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

The 71st meeting of the South African Medical and Dental Council was held in the Council Chamber, Cape Town Chamber of Commerce, Barclay's Bank Building, Adderley Street, Cape Town, on 21 - 26 March 1960. The proceedings occupied 9 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) and staff.

REGISTRATION

The Registrar reported on registrations effected during 1959, as follows:

	Registrations	*Restorations*	*Erasures*	*On Register end of 1959*
Medical practitioners ..	313	34	108	7,788
Interns	260	—	259	416
Dentists..	49	9	30	1,316
Medical students ..	337	11	330	1,371
Dental students ..	45	1	56	181
Auxiliaries	236	—	—	1,254
Specialists (medical) ..	85	4	17	1,505
Specialists (dental	—	—	—	18

Of the medical practitioners on the register at the end of 1959, 71·7% had qualified in South Africa (Cape Town 2,461, Witwatersrand 2,394, Pretoria 836, Natal 21), 12·1% in England, 9·4% in Scotland, 3·6% in Ireland, and 3·3% elsewhere.

Of the medical students on the register in 1959 (including 252 who qualified in June and December 1959) 494 were at the University of the Witwatersrand, 492 at Cape Town, 406 at Pretoria, 129 at Natal, and 102 at Stellenbosch.

The specialists on the register at the end of 1959 were as follows (the figures in brackets represent the net increase since the beginning of the year): Medicine 200 (9), surgery 194 (15), radiology 78 (3), radiology and electrotherapeutics 34 (−1), diagnostic radiology 43 (5), therapeutic radiology 5 (0), obstetrics and gynaecology 148 (10), anaesthetics 141 (7), ophthalmology 101 (0), pathology 89 (5), paediatrics 79 (7), orthopaedics 73 (5), otorhinolaryngology 71 (2), psychiatry 79 (7), urology 38 (1), dermatology 32 (1), neurology 31 (0), thoracic surgery 20 (1), neurosurgery

18 (0), venereology 18 (1), physical medicine 14 (−1), plastic and maxillofacial surgery 8 (1). Dental specialists: Orthodontia 10 (0), maxillofacial and oral surgery 8 (0). Forty medical practitioners were registered in two associated specialities, viz. dermatology and venereology 11, neurology and psychology 27, ophthalmology and otorhinolaryngology 1, physiology and radiology-and-electrotherapeutics 1.

The auxiliaries on the register at the end of 1959 were as follows: Physiotherapists 451 (31), masseurs 153 (3), radiographers—diagnostic 96 (70*), radiographers—therapeutic 67 (67*), medical technologists 156 (32), occupational therapists 77 (12), health inspectors 51 (0), orthopaedic mechanics and surgical-appliance makers 50 (4), food inspectors 45 (0), speech therapists 44 (10), chiropodists 36 (2), psychologists 14 (4†), psychometrists 2 (1), dietitians 8 (0), orthoptists 3 (0), optometrists 1 (0).

Registration: Decisions taken at Present Meeting

Limited registration. One new application for registration as a missionary medical practitioner was granted, and 5 registrations were renewed for a further period of 5 years. Two applications were received for a variation of the terms on which missionary registration had been granted, and were refused. An application was also granted, with limited rights of practice, for registration of a medical practitioner to be appointed on the staff of the S.A. Institute for Medical Research and seconded to the Bureau for the Prevention of Blindness of the S.A. National Council for the Blind to supply professional services in connection with the prevention of trachoma amongst Natives.

Exemption from registration. Exemption under section 74(*b*) of the Act was recommended to the Minister for varying periods of months for 5 medical practitioners from abroad on the application of the Universities of Cape Town, Witwatersrand, Pretoria, and Stellenbosch, and the College of Physicians, Surgeons and Gynaecologists of South Africa.

Exemption from annual registration fees. Three elderly medical practitioners were granted exemption from annual registration fees.

Removal from register. Erasures at own request: 13 medical practitioners and 2 dentists. For failure to notify present address: 8 medical practitioners and 2 dentists. Out of a total of about 9,000 medical practitioners and dentists on the register as at 1 July 1959, 30 were erased for failure to pay the annual fee (0·33%).

Reciprocity with the Netherlands. The Council fixed the quota of medical practitioners from the Netherlands registrable in 1961 at 12, as in previous years.

New registrable qualifications. The degree of M.B., B.S. of the University of Karachi was recognized as a qualification registrable under Section 23 of the Act. The Diploma in Industrial Health (D.I.H.) of the University of the Witwatersrand was recognized as a registrable additional qualification.

Registration of specialities. Of applications for the registration of specialities, 23 were granted and 36 were accepted for registration subject to compliance with specified requirements; 27 other cases were reported in which decisions or advice had been communicated to applicants: consideration of 1 application was deferred. Various institutions or departments of institutions, and posts therein, were recognized as acceptable for the requirements of the rules for the registration of specialities.

Registration of auxiliaries. Applications for registration were dealt with as follows: Chiropodist 2 (both refused), diagnostic radiographer 3 (all refused), physiotherapist or masseur 4 (2 granted as masseur, 1 refused, 1 deferred), medical techologists 15 (13 granted, 1 refused, 1 deferred), orthopaedic mechanician and surgical-instrument maker 3 (all granted), psychologist 3 (2 granted, 1 refused), psychometrist 1 (granted).

Failure to register on completion of internship. An ex-intern, whose internship was completed at the end of 1957, then without registering as a medical practitioner worked in salaried positions first as a senior houseman until the end of 1958 and then as registrar. He registered in August 1959 and now finds himself in difficulties about his salary and about 'time' which, had he been registered, might have counted towards the requirements for specialization. He now applies for his registration to be ante-dated to the time when his internship was completed. The Council decided to refuse this application.

* Including registered radiographers transferred to registers for diagnostic radiographers and therapeutic radiographers.

† Adjusted figure.

Change of name in register. When a registered practitioner whose name has been lawfully changed applies to have his 'new' name entered in the register the practice hitherto has been to create an entry consisting of the 'new' name together with a reference to the existing entry under the 'old' name, where the address, qualifications, etc. are to be found. A medical practitioner whose name was changed over 30 years ago has called this practice in question, and has asked that in future his entry shall appear under his present name only. The Council has given consideration to the general question and has now ruled that if a practitioner's name has been lawfully changed and he is legally entitled to assume the 'new' name which he desires to substitute for his 'old' name in the register (or under which he wishes to be registered), the 'new' name shall be entered in the register without reference to the 'old' name, a record of the change being made in the file which is kept by the Registrar of the practitioner concerned. This, however, is subject to the applicant's producing proof that he has notified his change of name to the university or licensing body from whom he obtained his qualifications. Such lawful change of name takes place, *inter alia*, with the consent of the Governor General under Section 9 of Act 1 of 1937, or when a woman practitioner marries.

Change of additional qualification in register. The Council also decided that where an additional qualification has been registered and has been subsequently altered owing to change of name of the body that granted it, a corresponding alteration may be made in the register at the request of the practitioner concerned. Thus when the College of Obstetricians and Gynaecologists assumed the name of 'Royal College' the original F.C.O.G. became F.R.C.O.G.; and a practitioner in whose name F.C.O.G. is registered may have it altered to F.R.C.O.G.

Rules for Registration of Medical Technologists

At its previous meeting (September 1959) the Council, having received the rules as approved by the Executive Committee, directed them to be submitted to a special committee consisting of the President and 2 other members of the Council and 2 representatives each of the Medical Association and the Society of Medical Laboratory Technologists, and that the rules with the recommendations of this special committee should then come before the Executive Committee 'to finalize, with power to act'. The Executive Committee made final amendments and submitted the rules to the Minister for approval and promulgation, and the rules have since been promulgated. The Medical Association has now addressed to the Council a letter dated 15 March 1960 asking that certain amendments should be made in the rules in accordance with suggestions previously submitted by the Council, and that alternatively the letter should be sent to the Minister without delay for his consideration. However, as the rules had already been promulgated, the Council referred the letter to a standing Committee for consideration.

REGISTRATION OF OPTOMETRISTS

As a compromise had been reached in this matter between the Medical Association of S.A. and the S.A. Optical Association,[1] the Council now referred the drafting of the necessary rules to the Executive Committee and, in order to assist the Executive Committee, decided to appoint an *ad hoc* committee consisting of members of the Council, the Medical Association and the S.A. Optical Association to do the preliminary work and draft rules regarding the conditions under which registered optometrists may carry on their calling. In view of the urgency of the matter the Executive Committee resolved that the *ad hoc* committee should report direct to the present meeting of the Council. The Council now had before it the report of the *ad hoc* committee, which had met on two occasions, with Professor Oosthuizen in the chair. The findings of the committee are summed up in the draft rules which were embodied in the report. These rules may be summarized as follows:

> The registered optometrist is not to supply glasses to any person in whom a pathological condition should be suspected (unless previously referred by a doctor to the optometrist as suffering from a chronic unchanging condition) or to children under 8 years old, but shall refer such cases to a medical practitioner; this, however, does not apply to the repair or replacement of prescribed glasses. Nor shall he apply drugs or surgery in examining any person.
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> As regards advertisement, for 5 years after the rules have been promulgated the registered optometrist will be at liberty to use

display windows, and luminous signs containing only his name and occupation, at the premises where he (or a registered optometrist) regularly attends, and to advertise in the lay press by a business-card advertisement not containing more than his name, occupation, qualifications, address, telephone number, and consulting hours.

Otherwise the registered optometrist (like other registered auxiliaries) may not advertise himself directly or indirectly; nor allow the publication of any matter which draws attention to him professionally or deprecates the knowledge, skill, etc. of any other registered person; nor advertise his qualifications at any rooms where he (or a registered optometrist) does not regularly attend; nor solicit business from house to house or employ hawkers or canvassers; nor advertise in such a way as to reflect discredit on his profession, or lead the public to believe he is a medical practitioner or an ophthalmic specialist.

He may, however, advertise in recognized medical and technical papers; affix a doorplate of 14×8 inches at his residence or rooms showing his name and qualifications; and call upon, circularize or write to doctors, medical institutions or hospitals.

A penalty of £10 is provided for contravention of these rules.

Dr. A. W. S. Sichel said that, although the Ophthalmological Society, previously against the policy of registration, had now adopted it, many ophthalmologists were strongly opposed. If the compromise were not adopted there were two alternatives: (1) The present condition, with no control, would continue, which was most undesirable, or (2) the opticians would try for a charter. Medicine, in fact, was at the cross-roads. The one thing in common between the two parties (and the Council) was the desire for a *compulsory* register. Optometrists were not really medical auxiliaries and, when compulsory registration comes, the control should be vested in a joint board, and this would overcome most difficulties.

The Council adopted the draft rules as submitted by the *ad hoc* committee for approval and promulgation by the Minister.

MEDICAL EDUCATION

Planning and Siting of Teaching Hospitals

At its meeting in September 1959 the Council had decided to call a conference 'with a view to establishing a policy with regard to the planning and siting of hospitals for White and non-White patients acceptable to the departments and bodies concerned in order to ensure adequate clinical facilities for teaching bodies; the conference to consist of representatives of (1) the universities with medical faculties, (2) the State departments of Health, Education, Bantu Education, Bantu Administration and Development, and Coloured Affairs, (3) the provincial administrations, and (4) the S.A. Medical and Dental Council.

The conference was held in Pretoria on 10 February 1960, Professor Snyman in the chair, and a report of the meeting was now before the Council. It recorded that the conference had noted:

1. The necessity that a sufficient number and variety of White and non-White patients should be available for the purpose of clinical training, and that clinical training must be retained or made available on geographical units.

2. The attitude of the provincial authorities, who were unable to comply with the requirements under (1) within the framework of national policy.

3. The stated policy of the Government with regard to the transfer of all Bantu patients to specific hospitals in the Bantu areas.

It was the considered opinion of the conference that in order to provide for the requirements under (1) it would be necessary to allocate a specified number of non-White patients to the teaching hospitals; and that, in the future erection of teaching hospitals, these requirements could most easily be satisfied by locating them on the border of group areas. It would therefore seem that special financial provisions would have to be made for the universities and provincial administrations concerned, so that the dictates of necessity and policy could both be satisfied.

The conference recommended that a deputation from the Council, through the responsible Minister, should ask to be received by all the Ministers concerned in this problem, for elucidation and discussion. The recommendation was accepted by the Council.

Internship in Hospitals in African Territories

A report was before the Council by Professor Snyman, who on behalf of the Council had inspected various hospitals in Africa outside the Union, and the Council decided to recognize the following hospitals for the purpose of the regulations relating to interns:

Southern Rhodesia: The Group of Central Hospitals, Bulawayo; the Group of Central Hospitals, Salisbury; the General Hospital, Umtali.

Northern Rhodesia: Central Hospital, Lusaka; Llewellyn Central Hospital, Kitwe.

Nyasaland: Queen Elizabeth Central Hospital, Blantyre.

Belgian Congo: Hôpital des Congolais, Leopoldville; Hôpital Prince Leopold, Elizabethville; Bukavu Hospital; Luluaburg Hospital; Stanleyville Hospital; Usumbura Hospital.

Uganda: Unlago Hospital, Kampala.

Kenya: King George VI Hospital, Nairobi.

Nigeria: University College Hospital, Ibadan.

Senegal: Hôpital de Dantee, Dakar.

Applications for the approval of internship at other hospitals in African territories will be considered on their merits; full information regarding the hospital must be submitted.

The Council also decided to recognize internships served in hospitals listed in the Directory of Approved Internships and Residencies of the American Medical Association.

Other applications for the approval of internships were granted.

Nomenclature and Certification of Posts in Teaching Hospitals

A conference on this subject was held in Johannesburg on 20 January 1960 under the chairmanship of Professor Oosthuizen, representatives being present of the Council, the Medical Association, the provincial Directors of Hospital Services, and the universities with medical faculties. The report of the conference was now before the Council.

The conference recorded that it favoured the system in vogue in the Transvaal provincial administration, and recommended the Council to suggest to the other provincial administrations that they should adopt that system. This recommendation was adopted by the Council.

Hypnosis

This matter again came under consideration and the Council decided not to specifically include hypnosis in the minimum curricula for medical and dental students. Such teaching, in the discretion of individual universities, is not precluded by the existing regulations.

ETHICAL RULES AND RULES CONCERNING SPECIALISTS

Embodiment in the Ethical Rules of the New Rules on the Conditions under which Specialists may Practise

The Executive Committee submitted a memorandum by the President on this subject, which it had considered, and recommended the deletion of the present rule 13 (concerning consultants and specialists) of the Council's ethical rules and the substitution for it of the following new rule:

13. Consultants and Specialists

(1) The commission of acts prohibited or the omission of acts prescribed in the rules promulgated under paragraph (*r*) of subsection (2) of section 94 of . . . (Act No. 13 of 1928) as amended.

(2) Holding himself out as a consultant when attending and treating patients except in consultation with and at the request of other practitioners.

The Executive Committee also recommended the insertion of a new rule (14*bis*) in the ethical rules as follows:

14*bis*. Improperly impeding a patient (or a person properly acting on behalf of a patient) who desires to obtain the opinion of or treatment by another practitioner.

The proposed rules 13 and 14*bis* were approved by the Council for submission to the Minister for his approval and promulgation.

Ethical Rule 21 (3): *Consulting Rooms*

The existing rule is as follows: '(3) Using in connection with his consulting rooms the term hospital, clinic or any other similar name, which might lead the public to believe that the consulting rooms are part of a hospital, clinic, nursing home or other similar institution or have features differing from those of ordinary consulting rooms'.

In September 1958 the Council had this rule under consideration 'in its widest implications' and particularly whether to add to the rule the words 'except in so far as the terms of his employment are

such as reasonably to preclude the use of any other address'. The matter had then been referred to the Federal Council of the Medical Association, who in 1959 resolved to ask that rule 21(3) should be retained. The Medical Association was then again asked for its opinion in the light of the suggested specific addition, and again the Federal Council (in March 1960) resolved that the rule should be retained without change.

After considerable debate, during which it was pointed out that the rule deals only with the name or address used in connection with consulting rooms, the Council resolved to make no change in rule 21(3).

Designation of Specialists

In the Council's ethical rules and in its rules for the registration of specialities the word 'specialist' appears before the name of each speciality; thus, 'specialist anaesthetist', 'specialist orthopaedist'. Prof. H. W. Snyman moved, for all specialities, the deletion of the word 'specialist' wherever it appears in the designation of a speciality. The proposal was passed. (In the course of the debate it was mentioned that there were substantial rulings of the Council allowing the use by general practitioners of the time-honoured name 'physician and surgeon'.)

Rules 19 and 19bis: Advertising of Professional Appointments

By reason of recent amendments passed by the Council (subject to approval and promulgation by the Minister) under both rule 19 and rule 19*bis* the list of acts or omissions of which the Council may take cognizance includes the acceptance of a professional appointment unless it has been advertised in 'the South African Medical Journal' or 'the Journal of the Dental Association of Soutn Africa'. A motion was proposed that in each rule these words should be deleted and the words 'a South African medical journal' and 'a South African dental journal' substituted. After debate the motion was lost.

Disclosure of Diagnosis to Medical Aid Society

In reply to an enquiry about the ethical position when a doctor is asked to disclose to a benefit society the specific diagnosis in a patient's illness, the Council informed the Medical Association (Cape Midland Branch) as follows:

(*a*) A medical certificate to a third person shall not ordinarily disclose a diagnosis.

(*b*) A medical certificate disclosing a diagnosis may be given to a patient provided the full implications of the certificate have been explained to the patient.

(*c*) Any medical certificate or report may be handed to a third person with the written consent of the patient; the consent to be obtained at the time when the certificate is issued.

Consents and authorizations not signed at the time of the request for a certificate should not be considered binding on the practitioner from whom the certificate is requested; similarly, where the practitioner is of opinion that the patient may have signed a consent under duress or misapprehension, he should exercise his discretion and judgment before disclosing information concerning the patient to a third party.

Reference of Patient to a Particular Optometrist

On consideration of an enquiry on the subject, the Council recorded that, while it regards it as undesirable for prescriptions to be referred to a particular optometrist as a matter of routine, it might be necessary for this to be done in certain special circumstances in the interests of the patient; in the event, however, of a complaint being lodged against the practitioner he might be called upon by the Council to justify his action.

The Council expressed the opinion that an ophthalmologist had the right to require the submission to him for inspection of spectacles made to his prescription.

THE PROFESSION AND THE PRESS

Several motions were before the Council on the publication of medical matters in the press, and considerable debate ensued.

Dr. R. L. Impey called attention to personal notices about practitioners that are published in the medical press, especially those containing details of courses of study or other work overseas undertaken by the doctor mentioned in the notice. The Council resolved to invite the cooperation of the medical press in refraining from publishing personal notices that might be looked upon as advertisements. Prof. I. Gordon said there was a growing practice in the lay press of mentioning doctors' names when taking over matter printed in the medical journals. He suggested that medical journals should be requested to publish a standing request asking that the names of contributors should not be mentioned in the lay press.

A debate also took place on the disposition recently shown by some hospitals, universities and other medical groups to try to aggrandize their achievements in the eyes of the public. 'Medical marvels' were boosted in the press and on the radio and television. Dr. A. Radford referred to an article, illustrated with photographs taken in the operating theatre, which had recently appeared in a newspaper on an open-heart operation in a university hospital. He remarked that, apart from the advertisement aspect, it could hardly be in the interest of the patient to introduce a press photographer during such an operation. Doctors' names were not mentioned in this kind of article, but generally it was not difficult to identify the doctors. Though the object might be to raise funds for a medical institution, or even to enlighten the public, yet this kind of advertising was degrading to the profession. Doctors were responsible for their own actions and they could not shelter themselves behind a hospital or university that was running an advertising campaign. Dr. Impey said that in England and America a strong reaction had developed against such advertising on the part of organized medicine, which, as Prof. J. Howard Means had said, 'should abide corporately by its code of ethics as assiduously as it expects its individual members to do'.

Dr. J. K. Bremer called attention to the large number of misleading or false reports and articles about diseases, particularly cancer, which appeared in the public press. In many cases truth seemed to be quite a secondary consideration. The Council expressed its concern over this, and decided to direct the attention of the Newspaper Press Union to the serious consequences that may result and to seek the cooperation of the Union in order to ensure correct reporting on health matters. It was also suggested that Branches and Divisions of the Medical Association should appoint persons with whom the Press could consult for this purpose. Prof. G. A. Elliott said his experience was that the press was most anxious to ensure scientific accuracy in its articles and would welcome cooperation on the part of the Association. We as a profession, he said, are much to blame and if we do not cooperate the press will proceed without us.

ADEQUACY OF MEDICAL AND DENTAL TREATMENT

Commission of Enquiry into High Cost of Medical Services

The President reported that he had received a letter on this matter from the Minister of Health, and that he had informed the Minister that the Council, if invited, would be prepared to tender evidence before the Commission. The Council concurred.

In this connection debate took place on the subject of the adequacy (in numbers and distribution) of doctors and dentists in South Africa. Many aspects of the problem were discussed, but most of the speakers agreed that, while the present number of doctors and dentists and the annual output of the medical and dental schools were quite insufficient for the needs of the population of all races, yet it was doubtful whether present economics would enable many more to be absorbed into private practice. In 1948 an investigation made in the Council's office showed that in Johannesburg there was 1 doctor to 450 of the European population, while in Zululand and the Northern Transvaal 1 doctor was serving a population of 50,000 - 70,000. From the difficulty experienced in filling posts and obtaining locums in private practice it appeared that there was today a shortage of general practitioners. But there were plenty of applicants for specialist posts. Last year the number of specialists registered was more than a quarter of the number of new registrations of practitioners.

Dr. H. Grant-Whyte moved that the Executive Committee of the Council should undertake an investigation into maldistribution of doctors and dentists and should offer guidance to the Minister of Health (through the Commission of Enquiry) on ways and means of providing an adequate medical service for the whole population. Speakers questioned whether this would properly fall within the Council's functions, and the motion was lost. The President said that this decision did not detract from the Council's offer to submit evidence to the Commission.

Availability of the Benefits of Modern Surgery

At its previous meeting[1] (September 1959) the Council referred for consideration by its Executive Committee Dr. Impey's motion

to appoint a fact-finding committee to enquire 'whether the manifold benefits of first-class modern surgery were generally available to the public of South Africa'. The Executive Committee, after considering a memorandum by Dr. Impey, now reported that the provincial authorities were anxious to cooperate and had agreed to supply information about surgery in their hospitals; and on the recommendation of the Committee the fact-finding committee was appointed, consisting of Dr. Impey, Dr. Bremer and Dr. P. F. H. Wagner.

Facilities for Treatment of Mental Ill-health

A discussion took place in continuation of those at the previous meetings.[1] A subcommittee consisting of Professor Snyman and Professor Elliot submitted a report on their investigation into existing facilities for training in psychiatry at South African medical schools, and on consideration of this report the following conclusions were drawn:

1. That facilities for undergraduate and postgraduate teaching in psychological medicine and the cure of patients suffering from disorders in this field were inadequate.
2. That teaching in this field and the attendance of patients could not be separated from internal medicine.
3. That such teaching and attendance (especially in non-certifiable patients) should be closely integrated with the teaching of, and attendance of patients in, internal medicine, particularly in provincial hospitals.

The Council resolved to advise the Minister, in the interest both of the public and of the undergraduate and postgraduate student, to institute consultation with the provinces and universities in an attempt to remove difficulties under the above 3 headings; and to inform the Minister of the Council's policy of recognizing work done by interns in mental hospitals.

DISCIPLINARY

The following cases were reported as having been dealt with under the disciplinary powers of the Council since the last meeting:

In 19 cases (18 medical practitioners and 1 dentist) complaints against practitioners had been made to the Council. Of these, 17 (including the case of the dentist) were dealt with by the Executive Committee without a formal enquiry, and in 2 cases an informal interview had been arranged with the doctor concerned.

One other case concerned the anaesthetist at an operation in which the patient died on the operating table. He was charged with culpable homicide in the magistrate's court, and was found not guilty and discharged. On the facts the Executive Committee decided to take no action.

In another case concerning an anaesthetist, an inquest had been held on a patient who died after operation. In this case the Executive Committee ordered an enquiry by a special disciplinary committee.

One other case was referred for a formal enquiry to be held before the Executive Committee. This had reference to a doctor who had been convicted in the magistrate's court of driving a motor vehicle under the influence of liquor.

The result of an enquiry which had been heard by the Executive Committee was reported. It concerned a doctor (Dr. J.A.H.) who had been convicted in the magistrate's court of defrauding the Union Health Department of the sum of £59 9s. 0d. and had been fined and ordered to refund that amount. He was found guilty of improper conduct, and reprimanded and cautioned.

The registrar of a university reported that the university has suspended 2 medical students for 2 years for unseemly conduct. The facts were noted.

Cases of Alleged Overcharging (Section 80bis)

In 3 cases assessors were appointed, and in 1 case the report of assessors was received, considered and noted (all concerning medical practitioners). Complaints or enquiries had been received in 18 cases (14 doctors and 4 dentists) in which there appeared to be no ethical implications, and the persons who wrote were advised of the procedure prescribed under section 80*bis* of the Act.

Simplification of Procedure under Section 80bis

Mr. W. H. Rood proposed the appointment of an *ad hoc* committee to investigate and make proposals with a view to possible simplification of the cumbersome procedure that has to be followed by persons applying to the Council for the assessment of practitioners' accounts. He said the procedure discouraged people who had genuine grievances from taking advantage of the section. After discussion the motion was accepted and a committee consisting of Dr. B. de Villiers, Dr. J. v.d. S. de Villiers and Adv. v.W. de Vries was appointed.

MISCELLANEOUS

Benefit-society doctor sharing work with assistant or partner. Dr. Bremer submitted a motion that a medical practitioner appointed to a part-time post should himself carry out the duties attached to the appointment, provided that in emergency or during reasonable off-duty times, holidays or sick leave he may allocate the duties to another practitioner; whereas Dr. L. O. Vercueil moved that holders of benefit-society appointments may employ assistants but that they should in normal circumstances do the bulk of the work themselves. Furthermore, the Medical Association (Cape Western Branch) had made an enquiry of the Council on the subject. After debate the Council referred the matter to the Executive Committee for further consideration, Drs. Bremer and Vercueil being invited to submit memoranda. The Committee was empowered to consult with the Medical Association.

Radio-active isotopes. On consideration of an enquiry the Council ruled that no. 13 ('consultants and specialists') of the ethical rules does not preclude a specialist physician from administering radio-active isotopes therapeutically, provided he does not make an extra charge for the procedure and provided the provisions of rule 25 (re inadequate training or experience) are not contravened. Whether the Atomic Energy Board would be prepared to authorize him to use radio-active isotopes is not a matter within the purview of the Council.

Finance. The Treasurer (Dr. R. V. Bird) presented the Council's audited accounts for 1959. The receipts exceeded the expenditure by £3,366, which was added to the accumulated funds. The invested funds of the Council at 31 December 1959 amounted to £31,158, plus £4,411 on savings account. Of the total income of £37,182 in 1959, £26,694 was from annual fees of registered persons and £8,580 from registration fees, of which £7,208 was paid by medical practitioners and specialists, interns and medical students.

Retirement of Dr. du Pré le Roux. The President called attention to the pending retirement of Dr. le Roux from his position as Secretary for Health, and said that this might be the last meeting of the Council Dr. le Roux would attend. He was beloved by all those with whom he had worked. He had been a tower of strength to the Council, and Professor Oosthuizen moved that the Council expressed its sincere thanks and appreciation to Dr. le Roux for his contribution over many years and its very best wishes for the future. Carried unanimously.

Appreciation. The Executive Committee resolved that the Committee's appreciation be recorded of the full report in the *South African Medical Journal*[1] on the business transacted at the meeting of the Council in September 1959. This resolution was reported to the Council and adopted.

Next meeting of Council. It was decided to hold the next meeting in Johannesburg, commencing on 12 September 1960.

1. South African Medical and Dental Council, Report (1959): S. Afr. Med. J. 33, 948.