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Students` Medical Council

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THE UWMS AURICLE

VOL. 5 NO. 15 FRIDAY 13TH AUGUST, 1954.

26 AUG 1954

Autonomy Motion Passed. 89 Vote Against.

It must have been a very sadly disillusioned Dan Goldstein who stepped off the Great Hall platform having observed a motion proclaiming the necessity for autonomy of the S.R.C., opposed TO THE HILT by no less than 89 of the 275 students present.

The motion, which Goldstein himself piloted, was "the culmination of an 11-year-long struggle by Wits students to be recognised in the eyes of the law", (Tobias Auricle Vol. 5 No. 10) in that it sought student support for "the imminent promulgation of the Statute.... (which provides).... an opportunity of entrenching by due process of law certain fundamental pre-requisites for the efficient functioning of the S.R.C."

Among these latter pre-requisites were listed:

a) Free elections to the S.R.C.
b) Subservience of S.R.C. to instructions from the student body
c) The right of the S.R.C. to express, on behalf of the student body, views on any matter relating to the student body.
d) The right of the S.R.C. to control its funds and activities.

Mr. Bill Gresty, erstwhile champion of the underdog, in the course of a speech which must rank among the most contemptible ever heard in the Great Hall, objected in the following terms.

"....I am not completely happy about the third clause....gives us too much freedom..."

In the Statute provision is made for a joing Student-Senate Committee and a joint Council-Student Committee, which will provide a direct channel for expression of student views to Council and for discussion of matters of common interest to both parties.

It is indeed gratifying for the Auricle to see the S.R.C. proceeding with the Statute which will legalise the S.R.C. in the eyes of the law.

We can do no better than to quote ex-Principal Raikes: as Dr. Tobias did, when he reviewed the position in the Auricle earlier this year:

"There is no reason why there should not be a new statute governing the student body, and I myself would welcome it. It would legalise the position of the S.R.C..... I think that a Statute of this nature could lead to much closer integration with the Governing bodies of the University would make for harmony, which is the desire of all of us....."

ZAN MAKES THE GRADE

As predicted by Sports connoiseur Manfred Puller in his "Sporting Profiles", Zan de Villiers, University's "Miss Hockey" became Medical School's first representative to win a Springbok cap in 1954.

So well has Zan performed in the centre-half position that she has been retained for all 4 tests - and this in the face of stiff opposition from many other potential candidates for the coveted role.

Indeed in both 1st and 2nd test Zan was declared the most outstanding Springbok player on the field both for her sterling defence work and her excellent distribution.

Congratulations Zan! We are all extremely proud of you.

FULL PROGRAM FOR PROFESSOR BOYD.

Visiting V.D.T.F. Lecturer, Professor A.M. Boyd, has already left an indelible impression on all students with whom he has come into contact, writes an Auricle reporter.

Students have all been impressed by the deep interest he displays in everything they say, and by his charming manner.

Professor Boyd commenced a series of lunch-hour lectures yesterday details of which are available.

Included amongst his many engagements, the Professor has two of special note to Wits Medical students:-

Firstly Prof. Boyd will be opening Paediatrics Conference on August 16th, whilst on August 27th Prof. Boyd will be guest of honour at the Medical Spring Ball

ENDOCRINE LEECH

A most welcome addition to every Medical students' library should be the new Endocrine Leech

Sporting a bright new cover, and printed on a larger size page, which we understand is to be adopted as a standard by future editors of the magazine.

The Leech is packed with interesting, informative and up-to-date papers on every aspect of Endocrinology.

It would be invidious to single out any of the papers for special mention as they are all of such a uniformly high standard.

Suffice to say that Endocrine Leech provides confirmation for the growing tendency in modern medicine to break away from the old idea that Endocrinology is a study of dwarfs and bearded ladies and to consider it an integral part of modern clinical medicine.

Editorial Opinion.

Proportional Representation: To be or not to be.

Next Thursday, a general meeting of students is to be held to discuss a motion whereby it is proposed that the present system of S.R.C. election is to be changed to that of Proportional Representation.

Last term, the Auricle gave readers the opportunity of viewing both sides of the question: Mr. H.M. Glass who supported; Mr. I. Mohamed who opposed the change.

Mr. Schutz, who so vociferously approves of P.R., was also given the opportunity of stating his case through medium of these columns, but declined.

In asking all students to consider this matter very carefully, we urge you to be guided by two basic principles:-

Firstly, our present system has been proved democratic. It has triumphed and forms the basis for election in many countries including Great Britian - the father of modern Democratic Government - and our own South Africa.

Hence only if you ARE COMPLETELY CONVINCED - indeed a difficult task when all the protagonists of P.R. have is a lot of theory to support their case - that P.R. is a more democratic system can you, with clear conscience, support the charge.

The second principle is to be assured of the integrity of the people supporting the change. We are all aware of Mr. Schutz's dastardly obstructionistic filibustering against the student body last term; although that he has now suddenly decided to turn over a new leaf and apparently work for the betterment of Student Government, is most commendable.

Mr. Mohamed writes "The true propelling motives of the P.R. agitation are often cloaked ...(in the assurance)... that they desire the eternal principles of justice applied to the whole community; yet investigation reveals the true driving force to be the simple egotistical desire for the self assertion of their group....."

PONDER THIS STATEMENT STUDENTS! Be on the qui vive, or before you recover, Democracy may have passed you by.

THIS HILL OF OURS.

Meet Ben Phillips affable 6th Year Class Rep. and current Secretary of the S.M.C.

Since leaving K.E.S. in 1946, Ben spent 2 years in the Arts Faculty, then decided Medicine was his FORTE and acted accordingly.

No sluggard in anything Phillips indulges in rugby, golf, and hockey while his enthusiasm for his work carried him to an attack of Typhoid fever not so many years ago.

It was after this that he took to public service becoming first his class rep. and the following year, Secretary of S.M.C.

Bentley's TRUE LOVE at the moment is a small blue car, although it is a well known fact that Bentley knows every nurse in the hospital - personally.

.....

Bumped into Multiple Mo(moniat) yesterday. He has just recovered from a bout? of Rheumatic Fever and looks a little pale and thin.

There is a rumour that Mo will not stand for S.M.C. this year. He will be missed. Multiple Mo is a man with a reputation for doing many things at the same time. He could always be seen rushing around with a bunch of papers in his hand, snaking them vigorously like Chamberlain after Munich. Chairman of C.C.S., Mo is the MAN who EDITED the current Leech. Congratulations Mo on a Mighty effort.

.....

And talking about Leech - meet the Associate Editor Natie Levin, unassuming Treasurer of 1953 Auricle, wore himself to a SHADOW for the Leech. I hear that he is to be co-Editor of the first RESEARCH LEECH since about 1942. This new model is coming out on sale in 1955. So lads and lassies, if you have any research projects up your sleeve, if you are the sort who has worked out a quick cure for T.B., a blue print for an artificial liver or a new wonderful theory to replace Mendelian genetics - send in your paper to RESEARCH LEECH - TO THE S.M.C. OFFICE.

ACT TO-DAY - DON'T DELAY. Oh! turn off the radio PLEASE Becky.

R.E.Y.
BUDRA

LECTURES ON THE THYROID

by

James Howard Means.M.D.

Asserting that clinical practice should rest on sound scientific theory and research, Dr.Means discusses the life story of the thyroid hormone. He explains the integrative action of the endocrine system, the elaboration of the thyroid hormone, and the significance of its structure and of its action in end organs. The use of hormones, drugs, and radiation in the management of thyroid diseases is the central problem of the book. The author continues with an exploration of the etiology of Grave's disease and he concludes with a section devoted to the needs for iodine. The relation of the pituitary gland to the function of the thyroid is thoroughly covered.

For many years, until his retirement in 1951, James Howard Means was Chief of Medical Services at the Massachusetts General Hospital. At present he is Physician to the Massachusetts Institute of Technology.

A Harvard University Press Volume. 128 pages Price 25/6

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STREPTOMYCIN THE ROAD TO ITS DISCOVERY

A study of the history of Antibiotics reveals that, as in all other branches of Scientific investigation, it is impossible to decide on any date as seeing the birth of this revolution in Medicine. Nor is it possible to pin the credit for their discovery and investigation on to any particular person. Rather do we owe our gratitude to a host of workers, whether world-famous or completely unknown.

Yet it is all too true that "When the moon shone we did not see the candle..... so doth the greater glory dim the less". In the story of Streptomycin there is one name that forces all others into a dim background of obscurity - S.A. WAKSMAN.

It was Waksman in 1919 who isolated Actinomyces griseus. It was Waksman who, with E.S. Horning, M. Welsch and H.B. Woodruff, investigated the antibiotic activity of the Actinomycetes on Gram negative organisms. And it was Waksman and his brilliant assistants ALBERT SCHATZ and ELIZABETH BUGIE who in January 1944 gave to the world the "wonder drug" Streptomycin.

Waksman's work in this direction may be said to date from 1915. At this time he and his co-workers concerned themselves largely with the vast and diverse fields of micro-biology quite apart from antibiosis. (The isolation of A. griseus was reported in the journal of "Soil Science"). However, by 1932 he had undertaken research into the possibility of utilising micro-organisms therapeutically. This was even before the announcement of Tyrothricin - one of the earliest antibiotics.

Understandably he began his investigations on his old acquaintances, the Actinomyces group of fungi. His work progressed to such an extent that in 1938 he reshaped his entire laboratory schedule. Penicillin, which was to become the focus of so much research into the clinical exploitation of the chemical basis of competition among micro-organisms, had not yet proved itself; but in Waksman's laboratories, the work on Antibiotics had begun in earnest.

Soon Waksman had isolated Actinomycin from Streptomyces antibioticus. Although this bacterial inhibitor was promisingly effective against Gram + ve and Gram - ve organisms in vitro its toxicity precluded any clinical application. It was subsequently used as a rat-killer!

Next, S. lavendulae yielded Streptothricin - an antibiotic disappointingly weak against Gram + ve bacteria.

Waksman's attention now turned to the harmless-looking little rods shown by Koch to be the causative organism of the dread scourge - Tuberculosis. His problem was to find an antibiotic substance capable of interfering with the acid-fast aspect of the bacterium.

Two strains of S.griseus were isolated, and by one of those queer quirks of fate without which Science would be a much slower and laborious process than it is, these proved to be effective.

Following the usual slow process of isolation and purification the drug, named by Bugie, Schatz and Waksman, Streptomycin, was obtained. Salmonella, Pasteurella, Escherichia coli, Mycobacterium tuberculosis and many other besides (it has one of the widest anti-bacterial spectra of the known antibiotics) were all brought under its dominant spell.

This work stimulated further investigation into the Actinomycetes. S.aureofaciens yielded Aureomycin, S.rimosus gave us Terramycin; Chloromycetin was derived from S.venezuelae.

Waksman's outstanding work achieved world-wide recognition when he was awarded the 1950 Nobel Prize for Medicine. But the greatest reflection of his achievements is shown in the unemotional statistics of decreasing Mortality and Morbidity rates.

The road to the discovery of Streptomycin is an inspiring one, but far more awesome are the vast avenues and byways revealed by the construction of that road.

•CONFERENCE•

CHILD LIFE IN HEALTH AND DISEASE"

All last minute preparations for this year's Conference on Child Life in Health and Disease are being finalised and the committee are confident of maintaining the high standard achieved last year.

MONDAY marks the opening of Conference and August 16th - 25th should provide a most illuminatin period in every medical student's calendar.

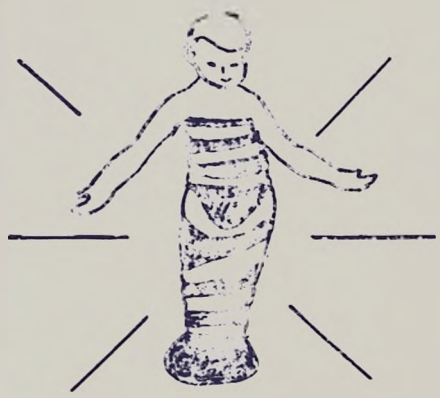
Highlighting this year's Conference are the nightly discussions - to be officially opened by our Visiting V.L.T.F. Lecturer Professor A.M. Boyd, a beautiful, constructive exhibition, which Professor Underwood has kindly consented to open; and entertaining, informative films every lunch-hour.

The speakers at the nightly discussions are all men who have achieved great prominence in medical spheres, and their papers should provide the nucleus for some memorable discussions.

The topics cover the wide field of Child Life in Health and Disease as fully as possible, and should prove of interest to both students and practitioners alike.

Miss Robbie Brueckner is appealing for student support for running the exhibition to supplement the valiant few who have worked so hard to ensure the success of this year's Conference.

NB August 16th-25TH



READERS VIEWS.

Sir,

I do not wish to take part in a mud-slinging contest, but I trust you will allow me to defend myself and refute false accusations made against me, in the case Gamsu vs. Hoppenstein.

The plaintiff, in her pleadings, stated that she and I mutually decided on the four students who were to accompany her to Entokozweni on the morning of the 16th June. This, Sir, is only in part true. Sir, the true facts, for which I can produce reliable witnesses to substantiate my claims are:-

(i) When I was approached to organise groups of volunteers that would go out to Entokozweni to give vaccinations and injections, I immediately accepted this responsibility, for I realised not only the importance of this work, but also a chance for medical students to work as a team and also to promote a better class spirit.

(ii) Fifteen volunteers, with and without cars, were called for. Over 40 volunteered. Truely a magnificent gesture, this still indicating that medical students, like our predecessors, are prepared to make sacrifices so that less fortunates should benefit. Mrs. Gamsu, was among the volunteers and she also offered to give four others a lift. She also asked if I would place two specific students in her car as she would like to go in the same group. I had no objections to this and thus she left the onus on me to place two others in her group.

The following day I showed her the list. The plaintiff, objected to the 2 whom I had placed in her car, as she "detested" them both. I agreed to change the list. This I did immediately and took the ammended list to her. Again she objected - she could not "stand" one and "disliked" the other, intensely. I did not intend to make out further lists so I gave her the list of the forty volunteers. On her first perusal she "discovered" one who's countenance she did not object to, on her second examination, after much deliberation, she chose one whom she did not like, but didn't mind taking.

(iii) Upon informing the "disliked individual" that he was to accompany plaintiff, he vehemently objected, as he disliked her!!!

Sir, by that time I had already lost a few of my valuable hairs, I decided to cut my losses. A non-European colleague volunteered late and seeing that this person's name was not on the previous list, and was of an agreeable disposition, I saw no harm in substituting the new name for that of the "detested individual".

By this time, Sir, I had already lost all the hair on my frontal bosses.

On the morning of the 15th, I informed her of the change and she said she refused to take a non-European in her car. My reply was, if that was the case, she needn't go at all, and I walked off.

Sir, I would like to remind plaintiff, of an extract from Clause M.8 of our Medical Prospectus:- viz. "That in my relations with colleagues I will conduct myself as becomes a member of the honourable profession of Medicine".

Will plaintiff, subscribe to this declaration before obtaining her degree? The oath does not mention APARTHEID, in fact it infers the equallity of ALL members of our honourable profession She has already taken a similar oath at the beginning of her 2nd year.

Sir, I contend that it was not a social occasion, but an academic one, since all would gain medical experience. I also think this project can be likened to the projects of any of the Medical School Societies and therefore non-Europeans cannot be excluded, nor be segregated.

If Mrs. Gamsu is so keen to help non-Europeans, why not help one that is a colleague - or is it that she feels she can use those "tiny-tots" as her guinea pigs, so she can benefit?

Anyhow, I don't see why some sincere person should be excluded from going to Entokozweni. Thus far 4 groups have gone out on consecutive Wednesdays and have inoculated 4,260 African school children - this without the aid of people such as the plaintiff.

Sir, in conclusion, could you please open your columns to other student opinion? Who knows, perhaps I might be disillusioned about our "honourable" profession.

Yours etc.
Reuben Hoppenstein

EUTHENASIA.

By. S. Shapiro.

Father Hardy and Mr Arnold crossed swords over the question of Euthenasia in a lively debate held towards the end of last term. The debate represented the clash between the moral point of view which states that life should be given its full natural span, even if necessary against the will of the patient; and that of the doctor, who has to stand by helpless and watch patients suffer intractable pain of which they would gladly be rid, even at the cost of death.

These were the opposing points-of-view, and the debate which followed showed that this was a problem which taxed the conscience of each and every student who has come face to face with it.

Some of the principle points:- That euthenasia is a polite term for murder, that it is impossible to decide - which particular person is suffering from intractable pain; that suffering can bring out hidden qualities in the patient and that the experience can be spiritually uplifting; that to condemn a man to a senseless and unbearable existence, when he would be glad of death is unjustified; and that life has a purpose only when it is tolerable - when this is no longer the case, death is the correct treatment.

An otherwise good debate was marred by the tendency for irrelevancies, such as the atom bomb, to creep in. But these were only pin-pricks and the net effect was to stimulate new thought in an old and tragic problem - one which is going to make any thinking doctor examine and re-examine his conscience throughout his professional life.

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THE COCHLEA.

Magazine Section Of The Auricle



RHONCHI

There are many classes and degrees of boredom. There is the ennui of the sophisticated who have seen all that life has to offer and the simple weariness of the humble person depressed by the sameness of his humdrum existance.

There is, however, no more pathetic case than that of the poor cannibal who is fed up with people.

.....

A disgruntled patron with a sense of humor wrote this letter to his laundry: "I was impressed by your ad: 'With our service your shirts laugh at the laundry'. My shirt laughed so much they came back with their sides split!"

.....

THE DAIRY OF A DILETTANTE.

I think the Physiology results were rather a shock to most second year students, but as long as they serve as a spur to much more application to the subject these next two months - yes, we write in just over two months - I'm sure everything will turn out alright. I felt particularly guilty after having spent five most glorious lazy weeks doing everything except the right things. Anyway hope all of us won't be too engrossed in work (!!) not to turn up at the **MEDICAL BALL** on August 27th. Tickets are wonderfully cheap - only 13/6 double. Hymie Nomis' Band will be playing, snacks will be served and you can stay till one o'clock.

THE LEECH

The Leech is really worth investing in. What fun we had with it a few weeks ago. You see, copies had to be sent to all members of the profession on the Reef. Enclosed with each magazine was an editorial letter and a bank form to be filled in by the doctor. It was utterly impossible for the editorial staff to tackle the task of wrapping up the magazines alone. So - we hired the service of 3 very willing school boys. They were at it for 3 days, and in the end the office was unenterable. Piled high with rolled magazines, ready for posting. Looked as if we were about to be besieged. This you can well imagine, as about 2,000 copies were posted.

Don't know where I heard this joke, but I think it's rather cute.

Doctor's advice to seedy-looking patient:
"Whatever you've been doing, do the opposite".

Cheerio till next week.

Marilyn.

Editor: D. Rabinowitz
Editorial Board: M. Sorokin, L. Taitz, A. Jaffe.
Committee: G. Hoffman, M. Woolf son, M. Phillips, M. Fuller.
Headlines: C. Apostolis, P. Ar

SUPER NOVA

An Original Story by a Well Known S.A. Writer.

He settled into his seat and looked out of the window. As the train moved slowly out of the station, the sun, which had been hidden by a building, blazed through the glass, blinding him. With a half-curse, and a rapid gesture he pulled down the sun - shade.

For a while, a magazine held his attention, but quite soon his head lolled forward and he slept.

When he woke the compartment was quite dark. Carefully raising the sunshade he saw that the sun was now low on the horizon.

He looked at it and smiled. Strange how it had changed in a few hours. Before, it had been a thing of fire and pain, impossible to look at. Now it was just a harmless red balloon, floating in a sea of orange juice. He stared at it. Perfectly simple now. It gave him a feeling of power.

He laughed. There it was. The cause of life, the cause of the motion of the train, the cause of me. It was everywhere - everything. No that is not true. But it is everything that matters. It's light, it's warmth, it's comfort. I want comfort.....

No! I must stop now, not think of those things. They are finished.

He looked at the sun again. It seemed to have grown larger - and yet less powerful. It was getting colder and darker and the colour of the disc had faded.

It looks so strange now, like a painted moon. One almost feels as though one could pluck it from the sky __. It is getting dark and cold. Why does it have to set? Night is so useless and lonely. I only wish I had my own little sun. That's funny people usually ask for the moon. How does the song go? - The Moon to Play with. I know why people want the moon. It's because they are all mad. Moon - lunar - lunatic. I'm not mad. I want the sun. I want it always - to burn me. No! I must stop this .....

Yes! The sun is everywhere alright. Just think what would happen if the sun went out. At the moment it looks as though a prick with a pin would do the trick. Then just darkness, no moon, no - perhaps we would still see the stars. A lot of good they are. Just little pin points. They could never have made the coal to run this train. But the sun did. It can do anything. No, not anything. It can't stay here all the time. I wish it could. Then there'd be no night. I don't like the night. It's cold and dark and — but I mustn't think about that.

The sun had sunk lower and seemed to have grown even larger. It was now a bright orange, the sky around it a very pale blue. In the middle distance was a clump eucalyptus trees, casting a long narrow shadow, like a bony, jointless finger.

The finger of fate - pointing at me. How does the poem go? The moving fingerwrites __ no but this finger isn't moving. I'm moving. No, it's the train that's moving. It's all a matter of relativity. What I can never understand is - what's everthing relative to. I know - the sun. Just look at it there, like a fat, round, technicolour tick. It's the master of everything. It's even the cause of the finger of fate ..... Why's that finger pointing at me? It looks dark and cold. I don't like darkness and coldness ..... but I mustn't think of that.

The train moved on and began to climb a steep gradient.

That's funny. The sun seems to be rising again. Perhaps it is not going to set after all. I hope not. It would be fun if it were day all night. That IS funny. Then there'd be no moon. No! That's not true. Sometimes one sees the moon in the day. I hate the moon, but in the day I am not afraid. But at night .....

I wonder if the sun will keep on rising like this, or if it will just stay as it is. No, it's still rising. I wish it would hurry, it's still quite cold. Oh! Why does the sun have to set.

The train and the sun continued to rise.

It's getting bigger and bigger. What do the astronomers say will happen one day? It will explode. I don't mind if it does. Then it will be warm and light. But it will burn and that hurts. But it will also be warm. Yes, but the pain. I'm afraid of pain. It hurts. Of course it hurts. That's what it means.

It really looks as though it is getting bigger. Perhaps it IS going to explode. But that's impossible. They said it would take 50 million years. Still it is definitely getting bigger. Do I want it to explode? Yes - light and warmth. No - pain. Perhaps I won't feel the pain. And afterwards? Soot and ashes. Pain, then darkness and coldness. No, that's no good. No! I don't want it to explode.

It's definitely getting bigger. It really looks as though it is going to explode. But that's nonsense. Why should it explode now. But it is getting much bigger. It mustn't explode. It can't.

But you can see that it is going to, can't you?

ctd. from previous page.

Rubbish it won't. Things like that don't just happen. Or do they .....

It's still getting bigger. I'm beginning to think that it IS going to explode. Yes it is. Look at it. Bigger and bigger. Nearer and near-er.....

Must escape, get away. Perhaps on the other side.... ... He rushed to the other end of the compartment and opened the door.....

Suddenly the sun exploded. Thousands of little suns, and star and moons cascaded around him. Then came pain. Then cold..... then darkness.

Ignatius Jenkins

WHY MEDICS ARE DOOMED

".....the young Greek hero, Hippolytus, chaste and fair..... spent all his days in the greenwood chasing wild beasts with the virgin huntress....Diana for his only comrade. Proud of her divine society, he spurned the love of women, and this proved his bane. For Aphrodite, stung by his scorn, inspired his step-mother Phaedra with love of him, and when he disdained her wicked advances she falsely accused him to his father Theseus. The slander was believed, and Theseus prayed to his sire Poseidon to avenge the imagined wrong. So while Hippolytus drove in a chariot by the shore of the Saronic Gulf, the sea God send a fierce bull forth from the waves. The terrified horses bolted, threw Hippolytus from the chariot, and dragged him at their hoofs to death. But Diana, for the love she bore Hippolytus, persuaded the leech Aesculapius to bring her fair young hunter back to life by his simples. Jupiter, indignant that a mortal man should return from the gates of death, thrust down the meddling leech himself to Hades....." (Quoted from "The Golden Bough" by Sir James George Frazer.

EXTRACTS FROM THE SCIENCE OF LIFE.

The aforesaid is a treatise of 1065 pages - "including Generation, Hereditary Endowment, Paternity, Maternity, Nursing and Bearing Children, as taught by Phrenology and Physiology."

An Extract On Venereal Disease:...

Page 975 - Venereal victims fully cured by themselves. How?

Calomel and this virus have ruined millions; and the strongest the most. Either alone is awful; the two together are inevitably fatal. Medical men have described Calomel venery for a century or two, only just now to ascertain that their combined fatality to all constituents is absolute and universal. All know how deadly this virus is, and how likely all salivated persons are to take a fatal cold during treatment. Put these two conceded facts together, and super-add the decayed teeth, dispeptic stomachs, aching and decaying bones etc., etc., coincident with calomel, and "cipher out" that "quotient".

Chinese courtesans swarm on the Pacific slope, overing indulgence for a quarter, which lads who can raise that pittance spend thus, and their life-force with it!

For, being poisoned by a white woman is horrible; by a Mongolian, immeasurably worse. Words cannot tell how ruinous. Boys thus poisoned are spoiled for life. Better buried. Law should interdict what is so deadly.

.....

Signs of Self Pollution and Sensuality:

A mawkish, repellent look is its surest sign. "A guilty conscience needs no accuser." Nature obliges all to express their own estimate of themselves by their appearance; their guilty, cringing, humbled, self-debased expression which it brands right into its victims, haunts them at Church and on 'change, wherever they go and whatever they do; staring them everywhere fully in the face.

.....

The Male Structure - its parts and their uses.

The vas deferens is rendered contractable by muscles running obliquely around it, which by contracting propell this liquor, freighted with its life germ contents along through this duct and empties into the urethra. This shows why venereal poison causes pain and livid redness in the groins and gives its victims a peculiar walk. Women! learn to diagnose it, that you may tell them "NO" !

This spoils any man's walk.

.....

Masturbation

All sexual sins are condemned by the entire bible Private fornication causes twenty-times more misery than any other sexual sins and this is substantially the opinion of all who have examined this subject

If a loved child must practice this - Oh, merciful God! Deliver all from such a dilemma - "Almost as soon let it die. Any-other cup of bitterness is less bitter!" Nothing, oh fond parent, can render your beloved offspring more completely wretched.

(Further excerpts from this absorbing treatise will be published in later issues)

ORCHESTRA'S DEBUT

The penultimate Friday of last term saw the first performance by the Medical Student Chamber Orchestra consisting of S. Rabie and S. de Berber - Violins; Y. Glazer -Flute; D. Goldstein - Recorder; D. Sloan and M. Balfe - Clarinets; G. Plomaritis and G. Chissick - Piano; Conductor - T.E. Blecher.

The formation of this orchestra was from the beginning a most praiseworthy scheme, and the fact that they have given a public performance, however imperfect, justifies their noble existence.

All the items on the programme had been arranged for an unusual ensemble with great skill.

The first piece - the Minuet and Trio from Symphony No. 39 in E flat.... Mozart - was by far the best performance of the afternoon After an understandably shaky start, the players settled down to give an altogether pleasant rendering. Already the two principal faults were becoming evident - some rather uncertain bowing by the violins and an overpitched flute.

The Minuet and Trio from the Haydn "Oxford" Symphony seemed to be an unsuitable choice as the small number of instruments could not quite sustain the intricate harmonies, especially in the trio section. Here the clarinets, who throughout the entire performance maintained a high standard, were guilty of some faulty timing.

We were also privileged to hear the first performance of an arrangement of the first movement from Symphony in B flat by the conductor, T.E. Blecher. This was obviously written for a much larger orchestra. It is a pleasant composition in the classical style with some delightful themes. The violins played best here, assisted by really first-class pianism. The tutis were well handled by the conductor although the recorder was not loud enough and the flute clearly flat.

Mr. Blecher controlled his rather limited resources with a firm and competent hand, and displayed all the qualities of a potential "maestro".

It might be well in future to choose music originally intended for a small group, including perhaps works by Bach and earlier composers. More attention could also be payed to the tuning of instruments beforehand.

The main requirement is obviously more players of the same calibre. If the size of the orchestra could be increased we would look forward to their next concert with even greater anticipation.

We hope to hear from them again in the very near future.

'Litmus.'

AN INTERESTING ITEM

An interesting sidelight to Dr. Tobias' first term talks on the archeological evidences of diseases, is thrown by photographs appearing in a special number of the Chronicle of the W.H.O. dealing with Treponematoses.

The photograph shows two views of a skull, believed to date from the 1st half of the 1st Century A.D. The skull was discovered in Iraq in 1939, and bears strong evidence of gummatous osteoperiostitis. Recently Drs. Kail of Vienna and Froe, of Baghdad, attribute the pathological changes to a treponematosis.

The possibility of an extra-venereal syphilis cannot be excluded, and so Columbus' sailors may still claim the dubious honour of being the first Western carriers of "Morbus Gallicus".

Family Medical History.

- IN LIMERICK FORM -

Past Student

There once was a fellow
from Turkey
Who was once energetic
and perky,
But between rheumatism
and parkinsonism,
His movements became
rather jerky.

The mother called Sue was
emphatic
That her troubles were
largely rheumatic.
With injections alone
of much cortisone
Her recovery was really
dramatic.

The father at times seemed
to hate us
When troubled with coughing and flatus.
The doctor told Sue
The condition was due
To dibothriocephalus Latus

The daughter's cut hand
was so sore
Very soon she developed
lockjaw.
Though badly infected
Her wound was neglected
Now we're blessed with her
presence no more.

The brother had thrombophlebitis;
Suffered too from a myocarditis.
Urticarial bumps
Were followed by mumps
Complicated by chronic
orchitis.

The sister got trypanosomiasis
As well as a mild bilharziasis.
From unsavoury haunts
In her tropical jaunts
She contracted acute amoebiasis.

We are informed that the University of the Witwatersrand University Intervarsity Sing Song Book is to be revised next year.

Original lyrics are urgently called for.

MEDICAL ETHICS.... Professor G.A. Elliott

Refusal To Attend A Patient

"A doctor must give the necessary treatment in emergency, unless he is assured that it can and will be given by others." - The International Code of Ethics.

Although the International Code alone specifically refers to the necessity for attending to a patient, it is implicit in all the codes that under any circumstances, emergency or other, the doctor who refuses to attend to a patient requesting his attendance, or to a patient who clearly needs medical attention, as for instance, a person unconscious in the street, must be able to justify his refusal.

Reasonable justification for refusal would be that the doctor is busy operating at the time, is ill in bed, is too far away to be of any use, or that, in a non-urgent case, he is superseding a colleague. He might be prevented from attending in terms of a contract between himself and an institution which forbids him attending patients outside the institution. He might be a true consultant who sees patients only through their general practitione

Situations arise in which it is not easy to decide what the doctor should do. A patient who has justly earned the reputation of being the type who cries "Wolf! Wolf!" must inevitably some day develop a condition requiring urgent medical attention; the doctor must use his judgement in such cases, and take as few chances as possible. There is the patient who never pays the doctor's bill; if the doctor so wishes, he can inform such a patient that he (the patient) should seek medical advice from some other doctor in future.

Whenever he refuses to attend a patient, the doctor must ask himself if he can justify his refusal before his conscience, or before any enquiry that might be held into his conduct should the patient actually or allegedly suffer harm from the refusal.

When he does refuse to attend, the doctor should make what effort he can under the circumstances to ensure that the patient is directed to a colleague for attention.

Advice on the Telephone

Giving professional advice to a patient, and prescribing over the telephone, is a dangerous practice, and the doctor must take full responsibility for any error that might occur, such as the patient taking a wrong dose, or the missing of a diagnosis of acute appendicitis.

Is it ever justified to give professional advice over the telephone to a patient? The answer is hardly ever, if ever. In the case of a patient already under his car for a particular illness, the doctor might be conscientiously satisfied that he can picture the clinical condition of the moment, and prescribe some form of symptomatic treatment. The patient under his care might be on a farm 40 miles away, and he may be more disposed to give advice over the telephone than if the patient were round the corner.

If there is a trained nurse in charge of the case, or if a colleague phones for advice regarding the case, the doctor would be still more disposed to advise over the telephone. But at its best, telephoned advice is bad practice.

NEVER advise treatment over the telephone to a patient whom you have not seen for the illness about which he is telephoning. Any sore throat may be diphtheria, and any abdominal pain an acute appendicitis.

If you do give advice over the telephone, should you charge a fee? The answer in general is no. If the advice is worth a fee, the patient's condition is one that ought to be seen; if the patient's condition is not worth seeing, it is not worth a fee.

NEXT WEEK - ABORTION

The Librarian Says:

Through the generosity of the South African Red Cross Society, which administers the funds of the Lurgan National Health Library. The Medical Library has recently been able to obtain additional copies of some of the books most used by students.

Although the Library is not able to provide textbooks for all students to use, it is our policy to have a copy of the latest edition of each prescribed work so that students who are using older editions may supplement these with the aid of the Library copy. In order to enable as many students as possible to make this use of the books, it has been necessary to keep the Library copy as a Reference book, to be consulted in the Library or taken out for one night only. Now, however, it has been made possible for a second copy to be provided and this is, in most cases, to be allowed out for one week at a time. We hope that students will make good use of the books so provided, which include such favourites as FULTON: Textbook of Medicine; PATTEN: Human Embryology; BEST AND TAYLOR: The Living Body; SAVILLE: System of Clinical Medicine; etc.

The presentation copies can be recognised by the handsome bookplates, also presented by the Red Cross Society.

A.C. Dick

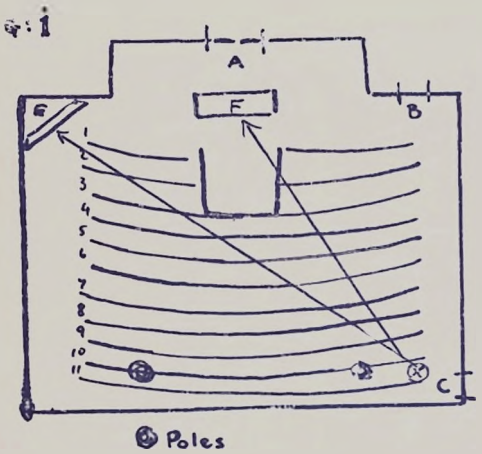
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Student Research:-

THE HOSPITAL LECTURE THEATRE :

We trust that this paper will fulfill a long felt need for a scientific survey of conditions to which students are subject in the Hospital Lecture Theatre. While the prospect of a lecture in this theatre inevitably promotes trade in the refectory, the despondency among those anxious to pick-up the pearls dropped by a capable lecturer, has been sufficiently obvious to stimulate research designed to reveal the root causes of this despondency. From time to time this subject has inspired original research and attempts have been made to alleviate, the somnifacient affects of the atmosphere. Regrettably these attempts have had little effect. Our approach is from a different aspect. We are of the opinion that if nothing constructive can be done then something destructive must be done and we hope that as a result of this investigation the Hospital Lecture Theatre, daily damned, will be finally condemned as detrimental to health in terms of Municipal bye-laws.

Fig. i



1. It is proposed in this paper to deal solely with Air Movement since this falls under Public Health Act, but a word or two on lighting and acoustics will not be out of place.

The lighting is poor and causes considerable eye strain. There is a flourescent bulb over board "E" (fig. i) which when in commission (!) serves to make visible anything written on the board to those in the immediate vicinity. The angle of the board and its relation to all but those in the immediate vicinity requires no comment.

With reference to the acoustics very little need be said. (A vague attempt has been made to assist feeble voiced lecturers by the hanging of black curtains at irrelevant points?) Suffice that a loud shout is audible, but emphasised words are difficult to distinguish, beyond row 7 (fig. i)

2. Air Movement:

Instruments:- Supplied kindly by Professor Cluver.
2 Kata Thermometers (J. Hicks) Factor 466.
1 Stop Watch (Jaquet)
1 Thermos Flask

Routine:-
Readings were taken at 10.30 a.m. on those mornings when the theatre was not in use. We stress this fact. We recorded therefore, the amount of air movement in empty theatre. The conditions must be presumed to be considerably worse during well attended lectures.

The thermometers were held at head level, by hand, a stand not being available. If this caused an error it was again on the correct side for no correction was made for inadvertent shaking of the hand. Finally readings were taken on three days at 10.30 a.m. The first reading of every series was discarded to allow for glass expansion. Three wet readings and three dry readings were taken in each position. In order to reduce the amount of data Table 2 represents a summary of three days as is shown in Table 1 below.

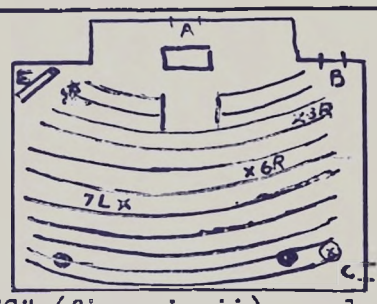
WET READINGS FOR POSITION ROW 1 L

No.	WED.	FRI.	SAT.	AVERAGE	
1.	37	37	37	37	) As appears
2.	36	38	37	37	) in Table 2.
3.	36	35	34	35	)

Positions: The places at which the readings were taken were as follows:-

Front Row	Extreme Left	No. 1L
Third Row	Extreme Right	3 R.
Middle Row	Middle Right	6 R.
Seventh Row	Middle Left	7 L.

Fig ii



Ventilation: Door "C" (figs. i. ii) was left open on each occasion. This door is never left open during the winter months, and the readings were taken during the month of June. However we felt that allowance must be made for those days when the heat is sufficiently stiffling and the open door raises no objections. This therefore constitutes a third factor which if correct would depreciate the readings considerably.

Summary of Readings

WET			DRY		
ROW		AVERAGE	ROW		AVERAGE
1 L.	1.37		1 L.	1.98	
	2.37	36.3		2.97	97
	3.35	(36)		3.96	
3 R.	1.34		3 R.	1.103	
	2.36	35		2.104	104.6
	3.35			3.107	(105)
6 R.	1.30		6 R.	1.95	
	2.33	32		2.95	95
	3.33			3.95	
7 L.	1.35		7 L.	1.94	
	2.34	33		2.98	95.6
	3.33			3.95	(96)

Table 2.

Scientific Study... by "Rana"

Hospital Lecture Theatre (ctd)

Calculations in Milli Calories per sq.cm. per sec.

ROW	Wet Readings		ROW	Dry Readings	
1 L.	466/37	12.6	1 L.	466/97	4.8
3 R.	466/35	13.3	3 R.	466/105	4.4
6 R.	466/32	14.6	6 R.	466/95	4.9
7 L.	466/34	13.7	7 L	466/96	4.8 (4.854)
Average:		13.5	Average		4.7

Table 3.

Summary:

In terms of the Johannesburg Municipal Bye-laws the requirements for schools, theatres, and places of public assembly are as follows:-

Dry Kata Figure not less than 5
Wet Kata Figure not less than 16.

As will be seen from the results above both average readings are below the requirements and in terms of the bye-laws the theatre is liable to condemnation. Two points must be stressed. One that the theatre was empty as was pointed out under 2, and secondly that a deviation of 0.3 from the norm on a sensitive thermometer such as those used is of considerable importance especially with respect to dry readings.

Conclusion:

It is just possible that in spite of every reason for condemning the Hospital Lecture Theatre nothing will be done about it. It was therefore deemed desirable to anticipate this indifference to student feelings by providing the student with information which would allow him to enjoy a lecture under existing optimum conditions.

A further set of readings were taken.

Instruments: As before
Routine: Readings were taken on one day only.
Position: Very back row (X in figs. i. ii)
Ventilation: Doors A, B & C were kept as wide open as possible throughout the experiment.

RESULTS: For Back Row (Extreme Right)

Wet		Dry	
1.30		1.95	
2.30	Av. 29.6	2.94	Av. 93
3.29	(30)	3.90	
Calculations: in milli cals/sq.cm/sec.			
466/30	15.5	466/93	5.0

Table 4.

While this seat undoubtably all but meets the requirements necessary to avert cerebral anoxia, it is (by tape measure) 51 ft. 3 ins. from board "E" and 48ft. 4 ins. from a lecturer standing at table "F" (fig 1) The following therefore is the sum total of conditions that the students must ensure before he attempts to sit back and enjoy a lecture in this theatre.

1. The student must sit at point X (figs. i. ii)
2. All visible doors (A,B & C) must be open
3. No person other than the lecturer should be in the theatre at the time.
4. The student must attend with binnoculars in order to see the board. The lecturer must not draw characters less than 2 ins.
5. During the winter months an overcoat of good quality is essential for this position (X figs. i. ii)
6. If the lecturer is inclined to stand at the board a neck brace of sorts should be acquired in order to avoid fatigue of the neck muscles

Medical Spring Ball

"The Medical Spring Ball promises to be the gala event of the Wits University Social Calendar," said Mr. Syd Katz, veteran Chairman of more Medical Dance Committees than anyone - least of all Syd himself - cares to remember, in an exclusive "Auricle" interview.

The Dean of the Faculty, Professor W.E. Underwood, and Mrs. Underwood, have again kindly consented to act as host and hostess, whilst among the many distinguished guests, will be our Visiting V.L.T.F. Lecturer, Professor A.M. Boyd, guest of honour for the evening.

Plans are afoot for re-introducing one of the most popular and ambitious features ever envisaged - A GRAND CABARET.

"The starring artists will, for the moment, have to remain a closely guarded secret," said Mr. Katz with a mysterious twinkle in his eye." I can, however, assure all guests of a most entertaining evening, one which is bound to be packed with surprises".

P.S. At 13/6 a double ticket Medical Spring Ball is a most reasonable rate - even if the Receiver of Revenue is pressing.

SUPER

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'The Auricle' Sports Guest Columnist :-

Wits Team Tours Provinces — Unbeaten!

This tour, the result of hard work on the part of Messrs. Garms and Chalsty of the Rugby Committee, commenced on Monday June 28th when the party departed from Johannesburg by rail bound for Pietermartizburg.

Maritzburg was reached early on the morning of Tuesday June 29th after a journey greatly enlivened by Freddie Herbst's piano-accordion and Clive Ulyate's ability as raconteur and mimic. That evening saw a novel experience for all members of the side. This was a practice under floodlights using a white ball. The 1st team and the Under 19 team (which followed the former to Maritzburg after some hours) soon adapted themselves to the new circumstances and proceeded to practice with gusto for the important games of the following evening. Important because they were intervarsities against the combined Durban and Maritzburg colleges, who were both at the head of their respective leagues.

The daily press on the day of the match anticipated a hard, even game between the senior teams. A noteworthy comment from one newspaper was to the effect that Wits would find difficulty in winning the line-outs due to the ability of the N.U. locks, one of which is a Natal Provincial player.

The preliminary to the 1st team's match was a bright, fast game between the Under 19's which resulted in a 16-3 win for Natal. The following game opened at a fast pace with Wits seemingly unaffected by having to play at night. Our pack rapidly mastered the opposing eight and all evening the backs were fed with as much of the ball as they wanted. Visser and Meintjies won all but four of the lineouts and Bertie Rosenberg hooked the ball as he liked from tight and loose head. Both sets of three-quarters threw the ball about freely and the Rugby was most entertaining to watch. The fast Wits threes were rather too good for the opposition and Freddie Herbst showed some of the form which made him a Springbok final-trialist last year. A memorable try came from Garms who dashed for thirty yards after collecting a stab-punt from Lyell. The final score was 19-0 in favour of Wits. The game was followed by a very merry "stag" party at Men's Residence.

At Port Elizabeth there was a warm welcome when the party disembarked on the morning of Saturday July 3rd. That afternoon Wits played against the Olympic Football Club, the strongest in the Eastern Province this season. Wits were given a very hard time before winning 8-3. Ulyate was off form, due to the effects of seasickness and Herbst too was badly off form.

The next day the ship sailed for Cape Town and for the third match of the tour against Van der Stel R.F.C., Stellenbosch. There the tourists were greeted by the foulest weather that a Cape winter can produce.

The Wits players were quartered at Driekoppen Residence, U.C.T. (otherwise known as Belsen) and were driven from there by Van der Stel players to Stellenbosch.

The overwhelming hospitality and the beauty of Stellenbosch made the visit to this little town the highlight of the tour.

In the meanwhile the ground was under three inches of water! This did not augur well for Wits; however, the result was a draw at six points each. The 'Varsity forwards more than held their own against a far heavier pack and the backs handled the slippery ball amazingly well, in spite of deadly crash tackling by Springbok Ryk van Schoor. A party followed and each of the Wits party was presented with a coffee cup and saucer embossed with the Van der Stel crest.

The following day the party embarked aboard the "Winchester Castle", for Port Elizabeth and the final match of the tour. The tourist class was fully booked so the team travelled first class. One doubts whether that normally staid class has ever been so enlivened.

The last match was played against Parks R.F.C., Wits winning 29-12.

Then began a rather anti-climatic rail journey to Johannesburg. All were pleased to be going hom, but all had had a wonderful time.

The statistical summary of the tour is:

Four matches played, three won, one down; points for 57, points against 21.

Homo Rhodesiensis. [M.L.]

Sporting Profiles. — Wilf Rosenberg

To students here at Medical School there is no need to introduce Wilf Rosenberg; nor is there any need to tell you about his fabulous rise to rugby fame. Wilf is probably one of the best known sporting stars at Medical School.

Born 20 years ago in Johannesburg Wilf lived ten years of his life in Australia. On coming back to this country he completed his schooling at Jeppe Boy's High. While at school he received colours for both rugby and cricket and was a member of the school athletic team. To crown all this he obtained a first class matric.

In 1952, Wilf soon made a name for himself in Under 19 rugby and his dazzling runs for the Transvaal Under 19 team had rugby followers shouting out to the world that here indeed was a discovery! The following season, although he was still only 18 years old Wilf played Wits firsts and for the Transvaal Senior team. He was an immediate success and shrewd judges of the game hailed him as a brilliant centre destined for Springbok colours.

And then tragedy struck. Playing brilliantly for Northern 'Varsities against the Wallabies, Wilf was tackled hard and although he courageously attempted to continue playing he eventually had to be carried off the field, and so ended his chances of gaining the green and gold while still under 19.

The story of his knee injury is now as well known as Wilf himself, and this season Wilf has been altogether out of the game. But next year he'll be fully fit and with the British Isles team coming out, we can look forward to great things from Wilf - and maybe he'll be wearing that elusive Springbok jersey yet!

M Puller