

Dr Colin Forbes 4/11/07 Missing Voices Project
 Interviewed by Mike Cadman

	TAPE ONE SIDE A
Interviewer	Tell me a bit about your background, how old you are, where you were brought up, where you went to school, where you went to university.
Colin	<p>I was born in 1960, so that makes me 47. I was born and brought up on the family farm, which is outside Amsterdam, been in the family since 1860. And went to a Catholic school, CBC Pretoria. And it was always my intention to do medicine, and then to come farming and try and combine the two careers. And so straight after school I went to Wits University to medical school and I got through medical school, and for housemanship I went down to Cecilia Makiwane Hospital in Mdantsane in the Ciskei. And following a year of housemanship there we were enjoying it, there were quite a few of us there from Wits, and we all decided to do an extra 6 months as senior house officers. And my 6 months I did in orthopaedics, so I got to do quite a lot of surgery. And during housemanship which was a bit unusual, we did a lot of Caesars. So we were quite handy by the end of housemanship. And I never questioned National Service, whether there was an option of going or not. I was fully committed to going, my brother had gone straight after school and had come back with lots of stories and to me it was kind of a right of passage. I never considered being a conscientious objector or anything like that. I thought it was my sort of patriotic duty. And my belief was that I was going to be helping the cause in protecting South Africa and the country that I identified with, from becoming something akin to what Zimbabwe is today. That was my thinking. I benefited from apartheid in every way and although like most English I disassociated myself from the government of the day, but certainly I didn't have strong political beliefs and I was kind of a mild racist like I would have liked to have believed. Like to my mind all white South Africans were. So I went after doing the 6 months of orthopaedics, my plan was to go to Malawi on a holiday for a further 6 months with a mate of mine who was set on going. So we were going to postpone the army for a further 6 months. But getting back here to the farm and my father, the farmer, hearing that I was wanting to postpone, was convinced that this would be terrible for me in terms of, I would be labelled as an ANC, and the ANC would get their clutches into me in Malawi and I would not be allowed back into the country. And such like emotional blackmail and there was lots of gnashing of teeth and my mother was crying, and he for example took me on a drive around the farm seeing it for the last time before I went to Malawi. And eventually I just decided I didn't want to go to Malawi that badly, that it seemed that this wasn't worth it, so I made a deal with him, that he gave up on the hooch, which he used to</p>

	overdo, and I'd go to the army.
Interviewer	What year is this? And also your farm is quite close to the Swazi border, so was there military activity in the area often and things like that.
Colin	Yes, well there was a military camp right here in Amsterdam and that was probably the latter part of my school career there was a military camp here. And they'd do patrolling up and down the Swazi border and they also expropriated a small section of the farm, which was on a plateau, and turned it into a military airfield. Just a tar track actually but capable of landing a Jumbo and certainly Lear jets and the like have landed on it that I know. The idea was to have this as a base so that if there was suddenly a war in Mozambique that logistically then people could be moved here very quickly and that kind of thing. So yes, they were on our doorstep the army. And I think my cousin was somehow seconded here as well so yes, the army kind of came and went around here and very much part of life in Amsterdam.
Interviewer	So you decided that Malawi was not such a good thing and you were going to go off to the army.
Colin	That's right. And a friend of ours, also a doctor...a couple of our mates, had gone in in the January intake. This was now the July intake. And one of them had told us that the call up date that we received as doctors was more a guideline...should be regarded as a guide line more than an absolute date for presenting yourself for National Service. And he recommended that we as doctors should play the system and arrive about two weeks late. So we thought we'd play it safe and arrive only one week late. But it was now 4 of us from Mdantsane. And our excuse was going to be that the homelands had held us back and we were sure that that would bamboozle the system successfully. Which it no doubt would have but...anyway we arrived to find that we were about the latest of any of the new intake to arrive, and we were the only ones in civilian clothes. Everyone else was in the army and it seemed like a proper army to us. There was a fence around and it was clear we weren't going to be getting out there, it was the real thing. I remember one of our mates who we did our whole medical training with and who I was at res with and stuff and he was in his military fatigues for basics and I kind of saw him, I was happy to see old Dave Smith and he didn't even greet us, he just said, hey this is blind! You can't believe this! They'd already been through the system of as doctors having to shine the tent poles with a toothbrush and that kind of thing. and being chased around. It was nothing like the soft ride that we were sort of expecting. And because so many guys had arrived late for that intake, us being about the latest, we were now...there was a quite a lot of pomp and ceremony about the fact that we were going to be court martialled for AWOL. And no-one was taking it that seriously. It wasn't really proper AWOL. But on the given day we were lined up sort of 6 at a time in front of this little pondok, corrugated iron shack, and in there, there were at least 6 lawyers,

	<p>captains and lieutenants and colonels or whatever. And we were marched in there at double time, double quick pace, one by one, and there was no way that you could be in proper time so you were thoroughly confused and so on inside there and the guy's shouting at you as if you're in the parade ground, and you clattered to a halt and then they ask you...and before the time we'd caucused the 4 of us, who'd come from the Ciskei, and we decided we could get other people in to trouble by saying something about we were held back and...so we said our decision therefore was that we would say we've got no excuse. And as it turned out anyone with even the most feeble of excuse, including veterinary problems at home that they had to sort out, got off scot-free...</p>
Interviewer	In other words my dog was sick so I couldn't come?
Colin	<p>Yes, I had to attend to the dog. That was considered an acceptable excuse but the 4 of us who had no excuse we were of course found guilty and suspended sentences if ever we were on AWOL again, we would receive the most harsh penalty. But anyway there was the amusing incident of one of the first guys that went in...he was fluent in Afrikaans, but an English guy...and he was in awe of the panel of ranking officers there in front of him, and out of respect for the occasion took off his mosdop, his helmet. And the sergeant major was incandescent with rage that a new recruit should do something of his own will like that. So he said to him, sit op jou mosdop! And of course R.H. there and then sat down on his helmet on the floor. <i>laughs</i></p>
Interviewer	Whereupon the panel burst into laughter.
Colin	They could not continue with him and they were laughing too much, and eventually the AF said to him, fok of!
Interviewer	And did you all follow suit?
Colin	<p>No, no, no, I think we all bore the brunt of this chaotic situation. No, we were roundly reprimanded and told how poor it had been that we had been late and how unpatriotic it had all been. Anyway, so that didn't amount to much. So then we had basics and it was still our proper basics for 3 months where we were woken up early and we had to do inspections and PT and early morning in winter in Potchefstroom and stuff. So we took pleasure in defeating the system. For example, we were in a tent, our barracks was a tent, and we found that there were 3 light bulbs lighting the entire tent, which was enough for 10 guys, but we were in fact only 5. So there were some spare lockers and we of course used those for our spare stuff. But we had a routine that was done just as a matter of practice, that just before inspection, which was still in the darkness we would disconnect the innermost two light bulbs. So there was only one light bulb shining for the entire tent <i>laughs</i> and the guy trying to do the inspection had to for example, aim the barrel of your gun at this light bulb to see if you had cleaned it or not. It was chaos and I was furthest from the light. So it was almost in perfect darkness</p>

	that he was trying to decide whether I was up to scratch for inspection.
Interviewer	Did he cotton on to what you had done?
Colin	At a very late stage, when basics was almost over, I think he said something, ja julle fok rond ne? <i>laughs</i> Or something like that.
Interviewer	He was a bit slow on the uptake.
Colin	He was very slow on the uptake. But that was part of the fun. The other kind of thing that I remember that was fun about it was we were with the dentists and the vets. And with us were the guys who were going to become the medics in the army and they were a diverse array of personalities and backgrounds. And they used to do most of the guard duty. But we used to do token guard duty, and it was like sort of in the middle of the night and you'd spend 4 hours patrolling around, which was unpleasant by anyone's terms. But you'd have to get into a ridiculous sort of First World War garb with a staaldak helmet and webbing and you had to be fully armed with a magazine of 5 rounds, as far as I remember. And we found that you could mess the so-called karboutes, the guys becoming medics around, by wearing such garb and taking your rifle and marching out of the camp gate, because they would assume you were going to do guard duty, but we would march all the way to our cars and leave for a night on the town. And then march back dressed in similar garb.
Interviewer	And these were just filler National Servicemen who were totally baffled by what you were up to.
Colin	That's right. But to see someone in a First World War garb, you immediately thought that he was the so called roving picket that must surely be on guard duty. On a different sort of occasion we once went out to Johannesburg on the weekend and came back wearing civilian clothes, and the chap I was with, he was a sort of a fearless bloke, and on arrival in the car park we could see they were staring amongst the guards on duty near the car park. And his comment to them was a stern, ek hoop julle manne slaap nie? And a weak little voice coming back, nee ons slaap nie. And walking in, in our civilian clothes, it was therefore assumed that we were Permanent Force high ranking officers because they were the only ones that walked around in civilian clothes. We walked through the main entrance and on approaching the main entrance, again this chap says to these guys...now they're ready to bayonet us, or at least very curious about who we are. And his comment was, staan en rus manne. Which is what a high ranking officer would say to guys who were about to salute and present arms, which would be the natural thing for guards to do at the gate to a high ranking officer. So that was his thing, staan en rus manne, and thus relieved we just walked through.
Interviewer	But this is all bolstered by the fact that you're a bit older than the young National Servicemen who is standing guard duty, who's 19 or 20.

Colin	Yes, we were. But anyway we kind of as doctors were...we started to have a little bit kind of easy or quite a lot easier.
Interviewer	At that stage did you have any obvious rank? Did you have to wear rank?
Colin	<p>Yes, we were candidate officers with little white bands on our shoulders and because we'd been found guilty of this late coming AWOL we wore those little white things, which are viewed with derision and contempt, for about a year before we got our official rank. Eventually we were lieutenants but for a long time, including time on the border, I was wearing those white bands which was quite humiliating. Other amusing things happened in basics that I can't quite remember at the moment but...it was all about defeating the system. We had a thing where one of the pharmaceutical companies towards the end of basics sponsored a sports day where the different platoons, all the medic and dental guys and that, competed against each other. But there were a lot of unusual sports like, handball, as well as the ordinary sports. And for some reason we had a platoon, 22 of us, and 6 of the guys were quite openly gay. And not sporty types at all. But somehow all of them had a skill in something like handball or table tennis or whatever. And myself and two of the other guys, we made ourselves the fishing team. And I was the only one with fishing experience, and we left the camp off to the dam in Potchefstroom and drank beers for the day. We did go to the lengths of buying tiny little fishing rod, one, between the three of us, and some maize pips, and towards the end of the day we hadn't met anyone else from the army, although it had been like a big competition. They'd all come by bus but we arranged that we were going in our private transport in our car. But we became concerned that we hadn't met anyone from the camp or competition or anything. And also we had no fish to show that we'd actually been part of the competition. But there'd been some guys from the night before that had caught some fish. A substantial catch in fact. So we swopped them and they were willing participants in this swop. We swopped these two guys 6 beers for their catch. And it amounted to about 7 fish. I kind of got this sense that one of them...because there were prizes, big prizes. It was like a skottel braai, sponsored by a drug company. And a lot of points counted for the fishing contest towards the winning platoon. And there was to be a free weekend pass, like a long weekend pass, for the winning platoon. But that was not our concern, we just wanted it to be seen that we had been part of the competition. So on the way back to camp, and it's now...the closing time was quarter to four or whatever, and we had to go at some pace to get there, and I started to sense that one of the divisions, it looked like we might have a winner in, which was the Yellowish. We had quite a big Yellowish and I said to the others, listen, we've got to throw this thing out, we can't win this competition. Remember this is just to show that we were here. So the guys protested quite a lot but eventually we threw the Yellowish out, a big one, and we had now left: three small</p>

	<p>Yellowish, a Barbel and a Cob. And so we arrive at the way in and it starts to become obvious...and on the way, I'm saying to the guys, I'm saying, I am not going to accept the prize if we win any part of this competition. So the one guy, Pete Melville-Smith, whose brother is an actor, he says, no he'll gladly if there's prizes to be won, he'll gladly claim to have caught the fish. Needless to say, hardly any fish had been caught on the day, it is clear that we are winners in all categories, including largest fish, the Barbel, most fish, heaviest combined weight. And then the only prize we didn't win was the biggest Yellowish, and that was because of my premonition. But of course at the prize giving, we swept the board, and the points thus gained, and also points that the other guys had collected from funny sports and stuff, made us joint winners of the competition with so called sports platoon, who had provincial sports players...that's why they were in that platoon...but we were joint winners and we got the...and Pete Mellville-Smith was quizzed on his catch and he raised a few eyebrows by claiming that all three species had gone for the same bait, a mealie pip, and he's never caught a fish in his life. And the guys wanted details of how he fought it in the reeds and he was making up stuff but...eventually you got the sense that he thought he had actually caught those fish. But we were sworn to total secrecy. And I think I'm the first to speak out about this, <i>laughs</i> after all these years.</p>
Interviewer	Your improper acceptance of the prizes.
Colin	Correct, correct. But our lips were sealed. Needless to say people were a bit suspicious of us.
Interviewer	And you became the platoon heroes or the company heroes.
Colin	Oh we were all heroes that day because we got our weekend away. I joined the Toutrek team, I was one of the anchor members because I heard they got lots of pass outs, but needless to say, we didn't. We weren't much good but we got one pass out for the weekend and it was to compete in Mafikeng against a far better equipped side than ourselves. <i>Laughs</i>
Interviewer	Sounds like just rewards to me.
Colin	Yes, it was, it was. Yes, so that was basics, and we certainly had a few good laughs in there but it was quite...I remember the first night being there, there's a train that drives basically through the tents, so it's almost like you're on the train track. Waking up at three in the morning and thinking, what the hell am I in here? What am in for? And two years lay ahead. That thought came into my mind very clearly of this stuff. Anyway we were being ordered around by little corporals and stuff and you kind of lost track of yourself, you forgot that you kind of were a doctor, you were just obeying commands, and someone shouted at you, you sort of shat yourself. All the usual things that happened I think in the army.
Interviewer	And during this period there's no mention of medicine, you're not

	thinking about medicine, there's no lectures.
Colin	<p>No not until right at the end. 3 months end. And then what I elected to do is I didn't have any strings to pull of...to be sent to some nice place or whatever. But they offered us the option of joining what they called the reaction force, which is quite an impressive sounding name, but all it meant was that for 6 months you as a doctor could be told that tomorrow you must be ready to go to the border or tomorrow you must be ready to go down to Lohatla or whatever. And they could stuff you around for 6 months but then you would have the choice of where you wanted to go afterwards, after that 6 months was over. And our first post that myself and this mate F were sent to was the provincial hospital in Bethel. And there we basically ran, you could say, the black side of the hospital. It was very segregated, black and white, and the black hospital, the GPs kind of gave us a hand but they were mainly busy with their practices. We were very much doing our own thing fairly unsupervised there, and we didn't have a lot of experience. So the most hairy of it all was teaching ourselves anaesthetics on the run. And not having a clue...I remember the first anaesthetic that I gave on a perfectly healthy guy fortunately, and a younger...as far as I was convinced I was having every complication in the book patient-wise at my hands. And I was administering anti arrhythmic drugs and all kinds of things, because it seemed like I was having the whole spectrum of anaesthetic complications and emergencies. But in fact the reason was I was failing to deliver oxygen properly. And it's all about positioning the neck and...but that's how basic it was. The guy lived and stuff but only because he had perfect reserve. He was a healthy young black man, rather than someone who already had a cardiac condition who would not have made it. But we were doing it, kind of trying to remember what we'd learned half heartedly as students.</p>
Interviewer	But that's essentially...it's highly dangerous that you've got young doctors...
Colin	<p>Yes, it was. It was. And then the worst time that I've ever had as a surgeon was a person came in, a woman, with an ectopic pregnancy that was about 15 or 16 weeks, the foetus that had grown outside the uterus. And it means that the placenta has now embedded itself into the mesentery, which is the blood supply of the intestines. And I knew from previous experience that all you must do is tie off the umbilical cord, take out the little foetus and leave the rest, and that was it. I mean I knew that. But this patient had already started bleeding a lot, that's what happens.</p>
	END OF SIDE A (<i>counter at 369</i>)
	SIDE B
Colin	<p>So I knew the theory, just tie off the umbilical cord, take out the foetus, and then close everything up and that's the end of it. But in fact she was oozing blood from where the vessels were embedded into the mesentery. So it seemed to me that there was</p>

one particular site where I just had to tie it off so she wouldn't carry on bleeding because already she was very pale and bled out and stuff. Now my mate who's inexperienced in anaesthetics, he's doing the anaesthetic and I'm doing the surgery. So I put in a stitch where it seems to be oozing from, a figure of eight stitch whereby you can tie up a bunch of tissue and that usually then tamponades the bleeding. But in fact where I pricked, it's so highly vascular, like the placenta going into it, that instead of one place it was now bleeding from four places where I had put in the stitch. And that started the chaos, and wherever I tried to stitch there was so much blood around, it would just make other little fountains of blood and there was nobody to help. And I think in the most experienced of hands they'd have been doing radical things like clamping the aorta for a period and then sorting out the problem and then unclamping. Something like that, but I had no clue. And I was draining sweat, I was fortunately my mate who was on the anaesthetic he held his head, and I was trying to appear calm but I've never been so afraid. And we were probably in there for two hours desperately trying to call for some help or whatever. I was just putting in stitches wherever I could. I don't know what I stitched. I probably tied off urethras or whatever. And eventually, there's no clotting factors, it's more or less the blood starting to look like the clear drip fluid that you're putting into the vein, that the anaesthetist is doing. I mean that's how thinned out...and I didn't think she was going to live. Anyway, by sheer chance, or her own resilience, she did. She lived through it. And once she'd recovered from that we sent her off to a place to sort her out definitively. But at least she had made it and to me that was like one of the most harrowing things that I've ever had in medicine, was that particular case. But we were also, we did things...you learn good ethics at Wits and stuff. But I remember another terrible situation where the hospital electrician or something, he needed, I think a Planters wart sorted out or something and we decided to do it under anaesthetic. By this stage we'd developed some confidence in anaesthetics, but we were using a drug that we weren't familiar with, and it was after hours and we just quickly were going to do it for him. So we didn't follow any of the routines, in fact we'd arranged to go out for drinks after doing this quick procedure. But since none of the pre op routines were followed he still had in his false teeth, he seemed to require about 5 times the dose that was recommended of (Phentonil?) which is the anaesthetic agent we were giving. And he also started having cardiac arrhythmias and stuff. and with his false teeth it was kind of blocking his airway. Just again I didn't know whether we were going to lose the guy or not. And we would have been totally liable, totally irresponsible. But anyway, he woke up and we eventually did go for drinks that night. But those were the kind of things that happened, and we did some good work there as well. And we certainly I think played a role. But from there we'd be called away for different reasons and towards the end of my time I'd been with the G6s, who are the Mechanized Artillery, and we'd been to Riemvasmaak, in the

	northern Cape and I was the doctor there. And I'd got to know the guys, I think there were about 4 of these G6s, and those were the first prototypes of the G6s...
Interviewer	Which is the 155mm artillery.
Colin	That's right. And I was in this little Unimog ambulance and I'd follow them and it was sand there and this Unimog was not as broad as the G6s, so it was like surfing behind them as we raced around in the desert sand at Riemvasmaak. We used to do like silly things. We went ramping with the ambulance, ramping on the dunes. There's pictures of us where actually the Unimog we thought we were high in the air, but in fact there's me and my passenger hitting the roof of the Unimog <i>laughs</i> but the Unimog's wheels are still on the sand of the dune. But anyway that was just our kind of silly...
Interviewer	Can I just go back to Bethel quickly. When you were working in the hospital were you based in a civilian building? Were you based in a military camp? Did you go into the office in uniform?
Colin	Yes, we were in uniform but we were saying in the civilian kind of nursing block I suppose you would say. But we were in uniform the whole time.
Interviewer	And was your situation there sort of typical, two young doctors, in army uniform, you're given a whole wing of hospital to look after? Was that happening sort of elsewhere around the country as well?
Colin	I'm not quite sure if anyone had the exact same sort of experience but certainly some guys had been to small hospitals in Natal where they were required to do stuff well beyond their training. My bit of having done Caesars and all that certainly helped when I was there. And having done some orthopaedics, that certainly helped, so we kind of...but you know, you had no sense when you were at university that you were going to be thrown in with no supervision at any stage of your career. Especially anaesthetics. I mean, you do a two week block of anaesthetics when you're a houseman. And we're in East London, all we wanted to do was get to the beach basically. It was a good time to get away from the hospital and get signed off for a couple of anaesthetics that you now theoretically have done. We assumed...well I certainly assumed that I would have had proper training before I started to do anaesthetics. But no, there we were doing...I suppose it was mainly Caesars, but it was also things like ectopic pregnancies and kind of big surgery really for guys that weren't being supervised. And I think some guys had similar experiences. Especially with the anaesthetics.
Interviewer	Do you think that's because the army disregarded...black hospitals being less important or because they thought they were helping and you were the available manpower and so therefore that's what they did?

Colin	<p>Yes, I don't think that the fact that we were looking after the black hospital almost solo was a design of the army's. But it was a fact in apartheid South Africa, the black hospitals getting a worse deal than...I mean, you went in to the white hospital and there were nurses fully starched uniforms and you know, it was like a private hospital is nowadays. Whereas the black hospital was like Baragwanath was when we were students with patients sleeping under the beds...and I mean, we were it for like a large number of patients and we'd have to check them all. I remember we had for example, someone who'd been poisoned, a woman by, I think her husband as it turned out. But we had to diagnose it and then try and treat it. And in fact we...organophosphate poisoning has got quite specific symptoms and we eventually picked up what had happened, which was, we were congratulating ourselves about. One of the things is the pupils become pinpoint like that and then your treatment is to give Atrapine which dilates the pupils, so you know if you're giving enough Atrapine...you have to give huge amounts of Atrapine...and if you see the pupils start to dilate then you know you're getting on top of the problem. But what we didn't know is you've got to keep monitoring those patients for probably about a week, and after 3 days we were regarding ourselves as heroes for saving her life. Arrived there on the one morning and she'd died, because no-one had been monitoring her anymore. And the effects of the organophosphate had taken hold which paralyzes and also causes massive secretions of fluids into the lungs, so it's a case of drowning and being too weak to cough up. So that was like another horrible thing that if we'd had some proper supervision I'm sure that person might have made it. And I suppose there were many examples of that, and also when you're a bit naïve stuff goes by you without you even realising. We made mistakes...but we were doing our best there, that's all I know. But I think it was more a case of the government and the apartheid set up, the black and white was always segregated and the blacks got like the hind teat...agter speen.</p>
Interviewer	<p>Now you're in this situation so now you're in the army, you go off to Riemvasmaak and all the rest, so at this stage you've been in the army for what...?</p>
Colin	<p>I suppose close on a year. Anyway then my default place to go back to the whole time was Bethal hospital, but it was a case of being there for a couple of weeks and then getting needed for a sick bay or whatever in Voortrekkerhoogte for 2 weeks and then going back to Bethel hospital. And in all of this we also found it was quite easy to take time off, because no-one was too sure where we were with all the movement. And we'd just phone in to our head office place in Centurion, and kind of report in from time to time and see what kind of interesting places there were that we could be sent to.</p>
Interviewer	<p>Sorry, so far at this stage of your army career, the Rooi Gevaar, the Russian Threat, the ANC, this hasn't played much of a role in</p>

	<p>your career at all. You've had your basics where that might have been drummed in to you, but the rest of it you were actually dealing with civilian patients by and large.</p>
Colin	<p>It was all civilian patients. But anyway, so then I went up with the artillery guys to Riemvasmaak, and there I was ok, in this Unimog and I was seeing very ordinary complaints. I don't think I saw too much trauma or anything like that at all. And when I got back I went to Bethel hospital again and I was kind of having quite a nice time doing it because Bethel was close to my home and I was taking time off more or less whenever I felt like as well. effectively being on AWOL but nobody...by this time our kind of commanding officer or whatever, I think he was a major, had started to hold us in high esteem because we'd been all over the place and we were coming to the end of our 6 months now. and I thought this is going so well I'll sign up for another 6 months of this. So I did that and because of that the guy regarded me highly.</p>
Interviewer	<p>Is this 6 months on the reaction...?</p>
Colin	<p>Yes. So this is now an extra, to make it like a full year. But he was very hands off in my mind. But at one stage I took a holiday and I must have been on holiday for about two weeks whatever, down the coast with no-one kind of knowing where I was, and eventually I actually ran out of money. And so I phoned in and the guy said, where are you? And I said, well, I'm in Plettenberg Bay as we speak. And he says, wat maak jy daar? And I said, I'm on AWOL. And so the guy said, no, ons sal jy moet vas vat. And you must be up in Pretoria tomorrow, because your artillery group, the G6s are going in to...actually no, I'd been with the G6s on two occasions. The second occasion I'd been up to the border to Oshivelo and those sort of places, and we had sort of a mock battle with the G6s and the Ratels and all this, and it was sort of preparation I guess for what they called Ops Modular, which was a battle at Cuito Cuanavale and all that. so when I phoned in they said, no, your guys from the artillery, G6s, have been looking for you because they want you to go into Angola with them. and I said, no, but I'll be there. I want to go with them. And by the time I got to Pretoria the next day, firstly the guy had just ignored the fact that I'd told him I'd been on AWOL. And then it became an issue that the G6s were already in northern Namibia somewhere and they were about to go in, so I was now late. I was well behind the action. They'd sort of organised another doctor but they would be able to get me into Angola to join them. Anyway I arrived at Rundu, flew up there, and I was kind of getting reports of where the G6s were and I met their commanding officer of the artillery. He said, no, they will be able to get me in but met moeite. But I'd be able to swop and I could take over from the doctor who's there (inaudible). When it came to actually flying in, it was logistically not going to be possible because the G6s were already past this place Mavinga where I was due to meet them. So I was then seconded to another branch of this group and it</p>

	<p>was to the Unita hospital, sort of base hospital, near Mavinga. And it was all underground, it was about 100 kms from where the actual fighting was taking place but it's more or less where all the Unita casualties from the front were. And there were, I think, 3 of us doctors, and we all were equally inexperienced, except that I had more surgical experience than the other guys, having done some orthopaedics and stuff. And the way it would work was they wouldn't want movement during the day, so they'd...somehow these guys would only move at night and they'd generally land up at the hospital about 2 or 3 days after their injuries. And they'd come with legs that had just been blown apart and were beyond any salvage and also infection had set in by that time. Or the other injury that we had there was anti personnel mines where it was shrapnel to the abdomen. And shrapnel causes so many perforations in the bowel. The bowel perforation with bowel contents kind of spilling over into the abdomen is a major thing to deal with, and...I mean, I just remember doing a lot of amputations. And we were doing it on, you can say, like a kitchen table under anaesthetic (ketellar?) (222) where the patient carries on breathing on their own. They don't need a ventilator machine to breathe for them. And that's why (ketellar?) kind of works. But it's got a few kind of side effects. The one is it pushes the blood pressure kind of high. And the guys that I was with were determined to give so much (ketellar?) that the patient stopped moving, which is about 5 times the dose that I understood was safe. But because (ketellar?) doesn't stop the patient moving and in fact you'd be operating in the abdomen and the patient's hand would kind of join you in the area where you're operating, which that sort of happened on a sort of a writhing movement and stuff.</p>
Interviewer	That must have made your hand stand on end?
Colin	Yes, well it kind of did, but you know, we kind of...it's amazing how you kind of remember odd things, and in fact I had sent for a book on trauma that I'd got hold of...I don't know actually who'd put me on...yes, I'd got hold of it just before I went up to Angola, and I'd left it behind at home. And I sent...one of my mates back here got hold of it for me, it was my book, written by British surgeons in East Africa and written specifically for under trained doctors and even kind of nursing staff I think of how to go about doing major surgery where you've got no option but to do it.
Interviewer	How old was this book? When was the book written?
Colin	This was happening in 1987, and it would have been 1987. It was published by Morris King and others. It was called Primary Surgery and Trauma.
Interviewer	It was a current book at that time.
Colin	Yes, it was. And they had little diagrams, little drawings of things, and it would say, now you take 20 cat gut. It was like spoon feeding you the whole thing, but I'd have that book open next to where I was operating. And I'd be referring to it the whole time. I mean, for example, if the guy's spleen had been shattered, I

	<p>didn't have to do this, but there it was, how to deal with that problem of how to do a splenectomy. And like down to what suture material you should use and then clamp it with the crocodile forceps or whatever and then reflected...just perfectly put out for exactly the need that I had there. And that book was kind of what was guiding me.</p>
Interviewer	<p>It sounds like a brilliant book but the fact is you're a 27 year old doctor, you're the most senior or in terms of experience of the 3 doctors in this place, yet you're doing operations with severe wounds and you're learning it as you go along from a book.</p>
Colin	<p>Yes, that's exactly as it was happening. There's nothing very technically challenging about doing an amputation, which was the one major thing we did. But this bowel surgery and that was. We did a colostomy or two, which is taking the bowel out through the skin of the abdomen and making...But all we were trying to do was do some sort of stabilising surgery and that night we would fly them out to...I think they came to Voortrekkerhoogte. But we'd done the kind of...the one problem is that most of these patients had bled out badly. Now your haemoglobin should be, let's say as an adult male, let's say 14 would be about normal. And these guys were coming there typically with haemoglobins of 4 or even less. So that means you're battling to transport oxygen around and it makes anaesthetics and surgery even more dangerous. But again you're dealing with people that are healthy, they've got healthy hearts and that kind of thing. But we all donated blood for example. Everyone there, like the medics and everyone. And we had these bags, emergency blood bag, transfusion bags that had anti coagulant in them. And we all donated a pint at some stage or other. And like, you'd donate a pint and then operate on the patient.</p>
Interviewer	<p>It's quite remarkable. A pint of blood has got a lot of blood and theoretically you should rest and all the rest. But in fact you were giving somebody your blood while you were administering an operation.</p>
Colin	<p>Yes, just before the surgery. But this hospital was all underground, and it was...the surgical instruments, there's nothing like an autoclave. We were disinfecting in...some stuff, that I've forgotten actually what it's called...it's yellowish stuff, not Savlon but...something that certainly...it's something far less effective than an autoclave that's sterilising the instruments.</p>
Interviewer	<p>What were your instruments like? What was in your medical bag? What did you have access to? Was it enough to do the job?</p>
Colin	<p>Yes, there was all the instruments in creation, but what we were missing was the surgeon. But the anaesthetic was the interesting thing because (kettelar?), firstly it causes a lot of secretion in the lungs so that's not great. Then it also doesn't paralyse the patient so the abdominal wall for example is always very taut. With the proper anaesthetic you've relaxed all the muscles there so you've got easy access in there. But with this you're battling against a</p>

	<p>taut abdomen, makes the blood pressure go very high, especially given in the kind of doses that my colleagues were giving. And then also it causes very vivid hallucinations, so that the guys would all be shouting and stuff, and the way around that is you give them intravenous valium, because that takes away short term memory so they forget about the hallucination. But very vivid hallucinations is part of it. I remember like one patient...she was just shouting Unita slogans, Jonas Savimbi and all this, whilst we were kind of still operating on her.</p>
Interviewer	Was that a woman soldier who was in the front line?
Colin	<p>Well I can't remember why she was...she was a woman. Maybe she wasn't one of the...we were also dealing with the civilian Unitas there. But why we would have been operating on her I can't remember. I think an anti-personnel mine that she'd kind of walked into or something like that. But another interesting thing, there'd been a drought, I think, for a year or two, before that, so mosquitoes were much less. And then that year there was a lot of rain. So suddenly everyone there, including the people who'd lived there their whole lives...that's what happens with malaria, you lose your immunity after about 6 months. So we were having people from the area that were coming in with cerebral malaria. And little children and stuff, and they don't do well if they're not treated in time. So that was another of our kind of duties there.</p>
	END OF SIDE B (<i>counter at 353</i>)
	TAPE TWO SIDE A
Interviewer	What did this underground hospital look like? How big was it? did you have electric lights and generators? You say you operated on a kind of a kitchen table.
Colin	<p>I don't remember any generator actually. I think we just had lamps, paraffin or something. But all you'd see from the surface, and it was because there were MiGs bombing and stuff...no, I didn't see any MiGs, they certainly were bombing the guys at the front but not us. But all you would see from the surface is just the straw roof of a house, and the house, the casa as they called it, sunken and underground. So you'd go down a kind of little tunnel to get into...and the wards were like that, and there were terrible sort of separate wards sunken down off the ground, and then there was the sort of theatre complex, which was also a sunken room. And I think they had straw mats and struts of just trees there. And then this kind of shaggy, not kind of well thatched but I suppose thatched as they do it there, kind of shaggy thatching. But that's all you'd see from the top. I don't think there was a generator, there might well have been, I don't remember it.</p>
Interviewer	And the floors? Were the floors earthen, were they cement? Water?
Colin	No they were earthen. And the beds were also made out of just trees that they'd...

Interviewer	Mopani poles, whatever the local tree is.
Colin	<p>Yes, Mopani is probably exactly what they were made out of. Just these rough, I don't know what kind of mattresses they had, but...that was an interesting thing about there. Was that there were a few MPLA patients and mostly Unitas, and they were exactly the same. They were both...they were the same. There was no difference between the two. And they were sort of mates when they were there in the ward. But fighting a very gruesome war on the outside. And also I found the Unitas a totally, totally unwarlike kind of personality. Just sort of jocular and...it was just so amazing that these were the guys that had been at war for 20 odd years. We got to know the medics quite well there. They kind of helped us quite a lot. One guy knew how to talk English. The rest, we learned a few words of Portuguese. There was one guy that used to come at 4 o'clock or whatever, we'd be doing our operating but somehow we always ended our operating at about lunch time, and we'd done all the cases that had come in from the night before. And then we used to go and just lie around the place. There seemed to be no further action for us. But there was this guy that used to come at about 4 o'clock and his name was Antonio, and he was a little bit kind of backward I think, but a friendly guy. But he would say, doctore, aqua kente. Which was, your hot water. Then he'd come with this jug of aqua kente that you'd do your washing with and that kind of stuff, and smiling when he handed it over to you, but it's the only words that he ever said, was aqua kente. And the one day he arrived, but heavily bandaged on his arms and just looking very sad. And I said, Antonio, what happened? And he says, aqua kente.</p>
Interviewer	So the poor bugger had poured it all over himself.
Colin	<p>Yes. But we went around the place there with these Unita guys. I remember one thing, it was just going to where these guys had a vegetable farm. And it was several hectares of like beautiful looking cabbages and spinach and...we went there to go and get ourselves vegetables. But just the pride of the farmer Unita guy taking us around and then chopping us a few cabbages and fresh from...they were in the middle of a frigging war.</p>
Interviewer	And it's also carved out amongst the bush.
Colin	<p>Yes, yes, next to some river there. But it was...I come from a farm, and it was actually just very impressive, and just a couple of the guys running it there and having fresh, bloody vegetables. Because we'd have everything tinned and, I remember for the first period, the only pudding we had, which we had breakfast, lunch and supper, was guavas. And then it was with mounting excitement that there was going to be a new drop off and we wondered what was coming our way. Anyway, the fruit was mangoes. So we ate mango, and one day of mangoes is about ample, but this was now weeks of mangoes. And there was no option.</p>

Interviewer	And now, do you eat mangoes or guavas?
Colin	I got back into guavas but mangoes still remind too much of that. but they kind of tried to look after us. Just that thing of going to get the fresh vegetables was great. So that was it, and then in the evenings we'd get the patients to the Mavinga airfield which was...I don't know, it was a couple of kilometres away. And then off they'd go at night.
Interviewer	By chopper or by C130?
Colin	C130. I remember that C130 like coming over our camp, and it was just...actually a beautiful sight. I remember one night with the big moon, and I think on the packet of Spearmints, there's a picture of like a silhouette of a C130 going over palm trees, and I thought well this is exactly what I'm seeing here. Quite a beautiful thing. But my other memories other place was not hearing a single bird. Not a single bird. Let alone seeing any animals. I mean, the only ones was one or two monkeys that the guys had caught. They used to chase them with sticks and then eventually a little one would fall out and then that would be their pet. I think they used to eat them also, maybe. But there was one little tame monkey, that was my joke. I went into the ward, and this was with all the Unita okes there and the one MPLA oke. But they were now sort of all mates. And I took in this little monkey who'd become like the little mascot. And I said to them there, I said, novo medico, pointing to the...and they all got the joke, including the MPLA oke. They were all chuffed with that. We had a guy there who was...I don't know what his scene was, I remember his name, Os de Waal. And he was a chopper pilot but, I don't know why he'd kind of...I don't know if for disciplinary reasons or post traumatic stress or whatever, but he was now there with us at the hospital and he was sort of monitoring the airwaves. You could see he was a like a ou man of the army and he'd certainly seen a lot of action in his time and stuff. Not actually that old but he'd be in on the chatter and he'd, for example, hear the Cuban guy...there was one guy, I think, Carlos was his name or whatever, but he'd be like their ace and you would hear him talking and then get all excited when he could see our guys. This is like monitoring that was happening out on the front. And then he'd say, bomba, bomba! Like this. So that was kind of our kind of connection with what was happening up there.
Interviewer	Was there no other communications? You knew that there was serious war going on but you had no idea of what specifically?
Colin	Yes, you'd hear of the stuff and certainly when I'd been in Rundu before coming to Mavinga I got the latest information. My one mate, who'd been the guy that had accepted the award for catching the fish in basics, he was there, and he was just saying, because he'd been part of evacuating wounded people after that Cuito Cuanavale battle, and he was just saying how terrible it was and everything is just burning. And the smell of burnt flesh. But he kind of gave us an update and like an accurate account of

what was happening, and how guys had been dying there and stuff. All of which was a bit kind of new to us. But no we didn't really know what was happening with our own guys. And towards the end I had a few of my mates that were with for example, the G5s that were involved in that Cuito battle and stuff, and I'd been communicating with them somehow... I can't remember how. I think somehow letters or whatever. But I knew they were there. I was kind of determined to get there to the front and hopefully to the G6s. I don't know if I was just young and wanted to be like a hero or something but I wanted to know what it was like there. So I went to a place called Die Bag and it was kind of the Mavinga base where all the guys going to the front would collect. So I was there waiting to be deployed to the front. And then the guys I was going to be going with, the Olifant tanks, as their doctor, but then the guys said that if I go in, they won't be able to get me out for 3 months, and it was around Christmas so I could have a choice. Did I want to go home now or did I want to go in for 3 months? So it was like a non brainer, and I came home from that Christmas. Then the rest of the time I was still in this Reaksie Mag and because I'd kind of been on the border a bit and stuff, the guy let me do more or less what I wanted. And I was at Bethal some of the time, some of the time I was on unofficial leave. And then the last part of my army I spent in the paediatric unit in Cape Town. One thing when I was at this place called Die Bag in Mavinga, I was lounging around where the doctors were and one or two of the officers, and I wasn't kind of responsible for the patients there in Die Bag as they kind of had their own doctors there and stuff. But one of the guys in this tent area... it was I think a very big tent with a lot of beds in... and he seemed to be groaning, in a lot of pain and stuff. And I eventually went to the guy and said, what's wrong? I think he said, he's got diarrhoea. A young guy, 20. And then he started to complain that his legs were cold, which was like strange, and he was in a lot of pain, and he looked kind of pale to me and stuff. Then I checked him out and he didn't have pulses in his legs, and I suddenly realised that he must have had an aortic aneurysm, which was ballooning out. And which is bleeding, because he had bad abdominal pain and stuff. And I kind of got things going and tried to get like a helicopter to get this guy out and he died there right in front of me. Me being able to do exactly nothing for him. And his uncle... he was a member of the Cape Corps... and his uncle came in and said, sy vrou gaan dit nie handle nie. That was his words. And he went off and I wasn't sure if that was his diagnoses. But anyway, when I was in Cape Town, at 2 Military Hospital, doing paediatrics there, in came this little child with a behaviour disorder, all over the place, like a sort of a wild cat. And the mother, that was obviously stressed beyond words. And just the surname, kind of was something like Grootboom or something, that just kind of triggered the memory. And I said, where is your husband? And she said, no, he died in Angola. And I said, where? And it was this very guy, and he had died of a burst aneurysm and this was the little kid. It was like chilling for me.

Interviewer	Absolutely. As you say, you saw the man die, and then you saw, the uncle's words prophetic.
Colin	They were. But just the chance of the person coming to see me in that hospital was amazing and I just said, I was there, I saw what happened. And she was kind of beyond sort of almost caring. I told her the whole story but you know, there's nothing really they could have done extra for him. But anyway, yes, that's what happened for the rest of my army career.
Interviewer	Just going back to Mavinga, when you were operating that hospital, there were medics, there were Unita medics, did they assist you while you were operating or was it you guys on your own?
Colin	No, they assisted us. The one guy was good. translator and stuff. But then he pissed me off because he'd got on to one of the drugs...I think he was sneakily taking Valium or something. And just stealing and I was kind of really disappointed with him. So he had to be disciplined and I think taken away as a result. But I kind of really got to know that guy well, and he was helpful. He was the translator and he was...but a young guy. There were huge amounts of drugs that were just flown in...planes. There was no shortage of anything like that. it was just I suppose the distribution of it. You had a hell of a lot of one thing and nothing of the other thing. And it was a bit odd.
Interviewer	And you're dealing now with the Unita guys coming back from the front, and the SADF guys were also going back via Unita but through their own base, the base you mentioned a bit earlier.
Colin	Yes, Die Bag.
Interviewer	They were also being flown back from Mavinga airstrip back to Rundu or Grootfontein.
Colin	Yes, or being taken out straight by helicopter.
Interviewer	From the battlefield.
Colin	Yes. I think I flew out with one guy actually to Rundu and back. It was quite chilling that, because you kind of had the feeling that you could be shot down at some point. But I remember getting one or two messages back home about sort of all is well and all that when I got to Rundu.
Interviewer	How many people were you dealing with going through the hospitals on a day? It would obviously fluctuate from quiet days to busy days, but just as an indication?
Colin	It wasn't a lot. The medics were sort of managing the malaria patients and the kids and that and we were sort of giving a bit of passing advice and that, but we'd probably operate on about 4 patients a day I think. I think we could have stretched ourselves a bit more but...you know, it wasn't really the centre of Unita. It wasn't like a huge local population. They were further south. I

	forget the name of the place.
Interviewer	Ujamba.
Colin	Yes, exactly. That place. And this was more or less just the forward hospital. So the cases that you were seeing were just fresh from the ones that had made it back from the front. It wasn't close to the front. I'm not sure exactly how they made...that was the story, they came back, but all by night. Otherwise they'd be bombed.
Interviewer	Then when you sort of came back to finish up your military service, and when you came home and saw your folks, did you tell them a bit of what was going on?
Colin	Yes, I told them everything about what was going on.
Interviewer	And how did they react to that?
Colin	I think my old man was proud that I had been part of the war effort. And you know, I must say, I've always regarded that as one of the great adventures of my life. Because of doing stuff that was way beyond any of the other medicine that I've done...surgery...but I kind of when I was there, I wasn't seeing it as a war happening. I was just conscious of the human suffering that was going on. It was just ordinary human beings. These were the Unitas but you kind of...particularly that medic guy that I got to know and you got to hear of the travails of the Unita people and all that. I felt good about the fact that I was helping. And I was. They had a guy who was a Portuguese guy...he looked Portuguese, and he was effectively their Minister of Health. He'd been to Lisbon. I can't remember his particular tragedy but I think his whole family had been killed. And for that reason he came back. A young guy, not very knowledgeable and anything like that about medicine. He told us we were doing great work and all that stuff. And he presented me with a Unita beret.
Interviewer	Do you still have that?
Colin	I gave it to a friend of mine who collects hats and berets, but he's got it. But that was quite a lekker thing. I'd actually forgotten that. But he was like their top medical guy. And not everyone got those berets. But I kind of chatted to him quite a lot. And that was it. his whole family had been killed, I think, or his wife had been killed or whatever, and so he was in it for...but also you didn't get the impression of a bitter or hateful guy. Just had adopted the Unita kind of cause as his own.
Interviewer	And with your various colleagues who you know were there...you had colleagues all over the place, but in Angola itself and in Namibia and sort of operational areas. When you bump into them these days or sort of speak to them, do you ever talk about what happened in those years?
Colin	Not about Mavinga. I don't bump into any of those guys. I don't even know if I'd recognise them. But the guys that were at the

	<p>front, most of them don't like talking about it much, the guys that saw a bit of bombing and all that. But certainly you heard about it then, what had happened to them. The one guy who got a medal, he, in the middle of being mortared, he went and pulled a guy who'd lost his legs, I think, to safety. That was one guy that I subsequently specialised with. But also he was a guy that didn't want to say a word about the army whatsoever. He was kind of just too traumatised about it. Another friend of mine who's one of the guys that arrived late with me for the army, he was very much in like a battle and just spoke of the chaos there and having the feeling that he couldn't justify losing his life here at all. He couldn't justify losing a limb here at all. Just kind of questioning what the hell he was doing there. And there were guys that I met at...and subsequently were in Cape Town with me that were just coming in when I was leaving and they were right in the middle of action and stuff and just talk about sitting in a foxhole and bullets and people. And also the one guy spoke of...he was in the Rinkhals, that's what they call the kind of fighting medic mobile...and him driving it actually. And they had some system there where they'd go through the enemy lines, and then the front cars would peel away like this, and as they peeled to the side, the front Buffels or whatever they were, they'd be shooting at the enemy that were embedded there. But in the chaos these guys started their peeling off before they'd actually hit the proper enemy lines, which in this case was a T something tank division, Soviet tank division. And he suddenly found himself leading the attack in his Rinkhals facing a tank. And he said like the thing fired at him and he just knew he was dead, because there was this hell of an explosion and stuff. But it hit a tree just right next to them, and somehow he managed to kind of manoeuvre out of there. But everyone just spoke of the total chaos. There was another guy talking of, they came across a division of the MPLAs just passing in front of them and they decided that that was SADF, so they didn't attack them. That would have been...they'd have annihilated them, but they thought it was their own. But the kind of chaos especially in like bush where no-one has a clue of what's going on, who's winning, or who's fleeing, or whatever.</p>
Interviewer	And very limited visibility.
Colin	<p>Yes, exactly that. And chaotic coms. I've got an impression of that when we were doing the thing at Oshivelo, kind of, it was just pretend mock battle or whatever, but you didn't have a clue. Especially...maybe the guys in charge of the battle knew what was going on but gee, you as the doctor were just kind of following whoever you could see to follow.</p>
Interviewer	A bit different from the movies.
Colin	Yes.
	END OF SIDE A (<i>counter at 339</i>)
	SIDE B

Interviewer	<p>We were talking about the chaos of battle but the chaos of even mock battles, of exercises...it was a big chunk out of your life it was two years of your life and you spent a lot of time learning medicine the hard way doing it. Do you think about those days with any regret or with any good feelings? You said earlier that you're quite proud of the fact that you actually helped people, which was the main thing, helping people. Were there any other thoughts you have about those experiences in that time?</p>
Colin	<p>Yes, I've kind of realised now that I had a choice about whether I was going to be there in the first place or not. Whereas even whilst I was in there I just felt like this was my life, I had no options. I was here because I was defending all that was good and I was...but no, I remember that Unita time now as just helping some people that were suffering and quite badly. And I can't say I have great bitterness about the fact that I wasted two years of my life. Those kind of experiences, some of which I mentioned in basics and stuff, where you've laughed, I suppose it's like that if you were part of a rugby team or whatever but just the camaraderie of that, quite apart from like the fact that there was a war, was something that I would often have wondered about what...and to date my best laughs are about those times. So from that point of view, but hell, two years was a long, long time. When other guys are furthering themselves and stuff but I think I was kind of...I certainly hadn't taken responsibility for my own life in those times. I was bloody immature. And so to say if I was doing something else for two years I would have been just as bloody immature. So I don't say it took a chunk out of my life. But I do...the unnecessary fighting for exactly nothing. At the end of the day it took...the moment Savimbi was killed, that war was over. I mean, it just shows for what? For one bloke or whatever. So yes, just the whole senseless of war. And the senselessness also of like people with limited philosophies of life. Sending other people in to fight and potentially die. I mean, that disturbs me a lot. Potentially a dumb person having that option of sending you to your death. It's a...all I can say is thank god I was never involved in anything where I lost a limb or...but no, I think it's one of those things that...I had a lot of experiences that I would never have had if I hadn't been in the army.</p>
Interviewer	<p>There's not many doctors who learned to deal with severe trauma operating in underground hospitals with earthen floors and a grass roof. I mean, that must have stood you in greater stead for later emergencies.</p>
Colin	<p>Yes, it was, well I mean at that stage I thought I was going to be a surgeon but I think that was...you kind of realise you're kind of limited by what you can do with your two hands when you're a surgeon. Whereas what I'm now is a physician and there it's more like what you can do with your brain, which is endlessly more.</p>
Interviewer	<p>Do you still win fishing competitions?</p>

Colin	I'm sworn to secrecy on the whole matter.
Interviewer	Anything else you want to add?
Colin	No, I think that was more or less what I experienced.
	END OF INTERVIEW (<i>counter at 46</i>)

Collection Number: A3079

Collection Name: "Missing Voices" Oral History Project, 2004-2012

PUBLISHER:

Publisher: Historical Papers Research Archive, University of the Witwatersrand

Location: Johannesburg

©2016

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 forms part of a collection, held at the Historical Papers Research Archive, University of the Witwatersrand, Johannesburg, South Africa.