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MARCH, 1938

No. 1

GENERAL MEETINGS AND ALL THAT



Our "Hardy Annuals" have had their seasonal airing at the
First Annual General Meeting of the Medical Faculty

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EDITORIAL.**SOCIAL.**

Professor Dart's address at last month's General Meeting was characterised by its sustained vigour, common sense and rational humour. The Dean, however, was again too prescient and far-sighted for the average student who, to be sure, has a far less exacting or ambitious ideology. Nevertheless, the Dean's words have led to some interesting repercussions. The Third Years are to be congratulated for their enterprise. Their many challenges to the Second, Fourth and Fifth Years have been accepted in excellent spirit, and have been more than effective in resuscitating an almost defunct social spirit, which of late has been displaced at the School by a disquieting cliquism.

The Fourth Years have been similarly imbued with the Spirit of Social Sensibility. Their activities, as becomes their senior status, have tended to be cultural, and many a Fourth Year, who in the past has suspected Symphony Concerts of being the monopoly of the intelligentsia, now refers casually to the "slow movement of Beethoven's 'Third.'"

Certainly 1938 has been auspiciously inaugurated.

TWO STUDENT CONGRESSES.

Last year Johannesburg was the seat of the Congress of the National Union of South African Students. The dusty little town of Potchefstroom harboured another student meeting—that of the Afrikaanse Nasionale Studentebond.

The contrast in the methods adopted by the speakers at these conferences is striking and, we think, merits analysis.

The N.U.S.A.S. delegates were interested solely in facts. They debarred all prejudices and theories and mere abstractions. They were guided by Logic, not by fickle sentiment, and they kept themselves from straying into the speculative and the unknown by constantly referring back to the facts. They were true Nominalists who valued the truth of experience more than that of words.

The principal speakers at the A.N.S. Congress showed no such discrimination. They started by dogmatically condemning certain political philosophies. They did not come to their conclusions by examining the results of these systems, but proceeded as though their propositions were as self evident as any of Euclid's axioms. Like children or primitive peoples, they did their thinking by imagination, producing a spontaneous and uncontrolled flow of images. All critical elements were submerged and, instead, emotion took the rein. Hysterical screeching was substituted for orderly argument.

In coming to a decision as to whether the *method of thought* adopted at the N.U.S.A.S. Conference is superior to that of the Potchefstroom meeting of the A.N.S., we must not be led by prejudice, by any academic leaning towards logic for its own sake. We must be guided only by the results of these methods.

The method of the N.U.S.A.S. Congress is the method of Science, and its achievements are those of Science—untold benefit to humanity.

The method of the A.N.S. Meeting corresponds to the mythological phase of human development. It is the method of politicians and its achievements are those of the politicians—wars, hatred, chaos.

DIE VERPLEEGSTERS EN ONS.

Al samewerking wat daar is, is saam bed opmaak. Beter verhouding met die verpleegsters, dit is wat elke student wil hê. Daarom was 'n voorstel met hierdie doel in die laaste Studente Vergadering baie paslik, en die voorsteller verdien die dank van al die studente—en al die verpleegsters. Dit gee 'n mers verligting as iemand anders vorm gee aan jou gedagtes op so 'n bekwame manier en dit oor so 'n teer onderwerp.

Ons belange is dieselfde, en tog is ons verhouding teenoor hulle so gespanne in die hospitaal. Ons werk in dieselfde kamer en met dieselfde pasiente en onder dieselfde „chefs,” maar ons ken skaars hulle name—en hulle ons s'n.

Die verpleegsters is nie „gevalle” wat „allot” moet word nie. Dit hang net af aan die vinnigste student om die interessantste geval te kry. Jy bestuur die pasient in die bed—waarom nie ook die verpleegster langs die bed nie?

Ons wil die studie van Medisyne en Snykunde vergemaklik—maar die verpleegsters moet ons help.

COUNCIL AT WORK.

The March meeting of the Council showed that the March hare was not the only gentleman who could talk nonsense. Judging by the time wasted in fruitless discussions and futile irrelevancies several members of Council know very little about the workings of Council and its sub-committees. Surely it is not too much to ask of members that they be brief and to the point, and not jump up every minute to talk so much poppycock!

Yet several important decisions were made by Council. A commission to investigate the date of the fifth year examination was appointed; this affects the rights of every medical student and the aims of the commission should have the whole-hearted support of every medical. Although an attempt was made to disband the Physical Culture Club, this was strenuously opposed since, if sufficient students show interest in this club, the University authorities will be favourable to any appeal for a gymnasium.

After some five hours of motions, amendments and debate members were in a state of mental fog, and quite forgot to discuss the proposal *re* a students' tea lounge, and various other matters raised at the Annual General Meeting.

“SUB ROSA.”

HOW WE SPEAK.

If the First Year Concert, 1937, made an impression upon me it was because of the disgusting language spoken by the members of its cast. I do not mean that it was suggestive or obscene, but that as an exhibition of correct grammar, good pronunciation and interesting delivery it was disgusting.

You might suggest that the First Years held a Concert and not a Public Speaking Class. Quite so; but why should these students not be a credit to any public speaking class? Even while singing “Rainbow on the River,” relating an amusing story or announcing the next scene, why should they be careless in their manner of speech?

On occasions upon which the audience is not entirely composed of University Students, why should they appear to be uneducated, illiterate and slovenly?

I am not attempting to single out the 1937 First Year Medicine class. My remarks apply to Medical Students in general. The average Medical Student is unable to express himself in a fitting manner. His English pronunciation is bad, but in a country such as this, where Afrikaans and native languages are spoken, their influence is perhaps understandable. But just because of the danger of this influence the young South African must try all the harder to speak good English. Of course, in saying this I do not mean that he should speak only English—the same effort should be made over any language. But no, he allows his pronunciation to go its own careless way.

It is all too obvious how many Medical Students are unable to express themselves properly. When answering a tutor's question they stutter and stammer, they fumble about in untidy minds for words which eventually are not only inept, but are mixed together in an ungrammatical melange punctuated by "ahs" and "mms" and finally, even though the knowledge concealed by these clumsy phrases is accurate, they fail hopelessly to impress that upon their interrogator.

Commenting recently upon this, one of our chiefs described such students as "Summer flies, flitting from one nasty spot to another."

Is this not a deplorable state of affairs? Doctors are important members of Society—they must be welcomed to that society, they must be able to command respect, they must be distinctly superior.

If, then, a medical man speaks to his patient in a coarse and uncultured tone, if the local doctor is unable to address a public gathering, if at a scientific meeting the medico fails to deliver his subject in a concise and lucid manner, he will not occupy the elevated position which should rightly be his.

Ours is a profession with a reputation to be upheld. Is it to be said that the modern doctor knows of nothing but his medicine, that of politics, literature, the arts, the other sciences he is ignorant? And how is he to disprove such an allegation? By talking and writing in a convincing manner!

I appeal to my fellow-students—widen your sphere of knowledge if you can, read good literature, train yourselves to write and speak well.

One "Hopeful" wrote in "The Auricle" that "Syntax is tripe." To me his case is certainly Hopeless—so also are the cases of any other students with such an outlook.

Do not be misled by the idea that sound instruction in medicine and surgery is all that a successful doctor requires. You will admit that he must be clean and tidy, must cultivate a "bedside manner," but also he must have language at his command, he must write well, read well and speak well.

W. GORDON.

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THE FIFTH YEAR EXAMINATIONS.

"PRO."

The great majority of Medical Students are obviously opposed to the alteration in the time of the fifth year examinations. So much has been said against this that a few words in its favour would be something in the way of a novelty.

All students appear to suffer from examination-phobia. The idea of passing an examination in a particular subject occupies their mind to such an extent that "swotting" for that subject is done at the expense of all other work.

In previous years, before the changed conditions, a Medical Student began to attack his Psychiatry, Public Health and Forensic Medicine in September of his fifth year. Because of his peculiar psychological make-up, this meant total absence from the Wards, non-attendance of clinical lectures, and complete cessation of all cultural and social activities until he had "passed his examinations!"

One is inclined to think that the same mental state would be produced even with the exams. to be held after the Christmas vacation. But if a student leaving the fourth year reasons that he is now about to enter not the fifth year, with its terminal obstacle, but the final phase of his medical studies; realises that such a stage is of two years duration, broken in the middle by a two-month vacation, and that there is an incidental examination at the beginning of the second half, then he will approach his studies from a more general point of view without specialized concentration and its associated "panicky" state of mind.

Though difficult at first to attain this changed attitude the student in time to come will have adjusted himself to altered conditions. There will be evolved eventually a temperament which is unruffled by the thought of examinations, and one which will look upon the latter as incidental hurdles on a track of which the finishing point is not the capture of a degree, but the attainment of useful scientific knowledge.

STUDENTS . . .

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"CON."

Life is short, but the Medical Course is long. The problem that confronts one is how to fit the two so as to avoid the one clashing with the other.

The monotony of medicalia runs a tedious course of six years, so the masters-that-be ordained that there should be a breathing space at the end of each clinical year in order that the suffering student may obtain the necessary vigour for the ensuing year. But one draws the conclusion that the Final year, being the easiest (?) of all, does not necessitate this preliminary respite.

Therefore, it was proclaimed throughout the land that the examinations for the fifth step in the climb to graduation should be held at the commencement of the Final. Now this is indeed a wise move, for the ability to diagnose a case of Amaurotic Family Idiocy is indispensable to a young practitioner, and the knowledge of Psychiatry being fresh in his mind stands him in good stead.

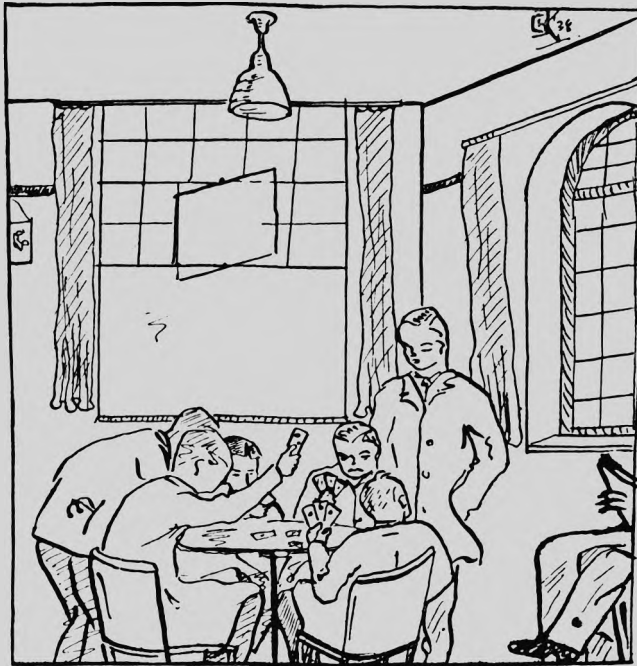
But Forensic Medicine and Public Health are also of vital significance in commencing practice, as it is essential to know the angle at which an Anopheline Mosquito rests, or the symptoms of Fouadin Poisoning.

Being one of those who has recently successfully surmounted the slippery step of Part I. of the qualifying examination for the degree of M.B., Ch.B., the writer will now give an account of personal symptomatology.

"I am weary in body, brain and soul (Psychiatry would have me include mind as well). My head is cluttered up with poison symptoms, sewerage and cerebral arterio-sclerosis, and in vain I seek to place the meaning of the word 'vacation.' I am told that my clinical knowledge has benefited to an extent hitherto unknown to human beings on account of my being granted unfettered facilities in the Wards during the months of October, November and December, but Echo answers 'Sez you!' You may tell me that I stand alone in this respect, but the records of the Clinical Laboratory would be unpleasantly convincing as to my point of view. Now I must be off, for my days in the land are short, and I must hie me unto Surgery, Medicine, Gynaecology and Obstetrics."

In anticipation may one be permitted to proffer condolences to the coming generation? We, your predecessors, have been martyred on the slab of science, and let us join in prayer that the evidence of our withered bodies be sufficient to convince the presiding professional staff that to continue what they have commenced would be to condemn the nation-wide plan for physical fitness as now under consideration by our worthy Parliamentarians.

CLINICAL TERMS MADE CLEAR : RECRUDESCENCE



Sporadic, recurrent attacks of Poker, a disease to which students show an alarming predisposition, are reported to have occurred in the Men's Common Room during the first weeks of February. Our local Public Health authorities, the S.M.C., who were responsible for its successful control in 1937, display little anxiety however, and the M.O.H. declares that he has the disease well in hand, predicting a clean bill of health for the ensuing ten months.

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CULTURE, COMMUNISM, FACISM AND THE A.N.S.

The Afrikaanse Nasionale Studentebond was formed about two years ago. In spite of the fact that this involved the withdrawal of the Afrikaans Universities from official participation in Nusas, the formation of the Studentebond was pleasing to an outside observer at least in that the new body seemed to promise a vigorous advance in the development and appreciation of all that is great in the Afrikaans cultural heritage. An organisation that sets out with such a worthy purpose certainly deserves nothing but praise from every good South African.

By contrast with what one had been led to expect, the transactions of the A.N.S. at its congress at Potchefstroom late last year were very disappointing. In the first place, the discussions were confined to politics—the least important part of a people's cultural life. In the second place, the leading speeches were tendentious—every single one of them having a strong Fascist bias. This is not surprising, considering that the speakers who were chosen are, without exception, well known for their Fascist leanings. Was this merely a coincidence? We cannot believe that it was. If the A.N.S. had really wished to offer its adherents all aspects of the matters discussed—Communism, Fascism, Liberalism—it could easily have found excellent speakers with Liberal or Communistic views. We can only conclude that the A.N.S. Committee did not wish the students to form their own opinions from a rational consideration of the different ideologies; but, on the other hand, had as their objective the spread of Fascist propaganda.

We are already very far from the original cultural ideal, but much of what the various speakers said takes us even further. They all preferred vagueness to precision, and attractive catch-phrases to facts. It is not necessary to go beyond their frequent allusions to the "Communist danger," to realise this. Not one of the speakers told his audience just what the Communist danger is. We have no call to support Communism. We do not know how far its theory can succeed in practice. But, in common with everybody else who has studied the Marxist philosophy, we do know this—that the one essential idea in Communism is the organisation of the estate in such a way that every man will work, and every man obtain in return all that he requires—food, comfort, education, recreation, and so on. It is impossible to imagine how anybody (except the capitalists) can see any danger in, or even object to, so just a principle. Communism always implies state ownership, as opposed to private ownership, of industries; and that is why Fascism, instigated by the big industrialists always arises as a reaction to a tendency in a country towards increasing socialism. It is obvious, then, that from the point of view of the poor man, the working man, it is Fascism, not Communism, that is a danger. To speak airily, without qualification, of the danger of Communism can only result either from ignorance or from a will to mislead, and each of these things is a negation of culture.

One thing is certain. The A.N.S. congress, convened in the home of Afrikaans culture, was nothing more than an insult to Afrikaans culture.

MENTION "THE AURICLE" WHEN REPLYING TO ADVERTISERS

This year "The Leech" celebrates its tenth anniversary. Out of respect to our predecessors we are printing the following Borborygmi culled from old "Leeches." In the days when bigger and better borborygmi were made "The Leech" made them.

* * * *

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Plague is also transmitted by the multimammate louse.

One of the insect carriers of disease is the pig.

Domestic fleas are rarely found on veld rodents and vice-versa.

* * * *

Student: "Is this your first baby?"

Patient: "Lor' no, doctor; I ain't a primate."

From a Student's Case History: "No history of specific disease, otherwise normal."

* * * *

First small female patient: "Staff-nurse said I'se a good girl."

Second small female patient: "Who is staff-nurse?"

First small female patient: "Don't you know. Staff-nurse is the nurse wot cooks the wee-wee."

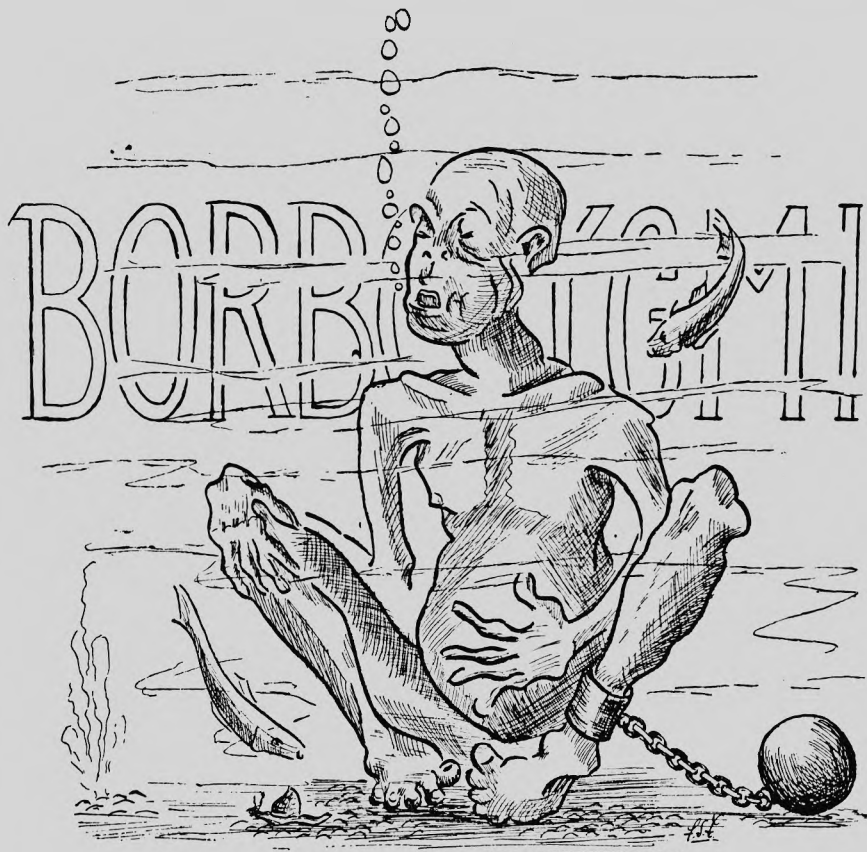
* * * *

Student: "Does this anaemia trouble you much?"

Patient: "Well, I had one last night and it did a lot of good."

* * * *

Patient (to nurse diligently scrubbing umbilicus): "You can't clean that away, nurse; I've had it for forty years."



House Surgeon (to patient from Salvation Army): "By jove, you have got a big navel."

Patient: "Well, what about it! So would you have if you'd carried the banner for ten years."

* * * *

Diary of passenger on Atlantic liner: "Last night took a blue pill. This morning passed an iceberg."

* * * *

Excerpts from bed letter (N.E.H.):—

Name: Maria.

Civil Condition: Single.

Complaint: Sterility.

* * * *

If a single housefly lays 10,000 eggs, how many will a married one lay? No prize is offered for the solution.

Impossible people: The nurse who thought that amenorrhoea was a form of religious mania.

* * * *

Student (to patient with suspected angina pectoris): "What sort of pain is it?"

Patient: "Worse than marriage!"

* * * *

Honorary (to patient with warts): "Is it the appearance that's worrying you?"

Female Patient: "I haven't got any, doctor; I'm an orphan."

* * * *

Pathology Lecturer at Post-mortem: "There are two kinds of Scotsmen——"

Voice: "Acute and chronic."

MENTION "THE AURICLE" WHEN REPLYING TO ADVERTISERS

CULTURE.

The very young man unbuttoned his raincoat and let the belt hang to his thighs. The late afternoon storm had abated with an embarrassing suddenness, that had made him aware of the brilliant, grey December clouds. Spring had come to him late this year, but surely, he thought, this was poetry. That patch over there, the darkest grey could be without being thought black, and next to it the dazzling whiteness of the sun! God! how wonderful it was after the rain. The very streets smelt of the fields, and you were happily confused of the wind and the glistening drops of rain falling off the oak leaves on to your bare head and the steam rising from the hot tar. If you were going anywhere, you felt, you could get there quickly.

You were a little over eighteen; matured and cultured beyond your years. Experience and knowledge hadn't been thrust at you. You'd had very much the same opportunities as anyone else, but you'd taken yours, and perhaps some besides. That didn't make you feel superior, not after the rain, anyway; only warmer. You thought of the fellows you knew of the same age. Good chaps, of course, but had they heard of El Greco, or know who wrote Tristram Shandy, or who Theocritus was? You didn't know too much about these things yourself, but you *had* tried to find out, and you were almost convinced that you *wanted* to find out. Anyhow, culture helped you to enjoy life all the more. Take music, for instance. Most fellows were for ever whistling some jazz "hit" or other, but you could appreciate and often enjoy classics. There was Mozart, quite merry tunes he composed, and Chopin, why, you could *whistle* Chopin, and Beethoven, some of his things weren't bad. Of course, you were still young, and no doubt you'd get to like Bach and Brahms and Stravinsky in time. Or books—Literature, rather. They always read Wodehouse, and Farnol and Valentine Williams. Why, they hadn't even *heard* of Dorothy Sayers; or Buchan, or A. A. Milne or Tolstoy or Wasserman or Dostoevsky, or even H. V. Morton! Why, you'd read Sinclair Lewis and Shaw and Beverley Nichols and Arnold Bennet and Stevenson and G. K. Chesterton and Ibsen and Goethe and Barrie and Zola and Guy de Maupassant—or the Fine Arts, painting and sculpture, you know. How many of them had been to the Art Gallery during the last two years? Had they seen the Epstein bust, of the Rembrandt etchings, or "The Dusty Shelf" or that modern hospital thing by Utrillo, with perfectly balanced asymmetry, or something your architect friend had tried to explain. Or Poetry. You'd *written* poetry. And you'd read Shelley and Macaulay and Longfellow. You'd often wanted to read Milton and Dante, but you'd read somewhere that they were of academic interest only.

But this wasn't all the knowledge you possessed. You were a Medical Student going into your Third Year.

The very young man, approaching a corner, recognised two figures, comrades of primary school days. The one, Ralph, had been sent some time back to a Peninsular reformatory. The other, Boytjie, had the surly slouch of a down-and-out sparring partner.

But he wasn't going to be snobbish—culture taught you broadmindedness.

"Hullo, Ralph. 'Lo, Boy. How are you fellows getting on? Haven't seen you for years."

"Say, it's Jerry!" Gerald, his friends called him at college. "You look a swell. Pick up somethin' good at Wembley?"

"I'm studying Medicine." Boy winked at Ralph. "I've done two years now—four more."

"Say, that's fine. Look here, Jerry, you were always a sport. Ralph, here, is got into trouble and wants a quid. Give him one, there's a pal, for old time's sake."

The very young man hesitated, blushed, and then stammered. "Well—glad to have met you. See you again soon, I hope."

"Look here, Jerry. All right, make it half a dollar."

But the very young man had disappeared around the corner. A cold wind had sprung up. He buttoned his raincoat, fastened the belt and dug his hands deep into the pockets. He thought furiously.

"I did right. I could spare the money, but it's the principle. *Cadging at street corners.*"

Lord, yes, there was still a lot to learn.

R. L.

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THE MEDICAL LIBRARY.

Sir,

The absence of books of fiction at the Medical Library is a fact which must be deplored.

From time to time, every medical student experiences a desire to relax from the rigorous routine of his studies, to seek refuge in a tale of mystery or imagination, of romance or of travel, a biography or a poem. It is a pity that our library does not cater for such needs.

I am not suggesting that the Library Committee should spend its money on literature of this nature. It has little enough money to spend on medical books, and to divert such funds for the purpose of works of fiction would be criminal.

No! the work of supplying these books must come from the student body itself. We all have a few novels that we can spare, and if each student contributed one or two books we would immediately have a collection that would be an endless source of pleasure and amusement to the tired workers of the School.

I hope that the S.M.C. will take steps to organise a small library along these lines.

Yours,

ORNITHODORUS.

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NEAREST TO YOUR MEDICAL SCHOOL

CULTURAL ACTIVITIES AT THE MEDICAL SCHOOL, 1937.

A REVIEW.

Last year marked the demise and burial of the Statistical Bureau. It passed away unlamented after three long years of coma. It would be wrong to say that the Statistical Bureau was nothing but a name. It was three names—originally christened the Mathematical Circle, it became later the Biometrical Circle, and when this proved an inefficient tonic, it assumed the title under which it dies. No flowers by request.

The Society for the Study of Medical Conditions among the Bantu spent the year reclining gracefully behind its long name. Once or twice it emerged from the shadows and gave us a lecture. In what way it studied medical conditions among the Bantu is difficult to understand, but perhaps this is a closely guarded State secret.

If the work of palpating, pummelling and measuring infants can be called a cultural activity, then the Committee for Investigating Bantu School Children did much to refine our minds. The committee organised its work well, and though the task it has undertaken is a very big one, it promises to produce good results.

The Anatomical and Anthropological Society spent a long time trying to decide whether its name was really beautiful. This terribly important problem quite paralysed the mind for a time. Any way, it settled down in the end and provided some wholesome fare for its patrons. However, it neglected one of the principal functions for which it was founded. It omitted to provide a platform for student opinion. It should not be the sole function of this and other Medical School societies to fill the chairs of a lecture hall so that the bigwigs may let off steam.

The Clinical Discussion Club had some interesting meetings, but it met far too infrequently. This is a compliment. Discussion was centred always on difficulties of diagnosis, but this club would do well to remember that there are many other problems in the field of Medicine.

The Social Studies Society joined our cultural family this year and proved itself a sturdy brat. At times it received a lot of support, most of it from people outside the Medical School. The problems discussed by this Society were pertinent and never lacked interest. Frequently they stimulated vigorous debate.

During the second term most cultural activities were suspended owing to the threat of examinations.

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THE STRUGGLE FOR EXISTENCE OR WHERE DO IDEAS COME FROM?

When an almost hairless creature is pitted against a hostile environment, a world full of natural enemies and unknown dangers, and is compelled to wrest its daily food from that world in the face of tremendous difficulties, one expects disaster to overtake it. If that creature lacks the speed of the horse or bird, lacks the claws, talons, teeth of carnivorous beast or bird, lacks the warm covering of the typical mammal, the natural protective devices of the hedgehog or tortoise, or the ingenious, though sinister, weapons of the fer-de-louche and rattlesnake, one looks for its early extinction. Such a creature was early Man, yet he has survived—survived to almost conquer the world. His weapon in the ghastly fight was his marvellous brain, which he did not make himself, but which was made for him by the struggle for existence ere yet he was a man. There are two old tags which many idealists often use, but which they evidently do not believe in. These are worth mentioning here: Self-preservation is the first law of Nature, and necessity is the mother of invention. Man, therefore, sought out many inventions because Nature had been parsimonious to him in every respect save brain-substance. He gave himself the speed of the bird by inventing bow and arrow; he provided himself with talons and claws by chipping the chert, flint, and obsidian rock into weapons of the chase; he defeated the unpropitious climate by inventing clothing. These things he did, not because he was an idealist, but because he had to if he wished to survive in the struggle. Every invention is the result of an idea, but where do ideas come from? From the conditions of life, friends. When primitive man was hungry and cold and the cave-bear threatened him with extinction by invading his cave or his rock-shelter, he thundering soon got an idea.

One of the first great lessons learnt by the brain of early man was that unity is strength. Hordes, tribes, clans, etc., are no different in the natural sense from wolf-packs or buffalo-herds. Early man had to depend upon sounds and gestures as a means of communication. As his first crude social organisation developed, so his powers of speech developed. As his speech developed, articulate language was evolved. Speech and language are social products. By developing speech and language, man became a thinker of abstract thoughts and a gatherer of the thoughts of other men. Abstract thought is a social product. Can anyone dispute that articulate speech arose from vocal gestures, crude imitative sounds which helped to knit the early social organisation together when danger threatened it? Speech was born like the flint-axe, born through necessity acting upon an exceptionally educable brain.

GEORGE R. W. N. LUNTZ.

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SUCCESS IN MEDICINE.

This invaluable document is intended as a guide to all intending to enhance the ranks of the medical profession, and at the outset let me wish you all the very best of luck in your venture—for, believe me, you will need it.

For the uninitiated, let me primarily explain that medicine is not to be obtained in a bottle; indeed, I do not believe that even two bottles would suffice, but for more detailed and definite information on this subject I would advise aspirants in this direction to consult more detailed literature on the subject.

The first item essential for the medical career is a head. The ignorant may prefer to name this a boko, but then everyone to his own taste (*Syr. Aurant. ad sufficium*). It would be more convenient for everyone concerned were this article to contain grey matter with a sprinkling here and there of white matter, but the absence of same should not deter the reader, for he may under those circumstances become a member of the Students' Medical Council, and there pass the even tenor of his way.

Hands are quite useful to the medical student both for supporting the bottle and holding the many 'scopes with which his study is decorated. The "wandering hand," while not exactly an asset, is by no means pathological, and the presence of same does not constitute a hopeless prognosis.

The most essential form of apparatus in the equipment of a maturing medico is the Gynaecological Chair. This may be carried in the vest pocket, but should

this prove inconvenient, it may be carried behind the student on his ward-rounds, in a coach-and-pair. But above all, one must remember that to attend a clinic without this apparatus is akin to arriving at a lecture without a magazine to read. The Chair may conveniently be supplemented by a bed-side unit X-ray apparatus, but the student is not advised to obtain this handy apparatus prior to his twelfth year study, as at this period it may be skilfully concealed in his beard, and suddenly flashed on the unwitting patient. While not as essential an instrument as the gynaecological chair, it would be to the reader's advantage to provide himself with a Drinker respirator; this should constantly be kept on his person for it provides endless amusement for the younger patients, and in this way their confidence is won over.

Armed with these few items the student is now, so to speak, prepared for battle. First select a lecture theatre and wait for someone to arrive and deliver an oration. The reader is not advised to wait longer than two days, and should a speaker fail to appear within this period, the student should now proceed to the hospital. He should first go to Casualty, and having been unceremoniously thrown out from that worthy establishment, should seize upon a nurse or sister and indulge in an argument which should preferably end in bad language. At the end of this stage he is termed a fourth year medical.

The next procedure is the growing of a moustache. For the process, watering the upper-lip is to be recommended, and various text-books on the subject may be obtained from past students. To summarise briefly, the essentials for a successful moustache are (i) an upper-lip; (ii) masculinity; (iii) sympathetic friends; (iv) a good deal of time and patience; and (v) a sense of humour. It is advisable to count the hairs from time to time to check any improvement or otherwise in the numbers. If this process is completely successful one may now be known as a fifth year medical.

The next year is one of great obstacles. Primarily long trousers must be worn as must also a white coat with the collar well starched and turned up. The student must then buy for himself a wholesale consignment of blah. This may be obtained in tins or tubes, according to the personal likes of the individual. Throughout this year there must be constant haranguing with both nurses and sisters and, if possible, actual blows are an asset. The student is now ready for his final examination.

For the final, confidence is required. This may be obtained from the Students' Supply Association at a reasonable cost, and should be freely splashed about the person. Stamina is also an asset, and should the reader fail at the first or thirty-first time of entering, he should not despair of the future but should adopt for his watchword "*dulce et decorum est pro patria mori*," and pledge his lifetime in overthrowing the examination bogey.

At last he is ready for the great wide world, and tucking his beard under his arm, he wheels his bath-chair from the precincts of the medical school.

I regret that space does not permit me entering on the subject of the Practitioner, but I hope to deal with that section in a later issue.

STONY DULL.

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As is generally accepted, the third year medicals again took the lead as the social year of medicine.

It is this year which has started the much welcomed inter-year sporting events, and it was this year that donated Atrophy, to be competed for by all medical school years. The year winning the most sports, winning the cup.

We all know that the inter-year swimming was a farce, there being no fourth or sixth years present. However, it is to be hoped that such an inter-year gala will again take place, this time under expert supervision.

Tennis has yet to be arranged, and it is to be hoped that the fourth years will not hold their victims (third years) to the unofficial competition played between these two years.

* * * *

Yes, the manufacture of *Atrophy* took a life-time of planning—and collecting.

When one considers that the cup itself is a Raspberry Jam Tin of colossal proportions, indeed I doubt whether any medical student has seen a larger jam tin. I am positive that this tin then constitutes half of the value of *Atrophy*.

The stem is a salt tin—uncommon in itself. The base, not the lid of the jam tin, as is generally supposed, but a pastry pan—E.P.N.S.

The three constituents are bound together, by wire, also solder, the latter took one hour to apply. Incidentally, for the information of those who don't know, solder is the name of a precious metal made in bars and used by plumbers. N.B.—It is not a liquid.

Next, the external decorations. This work was done not in paint, but enamel, and very durable enamel at that. (Don't chip.) I am sure that the figures on the stem have escaped the notice of most students—these figures depict all sports, and I know they all out-Epsteins Epstein. Who now doubts the value of *Atrophy*?

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Last but not least, the cup is not a garbage tin.

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CHRONIC CHESS-MIND MANIA.

Its Pathology and Sequelae.

An extremely interesting condition, deserving observation in any medical community, has recently broken out, almost in the form of an epidemic, at the Medical School. Its occurrence is rare, but once established the disease runs a course of many months. It has been termed by the pathologist Gum Mota, “Chronic Chess-mind Mania,” and to him I must express my indebtedness for allowing me to publish the result of his researches.

This type of mania, apparently, is precipitated by several factors. Of these, Pokeritis is predominant in importance. Further, an attack of Peni-peni frequently disposes to chess-mind mania; and, mention must be made of the associative condition known as virulent Bridge Fever. My colleague Gum Mata is inclined to regard this last of equal importance with Pokeritis as a predisposing factor, but here we differ somewhat. My view is, that while virulent Bridge Fever is of a severe and sometimes fatal nature, Pokeritis causes far more widespread changes in the individual, all of which lead to a loss of vitality and diminish the chances of the patient in combating chronic chess-mind mania.

The symptoms of the disease are very characteristic. The first noted is restlessness and an uncontrollable twitching of the fingers. Associated with this is a tendency to gravitate towards the tea-lounge, where, to the everlasting shame of medical organisation, hygiene and therapy, soiled chess-sets are laid in readiness for the patient. No sooner is the latter confronted with one of these, then the pupils contract, finger-twitching becomes more marked, profuse sweating occurs, and the patient throws himself upon the board and set, commencing to lay out the pieces. Once the game is in progress, a very characteristic change occurs. The temperature drops considerably, the finger-twitching ceases, and a cool, calm, detached expression settles on the patient's face. I am convinced that very widespread mental reactions follow one another in the individual; in many people, these thought-processes may be actually followed, and I append a typical example, achieved through a tendency of the man to talk aloud: “Move Pawn—cover King—bring up Bishop—must Castle—Queen taken—Blast and Damn—remove his Knight—Good Work.”

The condition continues thus for weeks—in some cases months. One of two results follows: either the patient may undergo a spontaneous cure, or the mania progresses into a form which eliminates all other intellectual activities. In this case, Gum Mota considers there is little hope of recovery as a vicious circle eventuates with every possibility of the fatal condition known as “Ploughing,” or “Plugging” occurring. Occasionally, application of the treatment of “Fear-of-Exams.” is effective, but the constitution of the individual makes this treatment a limited one.

M. GOLDBERG, Third Year.

Doctor: “Were you examined?”

Female Patient: “Yes, sir; doctor made a digitalis examination.”

Doctor: “H'm! with foxglove, I presume.”

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