



The South African Medical Journal

100 years ago: To The Editor, South African Medical Record*

Dear Sir,

Can you tell me if it is at all derogatory or tending to lower the profession by opening a place (an old store done up and repainted) with a big sign board outside with the words 'Medical Dispensary' on it in large letters, and its equivalent underneath in [a local language]. Also benches are arranged all round outside. This has nothing to do with me, only I should like to know the feeling of the profession out here with regard to Dispensaries. At home they are very infra dig.

Also, would it be considered advertising if I had my name and address printed on the dispensing labels, or on cards? I have a large native connection and many of them want to be able to send their friends to me, but cannot remember my name. I have given some of my visiting cards away to them but I find that is too expensive, so thought of one or the other of the above alternatives. Please advise me. Yours etc. - D.B.

The 'Medical Dispensary' with sign board, etc., is certainly not advisable, neither should we counsel our correspondent to have his address printed on cards for distribution. This easily resolves itself into touting pure and simple. But there is no ethical objection to the name and address being printed on dispensing labels. It is constantly done by reputable country practitioners all over South Africa. Labels only go to actual patients while cards may be distributed broad cast. Editor *SAMR*]

*Between 1902 and 1923, the *SAMJ* was titled *South African Medical Record*.

50 years ago: Obstetrical Symposium (Cape Western Branch Meeting), Professor James T Louw: Abortions

Professor Louw prefaced his remarks by drawing attention to the alarmingly rapid increase in the world's population. Strict religious and judicial laws exist in all civilised countries in regard to interference with gestation. Whether these laws would have to be modified was an ethical problem outside the present scope.

He gave a classification of the various clinical types of abortions and discussed the aetiological factors, diagnosis and treatment of the various types. He pointed out that 25 - 30% of all pregnancies terminated in abortion and quoted Albert Davis, who in his analysis of 2 665 cases had found that 90% of abortions were induced. He agreed that a great majority of abortions were induced and not spontaneous.

In this country the law is clear and therapeutic abortion can only be done 'by means employed in good faith for the preservation of the life of the mother of the child. Crime is committed by any person who wilfully and unlawfully, with the intention of prematurely terminating pregnancy, does any act which causes a pregnant woman to miscarry'.

The indications for therapeutic abortion are maternal diseases such as heart disease, pulmonary tuberculosis, hypertension, chronic nephritis, mental disease (with qualifications) and carcinoma of the cervix; or complications peculiar to pregnancy such as hydatidiform mole, hyperemesis gravidarum (severe), acute hydramnios and foetal abnormalities.

He stressed that therapeutic abortions should not be lightly recommended, and that 2 important principles should always be observed, viz. (1) Always consult a colleague and one not in partnership; (2) Should an abortion be indicated it must be done courageously or duty is neglected.