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A F R I C A N S T U D I E S I N S T I T U T E

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WOMEN, RELIGION AND MEDICINE IN JOHANNESBURG BETWEEN THE WARS

Deborah Gaitskell

INTRODUCTION

In explaining the growth of independent churches among the Shona since the 1930s, Daneel lays great stress on the attraction for ordinary members of the curative powers offered by the church. Many joined because they personally or close relatives were cured in faith healing sessions. Unlike churches of outside origin, the African churches took evil forces seriously and combated them in a way appealing to the patient's mind. Diagnostic sessions grappling with the spiritual causes of misfortune seemed to be the key to success. Daneel, like other modern commentators, takes a much more positive view of prophetic therapeutic treatment, seeing it as essentially Christian in character.[1]

The attraction of this healing ministry in recent decades in independent churches in South Africa in both rural Zululand and urban Soweto has been well demonstrated. Sundkler quotes one prophet's statement to his congregation 'This is not a church, it is a hospital'. He too found the frequent refrain in explanations of independent church membership: 'I was ill. They prayed for me. Now I am well. 'Among people to whom the pursuit of health was life's 'gravest concern', the 'divine healing' message of the early Zionist churches and evangelists had tremendous appeal. In a bewildering urban situation, the personal concern of a prophet who prays, lays on hands and is part of a community which cares, carries great potency. 'Through divining and prayer they procure the religious sanction without which a Zulu does not really believe that healing can be secured.' West also found that a very high percentage of Soweto independent church members had been recruited through healing and all the many churches he surveyed had some form of healing service. Frequent consultations occurred with women healers who helped with a wide variety of social and psychsomatic as well as medical problems. The clear resort to supernatural power of these prophets; their understanding of the nature and cause of the complaints; the treatment offered, which seems both simpler and more spectacular than that offered by western doctors; healing given in familiar surroundings - all this accounts for the prophet's appeal.[2]

These developments have, as is well known, taken place against a background of increasing provision of western medicine, by both mission and government. Missionary expectation notwithstanding, 'the multiplication of medical facilities and the increasing enthusiasm of African recourse to them has not been paralleled by a corresponding decline in African concepts of healing', as Ranger has pointed out. Rather, in a situation of 'medical pluralism', European medical science plainly 'did not monopolise the therapeutic field'. He argues that

> Western medicine has not in itself effected a cosmological transformation, partly because it has been so often used in the interested service of colonial capitalism and partly because it has been too individual and too mechanical to be able to confront African idioms of healing in their totality.[3]

The persistence of African notions of health and disease provides the first theme of this paper.

Ranger's first reason for western medicine's relative cosmological weakness provides the other jumping-off point for the latter part of my discussion. He argues:

> Outside the state sector most Africans in Central and Southern Africa came into contact with doctors not so much in benevolent mission clinics but in the mining and railway compounds or in the municipal locations, once again very much as part of a coercive system.[4]

This observation overlooks crucial gender differences: Excluded from the single-sex mine compounds with their vigorous use of medical expenses to keep the work force going cheaply and efficiently, women and children in Johannesburg between the wars saw a different face of western medicine, through clinics, hospitals and various forms of health education run by the churches. Not only was this medicine dispensed outside a nakedly coercive system but the personnel involved were female rather than male. There was a well-entrenched separation of spheres by sex found in mission work, so that women missionaries worked largely with African women and, increasingly in this period with black children. Similarly medical initiatives on behalf of women and children were almost exclusively also in the hands of women. (From the clients' point of view too, this was of course probably more acceptable).

But it is the special context in which these health efforts evolved that is even more noteworthy. In sharp contrast with the general African emphasis on spritual battles with evil forces, or on the power of the Holy

Spirit to heal, the churches' white medical personnel seem to have seen their task as primarily a scientific onslaught on ignorance, superstition and ill-health. Furthermore, not only did this female medical work precede Rand municipal health provision and prove more popular, but a strikingly large part of the inter-war health endeavours pioneered the promotion of maternal and infant welfare for Africans. This work clearly relates to the important similar developments taking place concurrently in Britain and can usefully be examined in this light.

The inter-war period seems also to have been an important formative time for South African medicine generally. The first Public Health Act in 1919 arose out of the shock of the influenza epidemic; the ensuing compulsory registration of births and deaths in urban areas aroused concern at the relatively high white maternal mortality rate. The Public Health Department's Maternal and Child Welfare Board after 1935 developed a District Nursing Service for whites. The Hospital Survey Committee reported in 1927 on the 'utterly inadequate' public hospital provision, especially for Coloureds and Africans, with no maternity beds for them in the Transvaal at all. Round the same time alarm was voiced at the high African infant mortality reported in Johannesburg - at least 700 per thousand. In 1928 Loram's committee investigating medical training of Africans reported a need for a thousand more doctors if the untreated African 'hordes' were not to become 'a menace to the rest of the community' and thereafter the eventual failure of the labour supply; it also drew attention to the deplorable dearth of African nurses and midwives, and urged that ways of overcoming various obstacles to the development of the profession should be found so that more such women could be appointed to urban locations.[5]

Some non-missionary doctors were giving the situation thoughtful consideration. Thus although the Medical Officer of Health in Pietermaritzburg brusquely asserted that more instruction was the answer - 'the greater proportion of the non-European mortality is born by disease out of ignorance, preventable if the children of the present generation can be taught how to live' - the East London M.O.H. took a much more environmentalist view that 'it is native pauperism that is the predisposing cause of sickness'. He also favoured extensive education:

> We know what should be done.. What is needed is a steady onward movement originating in the schools with facilities for teaching of hygiene and handicrafts, travelling lecturers and inspectors, facilities for the trainng of teachers in those subjects, extension of school medical inspection, and establishment of training facilities, as doctors and sanitary inspectors and health assistants, for natives.'[6]

The 1928 General Missionary Conference had evinced a similar greater awareness of the dire straits of African health and living standards, and passed resolutions encouraging further training and so on.[7] Municipal health provision for Africans did increase in the 1930s, probably stimulated by the missionary start. Urban missionaries were thus caught up in this re-thinking too. Consequently, although many of the female missionary medical projects discussed in this paper lasted only a decade or two, they merit examination on a number of counts.

REEF AFRICANS AND HEALING

Mission hospitals in South Africa were on the whole a much later development than mission schools. They also tended to be located in rather remote rural areas where there was no state-provided alternative. Such famous institutions of the early twentieth century as Jane Furse Hospital in Sekukuniland and Holy Cross Hospital in Pondoland come to mind. McCord Zulu Hospital in Durban provides something of an exception as a city hospital. It is well known that early rural missionaries even if not so trained were frequently applied to for medical help. One of the drawbacks of the undoubted missionary contribution through hospitals and medical training is that 'medical work became so specialised that the ordinary priest or minister ceased to take much share in service for the sick, and in most mission congregations, healing and worship became quite separate.'[8] These two points combined - the African desire for medical treatment, but within an overtly 'religious' setting - will be developed shortly in this section.

The informal African resort to church personnel for health care was a feature of Reef 'women's work' too, initially. One of the earliest Anglican women missionaries to Johannesburg described in 1911 how she was building up a 'Harley Street reputation' on her elementary medical remedies - one wonders how, as she reports them as 'Mustard without and ginger within'! Certainly the pioneering Deaconess Julia had already two years earlier, wished they had a dispensary or small hospital:

> our people are fleeced by all sorts of quacks calling themselves doctors - 15/- for a bottle of medicine is not at all unheard of, and those in the country places die without any treatment as £5 down is a common charge before a doctor will go out from the nearest town - perhaps 10 or 15 miles.

It was not only for the sake of the black Anglicans. Theodora Williams was convinced that a dispensary was 'the *one* thing they needed to reach the vast mass of semi-heathen and indifferent natives round us'.[9]

Reference to indigenous African approaches to disease are extremely scanty in the Johannesburg missionary correspondence and such as they are betray a failure to grasp the central importance of prayer in African conceptions of coping with illness. This comes through in Miss Williams' indulgent - but unwittingly revealing - comment on her regular hospital visiting of Africans: 'some of the Christians are so dear and innocent, they even say grace devoutly over medicine'! Rev. Wilfrid Parker found men at the hospital 'touchingly grateful' for visits and help: 'it is refreshing to find that the sick really want the ministrations of the Church, and patients have actually complained if by chance they have not been prayed with'. This attitude contrasted markedly with the European reaction of 'I don't mind' combined with obvious embarrassment at audible prayer on their behalf.[10]

The openness of even non-Zionist Africans to faith-healing was conclusively demonstrated in their response to the few services for Africans organised during the Healing Mission to South Africa of the Anglican J M Hickson, who wrote many books on healing in the 1920s and helped stimulate an Anglican reconsideration of the whole issue.[11] (In parenthesis, it should not be imagined that all South African whites of this era had a purely rationalist, scientific approach to medicine. One only needs to browse through Apostolic Faith Mission records to see Johannesburg poorer whites, often Afrikaner, testify miraculous cures, in a few cases after being sent anointed handkerchiefs for laying on the sick.[12] Intense European interest was shown in Hickson's mission too.)

During Hickson's visit, all barriers of denomination, class and colour seemed to go down (one priest wrote) at the large mission services held in Johannesburg Cathedral. They were

> a sight to remember - people packed to the topmost gallery and sick on stretchers lying all round the altar rails, Indians and Dutch and Natives, all mixed up together, and lines of the Church Ministers and Salvation Army officers acting as stewards, and outside the traffic diverted and squads of police keeping the crowds back.

The Africans showed a 'most touching' simple faith, many of them assembling at daybreak and sitting in the streets outside the church until the doors were opened.[13]

The same faith had been shown at Hickson's service in Bloemfontein, where Africans came 'from far and near to see "the Prophet", and in high hopes of healing and blessing to come'. One woman who had not walked for a long time, was even 'accompanied by her grandson carrying her boots, so as to be ready to walk away from the service.' Bloemfontein Anglican Missionaries had urged the people to

prepare spiritually beforehand by 'the cleansing of the soul from past stain', many had therefore made their confession and received absolution from the priest. The service there was held outside on the slope above the road from the location to the town. By 7 a.m. when the first Europeans arrived, there were already a couple of thousand Africans seated in rows facing each other. There was enough space for Hickson to walk through the eventual crowd of 7,000 patients, touching two at a time, one on each side as he passed between with priests following behind to give the church's blessing. During the three-hour service (for which the crowd waited till afternoon), Hickson also dealt with some who were mad or possessed: 'he spent time and trouble on each of these holding the person's head with both hands and saying emphatically three times "Go!" to the evil spirit'.[14]

In the light of African response to Hickson's Healing Mission, taken together with the extensive recent documentation of the importance of healing to the Independent Christianity particularly, an unusually strong emphasis on faith-healing might be expected in the fervent women's prayer unions which were established in the Anglican and Methodist Churches on the Rand in 1907-8, and in the Natal American Board Mission (ABM) in 1912 (which fed into the subsequent Rand version).[15] Certainly this was the case in the American Methodist *Rukwadzano* which developed in Zimbabwe in the late 1920s and was in some ways strikingly similar in origins and aims to the South African women's church organisations or *manyanos*. Yet I have come across hardly anything recorded of early *manyanos* that has the flavour of what Ranger records of the Zimbabwean near-equivalent:

> *Rukwadzano* was a remarkable fusion of the totally committed Christian wives and mothers - against polygymy, for church marriage - and a reaching out to the great majority of women in the rural areas, with their fears of witchcraft accusation and their need for spiritual comfort. *Rukwadzano* regularly organised great camp meetings attended by thousands of people; at these meetings there were public confessions, surrender of witchcraft implements, repentance, seizure by the Holy Spirit, healings.[16]

In interviews with African women who had been *manyano* members since the 1930s, the practice of visiting sick prayer union members was recalled emphatically -'that they enjoyed very much'. If you were sick, the others might come singing your distinctive hymn, pray for you, help out sympathetically and practically, or after a death assist with food and money. In sharing their troubles in the weekly meeting's time for extempore praying and preaching,

women would naturally mention sickness or medical problems. They would pray (perhaps only privately) to conceive if there seemed to be undue delay in being able to have children. But no specific reference was made to supernatural healings or renunciation of witchcraft (though more alert probing at the time might have been rewarding).[17]

When Mrs. Gqosho, wife of the Weleyan Potchefstroom African minister, founded the women's prayer movement after attending a conference at Edendale in 1907, she included among the objects for which they were to pray, the uprooting of witchcraft and superstition. (Praying for thier families and for their sins and the safety of their menfolk on the mines came first).[18] The indigenous *Amavoluntiya* (volunteers) conducted revival missions' on the American model at Natal ABM stations at the turn of the century. These meetings were characterised by the same pattern of intense night-time prayer and sequential individual exhortation on a theme as was carried over into all women's prayer unions, and at that time the black preachers call to repentance and cleansing struck home. In one 'heathen' district, 'Like the Ephesians, they brought their inplements of witchcraft, their love filters (sic) gewgaws, snuff boxes, pipes and beer pots, and had a big bonfire.' In other words, the 'revival' preaching destroyed the symbols of the traditional magic and intemperance which the missionaries had so frequently condemned, in vain.[19] Indeed no Methodist Manyano member was 'allowed to smoke or to take snuff or consult with witch doctors', but was 'expected to abstain from all heathen customs and superstitions that are opposed to Christianity.'[20] However, there is virtually no mention of such issues for urban prayer union members of any denomination, suspensions were mostly for sex or liquor offences. Traditional religion's influence seemed to strike missionaries more when they were in rural areas. Rather than being absent in town, its subtler manifestations probably escaped them. Among Nguni women the power of the female diviner and of withcraft belief is illustrated by the few examples encountered, while the Tswana are noteworthy for loyalty to ancestral custom.

The American Dextor Taylor noted that the Women's Association of the Paulpietersburg/congregation of farm workers marching and singing in their white uniforms, were 'led by an "Umtandazi", a "prayer", a women of the psychic type who would have been a witch doctor but for her new found faith.' This isolated comment suggests that it may not have been only the Zionist churches which drew their prophets from potential or former diviners. The influence could work the other way. In 1939 the Anglican Society of Women Missionaries (SWM) discussed, arising out of Transkei experience, 'the leakage of Christian girls into the ranks of the witch doctors, and ways and means of combatting it.' (A special service of exorcism was suggested). A witchcraft accusation was made against a Middelburg Methodist Manyano

member, when her brother-in-law was killed by lightning the day after he tried to break into her house. Her husband, though a local preacher, 'separated himself from her until 'The charge was inquired into by the family council.'[21]

Confrontations with diviners reported several times from Swaziland in the inter-war period. Once, at a service held by fifty Manyano women, 'Three Inyanga women cast off their adornmnets and lay before us in painful pity for salvation.' On another occasion prayer women rendered a smelling-out, with 'its fearful dancing and excitement', ineffective and won ten converts. Others, 'finding a woman suffering from an evil spirit whose body was adorned with magic charms to ward of the attacks, prayed her into a glorious deliverance.' This was the sort of triumphant clash with 'heathenism' which the missionaries delighted to report. But they were less happy when the women's meeting acted as a kind of forum for speaking out suspicions rooted in traditional concepts of the causation of misfortune. Frances Chilton, Anglican missionary, considered that Mothers' Union members were inclined to pray too much *at* each other in an accusatory way which could cause trouble. This recollection gives weight to Mphahlele's story in which an influential member of the Prayer Women's Guild refused to apologise to two women on whom, when her turn came to preach, she had 'fixed her eyes ... during a whole sermon against witchcraft.'[22]

The few indications from the Tswana have a different emphasis, perhaps because of the lack of stress on female diviners. Round 1930, some Tswana Methodists were sending their children to circumcision schools and practising other 'heathen' rites.

> As one women said when trying to purchase pure white fowls from the missionary's wife for ceremonial purposes after death. Your missionaries want us to go by the Testament: we do believe in the Testament but we must also observe our fathers' customs.

Gabriel Setiloane's mother, a staunch Manyano member, once even the local president, still doctors her babies traditionally and followed traditional ritual after their and her husband's deaths. Jean Comaroff estimated round 1970 that 95 per cent of Mafeking Christians still carried out traditional purification and prevention measures, together with ancestral veneration. She attributes syncretism among the Tswana to their relatively superficial Christinization and the fact that Christians did not live in separate communities. The Nguni re-interpretations and reformulations of Christianity in terms of indigenous expectations she attributes to the more thorough way in which they were evangelized.[23] The Rooiyard women in Johannesburg interviewed by Ellen Hellmann were mostly nominal Christians, yet they consulted diviners and used protective

or preventive medicine in the same way in the early 1930s.[24]

The point of these rather scattered references is simply to illustrate the persistence of traditional cosmology alongside its apparently slight manifestation in faith-healing and witchcraft repudiation of the 'Zionist' sort. It is always possible that the white superintendents on whose reports we are so dependent for the re-creation of the inter-war-atmosphere of *manyanos* , were often not present when such manifestations occurred. On the other hand, because of poor or non-existent command of vernaculars, perhaps they did not actually know what was being prayed about. Nevertheless, the impression remains that where traditional religion was more overtly strong- rural Swaziland or Zimbabwe - the church took up its concerns, notably the yearning for healing.

MISSIONARY MEDICINE FOR MOTHERS AND BABIES

The need for missionary medical services, alluded to by Anglican women missionaries before the First World War, was reiterated by Bishop Furse in 1918. Nine hospitals were fine for males, he commented, and the Johannesburg General Hospital took Africans but they clearly had 'the greatest reluctance to go there'. As a start, he favoured dispensaries in town locations and a central hospital for women.[25] Both these aims were in fact being achieved a decade later.

The Anglican medical work took off at the beginning of 1927 under Dr. Mary Tugman, 'a glorious blend of missionary medico and mystic', who was in her late twenties and had trained at the London School of Medicine and at St. Mary's Hospital. Described as 'gallant and gay and tempestuous in her attack on sickness and suffering and social evil', she came out to Johannesburg at the call of her uncle there Archdeacon Skey. Her work very much had the encouragement of Wilfred Parker the 'go-ahead' priest of St. Cyprian's, which was the Anglicans' big central town church in Johannesburg. Parker was extending Anglican influence into the growing freehold area of Sophiatown and Dorothy Maud's Settlement-type 'House of Peace' (Ekutuleni) was being established simultansously with the medical work in the Western Areas. Madeleine Tugman, Mary's mother, a trained midwife who had done a lot of 'rescue work' in England, came too.[26]

In March 1927 Dr Tugman started a daily clinic in Sophiatown, in the nine foot square back room of the African priest's house, then a bi-weekly clinic at Nancefield and another at Germiston. She was assisted for four years by Ethel Skinner, a nurse from Kwamagwaza hospital in Zululand. Dr Janet Robertson took charge of Germiston, then Benoni, Boksburg and Springs in December 1927, while Dr. Marjorie Store took over the West Rand in July 1929.[27] By then they were together running ten clinics each seeing

500 cases (mostly pneumonia, enteric, enteritis, dysentery and VD) and making a hundred calls a month at a charge of 5/- including medicine. Two European and three African nurses, helped by four interpreters[28] and three Europeans volunteers were also employed. In 1930, an estimated 13 000 were treated. The doctors were becoming exhausted, as the work grew very fast, but they had saved many babies from pneumonia and hoped they were teaching the mothers how to look after their children. However, their facilities were very second rate. Dr. Tugman wanted a small ward to keep patients under their care, plus room to test specimens and store instruments. So a small nursing home was planned.[29]

There was an initial misunderstanding when Dorothy Maud publicised the need for a nursing home by talking at a fund-raising drawing-room meeting arranged by the wife of the Editor of the Rand Daily Mail. She cited a case found by Dr. Tugman of'a baby dangerously ill with pneumonia being nursed on the floor' because the washing which the mother was about to return to a lady in Parktown 'occupied every inch of the bed in the room.' Sophiatown washerwomen were very indignant at seeing this story in print and feared loss of custom if whites became alarmed about the risk of infection. So Miss Maud had to arrange a meeting with them to make peace.[30] A medical facility intended to increase the physical security of women and their children, threatened to jeopardise the same, via loss of earnings.

Tugman described herself as contending with 'Ignorance, Dirt and Disease' in her work among the great variety of races for which the Western Areas were well known - Chinese, Indian (including a rich store-keeping family prepared to pay £1 a day for her to attend to their ailing only son and heir), Malay, African, Coloured and

> poor whites living in native hovels, the father out of work, the mother lying in bed with acute rheumatic fever and heart disease, and six children fed only on mealie meal, one of which lives on a mattress in the corner of the room covered with flies and prostrate with pneumonia.[31]

In fulfilment of Tugman's hopes, the small Princess Alice Nursing Home opened in December 1931 with room for five adults and six children, though there were sometimes as many as seventeen patients there in the first months. However, the sudden deaths of the trusted Tugmans, run over in March 1932 while back in England, led to the temporary collapse of the central work, excerbated by African inability to pay fees during the depression. The transfer of a doctor and a matron from the Bridgman Hospital to the Sophiatown work attempted to fill the gap, and Dr. Store's work, now on the East Rand, continued with clinics acting really like outpatients' departments. Janet Robertson

provides a rare and forthright glimpse of how at least one of the poineer woman missionary doctors saw her medical work in relation to rival cosmologies. Clinics gave a chance, she thought, to prove Christ mightier than the Devil:

> It saddens one to see the number of Christian people, who bring their children all tied up with Heathen charms and native medicine. These charms all have to come off and they go right into the fire in front of the patients, and so far we haven't lost any child who was thus adorned, and I believe that this in itself has taught some of these women many things.[32]

In 1934, by which time it was felt that the African mothers' prejudice against allowing their babies into the hospital had been overcome, a children's ward with room for thirty babies was added to the Princess Alice. Gynaecological diseases, bronco-pneumonia and VD remained prominent among general admissions. By 1937 on the East Rand, the Boksburg clinic had closed because of a new hospital nearby but Benoni work had developed so much it had become a full-time daily job, with a VD clinic run at municipal request and clinics at Springs and Nigel developing into a full-time commitment too. Dr. Store at Benoni had mostly women and children for patients as men preferred a male to a 'mission' doctor.[33] In fact all the Anglican medical work had been particularly directed at women and children; but besides the health care of a general medical nature, there was interesting pioneering urban maternal welfare work for Africans.

Maternal and child welfare only crystallised as a major concern in Britain at the beginning of the twentieth century. Infant life took on a new importance because of the value of a healthy and numerous population as a national resource for an imperial power.[34] The early maternal and child welfare centres, which explicitly provided no medical treatment but rather short talks, tea and a bun, and advice on baby-clothing, clearly foreshadow the 'clinics' established in Johannesburg. By the 1930s having grown fastest after 1915 such British centres had established themselves very successfully. There were 2,343 run through local authorities and 770 via voluntary associations. About 60 per cent of live births notified, were brought to the centres in their first year.[35]

James Lewis's recent fascinating analysis of the British maternal and infant welfare movement stresses the centrality of the idea that infant mortality was chiefly influenced 'by the ignorance of the mother' and 'the remedy is the education of the mother.' Partly, it is true, this approach arose out of the fact that maternal care could be improved more immediately than could the whole socio-economic environments. But it skirted, even denied, the influence

of 'low incomes, poor housing conditions and sanitation, and contaminated milk.' The development by 1939 of services like 'ante-natal care, skilled attendance in childbirth, infant welfare clinics, health visitors and hospital facilities for parturiant women and infants' was most welcome. However, all this help to the pregnant mother was 'little use if pregnancies were too frequent, or the mother overtired and undernourished, and advice on rearing children was ineffectual if the mother did not have the means to put it into practice.' So British women's groups were active on issues like birth control and direct economic help to mothers. It was the 'school for mothers, Babies Welcomes and Infant Consultations' which were initiated at St. Pancras in 1907, which the Johannesburg clinics resembled. The 'Schools' combined classes and health talk for mothers with individual consultations, during which the baby was weighed and advice on feeding and management were given. The aim, Lewis explains, was to pass on to mothers 'information about, a sense of responsibility towards, and pride in home and family. The range of activities involved included infant weighing, baby shows, sewing meetings, cookery domonstrations and provident clubs.'[36]

Very much in this British mould, baby welfare clinics run by volunteers were established at all the East Rand Anglican dispensaries by 1929 and finding a 'most encouraging' response from mothers. Mrs Tugman in Sophiatown had over a hundred children on her books. After the long walk uphill (to the top of Meyer Street), the mothers appreciated their tea and bun - but tended to give it to the babies. They loved jumble sales. At Nancefield, where attendance was 'excellent', all took part in a little service of prayer with an address and hymn. It is noteworthy that religion thus formed part of the advice, the ideological support for healthy motherhood - religion was not part of the medical treatment as such. But the response seemed to be favourable:

> The spirit of friendliness amongst the women is much in evidence, Christian and heathen, coloured and Malay all meeting with a common object, showing their pride in their children, and welcoming advice and help in the petty ailments.

Mrs. Tugman was not seeing the problem of infant mortality in environmental terms. She explained the death rate as being too high mainly because of improper feeding, and spoke of the hard battle with the prevalent ignorance: 'we can only go on patiently teaching and talking even if we are laughed at for our trouble.' As for how the baby clinics operated, the English advice/consultation model seemed to be adhered to, with a religious supplement:

> It is not easy to have any very organised meeting, as the natives know little of time, but usually after weighing the babies we have a mothers' prayer, and a little serious talk and finish with a small jumble sale which appeals to them greatly.[37]

A former Johannesburg missionary provided a much broader context in which to situate infant mortality than the familiar issues of 'ignorance' and 'incorrect feeding'. She sent a questionnaire to sources throughout Southern Africa. They accounted for infant mortality in four main ways - the social diseases, by which was meant veneral disease, tuberculosis and alcoholism; The low standard of living, the lack of a living wage so that mothers had to work and found pre-natal care impossible; the ignorance of midwives and mothers, leading to irrational feeding and carelessness in child welfare; and superstitious practices.[38] But the missionary felt through the church societies African women had been helped to realise the high calling of motherhood. This very much indicates the nature of the Christian input - to back up the exhortation to self-improvement and the encouragement of high aspiration in the vocation of motherhood.

As in other fields, the numerically insignificant ABM Reef church started medical work earliest and continued longest. The Bridgman couple were central to the inception. Rev. Fred Bridgman the socially-minded missionary who had secured Ray Phillips for Johannesburg work, already in 1923 considered the promising line of approach in future work for women and children to be district nursing, kindergartens and day nurseries for children of working mothers. Perhaps he was partly influenced by the keenness and availability of his niece Ruth Cowles for such work. Having long intended to follow her parents into missionary service, she had just recently completed her nursing training in New York, followed by some private and district nursing.[39]

In 1925 she was sent out to assist the non-missionary Dr. Crinsoz de Cottens who had approached the Bridgmans in 1920 wanting to run an African clinic. With this loose ABM link, the doctor had run it every week-day afternoon in Doornfontein. When Ruth started there in 1926, 180 new and an equal number of old patients came each month. Help came too from the doctor wife of Raymond Dart and two African interpreters. A twice-weekly dental clinic was also held, while the weekly baby clinic at that stage only mustered about six women. This was because prevention was such an entirely new idea, and so many mothers were too busy eking out their income via beer-brewing to attend. Through a contact, Ruth got a site in Alexandra for her clinic which opened in June 1927, by which time 160 new and 140 old patients had been treated. She wanted (deriving from her background) to both stress preventive work and

also to have a Christian aim in her health work. By the beginning of 1928 the ABM, with the addition of Eastern Native Township where the municipality had offered a room, had three medical and four baby clinics going, with over 400 babies on the books.[40]

Attendance dropped at Alexandra when a baby became ill and its mother was sure it had been bewitched by someone with a grudge putting medicine in the scales. Excessive staff changes the next year caused further loss of confidence and weakening of financial support. Two baby clinics closed because Johannesburg Council undertook to establish medical services in locations - these did not prove at all popular since a quick-tempered European woman was in charge. The work picked up with the assistance of a Dr Krogh who replaced Dr de Cottens at Doornfontein; the baby welfare work proved most rewarding, the clinic at Alexandra becoming 'quite a social event' and Christmas parties being held for both. The two African nurses in Alexandra made over 3 000 calls in homes in 1930. But then staffing problems there recurred in 1931-2, the clinic was given into temporary Anglican care. The Doornfontein baby clinic numbers fell off in 1931-2 - which would confirm the lack of interest in it recorded by Hellmann and Rooiyard women - but the numbers at the medical clinic were larger then ever before: 2 262 new and 1 987 old patient attendances in 1931 and 5 178 altogether in 1932.[41]

In 1933 it was reported that the medical clinics had been practically self-supporting while the baby welfare work had been increasing tremendously. It was 'opening up very great opportunities in getting close to the hearts of mothers'. Attendances at well-baby clinics had increased to 3 444 in one year, as more babies were born at the Bridgman - though there were still plenty of discouragements for a believer in preventive work, when the babies of faithful mothers died and 'those whose mothers defy all rules of infant care live on'. Despite 1934 being a record year, the ground was swept from under Ruth Cowles's feet when she was retrenched that year (soon after another single women) because of the mission's financial straits. However, the Doornfontein clinics had come to a natural end with the removals to Orlando. And within six months of losing her mission post, Nurse Cowles was asked by Falwasser and Rheinallt Jones of the Alexandra Health Committee to develop intensive pioneering work there.[42] As a result she stayed on in Johannesburg for a good twenty years more, still keeping in good contact with the ABM's Boston headquarters. However, it is not possible or appropriate to go into her new responsibilities here, in beginning and sustaining the Alexandra Health Centre which became linked with the University of the Witwatersrand.

As has already become clear, the gynaecological services of Bridgman Memorial Hospital provided a great back-up to the mother and baby work, and something of this sort had

been in the mind of the ABM leaders already in the early 1920s. After her hubsand's unexpected death in 1925, Mrs Bridgman started raising funds - half in the USA, half in South Africa - towards a maternity hospital in his memory, with provincial and city council funds among the contributions to its annual upkeep. The hospital was opened in 1928 and administered by an interdenominational mission committee and staffed at times by the women doctor who had either already worked for the Anglicans or subsequently went on to their medical projects. (There was clearly a limited pool of suitable Christian women doctors on whom such institutions could call before the Second World War.) The Christian slant came through daily prayers, a weekly service for staff, and visits and services for patients by African ministers and other Christian workers.

The Bridgman was seen as part of a wider context - a comprehensive scheme of public health work for Africans was hoped for. Thus, for example, annual Health Weeks were begun on the Witwatersrand, with Clara Bridgman among the indefatigable organisers of details such as halls, transport and medical speakers. The scale is indicated by the 1930 Week, where very productive Thursday afternoon mothers' meetings were held in the twelve Reef Locations with attendances of fifty to 200, and a thousand women at the united meeting. As injections for VD began to take effect, and many mothers went home with their first living child out of six or eight, the Bridgman's pre-natal clinic also became more popular. By 1931, over a thousand women had passed through the hospital, 700 leaving with babies.[43]

By 1934, reflecting on all the thousands of mothers passing through the missions' pioneer women's medical agencies, Mrs Bridgman took courage 'in the conviction that slowly but surely ideals are forming and principles of hygiene and order are being instilled. We catch glimpses of honest desires for a purer and happier home life.' Surely the women would in the near future' be able to withstand the backward pull of ignorance and superstition.' In her comment, we have the social, medical and religious purposes of the women missionaries' medical work summed up: it related to ideals of exemplary motherhood and homemaking; the battle with infection, dirt and disorder; and the repudiation of traditional approaches to birth, imbued with non-Christian cosmology.[44] The tenth anniversary of the foundation of the Bridgman Hospital provides a convenient point at which to halt this survey of the beginnings of the maternity hospital's work - it closed only in 1965, far outlasting the other mission-initiated female medical efforts. By 1938, a second extension to the original twenty beds had already been built; 12,468 in and 45,659 outpatients had come to the hospital, fifty-two of the sixty-five nurses who completed the training school course, had received the Government Medical Certificate for Midwives. Thousands of women had gone home, reported Mrs Bridgman with 'new ideals of cleanliness hygiene and proper feeding.'[45] So both on the side of the medical

practitioners and on the side of the clients, the Bridgman in a decade appeared already to have effected important changes in the African approach to maternity and birth.

The broad-based financial support which the Bridgman obtained, as well as the very urgent need that it so perfectly met, account for its longevity. The costliness of medical endeavours meant that in a time of financial crisis like the 1930s shortage of money made it impossible to continue or even begin with health care projects. The Methodists for instance, were looking over their shoulders (as they had also done in the matter of hostels) at their 'rivals' in social involvement the Anglicans and ABM. At the end of the 1920s the Methodists were also feeling that they should try to tackle the conditions of African women by means of a lady doctor and a trained nurse for a Johannesburg clinic, but no doubt because of lack of funds nothing came of it.[46] Finance likewise provided a continual headache at the Princess Alice Nursing Home, so that in 1938 it was handed over to the Johannesburg Hospital Board. It was enforced retrenchment at mission headquarters which brought Ruth Cowles's strictly missionary employment to an end in 1934. Perhaps once the municipalities started making more provision for medical services by the mid-thirties, the missions were glad to bow out of work which was difficult and expensive to maintain but to which they had by then made an important ideological and scientific contribution.

WOMEN MISSIONARIES AND CHILDREN'S EDUCATION

The health element was prominent in various child-related social welfare and extra-curricular education projects to which women missionaries of the inter-war period devoted much effort. The focus in the 1920s and early 1930s was on the school child. In the more formal sense, the doctors and nurses running the Sophiatown and Doornfontein clinics for example, steadily increased their examination of the pupils of the nearby mission school, working through checks on ears, eyes and teeth. An expansion came with the establishment in 1934 of a school clinic at Western Native Township where children from eight schools in the area received medical attention.[47]

But the less formal health education coming from the churches was influential too. Aspirant members of the Girl Wayfarers' Association, the Christian uniformed youth movement established for African girls in 1925, had to know and understand not only the four Wayfarer Laws but also the Health Laws: 'Be clean', 'Eat Suitable food', 'Wash with plenty of water', 'Wear light clean clothes'. Improvement of health in the African community was very much an integral part of the aims of the 'adopted' education in vogue in the twenties with which Wayfaring had links. (The Guide movement too, of course, on which the movement was largely modelled, has always given instruction

in hygiene and rudimentary First Aid,

The Wayfarer badges of the 'Healthway', badges in home-nursing, hygiene and first aid, certainly proved the most popular among the five 'Ways' offered, in the first few years. Preparation for these badges gave quite detailed instruction in caring for patients, using splints and bandages and coping with burns, faints and accidents. The prestige of nursing as a career for African girls was being entrenched in this inter-war period - one only has to look at the sublime photo-portraits of young African nurses in Skota's *African Yearly Register* or at the black petty bourgeois press. Dorothy Maud thought the Wayfarer movement definitely encouraged the trend towards taking up nursing. In fact, nursing was the most popular future occupation with Transvaal African Std. VI girls in 1935: Some 40 per cent wanted to be nurses (for South Africa as a whole, teaching was the girls' first choice).[48] Some of the earliest social service done by Wayfarer groups was medically related - detachments visited African hospitals regularly with little gifts for women and children, individual groups had done the rough work of a mission hospital every week or served tea for mothers at a baby clinic. Most aptly, the young Venda girl who was a Wayfarer member in the 1950s and shared all the aspiring and self-improving enthusiasm which mission education sought to impart, was ambitious for higher education and a nursing career, so that she would be able to save money.

The pre-school child received more mission attention from the mid-1930s. Nursery schools for whites, as Malherbe points out, were originally 'the logical extension of a preventative and promotive health programme initiatied by local authorities'. He makes mention of the pioneer work of Rachel and Margaret McMillan in fostering interest in and openness to such work through their campaign in Britain for greater official concern about children's health. But Malherbe is unaware of the link of the McMillans with the inception of Reef African nursery schools which shared this specific health context. The first principal of Thabong Nursery School Sophiatown, Doreen Chaplin, had done three years of general nursing and then worked at the Princess Alice Nursing Home for seven months prior to training in 1932-4 at the Rachel McMillan Training College in Deptford. She and her successors with the Sophiatown Mission trained African nursery school teachers for their four schools established by the Second World War, until the centre was forced to close in 1958. The ABM helped supervise two creches. All these places aimed to train children in hygiene as well as free play, 'independence, helfulness and co-operation.[50]

CONCLUSION

A 1937 South African Institute of Race Relations questionnaire of hospitals revealed that 255 African nurses were under training nationally, eighty-six of them getting

the full course (generally or midwifery). Thus clearly, as comes through in the Wayfarer material some young African women were responding enthusiastically to the image and duties of the nurse in Western medical institutions. The small Bantu Trained Nurses Association was founded in 1932 under Ruth Cowles' guidance, to help raise professional standards of members and foster their spiritual and social progress; in 1944, the BTNA disbanded its members becoming compulsory members of the South African Nurses Association by providing the only midwifery training for African women in the Transvaal, the Bridgman Memorial Hospital was making an important contribution to the growth of this key profession (apart from its benefits for African mothers).[51]

There was also much that was of positive value for African women in the mission clinics and mother and baby classes. The women doctors and nurses come through the records as a humane, warm, hard-working and devoted crowd. The fondness of Ruth Cowles' enthusiasm for the African babies is unmistakable. (She took many photographs and the mission magazine was not slow to capitalise on the appeal of small black infants.[52] This affectionate account of the progress of a baby clinic client is typical of her reports:

> Little Bekitemba, instead of coming on his mother's back, now walks in on his own two sturdy feet, and solemnly hands me his weight card. Then, like the model baby he is, he proceeds to strip himself - though he has a weakness for forgetting his shoes - and steps on to the *adult* scale with the greatest importance.[53]

It has been suggested that, in their stress on educating African women for motherhood, some Reef church personnel overlooked the importance of environmental factors, particularly poverty. Nevertheless, there was a growing liberal and missionary awareness in the 1930s of the impact of low wages on family life generally, while one woman's clinic experience was incorporated into the more thorough-going, community-related Alexandra Health Centre along preventive medicine ' lines.

Finally, the paper began by affirming the persistence of African notions of the causation and possible prevention of illness, as well as the lasting attraction of a 'faith-healing' approach to disease which draws much of its authority from deeply embedded traditional cosmology. As a footnote it is worth pointing out how some white South African Christians, caught up in the growing Charismatic Movement with its renewed emphasis on the Holy Spirit, are perhaps moving closer (though they might not admit it) to African ideas of healing.

NOTES

1. M.L. Daneel, *Old and New in Southern Shona Independent Churches*, vol.2: *Church Growth - Causative Factors and Recruitment Techniques* (Paris 1974), 2, 260, 338.

2. B.G.M. Sundkler, *Bantu Prophets in South Africa* (2nd ed., London 1961; first pub. 1948), 220-237; the twin origins of Zionist healing, in tradition and the USA, are further explored in his *Zulu Zion* (London 1976), recalling the experience of the Yoruba praying churches as discussed by J.D.Y. Peel, *Aladura: A Religious Movement among the Yoruba* (Oxford 1968); M. West, *Bishops and Prophets in a Black City* (Cape Town 1975), ch. 6.

3. T. Ranger, 'Healing and Society in Colonial Africa', unpublished paper, 1978, 1.

4. Ibid, 3.

5. E.H. Cluver, *Public Health in South Africa* (2nd ed., Johannesburg 1939), 253, 267, 275, 302-3; Union of South Africa, *Report of the Hospital Survey Committee* (Cape Town 1927), pars 6 and 10, and *Report of the Committee Appointed to enquire into the Training of Natives in Medicine and Public Health* (Pretoria 1928), pars 8-11, 68-75.

6. C.C.P. Anning, 'Municipal Health Problems of the Non-European Population', *South African Medical Journal (SAMJ)*, V11, 20 (1933), 679 and P.W. Laidler, 'The Relationship of the Native to South Africa's Health', *SAMJ*, 6, 19 (1932), 626-7.

7. *Report of the Seventh General Missionary Conference of South Africa* (1928), 22-3.

8. M. Wilson, *Religion and the Transformation of Society* (Cambridge 1971), 114, quoted in West, *Bishops*, 91.

9. United Society for the Propagation of the Gospel (USPG), Women's Work (WW) Letters Africa, T. Williams to Miss Trollope, 10 April 1911, and Dss. Julia to Miss Humphrey, 21 March 1909; USPG, Series E, Report from T. Williams, 1913.

10. USPG, WW Letters Africa, T. Williams to Miss Saunders, 11 September 1913; *TSR* (quarterly of the Transvaal and Southern Rhodesia Missionary Association), 1V, 4 (October 1930), 141. I argue strongly in my thesis that African women evolved their distinctive prayer

unions partly because of a much greater predisposition to audible, extempore, sequential, fervent prayer. See D. Gaitskell, 'Female Mission Initiatives: Black and White Women in Three Witwatersrand Churches, 1903-1939', Ph.D., University of London, 1981, ch. 5.

11. See J.M. Hickson, *Heal the Sick* (London 1924); *The Healing of Christ in his Church* (London c. 1930); *Behold the Bridegroom Cometh... Addresses given at the services of healing in Christ Church Westminster 1931 to 1933* (London 1937). Dr Stuart Mews of Lancaster University has written a paper on Hickson which I hope still to see.

12. Apostolic Faith Mission Archives, Johannesburg, *The Comforter and Messenger of Hope*, eg. 1, 1 (September - October 1911); 1, 9 (February 1912); II, 1.

13. *C.R.* (Journal of the Community of the Resurrection), No. 80 (1922), 16; *Transvaal Missions*, II, 3 (1922), 8.

14. USPG, E, 1923, Sister Margery Angela, C.S.M. & A.A., 'The Healing Mission', in *The Barolong*, and Report, E.M. Stringer, St Patrick's, Bloemfontein.

15. These missions were selected for special treatment as Anglicans and Methodists had the highest number of African members of all Reef mission churches up to the mid- 1930s (when Catholics began catching up), while the ABM, despite its smallness was involved in many key social initiatives.

16. T. Ranger, 'Women in the Politics of Makoni District, Zimbabwe 1890-1980', African Studies Association of the United Kingdom, Symposium on Women and Politics in Africa, September 1981.

17. Interviews, Mrs Mavimbela, 3 March 1978, and Mrs Nettie Mguli, 13 February 1978.

18. Methodist Church of South Africa, Transvaal and Swaziland District, African Women's Prayer and Service Union, *Manyano-Kopano Jubilee Celebrations* (pamphlet 1959).

19. Mrs. Laura Mellen Robinson, 'The Volunteers', *Missionary Herald* (December 1905), 638-41.

20. Manyano Rules (from 1920s copy in the possession of Ruth Allcock), no. 8.

21. ABC: 15.4 v.45, 'Taylor's Talkies' (1931-2); Sundkler, *Prophets*, 350-3, provides the classic exposition of the diviner/prophet parallel; *SWM Journal* (October 1939), 13-14; Wesleyan Methodist Missionary Society (WMMS), *Annual Report* (1926), 78.

22. *Transvaal Methodist* (April 1925), 5; WMMS, *Annual Report* (1927), 78; Wesleyan Methodist Church, *Directory of the Transvaal and Swaziland District* (1930-1), 2; Interview, Miss F. Chilton, 26 February 1978; E. Mphahlele, 'The Woman Walks Out', in *The Living and Dead and Other Stories* (Ibadan nd.), 58.

23. *Methodist Directory of the Transvaal* (1930-31); G.M. Setiloane, *The Image of God among the Sotho Tswana* (Rotterdam 1976), 174-82; J. Comaroff, 'Barolong Cosmology: Religion in a Tswana Town', Ph.D., University of London, 1972, 197, 361-2.

24. E. Hellmann, *Rooiyard: A Sociological Survey of an Urban Native Slum Yard* (Cape Town 1948), 101.

25. USPG, Medical Mission files, Folder 'Bishop of Pretoria', Bishop Furset Lt. Col. J. Armstrong, 7 November 1918.

26. Witwatersrand University Library (WUL), AB 838, Bishop Karney's circular letter, 25 April 1932; *Transvaal and Southern Rhodesia News Sheet*, May 1932; The Watchman (April 1932).

27. It has not proved possible to find out personal details about these women doctors, unlike some other Anglican women missionaries. It may be (though without investigating women and the medical profession in England before 1940 one can only hypothesize) that medical missionary service overseas offered more scope than was available at home, just as mission education posts seem to have held out a solution to the ambiguous status of some English elementary schoolteachers a decade or two earlier.

28. It is interesting that tribute is paid to the major contribution of African interpreters for over a century in the smooth development of health services; see C. Searle, *The History of the Development Nursing in South Africa 1652-1960* (Cape Town 1965), 128.

29. WUL, FAB 396, CPSA, Diocese of Johannesburg, Ekutuleni Mission, *Medical Work amongst the Native People living on the Rand* (pam 1929); *TSR*, V, 1 (January 1931), 20; Mary Tugman, 'Sopluation Clinic', *Transvaal & Southern*

Rhodesian Missions Quarterly Magazine , III, 3 (July 1929) and IV, 2 (April 1930) -Letter from the Bishop of Johannesburg.

30. D. Gaitskell, 'Female Mission Initiatives', 325-6.

31. *Transvaal & Southern Rhodesian Missions Quarterly Magazine* , IV, 2 (April 1930), M. Tugman, 'The Adventure of Healing'.

32. J. Robertson, 'Report of the Princess Alice Nursing Home', and 'The Bishop of Johannesburg's letter', *TSR* , IV, 4 (November 1932); 'Medical Mission Work on the Rand', *TSR* , VII, 2 (June 1933), 40, 46-7.

33. *Cape to Zambezi* , I, 2 (1934), 38-40, and 2,1 (1935), 20-22; *The Watchman* (June 1937).

34. A. Davin, 'Imperialism and Motherhood', *History Workshop Journal* , 5 (1978), 9.

35. J.E. Lane - Claypon, *The Child Welfare Movement* (London 1920), 48-50; G.F. McCleary, *The Material and Child Welfare Movement* (London, 1935), 46.

36. J. Lewis, *The Politics of Motherhood. Child and Maternal Welfare in England 1900-1939* (London 1980), 89,81, 13-14, 96-7.

37. USPG, D, *St Cyprian's Report... March 31 , 1929* , USPG Pamphlets, *St Cyprian's Native Mission Johannesburg Report for the year 1930* , 11; *SWM Journal* , 26 (June 1930), 6.

38. E.D. Earchy, 'Stillbirth and Infantile Mortality in South Africa from the Social and Economic Point of View', *The International Nursing Review* , VI, 4 (July 1931), 347.

39. ABC: 15.5 v.5, Bridgman and Miss Lawson, 2 May 1923; ABC: 6 4.92, Application of Ruth Cowles.

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40. ABC: 15.4 v.39, Johannesburg Clinic Reports July 1927 and June 1928.

41. ABC: 15.4 v.43, Johannesburg Clinics Reports, 1930-2.

42. ABC: 15.4 v.43, Johannesburg Clinics Report, 1934, and Annual letter, by Mrs Bridgman, 1935.

43. ABC: 15.4 4.39, 'The Bridgman Memorial Hospital Scheme'; ABC: 15.4 v.43, Annual Report Bridgman Hospital 1929-30, 1931.

44. ABC: 15.4 v.43, Mrs Bridgman's Annual Report, 1934.

45. ABC: 15.4 v.44, Mrs Bridgman's Report 1938. For more details of their work eg. medical and patient statistics, staff changes, progress in midwifery training, see WUL, A1059/A1, Bridgman Memorial Hospital Annual Reports.

46. School of Oriental and African Studies (SOAS), Methodist Missionary Society Archives, Transvaal correspondence, Allcock to Noble, 7 March 1928.

47. ABC: 15.4 v.43, Johannesburg Clinics Report, 1934.

48. SOAS, International Missionary Council, (IMC) Box 1229, 'Wayfarer Association of South Africa. Report of Transvaal Council' (1927), and Girl Wayfarers' Association, *Handbook of Rules and Organisation*, 16-17, SOAS, Microfilm M4581, Evidence of Dorothy Maud to Native Economic Commission, 7614; P.A.W. Cook, *The Native Std. VI Pupil* (Pretoria, 1939), 97.

49. SOAS, IMC 1229, 'Wayfarers Association of South Africa. Report of Transvaal Council' (1927); J.B. Blacking, *Black Background. The Childhood of a South African Girl* (New York 1964).

50. E.G. Malherbe, *Education in South Africa*, vol.II 1923-1975 (Cape Town 1977), 359, 361; USPG, Dossier 2086; Ekutuleni Papers, 'Thabong, Sophiatown. The first Day Nursery School for Africans'.

51. Progress in the Training of Bantu Nurses', *South African Outlook* (January 1934), 3; Searle, *Nursing*, 273 and ch. XVIII for a preliminary account of the development of African nursing.

52. See for example, *Missionary Herald* (June 1935), 268; (December 1935), cover.

53. *Missionary Herald* (September 1930), 351.