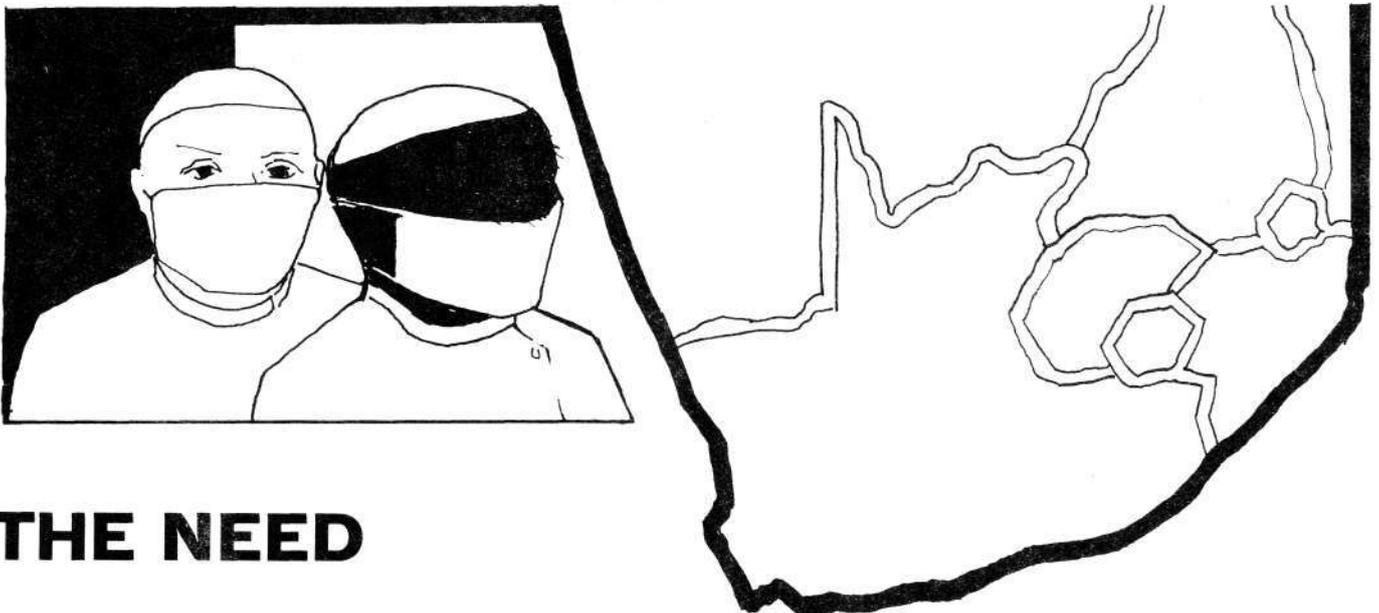


support among Afrikaners to be able to follow this line and still win elections.

As for the UP, it is high time for it to disappear, its conservative wing either joining the Nationalists or, for preference, vanishing altogether. Japie Basson, Nic Olivier, Eric Winchester and Co. should join the Progressive Reform Party. At least then most of the people in White party politics who are committed to the removal of race discrimination in South Africa would be working together and not be at one another's throats. And, as we have already said, most important of all is that the new party should not succumb to the temptation to play down the more radical parts of its policy for fear of frightening voters away. White South Africans must be made ready for fundamental change. If the Progressive Reform Party gets on with the job of preparing them for that it will be doing something worthwhile even if it never becomes either official Opposition or

Government. It will at least have made more possible the calling of the non-racial National Convention to which its statement of policy commits it.

As for Reality, we too will continue to argue the case for the kind of society we want to see—one in which every adult will enjoy the vote, every person will enjoy equal opportunity in every field, basic civil liberties will be protected, and deliberate steps will be taken to eliminate the inequities in wealth, education and social services which have scarred our national life for so long. Unlike Mr Bill Sutton we do not think that the way to convince Africa of the merits of the ways of the West is through taking a leaf out of the Nationalist book. We think this could be done much better by removing all bars between any man and his full participation in a democratic society, of which he would then be able to feel that he was a real and respected part. □



THE NEED FOR DOCTORS IN SOUTH AFRICA

by Peter Cooper; South African Medical Scholarships Trust, Cape Town, 1974.

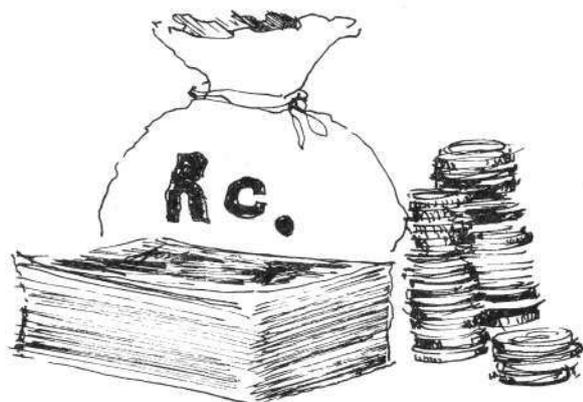
Reviewed by Marie Dyer

The South African Medical Scholarships Trust is an independent body, under the chairmanship of Dr Marius Barnard, founded in 1972 to take over the medical scholarships programme which had been initiated by NUSAS in 1965. The Trust provides scholarships in the form of interest-free loans, repayable after graduation, to medical students who need money to complete their training. (In 1974, 51 students were assisted with a total amount granted of R10 150).

The writer of this booklet was in 1974 a final-year medical student at the University of Cape Town and a member of the Board of Trustees. His study goes much beyond the immediate need for adequate financing of medical students. It demonstrates the critical shortage of doctors and other medically trained professional workers (like dentists, pharmacists and nurses) in large areas of South Africa, and suggests the need for some alterations in the whole structure of medical education in the country.

Mr Cooper's figures show that the general doctor/population ratio for South Africa, calculated at 1/1990, is a meaningless statistic, partly because it is inaccurate in practice, and partly because it ignores the fact that more than 80% of all doctors practise in the White urban areas where only 33% of the total population live. The ratio of doctors to population in these areas, he shows, is something like 1/950; in African homelands close to 1/14 000. Since the first figure quoted—1/950—includes all inhabitants of 'White' urban areas, including the residents of Soweto, New Brighton, Kwa Mashu, etc., whose individual doctor/population ratios are much less favourable, it follows that White inhabitants of White urban areas enjoy what must be almost the best doctor/population ratio in the world.

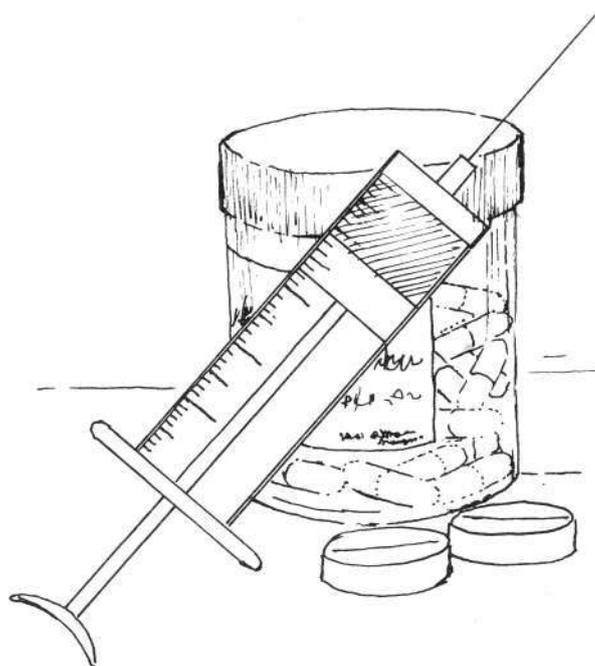
(Mr Cooper presents his facts with admirable dispassionateness; but it is impossible not to become aware of the various ideological inhumanities and illogicalities of the government which have actually discouraged Black doctors from studying and practising—for instance the closing of Wits and Cape Town medical schools to Black students in 1959; the differential racial salaries paid in State hospitals and institutions, and the official refusals of facilities to Black doctors wishing to practise in the townships).



The general doctor/population ratio for Black Africa as a whole was calculated at 1/20 000 in 1969. Thus, in spite of all the resources of manpower and sophisticated medical technology available in South Africa, the homelands, with their ratio of 1/14 000, are not much better off in this regard than the average for undeveloped Africa. The kind of situation which these ratios produce is summed up in this quotation from the 1970 report of the St. Michael's Mission in Kuruman:

St. Michael's provides a service for some 100 000 people and half the patients admitted should never have been ill. There appears to be little or no preventive medicine, no health worker or social worker in the villages, no health education or dietary education . . . There is little follow up of patients. Those treated for malnutrition return, sometimes in only a few weeks, as bad or worse than before.

It is obvious, as Mr Cooper makes clear, that only a massive increase in the number of Black doctors can provide for the shortage where it exists. (Somewhat fewer African doctors, in proportion to population numbers, are being trained now than in 1950). Very few White students, from privileged White environments and trained at urban medical schools, in a tradition which tends towards increasing specialisation and increasing



sophistication of equipment, can be expected to settle in the kind of practice implicitly described in the report from St. Michael's Mission.

A main obstacle to the large-scale training of Black doctors is, as Mr Cooper acknowledges, the inferiority of Bantu Education in the schools, the improvement of which would be a long-term task. However, even now, with more or different training facilities, changes could be made. In 1973, 200 eligible African students (i.e. with Matric maths) applied to the medical school in Durban, and only 35 were admitted. Mr Cooper suggests the immediate opening of all existing medical schools to Black students; and also the creation of additional medical schools, situated in rural areas, orientated towards areas of study like preventive medicine and with admission perhaps on a differently gauged basis. He suggests also the reconsideration of the idea of medical aides, not trained to be doctor-substitutes, but so that the skills of the few doctors practising where the need is greatest may be more efficiently used.

(Another proposal—that young men graduating from medical schools should spend a year in the homelands instead of in the army, though eminently humane, practical and sensible, is no doubt unlikely ever to be considered).

In the meantime it is both vital and possible that no student, eligible under existing conditions, should be forced to abandon his studies for lack of money. This is the *raison d'être* of the Trust; and the booklet concludes with brief case-histories of some students currently being assisted: such as that of M.M., in his fourth year, one of seven children, whose father earns R720 p.a.

The address of the Trust is:

South African Medical Scholarships Trust,
P.O. Box 10123,
Cape Town,

and donations are earnestly invited.□