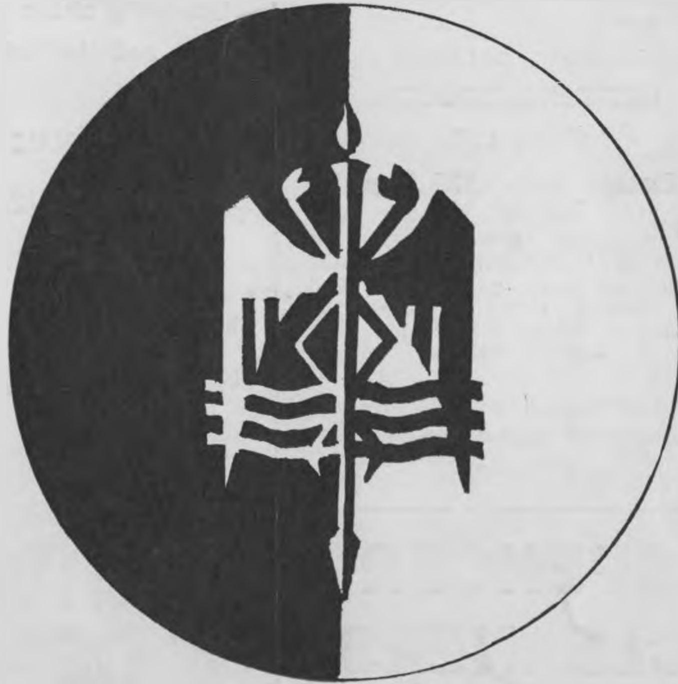
THE AURICLE



UNIVERSITY OF THE WITWATERSRAND MEDICAL SCHOOL

Vol. 12 No. 2 —— APRIL 1961

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EDITORIAL

SOUTH AFRICA'S withdrawal from the Commonwealth of Nations seems to be the general topic of conversation at present. Students of this Medical School have been discusing the pro's and con's and implications of Dr. Verwoerd's action for some time now. Few students however, have given any consideration to one possible implication, i.e. whether our medical degrees will now be recognised overseas or not. This is a most important factor to bear in mind.

A great number of students who qualify nowadays wish to specialise either immediately following graduation or within a few years after obtaining their degrees. Should our medical degrees now not be recognised overseas specialisation in certain branches of medicine will be grossly curtailed. At present in South Africa there are only a few fields of medicine open to the post-graduate who wishes to further his study with a view to specialisation and students have thus been forced to go overseas in a number of cases where the subjects concerned are not embraced by the South African Universities.

What then is the position, if our medical degrees are not valid overseas? This will mean that students who obtain an M.B.B.Ch. in South Africa will have to return to undergraduate study overseas and virtually qualify again before continuing with postgraduate study. For many students this will prove most discouraging not only from a swotting point of view but also from time consuming and financial aspects. The possibility thus exists that fewer students will attempt specialisation and that South Africa will gradually show a shortage of adequate learned specialists. The possibility however, also exists that the South African Universities will increase the number of specialist courses thus overcoming the above difficulties and enabling the students to specialise in his own country.

Another aspect to this possible problem of non-recognition of the medical degree is one which involves the student who does not wish to further his studies immediately but who wishes to immigrate to another country. There is quite a large body of students who wish to leave South Africa for various reasons but they may now have to reconsider their decision before departing, for obvious reasons.

The problem therefore appears to be one of prime importance and it should be borne in mind by every medical student in South Africa. The sooner we know whether or not our medical degree will be accepted by the rest of the world, the sooner we will be able to make plans for the future.

THE MEDICAL STUDENT

An extract from an article by Jonathan Miller reprinted from, "The Twentieth Century"

I CANNOT remember ever having decided to become a doctor. The process by which I finally did become one was much more like the migration of the lemmings: a blind scramble for the sea, set off by childhood impressions, sustained by brief enthusiasms and guided to a conclusion by short-sighted academic ambitions.

Most medical students enter Cambridge on an exam which is easier than that taken by students doing any other scientific subject. In this way Medicine is unnecessarily cheapened. But only as the result of stupidity, arrogance and reaction within the Medical Establishment which prefers its own dotty criteria of bonhomie and a sound wind to any slick refinements of spirit or intellect. It is not the case that contact with harsher facts of mortality produce the well-known rowdy callousness of medical students. This is the popular explanation and the naive simpleton who devised it has only provided a licence for further excesses in that direction.

At the start of the Anatomy Course we were assembled and cautioned. We were, we were told, about to work in the dead house and decorum was expected. At the end of this address we all flocked down to the dissecting room to test our courage on the ordeal of facing the dead. Few of us had seen a corpse before; a curious fact of our time. Childbirth and death have both suffered exile from the home so that the range of our experience is narrowed down to the middle of a journey whose start and finish are rarely seen. We did not exorcise our fear in this encounter for the simple reason that at the end of it none of us felt that we had met the dead. The embalmed cadavers in a dissecting room bear no relation to anything alive and therefore forfeit claims to represent the dead. In a long stone flagged hall lit from windows in the roof, they lay on forty tables. The presevative had bleached them to the colour of dirty clay and they no longer had the restful posture of the recently dead body: they lay, instead, frozen in stiff and curious postures like the calcined mummies at Pompeii. They all shared the same expression. The facial muscles, contracting over the skull had pulled the mouth into a tense, lipless "O" of spinsterish surprise. We somehow felt cheated out of our ordeal.

Throughout the year we burrowed into these greasy clods of earth, trying to protect our cuffs from the fat which oozed from under the putty-coloured skin. If the fat fell on to the pages of a dissecting manual it made the paper translucent. This year of dissection is little more than a ritual and one, moreover, which wastes a lot of valuable time. The useful facts of human anatomy could be learnt in half the time and simultaneously related to surgical problems. The same argument holds for the study of physiology, the details of which are often forgotten by the time one is ready to apply them in the ward. However, this arrangement is central to the antique ritual of medical qualification which consists of a series of carefully spaced, pompous initiation rites in which cunning and bravado are at a premium. This only reflects a more general malaise in the profession, which has lost the status of a humane study whilst it could, with the correct blend of psychology and physiology, pathology and social science yield a unique synthesis of C. P. Snow's two cultures. As it is, the medical student is an outcast of both worlds. On the one hand he is usually, at best, only a moderate scientist, fobbed off with poor instruction from lecturers who have given him up as a lost cause; and he absents himself voluntarily from the other world with encouragement from his professional seniors; an establishment of philistine "squares".

In the next three years at hospital the early defects of the moral and academic curriculum bear fruit, when the student, retarded by early specialization, comes under the influence of powerful professional mores. Protected from the maturing effects of a general education, the medical remains impressionable until the profession itself can scribble willynilly on his boyish features, engraving prejudice upon prejudice until the finished product becomes a sort of palimpsest of attitudes and postures concealing the man within and protecting him from disturbing contacts with the patients' real demands.

It is not just between doctor and patient that this protective ritual is to be seen, throughout the hospital, ceremonial barriers hinder the "fratting" of individual minds. It is almost as if, in fear of the lusty bastard offspring of such intercourse, a system of psychological contraception was at work. This system relies on a mumbo-jumbo of empty courtesies between consultants and sisters, matron and probationer, students and houseman. These sombre constraints are often disguised in the form of elaborate joking relationships which maintain psychological distance whilst giving the impression of friendly intimacy. The bluff surgeon insists that all men over sixty shall be called "grand dad" and at the hands of other practitioners all women, young or old become "M'dear" or "Poppet". His juniors slavishly repeat the ritual and within a few months of his entry into the wards the student also is pulling on his social impermeable. It is poignant enough that the therapeutic relationship should suffer in this way and dreadful that the lives of all who work there should be so stultified by this feudal remnant in our midst.

The first three months after he comes down from Cambridge the student is introduced to the business of taking a medical history and of examining the different systems of the body. I was very happy at this time, finding the various techniques of examination strangely satisfying. One learns to take a craftsman's pride in eliciting the various physical signs. Once again the process is highly formalized, but in this context it has a satisfying scholastic elegance. To examine the chest one employs inspection, palpation, percussion and auscultation in an unvarying order, almost like a form of prayer. By following this incantation and by attending scrupulously to the tiniest nuances of one's senses one can eventually divine the disorders within. It is, I think, this blend of craftsmanship and wit which yields the crucial thrill of medical practice; all the more thrilling for its medieval formality, a solemn game of poking and enquiry whose ritual matches the heraldic formality of the body itself, with the organs set in quarterings in almost armorial arrangement.

Each month in the hospital revealed new skills and ceremonies until at the end of three years one seemed to have run the gamut of a medieval calendar, a book of hours which lays out, like an illuminated allegory, the details of the condition of man. In retrospect I do not think I can imagine a more complete humanistic education. It is a tragedy that the perversions of the system which I have mentioned above should so distort and obscure the graceful outlines.

With his entry into the wards the student is assigned a group of patients and is responsible for recording their daily progress. While attached to surgical firms he attends all operations on his patients, standing for hours in the theatre, retracting the edges of the wound, whilst the surgeon paddles in some dark cavity. During this time, because he is not pressed with direct responsibilities, the student can often enter into extremely intimate contact with his patients. Because he is leisurely and has not yet developed the aloofness of his seniors he often becomes a confidant of anxieties and secret catastrophes which the patient has never before dared to reveal. If susceptible, the student becomes aware, during these months, of the enormous hinterland of aberration, irregularity and mystery which lies behind the ordered public face. He is also heir to an enormous treasure-trove of sociological data. Having the time to do so, he can collect the most intriguing facts and fancies from his patients who will display at the drop of a stethoscope the complex metropolitan folk-lore of disease.

If intelligent and observant the student of the sixties is fortunate in the view which he can obtain of the explosive contact of the new physical sciences with the antique art of Medicine. Whilst preserving the old empiricism, Medicine has enlarged to include the most complex scientific techniques.

The range and depth of knowledge expected of him puts a great strain upon the student who, as I have shown above, is not always chosen from the ranks of those best able to deal with it. The jocose anti-intellectualism directed in main at the psychological aspects of the subject ensure that the student does not even compensate for his poor scientific ability with a mature understanding of psychiatric principles. In this way the rich soil of Medicine remains uncultivated when it could support the most elaborate and interesting vegetation.

A MODEL DIALOGUE

or

(How to deal with a Drawing-room Trickster)

The drawing room juggler having slyly got hold of the pack of cards at the end of a game of Klabberjas says:

"Ever seen any card tricks? Here's rather a good one; pick a card."

"Thank-you, I don't want a card."

"No, but just pick one, anyone you like, and I'll tell you which one you'll pick."

"You'll tell who?"

"No, no; I mean, I'll know which it is, don't you see? Go on, now, pick a card."

"Anyone I like?"

"Yes."

"Any colour at all?"

"Yes, yes."

"Any suite?"

"Oh, yes; do go on."

"Well, let me see, I'll — pick — the — ace of spades."

"Great Caesar! I mean you are to pull a card out of the pack."

"Oh, pull it out of the pack." All right — I'm got it."

"Have you picked one?"

"Yes, it's the three of hearts. Did you now it?

"Hang it! Don't tell me like that. You spoil the ting. Here, try again. Pick a card."

"All right, I've got it.'

"Put it back in the pack. Thanks."

(Shuffle, shuffle — flip.)

"There, is that it?" (Triumphantly)

"I don't know. I lost sight of it."

"Lost sight of it! Confound it, you have to look" at it and see what it is."

"Oh, you want me to look at the front of it?"

"Why, of course! Now then, pick a card."

"All right. I've picked it. Go ahead.

(Shuffle, shuffle, shuttle, — flip)

"Say, confound you, did you put that card back in the pack?"

"Why, no, I kept it."

"Good grief! Listen. Pick — a — card — just one — look at it — see what it is — then put it back — do you understand?"

"Oh, perfectly. Only I don't see how you are ever going to do it. You must be awfully clever.

(Shuffle, shuffle, shuffle, — flip).

"There you are, that's your card, now, isn't it?"

This is the supreme moment).

"NO. THAT IS NOT MY CARD"

(This is a flat lie, but heaven will pardon you for it).

"Not that card! say — just hold on a second. Here now, watch what you're at, I can do this cursed thing, mind you, every time. I've done it on father, mother and on everyone that's ever come around our place. Pick a card.

(Shuffle, shuffle, shuffle — flip — bang.)

"There, that's your card."

"NO. I AM SORRY THAT IS NOT MY CARD. But won't you try it again. Please do. Perhaps you are a little excited. I am afraid I was rather stupid. Won't you go and sit quietly by yourself on the back verandah for half an hour and then try? You have to go home? Oh, I am so sorry. It must be such an awfully clever little trick. Good-night!"

A skunk, a giraffe and a deer walked into a barroom one day and ordered three whiskey drinks, drank them and ordered three more. The barkeeper poured out the drinks but was sort of anxious about the payment because there was no money in sight, and a minute later they ordered the same, finished the drinks and started for the door.

"Wait," shouted the bartender, "how about paying me?"

"I can't," said the skunk, "I only have a scent."

"I can't," said the deer, "I had a buck last week and I'm expecting a little doe."

"Well," said the giraffe as he walked toward the bartender, "I guess the high balls are on me."

Oh, the sexual desires
Of the camel
Are stronger
Than anyone thinks.
One night in a seizure
Of passion
He tried to make love
To the Sphinx
It's made out of sandstone
And rocks that outcrop
Near the Nile.
Which accounts for
The hump of the camel
And the Sphinx's
Inscrutable smile

MEDICAL SCHOOL

A University or a Kindergarden

AT an inaugural lecture at the beginning of 1961 the new clinical year students were told that they could consider themselves now as being in effect post-graduate students. This statement was based on the fact that three years of successful study is comparable to having obtained a B.Sc. or a similar degree.

To hear these words spoken is most stimulating but their practical implication amounts to absolutely nothing. This is most vividly borne out by a number of degrading and embarrassing situations forced on the students by the staff, which makes one wonder whether we are in fact students or school children.

The taking of an attendance register after every lecture and practical is just one example about which I feel very strongly. This is by far not just an individual complaint but one which has irritated the general student body for some time. The situation is quite ludicrous and has over the years progressed from bad to worse in that we now have roll calls following *every* lecture and practical whereas in previous years a roll call was only occasionally taken. I cannot help but stop to think what the next step will be and I visualise a 4th year absentee having to present a "note" from his mommy or daddy explaining why he missed the appropriate lecture and in the absence of a note the student appearing before the professor where he is made to bend over and receive three of the best.

The student's quest for knowledge must be, and is, an individual desire. The lecturer who turns to the students and declares that he does not care if they attend his lectures or not is to be admired and is treating the student according to the correct concept of "a student". Forcing the student to attend lectures only results in antagonism and sleeping at lectures. If the student does not wish to attend, or for some reason cannot attend a certain lecture, this should be the concern of the student and not that of the staff.

I can appreciate the taking a roll call by a department in which only a D.P. is required and no examinations are written, but in a subject where examinations are written I can see no reason why a roll call should be taken, for if the student does not attend the lectures his chances of passing the examinations are remote.

I think that this aspect of our University is something we should all be thoroughly ashamed of and we should attempt to rid ourselves of this degrading school-room custom as soon as possible.

CITY'S SLEEP

Johannesburg, 1960

Dark slumber
No nature sound
Impedes the neon throb from green to umber;
With futile monotony reflecting from the ground
Its uncared for message. Alleways stinking

A dark live thing detaches from a corner,
Moving silent, lonely-slinking
Through fingers of shadow where former
Shoppers scuttled swiftly, buying, laughing, cheerfully insane.

A window-latch clicks from a flat up high
A fleeting half-naked form against the pane;
Then the light goes off and the building merges with the sky.

The cinemas come out—the sleeper stirring
Bodies moving in small clusters, bent on home's peaceful lure.

Lovers, phantom-like in the cold-cathode, pause, erring;
Quickening paces to oblivion with pledges of love in rooms secure
From the hell of living; suspended from another night
Between flint cement and ether's brittle breath;
Blind to Life's empty flight
From pain of womb to comfort of the death.

Again the city settles in the subtle silence
Of some bygone Ethos.
Each structure an enigmatic contrivance
Of thought, necessity and pathos,
Stands deserted, yet functioning in measured precision,
Until the Being returns to the thrall of his self-wrought slave.

A man waits glaze-eyed for breath's final abscission,
When it is also torn from the diggers of his grave.

JACK VAN NIFTRIK

RADIOGRAPHERS RENDEZVOUS

The Editorial Board would like to take the opportunity of welcoming all new radiography students and hope that their stay at the hospital will be an enjoyable and successful one. We would also like to wish the very best of luck to those students entering for the examinations at the end of April.

SINCE most people who read this magazine would be interested in learning of the goings-on in our department, we intend to write a series of the various examinations carried out by us. We feel sure that this will be most beneficial to all non-radiographers.

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2. Are you finding difficulty in your outlets?
3. Or like an ostrich, did you swallow a stone which charmed your kidneys?
4. Do your abdominal spare tyres deceive others?
5. Or are your kidneys just darn obstinate?

No kiddin'???

You need an I.V.P.—a date with US.

Just prior to the examination, you must refuse all liquids from aqua vita to Villa Rosa. Then once you arrive and meet us, you are utterly at our disposal. (N.B. We take no responsibility for any heartaches—this is essentially a kidney examination.) You then change and adorn yourself in one of our gowns, which may not do justice to you, but relax, we never judge from outward appearances, eventually we see right through you.

Then for the first time you relax—on anything, but a soft table. You are, then moved backwards and forwards. You must under no circumstances be a ticklish individual for we can only position you by centring your belly button to the cone. Then comes the first review of your kidneys. This is just the beginning, so don't jump off the table; we always make our patients as comfortable as circumstances permit.

Now the intravenous part commences. A shy junior student will tighten your upper arm—the purpose of this is to show up your veins not to attract Venus. Then, with a charming bedside manner, a radiologist will inject the urografin. Immediately your body responds and sudden activity around you stimulates your kidneys.

Then the reduction comes into action. Your stomach is compressed to the utmost, the beaumanometer is mercilessly pumped up to almost a hundred. Here then, the vital step—your inches vanish with the pressure. It all takes time, you may be left like this for almost thirty minutes—but remember, it's now or never!

The duration of this slimming device depends upon the co-operation of your kidneys with the urografin, for we take radiographs at various intervals to observe the rapidity of your venous system. As soon as your kidneys and ureters fill adequately, the examination is almost over. We then release the compression and your stomach should be flat—if it is not, then you just have no will-power. However, it is imperative that you have a small amount of will-power, because you will probably wish to empty your bladder, and it takes a minute or so for you to reach the appropriate destination. This is followed by one small film and the entire examination is completed.

You may then get up, stretch, smile, eat, drink—anything! We will be sorry to see you go, but we are always sure that we will see you again. Most radiographers are optimists!

O.T. CORNER

Medics Note! No one can say that O.T.s don't do any work. As from the beginning of this year the first year students are doing a full Physics, Chemistry, Psychology and Zoology course. There will be no time for the first years to do any crafts, physical training and extra curricular reading that is usually done in first year, so any free time that O.Ts had during second year will be spent catching up on first year work.

As from 1963, second year O.T.s will do a full physiology course and the course will be extended to four years. By that stage we hope to get our well earned degree. So, from now on O.T.s will have to be treated with respect and we hope that the whole medical faculty will give us the recognition that we so richly deserve.

The Ups and Downs of Decompression

WHAT are the Physios up to now? Their latest gimmick seems to be decompression. What is decompression? It seems to consist of popping expectant mothers into colourful spacesuits (blue for a boy, pink for a girl), switching on a noisy machine and then sucking the air out of the suit. Anybody can do it.

The main uses of decompression are: -

(1) Relief of pain.

(2) Facilitation of labour.

(3) Improvement of baby's condition.

(4 Relief of dysmenorrhoea and back ache.

During decompression a negative pressure is created around the body. This causes the anterior abdominal wall to be pulled up and the action of atmospheric pressure causes a lordosis. This is said to cause a relief of spasm in the back muscles with a resultant relief of pain. This applies to backache, spasmodic dysmenorrhoea and lower back labour pains.

In the facilitation of labour, the following happens. The anterior abdominal wall is relaxed and pulled off the uterus. Thus during contractions the uterus encounters no resistance from a tight anterior abdominal wall and is able to contract much more efficiently as a spherical structure.

It is also believed that by giving decompression antenatally, the blood supply to the uterus is increased which should in turn improve the condition of the foetus. Decompression babies are being followed up for several years in order to prove or disprove this.

Night duty was started at the Queen Vic three weeks ago, the ideal being to have a twenty-four hour ante-natal service. This has certainly made life more interesting.

If three short knocks sound on the door at 9 p.m. or after, it is sure to be Dr. Samson. That means a quick change back into uniform (regardless of whether you were on the point of getting into bath or bed or in the middle of swotting for an electrotherapy test) grabbing your knitting and off you go for the rest of the night.

At the Queen Vic your expectant mother is examined, declared to be in fast labour and settled in her space suit. Now the tireless vigil begins.

At various long intervals some medic or nurse is bound to stick his or her head around the door and either make some facetious remark or ask some silly question about decompression. A quick look at the patient and: "No, she is not ready to push," is all you get. After that slight diversion, you return to your weary waiting.

You time contractions, count marks on the ceiling and become quite fascinated at the slow rate at which the second hand of the clock moves. A hospital is the quietest place at night. You decide that everybody has deserted you, but a quick walk down the corridor reassures and wakens you again.

When at last your lady decides that she is in the second stage of labour, you hurry around trying to convince whoever is responsible that delivery is imminent. After a few desultory investigations, a sudden stir sets in, everybody rushes around to get labour ward ready and the patient there. Sure enough, after twenty minutes to half an hour, His Majesty the Baby loudly announces his arrival. The mother is sleepy and happy, the labour ward staff relieved and a weary physio prepares to depart to catch up with a fraction of her sleep.

By the time the car arrives she is just about asleep on her two feet. Going back in the eerie day-break is quite an experience, especially if you arrive with the milk. To seal everything you only need to have the nightwatchman, white eyes popping out, ready to knock you over the head with a knobkierie.

Needless to say, the next day goes by in one bleary haze. Patients come and go in the morning, and as for lectures: come for lessons in sleeping with your eyes open and a most intelligent and absorbed expression on your face. If you are called out two nights in a row, well the next day you merely exist on a cloud floating some where in between.

The more profitable aspect from the medic's point of view is of course the welcome diversion the Physios create during their stay at the Vic. It is just amazing the amount of interest some 5th years show in their patients, especially when they have decompression. I mean making eyes at the attending physio is just part of their venue at the Queen Vic. It also seems to further social contact a great deal. We know of at least one date that was fostered at the Vic.

So Medics, never scoff at decompression again. You never know what it may do for you!

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During decompression a negative pressure is created around the body. This causes the anterior abdominal wall to be pulled up and the action of atmospheric pressure causes a lordosis. This is said to cause a relief of spasm in the back muscles with a resultant relief of pain. This applies to backache, spasmodic dysmenorrhoea and lower back labour pains.

In the facilitation of labour, the following happens. The anterior abdominal wall is relaxed and pulled off the uterus. Thus during contractions the uterus encounters no resistance from a tight anterior abdominal wall and is able to contract much more efficiently as a spherical structure.

It is also believed that by giving decompression antenatally, the blood supply to the uterus is increased which should in turn improve the condition of the foetus. Decompression babies are being followed up for several years in order to prove or disprove this.

Night duty was started at the Queen Vic three weeks ago, the ideal being to have a twenty-four hour ante-natal service. This has certainly made life more interesting.

If three short knocks sound on the door at 9 p.m. or after, it is sure to be Dr. Samson. That means a quick change back into uniform (regardless of whether you were on the point of getting into bath or bed or in the middle of swotting for an electrotherapy test) grabbing your knitting and off you go for the rest of the night.

At the Queen Vic your expectant mother is examined, declared to be in fast labour and settled in her space suit. Now the tireless vigil begins.

At various long intervals some medic or nurse is bound to stick his or her head around the door and either make some facetious remark or ask some silly question about decompression. A quick look at the patient and. "No, she is not ready to push," is all you get. After that slight diversion, you return to your weary waiting.

You time contractions, count marks on the ceiling and become quite fascinated at the slow rate at which the second hand of the clock moves. A hospital is the quietest place at night. You decide that everybody has deserted you, but a quick walk down the corridor reassures and wakens you again.

When at last your lady decides that she is in the second stage of labour, you hurry around trying to convince whoever is responsible that delivery is imminent. After a few desultory investigations, a sudden stir sets in, everybody rushes around to get labour ward ready and the patient there. Sure enough, after twenty minutes to half an hour. His Majesty the Baby loudly announces his arrival. The mother is sleepy and happy, the labour ward staff relieved and a weary physio prepares to depart to catch up with a fraction of her sleep.

By the time the car arrives she is just about asleep on her two feet. Going back in the eerie day-break is quite an experience, especially if you arrive with the milk. To seal everything you only need to have the nightwatchman, white eyes popping out, ready to knock you over the head with a knobkierie.

Needless to say, the next day goes by in one bleary haze. Patients come and go in the morning, and as for lectures: come for lessons in sleeping with your eyes open and a most intelligent and absorbed expression on your face. If you are called out two nights in a row, well the next day you merely exist on a cloud floating some where in between.

The more profitable aspect from the medic's point of view is of course the welcome diversion the Physios create during their stay at the Vic. It is just amazing the amount of interest some 5th years show in their patients, especially when they have decompression. I mean making eyes at the attending physio is just part of their venue at the Queen Vic. It also seems to further social contact a great deal. We know of at least one date that was fostered at the Vic.

So Medics, never scoff at decompression again. You never know what it may do for you!

WHO'S WHO IN MEDICINE

Q. Who discovered X-rays.

A. Wilhelm Conrad Roentgen (1845-1923).

Roentgen was Professor of Physics at a German University when he made his epoch-making discovery. He accidentally discovered the so-called X-rays while investigating the phenomena accompanying the passage of an electric current through a vacuum tube. He found that the rays penetrated wood, books and finally even his hands—so the science of radiography was born.

He wrote little, publishing only three papers on X-rays. Incidentally Roentgen was colour-blind.

Q. Who was the great British neurophysiologist who died in 1952.

A. Sir Charles Sherrington.

Sherrington was a veritable Columbus of the central nervous system. Such terms used today as "synapse," "decebrate rigidity" and "stretch reflex" to mention a few were worked out by him. Such famous neurophysiologists as Fulton, Penfield, Eccles all studied under him. He was over 90 when he died.

"Yet he was the most modest of men who felt, like Newton, that he had done no more than pick up a few pebbles on the shore of the great ocean of truth." Sir Russel Brain.

Q. Who is regarded as the "father of Pathology"?

A. Rudolf Virchow (1821-1902).

In 1858 he published Cellularpathologie—one of the great books in medicine. He said that organic diseases were due to pathological lesions formed by pathological cells which arose from normal physiological cells as a result of irritation or stimulation. "Omnis cellula e cellula" destroyed the old fashioned "humoral pathology". In the Virchow institute he collected and mounted 23,000 specimens. He became an anthropologist, archaeologist and eventually entered politics becoming an arch enemy of Bismarck.

Bellhop: "Calling Mr. Moore. Calling Mr. Moore."

Clerk (not recognising the name): "Who is that being called?"

Bellhop: "I don't know. Some gal up in 213 keeps yelling for more."

THE KING OF GAMES

The glint of the chess-board catches my eye athwart
I muse and wonder at the battles oft there fought
An outlet for constructive imagination
Stimulating the zenith of astute determination
An art, a habit-forming science of tactical endeavour
Intellect shall crave the challenge of the game forever.
Mock battles of mute wooden pieces
Raging, bloodless, till the keen game ceases.

IT is indeed a poor reflection on the intellectual prowess and potential of our Medical School that chess, the patriach of mental disciplines should be so completely neglected. It is a sad symptom of incipient decadence, and one which must be treated radically and without delay. An important cog in the wheel of culture must be replaced. "When all else is gone, only culture remains."

This year an extensive programme has been planned by all the cultural societies, and chess will certainly not lag behind. The winds of change blow hard and fresh.

A tournament will be played soon; and all those that are interested should hand their names in at S.M.C. office or add their names to the list on the chess notice-board (next to the library). A chess-ladder will soon be organised, matches will be played against Milner Park, Tuks and schools. Intervarsity will be held this year during the month of December in Cape Town.

Last but not least, this year for the first time chess sets will be available in the refectory. This will enable students to sharpen their wits while they sharpen their incisors. It is hoped that this will stimulate a keen interest in the game and one can conjure up an image of two erudite-looking white coated students engrossed in an intricate middle-game or an exciting end-game with a crowd of enwrapped onlookers.

The boss was chasing his secretary as usual. He suggested, "Let's go up to my apartment tonight."

She answered, "I am very didactic and pithy in my refusal of your very derogatory, vituperative and vitriolic proposition."

The boss said, "I don't get it."

She answered, "That's what I've been trying to tell you."

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SPOT THE DIAGNOSIS

A.B. age 7 years. First admission 11 9 60 discharged 17 12 60. Second admission 3 2 61. Died 28 2 61

Major Complaint (First admission)

Gross swelling of the body for the past 2½ months.

History of Major Complaint:

Child born quite normally. Two and a half months ago he began to swell involving the thighs and legs first. The abdomen, hands and face swelled up next this occurring rather rapidly within a few days. The child became acutely breathless and his lips and figners were noticed to be blue. He responded well to treatment and was discharged. After a short while at home he again became swollen up but this time there was no accompanying breathlessness. The mother noticed that he seemed to be passing less urine now than before his illness.

Systematic History:

N A D

Past History:

No history of Rheumatic Fever, Scarlet Fever. Always well until present illness.

Family History:

Two brothers 20 and 15 years. Both parents and siblings alive and well. No history of tuberculosis or kidney disease in the family.

Physical Examination:

A pale young boy with a swollen face lying comfortably in bed in no distress. Pulse 100 p.m. Regular small volume. B.P. 95 65. Temperature 98.4°F.

Head Face swollen generally with pitting oedema periorbitally. Conjunctivae well coloured, pupils equal and regular. Fundi retinal veins congested.

Neck: Bilateral, palpable, non-tender, enlarged, sub-maxillary glands. Trachea central. J.V.P. raised. Distended veins up to the angle of the jaw (at 45°). Non pulsatile.

Thorax: M.C.I. not visable or palpable. No cardiomegaly to percussion. Heart sound soft. Three heart sounds at all areas. No gallop rhythm. No murmurs. Chest expansion normal bilaterally. Dullness to percussion with diminished air entry at both right and left bases posteriorly. No adventitious sound.

Abdomen: Markedly distended. Abdominal wall oedematous. There is a six finger hepatomegaly stretching across the whole abdomen below the level of the umbilicus, very hard consistency. Tip of spleen palpable. No shifting dullness.

Extremities: Marked oedema of lower limbs extending up to the sacrum. A tinge of cyanosis of finger and toe nails.

C.N.S.:

N A D

Major Complaint (second admission):

Gross swelling of the whole body and coughing.

History of Major Complaint:

Mother says doctor stopped the child's therapy after three weeks. Until then he had kept well. Within the following week he began to swell again. By the time of admission he was alarmingly swollen. Has been coughing productive of white phlegm. Now remains in bed unable to walk. Very little dyspnoea.

Physical Examination:

Examination remained essentially as before except that he now had a temperature of 101.5°. He was not dyspnoeic. J.V.P. markedly raised. Distant heart sounds and diminished air entry with moist crepitations at both bases were noticed. Gross generalised pitting oedema.

Progress:

On the 27 2 61 it was decided to do an exploratory operation. During the same night after operation the patient went into acute peripheral vascular failure with feeble pulses of 160 p.m. The patient died the following day.

Anwers to Spot the Diagnosis on Page 12

OSLER APHORISMS

Do not waste the hours of daylight in listening to what you may read by night.

Undoubtedly the student tries to learn too much and we teachers try to teach them too much—neither, perhaps, with great success.

Superfluity of lecturing causes Ischial Bursitis.

It is a common error to think that the more a doctor sees the greater his experience and the more he knows.

Half of us are blind, few of us feel, and we are all deaf.

CELEBRATED CASE HISTORIES
CATHERINE THE GREAT

IN 1729 a daughter destined to be the Empress of Russia was born to Johanna. Eighteen months later Johanna gave birth to a crippled son on whom she lavished all her affection—Sophie, the daughter, was merely endured. One wonders whether this did not have any psychological effects on Sophie—perhaps her great sexual passion was due to this lack of childhood love.

Sophie was a plain, sensitive, obedient child. At the age of seven she experienced a severe left side pain followed by cough, fever and delirium. After recovering her right shoulder was found to be higher than her left. The executioner was summoned! He placed her in a type of strait jacket which she had to endure for more than three years. Sophie most probably was the victim of pneumonia and pleurisy. It was left sided and the partial immobilization which she accomplished by lying on her left side gave relief from her pain. There was also most likely an empyema which caused a reflex spasm of the left intercostal muscles and this, together with the pleural adhesions, caused the deformity.

A few years later she was forced to marry dim witted, physically weak son of the Empress of Russia. The wedding night, says Catherine, was uneventful and every succeeding night for the next nine years was exactly like the first.

She remained childless. The vulgarities of her husband caused nervous symptoms to appear and certain intimate friends found her a lover. Eventually she bore a son. Her husband then left her completely alone—he seemed uneasy over this inexplicable parenthood so he submerged his thoughts by playing with his tin soldiers.

Catherine's miscarriages before her son's birth were thought to be due to undue exercise (horse-riding) but miscarriages are often the result of syphilitic infection. If her son bore the tell-tale features of congenital syphilis, they have not been described. Her lover, a debonair type, could well have had the disease. In all she had five living children nearly all of whom had a different father.

After overthrowing her infantile maniacal husband she became Catherine the Great, Empress of Russia. Her health was good and her love life adequate. Her lovers were subjected to examination for venereal disease by her court physician—sometimes for her safety and sometimes for purposes of discipline! Catherine had, all told, one husband and twelve lovers—perhaps those love deficient childhood years were responsible for this. It is generally believed that she was a nymphomaniac. Her sexual passion advanced with the years until she became the most repulsive of female creatures—an aged nymphomaniac. Some credit is due to her however—she only had one lover at a time! Nor did she let her love affairs interfere with the affairs of State.

With the passing of the years the Empress began to suffer from diffuse varicosities of her legs which became so swollen that she could hardly stand. Her doctors were dismissed.

One morning she was found lying on the floor, gasping and unconscious. The doctors bled her but she did not improve. For the next twenty-four hours her breathing was deep and regular then it became imperceptible one minute and stertorous the next. That evening she died.

Catherine the Great was most likely the victim of high blood pressure associated with arteriosclerosis. Because of cerebral vascular disease her mental vigour declined. Eventually, toothless and oedematous, she died of cerebral haemorrhage.

A farmer with a great many children but very little cash wanted to take his family to the stock show especially to see a prize bull. Approaching the ticket seller he asked:

"Mister, I've got a wife and 15 children. Couldn't you let us look at the bull for half price?"

"Fifteen children?" gasped the amazed official.

"Just one minute and I'll bring the bull out to look at you."

"No," said the centipede, crossing her legs, "a hundreds times no!"

"Where ya been?"

"Out with my girl drinking rum."

"Jamaica?"

"Don't be so damned inquisitive."

LAST LAUGHS

A shapely woman asked the bow-legged drug store clerk for a can of talcum powder.

"That's over at the other side of the store," said the clerk, "just walk this way."

"If I could walk that way, I wouldn't need the talcum powder," she answered.

* * *

The worst thing that can befall a woman is to see another woman wearing the same dress. One lady went to an exclusive shop for an exclusive gown and paid an exclusive R385 because, "It was exclusive."

Walking through a department store, she noticed the same dress exactly for R32. She rushed back to the exclusive shop with the department store dress under her arm.

The manager of the salon said haughtily. "I'm certain that the department store didn't tell you it was 100 per cent. virgin wool!"

"I don't give a damn what the sheep do at night!" screamed the woman.

* * *

Three French boys, ages eight ten and twelve, were walking together down a Paris street and passing an open window where a young bride and groom were consummating their marriage, stopped to watch. "Observe!" said the eight year old.

"That lady and gentleman are fighting!"

"You are mistaken," said the ten year old, both older and more sophisticated than his comrade.

"They are making love."

"Oui," said the twelve year old. "And badly."

* * *

A young school teacher had been telling her class about the value of being observant and said "Now, children, look at the clock; what does the clock have that I have too?"

One girl stood up and said, "It has a face." Another girl raised her hand and said, "It has hands."

"Splendid," said the teacher, "now what has the clock got that I haven't?"

After a long silence, a boy rose and said, "You ain't got no pendulum."

* * *

I met a woman who was willin'—
Now I'm using penicillin

Answer to Spot the Diagnosis:

Picks Disease. Constrictive pericarditis with superior and inferior mediastinal syndrome

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CONGRATULATIONS

Congratulations to the following students on the announcement of their engagements:

Keith Light
Bridgette Duncan-Brown

We note with regret the unfortunate motor scooter accident of Chris Fosseus. We wish him a speedy recovery and hope to see him at Medical School again before long.

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This Newsletter is published by:
STUDENTS' MEDICAL COUNCIL
Witwatersrand University Medical School
7, Esselen Street, Hillbrow,
Johannesburg.

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

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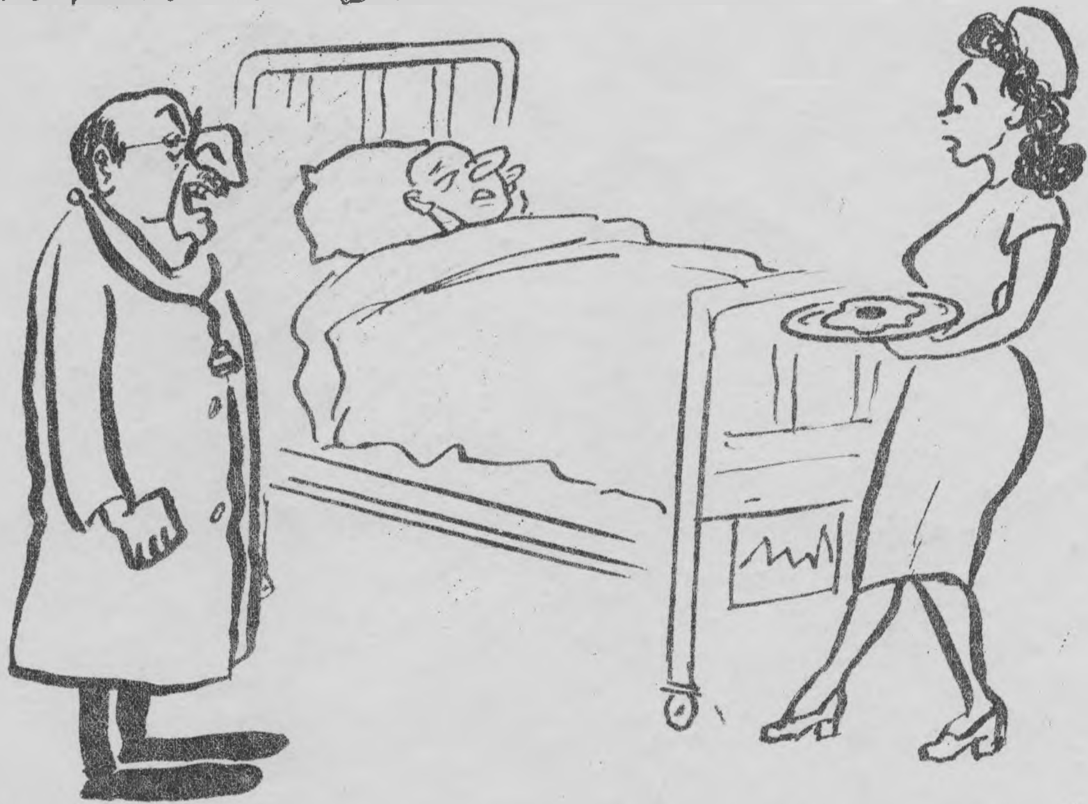

CHEERS!

I WAS A TEENAGE MEDIC

From a world of regimentation

G.O.D.

"real gon."

to one of glorious indiscipline

At 'Varsity there were marked differences to the old Alma Mater

And similarities...

IF FOUND PLEASE RETURN TO THE FACULTY OF ENGINEERING

I USE NURSE BRAND

At 'Varsity they told us

YOU AREN'T SCHOOL KIDS ANY MORE

WE AREN'T HERE TO SPOONFEED YOU

GROW UP MAN

Then they dictated notes to us.

The wonders of formalin-impregnated nature revealed before our smarting eyes ....

The 3 R's at a higher level ..

RAG

RAIDS

ROMANCE

Of all our subjects Biology fascinated me the most.

AD SYLVAS

♀ Homo sapiens var. fecundum

But I had one goal in mind – to ascend unto that Palace of the Gods that stood way up on the big, big hillside – Medical School!

" MY DEAH, I WAS SO THRILLED WHEN MY PSYCHOANALYST TOLD ME THAT ALL I NEED IS A GLOSSECTOMY - WHATEVER THAT IS! "

"DA GUY WHO WROTE DAT MUSIC MUSTA BEEN DEAF

STOP PRESS

A debate between Medics and Engineers will be held shortly on a Political topic.

There is a strong possibility that clinic will soon be re-established.

Congratulations to Let de Maar on being elected Rag Princess. (Ed. Note: She is still our queen).

A jazz session will be held on Friday 14th. H.L.T. Bobby Glen and his Buddies.

Martin Blank went beit during a Klabberjas game with a fifty Ace Bella. (Ed. Note: You should have draw Jas).

After Horst Kustner's "vote of thanks" at Mr. Sydney Williams' talk on apartheid, Raymond Coll challenge Mr. Kustner to debate on this issue. The challenge was regretably declined.

VICE WEEK IS COMING!