

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

The 73rd 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 20-23 March 1961. The proceedings occupied 8 half-day sessions. The President (Prof. S. F. Oosthuizen) was in the chair, and 26 members were present, together with the Registrar (Mr. W. H. Barnard) and staff.

PRESIDENT'S OPENING STATEMENT

Professor Oosthuizen asked members to rise in memory of Prof. J. Middleton-Shaw, a member of the Council for many years, who died last year. He then welcomed Dr. B. M. Clark to the Council. Dr. Clark was appointed Secretary for Health in October 1960, with effect from 3 August 1960.

Reviewing the work of the Council, Professor Oosthuizen said he was pleased once again to record the cordial relations existing between the Council and the various medical schools, the Medical and Dental Associations, and the other organizations and bodies with which it had to work.

Domicile Clause

A matter which was of grave concern to the Council was the question of the deletion of the domicile clause in the Medical, Dental and Pharmacy Act. It had taken on new urgency with the

rapidly changing situation of the country. Now that we were to become a Republic and leave the Commonwealth on 31 May, we had to think seriously about the matter. It had been under discussion for some time, both within the Council and between it and the General Medical Council of Great Britain. Sir David Campbell, President of the GMC, felt that reciprocity between Britain and South Africa was unequal because of the presence of the domicile clause in our Act.

The opinion of medical practitioners and dentists had been asked for by the Council through their Associations, and Professor Oosthuizen was pleased to state that medical practitioners had voted *nem. con.* in favour of deleting the clause, while the dentists had also favoured deletion. This meant that the Council had the professions firmly behind it if it decided to ask for the clause to be deleted. There were 300 South African doctors and dentists working in Britain and Ireland at the moment, and it was only right that there should be reciprocity on our side as well.

He would ask the Council to allow him to take the matter up with the Minister of Health, should it agree to the deletion of the clause, so that legislation could be introduced to change the Act during this session of Parliament.

Ethical Code

Professor Oosthuizen stated that he felt the ethical code of the

professions was as high here as anywhere in the world. However, he felt that a new formula should be arrived at for handling 'complaints' by members of the public which were not complaints in the legal sense. In many cases they did not want action taken by Council against doctors for certain acts or omissions, and he felt that the Council should have some means at hand to help these non-vindictive seekers for assistance among the public. He did not want to see more controls or regimentation of the profession.

Chiropractors

Professor Oosthuizen said he was disturbed by the fact that a Bill to legalize chiropractors had been introduced in Parliament this session. This was a serious matter for the Council. Support could not be given to the regulation of a class of people whose concept of disease is based on false premises. It was not a question of jealousy. The professions must set their face against this Bill and fight it.

Improved Dental Services

He was pleased that the Council envisaged steps to improve dental services in South Africa, and welcomed the notice of motion for a commission of inquiry into public dental services in South Africa under the name of Dr. R. V. Bird, and the notice of motion by Dr. J. F. de Sandt de Villiers concerning the establishment of facilities for the training of non-European dentists in South Africa.

Limited Reciprocity with Western Germany

He would ask the Council to discuss the decision of the Executive Committee to establish this limited reciprocity.

Professor Oosthuizen ended by saying that a large proportion of the doctors and dentists who had left South Africa in recent years had come back. He was gratified at this trend, since we could not afford to lose large numbers of doctors and dentists.

REGISTRATIONS

The Registrar reported on registrations effected during 1960 as follows:

	Registra- tions	Restora- tions	Erasures	On register
Medical practitioners ..	293	19	161	7,939
Interns	242	—	257	401
Dentists	48	3	48	1,319
Medical students ..	347	11	304	1,425
Dental students ..	40	3	62	162
Auxiliaries	160	—	8	1,410
Specialists (medical) ..	113	1	28	1,591
Specialists (dental) ..	4	—	1	21

Of the medical practitioners on the register at the end of 1960, 72.56% had qualified in South Africa (Cape Town 2,512, Witwatersrand 2,433, Pretoria 900, Natal 43), 11.66% in England, 9.00% in Scotland, 3.42% in Ireland, and 3.36% elsewhere.

Of the medical students on the register in 1960 (including those who qualified in June and December 1960), 522 were at the University of Cape Town, 475 at the University of the Witwatersrand, 422 at the University of Pretoria, 132 at the University of Natal, and 121 at the University of Stellenbosch.

The specialists on the register at the end of 1960 were as follows (the figures in brackets represent the net increase since the beginning of the year): Surgery 211 (17), medicine 205 (5), obstetrics and gynaecology 160 (12), anaesthetics 159 (18), ophthalmology 106 (5), pathology 89 (0), paediatrics 83 (4), orthopaedics 80 (7), radiology 78 (0), psychiatry 74 (4), otorhinolaryngology 72 (1), diagnostic radiology 54 (11), urology 41 (3), radiology and electrotherapeutics 33 (—1), neurology 31 (0), dermatology 30 (—2), thoracic surgery 20 (0), neurosurgery 19 (1), venereology 18 (0), physical medicine 14 (0), plastic and maxillo-facial surgery 8 (0), therapeutic radiology 6 (1). Dental specialists: Orthodontists 11 (1), maxillo-facial and oral surgery 10 (2). Forty medical specialists were registered in 2 associated specialties, viz. neurology and psychiatry 27, dermatology and venereology 11, ophthalmology and otorhinolaryngology 1, physical medicine and radiology-and-electrotherapeutics 1.

Increase in registrations since 1931. The Registrar presented figures showing that there had been a steady increase in registrations of medical practitioners from 2,338 in 1931 to 7,939 in 1960. In 1943 there were 500 medical specialists and in 1960, 1,591. Dentists had increased from 684 in 1931 to 1,319 in 1960. Since 1956 there had been an increase of only 119 dentists, compared with 741

medical practitioners. There were 442 medical students in 1931 and 1,425 in 1960.

Removal from register. Erasures at own request: 34 medical practitioners and 15 dentists. The Registrar was instructed to remove from the register those who had failed to notify him of their present address and those who had not paid their annual fees.

Registrability of medical practitioners from the Congo. A request had been received from the Secretary, Union Professionnelle des Medecins du Congo, for information regarding the possibility of those of the 800 doctors from the Congo who may not want to return to Belgium, settling in South Africa. He wanted to know which medical degrees were registrable. The Council instructed the Registrar to draw the attention of the Secretary to the relevant provisions of the Act and the Regulations, especially those regarding the registration of certain classes of medical practitioners promulgated under Government Notice No. 256 of 1947, as amended. The President stated that, while the Council was sympathetic to the plight of these doctors, the law of the land could not be broken. A similar decision was taken in regard to dentists from the Congo.

Limited registration. The Council approved the registration under Government Notice No. 256 of 1947, as amended, of a number of doctors to work at mission hospitals (4), to fill posts under the South West African Administration (1), to work at the South African Institute of Medical Research (1), and as a Government Health Officer (1). Registration of various doctors to practise as missionary doctors was extended for a further period of 5 years.

Specialist registration. At this meeting 25 applications for the registration of specialists were granted; 26 were granted subject to compliance with specific requirements and 16 applicants were informed that further information was necessary before their specialities would be registrable.

Additional qualifications. The degree of Ph.D. (Chemical Pathology), Univ. London, was recognized as a higher qualification, in terms of the rules for registration of specialists, for the speciality Pathology. The Diploma of Psychological Medicine of the University of McGill (D.P.M. Univ. McGill), Canada, was added to the list of additional qualifications registrable with the Council. The Council accepted the change in nomenclature of the Diploma in Psychiatric Medicine of the College of Physicians of South Africa to: (English) 'the Fellowship of the Faculty of Psychiatry of the College (F.F. Psych. S.A.)' and (Afrikaans translation) 'Lidmaatskap van die Fakulteit van Psigiatry (L.F. Psig. S.A.)'. Decision on certain higher qualifications in the USA was deferred pending further investigation.

Maldistribution of doctors. Prof. H. Grant-Whyte drew the attention of Council to an article in *Medical Proceedings* in August 1960 which pointed out that there was a serious maldistribution of doctors in this country. In the cities there were areas where there was 1 doctor to 115 Europeans. In some country districts there was only 1 doctor to about 60,000 persons. He did not know how some doctors in the cities made a living, while it had been estimated that the country would need about 4,000 extra doctors by 1965. There was a good deal of discussion. It was pointed out that few, if any, doctors confined themselves to a wholly European practice, and much was said about the disproportionate number of specialists. Last year, when there had been an increase of 151 doctors, there had been an increase of 86 specialists. The difficulty of obtaining locum general practitioners was also mentioned.

DOMICILE

It was reported by the Registrar that, following the request of the Council, both the Medical Association of South Africa and the Dental Association of South Africa had considered the deletion of the 'domicile clause' from the Act. Replies had been received from the Secretaries of both Associations, and there was overwhelming agreement among members of the professions that the 'domicile clause' should be deleted.

After considerable discussion, in which all members who spoke agreed that it was necessary to remove the clause, it was decided unanimously to empower the President to ask the Minister of Health to include legislation in the present session of Parliament, if possible, for the removal of the 'domicile clause'. It was pointed out that this matter had been before the Council for some time and

that the changed constitutional circumstances were not responsible for the Council's decision on the matter.

RECIPROCITY

The Council unanimously adopted a motion of Dr. A. Radford that it was in favour of continued reciprocity between South Africa and the United Kingdom.

Reciprocity with Ireland. Following negotiations between the Council and the Medical Registration Council of Ireland, reciprocity had now been established between Ireland and South Africa.

Reciprocity with Queensland, Australia. Following correspondence between the Council and the Medical Board of Queensland, the Council decided that the Department of Health be approached to communicate through the Department of External Affairs with the Government of Queensland, with a view to establishing full recognition of degrees in medicine obtained at universities in South Africa.

Limited reciprocity with the Federal Republic of Germany. It was decided to institute negotiations with the Federal Republic of Germany with a view to establishing limited reciprocity between that country and South Africa on the lines of the limited reciprocity with the Netherlands.

Reciprocity with the Netherlands. The quota of medical practitioners from the Netherlands registrable in 1962 was fixed at 12 by the Council. This is the number fixed in previous years.

SECTION 80 (BIS) OF THE ACT

An *ad hoc* committee under the chairmanship of the President had drawn up proposed amendments to this section of the Act, in order to simplify the procedure under which a patient could complain to the Council about alleged overcharging by practitioners. Mr. W. H. Rood put forward an alternative simplified procedure. A decision on the matter was deferred, pending the publication of the findings of the Snyman Commission into the high cost of medical services and medicines.

STANDING COMMITTEES OF COUNCIL

The following members of Council were elected to the Executive Committee for 1961: President (ex-officio), Vice-president (ex-officio), Prof. E. H. Cluver, Drs. R. L. Impey, B. de Villiers, P. F. H. Wagner, R. V. Bird, J. S. de S. de Villiers, Mr. W. H. Rood, and Miss C. A. Northard.

Members of the following standing committees were also elected: The Medical and Dental Education Committee, The Specialists Committee (Medical), The Dental and Dental Specialists Committee, The Committee on Supplementary Health Services, and The Conjoint Committee (a Committee of the Council and the South African Pharmacy Board).

INTERNSHIP TRAINING

After considerable discussion, it was agreed that paediatrics be added to the branches of medicine considered suitable for internship in terms of the criteria for interns. This means that paediatrics is added to medicine, surgery, and obstetrics and gynaecology as a branch of Medicine suitable for intern training.

AMENDMENT OF ETHICAL RULES

A motion by Dr. J. J. du Plessis was adopted that a note be added

under paragraph 2 on advertising, of the rules regarding conduct of which the Council may take cognisance. The note reads:

'Note—if such advertisement should appear the practitioner concerned may be held personally responsible for its appearance.'

Rule 2 on advertising states: The Council may take cognisance of advertising in the lay press or by broadcasting; arranging or inspiring or permitting reports, interviews, articles or notices of any description referring to himself in a manner calculated to attract patients'.

ENQUIRIES FROM DOCTORS FOR INFORMATION

Several members expressed dissatisfaction at the present state of affairs when practitioners request information from the Executive Committee of the Council on ethical and other matters. They felt that the Executive Committee could be more helpful in certain cases. The view was also expressed that many of these requests were for the purpose of instituting proceedings against other practitioners and that the Council should not give information which would pre-judge such issues.

Dr. J. K. Bremer gave notice of motion, in this connection, as follows: 'That in replying to requests for information from medical practitioners, the Executive Committee be requested to attempt as far as possible to answer the question on general principles, while at the same time indicating specifically that it is not pre-judging a particular case, rather than refusing information on the grounds of pre-judging.'

MISCELLANEOUS

Use and abuse of hearing aids. A memorandum prepared by Dr. A. Radford in connection with this matter was discussed by Council. It was decided to appoint an *ad hoc* committee, under the chairmanship of Prof. E. H. Cluver, to investigate the position regarding hearing aids in South Africa.

Appointment of inspectors of medical and dental examinations. Inspectors were appointed, in terms of Regulation 2 of the regulations relating to examinations at medical and dental schools, to inspect the examinations in medicine, surgery, and gynaecology and obstetrics at the University of Cape Town. They are: medicine, Prof. G. A. Elliott; surgery, Dr. A. Radford; and gynaecology and obstetrics, Dr. R. L. Impey.

First-year course at the University of Cape Town. The Council agreed to accept the course in Zoology I (Medical) at the University of Cape Town, in lieu of the courses in Botany and Zoology prescribed in Regulation 2 (e) of Chapter I of the regulations for registration. The revised course will be introduced in 1962 and will consist of approximately 116 lectures, covering both botany and zoology and conforming to the requirements of the Council for teaching in the biological sciences.

Chiropractors' Bill. Dr. Radford told Council that the Bill had passed its first reading in the House of Assembly. He believed that a Select Committee would be appointed to study the Bill before the second reading. He suggested that the Council should begin to prepare evidence to put before this Committee, if it should be appointed.

Next meeting of Council. Because the 43rd South African Medical Congress would take place in Cape Town during the last week of September, it was decided to hold the next meeting of the Council in Cape Town, beginning on Monday 2 October 1961.