

of a powerful united working-class party. Such a party can rise only by the unification of all genuine socialist forces, as well as all anti-imperialist and anti-fascist democratic forces in the National Congress. There is a large and growing number of independent Marxists and socialists, and even a considerable number of members of the existing political parties, including the C.P., Bolshevik Party (which also passes under the name of "Labour Party"), and other socialist sections, both in the work-

ing-class movement and in the National Liberation Movement, in Trade Unions, in Peasant Unions and among students and youths, in favour of such a move for the unification of socialist forces and for a united front of all anti-imperialist and anti-fascist forces for the common purposes of socialism and democratic freedom. Judging from the general trend of thought and a strong underlying current within different political parties and sections, any such constructive and

practical move will be widely popular and welcome among the working-class and other progressive elements.

It is difficult to say at this stage how precisely it will materialise into a living political reality. But it is certain that much will depend on the ability of the politically conscious elements within the working-class movement and National Liberation movement to force their leaders to rise above short-sighted sectarianism and unite for the common purposes.

IV. NEGROES IN AMERICA

THE AMERICAN NEGRO QUESTION

by Robert Alexander (United States of America)

The Historical Background of the Negro Problem

DURING the last eighty years, the advances made by the Negro citizens of the United States have been among the most remarkable in human history. In order adequately to understand their position now, one must know just a little of their history since the emancipation of the slaves as a result of the American Civil War.

In 1860 there were about four million Negroes in the United States, all but about half a million of whom were slaves. Although even under these conditions ten to twenty per cent. of the Negroes were classed as literate, it was a crime to teach a slave to read or write. It was even a crime to give him religious teaching. The whole animus of the slave system was to keep the Negro as brutalized and as ignorant as possible. Of course, the black codes were not always honoured by obedience and there were masters who treated their slaves as human beings, even as intelligent human beings. But, by and large, the slave system was a brutal one.

The history of the Negro since the Civil War falls logically into several periods. First of all, of course, was the so-called reconstruction era. During the ten years in

which northern troops occupied the southern states—where the overwhelming majority of ex-slaves lived—the newly emancipated bondsmen were given full rights of citizenship. These reconstruction régimes had monumental achievements to their credit. First and foremost, they introduced democracy into the south. Every adult man was given the power to cast his vote and hold office. These Governments were the first to inaugurate free compulsory public school systems in the southern States. They greatly extended the railway system of the south. They attempted to make the economic situation of the ex-slaves and the poorer whites more stable by giving them a modicum of land. In these last endeavours the State régimes failed, due to lack of support from the Federal Government.

The reconstruction governments in the south were not all-Negro by any means. In fact, a number of very prominent local white people co-operated with and participated in these régimes. These included ex-Governor Brown of Georgia, Governor of that State during the years of the Confederacy, as well as General Longstreet, one of Robert E. Lee's principal chieftains. In fact,

although hundreds of Negroes were elected to State Legislatures during these years, no coloured man was ever elected Governor of a State. One Negro, Robert Bruce of Mississippi, was elected to the U.S. Senate and about a score sat in the House of Representatives. In addition, many important State Offices were held by Negroes—including the post of Lt. Governor of Louisiana, held by a man named Pinchback, and the post of Superintendent of Education in Florida.

The reconstruction period can be said to have ended in 1876 when Union soldiers were withdrawn from the South. At about that time, the reconstruction governments were overthrown. Their destruction was brought about by a combination of violence, intimidation and mass race hysteria. The Ku Klux Klan and similar organisations rode wild, terrorizing the Negroes and either preventing their voting or forcing them to vote as the white racialists desired. By 1880 all the governments were once again in the hands of "Lilly-white" elements. And although some Negroes continued to hold office even as late as 1900, the Negro people as a whole played little more active part in political

affairs until after World War One.

Not only were Negroes more or less forcibly removed from the governments of the south, but they were prevented from enjoying political rights by a multitude of legal dodges—Poll Taxes, "White Primaries" (which barred the Negroes from participation in the affairs of the dominant democratic party), even "grandfather clauses" in the State constitutions by which a man could not vote if his grandfather had been a slave. (According to the federal constitution it is illegal to bar a man from the polls for reasons of "race, colour or previous condition of servitude" and the Supreme Court finally quashed this method of discrimination.)

Barred from participation in government, the Negroes were easily victimized in other spheres. A vast system of "segregation" under which

"separate" conveniences of every kind were supplied for Negroes—separate waiting rooms, separate vehicles, separate hotels and restaurants, ad infinitum—was established. In theory the "separate" accommodations were supposed to be "equal" accommodations, but since the Negro had no say in the administration of affairs this was seldom the case. The result was that in the case of education for example, \$10 came to be spent for educating white children for every \$1 spent on Negro children.

This period of reaction during which the Negroes were entirely on the defensive lasted until about 1900. At about this time a little militancy once more returned. Booker T. Washington preached the necessity for the Negro to gain knowledge and abilities by which he could make a place for himself in the national

picture. He made Tuskegee University in Tuskegee, Alabama, one of the leading educational institutions in the country. And his energies went far to stimulate other Negroes to lay the groundwork for "pulling the Negro up by his own bootstraps." At the same time, new and more radical elements began to emerge. The National Association for the Advancement of Coloured People was formed in the years before the last war by a group of Negroes and liberal white sympathizers. Its task was to endeavour to fight in all fields against discrimination, segregation and persecution of the Negroes. It started then its fights for economic opportunities for the Negro, against various kinds of social discrimination, against the deprivation of the Negro of his rights of citizenship.

Negro Renaissance—Repercussion of the First World War

The first world war fundamentally altered the position of the Negroes. The shortage of labour in the great northern cities like New York, Chicago, and Detroit, and the high wages offered in wartime industrial employment, combined to draw many hundreds of thousands of southern Negro agricultural workers to these northern metropolises. For the first time there developed really sizable Negro communities in the Northern States, concentrated almost entirely in the big cities and towns. Coming north, these Negroes were freed from many of the more galling restrictions which were their lot further south. They could, for example, vote and take part in politics. Segregation was a little more lax in the north, and generally the atmosphere was a freer one. After a period of time this change was to lead to a more militant attitude upon the part of the Negroes.

Perhaps equally as important as these changes was the nature of the war-time appeal. The first world war was to those who fought in it the war "to save the world for democracy" and if anyone needed the benefits of democracy it was the American Negro, so he responded willingly to the call. And, having these ideas of liberty and democracy drilled into him during the war, he was not willing entirely to forget them when peace had dawned once more.

The period of the twenties marked

the first blooming of the fruits of Washington's work and of the economic changes brought about by World War One. There was a veritable Negro renaissance, centred in the Negro communities of the north. It was then that Harlem assumed its position as the true Negro capital. Social life developed there and in other communities in Chicago, Detroit and elsewhere in a way that had never occurred before. Negro children for the first time had education thrown open to them for so long as they were economically allowed to absorb it. A new Negro middle class, the "talented tenth," grew up—particularly in the north, but in the south also—consisting of lawyers, doctors, teachers, even civil servants. As a result a strong Negro Press appeared, with one or more weekly papers in all of the important Negro communities.

Migration from the south to the north continued during this period. From 1920 to 1930 a million-and-a-half Negroes made the trek. They went to help man the new auto industry in Detroit, they became longshoremen in New York City, they went to work in a number of other industries in the northern cities. But, to too large a degree to be economically or socially healthy, the Negroes, even in the north, continued to do the dirty work, the menial jobs. They were barred—tacitly or otherwise—from many industries. In others they were usually

"the last hired and the first fired." All was certainly not rosy for those Negroes who migrated.

The great depression hit the American Negroes even harder than the bulk of the white population. For the reason that they did hold the border-line jobs, the Negroes in the industrial centres were the first to lose employment. On the other hand, the south, where the vast majority of the Negroes still continued to live, was the hardest-hit section of the entire country. Cotton, still the staple crop in that area, became almost an economic liability instead of an asset. The result was that the Negroes became greatly in need of relief and help. For example, in 1935, there were more than 3,000,000 Negroes on relief—about 25% of the coloured population—whereas there were only about 16% of the white citizens on relief at the same time.

One result of the depression was to intensify even further the migration of Negroes to the north. Relief scales in cities like New York were infinitely higher than in southern agricultural—or even urban—areas. Furthermore, in the northern cities, Negroes were not so likely to be discriminated against in the administration of relief. So the migration trend continued during the 1930's.

The advent of World War Two found the Negro Americans in a very unfortunate position. On the one hand, they had advanced with

gigantic strides from their now fast-receding background of slavery. Yet, in spite of these advances, they still continued to be treated not only as "second class citizens," but in some areas hardly as citizens at all.

The advances made by the Negroes had been truly phenomenal. For example, in World War One, it was found that only 14% of the Negroes from the north had gone to high school (secondary school) and only 3% of the southern Negroes had had that much education. But in World War Two, it was discovered that 63% of the northern draftees had been to high school and 33% of the southern coloured men had gone that far in their education. There were more

than 100 Negro universities and colleges, and many thousands of other Negroes went to other than purely Negro institutions. There were 55,000 Negro teachers. At the same time there were more than 300 Negro newspapers and periodicals, including a "Journal of Negro History" and other academic publications. Negroes owned more than 30,000 shops and businesses, with a capital of \$71,000,000. Some years earlier there had been nearly 2½ million Negroes in public schools.

On the other hand, the economic situation of the Negro was miserable. Of the 3,600,000 Negro men listed as gainfully employed, 980,000

were farm labourers, while another 800,000 were farmers. Of the 2,000,000 Negro women so listed, 967,000 were farm labourers. When one considers that most of these rural inhabitants lived in the poorest part of the country, and that probably the majority of the agricultural labourers were migratory, one can get a glimpse of the wretched economic position of the vast majority of the Negroes. But even in the north, conditions were atrocious. In New York City it was found that 50% of the Negro families of the city in which both husband and wife were working had an annual income of less than \$837, whereas the median for white families was \$1,814.

The Repercussions of the Second World War

The war presented a challenge and an opportunity to the Negroes. They were called once more in the name of democracy and freedom to fight and even to die. Yet at home they found themselves deprived of many of the elements of this same democracy and freedom. The incongruity of the situation acted as a spark to stir many hitherto latent members of the Negro community into strong and often passionate action. At the same time, the urgency of war production forced the weakening, if not the destruction, of many of the old barriers and proscriptions, thus giving the Negroes an opportunity to better their lot.

At the beginning of the war crisis, the position of the Negroes certainly did not improve, relatively speaking. For instance, the number of whites unemployed dropped 46% from January 1941 to January 1942, while the number of unemployed Negroes dropped only 36%. In the beginning the fast-expanding aircraft industry virtually barred Negroes from employment. At the same time, old-time barriers in industries such as aluminium were for the time being impregnable. The Negroes, indeed, appeared to be faced with a situation in which the incomes of the white members of the community—and hence prices paid by all—would skyrocket, while incomes of the Negroes would remain stationary, or at best advance but little. In that situation the Negro would have been definitely worse off economically.

As a result of this situation, "the

years 1941-1942 were marked by the rise of a new militancy among Negro groups and a more aggressive spokesmanship that frequently approached the demagogic," as one competent authority expressed it. This new militancy reached a high-point in the early summer of 1941, when a very representative committee of Negroes made preparations for a "march on Washington" by Negroes from all over the country, for the purpose of impressing upon the Legislators the urgency of the Negro's case. Such a march might have had serious results, and President Roosevelt called the coloured leaders into conference. The result of this session was the issuance of Executive Order 8802 in June, 1941. This Order banned any discrimination in employment on account of race by any company holding government defence contracts. It also set up a fair employment practices committee to hear complaints and try to right grievances on this score. The committee had considerable success in bringing employers to open employment opportunities to Negroes.

But even more crucial than governmental action was the tightening of the labour market. Faced with the necessity of recruiting workers wherever they could be found, employers were forced to hire Negroes. On the other hand, with there being enough jobs for all, white workers were no longer so fearful of the competition of Negroes, and put up less objections to their being hired. This trend began soon after Pearl Harbour. (Of course, these pre-

judices are far from completely overcome, as demonstrated by the strike of white workers in the Philadelphia Public Transit Industry against the upgrading of Negro workers early in 1944.) By May, 1942, employment of Negroes in the shipbuilding industry, for example, had increased from 13,000 to 30,000. By that same time there were already 13,000 Negroes employed in the aircraft industry. The trend became even more marked as time passed and Negro employment became widespread in the war industries. Such interesting experiments as an all-Negro shipyard in Chester, Penna., were tried, while one large industrial concern in New Jersey which had not hired Negroes for twenty years opened its ranks to them.

At the same time there was an earnest drive by the Negroes to get some of the better-paid jobs. Thousands of Negroes were given training in Government Worker-Training Schemes. Many of these workers got skilled jobs in industry. Negroes broke into kinds of work which they had never done before. In fact, a perusal of Negro newspapers is interesting, if for no other reason, for the many notices of Negro "Firsts" in industry—that is, individuals who are the first Negro to do a certain kind of job or hold a certain kind of position.

The offensive on the economic front was not confined to war industries, however. One grievance which Negroes in northern cities had had for many years was that stores serving their areas were almost always owned by whites, and nearly

always were completely staffed by white workers. For example, in 1928 there were only 163 Negro employees out of some 2,000 in the stores of Harlem. Steps were now taken to change this situation. Such moves were got under way before the war crisis, and were particularly spectacular in New York City. There, after a great deal of picketing of offending stores and considerable excitement, an agreement was made between representative Negro leaders and the retail stores of Harlem. Under this agreement, no white workers would be fired, but when replacements were made, Negroes would get the jobs. A similar kind of pressure—boycott and picketing—was brought to bear on the bus company serving Harlem. After several months during which thousands of Negroes walked to work rather than travel in the lily-white buses, a similar agreement was reached with the bus company. In this instance it was agreed that a certain percentage of Negroes would be hired by this bus system all over New York City.

Next to the economic grievances, the Negroes were most annoyed by what they considered unfair treatment in the armed services. At the beginning of the war, no Negroes, for example, were admitted to the Air Force, none to the Marines, none to the Navy except as mess personnel. In addition, there was strict segregation throughout the Forces, and Negroes were usually put into the more laborious units rather than into combat organizations.

A great deal of pressure has been brought to bear by the Negroes and by sympathetic white elements to right some of these wrongs. Early in 1942 the Air Force began recruiting Negro fliers, and an all-Negro Air Base was organized at Tuskegee, Alabama. Subsequently, the now-famous 99th Fighter Squadron went to North Africa and then to Italy, under the command of then Lt.-Col., now Col., Benjamin Davis, Jr., son of Brigadier-General Benjamin Davis, the only Negro to achieve the rank of General in the U.S. Forces. This Squadron made an enviable record, and has since been incorporated into an all-Negro Group, which itself is hanging up records. About the same time as the opening of the Air Corps, the ranks of the

Marine Corps were opened to Negroes for the first time, and since then Negro marines have given a very good account of themselves in the Pacific Area. Somewhat later, it was decided that all enlisted ranks in the Navy would be opened to Negroes, and several training centres for Negro recruits were established. During the last few months, an all-Negro destroyer escort crew has been giving a good account of itself, while other Negroes have been incorporated into various units of the Fleet. Finally, at least two all-Negro infantry divisions have been in action during the last year—the 92nd Division in the Far East, and the 93rd, which, after forming part of the Fifth Army in Italy, became part of Gen. Patch's Seventh Army in France.

Another principal complaint of Negroes concerning the Armed Services is that Negroes are discriminated against in the granting of Commissions. The Army was very sparing with those it granted, while until about seven or eight months ago the Navy granted no Commissions to Negroes. This situation has begun to be righted. A few Commissions have been given to Negro Line Officers, while a number of Negroes have received Commissions as Navy Medical Officers and Chaplains.

Much of the restlessness of the Negroes has been expressed in the political field. There is a new awareness among Negroes of their rights and opportunities as citizens. In part this has taken the form of trying to get the right to vote for the Negroes of the south. In this campaign, the National Association for the Advancement of Coloured People has waged a magnificent legal fight against the various dodges used to disfranchise the Negroes in the south. Its most recent victory was a decision of the Supreme Court of the U.S. that the Texas State Law which barred Negroes from the primaries of the Democratic Party was unconstitutional. This automatically renders void similar laws in other Southern States. One result of this decision was that in certain areas of the deep south the Negroes did try to exercise their franchise during this last election. In a number of counties in Texas, for example, Negroes took part in voting in the democratic primaries without any opposition.

In the Border States, where the Negroes have been barred from voting but where the bars have gradually been slipping, there has been an intensive drive to get the Negroes to pay their poll taxes and meet any other qualifications for voting. In Virginia and North Carolina especially have such campaigns been run. In one or two Virginia cities Negroes actually stood for Local Offices for the first time in many years, although none was elected. In the Border State of Kentucky, a Negro was elected to the State Legislature from the City of Louisville even before the war.

But this new awakening has been most noticeable in the north. Here the Negro has uncontested the right to vote, and he has been exercising it with vigour during the last few years. The City of Chicago has had a Negro Congressman for almost twenty years, and in this last election, another Negro was elected from New York City—as a result of redistricting of Congressional Districts in the State of New York. A Negro Communist now sits on the New York City Council. Negro State Legislators sit in New York, Pennsylvania, Michigan, Illinois and one or two other States.

During the last eighty years American Negroes have made tremendous strides in attaining education, knowledge and abilities to do things. Because of these advances they are no longer willing to accept a status as second class citizens. Therefore, the racial crisis in the United States has become a great deal more acute. Just what effects the end of the war will have remain to be seen. The Negroes will undoubtedly try to hold on to the economic gains they have made. The Negro soldiers returning home from lands where they have not experienced the usual discrimination will be in no mood to return to "the good old days." (On the other hand there are unfortunately many white soldiers, serving in the same countries, who are eagerly awaiting the day when they can again "put the Nigger in his place" as they crudely put it.) To a great degree, the racial tensions will probably depend upon the economic situation—if jobs become scarce the fight for them as between ethnical groups will become more acute.

FRACTURE BEDS

£48 each

DELIVERY BEDS

£48 each

Specifications on applica-
tion to Peter Dale

The Pulse

Feel the Pulse of the Medical World by reading this Paper.
Issued entirely without charge, and only to Members of the Profession,
in Goodwill and Service.

Laundry Run-About

£6 6s. 0d.

Footstools

Screens

Trays

VOLUME 1

NO. 6

NOVEMBER 1945

MEMBERS OF THE MEDICAL PROFESSION, SOUTH AFRICA

Dear Doctors,

You have helped me. Thank you. I am happy to tell you that further donations are not now necessary, also that your aged colleague has accepted the money as a loan, repayable when he is able to repay.

All donations were made by cheque, and the donors will notice that the cheques were endorsed not only by the bank manager and by me, but also by two prominent Johannesburg medical men. Grateful thanks go to:

"Also Growing Old."

Dr. C. V. Anderson.

Dr. D. G. Cowie.

"Eastern Transvaal."

Dr. C. H. Bidwell.

Dr. J. H. Marks.

Drs. T. G. and M. H. Campbell.

"Anonymous."

Dr. H. W. Stephens.

Drs. Mills and Rogalsky.

Dr. T. Schneider.

Dr. S. Friedman.

"Ophthalmic Surgeon."

Dr. Parnell of Haenertsburg.

More and more do you show me how popular my little paper is, and I assure you that as soon as my allotment of paper is increased I shall introduce new features of interest to you.

I should like to have some medical crossword puzzles. Could you draw some up for me? I will of course pay for them as I pay for articles accepted for publication.

I am eager to feel that my office is a "channel for good," but please co-operate with me. One reason for my issuing this paper is to tell you of propositions which I have to offer. When any of these propositions attract you, let me know and I will send you the owners' names and addresses. Don't just leave it to me to write to you.

I have details of a great many doctors on file, and when a proposition is brought to me, I contact the men whom I think would most likely be interested and be suitable. This means many letters and takes time. I am trying to explain to you that my work is of so personal a nature that I cannot pass it on to some one else for attention, and to facilitate matters I give the fullest possible publishable information in *The Pulse*, and send 3,250 copies of this paper out per month, so that you may see what is offering, and many wire, telephone or write to me, requiring then only the owners' names, upon receipt of which you may communicate with them direct.

Time and time again I have been asked for an assistant with view to partnership. I have submitted details of likely men, and negotiations have proceeded between the persons concerned, but in some cases I have not had any replies to my letters of inquiry, while months afterwards I have found that a partnership has been entered into and that both parties have been too busy to advise me or to remember that some remuneration is due to me.

There are times when I think I am like the woman in the Bible who "suffered many things at the hands of many physicians!"

A young man called recently. He has taken the B.Sc. degree and is now employed doing research work. He is desperately keen on studying medicine, and he asks whether a senior medical man would advance him £150 p.a., for which he can furnish security. Every doctor who has read "The Porch and the Stronghold," by Richard Church will understand this young man's predicament. He is of excellent appearance and address and to my mind the type of man who would be a credit to the profession.

I have for sale a newly built house in a residential suburb of Johannesburg. This super house was built for the owner's occupation, and he moved in on November 1st, but owing to unforeseen circumstances, he will let it at £30 per month or sell it for £5,000. The house is on a north facing corner stand, all the bedrooms and the lounge face north. The kitchen, scullery and bathroom are completely tiled and the best imported baths and fittings have been installed. There are three bedrooms, a dining-room, lounge, k.p.b., scullery, 2 servants' rooms, garage. The house is of face brick, the entire interior is cream and white and all oil painted. A four-plate brand new electric stove and brand new Kelvinator frigidaire are included in the price. This is a home for a professional man and immediate occupation can be arranged.

A doctor wishes to purchase the journals of the American Medical Association from January 1944 to date, and another asks for a copy of the May 1945 "What's New." Also a skeleton is required.

This little paper is *your* paper. Please use it to make your requirements known.

Yours very truly,

Nora Lubbe

PETER DALE

93 Smal Street, Johannesburg

Telephone 1622, 1622, 1622

To the Doctor's Wife

In the eyes of the man and woman in the street you are in a fortunate and favoured position — but interrupted nights and long days waiting for a tired and worn out doctor to return home are not visualised by the non-medical world. To you the strain upon the doctor is a warning. Your position, your future and the welfare of your children are so dependent upon his practice that a great responsibility is yours. The doctor has perhaps more patients than patience and postpones effecting more Life cover for you and the children.

Just picture yourself as others see you — do all you can to keep in that happy picture — when the doctor can no longer do so for you, his Insurance Policies will help. Doctors, like old soldiers, "fade away." However, some of the wise ones live to "cash in" on their Life Policies.

A medical practice is such a personal matter that provision must be made to take its place when the doctor is too old or too weary to carry on. THIS INDICATES ENDOWMENT POLICIES FOR THE YOUNG MEN, WHOLE LIFE POLICIES FOR THOSE PAST MIDDLE AGE AND LAST BUT NOT LEAST AN ANNUITY FOR THOSE ABOUT TO RETIRE FROM PRACTICE.

LIFE ASSURANCE is the only guaranteed substitute — drop us a line stating the doctor's age next birthday and we will submit a plan to you for discussion with him.

Chief Representatives:

C. H. Williams, Son & Sater

THE LONDON ASSURANCE

P.O. Box 3547, JOHANNESBURG

Telephone 33-5006

No matter where you live, write direct to us for Insurance.

Readers' Forum**STERILITY IN MALES**

Question: By which means can it be determined whether a male is sterile?

Answer: The answer to this is a very long one, as a large number of factors have to be considered. At the outset it should be emphasised that when sterility is suspected, the patient should first be seen by a General Practitioner, and he should make a general enquiry and investigation. Sometimes the endocrines are at fault, it may be due to underfeeding and lack of vitamins, then again overwork and too little rest may be responsible, or taking sun-baths in the nude and exposing the testicles to the direct rays of the sun. A general low state of health caused by lack of exercise or some undermining chronic disease, excess alcohol, or sexual excess, etc., may also be responsible.

It is only after these matters have received attention that the semen should be examined. The specimen to be examined should be fresh, and it is best to examine it within one hour, or at the very most, not later than 4 hours. The old-fashioned method of collecting the specimen in a condom, is not advisable, as the spermatozoa become immobile or die fairly quickly in them. The more important points to be considered are: (1) Colour, (2) Odour, (3) Quantity, which is normally about 3.5 cc., (4) The physical characters of the spermatozoa, such as the shape of the head and body, and the condition of the tail, etc.

It is usually considered that there should be between 50 and 100 million per cc. and that 80% of these should be motile when the specimen is fresh. If the specimen is kept for 48 hours the motile forms. The abnormal forms should not exceed 20%.

Some people lay stress on the pH which should be about 7.7, but some workers appear to have found that the pH is of no consequence.

ELECTROCARDIOGRAMS.

Question: Are electrocardiograms infallible?

Answer: No.

A more appropriate question would be: Are they worth while?

The answer here is in the affirmative. About 20 or 30 years ago many workers had implicit faith in E.C.G.'s, but it has now been found that careful interpretation is required, and that the patient's history, together with the clinical examination is of more importance than the E.C.G.

Again and again we have had the unpleasant experience of an E.C.G. showing no abnormalities, even after several tests, and that the patient succumbed to acute cardiac failure, and at the autopsy, recent and well marked myo-cardial infarction and coronary artery disease was found. On the contrary, an E.C.G. may show acute coronary failure, whereas the trouble may lie in the gallbladder, stomach, lungs, etc.

Specialist-Physician.

From "MEN IN WHITE"

By SIDNEY KINGSLEY.

Ferguson: My dad used to say "above all is humanity!" He was a fine man — my dad. A small town physician — upstate. When I was about 13, he came to my room one night and apologised because he was going to die. His heart had gone bad on him. He knew if he gave up medicine and took it easy he could live for 20 years. But he wanted to go right on, wanted to die in harness . . . and he did.

Pause. Above all else is humanity — that's a big thought. So big that alongside of it you and I don't really matter very much. That's why we do it, I guess.

Levine: You're right of course! Ah . . . too much suffering is bad. Kills things in you. A doctor shouldn't have to worry about money! That's one

disease he's not trained to fight. It either corrupts him . . . or it destroys him.

He sighs: Well, maybe some day the State will take over medicine. . . .

Ferguson: Before we let the State control medicine, we'd have to put every politician on the operating table and cut out his acquisitive instincts.

Levine laughs: That, I'm afraid, would be a major operation!

Ferguson smiles: Yes. . . . Then he becomes serious again working himself up, thinking of Laura. But it is a danger!

We can't allow outside forces, or things . . . or people to interfere with us. We can't! And if they do we've got to bar them out . . . even if we tear our hearts to do it.

Social and Personal

BIRTHS

BEAN—To Dr. and Mrs. Bean (nee Stols) a bonny daughter, Boksburg-Benoni Hospital, October 27th.
 COWLEY—To Dr. and Mrs. John G. Cowley (nee Nancy Rood), a daughter, on the 28th Sept. at the Florence Nightingale Nursing Home.
 HURWITZ—To Dr. Julius and Heather, a son on Sunday, 7th October.
 LEARY—To Diana, wife of Dr. Victor Leary, a daughter at the Parklands Nursing Home, South Ridge Road, Durban.
 LEVY—To Dr. and Mrs. Sam Levy, of Muizenberg, a daughter on September 29th, at the Mowbray Nursing Home.
 LIANG—To Dr. and Mrs. L. N. Liang, a lovely daughter on September 29th at the Clarendon Maternity Home.
 MARKS—To Dr. and Mrs. J. H. Marks (nee Ruth Layton, daughter of Dr. L. Layton, Johannesburg), of 22 Kelvin Grove, Tyrwhitt Avenue, Rosebank, a bonny son on September 10th.
 STERN—To Dr. and Mrs. L. Stern (nee Peckham), a daughter at Parklands Nursing Home, Durban, on October 16th.
 SWIL—To Dr. and Mrs. Barney Swil (nee Molly Traub), a bonny son at the Invergie Nursing Home on October 10th.

FIANCILLES

BILCHIK—BLOCK—The engagement is announced between Sonia, younger daughter of Mr. and Mrs. E. Bilchik, of Johannesburg, and Captain Sidney Block, S.A.M.C., only son of Mr. and Mrs. S. Block, of Boksburg North.
 BUHRMANN—HENDRY—The engagement is announced of Miss Elize Buhrmann, of Ermelo, to Dr. Denis T. H. Hendry of the Boksburg-Benoni Hospital, Boksburg.
 MAY—ORLIN—The engagement is

announced between Mr. and Mrs. S. Orlin, of Lyme Road, Durban, to Captain Jack May, S.A.M.C., elder son of Mr. and Mrs. H. May, of Johannesburg.

MARRIAGES

McGILL—ALEXANDER—Married in St. Michael's Church, Boksburg, on September 22nd, Ida, eldest daughter of Mr. and Mrs. McGill, East Rand, to Ronald, younger son of Dr. and the late Mrs. Alexander, of Christiana.
 GELB—WOLMAN—The marriage of Dr. Jack Gelb, younger son of Mr. and Mrs. A. Gelb, The Glen, Sea Point, and Beryl, daughter of Mr. and Mrs. Mendel Wolman, Highwick Avenue, Kenilworth, took place at the Gardens Synagogue, Cape Town, on November 7th.
 GLATT—TOYK—The marriage of Celia, youngest daughter of Mr. and Mrs. L. Toyk, 313 Ocean View Drive, Sea Point, Cape, and Dr. Aaron Glatt, of Kirkwood, Cape, took place at the Sea Point Synagogue on November 4th.

DEATHS

KATZ—Dr. David Katz, passed away at Cape Town on October 2nd, beloved husband of Frances, and father of Elizabeth and John.
 SHEARER—Dr. F. Shearer, district surgeon of Umata, died suddenly on October 11th.
 WALLACE—Dr. George Wallace, died at his home in Durban on October 3rd, at the age of 67.
 MARS—Passed away peacefully at Pretoria General Hospital, on October 26th, Joan Violet McDeirmid, aged 27 years, loving wife of Dr. P. E. Mars of 271 Charles Street, Brooklyn, Pretoria. Deeply mourned.

INDUSTRIAL MEDICINE

South African industries have not reached the stage of development like those in the U.S.A. etc., where special medical services have been established to care for the welfare of the workers.

The main object of the "Industrial Doctor" is to study the conditions under which the worker performs his duties, with a view to preventing disease, accidents and fatigue.

In the U.S.A. Mr. Kaiser, of ship-building fame, has brought industrial medicine to a high pitch of perfection by establishing what is known as a "Group Medical Practice." This "Group" comprises a team of medical men, laboratory assistants, technicians, etc., whose main object is to keep the employees in good health by frequent and systematic examination and treatment. These services are very comprehensive and thorough—the cost to the employee is very small, and is all inclusive of every service which may be required—e.g. operations, nursing, physiotherapy, after-care, etc.

It would appear that this all inclusive group medical practice offers the most satisfactory scheme of medical services for the community as a whole. The main advantages claimed for it is that:

- (1) It can be extended to include all the sections of the population from industrial labourers to maternity and child welfare services.
- (2) Financially it is within reach of all according to one's income, and it removes the spectre of disastrous medical bills for nursing homes, operations etc., involved by sudden and prolonged illnesses. Also it ensures for the doctor a fair standard of social and economic security.
- (3) It allows the participating medical men a fairer distribution of working hours and more time off for study and research.

The reports reaching us from the U.S.A. seem to indicate that the Group Medical Practice is working very efficiently and successfully and has

to stay. In South Africa with our varied and widespread population of different shades, colours and creeds—the question of adequate medical services—especially for our rural population, will have to be tackled in earnest.

Some authorities seem to think that the future of South Africa is along industrial lines, and not gold mining as hitherto. The statistics of the gold mining returns show a downward trend. Quite a number of gold mines are giving up their ghost and a good many are closing down.

The war has given the South African industries an impetus which normally would have taken many years to develop to their present status. It has been proved beyond any shadow of a doubt, that we in South Africa, can and will manufacture articles which hitherto were deemed unthinkable.

With the advent of these new industries, fresh and complex problems of health in relation to industries will have to be faced. The most economical and rapid methods of how to deal with these problems, is by learning from other countries with old established and highly industrialised undertakings. We should send to the U.S.A. and England a number of medical men—under a State grant—to study the methods practised in the various industries, and have these adapted to suit our special conditions. This method of sending suitable men overseas was followed for instance in the steel industry, with the result that we have now most efficient and well established steel industries under the name of "Isacor," which play-

ed such a vital part in our contribution to the war effort. The latest example is sending two of our doctors to study "Plastic Medicine," with the result that a chair in Plastic Medicine has been established at the University of the Witwatersrand.

The next step is to establish Industrial Clinics in all the larger centres in South Africa. These clinics should comprise a complete medical diagnostic unit, e.g. Laboratory for Serological, Pathological and Chemical investigation—X-rays for screening and radiography—representatives of the various specialities—eyes, ear, nose and throat—dermatology, etc.

The medical section of the clinic should be entirely in charge of a medical man conversant with the problems of industrial medicine. In conjunction with the clinics there should be a staff of competent statisticians to deal with the actuarial problems and draw inferences and supply data for the guidance of the industries.

Some cynic defined a statistician as "an individual who can draw a mathematically precise line from an unwarranted assumption to a foregone conclusion!" but, the value of statistics based on medical knowledge borne out of experience, can be of inestimable value to all concerned.

An enormous amount of very valuable knowledge is lost almost daily, because that knowledge cannot be correlated by the busy medical practitioner. He simply has neither the time nor the facilities for doing so. For instance this new wonder drug "Penicillum Notatum" has been discovered many years ago, but only now after very severe labour pains, it was at last able to see the light of day with the help of an American institution acting as midwife.

The medical literature is full of cures and successful treatments, accidentally or otherwise discovered by medical men in the course of their practice. Most of these have passed into oblivion, because they lack a responsible and

responsible and "responsible" discoveries" which in reality were discovered long ago. The "DDT" insecticide for instance has been discovered about 35 years ago and it is only now that it is becoming a reality.

I hope that I shall be pardoned these relevant digressions, but to revert to our subject of the clinics. These should be financed by the State—the employers and the employees on the same principle as the "Health Insurance Scheme." Industry cannot function efficiently without the help and advice of medicine and science. It is in reality a very good business proposition to be shown how to avoid losses incurred daily in industries through having unfavourable hygienic conditions, overwork, preventable fatigue, accidents and absenteeism.

Every large industry in this country is paying out daily large amounts for sickness and disability which if tackled ab initio by pre-employment and periodic examination of the workers—would save a great deal in loss of working time and prevention of very serious chronic ill-health.

Of one thing we may be certain and this is, that the South African industries, if they wish to retain the position they have gained as the result of the impetus of the war and local requirements, simply cannot afford to stand still and must take advantage of the benefits offered to them by the combined experience and the great advances of industrial medicine.

In my next article I shall deal with the practical application of industrial medicine to various industries.

"Verbum Sapientis Fara."

Social and Personal

Lt.-Colonel P. Baron has returned to Rhodesia from the Middle East, and to his practice as a surgeon specialist in Bulawayo at 24 Heyman Road.

Colonel A. J. van der Spuy, Deputy Chief Health Officer, and Mrs. van der Spuy, have left Pretoria for Plettenberg Bay on a holiday visit.

Dr. Jack Beder has started practice on his own in Johannesburg.

Dr. H. J. E. Schultz of Witbank, visited Johannesburg in October.

Dr. Rudolph Meyerstein resumed practice in Durban in September 1944 after recuperating for six months at Edendale, Natal.

A conference was held in Pretoria during October of the Physician Superintendents of all the mental hospitals and institutions for mental defectives in the Union.

The following were present: Chairman: Dr. W. Russell, M.C., Commissioner for Mental Hygiene.

Transvaal—Pretoria Mental Hospital: Dr. P. J. G. de Vos, Deputy Commissioner.

Krugersdorp Mental Hospital: Dr. J. C. Twomey.

Witrand Institution: Dr. K. Gillis.

Cape Province—Valkenburg Mental Hospital: Dr. G. H. Key.

Alexandra Institution: Dr. J. A. van Heerden.

Queenstown Mental Hospital: Dr. A. W. H. Cheyne.

Grahamstown Mental Hospital: Dr. B. P. Pienaar.

Fort Beaufort Mental Hospital: Dr. Cheze Brown.

Port Alfred Mental Hospital: Dr. P. C. Uys.

Natal—Pietermaritzburg Town Hill: Dr. A. Myburgh.

Fort Napier: Dr. A. S. van Coller.

Free State—Bloemfontein Mental Hospital: Dr. I. R. Vermooten.

Lt.-Colonel S. Michelson was released

from military service with the S.A.M.C. in September after nearly 6 years of army service with the S.A.M.C. Dr. Michelson has opened practice in Cape Town as a specialist physician at London and Lancashire House, 148 St. George's Street, Cape Town. Telephone 2-7986.

Dr. (Major) Leon Stern was released from military service on August 10th, and is now the Assistant Railway Health Officer, Natal System, stationed in Durban.

Dr. W. Klein, Dermatologist, Port Elizabeth, has left on holiday for Cape Town and Johannesburg and expects to be back about the end of November.

Dr. R. Kahn, who practised in Kenhardt for 15 years, has sold his practice to Dr. P. J. Viviers of Kenhardt. Dr. Kahn is now on a visit to his sister-in-law, Mrs. J. Berman of Standerton, Transvaal.

Dr. R. Stander of Goodwood, Cape Town, arrived in Vereeniging on October 18th, to take over the practice of his brother-in-law, the late Dr. W. J. E. Pietersen.

Dr. J. C. H. Theron who was at the General Hospital, Pretoria, until the end of September, is now assistant to Dr. Jordaan, Rouxville, O.F.S.

Dr. S. Donen, who practised in Fauresmith, O.F.S., from June 1938 until he enlisted for military service in 1940, is now at 160 Military Hospital, Wynberg, Cape Town. Dr. Donen is married and has an infant son.

Dr. F. J. Bosman, who purchased the practice in Ventersdorp of Dr. A. C. Schulenburg, has now sold it to Dr. F. Henning who until recently was with Drs. Coetzee, Pannall, O'Keeffe and Mynhardt of Brakpan.

Lt.-Colonel A. L. Agranat, S.A.M.C., has returned to Johannesburg from Italy.

Lt.-Colonel Frank E. Ingle has returned from Italy to Durban, and hopes to be released at the end of October. Dr. Ingle was with the First Division and returned to the Union in 1942 when the Division came back. More recently he was A.D.M.S., U.D.F., Administrative Headquarters in Rome.

Dr. W. J. Watt has returned to South Africa after 6 years practice in Great Britain.

Dr. Marcus Oshry who was recently released from the Army, now practises in Dalton, Natal.

THE HEALTH CLINIC and Carey's Turkish Baths

Manhattan Court, Plein St., Johannesburg. Phone 22-6430

The largest and most modern Hydro-Electric Clinic in S.A. Latest scientific methods in medical Physiotherapeutics. Under the management of highly qualified experts.

At the disposal of the Medical Profession for the treatment of their patients under their own supervision. Regular reports submitted. Doctor's country patients specially cared for.

SUBAQUATIC COLONIC IRRIGATION (Method Inteso-cleaner)
 ELECTRIC STANGER BATH—THE SUPREME TREATMENT

Bills Discounted

£10 to £10,000

Special terms to the Profession

G. LOADER & Co.

Magor House, 74 Fox St., Johannesburg

Social and Personal

Dr. A. Coetzee who was on the staff of the Krugersdorp Hospital, was locum tenens for Dr. P. Spaarwater of Pilgrim's Rest during October, and acts for Dr. J. G. N. Steyn of Viljoenskroon, O.F.S., during November.

Dr. J. A. Meyer of Bethal and Mrs. Meyer and family are spending November on holiday at Herholdt's Bay, C.P.

Dr. Guy Fehrsen has retired after 30 years of practice and intends to settle on a small farm in the district of George.

Dr. G. S. de Wet Moll of Marquard, O.F.S., spent a few days in Johannesburg in October.

Dr. J. S. Theron was recently released after 5 years of military service, and is now doing an assistantship in Durban.

Dr. and Mrs. M. C. Stander of George, C.P., and their two daughters are staying on their farm in the Reddersburg (O.F.S.) district. Dr. R. van Wezel is locum tenens for Dr. Stander until November 13th.

About two years ago Dr. J. L. van Rhyn joined Dr. J. J. van Niekerk of Germiston in practice. Dr. and Mrs. van Rhyn have a son aged 16 months.

Dr. (Major) A. Jowell has been released from military service and has joined Dr. Harris Cohen of Plumstead, Cape, in partnership.

Dr. G. V. Doherty of Vryburg visited Johannesburg in October, as did Dr. I. S. Kloppers of Mafeking, and Dr. S. R. Deenadayalu, of Durban.

Dr. A. E. Laubscher, surgeon specialist of Johannesburg, who has been ill in the Libertas Nursing Home, Johannesburg, has now fully recovered and is back in practice.

Dr. and Mrs. E. E. le Roux and family of Victoria West, left for Pretoria on October 9th where they will remain until the end of November.

Dr. D. J. de Kock of Koster, Transvaal, has been joined in partnership by Dr. J. G. Burger of Saulspoort as from October 1st.

Dr. M. M. Patel has taken additional rooms in Market Street, Johannesburg.

Dr. E. M. Sparrow of Blantyre, Nyasaland, has returned to the Union, and is on the staff of the General Hospital, Johannesburg, until the end of the year.

Dr. W. A. Hill of Pretoria, has been released from military service and has commenced practice as a surgeon specialist in Johannesburg at 53 Lister Buildings.

Dr. S. I. de Villiers, dental surgeon of Senekal, O.F.S., visited Johannesburg in October. At the age of 61, and after over 30 years of matrimony, Dr. de Villiers christened his first child recently. Dr. de Villiers married as his second wife, Sister Vareena de la Harpe.

Dr. L. L. Alexander of Kimberley, has joined Dr. J. Cunard of East London in partnership.

Lt.-Colonel (Dr.) L. J. A. Loewenthal was released from military service early in October, and now practises as a specialist in diseases of the skin at 64 Moray House, Jeppe Street, Johannesburg. Telephone 22-0670.

Dr. H. G. Anderson will be locum tenens for Dr. du Toit of Kuruman, from middle October until the end of December.

Dr. N. Shear, ex-army, has purchased the practice of Dr. A. M. Goldberg at Naboomspruit and takes over on Dec. 1st. Meantime Dr. Jerohim Friedman acts as locum tenens.

Dr. A. M. Goldberg, ex-army, of Naboomspruit, joined Drs. Greenberg and Sandler of Brakpan in partnership as from October 15th.

Dr. J. Buck was released from military service in October 1944, and since then has been at the General Hospital, Johannesburg.

Dr. L. Pienaar practises in Ottosdal, Transvaal.

Dr. J. J. O'Reilly writes: "I am now living at 66 Fairway, Durban North, after 42 years doctoring in Hopetown, C.P. I was district surgeon there from 1902 until 1940, so rather a long spell in one town. The late Dr. Charlie Cohen who took over my practice then, joined up shortly afterwards, when I took over again and I remained there until December 1944. Dr. Cohen died and Dr. A. Reich has now got my practice."

Practices for Sale

AT THE COAST

No. (147). For sale in a rapidly expanding industrial coastal town, good class practice. Two appointments worth approximately £850 per annum. Two surgeries available—one in a centrally placed building in centre of town could be rented. A very fine residence and separate surgery in beautiful grounds could be rented or bought from seller. Average cash receipts are now £3,250. Very little major surgery is done and very little night work. This practice is definitely expandable and offers an excellent opportunity to acquire a really first-class proposition. Price for the practice, £2,500. Terms can be arranged.

No. (148). Doctor must sell on account of bad health and wishes some one to take over his practice in the Eastern Province about 160 miles from East London, together with the District Surgeoncy, the drugs and possibly the house. The house is well equipped for a doctor, with waiting room and separate entrance, consulting room and dispensary. The house is very comfortable and is built on 4 erven with a beautiful garden and plenty of water.

Cash income approximately £1,600 p.a. Practice as a going concern, including drugs, £750. House may be hired. There is a good future in this practice for a young man.

No. (146). *Partnership.* Father and son in practice together in Transvaal. Father desires to engage a young Gentile locum for himself, and after a few months when the father retires, the locum can acquire partnership. Must be a total abstainer.

No. (149). To a newly qualified man an assistantship with view to partnership is offered in a town (Railway Junction) in the Cape. Salary £35 per month, plus board, lodging and car. Bilingualism essential, but hospital experience not necessary.

PETER DALE

93 Smal Street, Johannesburg

PRACTICE IN DURBAN

No. (150). In deceased estate. We recognise that there is not much goodwill attaching to this practice, but there is the nucleus of a practice, and taking this over affords a doctor an opportunity which would not otherwise be obtainable. The consulting rooms are well furnished and a number of medical instruments are included. Inspection of the rooms, furniture and instruments is invited, so that prospective purchaser may decide on the value of the articles and on the amount of goodwill he would be prepared to pay.

STOP PRESS

No. (151) Dispensing Practice in rich sheepfarming district O.F.S. Cash takings last year well over £3,000, very little night work and travelling. Large dwelling-house of 5 rooms, k.p.b. on two erven included in price of £1,500. Five consulting rooms at monthly rent of £3 available, cost of living cheap. This practice would suit capable middle-aged G. P. Opposition very young man, negligible. Introduction for one to two months. Apply Peter Dale.

PRACTICES, PARTNERSHIPS, ASSISTANTSHIPS, LOCUMS.

Everything for the Doctor!

Telephone 22-1622

PETER DALE

93 Smal Street

Johannesburg.

Of Interest

In this issue, and at most competitive prices, Messrs. B. Owen Jones Ltd., P.O. Box 36, Boksburg, advertise a Sulphonamide series of drugs, among which is Sulphadiazine which has been in very short supply of late.

In addition they are listing Sulphaguanidine which is used in the treatment of bacillary dysentery and other intestinal infections.

Mineral Springs

Hot Sulphur Waters fed to Swimming Baths, Private Plunge Bath, Private Slipper Baths, Sitz Bath, etc.

Cold Magnesia-Calcium Water fed to Swimming Bath and available for special Treatments.

Crystal Clear Springs for domestic supplies.

Instructions for Special Diets faithfully attended to.

Thirty Comfortable Bedrooms with special quarters for those needing peace and quietness away from hotel surroundings. Trained Nurse in attendance.

Natal Spa set in a truly delightful environment, 9 miles from Paulpietersburg, 21 from Vryheid. Trains met by appointment. Telephone: "Call Office, Natal Spa."

Send for Illustrated Brochures—English or Afrikaans.

NATAL SPA (G.H.) (Pty.), LTD.
P.O. Natal, Va.

Via Paulpietersburg, Natal.

JUST PUBLISHED

Introduction to Clinical Surgery

By Professor C. F. M. Saint.

This is essentially a clinical book which embodies the results of many years of the author's practical experience as a surgeon and teacher.

The practitioner will find it a valuable guide to the diagnostic problems of surgery.

It is a book no surgeon or general practitioner can afford to be without. 294 pages. From Peter Dale, 25/-.

Recommended by Doctors

The Ananda Health and Holiday Resort, situated in the most beautiful part of Rustenburg, offers excellent cuisine, electric light, waterborne sewerage, swimming bath, tennis court, horse riding, ping pong, deck quoits, nenoits, billiards. Bowling green and golf course nearby. Glorious mountain climbs and walks. Write "Ananda," P.O. Box 15, Rustenburg, Transvaal.

Optician

F. HAUSER

Spectacle Prescriptions dispensed at short notice for town and country practitioners

Importer of Hearing Aids

91 Smal Street, Johannesburg

Telephone 22-5143.

Social and Personal

Dr. J. R. Warren has returned from active service overseas, and to his practice in Germiston—Drs. Warren, Jankovitz, van der Westhuizen and Zeiss.

Major R. Schaffer, S.A.M.C., who practises in Queenstown, returned to the Union from Italy on October 4th. While in Italy Dr. Schaffer was specialist physician on the staff of 107 S.A. General Hospital at Florence.

Dr. Basil W. Myers started practice on his own at 2 Orange Street, Gardens, Cape Town in November last year. Dr. and Mrs. Myers have a son aged three and a baby daughter born on September 27th. Captain (Dr.) L. F. Myers, S.A.M.C., brother of Dr. B. Myers, returned from up North last year and is now stationed in Maritzburg.

Dr. Annette Goldwater, dental surgeon and wife of Dr. M. J. Zion, medical practitioner of Cape Town, has been acting as locum tenens for Dr. Marcus of Claremont, Cape, since Aug. 1941. Dr. Marcus is being demobilised shortly.

Dr. W. (Bill) Cooper of Colesberg, visited Johannesburg in October.

Captain H. Meyer, S.A.M.C., was released from military service on October 4th, and has opened a practice in Johannesburg.

Drs. J. Stolp and G. Jordaan (of Hofmeyr), took over the practice in Vrede of Dr. T. Mulock-Bentley, jr.—a practice which had been in the hands of Dr. Bentley's father since 1888 and which Dr. Bentley jr. took over in 1919. In his turn, Dr. Bentley jr. took over the practice of Dr. A. D. Edington, who has retired from general practice and has joined his partner Dr. E. W. S. Deale at 21 Britannia Buildings, West Street, Durban.

Major P. Kushlich was released from military service at the end of September and is now attached to the Pensions Department, Johannesburg.

Dr. A. I. Uys returned to his appointment as Railway Medical Officer, Braamfontein, Johannesburg, on October 2nd.

Dr. P. Toker acted as locum tenens for Dr. Joseph Levin of Johannesburg during October.

Since October 1st, Colonel Craib has been on only part time military service and has resumed his practice as a specialist physician at Lister Buildings, Johannesburg.

Dr. C. J. du Toit of West Rand, joined Dr. F. Reitz of Harrismith in partnership on October 1st.

Captain (Dr.) I. Kessel of the Youth Training Brigade, was released from military service on October 9th and is taking the refresher course at Witwatersrand University.

Dr. J. C. Woeke has purchased the practice of Dr. G. Jordaan in Hofmeyr, C.P.

Dr. N. Krause has sold his practice in Jansenville, C.P., and has opened a practice in Bethanie, S.W.A.

Dr. J. G. Cowley, ex-army captain, has been joined in partnership by Major R. D. Veen, previously of Cape Town, at Maritime House, Loveday St. Johannesburg.

Dr. D. B. Malan has been appointed Mayor of Utrecht for the seventh successive year.

Dr. J. G. Mutterer of Port Elizabeth, is the recently elected Chief of the Federated Caledonian Society of S. Africa.

After 34 strenuous years of medical work, 17 of them as Superintendent of the Johannesburg General Hospital, Dr. Adrian H. Louw, retired on his 60th birthday on Wednesday, October 24th.

Many medical men have asked us for a quick reference First Aid Chart suitable for First Aid Classes. A limited number of such charts have now been made available by Messrs. Smith & Nephew Limited of Hull, England, the makers of Elastoplast and Cellona products, and will be supplied free to medical men on application to B. Owen Jones Limited, P.O. Box 36, Boksburg.

Anaesthetic Apparatus

McKessons Nargraff Dental Apparatus. Overhauled. Good condition — £85

Heidbrink Analgesia Apparatus, Model 182 (excellent condition) — £25

FOR SALE PER PETER DALE.

Instruments For Sale



Gynaecological Examination and Operating Chair as per illustration. White stove enamelled finish, sliding parts chromium plated, £63.

5 only, standard hospital beds, but without lifter and castors, £9 9/-.

23 bedside Lockers, made of steel, first class hospital construction with shelves in cupboard, £5/4/6 each.

12 only Wash Basins on Tubular stands, single basins, £4/19/- each. Double Basins, £6 15/- each.

1 only Theatre Trolley—top part to be used as stretcher with canvas top—large wheels, rubber tyred, £28/7/-.

X-RAY APPARATUS—

Sanitas X-ray set with one valve Rectifier.

1 Multoscope Universal Table with air-cooled tabs.

1 Tube Stand with cooled Muller Tube.

1 Bucky.

1 Convertor D.C. to A.C.

Cassettes with intensifying screens; all the sizes.

MAY—ORLIN—

1 Viewing Box; lead apron; gloves. The set is in excellent condition, Price £250.

ELECTROCARDIOGRAPH.—Standard, non-portable, Cambridge e.c.g. made for D.C. but Convertor available. Price £230. With Convertor £270. This is in good working order, and before delivery the owner is prepared to have it overhauled at his own expense.

Four Dunlop "Standard" Bowls in perfect condition. Size 5 1-16th and in two leather cases, £15.

Undines. Post mortem Gloves. Urinometers. Waterproof Aprons. Platinum Loops. Throat Brushes. Powder Insufflators. Eye Baths. Drop Bottles. Funnels. Assized Measuring Glasses. Stirring

Rods. Assized weights for dispensing scales from 1/2 grain to 2 gram.

Pelvimeters. Foetal Stethoscopes. Finger Cots. Waterproof Sheeting.

We have a large stock of instruments. Quotations on request.

INSTRUMENT TABLES

White enamelled, ball bearing castors, 2 glass shelves:

24" x 18" £9 2 6
30" x 18" £10 0 0

Sterilisers Complete with Spirit Lamps

9" x 5" x 3" 57/6
11" x 5 1/2" x 3" 67/6
14 x 6 1/2" x 4" 87/6
16" x 4" x 3 1/2" 67/6

Brief Bags—16" x 10"

with 2 pockets £5 12 6
with 3 pockets £6 5 0
with 4 pockets £6 12 6

Motor Car, 1941, Hudson Commadore, colour smoky blue, mileage 22,000. Very well kept, good tyres, £517.

Typewriter, overhauled. Perfect condition, £25.

PETER DALE

93 Smal Street, Johannesburg
Telephone 22-1622.

Say Ninety-Nine

Any profession which entails much personal contact with the collective entity known as "the Public" demands, as a pre-requisite of success, an attitude which evokes liking and trust on the part of that same capricious public. This is perhaps especially so in the case of the doctor. The patient—and indeed the patient's relatives—must be enlisted in the fight against sickness, mental or physical. A doctor who can inspire confidence and elicit confidences has won the first round of the battle.

To accomplish this he must first have confidence in himself. This quality, if it is not to be a false confidence, can be acquired only gradually and as a result of experience. He must be conscientious in his work and thorough in his examinations. The patient will then feel that his case is the main focus of his physician's attention, at any rate for the moment. He must be sympathetic in attitude, not assumed but genuine, though a brusque candour has endeared many a G.P. to his patients. This characteristic, however, can only be indulged in by the older members of the profession, who have won their standing by many years of self-devotion and much unostentatious kindness to the deserving and the perhaps not-so-deserving.

What is the secret of the art of approach? It isn't looks, skill or even fame, if I had to put it in one word I would say "sincerity." The presence or absence of this quality can often be readily felt; a doctor with a sincere desire to help a patient can meet and deal with the multitudinous types he comes in contact with. He can be frank to those who desire it and can be vague when such is necessary. He recognises intelligence and ignorance readily and infuses into his defeated patients a will and desire to get well. The presence of a beloved family doctor at a bedside dispels gloom and fear and infuses a hopeful confidence which paves the way for a recovery.

The approach to intimate personal matters can be difficult for the fledgling medico. But a matter-of-fact attitude and direct approach will make expression easier for the diffident patient, who with the unburdening of his mind, begins to feel relief already. On the contrary, the busy practitioner must be able, without offence, to cut in on the long drawn out self-revelations, of the hypochondriac.

Advice to the relatives should be explicit and detailed, especially in respect to dietary. cursory instructions, while perhaps adequate for the expert nursing staff of a hospital, give an impression of haste and lack of interest to fond and worried relatives. As to prognosis, a guarded optimism has probably the most stimulating effect on the mental atmosphere of the home. A worrying and depressed nurse can only produce a worrying and depressed patient.

And now as to externals. The old adage tells us that "Nothing succeeds like success"—a truism that requires no proof. The doctor is wise to dress well, to run a good car, and to live in good quarters. Other considerations aside, he leads a strenuous life, with uncertain meals and hazardous leisure hours, and is entitled to all the comforts and conveniences to which he can attain.

A last word of advice to the new medico! Prosaic maybe, but certainly neglected by many of the older hands, Be sure to keep accounts up-to-date, and send them in regularly every month. It is irritating and embarrassing for the average person to receive a bill which has been neglected and mounted to an alarming sum. A family budget can be quite dislocated by the carelessness of the doctor, and the erstwhile feeling of confidence and gratitude on the patient's recovery disappears under the monetary strain occasioned.

"GALEN."

Required £9,000 for share in organisation using minerals, industrial waste, etc., for producing materials in great demand and synthetic products for the engineering, building, paints, plastics, and allied industries. Apply, P.O. Box 4138, Johannesburg.

Extracts from Letters

"Your little paper *The Pulse* is like good whisky, improving with age."

"I can assure you that your publication is the one free sample of literary matter I receive that is not conveyed to the waste paper basket. It is of continual interest, there is always some news or personal item of interest to me."

"I would like to take the opportunity of thanking you for sending me copies of *The Pulse*. I can't tell you how much I enjoyed reading them. It was really delightful learning something about my old classmates."

"I think the beauty of this little paper lies in the fact that it is gossipy in character. It makes doctors feel like human beings, and not like cold automatons. It is almost like 'Children's Corner' in a grown-up way. It is darn nice to know what has happened to some of the doctors you meet and leave."

Dr. F. L. S. Visser,
Ngoma Hospital,
Gitwe,
Par Usumbura,
Ruanda Urundi,
Congo Belge,
10/9/45.

Dear Sir,

Two weeks ago I received for the first time a copy of your excellent little paper *The Pulse*. It was indeed welcomed, and it was with great interest that I perused its pages.

Many has been the time that thoughts of my old medical school pals have come to me and I have wondered how the world was dealing with them. It was with a sense of joy that I noted many of their names in your paper, and their whereabouts.

In my position up here in Central Africa I find myself somewhat cut off from the goings-on in South Africa. I shall be most grateful to you if you would continue sending me *The Pulse*, and also if you would include my whereabouts in its columns for the benefit of any of my friends who may wish to write to me, as letters here are akin to food.

I am in charge of a native hospital situated on a hill overlooking the beautiful Lake Kivu, with huge mountains all around, sometimes known as the African Alps. The practice is of a varied nature with everything to do from the treatment of malaria, the delivery of babies on to gastro-enterostomies. There is one European nurse and ten experienced native orderlies to assist me. We average nine or ten majors a month, and see up to 2,000 in the out-patient department, per month. I trust that your paper will grow in magnitude and will be found on each one's magazine shelf soon.

Thanking you again,

I remain,
Your faithfully, FRED VISSER.

King's Medal for S.A. Doctor

The King has approved the award of the King's Medal for bravery (silver) to seven members of the Union Defence Force who endangered their lives in saving, or attempting to save, the lives of others in the explosion at the Grand Magazine, Pretoria, on Mar. 1st. One of the recipients is T/Lt. now Capt. H. I. Solomon, S.A.M.C., who entered buildings at the risk of his life in an attempt to succour victims who had been seen or heard, and he assumed medical control and voluntarily carried out rescue work beyond the scope of his normal duties as a medical officer.

He was particularly active in the locality nearest the scene of the exploding small arms ammunition, and it was largely due to his example and influence that other rescuers worked effectively and with such courage.

His expert professional knowledge and directions undoubtedly resulted in the saving of many who might otherwise have succumbed. Captain H. I. Solomon married Miss Joyce Hufel of Germiston in October 1944, and he is the only son of Mr. and Mrs. J. Solomon, Lynford, Wolmarans St., Johannesburg (Messrs. Polliacks Ltd.).
Dr. Solomon, salute you!

Dispensing Notes

Country practitioners who do their own dispensing may wish to have some formulae for stock mixtures.

These are easily dispensed and are old favourites. The quantities are worked out for 80 fluid ounces i.e. a winchester.

1.—MIST. APERIENS

Px 80 fl. ozs.
Ext. Cascara. Sag. liq. 1/2 dr.—10 ozs. fl.
Ext. Glycyrrh. liq. 1/2 dr.—10 ozs. fl.
Sp. Ammon. Aromat. 20 mins.—6 ozs. 5 drs. 20 mins.
Aq. Chlorof. ad. 1/2 oz.—Aq. Chlor. Conc. 1 1/2 fl. ozs.
Water to 80 ozs.

2.—MIST. AMMON. C SENEGAE

Px 80 fl. ozs.
Ammon Carb. 3 grs.—1 oz.
Liq. Ammon. Acet. 1 dr.—2 1/2 oz. fl. conc.
Tc. Digitalis 6 mins.—2 ozs. fl.
Tc. Nucis Vom. 6 mins.—2 ozs. fl.
Sp. Ether Nit. 15 mins.—5 ozs. fl.
Inf. Senegae ad 1/2 oz.—8 ozs. fl. conc.
Water to 80 ozs.

3.—MIST. BISMUTHI CO.

Px 80 fl. ozs.
Bism. Carb. 10 grs.—30zs. 2drs. 40grs.
Mag. Carb. Pond. 5 grs.—1 oz. 5 drs. 20grs.
Glycerine 20 mins.—6 ozs. 5 drs. 20grs.
Pulv. Trag. Co. 5 grs.—10z. 5drs. 20grs.

Sp. Menth. Pip 3 mins.—1 oz.
Aqua ad. 1/2 oz.—to 80 ozs.
Mix powders in mortar—add glycerine and a little water to form uniform paste—add remainder of water gradually.

4.—MIST. CARMINATIVA

Px 80 fl. ozs.
So dae Bicarb 5 grs.—1 oz. 5 dr. 20 ms.
Sp. Ammon Ardomat 6 mins.—2 ozs.
Tc. Card. Co. 12 mins.—4 ozs.
Glycerine 18 mins.—6 ozs.
Aq. Anethi ad 1/2 oz.—1 1/2 fl. ozs. conc.
Water to 80 ozs.

5.—MIST. CREOSOTI

Px 80 fl. ozs.
Creosoti 1 min.—2 dr. 40 mins.
Sp. Ether Co. 1 min.—2 dr. 40 mins.
Syr. Tolu 1/2 dr.—10 ozs.
Aqua ad. 1/2 oz.—to 80 ozs.

6.—MIST. CRETAE CO.

Px 80 fl. ozs.
Pulv. Cretae Aromat 4 1/2 grs.—1 1/2 ozs.
Sp. Ammon. Aromat 4 1/2 mins.—1 1/2 ozs.
Tc. Catechu 15 mins.—5 ozs.
Tc. Card. Co. 9 mins.—3 ozs.
Tc. Opii 1 1/2 mins.—1/2 oz.
Mist. Cretae ad 1/2 oz.
Cretae Prep 2 ozs. 2 drs.
Pulv. Trag. 3 drs.
Sugar 4 ozs. 4 drs.
Aq. Cinnamon Conc 1 1/2 ozs.
Water to 80 ounces.

Mix powders and sugar in mortar—add the tinctures and spirit mix well—add water gradually—transfer to bottle add concentrated water—shake and fill up to top. "Galen."

PROPERTY INVESTMENT, Johannesburg. Pair of semis in Johannesburg for sale, face brick wall, electric stoves. One has 4 rooms and the other has three rooms, each plus k.p.b. and servant's room. They have 3-storey flat rights, and are served by tram and bus. Let at £8 5s. and £7 10s. per month each (determined rent). Price £2,600. Peter Dale, 93 Smal St., Johannesburg.

Car Dealers

Cars bought, sold, or exchanged.

FOR NEW OR USED CARS

Consult

LEN SIMMONS (Pty.) Ltd.

21 Eloff Street, Johannesburg
P.O. Box 4250. Telephone 33-8672

Collection Number: AD843

XUMA, A.B., Papers

PUBLISHER:

Publisher:- **Historical Papers Research Archive**

Location:- **Johannesburg**

©2013

LEGAL NOTICES:

Copyright Notice: All materials on the Historical Papers website are protected by South African copyright law and may not be reproduced, distributed, transmitted, displayed, or otherwise published in any format, without the prior written permission of the copyright owner.

Disclaimer and Terms of Use: Provided that you maintain all copyright and other notices contained therein, you may download material (one machine readable copy and one print copy per page) for your personal and/or educational non-commercial use only.

People using these records relating to the archives of Historical Papers, The Library, University of the Witwatersrand, Johannesburg, are reminded that such records sometimes contain material which is uncorroborated, inaccurate, distorted or untrue. While these digital records are true facsimiles of paper documents and the information contained herein is obtained from sources believed to be accurate and reliable, Historical Papers, University of the Witwatersrand has not independently verified their content. Consequently, the University is not responsible for any errors or omissions and excludes any and all liability for any errors in or omissions from the information on the website or any related information on third party websites accessible from this website.

This document is part of the archive of the South African Institute of Race Relations, held at the Historical Papers Research Archive at the University of the Witwatersrand, Johannesburg, South Africa.