10.2.22 (9) 1.

Commission of Enquiry into Training of medical Students & other Related matters.

The Commission is primarily concerned with the facilities at hospitals for medical & dental training, & the interrelationships between the teaching hospitals & the Universities.

The terms of reference make no mention of non-European training; however in the questionnaire circulated by the Commission, question (p) reads:-

"What are your views regarding the training of non-Europeans in medicine & dentistry?"

I. The need for non-European Doctors.

1 The state of health of our Non-Europeans.

"Nor is it generally known that not only the Natives in the Reserves & outside, but also a large percentage of other non-Europeans, live under appallingly bad health conditions. They are subject to the unchecked ravages of all the diseases which are the inevitable result of malnutrition & unhygienic living. The disaster with which this state of affairs threatens the European population, with whom many of them come in daily contact in their the home, in the workshop & on the farm, should be enough to give us pause & to incite us to action, even if it can be for no other than selfish reasons."

(Part of the Committee on medical training in S.A. Chap VI.)

Report of the National Health Services Commission.

Chap I

11. "The Report of the Carnegie Commission published in 1932 after 4 years of scientific investigation into the economic, psychological, educational, health & sociological aspects of the poor white problem, opened the eyes of the public to the gravity of the situation. Poverty, ignorance & malnutrition, & diseases like malaria & bilharziosis, were all shown to be factors for low productivity & ill-health. Recognised as the verdict of experts, this Report was a challenge to more fortunate citizens throughout the country to bestir themselves".

Chap. I
12

"The Vos Committee of 1925 (Committee of Enquiry re Public Hospitals & Kindred Institutions. UG 30/25), the Loram Committee of 1928 (UG 35/28) & the Holloway Commission of 1930-32 (Native Economic Commission - UG 22/32) commented strongly upon the deterioration of social & health conditions in the Reserves, & upon the utter inadequacy of the services available for their remedy. ~~the~~ ---"

Chap V
2

"One factor stands out pre-eminently in such a survey (of the socio-economic background) — the grinding poverty of almost all of the non-European, & a substantial part of the European population of this country. ----

3 "We have had evidence from the Secretary for Native Affairs as to the gradual economic deterioration of the Bantu --- The evidence we have received strongly suggests -- that in the Territories, on the farms, & in the towns, their poverty is increasing & their health deteriorating

4. "On the lot of the Coloured population in the Cape we have had eloquent testimony, notably from the MOH for Cape Town, that poverty & ignorance were the main factors in the causation of the contrast which exists between the health of the European in that city & the health of the Coloured population. Similar evidence was submitted in regard to the Indian population of Natal."

Report of the National Health Services Commission.
The state of the Nation's health

Chap XIX. 6. "The death rate for Europeans in 1942 was 9·35 (per 1000), a figure which compares favourably with most of the countries listed in the above table (i.e. Holland, Canada, USA, Australia, Britain etc). ---- For the non-European section of the population the figures, when available, are much higher — rarely less & often more than twice as high. This is probably true throughout the country.

9. The (Infant mortality) figure for Europeans has fallen markedly during the last 20 years --- & in 1942 the figure was the lowest yet recorded, 47·52 (per 1000). In the same year the rate for Asiatics was 88·38, & for "mixed & other Coloureds" it was 176·68. In his latest annual report, the Secretary for Public Health says:-

'Infantile mortality rate is always regarded as a useful index of the public health state of the community because a large proportion of infantile deaths are preventable.' - - -

10 - - - "There is some doubt whether the figures for Coloureds can be regarded as entirely accurate, as it seems possible that the registration of births amongst this class of the community is still somewhat incomplete, a factor which would exaggerate the infantile mortality rate - - - Nevertheless, the consensus of opinion among medical officers of health, the evidence of several surveys is that the Native infant mortality rate is not less than 150 anywhere in some areas is as high as 600 or 700."

8. - - - "The following passage is quoted from the 1943 Report of the Secretary for Public Health: - - - - - -
'In the Native areas tuberculosis is endemic often runs a chronic course'."

12. "No figures are available for maternal mortality among Natives. There is, however, sufficient evidence available from the records of public hospitals, location nursing services, medical missionaries, to explode the myth, at one time widely prevalent, that the difficulties pathological sequelae of child-birth are virtually unknown among Native women.

14. The incidence of this (Typhoid Fever) infection is generally regarded as the most sensitive single index obtainable with regard to the standard of environmental hygiene in any area or country. There has been a fairly steady decline in the incidence among Europeans during the past 20 years - - - but the actual incidence is still much higher than in Great Britain - - - The incidence among non-Europeans is not known. Dr EH Cluver estimates in his "Public Health in S. Africa" that 2% of the Natives are 'carriers', which is indicative of a very high incidence rate, as only a fraction of persons infected become carriers - - "

18. - - "Dr GW Gale, Venereal Diseases Officer for the Union from 1939 to 1942, stated in evidence that the incidence among the urban Natives is about 25-30% that much of this is latent - - - The incidence of congenital syphilis in rural areas, as revealed

by Karks & le Riche's survey, suggests that the incidence of syphilis generally in many rural areas may be no lower than in the urban --"

25. According to statistics of the Friendly Societies & the Leather Industries Research Institute, illness causes "a loss of from 3 – 8 per cent of the nation's working time each year – in terms of national income, from £12 to £30 millions per annum, or the cost of a complete national health service".

25 A. -- "The health of the people is far below what it should & could be. On balance, it is probably deteriorating, at least as far as four-fifths of the population are concerned. It is the morbidity rates rather than the mortality rates which are so disquieting, for all those presented & discussed relate to diseases & conditions which science to-day knows full well how to prevent".

2. Health Services available to Non-Europeans.

Committee appointed to inquire into the training of Natives in medicine & Public Health '28.

8 ---- "The Committee of Inquiry re Public Hospitals & Kindred Institutions in its Report (U.G. 30-25 para 515) states as follows: 'It cannot be denied that at present there are hordes of Natives in many centres who have little chance of medical treatment, and the untreated sick become a menace to the rest of the community'. The evidence submitted to your Committee fully confirms this opinion ---"

Memorandum submitted by IRR to National Health Services Commission.

Part I C (8).

"A great deal of time & money is spent by patients (Reserves) who take long, expensive, weary journeys to visit town doctors. Often nights have to be spent in camp by the way or in already crowded location homes. Unless the case is serious enough to warrant entrance to Hospital, the value of such visits without any follow-up is rarely commensurate with the time & money expended & the exhaustion entailed."

Report of the National Health Services Commission.

Chap V. B. para 8. "Poverty denies many of the resources of modern medicine to large sections of the population, who under existing conditions can only attain medical help through the charity of individuals or voluntary organizations quite unable to provide the full range of modern therapeutic measures; or through the inadequate facilities afforded them by the district surgeoncy system & free beds in the public hospitals".

Report of the National Health Services Commission.

Chap XIII, 35 "However altruistically-minded, the private practitioner must make a living. He can of course leave to the district surgeon the medical care of those persons who are certified paupers. Nor will he be called in by those persons who, although not poor enough (or perhaps too proud) to be certified as paupers, will not incur medical expenses which they know they cannot meet — except in extremis, with the necessity for a death certificate looming before them. It is often only in the latter pitiful circumstances, for instance, that Natives in the locations where there is no free municipal service call in a doctor"...

37 ... "Knowledge of the fact that practice in Native rural areas is mostly on a strictly cash basis undoubtedly prevents many Natives from seeking skilled medical aid even when they have a desire to do so".

Report of the National Health Services Commission
District Surgeons

Chap XIII 138. .. "To this group of indigents belong almost all Natives, the majority of Coloureds & Indians, & about 300,000 Europeans. ... Compared with the number of doctors serving the million-&-a-half or so of the financially-more-fortunate part of the population — i.e. some 2000 — there are 381 district surgeons to serve roughly 8,000,000".

142 "Of the 381 District Surgeons, 29 are employed in a full-time capacity in most of the large towns of the Union & in certain country areas ...

144 ... "The conflict created between the private practice of the doctor (i.e. part-time District Surgeon) & his duty under his agreement appears to be detrimental to the best service. The difficulties experienced by

many people & the delay involved in obtaining services were the subject of many complaints - - "

146 "There appears to be no doubt that the services are, at the present moment, inadequate. All witnesses were unanimous that it was not the fault of the doctors so much as the failure of the system which caused all the trouble - - "

Report of the National Health Services Commission

Chap XIII, 27. "Fees for visits in the village are not high on the whole - about 5/-, or at the most 7/6, plus 3d a dose for medicine. Natives in rural areas upcountry sometimes pay as little as 2/6 for a consultation with medicine, or 5/- for a visit to the location, but commonly throughout the Transkei, Natal & the Transvaal, the charges are 5/- to 10/- for consultation & medicine "

From memorandum prepared for Health Foundation

School medical & Dental Services

medical & dental examinations of school children are not a statutory obligation of Provincial Authorities; nevertheless the responsibility has been assumed by them. On the whole, such examinations of European children are on a fairly satisfactory bases; but this is not the case with Non-European school children.

So far as Coloured & Indian children are concerned, the Transvaal, Cape & OFS Education Depts do not possess the necessary staff to conduct regular examinations. The same position is found in Natal so far as Indian children are concerned; although Coloured children are examined regularly.

In the Cape & OFS, the examination of Bantu School children is very inadequate. In Natal the service excels & is being expanded as rapidly as possible. In the Transvaal there are no school doctors responsible for visiting Bantu schools, but a number of Bantu nurses have been appointed as "Leaves Teachers" to supervise the health of the children in the schools concerned, [illegible], where a clinic has been established locally, to assist with the work of the clinic.

Various Municipalities & Voluntary Organisations & the staffs of various schools have attempted to remedy the position by establishing clinics which in some cases are subsidised by the Provincial Administrations. In Johannesburg, for example, the Municipality has based a school dental service on its dental clinics in the Native Townships - - -

Few Non-European parents are in a position to send their children to private practitioners &, in fact, few N.E. parents are even in the position to realise when their children are in need of treatment

3. The demand for health services is growing.

Report of the Committee on Medical Training in S.A.

Chapter VI. The Medical Training of non-Europeans.

(13) "In regard to the provision of health services (for non-Europeans), the problem is complicated by various factors. First, there is the fact that the great majority of Natives have not yet learned to ask for or even to desire medical services. This is partly the result of ignorance and lack of contact with medical services & partly owing to the fact that they still believe in their diviners & herbalists & are not willing to submit to scientific medical treatment. Secondly, the economic conditions under which many of them live, make it in any case impossible for them to pay for what medical services they may require."

Memorandum submitted to the National Health Commission by the IRR. 18.9.43

Part I A. (h).

(2) "The adjustment of African people to urban & Westernised life has been more rapid than most workers among them, either official or non-official, anticipated. Nowhere has this shown itself more clearly than in the demand for hospital & other health services."

4. The number of Doctors needed in S. Africa.

Report of the Committee on the Admission of Students to the Medical Schools in S. Africa 1943.

4 - ... "the question arises as to the number of medical practitioners the country requires.

"It was stated that, on an average, one medical practitioner for every 2500 members of the population (European & non-European), would be a reasonable provision for the country's requirements, & the Committee has no reason to consider this an unreasonable ratio. --"

Report of the Committee on Medical Training in S. Africa. (Botha Report). 1939

Chap. 1. Number & distribution of medical Practitioners in Relation to Population.

"The question as to whether S. Africa is training enough medical practitioners for the needs of its population is one on which there is great divergence of opinion, according to the angle from which it is approached. If the whole of the population, including both European & non-European, is taken into consideration, there can be no doubt that, in comparison with other countries, our medical services are hopelessly inadequate. The statistics which we have been able to collect -- indicate a proportion of one licensed practitioner to over 5,000 of total population. If the European population only is taken, the figure becomes a little over 1000. The distribution table as well as the average figures should be carefully studied in order to arrive at the right conclusions

"At the outset, however, we have to point out that this question of the number of medical practitioners in relation to population cannot be judged upon merely from the numerical point of view. There are two other questions to be asked in this connection: first, is the population willing to make use of additional facilities if these could be made available;

secondly, is the population in a position to make use of such facilities? The first is a question of demand; the second a question of economics ---

"In medicine, as in all other community needs, the law of supply & demand must operate. --- Now it is an established fact known to all medical practitioners who have practised in Native areas, that the bulk of the Native population has not yet been educated up to wishing to make use of medical facilities ... It is therefore not enough just to state that we have under 2000 licensed medical practitioners to serve the needs of a population of over 9½ million. In contemplating the ideal it is not wise to lose touch with reality ... the ideal will not be realisable for years to come. When once we have succeeded in creating a demand, it will be time enough to think of supplying that demand ---

"On the question of economics it is submitted that a substantial proportion of the population is economically unable to enjoy the privilege of medical services --- without some form of State medical service there is no hope of providing effective medical services for the bulk of the population --- a wider extension of the system of district surgeons seems to be indicated.

"The evidence of the great majority of medical practitioners was to the effect that we have a sufficiently large number of doctors, but that they are badly distributed. ... One third of the licensed practitioners in the Cape Province are in the city of Capetown & half of those in the Transvaal are to be found in the city of Johannesburg. In addition there is a large number of salaried medical men working in hospital & other government services in these centres.

"In Capetown there is one licensed medical practitioner to 380 of the European population, whereas in Calitzdorp and Clanwilliam, which have no hospitals facilities, there are between 3,000 & 4,000 Europeans to every doctor.

"Area is also an important factor determining the accessibility of medical services; for example, in Gordonia there is only one doctor to 4000 square miles. The ratio of Europeans to medical practitioners in that district is 4,200 : 1.

"If one takes into account the non-European population as well, then the position is much worse. In the Native territories, for example, one finds districts with ratios up to 60,000 & 70,000 inhabitants per doctor.

"In considering the availability of medical practitioners to the population we must again point to the economic factor which in the last resort determines these ratios. ... Medical training is a very expensive business, & the doctor must live. ... the income of the great majority is not such as can be considered attractive to people with money-making intentions. Unless, therefore, the State can initiate a scheme by which medical men can obtain full-time government employment, we must reluctantly conclude that the country cannot under present conditions absorb a material increase in the number of medical practitioners"

Notes on Statistics of Medical Practitioners

"If one wishes to arrive at a figure showing the number of medical practitioners actually serving the public in S. Africa, the nearest figure we can give would be the sum of the licenced practitioners (1909) & the number in full-time salaried employ (419), i.e. 2328.

"As the latter group (419) is strictly speaking not available to the public as private practitioners, the number actually available boils down to 1909 ---- Out of this number 31 are non-Europeans."

Yet there were 2896 doctors on the register.

"The above figures may serve to show how very hazardous it is to compare different countries as regards the relation of the number of doctors to the population, unless one defines very precisely in each case how the number of doctors is arrived at. It is obvious that one would obtain a very different figure for S. Africa by dividing the number of registered practitioners into the population from the result obtained by using the number of licensed practitioners. In the former case we have in S. Africa one doctor to every 690 of the European population; in the latter case the figure stands at 1050. If we include the non-European population as well, the two figures are 3,310 & 5,020 respectively.

"In the light of the foregoing observations the following extract from the Final Report of the Commission on Medical Education in the USA, page 99 (1932), may be of interest :-

'At the present time the number of persons per physician in the US is approx. 780. The table below gives corresponding data for some of the European countries, in several of which there is serious complaint by the medical profession of the oversupply of physicians & of the difficulties encountered by recent graduates in establishing themselves in practice.

Population per Physician in European Countries.

Austria	880
Switzerland	1250
Denmark	1430
England & Wales	1490
Germany	1560
France	1690
Norway	1760
The Netherlands	1820
Belgium	1850
Sweden	2890 '

"The latest figures which the S.A. Medical Council had available for the Dominions are given here. It is assumed that they are in respect of doctors on the register.

	Population per practitioner
New Zealand (1930)	1066
Canada (1921)	1026
Australia (1921)	1373 "

--- "During the last 6 years the wastage --- per annum was about 60, while the average number qualifying in South Africa was about 100, & the average number of new registrations 156 per annum."

Geographic Distribution of Licensed Medical Practitioners

Notes :-

"1. The median number of Europeans per licensed doctor in the Union (including Native Territories where there are relatively few whites) is 1091. The position as regards Europeans is worst in the Transvaal with 1,712 per doctor & best in Natal with 518 per doctor.

2. When the non-European population is included, the position is very different. Then the Union median is 6,400, including Native Territories, & 5405 excluding Native Territories.

3. In the Native Territories themselves, eg. Zululand & the Transkei, there are 21,500 Natives per doctor". (In the district of Lusikisiki there are 71,270 per doctor - this is the largest).

4. — —

Chap. XIII Report of the National Health Services Commission.

13 "General practitioner services should everywhere be speedily available at a cost within the means of the individual requiring them --- The ratio of doctors to population required -- can scarcely be determined with absolute exactitude. Obviously it depends upon such factors as the incidence of disease, the density of population & the availability of good roads & transport. The ratio of one doctor to 1000 population is often quoted as desirable; but this includes all doctors, many of whom are engaged in services other than general practice.

14 "Unfortunately, from the viewpoint of the general public & of national health, the foregoing ideal has to be reconciled with two hard facts: the necessity for the doctor to earn a living in accordance with a standard appropriate to his profession, & the tremendous variations in the economic resources of individuals & communities.

15 ---- "In the Union -- the distribution (of doctors) is most uneven, being roughly proportionate to the wealth or the degree of civilisation of the communities in the different parts of the country.

16 ---- "In considering these disparities (figures given by the Committee on medical training in SA - 1939) it should be borne in mind that, other things being equal, a rural population requires more doctors than an urban, owing to the time lost by doctors in travelling

Report of the National Health Services Commission.
The Availability of Technical Personnel.

Chap. XVII 1 ---- "The number (of medical practitioners) required depends upon the question whether the present system of competitive practice with fee-paying by the minority of well-to-do people & charity for the rest is to be continued or a national health service for all sections of the people is to be devised. It would appear to be upon the assumption that the present system is to continue that the Committee on the Admission of Students to the Medical Schools of SA based its recommendations that steps be taken so as to limit the number of doctors graduating from the Universities that we attain a figure of one doctor for every 2500 in ten years time. ----"

5. "In this section we have to acknowledge our indebtedness to the Division of Census & Statistics. There were practising on Jan 1st, 1939 --- 2853 doctors, of whom 2209 were in private practice, 1887 being general practitioners & 322 specialists. This number, 2853, represents about one doctor to every 3600 of the population.

It is found, as was to be expected under existing conditions, that the distribution of doctors is in accordance with:-

a) the demand for medical services — i.e. the degree of civilisation of the population, and
b) the ability of the population to pay.

Thus, in the area Cape-Bellville-Simonstown-Wynberg, we have one doctor to every 900 of the population as against one doctor to every 27,600 in Pondoland, because the population of the latter area is largely not yet ripe for Western medicine. We have one doctor to every 1980 in Kimberley, as against one to every 8430 in the Hay-Barkly West-Herbert area, because Kimberley is more prosperous than is the latter area.