

HALF-YEARLY MEETING OF THE SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL

The South African Medical and Dental Council held its half-yearly meeting on 19-22 March 1956 at the Archives Office, Queen Victoria Street, Cape Town. The President, Prof. S. F. Oosthuizen, was in the chair and all 31 members attended, together with the Registrar, Mr. W. Impey and staff. The proceedings occupied 8 morning and afternoon sessions.

It was announced that Prof. L. J. te Groen's membership of the

Council had ceased on his retirement from the University of Pretoria at the end of 1955 and that Prof. H. W. Snyman has been appointed by the University in his place. The University of Stellenbosch had appointed Dr. F. D. du T. van Zyl (additional member). The Council elected Dr. I. R. Vermooten as Treasurer in place of Prof. te Groen.

Expression was given to the high esteem in which the members

and staff held Dr. te Groen and the valuable services he had rendered; a luncheon had been given and a presentation made, and Dr. te Groen's letter of appreciation was entered in the minutes.

The *treasurer* presented the accounts for 1955. The excess of income over expenditure was £1,216, bringing the Council's accumulated funds to £21,488. The annual fees from all classes of registered persons amounted to £23,852 and registration fees to £8,120 (of which £5,415 was paid by medical practitioners, £510 by interns, £573 by medical students and £226 by specialists). The Council decided that the fee for registration of a speciality should be £15, instead of £2 2s. 0d. as hitherto. This would involve amendment of the second schedule to the Act.

REGISTRATION

The Registrar submitted the following particulars of registrations etc. during the year.

| | Registra- tions | Restora- tions | Erasures | On Register 31.12.55 |
|-----------------------|--------------------|-------------------|----------|----------------------------|
| Medical Practitioners | 363 | 42 | 141 | 6,987 |
| Interns | 255 | — | 314 | 446 |
| Dentists | 64 | 5 | 28 | 1,151 |
| Medical Students | 275 | 6 | 263 | 1,176 |
| Dental Students .. | 83 | 2 | 63 | 241 |
| Auxiliaries | 63 | — | 6 | 783 |
| Specialists (medical) | 110 | 3 | 26 | 1,242 |
| Specialists (dental) | — | — | — | 13 |

The specialists on the register at the end of 1955 were: medicine 175, surgery 155, obstetrics and gynaecology 111, anaesthetics 100, ophthalmology 99, radiology 70, radiology and electrotherapeutics 37, radiological diagnosis 23, radiotherapy 4, psychiatry 67, otorhinolaryngology 64, pathology 64, paediatrics 62, orthopaedics 52, urology 35, dermatology 30, neurology 27, venereology 16, physical medicine 16, thoracic surgery 16, neuro-surgery 13, plastic and maxillo-facial surgery 6. (Dental: orthodontia 8, maxillo-facial and oral surgery 5.)

Of the registered medical practitioners, 4,891 (68.3%) qualified in South Africa (Cape Town 2,169, Witwatersrand 2,107, Pretoria 615), 2,049 (28.6%) in Great Britain and Ireland, and 220 (3.1%) elsewhere.

Elderly Practitioners. At this meeting it was decided to exempt 13 medical and 3 dental practitioners from payment of the annual fee on account of age.

Medical Missionaries. The Council at the present meeting granted applications for the special registration as missionary doctors to 5 practitioners with non-reciprocity foreign qualifications, and extended the registration of one other for a further period of 5 years.

Visiting Doctors. It was reported that the Minister had been recommended to grant exemption from the obligation of registration to 5 doctors visiting South Africa, to enable them to give demonstrations.

Removal from Register. The following erasures were decided on: 2 medical practitioners for failure to report change of address, 9 medical practitioners, 5 dentists and 1 intern at their own request, and 71 medical practitioners and 12 dentists for failure to pay the annual fee. Two medical practitioners were restored to the register after removal in the past for reasons other than misconduct.

Internship: 7 exemptions from the obligation of internship were granted, and 9 condonations of sick leave during internship. One institution was recognized for the purpose of internship.

Specialists. At this meeting 35 applications for the registration of specialities were granted, 26 were approved conditionally, and 12 were refused. Further conditions were required of 32 applicants.

Medical Students: 2 graduates holding the degree of Doctor of Medicine and Surgery, Univ. Milan, and M. D. Frankfurt, respectively, were conditionally registered as 4th-year medical students.

The regulations for the degrees of M.B., Ch.B. of the University of Natal were conditionally approved.

Medical Auxiliaries. At this meeting 4 applicants were registered as physiotherapists, 1 as a masseuse, 1 as a masseur (conditionally), 4 as medical technologists, 1 as a radiographer, and 1 as an orthopaedic mechanic and surgical-appliance maker in certain branches.

Limited Reciprocity with Holland. The annual number of 12 having been decided on for admission to the South African medical

register of Netherlands nationals in 1955 and in 1956, under the recently promulgated regulations on the subject, it was reported that 5 registrations had been effected under this provision. The Council decided that the number for 1957 should again be restricted to 12. In the course of discussion Dr. du P. le Roux, Secretary for Health, announced that no appointments had been made under the new regulations enabling the 'limited' registration of qualified persons from non-reciprocity countries accepting employment under the Union Government.

On consideration of a letter from the Italian Embassy suggesting the institution of reciprocity with Italy it was decided that it was advisable to study the implications of the recent institution of limited reciprocity with the Netherlands before extending it to other countries.

COMPLAINTS CONCERNING PRACTITIONERS

Disciplinary. The Executive Committee reported that 32 complaints against medical practitioners had been dealt with in which it had been decided to take no action. One case (concerning a dentist) has been disposed of after interview, without a formal enquiry. In another case (without an enquiry) a medical specialist was advised that his action in not confining his practice to his speciality was contrary to ethical rule and he was asked for an assurance that this would not continue.

An enquiry had been instituted into the conduct of a registered intern but as it had not been possible to serve the summons the enquiry was postponed *sine die*.

In the case of Dr. F.G., who had been convicted on charges of procuring abortion, the Executive Committee had held an enquiry and found the accused guilty, recommending that his name be erased from the register. The Council confirmed the finding and erasure.

In another case, in which Drs. M.G. and C.P.A. were reported as having been convicted of the crime of abortion (or aiding and abetting), it had been decided to hold an enquiry; this was still pending.

Restoration to Register. Two applications in person were received from medical practitioners whose names had been erased from the register in the past for misconduct. One was acceded to and the other refused.

Offences by Medical Students. The Council resolved to advise Universities that it is not necessary to report disciplinary cases concerning students unless the University regards the matter as so serious as to necessitate the expulsion of the student from the Faculty or his suspension for 6 months or more. This arose out of a case where a medical student was convicted of a crime but sentence was conditionally postponed for one year. In this case (provided he is not sentenced) the offence of which he was convicted will not be held against him when he applies for registration after qualifying.

Publicity at Enquiries. A person contemplating lodging a complaint of misconduct against a doctor enquired whether it was possible for the names of the complainant and witnesses to be withheld from publication. A legal opinion was obtained and the enquirer informed 'that the Council cannot curtail at an enquiry the resultant publicity save in so far as it is expressly authorized to do so. A disciplinary committee holding an enquiry can go into committee and protect its discussions, but the evidence, the addresses and other features of the hearing cannot be kept from the public'. The Council adopted this resolution.

Complaints re Fees.

In 5 cases (4 medical practitioners, 1 dentist) the reports of assessors under section 80 *bis* were received and noted.

In 2 other cases (medical practitioners) assessors were appointed.

In a case in which the name of a practitioner had been erased from the register for failure to pay the annual fee it was decided that it was competent for assessors to assess an account he had rendered.

VARIOUS MATTERS

Children's Act. In reply to an enquiry from the Secretary for Health the Council expressed itself in favour of an amendment of the Children's Act to protect medical and dental practitioners who perform *emergency* operations on minors where the consent of the parent or guardian cannot be obtained and the practitioner is of

opinion that the operation is necessary. The Council considers that wherever possible the practitioner should obtain a second opinion.

Postgraduate Training. The Council resolved that, in view of the provision now being made for the postgraduate training of medical practitioners by the medical schools, the purpose of bringing the matter forward has been achieved, and that the matter be discharged from the agenda.

Increased Representation of Medical Practitioners.

Arising out of the Council's decision at the previous meeting in favour of increasing the number of elected medical representatives on the Council by four, it was decided to recommend the Minister to amend the Act so as to make the maximum number of medical practitioners elected from any one province 5 (instead of 4) and the minimum number 2 (instead of 1).

Sterilization

At its meeting in September 1955 the Council had before it a recommendation from the Executive Committee that a circular letter should be sent out to all registered medical practitioners in reference to a resolution passed by the Council in March 1953 as follows: 'Resolved that a medical practitioner should not sterilize a man or woman except on purely medical grounds, and that it is essential to obtain a confirmatory second opinion before recommending or undertaking such action'. Consideration of the proposal was postponed by resolution and the item now came up at the present meeting. Several speakers objected to the 1953 resolution on the grounds that it might be regarded as wrongly implying that sterilization was an advisable procedure under circumstances in which it might not be advisable. On the motion of Dr. M. Shapiro, seconded by Dr. van Schalkwyk, the 1953 resolution (as above) was rescinded by a majority vote. The proposal to issue a circular thereupon fell away.

Chiropractors and Workmen's Compensation

The Workmen's Compensation Commissioner requested the Council's comments on a letter directed to the Minister of Labour by the South African Manipulative Practitioners' Association, in which they ask that 'chiropractic' should be recognized in the treatment of industrial and other injuries for the purpose of payment under the Workmen's Compensation Act. They indicated that 'chiropractic' had received extensive recognition in USA.

It was decided to inform the Workmen's Compensation Commissioner that the Council accepts the doctrine of scientific medicine, where all theories of the causation and treatment of disease are constantly subjected to critical analysis and research. The Council does not accept the concept on which chiropractors base diagnosis and treatment; their theories of the aetiology of disease are demonstrably false and at complete variance with the concept of scientific medicine. As the Council has a public duty to perform and has to advise the legislature on the best form of medical practice, it would regard any recognition of this group under the proposed legislation, or any other legislation, as a retrograde step.

To the general public, rightly or wrongly, statutory recognition of chiropractors will convey some kind of parliamentary guarantee of the validity of the principles underlying this sect. This applies not only to recognition under the Workmen's Compensation Act, but to recognition under any other Bill. The Council does not regard these persons as supplementary to the services of medical practitioners or of the groups of recognized auxiliaries. They supplant, or endeavour to supplant, them. From the point of view of logic a case cannot be made for their recognition under the Workmen's Compensation Act.

On consideration of an enquiry from the Medical Association of South Africa the Council reiterated its ruling, given in 1947, that it would be contrary to the rules of the Council for a medical practitioner to refer patients to persons engaged in an unorthodox practice of medicine.

DECISIONS OF COUNCIL

Lectures by Medical Practitioners. The Mental Health Society of the Witwatersrand asked whether medical men in private practice might give lectures on mental health to Ministers of Religion to guide them in dealing with the personal problems they meet in with their pastoral experience. It was decided to inform the Society that the practitioners concerned should obtain the consent of the Medical Association of South Africa, and should also make sure that they conform to the Council's ethical rules.

Who's Who, etc. Practitioners are entitled to furnish publications like 'Who's Who in S.A.', 'Volksfigure' and 'Afrikaner Personalia' with such general information concerning their careers as would be required for publication, provided it is not presented in such a manner as to cause the individual to contravene the Council's rules, more particularly those relating to advertising.

Public Use of Doctors' Waiting Room. In reply to an enquiry the Council stated that it was undesirable that access from the street to rooms used for non-medical purposes should be through a doctor's waiting room.

Narco-analysis in Consulting Rooms. The Council see no objection to the performance in the doctor's consulting room of narco-analysis by intravenous injection of Sodium Pentothal or Sodium Amytal.

Itinerant Practice. A surgeon wrote: 'Ek besoek periodes buite dorpe. Mag ek daar ook operasies doen en weggaan en 'n algemene praktisyn vra om na die pasiënte verder te kyk'. The Council replied that this type of practice is undesirable, and directed attention to rule 75 of the ethical rules.

Thoracic Surgery. A specialist in thoracic surgery may not practice general surgery.

General Practitioner Assistant. A specialist in venereal disease may not employ a general practitioner as his assistant.

Restriction of Practice by General Practitioner. A general practitioner may confine his practice to obstetrics and gynaecology provided he does not practice or hold himself out as a specialist.

Other proceedings at this meeting of the South African Medical and Dental Council are reported in this and last week's issue of the Journal at pages 345 and 327.