

The Uniqueness of the Faculty of Medicine

UNIVERSITY COLLEGE OF RHODESIA
AND NYASALAND*

BY

ALEXANDER P. D. THOMSON,

M.B.E., B.Sc., M.B., Ch.B.

*Deputy Dean, Faculty of Medicine; Professor of
Preclinical Studies; Head of the Department
of Anatomy.*

The text of a statement issued by the British and Southern Rhodesia Governments jointly on 4th June, 1964, concluded with the following words:

"It is the intention of the Southern Rhodesia Government that the college's institutions, including the faculty of medicine with its associated teaching hospital, should develop as an integrated whole in broad accordance with the draft plans for the period up to 1970 placed before the recent conference on the future of the university by the university authorities and representatives of the former Interim Board of Governors of the teaching hospital."

The outcome of this intergovernmental conference, which took place in April, was exceedingly gratifying as a guarantee for the future of the faculty of medicine and the teaching hospital, as indeed it was for the rest of the college, for events in Central Africa in the months preceding the conference had seriously jeopardised almost to total extinction the financial future of these institutions.

For present purposes it can be said that the faculty of medicine, University College of Rhodesia and Nyasaland, came into existence in July, 1962, when the first three professors were appointed. At that time the faculty of medicine was financed by the Government of the Federation of Rhodesia and Nyasaland under arrangements that were different from the ones which applied to the other faculties in the college. The recurrent monies necessary to maintain the faculties of arts, education, social studies and science were paid yearly in advance to the college as a block sum according to a budget previously agreed between the College authorities and the Federal Government. Under the cir-

cumstances surrounding the start of a new faculty and as a stop gap measure the Federal Government undertook to provide the college with recurrent money for the faculty of medicine out of revenue, the agreed sum being made available four times annually. It was understood, of course, that the college would include its faculty of medicine in the college estimates when the college next presented its plans for the ensuing quinquennial period and for which the Federal Government was expected to be responsible. Consider, then, the position of the university college, the faculty of medicine and the teaching hospital on New Year's Day, 1964, when the Federation of Rhodesia and Nyasaland ceased to exist at midnight on 31st December, 1963. The college, i.e., the faculties of arts, education, social studies and science, had received the yearly allocation of money for 1964. The faculty of medicine was without income since it was dependent on Federal revenue. The faculty was immediately dependent for its finance on the rest of the college. The teaching hospital was similarly isolated except that the hospital, unlike the medical school, had no parent institution to fall back on. Such monies, and they were trivial, as were available to the Interim Board of Governors of the teaching hospital passed into the hands of the liquidating agency, which was the authority set up jointly by the United Kingdom and the two Rhodesian territories to wind up the affairs of the Federation of Rhodesia and Nyasaland. The Interim Board of Governors of the teaching hospital also ceased to exist at midnight on 31st December, 1963, since the members of the board had been appointed by Federal authority.

There had been an earlier intergovernmental conference in September, 1963, between the United Kingdom Government and the Governments of both Southern and Northern Rhodesia (now, of course, Zambia) on the financial future of the university college. The participating Governments were unable at that time to assess all the monetary implications which would bear upon their several countries following the dissolution of the Federation of Rhodesia and Nyasaland. Consequently the Governments attending the first meeting were unwilling to settle in isolation the future of the college, the medical school and the teaching hospital without a clearer picture than was then available of all the financial implications surrounding the political changes that were all too imminent.

A second conference to consider the financial future of the college and of the teaching hospital

* The material which forms the basis of this paper was presented at the opening communication to the Conference of Senior Administrative Officials held between the 14th and 23rd September, 1964, in the University College of Rhodesia and Nyasaland.

was convened by Her Majesty's Government in April, 1964, and was attended only by representatives of the United Kingdom and Southern Rhodesia Governments because the Northern Rhodesia Government, now Zambia, had decided in future not to give financial support from public money to their nationals attending the University College of Rhodesia and Nyasaland. The Federal Government, defunct in April, 1964, had in the early days undertaken to find the recurrent costs on a five-yearly basis for the upkeep of the college on the understanding that the bulk of the capital costs for building and equipment would be found elsewhere. It is important to note in this connection that Britain had provided about £2.5 million over the period in question towards the cost of the fabric of the college. As far as the faculty of medicine was concerned, the Federal authorities had undertaken to provide the bulk of the capital and all of the recurrent costs for a teaching hospital and the recurrent costs for the upkeep of the faculty of medicine, provided again that other authorities—this time those of the college—found the capital sum required to build and equip the buildings necessary for teaching and research in medicine. Ponder, then, the position of the faculty of medicine and the teaching hospital in April, 1964. The faculty had been without income since the 1st January. Permanent building had not started. The first intake of students, numbering 23, had just begun the second year of the course in temporary accommodation and was not due to qualify until 1968. The second intake of about 30 students was just beginning the first year of the course. The academic staff at that time consisted of four professors and five lecturers, together with an appropriate number of technicians, technical assistants and secretaries. The teaching hospital did not exist. It was without a sponsoring authority and without a Board of Governors. Obviously the expensive nature of the capital and recurrent costs of a teaching hospital and the exceedingly short time that the faculty of medicine had been in teaching existence put the future of the medical school and teaching hospital in extreme peril. The fact that the capital cost for the medical school buildings was assured through the fund-raising efforts of the college authorities was, of course, crucial in these circumstances. It had, however, to be put in the balance against the important issues involved in finding the much larger sum of money required not only to build, equip and run a teaching hospital, but also to finance and allow expansion and development in a university college which hitherto had only four faculties,

but now comprised five in arts, education, social studies, science and medicine, the last faculty being notoriously expensive. It must also be appreciated that on the dissolution of the Federation of Rhodesia and Nyasaland the Southern Rhodesia Government assumed the responsibility for the provision of the money to cover the cost of the facilities both for health and higher education in the country—a responsibility which, by force of circumstances, the Southern Rhodesia Government could not possibly meet at the beginning of its administration. It can be seen that this second conference faced a situation of considerable complexity. Since it was all too obvious that the medical school and teaching hospital were at such risk, how did it come about that the United Kingdom and Southern Rhodesia Governments agreed that the "college institutions, including the faculty of medicine with its associated teaching hospital, should develop as an integrated whole"?

An important part of the answer to that question lies in the uniqueness of the faculty of medicine of the University College of Rhodesia and Nyasaland.

The third edition of the *World Directory of Medical Schools* (1963) lists about 700 institutions of medical education in some 90 countries.¹ Each one of these medical schools can be considered unique in much the same way that every human being is unique. No two faculties of medicine anywhere have had the same beginning or the same history. Nor do any two have precisely the same problems in kind and number, the same facilities, the same virtues, the same defects, the same potential or the same future. Nor have any two had the same academic staff upon whose abilities rest the continuing success or failure of the institution. Of course the early days surrounding the inception of every faculty of medicine are bright with the actions of men of high calibre, men with vision and perseverance almost to the point of obstinacy. The faculty of medicine in Salisbury has benefited from a full share of the influence of such giants who are still to be found both in the United Kingdom but especially here in Rhodesia. They continue to work in the college, in voluntary service of the community and as officials in and of Government. The crucial parts that each of them has already played, and still have to play, in the development of the faculty of medicine in Salisbury remain to be recounted. It is the purpose of this article to discover the assemblage of events rather than of men that make the faculty of medicine of the University College

of Rhodesia and Nyasaland distinct from all other faculties of medicine.

Four events are paramount in the contribution they have made towards the uniqueness of the faculty of medicine, University College of Rhodesia and Nyasaland. First is the association that the faculty has had with the Nuffield Foundation; second is its relationship with the University of Birmingham, England; third is the excellence of the planning of the fabric of the medical school and teaching hospital; and fourth is the opportunity given by the Rockefeller Foundation to three of the first professors at the outset of their appointments to make a world tour of medical institutions. From each of these four major turning points, significant in the history of the faculty, stems a countless number of others.

The story as to how the faculty of medicine came to be associated with the Nuffield Foundation has already been related.² The Commission on Higher Education in Central Africa (1953) proposed a university college in Salisbury that should have a faculty of medicine during the fifth year after a start of teaching in the rest of the college. The decision not to establish a faculty of medicine at the outset was taken partly to ensure a firm foundation for the faculties already proposed, partly to avoid congesting the college administration and partly to use a nearly unique opportunity to plan unhurriedly the staffing and facilities of a faculty of medicine. The college authorities turned to the Nuffield Foundation for means to allow a small planning committee to prepare a detailed plan for a medical school. This committee was appointed in 1956 with the following terms of reference:

"To advise the University College of Rhodesia and Nyasaland on the desirability and practicability of establishing a medical school as an integral part of the college; to prepare proposals for the training curriculum, postgraduate training, the research facilities, the buildings, equipment and staffing required including those required for a suitable teaching hospital and other centres for clinical facilities; to prepare estimates of the capital and recurrent costs involved and a phased time-table for development, and to make any other proposals and suggestions for the development of medical education and research under the auspices of the college."

In its first report³ the Nuffield Committee recommended that, having considered all aspects of the problems, the college should establish within a few years a medical school which would engage both in teaching and in research, and that subject to certain conditions the medical

school should use Harare hospital as the main teaching hospital. The college authorities accepted these recommendations and requested the Nuffield Committee to proceed to consider its remaining terms of reference. The committee embodied its further findings a year later in a second report¹ which described in detail the curriculum, staffing, research, buildings and costs of a faculty of medicine designed to operate in Central Africa. The members of the committee gave detailed thought as to the kind of doctor that the faculty of medicine in Salisbury should train. The proposals that the committee made were hailed by medical educationalists everywhere as embodying the most imaginative and up-to-date ideas and ideals all of which were judged attainable within the concept of a new medical faculty planned from the very beginning.^{5, 6, 7} The excellence of the end result would depend only on the quality of the men engaged on the task and on the means available.

The remarkable extent to which the present members of the faculty of medicine in Salisbury and in Birmingham have accepted and largely implemented the Nuffield Committee's recommendations in respect to the first three years of the proposed medical course is revealed in several papers that they have published in the past few years. These papers have covered the philosophy and syllabus for the first year course in biological sciences⁸ and for the second year courses in anatomy and histology both in respect to teaching and research.^{9, 10, 11}

Several other examples may be quoted of the way in which current members of the academic staff are striving to improve the local curriculum. A unique course of lectures and visits to an African village provides the first year medical students with the opportunity to learn something of the way of life of the indigenous African, particularly with regard to his attitude, etc., to health and illness.¹² Detailed comment from members of the faculty with respect to the Nuffield Committee's recommendations affecting the arrangements for teaching in the second half of the course necessarily awaits the appointment of the full complement of clinical professors. Nevertheless, viewpoints have already been expressed in the medical Press.^{13, 14} While the principal differences between the curricula current in the majority of medical schools in the United Kingdom and elsewhere and the curriculum proposed for the faculty of medicine in the University College of Rhodesia and Nyasaland by the members of the Nuffield Committee re-

lated mainly to the first half of the course, the changes that were advocated for the clinical years were also important. However, these latter changes reflected an alteration of emphasis, for example, on pathology, social and preventive medicine, paediatrics, midwifery and so on, rather than suggesting radical modifications of the standard pattern of clinical teaching usual in the United Kingdom. Present members of the faculty in Salisbury continue to pursue the construction of the best possible design of a curriculum suitable for the training of medical undergraduates who will practise medicine in Africa. Practitioners in this part of the world at work in the health service, on mission stations, in mines and in private general and consultant practice have been asked to reveal what they found good and what they found bad in their own undergraduate training when they first started to earn their living in this part of the world. Analyses of their replies have produced most illuminating comments on the defects of medical education affecting not only the general but also the special needs that doctors require who are to practise their calling here in Africa.^{15, 16} The recent inaugural lectures by professorial members of the faculty of medicine also reveal by their titles and philosophies keen interest affecting the development of medical education and medicine in the land between the Zambesi and the Limpopo.^{17, 18, 19, 27} In short, the Nuffield Committee established a model programme for medical education in the faculty of medicine, University College of Rhodesia and Nyasaland.

As if that were not enough, the association between the faculty of medicine in Salisbury and the Nuffield Foundation is unique in another and important way. Mention was made earlier of the recommendation of the Nuffield Committee in its first report that the main teaching hospital should be located at Harare hospital. At the same time the committee left open the question as to whether the medical school (i.e., the departments of anatomy and physiology) should or should not be built on the college site as alternative to that of the hospital grounds. It should be noted here that historically part of the justification for the large site allocated to Harare hospital was based on the expectation that some day Harare hospital would be added to in such a way that the additions would become a teaching hospital. The second Nuffield report decided, with considerable reluctance, for it saw at that time no other solution, that the basic medical science departments should be

located at Harare hospital in order to achieve one of the overriding considerations in medical education to-day, viz., the integration of pre-clinical with clinical departments. There the matter rested until March, 1959, when it was decided locally in Salisbury to provide additional hospital accommodation for European patients by extending the Salisbury General Hospital. The Nuffield Planning Committee was asked to comment on the idea that it might be possible to use the proposed extension to the Salisbury General Hospital as the teaching hospital, coupled with the suggestion that the medical school might be built in the hospital grounds. The committee replied that instead of expanding the existing hospital facilities it would be preferable to build the medical school on the university college campus and to erect a new teaching hospital on an adjacent piece of land. In October, 1959, the Federal Cabinet accepted the recommendation of the Federal Minister of Health that the Harare hospital site for the medical school and teaching hospital should be abandoned and that the school and hospital should be built on the campus. Early in 1960, February to be exact, the Nuffield Foundation Trustees stated clearly that a grant of £250,000 would be made towards the capital costs of the medical school subject to the siting of the teaching hospital adjacent to the university campus. By July the Federal Minister of Health was able to say that the teaching hospital would be built close by the university college where the medical school was to be erected. It was confirmed a month later that land with a boundary common to the university campus had been acquired for the teaching hospital. The part played by the Nuffield Foundation in the deliberations surrounding the siting of the teaching hospital is truly an unique episode in the history of any faculty of medicine. The decision to build a new hospital specially designed for teaching has far-reaching consequences in terms of the organisation and ultimate staffing of the institution and by itself confers considerable uniqueness on the college's faculty of medicine.

The faculty of medicine of the University College of Rhodesia and Nyasaland is also singular with respect to its relationship with the faculty of Medicine of the University of Birmingham, England. The interest that the faculty of medicine, University of Birmingham, has in the local faculty derives from the fact that the professor of medicine of the faculty of medicine of the University of Birmingham was a member of the Nuffield Planning Committee. The story of the connection between the University of

Birmingham and the University College of Rhodesia and Nyasaland with respect to the sponsorship of degrees in medicine by the University of Birmingham has been recorded in the University of Birmingham *Gazette*:²

"When the moment came to consider which British university would be in special relation with the university college with respect to the faculty of medicine, it was believed by the authorities of London University and by others simultaneously that a university other than London, which was already deeply committed in similar schemes of special relation with a number of other colleges, should be found.

"At this point it was discovered that the Charter of Incorporation of the University of Birmingham (1900) provided in words that could hardly be improved upon for a scheme of special relation of the kind envisaged for the proposed medical school in Salisbury, Rhodesia. The college authorities then requested the authorities of the University of Birmingham to join in a scheme of special relation with respect to degrees awarded in the proposed faculty of medicine. On acceptance by the university its registrar produced a note proposing details of the procedural arrangements to be made between the institutions in order that the university might be able to carry out its undertaking to sponsor the medical school of the university college. This important document, which was duly approved by the board of the faculty of medicine, the Senate and the Council, and was brought into effect with their authority, deals with the arrangements for the appointment of staff, entrance requirements and the arrangement affecting examination of both college and university.

"The question of the control by the university of the planning of the curriculum and its approval of all syllabuses and courses of instruction was also considered. So long as the university continues to award its degrees to students in the new medical school, then the university must have the right of veto on all syllabuses and proposals for individual courses made by the medical school of the college."

It should be noted that the faculty of medicine, University of Birmingham, is not under any obligation to provide the medical school in Rhodesia with academic staff or to provide the college with any monies or facilities. It simply exists to award its degrees to the successful students in Salisbury until such time as the reputation of the school in Rhodesia is sufficiently established to warrant awarding medical degrees of the University of Rhodesia in the knowledge that such degrees will be recognised as being in world class. A break with Birmingham before that time could only take place if the University of Birmingham had reason to believe that the academic ability of the teaching staff or of the students was not of the best or if it was thought in Birmingham that the facilities enjoyed by the faculty of medicine in Salisbury were in any way lacking and not up to the standard that Birmingham expects and would insist upon.

The association between the faculties of medicine in Birmingham and Salisbury is working with astonishing good will and mutual co-operation. Visitors from Birmingham are frequently in Rhodesia, and now that members of the academic staff in Rhodesia have been in appointment for upwards of two years there will be an increasing number of returning visitors from Salisbury to Birmingham. Already Birmingham examiners for the first and second professional examinations have been in Salisbury for the practical parts of these two tests and have been more than satisfied with the results. Such visitors also offer advice on planning, on setting up new departments in the faculty of medicine, on other administrative matters, and on research. The University of Birmingham is itself engaged upon a colossal re-organisation of its hospitals. Birmingham's ideas of a community hospital are being elaborated and given practicality with financial support from the Nuffield Foundation and the co-operation of the Ministry of Health in the United Kingdom. The faculty of medicine, University of Birmingham, has already demonstrated more than once—for instance, at the intergovernmental conference in April, 1964—that she has a unique and decisive part which she means to play in the development of the faculty of medicine in Salisbury.

Plainly one of the fundamental questions to which a faculty of medicine must find a clear answer is what kind of doctor should the faculty aim at producing.²⁰ The lead given in this matter by the Nuffield Planning Committee has been followed assiduously by the staff of the medical school in Salisbury. The quality of a medical graduate depends, of course, on many things, only some of which are within the control of the members of the faculty. These are, first, that the best possible undergraduates are selected from the young people who present themselves for a career in medicine. In this matter those responsible for the selection of medical students must ponder the parameters relevant in this process. (See papers 21, 22, 23 and 24.) Second, much thought must be given to the course of training. The belief that it does not matter what is taught provided there are good teachers and good pupils has no place to-day in the circumstances of medical education for work in Africa. The curriculum has important meaning as judged by the reports from doctors already at work in these parts.^{15, 16} Third, the academic staff should be appointed with a view, amongst other things, to their ability to teach. The University of Birmingham recognises in the

document associating the two faculties the importance of this attribute in members of the academic staff by suggesting a period of training in teaching methods at Birmingham by as many as possible of new appointees to the Salisbury staff. Fourth, thought must be given to the lay-out of the medical school and the teaching hospital where the students study and the teachers teach. The planning group for the medical school and teaching hospital of the faculty of medicine, University College of Rhodesia and Nyasaland, is unique both in its composition and in the timing of the assemblage of its members. The consultant architect is Lord Llewellyn Davies, Professor of Architecture at University College, London. He received advice from (a) those foundation professors who were appointed at least eighteen months before teaching started in their departments and some of whom spent some time in the architect's London department working collaboratively on schedules of accommodation; (b) the house governor and secretary, who was specially appointed to the Interim Board of Governors for his expert knowledge of hospital planning, and the matron of the teaching hospital, who was given extended leave by the Federal Ministry of Health to visit teaching hospitals in the United Kingdom. All of them, and many other people besides, have spent long hours planning the medical school, the teaching hospital and the teaching facilities. As far as the medical school was concerned, planning was "based on the forward-looking aims of the University Grants Committee (United Kingdom) as expressed by the Birmingham Committee to achieve full integration between medical school and teaching hospital, affording every possible opportunity for members of clinical, paraclinical, pre-clinical, teaching and research staffs to benefit from each other's knowledge and experience in teaching the ever-widening range of disciplines related to the care of the sick."²⁵ Sketch plans, working drawings and a model of the teaching hospital as it will look when completed have been finished.

In one other important respect is the faculty of medicine, University College of Rhodesia and Nyasaland, unique. Three of the foundation professors were awarded travelling fellowships from the Rockefeller Foundation to enable them to visit selected centres of medical education throughout the world. The centres that were chosen fell roughly into three categories: first, those which had been in existence only for a few years. These were visited in order to discover what their authorities considered that they had done well and what they would do over

again in a different way if they got the chance to start again. Second, those schools located in geographical areas—for instance, Pakistan, India, the Caribbean and Latin America, where the medical problems in education, disease and research could be expected to reflect closely the situation in Central Africa. Third, those medical schools of international repute where it was hoped that some of the secrets surrounding their success might be revealed to those who were planning the faculty of medicine in Salisbury. In all these important centres actively engaged in furthering medical education it was discovered that the plans in existence for Salisbury, including the shape of the curriculum, based on the Nuffield reports: the phases for the development of the medical school and teaching hospital, based on the consultant architect's sketch plans and all the attendant implications, could not be faulted in regard to any single major decision that had already been taken or was contemplated by any of the several authorities involved in the planning of the faculty, to wit, the University College of Rhodesia and Nyasaland, the University of Birmingham, England, and the Federal and subsequently the Southern Rhodesia Ministry of Health. A working formula has been established that will guarantee a pre-eminent university medical school and teaching hospital.²⁶ This formula was arrived at by considering afresh the purposes of a medical school and teaching hospital, by reflecting how best their aims might be achieved and by pondering the formula that would determine their reputation. The academic staff is keenly aware that knowing the job is only half of the job. The other half, which is equally as important, lies in how the job is done.

The significance of all these events, important in contributing to the uniqueness of the faculty of medicine, University College of Rhodesia and Nyasaland, became startlingly clear at the time of the intergovernmental conference in April, 1964, whose final communiqué ended with the words:

"It is the intention of the Southern Rhodesia Government that the college's institutions, including the faculty of medicine with its associated teaching hospital, should develop as an integrated whole in broad accordance with the draft plans for the period up to 1970 placed before the recent conference on the future of the university by the university authorities and representatives of the former Interim Board of Governors of the teaching hospital."

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