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Abstract

This paper, divided into two parts – which will eventually form two separate, shorter chapters in a book manuscript I am working on – is an attempt to revise into a more accessible form one long, academically-toned chapter for a more popular audience. With a central focus on the University of Natal's medical school, which was a leading training institution for aspirant African, Indian and Coloured doctors during the apartheid period, this manuscript aims to flesh out the complex history of black medical education, professionalisation and student politics in South Africa from roughly the 1940s to 1990s. This paper moves away from the institutional perspective of earlier chapters to explore some of the difficulties black students had to overcome to study medicine in Durban. In addition to an analysis of the personal and educational backgrounds of students that assisted and hindered their progress to medical school, Part I of this paper entitled "You are crying for the moon!" will consider what motivated students to study medicine. However, for the few who made it to Durban, many further hardships awaited them in pursuit of their medical careers. Part II entitled "One's memories of medical school are full of ambivalence and contradictions" builds on from Part I by discussing some of the social and educational struggles of students once they gained admission to this medical school. The medical school's anomalous set-up as a black faculty within the white University of Natal forced its students to suffer many hurtful and humiliating racial inequalities during the apartheid period.

Part I: "You are crying for the moon!": The Difficult Journey to Medical School

Veronica Wilson, an early 1970s graduate of the Durban medical school and one of a handful of women trauma surgeons working at this school's King Edward VIII teaching hospital, recalled in a 2003 interview the great anguish she experienced during her final high school year as she contemplated her uncertain future. Having done well at school academically, she hoped to become a doctor but financial difficulties were a serious obstacle to her aspirations:

> As a young girl it was actually very difficult because my mom was a domestic [worker] and you know I actually came from a very poor background. … So it was actually very difficult for my mum to make ends meet … And then I actually finished matric and … I got, you know, good results … But then my mum had said to me … 'You're crying for the moon' when I said I wanted to become a doctor. [1]

Moving away from a focus on the medical school's institutional history, this chapter considers some of the background experiences of black students who came to study medicine in Durban. It will start by tracing a variety of factors that influenced their educational progress. It will also analyse what motivated them to study medicine as a career. During the apartheid era, medicine was viewed as a prestigious and highly paid profession that offered students and their families the possibility of a more secure financial future and the ability to help their communities. For many students, however, the journey was not an easy one. Racial inequalities, financial obstacles and gender discrimination made advancement through high school an extremely difficult and unlikely possibility for most black students. Only a tiny and determined few successfully struggled to reach the tertiary level with high enough matriculation passes to gain admission into the University of Natal's medical school.

During the apartheid years, students applying for admission to Durban's medical faculty came from a variety of family backgrounds. The majority who gained acceptance came mostly from African and Indian families, with a small number coming from racially-mixed, Coloured families.[2] African applicants came from across the whole of South Africa, while Indian students applied mainly from Natal, the province where the majority of South Africans of Indian descent lived.[3] Coloured students applied mostly from the cities of Johannesburg, Durban and Cape Town, though their numbers always remained low, rarely exceeding six students per year. Until more restrictive apartheid university legislation was imposed by the state in 1959, a handful of African students also applied and were accepted from neighbouring countries, such as Southern Rhodesia (Zimbabwe) and Basutoland (Lesotho). However, these students were only accepted when there were insufficient numbers of qualified local African applicants available to make up the selection committee's admissions quota of 50% African students per year.[4]

The socio-economic family backgrounds of many students were also similar. Two studies conducted of students studying in Durban during the 1950s through to the early 1970s found that the majority surveyed came from urban home backgrounds, and that there was a greater urban bias in trends as the years continued.[5] Moreover, these studies highlighted how most students surveyed had parents, usually fathers, with an above average education, thus showing a pattern of selective recruitment from amongst higher-educated families.[6] Obtaining a high school education was a significant achievement in a racially-oppressive context where most black South Africans attending school only completed the primary school levels. Attainment of a higher education level also meant that a significant number of these students' parents had higher paying and skilled jobs, often as teachers, clerks, ministers, nurses or in business.[7] It was even found that many siblings of medical students tended to be white-collar workers, further highlighting how families of these students were "not drawn from a complete cross-section of the African or Indian population". Being born to educated parents was important as it enhanced a person's life chances, "rais[ing] them above the general level of the[ir] … communit[ies]" and permitted "qualitative differences in their style of life", including improved educational opportunities, which many medical students encapsulated.[8]

What's more, many African and Coloured students who came to study medicine in Durban had parents who belonged to recognised Christian denominations;[9] or had come, especially in its earlier decades before the apartheid state closed down or took over these schools, from missionary-administered high schools.[10] For example, S.B. Pitsoe, an early 1960s graduate of the school and Obstetrics and Gynaecology specialist, came to the medical school from St. Peter's Anglican high school in Rosettenville in Johannesburg, while Veronica Wilson had come from Little Flowers, a Catholic boarding school for Coloured girls in Ixopo, Natal.[11] These mission schools, in addition to providing a higher quality of academic education and thus opportunity to aspire towards a higher-earning professional career, also instilled in many of its students Christian religious principles and Western values, which their parents espoused as a way to improve their families' lives in South Africa's discriminatory socio-economic hierarchy. This provided an important basis for further class differentiation amongst different black families.[12] Although the majority of Indian students had parents who were not Christians, professing instead to be practicing Hindus or Muslims, it was also found in a 1969 study of registered Durban medical students that selective socio-economic basis affected Indian students too, as most surveyed were found to have come from English or Gujerati-speaking families. In addition, it was found that:

> [B]earing in mind the language distribution of Indians in South Africa, this quite clearly shows a definite economic selection from the wealthier Indians. Working-class Indians such as Tamil, Telegu and Urdu-speaking, are notably absent from the ranks of the Indian medical students, despite the fact that they form a large proportion of the Indian population of the country.[13]

However, while a significant number of medical students' parents might have achieved a higher education level or been employed in higher-paying skilled jobs, as black South Africans living and working under apartheid conditions, most would have been racially-discriminated against, and paid lower wages than their white contemporaries with the same education or doing the same jobs. As a result, it would have been difficult for most families to afford to send their children to university, let alone medical school, which required such a long and thus expensive training period. Many African families, for example, could not even afford to pay the cost of a train ticket to send their children to medical school, not to mention covering the University of Natal's tuition and accommodation fees for a seven year training programme. The difficulties experienced by many students, was recorded in the autobiography – *Across Boundaries* – by the esteemed academic, businesswoman, writer and medical doctor, Mamphela Ramphele[14]:

> The level of material deprivation which I had to endure in the late 1960s and 1970s seems unbelievable even to me looking back. Train fare for a second-class return ticket was simply beyond the means of my family income at the time. My mother, the only breadwinner, was earning R86 per month as a teacher. I had to appeal to [my aunt] to lend me R55, which enabled me to buy a ticket from Johannesburg to Durban, shop for some provisions, and gave a bit of pocket money over to see me to the medical school doors.[15]

The situation would have been worse for those students whose parents were uneducated or employed in the lowest paying, unskilled forms of work, such as domestic workers, manual labourers, drivers and night watchmen. Reinforcing the comment made by Veronica Wilson in the opening section, another African medical graduate informed me, reflecting on the financial difficulties he remembered some of his colleagues experiencing: "The pressures … come [sic] from … financial concerns. … And where do you get the resources? … You depend on a parent who's a domestic worker or a poorly paid [labourer]… supporting a family … [and] you have to buy books [and pay your tuition] and all these other things".[16]

In addition, most of the students who applied for admission to this school from 1950 onwards were products of the townships or rural reserves. Although many came from families with higher education achievements and thus socio-economic backgrounds, this would not have protected them from the harsh, discriminatory laws implemented by the apartheid state.[17] They would have been forced to live side-by-side with their poorer and less-educated or uneducated neighbours in state-approved "non-European" areas, which were often located at a distance from "white" urban areas, were overcrowded and poorly serviced.[18] Their racial classification, not their class status, determined their subordinate positions in wider South African society. The negative effects of grand and petty apartheid laws that were introduced systematically from 1948 onwards were particularly severe on African families who were placed at the bottom of the country's racial hierarchy and suffered, arguably, some of the worst forms of discrimination. Jerry Coovadia, who completed his post-graduate training in Paediatrics at the medical school in the late 1960s and lectured at this same institution from the 1970s onwards,[19] remembered with exasperation the degree of hardships some of his African students experienced: "… you take a

black [African] kid who grows up in the township, who doesn't have lights, doesn't have enough food. There can't be equity you know. How can he expect to perform when he goes to school?"[20]

Furthermore, as the apartheid years continued, greater numbers of students applied to the Durban medical school not from high-quality missionary high schools, but from inferior, segregated and government-funded Bantu Education schools. Designed with the twin aims of bolstering racial job reservation legislation that protected the skilled occupations of whites, and training black populations with just enough basic education to ensure their subordinate status as manual and semi-skilled workers, the Bantu Education system that came into operation in African schools in 1955, and in Coloured and Indian schools in 1964 and 1965 respectively, negatively affected black children's educational advancement.[21] These schools were either newly built or were ex-missionary schools which had been taken over by the state. The state targeted missionary schools for take over or closure to undermine what it viewed as too liberal and "bookish" an education taught, which was considered inappropriate to the subservient roles blacks were viewed as destined to occupy in the country.[22]

Discriminatory education conditions made it difficult for most black pupils to succeed at school. The education provided for black primary and high school children by the state from the mid-1950s onwards was racially-separate and unequal compared to whites, with African schools once again being the worst affected due to the lowest amount of financial support.[23] African schools particularly, were notorious for being poorly constructed and overcrowded, and run by too few, poorly qualified and paid teachers.[24] They also lacked equipment, such as furniture, books and laboratory equipment. In addition, only a small number of black secondary schools in the whole of South Africa included the teaching of Mathematics and Science subjects required for admission to medical school.[25] One African doctor described with frustration how she had to move schools during her high school years in the early 1970s, which meant leaving her friends and her family and studying in another province, just so that she could study Mathematics to gain entry into medical school:

> [F]or you to be able to … go into these careers like Medicine or Engineering, you had to do Maths, but there was no Maths in Mpumalanga at that time. So I had to come to … Natal to do a bridging class called Pre-Form 4 so that I could do Maths … [in] Form 4 and Form 5 [which were the Grade 11 and] … Matric classes. … [Once] I got my skills backed up, only then I could choose to do Medicine.[26]

Under the apartheid education system, African schools were also organised, as far as possible "on a fragmented … 'tribal' basis … [and] were 'Bantu-ised' in personnel", to fit into the separate development or "Bantustan" homeland policies being pursued by the state.[27] Promotion of the use of vernacular languages as the medium of instruction, at least up until Grade 8, and then switching over to English (the language of university instruction), made English a second or even third language for secondary school pupils, making it an uphill battle for students to pass.[28]

While the government claimed that its Bantu Education system was a positive step that increased the number of educational facilities available for black children, the expansion of schooling was concentrated on the lower primary school level and produced a high drop-out rate between primary and secondary school.[29] Very few pupils reached Grade 12, the matriculation level. The statistics speak for themselves. For example, by 1969, whereas most white children would complete primary school and about a quarter would go on to complete secondary school,

70% of African children would leave after four or less years of schooling. Only about 4% of African children reached secondary school, and only 0.1% completed the five years to successfully matriculate.[30] Fewer black school leavers passed with high enough marks for a matriculation exemption certificate to enable them to enter university, while even less achieved passes in Mathematics and Science to enter medical school.[31] These educational discriminations made advancement for most black students to the tertiary level an extremely difficult and unlikely possibility; and a great accomplishment achieved by only a tiny and determined few.

Finally, in addition to one's subordinate place in the racial and class hierarchy of apartheid South Africa, one's gender also influenced a student's journey to medical school. Gender stereotyping remained "deeply entrenched" so that many girl children were expected to grow up to become homemakers, with their primary goals to become wives and mothers.[32] Societal condemnation was often an outcome if girls tried to buck the established trends, as an early Indian woman applicant to the Durban medical school recalled with anger:

> [M]y family was ostracised because I was attending high school … [and then when I applied to medical school] because girls, and particularly Muslim girls, didn't go to high school. They stopped after Standard 4 or 5 [Grade 6 or 7]. This is why my [older] sister was stopped from going to school and became a homemaker.[33]

This was the attitude shared by many Indian families, especially in the 1950s and 1960s. Another Indian doctor who trained in the 1960s, told me that members of her family expressed their disapproval, using the following statements to try to dissuade her: that "medicine wasn't a good profession for a woman to go into"; that women should "just stay at home"; or that women should not waste their time pursuing medicine as a career "because it was very difficult for a woman to do".[34] Although family attitudes about the education of young Indian girls would slowly change over time, when broader socio-economic changes like industrialisation and urbanisation processes would help loosen educational and work constraints on women, during the earlier apartheid years, young Indian girls were not expected to remain at school beyond primary school level. With the onset of puberty, it was felt that they should be cloistered in their family homes until marriage.[35]

Many of these patriarchal ideas were shared within African communities too, as Nkosazana Dlamini Zuma, a qualified medical doctor who studied in Durban but was forced to complete her degree in exile in Britain in the late 1970s because of her anti-apartheid political activities, remembered.[36] Recalling with clarity her days growing up in rural Zululand in the late 1960s and early 1970s, she argued that many male members of her community actively tried to dissuade her father from allowing her to attend medical school in Durban. They argued that she would "get married sooner [rather] than later" and then leave the medical profession, wasting what skills she had acquired.[37] However, it was not only African men who were discouraging of women's educational progress. Women also tried to dampen the educational aspirations of fellow women, as Mamphela Ramphele reminisced about a neighbour in 1968:

> Mrs. Jwili … had misgivings about my intention of being in the same class as her son. … She mercilessly set out to whittle away any remnant of self-confidence I had. How would I, a female and lacking as well the head start of a degree which [her son] … possessed, hope to make my way at medical school? Another vote of no confidence.[38]

In addition to negative societal perspectives, educational disadvantages worked to restrict the number of girls who advanced to and then through secondary school. Black families were more likely to devote limited financial resources to educate their sons, as sons, not daughters were viewed as the future breadwinners of families who should focus on their careers.[39] Girl children were given greater domestic responsibilities in the home that distracted them from their studies. Moreover, for the tiny number of girls who actually reached the secondary school level, and in the few Bantu Education schools where Maths and Science subjects were even offered, teachers also worked to channel girls into what were considered more suitable "feminine" subjects to prepare them for lives as housewives, or in supportive and caring careers like nursing or teaching.[40] Reflecting on his matriculation class of 1968, Maila Matjila, who qualified in 1976 and specialised in Community and Public Health, emphasised that:

> T]here were few girls who … did Science subjects. They were encouraged to do other subjects … [like] Domestic Science … In my … matric class, there were only two girls out of a class of 48, only two girls who did Maths. … In African communities … higher education for girls was not encouraged. Very few of them went [far and those who did] … went more into the nursing area … [or] into teaching; 'soft' jobs like those and not into the hard sciences.[41]

Gender discriminations worked as a real obstacle to black women's entry into the medical field. Although women were not prevented from applying to South African medical schools on the basis of their gender, as their international counterparts had been, accumulative social and educational disadvantages worked to restrict the number of women who were sufficiently qualified to apply.[42] Although black men and women might have experienced similar restrictions and oppression because of their subordinate racial and class classifications, further gender inequalities and discriminations made black women's efforts to succeed to even harder.[43] However, for the few students who successfully reached the tertiary level with the necessary passes to enter medical school, most black families would not have been able to afford the costs the long training would have entailed.

Financial Obstacles

For a large number of African students born in South Africa, their dreams of becoming doctors would not have been realised without the assistance of the government's bursary-loan scheme. Recognising African families' financial limitations and the need to train more African doctors in the country to address the desperate shortage, when the medical school opened in Durban, the state made fifteen bursary-loans available for eligible African students in each of the seven years of study to cover their academic and residence fees. During the 1950s, the bursary-loans given to students amounted to £150 per annum for the first two years and £200 per annum for each of the subsequent five years, resulting in a total of £1,300 at the end of seven years for the average student.[44] However, while these grants – half of which was an outright bursary and half of which was a loan – assisted students to pay for their medical studies, they indebted them to the government. Students granted this funding had to agree to confine their work after graduating to "non-European" patients exclusively, and to practice only in areas approved by the state where they would be "in the service of the Government for a period … of at least one year for every 200 pounds allocated to the candidate".[45] Graduates who refused to enter government service were required to repay the entire amount once they completed their internship year, and with an additional 4% interest.

The conditions attached to these bursary-loans formed an integral part of the apartheid state's separate development plans. They worked to channel the economic advancement and social mobility aspirations of African professionals into state-sanctioned "non-European" Group Areas and the Bantustans.[46] One medical school graduate aptly summarised the contentious political strings which came attached to accepting a state bursary-loan:

> [W]e were given bursaries that were government-sponsored, but they were government-sponsored in the sense that they served the policies of apartheid. So basically when you finished the government should decide where you must go and practice and they normally decided to send you where they thought you belonged ethnically. So as much as it helped you as a student, it helped you with a purpose that was directed towards the policy of the government.[47]

Despite being aware of these conditions, however, many African students did not have another choice if they wanted to advance their careers, and were forced to accept the state's bursary-loan stipulations. For example, in his study of students registered at this medical school in 1969, H.L. Watts found that "95% of our sample of Africans received this State Loan Bursary, while two-fifths of them relied on it entirely".[48]

For students who did not qualify or who were not eligible to receive state bursary-loans, the financial path was even less secure.[49] Some students managed to secure private scholarships, which assisted them to pay for their studies.[50] For example, Veronica Wilson's financial worries were alleviated by an unexpected benefactor who came her way towards the end of her matriculation year:

> [W]e were in OK Bazaars in Vereeniging … and one of the ladies that I met was a nurse and she told me about this Muslim man … [who] sponsored needy students. So my mother and I … [found him in] a very dark little shop … And then he asked me for my symbols and I gave him my symbols. And you know it was amazing. He said 'the first thing that we need to do is to send the university a telegram and tell them you're coming'. So we got into his rickety van and we went to town, sent a telegram. … And that's how I actually ended up [at medical school]. … [T]his gentleman helped me first year and then second year, then occasionally [thereafter].[51]

Others sought the help of their families. "Serious financial worries" burdened many of these students as they often did not know where exactly the money would come from to cover their annual expenses.[52] B.T. Naidoo, a qualified Paediatrician, who was one of the first cohort of students trained in Durban in the 1950s and did not receive a state bursary-loan, conveyed his personal difficulties: "I lost my father in my second year of study, and then my mother had an uphill task to get me through … Then I got a couple of scholarships. But those days the scholarships weren't huge … but somehow we made it".[53] Over the years, parents sacrificed much to give at least one of their children the chance to become professionals. Bank loans that had to be repaid were sometimes taken out by family members to help students meet their costs.[54] Some parents worked longer hours or worked extra jobs to help pay for their children's studies. These parents hoped that their children would do better career-wise then they themselves had done, and their efforts would help secure a higher standard of living for their children and their families. Employed older siblings also helped subsidise the costs of their younger siblings.[55] One graduate remembered relying on regular "pocket money" that was given to him from his older brothers who helped pay for his many sundry costs, such as transport, clothes, toiletries and stationery, which his state bursary-loan did not cover.[56]

Some students also worked over weekends and during holiday periods to help pay for their studies, as one highlighted in an interview in 2003: "I always actually worked during the holidays, summer holidays to actually supplement, in terms of buying clothes for myself and whatever small things I needed".[57] Some students even worked for months, if not years, in either white collar or manual labour jobs to earn sufficient money to pay for their studies, before applying to medical school. This was the experience of Maila Matjila: "I worked … in the Rosslyn industrial area next to Pretoria where I was doing menial [factory] jobs. But I was prepared to do that because I was determined that I wanted to come here [to Durban]. … I had spent a year outside [working] after matric."[58] Tellingly, Watts found in his sociological study that only two-thirds of the Africans surveyed, in contrast to four-fifths of Indians, went from school straight to medical school. The average age of entering medical school amongst the 1957 to 1970 black respondents surveyed was 23 years for Africans and 20 years for Indians. Watts argued that his African respondents' older age "partly reflects some who worked before entering medical school, but also reflects the older age of African matriculants, at least in part due to their culturally-deprived home environment".[59] These figures also reflect a number of students who had attended another university, where they had taken courses or completed whole degrees, prior to being accepted at the medical school.[60]

"Literally the brightest children did medicine": Student Motivations

Despite the many difficulties that black students endured to reach the tertiary education level, for the small number who did, there were a number of factors that motivated them to study medicine as a career. Many students who applied to Durban medical faculty had been high achievers at school. Malegapuru Makgoba, who trained in Durban between 1970 and 1976, later going on to specialise as a molecular immunologist at the University of Oxford, asserted this point strongly in his autobiography.[61] Referring specifically to the excellent grades one of his colleagues at medical school was renowned for, he wrote the following about his high school experience:

> … [T]he teachers were inspired and determined to make an African success out of the students [at Hwiti High School]. … [They] were desperate to obtain first class passes that could compare Hwiti with Setotolwane (Dr. Ramphele's school) … In fact Mamphela had set such high standards in the district [of Pietersburg], that she was the reference point for all aspiring bright students.[62]

Jerry Coovadia felt that often, it was "literally the brightest children [who] did medicine," while Maila J. Matjila told me that his matriculation "results were among the top … in the country in both Maths and Science," which inspired him to study medicine.[63] Some high performers also remembered that specific teachers were significant persons who encouraged them "in terms of medicine as a kind of career choice".[64] Since there were far fewer professional career choices open to state-designated "non-Europeans" in the restrictive apartheid era than there are today, medicine was one of the limited choices available, as another African graduate informed me: "Basically, it sort of felt like a given thing in that if one did well at school … you had A-grades in Maths and [Science], then everyone would say you must go to Wentworth … because it was either become a doctor or a lawyer or a teacher or a nurse…"[65]

Studying medicine had significant social status implications. Medicine, as one of the most difficult professions to gain entry into, was regarded within black communities as

prestigious, while the few black medical practitioners who actually succeeded were highly respected.[66] The idea that doctors became powerful individuals with the training and intellect to make life and death decisions for their patients was key, and even moved them to the peak of their communities.[67] For example, doctors were accorded preferential treatment, and even given places at the most important tables at community functions, like weddings or meetings, with other highly respected community leaders. Bongiwe Bolani, a nurse who trained at King Edward VIII Hospital during the 1950s and later became Matron of McCord Hospital in the 1980s, remembered with clarity how Africans tended to regard medical students and doctors: "People were proud of them. They were watched very keenly by the communities … People took an interest in their personal lives. [They] … became celebrities and I believe young people who saw them wanted to be like them".[68]

A medical education also had significant financial implications as it fostered the opportunity to escape the common impoverished fate of most black South Africans. Although salaries paid to black doctors in public service were lower than those paid to whites, they were higher than the salaries earned by most black workers at the time.[69] Furthermore, those entering private practice could earn a good living through patient fees, depending on their location and the availability of doctors. This higher earning potential was attractive in a discriminatory context where the few class and social privileges that accompanied this rare professional achievement helped soften the harsh consequences of racial inequalities under apartheid. Max Price, a Community Health doctor, who studied with a handful of black students at Wits medical school during the late 1970s, noted the following:

> I think that many black students went into medicine … to escape poverty or because they saw it as an opportunity to escape maybe their living environment … And for most students with growing up in townships, the only big houses they would ever have seen in the townships were the ones belonging to doctors. So they would have identified that as a way out. … And part of the evidence for that is that most of them went straight into private practice after qualifying.[70]

Bloke Modisane, an African journalist and writer who grew up in Sophiatown (a township just outside Johannesburg), remembered how the "bold and majestic" house of Dr. A.B. Xuma, one of the first African doctors to practice in this area from the late 1920s, who then went on to become President of the ANC in the 1940s, had been a role model for him. Although he did not become a doctor himself, as a child growing up, he had aspired to become a doctor, which he described in his autobiography:

> Dr. William Modisane, I love the sound of the title, the respectability and security it would have given our family and eased the handicap of being black in South Africa. Money and social position would have compensated for this, maybe even bought us acceptance; I was not particularly concerned with the groans of suffering humanity, was not dedicated to wiping out malnutrition, malaria, or dysentery, I had no pretensions to such a morality, I wanted solely, desperately … only to pull my family up from the mud level of black poverty.[71]

For many graduates, improving their social position as well as the financial security of their families were essential motivators. K.P. Naidoo, a student at the time, who had returned to complete his studies after he had dropped out of medical school in the 1980s, asserted in a 2004 interview that "students … gave everything they had to come to medical school" to help his family once he graduated and to gain more respect as a professional within apartheid South Africa:

> In your family, in your village, wherever you come from, everybody is so poor, you are now one of the masses, thousands, and there's nothing for you. There's only some hope in UNB [University of Natal Black Section][72] and there's a hundred seats there. You must all try and get in … [as] you always have some better life as a professional. So all these people were clamouring for these pos[tions] to come in here. [And] they know they can go back and … share their wealth with their families, make it a better life for them.[73]

Although financial rewards and prestige certainly influenced many students' decisions to enter medicine as a career, others were inspired by altruistic motives. As black South Africans born and brought-up in the harsh apartheid conditions of the townships or rural reserves, for many the desire to serve their communities and help alleviate the suffering of those around them, was strong.[74] While some were inspired by the specific and deep sadness caused by the loss of loved ones who had died prematurely from various illnesses,[75] others were motivated by their broader concern with the lack of adequate health care services in their own communities.[76] For Breminand Maharaj, who completed his undergraduate degree in Durban in 1977, then worked his way up to become Professor and Principal Specialist in the Department of Clinical and Experimental Pharmacology, studying and then practicing medicine gave him "the greatest opportunities to influence people's lives … [and] to look after people. I've always wanted to look after people and I don't think you can get closer to a human being than as a doctor".[77]

While not wanting to undermine the earnestness of these altruistic motives, one should consider the complexities surrounding this motivation.[78] Anne Digby paints a complicated picture in her article on "Early Black Doctors in South Africa," where she highlights two deep tensions in black doctors' motives.[79] The first entailed the inherent tension these professionals faced between selflessly serving the health needs of their own people versus pursuing profitable, private practice careers. She found that "given the financial problems of these pioneers, and the pecuniary hardship caused to their families, it was predictable to find that profit as well as service figured largely in … [their] careers". Secondly, we need to appreciate the "multiple ambiguities involved in African professionalism," including the "regulatory constraints" that the state placed upon black medical careers. Although many black doctors might have argued that they had entered medicine to help serve the health needs of their own "racial" communities, this should be considered in the light of strong apartheid structural constraints that limited where they could practice, ultimately restricting their autonomy. Digby argues that working in impoverished black communities was more a career necessity regulated by a racially-segregatory and unequal health care system, than a strictly individual choice.

Having supportive family members was also an essential form of encouragement. Some students had family members who had trained and worked as doctors, which inspired them to study medicine. This was the case with Y.K. Seedat, a Professor and Head of Medicine at the University of Natal from 1978 to 1994, who came from a long line of early black doctors who worked in South Africa.[80] Others had parents who were not doctors, but wanted the best for their children and support their choices. Having a parent with unconventional views was essential too, as one woman doctor described:

> I was fortunate because my father had a very different view. He just said, "All children are equal" and if there was anything to be discussed in the house we all took part. … He got trained as a teacher … He wasn't very traditional though we lived in a rural area … My father's attitude was that he doesn't want to choose who he educates, but if he had to choose it would be the girls

> because in his experience the girls tend to be the ones who suffer most because they tend to remain in marriages because of financial dependence.[81]

Mamphela Ramphele reiterated a similar point in her autobiography. In *Across Boundaries*, she discusses how both her maternal and paternal grandparents took enormous risks by parting with their "traditional" lifestyles to become Christian evangelists within the Dutch Reformed Church. Her parents had also deviated from their generational counterparts by studying in mission schools to become primary school teachers, which provided them with more open opinions about what their children could achieve.[82]

Finally, possessing determination and a firm conviction in their individual abilities could do much to persuade hesitant parents to support their children's unconventional career choices. This point was highlighted by Fatima Mayet, an Internal Medicine specialist who went on to become Head of the Department of Medicine at R.K. Khan Hospital when it was opened in the early 1970s: "…we were four sisters and a brother. … My brother was a teacher, the oldest was a sister, she had to go into the house, and do house duties. My parents realised that I was determined to go on, so I was allowed to matriculate and go ahead".[83] Having a strong, independent and even defiant personality in a male-dominated society and profession was helpful too, as May Mashego, who attended the medical school between 1976 and 1982, becoming a general practitioner after qualifying, remembered of Nkosazana Dlamini Zuma, one of her female role models:

> [She was] a person who had already proven herself … For you as a woman to ultimately get into medicine, you've done so well that you've left the fold of women. … [S]o you're regarded as quite an exceptional woman … [They] would be so outspoken … were strong women. … [and were] much more vociferous. … [T]hey were the type of women who were not easily intimidated.[84]

Being your own boss in private practice, the greater freedom this brought for black South Africans in apartheid South Africa, and the challenging and stimulating nature of medical work, also did much to motivate many students to study medicine as a career.[85] As Mamphela Ramphele argued strongly in her autobiography:

> The little I had heard about doctors suggested that medicine could offer me the greatest professional freedom and satisfaction. It was not the desire to serve which influenced my career choice, but the passion for freedom to be my own mistress in a society in which being black and a woman defined the boundaries within which one could legitimately operate.[86]

"If you're going to do medicine, this is the address".

Most of the students who applied to study medicine in Durban during the apartheid era, had no other choice. It was increasingly difficult to gain admission to UCT and Wits medical schools during the 1950s, but especially after 1959, when the government passed the Extension of University Education Act. A good example of this is Fatima Mayet, who was born in Natal. Despite receiving a six-monthly renewable permit to complete a Bachelor of Arts degree at Wits in Johannesburg in the late 1940s, her inter-provincial government permit was revoked in 1951 when she wanted to start studying for a medical degree. Like many other black students, she was forced to apply to the University of Natal in 1951:

> I was told by the government that there is a … medical school in my own province, and they refused to give me a permit. … [O]nce the medical school opened I had no choice but to come here. … I got exempted from the preliminary year. … So I went into first year medicine … in '52. … [But] I was very reluctant to come to this medical school because the perception was that it's going to be a "tribal" medical school and we would be sort of second grade, with our qualifications not gaining any recognition.[87]

Although anxieties about the school's academic standards would decrease as the years went on and the school proved itself academically, for early generations, the issue of what quality of education would be provided in this apartheid-created institution was a major concern. Consequently, while application in Durban was not a first choice for some students, it did provide an opportunity for many students who originated from Natal, who might not have been able to afford to travel elsewhere to study medicine.[88]

However, while small numbers of Indian and Coloured students did manage to obtain Ministerial permission to study at Wits and UCT after 1959, for African students, the situation was worse. The passage of the Extension of University Education Act eliminated the possibility of studying at Wits. As a result, apartheid laws determined were African students were allowed to study, and after 1959 until the late 1970s, when the Medical University of Southern Africa (MEDUNSA) was opened and Wits once again accepted token numbers of African students, the Durban medical school was the only one that was available for Africans, as one graduate emphasised: "… it was not a matter of choice … I mean it was *the only* medical school that was open where blacks [Africans] could be admitted".[89] May Mashego concurred:

> If you chose to do medicine, at that time the only medical school was in … Natal. … And everybody knew that. So if you go and do medicine, your teachers would give you, "this is the address". So you write and apply. That was the only medical school for blacks … so there was nothing like you had to go and think. There was no thinking. If you're going to do medicine, *this is the address.*[90]

This Durban medical school was, however, not the most accessible geographically for many African students, nor was it financially viable for others. The great geographical distances that potential students had to travel from their home province to Natal, was a serious deterrent for many financially-strapped families.[91] One African graduate found himself in just such a situation, but managed to overcome his difficulties by receiving bursaries to cover his expenses. He summarised this problematic situation for many potential medical students: "So medicine … you could only do it at the medical school in Natal. I couldn't go to Wits although it was nearer my home, only about 200 kilometres and I had to come 850 kilometres as an 18 year old to come and study medicine".[92] The only other alternative was to make the ultra-long journey overseas to study medicine in the USA, the UK, India or the Soviet Union where the high costs and long-distance separation from their families were serious deterrents for most.

Many racial, financial and gendered difficulties influenced the journeys of black students through primary and secondary school. The ability to reach the tertiary level was a rare accomplishment few achieved, while from this group, only a tiny and determined minority made it into medical school. Numerous factors motivated different students to study medicine, which was considered an esteemed profession offering them social status and financial hope in a discriminatory apartheid context. While some of the students who arrived in Durban to study medicine were reluctant to be there, as the apartheid state removed their choice of institutions,

others were delighted with the opportunity this medical school afforded them. For this latter group of students, it was better to have a segregated and geographically-distanced training facility within which they could work to achieve their medical goals, than having no institution available at all. However, having persevered and struggled for years to overcome the obstacles to reach medical school, their hardships were only just beginning. A whole host of inequalities and hurtful discriminations awaited them inside Durban's medical school too. It is to the complex social and educational experiences of black students who successfully gained admission to this institution that the next chapter turns.

Part II: "One's Memories of the Medical School are full of Ambivalence and Contradictions"[93]: The Experiences of Studying Medicine in Durban

From 1951 onwards, some of the academically brightest African, Indian and Coloured students travelled from across the country to study in Durban for their medical degrees. However, once admitted to the school, for which they and their families had sacrificed so much, it would prove to be a setting full of contradiction and ambiguities. While this school offered its students the rare chance to enter one of the most sought after, prestigious and highly paid professions in apartheid South Africa, its anomalous set-up as a "non-European" medical faculty within the white University of Natal forced its students to suffer many racial discriminations and inequalities. This chapter will focus on some of the complex experiences of students who gained admission to this medical school during the apartheid years. Diverse family backgrounds had an enormous influence on different students' social and educational experiences, and help to explain the tensions that arose amongst some of the school's students. While some experiences on the Durban medical campus produced positive outcomes, others were deeply hurtful as a result of racial oppressions and humiliations that students were forced to endure on a daily basis. And, in time, as we shall see in the next two chapters, by the late 1960s, these difficulties would lead to the political radicalisation and mobilisation of many students in an attempt to improve their situations.

From its inception, and owing to the University of Natal Medical Faculty's close working relationship with the state, this school was caught up in and perpetuated many racially discriminatory and segregationist ideologies and practices. Created on a geographically-separated campus a couple of kilometres distant; it was built out of sight and out of mind of white students studying on this University's main Howard College campus.[94] In a 50th anniversary celebration speech given in the year 2000, Soromini Kallichurum, an Anatomical Pathologist, who was one of the first graduating cohort of students in 1957 and later became Dean of the medical school in the mid-1980s, recalled her experiences of studying on a segregated campus to the audience gathered for this occasion: "We were told as soon as we began our academic studies that Howard College campus, with all its faculties, academic and sporting, was out of bounds for us. It is understandable therefore that we did not identify with the university with whom we were registered".[95] Black medical students were even forbidden from wearing this University's colours and blazers, which was done in an attempt to prevent easy identification with their white counterparts.[96] Most graduates had never set foot upon the main campus and had no contact with their white contemporaries, despite spending many years studying at the University of Natal. What is worse, another doctor who completed his post-graduate studies in Durban argued, "many whites in Durban didn't even know of the existence of the medical school … [although] it was very well known in the black community … So we were living in different worlds".[97]

Zweli Mkhize, a career politician in the ANC who today holds the position as Premier of KwaZulu-Natal and Chancellor of the University of KwaZulu-Natal, who completed his medical studies in Durban in 1982, also remembered the deep sense of separation students felt as a result of the segregated and inferior residential arrangements that students were forced to endure at their black residence:

> The medical school has been a school within a school. Though we were part of the University of Natal, we never felt we belonged there. … [We were] separated, isolated, hidden away in the black students' residence, a third world ghetto, which is part of the first world main white campus, miles away, with different staff, different students, a different culture.[98]

"This could not be my dream Wentworth!": The Alan Taylor Residence

The creation of the University's "non-European" residence had proved controversial from the start. Although the University of Natal received permission to build its medical school on Umbilo Road – an area that had been zoned a white residential area in the early 1950s – so that it could stand adjacent to its King Edward VIII teaching hospital, this was only after much opposition was raised by many members of the Durban City Council. During one of the debates, E.G. Malherbe, the Principal of the University of Natal at the time, described in his autobiography how a council members had stood up during one of the debates calling on him to "promise to build a 10 ft wall on the pavement of Umbilo Road to shut off the medical school should it be built there".[99] Eventually, persistent lobbying secured approval for this building site, but the University was prevented from building its students' residence on land in this same area.[100] This was forbidden by the Durban City Council, acting in accordance with apartheid Group Areas Act residential zoning laws, which was prepared to let black students study in a white area, but not live there.

Instead, and after much negotiation, the state made available to the University on long-term lease a World War Two-era military barracks in the suburb of Wentworth, which was about 10 kilometres away from the medical school and about 15 kilometres from central Durban.[101] It cost R46,000 to adapt the barracks for University residential and academic purposes, as in addition to providing accommodation for black students, sections of the building complex were also used for many years as classroom facilities to provide the school's pre-medical training.[102] Situated in a location many kilometres south of Durban, this medical school residence represented an ambiguous space, as one African doctor recalled: "[The] residence was a special zone … it was in an odd area too. It was in an industrial area [near to a] Coloured residen[tial area], and as Africans we should not have been there according to apartheid laws. Even Indians shouldn't have been there. So I'm saying it was a special zone in that sense."[103]

Named after Dr. Alan B. Taylor – McCord Hospital's medical superintendent who had lobbied so hard during the 1940s to open a medical school in Durban and the school's first Acting Dean – the Alan Taylor Residence (ATR) proved inferior and inadequate from the start for its students' needs. And, problems extended well beyond the complaints about poor food quality in university residences.[104] Koleka Mlisana, who came to study in Durban from her hometown in the Transkei in the early 1980s, remembered how the high expectations she had of her new residence were dashed when she first set eyes on ATR:

> My rich imaginations of what "Wentworth" would look like were shattered before I alighted from the bus that stopped to drop me at the gate of the shabby Alan Taylor Residence. This could not be my "dream Wentworth!" … It wasn't long before I settled to the reality of the situation. My country town high school dormitory was not too bad compared with [this place].[105]

The barracks-like, simple brick dormitory structures had asbestos roofs and cement floors, making them hot in summer and cold in winter, and with communal bathrooms which lacked privacy.[106] B.T. Naidoo, also described in detail the inadequate conditions at the residence:

> Our accommodation consisted of three blocks with dormitories housing three to seven students in each. … Each of the rooms had … beds with an equivalent number of tables and chairs and single-door cupboards which housed all our possessions, including our books. It was difficult for more than one person to dress at a time.[107]

This accommodation became increasingly cramped and sub-divided as more students were admitted to the medical faculty from the late 1960s onwards.[108] For example, in 1969 four students were crammed into double rooms, while bunk beds were placed in common rooms to house students. In addition, temporary "prefab" structures were also built on the ATR premises during the 1970s and 1980s. Although negotiations with the state were started in the early 1980s to build a new and larger residence for medical students, a new residence (named the Albert Luthuli Hall) was only opened in 1990 in the transition period leading up to the democratic elections.

What made matters more uncomfortable for the students was the pollution they experienced. This was caused by ATR's nearest neighbours, the Standard Vacuum (and later Mobil) Oil Refinery, and later the Durban airport.[109] A lecturer remembered how "planes came over the huts to land on the runway and the oil refinery was belching out fumes all day and night".[110] During the 1950s, the student newsletter, *The Amoeba,* published a series of complaints about the refinery, where the issue of noise pollution featured prominently. For example, one student wrote:

> Imagine the mental strain under which students at Wentworth have to study, as they have to put up with the "hum drum" from … [the] oil refine[ry. The noise] … from this modern refinery is beyond the stage of being simply monotonous. It is now a disturbance. To students who need a congenial and quiet atmosphere to study, it [is] … very hard indeed.[111]

Two doctors, thinking back on their experiences at ATR, also captured the polluted conditions students had to tolerate during the 1960s and 1970s: "The conditions were actually horrible … There was a huge, stinky oil refinery next door and the fumes were always suffocating us, especially in the afternoon." "The level of pollution from the oil refinery was such that one could see traces of soot when one blew one's nose, and the bed-linen would be covered with a black layer of dust if one left a window open on a windy day."[112] It was even argued that the location of ATR was so bad that besides ill-health that could be caused by the oil refinery's fumes, such as headaches, asthma and nausea, the emissions from the refinery also interfered with the laboratory apparatus housed there for teaching purposes, causing rubber and fabrics to perish through prolonged exposure.[113]

Transport proved a major problem for students at ATR too. Until the 1980s when the University of Natal arranged free bus transportation for its medical students, those staying at

ATR had to find their own way to cover the 10 kilometres to and from the medical school. For most students, this was "a daily affair at our own cost".[114] Although municipal and private bus company services – which transported black residents living in the Durban south area to and from the CBD for work purposes – were available for use by students, many could not afford the additional transport costs. Limited financial resources were a serious problem for some students, as Hugh Philpott, a lecturer in the Department of Obstetrics and Gynaecology, who later became dean of the medical school in the early 1980s, remembered

> We used to get students who had been doing well and then suddenly the marks came down. And then we tried to find out what's going wrong here. And we found out the student eats once every three days, saved their money to pay for the bus from Alan Taylor Residence up to the medical school, things like that.[115]

Poorly maintained municipal and private bus services also meant regular breakdowns to contend with. Competition with neighbouring black residents for limited seats on segregated buses was another problem, while students often watched in frustration as empty buses reserved for whites passed them by:

> [S]ometimes what used to be very, very frustrating is that in the mornings, you're rushing to come to … medical school … and the non-white buses would be full with all the people from Wentworth going to work and you'll find … this [white] bus going past with maybe one white passenger, or sometimes it would be absolutely empty.[116]

A lucky few had bicycles or motorbikes to ride to and from medical school, but many were forced to walk the distance.[117]

For students who set out on foot in the early mornings and after finishing classes in the evenings, safety proved a great concern too. Students waiting on the side of the road for buses were at greater risk for attacks. The Austerville area in Wentworth was notorious for being a "rough" and violent place with high levels of crime. In this environment, "gangsters" and "thugs" used to patrol the streets to harass and steal from easy targets, including students.[118] In addition, over the years, many ATR students felt cut off from friends and family living in township areas around Durban because of the remote location of their residence. Travel for entertainment or recreational purposes, including watching movies in town, going to the beach or visiting friends and relatives, was an expensive and difficult endeavour.[119] African students also had the extra burden of worrying about the consequences of violating apartheid curfew laws, which restricted the movement to Africans on Durban streets at night after 9pm.[120] Furthermore, African students had to carry passes, explaining their presence in the Durban area. Police harassment and arrest was a constant threat for African students, as B.T. Naidoo emphasised:

> You know, we used to go to the … movies with our black [African] friends [in Durban], and we used to take the bus to [get back to] Jacobs [an area near Wentworth] and walk up the hill and if it was past 9 o'clock, these guys would hide behind the trees when they saw a car coming and you wondered why it was. … And they'd say, "This is … curfew." And the guys would be picked up … if they caught them … and spend the night in jail.[121]

Another concern stemmed from the many wasted hours spent commuting. While this was raised as an issue by students staying at ATR,[122] this situation was even worse for those students who lived off-campus in distant townships. According to H.L. Watts's 1969 study of registered

students studying at Durban's medical school, about two-fifths lived off campus. Of this figure, about two-thirds were Indian students.[123] Fatima Mayet, lived off-campus and commuted long distances daily to and from medical school to her family's home in an Indian-zoned residential area:

> [We] had to catch a bus all the way in … it was restrictive because by the time we got home, and the time at which you had to leave [in the morning] to go to [school] … wasn't easy. And if you finished work … [and left school] late, the buses were full already when we had to go home … so we had to stand in queues in order to catch your buses and by the time we got home it was dark.[124]

In addition to wasted time that could have been used for study, many students living in family homes also endured the hardships of township life, including crammed and noisy living conditions, inadequate study conditions created by poor lighting, and were required to help out with domestic responsibilities.[125]

When considering what life would have been like for black students living at ATR and in family homes, it is also important to note one further issue. These students were not protected from the hurtful and petty racial inequalities experienced by all black South Africans on a daily basis.[126] For example, they experienced many restrictions on what municipal amenities they could use, such as public toilets, as well as what facilities they could dine in or socialise in, not to mention where they could shop.[127] The frustration of living as a second class citizen was clearly remembered by an African graduate, who studied in Durban during the early 1980s:

> I remember you know those years … I mean I couldn't go to a public restaurant just up the road [from the medical school] … couldn't go to Wimpy … you couldn't sit at Wimpy. And I remember one time you know when [I was] going out with my husband we went to this … restaurant over there at the beachfront and shame, he was taking me out and he wanted to buy me [something] … and this one day that we came there and they told us, "No, we can't sit down. If you want to buy anything then you must order take away." … So we left.[128]

Not restricted to African students, an Indian graduate poignantly summed up his experience as a medical student and later doctor in South Africa:

> [W]hen you take your child into town and she wants to sit on … a park bench, and you say, "No, you can't". … [I]t hits you hard, it hurts you. It cost you no money to sit on a bench but you were not allowed to. Or if you had to use the toilet urgently, you had to walk … yards to find it, you know whilst there are toilets right there saying "Whites Only". Or … if you go to a post office … [the] white side of the counter used to be empty, and here you stood in queues that went into the road and the guy who was serving at that [white] counter wouldn't [serve you]. … [T]hose were the sort of things that really hurt you … being a professional.[129]

Being a designated "non-white" person in apartheid South Africa was often a humiliating and degrading experience. As students, these graduates remember not being spared, despite studying medicine at university and aiming to enter one of the most prestigious professions. May Mashego, whose testimony we touched on in Chapter 3, captured this situation:

> [I]n the black community to be a doctor [resulted in] … a high status… But within the white communities, I think for a white person black was black, okay. It didn't matter. … I mean, it didn't matter that you [were] a black doctor. It didn't mean that your doors will be open[ed] … Where it [was] written "non-white", it was "non-white" … [The laws affect[ed] you like they

> affect[ed] everybody else, which is why I think the more you are educated, the more you feel the pinch. … [Y]ou remained a black person … you still got the hit of the fact that you were black.[130]

"Medical school … was a culture shock … when you came together": Student Interactions

Despite offering its students inferior and distant facilities, ATR was a unique space for black students living in apartheid South Africa. Unlike racial zoning laws that worked to separate different "race groups" from living and studying together, the University of Natal's ATR arrangement anomalously brought together African, Indian and Coloured students, as well as men and women, in the same residence. For many students, their acceptance into Durban's medical faculty was their first opportunity to study with students from different social, cultural and educational backgrounds. This situation allowed some students to bond across state designated "racial" lines, and laid the foundations for some genuine and enduring friendships.[131] This would have significant implications for student anti-apartheid political mobilisations, which will be analysed in the next two chapters. However, this was not the only outcome of these interactions. This situation was a stressful time for many students, especially those who had come from other provinces, and for those whose lives had not brought them into much contact, let alone meaningful interaction, with people of other "races". Two graduates of the Durban medical school, one African and the other of Indian descent summed up the difficulties some students experienced:

> As a first year student from the rural Transkei … it's your first time in the University, in a big city, and you go to your first class … [and] it's this huge class with Indians. You've never had you know, Indians and Coloureds [in your classes before]. You've never associated with them.
>
> [W]hen you came into the University medical school it was a culture shock really … because you never mixed with … [Africans] or Coloureds … And when you came together you know, you suddenly realised there was this … big group of black people you know … I mean until then I was leading a fairly sheltered life … you went to your own schools, we took our own buses and we lived in our [own] areas.[132]

Bringing students of different backgrounds to live and study together produced difficulties and also tensions within the student body, sometimes flaring up around issues as diverse as clothing, food preferences, different religious backgrounds, cultural practices and languages. A number of graduates, when reflecting on their student days, maintained that:

> [T]here was very little social contact between Indian and African students … As a group, I think we sort of fairly kept to each other you know, kept apart. I don't think there were many Africans that had close Indian … or Coloured friends. … I think it was institutionalised in terms of out upbringing. … [S]o you know everybody sort of tended to keep to themselves.[133]

Although this was not necessarily the 'truth' or everyone's experience, many students could not forget where they had come from, or the difficulties they had encountered getting to medical school. Unequal socio-economic "racial" privileges, which black students living in apartheid South Africa had experienced, produced important tensions.[134]

One significant point of contention amongst students stemmed from the school's racially-skewed admissions quotas. Many African students applied to the school with weaker individual subject, but also weaker overall matriculation level passes, than Indian and Coloured students.[135]

Despite this, during the apartheid years, the medical school's selection committee, under pressure from the government to train more Africans to meet the doctor shortage in African communities, accepted larger numbers African students per year (at least 50%), with Indian and Coloured students making up the difference.[136] Thus many Indian and Coloured applicants, with higher passes in their matriculation year, were denied acceptance at the medical school, despite having a better chance of graduating. This issue produced much dissatisfaction amongst some Indian and Coloured students who felt discriminated against, particularly after the passage of the 1959 Extension of University Education Act, which severely limited their available study options.[137] Some Indian and Coloured students also felt frustration at being bypassed for government bursary-loans, which were given out mostly to African students on a racially-skewed basis.[138] This produced greater financial hardships for many Indian and Coloured students, and sometimes sparked tensions amongst different students.

Academic competition and the stress to perform well placed enormous pressure on the school's students. While wanting to succeed would have been felt by all students, arguably, the pressure would have been greatest on African students, especially those who came from the most disadvantaged Bantu Education backgrounds. Because studying subjects like Science in high school would have been a largely imaginative experience for many students, some Africans felt that they were unfairly placed to compete with their better educated Indian and Coloured colleagues.[139] This became a point of contention between some students, as S.B. Pitsoe contemplated:

> [W]e were disadvantaged in a sense that in our high schools we didn't have any laboratories … you know [at medical school] it was the first time some of our people saw a Bunsen Burner or a beaker … So now we were competing with … Indians and Coloureds who came from better schools. So with them it was more of a revision, whereas [with] us it was learning.[140]

The fact that many Africans were also second- or third-language English-speakers produced further difficulties. This was highlighted by a graduate, who studied in Durban between 1973 and 1977:

> [T]here was [pressure]. I mean you would not deny that if you are being taught in a third or fourth language, which is English, firstly, it's not like being taught in mother tongue. And if you look at most Indian students, I mean they were taught in English throughout [school]. We were taught through our vernacular African languages …until about … four years before you got to university … Then you go to Natal, the lecturers are … English and its another culture.[141]

Reflecting on their medical school days, some African graduates also felt purposely excluded from study groups created by some Indian students, and felt discriminated against by certain Indian lecturers whom they felt favoured Indian students.[142] This caused much ill-feeling in the student body.

Student tensions surfaced too around gender inequalities and discriminations, in a profession renowned for being dominated by men.[143] For example, in terms of numbers, of 690 students admitted by 1969 only 18% were women.[144] In addition to being outnumbered by their male colleagues, women students found few on the school's teaching faculty to emulate.[145] The medical school environment reflected a masculine culture and values that worked sometimes overtly, at other times covertly, to discomfort and marginalise women. Discriminations varied from sexist jokes and remarks made by students and staff about women students' supposed

inferior intellectual abilities and socially-prescribed roles in the home, to the use of masculine "norms" and language in lectures and clinical demonstrations that ignored or undermined women's needs and experiences.[146] Women were also forced to endure stricter regulation of their movements through curfew restrictions at ATR. During the earlier apartheid decades, graduates remember that women were required to return in the evenings to their dorm rooms by a designated hour and that the wardens stationed guards outside the women's section of the residence.[147]

Furthermore, discriminatory social practices were a common feature of the student landscape, causing unease amongst women. One graduate remembered how women students were treated as sexual objects. During her orientation week, students held a "Miss Freshette Ball" where "basically we were paraded like cows you know, with our dresses walking up and down. … [I]t was [intimidating] as new students, and you know see[ing] all these guys … the senior students already trying to, you know, looking for their next victim…"[148] Regular weekend parties or "gumbas" were also held at ATR, especially from the late 1960s onwards, where young women, usually invited in from outside the residence, were used for sex and then discarded by some of the male students, as one African woman graduate described in detail:

> I remember Alan Taylor [Residence]. If anybody was to dare go and do a sperm count in that swimming pool, it would have been a disaster! … [T]he culture of womanising was horrible. … The parties would be going on and the guys would just be grabbing women from [the] parties and sleeping [with them]. … I remember there was one guy … people said he wasn't so good at grabbing for himself … So he would get drunk and jive like everybody but [at] around 4 a.m. when the guys are kicking out what they've grabbed … he would go like an octopus and gather what has been kicked out and then he can get whoever [he wants]. … [O]h … they loved … womanising! But not all of them by the way, but it *was* a [sub]culture that was there … I always think … if AIDS was during our years … half of that res. would have died from AIDS.[149]

A male graduate, who was involved with the Christian Student Fellowship and did not embrace this sub-culture, felt that it caused dissension in the student body: "… [I]t was very derogatory. I mean these girls were being used. I mean you could see it and you knew it was being done and those who perpetuated it were conscious of it".[150]

A High Failure Rate

The years of study that produced the most discontent amongst students were the Preliminary and Second. As discussed in Chapter Two, the Preliminary Year was introduced as a bridging year aimed to help students with disadvantaged high school backgrounds, especially those with inadequate Science and English-language preparations needed for medical school. Many students, however, felt that this year was not useful to students, and viewed it as a punishment for coming from a Bantu Education school, and saw it as working to push students out of, not into, medicine.[151] For example, the English I course, which at the University of Natal was a literature course, was too difficult for many second or third language English speakers to pass, and accounted for "more failures than any other premedical subject".[152] Weaker students, whom the Preliminary Year was designed to help, regularly failed.[153] Moreover, the school's early blanket requirement that all new students complete this year before advancing to the First Year caused much frustration and disgruntlement, especially amongst Indian students, who had better secondary education backgrounds and obtained higher passes in matric to be admitted directly into the First Year.[154] If students managed to pass the Preliminary Year, the Second Year

of study, with its high volume of work, especially in Physiology and Anatomy, resulted in many failures. In fact, this year of study, which some professors viewed as "the sieve with the finest mesh", produced the highest annual failure rate at the school, with an average of about 40%.[155] This caused much anguish for students, as one doctor highlighted: "[O]ne major issue that students had … was the issue of exclusions, especially at the Second Year level. I mean whole groups of students would be failing Second Year and being excluded …"[156]

This anxiety was particularly severe amongst African students who had been accepted in larger numbers into the school, but who failed and were excluded in higher numbers over the years. This is reflected in the school's graduation statistics. Of 2,413 students who graduated from the school between 1957 and 1994 inclusive, only 804 Africans (about 33%) graduated, with the remaining 67% made up of mostly Indian (1,489 or about 62%) and Coloured (120 or about 5%) graduates.[157] In addition to ill-feeling amongst students that developed over skewed admissions quotas, which ultimately failed to produce larger numbers of African graduates as intended, some African students felt that Indian students were being favoured in some way, and this worsened relations between these groups. Racial stereotypes against Indian students were also prevalent. For example, Bongiwe Bolani, who was married to a student – Themba Bolani – who attended the Durban medical school during the 1950s, argued:

> African students seemed to think it was mostly … [African] people who failed. I knew … [some] students who did not feel good about Indians. Africans thought Indians were favoured somehow, when Indians passed so well and Africans failed. They were angry and bitter and felt that some mischief was going on. [The issue] of Indian bribery always surfaced – that Indians were bribing the professors in order to pass. … My husband … did not visit with Indians, nor did the others. There was no friendship as such between the students, just a working relationship only.[158]

In addition, far fewer women students finished their studies. Of the 2,413 students who graduated from the school, only 552 (or 22.88%) of women compared to 1,861 (77.12%) of men successfully completed their degrees. While similar academic problems would have obstructed men and women's progress, some women left medical school, or did not finish their degrees on schedule, because of additional domestic burdens they were forced to bear living at home or through early marriage, during their studies.[159] This included unplanned pregnancies, as an African woman who graduated from Wits in the late 1950s, poignantly described:

> I got married in the same year I started my medical studies (1953). That was when the drama started … barely nine months later, I had my first son. … When I came back in 1955, I fell pregnant with my daughter and she decided to come on the morning I was supposed to write my final year exams … there were tears of frustration in my eyes. I had to lose that year as well. … Oh it was so difficult in those days. To put in one of those vaginal rubbers … they were like condoms, but circular and so hard, and you could not get them in without struggling! You must remember, there were no pills and no injections and there was a husband. … My husband was also a medical doctor, busy with his private practice. Traditionally men are not supposed to care and did not feel obliged to help.[160]

While the outcome of extra domestic responsibilities really depended on the personal circumstances of the individuals concerned, including how much child-care support they received, dealing with pregnancies and child-care duties was usually viewed as a woman's responsibility, and it fell on the women students, not their male partners, to deal with the

ramifications of an early pregnancy, including the need to drop out if extended child-care support was not available.[161]

Whatever the causes of the high failure rate and exclusions from the Natal medical school, large financial debts had to be paid back by students.[162] Students who failed often had little to show for their efforts, and had to find low-paying jobs to pay back their loans. This was the case with Themba Bolani, who was excluded from the medical school at the end of 1957 for failing to pass his Physiology exam after his second attempt. Once excluded, he gained employment as a clerk in a Durban area high school, and later became a health inspector for the Durban municipality. He and his wife, who was employed as a nurse at King Edward VIII Hospital at the time, had to struggle for many years to pay back his government bursary-loan.[163] Bongiwe Bolani remembered how for her husband and his colleagues, the pressure to succeed at medical school was immense, and how his failure nearly destroyed him:

> It was important for him to make something of his life. … He was very bitter about it. He didn't believe he should have failed. It was very important for his family and people back home in Johannesburg for him to come back a doctor. … He blamed the professors at the medical school. … The medical students used to talk angrily about it when they got together. Many others failed. Some of them went and took up teaching[164] … I think he got over it in the end. But it did affect him. The sense of failing was great, failing the thing he desired so much. … It affected him a lot. But he was a good father and his family meant a lot to him and if we were not there he probably would have crumbled and been destroyed in the end. … [M]edicine was his life long dream.[165]

Staff-Student Relations

Breminand Maharaj, who studied in Durban in the 1970s and then became a lecturer at this school thereafter, when reflecting on student perceptions about the high failure rate, argued that students felt "the staff was … really being difficult, discriminating, trying to keep too high a standard and people were falling by the wayside".[166]Although the teaching staff worked within the state's framework of racial segregation at the medical school, largely because they had little choice, many worked hard to ensure that separate meant equal. This meant pushing educationally-disadvantaged students to their breaking points in an attempt to maintain the highest academic standards. However, the attainment of the highest standards was not just to produce well-trained graduates; the quality of graduates produced also directly reflected on the reputation of the teaching staff. This produced deep contradictions for their black students as many could not meet the rigorous standards set.

During the early decades of the apartheid era, most of the academics in Durban were white, English-speaking men. Increasing numbers of black doctors joined this medical faculty's ranks as they graduated and specialised from the 1960s onwards.[167] While H.L. Watt's 1970 survey of 26 faculty members found that a small number had no choice but to accept a position in Durban for the sake of a job, or felt a sense of frustration teaching academically-challenged black students, and would have left given the opportunity to work at a white institution, most were more positive about working in Durban.[168] Sixteen of his respondents – most of whom were white – claimed they were attracted to the challenges of an academic life and teaching in general, regardless of the "race" of the student being taught, while a few mentioned that they wished to teach black students specifically.[169] Moreover, the opportunity to work in a stimulating and "multi-cultural" educational environment was important for some, while others thrived on being part of the development of a new medical school.[170] The chance of working close to where family

members were settled was also a strong motivating factor.[171] However, the desire to promote the highest scientific biomedical standards was keenly felt by most, as was asserted by J.V.O. Reid, a South African born, Oxford University trained Professor and for many years Head of Physiology at the medical school:

> [T]he whole time from 1960 to 1980 I was there … my idea [was] … to produce a science-based black medical education. It had to not be some … indigenous healer's [school]. … [T]hey had to base it on … science. … [And] they had to be good. They had to think the way that we did. And that's what happened. At the end of 20 years we were producing very good doctors.[172]

Soromini Kallichurum felt that being a pioneer black medical school in the country meant its staff felt the need to "set a high standard … [and] if those students were around now, they'd have passed. … The staff at this faculty had to prove that the end product would be good, that it's better than anywhere else … there was no leeway".[173]

One cannot simply dismiss as poor the development of staff-student relations at this medical school during the apartheid years. Staff and student relationships were much more complex, forming a wide spectrum of interactions. While some graduates recall interactions as being very formal and focused exclusively on academic work,[174] others highlight the supportive nature of relationships they established with some of their teachers. For example, Kallichurum remembered with fondness the caring attitude and approach adopted by particular individuals, when she was sick in 1957, during her final year of medical school:

> Professor Wilmott, who was Professor of Medicine … found that flat of mine … and he said, "I have come here to examine you because you should be better by now if it was the flu". And then he told my husband, "I'm taking her to hospital". [And he] arrange[d] … a little isolated [space in the teaching] ward. … Because I had viral pneumonia and my entire lung was involved. … [A]nd I was in the hospital for over a month … The relationship between [some] staff and students was different.[175]

Some graduates also felt that certain lecturers worked to inspire them as students. Fatima Mayet, a student who took Sidney L. Kark's innovative social, preventive and family medicine classes in the late 1950s, argued that Kark showed a great deal of care for his students and patients, and spent a lot of extra time motivating them.[176] When students attended the medical school was significant too with regard to staff-student relationships. This is particularly evident amongst the pioneering class of graduates, as their classes were very small. Mayet remembered how many of her lecturers, who taught her graduating class of 12 students in 1957, demonstrated great concern for their students: "if you showed interest and took initiative, they went out of their way to assist you and took an interest in you, a personal interest".[177] Kallichurum concurred: "You know, that white staff spent more time with its student, much, much more time … than the staff presently do. … I don't think any student today has … anywhere near the hours of contact we had with these people. It was a different era".[178]

In later years, a number of lecturers were regarded in a positive light for the commonality of interests they developed with some of their students. This was particularly the case with those who were involved in the Student Christian Fellowship (SCF) in the 1970s and 1980s, for example:

> I was in the Christian Movement and we made deliberate efforts to cross the racial line … [W]e had … professors, two of [them] … Professors [Sam] Ross and Hugh Philpott … Those guys actually made intentional partnerships and efforts with us in making sure we deliberately crossed the [racial] barrier line. … [A]nd we did actively. I mean we did the best we could to undermine anything that could separate us … these guys were my mentors, personally.[179]

Both these lecturers were fondly remembered for their progressive attitudes that encouraged friendships and social intermingling in a context that could have got them arrested for their beliefs and actions. Students were often invited to spend weekends and holidays to socialise around the pool at Sam Ross's house. Ross was a lecturer (in which department and which years) who May Mashego, also a member of the SCF group during her student days, recalled with great fondness:

> We actually overwhelmed them [the Ross family]. We would go there in great numbers and … [even] sleep there … I mean really we would spend time there, they would open up [their home]. … He used to live in 12 Kilder Road … and his [phone] number was 212-642. I mean that was how much [he meant to us], I cannot forget this number. … They supported us … [They] went the extra mile.[180]

Not all relationships with the academic staff invoked positive memories for graduates, however. Some felt certain lecturers evinced paternalistic and even patronising attitudes towards students. Statements made, such as some lectures "had a low regard for our intelligence" and in my opinion "seemed to be sort of coming down to your level" were common.[181] Others felt intimidated by their lecturers, as B.T. Naidoo asserted: "[Y]ou were at their mercy because you were a student and … you know at the end of the year you would probably be hammered … so you just accepted whatever was coming … So here your grades depended on what you said or didn't say. The less you said the better".[182] Blatant racist attitudes were also remembered. A number of graduates felt that certain lecturers who taught in the Preliminary Year were particularly so, as one former student highlighted:

> [It was] abusive … because it ridiculed a lot of people who gave up on medicine … It was an insulting year; it was not just a difficult year. I mean … the most racist utterances that we have a memory of were in those classes. … I mean it was completely insensitive for white guys, who were seeing black youngsters, teenagers coming in and you know, be[ing] so abusive. … I don't know anybody who thinks that they were helped by that course.[183]

A Chemistry lecturer from the Preliminary Year was considered by many graduates as having been particularly difficult and humiliating. In a University of Natal commemorative booklet published in 1995, Koleka Milisana publicly recorded her memories of one such lecturer:

> Who could ever forget a certain Mr. P. (God forgive him) who did not find it difficult to force a first year student in a strange and overwhelming environment to shout, "I'm a monkey" to the whole class for having made a trivial mistake in a practical. Some unlucky students were threatened with expulsion on the first day.[184]

Another point of contention was the insensitivity displayed by some lecturers, who incorrectly assumed a common starting point when explaining a medical problem to their students. As one student recollected:

> I remember … the description of … bone changes in syphilis. … And they say [it has] "celery-stalk appearance". Now you come from the townships … [and] you didn't know what this celery was. You had to go to the dictionary and try to find out what it is. But it doesn't say what it looks like when it's cut across, so it's meaningless. And so you find that things are described from the cultural perspective of white people, which means nothing to you and you … just have to memorise the term, but you don't know what it means. … [F]or me … I would have remembered better about bone appearances in syphilis if I knew what celery was. So I think … there was limitation of how much knowledge we could generate. … [Much] was falling … between the cracks because the concepts were not clear.[185]

The general mode of communication and interaction took a lot of cultural background for granted, which made some students feel "other", and added further stresses to medical student learning experiences in Durban. Some African graduates felt that they had to work much harder just to be recognised on a par with their colleagues.[186]

Clinical Training Difficulties

During the apartheid years, King Edward VIII "Non-European" Hospital provided Durban medical students with most of their practical clinical training. Many also did their mandatory one-year post-graduation "internship" training at this hospital too. While providing 1,300 beds by 1954, by 1976 King Edward VIII Hospital had over 2,000 beds. By the early 1960s, this large hospital was treating roughly 600,000 out-patients and over 70,000 in-patients per annum. By 1980 this figure had increased to 106,993 in-patients and 835,606 out-patients per year.[187] It also had one of the largest maternity sections in the country, delivering up to nearly 14,000 babies in 1960 and over 21,000 in 1980. Some graduates felt that they received an excellent training in this large hospital, as Jerry Coovadia maintained in an interview: "… [I]t was a good place to learn … There w[ere] a lot of clinical problems to solve so we were exposed to a very wide range of diseases and issues. And … the teachers were very good. … I've been in all parts of the world … [and] our kids are far superior clinically. … [C]linical medicine has been their strength".[188] Frank Mdlalose, also one of the first class of black doctors trained in Durban in the late 1950s, and later an IFP politician who served in the KwaZulu homeland structure, concurred, arguing that King Edward VIII's training prepared him and his colleagues well to practice medicine in South Africa:

> One of the most uplifting experiences for me … was when in my fifth year I attended a ward round at Baragwanath [Hospital in Johannesburg] together with many fifth year and sixth year medical students. … We were students from the University of Cape Town, Wits, Pretoria and Natal. After that one hour ward round I knew we were being taught medicine at our University of Natal![189]

Not all black doctors trained in Durban recalled their clinical experiences in a positive light, however. A significant factor was their restriction to examining and treating black patients only. Many felt that this limited their clinical training, especially when they continued to be taught about certain diseases that affected white patients. Though their theoretical training might have been on par with those of their contemporaries in other medical schools in the country, they received a limited practical understanding of the full spectrum of diseases affecting certain population groups in the country. The following example was captured by an African doctor:

> [W]e were limited to the black race for patient pool … [When] we were studying about … white people's diseases … we knew them only in theory because we couldn't see [them]. … I mean in Paediatrics for instance, I would mention the inherited disorders you know, which you didn't find in us. … But you had to learn about them. … I mean some … [diseases] because they are known from white patients, they're described in terms of white patients and you don't really know what the iris of a white person looks like. And then all of a sudden now you've got to remember what Kayser-Fleischer rings [are] … and you've got to try to imagine these things.[190]

As a black public institution in the apartheid era, King Edward VIII teaching hospital was also beleaguered by inadequate or outdated equipment, insufficient staff-to-patient ratios, and insufficient space. The reasons for this were multiple. Due to urbanisation and the improving efficacy of curative treatments, such as antibiotics during and after World War Two, the number of black patients increased enormously during the apartheid years. Although applications were made many times by the University to the state to upgrade this hospital and to establish a new academic teaching hospital during the 1970s and 1980s, it was only many years later – in the 1990s – that funds were made available for these purposes.[191] A key reason for the delay in obtaining permission to extend its buildings during the apartheid era was the hospital's existence in what had been zoned a white residential area, which the state aimed to remove once alternative facilities were made available for black patients.[192] In addition, the state provided limited funds for its operational costs. In 1990, it was reported that the budget allocated by the state to King Edward per day was only 49% of the budget given to white academic hospitals.[193] As a result, patients literally overwhelmed the available facilities and personnel, with some wards operating with a 200% capacity, while hundreds of out-patients queued down Umbilo Road every day hoping to see a doctor or nurse.[194]

Janet Giddy, a Family Medicine specialist who studied at UCT's well-resourced and mostly white Groote Schuur teaching hospital, and who came to Natal to do her internship training in 1984, recalled the shock she felt when she first arrived at King Edward VIII Hospital:

> Groote Schuur … was well-resourced, there was enough of everything, there was privacy, there were always curtains around the beds, [and] there was enough staff and resources for the patients. And King Edward was a total shock because … you couldn't find anything, [and] it was so ugly. I felt like I was in a third world hospital in Africa … And if you wanted to put up a drip, well you'd be lucky to find a drip stand in a whole ward of a hundred patients! And you'd sort of have to find a nail in the wall, or be near a window and hook it onto a window. … [I]t was totally overcrowded and … patients would get lost in the wards, literally. You wouldn't find them for days! … [A]nd half the patients would be on what they called floor beds … [and] under the beds. There weren't enough nurses. The nurses were … a mixture of harassed, exhausted, run off their feet and totally indifferent.[195]

Dennis Pudifin, a Specialist Physician in the Department of Medicine, agreed. He asserted that working at King Edward during the apartheid period was "very depressing at times, particularly when the work pressures were really heavy … And you just struggle to manage with inadequate equipment, and equipment which is not working, inadequate support structures, help from the nurses, help from the porters … There really [were] … many problems … multi-layered problems".[196] These problems were exacerbated during times of political violence during the 1970s and 1980s, which resulted in increased numbers of gunshot and knife-wounded township patients being admitted to already overstretched casualty and surgical wards.[197] Many black patients died because they were denied treatment at the nearby state-sponsored "white"

Addington Hospital, which had beds and high-tech equipment available there, while King Edward was almost crippled under its patient load.[198]

These overcrowded and sub-standard conditions were not conducive to teaching medical students and interns, as many of the hospital's doctors and nurses were inundated with work, and had little time or patience left to teach students. Some graduates felt exploited, unappreciated and exhausted, as they often had to work 100-hour weeks doing many of the menial tasks of the hospital, as one who trained in the early 1970s remembered: "Internship … was no bed of roses. The interns worked; and they worked some more. 'Vampires', 'bloodsuckers' and 'slaves' they were called, and every one of their titles suited them aptly. The registrars used them, the consultants abused them".[199] In addition, the lack of privacy provided for patients saw students taught in dehumanising conditions. For example, privacy screens were seldom used when patients were examined, as B.T. Naidoo relayed with regret and embarrassment for his patients:

> Lack of privacy I think was the biggest [problem]. … [In] those days, particularly working at King Edward where the numbers were overwhelming … we were [not] taught th[e proper] sort of set up … and we examined the patients wherever and whenever you know. We didn't worry about privacy … [The labour ward] was terrible … these ladies were exposed to the world you know … And when you did your internal examination and everything, everybody could see … and hear you know. … I mean I can remember very clearly our Head of Obstetrics and Gynaecology walking with his son who must have been about 12 or 14 years old and these ladies were shy and sort of crossing their legs. They were naked … And he said, 'Don't worry. You're looking at the future Professor of … Obstetrics![200]

Doctors would discuss their patients with their colleagues or students without including or consulting with their patients about their medical problems. In these appalling working conditions, medical students were seldom taught about patients' rights, and slow improvements were only noted in the late 1980s when these issues were publicly discussed and later codified in the post-apartheid period.[201]

Added to these inferior working conditions, medical graduates recalled experiencing much hurtful discrimination at King Edward VIII Hospital whilst in training. Fatima Mayet relayed her feelings on the issue to me in an interview in 1999: "We had separate toilet facilities … [for] blacks. And then in theatre we were not allowed … to use the same facilities, change room facilities and toilets and so on. … [It hurt] of course it did, but then having been brought up in South Africa one expects that sort of thing".[202] Differences in food quality and quantity for staff based on race, as well as separate overnight sleeping facilities, and separate tearooms and cafeterias were noted too.[203] During the 1950s and early 1960s, the petty nature of apartheid even extended to the level of requiring black doctors to where blue name tags, while red ones were won by white doctors. The provision of separate laundry services for black and white health personnel might explain this difference too. King Edward VIII Hospital was a microcosm of racial inequalities that played out in South Africa's wider apartheid society, as Jerry Coovadia remembered about his post-graduate training and working experiences:

> Every level of normal existence was divided between black and white. … [T]here was no social life that was common. So the only place where we interacted was in our work. We shared the labour of providing a health service, but that was the only interaction. … And that was also fraught with tension given the fact that our colleagues who were white were earning a higher salary than us … There was a huge gulf between them and us.[204]

Interpersonal racism was evident too as white nurses who worked at King Edward refused to take orders from black interns and doctors:

> [T]he nursing staff you know treated you as part of the lower echelons… They didn't give you the respect that a doctor deserves. … [T]he white sisters …wouldn't join you in ward rounds you know … They would always send black nursing sisters to join you on ward rounds or to accept orders from you and they would only come on the ward round when the white consultants or the white junior doctors were there.[205]

Some white matrons were remembered as being "bossy" and for "bullying" student doctors, producing "huge barriers, psychological and others between us and the senior white staff".[206] Although nurses usually occupied a professional position below doctors in the medical hierarchy, in South Africa's complex racial order, this relationship was inverted as race took precedence over professional rank. Increasingly through the 1960s though, King Edward's nursing staff became "non-European", mostly African, paving the way for better working relationships with black doctors. The transfer of white nurses to white hospitals also helped clear the way up the promotional ladder for black nurses.[207]

Some white doctors also humiliated and intimidated black student doctors on the teaching wards. Bongiwe Bolani recalled one such doctor:

> One stands out, Dr. Crichton from the Gynaecology wards. He was a horrible man. He always shouted at the nurses and doctors – everybody … He was cruel. He put such terror in people. He screamed, he shouted, he humiliated us, made you feel like imbeciles. He had such a sense of his own importance … [H]e treated people badly. I was young then, so his effect on me was enormous. Other people, older white males, terrified me from that time for many years. It took a long time for me to get over it. Many people resigned and left because of him.[208]

In 2004, a Medical Student's Representative Council Racism Report capturing graduates' experiences of studying at King Edward highlight how students were shouted at or ignored by consultants "as if they were children".[209] A number of scholars have argued that medical training often involved a difficult "rite of passage", including the embarrassment and belittlement of students by their superiors, which worked to teach students knowledge as well as respect, and through the process, helped advance them from the student status of "medical boys" to the full adult status upon graduation of "medical men".[210] This training placed adult student doctors, some of whom were older, already married and had children, in subordinate positions in a hierarchical medical environment, but also a broader apartheid environment, which humiliated and infantilised them.[211] Although this humiliating rite of passage in medicine was not unique to South Africa, extra layers of insult were added because of racial hierarchies and inequalities.

A final issue to consider about clinical training is the gender discriminations experienced by women students and doctors. As in the earlier years of medical school, women students who reached the latter clinical years were always outnumbered by male colleagues, found few women consultants to emulate, and continued to face sexist attitudes and opinions about their capabilities. Some felt brushed aside or ignored by their clinical instructors on the wards.[212] Others faced greater obstruction in terms of their professional advancement, which included feeling excluded from supportive male networking groups and seeing their careers channelled into less prestigious and lower-paying specialities. Women also received unequal salaries and

benefits once in practice.[213] One woman felt that her professional identity as a doctor on the wards was sometimes questioned because of her gender: "Some people don't believe … that I am a doctor. … They would think I'm a nurse … I mean I would be sitting there working with a doctor and maybe he's a junior doctor, but because he's white and I'm there, the patient would say to me, 'Nurse, please tell him what my problem is'".[214]

Furthermore, reflecting back on their clinical training experiences, some women doctors felt that their skills and knowledge were not taken seriously by their male colleagues, even if they were more senior, as an Indian woman doctor described: "… [M]en, whether they were white, Indian or black [African], were disparaging towards me. … I had interns [and] medical officers that refused to do investigations because they didn't think it was appropriate even though I was the registrar and said they had to do it. … We had a hard and long battle…"[215] This questioning of their expertise sometimes extended to black nurses too. While some nurses felt threatened by women doctors who they saw as undermining their long-held, supportive "handmaiden" roles to male doctors, the existence of broad social prejudices that held that men made better doctors, as well as feelings of jealousy in situations where many nurses found spouses amongst male doctors, were also essential to understanding tensions.[216]

The entry of small numbers of women into medicine challenged and unsettled socially-constructed understandings of medicine as a traditionally male profession. To succeed in medicine, many black women felt the need to be assertive and determined, and had to work harder to prove themselves as equals to their male peers, as Soromini Kallichurum told me: "I had no difficulty [succeeding] because I made sure they don't cause me difficulty. Really, that [was] very important … you had to be one step ahead of them at all times … I always said, 'If anybody does the trampling, it's going to be me'. … You ha[d] to, you know, to survive". [217] Therefore, clinical medical experiences were not simply a result of racial discrimination under apartheid, but also determined by differentials in power between men and women. In the largely white, male-dominated medical profession, interlocking racial and gendered discriminations thus affected the clinical experiences of black doctors in different ways.

"Patients can relate to me": Student Doctor-Patient Interactions

The experience of black students' working with patients was a complex one, especially since many patients who arrived at King Edward VIII Hospital would have done so having exhausted other popular avenues of health care.[218] As discussed in an earlier section, the teaching staff of Durban's medical school were determined to train their students in scientific, biomedicine approaches, and worked hard to steer them away from what they considered the "dangerous", "backward", and "supernatural" healing philosophies and practices of indigenous healers.[219] Amongst some students, the internalisation of biomedical perspectives and approaches also dovetailed with moralising Christian religious beliefs. This promoted amongst some students contemptuous attitudes about "traditional" healers and their therapies, and actively led to their discouragement, as one African graduate asserted:

> [W]ith my religious … Christian background, I mean there are certain things which I just don't believe in. And so I mean if patients would come with whatever stories that they come with, I would just discard those and tell them straight that you know, "there's nothing like that" and just carry on with … what one is trained for. … [O]ne might … say I may have been unfair to patients but … I believe in it because I think it's the right way. … I would just tell the patient, "You know what? You're just waiting your time. This is what you should be doing."[220]

Like devout missionary doctors who came before them, some Christian student doctors placed themselves in the vanguard of the battle against "superstition" and "witchcraft", but their condescending attitudes towards indigenous healers and their non-Christian patients could lead to social distancing in their doctor-patient relationships. Many factors might have worked against a close doctor-patient relationship. While divergent religious and healing perspectives were key, so were differences that stemmed from diverse socio-cultural backgrounds, gender, age and even language.

Although some medical students did not identify with their patients, or did not agree with their patients' perspectives, coming from the same or from similar socio-cultural backgrounds, did serve to improve a doctor-patient relationship. So did being able to speak a patient's language. Then student doctors and interns were able to deal with their patients in a more culturally-sensitive manner:

> I mean I understand them culturally … [I]f for instance, a mother brings a child who is dehydrated … the questions I'm going to ask that mother, I'm asking them because I've got background information. I know … where this mother's coming from, I know the environment, I know what generally the communities are using and therefore I'll be able to ask the relevant questions. And even you know, assisting the mother [or] educating the mother, I'm in a better position to do so … And the mother is not going to feel … you're just talking about something you don't know. … At least he or she can relate to what I'm saying. So I think it helps. … I mean even now … I always feel I've got a better standing … dealing with patients and understanding [them] … and patients can relate to me.[221]

In a hospital environment dominated by white doctors for many years during the apartheid period, who were less familiar with their patients' cultural backgrounds and often did not speak their patients' first languages, black medical students and doctors played a crucial bridging role in helping their white colleagues communicate with their patients. They also helped their patients to better understanding complex scientific diagnostic explanations and treatments in a language and idiom in which they were familiar.[222] Therefore, they brought many essential translation skills to clinical practice.

Other black student doctors identified strongly with their patients and were accommodating of their "traditional" beliefs and practices. Some student doctors came from families where individuals practiced as indigenous healers, or whose family members consulted with such healers on a regular basis. Many of these students were aware of the psychological value that "traditional" healing approaches held for individuals within family and community structures. These individuals also appreciated the value of holistically understanding their patients, which indigenous approaches stressed. As a result, some graduates thought it counterproductive to simply brush aside a patient's beliefs:

> [T]he people if they tell you … "Can we please go home because we need to do this and this and this". If it's not going to be dangerous for the person to go and that person is taking oral medication, I see no harm in giving a person a pass out and let them go and do their rituals, because in treating diseases … [it is also] mental. So if I haven't done what I think should be done, I will not get better. … You've got to explain [for e.g.] meningitis in their terms whilst you understand there could be a bacterium here. … If they explain it in a different term, try and understand what terms they're using and then try and bridge the two … negotiate between the

> two … But you have to understand where people are [coming] from [and] how they analyse disease.[223]

As this African doctor implied, some "traditional" healing beliefs and practices gave their patients a psychological sense of security and so took a holistic and pragmatic approach. While indigenous healing beliefs and approaches were not actively encouraged, some student doctors turned a blind eye to what they considered as "harmless ritualistic practices" that did not interfere with their biomedical treatment protocols.[224]

Thus some black student doctors considered that they played the role of "cultural brokers" who mediated between different healing philosophies and the different worlds of black patients and the predominantly white biomedical staff that served them.[225] One could argue that they were both insiders and outsiders in the biomedical world as although they had been schooled and worked within the biomedical paradigm, some exhibited a willingness to draw eclectically upon indigenous healing explanatory devices as needed to facilitate better understanding across medical and socio-cultural divides. These individuals also actively ignored their patients' pluralistic usage of western and indigenous healing therapies to cure themselves if they did not cause harm.

A consideration of black student doctors also offers many interesting insights into the history of biomedicine's operation and impact in South Africa. The practice of medicine was shaped in complex ways by hybrid interpretations and translations by black student doctors in practice. They built on a long history of pluralistic paths to healing in Africa that saw both healers and patients draw on different healing traditions based on their efficacy. Though their activities can be viewed as compromising forms of medicine, these compromises helped overcome patients' scepticism to western forms of medicine and its culturally-alien and sanitised clinical environments, and ultimately helped facilitate the spread of western medicine as a popular and effective healing option for black populations. Analysis of these student doctors' clinical work therefore highlights how biomedical clinical healing spaces were sites of enormous debate, negotiation and translation in practice.

Conclusion

The anomalous set-up of Durban's medical school as a state-funded "non-European" faculty within a white university produced many ambiguities and contradictions for its students. By studying at this school, a small number of black students were given the rare opportunity, though through years of hard work, to enter one of the most prestigious and highest paying professions in apartheid South Africa. Arrival at the school despite the odds of disadvantaged socio-economic and education backgrounds, however, did not secure their professional success. Instead, it exposed them to further hardships, and forced them to struggle against many obstacles that would thwart the aspirations of many. While there were positive experiences that served to motivate and inspire some, its racially-segregated and unequal teaching arrangements, including those at the school's "non-European" teaching hospital, saw its students suffer deeply hurtful racial indignities and inequalities to achieve their goals. They learnt to practice medicine in apartheid conditions that perpetuated racial divisions and inequalities for their patients.

In addition, the anomalous residence environment forced students of different social and cultural backgrounds to live and study together, which had contradictory outcomes. There were

many tensions and deep divisions that emerged academically and socially among African, Indian and Coloured medical students, who had not interacted with, let alone lived with, people of different "races" before. On the other hand, black students suffered numerous racial discriminations and inequalities in their residential arrangements. Similar discriminatory medical educational experiences – both at the school and within wider apartheid society – resulted in frustration and dissatisfaction amongst many of the school's students. Contrary to the government's intentions, this led to the politicisation of many medical students from the late 1960s onwards. They would turn to anti-apartheid political activities as a way to try to address their numerous grievances. Student activism would make the Durban medical school an important crucible in the 1970s and 1980s. However, in a context of apartheid induced racial tensions and divisions, political activities rarely resulted in unified student political mobilisation. It is to the controversial subject of medical student involvement in anti-apartheid politics that I turn to in the next two chapters.

[1] Interview with Dr Veronica Wilson, UNMS, Durban, 6 November 2003.

[2] See graph in appendix showing Faculty of Medicine 1st Year Registrations broken down by race.

[3] In a study conducted of a random sample of 101 students (from a total of 413 students) registered in Durban in 1969, a sociologist H.L. Watts found that one-third of the African students spoke Zulu as their mother tongue, and another third spoke Tswana, Tonga or Pedi. The rest spoke a mixture of other languages. He also found that 51% of Indian students spoke English as their home language, followed by Gujerati (27%). See H.L. Watts. “Black Doctors: An Investigation into Aspects of the Training and Career of Students and Graduates from the Medical School of the University of Natal. Part I. The Student” (University of Natal, Durban: Institute for Social Research, 1975), 5.

[4] CC GP File 18 KCM 25863 Letter from H.S. van der Walt, Secretary for Education, Arts and Science to the High Commissioner of Southern Rhodesia, 5 November 1953 and J.V.O. Reid. “A Study of Second-Year Examinations” in *Medical Education in South Africa: Proceedings of the Conference on Medical Education held at the University of Natal, Durban in July 1964,* eds. J.V.O. Reid and A.J. Wilcot (PMB: Natal University Press, 1965), 184.

[5] These two sociological studies, which were led by H.L. Watts, were conducted by researchers at the University of Natal’s Institute for Social Research. See footnote 4 for more on the first study. Watts, “Black Doctors: Part I. The Student”, 4-5, 44. In 1970, the views of 80 African, Indian and Coloured doctors who had graduated from the school between 1957 and 1970 were surveyed. 46% of these respondents were African. See H.L. Watts. “Black Doctors: An Investigation into Aspects of the Training and Career of Students and Graduates from the Medical School of the University of Natal. Part II: The Graduates” (University of Natal, Durban: Institute for Social Research, 1976), 4-5. The 1969 study found that only 1/5th of Africans surveyed came from rural areas in terms of their home backgrounds, while only 1/10th of Indians and Coloureds came from rural homes.

[6] Watts found that many of the respondents’ fathers had at least a high school Grade 8 level education against Indians, a Grade 9 level education amongst Africans, and a Grade 10 education level amongst Coloureds surveyed. Watts argues that a lower Indian parental education level may reflect the fact that it was possible amongst Indian South African at the time to make a good living through commercial activities, which did not require the completion of one’s schooling. Comparatively, commerce was a limited avenue of advancement for Africans, making attainment of a higher education more important for career advancement. See Watts, “Black Doctors. Part I: The Student,” 6 and Watts, “Black Doctors. Part II: The Graduates”, 5.

[7] In his study of graduates, Watts found that 2/3rds of respondents “had a father who was a white-collar worker – in fact over half came from upper white-collar homes” and that in nearly all cases, the mother of a graduate was “either a housewife or a white-collar worker (usually a teacher or a nurse)”. Watts, “Black Doctors. Part II: The Graduates”, 5. Also see Watts, “Black Doctors. Part I: The Students”, 6-7. In another study conducted by J.W. Macquarrie, a University of Natal researcher, he found that educated occupations such as lawyers, teachers, nurses, clerks, ministers and businessmen were well represented among the parents of African university students in the 1950s and 1960s. See J.W. Macquarrie, “The Sociological Background of the African University Student” in *Medical Education in South Africa,* 226. Also see Kuper, *An African Bourgeoisie,* 97-98.

[8] Kuper, *An African Bourgeoisie,* 7. Also see Frank Molteno. “The Historical Foundations of the Schooling of Black South Africans” in Peter Kallaway ed. *Apartheid and Education: The Education of Black South Africans* (Johannesburg: Ravan Press, 1984), 74.

[9] In his studies, Watts found that 2/3rds of Africans surveyed were from major Protestant denominations, 1/8th from the Roman Catholic Church, and 1/10th from other minor Western sects. Only 8% of the students had parents belonging to Bantu separatist churches, 3% stated that they had parents whose religion was “traditional ancestor worship” and 2% had parents who were stated to be agnostic or atheistic. See Watts, “Black Doctors. Part I: The Students”, 5-6 and Watts, “Black Doctors. Part II: The Graduates”, 4.

[10] For more on this, see Peter Kallaway ed. *Apartheid and Education: The Education of Black South Africans* (Johannesburg: Ravan Press, 1984).

[11] Interviews with Dr S.B. Pitsoe, UNMS, Durban, 17 July 2003 and Dr Veronica Wilson, UNMS, Durban, 6 November 2003. Other missionary high schools that produced applicants for the school included Inanda Seminary, Adams College, Lovedale and Healdtown to name but a few. Also see Macquarrie, “The Sociological Background of the African University Student” in *Medical Education in South Africa,* 226.

[12] Kuper. *An African Bourgeoisie*, 73-74.

[13] Watts, “Black Doctors. Part I: The Students”, 5. For similar statistics amongst medical graduates studied in 1970, see Watts, “Black Doctors. Part II: The Graduates”, 4. Hindus (72%), Muslims (19%).

[14] Ramphele is currently Chairperson of Goldfields Limited, South Africa and has held several important positions, such as Director of Standard Bank (2005-2007); she was a Managing Director of the World Bank (2000-2004) and was Vice-Chancellor of UCT in 2000 and Deputy Vice-Chancellor between 1991-1996. She was also one of the founding members and an active anti-apartheid activist within the Black Consciousness Movement along with Steve Biko during the late 1960s and through the 1970s, which saw her banished by the apartheid government to town of Tzaneen from 1977 to 1984. http://www.whoswhosa.co.za/mamphela-ramphele-4739

[15] Ramphele, *Across Boundaries*, 51. Dr. Ramphele’s father passed away just before she started her medical studies in the late 1960s. Thus she and her sibling relied on her mother’s meagre earnings as a primary school teacher.

Fortunately, Dr. Ramphele's excellent matriculation marks won her a full scholarship to study in Durban.
[16] Interview with Dr. Maila J. Matjila, UNMS, Durban, 11 July 2003. Also see Macquarrie, "The Sociological Background of the African University Student" in *Medical Education in South Africa*, 226 who discusses how some UN students did come from unskilled, humble backgrounds.
[17] J.H. Abramson, "Natal Medical Students' Attitudes to the Social and Preventive Aspects of Medicine", *South African Medical Journal (SAMJ),* 35, 25 March 1961.
[18] Steven D. Gish. *Alfred B. Xuma: African, American, South Africa* (London: Macmillan Press, 2000), 58-59.
[19] Coovadia became professor and head of the Department of Paediatrics from 1990 to 2000. He is a member of the National Planning Commission and is currently holds the Victor Daitz Chair and is the Scientific Director at the Doris Duke Medical Research Centre at the Nelson Mandela School of Medicine at the University of KwaZulu-Natal. According to http://www.whoswhosa.co.za/jerry-coovadia-2890, he has published "leading papers on the basic science and pathogenesis, clinical management, epidemiology, prevention, and contextual factors, for the major causes of morbidity, disability and mortality, among Africa's children" and has contributed much on HIV/AIDS research.
[20] Interview with Prof. Jerry Coovadia, UNMS, Durban, 24 June 2003. For more on the restrictions Indian medical students and their families endured under apartheid Group Areas laws, see Adam Starz's. *Between Laughter and Tears* (Ladysmith, RSA: Sinclair Publishing, 1986) and Haroon R. Elias. *Short Story Kaleidoscope* (Northmead, RSA: Prestige Publications, 1995), 22-31.
[21] Although the Bantu Education Act was passed in 1953, it only came into effect for African schools in 1955. See Molteno, "The Historical Foundations of the Schooling of Black South Africans" and Pam Christie and Colin Collins, "Bantu Education: Apartheid Ideology and Labour Reproduction", both in *Apartheid and Education,* 88, 94, 161, 171-173, 182; A.L. Behr. *New Perspectives in South African Education* (Durban: Butterworths, 1978), 205-239; and Muriel Horrell, *Bantu Education to 1968* (Johannesburg: SAIRR, 1968), 151.
[22] See Christie and Collins. "Bantu Education: Apartheid Ideology and Labour Reproduction" in *Apartheid and Education,* 161-162, 171, 182. These authors assert that of 7000 schools counted in the early 1950s, over 5000 had been missionary-run prior to the passage of the Bantu Education Act. However, by 1959, most black schools had been brought under the control of the government.
[23] There was a lower per capita expenditure on the education of African pupils (average R48.55), compared to Coloured (R159.59), Indian (R219.96), or white (R645) pupils. See P. Tobias. "Apartheid and Medical Education: The Training of Black Doctors in South Africa", *The Leech* 60, no. 1, March 1991, 96. As mentioned in a previous chapter, although Indians and Coloureds faced racial discriminations under apartheid too, as part of the state's attempts to win allies from minority groups for their policies, these communities received better financial support from the state for things such as education, which qualitatively improved the standard of education received by their children in government schools, compared to African children.
[24] Macquarrie, "The Sociological Background of the African University Student" in *Medical Education in South Africa*, 226; Frank Molteno, "The Historical Foundations of the Schooling of Black South Africans", 89 and Pam Christie and Colin Collins, "Bantu Education: Apartheid Ideology and Labour Reproduction", 165, 178-179 both in Kallaway ed. *Apartheid and Education.*
[25] Tobias, "Apartheid and Medical Education", 97 and I. Gordon, "Experience in the Establishment of a Medical School for Non-White Undergraduate Students in South Africa" in *Medical Education in South Africa.*
[26] Interview with Dr May Mashego, UNMS, Durban, 7 October 2003.
[27] Molteno, "The Historical Foundations of the Schooling of Black South Africans" and Christie and Collins, "Bantu Education: Apartheid Ideology and Labour Reproduction" both in *Apartheid and Education*, 86 and 160.
[28] W.R.G. Branford, "Examination Systems and Selection: The Experiences of the Admissions Committee of the Board of the Faculty of Medicine, University of Natal" and Macquarrie, "The Sociological Background of the African University Student", both in *Medical Education in South Africa*, 196 and 227.
[29] Christie and Collins, "Bantu Education: Apartheid Ideology and Labour Reproduction" in *Apartheid and Education,* 176-177.
[30] See Hirson, *Year of Fire, Year of Ash,* 13, 60. The figures for 1970 read in a similar vein. The total number of white children in high school was 34.4% and 4.2% in Grade 12. Only 4.5% African children reached high school and only 0.1% Grade 12. Asian and Coloured figures lie in between these extremes. 24.3% Asian children were in high school and only 1.6% in Grade 12. 11.1% of Coloured children were in high school and only 0.4% in Grade 12. See *South African Statistics*, 1972 (Pretoria: Department of Statistics, 1972) quoted in Peter Cooper, *The Need for Doctors in South Africa* (Cape Town: The South African Medical Scholarships Trust, 1974), 3.
[31] In 1956 there were 9.5 white students per 1000 of the white population but only 0.2 African students per 1000 of the African population. Between 1960 and 1990, even after the expansion in the provision of "ethnic" university facilities for black students, the number of students per 1000 of the population who attended university was still fewer than 3 for Africans and over 30 for whites, although African constituted over 70% of the total South African population. See J. Dreijmanis. *The Role of the South African Government in Tertiary Education* (Johannesburg: SAIRR, 1988), 120-122; Cooper, *The Need for Doctors in South Africa,* 3 and Branford, "Examination Systems and Selections" in *Medical Education in South Africa*, 195-196.

[32] Ramphele, *Across Boundaries*, 43. Also see Belinda Bozzoli. "Marxism, Feminism and South African Studies," *Journal of Southern African Studies* 9, no. 2, April 1983; Cherryl Walker ed. *Women and Gender in Southern Africa to 1945* (Cape Town: David Philip, 1990).

[33] Interview with Prof. Fatima Mayet, Cheshire Homes Office, Durban, 4 June 1999.

[34] Interview with Prof. A, 23 September 2003.

[35] Dr. K. Goonam. *Coolie Doctor: An Autobiography* (Durban: Madiba Publications, 1991), 25. Cherryl Walker argues in her book *Women and Resistance in South Africa,* 106 that women in the South African Indian community faced much subjection. Both the Hindu and Muslim religions sanctioned extreme forms of submission and passivity amongst women. These religious communities objected to women participating in any form of activity outside the home, with marriage and motherhood being seen as their primary duty. As late as 1960, only 4.7% of Indian women of all ages were economically active in the country.

[36] Nkosazana Dlamini Zulu became an important politician in the post-apartheid government, holding positions as Minister of Health (1994-1999) and Foreign Affairs (1999-2009) and is now Minister of Home Affairs (2009-present). She has also been a member, sometimes holding chairperson duties of the ANC's National Executive Committee, the National Working Committee, and the Women's League National Executive Committee between the 1990s and 2000s. See http://www.whoswhosa.co.za/nkosazana-dlamini-zuma-919

[37] Wits, SAHA, South African Political Materials 1964-1990, The Karis-Gerhart Collection, Interviews: Part I, Folder 41, Zuma, Nkosazana Dlamini, London, 2 July 1988 by Gail Gerhart, 16.

[38] Ramphele, *Across Boundaries,* 51.

[39] Rowena Martineau. "Women and Education in South Africa: Factors Influencing Women's Educational Progress and their Entry into Traditionally Male-Dominated Fields," *The Journal of Negro Education* 66, 4, Autumn, 1997.

[40] For more on feminine career channelling for girls, see Marks, *Divided Sisterhood* book; Ramphele, *Across Boundaries*, 43; and Catherine Burns, "A Man is a Clumsy Thing who does not know how to Handle a Sick Person: Aspects of the History of Masculinity and Race in the Shaping of Male Nursing in South Africa, 1900-1950," *Journal of Southern African Studies* 24, no. 4, December 1998.

[41] Interview with Dr. Maila J. Matjila, UNMS, Durban, 22 September 2003. He is currently Professor and HOD of the University of Pretoria Medical School.

[42] White women were accepted into South Africa's medical schools when they first opened in the early 20th century. They benefited from the many earlier battles that women had fought to gain entry into overseas medical schools. Black women were restricted until the early 1940s for the same reason that their male counterparts were, because of their race. See Beryl Unterhalter. "Discrimination against Women in the South African Medical Profession," *Social Science and Medicine* 20, 1985; and "Shattering the Male Monopoly: The History and Struggle of Female Doctors," *The Leech* 62, no. 3, November 1993.

[43] For more on arguments about black women's interlocking race, class and gender oppressions, see Bell Hooks. *Feminist Theory from Margin to Centre* (Boston, MA.: South End Press, 1984) and Kimberle Crenshaw. "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color" in *Critical Race Theory,* eds., Kimberle Crenshaw, Neil Gotanda, Gary Peller and Kendall Thomas (New York: New Press, 1995).

[44] Campbell Collections (CC) Gordon Papers (GP) File 21 KCM 25878 UN Medical School – Committee for Admissions, Bursaries, Scholarships and Prizes, 1955-1956, "Summary of the Conditions of the Award of a Bursary-Loan Offered by the Government of the Union of South Africa at the University of Natal", n/d.

[45] CC GP File 21 KCM 25878, "Summary of Conditions of the Award of a Bursary-Loan offered by the Government of the Union of South Africa at the University of Natal".

[46] Saleem Badat. *Black Student Politics: Higher Education and Apartheid, from SASO to SANSCO, 1968-1990* (New York and London: Routledge, 1999), 50-55, 63. For more on this issue, see Mary Alice Beale. "Apartheid and University Education, 1948-1970" (Ph.D. diss., University of the Witwatersrand, 1998).

[47] Interview with Prof. M, 28 July 2003.

[48] Watts, "Black Doctors. Part I: The Students", 11.

[49] These bursary-loans were usually given to African students who received the highest marks in each year. Only occasionally were such bursary-loans awarded to needy Indian or Coloured students when suitable African candidates were not available. CC GP File 8 KCM 22571, "Minutes of Meeting of Acting Board of Faculty of Medicine held on 1 September, 1954" and Brookes. *A History of the University of Natal,* 86.

[50] For example, Dr. May Mashego received an Anglo-American scholarship. See Interview with Dr. May Mashego, UNMS, Durban, 14 October 2003. Also see Ramphele, *Across Boundaries*, 52 and Interviews with Prof. M.B. Kistnasamy, UNMS, Durban, 26 August 2003 and Prof. Breminand Maharaj, UNMS, Durban, 10 June 2003.

[51] Dr Wilson also managed to secure a Natal Provincial Administration (NPA) loan in her later years, which she had to pay back. Interview with Dr Veronica Wilson, UNMS, Durban, 6 November 2003.

[52] Watts, "Black Doctors. Part I: The Students", 12 and Watts, "Black Doctors. Part II: The Graduates", 18.

[53] Interview with Dr B.T. Naidoo, R.K. Khan Hospital, Chatsworth, Durban, 15 September 2003.

[54] Watts, "Black Doctors. Part I: The Students", 40; B.T. Naidoo. "The First Twenty-Five Years," *Natal University News*, no. 2, Autumn 1976, 9 and Interview with K.P. Naidoo, MRSC Office, UNMS, 4 June 2004.
[55] In his study, Watts found that amongst his respondents, the oldest and youngest children received the most educational advantages, as the oldest were the first to benefit from parental support, while the youngest could draw on older siblings with jobs. In his study, he found that almost 3/5ths of Africans surveyed had been either the eldest or an elder child, and 1/3rd of the Indians. Conversely, ¼ of Africans had been the youngest or one of the younger children, as against half of the Indian students surveyed. See Watts, "Black Doctors, Part I: The Students", 6.
[56] Interview with Prof. T, 21 August 2003. Similar points were raised in Interviews with Dr. Maila J. Matjila, UNMS, Durban, 11 July 2003 and Dr B.T. Naidoo, R.K. Khan Hospital, Chatsworth, Durban, 15 September 2003.
[57] Interview with Prof. T, 21 August 2003. Fatima Mayet, worked as an assistant in her father's general dealer shop during weekends and holidays too. Interview with Prof. Fatima Mayet, Cheshire Homes Office, Durban, 4 June 1999. Also see Watts, "Black Doctors. Part I: The Student", 11.
[58] Interview with Dr Maila John Matjila, UNMS, Durban, 11 July 2003.
[59] Watts, "Black Doctors. Part II: The Graduates", 4.
[60] See Watts, "Black Doctors. Part I: The Students", 38. Some interviewees told me that they started off at another black university college doing B.Sc. subjects if they did not get into Durban after their first attempt, to increase their science and maths marks to improve their chances of getting in the following year e.g. Interview with K.P. Naidoo, UNMS, Durban, 4 June 2004. Others had applied to Durban after having experimented with other subjects or possible degrees and changing their minds. Interview with Prof. T, 21 August 2003.
[61] Makgoba is currently the Vice-Chancellor and principal of the University of KwaZulu-Natal, a position he has held since 2004. Among his many accolades, he was Deputy Vice-Chancellor (Academic) and Ad Hominem Professor of Molecular Immunology at the University of the Witwatersrand, president of the Medical Research Council and Leader of the South African Aids Vaccine Initiative from 1998 to 2002, and is a member of the National Planning Commission. http://www.whoswhosa.co.za/malegapuru-makgoba-5255
[62] M.W. Makgoba. *Mokoko: The Makgoba Affair: A Reflection on Transformation* (Florida Hills, RSA: Vivlia Publishers, 1997), 29-31.
[63] Interviews with Prof. Jerry Coovadia, UNMS, Durban, 24 June 2003 and Dr. Maila J. Matjila, UNMS, Durban, 11 July 2003.
[64] Interview with Prof. M.B. Kistnasamy, UNMS, Durban, 26 August 2003.
[65] Interview with Dr K, 14 November 2003. Kuper argued that there were fewer professional jobs open to blacks during apartheid. For example, during the 1950s and 1960s, architecture, dentistry, engineering and accountancy were not courses available for Africans to study. Kuper, *An African Bourgeoisie,* 234.
[66] Interview with Prof. Y.K. Seedat, UNMS, Durban, 7 July 2003.
[67] Kuper, *An African Bourgeoisie*, 122-125, 154, 244. Interviews with Dr. B.T. Naidoo, R.K. Khan Hospital, Chatsworth, 15 September 2003 and Dr May Mashego, Ashburton, Pietermaritzburg, 18 October 2003.
[68] Interview with Bongiwe Bolani, Durban, 1 May 1999.
[69] Kuper, *An African Bourgeoisie*, 7, 96, 239 and Watts, "Black Doctors. Part II: The Graduates", 5.
[70] Interview with Prof. Max Price, Wits Medical School, 19 August 2003. Max Price is the current Vice-Chancellor and principal of UCT. Also see Interview with Dr May Mashego, UNMS, Durban, 7 October 2003. In his 1969 study, Watts found that students mentioning financial security afforded by choosing medicine as a career amounted to 28% of Africans, 11% of Indians and 29% of Coloureds. See Watts, "Black Doctors. Part I: The Students", 9.
[71] Bloke Modisane. *Blame Me on History* (New York and London: Simon & Schuster, ©1963, 1986), 33-34.
[72] After 1959, when the Extension of University Education Act limited the number of black students admitted into the University of Natal. UNB referred to this University's medical school, which was the only faculty allowed to admit black students in large numbers.
[73] Interview with K.P. Naidoo, UNMS, Durban, 4 June 2004.
[74] Watts found that 22% of Africans, 32% of Indians and 40% of Coloured surveyed mentioned the opportunity to serve others as a primary reason for studying medicine. See Watts, "Black Doctors. Part I: The Students", 9.
[75] For example, Dr. Maila J. Matjila's father died from pneumonia when he was 10 years old. His mother died 7 years later from cardiac failure. He argued that he felt "cheated and robbed for losing my parents at a very early age and in fact there is something that hopefully I could do in response to help those who … needed me". Interview with Dr Maila J. Matjila, UNMS, Durban, 11 July 2003.
[76] Interview with Dr Veronica Wilson, UNMS, Durban, 6 November 2003.
[77] Interview with Prof. Breminand Maharaj, UNMS, Durban, 10 June 2003. Also see Raymond Tunmer. "Vocational Aspirations of African High-School Pupils" in *Student Perspectives on South Africa,* ed. Hendrik W. van der Merwe and David Welsh (Cape Town: David Philip, 1972), 146-9.
[78] Of course, initial aims might later be compromised, re-priorised or even repudiated within a hostile or unsupportive professional or political context.
[79] Anne Digby. "Early Black Doctors in South Africa", *Journal of African History,* 46, 3, November 2005.

[80] Interview with Prof. Y.K. Seedat, UNMS, Durban, 7 July 2003. Also see http://www.hospice.co.za/site/files/5600/CURRICULUM%20VITAE%201%20pageProf%20Seedat.doc and Watts, "Black Doctors. Part II: The Graduates", 9.
[81] Wits, SAHA, The Karis-Gerhart Collection, Interviews: Part I, Folder 41, Zuma, Nkosazana Dlamini, London, 2 July 1988, 16.
[82] Ramphele, *Across Boundaries*, 12-14.
[83] Interview with Prof. Fatima Mayet, Cheshire Homes Office, Durban, 4 June 1999.
[84] Interview with Dr May Mashego, UNMS, Durban, 7 October 2003. During the early 1980s, May Mashego married a doctor – Zweli Mkhize – whom she had met as a student at the Durban medical school. His involvement in underground ANC anti-apartheid activities in the 1980s and early 1990s influenced her working life, including being forced to leave the country on occasion.
[85] Watts, "Black Doctors. Part I: The Students", 9-10.
[86] Ramphele, *Across Boundaries*, 44. Also see pages 72-73, 181.
[87] Interview with Prof. Fatima Mayet, Cheshire Homes Office, Durban, 4 June 1999. Prof. Jerry Coovadia was also denied a study permit to go to UCT medical school where he had been accepted during the 1950s. Interview with Prof. Jerry Coovadia, UNMS, Durban, 24 June 2003.
[88] Interviews with Prof. Soromini Kallichurum, UNMS, Durban, 29 May 1999; Prof. M.B. Kistnasamy, UNMS, Durban, 26 August 2003; and Dr B.T. Naidoo, R.K. Khan Hospital, Chatsworth, Durban, 15 September 2003.
[89] Interview with Dr. Maila J. Matjila, UNMS, Durban, 11 July 2003. Interviewee's emphasis.
[90] Interview with Dr May Mashego, UNMS, Durban, 7 October 2003. Interviewee's emphasis.
[91] Tobias, "Apartheid and Medical Education", 96.
[92] Interview with Prof. M, 28 July 2003.
[93] UKZN Special Collections (SC), E.G. Malherbe (EGM) Library, "The Middle Years: Professor Taole Mokoena's Story" in *University of Natal Nelson R. Mandela School of Medicine: 50 Years of Achievement in Teaching, Service and Research,* managing eds., Jack Moodley and Smita Maharaj (University of Natal Nelson R. Mandela School of Medicine: Communications Office, 2000), 16.
[94] UKZN SC EGM Library, "Medical School – Durban's Other Campus," *Dome* 3, April 1989.
[95] Speech given by Prof. Soromini Kallichurum, *University of Natal, Nelson R. Mandela School of Medicine, 50th Anniversary Banquet* (University of Natal, Durban: Audio-Visual Center, 29 July 2000).
[96] Patricia Anne Esselaar. "'Idealism Tempered by Realism': Dr. E.G. Malherbe and Issues of Segregation and Apartheid at the University of Natal, 1945-1965" (M.A. diss., University of the Witwatersrand, 1998), 40, 190-191.
[97] Interview with Prof. Y.K. Seedat, UNMS, Durban, 14 July 2003.
[98] Speech given by Dr. Zweli Mkhize, *50th Anniversary Banquet*. For more on Zweli Mkhize's biography, see http://www.whoswhosa.co.za/zweli-mkhize-2310
[99] E.G. Malherbe. *Never a Dull Moment.* (UK: Timmins Publishers, 1981), 297.
[100] UKZN Archives PMB, H6/1/1, Medical School – History. G.W. Gale, "The Story of the Durban Medical School", 25 January 1976, 18.
[101] Pretoria National Archives Repository (NAR), UOD, Vol. 56, Ref. U3/26/4/5 University of Natal Building Grants and Loans for Medical School Non-Europeans Durban, "Letter from Dr E.G. Malherbe to The Secretary for Public Works, Pretoria re Wentworth Camp: Proposed Non-European University College," 14 August 1947, 2 and E.H. Brookes. *A History of the University of Natal* (Pietermaritzburg: University of Natal Press, 1966), 86.
[102] I. Gordon. "Report of the Government's Intended Action to Remove the Faculty of Medicine from the University of Natal" (Durban: Hayne and Gibson, 4 March 1957), 11 and UKZN CC GP File 23 KCM 25915 University of Natal Medical School, Miscellaneous, W.R.G. Branford and A.W. Rees, "Pre-Medical Courses in Arts and Science and the Non-European Hostel," Addressed to All Members of the Faculty of Arts, n/d [late 1950s?].
[103] Interview with Dr. Z, 6 October 2003.
[104] H.L. Watts. "Black Doctors: An Investigation into Aspects of the Training and Career of Students and Graduates from the Medical School of the University of Natal. Part I. The Students" (University of Natal, Durban: Institute for Social Research, 1975), 27. During the early years, complaints were also raised by Muslim students about the canteen's lack of consideration for their *halaal* food preferences or the variety of *halaal* foods offered.
[105] UKZN SC EGM Library, K.P. Mlisana. "UND Black Section – Personal Reflections," *The University of Natal Medical School Reconciliation Graduation Booklet* (Durban: Indicator Press, December 1995), 11. Koleka Mlisana obtained her MB.ChB. degree in Durban in 1986, and went on to specialise in Medical Microbiology at this same institution between 1989 and 1993.
[106] UKZN Campbell Collections (CC) Gordon Papers (GP) File 13 KCM 25735 UN Medical School, "Letter from Dr E.G. Malherbe to the Secretary for Education, Arts and Science re Extension of Hostel Accommodation at Wentworth," 11 May 1953.

[107] UKZN SC EGM Library, "Reminiscences: The Early Days. Dr. Thaven "BT" Naidoo's Story," *University of Natal Nelson R. Mandela School of Medicine: 50 Years of Achievement in Teaching, Service and Research,* managing eds., Jack Moodley and Smita Maharaj (University of Natal Nelson R. Mandela School of Medicine: Communications Office, 2000), 13.
[108] NAR K296 E5/49 Medical Training Komitee van Ondersoek oor Mediese Opleiding, 1968-69, "Letter from G.A.H. Chapman (Warden, Alan Taylor Residence) to Prof. I. Gordon (Dean Faculty of Medicine)", 23 October 1968; and UKZN Archives PMB C10/6/1-2, "Memorandum on the Need to Increase the Accommodation Available for Medical Students at the Alan Taylor Residence, 1972" and UKZN Archives PMB C10/7/1, "Alan Taylor Residence," UN Council Minutes, 18 March 1977, 215.
[109] In more recent years, this refinery became known as the Engin Oil Refinery.
[110] Interview with Prof. Hugh Philpott, Kloof, 14 July 2003.
[111] UKZN Archives PMB MQ 1/1/1-5, "Facts you should know…" in *The Amoeba* 2, no. 6, 1 September 1954, 3.
[112] See Interview with Dr. Mfanyana J. Ndlovu, Durban, 14 August 2003 and Mamphela Ramphele. *Across Boundaries: The Journey of a South African Woman Leader* (New York: The Feminist Press, 1995), 58. UKZN Archives PMB MQ 1/1/1-5, "A Response to Gas Smell from Oil-Refinery," *The Amoeba* 2, no. 4 , 10 May 1954, 8.
[113] UKZN CC GP File 23 KCM 25915 Branford and Rees, "Pre-Medical Courses in Arts and Science and the Non-European Hostel."
[114] Interview with Dr. Maila J. Matjila, UNMS, Durban, 11 July 2003.
[115] Interview with Prof. Hugh Philpott, Kloof, 14 July 2003. Also see UKZN Board of the Faculty of Medicine Minutes held on 11, 13 and 15 May 1981.
[116] Interview with Dr. Veronica Wilson, UNMS, Durban, 6 November 2003.
[117] See UKZN Archives PMB MQ 1/1/1-5, "The Transport Problem" in *The Amoeba* 1, no. 5, 16 April 1953, 6, and UKZN Archives PMB C10/7/1, "Transport for Black Students," UN Council Minutes, 15 June 1979, 204.
[118] Interviews with Prof. Breminand Maharaj, UNMS, Durban, 10 June 2003; Dr. Veronica Wilson, UNMS, Durban, 6 November 2003; and Prof. M, 28 July 2003.
[119] Breminand Maharaj. "University of Natal Medical School Submission to the Truth and Reconciliation Commission", 23 June 1997, 2. My thanks to Prof. Maharaj for giving me a copy of this report.
[120] See UKZN CC GP File 6 KCM 25708 Appendix CC, "Some Comments by the Organiser on Pass and Curfew Laws that affect our African students", 24 April 1956.
[121] Interview with Dr. B.T. Naidoo, R.K. Khan Hospital, Chatsworth, 15 September 2003. For a discussion of such an experience by an African doctor see Interview with Dr. S.B. Pitsoe, UNMS, Durban, 17 June 2003.
[122] See UKZN Archives PMB MQ 1/1/1-5, "The Transport Problem" in *The Amoeba* 1, no. 5, 16 April 1953, 6 and UKZN Archives PMB C10/7/1, "Transport for Black Students," UN Council Minutes, 15 June 1979, 204.
[123] Watts, "Black Doctors. Part I: The Students," 5, 24.
[124] Interview with Prof. Fatima Mayet, Cheshire Homes Office, Durban, 4 June 1999.
[125] See Muriel Horrell. *Bantu Education to 1968* (Johannesburg: SAIRR, 1968), 153; Surendra Bhana. "University Education" in *South Africa's Indians: The Evolution of a Minority*, ed. Bridglal Pachai (Washington, D.C.: University Press of America, 1979), 400 and Starz, *Between Laughter and Tears,* 9, 13.
[126] I. Gordon. "Experience in the Establishment of a Medical School for Non-White Undergraduate Students in South Africa", in *Medical Education in South Africa,* 296.
[127] Haroon R. Elias. *Short Story Kaleidoscope* (Northmead, RSA: Prestige Publications, 1995), 22-31; Interview with Prof. A, 6 November 2003; and Starz, *Between Laughter and Tears,* 21.
[128] Interview with Dr. K, 14 November 2003.
[129] Interview with Dr. B.T. Naidoo, R.K. Khan Hospital, Chatsworth, Durban, 10 November 2003.
[130] Interview with Dr. May Mashego, Ashburton, Pietermaritzburg, 18 October 2003.
[131] See for example, Interview with Dr. May Mashego, 14 October 2003 and Deena Padayachee. "Whites and Indians Opposed Apartheid of the Medical School", *Natal Witness*, 7 September 2000.
[132] Interviews with Dr. K, 14 November 2003 and Dr. B.T. Naidoo, R.K. Khan Hospital, Chatsworth, 10 Nov. 2003.
[133] Interview with Prof. T, 21 August 2003. Also see Interview with Dr. May Mashego, UNMS, Durban, 14 October 2003 and Dr. Pooba Govender, Questionnaire, 2003. Watt's studies of students who studied in the 1960s found that many students from different "races" did not mix easily, that friendships often occurred along "group lines", and that friction or apathy between these groups was common. Watts, "Black Doctors. Part I: The Students", 24, 41 and Watts. "Black Doctors. Part II: The Graduates", 13.
[134] Interviews with Dr. B.T. Naidoo, R.K. Khan Hospital, Chatsworth, 15 September 2003 and Dr. Veronica Wilson, UNMS, Durban, 6 November 2003.
[135] For example, in 1960, only 26 African candidates compared to 130 Indian candidates obtained the minimum qualification for admission to the Faculty – matriculation with passes in Mathematics and English. See W.R.G. Branford, "Examination Systems and Selection: The Experiences of the Admissions Committee of the Board of the

Faculty of Medicine, University of Natal" in *Medical Education in South Africa*, 195.

[136] See UKZN CC E.G. Malherbe Collection (EGM) File 463/5/2 KCM 56990 (59) f. W.R.G. Branford, "Interim Report on Applicants of Admission to Pre-Medical Courses at UN 1951-60", 4-5 and Branford, "Examination Systems and Selection" in *Medical Education in South Africa*, 193-194.

[137] See for example, "Indian Accusations against Medical School Refuted," *Natal Mercury,* 13 November 1964.

[138] Interview with Prof. Soromini Kallichurum, Durban, 29 May 1999.

[139] For example, in 1966 it was reported that in four Soweto schools, with 3,080 pupils, and in which 80% of the pupils were taught science, the total scientific equipment consisted of 13 Bunsen Burners, 6 balances, and 3 microscopes! See Barach Hirson. *Year of Fire, Year of Ash: The Soweto Revolt: Roots of a Revolution?* (London: Zed Press, 1979)*,* 60. Also see See P. Tobias. "Apartheid and Medical Education: The Training of Black Doctors in South Africa", *The Leech* 60, no. 1, March 1991, 97.

[140] Interview with Dr. S.B. Pitsoe, UNMS, Durban, 17 July 2003. For a similar comment, see Interview with Dr. Mfanyana J. Ndlovu, Durban, 14 August 2003.

[141] Interview with Prof. T, 21 August 2003. For similar experiences at Wits, see Esline N. Shuenyane. "Black Medical Students' Perceptions of Medical School and the Medical Course" (Master's of Education, University of the Witwatersrand, Johannesburg, 1991), 3, 24, 45, 54, 59.

[142] Interviews with Prof. T, 21 August 2003; Dr. K, 14 November 2003 and Prof. M, 28 July 2003; and Speech given by Dr. Kgotsi Letslape, *50th Anniversary Banquet.*

[143] Beryl Unterhalter. "Discrimination against Women in the South African Medical Profession," *Social Science and Medicine* 20, 1985 and "Shattering the Male Monopoly: The History and Struggle of Female Doctors," *The Leech* 62, no. 3, November 1993. In 1963, 11% of registered doctors in South Africa were women. This increased to 14% in 1984 and to 20% in 1994. See Chris P. Hudson, Jocelyne Kane-Berman and Rosemary Hickman. "Women in Medicine: A Literature Review – 1985-1996," *SAMJ* 87, no. 11, November 1997, 1512.

[144] This figure was made up of roughly equal proportions of female students amongst African (16%) and Indian (19%) students, while Coloured women made up a slightly higher figure of 30% during this period. Watts, "Black Doctors. Part I: The Students", 37-38.

[145] UKZN Archives PMB MF3/1/1-8 MedNews: Faculty of Medicine Newsletter. J. Moodley, "Inaugural Lecture: Women, Health and Research Development," *MedNews,* November/December 1995.

[146] See UKZN Archives PMB MQ 1/1/1-5, V.K.G. Pillay, "The University Student," *The Amoeba* 1, no. 6, 27 May 1953; "Analysis of Woman," *The Amoeba* 1, no. 2, 12 October 1953, 5; "My Apologies to 'Cats,'" *The Amoeba* 3, no. 1, October 1954, 5; G.W. Gale, "The Durban Medical School: A Progress Report," *SAMJ,* 7 May 1955, 437; UKZN Archives PMB CF 8/1/1- UN Hippocratic Oath Ceremony, 1975. "Address by the Principal Prof. Francis E. Stock", 2; "Memorandum from the MSRC to Faculty of Medicine Board re Other Student Problems," UKZN Board of the Faculty of Medicine Minutes, 2 February 1987, 5; Ramphele, *Across Boundaries,* 69-70, 79; Interviews with Dr. Veronica Wilson, UNMS, Durban, 6 November 2003 and Dr. May Mashego, UNMS, Durban, 14 October 2003.

[147] Interviews with Dr. B.T. Naidoo, R.K. Khan Hospital, Chatsworth, 15 September 2003 and Dr. Veronica Wilson, UNMS, Durban, 6 November 2003. For more on the subject of the need to protect African women's virginity during the twentieth century in the nursing profession, see Shula Marks. *Divided Sisterhood: Race, Class and Gender in the South African Nursing Profession* (London: MacMillan Press and New York: St. Martin's Press, 1994), 103-4, 210.

[148] Interview with Dr. Veronica Wilson, UNMS, Durban, 6 November 2003; Starz, *Between Laughter and Tears,* 23.

[149] This informant preferred to remain anonymous. Not all students participated in this sub-culture. It did not apply to students who lived off-campus, and those who considered themselves religiously devout. Watts found in his study that sexual promiscuity was seen as occurring to a significant extent by 1/5th of the 80 medical graduates surveyed. See H.L. Watts. "Black Doctors: An Investigation into Aspects of the Training and Career of Students and Graduates from the Medical School of the University of Natal. Part II: The Graduates" (UN, Durban: ISR, 1976), 4. One African student, who was well-known for his womanising activities, was Steve Biko. See Aelred Stubbs, "Martyr of Hope: A Personal Memoir" in Steve Biko. *I Write What I Like* (New York: HarperCollins Publishers, 1978), 171-174; Donald Woods. *Biko* (New York: Henry Holt and Company, 1978, 1987), 82; Lindy Wilson. "Bantu Stephen Biko: A Life" and Mamphela Ramphele. "The Dynamics of Gender within Black Consciousness Organisations: A Personal View", both in *Bounds of Possibility: The Legacy of Steve Biko and Black Consciousness,* eds. Barney Pityana, Mamphela Ramphele, Malusi Mpumlwana and Lindy Wilson (Cape Town: David Philip and London and New Jersey: Zed Books, 1991), 16, 36-40, 226.

[150] Interview with Dr. Z, 6 October 2003. Also see Interviews with Dr. Veronica Wilson, UNMS, Durban, 6 November 2003; Dr. May Mashego, 7 October 2003; and Dr. K, 14 November 2003.

[151] Interviews with Dr Z, 11 September 2003 and Dr. S.B. Pitsoe, UNMS, Durban, 17 July 2003.

[152] Branford, "Examination Systems and Selection" in *Medical Education in South Africa*, 191, 194, 196.

[153] Gordon, "Experience in the Establishment of a Medical School for Non-White Undergraduate Students in South Africa" in *Medical Education in South Africa*, 295.

[154] By the early 1960s, three points of entry existed to this school, depending on the length of time students had been out of high school, what schools they had come from, what matric marks they had obtained, and whether they had

acquired relevant subject passes at the university level. The Preliminary Year was only abandoned in 1975, because of the additional cost and because the selection committee felt that the standard of Bantu Education had improved sufficiently to warrant student admittance straight into the First Year. See Gordon, "Experience in the Establishment of a Medical School for Non-White Undergraduate Students in South Africa" in *Medical Education in South Africa*, 302 and "End to Course Causes Anger," *Natal Mercury,* 27 June 1973.

[155] See J.V.O. Reid, "A Study of Second-Year Examination" in *Medical Education in South Africa,* 184.

[156] Interview with Prof. Breminand Maharaj, UNMS, Durban, 10 June 2003.

[157] See graph in appendix based on the Faculty of Medicine's statistics. Up until 1972, less than 16 Africans graduated per year.

[158] Interview with Bongiwe Bolani, Durban, 1 May 1999. Themba Bolani was deceased at the time of this interview.

[159] Some students married whilst still studying or doing their internship year, producing extra domestic responsibilities for them. See Interviews with Interviews with Prof. Soromini Kallichurum, UNMS, Durban, 29 May 1999 and Prof. Fatima Mayet, Cheshire Homes Office, Durban, 4 June 1999. Also see Nophasika Maforah. "Black, Married, Professional and a Woman: Role Conflicts?" in *Agenda.* Vol. 18, 1993, p.5-7,

[160] "Interviews: South African Women Doctors Speak," Special Issue on Women in Medicine, *SAMJ,* November 1997, 1565. Also see Interview with Dr. May Mashego, UNMS, Durban, 7 October 2003.

[161] Dr. May Mashego told me in an interview in 2003 that she survived her early pregnancy during medical school by having a supportive mother who looked after her baby until she graduated. Other women were not so lucky and were forced to drop out. Early pregnancies amongst African women students often hampered their career objectives. See research conducted by Rowena Martineau. "Women and Education in South Africa: Factors Influencing Women's Educational Progress and their Entry into Traditionally Male-Dominated Fields," *The Journal of Negro Education* 66, no. 4, Autumn, 1997, 391-393 and Ann Perry. *A Study of the Employment Experiences and Attitudes to Employment among African Secondary School Leavers in Durban* (Johannesburg: SAIRR, Sept 1974), 18-19.

[162] J.V.O. Reid, "A Study of Second-Year Examinations", in *Medical Education in South Africa*, 184 and Watts, "Black Doctors. Part I: The Students", 12, 40.

[163] For more on Bongiwe Bolani's life story, see Janet Lea Twine. "I'm just an Ordinary Nurse: A Life History of Matron Bongiwe Bolani" (UN, Durban: History Honours thesis, 1997).

[164] Others who failed worked in family businesses, or in other white collar jobs. Some went overseas to study. Once MEDUNSA opened in 1978, some African students went on to complete their degrees at this institution.

[165] Interview with Bongiwe Bolani, Durban, 1 May 1999.

[166] Interview with Prof. Breminand Maharaj, UNMS, Durban, 10 June 2003.

[167] However, while more Indian and African doctors were employed in this medical faculty through the 1970s and 1980s particularly, greater numbers of Indians were employed. See Speech given by Dr. Kgotsi Letslape, *50th Anniversary Banquet* and Maharaj, "University of Natal Medical School Submission to the TRC".

[168] H.L. Watts. "Black Doctors: An Investigation into Aspects of the Training and Career of Students and Graduates from the Medical School of the University of Natal. Part III: The Attitudes and Opinions of Staff" (UN, Durban: ISR, 1976), 1-2 and Gordon, "Experience in the Establishment of a Medical School for Non-White Undergraduate Students in South Africa" in *Medical Education in South Africa*, 296.

[169] Interviews Profs. Dennis J. Pudifin, UNMS, Durban, 2 July 2003 and J.V.O. Reid, Plettenberg Bay, 16 June 2002

[170] UKZN DMS Library Filing Cabinet, "Address to be delivered by Professor I. Gordon, Dean of the Faculty of Medicine, to an Extraordinary General Meeting of Medical Students of the University of the Witwatersrand", 22 August 1958, 5 and Interview with Prof. Hugh Philpott, Kloof, 14 July 2003.

[171] Interview with Prof. Jerry Coovadia, UNMS, Durban, 24 June 2003.

[172] Interview with Prof. J.V.O. Reid, Plettenberg Bay, 16 June 2002.

[173] Interview with Prof. Soromini Kallichurum, UNMS, Durban, 29 May 1999.

[174] Interview with Prof. Jerry Coovadia, UNMS, Durban, 24 June 2003.

[175] Interview with Prof. Soromini Kallichurum, UNMS, Durban, 29 May 1999.

[176] Interview with Prof. Fatima Mayet, Cheshire Homes Office, Durban, 4 June 1999. For more on Kark's work, see Chapter 2.

[177] Twelve students were the first to complete the medical course at the end of 1957 and graduated in 1958. Also see B.T. Naidoo. "A History of the Durban Medical School," *SAMJ* 50, no. 41, 25 September 1976, 1627.

[178] Interview with Prof. Soromini Kallichurum, UNMS, Durban, 29 May 1999.

[179] Interview with Dr. Z, 11 September 2003. Sam Ross was a professor in the Department of Obgyn.

[180] Interview with Dr. May Mashego, UNMS, Durban, 18 October 2003.

[181] Prof. H, Questionnaire, 2003; Interview with Prof. Fatima Mayet, Cheshire Homes Office, Durban, 4 June 1999.

[182] Interview with Dr. B.T. Naidoo, R.K. Khan Hospital, Chatsworth, 15 September 2003. Also see Interview with Dr. Veronica Wilson, UNMS, Durban, 6 November 2003.

[183] Interview with Dr. Z, 11 September 2003. Also see Interviews with Dr. Maila J. Matjila, UNMS, Durban, 22 September 2003 and Dr. Mfanyana J. Ndlovu, Durban, 14 August 2003. Watts found that many Durban medical

students also objected to what they considered the discriminatory treatment they received from some of the school's white administrative staff, who they dealt with in relation to registration, tuition and bursary issues. See Watts, "Black Doctors. Part I. The Students," 12-13, 25.

[184] UKZN EGM Library SC, Mlisana, "UND Black Section – Personal Reflections," *The University of Natal Medical School Reconciliation Graduation Booklet,* 11. Interview with Dr. Maila J. Matjila, UNMS, Durban, 11 July 2003 and Starz, *Between Laughter and Tears,* 2-5, 25-26.

[185] Interview with Dr. Z, 11 September 2003.

[186] Interview with Dr. K, 14 November 2003.

[187] For more on the history of this hospital, see *The University of Natal Durban Medical School: A Response to the Challenge of Africa.* (Durban: Hayne and Gibson, 1954), 23; I. Gordon. "King Edward VIII Hospital – The Teaching Hospital of the Durban Medical School", *SAMJ,* 2 December 1961; "Hospital Serves Non-Whites," *South African Panorama,* February 1962; and UKZN Archives PMB H6/1/1, Medical School – History. "University of Natal Medical School 25th Anniversary/Silver Jubilee", 1976; C. Dyer, E.B. Adams, A.M. Seedat and J. Morfopoulos, "Fifty Years at King Edward VIII Hospital, Durban," *SAMJ* , 22 November 1986, 685.

[188] Interview with Prof. Jerry Coovadia, UNMS, Durban, 24 June 2003.

[189] UKZN DMS Library Filing Cabinet, "Address by Premier Dr. F.T. Mdlalose," Unveiling of Plaque, University of Natal Medical School, Durban, 6 December 1995, 2-3. http://www.whoswhosa.co.za/frank-mdlalose-4125

[190] Interview with Dr. Z, 11 September 2003. Kayser-Fleischer rings are a common symptom of Wilson's disease, a rare inherited disease in which too much copper accumulates in the body's tissues, including the liver, brain, kidneys and eyes. The excess copper damages the liver and nervous system, and occurs mostly in European population groups, particularly Eastern Europeans, Sicilians and southern Italians. Patients suffering from this disease often have a brown ring around the edge of their irises. See http://www.nlm.nih.gov/medlineplus/ency/article/000785.htm

[191] UKZN DMS Library Filing Cabinet, Hospitals, Natal, King Edward Hospital, "It's No Go on Hospital Expansion," *Natal Mercury,* 29 July 1971; UKZN SC EGM Library, B.T. Naidoo, "The First Twenty-Five Years," *Natal University News*, 2, Autumn 1976, 9; UKZN Archives PMB C10/8/1, "Medical School, Teaching Hospital and Alan Taylor Residence", UN Council Minutes, 16 April 1981, 185; UKZN SC, "Crisis at King Edward," *NU Partners* 1, no. 2, Sept 1990, 8; and "Inkosi Albert Luthuli Central Hospital," *Sunday Tribune,* 17 December 2000.

[192] UKZN DMS "Extracts from Memorandum for Executive Committee: Hospital Facilities for Bantu: State Policy" prepared by J. Parker, Natal Director of Hospital Services, attached to Board of the Faculty of Medicine Minutes, 26 March 1963. R.K. Khan Indian Hospital in Chatsworth was opened in the early 1970s and Prince Mshiyeni Hospital opened in the Umlazi African township in the late 1970s. However, the opening of these hospitals did not see the closing of King Edward because of growing black patient numbers across the province.

[193] UKZN SC EGM Library, "Crisis at King Edward," *NU Partners* 1, no. 2, September 1990, 8. Also see Y.K. Seedat, "The Health Crisis in Natal – A Personal View," *SAMJ,* 7 July 1990; and "King of Hospitals is Begging for Funds," *Natal Mercury,* 25 November 1986.

[194] "King Edward's Daily Nightmare," *Daily News,* 25 June 1974 and "The War Zone that is King Edward: If You're Critically Ill the Service is Excellent," *Sunday Tribune,* 16 August 1987.

[195] Interview with Dr. Janet Giddy, Hillcrest, 24 May 2003. Unlike black interns who were restricted to training in black hospitals, white medical interns were allowed to train in black or white hospitals. For a similar perspective, see Interview with Prof. Y.K. Seedat, UNMS, Durban, 7 July 2003 and Isobel Shepherd Smith, "This Social Disgrace: New-born Babies, Mothers and Pregnant Women are Forced to Sleep on the Floor," *Sunday Tribune,* 28 July 1985.

[196] Interview with Prof. Dennis J. Pudifin, UNMS, Durban, 2 July 2003.

[197] Y.K. Seedat, "The Health Crisis in Natal – A Personal View," *SAMJ,* 7 July 1990, 3.

[198] Maharaj, "University of Natal Medical School Submission to the TRC," 5.

[199] See Starz, *Between Laughter and Tears,* 129. For more on the exploitative work conditions of interns in South Africa, see S.F. Oosthuizen, "The Intern Year" in *Medical Education in South Africa*, 379; V.K.G. Pillay, "Some Thoughts on Intern Training," *SAMJ,* 2 December 1961, 1026-1027 and Wits, SAHA, NAMDA – Critical Health Publications, 1980-1992. "The Internship Year in South Africa" in *Critical Health* 23, August 1988, 49-52.

[200] Interview with Dr. B.T. Naidoo, R.K. Khan Hospital, Chatsworth, 10 November 2003. Dr. May Mashego, who attended the medical school as a student two decades later, during the late 1970s and early 1980s, and who gave birth to her first child in this labour ward, concurred with Dr. Naidoo's assessment that there was no privacy for its patients. Interview with Dr. May Mashego, UNMS, Durban, 14 October 2003.

[201] Interviews with Dr. B.T. Naidoo, R.K. Khan Hospital, Chatsworth, 15 September 2003; Dr. May Mashego, UNMS, Durban, 14 October 2003; Prof. Jerry Coovadia, UNMS, Durban, 24 June 2003; and "Institutional Hearing: The Health Sector" in *Truth and Reconciliation Commission of South Africa Report,* Vol. 4 (Cape Town: Juta,1998).

[202] Interview with Prof. Fatima Mayet, Cheshire Homes, Durban, 4 June 1999.

[203] Leo Kuper, *An African Bourgeoisie*, 239-240.

[204] Interview with Prof. Jerry Coovadia, UNMS, Durban, 24 June 2003. Until the early 1980s when salaries were equalized for white and "non-white" interns and doctors employed in public hospitals, a discriminatory scale resulted

where whites were paid the highest salaries, followed by Indians and Coloureds, and then Africans. For example, in 1968, African interns were earning half of what white interns earned, while African doctors did not get travel allowances or 13th bonus checks and received 25% less annual leave. While public salaries for "non-whites" increased slowly during the apartheid years to bring them into line with those paid to whites for the same work done and qualifications achieved, it was only in the early 1980s that salary discrimination on the basis of race was abolished. For more on this subject, see "Elimination of Salary Discrimination on the Basis of Race," *SAMJ,* 18 July 1981, 82; Wits Faculty of Health Sciences Registry Archives, M3/40 Internal Reconciliation Commission, "Preliminary Submission to the Truth and Reconciliation Commission from the Faculty of Health Sciences, University of the Witwatersrand," submitted by Prof. Max Price (Dean) on behalf of the Faculty, 23 May 1997, 9, 13; UKZN Archives PMB C10/1/1, "Differential Salary Scales for Non-Whites: Faculty of Medicine," UN Council Minutes, 15 March 1968, 5, and UKZN Archives PMB C10/2/1, "Revision of Non-White Salary Scales: Medical School," UN Council Minutes, 23 March 1972, 11.

[205] Interview with Dr. B.T. Naidoo, R.K. Khan Hospital, Chatsworth, 15 September 2003. Also see Interview with Dr. S.B. Pitsoe, UNMS, Durban, 17 June 2003 and Hilda Kuper, "Nurses" in Kuper, *An African Bourgeoisie,* 240-1.

[206] Interview with Prof. Jerry Coovadia, UNMS, Durban, 24 June 2003. Also see Watts, "Black Doctors. Part II: The Graduates", 19, 34.

[207] For more on this issue, see for example Marks's book, *Divided Sisterhood*, 59-60, 140.

[208] Interview with Bongiwe Bolani, Durban, 1 May 1999.

[209] See Ali Modiba, "MSRC Racism Report presented to the Faculty and Students of the University of Natal, Nelson R. Mandela School of Medicine", 26 September 2004, 3-4. Also see Interviews with Prof. T, 21 August 2003 and Dr. B.T. Naidoo, R.K. Khan Hospital, Chatsworth, 15 September 2003 and Watts, "Black Doctors. Part I: The Students", 40.

[210] For more on the medical doctor socialisation process, see for example, Howard S. Becker, Blanche Geer, Everett C. Hughes and Anselm L. Strauss. *Boys in White: Student Culture in Medical School* (Chicago and London: The University of Chicago Press, 1961); Eileen C. Shapiro and Leah M. Lowenstein eds. *Becoming a Physician: Development of Values and Attitudes in Medicine* (Cambridge, Mass.: Ballinger Publishing, 1979).

[211] See Robert Morrell, "Of Boys and Men: Masculinity and Gender in Southern African Studies," *Journal of Southern African Studies,* no. 4, December 1998.

[212] Interviews with Dr. May Mashego, UNMS, Durban, 18 October 2003 and Dr. Veronica Wilson, UNMS, Durban, 6 November 2003.

[213] For more on specific gender discriminations that women doctors experienced in 20th century South Africa, see Elizabeth Walker, "The South African Society of Medical Women, 1951-1992: Its Origins, Nature and Impact on White Women Doctors" (Ph.D. diss., University of the Witwatersrand, 1999); Beryl Unterhalter. "Discrimination against Women in the South African Medical Profession," *Social Science and Medicine* 20, 1985 and "Shattering the Male Monopoly: The History and Struggle of Female Doctors," *The Leech* 62, no. 3, November 1993.

[214] Interview with Dr. May Mashego, UNMS, Durban, 7 October 2003. It is important to note that in addition to patients who refused to recognise women as doctors, occasional violent incidents such as assaults and attempted rape of women interns and doctors by male patients at King Edward VIII Hospital were also remembered. Interview with Dr. Veronica Wilson, UNMS, Durban, 6 November 2003.

[215] Interview with Prof. A, 23 September 2003. Also see Interviews with Dr. May Mashego, UNMS, Durban, 18 October 2003 and Bongiwe Bolani, Durban, 1 May 1999. H.L. Watts found that more than half of the spouses of the male graduates in his study were from upper white-collar backgrounds, with medicine and nursing being dominant. See Watts, "Black Doctors. Part II: The Graduates", 5.

[216] Interviews with Dr. May Mashego, UNMS, Durban, 18 October 2003 and Bongiwe Bolani, Durban, 1 May 1999. Watts found that more than half of the spouses of male medical graduates in his study were from upper white-collar backgrounds, with medicine and nursing being dominant. Watts, "Black Doctors. Part II: The Graduates", 5.

[217] Interview with Prof. Soromini Kallichurum, UNMS, Durban, 29 May 1999. Also see Ramphele, *Across Boundaries,* 71, 175-177; Ramphele, "The Dynamics of Gender within Black Consciousness Organisations," 219-220; Interviews with Dr. Goonam, Durban, 13 October 1997 & Dr. May Mashego, UNMS, Durban, 7 October 2003.

[218] For more on the issue of medical pluralism in South Africa, see for example, Burns, "Louisa Mvemve"; Digby, *Diversity and Division in Medicine,* Parle, *States of Mind* and Flint, *Healing Traditions.*

[219] Unlike the western paradigm that focuses on science-based "germ theory" as the underlying cause of diseases, African "traditional" healing approaches explain illnesses using both natural and supernatural (spiritual) causes. For a useful summary and comparative analysis of the work of indigenous healers, western doctors and their healing beliefs and practices, see Digby, *Diversity and Division in Medicine,* Chapter 7.

[220] Interview with Dr. K, 14 November 2003.

[221] Interview with Dr. K, 14 November 2003.

[222] Interview with Prof. T, 21 August 2003. Because of linguistic similarities between Nguni languages spoken in South Africa e.g. Zulu and Xhosa, as well as the widespread ability of Africans to speak more than one African language, many African medical students provided vital translation skills for their patients, colleagues and even professors on the wards. African nurses also provided important translation skills in hospital situations.

[223] Interview with Dr. May Mashego, UNMS, Durban, 18 October 2003.

[224] Also see Watts, “Black Doctors. Part II: The Graduates”, 42-43.

[225] For more on the issue of cultural brokers, see for example, Burns, “Louisa Mvemve”; Digby and Sweet, “Nurses as Culture Brokers in Twentieth-Century South Africa” in *Plural Medicine, Tradition and Modernity, 1800-2000;* and Noble, “Health is much too Important a Subject to be left to Doctors”, *JNZH* (2006-2007).