# SOUTH AFRICAN MEDICAL AND DENTAL COUNCIL : SUID-AFRIKAANSE GENEESKUNDIGE EN TANDHEELKUNDIGE RAAD

The 70th meeting of the South African Medical and Dental Council was held in the Board Room, Deal's Hotel, East London, C.P., on 23-26 September 1959. The proceedings occupied 8 half-day sessions. Thirty members were present, including the President (Prof. S. F. Oosthuizen) in the chair, the Vice-president (Prof. H. W. Snyman), and the Treasurer (Dr. R. V. Bird), together with the Registrar (Mr. W. H. Barnard).

## PRESIDENT'S OPENING REMARKS

After speaking in suitable terms of the death of Dr. J. N. W. Loubser, a member of the Council until last year, the President referred to the great amount of work accomplished by members of the various committees between meetings of the Council. A favourable atmosphere for the Council's work resulted from the good relations that were maintained with the Department of Health, the Universities, other statutory bodies such as the Nursing Council and the Pharmacy Board, professional bodies such as the Medical and Dental Associations, and the different voluntary aid organizations.

The Council, Prof. Oosthuizen said, had to deal mainly with 3 categories of problems, viz. (*a*) those that clearly fall within its purview, (*b*) those that do not, and (*c*) those about which there is some doubt and difference of opinion. He dealt briefly with the following matters in the *first category:*

1. *Artificial human insemination.* The Minister of Health has informed us that he is not proposing to appoint a Commission, but that he welcomes the Council's offer to obtain information for him. The Council is now cooperating with the Secretary for Health on the matter.

2. *Amendment of section 34* (illegal practice of medicine). Following representations from the Council, the Minister has asked for a memorandum. This I am drafting, but its completion must await the advice and comments of the Medical and Dental Associations and other bodies. Amongst other information, we have received from an eminent Cape Town surgeon a fine report complete with case histories.

3. *Proposed amendment of the Act to validate rule 6* (informal proceedings on receipt of complaints of unethical conduct). There are many senior members who wish the Council to have the specific power to deal with certain types of complaint by procedures short of a full enquiry. The question was recently raised again in an interview I had with the Attorney General of the Transvaal. The Executive Committee is reporting on it to the Council.

4. *Rule 19* (advertising of professional appointments). The Executive Committee has carried out the Council's instructions, including an interview with the Medical Association, and is reporting on the subject at this meeting.

5. *Registration of specialists and conditions of practice.* This very important matter has been brought to finality by the *ad hoc* Committee, whose recommendations are before this meeting.

6. *Registration of optometrists.* After many years of negotiation, good progress towards a compromise was made at a recent meeting with representatives of the Medical Association and the South African Optical Association. The Federal Council of the Medical Association has the matter under consideration. A report is before this meeting.

7. *Registration of doctors from abroad.* At its last meeting the Council agreed to certain principles contained in my report. The Executive Committee has now drafted the necessary amendments to the Act and regulations and these will be before this meeting for submission to the Minister.

8. *Proposed Council building.* After considerable investigation and discussion, the *ad hoc* Committee recommends the Council not to proceed with the erection of its own building at this stage.

9. *Medical technologists.* A conference of interested persons was recently held and recommendations are made to the Council about the proposed training of this class of auxiliaries. The training will be brought in line with the pattern of the Civil Service Commission.

10. *Disciplinary matters.* The Council's committees have dealt with a number of disciplinary cases, and I am glad to announce that the findings in all the cases have been accepted without any application to the Supreme Court for a review.

11. *Diverse.* (*a*) The finances of the Council are sound and its work has not suffered through lack of funds. (*b*) There is a steady

growth of persons on our Registers, compulsory as well as voluntary. (*c*) The training of interns and the recognition of hospitals for this purpose have been put on a sound basis, and it is possible that future inspections may well be dispensed with. (*d*) On the educational and specialistic fronts there has been satisfactory activity, as reflected in the reports. (*e*) The salaries of the Council's staff, up to a certain level, have been consolidated.

Dealing with the *second category*, the President said, it happens with monotonous frequency that enquirers are amazed to hear that the matters about which they wrote are deemed to fall outside the Council's purview. One reason is that the public is of the opinion that this Council is the parliament of doctors, that it was established by Parliament as the watch-dog of the public, and that the Act makes it incumbent upon the Council to report to the Minister any matter of public importance. However interested members may be, the Council as a statutory body cannot deal with certain matters; nevertheless every effort is made to assist *bona fide* enquirers.

To quote an example: The Atomic Energy Board recently asked the Council to publicize the provisions of the new Act as they relate to the use of radium and radio-active isotopes by practitioners. This is not a function of the Council, but the offer of my services for consultation and assistance was made to the Board—and accepted with appreciation. Who can possibly not be interested in these atomic developments, in which not only doctors and their staff working with radiations, but the whole community may be at hazard? The same remarks apply when the Council is asked to accept official representation on diverse outside committees of enquiry.

To quote another example: *Prima facie* what could be more reasonable than the oft-expressed view that the Medical Council should bring pressure to bear on those who are responsible for road safety? But we are powerless to deal officially with such matters.

In the *last category* (matters in which there is doubt about the status of the Council) falls the vexed question of *negligence*, when complaints are lodged against practitioners by the public or from the Courts. Some members hold that negligence, where possible, should be dealt with in the law courts, while others believe that negligence may constitute improper or disgraceful conduct in a professional sense and that the Council is therefore the correct body to enquire into complaints of negligence. The public argues: 'A person is brought before a court of law for negligent driving and fined if guilty, whereas a doctor may through negligence endanger a patient's life and yet escape disciplinary action.'

The President then discussed the findings of the Courts on the difficult question of the meaning of 'negligence' on the part of a practising doctor, and concluded: 'I think it would be wrong for the Council to regard negligence as something which falls outside its purview; it would be equally wrong to evolve a policy that every complaint of negligence should be dealt with by the Council. In my opinion there is no ready answer, no ready solution, for a thorny problem, and the Council must decide each case on its merits, having regard to all the circumstances of the case.'

'And so one can continue to deliberate on the important problems with which this Council has to deal. The diversity of problems which face us as a kaleidoscope of ever-changing events form the basis for the constant intellectual adventure to which we are subjected. I am grateful for these problems because they prevent us from becoming drowsy with the dreams of mediocrity.'

### REGISTRATION OF SPECIALISTS AND CONDITIONS GOVERNING THE PRACTICE OF SPECIALISTS

Since 1954, when Act 29 of 1954 validated the registration of specialities (which had that year been declared invalid by the Supreme Court), the Council and its committees have been engaged in framing 'rules governing the registration of specialities of medical practitioners and dentists, ... and the conditions which shall govern the practice of medical practitioners and dentists whose specialities have been registered'. At the present meeting the framing of these rules was brought to finality, when the Council received and considered the draft submitted by its *ad hoc* Committee and, after making certain final amendments, adopted the rules for approval and promulgation by the Minister of Health.

The portion of these rules which is concerned with registration (rules 1–7) is mainly on similar lines to the rules now in force. At the present meeting, on the recommendation of its Specialist Committee (Medical), the Council added a note to rule 5(*d*) to the effect that experience in hospital during the first 2 years after qualification will not count towards the requirements under rule 5(*d*)—i.e. the stipulated 3 years of specialist experience. A motion by Dr. J. K. Bremer was also accepted in principle to the effect that rule 5(*c*) should be modified so that persons undertaking other training in lieu of general practice must obtain at least 1 year's experience in general medicine and/or general surgery and/or general practice (practitioners who are training in pathology being exempt from this requirement); also that a note should be added stating that training at a hospital or institution of less than 3 months' duration would not count except where a lesser period is needed to complete the prescribed 24 months' experience.

The portion of the rules which prescribes the conditions governing the practice of specialists (rules 8–14) are mainly new. This portion includes the following provisions:

A specialist must confine his practice to his speciality.

A specialist must not practice in partnership with a general practitioner or a specialist practising some other speciality.

A specialist must not take over a patient from another practitioner except with the consent of the practitioner concerned, which is not to be unreasonably withheld.

A specialist must not do domiciliary visiting except when requested to do so by, or with the consent of, a general practitioner.

A specialist may treat any person coming to him direct for consultation.

A specialist who is consulted by a patient or who treats a patient must take all reasonable steps to ensure the collaboration of the patient's general medical practitioner or dentist (meaning general dental practitioner) as the case may be.

(A note is added providing that nothing in these rules is to interfere with the ethical standards relating to emergency.)

### ETHICAL RULES 19 AND 19(BIS), CONCERNING THE ADVERTISING OF PROFESSIONAL APPOINTMENTS

The Council had before it a report of the meeting held on 11 July 1959, when a deputation from the Federal Council of the Medical Association met the Council's Executive Committee and discussed problems relating to ethical rule 19 (and 19 *bis*, *ter* and *quat.*). The Executive Committee had considered this report and now reported to the Council as follows:

The Medical Association was in favour of rules 19 and 19(*bis*) as amended by the Council at its meetings in September 1958 and March 1959 and in the form in which they are to be submitted for promulgation after the present meeting of the Council.

The Medical Association supported the Council in its decision not to proceed with rule 19(*ter*).

As regards the temporary appointment of a locum tenens—previously rule 19(*quat.*), 1(*a*)—the Council, at the present meeting, decided that the previous draft should be amended to read: 'The temporary appointment of a medical practitioner or dentist as a locum tenens for a period not exceeding 6 months shall be exempted from the requirements of the rule'; and that this be inserted as a note under rule 19 and under rule 19(*bis*).

As regards transfers or promotions within a service—previously rule 19(*quat.*), 1(*b*)—the Council resolved that the following be inserted as a note under rule 19(*bis*): 'Transfers or promotions will not be regarded as new appointments and such positions need not be re-advertised'. (The Medical Association is not in favour of this exemption.)

After debate the Council resolved that rules 19 and 19(*bis*), as amended, be approved and submitted to the Minister for approval and promulgation.*

### REGISTRATION OF OPTOMETRISTS

In pursuance of negotiations between the Medical Association of South Africa and the South African Optical Association a conference had been held in Johannesburg on 4 July 1959 under the chairmanship of Prof. Oosthuizen, attended by representatives of these two bodies and of the Council. The object was to reach a compromise between the two bodies, for which the Council would accept responsibility. The main obstacle to agreement, the chairman said at the conference, was the present rule of the Council relating to the examination of, and supply of glasses to, children under 15 years old. Both bodies, he said, as well as the public, would gain if a compromise were reached. It was the policy of the Council that registration of all the categories of supplementary health services should be made compulsory, and that all medical services should be coordinated under the one Council.

* The draft to be submitted to the Minister is set out on page 954.

The following matters of principle were agreed upon by the Conference:

The present rule (1) of the Council's rules, under which registered optometrists may carry on their calling, states that they shall not examine and supply with glasses any person in whom pathological conditions should be suspected, or children under 15 years of age, but shall refer such cases to a registered medical practitioner. On this it was agreed that new regulations should be framed providing (*a*) that cases in which pathological conditions are suspected shall be referred to a medical practitioner, and in such a manner as will not affect the dignity of either party, and (*b*) that a registered optometrist shall be allowed to see and examine children of any age, but that all cases of children up to 8 years old shall be referred to a medical practitioner, subject to certain exceptions to be defined, and that, with regard to children aged 8–15 years, certain cases, to be defined, *shall* be referred to a medical practitioner (but the South African Optical Association will recommend that all cases of this age should be so referred).

In regard to the present rule 3, which lays down certain restrictions on advertising by registered optometrists, it was agreed that this rule should be amended to provide for a gradual imposition of restrictions in a manner that would not be prejudicial to members of the South African Optical Association under their existing code of ethics.

These agreements are to be regarded as tentative.

The position of persons practising as optometrists but not satisfying the rules was discussed. The chairman explained that the passing of the Council's examinations would confer the right to voluntary registration under the present rules. Under compulsory registration a similar test would be available, but the standard of a test arising out of legislation that would make the registration of optometrists compulsory would not be too high, for it was an accepted principle of law that one could not in an enactment of this nature arbitrarily deprive a person of the means of earning his livelihood.

At the present meeting of the Council this report of the Conference was considered, as well as reports of previous conferences and correspondence. Prof. Oosthuizen was congratulated on the successful outcome of the Conference under his chairmanship. The Council resolved to refer the matter to its Executive Committee with instructions to consider advice from a committee to be set up consisting of 2 members of the Council (Drs. A. W. S. Sichel and Prof. E. H. Cluver), 2 from the Medical Association of South Africa, and 2 from the South African Optical Association.

### PROPOSED LEGISLATION ENABLING QUALIFIED PERSONS FROM ABROAD TO TAKE UP INTERN OR POSTGRADUATE POSTS IN SOUTH AFRICA

The Council considered draft amendments of sections 22, 23 and 24 of Act 13 of 1928 and of the regulations made thereunder (Govt. Notice 256 of 1947 as amended). These amendments had been drafted by the Registrar in pursuance of a memorandum, dated 21 November 1958, by the President (Prof. Oosthuizen), the principles in which had been adopted at the previous meeting of the Council (March 1958). The object of the amendments was 'to extend to medical practitioners or interns from foreign countries the facilities which those countries had been extending to our graduates for many years, viz. to come to this country for postgraduate study and hold paid appointments, or for the doing of their internships as the holders of paid appointments . . .' Prof. Oosthuizen had recorded in his memorandum: ' . . . Intellectual contact on the international level is an enriching experience, not only to the receiver but also to the giver. And if the contact were between men trained in the disciplines of medicine, obviously each would have something relating to these disciplines to teach the other, but the enrichment for both would go beyond these disciplines into other intellectual and cultural spheres. The phenomenon of insularity on the intellectual and scientific level is always an incongruous one in an adult society, more especially so in the age in which we live and where advances in the means of communication, both intellectual and physical, have shrunk the geographical frontiers of our planet so considerably.'

The Council resolved to refer the proposals to the Minister with a request that the Act and regulations be amended accordingly.

*Restrictions Remaining on Persons Exempted by the Minister under Section 74(b) of Act 13 of 1928 from the Registration Requirements of the Act*

A discussion took place on the rights conferred and restrictions imposed on exempted persons. The section enacts that the Minister, after consulting the Council, may grant such exemption for a limited period to persons from other countries engaged in South Africa (1) solely in medical and pharmaceutical research work, or (2) in postgraduate work under the control or direction of a university possessing a faculty of medicine, or (3) in demonstrating medical, surgical, dental or pharmaceutical techniques to persons registered under Act 13 of 1928. It is held that this exemption applies only for these specific purposes and that it does not cover consultations or the seeing and treating of patients; this the exempted person remains precluded by law from undertaking. (The Act includes provision for the registration for not more than 30 days of a person coming to the Union at the request of a registered medical practitioner for the purpose of examining or treating an individual patient. Such registration covers only the examination or treatment of the particular patient or patients whom the Council has authorized the visiting practitioner to examine or treat.)

It is regarded as incumbent on practitioners in the Union not to invite any visiting practitioner exempted under section 74(*b*) to see or treat a patient or engage in consultation.

### VALIDATION OF RULE 6 (INFORMAL PROCEEDINGS ON RECEIPT OF COMPLAINTS OF UNETHICAL CONDUCT)

Consideration was given to the disadvantage that arises from the fact that when a complaint is received against a registered practitioner the Council, after giving the practitioner the opportunity of submitting his comments in writing, must decide either to hold a formal 'enquiry' or to take no further action. The Act does not enable the Council to take any other line of action. Departures from the sound traditions of the profession sometimes occur which *prima facie* do not amount to 'improper or disgraceful conduct'; and in such cases it is unfortunate that no suitable action can be taken. This matter has been under consideration for some years; indeed regulation 6 of the Regulations for the Conduct of Enquiries was designed to make provision for such cases. Regulation 6, however, has been found to be *ultra vires*, and the proposal which the Executive Committee submitted at this meeting was that an amendment of Act 13 of 1928 should be sought which would confer on the Council the powers that regulation 6 purported to confer. Regulation 6 is in the following terms:

'6. Should the executive committee resolve that the complaint, even if substantiated, would not constitute improper or disgraceful conduct, . . . or for any other reason should be withheld from enquiry, it shall take such action as it shall think fit and report such action and the grounds therefor to the Council.'

The proposal before the Council was to recommend to the Minister that section 41 of the principal Act be amended by the addition of the following subsections:

'2. If the council, or any committee to which the necessary powers under this Chapter have been delegated by the council in terms of section 7, resolve that any such complaint, charge or allegation, even if substantiated, would not constitute improper or disgraceful conduct, or conduct which when regard is had to the profession or calling of the person against whom such complaint, charge or allegation is made is improper or disgraceful, or for any other reason should not be the subject of an enquiry under sub-section (1), it shall take such action as it may deem appropriate in the interest of the public or of the profession of medicine or dentistry, as the case may be, and the provisions of paragraph (*b*), sub-section (3) of section 42 shall apply should it require any person to appear before it in connection with such complaint, charge or allegation; and

'(3) Any committee as aforesaid shall furnish the council with a report on any action taken by it in pursuance of the provisions of sub-section (2).'

After debate the proposal was carried.

*Regulations for the Conduct of Enquiries*

Amendments to the regulations were debated to make it possible for evidence in regard to previous convictions of an accused person to be placed before the Council or the committee holding

an enquiry. After debate, the regulations were adopted for submission to the Minister for approval and promulgation.

FACILITIES FOR TREATMENT OF MENTAL ILL-HEALTH

At its meeting in March 1959 the Council resolved to draw the attention of the Minister to the insufficiency of modern facilities in the treatment of those suffering from mental ill-health. In his reply the Minister referred to the shortage of psychiatrists and trained nursing personnel, which was world-wide. He went on to say, 'As a result of research and modern methods of treatment it is felt that some modification of our Mental Disorders Act needs serious consideration, so as to facilitate the early treatment of psychosomatic, neurotic and early psychotic conditions, at clinics, general hospitals and nursing homes, without the cumbersome procedure of certification as is required at present. This will, I hope, partially overcome the ever-present prejudice the layman or general public manifests against the so-called stigma attached to any form of mental illness. Legislation of this nature is already under way in the UK to overcome similar difficulties . . . '.

The question was again discussed at the present meeting, and stress was laid on the shortage of accommodation in the mental hospitals. Dr. B. P. Pienaar, Commissioner for Mental Health, said that in this country we were not lagging behind in treatment. Our Mental Disorders Act compared most favourably with those of other countries, and there was no legal bar to the provision of treatment centres and homes by provincial administrations or municipalities or to mental treatment in general hospitals (if staff was available). Miss C. A. Nothard said that the shortage in mental nurses was largely due to the fact that the girls' parents feel that there is a stigma in mental nursing. The Nursing Association had repeatedly urged that non-Europeans should be trained as mental nurses.

After further debate the Council passed the following resolution: '. . . While appreciating the efforts of the Department of Health the Council wishes to express the opinion that the Department should be furnished with the finances and facilities to take active steps to educate the public in a proper appreciation of mental health, and that as a first step the Minister be urged to make a liberal contribution to the production of the blue-print of the South African Council for Mental Health for the World Health Year 1960 at present being organized by the World Federation of Mental Health'.

SURGICAL

*Assistants at Operations*

Arising out of the question of assistants at operations conducted under local anaesthesia, Dr. H. Grant-Whyte and Dr. P. F. H. Wagner had been asked to submit memoranda, and in doing so to give consideration to operations conducted under spinal anaesthesia. On receipt of these memoranda the subject had been given further consideration by the Executive Committee, who recommended that a new paragraph be added to the statement of policy laid down by the Council. This recommendation was now adopted by the Council, so that the revised statement of policy reads as follows (additional paragraph in italics):

'Although in many instances surgeons have developed techniques whereby assistants at operations seem to be unnecessary, the Council is informed that the general opinion in surgery is that assistants should be present at operations of a certain magnitude, e.g. an appendectomy, or where difficulties or complications might occur or are anticipated. The Council finds itself in agreement with this view. In addition, it is necessary that a medical practitioner should be present for the purpose of administering the anaesthetic.

'*In elective surgery where general, spinal or caudal anaesthesia is to be used, an additional medical practitioner must be present to attend to the patient in order to safeguard the patient against possible complications.*

'A registered nurse may not act in place of an assistant surgeon at an operation. In the case of emergencies a qualified nurse may assist, or even administer the anaesthetic, but should she do so she is required by the South African Nursing Council to report the facts to that Council.'

*Suggested Fact-finding Committee*

Dr. R. L. Impey moved 'that a fact-finding committee be appointed to enquire whether, under existing circumstances, the manifold benefits of first-class modern surgery are generally available to the public of South Africa.' The discussion centred mainly on the surgery practised in the smaller towns, on which conflicting views were expressed by different speakers, and the Council adopted a resolution to refer this motion to its Executive Committee to consider and report on the practicability and feasibility of the fact-finding committee envisaged.

*The 'Kux' Operation (vagotomy and sympathectomy)*

The Council's Executive Committee had had under consideration the kind of publicity that had been given to this operation by certain newspapers, and had referred the matter to the Medical Association. The Association had expressed the view that the Council might advise the profession, possibly by a 'warning notice', of its disapproval of this type of advertising. The Executive Committee, however was not in favour of a 'warning notice' on this matter, and this view was accepted by the Council.

Dr. J. K. Bremer moved that a 'warning notice' should be issued concerning (*a*) the performance by medical practitioners (except in emergency) of professional acts for which they are inadequately trained or inadequately experienced, or under improper conditions or surroundings, and (*b*) the use of therapeutic measures for conditions for which such measures cannot reasonably be justified. He said that the 'Kux' operation provided a good example of the abuse that from time to time occurred—not only in surgery. The operation appeared to be done indiscriminately for peptic ulceration, asthma, epilepsy, parkinsonism and other forms of tremor, alcoholism, and other conditions. As soon as the operation was started in this country a newspaper campaign began. The lack of discernment shown in this campaign, said Dr. Bremer, was a disservice to the country. After discussion Dr. Bremer's motion was carried.

*Articles in Lay Press 'authenticated' by Fictitious Name with Medical Qualifications*

It was decided to write to the Newspaper Press Union calling attention to this practice, which would lead the public to infer that the views expressed in the articles necessarily had validity in the medical field, and asking if the Union would give consideration to the matter with a view to evolving some form of control of the practice.

DENTAL WORK BY DOCTORS

In 1947 the Council submitted a recommendation to the Minister that section 35(3) of Act 13 of 1928 should be amended by deleting the words, 'Nothing in this section contained shall be construed as prohibiting a medical practitioner not registered also as a dentist from performing in the course of his practice acts pertaining to the practice of dentistry other than prosthetic dentistry'; and substituting therefor the words, 'A medical practitioner shall not perform any act pertaining to the practice of dentistry except in the case of emergency, and where there is no dentist reasonably available'.

The Minister did not proceed with any such amendment of the Act, and at the present meeting the Council decided to make the same recommendation to the Minister again.

*Dental Hygienists*

A motion by Dr. J. H. Rauch, that the value of the dental hygienist as an auxiliary in maintaining and promoting the dental health of the population in this country be investigated, was referred to the Dental Committee (with the right to coopt). Dr. Rauch said that he envisaged that the auxiliaries he was proposing should work under professional supervision and only in the public service. He referred to the successful work of such auxiliaries in New Zealand and the USA, and to the dental hygienists in the RAF and the British Army.

ATOMIC ENERGY ACT, 1958 AMENDMENT

A letter from the Atomic Energy Board was considered in which it was pointed out that under the Atomic Energy Act 1948, as last amended in 1958, it is illegal to possess or use any radio-active isotope, including radium and its disintegration products, except under written authority of the Board. This applies to medical practitioners equally with others. Authorities are issued only to persons who satisfy the Board's requirements *re* safe storage and handling facilities, users' qualifications, training and experience in radio-isotope techniques, the availability of medical physicists, suitable hospital facilities, etc. Heavy penalties are provided for contraventions. All unauthorized users of radium, etc. should

apply for written authority to the Secretary, Atomic Energy Energy Board, Private Bag 59, Pretoria.

REGISTRATION ETC.

*Missionary medical practitioners* (with limited rights of practice). The Executive Committee reported the following transactions: Four new applications for registration were received, of which 2 were granted and 2 were refused, and 3 registrations were renewed for a further period of 5 years. Three applications were received for a variation of the terms on which registrations had been granted; of these 1 was granted, 1 was granted in part, and 1 was refused. (One application, also, was granted, for extension of the period of registration—with limited rights of practice—of a medical practitioner working at the South African Institute for Medical Research.)

*Exemption from registration.* Exemption under section 74(*b*) was recommended to the Minister, and granted, as follows: 9 medical practitioners from abroad attending the South African Medical Congress, on the application of the Medical Association of South Africa; 4 medical practitioners from abroad, on the application of the Universities of Natal, Witwatersrand and Pretoria and the College of Physicians, Surgeons and Gynaecologists of South Africa, respectively; and 1 dentist from abroad on the application of the Dental Association of South Africa. In respect of 1 medical practitioner, also, the period of exemption was extended, on the application of the University of the Witwatersrand.

*Erasure from register.* The names of 23 medical practitioners and 5 dentists were removed from the register at their own request.

*Exemption from fees.* Ten medical practitioners and 1 dentist were granted exemption from annual registration fees on account of age.

*Hospitals recognized as acceptable for internships.* A revised list of hospitals acceptable for internship purposes in the Protectorates, the Rhodesias and other African territories was adopted, and several individual applications for the registration of internships (or its equivalent) in various parts of the world were granted. The general question of the recognition of institutions for the purpose of internship was held over for future consultation and consideration.

*Specialists*

The Council accepted the following degrees or diplomas as higher qualifications for the purpose of the rules relating to the registration of specialists: The degrees of M.Med. (Path.), M.Med. (Rad.D.), M.Med. (Ophth.) and M.Med. (L. et O.) of the University of Stellenbosch; and the F.C.P. (S.A.) of the College of Physicians, Surgeons and Gynaecologists of South Africa, with the special subject Psychiatry and with the special subject Neurology.

At the present meeting various hospitals or departments of hospitals in South Africa and abroad were granted recognition as teaching hospitals or departments or equivalents or as approved hospitals or departments for the purpose of the rules relating to the registration of specialists.

*Approved hospitals.* In 1958 the Council considered a recommendation made by the Medical Association to the effect that an additional category of hospital should be approved in terms of the rules for the recognition of specialists, viz. an approved hospital where service for a period of one year would count as one year towards the prescribed clinical experience in an applicant's speciality. The Council then (September 1958) adopted a resolution 'that the *status quo* be maintained *pro tem*'. At the present meeting, on the recommendation of its Specialist Committee, the Council decided to adhere to this resolution.

*Medical Auxiliaries*

*Chiropodists.* At the present meeting the Council accepted for the registration of chiropodists the Membership or Fellowship of the Society of Chiropodists (M.Ch.S. or F.Ch.S.) granted after training at one of the following British schools: (1) Birmingham General Dispensary School of Chiropody, (2) Chelsea School of Chiropody, (3) Edinburgh Foot Clinic and School of Chiropody, (4) Glasgow Foot Hospitals and College of Chiropody, (5) London Foot Hospital School of Chiropody, (6) Manchester Foot Hospital and School of Chiropody, and (7) Salford Royal Technical College School of Chiropody and Foot Clinic.

*Physiotherapists.* The Council also decided to add to the recognized qualifications for the registration of physiotherapists the Diploma in Physiotherapy of the Physiotherapists Registration Board of Western Australia, and also to request this Board to recognize for the registration of physiotherapists in Western Australia the South African qualifications, viz. the B.Sc. in Physiotherapy of the University of the Witwatersrand and the Diploma in Physiotherapy of the University of Cape Town and of the Pretoria Hospital School of Physiotherapy.

DISCIPLINARY

The findings and penalties in 5 formal enquiries into alleged offences (4 by the Executive Committee and 1 by a Disciplinary Committee) were confirmed by the Council, as follows:

1. A registered intern who had been convicted in the Johannesburg Court of practising as a medical practitioner without being registered. At the enquiry he was found guilty of improper conduct, and was reprimanded and cautioned.

2. A medical practitioner who had been convicted in the Magistrate's Court of failing to keep prescribed records of habit-forming drugs. At the enquiry he was found guilty of improper conduct, and was reprimanded and cautioned.

3. A medical practitioner who had been convicted in the Magistrate's Court of assault. At the enquiry he was found guilty of improper conduct, and was reprimanded and cautioned.

4. A medical practitioner who had been convicted in the Magistrate's Court for being wrongfully and unlawfully drunk. At the enquiry he was found guilty of improper conduct, and was cautioned.

5. A medical practitioner, who, after inquest proceedings, was charged at an enquiry (by a disciplinary committee) with improper or disgraceful conduct in that he administered an anaesthetic not in the presence and without the assistance of another medical practitioner to a patient on whom he was about to perform an operation (not in emergency). He was found guilty of improper conduct, and was reprimanded and cautioned.

One other case was referred for an enquiry, which had yet to be held.

The Council also confirmed the action of its Executive Committee in disposing of the following cases without formal enquiry:

Inquest proceedings reported: 3 cases (medical practitioners).

Complaints received: 17 against medical practitioners and 2 against dentists.

Cases referred from the Courts: 2 medical practitioners convicted respectively of assault and of failure to keep prescribed records of habit-forming drugs; 1 dentist declared after magisteria enquiry unfit to possess firearms; 1 medical practitioner charged with alleged malpraxis.

A medical student who had been suspended by his University.

*Restoration to register.* The application for restoration to the medical register of Dr. E.I.B., who over 10 years ago was convicted of criminal abortion and sentenced to imprisonment, was heard by the Council and was granted.

*Section* 80(*bis*)—alleged overcharging. Assessors were appointed in one case and in one other case the report of the assessors was noted (both concerning medical practitioners). In 8 cases (7 medical practitioners, 1 dentist), in which complaints or enquiries were received where there appeared to be no ethical implications, information about the procedure under section 80(*bis*) had been supplied in reply.

RULINGS OF THE COUNCIL

The following answers had been supplied by the Executive Committee to questions raised by enquirers, and were confirmed by the Council at this meeting:

It is undersirable for the names of medical practitioners to be published in a brochure issued by a holiday resort.

As X-ray envelopes are generally used, the provisions of ethical rule 1(5) concerning postal envelopes should be observed; that is to say, no information other than a return address in case of non-delivery should be printed on the envelopes. The name, qualifications, etc. of the radiologist should not be included. (The enquiry came from the Radiological Society of South Africa.)

An assistant or deputy medical officer of health may not be promoted to the position of M.O.H. unless the post of M.O.H. is advertised in accordance with ethical rule 19. (Enquiry from Society of Medical Officers of Health, State Medicine.)

A part-time medical officer of health was appointed at a salary of £60, and a new addition has been made in an annexure to his agreement providing for payment to him at prescribed rates for vaccinations and injections against infectious disease performed

by him. Since this is an alteration in the terms and conditions, ethical rule 19 requires that the post shall be re-advertised.

New posts for the bleeding of blood donors involving 1–5 sessions a week, of 1–4 hours' duration each, should be advertised in terms of rule 19.

The professional association of a registered medical practitioner with a medical physicist in the examination and treatment of patients with ionizing radiations and radio-isotopes is not unethical, provided the physicist does not take part in the actual medical examination of patients, and provided he works under the direction and control of a registered medical practitioner who takes responsibility for the patients. (The matter of the institution of a register of medical physicists as a category of supplementary health services personnel was referred to the appropriate committee of the Council.)

It is not unethical for a medical practitioner to be the owner or part-owner of a nursing home. Where the Companies Act requires the names of directors to be published, medical practitioners who are directors should not allow their degrees on qualifications, or the prefix Dr., to be used.

In view of ethical rule 20 it is undesirable for a medical practitioner to associate himself with a company concerned in the promotion of the sale of an ointment of which the formula will be secret.

*The next meeting of the Council* is to be held on 21 March 1960, in Cape Town.