

South African Medical Journal

Suid-Afrikaanse Tydskrif vir Geneeskunde

P.O. Box 643, Cape Town

Posbus 643, Kaapstad

Cape Town, 25 August 1956
Weekly 2s. 6d.

Vol. 30 No. 34

Kaapstad, 25 Augustus 1956
Weekliks 2s. 6d.

INAUGURAL ADDRESS OF THE PRESIDENT OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF SOUTH AFRICA*

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The applause with which you welcome me tonight is a token of your goodwill not only towards me personally but, what is more important, towards the College of Physicians and Surgeons of South Africa. In those moments of despondency that are bound to be my experience whilst striving to achieve the objects of the College, the echo of this applause will be a source of inspiration, energy and hope towards the completion of our task.

I have in my career undertaken many tasks, but few so responsible and none, as I anticipate, so pleasantly onerous as that for which I was yesterday chosen by my colleagues of the College, the task of being its first President. It is an honoured position, and I appreciate it; but only with the advice and support of all my colleagues, particularly of those who have been elected to its first Council, and with the support of those bodies—so many that it seems like all the world—who have this evening presented greetings and messages of goodwill, will it be possible for me to assist in achieving the objectives of the College. Your goodwill is deeply appreciated.

In expressing my thanks I wish to mention by name only one person—Sir Walter Mercer. As a tangible token of our appreciation of the honour he, as President of the Royal College of Surgeons of Edinburgh, has accorded us by his offices tonight, the Council of the College in a simple ceremony this morning admitted him to Honorary Fellowship of the College.

In thinking, as I must, of the future of this new professional body in South Africa, I cast my mind back into the past to the evolution of those major professional bodies now functioning in South Africa which have contributed and will continue to contribute jointly towards the establishment and maintenance of standards of professional and medical education. Until the founding of the College there were 3 such bodies, the Medical

Association of South Africa, the Universities with Medical Faculties, and the South African Medical and Dental Council.

FOUR MAJOR PROFESSIONAL BODIES

It seemed to me to be not out of place to choose as the theme of my remarks the evolutionary process which has brought these bodies into existence, and to describe briefly the present and future functions which justify their separate existence.

Oldest of them all, and father of the others, is the *Medical Association of South Africa* (known by several names through all its history), an association of professional men which has always, since its inception, been proudly based upon a voluntary membership, and in whose councils have been sown the seeds that have largely contributed to the genesis of the others.

The first voluntary medical group of which any substantial records exist was founded at the Cape in 1827, and was known as the Cape Medical Society. It was formed primarily to promote professional knowledge, a purpose which it achieved by regular scientific meetings and by establishing a library of books and journals. So keen were the founders to ensure good attendance that one of their self-imposed rules required that all members absent after the chair had been taken for the evening, be fined for their late attendance or non-attendance.

As time passed the functions of the Society extended. Even in those days a tariff of fees was found to be necessary, and in 1830 professional advice at the doctor's house cost 1s.6d., reduction of fractures cost 30s., and for a 'capital' operation (how ominous a description for any operation!) the fee varied from £3 to £15. It cost father a mere £2 for mother to have a baby, in addition, of course, to the usual amount of paternal anxiety traditionally associated with such events.

In the same year (1830), the interest of the Society was still widening, and it addressed itself to the provision

* At the Inaugural Ceremony of the College in the Great Hall of the University of the Witwatersrand, Johannesburg, 8 August 1956.

of some form of support for the widows of deceased colleagues. What could be more generous and more touching than their agreement to pledge themselves, the surviving and new members of the Society, to pay to the widow for a period of 12 months after her husband's death all fees derived from medical attention by themselves on families previously attended by the deceased colleague.

South African Medical and Dental Council. In 1831 another interesting extension of function occurred, this time at the request of the Colonial Secretary. The Cape Medical Society became the scrutineer of all medical diplomas of those wishing to practise locally, and carried out statutory examinations in Pharmacy. A statutory Medical Committee, which had previously existed but which had been disbanded, was re-formed in 1834 and took over these functions. This statutory Medical Committee later became known as the Medical Board, which was the forerunner of the present South African Medical and Dental Council formed by Act of Parliament in 1929.

The Medical Schools. In the 1890s the Society, now known as the Cape of Good Hope (Western Province) Branch of the British Medical Association, through the medium of its President, made requests for what were the beginnings of medical education in South Africa. Thus, in 1895 it was recommended that teaching in botany, zoology, chemistry and physics be instituted at the South African College, of a standard that would be accepted by overseas medical schools. In 1898, the request was extended to the founding of chairs of Anatomy and Physiology; it was noted that the time was not ripe for a full medical curriculum. The war then interfered with these developments, and it was in 1907 that the President, the late Dr. E. Barnard Fuller, known to many of us, asked that a deputation be received by the Government with a view to the establishment of chairs of Anatomy, Physiology and Pharmacology and, with a vision which he lived to see fulfilled 12 years later, he foresaw 'a full medical faculty in the shadow of Table Mountain'. From these small beginnings in the voluntary body of what is now known as the Medical Association of South Africa have arisen our present Medical Schools, first Cape Town, then Witwatersrand, followed by Pretoria, Durban and Stellenbosch.

The College of Physicians and Surgeons. In 1946, within this same voluntary group, arose the concept of the College, a College to be independent in its own right, the inaugural ceremony of which is being celebrated here tonight.

THEIR FUNCTIONS

We now therefore have 4 major professional bodies in South Africa. What are their common and separate functions, their interrelationships, and their relationships to the public? What is the justification for their separate existence? These were the questions I asked myself when I contemplated taking a share in the development of the College.

As it happens, I am privileged to belong to all four of these bodies—the Medical Association of South Africa, the South African Medical and Dental Council, the

University of the Witwatersrand with its Medical Faculty, and now the College. From within each, and from without, I see much purpose common to them all—the setting and maintenance of professional and ethical standards of medical practice, and the right to initiate and recommend measures for the improvement of these standards. This common ground bass, played on the pedals, harmonizes perfectly with the melodies played on the manuals by each body separately, the melodies on the manuals being functions which by Statute, evolution or circumstance have become specialized to each body.

What are the separate functions of each?

The Medical Association of South Africa, the breadth of whose interest through the years I have attempted to describe, by force of circumstance has had to address itself today particularly to conditions of practice, the ethics of practice, and the maintenance of living standards—but this is not to say that it has failed in its function of stimulating the scientific spirit, which it does by its regular scientific congresses.

The South African Medical and Dental Council is a statutory body, its particular functions being the setting of standards of medical education and of the ethics of medical practice, the registration of medical degrees and diplomas, advising the Government on matters of health and medical education, and seeing that the impact of the profession on the public and of the public on the profession is in keeping with the best traditions of public health and welfare.

The Medical Schools have the specialized function of systematic education, undergraduate and postgraduate, and the award of degrees and diplomas to those whom they educate. They are not examining bodies for all and sundry, and to this extent they are, by Statute, 'closed shop', for they cannot by Statute admit to their higher postgraduate examinations those medical practitioners who, for one reason or another, are not able to gain entry as postgraduate students. A most important function of the Medical Schools is to carry out unfettered research, which is the soul of medical and scientific advance and progress. The Schools have the responsible task of stimulating cultural development at the most impressionable age of youth. Those of you who may doubt that this aspect of education is attended to need only inspect the trees in Esselen Street outside the Medical School of the University of the Witwatersrand, on whose trunks are affixed notices advising students of meetings of musical societies, concerts, philosophical societies, religious groups, debating societies, art exhibitions and the like. You may even occasionally see notices referring to rugby!

FUNCTIONS OF THE COLLEGE

And the College? At this early stage of its existence, such views as I may express must obviously be tempered by personal urges and thoughts; we have, however, had opportunity for discussion together during the last few days, and what I say cannot be grossly out of conformity with the generally held views of fellow members of the College.

The broadest function of the College will be to provide

the stimulus and the facilities for professional advancement for medical practitioners whilst they are engaged in practice. Many practitioners, through limitation of posts in the Medical Schools, or for personal reasons, are unable to satisfy their urge to improve their knowledge by gaining access to the Schools as postgraduate students, and are therefore unable to sit the higher examinations provided by the Schools. The College hopes to provide high standard qualifications after examination for such practitioners, which qualifications will, we trust, be accepted for registration by the South African Medical and Dental Council.

The College hopes to sponsor, with the cooperation of the appropriate authorities, facilities for maintaining a high standard of practice, by refresher and other types of course, particularly in the non-teaching hospitals. These courses would be intended for practitioners in active private practice.

The College will sponsor lectureships and prizes. The first prize has already been endowed in terms of a bequest from the late Mr. Lionel Bernard Goldschmidt of Cape Town, who was Chairman of the Steering Committee which preceded the first Council of the College, elected a month ago.

These functions will not intrude upon the functions of Medical Schools or of the Medical Association of South

Africa. The College will serve purposes not covered by existing bodies. In this respect it may be claimed that it is doing no more than filling in gaps. But after all, cement only fills in gaps!

I see living space and need for all four of the professional bodies so briefly discussed, each with ideals common to the others, and each with functions specific to itself.

The main objectives of the College are clear. Their achievement will be attained by the enthusiasm of its members, and with the cooperation and understanding of its 3 elder brethren—the Medical Association of South Africa, the South African Medical and Dental Council, and the Universities with Medical Schools. We must hasten slowly, step by step. We shall meet difficulties, but nothing that was ever worth while was achieved easily or quickly.

I conclude on a note of cooperation by quoting the 17th-century philosopher Spinoza, a Spaniard, whose country of adoption was Holland after his expulsion from Spain under the Inquisition, but who nevertheless remained unembittered, and who tried to show that it is possible to live nobly even when we recognize the limitations of human potential and the limitations of human nature. He wrote: 'Let us join hands and help, for today we are alive together'.