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EDITORIAL : VAN DIE REDAKSIE

A UNIVERSITY NUMBER

This issue represents a departure from the customary form of the *Journal* in that its subject matter deals almost entirely with the medical faculties of the South African universities. As a 'University number' it corresponds—to a certain degree—with the annual 'educational number' of overseas medical journals. It follows a suggestion made some months ago in the correspondence columns that a number of this kind should be issued by the *Journal*. The object is to keep the profession in touch with the medical faculties, and in particular with contemporary trends in postgraduate teaching in this country.

For this issue articles have been contributed by members of the professorial staff of the medical schools, and the opportunity has been taken to include important pronouncements recently made by the Principal of Cape Town University and the Rector of Stellenbosch University. The Director of the South African Institute for Medical Research also contributes an article on postgraduate studies. A description of the new Durban Medical School will be read with much interest. It is contributed by the Dean, Dr. G. W. Gale, whose departure is greatly regretted. Dr. Gale has had a distinguished career in South Africa, and now leaves us to take up the chair of Preventive Medicine in the University College of East Africa at Kampala, Uganda.

Remarkable developments of medical education have taken place in South Africa during the past 40 years. Before that time all medical practitioners in the country, whether born in South Africa or not, received their training and qualifications abroad (chiefly but not exclusively in Great Britain and Ireland), there being no South African schools of medicine. The Universities at Cape Town and Johannesburg were the first to institute medical faculties in cooperation with the local hospital authorities, to be followed in later years by Pretoria and Durban; and the Stellenbosch University

is about to establish the fifth medical school in the Union. There are now ample facilities in the Union for the medical education and training of White South Africans, in both the English and Afrikaans languages, and one medical school primarily serving the other ethnic groups of the South African peoples. At the end of last year 67% of the medical practitioners registered in the Union had qualified at South African universities, and year by year the proportion is increasing. Thus South Africa has fallen into line with other great countries in providing within its own borders for the undergraduate training of its medical profession.

Undergraduate teaching is by no means the sole function of a medical school, any more than it is the sole function of other university faculties. Though medicine is international, every country aims at contributing to the universal store of knowledge and not remaining in the less honourable position of a mere recipient or beneficiary. South Africa has already made good progress in that direction, and for this the medical schools and certain other centres of medical research are responsible.

It is these developments that have furnished the academic facilities for postgraduate study (to use this word in its widest sense), and as the medical schools have developed as centres of research so they have found it possible to develop their postgraduate teaching. To an increasing extent South African graduates who desire to take higher degrees or diplomas, or qualify for specialist practice, can find in their own country the facilities they need. Refresher courses for practitioners are also provided by the medical schools; there is ample evidence of the value of these and the appreciation in which they are held. Postgraduate work is a strong link between the University and the practising profession. It is a form of cooperation that stimulates medical progress both in the university and in practice.

STUDENT HEALTH SERVICES

The idea that a university should accept responsibility for the health of its students, and perhaps its staff, is rapidly gaining ground all over the world. Where it has been acted on, the service provided varies greatly in scope and nature. Its different facets—preventive health, curative services and general usefulness—are discussed in Dr. H. T. Phillips' article on page 443 of this issue.

The concept of a practice at the university is likely to have a highly selective appeal amongst medical men. Special qualities are essential for success. The full-time university health officer must needs be an enthusiast in public health and social medicine as well as a good clinician. At best he will be a man well-equipped in these respects, acceptable in an academic atmosphere and interested in the preservation of health as much as in the cure of disease; at worst a practitioner who wants an easy job. The scheme might thus stand or fall upon his selection.

What should the objects of a students' health service be? Preventive only, safeguarding the student body against disease and perhaps 'promoting'—to use the social medicine word—the health of the individual student? Or should it be comprehensive like the Minnesota scheme, including everything possible in the medical field?

The recent trend in Britain has been towards the less comprehensive scheme, focussed for the most part on the preventive and health-promotive aspect. This has been the approach in South Africa, where both the Cape Town and Witwatersrand Universities have stressed the need for an annual medical examination. Neither university has ventured to introduce compulsion, which is becoming the policy abroad, where it is argued that if the scheme is to be successful then *all* students must submit to examination—a demand no greater than that made upon entrants to the public service or the military forces. And since the universities take a financial risk upon the good health of each of the students in their schemes they are surely entitled to enforce this demand. The declining attendance figures of the Cape Town University medical service over the first 3 years make one wonder whether compulsion is not the only sure means of saving these schemes from collapse. Without compulsion they may easily fail to fulfil the fair promise they seem to carry.

Dr. Phillips sets out the manifest advantages of a properly-functioning students' health service. From the point of view of its medical officers, the possible monotony of examining healthy adults would be more than countered by its association with clinical practice, public-health advising, and the prospect of conducting

GESONDHEIDSDIENSTE VIR STUDENTE

Die mening dat 'n universiteit vir die gesondheid van sy studente, en miskien ook vir dié van sy personeel, verantwoordelikheid behoort te aanvaar, vat pos oor die hele wêreld. Waar sulke dienste alreeds verskaf word verskil hul heelwat in omvang en aard. Die verskillende aspekte—voorbehoedende geneeskunde, helende dienste en algemene nuttigheid—word volledig deur dr. H. T. Phillips bespreek in die artikel wat op bladsy 443 van hierdie uitgawe verskyn.

Die idee van 'n universiteitspraktyk sal waarskynlik by sommige geneeshere groot byval vind. Sukses sal van spesiale hoedanighede afhang. Noodwendig moet die voltydse universiteits-gesondheidsbeampte 'n lewendige belangstelling in openbare gesondheid en maatskaplike geneeskunde stel en hy moet ook 'n goeie klinikus wees: wat dit betref sal die beste beampte goed toegerus wees, hy sal ook in akademiese kringe tuisheid en net soveel belang in die behoud van gesondheid as in die genesing van siekte stel; die swakste beampte sal die geneesheer wees wat 'n maklike baantjie soek. Waarskynlik sal die sukses of andersins van die skema afhang van die mediese beampte wat aangestel word.

Wat behoort so 'n gesondheidsdiens te beoog? Slegs voorbehoeding deur die studente-gemeenskap teen siekte te beskerm en miskien ook die bevordering van die individuele student se gesondheid? Of behoort dit 'n uitgebreide skema te wees soos dié van Minnesota wat alles moontlik op mediese gebied dek?

Die rigting wat onlangs in Brittanje ingeslaan is, is om die minder omvattende skema toe te pas wat hoofsaaklik op voorbehoeding en gesondheidsbevordering toegespits is. Suid-Afrika benader die probleem op dieselfde wyse—beide die Universiteit van Kaapstad en die Universiteit van Witwatersrand het die noodsaaklikheid van 'n jaarlikse mediese ondersoek beklemtoon. Geeneen van hierdie universiteite het dit egter gewaag om dit verpligtend te maak nie, 'n beleid wat oorsee veld wen in ooreenstemming met die opvatting dat vir die skema om te slaag studente hul aan ondersoek moet onderwerp—'n vereiste wat geensins groter is nie as dié wat gestel word aan persone wat by die staatsdiens of die militêre magte aansluit. Aangesien die goeie gesondheid van elke student vir die universiteite finansiële implikasies inhou, is hul sekerlik geregtig om hierdie vereiste verpligtend te maak. Die dalende bywoningsyfer van die Universiteit Kaapstad vir die eerste 3 jaar verskerp die gedagte dat verpligtende ondersoek miskien die enigste metode is om hierdie skemas van ondergang te red. Sonder hierdie verpligting kan die skemas wat so veelbelowend voor-gekom het miskien maklik misluk.

Dr. Phillips sit die klaarblyklike voordele uiteen van 'n gesondheidsdiens vir studente wat behoorlik funksioneer. Wat die mediese beamptes betref sal die moontlike eentonigheid om gesonde volwassenes te ondersoek meer as vergoed word deur 'n afgebakende kliniese praktyk, die beperkte raadgeewing i.v.m. openbare gesondheid en die kans om belangrike navorsing te doen oor belangrike onderwerpe waaroor deesdae te

research into important matters which are at present too often only vaguely talked about—physical and mental fitness, the science of athletic perfection (which Roger Bannister has brought to the notice of medical men), and the true meaning of positive health.

dikwels net vaag oor gepraat word—liggaamlike en geestelike gesondheid, die wetenskap van atletiese perfeksie (wat deur Roger Bannister onder die aandag van geneeskundiges gebring is) en die ware betekenis van positiewe gesondheid.

THE AMERICAN 1954 FIELD TRIAL OF POLIOMYELITIS VACCINE

After this special issue was compiled the Summary Report on the Evaluation of the 1954 Field Trial of Poliomyelitis Vaccine (a document of 63 + xiv 2-column pages) was received, by courtesy of Dr. Thomas Francis, Jr., Director of the Evaluation Centre, University of

Michigan, together with an Abstract of the Summary Report prepared by Dr. Robert F. Korns, Deputy Director. This issue has therefore been extended, and some items held over, in order to publish without delay the Abstract and certain relevant statistical tables from the Summary Report (see page 447).