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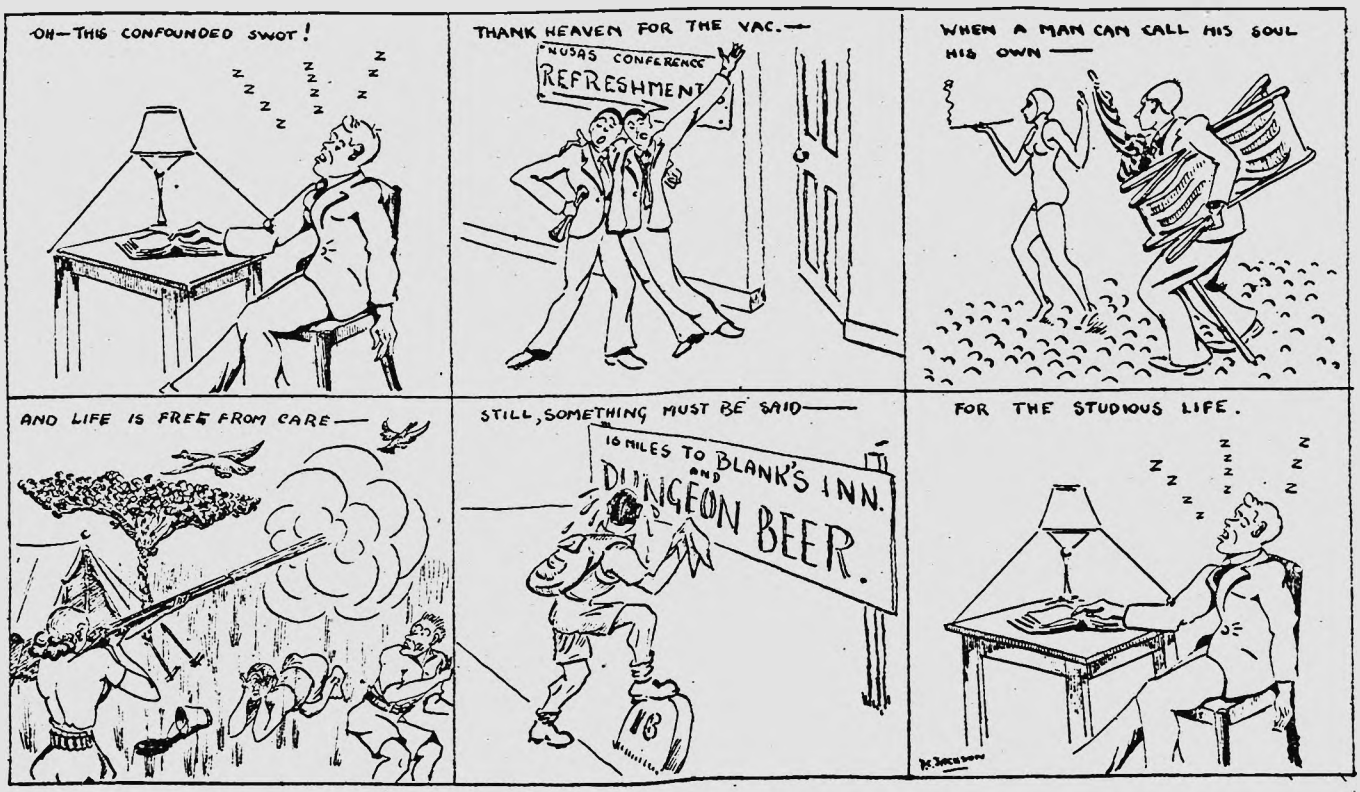

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N.U.S.A.S. CONFERENCE

The Part Played by the Health Section

The invariable question to the returning health delegate is "What did your section achieve?" The actual tangible result can be summarised in a few words. The general consensus of opinion was, I think, "That at present in the Union, as elsewhere, health services for the greater part of the population is dangerously inadequate; that the fault is almost entirely due to the present economic system and only in a small measure due to the medical man."

Health Section's Aim.

It is not in this result but in the general influencing of one's outlook, that the Conference stakes its claim to be a necessary part of student life. To say an essential part, would not be exaggerating. In no other field does the exchange of opinions receive such serious consideration. N.U.S.A.S. succeeded, for the foregoing statement can be accepted as a reflection of the spirit in which the work was conducted.

What was the aim of our Health Section? Our endeavour was to review the causes of ill-health, with especial reference to our own land; to attempt to show to what extent these causes of ill-health are being approached by governmental or private initiative. The latter sessions were constructive—the study of health systems abroad and an attempt to apply what was good in theirs to our own country.

A "Sub-economic Level."

Medicine has taken the terror out of those scourges—the epidemics. To-day it is freely admitted that most illnesses are due to some lack in the patient, even if it be common-sense, *e.g.*, contracting pneumonia. Acting upon this notion, Mr. Berkowitz detailed those necessities without which health was bound to suffer. He went to great pains to show what standards of diet, of housing, of sanitation and clothing were requisite. One did, however, miss an inter-correlation between these sections and the economic factor, which, after all, is the true cause of these lacks. U.C.T. and Rhodes applied this with special reference to the coloured and native populations. The dominant feature of their expositions was that both races live on a "sub-economic level." They are exploited for cheap-labour means and their income, in over ninety per cent. of cases, does not allow them of anything near the adequate necessities of health in diet, housing, clothing, etc. In some of the "black areas," Transkei, etc., the reserve native is approaching starvation level.

Having now considered the minimal necessities for health, Mr. Leontsinnis was then given the task of elucidating the diseases caused by poverty in South Africa. He dealt at length with the relation of the economic system to poverty, and, following up, how this led to disease. That major scourge, tuberculosis, he contended, was a direct result of the lowered vitality due to poverty; syphilis and other V.D.'s had their basis in our social system; the infectious diseases thrived in the filth and insanitary conditions which most often were the handmaidens of that unfortunate condition. Mr. Morris, of U.C.T., then read a highly technical paper relating to the high infantile mortality and maternal mortality rates to the lack of medical care of the pregnant woman. This care alone will halve the terrors of that after-all natural physiological process.

Venereal Disease.

What provoked and indeed initiated the best discussion till then, was Mr. Kenniar's work on V.D. His handling was tactful and yet full. The main features were the wide-spread incidence of the disease; the relation of it mainly to our existing social system and only partly to our economic system; that adequate facilities for diagnosis and treatment were not present to-day in S.A., especially for the poorer classes.

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What should have provided the most contentious discussions, the health systems in our own and other lands, was unfortunately restricted by time. Mr. Warren and Mr. Daubenton read an excellent paper on the health measures in industry in S.A. They showed how excellently the Witwatersrand mines provide for their employees, especially the natives. By contrast, they showed that in the other industrial endeavours, health facilities were almost non-existent.

Health Systems Abroad.

Mr. Ovedoff then provided us with a view of Russian Soviet Medicine. This exposition was excellent, but consisted mainly of theory. What actually was occurring, he admitted, he could not adequately convey to us. The Soviet Union, however, "does something when *any one* of its members is ill."

Mr. Wyndham followed up with measures in the United States of America. He found that even this progressive country had only a mass of uncontrolled experiments to provide health facilities for its huge middle-classes. It was totally inadequate. Preventative medicine was hindered by the constitutional framing of divided power, but that the wealthy philanthropist and the health-consciousness of the masses had overcome some amazing difficulties.

Summary of Findings.

Finally Mr. Rathouse, of U.C.T., dealt with the whole Continental system. He emphasised the excellence of the local units in preventative and curative medicine; the manner in which various States had combatted their own specific problems, *e.g.*, the Northern States by wise legislature had almost eradicated V.D. as a major problem. Finally he dilated upon the "Nat. Insurance Schemes," and showed how they had vastly improved facilities for the middle-class man.

It was left to our Secretary, Mr. Kloppers, to summarise these findings. The purport of his remarks was given at the outset and may be reiterated: "That most of the ill-health to-day is due to economic causes, and the solution lies primarily in eradicating the evils of this system. Once everyone has the means to provide against ill-health, half the battle is won. They will provide their own preventative measures." C. W.

Appointment of Housemen.

The Editor of "The Auricle,"

Sir,—It appears to have become almost a traditional custom at our school for prospective graduates to make sure of securing their fancied houseman appointments by what is technically known as "canvassing" the chief concerned. Such a word conjures up an idea of a request made surreptitiously, unfairly and with a selfish motive, and which should not be made under existing circumstances and rules.

This aspect of emotional response to such a thought has been successfully repressed by a great number of senior medical students, or they have no conscience. But this reaction is a practical, human one, and one, perhaps, to which all may be liable.

Morally wrong or right, this state of affairs was of no general importance in former years, when every graduate could find a place in the hospital for a period of practical guidance, before verging out into practice.

To-day, however, with more graduates than positions, many go directly into general practice. This is neither fair to the graduate, nor, more important still, to the general public.

This being so, canvassing becomes a general evil, for it results in some graduates obtaining more than one appointment and others none at all, aggravating the already trying state of affairs. The argument that the man with the better record should have the privilege (even if this were universally so) holds no water in this matter. Rather should it be for the second-rater to be favoured, for he is more needful of this vital education than the better man. But we need not go to this length. A satisfactory solution to the problem would be to give positions to as many as possible and not to turn one down and give the other two-fold.

Legislation establishing compulsory housemanship will solve the whole difficulty. This, however, will not be brought about for at least a few years, and thus an investigation with an attempt to alleviate the position (now almost farcical) is of paramount importance to all. It can only be initiated by a tactful, bold and progressive S.M.C.

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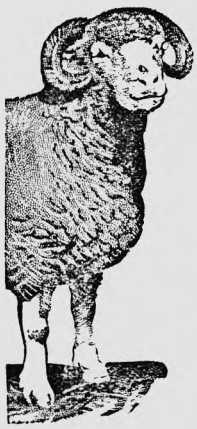

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SURGICAL DISEASES OF THE BANTU

(A verbatim report of an address given to the Society for the Study of Medical Conditions among the Bantu, by J. Penn, M.B., Ch.B., F.R.C.S.)

The Bantu in this country are by no means a uniform people, being as they are a combination of Bush, Boskop, Negro, Arabic, Mongoloid, and even Nordic types. Nevertheless, it is possible to typify the various elements that make up the Bantu to an extent not possible in European races, owing to the fact that many of the more primitive tribes have not intermingled and have retained their primitive differences of stature, culture and customs.

Much anthropological study has been done to elucidate these facts, and we may be proud in knowing that our medical school has contributed not a little to the important literature that has grown around the subject. But there is still much ground to cover and it behoves us all to do our bit in investigating to the full, all medical questions relating to the Bantu. It is not only our privileges, but also our trust.

When the difference between the different types of Bantu, and between Bantu and European have been fully worked out, it should be possible to make some real contribution to international Medicine and Surgery.

In other words, if we can find out why the Bantu is liable to certain diseases and not to others, we of this University would be well on the way to being a great factor in giving the world a greater knowledge of the etiology of disease in general.

We have the material . . . . we must use it. I may say that the secret of our future contribution will depend to a great extent on the trouble we take in keeping careful records.

And I would make a plea that all doctors should use a uniform system of recording their facts, so that when they scatter from Johannesburg throughout Southern Africa, it will still be possible for these men to work together as one unit in investigating these conditions.

There must be many conditions of a medical nature that affect the Bantu in a different way from the Europeans, but I shall deal only with some of the conditions that are of surgical interest, as, obviously I have come across them more frequently.

Congenital Diseases.

First of all with regard to the congenital conditions.

It should be a terrific source of interests to embryologists and surgeons to know whether the Bantu is particularly liable to such conditions. For instance, are harelips and cleft palates more frequent in the Bantu? Is there any difference in their facial and pharyngeal musculature? Like many of these hare-lip cases, the Bantu has an undeveloped columella, and a flaring of the nostrils . . . . is this coincidence or is it evidence of an earlier stage of European evolution? I don't know, but I would like to know.

Volvulus.

Abnormalities in the gut are not an infrequent condition in the Bantu, and certainly inefficient fixation of the bowel to the posterior wall with subsequent volvulus is one of their commonest causes of intestinal obstruction. Personally, I feel that it is commoner in the Bantu by far than is found in the European. Why this should be the case I don't know, but I would like to know.

Other congenital deformities such as encephaloceles, Spina Bifida, Clubfeet, Undescended Testes, Extroversion of the Bladder, are all found in the Bantu. But nobody knows the comparative frequency of these conditions, as nobody has taken the trouble to find out.

Shoes and the Bantu.

The common orthopaedic troubles found in so-called civilised races such as Hallux Valgus, Hammer Toe and Flat Feet, are unknown in the natural Bantu . . . Surely an indictment on the shoes and stockings worn by the Europeans.

There is a peculiar disease affecting the little toe of the Bantu known as Ainhum or Dactylolysis Spontanea which is only found in the Bantu. The cause is unknown but thought to be traumatic in origin.

Anatomy of the Bantu Knee.

The boys on the mines are particularly open to injuries, which would, in the European, cause internal derangements of the knee joint, yet we never hear of such cases among the Bantu. Comparative anatomy of the Bantu and the European knee would probably throw some interesting light on the subject.

Resistance to European Diseases.

With regard to the inflammatory conditions . . . The Bantu is an interesting study, for although his resistance to the ordinary knocks and blows of life are good . . . European diseases like Pneumonia, Meningitis, Tuberculosis and Syphilis cause a terrific amount of damage amongst them. It has been explained by the fact that up to recent years a condition like T.B. was practically unknown amongst them, with the result that they have never actually worked up an immunity to the disease. This is probably the correct explanation. At the other extreme we know that Jews as a whole are highly resistant to Tuberculosis. The explanation here is a similar one, that is to say, for centuries they have been confined to dark and airless ghettoes . . . . T.B. wiped them out by the thousands . . . . only the fittest survived and carried with them a hereditary immunity.

A difference in conditions affecting the Alimentary System of the Bantu has been remarked on by all surgeons.

Caries and Civilisation.

Much work has already been done on the question of caries in the Bantu teeth, but there are certain questions open for investigation. For example, it is not definite as to what role food plays in this matter, but what is definite is that the " raw " native has very much better teeth than the urban native. Some people put the reason down to inadequate chewing of food in

the towns . . . .personally, I am not entirely convinced by this argument.

Other people put it down to the refining processes in the towns . . . . particularly applicable to sugar and wheat. This theory is borne out by evidence in other parts of the world where people who make their own bread, etc., have better teeth than others who do not. For example, in Switzerland it was found that the highest villages were virtually isolated owing to the difficulty of pushing through main roads to them. These people were found to have very much better teeth than the surrounding Swiss. With the march of progress, main roads, which now carry the refined foods of civilisation from the towns to these villages, have been developed. To-day the teeth of the villagers living at a high altitude, are as bad, or as good, as those of any other Swiss community.

Appendicitis, Cholecystitis and Peptic Ulcer.

Appendicitis, which is God's gift to the struggling surgeon, is comparatively rare in the Bantu. And Cholecystitis, which provides the fashionable surgeon with his happiest hunting ground and, incidently, his handsomest fees, is almost unknown in our black friends. And Peptic Ulcer, which is so often reaped as the result of the sowing of wild oats, bad grapes and hops, is almost unknown in the native and amongst those who are untouched by civilisation.

What is the reason for these facts? Is it due to the food we eat, or the way we cook it, or the way we eat it? Has the hurry-scurry of civilised life such an effect on the nervous system that digestive processes are disturbed? Or is it due to the fact that the European eats too much and too often, allowing insufficient rest for the stomach and insufficient exercise for the Gall Bladder?

I don't know, but I would like to know.

Ureteric Stone a Rarity.

With regard to the conditions affecting the Urogenital system, there is a host of conditions to be investigated in this country. Nobody I have ever spoken to has ever seen a Ureteric stone in a native, and I doubt if you will find a single case in the records of this in the Non-European Hospital.

Enlarged prostates are also not frequently seen. Certainly the number of prostatectomies done here are conspicuous by their rarity. Gonococcal strictures, of course, are common.

Peripheral vascular disease is rare in the Bantu. I have not known of any cases of Buerger's disease . . . . I should imagine the diagnosis to be exceptionally rare, in any case. Apart from the cases of back pressure due to pelvic tumour, varicose veins and haemorrhoids are surprisingly infrequent. There have been no cases of varicocele recorded at the Non-European Hospital.

South Africa has never been a country for Endemic Goitre, and the fact that it is infrequent in the Bantu has little or no significance, as it is not common in the European either. But in the Belgian Congo there are large tracts of land where the local natives get it in the neck. When Professor Dart returned from the Cape to Cairo expedition several years ago, he showed pictures of the type of goitres found. Other endocrine disturbances have never been fully worked out in the Bantu. It may be of interest, however, to know that 75 per cent. of cancers affecting the female Bantu affect the genital tract.

Lowest Cancer Rate in the World.

Incidentally, cancer in the Bantu has interested many surgeons. The first review of the subject was made by the late Mr. C. F. Beyers, who was a surgeon of great standing in Johannesburg. Dr. Charles Berman, one of our own graduates, has written a thesis on the subject, which has been accepted for the M.D. degree. Numerous interesting facts have been brought to the surface which should be known by all doctors interested in Bantu diseases.

Beside the inhabitants of Ceylon, the Bantu have the lowest cancer rate in the world. In these people Carcinoma occurs more frequently than Sarcoma. In younger natives, such as those working on the mines . . . . 90 per cent. of the cancers found are primary carcinomas of the liver . . . . a condition very rare in the European, whereas carcinoma of the stomach, which is very common in the European, is almost unknown. Although skin carcinomas are frequent in the European, exposed constantly to the sun's rays, it is almost unknown in the native who is exposed all his life.

Carcinoma of the lungs, which is increasingly found in the European, is very rare in the native. Bladder carcinomas are comparatively frequent owing to the presence of Bilharzial papillomata.

Generally speaking, the East African native is more liable to cancer than the South African.

A similar picture is found in the Urban population of natives. Except that here carcinoma of the stomach is found but only after middle age. The sarcomas of natives are also different from the European type, as they are just as common in the soft structures as in the osseous system. It is particularly interesting to note that, despite the abundance of pigment in the Bantu, melanotic sarcoma is very, very rare.

Keloid.

It is a known fact that dark races . . . . especially the Negroes . . . . are particularly prone to Keloid. Apart from Keloids occurring in the skins debilitated by T.B. discharges, etc. . . . . Europeans only get Keloids when there is excessive tension on a healing scar. This calls for investigation, and it would be interesting to know whether there is a difference in the surface tension of the Negro skin as compared with the European.

Skin Grafts and Colour.

The surgery of the skin of the Bantu should hold out tremendous possibilities for research . . . particularly with regard to skin graft. From work done on American Negroes I am under the impression that colour of grafted skin in the Negro differs according to whether the graft is a Thiersch, Wolfe, or Pedical type. These colour changes have never been investigated . . . . but should be, to the great benefit of plastic surgery generally.

In this talk I am only touching on the fringe of some of the problems that confront us. If this society does nothing more than produce research-minded doctors, it has been worth its salt.

No matter how drab one's practice may appear on the surface, there are immense possibilities of interest just below. Your attitude to any of these problems should be . . . . "I don't know but I would like to know," and them make it your business to find out.

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GREAT DOCTORS

3. Edward Jenner

It is doubtful if any community has been stimulated to such fervent controversy as the medical profession of the last century was over the name of Edward Jenner. Even during his life and time there were records of divergence as to the genuineness of his works. Towards the latter end of the last century there was almost a complete dichotomy on the question. In consequence of this, much was written and said which is most unreliable, owing to the panegyric enthusiasm of his protagonists and the acerbity of his revilers. Various attempts at impartial judgment on the subject, in that era when he was still remembered in the minds of living men, furnish no agreement whatever, and so in this unsatisfactory condition the matter still rests. But in contrast to this professional attitude there has developed a eulogistic reverence for Jenner in the minds of the lay as their deliverer from smallpox, which before his advent had embraced the palace and the hovel alike in its ubiquity.

Jenner was born in 1749 as the third son of a country clergyman of good family. His native hearth was the village of Berkley, in Gloucestershire, where he lived practically all the years of his life. As was the custom, he received his early training at the hands of an able country practitioner, and then proceeded to London, where he walked St. George's. It was here that he came under the influence of the celebrated John Hunter, a surgeon to the hospital.

Hunter stimulated the normally responsive Jenner into the avenues of biological research, in which the young student acquitted himself with average accomplishment. The naturalistic efforts of Jenner have been the source of endless rhapsody by his ardent admirers, who avidly spell genius in all his actions. His greatest success in this sphere was a paper, "The Natural History of the Cuckoo," which earned him a fellowship of the Royal Society—the original stimulus was undoubtedly furnished by the post-graduate interest and encouragement afforded by Hunter.

Jenner returned to his home village in 1776, and appears to have made an efficient and successful general practitioner there. He enjoyed good health, dabbled in poetry, and was inseparable from his flute, upon which instrument he is said to have performed pleasantly and with skill. He rode well and carried out his visits with considerable decorum on horseback, and for many years happily practised his art amongst amiable surroundings.

Then of a sudden there arrived on the Jennerian horizon a cloud no more significant than a dairy-maid's remark, which grew to inundate him with immortality and extraordinary fame. The maid affirmed in a chance remark that having had cowpox she would be immune from smallpox—a statement which, although common knowledge in that community, sufficiently interested Jenner to resolve to investigate the phenomenon. But in these intentions he had been forestalled some twenty years or more by a farmer of Downshay, in the same county. Nor could Dickens have invented nomenclature with more glamour for this drama, for his name was Benjamin Jetsy, and he successfully inoculated his family with cowpox, in consequence of the popular belief that they would be protected from smallpox. He had himself contracted cowpox in the natural way many years previously.

In 1797 Jenner published his first paper on the subject, which was not accepted by the Royal Society. However, in the following year he had his famous treatise published—"An inquiry into the causes and effects of variolae vaccinae discovered in some Western Counties of England and known as Cow Pox." The original edition consists of seventy-two pages and four plates. It contained evidence related to twenty-three separate cases of the condition, which, although considerable in view of the paucity of the material, could hardly be called exhaustive. The method of inducing smallpox by inoculation in the hope of producing only a slight attack and so be rendered immune from subsequent infection was widely and ignorantly practised at the time. So it would appear that neither the theory of cow pox immunity nor the method of inducing it was in any way born of Jenner's originality. In point of

(continued at foot of page 7.

'N NUWE RIGTING IN MEDISYNE

Die sosiale verhoudinge van medisyne is vinning aan verander. Net soos dit wetenskaplik met rasse skrede ontwikkel het in die afgelope vyftig jaar, so staan dit, wat die sosiale sy betref, nou ook weer aan die vooraand van groot veranderinge. Ons as jong dokters sal die draers van 'n nuwe medisyne wees.

Pas 'n paar weke gelede het 'n vooraanstaande vroue-dokter in Londen iets gedoen wat volgens die on konsepsie ongeoorloof was, nl. om vrugafdrywing teweeg te bring in 'n jong meisie van veertien jaar om die eenvoudige tog genoegsame rede dat sy anders 'n geestelike wrak sou word. In die verlede is net in aanmerking geneem of swangerskap die toekomstige moeder fisies sou ondermyn—maar in die lig van moderne psigiatriese kennis het ons 'n wyer beskoning: die gees van die pasient word net so 'n werklikheid as haar liggaam. Dr. Bourne het die operasie opsetlik gedoen, ten volle bewus van die lawaai wat sou volg, maar tog vasberade om 'n nuwe rigting aan te dui. Daarom voel ons bly oor die uitspraak van die hof, en stem saam met een van die oorsese nuusblaaie dat die uitspraak „'n verstandige en humane vertolking van die wet is, en dat die gebeurtenis voorsiening gemaak het aan 'n brood-nodige verduideliking van die wet, en dat dit baie sal bydra om die wet te laat aanpas by publieke en mediese gevoelens."

Selfs hier in die Mediese Skool is daar kans vir 'n meer verligte denkwyse. Hoekom moet al ons geraamtes wat in die tweede jaar gebruik word, van oorsee af kom? Waarom kan ons nie ons eie kaffers se bene gebruik nie? Almal praat van 'n sogenaamde „Anatomy Act" maar on skort net een man met durf en daad om dit te verander. Die publiek sal die gevoelens van die Mediese Studente respekteer; en terselfdertyd sal ons ouers ondervind dat dit goedkoper vir hulle beursies is.

'n Staat-Mediese diens—ons voel dat dit aankom is, of in elk geval dat dit al hoog nodig is. Watter vorm dit eintlik sal aanneem, is nog nie seker nie, maar een ding is onomstootlik waar en dit is dat mediese behandeling bereikbaar vir alle klasse van ons volk sal word; ook sal beter resultate behaal word; en baie kleinsielige kompetisie onder algemene praktiseerders sal verdwyn.

Selfs in ons Letterkunde word die behoefte aan 'n reorganisasie van mediese metodes aangedui. Ons dink veral aan „The Citadel" waarin Dr. Cronin so hamer op „die sisteem" wat vandag heers en nog altyd deur die eeue geheers het, en waarvolgens dokters net daarop uit is om soveel geld as moontlik te maak en tog nie die beste vir hulle pasiente kan doen nie. Aan die end van sy boek dui die skrywer 'n ideale vorm van mediese kooperasie aan tussen geneesheer, bakterioloog en snydokter.

Die toepassing van Medisyne verander. Dit is nie net omdat ons wetenskap ryker word nie, maar omdat die publiek saam met die wetenskap ontwikkel.

N. KRAUSE.

---

fact, his vilifiers regarded it as being both deceitful and crafty of him. The "inquiry," they maintained, far from being epoch making, was unmistakeably tainted. It is also held against him that in 1798 he had attempted to vaccinate his son Robert, but as it had not taken, had had him inoculated with smallpox after the established fashion, as he feared that the boy had been in contact with a case—an almost unaccountable inconsistency.

Jenner proceeded to London with his campaign, and eventually met with considerable success. He was granted £10,000 by Parliament. Encouraged, he set up in a physician's practice in Mayfair, but failed miserably. He returned to Gloucestershire sadder and poorer for his experience. In 1806 a further grant of £20,000 was voted him. He was bestowed with every conceivable honour, including a Fellowship of the Royal College of Surgeons and a Doctorate from Oxford.

He continued in his native Gloucestershire and succumbed to apoplexy in 1823. A statue was erected some years after to his memory. Originally amidst the confusion of Trafalgar Square it was moved to less conspicuous but more sympathetic atmosphere amongst the children in Hyde Park.

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LOCAL LETTER

Jurisprudence.

Probably the sensation of the year has been provided by the Department of Forensic Medicine in their supplementary Examination for the years 1937-1938. We understand that steps are being taken to fully investigate the matter, for it is such as demands a better understanding between students and mentors. The occurrence has also served to emphasise the undesirability of isolation of Departments in the Faculty of Medicine.

Phobia.

Once more the examination bogey has gripped the mass, as is evidenced by the pale, wan looks of the students and the overcrowding of the library. There are approximately seventy-five students endeavouring to obtain their M.B., B.Ch. degree in November of this year, which is perhaps a record number for this University. This leads one to express the hope that there will be a record number of passes.

Fungus.

The second-year moustache-growing contest has been and gone, but the general success of the organisation and the cameraderie displayed by those final year students who acted as judges, was a most favourable feature. While the moustaches were possibly not quite up to the standard of George Bernard Shaw, the addition of a few more years would serve to remedy this deficit.

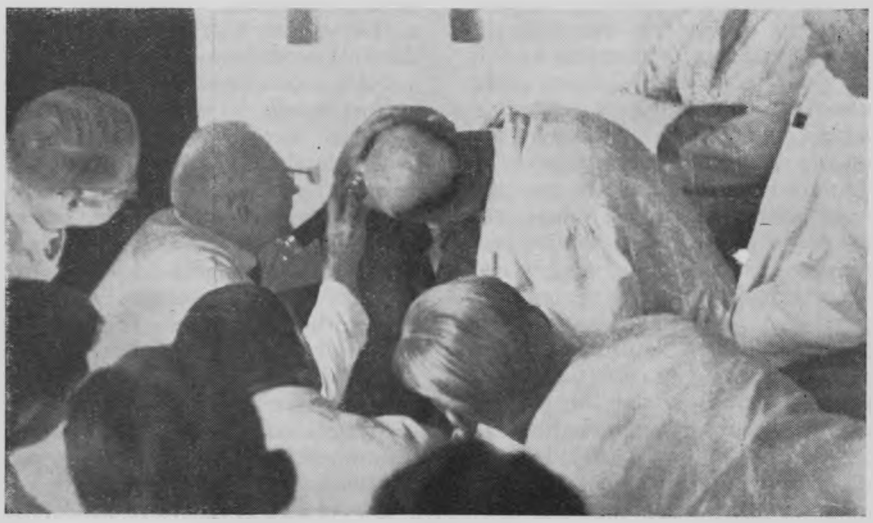
Initial.

One is inclined to wonder whether the First Year Medical Students are not overworked. The total absence of contributions from that body to Medical Publications would seem to indicate either a lack of ability or a lack of time. We presume the latter, though we may be enforced to accept the former, for one is loth to presume lack of interest.

Mystery.

What has become of the white coat commission? Though primarily introduced on a frivolous basis the scheme was nevertheless a good one, and therefore a commission was appointed. Impressive as this may sound, nothing would appear to have eventuated, though much water has flown under the bridge. Possibly an injudicious selection for that commission has been responsible?

EYE O.P.D.



GENERAL VIEW

Conduct.

One is a trifle surprised at the undue publicity awarded student behaviour at Nusas in the local Press. A S.R.C. statement on the matter would be appreciated, for the impression obtained is that students were scarcely genteel in their conduct, both privately and in public. Moreover, splashing of such accusations in newspaper headlines is scarcely the kind of publicity this University desires.

Yours sincerely,

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WE WON INTER-VARSITY

The programme of athletic events for the coming season presents quite a few interesting features, but before touching on these, I will deal with the training arrangements for the coming season.

The track will be available every day of the week, provided there is no meeting on the track on the Saturday, when no training will be allowed on the track on the Friday before.

Dr. Jokl will again be asked to assist newcomers and also to take physical culture classes.

Lectures on athletics will be arranged fortnightly and will be given by the best authorities on the sport in Johannesburg. Some of these lectures will be illustrated by movie films, some of which will have been taken on our track of various club members, whose style will be criticised.

Members of other clubs should note that they are cordially invited to attend any physical culture and lecture classes arranged by the Athletic Club.

Now to return to the programme of events. During the coming season which, by the way, starts in about three weeks time, a minor Inter-Varsity will be held at our track, and teams from T.U.C.S. and Potchefstroom will be invited.

Then there is also the Duxbury relay race, which will be run at some date to be decided during the season. Then there is the usual members. In other words, newtrack league fixtures, and it is the hope of the club that with such athletes as Lane, Fouche, Joubert, Kaplan, Skinstad, Warr, Lardner-Burke, etc., our club will find a place near the top of the log.

Another attempt will be made at reviving the system of club nights. On these nights certain handicap races as well as relay races will be arranged. Of course, field events, will also be catered for.

In conclusion let me urge all newcomers to turn out and try their hand at any event which takes their fancy. Advice will gladly be given by older and more experienced comers, advice is yours for the asking.

Spectators, support your athletic club. You can always be assured of a splendid day of sport by rolling up to the track, and remember, **admission is free.**

MERCURY.

EYE O.P.D.

A PARTICULARLY INTERESTING CASE

* * * *

This story is told of J.J. in the days when he was Professor of Forensic. Lecturing to the class on rape, he noticed a student fast asleep in the front bench. He woke him. "Mister," he said, "either you are disinterested—or you are impotent."

Mr. J. J. L-v-n (to anaesthetist): "Mister, will you please do me a favour and get the patient a book to read. Just to keep his mind off the operation.

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SURGERY—AN EPITOME

During this critical period when the fourth year student discards the stethoscope for the scalpel and bronchial breathing for broken bones, it is most appropriate that an explanatory article as to the trials and tribulations of the surgeon be published.

Primarily a definition: the word "Surgeon" is of hybrid origin, being derived from "Surgo," the Swahili for "proceed," and "on" the Egyptian for "on." Hence one arrives at the literal translation —"Proceed on." Thus is immediately realised the tremendous significance of this word and all it stands for; so come, girth your loins, my little ones, and Proceed On!

Equipment ranks supreme, and one should study the chiefs to know exactly what equipment to bring to each wardround. But prior to dealing with the individual, let us consider apparatus in general. If you were to ask what was the most essential apparatus for a surgical career I would unhesitatingly reply an electric saw. Visualise the advantages of removing sections of the long bones of a comatose patient at the bedside, and thus avoiding the cumbersome task of general anaesthesia. Moreover, picture the impressive appearance of the delicate little osteoblasts, osteoclasts and osteotomes clinging daintily to the teeth of the saw. Indeed a surgical sight!

The Barium meal is another manoeuvre which may at first prove rather trying, but with a little calculation and the benefit of a Latinic education, the meaning is soon evident. Bario was the name of a Roman general who had a very heavy hand and quickly showed up in public any defects in the Senate administration. Hence his name has been adopted, for Barium is heavy, and demonstrates any errors in man's mechanism. Further, it is a white liquid on account of Bario having been a European.

One is advised to purchase a range of operating gowns, caps, boots and masks, both full-face and half-face sizes. This facilitates rapid entries into the theatre for one may proceed direct from home fully clad. It should be noted that white is the preferred colour for this theatrical equipment, though delicate shades of pink and blue may, perhaps, be a more fascinating scheme. The boots mentioned should also be white and, if possible, newly half-soled and heeled.

Now let me explain some of the more famous clinical signs. First there is what is termed the Sign of the Zodiac, which, however, is more lunar than physical; further information as to this is obtainable from Madame Zaza's "Short Textbook of Signs and Countersigns." The Sign de Dance, or Astaritis, is also known as the "Ballroom Sign," a positive sign is indicative of Chronic Alcoholism. Ballance's Sign, while having no connection with Rombergism, is most familiar to tight-rope walkers, which point would serve to emphasise the importance of noting the occupation of the patient.

Occupational diseases play an important part in diagnosis. Student's elbow is a rare condition seen in those who indulge in cerebral exercises on unpadded tables. Weaver's Bottom is a condition which is better passed over as not being of sufficiently high standard. Actinomycosis of the last molar is commonly seen in farmers, due to that being approximately the only molar left for the testing of the Ray fungus. Trigger Finger is the disease of the West, no member of the family, including Mae, being exempt, and is best treated by disarmament.

Fractures are perhaps the rarest surgical condition encountered, and simple mnemonics have been devised for their treatment. Firstly, the Four "R's"—Recognise, Rigor, Rheumatism and Rub with camphorated oil. Then the two "B's" which perhaps may be

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applied more generally to all surgery, and lastly, the etiology is summed up by a further two "B's," viz., Broken Bones. An essential for successful treatment of fractures is determinism, which is fully necessitated in dismissing the claims of the orthopaedic surgeon to this sphere of treatment.

Motor cars are a veritable boon to the surgeon, for he spends many happy hours mending sundry tyres and tubes, fully realising the use of this otherwise nefarious occupation, as regards treatment of a perforated viscus. Also knitting and darning are enthusiastically perued by the successful surgeon as being of inestimable value in facilitating skilful stitching of the skin wound. Plumbing is another pastime usually adhered to by the keen surgeon, as further enhancing his ability to repair the human pipes (alimentary, respiratory, tobacco and otherwise).

I would like to point out that although from the names General Anaesthetic, Major Contusion and Major Operation, one might be inclined to consider the surgeons a militaristic lot, such is not the case, for a peaceful calm generally prevails, though, possibly, a slight faux pas on the part of the unwitting student may serve to shatter the usual imperturbable calm.

STONY DULL.

AFTERMATH *(continued).*

"I know the Cape, but like Transvaal the better."
"Quite so, for of the two the Cape's the wetter."
"I loathe Natal." "Because with every letter
Now comes an urgent summons to a debtor."

STONY BROKE.

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AFTERMATH

(A Pointed Dialogue).

"Well met, friend George,—not sorry to be back?
I hear you had a great time in the vac.
Of course, the Mont-aux-Sources have their points,
Although they tend to aggravate the joints."

"And you?" "To N.U.S.A.S. held at Groot Schuur, Cape,
I went." "A Conference!"
"Without red tape."

"But still restricted in the broader sense;
One can't relax where air with Culture's tense."

"But then *you* spent three long and joyless weeks
In sad Natal among the mountain peaks,
Where scenic baldness meets the listless gaze,
And one sees nought but tiresome snow for days."

"While you, of course, repaired at length by train
To live a week in cold and lasting rain;
How N.U.S.A.S. wept to see the mist-cloud drape
What guide-books term 'the first and fairest Cape.'"

"I hear the Mont-aux-Sources simply ate
Your regal pittance, and you're now in debt;
How sad to think that with the money spent
You could have lived a month on *pleasure* bent!"

"They say that all *your* money went on wine;
Far better had you drunk the ruddy brine.
I hear you rose at dawn to go to sessions,
To read to Chloe your crapulent digressions."

"Foul fellow, wot you that we worked, not played!
'Tis reason, idler, that you now upbraid."
"No doubt you put the country's house in order!"
"While you were loafing near the Zulu border!"

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OUR NURSES' PAGE

The Modern Nurse, 1938.

She has no time for Fascism,
The Nazi code, or Socialism;
By far important more is that her curls
Should lie caressingly upon her bosom.

To her a bloody massacre
And slaughter of a nation
Arouses neither grief nor pain,—
Her thought? Exasperation.

Italian bombers—some from the Rhine,—
Five hundred dead to-day;
" Im going to a dance to-night
With that handsome boy of mine."

B. BENI.

A Johannesburg Hospital Nurse Works in Italy.

After being on the staff of the Anglo-American Clinic in Rome for a few weeks, I had the opportunity of going to the Isle of Capri to nurse an English doctor. It was an urgent call, so I had less than an hour to pack and take train for Naples, arriving there after midnight. It was my first visit to Naples. My knowledge of Italian was poor, but until then I thought I knew sufficient to make myself understood. Alas, after telling the taxi driver to take me to a certain Swiss hotel near the quay (a last hurried bit of information given me) I discovered to my horror that he had not understood a word I had told him, and knowing I was a stranger, drove about aimlessly for nearly an hour; only when I stopped him and again spoke to him, did he say, " non comprendere." I made him drive on until I spotted the first hotel, where I had some difficulty in rousing the night porter and obtaining a room. Of several taxi drivers on the station, the one I engaged was the only one who responded " Si-Si-Si parlare Inglese."

Any inconvenience of the night before was completely forgotten when I sailed off for Capri the next day. The Bay of Naples is beautiful, and to see it, especially on a glorious day, one can understand the Italians' love and pride for " Napoli."

Sorrento, another island just before reaching Capri, is very beautiful, and when I had the opportunity later of visiting the Island, I wondered why it was not more popular. Capri—everyone knows of, and men like Axel Munthe and Brett Young, both whom I met while on the Island, have made it famous. The doctor I nursed had been living with Axel Munthe before he took ill; he came to Capri to write his first novel. Love and laughter excess at Capri; they are in the air. The Villa " San Michele " was close to the hotel where I was nursing. It is a treasure house now, standing high up above Capri, on that part known as Anacapri. The drive from Capri to Anacapri takes about an hour or more by carrozza—a one-horse buggy cart. It is a very steep climb, and one wonders how the poor horse manages it. The return journey is a nightmare, though the horse appears well trained.

Other places I visited later were Toramina, in Sicily, Florence, Milan and Venice. Here I met other South Africans who were staying at the same hotel; steam boats are rapidly taking the place of the gondolas on the canals, but one can hardly appreciate Venice without the gondolas and its gaily-dressed owners. Particularly pleasant are the night trips, when the whole city is lit up, and gondolas carrying concert parties can be engaged for the night.

A great event while in Rome was an audience with His Holiness the Pope at the Vatican Palace. The pomp and ceremony surpassed anything I have ever witnessed. Our Clinic was in the Via Nomentata, and practically opposite us lived Signor Mussolini. We were warned never to mention his name when we were out, so to us as well as to most other tourists he was either Mr. Smith or Mr. Brown. One was never given a chance to gaze at his palace, in fact, one could only see the grounds as one passed the heavy iron gates. Once out of sheer curiosity we did linger outside the palace gates, and were pushed on by a guard with the word " avanti," meaning, " go ahead." The gates open and close automatically as his car passes through; wherever he goes the route is kept clear by means of forerunners. The chance to see Mussolini was rare, as his attendance anywhere is never made public —but twice I was fortunate in seeing him, once I was at an hotel where he was attending a function after unveiling a memorial. He is stern and severe-looking, just as one sees him in pictures, but small in stature, very typical of the Italians, who are nothing like the old Romans. But even that Mussolini intends to put right. He has undoubtedly done a lot to improve Italy. One of his gifts to Italy is the Mussolini Forum—a huge sports stadium, where every branch of sport is catered for, with main object of turning out good soldiers. Even young boys from school age upwards are put into uniforms, and every " Fiesta " or holiday which includes Sundays, they drill and parade the streets.

So ended a happy year spent in Italy.

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THE PART PLAYED BY MEDICALS IN THE BOAT CLUB.

It may not be generally known that Prof. Stammers was one of the founders of the Boat Club, and that in 1924 he stroked the first University crew to row in a regatta. Since Prof. Stammers played such an important part in the club's affairs in those early days, it is not surprising that a large proportion of the members came from the Medical School.

Both Dr. Gear, of the Medicine Department, and Dr. Flemming, of Surgery, were prominent oarsmen during their student days. Contemporaries of theirs were Doctors Parnell, James Gear, S. Wayburne, E. G. Lewis and Karl Moller. The latter was bow in one of the crews which won the Buffalo Grand Challenge, and was a successful sculler.

At about this time W. E. Marsh, of the University, presented a cup for the Inter-faculty race. As may be expected, our crew was the first to win this trophy.

The first University crew to win the Inter-varsity race contained no less than three medicals—Paddy O'Keeffe, Joch Brebner and Eric Mearns. Dr. Brebner, with Dr. Manolis as three, stroked the Wits.' crew which won the Vaal Grand Challenge in 1936. They still hold the record which they broke on that occasions. In the same year, Dr. C. P. Theron and the late Dr. Neville Adcock rowed in the Junior crew which was successful at the Vaal and East London Regattas.

With such a fine past it is disconcerting to find that the number of medical students at the Boat Club this year is lower than it has ever been before. It is true that we have Mearns as three in the Senior Crew, which has won more races in one season than any other crew in the history of South African rowing; that there are two medicals in the Senior Reserve Crew—Bird and Chapman; and that the Club's treasurer, de Saxe, is from the school, but amongst the Juniors and Novices we are almost non-existent. Of the ten crews which rowed in the recent Novice Regatta, not one was made up of medicals; in fact, in the whole entry we had but one solitary representative!

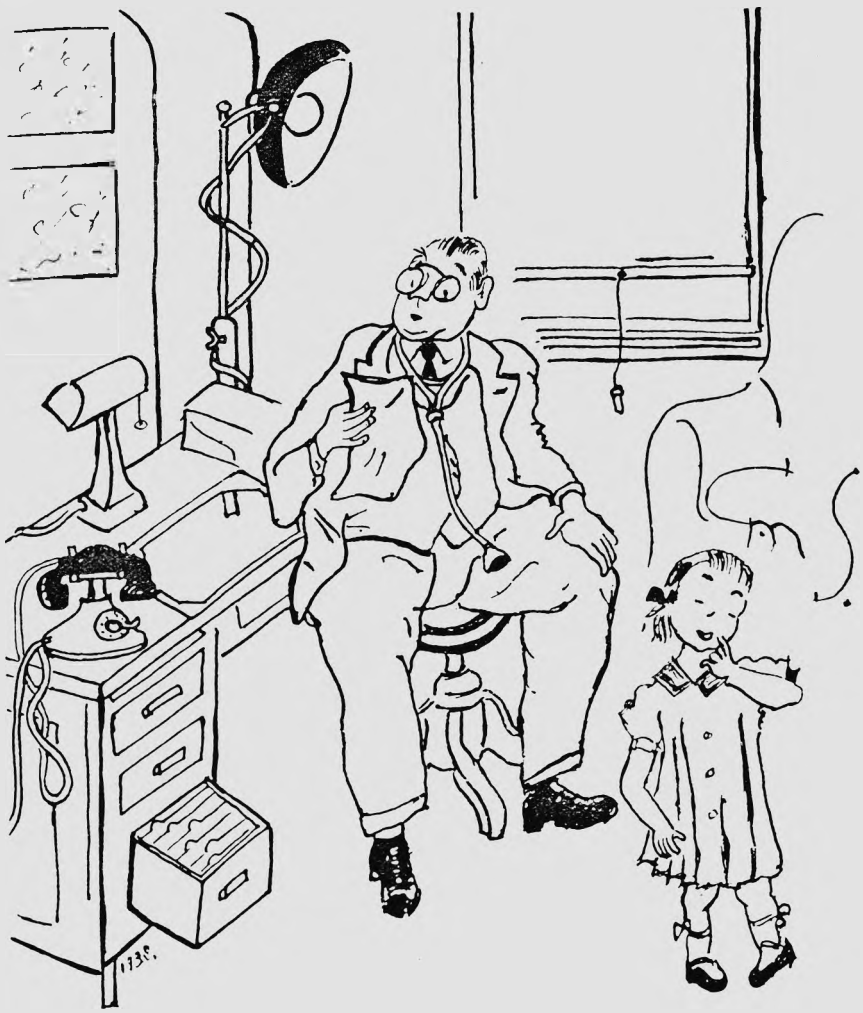
Towards the end of September, the Inter-Faculty Regatta is to be held. We will have a fairly strong crew in the senior race, but as things stand at the moment, we shall not even be represented in any of the other races. It is still not too late—if people come out to the Club immediately, say next Saturday, the coaches will be able to teach them sufficient for them to take part in the regatta in September.

Students always complain that the Club is so far away and is inaccessible to those without cars. Actually this is not the case. The Club has an efficient transport organisation in which those members with cars meet—at 2 o'clock on Saturdays and 9 o'clock on Sundays—at Clarendon Circle, and give lifts to those requiring them. Others say that rowing would take up too much of their time and interfere with their studies. These people will be surprised to hear that both Dr. Flemming and Dr. Gear were training for the East London Regatta in their **final year.** This entailed rowing every week-end and two or three evenings during the week, right through November, and they both passed with flying colours.

Medicals! do you realise that the Boat Club is the only Sports Club in the University with its own Club House, with its own dance floor? That the club owns boats to the value of about £500? and that its coaches are at your disposal?

Anyone who is interested and desirous of representing his faculty should see Mearns, de Saxe, Chapman or Bird, who will give him any further information he may require.

A. V. B.



"MUST I DISROBE, DOCTOR?"

* * * *

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MORE SWOT

And so to bed . . .

But not to sleep. The mind revolves in spheres of strange and contorted shapes, and unechoed cachonations are born and die in the depths of grey and white convolutions. You toss and turn, ridiculous human caught in the maelstrom of restless, unspent energy, while cold stillness, dark and indifferent, presses about you. Chance phrase, "highly malignant, rapid metastases"—the unendurable sufferings of cancer, powerless man, always striving, seeking, hoping, and finding only blank cul-de-sac after cul-de-sac. No sleep. The brain is busy with thought, overloaded with detail—"highly malignant"—harassed, hunted—"rapid metastases." Nerves quivering, cells excreting unknown products of metabolism, heart beating to the pervading rhythm of the Universe, a rhythm that drives alike the amoeba and the whale. To-morrow up at seven o'clock, wash in cold water, breakfast—so the stomach begins its rhythm, secretion, absorption, and the pylorus squirts out the contents, and the liver, like a solid cloud high up in the abdomen, dropping its benign bile. Suddenly everything is crystal clear, and the human body is before you—a throbbing, sentient machine, amazingly ramified, surrounded by an aura of energy—twenty-five feet of gut, peristaltically driven for sixty years, unless—. The spectre of incurable disease looms up in your imagination, a colossal figure riddled with nodules of tuberculosis, enlarged prostates, poikilocytotic corpuscles, metastatic cancer cells; and the unrelieved despair of a billion afflicted mortals rises from the depths of the ages, wailing and screeching in unendurable agony. The room is filled with the ghosts of the tortured; from wall to wall, from ceiling to floor, they crowd on one another, imploring, entreating . . . .

You sit up in bed, your forehead damp and clammy, corners of your mouth twitching. For a moment, you little human, you felt the horrible sufferings of a thousand generations, engendered and enriched by the day's studies, and your squat brain was overwhelmed by its own thoughts. The room is silent; you turn your head and see the moon, and a tree silhoutted in the moonlight, still and menacing like some huge animal waiting to spring on you, its muscles tonic, its back arched—the vague, unnameable fears of childhood awake in the primitive areas of your brain, and you climb out of bed to switch on the light, while mad, irrelevant phrases hound you—"malignant metastases," "intermittent claudication," "green-stick fracture." You light a cigarette, and watch the movements of your fingers, your mouth, your eyes. This is Life—Light is Life, the fear of Death is banished with the dark; pulse quietens, blood-pressure drops a few millimetres, nerves steady. The cigarette glows, and you are a man again—calm, unafraid. Light switched off, cover yourself with blankets. You think: is all this necessary? From the beast you have descended, to the beast you return. Why, then, these endless nights of Path., Bugs or Clinical? In sixty years you are dead memories, inanimate material, while the coarse, sardonic, mocking, irrevocable world of hunger and love go on, man and woman, food and squirting pylorus, life and death. And yet—to realise it is as the green, balmy breath of Spring—the brain is a hovering, but impenetrable, barrier between man and animal.

So you reason; on either side of you, above and below, is night—silent, inexorable and yet filled with noises which only your delicate Unconsciousness appreciates. The studious spheres of the mind is stilled at last, and there is only blank Peace, like a warm, enveloping blanket. You are no longer sentient, aware, alert—into deep rivers and cool chasms and mossy earth you sink in drowsy reverie.

M. GOLDBERG.

* * * *

APHORISMS.

Leukoplakia of the tongue is said to be due to smoking. Well, it may be, but leukoplakia of the vulva isn't.

Glands in the axilla don't affect the diagnosis—they only affect the prognosis.

Get the history from the patient himself, unless you are a veterinary surgeon, or a children's doctor.

CORRESPONDENCE.

The Editor of "The Auricle,"

Sir,—It was with extreme shock and dismay that I read the report in the "Star" of the 5th inst., on the evidence given by one of our honoraries *re* an anaesthetic death.

In my limited experience of anaesthetics I have been struck by the following:—

(*a*) Considerable uncertainty in regard to the exact depth of anaesthesia;

(*b*) The consistent possibility, even with care, of an anaesthetic death.

This, in my opinion, being so, I was dumbfounded by the damning evidence given. Far be it for me to suggest hiding the truth—surely it is contrary to medical etiquette to grossly blacken the future of a young resident in attempting to express the truth. The most junior of us realise the value of discretion. Such views are far better confined to suitable medical quarters than the courts.

We are embryo-medical men—let us continue to learn from daily experiences. Such procedures can only produce contempt and disrespect.

Yours faithfully,

"CANDID."

* * * *

Society for the Study of the History of Medicine.

The Editor of "The Auricle,"

Dear Sir,—It may interest you to know that quite recently, on the suggestion of Dr. J. Gillman, a small group of second year students formed a society for the study of the history of medicine.

The meetings are quite informal, and papers of a more or less popular nature are read by members. The discussion following on each paper constitutes the most enjoyable feature of these meetings. A consideration of the influences, cultural, economic and political, acting on the progress of medical science, is the society's chief aim.

Up to the present two papers have been read, one on "William Harvey," by Mr. H. L. Dippenaar, and another on "Hippocrates, Galen and Paracelsus," by myself.

Yours faithfully,

J. E. IRVINE,
Hon. Sec.

Obstetrical Dialogue.
(A Lullaby for the Weary Obstetrician).

Accoucheur:
Foetus, slow foetus, come out of that os,
Time is now up and your fluid at a loss;
Your heart beats so fast, do not press on your cord,
Mother has groaned all the day in the ward.

Foetus:
Doctor, O Doc, keep control of that rage,
Flexion is needed before I engage;
I am in no haste though my membranes are torn;
You'll sit on your buttocks 'till the red blush of dawn.

Accoucheur:
Foetus, slow foetus, your life will be lost,
Your caput has formed and your head is well bossed,
Besides, I am weary, and could well do with sleep,
While Papa is delirious and ready to weep.

Foetus:
Righto, dear doctor, you've not plead in vain,
I'll slip out my head which is causing Ma's pain;
Here comes my body—hurray, this is fun!
To the Smith's, thanks to doctor, a bonny young son.

* * * *

Casualty.

Casualty—3.25 a.m. A lone student sits and writes—zero hour in the hospital—the hour when death takes a ride—overhead a nurse can be heard walking on the bare boards.

An ambulance siren—a motor smash on the Pretoria road—a man and woman—minor injuries—he, a Mr. H——g,—she another man's wife—causes unrestrained mirth on the part of the probationer—the student sits and writes.

The days go past—an evening newspaper—the body of a male European—found in a sluit—stabbed to death—later identified as a Mr. H——g.

The watch on his wrist—glass shattered—stopped at 3.25—death takes a ride.

B. BENI.

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