would be responsible for bringing in £1 to Rag funds, Rag would be well on the way to making a record this year. The total collected to date is £6,000, and if with the support of students we could collect £10,000 before Rag day, the record of £16,200 made in 1948, could quite easily be broken.

RAG BALL. Rag Ball this year is being held in the University Upper Hall on the night of Rag, in fancy dress. Tickets will be on sale from to-day at the S.M.C. Office. Preferential tickets will be reserved for those persons who have worked for Rag. The remaining tickets will be proportionally divided according to faculties. The price of tickets will be £1.1.0 a double.

RAG DAY. The route this year for the Rag procession will be the same as last year. With regard to floats if, for any reason a float leader does not carry out any instructions given him, that particular float will be debarred from taking part in the procession.

Rag Committee insist on a decent standard of dress from all students. Any student improperly dressed will not be allowed to take part in the procession. After the procession there will be a judging contest of all students in fancy dress on the town hall steps. The first prize £3.3.0., second prize £1.1.0. and a booby prize.

All students collecting on Rag day will be issued with a certificate of authority to collect - thus any student can be challenged to produce the certificate and without one he is liable to arrest.

We trust that all students will lend full support to this year's Rag, particularly medical students, who up to this time have been relatively lax in their efforts.

## OUTSTANDING RESEARCH UNDER WAY IN DEPARTMENT OF SURGERY

Continued from Column 2.

The above cursory glimpse into the Surgical Department's Research Programme, should be a sufficient eye opener to students to perceive of the outstanding research being conducted on our doorstep. Although Professor Underwood is silent on this matter, it is clear that his direction, encouragement and actual participation have provided the stimulus for this research, which we feel sure will in the not too distant future yield the expected high dividends and revolutionise the treatment of Cardio-Vascular Disease.

D.R.

## THE PRINTING PRESS IDEA.

The need for a stable means of producing our own publications is an idea which has been mooted before now. The history of the Auricle and the Leech is one of sweat and tears. These publications have always been a problem from the point of view that students have always had to go to the trouble of collecting adverts to finance them. So that when the vigour for collecting waned, the publication of the Auricle leastways also waned.

When the matter was discussed previously at SRC level, it was suggested that an advertising agent be employed to collect adverts for all the university publications in order to ensure that the advert collecting was in the hands of a reliable person who would be able to ensure that the finances were forthe coming. Well the scheme was put into operation but it did not last for a variety of reasons.

So a subcommittee instituted originally by the Cultural Council to investigate the PROBLEM of the Leech and the Auricle reported back to the SMC and suggested that a Printing press, as such, be established either at Medical School or at the university. This press would cater not only for all Student publications etc., but would also be able to deal with a fair amount of University stationary, lecture notes.

We certainly hope that this idea is followed up. We will know the type of problem referred to by the subcommittee and we would welcome the establishment of a press which would ensure that our Auricle is not merely a flash in the pan, but a paper that will endure long after we have left our Almer Mater. We also know what a press would mean to the Leech, and to Other student publications such as the Fulcrum, the Critique, the Torque, the Wits Student etc.

With all the means at our disposal we urge the SRC (we believe the SRC has the matter in hand) and the SMC to perservere.

Establish a printing press we say, AND establish it in OUR TIME.

SUPER
SERVICE
DRY CLEANERS

1A, ESSELEN STREET.

MEDICAL STUDENTS; WE CAN DO

ALL YOUR DRY CLEANING

WHITE COATS — A SPECIALITY.

## MEDICAL ETHICS.- ARTICLE 15

BY

PROFESSOR G.A. ELLIOTT.

"Believe ill of no man" -
Professor G.A. Elliott

### PROFESSIONAL REPUTATION OF COLLEAGUES

"That in my relations with colleagues I will conduct myself as becomes a member of the honourable profession of medicine." - Declaration by our Graduates.

"A doctor ought to behave to his colleagues as he would have them behave to him." - International Code of Ethics.

"My colleagues will be my brothers." - Declaration of Geneva.

"Unjustifiably casting reflection by word or implication upon the probity or professional reputation and skill of a fellow practitioner, or any other person registered under the Act, or the Nursing Act." - Rule 15 of Rules of Conduct of S.A. Medical and Dental Council.

How can a doctor belittle a colleague's reputation?

He can go to the extreme of defaming him, in which case the courts of the land will deal with any case that may be laid. Such a situation is rare in South African medical history.

In the heat of emotion, he may say damaging things which he regrets later, and for which he may feel constrained to apologise.

A far more subtle and cold-blooded attack may be made. "Dr. A? I don't think I have heard of him!" (Dr. A having been practising in the same town for years). "It's a pity you did not come to me sooner!" (Knowing full well that the patient had previously been to another doctor). "Dr. C? He's rather young, is he not?" or "Dr. D? He's rather old, is he not?" "I'm surprised Dr. E failed to hear that murmur at your mitral area!" "Dr. F? Yes, he's a very good obstetrician, but -". (Knowing that the patient had consulted Dr. F for his heart condition). "Dr. G? A very fine golfer!"

Gestures may be more damning than words. The raising of a surprised eyebrow, a slight shrug of the shoulders, a bored expression, or a knowing nod of the head may be the extent of the belittling process.

Why do all the ethical codes emphasise the need for good relations between doctors? The answer is that it is in the interests of the patient. Quarrelling doctors cannot possibly give of their best to the patients under their care.

A doctor is liable to more or less public criticism by dissatisfied patients, or patients who must find some "reason" for not paying their doctor's bill. Colleagues must be very careful before they believe these stories, for the doctor criticised cannot reply, bound as he is by professional secrecy. "Believe ill of no man" should be the doctor's attitude to his colleagues, until he has adequate proof to the contrary.

COURTESY IS THE BEST REPLY
TO DISCOURTESY.

NEXT WEEK -
THE ETHICS OF INVESTIGATIVE MEDICINE

## HISTORY OF MEDICINE - ROMAN.

(1) GALEN'S (A.D. 130-200) influence on medical thought was effective for 15 centuries.

The physiological vogue proposed by Galen, remained until the 17th century when it was destroyed by HARVEY.

Galen's theory was that three types of spirit were associated with three types of activity of living things, the spirits being

1) natural (produced in the liver)

2) vital (produced in the heart)

3) animal (produced in the brain)

The natural spirit conveyed by veins to the right ventricle penetrated the interventricular septum through minute pores and in the left ventricle it became vital spirit and from the left ventricle it was conveyed to the brain by arteries. Here the animal spirit was formed. This was conveyed by nerves and it was responsible for sensation and motion and control of higher centres.

The true scientific tradition did not reappear until the 16th century.

(2) Roman Empire.

Rome provided public health measures that far surpassed that of any existing society at the time. Rome was provided with CLOACAE (subterranean sewers). It had 14 aqueducts supplying Rome with 300 million gallons of water a day.

Public Medical Services. Medical men subordinate to combatant officer attached to military units. Some of these medical men were allocated to the provinces and towns, but the army was served best.

Hospital System. This organisation stemmed from the prevailing military system. It was customary to expose sick and worn out slaves in a temple on an island in the Tiber. But in the time of Emperor Claudius (A.D. 41-54) it was decreed that if these slaves returned to the mainland they were to become freemen and so the island became a sort of hospital for the sick poor. Later Valentudinaria "infirmaries" were established for such persons.

This soon applied to military life and military hospitals were established at strategic points. Prior to this sick soldiers were sent home for treatment.

Later similar institutions were founded for imperial officials and their families in provincial towns.

The pious foundations of middle ages can be traced to the Roman Valentudinaria.

N. BAUMSLAG.

(Headlines and political comment:-
D. RABINOWITZ and M. SOROKIN.

Editor: D. RABINOWITZ.

Those Involved: K. ABRAMS,
C. APOSTOLIS, P. ARON,
R. DOWLING, B. GOODMAN,
H. HOPPENSTEIN, A. JAFFE,
S. JAVEH, M. SOROKIN, L. TAITZ,
R. YODAIKEN).

# CANCER RESEARCH IN SOUTH AFRICA

## DR. OETTLE ON CANCER DEMOGRAPHY

South Africa offers great opportunities in the field of cancer research, said Dr. Oettle ... a research fellow in the S.A.I.M.R.'s cancer research section.

The pioneering work of des Ligneris and Berman have indicated the great possibilities of cancer research in this country, and shown that cancer research should not be left to wealthier countries. Indeed a recent editorial in the "Lancet" debated whether to send experts from Britain to the Union to investigate liver cancer.

There are numerous approaches to the problem of cancer, and to many of these costly apparatus is indispensable. But the absence of vast laboratories need not be a bar to major contributions in this important field. Indeed, when studying the disease as it attacks humans, costly laboratories may be unnecessary, for experimentation with human material is naturally out of the question. But it is possible to study the manifestations and incidence of the disease in humans in relation to their race, way of life, nutrition and age group. This is the demographic approach, and one that can yield valuable results.

For instance, demographic studies have shown a definite connection between lung cancer and smoking. Although this knowledge does not show the nature of the connection ... the nicotine, tarry products or other factors may be the causa causans ... but it points the way to further research; and, on the practical side, it offers a method of prevention ... avoid smoking.

In this type of research South Africa, a country of racial variety and variable conditions of life, has much to offer. There is the possibility of enquiring into:-

(1) association of malnutrition with liver and alimentary tract cancers.

(2) relation between bilharziasis and bladder cancers. Here where the incidence of bilharziasis is fairly low, a connection between it and cancer of the bladder would be of more significance than in Egypt where both diseases are very widespread.

(3) relation of sunlight to skin cancers. In Australia a connection has already been shown, and there is little doubt that South African sunlight, whose intensity is exceeded only by that in certain Swiss health resorts, constitutes a very distinct danger to our farmers and bricklayers. Then there is the extreme liability of albino natives to skin cancers.

(4) effects of change of life. In South Africa there is the opportunity of studying the impact of an industrial revolution on a primitive people. Such a study may well afford some explanation of the present great difference in incidence of stomach cancer in the European and Bantu populations. In America the incidence of stomach cancer among the negro and coloured section is significantly higher than among Africans. In other words the suggestion is that stomach cancer may be a product of some aspect of Western Civilization.

In South Africa demographic work is going on that may shed light on these problems. All cases of Africans diagnosed as dying of cancer in the Johannesburg district and Northern Transvaal - amounting to some 1000 hospital deaths a year .. are investigated and histological examinations made wherever possible. At the same time social studies are made in the native areas and about 40,000 bedletters and death certificates a year are studied to discover to what extent the number of hospital cases are a reflection of the true incidence of the disease and to find out what the true incidence is. Very extensive population studies must of course, be carried out (indeed the workers have discovered that in one township the official census figures are out by 20%).

As a result of all this work an accurate picture of the age specific incidence of various cancers can be arrived at. The work has to be extremely thorough else the figures obtained can be very misleading. For instance, if Africans in a mine hospital tend to die of liver cancer, this figure can only refer to a very special age and population group, outside the usual "cancer age" and the figures should not be applied to the entire population of natives without correcting for the differences in age and sex distribution. It is clear that the worker in this field must be a sound statistician.

Besides this work, which has been going on for 12 years and should take 3 years in all, the unit is working on spontaneous cancers in a local species of mouse (Mastomys).

When 1/6 of European populations ... and usually of the middle-aged and most experienced section of the community ... is falling prey to cancer, the value of prevention need hardly be stressed. While treatment of readily accessible cancers is pretty successful nowadays, that of deeper ones remains gloomy. It is in this field that cancer research in South Africa is most likely to be valuable. Cancer demography is productive of knowledge that can assist immediately in the prevention of human suffering even though it may shed no light on the fundamental nature of the cellular disturbances involved.

R.S.W.D.

## RED LETTER TO MEDICAL STUDENTS

Continued from Column 3.

the citizen is hard pressed - remember the University Appeal is well underway - and because there are 3 Clinics not one. This has simply got to be a record Rag. GET CRACKING STUDENT - and don't give up till you're exhausted. It's up to you now - when the bugles sound the battle will be underway. Answer the call - the University Clinic looks to you!

## RED LETTER TO MEDICAL STUDENTS.

Ladies and Gentlemen,

Rag is here again. Same old procession, same old tom-foolery and what have you - this year with a DESPERATE DIFFERENCE. Rag is held to collect money for our beneficiaries. Our beneficiaries! Who are they?

Alexandra Health Clinic, Child Guidance Clinic, and Entokozweni. Oh yeas of course! Give your money citizen - these are really good causes! What do they do? Well they're clinics - they do good work. Why do they need money? Because - well - because its obvious - come citizen are you going to give or not? Not! Well I never - miser!

No Medical Student that will never do!

And why not. Listen friend - let us consider Alexandra Health Clinic. First of all you know what the Clinic means to you personally.

In your final year you spend - 6 short weeks out at the Clinic gaining some of the most invaluable experience of your academic career. That's not only OUR opinion. Ask your teaching staff. They'll tell you. The Clinic is unique. You won't get that sort of training anywhere else. That is as far as you as a Medical Student are concerned.

As far as the citizen is concerned.

No need to explain that disease is rife in our locations. No need to tell of the innumerable assault cases that need medical attention. No need to speak of the lice and mites. No need to recount the minourishment and infant mortality - no - citizens must surely know of all that. Citizens must be aware that 80,000 souls "live" in Alexandra Township - that they have no medical aid to depend on outside the Clinic - that on too many occasions the most serious cases have to be sent 20 miles to Baragwanath because the Clinic is not equipped to take them and Edenvale cannot because they are chock-a-block full. Surely citizens must know that - but if they don't maybe you could whisper it in the ear.

But that's not all, student of medicine. There are a couple of things that you should know - things that should MAKE YOU GO OUT AND GET YOUR MONEY - at all costs. Last year there were three doctors employed at the Clinic. The Clinic attended to 62,700 patients during the year NOT INCLUDING surgical cases. That means 20,900 per year per doctor per year - that means 4.58 patients each day per doctor. EACH DAY. Week days, weekends, holidays - day and night - at the Clinic and on district visits - fantastic isn't it?

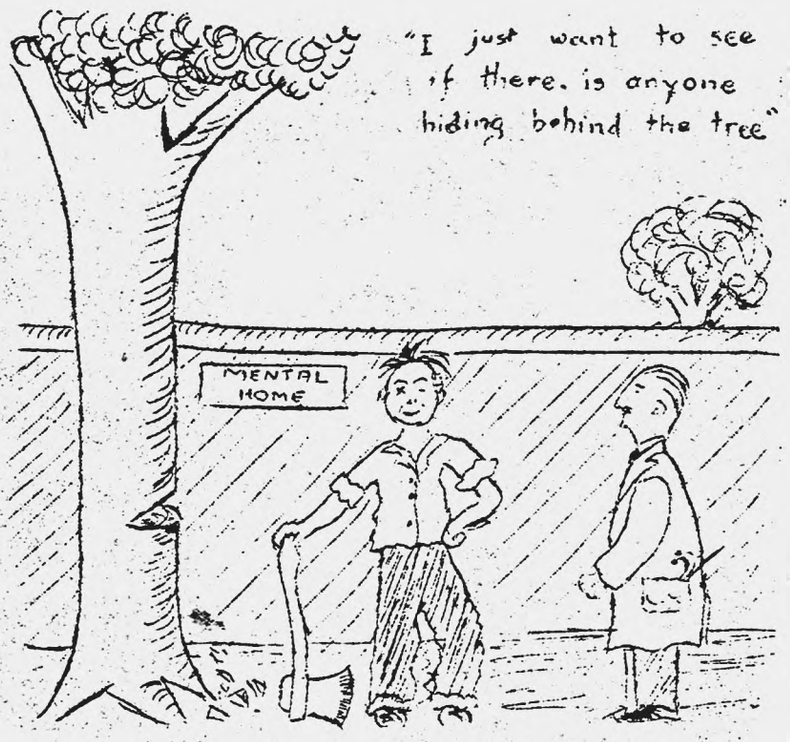
One year ago when we went to the citizen the position was more or less the same. Since then the only thing that has changed is the health of the doctors. Three doctors remember. And Medical Student - THERE ISN'T ENOUGH MONEY to pay for another doctor - and the three are cracking under the strain. The solution?

There are two alternatives.

1. Don't attend so many patients. Well that is a solution. But student - you go out to the Clinic of a Saturday afternoon round about 6 o'clock and of the 20 mothers who are still waiting with their screaming babies you pick out the 10 you are going to attend to and you tell the other 10 that you're sorry you can't attend to the, you're too tired. See if you can do it.

2. Employ an extra doctor. That's the solution. And it's YOUR BOUNDEN DUTY to go out to collect enough money to pay that doctor's salary. And it'll take some doing. Because

Continued in Column 2




## ON THE CULTURAL FRONT

Last term was an important one for the cultural societies at Medical School. Not only were a number of old societies reborn, but two quite new ventures were begun. One of them, the Archaeological and Anthropological Society, of which more elsewhere, is active and vigorous. The other, the Therapeutics Club, seems to have been strangled at birth.

On the whole, most of the meetings were fairly successful. There were, however, some disquieting features. Firstly, the student body as a whole seems to be suffering from a "big-name" complex. This was never more evident than during the Freedom Week meetings. Well-known speakers, such as Dr. Tobias and Father Trevor Huddleston attracted very large audiences, whereas the attendance dropped sharply for Mrs. Thelma Philip's lecture. It would thus appear that students are more interested in the speakers than their topics.

Another criticism must be directed at the way in which meetings are advertised. The various societies are not altogether to blame for this, because the facilities provided can only be described as primitive. A few pots of poster paint, decent paper and usable brushes would be of great value.

Finally, one could not help noticing that the sort of topic that attracted students to meetings of the Debating Society does not place their standards on a very high level. One has only to compare the attendence at the "Chastity" debate with those at later meetings.

In spite of all this, the Chairmen of the societies can be congratulated on the enterprise they have shown.

And now to the future.

After the success of the S.L.A.-Diogenes "Freedom Week" venture, the idea of having weeks devoted to subjects has captured the imagination of C.C.S., and next term we are to have a series of them. They have been entitled "Political Week" (S.L.A., Diogenes, Debating).

"Religious Week" (S.C.A., S.Z.A.)

"Scientific Week" (Science, Arch. and Anthrop.)

I think that the organisers of these weeks should bear in mind that these titles should not be interpreted in their broades sense. It would, I feel be best to decide on a theme title, something on the lines of "Freedom Week", and then to devote all the meetings to some aspect of it. This would, of course, require maximum co-operation among the societies sharing weeks. The topics and speakers should be chosen in such a way as to make a coherent whole.

The scheme is thus a challenge to the imagination and creative talent of the organisers. Its success or failure depends on a judicious and intelligent selection of subjects and programmes. Otherwise we may find good attendances for the first few days followed by a rapid falling off. This can only be prevented if one meeting is made to follow the next in a logical manner.

Finally, I would like to suggest that the Study Group should make its appearance in our cultural life. I believe that the Arch. and Anthrop. Society intend forming one. It also gives the Music and Dramatic Societies an opportunity to broaden their horizons beyond gramophone recitals and quizes.

### NEW SOCIETIES.

#### Therapeutics Society

At the beginning of the year the constitution of the new Therapeutics Society was drawn up and passed by the C.C.S. and S.M.C.

The aims of this society were to further the study of clinical methods of treatment. Special emphasis was to be laid on modern developments especially in the field of drugs.

As yet the society has made no progress mainly as a result of two factors. Firstly, Brenda Stewart, who originally designed the society, has left us and gone overseas. Secondly, there has been divided support from staff and clinicians generally.

It is thought by some, that a society of this nature is of little use to undergraduates, and by others, that the study of therapeutics should not be dealt with extra-murally, but that the curriculum should be altered in such a way that the necessity for the society would fall away. The matter is now with the Carricular Committee.

### PENDING AURICLE FEATURE.

The curriculum we all agree is overcrowded, and seeing that Medicine is such a vast subject with so many diverse fields to cover, there is no real hope of any substantial easing of the present position.

Hence the Auricle is attempting a new experiment. Readers are invited to write in and inform us of their individual problems or of certain aspects which are too cursorily covered in the syllabus.

If the Editorial board feel these are of sufficient interest to the entire student body, members of staff will be approached to clear up these problems, through medium of the Auricle's columns.

Now its - over to you Medical Students.

### RADIO TALKS BY PROFESSOR DART.

A series of talks on "The Oriental Horizons of Africa" are currently being delivered by Professor R.A. Dart on the English transmitter of the S.A.B.C. from 7.45 p.m. to 8.00 p.m. The subjects are:-

1. The Oriental Oceanic Panorama of Africa.
2. Near Eastern Horizons of Africa.
   (Already delivered).
3. Cultural Gifts to Africa from the Orient - 4th April.
4. The Floral Gifts of Asia to Africa - 11th April.
5. The Coming of China to Africa - 18th April.
6. Africa's share in the linkage of East with West - 25th May.
7. The Lures of Africa for the Orient - 1st June.
8. Africa's future in Constructing World History - 8th June.

programmes subject to change.

MEMO!

Eats !

Grills to 1 a.m.!!

Deliveries!

Pintables!!!

AT

EUGENES CAFE

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## THIS HILL OF OURS.

As you know THIS IS NOT a GOSSIP COLUMN.

But when a drum majorette becomes a QUEEN, a hockey blue becomes ∓ a KITCHEN and ENGINEER who is ∓ a doctor marries - all done in the holidays - well we've something to gossip about.

RAG QUEEN Robbie Brueckner is quite a gal. We medics think of course, that a crown is quite the proper thing for a gal who raises the temperature as she walks through the wards. Robbie was born on a boat, schooled in America (I guess she was the local pin-up there too) and then you lucky lads, she arrived here. Chairlady of Endocrine Conference, Exhibition Secretary of House Committee and Drum Majorette 1953.

Robbie is still single. Just goes to show what a strong will can do - don't it.

Readers of Auricle may remember the story of a blue-eyed, blond-haired lass who said last year, that it was time someone did something about the way these - BIG CARS WERE PARKED - and wasn't it a crying shame that there wasn't a law about it. That was JOAN BUCHANAN, hockey full blues, varsity swimmer - and a jolly sweet lass. Now the belle of table 31 has just become engaged to Reg Kitchin M.B. B.Ch. - congrats Joan. ∓ a kitchen onwards.

ENGINEER Jack, David, Raul Miller - Buddy to you, qualified in 1950. Turning around quickly, Jack David thought to himself that it would be very much nicer if he were a doctor - and soooo - leaving his well constructed bridges behind, he took to the labs. Now Medicine Man Miller, that grand old man of soccer, needed one more thing to make his life complete - and soooo - last week or thereabouts he took to himself a wife. Congrats to Buddy and Ruth.

Becoming quite a habit ain't it me merry bachelors? One more for the road lads and let's be off.

R.E.W.N.

## RAG IS MAY 15th

BE WISE -

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## THE LEECH

### PAST, PRESENT AND FUTURE.

In November, 1928, a few years after this Medical School was established, the first issue of the Leech appeared. At this time the contents were a miscellaneous hodge-podge ranging from detailed observations in the dissection room, to the gossip and jokes (sic) of the day.

Two years later a step forward was taken when the magazine, now enlarged, appeared in the format which has more or less continued until the present, and which has become so familiar.

In 1935, the portion of the Leech dealing with the lighter side of Medical School life detached itself (belying it's progenitor's title) with extreme ease, and became the Auricle (which again today starts a new lease of life).

The rest became a serious journal devoted to articles of medical interest by lecturers and students at the Medical School. Each issue was produced by students under the guidance and with the advice of a graduate editor. The scope of the articles published over the years since then has been very wide, reflecting the range of interest of and work done by many authors. Generally speaking, however, the Leech published reviews of research rather than the original work itself. (This is not surprising when it is remembered that the journal did not confine itself to any particular branch of medical science and was therefore not the specialist journal required for specialised research).

During the period after 1935, papers appearing in the Leech were listed in the INDEX MEDICUS. This was undoubtedly an achievement, and even today it is one of the very few journals produced by students so recognised.

Between 1940 and 1942, there were no issues of this publication due to various factors, but for the next years it continued as before. From 1944 with the establishment of the annual S.M.C. Conference, one additional issue per year was devoted to recording the papers read at each Conference. The Conference Leeches have (especially in recent years) reached a high standard and added much to its prestige.

In 1949, the satisfactory state of affairs was upset, when the "research" Leech ceased publication. This was the culmination of years of increasing difficulty which was the result of firstly, lack of financial support, and secondly the variation of student interest down the months. Without continuity of action no permanent institution could be established.

Since 1944, the Conference Leech has appeared, but in sports, months or even years late, and thus advertisers have lost faith, we have lost their money, and it has been more difficult in turn for the following issue to appear. At various times, generous grants have been made by various bodies, such as the C.S.I.R. and the National Cancer Association and these emphasised how incapable the Leech was of functioning independently.

To halt this downward trend, starting from the forthcoming "Endocrinology" various schemes have been suggested and are being put into practice.

**At Present.**

By increasing the circulation, the advertising rates could be raised. The former is being done by sending the journal to all the members of the Medical Association in the Transvaal (as well as the ordinary distribution to Medical Schools and hospitals overseas). The double purpose is also being served of allowing practitioners to become acquainted with the Leech and possibly subscribe to future issues. This plan might be extended to include all South African

**For the Future.**

The following avenues have been explored:

1) the re-establishment of a research Leech, BUT with the difference that it would act as a hospital journal, and therefore contain reports on work performed at the Johannesburg Group of Hospitals. Furthermore, with this clinical emphasis the same group of Medical men interested in the annual conference will be reached, making it a paying proposition.

2) The placing of the affairs of the Leech on a business basis either by

   a) contracting with a printer who will obtain all the advertisements, print a specified number of copies with a specified number of pages, and take the profits.

   b) obtaining a means of producing the Leech at the University e.g. with a multigraph machine (the print being like the paper you are holding).

   c) having the journal subsidised by the University.

WHICHEVER one of these or any other plan will ultimately succeed, it is hoped that the nett result will be a biannual medical journal widely read, of a standard commensurate with the eminence of this Medical School, and a mouthpiece worthy of the teaching practised in it.

(Contributed by N.W. LEVIN, assistant Editor of Endocrine Leech).

### STATUS OF S.R.C.

(Continued from Page 1).

I have traced, in some detail, the rise of a democratic student voice in the University; it was a long and difficult struggle, in which one student generation after another expressed its faith in the students of the future and their ability to conduct their affairs efficiently and responsibly. The long sought goal has been reached and it is up to every student to interest himself in the tremendous tasks facing the S.R.C. in living up to its corporate legal status. At the same time, it is to be hoped that the achievement of its statutory identity by the S.R.C. will usher in - as Mr. Raikes anticipated - a new era of harmonious relation... of mutually respectful co-operation and consultation, between authorities and students. It is to be hoped that students will be looked upon as responsible people, with the highest interest of the University at heart, and treated accordingly. I have every confidence that Wits students will prove themselves worthy of their new and ennobled status.

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5 CHAIRS - NO WAITING.

HAIRCUTTING IN THE CONTINENTAL FASHION.

5 FIRST CLASS HAIRDRESSERS IN ATTENDANCE.

## SPORTING ROUND-UP

Edited by A. Jaffe.

During the last few weeks the Wits 1st team has played a number of matches in the Qualifying round of the Pirgates Grand Challenge Competition. To date they are unbeaten in their section, and appear certain of being in the select number which will go to make up the final composition of the Grand Challenge Proper.

On Monday, however, Wits played Pretoria Police, and suffered their worst defeat for many years, losing 3-38. It must, however, be remembered that Wits were without their Captain and full-back, Dr. Freddie Herbst, and centre Joe Kaminer, both of whom were playing for Transvaal against Eastern Transvaal. In passing I may mention that one of Eastern Transvaal's mainstays was former Wits Medical Student, Dr. Ken Gough, who, it will be remembered, was a well-known hockey-player for Wits and Transvaal a couple of years ago.

The Under 19A team have been very disappointing this season, without the thrust on attack, and solidity on defence one has come to associate with this side in previous years. Time was when it was considered a bad game on their part if the under 19A won by less than about 10 points. Howadays it appears that the opposite holds good, i.e. when the team loses by only 10 points everyone appears satisfied.

However, possible allowances must be made for the fact that injuries appear to be hitting this team rather badly.

Readers may remember that I wrote some weeks ago of a proposed Medical School team to play regular matches. A Medical School team has now been entered in the league and will play regularly, commencing this Saturday. All those who are interested in playing should contact Bentley Phillips (VIth year).

It has been heartening to note in recent weeks the increased student support that the 1st XV has been getting. One realizes of course that students cannot be expected to travel round the Reef in support of the team - although quite a few do this - but when the team is playing at Milner Park or even at Ellis Park, a far larger student response should be forthcoming. It should not be sufficient for those non-playing students merely to sit at the tops of the Grandstand at Intervarsity, Drinking beer, and then boast of their staunch support of the Wits Team.

Nor is Rugby, alone in this. I may say that when the Wits Cricket Team were fighting to win the Lionel Philips competition, the number of students watching, could easily be counted on the fingers of one hand.

This apathy is disgraceful, and attempts should be made to interest students in the extra mural affairs of their University. One cannot help but hear the comment of people who have attended other universities, notably Tuks and U.C.T. in discussing the so-called "University Spirit" at Wits, which they quite rightly say, does not exist. No wonder that the remark has been oft heard that Wits is more a Technical College than a University", speaking even in this restricted sporting sense.

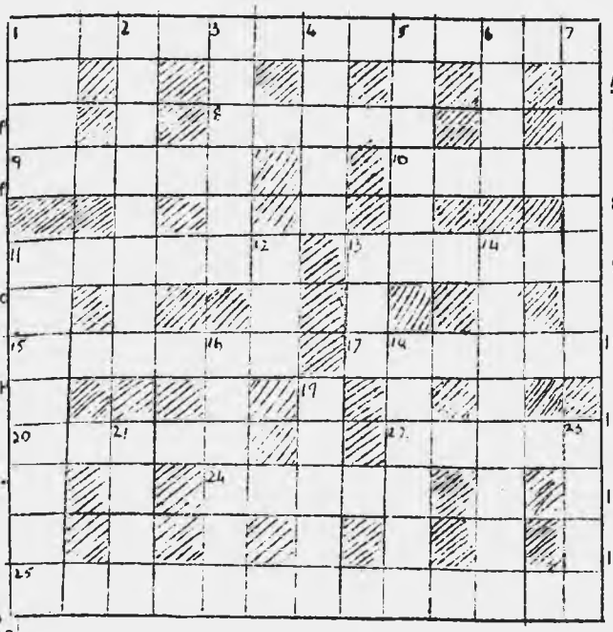
So let us have more student attendance at Wits sporting functions.

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/STABILITY/

## CROSSWORD.



**Across:**

1. This clue will probably cause you some. (13).
8. Palindromic doctrine. (5).
9. A little right outside a Hebrew God. (5).
10. Probably found far from the down end. (5).
11. After opening do not forget to relock. (6).
13. Worship at part of the head? (6).
15. Sounds like a reply to "Open says who?" and it worked too! (6).
17. A sport about nothing at all in the army! (6)
20. An eater who starts off with a noise. (5).
22. Pursue has within. (5).
24. Silly Girl's name inside. (5).
25. A declaration in which a part of speech is the beginning and building material ends it. (13).

**Down:**

1. Part of a choir. (4).
2. Type of chicks for taking small bites out of a ball? (8).
3. Tale about two teas? (6).
4. Scope. (5).
5. Adapt. (6).
6. Lied because he didn't work? (4).
7. Unnecessary because fewer are required. (8).
11. Remains when liquid is poured from a bottle. (4, 4).
12. Mass of eggs in a female fish. (3).
13. Palindromic volume. (3).
14. Likely. (8).
16. Type of sheep. (6).
18. Foreheads tend to. (6).
19. Practise. (5).
21. Famous fiddler. (4).
23. Time put forth? (4).

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