

Review

Vanessa Noble (2013) *A School of Struggle: Durban's Medical School and the education of black doctors in South Africa*. Pietermaritzburg: University of KwaZulu-Natal Press

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On a warm summer evening in December 2013 a small group of individuals met at the KZNSA Arts Café in Durban for the launch of the above book. Vanessa, Julie Parle and I spoke on different aspects of this new addition to the literature on the Medical School at the University of KwaZulu-Natal (UKZN). This is an exceedingly well-researched and impressive history of an institution which occupies a central, if not unique, position in the development of medical education in South Africa. Vanessa has consulted widely and deeply through many continents and from multiple sources to produce this richly referenced and documented study. Yet it was saddening to have seen so few of its graduates, most of whom owe their current comfortable socio-economic status to the medical school, attend the book's launch. In some respects this may be one of the messages (a curriculum which did not diminish, let alone extinguish, an unrestrained self-interest above all), and there are many more messages, derived from the unfinished goals of education described in *School of Struggle*.

The book should appeal to all interested in political struggles in general but in health issues in particular, student and staff organisations that opposed apartheid, outstanding historical figures during its establishment, the intractable nature of racial distrust and divisions, the almost unbelievable foresight of its founders in the 1950s on innovative teaching and learning of medicine and provision of health care for the people, and so on through its absorbing story of continuing change and opposition to racism and despotism. There are eight chapters on important aspects of the establishment

and development of the UKZN Medical School, with the themes arranged by the period during which the events occurred. It is up to date, with a note on some of the recent international collaborations and pioneering research on HIV, child health and tuberculosis, which have raised the profile of the university globally. In contrast, current conditions of clinical teaching and staffing at the medical school are perilously close to stumbling and falling, it may be an opportune moment to read this account of the past to become familiar with the route which was taken to have ended at such a paradoxical and unfortunate pass.

There are three fine chapters on the earliest history of medical education and health care for black people in this country. The role of McCords Hospital and Christian missionaries in attempting to supply health training and education to black people is described in sufficient detail to convince me of many favourable, but not necessarily all, features of this historical experience; those interested may wish to read Ann Digby's *Diversity and Division in Medicine* for greater detail. A major point introduced by the author is that no institution can be evaluated without reference to context. This idea of context focusses directly on the main thrust of the book, and which explains the persistent tensions and hostilities within the Medical School from its establishment to the present day. These tensions are primarily due to the social, economic and cultural fissures which exist between African and Indian students. There are revealing quotes on the role of the 'liberal' universities in accommodating students of colour in those early years. A number of very successful and senior black doctors agree on the hypocritical attitudes of Wits and Cape Town. For example, as one observer notes, there was a 'grudging acceptance' by UCT and Wits of the extremely few students of colour they admitted. Moreover Wits argued for 'academic non-segregation and social segregation'. Feelings of resentment appear to have inscribed an indelible scar among some of the graduates from these universities.

There is much absorbing material on some key figures during the post war years in supporting the building of a medical school for black people (Taylor, McCord, Gale and others) and arguing strenuously for the prescient commitment to a National Health Service along the lines of the wartime commission headed by Minister Henry Gluckman, with some similarities to Minister Aaron Motsoaledi's current proposal of universal coverage and national health insurance. An imaginative curriculum during the 1950s included the conventional subjects taught at most medical institutions

(anatomy, physiology, cardiology etc), but went further, with exciting programmes on preventive and promotive health, community health and the impact of social factors on health and disease. This imaginative curriculum made a brief appearance at the University of Natal and then disappeared in the fog of conservative medical opinion. Sidney Kark, who subsequently achieved global prominence on the strength of this innovative approach, was the central figure in promoting the new curriculum.

There are a number of struggles against apartheid which the author draws to our attention, and I will not dwell on these as they parallel many of the attacks by the government of the day against all types of progressive education, also medical education, and the reactions of people's organisations to these. To entrench racial discrimination in universities, the Nats (National Party government) introduced the Separate University Education Bill, which was vigorously opposed by university staff, students, academics and the public. The threat of mass staff resignations compelled the state to withdraw the restrictions for the medical school though limitations on admission of black students to other university courses remained for some time. One gains insight into the difficulties faced by black students coming into the unfamiliar environments of the medical school and the Alan Taylor Residence, through deeply felt personal accounts by well-known public figures. The social dislocation at ATR was quite hard to deal with.

The deficiencies of our public hospitals are well known but the multiple barriers to learning clinical medicine are worth noting as they have been less well appreciated. The 1950s to the 1980s were years of battle against apartheid and the structuring of resistance by students and staff. The 1950s-1960s were years of heightened mainstream political struggles which had their counterpart in the Medical School. This early apartheid period was characterised by student frustrations with the composition and programmes of the SRC, resulting in the establishment of black student organisations, the rise of Black Consciousness and the influence of Steve Biko. Later resistance by most affected students to the despotic Inkatha decision to compel African students receiving Kwa Zulu bursary loan schemes to take a pledge of allegiance to Chief Mangosuthu Buthelezi and to Inkatha, reaction to the death of four students killed and scores injured by Inkatha supporters on the campus of the University of Zululand; and concerns over gender discrimination even in student organisations marked school history.

The later apartheid years saw student activism coincide with the increasing political mobilisation by the trade unions, the United Democratic Front, as

well as the Black Consciousness groups. There was an increasing tempo of popular student actions including boycotts and mass marches. SASO, the Black Consciousness grouping embarked on community programmes to gain mass support. The medical staff organised themselves into anti-apartheid health organisations: National Medical and Dental Organisation and the Progressive Primary Health Care initiative, which undertook a range of health-related actions reacting to growing apartheid violence (eg rehabilitation of detainees). The litany of arrests of students, solitary confinement and torture by the Security Branch, and deaths in detention, amounted to a huge escalation in the oppressive machinery of the apartheid regime. The unyielding resistance by students, and the organised and mobilised public, finally led to the 1994 Codesa accord.

The continuing divide between African and Indian student involvement in political struggles and perceived discrimination against African students and staff by Indians was another feature. There were two signal events which exacerbated Indian-African tensions. Complaints in an MSRC report of discrimination by Indian consultants against Africans led to a fruitless search through disciplinary processes for convincing evidence. The flimsy reasons given for the pursuit of the disciplinary process and the subsequent failure to detect any substantial evidence disheartened senior Indian colleagues. At the fiftieth anniversary of the founding of the medical school, in the presence of President Mandela and other senior political figures, an ophthalmologist from private practice in an upmarket suburb of Johannesburg, seriously alleged that Africans were being denied access to training for specialisation by their Indian seniors. Again no convincing evidence was presented to substantiate these claims so the net result was a further widening of the gap and the planting of seeds of suspicion between the two groups.

The positive and negative roles of the medical staff and some of the recent and ongoing efforts which led to pioneering research have not been given the importance they deserve. Today it is well known that a few key papers on HIV from the medical school have had an international impact. The mentoring of younger colleagues by senior white staff, critical for their development, is possibly a subject for another publication. The racism which also existed among some of these staff is briefly mentioned in the book. In my own case, the post-graduate clinical training and guidance in research I received in pediatrics prepared me for a lifetime of progress and discovery through all aspects of medicine.

This account of the development of one medical school in South Africa tells the history of the rocky road to establishing a fine medical institution in Durban for those who were not white, brings out the contribution of brilliant and courageous individuals who designed highly imaginative medical education programmes after the second World War, the crumbling of these pioneering programmes, internecine divisions among the students, the damning role of the ‘junior partners of the racist state (eg Inkatha)’, the subsequent apartheid brutality, and possibly offers a new dimension to tomorrow for a revitalised medical school, re-engineered through the same enthusiasm and forward thinking which carried the university through some of the most destructively racist policies of any government anywhere ever designed.