SOUTH AFRICAN MEDICAL JOURNAL SUID-AFRIKAANSE TYDSKRIF VIR GENEESKUNDE

Cape Town, 29 May 1965 Volume 39 No. 20 Deel 39 Kaapstad, 29 Mei 1965

EDITORIAL : VAN DIE REDAKSIE

MEDICAL EDUCATION IN SOUTH AFRICA

The first South African conference on Medical Education was held in July 1964 at the University of Natal. The conference was attended by many persons concerned with the teaching and practice of medicine in South Africa and by experts from Southern Rhodesia, England, Israel and America. More than 50 papers were presented and discussed. Those who were fortunate enough to attend the conference were unanimous in their praise for the excellent organization and the great value of the papers and discussions. Now the efficiency of the organizers has been extended to the job of publishing the proceedings so that, within 6 months of the conference, the University of Natal Press has produced a handsome volume containing all the papers together with a transcript from a tape-recording of the discussions.[1] Our warmest congratulations are due to Professors J. V. O. Reid and A. T. Wilmot who were responsible for this notable piece of editorial work.

The whole field of medical education was reviewed at this conference: the selection of students, what they are taught, how they are taught, and by whom. This was not a business conference: no formal proposals were made and no resolutions were adopted. But the conference served to draw attention to the many problems in medical education generally and to some of the problems which are peculiarly South African.

Selection of medical students presents all sorts of difficulties. What are they being selected for? For success in examinations, or for success in their future careers? Must the same criteria of selection be applied to those who will become family doctors, specialists, administrators and research workers? How does one decide whether a teenager on leaving school will eventually become a responsible medical practitioner? For example, Mr. W. D. Furneaux, of the Nuffield Students' Selection Unit in London, administered a questionnaire to English university students to assess their emotionality and their degree of extroversion or introversion. Subsequently it was found that the 'introverts' were more successful in their examinations than the 'extroverts' and that those who were emotionally 'unstable' did better than their more 'stable' colleagues. The poorest performers, judged by exam results, were the 'stable extroverts'; yet there are many who believe that it is just the latter type of personality which is most desirable in a family doctor. If this is so, must one conclude that our present examination system is inadequate?

This leads us on to a consideration of the medical students' curriculum. This is a subject on which it seems that no two persons agree; yet one can loosely define two main schools of thought: There are those who would like to see more time and attention paid to the basic 'biological sciences', particularly to biochemistry, physiology, genetics, sociology and so on; and there are those who would like to see much more of the available time devoted to training in the art of medical practice. Dr. J. Ellis (Hon. Secretary of the Association for the Study of Medical Education) expressed some provocative opinions on this subject. He pointed out the difficulty which the preclinical teachers have in bringing home the importance of their subjects to the students:

'(The students') clinical teachers, successful medical men in whose image they wished to mould themselves, have frequently made it clear that their success was based on remnants of anatomy, ancient physiology, not enough biochemistry to pronounce the words correctly, a dislike and distrust for statistics, a horror of psychology, a little home-made sociology and a growing suspicion that there are other jeans than those their daughters wear'.

Dr. Ellis believes that the curriculum must be tailored to suit the type of doctor which it wants to produce. For this purpose, he proposed that doctors be classified into two categories—a sort of extrarenal Ellis type 1 and type 2. A type 1 doctor has mastered medical science, he profits from experience, he may add to knowledge and he can critically evaluate the contributions of others. Type 2 doctors are basically 'technicians' who can apply well-learned formulae and can cope with standard situations. The bulk of medical students nowadays are being trained for type 1 careers, but Ellis puts in a plea for special attention to the type 2 men: they do not need to be furnished with additional technical facts but they need to be taught a method of logical thinking to enable them to make their own assessment of available data. It is noteworthy that Dr. Ellis believes that his type 1, scientifically-minded doctor would be better suited to general practice; the technically-minded type 2 might become a highly successful 'specialist', but could hardly be expected to be much good at research.

At a conference entitled 'Medical Education in South Africa' there are certain topics which require special attention, particularly those concerning multiracial communities and the requirements of developing African populations. Prof. I. Gordon discussed the trials, tribulations and achievements of the non-White medical school in Durban and Prof. L. A. G. Davidson looked hopefully into the future of the new medical school at Salisbury. Prof. F. D. du Toit van Zijl (Stellenbosch) proposed that a separate medical school for Cape Coloured students be established at the University College of the Western Cape. The reactions to his views are recorded in the published proceedings.

Finally Prof. H. W. Snyman analysed the future demand for doctors in South Africa with special reference to the rapidly growing requirements of the Bantu peoples. He concluded that, as there was no immediate prospect of providing fully-trained Bantu doctors for this purpose, 'attention has to be given to training Bantu medical assistants in a short course for restricted purposes to assist in bringing basic medical services to all sections of the community'. We assume that this very necessary crash-programme will be just a temporary expedient and that the expansion of facilities for training fully-qualified Bantu doctors will not long be delayed.

1. Reid, J. V. O. and Wilmot, A. J. eds. (1965): *Medical Education in South Africa*. Pietermaritzburg: Natal University Press.

GENEESKUNDIGE ALMANAK : MEI

Hierdie maand wat voor 46 v.C. die derde maand was, se naam is van onseker herkoms. Ovidius herlei dit tot *maiores* in teenstelling met *iunores* vir die daaropvolgende Junie. Mei/Junie stel dus ouderdom en jeug respektiewelik voor. Dit is destyds as 'n ongelukkige maand vir huwelike beskou vanweë die Lemuria-fees ter ere van ongelukkig gestorwenes. Maiores (of ouderdom) as maandnaam rig ons gedagte tot die probleme verbonde aan 'n toenemend ouer-wordende bevolking en die siektes van hierdie leeftyd, wat as geriatrie 'n afsonderlike studieveld geword het. Die verouderingsproses self word deur gerontologie bestudeer, en is 'n probleem van fundamentele belang by dié siekteprosesse wat vanweë ons sukses oor infeksies na die voorgrond skuif. Hoewel ons nie vandag die invloed van ‚ongelukkig-gestorwenes' op huweliksgeluk erken nie, kan ons nietemin oor die geneeskundige implikasies van gesinsverbrokkeling, egskeiding en prostitusie besin. Hierdie is ou probleme wat in kompleksiteit toeneem in 'n tydvak waar spanning en gejaagdheid aan die orde van die dag is.

In middel-Mei 1839 is 'n tydelike hospitaal, opgerig vanweë 'n *masels-epidemie* wat sedert Februarie van daardie jaar 15.000 Kapenaars geteister het, weer gesluit.

In Mei 1812 loop 'n *pokke epidemie* wat Kaapstad lamgelê het sedert middel-Maart ten einde. Dit was reeds die vyfde pokke-epidemie wat Kaapstad beleef het (1713), 1755, 1767 en 1807).

1 Mei 1493. Paracelsus gebore. Seun van Wilhelm van Hohenheim. Was professor te Basel in die mediese wetenskap maar is uitgeskop vanweë sy revolusionêre gedagte dat siekte aan chemiese versteurings tewyte is en deur chemiese middels reggestel kan word. Hy was 'n heethoof, verwaand en aggressief, maar sou later die ‚Vader van aptekers' genoem word. Hy vertoon bittere verset teen Galen se leerstellings. Na byna 5 eeue bevestig die moderne biochemie sy revolusionêre idees.

6 Mei 1856. Sigmund Freud gebore te Freiberg in Oostenryk. Besluit om neuroloog te word na 'n periode van anatomiese en fisiologiese navorsing. Publiseer met Breuer in 1893 *Studies in Hysteria* en in 1900 *The Interpretation of Dreams.* 'n Adres, op sy tagtigste verjaarsdag, is gerig aan 'the Master whose discoveries have opened up the way to a new and profound understanding of Mankind'.

8 Mei 1907. Die tuberkulien veltoets word deur Clemens von Pirquet bekend gestel aan die Berlynse Mediese Vereniging.

12 Mei 1874. Clemens von Pirquet gebore te Hirschstetten naby Wenen. Later eerste assistent vir prof. Escherich, maar op aanbeveling van Sir William Osler in 1908 as professor in die pediatrie, Johns Hopkins, aangestel.

14 Mei 1796. Edward Jenner inokuleer 'n seun by name James Phipps met koeipokke. Toe die inokulasie op 1 Julie 1796 herhaal is, het geen infeksie plaasgevind nie.

17 Mei 1749. Edward Jenner gebore. Leerling en vriend van John Hunter. Bekend vir vaksinasie teen pokke beskryf in 'An Inquiry into the Causes and Effects of the Variolae Vaccinae, a disease discovered in some of the Western Counties of England particularly Gloucestershire and known by the name of Cow Pox'. Oorlede 26 Januarie 1823.

17 Mei 1809. Leopold Auenbrugger oorlede. Hy het perkussie van die borskas as kliniese prosedure beskryf 'Inventum novum ex percussione Thoracis Humani, ut signo abstrusos interni pectoris morbus Detegendi'. Sy bydrae, met dié van Laennec, en die ontdekking van Röntgen, vorm die basis van fisiese ondersoek van die borskas.

24 Mei 1844. Friedrich Trendelenburg gebore te Berlyn. Baanbreker in plastiese snykunde, kongenitale heupgewrigsiektes en bloedvatsiektes. Internasionele bekendheid verwerf as ginekologiese en abdominale chirurg. Trendelenburg posisie, Trendelenburg toetse (spatare en heupontwrigting) en ook vir die seldsame, maar dramatiese operasie, na hom vernoem, pulmonale embolektomie.

25 Mei 1886. Victor Horsley wat vroeër in die jaar genader is deur die bekende neuroloë David Ferrier en Hughlings Jackson om breinoperasies in bepaalde gevalle uit te voer, doen die eerste operasie van dié aard in Engeland. Die veld van neurochirurgie is destyds betree vanweë twee hoofoorwegings: (i) Hoe om hoofbeserings te behandel en (ii) die probleem van hoe om tumore te verwyder. (Sien Cushing by Geneeskundige Almanak vir April.) Twee jaar vantevore het Francisco Durante reeds in Rome sukses behaal met die verwydering van 'n tumor van die olfaktoriese groef.

27 Mei 1910. Robert Koch, Nobelpryswenner van 1905, oorlede aan hartversaking. Hy het in 1906 Suid-Afrika besoek as hoof van die Slaapsiekte Kommissie. In 1876 uit plattelandse praktyk die basil van antraks beskryf, en hier is 'n definitiewe siekte wat met 'n definitiewe basil geassosieer is. Sy hipotese (en Koch se postulaat) is deur Pasteur bestempel as die grootste ontdekking in die bakteriologie tot op daardie tydstip. 1881—berei suiwer bakteriologiese kulture. 1882—beskryf die tuberkel basillus. 1890—ontdek tuberkulien.

In Mei 1889 is die Johns Hopkins-hospitaal, Baltimore, geopen—'n hospitaal wat bestem was om van die begin af rigting te gee aan die ontwikkeling van die Amerikaanse geneeskunde.

AKTUARIËLE OPMETING VAN DIE MEDIESE PRAKTYK

'n Vraelys is onlangs aan alle mediese praktisyns gestuur insake 'n opmeting wat die Vereniging besig is om te maak oor wat dit kos om 'n mediese praktyk te beoefen. Die antwoorde op hierdie vraelys moet die basis vorm op grond waarvan die Vereniging 'n redelike skaal van gelde wil opstel.

Die reaksie op die vraelys was egter swak sodat onvoldoende inligting beskikbaar is. Daar is dus besluit om die vraelys weer uit te stuur en praktisyns word versoek om hul ernstige aandag daaraan te gee.

Praktisyns wat die vorm alreeds ingevul het, voltydse personeel (wat 'n ander vraelys ingevul het) en afgetrede dokters kan die vraelys ignoreer.