



Fig. 4. The patient's face remained clear for the next 6 months, except for two recurrences: the first after eating Nile carp to see if he still reacted to fish, and the second after eating a dish later found to contain fish ingredients.

identified that neither bread nor eggs, but a boiled, minced hake fish and carrot dish triggered his eczema. Carrots alone caused no reaction. The patient left to study overseas for 6 months. During that time he only had two further attacks: the first after eating Nile carp, to see if he still reacted to fish, and the second after eating a mixed dish containing fish ingredients, although the chef initially denied that the dish included fish. On returning to South Africa the eczema cleared completely from all over his body. A picture is worth a thousand words — his smile tells the story (Fig. 4). In addition, he was free of all other symptoms such as headaches, postnasal drip, wheezing, cough and symptoms of the irritable bowel syndrome, which he had suffered from most of his life. Initially, I suspected eggs or flour, but in my experience investigating foods as triggers in chronic illness, each individual case differs. In this case fish was the cause, despite the history.

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MEDICAL EDUCATION

South Africa's role in medical training in Malawi

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The opening of the College of Medicine of the University of Malawi, the country's only medical school, has been described elsewhere.^{1,2} The college opened in 1991, and by 2001 had trained 169 medical doctors.³ The College's philosophy is to inculcate a community-based awareness in its students, with

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the curriculum orientated to serve the human health resource requirements of Malawi and the southern African region.

The medical school produces between 16 and 23 graduates each year. In the early years of the College, Malawian medical students were sent to the UK, Australia and South Africa for their pre-clinical studies.⁴ All but three of these students have since qualified and are serving in the health sector in Malawi. We report on the experience of the Malawian medical graduates who attended the University of Cape Town (UCT) in South Africa between 1992 and 1995, and their roles in Malawi.

Prerequisites for medical training in Malawi

The Malawi College of Medicine recognises the following criteria as relevant prerequisites for a candidate to be considered for medical training:⁵ (i) a Bachelor of Science degree, preferably in the natural sciences; (ii) advanced-level credit passes in chemistry, mathematics and the biological sciences; or (iii) 2 years of university study in the sciences



where credit passes have been obtained in chemistry, physics, mathematics or any relevant science subjects.

The medical students selected to pursue their studies at UCT were chosen on the basis of the above criteria, plus an oral interview. Their academic qualifications on entry into UCT were as indicated in Table I.

Table I. Qualifications of Malawian medical students on admission to the University of Cape Town

Qualification	Number of candidates
2nd year Bachelor of Science	15
2nd year Bachelor of Education	1
Bachelor of Education (Science) year 1	1
A level	1
Total	18

Challenges faced

The challenges faced by Malawian students in Cape Town involved transition from a materially poor African environment to a more affluent African setting. Our students were mostly young Malawians accustomed to being provided with full board at the University of Malawi Campus of Chancellor College. When they moved to UCT, therefore, they were unprepared for the different domestic situation they faced. They soon realised that the university campus accommodation was not the most affordable student housing in Cape Town. After a year they moved to suburban accommodation where they lived in shared flats.

At the time that the Malawian students were in South Africa the political climate was not conducive to a multiracial environment. It was a time of intense political agitation against the apartheid regime, which was still in place in South Africa. Our students therefore experienced apartheid, the transitional period and immediate post-apartheid times.

Language and culture also presented challenges. South Africa's official languages were Afrikaans and English, both unfamiliar to Malawian students. English was not as much of a problem as it is also the official language in Malawi. But day-to-day demands required that our students have some grasp of Afrikaans and Xhosa. UCT provided tuition in these languages for the Malawian students.

The return of the students from South Africa to Malawi following their studies at UCT meant a shift from a 6-year undergraduate medical curriculum to a 5-year Malawian course. These students had already finished their 3 years of basic medical sciences. In order to bridge the gap from a 6-year setting to a 5-year course our students had to do an extra 7 months of pathology and introductory clinical work before proceeding with their 4th year. The former UCT Malawian students were therefore grouped together with other Malawian medical students who had returned in a similar manner from the Universities of Adelaide and Flinders in Australia.

Current status of the Malawi Medical School

It was always intended that the College of Medicine would seek to attract students from other southern and central African countries, especially those without medical schools of their own, such as Botswana, Namibia, Lesotho, Swaziland and the Seychelles. The College is now ready to take these students because it has recently completed adequate hostel and laboratory facilities. The current teaching staff capacity is also considered adequate for such purpose. As the College of Medicine enters its second decade it is poised to take this initiative forward, as well as develop its own postgraduate training programmes.

Where are the former UCT medical students now?

Of the 18 former UCT students, 15 eventually qualified with the Bachelor of Medicine, Bachelor of Surgery (MB BS) degrees from the University of Malawi. One student was withdrawn from UCT because of poor academic performance in his first year, and another was withdrawn in Malawi on disciplinary grounds in his fourth year. One female student withdrew because of marital commitments. The 15 who qualified in 1997 and 1998 have since finished their 18 months' internship. The posts filled by these graduates are shown in Table II.

Table II. Posts filled by Malawian graduates who trained at UCT between 1992 and 1995

Posts filled	Number of graduates
District medical officers	10
Referral hospital practice	3
Assistant lecturers (College of Medicine)	2
Total	15

Conclusion

South Africa's role in the training of Malawian undergraduate medical students has been crucial in the establishment of Malawi's medical school. Our graduates who passed through UCT are now serving in various rural district hospitals, in tertiary medical centres and some have returned to train for academic careers with the College of Medicine. This will have a multiplicative effect on Malawi's human health resource situation.

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