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UNIVERSITY OF THE WITWATERSRAND, JOHANNESBURG.

MEMORANDUM

ON

A NATIVE MEDICAL SCHOOL.

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1. EARLY HISTORY.

The first reference which I have been able to trace on the subject is in the Report of the Committee of Enquiry on Public Hospitals, U.G. 30-25, paragraphs 509 - 519.

2. 1927 COMMITTEE.

Later, in 1927, the Prime Minister appointed a Committee whose Report was published under No. U.G. 35-28. With the resolutions set out in paragraph 55 of this Report the University of the Witwatersrand is still in complete agreement.

In connection with paragraph 56, I desire to emphasize the importance of constituting any Native Medical Hospital as part of one of the existing medical schools. I do not think that the Committee sufficiently stressed the point that, while the constitution of an independent medical school for Natives would mean a completely new staff and one for which sufficient money to provide specialists would be very difficult to obtain, its attachment to one of the existing schools would mean only a slight increase in staff and this increase would be an advantage to the existing school, since the whole staff of the existing school would be required to teach in both schools and the additional staff would therefore mean an addition to the number of experts available. Take, for instance, the Department of Anatomy. At the present time, at Johannesburg, this Department has a staff of one professor (Anatomist and Anthropologist), one senior lecturer (Anatomist), one lecturer (Histologist and Embryologist) and two part-time assistants in surgical and clinical anatomy. The additional staff which would be required to control the teaching in a Native Medical School would obviously strengthen this staff, since it would not be necessary to appoint a general Anatomist, but probably a specialist in, say, Neurology, or some other specialty of Anatomy. In this way not only would the teaching of Natives be provided for,

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but serious lacunae in our present staff would be filled.

3. I do not think that the Committee makes quite sufficient of the difficulties of establishing a scheme on the lines of that in force in French Equatorial Africa and described by Sir Edward Thornton. I would say, first of all, that in my opinion it is essential to develop the admirable work which has been begun in the Malarial areas by means of health assistants below the status of a fully qualified doctor. This work would, undoubtedly, stand a great deal of development in other areas also, but I consider that by itself it would not be sufficient. There should be, in addition to a training for health assistants, training for a full Medical degree. In French Equatorial Africa, as far as I am aware, there is only a very small European population, probably almost entirely official, and catered for by a Government Medical Service. In this country, the European and Native population is inextricably muddled up, and any licensing of Natives at a lower standard than Europeans, even if only to practise on Natives, would inevitably lead to a lowering of the status of the Medical profession in this country, which would be disastrous.

4. The opposition to a full training for Natives on the grounds that they will practise on Europeans and will thereby diminish practice for Europeans and cause other difficulties, is in my opinion not strong enough to prevent the scheme going through. I feel that it is quite likely that a certain class of European would go to a Native practitioner if his fees were lower, and probably the only means of definitely preventing such a course would be the establishment of a Government Medical Service. It is obviously essential to protect the scheme in its early stages against this danger as far as possible and I think that this could, at any rate to some extent, be met by laying it down as a condition that Native doctors would only be admissible to the Register after, say, five years probation. If legal difficulties arose in this connection, it might be necessary to lay down that Native doctors must join a State Medical Service and serve therein, wherever stationed, for, say,.....

say, ten years.

5. VIEWS OF MEDICAL ASSOCIATION OF SOUTH AFRICA.

The most recent views of the Medical Association of South Africa on the training of Native Medical Practitioners are set out in the South African Medical Journal for 24th October, 1931.

In brief, they may be summed up by saying that any money which may be available for medical services in Native Areas should be spent rather on training a Corps of Native Nurse Aids, both male and female, in a three year course, rather than on training fully qualified Medical Practitioners.

My feeling, as stated in paragraph 3, is that courses on the lines proposed by the Medical Association are most important and should be set going at the earliest possible moment. They do not, however, go far enough. Side by side with them must go the possibility of a full training.

It is fully realised that the number of Natives coming forward at first would be very small; the estimate of 10 per annum given in the Report of the 1927 Committee is too high.

6. LEGAL POSITION UNDER PRESENT UNIVERSITY ACTS AND STATUTES.

The Minister is, of course, well aware of the difficulties which the existing medical schools are at present experiencing on account of applications from Natives to join the course. There can be no doubt that, under existing conditions, it is not possible to admit Natives, and by various expedients we have so far avoided their entry.

But there is no doubt (according to Counsel's opinion) that legally they have a right to attend and unless something is done for them the Government should assume the responsibility for the University's refusal to admit them.

7. COURSE OF TRAINING.

It should be quite clearly recognised that, for the present at any rate, the Native Medical School should provide

training.....

training only after the first year. The first year course should be taken at Fort Hare, and it may be necessary to improve the standard both of the course and the equipment at that Institution. This would undoubtedly be very much more economical than setting up special laboratories for Natives in conjunction with our laboratories for Chemistry, Physics, Zoology and Botany.

8. PROFESSIONAL STUDY.

The second, third and fourth years of study should be taken in the Native Medical School.

9. CLINICAL STUDY.

For the clinical instruction in Medicine and Surgery the Johannesburg Native Hospital would be sufficient, provided no difficulty arose under Clause 47 (3) of the Transvaal Public Hospitals Amendment Ordinance 1931.

Careful adjustment would be required here in view of the fact that the staff contains European Nurses and also the wards at present provide valuable material for European students, some of which at any rate is not available in the European wards.

10. OBSTETRICAL TRAINING.

At the present time we are experiencing the very greatest difficulty in finding sufficient obstetrical material for our European students, and are making full use of the Bridgman Memorial Hospital for Natives for this purpose. Should a Native Medical School be developed it would be essential to utilise this Hospital for the obstetrical training of Natives, and we should therefore find ourselves in very great difficulties. We are at the present moment endeavouring to widen our field by making use of hospitals in Pretoria, Bloemfontein and Durban, and there is the possibility of the establishment of a maternity ward at the Hospital at Krugersdorp, but, even so, the material available is all too small, and the position would require very careful watching.

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11. SATISFACTORY PROGRESS ESSENTIAL.

If a Native Medical School is established, it must be clear from the start that the authorities of the School have power to dismiss students whose work is unsatisfactory. I hope to see this power generally taken in the near future and do not wish to see any further vested interests established.

12. NON-EUROPEANS AT PRESENT ON THE REGISTER.

From a search of the Medical Register, I find that there are eleven Indian or Malay Practitioners on the Register, one Chinese and three or four Natives or Coloured. As the survey went by names only, it may not be absolutely exact.

13. COLOURED STUDENT.

So far one Coloured student has entered the Medical School here. He failed in his first year, but, thereafter, passed satisfactorily as far as the final in which, however, he has so far failed twice. From the nature of his marks it would appear that he is likely to pass in December, 1933.

14. C L I M A T E.

The only objection which I have heard to the school being constituted at Johannesburg is the question of climate. This is, of course, severe in winter but, when all is said and done, the Natives from Portuguese East Africa now survive on the mines, and students in the Medical School would not be exposed to anything like such severe conditions. In any case, special provision could be made for them in winter.

15. F I N A N C E.

The 1927 Committee's Report speaks all the way through of contributions from the Native Development Fund to the cost of this Medical School. From experience which I have gained on the Transvaal Advisory Committee on Native Education, I am convinced that the money at present available for Native primary education is entirely inadequate, and if provision for a Medical School for Natives should.....

should mean reduction of this amount, I am certain that the result would be disastrous. It is essential that primary and secondary education should be developed and not hampered.

16. STUDENTS FROM OUTSIDE UNION.

I was in close touch with the late Sir Gordon Guggisberg, when, as Governor of the Gold Coast, he established the Native College at Achimota. At this Institution he provided full education for Natives in all subjects except Medicine. This omission was due to the difficulty of providing specialist teaching in that subject and I feel sure that if proper provision were made for instruction of Natives in the Union, the Government of that Colony would only too willingly send their students here rather than to England.

17. From conversations which I have had with the Appointments Staff at the Colonial Office, it is quite clear that there is prejudice against the appointment of South Africans to the service of the Central African Colonies, owing to our supposed colour prejudice. This being the case, there would probably be objection on their part to sending Natives to a Medical School in the Union, but, with proper handling, this difficulty could probably be overcome, and we would then be able to provide training for Native Medical Students throughout Africa. Once the objection was overcome, I have no doubt but that the Governments of those Colonies would subvent the School.

18. In the case of the Sudan, it is possible that they might turn to Cairo, but, owing to the somewhat strained relations between the Sudan and the Egyptian Governments, I believe that the former might well encourage students to come here.

19. In conclusion I should say that

(a) there is a demand for a Native Medical School.

(b) The number of students would be very small for several years.

(c) There is a great deal of scope for Native Medical Practitioners.

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