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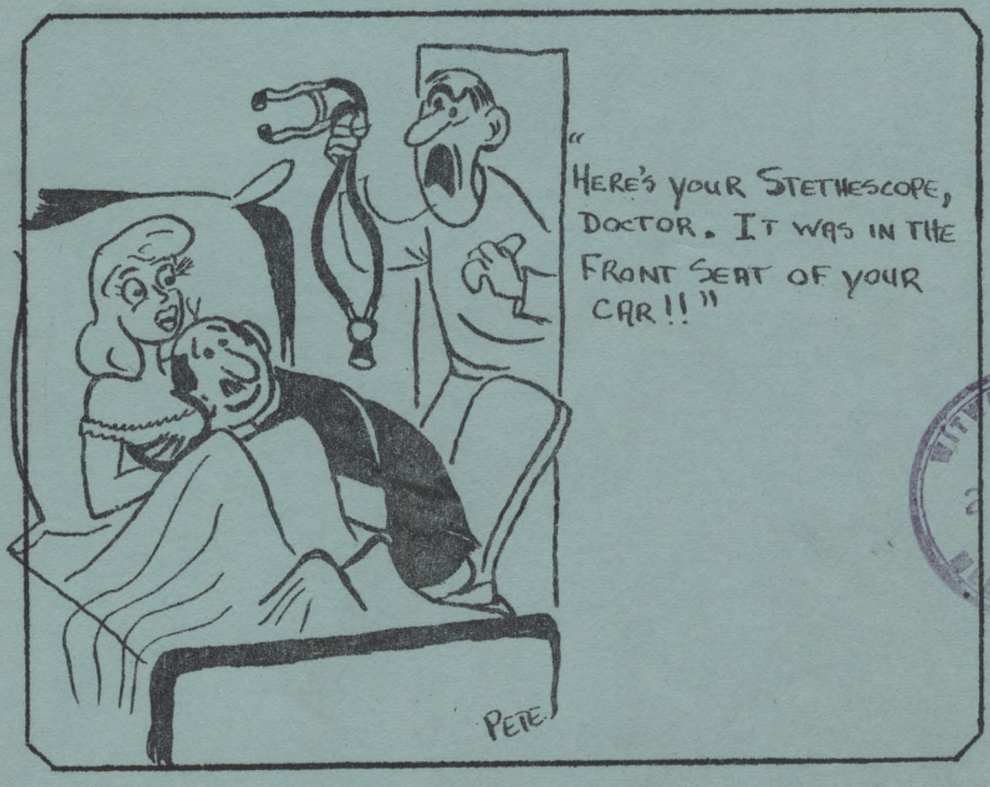
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Students` Medical Council

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THE AURICLE



WITWATERSRAND
27 MAY 1959
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POST-OPERATIVE ALIMENTATION
BY PROF. DU PLESSIS.

(SEE PAGE 10)

VOL. 10 NO. 3
APRIL/MAY 1959

A U R I C L E

S T A F F

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Business Manager:	H.A. Serebro
Sports Editor:	M.C. Kew
Staff:	R.G. Boardman
	H.A. Kahn
	L.Z. Touyz
	H. Etkin
	A. Goldin
Art Work:	A.M. Levine
	P. Landsberg

Editorial

A few months ago there was a raving and a ranting going on around here about a new Medical School. The Dean, in his address to the Students, spoke about this subject. He pointed out that we have the biggest teaching staff and the biggest student-body; but we did not figure in the vigorous building boom which started on the campus after the very successful University Appeal Campaign -

The SMC passed motions asking the University Council to get moving in this respect - The students began to have hopes that they (if not they themselves at least their children) would study Medicine in a new building - now the matter seems to have been shelved indefinitely.

A new building is essential if the School is to continue to expand at the present rate. All the various departments are carrying out exciting and exacting research projects - for this they need space! The Physiology lecture theatre is a dungeon and should be relegated to its true position - perhaps erring students could be interred there or perhaps it could be levelled out and used as an extra laboratory - the place is so cold that it is just about a natural for use as an Anatomy Hall - (no thermostat would be required to keep the temperature low enough to prevent the cadavers from putrefying).

Seriously speaking - it's about time that vain promises were set aside and we were presented with some concrete facts and figures - How much longer must students'up the hill' spend their lunch hours sitting on the wall outside the main entrance to Medical School, or on the pitiful grass patches just behind that wall - How much longer must 200 second year students sit through lectures squashed up in a lecture theatre (Vesalian) designed to hold 150 students?

How much longer must research projects be carried out in dark little rooms or spill out of these same rooms into the corridors? When will we have (in common with other Medical Schools) a residence for Medical Students exclusively instead of having students polka-dotted in little rooms and flats all over Hillbrow?

Medical Students pay the highest fees at Varsity and have the longest stay here - why should we not have facilities to equal those of the other faculties?

* * * *

This Newsletter is published by the

S.M.C. - Witwatersrand University; Medical School

7a Esselen Street, Hillbrow

JOHANNESBURG. South Africa.

The views expressed are not necessarily those of the S.M.C. and responsibility for any statement is borne solely by the author of such statement. Any correspondence should be addressed to : The Editor, The Auricle c/o above address.

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the RESEARCH FRONTIER

DEPARTMENT OF MEDICINE

The Department of Medicine constantly carries out research in Cardio-Pulmonary disease. This Cardio-Pulmenary Research unit is financed mainly by the C.S.I.R. (Council for Scientific and Industrial Research). The personnel consists of Departmental Members, Registrars and specially trained Technicians.

The projects involved are as follows:

(a) Cardiology

Extensive work is being done to investigate Cardiac Pathology. The Department has established a Cardiac Clinic where congenital and acquired Heart Disease is studied by means of clinical examination, cardiac catheterisation, X-ray and angiography. Here, indeed, is a wonderful training ground for the enthusiast. The stupendous advances of cardiac surgery has necessitated precise diagnoses and, consequently, the refinement of diagnostic techniques.

(b) Pulmonary Disease

New and improved methods are being devised to delve into the mysteries of the physiology and pathology of respiration. The mechanism of many of the signs and symptoms of lung disease is only being elucidated today by the use of these interesting techniques.

Endocrinology

More recently, interest has been directed towards derangement of metabolism. The red blood cell, with particular reference to the defects in iron metabolism, is being studied. The main method of investigation is by means of isotopes.

The work in this field is now being expanded to include experimental studies in animals.

There is a vast amount of material available from Baragwanath and Coronation Hospitals. However, owing to geographic difficulties, it is not possible to take full advantage of this. Another limiting factor is finance. Thus the programme cannot hope to tap a fraction of its clinical problems - especially with regard to Bantu medicine.

Registrars are permitted to carry out their own research projects within the above framework.

Students in their clinical years are now being given facilities to take part in research projects in their spare time. This is a very progressive step and, obviously, of endless benefit to enthusiastic students.

Any interested persons need only contact the Department of Medicine to be granted such facilities.

Tony L--sk: The C.S.F. is mainly absorbed in the virginity of the superior sagittal sinus.

THRO' MY STETHOSCOPE

NEWS IN BRIEF

PROF. ELLIOTT BACK: We welcome Prof. G. Elliott back to the grindstone after his exciting "Drive Down Africa". From the sound of things, this was a most exciting trip and we hope the Prof. will enjoy "running" the Department of Medicine as much as he did the Landrover.

JEFF MAISELS - SQUASH CHAMPION: Maisels brings back S.A. Universities' Men's Single's title - see Sports News, Page 19.

CONGRATS. TO ROD BOARDMAN: on being awarded the Hansen Scholarship. Rod has shown his mettle over the first three years of study and we expect great things of him.

COSTA GAZIDIS AND RON AUERBACH: are back in the wards and at lectures after being guinea pigs in an experiment conducted by the Department of Medicine. Gazidis can be seen stalking around the Medical School taking a pinch of salt every now and then from a container in his pocket - perhaps he's trying to make up for all the salt he didn't have for twelve days as a 'patient' in Ward 12. (Yes, I know it's a female ward - the boys were in the side ward).

CLIVE NOBLE: Clive was in Ward 8 with chondromalacia - he is now back at 'Varsity but we hear rumours that this stroke of bad luck may end his very successful career as a weight lifter - hard lines for Clive and for the 'Varsity team.

INTER FACULTY SPORT: The All Sport Council is still busy arranging the Sport Week between the Medics and Engineers - Sorry we can't give you any dates - watch the Tree Notices.

RAG: Saturday is Rag Day - Medical Students have always been very prominent at Rags and we know that it will be the same this year - do your bit fellows. SHAKE A LEG and while you're about it, SHAKE A BOX (i.e. a collection box).

CONTRACEPTION: seems to be worrying certain (female) final year students. We hope that Prof. Greenhill has put these people's minds at rest. By the way My-r-, how's married life?

FINAL YEAR STUDENTS: who have been busy doing their Block work at various outlying institutions are beginning to forget what home looks like. Anyhow, those examinations are beginning to loom ominously on the horizon - so may we suggest that you get cracking in between the bottles of gin?

4TH YEARS: are beginning to learn the art of sleeping at lectures without detection. A. B-kst has also learned to sleep without snoring. Many of the 4th years are awaiting with some trepidation the result of last week's Obstetrics test.

P.S. Just for the record - Lordosis decreases the pelvic inclination when the patient is lying on her back.

* * *

Little Girl: (Crying bitterly) Mommy, Daddy poisoned my kitten.

Mother (soothingly) May be he had to, dear.

Little girl: He didn't have to, he promised me I could.

Editor's Postbag

Medical School
1st May, 1959

The Editor,
The Auricle,
S.M.C. Office.

Dear Sir,

Through your columns we would like to express what we think is a common feeling amongst our Medical Students - and that is:

1. The exclusion of students from visiting the Sutherland-Strachan Museum throughout the year.
2. The recent refusal to the Conference Committee for the use of the Museum for the forthcoming Annual Exhibition.

In our opinion, the Museum is one of the high-lights of the Medical School and yet the sad facts of the story are that many students spend five years at the School having barely set foot into it. At least the Annual Exhibition provided an opportunity for students to visit the Museum.

One wonders what the purpose of the Museum is - is it a store-room or is it there for the sole purpose of post-graduate work? If students are not being permitted to use the Museum for a special reason, could not these reasons be made known to us? With all the recent talk of student apathy, it would seem natural that access to the Museum would be an excellent way to stimulate interest in diverse medical problems.

Yours faithfully,
(Miss) G. DAVIS & A. RUBENSTEIN

Ed. - This letter will be forwarded to the authorities concerned.

INTER HOSPITAL RUGBY

Sir,

What do you think of an Inter Hospital Rugby Match between ourselves (Jhb. General and all its subsidiaries) and the Pretoria Hospital group? This could replace the Medical Intervarsity which has become something of a farce.

Perhaps the match could be played annually for a trophy which could be called e.g.
THE RAYMOND DART TROPHY

Yours etc.
RUGBY FAN

Ed. - This letter will be passed on to the All Sports Council

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Korea is pretty far off and the Korean War is also pretty well nearly history - by some accident (one can't blame the postal service) this letter found its way into my cubby - it has been entitled "MORALE BUILDER"

THE MORALE BUILDER

Dear Buddy,

Nothing doing back here. I sure envy you out there in Korea, right in the thick of things; bet you never have a dull moment.

I was over to see your wife last night, and read all your letters. They were a bit mushy, but I don't blame you - Frances is a swell girl. Wonderful figure, good looks and personality. The guys still whistle at her when she walks down the street.

Your brother-in-law Smedley dropped in; he was wearing the brown suit you bought just before you left. Frances gave it to him as she thought it would be out of style when you get back - if ever. Several other couples came in, and we killed two cases of beer. We wanted to chip in for it but Fran wouldn't hear of it. She said you sent her ten dollars extra for her to spend as she wished. One of the guys is buying your golf clubs too. He paid twenty-five dollars for them and will pick them up tomorrow. That is more than she got for your movie camera and projector.

Frances was the life of the party. I thought she would be a little shaken after the accident last week with your Chev, but you'd never know she's been in a head-on collision and smashed your car to bits. The other driver is still in hospital and threatens to sue; too bad

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Little Girl: (Crying bitterly) Mommy, Daddy poisoned my kitten.

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Little girl: He didn't have to, he promised me I could.

Fran forgot to pay the insurance, but the funny thing is that she isn't a bit worried. We all admire her courage and nonchalance and especially her willingness to mortgage the house to pay the bill. Good thing you gave her your power of attorney before you left.

Well, to get back to the party; you should have seen Fran do an imitation of Gypsy Rose Lee. She was still going strong when we said good-bye to her and Claude. Guess you know Claude is rooming at the house. It is close to his work and saves a bit of gas and lunch.

Nothing new with me except my wife's got another raise, 110 dollars a week now, so we do O.K. with the 95 I get at the office. It is getting late so I will stop. I can see through my window across the street to your front porch. Frances and Claude are having a night-cap. He is wearing your smoking jacket, that you wore so often.

Well Buddy, I sure wish I could be over there with you - Lucky Guy. Give those Koreans HELL !!!

Your pal,
EDDIE

P.S. Pay no attention to the rumour that Frances is pregnant.

Dear Sir,

The AURICLE stinks - An ardent fan

(Ed. People in glass houses shouldn't!)

PROF. GREENHILL QUIZZED BY STUDENTS

The Clinical Year students were privileged to enjoy a question and answer session with Professor Greenhill, the world-renowned obstetrican from Chicago, U.S.A. This was a unique session in the presence of a distinguished visitor and as the questions asked dealt largely with controversial topics in gynae and obstets, the students gleaned the views of the Professor on many aspects of the subject. It is felt that this type of session has many advantages over a formal lecture which can only be on one topic and hence of necessity, largely repetition of knowledge already gained from systematic lectures or textbooks, unless it is on a highly specialised branch of the subject which is likely to be above our heads at this stage of our careers.

The views of Professor Greenhill on certain current problems are worthy of record.

RUBELLA in the first 12 weeks of pregnancy, results in some foetal abnormality in one of ten infants of exposed mothers. This incidence is lower than that previously reported and should not be regarded as an indication for therapeutic abortion although the professor would not condemn any doctor who considered it to be an indication provided two medicos confirmed the existence of the Rubella.

INFECTIVE HEPATITIS AND HOMOLOGOUS SERUM JAUNDICE constitute a danger to the mother in pregnancy which may be averted by therapeutic abortion.

DIABETES is a condition which is associated with an increased maternal mortality for reasons unknown. Caesarian section improves these figures with the result that the tendency is to resort to this operation, the indication being purely a medical one, - diabetes mellitus. The fertility rate of untreated diabetics is low as evidenced by the pre-insulin days when pregnant diabetics were rarer but controlled diabetics are not low in fertility.

Professor Greenhill advocates PRE-SACRAL SYMPATHECTOMY as a means of treating pain in advanced pelvic carcinoma. Intrathecal alcohol has also proved effective. Symphysiotomy is rarely performed in the U.S.A. but it has a place in communities where religious convictions forbid contraception so that even after Caesarian section pregnancies are not limited. Symphysiotomy in many instances will allow of easy vaginal delivery thus lessening the likelihood of ruptured uterus.

In mothers with RHESUS SENSITIZATION, Professor Greenhill does not advocate premature induction of labour to minimise the chance of serious effects on the foetus because the disadvantages of prematurity are just as hazardous. In Chicago, the infant is immediately placed in the hands of a paediatric unit who manage the child and do exchange transfusions as indicated.

Certain students (married) raised the question of contraception. The prolonged use of accepted contraceptive methods does not lead to sterility. Oral methods, using certain progesterone preparations are in the experimental stage and seem promising provided the tablets are taken daily.

Two important lessons to be learned by the students from this great man are: Not to be afraid to admit "I don't know"; and, secondly, to acknowledge the work and opinions of others who have had more experience in a particular field.

Reported by RON TUCKER

PHOTOMED

Photomed is the new combined society formed by the amalgamation of the Photographic and Film Societies. Photomed offers its members a fully equipped dark room just opposite the Medical School, and free advice and help in any aspect of photography - both still and cine. Facilities are now available for the processing of colour film, Anscochrome. Chemicals and equipment are provided by the Society.

Further Photomed members and their girl friends are admitted free to all the evening film shows of which there are six during the year. The film subsection brings to members vintage films which they would not normally see at any of the commercial theatres.

Lunch-hour meetings are arranged to cater for the interests of all students. The meetings for Term II in the H.L.T. at 1.05 p.m. are:

Tues: 22nd May: "The Seasons" - Academy Award Colour Film

Mon: 15th June: Cine in Medicine 2: Aspects of Cancer of Skin & Breast.

Evening shows in the H.L.T. - 8.00 p.m.

Wed: 29th April: "Night at the Opera" - The Marx Brothers
Plus full supporting programme

Wed: 3rd June: "The True Glory" - full story of the invasion of Europe
plus full supporting programme

N.B. All programmes are subject to alteration. Watch the Notice Boards for further information. We are looking forward to the full support of the medical students at all our meetings.

Membership: 5/- per annum (only!!!)

B. DATNJW (Chairman)

Little Miss Muffet decided to rough it
In a castle quite old and medieval
A Rounder espied her
And plied her with cider
And now she's the forest's prime evil

There was a young lady from Worcester
Who yorcester crow like a rorcester
She needed a pal
To raise her morale
So the rorcester to borcester sedorcester!

Tutor: What causes water on the brain?
Horse W-lk-r: A tap on the head, sir.

POLITICAL COMMENT

DAVE PATON

CHANGING FACE OF AFRICA

If one were to draw a map of Africa today and shade those areas where indigenous peoples have their own autonomous state in dark pencil, and shade in light pencil those areas where indigenous peoples have opportunities for participating fully in government subject to certain qualifications, a great deal of the continent would be found to be shaded. The bottom tip of Africa would be quite white, and it is, of course, foremost among those places left in Africa where the Black peoples have no political rights, and where, in addition, the trend is to deprive them of what political (and incidentally freehold) rights they had in the past.

If then one were to compare this with a map of Africa let us say in 1939, which is also so shaded, one could not help being struck by the tremendous discrepancy between the shaded and unshaded areas, and by the fantastic rate at which African people are gaining their independence. Sitting as we do at the bottom tip of the white part of Africa, protected on our northern borders by territories squarely under the control of the White man, we find it hard to realise what tremendous changes have taken place not far from home, and it is only when we sit down to draw these comparative maps for ourselves that we are suddenly quite startled by the rapidity of change.

And for those who are still unwilling to see these changes, there have been rumblings on this northern doorstep which has, until now, been a shield between us in the Union and the reality of Africa today - the quiet and peace of two of the most beautiful territories in Africa, Nyasaland and the Belgian Congo, have recently been more than a little shattered; there is dissatisfaction among the Black peoples of the Rhodesias. In our country, a large conference recently took place of the newly formed Africanist group, who have broken away from the African National Congress - their motto is: "Africa for the Africans", but they say they are not anti-white.

And despite all this, the majority of white people (i.e. both major political parties in the Union), hope to keep a White supremacist state at the bottom of Africa! The Nationalist government repeatedly accuses those people who advocate a common society of White and Black in South Africa of creating a situation of dissatisfaction and racial strife in Africa. I say that if all these "liberal Whites" had never existed, there would still be dissatisfaction and that the racial antagonism would be worse, for while African leaders realise that there exist groups of Whites and Indians (who, while their political rights are as infinitesimal as those of Africans, enjoy a more privileged position in society) who have the cause of a common society at heart, they are prevented from that extreme nationalism which can only bring further bitterness and unhappiness to both Whites and Blacks alike.

This realisation has recently been apparent in intellectual Nationalist circles; S.A.B.R.A. and Stellenbosch University have small groups of dissentients who realise the dangers of trying to deny the African his share in running the country; Pretoria University has a branch of the Liberal Party among its students.

These are welcome signs; time is running out fast but there is still a real possibility of a just and peaceful transition to a multi-racial state.

2nd Year Student in Anatomy Exam: Temporalis, Masseters and Pterygoids are the muscles of masturbation.

Lifeguard: Sir, I've just resuscitated your daughter.
Irate Father: Then by God, you'll marry her!

nurses page

EDUCATION IS A WONDERFUL THING

(From "SPECULUM", 1956)

Student: This I learned in Anatomy
The course of every nerve and artery,
But to stimulate a nerve
To give her the verve,
That I taught myself.

Nurse: This I learned in Gynacology
Not to fonfuse syphilis with Fallot's tetralogy
But to distinguish a male from a wolf sine tail
That I taught myself.

Chorus: Education is a wonderful thing
So I let the midnight oil burn,
Education is a wonderful thing,
But you gotta use what you learn.

Nurse: This I heard my Matron sing,
Speed with the hand's a very good thing,
But to be a little slow
When a fella's aglow,
That I learned myself.

Student: This I learned in Pharmacology,
Adrenaline does constrict vessels,
But to make a horse win
By giving coramine
That I learned myself.

Nurse: This I learned from experience
To be an expert in self defence,
But to make meds. behave
And not give what they crave,
That I taught myself

Chorus

Nurse: This I learned from my seniors
Never to be rude to doctors,
But to get one to wed
Without getting into bed,
That I learned myself.

Student: This I learned at the Queen Victoria
Never to infect a mother,
But to do a D and C
And charge a big fee,
That I learned myself.

Chorus



Once upon our Junior Sally
Was forced the burden of Tin Pan Alley,
Still upon our Senior Sally
Falls this weight eternally?

*** Results out or about to come - Best of luck to all!

*** Shirley van Tonder has left nursing to get married - good luck Shirley - we'll miss you.

*** Finalists' Dance a great success - see opposite page.

*** Medical student bites nurse - See "Canine Capers" - next issue!

*** In a kick it's the distance
In a cigarette it's the taste
In a rumble seat ...
It's impossible!!!

*** Ruth rode on my motor bike
Right behind of me,
I hit a bump at sixty five
And rode on Ruthlessly

Ruth in Ward 32 - How's about getting well again and doing some work?



RAMON BUNYAN AT

FINALIST'S BALL

It seems I'm sitting in the "Moon" eating a plateful of "Spaghetti Bolognaise" which happens to be my favourite dish (next to the blonde over the road!) In walked my old friend Big Nig the Greek and although the cafe is empty, Big Nig comes and sits at my table and proceeds to tell me about this and that - at the same time devouring my spaghetti with alarming haste. He tells me that the finalist nurses are having a ball and will I come to this ball with a girl friend of his girm friend - so ....

Here I find myself sitting in the Hugh Solomon Hall drinking champagne and looking eagerly at all the beautiful dolls walking about. I am not sure whether I am drunk or whether this hall is really made to look like Ali Baba's cave ... all around me are beautiful dolls all dressed up to look like slaves but still looking more like beautiful dolls.

Big Nig is intoxicated but is greatly shocked when one of the slaves throws a glass of water over him; "Why dja do that?" he says but he does not know that even I have seen him trying to pinch that slave's posterior.

It seems through the misty alcoholic waves that all the girls are there - Mac the Blade, Kammy "Dracula" Kamstra, Margaret Verandah , "Sally" the Nightingale, Kathy Seeing Clear ... the lot. Over by the band stand Sally is watching over two big spiders to make sure that nobody kidnaps same, which is very probable what they will try to do as these spiders are big black and beautiful, and will look very good on the wall of some medical student's digs.

Things get hotter ... but it seems that Harry the Horse on the band stand does not want the boys to dance with their own dates because he arranges Paul Jones after Paul Jones, which does not over much worry Raymond Droll who always manages to tag onto some real beauty. After a few twirls around the floor, the music stops - the sharks of the medical world seat themselves and proceed to dispose of plates of delectable victuals served up by the luscious slaves. Curry and rice is on the menu and my heart bleeds that it is not spaghetti bolognaise because I am very partial to same.

"Beau" Brammel is making sure that everybody gets a platter of food from her tray but Darling Basin is hot on her heels which makes Brammel very angry because she prefers her heels to be cool - and many students of anatomy agree that her ankles are "real cool". Every soul in the congregation is greatly enjoying the repast except, of course, Big Nig who is on a salt-free diet and is limited to eating peanuts - - - soaked in gin.

After food - more dancing and more dancing and less light, (and less dancing). Moony couples are seen floating dreamily around the hall when suddenly a scream of delight issues from the darkness ... is it "Humphrey" Bogard or is it perhaps Blondie Miller who is being tenderly palpated by her escort? Or is it perhaps Runty Rintoule who has come foul of Big Nig's big shoes? This happy state of affairs ensues until Mooseface Ronald becomes tired and switches the lights on. Suddenly the lights are on. Cuteface Shirley and her escort are nearly as surprised as Little Jack Horner who puts in his thumb and pulls out a plum (and says "What a good boy am I"!)

The Ball is over and there is great noise in the entrance to the nurses' home. Big Nig has pinched a spider web and Runty Rintoule and the gang are trying to entice him to return same, which greatly amuses all the other Bluebelts, but not Sister who is signing in the girls who have already (foolishly) returned from their night out.

It is 4 a.m. and I am sitting outside the "MOON" with my eyes at half-mast, but along comes Big Nig and says Andrew the Moonman will open his eating house in three hours' time when we can go inside and have a plate of Spaghetti Bolognaise (with tomato sauce) - for which, of course, I will have to pay.

Who was the young lady you were obscene with last night?

POST OPERATIVE ALIMENTATION

by

Prof. D.J. du Plessis
Professor of Surgery

After any operation there is a particular need for good healing powers and adequate nutrition is essential to achieve rapid and satisfactory healing. It is thus the duty of every surgeon to ensure that his patient receives the best possible nourishment under the existing conditions to assist in this very necessary process of repair.

There is no doubt that oral feeding is the best and after any operation the aim should be to commence oral feeding as soon as possible. But it must be kept in mind that after an operation there is an ileus, and while that lasts injudicious feeding may produce a serious state of affairs with the gross distension and vomiting so typical of paralytic ileus.

This post-operative ileus varies in duration with different operations, but it is of very great importance to know when normal bowel motility has returned because oral feeding cannot be commenced before that happy event. Clinicians with considerable experience develop a sixth sense which enables them to know when oral feeding may be started, but more frequently the passage of flatus is used as a criterion. This is certainly a most valuable indication of normal bowel function, but its one disadvantage is that it is a subjective sign and thus not always quite reliable. The best criterion is probably the presence of normal propulsive sounds heard on abdominal auscultation and this sign should always be elicited before commencing oral feeding.

At the start, oral feeds should consist of liquids only in moderate quantities and it should proceed cautiously to easily digested semi-solids before allowing solid food. But the object must be to have the patient on a full and nutritious diet (with the emphasis on a high protein content) as soon as possible to ensure effective and rapid healing.

After big abdominal operations, e.g. gastrectomies and colectomies, this normal post-operative ileus usually lasts about 72 hours, during which time swallowed air and saliva and intestinal secretions will accumulate to produce distension and vomiting. This state of affairs must be avoided and consequently, if such a prolonged ileus is anticipated, gastric suction should be instituted to keep the gastro-intestinal tract decompressed until it regains its ability to propel its contents onward. This stage is again signalled by the appearance of propulsive bowel sounds and consequently liquids are only given by mouth when these sounds are audible on abdominal auscultation.

The presence of a gastric suction tube in these patients affords the clinician a golden opportunity of double-checking by doing a "gastric balance". The tube is left in position but suction is discontinued while the patient is allowed to drink small measured quantities of fluid for 3 or 4 hours. At the end of this time all the gastric contents are aspirated and measured, and if it is less than the total volume of fluid taken by mouth (a Positive Gastric Balance) it proves that bowel function is satisfactory and that cautious feeding can continue as described before.

If the gastric balance is negative (more is aspirated than was taken by mouth) it indicates that the bowel is not yet ready for oral feeding and gastric suction is then continued for a few hours before repeating the test. If the balance is persistently negative in spite of good propulsive bowel sounds the possibility of a mechanical obstruction should be considered.

During this period of gastric suction the nutrition of the patient is maintained by means of intra-venous feeding, which should be continued until an adequate oral intake is possible. The patient's life now depends on the patency of his veins and it is thus important to prevent phlebitis with the resultant thrombosis. The commonest cause for such a phlebitis is an intravenous infusion continuing for more than about 10 hours, and it is thus advisable to commence the I.V. drip each morning and to discontinue it 8 to 10 hours later. The rate of the drip will thus depend on the volume of fluid to be given in this period of time, but it is obvious that if a very large volume of fluid is required it may have to be continued through the night to avoid a very rapid rate of infusion which may overload the heart.

Other precautions against phlebitis are the use of a small needle and a scrupulously clean infusion set and utilising very peripheral veins (on the hands and wrists) on alternate arms.

The actual volume and type of fluid given intravenously is a subject on which there is a certain difference of opinion and consequently it is more important to understand the basic principles involved rather than to memorise a particular regime. The enunciation of all the principles would require more space than is available and here follow only those which are of basic and practical importance.

1. A good and well-kept Intake and Output Chart must be kept in all cases, so as to be able to check regularly that the fluid administered is not too much or too little. This chart must be studied

at least once daily and in difficult cases a balance must be struck more frequently.

2. There is a greater danger of overdoing the intravenous feeding than giving too little and it is wise to ensure that the patient is always (like good wine) a little on the dry side, although this must naturally not be clinically noticeable. Remember the saying that in London "more people are drowned on the banks of the Thames(where many of the large hospitals are situated) than in it."

3. The patient should receive such fluid and electrolytes as are required for the maintenance of normal health (Maintenance) and, in addition, any abnormal loss (gastric suction, vomitus, fistulae, diarrhoea) should be replaced (Replacement)

4. The volume of fluid required for maintenance should be sufficient to provide enough fluid to replace the inevitable loss of fluid (that which is lost as water vapour in expired air, from the skin as imperceptible perspiration and as urine in the obligatory volume of urine required to excrete the normal waste products). This will naturally vary with the humidity and temperature of the environment, the surface area of the patient, the rate of respiration, the presence of fever, the basal metabolic rate and many other factors, but it is not practical to consider all these factors in every case and except in circumstances which are very abnormal it is adequate to accept this volume as about 2 litres per 24 hours in South Africa (it is less in Europe where the atmosphere is cooler and not so dry). This volume of maintenance fluid will, however, result in only the small volume of obligatory urine with maximal concentration of urine and to relieve the kidneys of this constant effort it is usual to add another ½ litre of fluid which is readily excreted by the normal kidney, thus making the Maintenance Fluid 2½ L per day. In certain cases, e.g. very large persons, excessive sweating, etc. this may be increased to 3 litres per day.

5. For normal maintenance the electrolytes Na and K should be added to the fluid given, to replace the normal loss of these substances in the inevitable fluid loss. Here again the quantity of these electrolytes required varies with different circumstances, but a safe rule is to administer about 70 M. Eq. of each per day (i.e. about 4.5G NaCl and 5 G Kcl per day). NaCl is a safe substance to be given in this quantity and is usually administered as a ½ litre of 0.9% solution. (Please note that in spite of what is written on the bottle this is not "normal" saline but an isotonic solution of saline). Kcl, however, is potentially very dangerous, as a sudden and significant raising of the serum K level may produce cardiac arrest: it is thus given well diluted (not more than 1 G Kcl in one litre of fluid), slowly (not more than 1 G Kcl in one hour), and only if the renal function is normal (so that any excess K given can be excreted in the urine before the concentration in the serum reaches a dangerously high level.

6. The normal person requires an adequate intake of protein to assist in the routine process of repair and it is thus wise to add about 50 G of protein hydrolysate to the intra-venous fluid, and this is most readily achieved by giving a litre of 5% protein hydrolysate solution. It must be noted that this fluid is part of the 2½ L to be given and not additional, and special care is required to ensure that any Na or K in this solution should form part of the amount required for maintenance and also not in addition to normal requirements.

7. Calories are, of course, necessary for normal metabolism, and if the supply is inadequate the fat and protein of the patient will be metabolised to provide the necessary calories. Calories thus have a "protein sparing" effect and for that reason it is most beneficial if an adequate supply of calories can be provided. The number of calories required also varies with different circumstances and although about 2000 calories per day is probably the ideal, as little as 500 calories largely protect the patient against ketosis and tissue breakdown. Calories are given as some form of carbohydrate in isotonic solution and the usual form is 5% dextrose although it seems as if invert sugar is more rapidly utilised But even if all the 2½ L of fluid given contain 5% sugar it will only provide 500 calories, and for that reason it has been recommended that a 10% solution of invert sugar should be used routinely, thus providing 1000 calories per day. Such a 10% solution is hypertonic, however, and one has found that it tends to produce a phlebitis, which is not only disturbing to the patient, but may also be a serious matter if all the veins become thrombosed, and so interfering with the only possible route of receiving nourishment. One thus feels that the value of the extra calories provided does not outweigh its complications and for most cases one still uses a 5% solution.

Additional calories can be provided by adding alcohol to the intra-venous fluids in suitable concentrations and amounts to prevent phlebitis and intoxication. There is no doubt that this alcohol also produces some analgesia and definite euphoria, and as such it can be of great benefit to the patient to add up to 5% alcohol to the fluids administered.

The problem of the provision of adequate calories will probably be solved eventually by the use of a suitable fat emulsion, but at present this is still in the experimental stage.

8. It is important to keep in mind that what has been described above applies to people with normal homeostatic mechanisms, but that soon after an operation the patient is not normal because of the metabolic response to the operation. We thus find that as a result of the excessive secretion of the anti-diuretic hormone after an operation the patient is unable to excrete any excess fluid in the urine and consequently for the first 48 hours post-operatively only 2 L of fluid should be given per day. By that stage the volume of urine excreted usually demonstrates clearly that the effect of the anti-diuretic hormone has diminished and now the extra ½ L can be added.

It has already been pointed out that Kcl should not be given unless the kidneys are functioning normally, and consequently the Kcl should be withheld during this early post-operative period until the diuresis occurs.

Another effect of the metabolic response to an operation is the inability to excrete excess Na in the urine (by virtue of the excessive secretion of aldosterone by the adrenal cortex), and it is thus important not to give any saline soon after an operation. There is no simple method of determining when this phase ends, so it is difficult to be scientific in one's judgment, but one usually uses the occurrence of a diuresis as a criterion (although the two effects are not related in any way), and commences the addition of the NaCl 48 hours after the operation.

The adreno-cortical activity following an operation also results in a phase of protein catabolism, and while this effect lasts there is little value in administering protein intravenously. Consequently one does not give the protein hydrolysates except in selected cases who are still on intra-venous feeding a long time after the operation. There is no simple method of telling when protein will be utilised, but here again one uses a generalisation and only starts using it 5 days after the operation. It has been shown, however, that if the patient is in a state of severe protein depletion before the operation (a state of affairs which should only exist with emergency operations) he will utilise protein immediately after the operation and in such cases one should administer protein hydrolysates from the time of the operation. But this should not be a justification to perform elective operations on protein depleted people: there is no doubt that the post-operative course will be smoother and safer if the operation is only performed when the protein reserves have been restored to normal by vigorous oral feeding (with or without intra-venous supplementation) before the operation. If the state of the patient is so depleted that the serum protein is lowered he will require enormous quantities to replenish his protein stores, and it has been found that for every 1 G % of serum protein deficiency the patient requires over 900 G of protein.

9. It is customary to add the normal daily requirement (or even more) of the Vitamins to the intravenous fluid of patients on purely intravenous feeding, and it has been stressed that in the post-operative period Vitamin B is particularly needed for good bowel motility and Vitamin C for adequate wound healing. It is probably wise to do this, although it is open to doubt whether these Vitamins are really necessary if the intra-venous feeding only lasts for a few days.

10. It must be stressed again that in the presence of abnormal renal function special precautions must be taken to avoid fluid and electrolyte retention.

11. These rules do not apply to small children and infants who constitute a problem of their own, because of their finely balanced metabolism and relatively poor renal function.

12. All fluid and electrolytes lost abnormally must be replaced without too much delay. The volume of such a loss is easy to estimate and should be accurately replaced. The exact concentration of electrolytes in this fluid varies with the source of the loss. The stomach secretion contains 70 m.Eq. per litre Na, 5 m.Eq. per litre K and 140 m.Eq. per litre chloride, whereas lower down in the bowel this changes to 140 m.Eq. per litre Na, 5 m.Eq. per litre K and 100 m.Eq. per litre chloride.

The constitution of the replacement fluid will thus depend on whether it is the acid gastric secretion or the alkaline bile and pancreatic secretions which are lost. Fluid lost by gastric suction is usually a combination of these, and one has found that the average gastric aspirate contains about 65 m.Eq. Na, 17 m.Eq. K and 150 m.Eq. chloride per litre. The fluid used to replace gastric suction should thus correspond to this. The usual method adopted is to use ½ strength isotonic saline solution with 1 G Kcl added per litre, but there is clearly a need for a special "Gastric Replacement Fluid" with this composition (using ammonium ions to balance the solution).

13. The patient who is on intravenous feeding must be thoroughly examined at frequent intervals and a careful perusal of the intake and output chart made, because this is by far the best way of determining the adequacy of the fluid and electrolytes provided. It is important that the clinician does not fall into the trap of using serum electrolyte estimations to guide him - these are open to wide variations due to the various internal shifts which take place (particularly after an operation), as they measure a concentration in the comparatively small volume of serum and not the total content in the enormous mass of body water. Serum electrolyte estimations must thus be used only as an additional (and often unreliable) piece of information and must certainly not be allowed to over-rule good and regular clinical examinations.

The care of the post-operative patient has considerably improved with the expansion of knowledge of the methods and techniques of intravenous feeding and this has made a significant contribution to the improved results of operations of ever increasing magnitude. What has been said here is merely a few basic facts and everyone dealing with such patients should read at least one of the following books :-

1. Fluid Balance in Surgical Practice. 2nd Edition. L.P. le Quesue. Lloyd-Luke (Medical Books) Ltd. London 1957.
2. Fluid Balance Handbook for Practitioners. Snively, W.D. & Sweeney, M.J. Charles Thomas, Springfield, U.S.A. 1957.
3. Body Fluids in Surgery. A.W. Wilkinson. Williams Wilkins, Baltimore, U.S.A. 1956

Dental Notes

The Dental Cultural Society has scheduled an exciting programme for Dental Students this term. On the 6th May, the Music Society has arranged a lunch-hour hearing of Dvorak's New World Symphony - to be played in the Dental Hospital during lunch hour. Also on the 20th May, the Debating Society has arranged for Dr. Paul Levy and Dr. R. Chesler to speak on the controversial subject of "Babes, Boys and Bathrooms!" This, too, will be held in the Dental Hospital.

There is, by the way, a rumour going about the Mechanics' Lab. that someone is trying to set a record unit intake of 600 for a month. We're just wondering if this is possible.

Two Dentals have been selected to represent "The Medics" - i.e. The Medical School's Debating Society to debate against U.C.T. in the near future: we hope they both can go and we wish them the best of luck.

Bill Christie has arranged for a Dental III versus Dental II Rugby Match; one of the prime rules of the game is that no extra teeth are allowed on the field, - the reasons were too biting to be given here!

Talking about sport, the Second Year captain Lenny Zibutz (of the Dentals) arranged a challenge match against II year Medics on the 6th May. We all know what the results were.

A M S S A

Report by Pete Arnold.

A.M.S.S.A. CONFERENCE

The first full Conference of the Association of Medical Students of South Africa is being held at Wits. from 10th to 13th July. Delegates from Stellenbosch, Durban and Cape Town will be attending. Many matters of interest to the Medical Student Body in general will be discussed including the possible tour of Europe being specially arranged for Medical Students at the end of 1960, and the feasibility of a Student Exchange Scheme amongst the four Medical Schools. At present Pretoria are not members, but it is hoped that they will join this year.

"MOTION ON PRESIDENT PASSED BY MAJORITY VOTE"

This telegram received from the Vice President of A.M.S.S.A., Dr. Frank Mdlalose, brings the news that Manfred Puler, the former President of our S.M.C., has been voted out of office as President of A.M.S.S.A. This follows a protracted attempt by the S.M.C., as one of the constituent centres of A.M.S.S.A. to discover some signs of life from the former President.

Although elected in October of last year, no news was heard from the President or Executive of A.M.S.S.A. so that in February a letter was written to Dr. Puler, as chief officer of the Executive, asking for information on the progress of A.M.S.S.A. No replies were received to this or the succeeding three letters (which he received) and Dr. Puler was, accordingly, asked to resign as it was obvious that he was not fulfilling his duties.

As no reply was received to this letter, a motion calling on Dr. Puler to resign was put to the Assembly of A.M.S.S.A. by postal vote with the result seen in the extract of Dr. Mdlalose's letter.

Subsequent to this, the S.M.C. has had an emergency meeting and nominated Clive Rosendorff as candidate for the vacant presidency.

C O N F E R E N C E

Every year the S.M.C. holds a Medical Conference on some subject of interest and information in the Medical world on this continent - Africa. This Conference is unique in S.A. (and we think the world) in being the only Medical Conference arranged by Medical Students with the help of a Graduate Chairman. This year's Chairman is Dr. G. Oettle, head of the Cancer Research Unit at the Medical Research. At the Conference, papers are presented by the Continent's leading authorities on the subject of the Conference.

The subject for this year's Conference is "The Alimentary Canal". Papers will be presented on the production of Congenital Atresia, disorders of the GIT in infants and on malnutrition; on Carcinoma, structure and surgery of the oesophagus; aetiology, demography, surgical and medical management of peptic ulcer; on gastroscopy; on salmonellosis, amoebiasis, viral infections of the GIT; and on intestinal obstruction and surgery of the anal canal.

Speakers from Johannesburg, Pretoria, Cape Town, Durban and East London will be present - each an authority in his own particular branch of the Alimentary Canal. The Conference will open on 1st May - coinciding with Conference, an exhibition will be held in the Histology Prep. Room. It will deal with the physiology, anatomy, biochemistry, forensic medicine and evolution of the Alimentary Canal. The Exhibition will open on 11th May at 1.00 p.m.

Conference is run for your benefit - do yourself a favour and attend.

C. GALASKO

C L I N I C N E W S

On Friday, 2nd May, a historic meeting took place in the Council Chambers of Medical House. The Germiston Location Student's Clinic's Committee and the newly formed Advisory Board of the Clinic had its first meeting. The two committees constitute the Management Board of the Clinic. Dr. Peacock M.O.H. of Germiston was voted in Chairman. Others on the committee include Prof. Elliot, Prof. Gear, Prof. Cluver, Dr. Siew and Dr. Goldstein.

An interesting discussion on the possibility of establishing more adequate teaching facilities at the Clinic were discussed. It was learned that if after all reasonable efforts, a qualified doctor could not be obtained to go out to a clinic session - clinic could and should still be run as patients could not be left in the lurch.

Winter has arrived and within the next few weeks, the incidence of pulmonary infections will sharply increase at the clinic like at many other institutions throughout the Southern Hemisphere. In 1958, it was found that in winter there was a 45% increase in pulmonary conditions.

In bad cases of pneumonia, the patient should be referred to the hospital as spasmodic dosing with antibiotics, as is well known, will cause development of resistant type organisms and is definitely contra-indicated. If reference to hospital is not practicable, a message may be left for the day staff of the clinic and day visits will be paid to the patients.

A third cubicle has been set up in order to deal with the increasing number of patients attending the clinic. At the moment, the "couch" may more accurately be called a "kitchen table" but with a matress it will serve its purpose. Anyone who can help Clinic's Committee get a matress (a coir one will do) at a reduced price, - please let us know via the S.M.C. Secretary. It will be greatly appreciated.

Finally, I would like to appeal to students on the roster to tick off their names if available and find a substitute if not available. The smooth running of Clinic and the adequate treatment of the patients depends on YOU.

B.T. NOLL

D I A L O G U E

Father: How dare you bring my daughter home at this time of the morning?

Medical Student: Sorry Sir, had to - get a ward round at 8 o'clock.

Lady: Will you call me a taxi?

6th Year Student: (Diplomatically) - Yes - but then again you may be a tea-kettle.

Tinker: Where have you been for the past two hours?

Serebro: In the telephone booth, talking to my girl friend.

Tinker: Whydja come back

Serebro: Some bloke wanted to use the 'phone so we had to get out.



Prof: On entering lecture theatre: Order!

Student: - front row - Scotch and Soda please.

Mistress of House to Maid: I suspect my husband is having an affair with his secretary.

Maid: You're only saying that to make me jealous.

She: Whisper those three little words to make me walk on air.

He: (Student) Go hang yourself

No comment necessary!!!

DO YOU SMOKE? - No

DO YOU DRINK? - No

DO YOU NECK ? - No

WELL WHAT DO YOU DO FOR KICKS? - TELL LIES!!!

* * *

He: Your feet are cold, keep them to your side of the bed.

She: (bitterly) You're cruel, you never said that before we were married.

* * *

WESTDENE PRODUCTS SCHOLARSHIPS

The following awards have been made to 4th, 5th and 6th year medical students at the undermentioned Universities. In the case of Stellenbosch University only one 4th year award was made this year as, at present, no provision is made for 5th and 6th year medical students. 5th year students will be accommodated at this University in 1960 and 6th year in 1961. Although each Westdene Products Scholarship is worth £100, one Scholarship was divided between two students in their 6th year at Natal University, each receiving £50.

The awards are made to medical students of high academic standards and showing a sense of social responsibility by taking an active part in student and other affairs.

In addition to these medical scholarships there is the Westdene Products Nursing Scholarship for Industrial and Scientific Investigation, valued at £200, which this year has again been awarded to Sister B.I. Alford of Cape Town, who is presently doing a diploma course in Journalism at the School of Modern Languages, London. On her return to South Africa she will become the first Nurse Editor of the S.A. Nursing Journal.

Mr. C.H. Price, Head of the Pharmacy Department of Rhodes University, has been allocated a further grant of £50. in addition to his Westdene Products Scholarship for Pharmaceutical Study (valued at £200) to enable him to complete his research into the History of Pharmacy in South Africa, with special emphasis on Pharmaceutical Legislation:-

	CAPE TOWN UNIVERSITY	
4th year	-	I.C.L. Murray
5th year	-	W. Gevers
6th year	-	L.C. Handler
	NATAL UNIVERSITY	
4th year	-	J.R. Domingo
5th year	-	D.B.D. Matlhoko
6th year	-	S.P.N. Shongwe & C.T. Maitin.
	PRETORIA UNIVERSITY	
4th year	-	P.J. Schutte
5th year	-	J. Du Buisson
6th year	-	J.W. Groenewald
	STELLENBOSCH UNIVERSITY	
4th year	-	Miss W.G. Dorst
	WITWATERSRAND UNIVERSITY	
4th year	-	Miss J. Issroff
5th year	-	A.H. Rubenstein
6th year	-	R.B.K. Tucker

THE LEECH

April's Leech is now available in the S.M.C. Office.

Medicine East & West of the Atlantic	Prof. Christie
Recent Advances in Rudiobiology	L. Cohen
The significance of finding Porphibinogen in the Urine	S. Shall B. Goldberg
Recent Advances in the Drug Therapy of Epilepsy	B. Senior
Oral Antidiabetrics	T. Schneider

This issue is obtainable free of charge
to all students who have paid S.M.C. Fees.

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There was a young lady from Thrace
Whose corset grew too tight to lace
Her mother said "Nelly
There's more in your belly
Than ever went in through your face"!

* * *SECOND YEAR RUMBLINGS* * *

CLASS SOCIAL

Second Year Medical Class Social: This event took place on Sat. 2nd May 1959 in the canteen at Milner Park. The band was that outstanding Res. Band consisting of Mike Davidson (piano) Joe Katzman (sax) and Jack Lozdon (drums). It will be noted, even by the nimwittest medical student, that all three are Dental students at Wits. Therefore, it goes without saying that this band was terrific and it was mostly through them that the party was a success.

Before mentioning any highlights of the evening, I would like to point out that no "booze" or as the S.R.C. would say it "no intoxicating liquor" was allowed. This was unfortunate but it was a primary condition before we were allowed to hire the canteen. Between one hundred and one hundred and fifty students attended the party, 50 of them only came after 11 o'clock. Included in this latter number is our own very distinguished President of S.M.C., Peter Arnold, chaperoned by Clive Rosendorff. It was indeed a great pity that they came at such a time in the evening for unfortunately, or even fortunately - it depends on how one looks at it, the place was in darkness and one could not see Mr. Arnold's choice as companion for the evening, shall I make myself clearer, sorry - his female companion.

On the other hand, Martin Bobrow of S.R.C. executive,surprised everyone there with his choice for the evening. None of us could believe that he was capable of doing such a thing. Believe it or not, he came along with Sylvia Kauril, our honoured Rag Princess. For those still in doubt, the whole second year class heartily adds their opinion of her beauty. You see - Martin Bobrow, in a moment of forgetfulness actually introduced her to me. He soon realised his mistake and immediately withdrew her, not only from my presence, but from the presence of every student there for the rest of the night.

Highlights of the evening:

1). A bottle of champagne was raffled - the proceeds of which went to the W.N.S.C. The lucky ticket was drawn by Sylvia Kauril. The winner was Bruce Henderson.

2). Also raffled was a case of beer - the lucky ticket being drawn by the class beauty - Let. de Maar. The winner being Peter Price, a second year medical student.

3). The engagement of Lubba Jankelowitz to Joe Zuk. Heartiest congratulations to both of you.

4). In an elimination dance, three couples managed to get through to the finals, although Tim Williams did not follow the rules of the game. We decided in order to pick a winner, we would have a rock-and-roll competition. Max Mlonyeni won the competition - what a dancer!!

5). In the spot dance, Shirley Abrahms and Ernest Levy, both second year students, won the prize. Bad luck Liebenberg ....

6). We held a rock-'n_roll competition in which every student was entitled to join. The going was tough but Mike Wellsted and Jean Tucker managed to get through to the final and win the event. This couple was really terrific.

All together, the second year class social was a marvellous success. In appreciation , I would liketo thank the following people who, if it were not for them, the party would not have been possible. Martin Bobrow - in speaking on our behalf to the S.R.C.: The S.M.C. executive - who stood us credit for £15 as a deposit for the canteen: The party committee - D. Newstadt, D. Levy, R.M. Miller, L. Jankelowitz. These people put in a great deal of work.: The girls of the class who individually helped in the catering for the party: All the students who supported our affair, thus making it a financial success.

E. Gottlieb (class rep.)

A FEW NOTES

The Second years are well on their way in their academic studies, and they are all enjoying it and already moaning and straining under the amount of work that is continuously piling up. They have completed their section of myoneural physiology and have started card io vascular physiology.

As for anatomy, they have already opened up their cadavers and have looked with awe at what they have found. Some opened abdomens are very interesting especially those with advanced diseases like cancer of the liver and internal organs; As a result of which nothing of the normal anatomy can be seen.

We hope that everybody is working hard as the exams. are not far away!!!!

Congratulations to the following people who have become engaged :
Hendrik van der Merwe; Lubba Jankelowitz - Joe Zuk and Quintin Schnehage and Miss du Toit who got married on Friday 1st May, 1959.

Marie.

The LIBRARIAN says

I have decided this week to write about two books which are not in the Library although they contain information of interest medically. In them one can find succint biographies of doctors who were once well known; a study of causes of death in a village community; a mercifully little known treatment for whooping cough; a little of military medicine; something of medical negligence, and of course much more meant only for the layman.

Let us start with medical statistics. They come from a poem with a very long title by Sir John Squires. It is a parody of Gray's Elegy and is called If Gray had had to write his elegy in the cemetery of Spoon River instead of in that of Stoke Podges. According to Squires, this is how these American Villagers died:

"There are two hundred only: yet of these
Some thirty died of drowning in the river,
Sixteen went mad, ten others had D.T.s.,
And twenty-eight cirrhosis of the liver,

Several by absent-minded friends were shot,
Still more blew out their own exhausted brains,
One died of a mysterious inward rot,
Three fell off roofs, and five were hit by trains.

One was harpooned, one gored by a bull-moose,
Four on the Fourth fell victims O lock-jaw,
Ten in electric chair or hempen noose,
Suffered the last exaction of the law".

Causes of death are many and various. Read about poor Martha Snell:

"Her's gone away
Her would if she could,
But her could'nt stay:
Her had two sore legs
And a baddish cough
But her legs it was
As carried her off."

or about Mrs. Wilhelmina Smith:

Neuralgia work'd
on Mrs. Smith
Till 'neath the sod
It laid her:
She was a worthy
Methodist
And Anti-drink Crusader

Some nameless person died a horrible death:

He got a fishbone
In his throat
Which made him sing
An angel's note

but some other unknown had a happier end:

He had some faults,
and many merits
He died of drinking
Ardent spirits.

Not everyone dies in their beds:- John Macpherson, a remarkable person.

"Stood six foot two
Without his shoe:
And he was slew
At Waterloo."

Never prescribe for yourself, for

"Little Willie from his mirror
Licked the mercury off,
Thinking, in his childish error
It would cure the whooping cough,
At the funeral his mother
Brightly said to Mrs. Brown:
'Twas a chilly day for Willie
When the mercury went down.

On the other hand, a doctor's prescription may be dangerous too:

"Ebenezer Prichard
Here lies low
Having
Forsook life
Poisoned by his wife
And Dr. Eli Hornblow."

It could even have been hazardous to go to the well-known eighteenth century doctor, Isaac Letsome.

"When people's ill they come to I,
I physics bleeds and sweats 'em
Sometimes they live, sometimes they die,
What's that to I? I. Letsome."

Having thought of death for so long, it is only right that we end with a moral, and this moral can be found in the first poem quoted - the one by Sir John Squires:

"Enough, enough! but stranger, ere we part,
Glancing farewell to each nefarious bier,
This warning I would beg you to take to heart,
There is an end to even the worst career!"

REFERENCES

SILCOCK, Arnold. Verse and worse, London Faber 1958

MARTIN, Henry R. Illus. Comic epitaphs from the very best old graveyards. New York, Peter Pauper press 1957.

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M E D I C A L S vs. E N G I N E E R S.

MEDICALS TAKE NOTE!!!!

THE FIRST ANNUAL MEDICALS vs. ENGINEERS INTER-FACULTY ALL SPORTS COMPETITION WILL TAKE PLACE ON WEDNESDAY 27th. MAY AT 2.00 p.m. AT MILNER PARK.

ARRANGEMENTS WILL BE MADE FOR ALL STUDENTS TO GET THE AFTERNOON OFF, AND EVERYONE IS EXPECTED TO ATTEND THIS MASS SLAUGHTER OF THE ENGINEERS.

A BRAAIVLEIS WILL BE HELD AFTERWARDS IN THE PAVILION AND B E E R WILL BE ON SALE ALL AFTERNOON.

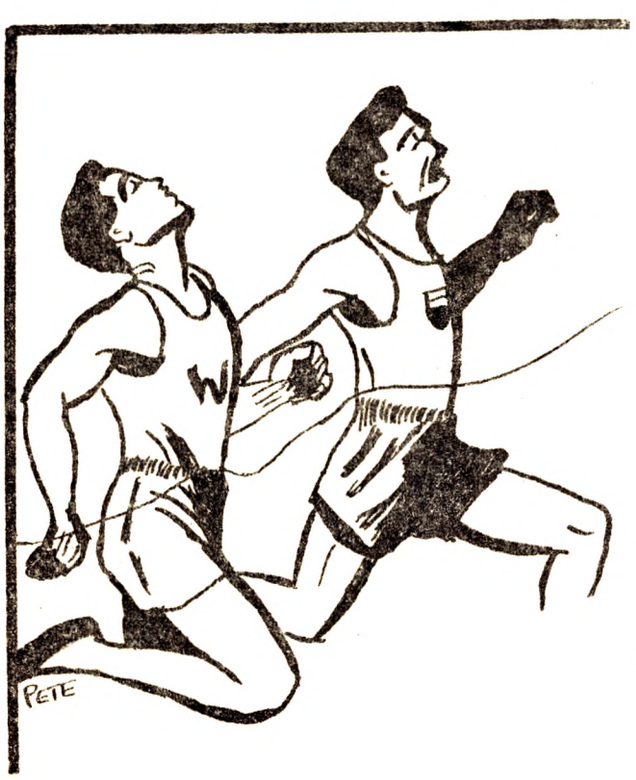
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Library Types:-



The early bird!

SPORT ROUND-UP



Inter Varsities Wrestling Championship

The tournament was to have taken place in May but has been postponed. Wits have a very strong chance of winning the light weight, welterweight and middleweight divisions. Included in the Wits team are 3 dental students (Leon Botha, Stan Fanaroff and Solly Levitan) and two Medical students Cecil Taitz and Edgar Freed are included in the University Wrestling team. These five represent half of the Wits Senior Wrestling team. Also congrats. to Leon Botha on being awarded a Full Blue in Wrestling for being chosen to represent Southern Transvaal.

E. Freed.

Soccer: The Wits University A.F.C. opened the Season on a most attractive note. In the Annual Soccer Cavalcade at the Rand Stadium the team gave a very good account of itself. At the time of writing two league games had been played, both won handsomely - if the team continues in this vein they should gain promotion to Transvaal Div. II. The Inter Varsity Soccer Tournament will be held in Johannesburg this year - how's about winning and making it a Hat Trick Boys?

Squash; MAISELS BRINGS HOME TITLE!
Jeff "Dawson" Maisels won his way through to win the Mens Individual Title in the recently held S.A. Universities Squash Championship. In the semi-finals the popular lanky fourth year medical student defeated Eric Brotherton of Rhodes (3-2) in a very closely contested game. Brotherton had earlier caused a minor upset when he defeated Suter of U.C.T. in the semi-finals, but Maisels offset any doubt of his absolute superiority when he convincingly defeated Suter in a U.C.T. vs. Wits match, a few hours after winning the title. Nice work Dawson. - In the combined team events Wits. were 3rd in both the mens and women's events, these being won respectively by U.C.T. and Rhodes. - In the combined Universities vs. Western Province Match Maisels and John Roy of Wits were selected from Wits. Maisels played number 1 and J. Roy No. 6.

Athletics: - WITS UNIVERSITY CHAMPIONSHIP
In this event a number of Medical Students featured favourably - Perry Leary (IV) won the 880 yards

Championship in 1 min. 58.8 and the Mile in 4 mins 27.1. Leary shows great promise as a miler and we look to the future expecting great things from him.
Malcolm Funstan (I) showed great promise in coming second in Javelin and Percy McCaskell won the Freshers 220 in 23.2 secs. Ex-medic Gordan Day won the 100 in record 9.8 secs. and he won the 220 in 21.9 Leary was further honoured in being selected as Captain of the Wits Athletic team which participated in the S.A.U. Championship at Potchefstroom.

INTER CLASS SPORT: - Tennis 2nds vs. 3rds.
This tennis match proved to be a great success (for the 2nd years at least). The third years altho' severely trounced, never lacked spirit (beer was in abundance) To mention scores would be rather humiliating for the third years but here they are but who cares, 75 games for the second years to 35 for the thirds - thus is it obvious that the latter suffered from alcoholic myopathy of brachioradialis.

Mixed Hockey - 2nds vs. 3rds.

Here again the 2nd Years gained the upper hand and won 8-6. In this scintillating game and 2nd years were fit despite their anatomical and physiological hardships and not even certain half-time refreshments (Moni's Muscato) could bring the 3rd years up to scratch. Arrangements are being made for a 2nd year vs 3rd year mixed - RUGBY match!!

INTER CLASS MEDICAL SCHOOL ATHLETICS CHAMPIONSHIPS:

This keenly contested event took place early in April on a windy Wednesday afternoon. In the Mens 100 yds Huwett of first year led the field in 10.8 secs. The ladies' event was won by Miss Smith (II) Throwing a sixteen pounder Elken Simson of 3rd year won the Shot Put with a distance of 37 feet 3 inches. In the long jump Juhuho and Rosset both of Second year leaped 18 feet 7" to share the title. Juhuho's effort is very commendable as he jumped bare footed. The ladies leap was won by Miss Lucy Annear of 2nd year - she needs that long leap to keep one stride ahead of Tony the long strider.

The furlong titles were carried off by Spiro (III) and Miss Smith (II) respectively while Huwett (i) came home in 56.2 secs in the quarter mile. In the longer distances the clinical students showed their mettle, Sharkey Lee won the 880 and Jan Read the mile. Perry the Varsity Captain was not running and actually very competently controlled the whole affair. The standard of performance was pretty high considering that very few of the fellows and girls were actually in training at the time. The only mishap marring the occasion was when Let de Maar came a cropper in the final of the women's 100 yards and wrenched her ankle.

The final class placings were:

2nd Year	-	28 points
Clinical & 1st years	-	12 points
3rd Year	-	8 points

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- S T O P P R E S S -

THE S.M.C. HAS RECEIVED THE FOLLOWING STATEMENT FROM THE DEAN DATED 19TH JUNE, 1959:-

STATEMENT TO STUDENTS RE CHANGE OF CALENDAR 1960

The following changes have been made in the Calendar for the academic year of 1960:-

TERM	DURATION	VACATION	REMARKS
1	Monday 15th Feb - Thursday 14th Apr.	Friday 15th Apr.- Sunday 24th Apr.	Easter Sunday is 17th Apr., 1960. 4th Year M.B. students will begin on Monday 8th Feb. (Reg.M.26 refers).
11	Monday 25th Apr - Saturday 2nd July	Sunday 3rd July - Sunday 31st July	
111	Monday 1st Aug. - Saturday 15th Oct	Revision Period Sunday 16th Oct - Sunday 30th Oct	

It is to be noted that the Easter Vacation will be of one week's duration instead of two weeks as in 1959; that the July Vacation will be of four weeks' duration instead of five weeks as in 1959, and that the revision period at the end of the academic year will be two weeks instead of three weeks as in 1959.

These changes have been made necessary by the re-institution of supplementary examinations, the results of which determine the selection of students for the first and second year of study. Such selection cannot be carried out until examination results are known.

Owing to integration of teaching arrangements between different Departments of the Medical School, it had to be decided that the third, fourth and fifth year terms should coincide with the second year terms.

- - -

THIS STATEMENT IS AN EXPANSION AND ADDITION TO THE FOLLOWING LETTER RECEIVED BY THE S.M.C. FROM THE DEAN, DATED THE 11th JUNE, 1959:-

In reply to your letter, I am able to inform you that there will be Supplementary Examinations held for First, Second, Third and Fourth year medical students.

I think it is certain that supplementaries will not be granted to everyone who fails their examinations at the end of the First, Second Third or Fourth year.

The conditions under which Supplementary Examinations will be granted are at present under discussion by the appropriate University Committee. I am therefore not in a position at present to tell you what the conditions will be.

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THE ABOVE INFORMATION IS QUOTED VERBATIM FROM CORRESPONDENCE RECEIVED FROM THE DEAN'S OFFICE AT MEDICAL SCHOOL.

Peter Arnold
(President - S.M.C.)