Historical Section

A BRIEF HISTORY OF THE CAPE TOWN MEDICAL SCHOOL*

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This Medical School was the first in modern history to found facilities for complete and independent medical training in Africa south of the Sahara.** Despite its youth its roots are deep in antiquity because it has inherited traditions carried down the ages by the most venerable European schools — Edinburgh, Dublin, Liverpool, London and Leiden, and others even centuries older. It has nourished these traditions as the basis of its practice and teaching in the indigenous setting of a young and individualistic country, and has added the best of modern Western civilization's scientific and social principles.

The school's history reflects the evolution of medicine in South Africa during the past century or more. Its origins lie in the development of the South African College which opened in Cape Town on 1 October 1829 as the first medium of higher education in this country. After a gestation of over 80 years, this Medical School was formally opened as part of the College on 6 June 1912, and 6 years later both became incorporated in the University of Cape Town which was inaugurated on 1 May 1918. Thus the story of the school is fused with the history of both these institutions which have been its parent bodies.

1829 — 1900

Despite sporadic pleas to establish formal and adequate medical education in Cape Town, the South African College for the first 70 years of its existence offered no facilities except some science courses which could be taken as an introduction to medical training. The first of these were chemistry, physical science and botany courses which started in the 1850s, with Drs. Eveleigh and Pappe appointed to the latter two chairs. After diamonds and gold were discovered in South Africa (1867 and 1885 respectively), the demand for mining engineers increased and the College's science courses were expanded; new teachers included Profs. P. D. Hahn (chemistry, 1876), J. Carruthers Beattie (physics, 1897) and Lawrence Crawford (pure mathematics, 1898).

Meanwhile in the Cape Colony the *practice and organization* of medicine was advancing. The 17th century barber and apothecary-surgeons were being superseded. In 1807 Lord Caledon's proclamation to licence medical practitioners set the principle of legislative control over the profession which has continued ever since. In 1818 the Somerset Hospital, the first civilian hospital of the Colony, was established by Dr. Samuel Bailey. Here at least two men began their training — Jacob Versveld and Henry Bickersteth — who became apprentices to Dr. Bailey in 1819 and 1832 respectively. Versveld graduated at Edinburgh in 1825 and Bickersteth qualified M.R.C.S. in 1838, and in 1840 he tried to institute a form of instruction by lectures and dissection at the hospital and fostered the idea of converting it into a practical school of medicine. Other regularly-qualified men were coming from overseas, and the small band formed the true pioneers of South African medical practice — they made the glorious era of the 'Somerset tradition' (1818 - 1860) of conscientious work for the sick. In 1862 the New Somerset Hospital was opened to continue this fine ideal. In 1888 permission was granted to 'embryo' medical students to use the wards at a fee of 5 guineas per quarter. Medical organization also progressed: the South African Medical Society, formed in 1827, became the South African Medical Association in 1883, and the Colonial Medical Council was constituted in 1891 — the precursor of the South African Medical and Dental Council. There were also renewed ventures in medical journalism with the *South African Medical Journal* starting in 1884 and resuming in 1893.

But until the end of the 19th century all the College courses were unrecognized by overseas medical teaching institutions and examining bodies, and local youths who wished to study medicine had to do the entire course abroad. Most of them were now going to Edinburgh instead of Leiden which had been first choice earlier in the century. Local moves to get overseas recognition failed even as late as 1890, and many leading people here, including Premier Rhodes, felt that it was best for students to go 'home' to be trained amid the venerable surroundings of England and Scotland.

1900 — 1922

From the mid-1890s two new vigorous advocates joined in the campaign to advance medical education here: Dr.

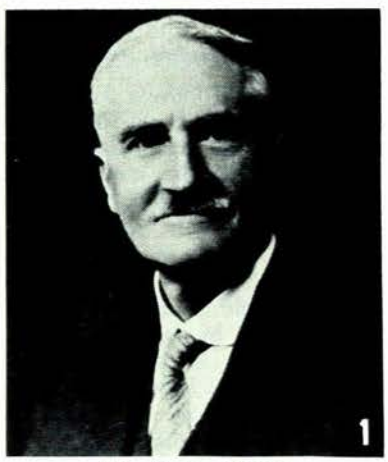

Fig. 1. Dr. Fuller.

E. Barnard Fuller (Fig. 1), who has been called the 'Father of the Medical School', and Prof. J. Carruthers Beattie working from within the College. The Boer War temporarily halted plans for development, but in 1900 an application resulted in the universities of Edinburgh, Glasgow and St. Andrews recognizing Professors Beattie (physics) and Hahn (chemistry) as extramural lecturers in their respective subjects, and local students did not have

*This brief account is based on information obtained for a book on the history of the Medical School and its teaching hospitals, now in preparation. The numerous sources of reference will be fully acknowledged in this book.

**Medical education was introduced into Africa in 129 - 199 A.D. when Galanos from Pergamon visited the famous University of Alexandria, but it was not until 1827 that the oldest living faculty of medicine on this continent was established by the Arabs at Kasar-l-Aini in Cairo; thereafter the Cape Town school was the first to provide a complete medical curriculum.

to re-attend these courses over there. In 1902 the College established a chair of Zoology and revived the chair of Botany (which had fallen vacant in 1882). With the appointment of Profs. A. Dendy and H. W. Pearson respectively in 1903, for the first time all first-year subjects were taught in South Africa. In 1904 these two professors were recognized by Edinburgh, Glasgow and Aberdeen Universities as extramural lecturers, and this may be considered to be the birth year of the first medical faculty in South Africa with the College immediately starting a full first-year course in conjunction with its curriculum for the B.A. (Agric.) degree. At the beginning of 1904, 8 students registered as medical students.* During 1905 the courses were approved by the British Council of Medical Education, the Royal Colleges of Edinburgh, Ireland and Glasgow, and by Durham University. Thus at the beginning of 1906 the first-year course was fully recognized in the United Kingdom, although students still had to take the examinations over there before they could proceed further in the UK schools.

The College now moved to establish the second-year courses. After delay owing to post-Boer War depression, in 1910 the Council decided to appoint professors of anatomy and physiology, and it sought government help to finance the new departments.

At this point a hitch occurred which had far-reaching effects on the future of the school. Alfred Beit, great friend of Rhodes, had bequeathed £250,000 to South Africa to establish a university in Johannesburg. The stipulated time-limit for use of this bequest was running out, and negotiations between General Smuts and the executors, Sir Otto Beit and Sir Julius Wernher, resulted in the government relinquishing the bequest, and the latter two personally undertook to provide between them £500,000 to establish a *national* teaching university on Rhodes' estate at Groote Schuur. Fearing extinction of the College, its Council promised that, if the government granted its request for help to found forthwith the two new medical chairs, the College would move to Groote Schuur when the national university was established, and this was agreed to.

In 1911 Profs. R. B. Thomson and W. A. T. Jolly (Figs. 2 and 3), both with distinguished careers in Edinburgh, were appointed to the chairs of Anatomy and Physiology respectively. In the same year the overseas universities granted exemption from their first professional examinations for those students who had duly performed the first-year courses here. *On 6 June 1912, the anatomy and physiology laboratories were officially opened* (Fig. 4), and Dr. Fuller was able to announce that these two courses were recognized by several British universities. Henceforth students, who had completed the first two years of the medical course here, could immediately proceed to sit the second professional examinations of those institutions and the Royal Colleges.

Accommodation was makeshift — in the basements of other departments' buildings, already inadequate. Professor Jolly was pleading for even meagre grants for equipment; everything was lacking except talent, enthusiasm and determination. In 1911 eleven students enrolled, although only 3 started the anatomy course — W. Waddell, J. de Vos Meiring and D. J. van Schalkwyk (Fig. 2). In 1912 there were 43 first-year students. Some went overseas at the end of the 1st or 2nd years, others left only after obtaining the B.A. (Agric.) degree.

* One of these was G. F. Fismer who graduated in Edinburgh in 1909.

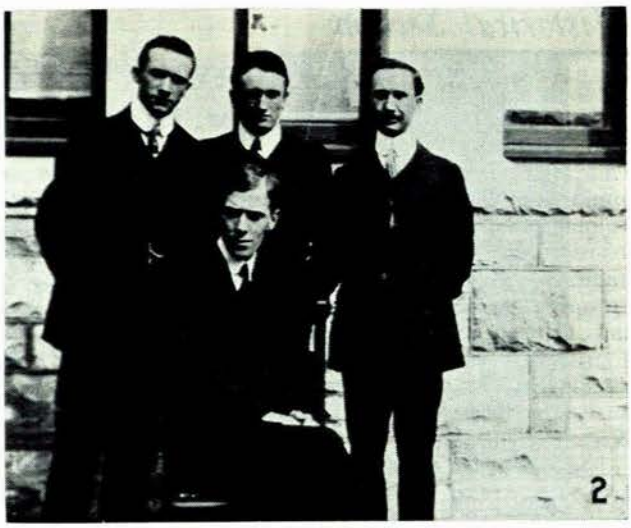

Fig. 2. Prof. R. B. Thomson with the first three students who started the anatomy course in 1911; from l. to r.: W. Waddell, J. de Vos Meiring, and D. J. van Schalkwyk.

In 1916 the Medical Committee (with Professor Jolly as chairman) recommended the establishment of the third-year courses, and in 1918 Profs. W. Blair Martin and T. J. Mackie from Glasgow and A. J. Clark from Guy's Hospital. all men of great repute, arrived to take the chairs of Pathology, Bacteriology and Pharmacology respectively. In the meantime Dr. M. R. Drennan had joined the department of Anatomy (1913), and in 1919 he was appointed to the chair in succession to Professor Thomson. Research was well under way, and teaching was of a high standard, although practical obstacles became even graver than before as the student enrolment steepled — at the end of World War I no less than 230 attended course I in anatomy and 142 were in course II (Fig. 5).

Inauguration of the University

In 1918 a momentous event was the official inauguration of the University of Cape Town with Professor Beattie as principal. This incorporated the College — 'the main stream of its life' — and with it the Medical School. The problem of forming the first South African university, already mentioned in connection with the Alfred Beit bequest for a *national* institution, had been solved when the College agreed to pool its own resources with the munificent Otto Beit-Julius Wernher donation to form a teaching, residential university at Groote Schuur. The third-year medical chairs were named after these two benefactors.

From that time onwards, with plans to extend the medical faculty to completion, the problem of getting hospital facilities for clinical training became paramount. The New Somerset Hospital was inadequate and outdated; the Cape Hospital Board, formed in 1913, was cooperative from the start, but it had no funds for building new hospitals, and the negotiations and planning for one on Groote Schuur estate were to take another 20 years for consummation. The Somerset Hospital, therefore, had to suffice — at least its honorary visiting medical staff included many eminent local medical practitioners,

and in 1918 the Board agreed to admit 3rd year students to the practice of the Somerset at a fee of 10 guineas for a perpetual ticket or 6 guineas *per annum*. Facilities for teaching obstetrics were even less satisfactory. The only available maternity home was Hareville, an old house opened in 1918 for 20 patients and named the 'Peninsula Maternity Home', and this was also placed at the disposal of the University by the Hospital Board. The final step to complete the faculty was taken in 1919 when the University invited applications for appointment to the chairs of Medicine, Surgery and Obstetrics.

The First Clinical Professors and Lecturers

1920 was another momentous year for the University and the school with the first sod turned on Rhodes' Groote Schuur site to start building the university there, and with the arrival of the 3 clinical professors. For the first time, otherwise than in Cairo, doctors could be completely trained in modern medicine in the continent of Africa. At this date there were 8 medical chairs and 19 lectureships for the 2nd to 6th year subjects. Professor Jolly was the Dean, and both he and Professor Drennan stayed for many years. In 1918 the chair of pathology became vacant with the death of Professor Martin in the influenza epidemic, and its was not filled until Prof. G. B. Bartlett came in 1921; he was succeeded by Prof. B. J. Ryrie in 1925. In 1920 Prof. J. W. C. Gunn took the place of Professor Clark in pharmacology when the latter left for the chair at University College Hospital, London. In bacteriology Professor Mackie was here until 1923 when he resigned to take the chair at Edinburgh, and he was succeeded here by Prof. W. Campbell in 1924. And in 1920 the chairs of Medicine, Surgery and Obstetrics were occupied by three young men, with already distinguished careers, who became the clinical triumvirate (the 'big three') of the future: Prof. A. W. Falconer, the Scot from Aberdeen; Prof. C. F. M. Saint, partly English with a Huguenot strain, from Newcastle-on-Tyne; and Prof. E. C. Crichton, the Irishman from Dublin. As Professor Falconer's disciple and successor, Prof. F. Forman, now says: 'They immediately earned the respect of their students, their colleagues, the profession, and the public at large; they taught, as they practised, really sound medicine, and it was owing to them that the clinical school was built on such a solid foundation'. Their assistants, appointed on a part-time honorary basis, were mostly leading practitioners of Cape Town who had already served the Somerset Hospital for many years, and Professor Saint today recalls 'the helpful and happy association throughout the whole period of cooperation' (Fig. 6).

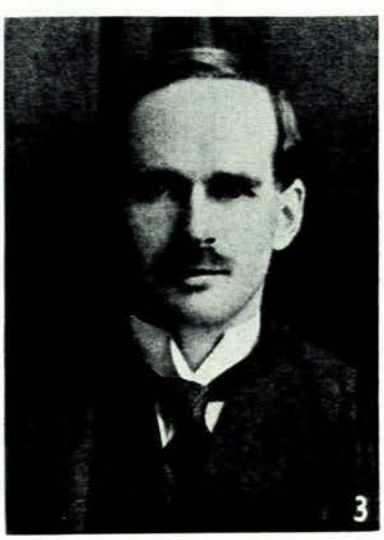

Fig. 3. Professor Jolly.

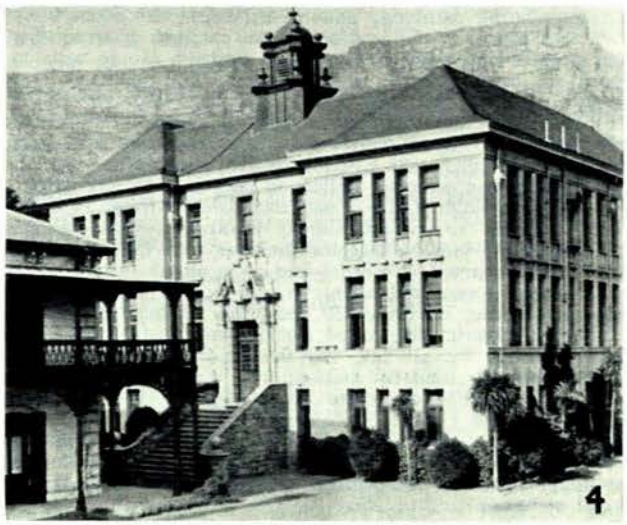

Fig. 4. Anatomy and Physiology laboratories, 1912.

The first clinical lecturers (1920) were: Drs. A. D. Ketchen, J. B. Lester, D. P. Marais (medicine); C. C. Elliot, E. B. Fuller, H. A. Moffat (surgery); A. S. Wells (obstetrics and gynaecology); H. Smith (dermatology); A. J. Anderson (public health); H. A. Engelbach (medical jurisprudence); D. G. Cassidy (mental diseases); and V. G. Molteno (vaccination). The pre-clinical lecturers were: Drs. M. Goldberg, H. C. Brayshaw (anatomy); P. O. Battaerd, S. M. Geiling (physiology); and J. C. Gie, A. S. Strachan (bacteriology). In 1921 Drs. T. L. Sandes (senior lecturer in surgery), D. J. Wood (ophthalmology), J. Lückhoff (ENT) and G. W. B. Daniell (anaesthetics) were appointed to the clinical staff, which was gradually augmented by others including Drs. A. R. McLachlan and W. L. Gordon in surgery (Dr. Gordon had been part-time lecturer in surgical anatomy since 1912), D. H. Wessels (gynaecology), R. Fraser (venereal diseases) and H. Berelowitz (anaesthetics) all in 1922, W. P. Cooney (infectious diseases) in 1924, P. H. Kooy (psychological medicine) in 1925, and J. van Rooijen (radiology) in 1926.

And among these and others with notable contributions there was Dr. F. Forman, back from Aberdeen in 1924 as tutor in medicine (and part-time lecturer in bacteriology for the first four years). He was the first Cape Town graduate (B.A., 1918) appointed to the school's staff, and today he holds the proud record of having taught every one but the first two of all the 3,160 medical graduates of this school (Fig. 7). These were the early professors and lecturers who made the faculty equal to the best and who in a few decades achieved the work of centuries elsewhere.

Material Facilities

All material needs were hopelessly inadequate. The whole school was huddled in a few outdated, unsuited and cramped buildings in the Gardens of Cape Town. Bertram Place,

accommodating pathology and bacteriology, was described by Professor Ryrie as a dilapidated 'wee cottage'; pharmacology and gynaecology were squeezed into Bertram House with one room set aside for the latter; surgery and medicine were given rooms in an old building near Hiddingh Hall — Professor Saint describes his portion as 'somewhat primitive: two bedrooms and a wall cupboard'; clinical lectures were given in what Professor Crichton called the 'red tin hut'; and the library was a small collection attached to the general library in Hiddingh Hall — it was established through Professor Jolly's efforts to collect funds. Equipment was minimal throughout the faculty. Hospital facilities were quite primitive. The New Somerset (267 beds) had a tin shanty which served as a lecture-room, outpatients' clinic and 'laboratory'. The maternity home, Hareville (20 beds) was replaced in 1921 by a house in District Six, called Buckingham Lodge, which had been deserted by all but vagrants and rats; St. Monica's Home was also used for tuition, but had only 4 beds. The 1920 total of 291 beds crept up to 338 by 1930 — and the hospital on the Groote Schuur site was still far from completion. Medical students of those early years lived mainly in College House (men) and Hopemill (women), and they formed an integral part of the general student body on the Orange Street campus.

The First South African-trained Doctors

The task for teachers was most difficult, especially as the enrolment of students increased. But the original clinical classes were small, and in 1920 the 4th year contingent was literally doubled when L. Mirvish was joined by J. B. Solomon. On Graduation Day, 1922, these two became the first medical graduands of a South African university (Fig. 8). In the Circular Hall in Queen Victoria Street the historic ceremony was held. On the platform there were Government, Provincial Administration, Hospital Board and Medical Association dignitaries. With them were Sir Carruthers Beattie, the kindly, urbane man, teacher and financial guide of the school since 1900, Dr. Barnard Fuller who had fought for it at home and abroad since 1895, the pioneer Professors Jolly, Drennan and Mackie, and the 'Big Three'. For all these men it must have been one of the greatest moments of their lives when the velvet cap touched Louis Mirvish's hair and the university had graduated the first South African-trained doctor.

1922 - 1962

Tremendous advances in the next 4 decades changed the scene beyond recognition. By 1962 the University had grown into a magnificent institution built on one of the loveliest sites in the world on Cecil John Rhodes' estate, where it moved in 1928 and 1929. Over 5,000 students enrol annually (5,400 in 1962) in 10 faculties. The University has become an indispensable teaching and research centre of Southern Africa and a storehouse of scientific, cultural and historical knowledge and materials. It is widely recognized as a traditional guardian of the Western heritage of civilization, of respect for human values, and of the moral outlook which derives from scientific enlightenment and objective thought. Members of its staff have achieved international status through their researches and discoveries, and many of them are corresponding or associate members of learned and scientific bodies in the United Kingdom, the Netherlands, Germany, the United States, Australia and the USSR.

The Medical School, 50 years after the official opening of its anatomy and physiology laboratories, stands on the

Fig. 5. The Anatomy Lesson, 1921. Back row, from l. to r.: Dr. J. Smith, Dr. H. V. Exner, Phyllis Don, Dorothy Vadas and Mr. Archie Lamb. Front row, from l. to r.: Helen Kirsten, Rose Weinberg, Prof. M. R. Drennan, Elizabeth Benson, Rebecca Katz and Anna de Kock.

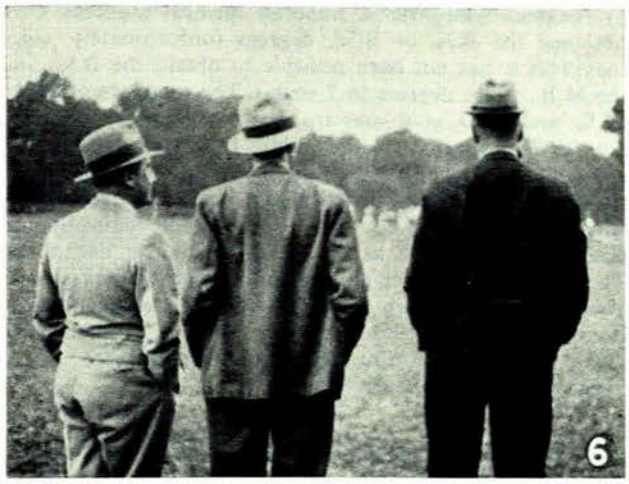

Fig. 6. An unconventional view of the 'Big Three'; from l. to r.: Professors Saint, Crichton, and Falconer.

Groote Schuur estate 2 miles from the main campus. It has shared fully in the work, responsibilities and ambitions of the University, and in upholding and building its traditions. It has justified the faith of those men who over 50 years ago worked for the establishment of a medical faculty in Cape Town, and the wisdom and timeliness of their action has been shown. South Africa's medical services in war and peace would have fared ill indeed during the past two decades had the medical schools of this country, with Cape Town's the first of them, not been able to provide complete undergraduate education.

In less than 50 years the school has trained 3,160 M.B., Ch.B. graduates of whom 2,566 were on the register of the South African Medical and Dental Council at the end of 1961.

The physical growth of the school is illustrated by the increase from a meagre 2,000 sq. ft. in 1925 to 142,000 sq. ft. in 1962. The first accommodation expansion came with the move from the old College buildings in the Gardens to the Anatomy and Physiology Block at Groote Schuur in October 1926 and to the Pathology Block in March 1928 — these two buildings form the Wernher and Beit Laboratories. Thereafter many extensions and additions include a well-equipped animal house (1949), new pathology laboratories and museums (1954), the fine building housing the medical library which was formally opened in February 1954 and now contains 41,000 volumes, and the excellent research laboratories of the Department of Medicine (1959). The Medical Residence, accommodating 91 senior medical students of both sexes, was opened in 1940, and common-rooms and a refectory were built in 1953.

Fig. 7. Professor Forman.

Hospital Services

The degree and rapidity of the school's progress would have been impossible without development of local hospital services to meet the community's needs and concurrently provide clinical training facilities and opportunities for clinical research. Whereas in 1920 the only 'teaching hospitals' were the New Somerset Hospital and the Peninsula Maternity and St. Monica's Homes, with 291 beds in all, there are now 7 teaching hospitals associated with the University of Cape Town with a total of 1,556 beds. Foremost of these is the imposing Groote Schuur Hospital adjacent to the school; it opened on 31 January 1938 and has since steadily increased in size. In 1938 the Somerset ceased to be a teaching hospital, but from 1942 onwards the University was again granted progressively increasing facilities for training students there to help meet the ever-expanding needs. The Princess Alice Home first became a teaching unit in 1933; it was greatly enlarged and modernized in 1960 to become a hospital for 'cold' orthopaedic cases. The Red Cross War Memorial Children's Hospital, opened in 1956, has provided excellent scope for teaching and research in paediatrics. The most recently acquired institution is the Park Road Hospital for alcoholics which opened in 1959.

Fig. 8. The late Dr. L. Mirvish (left) and Dr. J. B. Solomon (1922).

It is impossible to measure or evaluate in cold figures the school's contribution by way of care of the sick in these institutions which have had the services of the

school's teaching staff as medical consultants. The volume of work is partly indicated by the number of outpatient attendances at two of the hospitals in 1961 (Groote Schuur Hospital, 414,622; and Red Cross War Memorial Children's Hospital, 85,836) and of pathological examinations carried out in the school on behalf of the teaching hospitals through the years when laboratory investigations became tremendously significant in the practice of medicine (2,337 in 1920, 5,646 in 1930, 18,364 in 1940, 35,154 in 1950, and 155,443 in 1961).

The Joint Agreement

The increased teaching work and services for patients imposed a serious strain on the University's resources, even though the Cape Hospital Board was contributing some financial assistance. In 1949 the Board's functions were taken over by the Cape Provincial Administration, which made a partnership arrangement with the University known as the Joint Agreement effective as from 1951. In terms of this, both bodies contribute towards the Joint Staff salaries, the University being responsible for the cost of teaching and research and the Administration paying for patient-care; in addition to its contribution for salaries the Administration, through the Teaching Hospitals Board, has cooperated in providing whatever financial help it could for purchase of equipment for essential investigations. The beneficial effects of the Joint Agreement have been far-reaching. It became possible to augment hospital and school establishments and, with better salaries and more opportunities for satisfying work, to attract men of high clinical and academic talent and research potential to take full-time or part-time posts.

TABLE I. MEDICAL FACULTY TEACHING STAFF

	Professors	*Associate professors*	*Lecturers and assistants*
1912	2	—	2
1920	8	—	19
1929	8	—	54
1938	12	—	103
1951	13	1	265
1962	15	8	230

The increase in the school's medical staff is reflected in Table I. Although three chairs have been discontinued, viz. Biochemistry (1921 - 1927), Pharmacology (1918 - 1947) and Radiology (1933-1947), the total number has almost doubled since 1920 by the addition of chairs in Public Health (1921), Medical Jurisprudence (1934), Clinical Medicine (1938), Medical Education (1948), Chemical Pathology (1949), Child Health (1953), Orthopaedics (1955) and Diagnostic Radiology (1956). All but one of these are occupied today.

Teaching

Teaching in this school has gone far beyond the confines of the M.B., Ch.B. curriculum. Even before 1920 students were taking advanced courses in anatomy and physiology for the B.A. and M.A. degrees; from 1927 medical B.Sc. and M.Sc. courses were also offered, and thereafter some students proceeded to the Ph.D. (physiology) degree. Well over a hundred medical students have obtained the B.A. or B.Sc. degrees (unfortunately, since the 1940s it has not been possible to obtain the B.Sc. and the M.B., Ch.B. degrees in 7 years). The numbers of M.A., M.Sc. and Ph.D. graduates are shown in Table II. Diploma courses in bacteriology and public health have also been available since the 1920s. With the great development of specialization during the past 15 years the school responded to the call for local postgraduate education in clinical fields as well as in certain preclinical disciplines. The numbers of higher degrees and postgraduate diplomas awarded are shown in Table III; the vast majority have been gained since 1951 when the Joint Agreement provided posts for full-time registrars — today there are 95 available in Cape Town.

TABLE II. M.A. AND M.SC. DEGREES IN ANATOMY AND PHYSIOLOGY *

M.A. (Anatomy)	11
M.A. (Physiology)	19
M.Sc. (Anatomy)	2
M.Sc. (Physiology)	9
Total	41

* At least 100 medical students obtained B.A. or B.Sc. degrees before going on to M.B., Ch.B.; also students obtained the Ph.D. degrees.

Research is an essential function of a teaching school; this aspect of the school's work and achievements, which started from its opening days and developed greatly in the past decade, is dealt with in a separate article in this issue.

Student Life

Inevitably many features of 'student life' altered with the changing environmental and other influences, although probably the fundamental characteristics are immutable.

The medical students were separated from the main campus after the mid-1920s move to Groote Schuur, but throughout the 4 decades they have contributed valuably in general student activities. Many have been members of the Students' Representative Council and some have held its highest offices; others have been prominent in sport. The faculty has always helped the Rag to serve its good purpose — it was organized annually by the Students' Medical Society until this Society was later superseded by the Medical Students' Council which made many progressive moves in the interests of the medical and general student bodies. The annual balls and dinners have always been highlights for medical students, and they extended their cultural activities by establishing their own annual art exhibition (1947) and an 'experimental theatre' (1948) on the medical campus. Their extracurricular activities have gone far beyond these relaxations. During World War II many interrupted their studies to join the armed forces, and many of those obliged to stay behind formed the No. 1 Medical Officers' Training Ambulance. The students' journal *Inyanga* matured considerably and is perhaps unique in being written, edited, and published solely by medical students, and it compares favourably with medical journals of good repute. Students have also been responsible for organizing their own 'clinical evenings' and academic discussions. But their

TABLE III. HIGHER DEGREES AND DIPLOMAS IN THE MEDICAL FACULTY

M.D.		61
Ch.M.		28
Master of Medicine:		
Medicine	8	
Surgery	8	
Obstetrics and Gynaecology	14	
Pathology	16	
Anaesthetics	20	
Ear, Nose and Throat	3	
Paediatrics	4	
Radiotherapy	2	
Radiodiagnosis	5	
Total		80
Diplomas:		
Public Health	133	
Bacteriology	5	
Medical Radiology	21	
Nursing	45	
Physiotherapy	23	
Total		227

greatest contribution has been in applying their medical training to help the grossly underprivileged people of Cape Town by establishing student clinics at Windermere (1943), Retreat (1947), Maitland Cottage Homes (1949), Elsies River (1951) and Prince George's Drive (1951). These were the forerunners of the unique organization, the Students' Health and Welfare Centres Organization (SHAWCO, registered 1954), which has been authoritatively described as 'the most remarkable and most beneficent example of what can be done by student initiative to be seen anywhere.'

The Graduates

This school's graduates have proved their worth to the country. In scholarship and professional competence they have been judged by independent critics to be equal to those of any school. Throughout South Africa, in the Rhodesias and further afield they uphold the best traditions of medicine. Many occupy chairs and senior posts in all the medical schools of the Republic as well as in many leading schools in other parts of the continent and abroad. They have distinguished themselves and the school in many other ways. The Presidents of the South African Medical and Dental Council and the Southern Rhodesian Medical Council are both Cape Town graduates. There are

Fig. 9. The Medical School 50 years after the opening of its anatomy and physiology laboratories.

also graduates serving as members of the S.A. Medical Council, and others are on the Councils of the Medical Association of South Africa, the South African College of Physicians, Surgeons and Gynaecologists and the South African College of General Practitioners. Some are prominent in various scientific bodies, such as the South African Council for Scientific and Industrial Research and the World Health Organization, and there are many with high achievements in administrative posts, public health and other services, and even some in political spheres.

This brief account tells the story of the school as it developed in an era of unprecedented scientific advance and social change. Apart from technical achievements there has been a vast broadening of ideas and principles in medicine and of their applicability in other spheres. This gives a new significance to medical education, and medical schools have new tasks and functions to perform in fulfilling their responsibility to society. The Cape Town school must meet ever-increasing challenges competently, as it has done in the past.