The Medical School’s History

Embrouled in controversy and political strife, and disadvantaged by major financial and resource deprivation, the University of Natal Medical School has nevertheless survived and prospered for nearly 50 years – and has made a unique contribution to medical education in the Southern African sub-continent.

The struggle started long before the doors of the Medical School were opened.

Two medical missionaries, Dr John McCord and Dr Alan Taylor, lobbied tirelessly for many years to establish a Medical School to train local African students. They realised that the burgeoning black population in the greater Durban area would increasingly require health services.

Their dream became a reality only in 1951, when the Medical School finally opened and its first 35 students were enrolled. For more than two decades it was the only tertiary institution in South Africa which had as its main concern providing medical training for African, Asian and coloured students.

The early years were fraught with difficulty. A medical Faculty for black students in a white university, training at a black hospital, situated in a white residential area, represented an anomaly in apartheid’s grand design.

A ruling that white undergraduate students be barred from the Medical School was a major inroad made by the government of the day into the University’s autonomy. However, in respect of postgraduate students, the University won the battle for a non-discriminatory student intake – but at the risk of losing its state subsidy.

Attempts by the government around 1960 to separate the Medical School from the University of Natal were successfully resisted by the students, the University and wider medical communities. There were many other efforts made to close the School for the same ideological reasons.

It was because of the constant battle for its basic rights that the Medical School became involved in the political struggle right from the start.

When the Medical School opened there were very few African medical professionals in South Africa. It has subsequently produced about 2,700 black doctors, and trained hundreds of students of all races to specialist status. In 1995, the Medical School admitted its first white undergraduate students, an event which marked the ‘normalisation’ of the institution.

During the almost five decades of its existence and despite suffering years of political harassment, inequitable state funding and a chronic lack of human resources, space, facilities and equipment, the Medical School has established a national and international reputation for academic rigour and an unwavering commitment to the community it serves.

In many respects, it has also been a leader and innovator in establishing community based projects. The province’s health services have similarly, for years, operated under severe...
ILLUSTRIOUS ALUMNI:
KwaZulu-Natal Premier Dr Ben Ngubane; Vice-Chancellor of the University of Cape Town, Dr Mamphela Ramphele; Secretary of the provincial department of Health, Prof Ronnie Green-Thompson and (right) Dr Zweli Mkhize, KwaZulu-Natal Minister of Health.

pressures and financial constraints. The Medical School assisted by initiating community programmes operating in isolated and poverty-stricken areas.

The programmes' functions are to provide important elements needed for basic health care and to help teach people good health and sanitation practices. An important part of the service involves research surveys – determining community ills and needs and then giving advice, providing medicines and helping co-ordinate health services.

Furthermore, the Medical School's staff, alumni and students have made – and continue to make – a substantial contribution to the development of health policy in South Africa.

Medical School graduates fill important professorial and teaching posts, as well as prestigious research positions at home and abroad. Many serve on statutory bodies and on the editorial boards of local and international scientific journals. Others have assumed leadership roles in public life and in the wider community, both in and outside South Africa.

Among our best known graduates involved in local and provincial issues are Dr Ben Ngubane, the present KwaZulu-Natal Premier, former Premier Dr Frank Mdlalose, Dr Zweli Mkhize, KwaZulu-Natal Minister of health, and Professor Ronnie Green-Thompson, Secretary of the KwaZulu-Natal department of health.

Other illustrious alumni include Dr Mamphela Ramphele, Vice-Chancellor of the University of Cape Town, Soronini Kalichurum, former Dean and Head of the Department of Pathology and Professor Miriam Adhikari of Paediatrics and Child Health. Dr Nkosazana Zuma; the present national Minister of Health, graduated from the University of Bristol but started her studies at the Medical School. She was inspired by the Faculty's internationally renowned Professor Sydney Kirk's experimental work in primary health care.

Unfortunately, the emigration of newly qualified doctors from South Africa has reached crisis proportions. The University of Natal Medical School is exceptionally proud that more than 90 percent of its graduates have remained in the country. The Faculty will continue to pursue all avenues to encourage them to stay.

"I am extremely proud of my association with the University of Natal's Medical School, and I make no secret of the fact. The time I spent there during the apartheid era was not without its conflicts, but in spite of this there was a level of tolerance which allowed the Medical School to produce a group of black professionals who have excelled not only in their professions but also in a wide number of leadership roles. Reconciliation has taken place, and I am a proud graduate of this institution. I believe its training is equal to any such education anywhere in the world, and its graduates have served this country with distinction and commitment, an ethos I am sure will continue in the years to come."

KwaZulu-Natal Minister of Health.
Dr Zweli Mkhize
1998
History's Hand in the Shaping of the Medical School

When in 1950 the apartheid government created a "black faculty" in a "white institution" it shaped an environment ordained to nurture a commonality of purpose that would far exceed its expectations. For not only was the Medical School of the University of Natal destined to produce doctors of international quality, it was also to provide the anvil on which the tools to fight its creator would be fashioned.

Stripped of almost everything by a system that was to be labelled a "crime against humanity" by the United Nations, the Medical School's undergraduates were the intellectual elite of the country's oppressed communities. They came from disparate backgrounds, but they were united in adversity. If they were motivated by their shared goal to become doctors of the highest quality, they were no less driven by their common vision - to be able to practise those skills as equals in a free society.

The corridors of the University's Faculty of Medicine became a hub of political activity, and the Alan Taylor Residence at Wentworth, the target of many raids by the security police, provided an uneasy setting for the planning of subversive actions against the state. As a result, the Medical School quickly became synonymous with the struggle against apartheid, and in time it became the gauge by which the intensity of that struggle was measured.

Today the school is 50 years old. It has survived despite controversy and political harassment, grossly inequitable state funding and a severe shortage of human resources, space, facilities and equipment to a point where it has emerged proudly into South Africa's fledgling democracy with an international reputation for academic rigour and an unwavering commitment to the community it serves. To recount its history is to report a story of success through adversity.

The first attempt to start a medical school in Durban was made in 1921, when Dr John McCord and Dr Alan Taylor set up a private school to train black doctors. It closed within a year of failing to gain the required approval of the authorities.

Towards the end of 1944, the National Health Service Commission, chaired by a Member of Parliament, Dr H Gluckman, was charged with planning for "the provision of an organised national health service which will ensure adequate medical, dental and hospital services for all sections of the community". The Gluckman Report for the National Health Service Commission concluded that "the balance of the evidence was in favour of Durban (Johannesburg had been a competitor) as the site of a medical school, primarily for non-Europeans but also for those whose object it was to serve non-Europeans".
Embroided in controversy

In 1947, General JC Smuts, the Prime Minister, approved the establishment of a medical school in Durban under the auspices of the University of Natal. Since the school would fill the national need for non-white doctors, it was decided the state would meet capital and running costs. But before this decision could be implemented the Smuts Government was replaced by the first National Party Government under Dr DF Malan in May, 1948, and the school, conceived but not yet born, was destined to become embroiled in political controversy.

In 1960, the Government attempted to move control of the Medical School from the University to the Department of Bantu Affairs. The University Council, backed by staff and students of the school and assisted by the Medical Association of South Africa, succeeded in forcing the Government to abandon the idea. But that was not the end of it and the school was to be faced by other Government attempts to close it. That none was successful is fitting testimony to the resolve and the will to succeed that was the driving force of so many of those associated with the school over the years.

This steely determination to succeed in the face of adversity had other spin-offs for the institution, and besides rapidly building an international reputation for academic excellence it soon became respected as a leader in the field of community-based projects. It initiated programmes in isolated, poverty-stricken areas, which provided important elements needed for basic health care and helped teach rural people good health and sanitation practices. The Medical School determined communityills and needs, gave advice, provided medicines and helped to co-ordinate health services in farflung areas of the region.

Its involvement in the development of health policy on a national level was no less considerable, and the skill and medical expertise of its staff, alumni and students remain key components of the institution's contribution to the direction health policy takes today.

Contribution to Society

Many Medical School graduates have made outstanding contributions in the private, public, government and academic sectors and are regularly featured in the media by virtue of the positions they occupy. The current Minister of Health in KwaZulu-Natal, Dr Zweli...
Mkhize, is a graduate of the Medical School. He qualified in 1983, 14 years after his department's secretary for health and honorary professor, Professor Ronald Green-Thompson, graduated from the same Medical School. Dr Roland Eddie Mhlanga qualified in 1977 and is currently Cluster Manager of Maternal, Child and Women's Health and Nutrition in the National Department of Health.

Other prominent alumni include two former premiers of Kwazulu-Natal in Dr Frank Mdlinose and Dr Ben Ngubane, Dr Ngubane, who is currently the national Minister of Arts, Culture, Science and Technology, graduated with a MBChB in 1971 and a Master of Family Medicine and Primary Health in 1986.

Dr Nkosazana Dlamini-Zuma, currently Minister of Foreign Affairs and formerly national Minister of Health, studied her second to fifth years of medicine at the University before receiving her MBChB from the University of Bristol in 1978. She was awarded an honorary Doctor of Laws degree from the University of Natal in 1996.

Professor Jagidesa "Jack" Moodley, respected as an international authority on hypertensive disorders in pregnancy, obtained his MBChB in 1968 and a Doctorate in Medicine in 1989. He has been head of the department of Obstetrics and Gynaecology at the University since 1996 and director of the MRC Pregnancy Hypertension Research Unit since June 1992. He is deputy dean of the Faculty of Medicine and was acting dean from December 1998 to March 2000.

Professor Virend Somers received an MBChB degree cum laude in 1981 and went on to obtain a Doctor of Philosophy degree in 1987 from Oxford University. He is currently Professor of Medicine at the Mayo Medical School and consultant in the divisions of Hypertension and Cardiology at the Mayo Clinic.

The first black woman surgeon in the country, Dr Veronica Wilson completed her undergraduate studies at the Medical School in 1974. She graduated in 1988 as the first black female surgeon from the College of Medicine of South Africa. She is currently a senior specialist surgeon and lecturer at the Medical School. Her field of interest is trauma, specifically ballistics, bomb blasts and fireworks injuries.

Dr Ayanda Ntshaluba studied at the Medical School for his MBChB from 1977 to 1982. Since October 1998 he has served as director-general of the Department of Health. He is a Fellow of the South African College of Obstetricians and Gynaecologists and received his M.Sc. in Health and Planning from the London School of Economics and Political Science. He participated in the running of Health Services of the African National Congress South Africa exiled community in various southern African countries and served as deputy Director-General of Policy and Planning in the department of Health.

Dr Nermala Dasi is the first black woman neurosurgeon in the country. Dr Dasi completed her postgraduate training in the Medical School's department of Neurosurgery at Wentworth Hospital. Dr Dasi's entry into this super specialist field has brought the number of women neurosurgeons to just three in the country. Dr Dasi is currently a consultant neurosurgeon in the department of Neurosurgery.

Alumnus, Professor Ephraim Mokgokong is the Chancellor of Medunsa and holds the portfolio of director of the Standard Bank of SA. He obtained his MBChB from the Medical School in 1961 and was admitted as a Fellow of the College of Obstetricians and Gynaecologists of the College of Medicine of South Africa in 1967. He was appointed Vice-Chancellor of Medunsa in 1992. During his illustrious academic career he has made a significant contribution to the upliftment of the black community. He serves on a number of boards which include: Sabinet, Adcock Ingram, the South African Blood Transfusion Service and Africa Institute.

Dr Silibusiso Mhlambi is chief superintendent of King Edward VIII Hospital and is responsible for some 4000 employees and a budget of R380 million. He obtained his MBChB from the Medical School in 1983 and held various academic posts at the universities of Pretoria and Stellenbosch. He obtained a masters degree in Family Medicine and Diplomas in Child Health and Forensic Medicine. In 1996 he was awarded the prestigious Harvard Fellowship which enabled him to complete a management development course at Harvard’s Business School.

The Medical School has come a long way in five decades. Now, free of the political baggage that has dogged its existence, it stands at the opening of a new millennium, ready and eager to enhance and expand its commitment to improving the health of South Africa.
A kaleidoscope of images comes tumbling out when one tries to remember life in the early days. As a proud 17-year-old, fresh from my conquest of the matriculation examination, I was filled with wonderful ideas of what a university was all about.

Alighting at the bus stop with my luggage unceremoniously dumped by the conductor, I stood awhile taking in the scene before me. Ahead was the police station. A road with grey cobblestones ran down the hill. In the valley below lay a group of derelict buildings surrounding a huge quadrangle. This I discovered was the Wentworth Campus of the University of Natal and my home for the next seven years.

The police station, the rocky road and the army barracks subsequently proved to be important portents.

Our accommodation consisted of three blocks with dormitories housing three or seven students in each. It wasn’t long before we named them after wars being fought around the world at the time. Each of the rooms in Korea had seven beds with an equivalent number of tables and chairs and single-doored cupboards which housed all our possessions, including our books. With our huge bags squeezed into whatever space was available, it was difficult for more than one person to dress at a time.

The ablution facilities were about 400 metres away and the walkways leading to them unsheltered. There wasn’t a ready supply of hot water and we found ourselves rising earlier and earlier to have a warm shower.

The food was what one would expect at similar institutions, but the problem was the fixed meal times. If you arrived late you would find it cold and half-eaten by the many stray cats that shared the campus with us.

We were not allowed to become members of the all-white Athletics Union and so sporting equipment and facilities were virtually non-existent. A concrete court and the driveway around the quadrangle were the outlets for the tennis enthusiasts and the jogger to burn up excess energy. The day on which table tennis and weight lifting equipment was delivered was significant for us.

Municipal buses were the nearest available transport. They were expensive and only the six rear seats on the upper deck were available to us. Depending on the whim of the conductor this number could be reduced even further. This meant that our travel into the city centre or to entertainment venues was restricted and we were forced to become innovative.

We held our own social functions, which were often impromptu events, but nonetheless most enjoyable. We found any excuse for a get-together and to “import” female company. Some of us even celebrated two or three birthdays in a single year. The ever-intrusive big brothers clad in blue uniforms interrupted even these functions.

The enthusiastic among us arranged for our colleagues to hold classes in ballroom dancing as jive was the only form known to us up until then. The musically minded formed a choir group and what lovely music these talented individuals provided. Then there were the budding actors and actresses who staged plays. The less talented among us helped with the lighting, stage décor, props and so on. These productions were open to the public and attracted huge crowds.

The course itself ran over seven years. During the first two years, basic sciences as well as courses in humanities were taught. Classes in the former were held at the Wentworth Campus during the week. Tuition in English, psychology and sociology was given at the Non-European Section of the University at Sastri College on Friday evenings, Saturdays and Sundays when the high school pupils were away.

There was many an occasion when the psychology class ended late at night and my black colleagues, having broken the curfew, spent the night as guests of the state. Returning from a late show and walking back in a crowd, it was also not uncommon for my friends to break away from me to hide from the ever-lurking Black Maria. Not even the University’s registration card...
OLD SCHOOL

Although this 1953 photograph shows an exclusively white male staff complement, the seeds of the future were already there. Seremini Kallichurnum (top row, far right) rose through the ranks to become the Medical School’s first black, and first woman, Professor and Dean.

...could confer immunity from the curfew regulations. To overcome their boredom, these custodians of the law would also periodically drive down the hill to raid our dormitories.

By the end of 1952 the buildings in Umbilo Road were still not ready for use. Physiology was therefore taught in Wentworth and Anatomy in the incomplete buildings of the new Medical School and the facilities were understandably primitive. The room next to the anatomy dissection hall engulfed by the strong smell of formalin served as locker room, refectory and common room. We shared a paraffin tin and the open fire with the construction workers to boil our water for tea. We were pioneers in the true sense of the word.

The clinical years found us in the wards struggling to check patients within prescribed hours and strictly controlled by the white nursing staff. Clouded by all the regimentation and being forced to become rebels with a cause, a major paradigm shift in the traditional teaching and practice of medicine was met with opposition from us.

The introduction of a fourth major into the curriculum, social, preventive and family medicine was a broadening of the patient-centred medical care to a family-centred approach. Those of us who benefited...
from this innovative process in retrospect
regret the early demise of this department.
Largely as a result of the events in Sharpeville
the quinquennial contract which came up for
renewal in 1960 was not extended by the
Rockefeller Foundation, thus bringing to a pre-
mature end a new and revolutionary approach
that has only recently become fashionable in
the rest of the world.

Twelve of the original class completed the
course in November 1957 and most of the new
graduates opted to serve their internship at the
King Edward VIII Hospital. Residential accom-
modation, dining facilities and even the
change rooms in the theatre were separate.
Even worse was the differential salary scales
that were applicable. My black colleagues who
received the same training and qualification received
the least, coloureds and Indians in between and the
whites the highest. While we argued that there was
absolutely no justification for this, several puérile and
unacceptable reasons were provided.

In the meantime, after protracted negotiations that
lasted over two years, the Medical Graduates
Association was recognised by the University. We had
at last acquired a body that would voice our aspirations
and articulate our concerns. The other main function
was to establish a bursary for the undergraduates and
this proved to be very successful in the early years.

The association also strove vigorously towards
establishing M.Med courses and met with mixed suc-
cess. But its battle to force the authorities to equalise
salaries paid to doctors ended dismally with a few of
the casualties having to leave the service, while others
were accepted back with reduced benefits.

The University did not distinguish itself in this
encounter, with the faculty meekly accepting the deci-
sion of the government. In all this the behaviour of the
then Principal was totally unacceptable. Not only did
he not declare his interest, but within three days of our
meeting with him, he was sharing a platform with the
leader of the National Party at its Free State Congress.
History now records his rapid progress in the party
ranks until his retirement as the country’s Minister of
Finance.

Graduation is an important occasion, not only for
the graduands, but also for those who made it possible,
parents. For those of us who reached this milestone
after enduring an uphill struggle, the event assumed
even greater significance. Despite this, the graduands
chose to boycott the occasion rather than subject our
parents to being seated separately at the back of the
hall, which was the declared policy of the University at
that time. The acting dean of the faculty had no
perception of the action taken by the graduands, for
how else can one explain his question: “Please tell me,
is it your greatest ambition in life to sit next to a white
person?”

The situation has changed over the 50 years,
although in a few areas not for the better. I look back
at the early years of the institution when political
interference and harassment was commonplace. I
remember with pride the single-mindedness and fixity
of purpose that drew us together. Despite our dis-
parate backgrounds and cultures we soon became
united in adversity and developed into a closer knit
community with a brand of camaraderie that I believe
has not been seen at this institution again.
The Middle Years
Professor Taole Mokoena's story

One's memories of the Medical school are full of ambivalence and contradictions. This is the institution that has produced some of the most outstanding clinicians and medical academics out of meager resources. Perhaps the current generation of medical students, and indeed young faculty members, have no working memory of how the Medical School developed. Others will embellish this history but it is germane to recall a few salient facts.

The Medical School was started after persistent petitioning of the then Smuts' United Party government by Dr McCord and Dr Taylor to train young “Zulu men” in western (American) medicine. As things turned out, by the time the school was started Malan's National Party had become the government. There were not enough “eligible” Zulu men and the net of new recruits was cast wider to include other natives. Even these could not make the numbers and other “non-European” groups were admitted to fill up the numbers. Up to that time Fort Hare College was the only tertiary institution that served only “non-Europeans”. Other universities were open to all citizens, but in practice only the University of the Witwatersrand trained “natives”; the University of Cape Town managed to train a few “non-Europeans” but no “natives”.

The Malan government rose to power on an exclusionist ticket aimed primarily at reversing British influence but also aimed at developing racial cultural purity. While the training of “Bantus” in western science was contrary to their designs they were able to countenance it by placing it in a totally separate environment - the central plank of their government policy.

This background puts into perspective the development of the Medical School, which until the early 1970s was referred to as the University of Natal Non-European Section (UNNE), academically catering for medical studies but socially the home of all black students at the University of Natal.

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