

'This information', the Minister continued, 'together with the results of the application of the revised safety standards, against which the stocks of the vaccine available in the Union are now being tested, will be considered by the committee of virologists and public health administrators in the near future. If their report is favourable it will be possible to release the stocks of vaccine held in the Union and to proceed with vaccination without further delay'.

REGISTRATION OF MEDICAL AUXILIARIES

The report of the Select Committee on the Supplementary Health Services Bill has been published. In it the Committee states that it was not able to complete its work before the prorogation and as it considers that the legislation should be put on the Statute Book as soon as possible it proposes that the members of the Committee should be appointed as a committee of inquiry to continue the work during the parliamentary recess. The report was not debated before Parliament was prorogued.

The Select Committee held 13 meetings during the session, its work being in effect a continuation of that carried out by a similar select committee in 1952. It has received many additional or supplementary memoranda (which have not been published) but evidence was taken from representatives of only 3 bodies, viz. the Transvaal and Orange Free State Chamber of Mines and the Witwatersrand Native Labour Association (heard jointly) and the Health Officials' Association of Southern Africa.

The Select Committee (Dr. P. J. van Nierop, chairman) consists of 12 M.P.s, amongst whom are two medical M.P.s, viz. Dr. C. de Wet and Dr. J. van A. Steytler.

Health Inspectors and Food Inspectors

Evidence was given on behalf of the Health Officials' Association, which consists chiefly of health inspectors and food inspectors,

by Mr. B. W. Russell (President of the Association) and Mr. J. Liston (Chairman of its General Committee) in favour of the compulsory registration of health inspectors and food inspectors by the South African Medical and Dental Council. They contested the views put to the select committee in 1952 by the Medical Officers of Health Group of the Medical Association in opposition to compulsory registration and said that the medical officers of health of the Witwatersrand favoured compulsory registration.

Nurse Radiographers

Dr. F. Retief and Dr. H. H. G. van Blommestein (Chief Medical Officers of the Witwatersrand Native Labour Association and the Anglo-American Corporation, respectively) and Mr. R. E. Worroll (legal adviser) said they were concerned with diagnostic radiographic work carried out by European male nurses in Native hospitals on the Witwatersrand and in the Orange Free State. They contended that it would not be practicable to recruit qualified radiographers to do this work. All the radiographic operations to which the delegation referred were, for all practical purposes, done under the direction of a qualified medical officer, he said. All the assistants underwent a 20 weeks' training course. They operated the machine and processed the plate, and then it was for the medical officer to use the result for diagnostic purposes. They did nothing pertaining to treatment. To bring these persons within the purview of the Bill would probably upset work in the provincial hospitals as well, for they were in many ways in the same position.

If the mining industry was prejudiced in X-ray work—a vital aspect of the medical services that it provided for Native labourers—then serious harm would be done to the Natives and the industry, and in fact to the country at large. At present a Native labourer employed in a dusty occupation was examined every month, although the Silicosis Act stipulated an examination every 90 days.

IN MEMORIAM

THOMAS LEWIS LINDSAY SANDES, O.B.E., M.A., M.D. (DUBL.), F.R.C.S., F.R.C.S.I.

Dr. A. W. S. Sichel, Chairman of Federal Council, writes: A notability in the medical world has passed to the great beyond in the person of Mr. T. Lindsay Sandes, whose death at his home in Claremont, Cape, occurred on Saturday, 25 June 1955.



Photo: Cape Argus

T. L. Lindsay Sandes

His whole life is a record of service to the public and to his profession, but it is mainly for what he achieved, and for the sacrifices he made in the interests of the Medical Association of South Africa that I now pay him tribute.

From his earliest years in Cape Town he was a member of what was then the Cape Western Branch of the British Medical Association and he served on its Council continuously from 1919 until ill-health compelled him to withdraw in 1949. He was a member of numerous committees and played a leading part in debate and in all the activities of the Branch over a long period. It can be said with truth that throughout his active career no meeting of the Medical Association was complete without Lindsay Sandes if he were available, especially in his home area.

He was in his turn President of the Cape Western Branch in 1928 and held a similar position in the now defunct Southern Peninsula Medical Society in 1927. A notable function in that year was a reception held by Sandes at his residence to welcome the late Dr. Alfred Cox during his visit to South Africa. It will be recalled that Dr. Cox played a great part in the negotiations which brought about the formation of the Medical Association of South Africa as a corporate body within the British Medical Association. As a member of the old South African Committee which existed prior to 1927 Lindsay Sandes attended the now historic meeting with Cox in Bloemfontein from which evolved the constitution of the Medical Association as we know it today.

Having played a part in creating the Association he became its first Vice-President and member of the Federal Council, on which body he sat continuously from 1928 until his retirement in 1949. He assumed the Presidency in 1934, in which office he served 2 terms, a period of 6 years in all. Many will remember the glittering Congress of 1938, held at Lourenço Marques, when Sandes filled the role of President as only he could.

For his outstanding and distinguished services he was in 1939 awarded the Gold Medal of the Medical Association, the highest honour it can bestow on one of its members.

Another important position which he held was that of Chairman of the Head Office and Journal Committee, which responsible post he filled from the inception of the Committee until 1949, when ill-health forced him to proffer his resignation; nevertheless he served for a further 2 years as a coopted member.

When the 37th South African Medical Congress was held in Cape Town in 1949 Sandes by common consent became the President of Congress, thus achieving the unique distinction of having been President of the Association and President of Congress in separate years.

Having relinquished much of his exacting work for the Medical Association Sandes did not readily abandon interest in his profession and its problems, but stood for election to the South

African Medical and Dental Council, becoming a member in 1949. Unfortunately the state of his health forced him to resign before he had completed his term of office. After his complete retirement from practice and public duties he nevertheless retained a keen interest in the affairs of the Medical Association and the conditions affecting medical practice and education.

I do not propose to refer to Sandes as the surgeon, clinician, teacher or soldier, hoping that some one in a better position than I will record what we owe to him and remember him for in these capacities. On occasion, however, I had the privilege of cooperating with him in surgical procedures and admiring his surgical skill. I have also been fortunate in seeking his opinion as a patient, when possibly his conservative outlook on the indications for operation spared me from annoying sequelae or worse.

In my long association with Sandes on the Council and Committees of the Medical Association of South Africa I had the opportunity of getting to know him more intimately than is the lot of most. In the earlier years, before I had experienced his Irish temperament, I asked for trouble and I got it. In debate he could be scathing of anyone who dared to differ from him but, on the other hand, he might exude benevolence and encouragement to the novice. In this latter respect I have always looked back to my first appearance on Federal Council in 1935, when Sandes to me was a mentor and guide and remained so in later days when I in my turn had to carry heavy responsibilities.

He was a man of wide tastes in literature, art and sport. In his younger days a genial golfer and devotee of tennis, he still found pleasure in a homely game of croquet almost to the end. For many years, and particularly after his retirement, he found scope for his artistic nature in painting, a hobby which brought him great satisfaction and enjoyment.

The majority of his colleagues will recall Lindsay Sandes as a brilliant and witty after-dinner speaker or as an amusing interjector during a speech being made by someone else. Never at a loss what to say or how to say it, he could switch from pathos to slapstick as one respiration follows another. Whether his speeches were prepared or impromptu they exhibited a wonderful range of facts and a remarkably retentive memory. Possibly his outstanding characteristic as a speaker was his flair for embellishing a story, but this power of embellishment sometimes bewildered those who had heard him tell the same story before.

If I had the literary ability and leisure I might be tempted to produce a book entitled 'The Stories of Sandes'. Among the many that we have all enjoyed one might single out the stories of the Ostrich at the Farmhouse and the Interview with Kitchner at the War Office.

Speaking on behalf of all the members and officials of the Medical Association of South Africa I would like to record our deep sorrow in the loss of a brilliant and loyal friend, and to express to his wife and family our most sincere sympathy. For myself I deeply regret that, owing to my absence on official duties, I was deprived of the opportunity to pay my last respects to one who for so many years had been my friend and counsellor.

Sleep on. Your work is done and nobly done.

Mr. W. Lennox Gordon, O.B.E., M.D., F.R.C.S. (Edin.), of Cape Town, writes: I have had the pleasure and privilege of knowing Lindsay Sandes for many years. Our friendship dates back to 1912, when he first settled in Cape Town. He had arrived in South Africa a short time before and made a brief stay in Grahams-town, where his brother, a gifted man, since deceased, was practising as a barrister.

He started in Cape Town as a bacteriologist. This led to work at the leper institution at Robben Island. While working there he carried out pioneer surgical work on leprosy cases, amputating useless and often septic limbs. Many patients were greatly benefited by these, at that time, novel methods.

Sandes joined the South African Medical Corps about a year before the 1914-18 war. I have never forgotten the last U.D.F. camp to be held at Worcester before the war. Sandes was senior M.O. and as such had to send in a daily medical report to the camp O.C. These reports, couched in the typical strain of wit and humour of which Sandes was master, were by no means appreciated by the 'brass hats'. I wondered then, as on many later occasions in France, how he got away with his witty comments.

With the outbreak of war in 1914 Sandes was appointed to Wynberg Military Hospital as a surgeon. After the South West

Africa campaign the 1st South African General Hospital was organized and sent to France. Sandes was promoted major and worked on the surgical staff. When the South African Hospital at Richmond was started Sandes left France and became O.C. Surgical Division at Richmond. As the South African wounded usually landed eventually at Richmond Hospital most of them passed through his hands. While working there he obtained the F.R.C.S. Irel. (1918) and F.R.C.S. Eng. (1920). For his work during the war he received the O.B.E. (Military).

On his return to South Africa Sandes was soon appointed to the surgical staff at the Somerset Hospital, and as lecturer in clinical surgery in the University of Cape Town. With the opening of Groote Schuur Hospital he moved over with the rest of the staff. These appointments he relinquished in 1949, when he was appointed as consulting surgeon. He was also consulting surgeon to the Wynberg Hospital and to the Wynberg Military Hospital.

Sandes was an outstanding surgeon. He would have made his mark and risen to the highest honours in whatever centre he settled in. His technique was excellent, his judgment sound; and he was a bold surgeon, prepared to tackle any case he felt would benefit by his skill. He was, moreover, an excellent lecturer and teacher, standing high in the esteem of the students of the Cape Town Medical School. The valuable work which Sandes did for the profession and our Association is still in our memories. The Association conferred on him the highest honours in its gift. On numerous committees and deputations his facile and convincing presentation of whatever case he had to put forward was of the greatest value. As an after-dinner speaker he probably had no peer in the profession; his method of approach was unique, and we all looked forward to the humour and spice of his witty tongue.

Sandes was a cultured gentleman, much travelled, with a wide general knowledge on many subjects. He was a competent artist, working chiefly in water colours. It is regretted that he never wrote his autobiography. It would have been as entertaining as Munthe's *Story of San Michele*, and probably of equal literary quality.

Altogether he was a remarkable man. I shall miss him greatly as a friend.

Lindsay Sandes married Miss Metcalf of Cradock. He lost one son, who was qualified in medicine, in the last war, and leaves his widow, one son and one daughter, to whom our deepest sympathy is extended.

Dr. A. J. Ballantine, of Claremont, Cape, writes: The passing of Thomas Lindsay Sandes removes from our midst one of the giants of the older generation in our profession. It is doubtful if his place will ever be filled again. He belonged to that class of men whose professional training was supported by a broad education encompassing the humanities as well as the sciences and this often showed itself by his quotations from the classics or from Shakespeare when he was called upon to speak at any function.

Of his medical training, his teaching and his work for the Medical Association over a long period of time, which earned for him the highest honours that the profession could give him, I will not deal. My tribute to his memory deals rather with his work at the Victoria Hospital, Wynberg, where for many years he was surgeon.

He joined the staff of that institution at a time when much of the surgery had perforce to be performed by the general practitioners, for there were then very few surgical specialists in Cape Town. His coming had an immediate effect; not only was it possible to have the scope of the surgical work in the hospital very much enlarged, but his profound knowledge of pathology, his skill in diagnosis, his dexterity in dissection, and his willingness to be a teacher as well as operator, led to an ever-rising standard of work by the general practitioners. Just what it meant for the anxious G.P. to have his advice and help at all times only those who experienced it can know. Perhaps, at that time, we did not realize just how much work he was doing and so we imposed upon him, but in the 20 years and more that I was associated with him he never once suggested that help should be sought elsewhere.

He seemed to have a keener appreciation than most men of the perplexities and anxieties and problems of the general practitioner, and this drew us to him. He made us feel that we were one of a team, and in assisting him at operations and in listening to his teaching we learnt much.

His wide experiences in the work of the Medical Association

enabled him often to furnish us with very sound advice in the discussions that arose at staff meetings. His counsel was invaluable. His great gifts as a public speaker and his acute Irish wit led to his services being often requested. Who of us who heard his appeal for support of the Red Cross that he made in the City Hall can ever forget his brilliance on that occasion? He was so often called upon as an after-dinner speaker that the calls became irksome to him. As he said, they interfered with the little relaxation that he was able to get.

Ill health forced him to give up work, and unfortunately it also deprived him of much of the pleasure that he might have had from his hobbies. Towards the end he found life irksome and perhaps the end was not unwelcome to him.

We shall always be grateful for the honour of his friendship and for all the help he gave us with such telling fellow-feeling for those in distress of mind or body. Our sympathy goes out to all the members of his family.

DEGREES CONFERRED AT THE UNIVERSITIES OF THE WITWATERSRAND AND PRETORIA

The following medical degrees were conferred at the Universities of the Witwatersrand and of Pretoria following the Winter Examinations 1955:

THE WITWATERSRAND

M.B., B.Ch.

Aaron, H. N.	Keshavjee, D. G.
Blaine, M. G.	Kushlick, A.
Brown, R. F.	Makanjee, A. D.
Burkheiser, A. N.	Marais, D. F.
Didcott, C. C.	Mbolekwa, G. M. F.
Fenster, G.	Pirie, D.
Gentin, S.	Ramsay, J. C.
Gordon, V. R.	Roberts, W. A. B.
Gosling, A. R.	Rubin, D. L.
Heimann, J. G.	Tsele, R.
Jaga, V.	Tshikovhi, T. N. S.
Jezile, H. N.	Viljoen, P. J. v. B.

PRETORIA

Graad van Doktor in Geneeskunde

Fichardt, Theunis. (Dept. Radiologie.)

Proefskrif: „Die Waarde van Retropneumografie en Splenovenografie, eerstens in die onderskeidende Radiologiese diagnose van Splenomegalie en ander linker bobuik tumore, en tweedens in die Radiologiese ondersoek van Poortaar-obstruksie en gevalle van Splenomegalie met Poortaar-Hipertensie.”

Graad van Magister in Geneeskunde

Davis, William Henry. (Dept. Interne Geneeskunde.)

Pretorius, Hendrik Petrus Jacobus. (Dept. Kindergeneeskunde.)

Graad van Baccalaureus in Geneeskunde

De Lange, C. J.	Sietsema-Klooster, W.
Esterhuizen, J. L.	Van der Merwe, C. J.
Groenewald, W. L.	Van Rensburg, J. T. J.
Henning, J. S.	Viljoen, B. J. G.
McCall, P. G.	Vorster, D. J.
Mulder, W. A.	Zinn, A. C.
Rosenzweig, D.	

PASSING EVENTS : IN DIE VERBYGAAN

Union Department of Health Bulletin. Report for the 7 days ended 23 June 1955.

Plague, Smallpox, Typhus Fever: Nil.

Epidemic Diseases in other Countries:

Plague: Nil.

Cholera in Calcutta (India); Chalna, Chittagong, Dacca (Pakistan).

Smallpox in Kabul (Afghanistan); Phnom-Penh (Cambodia); Ahmedabad, Allahabad, Bombay, Calcutta, Delhi, Kanpur, Lucknow, Madras, Visakhapatnam (India); Chittagong, Dacca, Lahore (Pakistan); Nhatrang, Saigon-Cholon (Viêt-Nam); Mogadiscio (Somalia); Tanga (Tanganyika).

Typhus Fever in Alexandria, Cairo (Egypt).

Dr. Arthur Victor, formerly of Wolseley and Aliwal North, has returned from abroad where he gained the diplomas D.O.M.S., Dublin, and D.O., London. He is now practising as an ophthalmologist at 202, Board of Executors Buildings, Stockdale Street, Kimberley.

* * *

Dr. Arthur Victor, vroeër van Wolseley en Aliwal Noord, het so pas teruggekeer van oorsee waar hy die diplomas D.O.M.S., Dublin, en D.O., Londen, behaal het. Hy praktiseer nou as oogarts te Board of Executors-gebou 202, Stockdalestraat, Kimberley.

NEW PREPARATIONS AND APPLIANCES : NUWE PREPARATE EN TOESTELLE

Meticortelone (Prednisolone)—Schering. Scherag (Pty.) Ltd., Johannesburg, make the following announcement.

Meticortelone is now available in South Africa. It is an analogue of hydrocortisone and appears to have the same anti-inflammatory and antirheumatic properties as Meticorten,¹ with similarly diminished toxicity. It is 3-5 times as effective mg. for mg. in rheumatoid arthritis as cortisone or hydrocortisone, yet is strikingly free from major undesirable effects.

An average of 20-30 mg (4-6 tablets) a day is gradually reduced until maintenance dosage of 5-20 mg. is reached. The 24-hour

dose should be divided into 4 parts given after meals and at bedtime.

At an international symposium on Meticorten and Meticortelone held in New York recently many papers were presented describing experience with these new drugs in the treatment of rheumatoid arthritis, intractable asthma, dermatosis and other diseases responsive to corticosteroid therapy.

1. New Preparations and Appliances (1955): S. Afr. Med. J., 29, 549.