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Students` Medical Council

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UWMS AURICLE

V. 5 (12) May 1954.

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THE TRUTH ABOUT CARDIAC LEECH

Cardiac Conference was held in 1952. Since then Endocrine Conference has been held, Paediatrics Conference is just around the corner, and arrangements are already under way for Pregnancy Conference. As for the respective Leeches, one is at the printers, Miss Baumslag is busying herself with Paediatrics Leech and Miss Aron's appointment has only to be ratified before Pregnancy Leech gets under-way.

However CARDIAC LEECH IS STILL NOT OUT.

To whom must we attribute this sad state of affairs?

The S.M.C. recently passed a motion censuring Editor Arnie Barnett, in the following terms:-

"The Editor of Cardiac Leech report to the Executive on the delay in its publication and if the Executive so desires a new editor be appointed."

However, were the S.M.C. in full possession of all the facts when they passed this motion? If they were not, WHAT IS THE TRUTH BEHIND CARDIAC LEECH?

Here are the facts:-

1. In May 1952 Mr. (now Doctor) V. Weinstein was appointed editor of Cardiac Leech.
2. He held the job for nine months, during which time, however, NO WORK WAS DONE ON THE LEECH.
3. In December 1952 Mr. (now Dr.) Weinstein summarily resigned his post. Nine months had passed since Conference had been held, and the Cardiac Leech had got exactly nowhere.
4. The then President, Elton Goldblatt, approached Arnie Barnett to take over the Editorship.

The papers from Conference had still to be collected. Do our very erudite S.M.C. members know the difficulties attached to collecting papers? - particularly when they have been delivered nine months previously!

5. Mr. BARNETT RECEIVED ASSURANCES FROM S.M.C. MEMBERS IN THEIR INDIVIDUAL CAPACITIES THAT THEY WOULD EACH COLLECT ONE PAGE OF ADVERTISING.

Some of these members are still on the S.M.C. which passed the unanimous motion censuring Mr. Barnett. Let me bring something to their notice - despite their promises NONE OF THEM ever displayed the slightest interest in Cardiac Leech - let alone collect advertisements for it.

Should they not also have censured themselves?

6. Thus, Mr. Barnett faced the enormous task alone. NO SUPPORT WAS FORTHCOMING!

Did the S.M.C. in their illustrious capacity ever come to his aid. And now for the Coup-de-Grace.

An S.M.C. member - nay an Executive member - whom we shall allow to remain anonymous - remarked that he is sure that Mr. Barnett is delaying the publication of Leech because he has a personal grudge against the S.M.C. and wants to throw "a spoke in their wheels".

Has our very learned brother who made this remark EVER WORKED ON ANY STUDENT PUBLICATION?

If he had, he would never have dared make this sort of remark.

May I add in parenthesis that there is all too much mudslinging at S.M.C. meetings - indeed I go as far as to say that often the person AND NOT HIS MOTION is discussed.

We arrive now at the point where the Cardiac Leech is at the printers.

Mr. Barnett stated last year that he would like to be relieved of the responsibility of distribution.

The S.M.C. acquiesced.

Two weeks ago Mr. Barnett again stated that he would not do distribution - and President Monk's retort was that "this is tantamount to a resignation!"

Besides the financial loss of £100-£300, they are bound to lose an enormous amount of prestige. Hence they are USING EDITOR BARNETT AS THEIR SCAPEGOAT!

No, Mr. Monk this will not do. Face the problem, share the blame, and then some solution may be found.

D Rabinowitz.

EDITORIAL OPINION.

"Wits Student" our associate Milner Park newspaper has rather disappointed us.

Last Friday loud banners proclaimed a "special Intervarsity" issue. This was certainly a laudable move, and probably entailed a lot of hard work on the part of their editorial staff.

However, when all is said and done, did Intervarsity really warrant a special issue? We feel that most - nay all - students were well aware of this event and needed no reminder of it.

Now let us consider the position of Rag. Intervarsity in its own way is very important, but it is easily dwarfed by the enormity of our responsibility towards Rag.

We have adopted these institutions-Alexandra Health Clinic
Entokozweni,
Child Guidance Clinic, and it is our duty to keep them well endowed with funds.

The Auricle in its own way tried to highlight Rag in some of its spheres - but the Auricle only reaches one small segment of the student body.

Imagine the impetus which would have been given, had Wits Student appeared on a day before Rag, with all the latest gen, all those necessary little details about collection boxes, about the sale of Wits Wits and many other essential points which the average individual doesn't know or always forgets!

We are not suggesting that Wits Student should have had issues on two consecutive weeks, but if a choice had to be made RAG SHOULD HAVE COME FIRST.

Let us not try and avoid the issue - this year's Rag Total WAS VERY DISAPPOINTING. Perhaps an edition of Wits Student would not have raised the total from £11,000 to £20,000 but it would have whipped student support around that little extra.

Let's hope Wits Student redeems itself next year!

STUDENTS: HONOUR DEMOCRATIC OBLIGATIONS.

"But duty, duty most be done;
The rule applies to every one,
And painful though that duty be,
To shirk the task were fiddle-de-dee!"
(Ruddigore)

After the S.R.C., in implementation of the General Meeting resolution regarding the Great Hall, informed the Choral Society that if the Society persisted in its intention to stage "Ruddigore" before a segregated audience recognition would be withdrawn, the Choral Society appealed to the Principal for his intervention. The University Council has supported the Principal in an unprecedented intervention in student affairs, and at the last General Meeting of All Students a resolution was passed protesting at the interference, and instructing the S.R.C. to investigate the legal and moral position of the S.R.C. and the student body in the University. Pending the result of this investigation, the S.R.C. is not withdrawing recognition from the Choral Society, but is withholding all financial suprort from the production, and has called on all students, both as individuals and as members of Societies, to honour their obligation to obey democratic decisions of the majority.

As an example of a Society which has faced up to its duty to the General Student Body, one may cite the Committee of ARTS FESTIVAL, which is this year to hold the Arts Festival in the Bantu Mens' Social Centre, instead of in the Great Hall.

Any Society which flagrantly ignores its duty to the Student Body no longer deserves the support of students, and ALL STUDENTS ARE CALLED UPON NOT TO ATTEND ANY SEGREGATED FUNCTION IN THE GREAT HALL RUN BY A STUDENT SOCIETY. THE FORTHCOMING PRODUCTION OF "RUDDIGORE" SHOULD BE BOYCOTTED BY EVERY STUDENT.

Dan Goldstein. President of S.R.C



CLUES

Across:

1. Act like a clown (4,3,4)
8. Margin (5)
9. Poetically Tedious mainly the hindmost part (5)
11. Do mails make a spiced dish of birds? (5)
12. Is the pal sure to look through it carefully? (7)
13. Within half inches.(6)
15. Discourse (6)
18. Stranded finally circular (7)
20. Found in a raw little street? (5)
22. Is Stein in a picture in a picture? (5)
23. The proginy of one stock (5)
24. A street before nothing is followed by a capacity for achievement (11)

Down:

2. Incus (5)
3. Delayed (7)
4. Release (6)
5. Command (5)
6. It brings the flowers in song (5,6)
7. The end (11)
10. Result (5)
14. Grief (5)
16. Own (7)
17. Eatable (6)
19. Loosen (5)
21. Apparently drove on nothing (5)

.....Answers on page 5.....

CTD from Previous column

To the Choral Society the S.R.C. says, in the words of Despard in Ruddigore: "...My brother - I call you brother still, despite your horrible profligacy - we have come to urge you to abandon the evil courses to which you have committed yourself, and at any cost to become a pure and blameless ratepayer".

STRAIGHT FLUSH or STRAIGHT STUDENTS.

Following on the Editorial in the Auricle - "A Slum in our Midst" - many views have been expressed by students on the subject of the Men's Common Room and on card-playing. The Auricle has decided to conduct a symposium in its columns and there follow opinions of a varied group of Medical students.

The discussion does not close with this edition and you are invited to submit your opinions to us.

BABEL....

The Men's Common Room was designed for the benefit of the General student body of men. It has now assumed the role of a gambling den, filled with the raucous shouts of a number of indolent card-players. They offend both the ears and the eyes and transform a restful atmosphere to a congested babel of confusion. This incessant gambling is no less a disgrace to our Medical School than is any form of unethical conduct!

John Wright

NOTHING WRONG....

Personally I see nothing wrong in playing cards in the Refectory.

It causes no harm - most boys play between lectures when there's nothing much else to do. Any moans about the state of the Common Room cannot be attributed to card-playing - as the mess is there all the time.

Anon (IVth Year)

FIND ANOTHER VENUE....

At the outset, I'd like to say that I do not object to the playing of cards or gambling. If someone wants to do either, the onus is entirely on the person, but what I do object to is the conversion of the Men's Common Room into a gambling den.

Day in, day out, the same faces and the same "schools", can be seen hard at it.

In my opinion, it is one of those things that is helping to besmirch the good name of our Medical School. If these fellows can't do without their game, I suggest that they find another venue outside the confines of Medical School.

There is a standing order of both the S.R.C. and S.M.C. in this connection and I feel in the interests of our Alma Mater that these two bodies be prodded into action to see that their rules are not again violated in the future.

R. Hoppenstein

LENDS ATMOSPHERE....

I feel that the furniture was damaged before the card-playing started.

The card-playing lends atmosphere to the Common Room.

Perhaps the poker school should be stopped. Klaberjas is all right. Card-playing should not be banned.

Eddie Meyer

PRESIDENT MONK:-

HERE IS A CROSS-SECTION OF STUDENT VIEWS ON THE COMMON ROOM CRISIS.

WHAT IS YOUR ANSWER -

OR HAVE YOU NONE

WE AWAIT A REPLY.....

IT'S THE FEMALES....

Females make all the mess referred to last week. Cards have been played for many years in the Common Room - it is a time-honoured pastime. It keeps money from the pintables.

Poker needs as much skill as Klaberjas, but bridge is the only card game worth playing.

However, it's still not as good as the days of Chemaly's faro game.

A.R. Kushlick

FIX THE MESS....

As far as card-playing is concerned no - but please fix the mess.

Joe Bakst

GAMBLING A FORM OF RELAXATION!...

Since the very existence of the Common Room is to provide a place for students for students to relax, and since gambling provides a form of relaxation to some students, there is no reason whatsoever, in my opinion, that gambling in the Common Room should not be allowed. One can only object to the gambling in the Common Room on the grounds that it makes the Common Room a less pleasant place for students, not gambling, to relax - this it does not do, in my opinion, any more than does table-tennis.

I do feel, however, that gambling in the Common Room should not be encouraged if it draws students away from other student activities - if it leads in fact, to student apathy.

I.W.P. Obel

THE STRAIN OF CLINICAL YEARS....

It would appear to a pre-clinical student, like myself, that the clinical years are a grand rest after the strain of the pre-clinical. There seems to be so much time to waste in useless endeavour. Or is it perhaps that these students, who waste so much time, are the "born doctors" in our midst and find things so much easier than the rest of us. I think not! I would therefore suggest that the students involved revise their sense of the true values of medicine and spend more time in the wards. If not, then please gamble somewhere else, and you will not be jeopardizing some other conscientious students' chances of using the common room for study an relaxation if so desired.

A. Raubenheimer

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PROFESSIONAL RESPONSABILITY.

Medical Ethics

"The following practice is deemed unethical:-
Taking part in any plan of medical care in which the doctor does not have professional independence". -International Code of Ethics.
"A doctor owes to his patient complete loyalty and all the resources of his science. Whenever an examination or treatment is beyond his capacity, he should summon another doctor who has the necessary ability." - International Code of Ethics.

A doctor must, in the interests of his patients, appreciate the extent of his professional capabilities, regard being given to the circumstances of the moment. As an emergency on the high seas, a doctor may decide to operate on a case of acute appendicitis; in a town with surgeons more competent than himself available, he would refer a similar case to such surgeons.

If a doctor is ordered by a lay hierarchy to carry out a particular treatment, or to complete a form in respect of a patient in a particular way, he must refuse, and his professional action must be guided entirely by his own judgement.

A doctor is not obliged to follow instructions from a professional colleague regarding the care of a patient. An intern, for instance, is within his rights in refusing to carry out a form of treatment ordered by his senior, if in his judgement the treatment is unsafe or if he feels that he is incompetent to carry it out. It would, of course, be foolish for an intern to make a habit of refusing to follow his senior's advice in the management of his patients.

Whether a doctor (including an intern) adopts a course of action in the management of a case on his own initiative or following advice or instructions received from another doctor, he, and he only, is legally responsible for the consequences of his action. He may perhaps have acted against his better judgement in deference to the senior status of his adviser, but he is still legally responsible for any ill consequences of his action. In the case of an intern, the senior would be held to be morally responsible in such a case, and it would be expected of the senior to testify in a court of law that he issued the instructions that were followed by ill consequence. If the ill consequence were due to an error of technique on the part of the intern, which could reasonably be held to be within his competence, such as a misplaced intravenous injection, the moral and ethical responsibility will fall heavier on the intern.

An inexperienced doctor who carries out a form of treatment in direct contradiction of advice received from a senior colleague, is acting very unwisely and inadvisedly. Should the patient suffer ill as a result of his treatment, any court of enquiry into his conduct would take an unfavourable view of his action.

Professional responsibility is difficult to define legally, ethically or morally. The best overall principle to follow is that the doctor is held personally responsible that his actions do not constitute unethical, illegal or negligent conduct.

NEGLIGENCE

That doctors should make errors in diagnosis and treatment is inevitable, and no blame can be attached to errors made in all good faith.

It may happen that an error is due to the negligence of the doctor. What is the definition of

ARCH. and ANTHROP. SOCIETY.

UNION DAY TRIP

On Monday, 31st. May (Union day), the society has arranged an outing to the Vaal river banks, for all interested students.

The programme for the day will include a lecture and demonstration by Mr. Malan of the Wits. University Archaeological Survey. The subject will be the stone implements and Bushman paintings which can be seen in the vicinity.

There will be a braai vleis, and those brave enough can go swimming.

It will be an interesting and enjoyable day. All those interested are asked to place their names on one of the lists posted on the Library, Refectory and Second-year notice boards.

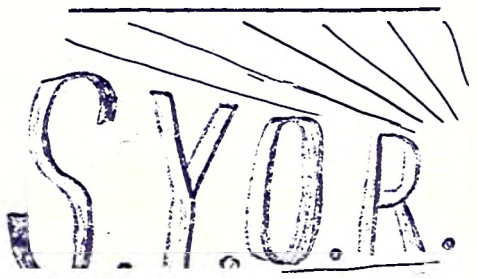
Further information can be obtained from any member of the Committee or from Room 126, Anatomy Department.

MEDICAL ETHICS (continued from previous column.)
negligence?

Negligence can be regarded as the omission to do something which a reasonable man would do, or doing something which a prudent and reasonable man would not do. The doctor accused of negligence must show that he used reasonable care. Charges of negligence against a doctor rarely succeed. The penalty of negligence is loss of the doctor's practice.

Professor G.A.Elliott.

NEXT ISSUE -
PERFORMANCE OF OPERATIONS....CONSULTATIONS.



STARTLING RESEARCH INTO PNEUMOCONIOSES.

In April 1953 the Pneumoconiosis Unit was set up in conjunction with the Union Department of Mines. Its main duty is to carry out research into the pneumoconioses and to co-operate with the Silicosis Medical Bureau in the investigation of pulmonary disability. The staff of the Unit at present consists of two full-time medical officers and three full-time laboratory technicians; this is augmented by close co-operation with the Mines Ventilation Research Laboratory whose staff assists in some of the research projects.

Under Dr. I. Webster the Unit has engaged on the following studies:-

Evaluation of the Fibrogenetic Properties of Various Dusts. The following dust suspensions were injected intratracheally into a number of animals:- Chert; Whinstone; Shale; Weathered Old Granite; Fresh Granite; Ecca Sandstone; Infrasized Quartz; Gypsum; Unsedimented Superfine Dust.

The majority of these injected animals are still alive. Only a few of these injected with Whinstone and fresh granite remain; these will be killed and the experiments concluded. The Ecca sandstone and the gypsum were also combined with sodium carbonate and hydrochloric acid and injected into animals. This experiment is not yet completed.

The fibrogenetic properties of the dusts are being assessed according to the grouping of Belt and King.

Comparison of Effect of Repeated Injections of Dust with Effects of a Single Intratracheal Injection. As only half of the animals injected have died this experiment has not yet been concluded. The experiment is designed to assess the different effects of a single injection and repeated injections. It is considered that there may be an increase in the fibrogenetic properties of the dust on repeated injection.

Effects of Hyalase on the Fibrogenetic Properties of Suspension of Silica. The majority of these animals having died this experiment will be concluded and will be taken further to confirm the work of Curran.

Effects of Acid and Alkali on Fibrogenetic Properties of Silica Dust. All the animals inoculated have died or have been killed. This experiment being concluded, the sections are being stained for reticulum and collagen to assess the degree of fibrosis produced by the different inocula.

Effects of Cortisone on the Fibrogenetic Properties of the Silica Dust Suspension. All the animals inoculated have died. As hyalase was used with the cortisone further experiments have been designed to study the effects of hyalase and cortisone separately. The effects of cortisone have been described by Curran; this experiment is designed now to confirm his findings.

Effects of Aluminium Hydroxide on the Fibrogenetic Properties of Silica Dust D & D. The superfine pure silica dust (D & D) was used. The experiment is being repeated to give the best possible control of the amounts of dust used, the concentration of the dust in the rooms and the assessment of the amounts of dust in each of the experimental dust rooms.

The three dust rooms contain monkeys, rabbits and guinea-pigs and one experiment consists of three rooms.

a) D & D dust
b) D & D dust with 5 grams of Aluminium given before dusting commences.
c) D & D dust with an additional 5 grams of Aluminium given during dusting.

The animals are in the same position in the rooms in relation to the dust inlet; as an animal dies the corresponding animals in the other two rooms are killed.

The dust concentration in the rooms is fairly constant being about 30,000 particles/cc.

The amount of dust used each day is fairly constant being about 150 ccs/day.

Effects of Various Dusts as Supplied by the Chamber of Mines Research Laboratory. A number of dusts of different sized particles have been supplied to us from the Chamber of Mines Research Laboratory, one of which is a suspended sediment from mine water. We were asked to assess the fibrogenetic properties of these dusts. The majority of the animals are still alive and the experiment has not been concluded. Further dusts are to be submitted from this Laboratory.

Effects of a Subcutaneous Injection of a Suspension of Silica Dusts. This experiment, carried out on thirty rats, is designed to provide a base line for further experiments and in the meantime allow of a description of the type of granulation tissue produced by silica.

Application of the Examination of the Human Lungs Supplied by the Silicosis Medical Bureau to Research Problems. These lungs are being examined with a view of describing the distribution of the silicotic lesions, their nature in relation to the bronchi or vessels, and their relationship to Tuberculosis. Sections are being taken from a large number of the lungs found to be suitable; special staining is being carried out to demonstrate these points. It is hoped to assess the silicotic lesions with histo-chemical methods. Possibly some more accurate method of determining the activity or non-activity of the tuberculous lesion may emerge

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ANSWER TO CROSSWORD APPEARING ON PAGE 2.

Across: 1. Play the fool 8. Verge 9. drear 11. Salmi 12. perusal 13. inside 15. speech 18. aground 20. strain 22. inset 23. breed 24. stere scope.

Down: 2. anvil 3. tarried 4. exempt 5. order 6. April shower 7. destination 10. ensue

GROWING OLD GRACEFULLY.

THE NEW SCIENCE OF GERONTOLOGY

One of the newest studies attracting the attention of doctors and laymen alike is Gerontology - the science that deals with the medical and biological, psychological and sociological, economic and philosophical aspects of the process of aging.

Geriatrics is the medical aspect of the subject, dealing with the diseases of the aged, whereas Gerontology is a sort of super-science approached through many branches of learning. The aim is "not to add years to life, but life to years".

As an illustration of the wide approach to the science we may refer to the Journal of Gerontology printed in the U.S.A. in which articles appear dealing with the subject from the point of view of Nutrition (we all know about fat and atheromatosis!), Hormone therapy, Statistics, Comparative Physiology and the Sociological background.

A most important aspect from the Medical point of view is not merely the treatment and study of the ills of the aged, but the prevention of the degenerative diseases. It is common biological knowledge that many organs and tissues are still good for many years at the time of death. How many cases have we not seen on the P.M. slab with perfect lungs, liver, kidney and brain but with a little bit of atheroma in the wrong place in a coronary artery? It is the conquest of these degenerative diseases, wherein lies the future of Geriatrics.

Holding back the progress of Gerontology are two factors. One is obvious - finance. The other is the fact that we do not like to think of ourselves as gradually failing physically or mentally and coming to rely on others. Hence our accent on caring for the youth of the country. But it is hardly necessary to mention the names of Verdi, Bertrand Russell, H.G. Wells etc, to illustrate the value of healthy old age to our society. Here we enter the Sociological and Philosophical fields, and again see the vastness of the subject.

One of the leading men in the field of Gerontology is E.V. Cowdry - a name not unfamiliar to 2nd years. The main ideas of this article come from his Presidential Address to the 6th Annual Scientific Meeting of the Gerontological Society. He stresses the need for Medical and Socio-Economic Institutions to deal with the problem of the aged.

We are about to become extremely useful members of Society, and so it is good to know, not only of the existence of this problem of old age and degeneration, but of the science that is springing up to deal with it.

LETTERS TO THE EDITOR.

The Press And Medical Secrecy.

Sir,

Although this is not a curricular matter, I wish to take advantage of your position as a liaison between student and staff and at the same time to share a problem with readers of the Auricle.

A few weeks ago a "sob story" article appeared in one of the daily newspapers about a little girl of 4 who had died of leukaemia. The disease was described as invariably fatal.

In a ward of the General Hospital last term, one of the patients was suffering from acute Myeloid Leukaemia and although he was at first told that he had a profound anaemia, the truth eventually was given to him. Fortunately he had no idea of the seriousness of the condition and the little time left to him could have been spent fairly happily since he is of a cheerful disposition. Then he read the article I have referred to.

Immediately his condition became perceptibly worse and he is now in a very bad state. Although my knowledge is admittedly limited, I am convinced that he would not be in this state yet had he not received such a severe shock.

It seems to me therefore, that as long as there is a popular press, discussion on the subject "Should a Doctor Tell?" is completely pointless. Is it possible to prevent the press from printing such matter; and if it is possible, is it, in the light of the above example, advisable to do so?

Yours etc.
Clinical Student

....ooo....

OVERSEAS TRIPS.

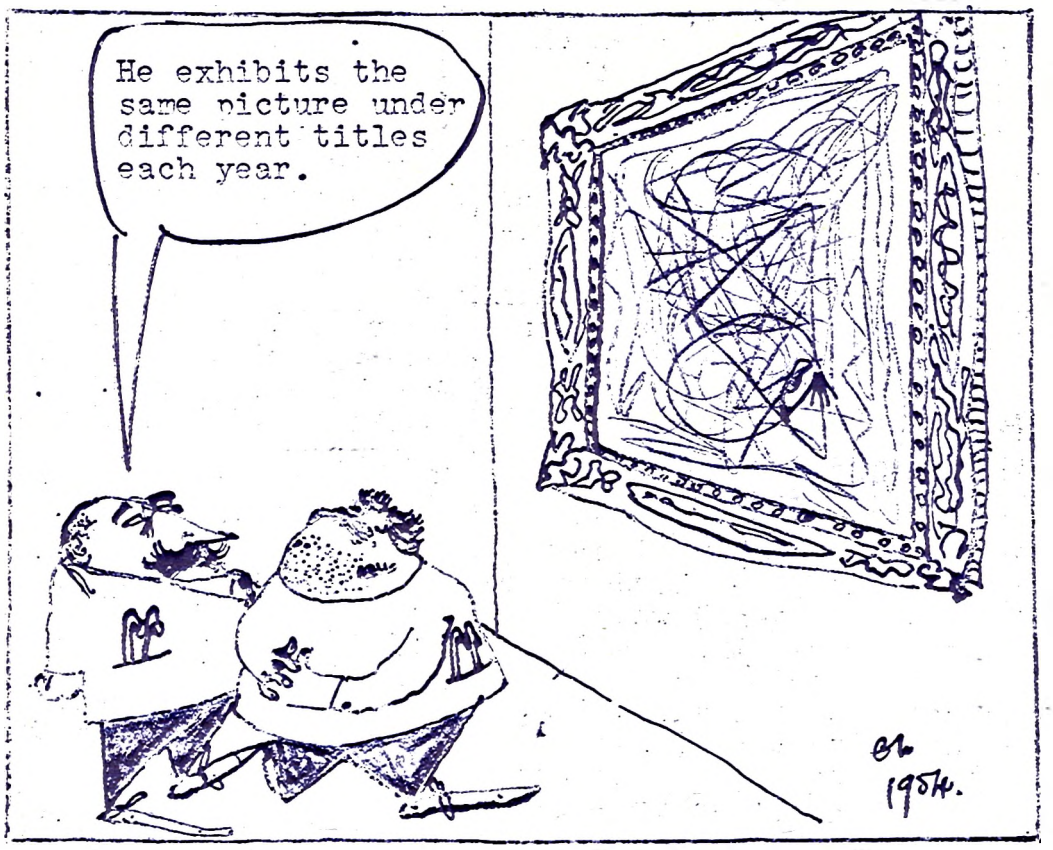
Sir,

Having been doing Obstets for the past few weeks, my attention has only now been drawn to an S.M.C. circular appealing to medical practitioners for funds to send a delegate to a student conference in London. I should like to know on what authority our Council have taken it upon themselves to be responsible for this venture. Apparently in their august splendour they have chosen to disregard the lesson of previous years - perhaps I could refresh their memories a little?

In 1952 the then S.M.C. before launching any crazy fund-raising scheme correctly referred the matter (6/5/52) to a General Meeting of students - (why was this not done this year?) The result was an overwhelming vote against raising money for a special S.M.C. delegate. It was decided instead to appoint a recent Wits graduate already overseas. Subsequently NUSAS independently collected money to send Elton Goldblatt overseas, but it was made quite clear in an additional notice (13/5/52) to all medical practitioners that this delegate would represent not Wits but NUSAS.

ctd. on page 9

MEDICAL ART EXHIBITION - - NEXT WEEK.



Diary of a Diletante.

All I can say is that thank goodness Rag and Intervarsity are over! It was the utter limit, after having spent all Friday night painting a float, to have the self-same float break down in the middle of Eloff Street during the procession. Needless to say, all the spectators were highly amused and calmly watched us push and kick and moan and groan to get the engine of the lorry started. We eventually abandoned the float and trudged our weary ways home. Most undignified!

About the intervarsity RAIDS: the other day I pinholed a young man in the know, Dean De Wet, from Residence, who told me the whole story. From what I gather, Residence chaps have been having a pretty hectic time. On Sunday the 9th, a few of our chaps went over and burned a large "W" on the Tukkies' field - at the same time kicking some of the Tukkies out of bed.

On Monday Wits again trooped over to Pretoria; nothing exciting occurred BUT ON TUESDAY Men's Res. received a phone call at about 10.30 from Half-Way House to the effect that four truckloads of Tukkies were coming over for a raid. Men's Res. rose ably to the occasion - oranised a receiving party - but after waiting in vain till 1.30 a.m., decided to go over to Pretoria themselves. Dean tells me that sixty went in one open, very cold lorry - plus one jeep and one car. To cut a long story short, they attacked Sonop and after fighting bravely for ½ hour, (in true Wits spirit), were unfortunately outnumbered and went home. Thank goodness, that is not the end of this little story. That self-same night, 6 cars made individual raids on Pretoria Men's Residence; sad to relate, 7 of our warriors were captured - BUT THREE Tukkies fell into our hands and were duly escorted back to Jo'burg and given a cold bath. Can imagine nothing worse than having one's back scrubbed by a very heavy handed enemy on a frosty night. After 24 hours they were released but during that period well-earned their keep. Were made to perform at the Sing-Song and duly thrown into the swimming-bath. Wits seem to have come out on top this year. Congrats to our able Raid Committee.

This will never be ready in time for the Auricle, and Dave will be mad. Terrible thought!

Do You Know?

Conference this year is "Child Health and Disease" and will be held during the last week of August

Only subjects of practical importance and in everyday use have been selected for discussion.

Numerous medical practitioners are presenting papers in what should be a stimulating discussion.

Films will be shown at lunch-hour during Conference Week; these promise to be informative and relaxing.

Eight evening session and one morning session are envisaged, in which you can learn a lot about paediatrics.

Remember that it is your Conference, held at your Medical School, and so.....

Every student must be prepared to help if called upon, and your support will make this a memorable Conference.

Never again will so much information and up-to-date material, be presented for your benefit.

Conference Leech will report all these subjects for you and will be available in January 1955.

Exhibition will be run concurrently, and its many exhibits will give you a visual picture of "Child Health and Disease".

R.L.P. & S.L.T.

THE LIVES AND DEATHS OF FAMOUS MEN

When you come to think of it, it's remarkable how many COMPOSERS died at an early age of some fatal disease or other - in fact very few of the men of music have lieved to the grand old age of four score and seven that Verdi achieved. Mozart, Schubert and Chopin all died at the prime of their careers - both Purcell and Chopin died of consumption, Chopin at the age of only 39 after many years of weakness and suffering. It was in 1838/39 that he spent the winter on the island of Majorca, with George Sand for companion; she decided to take him to a warmer climate, as he had been suffering from rheumatism. Unfortunately a rainy season of exceptional severity set in and the villa became 'like an ice of mantle on their shoulders'. Chopin had always been delicate and being subject to violent irritation of the larynx, soon was affected by the damp and began to cough. His condition was further aggravated by the fumes of the braziers with which they tried to keep the house tolerably warm. In a letter to a friend, Chopin writes:-

"I have been as ill as a dog, in spite of eighteen degrees of heat, and of roses and orange, palm and fig trees in blossom. I caught a severe cold. Three doctors, the most renowned in the island, were called in for consultation. One smelt what I spat, the second slapped me where I spat from, and the third sounded and listened when I spat. The first said that I would die, the second that I was dying, the third that I had died already; and in the meantime I live as I was living".

Chopin and George Sand were given notice to quit the villa because the report had got abroad that Chopin was suffering from consumption, so they moved to a wretched disused monastery on the island. Chopin hated it there, but was too weak to travel; bronchitis, from which he had already suffered, was no followed by what appeared to be laryngeal phthisis. The stupid physician suggested bleeding, but George Sand disregarded this advice and continued nursing him. On the way home on the boat, they travelled in company of a hundred pigs whilst Chopin had bleeding from the lung. Luckily a French ship's doctor was found, who succeeded in stopping the haemorrhage within twenty-four hours.

For the next ten years Chopin suffered, and his affair with George Sand certainly helped to undermine his feeble health. He looked like a revived corpse in fact, George Sand used to call him mon cher cadavre. He died as I have said, at the age of thirty-nine, in Paris in 1849.

.....

Brahms died in 1897 of cancer of the liver; he died with tears in his eyes, for he had loved life and hated to give it up.

Marilyn Phillips.

"WESTDENE" WHO ARE PRODUCING THIS MAGAZINE HAVE ALL MEDICAL BOOKS, SURGICAL INSTRUMENTS AND DIAGNOSTIC EQUIPMENT WHICH YOU REQUIRE. THEY WILL BE PLEASED TO WELCOME YOU DURING YOUR STUDENT DAYS AND TO DISCUSS THE PROBLEMS OF FITTING YOU OUT WHEN YOU GO INTO PRACTICE.

"WESTDENE" HAVE HELPED MANY HUNDREDS OF NEWLY QUALIFIED DOCTORS AND FEEL SURE THEY CAN HELP YOU.

* * * * ** * * *

MEDICAL SCHOOL TEAM SHINES

WITS BRILLIANTLY 6-29

To the tumultuous roar of excited spectators (both of them), with scores of cameras clicking wildly, 15 hardy medicals, fortified by much multivitaminised beer (containing glucose) - met 13 (later 14 - much later 15) equally fortified Tuk medicals, in an epic of the century.

Tuks, playing with the sleet, kicked off. Immediately, Referee Brown ordered a restart, as he noticed Jack Sacks, that grand old man of Wits rugby, having a quiet pint and a quick smoke on the touchline. "This is not allowed" he commanded "half that pint is mine".

The game commenced at breathtaking speed - not that it needs much to take Witsies breath away! Wits were playing to an elaborately produced plan. "Stimulate their Pituitary-Adrenal axis and the game is ours!" declared Ivor "Pocket Hercules" Broer officiously.

Play swung from one end of the field to the other, with the Wits team at no stage more than 50 yards behind the ball.

Then Captain "Sadlers Belle" Monk sprang into action. Tripping lightly through scores of confounded Tukkies Monk went streaking for the line. Unleashing a powerful dive, he crossed the line and crossed his heart -

The Monk was no funk -
Though he may have
been slightly drunk.

Meanwhile Joe "non-atherogenic" Rommel was having a battle royal in the line-outs - he couldn't get his pendulous abdomen out of the way of the ball, and was continually being confused with a 6 month primip sitting on the touchline. "Altitude" he cried as someone hastily plumped an Oxygen mask over his mouth.

Half-time came - and went - with Jack Sacks, - that grand old man of Wits rugby - having a quiet pint and a quick smoke on the touchline.

Rabinowitz on the flank loose game - so loose in fact that at one stage, he had wandered right off the field and had to be hastily called back amid shouts of "We know where you're going!" from maniacilly-inclined spectators.

Then drama! Jersky received the ball - "I don't want it" he replied scornfully, in a magnificently conceived Stokes-Adam attack, immediately dropping the ball, and kicking his legs frantically in disgust.

"Drop goal - 3 points to Wits" drawled the ref. in liquor-laden tones.

Meanwhile, surresptitiously, while all this was going on, the Tuks' centres were carving great holes in Wits defence, despite the whole Wits' team being on 5-minutely B.P. and temp. charts, Leonssins I.V. therapy, in frantic efforts to revive them.

Professor Chegwidden was hastily summoned for consultation.

"Beer" he commanded.

A late report stated that all 15 patients were officially said to be still doing well at the Dev.

Flashback to the ground, still revealed Jack Sacks, - that grand old man of Wits rugby - having a quiet smoke and a quick pint - on the touchline. JR

Memo!

SPORTS!

GRILLS M 1am!

PINTABLES!!!

EUGENES

CAFE

LETTERS TO THE EDITOR

ctd. from page 6

This is in direct contradiction to the information, or misinformation, contained in the present circular. Council are acting directly against precedent.

This latter document is remarkable in a number of other respects. In barely 18 lines there are no less than half a dozen errors of spelling, grammar or syntax, malapropisms and other illiteracies. This quite apart from statements. Whether this circular be fraudulent or not, it has effectively defeated any intention of "gaining prestige" for our Medical School. Rather are we likely to become a laughing stock to the local profession.

At this stage let us briefly consider the merits of spending £300 or what have you on these overseas jaunts. The proffered justifications seem to be:
(a) "It puts South Africa on the map with regard to Student Medical activities". What drivel. Can any of our sponsors say if Siam was represented in London in 1952? And if it was, so what?
(b) After Elton Goldblatt's return "we" (i.e. the S.M.C.?) "were able to report back and make some very necessary adjustments in our courses, with the co-operation of the Clinical Departments". (Sic) I heard Elton Goldblatt's report-back, both to the S.M.C. and to the student body, but I'd be interested to hear more of the "very necessary adjustments" which would seem to have been made. But perhaps veracity is of secondary importance when money is to be raised.
(c) "It would awaken student interest" was an oft-repeated claim in 1952. Subsequently the audience of Elton Goldblatt's well-advertised report-back meeting consisted of less than 10 persons, including the writer and Miss Kronik.

There are many good uses to which £300 could be put. This is not one of them. If the S.M.C. is to make amends for its imbecility it must immediately call a General Meeting.

Yours etc.

Wits Four Tucs.

On Saturday, as if you didn't know, Wits played Tuks in various branches of sport. Naturally, the main sport was Rugby, and the main game was that between the respective 1st Teams.

To put it bluntly, it was a shocking spectator game, with the excention of the last 10 minutes. Up to that time, it had been a dour defensive struggle by both sides, punctuated with penalty kicks against Wits, 90% of which were in easily convertible positions. Possibly due to the hoodoo which Wits supporters were trying to put on the kicker, albeit silently, Tukkies failed to convert a single kick.

Backline movements were few and far between, but Garms always looked dangerous when he got the ball. However, the tackling by all the backs was excellent, Freddie Herbst especially being noticeable in this respect.

Clive Ulyate played a far better game than he has played this year, and even under the handicap of a slow service, was still able to get the ball out to his backs. The Tukkie tackling and defensive covering was superb, however, and the Wits backs could do nothing with the ball.

In the last 10 minutes Wits broke away, and Clive Ulyate, chasing a rolling ball, beat Oberholzer, the Tukkie full-back to the touchdown. A few minutes later, Zar capped a fine afternoon's work, by taking a pass from Clive Ulyate and diving over to score the final points for Wits.

On being questioned after the game, senior Wits officials could not recall any time when Tuks were beaten by a) twelve points or, b) without scoring a point against Wits. A grand victory, which made up for the disappointing showing of the other teams, especially the Under 19A. I am coming to the conclusion that it is a liability for this team to win the ball because their backs lose 50 yards every time they get the ball back. I feel that the weakness in this team is at half-back, and the sooner this can be remedied, the better.

Among the other teams, Medical School "A" played well to lose by only 11-0. When one considers that the members of this team hardly see a Rugby match once a year, let alone run for a bus or anything so energetic, it may be considered a good performance.

Junior team results show that there is some cause for alarm in considering the future of the Wits Rugby Club. Unless the Junior players improve, it seems that we will be back in the bad old days of 1950 again. This is a serious state of affairs, but possibly the thought of Tukkies is one of those unforeseeable factors, which militates against a Wits Team playing well. Let us hope that a return to form of these teams, especially the Under 19 team will soon be forthcoming.

On June 2nd, the 1st Team travel to Potchefstroom to play Potch. University. We wish them the best of luck and hope that they will repeat Saturday's win.

In passing let me mention two sports which Wits did win.
1 The Cross Country
2 Table-tennis

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Sporting Profiles.
No 2: Lennie Seimon.

This week our spotlight falls on water-polo and 20 year old fifth year Medical, Lennie Seimon.

Lennie was educated at Krugersdorp High School and while still there represented S. Transvaal Co-Ed Schools at water-polo. On coming to Wits he immediately forced his way into the first water-polo team and has been the mainstay ever since.

At the end of the '52-'53 season Lennie received a well-merited full-blue and in 1953 represented South Africa at the Maccabi Games in Israel. Here he served the team with distinction, being the top goal scorer.

Lennie has been an automatic choice for the Combined 'Varsities team where he has filled the centre-forward berth for the last three years.

For over 2 years, Lennie was knocking on the door of the Provincial selectors and finally made the Transvaal team in the '53-'54 tournament. Here he proved that he was undoubtedly the "find" of the season. His prolific scoring ability brought him 30 goals in 6 matches - a remarkable performance!

Besides playing polo, Lennie has shown that he is no mean swimmer. He has been swimming regularly for the Wits firsts and was a member of the team that broke the Transvaal 4 x 50 yds. relay record!

Lennie's big ambition in life is to represent S. Africa in the 1956 Olympic Games. As one of the outstanding centre forwards in the country he only has to repeat past performances to make his selection a certainty.

And make no mistake, Lennie will far from disgrace the green and gold.

WE WISH YOU LUCK,
LEN!