

THE DURBAN MEDICAL SCHOOL: A PROGRESS REPORT

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Historical. In 1922 the late Dr. J. B. McCord and Dr. A. B. Taylor started a private school in Durban for the training of African men as doctors. Discouraged by the authorities, they abandoned their effort within a year.

In 1928 the late Professor Bews, in a programme for the development of University work in Natal, included a medical school in Durban. Also in 1928 the 'Loram' Committee on the Training of Natives in Medicine and Public Health recommended the establishment in Johannesburg of a medical school for Natives, segregated from the existing Medical School but under its control. It is interesting to note that at that time both the Cape Town and the Witwatersrand Universities were opposed to non-segregation. In 1938 the 'Botha' Committee on Medical Training recommended 'that the establishment of a separate medical school for non-Europeans in the future be envisaged; for this purpose we think Durban would be the most suitable centre.' Dr. E. G. Malherbe, now Principal of the University of Natal, was Secretary

to that Committee. Early in 1944 the Natal Coastal Branch of the Medical Association took the initiative in establishing, jointly with the University and with other interests, a Committee to work for the establishment of a medical school. Towards the end of the year appeared the 'Gluckman' Report of the National Health Services Commission, which said that 'the balance of evidence was in favour of Durban as the site of a medical school primarily for non-Europeans but also for those whose object is to serve non-Europeans.' Dr. Gluckman, when he became Minister of Health, used his influence to secure Government approval, in 1947, for a medical school in Durban 'primarily for non-Europeans.' The mode and amount of Government financial support was still under discussion when, in 1948, there was a change of Government. The new Minister of Education—the late Dr. A. J. Stals, who was also Minister of Health—approved of a School 'exclusively for non-Europeans.' In 1950 the Government entered into definite financial commitments with regard to the School. Dr. A. B. Taylor was appointed Acting (part-time) Dean, and in

1951 the first students were enrolled. The present writer was appointed whole-time Dean in March 1952.

THE PRE-MEDICAL COURSE AND THE WENTWORTH BUILDINGS

The total course is 7 years, of which the 2nd to the 7th cover the 'minimum medical curriculum' of the Medical Council. In order to avoid confusion when making comparisons with other medical schools, the first year at the Durban Medical School is styled the Preliminary Year. The 2nd year is the 'First Year' and so on to the Sixth or Final Year. The pre-medical part of the course thus consists of the Preliminary Year and the First Year, both of which are conducted at the University Wentworth Buildings. Wentworth is the name of a suburb of Durban. The Buildings were erected by the Imperial Government during World War II and subsequently they were acquired by the Union Government and made available, on long lease, to the University. They comprise a dozen single-storey, well-built, brick outbuildings around a large quadrangle. During 1950 they were converted into and equipped as lecture-rooms, laboratories, and hostel accommodation. The cost of these conversions was £24,000, of which half was found by the Natal University Development Foundation (which collects donations from business firms and individuals) and the other half by the Government. In 1954 an additional hostel block was built for £8,000, the whole of which was provided by the Government.

The hostels accommodate medical students, both men and women, of all three non-European groups, and a few students from other faculties. There is a full-size sports field which was levelled free of charge by the Standard Vacuum Oil Company, whose huge refinery is immediately adjacent to the Wentworth Buildings.

The purpose of the Preliminary Year is to provide the student with a broader basis of general education before proceeding to his more specialized professional training. It is felt that this will help him, ultimately, from the professional viewpoint alone; and it will help him to make the kind of contribution to the cultural life of the community which is expected from members of the professions. During this year the students take full courses in English and in History, which in combination give them a better mastery of a western language and a better understanding of western cultural values and western institutions than, in general, they are able to acquire during their school days. They also take a full course in Botany and introductory courses in Physics and Chemistry.

In the First Year the subjects of study are Chemistry, Physics, Zoology and Sociology.

THE MEDICAL COURSE AND CLINICAL TEACHING FACILITIES

Full details of the curriculum for the final 3 years have not yet been worked out, and the details about to be given are subject to revision in the light of experience. Anatomy and Physiology (which include histology and biochemistry) are studied in the Second Year. The study of Pathology extends through the Third Year to the middle of the Fourth Year. Pharmacology—pharmacological physiology—is taught, within the Department of Physiology, during the Third Year; and Psychology

is also to be taught in this year. During the second half of the year introductory clinical courses will be given.

In accordance with universal modern trends in medical education and with the special needs of students whose practice will be mainly if not solely outside of hospitals, a Department of Family Practice is being set up equal in status to the Departments of Medicine, Surgery, and Gynaecology and Obstetrics. This is being made possible in the first instance by a grant of £42,000, over a period of 5 years, from the Rockefeller Foundation, and by the cooperation of the Union Department of Health. The latter will contribute towards the salaries of personnel and will make available, for teaching purposes, the services maintained by it at the Institute of Family and Community Health where, over the past 8 years, family practice has been developed which combines preventive with curative personal health services. The personnel of the Department of Family Practice will, like those in the other clinical departments, combine teaching with service functions. It is hoped that students will attend the practice of the Institute throughout the whole of the clinical period, in the same way as they will attend the practice of the teaching hospital.

The teaching hospital is the King Edward VIII Hospital, with 1,300 beds shortly to be increased to 1,550, all for non-Europeans. This hospital deals with every kind of disease except tuberculosis, leprosy and mental disorders. In obstetrics it has an output of over 8,000 deliveries annually. For instruction in tuberculosis there is available in Durban the King George V Hospital with over 1,000 beds for non-Europeans; for leprosy there is available, 4 hours from Durban, the Amatikulu Leper Institution with 400 African inmates; and for mental disorders there is available, 1½ hours from Durban, the Fort Napier Mental Hospital with several hundred beds for non-Europeans.

For internships there will be available not only the hospitals already mentioned but also the McCord Zulu Hospital, in Durban, and several provincial hospitals, notably the 750-bed hospital at Edendale just outside Pietermaritzburg.

The Medical School Building. This building is situated in the same block as the King Edward VIII Hospital, to which it is thus immediately adjacent. The land was purchased from the Municipality by the Natal Provincial Administration, in whose ownership it remains. There is sufficient land to provide for further developments such as a Dental School. Unfortunately there is a prohibition against the provision of hostel accommodation, so that students (other than those whose homes are in Durban) are compelled to reside either at the Wentworth Hostel, 5 miles distant, or in private lodgings, which do not usually provide favourable conditions for study even although they may be nearer to the School.

The building is a single block 6 storeys high. It is H-shaped, with the cross-piece very high up and equal in length to the two limbs. In this centre-piece, which constitutes the main front of the building as seen in the accompanying photographs (Figs. 1 and 2), are provided the dissectingrooms, laboratories, tutorial rooms and other undergraduate teaching units. Their capacity is 40 students in each of the 5 years. The intention is later to



Fig. 1. Durban Medical School

construct equivalent accommodation in a cross-piece which will complete what will thus become a quadrangle; and the School will then cater for 80 students in each year.

In one limb of the H are provided the 'communal'

services—2 large lecture theatres each capable of holding 180 students, library, museum, students' common rooms and refectory, workshop, and the administrative offices. In the other limb are provided staff private rooms and research laboratories pertaining to the various depart-



Fig. 2. Durban Medical School

ments. There are variations here and there from the foregoing pattern, but these need not be detailed in this general description.

The vertical plan is briefly:

Ground Floor—Anatomy, part of Surgery, Students' accommodation.

First Floor—Gynaecology and Obstetrics, other part of Surgery, Administrative Offices, and the lower part of a main lecture theatre which extends through to the second floor as well.

Second Floor—Pathology, Museum, and upper part of main lecture theatre.

Third Floor—Family Practice, Medicine, and Library.

Fourth and Fifth Floors—These contain the Department of Physiology (which includes histology, biochemistry, and pharmacological physiology) and a second main lecture theatre extending through the two floors.

Roof—A considerable portion of the roof is devoted to the housing of animals used by the Department of Physiology—baboons, monkeys, and the usual smaller animals. The accommodation provided includes operating theatre, post-mortem room, food storage and preparation rooms.

The building was commenced in April 1952 and has only recently been completed. The floor-space totals some 120,000 sq. ft. The total cost, including a considerable amount of built-in equipment, was just over £400,000. The whole of this has been provided by the Government. The building is first-rate and has effectually dispelled the fears of those who thought that a medical school for non-Europeans might be only second-rate. The anatomy department is air-conditioned, and the remainder of the building has artificial ventilation.

The moveable equipment has not yet all been provided. Up to the end of 1954 some £35,000 had been expended here and at Wentworth, and it is anticipated that during the next 3 years at least another £38,000 will be required. The Government has already contributed £21,200 towards moveable requirement and has promised £23,000 more. This leaves a shortfall of £39,000 to be met. An appeal has been made to the public for contributions, and it is pleasing to record that the Natives of Natal and Zululand, in response to a directive from the Paramount Zulu Chief, contributed in half-crowns the sum of £2,000 as their contribution. Indian merchants in Durban have promised several thousands towards special equipment for several of the laboratories.

TEACHING STAFF

Hitherto only 6 chairs have been established in the Faculty of Medicine—Anatomy, Physiology, Pathology, Medicine, Surgery, Gynaecology and Obstetrics. All were filled by the beginning of 1955. In addition 11 senior lectureships have been approved in the various departments, of which all but 3 have been filled and the senior lectureship in Surgery will shortly be filled. The senior lectureships in Anatomy and in Gynaecology and Obstetrics have not been filled, and are being replaced meantime by part-time staff. All appointments, including those in anatomy and physiology, are 'joint-staff' appointments (i.e. University with Provincial Hospital

Administration) and there is no differentiation between the salaries paid to (medically qualified) staff in the 'pre-clinical' departments and staff in the 'clinical' departments. This fact is in accordance with the concept which it is hoped the School will demonstrate in practice, of a symbiosis between all departments in the School.

At Wentworth there are whole-time lectureships in English, Botany, Chemistry, Physics, Zoology and Sociology, each within the corresponding department of the University as a whole.

Ministerial approval was obtained for the establishment of a Chair, jointly with the Province, in Clinical Biochemistry—a field of great importance in relation to disorders, especially malnutrition, common among the Bantu. This has since been withdrawn but it is hoped that it will be renewed.

The Department of Family Practice mentioned above, will be in charge of a professor and several lecturers, to be appointed during 1955. They were not included in the enumeration above.

THE STUDENT BODY

It is not correct to describe the School as the Non-European Medical School. Apart from the fact that the staff are Europeans (except one of the lecturers at Wentworth, who is an African) there will be European postgraduate students; nor has the University surrendered its academic right to admit whom it will to the undergraduate classes, but has agreed not to admit any Europeans except with the prior concurrence of the Minister of Education in each case.

The Durban Medical School does not, of course, serve only Durban or even Natal. The great majority of its students are from outside Natal, and some from beyond the Union. Extra-Union Natives may be admitted provided they do not displace Union Natives. Under this provision a dozen students have been admitted from the High Commissioner Territories and the Central African Federation. The Union Government makes available 15 bursaries every year for Union-born Natives. These bursaries are each for 7 years, and are worth £150 a year for the first 2 years and £200 a year thereafter. Half the sum is really a loan, repayable at the rate of not less than £90 p.a. after qualification. Furthermore, bursars are required to undertake to restrict their practice to non-Europeans and to practise only in areas approved by the Government. Failure to fulfil these conditions involves liability to repay the whole of the sum advanced. If in any year there are not sufficient Natives eligible for bursaries, one may be awarded to a Coloured student, and one to an Indian, but no more. If there are fewer than 13 Natives eligible, the other bursaries must lapse. It may be mentioned that each year there are admitted, directly into the Second Year, a few students who have graduated B.Sc. or B.Sc. (Hygiene) elsewhere and have the necessary credits in the 4 pre-medical sciences. Some of these obtain bursaries which have lapsed through examination failures by the original bursars.

When the School was opened in 1951, 35 students were enrolled in the Preliminary Year. Including the 1955 enrolments, a total of 191 students have been admitted—159 to the Preliminary Year, 21 to the First

Year, and 21 to the Second Year. Of these 56 have fallen out for various reasons, leaving 135 in the School at the present time—38 in the Preliminary Year, 26 in the First Year, 35 in the Second Year, 22 in the Third Year and 14 in the Fourth Year. The first group of students to qualify M.B., Ch.B. (University of Natal) will do so at the end of 1957. The following table is of interest:

Enrolment, 1951-55 ..	<i>Africans Coloured Indians</i>			<i>Men</i>	<i>Women</i>
	108	9	74		
Student body in 1955 ..	75	8	52	112	23

It may be mentioned that Africans and Coloureds whose domicile is in Natal are still free to go to the Witwatersrand and Cape Town Schools if they can secure admission there. But Indians whose domicile is in Natal (i.e. about 90% of the Indian population of the Union) cannot now obtain permits (from the Department of the Interior) to enter another province for the purpose

of medical study, on the ground that facilities are available in their own province. This partly accounts for the relatively high number of Indians admitted. It will be noted that they are not as good 'stayers' as the Africans.

The reply to the often-asked, foolish, and tendentious question as to how non-Europeans 'compare' with European medical students is: (1) We have no means of making a fair comparison. (2) Our experience is far too limited anyhow. (3) Our students exhibit the same innate variations as students anywhere. (4) Their performance as a group in professional examinations is, on the testimony of external examiners drawn from the other Universities, equal to and indeed better than that of groups of students at the same stage elsewhere. It is not claimed that this indicates intrinsic superiority, but is due, probably, in part to the 2-year pre-medical course and in part to the small size of the classes, which allow of more individual tuition.