

THE EARLY COLLEGE YEARS

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When the successful development of medical education in South Africa during the last 50 years is considered, it is difficult to understand the resistance encountered by the South African College in its efforts to establish the Cape Town Medical School.

The country was of course relatively poor at the time, and a general feeling of pessimism about the future prevailed, because the gold and diamond mines were then generally regarded as diminishing assets. The man in the street was inclined, as he still is in other directions, to favour doctors who received their training overseas. From this source he was being well served by a particularly élite profession, whose members were for the most part potential specialist physicians or surgeons. It was feared therefore that it would not be possible to maintain this high standard, and that there might be a flood of inferior doctors.

The material facilities for medical education by way of hospitals were sadly lacking, and there was no inclination on the part of the Hospital Board to improve them for this purpose. Even until the time when Groote Schuur Hospital was built, a teaching hospital was regarded as detrimental to the interests of the sick poor.

The paramount difficulty was finance, because it was known from the way in which America had to lavish money on her medical schools to improve their status and compete with European schools, that medical education was an expensive business.

The South African College felt, however, that all these difficulties could be surmounted if it adhered to its policy of offering nothing but the best and most modern teaching in any branch of higher education that it took under its wing. But it could not proceed without Government support, and for various reasons this was not readily forthcoming. South Africa can, however, be grateful that the Cape Town Medical School was born at that time, for time has shown the wisdom of the minds that shaped its destiny.

Although the College had been giving courses in the medical sciences for a number of years, it was only in 1911 that it was able to take the first step in the teaching of the pre-clinical subjects.

In that year Profs. R. B. Thomson and W. A. Jolly were appointed to the chairs of Anatomy and Physiology respectively, and they immediately started building up their departments. As befitted the special medical and college occasion, these well-equipped laboratories were opened with due ceremony in 1912, but they embodied an interesting miscalculation in that they were designed to accommodate a maximum of only 50 students.

This conservative estimate may have been based on the number of students who had already been taking the first-year courses in the medical sciences; it was certainly indicative of the number of locally trained doctors it was then thought the country could absorb.

How soon this provision was to be proved utterly inadequate may be seen from the enrolments in the early years for the two-year course in anatomy:

Year	Course I	Course II	Total
1911	12	—	12
1912	43	7	50
1913	35	9	44
1914	26	16	42
1915	45	19	64
1916	91	31	122
1917	122	47	169
1918	192	74	266
1919	230	142	372
1920	157	148	305
1921	125	119	244
1922	92	118	210

Provision for dissection was made by the restrictive Anatomy Act of 1911, which has had to be amended several times to make it workable. The improvements are largely due to the cooperation which has always been forthcoming from the Public Health Department and its various inspectors of anatomy, but the arrangement still does not conduce to making dissection a 'work of art', nor does it save the University from the growing expenses of burial fees.

Thomson came to the College with a good reputation among South African students in Edinburgh as a teacher of anatomy, and he threw himself enthusiastically into the work that lay before him in Cape Town. Within a year he had his department almost extravagantly equipped, and courses were being given in anatomy, embryology and anthropology. Having himself played soccer for the famous Queen's Park team in Glasgow, he felt at home in the sporting atmosphere of the College.

But Thomson had a restless spirit, aggravated perhaps by a latent illness for which he eventually got leave, and certainly by the outbreak of War.

This soon drove him to forsake the academic sphere, first for military service, then for a combination of country practice and farming. He ultimately died at a relatively early age.

Jolly had a less mercurial temperament, but beneath his somewhat serious look there was lots of good fellowship and pawky humour. He was appointed on his promising scientific reputation in Edinburgh, so that, while he was a sound and conscientious teacher, it was to preach and



"AND THIS IS THE BEAUTIFUL STORY OF"

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practice research that he came to Cape Town. This suited the aspirations of the College Council, but strained their purse, since there were other young Faculties to provide for.

Jolly was well-fitted for this competitive academic life, and, as Dean of the Medical Faculty for many years, he played a great part in shaping the future not only of the Medical School but of the whole University.

In the early days Jolly had a research disciple in no less a person than Dr. C. L. Herman, who later on bequeathed his fortune to the University. This most charming gentleman, who benefited the Medical School so materially, would spend the morning experimenting with frogs and take delight in the afternoon in showing newcomers the historic landmarks and prehistoric sites in the woods round Cape Town.

Also trained in Edinburgh, I joined the College staff as lecturer in anatomy in 1913, but owing to the indefinite shelving of the University Act, I resigned early in 1914 and bought a practice in Aliwal North.

Early in 1915 I joined the South African Medical Corps and was posted hurriedly and without vaccination to Brits' Commando in South-West Africa, where, in the unhygienic conditions of the desert sites, I contracted enteric fever.

On my return I was invited to act for Professor Thomson during 1916, and was offered part-time military service. Thomson, however, was unable to return as arranged. He resigned eventually, and I succeeded him in 1919.

Reference to the table showing the number of students in the Anatomy Department during the early years will show the teaching legacy to which I fell heir—with no qualified assistance.

Nevertheless, I made close contact with most of the students and acquired many life-long friends. It says much for the quality and adaptability of these men that they were able to surmount successfully the various examination hurdles overseas, which they then had to tackle in the schools that had so generously agreed to complete their medical training.

This was a good augury for the success of our own school, whose 50 years of achievement we are now celebrating.

The long-debated university question was settled in 1916, so that the enthusiasm with which the old College stal-

warts set about completing the medical course and building up the University can well be imagined.

A most gratifying feature of the new status of the College was the addition to its endowments of the Wernher-Beit bequests. To commemorate these two generous donors the College Council decided at once to create chairs and departments of pathology, bacteriology and pharmacology and to give each of them the combined name of the benefactors.

During the year 1917 Prof. W. B. Martin came from the Glasgow School; he had just enough time to show his outstanding capabilities when he succumbed to the influenza epidemic of 1918.

With him from Glasgow came Prof. T. J. Mackie, a product of the strong new school of bacteriology there. At the same time Prof. A. J. Clarke brought from London the new approach to pharmacology.

Showing great adaptability, but no doubt encouraged by the prospect of having the best that money could buy at this training centre, this trio initiated the third year courses and made the best of their most inadequate College quarters.

Within a few years Mackie was invited to occupy a newly created chair of bacteriology in Edinburgh, and Clarke returned to Cushny's vacated chair in London.

Short as their service to the young school had been, it had nevertheless opened the way to a full medical course in the University of Cape Town and shown students the class of teacher that was going to be provided for them in their training.

Firmly determined to get the best possible exponents of the clinical arts of medicine, surgery and obstetrics and gynaecology, the College Council now sought applications for these chairs from overseas. The appointment of the great triumvirate Falconer (Aberdeen), Saint (Durham), and Crichton (Dublin) to these three chairs respectively was the result, and it is the teaching of these men and of their successors that has put the hall-mark on the M.B., Ch.B. degree of the University of Cape Town.