

MEDICAL SCHOOL
REFECTORY

Please leave lunch
tables as soon as you
finished.

The Auricle

Official Organ of the Medical Students, Witwatersrand
University.

Vol. 13. No. 6. — 9th OCTOBER, 1947. — Price 2d.

MEDICAL SCHOOL
REFECTORY

Please help to relieve
unavoidable congestion
at refectory by adhering
to the session times.

Ex-Service Medical Students and Alcohol

By an Ex-serviceman, T. COLLINS.

In the last "Auricle," one of our correspondents discussed some aspects of the tragic impress made on victims of Nazi tyranny. They were the direct and natural outcome of long years of incarceration and cruelty in concentration camps. There is however, another extremely unpleasant aftermath of the late war, different in that the sufferers have brought it upon themselves, and if it persists, the result will be a degradation of the state of manhood.

FACING FACTS

At this point, it is perhaps necessary to explain an unprecedented departure from the general policy of lauding those who fought in the war, and overlooking their shortcomings. A person who ventures to criticise ex-servicemen is bound to incur a certain amount of unpopularity, but it should be borne in mind that this criticism is made with the purpose of focussing attention on a very real evil. Let us face the facts — and let's be honest.

There has been no fighting now for two years. Towards the end of the anxious war period when men were streaming back from the forces to their peacetime occupations, much was said and written about rehabilitation. Many of our servicemen had endured harrowing experiences and all felt the effects of the great upheaval which disrupted their lives. Naturally, there had to be a period of grace for settling down. Picking up the threads of the old way of living — or very often, a completely new way — was a business which would require patience and sympathy from those already established.

Well enough; but surely by this time a certain amount of adjustment should have taken place? Service conditions permitted freedom of behaviour which in many instances is regarded as indiscretion in civil life. It is well known, for example, that as a general rule, men in the forces became accustomed to drinking more than would normally have been the case. By and large, this did not affect their jobs of soldiering; as a hangover into civilian life, however, it is affecting their professions in the fields of medicine, engineering and commerce.

(Continued on next column)



Phyllis Knocker, 1947 President of the S.M.C., who handed over office of J. Beugger on 7/10/47.

SEE PAGE THREE
FOR
NEW CURRICULUM

(Cont. from previous column)

What is going to be the end of these continued excesses? It may be possible to keep up the plea of "ex-service" as an excuse for indiscretions committed and get away with it for some years to come. But the public memory is short. Sooner or later, sympathy is going to wane, and a man who imbibes too much liquor will be regarded as an ordinary drunkard.

The solution to this problem does not lie with the Government or ex-servicemen's organisations. Each person concerned is responsible for himself, and if he possesses insufficient will-power to regulate his life sanely and soberly, he has no right in a profession such as medicine.

NUSAS AWAKENS TO BIG PROBLEMS

By Our Correspondent, N.W.

N.U.S.A.S. is at last picking up its threads and finding its unobtrusive way through its huge woollen ball of entangled projects. N.U.S.A.S., dejected two years ago, dipped a finger into too many projects at its recent revival. But in the last month out of its unbalanced desires and confusion a new N.U.S.A.S. has arisen. Although much is still ideological and theoretical, N.U.S.A.S. is now crawling off its thin ice onto the firmer ground of practical achievements, and trying to catch up with its theory.

The Auricle congratulates N.U.S.A.S. on this, the birth of a viable baby, which will grow into a leader of all students of South Africa.

N.U.S.A.S. is now working in conjunction with the National War Memorial Health Foundations. Teams of students, amongst whom medicals will figure prominently, will take the field for a period of about a fortnight in December to conduct local community surveys. The ultimate aim is to establish brand new People's Centres throughout S.A.

A Vacation Employment Bureau has been set up to enable students to work their way through College — just like the Americans!

N.U.S.A.S. has supported the Cape teachers in their demand for the notch-for-notch salary adjustment system.

N.U.S.A.S. will publish shortly Dr. J. Gilman's outstanding comprehensive analysis of the scope of a S.A. territorial and regional survey.

N.U.S.A.S.'s drive for Roma Mission College, Basutoland, which was destroyed by fire recently, including books, equipment, etc., has resulted in a deluge of gifts in the form of books.

N.U.S.A.S. is responding to UNESCO's appeal for help for the war devastated areas of the world. It was suggested by the New Education Fellowship that N.U.S.A.S. should devote its attention to the drive and co-operate with the Fellowship in organising and collecting S.A.'s contribution.

HOUSEMANSHIP SALARIES

This is the reply to a letter written by the S.M.C. as a result of medical students' queries.

23rd September, 1947.

The Secretary,
Students' Medical Council,
Medical School.

Sir,

In reply to your letter dated 29th August, 1947, I have to inform you that upon the introduction of compulsory internship for medical graduates it is proposed to pay Junior Housemen at the rate of £10 per month plus board and quarters, or an allowance of £10 per month in lieu of the latter privileges, where these are not available. Senior Housemen will possibly be paid at a higher rate, which has still to be determined.

I have the honour to be,
Sir,

Your obedient Servant,
PROVINCIAL SECRETARY.

TOUR TO SOUTH AMERICA

MEDICAL SCHOOL, Thursday.

The Dean has announced that medical students going on the South American Tour may register for 1948 before they leave, in case of late arrival next year.

The tour, which has been organised by N.U.S.A.S. is primarily of an educational nature and will include visits to Uruguay, Argentina, and Brazil, and their principal cities. Arrangements are also being made for the party to visit the principal Universities and seats of learning in South America. Spanish lessons will be given on the way over.

The date of departure has not yet been definitely fixed, but the party will leave from Cape Town sometime in December. The round tour will take approximately 43 days, and the party will finally disembark at Cape Town.

The cost of the tour will be approximately £150. Applications must be handed in before October 18th, 1947.

Full details may be obtained from the S.M.C. Office or from the N.U.S.A.S. Committee.

S.R.C.

The S.R.C. elections take place to-day. Remember, this is a critical stage in the affairs of Medical School. An increase in fees has been proposed, and radical curriculum changes are to be made. Eight Medicals have offered themselves to represent YOUR interests. It is up to YOU to elect those you want. Roll up and VOTE!!!

The "Auricle" asked all those standing from Medical School as S.R.C. candidates to state as briefly as possible why they intend standing. These are their answers.

P. BARKHAM.

The S.R.C. is a body which exists to give expression to the views of the student body. With that object in view, the aim of the electorate must be to elect a council which will be both capable and willing to perform those functions.

It is my policy to represent the students in general and the medical students in particular, in all matters affecting them, in the above way!

S. BRENNER.

When I was asked to state my reasons for standing for election to the S.R.C. my immediate reaction was that such a statement would be irrelevant. Either the candidate has satisfactorily shown by his previous activities that he possesses the necessary abilities for the task, or he has not attained that standard. The individual cannot hope to contribute to the assessment of his own merits by a few platitudinous statements; the judgment of the matter rests inevitably with the student body.

However, like every other candidate I am standing for election in order to represent all students in matters that affect them. I shall interest myself in their affairs and endeavour to speak authoritatively for them. I shall attempt to lay a particular emphasis on the cultural societies, especially those which are concerned with original and constructive work by students.

D. T. GLAUBER.

I wish to make no bold or vague declarations regarding policy because I stand as an individual and not on any particular party platform; I am wholeheartedly opposed to the running of student affairs on a party political system.

A prime function of an S.R.C. is the efficient, vigorous and progressive running of university student life; and the qualities most demanded of its members are the ability to maintain an intelligent interest and active participation in student matters.

My record of service at University over the last five years on such bodies as Leech Com-

VOTE TO-DAY CANDIDATES

mittee, 1947; Conference Committee 1947; NUSAS Health and Science Groups (Conference Delegate, 1946 and 1947); NUSAS Travel Committee, 1947; Musical Society Committee, 1946, and Debating Society Committee, 1946, leads me to believe that I can be of useful service to the student body on the S.R.C.

B. M. FEHLER.

I am an ex-serviceman and previous to my joining up and since returning to Medical School, I have taken an active part in students' affairs.

At the moment I am a member of the "Leech" committee and a member of the N.U.S.A.S. Health Group. On behalf of the latter group I carried out some research on the Health Clinics in South Africa, and presented my findings at the last NUSAS conference in Cape Town. I hope to further the activities of NUSAS at Wits., and to try and promote Racial harmony at our University.

A. LEBONA.

I am standing as a medical candidate for the forthcoming S.R.C. elections "To support the progressive and liberal policy of the S.R.C."

There is no modicum of doubt that this policy is of tremendous moment to the life of the university with its various faculties embodying different racial groups. It is also beyond question that the pioneering spirit of recent S.R.C.'s in this matter is indeed a praiseworthy example to other universities in fact to the country as a whole. Racial harmony and understanding is an emergency to the university student and cannot be postponed until the student becomes an active citizen.

M. HATHORN.

I am standing again for the S.R.C. this year.

During the past year I have, together with other Medical re-

presentatives on S.R.C., kept the S.R.C. informed on Medical School problems and defended the interests of Medical Students.

I intend continuing the fight to uphold the principles of academic non-segregation which have so far characterised our University as the most liberal in S.A.

I shall as before, work for the general interest of the student body, such as the struggle for the reduction of fees, and do all in my power to build up co-operation between all S.A. students through N.U.S.A.S.

L. SHUBITZ.

I do not at this stage wish to make any rash promises as to what my aims are if I am elected to the S.R.C., but would like to state that my views are those of an average Medical Student who at the moment sorely needs representation: especially at a time when radical curricular changes are proposed, and the threat of higher fees hangs over us all.

M. W. SUSSER.

Statements have always the portly bulge of pomposity, and were it not a duty to the electorate, I would decline this invitation. I stand, however, to represent the same point of view as I have represented before, namely:

1. To speak for progressive opinion, ex-service and otherwise, and to preserve, it not to advance, the democratic and non-colour-bar character of student affairs at Wits.

2. To delegate to students the maximum responsibility and autonomy in affairs concerning them, with especial reference to fees and discipline.

3. To encourage our cultural societies in every way possible.

4. To promote S.R.C. support for N.U.S.A.S. so that it shall be a strong and active organisation.

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MR. NOLAN

LEAVES

From Our Reporter.

MEDICAL SCHOOL, Friday.

Mr. Nolan who was the senior technician of the Pharmacology Department for 25 years has unfortunately left us. Technicians at the Medical School are grossly underpaid. They are the men who do the hard work at the Medical School. They are the men who have built up the different departments at Medical School. Without them the various departments could not function.

Mr. Nolan, the oldest member of the Medical School staff first started in the Pharmacology Department 25 years ago. In those 25 years he has given untiring service not only to medicine as a whole, but to the thousands of students who have passed through his hands. Without his presence, the Pharmacology Department could not have functioned as it does.

And yet, the student body has not shown its appreciation in any form whatsoever. As long as they are provided for in their studies, they are satisfied. They don't give a moment's thought to the men who have made their passage through Medical School possible. If they had, maybe a killed man such as Mr. Nolan would not have left.

B. MANDELL.

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THE NEW CURRICULUM

By Prof. J. M. WAIN, Dean of the Faculty of Medicine.

FOR many years the University has been anxious to reorganise its curriculum for the degree of Bachelor of Medicine and Bachelor of Surgery. Various factors have played their part in delaying this proposition. However, in 1945, a special reorganisation committee was appointed by the Board of the Faculty of Medicine to explore the whole situation and to advise the Board on the form that the curriculum should take. This committee has had sixty-one meetings and, as a result, the Board has accepted an amended curriculum which is a great advance on that which has been in use for many years. I feel that it may be interesting to your readers to have some idea of this new curriculum.

THE PLAN OUTLINED

I am not at liberty at this stage to discuss the amended curriculum in detail because it has still to be accepted by the Minister of Education and the South African Medical and Dental Council.

The academic year has been rearranged in the Faculty of Medicine from the 2nd to the 5th years inclusive. There will be three 10 week terms, the first commencing probably on the first Monday in February, and continuing until early in April. There will then be a break of one or two weeks before the commencement of the second term. This will continue for 10 weeks and will end approximately at the same time as the first term of the University. After a winter vacation of four weeks the third term will commence. Like the others, it will extend over 10 weeks, and will finish about the middle of October. Hereafter, there will be a "cushion" of two weeks before the commencement of the November examinations. The 6th year, however, extends over 30 weeks, commencing early in January and continuing until late in October. The sub-division here will be into 4 blocks of 10 weeks each, which may not necessarily coincide in any way with the terms of the 2nd to the 5th years.

The intention is to ensure 30 weeks untrammelled teaching with the examinations taking place outside of the teaching terms. It is hoped in this way to ensure a maximum utilisation of the time available for teaching in the various departments. It is also intended to restrict the fixed hours of teaching in any week to 30, so as to give the undergraduate an opportunity of doing other things which may be of interest to him.

The curriculum remains a six years one, divided roughly as follows. The 1st year is devoted as before to the preliminary sciences together with First Aid, and the 2nd year to Anatomy and Physiology. The 3rd year has been recast and now contains Pathology including Bacteriology and Parasitology, and Pharmacology including Prescription Writing and Dispensing. In addition the introductory courses in Medicine and Surgery are incorporated in this

year.

The 4th, 5th and 6th years have been completely recast and they have to be regarded as an integrated programme which commences at the beginning of the 4th year and ends at the end of the 6th year of study. Each undergraduate will study Medicine and Surgery throughout the three years. In the 4th and 5th years he will have 30 weeks each for Clinical Medicine and Clinical Surgery, and in the final year 10 weeks each fulltime of Clinical Medicine and Clinical Surgery. In addition all students commencing the 4th year of study will be required to return two weeks before the commencement of the first term in order to attend a special combined course in Physical Signs and the Methods of Examining a Patient. This course will be organised jointly by the Departments of Medicine and Surgery.

Forensic Medicine, Preventive and Social Medicine and Psychiatry are now in the 4th year, during which the study of Obstetrics and Gynaecology, and Anaesthetics will be commenced. *Pari passu*, the study of Pathology will continue in the form of Clinical Pathological Discussions, Clinical Pathology and a fortnightly meeting in Pathology.

SELECTION UNFAIR

To the Editor,

I welcome the article which appeared in the last edition of the Auricle about the deplorable state of cricket at the University. I am voicing the opinion of many a cricketer in saying that it is nearly impossible for a new and unknown player at varsity to get into any of the two teams competing in league cricket.

Something should definitely be done to alter this position. I often wonder why the largest University in S.A. hasn't got a cricket coach — haven't we got the money or is there just a general lack of interest. I personally favour the latter.

At the beginning of every season, I always hope that the position will improve, but no, it is always the same. I suppose I and many others will just have to go on waiting and hoping.

CRICKET ENTHUSIAST.

In the 5th year, in addition to the continuation of the study of Clinical Medicine, Clinical Surgery and Obstetrics and Gynaecology, the undergraduate will attend on various specialised branches of medicine, such as Paediatrics, Diseases of the Eye, Diseases of Ear, Nose and Throat, Acute Infectious Fevers, Tropical Diseases, Diseases of the Skin, Venereal Diseases and Radiology.

The final year has been rearranged on a novel "block" system. The teaching year extends over 40 weeks divided into four "blocks" of 10 weeks each. During his final year each undergraduate will have the following:

Medicine, 1 block; Surgery, 1 block; Obstetrics, 1 block; Gynaecology, 1 block; Paediatrics, 1 block; Urology and Orthopaedics, 1 block; Social Medicine, 1 block; Elective, 1 block.

Paediatrics, in addition to its 1 block, will have time allocated to it during the Obstetrics and Gynaecology 1 block.

It is intended that the primary work of the undergraduate while he is continuing any of the foregoing will be the particular subject to which he is allocated for the time being. This means that the student in his 10 weeks block of Medicine will be doing essentially nothing else but Clinical Medicine throughout most of the 10 weeks, and likewise in the other subjects.

There will, however, be a certain amount of other instruction which the student will be expected to attend. This will take the form of lectures, lecture demonstrations and clinics in the following:

Neurology and Neurosurgery; Plastic and Maxillo-Facial Surgery; Physical Medicine; Therapeutics; Pathology; Medical Ethics; History of Medicine; Conduct of Medical Practice;

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Dentistry in relation to the Practice of Medicine

The examinations have been recast and there are now six examinations, one at the end of each of the six years of the curriculum. The 1st examination comprises Biology (Botany and Zoology), Chemistry and Physics. The 2nd comprises Anatomy and Physiology, and the 3rd Pathology and Pharmacology. The 4th examination at the end of the 4th year of study comprises Forensic Medicine, Preventive and Social Medicine and Psychiatry. The 5th examination at the end of the 5th year of study is a written and oral examination in Medicine, Surgery and Obstetrics, while the 6th examination at the end of the 6th year of study is purely a clinical examination in Medicine, Surgery and Obstetrics-Gynaecology. The undergraduate will also be expected to produce a properly completed schedule of professional procedures, personally performed by himself, which shall be regarded as an integral part of this examination.

In conclusion, it is impossible at present to know how far the existing students in the various years of study can be introduced into the framework of the reorganised curriculum. It seems likely that it may be possible for the 1st, 2nd, 3rd and 4th years to change over to the new arrangement, but it is likely to be impossible to do so for the 5th and 6th years in 1948.

SHAKESPEARE'S MEDICINE

(1) Our foster nurse of nature is repose. (King Lear—Act iv.)

(2) When I was sick, you gave me bitter pills. (The Two Gentlemen of Verona.)

(3) Throw physic to the dogs; I'll none of it. (Macbeth—Act v.)

(4) Out, loathed medicine! hated potion, hence! (A Midsummer Night's Dream — Act iii.)

(5) Trust not the physician; His antidotes are poison, and he slays more than you rob. (Timon of Athens—Act iv.)

(6) Diseases desperate grown By desperate appliance are relieved, Or not at all. (Hamlet—Act iv.)

(7) No cataplasm so rare, Collected from all simples that have virtue

Under the moon, can save the thing from death.

(Hamlet—Act iv.)

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THE VENTRICLE

(ABBREVIATED)



Little Miss Muffet
Sat on her tuffet,
Eating her curds and whey;
When down came a spider
And sat down beside her,
And said, "Have your bowels
moved to-day?"

There once was a man from
Bombay
Whose syphilis faded away;
But now he has tabes
And sabre-skinned babies,
And thinks he is Queen of the
May.

When I gave my husband some
meringues I'd made, he threw
them back at me," complained
a woman in Court recently.
Boomeriques!

Babies haven't any hair,-
Old men's heads are just as bare;
Between the cradle and the
grave
Lies a haircut and a slave.

KRAZY DEFYNYSHUNS

Twins — "Wombmates, later
to become bosom pals."

Fox Hunting — "The unspeak-
able in full pursuit of the uneat-
able."

Ngana — "A resistance move-
ment in Zululand."

Annual Rings — "A game
played in Hollywood."

Patient's remarks:
"Oh, I'm much better now, I've
been ultra-violated."
"I was treated with hot vomit-
ations."

First thought of a test-tube
baby after it was born. "So far,
and no father.."

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"How am I doing, doctor?"
"Not so bad. But I wouldn't
start any serial stories if I were
you."

The gentleman who sent the
editor a letter ending, "Bet you
won't print this," has won his
bet.

Lecturer: "I don't think any
of you have ever seen mitosis."

Weary voice from class: "No
sir, you've always had your
shoes on."

A limb in plaster
Will heal faster;
But how are you going to
scratch yer
Fracture?

No Champion

By our Sports Editor,
J. B. Abelson

I have in past articles, praised
the work and efficiency of the
Boxing Club. This time its coun-
terpart, the Wrestling Club
comes under observation.

Since the restart of the Club
over a year ago, there was talk
of obtaining the services of
qualified coaches, a necessity in
any sport especially Amateur
Wrestling. University Champion-
ships were advertised but only
one disappointing tournament
has so far taken place.

A few months ago, it was ad-
vertised that S.A. Champions
were coming over to instruct the
wrestlers. On going down to the
Gymnasium, I was extremely dis-
appointed in the "so-called"
S.A. Champs.

All this may be the fault of
the representatives of the Wrest-
ling Club or the Boxing and
Wrestling Club Committee. If
this is the case, the Boxing re-
presentatives should take over
and then perhaps the Wrest-
ling Section would wake up.

79% FAVOUR COMPULSORY HOUSEMANSHIP

S.M.C. OFFICE, October

A few months back a survey was conducted among medical
students in relation to compulsory housemanships. The first two
questions produced interesting results.

QUESTION 1. Are you in favour of a compulsory year of
internship in a hospital at the end of your M.B. course?

ANSWERS:

	Yes %	No %	No answer %
6th years	75	25	—
5th years	89	11	—
4th years	79	21	—
3rd years	75	25	—
2nd years	76	23	1

The general opinion of those who said yes or no was:

2nd YEARS
Yes
No, since one learns more as
a houseman than in six years of
study.

3rd YEARS
Yes, provided it is included in
the six years.
No, it is unfair to demand an
extra year when one set out for
6 years.

4th YEARS
Yes, provided (a) a subsis-
tence wage, and (b) jobs for all
were given.
No. One should serve as a
houseman if one wants to, but
it should not be compulsory.

5th YEARS
Same as 4th years.
No, not if it is still a six-year
course for the M.B., B.Ch.

6th YEARS.
Same as 4th years.
Same as 4th years.

QUESTION 2. If you are in favour of a compulsory year of
internship, are you agreeable to the present course being extended
to seven years? If not, please give your reasons.

ANSWERS:

	Yes %	No %	No answer %
6th years	25	75	—
5th years	53	47	—
4th years	30	90	00
3rd years	16	72	12
2nd years	38	62	20

The general opinion of those who said yes or no was:

2nd YEARS
Yes
No. Course could be efficient-
ly pruned to include the house-
manship year in 6 years.

4th YEARS
Same as 6th years.

5th YEARS
No. It is long enough already.

Yes, provided the 7th year is a
a paid one.
No. Course is too long and we
have not enough money to carry
us through.

3rd YEARS
No. Because (a) finances in-
sufficient, (b) 1st year is a waste,
and (c) the housemanship year
should be included in the 6th
year.

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By A. CULINER, M.D. (Toronto), M.R.C.O.G.

THE newly-qualified graduate in normal times, is confronted with the problem of whether to go immediately into general practice, do hospital training beforehand, or seek training in a speciality. The main concern of the graduate is what opportunities and hospital facilities are available for the pursuance of practical training beyond that offered in medical school. In the last fifteen years the trend towards specialization has greatly increased in the English speaking world, and in a recent survey of American and Canadian graduates it was estimated that 35 per cent, continued study to eventually become specialists. Therefore it is interesting to compare the means whereby graduate training is obtained in the typical hospitals of England, Canada and the United States of America.

Only in exceptional circumstances does an American or Canadian graduate not spend the first year after qualifying in what is known as a "rotating internship" before going into practice. Many medical schools insist upon such hospital experience before granting their

tem frequently imposes a good deal of responsibility upon the houseman but often does not provide the opportunity for a complete and thorough investigation of the patient. For lack of time, routine laboratory work falls outside the realm of the "houseman."

For preparation in a speciality there are not many well organized means of training. Essentially one seeks appointments or six months to a year in one or more institutions, takes one of the higher degrees in the speciality, then obtains a post as an assistant or registrar for a variable number of years and finally commences practice as a specialist. It is possible to obtain an adequate training in the confines of one institution but by far the largest number of English specialists will have received training in at least two and possibly as many as six separate hospitals. The reason for this lies in the fact that many hospitals are specialized in and offer only one branch of training. A proper training in Urology would entail at least six months in Medicine, a year in General Surgery, then at least a year in Urology. Each of these fields would lead into a different

which is carried out however, not only by himself, but by five or six Junior Attendings and only by their graciousness does the interne or resident do practical Surgery or Obstetrics. Twice weekly, grand ward rounds are conducted by the Senior and Junior Attendings, resident and internes. The resume of the case is given by the interne, operation, progress and special features by the resident, and then a general discussion by the members of staff is given of the patient's condition and plan of further treatment.

By this system the resident becomes conversant with the methods of diagnosis and treatment of each of the many members of staff. With the large number of graduates seeking specialized training, and because space for accommodation seems never of much concern to most hospitals, more internes and residents are available for a given number of beds than is possible in England. As a result American hospital records and histories become rather voluminous and laboratory investigations by the interne may become routine.

Whereas in England one finds hospitals given to a special branch of medicine such as St

POST-GRADUATION

degrees. These internships are of one to two years duration; during this period the interne usually spends two to four months in each of the main services such as Medicine, Surgery, Obstetrics and the remainder of his internship in Emergency (Casualty), Radiology, Paediatrics, and whatever other services are available at that particular institution.

By contrast the English graduate obtains an appointment as house physician or house surgeon in one of the main branches of medicine. Usually the number of newly qualified graduates who seek post-graduate hospital training is proportionately very much less than in America. Private practice is seemingly more attractive than post-graduate hospital training. Often such training is only of six months duration before the medical man enters general practice. Under the English system a house physician or surgeon is responsible to the honorary attending physician or surgeon to whom he is attached. The "Honorary" is in turn solely responsible for his and only his allotted number of beds. As a result, when hospital rounds are made the "Honorary" and his houseman are the only medical men directly concerned. Thus the house surgeon learns and learns well the methods of the only member of the staff to whom he is directly accountable, be they excellent or otherwise. This sys-

tem, since the centralization of hospital services is not general as yet. In the course of such training one's responsibilities may indeed be heavy, particularly if one has been fortunately associated with busy honorary members of staff whose private practices prevent continual attendance at hospital or whose personal estimates of their assistants or registrars have reached a high level.

The American system, which in most respects is the same as the Canadian, is much more rigid in that one cannot obtain a satisfactory specialist training unless the whole of that training takes place in the one institution. As an example I shall refer to Obstetrical and Gynaecological training in a leading New York teaching hospital of about 2 thousand beds. As a matter of routine twelve months are spent on the general rotating internship. Out of approximately 70 internes, eight aspirants are selected for the post of internes in Obstetrics and Gynaecology. This service lasts eighteen months. Of these eight internes three are finally selected for the post of resident. During the residence one year is spent in each of the departments of Obstetrics, Gynaecology and Gynaecological Pathology. The departments of Gynaecology and Obstetrics are each under the supervision of a "Chief Senior Attending" (Honorary) responsible for the work of that service,

Peters Hospital for Stone, Liverpool Hospital for Heart Disease, Chelsea Hospital For Women, St. Marks for Rectal Diseases. In America all services are usually housed under one roof. If there are five or six hospitals in a particular area, each will have its own group of specialized units. This feature accounts for the wanderings of the English graduate seeking an extensive post-graduate training and the localisation of the American graduate. There are several English institutions which provide all hospital facilities but the medical graduate from abroad will not become too familiar with their set-up.

In the American hospitals unless one has begun hospital training as an interne in a particular institution, it is most difficult, well nigh impossible, to obtain training for a speciality. With all things equal men from their own interne staff are preferred.

In England the specialist is recognised by the degrees or diplomas which he holds. In America the degree system has, as yet, not taken hold generally and the specialist is established amongst his colleagues as a well trained individual by the reputation of the institution in which he obtained his training. It is only within the last two decades that the need for a special board to indicate the legitimate specialist has arisen. There now exists

ANOTHER CROAK!

From Our Correspondent,
T. Collins.

Think of the number 200. Multiply it by 32. That makes six thousand four hundred, doesn't it? And now increase this last figure by all the second-year classes that have passed through Medical School. Admittedly they have not been so large in previous years, but the final answer is still many thousands.

The units? Not pounds, nor people, nor books, but — frogs! Yes, all these frogs are killed merely to demonstrate principles which have been known to medical science for longer than any of us can remember; facts which are obtainable from any book on Physiology. But we must prove them over and over again.

So much is taken for granted in our training. We must accept blindly the fact that certain factors stimulate a flow of gastric secretion in man, and that the cast of the Taungs skull is genuine. There is no reason why we should not.

So why should we kill frogs week after week to see for ourselves what no-one doubts — that muscles respond according to various stimuli and physiological conditions?

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(Cont. from previous column)
a "Board" in each of the main specialities and entrance as a Member of the American Boards of speciality is by examination following certain prerequisite practical training. However, no degree is conferred. The Fellowship of the American College of Surgeons is obtained on the basis of work performed and not by examination.

For the graduate doing hospital work, each system presents certain definite advantages lacking in the other and each is controlled and governed by fundamental and basic economic and traditional differences. Broadly speaking, the American system is more prolonged, more meticulous and precise, but provides relatively less practical experience.

MEDICALS MORE CULTURED!

After a year of sustained activity, all the cultural societies and committees are preparing to hand over the helm to the new Chairmen for 1948.

For the many who aren't fully acquainted with all that has taken place, the "Auricle" summarises here the main achievements of the year:

● Social Services Society opened a Nursery School at Coronation during the year — best of luck to the S.S.S. in its new sphere!

● Night School — continued successful functioning — generous annual grant from Government relieves S.M.C. Treasurer of one of his headaches.

● Leech — culturally sound — second 1947 issue on Medical Education Conference now in Press — but financially! — ask our Treasurer . . .

● Auricle — well, you tell us.

● Curriculum Committee — sterling work on curriculum reform — many of its recommendations have been included in the "proposed draft curriculum" of the Reorganization Committee.

● Fordsburg and Alexandra — our liaison with these centres — maintained Medical Student contact and participations.

● Cultural Activities — scores of enthusiasts have organized talks, quiz contests, brains trusts, film shows, debates, study tours, research projects, music recitals, chess tournaments, etc., etc. and don't forget —

● Conference on Medical Education (watch for report in Leech).

— It's been a terrific year, as you can see. We'd like to throw some bouquets — but, for the life of our editorial selves, we cannot think who has been more deserving than anyone else. Let it suffice for us to offer thanks and congrats. to all those who have made the year the success it was.

From Philip Tobias, retiring Chairman of Cultural Council and Cultural Activities, comes the following:

"Looking back over the past year, I may say with full confidence that culture has been very much alive at Medical School. I am pleased to be able to say that the apathy (terrible word!) of which we have in previous years had so much cause to complain has been much less in evidence this year. It is pleasing, too, to note that the Cultural Activities are fulfilling

the function for which they were originally established some years ago — that of enabling medical students to develop wider and more cultural interests while submerged in the technicalities of their medical studies. If I may be permitted to send a message to the next Cultural Council, let me say that it must remain firm in the conviction that it is providing a necessary, an essential complementary aspect in the academic life of every candidate who passes through our Medical School.

Finally, I am grateful for this opportunity to pay tribute to all the Chairmen and Committees through whose untiring efforts the year's achievements have been so noteworthy."

Silence Please!

By BETTY WELLER

Yes, I always work so well in the library. Its so quiet and peaceful — books everywhere — nothing to disturb one.

Now, where was I? Oh yes — here we are, page 127. Its just after 2 — I can work till 3.30, then I'll have tea, get my books and be in time for the 4 o'clock lecture. Wonder what the lecture'll be about — but no! I must work — page 127 Drat, where's that pen of mine! Must have left it in my locker — never mind I only wanted to read anyhow . . . D'you know, that fellow at the end of the table hasn't turned over one page since I've been here. His thoughts must be miles away — thinking about that new Hudson I bet. Well that won't help him . . . Page 127. In 1½ hours I'll just have time to do about 30 pages — that's thirty pages in 1½ hours, 1 page in 1½ over 30, that's . . . er . . . no, other way would be easier. In 1 minute I'll do 30 . . .

1½X60

Oh, I can't do that in my head and I've left my pen behind. Never mind, what does it matter. Now here goes — to work! . . .

Great Scott! What ever's the matter with that fellow — he must be having a fit or something. He's doing the most peculiar things with his arms — up and down, up and down, and now his fingers — goodness gracious. Oh! wait a minute — I think he's doing anatomy and



By N. L. WULFSOHN

Superstition, fear of the unknown and of death always hold their grip on the minds of humans. It is the precise and exacting use of this that gives the witch-doctor such power over his people.

Anatomy:

In Bantu medicine, bones of the skeleton have their names; so, too, the organs in the body; but nerves and tendons, ligaments veins and arteries are all classed together.

Physiology.

The Bantu witch-doctors believe that thought and memory

testing his muscles. Yes, that's it — gee, how funny!

Now, where was I . . .

What has come to sit beside me! A young volcano — books here, books there, open this, shut that, put on specs, find pen — now we're quiet. Oh no, wrong book! No, it's a cigarette. Gee — I wish I had a fag. D'you think I can ask him — no, I suppose I'd better not really. Hell — why do I never have fags. I wish I had one now. No! I'll be strong-minded, only the weak have to smoke. I'll just concentrate hard . . .

I wonder if that girl does dye her hair. They say so — but hell it looks so natural. The other girls are probably jealous anyhow — and she's got jolly fine ankles. Perhaps I can teach her anatomy or something — she looks a little worried. Probably goes out with a cad.

Gee, how my thoughts wander! What's the time. Help! Its 3.30 already — time for tea. Better mark my page again — page 128. Yes I do like working in the library.

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BANTU ★ MEDICINE

are functions of the heart, and also acts of will. Hatred is in the spleen and patience resides in the liver.

All Bantu believe in witches

Etiology.

(Thikoloshes), who go about at night in groups trying to kill and harm other people. The witches, sent by their owners, can raise the dead and use them as their slaves for evil, etc. Evil omens never come of themselves, but are always sent by a witch.

Pathogenesis.

Diviners must reveal the workings of the evil mixtures and magicians must extract them if they are said to be actually in the body of the victim. They suck or apply poultices to the aching spot, and reveal some insect or substance which they claim to have extracted and to which they attribute all the victim's suffering.

Diagnosis.

The inyanga is a specialist. The most important thing is that the inyanga has the power to tell a man everything about his illness, and especially about the beginning of the illness.

Differential Diagnosis.

There are two types of doctors — the "smeller-out" or witch-doctor who diagnoses what evil spirits are acting on the patient; and the "man of the trees" who is a herbalist and compounds ingredients from plants (and animals), for the cure of disease and protection of man.

Treatment. .

Some specialise in particular subjects, e.g., one doctor sores only, and another abscesses.

The majority of practitioners claim to be directly guided and controlled in all their doings by the spirits of their ancestors.

Choice of Medical Students.

A man begins by having dreams of a peculiar kind in which the spirits speak to him and give him no peace. He wanders about the hill-sides and lives for weeks by himself. He is often seized by fits, and frequently sees faces of relatives long since dead. Such a man is chosen for training as a witch-doctor by some skilled diviner.

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