The Periphery is a Crowded Space: Discourses of Inclusion and Exclusion in the Gatekeeping of South Africa's Nursing Profession. 1874-1957.

by

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Declaration

This study represents an original work by the author and has not been submitted in any form to another university. It is being submitted for the Degree of Master of Arts in History at the University of the Witwatersrand, Johannesburg. Where use has been made of the work of others it has been duly acknowledged in the text.

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Contents

Acronyms

ABCFM – American Board of Commissioners for Foreign Missions

ANS – Army Nursing Service

BTNA – Bantu Trained Nurses' Association

CNA – Colonial Nursing Association

RAMC – Royal Army Medical Corps

SAIRR – South African Institute of Race Relations

SAMC – South African Medical Council

SAMJ – *The South African Medical Journal*

SANA – South African Nursing Association

SANC – South African Nursing Council

SANJ – *The South African Nursing Journal*

SANR – *The South African Nursing Record*

SATNA – South African Trained Nurses' Association

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Introduction

The title of this dissertation – *the periphery is a crowded space* – reflects its core hypothesis: in the existing historiography of nursing, it is well established that many nurses and nursing personnel were pushed to the proverbial periphery of the profession by exclusionary organisational tenets, inequitable access to training and certification, as well as the evolution of racially segregationist legislation in South Africa. This dissertation aims to address the history of the professionalisation of nursing with regards to the making and maintenance of this professional periphery, by considering who was – and by what process – excluded from total professional inclusion, and thereby granting insight into the making of the South African nurse. To this end, this dissertation investigates the making of hegemonic organisational culture between the late-nineteenth and mid-twentieth centuries, and the concurrent negotiation of professional status and identity for nurses and nursing personnel, as shaped by the influential machinations of race, class, gender ideology, as well as imperial and colonial hierarchy in South Africa, over the period in question.

In advancing a reading of the professional politics of nursing as illuminated in the official periodicals of the profession (*The Nursing Record & Hospital World*, *The British Journal of Nursing*, *The South African Nursing Record*, and *The South African Nursing Journal*), this dissertation underscores the interstice between the governing, organisational elite of the South African nursing profession and the marginalised categories of nurses and nursing personnel, who through legislative, social, and ideological machinations were excluded from the achievement of full professional status or organisational incorporation.

Vital in defining the boundaries of the profession – between 'insider' and 'outsider' – has been the archetype of "the modern nurse." The elite, governing members of the nursing profession who occupied its organisational centre (herein identified in consequential evolution from British-trained nursing reformers in the late-nineteenth century, to the Matrons of the South African Trained Nurses' Association in the 1910s, to the Board of the South African Nursing Association in the mid-twentieth century) were responsible for the creation and dissemination of professional ideology and narratology. Hence, this dissertation has utilised the phrase – "the modern nurse" – to chronicle the development of a cultural and educational archetype which represented both the cultural tenets of professionalisation as well as the increasingly normative standards of training and education, from the turn of the twentieth century onwards. The emphasis given to the paradigm of the modern nurse

demonstrates a negotiated yet implied standard of whiteness, femininity, and recognised training, which became central to the professionalisation of nursing in South Africa. Hence, at its core, this dissertation is a consideration of exclusion and inclusion within the nursing profession, and how both were utilized in the process of negotiating, defining, and ultimately defending the conception of the modern nurse in South Africa.

1. Literature Review

There have been substantial shifts in the approach to nursing historiography since its inception, both globally and within South Africa. Jane Wilson James, reflecting on the development of Anglo-American nursing historiography, remarked in 1984 that "the burgeoning of women's history, fed by the feminist movement and new scholarly work in social history" had only recently brought the history of nursing "to the attention of academic historians in arts and sciences" alike.[1] Older histories of nursing – those of the 1960s and 1970s – tended to foreground narratologies of feminine "selflessness and sacrifice," focusing on "the humanitarian and the heroic" aspects of nursing in sympathy to the plight of professionalisation.[2]

Indeed, at the time of James' summation in 1984, the older historiographic frameworks which had been accommodating towards grand, romantic narratives of history were yielding to more scholastic, critical approaches to the writing and research of history. This historiographic shift liberated nursing historiography from the shadow of Florence Nightingale, and afforded greater opportunities to investigate divergent professional perspectives, particularly history from below. However, at the time of James' summation, there was still, as she phrased it, a desire to "filter out the intractable problems" inherent to the topic of nursing – amongst her contemporary nursing historians, James identified a hesitance to engage with the complications and contradictions inherent to the history of nursing, and particularly the manner in which socio-political categories shaped professional experience and practice.[3]

Patricia D'Antonio, responding to James' summation of Anglo-American nursing historiography fifteen years later, affirmed James' position that the "traditionally descriptive

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[1] Janet Wilson James. "Writing and Rewriting Nursing History: A Review Essay." *Bulletin of the History of Medicine*, 58:4. (1984): 568-584.

[2] James. "Writing and Rewriting Nursing History." 569. See for example: Brian Abel-Smith. *A History Of The Nursing Profession*. (London: Heinemann, 1960); Stella Bingham. *Ministering Angels.* (Oradell, New Jersey: Medical Eco- nomics Company, Book Division. 1979). James outlines the scope of Anglo-American scholarship neatly and concisely and should be consulted for a comprehensive overview of the literature.

[3] James. *Ibid.* 569.

narratives" of early-twentieth century histories "could no longer exist in historiographic isolation from relevant themes in social and women's history," which had consequently resulted in a marked evolution in academic approaches to the research and writing of nursing history from the middle of the 1980s onwards.[4] From the early-1980s to 1999, D'Antonio traces a host of developing literature on Anglo-American nursing history, in which the implicit contradictions of the profession were steadily unravelled. "But what if we turn to issues raised in women's history," D'Antonio asked of her readers in 1999, "and reposition identity rather than work at the centre of our analysis of the relationships amongst nursing, gender, and power?"[5] And indeed, scholars offered increasing engagement with the issue of identity in nursing's professional and politic histories, and far beyond the transatlantic context.

In this first quarter of the twenty-first century, there has been a proliferation in scholastic interest in histories of colonial and post-colonial nursing, and histories of nursing set outside of the United Kingdom and United States of America. As an example, Sue Hawkins and Helen Sweet's 2015 compendium on transnational nursing history included over a dozen different national contexts for nursing history over the nineteenth and early-twentieth centuries.[6] The collection included nursing histories from colonial South Africa, Ethiopia, Nigeria, as well as India and Indonesia, Australia and New Zealand (among others), revealing both the expanding breadth of nursing research and also the burgeoning historiographic framework to accommodate such. As Hawkins and Sweet wrote in their introduction:

> "The history of nursing presents a unique perspective from which to interrogate colonialism and post-colonialism, which includes aspects of race and cultural difference, as well as class and gender. Simultaneously, viewing nursing's development under colonial and post-colonial rule can reveal the different faces of what, on the surface, may appear to be a profession that is consistent and coherent yet in reality presents different facets and is constantly in the process of reinventing itself."[7]

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[4] Patricia D'Antonio. "Revisiting and Rethinking the Rewriting of Nursing History." *Bulletin of the History of Medicine*, 73:2 (Summer, 1999): 268-290.
[5] *Ibid.* 279.
[6] Helen Sweet and Sue Hawkins (eds.) *Colonial Caring: A History of Colonial and Post-Colonial Nursing*. (Manchester: Manchester University Press, 2015).
[7] *Ibid.* 1.

Hence, the increased (if still sporadic) engagement with nursing history in the last fifty years on a global scale is testament to the increased interest in social histories of medicine, histories of women's labour, or histories of the middle-class more generally, and yet still evidence of the refinement of intersectionality as a framework for advancing historical research.[8]

With this briefly sketched, internationalist historiographic trajectory in mind, this section proceeds to offer a broad overview of South Africa's nursing historiography between 1960 and the present day, which followed a similar pattern of development. The pursuant literature review is sectioned into four periods to demonstrate the evolution of historiographic technique in the South African context, and focuses on three themes of particular relevance to this dissertation, namely: the relationship between nursing and Empire; the narratology and history of nursing professionalisation in South Africa; and the exclusion, inclusion, and agency of marginalised nursing professionals and personnel.

a. The Beginning of Nursing Historiography in South Africa: Charlotte Searle

Charlotte Searle was amongst the first academics to tap the vein of the history of nursing in South Africa. In *The History of the Development of Nursing in South Africa, 1652*-1960 (1964), Searle presents a neatly, broadly chronological history of the development of nursing over three centuries in South Africa – the scale of the undertaking is substantial, and the organisation of Searle's research into insulated sections and chapters yields a degree of accessibility to a very large history. However, Searle's history tends to follow a grand, heroic narrative of professionalisation, which valorises the work of nursing elites, and does not discuss the contradictions implicit in that process in much detail. As was the case in Britain, the first works of nursing historiography here in South Africa were written by nurses themselves.[9] Shortly after the publication of *The History of the Development of Nursing* (1964), Searle was appointed as a professor of nursing education at the University of Pretoria (1967) and would, some years later, found the Department of Nursing Science at the

[8] See: Kimberlé Crenshaw. "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color." *Stanford Law Review*, 43:6. (July 1991). 1241-1299; Jennifer C. Nash. "Re-thinking Intersectionality." *Feminist Review*, 89. (2008). 1-15; Helma Lutz. "Intersectionality as Method." *DiGeSt. Journal of Diversity and Gender Studies*, 2:1-2. (2015). 36-44.

[9] See for comparison: Florence Nightingale. *Notes on Nursing*. (New York: D. Appleton and Company, 1860).; Mary Adelaide Nutting & Lavinia Dock. *A History of Nursing; the evolution of nursing systems form the earliest times to the foundation of the first English and American training schools for nurses*. (New York, London: G. P. Putnam's Sons, 1906-1912); Lavinia Dock. *Hygiene and Morality: A Manual for Nurses and Others, Giving an Outline of the Medical, Social, and Legal Aspects of the Venereal Diseases*. (New York and London: G. P. Putnam's Sons, 1912); Lavinia Dock. *History of American Red Cross Nursing*. (New York: The Macmillan Company, 1922).

University of South Africa (1975). Hence, it would not be unfounded to suggest that, as a member of the nursing elite herself, Searle's personal and occupational connections to the nursing profession may have, in part, prevented her from employing a critical analysis to the history of nursing.

Searle begins her history of "formal" or "modern" nursing in 1872, with the arrival of the first trained British nurses to South Africa. While Searle acknowledges that these few trained nurses acted in a predominantly supervisory role over the existing "untrained [but] experienced" orderlies, assistants, and attendants, she draws a sharp distinction between *nursing* as an action and *nurse* as a professional class, which is itself an apt example of the discourses of professional exclusion and inclusion which this dissertation hopes to further explore. Despite the fact that *nursing* was by and large carried out by assistants and attendants, they were not, and could never be, to Searle's estimation, *nurses*.[10] The arrival of the first trained British nurses coincided with the arrival of the Anglican Community of St. Michael and All Angels and Sister Henrietta Stockdale, whom Searle elevated to a saintly status in her history of nursing. In Searle's historiography, Stockdale was presented as the patroness of modern nursing in South Africa, rivalled in her professional mythology by Florence Nightingale alone. In line with other mid-nineteenth century nursing historiographers interested in the influence of Nightingale and her cohort, Searle assumed the relationship between Christianity and nursing in South Africa to be self-evident and organic, linked neatly to the influence of religious sisterhoods in reforming the modern nurse's social and moral character.[11] "Due to the influence of Religious Sisterhoods in so many lands, including South Africa, these teachings of Christ [to devote oneself to the care of the sick] were taught as the medium through which the nurse was to adjust her relationship with her patients."[12]

With regards to the importation of Christianity to South Africa, Searle reflects briefly on the "missionary fervour" which characterised nineteenth century British imperialism, but without any consideration for the violence – both actual and ideological – implicit in missionary work.[13] The "all-out campaign for the elimination of witchcraft," as Searle described it, was part and parcel of the "civilising policy" of Sir George Gray (amongst other imperial

[10] Charlotte Searle. *The History of the Development of Nursing in South Africa. 1652-1960*. (Cape Town: Gothic Printing Company Limited, 1965), 67-68; 70; 75.
[11] See: Brian Abel-Smith. *A History of the Nursing Profession*. (Heinemann: London, 1960).
[12] Searle. *The History of the Development of Nursing*. 124
[13] *Ibid*. 124-133.

stakeholders) – early medical and hospital developments were overseen by European medical missionaries, "to win over the sick [and] counter the influence of the witch doctor" in indigenous South African communities.[14] "The healing missioner [sic.]," Searle stated, "has been in the vanguard of the Christian religion's spread from the very beginning."[15] Hence, it was through the early efforts of medical missionaries that the role of the nurse as an agent of Empire was concretised: the "Christian concept" of healthcare, as Searle termed it, which fathomed a relationship between saving bodies and saving souls, "formed the hard core of the ethical concepts of the nursing profession" in South Africa.[16]

Searle attributed the genesis of modern nursing in South Africa to the arrival of Sister Henrietta Stockdale and her Anglican Sisterhood, and the significance of this should not be lost, particularly in light of the relationship between nursing, missionary work, and the spread of the British Empire in South Africa. Central to the mythic status which Searle afforded Stockdale was the latter's advocacy for and achievement of state registration for trained nurses in the Cape Colony – which was the first legislation of its kind in 1891, anywhere in the world. Secondary to this achievement was her founding of a nursing training academy at the Carnarvon Hospital in Kimberley, which began the process of standardising nursing education and certification. Stockdale also participated in the medical arrangements of the South African War, being for several months trapped inside of Kimberley with other residents during the infamous Siege. Stockdale would go on to become the Matron of the Kimberley Hospital, firmly cementing her place at the heart of the nursing elite in South Africa.

However, Searle did not reflect upon Stockdale's fervent nationalism which was starkly evident in the pioneer's personal writings – writings which Searle utilised in her formation of *The History of the Development of Nursing* (1964). Raised in Nottinghamshire as the eldest child of an Anglican vicar, one cannot underestimate the relationship between medicine, Christianity, and Empire which underpinned Stockdale's enthusiasm to journey to South Africa as a Sister of St. Michael's and All Angels in 1874.[17] In her own words, Stockdale linked the provision of care for the sick and poor to the effort to "civilize or Christianize" within a year of her arrival in South Africa.[18] Whilst eager to foreground the Christian ethos

[14] *Ibid*. 126.
[15] *Ibid.* 134.
[16] *Ibid.* 134.
[17] See for more detail on Stockdale's personal life: E. Loch and C. Stockdale (ed.) *Sister Henrietta, C.S.M. and A.A.: Bloemfontein. Kimberley. 1874-1911.* (London: Longmans, 1914).

which Stockdale infused into the profession, Searle hesitated to reflect upon the imperial agenda evident in Stockdale's ministrations, beyond a surface level acknowledgement of its existence. Hence, the lack of critical analysis and engagement with the intersections of identity and experience within the profession limited Searle's work substantially. However, these shortcomings would come to inspire the work of other nursing historians over the pursuant decades, who would grapple not only with narratives of professionalism but also the everyday realities of nursing work and identity across the social fissures of the profession at the edges of Empire.

b. The Social Age of History: Shula Marks, T. Grace Mashaba, and Catherine Burns.

While medical histories of colonial South Africa have increased in frequency and range since Maynard W. Swanson's 1977 treatise on "sanitation syndrome," Anne Digby reflected in 2008 that – apart from the rare interjection of "women entering the medical field or [the consideration of] nurses" – South African historiography had continued to prioritise histories of disease and public health over "social histories" of nurses and doctors.[19] Shula Marks' *Divided Sisterhood: Race, Class and Gender in the South African Nursing Profession* (1994) was cited as one of the rare exceptions to Digby's assessment of medical historiography, and has been credited by various nursing historians as the impetus for modern nursing historiography in South Africa.[20] Beginning with a seemingly unassuming question – "why nursing?" – Marks demonstrated how the study of the profession brought one "to the heart of the South African condition;" and, in doing so, she demonstrated the influence of complex mechanisms of gender, class and race over the professional experience.[21] In this way, Marks herself was responding to the work of Charlotte Searle. Where Searle had provided a series of interlocking 'great narratives' of nursing history flecked with pearlescent Nightingale mythology which left no room for divergent or marginal histories of nursing, Marks detailed the rich, intersectional tapestry of race, class, and gender in the nursing profession – the result was a more holistic, more honest, representation of the nursing profession, for its progressiveness and prejudice alike.

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[18] Loch and Stockdale (ed.) *Sister Henrietta.*
[19] Anne Digby. "The Medical History of South Africa. An Overview." *History Compass*, 6:5 (2008): 1194-1210.
[20] Shula Marks. *Divided Sisterhood: Race, Class and Gender in the South African Nursing Profession*. (London: Macmillan, 1994).
[21] Marks. *Divided Sisterhood.* 1.

Marks, working within the framework of social history, was able to consider marginalized practitioners within and adjacent to the professional space, whose professional experiences were complicated by gender, race, and class – and in tracing the divergent trajectories of Black and white women in nursing, she added texture and nuance to the history of the profession. Yet, as Marks acknowledged in her introduction, there were more questions left to be answered – "an army" of diverse nursing personnel and professionals alike, namely orderlies and aides, had been pushed to the periphery of the nursing profession, and their relationship to the paradigm of the modern nurse Marks described as "hitherto unexplored."[22]

Rising to the Challenge of Change: History of Black Nursing in South Africa (1995) was published by T. Grace Mashaba shortly after Marks' *Divided Sisterhood* (1994).[23] Touching on similar themes to those in *Divided Sisterhood* (1994) with regards to the racial stratification of the nursing profession, Mashaba – who was in 1995 the first Black woman to achieve a professorship in nursing education, and was at the time the head of the department of nursing sciences at the University of Zululand – traced the educational and professional trajectory of African nurses over the twentieth century in close detail. Charlotte Searle described Mashaba's work as an "important" contribution to "the cultural heritage of the South African nation," and later nursing historians would come to recognise *Rising to the Challenge of Change* (1995) as a significant landmark in the history of African nursing.[24] Spanning over the twentieth century, but tending to focus on post-1947, the text lays out a linear history of the development of nursing education for African nurses – the vast majority of whom were, over this period, women.

While significant for its time, *Rising to the Challenge of Change* (1995) is, by contemporary standards, rather limited in its critical engagement with nursing history – the work tends towards a grand narrative of professionalisation for Black nurses, which leaves little room for the nuances of divergent professional experiences reflecting distinctions in class and educational access. Like Searle, Mashaba was a nursing *educator* rather than a historian, and this reflects in her approach to historiography. For example, while acknowledging the existence of the Bantu Trained Nurses' Association (BTNA), Mashaba does not reflect on the significance of the Association as an organisational centre for a new African nursing elite, nor does she consider the religious constitution or class character of its membership in any

[22] *Ibid.* 7; 13.
[23] T. Grace Mashaba. *Rising to the Challenge of Change: History of Black Nursing in South Africa.* (Juta Academic: Pretoria, 1995).
[24] Quotation taken from Foreword. Mashaba. *Rising to the Challenge of Change.* vii-viii.

detail. These aspects, if considered in greater detail, would grant insight into the professional agency and ideology of elite mission-educated African nurses, as well as into the intersections of modernity and Empire within and beyond the hospital hierarchy. Yet, the history of this rare consortium of African nurses is hastily summarised in Mashaba's work, leaving space for greater consideration of developments in educational access and examination for Black nurses and the nuances of professional experiences and trajectory around the middle of the twentieth century. This is but one of the aspects of nursing history which this dissertation aims to build on.

In further developing the historiography around Black nurses, Catherine Burns' doctoral research concentrated on the Bridgman Memorial Hospital in Johannesburg as a significant site in the training and employment of African nurse-midwives.[25] Building on the earlier work of Shula Marks concerning the impact of apartheid on nursing, Burns detailed the social and everyday histories of African nurses and Matrons employed at the Bridgman Memorial Hospital between the 1920s and 1960.[26] Her research offered insight into the complexity of relationships between nurses, patients, and other hospital staff, as well as the negotiation of professional identity and the navigation of broader discriminatory legislation. In particular, it added texture to the blossoming history of African nurses' professionalisation.

In addition to centring the histories of Black nurses, Burns (1998) and Marks (2002) individually considered the debates and policies around the induction of male nurses into the professional arena.[27] Building on the theme of marginal figures in nursing history, Marks and Burns both detailed the histories of Black male orderlies at work in South African mine hospitals over the twentieth-century – by engaging with how the hierarchy of authority and care shifted in these masculine spaces, Burns and Marks reveal interesting fissures between the gendered ideology of nursing *status* and the class realities of nursing *labour*. As echoed in Searle's own work, the predominantly female nursing elite contested the entry of men into the professional centre, in part, on the grounds of the highly feminised nature of nursing work

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[25] Catherine Burns. *Reproductive Labors: The Politics of Women's Health in South Africa, 1900 to 1960.* PhD Thesis, Northwestern University (Illinois). 1995.
[26] Shula Marks. "The Nursing Profession and the Paradox of Apartheid." *Paper presented at the Women & Gender in Southern Africa Conference*, Durban, January 30th – February 2nd, 1991.
[27] Shula Marks. "'We were men nursing men': Male Nursing on the Mines in Twentieth-Century South Africa." in Wendy Woodward, Patricia Hayes, and Gary Minkley (eds.) *Deep hiStories: Gender and Colonialism in Southern Africa*. Series: Cross/Cultures, 57. (2002). 177-204; Catherine Burns. "'A man is a clumsy thing who does not know how to handle a sick person': Aspects of the History of Masculinity and Race in the Shaping of Male Nursing in South Africa, 1900-1950." *Journal of Southern African Studies*, 24:4. (December 1998). 695-717.

– this pushed (white) male nurses to the professional periphery, to inherently masculinised spaces like mine hospitals, where they were positioned in authority over Black male orderlies, who did much of the *labour* of nursing without being credited as *nurses*. However, neither Burns nor Marks appears to have engaged with the voices or histories of white male nurses once they had achieved professional and legislative incorporation in the mid-1940s, or, noted that this radical deconstruction of the firm gendered boundaries around the nursing elite coincided with an editorial change at the official organ of the nursing profession, *The South African Nursing Journal*, following which two successive white male editors would exercise substantial control over the forum of the profession until 1960. This is an undeniably significant shift in the gendered makeup of the professional centre, yet it has to this point received little historiographic attention.

c. Details and Developments: Helen Sweet and Anne Digby

Aligning with Janet Wilson James' reflection on the evolution of Anglo-American nursing historiography, Terrence O. Ranger declared in 1981 that then-contemporary historical writing on medical evangelism and colonial Africa had "[mis-]cast medical missions in Africa as handmaidens of colonialism," by relying on similarly simplicist narratives of medical heroism and humanitarian "benevolence" whilst obscuring the "combined aspects of coercion and inefficiency" which yielded far more "ambiguous" or complex histories of cultural and knowledge exchange.[28] As "traditionally descriptive" histories of nursing's evocative and humanistic narratology began to receive criticism under the burgeoning framework of social history in the 1980s, so was the historical relationship between medicine, religion, and imperialism – for all its complexities – further illuminated.[29] Ranger's criticisms were likewise cited in later works which sought to further develop the history of medical evangelism and colonialism in different colonial contexts across the continent – for example, Michael Jennings and Adam Mohr applied such to their studies of medical missions in colonial Tanganyika and southern Ghana respectively.[30] Of latter revisionist histories of medical evangelism and colonial Africa, notable compendiums include David Hardiman's

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[28] Terrence O. Ranger. "Godly Medicine: The Ambiguities of Medical Mission in Southeast Tanzania, 1900-1945." *Social Science & Medicine.* 15:3 (July 1981): 261-277.

[29] See as well: John Comaroff & Jean Comaroff. *Of Revelation and Revolution: Christianity, Colonialism, and Consciousness in South Africa.* Vol. 1. (Chicago: University of Chicago Press, 1991.)

[30] Michael Jennings. "'Healing of Bodies, Salvation of Souls': Missionary Medicine in Colonial Tanganyika,1870s-1939." *Journal of Religion in Africa*. 38:1. (2008): 27-56; Adam Mohr. "Missionary Medicine and Akan Therapeutics: Illness, Health and Healing in Southern Ghana's Basel Mission, 1828-1918." *Journal of Religion in Africa*. 39:4. (2009): 429-461.

edited collection *Healing Bodies, Saving Souls* and Nancy Rose Hunt's *Colonial Lexicon*, in which the bilateral flow and interstices of cultural, social, and intellectual exchange between the mission and indigenous communities have been foregrounded.[31]

In continuation of this theme, Helen Sweet and Anne Digby furthered South African nursing historiography with their research into the pluralistic nature of the profession with regards to cultural and intellectual exchange.[32] Sweet and Digby theorised, in a similar fashion to that of John and Jean Comaroff in 1997, that the exchange of knowledge between medical evangelists or medical missionaries and indigenous populations on the rural periphery was not a unidirectional flow, but rather a more complicated exchange; this was particularly true for African nurses, who were trained at the mission hospital, at this "intersection of two healthcare worlds."[33] Mission hospitals and the work of medical missionaries were considered vital aspects of the 'civilising' endeavour of the British Empire in South Africa – Digby and Sweet note that by 1944, "there were over 40 medical missionaries in South Africa together with more than 50 mission hospitals."[34] Various missionary authorities of the late nineteenth century believed that Western biomedicine had the potential to supplant indigenous healthcare practices, thereby countering indigenous spiritual practices as well – the latter being construed as witchcraft and antithetical to the Christian character of Western culture.

Sweet and Digby emphasise the ideology of "curing souls" whilst tracing the influence of the Free Church of Scotland and the Victoria Hospital over the training of African nurses at the turn of the twentieth century. However, the view that "Christian conversion should replace indigenous culture" would later fall out of favour in the 1920s, and "an appreciation of the need for greater cultural relativism [became] apparent."[35] In this context, it was the mission-trained African nurse who emerged as torchbearer for this endeavour. Digby and Sweet advanced a compelling and nuanced argument which pivoted on the unexplored history of the mission hospital; it highlighted the agency of African nurses as well as the broader social

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[31] Nancy Rose Hunt. *A Colonial Lexicon: Of Birth Ritual, Medicalisation, and Mobility in the Congo.* (Duke University Press, 1999); David Hardiman (ed.) *Healing Bodies, Saving Souls: Medical Missions in Asia and Africa.* (Amsterdam & New York: Rodopi, 2006).
[32] Anne Digby & Helen Sweet. "Nurses as Culture Brokers in Twentieth Century South Africa." in Waltraud Ernst (ed.) *Plural Medicine, Tradition and Modernity, 1800-2000.* (Routledge: London, 2002).
[33] Digby & Sweet. "Nurses as Culture Brokers." 113; Jean Comaroff & John Comaroff. *Of Revelation and Revolution. The Dialectics of Modernity on a South African Frontier.* (The University of Chicago Press: Chicago and London, 1997), see specifically Chapter 7.
[34] Digby & Sweet. "Nurses as Culture Brokers." 114.
[35] *Ibid.* 115.

machinations which shaped their role as brokers "between two different cultural systems of health care."[36] The inherently Christian character of nursing training for mission-educated African nurses is of great interest to this dissertation.[37]

d. New Horizons for Nursing Historiography: Anne Digby, Simonne Horwitz, Charlotte Dale, Clement Masakure, and Leslie Anne Hadfield.

Approaching the hospital as a locus for both professional development and identity politics became a popular methodology for South African social historians interested in histories of medical science. Anne Digby and Howard Phillips co-authored *At the Heart of Healing: Groote Schuur Hospital 1938-2008* (2008) which included a chapter dedicated to the history of the hospital's nursing staff; some years later, Simonne Horwitz produced *Baragwanath Hospital, Soweto: A History of Medical Care 1941-1990* (2013) which also built upon her earlier work in nursing history[38]; and more recently, Julie Parle and Vanessa Noble produced an exceptional examination of *The People's Hospital: A History of McCords, Durban, 1890s-1970s* (2017). Contextualising the internal politics of the hospital against the broader framework of segregationist and later apartheid policies produced more nuanced histories of healthcare, in which the hospital space varyingly contradicted and coalesced with the broader political landscape. Interestingly as well across these institutional histories was the theme of internal hierarchy: Digby and Phillips (2008), Horwitz (2013), as well as Parle and Noble (2017) all found that a distinct and complicated professional hierarchy existed at the heart of the hospital, which inspired both fierce loyalty amongst staff, and also reflected discriminatory stratifications of race, gender and class. The hierarchies in question often positioned female nurses as subordinate to male physicians, with male orderlies and assistants

[36] *Ibid.* 115-6. Helen Sweet continued this line of research in later papers: Helen Sweet. "'Wanted: 16 nurses of the better educated type': provision of nurses to South Africa in the late nineteenth and early twentieth centuries." *Nursing Inquiry*. 11:3. (2004). 176-184; Helen Sweet & Anne Digby. "Race, identity and the nursing profession in South Africa *c.* 1850-1958." In Barbara Mortimer & Susan McGann (eds.) *New Direction in the History of Nursing: International Perspectives.* (Routledge: London, 2005); Helen Sweet. "Mission Nursing in the South African Context – The Spread of Knowledge During the Colonial and Apartheid Periods." In E. Fleischman, S. Grypma, M. Marten, I. M. Okkenhaug (eds.) *Transnational and Historical Perspectives on Global Health, Welfare and Humanitarianism*. (Portal Books, 2013): 137-157.

[37] For complimentary research into the relationship between medical evangelism and the mission context, see: Martin J. Lunde. *An Approach to Medical Missions: Dr Neil Macvicar and the Victoria Hospital, Lovedale, South Africa, circa 1900-1950*. Ph.D. Dissertation, the University of Edinburgh. 2009.

[38] Simonne Horwitz. "'Black Nurses in White': Exploring Young Women's Entry into the Nursing Profession at Baragwanath Hospital, Soweto, 1948-1980." *Social History of Medicine*. 20:1. (2007). 131-146; Simonne Horwitz. "The Nurse in the University: A History of University Education for South African Nurses: A Case Study of the University of the Witwatersrand." *Nursing Research and Practice*. (2011). 1-10.

of any gender being in turn subordinated to nurses themselves – it is a fascinating replication of the late-Victorian filial hierarchy, which this dissertation aims to reflect upon in closer detail. That nursing professionalisation was closely linked to the replicated of certain gender norms – particularly those associated with the Victorian, Christianised vision of the home and family, as demonstrated in Searle's work (1965) – is an aspect worthy of further consideration.

Expanding on the history of wartime nursing and the role of nursing in the British Empire, Charlotte Dale has written extensively on the influence of the South African War on raising professional confidence for white, trained, female nurses in South Africa and Britain alike.[39] The curated standardization of behavioural norms following the South African War demonstrated a collective consciousness amongst the emerging professional elite concerning the societal position of the nurse, as well as the position of the (white, upper class) woman in broader British society. As Dale described it, "the nurses who came to support the military at the outbreak of the Second Anglo-Boer War were at the forefront of a vocation that had a particular need to assert itself as a 'profession'."[40] By foregrounding the respectability of the budding profession and the contributions of nurses to the imperial project in South Africa, patriotism and suffrage became entangled for British nursing elites. Why, it was contemplated, should *these* women be excluded from full citizenship under the broader Empire – particularly whilst working so hard to ensure its continuation? Dale foregrounds the connection between imperialism and professionalism for British nurses at work during the South African War in her analysis of the codified behavioural and professional standards which resulted from the conflict. By emphasising discipline, respectability, and duty, the professional culture of the trained nurse – as defined by the nursing elites who controlled the press organ of the profession and maintained close ties to the medical fraternity – came to be defined by a particular "decorum and demeanour" which was strictly maintained over the first half of the twentieth century in Britain and South Africa alike.[41]

Hence, Dale has progressed an excellent analysis of professionalisation in South Africa and her research is a toolkit for analysing the responses amongst nurses to their position in the

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[39] Charlotte Dale. *Raising Professional Confidence: The Influence of the Anglo-Boer War on the Development and Recognition of Nursing as a Profession*. University of Manchester. PhD thesis. 2013.
[40] Charlotte Dale. "The Social Exploits and Behaviour of Nurses During the Anglo-Boer War, 1899-1902." In Helen Sweet and Sue Hawkins' (eds.) *A History of Colonial and Post-Colonial Caring*. (Manchester: Manchester University Press, 2011). 60-83.
[41] Dale. "The Social Exploits and Behaviour of Nurses During the Anglo-Boer War, 1899-1902." 61.

hierarchy of medicine in South Africa, particularly when read against the work of Shula Marks.[42] The implicit hierarchy embedded in the profession can in part be traced to this conflict, and the connection to colonialism should additionally be read against Sweet and Digby's findings regarding the role of nursing in medical evangelism, and Searle's earlier connection between Christian moralism and nursing's professional ethics.

A regretful and marked shortcoming of this dissertation has been the omission of Indian nurses from its investigation. Openly, this dissertation was hindered by the otherwise extensive historiographic scope of its undertaking, and the omission of this group of nurses was the unfortunate outcome of material limitations. However, this dissertation maintains, and emphasises, the necessity of further investigation into the history of Indian nurses in South Africa. While not strictly scholarly, Rabia Khan's recent publication on the history of Indian nurses in South Africa sheds light on an under-researched aspect of nursing history. Beginning her history with "the first [trained] South African Indian nurse" in 1947, Khan's contributions highlight the St. Aidan's Mission Hospital as a significant site for the training of Indian nurses over the latter half of the twentieth century.[43] The continued interest in evangelical missions in the growing literature on twentieth century nursing historiography is also evidenced in other recent developments in nursing historiography for the southern African region, particularly those which have foregrounded the experiences of African nurses – both within urban hospitals and on the rural periphery.

The works of Clement Masakure and Leslie Anne Hadfield have highlighted the complex hierarchies of gender, race, class, and coloniality which shaped the conditions under which twentieth-century African nurses worked – and their respective works have additionally contextualised the everyday work and professional agency which African nurses exerted against exclusionary ideological practises at both governmental and community levels.[44] Masakure focused on the experiences of African nurses at work in twentieth-century Zimbabwean hospitals, while Leslie Anne Hadfield centred the voices of African nurses serving the rural periphery of South Africa over the same period. Whilst their geographic concentrations diverge, their histories revel in similar themes – particularly with regards to

[42] Marks. "British Nursing and the South African War."
[43] Rabia Khan. *Truro Nurses: A South African Community Calling*. (Malvern, Kwa-Zulu Natal: umSinsi Press, 2020).
[44] Clement Masakure. *African Nurses and Everyday Work in Twentieth-Century Zimbabwe*. (Manchester University Press: Manchester, 2020); Leslie Anne Hadfield. *A Bold Profession: African Nurses in Rural Apartheid South Africa.* (University of Wisconsin Press: Wisconsin, 2021)

how African nurses navigated the implicit coloniality of the hierarchised hospital space, and their role as cultural mediators in the provision of biomedical care. Both works, published within the last three years, advance the social history of nursing care within the broader southern African region by featuring the voices of African nurses – long absent from the mainstream historical record – in remarkable ways.

2. Methodology

This dissertation analyzes the ideological and material modes of professional exclusion and inclusion which shaped the boundaries of the nursing profession in South Africa prior to 1960, with the intension of illuminating the history of the professional periphery and the marginalized nursing practitioners and personnel who inhabited it. The analytic dichotomy of center-periphery attempts to capture the dynamics of power and authority which divided the nursing profession: a small elite group of white, predominantly British-trained Matrons and experienced nurse-practitioners (as well as a handful of individuals within the medical fraternity) exercised substantial influence over the legislative trajectory and the internal organizational culture of the nursing profession. This professional elite also controlled the official media organs, *The South African Nursing Record* and *The South African Nursing Journal*, and consequently exerted significant influence over the ambit of professional narratology, being able to reinforce or revise aspects of nursing's organizational culture as they saw fit. Hence, this dissertation exclusively utilizes an archival research methodology, but to provide a critical analysis of the archival sources under examination,

> "[one must] look up from the record and through the record, looking beyond – and questioning – its boundaries, in new perspectives seeing *with* the archive, trying to read its tacit narratives of power and knowledge."[45]

At its core, this dissertation is interested in the construction and negotiation of identity – who was "the modern nurse?" Who was not? How did notions of belonging, alienation, and the deceptively deep chasm between these two states, come to be formulated in the language of nursing journals? What do these nurses choose to discuss? What do they ignore? How do pockets of ambiguity factor into these discussions, and how might one access them? How do the voices or narratives of marginalized practitioners and personnel feature in these organs which were curated to the interests of the elite?

[45] Eric Ketelaar. "Tacit Narratives: The Meanings of Archives." *Archival Science*, Vol. 1 (2001). 132.

Having established in the literature review that the modern nursing profession and its professional elite were closely tied to the imperial project in South Africa through their association with evangelism and employment in various martial campaigns, it is prudent to emphasise that the tenets of the organizational culture also reflected the discriminatory doctrines of imperialism.[46] While the Union of 1910 radically reconfigured the imperial project in South Africa, this dissertation continues to examine how the professional hierarchies within nursing reflected the changing South African state, and all its complex hierarchies of race, gender, and class.

Hence, whilst engaging with *The South African Nursing Record* (1913-1934) and *The South African Nursing Journal* (1935-1978) as its primary source base, this dissertation is conscious of the prejudicial ideology which underpinned the discourses therein. Examining these discourses enables this dissertation to unravel the processes of professional gatekeeping by focusing on the individual and everyday language of nursing in South Africa.[47]

Whilst detailing the internal organizational culture, these two journals are of additional interest because they reveal how incongruent opinion was within the governing elite as to the role, autonomy, and necessity of both auxiliary nursing personnel and marginalized professionals. A close reading also allows for chronological analysis and comparison of these perceptions, as they develop alongside the conception of "the modern nurse" as a didactic and cultural paradigm. For the period prior to the publication of *The South African Nursing Record* (1913-1934), this dissertation makes use of the writings and discussions of nineteenth century British nursing elites in *The Hospital Record & Nursing World* (title lasting 1888-1902), later *The British Journal of Nursing* (1902-1956). The voices of other progenitors of nursing education and standardization in South Africa, including those of medical missionaries, are traced in *The South African Medical Journal* (1884-present). Hence, a rich tapestry of discourse and its analysis underscores this dissertation.

The paradigm of "the modern nurse," which this dissertation holds at the center of its analysis, is the synthesis of the organizational culture and professional image of nursing in South Africa between the late nineteenth and mid-twentieth centuries. Fusing Lynn M. Thomas' heuristic of "the modern girl" (2006) – which analyzed the negotiation of a

[46] See as well: Bridget Theron. "Victorian Women, Gender and Identity in the South African War: An Overview." *Kleio*. 38:1 (2006): 3-24.
[47] See for a similar methodology: Flore Janssen. "'In the Hospital & Out of the Hospital': Nurses and Nursing in Margaret Harkness's Periodical Publications." in Andrew King (ed.) *Work and the Nineteenth Century Press.* (New York & London: Routledge, 2023): 109.

distinctively cosmopolitan identity for young Black South African women in the 1920s and 1930s – with Julia Hallam's (2000) treatise on media, culture, and professional identity for nurses, the paradigm of "the modern nurse" evinces the making and maintenance of an internal organizational culture and represents the core ideals of the professional elite, around which the barriers to professional entry and the attainment of status would be drawn.[48]

The articles which appeared in *The South African Nursing Journal* were useful for contextualizing the broader struggles and discourses which coloured the experiences of trained nurses in South Africa, but were also limited in terms of which experiences they represented. The nurses who wrote the articles and regularly signed their correspondences frequently belonged to the organizational elite – many were members, presidents, and chairs to the South African Trained Nurses' Association, and its later incarnations – and the analysis of their contributions has afforded greater insight into the perspectives of this organizational center, particularly with regards to how the inner circle constructed the peripheral other. Considering how fiercely the trained nursing elite guarded their social and cultural statuses, their writings should be considered in part as tacit propaganda for the professional elevation of the modern nurse. Likewise, all correspondences recorded in the nursing journals were written with a wider audience in mind – the potential for self-censorship must always be considered, especially amongst the trained nursing elite.

Neither the periodization nor the methodology of this dissertation affords opportunity for engagement with the perspectives of marginalized practitioners through interviews – thus, a great limitation of this dissertation lies with its capacity to reflect on the process of professionalisation or the curation of professional boundaries from the perspective of marginalized practitioners, in their own words. However, whilst in the vast minority, there were still a number of letters from marginalized practitioners which were featured in *The South African Nursing Journal*, which described everyday toils and reflected upon larger frameworks of professionalisation alike – the voices and perspectives of white male nurses and Black female nurses were particularly well-featured between the 1940s and 1950s. It is impossible to know whether these accounts were published in their entirety, or whether any alterations were made before committing them to record in the official organ of the profession – in addition, the letters of Black female nurses tended to conform to a particular

[48] Lynn M. Thomas. "The Modern Girl and Racial Respectability in 1930s South Africa." *The Journal of African History*, 47:3. (2006). 461-490; Julia Hallam. *Nursing the Image: Media, Culture and Professional Identity*. (London: Routledge, 2000).

legacy of Christian piety, which supported the cultural paradigm of the modern nurse; hence, it is likely that subversive letters and voices would have been, in the vast majority, censored.

Hence, I would note from the onset of this project that the possibility of uncovering the documentation of authentic voices of marginalized practitioners and personnel through the traditional archival methods, is low. But, with a careful reading "along the archival grain" of *The South African Nursing Record* and *The South African Nursing Journal*, this dissertation is poised to examine how the nursing elite constructed their professional identity *against* those whom they termed as outsiders, thereby investigating how elite nurses understood their professional position in relation to the exclusion of peripheral practitioners.[49] This dissertation applies Ann Laura Stoler's treatise on the making, maintenance, and margins of the colonial archive to its analysis of *The South African Nursing Journal*, considering:

> "…what we might learn about the nature of imperial rule and the dispositions it engendered from the writerly forms through which it was managed, how attentions were trained and selectively cast. […] [How the colonial archive] in tone and temper… convey[s] the rough interior ridges of governance and disruptions to the deceptive clarity of its mandates."[50]

The grand narratology of *The South African Nursing Journal* and its instructive design gave shape to the paradigm of the modern nurse and defined the boundaries around professional status. Hence, this dissertation would submit that, while perhaps not exactly comparable, the proximity of nursing to Empire facilitates a reading of its official documentation and media production with some similarity to that of Stoler's colonial archive, particularly regarding the curation of "social categories" which defined the hegemonic center and its relationship to the margins.[51]

While also approached cautiously, this dissertation has made use of the records of the South African Institute of Race Relations (SAIRR). The records of the SAIRR are held in the Historical Papers Research Archive at the University of the Witwatersrand and are a rich deposit for sources on nursing matters after 1929. Mrs. Edith Rheinallt Jones as the head of the Women's Work Committee of the SAIRR received dozens of letters from Black female nurses in search of employment and young Black women hopeful to find a placement in a

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[49] Ann Laura Stoler. *Along the Archival Grain: Epistemic Anxieties and Colonial Common Sense*. (Princeton: Princeton University Press. 2009.)
[50] Stoler. *Along the Archival Grain*. 1-4.
[51] *Ibid.* 1.

training institution and qualify as nurses, particularly between the late 1930s and early 1950s. There are sustained references to the prototypical district nursing service, the King Edward VII Order of Nurses, and the South African Trained Nurses' Association, as well as correspondences between representatives of SAIRR and the South African Trained Nurses' Association (SATNA) concerning issues of district nursing, child-mortality rates and needed healthcare reforms, as well the training and employment of Black nurses. Notable nursing elites like Miss B. G. Alexander (chairman of SATNA), Miss Ruth Cowles (head of the Witwatersrand branch of SATNA, and representative of Bantu Trained Nurses' Association), and Miss Jane Pritchard (head of the Western Province branch of SATNA, and representative of the King Edward VII Order of Nurses), corresponded with Mrs. Rheinallt Jones, and these correspondences can be directly contrasted to their writings in *The South African Nursing Record* and *The South African Nursing Journal*. What can be determined from these interactions is that the trained elite inner-circle of white nurses in South Africa in the twentieth century were distinctly aware of race, gender, and class in their professional and broader societal environment – and significantly, that opinion diverged within the ranks as to what bearing these elements of race, gender and class should have over the organization of the nursing profession.

The papers of Ruth Cowles were also accessed through the American Board of Commissioners for Foreign Missions (ABCFM) archives held by the Houghton Library at Harvard University, particularly those relating to the formation and administration of the Bantu Trained Nurses' Association. Relevant correspondences and records were requested and thereafter digitally compiled by on-site archivists and librarians. In addition, many African nurses also utilized *The Bantu World* (1932-1977) newspaper as an informal organ for professional coordination, particularly those based in Johannesburg and working in association with the Bantu Trained Nurses' Association – these letters have also been utilized in the writing of this dissertation. Between these additional archives of the SAIRR, the ABCFM, and *The World*, this dissertation was able to gather a fragmentary collection of these voices on the periphery, which complement and complicate those featured in *The South African Nursing Journal*.

More general source material from the the National Library of South Africa (Pretoria Campus), the Cape Town National Archives, the RNC *Historical Nursing Journals* database, and the *South African Medical Journal* archival database, has also been utilized in the development of this research.

3. Historical Overview

To demonstrate that the choice of periodization for this dissertation (1874-1957) allows for an appropriate scope of analysis for the evolution of the modern nurse as a cultural and professional paradigm in South Africa, this section advances a brief historical overview of professionalisation in South Africa. Accepting Searle's supposition that the inception of professional nursing in South Africa corresponded with the arrival of Anglican Sisterhoods in the 1870s, it is notable that the trajectory of professionalisation reflected the institutions of Christianity and British imperialism. As touched upon in the literature review, Sister Henrietta Stockdale and her work at the Carnarvon Hospital in Kimberley over the last decades of the nineteenth century heralded the coming standardisation of nursing training in South Africa. A significant milestone in this pursuit was the achievement of professional registration for trained nurses and midwives in 1891. The Medical and Pharmacy Act of 1891 was an ordinance which sought to regulate the practice of medicine and its allied fields – including nursing and midwifery – and central to this professional regulation, was the formation of the Colonial Medical Council (Cape). In seeking to undermine the "unqualified practice" of nursing and midwifery, the Colonial Medical Council oversaw the licensing and registration of duly trained medical practitioners – it conducted "half-yearly examinations" and required certification for training to ensure a standardised knowledge base.[52] Similar ordinances legislating the formation of provincial Medical Councils were passed in the Orange River Colony and Transvaal in later years, but the requirements for registration – particularly for trained nurses – were not standardised across the provinces, and changed as the prototypical Medical Councils negotiated the essential knowledge and practical experience necessary for nursing practice. Of trained midwives and nurses practising in South Africa in the first decade of the twentieth century, Charlotte Searle remarked that:

> "Their economic status was low, professional education facilities were inadequate, and statutory control of nurses was vested in four Provincial Medical Councils on which nurses were not represented. There was no common bond of professional association and the profession as a whole lacked cohesion and unity of purpose. There was no means of maintaining professional communication between members of the profession working in the widely scattered communities in South Africa, in adjoining

[52] For details, see: W. Darley Hartley. "South Africa." *The British Medical Journal*, 1:2318. (June 3rd, 1905): 1229-1232.

> Protectorates and in the Colony of Rhodesia. Such professional isolation stultified progress in nursing affairs."[53]

Searle argued that the passing of Sister Henrietta Stockdale in 1911 left the fledging profession disorientated and "leaderless – and that only in 1914 did the Matron class of nurses in South Africa take the next necessary steps towards professional organisation, with the formation of the South African Trained Nurses' Association (SATNA). The Provisional Committee of the SATNA consisted of sixteen members, eleven of whom were Matrons from hospitals across the Union.[54] Searle described these women as "the most influential nurses in the country."[55] Delayed by the outbreak of the First World War, the SATNA only elected its Central Governing Committee at the end of 1915; again, of the fifteen selected committee members, the vast majority were Matrons.

In constitution and ideology, SATNA mirrored the British Nursing Association (B.N.A.) which had been founded in 1887. SATNA's professional objectives included expanded registration for trained nurses in South Africa (which included legal assurance and protection of their professional status), the maintenance of the "highest ideals of nursing," greater inter-provincial cooperation between nurses, and a central organising body empowered to advocate for the professional and social advancement of trained nurses.[56] Membership was restricted to white, female registered nurses and midwives.

The greatest barrier to these objectives lay with the division of authority between the SATNA and the provincial Medical Councils. Until 1928, nurses remained unrepresented on provincial Medical Councils – the Councils were empowered to oversee the examination, certification, and registration of nurses, yet counted no nurses amongst their membership. The Medical, Dental and Pharmacy Act (No. 13) of 1928 facilitated the election of two nurses – Miss B. G. Alexander and Mrs L. L. Bennie – to the then-consolidated South African Medical Council.

Mrs Bennie remained on the Medical Council until 1938 and was then replaced by Miss C. A. Nothard; Miss Alexander remained until 1943 and was then replaced by Miss S. M. Marwick. Nothard and Marwick were the last nursing representatives elected to the Medical Council,

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[53] Charlotte Searle. *Testimony to Fifty Years of Service: An Outline of the History of the South African Trained Nurses' Association*. (The South African Nursing Association, 1964).
[54] For a complete list of members to the Provisional Committee, the Central Governing Committee, and later the Central Governing Board, see: Searle. *Testimony to Fifty Years of Service*. 16-19.
[55] *Ibid*. 16.
[56] *Ibid*. 17.

because in the early 1940s there came a decided push to emancipate the nursing profession from its subservience to the Medical Council. This was prompted by a Trade Union Crisis, which the nursing elite considered a destabilising and dangerous episode prompted by a dissatisfied younger cohort of trained nurses and student nurses who felt the SATNA had not represented their best interests. This dissatisfaction had become particularly acute during the Second World War, when a personnel shortage strained the already fragile conditions in South Africa's healthcare system. Of the Trade Union Crisis, Charlotte Searle wrote:

> "Whilst the Association was making representations to the major employing authorities for a revision of nurses' salaries and conditions of employment, and for improvements in the system of nursing education, a major crisis arose within the ranks of the profession. Instead of joining the Association in greater numbers, and so providing it with the necessary support to fight for the necessary improvements, a movement arose in Johannesburg to organise the nursing profession into a Trade Union. This movement was instigated and actively supported by prominent Trade Unionists, by members of the Labour Party, and by some medical practitioners. Stress was laid on the failure of the [SATNA] to bridge the gulf between the trained nurse and the student nurse, and on the Association to remove the difficulties which had contributed to the grave shortage of nurses, and on the seething discontent within the profession."[57]

Miss Jane McLarty acted as a negotiator between the SATNA and the Johannesburg-based Trade Union Movement in 1942, and it was through her intervention that the formation of a Nurses Union was narrowly avoided. McLarty suggested that over the course of the Second World War, the rapid changes in the nature of hospitalisation and the role of the nurse in the hospital had 'defamiliarized' the patient from the nurse.[58] This, she argued, was particularly true for young white student nurses – who constituted the majority of the unionist agitators. There was a great deal of hostility between Matrons and student nurses, particularly with the changing role of the nurse in the hospital setting: nursing work shifted away from the care of convalescent patients and into the realm of biomedicine, with ministration disappearing from the daily agenda of the nurse; Matrons trained in an older school and under different conditions demanded behaviour from probationers that simply was no longer grounded in the

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[57] *Ibid.* 40.
[58] "History, Trade Union Crisis and First Nursing Act. 1942-1971." Fond A2197, Papers of Jane McLarty, B1.1. Historical Papers Research Archive, University of the Witwatersrand.

reality of their contemporary nursing work (this was especially true for African nurses, although despite the similarity of their situation, they were intentionally excluded from the unionist agitation on the Reef in 1942).

The Trade Union Crisis ultimately resulted in the nursing elite pushing anxiously for legislative reform which would empower them to take full control of the profession, curb trade unionist offshoots, and exert greater and more direct influence over the educational and professional trajectory of nursing on the whole.[59] This resulted in the passage of the Nursing Act (No. 44) of 1944, which in turn disbanded SATNA and replaced it with two new authoritative bodies, the South African Nursing Association (SANA) and the South African Nursing Council (SANC) – these became the twin pillars of the new organisational centre, locating power in the hands of a new nursing elite. It is important to note that while the inner circle of elite nurses exerted substantial influence over the trajectory of the profession, the Trade Union Crisis evinced that they did not always have the support of the masses everyday nurses – Searle estimated that only 30% of nurses were members of SATNA before 1944, with membership to SANA becoming a compulsory prerequisite to registration thereafter (consequently bringing every trained nurse under the authority of the new Association). The Nursing Amendment Act (No. 12) of 1946 further concretised the control of the new governing bodies.

The end point of this dissertation is the Nursing Amendment Act (No. 69) of 1957, after which access to the profession and its organizational center was legislated along racial lines. While the 1950s are an important period to include – demonstrating a dynamic evolution in the educational standardization of professional nursing, as well as the growing social tensions between the inner elite and the peripheral practitioners whom they had habitually marginalized – the 1957 Nursing Amendment Act is a natural endpoint for this analysis of exclusionary discourses, as the dynamic of professional gatekeep took on a different – a more overtly discriminatory and racially exclusionary – form in the pursuant decades under the apartheid government.

As a final point of this overview, it is important to note that, like its British counterpart, the SATNA – and later, the SANA – understood the importance of controlling the professional image of the modern nurse. In November of 1913 Dr John Tremble, a medical practitioner based in East London, had established the *South African Nursing Record*. It was the first

[59] The details of this drive for legislative change can be found in: Searle. *Ibid*. 41-42.

periodical dedicated to the nursing profession in South Africa and predated (by a matter of months) the establishment of the South African Trained Nurses' Association (SATNA). It was adopted as and remained the official organ of the SATNA with Dr Tremble as its Editor until 1935, whereafter it was considered prudent for the SATNA to gain direct control over its official media rather than having it mediated by a medical practitioner. *The South African Nursing Journal* was consequently established with Mrs. H. C. Horwood as its Editress (1936-1945). Upon Horwood's retirement in 1945, the interim editorship passed to Mr. John McGrath (1945-1947) and then more concretely to Mr. Harold MacCarthy (1947-1960).

4. Chapter Synopsis

The first chapter of this dissertation examines the discourses of professionalisation and the early professional boundaries which distinguished trained nurses from their untrained counterparts in the context of the South African War (1899-1902). It focuses on the tension between the reputation of untrained British society women who went out to South Africa during the conflict – to play at nursing without supervision or regard for the official channels – and the nascent paradigm of the modern nurse, as it emerged in conversation between the imperial metropole and the colonial frontier at the turn of the twentieth century. The first chapter considers the influence of three society women on the paradigm of the modern nurse – Lady Jessica Sykes, who was accused of war tourism and besmirching the reputation of trained nurses at work in South Africa; Lady Jennie Spencer Churchill, who at first had an amiable relationship with the British nursing elite, which soured owing to an unclear designation of authority aboard her hospital ship; and finally Mrs. Rahmeh Theodora Chamberlain, who at first was synonymised with Lady Sykes as an adventuress who sought to try her hand at nursing with no experience, yet over the course of the war became a friend and ally to nursing elites in Britain. While these three society women represent divergent experiences of wartime volunteerism, when read in conjunction their narratives reveal a pattern of negotiation between nursing elites and outsiders regarding the nascent boundaries of the modern nurse as a professional paradigm, and the influence of gentrification in nursing over the trajectory of its organisational culture.

The second chapter of this dissertation considers three case studies of men in nursing, demonstrating the influence of gender, race, and imperial identity in the making and maintenance of nursing's organisational culture. Beginning with the controversies and highly publicised failures of British orderlies during the South African War (1899-1902), the first section of this chapter considers how the profession came to be feminised in the aftermath of

the conflict. Key to this process was the changing professional character of the trained nurse, who sought to distinguish herself from untrained or lesser-trained counterparts by emphasising the essential superiority of her training – and in the case of marginalising white male orderlies, this section demonstrated how trained nurses emphasised the essential superiority of their *gendered* characteristics to distinguish professional status from physical labour. Tracing the distinction between *nurse* as status and *nursing* as labour into the 1930s, the second case study – reading along the grain of *The South African Nursing Journal* – considers the work of several Black male orderlies employed at the Southern Rhodesian Non-European Hospital in the interwar period, and particular how their labour and status as nursing personnel was discussed in the writings of the hospital's British Matron. Finally, the third case study considers the changing professional position of white male nurses in the aftermath of the Second World War as they entered centres of professional governance and gained access to the official organ of the profession for the first time. This final section underscores how white male nurses during this period attempted to define themselves in antithesis to Black male orderlies, thereby recreating hierarchies of professional distinction in order to position themselves in proximity to the professional centre – and yet, how in spite of these attempts, white male nurses were still marginalised within the profession on the basis of their gender.

The third chapter of this dissertation considers the negotiation of professional inclusion for African nurses, with a concentration on the period between 1910 and 1944, and the founding of the Bantu Trained Nurses' Association (BTNA). The chapter begins with a consideration of the King Edward VII Order of Nurses – a prototypical district nursing scheme which sought to provide trained nurses to outlying rural areas in the 1910s and aimed to employ African and Coloured nurses in addition to white nurses. Tracing the discourses which surrounded the employment practices of the King Edward VII Order and its imperial mandate, this chapter then examines how Christianity came to be an organising ideological basis for the Bantu Trained Nurses' Association in the early 1930s. Central to this section is an engagement with the discursive invocation of 'character' as a primary, unteachable tenet in the training of medical professionals – this section argues that similarly vague expressions of intrinsic, ineffable, and insuperably distinct cultural attributes were in fact raised as a means of precluding African candidates from training whilst still maintaining a liberal façade of racial uplift through Westernisation. Finally, this chapter explores narratives and discourses of agency amongst members of the BTNA, as they appeared in both *The South*

African Nursing Journal and *The Bantu World* newspaper. In tracing the movement of professional boundaries as they pertained to race in the first half of the twentieth century, this chapter asks – and begins to answer – how did trained African nurses adhere to, resist, contradict, and briefly surpass the professional boundaries designed to exclude them?

The final and fourth chapter of this dissertation considers the history of midwifery training and dual certification amongst trained nurses between 1920 and 1960. The first section of this chapter considers the moral panics which underpinned the popularisation of dual certification over this period – and demonstrates how mothercraft and its associative cultural anxieties bridged twentieth century nursing practise and midwifery knowledge, and consequently contributed to the large uptake of dual certification amongst nurses between 1920 and 1960. Thereafter, this chapter considers the ways in which access to midwifery training and certification came to function as a new boundary to professional inclusion for certain marginalised nursing practitioners. Demonstrating how midwifery certification revealed deep class fissures amongst African nurses following the Second World War, the second section of this chapter examines a handful of letters between aspirant African nurses who wished to achieve dual certification and Mrs. Edith Rheinallt Jones of the South African Institute of Race Relations, this chapter advances an analysis of dual certification which acknowledges the reality of its exclusionary consequences for many African nurses. Thereafter, the third section of the chapter considers the position of white male nurses, who could not access midwifery training at any point between 1920 and 1960, and consequently found their opportunities for professional development stunted. This section details the ways in which male nurses attempted to negotiate the gendered assumptions of maternity nursing, and inadvertently contested notions of hegemonic masculinity in the process.

Chapter 1: Larks, Eagles, and Nightingales.
Class, Gender, and Professional Mythmaking in the South African War.

1. Introduction.

This chapter examines nascent discourses of professionalisation – and particularly, the drawing of professional boundaries between trained nurses and their untrained, amateur counterparts – as circulated by British lady nurses and other professional stakeholders in South Africa during the South African War (1899-1902). This chapter, in articulating these early divisions between trained and untrained nurses at the turn of the twentieth century, examines the writings of and the media coverage afforded to the amateur British ladies (or, society women) who, without any professional nursing background or indeed much oversight at all, came out to South Africa to "nurse" (this did not necessarily involve the labour of actual nursing) during the conflict. In exploring these writings, the early negotiations of professional boundaries and identity are foregrounded. As Anne Marie Rafferty noted, "the image of nursing was transformed by the reform of nursing in the late nineteenth century [and was] transported and further altered through the diaspora of nurses who worked in the British colonies."[60] Hence, while this chapter acknowledges that the making of professional boundaries was done with an eye towards the British metropole, it advances the argument that South Africa – and particularly this period of the South African War – was a vital, and chaotic, context for the emergence of the modern nurse. To this effect, this chapter explains the context in which British nurses arrived in South Africa in the early twentieth century, and thereafter explores three primary case studies which demonstrate that through the interaction between amateur nurses and their trained counterparts, new boundaries were drawn around the category of the modern nurse.

Beginning with the short-lived jaunt of the infamous Lady Jessica Sykes, this chapter considers the weaknesses in military nursing organisation, and in essence the breakdown of nascent professional barriers in nursing, which afforded untrained society women the opportunity to travel freely about South Africa. In unpacking the hostilities between lady nurses and ladies who wished to nurse, this section utilises Sykes' own memoir of the conflict as well as its reception in *The Nursing Record*. Thereafter, this chapter considers the contributions of Lady Jennie Spencer Churchill to nursing arrangements aboard the hospital ship *Maine*. As Lady Churchill made every effort to distinguish her administrative work from

[60] Anne Marie Rafferty. "The Seductions of History and the Nursing Diaspora." *Health and History*, 7:2. (2005). 7.

that of the 'real nursing' happening aboard the *Maine*, she was initially treated with warm regard by British nursing elites. Lady Churchill's case study demonstrates the unstable and negotiable relationship between untrained ladies and trained lady nurses; the latter coveting an association of class and character with the former, indicating the social characteristics attached to the emerging boundaries around the character of the nurse. The final case study considers the evolution of relations between Mrs. Richard Chamberlain and the British nursing elite, and the consequential affirmation of professional boundaries at the close of the South African War through Mrs. Chamberlain's testimony to the Hospitals Commission. Taken together, these three studies demonstrate the fluctuating discourses of inclusion and exclusion that characterised the nascent nursing profession at the turn of the twentieth century, set against the medical and martial shortcomings of the South African War.

These society women – whilst on the periphery of professional nursing by virtue of their charitable donations and social status – were also actively involved in the writing of nursing history and professional narratology through their biographical reflections on their time in South Africa, as well as regular engagements with the British press. Complicating the hostilities between British nursing elites and untrained society women, I suggest that the highly publicised nature of the War – and the captive attention of the reading-public at home – afforded a unique opportunity for trained nurses to advertise, through the intense media coverage afforded to their 'amateur' counterparts, the indispensability of trained nurses to the Empire at large.

The three society women considered herein represent divergent experiences of wartime 'nursing', but when read in conjunction with one another, reveal a pattern of negotiation amongst British nursing elites regarding the nascent boundaries of the emerging profession and the archetype of the lady nurse. The lady nurse was a professional paradigm of the late nineteenth-century which invoked a linguistic and cultural association with the British gentry and will be discussed in greater detail. In examining the histories of untrained women who – in varying degrees – held some connection to genteel status and the associative qualities of class which nursing elites aspired to incorporate into the image of the modern nurse, this chapter demonstrates the ongoing negotiation and evolution of the professional and didactic paradigm.

2. The World in Which the Nurses Arrived.

In the latter half of the nineteenth century, nursing in Britain underwent a rapid professional evolution. Florence Nightingale's service during the Crimean War had, famously, served as the inception for a more modern school of nursing, one which accentuated a knowledge of aseptic principles in line with contemporary developments in medical science. However, the professional reformation of the nineteenth century was not limited only to new models of training and nursing knowledge – the cultural (and class) character of nursing also underwent rapid reconstruction. The late-nineteenth century professionalisation campaign of socially elite nursing reformers sought to raise the class profile of nursing in the eyes of the public and employed the gendered politics of late-Victorian respectability by emphasising the cultural tenets of upper-class femininity amongst working-class probationers and nurses. The movement from "Gamp to Nightingale" – untrained to trained – underpinned this endeavour. Nursing reformers – many being of the elite social class – sought to close the profession to *untrained* women, by enforcing standardised educational requirements and certification, and used the official mouthpiece of professionalisation, *The Nursing Record & Hospital World* (late *The British Journal of Nursing*) to further this campaign.

The "gentrification" of British nursing in the late nineteenth century was a complex phenomenon.[61] When engaging with nurse reformers' aspiration of "introducing 'ladies' to the profession" in the late nineteenth-century, Sue Hawkins rightfully insists that the contemporary historian must be conscious of the semantic ambiguity "regarding the definitions of labels such as 'lady' or 'gentlewoman'," which bewildered and divided even Victorian commentators.[62] Nurse reformers coveted an association between the modern nurse and the Victorian lady to distinguish the archetype of the modern nurse from the spectre of Sarah Gamp – modern nurses had to be educated women of refinement; literate, knowledgeable, moral, and fundamentally respectable.[63] Hence, in this context, socially elite but untrained women could function as potential paragons of the cultural tenets to which new working-class nurses were instructed to aspire. In less than amicable circumstances, the "poor behaviour" of "frivolous" society women could still be held in stark contrast to the sacrificial, subordinate qualities of the nurse.[64]

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[61] Sue Hawkins. *Nursing and Women's Labour in the Nineteenth Century: The Quest for Independence.* (Routledge: London, 2010): 37.
[62] Hawkins. *Nursing and Women's Labour in the Nineteenth Century*. 37.
[63] See as well: Stella Bingham. *Ministering Angels*. (New Jersey: Oradell: Medical Economics Company, Book Division, 1979.)

The evolving class dynamics of the profession in the late nineteenth century yielded leadership and organisational positions to daughters of professional men and lower gentry, whilst increasingly everyday nurses were drawn from parentage of both professional classes and working-class. In other words, although reformers – often of genteel birth themselves – aimed to populate the upper-echelons of the profession with archetypal lady nurses, middle- and working-class women still populated the labour-intensive positions.[65] Consequently, not every nurse was a lady, or indeed, every lady a nurse – but certainly, some were both.

At the turn of the twentieth century, a distinctly South African community of trained nurses did not yet exist – but with the "chrysalis of chaotic drudgery and inefficiency" that was the South African War, new boundary lines would be drawn against which the South African profession would define itself.[66] While Sister Henrietta Stockdale's training school at the Carnarvon Hospital at Kimberley had been functional for several years, the majority of trained nurses in South Africa remained of British origin and training. Far from being uninvolved in broader nursing politics, Charlotte Dale and Anne Marie Rafferty have noted the significance of South Africa as a locus for nursing professionalisation in the late nineteenth century within the wider British Empire, precisely for Sister Henrietta's *other* significant contribution to professionalisation: her advocacy for, and achievement of, state registration for trained nurses.[67] South Africa was the first territory to achieve state registration for trained nurses – a coveted marker of professional recognition and security, which nurse reformers in Britain had yet to achieve by the turn of the twentieth century. Registration afforded trained nurses a legal framework through which to distinguish themselves from their untrained or amateur counterparts. Registration for nurses was

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[64] See: Charlotte Dale. "The Social Exploits and Behaviour of Nurses During the Anglo-Boer War (1899-1902)." In Helen Sweet and Sue Hawkins (eds.) *A History of Colonial and Post-Colonial Caring.* (Manchester University Press, 2015): 60-83

[65] This class stratification was commonplace across the British Empire. See also: Angharad Fletcher. "Imperial Sisters in Hong Kong: disease, conflict, and nursing in the British Empire, 1880-1914." In Helen Sweet and Sue Hawkins (eds.) *Colonial Caring: A History of Colonial and Post-Colonial Nursing*. (Manchester: Manchester University Press, 2015); Sneha Sanyal. "Emergence of Nursing as a Profession in Nineteenth-Century Bengal." *Social Scientist*, 45:3/4. (March-April 2017). 69-86.

[66] Quotation taken from: Editor's Comments. "Letters to the Editor. Society Women and the War." *The Nursing Record & Hospital World*. (February 10, 1900): 122.

[67] Dale. "The Social Exploits and Behaviour of Nurses During the Anglo-Boer War (1899-1902)." 60-83; Anne Marie Rafferty. *The Politics of Nursing Knowledge.* (Routledge: London, 1996).

voluntary in South Africa until 1928, yet it was still considered a vital milestone in legitimising the modernising profession.[68]

Ethel Fenwick, one of the foremost British nursing elites, an outspoken advocate of the registration movement in Britain and Editress of *The Nursing Record & Hospital World*, "used the achievement of registration in British dominions as further support for her arguments for nurse registration in Britain."[69] "It was therefore feared," Charlotte Dale argued, "that detrimental allegations of bad behaviour by nurses in South Africa might have a negative impact on the drive for registration at home." [70] The politics of professionalisation in the wider British Empire reflected the ongoing conversation between the imperial metropole and the colonial frontier. As Anne Marie Rafferty noted, "The nurse's behaviour [in the colonial setting] reflected the authority of the colonising power, and at the same time, it could so easily undermine that power."[71] Part and parcel of this was the nurse's uncritical acceptance of the hierarchy of medical authority, manifest in her unquestioning subservience to medical officers – and, as this chapter shall demonstrate, the tension between society women and the accepted hierarchy of both the military and colonial hospital was a source of significant anxiety for both nursing elites and the medical fraternity, for this reason. Hence why the behaviour and respectability of British nurses came "under close scrutiny" during the conflict from both external and internal sources – the frivolity of amateurs threatened not only to unravel the newly achieved respectability of the nursing profession, but to potentially undermine the entire colonial enterprise.[72]

At the onset of the South African War (1899-1902), hundreds of women arrived in South Africa. Their social and economic backgrounds were varied, as were their motivations and

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[68] Registration had the additional benefit of providing some measure of educational standardisation for trained nurses – in order to register as a trained nurse, one would have to have achieved a standard of educational criteria set by the various Provincial Medical Councils prior to 1928 and by the South African Medical Council thereafter. Educational requirements might have varied slightly based on the region in which one sought employment, i.e., the Transvaal Medical Council might have recognised and consequently awarded registration to nurses trained and certificated in, say, certain German hospitals, whilst the Cape Medical Council might not have. In the first quarter of the twentieth century, modern nursing training far from regimented, meaning not all certification amongst foreign nurses seeking employment in South Africa was considered equally valid. However, the reputations of St. Thomas', Barts, and Guy's were recognised by the Provincial Medical Councils – many of the members being English-trained physicians and doctors themselves – and consequently nurses with certification from these institutions tended to be in higher standing.

[69] Dale. "The Social Exploits and Behaviour of Nurses During the Anglo-Boer War (1899-1902)." 65.

[70] *Ibid.* 65.

[71] Rafferty. "The Seductions of History and the Nursing Diaspora." 7.

[72] Dale. "The Social Exploits and Behaviour of Nurses During the Anglo-Boer War (1899-1902)." 65.

their nationalities, but a common interest in nursing attracted many.[73] Against the broader lack of medical and martial preparedness on the part of the British government, the general lack of administrative control over this influx of women was a source of great frustration for the War Office and the Royal Army Medical Corps (RAMC) alike. By April of 1900, both Sir Alfred Milner and Lord Roberts had taken a firm public stance against the incursion of 'amateur nurses' into South Africa.[74] These 'ladies' were described by Milner as "a source of serious inconvenience" to both civil and military personnel at work in South Africa, their presence being "a hindrance rather than a help."[75] Alfred Fripp, the Chief Surgeon of the Imperial Yeomanry Hospital (Deelfontein), was more exacting in his criticism of 'amateur nurses' in South Africa. Fripp wrote to *The British Medical Journal* in June of 1900 to say:

> "In too many instances the work of the hospitals has been hampered by the incursions of ladies who, while eager to pose as Florence Nightingales, have failed to make themselves acquainted with the most elementary rules of good nursing, and have even refused to obey strict instructions issued in the interests of the patients. […] [It] must be obvious to every man and woman possessed of the common sense which these ladies seem plentifully to lack that the extreme measures which it was found necessary to take would not have been put in force, and the official warning which Sir Alfred Milner issued would not have been promulgated, had it not been found absolutely necessary to take strong measures for the protection of the sick and wounded men in the hospitals, who have a right to expect that they shall be saved from the unsolicited attentions of fashionable ladies in search of a new sensation."[76]

While the British nursing elite took a strong public stance in *The Nursing Record and Hospital World* (later, *The British Journal of Nursing*) against untrained society women and titled ladies who 'went out to nurse' in South Africa – particularly as stories of lamentable and frivolous behaviour began appearing in the broader British press – this chapter argues that, in reality, the dynamic between these two categories of 'women in nursing' was perhaps more nuanced and subject to regular contestation as the boundaries of the ideal nurse were negotiated and reconfigured.[77]

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[73] *Ibid*. 65*;* Chris Schoeman. *Angles of Mercy*. (Cape Town: Zebra Press, 2013): 11, 14.
[74] As reported in "Amateurs in South Africa." *The British Medical Journal*, 1:2051. (April 21, 1900). 982.
[75] *Ibid.* 982.
[76] "The Lady-Hinderance in South Africa." *The British Medical Journal*, 1:2058. (June 9, 1900): 1425-1426.

This chapter acknowledges that part of the frustration of British nursing elites towards society women also reflected broader irritation with the disruptive effect which the South African War had had on prototypical organisational services for the provision of nurses in the colonies. The Colonial Nursing Association (CNA), which sought to provide nurses to the British colonies, had only been functional since 1896 – and its work in South Africa was severely disrupted by the outbreak of the South African War. The CNA was meant to exercise organisational control over the influx of nurses to the colonies – thereby protecting the image of the nurse and the recently achieved respectability of the profession by permitting access and association to only women of particular character – and the fact that society women were able to bypass the appropriate channels was undoubtedly a great source of frustration.[78] As noted earlier, the recruitment of lady nurses was part and parcel of the colonial project in South Africa, as well as within other British colonies – hence, it is a small wonder that the influx of untrained women whose financial independence allowed them to flout behavioural and educational requirements, and potentially jeopardise the reputability of trained nursing services, was a source of great irritation for British nursing elites.

Like the CNA, the Royal Army Medical Corps (RAMC) and the newly instituted Army Nursing Service (ANS) were also both decidedly underprepared – and in the case of the ANS, arguably ill-organised – to keep up with the demands of the War.[79] The limitations of utilising female military nurses weighed on the flimsy structure of the Army Medical Service: the military nurse was trained to act as an overseer of male orderlies at the base hospitals, the latter trained to do the actual business of nursing since female nurses could not venture out to the front.[80] But, the neat boundary lines of base and front became murky and ill-defined in the

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[77] While not central to this discussion, this chapter does acknowledge that part of this frustration towards society women reflected broader frustrations with the disruptive effect which the South African War had had on prototypical organisational services for the provision of nurses in the colonies. The Colonial Nursing Association (CNA), which sought to provide nurses to the British colonies, had only been functional since 1896 – and its work in South Africa was severely disrupted by the outbreak of the South African War. The CNA was meant to exercise organisational control over the influx of nurses to the colonies – thereby protecting the image of the nurse and the recently achieved respectability of the profession by permitting access and association to only women of particular character – and the fact that society women were able to bypass the appropriate channels was undoubtedly a great source of frustration.

[78] For more on the history of the Colonial Nursing Association, see: Anne Marie Rafferty. "The Seductions of History and the Nursing Diaspora." *Health and History*, 7:2. (2005).

[79] Trained nurses in Britain and South Africa sought opportunities for volunteering through the ANS, but it proved difficult. See: Anne Summers. *Angels and Citizens. British Women as Military Nurses, 1854-1914.* (Routledge & Kegan Paul: London & New York, 1988): 210.

[80] Summers. *Angels and Citizens.* 210.

context of the South African War: the Sieges of Mafeking, Ladysmith, and Kimberley brought the frontline into the cities and the fighting to the doorstep of the nursing wards.[81] Civilian nurses maintained that the army nurses – on top of being small in number and woefully curtailed by the hierarchy of care within the Army Medical Service – were not particularly well-liked by patients, owing to their preferred nursing technique which left a good deal of space for the work of male orderlies. It was tantamount to a dereliction of duty, in the opinions of civilian nurses, to half-treat a patient with the expectation that someone else should complete the work.

It was in and amongst these discordant nursing arrangements and ambiguous hierarchies of medical authority that untrained society women also found the space to operate in South Africa. Social status was both closely tied to the professionalisation of the modern nurse, and simultaneously contested. Many untrained society women, owing to their status and relative wealth or social connections, could travel under the auspices of "bringing comforts" to wounded soldiers in South Africa – and upon arrival in the wards of civilian and even military hospitals, initially found their movements were relatively unrestricted. Whether "impelled by a desire to give help to the sick and wounded soldiers and sailors [or] by a love of excitement," many untrained society women were able to take advantage of these unclear boundaries.[82] It was against these incursions, that the nascent professional boundaries of nursing in South Africa would eventually be drawn.

3. Eagles Circling: Jessica Sykes and *Side Lights on the War.*

"Wheresoever the carcase is, there will the eagles be gathered together."[83]

The behaviour of untrained amateurs and lady war tourists had long threatened the image of the modern nurse. In exemplifying this point, Nightingale's own sterling reputation as a 'lady nurse' crashed against the evocatively grim figure of the 'lady war tourist' during the Crimean War. These 'war tourists' were, by and large, women with the social and financial means to travel to Crimea unaccompanied or in the company of each other. Helen Rappaport described them as well-to-do women who arrived clad in fine dresses, hoping to take walking-tours of and picnic within the recently besieged cities, to experience the embers of conflict.[84] Their persistent presence was hotly disavowed by the War Office and the British

[81] *Ibid.* 211.
[82] "The Nursing Arrangements at Wynberg." *The British Medical Journal*, 1:2040 (February 3, 1900): 273.
[83] Editor's Note. "Society Women and the War." *The Nursing Record & Hospital World*, (March 3, 1900): 183.

press – these 'ladies' were presented as frivolous holidaymakers whose very presence jarred and distracted. (Rappaport noted, however, that many of the lady war tourists arrived only after the major battles had concluded, rather than 'frivolling' in the midst of ongoing warfare.) Perhaps in comparison to the highly publicised frivolity and morbid curiosity of these war tourists, the contributions of Nightingale and her disciplined disciples seemed all the more impressive. Anne Summers suggests a complimentary argument in the case of Sarah Gamp, whose exaggerated incompetence and degradation of character help to establish "the extent of Nightingale's achievements" in modern nursing.[85]

During the South African War, the distinction between 'lady nurse' and ladies who wanted to nurse became ever clearer. 'Lady nurses' – like the sisters of St. Michael and All Angels and Henrietta Stockdale herself – "combined practical skill with genteel accomplishment."[86] Having only recently broken away from the Gampian model, the modernising nursing profession was equivocally *not* open to all women; only, in theory, those of exemplar character and good breeding.[87] The evolving profession, and certainly its elites, insisted that modern nursing required a combination of educational experience – of modern scientific knowledge – and gentrified cultural tenets, that upheld the profession's newfound respectability and moral character. The infamous Lady Sykes, as one example, epitomised the type of society woman and lady who wanted to nurse that Ethel Gordon Fenwick and other nurse reformers abhorred. Sykes did not exemplify the genteel respectability of the lady nurse – she was, by all accounts, an adventuress whose unenviable reputation in the British press, and wanton disregard for medical authority, threatened to degrade the work of 'real nurses' by association.

A baroness by marriage, Jessica Sykes (née Cavendish-Bentinck) was – by the outbreak of the South African War – entangled in a mess of public scandal concerning her lavish lifestyle, rumoured alcoholism, and deeply unhappy marriage to Lord Tatton Sykes, whom she had married at 18 despite Sykes being thirty years her senior.[88] "From the 'Society Tips' in the daily papers," *The Nursing Record* reported in November of 1899, "we learn that the notorious Lady Sykes… 'intends to take up lessons in nursing' upon her arrival at the Cape,

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[84] Helen Rappaport. *No Place for Ladies: The Untold Story of Women in the Crimean War.* (Agora Books: 2007, 2020.)
[85] Summers. "The Mysterious Demise of Sarah Gamp." 366.
[86] Shula Marks. *Divided Sisterhood: Race, Class and Gender in the South African Nursing Profession*. (Johannesburg: Wits University Press, 1994). 22.
[87] Hawkins. *Nursing and Women's Labour in the Nineteenth Century*. 37.
[88] Lady Sykes was forty-three at the time of her departure to South Africa.

and then proceed to the front."[89] In the report, immediate contrasts were drawn between Sykes and the 'better' society woman, Lady Randolph Churchill, who did not intend to take up nursing in personal capacity upon arrival in South Africa. Sykes' "advertisement" of her intention to nurse was dismissed by *The Nursing Record* as "absurd."[90] However, Sykes travelled with a party of friends and associates, "medical men" amongst them, and brought with her "a well-equipped ambulance and a large supply of medical stores and comforts" – a detail which is absent from Fenwick's remark on her departure.[91]

Sykes' ultimate destination was, supposedly, the Transvaal, where the Sisters of Charity – a Roman Catholic Sisterhood – had since converted their nunnery into a functioning hospital for the wounded. However, a fair portion of her time was spent in Natal and the Cape Colony, where in the course of her journey, Sykes visited various hospitals – the Wynberg and Portland Hospitals, notably – and recorded her thoughts and impressions of both the staff and the state of the institutions in a journal which she shortly thereafter published as *Side Lights on the War* (1900) upon her return to England. "A very readable little book," Ethel Fenwick remarked bitingly in her official review, "the first of many which we may expect from "society" pens at no distant date."[92]

The hostility towards Sykes – which existed perhaps in a compounding, reciprocal dynamic of back-handed commentary between herself and the elites of the trained nursing community, like Fenwick, who were also "society women" and accustomed to weaponizing backbiting in the press – was at least fairly earned in some degree following the publication of *Side Lights on the War*, considering her comments concerning the trained nurses whom she encountered in South Africa:

> "Referring to nurses, I will make a remark now which was, however, not borne upon me at first, but impressed me very greatly as time went on. I cannot help thinking that the great failing in our hospital nurses, both civil and military, is their want of physique. [The majority of] nurses I have met are thin, delicate, below the medium height, and almost invariably unmarried, nursing being usually embraced as a

[89] "Army Nursing Notes." *The Nursing Record & Hospital World*. (November 18, 1899): 410.
[90] Ibid. 410.
[91] "Out London Letter." Irish *News and Belfast Morning News*. (Saturday 18 November 1899): 5. The British Newspaper Archive. (Lady Jessica Sykes had converted to Catholicism not long into her marriage – and raised her son, Mark Sykes, as Catholic – accounting perhaps for a kinder reporting of her departure in the Irish News.)
[92] "Professional Review. A Society Woman on the War." *The Nursing Record & Hospital World*. (June 9, 1900): 461.

> profession by those of the female sex who have not succeeded in becoming wives and mothers. Such women are seldom handsome or robust in a country like England… […] Women with the physical formation possessed by most trained nurses cannot bear the strain put upon them. We find, therefore, most professional nurses require almost as much care as their patients, and must have their food, exercise, and rest at stated time, and with every possible attention to their comfort. Notwithstanding this, they are perpetually breaking down, becoming really ill, and seem extraordinarily susceptible to all complaints, such as typhoid, dysentery, etc."[93]

Sykes was not alone in her criticisms of imperfect health amongst nurses in South Africa, and her comment touched a significant nerve. The "Indignant Colonial" had made similar comments concerning 'weak-hearted' nurses in March of 1900 – "many of those nurses selected by favour," she pronounced, "[had] "chronic hearts" and other physical failings," which had been overlooked owing to jobbery and favouritism within the committees approving reserve and military nursing arrangements in South Africa.[94] However, far from condemning top-down mismanagement, Sykes attributed the "elaborate [and circumscribed] arrangements" at the military hospitals in no small part to "the intense jealousy which seem[ed] to reign between the civil and military [nursing] elements," as well as "a policy of masterly inactivity" amongst the Principle Medical Officers.[95] It is additionally significant that while Sykes overlooked many of the nuances of mismanagement within her criticisms, she positioned herself and women of her class – perhaps not openly, but rather subtly or by suggestion – as potential 'solutions' to the problems faced within the military hospital.

Sykes made no shortage of enemies for herself at Estcourt. She later lamented in *Side Lights on the War* that the medical staff at Estcourt were rather rude to her, expressing a sense of frustration at her repeated contravention of necessary safety procedures regarding the care of patients. Jessica Sykes was no doubt in the forefront of Mr. Frederick Treves' mind when he made his infamous comment at the Reform Club dinner regarding a 'plague of women' about South Africa:

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[93] Jessica Sykes. *Side Lights on the War in South Africa. Being Sketches Based on Personal Observation During a Few Weeks' Residence in Cape Colony and Natal.* (T. Fisher Unwin, Paternoster Square: London. 1900).
[94] 'Indignant Colonial.' "Letters to the Editor. The Boycott of Colonial Nurses in the Cape Colony." *The Nursing Record & Hospital World*. (March 3, 1900): 183.
[95] Sykes. *Side Lights on the War in South Africa.*

> "So far as the sick were concerned there were two plagues in South Africa – the plague by flies and *the plague of women*. [...] They came out in the guise of *amateur nurses*, having exhausted every other form of excitement; they took up the time of the officers, and, in fact, had the camp to themselves. Considering the kind of war in which we were engaged, and the number of lives lost, the picture of a number of elaborately-dressed ladies masquerading in summer toilets and arranging picnics about Capetown [sic.] was a blot on the campaign."[96]

Side Lights received a fair bit of media attention when it was first published – but not more so than from reformers within the nursing profession itself. Upon returning home, Sykes was quickly embroiled in a series of miscellaneous personal scandals, and her interest in nursing was evidently lost altogether. What *Side Lights* and its reception reveal, however, is the evolution of discourses of professional identity amongst nurses at the turn of the twentieth century: while Sykes was content to dismiss her nurse-critics as 'catty spinsters', the British nursing elite railed violently against any association with her 'type of woman'. It was not enough to be titled and 'well-bred', 'lady nurses' had to uphold certain behavioural tenets and genteel characteristics – and in addition, they had to be medically trained and subservient to direction, lest they contravene established safety procedures. Still, the nursing elite in Britain capitalised on Sykes' infamy to draw distinction to the work of 'lady nurses' in South Africa – and consequently enlarge the reputability of the trained nurse by framing the frivolous society woman as her antithesis. The publicised backbiting between Sykes and British nursing reformers was functional in mythologising the untrained society woman – and, at a more general level, any untrained woman who 'masqueraded' as a nurse in times of crisis – as an 'Other', who should be prohibited from fatuously encroaching on the modern profession. The strategy underscored the importance of reputation and character, as well as education and training, in the making of the modern nurse.

4. Gentlewoman Larks: Lady Randolph Churchill and the Hospital Ship Maine.

> "We learn that in the Cape Town Clubs our Regular Sisters are known as the 'Nightingales,' and the Society nurses as the 'Larks'!"[97]

It was in the pursuing decades following the Crimean War that the preference for the British 'lady nurse' took hold. With the evolution of hospitalisation in Britain, and the

[96] "Sir William Mac Cormac and Mr. Treves at The Reform Club." *The British Medical Journal*, 1:2053. (May 5, 1900): 1125-1126.
[97] "Army Nursing Notes." *The Nursing Record & Hospital World*, (June 23, 1900): 497.

complimentary evolution of nursing education, by the 1870s "no hospital [would] receive a woman as nurse unless she [could] read and write fairly."[98] Additionally "at the majority of the London hospitals, the sisters [were] either of gentle birth, or at least [were] superior in education to the majority of those whom they command; [and] the substitution of a lady superintendent for the old matron [was] almost universal."[99] *The British Medical Journal* submitted its own explanation for these arrangements in 1874:

> "Both nurses and patients more readily obey a lady sister; her presence checks all rough play and coarse joking, and secures general propriety of behaviour; she generally possesses more tact in management, and consideration for the feelings of others, qualities which are often deficient in the ill-educated; and lastly, since a lady is not likely to hold such a post unless she have a real love for the work, she is more likely to perform it zealously than a nurse who might only be actuated by merely mercenary motives."[100]

The lady nurse's influence over ward nurses, patients, and physicians were owed to her "natural gifts of temper, tact, and disposition" – characteristics which were implicit to her rank.[101] Her authority over patients derived from her class and its associative qualities – hence, the creation of the lady nurse was an attempt to reform the image of nursing by inferring professional (and social) superiority through class and subsequently educational distinctions. Yet, despite the medical press heralding the universal superiority of the 'lady nurse' to her untrained and uncouth predecessor, in reality the relationship between women of genteel birth or education and other hospital stakeholders varied on a case-by-case basis. While the titles of lady superintendent and lady nurse fell out of fashion sometime in the mid-twentieth century, the invocation of genteel characteristics in the making of the modern nurse and in the structuring of the hospital hierarchy is significant to this chapter's argument.

Lady Jennie Spencer-Churchill (née Jerome), otherwise titled Lady Randolph Churchill, epitomised the sort of 'lady-like' archetype which the nascent nursing profession hoped to draw parallel to. Prior to being widowed in 1895, Lady Churchill had, through her husband, established cordial relationships with a great portion of Britain's political and social elites, including Queen Alexandra herself. Soon after the South African War broke out, the Anglo-

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[98] Special Correspondent. "Report On the Nursing Arrangements of The London Hospitals." *The British Medical Journal*, 1: 689 (Mar. 14, 1874): 357-358.
[99] *Ibid.* 357-358.
[100] *Ibid.* 357-358.
[101] "Nurse Registration." *The British Medical Journal*, 1:1426 (April 28, 1888): 920-921.

American socialite drew together an Executive Committee with herself at the helm, pursuing the acquisition of a hospital ship for amelioration efforts in South Africa.

Through her connections on either side of the Atlantic, Lady Churchill raised £30,000 for the furnishing and equipping of the ship – as well as the retention of "five surgeons [as well as a Chief Surgeon], a chief nurse, four women nurses, and about thirty skilled male orderlies."[102] "The *Maine* is to be the most complete and comfortable hospital ship that has ever been constructed," *The Nursing Record* reported in November of 1899, "[And] we are pleased to observe that Lady Randolph Churchill has disclaimed any intention of 'nursing the wounded' in her capacity as administrator on the *Maine*, remarking, with American cuteness, 'that she has more respect for the patients.'"[103] *The Nursing Record* also found the salary scales of the ship's staff to be "worthy of the efficient workers selected," adding acridly: "War Office, please note." It was, by all accounts, a desirable partnership between professionals and patroness. Even when Lady Churchill, 'a born-American', made something of a slight in describing the alleviation of suffering as the true "right" of womankind, *The Nursing Record* merely replied that she had touched upon "the inestimable privilege she and her compatriots enjoy in having the *right* and power to thus give their personal service to a great national cause… [British] women must win *rights* before they are able to enjoy *privileges*."[104]

The *Maine*, additionally then, represented the ideal freedom which nurse reformers – and the prototypical suffragettes in their ranks – coveted over their own professional organisation. It was also an environment in which the character of nurses could be monitored and maintained. Charlotte Dale notes that within the closed environment of the hospital ship, "it was possible to exert strict control over the nurses" and consequently the opportunities for 'frivolity' were limited.[105] The warm regard which Lady Churchill received from *The Nursing Record* no doubt reflected the aspirant hope amongst British nursing elites, particularly Ethel Fenwick, that the *Maine* would be conducive to an ideal working relationship between ladies and professional nurses: Churchill's presence would ensure an aura of respectability and gentility permeated the space, thereby encouraging the young nurses to behave with 'dignity' and

[102] "Army Nursing Notes." *The Nursing Record & Hospital World*. (November 4, 1899): 371; Sir William Stokes. "The Hospital Ships at Durban, Natal." Letter dated Feb. 7, 1900, *The British Medical Journal*. (March 17, 1900): 663-4.
[103] "Army Nursing Notes." *The Nursing Record & Hospital World*. (November 18, 1899): 410.
[104] *Ibid.* 410.
[105] Dale. "The Social Exploits and Behaviour of Nurses During the Anglo-Boer War, 1899-1902." 65.

'decorum'; yet the actual nursing work and organisation would be overseen by the Superintending Sister, Eugenie Hibbard.

The first voyage of the *Maine* received tireless attention in both *The Nursing Record* and *The British Medical Journal*. Sir William Stokes, a correspondent of *The British Medical Journal*, visited the *Maine* upon its arrival in Durban. He wrote that it was equipped to accommodate nearly two hundred patients, and that "it was obvious that little or nothing had been omitted the experience, knowledge, and apparently unlimited financial resources could procure… everything that could be suggested for the comfort of the patients was to be found."[106] He additionally remarked, in warm praise, that the nursing staff of the *Maine* was under the "skilful direction" of Lady Churchill. This innocuous comment pricked the ears of the nursing elites back in Britain, who hurried to rile against the assertion that a society woman was overseeing the direction of nurses. "This statement is most unfair to the trained and professional Superintendent of Nursing, Miss Hibbard," *The Nursing Record* railed in response to Stokes' correspondence, "and we hope that as soon as the hospital ship arrives home, Lady Randolph Churchill will at once disabuse the mind of the public of the suspicion that she has assumed professional direction over the trained Superintendent of Nursing appointed to the *Maine*."[107]

The directness of the response – and the curt instruction to Lady Churchill to as soon as possible 'disabuse the mind of the public' that she was directly engaged in nursing – illustrates that even with the warmth of previous coverage for the *Maine* and Lady Churchill, it was an inherently uneasy alliance between nursing elites and the society women at the front. Hibbard, *The Nursing Record* furthermore claimed indignantly, had "not once been referred to in any despatch from the front communicated to the press."[108] The recurring references to 'the press' and 'the mind of the public' coalesce with Charlotte Dale's observations of late nineteenth-century nurse reformers, namely:

> "[I]t was imperative for nursing leaders to ensure that the 'good nurse' image was not only protected, but that it dominated public discourse… in theory anyone could call themselves a 'nurse'…. [and] this essentially unregulated environment created an

[106] Sir William Stokes. "The Hospital Ships at Durban, Natal." Letter dated Feb. 7, 1900, *The British Medical Journal*. (March 17, 1900): 664.
[107] Army Nursing Notes." *The Nursing Record & Hospital World*. (March 31, 1900): 252.
[108] *Ibid.* 252.

> ambiguity regarding the position of nurses [which did] nothing to promote the cause."[109]

The media coverage which society women like Lady Churchill courted, which highlighted their nursing-related endeavours during the war, proved to be a double-edged sword against the agenda of nursing elites in Britain. On the one hand, that Lady Churchill had exclusively employed trained American nurses aboard the *Maine* – alongside trained and certificated male orderlies – was significant in raising the profile of the 'modern nurse' in an environment where her untrained counterpart flourished. On the other, any blunders and scandals associated with the gentlewoman "lark" were potentially far more dangerous for the same reasons – any unwanted scandal would reflect negatively upon the entire nursing profession.[110] For example, one particularly affective scandal associated with the *Maine* was the second voyage it made to South Africa, which was staffed by only male orderlies and nurses. Lady Churchill gave some rationale for this arrangement, citing the fact that the hospital ships generally received convalescent or recovering soldiers who were fit for transport home, and male nurses would have met those needs easily. However, owing to the publicity which Lady Churchill and the *Maine* courted, the implication lingered that the female staff had been dismissed for reasons other than the practicalities cited by Churchill. *The Nursing Record* reported the matter had aroused "much indignation in nursing circles," and that –

> "[T]he American nursing world [was] of the opinion that had Miss Hibbard and the American nurses been recognised when on duty as professional women and not in the light of domestic servants, that they would have made a second voyage. The position of professional authority assumed by Lady Randolph Churchill, and the consequent lack of discipline, is advanced as the reason of the disorganisation. In our opinion – under the circumstances – such a result was inevitable, and the American nurses have our sympathy in this matter."[111]

That the disintegration of order amongst nurses aboard the *Maine* was attributed to "the position of professional authority assumed by Lady Randolph Churchill" – and that this result was furthermore considered an "inevitable" outcome, where only months earlier great hopes for cooperation had been expressed – demonstrates the central conflict in the negotiation of

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[109] Dale. "The Social Exploits and Behaviour of Nurses During the Anglo-Boer War, 1899-1902." 64.
[110] "Army Nursing Notes." *The Nursing Record & Hospital World*, (June 23, 1900): 497.
[111] "Army Nursing Notes." *The Nursing Record & Hospital World*, (July 14, 1900): 35.

class and professional identity for the nursing elite. In addition, it echoes the fragility of the alliance between society women and the professional nursing elites.

Following the requisition of the *Maine* in July of 1900, *The Nursing Record* did not make any notable further reference to Lady Churchill. Lady Churchill had sought to define her role aboard the *Maine* as managerial rather than medical, and nursing elites were initially receptive to this precisely because of her social status: her influence as a disciplinarian was linked to her qualities as a lady, invoking "gifts of temper, tact, and disposition," as described earlier, to administer the *Maine*. That a breakdown in relations aboard the *Maine* would later be attributed to her "assumed" position of authority, demonstrates that the nascent boundaries were negotiable rather than immutable, and that the nursing elite themselves were conflicted over the appropriate position of the untrained society woman in the emerging profession.

5. Larks and Nightingales in Chorus: Mrs. Richard Chamberlain and the Hospitals Commission.

Of the three untrained society women discussed herein, Mrs. Rahmeh Theodora Chamberlain (née Swinburne) has perhaps the most surprising trajectory in relation to the development of the paradigm of the modern British nurse. While initially regarded with the same hostility as other untrained society women who ventured out to South Africa in search of adventure, Chamberlain became something of an advocate and ally to the nursing elite in Britain through her "honest and exacting" appraisals of the R.A.M.C.'s mismanagement at the Base Hospitals in Cape Town.[112]

The widowed sister-in-law of Joseph Chamberlain, Secretary of State for the Colonies (1895-1903), was first mentioned in connection with the war alongside Lady Jessica Sykes in November of 1899, with *The Nursing Record* lamenting the intention of these apparently likeminded untrained society women to "nurse the wounded" in South Africa without any formal training.[113] Mrs. Richard Chamberlain, as she was more commonly referred to as in the press, intended to offer comforts and supplies to support the running of military hospitals near Cape Town. Upon arrival in early November of 1899, Chamberlain took a keen interest in the No. 1 (Wynberg) and No. 2 (Woodstock) Base Hospitals – she had been permitted to visit the Wynberg Hospital for three days out of every week, but owing to her cordial relationship "with some of the officials" whom she regularly lunched with, she was able to

[112] "The Hospitals Commission. Mrs. Richard Chamberlain's Evidence." *The Nursing Record & Hospital World.* (November 10, 1900): 375.
[113] "Army Nursing Notes." *The Nursing Record & Hospital World*. (November 18, 1899): 410.

visit the Wynberg on a daily basis without complaint "until months later."[114] At Wynberg, she established a 'store', "from which [she] supplied great quantities of comforts and necessities" to the hospital for a period of roughly six months.[115] As with other society ladies, she made a point of regularly visiting the wards of the Wynberg Hospital, conversing with patients and offering to assist them with writing letters home – this was an amiable arrangement between herself and the Primary Medical Officer of the Wynberg.

As the new year broke and the management of the medical and military aspects of the war further deteriorated, the previously cordial relationships between generous society women like Chamberlain and military medical officials began to break down. Not only, as demonstrated in the case of Lady Sykes, was there a concerted disavowal of "the plague of sight-seeing women" in Cape Town, there was an evident hostility even towards previously 'helpful' society women.[116] As illustrated in the case of Lady Churchill, the hope for an alliance between society women and nurses was based on a neat, theoretical division of labour and responsibility, which became obscured in the murky, disorganised context of war. Accusations of frivolity also wounded both parties in the press, hence why the British nursing elites were so adamant to maintain distinction between the untrained society woman and the trained nurse. In one such example, *The Nursing Record & Hospital World* reported in March of 1900 that the Editor had received in correspondence –

> "– a picture of "Mrs. Dick Chamberlain as a Nurse at Wynberg Hospital," [original photo included below] *apparently dressed in the full official uniform of Her Majesty's Army Nursing Sisters*! Surely this is carrying the nursing pose of society women too far. This last society craze is bringing army nursing into ridicule and contempt, and shows a deplorable lack of organisation and discipline in the branch of the Army Service. We wonder if the Queen has given her permission to untrained civilians to wear the uniform of Her Nursing Sisters – we doubt it."[117]

[114] "The Hospitals Commission. Mrs. Richard Chamberlain's Evidence." *The Nursing Record & Hospital World*. (November 10, 1900): 375.
[115] Rahmeh Theodora Chamberlain. "Letters to the Editors. The Hospital Commission." *The Nursing Record & Hospital World.* (November 17, 1900): 406.
[116] "Mr. Treves and the Wounded at the Front." *The British Medical Journal*. (May 12, 1900): 1178.
[117] "Army Nursing Notes." *The Nursing Record & Hospital World*. (March 31, 1900): 252.

Figure 1. Photography of Mrs. Richard Chamberlain at Wynberg Hospital.[118]

Chamberlain was not a nurse, let alone associated with the official Army Nursing Service, and hence her misappropriation of the uniform was a serious contravention of etiquette and professional integrity, as well as the nascent professional mechanism that allowed *others* to distinguish between untrained women and trained nurses in the hospital setting. The military nursing uniform was imbued with powerful professional symbology, resonating both with the occupational identity of the modern nurse, and the popular imagination of the British public.[119]

Despite the severity of this offence in the eyes of the British nursing elite, there is no indication that the misappropriation of ANS uniform soured relations between Chamberlain and the nurses on staff at the Wynberg Hospital. In fact, Chamberlain attested to the fact that "the nurses came to her for all that they considered necessary for their patients, which they could not get from the military medical authorities."[120] The intimacy of this arrangement apparently unsettled the Principal Medical Officer at the No. 1 Base Hospital, who consequentially made all the nurses on staff sign a paper declaring that they would "ask for nothing of Mrs. Chamberlain for their patients" – the PMO put up additional wards against Mrs. Chamberlain's interventions in the hospital, by placing "sentries" around the hospital who were expressly directed to "bar her entrance to it."[121] Reportedly the PMO would further

[118] "The War and the Wounded. Civilians to the Rescue." *The Sphere.* (March 10, 1900): 222. British Newspaper Archive.
[119] For more on the history of nurse uniforms, see: Christina Bates. *A Cultural History of the Nurse's Uniform*. (Quebec: Canadian Museums of Civilization Corporation, 2012.)
[120] *Truth.* (May 24, 1900). 1247-8. The British Newspaper Archive.

bar staff from interacting with Chamberlain's store. Chamberlain attributed these actions of the PMO to her complaints, made in good faith to the relevant authorities, of the insanitary conditions she had witnessed at the hospital – a terrible smell emanated from the drains in the enteric wards, and "she saw two men dying of typhoid with their faces covered with insect powder to protect them from […] swarms."[122]

The Editor of *Truth* magazine – a British periodical famed for its contemporary exposés into instances of fraud[123] – contended in his coverage of Chamberlain's indignation that, "it may be that so many kind ladies undertook to look after the invalids, that they may have been in the way. But why should the nurses not have been allowed to get comforts from Mrs. Richard Chamberlain?"[124] Despite, as Chamberlain would later write, the substantial number of fully qualified nurses in Cape Town who were willing to volunteer, "the authorities preferred to let the men die for want of adequate nursing rather than employ these women."[125] It was a complaint that many nurses had raised at the beginning of the conflict, particularly those already at work in South Africa who had been advised by the Colonial Office to travel back to the United Kingdom and apply for a nursing attachment from there. Although this "scandalous state of affairs" which Chamberlain described in her account was repeatedly brought to the attention of military authorities, they apparently paid the complaints no mind – Chamberlain herself brought these instances of mismanagement to the attention of General Forestier-Walker, "but he refused to interfere."[126]

Against the repeated claims of excellent wartime performance from the RAMC and the Army Medical Services, from supposedly "independent" medical authorities like Frederick Treves and William MacCormac – as well as the public irritation with frivolling society women in South Africa – Chamberlain's complaints were construed as both subversive and misplaced, resulting from her mortification and resentment after being asked to leave the hospital. Owing to her repeatedly contravening the requests from the PMO that she stop coming to the hospital, Chamberlain had been asked to leave the Wynberg by none other than Lord Roberts himself.

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[121] *Ibid.* 1247-8.
[122] *Ibid.* 1247-8.
[123] For a brief history of *Truth*, see: William Ewert Berry Camrose. *British Newspapers and Their Controllers.* (London: Cassell, 1947): 151-2.
[124] *Truth.* (May 24, 1900): 1247-8. The British Newspaper Archive.
[125] "Army Nursing Notes." *The Nursing Record & Hospital World.* (September 8, 1900): 189.
[126] *Ibid.* 189.

Frederick Treves' infamous remark, made two months later in early May, at the Reform Club banquet that "there were two plagues in South Africa – the plague of flies and the plague of women," echoed earlier complaints from trained nurses against society women and fine ladies overstepping the bounds of well-intentioned compassion and meandering, dangerously, into the realm of professional nursing.[127] However, Mr. Treves – like Sir William MacCormac, his companion at this Reform Club banquet – was not at all critical of the Royal Army Medical Corps nor the nursing arrangements overseen by the Army Medical Services on the whole. Prior to his remarks about the plague of women in South Africa, he endorsed MacCormac's reflection on the 'faultless' treatment of the sick in South Africa.[128] Indeed, at this moment the British public was being assured from various men who 'ought to know' that the medical arrangements in South Africa were a sparkling success – the great detraction from the running of the military and civil hospitals being only the presence of frivolous society women who flirted with convalescent officers and got in the way of physicians.[129] Between a public preference for compelling narratives of national gallantry, and the active censorship of more liberally-minded correspondents, the horrors of climbing mortality rates, disintegrating medical arrangements, and grotesque conditions in the now-infamous concentration camps, all simply went underreported. It was in this context that Chamberlain made an enemy of the Army Medical Services – the 'plague of women' was a far simpler scapegoat to the patriotically minded medical fraternity, than acknowledging the shortcomings of military arrangements.

Reporting on Chamberlain's indignant return in June of 1900, *The Nursing Record* remarked that "some interesting items of information may now be forthcoming."[130] Lamenting her treatment at the hands of the Wynberg medical authorities, Chamberlain issued a lengthy statement of her case "to all those who contributed towards her collection," extracts from which appeared in various tabloids across Britain, with promises of further details to follow.[131] At the same moment, Sir William Burdett-Coutts, MP, special correspondent to *The*

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[127] "Sir William Mac Cormac and Mr. Treves at the Reform Club." *The British Medical Journal.* (May 5, 1900): 1126.
[128] *Ibid.* 1126.
[129] Right up until September of 1901, when the War was practically over, most of the coverage from the major British newspapers – *The Times* and the *Daily Mail* being two particularly active publications during the conflict – were gripped with a romantic, nationalistic fervour that reflected on the War in broad, idealised strokes. Kenneth O. Morgan. "The Boer War and the Media (1899-1902)." *Twentieth Century British History*, Vol. 13 No. 1 (2002): 2.
[130] "Army Nursing Notes." *The Nursing Record & Hospital World.* (June 2, 1900): 437.
[131] "Table Talk." *Birmingham Mail.* (May 26, 1900): 2. The British Newspaper Archive.

Times, was completing his infamous Article IX – and on June 27th, just a few weeks following Chamberlain's return to England, Burdett-Coutts cracked the façade of governmental assurance and public confidence in the medical arrangements of the conflict, and his criticism fell hardest on men like Treves and MacCormac:

> "… to learn that at the very moment when these horrors were at their worst and when men were dying like flies for want of adequate attention, a large company of intelligent and well-meaning gentlemen at home… were feasting on… the perfection of the medical and hospital arrangements in this campaign! … By what incredible ignorance of then current facts, by what bankruptcy of insurance against patent dangers, were such funeral bakemeats [sic.] permitted to furnish forth that ill-timed feast at the Reform Club, where the spirit of congratulation filled the atmosphere and nothing was heard by eloquent and highly authoritative statements that 'it would not be possible to have anything more complete or better arranged than the medical service in this war'. Next morning very naturally the Press took up the chorus, and a comforting sense of satisfaction and pride settled down on the public mind… The reputation of England for humanity had been vindicated, for all was well with the sick and wounded. It is a painful and thankless task to rob the British public, ever ready and generous, of that cherished consolation; but the bubble must be pricked, and they must wake up and look the troublesome things that lie beneath straight in the face; for these are the lives of men."[132]

Once wartime censorship had been broken, the pursuant public outrage was so concentrated and vitriolic, the government would be pushed some weeks later into the creation of a Royal Commission of Inquiry concerning the medical arrangements in South Africa.[133] Within a matter of weeks following Chamberlain's return – with Burdett-Coutts writing a similar account of the Bloemfontein military hospitals, and Chamberlain repeatedly swearing herself to the honesty of his claims in the press – the bare hostility which *The Nursing Record* had regarded Mrs. Chamberlain upon her departure to South Africa had simmered into a begrudging acquiescence to her claims of mismanagement amongst military authorities.

> "Mrs. Richard Chamberlain's remarks in a contemporary, concerning the attitude of the military authorities to offers of help on the part of the public, must arouse attention. We have always most strongly insisted that the medical treatment of the

[132] William Burdett-Coutts. "Our Wars and Our Wounded. IX." *The Times*. (June 27, 1900): 4.
[133] *Ibid.* 4.

> patients is exclusively the province of the medical man, that the nursing must in the same way be exclusively in the hands of qualified nurses; but there are many ways in which the over-worked nurses could be relieved by sensible and helpful women, amongst these being the superintendence of the kitchens, the management of the laundry, in writing the letters of patients, and in various other matters unconnected with treatment or nursing. We venture to say that, had a trained, efficient, sympathetic gentlewoman been in charge of the nursing department at the Cape, such willing services would, to the great advantage of the sick, have been gladly welcomed and organised."[134]

By September of 1900, shortly after the departure of the Hospitals Commission to South Africa to collect evidence, accounts of poor treatment and derelict conditions at the Wynberg Hospital were forthcoming in multiple British tabloids, corroborating Chamberlain's initial claims. Mrs. Richard Chamberlain distributed another letter of grave accusation to several leading press houses in Britain in early September – her charges against the Army Nursing arrangements were so serious, *The Nursing Record* reprinted her letter in full.[135] "Every word that Mr. Burdett-Coutts has said with regard to the dreadful mismanagement of the hospitals is true, and much more than he has said is true." Chamberlain declared. "The nursing staff was wholly inadequate. […] And I have no hesitation in saying that this was the cause of many a man's death." [136] Chamberlain's letter ratified complaints from trained nurses made much earlier in the war – there was a want of trained, disciplined orderlies in the military hospitals; on the whole, the men did not respect or even particularly understand the hierarchy of authority which subordinated them to a Sister, and Nursing Sisters had to escalate even the most minute squabbles to the nearest doctor. The Army doctors were generally "a low class of men" in Chamberlain's opinion, whilst the civilian doctors were generally good men but entirely "unable to get the necessary redress" – on the whole she felt that it was "a bad system […] badly administered by bad doctors."[137] As Ethel Fenwick herself had remarked in June of 1900, following Burdett-Coutts' Article IX, "our whole system of military nursing is rotten to the core."[138]

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[134] "Army Nursing Notes." *The Nursing Record & Hospital World.* (July 7, 1900): 10.
[135] *Ibid.* 189-190.
[136] *Ibid.*
[137] *Ibid*.
[138] "Who is to Blame?" *The Nursing Record & Hospital World.* (June 30, 1900): 515.

By November of 1900, Mrs. Chamberlain had given her evidence to the Hospitals Commission – and details of her rough treatment from members of the Commission stirred what can only be described as a sisterly defensiveness in *The Nursing Record*. "Mrs. Chamberlain is a very bright woman," Ethel Fenwick declared, "and the good-humoured manner in which she 'stood up' to the three very serious gentlemen who reduced her story to facts, showed an admirable amount of pluck and self-control."[139] Ethel Fenwick expressed "warm admiration" to Mrs. Richard Chamberlain following her stint at the Commission, as well as for her 'patriotic' work in tending to "our sick soldiers for ten months in South Africa" – where only months earlier she had slandered Chamberlain's donning of military nursing apparel as contemptuous and shameful to the nursing profession on the whole. [140] Fenwick also wrote fondly of Chamberlain's "moral courage in facing a powerful and hostile majority in England, in giving publicity to the evils resulting from an absolutely rotten system of Military Hospital management which came under her keen observation at the Cape; and of the masterly manner in which, as a non-professional person, she has grasped the whole Military Nursing Question."[141]

Chamberlain's evidence to the Commission, while not centring nurses precisely, highlighted the absence of trained nurses as a major contributor to the "horrible muddle" of arrangements at the Wynberg hospital.[142] Entering the plight of nurses into the official governmental report on the failures of medical arrangements during the war was no small gesture of solidarity with the trained nursing profession, who as a group had been largely ignored and disaffected except in the annals of their own journal. Her proximity to Joseph Chamberlain perhaps also added to her desirability as an advocate for the profession, although this is speculative. What is certain, though, is that Chamberlain's advocacy was not overlooked by the trained nursing elite – her image, once limited to backhanded commentary on the monstrous conglomerate of society women crowing the Cape hospitals, was reformed in the annals of *The Nursing Record* to represent her as a friend to nurses and a champion of the ideals of the profession.

While not exactly being absorbed into the proverbial centre, Chamberlain's relationship to the trained elite, like Ethel Gordon Fenwick, demonstrated the porous and highly flexible

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[139] "The Hospitals Commission. Mrs. Richard Chamberlain's Evidence." *The Nursing Record & Hospital World.* (November 10, 1900): 375.
[140] "Editor's Remarks." *The Nursing Record & Hospital World.* (November 10, 1900): 379.
[141] *Ibid.* 379.
[142] "South African Hospitals Commission. Mrs. Richard Chamberlain's Evidence." *The British Medical Journal.* (November 10, 1900): 1399.

nature of professional narratology: where she was once an 'Other', she ended her saga of volunteerism in South Africa as an ally, and her contributions were meaningful in inciting professional reform for nursing in Britain, thereby solidifying clearer professional boundaries into the twentieth century. What had been hoped for in Lady Churchill might have, under better managerial conditions, been fully realised in Mrs. Chamberlain: the holistic demands of hospital management did, in theory, leave space for society women to function as administrators and advocates, and thereby affirm profession boundaries between *assisting* nurses in their work and the work of nursing itself.

6. Conclusion.

Larks, Eagles, and Nightingales.

> "I do not believe that, given all the circumstances, the numbers, the heat, the freedom, the poor food bringing its sensation of lethargy and weariness, the constant illness, the many deaths – I do not believe, as I say, that any other profession could have borne it as we [nurses] have done."[143]

Reiterating that a distinct class of South African nurses, and consequentially an elite inner circle of South African nurses, did not yet exist at the onset of the South African War, it is necessary to acknowledge that the organised nursing elite which assembled in the pursuant years were drawn from the same Matron-class of nurses who populated the inner circle of the British elite. Sister Henrietta Stockdale oversaw the importation of the British lady nurse and all her associative cultural values into South Africa, at first through her training school at the Carnarvon Hospital in Kimberley, and thereafter through a curated, indoctrinating professional mythology disseminated by British-trained Matrons and Superintendents who oversaw the training of subsequent generations of nurses in South Africa. "The immediate postwar years saw a considerable expansion in the number of British nurses in key positions in South Africa," Marks further wrote of the impact of the South African War, "many of whom had served with the Army Nursing Service."[144] Consequently, Marks advanced, the "authoritarian character" of twentieth-century South African nursing – and particularly, "the intensifying demand for the segregation of nursing practice" – could at least, in part, be

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[143] Sister Henrietta Stockdale, St. Michael's Home, Kimberley, South Africa. "War Nursing in South Africa, 1900." *Third International Congress of Nurses* (Buffalo, New York: Pan-American Exposition. September 18-21, 1901): 331.

[144] Shula Marks. "British Nursing and the South African War." in Greg Cuthbertson, Albert Grundlingh, and Mary-Lynn Suttie (eds.) *Writing A Wider War: Rethinking Gender, Race, and Identity in the South African War. 1899-1902.* (Athens: Ohio University Press, 2002). 160.

attributed to the influx of British lady nurses with previous military service, in the postwar period.[145] The notion of a distinctly South African class of nurses was reserved for successive generations of trainees, but the debates and the discourses which spurred reformation of British nursing in the aftermath of the South African War coloured the inner circle of elites in South Africa who would, thereafter, shape and structure the profession. And, this in turn demonstrates how closely associated the South African archetype of nursing was with the tenets of the Nightingale nurse. Marks further argued that:

> "Kimberley was almost as powerful a metaphor as Crimea for a myth of origin to take root. As on the Balkan battlefield, so on the Kimberley diamond fields, the 'lady nurse', 'exposed to blood, sweat, and toil… remains ever sweet, dainty, and eternally feminine'. Given these echoes of the Nightingale legend, it is not perhaps surprising that, of all the women nursing in South Africa, it was Sister Henrietta who became the culture heroine."[146]

Hence, although society women had been on the whole considered a lamentable detraction to organised nursing services under already considerable strain, the scandal and subsequent media attention they courted was not wholly detrimental to the cause of professional nurses in Britain. Some, like Mrs. Richard Chamberlain, took up the cause of trained nurses in their own capacities, finger-tutting the Tory government, War Office, and Army Medical Services during the Commission of Inquiry for their devastating underestimation of female nurses which had, she argued, resulted in an unfathomable loss of British life.

These society women, on the periphery of professional nursing by virtue of their charitable donations and social status, were also actively involved in the writing of nursing history and professional narratology – producing biographical reflections on their time in South Africa, as well as regularly engaging with the British press. The South African War was the "first major British war since the advent of mass literacy" in England.[147] It was also the first major conflict in which a "substantial press corps" was attached to the British military forces in the field, thereby documenting the successes – and more regularly, the failures – in first-hand, excruciating detail. Media coverage afforded to these society women contributed to public

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[145] *Ibid.* 160.
[146] Marks. *Divided Sisterhood*. 16.
[147] Morgan. "The Boer War and the Medica (1899-1902)." 2; Kelley Kent. "Propaganda, Public Opinion, and the Second South African Boer War." *Inquiries Journal/Student Pulse*, 5:10. (2013).

awareness around the ineffectual medical and military arrangements in South Africa; and their provisions of funds and supplies proved invaluable (not less so in public imagination).

Their proximity to both military and civil hospitals availed the press with details of inadequacies, where civil nurses had been largely shut out and Army Nursing Sisters perhaps had a professional incentive to minimise the negative narrative around arrangements. *The Times* had weekly updates on the Hospitals Commission, and the fact that Mrs. Chamberlain's evidence was so widely reported on should not be underestimated. *The Daily Express*, *The Daily Telegraph*, and other publications all reported on Lady Sykes' memoirs of the war – admittedly, declaring it a rather dull, shallow recount of her itinerary at best, and genuinely thoughtless at worst, particularly where Lady Sykes expressed her indignation that hospital staff were not divinely grateful for her unwanted interventions. These untrained ladies refocused public attention on the nursing arrangements of the war – and, by advocacy or bad behaviour, demonstrated the necessity for reforms within the Army Nursing Services and increased internal governance for the profession on the whole.

Chapter 2: Personnel or Professional?

Discourses of Identity and Status Amongst Men in Nursing, 1899-1960.

1. Introduction.

The history of men's vocational and professional roles in twentieth-century nursing has received sporadic scholarly attention over the last twenty years. The limited literature has, in addition, largely focused on the experiences of male nurses in Britain and the United States.[148] In contrast, South African nursing historiography has instead tended to focus on the issue of *gender*, specifically the feminisation of the profession – often framed as a tense negotiation of power, agency and authority between female nurses and male physicians. Hence, existing historical studies of nursing's implicitly gendered character by and large neglect the awkward and ambiguous position of male nurses and male nursing personnel.[149] The notable exceptions to this historiographic trend have been produced by Catherine Burns and Shula Marks.[150] In a detailed research paper, Burns focused on the interaction between masculinity and race in shaping the experiences of male nursing personnel, particularly Black male orderlies, at work in South Africa's mine hospitals over the first half of the twentieth century; Marks considered the same context – mine nursing – in her study of "men nursing men" in South Africa. Marks additionally argued that the "gendered nature" of the profession's "division of labour has been so entrenched that is has been largely taken for granted in the literature for and about nursing," and that, as in the case of nursing's 'divided sisterhood', race and class have further complicated the gendered aspects of the profession.[151] Hence, as Shula Marks and Catherine

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[148] See: Peter Camilleri and Peter Jones. "Doing 'Women's Work'? Men, Masculinity and Caring." In *Working with Men in the Human Services* (Routledge, 2001); Joan Evans. "Men Nurses: A Historical and Feminist Perspective." *Journal of Advanced Nursing,* 47:3 (2004): 321-328; Ben Lupton. "Explaining Men's Entry into Female-Concentrated Occupations: Issues of Masculinity and Social Class." *Gender, Work & Organization*, 13:2 (2006): 103-128; Tom O'Connor. "Men Choosing Nursing: Negotiating a Masculine Identity in a Feminine World." *The Journal of Men's Studies*, 23:2 (2015): 194-211; Jessica Meyer. *An Equal Burden: The Men of the Royal Army Medical Corps in the First World War.* (Oxford University Press, 2019).

[149] The distinction between nurses and nursing personnel is a matter of professional status and recognition: not all men who *nursed* were *nurses*, but their contributions to nursing are still valuable vignettes offering insight into the constructions of gender, race, and class within the profession.

[150] Catherine Burns. "'A Man is a Clumsy Thing Who does not Know How to Handle a Sick Person': Aspects of the History of Masculinity and Race in the Shaping of Male Nursing in South Africa, 1900-1950." *Journal of Southern African Studies*, 24:4 (December 1998): 695-717; Shula Marks. "'We were men nursing men": Male Nursing on the Miners in Twentieth Century South Africa". In Wendy Woodward, Patricia Hayes, Gary Minkley's *Deep hiStories: Gender and Colonialism in Southern Africa*. (Amsterdam: Rodopi, 2002): 177-204.

[151] Shula Marks. "'We were men nursing men": Male Nursing on the Miners in Twentieth Century South Africa." In Wendy Woodward, Patricia Hayes, Gary Minkley's *Deep hiStories: Gender and Colonialism in Southern Africa*. (Amsterdam: Rodopi, 2002): 180.

Burns have examined the position and history of Black male nursing personnel in South Africa's industrial – particularly mining – hospitals, this chapter expands the existing literature by analysing the professional and vocational experiences amongst male nursing personnel and professionals which reveal the complex and divergent experiences of male nursing labour, as well as instances in which men contravened the gendered expectations of their nursing work. And in such, at its core, this chapter demonstrates the permeability of the professional periphery for men in nursing over the first half of the 20th century – and the foundational distinction between *doing nursing* and *being a nurse*.

Opening with the discussion of the failures of white male British orderlies during the South African War and the aftermath thereof, this chapter traces the social machinations through which gender essentialism was concretised in the making of the modern South African nursing profession. The difficulty in capturing and analysing the history of medical orderlies, and particularly in the uniquely chaotic circumstances of the South African War, stems from a lack of defined status and an unclear designation of responsibility, as orderlies of various rank, experience and association were utilised during the conflict. The mix of men included those who were associated with the Royal Army Medical Corps (RAMC), who were nurses neither in title nor in training and yet often worked alongside and under professionally trained Army Nursing Sisters as their assistants, ward cleaners, and general handymen. As the war drew on and the ranks of experienced military orderlies dwindled, convalescent soldiers and other men of 'miscellaneous character' and disparate training were employed out of desperation. The number of untrained men serving as orderlies – and their highly publicised blunders – contributed towards a generalised perception of orderlies amongst the British public, in which they were typically untrained and inept, if not outright roguish young men, who would sooner pick the pocket of an unconscious soldier than help him.[152]

Hence, the lamentations against orderlies which appeared in the British press as well as the official organ of British nursing, *The Nursing Record*, were really reflections of much larger frustrations against the martial and governmental unpreparedness for the war. But, corresponding with wider cultural and professional debates on the role of women in war and men in nursing, the criticisms of male orderlies cemented a public perception that nursing was inherently feminine work – best left to trained women, as well, following the

[152] The particularities of pickpocketing orderlies were discussed in the Royal Commission into the Treatment of the Sick and Wounded appointed in the aftermath of the conflict. Reported in "Army Nursing Notes." *The Nursing Record & Hospital World* (September 29, 1900): 251.

embarrassment of amateur lady war tourists – and that men were, by virtue of their gender, fundamentally unable to practise as nurses without the guidance of a woman.

If this first debate about men's role in the nursing profession unfolded in a world heavily shaped by British discourses, in the following years, the question of male nursing became increasingly grounded in the local and colonial context. Reading along the grain of *The South African Nursing Journal*, this chapter then analyses the work of several Black male orderlies employed at the Southern Rhodesian Non-European Hospital between the First and Second World War. The writings of the Matron, Gwendoline Clark, are examined as they appeared in *The Journal.* Albeit indirectly, Clark demonstrates that the Black male orderlies of the Non-European Hospital fulfilled a similar vocational niche as Black male orderlies in the industrial hospitals of the Rand. As Shula Marks had described it, Black male orderlies were indispensable in nursing because "they [could] speak the native languages, understand their [patients'] habits and superstitions, and [could] be used for work which a white man would not do."[153] Their 'rudimentary' understanding of nursing knowledge, cultural backgrounds, and wealth of practical experience were apparently invaluable to the running of both industrial and regular hospitals alike. While Black male orderlies in mine hospitals were preferred for the additional benefit of their gender – Marks reflects that in her interviews with mine orderlies, many recalled an expressed discomfort amongst their patients at being bathed by female nurses – the hospital orderlies under Clark's management worked closely with female as well as male patients, obfuscating the neat gender dichotomy present in the industrial hospital. This section highlights the negotiation of identity and responsibility within the colonial hospital – that Black male orderlies were frequently engaged in *nursing*, but were not considered or termed *nurses*, is significant to this chapter's ongoing engagement with the dichotomy between 'personnel' and 'professional' categories of nursing men.

Thereafter, this chapter considers the history of professional inclusion for white male nurses in the lead up to and implementation of apartheid. From the mid-1940s onwards, white male nurses formed part of the profession's elite governing centre, yet it is evident in their correspondences with *The South African Nursing Journal* that they remained decidedly *other* to their female counterparts in matters of status, social perception, and acknowledgement. By analysing a series of letters from white male nurses as they appeared in *The South African Nursing Journal* between 1944 and 1960 – the period under which the *Journal* was overseen by two successive male Editors, Mr. John McGrath and Mr. Harold MacCarthy – I argue that

[153] Marks. "We were men nursing men". 191.

these letters evidence an awareness amongst white male nurses of the gendered and racialised fissures of their work and their own marginalisation, and grants insight into the everyday experiences of male nurses in mid-twentieth century South Africa. Fascinating as well are indications of strong kinship bonds between male nurses – I argue that engaging with these correspondences offers an opportunity to speculate as to the intimacies of professional brotherhood on the margins as well as alternative masculinities within nursing.

In identifying the distinction between *doing nursing* and *being a nurse*, this chapter is poised to examine the gap between labour and status, and identify other aspects which were necessary in bridging the labour of nursing to the identity of the nurse. The power of language in legitimising status and belonging is explored throughout the chapter. As discussed herein, the 'softer' characteristics of the profession – sensitivity and empathy – were intrinsically linked to the gendered stratification of nursing labour, and therefore functioned as a significant boundary to the holistic incorporation of men. This ideology naturally intersected with race and class – which the section considering the experiences of male orderlies in the South African War, and the section considering the experiences of Black male orderlies in the Non-European Hospital, both strive to unravel. The final section of this chapter demonstrates change over time for the position of men in nursing, and also reflects upon the continued distinction between *doing* and *being* which persistently held professional male nurses just beyond the boundaries of total professional inclusion, concretising the 'feminine' nature of professional nursing.

2. Care and Controversies Amongst White Male Orderlies During the South African War, 1899-1902.

> "Here at least is a strong argument in favour of the employment of women nurses. It is certain than an orderly who is capable of robbing a sick man will not scruple also to neglect him." [154]

The Royal Army Medical Corps' (R.A.M.C.) orderlies of the nineteenth and early twentieth centuries were servicemen, often holding the rank or rank-equivalent of private. They received instruction in "nursing, 'first aid' and ambulance work, dispensing and in cooking for the sick," but were additionally "drilled in a military sense."[155] Army orderlies were initially given preference as a supplementary medical contingent over female civilian

[154] "Army Nursing Notes." *The Nursing Record & Hospital World* (September 29, 1900): 251.
[155] "Nursing in Naval and Military Hospitals." *The Nursing Record & Hospital World*. (February 3, 1900): 96.

volunteer nurses during the South African War because, in the words of one special correspondent for *The British Medical Journal*, "men responded better to authority as a rule than women" – they were more disciplined in temperament and training, and were not encumbered by the same physical limitations as women; at least in part, this was motivated by orderlies' military training and experience.[156] However, facing similar shortages during the South African War as their Army Nursing Sister-counterparts, their ranks were supplemented by orderlies from volunteer associations like St. John Ambulance Brigade and the Red Cross – who were not necessarily "drilled in a military sense" – as well as by convalescent soldiers and other men of 'miscellaneous character', out of desperation. Out of the conflict, various criticisms against the character of the orderly – mythologised as a monolith in the British press – underscored behavioural issues related to their 'inferior class', such as drunkenly conduct and theft, as well as their 'brutish' handling of wounded soldiers. Interestingly, in interweaving the class and gender aspects of criticism, orderlies could be presented as antithetical to the gentility of the trained lady nurse – their blunders, evidence of the superiority of women in nursing – without challenging the position of the 'gentleman doctor'. In tracing how the criticisms of orderlies during the South African War evolved as the crisis unfolded, this section argues that the nursing elite in Britain – and their transplanted offshoots in post-war South Africa – proposed that the essential gendered quality of nursing should preclude men from professional entry, and consequently underscored the organisation and gendered discourses of the South African profession throughout the first half of the twentieth century.

As a matter of context, the Royal Army Nursing Service had been established in 1881, yet the inclusion of Army Nursing Sisters was still novel and destabilising to the established hierarchy of the military hospital by the outbreak of the South African War in 1899. Army Nursing Sisters, in general, did little of the 'hands on' nursing, and instead were made to supervise begrudging army orderlies – who, in all likelihood, resented being subordinate to women – in the provision of nursing. *The Nursing Record* additionally reported that, at the time the Army Medical Corps received its 'Royal' prefix in 1898, "the alterations… made in the Standing Orders of the Army Nursing Sisters [omitted] one very important regulation… which gave the Sisters power to enforce *orders*. In the old regulations an orderly was directed to "obey the Sister." [And with the regulation having been removed] a Sister is consequently powerless to enforce good nursing."[157] In the larger military hospitals – such as Netley –

[156] "Army Nursing Notes." *The Nursing Record & Hospital World.* (February 24, 1900): 151.

Nursing Sisters were "in part at least" involved in the day-to-day labours of nursing; however, in the smaller, station hospitals, "the privates – known as orderlies – under the superintendence of the sergeants and corporals of the R.A.M.C. [did] the nursing."[158] This system of nursing was deplored by British nursing elites, even before the outbreak of war in South Africa revealed it to be "singularly defective."[159]

In fact, by the end of the nineteenth century, the class and 'character' of British army orderlies, and their relationship to nursing, surfaced in contentious debate in the annals of *The Nursing Record & Hospital World*. Accusations of thievery and drunkenness were levelled against "the type of men" who comprised their rank.[160] "We are by no means affirming that all orderlies are dishonest," *The Nursing Record* insisted in September of 1899, "but it is well known that the majority of them come from the uneducated classes, and so long as this is the case… it cannot be desirable that they should be placed in absolute control of the nursing in army hospitals."[161] During the South African War, the accusations of drunken and brutish conduct amongst orderlies resurfaced – across the correspondences of trained nurses published in *The Nursing Record*, those of journalists and medical officers circulated through *The British Medical Journal*, as well as in the testimonies of returning soldiers – and consequently came to occupy a central aspect of the Royal Commission into the treatment of the sick and wounded during the campaign. While the British nursing elite, through *The Nursing Record* and throughout the conflict, repeatedly expressed a hesitation to generalise against the army orderly class on the whole, by the turn of the century their lamentations had strayed from classism into the realm of gender essentialism.

As was discussed in the first chapter of this dissertation, the British War Office dramatically underestimated the nature of the South African War at its onset – the sheer geographic span of the conflict, as well as its unanticipated duration, strained the resources and personnel of Royal Army Medical Corps as well as the various Yeomanry and civilian hospitals. These failures and the dawning humanitarian crisis in South Africa attracted the interest,

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[157] Editor's notes to "Letters to the Editor. The Price of Army Nurses." *The Nursing Record & Hospital World*. (December 2, 1899): 463.
[158] "Nursing in Naval and Military Hospitals." *The Nursing Record & Hospital World.* (February 3, 1900): 96. As an aside, non-commissioned officers in the R.A.M.C. assisted in the military hospitals through clerking and dispensing and were also occasionally termed 'orderlies' despite their distinction in duties and rank.
[159] "Nursing in Naval and Military Hospitals." *The Nursing Record & Hospital World*. (February 3, 1900): 96.
[160] "Army Orderlies." *The Nursing Record & Hospital World*. (September 9, 1899): 203.
[161] *Ibid*. 203.

sympathies, and funding of international parties – one notable contributor discussed in the first chapter was Lady Jenny Spencer-Churchill, the wife of Lord Randolph Churchill and mother of Winston Churchill, who patronised the American hospital ship *Maine* on its two voyages to South Africa. Richard J. Kahn's investigation into the gender-dynamics of women and men aboard the *Maine* grants unparalleled insight into the experience of the handful of American male nurses who sailed for South Africa in December of 1899 and again in May of 1900.[162] Six male nurses sailed on the first voyage to South Africa, and seven on the second; their numbers were complimented by a string of American doctors, orderlies and orderly-sergeants, and members of the St. John's Ambulance Brigade. The male nurses, Kahn writes, were graduates of the Mills Training School for Male Nurses at Bellevue Hospital, New York. They were civilian nurses – being neither "non-commissioned officers" nor "private soldiers," they were "inclined to resent" being called "orderlies" as some members of the American press had unfairly termed them.[163] Indeed, their difficulty in securing appropriate recognition for their status as 'nurses' reflected broader societal machinations which feminised the title of 'nurse', and paralleled frustrations which would rise amongst male nurses in South Africa some forty years later, suggesting an ongoing struggle for recognition.[164] Of interest to this section is the language of differentiation between British army orderlies and American male nurses, as appeared in *The Nursing Record*:

> "It may be objected that the [British army] orderlies are trained nurses, and that the Army Nursing Sisters merely supervise their work. Neither of these assertions is, however, borne out by the facts of the case. There is no training school for male nurses in this country, consequently there are no efficiently trained male nurses. Were the orderlies trained in their work as the male nurses on the *Maine* are trained, their qualifications would be adequate, but this is far from being the case."[165]

Where months earlier, the issue had lain with the 'class of men' employed as army orderlies, by February 1900, *The Record* suggested that it was "just because men cannot do women's work that we desire to see female nurses appointed to the field hospitals."[166] Indeed, *The Record* pursued, that "medical men and orderlies [were] empowered with responsibilities in

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[162] Richard J. Kahn. "Women and Men at Sea: Gender Debate aboard the Hospital Ship *Maine* during the Boer War, 1899-1900." *Journal of the History of Medicine*, 56 (April 2001): 111-139.
[163] *Ibid.* 124.
[164] Discussed in greater detail in the later section titled: *White Male Nurses and Early Discourses of Inclusion and Exclusion in the South African Nursing Journal, 1919-1944.*
[165] Editorial. "Dying Like Flies." *The Nursing Record & Hospital World*. (January 27, 1900): 66.
[166] "Army Nursing Notes." *The Nursing Record & Hospital World*. (February 17, 1900): 133.

relation to the sick and wounded for which they [had] not been trained, and in which, therefore, they [were] bound to fail."[167] In the various military hospitals across South Africa, this arrangement – the unclear division of authority between medical officers and nursing sisters, and the unbalanced labour dynamic between nurses and orderlies – had caused "excessive friction" between all parties. These tensions were contorted and weaponised in the British nursing press by reformers and elites, with one indignant expression claiming that some medical officers "prefer the assistance of a male hospital orderly to the most highly-trained and skilful lady nurse… but the public must see it that such medical officers do not have their way [which would make it] impossible for our soldiers to have the services of highly-trained and skilful nurses."[168] Particularly as military conditions deteriorated and cases of enteric fever rose, *The Nursing Record* gestured with disgruntlement at the hundreds of Colonial (women) nurses who had been ignored by the War Office in favour of leaving nursing in the hands of army orderlies at the front and the woefully understaffed Army Nursing Service in the base and station hospitals.[169] Any criticism against the Army Nursing Sisters was quickly thrown back at the feet of the War Office: "those responsible have only themselves to blame for the lack of organisation which has resulted."[170] The implication that medical officers were compromising the safety and wellbeing of wounded soldiers by employing male orderlies in the service of nursing, rather than trained female nurses, was an accusation which appealed to the public's rising jingoistic fervour, and ignored the significant structural challenges which limited the employment of female army nurses.

In response to growing public outrage concerning the lack of medical preparedness and rising death toll (particularly resulting from illness and secondary infection), a Royal Commission on the South African War was established to investigate the allegations of mismanagement and a lack of military preparation. The Royal Commission into the treatment of the sick and wounded during the campaign, termed "the Hospitals Commission" in shorthand, was appointed in late July of 1900, and proceeded to South Africa in August of the same year to take evidence and visit the accused hospitals. Mrs. Richard Chamberlain and William Burdett-Coutts both availed themselves to give evidence to the commission. Indeed, Mrs. Chamberlain's evidence – in which she had much to say about orderlies – was given a warm and detailed recount in *The Nursing Record & Hospital World*. Ethel Fenwick commended

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[167] *Ibid.* 133.
[168] *Ibid.*
[169] "Army Nursing Notes." *The Nursing Record & Hospital World.* (March 10, 1900): 193.
[170] *Ibid*. 193.

Chamberlain's patriotism and bravery in not only speaking true on the best efforts of nurses in South Africa, but also doing so in spite of the hostilities and "heckling" she endured from members of the Commission.[171] Though Chamberlain insisted that there were "plenty of good orderlies" between the different base hospitals in the Cape, she argued that they were mismanaged and overworked, and, owing to their minute numbers, they had been supplemented by a "rougher" class of untrained men and convalescent soldiers, whose unruly and deplorable behaviour deprecated the orderly class as a whole. This latter group, Mrs. Chamberlain alleged, engaged in gambling and card games to pass the hours, drank excessively, stole patients' rations, and even picked the pockets of wounded soldiers when given the opportunity.

Colonel McMara, Principle Medical Officer on the Lines of Communication, gave evidence to the Commission that "there was no regulation for the removal of money of men when they were picked up on the field," and "in many instances [these men] were deprived of their money [by orderlies] before they reached the hospital."[172] McMara further remarked:

> "But human nature, as displayed by women nurses, does not lead them to relieve their sick, delirious, or dying patients of all their money, their valuables, and their kit; though not only from newspaper reports, but from more than one person who has returned from South Africa, we have learnt that this habit is *very much orderly human nature.* Here at least is a *strong argument in favour of the employment of women nurses.* It is certain than an orderly who is capable of robbing a sick man will not scruple also to neglect him."[173] [Italics added.]

In comparison, testimony from Dr. Howard Tooth of the Portland Hospital – who was regarded as "a great favourite amongst nurses" – remarked that in the early months of the hospital's opening, the four Nursing Sisters on staff strove to train the orderlies, requisitioned from the St. John's Ambulance Brigade, "so that when the heavy time came they were really of use, and could be trusted to perform nursing duties."[174] Through the effortful instruction of these Sisters, the "completely raw" St. John's orderlies proved to be utterly invaluable to the

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[171] "The Hospitals Commission. Mrs. Richard Chamberlain's Evidence." *The Nursing Record & Hospital World.* (November 10, 1900): 376.
[172] As reported in "Army Nursing Notes." *The Nursing Record & Hospital World.* (September 29, 1900): 251.
[173] "Army Nursing Notes." *The Nursing Record & Hospital World.* (September 29, 1900): 251.
[174] "The Portland Hospital. An interview with Dr. Howard H. Tooth." *The Nursing Record & Hospital World*. (September 15, 1900): 211.

running of the Portland Hospital, and the staff worked together on amiable and balanced terms. The implication in Tooth's testimony was that the success of the orderly-nurse dynamics of the Portland Hospital, lay with the clear division of authority, and the keen respect amongst orderlies for their 'superiors'. Accusations of drunkenness and misappropriation of hospital resources, as well as 'brutish' treatment of patients, tended to underscore a lack of oversight for the orderlies in question. However, Mr. Frederick Treves, sympathetic to the plight of 'good orderlies', remarked that the indifference he witnessed amongst some of the orderlies could easily be accounted for, owing to the fact that "they had to fix tents and dig trenches *as well as nurse the sick*."[175]

Owing to the diversity of opinion amongst medical practitioners, nurses, and other contributors – and, resulting from the complex reality that some orderlies were well-trained, experienced men suffering from exhaustion, whilst others were untrained convalescents or roguish pickpockets – the Commission was ultimately tentative in its findings against orderlies on the whole, stating:

> "Complaints against orderlies in this war have been somewhat numerous, though, on the other hand, the way in which the orderlies as a body discharged their duties have deservedly been the subject of high praise from many witnesses of experience."

However, the ideological groundwork had been successfully laid: *The Nursing Record* and the British public consequently understood that the trained British nurse had proven herself to be superior to the orderly in the provision of modern nursing care – by virtue of his class, and its gendered manifestations, he was necessarily her professional inferior. This shift manifested in the language of professionalisation, which came to understand nursing as a professional expansion of inherent feminine empathy – and, as shall be examined, this ideological underpinning came to shape the experiences and expectations of nursing personnel in South Africa for the pursuant fifty years.

3. Custodians, Cooks, Caretakers, and Translators: Black Orderlies at the Non-European Hospital, Southern Rhodesia, 1939.

> "I station him outside the door in case he is needed again."[176]

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[175] "Army Nursing Notes." *The Nursing Record & Hospital World.* (August 4, 1900): 95. Original emphasis.
[176] Gwendoline Clark. "Life in Southern Rhodesia (The Non-European Hospital)." *The South African Nursing Journal*, Vol. 4, No. 4 (January, 1939): 433-35.

As noted in the introduction, the history of South African male nurses has received scarce scholastic attention. While the experiences of Black male orderlies, particularly those at work in the mine and compound hospitals of industry, have received comparatively greater interest – as their histories offer untold insight into the intersectionality of race, class, and masculinity within South Africa's hierarchised practises of healthcare – this section aims to build on this existing analysis by focusing on the employment of Black male orderlies outside of these two industry contexts. This section analyses the work of Black male orderlies in an explicitly colonial setting, where the racialism implicit in the construction of professional hierarchy is all the more apparent.

To contextualise the historical relationship between nursing labour and hospital (rather than army) orderlies – by the twilight years of the nineteenth century, nursing in Britain had undergone an enormous professional transformation which had seen the emergence of new economic opportunities for middle-class woman. Increasingly, nurses were educated, financially independent young women who strove for professional recognition – and, by virtue of their qualifications, felt they were rightly entitled to better working conditions. The spirit of philanthropy alone could not be the animating principle behind modern nursing. Why, *The British Nursing Journal* pondered, should trained, professional nurses be saddled with menial floor scrubbing and dish washing when their *real* work was so much more important? Even some British doctors wondered whether it was better for the nurse to "devote her energies to those duties which no one else can perform so well, rather than waste them in work which can be done equally well by anybody."[177] This culminated in lengthy and protracted debates across England over the responsibilities of the professionally trained nurse and the "degrading" nature of certain menial labour previously associated with nursing's bygone vocationalism – namely, the cleaning of bedpans, washing of floors, etc. Consequently, hospital orderlies of the early twentieth century were responsible for daily nursing tasks that, less that fifty years previously, had been the explicit role of hospital nurses in England – they were, functionally, *nursing* on a daily basis, without any recognition for that responsibility, in turn raising questions around the boundaries between "nurse" and "nursing."

In a British context, Anne Rafferty argued that "methods of labour supervision were imported into hospitals from the commercial world in the mid-nineteenth century," with the dynamic

[177] "Report on the Nursing Arrangements of the London Hospitals." *The British Medical Journal*, Vol. 1 No. 689 (March 14th, 1874): 357.

between patients and nurses additionally conceptualised as "an extension of those [dynamics] prevailing in the industrial workplace."[178] In the context of South African industry, where labour was organised around colonial interests and racialised hierarchy, this lens of analysis offers insight into the relationship between Black male health orderlies and white female nurses. Orderlies in South Africa were generally trained 'on the job', and hence their practical experience and knowledge of nursing were bound to their institution of employment. In the case of mine orderlies, for example, a working knowledge of how to administer first aid in instances of gaseous poisoning or how to transport the physically injured miner without incurring further harm on his person, were more relevant to their daily labours than for the hospital orderly.[179] Charlotte Searle acknowledges that the handful of trained British female nurses who arrived in South Africa from the 1870s onwards acted in a predominantly supervisory role over the existing "untrained [but] experienced" orderlies, assistants and attendants.[180] Demographically, too few fully trained white female nurses existed to completely uproot the established reliance on Black male labour for the physical demands of hospital work – and, in response, the professional parameters for nursing were necessarily adjusted to distinguish trained nurses who oversaw the physical work of nursing as carried out by the predominantly Black male orderlies. There was identical arrangement of nursing labour and status in Southern Rhodesia.[181] As Clement Masakure has noted:

> "… [During the] 1930s and 1940s, there were neither African nor Coloured qualified nurses in government hospitals or nursing schools. African and coloured women were only employed as nursing assistants and orderlies. Their main duty was to concentrate on the domestic and "dirty work" within clinical spaces, leaving white women as the principal healthcare workers. It is important to appreciate that even with an industrial colour bar in place, authorities nonetheless failed to train enough white nurses to work in government hospitals. To plug the gap, the government relied on South African and British nurses. However, in the case of British nurses, Rhodesia was competing with other British territories such as Canada, New Zealand and Australia for the same

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[178] Anne Marie Rafferty. *The Politics of Nursing Knowledge*. (London: Routledge, 1996.)
[179] The Adler Museum holds a revised 1956 copy of Louis G. Irvine's *Manual of First Aid* which belonged to the City Deep First Aid Headquarters – evidenced by a stamp on the cover and front page. This manual was produced by the South African Red Cross Society with input from the Transvaal Mine Medical Officers' Association. It gives some indication of the expected knowledge of a medical orderly on the mines in mid-twentieth century South Africa.
[180] Searle. *The History of the Development of Nursing*. 67-68; 70; 75.
[181] See: Clement Masakure. *African Nurses and Everyday Work in Twentieth-Century Zimbabwe.* (Manchester: Manchester University Press, 2020.)

> nurses. By the mid-1930s Southern Rhodesia was in a dilemma. Britain officially began restricting the migration of nurses in 1930 due to staffing problems. South Africa was also facing a staffing crisis in her hospitals during the 1930s."[182]

Hence why in January of 1939, the lengthy narrative of Gwendoline Clark, which recounted her experiences of life as the Matron of the Non-European Hospital in Southern Rhodesia, was published in *The South African Nursing Journal.* In this account she gave striking detail into the everyday lives of the African male orderlies with whom she worked.[183] It is important to recognise that while Clark's writing is one of the richest encountered case studies of the everyday realities of African hospital orderlies in this period (1910-1940), her reflections on the work of these men – as well as their personalities and apparent sentiments – are coloured by a profound racism, and require extensive cross-examination. However, Clark herself acknowledged the efficiency and skill with which black orderlies did their work. Whether this was conscious or unconscious, it still indicates that Clark had the capacity to acknowledge the valuable contributions of these men, and hence nuances and complicates her relationship with them.

In one example, Clark reflects on the methodical ward maintenance of an orderly, Randolph, whom she declares as lacking a "humanitarian spirit" on account of his "African's mentality" – she 'evidences' this claim by reflecting on Randolph's habit of directing the pneumatic patients to wash the floors of their ward in the early morning.[184] It is interesting that Clark's criticism of Randolph underscores an apparent lack of empathy for his patients, as orderlies were not generally considered a 'ministering' category of nursing personnel in the twentieth century as a consequence of the South African War. The professionalised empathy which Clark expected from Randolph with regards to the treatment of his patients appears to have been at odds with the broader expectations of male nursing labour – as evidenced in the section on male orderlies during the South African War, orderlies were more commonly expected to meet the physically exertive demands of nursing care and hospital maintenance, rather than patient-facing roles which prioritised tenderness and altruism. Indeed, Clark acknowledges that Randolph kept his ward with an "austere tidiness [reminiscent] of the

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[182] Clement Masakure. ""One of the most serious problems confronting us at present": Nurses and Government Hospitals in Southern Rhodesia, 1930s to 1950." *Historia*, 60:2 (November 2015): 190-131.
[183] Gwendoline Clark. "Life in Southern Rhodesia (The Non-European Hospital)." *The South African Nursing Journal*, Vol. 4, No. 4 (January 1939): 433-35.
[184] *Ibid.* 433-35.

army hospital wards," with patients tucked into their beds like "sardines in a tin."[185] Randolph had also prepared the written histories of patients "remarkably well," with "unique and very apt phraseology" which Clark does not expand on. Hence, beyond ward hygiene, hospital orderlies had additional clerking responsibilities, and one must assume that a functional understanding of patient care would have naturally resulted from their engagement with and monitoring of patient condition.[186]

At one point during Clark's rounds, a young African woman was brought into the hospital – and, struggling to communicate with the present orderlies on staff, became "extremely voluble and angry."[187] Granville, the head orderly, recalled that Dandizo, another ward orderly, was "from her district in the North," and sent for him to mediate the situation. "On questioning her, the effect is instantaneous." Clark explains:

> "She makes a wild rush towards him, talking more volubly than ever, and Forlorn [the nickname which Clark had given Dandizo in her writing] retreats backwards towards the door. The nature of her examination having been ascertained, all depart except my staff nurse and the Doctor. Our troubles, however, are not yet ended as she refuses to get on the examination couch and fearfully retreats into a corner. Forlorn is recalled, and after some time persuades her to be examined. This time I station him outside the door in case he is needed again."[188]

This interaction underpins the significance of Marks and Burns' description of the orderly as a 'translator' between (Black) patients and (white) physicians or nurses. Dandizo was a cultural broker as well as a healthcare worker, and his position within the hospital required a great deal of empathy as well as physical prowess and clerking – in a setting where the female, white, British-trained nurses could not culturally or linguistically empathise with their patients, it is interesting to see how this quality of nursing was deferred to the male orderly.[189] This deference is arguably a recognition of the orderly's unique function and skill – it exemplifies the cultural and racial stratification of the colonial hospital, and demonstrates the distinctive position of the Black male orderly on the boundary of the nursing profession.

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[185] Clark. "Life in Southern Rhodesia (The Non-European Hospital)." 433-35.
[186] *Ibid.*
[187] *Ibid.*
[188] *Ibid.*
[189] On nurses as culture brokers, see: Anne Digby and Helen Sweet. "Nurses as Culture Brokers in Twentieth-Century South Africa." in Waltraud Ernst (ed.) *Plural Medicine, Tradition and Modernity, 1800-2000.* (Routledge: London, 2002): 113-129.

In the surgical ward of the hospital, the orderly Ellis oversaw the dressing of wounds and recovery of broken bones – he took care to monitor a patient with a fractured femur, who had thrice removed the plaster from their extension. His ward was described as bright, immaculately clean and well-organised, with its atmosphere bolstered by several optimistic patients hoping to sway the visiting doctor into approving their discharge. The doctor examined the wounds and plasters, tested the mobility of limbs, and addressed Ellis' patient with the fractured femur directly, but apparently did little more than test the work that the orderly had already completed for possible faults. This correlates with Marks' and Burns' research into the experience of mine orderlies – the everyday duties of nursing were, by and large, not carried out by nurses themselves, but rather by the male orderlies who worked under them, indicating that such a class of personnel was both highly skilled and knowledgeable. In the Non-European Hospital, this division of labour was additionally complicated by race and the machinations of colonialism – the distinctions between *nursing* and *nurses* demonstrate how race and class worked to transform *doing* into *being*.

In the women's ward of the hospital, a "philosophical" orderly named Elijah oversaw the care of patients and maintained the cleanliness of the space.[190] Although Clark lamented that Elijah worked at a slower pace than some of the other orderlies – using language to indicate that he might have been older or more mature – she described him as "very good tempered, and generally up to time ultimately."[191] She stressed later in her writing that only she and the other staff nurse performed gynaecological examinations and treatments – "Elijah only undertakes general work."[192] Yet, if the experiences of Ellis and Randolph are to be considered, it is likely that Elijah would also have been responsible for daily interactions with the female patients – likely charged with the same clerking duties as Randolph, Elijah would have possibly been responsible with gathering the medical histories of the female patients, as well as assisting them with daily tasks that did not explicitly cross boundaries of intimate care, like drinking water, sitting up in bed, etc. Consequently, this would also complicate the neat, hypothesised division of gendered care within the hospital.

This case study offers valuable insight into the everyday experiences of Black hospital orderlies outside of South Africa's industrial healthcare centres. Significantly, the orderlies of the Southern Rhodesian Non-European Hospital were tasked with responsibilities which

[190] Clark. "Life in Southern Rhodesia (The Non-European Hospital)." 433-35.
[191] *Ibid.*
[192] *Ibid.*

evidently exceeded the traditional boundaries of the orderly-nurse dynamic. The distinction between nursing as *status* and nursing as *labour* is clearly evident in such a case study, but the details of their daily toils extracted from Clark's writings indicate an ongoing negotiation of responsibilities – that, in one of the examples outlined above, the orderly Dandizo is retained just outside the examination room "in case" the nursing staff "had need for him once more," is a powerful embodiment of how Black male orderlies existed on the periphery of professional nursing, stepping into and out of roles as required. On the one hand, this demonstrates the hardening of professional boundaries around the paradigm of the modern nurse: both race and gender, and particularly the intersection thereof in the context of the colonial hospital, precluded Black male orderlies from achieving the status of 'nurse', despite doing much of the actual labour of nursing. On the other, this episode demonstrates how flexible these boundaries could become under the unique circumstances of the colonial hospital, where the labour of Black men was a vital component in maintaining – and differentiating – the work of the modern nurse.

4. Negotiation of Professional Identity and Status for White Male Nurses, 1945-1960.

   "To be blind to the needs of a small band of brave men who are fighting so valiantly for recognition… is to sound their death knell and spell doom and extinction [for] the male nurse…"[193]

This section examines the discourses and negotiations of professional belonging for white male nurses as apparent in various letters and articles featured in *The South African Nursing Journal* between 1945 and 1960, the period over which white male nurses gained unprecedented legislative access to the professional interior, whilst still facing rigorous social exclusion from the highly feminised cultural paradigm of modern nursing. It offers a novel contribution to the growing literature considering the history of male nurses in South Africa, by examining a period in which the broader societal position of white men (particularly those who were culturally Afrikaans) was increasingly bolstered by hegemonic masculinity rooted in white supremacy and expanded legislated racial segregation.[194] Highlighting that these

[193] John G. Jeffries, D. N. "Male Tutors." *The South African Nursing Journal*, 22:2 (February 1956): 39.

[194] See: Paul Rich. "Race, Science, and the Legitimization of White Supremacy in South Africa, 1902-1940." *The International Journal of African Historical Studies*. 23:4 (1990): 665-686; Deborah Posel. "Race as Common Sense: Racial Classification in Twentieth-Century South Africa." *African Studies Review*. 44:2. Ways of Seeing: Beyond the New Nativism (Sep. 2001): 87-113; Saul Dubow. "Afrikaner Nationalism, Apartheid and the Conceptualization of 'Race'." *The Journal of African History*. 33:2 (1992): 209-237.

negotiations of professional belonging and identity for while male nurses were underscored by an awareness of the lexicon of (gendered) legitimacy within the nursing profession, it is doubly significant to the overall argument of this section that white male nurses sought to distinguish their status and their labour from that of Black male orderlies, in order to gain proximity to the professional centre in this context.

As the Second World War was drawing to a close, a party was hosted at the Metropolitan Hall of Cape Town, where a pleasantly laid out arrangement of flowers and refreshments had been organised in commemoration of the long-standing Editor of *The South African Nursing Journal*, Mrs. H. C. Horwood, who was retiring from her post.[195] In her decade-long stint as Editor (1936-1945), Horwood had been instrumental in both the propagation and promulgation of the *Journal* as an organ to disseminate and defend the opinions and aspirations of (white, female, trained) nurses in South Africa. The celebration of her service was a happy occasion, arranged to coincide with the arrival of several members of the newly formed South African Nursing Council (SANC) and Board of the South African Nursing Association (SANA) – the creation of which had been secured by the recently passed Nursing Act (No. 45) of 1944. Membership to SANA for all registered nurses in the Union had been made compulsory. Vitally, and for the first time, this included male nurses – and with the *Journal* as its mouthpiece, there was a buzzing anticipation that all registered nurses would come to have a common voice in the Union.[196]

To provide some context to these developments, one must briefly consider the exclusionary practises which had previously defined the position of white male nurses within the profession. While it was not expressly forbidden for white men to train and register as nurses in early-twentieth century South Africa, it seemed that few found the calling: the Medical and Pharmacy register for the Cape Colony in 1905 did not specifically list the sex of registered nurses, but taking first names as a likely indication of gender, only one stands out as masculine.[197] The other three-hundred and seventy-odd names of registered nurses spanning from 1891 to 1905 in the Cape Colony were feminine. The gendered demographics of the

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[195] "Farewell to the Editor." *The South African Nursing Journal*, 10:4 (March 1945): 85.
[196] Charlotte Searle. *Testimony to Fifty Years of Service.* (The South African Nursing Association, 1964): 53.
[197] The name which stood out belonged "Willis Henderson," who passed the Colonial Medical Council Examination in Cape Town on June 28th, 1900, and was certificated in August of the same year. Henderson was reportedly in residence at the New Somerset Hospital, Cape Town, in 1905.
The Colonial Medical Council and Colonial Pharmacy Board. "List of Trained Nurses – *continued*." *The Medical and Pharmacy Register for the Colony of the Cape of Good Hope*. (Cape Town: J. C. Juta & Co., 1905): 132.

nursing profession persisted well into the middle of the twentieth century, and beyond. "Of the 24,096 persons who were on the Registers of the S.A. Nursing Council as of 31 December, 1960," Charlotte Searle noted, "[only] 535 were persons who were registered as male nurses."[198] The Cape, Natal, and Orange Free State Medical Councils "made no reference to the training of male nurses" before the consolidation of the Provincial Medical Councils into the South African Medical Council in 1928.[199] In these provinces, men were not explicitly precluded from training as nurses alongside women, but were "debarred from obtaining practical experience in the wards of women and children," which consequently limited their potential places of employment to 'essentially masculine spaces' like mines, army hospitals, asylums and isolation hospitals.[200] In these archetypically 'masculine' spaces, the assumed physicality of nursing 'unruly', 'dangerous', or predominantly male patients corresponded with pre-existing social ideals regarding the gendered division of care and labour.[201]

Male nurses were not permitted to join the South African Trained Nurses' Association (SATNA) between 1914 and 1944. When SATNA was dissolved following the Trade Union Crisis of the early 1940s and the subsequent passage of the Nursing Act of 1944, membership to the new professional centre – the South African Nursing Association, and the South African Nursing Council – was at long last extended to male nurses.[202] In 1946, when the Board of SANA held elections in which all nurses across the Union were invited to vote for representatives, two of the ten nursing leaders elected to the Board were men.[203] Mr. G. J. Sauerman, a male nurse at the Town Hill Mental Hospital in Pietermaritzburg, and Mr. I. D. Barnard, Charge Nurse at the Witrand Institution in Potchefstroom, were the first male nurses to enter the professional centre.[204] At the same fortuitous moment for male nurses, the Editorship of *The South African Nursing Journal* passed to two successive male editors. The interim Editor following Horwood's departure was Mr. John McGrath (1945-1947) – and

[198] Searle. *The History of the Development of Nursing in South Africa.* 310.
[199] *Ibid*. 310.
[200] *Ibid.* 308.
[201] Burns. "'A man is a clumsy thing who does not know how to handle a sick person': aspects of the history of masculinity and race in the shaping of male nursing in South Africa, 1900–1950." 705.
[202] The Trade Union Crisis was briefly touched on in the Historical Overview of this thesis' introduction.
[203] "The New Board Elected by the Profession." *The South African Nursing Journal* (August 1946): 9.
[204] Although not the first men necessarily, as Dr John Tremble is credited as a founder of the original Trained Nurses' Association in South Africa. Sauerman and Barnard had been two of four male candidates who stood for election to the 1946 Board of the Association – the two unsuccessful candidates were Mr. N. D. Kichenbrand, a Hospital Superintendent at the East Rand Native Hospital, Dunnottar, and Mr. J. H. van Rooyen, a staff nurse at the Bloemfontein Mental Hospital.

thereafter, the Editorship was assumed by Mr. Harold MacCarthy (1947-1960).[205] This section argues that, within *The South African Nursing Journal* between 1945 and 1960, there was a concerted effort from male nurses – helped by sympathetic male Editors – to reform their professional image and voice their concerns about their professional exclusion on the basis of unfair assumptions about their gender. The *SANJ* would not have another female nurse serving as its Editor until 1960.[206] Consequently, the 1940s and 1950s represented a substantial moment for male nurses entering into positions of professional leadership.

From 1945 onwards, with the Editorial changes to the *Journal*, the demobilisation of overseas military forces, and the return of nursing staff to their ordinary lives, the *Journal* featured noticeably more and more frequently letters from male nurses – expressing both mild-mannered appreciation and scathing discontent. With compulsory membership to SANA enforced for all registered nurses, more male nurses than ever before were – at least in theory – absorbed by the consolidation of the nursing profession. Prior to the Act, Charlotte Searle recalls a minute figure of only 30% of all registered nurses in South Africa being members of SATNA[207] Hence, post-1944, registered male nurses were represented *en masse* for the first time in the history of organised nursing. Paired with a subsequent set of sympathetic male Editors from 1945 to 1960, the voices of male nurses appeared more readily in the *Journal*. Most submissions were shrouded by the gauze of anonymity – signed ubiquitously as "male nurse" or "*verpleër*", and occasionally in the collective – and therefore reveal little about particular hospitals or specific instances of complaint except where indication is given, one example being the signature "male mental nurse". However, this chapter suggests that the commitment to anonymity could be interpreted as both a lingering fear amongst male nurses of potential backlash from the majority of female nurses for their dissenting opinions, as well as a growing sense of community amongst male nurses, still on the social periphery of their profession even if legislatively incorporated.

Individual submitters almost invariably wrote in to the *Journal* on behalf of an invisible community of male nurses, who had all shared such lamentable experiences as being incorrectly and, to their sense derogatorily, termed "hospital orderlies", refused a

[205] MacCarthy would eventually vacate his post as Editor of *the South African Nursing Journal* in 1960 – yielding to Miss B. L. Alford, the first South African nurse to have undergone training as a journalist – and pursue Editorship of a periodical titled *Hospital and Nursing Year Book of Southern Africa* (1959-1979?). MacCarthy would retain the post of Advertising Manager to SANA and the *SANJ*. Little is available on MacCarthy biographically, and less so on his subsequent periodical.
[206] "Nurse Editor Takes Over." *The South African Nursing Journal*, XXVII:2 (February 1960): 3.
[207] Searle. *Testimony to Fifty Years of Service.* 40.

commissioned military rank in the Second World War, and offered no upward professional mobility in comparison to their female counterparts.[208] Common expressions included: "We male nurses" with "our noble work"; "our position" and "our professional integrity". The habitual use of first-person plural pronouns – *we*, *us*, *our* – cannot be overlooked.

In a letter addressed to *The South African Nursing Journal* in 1945, a male nurse, Rocker MacKay, wrote: "[Our sister colleagues] seem to delight in addressing us as hospital orderlies… The natives employed under us are called 'hospital orderlies', so you can well imagine our embarrassment when we are referred to as such."[209] In her history of male nursing on the mines, Marks argues that the racialised power hierarchy of the 'Black' mine hospital positioned Black male orderlies, even those in possession of certificates of competency, as subordinate to "the instruction of white male supervisors of indeterminate training."[210] MacKay's desire to distinguish himself, and his professional brotherhood, from Black hospital orderlies grants insight into the early discourses of professional exclusion for white male nurses.

MacKay admitted that the matter might have appeared trivial in nature but emphasized that his "sister colleagues" would certainly have objected – openly and fervently – if male nurses regularly mistermed them "hospital maids". This demonstrates a similar professional protectionism that white female trained nurses asserted against their untrained counterparts during the South African War, but equally takes on an apartheid racial stigmatisation – male nurses, like their female counterparts, were defining themselves in antithesis to a collective of workers whom they perceived as hierarchically inferior to themselves, whose prescribed inferiority gave both context and meaning to their own comparatively elevated professional status. There is a desire, evident in this letter specifically, to distinguish between authority and subordination – the "embarrassment" MacKay describes at being mistermed a hospital orderly has both a class and a racial dimension.

Orderlies *did* nursing, but were not themselves *nurses* – hence, male nurses felt that through synonymising their title with that of the orderly, that their work and professional status was

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[208] On 'hospital orderly' complaint, see – "Letters to the Editor." *The South African Nursing Journal*, (August 1945): 142-143; on non-commissioned rank, see – Editorial. "Male Nurses may Hold Commissioned Rank." *The South African Nursing Journal*, 22:3 (March 1956): 7; on professional mobility, see – 'Nico.' "Lesers Aan Die Woord. Beroep op Sielsieke Verpleërs." *The South African Nursing Journal*, 22:4 (April 1956): 19.
[209] Rocker MacKay. "Letters to the Editors." *The South African Nursing Journal*, 10:8 (August 1945): 142.
[210] Marks. "We were men nursing men." 182.

likewise synonymised, and consequently diminished. The language of legitimacy was evidently a matter of sustained interest for white male nurses in South Africa, and was not an isolated concern amongst English-speaking male nurses – white, Afrikaans-speaking male nurses expressed a similar complaint regarding the language of legitimacy in the annals of *The South African Nursing Journal*.

Writing in Afrikaans in December of 1945, one anonymous male nurse expressed the concern that the Afrikaans title of *The South African Nursing Journal* used explicitly gendered language, which both inferred and enforced the profession as a distinctly *feminine* one.[211] The Afrikaans title read: *Verpleegsterstydskrif*; with the by-line, "*Die Offisele Orgaan van die Suid-Afrikaanse Verpleegstersvereniging*." Uniquely, the term "*verpleegster*" – nurse – is a gendered one, inferring femininity; the masculine version of the word is "*verpleër*." Hence, *Verpleegsterstydskrif*, he argued, was more accurately translated to *Female Nurses' Journal*, which the anonymous male nurse lamented as inherently exclusionary: "It makes us [male nurses] feel as though we do not have the same right to the journal as the female nurses."[212] The anonymous male nurse suggested an alternative title in his letter – "*Verpleegingstydskrif*" – which would more closely resemble the English title of *Nursing Journal*, and offered the benefit of gender inclusive language, thereby legitimising the male nurse as a part of the professional whole.[213] This reflected an older debate raised before the passing of the Nursing Act (No. 45), which contemplated whether the names of the new representative bodies – the South African Nursing Council and South African Nursing Association – should include the term *Nursing* or *Nurses*', precisely because Afrikaans translations would take on a gendered preference of either male nurse or female nurse.[214]

This letter prompted consideration amongst nursing elites. In April of 1946, *The South African Nursing Journal* considered the matter of which prefix – "verpleegsters-" or "verplegings-" – better represented the profession, in an editorial written in Afrikaans.[215] After consulting with both legal advisors and translators, the editorial explained, the Board of the SANC had decided to keep the Afrikaans title of the *Journal* as it was – and, consequently, this decision was applied to Afrikaans titles of the Nursing Council itself as well as the Nursing Association, which also featured "verpleegsters" rather than

[211] "Nie Regverdig Nie." *The South African Nursing Journal*, 10:3 (December 1945): 13.
[212] *Ibid*. 13
[213] *Ibid*. 13.
[214] "Verpleegsters- of Verplegings-?" *The South African Nursing Journal*, 12:6 (April 1946): 16.
[215] *Ibid*. 16.

"verplegings". "These expressions are completely accurate and efficient." The *Journal* declared. "The claim that the word "nurses" [*verpleegsters*] excludes the male sex is unfounded, because legally words of one sex also include the opposite sex unless the context suggests otherwise."[216] This resolution obviously did not address the anxieties expressed by Afrikaans-speaking male nurses, but at that point no further recourse was available to them. Consequently, the titles of the SANC and SANA continued to bear a feminised translation for the Afrikaans-speaking nursing community. However, it is significant that, in pushing back against gendered language of the *Journal*'s title, the anonymous Afrikaans nurse inadvertently touched upon the central distinction which this chapter has aimed to address: the distinction between *nurses* and *nursing*; between *being* and *doing*.

The voices of male nurses were brought to light at a moment of uniquely fortuitous editorial reform at *The South African Nursing Journal* – and evidently, even the non-nursing male stakeholders of the profession were interested in amending the gendered ideology which precluded the holistic incorporation of male nurses, through the publication of empathetic articles and discursive challenges to the assumed limitations of masculinity in nursing. While the gendered boundaries of the profession – and particularly, the highly feminised organisational culture of the modern nurse – were, in the context of mid-twentieth century South Africa, too concretised to yield total professional inclusion to white male nurses, it is a significant detail in the history of the male nursing that, far from being a professional minority with no voice, representation, or agency, there were pockets of organised protest (even in as small a fashion as anonymous letters signed in plurality) and resistance to the restrictive gender abstractions of the professional culture. Moreover, it is equally significant that white male nurses, in attempting to advocate for their own professional inclusion – particularly, in the social and cultural spheres of the profession – sought to distinguish their status and labour from that of Black male orderlies. It exemplifies the making and maintenance of professional identity and the implicit hierarchisation of status, particularly in the broader socio-political context apartheid South Africa.

5. Conclusion.

Personnel or Professional?

The history of men in nursing in South Africa over the first half of the twentieth century, by and large, resists generalisation. The multiplicity of experience within this extreme

[216] *Ibid.* 16.

professional minority reflects in part the absence of systemic training. Hence, this chapter has engaged with and demonstrated the variability of experience amongst male nursing personnel of the period, particularly with regards to matters of race and class across several distinct contexts of nursing. In demonstrating how the ideological groundwork of gender essentialism laid during the South African War had long lasting consequences for male nurses over the first half of the twentieth century, this chapter has pursued a reading of the distinction between nursing as *status* and nursing as *labour*, and the various attempts amongst male nurses to push back against their marginalisation as a *labour force* rather than a professional minority of equal status to their sisterly counterparts. In identifying this distinction, this chapter has demonstrated the additional 'social' work that was necessary to move from *doing* nursing to *being* a nurse. Like other peripheral subjects – namely, Black female nurses – male nurses were expected to pursue their professional development in relative vocational isolation, and their *labour* was consistently dissevered from their *professional status*. The salt in the wound of many male nurses, conscious of their peripheral position, was that female nurses rarely ever recognised them as complete equals: they were often mis-termed as hospital orderlies by female nurses, a "degradation of [their] status" which elicited great feelings of "embarrassment."[217] Hierarchy, evidentially, was equally important to white male nurses, and language was a vital tool in distinguishing their professional superiority over hospital orderlies.

Hence, this chapter's core query – *personnel or professional?* – explores the language of authority and status with regard to "nursing men". Consequently, this chapter has considered various case studies which demonstrated the historical progression of the agitation amongst male nurses, who, in trying to negotiate their holistic professional incorporation, pushed back against established ideological and executive boundaries. The case studies considered herein demonstrate the tense negotiations of power and professionalisms and this chapter has sought to underscore not only how these negotiations manifested around the cultural identity of the modern 'nurse' – evidenced in how male nurses sought to advocate for their inclusion to midwifery training on the grounds of sensitivity, thereby unintentionally negotiating the tenets of hegemonic masculinity – but also recounts the explicitly racial construction of the modern nurse in the imperial and later colonial contexts. In doing so, this chapter has shone light upon a handful of unexplored and extraordinary professional histories, as well as the complex and intersecting dynamics of class, gender, and race at work in the profession.

[217] "Letters to the Editor." *The South African Nursing Journal* (August 1945): 142.
[218] See: Shula Marks. *Divided Sisterhood: Race, Class and Gender in the South African Nursing Profession.* (Johannesburg: Witwatersrand University Press, 1994); Grace Mashaba. *Rising to the Challenge of Change: A History of Black Nursing in South Africa*. (Johannesburg: Jut & Co., 1995); Catherine Burns. "'A Man is a Clumsy Thing Who Does not Know How to Handle a Sick Person': Aspects of the History of Masculinity and Race in the Shaping of Male nursing in South Africa, 1900-1950." *Journal of Southern African Studies*, 24:4 (1998); Helen Sweet and Anne Digby. "Race, Identity and the Nursing Profession in South Africa, c1850-1958." In Susan McGann & Barbara Mortimer (eds.) *New Directions in Nursing History: International Perspectives*. (Routledge: London, 2005); Simonne Horwitz. "'Black Nurses in White': Exploring Young Women's Entry into the Nursing Profession at Baragwanath Hospital, Soweto, 1948–1980." *Social History of Medicine*, 20:1 (April, 2007); Johanna Maria Esterhuizen. *The Professional Development of Black South African Nurses 1908-1994: A Historical Perspective*. MA Thesis, University of Pretoria (2012).
[219] See: Catherine Burns. *Reproductive Labours: The Politics of Women's Health in South Africa, 1900 to 1960.* PhD Thesis, Northwestern University. (1995); Simonne Horwitz. "The Nurse in the University: A History of University Education for South African Nurses: A Case Study of the University of the Witwatersrand." *Nursing Research and Practise*. (2011); Frederika Jacoba Kotze. *A Historical Perspective: Private Nursing Institutions in South Africa (1946-2006).* PhD Thesis, North-West University, Potchefstroom. (2012); Simone Horwitz. *Baragwanath Hospital, Soweto: A History of Medical Care 1941-1990.* (Johannesburg: Wits University Press, 2013).
[220] "The King Edward the VII Order of Nurses." *The British Journal of Nursing*. (February 22, 1913). 144.

Chapter 3: A Vision of Service.

Race, Boundaries, and The Bantu Trained Nurses' Association.

1. Introduction.

The issue of race in South African nursing has been the subject of extensive historiographic investigation over the last thirty years.[218] Even in works where the matter is not explicitly scrutinized, nursing historians recognise that race – like class, gender, and national identity – is a factor which nuances professional experience, organisation, and ideology.[219] In aiming to contribute to this growing historiography, this chapter foregrounds the experiences of urban African female nurses in the first half of the twentieth century, and particularly focuses on the establishment of the Bantu Trained Nurses' Association (BTNA) which is an aspect of Black nursing history that has received startlingly little attention.

To this end, this chapter begins with an analysis of the King Edward VII Order of Nurses – the first organised district nursing service in South Africa, overseen by Jane Child and organised through the then-recently established *South African Nursing Record*. The Order was initially hypothesised as a district nursing scheme "for the benefit of *all races* beyond the towns," and aimed to employ African and Coloured nurses as well as white nurses.[220] However, by closely examining the debates over membership and fundraising which characterised the early years of the Order's administration, this chapter illuminates the nascent discourses of racial *difference* as articulated by the (white) nursing elite in South Africa. Debates regarding the so-called "black peril", and the question of utilising Black

female nurses to buffer interaction between Black (male) patients and white (female) nurses, often returned to a conceptually liberalist and religiously evocative expression of the modern nurse's ideology: that her work should be done "*irrespective of colour, creed, etc*." This chapter argues that the consistent invocation of a colour-blind, non-racialist ideology towards patients should be understood as a manifestation of white paternalism within the nursing profession, which was simultaneously hostile to the incorporation of Black nurses on equal professional footing. The phrase "irrespective of colour, creed, etc." – when applied to Black patients – invoked the profession's attested and historical proximity to Christian ministration and moralism in order to mitigate its racially exclusive practises concerning 'non-European' nurses. I argue that the discourses of race and gender which proliferated around the King Edward VII Order, grant insight into the developing paradigm of white paternalism (or, perhaps in this case, maternalism), which came to define the hard racial boundaries of nursing organisation in South Africa in 1914. However, this study of the King Edward VII Order also reveals differing views and positions of white nurses who comprised the elite centre of the profession regarding the training and position of African and Coloured nurses.

Thereafter, this chapter turns to the interwar period (1914-1939) and examines how Christian missionary youth movements on the Witwatersrand, particularly the Girl Wayfarers Association and the Helping Hand Club for Native Girls, came to influence the professional trajectory of African girls and ideologically underpin the organisation of African nurses. Consequently, it highlights the network of white female missionaries who were involved in the establishment and management of such enterprises, and in doing so, this section suggests a proverbial 'pipeline' of Wayfarer to Helping Hand to Nurse. Central to this section is an engagement with the discursive invocation of 'character' as a primary, unteachable tenet in the training of medical professionals – this section argues that similarly vague expressions of 'intrinsic, ineffable, and insuperably distinct cultural attributes' were in fact raised as a means of precluding African candidates from training whilst still maintaining a liberal façade of racial uplift through Westernisation. This chapter argues that the Christian ethos of the Bantu Trained Nurses' Association (BTNA) was established through its association with the Wayfarers and the Helping Hand Club.

Finally, this chapter explores narratives and discourses of agency amongst the members of the Bantu Trained Nurses Association (BTNA) as they featured in the official organ of the white profession, *The South African Nursing Journal*, and comparatively, in *The Bantu World* newspaper. If only briefly and in limited capacity, the Bantu Trained Nurses' Association

carved out a space for African nurses on the professional periphery, and afforded them opportunities to meet, converse, and coordinate to their benefit. *The Bantu World* newspaper afforded them a reliable medium through which to advertise, protest, and craft their overall professional narratology without inhibition or editorialising on the part of the white elite. Hence, in tracing the movement of professional boundaries as they pertained to race in the first half of the twentieth century, this chapter asks – and begins to answer – how did trained African nurses adhere to, resist, contradict, and briefly surpass these professional boundaries?

2. 'All the King's Nurses': The King Edward VII Order, Early Nursing Organisation, and Discourses of Difference.

This section focuses on the discussions and debates which proliferated within the white professional centre concerning the position and organisation of African nurses in the early twentieth century. To this end, this section considers the hitherto unexplored history of the King Edward VII Order of Nurses. In discussing the history of the King Edward VII Order, this section provides an overview of the early initiatives to train and employ Black female nurses in South Africa. The significance of these early discourses become apparent when read against the later developments in training and organisation of and amongst Black nurses towards the middle of the twentieth century. This section argues that the King Edward VII Order – and consequently, the debates around its management and hiring policies – should be understood as a spiritual predecessor to the Bantu Trained Nurses' Association (BTNA). Although there are notable differences between the two organisations, this section aims to demonstrate that the King Edward VII Order was the first attempt to organise the inclusion of Black nurses, and its Christian ethos was echoed later in the organisation of the BTNA.

Against the backdrop of increasing calls to include African and Coloured women in the provision of nursing care to 'non-European' patients, particularly those who were unable to travel to nearby towns or mission stations to receive care, the King Edward VII Order aimed to "organise the service" of trained nurses by directing their efforts "far afield for the benefit of all races beyond the towns."[221] The scheme aimed to "plant comfortable Nurses' Homes within a defined radius," allowing nurses to travel out into the rural periphery and return to a safe dwelling in the evening.[222] It aspired to attract nurses with work experience in South Africa – particularly those with a knowledge of Dutch or indigenous African languages –

[221] "The King Edward the VII Order of Nurses." *The British Journal of Nursing* (February 22, 1913): 144.
[222] *Ibid.* 144.

through the promise of "good salaries and comfortable homes."[223] Owing to the diversity of its ambitious patient pool, it aimed to employ white nurses as well as African and Coloured nurses; it was considered by those invested in the early training schemes for African nurses, like Neil Macvicar, to be the ideal manner of incorporating trained African nurses into the profession, by placing them in service of 'their own people'. The first of these 'Homes' was established in Kroonstad in the Orange Free State – affectionately named the Dorothy Centre after the Viscountess Gladstone.[224]

To understand the significance, and ultimately, the great limitations of the King Edward VII Order, one must first consider the early debates which sought to define the role and position of African nurses in the hospital and colonial hierarchy of the early twentieth century. Exemplifying these debates, in 1907 a short segment was featured in *The British Journal of Nursing* which detailed a recent meeting of local governmental officials at Grahamstown, during which "the question of the nursing of native patients by white women" had been debated.[225] The debate resolved with the suggestion that the Government "should discontinue grants to hospitals that employ white nurses to nurse native male adults."[226] Ethel Gordon Fenwick, Editress of *The British Journal of Nursing*, reported that this was not an opinion that resonated with the trained nursing community in South Africa – Fenwick insisted resolutely that "the only thing [which concerned] a nurse in regard to the sick [was] their need of her services, and no other consideration, whatever. Colour, creed, and sex [were] merely incidental."[227] In stark contrast to this invocation of non-racialism and universal humanitarianism, Fenwick ended her proclamation with the assertion that: "What European nurses do object to is that they should work side by side with native nurses."[228] This passing remark exemplified one of the foremost ideological contradictions of modern nursing elites in South Africa at the turn of the century: the apparent non-racialism and universal humanitarianism implicit in nursing extended to African patients, but not to African nurses themselves.

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[223] In one interview with the *Natal Witness*, Jane Child advertised £75 p/a as the expected rate for nurses involved in the scheme ("fixed at the standard existing in the Province") with travel expenses, uniform, and the cost of the physical premise covered in addition. Reprinted in: "The King Edward VII Order of Nurses. Interview with Miss Child." *South African Nursing Record* (November 1913).
[224] "Nursing Echoes." *The British Journal of Nursing* (January 2, 1915) 12. A photograph of the single-story, Dutch style building is included in the article, but is too overexposed to reproduce within this thesis.
[225] "Nursing Echoes." *The British Journal of Nursing* (February 9, 1907): 114.
[226] *Ibid*. 114.
[227] *Ibid*.
[228] *Ibid*.

To unpack the underpinning of this ideological fissure, one must note the context in which many of the early debates concerning the role and position of Black female nurses occurred. At the same time that the British nursing profession pursued its class and cultural refurbishments, as discussed in chapter one of this dissertation, the work of medical missionaries in South Africa was endowed with amplified significance. The entanglement of evangelism, Western medical science, and colonial expansion provided a complicated ideological profile to the work of medical missionaries, who, again, like Sister Henrietta Stockdale – through her Anglican Community of St. Michael and All Angels – were 'nursing' the proverbial frontier of the British Empire with the intention of treating "bodies *and* souls."[229] In the context of South African mission hospitals of the late nineteenth and early twentieth centuries, it is important to note that the Victorian power dynamics of the hospital – reminiscent of the gendered dynamics of the home – had been successfully transplanted, with the (female) nurse serving as 'handmaiden' to the (male) doctor in an interlocking hierarchy of class and gender.[230] And in the colonial context, this hierarchy of class and gender reminiscent of the filial sanctity of the Victorian home, acquired a racial aspect.[231]

Aaron Graham, in reflecting on the "creation of race" in nineteenth century Jamaica, notes a score of recent literature analysing "the ways in which imperial elites attempted to reproduce the European household as a cultural, social, and economic unit, and to police the boundaries between races, classes, and genders."[232] Arguably, the implicit, filially-framed hierarchy of the hospital positioned patient as child, overseen by the 'motherly' nurse – hence why white British nurses considered "colour, creed, and sex" as merely "incidental" characteristics in the treatment of their patients; the patient was already systemically and ideologically subordinate to the nurse in the hospital hierarchy.[233] And particularly in the case of nursing Black patients, the dialogic prescription of 'child' within the hierarchic structure of the mission hospital enforced the racist, evangelistic stereotype of African cultural, moral, and

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[229] Helen Sweet. "'Wanted: 16 Nurses of the Better Educated Type': provision of nurses to South Africa in the late nineteenth and early twentieth centuries." *Nursing Inquiry*, 11:3 (2004). 176-184.
[230] Carol Helmstadter. "Shifting Boundaries: Religion, Medicine, Nursing and Domestic Service in mid-Nineteenth-Century Britain." *Nursing Inquiry*, 16:2 (June 2009). 133-143.
[231] Helen Sweet and Anne Digby. "Race, Identity and the Nursing Profession in South Africa, *c.* 180-1958." In Barbara Mortimer and Susan McGann (eds.) *New Directions in Nursing History. International Perspectives.* (London: Routledge, 2005): 109.
[232] Aaron Graham. "Gender, Family, Race, and the Colonial State in Early Nineteenth-Century Jamaica." *New West Indian Guide*, 95 (2021). 199-222; Ann Laura Stoler. *Carnal Knowledge and Imperial Power: Race and the Intimate in Colonial Rule*. (London: Routledge, 2010).
[233] Quotation taken from: "Nursing Echoes." *The British Journal of Nursing* (February 9, 1907): 114.

intellectual deficiency. Consequently, "native nurses" subverted the racialised hierarchy by rising to an equal professional status with their white counterparts – such circumstance, arguably, undermined the interlocking pedagogy of the mission hospital. Evidently wounded by the perceived erosion of their sense of cultural and racial superiority – relative to their awareness of their own gendered inferiority within those same structures – white British nurses in South Africa felt there was "no question" that they should indeed be "absolutely distinct" from their Black counterparts, despite earlier protestations that the nurse's "only business" was to "concentrate herself upon the sickness."[234]

Furthermore, the expansion of hospital services at the turn of the twentieth century brought the handful of trained white (female) nurses into increasing and intimate contact with Black (male) patients, and Marks argues that this proximity stirred colonial anxieties "around white female sexuality and racial purity" and produced a "vision of white (female) hands on black (male) bodies… [that] roused [angst] in the white population."[235] The medical fraternity which oversaw the nursing profession from its paternal vantage point, was deeply discomforted – and consequentially, the question of training Black women to nurse Black male patients rose to prominence in South Africa in the early twentieth century. The training of Black women as nurses had been the subject of insulated interest amongst medical missionaries like Dr J. P. Fitzgerald of Grey Hospital in King William's Town, Dr James McCord of the American Zulu Hospital in Durban, and Dr Neil Macvicar of the Victoria Hospital, Lovedale.[236] Macvicar, a mission doctor associated with the Free Church of Scotland who had arrived at the Lovedale Institute in 1902, was the first – "by a short margin" – to train Black women as nurses in South Africa.[237] Alongside Miss Mary Balmer, Matron of the Victoria Hospital, Macvicar began training two "daughters of the Christian African elite," Cecilia Makiwane and Mina Colani, as professional nurses in 1903.[238] Cecilia Makiwane, famously, became the first trained African nurse to pass the Nursing Certificate of the Cape Colonial Medical Council in 1907 and achieve state registration – but, as Shula Marks notes, "for many years very few were able to follow her example."[239]

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[234] "Nursing Echoes." *The British Journal of Nursing* (February 9, 1907): 114.
[235] Marks. *Divided Sisterhood.* 82.
[236] Marks. *Ibid.* 78-81; Martin J. Lunde. *An Approach to Medical Missions: Dr Neil Macvicar and the Victoria Hospital, Lovedale, South Africa, circa 1900-1950*. Ph.D. Dissertation, the University of Edinburgh (2009).
[237] Marks. *Divided Sisterhood*. 83.
[238] *Ibid*. 83.
[239] Makiwane was twenty-seven years old at the time of her qualification and had previously trained as a teacher before undertaking the three-year nursing course at Lovedale. *Ibid*. 83.

While serving as Medical Superintendent of the Victoria Hospital at Lovedale, Macvicar wrote to *The British Journal of Nursing* in September of 1911 to express the view that, in his experience, "a native girl has a longer hill to climb than a European girl before she can become a good nurse."[240] Macvicar attributed this, foremostly, to an unfamiliarity with the prerequisites of nursing knowledge; and to the language barriers of training, writing that: "Studying in English is also a difficulty for probationers, whose home language is not English."[241] However, Macvicar stressed that being able to communicate with their patients in languages other than English granted these "very fair nurses … a great advantage over European nurses."[242] Macvicar expressed the hope in 1911 that Lovedale's trained African nurses might be able to find employment under Lady Gladstone's District Nursing Scheme, which had been formed in memorial of the late King Edward with the help of Jane C. Child, former protegee of Henrietta Stockdale and pioneer nurse.

Jane Child, British born and trained, was also closely associated with Dr John Tremble – in Charlotte Searle's various official histories of the South African Trained Nurses' Association (SATNA) and later the South African Nursing Association (SANA), Child is acknowledged as a co-founder of SATNA, and was set to be the Association's first Chairman, but was ultimately passed over at the outbreak of the First World War in favour of Miss Joan Schweitzer of the East London Hospital.[243] Groomed as a nursing leader by Henrietta Stockdale, friend to Ethel Fenwick and known amongst many of the British-trained Matrons in South Africa, Child's opinions carried weight – and while her association with Lady Gladstone's District Nursing Scheme was, arguably, the first attempt to organise the efforts of nurses in meeting the public health needs of the newly formed Union, she herself did not envision trained African nurses as being part of that scheme except as proverbial 'handmaidens' to white trained nurses – which is exactly how the service came to function.

External factors also shaped the racial composition and organisation of the King Edward VII Order. By December of 1911, *The British Journal of Nursing* reported, "the inevitable question of black and white" – that is, the matter of white nurses nursing Black patients – had

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[240] "Nursing Echoes." *The British Journal of Nursing* (September 16, 1911). 231.
[241] *Ibid.* 231.
[242] *Ibid*. 231.
[243] Charlotte Searle. *History of the Development of Nursing in South Africa.* (Cape Town: Gothic Printing Press, 1964); Charlotte Searle. *South African Trained Nurses' Association Presents: Testimony to Fifty Years of Service. An Outline of the History of the South African Trained Nurses' Association and of the South African Nursing Association.* Historical Papers Research Archive, University of the Witwatersrand.

been raised in connection to Lady Gladstone's newly established King Edward VII Order of Nurses.[244] At a meeting of the Kimberley Hospital Board, Thomas Pratley (the then- and final of Mayor of Beaconsfield, prior to the town's union with the city of Kimberley in 1912) accused the hospital of having "subjected their nurses to the danger and humiliation of nursing natives in the manner they did."[245] Pratley chillingly went on to say that the "black peril" was ever present in the country, "and while he was not in favour of introducing lynch law, yet he felt it a duty incumbent upon all to protect womanhood. The ignorant native interpreted the Christian ministrations of the nurses to be a sign of familiarity, and they lost the respect they otherwise had."[246] In contravening Pratley's moral panic, William Gasson, Mayor of Kimberley at the time, stated that to his knowledge the arrangements of the Kimberley Hospital had not had any negative effect on the nurses whatsoever, and that in fact the nurses had continued to receive "the greatest respect from the native patients they had nursed."[247] In its reporting, *The British Journal of Nursing* echoed a doubtful tone concerning the suggested danger that Thomas Pratley had insisted was ever-present in the nursing of "native patients," falling back on the familiar expression: "The duty of the trained nurse is plain, to make no distinction of colour, creed, caste, or sex, but to put her services freely at the disposal of all who need them… The woman with the true nursing spirit is colour blind, the particular pigment of her patient's skin concerns her not at all, she sees only the sick person needing her care."[248]

One of the topics of discussion which arose at the aforementioned meeting of the Kimberley Hospital Board, in reaction to the concern voiced by the Mayor of Beaconsfield, was naturally the training of African and Coloured women as nurses, or at the very least nursing attendants, to help 'relieve' white nurses of the need to nurse Black male patients. *The British Journal of Nursing*, which had only four years earlier proclaimed with great distress that white nurses in South Africa did indeed object to working "side by side with native nurses," couched its response in theoretically liberal ideals:

"Given the education, and the aptitude which must be demonstrated by all applicants for posts as probationers, what right have we to withhold from native races the instruction in the

[244] "Editorial. The Training of Coloured Nurses." *The British Journal of Nursing* (December 2, 1911). 445.
[245] *Ibid.* 445.
[246] *Ibid*.
[247] *Ibid.*
[248] *Ibid.*

best methods of nursing their sick to which they are entitled? As regards aptitude this is possessed in a very marked degree by many Africans, for instance, we are assured by a member of the staff of this journal that were it not for the excellent nursing of an African night nurse it is highly probable that she would at this moment be filling a grave under African palm trees. As to the provision of an adequate supply of nurses for native patients in the South African Commonwealth, it is certain that this can only be affected by the employment of members of their own race. The question at issue is, are those who undertake this work to render unskilled service to the sick because their skilled sisters refuse to train them? If the question is left to the nursing profession to solve we have no doubt what the answer will be."[249]

In qualifying "true nursing spirit" with racial blindness, the editorial staff at *The British Journal of Nursing* gave an impression of an evolving (but still decidedly imperial) liberal ideology in comparison to their earlier reporting, but their universalist outlook was not in fact shared by the Superintendent-General of the King Edward VII Order. Jane Child, in her capacity as Superintendent of the Order, responded to an article in the *South African Nursing Record* on the matter of "registration for Coloured nurses" by saying that, in her experience, "a Native attendant" (not a nurse in status or title, but a worker who would assist a nurse in her daily labours) required "very careful instruction and constant supervision" lest "without supervision the man or woman reverts to certain little native ways that are directly contrary to all the teaching they may have had."[250] She added: "Have the Native educated and trained in nursing by all means; it is right they should be taught; but they should have a much longer probation, and not be titled 'Nurse' except [if or when] they have passed the proper standard."[251]

Against the backdrop of these debates the "the first Bantu nurse" trained under Lady Gladstone's District Nursing Scheme, Charlotte Searle writes, "was appointed by the Order in 1914 to the location at De Aar."[252] She was dual-certified as a midwife, although her name is not included in Searle's account; her daily regime included "giving lectures [to the De Aar community] … on personal hygiene, on immunisation and vaccination, and on maternal and child care."[253] In 1914, the Order also received an endowment of £1,000 from the Government

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[249] *Ibid.*
[250] "Correspondence. Registration of Coloured Nurses." *South African Nursing Record* (December 1913). 99.
[251] *Ibid.* 99.
[252] Searle. *History of the Development of Nursing.* 351.

for the purposes of developing a "non-White Section" to service local Coloured and African communities – these communities were additionally encouraged to donate to the fund to ensure its longevity. "Non-White" nurses were supervised by white nurses in their provision of care to "non-White" communities, and faced enormous challenges relating to "distance, poor transport and lack of communication" throughout the first half of the twentieth century.[254]

Over the course of its existence, the Order was locked in a seemingly endless struggle to garner sufficient funding – relying on good will and charitable endowments from British aristocracy, Lady Gladstone struggled to raise the £100,000 she envisioned as the sound financial basis of the scheme in 1913. A correspondent for *The British Journal of Nursing* based in the Cape Colony reported that the South African reception of the scheme had been "lukewarm", and that "the response for funds [had] been far from generous."[255] Private nurses were reportedly suspicious that the scheme could undercut their patient pool and financial stability – there was also reportedly resentment amongst colonially trained (white) nurses towards the scheme's "lay committee" whom they saw as infringing on "the economic independence of individual nurses," with *The British Journal of Nursing* concluding that "the Colonial nurse is more independent in character than those from England, she resents the organised control more even than the competition in fees."[256]

Whether the concern amongst private nurses – the majority of whom would have been white, whether trained in South Africa or Britain – that the Order's district nurses might 'undercut' them, was based in any explicit racial hostility, is difficult to ascertain. Certainly, there was a pre-existing prejudice amongst white trained nurses in South Africa that the expansion of hospital training for Black women would inevitably 'undercut' them financially and depreciate the socio-professional 'status' of the trained nurse. When the Cape Provincial Medical Council met in October of 1913 to discuss the findings of its subcommittee on "the

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[253] *Ibid.* 351.
[254] *Ibid.* 351. Searle does not comment on how the arrangement worked in any detail, only that the want of proficiency in Afrikaans amongst the white nurses of the Order created grave tension amongst rural Afrikaner communities who also relied on the service – the A.C.V.V. and the S.A.V.F. withdrew their financial support for the Order and attempted to establish Afrikaner district nursing associations to little apparent success. Afrikaner-English tensions around the Order absorbed much of Searle's historiographic interest in the subject. The King Edward VII Order came under the Superintendence of Miss Jane E. Pritchard in 1915, when Jane Child was drawn into military service in the First World War; and additionally, the Order came under the patronage of the Lady Buxton at the same time, following the conclusion of Lord Gladstone's service as Governor-General of South Africa.
[255] "Nursing Echoes." *The British Journal of Nursing* (March 15, 1913). 210.
[256] *Ibid.* 210.

certification of Native and Coloured Nurses," John Tremble submitted his opinion that the anxiety of economic competition from African nurses was greatly overexaggerated: "No one is going to take for choice a lower grade native woman when she can get a more highly trained white woman, even if she has to pay more for her."[257] Still, despite Tremble's protestations, he seized upon the moment to proclaim that "if the profession in this country were only organised, the matter of cutting fees, which might occur if natives were granted registration on a lower grade certificate, would soon be settled."[258]

Tremble arguably appealed to the racial anxieties of white nurses in South Africa, particularly those who lamented their isolated status in private nursing and were conscious of their lack of representation on the Provincial Medical Councils – those influential professional bodies, who did not include any nurses in their ranks, and were then engaged in debate on the inclusion of 'second-tier' African nurses whose very existence was considered a looming threat to the sanctified status of the trained (white) nurse. In effect, Tremble also appealed to the Matron class of British-trained nurses in South Africa, who, while influential over the training, character, and professional trajectory of probationers, lacked much authoritative control over the profession as a whole. Vitally, by the time of the Union's formation in 1910, very little headway had actually been made in the organisation of professional nursing in South Africa – the *South African Nursing Record*, the first medium of advocacy for the profession in the country, was only published in 1913, and each of the four colonies still maintained the Nightingale system of nursing training (a harsh probationary method) prior to unification. Charlotte Searle argued that the death of Sister Henrietta Stockdale in 1911 had placed additional stress on the already thin ties that bound together the Matron-class of white British-trained nurses overseeing hospital, mission, and district nursing across South Africa – without a central figure to rally behind, Matrons tended to concentrate exclusively on their own professional setting, without much consideration for broader national nursing politics or organisation.

Tremble's letter to *The British Journal of Nursing* appeared in March, and by September of the same year, the Provisional Committee of the SATNA had been announced. It consisted of seventeen members, ten of whom were Matrons at various hospitals across South Africa –

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[257] "The Certification of Native and Coloured Nurses." *South African Nursing Record* (November 1913). 55; J. Tremble. "Letters to the Editor. The Registration of Native Nurses." *The British Nursing Journal* (March 28, 1914). 284-5.
[258] J. Tremble. "Letters to the Editor. The Registration of Native Nurses." *The British Nursing Journal* (March 28, 1914). 284-5.

including the Kimberley Hospital; the Government Hospital, Durban; the Old Somerset Hospital, Cape Town; Grey's Hospital, Pietermaritzburg; the Boksburg Hospital; the Pretoria Hospital; the Provincial Hospital, Port Elizabeth; the Albany Hospital, Grahamstown; Maseru Hospital, Basutoland; and the Frere Hospital in East London.[259] Four members of the Committee headed up nursing homes across South Africa, and of the remaining handful – which included Jane Pritchard, then overseeing the King Edward VII Order, and Miss B. G. Alexander, who was associated with the Johannesburg Hospital – only one was apparently engaged in private nursing service, in East London. Charlotte Searle emphasises that these Matrons were, by and large, "the most influential nurses in the country" – Child and Tremble had been advocating openly for the formation of a Trained Nurses' Organisation for several years; while Tremble had prepared the draft constitution of the Association and garnered the support of sympathetic doctors, it was Child's influence over the country's senior Matrons that jarred the movement into action.[260] Child's own prejudice towards the training and employment of African nurses shaped Lady Gladstone's prototypical district nursing service, and this chapter argues that this episode in nursing history exemplifies the power that the Matron class of nurses – who would become the organisational elite of the South African Trained Nurses' Association – had over the formation of professional boundaries, as well as the inherently imperialistic underpinning of the organisational culture of the profession.

One can make the argument that the perceived threat of economic competition with African nurses and nursing aids had a galvanising effect on the professionalisation movement; certainly, it profoundly influenced where white trained nurses drew the initial boundaries of their professional association. In October of 1914, the South African Trained Nurses' Association was established: it was a new professional centre guarded by an organised professional elite, with a hard racial barrier to entry – membership to the Association was only open to white nurses of a suitable trained and registered background. In examining the history of the King Edward VII Order of Nurses, this section has attempted to underscore the anxieties of white nursing elites with regards to the training and employment of African nurses, particularly in the context of the emerging (racialised) hierarchy of authority in medical practice as well as the entanglement of evangelism and imperialism – the utilisation of liberalist discourse and tenets of non-racialism – in the making of nursing's organisational

[259] "Nursing Echoes." *The British Journal of Nursing* (September 26, 1914). 250.
[260] Searle. *Testimony to Fifty Years of Service.* 16.

culture, all of which would become increasingly relevant in the making of professional identity and status for Black nurses, as the next section of this chapter shall demonstrate.

3. "Spirit of Asepsis": The Influence of Liberal Discourses and Christian Youth Movements in the Organisation of African Nurses.[261]

The Christian ethos and the class dynamics of the BTNA drew heavily from earlier attempts to organise a professional class of African women on the Rand in the 1920s – namely, the Wayfarers Association and the Helping Hand Club. Both also had the additional benefit of encouraging early interest in and experience with home-nursing skills. In the aftermath of the First World War, the stark shortage of professional nurses, as well as the public health crisis wrought by the influenza pandemic and the underdeveloped rural health schemes in South Africa, clarified the need for a greater reserve of trained professional nurses. "Although SATNA barred black – and male – nurses from its membership," Shula Marks writes, "it had become aware of the serious shortage of nurses, especially during the war years, and had begun to urge hospital and provincial authorities to expand nurse training for all 'race groups'."[262] Inevitably, this revived discourses concerning the 'two-tiered' approach to nursing training; the suppositional autonomy of fully trained African nurses, which was, demonstrably, a known fear amongst white nursing elites, was weighed against the creation of a distinct class of 'Native Hospital Aids' who would be systemically subordinate to the oversight of white nurses. This was but one limb of a much larger and lengthier debate scrutinising the training of Black medical personnel, which would define the contours of public health in the interwar period.[263]

Miss M. E. Barker, R.R.C., was one of the loudest voices within the nursing profession on the subject of a racialised 'two-tiered' approach to training.[264] Barker, having been trained in the Nightingale tradition at St. Thomas' Hospital, London, reiterated many of the earlier talking points which had coloured the debate in the early 1910s: "It is only right that everything possible should be done to give relief and succour to the sick and suffering, no matter what be the colour of the patient's skin," she wrote in the traditional lexicon, "but our efforts to do

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[261] The title of this section is a quotation from: M. E. Barker, R.R.C. "Native Women Nurses. Points for Consideration." *South African Nursing Record.* (August 1918): 299. Barker used this phrase used to describe the transmission of public health ideals in "the native kraal" by African nurses.
[262] Marks. *Divided Sisterhood*. 90.
[263] Karin A. Shapiro. "Doctors or Medical Aids – The Debate over the Training of Black medical Personnel for the Rural Black Population in South Africa in the 1920s and 1930s." *Journal of Southern African Studies*, 13:2 (January 1987). 234-255.
[264] M. E. Barker, R.R.C. "Native Women Nurses. Points for Consideration." *South African Nursing Record* (August 1918). 239-241.

this must be guided by wisdom and foresight, otherwise there is a great danger of doing incalculable harm instead of good."[265] To Barker's estimation, African nurses lacked the cultural and intellectual basis to be trained in an equitable capacity to their white counterparts – to attempt to do so, she hypothesised, would result in some kind of "dangerous" cultural rupture for the African nurse. In identically racist rhetoric, she raised what she considered to be a grave potential flaw in the suggested scheme of two-tier certification:

"… [A] white woman, before she is allowed to enter any training institution, must supply credentials of a status generally, which include essential attributes of unwritten qualities, other than the capacity to pass examinations in theory. On the other hand, the native woman would gain her certification almost entirely through her ability to pass a second-grade examination in theory. Is it not possible this limited knowledge, and lack of civilised traditions, may become extremely dangerous in the childlike mind of the native woman? Then, too, is it just to women of our own race to disallow them a privilege owing to their limited capacity, and grant that privilege to those still less qualified for the work? No one questions the wisdom of maintaining a high standard of qualification in the case of the white candidate, because it is realised that this must be done, if progress is to go on; neglect the latter, and efficiency would soon go down to zero – it is only the close vision that gives this security."[266]

Clearly, Barker's focus on the "essential attributes of unwritten qualities," which was reminiscent of the centrality of "personal character" in the Nightingale tradition, found traction with other nursing elites – the *Record* published two follow-up articles of hers on the topic of nursing training for African women in October and November of 1918; and a summary of her argument was reprinted in *The British Journal of Nursing* some months later, in March of 1919.[267] Barker's focus on the training of an auxiliary class of personnel, rather than expanding full training for African nurses, shared many similarities with ongoing debates within the medical fraternity – the question of whether it was more appropriate, in addressing the needs of African health, to train additional African doctors to the standard of their white counterparts, or focus instead on the training of practically-capable medical

[265] *Ibid.* 239.
[266] *Ibid.* 239.
[267] M. E. Barker, R.R.C. "Native Hospital Aids. A Guild Organisation." *South African Nursing Record* (October 1918). 7-9; M. E. Barker, R.R.C. "Native Hospital Aids. A Guild Organisation." *South African Nursing Record* (November 1918). 23; "Native Hospital Aids." *The British Journal of Nursing* (March 15, 1919). 168.

auxiliaries and aids, divided the medical profession.[268] White doctors lamented the possibility of economic competition from fully trained African doctors, some going so far to suggest that "their prospective black colleagues serve a 'probation period' after qualification, during which time their 'moral character' could be evaluated."[269] Phrases like 'moral character' and 'essential attributes of unwritten qualities' miasmically encircled these debates because they were vaguely premised dialogic expressions of intrinsic, ineffable, and insuperably distinct cultural attributes which could preclude the inclusion of African candidates or professionals whilst maintaining a theoretically liberal façade of racial uplift through Westernisation.

Little actionable headway on the training of either African nurses or nursing aids was made before end of the 1920s. The Loram Committee of Inquiry – actioned by the Department of Native Affairs in 1927 and chaired by Dr C. T. Loram, foundational member of the Joint Councils movement[270] – recommended the physical segregation of white and African medical students at the University of the Witwatersrand, but envisioned that African students would receive equal training to their white counterparts. The Committee's findings argued that "it was impossible to supply to health needs of the black population through white doctors alone… [an additional advantage of training African practitioners was] the 'psychological factor in the better understanding between doctor and patient, due to the bonds of a common race, language and social outlook'."[271] This latter point, familiarly employed by Neil Macvicar in his letter to *The British Journal of Nursing* in 1911, was one of the foremost rationalizations utilised by white liberals in advocating for complete and commensurate nursing training for African women – centrally, it invoked the mythos of service.

Shapiro notes that the Loram Committee's proposals regarding pedagogically identical and physically segregated education for African health personnel "ultimately failed" to inspire

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[268] Shapiro. "Doctors or Medical Aids." 234-255.
[269] *Ibid.* 234-255.
[270] The Joint Councils Movement – which advocated for the "introduction of inter-racial councils" with the intention of "promoting the well-being of the Union and good relations between European and Non-European peoples through discussion and practical co-operation," amongst other aims – was transplanted from the American south into South Africa in the early 1920s. C. T. Loram and J. D. Rheinallt Jones were two notable members – others members were eminent "clergymen, journalists, lawyers, civil servants, municipal officials, and businessmen". See: "Administrative History." Joint Council of Europeans and Africans. Fonds AD1433. Historical Papers Research Archive, University of the Witwatersrand, Johannesburg, South Africa. For a history of the Joint Councils, see: J. W. Horton. "South Africa's Joint Councils: Black-White Co-operation between the two World Wars." *South African Historical Journal*, 4:1 (1972). 29-44; Richard John Haines. *The Politics of Philanthropy and Race Relations: The Joint Councils of South Africa, c. 1920-1955.* PhD Dissertation, School of Oriental and African Studies, University of London (1991).
[271] Shapiro. "Doctors or Medical Aids." 234-255.

much Governmental action at all.[272] The Committee had suggested that, to address the health needs of the rural African populace, "village nursing stations" should be established and "staffed with an African health assistant and an African nurse-midwife with cooperation from mission hospitals."[273] It was a scheme with some similarity to that of the King Edward VII Order in its premise of district nursing, and likely would have faced the same Sisyphean uphill of unreliable transport, inconceivable distances, and a general want of willing volunteers, if ever implemented – which, to all indications, it was not.

In addition to the publication of the Loram Committee Report, 1928 also saw the unification of the four Provincial Medical Councils into the South African Medical Council under the Medical, Dental and Pharmacy Act (No. 13 of 1928), with two nursing professionals – B. G. Alexander and Miss L. L. Bennie – represented on the Medical Council for the first time.[274] Significantly, this development had the additional effect of establishing registers for trained midwives and nurses – with various subcategories including "medical and surgical nurses, fever nurses, sick children's nurses," etc. – without distinguishing the race of personnel (gender, however, was distinguished, with 'male nurses' holding a distinct register). B.G. Alexander, in her capacity as Honorary General Secretary and Treasurer and later as Honorary General Secretary to the SATNA, had been conscious of the "very urgent necessity" of an institution of "Native Nursing Service" since 1919.[275] At a meeting of Johannesburg hospital Matrons held in early 1930, the question of representation for African nurses within the profession was again raised.[276] Preference was given to the formation of a separate organisation, "modelled along the lines of the Student Nurses Section of the SATNA" which would include both student and graduate African nurses.[277]

However, the meeting remained unconvinced of the feasibility of creating and managing such a body, and it was concluded that "for the time being at least, it would be better to lay more emphasis upon the formation of Wayfarer detachments in the training schools, than to institute a new organisation."[278] The Girl Wayfarers' Association was an extracurricular

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[272] *Ibid.* 250.
[273] Sweet and Digby. "Race, Identity and the Nursing Profession in South Africa, c. 1850-1958." 109-124.
[274] Searle. *Testimony to Fifty Years of Service*. 36.
[275] Marks. *Divided Sisterhood*. 90: "McCord, My Patients, p. 242; Natal Archives, Natal Medical Council (NCM) T6 B.G. Alexander, Gen. Sec. SATNA to Sec. Natal Med. Council, 24 Feb. 1919."
[276] "The Bantu Nurses' Association. History of Movement." Series: ABC 76: Personal papers. Bridgman Family (S. Africa, 1860-1946). Houghton Library, Harvard University. American Board of Commissioners for Foreign Missions Archives.
[277] "The Bantu Nurses' Association. History of Movement." *Ibid.*

program that, much like the Girl Guides, awarded its members' progress with "proficiency badges in five different 'Ways'."[279] As Deborah Gaitskell remarked, "badges in home-nursing, hygiene and first aid proved most popular initially, nursing being a highly favoured future occupation with Transvaal African schoolgirls [by the mid-1920s]."[280] Significantly, the South African Institute of Race Relations (SAIRR) suggested as early as 1932 that training hospitals for African nurses gave tacit preference to women who had, in addition to the prerequisite primary education, taken courses in domestic work or teacher training.[281] Such experience demonstrated a compatible work ethic with nursing training, as well as exposure to relevant skills such as sewing, sick-cookery, and cleanliness.

The Wayfarers had been founded by Edith Rheinallt Jones in 1925, following the exclusion of non-Europeans from the South African Girl Guides' Association.[282] Like the Helping Hand Club – of which Mrs. Rheinallt Jones was the President between 1932 and 1943 – the Wayfarers was a cornerstone for the dissemination of Christian ideology amongst African girls. As a part of the wave of "new missionary focus on youth on the Reef" which crested in the 1920s, Mrs. Rheinallt Jones and Mrs. Ray Phillips of the American Board of Commissioners for Foreign Missions (ABCFM) co-operated on establishing the Wayfarers as a "mission-centred enterprise."[283]

Against the backdrop of ongoing debates regarding the feasibility of inclusive or distinct training for African nurses, the Wayfarers and the Helping Hand Club helped to mould young African women to the nursing profession – both in their inherently Christian ideology, and in their provision skills and values, particularly regarding sanitation, which would be relevant to the fledgling nurse. By 1932, when the issue of racially distinct training was raised yet again at the SAIRR Conference, the Association was more amenable to the proposed creation of a 'sisterly' associated body for trained African nurses to organise on their own behalf. The

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[278] *Ibid.*
[279] Deborah Gaitskell. "Housewives, Maids or Mothers: Some Contradictions of Domesticity for Christian Women in Johannesburg. 1903-1939." *The Journal of African History*, Vol. 24 No. 2 (1983). 246.
[280] *Ibid.* 246.
[281] "Proceedings of Conference on the Training of Non-European Nurses (1932, Bloemfontein)." Fonds AD1715, File 10-10.5-10.5.2. South African Institute of Race Relations. Historical Papers Research Archive, University of the Witwatersrand.
[282] "John David Rheinallt Jones Papers". Fonds A394. Subseries C43. Girl Wayfarers Association. South African Institute of Race Relations. Historical Papers Research Archive, University of the Witwatersrand.
[283] Deborah Gaitskell. "Upward All and Play the Game: The Girl Wayfarers' Association in the Transvaal 1925-1975." In Peter Kallaway (ed.) *Apartheid and Education. The Education of Black South Africans.* (Ravan Press: Johannesburg, 1984). 222-264.

Witwatersrand Branch had already selected a member of its ranks – Ruth Cowles, an American nurse residing in Johannesburg at the behest of the American Board of Commissioners for Foreign Mission (ABCFM), with a keen interest in organising African nurses under a common Christian ethos – as a representative for so-called "non-European" nurses. Under her guidance, African graduate nurses on the Rand would achieve not only professional, but spiritual organisation.

Ruth Cowles was herself a trained nurse, although her interest in establishing a channel of professional and social organisation for African nurses was more directly inspired by her religious background. Cowles was the granddaughter of Rev. and Mrs. Henry Martyn Bridgman, pioneers of the ABCFM in Natal; and the niece of Dr. Fredrick B. Bridgman and Mrs. Clara Bridgman, of the Bridgman Memorial Hospital in Johannesburg.[284] She had spent the first decade of her life at the Adams Mission in Natal, returning to Massachusetts to recover from an illness at age eleven – there, she would complete her schooling and later her nursing certification. She returned to South Africa as an adult in 1925 at the request of the ABCFM, to assist a Swiss doctor, Dr. Madame Marguerite Crinsoz de Cottens, who had established a women and children's clinic in Doornfontein, Johannesburg, in collaboration with the Bridgman family.

[284] "Ruth Cordelia Cowles." Series: ABC 76: Personal papers. Bridgman Family (S. Africa, 1860-1946). American Board of Commissioners for Foreign Missions Archives. Houghton Library, Harvard University.

Figure 2. Photograph of Ruth Cowles.[285]

At this time, Ruth's aunt, Clara Bridgman, was already an influential stakeholder in the campaign for social reform in Johannesburg. Through the American Board of Commissioners for Foreign Missions, Bridgman was the founding impetus behind the Helping Hand Club for Native Girls in 1919, a hostel for African women employed in domestic service. The hostel had a distinctly Christian character, as so many of the period did, and aspired to keep its residents "sexually chaste by means of safe accommodation, regular spiritual teaching, constructive use of leisure, and the personal supervision of a 'kindly Christian Matron';" ultimately aspiring to raise the status of domestic servants and "guarantee efficient, reliable servants to whites."[286] By 1930, the Club was not only providing accommodation and supervision for African women employed in domestic service, but undertook the provision of training in such: "lessons in cooking, dressmaking, laundry and general housework were given as well as courses in English, reading, arithmetic, first aid and home nursing."[287]

Facing financial difficulties and the malaise of the economic depression, the ABCFM retrenched Cowles from the Doornfontein Clinic in 1934 – however, through the efforts of Mr. Rheinallt Jones and Mr. Falwasser, representing the Alexandra Health Committee, Cowles was once again employed only six months later at the newly established Alexandra Health Centre.[288] Shortly thereafter, with support from the students and faculty of the University of the Witwatersrand, the Alexandra Clinic became affiliated with the University as the Alexandra Health Centre and University Clinic, with Ruth Cowles serving as Nursing Superintendent.[289] Until her departure from South Africa in 1946, Ruth Cowles was intricately connected to the work of Mr. Rheinallt Jones and his wife Edith B. Rheinallt Jones (until

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[285] *Ibid.* Photograph undated.
[286] For more on the Helping Hand Club and Christian hostels in Johannesburg, see: Deborah Gaitskell. "'Christian Compounds for Girls': Church Hostels for African Women in Johannesburg. 1907-1970." *Journal of Southern African Studies*, Vol. 6 No. 1 (October 1979). 44-5; Deborah Gaitskell. "Housewives, Maids or Mothers: Some Contradictions of Domesticity for Christian Women in Johannesburg. 1903-39." *The Journal of Southern African History*, Vol 24. No. 2 (1989). 246.
[287] "Biographical Sketch." Fonds A2052. The Helping Hand Club for Native Girls in Johannesburg Records. Historical Papers Research Archive. University of the Witwatersrand.
[288] "Extracts, from recent letters from Ruth Cowles (February 11, 1935)." Series: ABC 76: Personal papers. Cowles, Ruth G. (S. Africa,1925-1946). American Board of Commissioners for Foreign Missions Archives. Houghton Library, Harvard University.
[289] "Alexandra Health Centre and University Clinic Report" (1937). Fond AD1715: File 9.12.5. South African Institute of Race Relations. Historical Papers Research Archive. University of the Witwatersrand. For more on the SAIRR and the Alexandra Health Committee, see: David Duncan. "Liberals and Local Administration in South Africa: Alfred Hoernle and the Alexandra Health Committee, 1933-1943." *The International Journal of African Historical Studies*, Vol. 23 No. 3 (1990). 475-493.

Edith's death in 1944) at the South African Institute of Race Relations. Cowles and the Rheinallt Jones' cooperated on endeavours like the Non-European Health Week (a programme arranged by the Public Health and Native Affairs Departments in the 1930s)[290], and the Medical Work Committee of the Christian Council of South Africa which advised the work of medical missions.[291] Mrs. Rheinallt Jones and Miss Cowles regularly corresponded with one another, particularly with regards to the training and employment of African nurses around Johannesburg.[292]

Hence, when, in October of 1932, the Bantu Trained Nurses' Association (BTNA) was established in the Doornfontein suburb of Johannesburg under the supervision of Ruth Cowles, it was primed to serve a distinctly Christian agenda.[293] And, consequently, the explicitly Christian character of the BTNA was a crucial aspect in how African nurses navigated the politics of respectability within the profession and in wider society. While Ruth Cowles is often drawn at the centre of the BTNA's history, it is important to note the agency of the African nurses who comprised its membership. Most of the African nurses who comprised its membership had attended various mission-schools and colleges, and by-and-large their relationship to nursing had been codified as a distinctly Christian endeavour independent of Ruth's ministrations. Additionally, the Association came about through a culmination of interests expressed by the South African Trained Nurses' Association, *and* the efforts of graduate African nurses on the Rand in the late-1920s – one notable nurse among them being Victoria Mangena, trained at the Victoria Hospital, Lovedale, and the first trained African nurse to work in the Transvaal. Mangena and her colleagues argued that young and recently qualified African nurses were in need of "some unifying and uplifting force" to guide their professional trajectory after they left their training schools.

Hence, far from being a puppet limb of white nursing elites, the Bantu Trained Nurses' Association carved out a space for trained African nurses on the periphery, and afforded them opportunities to meet, converse, and coordinate to their benefit. In utilising *The Bantu World* as a medium for communication and advocacy, the BTNA was actively involved in the

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[290] "Alexandra Health Centre and University Clinic Report" (1937). File 9.12.5. *Ibid.*
[291] "Minutes 1. Christian Council of South Africa. Medical Work Committee." (1937). File 9.6.2.7. *Ibid.*
[292] "Correspondence Relating to the Training of Nurses." File 10.4. *Ibid.*
[293] "The chief aims of the Bantu Nurses' Association are as follows: First, to provide opportunities for spiritual, social, and professional intercourse and co-operation amongst Bantu nurses." Series: ABC 76: Personal papers. Bridgman Family (S. Africa, 1860-1946). American Board of Commissioners for Foreign Missions Archives. Houghton Library, Harvard University.

construction of its own professional narratology, and the creation of the modern nurse as an archetype with far reaching consequence.

4. "The Gospel of Modern Nursing": The Bantu Trained Nurses' Association and Narratives of Agency.

The spectre of Florence Nightingale and her reverential mythology exacted substantial influence over the construction of the modern nurse as a professional and behavioural archetype, perhaps especially so for the rising generation of trained African nurses on the Rand between 1932 and 1944. The professional badge of the Association, designed in 1934, was themed silver and blue, with the lamp of Florence Nightingale inlaid as the central insignia.[294] The ceremonial issuing of the badges was also accompanied, in Ruth Cowles' recollection, by a "fine" address from one of the speakers on the subject of Florence Nightingale's life and legacy – the foundress' invocation, Cowles hoped, would "prove an inspiration to the girls and be a unifying influence."[295] The lamp was a recurring motif for the Association, featuring in the decorations of Annual Meetings and Biennial Conferences alike – regularly the subject of lecture and ministration, Nightingale represented the moral archetype to which members were roused to aspire.

By the fourth Annual Meeting of the Bantu Trained Nurses' Association in 1937, the Association had been recognised by the International Council of Nurses in Geneva, Switzerland, and granted a badge of association.[296] Such was a monumental acknowledgement and endorsement of the Association – appropriating Charlotte Searle's evaluation of international recognition for the SATNA, which was that international recognition was vital in legitimising the work of the BTNA and their adherence to international standards of nursing.[297] *The World*'s reporting of the event reflected warmly on the 'sisterly support' which the SATNA offered the BTNA, with Miss E. Winter, Charter Member of the SATNA, pinning the International Council of Nurse's new badge to the BTNA's first president, Nurse Caroline Zondi.[298] Mrs. K. C. Wright, the Organising Secretary for the Florence Nightingale Memorial Fund in the Transvaal, also attended the event, giving "a vivid account of the life

[294] Regrettably, no accompanying photographs. Description of the badge found in: Bridgman family Papers, 1856-1971. (S. Africa, 1860-1946). American Board of Commissioners for Foreign Missions Archive. Houghton Library, Harvard University.
[295] Papers, 1856-1971. *Ibid.*
[296] "Bantu Trained Nurses' Association. 4th Annual Meeting. Jan. 24th, 1937." Cowles, Ruth G. (S. Africa, 1925-1946). *Ibid.*
[297] Searle. *Testimony to Fifty Years of Service*. 29.
[298] "Bantu Nurse's [Sic.] Association." *The Bantu World*. (July 13, 1935). 13.

and work of 'The Lady of the Lamp' [and] showing the necessity of applying her needs, ideals, and spirit to the life and work of every nurse today."[299]

The Bantu Trained Nurses' Association, in part by embracing such a revered historical figure as its spiritual patroness, successfully carved out a space for African nurses to organise in their own professional – as well as spiritual and political – interests. Charlotte Searle acknowledged some decades later that the BTNA had been instrumental in advancing the professionalisation of African nurses, remarking that: "Subscribing to these standards [those laid out by the BTNA] marked the point at which Bantu nurses had begun to adopt a professional outlook and to acknowledge the responsibilities which a profession imposes on its members."[300] Hence, one can argue that the BTNA's spiritual subscription and ideological adherence to the Nightingale myth, at least in part, legitimised the inclusion of trained African nurses in the eyes of white elites within the profession. However, as demonstrated herein, the ideological framework of piety and self-sacrificial compassion reflected the ever-present politics of respectability and decorum for African nurses, and, consequently, was flexibly weaponised by *and* against them in oscillation.

Newspapers, serials and novels had been undeniably powerful forces in the creation of the Nightingale Myth, but in the twentieth-century, nurses in both South Africa and Britain alike aspired to wield greater control over their own professional narratology – and nursing journals offered such control. Although the Bantu Trained Nurses' Association did produce a short-lived monthly newsletter for a period of time in the 1930s, no existing copies could be located for the purposes of this dissertation. Short, periodic mention of the BTNA can be found through a close reading of *The South African Nursing Journal*, but the articles and addresses tended to fulfil the social and spiritual expectation of African nurses as held by their white colleagues, rather than reveal the complex interior of their professional lives.

In one such example, *The South African Nursing Journal* under the editorship of Mrs. H. Horwood (1936-1945), published an idyllically framed address from Nurse M. D. S. Tappa, a member of the BTNA, likely given at one of the Association's Annual Meetings or Biennial Conferences, in which she detailed the daily routines of the Isolation Hospital near Graaff-Reinet.[301] In it, Nurse Tappa described her joyful working relationship with the Hospital's

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[299] *Ibid.* 13.
[300] Searle. *History of the Development of Nursing in South Africa*. 273.
[301] "Bantu Trained Nurses' Association. Taken from an Address by Nurse M. D. S. Tappa." *The South African Nursing Journal* (January 1941). 71.

Medical Officer, whom she described as "a perfect gentleman… ever ready to give advice and render assistance to me whenever I need it."[302] The Hospital patients were predominantly afflicted by contagious diseases like gonorrhoea, venereal syphilis, enteric and tuberculosis – Tappa does not mention whether her training in fever and infectious disease had sufficiently prepared her for the realities of ward life, although a lack of training in contagious disease nursing was then, and remained, a common complaint amongst members of the Association.[303] Instead, Tappa dedicates her address towards a sermonic meditation on the duty and responsibility of the nurse. "Do you not think that a nurse's first duty should be of a resolute, sympathetic, painstaking, long-suffering and pious nature?" She asked in reflection of the many difficulties she had faced upon arrival at the Isolation Hospital in 1937.[304] Apart from mentioning a want of 'medicines' and implying a degree of dilapidation, Tappa does not linger on the details of her difficult arrival; instead, she insists that through polite pestering of the respective authorities, she was able to secure the materials she needed on a 'satisfactory basis', despite the evident disinterest her local councillors had towards the hospital. In an attempt to rouse sympathy, Tappa campaigned for renovations to the hospital in her personal capacity – she does not reflect on whether this was an unfair expectation – and shortly found that, through new wooden flooring and flowerbeds, official interest in the hospital picked up. Being one of only two nurses – supplemented by two wardmaids, who undertook the menial labour of hospital sanitation – Tappa found that the substantial stress of the work in "the terrific heat of summer and the severe cold of winter" had "reduced [her] weight considerably." She noted this, uncritically, as a positive.[305]

In her closing remarks, Nurse Tappa reflected on one "very bad case" of tuberculosis which she had nursed in the preceding November: the patient had bled profusely, "so much that nothing appeared to stop the haemorrhage," and weakened rapidly under Tappa's care.[306] "I again appealed to the Almighty to be merciful and restore the man to his former health." She explained. "After I had counted my beads, I gave him another injection which soon stopped the issue of blood. I am sure you will be pleased to hear that this patient is fit as a fiddle and working in town."[307] She extended her thanks to Matron S. N. Marwick of the Provincial

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[302] *Ibid.* 71.
[303] "5th Biennial Conference, BTNA" The South African Nursing Journal, Vol. No. (June 1944). 89.
[304] "Bantu Trained Nurses' Association. Taken from an Address by Nurse M. D. S. Tappa." *The South African Nursing Journal.* (January 1941). 71.
[305] *Ibid.* 71.
[306] *Ibid.*
[307] *Ibid*.

Hospital, Port Elizabeth (who had, for some years, been the SATNA representative to the BTNA in Port Elizabeth) "for her zeal and untiring efforts in guiding us," and ended with the remark to her fellow nurses that "there are others who share the same difficulties and hardships… Cheer up, my colleagues; your cause is a noble and honourable one."[308]

The perceived 'nobility of the cause' had almost certainly prevented Nurse Tappa from reflecting critically upon the grossly inordinate demands which the work at the Isolation Hospital had placed on her. She embraced a Nightingale model of pious suffering, which was heralded as central to not only the organisation of the BTNA, but of African nursing on the whole. In an address given at the Association's Eighth Annual Meeting in 1941, Mrs. Maddie Hall Xuma – wife of the famed Dr. A. B. Xuma – invoked the spirit of Florence Nightingale in her reflections on the 'responsibilities and privileges' of nursing.[309] She likened the work of the BTNA to that of the National Association of Coloured Graduate Nurses in the United States (Mrs. Xuma was an American herself, and a graduate of Columbia University), and stressed the capacity of the nurse for racial uplift. "To me as a casual observer and lay person it seems that you should realise that you have a God-given opportunity as well as a responsibility to maintain the standard of your profession," She stated firmly, "as well as to propagate the gospel of modern nursing and prevention of disease amongst the African people. You know their traditions… their problems and attitudes; you should know the best way of approaching without offending or arousing opposition."[310]

The Bantu World newspaper – while not directly comparable to the role of *The South African Nursing Journal* – did provide a medium through which African nurses could regularly communicate the progress of their Association. The paper was, arguably, also independently interested in nurses as an emerging class of modern African women; comprising a portion of literate urban Africans, nurses were a notable part of *The World*'s readership. Particularly with steady growth in the number of nursing probationers from the late 1930s and into the 1950s, African nurses were represented as community pillars and symbols of collective social upliftment. The BTNA advertised its meetings and happenings within *The World*. Regular updates on meetings – including attendances by local Deaconesses, or members of the South African Trained Nurses' Association – were included on a more or less biweekly schedule.

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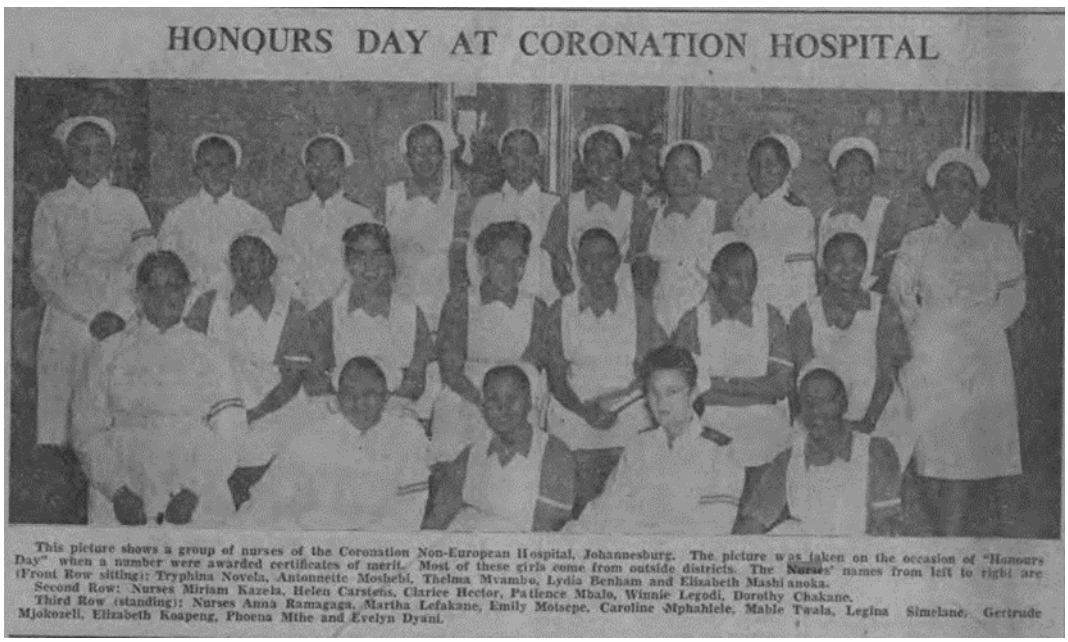
[308] *Ibid.*

[309] "Bantu Trained Nurses' Association. Transvaal Branch. Eighth Annual Meeting. Address by Mrs. A. B. Xuma." *The South African Nursing Journal* (May 1941). 133.

[310] *Ibid.* 133. Significantly, this exemplifies the earlier missionary ideals for the trajectory of African nursing.

The comings-and-goings, marriages and promotions of African nurses were also included in brief blurbs in the social columns. *The World* also reported proudly on the achievements of the Bantu Trained Nurses' Association in longer form articles – including the Association's recognition by the International Council of Nurses in Geneva, and its proliferation in the form of the several additional branches being established across South Africa by the time of the Association's dissolution in 1944.

The Bantu World newspaper featured, with increasing regularity, photographs of young African nurses in starched uniforms, with captions that both encouraged young nurses in the pursuit of professional achievement, as well as boasted of their beauty and the prestige of their training institution. Consider the photograph of the nurses at Coronation Hospital below.[311] As Lynn Thomas observed in her study of *The Bantu World*'s 1932-33 beauty contest, these photographs were initially framed in an austere, Victorian style.[312] The early full-body photographs of the 1930s often depicted unsmiling young women in modest dress or formal uniform; whilst in the later photographs of the 1940s and 1950s, the photographs were often taken from the shoulders up, with more attention drawn to the expression of the subject (who was frequently smiling), or, as in one occasion of a full-body photograph, to the high quality of her (non-uniform) clothing.


HONOURS DAY AT CORONATION HOSPITAL

This picture shows a group of nurses of the Coronation Non-European Hospital, Johannesburg. The picture was taken on the occasion of "Honours Day" when a number were awarded certificates of merit. Most of these girls come from outside districts. The Nurses' names from left to right are (Front Row sitting): Tryphina Novela, Antonnette Moshebi, Thelma Mvambo, Lydia Benham and Elizabeth Mashianoka.
Second Row: Nurses Miriam Kazela, Helen Carstens, Clarice Hector, Patience Mbalo, Winnie Legodi, Dorothy Chakane.
Third Row (standing): Nurses Anna Ramagaga, Martha Lefakane, Emily Motsepe, Caroline Mphahlele, Mable Twala, Legina Simelane, Gertrude Mjokozeli, Elizabeth Koapeng, Phoena Mthe and Evelyn Dyani.

Figure 3. Photograph of nurses at Coronation Hospital.[313]

[311] "Honours Day at Coronation Hospital." *The Bantu World*. No. 37 (1949). 8.
[312] Lynn M. Thomas. "The Modern Girl and Racial Respectability in 1930s South Africa." *Journal of African History*, Vol. 47 (2006). 461-90.

While Thomas aptly demonstrates the evolution of fashion and beauty trends over the period, nurses were rarely ever shown out of their uniforms in their featured photographs. This is perhaps unsurprising, as the uniform itself was emblematic of the respectable – and decidedly Christian – character which defined the profession for members of the BTNA, and consequently, embodied their own cultural identity. The uniform itself consisted of a dress, a headpiece varyingly termed either a cap or veil depending on the nurse's station, and an apron – with its visual similarity to nuns' attire, the uniform harked back to the Nightingale era of nursing and recalled the vocational proximity to ministration and charity work. Obviously, the uniform later came to be symbolic of sanitation and cleanliness in Western cultural imagination – the obvious relation to Godliness ever present. One need only consider the photograph of the aforementioned Nurse A. V. Mangena – the woman who would become the treasurer of Bantu Trained Nurses' Association – which was featured in the *World* in November of 1932.

Figure 4. Photograph of Nurse A. V. Mangena.[314]

[313] "Honours Day at Coronation Hospital." *The Bantu World*. 16:37 (March 5, 1949). 8.

Miss A. V. Mangena, in her capacity as Treasurer of the BTNA and aware of the social status which nurses held within their communities, utilised *The Bantu World* as a medium for professional and political advocacy, as well. In one notable example, she wrote to *The World* in April of 1934 to express concern for another member of the Association – Nurse H. Mbhata, Hon. Secretary to the BTNA – who had experienced mortifying treatment at the hands of the "Pick-Up Police" whilst returning home from a function in a taxi.[315] An unspecified number of policemen had stopped the taxi in which Nurse Mbhata was travelling and "demanded special passes" from the occupants – whilst Mangena did not discuss the details of the incident itself, she stated that a male physician, Dr. J. D. Taylor, was instrumental in later securing the release of Nurse Mbhata, implying that the Hon. Secretary had been detained by the police for an unspecified period of time. Miss Mangena declared with indignation that the event in question and the prescription of passes in general, "lowered the dignity of professional people as well as decent members of our race." While the event seems to have stirred little controversy in wider circles, evidentially an anti-pass sentiment existed within the BTNA as early as 1934. The common rallying cry that passes were an indignity towards African women resounded within this microcosm of trained African nurses based in Johannesburg. Mangena ended her letter with the question: "Where is the Congress? Shame!" (Possibly referring to the African National Congress, who had already been openly campaigning against passes for African women.)

Letters written in reply to this incident were featured in pursuing issues of *The World*, and expressed genuine shock at the event. But surely, one letter remarked in July of 1934, that if nurses wore their uniforms – even whilst off-duty or during social engagements – they would be safe from such indignant treatment. In response, a member of the BTNA, Nurse Msiwa, who did not give her first name, wrote that uniforms were no deterrent to pick-up police. "The pick-up van has no class distinction," she wrote, "as long as the skin is black." Nurse Msiwa also added that "condemning" young women who "also want to enjoy the privilege of dressing themselves in silk, georgette and so forth" was deeply unfair. They were still women, after all – and young women, at that. "My duties begin and end in a hospital ward." Msiwa concluded. "I wear my uniform on that occasion only." Herein lay the tension: African nurses were required to meet increasingly biomedical demands of care, whilst still

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[314] Front Page. *The Bantu World*. 1:31. (November 5, 1932). 1.
[315] "Our Opinion and Readers' Views. Pick-Up Picks Up Nurse." *The Bantu World* (April 21, 1934). 8.

maintaining the strict evangelical behavioural code which placed their own personal agency, comfort, and desire as secondary to their Christianised role as "harbingers of progress and healing in Black society."[316] Their professional status was imbued with a reverential quality formulated in the mission hospitals of the early twentieth century – of which the uniform was a symbol. The seeds of political and social consciousness evident in these exchanges, to some degree recognised the restrictive nature of such.

The BTNA was disbanded shortly after the passage of the Nursing Act (No. 45) of 1944, which ushered in a new age of organisation for the trained nursing profession. Growing dissent amongst white student nurses on the Rand collimated in the Trade Union Crisis of 1942, in which the SATNA was forced to acknowledge its shortcomings as a professional Association. The Trade Union agitation had not included Black nurses, despite the similarity of their plight to that of white student nurses. Both groups had been excluded from SATNA membership, instead being encouraged to form 'associated' coalitions in their own interests; both had been subject to the 'petty tyranny' of white hospital Matrons which had contributed to increasingly bitter resentment towards the Matronage class; and both had been drastically exploited for their labour against the prolonged shortage of trained nurses and ever-expanding hospitalisation. Shula Marks acknowledges that an 'extremely small' number of African nurses in the 1940s *were* politically active alongside the ANC Youth League and possibly the Communist Party in the first half of the twentieth century, however their activities only blossomed in the latter half of the 1940s and 1950s, rather than at the time of the Trade Union Crisis.[317]

The 1944 Act legislated that all trained nurses – irrespective of race or gender – would become full members of the newly formed South African Nurses' Association (SANA), and have their statutory and professional interests represented by the South African Nurses' Council (SANC). As Charlotte Searle described it, the Association was established to "safeguard the interests of nurses", whilst the Council was to "regulate the profession in the interests of the public."[318] Registration to SANA and SANC was thereafter made compulsory for all trained nurses in South Africa, and this proved to be a relatively unpopular decision amongst nurses who had not previously been associated with the SATNA – Charlotte Searle estimates that only thirty-percent of trained nurses and midwives in South Africa had been

[316] Marks. *Divided Sisterhood*. 78.
[317] *Ibid.* 142.
[318] Searle. *History of the Development of Nursing in South Africa.* 252.

members of SATNA at the time of its dissolution in 1944.[319] Consequently, there was significant hesitation amongst new members caught in a tidal wave of sudden legislated affiliation to an organisation that had been considered elitist and ineffectual by many.

By July of 1944, when the dissolution of the BTNA occurred, there were ten branches of the Association and fewer than 800 trained African nurses across the Union.[320] The exact number of BTNA members is unclear but would have likely ranged in the hundreds – and perhaps more still, if one considered the African student nurses who associated themselves with the BTNA as well. At the Fifth Biennial Conference of the BTNA in 1944, held shortly before its dissolution, almost two-dozen resolutions were suggested regarding the professional position of African nurses.[321] The Conference acknowledged that African nurses were not protected by any law that would provide them with compensation "in the case of disablement incurred during the execution of their duties," which seemed incredibly inhumane considering that they would be "exposed to all infectious diseases which they have to nurse."[322] There was also no pension scheme for African nurses – no uniformity of salaries, or annual or sick leave. The training facilities for fever nursing and venereal disease nursing were decidedly wanting. 'Premiums' on midwifery training – that is, application fees and tuition costs – excluded a vast majority of nurses from seeking training in the field, particularly at State-aided institutions. The employment of "non-European Trained Nurses with experience as Staff Nurses and Ward Sisters in all training Hospitals with non-European Wards" was also suggested, "to ensure discipline and better co-operation with the Student Nurses."[323] Miss Jane McLarty, who had been instrumental in talks to dissuade white student nurses on the Rand from unionising, raised the issue of including "non-European" trained nurses in the Workmen's Compensation Act at the Meeting of the Central Governing Board just a month after the BTNA's Conference – stating that "non-European trained nurses are nursing infectious diseases at their own risk; they are not covered by any Act."[324] However, her request elicited only the vague promise of members of the SATNA to "make further investigation" into the terms of the Act.[325] What became of the former members of the Bantu

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[319] Searle. *Testimony to Fifty Years of Service.* 40.
[320] As reported in "Nursing Education. A Report by Miss S. M. Marwick, Acting Chairman of the SATNA Standing Committee of the International Council of Nurses, 1942-44." *The South African Nursing Journal*, Vol. No. (July 1944). 98.
[321] "5th Biennial Conference, BTNA" *The South African Nursing Journal*, Vol. No. (June 1944). 89.
[322] *Ibid.* 89.
[323] *Ibid.* 89.
[324] "Minutes of the Meeting of the Central Governing Board. July 18th to 28th, 1944." *The South African Nursing Journal*, Vol. No. (September 1944). 122.

Trained Nurses' Association is unwritten history – it is likely that they would have been compelled to register with the Witwatersrand Branch of SANA, and later with the Branch's Non-European Discussion Group. The 1944 Nursing Act may have brought them into the fold, but it did little to address the distinct problems which they faced.

5. Conclusion.

A Vision of Service.

The King Edward VII Order of Nurses and the Bantu Trained Nurses' Association (BTNA) were founded along similar principles by white nursing authorities in the first half of the twentieth century, yet neither of the associations have been the subject of extensive study or critical analysis. Both positioned the 'service' of African nurses within a framework of Christian piety and envisioned African nurses as agents in the dissemination of Western cultural hegemony and biomedical intervention amongst 'their own people' – through their sympathetic cultural comprehension and the ability to address and understand African patients in their own languages. Emmeshed in early-twentieth century discourses of cultural racism within the medical fraternity and amongst medical missionaries, the training of African nurses was framed as the solution to what Shula Marks termed "one of the central dilemmas of the health care profession in a racially divided society" – that being the fear of "white (female) hands on black (male) bodies."[326] Hence, African nurses were theorised to 'relieve' white female nurses of the care of Black male patients, and at the same time serve as "harbingers of progress and healing in Black society."[327] However, as demonstrated, through the BTNA many African nurses were able to take this intended role and function – as conscribed for them by the white medical fraternity – and build into it their own ambitions, and sense of professional identity. They utilised their professional proximity to ministration in their efforts to renegotiate their role and status – and this is equally important.

This chapter has aimed to document and reflect upon the complexity of the ideological and professional contributions of BTNA towards the making of the modern nurse – while not yet comprehensive, this research is significant in addressing history which has not yet been documented. The complexity of the BTNA's ideological and professional contributions towards the making of the modern nurse are in need of further exploration, however one must emphasise in closing the significance of the contributions discussed herein: if only briefly and

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[325] *Ibid.* 122.
[326] Marks. *Divided Sisterhood.* 78.
[327] *Ibid.* 78.

in limited capacity, the Bantu Trained Nurses' Association carved out a space for African nurses on the periphery, and afforded them opportunities to meet, converse, and coordinate to their benefit. In utilising *The Bantu World* as a medium for communication and advocacy, the BTNA was actively involved in the construction of its own professional narratology, and the creation of the modern nurse as an archetype with far reaching consequence. African nurses would become pivotal in the Federation of South African Women's campaign against pass laws for African women from the mid-1950s – and, when faced with the possibility of racial segregation within the nursing profession in 1957, African nurses based on the Rand would reach out to FEDSAW leadership and request assistance with their resistance campaign. While they were ultimately unsuccessful in preventing the Nursing Amendment Act of 1957, the relationship between Rand-based African nurses and FEDSAW arguably demonstrates how the politics of respectability were utilised against the encroachment of apartheid legislation.

Chapter 4: From Cradle to Grave.

Maternity, Midwifery, and Mothercraft in Mid-Twentieth Century Nursing.

1. Introduction

The figure of the midwife has appeared in the margins of various nursing and medical histories, particularly those concerned with reproductive realities in South Africa.[328] The lack of distinction between histories focusing on *nursing* and those focusing on *midwifery* reflects their enduring occupational entanglement. Acknowledging, then, that midwifery and nursing occupied proximal but sufficiently distinct domains at the beginning of the twentieth century in South Africa, this chapter reflects on the processes through which dual certification – that is, holding both nursing certification and midwifery certification – became increasingly relevant to and common amongst trained nurses over this period. This chapter aims to demonstrate how access to midwifery training and certification – as well as the ideology of the emerging field of mothercraft – came to shape the professional boundaries of modern nursing in South Africa, with particular focus on the divergent professional experiences of Black female nurses and white male nurses. As midwifery training and certification became increasingly important, the responsibilities and character of the modern nurse evolved, and professional boundaries were consequently expanded 'from cradle to grave' – yet, as this chapter will demonstrate, dual certification also came to function as a new instrument of professional exclusion, barring certain groups of nurses from full professional status and equal professional opportunities.

It was the British nurses' professionalisation movement of the late nineteenth century which came to define the early professional boundaries between nursing and midwifery. As discussed in previous chapters, trained British nurses of this period were eager to distinguish themselves from their untrained counterparts. To this end, trained nurses acted in tandem with the professionalising medical fraternity to establish formalised systems of professional

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[328] See: Catherine Burns. *Reproductive Labours: The Politics of Women's Health in South Africa, 1900 to 1960.* PhD Thesis, Northwestern University (1995); Susanne Klausen. "'For the Sake of the Race': Eugenic Discourses of Feeblemindedness and Motherhood in the South African Medical Record, 1903-1926." *Journal of Southern African Studies* (March 1997): 27-50; Harriet Deacon. "Midwives and Medical Men in the Cape Colony before 1860." *The Journal of African History*, 39:2 (1998): 271-292; Catherine Burns. "Controlling Birth: Johannesburg, 1920-1960." *South African Historical Journal* (2004): 170-198; Prinisha Badassy. *A Severed Umbilicus: Infanticide and the Concealment of Birth in Natal, 1860-1935.* PhD Thesis, University of KwaZulu-Natal (2011); Sarah E. Duff. "Babies of the Empire: Science, Nation and Truby King's Mothercraft in Early Twentieth-Century South Africa." in Shirleene Robinson and Simon Sleight (eds.) *Children, Childhood and Youth in the British World* (Palgrave Macmillan, 2016): 59-73.

regulation, which recognised standardised measures of technical skill and knowledgeability in the form of prescribed training and examination. For trained British nurses, this also included distinguishing their work from that of untrained or *lay* midwives – a vocational, working-class category of women whose knowledge and practical experience had been passed down as a trade rather than through standardised training, and therefore lacked the appropriate biomedical rigor expected in a professionalising age.[329] These dialectics of standardisation and prescription were imported into South Africa by the British nurses who came to occupy the elite centre of the burgeoning profession. The daily practices and responsibilities of the (trained) nurse and midwife were sufficiently distinct from one another as to warrant individualised legal recognition and separate professional registers in South Africa in 1891 – although, practically, this did not manifest as systematically as in England, because the isolation of colonial frontier obfuscated neat professional boundaries for the modern nurse.[330]

The complex constellation of public health concerns, moral panic, and evolving attitudes towards maternity care and infant wellbeing, which worked to popularise dual certification amongst trained nurses in the first half of the twentieth century, are explored in greater depth in this chapter's first section. Here, this chapter pays particular attention to the rise and establishment of mothercraft in South Africa, arguing that mothercraft and its associative cultural anxieties bridged twentieth century nursing practise and midwifery knowledge, and consequently contributed to the large uptake of dual certification amongst nurses between 1920 and 1960.

Thereafter, the second section of this chapter argues that midwifery training and dual certification offered new professional opportunities for African female nurses, particularly those on the Witwatersrand following the Second World War. Dual certification opened new channels of patient interaction for the modern African nurse – and the evolution of her professional responsibilities corresponded with that of her white female counterpart. This chapter examines a series of advertisements for infant nutritional supplements which

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[329] See: Brooke Victoria Heagerty. *Class, Gender and Professionalization: The Struggle for British Midwifery, 1900-1936.* Unpublished PhD Dissertation, Michigan State University (1990); Sarah Fox and Margaret Brazier. "The Regulations of Midwives in England, c. 1500-1902." *Medical Law International*, 20:4. (December 2020): 308-338; Alice Reid. "Birth Attendants and Midwifery Practise in Early Twentieth-century Derbyshire." *Social History of Medicine*, 25:2. (May 2012): 380-399.

[330] See: Helen Sweet. "Mission Nursing in the South African Context: The Spread of Knowledge During the Colonial and Apartheid Periods." In E. Fleischmann, S. Grypma, M. Marten, & I. M. Okkenhaug (eds.) *Transnational and Historical Perspectives on Global Health, Welfare and Humanitarianism*. (Portal Books, 2013): 137-157.

appeared in *The Bantu World* newspaper, paying careful attention to how the modern African nurse was positioned as a reputable authority in child welfare in the 1940s and 1950s. However, this chapter also notes that despite the increasing normativity of dual certification, access to midwifery training and certification remained stratified along class lines for African nurses. In examining a handful of letters between aspirant African nurses who wished to achieve dual certification and Mrs. Edith Rheinallt Jones of the South African Institute of Race Relations, this chapter advances an analysis of dual certification which acknowledges the reality of its exclusionary consequences for many African nurses.

The third section of this chapter considers the position of white male nurses, who could not access midwifery training at any point between 1920 and 1960, and consequently found their opportunities for professional development stunted. Even after the inclusion of white male nurses at the professional centre in 1946, male nurses were excluded from midwifery training by law and societal custom: the assumption of the inherently feminine and intimate nature of childbirth precluded their involvement. However, in challenging their exclusion from midwifery training and practises, white male nurses often challenged the inherent gender essentialism in mid-twentieth century nursing, and consequently (albeit perhaps inadvertently) challenged broader machinations of South African cultural patriarchy. In attempting to negotiate entry into midwifery, male nurses often championed their own sensitivity, respectability, and empathy – and disavowed their exclusion through the assertion that men were capable of precisely the same vulnerability and sensitivity as women.[331] By appealing to the tenets of late-Victorian femininity which still underpinned the professional culture of nursing in mid-twentieth century South Africa, white male nurses contradicted the gender essentialism implicit in broader patriarchal divisions of labour. The continued exclusion of male nurses from midwifery training, however, demonstrates the rigidity of certain professional boundaries as dictated by the elite vanguard of white female nurses at the professional centre and the medical profession at large.

2. Maternity, Midwifery, and Mothercraft: A Brief Historical Background.

From the earliest editions of *The South African Nursing Record* in 1914, the vocational needs of (trained) midwives were considered in parallel to those of trained nurses in the proposed refurbishments of the newly organised nursing profession.[332] For example, when considering

[331] N.D. "All About Tears." *The South African Nursing Journal*, Vol. XXII, No. 5 (May, 1956): 32.
[332] See: "Suggestions for the Improvements of Nursing Conditions in South Africa." *South African Nursing Record*. (July 1914): 354.

the creation of a "distinguishing badge" for trained nurses – designed to distinguish them from untrained nurses – one article suggested complimentary badges for "those registered as a midwife only" and "those registered as both a trained nurse and midwife" as well.[333] However, as accounted for in the introduction of this chapter, midwifery and nursing were still considered two sufficiently distinct fields of practice, evidenced in their separate legislation and certification. This section aims to give an overview of the anxieties and principles of maternity care which developed in early twentieth century South Africa, to demonstrate the machinations through which dual certification – holding both midwifery and nursing certification – became increasingly relevant to the evolution of the modern nurse, in her role as a 'maternity expert'. The anxieties which underpinned the reformation of midwifery training also heralded the the induction of mothercraft in South Africa, and thus should be viewed as inextricably connected.

In the context of a perpetual nursing shortage and rising infant mortality rates, the role of modern midwifery knowledge and practice was highlighted as increasingly important in addressed these crises. Consequently, the legislation and regulation of midwifery practice became increasingly important to the Colonial Medical Council: between 1920 and 1960, the minimum educational requirement for midwifery training, as prescribed by the Medical Council, was raised four times.[334] Public recognition of the value of a trained midwife, as *The South African Nursing Record* reflected in 1934, was significantly influenced by pressing awareness of child and infant mortality rates in the first quarter of the twentieth-century and the responsive wave of child welfare movements across South Africa.[335] Similarly, mothercraft, as a school of thought which heroized maternity education in mothers themselves, was equally appealing to the South African nursing profession. By teaching – and, thereby, empowering – mothers to care "correctly" for their own new-borns, the nurse could arguably do far more to improve the quality of infant life and longevity of childhood, than if she were limited to the care she could give with her own hands alone.

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[333] What this in turn evidences is that as early as 1914 a cohort of dual-certificated nurse-midwives already existed in South Africa. "Suggestions for the Improvements of Nursing Conditions in South Africa." *South African Nursing Record*. (July 1914): 354.

[334] Searle. *History of the Development of Nursing*. 326. In 1923, the Colonial Medical Council prescribed Std. VI as the minimum education requirement for pupil midwives. In 1929, this became Std. VII; in 1949, Std. VIII; and in 1960, Std. X. Nearly 70% of pupil midwives between 1950 and 1960 – both white and Black – had previously qualified in nursing.

[335] "The Nurse and Her Choice of Career." *South African Nursing Record*. (October 1934): 2.

Dr Truby King, the impetus behind mothercraft, had great success with his initial introduction of training amongst New Zealand nurses under the patronage of the Governor-General's wife, Lady Plunket, in the late 1910s.[336] Mothercraft work was grounded in a growing understanding of food hygiene and nutrition, and it was thought to supplement the existing knowledge of the trained nurse with modern measures to reduce infant morbidity and mortality. Lactation was among the core interests of the mothercraft nurse: both the physiological role of lactation for infant health, and early psychological theories of mother-infant bonding through breastfeeding, would become relevant in successive waves of mothercraft training.

Truby King's vision of mothercraft was also fundamentally eugenicist, with a focus on the preservation of the "good stock" of the white race.[337] A unique set of interlaced anxieties and circumstances made South Africa, at least in theory[338], a particularly fertile ground for the dissemination of King's mothercraft ideals: as King had been concerned with the preservation of "good [white] stock" in New Zealand, so was there a growing concern in South Africa that the "poor white" problem would undermine the socio-economic and cultural fibre of colonial society. A declining birth rate and a rise in infant mortality (and morbidity) were considered alongside the rise in venereal disease and 'decline of Christian monogamy' across South Africa, and compounded anxieties within the medical profession. In particular, rising rates of syphilis and gonorrhoea – associated with supposed immortality and prostitution amongst adults – stirred a distinct alarm within the nursing community for the impact on children:

"The attention of medical sociologists has been directed chiefly towards syphilis, partly because it has been regarded as the most serious of the venereal diseases, and partly also because it is known to be handed down from parent to children; but there is no doubt now

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[336] L. O. Agg. "Mothercraft." *The South African Nursing Journal*, XXII:5. (May 1956): 22.

[337] A selection of relevant research into eugenics and motherhood in South Africa in the first half of the twentieth century: Barbara B. Brown. "Facing the 'Black Peril': The Politics of Population Control in South Africa." *Journal of Southern African Studies*, 13:2. (January 1987): 256-273; Cherryl Walker. "Conceptualising Motherhood in Twentieth Century South Africa." *Journal of Southern African Studies*, 21:3. (September 1995): 417-437; Susanne Klausen. "'For the Sake of the Race': Eugenic Discourses of Feeblemindedness and Motherhood in the South African Medical Record, 1903-1926." *Journal of Southern African Studies* (March 1997): 27-50; Sarah E. Duff. "Babies of the Empire: Science, Nation and Truby King's Mothercraft in Early Twentieth-Century South Africa." in Shirleene Robinson and Simon Sleight (eds.) *Children, Childhood and Youth in the British World* (Palgrave Macmillan, 2016): 59-73.

[338] The demographics of South Africa (white minority; racial boundaries in health care) would prevent the kind of uptake of mothercraft knowledge as had been seen in New Zealand – the concept of mothercraft still remained popular within certain circles in South Africa into the 1970s.

that gonorrhoea is not the simple thing it has been thought to be, and that equally dire and delayed results may occur to the father, the mother, or the unhappy offspring."[339]

The "gross ignorance of parents" in regards to infant feeding was also recognised amongst Capetonian child welfare activists in the late 1910s and early 1920s as one of the serious factors underpinning infant morbidity and mortality.[340] And additionally, Dr A. Jasper Anderson remarked at a meeting of the Cape Province Medical Council in March of 1919 that the subject of "infant feeding" was one of the more "deficient" sections in the recent examination of trained nurses.[341] Hence, a particularly fertile ground for the induction of mothercraft training was laid. King's focus on the elevation of the children of the white middle-class undoubted appealed to the "alliance of white segregationists, church collectives and middle-class whites" in South Africa, who were mutually interested in "the salvation of 'poor whites'" in the 1920s and 1930s.[342]

Mothercraft was introduced to South Africa in close association with the Society for the Protection of Child Life (est. 1908), Cape Town, which established and remained responsible for the Mothercraft Centre in Claremont until the 1970s.[343] The Centre was established in 1925 by Mabel Elliott, Honorary Secretary of the local Child Welfare Society in Claremont, and comprised of two buildings – the Lady Buxton Home; and the Struben Memorial Home – as well as a Dietetic Hospital for Infants, and a training centre for nurses aiming to specialise in mothercraft.[344] By 1956, *The South African Nursing Journal* proclaimed that "mothercraft [was] an essential training" for the modern nurse.[345] "It must be remembered that the aim of mothercraft training is to prevent sickness in the infant and young child and emphasis is laid on the preventative rather than the curative aspect of child welfare. […] Health is one of our greatest national assets, and is our children's birthright."[346] This grants insight into the direction which nursing education would take over the course of first half of the twentieth century: the nurse's role in preventative healthcare would come to be prioritised, and

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[339] Editorial. "The State Control of Venereal Disease." *South African Nursing Record*, I:12. (September 1914): 415.
[340] L. O. Agg. "Mothercraft." *The South African Nursing Journal*, XXII:5. (May 1956): 24.
[341] "Cape Province Medical Council." *The South African Medical Record*, XVII:3. (March 1919): 77.
[342] Burns. *Reproductive Labours*. 9.
[343] A. McD. Mitchell, Matron of the Cape Town Mothercraft Training Centre. "Mothercraft Work in the Field of Nursing." *South African Nursing Record*. (October 1934): 16.
[344] ZA UCT BC1149. Fonds BC1149, Lady Buxton Centre Archive. University of Cape Town Libraries, Special Collections (Manuscripts and Archives).
[345] "The Role of the Nurse in a Positive Health Programme." *The South African Nursing Journal*. (December 1956): 43-46.
[346] *Ibid.* 43-46.

particularly her "instinct to nurse and care for the weaker members of society" would be invoked in midwifery service. "The care of the individual's health starts before he is born and public health is much concerned with prenatal maternal care." The *SANJ* noted in the same 1956 article. "The community needs nurses for the expectant mother. Ante-natal care is designed towards keeping the prospective mother fit and well during her pregnancy, caring for her physical needs, seeing she is prepared for labour and the future care of her child. It is important that the midwife inspires the mother with confidence…"[347]

While not every dual certified nurse sought out further training in mothercraft, the tenets of 'proper' infant nutrition trickled down into the daily responsibilities of the modern nurse in South Africa and were inextricably bound up in her new position as a maternity expert. This was perhaps most evident in the types of advertisements which began to appear in *The South African Nursing Record* (and later, *The South African Nursing Journal*) from the 1930s onwards. In one example, an advert for the brand *Lactagol* which was featured in the *Journal* in January of 1939 (see first image below) is made to appeal directly to nurses – both in their professional capacity and in their capacity "as women" – by supporting "mothers & mothers-to-be" with the production of breastmilk.[348] The lengthy advertisement detailed the value of breastfeeding from both dietary and psychological standpoints, and emphasised that, by recommending the product, the nurse would "enable [new and expectant mothers] to establish with her baby that mystic bond nothing can replace."[349]

As a NURSE—

you know the **physical** advantages of a mother feeding her child at the breast, as it is impossible in artificial milk to obtain **exactly** the chemical constituents and balance of human milk, in spite of the amazing advances made by science in this direction.

As a WOMAN—

however, do you not feel the **real** reason why a woman should do her **utmost** to breast feed her child lies deeper? Modern psychologists, particularly Freud, have proved this **age-old** instinct of women right. Complete motherhood, giving that serenity that comes from purpose fulfilled is impossible without it. **But it is even more necessary for the child;** it is VITAL to its complete psychological development—the absence of it may result in neuroses such as "mother complex," so deepest that they may stop the child from developing psychologically into an adult capable of living the complete life. A woman may realise this and still think herself incapable; in the vast majority of such cases Lactagol' will enable her to do it, as in 30 YEARS it has enabled many thousands of women at a similar disadvantage. ENABLE HER TO ESTABLISH WITH HER BABY THAT MYSTIC BOND NOTHING CAN REPLACE.

As a nurse, you may with every confidence recommend Lactagol; recognised by doctors, clinics and child welfare centres for 30 YEARS as the greatest food

FOR MOTHERS & MOTHERS-TO-BE

LACTAGOL

Healthy Child-Happy Mother

"Lactagol is a scientifically balanced extract of cotton seed with calcium and phosphorus in organic combination.

Taken BEFORE (at the very start of pregnancy, if possible) and DURING nursing, it enables, by acting on the mammary gland, many mothers to produce NATURAL MILK who would otherwise be unable to do so.

FREE A sample of Lactagol will be sent direct to the nurse, or on receipt of postcard with name and address, to any nursing or expectant mother, Write to: HILL & EVERETT (Pty.) LTD. P.O. Box 712, Cape Town.

[347] *Ibid.* 44.
[348] Lactagol advert. *South African Nursing Journal*, (January 1939): x.
[349] *Ibid.* x.

Figure 5. Lactagol Advertisement.[350]

Comparatively, another nutritional advertisement featured just four years later in *The South African Nursing Journal* (see below) made a direct appeal to the responsibility of nurses towards infant healthcare. "Make 'Ovaltine' your little patients' beverage and see their increased vigour and vitality." The by-line of the advertisement reads beneath an illustration of a full-faced white child and the heading *'always happy and healthy'*. "'Ovaltine' provides all the vital food elements which are so necessary to growing convalescent children."[351]

Figure 6. Ovaltine Advertisement.[352]

In both examples, the positioning of the nurse as a maternity and childcare expert, particularly with regards to nutrition and feeding, is apparent. Hence, the popularity of midwifery training and the proliferation of mothercraft ideology, cannot be separated: they reflect the same social anxieties concerning infant mortality and maternal health, and worked in conjunction to evolve the responsibilities (and consequently, the professional boundaries) of the modern nurse.

3. Dual Certification and Professional Development amongst Black Nurses, 1930-1950.

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[350] *Ibid*.
[351] Ovaltine advertisement. *The South African Nursing Journal* (January 1943): xi.
[352] *Ibid*.

> "They are no longer happy with general nursing alone. They take advantage of every course open to the profession:"[353]

This section considers how demand for and access to midwifery training came to shape the boundaries of practice and professional identity for African nurses, particularly in the post-war period of the 1940s. Beatrice Msimang was the "first dually qualified and registered Bantu nurse," according to Charlotte Searle, holding both midwifery and general nursing certification from McCord Zulu Hospital in 1927.[354] However, it was not until after the conclusion of the Second World War that African nurses were able to pursue midwifery certification in significant numbers.[355] The number of educational facilities for midwifery in South Africa only proliferated in the mid-1940s, and this happened to coincide with the expansion of nursing education for African women more generally.[356] By the middle of the 1950s, as the above extract from *The Bantu World* newspaper implies, the value attributed to nursing qualifications had risen tremendously for African women. However, being that many hospitals charged application fees, only considered candidates with advanced academic standing, and did not provide student midwives with a living wage whilst they worked towards their qualification, dual certification was certainly an undertaking limited to a particular class of African nurses. Nevertheless, it is significant to note that amongst African nurses there was a fervent recognition of the professional and economic benefits which dual certification offered in a modern age. By the middle of the twentieth century, it is evident that dual certification was an increasingly normative expectation of the modern African nurse, as it had become for their white counterparts in previous decades. In a sample of advertisements taken from *The South African Nursing Journal* in August of 1958, of those which explicitly appeal for 'non-European' applicants, almost all specified a preference for dual certified candidates.[357] For example, the King Edward VII Order, in advertising vacancies in 1958 for three African nurses, specified that "applicants must be registered with the S.A. Nursing Council as medical and surgical nurses and midwives."[358] Positions requiring dual certification often offered comparatively better pay than those which required only single certification.

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[353] "All About Our Nurses." *The Bantu World* (August 14, 1954): 10.
[354] Searle. *History of the Development of Nursing*. 272.
[355] *Ibid.* 325.
[356] *Ibid.* 272; 324.
[357] "Positions Vacant – Vakatures." *The South African Nursing Journal*, (August, 1958): 52.
[358] "*Ibid.* 52.

Over the first half of the twentieth century, developments in hospitalisation and obstetrics contributed to a growing number of South African women giving birth in hospitals, which concretised the medicalisation of maternity care within the hospital space. At the same time, interwar child mortality rates and the perception of 'moral decline' in the urban centres – manifested as venereal disease and premarital pregnancy rates – contributed to a crisis of public health and moral panic. The medical and nursing professions rallied to address these mounting crises, and the reformation of midwifery training was at the top of their respective agendas. Interestingly, aspects of maternity beyond obstetric care and midwifery also occupied a great deal of intellectual energy amongst nurses and physicians. "Are girls today being adequately trained for the duties of maternity?" Dr Anderson, a member of the Royal College of Surgeons, asked of *The South African Medical Record* in 1916.[359] His anxiety was underscored by concerns that mothers were "ignorant" of "appropriate" infant feeding and hygiene.[360] Indeed, the "gross ignorance of parents" with regards to infant feeding was also cited amongst Capetonian child welfare activists in the late 1910s and early 1920s as one of the serious factors underpinning infant morbidity and mortality.[361] This preoccupation with nutrition, hygiene, and education for mothers, had underpinned the establishment of mothercraft in South Africa, but in affixing cultural anxieties to professional responsibilities, it also positioned the nurse as a *maternity expert*, not only in matters of birth, but also in matters of childrearing.

As with white female nurses, the significance of dual certification for African nurses reflected broader societal anxieties concerning the welfare of infants and children, and the evolving role of the nurse as a maternity expert. As expressed earlier in this chapter, mothercraft was notably popular in social reformist circles and amongst white liberals – and while training in mothercraft remained inaccessible to African women throughout the first half of the twentieth century, the ideology of mothercraft was consequently disseminated amongst African nurses and trainees through the Helping Hand Club. Evidencing such, one need only consider the advertisements for infant nutritional supplements which ran in *The Bantu World*. In a comparable fashion to *The South African Nursing Journal*, the advertisements in *The Bantu World* invoked the nurse as an expert in infant health and feeding. "Take the advice of doctors and nurses." An advertisement for *Incumbe* baby food urged in 1942. "Feed *your*

[359] C. T. Anderson, M.R.C.S., L.R.C.P. "The Training of Our Girls." *South African Medical Record* (May 27, 1916): 147-151.
[360] *Ibid.* 147-151.
[361] L. O. Agg. "Mothercraft." *The South African Nursing Journal*, Vol. XXII No. 5 (May, 1956): 24.

baby on Incumbe and see him grow, healthy and happy."[362] Earlier in the same issue of *The Bantu World*, an advertisement for *Nutrine* baby food – which appeared under the banner, *is your baby often crying?* – used the same invocation of the nursing profession to highlight its function in infant welfare: "Dick is often crying and screaming, which is a great trouble to his mother and father. He cries because his food does not *nourish* him properly. […] Doctors and nurses advise mothers to feed their babies on NUTRINE. Babies like it, and it is no trouble to prepare."[363]

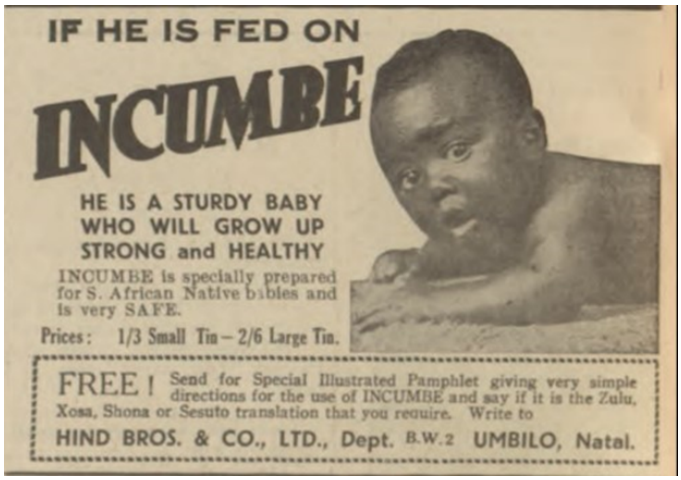

Figure 7. Incumbe Advertisement.[364]

It is notable that the advertisements for infant nutritional supplements position the opinion of the nurse as equitable to that of the doctor. This chapter would argue that the significance afforded to the opinion of the nurse reflected the changing dynamics of maternity care in the interwar and post-World War II period. While maternity care was increasingly medicalised and centred in the hospital space, African women faced legislative and social barriers to these spaces.[365] Consequently, in order to address the crisis of infant health, the realm of the dual certified African nurse had to be extended into the homes of her patients. *The South African Nursing Journal* declared in 1956 that in order "to look after the health of the baby and the growing child [in the home]," more nurses should consider the position of Health Visitor.[366]

[362] *Incumbe* advertisement beneath "Who's Who in The News This Week." *The Bantu World*, (December 5, 1942): 10.
[363] "Is your baby often crying?" *The Bantu World*, (December 5, 1942): 8.
[364] *The Bantu World*. (February 12, 1938): 10.
[365] Burns. *Reproductive Labours.*
[366] "The Role of the Nurse in a Positive Health Programme." *The South African Nursing Journal*, (December, 1956): 45.

Health visitation was a distinct qualification but still required candidates to hold both midwifery and general nursing certification.[367] The role of the health visitor was similarly educational to that of the dual trained nurse who functioned as a maternity expert within the hospital. Following the conclusion of World War II, African health visitors became an important part of the professional ecosystem which maintained public health, and in particular were vital in the reduction of infant mortality in and around Johannesburg – their role as linguistic and cultural interpreters between parents and doctors was highlighted by nursing elites and government health officials alike as hugely significant to this end.[368] The *Journal* stated that within the home environment, health visitors were uniquely positioned to "observe the background of the child and the social circumstances" which affected health – "in cases of poverty, she [the health visitor] is able to advise the mothers on certain foods that are cheaper to buy yet nevertheless have food value."[369] The dual certified nurse, acting as a Health Visitor, was positioned in greater proximity to the family than the average doctor, and consequently, she functioned on the frontline of healthcare services – that her opinion regarding infant health was so highly valued as to be invoked as a selling point for nutritional supplements evidences the significance of this position.

Hence, dual certification opened new channels of patient interaction and evolved the professional responsibilities of the modern African nurse. However, despite the increasing normativity of dual certification, *access* to midwifery training and certification was still very much stratified along class lines for African nurses. Educational backgrounds were preeminent in dictating access to midwifery training and certification, which greatly limited the ability, even of trained African nurses, to access such. Edith Rheinallt Jones contextualised the problem of accessibility in a letter to Miss F. M. Roberts, Superintendent of the King Edward VII Order, in 1941:

"A good many [Black nurses] have only the Hospital Certificate. This, of course, is a position which will pass away in time, but not yet for several reasons: 1. Many were trained when the full training was almost impossible. 2. Many still have only Std. VI and cannot enter on a

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[367] "The Nurse and Her Choice of Career." *South African Nursing Record*. (October, 1934): 5.
[368] Acting Medical Officer of Health, 1966. "Development of Health Services in the Bantu Areas in the Post-War Period." Fond A1132: Patrick Robert Brian Lewis (1910-1992) Memoranda, Subseries Da1. Historical Papers Research Archive, University of the Witwatersrand. See also: Helen Sweet and Anne Digby. "Nurses as Culture Brokers in Twentieth-Century South Africa." in Waltraud Ernst (ed.) *Plural Medicine, Tradition and Modernity, 1800-2000,* (London & New York: Routledge, 2004): 113-129.
[369] "The Role of the Nurse in a Positive Health Programme." *The South African Nursing Journal*, (December, 1956): 45.

registered course. 3. Many smaller mission hospitals and new ones, until they are on their feet, cannot register for full training. They could never improve their standing if it were not for the help given by the Native probationers and these girls get a very good practical training. But they naturally want employment afterwards."[370]

Jones referred herein to the distinction in nursing certification which greatly limited opportunities for further professional development for African nurses. The South African Medical Council – which, between 1928 and 1944, oversaw the examination and certification of nurses and midwives, and consequently controlled the register of trained nurses and midwives in South Africa – required candidates sitting for their examination to be in possession of at least Std. VII and preferably a Junior Certificate (J.C.), in addition to their relevant nursing or midwifery education. However, many of the smaller hospitals which admitted African nursing probationers or trainees for the 'Hospital Certificate' required only a Std. VI. Consequently, many African nurses in possession of Hospital Certificates were not prepared by their respective training institutions to sit for the S.A. Medical Council's final examination – and, consequently, such nurses, despite their training, were not registered with the Medical Council. Hospital Certificates consequently offered lower salaries and fewer professional opportunities. "Nevertheless," Edith Rheinallt Jones added in a private letter, "a *good* Hospital Certificate is often almost as valuable for country work [district nursing] as a fully registered one."[371] Certificates obtained at Mine Hospitals, however, were not suitable for district nursing, as "they [indicated] no outpatient work and [offered] no training with women and children."[372]

From the early 1930s onwards, Edith Rheinallt Jones – in her capacity as the head of the Women's Work Committee at the South African Institute of Race Relations – received a number of letters from prospective nursing probationers and qualified nurses concerning their opportunities for employment and further study. In these letters, the issue of midwifery training and certification became particularly pronounced in the early 1940s. The midwifery course, as Jones had written to the *Bantu World* in December of 1942, was intended for young women who were at least twenty-one years old – while the course was normally a year

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[370] Letter from Edith Rheinallt Jones, SAIRR, to F.M. Roberts, King Edward VII Order of Nurses. Dated 28th July, 1941. Fond AD1715, Subseries 10.4, File 10.4.6. South African Institute of Race Relations, Correspondence Relating to the Training of Nurses. University of the Witwatersrand. Historical Papers Research Archive.

[371] Letter from Edith Rheinallt Jones, SAIRR, to J.K. Ingram, Springfield, Plaston. Dated 1st of August, 1941. File 10.4.7. *Ibid.*

[372] *Ibid.*

in length, trained nurses were able to complete it in six months.[373] Nurses who held both midwifery and general nursing certification could reasonably expect higher rates of pay – the Johannesburg Municipality, for example, set the pay scale for dual certified nurses at "£90 – 10 – £120" in 1940, while nurses holding only general or only midwifery certification could expect £72 per annum.[374]

"Dear madam, I want to go to the Bridgman Memorial Hospital for Midwifery training." Elizabeth Mantsi, a trained nurse living in Germiston, wrote to Jones in October of 1941. "I have sent my application already and I pray day and night for a vacancy. […] I am trained as a nurse at the Johannesburg Non-European Hospital."[375] At least another two nurses in a span of as many months reached out with a similar query – Nurse Bertha Morokane and Nurse Salome Ledwaba both wrote to Jones concerning a placement for midwifery training.[376] Neither Morokane nor Ledwaba had achieved Std. VII, and consequently were unable to find a hospital prepared to train them in midwifery, and were also unable to sit for the Medical Council's midwifery examination.

In Morokane's case, Jones recommended that she write directly to the Matron of whichever hospital she aspired to train at, and specify that while she had only Std. VI, she also had three years Hospital Training after that, "and [the Matron] may possibly let you off the Std. VII [requirement]."[377] However, if this appeal failed, Jones suggested that Morokane could do little more "than just go on nursing without a Midwifery certificate." Nurse Ledwaba, who had been trained at the Crown Mines' Hospital, faced a similar challenge. She stated that she had recently been rejected from midwifery training on account of lacking Std. VII – while she did not name the hospital which had rejected her, Jones "[expected] that it [was] the Bridgman."[378] The Matron of the Bridgman, Jones added, "[had] plenty of Std. VII and J.C. applicants [to] pick and choose [from]." This situation was far from unique: Dr. Taylor of McCord Hospital also "had far more applicants than [he] could accept," and additionally

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[373] Edith Rheinallt Jones. "What Shall We Do With Our Girls." *The Bantu World*, (December 5th, 1942): 8.
[374] Statistic quoted in letter addressed to Dr. Neil Macvicar (spelt McVicar). Dated 10th November, 1941. Fond AD1715, Subseries 10.4, File 10.4.10. South African Institute of Race Relations, Correspondence Relating to the Training of Nurses. University of the Witwatersrand. Historical Papers Research Archive.
[375] Handwritten letter addressed to Mrs. Rheinallt Jones, from Nurse Elizabeth Mantsi. Dated 8th of October, 1941. File 10.4.9. *Ibid.*
[376] Letter addressed to Nurse Bertha Morokane. Dated 10th of November 194. File 10.4.10. *Ibid.* Letter addressed to Nurse Salome Ledwaba. Dated 16th of December, 1941. File 10.4.11. *Ibid.*
[377] Letter addressed to Nurse Bertha Morokane. Dated 10th of November 1941. File 10.4.10. *Ibid.*
[378] Letter addressed to Nurse Salome Ledwaba. Dated 16th of December, 1941. File 10.4.11. *Ibid.*

preferred "matriculated girls." In the case of Nurse Ledwaba, Jones suggested that she might cast her application further afield, indicating that St. Monica's Nursery Home in Cape Town, the Victoria Hospital at Lovedale, or the King Edward VIII Hospital, Durban, might accept her on merit – if she could afford the application fees. "Your case is not an uncommon one," Jones concluded with a degree of resignation, "as the mine hospitals did at one time take Standard VI girls instead of advising them to go on with general education first."[379] Hence, while dual certification afforded greater professional opportunities to African nurses in theory, in practice these opportunities were limited to the small cadre of elite African women who had achieved higher standards of education. Dual certification consequently facilitated new forms of both inclusion *and* exclusion for African nurses.

In line with the broader evolution of the modern nurse as a maternity expert, this section of this chapter has analysed the mechanisms which underpinned the popularity of midwifery training and dual certification amongst African nurses in the 1940s and 1950s. The increased hospitalisation and medicalisation of not only birth, but infant nutrition and wellbeing, and the broader moral panic of the period concerning birth-rates and "appropriate" parenting, pushed the modernisation of midwifery in South Africa – and shifted the domain and responsibilities of the modern nurse, thereby popularising (and in some ways necessitating) dual certification. Significantly as well, the issue of access to midwifery training revealed deep cleavages of class within the professional collective of African nurses: what was an avenue for professional advancement and elevation for some, was a means of continued professional exclusion for others. Evidenced in the advertisements examined herein, the cultural identity of the modern African nurse also underwent significant change over this period: her role as a maternity and infant expert was foregrounded in the sale of infant nutrition supplements, which, this dissertation would argue, demonstrates the development of new professional and social positions for the nurse within her broader community.

4. The Midwife as the Mother Figure? The Gendered Nature of Midwifery Work and the Exclusion of Male Nurses, 1940-1960.

The final section of this chapter explores the exclusion of male nurses from midwifery training and certification over the first half of the twentieth century. In contravention to the wider cultural patriarchy, it is interesting to note that white male nurses experienced a proverbial glass-ceiling through their exclusion from midwifery and mothercraft. Without such certification, white male nurses found their professional opportunities limited to

[379] *Ibid*.

exclusively or predominantly male spaces – an issue touched upon in chapter two and developed further here. Male nurses exclusion from midwifery training was based upon the implicit gender essentialism in the division of nursing labour – with the maternity space being deeply feminised. Hence, in attempting to negotiate this boundary and challenge their exclusion from midwifery training and practise, male nurses often incidentally challenged patriarchal norms regarding masculinity: by arguing for their inclusion on the grounds of their own sensitivity and capacity for infant and maternal care. The fact that this negotiation was happening at the same time that *The South African Nursing Journal* had two successive male editors, is also significant in the negotiation of professional status for male nurses, for it assured an opportunity for male nurses to voice their own opinions in the *Journal* for the first time.

While it was not expressly forbidden for white men to train and register as *nurses* in early-twentieth century South Africa, it seemed that few found the calling: the Medical and Pharmacy register for the Cape Colony in 1905 did not specifically list the sex of registered nurses, but taking first names as a likely indication of gender, only one stands out as masculine.[380] The other three-hundred and seventy-odd names of registered nurses spanning from 1891 to 1905 in the Cape Colony were feminine. The gendered demographics of the nursing profession persisted well into the middle of the twentieth century, and beyond. "Of the 24,096 persons who were on the Registers of the S.A. Nursing Council as of 31 December 1960," Charlotte Searle noted, "[only] 535 were persons who were registered as male nurses."[381] The Cape, Natal, and Orange Free State Medical Councils "made no reference to the training of male nurses" before the consolidation of the Provincial Medical Councils into the South African Medical Council in 1928. In these provinces, men were not explicitly precluded from training as nurses alongside women, but were "debarred from obtaining practical experience in the wards of women and children," which consequently limited their potential places of employment to 'essentially masculine spaces' like mines, army hospitals, asylums and isolation hospitals.[382] As discussed in chapter two, in these archetypically 'masculine' spaces, the assumed physicality of nursing 'unruly', 'dangerous',

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[380] The name which stood out belonged "Willis Henderson," who passed the Colonial Medical Council Examination in Cape Town on June 28th, 1900, and was certificated in August of the same year. Henderson was reportedly in residence at the New Somerset Hospital, Cape Town, in 1905. The Colonial Medical Council and Colonial Pharmacy Board. "List of Trained Nurses – *continued*." *The Medical and Pharmacy Register for the Colony of the Cape of Good Hope*. (Cape Town: J. C. Juta & Co., 1905): 132.

[381] Searle. *History of the Development of Nursing.* 310.

[382] *Ibid.* 308.

or predominantly male patients corresponded with pre-existing social ideals regarding the gendered division of care and labour.[383]

However, the 1940s heralded a period of significant change for white male nurses. The retirement of Mrs. Horwood from the Editorship of *The South African Nursing Journal* yielded control of the official organ of the profession to two successive male editors, who openly "welcomed any articles from male nurses," particularly "when written in Afrikaans."[384] In comparison to this, under Mrs. Horwood's editorship in 1941, an unsympathetic article titled "An Essay On Men" written by anonymous woman was featured in the *Social and Personal* columns of the *Journal* – it had no bearing on nursing matters whatsoever, and had been innocuously sandwiched between branch meeting notices and advertisements.[385] But, its inclusion is somewhat striking – the article details the labours of marriage and attraction to men, who are objectified as "big awkward, stubby-chinned, tobacco-hair-oil-scented things" which women must "make" into husbands.[386] The article argues that men are, by nature, fickle and flighty, intimidated by independent women and bored by wallflowers – women must undertake "one of the highest plastic arts known to civilisation" to make men into decent husbands through flattery and charm and constant compromise. It is not a flattering perspective on men at all, and the article's inclusion despite lacking any professional relevance reveals, at least in part, that the Editorial staff of the *Journal* likely assumed that the content of the piece would be something their readership would relate to. To emphasise the obvious, it is an interesting inversion of the sort of commentary which men might have made of women in the mid-twentieth century – a glaring objectification which reduces one sex to its potential for happy matrimony. When viewed in line with the unconscious and assumed femininity of nursing – an assumption evidenced most often in the *Journal* through the consistent referral to any proverbial nurse with feminine pronouns – it is interesting to note how white men are othered in this professional space.

After the *Journal*'s editorship passed into arguably more empathetic hands for male nurses – those of McGrath and then MacCarthy – an article featured in 1956 titled "All About Tears"

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[383] Catherine Burns. "'A man is a clumsy thing who does not know how to handle a sick person': aspects of the history of masculinity and race in the shaping of male nursing in South Africa, 1900–1950." *Journal of Southern African Studies*, 24:4 (1998): 705.
[384] Editor's Comment to Charge Male Nurse. "Our Readers Points of View. Male Mental Nurse's Thanks." *The South African Nursing Journal*, 12:7. (May 1946): 15.
[385] "An Essay On Men." *The South African Nursing Journal*, (January 1941): 72. "I'Nyanga" is quoted in parenthesis at the bottom of the article – assumedly a reference to the town of I'Nyanga in then-Southern Rhodesia, a geographic calling-card from its author.
[386] *Ibid.* 72.

presented men in a completely different light. In its opening lines, the article proclaims: "Despite everything, our civilization is a man-made civilisation, a male and a manly civilization. We believe it is "manly" not to cry, not to weep, and to show only a minimum of emotions… [but this] is hardly natural…"[387] The article emphasises this point: that it is "hardly natural" to stigmatise men for displays of emotion, or to associate tears with weakness and consequently emasculation. Tears are physiological as much as psychological, the article insists, and they serve a purpose; to deny the basic physiological need to cry in one sex is completely unfounded. The article concludes with a subsection titled in quotation, "Brave Little Men Don't Cry," which reads in part:

> "Little boys are trained, from the earliest years, to hold back their display of emotion. Little Douglas falls down and bruises his head, he runs to his mother, his face wet from bitter tears. The mother tells him: "Brave little men don't cry. Don't be a crybaby." The mother would not act like that with her little girl. She sobs and cries, and the mother comforts her and wipes the grimy tears from her little daughter's face. […] Crying is an explosion of energies which have accumulated during conditions of tension. […] So don't ridicule those men who cannot help expressing their sorrow, their grief, their excitation and their joy by shedding real tears, by having a good healthful cry."[388]

To harken back to the second chapter of this dissertation, it is interesting to trace the evolution of the cultural association between sensitivity, empathy, nursing, and femininity – and how these 'softer', 'innate' traits worked to exclude men from holistic professional incorporation, even after male nurses had attained representation on the Nursing Council. The gender essentialism implicit in nursing ideology took root in mid-nineteenth century England and blossomed following its transplantation to South Africa during wartime at the turn of the twentieth century, and it positioned men as inherently inferior nurses by virtue of their 'rough' masculine qualities. These qualities, it was argued, were inherent to their 'maleness', and therefore insurmountable. Nursing, it was argued, was a professionalised branch of feminine empathy – it required behavioural and moral sentiments intrinsic to (middle-class, white) women, as well as further educational training. It is noteworthy that in the same edition which featured "All About Tears", a letter was featured which expressed dismay at a comment made by Mrs. Charlotte Searle in which she argued precisely this: that male nurses

[387] N.D. "All About Tears." *The South African Nursing Journal*, XXII:5. (May 1956): 31.
[388] *Ibid.* 32.

were inherently unfit for natal and paediatric nursing, due to an innately inferior capacity for patience and tenderness.[389]

The letter responding to Searle's comment was submitted in Afrikaans and signed in plurality by a group of anonymous male nurses. Searle reportedly espoused an unflattering and anecdotal account of male nursing students employed in a children's wards and cast dispersions on the viability of such training arrangements, implying that male nurses lacked the appropriate patience, tenderness and sentiment to care for children. Her comments, while not reproduced in *The South African Nursing Journal*, were made at a Convention of the Nursing Council, and reprinted in the *Rand Daily Mail*. The group of Afrikaans male nurses who responded in the *Journal* felt that "Mrs. Searle [owed] the entire nursing profession a public apology for her despicable and biased attack on an honourable branch of the profession."[390] They called upon the S.A. Nursing Council to investigate the "highly irresponsible statement" as public "defamation," potentially worsening circumstances for male nurses at a time of great personnel shortages in the profession.[391] "We suggest that the Nursing Council make an effort to make the general public aware, through intensive propaganda, the value of the nursing profession to the country, and what the title 'trained male nurse' actually means." The letter concluded. "It is a well-known fact that the general public is completely unaware of the existence, integrity, and status of the professional male nurse."[392]

The voices of male nurses were brought to light at a moment of uniquely fortuitous editorial reform at *The South African Nursing Journal* – and evidently, even the non-nursing male stakeholders of the profession were interested in amending the gendered ideology which precluded the holistic incorporation of male nurses. While such overarching ideological reform never truly penetrated the hearts and minds of the wider (predominantly female) profession, it is a significant detail in the history of male nurses that, far from being a minority of professionals with no voice, representation or political agency, there were instances of organised protest – even in as small a fashion as anonymous letters signed in plurality – as well as substantive resistance to restrictive gender abstractions which contravened broader societal expectations of masculinity.

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[389] "Verpleers in Kindergeneeskunde." *The South African Nursing Journal*, Vol. XXII, No. 5 (Mary, 1956): 26.
[390] *Ibid.* 26.
[391] *Ibid.* 26.
[392] *Ibid.* 26.

Through their exclusion from midwifery training and maternity care, male nurses were prohibited from nursing patients 'from cradle to grave', and this remained a source of great dissatisfaction amongst their ranks throughout the 1950s.[393] However, it is significant that, in challenging this exclusion and advocating for their holistic professional incorporation, white male nurses appealed to the 'softer' qualities associated with nursing – tenderness, empathy, and sensitivity. It is interesting to note that these invocations did not challenge the association between nursing and sensitivity, but rather challenged the implicitly gendered nature of sensitivity itself. There was no inherent, insurmountable reason why male nurses could not be as sensitive and tender as their womanly counterparts – if there were a reason, it is interesting that it might have been attributed to the figure of the mother, rather than some fundamental fault of masculinity.[394]

5. Conclusion

From Cradle to Grave?

The positioning of the modern nurse as a maternity and childcare expert, particularly with regards to nutrition and infant feeding, came about in dialogue with broader societal anxieties concerning infant mortality and the role of nutrition in maternal and infant care. In reflecting on the interwoven tenets of mothercraft and modern midwifery practice, this chapter has demonstrated how the dual certified nurse came to be positioned as a maternity expert – and in turn, how the educational and didactic paradigm of the modern nurse evolved to include newfound responsibilities concerning community welfare. This chapter has advanced an argument as to how midwifery training and certification came to shape the professional boundaries of the modern nurse over the first half of the twentieth century in inequitable and divergent ways, and consequently broadened the modern nurse's domain 'from cradle to grave' whilst still structurally excluding certain nurses from achieving full professional status or opportunity. In demonstrating as much, this chapter has offered an exploration into two peripheral categories of nursing personnel – female African nurses and white male nurses – whose experience of and access to midwifery training and certification proved divergent from the hegemonic experience of white female nurses. The exclusivity of midwifery education for African nurses offered a pathway for professional advancement and yet affirmed class boundaries within their professional collective. And, in tracing the evolution of the modern nurse with regards to the shifting boundaries around midwifery knowledge and practice, this

[393] J. G. Jeffries. "Readers Views. Letter to the Editor." *The South African Nursing Journal*, (June 1956): 10.
[394] N.D. "All About Tears." *The South African Nursing Journal*, Vol. XXII, No. 5 (May, 1956): 32.

chapter has demonstrated how certain historical tenets of nursing's organisational culture were also *affirmed* in the popularisation of dual certification: that male nurses remained unable to access midwifery education over this period because of the gender essentialism implicit in the making of "maternity experts," has been a duly examined theme of this chapter. Hence, this chapter has attempted to highlight the implicit tension in this episode of nursing history, with the expansion of professional boundaries and evolution of cultural identity becoming a simultaneous mechanism of professional exclusion.

Conclusion

This dissertation has analysed the models and methods of professional inclusion and exclusion which gave shape to both the executive and socio-cultural boundaries of nursing in South Africa, between the end of the nineteenth and middle of the twentieth centuries. Its intention has been to recover and analyse the professional periphery and the everyday histories of marginalised practitioners and personnel who occupied liminal or ambiguous spaces and identities. Understanding that nursing identity is not – and has never been – monolithic in nature, allows one to appreciate the ridges and rich texture of an underexamined field. As Shula Marks asserted in 1994, an analysis of nursing has the ability to bring one "to the heart of the South African condition."[395] As many years removed from Marks' *Divided Sisterhood* (1994) as the latter was from Searle's *History of the Development of Nursing* (1965), this dissertation has attempted to add both historical detail and new scholarly insight to the historiography of nursing in South Africa, by addressing some of the gaps left in Marks' own work.

In highlighting the nascent discourses of professionalisation at the turn of the twentieth century through the writing of and media coverage afforded to untrained British society women engaging in 'nursing' during the South African War (1899-1902), the first chapter of this dissertation aimed to carve out a new vantage point from which the dialogic nature of professionalisation could be better understood. This chapter demonstrated the intricacies of class and imperial identity which underpinned the didactic paradigm of the modern nurse as it took root in South Africa. It showed that even professional outsiders were indispensable to the making of the modern nurse – and that their contributions ranged from political and legislative allyship, to exemplifying a moral and cultural archetype against which the modern nurse could be defined and comparatively elevated. The examination of untrained British society women as agents, actors, and antagonists in the narratology of South African professionalism is novel and underscores the longevity of late-Victorian cultural tenets in the professional identity of the modern nurse. This dissertation would add in reflection that its analysis has raised new questions regarding the negotiation of professional boundaries, the making of occupational culture, and the exchange of ideas between the colonial frontier and the imperial metropole, by utilising an underexamined source base.

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[395] Shula Marks. *Divided Sisterhood: Race, Class and Gender in the South African Nursing Profession*. (London: Macmillan, 1994). 1.

In building on the dynamics of class and culture discussed in chapter one, chapter two examined both imperial and colonial contexts of nursing in South Africa, with the intention of expanding the histories of men in nursing and adding to the historiography of divergent masculinities. In examining how race, class, and the gender essentialism implicit in the paradigm of the modern nurse, affected a selection of male practitioners and personnel over the first half of the twentieth century, the second chapter advanced a reading of professional and pedagogic hierarchy which underscored the distinction between nursing as *labour* and nurse as *status.* To this end, this chapter examined the lexicon of legitimacy in nursing, and revealed surprising examples of professional brotherhood amongst white male nurses, manifest in various acts of defiance to their occupational marginalisation. Notably as well, this chapter interrogated the invocation of imperial and colonial hierarchies in the negotiation of professional legitimacy for white male nurses and how the prescribed inferiority of Black male orderlies in these hierarchies gave both context and meaning to the comparatively elevated professional status of the white male nurse. This chapter's significant contribution to the historiography has been its investigation of white male nurses as a peripheral category of professionals. The mid-twentieth century wrought a substantial shift in the gender dynamics of both the professional elite and the editorial organisation of the profession's official organ (*The South African Nursing Journal*). White male nurses were represented *en masse* for the first time in their professional history, and successfully entered the organisational elite – yet their continued marginalisation was entrenched through the gendered paradigm of the modern nurse. This is an aspect of nursing history which has received virtually no consideration in the broader literature, yet it demonstrates both the flexibility of professional boundaries and the rigidity of gendered ideology in nursing.

Through its third chapter, this dissertation has meaningfully advanced the history of Black nurses in South Africa over the first half of the twentieth century. The analysis of the King Edward VII Order of Nurses and, to a much greater degree, the Bantu Trained Nurses' Association (BTNA) has demonstrated both how Christianity and the imperial tenets associated with it underscored the early organisation of Black nurses in South Africa and later facilitated the emergence of a new elite class of Black nurses towards the mid-twentieth century. This chapter has advanced an understanding of how Black nurses saw themselves, contested their marginalisation and sought to shape their professional identity – although this is only glimpsed through fragments in *The Bantu World* newspaper and *The South African Nursing Journal.* Still, the BTNA was a significant episode in the organisation and ideology

of Black nurses in South Africa, and has received virtually no significant or recent historiographic attention up until this point. Where the BTNA has been referenced, as in the works of Charlotte Searle, Shula Marks, and T. Grace Mashaba, it has been almost entirely in passing – the names and historical achievements of its members, its organising ethos, its day-to-day functioning, and its relationship to the broader socio-political context of the 1930s and 1940s have all been left relatively unaddressed. While this dissertation would recognise that it has in no way presented a complete history of the BTNA, it would submit that it has advanced the existing scholarship on the organisation substantially and raised new questions regarding the making and maintenance of identity on the margins for African nurses.

The fourth and final chapter of this dissertation examined how access to midwifery training and certification for trained nurses towards the middle of the twentieth century constituted a new professional boundary around the paradigm of the modern nurse. In examining the experiences of Black female nurses and white male nurses, the fourth chapter advanced a multifaceted reading of professional inclusion and exclusion, and the internal and external forces which underpinned such. In the case of Black female nurses, the moral panic of the early 1920s and 1930s regarding infant welfare and maternal health worked to evolve the professional responsibilities – and consequently, the professional boundaries – of the modern African nurse, in which dual certification came to be a newfound necessity of the paradigm. Yet, stratified and unequal access to basic education for African women prevented many from pursuing dual certification, and consequently midwifery training and certification remained inaccessible to a vast majority – those who did qualify and achieve dual certification constituted a new elite amongst African nurses, able to access more advanced professional posts and consequently better pay. Hence, midwifery training revealed the deep class chasms between African nurses. In identifying such, this chapter advanced and built upon a reading of nursing history for African women which acknowledged complex intersections of identity and divergent professional experience, thereby adding meaningful texture to the history of their professionalisation. In the case of male nurses, this chapter has shown that despite the increasing normativity of dual certification in the 1940s and 1950s, the deeply feminised character of maternal care worked to exclude male nurses from midwifery training and certification. In engaging with their attempts to grapple with the gendered ideology of maternity and childcare nursing – evident in their letters to *The South African Nursing Journal* – this dissertation has offered new insight regarding the negotiation of masculinity and professional identity for male nurses in South Africa.

Overall, this dissertation has contributed rich detail and discussion regarding the making and maintenance of professional identity, and particularly how the organisational culture of South African nursing worked to define practitioners against a didactic professional paradigm. This dissertation has advanced the exploration of several case studies over a roughly sixty-year period, which have each exemplified its theoretical framework and in turn demonstrated the negotiability of professional boundaries and dialogic nature of professional identity. Each of its chapters has advanced an original analysis of an underexamined aspect of nursing history, which, if taken altogether, has consequently advanced nursing historiography with meaningful explorations of the histories of marginalised nursing practitioners and personnel whose identity, status, and labour, were complicated by race, gender, class, and Empire. This dissertation has advanced narratives of contestation and defiance to these systems and ideologies of discrimination, as well as those of coalescence and accordance. Taken together, the weaving of these intricate aspects and manifestations of professional ideology and organisational culture enhances the tapestry of nursing historiography on the whole.

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