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SOUTH AFRICAN INSTITUTE OF RACE RELATIONS (INCORPORATED)
SUID-AFRIKAANSE INSTITUUT VIR RASSEVERHOUDINGS (INGELIJS)

EVIDENCE PLACED BEFORE THE COMMISSION OF ENQUIRY INTO THE TRAINING OF
MEDICAL STUDENTS AND OTHER RELATED MATTERS.

I. THE PURPOSE OF THE INSTITUTE.

1. The primary object of the Institute is to secure peace, good-will and practical co-operation between the various racial groups in the country, and in pursuing this objective it seeks to remove obstacles which prevent the attainment of racial harmony. The Institute has affiliated to it 66 bodies - the major municipalities, Universities, churches, missions, and various secular national bodies, and, in addition, has a very considerable individual membership. It also has at its disposal the services of national authorities in all the fields upon which race relations touch. In the 18 years of its existence it has accumulated much knowledge of the social, economic, educational, and other aspects of our racial problems.

2. Inevitably, the Institute has had to concern itself with the health and social conditions of the Non-Europeans of South Africa, and the inadequacy of the health services available to them. These conditions, which lead to so much unnecessary misery and disease, result also in a sense of bitterness and frustration, and are one of the major obstacles in South Africa to the attainment of racial harmony.

3. The Institute has therefore devoted considerable attention to the question of improving Non-European health services, and is particularly interested in question (p) of the Questionnaire circulated by the Commission, namely: "What are your views regarding the training of Non-Europeans in medicine and dentistry?".

II. THE TRAINING OF NON-EUROPEANS IN MEDICINE.

4. It is unnecessary for us to comment at length on the deterioration of health and social conditions amongst Non-Europeans, the fact that a very large proportion of the diseases which ravage the people are preventable, the inadequacy of health services available to Non-Europeans, and the urgent need for more Non-European doctors to serve their own people. All this has been emphasized by Commission after Commission - for example, the Committee of Enquiry re Public Hospitals and Kindred Institutions (1925), the Committee Appointed to Enquire into the Training of Natives in Medicine and Public Health (1928), the Native Economic Commission (1932), the Committee on Medical Training in South Africa (1939), the National Health Services Commission (1942-1944) and others.

5. Again, Commission after Commission has attempted to work out how many medical practitioners are needed in South Africa. It has been pointed out that the economic conditions under which the majority of the Non-Europeans live make it impossible for them to pay for what medical services they require; that the sparse distribution of the rural population and the lack of good roads and transport make it impossible for the requisite number of doctors to make a living in rural areas; that compared with the number of doctors serving the million-and-a-half or so of the financially-more-fortunate part of the population (i.e. some 2,000 doctors), there are under 400 district surgeons, mainly part-time, to serve roughly eight million; that a large proportion of the African people have not yet learned to ask for medical services. All this has led each Commission to recommend the establishment of a National Health Service, which will provide free health services where necessary and will educate the Non-Europeans to an appreciation of the meaning of health and the part which the medical man has to play in this connection.

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6. Whatever the ultimate form of the health services of the Union may be, and taking all the factors mentioned in paragraph 5 into account, it is certain that even according to present conditions we need many more medical practitioners than we have, and that the need is going to grow greater as the Union's health services are extended, and as the demand for medical services increases. Already the establishment of health services is held back more by the lack of sufficient properly trained personnel than by any other factor. The adjustment of African people to urban and Westernized life has been more rapid than most workers among them, either official or non-official, anticipated; and nowhere has this shown itself more clearly than in the demand for hospitals and other health services. And this demand is going to grow and extend.

7. There is every reason why, as far as possible, Non-European people should be treated by medical practitioners of their own race. Non-Europeans have every right, and do definitely desire, to enter into health services for the good of their people. They have shown their capability by successfully passing medical and nursing examinations, and every year there is an increased number leaving school with the necessary educational pre-qualifications.

8. In planning the medical training of Non-Europeans, it is of vital importance to ensure that they are given precisely the same training and should pass the same examinations as do European students. As the Loram Committee pointed out, as long ago as in 1928 (para.25 of Report):-

(a) "An inferior training given to Natives would almost inevitably result in a demand for an inferior training for other sections of the population, and the whole standard of medical education in South Africa might be lowered.

(b) "The universality of the medical qualification as far as the British Dominions are concerned would be impugned."

9. It is submitted that the only way these dangers can be averted is to continue the present system whereby suitable Non-Europeans are admitted together with Europeans to come of the Medical Schools. With the best intentions in the world, there is no doubt that a purely Non-European training institution is likely to be discriminated against financially. This is the inevitable result of the political axiom that a Government must meet the wishes of its electorate. It is doubtful whether a purely Non-European Medical School would receive much financial support from the public, or be able to secure and retain an adequately trained tutorial staff, or to afford adequate equipment; and it is extremely unlikely that it would be in a position to finance research. The Committee on Medical Training in South Africa reported in 1939 (Chapter III): "Although the primary duty of South African medical schools is the training of men for the ordinary practice of medicine, such training is bound to become sterile if the spirit of independent enquiry is not fostered in the men who pass through it, in such a way that they may bring that spirit to bear in a critical way on the many unsolved problems they will meet in ordinary practice."

10. The National Union of South African Students, in a memorandum dated 1st December 1948, summed up the position as follows: "It seems to us inevitable that Non-European Universities would be financially starved, leading in turn to poorer facilities, lesser attraction to lecturers and research workers, lower academic status, less public support and therefore less claim upon the State for increased subsidization. It would in fact be a vicious circle. This is borne out by the tragic results, coupled with a stigma and poor academic reputation, which have characterized most of the Negro Universities in the Southern States of the United States of America."

11. In evidence given before the Committee Appointed to inquire into the Training of Natives in Medicine and Public Health (1928), both the Universities of Cape Town and the Witwatersrand opposed the establishment of a separate medical school for Non-Europeans, and recommended that instead the facilities should be offered by one of the existing schools. It has

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recently been suggested that admixture of Europeans and Non-Europeans in two medical schools had led to friction: this was emphatically denied by the Students' Representative Councils of both the Witwatersrand and the Cape Town Universities and by the N.U.S.A.S. These bodies stated, on the contrary, that the experiment had worked well, and had led to inter-racial understanding and tolerance. This was confirmed by Mr. H.R. Raikes (Principal of the University of the Witwatersrand) in a recent speech at the opening ceremonies of the University of Natal. The student bodies stated, further, that both Europeans and Non-Europeans had benefitted from contact with one another at the Universities.

12. The Institute holds very strongly that the present system of training Non-Europeans at the Witwatersrand and Capetown medical schools must be continued, not only in the interests of Non-European students, but also in the interests of the medical profession as a whole. The present system is of great value to Non-Europeans, since direct contact with European students helps to broaden their outlook and experience, and enables them to gain a truer appreciation of the ideals and traditions of the medical profession, those traditions of service which have evolved through the centuries of Western civilization. Were Non-European medical students to be isolated at a medical school of their own, it would be infinitely more difficult for them to maintain these traditions in the future.

13. The Institute of Race Relations does not oppose the establishment of a medical faculty at Wentworth College. It realizes that an additional medical school is needed, and that Durban is an excellent site for such a school, But the Institute urges that the Natal Medical School should be non-racial in character, open to Europeans as well as Africans, Coloureds and Asiatics, particularly those Europeans who wish to devote themselves to work amongst the Non-European population. A medical school situated in Durban would be in an excellent position to specialize in Tropical Medicine and Social Medicine, and it would be unfortunate if Europeans were excluded from this special training. If the Natal Medical School is to be non-racial in character, this will ensure that the standards of medical education are not lowered.

14. In any case, however, the State and the people of South Africa generally will have to realize that it is going to be costly to establish a medical faculty at Wentworth College on a proper basis. Dr. E.G. Malherbe, Principal of the University of Natal, estimates that the building alone will cost £250,000, and that when the medical school is in full swing, it will cost from £80,000 to £90,000 a year to run. This is fairly closely in accordance with the estimates for the establishment of the Pretoria Medical school, as given in the Report of the Committee on Medical Training in South Africa (1939), allowing for increased prices since the war. In addition, there will probably be increased costs at the hospital or hospitals used for the training of medical students. The 1939 Commission stated that, in the light of experience in Johannesburg, the extra cost of maintenance of such a hospital is not less than £20,000 per annum, and recommended that State grants should in each case be made to cover this increased expenditure.

15. The Non-European community is not in a position to raise much money towards the costs of establishing and maintaining Wentworth College. Nor will the majority of the Non-European medical students be able to pay high fees. At the University of the Witwatersrand, the 6-year course costs something in the region of £1,470, when, besides tuition fees, board and living expenses, incidentals, such as books, equipment, laboratory fees and so on are taken into account. Government bursaries to Non-European medical students amount to £1,170 over the six years; but the first year of the course, being taken at Fort Hare, is less expensive. It is few Non-Europeans who will be able to afford to pay sums like these. Thus a large number of bursaries will have to be provided. The Institute recommends that an increased number of State bursaries be made available for Non-European medical students, and that active steps be taken to encourage voluntary organizations and individuals (including those of the Non-European community itself) to donate further bursaries and to support the Medical School financially.

III. THE TRAINING OF NON-EUROPEANS IN DENTISTRY.

16. Again, it is unnecessary to comment in detail on the high incidence of dental caries amongst Non-Europeans, particularly the urban dwellers. This has been pointed out by such authorities as Doctors Kark, le Riche, Oranje, Staz, and many others. Dr. Staz, for example, examined three groups, each of 300 adolescents or young men. Of the European group, all 300 had caries. Of the urban Bantu group there were 270 positive cases, and of the rural Bantu, 115.
17. The overwhelming proportion of our Non-European population, and a large percentage of the Europeans, go entirely without dental care, save for the provision in the case of indigents that district surgeons can extract teeth for the relief of pain, and that dentures can be provided from funds voted for surgical aid and appliances. But there are thousands of people who cannot be certified as indigents, and yet who cannot afford the services of a dentist, even if these services were available.
18. As has been pointed out by the National Health Services Commission, the Committee on the Question of the Provision of Additional Facilities for the Training of Dentists in the Union of South Africa (1948), and many other authorities, South Africa is critically short of dentists. Because people lack the means to pay for dental treatment, and because there is a lack of appreciation of dental health, the majority of people in the Union do not yet demand dental treatment. Yet even to cope with the present demand it has been calculated that we should have 1,800 dentists - and we have 854. To cater for the need, as against the demand, we should have a maximum of 11,259. The future outlook is disturbing, as it has been estimated that approximately 350 of the existing number of active dentists will have retired in 10-15 years' time. And over the last three years there have been only about 18 new registrations per year.
19. The demand will undoubtedly increase rapidly, however, and we ought to plan eight or nine years in advance, this being, according to the Dental Commission which reported in 1948, the minimum gap between deciding to build a dental school and turning out the first qualified dentists.
20. There is thus a vitally urgent need for the expansion of dental training facilities, and for the training of Non-European dentists. It is not to be doubted that in the near future there will be a rapidly increasing demand particularly amongst Urban Non-Europeans, for dental treatment, especially if the needs of school children are adequately attended to. The dental profession, whether in private practice or in public service, will be quite unable to meet this demand unless active steps are taken at once to train more men. Experience in connection with Non-European hospitals would tend to show that Non-Europeans will make full use of health facilities offered to them. It is not to be doubted that once opportunities for dental treatment are made available, they will be used to the full. This has certainly been the experience in Johannesburg. Attendances at the University Dental Clinic at Orlando during the calendar year 1948 totalled 7,811. In addition, 8,785 patients received treatment through the Municipal dental services during the period 1st July 1947 to 30th June 1948.
21. At present, Non-Europeans can take the first two years of the dental course at Witwatersrand University, but there are no clinical facilities available to them for the rest of the course. The only alternative for Non-Europeans anxious to enter the profession is to go overseas; the cost of this, however, is prohibitive, and it is at the present time practically impossible owing to the overcrowded conditions of overseas dental schools.
22. The possibility has been suggested of establishing a dental faculty at Wentworth College. This would not solve the immediate problem, however, Even if the Natal Medical School were already built and functioning, it would be years before a dental faculty could be built up, and the necessary clinical facilities for the training of dental students could be developed. Then there

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is the question of the very high costs of such a faculty, in addition to the costs of the medical school. The Dental Committee which reported in 1948 stated: "According to the figures submitted to the Committee, a new dental school and hospital designed to produce 25 dentists annually will cost approximately £215,000. This estimate is based on current building costs and is subject to further fluctuations in the cost of building materials." Further, the question of maintaining the standards of South African dental training must be considered. It is extremely likely that the establishment of a purely Non-European Dental School would ultimately lead to a relaxation of the standards of training.

23. Under the circumstances, the only satisfactory course of action would be to commence training a few Non-European dentists each year at the Witwatersrand Dental School, and the Institute strongly recommends that this be done as soon as clinical facilities can be made available.

The Institute recommends that State assistance should be given to the Municipality and the University for the purpose of developing existing clinical facilities, which could be utilized by European as well as Non-European dental students.

24. Further, the Institute recommends that Non-Europeans who qualify in dentistry should be employed at Government Health Centres in Non-European areas, or as dental officers in Non-European schools, or in Municipal locations; and that the Union Government should where necessary come to financial arrangements with Provincial and Local authorities to make such appointments possible.

25. In the near future, it will undoubtedly be necessary for further dental schools to be established. The Dental Committee which reported in 1948 recommended that a second school should be established in the Cape. Should this be done, the Institute recommends that the school should make provision for the training of Coloured as well as European dental students. Later, it may be necessary to establish a dental faculty at Wentworth College, and provided this faculty is non-racial in character, the Institute would strongly support such a move. It is however essential that a decision should speedily be made as to the sites of future dental schools, so that steps can be taken in advance to build up the necessary clinical facilities for the training of European and Non-European students. At a rough estimate, a minimum of three patients per day are required for each student in the fourth and fifth years of study; and it takes some years to establish clinics with a large enough attendance and a large enough variety of cases. It will probably be necessary for the State, the Local Authority and the University concerned to combine in financing such clinics.

At present in Durban, for example, according to the Medical Officer of Health, there is plenty of material for training Non-European dentists, although facilities are under-organized. There are no Dental Hospitals nor Clinics in this city. Dental treatment for Non-Europeans is carried out at -

King Edward VIII Hospital - Daily.
Beatrice Street Dispensary - Weekly.
McCord Zulu Hospital - Extractions only.
Springfield Government Health Centre.

Great numbers are turned away daily, there being insufficient staff to deal with them. It will obviously be necessary to build up these clinical facilities before Non-European dentists can be trained in Durban.

26. As in the case of medical training, it will be necessary to establish bursaries to assist Non-Europeans to qualify in dentistry. The course is an expensive one. At the University of Witwatersrand the cost of tuition fees, benefit society, books, materials, laboratory fees and notes, and instruments over the five years of the course amount to approximately £550. On top of this there is board and lodging and living expenses to consider, say £720, or a total of £1270. The Union Government at present offers several bursaries each year to African medical students. The Institute recommends that the Government provide at least five bursaries each year to Non-European dental students, also of £45

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for the first year (at Fort Hare) and of £225 for each of the following 4 years at the Witwatersrand Dental School, but with an additional grant of £70 to cover the cost of materials, apparatus, laboratory notes and instruments.

IV. SUMMARY OF RECOMMENDATIONS.

27. The South African Institute of Race Relations recommends -

- ✓ (a) that the present system of training Non-Europeans at the medical schools of the Witwatersrand and Capetown should be continued;
- ✓ (b) that if a medical school is established in Natal, this should be adequately financed, and should be non-racial in character, open to Europeans as well as Africans, Coloured and Asiatics;
- ✓ (c) that an increased number of State bursaries be made available for Non-European medical students; and that active steps be taken to encourage voluntary organizations and individuals (including those of the Non-European community itself) to donate further bursaries and to support the Natal Medical School financially;
- ✓ (d) that immediate plans be made to train a few Non-European Dentists each year at the Witwatersrand Dental School;
- ✓ (e) that State assistance should be given to the Johannesburg Municipality and the University of Witwatersrand for the purpose of developing existing Non-European dental services in Johannesburg which will provide clinical training facilities for European and Non-European dental students;
- (f) that Non-Europeans who qualify in dentistry be employed at Government Health Centres in Non-European areas, or as dental officers in Non-European schools, or in Municipal locations; and that where necessary the Government come to a financial arrangement with Provincial and Local Authorities to make such appointments possible;
- ✓ (g) that, if a dental school is established in the Cape, this school should make provision for the training of Coloured as well as European students;
- ✓ (h) that, if a dental faculty is established at Wentworth College, this faculty should be non-racial in character;
- ✓ (i) that a decision should speedily be made as to the sites of future dental schools, so that steps can be taken in advance to build up the necessary clinical facilities for the training of European and Non-European students;
- ✓ (j) that the State, the Local Authority and the University concerned combine to finance such clinics;
- (k) that the Government provide at least five bursaries each year to Non-European dental students, each of £45 for the first year (at Fort Hare) and of £225 for each of the following four years, but with an additional grant of £70 to cover the cost of materials, apparatus, laboratory notes and instruments.

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