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THE AURICLE



UNIVERSITY OF THE WITWATERSRAND MEDICAL SCHOOL

Vol. 12. No. 3.——MAY 1961

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EDITORIAL

MAY 1961 could aptly be dubbed "the month of moans" for never before have I overheard so many students complaining about so many aspects of Medical School. The common grievances are that there are no parking facilities, or no adequate sleeping quarters at distant hospitals etc. etc. According to the students concerned the fault in each case lies with the S.M.C. It is a popular belief that the members of the S.M.C. achieve nothing other than a pressure atrophy of the gluteal muscles and a laryngitis. Having attended S.M.C. meetings I can, up to a point, confirm this belief. In my opinion a great deal of unnecessary waffle is spoken by certain members of council who consider themselves as proverbial "Antony's" and who are determined not to go to sleep before dawn. What with every member of S.M.C. voicing his or her opinion on a particular topic, cross talk, humorous remarks, points of information, points of order, proposing and second motions etc. and the ultimate postponement to another date for a decision to be made, very little is often actually achieved. However S.M.C. must be given some due and in actual fact this body does manage to see to the students' needs, requests and grievances.

For all the support the students give the S.M.C., its governing body and mouthpiece, the S.M.C. may as well not exist at all. On the 11th of April 1961 a General Meeting of students was held in the Harvean Lecture Theatre. The meeting besides being an Annual General Meeting of the S.M.C. also discussed the rumour that Baragwanath's hospital facilities may be withdrawn from the students of this Medical School. Here then was an opportunity for any student to enquire about any facet of S.M.C. activities and to vote any grievances etc. At the same time the student was in the position to gather first hand information and discuss a situation of paramount importance concerning our Medical School.

The date, time and place of this meeting was well advertised in and around Medical School and yet only 48 students were present. According to the Constitution of the S.M.C. this meeting was without a quorum and so should not have been held but this fact was simply overlooked. The only explanation for the poor attendance seems to be tied up with the general apathy of our present students. They are exceedingly quick to react to aspects of Medical School which do not suit them, e.g. the taking of roll calls, as was made evident in the last issue of Auricle. However, when it comes to a serious matter involving the very heart of Medical School, such as the Baragwanath question, the students show no interest at all and are not prepared to give up even one lunch-hour period usually spent at the pinball table or playing Klabberjas.

Over the past few years student apathy has become considerably worse and there seems to be no answer to this problem. It is only through the medium of the Auricle that an appeal can be made to the student to uphold the high esteem of our Medical School by showing some interest in its current affairs.

INSURANCE IN RELATION TO MEDICINE

MANY years ago when I was young and sweet-smelling, a medical course was mapped out for me, but by some twist of fate, I have ended up in Insurance. Instead of dissecting "Xenopus and Rana" I exercise elementary psychology on "homo sapiens." In one case the human body is ministered in case of illness and in the other, material benefits are provided in case of emergencies. So you see there is some analogy between Medicine and Insurance.

With the Editor's permission, I'll start off with the original (?) cliché, "Money does not buy Insurance — good health does." For good measure it can be followed up with the axion that "Insurance is something that everybody needs and nobody wants!" It requires a major cranium operation to put the idea into the average man's head, and when he has recovered after the anaesthetic, he is sceptical whether Insurance is such a good thing, for according to popular current mythology it is a "racket," and those connected with it are invariably "crooks"!

Now my gentle readers and all the other embryonic members (male and female) of the medical and dental faculty, can you tell me why is it, that when a man dies — particularly a married man, the first question that is always asked is, **"Was he insurred?"**

May I quote a comparatively recent case? About five years ago one of my wealthy friends casually remarked that he needs more Insurance cover for his family. I almost fainted. In all my years of experience, the people who have approached me for Insurance, I could have counted them on the fingers of my left hand! I needed no second invitation and 'phoned him the next day for an appointment, and was smartly put off by the secretary that Mr. X was "too busy" this week. The following week he was in "consultation," the third, he was "in conference," and so he kept "messing" me around for six months. At the end of this period I had a "consultation" with myself and decided to leave this "prospect" to some other lucky agent! Unlike 'Dumb Dora' I knew that "Ulcers" was not the Capital of Northern Ireland, and I had no inclination of acquiring them ....

To cut a 'long story square' as the expression goes, about five years later he rings me again, "I am ready now, I told you I'd ring you" he added triumphantly.

As far as possible I avoid arguments — particularly over the 'phone as early in my career I was assured by my Manager that it leads to hypertension. I arrive at his office and fill in an application form for £20,000, which is a lot of Rands! Then it took me another five months to have him medically examined by two Doctors and get his cheque. So what happens? The Company rates him 8 years. Evidently the medical report wasn't a 100% "Kosher." He was not amused: in fact he offered to throw me out of the office accompanied by a scorching string of adjectives when unburdening his innermost considered opinion about my Company in general and agents in particular. Why should such a healthy individual like him with normal weight be "loaded"? "Ridiculous!" he fumed, "never been ill in my life." (Note: He was a heavy smoker).

Somehow I managed to pacify him and after a great deal of "gentle persuation," he agreed to the "rating" and gave me a cheque for the difference. This case exhausted me and I decided to go overseas for a well deserved holiday. Being a bachelor (unconfirmed as yet) of many years standing, I have learnt the simple elementary truth that four breaks a year is better than one break in four years!

About a month later, I am relaxing in the sun at a place called Sorrento in Italy, three friends of mine wrote to me telling that this comparatively young man dropped dead in Durban, where he was spending a holiday. The Company paid out without a murmur. I have never come across a widow yet who is "anti-Insurance."

"You have altered my whole life" this particular one wrote to me, "and now my three children and myself can be independent." Somewhere between these lines there lies a moral concerning this particular case history, and as soon as the Editor decides to send me a cheque, I am prepared to let you have the correct result!

In the meantime, those of you who can afford it should seriously consider insuring yourselves right **now**, because later on you'll always pay **more**, because you'll be older, and whats more important later on,

some of you might be **uninsurable**. Nobody can guarantee his health. You cannot afford it? Why for just over £3 odd per month (if you are 25) you can get £4,5000 insurance and an extra £1,500 Accident Death Benefit. Making a total of £6,000 for just over £3, add per month! So keep breathing all of you as that's the secret of living, and may I modestly end this article with my professional slogan? "There is no substitute for time. Do it now — it is later than you think....

by "BENFARA".

ATHERO: GENESIS TO EXODUS

WHEN I was born, my mother's milk
Was all the food I had,
It seemed to taste quite good enough,
But now I find that precious stuff
For me was very bad.
For it contained much butterfat,
And we all know the harm in that—
It fills our arteries with plaques,
Which predispose to heart attacks.

The years went by, my cravings changed,
My appetie increased,
I ate ise cream, and butter too,
I had not learned the modern view:
To stay away from grease.
I kept on eating eggs and ham;
I cared not for my cardiogram.
This fatty intake took its toll—
I had a high cholesterol.

Adulthood came — then I reformed —
For I had seen the light.
I gave up eating greasy food
And even in a hungry mood
I curbed my appetite.
I lived on rice and fruit alone.
No rich dessert did I condone.
As I grew thinner, day by day,
I felt my plaques would melt away.

But now I learn, to my regret,
That diet was in vain.
The food I ate when I was young,
In form of pork, or smoked beef tongue,
Will cause me future pain.
So when my T-waves go astray,
I'll shout with anger and dismay;
"I have been foiled by Nature's plan —
The child is father of the man."

Two English gentlemen of the old school were discussing old acquaintances one evening in their London Club.

"What," asked one, "ever became of old Chumley?"

"Why didn't you hear? Chumley went to Africa on a game hunt, and by Jove, the chap took up with an ape!"

"An ape?" Is the old boy queer?"

"No! it was a female ape!"

THE ANTI-POLIO CAMPAIGN

ON May 15, 1961, South Africa will make world history in the field of health, when an extensive campaign to vaccinate 6,000,000 people of all races against poliomyelitis will commence.

When the campaign ends in September, South Africa will be the first country in the Western world to have almost entirely eradicated this dread disease, which not only attacks children of various ages, but also mows down or permanently disables adults. There is reason to believe that this can be achieved if everyone who is susceptible is vaccinated.

It is calculated that there are about 6,000,000 people in South Africa who are susceptible to polio, and the key to success lies in one hundred per cent. vaccination.

Never before has a campaign been so easy to carry out, or could the vaccination be done so simply, because the whole "vaccination" consists of a mere lump of sugar. No injection is any longer necessary — all a person has to do is suck a sugar lump, smallow it, and the whole process is complete.

In the case of babies too small for this, a drop of the vaccine is simply placed on the tongue, and they, too, are safeguarded.

An alternative method which can also be used, is to squirt the vaccine into a person's mouth for him to smallow.

By the end of last year about 2,000,000 people in South Africa had already been vaccinated with this new vaccine, but it must be strongly emphasised that those people will also have to receive the vaccine again in the campaign. The simple reason is that the vaccine used last year was effective against only one of the three dangerous types of poliomyelitis. The new vaccine, known in medical terms as a trivalent type, immunises people against all three types of the disease. It is necessary for every person to receive three doses of the new vaccine, known as the Sabin vaccine, after the discoverer.

The whole of this great campaign, which should free South Africa of poliomyelitis, stands under the guidance of the Union Department of Health, which is for 1961 applying itself specially to this disease.

Ed. Note. — The first dose will be administed between May 15th and 27th.

LETTERS TO THE EDITOR

The Editor,
"The Auricle,"
MEDICAL SCHOOL.

Sir,

I am sorry about the misunderstanding reflected in the note entitled "Medical School. A University or a Kindergarden" in the current "Auricle," but I must say that it made disagreable reading.

I have often realised that the most certain corrective for slackness is to make more effective use of the final examination. Whereas this would be easy, I have never felt sufficient hostility to my students to employ any of the possible devices. What is more fundamental, however, is that this University regards itself as a training institution, not an examining body. Senior staff have always been anxious to eradicate in our school the rather mercenary spirit that has as its main focus the qualifying examination. When a student has had certain types of training, the examination field can be narrowed substantially. As 90 per cent. of our students have been to cram schools where a liberal education is unknown, my point will not at first be appreciated.

It is quite wrong to think of fourth year students as graduates, because they have only done first courses and no majors. They cannot be postgraduates, because four of the fourth year subjects are entirely new and strange. Moreover, our students are in a professional Faculty where the curriculum and training can never be as liberal as in the two Faculties with basic subjects. Our type of university must be essentially different from "basic" universities like Oxford and Cambridge. One painful result of doing a professional course is the need for imposition like being posted to this or that place or working oneself to the bone in residence at the Queen Victoria Hospital or worse.

Similarly, I might insist — as I do — that students attended the one and only course of systematic lectures in my subject. I estimate the highest attendance rate during recent years to be 40 per cent. I know that an ex-serviceman qualified without ever owning or touching a book. Long ago a student claimed that his course had cost him nothing because of what he had been able to pilfer. I imagine there might today be a tradition that one can pass in Obstretrics without attending a single class. The academic fences are down, but I propose correcting the fault. I am sorry for the present fourth year students, for I have not had a regular roll taken before; but I am sure that they would have followed the ignoble example of their predecessors.

The systematic course is introductory and, quite frankly, I am not prepared in future to have a student in my maternity hospital or my gynaecological ward who has not attended reasonably. My staff has complained bitterly of the ignorance of students embarking on clinical work. I could impose monthly tests and similar exercises, but regard such discipline as too severe. I give an assurance that I shall protect my students from humiliation, but an attendance register is kept in the best places. I do not expect students to add lustre to my department, but I cannot have them take away what there might be.

The standard of my department is such that no one would dare to tell me how to organise the teaching. However, I have never thought of students as inferior to myself: we simply have different responsibilities. It would be mortifying if any hostility arose between us, and our high estate would drop to the mediocrity of a mere school or academy.

O. S. HEYNS,
Professor of Obstetrics and Gynaecology.

O.T. CORNER

The occupational therapists are once again holding their extremely popular social — "The Mealie-Cob Crawl," at the University boat club on Friday the 19th of May. Double tickets are 10'- each and this includes dancing to the New Rythm Band and a braaivleis. Tickets are obtainable from S.M.C. office or from any one of the pretty young O.T.s around the campus.

PHOTO EXHIBITION

All student and staff photographers should wake up and start doing some work for the exhibition to be held in August. You have now had ample warning!!!

The Acute Abdomen in Rhyme

by Zetta

(a) Introduction
Of all the ills within the abdomen
Which cause affliction to the sons of men
There's none more often puts them in a fix
Than trouble in the worm-like appendix.

(b) Age and incidence
No age is free from risk of an attack
Of inflammation in this cul-de-sac;
It strikes both sexes tho' this rule prevails
More often it attacks young lusty males.

(c) Aetiology
Though microbes constitute an obvious cause
Of this rule we do not know the laws
It may be due to something in the diet
Which manages or fails to keep germs quiet.

(d) Pathogenesis
When once the microbe—as it may befall
Gets footing in the soft appendix wall
The appendix swells up, becomes bright red,
While on the outside yellow lymph is shed;
And if an ulcer eats right through the wall
Then will the septic contents straight-away fall.
Sometimes the appendix artery will thrombose
Then gangrenous the whole appendix goes

(e) Symptoms
The first complaint is epigastric pain
Then vomiting will follow in its train
After a while the first sharp pain recedes
And in its place right iliac pain succeeds
With local tenderness which thus supplies
The evidence of where the trouble lies.
Sometimes a little pin will help you much
For skin may be too sensitive to touch.
To this account I must make one condition
The appendix not being constant in position
Symptoms in general constant in each case
May change according to the place

Differential Diagnosis
Test well the urine then for pyelitis
Auscult the chest to exclude a pleuritis
Think of an ulcer-burst, cholecystitis,
Pancreatitis or a salpingitis.

To heed what I say
I assure you will pay
If one case you attend
From beginning to end
And you firmly decline
To neglect any sign
Realising you must
Nothing take upon trust
You'll learn more from that case—this is no empty blether
Than from other instruction ways —all put together.

BON VOYAGE

We say farewell to Rudolf Vaselino a talented Medic (and God's gift to women) who has left on a Kinsey Scholarship to do research in the French Riviera vicinity. He is diligently working on his thesis "propagation of the species H. sapiens — variety Vaselino".

Vaselino as we know is a real smoothy who paradoxically never lets a broad slip through his fingers. — yes! he is broad-minded.

We won't easily forget the sight of Vaselino waltzing around the campus singing his theme tunes "Around the girls in 80 ways" and "Thanks for the mammary," nor the memory of the only man to come to Medical Ball with three dolls.

In conclusion we can sincerely say that he brought many girls happiness and can well imagine the French girls saying "Boy whaat ha-p-piness!"

"Well thats another way of looking at it," mused the fly as he walked across the mirror.

Nothing the mother could say or do would cause 9 year old Jenny to keep her room tidy.

Then out of the blue the mother walked into her daughter's room to find it spic and span.

When asked what precipitated this change 9 year old Jenny replied.

"Well I read in the paper last night that a lady was jailed for two years for keeping a disorderly house".

ORAL CONTRACEPTION

ONE of the most important problems facing mankind is over-population.

Modern drugs and other advances in medicine and surgery have increasd the expectancy of life. Infant mortality is decreasing rapidly. The birth-rate among the poorer classes and under-developed countries is high. The time may come when there may be "standing room only" on the earth. At present there are about 3 billion people on this planet and every 40 years the population doubles. It is thus an urgent problem to find a solution to the dangerous threat of overcrowding of our earth.

Let us consider some of the possible solutions to the problem.

Firstly, discourage sex. This is unlikely to the popular.

Secondly, encourage large-scale wars. This method is being tried but UNO tends to interfere.

Migration into space may help. At present, only Major Gagarin had tried such a journey and his reports are not very encouraging. It may take many years before man reaches the moon and who wants to live there anyway.

We are left with only one practical solution that can be started right away — Birth Control. This method of preventing over-population is the most logical one, provided it is safe and effective and can be used by even the most backward people.

For years scientists have been searching for a simple method and early this year, a tablet called Enavid was officially approved by the U.S. Food and Drug Administration as an oral contraceptive.

Enavid was tested for 5 years before it was accepted as a birth control method. Trials were held in Puerto Rico, Haiti and the United States and these investigations proved that Enavid is effective and safe. For instance, of 1,892 women who took Enavid for 17,363 menstrual cycles, none became pregnant when they took the tablets as directed.

The trials proved that a simple and effective dosage is 1 tablet daily for 20 days, starting from the 5th day of the menstrual cycle. This dosage prevents ovulation during each cycle, so pregnancy cannot occur. The trials also showed that ovulation started again as soon as the patients gave up their course of Enavid.

During pregnacy, hormones from the corpus luteum and placenta inhibit ovulation. Enavid, a potent progestational hormone which has some oestrogenic activity as well, imitates the hormones produced during pregnancy and regular use will prevent ovulation. The ovaries go into a state of physiological "rest" as long as the woman takes Enavid for 20 days during each menstrual cycle.

Enavid is available in South Africa but, is obtainable on a doctor's prescription only. At the moment the drug is expensive but if the present rate of increased usage continues, the resultant larger-scale production may well bring the price of the drug to within the reach of even the poorer classes. This would limit population increase where the increase presents the most serious problem.

NURSES CORNER

Well Grace, we hear you're joing the "Fox" on the Pendennis Castle. Please don't forget the brown shoes!

Van Der Tink, where were you and Freddie the frog on the night of the finalist's dance — we thought he only came round when it rains?

Barbara Christopher — hope you're enjoying your honeymoon. Oo-la-la what happiness.

Never to forget Gill who sits outside the nurse's home at all hours of the morning. I do believe its a Rambler.

Jen — the dark horse. We'll have to talk to Rob about a few things.

McCarter, sitting down at kids all on her lonesome, but I'm sure she doesn't mind with dynamic P.L. around.

How about Jean — is Fred still buzzing your room so furiously?

Little Trudie must have something — getting Fris Cosseus out of bed with his traction dangling behind.

Hey Van Der Wolf — whats the interest in Ward 22. Does he wear glasses?

WHAT IS A PHYSIOTHERAPIST?

The Preclinical student when confronted with this question conjours up a vision of blue-attired girls appearing at various areas of Medical School (especially the Refectory) and being most conspicious by the contrast afforded by their uniforms to that of their own female colleagues.

The Clinical Student is indeed a much more enlightened soul! he actually sees these girls in the wards: be it when they are pleading with the patients to breathe (and the frustrated tears when informed by the patient "what do you think I have been doing for the last 50 or so years?"); or when the Physiotherapist is patiently standing at the foot of the bed gazing trance like at the patients' toes moving up-down-up-down ad infinitum!

Perhaps the above description is a little exaggerated but it is not far off the mark as to the perspective that many students have of Physiotherapists.

It is indeed a pity that the truly effective role that she plays in Medical Treatment is not fully appreciated.

Is her role perhaps overshadowed by the complexities of Surgery and Medicine? Should it not be understood that her work does not only entail the routine switching on and off of lamps, sedative massage or some desultory exercises?

In order to fulfill her aims in the rehabilitation of patients — be it the prevention of post-operative complications in Thoracic or Abdominal Surgery, or the re-education of muscles, she has to have a thorough understanding of Anatomical and Physiological Principles and be very familiar with the problems comfronting her in the Pathological and Surgical wards.

She has to undergo a four year intersive course which ensures that when she receives the B Sc. degree she can confidently take her place in the Medical Profession with the knowledge that she has received training comparable with any of that overseas.

There are many facets to the role of Physiotherapy. Recognition has long been obtained in the field of sport. There are very few sportsmen who at some time or other have not benefitted from the results of Physical Therapy after having incurred either a simple sprain, ruptured muscle or any other traumatic lesion or just in the maintenance of fitness or prevention of injury.

The Physiotherapists task is only completed when the sportsman reaches his ultimate in his field or when the patient takes his rightful place in society both mentally and physically rehabilitated.

THE AFTER-TASTE

I SAW her again, I heard her again.
The return of stifled hopes at somewhen,
The false assurance that past has returned
For the flame that burned when senses yearned
For feelings that were ours alone;
The anticipation: the stomach weighted like a stone.
The beauty of being wanted and giving, and recieving;
When an hour's waiting seemed like a day of grieving.

The end was harsh, battering Trust like a ram
Against the door that was closed, not by coy sham.
But by the end of love-consumption, the inception of neutrality.
The house that was built on rock, broken by volcanic reality,
Crumpled bricks now but fleeting touches of woman with a man,
Which seemed before entities of a commen goal — the bridal-ban.
Virgin-love future-zenith sacredly embalmed,
Was suddenly repealed, yet remained unharmed;
Except the soul who lost its all,
He whom Life had led against the wall.

I spoke to her again she replied.
I quelled feelings for lips long denied,
And yet my hopes were rent asunder,
Revealing the pathos of Man's Love-wonder.
The vanquished with no conqueror: no sympathy
From the former stave of all-emollient empathy.
Foolishly I tried to re-love her: to extort.
But loth, I have learnt what the cold has tought.

I vow never to see her, or seek her in vain,
To be a coward and kill the pain.
I don't want her near: to speak.
But I will go,
My feeling I know;
My will is weak.

JACK VAN NIFTRIK.

WHO'S WHO IN MEDICINE

Q.—Who was the first to discover a drug effective against syphilis?

A.—Paul Erlich.

Erlich was called the "Alchemist of the Rainbow" because he always seemed to work with coloured compounds. He was also the first to stain Koch's great discovery—the tubercle bacillus. He pursued the chemical genealogy of different compounds—a certain compound numbered 606, previously considered a therapeutic failure, was found to halt the syphilitic process. He called it "salvorsan"—the drug which saves health. This was the start of chemotherapy and its father, Erlich, became a Nobel Prize winner.

Q.—Who was the first to use an anaesthetic for childbirth?

A.—Sir James Young Simpson.

This gregarious extrovert was a man of indefatigable activity. At the age of 30 he became Professor of Midwifery at Edinburgh University. In order to be eligible for the Professorship he promptly married and, having been elected, he then departed for his honeymoon. He first experimented with chloroform on himself before using it on his pregnant patients. After Queen Victoria was given chloroform at the birth of Prince Leopold in 1953, the birth of anaesthesia was complete.

Q.—Who was the first to inoculate cowpox to prevent small-pox?

A.—Edward Jenner.

Jenner was more of a village naturalist than a doctor. He loved the country and it was here that he noticed that milkmaids who invariably had suffered from cowpox, were never afflicted with small pox. He was already 50 years old before he experimented on a young boy, James Phipps. He first gave him cowpox and then inoculated him with a little fluid from a small-pox lesion—the boy survived. Although acclaimed throughout Europe he was still required to write the examination for the F.R.C.P. degree otherwise he would not be admitted to the Fellowship!

A little bear went tripping through the woods singing gaily, "I'm a ready teddy, I'm a ready teddy," and she gently swayed her graceful body in time with the tune.

Suddenly a pair of hairy arms came darting out from behind a big tree.

A short time later the little bear continued on her way singing: "I'm a ruined bruin, I'm a ruined bruin."

ONE MINUTE DIAGNOSIS

Test your diagnostic skill:

1.—Female recently pregnant. Child stillborn. One year later.
   (a) Gangrene of right foot, two toes.
   (b) Signs of renal infection.
   (c) Signs of dehydration.

2.—(a) Dysphagia and difficult in chewing.
   (b) Previous itchiness and dryness of of skin.
   (c) Osteoporosis.
   (d) Pinched facial expression.

3.—Tuberculotic presented with the following:
   (a) Hyperaesthesia of the toes.
   (b) Calf tenderness.
   (c) Absent leg reflexes.
   (d) Diminished tone-lower limbs.

4.—(a) Two weeks ago—appendicitis.
   (b) Now signs of toxaemia — sweating, wasting and anorexia.
   (c) Persistent hiccups.
   (d) Abdominal discomfort.

5.—(a)Puffy face.
   (b) Decreased mental alertness.
   (c) Loss of hair.
   (d) Dislikes cold weather.

6.—(a) Pain in mine back doctor.
   (b) I'm constipated—excuse me.
   (c) I'm putting on 'veight" again since Pesach, doctor.
   (d) I "vant" a complete overhauling doctor.

He: "Would you commit adultery for a millon dollars?"

She: "Why, yes, I think I would."

He: "Would you commit adultery for two dollars?"

She: (Shocked) "Oh, what do you think I am?"

He: "We've settled that. What we are haggling about now is the price.

A certain young lady was invited up to her boy friend's apartment the other evening to look at his etchings. When they arrived at his apartment, she was surprised to find no etchings at all. In fact, to her amazement, she discovered he had no chairs, no tables, no furniture, at all. She was floored.

One strawberry to another: If we hadn't been in the same bed we wouldn't be in this jam.

Latest song hit: "If the Bed Breaks Down, Babe, I'll See You In The Spring."

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CELEBRATED CASE HISTORIES
LUDWIG VON BEETHOVEN

BEETHOVEN came into the world cursed with an alcoholic father. Possessing neither a home nor family, he was to know all the suffering that Fate can inflict on the human body.

During his youth he was afflicted with small-pox, the tell-tale marks of which he bore on his face and body. He also survived an extremely severe attack of typhoid fever. However, its vengeance had not been spent and its effects were eventually to kill him.

Beethoven's hearing started to deteriorate in his 28th year or earlier. He suffered intolerable attacks of buzzing, affecting first the left ear and then both ears. The fear of deafness weighed on him like a nightmare, interrupting his sleep, breaking the flight of his ideas and darkening his sweetest hours. He began to suffer from severe continuous headaches and like many partially deaf people he began to talk loudly. In 1810 he wrote: "Ah, life is so beautiful but for me it is poisoned forever." Eventually he became totally deaf, and this malady which he had hidden like a vice became known to all.

He did not suffer from otosclerosis as is sometimes claimed but from an infection of the acoustic nerve. First he lost his capacity of hearing high notes — a characteristic sign of neuritis acoustica. At post-morten the acoustic nerves were found to be atrophied. The cause of the atrophy? The most probable cause is the severe typhoid fever attack. The acoustic nerve is highly sensitive to the toxins of such diseases. Syphilis has been implicated but there is no evidence to support this theory. It was at this time that he wrote his two great masterpieces — the Solemn Mass and the Ninth Symphony — he, himself, never heard them.

His ailments now varied. In 1821 he suffered from jaundice and 1824 from a painful eye condition.

He then began to suffer from stomach and intestinal troubles — probably the aftereffects of typhoid fever. His appetite decreased and alternating obstinate constipation and frequent diarrhoea tormented him. He began to develop a liking for spirituous beverages to stimulate his appetite — this resulted in a severe gastritis and enteritis — again Beethoven endured agonising pain.

In 1826 he contracted pneumonia. He coughed up large amounts of blood but eventually recovered. It was then that his entire body was found to be jaundiced and his feet oedematous. His physician wrote: "From this time his dropsy developed; his secretions decreased in quantity, his liver gave convining evidence of the presence of hard knots, his jaundice grew worse," — the signs and symptoms of cirrhosis of the liver.

They drained his severe ascites; the liquid amounting to 25 lbs in weight. All in all he had 4 tappings for his ascites. Now he felt his end near. "My day's work is done," he said.

The history of his cirrhosis (proved at post-mortem) can be easily traced — jaundice, haemorrhages and finally dropsy. The cause of the cirrhosis was again typhoid. Alcoholism can be ruled out but not completely. Again syphilis cannot be proved although it would explain quite a few facts.

His limbs now swelled to the point of deformity. A so-called infallible remedy for dropsy was brought. The sick man whispered; "Pity, pity. Too late." These were his last words. The death agony began — he lost consciousness.

On the 26th March 1827 a spring thunderstorm darkened the afternoon sky. Flashes of lightening lit up the snow and the face of the dying man. A tremendous clap of thunder make him start, — then he fell back lifeless.

Would not a Roman Augur, in view of the accidental commotion of the elements, have taken this apotheosis for granted?

Pierre had just returned home from U.S.A. and was telling a friend how impressed he was with the States.

"Just think, mon ami," he exclaimed. "You stand on ze conaire and a greet beeg car come along, and ze man he invite you to come in for a ride, and zen he take you for a nice deenaire and show, and zen he invite you to his hotel to spend the night. Such nice hospitible people."

"Did this happen to you," his friend asked.

"To me? No to my seestaire."

A Minister was promoted recently. That night when his young son was being tucked into bed, he asked his mother.

"Now that daddy's a canon, does that make me a son of a gun.

LAST LAUGHS

Dotty, Larry, and daughter, Zola were sitting in the parlour one afternoon, when Dotty said to Larry, "Dear, I think that you ought to have something done to our front lawn. It's all dried up, and is turning brown."

Larry replied, "I guest that you're right, dear. I'll have the men spread some manure on it tomorrow."

Just then Larry was summoned to the telephone, and after he had left, Zola said to her mother, "I wish that you would teach daddy to say 'fertilizer' instead of that awful word, 'manure'. After all, it isn't dignified."

Dotty replied, "Daughter, I believe in letting well enough alone. It took me 27 years to teach him to say 'manure'."

The little old lady was taking her first ocean voyage. A huge whale was sighted, and as the ship's passengers crowded the rails, sure enough the whale spouted — teriffically.

She gasped.

"It looks to me like it could at least quit laying on its back and showing off like that," she fumed as she sped toward her stateroom.

The man was seated in the cafe when a woman and two children sat down at his table and began to eat. Suddenly the man burped.

"Sir," said the woman haughtily, "Are you in the habit of doing that before your children?"

"Dere are no rules in my house," replied the man. "Sometimes I go first sometimes dey go first."

Faith. "Why do you call your boyfriend pilgrim?"

Hope. "Because every time he calls he makes a little progress."

Girl: "Do you think you can cure my eczma in time for the dance on Saturday?"

Doctor: "Well, I hate to make any rash promises."

ANSWERS TO ONE MINUTE DIAGNOSIS

1.—Diabetes mellitus.
2.—Scleroderma.
3.—Peripheral neuritis.
4.—Subphrenic abscess.
5.—Myxoedema.
6.—Yiddishe syndrome. (Not described in Textbooks). Refer all cases to Dr. Fleishman.

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CONGRATULATIONS

Congratulations to A. Sattar Hoosen on the occasion of his marriage.

Congratulations to the following on their recent engagements:

Ted Williams,

Lilian Jackson — Dr. Gentin,

Sylvia Kauril — Errol Friedberg.

Arthur Smith—Kay Rosmarin.

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