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1990-02-06T08:48:04Z
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STRUCTURE AND EXPERIENCE IN THE MAKING OF APARTHEID

6 - 10 February 1990

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TITLE: The Nursing Profession and the Making of Apartheid

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Shula Marks

The Nursing Profession and the Making of Apartheid.

When in 1957 the Nationalists passed its Nursing Amendment Act it roused an bitter and anguished opposition, particularly when, early in the following year, the government added insult to injury by using the provisions of the Act to impose passes on African nurses in order to spearhead the imposition of passes on African women more generally.[1] No profession was more associated with the beneficent work of the missionaries than nursing; the nurses themselves were the elite of the black community and seen to be the most progressive of their people by many whites. In the battle over the 1957 Act the liberal universalist and benevolent ethos of nursing were loudly trumpeted. A gratuitous insult to a body of selfless and enlightened women with the same qualifications as their white co-professionals, the Act seemed to epitomize race-mad apartheid social engineers in confrontation with the forces of reason and light. Cecil Cowley (one of the four senators representing African interests in parliament) became almost inarticulate in his opposition:

> I think everything could have run smoothly, but no, this horrid taint has been brought into the wonderful profession, and slur - or I like to say this, the flower of the Zulu nation, the flower of the Bantu people .... the flower of the non-European womanhood of South Africa have answered this call [to enter nursing] and ... we are insulting the flower of womanhood in South Africa ... [2]

According to both its proponents and its opponents, then, the significance of the Act was that, as the Minister for Health, Viljoen, put it when he introduced the draft Bill to the Senate, it brought "that traditional policy of apartheid as we know it in our history" into nursing.[3] Charlotte Searle, then Directress of Hospital Services in the Transvaal, already a leading figure in South African nursing and one of the key proponents of the legislation,[4] reflecting on the matter in her magisterial history of nursing in South Africa was equally convinced that Act no. 69 of 1957 marked a major turning point in the organization of nurses in South Africa by introducing apartheid into nursing - "All previous legislation relating to nurses and midwives had made no distinction on racial or other lines." [5]

I

In terms of the Act, the South African Nursing Council (the governing body which controlled the training and discipline of nurses and midwives as well as the standard and nature of training) was to be increased from 25 to 33, all of whom were to be white, and of whom fifteen were to be elected by registered white nurses and midwives. The Council was to maintain separate nursing rolls or registers for the different "racial" groups, and was also given the power to prescribe "various uniforms, badges or other identification signs in respect of the three races", as well as differential training. Advisory Boards were set up for Coloureds (including Indians) and Africans to advise on matters referred to them by the Council, or which they wished to refer to the Council.

Like the Council, the Board of the South African Nursing Association (the professional organization to which all nurses and midwives had - and have - to belong if they wished to practice and which had been established in a non-racial basis both in terms of composition and voting in 1944) was now to be elected and controlled by whites only. The Act also provided for the enrolment with the Council of a newly recognised grade of Auxiliary Nurse, over whose training the Council was given control. Finally, under section 9 of the Act it became an offence to "cause or permit the control of and supervision over registered or enrolled European nurses or midwives in hospitals and similar institutions by

persons who are non-Europeans" because of the "great embarrassment Europeans have experienced when they have to take instructions form "non-European nurses who are appointed over them." [6]

It was widely feared - and prophesied - that the new legislation would lead to the introduction of an inferior qualification for blacks. Nor was this surprising, given the nature of the evidence given before the Select Committee that preceded the bill, in which a number of representatives, from WMM Eiselen, SNA downward, advocated a different form and length of training for African nurses, on the grounds of the different needs and mentalities of different racial groups and the incapacity of black nurses to cope with the training demands of the Council. [7] As Martin Jarrett Kerr, then working as chaplain in an Anglican mission hospital, remarked at the time, "the concept of a differential nursing training naturally fell in place alongside the 'Bantu Education Bill' and the 'Separate Universities Bill' which was (sic) then being adumbrated."[8] Charlotte Searle was one of those to put this most forcefully:

> The non-European nurse in South Africa is being drawn from a social milieu and has a psychological attitude which is completely different from the generally accepted concept in the western world. At the moment, I can describe her as a good technician at most. I am not prepared to describe her as a real nurse .... [9]

There is no doubt that the Act was regarded as a major blow by the vast majority of black nurses and a minority of white nurses in South Africa.[10] As the nurses of East London put it, the government was "dealing them an unwarranted and unprovoked injustice and unfairness from which they cannot seek redress".[11] In Johannesburg a new Rand Professional Nurses Discussion Group was formed by black nurses frustrated by the refusal of the South African Nursing Association to listen to their protests, and this formed the basis for the Federation of South African Nurses and Midwives which spread through the rest of the country. The two largest branches of the Nursing Association, Cape Town and the Witwatersrand, vehemently opposed the Bill and stormily criticized the way in which the Board of the South African Nursing Association failed to hold a referendum on the subject or even pass on their criticisms to the Select Committee appointed by parliament to consider the amendments. And the Kroonstad Non-European Nurses Discussion Group, striking a blow for a somewhat battered sisterhood, maintained that the Bill would

> create hatred between White and Black nurses. In the past we have been working in harmony and this disruption of unity amongst women races is produced by men in Parliament.[12]

The Federation of South African Women and the ANC Women 's League protested against "the scandalous Nursing Amendment Act ... which introduced apartheid into this once honourable profession, where women of all races met and worked as nurses, united in their noble vocation" , and talked of the "harmony and co-operation between nurses of different racial groups which at present exists."[13] They were joined in their protests by the Black Sash, the Anglican Church, the Cape Town branch of the National Council of Women and the Mothers' Union.[14]

From the government's point of view, a further probably unintended but undoubtedly welcome consequence of the Act was the leverage it gave them to enforce passes on nurses early in 1958: in order to register with the Nursing Council (compulsory for any practicing nurse) women had to produce their new identity numbers, which meant in turn taking out a pass. And in the public hospitals matrons often played a key role in insisting

that this be done. Thus in 1957-8 the nurses were seen as in the forefront of Verwoerd's attack: according to Fedsaw "It is obvious that the intention of the Nationalist government goes far beyond the establishment of the separate registers called for in the Nursing Act " it was a deliberate attempt to compel African nurses to carry passes and to act as an example for other women.

Together the legislation undoubtedly radicalised black nurses and created the very circumstances its proponents professed to fear: the politicization of nursing, and its capture by what were described as "leftist" and "communistic" elements. Despite threats of dismissal and victimization, large numbers of black nurses demonstrated against the legislation and joined the ANC Women's League. At the end of 1957 a new Federation of South African Nurses and Midwives was formed at a national non-racial nurses conference after passing a vote of no-confidence in SANA.[15] In Durban SACTU set up a new Health Workers Union, and the following three or four years saw unwonted turbulence among nurses especially in the large African hospitals in Durban, at Victoria Hospital in Alice and at Baragwanath Hospital in Johannesburg but also elsewhere.

II

The reasons for the Act were set out with blatant and brutal clarity by its major protagonists. Whereas in 1944 when the first Nursing Act established the non-racial Nursing Association and Nursing Council, there were only some 800 black nurses, their numbers had now grown to over 3000 - and there was a danger that they would increase even more rapidly in the future. As Charlotte Searle bluntly stated to the Select Committee:

> [At the time of the 1944 legislation] we decided that the non-European nurses, of whom there were only a very small number at the time, would form part of the profession as a whole, even although we all accepted the fact that they were not ready for it. I was very worried about it. We then enquired whether the provincial authorities really intended training non-European nurses for the full certificate to any extent because if they did our attitude would have to be quite different. We were informed that such was not the intention and we felt quite happy then .... If we had known at the time that the policy of the provincial authorities was just the opposite we, and I for one, would certainly not have agreed to the introduction of the Bill as it was introduced in 1944 . We would have fought it to the last ditch. We certainly would not have liked to do something which would ultimately have wrecked the European nursing services in South Africa.[16]

Nevertheless, it took a considerable amount of ideological and practical labour to pass the Amendments to the Act. Compared to the speed with which the 1944 Nursing Act was passed, and the consensus which it seemed to command, the 1957 amendments took a full nine years to gain parliamentary assent, and, as we have seen seriously divided the profession. Although Searle herself, transferred to the Transvaal in 1945 as Directress of Nursing Services, now discovered to her "horror" that the provincial authorities were intent on expanding black nursing services and "immediately started with the late Dr. Stals [first National Party Minister of Health] to work for the amendment which is embodied in this Bill", there is considerable evidence to suggest that the agitation for the Amendments did not come unaided from within the profession.[17] In response to a request from the Board of the South African Nursing Association that the membership of the Board be increased from ten to fifteen, the Minister of Health, Dr. Stals included the provision that they "shall be Europeans" - and added the same proviso to membership for the Council, for good

measure.

Stals's amendment met with considerable resistance from both the Board of the Association and from the liberals still on the Council, such as Margaret Ballinger, who had been responsible for introducing the 1944 legislation into the house as a private members bill before it was taken over by the government, Jane McLarty, first matron of Baragwanath, and Professor Raymond Dart.[18]

By 1950 Mrs Ballinger had been replaced as government nominee and Vice President on the Council by Charlotte Searle. Although Jane McLarty and Dr. George Gale , then Dean of Natal Medical School, continued to advocate non-discrimination on the Council into the mid-1950s, they were outflanked by its increasingly pro-apartheid members.[19]

Initially, however, the opposition to Stals's amendments meant that they did not get beyond a first reading in 1950. The replacement of Dr. Stals by Dr. Karl Bremer as Minister of Health, and the decision to take the matter to a referendum of nurses delayed matters further. In the following years, his successors as Minister of Health, Bremer, D.J.Schoeman (Acting Minister of Health) and Dr. van Rhyn "received various communications on the matter". Following the referendum, Bremer intended introducing an amendment but "owing to the heavy legislative programme" in the 1953 session, it was dropped. It was reintroduced in 1954, and then made the subject of a Select Committee, which in turn held the legislation up a further three years.[20] During this period, the composition of the Board and the Association moved steadily to the right, partly as a result of the electoral decisions of the nurses themselves, partly as a result of the government nominees, and their opposition to apartheid diminished noticeably.[21] Nevertheless, in the face of a divided Council, considerable popular opposition and other more pressing priorities, the government walked warily.

At the same time, there was constant agitation among Afrikaner nurses for a change in the legislation. It is not clear how much of this was instigated from outside. As early as December 1949 the Chief Secretary of the National Party in the Transvaal was writing to the secretary of the Nursing Association reporting complaints that white student nurses in the "'Non-European section' of a certain hospital ... found themselves the juniors of the Non-Europeans who had longer service than they had. If this is the case", he continued, I cannot do otherwise than express my strongest disapproval ... it is in conflict with the philosophy of life of our people". [22]

Among the Hospital Boards it was Wolmaransstad that took the lead in orchestrating the complaints.[23] In the early 1950s it addressed a circular to all hospital boards in the Transvaal, deploring the absence of a colour bar in nursing, and asking them to make their views known to the government. "The public, whose daughters become nurses, and especially hospital boards, which are so intimately concerned with hospital services, cannot stand aloof", it argued; "the great majority of the Afrikaans-speaking nurses and a very large majority of the English-speaking nurses" wanted a colour bar in the face of the large increase in the number of "non-European nurses" being trained. For the good citizens on the Wolmaransstad Hospital Board, "Equality leads to social fraternization" and eventually black nurses would serve "even on the Nursing Council". As a result of the circular, the Hospital Boards of Warmbad, Pietersburg, Lydenburg, Krugersdorp, Louis Trichardt and Klerksdorp were equally aroused to express their concern.[24]

In addition, certain branches of SANA also mainly in the Transvaal, also voiced their anxieties. Of these, the Afrikaans-speaking Witwatersrand Private Duty Nurses' Discussion Group was probably the most vociferous in the mid-1950s.[25] As early as 1953 they had

agitated for the "strict application by the Board of SANA of a colour bar at Branch meetings and all other gatherings" - a resolution which was defeated by 33:3 by the Witwatersrand branch of the Association, of which they were a constituent.[26] It is perhaps no co-incidence that it was these nurses who probably faced the most serious competition from undercutting in private nursing homes from black nurses.[27] They also formed the backbone of the Afrikaanse Verpleegstersbond, formed in Johannesburg in August 1955 by the then Secretary General of the Broederbond's Federasie van Afrikaanse Kultuur Vereenigings (FAK), L.G. Hartman van Niekerk.

This was not van Niekerk's first attempt to mobilize Afrikaner women for the nationalist cause by subverting worker organization. According to United Party Senator Raw,

> ... [in March] 1953 this ... van Niekerk was a very ardent trade unionist who stood for election to the general secretaryship of the Garment Workers' Union ...whereas he himself was not a garment worker and had nothing whatsoever to do with garment workers. He was soundly and hopelessly beaten in that election so the next thing he bobbed up as the secretary of the F.A.K. and in that capacity from 1953 on he started to meddle and to turn groups of nurses against their own organization. He arranged meetings at which outside people were present. He arranged the collection of funds from people who were not nurses in order to stir up racial agitation within the Nursing Association, ... by organizing dissentient feeling and, where it was not strong, building it up within the nursing organization itself.[28]

All three groups - the FAK, the Private Duty Nurses Discussion Group and the Afrikaanse Verpleegstersbond - strongly advocated compulsory bilingualism and apartheid in nursing, and it is clear that his views were very close both to those of Sister A. J. Botha, Chair of the Private Duty Nurses Group who also gave evidence to the Select Committee. It manifestly shaped the legislation.[29] The focus of the agitation seems to have been the Transvaal, and in all the rhetoric was the recurrent fear on the one hand of swamping and on the other the alleged concern of platteland parents for the purity of their daughters if black and white nurses were to train together, if white nurses were to look after black patients and, above all, if white nurses were to take orders from black nursing superiors. According to the pro-apartheid witnesses, friction between junior Afrikaner nurses and senior African nurses was a constant problem and source of unpleasantness in the hospitals.

As Sister Botha saw it, "The parents of the vast majority of nurses would be shocked in they knew that the names of their children appear on the same register with non-Europeans and that they wear the same uniforms and insignia."[30] For Searle, it was not a matter of "politics" but of "practicalities". She blamed the dire shortage of white nurses in the Transvaal on the absence of a colour bar in nursing, partly because of the refusal of platteland parents to allow their daughters into nursing in its absence, partly because of the refusal of white nurses to work under their black senior:

> I have constant trouble in the recruiting of nurses, over the question of whether or not the European student nurse is going to be under the control, in any sense, even in the remotest sense, of a non-European nurse and when there is the slightest suspicion that that may be so, I lose the recruit. It is not for me to indulge in ideologies. I have to be practical. I have to serve the sick people of the Transvaal, and if I am going to be put in the position where a European student nurse will be placed under the control of a non-

European nurse, I will have no student nurses. That is all that it means.[31]

That there was a recurrent and frequently serious shortage of nurses in South Africa was undoubtedly true. The enormous expansion of hospital beds for both black and white after World War Two - a reflection of changes in the economy, urbanization and medical technology - meant that the demand for nurses was continually expanding.[32] It is, however, doubtful whether the absence of a colour bar had very much to do with the reluctance of white - especially Afrikaner - women to engage in an arduous training for a poorly paid profession when they had many other alternatives at a time of considerable economic growth and upward mobility. In the Cape Province, which was also suffering an acute shortage of nursing staff at this time the butt of the Central Hospitals' Committee's complaints was the Nursing Council and the unnecessarily high standards and rigorous examination procedures it insisted on.[33]

III

From the discourse of the time, one would have imagined that the Nationalist ideologues were introducing de novo the "historic" principles of apartheid into a consistently liberal and liberal-minded profession. Yet there were both greater continuities with earlier segregationist practices, and a less single-minded departure from the ambiguous racial situation that already obtained in the hospitals than the rhetoric of either side was prepared to allow in 1957. The truth was as usual a good deal more contradictory and paradoxical. The 1957 legislation was both an attempt to preempt the political changes which would follow from the greatly increased number of black nurses the National government itself was encouraging to enter the profession (and who were beginning to reach senior positions) - and to mask the extent to which fort de mieux the state was having to accept ambiguous practices.

In fact, the tensions between a humanitarian universalist discourse and racist practices had been evident in nursing in South Africa by the beginning of this century. From the outset the professional training of African nurses in the Eastern Cape in the first decade of this century was embedded in segregationist practices. Thus, the training of the first cohort of black female nurses led to the closure of the ward for white paupers at Victoria Hospital, Lovedale (which had been established by local white subscribers and a government subsidy) at the instance of the Lovedale authorities: "Repeated disagreeable experiences were making it quite evident that it is impracticable to work a ward for Europeans with Native nurses."[34] The precise nature of these "experiences" was never elaborated, but seemed to allude to unwelcome attentions to their educated African protegees from "European males of an unsuitable type".[35] The white male patients, it seems, were incapable of making a sufficient distinction between the educated Christian elite the missionaries were intent on producing - and the black women they regarded as there for their sexual gratification.[36] The episode illuminates the deep imbrication of missionary humanitarianism in segregationist discourse on the one hand - their only solution to this situation was to advocate closing down the white ward, despite the outrage of the local settlers - and the complex relationship of race, class and gender issues in the training of black nurses on the other.

By this time, too, the vision of white women nursing black men roused the deepest anxieties of the white population. Nursing was always a profoundly ambiguous profession for white women: they were trained to be "ladies", yet their occupation "compelled [them] to perform degradingly menial offices towards native men patients" [37] In the first decade of the century there was a groundswell of opposition to the idea of white nurses looking

after black men, although white nurses - like their white working class brothers - opposed the training of black women. As the Christian Express put it delicately in 1907, "even in the gentle profession of nursing there is not altogether absent that trade unionism of colour which is seen among white artizans in South Africa."[38]
At the South African Imperial Union Congress in Grahamstown in 1906 it was resolved that the training of black nurses be encouraged in order to prevent whites nursing African men, while at the beginning of the following year a delegate to a conference of the Guild of Loyal Women passionately declared that "no white woman should be called upon to pass through such an ordeal." [39] Then, as later, any expansion of hospital services for blacks was seen to necessitate the training of more black nurses. In the first half of the century, however, their numbers remained minuscule - a reflection in part of the lack of educational opportunities for black women.

In response to such pressures, the Cape Hospitals and Charitable Institutions Ordinance no.5 of 1912, while not restricting white nurses from attending black patients "in their strictly professional capacity", made "express provision on the undesirability of employing European nurses to wash and do menial work for native patients" and called upon "every hospital ... to provide sufficient orderlies, ward boys, native or coloured ward maids or nurses (i.e. native or coloured attendants) to perform all menial duties in wards where native or coloured male patients are treated, under the supervision only of European nurses." [40]

Nor had matters changed much quarter of a century later. Until the 1940s, except on the mines, the nursing of Africans was handled to a very large extent in mission hospitals with white senior nurses, many of them from overseas, and African nursing auxiliaries and orderlies actually handling the patients. By the late 1930s with the increased demand for hospital attention from Africans especially in town and the influx into nursing of Afrikaner girls from the platteland, anxieties about white (female) hands on black (male) bodies surfaced once again. In 1938 for example the Cape Provincial Administration resolved "That all Hospital Boards should make provision for non-European Servants to wash and sponge Non-European patients where non-European nurses were not available ..."[41]

The resolution led to an outcry from both the South African Trained Nurses' Association [42] and the medical fraternity. The South African Medical Journal called it a "a monstrous suggestion that decency and humanity must disappear when confronted with colour". One stands aghast at a mentality apparently unable to regard non-Europeans in human terms and that projects its own obsessions on members of an honourable profession ...".[43] The National Council of Women in East London joined the fray, regretting the decision of the Provincial Council - but revealing the ambiguity of the protests which were being made in the language of a universal caring profession: the objection was not to the notion that only non-Europeans could handle non-European bodies - but that servants rather than trained orderlies were going to be used. [44] The argument was about professional skills rather than race. Contrary to appearances, the reason for this "curious resolution" was not, as the editor of the South African Medical Journal imagined, the fear that "attendance upon non-European patients must have a demoralizing influence on the characters of young girls coming from the country" (they were already spared these indignities) but the "demoralizing effect" that would ensue if white women worked side by side with black "orderlies" (trained males) as opposed to black "servants" (untrained females) ....

Of all the Hospital Boards in the country, the Cape was probably the most liberal. In 1938 for example it consistently - if unsuccessfully - defended the principle of equal pay for black and white nurses, in the face of the discriminatory policies of the Provincial administration.[45] Nevertheless when training for Coloured nurses was provided for the first

time in the 1930s, even the relatively liberal Cape Hospital Board had no doubt but that it was "impossible" to do so in the same institution: "Any attempt to do this would arouse fierce opposition on the part of the majority of the European section of the population, and would inevitably lead to the abandonment for an indefinite period of any scheme for the establishment of a non-European training school."[46] Both the South African Medical Council and the South African Trained Nurses' Association advised against training "European" and "non-European" nurses in one institution, on the grounds that it was "in the best interests of all races that such training be given in separate institutions. The precedent is universally established in the USA." [47] The building of the new Groote Schuur Hospital enabled them to use Somerset Hospital for Coloured nurses' training: to the consternation of white nurses who had previously trained there and who felt that this would "degrade" the hospital with its "fine pioneering tradition" and debase their qualifications.[48]

Thus for the majority of white nurses there was no real rupture in fact between the proposals of the government and existing "signs and practices". As a number of scholars are now suggesting, subjugating the black body was at the heart of the settler enterprise, for as Foucault has powerfully argued the human body is the "site" at which all forms of repression are ultimately registered.[49] Nurses - initially white (and ultimately black) - were among the agents in this subjugation, as "One Interested" recognised in a letter to the Diamond Fields Advertiser in 1911. After professing her "astonishment" at the thought of allowing Coloured women to handle suffering humanity (after all "The nature of a nurse's duties are such that only extreme delicacy and tact make them possible. In England such work cannot be undertaken by the lower class of white girls, how then can it be undertaken by coloured women?") she continued:

> As regards the effect on the patients of being on familiar terms with white women, speaking as one who has for years worked in a native hospital, I should say that on the one side - that is the nurse's - such a thing is an utter impossibility; and the other, my experience has been that the natives so nursed are most grateful, and very often more courteous and deferential to the nurses than many white patients .... in the majority of cases they look upon nurses as something so infinitely above them that familiarity of any kind never occurs to them.[50]

The training of black nurses would threaten this "natural" order. If white nurses infantilised black male patients, what would be the relationship of black nurses to white male patients? No wonder this roused so much passionate concern, especially if, as the missionaries feared, the white men did not easily accept this passive patient role. Moreover in the closed world of the hospital with its own relations of power and organization of domination, where hierarchy was inscribed in every nuance of dress and insignia, the possibility of black nurses in authority over white nurses also threatened to subvert existing power relations at a far wider level.[51] Thus although their opponents accused the Nationalists of introducing unnecessary rigidities into the "natural" South African way of doing this as a result of their hidebound ideology, there was a deeper white consensus that ultimately undermined effective opposition to this as to other racist measures in the 1950s.[52]

IV

Ironically but not surprisingly, it was the enormous expansion of hospital services for Africans and the consequent demand for and expansion of black nursing after World War

2 and which gathered pace under the Nationalists which in fact brought the contradictions between the common-sense racism and the universalist ideology of the nursing profession to a head.

By the early war years there were about 25 hospitals training black - mainly African - nurses and by 1943 there were over 700 applicants for admission to the Johannesburg Non-European Hospital alone. The post-war years saw a much greater expansion, an expansion which was largely presided over by the Nationalists. Although the numbers were still grossly inadequate, as we have already seen from c800 in 1944 there were over three thousand black nurses in 1957, and an even larger increase in the number of black student nurses. By the end of the decade, the Nurses" Council had registered 17,154 whites, and 5,536 blacks (of whom only just over 900 were Coloured); the number of student nurses at the same ate stood at 5370 white, 582 coloured and 2787 African. The number of black nurses on the register had risen then from under one seventh to nearly one third, while they constituted over a half of the students.

At the same time it was deliberate government policy to open up new opportunities for senior positions. Thus in 1954 Searle - then Director of Nursing Services - announced that European ward sisters in large non-European hospitals in the Transvaal were to be gradually withdrawn and replaced by African sisters. As she put it - "Native staff nurses who show ability and a sense of responsibility will be promoted to staff sisters". She also declared that the Provincial Administration intended giving "Native nurses the opportunity of training as medical auxiliaries, physiotherapists, radiographer and occupational therapists." [53] Much of this remained wishful thinking for many years to come, but the rhetoric itself was notable.

Similarly, in the Cape there was a plan to train "non-European nurses to take over the non-European sections of Cape hospitals almost completely". According to the Provincial Administrator, Olivier:

> The only way the nursing shortage could be overcome was to train non-European nurses to take care of their own people. It was intended to change the whole basis of the hospital system in the Cape .... By training non-European nurses, European nurses would be freed to work in the European section.[54]

Again, very little was done for a couple of years, but by the mid-1950s a scheme was broached to train "non-European" nurses at all provincial hospitals with at least thirty "non-European" beds, and the Provincial Administration was considering the provision of training facilities for "non-European" nursing assistants at the Groote Schuur, Karl Bremer and Woodstock Hospitals. Despite the triumph of the Afrikaner nationalists, then, it was no longer impossible to train black and white at the same institution. [55]

The great expansion of black nursing in the 1950s and the promotion of black women to positions of authority (though never over white nurses) arose both out of sheer contingency and the apartheid fantasies of the Nationalists and their supporters. As recent work by Doug Hindson and Debbie Posel makes clear, whatever the rhetoric, the National Party was forced to provide for the social reproduction of a new, far larger, black, urban workforce in the 1950s.[56] Certainly in relation to nursing, and the segregation in nursing services, I find myself in agreement with Jonathan Hyslop who has argued that "The policies of the National Party in the 1950s and very early 1960s can largely be understood as a response to, and a particular form of resolution of, the urban crisis of the 1940s and 1950s." (my italics)

> This crisis, originating in the phenomena of the collapse of reserve agriculture, secondary industrialization and rapid urbanization, threatened the social order in fundamental ways. On the one hand, slum housing the high level of crime, inadequate schooling facilities threatened the very reproduction of the working class as a work force with the appropriate level of skills, work discipline and physical capacity required by urban employers. On the other, the community movements, trade unions and African nationalist political campaigns which arose in response to these conditions posed direct political challenges to the dominant classes. [57]

The illhealth of the workforce was a fundamental element of this threat to the "very reproduction" of the work force - and any government of whatever political persuasion would have been forced in the post-war years to expand the number of hospital beds, especially in urban areas, for black workers. It was this which lay behind the great expansion of state-run hospitals for blacks in this period, compared to the pre-war years, when the great majority of health services remained in the hands of missionaries. At the same time, given their racist ideology - and it should be added the dire shortage of white women at a time when other jobs were opening up for them in the economy - it is hardly surprising that it was felt crucial on the one hand to greatly expand the number of black nurses in training, and on the other hand to set up the necessary institutions in segregated form.

There is a further twist to the story. Whereas the apartheid "idealists" (to use John Lazar's term[58]) recognised that the logical path in terms of their ideology of "development along their own lines" would have been to establish an autonomous black Nursing Association and Nursing Council, this was rejected out of hand by both the state and the nursing establishment. No less an authority than Dr. W.W.M. Eiselen advocated this.[59] Autonomy carried with it two dangers, however. On the one hand, there was a distinct danger that a segregated Nursing Association would be expelled from the International Nursing Council, an organization in which white South African nurses had played an important role from its inception. This would also threaten their aspirations to the international recognition of their professional training as well as their access to international advances in nursing. All this was particularly important for the processes of professionalisation for white nurses which Charlotte Searle almost more than anyone else within the nursing establishment had initiated. Even more ominously from the state's point if black nurses were allowed to go on their own, there was a danger that the white nurses would lose control and, as a Department of Health bluntly expressed it, this would "inevitably lead to the organization of the Non-European Association on trade union lines under the control of communist agitators." [60] Then as now the threat of sanctions and the possibilities of resistance concentrated the mind wonderfully.

Despite the enabling legislation, the 1957 act was not followed by the explicit introduction of differential standards, uniforms or insignia for black nurses, although grotesquely unequal education, unequal access to training facilities, discriminatory pay and the appallingly overcrowded conditions in black hospitals ensured that while the nursing profession was now separate it was by no means equal. Some of the heat was undoubtedly taken out of the opposition by the promotion of black nurses within the hierarchy and their visible progress. There seems to have been an almost deliberate attempt by SANA and SANC to give this progress maximum publicity: the press clippings through the 1960s and 1970s suggest a concerted attempt to highlight the achievements of the black nurses with constant media presentation of these black nursing pioneers.[61]

At the same time it is possible that, as Professor Leana Uys has suggested, the establishment of Advisory Committees for African, Coloured and Indian nurses who then elected a white person onto the Central Boards of SANA and SANC "actually provided a forum for influencing thinking which was previously unavailable".[62] After all, there had been no black representation up to that point on either SANA or SANC boards, although the danger that the nurses at McCord might unite in order to elect one of their number onto the board led to a revision of the regulations, even before the passage of the 1957 Act.

There are many ironies in the story of nursing in apartheid South Africa. As we have already noted, the most prestigious profession for black women was rooted from the outset in segregationist practices and expanded in large measure because of white racism. Initially it was the idea of white hands on black bodies that roused the most angst, at least to husbands and brothers and fathers. For the nurses themselves, it may be that the familiar notion that "all Africans are children" meshed well the infantilisation which is so prominent a feature of the hospital regime to form some protection.

As more black nurses were trained, however, other anxieties came to the fore: black hands on white bodies and black nurses in positions of authority over white nurses suggested an inversion of the "natural" power relations in settler society. Given the extraordinarily authoritarian and hierarchical nature of the profession, especially in hospital practice, the situation was indeed fraught with difficulty. As always in South Africa, however, ideology was tempered by self interest. The immense shortage of white nurses continued unabated, notwithstanding the high hopes Searle had placed on the segregationist solution to her recruiting problems. Within fifteen years of the 1957 Act black nurses were working in white hospitals especially the private hospitals and nursing homes all over South Africa - to the evident displeasure of Nationalist provincial authorities who could do little but wring their hands - and of course to the disadvantage of black patients.[63] By the mid-1970s Charlotte Searle herself had come to realise that the future lay with black nurses. Today she is known as "the mother of black nurses in South Africa ..." [64]

1. For the opposition and especially to the imposition of passes on nurses, see FEDSAW Archives (University of Witwatersrand) AD1137 Cb 3.1 FSAW cII Memorandum submitted by the FEDSA Nurses and Midwives to the Rand Nurses Professional Club by the FEDSAW 9 Feb. 58.

2. Hansard, Senate Debates, 1957, 20 June 1957, column 5885.

3. Hansard, Senate Debates vol.IV, 1957, column 5835 20 June 1957, Nursing Bill.

4. For Charlotte Searle's key role in the segregation of the SANA and SANC see her own account in SC 6 - '55 Select Committee on the Nursing Amendment Bill, pp 154-5.

5. The History of the Development of Nursing in South Africa (4th edition, Epping, Cape, 1980; first published 1965), 234.

6. Ibid. Check column.

7. See esp. SC Minutes of Evidence SC 6 -'55 Evidence Adv. T.H. van Reenen (member of SANC), 11; SC 5- '56, Evidence WMM Eiselen, 23-4.

8. M. Jarrett-Kerr, African Pulse (London, 1960), 80. Chapter 4 of this eye-witness account deals with the 1957 legislation in some detail, and cites extensively from the Select Committee on the Subject of the Nursing Amendment Bill that I have also used in this paper.

9. SC 6 - '55, p.154. The language has undergone a subtle shift in her History:

> Doctors and nurses ... are convinced that the best nursing service to any given group of people is provided by nurses who are culturally homogeneous with the group they serve. Language, custom, mores, folkways, all play a dominant role in nursing service. Nursing without the full interplay of such factors s merely a technical service in a temporary situation. Even the most devoted service by White nurses to non-White patients had been a fringe service when assessed sociologically ... (p.233-4)

10. By black I refer to African, Coloured and Indian nurses. The vast majority of the c.3000 black nurses qualified in 1957 were in fact African; the first Indian nurse to be registered with the Nursing Council only qualified in 1948; and there were several hundred Coloured nurses mainly in the Cape. The terminology of the time refers to blacks as Non-Europeans.

11. SANA Board B27a - 7/57 Memorandum by non-European Nurses of East London.

12. SANA Archives, Pretoria, Sana Minutes of Board Meeting 25-27 July 1957, B.26 - 7/57 Matters arising out of Branch Meetings on the Nurses' Amendment Bill.

13. AD1137, Cb 3.1 FEDSAW cII Petition to the Matron of Baragwanath Hospital and the Principal of the Training College for Non-European Nurses; Ibid. Organizing Sec of National Conference of Nurses to Secretaries of Regional branches of SANA, Non-European Discussion Groups etc. 8 Aug. 1957.

14. B4 - 11/57 President SANA, M.G. Borcherds to the National President of the National Council of Women in South Africa 13 Sept 1957.

15. See Martin Jarrett-Kerr, African Pulse (london, 1960) chapter 4, which also deals with much of the material cited in this paper on the 1957 legislation.

16. SC 6 - '55, p. 153. f the much blander account in the History, p.235.

17. SC 6 - '55, 153.

18. See South African Nursing Council Archives, Council minutes, vol.8, March 13-16 1950. Professor Dart's motion that the matter be not proceed with was won at this stage by 13:9. Charlotte Searle (and two others) asked for their dissent to be recorded. Also South African Nursing Association Archives, Minutes, no. 31, 10 Nov. 1949.

19. As late as April 1955 the Council was evenly divided on the subject with the Chairman - Advocate T.H.van Reenen - responsible for the casting vote against a resolution proposed by Gale in favour of non-discrimination. According to van Reenen, however, there were 10 members absent at the time, nine of whom had expressed themselves against the resolution. SC 6 - '55, p.59.

20. SC 6 -'55. Evidence Dr. Theo Wassennaar, Member Executive Council, Transvaal Provincial Administration, p.150.

21. This is based on my reading of the minutes of the SANA Board and SANC for the years between 1949 and 1957.

22. SANA Archives, No. 32, B 2 - 1/50 J. de Klerk, Chief Secretary of the HNP to Miss D. Radloff, Sec. SANA, 8 Dec 1949, in Minutes of the Board, 18-20 Jan 1950.

23. The Wolmaransstad Hospital Board seems to have been actively Nationalist -presumably GNP/ Broederbond - from the 1930s. Cf. 233/9/30 Hospital Board of Wolmaransstad and District, 17 Feb 1936, Extract of Minutes of meeting held on 17 Feb.1936 of special committee ... to go into the importation of nurses (translation), which protests at the plans to bring "foreign" nurses into South Africa to solve the nursing shortage.

24. SC 6 -'55, Evidence Dr. T. Wassenaar, quoting from the Wolmaransstad circular , pp147-8.

25. See especially SANA ARchives, B7 - 8/56 Report of the Private Duty Nurses' Discussion Group of 7 April 1956, in Minutes of the Board, 27 July 1956.

26. SANA Archives. Minutes of the 59th Board meeting, 13-15 August 1956, Memo B7 - 8/56, reporting the Witwatersrand Branch minutes, 1953-6 on this issue. See also Board Minutes, nos. 62 & 64, 1957, B.2 - 7/57 "Matters arising out of Branch meetings on the Nurses' Amendment Bill", Witwatersrand Private Duty Nurses' Group: "This meeting expresses its thanks and appreciation to our Government for its 'Race Separation' policy. We are convinced of the urgency and necessity of such an act to avoid friction between the different races, After all is said and done European, and non-European nurses should deem it an honour to render the best service to their own people. A training which is aimed at estranging a person from her own people is unacceptable to us. We respectfully request the authorities to have the present training system for non-European nurses investigated to ascertain whether (without any doubt) it answers the above purposes."

27. See the evidence of Sister A.J. Botha to the SC 5 - 56, p.16: "As regards the application of apartheid would just like to point out .... that on the Rand there are many hospitals, especially those for chronic cases, where the cheap services of non-Europeans are used." Sister Botha ran a private nursing agency in Johannesburg, and became Chair of the Private Duty Nurses' Discussion Group in 1955. Cf also Searle's evidence to SC 6 - '55: "When it comes to practicing for gain the non-European nurses should be restricted to their own people. ... the salaries of non-European nurses are traditionally lower than those of European nurses and if we are going to allow completely free competition, we will also wreck the nursing services." (p. 155)

28. Hansard, Senate Debates, 1957, 20 June 1957, column 5873.

29. SC 5 - '56, 1-12.

30. SC 5 -'56, p.13.

31. SC 6-'55, pp. 153-4.

32. On the shortage at the end of the war and the projections once the once the range of health services was extended see SANC, Memorandum on a scheme for the revision of the training of nurses and midwives enclosed in SANC to Sec Central Health Services and Hospitals Co-ordinating Council (copy) in PAH 511 HM479/3A. There are plans to build new Schools of nursing and to greatly expand hospital services for all population groups in the wake of the Report of the National Health Services Commission.

33. SC 6 -'56, Evidence Dr D. van Binnendyk and Mr D.W. Scallan, representing the Provincial Administration of the Cape of Good Hope, and Dr. F.R. Luke, Dr. J.D. Joubert and Miss E.J.Fouche representing the Central Hospitals Committee of the Provincial Administration, pp.118- 43.

34. Stewart papers: THE VICTORIA HOSPITAL, LOVEDALE Rhodes University, MS 16457.

35. Cape Archives, MOH 290, Report by Assistant MOH J.A.Mitchell, Aliwal North, on Victoria Hospital, Lovedale, 11.10.1906. he decision by the Lovedale authorities to cease taking white patients was the cause of a local uproar - especially after a white who was refused admission died in the local gaol. A according to Dr. Gregory, MOH, "I found that the Lovedale Institute and its methods fairly stank in the nostrils of the local population and that no-one in the village would employ a Lovedale boy or girl if they could possibly get a raw Kafir ..." (MOH 290, A.J.Gregory to Under Col. Sec. 26.8.1908.) More sedately the local press ran an article entitled "A Broken Trust" Ibid. Mitchell, Preliminary Report, 22.10.06) Nevertheless, the Colonial Secretary, Colonel Crewe "frankly recognised the impracticability of running the Hospital with both European and Native patients and a mixed Staff of European and Native nurses ..." (Extract from the Minutes of the Lovedale Directors' Meeting held on 5th December, 1906 by D.A.Hunter, Hon. Sec.)

36. The extent of the settler attack on African women for their sexual gratification - and its obverse - settler fears of the "black peril" - were of course a major theme in segregationist discourse at this time and a major justification for segregationist practices by "friends of the natives". See, for example, S. Marks, "Patriotism, patriarchy and purity: ..." in Leroy Vail, The creation of tribalism in southern Africa (London and California, 1989).

37. Cape Times 16.3.1911, Senator Munnik - question to Minister of the Interior.

38. Christian Express 1 Jan. 1907, p.1

39. Christian Express, 1 Jan 1907, p.9 and 1 Feb 1907, p.30. The views of the white nurses were a good deal more ambivalent as a letter from "One interested in the Diamond Fields Advertiser 16 Sept. 1911) makes clear (reprinted in Christian Express 2 Oct. 1911).

After professing "astonishment" at the thought of "coloured nurses for coloured people, the author expressed the hope that it would never come about because:

> In the first place nursing is a professiom which can only be entered by educated women, and not only educated but refined. The nature of a nurse's duties are such that only extreme delicacy and tact make them possible. In England such work cannot be undertaken by the lower class of white girls, how then can it be undertaken by coloured women? To say that inferior nursing is good enough for coloured people only aggravates the case. Surely all sick people, irrespective of colour, should be given of our best .... [Moreover] If the [white] are not to enter the native wards, where are they to get their experience and training? The bulk of the interesting and instructive work is in the native wards. Coloured sick people need exactly the same care and treatment as white, if they are to recover, and, if not, why make a show of nursing them at all? There are no grades in nursing. If not of the best it is worse than useless.
>
> It would be years before there could be a supply of trained coloured nurses, and such an arrangement would almost certainly lower the whole standard of nursing, as few white women would be keen on entering a profession in which they must compete with coloured women. As regards the effect on the patients of being on familiar terms with white women, speaking as one who has for years worked in a native hospital, I should say that on the one side - that is the nurse's - such a thing is an utter impossibility; and the other, my experience has been that the natives so nursed are most grateful, and very often more courteous and deferential to the nurses than many white patients .... in the majority of cases they look upon nurses as something so infinitely above them that familiarity of any kind never occurs to them. (145)

40. Cape Archives, Provincial Administration (Health), PAH 471 HM 93 Private Sec, Admin. CT to Pte Sec to Min Railways and Harbours, Pretoria, 9 Dec. 25 in response to a query on the subject.

41. The resolution was moved by Kenneth Andrew Sinclair (Victoria West) and seconded by Andries Petrus Venter (Stellenbosch). Herbert Burman (Cape Eastern) and J.G.F. Moult (Cape Western) tried to substitute the words "trained orderlies" instead of "servants" but were defeated and the original motion was agreed (Union of South Africa. Prov. of CGH, Records of the Provincial Council, vol.xxxii 1938, p.67).

42. See eg Cape Archives, Provincial Health Administration, PAH 498 HM 411 SATNA Sec to Prov Sec 13.10.38; Report in Cape Argus 24 Sept. 1938.

43. 'An Unwise Provincial Ordinance', SANJ, vol.4, no.1, October, 1938, reprinting the SAMJ editorial. See also the report in the Cape Argus, 24 Sept. 1938.

44. Cf "This meeting of the N.C.W. [National Council of Women] much regrets the decision of the Cape Provincial Council to allow non-European servants to attend on male non-European patients and begs that non-European orderlies be used as in the past. No official objection to this procedure has been voiced by the Trained Nurses Association whose members give of their best to all who need it, regardless of race or colour". In PAH 498 HM 411 Sec, East London, NCW to Prov Sec.

45. See eg Cape Archives HBC 146 33/8a Sec and Treas. Hosp Board to Prov. Sec. 31.6.38; Minutes of Cape Hospital Board 31.8.38: 40. Non-European nurses - Pensions and emoluments. It also tried to get the same leave for black and white nurses.

46. HBC 146 33/8a Note memo from Cape Hospital Board Proposed establishment of training school for non-European nurses. n.d. original draft, c. 1936.

47. PAH 166 H19/5/4 Cape Hospital Board. Report of a Sub-Cttee of the F &GP Cttee appointed to consider the question of the training of non-E nurses, 27.3.35.

48. HBC 127 Minute Book, letter from [white] nurses at Somerset Hospital to Secretary and Treasurer of the Cape Hospital Board, 30 Jan 1937.

49. See especially for example his Discipline and Punish (New York, 1979) and The History of Sexuality (New York, 1978). For the application of his ideas, see most notably the forthcoming work of Jean and John Comaroff, From Revelation to Revolution. Christianity, colonialism and consciousness in South Africa (vol.2) and Timothy Burke, "'Nyamarira that I loved': commoditization, consumption and the social history of soap in Zimbabwe", paper presented the seminar on "The societies of southern Africa in the 19th and 20th centuries", Institute of Commonwealth Studies, Jan. 1990.

50. Diamond Fields Advertizer, 16 Sept. 1911, cited in the Christian Express, 2 Oct. 1911, p.145.

51. Hence the almost hysterical response in the Clairwood Institute for Family and Community Health when Dr Sidney Kark appointed black sisters, gave them access to confidential reports. Personal Comm. Dec. 1989. See also I. Frack, A South African Doctor Looks Forwards - and Back, where he discusses the secret enquiry into the Clairwood Institute in terms of the Suppression of Communism Act.

52. Cf Senator Raw, Hansard, Senate Debates, 1957, 20 June 1957, Nursing Bill.

53. "Big chances await native nurses," Friend, 21 April 1954.

54. RDM 19 July 1952, "Cape plans large-scale training of native nurses".

55. Cape Times 28 Sept. 1956

56. D. Hindson, Pass controls and the urban African proletariat (Johannesburg, 1987); D. Posel, "Influx control and the construction of apartheid from 1948-1961", D. Phil. Oxford, 1987.

57. Ibid. 448.

58. "Conformity and conflict. Afrikaner nationalist politics in South Africa, 1948-1961", D. Phil. Oxford, 1988.

59. SC 5 - '56. Evidence W.W.M. Eiselen, pp 25-6.

60. Pretoria Archives, Department of Health, GES 161997/26D, n.d.

61. See e.g. "A gold medal to remember her by" Rand Daily Mail 14 Oct. 1964, about the medal commemorating Mrs Georgina Judson, the first state-registered Coloured nurse, given by SANA as part of its golden jubilee celebrations to the first Coloured matron, Mrs Petronella Magdalene Pastor of Somerset Hospital appointed in 1962; also Natal Mercury, 3 August 1968 "South Africa's First Indian Matron"; Daily Despatch 11 November 1971, "Sister Regina Mapela returns from Britain" (the first African nurse to be given a SANC scholarship to study overseas). I am grateful to Professor Keith Bevan and Dr. Christopher Rogerson for telling me about the subject classified newspaper clippings in the Geography Department at the University of Witwatersrand, and making it easy for me to use them.

62. Leana Uys, "Racism and the South African Nurse", Nursing RSA Verpleging vol.2, no 11/12 Nov-Dec 1987. I am grateful to Laetitia Rispel of the Centre for Health Policy Studies, University of Witwatersrand, for this reference.

63. See Sunday Times, 20 Aug. 1972 "Shock warning on Black Nurses. 'Stop using them or face closure', private hospitals told." The article cited the views of a spokesman for one of Johannesburg's private hospitals, "He [the Provincial Administrator] won't find one hospital in the Transvaal, private or otherwise, which does not use non-White nurses for some form of nursing."

64. As I was told on several occasions by black nurses across the country. As one of them put it - with unintended ambiguity: "When that women dies, all the black nurses will want to be at her funeral."