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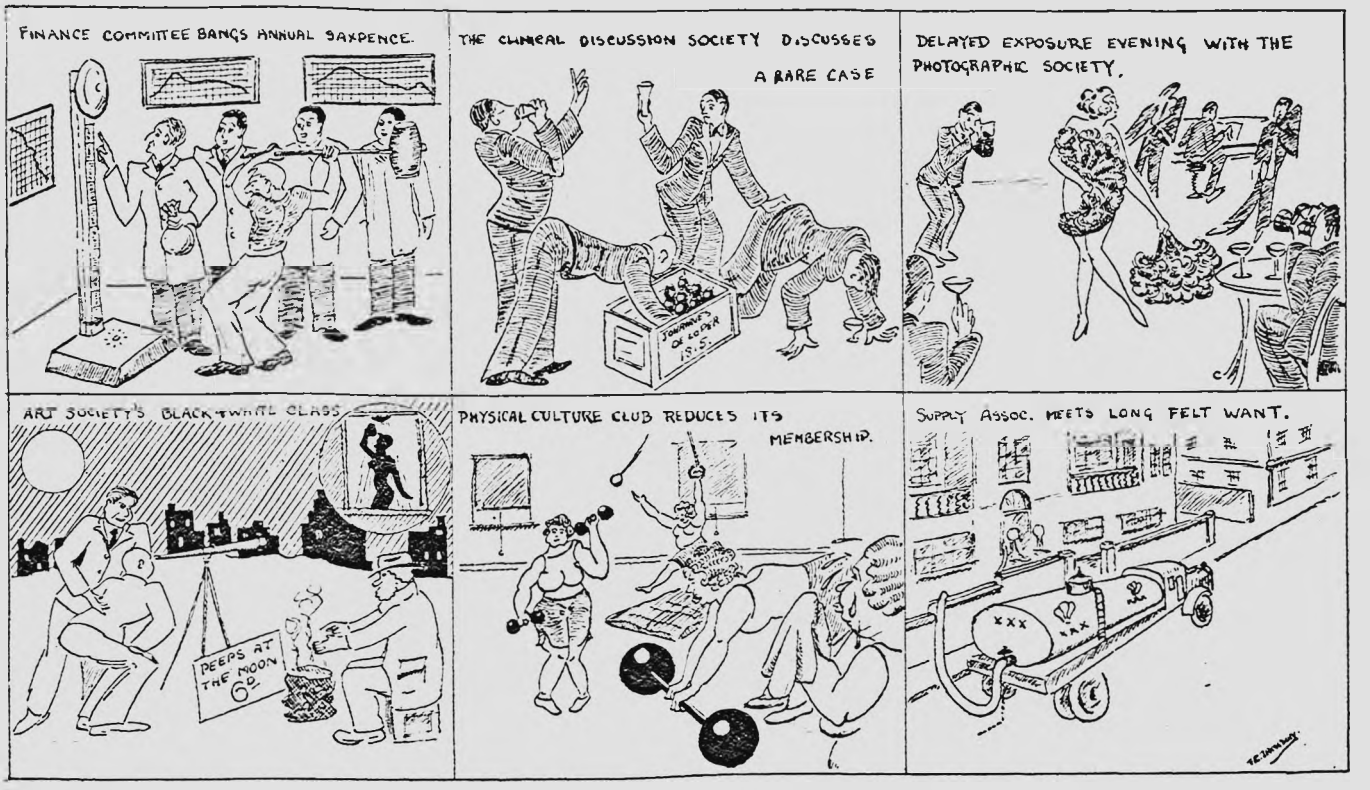
VOL. 4 JUNE, 1938 No. 4

S.M.C. SUB-COMMITTEES



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J'ACCUSE

It is a matter of common knowledge that the Extraordinary General Meeting called to amend the Constitution had to be closed **as there was not a quorum of fifty voting members present.** That such a state of affairs could exist is indeed a poor reflection on the present generation of medical students.

The successful conduct of student affairs hinges primarily on its constitution, and it is therefore obvious that the general meeting was one of the most vital in the history of this School, and yet there were not fifty students who were sufficiently interested in their own affairs to attend a meeting of this nature.

Students who come to this Medical School with the sole purpose of obtaining an M.B., Ch.B., and who have not the slightest interest in their fellow students, have no right to be at this School. They are as useless to the profession as they are to mankind as a whole. Yet oddly enough, it is always those very students who take least interest in their elected Council who are at once the most destructive in their criticisms, and the most obstructive in their actions.

Even if we were to accept the thesis that each man is here for his own ends we still fail to understand why our students did not attend the meeting. For here a matter of so fundamental a nature both to the individual and to the community as a whole was to be discussed. **It is not only a privilege for the present generation of Students to have a say in the future of their Council, but it is the bounden duty of each individual to see to it that he makes his contribution towards the welfare of his fellows, and that of future generations which are to follow.**

Deplorable though it may be when students fail to attend so important a meeting, it is disquieting when senior students and even certain members of Council proceed in a frivolous and malicious manner to disrupt the meeting. In the case of elected members of Council who adopt these tactics one can only conclude that the confidence of the students has been sadly misplaced and that the consciences of the members concerned must be lamentably lacking in the elementary principles of justice and fair play.

It is indeed a sad commentary on our Student body that only when a motion of no confidence is on the agenda will they attend a general meeting. Such men (and women) do not deserve the services of the many students who at present spend a large amount of their time working on student affairs.

The University affords a testing ground for a man's social capacities as well as for his academic capabilities. It is doubtful whether those who fail to display any interest in student affairs could ever become anything but narrow, selfish individuals, seeking only self-aggrandizement in their future careers.

This abandoned meeting is the greatest blot in the history of student affairs at the Medical School. Future generations will have no cause to thank the present students for anything they have done during their stay here.

Clothes Makyth Man

There is one failing lamentably prominent among certain members of the student body of this school. The matter to which I refer is that of dress.

For those who attend hospital and who come into contact with the public under the category of Medical Students, it is essential that personal appearance play a prominent part. For a patient, free or otherwise, to be confronted with a student clad in dilapidated "flannels" and an apparently antedeluvian coat (pardon me omitting to utilise the suffix "white") is scarcely befitting this institution. It is first impressions which are the most permanent, and unfortunately, one is inclined to judge the multitude on the appearance of the black sheep. Cleanliness and order are the keynote of modern hospitalization, so why should the lackadaisical few be permitted to indulge in this needless relaxation of the rule?

It is therefore that I endorse whole-heartedly any schemes which the Students' Medical Council should proffer. This sentiment will, I am sure, be endorsed by those members of this school who have any spark of self-respect burning within a *clean* white coat.

The proposition to standardise white coats for the student body while being jeered at by many is a matter worthy of the closest consideration. It is one way of inducing a more hygienic state of affairs and, as such, is to be highly commended.

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CO-EDS. IN THE MEN'S COMMON ROOM

" PRO."

For some unknown reason it was decided that segregation of the sexes, even if not manifest socially or in the lecture theatre, was desirable in connection with the allocation of common rooms. This procedure, while mature with age, has outstayed its welcome. Let us apply to it the maxim, " The old order changeth . . . " and remedy the condition.

In these days of women members of Parliament and the like, full equality of the sexes is an axiom; and, moreover, in a place such as a University and a medical faculty to crown it all, women are in their whole outlook, as men. Tittivation in public is deplored as effeminate and hence disapproved of by the modern woman, thus obviating the necessity for a private common room.

So let us batter down the wall which separates us from our better halves and let's get together! The true spirit of cameraderie will reign supreme, and the girls will, I am sure, feel just as, if not more, at home in a gathering of both sexes. There will be banished for evermore the feeling of self-consciousness which is so evident when certain of the boys and girls meet one of the opposite sex.

Not only from the social side is the advantage to be obtained. By the combination of the two common rooms a hall of reasonable dimensions will eventuate, which will prove itself of inestimable value for the functions of this edifice.

It may be maintained that adequate relaxation is not possible in a mixed gathering, but to those who make such a plea I have only one answer. Should you find it impossible to adapt yourselves to a mixed gathering without any feeling of restraint, then consult a psychiatrist, for yours is indeed a serious case.

The time has come for a cessation of this segregation, and thus perpetuating a true University spirit, while, possibly, promulgating a new era. A wall should not be permitted to separate us from the ones we love! Why should our *tete-a-tete* be either clandestinely perpetuated in a corridor or in some corner of the tea lounge? No! This cannot go on! Rise, O Men of the Medical School, and batter down the forboding wall!

" CON."

The most sacred room in the Medical School is the Men's Common Room; sacred not because of what one is not allowed to do in it, but because of what one may. It is the man's den, a rendezvous in which the problems of the world outside may be temporarily forgotten. And one of these problems is Woman!

Since the days of Eden, the fair sex has been a source of constant worry and trouble to man, an ever-present attraction, counter-traction and distraction.

From the professional point of view, too, the ladies are a constant trial. The fat hypochondriac, the little hysteric, the skinny visceroptotic are always presenting themselves to the exasperated physician —how many medicos would give their right arms to strangle such patients! But this they dare not do for, in the words of a certain gynaecologist, " women either make or break your practice! "

So in order to escape the nerve-wracking world of Eve, we retreat to our common-room, where men are men and, thank the Lord, the women are not there to be proud of it.

And yet there are certain medical students who are prepared to countenance the idea of a mixed common room. They are traitors of the first water. They would give up the only true privacy we can obtain in hospital or medical school. They would encourage the invasion by those accursed creatures of a place in which woman is taboo. They would prevent genuine relaxation.

So much from the man's point of view and I would be extremely surprised to find any of the ladies in favour of a general common-room. I am sure that not one of them would like to feel that she cannot fling herself down on a couch with her inferior extremities flexed because Jack Smith is parked in the opposite chair, or that she dare not adjust certain parts of her wearing apparel at that moment, or that she had better not make a certain remark lest George tell her rival!

We shall all get on each other's nerves and the variety and relaxation which is so essential can never be obtained in a common common-room.

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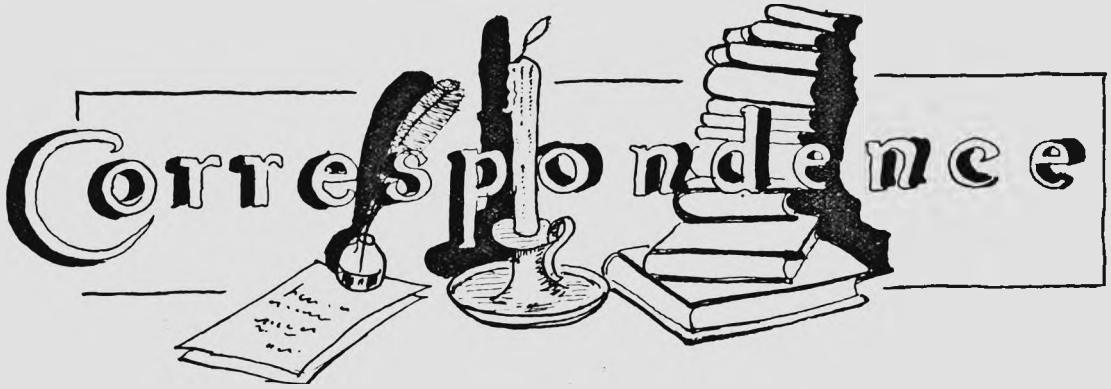

RAND BLOOD TRANSFUSION SERVICE

To the Editor of "The Auricle."

Dear Sir,—In the capitalistic world of to-day it is simply ridiculous to give blood free. Those that can afford it ought certainly to pay. At present a peculiar position has arisen. The donor is not paid. The patient does not receive blood for nothing. Where does the money go? It goes partially to the upkeep of a full-time secretary, and the rest goes to some new Research Station on Blood. This is grossly unfair. It seems that donors are being exploited.

The services of this full-time secretary are not needed. Paid donors would need no full-time secretary. They could so arrange it that a large list of donors' names and phone numbers were left at hospital, and it would then be far easier to obtain a donor than it is at present. The magnetism of money is well known. It is greater than any humanitarian motive.

Is a Blood Research Institute entitled to the entire fee of the blood donor? No. The money will probably be spent in futile research. In any case if there were need for the support of such an institute, that support ought to come from the State. The blood donors are expected to act both as guinea-pigs and financial supporters of this Research Station.

Blood is a therapeutic agent. The manufacturer of any other therapeutic agent is paid. Yet blood produced in the very bones of its manufacturer is not paid for.

Anybody donating blood is risking his life, and because of this risk is entitled to payment.

So little is known about the etiology of blood disease that anybody tampering with his bone marrow is taking a chance—unknown are the causes of aplastic anaemia, leukaemia, polycythaemia and bone tumours. There is an immediate danger of contracting disease by transfusing the patient's blood into the blood stream of the donor. Venereal disease has been thus contracted. Sudden death from anaphylactic shock may occur. Nor is this merely theoretical, nor even a remote possibility. It has happened.

The very history of the formation of the free association is enough to show that its principles are rotten to the core. Its roots are firmly embedded in jealousy and envy. Amongst the old Blood Donors' Association there were many in groups 3, 2 and 1. These never gave transfusions. Annoyed at this they moved that all money go to one pool which at the end of the year be distributed equally amongst members. The motion was lost. At the same time Rover Scouts and other good-deed seeking people interviewed the hospital about giving blood free. This group of non-donors of the old society put the question to the old blood donors: "If others are prepared to give blood free, why should we, who learn so much from the sick, not give blood free?" The main movers in the new formation were people who had never given a transfusion. The Free Blood Donors' Association was born. Anyone giving blood for money was almost ostracised. Insults were hurled at them and they were known as prostitutes.

Gone are the days, for the struggling medical student, of money earned not by the sweat of his brow, but by the hypertrophy of his bone marrow. "To him that hath shall be given—to him that hath not even that which he hath shall be taken away."

Yours, etc.,

PLETHORIC.

* * * *

Dear Medical Student,

A difference of opinion exists between us, but we must be tolerant one to the other, and if we are honest we will attempt to discover and assess the truth and value of the foundation of our different beliefs.

You may be unaware of the value of blood transfusion to the patient suffering from severe acute loss of blood—the woman dying from post-partum haemorrhage, the child with acute haemolytic anaemia, the individual from whom the surgeon's hand is stayed because the loss of blood consequent on operation will mar what would otherwise be a life-saving procedure. Lives otherwise hopelessly lost are saved by transfusion.

You may not realise that it is thus of great benefit to the community to have a group of men and women ready to give blood to those in need. The ill and poor cannot afford to pay for this blood. They are, moreover, in a bad state (through chronic malnutrition) to stand this loss, and as poverty and illness are synonymous they form the bulk of those in need of transfusion. You could not but scruple to take money in return for your blood from these needy, to waste on your petty amusements—your bioscopes, teas and dances. And remember that a cheque made out to you by the General Hospital is on behalf of this class of patient, and entitles you to draw from the bank money which you yourself collected in the Rag "for the sick and suffering." Do not let the

pseudonym at the foot of the cheque delude you. The rich should pay! Yes, but they are in the minority, and money is needed for the general expenses of the service—money for the phone night and day calling donors; money for transfusion instruments; money for salines, citrates, maintenance of instruments; money for expanding the service to minister to a greater number of those in need; money for research.

You may not know that the giving of blood is attended with no risk to the donor; that the blood donated is restored by the body within the week on each occasion. The actual procedure of entering the needle into the vein can give rise to no more than temporary local discomfort, and if this is at your expense, do you not acquire your whole medical training at the expense of the free patients at the General Hospital, your physical examinations causing more than discomfort to those ill in bed? Do you not owe them some return?

It may not have occurred to you that the need for donors exists, to lighten the task of present members by increasing the interval between transfusions, to allow us to serve more who require our services. Of the present donors, many are women, who themselves are liable to all the accidents involving loss of blood which are attendant on pregnancy and labour; miners working in the valley of the shadow of death of tuberculosis and death by accident; office workers who monotonously grind through their daily routine. But medical students! —only a pitiful handful. They who spend interesting hours in study, who will be looked up to after qualification as superior beings (and who will glory in this reverence)—their daily lives are intimately bound up with the sufferings of the sick, yet they do not come forward to help. "Do we not carry out our noble task under risk of contracting all kinds of diseases," say you, smugly. But you are prepared to jump at the chance of giving blood when you can make a fiver out of it. I appeal to you—do not become callous and apathetic; do not let greed for material satisfaction dull and coarsen you. Live up to the highest ideas of the noble art of Medicine.

"JONATHAN."

EXECUTIVE IDIOSYNCRASY

To the Editor of "The Auricle."

Sir,—The last meeting of the S.M.C. marked the end of an epoch in the history of the Medical School. Simultaneously it revealed that certain of those in whose hands we have placed the conduct of our affairs, have painfully sensitive skins.

The trouble started when the Executive, in conjunction with the Finance Committee, decided to grant fourteen days credit to students who had not the ready cash to pay for their tickets to the Medical Dinner. When the matter was brought to Council for condonation, it was pointed out that—

(a) Only eighteen out of seventy-two students who availed themselves of this facility had paid;

(b) When the price of the tickets was discussed at the last meeting many members said that it was unreasonably high, and that if the Entertainments Committee wanted to sell tickets it would have to be considerably reduced. The Treasurer stated that the most important advantage of having the dinner at the Wanderers was that liquor would be obtainable at Bottle Store Prices. The Council then consented to pass the price of the tickets. However, it turned out that the price of liquor was one of the most important *disadvantages* of the Wanderers, and members of council were justifiably annoyed at this extremely costly blunder.

In consequence the council refused to condone the action and the Executive, stung to the quick by the alleged slur on their reputation, resigned *en bloc*. Had any action of any other committee been disapproved of in a similar manner, that committee would have accepted the criticism and acted accordingly in the future. But the Executive . . . How could anyone disapprove or even have the temerity to suggest that a mistake had been made? "The Divine right of Kings" had been denied . . . the might of the Executive had been challenged . . . and so what more was there to do but resign?

The fact that for the first time in the history of the S.M.C. the power of the Executive has been challenged is a healthy sign. It shows that those who are representing the students have at last awakened to the fact that they, too, have a say in the conduct of student affairs. In one night a body of "yes-men" disappeared and in its place a council arose. It is for the students to dictate to the Executive and not *vice versa*. If the Executive acted in a manner which the majority of the members of council did not approve of, it was its duty to acknowledge its error and not to seek escape in a cowardly refuge of resignation.

While we honestly state that the present members of the Executive have always in the past worked loyally on behalf of the students and are without doubt the best executive men in the Medical School, we say equally emphatically that the challenge of "if you don't do what we say, we'll resign," should have been taken up and the motion of condonation which had previously been lost should never have been rescinded. The powers that be must be shown that they cannot ride roughshod over the opinions of the student body. The indignation felt by the students at the high cost of the dinner was voiced in "The Auricle" immediately after the dinner, and if Council claims to be truly representative, that protest should have been recorded in the minutes of the S.M.C. meeting.

Besides all this the indignity of a council, which had just refused to condone an action of the Executive almost going on its knees to beg that same body to return to office, is incompatible with good administration.

Let us hope that this hypersensitivity is only a passing phase, and that Council will not in future be forced against its will to accept things it disagrees with under the constant threat of resignation of those in high positions. The students will not tolerate dictation from anyone, and least of all from its own representatives. Let us hope, too, that this unpleasant incident will remain an isolated "black mark" in council records, and that in the future criticism will be accepted in the spirit in which it is given.

D.

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GREAT DOCTORS

2.—LAENNEC

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It is a curious circumstance of history that some discoveries become inseparably coupled with the names of their discoverers, whilst the names of others become inexplicably deprived of this immortality. Aesculapian annals reveal that Medicine is particularly conscious of her debt to the ingenuity of those who further her knowledge. Indeed, it may be said, there is a surfeit when every second syndrome, symptom and disease bears its veneration in the genitive singular. So it is that the veriest tyro will reflexly indentify the name Laennec with the stethescope, without knowing anything of the man or the nature of his discovery.

The full name was Rene Theophile Hyacinthe Laennec, and he was a Frenchman. He was born at Quimper, a small town of Brittany, in 1781. Laennec, senior, was an improvident species of lawyer with poetic leanings and a temperament quite unsuited to the rearing of a family. It is fortunate that his son's education became the trust of his brother Guillaume Laennec, a renowned physician of Nantes and rector of the University there. Laennec entered the Faculty of Medicine at fifteen years of age. It can be taken as a sign of the times that within three months of commencing we find him a military surgeon of the third class. In this way he was schooled in the principles of his art upon the battle field. In 1801 he proceeded to the great La Charité Hospital in Paris, an institution graced at that time by the name and teachings of Corvissart. The foundation of this school was Morbid Anatomy, and it was not long before Laennec's amazing faculty for the subject revealed itself. He qualified in 1803 with a grand prix in Medicine and Surgery. In 1804 he was accorded the great honour for one so young by being made a member of Societe de Ecole de Medicine.

Such a successful student-career was naturally followed by a fine prospect in practice. He gave Morbid Anatomy classes which earned him a flattering reputation, and within twelve years was one of the most fashionable practitioners in Paris. He was an honorary physician to the Hospital Neckar with one hundred beds under his care.

In 1816, whilst visiting the hospital it happened that he was examining a very obese young girl with heart disease. No signs could be elicited by the methods available. "I recalled a well-known acoustic phenomenon," his naive account runs, "namely, if you place your ear against one end of a wooden beam the scratch of a pin at the opposite extremity can easily be heard. Taking a sheaf of paper I rolled it into a very tight roll, one end of which I placed over the praecordium, whilst I placed my ear to the other. I was both surprised and gratified at being able to hear the heart beats with much greater distinctness than I had ever done." Thus was the stethescope conceived, a simple and unpretentious innovation which anyone might have chanced upon, but it was in the weaning of his creation that the real genius of this remarkable doctor manifested itself. What a clamour of wheezing and bubbling must have reached his astonished ears as he patiently passed from thorax to thorax in his mission of elucidation. Yet within three years he had sorted and labelled the physical signs in the chest and ascribed to each a pathology with an accuracy which still for the most part remains unchallenged. In 1818, he read a paper on the subject to the Academy of Medical Sciences. The following year he gathered the results of his researches into his classic on Mediale Auscultation; which was marketed at 16 francs with a three franc stethescope in the shape of a hollow wooden baton with shaped ends. The discovery met with a mixed reception, especially in France, far greatar prominence being accorded it in Germany and England.

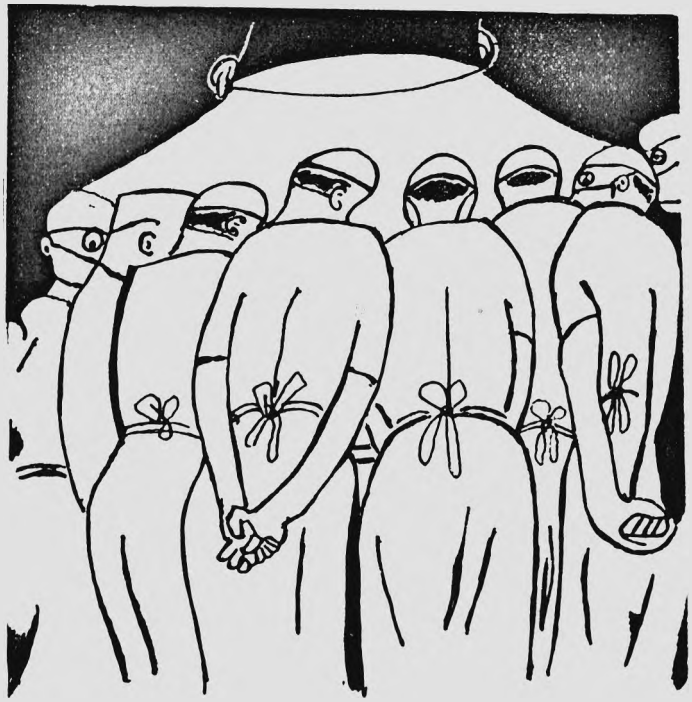
By this time, however, the dreaded phthisis, a constant shadow, took its unmistakeable hold upon him, and he was forced to leave Paris for three years. He returned in 1821, little improved, to continue his clinical teachings at the Neckar. In 1823, he took an appointment at La Charite and commenced a celebrated series of Ward rounds, five days every week, with fifty learners from all over Europe in attendance, to whom he lectured in Latin. (*Continued on p.* 14)

MEDICAL TRAINING

The Editor of "The Auricle."

Dear Sir,—Student agitation and logical reform have at last swept the cobwebs from that dark, damp and dirty cellar that used to exist at the back of the Medical School, and brought the light to bear on a valuable medical subject. One can only hope that a certain clinical year will meet with equal success in its attempt to obtain fairer conditions.

But of far greater interest is the fact that representatives from the Students' Medical Council submitted evidence on behalf of the students to the Government Commission enquiring into medical training some three weeks ago.



Fundamental and radical changes were suggested, and one could visualise a gleaming new Medical School with vastly increased accommodation, a larger teaching staff and adequate recreational facilities. It is to be hoped that the Government will give more than "its serious consideration in the matter" and that active steps will be taken to improve conditions. To me it seems only right that the Government should adequately equip the two existing Medical Schools before considering the founding of a third Faculty of Medicine. Since 1930 the number of students at the Medical School has nearly doubled itself without any appreciable increase in accommodation or teaching staff. Such conditions have put a great strain on the resources of the staff and have limited the teaching facilities available to students.

Let us examine some of their recommendations. It was suggested that systematic lectures be reduced as much as possible in favour of printed notes, that every student be given individual tuition as far as possible, and that clinical teaching be standardised and uniform throughout the wards. Several courses were re-arranged so as to leave the final eighteen months as free as possible for clinical work. The most important recommendation was that the qualified student should serve a year's compulsory housemanship in two or more branches of medicine. This would be an admirable step in the production of a better graduate provided that sufficient positions are available and those housemanships thought more desirable are allotted on merit. Further, during his final year every student will have to spend a certain period "in residence" in various branches of medicine. Perhaps we shall even see in our lifetime the dawn of a Brave New World of doctors, an enlightened profession that will have cast away out-moded beliefs and methods of teaching that are relics of the days of Burke and Hare! Yours, etc.,

"SUB ROSA."

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LOCAL LETTER

INTER-FIRM TENNIS

The entertaining tennis contests between individual firms continues its happy way, serving a purpose both sporting and social. These fixtures are commendable in bringing students together for a purpose other than scholastic, and in furthering an understanding between the honorary staff and its pupils. While the progress of the contest is now past the mid-way mark, competition is still as keen as at the commencement—might I be forgiven if I tentatively advanced the opinion that the Cup seems a "good thing" for Dr. Melle's firm?

* * * *

CIPHER

In a contemporary literary issue I chanced upon the following hieroglyphic manifestation:—

A crowded Mr. G. Routh's proposal to inaug objects of which appear below. on the 26th April, the Democratic in view of its failure to secure meeting enthusiastically carried *urate* the Diogenes Club, the

(The italics are my own.)

* * * *

FOOTLIGHTS

The Medical School Players have presented their latest venture—a distinct success. The standard was above that of their previous productions, which have been a trifle morbid. Professor Stammers and his co-workers are to be congratulated. May they adhere to the lighter vein which they have perpetrated in "The Sport of Kings."

* * * *

COMPLAINT

While lectures are being held in the Aesculapian Theatre, students appear to be inundated with an irrepressible desire to enter that theatre. There is in consequence a constant, irritating noise as the door is opened and closed. This is scarcely conducive to the perfect reception of lectures. Some arrangement must be reached rendering it impossible for this state of affairs to continue.

* * * *

ELEVATED

In an article on the "Medical Aspects of Mountaineering" contained in a recent issue of Bayer's "Clinical Excerpts," I chanced on the following: "... chronic mountain sickness is of a different kind, and it occurs in those who remain for prolonged periods at a great altitude. It may be experienced as low as 6,000 or 7,000 feet, and the inhabitants of Darjeeling and of Johannesburg are said to become unduly irritable after many months at this level." However, this does not explain the phenomena exhibited in certain external examiners, who develop symptoms long before the stipulated "many months."

* * * *

AUTOBIOGRAPHY

Might I draw your attention to an excellent book? It is "Life and Death," the autobiography of a surgeon, by Prof. Andrea Majocchi, of Milan. It is worthy of a place in any library. Let me quote part of an eulogium on anaesthesia contained in this book:—"The development of anaesthesia I watched through the years; it constitutes a glorious epoch in the annals of surgery . . . . The brain, kidneys, stomach, spinal cord, bile ducts, and the very heart itself, reveal their secrets and yield to the healing ministration of the surgeon as well as that of the physician. The barriers of medicine and surgery have been lowered, never again to be raised, and the surgeon, master of the entire human body, can say at last—'Surgery—science and art divine.'"

* * * *

EVIDENCE

Congratulations to those responsible for the excellent presentation of the report to the Medical Commission. The recommendations are all of a vital nature, and should the authorities that be grant us even a third part of our requests, this school would benefit greatly. Medical education in this country is altogether stagnant, and while amenities are to be appreciated, actual methods of teaching could do with a thorough overhauling.

Yours sincerely,

BINAURAL.

* * * *

Mr. J. J. L-v-n (to anaesthetist, as patient rolls from side to side): "Mister, I may be a surgeon, but I'm certainly not a ship's surgeon."

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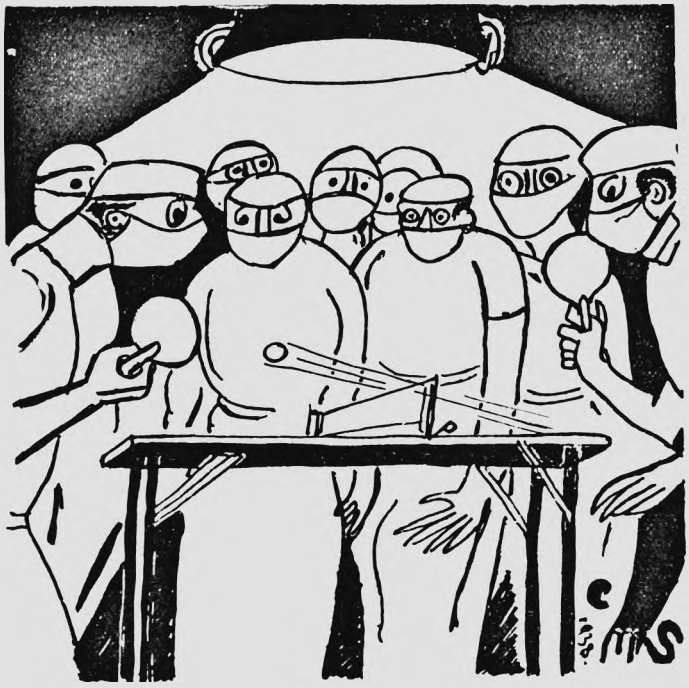
'n Goeie Toespraak

Mediese studente behoort groot redenaars te wees want leer hulle nie alles van die brein en van Broca in Fisiologie, en van die spiere in die disseksie-saal nie? Wat meer is nodig?

Die volgende spiere, in orde van belangrikheid, word gebruik in 'n goeie toespraak:—

Ten eerste, die anti-swaartekragspiere om regop te staan en te verhoed dat jy jou een voet op die stoel sit en jou ander elmboog op die tafel.

Ten tweede, die infra-hyoid spiere om jou mond oop te maak, want anders weet die mense in die agterste ry nie wanneer jy begin praat nie of wanneer hulle moet hande klap as jy ophou nie.



Verslap al jou ander spiere.

Dit is nou duidelik dat die hele proses 'n akrobatiese vertoning van spierbeheer is, net soos in die geval van die man wat in die sirkus op 'n dun draadjie loop. Beheer jou spiere, en jy sal jou toehoorders en jouself onder beheer hê. As jy jou knieë sover onder kontrole het dat hulle nie meer in spontane clonus gaan nie, kan jy begin om jou Mm. linguae te stimuleer.

Terwyl jy hiermee besig is, kan jy af en toe M. extensor indicis proprius gebruik om nadruk op die waarheid te lê. As jy voel dis betaamlik om soms ernstig te lyk, gebruik dan: M. frontalis.

Maklik, nie waar nie?

SOBOTTA I.

S.A.M.C.—U.W.M.S.—O.T.C.

To the Editor of "The Auricle."

Sir,—There are in the school many men who were once keen cadets and who would welcome the formation of an Officers' Training Corps. All Overseas Medical Schools have such courses, and here in S.A., U.C.T. have recently formed an O.T.C.

Readers of "Wu's Views" will have seen a number of letters in recent issues, advocating the establishment of a similar reserve detachment at Wits.

I think that the time has come when our students, now availing themselves of exemption from military training should ask for the G.H.Q. support to establish an O.T.C., which would be a subsidiary of the S.A.M.C., in the Medical School.

It is just as necessary for those members of the profession who become officers in the S.A.M.C. to be "au fait" with the military aspect of their duties as with the medical side; trained as students in the O.T.C. they will be competent to carry out orders efficiently.

Of course, it would be an absolutely voluntary brigade, and no compulsion would be employed to obtain the necessary numbers.

The O.T.C. would serve a dual purpose, since beside military training, first aid courses form a fundamental portion of the general training.

Yours, etc.,

L. S.

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SPECIALIZATION AS A LIVELIHOOD

As it is practically impossible to specialize in more than six branches of medicine one should select only one. This particularization while involving more study, enables one to charge more and get away with it.

If one has an auroscope and other additional parts which are not yet in pawn, then the ear, nose and throat are useful regions on which to concentrate. As a means to examining the throat a cheap and handy instrument is the dessert-spoon (2 drachms) for adults, and a teaspoon (1 drachm) for children, the handle of the instrument being used. The standby in all cases is the tonsil, which may be accused of all symptoms, though one is advised to make sure that it is present before condemning it. The word "allergy" is a useful adjunct to the practice.

Should you have been regarded as a "Sheik" during university days, your specialization is to be gynaecology and obstetrics. Women are essential for the success of this practice which is a most elevated one, being mostly concerned with the heavenly meanderings of the stork. No apparatus is essential though a gynaecological chair, a private nursing home and a pair of hands are useful.

Specialization in the urogenital system is precarious, as life hinges on the prostate, a universal enlargement of which will ensure a successful practice. For this branch only one piece of apparatus is necessary, the catheter—though assorted shapes and sizes of bottles are useful.

During one's studentship there may have been purchased an opthalmoscope. Should this still be available, the eye is a useful form of specialization. The eye-shade should be prescribed *ad lib*, while atropine may be recommended for all conditions. A dark-room is useful for the use of the ophthalmoscope, though before using this instrument one should make sure that the patient has not two glass eyes.

Orthopedics is one of the newer forms of the specilizations. When one is fortunate enough to obtain a case which the surgeon has not seen first, specialization may be considered. Essential pieces of apparatus are a tape measure and a skin pencil. The Bradford table and plaster of Paris may be invested in later.

A subject demanding an intimate knowledge is that of venereal diseases. One must realise the big part which a fall off a bicycle plays as an etiological factor. Observation should be cultivated so as to enable one to spot the crimson digits at a glance. Success in this branch is built round the syringe and 606, while the subject is more or less essentially a specific one.

A course which is most interesting is that of radiology, which is based on the science of looking for something which is not there. While not absolutely essential, it is nevertheless advisable to attempt acquisition of an X-ray plant, though when commencing practice a cinematograph may suffice.

The subject of skins should not be misunderstood. Possibly dermatology would be a better word to use. No apparatus is necessary and in prescribing, one should not spare the lotio. alb. and sulphur soap. A useful, though not essential supplement to diagnosis is the Wassermann Reaction.

Neurology is a specialization which has for its patron saint St. Vitus. Before entering practice one is advised to invest in a patella-hammer, the results of the use of which forms the basis for all diagnoses. Luminal is the standby and is to the neurologist what trumps are to the bridge player.

The concentration on children's diseases may be considered by those with the maternal instinct. Diagnosis is based on inflamed tonsils, intestinal spasms and the environmental factor. To win the confidence of the young patient one is advised to present him with a rattle or a bicycle before attempting a

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physical examination. Breath-holding and skirt-holding are notable etiological factors, while tongue-holding is conspicuous by its absence.

Lastly, I propose to deal with surgery. For this a sense of proportion, both mechanical and financial, is useful, and may be applied to both pre- and post-operative treatment. Success here is based on the sharpness of the scalpel and the presence of the appendix. It is necessary that one should be able to put two and two together and make a new intestinal tract.

I have not discussed specialization in forensic medicine, anthropology and the like, but should one be desirous of concentrating on these subjects a psychiatrist might conveniently be consulted.

STONY DULL.

* * * *

Prof. Br-bn-r (to clerk): "Here is a patient aged fifteen, suffering from syphilis. Acquired or congenital?"

Clerk: "Congenital, sir; she comes from Bloemfontein."

Prof. Br-bn-r: "Ah-h-h-h-h-h, yes. But Bloemfontein is just as bad as Johannesburg."

* * * *

Dr. P—nn: "How would you treat an appendix abscess if you were a ship's surgeon in the mid-Atlantic?"

Miss R——: "Oschner-Scherren treatment would be suitable here. I'd apply an ice-*berg* to the abdomen."

* * * *

Mr. J. J. L-v-n: "Mr. Anaesthetist, if I wanted the patient to speak to me, I'd have done it under a local."

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Medical School Arts Society

The necessity of a sound anatomical knowledge to an artist is well known, but Leonardo da Vinci was perhaps the first man to prove the converse of this to be equally true; so that to-day a training in art has come to be recognised as a valuable adjunct to the medical man's knowledge.

We feel sure, therefore, that the inauguration of an Art Society in the Medical School will be welcomed as an addition to ordinary student activities, particularly as the Society intends arranging art classes.

These classes, which are to be held at the Art School, will commence during the first week of the second term and will take place on one evening a week. Medical Students are to be given special facilities for study and, furthermore, they will not be restricted, as are other students, to definite classes for definite periods. For the first few months the classes will be of an introductory nature, and will include drawing and modelling. Later, students will be encouraged to specialise in whatever branch they are most interested. A composite fee of £3 per annum, paid half-yearly, will be charged for the course. Only those students who know the expense incurred in private art tuition will appreciate how very reasonable this is, and we hope that the response from the School will be an enthusiastic one.

C. F.

Once again the wintry month of June is with us, with its gales and red noses. One bright spot, however, stands out like a beacon light in a sea of personal discomfort, for on the 29th of June the premier medical function of the year calls to the jaded student and blase reveller alike.

On this date the Wanderers Club will present an unrivalled scene of splendour, gaiety and even, perhaps, a little refined conviviality, for in the evening THE 14th ANNUAL MEDICAL BALL is to be held.

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OUR NURSES' PAGE

Introduction

It is with great pleasure that we of the Nursing Staff join forces with the Medical Students this month by contributing a page to "The Auricle."

So far it has been found impossible for us to organise our own publication, and we are grateful for the opportunity of trying out this experiment. We hope that this supplement will prove a popular feature.

An appeal is necessary here for contributions to warrant this trial run. We nurses have been an inarticulate group of the world's workers, and the time is ripe for this state of affairs to change.

This is a timely opportunity for us to work together with the Students of the Medical School in a co-operation that is essential for the mutual understanding between the Medical and Nursing Professions.

A Nurse's Hymn

I.

There's a home for worn-out nurses
Above the bright blue sky,
Where Sisters never enter, and
Matrons never pry;
Where weary nurses find the time
to make a cup of tea,
And rows and rows of bed pans lie
to rest eternally.

II.

There's a home for little nurses
Above the bright blue sky,
Where eggs are found in plenty,
Where babes are always dry;
Our earthly beds may bruise us,
For they're filled with tough
horse hair,
But the celestial Vi-spring mattresses
Are soft beyond compare.

III.

There's little rest for nurses
While we're toiling here below . . .
There'll be no houseman's curses,
No saline drip to flow;
No fierce and irate honoraries
Who at your slowness moan,—
When we float on clouds of glory
Far above this ether zone.

C. F.

* * * *

Overheard at Non-European O.P.D. (Gynae.):

Nurse: "Annie, have you got your changes?"

Annie: "If I mus' pay, I mus' go—'cos my husband, he got the changes."

A Page out of a Nurse's Diary

Was sent last night to a female medical ward. All the experience I'd had till then was surgical and gynaecological. Took over from day staff nurse, who explained in confusing detail the pros and cons of night routine. Then left severely alone with fifteen bedded females.

Introduced myself to all the patients not yet asleep. Not a word of encouragment! Either too sleepy or my predecessor too popular.

Walked several miles up and down the ward until midnight. Stood at the door surveying the scene with quite satisfaction. Stay! what was that? Good grief, a smouldering sheet! Paralysed with thoughts of stampeding convalescents and horrible death in the flames! What to do? After all the lectures we've been having lately on fire prevention and action in emergencies! 'Phone the office, above all, keep calm, and save as many lives as possible. Inspire a feeling of confidence in the patients!

Rushed to the kitchen, filled a porridge bowl with water, flew back to the threatening conflagration and dashed the contents over the bed. The smouldering was extinguished! As the first wave of relief swept over me I was able to view the situation in its proper light. How magnificently I had behaved! How adroitly and resourcefully I had acted! No alarm, no fuss, no much ado about nothing. The patient was spluttering—from water and anger. I soothed her.

"I've saved you from a horrible death," I told her nonchalantly. "Saw your bed clothes smouldering and threw water over the bed. "You're quite safe now, dear."

Really, the woman was most ungrateful. She swore dreadfully, and woke the whole ward.

* * * * * * *

Later. Have just been hauled over the coals by matron. How was I to know that she was an asthmatic, breathing paper and amyl nitrite fumes? I'm sure the treatment's horribly antiquated. I thought steam-kettles were used nowadays. Oh, well!

L. A.

The Doctor's Dilemma

"This is the new patient, Doctor."

"Good evening, Granny. How are you?"

"Oh, good evening, sir! Are you the Doctor? Where did I put my glasses, dear? I can't see very well. There, that's better. I'm a bit 'ard of 'earing, too, Doctor."

"Well, and what's the matter with you?"

"That's what I've come in for you to find out, sir."

"Yes, quite; but what do you complain of?"

"I'm not complaining at all. All these ladies have been so kind to me since I came in."

"Now, what I want to know, Granny, is this: Are you ill?"

"Well, not exactly ill, and not exactly well, Doctor."

"Have you been under your doctor at home?"

"Yes, sir, I've been having Dr. Green, of South Street, to see me. Such a nice gentleman he is. I expect you know him, don't you, Doctor? He attended my Ethel with her last baby, and he said——"

"Now, never mind what he said about Ethel. What did he say was the matter with you?"

"He didn't rightly tell me, dear—sorry, sir. Doctor, I mean. Do excuse me calling you dear, won't you, but you're so like my grandson."

"That's all right, Granny. I like ladies to call me 'dear.' Now, what made you send for your doctor?"

"My daughter thought I ought to have him."

"Well, have you any pains anywhere, now?"

"Not exactly pains, Doctor; I have sensations."

"What sort of sensations?"

"Well, it's as though rats was gnawing at my vitals, and sometimes it's as though ants was crawling over me."

"Yes, I daresay it is—but they're not ants, Granny. Now, is there anything you can tell me quite definitely is the matter with you?"

"No! It's a sort of 'all over' feeling, sir. I expect I'm wearing out."

"Now listen to me, Granny. I'm very busy. I want you to tell

[Continued at foot of previous column]

me in a few words just what you feel like now."

"Well, if you ask me, Doctor, I feel like a nice cup of tea——"

"THE SPORT OF KINGS"

Once more the Dissection Hall was the scene of the annual play presented by "The Medical School Players," and produced by Prof. Dighton Stammers.

Undoubtedly the high-light of the production was the perfect portrayal by Mr. Sam Kagan, of Amos Purdie, J.P. The mannerisms and prudery of the venerable old gentleman were convincingly portrayed, while Mr. Kagan's clarity of diction might be well emulated by certain other members of the cast. With the memory of the recent "Rag on Tour" concerts in mind, one feels inclined to wonder whether Mr. Kagan has not perhaps missed his vocation.

Rolf Nupen appears to improve with each outing. His blustering portrayal of last year was scarcely "a thing of beauty" or a "joy for ever," and hence I was amazed at the consummate ease and conviction with which he played the part of Algernon Sprigge. This was particularly marked in the last act, in which he and Mr. Kagan reached the highest points of the performance.

The one weak link in the otherwise strong cast, was Miss Margaret Rheinhold. Her performance lacked the fidelity so conspicuous in the portrayals of the other characters, while her soft speaking voice did not carry well to all parts of the hall. Her unconvincing acting was unfortunately emphasised during those times in which she occupied the stage together with Mr. Nupen, whose clever characterization served only as a background for her weaknesses.

As the Butler, Bates, Mr. Dauberton was well up to the general standard. I was particularly impressed by his performance during the scene in which he catches Mr. Purdie laying a wager on the telephone and thus tumbles to his employer's private vice.



"No, No, No, Doc! - My Tonsils! My Tonsils"

But my real evening's surprise, and a very pleasant one at that, was Miss Anne Walker's performance as Katie Purdie, of the "awkward age." Her characterization was excellent, and I would like to see her in a similar part but one with greater potentialities.

H. Reitz was a splendid foil to Miss Walker and, for what I presume is an initial venture, did remarkably well. His transference of make-up to the cheek of his stage-sister is perhaps worthy of mention.

Mr. Lex van Heerden has also made remarkable strides, and was very convincing as the *vis-a-vis* of the dominant Algernon Sprigge. He admirably justified his promotion from the role of police constable.

The remaining ladies in the cast all did well. I would like to single out Miss Cecil Moore. The little she was called upon to do was carried out excellently, and her portrayal of the asinine Lizzie was almost imbecility personified.

A small but brilliant part was that of Albert (D. R. Morris). In a minor role, which the less wary might have been tempted to overact, the latter did remarkably well.

The scene in the "Champagne Only" Bar proved a triumph for that old trouper, Prof. Dighton Stammers. His alcoholic progress had the house in convulsions of mirth, and made one long for more.

I heartily enjoyed the show. The results should leave no doubt as to the nature of future ventures. Humour, especially of the Ian Hay calibre, is far more enjoyable than the tedious tone of performances of the "Sleeping Clergyman" category. The players were permitted more latitude in the lighter roles, and were obviously more at home.

The Medical Players' one difficulty would appear to be their limited numbers. It would be pleasing to see more students striving for places in the cast, for it is the appearance on a public platform, which is afforded by the annual play, that will do much to imbue the medical student with that confidence so essential in the successful medical man. With this end in view, might I suggest the formation of a more active dramatic society with the holding of a monthly play-reading?

* * * *

Sick miner in medical ward: "Nurse, bring me the coco-pan."

* * * *

Overhead in Ward 13:—

Student (to patient): "Have you ever suffered from specific disease?"

Doctor X (overhearing): "You don't expect your patient to understand what you mean by specific disease, do you?"

Patient (interrupting): "It's all right, doctor; I *have* had specific disease. I lived with a medical student for two years."

* * * *

Theatre sister in low tones to new probationer: "Black Gut!"

J. Pro. (hands on hips): "I've never been called *that* before!"

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SWOT

Outside the stars are set in a sky of velvet, and the shadows are inscrutable mysteries, dark and enveloping. Why are you chained to your seat? Pneumococcus Gram positive—they say the moon was once a living world, and life of some sort grew and blossomed, sentient moving life. You poor human, tagged down in a shallow groove of intellectuality, hemmed and fettered by uncompromising conventions. Growth on broth—why are you sitting in this room, hair over frowning forehead, eyes red—outside it is cool and inviting, and somewhere there is placid water and nodding grass. Types I, II, III and IV, antiserum, passive immunity—and there are women outside; after all your foundation is bestial, your grandfather removed a thousand decades was an ape, his hair hung over his forehead. He studied hunger, you study pneumococcus; he hunted females and you—but you must know commensals, pathogenicity—there is a long, straight street, on either side are whispering trees, you stride along with swift, tireless movements, you hum a song, your white flesh breathes the night air. Lobar pneumonia, pneumococcus mucosus, "sticky owing to a fairly large capsule"—who are you? What brought you into being? From an atom of matter to a colossus, from nothing to everything, from dust to creation. Swot? Life and love and death. Swot! Colonies flat, growth on gelatin, "a leucocytosis indicates a good prognosis." At the dance you will laugh and joke, she will be slender and pliable, and her eyes will appraise you, outside the stars will be as they are to-night, as they always have been, as they always will be, even when you are dead and rotten, yes, you. Only the little pneumococcus will be alive, with its growth on broth and gelatin, and its leucocytosis and its pathogenicity. "The capsule does not stain by ordinary methods," lanceolate-shaped diplococcus, the rounded ends applied. You laugh. Rounded ends applied. Poor little pneumococcus, it's tied by convention as much as you are, all its miserable life its round end is applied, in a cage of capsule. Optimum temperature—oh, how cool it is outside. A breeze, filled with the fresh fragrance of flowers and lovers' sighs. Swot! Then you will take her home, her kiss will caress your lips. "The night is ended, but the melody lingers on"—she and you, pneumococcus safe at home in an unstained capsule. One micron in diameter, facultatively anaerobic, rich medium, glucose. The stillness of the night is eloquent with the unspoken beauty of majestic mountains, bubbling waters and long white roads. Swot! Your tired brain goads itself, your restless eyes, your rhythmic diaphragm—diplococcus pneumoniae, Weichselbaum 1886—your pumping heart, your dripping kidneys, romance and splendour—dissolved by bile—starry worlds unchartered and unknown, sweeping voids, immeasurable distances—cerebrospinal fluid turbid—sleep—not an auto-infection—sleep—fatal—sleep—Armstrong's method—sleep—type-specific anti-sera—sleep—the breeze is cool, the road is cool, she is cool—

And so to bed.

M. GOLDBERG.

GREAT DOCTORS

(*continued from p. 6*)

In 1822, he was made Professor and lecturer in the Royal College of France, and the following year a member of the Academy of Medicine. In 1824, he became a Chevalier of the Legion of Honour; distinctions thoroughly deserved, but which he was far too ill to thoroughly enjoy. His last task was a complete revision of his text-book, and the strain incurred proved sufficient to precipitate his condition. He died in April, 1826.

Thus ended at the age of forty-five the life of one of the very greatest physicians—Laennec, the star which heralded in so brilliantly the era of nineteenth century clinical Medicine, and which still remains uneclipsed by any other investigator even of the twentieth century. A good, unassuming, kindly fellow, greatly admired by his colleagues, not only for his academic attainments, but for the courageous way in which he fought the demon of illhealth in himself, and the disease of which ironically enough he was the first and most brilliant investigator.

D. R. M.

THE TRAVELLER

The tall creature had an amazing face, commonplace in all but colour. One thought of crocus, topaz, saffron and gold. In his surroundings a medical student might think of jaundice. He beckoned me at the entrance of the tea lounge, and invited me to join him at tea.

"You're a doctor?" he enquired later. I thought rapidly and nodded.

"You'll be interested in throats, then, eh?" I nodded again.

"Would you think to hear me speak that for a time I had no voice at all, not even a cacophonous caterwauling, a marrow-bones and cleavers?"

"No," I said, and my tone was discouraging. There was a distant look in his eyes.

"Yet there was a time when from a mute I rose almost to become president of a prosperous South American Republic. Born in S—— of noble family, I was at the age of nineteen up to the neck in *affaires de coeur*, with many of the city's younger matrons. Tall and with a face of gold, my voice was the sweet music of my country's rivers. I loved in particular the beautiful wife of our newly-elected President. Her beauty was of the asphodel and the butterfly, and she returned my love. The husband was too old, and had brought her from Philadelphia.

"My Helene was but eighteen, but she had the courage and resourcefulness of a Joan of Arc. In build, she pointed out, I was as her husband. His voice was as dulcet and canorous as mine, and one could be mistaken for the other. In feature alone did we differ, but the careful application of a greying beard and moustache and, behold, a jaundiced President! Our plan was to do away with her husband as he slept, and to announce within the week that the President, stricken with the native jaundice, had been advised to travel to the dry west country for a month. His young wife would accompany him. The venture was fraught with dangers and impossibilities, but in the ecstasy of our love we were aware only of its feasibility.

"I killed the President in his palace one warm December night. Alas, he slept with his sword in his hand, and as he died he lunged at his assassinator; the sword pierced my throat. I was mute from that moment. Here, indeed, was an unsurmountable catastrophe. It did not unduly concern my Helene, however, who, after consulting a maid on the sixth day of my misfortune, sent for a herbalist on the outskirts of the city. This good man, for whose benefit the tale of a duel was told, had, so he said, access to the appropriate remedy. He departed to return the next morning with the leaves of the *sancheco* tree, with which our city abounds. For an hour he boiled the leaves in glass, poured out a brown, uliginous material, which he set out, in the form of small pellets, on ice. One of these he gave me to take in the mouth. The effect was miraculous, instantaneous. I felt the tissues of my throat contract, a wild surging to the brain —and I knew that I could speak once more. My silver-toned mellifluence had returned to me.

"I enquired of the herbalist why the doctors of the city did not make greater use of this *foudroyant* leaf. He told me, with a smile, that it was too easily accessible, and that the apothecaries would lose by it. Yet it was an *elixir vitae*, a philosopher's stone. He begged of me, as the President (!) to introduce this panacea to the world. I promised that I would.

"There is very little else to tell. My Helene and I accomplished a successful escape, and lived in Philadelphia for a year. I had brought with us three great trunks of *sancheco* leaves. At the end of the year Helene reminded me of my promise to the herbalist, and you see me here, a traveller, on a life-saving campaign. I am waiting even now to speak to your great Professor Watt."

He stopped speaking, but I said nothing. He continued: "Travelling, however, incurs tremendous expenses. I have here a little box containing a dozen *Sancheco Pellets*, which I can let you have for the ridiculous price of fifteen shillings."

I thanked him gravely.

"Take your pills to Professor Watt," I advised him; "perhaps he won't remember his O. Henry as well as I do."

I looked up, as I spoke, at his face. It no longer reminded one of crocus, topaz or gold. It was the deep, transparent red of garnet . . .

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