A glimpse of South Africa

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THE VAST, APPARENTLY EMPTY SPACES of South Africa make a tremendous impact on the traveller flying across it. The dramatic and beautiful appearance of Mount Kenya in the early morning, and then the snow-peaked Kilimanjaro were the only break in the horizon except for the Orange river stretching for miles into the distance. The grey browns of the empty, wide open spaces and the endlessness of Africa soon became the dominating impression. In contrast to this were the bustling and vital cities of Johannesburg and Pretoria, yet how isolated these conglomerations of energetic humanity are in relation to the overall size of the country.

The fourth Annual Congress of the South African Medical Association (July 1969) was distincly patterned on the British Medical Association and with equal perfection and precision, including the opening ceremony and the university (tribal) dinners.

The programme of the Scientific Section, the Pharmaceutical and Scientific Exhibition, and a Hobbies Exhibition, stretched over 5½ days. The various sections and plenary sessions reflected the present preoccupation with the problems of organ transplants—rejection problems, intensive care units, the planning of health care, the impact of therapeutic and clinical trials, the problems of rheumatoid arthritis, the advances in cancer treatment and education, along with the now almost standard TV relays of interesting operative and investigative procedures.

The section of General Practice was able to mount a full programme right through the five days. This was a new first for general practice in this framework of the Annual General Meeting, and a most creditable performance, indicative of the growing vigour and extent of general practice in South Africa. At least two thirds of the contributions were by general practitioners. The future of the country practitioner; the referral of cases to the specialist; the scope of general practice; legal abortion; the legal hazards; recording; reports of several morbidity studies in general-practice research; what and how to publish; obstetrics; the training in family medicine; recruitment for general practice; the role of the non-teaching hospital in general practice; vocational training and its various aspects; diabetes detection drive; the challenge of preventive medicine and health education. These were only some of the subjects discussed during the five days. What looms large in our medical thinking seems to be of equal importance in South Africa.

The clinical highlight was a panel discussion on intensive care, led by Professor Barnard which revealed (if this were necessary to the uninitiated) the tremendous care and thoughtful planning which is going into this acute emergency in South Africa. The enormous distances and the geographical problems must surely make this intensive care available only to the connurbations.

The many new and exciting buildings of Pretoria University campus are a special setting for such a meeting where probably over 1,000 doctors took part. I regretted that the section of general practice made such full demands on my time and prevented me attending many other interesting sections. Apart from the specialist sections, such general sections as hospital administration found space in the crowded programme. That the South African Medical and Dental Council, established in 1928, (the equivalent of our General Medical Council) is thinking about the problems embodied in the Todd Report is quite evident. Whether the solution will be as Todd recommends is another matter.

In 1967 the South African Council of the Royal College of General Practitioners formed their own College of General Practitioners.

The Colleges of Surgeons, Physicians, and Obstetricians and Gynaecologists are administratively organized as one joint unit and have recently invited the College of General Practitioners

to join them in this confederation. Such a development could achieve a general practice specialty register sooner than us. However, at the first annual general meeting of the South African College of General Practitioners, many misgivings were expressed about this proposal though it was decided to empower the negotiating team to develop these plans further.

In the academic field of general practice some spectacular developments are taking place. Pretoria University is offering a Master Degree in General Practice from Dr Howard Botha's department where over 20 practitioners have enrolled for a special two-year course which they will complete by studying in their practices and attending at a certain number of joint sessions at Pretoria University throughout the two years. A most interesting experiment deserving the widest notice.

I saw practices in Bloemfontein, Cape Town, Grahamstown, Johannesburg, Port Elizabeth, Pretoria, Durban, which left me with the impression that what John Fry wrote in 1965 was still true. The morale of the general practitioner in South Africa is high. There are extensive and spectacular buildings from which as in Cape Town, more than 100 doctors practice in varying degrees of general practice and specialization. Though the structure of groups is thereby provided, a real development towards functionally-integrated groups of more than four are extremely rare and only now being attempted. Much of what we accept as good organization is not yet commonplace, though the clinical scope of most general practitioners is as wide as we hope it will be when we have general-practitioner beds in all district hospitals.

Incidentally, our planners' fears that patients would not accept escalators in general-practice consulting-room buildings is quite unfounded. Seven and eight floors presented no problems. Parking constituted a much greater difficulty. The burgeoning of the computer was only beginning to be perceptible in planning and thinking. Record keeping is one area where we in the UK can demonstrate greater progress.

Medical care for the total community presents problems. I visited hospitals for whites and non-whites; I sat in with district medical officers; I visited railway practices and hospitals (which are akin to our insurance system). There is little doubt that whilst much of the medical care is of the highest quality, its uneven spread for all the populations is most worrying and extensive training programmes for doctors for the various communities are urgently and desperately needed. The increasing educational emphasis on general practice may help to fortify and increase the general professional standing of general practice in South Africa, of which the full general practitioner section of the congress was but a small manifestation of the progress achieved.

The single racial universities have serious problems. The amount of new building in relation to the size of the population catered for is staggering, and the competition for places is fierce. In Pretoria classes in the first year are over 300 strong but after 18 months only 150 have survived as students of that university.

In these short notes the clinical field cannot be discussed but the much increased incidence of cancer of oesephagus (leading the world) must be mentioned, yet I never saw or heard of disseminated sclerosis in a South African born and bred. The occurence of kwashiakor is a grim reminder that much of their social work remains to be done.

Acknowledgements

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Dr Hofmayer elected President
Dr Howard Botha, Vice President
Dr J. Levy, Secretary
Dr W. A. M. Miller, Treasurer

REFERENCE

Fry, John (1965). *Medical Care in South Africa*, The Lancet. **2**, 11,

The College of Physicians, Surgeons, and Gynaecologists of South Africa have incorporated the members of the College of General Practitioners as on 31 August 1969. Any subsequent admissions will be by examination only. A Division or Faculty of General Practice in the joint College of Physicians, Surgeons and Gynaecologists, will be established on equal footings with the other divisions or faculties of surgery, medicine, obstetrics and gynaecology etc.