Middle Articles

Medical Education in East Africa: a Link with the University of Glasgow

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In 1961, on the initiative of Sir Arthur Porritt, a Working Party on Medical Aid to the Developing Countries was set up, and in the following year their report was published.¹ Its recommendations were accepted by the Government almost in their entirety, and subsequently universities were invited by the Department of Technical Co-operation (now the Ministry of Overseas Development) to explore the possibilities of establishing mutually advantageous links with overseas universities. The Faculty of Medicine of the University of Glasgow at once expressed a wish for such an association with the University of East Africa. This choice was made because the internationally known Makerere University College Medical School had much to offer, and also because Glasgow already had, through its veterinary school, an active association with the University College at Nairobi. An invitation was duly received from the University of East Africa, and through the good offices of the Department of Technical Co-operation four Glasgow representatives made an exploratory visit in February 1964 to Kampala, Nairobi, and Dar-es-Salaam.

The University of East Africa came into existence in June 1963 as a federal university to serve the independent countries of Uganda, Kenya, and Tanzania. There are three constituent colleges: Makerere University College in Kampala, University College in Nairobi, and University College in Dar-es-Salaam. The medical school at Makerere began as early as 1924, and their degrees were recognized for registration by the G.M.C. in 1957.

Students are accepted in approximately equal numbers from each of the three East African countries, and in recent years expansion has been phenomenally rapid; the intake has been increased from 20 in 1958 to 60 in 1964, and it is intended to raise it to 90 in 1965. The total population of East Africa is about 25,000,000, and the ratio of doctors to population has been variously estimated at about 1:30,000 or even 1:40,000. Since the corresponding ratio in European countries of about 1:1,000 is generally regarded as inadequate, there is no need to argue further the case for more doctors in East Africa.

Uganda

The medical school at Makerere has an enviable record in teaching, as many examiners from this country will testify, and it has had notable success also in the field of research. These achievements, taken along with the high standard of patient-care in the splendid new 900-bed Mulago Hospital, have been possible only through the devotion of the staff of the school and hospital, who have borne a very heavy load of work and responsibility. It is obviously of vital importance to maintain

these high standards, and at the same time to expand the school to the maximum. To do so must be a first priority, although it will be difficult under present conditions. Nothing should, however, be allowed to obscure the fact that even greater difficulties will almost certainly be encountered in establishing another medical school in East Africa, although this too is undoubtedly an imperative need.

Kenya

Postgraduate training of the junior medical staff has been very successfully carried out in the Nairobi hospitals for the last decade. Most of those seeking higher qualifications have been successful after only a short period of final preparation in the U.K. in contrast to the present large numbers of overseas candidates who attempt the examinations without adequate grounding in their professional careers. In more recent years there has been a growing desire on the part of the senior medical staff of the Nairobi hospitals to undertake the clinical teaching of some of the undergraduates from Makerere, and ultimately to develop a full-scale medical school. At the time of the Glasgow visit it was evident that these ambitions had powerful support from the Government of Kenya. The Faculty of Medicine at Makerere were very sympathetic, but, not unnaturally, anxious lest so large an undertaking might have adverse effects on their own school—a point of view that was obviously in the general interest of East Africa.

Nairobi already possesses many valuable assets for the establishment of a medical school. Both the Kenyatta National Hospital of 600 beds, with its excellent routine and research laboratories and adequate space for a clinical medical school on the site, and the Aga Khan Platinum Jubilee Hospital have a cadre of medical and surgical staff of high quality, though at present it is seriously depleted in some departments. Moreover, there are already in existence at Kabete, just outside Nairobi, excellent preclinical accommodation and facilities at present used only by the Veterinary School, but capable of taking also up to perhaps 50 medical students.

Tanzania

Only a very brief visit could be paid by the Glasgow representatives to the newly established Government medical training school at Dar-es-Salaam, which is independent of the University of East Africa. An interesting experiment in medical education for 'developing countries' is being carried out there. The curriculum is of four years' duration, and is of course designed to provide as quickly as possible a supply of doctors for local service in Tanzania. A good start has been made, but the difficulties are great, and help from this country is urgently needed.

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¹ "Medical Aid to the Developing Countries," Report by a Working Party. Chairman: Sir Arthur Porritt, K.C.M.G., K.C.V.O., C.B.E.

The Glasgow Plan

The medical school at Makerere already has a number of valuable links with other schools in this country, America, and elsewhere. Nothing would justify any weakening of these links, and indeed anything that might diminish the international reputation of Makerere would be a serious blow to medical education in the whole of East Africa. With such a well-established Faculty of Medicine at Makerere there can be no doubt that the development of a new medical school at Nairobi would be infinitely more easy of accomplishment under its auspices. It is therefore the intention of Glasgow to promote a scheme of secondment to Makerere—for which arrangements are already in train—in addition to what is described below for Nairobi.

It was at once apparent that to establish at Nairobi undergraduate clinical teaching and to increase the postgraduate programme could not be done by piecemeal small-scale help, and that at least a reasonable prospect of developing a complete medical school was essential.² These aims required some readjustment of university development policy, and had considerable financial implications for the appropriate authorities in East Africa and for the Ministry of Overseas Development. In consequence it was not until early November 1964 that final agreement was reached and the definitive recruitment of Glasgow staff began. Even so, the first team has already arrived in Nairobi, ready to begin teaching towards the end of March 1965. The students, seconded from Makerere, are in their final year, and will be given clinical courses in Medicine and Surgery for the ensuing six months. Thereafter teaching in Obstetrics and Gynaecology will be added. The duties of the Glasgow staff will be to organize and participate in the undergraduate teaching programme on lines similar to those used at Makerere, to promote the further development of postgraduate teaching, to stimulate the prosecution of research, and to contribute generally to the educational atmosphere in the Kenyatta National Hospital. In all these aims their efforts must of course be co-ordinated with those of the local hospital staff.

On the medical side the teaching team consists of a professor who will remain for six months, a consultant physician, and two medical registrars who intend to stay for a year. On the surgical side, a professor will teach for the first six weeks, and be replaced by his senior lecturer for the ensuing six months; a consultant anaesthetist and a surgical registrar will remain for one and two years respectively, and it is hoped to add an orthopaedic surgeon at an early date. The importance of laboratory support for the team is fully realized; a senior lecturer and a registrar in pathology are already there on a stay of a year, and will be joined fairly soon by a consultant bacteriologist for at least a similar period. In six months' time one senior and two junior obstetricians and gynaecologists will arrive to begin the teaching in their subject. Arrangements are of course in hand to recruit the next relay of staff. The ultimate responsibility for teaching in each subject remains of course with the respective professors in Makerere, to whom the senior member of each of the Glasgow groups will be responsible. A senior member of the Glasgow team will act as a Clinical Sub-Dean in Nairobi, and will be responsible jointly with one of the local doctors acting as Administrative Sub-Dean to the Dean of the Faculty of Medicine at Makerere.

While it is not possible for the Faculty of Medicine in Glasgow to undertake any official commitment to the Government medical training school at Dar-es-Salaam, the head of the

university Department of Bacteriology at Glasgow Royal Infirmary is about to spend three months taking part in the teaching programme there, and already a young pathologist from the same hospital has been seconded for a period of one year to assist with teaching and routine hospital work. There are grounds for hope that another U.K. medical school may shortly establish a link with the school in Dar-es-Salaam, and this would be a most valuable and welcome arrangement.

Recognition by Appointments Committees

The success of the plan will depend in no small measure on the recognition by appointments committees in this country of the experience obtained in overseas medical schools, which can be of inestimable value in the training of the clinician or medical scientist. Failure to accord this recognition could have disastrous consequences, and no opportunity should be lost to ensure that it is fairly acknowledged in all medical schools and regional hospital boards. It is not too much to say that such recognition should in fact be national policy; but this can, of course, only become practicable when more schemes of the present kind are put into operation. It is hoped that this short account may encourage other medical schools in this country to make a start.

Approved Names

A new consolidated list of Approved Names issued since 1948 was published by the British Pharmacopoeia Commission in December 1964. A supplement, dated February 1965, is printed below. Communications relating to Approved Names should be addressed to the Secretary, British Pharmacopoeia Commission, General Medical Council, 44 Hallam Street, London W.1, from whom the December 1964 consolidated list may be obtained, price 4s.

Approved Name	Other Names	Action and Use
Allopurinol ..	1- <i>H</i> -Pyrzolo[3,4- <i>d</i>]pyrimidin-4-ol	Treatment of gout
Cholecalciferol ..	9,10-Secosteroid-5,7,10(19)-trien-3 β -ol	—
Diocetyl Sodium Sulphosuccinate	Vitamin D ₃ Di-(2-ethylhexyl) sodium sulphosuccinate Coprol; Diocetyl; Manoxol OT; Norval Present in Coprolax, Crolax, Emulax and Normax	Non-laxative faecal softener
Distigmine Bromide	NN-Hexamethylenedi-[1-methyl-3-(methylcarbamoyloxy)-pyridinium bromide] Ubretil	Anticholin-esterase
Drostanolone ..	17 β -Hydroxy-2 α -methylandrostan-3-one	Anabolic steroid
Fusafungine ..	Methalone An antibiotic produced by <i>Fusarium lateritium</i> 437	Antibiotic
Heptaminol ..	Locabitol 6-Amino-2-methylheptan-2-ol	Coronary vasodilator
Meclofenoxate ..	Present in Heptonal as the hydrochloride Dimethylaminoethyl 4-chlorophenoxyacetate	Cerebral stimulant
Nafcillin ..	ANP 235 is the hydrochloride 6-(2-Ethoxy-1-naphthamido)-3,3-dimethyl-7-oxo-4-thia-1-azabicyclo[3.2.0]heptane-2-carboxylic acid	Antibiotic
Nicametate ..	2-Diethylaminoethyl nicotinate	Peripheral vasodilator
Oxacillin ..	Euclidan is the dihydrogen citrate 3,3-Dimethyl-6-(5-methyl-3-phenyl-4-isoxazolecarboxamido)-7-oxo-4-thia-1-azabicyclo[3.2.0]heptane-2-carboxylic acid	Antibiotic
Phenazopyridine	2,6-Diamino-3-phenylazopyridine Gastrotest	Analgesic
Proxymetacaine ..	Pyridium is the hydrochloride Present in Uromide as the hydrochloride 2-Diethylaminoethyl 3-amino-4-propoxybenzoate	Local anaesthetic
Stibocaptate ..	Proparacaine Ophthaine is the hydrochloride Antimony(III) sodium <i>meso</i> -2,3-dimercaptosuccinate	Treatment of schistosomiasis
Thioxolone ..	Astiban 4-Hydroxy-2-oxo-1,3-benzoxathiole Camyna	Keratolytic agent

² This view was shared by a medical delegation that has visited Nairobi on two occasions in the last year at the request of the Canadian Government. It is hoped that help from Canada will shortly be forthcoming.