

THE PEOPLE'S HOSPITAL:
A HISTORY OF McCORDS, DURBAN, 1890s–1970s

Julie Parle and Vanessa Noble



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*The People's Hospital: A History of McCords,
Durban, 1890s–1970s*

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ABBREVIATIONS AND ACRONYMS

ABC	American Board of Commissioners
ABM	American Board of Missions
ACWC	American Canadian Women's Club
ALP	Aldyth Lasbrey Papers, McCord Hospital Papers, Campbell Collections, Durban
AME	African Methodist Episcopal
ANC	African National Congress
ARVs	anti-retrovirals
AZM	American Zulu Mission
BMA	British Medical Association
CC	Campbell Collections, Durban
CPS	Civilian Protective Service
ICU	Industrial and Commercial Workers Union
lb	pound (weight)
KCAL	Killie Campbell Africana Library, Durban
LRCP	Licentiate of the Royal College of Physicians
MB	Mouldy Box, McCord Hospital Papers, Campbell Collections, Durban
MD	Doctor of Medicine
MHP	McCord Hospital Papers and McCord History Project, Campbell Collections, Durban
MRCS	Member of the Royal College of Surgeons
MSCE	Master of the Supreme Court
NAR	National Archives Repository, Pretoria
NNRA	Natal Native Reform Association
NPA	Natal Provincial Administration
OPD	out-patients department
PAR	Pietermaritzburg Archive Repository
TB	tuberculosis
UCCSA	United Congregational Church of Southern Africa
UKZNMSA	Medical School Archives, University of KwaZulu-Natal
VD	venereal disease

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Map 1 Natal



Map 2 Durban

PREFACE

When in 1909 Dr James McCord founded the little mission hospital on the hill, the event mirrored the confluence of two myths: hope and service. I use the term myth in a very guarded way as the springboard of passion-driven action. Philosophers maintain that ideologies and beliefs are rooted in the stem cells of mythology and that faith expresses the essence of things hoped for. Things hoped for come to fruition because faith drives humans to passionate action. The history of McCord Hospital thus becomes the history of hope realised.

McCord Hospital was more than a place of diagnosis and healing of the body. It represented both an ideal and a practical demonstration of a community of faith where medical care presented an entry point. Patients came to McCord Hospital for physical and spiritual healing. Young African women came to train as nurses of a special type, to give care and love. Beyond these primary attributes, McCord Hospital pioneered the road to development, to take Africans into the universe of humanity when the political system in operation at the time believed that they were sub-human. The very physical location of the hospital on the ridge, the border of Durban at the time, was a demonstration of the boundaries between ‘civilisation’ and ‘heathenism’ as Africans did not fit into the definition of civilisation held by the powers that were.

For 105 years the people’s hospital, as McCords was popularly known, bridged the gap between ‘civilisation’ and ‘backwardness’ giving care to the underserved and training professional nurses and doctors. That was not the end. In the 1950s, Alan Taylor, then Medical Superintendent, was instrumental in the establishment of the University of Natal Medical School, the present Nelson Mandela School of Medicine, which trained mainly African doctors when places for training at the white established medical schools were almost inaccessible to anyone other than white citizens. The residence where medical students lived became the Alan Taylor Residence.

McCord Hospital continued to demonstrate practically the realisation of things hoped for throughout its history of care. As recently as the outbreak of the pandemic caused by HIV, the hospital typified the evidence of things unseen in the excellent programme at Sinikithemba, a place of hope. The change in status of the hospital from Christian mission-driven to a public service marked the end of an era. Readers of this book will walk through this long revealing journey and appreciate the story of Christian service to humanity.

Lastly, and definitely by no means least, the community of McCord Hospital wishes to express most sincere gratitude to Julie Parle and Vanessa Noble for the meticulous detail in this story of faith, community and progress. McCords could not have deserved a better record than this.

*Paulus Zulu
Professor Emeritus and last chairman of the
McCord Hospital Board of Governors*

ACKNOWLEDGEMENTS

The McCord History Project has been, in the words of the hospital's founder, 'the work of many hands, over many years'. It was initiated by Professor Eleanor Preston-Whyte and Dr Helga Holst, and has been a shared endeavour with our friend and colleague Catherine Burns. The McCord Nixon Trust supported bringing the story of McCords into the twenty-first century, and we appreciate both the assistance given and the independence permitted to research and tell it as freely as we have. Helga Holst in particular has embraced the journey even when there were deviations from the pathway, lengthy but inescapable breaks, and occasional doubts about the destination.

We have been generously assisted by many student interns and associates, professionals in the archival, information and research worlds, and by colleagues, both South African and international. The list of names here is no doubt incomplete so great has been the interest in McCords. We thank everyone who has given of their time and interest, especially, and in alphabetical order: David Agate, Fiona and Richard Bell, Keith Breckenridge, Heidi Brookes, Carol Brown, Catherine Burns, Hannah Carrim, Mwelela Cele, Suryakanthie Chetty, Howard and Paul Christofersen, Helen Clarke, Scott Couper, Harriet Deacon, Al Diesel, Anne Digby, Abigail Donaldson, Marcel Dreier, Emma and John Driebold, Marijke du Toit, Janet Duncan, Bobby Eldridge, Christopher Eley, Nafisa Essop Sheik, Karen Flint, Divine Fuh, Louis Gaigher, Nazim Gani, Liezl Gevers, Stacie Gibson, Janet Giddy, Mandy Goedhals, Simon Grest, Bill Guest, Zamaguni N. Gumede, Patrick Harries, Thevan Harry, Pearl Harris, Lily Havstad, Simonne Horwitz, Kalpana Hiralal, Lizzie Hull, Cyndie Huynh, Mona Jackson, Estelle Jobson, Sally John, Claire Kerry, Vukile Khumalo, Christine Kim, Steve Kotze, Emily Krige, Sherian Latif, Estelle Liebenberg, Noleen Loubser, Hines Mabika, Michelle Maguire (née Floyd), Zodwa Mageba, Desmond Makanya, Thandokuhle Maphumulo, Shula Marks, Mxolisi Mchunu, Thabani Mdladla, Lukas Meier, Senzo Mkhize, Mary Jane Molefe, Rebecca Naidoo, Glen Ncube, Pieter Nel, Percy Ngonyama, John Nixon, Heather Noble, Kyla O'Neill, Mavis Orchard, Diane Peters, Howard Phillips, Eleanor Preston-Whyte, Steve Reid, Lucy Robbins, Pascal Schmid, Fiona Scorgie, Judith Shier, Nellie Sommers, Stephen Sparks, Helen Sweet, Sinothi Thabethe, Zamanguni Thenjwayo, Steve Terry, Kirsten Thomson, Sandi Thomson, Jo-Anne Tiedt, Ingrid Ussher, Goolam Vahed, Thembisa Waetjen, Penny Watts, Fabio Zoia and Paulus Zulu.

Our article ““The hospital was just like a home”; self, service and the “McCord Hospital family”” was published in *Medical History* in 2014. We thank the editors for their permission to draw extensively on that article.

In bringing this book to publication, thank you to the Natal Society Foundation, and to Marise Bauer, Jo Marwick and Phila Msimang. The late Peter Croeser gave us a great deal of encouragement and we are sad that he did not see this book come to completion. Sincere thanks must also go to Christopher Merrett, whose editorial skills and commitment to the history of this region are much appreciated.

Finally, we would also like to thank our own families for their encouragement and support over the many years it has taken to write this book.

Julie Parle and Vanessa Noble

INTRODUCTION

SOUTH AFRICA CAN CLAIM to be home to three of the most important hospitals of the last century. Across the world, Cape Town's Groote Schuur Hospital is still known as the place where the first successful human heart transplant was performed in 1967. Soweto's Chris Hani Baragwanath Hospital is equally internationally famous. With more than 3 000 beds and 6 000 staff, it is among the largest hospital complexes ever built.¹ McCord Hospital of Durban in KwaZulu-Natal is older, smaller and not as well known as Groote Schuur or 'Bara', but as this book illustrates its contributions to the history of South Africa are easily as significant.

On 1 May 2009, the centenary of McCords (as the hospital has usually been called) was celebrated at a gala event in the Durban City Hall. It was attended by hundreds of people: local, national and international dignitaries; politicians from many parties; philanthropists; leading world medical practitioners; and many doctors, nurses and former patients. Proceedings were opened by chairman of the McCord Hospital Board of directors, Professor Paulus M. Zulu. Dr Howard Christofersen, who between 1964 and 1966 had followed Dr Alan B. Taylor as the hospital's second Medical Superintendent, had made the long journey from the USA to join the week-long commemorations. So, too, had John Nixon, grandson of the hospital's founders James and Margaret McCord.

Among the speakers were also high-ranking South African officials, including Dr Zweli Mkhize, premier of KwaZulu-Natal. He had served his medical internship at McCords in the early 1980s. Dr Mkhize paid a warm personal tribute to Mrs Mavis Orchard whose husband, Cecil, had been the fourth Superintendent from 1966 to 1986. Present in the audience, too, was African National Congress official and gender activist Phumelele Ntombela-Nzimande, who had trained as a nurse at McCords. Alongside her was Blade Nzimande, secretary-general of the South African Communist Party and later minister of higher education and training.

In tribute after tribute, it was clear that the sentiments being expressed were more than just those of government officials attending a formal engagement and that McCords held a special place in the affections of many. The mood was both nostalgic and optimistic. Looking to the next century, Chief Executive Officer (formerly Superintendent) Dr Helga Holst was upbeat in explaining McCords' vision. There would be a new state-of-the-art hospital complex;

partnerships with experts in medical science and an expansion of clinical research; and continuation of a tradition of innovative health care. Above all, McCords would sustain its commitment to quality care for the poor of the region.² Dr Holst acknowledged that all these would require huge investment, both financial and human, but that with faith and the support of provincial and national government, business and philanthropists McCords Hospital would have the resilience to overcome these challenges.

In planning for the centenary, it was realised that a comprehensive history of McCords could be a contribution to the commemorations and, possibly more importantly, a valuable resource in planning for the future. Rather than simply celebrate its achievements and accomplishments, of which there were indeed many, as professional historians we were asked to look more deeply and critically into the history of McCords. What, for instance, could be understood by situating the hospital's history in the context of the times in which it had developed? Why had McCords needed to fight for its very existence on so many occasions? How had it survived when many other similar institutions had closed? Had racist, gender-based and professional divisions been more, or less, rigidly enforced at McCords than at other South African hospitals? Were staff and patients of different religious faiths welcome? Where had it succeeded, where had it failed – and why?

The research begun in 2006 revealed that so rich and complex is the history of McCords that a single volume would not do justice to its many stories. This book therefore covers the background to the establishment of the hospital through to an important turning point in its history in the 1970s. The full story of McCords – during the decades of late apartheid from the mid-1970s through the turmoil of civil war in KwaZulu-Natal in the 1980s and early 1990s, the highs of the first years of democracy after 1994, the tragedy of HIV/AIDS in the 1990s and into the twenty-first century – will be covered in a second volume.³

The history of McCords' first half century has been told twice before in two best-selling accounts, both of which richly complement this book. James B. McCord's own memoir *My Patients Were Zulus* was published in 1946.⁴ With assistance from John Scott Douglas, the author of popular adventure stories, it was written in the style of intrepid heroic missionary doctors, their stoic (but mostly silent) wives, and loyal African 'helpers' whose 'civilizing mission' brought 'light' and medical science to a 'superstitious' and 'primitive people'.⁵ This picture of an exotic Africa appealed greatly to the North American public in particular, and the book was republished several times. It

remains a compelling read. In our research for this book, however, we have revisited hundreds of archived letters, notes and pamphlets from the earliest days after James and Margaret McCord arrived in Natal in 1899, through to their retirement and return to the USA in 1940; and have looked at them in the context of recent questions about the development and impact of missionary and ‘Western medicine’ in the nineteenth and twentieth centuries.

Fifty years after the publication of James McCord’s autobiography, his youngest daughter Margaret (Peggy) McCord-Nixon recounted the life, times and key role played in the history of the hospital by interpreter, assistant, friend and political activist Katie Makanya.⁶ *The Calling of Katie Makanya* movingly shows the powerful forces and events that have divided people in South Africa for so much of its history. In the intertwined stories it tells, however, we are also able to glimpse how, with courage and a shared faith people from very different backgrounds could sometimes reach across these divisions to earn mutual respect, and perhaps friendship.

In *The People’s Hospital*, we trace McCords’ shifting connections sometimes in alliance with, sometimes in defiance of, local elites, political and medical interest groups, international sponsors, and national and local authorities. There are indeed many stories of important firsts and milestones, but what emerges is more than simply a straightforward tale of heroism and triumph. Instead, we tell multiple stories of struggles, successes, failures, frustrations, sacrifices, and, on occasion, difficult choices and compromises that had to be made.

Chapter 1 opens at the middle point of our account of McCords, in the 1930s, by which time James and Margaret McCord’s long struggles to establish a hospital ‘for the Zulu people’ in the racially segregated city of Durban had had some success. Chapters 2 and 3 take us through to the years of World War II. Together, these chapters argue that the fundamental shifts in public attitudes towards hospital medical care that had been underway in many parts of the world from the late nineteenth century were also occurring in Natal. The McCords’ success in building a hospital ‘for the Zulus’ in Durban, however, took many years, with many setbacks and difficulties. We recount these in some detail as well as their American and faith backgrounds; their early medical work in rural Natal; and the opening of a dispensary and a small cottage hospital in Beatrice Street in Durban in 1904. These chapters also outline the McCords’ pioneering initiatives in the training of black nurses and in debates around medical education for black doctors, for these are integral to the story of McCords and its legacy.

Chapters 4, 5 and 6 discuss the 1940s through to the 1970s. These chapters show how, although these were years of considerable expansion at McCord Hospital, they were also, sometimes, years of hard struggle. Financial difficulties, staff shortages and racially discriminatory and oppressive apartheid policies all affected the hospital. Indeed, as these years went on those in management found themselves having to fend off a hostile government that increasingly questioned the work and mission of McCords. Key to surviving these attacks was the construction of a strong sense of ‘family’, as well as the ability to negotiate and compromise to further the hospital’s interests. Throughout, a commitment to Christianity and humanitarian care remained the institution’s foundation.

Assisted by the McCord Hospital project team of researchers, we have consulted, where possible, sources both in South Africa and overseas. These include newspapers, the records of the American Board of Commissioners for Foreign Missions and many official documents held in various South African archives, especially in Durban, Pietermaritzburg and Pretoria. A number of illuminating interviews were also conducted. We draw on photographs, letters, newspaper clippings, official government and provincial correspondence, and hospital Board minutes and annual reports. The last were especially useful for the chapters that cover the decades after World War II. They were supplemented by further records, including those collected by Dr Aldyth Lasbrey (and collated in 2004 by Dr James Colgrove of Columbia University, who also interviewed Dr Lasbrey). More were donated to the research project by Mrs Mavis Orchard. Used creatively, even these most apparently dull reports and records have yielded a great deal of information about the socio-political conditions of colonial, segregation and apartheid-era South Africa, especially in Durban.

Some of these sources were not available to researchers before as they had been preserved at the hospital by Dr Alan B. Taylor with a view, never realised, of completing his own book about his life and stewardship of McCord Hospital. Along with others kept by Dr Lasbrey, his collection of records was left at McCords, and then forgotten for several decades. In an enormous stroke of luck these papers were discovered in 2010 in an old suitcase that had been accidentally preserved behind a wall partition at the hospital.

Sorted and digitally copied by researchers Kyla O’Neill and Jo-Anne Tiedt, these ‘mouldy box’ sources are wonderfully valuable in their detail, allowing us an intimate view of many personalities and the personal connections maintained via written correspondence from McCord-trained nurses and

doctors working around the world. They also permit us to see the more private sorrows, worries, and personal and professional dilemmas that frequently faced Taylor in particular. All of the sources we have used and collected are now housed at the Campbell Collections in Durban and will be a rich resource for future researchers of South African history.⁷

The figures of four men, the medical superintendents – James B. McCord, Alan B. Taylor, Howard Christofersen and Cecil Orchard – dominate many of the hospital's records for the years covered in this book. Yet, McCords was as much, if not more, the creation of women as of men. In addition to Katie Makanya and Margaret Mellen McCord, it is clear that the work and support of Mary Taylor, Ruth Christofersen and Mavis Orchard was essential to the life and survival of the hospital.⁸

Also of great significance (to name only a handful of the women whose contributions this book illuminates) were nurses Nomhlatuzi Bhengu, Beatrice Gcabashe, Edna Mzoneli and Kamila Moonsamy; doctors Mary Malahlela and Aldyth Lasbrey; evangelist Annie Nyembezi; and matrons Denis and Mnyakeni. They would pave the way for others, including matrons Bongiwe Bolani, Bongi Dlomo, Zodwa Mageba and Mary Jane Molefe, who generously told of their many years of experiences in interviews. Without proper recognition of these women the history of McCords would not only be incomplete, it would be incorrect.

Our research was less successful in correcting other imbalances. Many patients were not literate and because patient records were either destroyed or are embargoed for reasons of confidentiality, it is very difficult to get direct testimony from people treated at McCords. Similarly, as in all such institutions, it was the senior staff – doctors, matrons, visitors from overseas – who wrote reports, letters and minutes of meetings and who were commemorated in public events. Only very occasionally did clerks, cleaners, cooks, gardeners, telephonists, washers, mortuary assistants, drivers and the like leave any kind of written record. Nor does McCords seem to have been, at least in this period, the target of patient complaints, medical scandals or major labour disputes.

We also need to acknowledge another imbalance: while hospitals are often places of hope, recovery, care and life, they are also places where people go when in great pain, suffering and fear; and, sometimes, go to die. McCords' records, both formal and informal, make almost no mention of these difficult and unhappy matters and so in this book we cannot do more than glimpse such sadness and struggles. Where sources about such matters do exist, we have included them, especially in Chapter 5 and they go some way toward giving a

voice to patients, families and workers at McCords, including some who were less than complimentary.

What is abundantly clear from the records is that the hospital's central struggle was often one of survival. It faced closure many times. Probably the most openly hostile of the attacks came from no less than Hendrik Verwoerd, prime minister of South Africa from 1958 to 1966. Fortunately, neither he nor any of those who wanted to see this 'black hospital in a white area' moved or even completely shut down prevailed. In February 1963 a Durban newspaper *The Post*, featured a front page story highlighting how McCords was refusing to be co-opted by the government and instead was standing in defiance of apartheid. The headline news story asked: 'Will McCord's [*sic*] die?'⁹

McCord Hospital did not succumb to apartheid government forces. The reasons for this were varied but, crucially, Verwoerd and the many supporters of racial discrimination had underestimated the resolve of the hospital's staff and management to continue their work and miscalculated the extent and influence of its network of supporters. Perhaps most important of all, they had also failed to comprehend that for several generations and for many communities, it had come to be, as the newspaper proclaimed, the 'People's hospital they can't kick out'. This book tells the story of how McCords came to be that 'people's hospital'.

ENDNOTES

- 1 The study of the history of hospitals and health care in South Africa is a growing field. Rather than provide a separate section on the literature, we have made reference to various texts and issues where directly relevant. For those wanting to read further the studies most important for this book include the following: M. Gelfand, *Christian Doctor and Nurse: The History of Medical Missions in South Africa* (Sandton: Mariannhill Mission Press, 1984); S. Marks, *Divided Sisterhood: Race, Class and Gender in the South African Nursing Profession* (Johannesburg: Witwatersrand University Press, 1994); C.E. Burns, 'Reproductive labors: the politics of women's health in South Africa, 1900–1960' (PhD dissertation, Northwestern University, 1995); N.R. Hunt, *A Colonial Lexicon: Of Birth Ritual, Medicalisation and Mobility in the Congo* (Durham, NC: Duke University Press, 1999); D. Hardiman (ed.), *Healing Bodies, Saving Souls: Medical Missions in Asia and Africa* (Amsterdam: Rodopi, 2006); A. Digby, *Diversity and Division in Medicine: Health Care in South Africa from the 1800s* (Oxford: Peter Lang, 2006); J. Parle, *States of Mind: Searching for Mental Health in Natal and Zululand, 1868–1918* (Pietermaritzburg: University of KwaZulu-Natal Press, 2007); A. Digby and H. Phillips with H. Deacon and K. Thomson, *At the Heart of Healing: Groote Schuur Hospital, 1938–2008* (Johannesburg: Jacana, 2008); M. Harrison, M. Jones and H. Sweet (eds), *From Western Medicine to Global Medicine: The Hospital Beyond the West* (New Delhi: Orient Black Swan, 2009); V. Noble, *A School of Struggle: Durban's Medical School and the Education of Black Doctors in South Africa* (Pietermaritzburg: University of KwaZulu-Natal Press, 2013); S. Horwitz, *Baragwanath Hospital Soweto: A*

History of Medical Care 1941–1990 (Johannesburg: Wits University Press, 2013). See also V. Noble and J. Parle, “‘The hospital was just like a home’: self, service and the McCord Hospital family’ *Medical History* 58(2) 2014: 188–209. Published after our research had concluded was M. Clancy-Healy’s *A World of Their Own: A History of South African Women’s Education* (Pietermaritzburg: University of KwaZulu-Natal Press, 2013), which focuses on Inanda Seminary for Girls.

- 2 Since the mid-1990s McCords had pioneered HIV/AIDS treatment programmes in the region, in defiance at times of the Mbeki government’s vacillation on HIV and ARVs.
- 3 To be written by McCord History Project co-ordinator, Catherine Burns, and Janet Giddy, formerly of McCords Sinikithemba ARV Clinic.
- 4 J.B. McCord with J.S. Douglas, *My Patients Were Zulus* (London: Frederick Muller, 1946).
- 5 A note on terminology: nineteenth- and twentieth-century records from South Africa use the then current terminology of Europeans, natives (later, bantu), Indians (or, sometimes, Asiatics), coloured and non-Europeans. In order to be historically accurate we have replicated these and on occasion other, more offensive terms in this book where we draw directly on documents created by other people. We do so only for historical accuracy or to underline an important point. We use the term black to refer to African, Indian and coloured people, though in Natal by about 1920 the term coloured was being used to refer to those who came from Natal and surrounding regions such as Transkei and Eastern Cape and who were the descendants of people of diverse origins.
- 6 M. McCord, *The Calling of Katie Makanya* (Cape Town: David Philip, 1995). It won the Sunday Times/Alan Paton Book Prize in 1996 and for some years an abridged version was a set work for South African high school learners.
- 7 For a fuller discussion, see Chapter 6 of Digby and Phillips, *At the Heart of Healing*, which is entitled ‘The gaze from below: patient experiences’.
- 8 Three excellent honours theses were completed under the supervision of the authors. These projects contributed greatly to our source base and to our understanding of several important themes that run through this study: the significance of Christianity, education and gender; the vital roles played in the life of McCords by Margaret Mellen McCord, Mary Taylor, Ruth Christofersen and Mavis Orchard; and the economic and political context of the hospital’s efforts to remain afloat from the 1940s to the early 1970s. See P. Watts, ‘Missionary institutions, nursing and Christianity: an examination of McCord Hospital, 1950–1973’ (History honours thesis, University of KwaZulu-Natal, Durban, 2006); F. Zoia, ‘“This wrong situation”: a critical study of McCord Hospital and the Group Areas Act, 1949–1961’ (History honours thesis, University of KwaZulu-Natal, Durban, 2007); and M. Floyd, ‘“Not of a nature to swell the historic page”: the lives and work of three American medical missionaries’ wives at McCord Hospital, Durban, 1899–1966’ (History honours thesis, University of KwaZulu-Natal, Pietermaritzburg, 2008). In addition, we drew on J.L. Twine, ‘“I’m just an ordinary nurse”: a life history of Matron Bongiwe Bolani’ (History honours thesis, University of Natal, Durban, 1997) supervised by Catherine Burns.
- 9 Campbell Collections, Durban, McCord Hospital Papers and McCord History Project Papers, Mouldy Box donated in 2010, File 16 Loose Newspapers 2: Bobby Harrypersadh, ‘Will McCord’s [*sic*] die: for it’s the people’s hospital they can’t kick out!’ *Post* (Natal edition) 24 February 1963.

1

'BRINGING LIGHT TO THE NATION?': MISSIONARIES AND MEDICINE IN NATAL AND ZULULAND

IN FEBRUARY 1936, *Ilanga Lase Natal* (*The Sun of Natal*) carried many dramatic and alarming news stories from Europe, from several African countries to the north, and from closer to home. Hitler's Germany was rapidly building up supplies of weapons for war, it reported. There were violent riots in Zanzibar. In Cape Town, the white-dominated parliament was debating the Native Bills, which when passed removed more of the few remaining political and legal rights of black South Africans. In Natal, political tensions were intensifying, too. For instance, in a letter to *Ilanga's* editor Reverend John Langalibalele Dube, president-general of the African National Congress, Dr Pixley kaSeme supported calls for a Zulu National Council for the 'Zulu nation'.¹ There was, however, some lighter relief for readers: the social and personal column prominently displayed an invitation to 'everyone to attend an event organized in honour of our beloved Doctor on Friday the 21st at the Bantu Social Centre'.²

The doctor was James Bennett McCord. He and his wife Margaret were returning to the USA on leave. They were Congregationalist missionaries who had come to South Africa in 1899

Isithakazelo sika Dr. McCord
NgoLwesihlanu February 21 ngo 7.30 P.M.



UDOKOTELA UMAKODI NENKOSIKAZI YAKHE
ABAZOKWENZELWA UMKHOSI NGOLWESIHLANU Feb. 21st.
NGO 7. 30 NGOKUHLWA EBANTU SOCIAL C. C.

Sicela ukukhalelangoko ukuthakazela uDokote'a wethu othandekayo Ngo
Lwesihlanu Feb. 21st 1936. Kwenzele isiphosiso ngakolunye uhlangathi lapho
kuhlal' izi-29.

JOHN L. DUBE,
(uSihlalo weKomiti.)

John L. Dube's invitation to a function in honour of James and Margaret McCord, February 1936 (Ilanga Lase Natal 15 February 1936)

to serve with the Zulu Mission of the American Board of the Commissioners for Foreign Missions.³ In 1909, after many difficulties, they had opened a hospital 'for the Zulu people' on the high ridge above the upper suburbs of the city of Durban. *Ilanga* later reported that the event 'for the McCords ... was attended by many black people and white friends ... The McCords are returning to their home country, the United States. The Chairperson for the day was Rev. J.L. Dube and he opened by thanking the Doctor and his wife for the good work done amongst the black people'.⁴

Dube had 'paid a glowing tribute to the work of Dr. McCord as a pioneer of medical mission work for the Zulus and of medical education for Natives'. In Dube's words: '*Lo uDr McCord uselikhanyisile leli. Namhla seku kwelinye izinga entuthukweni yabantu* [This Dr McCord has brought light to this nation. Today, the blacks have reached much higher levels of development].' Many tributes at this function, some of which were published in the newspaper, were for the 'good Doctor'. Some also drew attention to Margaret McCord. For instance, Jacob Mkhize addressed her as a 'Queen'.⁵ Indeed, in their more than forty years of work in Natal, Margaret and James were both often treated with great courtesy and given honorary titles such as 'daughter' or 'son-in-law' of a chief.

In fact, Margaret's father, the Reverend William Mellen, had been both popularly acclaimed and legally appointed by the Natal government as a chief for the Umsundusi area close to Pietermaritzburg. Margaret and her sister Laura had been born in the colony, and had returned to the USA for their schooling in 1877 when Margaret was only six. Both would return to Natal. A missionary in her own right, Laura returned in 1895 and Margaret in 1899.

It is James who is remembered as the founder and first head of the hospital. But, as he often acknowledged and although she had no formal qualifications or paid role, McCord Hospital would not have been built nor survived without Margaret.⁶ She was James's partner in every sense: his wife, the mother of their children, nurse, matron, secretary, fundraiser and pillar of her church.

Although the McCords would retire and leave Durban only in 1940, these tributes are a fitting place to begin our history of the struggles to open the hospital in 1909. For, by the end of the 1930s the relationship between missionary medical work and the people whom the McCords had come to serve had changed fundamentally.

Until the late 1800s, Zulu-speaking people of the Colony of Natal and the territory of Zululand had largely ignored or rejected 'Western medicine' and its doctors outright, regarding them as ineffective if not actively harmful. By

the 1930s, however, James and Margaret had built, staffed and were running a hospital that was formally and popularly known as McCord Zulu Hospital. James's autobiography, published in 1946, had the title *My Patients Were Zulus*.

His title was not strictly accurate. First, not all McCords' patients were African; and second, by no means all Africans regarded themselves as 'being Zulu'.⁷ Indeed, in the late 1800s and early 1900s, many Africans in Natal rejected or ignored Zulu leadership. Others aspired to be full citizens of, first, the British Colony of Natal; and, later, of the Union of South Africa. This was especially so for the *amakholwa* (believers), Africans who had converted to Christianity. Conversion happened slowly, however, and one means of attempting to draw in more believers was through the work and ministry of medical missionaries.

People, politics and plagues in Natal and Zululand in the nineteenth and early twentieth centuries

In 1900 there were about 100 000 whites settled in the Colony of Natal, which had incorporated Zululand in 1897. There were also approximately one million Africans living in the region. Indenture of workers from India to Natal had begun in the 1860s and came to an end shortly after 1910. Many chose to stay on in Natal after their fixed-term contracts had ended, making South Africa their home, many living in or around the towns, forming a new class of workers as market gardeners. In addition, some came independently as merchants or 'passenger Indians' and were traders, businessmen, professionals and entrepreneurs. In 1900, there were roughly the same number of people of Indian and of European descent living in Natal.

When James and Margaret McCord arrived in December 1899, the four colonies that would later merge to form the Union of South Africa had been at war for two months. Direct devastation during the bitter conflict between the British Empire and the Boer Republics, which ended only in 1902, was experienced in northern Natal. Drought, high prices and a shortage of grain were widespread and severe. At the outbreak of the war, more than 7 000 African mineworkers and their families left Johannesburg to return to their homes in Natal and Zululand. Most had nothing but the clothes they were wearing. Some travelled by train, but the majority made the journey on foot, walking nearly 60 kilometres a day.

Among them were Ndeya and Katie Makanya and their young children, hoping to return to Ndeya's home at Adams Mission, near Amanzimtoti south of Durban. Before they could get there, however, Ndeya had been drafted into the British army as a wagon driver and Katie had to eke out a living in Durban. It was only when the war ended that they could move to Amanzimtoti to start their lives again. Katie's meeting with Margaret McCord there began a remarkable relationship that spanned decades and was central to the success of the McCords' medical mission.

Instead of prosperity the aftermath of the South African War brought even deeper economic recession and a greatly increased demand for migrant labour at the gold mines. For farmers, especially African producers, these were continued hard times. Jeff Guy explains that African life was devastated.⁸ The 1890s had seen not only war, but also cattle diseases of rinderpest, lung sickness and East Coast fever. There were also plagues of locusts. Many men found that they had no choice at all but to enter into migrant labour contracts to earn wages for taxes and to pay for food. The death of hundreds of thousands of cattle, around which Nguni society centred, meant that family life was disrupted. Customs and codes of conduct that had structured the roles and responsibilities of women and men, elders and juniors and parents and children came under strain, even challenge from within African societies. Younger men left homesteads in large numbers to enter the cash economy by working on the mines, on the railways and at the ports. This gave them a new sense of independence and fostered new loyalties and identities.

As migrant labour expanded, for instance, it was at their places of work that some people increasingly associated themselves with a wider and stronger sense of Zulu ethnicity than they had previously. In Natal, many Africans who had moved away from or even fought against the Zulu kingdom earlier in the 1800s now began to ally with the Zulu royal house under Dinuzulu kaCetshwayo. After his death in 1913, his successors were Solomon kaDinuzulu and Cyprian Bhekuzulu kaSolomon. Following the crushing of the Bhambatha Rebellion of 1906, and the betrayal by whites of *amakholwa* hopes of recognition as equal citizens of the Union of South Africa in 1910, 'Zuluness' grew further.

Political and economic turmoil, the greater movement of people, extending transport networks and troop movements also accelerated the spread of both old and new diseases. In the 1800s tuberculosis came to South Africa mostly with miners from England, Wales and elsewhere. Especially associated with the expansion of deep-level gold mining and twinned with silicosis, it spread from the crowded unhygienic mining and urban centres to rural hinterlands,

becoming a deadly shadow that has followed millions of South Africans ever since. Other previously locally unrecorded diseases, such as venereal syphilis, also spread. Malaria, which had been kept somewhat in check by Africans' avoidance of infested areas, also now appeared in new places and peaked in several severe epidemics. The Great Influenza Pandemic of 1918–1919, which worldwide resulted in between twenty and fifty million fatalities (estimates vary widely), hit South Africa too. As Howard Phillips describes:

The first wave came through Durban early in September 1918 and was carried to the rest of Natal and the Witwatersrand rapidly. By the 22nd of September thousands of workers on three Johannesburg gold mines were infected and within a fortnight the flu had spread to the general population ... The second more virulent strain came from Freetown in Sierra Leone to the Cape on 13 September 1918, spread through the Cape, the Free State and the Western Transvaal with devastating effect. There were two broad belts along which the epidemic moved from the Cape – the first in a north-easterly direction as far as the Western Transvaal, and the second to De Aar and then towards the south east to the Ciskei and the Transkei.⁹

In the Orange Free State and in Natal and Zululand there were fewer fatalities than in the Cape or Transvaal provinces. In societies already weakened by ecological and agricultural disasters, political collapse and military conflict, this disease, which moved fast and took the lives of the young and the fit, was another hard hammer blow. When it did strike in Natal and Zululand, the influenza epidemic brought great heartbreak. As Benedict Carton relates, the songs of Zulu composer R.T. Caluza 'bewailed those who perished: "Beautiful daughters, handsome sons, bonny babies, engaged girls, and newly married couples passed away"':

In the year of 1918
We were wiped out
By a disease which they call influenza
It took friends which we loved
Mothers, fathers, sisters, and brothers
R.T. Caluza, *Influenza*¹⁰

Many Zulu-speaking people were also deeply suspicious of the inoculation campaigns carried out by colonial officials at this time. These were often ineffective and brought back memories of botched injections of cattle in the 1890s when some African travellers had been forcibly inspected and disinfected as if they too were animals.

The infamous Natives Land Act (1913), extended in 1936, restricted Africans' rights to live permanently on and own a small percentage of the country's land. Pass laws were extended after 1910 and again in the 1920s

and 1930s, hindering the free movement of people. Job reservation laws excluded black workers from skilled and well-paid jobs. Permission to work and live in the towns became harder and harder to get; and, when granted, it was usually on a temporary basis only. Opportunities for professional training and advancement were also tightly restricted and the small black middle class could find only a limited number of jobs usually as clerks, translators, teachers or, especially in the case of women, as nurses.

Segregation in the urban areas existed long before the Native (Urban Areas) Act of 1923 or the more notorious apartheid laws after 1948. From the nineteenth century these had often been promoted by white administrators and property owners on the supposed grounds of health and sanitation. For instance, mistaken, or sometimes openly racist, views about black people being dirty and unhygienic were used to justify their removal from town centres of the Cape during an epidemic of bubonic plague in the early 1900s. Historians often refer to these kinds of arguments, which were (and still are) made in many different times and places, as the 'sanitation syndrome'.¹¹ Even in the supposedly more liberal city of Durban, similar arguments had been made to limit trading and residential rights for Indians and Africans. These prejudices and restrictions, both informal and legal, would create many problems for the McCords in their bid to establish a hospital for the treatment of black patients, increasing numbers of whom were entering the labour force of the city.

For quite some time it was African men who were the majority of urban migrant workers since women were required to grow crops and to look after the children, the ill and the elderly. In the towns of Natal it was Indian and African men who were the domestic workers, cooks, cleaners and laundrymen. This began to change by the 1930s when greater numbers of African women came to the cities taking up lowly paid positions as child minders and cleaners, often living in servants' quarters in the suburbs reserved for whites.

Faith in healing in Natal in the 1880s and early 1900s

Coming together at Adams Mission Station south of Durban early in the new century, an American missionary couple, James and Margaret McCord, and Katie Makanya, a woman who had grown up in the Eastern Cape and whose great-grandmother had taught her to be fearful of 'heathen warrior' Zulus, found common ground through their Christian faith. Between 1891 and 1893, Katie had travelled to England as a member of the Jubilee Singers choir, which performed before Queen Victoria herself at Osborne House on the Isle of Wight. Declining a professional career as a singer, Katie returned home. Her

sister Charlotte, whose married name was Maxeke, had also been a member of the choir and went on to have a prominent career as an educationalist, welfare reformer and political activist.¹²

Katie's political temperament was less publicly inclined than Charlotte's, but her commitment to decency, fair treatment and dignity was deep. Although, and ironically unlike her sister, she does not have a hospital named for her, Katie Makanya's work as an interpreter, translator, aide, nurse and evangeliser would be as essential to the success of medical work in Natal, and beyond, as James's surgical skill and Margaret's careful nursing, medical assistance and organisational abilities. Their shared faith provided, too, a powerful conviction of the necessity of their mission over the next four decades. It would also give solace in the face of practical and political obstacles and personal sorrows.

In the nineteenth century, Natal and Zululand had amongst the highest concentrations of Christian missionaries in the world. For decades, missionary societies based in Britain, the USA, Norway and elsewhere sent out and supported the evangelising message and activities of Catholics, Anglicans, Lutherans, Presbyterians, Wesleyans, Protestants, and, from the 1830s, Congregationalists. Activities were largely directed towards Africans, who for the most part lived and worked on mission reserves that were usually some distance from the small towns. Yet, conversion to Christianity took place at a slow rate and the number of African believers at the turn of the twentieth century numbered about 100 000, with only 40 000 communicants.¹³ Of these, the American Zulu Mission had roughly 14 000 followers.¹⁴

During the crisis decades of the late 1800s and early 1900s, Christianity spread more quickly than before, but increasingly it was adopted by Africans in ways that merged Western and African beliefs. A number of new African Christian churches emerged. These were termed Ethiopian and were regarded with much suspicion by the colonial authorities. For a time, one important influence was the African-American dominated African Methodist Episcopal (AME) Church, which rejected exclusive white dominance of church affairs, but many different breakaway groups – collectively known as African independent churches – were formed. The Zulu Congregational Church broke from the American Board in 1897, splintering into a number of other churches later on. These divisions caused great conflict within families.

Such divisions were not only theological, but could take many forms. For instance, some groups accepted medical treatments originating from the West while some rejected them altogether. Yet others combined spiritual, faith and other medical practices. This was not unusual, for across the world this was

a time when what was regarded as medicine was highly contested, as it still is. Both Christian Scientists and Jehovah's Witnesses, movements founded in North America in the nineteenth century, have sometimes rejected blood transfusions and favoured instead the power of prayer in healing, for example. Indeed, the term medicine can apply to many different practices and healing traditions. In general, however, all societies agree that medical practices include the diagnosis, treatment and prevention of disease, illness and injury.

The nature of medicine was undergoing fundamental changes in the nineteenth century and rapidly developing into what today would be called modern medicine. Sometimes also called contemporary, allopathic or scientifically based medicine, or simply biomedicine, modern medicine has often been dubbed Western. This is because the most identifiably important developments acquired momentum first in the West. The most notable of these were in the areas of medical drugs, anaesthesiology, antisepsis, laboratory-based medical research, and diagnostic, surgical and nursing expertise and practice.

Many people contrast 'Western medicine' with indigenous or folk medicine, assuming that the two traditions are completely separate, with biomedicine entirely rational and indigenous medicine essentially unscientific. The history of the development of therapies has been complex, however, and it has been shown that many indigenous remedies have real biochemical value. In addition, much 'Western medicine' was in fact developed outside the geographical west and quickly adopted by indigenous peoples. We also now recognise that healing of all kinds has psychological, emotional and unscientific elements. Accordingly, in this book we use the term 'Western medicine' in inverted commas to remind ourselves of this complicated history.

Just as today in South Africa, the early twentieth century offered a mixture of therapeutic choices to those who were ill or in need of ease from psychological and spiritual discomfort. These ranged from mail order cures for drunkenness and bad nerves; to *muthi* (medicine) markets that sold plant preparations, animal parts, salves, stimulants, and symbolically coded coloured herbs and spices; and medical mixtures that had been prepared by trained chemists. Many of these practitioners were in competition for the profits of an increasingly lucrative market. Not surprisingly, this led to friction between different interests, who looked for assistance from the law in defining what was legal and what was not; who was a quack or a charlatan; and how medicine itself could be tested and proven as having a healing effect.

This was the case across southern Africa, but in Natal and Zululand there was a different dynamic in that the 1891 Natal Native Code allowed the registration of *izinyanga* (herbalists). The reasons for this unique legal position of African healers are not clear.¹⁵ By the 1930s, African herbalists in Natal were forming their own professional associations. Some also entered into debate with biomedically trained doctors about the reasons for the visibly poor state of health among many Africans. One example is a letter printed in the *Journal of the Medical Association of South Africa* by Fisher M. Cele, who described himself as a 'Native practising as a herbalist in Durban, [with] ... an experience of about 22 years'. He expressed the firm opinion that it was those who had 'picked foreign civilization' who were more likely to 'contract such ailments as colds, chills, etc., which in days gone by did not seem to affect a Native'. He endorsed the widely held view that there were some ailments that affected only Africans. He also recommended that 'all qualified doctors for Natives should be qualified overseas, and should study in South Africa those South African drugs which are essential medicines suitable for the South African Natives.'¹⁶

A sustained and constructive dialogue between *izinyanga* and biomedical doctors over diagnoses, treatments and professional recognition failed to develop on any meaningful level, however. On the whole, 'native doctors' were reviled and regarded as unskilled or worse by Western-trained doctors, though their greatest disdain and ire was directed at those they called witch-doctors or diviners (*izangoma* in Zulu). Colonists did not understand that it was the role of these people who were often, but not always, women to 'smell out' or detect witches. Instead, they thought that the



Hlambasine Shangase: 'probably the richest and best known native doctor in Natal' (CC, PAM 362 MCC, James B. McCord, 'Some sidelights on the house that Jim built', 1929: 20)

isangoma herself was evil and responsible for tricking people into believing in sorcery. *iZangoma* were thought to be responsible for Africans' reluctance to come to Western-trained medical practitioners until they were extremely ill from disease or injury, or only when a pregnancy had become complicated and dangerous.

As staunch Christians, Katie Makanya and James and Margaret McCord saw *izangoma* as a force for ill and believed them to be a hindrance to the progress and development of local people. Rejection of witchdoctors and 'native medicine men' and their methods, including forms of inoculation, bone-setting, cupping and drawing of blood, small operations, assistance along with midwives and family at birth, as well as divination and rituals, provided fuel for the McCords' three-fold mission: to spread the word of Christ; to offer the best of scientific-based medicine that they could; and to train Africans themselves to become biomedically trained nurses and doctors in order 'to serve their own people'.

Becoming 'hospital-minded'

Even had they wished to consult Western-trained white doctors, Africans had little access to such medical facilities. Colonial states and imperial governments had neither the funds nor the will to provide these to more than a small number of people. This was so even though hospitals were an important arm of the British 'civilising mission'; in other words, policies and ideas that would, it was argued, justify British conquest and rule. In Natal in the 1850s, the colonial government and the municipalities built Grey's Hospital and later the Natal Government Lunatic Asylum (Town Hill Hospital) in the capital city of Pietermaritzburg. In Durban, the Government Hospital was opened in 1859. It was moved to its present site only after 1879. Later, it was named Addington, after an early nineteenth-century British prime minister.

In accordance with the Natal Charter of 1856 there was no official racial or colour bar, but from the earliest times racial segregation existed at Natal hospitals with separate wards for different groups of people who, in keeping with colonial society as a whole, were identified on the basis of perceived racial difference, as Europeans, natives, coloureds, and Indians or Asiatics.

A number of smaller hospitals were also constructed for the treatment of Indian indentured workers. They were operated not by the colonial administration, but by the Indian Immigration Trust Board. They were not philanthropic ventures, but rather intended to keep the workers fit enough to function. They did, however, provide a stimulus for a widely spaced set of

medical sites, which included Amatikulu, Felixton, Durban (on the Point), Esperanza, Stanger, Tongaat, Avoca, Estcourt, Isipingo, Umzinto, Howick, Nottingham Road, Pomeroy and Verulam.¹⁷ Many of the facilities first opened for indentured workers took in African patients from the 1890s.

Across Natal, gaols had infirmaries or dispensaries while district surgeons provided a range of services, ranging from vaccinations to certifying insanity. Fear of infectious diseases, often associated with 'immigrants' and the spillover of warfare also spurred the extension of this growing network of hospitals. At least five isolation hospitals were quickly erected in the space of twenty years following 1883 and a quarantine station at the Bluff was supplemented by a 'modern epidemic hospital' in 1897.¹⁸

Pietermaritzburg had an infectious diseases hospital in 1900. A plague hospital was constructed on Salisbury Island in Durban's harbour in 1901 in case bubonic plague struck, with separate wards for patients of different racial designations. In addition, as Mary O'Reagain describes, 'wood-and-iron huts on Durban's Back Beach were taken over by the Plague Administrative Committee for the compulsory isolation of Bantu and Indians exposed to infection.'¹⁹

Small cottage hospitals were also established across the colony in Dundee, Newcastle, Eshowe, Bulwer, Mooi River, Richmond, Ixopo, Greytown, Port Shepstone, Vryheid, Scottburgh and Ladysmith. In 1897, there were 'apart from Addington in Durban, and Grey's and Town Hill ... at least nine recognised official hospitals. These included two railway hospitals in Durban and Pietermaritzburg.'²⁰ There was also a leper institute at Amatikulu.

A further boost to the provision of medical facilities occurred during the South African War and the Bhambatha Uprising of 1906, and as a consequence of World War I. By 1916 there were six military hospitals in Durban. They largely accommodated white soldiers injured during the East Africa campaign. With another four auxiliary hospitals, these hospitals provided 3 400 beds.

By and large, however, in the 1800s most people were very reluctant to enter hospitals. This was not at all unusual. In fact, being admitted to hospital was generally only taken as a last resort worldwide. Facilities were still primitive and medical knowledge and practice insufficient to offer anything other than basic care and, sometimes, radical measures such as amputation. Hospitals were still feared as places for dying rather than healing. Post-operative infection continued to kill many patients who survived initial surgery.

A shift in attitudes towards in-hospital care was underway, however, which led to greater numbers of patients and to the large-scale expansion of hospitals.

In part this was because surgical techniques and procedures were improving. They were greatly aided by modern anaesthesiology: chloroform was widely used from 1847, though it was still risky and could have severe side effects. Local anaesthetics were used from the late 1870s and by the end of the century it was possible to control the breathing of anaesthetised patients more effectively. Also from the 1870s Joseph Lister's anti-sepsis methods were widely adopted. Antibiotics were, however, still many decades away, becoming available on a wide scale only after World War II. As biomedicine gradually became more effective, the status of professional doctors also increased as did attitudes towards the care of the sick. Nursing became a respectable profession for the daughters of the middle classes. These important shifts also occurred in Natal as can be seen in recollections late in life by a long-time senior surgeon at Addington Hospital and fellow doctor and friend of the McCords:

It is astonishing to notice the change that has occurred in public opinion ... Even in the early years of this [twentieth] century it was difficult to persuade Europeans to go into hospital – major abdominal operations were often performed in private houses, on a kitchen or dining-room table, because the patient flatly refused to go into hospital. Today [1946] everyone goes into hospital as a matter of course for even minor matters. And if that change has occurred among Europeans, how much more so among Natives, who, in our own lifetime, used to look upon going into hospital as almost certain death.²¹

In 1903, Addington Hospital had five wards for the white sick, three wards for black patients and a further ten private wards. There had been '2,706 in-patients (an average of 162 per day), and ... 14,223 out-patients. The hospital's expenditure for this period was approximately £14,000.' The treatment of black patients at Addington was distinctly inferior to that received by whites and state hospitals were regarded with dread by the majority of black patients. Moreover, most Africans lived in areas far from Grey's, Addington Hospital or the Natal Government Asylum. The tiny cottage hospitals in the small towns or attached to gaols were crudely equipped and could offer little comfort.

Missionary efforts were largely channelled into establishing dispensaries, clinics and hospitals in the rural areas and this remained the pattern through the twentieth century. The greatest expansion in their number came after 1920. By 1948 there were 44 mission hospitals, whose patients were largely African, and only 22 operated by national government, the province or Natal's municipalities. The significance of these mission hospitals was vast. Not only did they provide the majority of all beds and facilities available to black South Africans, they were the closest and most affordable medical care available at the time. Moreover, they did much to break down the suspicion with which

‘Western medicine’ and its practitioners had been regarded by many in the 1800s. Indeed, Africans readily became ‘more hospital-minded’ and mission hospitals were ‘invariably overcrowded ... constantly struggling to extend their accommodation’.²²

Importantly, as Siphamandla Zondi has explained, this growing acceptance of ‘Western medicine’ came about through African choice, or agency, as well as missionary or settler actions.²³ The role played by Christian missionary doctors and nurses in refashioning African societies was complex and often did mean pressure to abandon old ways of life and beliefs, such as polygyny. Along with Zondi, however, we challenge the view that missionaries and medicine were simply ‘tools of empire’, motivated only by a desire to destroy indigenous values and institutions for the purpose of opening up African land and labour for settler and capitalist exploitation.

Even so, missionary doctors such as James McCord were alert to the possibilities that successful cure could create for conversion, especially if this occurred in front of an audience. For instance, in a report to the American Board in 1917 he describes an incident when he was called on to attend to more than a hundred people at Empusheni, close to Amanzimtoti, who had severe food poisoning. Some had already died. The district surgeon had been, but left without giving any medicines at all. McCord knew there was little he could do either, but he who like other Congregationalists was a strict teetotaler nonetheless distributed to some sufferers a ‘medicine’ that was a mixture of ‘brandy and ether, straight, with a little water to rinse it down’. He described how it quickly became in demand: ‘They thought that sure was some medicine. It gave them somewhat the sensation of the top of the head sailing off skyward’. He admitted, however, that:

Of course I came onto the scene when the worst of the symptoms were about ready to improve, but the sick people did not know that, and my medicine has gained a great reputation among them, especially as compared with the medicine that the district surgeon did not give them ... So I trust my reputation has gone up a few notches in the minds of the people out in that district.²⁴

McCord’s tone here seems flippant, but his motives were less about enhancing his own personal status than evangelical. He hoped to convince people that missionary medicine possessed something out of the ordinary and that living a life based on Christian principles could lead to better health.

His own faith in this prescription was often tested, however. He went on to record that one of the afflicted was a former American Board theological student, known to us only as Amaziah. McCord and fellow missionary,

Reverend Albert le Roy, principal at Adams Mission, had begun to give Amaziah a 'severe lecture on the impropriety of a theological man and a preacher eating meat of an animal which had died.' However, when they 'realized that one of his children also had died from the poisoning [they] didn't rub it in any more, but gave him some medicine for himself and the others of his family who were sick.'²⁵

American connections

Amaziah had very probably been a student at the Amanzimtoti Institute (both a school and a seminary that has been known by several names) at the mission station established by American Board missionaries Reverend Newton Adams and his wife Sarah in 1847. It was the policy of the American Board that male missionaries should be married as the domestic, evangelical and supportive (albeit unpaid) roles of wives were necessary to the success of the venture. From 1834 Newton and Sarah Adams had been at a mission on the Umlazi River just a few kilometres south of Durban. Newton was one of the translators of the first complete Gospel, Matthew, to be published, in 1848, in the Zulu language.

Newton and Sarah Adams hoped to raise a successful Christian following, but it was only in 1846 that their first baptism took place. This was of Mbalasi Makhanya, widow of a Qwabe chief, who moved to the mission station with her young son, Nembula. He, too, was baptised a year later taking on the name Ira Nembula and he grew up with the Adams at the Amanzimtoti mission, later being ordained as a Congregationalist minister himself.

Newton Adams's first qualification had been as a medical doctor and he had practised in New York for two years. At the Umlazi station he had operated, without anaesthetics, on tumours, abscesses and cataracts and treated skin diseases and rheumatic complaints.²⁶ A dogmatic character, he was nonetheless visited by many local people curious about the basic medicine and surgery he carried out, though his primary focus was his Christian ministry. He acquired the Zulu name *umfundisi omajaz'amatatu*, the man (or pastor) of three coats; these being the white coat of the doctor, the black coat of the minister, and the workman's coat or jacket he wore when chopping down trees or building. He died in 1851, but it was not until the 1890s that another medical missionary was sent to Amanzimtoti by the American Board.²⁷

Self-reliance, self-governance, an indigenous clergy, literacy, education and practical training in agriculture and trades were all integral to the Congregationalist vision of a new African society. Incoming missionaries from

the American Board concentrated on building at Adams Mission a printing press, a training school and a seminary for African boys. Later called Adams College, this became one of southern Africa's most important educational institutions until it was taken from missionary control by the apartheid state in 1956.

By 1907 the American Board administered 59 primary schools, three boarding schools and a theological college, with a total of nearly 4 000 pupils.²⁸ As prominent historian of Christian missions in Natal and Zululand, Norman Etherington, points out 'Fundamental to the whole American ideal was a belief in the ability of Africans to progress rapidly towards American standards of education and civilization ... [and] a general belief that good societies are the product of good institutions and therefore, given the right institutions, the Zulu people might advance swiftly and surely.'²⁹

It was American Board missionaries who sponsored 'the first African university graduate [who] returned to Natal in 1876 with a degree from America's Howard University. Others followed: doctors, lawyers and teachers: from that group emerged such notable leaders as John L. Dube, H.S. Msimang, A.W.G. Champion, Saul Msane, and Albert Luthuli.'³⁰ Along with the American Board school at Adams there was Inanda Seminary for Girls (founded 1869; see next chapter) and an important agricultural college at Ohlange (founded by John L. Dube in 1901), both just north of Durban and not far from M.K. Gandhi's experimental settlement at Phoenix.



'Zulus in a Christian environment': carpentry class at Adams College, Amanzimtoti (CC, KCM 91/2/4, Karl Robert Brueckner papers, File 4, C.3)

These schools were strongly influenced by the philosophies of African-American educationalist Booker T. Washington, first president of the famous Tuskegee Institute in Alabama. Students actively participated in the building and upkeep of their facilities, and learned trades involving agricultural, mechanical and artisan skills; and at first these needs neatly fitted the desire of white-dominated society in the USA as well as in South Africa for unskilled and basic labour.

But the aspirations of black leaders and scholars were for higher levels of achievement and at Tuskegee the emphasis soon shifted to training the cohorts of teachers and lecturers needed for senior schools and university colleges,



John Langalibele Dube: educator, editor, pastor, politician, family man, friend and supporter of the McCords (Original photograph by courtesy of Durban Local History Museums)

especially, at first, in the American South. While studying in the USA, Dube met Washington and in 1912, 'when accepting the presidency of the South African Native National Congress ... Dube named Booker Washington as his "guiding star"' in creating a training institute for 'Zulus in a Christian environment'.³¹

In Natal, the American-initiated schools also combined academic and industrial training, though they, too, would soon foster a liberal academic curriculum that brought them into disfavour with the settler government. The graduates of these schools were in most instances the first or second generation of *amakholwa* and it was they who formed the basis of the new emerging black middle class that would move forward through the twentieth century with a modern political and social sense of identity.

Biomedicine would be an important part of that movement. Until World War II, however, and despite the concerted efforts of missionaries such as the McCords, no black person could train in South Africa itself. In the meantime, the first African from Natal to obtain a medical qualification was John Mavuma Nembula, the grandson of Mbalasi Makhanya, Newton Adams's first convert.

Nembula was the second fully qualified black doctor in South Africa and as Anne Digby has described, he was

born in Amanzimtoti in 1861, and educated at Adams Mission ... [h]e went to the USA with Reverend S C Pixley to assist in the translation of the Bible into isiZulu. He qualified as MD (Chicago) in 1887, and returned to South Africa in 1888. Nembula planned to practise in the Eastern Cape, but instead became the acting District Surgeon of Umsinga. From 1889 to 1890 he combined this with private practice. He also taught hygiene and physiology to pupils at the Adams Mission, and worked to set up a dispensary or small hospital there. In 1896 he was given a permanent post as District Surgeon of Mapumulo, but died of TB the following year, aged only 37 years.³²



John Mavuma Nembula, MD (Chicago 1887), district surgeon of Maphumulo, c.1890 (PAR, A608, American Board of Missions Collection, photograph C.5539)

John Mavuma Nembula was only one of the many prominent black South Africans to study, from 1882 to 1884, at Oberlin Preparatory Academy in Ohio where he had attended classes to prepare him to enter college. His cousin John Langalibele Dube followed him in 1888, staying until 1890, ‘working, studying the sciences, mathematics, classical Greek works and practicing his oratorical skills.’³³ Founded in the 1830s, Oberlin College had strong Christian foundations, and was a harbour for escaping slaves and the first institute of higher education in the USA to accept people regardless of race. The first African-American woman to earn a college degree graduated from Oberlin in 1862.

In *My Patients Were Zulus*, James McCord tells us that his parents ‘though deeply religious, held advanced views for their day’. In 1885, at the age of fifteen he was sent to the preparatory school of Oberlin College. He recalled ‘it was still looked upon as a radical experiment because of its pioneering in eliminating racial barriers to higher education and in becoming the first American co-educational college’.³⁴ It was not until they were both in Natal that James and John L. Dube would meet and become friends. It was at Oberlin, however, that James Bennett McCord and Margaret Mellen did meet and began a partnership that would last until James’s death in 1950.

Training as a teacher, Margaret attended the Congregationalist High School in Oberlin where she was an active member of the Student Volunteer Missionary Movement for Foreign Missions, which in the early 1890s was enjoying a wave of popular support. Although they were temperamentally very different,

it is perhaps not surprising that she and James were attracted to each other: both were the children of Congregationalist ministers and both were drawn to working in what was popularly called 'the Dark Continent'.³⁵ Where Margaret was assured and confident in company, the 'daughter of a Zulu chief' no less, James was awkward, frequently tongue-tied and his knowledge of Africa had grown out of popular stories of adventure by travellers and missionaries, such as David Livingstone.

James and his older brother Joel had a largely uneventful boyhood, moving between different villages and parishes in Iowa and spending their summers working on their grandfather's large farm in Illinois. During one of these summers, James lost two fingers of his right hand in a farm accident. Far from being a handicap, he would later find this an advantage in difficult obstetric cases.

Without Joel, 'who had a fluent tongue', by his side the tall and gangly James was 'painfully self-conscious' and believed himself an unsophisticated farm boy. His shyness and lack of confidence meant that he could not 'force [him]self to veer discussion to Africa'. This lack of confidence, however, made him 'a better listener than talker' and he possessed determination in abundance: Margaret described him as 'stubborn'. His faith was absolutely central to his being, yet it did not mean that he always found comfort, reason or understanding through it. At Oberlin he had had 'scant regard for "converting the heathen" and ... saw Christianity as a means of advancing [African people] to a better way of life rather than as an end in itself.'³⁶

Margaret and James's courtship was conducted at Oberlin against the backdrop of Margaret's stories of growing up in Natal and James soon realised that this was where he wanted them to make their future. It became clear, however, that he was not cut out for the life of a minister: 'My defects as a missionary,' he wrote, 'were appalling'. It was Margaret who suggested that he train as a doctor so as to be able to 'help with head and hands'.³⁷ Successful in his science courses, he graduated from Oberlin in 1891 in a class of several future notable achievers including Robert Millikan, who would be awarded the Nobel Prize for Physics in 1923. Like John Mavuma Nembula before him, studying at the Chicago Medical College at Northwestern University James found that he did indeed have an aptitude for medicine. In 1895 he began an internship at Chicago's Mercy Hospital, having first returned to Oberlin where he and Margaret married in mid-August.

Before his internship was completed, James wrote to the American Board asking for a posting, only to be told that the Zulu Mission could not afford

to pay him. Looking back, however, James could not regard the eight years between graduation and leaving for Natal as wasted. As partner to a doctor in Lake City, Iowa, he learned that patients not only needed medicine, they also required compassion: 'Jim, they taught you medicine in school. Now I'll teach you about humans', his alcoholic and drug-addicted medical partner told him before his own early death.³⁸

When the news came in September 1899 that at last they could sail for Durban, James wrote by return of mail: 'My wife and I rejoice in the prospect that our most cherished hopes are soon to be realised.'³⁹ With their two young daughters, Jessie and Mary, and Margaret pregnant with their third child, they departed as quickly as possible, leaving Boston on 11 October, the same day South Africa went to war.

'Anyone can make trouble for the doctor for practising without a license, but worse than that, someone is sure to do so'

Six weeks later, queasy after being decanted from their troop ship into a large wicker basket that had then slung them onto the small tug that took them to shore, the McCords began the last leg of their journey from the USA to the mission station at Adams by train and ox wagon. They had just a glimpse of the ridge of the Berea that was to play such an important part in their lives. It was at Adams, they believed, that they would establish their medical practice.



View of Durban looking towards the Berea, c.1900 (CC, Album A48/001-051, Durban Old Up to 1900, Book 2)

Yet, obstacles arose. Missionaries were expected to be able to converse in the Zulu language and although James had wanted to begin work immediately, they spent seven months with Margaret's sister, Laura Mellen, who was a missionary at the Esidumbini Mission Station near Tongaat in Zululand. It was here that Robert was born. It was war time and food was scarce. Laura was effectively magistrate and teacher and had little time to instruct James in Zulu and he remained frustrated by his inability to master its subtleties with mistakes that were sometimes amusing. He once, for instance, asked a patient to give the medicine he prescribed to her iguana (*uxamu*) when he meant her child (*umntwana*)!⁴⁰

The family decided to return to Adams and James reopened the dispensary there that had been built by Dr B.N. Bridgman in the early 1890s, but which had closed after only a few years. There he waited to hear whether his application to the Natal Medical Council for a licence to practise had been accepted. Frustratingly, he received no replies to his monthly letters and it was decided that the medical department of the American Zulu Mission should be closed again since a 'friendly magistrate' had warned that 'Anyone can make trouble for the doctor for practising without a license, but worse than that, someone is sure to do so.'⁴¹ McCord himself had been advised by a local practitioner that if he only treated black patients then he could probably get away with not registering. This suggests that there were a number of unlicensed white doctors carrying out medical practice at that time.



Dispensary at Adams Mission built by Burt N. Bridgman, c.1895 (PAR, A608, American Board of Missions Collection, photograph C.5528)



Burt N. Bridgman's hospital at Adams Mission, c.1895 (PAR, A608, American Board of Missions Collection, photograph C.5527)

Once he heard that his application to the Natal Medical Council had been refused and that only a British qualification would be recognised, James sailed for England in June 1901 hoping he could complete the necessary studies in six months or, at most, a year. In *My Patients Were Zulus* we learn that on board ship he was desperately ill, so much so that he owed his life to 'the faithful nursing of a steward'.⁴² What he does not tell us, but which is revealed in his letters to the American Board in Boston, is that his illness and deep unhappiness at being separated from his family persisted throughout the entire year of study abroad.

Weakened by the poor diet at Esidumbini and in England frugally saving every penny of his small salary, it was four months before James was fully convalesced and could take up his studies and residency at a London hospital. Family and financial worries continued and his parents offered, not for the last time, to help pay his expenses.⁴³ From Natal came the news that Robert, the baby, had 'been very near to death's door', but had recovered.⁴⁴ He had also heard that in his absence the need for a medical doctor to attend the missionaries themselves as well as to the schoolgirls at Inanda Seminary had been 'keenly felt'.

These demands on his energies, as well as his realisation that Durban was growing into an important port and manufacturing centre, meant it became clear that after his return to Natal his medical work would be better placed in Durban than at Amanzimtoti. Disliking the jingoistic and rampantly imperialist mood of Britain at that time, he was increasingly anxious to return to Natal. On 25 July 1902, he was able to sign his letters, J.B. McCord, MD, MRCS (London) and LRCP.⁴⁵ He had already booked himself a passage to Natal.⁴⁶

At Adams, James found his family now 'quite at home in the large, airy bungalow'.⁴⁷ Helpers scrubbed and whitewashed the dispensary, implying that medical work had ceased in his absence. But this was not so. Much had been carried on by Margaret, even though Robert's illness had 'weighed heavily on her mind'. As researcher Michelle Floyd describes, the three young children had not prevented Margaret from continuing the work of the medical clinic and there are many accounts of patients she attended to and work she did while James was away.

Without formal training, much of what Margaret had learnt had come from observation. Her on-the-job training had also equipped her with nursing skills. In a 1902 letter she describes how she was increasingly busy because 'the last cold rains driving the first part of the winter cause much sickness ... Whooping cough and pneumonia are most common now. I took my first stitches in a wound a few days ago. I have done things I never could have dreamed of had there been any other to help.' In the time that James was in England, Margaret recorded attending to 296 patients.⁴⁸

It was also while James was away that Margaret met Katie Makanya. She and Ndeya had moved to Amanzimtoti after his release from war service. While in Durban, Katie had experienced a particularly bitter instance of racial prejudice by a white nurse who had kept Katie and her youngest daughter Ethel waiting all day in the rain, calling in white and coloured patients before finally allowing her to see the doctor. He gave Ethel only a perfunctory examination before recommending she be taken to Addington Hospital. She died two days later of pneumonia.⁴⁹

Little wonder then that when her youngest child, Sagila, fell ill with a fever in 1902 Katie did not welcome Margaret McCord's suggestion that she take Sagila to Dr Edwards, the district surgeon at Isipingo. Margaret persisted and, as recounted by Peggy McCord Nixon, the two 'young women [both with spectacles slipping down their noses!] faced each other, the one with chin uplifted and black eyes fired with anger, the other with stubborn jaw and pursed lips.'⁵⁰ Concern for the child, the success of the sugar water mixture

made up by Margaret and a mutual belief that their meeting was the result of Providence allowed Katie and Margaret to forge a close working relationship and, in time, friendship.

With Sagila's recovery and her clear devotion to children – Katie once said that Margaret had 'a Zulu woman's love of children' – Margaret was able to convince Katie that 'the Doctor's' work was primarily for 'the Zulus first'.⁵¹ She also managed to engineer the meeting between the recently returned James and Katie at the dispensary. Katie's initial reluctance to act as a translator and interpreter, let alone nurse and assistant, were overcome by three factors. First of these was the obvious need for her services as a 'cultural broker', enabling doctors, nurses and patients to understand each other, both literally and in terms of how illnesses were described and explained.⁵² These skills were essential for a man who sometimes mangled his Zulu words so badly that he feared his patients were at risk. Second, her interest and evangelical energies were piqued; and, third, the work gave her opportunities to gossip, socialise and to earn an income.

On the reopening of the dispensary at Adams, patients came in great numbers. In February 1903 James reported that he was seeing 400 patients a month, as many as he could cope with.⁵³ Each patient was charged a half a crown for the consultation and from this up to £6 for an operation. This was in part to cover expenses, but more so because the McCords, like many other missionaries, were convinced that African patients would take treatment regimes more seriously if they paid for them and if the medicines were experienced as strikingly visible or having dramatic bodily effect. The readiness with which local people came to the dispensary, first at Adams and later in Durban, ensured that although never very profitable, patient fees would remain a steady source of income.⁵⁴ The small profits made – in 1903 receipts for the year exceeded expenses by £15 – were carefully saved.

The dispensary was also a place where evangelism was an integral part of the routine. James described how 'the day's work [began] at nine o'clock with a service led by the efficient native helper [Umqibelo], comprising Scripture reading, remarks and prayer. After service numbered tickets are given out and the patients seen in order of arrival. In addition to the morning service many opportunities arise for personal work, and for discouraging vice, superstition and intemperance, and instructing in right ways of living.'⁵⁵

Word of the medical missionary spread and increasingly brought people from long distances. It was a death from dysentery in the dispensary's waiting room of a man who had walked more than 30 kilometres to Adams that finally

persuaded the McCords that they must move their work to Durban. They faced resistance from fellow missionaries, however, as it was still thought that the medical work should help to bring people to the church, which was centred on Adams. The matter was hotly debated and it was only after a visit from members of the American Mission Board itself that permission was given for the McCords to move. They did so in early 1904.

ENDNOTES

- 1 For Seme's biography see <http://www.sahistory.org.za/people/pixley-ka-isaka-seme> (accessed 25 November 2009). Seme and Dube were cousins, the former a barrister educated at Columbia University and Oxford. He was awarded an honorary doctorate by Columbia in 1928.
- 2 *Ilanga Lase Natal* 15 February 1936. Thanks to Percy Ngonyama for translation and summaries.
- 3 The American Board of Commissioners for Foreign Missions (ABCFM) was established in 1810 under the banner of the Congregationalist Church.
- 4 *Ilanga Lase Natal* 29 February 1936.
- 5 'Obonga uMrs McCord – Reader thanks Mrs McCord', letter to the editor from Jacob Mkhize *Ilanga Lase Natal* 28 March 1936. Margaret McCord had assisted his son in a matter to do with overdue school fees.
- 6 See M. Floyd, "'Not of a nature to swell the historic page": the lives and work of three American medical missionaries' wives at McCord Hospital, Durban, 1899–1966' (History honours thesis, University of KwaZulu-Natal, Pietermaritzburg, 2008).
- 7 For in-depth discussions of 'becoming Zulu' see B. Carton, J. Laband and J. Sithole (eds), *Zulu Identities: Being Zulu, Past and Present* (Pietermaritzburg: University of KwaZulu-Natal Press, 2008) and M.R. Mahoney, *The Other Zulus: The Spread of Zulu Ethnicity in Colonial South Africa* (Durham, NC: Duke University Press, 2012).
- 8 J.J. Guy, 'The hooligan of the empire' *Mail and Guardian* 9 October 2006 at <http://www.mg.co.za/article/2006-10-09-the-hooligan-of-empire> (accessed 25 November 2016).
- 9 http://www.health24.com/medical/Condition_centres/777-792-811-1705,16641.asp (accessed 15 September 2009). See also H. Phillips, 'South Africa's worst demographic disaster: the Spanish influenza epidemic of 1918' *South African Historical Journal* 20(1) 1988: 57–73.
- 10 The Caluza quotations are from B. Carton's 'The forgotten compass of death: apocalypse then and now in the social history of South Africa' *Journal of Social History* 37(1) 2003: 204; and J-B. Gewald, 'Spanish influenza in Africa: some comments regarding source material and future research' *African Studies Centre, Leiden, Working Paper 77/2007*: 11 (see <http://www.ascleiden.nl/Pdf/workingpaper77.pdf>, accessed 21 September 2009). This cites D. Coplan, *In Township Tonight!: South Africa's Black City Music and Theatre* (London: Longman, 1985): 252.
- 11 M. Swanson, 'The sanitation syndrome: bubonic plague and urban native policy in the Cape Colony, 1900–1909' *Journal of African History* 18(3) 1977: 387–410 and 'The Asiatic menace: creating segregation in Durban, 1870–1900' *International Journal of African Historical Studies* 16(3) 1983: 401–421.
- 12 Charlotte married Dr Marshall Maxeke. She was founder of the Bantu Women's League in 1918 and the Johannesburg Hospital was renamed after her in 2008.

- 13 S. Marks, *Reluctant Rebellion: The 1906–1908 Disturbances in Natal* (Oxford: Clarendon Press, 1970): 52.
- 14 Houghton Library, Harvard University, Boston, Massachusetts, USA (hereafter Houghton), American Zulu Mission (AZM) volume 15.4 reel 22: McCord letter 120, no date: 'The Zulu in South Africa' by Rev. Bunker, reprinted from the *Mission Herald*.
- 15 See K. Flint, *Healing Traditions: African Medicine, Cultural Exchange and Competition in South Africa, 1820–1948* (Athens, Ohio: Ohio University Press, 2008): 120.
- 16 F.M. Cele, 'An inyanga's opinion' *Journal of the Medical Association of South Africa* 4, 13 September 1930: 539.
- 17 M. O'Reagain, *The Hospital Services of Natal* (Durban: University of Natal, 1970): 23.
- 18 Ibid: 19.
- 19 Ibid: 24.
- 20 Ibid: 18, 24–25.
- 21 M.G. Pearson, 'History of government hospitals in Durban, 1858–1945' *South African Medical Journal* 35(3) 1961: 448–450 (reprinted from *South African Medical Congress Brochure*, 1946).
- 22 O'Reagain, *The Hospital Services of Natal*: 32.
- 23 S. Zondi, 'African demand and missionary charity: the development of mission health services in Kwazulu to 1919', paper presented to the History and African Studies Seminar at the Department of History, University of Natal, 14 September 1999, http://history.ukzn.ac.za/seminar_archive?op0=contains&filter0=Zondi (accessed 21 September 2009).
- 24 Houghton, AZM, 15.4 31: McCord letter 135: 'Dear Friends', received 5 June 1917.
- 25 Ibid.
- 26 Zondi, 'African demand and missionary charity': 3–5.
- 27 W. Ireland, 'Historical sketch of the Zulu mission, in South Africa, as also of the Gaboon mission in Western Africa (1865)' (Boston: American Board of Commissioners for Foreign Missions, 1865), http://www.archive.org/stream/historicalskech00ireliala/historicalskech00ireliala_djvu.txt (accessed 21 September 2009).
- 28 N. Etherington, 'Kingdoms of this world and the next: Christian beginnings among Zulu and Swazi' in *Christianity in South Africa: A Political, Cultural and Social History* ed. by R. Elphick and R. Davenport (Berkeley: University of California Press, 1997): 105.
- 29 N. Etherington, 'An American errand into the South African wilderness' *Church History* 39(1) 1970: 64.
- 30 Etherington, 'Kingdoms of this world and the next': 105.
- 31 P. Walshe, *The Rise of African Nationalism in South Africa: The African National Congress, 1912–1952* (London: C. Hurst, 1970): 13.
- 32 A. Digby, 'Pioneer black doctors in South Africa' *South African Medical Journal* 94(4) 2007: 252–254.
- 33 'John L Dube: A Biographical Sketch', <http://www.oberlin.edu/external/EOG/Dube/Dube.htm> (accessed 25 September 2009).
- 34 J.B. McCord with J.S. Douglas, *My Patients Were Zulus* (London: Frederick Muller, 1951): 23.
- 35 Ibid: 16.
- 36 Ibid: 18.
- 37 Ibid: 20–21.
- 38 Ibid: 24.
- 39 Houghton, AZM, 15.4 17, 192: 61: James B. McCord to Dr Judson Smith, 1 September 1899.
- 40 Margaret McCord, *The Calling of Katie Makanya* (Cape Town: David Phillip, 1995): 156.

- 41 Houghton, AZM, 15.4 27: McCord letter 5, date obscured 1900.
- 42 McCord with Douglas, *My Patients Were Zulus*: 52.
- 43 Houghton, AZM 15.4 27: McCord letter 15, 23 November 1901.
- 44 Houghton, AZM 15.4 27: McCord letter 17, 22 June 1902.
- 45 Houghton, AZM 15.4 27: McCord letter 20, 25 July 1902.
- 46 Ibid.
- 47 McCord with Douglas, *My Patients Were Zulus*: 52.
- 48 See Floyd, “‘Not of a nature to swell the historic page’”: 34–36 and Houghton, AZM, 15.4 22: General letter, 1902.
- 49 McCord, *The Calling of Katie Makanya*: 144–145.
- 50 Ibid: 149.
- 51 Ibid: 151.
- 52 See A. Digby and H. Sweet, ‘Nurses as culture brokers in twentieth-century South Africa’ in *Plural Medicine, Tradition and Modernity, 1800–2000* ed. by W. Ernst (London: Routledge, 2002): 113–129.
- 53 Houghton, AZM, 15.4 22: McCord letter 21, 20 February 1903.
- 54 Houghton, AZM, 15.4 22: General letter 7, 1902–1903.
- 55 Ibid.

2

‘GROWING PAINS’: THE BEATRICE STREET DISPENSARY, THE COTTAGE HOSPITAL AND THE MISSION NURSING HOME, 1904–1919

THE McCORDS’ FIRST venture in Durban was to open a dispensary at 76 Beatrice Street, Greyville in 1904. The site was chosen as it was near the railway station and the Congregationalist Church and because it was in the heart of the city’s bustling trading and working-class area. The city offered a catchment of people different from the rural areas: as the American Board itself described, ‘city work differs from the country work in that the church congregation are constantly changing, also are in large majority composed of young men at work’.¹

Medical encounters in Durban

In this ‘polyglot slum district’² of Durban, workers, street traders, shop owners, hustlers, entrepreneurs, entertainers and educators of many religions, cultures and traditions met. There were ‘native eating houses’, taverns, markets and beer halls, which thrived along with the many brewers, women as well as men.³ Soon, the Durban municipal authorities would move in to control these independent African entrepreneurs and property owners. Even so, the area around Beatrice Street became an important hub of black social, political, economic and educational life.

It was at the Beatrice Street dispensary that Katie Makanya worked from 1904 to her retirement in 1940. Through to its closure in the 1960s, the dispensary would be a place of encounter with ‘Western medicine’ for many people new to urban life. In addition, it was also a place of training for biomedical doctors, nurses, medicine dispensers and, sometimes, a place where different healing strategies interacted.

The term dispensary did not carry the negative associations of government hospitals and many patients ‘came without hesitation’.⁴ At 76 Beatrice Street, in the as yet unpaved sandy streets where people waited their turn, prospective patients and their families were also preached to in Zulu. Bread and tea were provided for the hungry. After only a short while the McCords drew on a personal loan and built a larger dispensary at 86 Beatrice Street, next to the



Victoria Street Market, Durban, with the Berea in the background, 1917
(Photograph reproduced by kind permission of Durban Local History Museums)

mission chapel. Here, Umqibelo, who had also come to Durban from Adams, preached daily sermons in the waiting room. By 1914, when it was recorded that he 'preaches, does personal work and at times entertains the patients ... by giving them some Zulu songs and short sermons varied by instrumental music on the phonograph', this 'evangelistic work' was performed by Amos Sithole.⁵

From their very first day as residents of Durban, there was also a demand for surgery and obstetrical assistance from the McCords. After being pressured by patients arriving at both their nearby family home in Montpelier Road and at the dispensary, they rented a four-roomed house behind the mission 'native chapel' as a cottage hospital. It could accommodate twelve patients, who slept on straw-filled mattresses on the floor in 'wards' divided only by hung blankets or on the open veranda. It became rapidly apparent that this was in no way adequate. Post-operative nursing care, sometimes very long term, would be needed for some patients. More immediately, patients' family assistance was needed in nursing, washing and feeding, for there were no nurses or cooks.

In the first three months of work in Durban, the American Zulu Mission's Medical Department, which in effect was the McCords' work alone, saw the remarkable number of nearly 900 patients. Through the exercise of strict savings, it was just possible to cover costs. Already, there were dreams of a new hospital that would 'form the nucleus of a large hospital work among the natives' even



*The McCords' cottage hospital, close to the chapel and dispensary, Beatrice Street, Durban, c.1906 (M. Gelfand, *Christian Doctor and Nurse* (Sandton: Mariannhill Press, 1984): 106)*

though 'the funds necessary for building a proper hospital, as yet exist only in the imagination.'⁶ At the dispensary, patient numbers continued to rise: in June 1905 it was noted that in the past year more than 4 000 people, including 3 000 'fully new cases', had been seen.

The most common complaints attended to related to stomach troubles (often described as worms), indigestion, dysentery, bronchitis and pneumonia. Patients presenting with malaria, syphilis and complications of tuberculosis soon became more numerous. The impact of rinderpest and war meant that malnutrition was endemic. The majority of patients were poor, but economic necessity and missionary emphasis on self-reliance meant that medicines or surgery could not be free. Charges ranged from six pence to ten shillings.⁷

Indigenous attitudes and expectations about the cause of some illnesses and how medicine *ought* to work were also important. Katie Makanya later recalled how the mother of a young girl who had been successfully operated on without charge had, after several years, returned with the full fee for the surgery and weeks of subsequent nursing. James claimed to have forgotten the operation and declined her money. She insisted, however, saying 'please take this money because the disease might come back and then I would not know where to go because ... I had not paid.'⁸ McCord took some of the money, but not all. If no fees at all could be afforded, then work in kind was often accepted.



Katie Makanya (right) interpreter, cultural broker and 'loyal assistant to the Doctor' with a patient at the dispensary (CC, KCAL, Album B48/001–176 Missionary Album 4)

Sometimes, bills were not pursued. On other occasions costs were absorbed by the McCords or by the few white Durban doctors who came to assist in surgery at the cottage hospital.

Some of the patients believed that medicine mixed or prescribed by McCord himself was superior to that of any other white doctor. When, in the 1920s, James's fellow white missionaries, Drs Taylor and Morledge, began to work at the dispensary, it took some time before patients could be reassured that the medicines would still have the same effect. In fact, it seems that many African patients regarded McCord as a kind of *inyanga*. Katie explained:

And at first the natives thought the doctor was a doctor. They did not think of him like a witchdoctor. But then they said he knows all the

native diseases, and they thought that Mixture 13 and 14 were native *imbiza*. They said the Doctor must go out into the veld and dig roots to make these medicines. They tasted very bad, especially these two medicines, and they said they were native medicines.⁹

Mixtures 13 and 14 were the most demanded medicines, in part precisely because they were the most foul-tasting, as were many indigenous treatments. Indeed, it has long been a common belief worldwide that the strength of an infection or poison can only be countered by an equally powerful, vile medicine. Colour was also important.

Some times the *inyangas* came for medicine, and [the doctor] would give them it. He would give them medicine for malaria (blue) and mixtures 13 and 14 (red) for the [syphilitic] sores, and mixture 9 (black) for colds. And when he mixed mixture nine he was very cold and the bottle used to sweat on the outside so he called in the *inyanga* and showed him and told him to feel it and the *inyanga* [said]... 'Hau! *umfakeli la? Umtagati impele wena.*'¹⁰

Messages about the superiority of a Western, Christian-based lifestyle were promoted together with scientific medicine or new understandings of physiology and hygiene. Medicine bottles were coded with different coloured labels (blue, dark yellow, red and pink) that also bore biblical phrases including 'For God so loved the world'; 'Let not your heart be troubled'; 'He who lowers

himself will be lifted'; and 'As Moses lifted up the serpent in the wilderness, so will the Son of God be lifted'.¹¹

James's sense of humour also prompted him to add 'Ye believe in God: believe also in me'.¹² It is unlikely that these labels were solely for the benefit of Katie or Umqibelo, or the several male dispensary assistants who followed him, for they were literate and rather serious believers. More probably, they were for the benefit of the illiterate patients and the *izinyanga* to whom McCord gave bottles of medicine for further distribution.¹³

McCord's relationship with indigenous healers is interesting: several would visit him at the dispensary and ask about his medicines. He was happy to demonstrate their effects. He was not above a little showmanship, once demonstrating his ability to 'make water burn' by adding calcium carbide to it.¹⁴ He also investigated local remedies and became friendly with at least one 'native doctor', Thlambesine Ngcobo. To Katie's dismay, James visited Ngcobo's home and practice 'beyond Pinetown' and observed him operating on patients. Ngcobo also apparently featured in a film made by McCord some time in the 1920s, which was shown in the USA. Unfortunately, we have not been able to trace this 'bioscope' and have only a few references to it. Katie told Peggy McCord-Nixon that 'the people in America didn't like [it] because it showed him cutting open peoples [*sic*] heads and making them vomit. When Doctor came back he told me this man sharpened one of those irons you put in corsets and used it like a knife on this girl's hand. Whooo I hated to hear how this made the girl vomit in front of Doctor.'¹⁵

From left to right: Garnett Mtembu, assistant and evangelist, James B. McCord and inyanga Thlambesine Ngcobo, 1918 (PAR, A608, American Board of Missions Collection, photograph C.5474)



McCord's attitude to African healers therefore depended in part on the extent to which he could understand, learn from or share their therapies. Ngcobo and other *izinyanga* could be allies, although as Karen Flint notes 'cooperative referral ... seemed to go only one way – toward biomedicine'.¹⁶ 'Witchdoctors' (diviners) on the other hand were consistent targets of scorn and their continued popularity a source of immense frustration to McCord.

There is almost no mention of the relationship with Indian healers, but Indian patients made use of the Beatrice Street and other dispensaries. Katie recalled how, after she had returned from some time away in Johannesburg, 'the Indians too greeted me ... The Indians all called me Mame – that was their custom, and the [French] Creoles too. The natives called me auntie, or mama or grannie, all those things.'¹⁷

Despite his limited surgical experience at the cottage hospital James performed dental work, amputations, operations to excise growths, goitres and fibroid tumours, caesarean sections and hysterectomies as well as skin grafts.¹⁸



McCord's dispensary in Beatrice Street around 1906 (CC, MHP, uncatalogued photographs)

New procedures made him anxious for days beforehand, learning the steps from textbooks and undertaking operations on African patients that even white surgeons could not have done in Natal at that time. Ethical procedures were not as exacting as those of the twenty-first century, but there is ample evidence that McCord sought permission for these surgical procedures and he refused to operate if he judged it medically pointless to do so.

Political and economic conditions influenced the pattern of patient usage of the dispensary. In 1909, for instance, attendance – and therefore revenue – dropped substantially from previous years. This was the consequence of '[t]he financial depression, resulting in fewer natives being employed and lower wages, also the East Coast fever which has killed off the cattle, have kept the natives from coming as freely as before.'¹⁹

On a number of occasions, for instance when McCord was serving in the armed forces (during the Bhambatha Uprising of 1906 and in the later stages of World War I) or on furlough, the dispensary and the cottage hospital had to be closed, but it is no exaggeration to say that they were the rock upon which the McCords' hospital was founded. Decades later James would recall, nostalgically, that 'The McCord Zulu Hospital ... is what I have always hoped and striven for. But really I don't think that I have ever gotten such a kick out of this big modern hospital as I did out of the little cottage hospital where the patients slept on the floor and where I had my "growing pains"'.²⁰

A hospital in disguise? From the cottage hospital to the Mission Nursing Home, Berea

With hindsight, expansion from the cottage hospital might seem to have been inevitable, given the McCords' determination and the growing demand for hospital-based care from African patients. The obstacles were, however, significant: money was one; staffing a second; and stiff resistance from the white citizens of Durban, including several doctors, to every attempt to enlarge the hospital dedicated to black patients another. Not until after World War I was the continued existence of a McCords' hospital assured.

As recounted in *My Patients Were Zulus*, the American Board in Boston, let alone its Zulu Mission in Natal, could not financially support the building of a substantial hospital in Durban and their commitment to the venture remained uncertain. Even so, in 1905, and only by drawing on their own savings and donations from others, James and Margaret purchased a plot of land just outside the city limits on the Ridge of Durban. The site was chosen after they reluctantly realised that they could not afford to buy land close to the

dispensary. They submitted ambitious plans for a 48-bed hospital and began construction. There were two private nursing homes for white patients close by, however, and as soon as the owners heard that a hospital for Africans was planned, they rallied their political allies in the Town Council, including Mayor J. Ellis-Brown, and plans had to be halted.

A frustrating three-year legal tussle followed, during which there were many attempts – legal and personal – to dissuade the McCords. James noted that he had not intended to challenge ‘the practice of [racial] segregation [but that] the effect was the same ... The strong prejudices of an influential section of Durban were stirred up, and the hospital became the storm centre of a long and bitter controversy’.²¹ Opposition arguments rested, broadly, on sanitation grounds that, it appears, did not apply to the nearby private nursing homes for whites.

The Supreme Court of Natal issued an injunction against any further building and the McCords readied themselves to take the issue as far as the Privy Council in England. Eventually (the drawn-out episode is well described in James’s memoir) they were successful after the Supreme Court rescinded its earlier injunctions because of technicalities in the legal process.

They were now ‘at liberty to build a Zulu hospital’,²² but by then all their savings had been consumed. Even the American Zulu Mission tried to persuade the McCords to build their hospital elsewhere, but finally agreed to allow some funds to be drawn from the accumulated dispensary patient fees. Together with a mortgage on the Berea property (termed a dwelling) and a new loan from an unnamed American friend, building went ahead. The McCords’ hospital was finally opened on 1 May 1909. Twelve patients were transferred from the cottage hospital and there was space for a maximum of 20–25 patients. At first, only surgical and maternity cases were admitted and all patients continued to be seen first by James McCord at the dispensary.

The new double-storied, home-like building, whose ‘spaciousness overawed’ James and Margaret, had wide verandas designed to give patients access to air and light. Although directly owned by the McCords, it did not as yet carry their name and for some years it was not officially a hospital in name.²³ Instead, Margaret suggested they call their hospital the Mission Nursing Home. There was no official mention of Zulus or ‘natives’.

Margaret was ‘head nurse, business manager ... and Superintendent of Nurses’; James, physician and surgeon. Miss Nilsen, a ‘sturdy Scandinavian woman, [was] housekeeper and cook’.²⁴ Edward Ntuli assisted male patients and supervised the grounds workers.²⁵ There were also three young African



'The best ward in the hospital, Mission Nursing Home', 1920s (CC, PAM 362 MCC, James B. McCord, 'Some sidelights on the house that Jim built', 1929: 3)



McCord's Hospital – Ward Scene, c.1918 (PAR, A608, American Board of Missions Collection, photograph C.5529)



'A hospital by another name': the Mission Nursing Home in the 1910s
(CC, MHP, uncatalogued photographs)

women trainee nurses. The Mission Nursing Home was opened for only four months, however, before the McCords, now with five children, were obliged to close it so that they could travel to the USA at the request of James's father, who was dying. On their return to Durban in 1911, they found Katie Makanya ready to open up the dispensary and, also, one of the three trainee nurses, Elizabeth Njapa, waiting at the hospital.

'But now I am a person. Now I am a nurse'

Before leaving for the USA in 1909, James had published a short article entitled 'Medical missionary work among the Zulus of Natal, South Africa'. In it he extolled the beauty of Durban and the enthusiasm of Africans for surgical procedures. He also complained of the continued power of 'the witch-doctor' and of what he regarded as primitive and superstitious therapies. What was needed, he said, was 'A good all-round nurse who will also be a missionary'. He added that 'The work of a nurse in charge of our hospital would consist of the general care of the hospital and patients, assistance at operations, personal

missionary work among the patients, and the training of the class of native nurses studying in the hospital. This last item is one of the most important phases of our work.' McCord also specifically highlighted what he saw as harsh practices by African midwives and noted that 'We hope to send out among the Zulus, intelligent nurses and midwives to stop such practices'. The need to train nurses and midwives was therefore a priority.²⁶

The article had the desired result: he received a reply from Miss Martha S. MacNeill of Florida, who in her letter enclosed a photograph of a young (she was 23), petite woman of 'almost spiritual beauty'.²⁷ 'Mac', as she was usually known, met the McCords in New York a few days before they sailed for Durban. Fully qualified at twenty, Mac would prove to be more than competent as a nurse and as an instructor. The saintly expression was apparently a ruse, however, for James would later comment that she had an impish sense of humour, loved to play practical jokes and 'could never have been taken for a missionary'.²⁸ Not without their own gusto for life and love of fun, though in truth with little other option, the McCords invited Mac to be their Superintendent of Nurses. Looking forward to an 'adventure', she accepted and on board ship provided some cheerful company for Margaret and James who were saddened by leaving behind their three eldest children, Jessie, Mary and Robert, to continue their schooling in the United States.²⁹

After Margaret McCord, Martha MacNeill was the first in a number of superintendents of nurses and matrons – all of whom, typically for the time, were women – to play an important role in nurse training at the hospital. The first official appointment of a matron who was black came only in the 1970s. In this sense, McCord Hospital was much like others in South Africa where the official positions of authority were held by whites until the last decades of apartheid. Unofficially, however, black women held highly responsible positions at McCords from early on, including one of the very first nurses to be trained at the hospital. This was Edna Mzoneli, who acted as assistant matron in 1915 before going on to become the acting matron of Inanda Seminary.

Elizabeth Njapa had been one of three trainee nurses recruited in 1909, but she was the only one who met the McCords on their return in 1911. Being an unknown profession, taking young women out of the home and away from the authority of their parents and relatives, it took some time before black South Africans accepted nursing as a respectable profession. Njapa had few alternatives: she had had an illegitimate 'half caste' child at the age of fourteen and been judged 'unsuitable' by missionaries. The McCords thought otherwise

and James commented that Elizabeth became 'one of the most dependable nurses it was ever my experience to work with'.³⁰

Elizabeth and Mac took to each other immediately. More nurses were needed and they were joined by Julia Magwaza, Edna Mzoneli and Nomhlatuzi Bhengu. Daughters of the first generations of *amakholwa*, they had been educated at Inanda Seminary, about 30 kilometres up the coast from Durban.

Influenced by the model of the Massachusetts Mount Holyoke Female Seminary, Inanda Seminary for Girls had been founded by American Board missionaries Daniel and Lucy Lindley in 1869. In the words of historian Heather Hughes, this was a 'revolutionary' initiative. It was the first all-female South African boarding school that offered high school education for black women. Its primary aim was 'to mould female converts into Christian wives and mothers'.³¹

In many ways, Inanda Seminary was the twin of Adams College at Amanzimtoti and with its motto of 'Shine Where You Are' produced many generations of influential African women professionals and political leaders, including Sibusisiwe Violet Makanya, Manto Tshabalala-Msimang, Nozizwe Madlala-Routledge and Baleka Mbete.³² Under the auspices of the American Board (and later the United Congregational Church of Southern Africa) missionaries, Inanda Seminary managed to remain open throughout decades of apartheid rule, though it suffered financial setbacks and in the 1970s the State refused to renew the residence permits of missionaries.

In interviews with researcher Penny Watts in 2006, McCord nursing staff who had been at Inanda Seminary in the 1950s and 1960s insisted that the connections between Inanda and McCord Hospital be highlighted in this

book. They asserted that [at Inanda] 'they did not just give us academics but they were able to give us ammunition to be assertive, to work hard, the



The first four nurses graduated from McCord's in Durban, 3 April 1914 (PAR, A608, American Board of Missions, photograph C.5585)

ethos of standing up'.³³ In adding that, in her view, 'what made McCord different was 1) Prayer; 2) Staff selection; 3) Discipline',³⁴ Matron Mary Jane Molefe spoke for many nurses.

Indeed, until the 1960s at least, Inanda remained the preferred source of recruitment for McCord Hospital's nurses. With a strong emphasis on discipline, decorum and hard work, which were as important to African elders as to white missionaries, the education at Inanda Seminary was the ideal foundation for potential nurses. Hughes argues that it is important to recognise that 'Inanda did not educate African women for economic subservience, for a life as a house servant, for example, as was the intention at Lovedale or St Matthews (Anglican mission schools in the eastern Cape).'³⁵ Rather, the intention was to foster a class of black women who would 'complement' their husbands, themselves teachers, preachers, traders and perhaps medical doctors.

For this emerging professional group, as for the majority of white women, it was not yet anticipated that women could or should qualify in their own right as surgeons or physicians. Although the McCords had progressive views on African women's nursing education, we have found no mention in their writings of women being considered outside an assistive role. Indeed, like other hospitals, McCords was a place where rank was observed and deference was given to authority.

Taught and supervised by Mac and by both Margaret and James McCord, the four pioneering African nurses began their training on 1 April 1911 and completed it exactly three years later. Mac regarded the women as 'very intelligent' and James was proud to report that the 'course of study and practical training embraced the subjects taught in the other hospital [*sic*] in the Colony of Natal. It also included a thorough course in midwifery'.³⁶ In this, the training at McCords followed a British rather than an American model since at that time American nurses did not have a formal qualification in midwifery, which



A Zulu trained nurse from the American Board's hospital at Durban, possibly 1911. If this date is correct, this must be Elizabeth Njapa (PAR, A608, American Board of Missions, photograph C.5584)

largely remained the domain of male obstetricians.³⁷ James and Margaret seem to have followed an eclectic mixture of nurse training protocols: encouraging both on-the-job training and, later, more theoretical and academic classwork.

Even so, after 1910 the Natal Medical Council 'refused to recognise the hospital for training purposes ... [and] ... the first African nurses to take the Medical Council certificate did so twenty years later than in the Cape, many years after McCord first started his training scheme.'³⁸ The new provincial administration also refused to recognise the training of black nurses and so the certificates handed out at the commencement ceremony on 2 April 1914 did not entitle Elizabeth Njapa, Julia Magwaza, Nomhlatuzi Bhengu or Edna Mzoneli to become registered nurses. An observer at the ceremony described it as follows:

April 2-1914 was a singular day in the history of the Zulu Mission. We had the pleasure of witnessing a real commencement exercise in the graduation of four nurses who were the first to complete a thorough course of training at Dr McCord's Hospital. The exercise, besides being the first of this nature for our medical department, and in fact for Natal, [was also] unique in the variety of participants. A native pastor led in prayer; one of the graduates representing the class read an essay; brief addresses were given by the Rev. A.E. LeRoy, principal of Amanzimtoti Institute; Rev. Walter Foss our resident missionary in Durban; Miss Blackburn an American negress [*sic*], teacher at Rev John Dube's school at Ohlanga; and by a native teacher at Amanzimtoti, the brother of one of the nurses. Miss MacNeill, the matron of the hospital presented each girl with a newly designed pin and Dr McCord presented the diplomas, and as an expression of appreciation for the girls' faithfulness gave each a check of £33, or \$5.00 per month for the time that the nurses were in training.³⁹

This commentator went on to emphasise how the nurses' evangelical role was equally as important as their ability to care for the ill and suffering. They were to be a good moral and practical example to other young women, and it was anticipated that they would be 'no small force' in countering 'native superstition regarding disease'. The writer stressed, too, that they had been trained to be of service 'to their own people' and (although this was later crossed out) that they 'had not been trained to serve the White population'.⁴⁰

They joined a very small number of fully trained black nurses in South Africa. The first – Cecilia Makiwane and Mina Colani, both daughters of Xhosa Christian families – had begun their training at Lovedale's Victoria Hospital in 1903. Victoria Hospital's medical superintendent was the missionary doctor Neil Macvicar, with whom the attitudes and career of James McCord had many parallels. Cecilia Makiwane was permitted to sit for and passed the Cape's Nursing Certificate and so in 1907 had become South Africa's first



McCords nurses, 1920s or early 1930s (CC, MHP, uncatalogued photographs)

black state registered nurse. Only in the 1920s did large numbers of African women begin to enter the profession, and then on the understanding they were to minister to black patients. It was only in that decade that professional registration was finally inaugurated.

Indeed, until after World War II – and in some parts of the country much later – whites in Natal vehemently rejected the notion that black hands could be placed on white bodies even within the setting of hospital care or midwifery. For a long time it was also inconceivable to the majority of white officials or public that black women could supervise or be in authority over white women, let alone men. Thus in South Africa, while all nurses were subordinate to doctors (and there were many ranks of privilege within nursing), black nurses were even further disadvantaged.

As described by Shula Marks in *Divided Sisterhood*, efforts to segregate nurses on racial lines were evident from the time the first nurses were trained and, pushed by both the apartheid state and by white-dominated professional nursing associations, gained even greater intensity after 1948.⁴¹ The situation at mission hospitals was less rigid, though they too could not escape the racialised context in which they existed. At McCord Hospital, however, there

was never any question that black nurses could not or should not care for the small number of white patients (only missionaries including women giving birth were treated or accommodated, in a room set aside for them). Nor, as the number of Indian patients increased after World War II, were they placed in segregated wards though the majority of Indian patients were treated either at the government hospitals or St Aidan's Mission Hospital. St Aidan's had also begun as a dispensary in central Durban and had been opened by Dr Lancelot Parker Booth,⁴² a close associate of M.K. Gandhi.

After Booth left Durban in 1900, dispensaries were also opened in the working-class areas of Sydenham and Springfield. Then, in 1915, Miss Olive Cole, both nurse and financial benefactor (and who, like Margaret McCord, gave her nursing and fundraising services for free), opened a dispensary for Indians in Overport, close to McCords 'Zulu' Hospital. The Reverend C.M.C. Bone pushed for a hospital attached to the Anglican Mission and this became possible in 1916. St Aidan's Indian Mission Hospital moved in 1924 and again in 1933.

The Natal Medical Council, however, agreed to license St Aidan's only if it was attended by James B. McCord. He accepted the annual salary of £200 and then, characteristically, returned half of it to St Aidan's and donated the other half to his own hospital. St Aidan's would also become an important centre of nurse training and, during the decades of segregation and apartheid, many eminent physicians and specialists worked at both McCords and St Aidan's. Both hospitals were orientated to serve the needs of different racially defined communities, but on many an occasion both 'admitted patients of other races, and no patient was turned away because of financial difficulties'.⁴³

Today, the apparent acceptance that black nurses and doctors could only be trained 'to serve their own people' might well strike us as a failure to challenge head on the racial separatism of the time. Some might go even further and regard such timidity as actually entrenching further social, economic and political differences and therefore assisting in laying the foundations for apartheid after 1948. A different interpretation would be that at the time it would have been simply impossible to insist on 'all or nothing' and that to have done so would have set back by decades urgently needed health care for the neediest of South Africa's people.

Margaret and James McCord often commented that the women they worked with were 'as competent and professional ... as any other nurses'. Yet, this was still an era of paternalistic close supervision of young women and McCord nurses were expected to behave with utmost virtue both on the job and off.

Christian ideals about women's 'proper place' in the home, work world and society more generally were shared by the white missionaries and by the growing African middle class. One illustration of the extent to which McCord nurses were cared for (or controlled, depending upon your viewpoint) was recorded by 'Baba' Dube. Dube – who reckoned that he had been born 'a few years before the Anglo Boer War' – had come to the hospital soon after it was reopened in 1911 for treatment of a painful leg. He was taken on as a gardener (he commented: 'There wasn't much of a Hospital but a lot of garden') and later assisted with male patients. He wrote:

The strictness enforced on the nurses and myself was rigid and unbending. On Sundays it was part of my duty to escort the nurses to and from the church, with Dr on his motorcycle likely to be around the next corner. He told me openly that the parents of these children had entrusted them to his care. And it was his duty that his girls must be properly looked after as they would be in their own homes. He did his duty with the able assistance of Mrs McCord. She was continually giving me advice on different things, showing me pictures with lessons based on [C]hristianity and I never regretted following the lead given by my sister to adopt the [C]hristian faith.⁴⁴

On the one hand, it is not hard to see why some have regarded the history of the profession of nursing as one that perpetuated women's subordinate position in society. At McCords, for example, the nurses were chaperoned, weighed monthly (some believed this was to check whether or not they were pregnant, a continuation of the practice at Inanda Seminary) and were obliged to attend church and early morning prayers. According to James, the 'McCord nurse' was expected to be 'a well-balanced girl, conscious both of her duty to her patients and of her own personal dignity. Religious principles guide her in work and in her relation with others. Off-duty she studied hard ... She had a happy disposition.'⁴⁵

On the other hand, and in contrast to the disdain or even open insults with which black nurses were usually treated at many state hospitals, at McCord Hospital nurses and doctors socialised together at Sunday teas, at tennis matches, at the annual graduation award ceremonies and on many other occasions including Christmas plays and skits inaugurated by the mischievous Sister Martha MacNeill. The nurses' work was highly regarded. For, as James added, 'the McCord nurse ... also welcomed play ... she was neither self-conscious nor servile ... And the only walls or bars to restrain her were her own dignity and self-respect, her knowledge that as a trusted member of the hospital family, she must be worthy of trust.'⁴⁶

Hundreds of photographs of nurses and midwives trained at McCords

from the 1930s to the 1950s show many faces, personalities and characters. Unfortunately, not all their names were recorded. Indeed, James McCord himself would in later life lament that he was unable to follow the careers of all the nurses and midwives trained and working at the hospital as closely as he did of the first four nurses. There is little by way of direct testimony of what this first cohort themselves felt about their new lives although, tellingly, each of them continued to practise nursing after they had left the hospital and even after marriage, even though it was then commonly thought that married women should not be in paid employment.

Elizabeth Njapa became an acting matron at a small hospital in Zululand. Nomhlatu Bhengu for a time worked at Grey's Hospital in Pietermaritzburg and then married Edward Ntuli, who had worked at the Beatrice Street dispensary and at McCord Hospital. Julia Magwaza worked as a 'ward maid' at Addington Hospital for a time. Ironically, her superior skills were recognised by white probationers who urged her to train them for the certificate for which she herself was forbidden to apply. After this, Julia Magwaza nursed the girls of Inanda Seminary during a serious epidemic of enteric fever, only to die herself of pneumonia shortly afterwards.

Edna Mzoneli, who had been regarded by her family as 'weak' and 'silly', and who had suffered physical and psychological strain as a probationer, was for some time the acting matron at the McCord Hospital. There she saved her wages and in a remarkably striking statement told Margaret McCord: 'I am a person ... You have always been a person. I have been a nobody. But now I am a person. Now I am a nurse.'⁴⁷ Not long after this, Edna married and became pregnant. Tragically, she and her baby both died during the Influenza Pandemic of 1918–1919 after Edna had been nursing sick students at Adams Mission. The McCords, in the USA at the time, felt her death especially keenly as they also suffered the devastating loss of two daughters, Jessie and Laura, in 1919.

'And may the good work go on!'

The years after the reopening of the Mission Nursing Home were ones of extreme busyness and increasing strain for the McCords. Mac had returned to the USA and it proved difficult to find a satisfactory replacement for her. Nor were the next class of probationers as promising (some were asked to leave because of unsatisfactory conduct or performance) as the first. So desperate for a competent and congenial Matron and Superintendent of Nurses were they after the stay of two new missionary nurses destined for the American

Board's station at Mount Silinda in Rhodesia (Zimbabwe) that James quipped in one letter: 'I have during the week been seriously tempted to break the tenth commandment and covet my neighbour's nurse. If I hadn't a trained nurse already in the hospital I am afraid that I would have at least cracked the commandment.'⁴⁸ When that temporary matron had left to join the army nursing service, nurse training suffered. James regretted this immensely, saying that the African nurse probationers had not received 'the grade of instruction they have a right to expect'.⁴⁹

Humour and energy were stretched as the number of patients steadily grew. James still travelled regularly to Adams Mission down the south coast, occasionally up the north coast to Eshowe to attend to white missionaries, to the schoolgirls at Inanda Seminary and to African patients too ill to travel to Durban. Baba Dube recalled 'the Doctor's' daily routine: 'Prayers after breakfast and then to the wards. After seeing to all the patients; down to Beatrice Street. And after that either back to the hospital or a roaring trip by motorcycle to one of the outlying mission stations then out of town. And their confidence was high, quite sure that Dr McCord would make them well.'⁵⁰ McCord's 'Indian motorcycle' was nicknamed the *isi-tut-tut* (or the toot-toot!) and the speed at which they travelled terrified Katie, though it must have made her life easier when she could ride pillion.⁵¹

In June 1912 McCord's report to the American Board recorded an increase in attendance at the dispensary to 4 800 consultations. This meant that the 'evangelistic work done in the Dispensary has not received the attention it deserves. Pastor Makanya helped in the work for a time and then Garnett Mtembu, but in both cases the presence of other work was a hindrance.' In the same year, there had been 216 admissions to the hospital with an average stay of 23 days. He added that the workload was 'as much as one man can well take care of'.⁵²

Likewise, in the following twelve months there were over 5 000 patients seen at the dispensary, an average of sixteen per day. James estimated that of these there were 3 500 different individuals. At the hospital there had been 214 patients, with an average stay of three weeks. He reckoned that he – sometimes surgically assisted by Drs Bray and Pearson – had performed 68 operations, half of which were major operations and nine or ten of which 'would rank among the most formidable usually performed by an ordinary surgeon'. There had also been 87 maternity cases and he believed that 'Maternity work is ... greatly and increasingly appreciated.'⁵³ The hospital was still running at a deficit, which had to be made up from dispensary fees.

Wartime stringencies from 1914 meant that there was a 33% drop in the number of patients coming to the dispensary. As would happen even more dramatically during World War II, the costs of supplies and medicines escalated. This had dire implications for the financial viability of the American Zulu Mission's Medical Department as a whole.⁵⁴ Feeling the pressure of work, McCord had been able to hire a dispenser – a Scotsman named Mr Sibbald – to assist him, but now he had had to be retrenched and the mixing of medicines was taken over by James with the assistance of two African men.⁵⁵

By 1916, the financial situation was ominous: the Medical Department ended the year nearly £200 in debt. Medicines were the major expense. James was obliged to make 'numerous trips to the country, especially boarding schools' as the health of both the missionaries and the students at Inanda and at Adams was threatened by waves of infectious disease, including measles and enteric fever.⁵⁶ He estimated, too, that he had performed 25 major and 40 minor operations during the year. A welcome gift of £175 had been received for the building of an operating theatre, but McCord feared he would have to use it instead for running costs. Wearily, he noted that although 'We have attended between twenty and thirty thousand patients [in the past six years] ... since our return from furlough in 1911, we must confess to something of a feeling of disappointment, not on account of the work done, but of the work left undone.'⁵⁷

That work undone was not only the further training of more nurses, but also the McCords' failure to secure two other cherished goals: the services of a second doctor and success in what he was now increasingly referring to as 'the curse of the witchdoctor, [whose] name is legion'. For the first, they had looked to the American Board for assistance. For some time James had pinned his hopes on Charley Goodenough, the son of a fellow Natal American Board missionary, who had studied medicine in Ireland.⁵⁸

Goodenough finally arrived in 1913, but it was soon clear that he had little missionary zeal. He did not stay for long in Durban and soon left to take up (a more lucrative) state post in Pretoria and then went into private practice. He too was soon to die during the Influenza Pandemic of 1918. Robert (Bobby), the McCords' eldest son decided not to take up a career in medicine; and when William did so, he practised, with great success, in the USA.

There had been other disappointments, too. In 1912, McCord enquired after a 'Zulu boy, P.L. Seme' said to be studying medicine at McGill University in Canada. If this was Pixley ka Isaka Seme then McCord's news was inaccurate and outdated for the lawyer and future South African Native National

Congress treasurer-general and president-general Seme had returned to South Africa in 1911 after striking academic achievements at Columbia and Oxford universities.⁵⁹

In the same year, McCord noted the names of two men he thought might be suitable for sponsorship as medical students in the USA, Jonathan Shabani and Edward Ntuli. Both served at the dispensary and hospital in various ways. Both men had expressed a desire to study medicine, but no financial sponsorship was forthcoming and McCord employed them both as male orderlies. Neither had lasted long, however. In a trick that McCord could never satisfactorily explain, Shabani caused sparks and burning embers to materialise in apparently closed rooms, spooking patients and even, for a time, Mac. The incidents stopped when McCord redeployed Shabani to the dispensary. Soon after he left and became an entertainer and magician in Durban. Ntuli took up a position as a court interpreter when he married Nomhlatuzi Bhengu.⁶⁰ Thus, the dream of successors to John Mavuma Nembula had to be deferred.

Like Macvicar at Lovedale, McCord recognised that greater efforts needed to be channelled into training local people. In South Africa debates about whether Africans should receive the same medical education as whites took decades to resolve and while he did not believe that Africans were only capable of achieving an inferior level of education, McCord proposed a number of expedient interim schemes. The first was a five-year medical course for a 'selected group of Zulus', but that did not gain support.⁶¹

Then, in 1914 the Natal Medical Council considered and referred to the Durban branch of the British Medical Association (BMA) a revised proposal from James McCord that 'a number of the brighter boys among the Zulus be given a two years' course of study of medicine and then be allowed to practice medicine among the natives under the direct supervision of white doctors'. This was rejected out of hand as being 'impracticable and unworkable'.⁶² Instead, the BMA insisted that no person should be allowed to practise medicine without full British medical qualifications.

McCord agreed that this position had much to recommend it, though the motives of his peers were less than worthy, many of them fearing their business would be undercut by African medical practitioners. Still, he remained 'trusting that there will come a time when a medical class of natives will become possible, *with a medical examination and full medical qualifications*.'⁶³ Later, he would reflect on the hypocrisy of whites who loudly proclaimed that the poor state of health care amongst Africans was a 'disgrace to a civilised community'; wryly adding that 'the civilised community wore its disgrace lightly'.⁶⁴

Despite these setbacks, James McCord still seems to have been largely optimistic in 1914 about the future of 'the work', although he noted that 'it should not depend on the uncertain health and frail life of one man, especially of one who rides a motorcycle. There should be at least two men on the ground to make the work continuous and permanent. This might almost be considered axiomatic.' He added that his relations with other Durban medical practitioners were now 'most cordial' and he advocated the opening of a dispensary in Johannesburg where thousands of men were being drawn to the mines annually.

The fees from that dispensary could then help to pay for more doctors with eventually there being 'another and another and another ... until we have a self supporting medical work in every commercial and industrial centre in S.E. Africa where natives congregate in large numbers.'⁶⁵ For the moment, he requested that the American Board send out a 'second doctor, a man with missionary spirit, big enough and strong enough to take his place as a member of the Mission, having medical qualifications and ability which will command the respect of the natives, the missionaries and other doctors in South Africa.'⁶⁶

Although perhaps more in a declaration of faith in the future than in realistic expectation of any concrete progress in the short term, the McCords bought an acre of land about three minutes' walk from the hospital, hoping that the site 'may sometime become the home of the future Medical College for Natives in Natal'. More prosaically, given the lack of sewerage waste disposal facilities at the hospital, the land was 'needed for more immediate and practical purposes so that it is necessary even if the dreams and visions do not materialize'. James closed his report on a high note and proclaimed 'And may the good work still go on!!!'⁶⁷

In 1916, his annual report showed even greater conviction that the future lay in locally directed efforts, saying that 'we should have been training dozens of our most intelligent Zulu youths in modern medicine that they might go out as Christian physicians'.⁶⁸ In this, he recognised that the hospital was only one part of a much more ambitious set of objectives. He wrote: 'In fact, the first object of the hospital should be to train native doctors and nurses, to give clinical material for them to practice on, and the small number of patients which we can treat, while important, should take second place.'⁶⁹ To the few who would listen, his argument was this: only when biomedicine was practised both *for* and *by* 'Zulus' could there be success.

The American Board did decide in 1916 to sponsor the opening of a clinic in Johannesburg and sent up the Reverend Dr Frederick B. Bridgman (not

a medical doctor) and his wife Clara from Natal. The news did not initially please James McCord, since it had been decided that any profits from the medical work in Johannesburg would not be redirected to assist in the funding of a second doctor for Natal. McCord expressed his anger with his usual dash of self-deprecation and irony: 'I received your letter re: Dr Bridgman last week while at mission meeting. I have delayed to answer it, if I answered it while it was still warm, I was afraid that I might smash the typewriter, and as I was using a borrowed one.'⁷⁰

In the decade or more since he and Margaret had first started to build their hospital on the Berea the hostility of the influential citizens of Durban had lessened considerably. James became president of the Durban Medical Society, where interesting medical cases were discussed and members' registration and professional conduct monitored. McCord, however, declined to hold their meetings in his home because he would not serve alcoholic drinks or tolerate tobacco smoking there. Nor were his politics those of the majority of his medical peers. He was elected a member of the (by the standards of the day liberal, though deeply paternalistic) Natal Native Reform Association (NNRA), which had been established with the aim 'to foster on the part of the European population of Natal a greater interest in and sense of responsibility for the social, moral, material and religious well-being of the Native people of the Colony, and to take such action as may be considered necessary to attain this object.'⁷¹

Other committee members included important white politicians and officials: Maurice Evans, Dr C.T. Loram,⁷² lawyer R.C.A. Samuelson, and Natal government agent in Johannesburg, J.S. Marwick, who had led the march from the Rand that had brought Katie and Ndeya Makanya back to Durban in 1899. According to a newspaper report from 1917 after the NNRA's annual meeting:

Dr McCord delighted the audience with a racy and highly informative paper, revealing the depth of superstition in which the Zulu is still steeped, and showing the untold miseries wrought by the so-called 'Native medical man'. Highlights of the talk included alarming details about 'The Power of Witchcraft; The Effect of a Love Potion; Human Flesh and Fat; Witch Doctors in Natal; Maternity Murders' ... and more.⁷³

McCord's aim was not so much sensationalism or shock – his audience could hardly have been ignorant of much that he described – but 'How to Solve the Problem'. His conclusion was that what was needed was 'the education of the Native along medical lines, the young women in the subjects of nursing and mid-wifery and the young men in the practice of medicine and surgery'.

Knowing that his ideas – even the training of African women as nurses – were still controversial, McCord sent off his paper to the *South African Medical Record* (later the *South African Medical Journal*) which published it.⁷⁴

It is tempting to leave this account of McCord's arguments in favour of local medical education here, with him as the champion of the people. But close attention to his article makes for uncomfortable reading, particularly the reasons he advanced in favour of the local training of 'Zulus':

There is a very distinct danger that five or six or seven years in Great Britain would get a man out of touch with his own people and lead him to acquire the ideas and tastes of a white man. He might even want to drive his own motor car and have his office in the Britannia Buildings. He would very likely be unfitted for the simple life desirable for the doctor depending for a family practice among the Zulus ... Furthermore, the ideas of equality of races that a man is likely to acquire in England is not conducive to harmonious relations between the white and black races in South Africa. The Zulu is quick to acquire an idea of his own importance with but little urging. The bump of self-importance is much less likely to become over-developed in South Africa than in England ... A third reason against the Zulu's going to England for his medical certificate is the expense involved.⁷⁵

The article then goes on to advocate a shorter education for 'Native Medical Practitioners' who would be restricted to 'serving the needs of African people' and who would 'pose no threat' to the fully recognised white medical doctors.

From this distance of time it is impossible to say whether McCord had retreated to a strategic trade off and was manipulating the prejudices of the white medical fraternity and law makers; or whether the views articulated in this article really reflected his own opinions, more forcefully expressed in this publication than elsewhere. On balance, his earlier support for fully qualified black doctors would suggest that he was, in 1917, playing to the white gallery in mustering every argument he could to gain support for what was becoming his overriding concern: medical education for Africans in South Africa.

The following year saw the McCords return to the USA again for furlough leave. No stand-in doctor could be found and again the dispensary and the Mission Nursing Home had to be closed. While the family were based at Oberlin, James joined the United States Army and was appointed as a captain in the Medical Corps. Within days, Armistice was declared and he found himself travelling the country by rail, attending to demobilised men, delousing, patching wounds and assessing fitness for discharge. This gave him the opportunity to meet many fellow medics and put to them his vision of medical missionary work 'among the Zulus'.

Above all, he was looking for a man who would assist him in 'opening the school and in training young Zulus in medicine'.⁷⁶ At first he met – at best – polite interest, but either the medical men were intent on making their way in private practice or they regarded Africa as less in need of medical missionary work than other parts of the world so recently decimated by war. He had already bombarded the Board headquarters with copies of his articles on 'the Zulu witchdoctor' and followed this up with letters, requests for permission to raise funds himself and to approach potential doctors. His determination was intense:

Re: medical training for African men:

... when the [South African] Gov. is ready to seriously consider the matter the first thing that the Powers will say will be 'Who is able and ready to undertake the education of these Zulu young men?' And I've got to be right on the spot and ready to say that I will, and be able to show them that I can, and have the force etc to do it. I've got to do more than that. In order to get the Gov. to seriously consider the matter I must demonstrate that the Zulus are capable and worth the trouble and expense.

The only way to do that is to take some of them and teach them and when I have them good and ready, take them up to the Natal Medical Council and say to the august assembly 'Here are some of those despised Zulus who can't learn medicine. Take them and examine them in anatomy and physiology and tell us what you think of them.'⁷⁷

He added that he wanted to recruit two or three doctors, \$50 000 for 'plant' and \$5 000 a year for running expenses. He then hastily added:

Don't faint. I'm not holding a gun at your head. Perhaps I won't get this but it is what I want ... The medical education of the Zulus looms up and so big in relative importance that the work I have been doing seems of small account. I am henceforth a man of one idea and that idea is the medical education of the Zulu. I have about twenty more years of active work in the field. I want that twenty years to be put into the medical education of the Zulus. I should like to practice medicine also, in fact that is necessary to get clinical material for my students, but that is going to take a secondary place hereafter.⁷⁸

Writing to any possible contacts, he explained his plans more concretely:

I plan for a medical school to accommodate twenty students. As a teaching force I will require two doctors associated with me and the school will take the entire time of two of the men. One of the doctors will require to be in the class room during both study and recitation hours, for the Zulus must be taught and not simply left to study as they please ... There are two properties in Durban which are for sale now and which adjoin the land on which my house and hospital are built. They consist of about five acres of ground and two good residences.⁷⁹



Alan B. Taylor and Mary Taylor, c.1918 (CC, MHP, uncatalogued photographs)

By Christmas 1918, McCord had succeeded in two of his aims: he had persuaded the Prudential Committee of the American Board that if he could raise the funds, he could have more doctors to assist him; and he had interested two suitable men. One of them was Dr Alan B. Taylor and the other Dr J.W. Morledge.

He described Taylor as a 'young lieutenant, probably in his late twenties, with fair and prematurely receding hair; there was purpose both in his blue eyes and in his manner.'⁸⁰ It was Taylor and his wife Mary (née Byers), a qualified nurse, whom he had met while they were both working at the Royal Victoria Hospital in Montreal, who would first follow the McCords to Natal and take their hospital into its next phase of expansion.

'And may the good work go on!' was a phrase and prayer with which McCord ended many of his letters, reports and appeals. For now he needed money to realise his plans. For the next year, James embarked on a whirlwind fundraising tour. For someone who disliked public speaking, this was sometimes an ordeal. He approached church congregations in Pittsburgh, New York, Philadelphia, Grand Rapids and in many small towns across the mid-western and eastern states, bringing in many small pledges. He also expressed an intention to appeal to the Rockefeller Foundation, then beginning to extend its philanthropic efforts in South Africa. He was, however, later advised by the American Board that he could not yet go ahead and approach that body. As McCord keenly understood at the time, this was a missed opportunity that would set back the development of a medical school in Natal for decades.

In correspondence with the American Board a decade later, McCord did not explain the precise reasons why he was advised not to raise the matter directly with the Rockefeller Foundation saying only that back in 1918, 'one of their officials' had told him that 'if anything was said connecting the Rockefeller

Foundation with anything before they took action in regard to it, the Rockefeller might drop it like a hot potato, and have nothing more to do with it.'⁸¹ After more than ten years of (public) silence he was clearly fed up, sardonically commenting that 'So I am impressing on everyone that in discussing native medical education of the natives [*sic*] in South Africa the existence of the Rockefeller Founda-



James McCord operating on an unnamed patient with Sister Cooper, who combined 'discipline with inexhaustible patience', in attendance (CC, MHP, uncatalogued photographs)

tion should be conscientiously ignored, except, of course, when you are making direct appeal to them for anything. But not through the public press or in public speeches.'⁸²

James McCord's letters and reports of these years between 1909 and 1919 are outwardly optimistic, driven and passionate. But his later correspondence is silent about many painful personal matters as is *My Patients Were Zulus*. Nothing public was said, for instance, about the deep sorrow following the deaths of his and Margaret's daughters some time in 1919. It is rather in her reminiscences that we learn from Katie Makanya that, when he returned to Natal, 'the Doctor' was a changed man. Although he had a new fast car, a Buick (the first in South Africa) and his customary verve for work, Katie now saw a man 'with a white moustache and white streaks in his black hair, a stranger whose massive shoulders drooped and whose step was slow'.⁸³

The account from *The Calling of Katie Makanya* is poignant: 'The Doctor was no longer the man she had known before. He was gentler. He smiled more often, and though he still told his little jokes, the sudden boom of his laughter was gone.' Margaret, too, was different. She worked harder than ever – for the hospital, visiting women in jail, raising funds for the church, travelling across the country organising African schoolgirls' Wayfarers (Girl Guide) troops – but she too carried a shadow of grief and Katie, who had herself buried several children, noticed that the names of Jessie and Laura were never spoken again.⁸⁴

ENDNOTES

- 1 Houghton Library, Harvard University, Boston, Massachusetts (hereafter Houghton), AZM, 15.4 22: Report 3, Annual Mission Report, 1909: 1.
- 2 J.B. McCord with J.S. Douglas, *My Patients Were Zulus* (London: Frederick Muller, 1951): 93.
- 3 'Grey Street complex', <http://www.sahistory.org.za/topic/history-and-politics> (accessed 15 August 2016).
- 4 McCord with Douglas, *My Patients Were Zulus*: 104.
- 5 Houghton, AZM, 15.4 29, 203, 116: Report of the Medical Department for 1913–1914, 31 July 1914 and 26 June 1914.
- 6 Houghton, AZM, 15.4 22: General letter 8, 23 June 1904.
- 7 Houghton, AZM, 15.4 22: General letter 13, Annual Mission Report, 1909: 13.
- 8 Campbell Collections, Durban (CC), Margaret McCord Papers: Katie Makanya interviewed by Margaret McCord, Adams Mission, Amanzimtoti, 1954, transcript: 109. The youngest daughter of James and Margaret Mellen McCord, Margaret's married name was Nixon and she was generally known as Peggy.
- 9 Ibid: 52.
- 10 Ibid: 63–64. The 'red mixture' was possibly potassium iodine and mercury. Mixture three was for indigestion. It is difficult, given the passage of time, to decide which inflection was intended, but loosely translated the English would be 'Hawu! The bottles [of medicine] really do bear fruit (i.e. cure/work). You really are a wizard/healer/magician'.
- 11 Ibid: 58: 'Mixtures 9 and 14: "For God so Loved the World"; Mixture 13 "Let not your heart be troubled"; Mixture 2 "He who lowers himself will be lifted"; and the others "As Moses lifted up the serpent in the Wilderness, so will the Son of God be lifted". At Adams we just wrote on paper for the labels, and so we liked these new ones very much. For the glycerine we had blue, for Mixture 13, 14 we had pink. And we also had dark yellow and a dark red and others were white.'
- 12 Houghton, AZM, 15.4 31: McCord letter 83, James B. McCord, Ridge Road, Durban to Rev. Judson Smith, DD, Secretary American Board of Commissioners for Foreign Missions (ABCFM), Boston, 9 March 1912.
- 13 CC, Margaret McCord Papers: Katie Makanya interviewed by Margaret McCord, transcript: 64.
- 14 Ibid: 63.
- 15 Ibid: 64.
- 16 Karen Flint, *Healing Traditions: African Medicine, Cultural Exchange and Competition in South Africa, 1820–1948* (Athens, Ohio: Ohio University Press, 2008): 137.
- 17 CC, Margaret McCord Papers: Katie Makanya interviewed by Margaret McCord, transcript: 61.
- 18 McCord with Douglas, *My Patients Were Zulus*: 128.
- 19 Houghton, AZM, 15.4 22: General letter 13, Annual Mission Report, 1909: 13.
- 20 CC, Margaret McCord Papers: Katie Makanya interviewed by Margaret McCord, transcript: 14.
- 21 McCord with Douglas, *My Patients Were Zulus*: 145.
- 22 Ibid: 154.
- 23 Ibid: 158.
- 24 Ibid: 159.
- 25 Houghton, AZM, 15.4 22: General letter 13, Annual Mission Report, 1909: 13.
- 26 J.B. McCord, 'Medical missionary work among the Zulus of Natal, South Africa' *American Journal of Nursing* 11(1) 1910: 40–42.

- 27 McCord with Douglas, *My Patients Were Zulus*: 161.
- 28 Ibid.
- 29 Laura was born in 1905, William Mellen in 1907 and Margaret (Peggy or Peg) in 1917.
- 30 McCord with Douglas, *My Patients Were Zulus*: 160.
- 31 H. Hughes, "'A lighthouse for African womanhood": Inanda Seminary, 1869–1945' in *Women and Gender in Southern Africa to 1945* ed. by C. Walker (Cape Town: David Philip, 1990): 202.
- 32 For a recent history of Inanda seminary see M. Clancy-Healy, *A World of Their Own: A History of South African Women's Education* (Pietermaritzburg: University of KwaZulu-Natal Press, 2013).
- 33 CC, McCord Hospital Papers and McCord History Project Papers (MHP), Box 1 (2007) – McCords 1, Penny Watts Lever Arch File: Sister Bongi Dlomo interviewed by P. Watts, Durban, 17 July 2006; P. Watts, 'Missionary institutions, nursing and Christianity: an examination of McCord Hospital from 1950–1973' (History honours thesis, University of KwaZulu-Natal, Durban, 2006): 16–18.
- 34 CC, MHP, Box 1 (2007) – McCords 1, Penny Watts Lever Arch File: Mary Jane Molefe was interviewed by P. Watts, Durban, 26 July 2006.
- 35 Hughes, "'A lighthouse for African womanhood'": 195.
- 36 Houghton, AZM, 15.4 31: McCord letter 30, J.B. McCord to Chief Native Commissioner, 18 August 1916.
- 37 Our thanks to Helen Sweet for this information.
- 38 S. Marks, *Divided Sisterhood: Race, Class and Gender in the South African Nursing Profession* (Johannesburg: University of Witwatersrand Press, 1994): 88.
- 39 Houghton, AZM, 15.4 29, 133: 'Commencement exercises at the Mission Nursing Home of the Zulu Mission', 3 April 1914.
- 40 Ibid.
- 41 Marks, *Divided Sisterhood*.
- 42 Rev. L.P. Booth LRCP and LRCS, Edinburgh, 1876 and MD [Master of Divinity] of Durham and Toronto in 1887; M. Gelfand, *Christian Doctor and Nurse: The History of Medical Missions in South Africa* (Sandton: Mariannhill Mission Press, 1984): 58. Much of this information has been adapted from R.M. Pelteret, 'The Very Reverend Lancelot Parker Booth', located at http://www.pelteret.co.za/content/000156/Lancelot_Parker_Booth.pdf (accessed 28 November 2016).
- 43 Gelfand, *Christian Doctor and Nurse*: 61.
- 44 CC, MHP, Box 7, Aldyth Lasbrey Papers (ALP), Series 1: 'Letter to Dr Lasbrey by E. Ndaba, with the story of Baba Dube as told to him', 22 April 1955.
- 45 McCord with Douglas, *My Patients Were Zulus*: 240–241.
- 46 Ibid.
- 47 Ibid: 178–180.
- 48 Houghton, AZM, 15.4 31: McCord letter 102, J.B. McCord to Dr Bradley, 24 November 1912.
- 49 Houghton, AZM, 15.4 29, 170: Report of the Medical Department of the AZM for 1916.
- 50 CC, MHP, Box 7, ALP, Series 1: 'Letter to Dr Lasbrey by E. Ndaba, with the story of Baba Dube as told to him', 22 April 1955.
- 51 Houghton, AZM, 15.4 31: McCord letter 113, 9 June 1915.
- 52 Houghton, AZM, 15.4 29, 203, 90: Annual report of AZM, 30 June 1913.
- 53 Houghton, AZM, 15.4 29, 203, 116: Report of the Medical Department for 1913–1914, 26 June 1914.
- 54 Houghton, AZM, 15.4 29, 155: Report of Medical Department for the year 1915 signed J.B. McCord, 1 July 1916.

- 55 Houghton, AZM, 15.4 29, 203, 99: Report of the Medical Department for 1912–1913.
- 56 Houghton, AZM, 15.4 29, 170: Report of the Medical Department of the AZM for 1916.
- 57 Ibid.
- 58 Houghton, AZM, 15.4 31: McCord letter 90, J.B. McCord to Rev. Enoch Bell, Boston, 23 July 1912.
- 59 Ibid.
- 60 Houghton, AZM, 15.4 31, 89: McCord to Proctor, 29 June 1912.
- 61 McCord with Douglas, *My Patients Were Zulus*: 196.
- 62 Houghton, AZM, 15.4 29, 203, 116: Report of the Medical Department for 1913–1914, 26 June 1914.
- 63 Ibid. Emphasis added.
- 64 McCord with Douglas, *My Patients Were Zulus*: 196.
- 65 Houghton, AZM, 15.4 29, 203, 116: Report of the Medical Department for 1913–1914, 26 June 1914.
- 66 Ibid.
- 67 Ibid.
- 68 Houghton, AZM, 15.4 29, 170: Report of the Medical Department of the AZM for 1916.
- 69 Ibid.
- 70 Houghton, AZM, 15.4 31, 128: J.B. McCord to Rev. E. Bell, 13 July 1916.
- 71 Houghton, AZM, 15.4 29, 204, 186: Natal Native Affairs, Annual Meeting and Report of Reform Association, 'Dr McCord on the "medicine man": brutality and ignorance of native doctors', n.d. [1917?].
- 72 An important educationalist and later academic at Yale University, C.T. Loram was an influential liberal politician and personal friend of the McCords. For a brief biography see <http://www.sahistory.org.za/people/charles-templeman-loram> (accessed 26 November 2016). M. Evans, CMG (Companion of the Order of Saint Michael and Saint George) was a strong advocate of segregation who wrote the influential book *Black and White in South East Africa: A Sociological Study* (London: Longmans, 1916). Readers interested in these men, their milieu and ideas are directed, inter alia, to M.R. Mahoney, *The Other Zulus: The Spread of Zulu Ethnicity in Colonial South Africa* (Durham, NC: Duke University Press, 2012): 109 and 145; and S. Dubow, *Racial Segregation and the Origins of Apartheid in South Africa, 1919–36* (New York: Palgrave Macmillan, 1989).
- 73 Houghton, AZM, 15.4 29, 204, 186: Natal Native Affairs, Annual Meeting and Report of Reform Association, 'Dr McCord on the "medicine man": brutality and ignorance of native doctors', n.d. [1917?].
- 74 J.B. McCord, 'The Zulu witch doctor and medicine man' *South African Medical Record* 16(4) 1918: 116–122.
- 75 Ibid: 121.
- 76 McCord with Douglas, *My Patients Were Zulus*: 196.
- 77 Houghton, AZM, 15.4 31, 141: James B. McCord, Oberlin to Rev. E. Bell, Boston, 29 October 1918.
- 78 Ibid.
- 79 Houghton, AZM, 15.4 31, 145: McCord, Oberlin to Rev. Edwin Knox Mitchell, DD, Hartford, Connecticut, 23 December 1918.
- 80 McCord with Douglas, *My Patients Were Zulus*: 198.
- 81 Houghton, AZM, 15.4 31, 147: J.B. McCord, Debarkation Hospital No. 51, Hampton, Va. to Rev. Enoch Bell, Boston, 24 December 1918.
- 82 Houghton AZM, 15.4 48, 299, J.B. McCord, Durban to Rev. E.F. Bell, Boston, 15 December 1928. This letter was not in fact completed or despatched until early in 1929.
- 83 McCord, *The Calling of Katie Makanya*: 211.
- 84 Ibid: 212–213.

3

‘A GOING CONCERN’: McCORD HOSPITAL, 1920s–1940s

THE McCORDS RETURNED to Durban in 1920 after what James called his ‘barnstorming tour’.¹ He insisted, however, that they would leave the USA only with the ‘understanding and belief that the project of medical education is going to be a “going concern”.’ He added, ‘Nothing else will be considered or contemplated.’² In fact, he had been able to raise only £7 500 and much of that was in pledges and would never be realised. Taylor’s salary was not secured and he had told McCord that he would commit himself only to seven years in Natal: if the medical school were not then a reality, he would reconsider his options.

The hospital and Beatrice Street dispensary were opened again immediately. The Taylors arrived in 1921 after Alan had, like James before him, secured a British medical licence. On arrival, he also spent some months learning the basics of the Zulu language. He was then put in charge of the dispensary, somewhat to Katie’s dismay. Dr and Mrs Morledge followed a year later and Katie initially found Morledge altogether easier to work with than Taylor.³ The Morledges returned to the USA after seven years.

In the aftermath of the Great Influenza Pandemic, the South African government recognised that public health care and hospital services were chaotic and needed to be better organised. The Public Health Act brought a national department of health into existence, although the provincial administrations remained responsible for some key functions including the control of hospitals and some primary and preventative services. There was also a growing awareness that health conditions for the majority of people were desperately poor.

The demand for biomedicine continued to grow and expanding bus and railway networks meant that more people were able to travel to urban areas. James McCord noted that he was attending fewer ‘back veldt’ patients.⁴ Nor were there any difficulties in recruiting young women as trainee nurses and the new Matron and Superintendent of Nurses, Miss Cooper, began classes immediately, her first group of ten finishing their course in 1924. James was



Medical staff in the 1920s: Dr and Mrs Morledge are to Dr McCord's left and the nurses and midwives are in different stages of training as indicated by their uniforms (CC, PAM 362 MCC, James B. McCord, 'Some sidelights on the house that Jim built', 1929: 7)

as busy as ever, on one occasion even seeing more than one hundred patients while ostensibly taking a coastal camping holiday with Margaret and Peggy, who was recovering from diphtheria.

In 1923 James was very pleased to announce that he was working on a new venture with Ray Phillips of the American Board in Johannesburg. This was 'a film showing the native life and operations of the native doctors and witchdoctors and my own medical work here in Durban'. He hoped to have the film shown across the USA and for it to be an 'eye-opener', highlighting once more the evils of the witchdoctor and encouraging donations to pour in.⁵ Even though the urban clientele were increasing in number, McCord's fundraising efforts, including his letters published in the *Missionary Herald* and various pamphlets printed and distributed in their thousands, continued to reflect 'the Zulus' as deeply rural people, whose land and lives were 'infested' by witchcraft. 'Witch-doctors' and the 'horrors of heathenism' generated good

publicity. But so, too, as fundraisers have always known, did heart-warming stories, especially about children. McCord and Taylor provided pen sketches and, increasingly, photographs of children they treated, some of whom had been abandoned by their parents. A great favourite was 'the hospital mascot, Waif Wilson'.⁶

Over the next decade the hospital did establish itself as a 'going concern', but fees from the dispensary remained a vital supplement. McCord and Taylor's dreams of a medical school would be frustrated for nearly another thirty years, however. From 1921 they had begun to train on site a group of young African men whom McCord had earlier sponsored to take two years intensive science education at the Amanzimtoti Institute.

Two years later, McCord wrote of the construction of Piedmont Hall, to be named for the church at Piedmont, Worcester, Massachusetts that had long supported him. This, it was hoped, 'is to be our medical school with dormitories, classrooms, etc for the medical students and a ward for the men patients'.⁷ Taylor gave classes in anatomy and was now in addition fully in charge of the hospital and 'out-patients in our immediate vicinity'. McCord taught 'chemistry, material medica, etc' and had returned to take charge of the dispensary.⁸

Even though at least one of the 'boys' in these classes, Josiah Marathane, was from Rhodesia (now Zimbabwe), McCord referred to them all as Zulus. He was confident that they were more than equal to any examination they might have to face and that their numbers would swell. Where the money was to come from, he did not know, except via Providence: 'But I am not worrying about it. Some of my friends think I ought to. I believe that the medical school for the natives of South Africa is going to be a big work with far-reaching influence.'⁹ It was not so much money – or the lack of it – that scuppered the training of these young men in Durban, but the news learned from his friend Dr C.T. Loram that a similar scheme had been started at the South African Native College (named the University of Fort Hare after 1951) under its principal, Alexander Kerr.

That programme not only received government sponsorship, but it would eventually have led to a full medical qualification for African students since they would spend the final years of the degree in England. McCord raised again his concern about foreign qualifications alienating 'a native and his people',¹⁰ but reluctantly saw merit in sponsoring his protégés to complete their matriculation qualifications at Kerr's college, although it was with regret that he saw them leave Natal. In January 1929, he commented that he

had hoped that when we got the medical school for natives it would be located in Durban. But this looks as if Johannesburg would be the place in which it would be located, and I am willing to accept that just so that we can get the medical school. In that case I probably won't have a finger in the pie myself. But that's a small matter, just so the job is done.¹¹

In the event, only one of McCord's five students passed his matriculation examination at Fort Hare and even he failed to complete his first-year medical training there, being expelled for misconduct. This was Edward Jali. He returned to Durban, working with James and Katie in the dispensary.

The debate about whether medical training for Africans should lead to a full or lesser qualification continued. Edward Thornton, minister of health in the Pact government under J.B.M. Hertzog backed the latter plan: 'He argued that his proposal would provide health care for Africans while obviating the "menace" of competition for white practitioners'.¹² This was far less progressive than the recommendations of the Loram Committee's report of 1928, which advocated 'the establishment of a government medical service for Africans which incorporated all mission hospitals ... and [the] state-subsidised training of fully qualified African practitioners as well as health assistants and nurses'. These proposals were also rejected.

While McCord and Taylor were deeply disappointed with their failed medical training scheme, they did not give up on their aim to provide medical education for black South Africans and when further opportunities arose after the late 1930s, and through the 1940s and 1950s, their influence would be keenly felt. In the meantime, they turned their attention to matters on which they felt they could gain greater traction: the training of black nurses and midwives.

'Africa's tomorrow': the expansion of the nurse and midwifery training programmes, 1924–1940

Something Katie Makanya initially found difficult to understand about Taylor was his universal friendliness, even towards whites who resisted or openly blocked James's work. In time, however, he won her round as he did many other, more powerful people. The medical school initiative having stalled, Taylor was more successful in gaining state support for the training of nurses and midwives at the hospital. By 1924, he had persuaded the Natal provincial authorities to approve the Mission Nursing Home as an accredited training hospital for African nurses. It was only the second in South Africa. In a letter written by Margaret in 1926 we get a sense of what this long struggle had cost, emotionally and financially:

My poor doctor [James McCord] was worried almost sick wanting the Government to examine and recognise our nurses. He had been begging continuously for years and at last they consented but only upon condition we make certain additions to the hospital building. We mortgaged our own house and got some money that way, but not enough for everything needed. The nurses were sleeping on the end of the balcony occupied by the patients and I said a room must be built for them. Spiritually and morally they needed it.¹³

Of the ten nurses who in 1927 sat for the South African Medical Council officially approved certificate, all passed. The McCords, Taylor and Sister Cooper, who stayed on until 1944 and mixed 'discipline with inexhaustible patience', were delighted.¹⁴ As before, the majority of nurse trainees came from Inanda Seminary and as Penny Watts explains, McCord Hospital placed as much emphasis on what they expected from their future trainee nurses academically as they did on their spiritual requirements. Indeed, in 1936 when the admission into government hospital nursing programmes required a 'standard VII, McCord Hospital required Standard IX'.¹⁵

This is impressive when compared to the admission requirements for both government and mission hospitals in the Cape Province in 1942 where the highest level of education required was a Standard VIII at Victoria Hospital, Lovedale.¹⁶ Since such a high standard was insisted upon at McCords, the nurses entering into the training school were not only spiritually 'able', but among the brightest students in the country.

Some of the nurses who trained and qualified at this time were: Jane Radebe (class of 1925); Evelyn Mbhele, Leah Yeni, Darliet Cele (1926); Cloris Nyuswa and Linda Langeni (1928); Tokozana Hlanti and Edith Nkungu (1929) and, in 1930, Tokozile Majozi, Grace Kraft, Tanadkile Siboto and Winifred Ndaba.¹⁷

As Shula Marks explains, by the 1920s African opposition to young, single women entering nursing had subsided. It now became one of the very few 'highly prestigious' professions open to women of colour in South Africa.¹⁸ Like education in general, however, nurse training for African women remained largely the work of missions.

From the early 1930s onwards the government, largely through departments of native affairs since these were services for Africans, began to subsidise nurse and midwife training programmes. Following McCords' lead, many other Natal mission hospitals began their own training schools: by the early 1930s there were nearly 50 such facilities training nurses and 21 for midwives, though McCords remained one of only two registered black nurse training schools in the province.¹⁹

The importance of McCords in trail blazing the professional training of African nurses can be clearly seen when we note that at this time there were eight training schools for nurses in the far larger Cape region, five of which were accredited. There were no such schools at all in the Orange Free State while in the Transvaal tiny numbers of nurses were trained in mine hospitals or at scattered mission stations. Full, formal qualification of African nurses in these provinces was delayed until the 1940s and even 1950s in the case of the Orange Free State.²⁰

At McCord Hospital, preparation for paid employment of graduates was an important consideration, but perhaps even more so were the evangelising and educational role they were expected to play in their communities. It was anticipated that McCords nurses would teach their families and neighbours about basic hygiene, first aid and the benefits of vaccination, how to take medicines, and moral principles informed by Congregationalism such as abstinence from alcohol and smoking cigarettes. Traditional healers and medicines were to be rejected as primitive, superstitious, heathen *and* unhygienic; if not downright dangerous.

Not all the nurses found employment at the American Board mission stations or schools. Of the class of eleven probationers in 1929 we know that Leah Yeni intended to return to work with the Wesleyan Missionary Society at Highflats in southern Natal, where her father was a lay preacher; and Darliet Cele was to be employed by the Free Methodist mission at her home at Edwaleni, also in southern Natal. From the Transkei, Madeline Mafanya was to return there once qualified to nurse 'her people, the Ama-Xosa'.

From the very first, another important concern was midwifery and in 1925 an eighteen-month midwifery training course was introduced at the hospital.²¹ It was, as Taylor wrote to the American Board in Boston on 8 September 1924, 'the first "Training School for Native Midwives" to be recognised by a [South African] Medical Council'. The first two pupil midwives were Nomusa Gladys Khumalo and Gertrude Mtshali. They were followed by many others, including Jane Radebe, Florence Kumalo, Evelyn Mazengane and Lucy Msaseni.²²

Instructed by Taylor and McCord as usual, but also by the recently qualified nurses and midwives, trainees were dressed in pale pink uniforms while the nursing probationers had dark blue uniforms, and those of graduate sisters were striped and of a paler blue.²³ Taylor added that 'officials prophesy that within a few years the Government will both recognise the need and take steps to train native nurses and midwives in the larger government hospitals'. Once again it was the mission hospitals that led the way. For instance, in 1940



'Africa's tomorrows': South Africa's first formally registered training school for black midwives opened at McCord Hospital in 1924 (CC, KCAL, B48/001-176, Missionary Album 4)

McCord Hospital instituted the first preliminary training classes for nurses in the country. Researcher Percy Ngonyama describes how 'Very late in 1939, *Ilanga Lase Natal* advertised the course in an article entitled 'Preliminary Training School for Bantu Nurses at McCord's Hospital'. The event marking the official launch of the programme was held in January 1940. On 27 January 1940, in the piece '*Kuyiwa phambili eMcCord Hospital – McCord Hospital is advancing*', *Ilanga* had this to say:

Kusihlwa ngesonto eledlule bekuvulwa igatsha entsha [sic] yokufundisa amantombazane akithi ngokuphathwa kweziguli. Kwamukelwe amantombazane ayishumi neshilanu ukuba afunde izinyanga ezintathu zokuvivinywa, kuthi ababonakele be bukhali badlulele phambili abahlulekile bayeke [An event was held last Sunday night where fifteen of our girls were admitted into the preliminary training programme for nurses on how to care for the sick. Fifteen girls were admitted into the three month programme. At the end of the three months an examination will be written. Those successful will be allowed to enroll as training nurses, and those unsuccessful will be asked to leave].

According to the report, amongst the keynote speakers at the event were Dr J.L. Dube. It goes further:

Abanye haye bathi kwabe kuphilwa kahle kungakafiki abelungu ... Abanye bathi baya hlutshwa baphethwe kukho kabi ngabelungu kodwa kuhle sibabonge abanjengo Dr. McCord nezibhedlela [Some say they were far better off before the arrival of the whites. They say they are exploited and treated badly by the whites. However, we need to thank those whites like Dr. McCord and the hospitals that they constructed].²⁴

All the young women had been recruited from Inanda Seminary. The three-month course combining clinical experience on the wards and academic work was intended to select the best eight, but since there was little to separate the highest achiever from the lowest, all sixteen were recruited as nursing or midwifery probationers.²⁵

By 1946, 103 general nurses and 214 midwives from McCord Zulu Hospital had obtained South African Medical Council registration and between 1927 and 1958, 467 general nurses trained at McCords. Of these, 90% passed the Medical Nursing Council examinations and were given full state registration. There were also 738 midwifery graduates, representing a pass rate of 91% of all those who had enrolled.²⁶ These results were remarkable, especially given that all examinations were taken in English, which was usually not the women's first language.

Some trainees took a double qualification: Beatrice Gcabashe (née Msimang) was the first African registered nurse in Natal to obtain joint general



Inanda nurse probationers, 1936

nursing and midwifery registration. The pioneering daughter of a prominent politically active *amakholwa* family, her son, Dr V.M. Gcabashe, one of a new generation of black doctors, would be an intern at McCord Hospital in the 1950s. She would later comment, 'I speak as an African in saying "Thanks for McCord's"'.²⁷

By the late 1920s and early 1930s, McCord Hospital midwives were attending to home deliveries. One, Lydia Kambule, was so popular she helped with an average of thirty home confinements a month. James McCord noted that midwifery services were just as quickly accepted by Indian women. Since they were able to charge ten shillings for ante-natal care and the same again for a delivery, being a midwife became financially rewarding. Often working in the growing slums of Durban, with their uniforms, demeanour and comportment identifying them as distinct – as modern women – these midwives were admired by many, but not welcomed by all and were sometimes harassed (the suggestion is that this was by men) so they always travelled in pairs.²⁸

Taylor proved astute in gaining the support of state and local authorities in providing a number of small grants to subsidise the costs of nurse training. These were increased after 1935 when the Public Health Amendment Act (no. 57) allowed subsidies for African district nurses 'requested by recognised committees', though their numbers remained tiny at less than one hundred.²⁹



Beatrice Msimang Gcabashe holding a new-born baby, Maternity Ward, 1920s
(CC, PAM 362 MCC, James B. McCord, 'Some sidelights on the house that Jim built', 1929: 4)

This had been preceded from 1930 by the creation by the South African Medical Council of the hospital district midwifery service.³⁰ The city of Durban recognised its value and undertook to subsidise two district midwives, who would often see between six and eight cases a day.³¹ By 1937, there were fourteen district midwives attending to 228 confinements, representing approximately 2 800 visits.³² As we shall see in later chapters this was not the last time that McCords was to promote innovative and important midwifery programmes in the region.

The hospital's 1935 commemorative brochure boasted photographs of both the trainee nurse and midwifery students and the hospital staff, which now included its first secretary as well as probably its first woman doctor, Dr Robertson, of whom we have found no other mention in the records. Prominently featured is Sister Linda Langeni who was 'such an excellent surgical nurse' that she had been given a staff position. Indeed, Sister Linda, as she became known, was put in charge of the whole hospital at night, her responsibilities being the equal of the white sisters Ollis, Cooper and Burgess. Later, Sister Linda's advice to young trainee doctors, most of whom were



Front: Sisters Ollis (General), Cooper (Matron) and Burgess (Maternity); Back: Sisters Bell (Sister Tutor) and Langeni (in charge of the whole hospital at night) (CC, KCAL, B48-081, Missionary Album 4)

male, would become invaluable although living her station as nurse and a woman she let them think they alone had made a firm diagnosis or chosen a particular surgical implement.³³

Within the hospital, there was an active world of religious and social activities, including a traditional annual re-enactment of the plays and skits (with many skilled and wickedly humorous impersonations of Drs McCord and Taylor) begun by Mac and the four pioneer nurses of 1911–1914. There were monthly games and social evenings; and sporting contests between staff, including tennis matches, were encouraged.

Yet, perfect equality did not exist at McCord Hospital. For instance, when the need arose in the early 1930s for a new nurses' home, the white women requested that they have separate quarters. This may have been as much, or perhaps more, a matter of age as it was racial prejudice for it was the 'constant laughter and gay chatter' they wanted to distance themselves from.³⁴ While differential salaries between black and white doctors would become a matter of contention in later years, McCord Hospital records from the 1930s show that black and white nurses who occupied equivalent (though not officially appointed) positions of seniority were paid at the same rates. In 1932, the nurses Bell, who were sisters, were paid £25 per annum as was midwife Ethel Setaba (interestingly, her sister Susan was also a district midwife at McCords). Matron Cooper received a salary of £60 that year and Drs McCord and Taylor £100.³⁵

From today's perspective, the people and experiences of McCords were characterised by the deep paternalism common to the mid-twentieth century. However, at a time when the colour bar was being extended to more and more occupations and segregationist laws were biting deeper into individuals' rights and political freedoms, on the whole personal and professional interactions at McCord Hospital were notable for their civility and mutual respect. There were, nevertheless, some frictions. Mazo Sybil T. MaDlamini Buthelezi who trained at McCords in the 1950s before going on to a high-flying international career noted that although its 'nurses were "lustrous products" it was sometimes difficult for young nurse trainees from different regions of Southern Africa or of different socio-economic and ethnic classes to find common ground'.³⁶

Yet, while other hospitals, including Lovedale, saw increasing numbers of strikes by both white and black nurses from the 1940s, there was no industrial or protest action from nurses at McCord Hospital until the 1970s. Interviewed about her working life at the hospital in the 1950s and 1960s, Sister Bongekile

Dlomo recalled in an interview in 2006 'in my days we never, ever had a strike. It was only something you heard about you know ... out there'.³⁷

Out there: depression, segregation and the turn to the city in the 1930s

The majority of mission hospitals in South Africa were sited in rural areas and McCord Hospital's position in the city of Durban has shaped its history in important ways. An expanding city port with growing industrial and manufacturing sectors, potential patients came from many different places of origin. By the 1930s and 1940s these included a sizable number of black people who were more-or-less permanent residents in and around the city.

Segregation and later apartheid laws meant that they had no or few rights to land ownership and even in the locations and townships municipal services were wholly inadequate. In 1926 Taylor described the hospital as being 'located just outside the borough limits on the edge of the Sydenham district, a district largely occupied by Indians, Natives and Coloureds. The hospital thus is located in what amounts to an immense Native village'.³⁸ Greater numbers of African women were by this time moving to South Africa's cities.

Politics were turbulent with no single party or group speaking on behalf of the disenfranchised and different views about how 'progress' and 'civilisation' could be achieved. In 1937 the McCords' old friend John Langalibalele Dube was elected to the Natives Representative Council, which had been established by the State supposedly as an advisory forum on laws and welfare matters affecting the now totally disenfranchised African people. It was not a success and its members were regarded by some as collaborators with the segregationist government of Prime Minister J.B.M. Hertzog or, at best, naively complicit.

More politically radical movements swept into Durban in the late 1920s, including the Industrial and Commercial Workers Union (ICU), whose secretary was A.W.G. Champion and which appealed to a wider group of workers. The pan-Africanist ideas of Marcus Garvey were gaining in popularity. The Communist Party of South Africa also established a presence in Durban and during an anti-pass campaign in 1930 Johannes Nkosi, its local leader, was killed in a skirmish with police in the city.³⁹

Some Africans, such as Katie Makanya, rejected the new, more assertive style of politics as too divisive and too hasty. Even though Champion knew her sister, Charlotte Maxeke, and had worked with her in Johannesburg when he came to the dispensary for medication for indigestion Katie questioned him sharply on his strategies. After this she did decide to join the ICU in its campaigns against the pass laws.⁴⁰ When the extension of the pass laws

to women was proposed, her younger friends, including Violet Sibusiswe Makanya, challenged Katie to lead a peaceful protest march to the Durban City Hall.

When she told 'the Doctor' he was wary, saying she would be arrested. He tried to convince her that her first responsibility was to her work. Margaret proved a strong ally remonstrating in front of James that 'the police wouldn't dare arrest a white woman for walking down the street. So I'll march beside you.' And she did.⁴¹ Pass laws were not imposed on African women until the 1950s.

If the world of South African politics could not stay 'out there', so international economic trends also had significant consequences for McCord Hospital in the 1920s and 1930s, affecting particularly the McCords' and the Taylors' ability to raise funds for the building of new wards and facilities for staff. Increasingly, these had to be sourced locally leading to a reorientation of the fate of the hospital away from the USA by the 1940s and deepening its relationship with both the city of Durban and the State.

This would require a tricky balancing act, sometimes bringing advantages for the hospital when alliances could be formed with liberal politicians and councillors. At other times, however, it made the hospital vulnerable to the wishes of policy makers in Pietermaritzburg and Pretoria who were not sympathetic to the continued existence of a facility dedicated to the care of black people in what was becoming a city where only whites had rights.

The hospital was the McCords' private property and they also had to find the money for Dr Taylor's salary. Throughout the 1920s, the McCords continued to appeal to American sponsors for financial assistance for growing hospital needs. In 1928, for instance, James was in correspondence with the (First) Park Church in Grand Rapids, Michigan, whose congregation had shown interest in sponsoring Taylor's salary, but fortunately this proved not to be necessary.⁴²

The booklet entitled 'Some sidelights on the house that Jim built' was put together in late 1928 and early 1929. With many depictions of 'witch-doctors', Zulu warriors and heathen bodies and souls in need of Christian medicine, it is vintage James McCord. He ordered 5 000 copies and had them distributed to Congregational churches across the USA. Although he had been authorised by the American Board to solicit donations, he reminded his readers that he was permitted an upper limit of \$6 000 only. Impishly he closed his appeal: 'This is the limit and it might embarrass me if it were more. I could stand a certain amount of embarrassment, however, and still survive.'⁴³

Pressure from increasing patient numbers was constant and some part of the hospital was always under extension, improvement or repair. In Durban in the 1920s there were only 25 beds for African patients at the single state hospital (Addington) and the Mission Nursing Home, as it was still officially called, frequently had double that number. By taking out loans and through volunteer labour, the hospital was extended in the early 1920s.

The open verandas had long been used for tubercular patients and these, too, were extended. Fuelled by the migrant labour system and intensifying rural poverty, tuberculosis was a growing scourge and subsidies for the treatment of the afflicted started to come in from the government. McCord was proud to announce that the nursing and treatment they received at McCord Hospital led to a much higher success rate than that at government facilities.⁴⁴



Alan B. Taylor and patients on the hospital balcony
(CC, MHP, uncatalogued photographs)

While James McCord and Alan Taylor initially directed their fundraising efforts at Boston and the Congregationalist churches of the USA, Margaret turned her attention to convincing local businessmen and influential people in Durban that support for the hospital was a worthwhile cause. She began to invite possible supporters to the hospital to show them the work being done. Then well in her fifties, Margaret became an active canvasser, although it was not an occupation she enjoyed. One letter relates:

Saturday I asked a good business friend for some suggestions as to know how I could make the money. He offered to lend it to me to be paid back any time during my life time. As soon as I'd handed over the check Monday morning I began to worry over my debt. Both doctors thought it a great joke till after a week when I had paid my debt I began to hand over more checks to them for still further additions they had not dared to hope for. When I get home next week we'll plan the official opening of the additions, which enable us to take about thirty five more patients.⁴⁵

Some donations were smaller:

One man gave me 2/6 and asked if he might keep my shoes mended while I was tramping about ... One old gentleman gave me £15 when he remembered that I am the daughter of the old missionary, who planted coffee at Umsunduze ... I visited most of the business friends of Durban and hoped I had enough money, and had to stop when the Christmas holidays approached and hot weather came on. But when one starts making additions there are so many unexpected things to do, also the new wards need furniture, so I must try something more when I get home next week.⁴⁶

James still bore the scars of his early battles with the white establishment of the city, but Margaret was more practical and in 1926 sought advice from a prominent businessman. His response was that the hospital would have a better chance of local support if it were no longer private property. Within days Margaret and James had ownership of their hospital transferred to the American Board. It had in any case always been their intention to do so after their retirement, which in accordance with American Board regulations was fixed for 1940 when James turned 70.

The businessman was right: donations began to flow in for the hospital and soon enabled the building of a large operating theatre with a separate anaesthetic room; a maternity ward for twelve women; a ward for babies; and conversion of the porch into a ward for fifteen more patients.⁴⁷ Support for the hospital became something of a popular cause and some former enemies became allies.

The hospital's new status also brought with it recognition from the American Board of its obligation to take Taylor onto its payroll. But this did not come before James, on furlough leave in 1927, had bulldozed his way into a meeting in Boston. He addressed the unwitting official bluntly: 'I'll take but a minute of your time. And I'll make only one point, because if I made more than one, I might confuse you.'⁴⁸

The point soon followed and James was fully aware of the ironies of his position: in short, he pointed out the hospital that the American Board had declined to support and been built without costing them a single cent was now

a valuable property worth more than £10 000 in a desirable part of Durban. Much of that value, he argued, had been accrued under Taylor. If the Board refused to take on Taylor and Taylor could not officially take over in 1940, then the Board would lose both his services and the property. The matter of Taylor's status as an American Board missionary was settled shortly after this discussion.

The next decade brought many further serious challenges. Worldwide, the Great Depression brought unprecedented unemployment, debt and poverty from 1929. American Board funding for its overseas missions went into drastic decline. This meant that the hospital was once more in jeopardy. The Matron's salary was cut. James's salary was withdrawn and he was obliged to cover working expenses from the dispensary. It was then announced that missionaries would have to be withdrawn from 'the field' and 'the work' curtailed.

One way to do this would be closure of Inanda Seminary. Fearing that should this happen it would never recover, and that the supply of nurses would be shut

off, Taylor agreed to renounce his salary, too, and it was agreed that the balance of the £750 per year needed to keep Inanda open would simply have to be found through economising.⁴⁹

Even greater efforts were made to bring in local bequests and donations and a Hospital Advisory Board was formed in 1933 for, as McCord put it, 'the future was foreseen when the responsibility for this work would pass from America to South Africa, from the Mission Board members to the

McCORD ZULU HOSPITAL BOARD, 1946.	
Chairman	Mr. J. L. Farrell, J.P.
Vice-Chairman	Mr. J. T. Cooper.
Honorary Secretary	Mr. H. A. Thorpe, J.P.
Honorary Treasurer	Mr. A. F. Baumann.
Executive Members	Dr. O. H. Lubke, Mr. W. P. Bawden, M.P.C.
Members	Chief Native Commissioner, Dr. G. D. E. English, Mr. W. J. Williams, Dr. Robert Brueckner, Senator Edgar Brookes, Rev. H. A. Stick, Rev. R. L. Abraham, Mr. Peter Payne, Rev. A. F. Christofersen, Mr. Philip Hind, Mr. Selby Ngcobo, Chief Albert Luthuli.
Hospital Trustees	Mr. Charles James, Mr. J. T. Bawden, Mr. Sidney Grimwood.
HOSPITAL STAFF.	
Medical Superintendent	Dr. Alan B. Taylor.
Matron	Sister E. Flavell.
Secretary	Miss J. Baird.
Bankers	Standard Bank of S.A., Ltd.
Auditor	Mr. A. N. Munro.
Telephone	88456/7.

Members of the Hospital Advisory Board, 1947, included Chief Albert Luthuli and Selby Ngcobo as well as leading liberal white politicians and businessmen (UKZNMSA, H 362.11 MACC, 'McCords 1946: the McCord Zulu Hospital': 1)

friends of the Zulu nation'.⁵⁰ The Advisory Board included some of the city's leading businessmen and liberal politicians who sat in the local and provincial councils and the South African parliament.

In the next decade the Advisory Board would include African leaders such as Chief Albert Luthuli and Selby Ngcobo. One of its first actions was to have the hospital formally named McCord Zulu Hospital. Soon, the Advisory Board was renamed the Board of Management. Although it was to 'remain for all time a missionary institution run for the Zulus ... as before with the American Board ... responsibility for the hospital's finances and management would rest with the Board of Management.'⁵¹ A constitution was adopted that firmly stated a commitment to Christianity as well as to serving the African people of the region 'in accordance with the highest ethical standards of the medical profession.'⁵²

Immediately, the Board of Management was faced with the need to raise large sums of money for the modernisation and extension of the hospital and they had to do so in circumstances very like those of the management and friends of McCord Hospital in the early twenty-first century against a deep



McCord Zulu Hospital, late 1930s or early 1940s
(CC, MHP, uncatalogued photographs)

worldwide economic depression and at a time when a major unprecedented epidemic disease meant a surge in patients seeking help, straining the hospital's resources almost to breaking point.

In 1935, as the American Board of Missions celebrated a hundred years of work 'among the Zulus', the hospital was still reeling from a major epidemic of malaria that had swept through the region since 1932. 'Disease,' McCord said, 'came on grey wings.' In that year, no fewer than 400 patients arrived in one month, all from the Upper Umvoti Valley near Greytown. On one occasion a bus carrying thirty extremely ill people arrived at 2.00 am and even though Taylor declared that the hospital could take no more patients (it was already caring for eighty, double the number of official beds) they insisted on being treated. Bed mats were found. On another occasion, thirteen people were crammed into one sedan car, five so ill they had to be carried in on stretchers.⁵³

Although the State provided free quinine tablets, many Africans threw them away believing them useless. Instead, hundreds called at the dispensary in Beatrice Street asking for 'Dr McCord's blue medicine'.⁵⁴ As he had done thirty years before, McCord was quite prepared to doctor quinine with methylene blue although what Alan Taylor thought about this we do not know.

The economic depression having bitten as deeply in South Africa as elsewhere, few patients were able to pay for their treatment, but Taylor had decided that male patients could pay off their fees by casting concrete bricks. By 1935 these had been put to good use with a new four-storey wing added to the hospital, better staff facilities and room for an additional 45 patients.⁵⁵

The Board of Management was already engaged in a much larger project to raise the massive sum of £25 000 for expansion of the hospital. In 1936, aware that it was unable to honour any financial commitments incurred on its behalf, the American Board agreed to 'hand over' the hospital to the Board of Management if funds could be raised locally. This proved a further advantage: two anonymous benefactors immediately contributed more than £4 000 and a vigorous fundraising drive followed.

As had happened thirty years before, white neighbours objected to extensions on adjacent land. Rather than giving up, the plans were changed and the architects were asked instead to design a six-storey building that would be joined to the original hospital by bridges on the first, second and third floors. It was to be 104 feet in height, 90 feet long and 40 feet wide. The resulting building, completed in 1937, and named the Alan Taylor Wing, although in effect it was largely independent of the older buildings, was influenced by the clean, modern Art Deco style then popular in Durban. In

keeping with international trends in hospital design, instead of the large open-plan 'Nightingale wards' a number of smaller semi-private wards were built. 'Enormously expensive elevators', one service and one passenger, and a large kitchen were installed. Bathrooms, toilets and sluice rooms were positioned at the ends of passages and a modern laundry was powered by a state-of-the art boiler enabling the efficient recycling of soiled linen.

A 'glassed-in cubicle', the nurses' station, another new feature of hospitals, was also built into the design; and although there was less concern than in the previous century about clean air and open balconies, patients were permitted to recuperate on the sun deck, the panoramic view from which, as McCord appreciated, not only looked out over Durban's lush Berea and across the Indian Ocean, but towards Inanda, Ohlange, Phoenix, Umsunduzi, Esidumbini, and Pietermaritzburg.⁵⁶

Appeals for donations published in the *Natal Mercury* in June 1936 reflect just how much the McCord Zulu Hospital was being positioned as a modern South African medical facility. One supplement did carry a story about 'Replacing the *inyanga*',⁵⁷ but the public was invited to contribute to the new building for different, more forward-looking reasons. An article proposed that the hospital had 'a triple claim upon Durban':

The first two claims [are] that it relieves the taxpayer of a considerable charge [i.e. fewer patients would need to attend the provincially funded state hospitals], and induces the Native to be self-helpful when seeking medical assistance ... the third claim is based on the pioneer work it has done in training a Native nursing service, and its intention to undertake in the near future the clinical training of Native Medical Aides.

Presumably written by Taylor, the article goes on to highlight the 'valuable medical work' being done:

Several important discoveries have been made of diseases to which Natives appear to be immune – diseases such as scarlet fever, diphtheria, gall-bladder disease, and cancer. This type of research is of the greatest importance to medical science, and it is intended, when the new hospital has been built, that this side of the institution's work should be developed.⁵⁸

Donors included big Durban-based manufacturers such as Lever Brothers, the Lion Match Company, Coronation Brick and Tile, and the Durban Falkirk Iron Company; but also numerous individuals such as Townley Williams, Dr M.G. Naidoo and N. Mpondo as well as collectives such as the staff of Adams College and the Musgrave Road Sunday School.

Motives for donating were as varied as the contributors. The McCords and Taylor tried to convince many white Durban employers that it was in



'Mr and Mrs Durban decide to see for themselves' (UKZNMSA, H 362.11 MACC, 'McCords 1946: the McCord Zulu Hospital': 10)

their interests to have quality and convenient medical care available for their 'servants or native employees'.⁵⁹ Invoking the 'sanitation syndrome', newspaper appeals made a much blunter call to self-interest with one headline describing McCord Hospital as a 'Durban bulwark against disease'.

Similar appeals for the white middle class and wealthy industrialists of Durban to support McCord Zulu Hospital were made in the 1940s with a brochure that featured the sketch characters of a sophisticated couple 'Mr and Mrs Durban' who make it their business to find out about

what goes on at the hospital. There is no mention of witchdoctors or superstition in the brochure though there is still an appeal to the self-interest of white benefactors: 'We cannot afford to let McCords close its doors. For our sakes, for the sake of our Natives, it must carry on'.⁶⁰

'A school in liberalism and inter-racial co-operation'

Meanwhile, state departments and authorities sent mixed responses to Taylor's persistent requests for support. Some were helpful. Jan H. Hofmeyr, for instance, the liberal minister of mines, labour and social welfare, and a supporter of medical training for Africans, was sympathetic. After Hofmeyr had visited the hospital on the occasion of the laying of the cornerstone of the new wing, Taylor wrote a letter to him in which his conviction of the local, national and political significance of the McCord Zulu Hospital was articulately and strongly put.

This letter is worth quoting at some length for its arguments are as powerful today as they were in the 1930s. They highlight McCord Hospital's significance

as a remarkable South African institution that had as much to teach whites about themselves as Africans about the benefits of 'Western civilisation':

The McCord Zulu Hospital would appear to be of vital importance:

(1) As a School in liberalism and inter-racial co-operation. Now, at the close of a century since it commenced to work in South Africa, the American Board has handed over the hospital to a Board of Durban men, representing all walks of life. It is serving as an education to these men and a means of expression of the good-will they all feel for the Bantu people. In the development of the work of the Hospital, their interests and knowledge will grow.

(2) The Hospital will serve as a centre for the training of Bantu youth. At present it is in the fore-front of training of Bantu nurses, both in numbers and in the quality of the course, as shown by Examination results. In 1938 it will, I believe, become the finishing centre for the Medical Aids. The plans for the future include a post-graduate course for Bantu Nurses and a course for Bantu Sister Tutors, which, presumably, will be the only course of its kind in South Africa.

(3) The Hospital, by reason of its size, should play a very real part in the scheme for providing beds for native sick. With the new addition, accommodation will be available for more than three hundred patients.

Both Dr McCord and myself appreciate your kindness in coming today. We trust that you will be spared for many years to lead the forces of liberalism in South Africa.⁶¹

Hofmeyr replied to Taylor:

I need hardly say that I was much interested in what I saw and impressed by the magnitude of what you are doing and are intending to do ... I realise your difficulties from the financial point of view and would gladly assist you so far as I am able, but there is very little that I can do ... With all good wishes for the success of your work.⁶²

Taylor would also argue that both the central state and provincial authorities should support the hospital since 'this Institution's work extends throughout the Union because [we] send trained nurses all over the country to meet the needs of the Native people so [it] has become a national Institution'.⁶³

Other officials were less supportive, however, and grants were delayed or trimmed and reasons sought not to pay them out at all. One excuse was a commonly held belief that African women did not require the comforts of hospitalised childbirth and that their admission to McCord Hospital was an indulgence. This was the view, for instance, of a member of the Department of Native Affairs in 1939: 'Many of these hospitals are making provision for the confinement of Native women, and I have been told of instances where Native women have come from the Native reserves and travelled distances of sixty to seventy miles for the purpose of giving birth to their babies in comfort.'

Underscoring the official policy of Africans being only temporarily permitted to reside in the urban areas, he indignantly added:

If we carried this effort to its logical conclusion we would eventually have to find accommodation for all the Native women in the reserves and as the Native population numbers about 6.5 million, I do not know where the money is to be found to finance schemes of this description. It is all a question of practical means and common sense, and I cannot help having a feeling that the McCord Hospital is perhaps extending too much on this side.⁶⁴

Sadly, the power of such racist myths was nothing new. Indeed, in 1936 McCord and Taylor had publicly stated it was possible that African women suffered *more* in childbirth than did European women.⁶⁵

Another argument was that a new state hospital for Africans had recently been opened in Durban at Congella, the King Edward VIII Hospital, and therefore no further state subsidies should be advanced to McCords. Taylor was quick to dismiss this, too: during the year 1938–1939 McCords saw no fewer than 3 500 in-patients and it was still the only hospital in the region offering full training for African nurses and midwives. Moreover, he pointed out that the fees paid for confinements at the hospital covered their costs as well as subsidising the training of African midwives.⁶⁶

The government's reluctance to support the hospital more fully was tempered by the realisation that it could not cope with the growing burden of ill health amongst the poor or of the expanding African and Indian working class whose labour would be needed to keep the South African economy going during World War II. As a result, the 1930s saw a deepening but uneasy relationship between the hospital and the State.

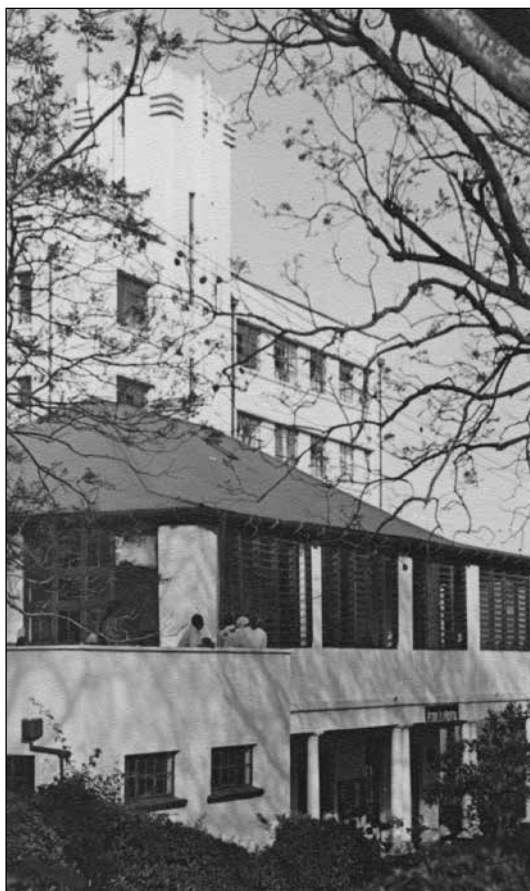
'It was the work of many hands, over many years'

The opening of the Alan Taylor Wing in November 1937 was attended by more than 1 000 people. The dignitaries included Jan H. Hofmeyr and Sir Edward Thornton, secretary for public health. Invitations had been sent out to all 'who had attempted to improve the lot of the natives ... and no one who wished to attend, regardless of race, whether wealthy or humble, was refused an invitation'.⁶⁷ *Ilanga Lase Natal* reported that

The Alan Taylor wing of the McCord Zulu Hospital has been made possible by the generosity of European friends, the Government and interested members of the Indian community. It should be a real cause of gratification to the Bantu that the friendship has thus been expressed by members of the two other races living in South Africa.⁶⁸

As researcher Percy Ngonyama comments, this statement underplays the significance of African people themselves in the history of the hospital. McCord, however, fully understood that the hospital apparently named after him alone 'was the work of many hands, over many years'.⁶⁹ The changing attitudes of whites had made the building of the Alan Taylor Wing possible, but the willingness of black patients to seek out and pay for 'Western medicine' was equally significant. Important, too, were the bonds forged by Christianity and class that created connections between people South African law was increasingly trying to separate. McCord could only have been gratified by the visit in June 1940 of the Zulu Paramount Chief, Regent Prince Mshiyeni kaDinuzulu, who 'offered prayer for [Mr H. Mkhwanazi, whom he had come to visit] as well as other patients'.⁷⁰

In 1938 James McCord had stewardship of the hospital for the last time, while Taylor was on leave. In his final report as Medical Superintendent he expressed his delight that students 'from the Witwatersrand Medical School have come to us at various times, to get their necessary midwifery cases'. He was even happier to announce that 'We are looking forward to having the Medical Aid students from Fort Hare as internes [*sic*] in our Hospital in about a year's time.'⁷¹ The future of the hospital must have seemed more secure than it had ever been and although running at a small loss McCord was sure that with



'Old and new McCords': the Art Deco six-storey Alan Taylor Wing, begun in 1937, had panoramic views inland and out to sea (CC, MHP, uncatalogued photographs)

Taylor's return 'the needful will soon be forthcoming and that the Hospital will run merrily on'. He anticipated that 'undoubtedly, the influence of the McCord Zulu Hospital on the medical future of the Bantu people promises to be very extensive.'⁷²

These details from the annual report of 1939 show how substantially the hospital had expanded in just thirty years. From twelve patients and a handful of staff in 1909, it now comprised:

a 40 bed Tuberculosic Ward, a 30 bed Maternity Ward, a 25 bed Children's Ward, a 90 bed Medical, Surgical and V.D. Ward.

The daily average [of patients] for 1938 was 141.93; maternity cases delivered in hospital were 401;

District maternity cases 233.

It is staffed by,

- (a) The Medical Superintendent, two resident Interns, honorary Consultants in medicine, surgery, diseases of the eye, diseases of the ear, nose, throat, and X-Ray, the honorary staff giving such time as is required.
- (b) Matron, a sister Tutor, five European Sisters, two Native Staff Nurses
- (c) 43 Native nurses in training and 13 Midwives in training.

Inter alia, it contains distinct separate schools for the training of (a) Bantu nurses, (b) Bantu midwives.



Left to right Margaret M. McCord, Sister Funeka, Sister F. Goba and Alan Taylor at the opening of the Newton Adams Block, August 1953 (CC, MHP, uncatalogued photographs)

James and Margaret McCord left Durban on 8 August 1940. His description of their departure remains poignant and deeply moving. Before their final departure from the same harbour where they had arrived 41 years before, also in wartime, they were fêted by city fathers, friends, some former adversaries, and two or more generations of nurses and former patients. They had also been guests of honour at another gathering at the Beatrice Street Congregational Church, next to the dispensary. The following appeared in *Ilanga* two days after their departure:

Kuvaleliswa uDR. McCord eThekwini

NgoMsombuluko kusihlwa lapha eThekwini esontweni laseZihlabathini (Beatrice Street) lase Melika bekuvaleliswa ngabansundu balapha eThekwini uDr. No NKK. J.B. McCord asebeneminyaka ecela emashumini amane bekuleli lase South Africa besebenza phakathi kohlanga olunsundu belwelapha [On Monday night in Durban at Beatrice Street Congregational Church black people from Durban came in numbers to say goodbye to Dr and Mrs J.B. McCord who have provided medical assistance and worked among black people for more than forty years].⁷³

Katie Makanya had no wish to work at the dispensary now and she retired to Adams Mission at Amanzimtoti. She was convinced that 'The Doctor' would return, 'to die in Africa' where he said his heart would stay, but James never returned to Durban and he died in 1950 at the age of eighty. Shortly before her own death at Amanzimtoti in 1955, Katie told Peggy McCord-Nixon that she had not regretted coming home to South Africa instead of accompanying Charlotte to America: 'I think perhaps I would have not done so much work for my people as I have done by working with the Doctor. I think I did well to be at the dispensary.'⁷⁴

ENDNOTES

- 1 Houghton Library, Harvard University, Boston (hereafter Houghton), AZM, 15.4 31: McCord letter 163, McCord, Granville, Illinois to Rev. E.F. Bell, Boston, 31 December 1919.
- 2 Ibid.
- 3 Margaret McCord, *The Calling of Katie Makanya* (Cape Town: David Phillip, 1995): 213 has Dr Taylor arriving in 1922 and Dr Morledge the following year. In fact, the Taylors arrived in 1921. See Houghton, 15.4 48, 287: Correspondence Above, McCord to Rev. E. Bell, 25 November 1921.
- 4 J.B. McCord with J.S. Douglas, *My Patients Were Zulus* (London: Frederick Muller, 1951): 204.
- 5 Houghton, AZM, 15.4 48, 292: McCord, 'Dear Friends', 5 April 1923.
- 6 Houghton, AZM, 15.4 48, 359: Correspondence Above, Dr Alan B. Taylor to Mr Bell, 8 September 1924.

- 7 Houghton, AZM, 15.4 48, 292: McCord, 'Dear Friends', 5 April 1923. McCord had originally sponsored six young men, but one dropped out or was considered unsuitable.
- 8 Houghton, AZM, 15.4 48, 292, McCord 'Dear Friends', 5 April 1923.
- 9 Ibid.
- 10 McCord with Douglas, *My Patients Were Zulus*: 206.
- 11 Houghton, AZM, 15.4 48: Correspondence Above, McCord to Bell, 15 December 1928 and (continued) 15 January 1929.
- 12 H.C. van Rensburg et al., 'History of health policy' *South African Health Review* 1995 (Health Systems Trust) at <http://www.hst.org.za/publications/south-african-health-review-1995110> (accessed 16 November 2016). Also K.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: 234–258.
- 13 Houghton, AZM, 15.4 48, 94: Margaret McCord, Bulwer to Mr Bell, 6 March 1926.
- 14 McCord with Douglas, *My Patients Were Zulus*: 241. Miss Cooper served as Superintendent of Nurses until 1944. McCord believed that much of the success of nurse training was due to her.
- 15 P. Watts, 'Missionary institutions, nursing and Christianity: an examination of McCord Hospital from 1950–1973' (History honours thesis, University of KwaZulu-Natal, Durban, 2006): 58–59 citing T. Mashaba, *Rising to the Challenge of Change: A History of Black Nursing in South Africa* (Cape Town: Juta, 1995): 19.
- 16 A. Digby, *Diversity and Division in Medicine: Health Care in South Africa from the 1800s* (Oxford: Peter Lang, 2006): 246.
- 17 National Archives Repository, Pretoria (NAR), Secretary of Native Affairs (NTS) 2861, 7/303: 'From J.W. Morledge M.O. (locum for Alan B. Taylor) to Additional Native Affairs Commissioner', 22 July 1929.
- 18 S. Marks, *Divided Sisterhood: Race, Class and Gender in the South African Nursing Profession* (Johannesburg: University of Witwatersrand Press, 1994): 88.
- 19 Ibid.
- 20 Ibid.
- 21 See Houghton, AZM, 15.4 148, 359: A.B. Taylor to Rev. Bell, 8 September 1924.
- 22 NAR, NTS 2861, 7/303, 'From J.W. Morledge M.O. (locum for Alan B. Taylor) to Additional Native Affairs Commissioner', 22 July 1929.
- 23 McCord with Douglas, *My Patients Were Zulus*: 243.
- 24 Research and translations by Percy Ngonyama, 'McCord Hospital and the "Zulu" media' presentation given at a workshop, University of Basel, January 2008.
- 25 McCord with Douglas, *My Patients Were Zulus*: 244–245.
- 26 Campbell Collections (CC), McCord Hospital Papers and McCord History Project Papers (MHP), Box 7, ALP, Series II, McCord Hospital Documents: *Golden Jubilee 1909–1959: A Report on McCord Zulu Hospital*.
- 27 Ibid.
- 28 McCord with Douglas, *My Patients Were Zulus*: 244.
- 29 Marks, *Divided Sisterhood*: 89.
- 30 CC, MHP, Box 7, ALP, Series II, McCord Hospital Documents: 'A century of progress in medical work among the Zulus', 1935: 9.
- 31 Ibid: 10.
- 32 CC, MHP, Box 1, File 5, Papers donated by Christine Kim from PAR research: 'Report of the Medical Superintendent of the McCord Zulu Hospital to his Hospital Board, February 1938'.

- 33 McCord with Douglas, *My Patients Were Zulus*: 248.
- 34 Ibid: 221.
- 35 NAR, NTS 2861, 7/30, Dr Alan B. Taylor, 86 Beatrice Street to the Additional Native Commissioner, [also] Beatrice Street, Durban, 4 March 1932.
- 36 Mazo Sybil T. MaDlamini Buthelezi, *African Nurse Pioneers of KwaZulu-Natal, 1920–2000* (Victoria, BC: Trafford Publishing, 2004): 284 and passim.
- 37 CC, MHP, Box 1 (2007) McCords 1, Penny Watts Lever Arch File: Bongzi Dlomo interviewed by P. Watts, Durban, 19 October 2006; Watts, 'Missionary institutions, nursing and Christianity': 62.
- 38 NAR, NTS 2861, 7/303 Part 1: 'Grants in aid', 29 January 1926.
- 39 <http://www.sahistory.org.za/pages/governance-projects/organisations/ICU/icu-history.htm>. (accessed 21 December 2009).
- 40 McCord, *The Calling of Katie Makanya*: 216.
- 41 Ibid: 218.
- 42 Houghton, AZM, 15.4 48: Correspondence Above, McCord to Bell, letter begun on 15 December 1928 and continued 15 January 1929.
- 43 CC, MHP, Box 7, ALP, Series II, McCord Hospital Documents: 'Some sidelights on the house that Jim built', 1929: 24.
- 44 McCord with Douglas, *My Patients Were Zulus*: 242.
- 45 Houghton, AZM, 15.4 48, 294: Margaret McCord, Bulwer to Mr Bell, 6 March 1926.
- 46 Ibid.
- 47 McCord with Douglas, *My Patients Were Zulus*: 213–214.
- 48 Ibid: 215.
- 49 Ibid: 222–223.
- 50 CC, MHP, ALP, Series II, McCord Hospital Documents, 'A century of progress in medical work among the Zulus', 1935: 11.
- 51 McCord with Douglas, *My Patients Were Zulus*: 225.
- 52 CC, MHP, Box 1, File 5: 'Constitution of the McCord Zulu Hospital Board', [n.d.].
- 53 CC, MHP, 'McCord 1935 centenary brochure': 7–8.
- 54 McCord with Douglas, *My Patients Were Zulus*: 218–219.
- 55 Ibid: 220–221.
- 56 Ibid: 228–229.
- 57 '£8,300 still needed for McCord Hospital', Supplement to *Natal Mercury* 18 June 1936 apparently first printed on 17 June 1936.
- 58 'Generous gift of native hospital to Durban committee' *Natal Mercury* 15 June 1936.
- 59 McCord with Douglas, *My Patients Were Zulus*: 212.
- 60 CC, MHP, Box 7, ALP, Series II, McCord Hospital Documents: 'McCords 1946: the McCord Zulu Hospital', brochure.
- 61 NAR, NTS 2861, 7/303: Dr Alan B. Taylor to the Hon. Mr J.H. Hofmeyr, 6 July 1937.
- 62 NAR, NTS 2861, 7/303: J.H. Hofmeyr to Alan B. Taylor, 20 July 1937.
- 63 NAR, NTS 2861, 7/303 Part 2: 'From DLS/DHS [possibly D.L. Smit] to B.W. Martin, Esq., Director of Native Labour, JHB', 4 August 1939.
- 64 NAR, NTS 2861, 7/303 Part 2: Unknown sender, presumably Smit, recipient Mr L. Egeland Esq., [member of the MZH Management Board] Temple Chambers, Masonic Grove, Durban, 7 June 1939.
- 65 'Generous gift of native hospital to Durban committee' *Natal Mercury* 15 June 1936.
- 66 NAR, NTS 2861, 7/303 Part 2: Memo/McCord Zulu Hospital 'Application for funds, 4 August 1939.
- 67 Ibid.

- 68 Research and translations by Percy Ngonyama, 'McCord Hospital and the "Zulu" media'.
- 69 McCord with Douglas, *My Patients Were Zulus*: 227.
- 70 *Ilanga Lase Natal* 29 June 1940 in an article written in English.
- 71 CC, MHP, Box 1 (2007) McCords 1, File 5, Papers donated by Christine Kim from PAR research: 'Report of the Medical Superintendent of the McCord Zulu Hospital to his Hospital Board, February 1938'.
- 72 CC, MHP, Box 1 (2007) McCords 1, File 4: James B. McCord, 'Report of the Medical Superintendent of the McCord Zulu Hospital to his Hospital Board for the year ended 31 December 1938'.
- 73 'Kuvaleliswa uDr. McCord eThekwini' *Ilanga Lase Natal* 10 August 1940.
- 74 CC, Margaret McCord Papers, Katie Makanya interviewed by Margaret McCord, 1954, transcript: 12.

4

‘WE WERE FORCED TO IMPROVISE ... AND OUR DIFFICULTIES MULTIPLIED’: EXPANSION AT McCORD HOSPITAL, 1940s–1960s

IN SEPTEMBER 1948, Alan B. Taylor summed up the key developments and ‘principal changes’ at the hospital since the McCords’ retirement. He recognised the invaluable work that James B. McCord and his staff had done in laying the foundations for what had, by then, become a thriving urban mission hospital caring for black patients.¹ Over the previous two decades, Taylor had himself already played a vital role in building on those foundations; and this he would continue to do through to his own retirement in 1964 at the age of 71.

This and the following chapters detail McCord Hospital’s efforts to expand, sometimes even just to survive, from World War II to the 1970s. These were especially tumultuous times for the hospital, as they were for South Africa as a whole. After Taylor’s retirement, his successors Drs Howard Christofersen and Cecil Orchard had to negotiate with a new and altogether more antagonistic South African government that was increasingly hostile to the work and mission of all that McCords represented.

Politically, the 1940s and 1950s were critical to the entrenchment of a legal racial segregation and discrimination system in South Africa. Strongly influenced by the enforcement of a hierarchy of divisions among the country’s four designated ‘race groups’, from 1948 the Afrikaner National Party-led government passed a barrage of legislation to enact its ideology of apartheid or separateness.² Of central concern was the shoring up of white political and economic power in a country where the majority of people were disenfranchised Africans. This was to be achieved through the segregation of all facilities, institutions and services. And, while the government’s separate development ideology publicly lauded the development of supposedly ‘separate but equal’ lives and services for different ‘race groups’, in reality its policies promoted and protected the white minority and led to many inequalities and much discrimination against black South Africans.

The next chapter will explore in some detail the effects of these racially divisive policies at McCords. Here, we describe how developments at and some controversial decisions taken by the hospital need to be understood in the

context of the complex political climate of the mid-twentieth century. Within segregationist and then apartheid South Africa, and becoming increasingly dependent on state grants for its annual operational costs, McCords could not ignore or fully escape the effects of the National Party government's policies. The hospital's managers and many of its staff struggled for decades to reconcile and balance their politically liberal and non-racial beliefs and their commitment to their work with working within the apartheid state's draconian 'race-based' policies, which seeped into and affected their lives and work in innumerable ways.

Given the documentary sources available to us, this chapter is inevitably skewed towards the activities and opinions of McCord Hospital managers, especially its medical superintendents. After all they were the 'pivots', as one chairman of the Hospital Board noted, who made the necessary major operational decisions.³ Little will be discussed in this chapter about the contributions and opinions of the large numbers of medical and other support staff or the trainees who enabled McCords to operate on a day-to-day basis. Rather, the next chapter will give as full an account as we have been able to compile of their essential work and experiences as McCord Hospital employees.

Urbanisation pressures, wartime hardships and medical advancements

The 1940s were significant for McCord Hospital for many reasons, not the least of which were pressures of rapid urbanisation; stringencies caused by wartime conditions; dramatic, sometimes called heroic, scientific advances made in hospital medicine; and, finally, an ominous, divisive and discriminatory political climate.

Major South African cities experienced growing levels of African rural to urban migration as tens of thousands of people came in search of work. Between 1936 and 1946 the official population census recorded an increase of nearly 60% in the number of Africans in the country's large industrial centres.⁴ In Durban, from 1932 to 1949, the officially recorded number of Africans living in the city multiplied almost three and a half times, from 43 750 to 150 000 people.⁵ Inevitably, this led to overcrowded and unsanitary informal settlements in and around these centres. There was also the spread of many infectious diseases, which in turn placed growing pressure on urban hospitals.⁶

Alert to the implications of these circumstances, in his 1950 annual report Taylor commented:

Fifty years ago [when] Dr McCord [had] newly arrived in this country ... the Berea was sparsely occupied and unpaved above Musgrave Road. Then few Indians were to be found and no Natives other than those employed as household servants and housed wherever they worked. T.B., V.D., malnutrition, typhoid fever, cardiac disease, all resulting largely from too rapid industrialisation and detribalisation of the African had not yet appeared. Overcrowding, poor feeding and emigration of African[s] ... to the city were still to come.⁷

Coinciding with financial and material shortages due to World War II, this influx of people meant that ill-health was a reality for millions of South Africans through the 1940s.⁸ The expanding incidence of those suffering from pulmonary TB, an infectious respiratory disease, was one such example. Government attempts to contain the situation proved largely futile, however. Durban's Medical Officer of Health noted, for instance, that soon after the opening of a 720-bed, state-funded TB hospital at Springfield (a suburb a few kilometres inland from McCords 'overlooking the Umgeni Valley'), it had reached its capacity, 'so great is the reservoir of T.B. in the town'.⁹ Since many tuberculous patients spent several weeks, or even months, in hospital occupying beds already needed for other patients, caring for TB cases entailed a constant worry for hospital managers.¹⁰

Exposure to tuberculosis also represented a serious danger to the health of McCord's medical staff themselves.¹¹ In 1949, Taylor reported that a 'flare up' had resulted and several nurses had become very ill, leading to loss of work and training time for some, and, tragically, even a number of deaths.¹² Constant vigilance had to be practised. Monthly screenings and the wearing of face masks by all staff treating TB patients were mandatory. A separate kitchen for the preparation of 'wholesome' foods for nurses and prevention of cross-contamination by use of shared eating utensils was also constructed.¹³ In 1952, the Medical Superintendent noted that 'shortly' they hoped to 'arrange for regular mass X-rays of the whole nursing and medical staff to ensure that cases shall be diagnosed early'.¹⁴

Other diseases directly related to rapid urbanisation, unhygienic or slum housing, and poverty included amoebic dysentery, typhoid fever, infantile diarrhoea, gastro-intestinal diseases, sexually transmitted diseases, and those due to malnutrition.¹⁵ To cope, there was often the difficult choice of declining admission to more and more people, or, alternatively, the premature discharge of patients.¹⁶ In 1942 Taylor expressed his frustration that there was a flood of patients suffering from what were in fact largely preventable diseases. They were 'inundating' the hospital, he said: 'It is heart-breaking to refuse to accept

patients obviously requiring treatment ... We are compelled to do it daily, for there is a limit even to the number of mats which a floor can accommodate'.¹⁷

Wartime shortages, restrictions and inflationary costs clearly made life much more difficult for the hospital. As Taylor wrote in 1941, 'as international affairs take on a grimmer aspect, we feel the increased strain'.¹⁸ In fact, the annual reports from the early 1940s consistently capture administrators' concerns that the staff should 'draw in [their] belts'; about the difficulties of dealing with limited rations and getting access to parts to repair broken equipment; and with the growing costs of and delays in obtaining a variety of hospital essentials.¹⁹ Building materials, petrol and surgical supplies, including gauze, were difficult to obtain even for quite some time after the end of World War II.²⁰

For years, items as mundane as bed linen were 'almost unobtainable' with marked increases in price when they could be found.²¹ In 1942, many common food items showed increases over their pre-war prices: 'Milk [had risen] from 1/8 to 2/3 a gallon; meat from 6d a lb to 7d; and bread from 5¼d a loaf to 5¾d'. It was also difficult to buy certain vital drugs. A good illustration of this was Emetine, an anti-protozoal used for amoebic dysentery. Because of limited supply from their overseas distributors, its price went up by 300-400%! Taylor wrote in exasperation that 'increasingly we are conscious of the need for improvisation doing without things which formerly we had considered indispensable'.²²

Rationing produced strain on the McCord Hospital in many other ways. Inpatient numbers increased in terms of their total number. So, too, did average length of stay. During wartime, the burgeoning numbers were due, in part, to petrol rationing. As a general trend, greater numbers of pregnant women were coming to have their babies delivered at hospitals. Now, even more chose to do so because quite a number who had intended to give birth in the nearby districts of Sydenham or Chesterville, where they could have called on the assistance of McCord midwives if needed, were deciding to come to McCords a week or two before their due dates in fear that transport would not be available when their baby's birth time came. This 'cluttered up the wards' and led to 'an inadequate midwifery service from the standpoint of training midwives'.²³

Another factor in the overcrowding of wards came from the request by the Natal Provincial Administration (NPA) that McCords take in some of Addington Hospital's confinement cases. It had been decided to evacuate this beachside hospital and place its patients in safer inland locations.²⁴ Racial discrimination operated in these provisions. The NPA instructed that McCord

Hospital take responsibility for Addington's coloured patients, while European maternity patients were transferred to the private Ensfield Nursing Home on the Berea.

Although Durban was geographically far from the military theatres of warfare, many of the everyday routines of the hospital were disturbed. At times there were real fears of German naval activity off the southern African coastline, prompting the government to order nightly blackouts in coastal towns and ports, and hospital facilities such as McCords were affected. In ensuring that light did not show through windows 'due to the carelessness of the staff', especially during Durban's hot and humid summer nights, there were also the challenges of providing 'adequate ventilation for the large wards at night'.²⁵

Services were also sometimes disrupted by Civilian Protective Service (CPS) workers who came to the hospital to train the staff as first responders in emergency situations. As Taylor described:

On the assumption that the major threat to McCords will come in the form of incendiaries, we have organised all male members of the staff, excluding the doctors, into a fire-fighting corps which will receive special training from the CPS of Durban. Similarly the nurses are to be instructed in the evacuation of patients from the older building into the A.T. [Alan Taylor] Block which, because its construction is non-inflammable and fairly resistant to bombing, except in so far as blast effects are concerned. Here too, the CPS are helping with advice as to the best disposition of the patients.²⁶

Shortages of senior doctors and nurses created much anxiety, too. Some staff had volunteered for military service, while others were called up to serve in military hospitals or in the Union Defence Force. Those remaining were expected to work very long hours and go beyond the call of duty to attend to growing patient numbers. This was while, ironically, as Taylor wrote in one of his regular letters to James McCord, their colleagues reported often sitting 'bored in camps or [in] military hospitals' with empty beds.²⁷

Yet, it was precisely these wartime staff shortages that created opportunities for African staff nurses at McCords to earn more recognition for their work. Increasingly, as Taylor commented in 1948, it was African nurses who were 'really running [many of] the ... wards and accepting responsibility' when European nurses were away. This promotion of black nurses to higher level staff appointments would continue at the hospital after the war.

A third set of challenging issues were the medical and scientific advancements of the time, many spurred by the war. In the words of eminent medical historian Roy Porter, across much of the world this was certainly a time of

'medical revolution', including hospital therapeutic services.²⁸ As co-author of the definitive history of Groote Schuur Hospital, Howard Phillips writes, after World War II 'the nature and effectiveness of both diagnosis and therapy were transformed beyond recognition by revolutions in internal medicine, surgery, obstetrics, pharmacology, anaesthesia, radiology, microbiology, biochemistry, genetics, molecular biology and medical technology, which to all intents and purposes redrew the internal boundaries of clinical medicine'.²⁹

No longer viewed as places of despair where patients merely went to die, the popular perception of hospitals had now decisively shifted towards places that gave people the hope of life-saving therapies, improved diagnostic facilities and advanced surgical procedures. Revolutionary new pharmaceuticals and therapies, such as sulfa drugs and antibiotics, including penicillin, streptomycin and chloromycetin, soon became available at McCords. These enabled the more effective treatment of previously lethal bacterial infections, including pneumonia, TB, leprosy and typhoid fever. Other new drugs were used to treat or control diseases, such as diabetes and those resulting from high blood pressure.³⁰

Reflecting on her time at McCord Hospital, Dr Aldyth Lasbrey vividly described how antibiotics had 'changed the whole profile' of medicine.³¹ She recalled that having recently completed her medical degree at the University of Cape Town, then arriving at McCords in 1947, the TB ward was a 'disheartening' place until it had become possible to make early diagnoses, after which antibiotics such as streptomycin encouraged the hope of a positive prognosis. In spite of the need for economies of all kinds, as early as 1948 McCords was at the 'cutting edge' and 'new drugs [were] tested as soon as they are on the market and if efficacious are brought into the usual hospital routine'.³² By 1948, Taylor could proudly assert that, compared with other hospitals in South Africa, many of his doctors were 'pioneers ... on the use of Spinal Anaesthetics for Caesarean Section operations'.³³ Like their counterparts elsewhere, the use of the 'life-giving fluid' (i.e. blood transfusions) in the war and post-war years increasingly became an essential lifesaving procedure.³⁴

Another milestone was reached in September 1949 when the first successful 'replacement transfusion in Natal was performed on a baby at McCords'. This entailed replacing 90% of the blood in a baby whose life was threatened by its mother's anti-bodies.³⁵ Later in his career, Taylor commented that 'anaesthetics have progressed from the use of a bottle of ether and a mask, to an extent such as to make possible operations heretofore utterly impossible ... [while]

intravenous therapy ... [and] the iron lung and its substitutes, [have] save[d] countless lives'.³⁶

As the effectiveness of hospital-based medicine improved, so did many people's trust in scientific medicine and their desire to seek treatment at these facilities; or at least to incorporate them into the range of treatments they would try out.³⁷ These developments in turn increased expenses, however, as well as created the need for larger and more comprehensive hospital facilities, and an expanded staff to 'cope properly with the surge of patients'.³⁸

'Keeping the wheel oiled and the whole repaired': the 'constant headache' of finances

McCord Hospital annual reports and Board minutes from the war years through to the 1960s are laden with discussions about how to raise funds to expand the already over-extended and overcrowded institution. Having patients sleeping on floor mats was not conducive to quality health care, nor to the training of doctors and nurses. The need to increase accommodation for nurse and medical trainees and to cover annual maintenance and running costs were central concerns. Drs Taylor, Christofersen and Orchard each worried 'incessantly' about every penny spent.

This meant that they and the Hospital Board were often forced to approach central, provincial and local government departments for assistance to cover costs; to help bail them out of annual accumulated deficits; and to provide block grants on occasion to cover the costs of new building projects.³⁹ Although attainment of subsidies for some expenses (such as for nurse training programmes and treatments for infectious diseases) was secured more regularly after the war years, state subsidies could – for various reasons – be delayed, sometimes for weeks or months at a time.⁴⁰ Moreover, requests for assistance were often 'shuttled from department to department' and when eventually granted were sometimes significantly lower than the amounts originally requested.⁴¹

During these decades, national and provincial state subsidies covered about one third of McCord Hospital's total annual expenses.⁴² Significantly, however, McCords was largely able to resist the loss of operational independence, which was to be the fate of many other mission hospitals in South Africa.⁴³ The potential conflicts of interest and compromising position that could be created by the acceptance of government funds was certainly not lost on McCords managers. They had no illusions that by taking state money they were likely to be pushed to concede, reluctantly, a stake in their hospital's internal affairs.

Managers therefore worked hard every year to raise funds through other means. They tried to enable the hospital to continue as a bridging type of service, placed somewhere between the private and public sectors. They continued charging fees, though kept them as low as possible as most patients were desperately cash-strapped. In fact, the hospital was often forced to write off debts as many indigent patients could not afford to pay even reduced fees.⁴⁴ Reliance on private help in the form of donations was essential, too. Many small private donations were received, but also larger amounts from wealthy business people, from trust funds, from deceased estates, and from non-governmental and philanthropic organisations such as the Community Chest.⁴⁵

For instance, a handsomely engraved plaque dedicated to Mahatma Gandhi was commissioned and mounted on a wall in the hospital. It was in recognition of a 'generous donation' made to the hospital by a number of wealthy Natal Indian business people. Their gift was an acknowledgement of appreciation for the many years of service McCord Zulu Hospital had provided to black, including Indian and coloured, patients. The donation of £4 500 went towards building a new ward, which opened in 1949.⁴⁶ This was the same year that Durban was wracked by racial tensions between Indians and Africans that



A ward at McCord Zulu Hospital was dedicated to Mahatma Gandhi by the Hindu community of Durban, 1949 (Photograph courtesy of Goolam Vahed)

boiled over into the infamous and deadly Durban riots, in which 142 people were killed and over 1 000 injured.⁴⁷

Payments from insurance companies, workmen's compensation payments for injured-on-duty employees and third-party vehicle accident payments were essential sources of income.⁴⁸ Money was also raised through active fundraising drives. The 1959 Golden Jubilee celebrations raised approximately £1 000 in donations, in part due to the distribution of a glossy and richly illustrated brochure.⁴⁹

Even so, the practice of 'strict economy' was taught constantly to the staff. Taylor, for instance, made it clear to his staff, through both words and actions, that extravagance was *sinful* and that it was each individual's 'moral obligation' and 'duty' to be frugal.⁵⁰ Katie Makanya was amongst those who recalled how Taylor was really 'strict about money'. In an interview with the younger Margaret McCord (Peggy) in the early 1950s, Makanya noted how some people even nicknamed Taylor *Keepimali* [keep or save your money]!⁵¹ His awareness that everything cost money, that everything must be done in the most cost-effective manner, and re-used if possible, was remembered, too, in later decades by doctors and nurses.⁵²

Although he loved to teach and to perform surgery, Taylor was obliged to spend much of his time on fundraising. The ultimate aim was, he said, to 'keep the wheel oiled and the whole repaired'.⁵³ He did an enormous amount of administrative work, careful overseeing of the hospital's budget, and keeping under control, where possible, the costs of any new building projects, medical, surgical and related purchases, maintenance of grounds and infrastructure. He spent many hours at in-hospital meetings, in writing letters (often into the early hours of the morning), and in complex negotiations with a range of individuals, organisations and interested stakeholders to secure support for the hospital.

In June 1958 Taylor eloquently captured his multitasking experiences in a letter to a friend at the mission at Mount Silinda, in Rhodesia. It is as notable for its allusions to the strains and sorrows of his position as it is in describing the variety of demands on him:

A medical missionary is a man of many parts – though he may not know it when he is appointed! If he starts his own hospital he will be architect and foreman; when the building is complete he will turn his hand to furniture making, tables, cupboards, etc. (later his carpentry will include the making of coffins) ... At nights ... his mind will plan the additions brick by brick ... When at last his dreams come true, he will feel the building as much a part of himself as are his hands and feet. He will be financier, banker, beggar, book-keeper and



'A medical superintendent's work is never done!' Alan Taylor was at the helm of McCords from 1922 to 1964 (CC, MHP, uncatalogued photographs)

collector in his office; in the wards and theatre he is medical officer, obstetrician, surgeon and paediatrician; he is recruiter and personnel officer, supervisor of labour and judge. He is brother and father to his patients and nurses, and he is Confessor, preacher, teacher and – at times – undertaker. If he is wise, he is a golfer or fisherman, or botanist or zoologist or artist or musician – as a relief from tensions!⁵⁴

The value of a wide network of 'friends'

One key way in which McCord Hospital was able to survive the 'constant headache' caused by funding shortages, was by developing personal, political and professional networks of support.⁵⁵ This human capital was purposely cultivated over the years through various kinds of befriending tactics. It included regular communication with 'friends' via letters, informing them of issues affecting McCords; via interactions at relaxed social gatherings hosted at the hospital or at the Superintendent's home, as well as more formal occasions both at the hospital and away from it. Nor was Taylor alone in this, but until his retirement it was really he who was the true master of these tactics.⁵⁶

The longest-serving Medical Superintendent at the hospital – almost 43 years – Taylor determinedly expanded, reorientated and formalised earlier support initiatives begun by the McCords. His correspondence files contain a veritable who's who of Natal's upper social and political tiers. Taylor

approached wealthy and influential people in Natal and across the country, province and more widely, whom he could call upon in times of need. He was, for example, a long-serving member of the Durban Rotary Club and became its president twice.

In addition to his active work in several missionary organisations, Taylor was a longstanding member of the Natal branch of the Medical Association, which enabled him to socialise with mostly white Natal-based doctors. The popularity of his Natal support base can be seen when he was elected the first dean of the province's first medical school between 1950 and 1952. He held this position in a part-time capacity together with his other McCord duties and helped steer this new venture until a permanent appointee could be found.⁵⁷ The close connections between this important South African institution and McCord Hospital are discussed in more detail in the next chapter and it was fitting that it was Alan Taylor who was its first high-ranking administrator, a vital step in the realisation of the dream that James McCord had sparked on their first meeting decades before. At national level, he was a member of the Federal Council of the Medical Association of South Africa from 1943 to 1963. He was even elected to this professional body's most senior position as president between 1962 and 1963, a rare honour to be bestowed upon a non-South African.⁵⁸

Even though his private letters show that he was frequently critical of the National Party's policies, in 1962 Taylor was awarded a bronze medal for services rendered to South Africa in the field of medicine. At the time of the Durban Centenary in 1954, he was given the Freedom of the City award by the city's mayor.⁵⁹ The Liberal Party politician and academic, Edgar Brookes, who was a personal friend, spoke of his 'friendly' demeanour, 'personal magnetism', and 'good mixer' skills. All of these brought his work at McCord Hospital much support.⁶⁰

Taylor's membership of a number of other committees and circles also helped connect him with influential black South Africans.⁶¹ For instance, he was a member of the council of the M.L. Sultan Technical High School, the Adams Mission College council, the Umnini Holiday Camp committee and the Joint Council of Europeans and Non-Europeans; as well as organisations that hosted visitors to South Africa such as the International Club and the American and Canadian Club.⁶²

He made friends, too, with leading members of the African National Congress (ANC), most notably Chief Albert Luthuli, with whom Taylor became closely acquainted when he was invited to join the hospital's Advisory Board in the

1930s. Taylor was Luthuli's physician, treating him for high blood pressure and a life-threatening heart condition in early 1955.⁶³ Taylor also attended the medical needs of members of the Luthuli family, and provided opportunities for his three daughters: two of them trained as nurses at McCords while the third, Albertina who qualified as a doctor at the University of Natal's medical school, completed her medical internship there.⁶⁴

Their relationship went beyond the professional and political, and their friendship survived many years and tribulations in the face of state attempts to suppress such associations.⁶⁵ Luthuli's personal position became increasingly stressful: in 1952 he was elected president-general of the ANC. He felt obligated to call an end to the anti-apartheid Defiance Campaign that started soon afterwards as the bannings, arrests and state oppression escalated. He himself had been placed under banning orders, preventing him from leaving the magisterial district of Lower Tugela without the state's prior authority. He was arrested twice. In 1956 his detention, along with more than 150 other people, was on the supposed grounds of having committed treason.

Luthuli spent a year in custody, but many others were not released and South Africa's infamous Treason Trial lasted until 1961. Luthuli was again arrested in 1960 after he had burned his pass in protest at the Sharpeville massacre and the ensuing state of emergency. He was given a suspended sentence and a fresh banning order, which confined him to his home in Groutville.⁶⁶

McCord Hospital records contain a set of letters between Taylor and Marquard de Villiers, a doctor at Pretoria prison. Taylor wrote asking about the state of Luthuli's heart condition.⁶⁷ On 25 May 1960, he was able to inform Luthuli that he had been

very gratified several weeks ago to receive from the Office of the Minister of Justice – in reply to a letter to him from myself – a copy of a letter from your doctor, stating that you were not as ill as on that other occasion here at McCord's [*sic*], when I sent for your wife urgently. The doctor indicated that your high blood pressure was his main concern. Your friends were glad to have that word.⁶⁸

Luthuli was allowed to receive and answer only two letters a week while in prison, so his handwritten letters to Taylor say much about their strong association and mutual regard.⁶⁹ In a letter franked by the prison authorities on 6 June, for example, after sending personal greetings to Dr and Mrs Taylor and asking that these be extended to the McCord Hospital staff and the Mission Council of Churches and their congregations, Luthuli wrote: 'I don't know if I am professionally correct to ask you, a Senior, but may I ask you to send my greetings and best wishes to my two daughters – Hilda and Eleanor. Assure

them I am not dying'.⁷⁰ Hilda was working as a nurse in McCords Children's Ward and Eleanor was completing her final year of nursing training at the time.⁷¹

Once released from prison, and before his tragic death in a train accident in July 1967, Luthuli continued to visit McCords for his medical care and also corresponded with Taylor to discuss his daughters' training and work progress.⁷² In 1961, when Luthuli's banning order was temporarily lifted so that he could travel to Oslo to accept the Nobel Peace Prize for his leadership efforts, he was photographed wearing a grey overcoat he had borrowed from Taylor.⁷³ Unfortunately, however, the Hospital Board had decided that there was no option but that Luthuli's name 'would be left off the list [of Board members] for a while'.⁷⁴



Inkosi Albert Luthuli (wearing Alan Taylor's grey coat) and Nokukhanya Luthuli in London on their way to Oslo, 9 December 1961 (CC, MHP, Boxes 1–8, McCords 12–23 (2010) Newspapers and Documents: 'Flowers, snow and royal audience for Luthuli' Natal Mercury 9 December 1961)

Liberal, middle-of-the-road political leanings influenced the responses of McCord Hospital's superintendents to the growing challenges of racial separation.⁷⁵ Taylor's liberal perspective was noticeable in a letter he wrote to his 'kids' in May 1959. Here he commented on the banning of Luthuli and his friend's committed stance towards non-violent forms of resistance, which he supported wholeheartedly: 'It is amazing how either dumb or smart ... the government can be. He is for moderation and for working with the white man at the same time insisting on more for the African. His being banned will accentuate the bitterness between the races'.⁷⁶

Opposed to separation between South Africans based on race, as well as the inequalities that this produced, yet also against armed resistance and violent protest, Taylor advocated compromise and moderation, the value of a Christian Westernised education and gradual political change.⁷⁷ Influenced, but also tempered, by this approach, Taylor was an indefatigable champion of McCord Hospital, but no overtly active champion of any political party or programme.

His successors, Drs Christofersen and Orchard, were also both deeply Christian men with similar political dispositions to that of Taylor. Howard R. Christofersen had been steeped in Congregationalism by his American Board of Missions parents who worked for decades in South Africa.⁷⁸ Partly raised in South Africa and then trained as a doctor in Chicago he returned to South Africa with his wife Ruth and two children in March 1953 to work at



Howard Christofersen (left) was the hospital's third Medical Superintendent, 1964 to 1966 (CC, MHP, uncatalogued photographs); Cecil D. Orchard (right) was McCord's fourth Medical Superintendent, 1966 to 1986 (Reproduced by courtesy of the Orchard family)

McCords as a staff doctor. He was groomed to take over from Taylor, which he did in 1964.⁷⁹ He ran the hospital for a short time only, however, as family responsibilities led him to resign his post in 1966 and return to the USA. It is likely that it was their wish to stay close to their eldest son, David, who had a mental disability and whom they felt would be better cared for in the USA.

Cecil Orchard was the first South African-born Medical Superintendent at McCords. He came slightly late to the profession of medicine, having qualified at the University of the Witwatersrand after World War II. He then moved to Durban in 1952 with his wife Mavis and completed his internship at McCords. After this, and an extra year on the staff, he chose to work at two rural mission hospitals. First, he and his family spent a year at the Donald Fraser Mission Hospital in the remote Sibasa district of Venda. Then, in 1955, he transferred to the Baptist Jubilee Mission Hospital in an underserved area in Hammanskraal near Pretoria, which he tried to develop as a 'mini McCords'. In 1961, the desire to find better schools for their children saw the Orchards return to Durban and to McCords where Cecil became a staff doctor once again, eventually succeeding Christofersen as the fourth Medical Superintendent at the end of 1966. This was a position he held for 20 years.⁸⁰

McCord Hospital's Advisory Board of Management was made up primarily of locally nominated members, who were selected with much thought for their interest in 'non-European' affairs and Christian missionary work, and also because they 'could assist the Hospital in their professional capabilities'.⁸¹ This included, for example, lobbying on the hospital's behalf, providing it with valuable insider information, as well as political and legal support services, and sometimes assisting with material support.⁸²

Between the 1940s and 1970s members included practising Christians such as A.F. Christofersen (Howard Christofersen's father), H.A. Stick, R.L. Abraham, W. Booth, A.H. Zulu, J.R. Lepke, N.G. Ngcobo, C. Khuzwayo, J.M. Makanya, G.F. Shandu, B.K. Dlodla, P. Woolstron and A.J. Makuzeni.⁸³ Most were leading members of the Congregationalist Church, or associated with it in some way. Meetings usually started with prayers and often, especially during trying times, closed with benedictions.

The Board also included an array of supportive legal and financial experts, building and quantity surveyors, provincial government administrators, city councillors, native commissioners, representatives from powerful business conglomerates, such as the chairman of the Durban Chamber of Commerce, university professors and liberal politicians, such as respected senators from Parliament Edgar H. Brookes and W.P. Bawden.⁸⁴

The careful choice of members is evident in the invitation extended to E.C. Wilks in the early 1950s. His influential position at the time as Natal provincial administrator meant that he could provide valuable information about policies that might, and did, affect the hospital. Moreover, he offered useful advice about the best ways to approach the provincial Health Department for funding, and played a vital lobbying role and helped win favour for the hospital during difficult times.⁸⁵ A few years later, Taylor wrote that he had recently visited D.L. Smit 'who is a Member of Parliament and an old friend ... [who was] the Secretary of Native Affairs under the old [United Party-led] government'.⁸⁶ 'Smit,' Taylor wrote, 'was the one who did a tremendous lot for McCords', which included giving them money to expand 'when we were really poor'.

Infinitely more than 'indispensable aids': the medical superintendents' wives

While Alan Taylor's professional reputation and personal sociability endeared many people to the hospital's cause, it was his wife, Mary, who was, as he himself recognised, his 'second right-hand' in this work.⁸⁷ This would also be true for Ruth Christofersen and Mavis Orchard in their individual ways for, like Margaret Mellen McCord before them, they were significant in keeping the hospital functioning and in moulding its special character.

In 1962, in his final annual report, Alan Taylor reflected on his 40 plus years at the hospital, and thanked and lauded Mary for her many years of service. Although she was a fully qualified nurse, she did not practise as such and much of her work had been 'behind the scenes'. Alan wrote: 'Mrs Taylor has been a mother in the hospital, as well as an indispensable aid: sometimes a salutary "brake" to the Medical Superintendent – sometimes a necessary goad!'⁸⁸



Mary Taylor busy with sewing and embroidery work. A photograph of her youngest son, Chandler, is visible on the table on her left (CC, MHP, uncatalogued photographs)

Ruth Christofersen (née Gregerson) was several years younger than Mary and with skills in chemistry that landed her a job analysing metal quality at Chicago Bridge and Iron after high school, Ruth later took up the opportunity offered by a government-sponsored programme during World War II to train as a nurse at St Luke's Hospital in Chicago, where she met Howard.



*Ruth Christofersen (left) (Courtesy of the Christofersen family);
Mavis Orchard (right) (Courtesy of the Orchard family)*

Mavis Orchard (née Durston) came to the position as fourth Medical Superintendent's wife with a business college training received in Bloemfontein where she had grown up. Bloemfontein was also the city where she met Cecil while he was stationed there as part of his wartime air brigade duties.⁸⁹

Why Mary and Ruth did not work in their professional capacities as nurses at McCords is not clear. It may have been because of a reduced need for such services in an era when black women were being encouraged to train and work as nurses. This was also a time when 'respectable' middle-class women, especially in white South Africa, did not necessarily seek out paid employment.

Even with the assistance of black domestic workers, these 'McCord wives' were the primary caregivers within the home: Mary and Mavis brought up four children each while Ruth raised five. In fact, Ruth Christofersen's childcare responsibilities were probably even heavier than those of the others as she had to care for her mentally disabled son. An American citizen and the daughter of working-class immigrants with left-leaning political views, she was also extremely uncomfortable with South Africa's racial and labour divisions, especially the usual practice of employing black servants by white women.⁹⁰

Indeed, Paul Christofersen told McCord History Project researcher Michelle Floyd that his mother was so uncomfortable with employing servants that she actively worked beside her domestic workers to do the housework.

While not using their nursing skills in the hospital, the spouses of McCord Hospital's superintendents did supportive work in many other noteworthy ways. One essential contribution was, as Matron Zodwa Mageba recollected, making the hospital feel welcoming and 'just like a home'.⁹¹ Echoing this view, when recalling that McCords was 'very much a family hospital in those days', for Mavis Orchard the 'biggest thing for a medical superintendent's wife is to try and make a family'.⁹²

Again and again, in dozens of letters – written by staff, board members, visitors and even patients – we can sense this shared sense of 'family' and a homely environment at this hospital.⁹³ Aldyth Lasbrey, who worked as a doctor on the staff for many years, asserted that at this 'very special place', Mary was 'the mother of a happy McCord Family' and that Mavis, who followed in her footsteps a few years later, and served in this role for twenty years, 'was the glue that kept the staff together'.⁹⁴

Mary, Ruth and Mavis fostered a homely atmosphere at McCords in a variety of ways: improving the physical appearance of buildings and gardens; buying furniture; and advising on the décor for staff, ward and common rooms, all intended to tone down the 'institutional' feel of the workplace and to create a calmer and more welcoming atmosphere. Flower arrangements, with plants grown in their own gardens, also made the institution feel less intimidating.⁹⁵ Since by this time, the medical superintendents and their families lived on the hospital's extended premises, quick visits to the hospital between their responsibilities were possible, or they could be consulted in their homes for advice on everything from paint colours to personal problems.

Ruth Christofersen loved music and became involved as director of the nurses' choir in the latter half of the 1950s. During the 1940s, this choir had made a name for itself because of singing at the hospital, especially at religious services for patients. Mary Jane Molefe, who trained as a nurse at McCords in the late 1950s, and later became a matron, remembered that 'we sang a lot' and that 'there was so much music here'.⁹⁶ The choir sang at Sunday night church services at the hospital and gave performances for different church congregations in Durban. Their singing was even broadcast 'on several occasions' on the Sunday morning radio programme.

These occasions went further: for some, they produced important moments of breakthrough that promoted inter-racial goodwill. This was noted by Taylor



McCord Hospital nurses' choir, December 1961 (CC, MHP, Boxes 1–8 McCords 12–23 (2010) Newspapers and Documents: 'Rotarians hear carol singers' Natal Mercury 20 December 1961)

describing a production that had been performed at 'European Churches' on three occasions over the Christmas holidays in 1947: 'On the last occasion a European audience at the Musgrave Road Congregational Hall was thrilled and contributed £25.0.0 to the Nurses Trust Fund. One does feel that these opportunities of bringing our different racial groups together are worthwhile'.⁹⁷

When Ruth became the choir's director, she took her work very seriously and 'studied up on the subject to learn new techniques that would enable her to better teach the nurses'.⁹⁸ Paul Christofersen recalled that Ruth had often had all choir members at their home for rehearsals, after which tea and cake were served (Ruth was renowned for her baking skills).⁹⁹ When she left South Africa, a choir member's letter to her was reproduced in the *Isibuko* newsletter and lamented:

I am sure that I can speak for the choir members when I express gratitude to Mrs. Christofersen, who so ably conducted the choir ... All of us regret she is not returning. We will miss her

enthusiasm and warm friendliness, but girls to come will thank her for the wonderful file of music she compiled for the choir – much of it handwritten for duplication.¹⁰⁰

These women's 'domestic' entertaining skills were highly regarded and strategically useful. Often, they opened their homes to friends and staff of the hospital. They arranged formal sit-down dinners, as well as less formal functions, such as *braaivleis* (barbeques) or hamburger suppers. They organised farewells, birthdays and kitchen teas for staff; helped organise and run other festivities, including Christmas lunches and dinners; and even helped organise wedding celebrations for staff who could not afford to do so themselves.¹⁰¹ They also actively worked to raise funds for the hospital through bake and rummage sales and hosting other social events.¹⁰² Mavis Orchard, for example, remembered sometimes working herself into 'a frazzle' for the hospital, as well as to please her husband's many guests.¹⁰³

Through participation in the Durban branch of the international organisation of the Rotary Anns Club these women also involved themselves in volunteer



Teas and lunches were often held for McCords staff in the gardens of the hospital or of the Medical Superintendent (CC, MHP, uncatalogued photographs)

or charity work, much of it on behalf of McCords. In this way they networked with the wives of influential businessmen, politicians and professionals. Their involvement in the American Canadian Women's Club (ACWC), which had been co-founded by Mary Taylor, where white women came together to encourage relationships amongst members of North American expatriate communities in Durban, was vital too.¹⁰⁴ Mary organised regular sewing groups, which often met in the hospital's library or in her own home, where these women volunteers got together to sew items such as sheets, table cloths, nighties (sleepwear) and garments for babies at the hospital.¹⁰⁵

Besides providing much-needed supplies or gifts, the women from these ACWC sewing groups created, through discussion, greater understanding amongst foreigners' wives of key problems facing the hospital, which it was hoped they would then discuss with their husbands. These activities helped facilitate friendship-building opportunities, but clearly they also formed an essential part of what Alan Taylor called 'our selling job'.¹⁰⁶

'You wouldn't know McCords ... with all of the buildings and landscaping going on'¹⁰⁷

In 1953, Taylor wrote to tell his family in North America about the tremendous expansion that was taking place at McCord Zulu Hospital. With 82-year-old Margaret McCord due to visit from the USA in August to attend the opening of the Newton Adams Block, he told them that the changes would seem dramatic to her.¹⁰⁸ Some of these are illustrated in many of the photographs, figures and statistical information we have from the 1940s through to the 1950s, which show how McCords expanded in a number of key areas; and how it sought to represent itself to the world as a modern institution.¹⁰⁹

In the booklet produced in 1946 by McCord Hospital, 'Mr and Mrs Durban' ask the white-coated 'Dr Taylor' whether 'McCords had grown since it had been taken over by the local [Hospital] Board'.¹¹⁰ The booklet shows that there had been a large increase: from 105 beds in 1935 to 325 just ten years later, a 210% increase. Of these there were 'approximately 100 surgical beds, 100 medical beds, 80 obstetric beds and approximately 60 beds for infectious cases such as T.B., sexually transmitted diseases and typhoid'.¹¹¹

Notable was also the number of in-patient numbers in 1945: 6 731.¹¹² In the same year, out-patient numbers had soared to 50 158. This included both medical and surgical attendances, follow-up visits and those attending the hospital's out-patient clinics. This represented a 158% and 417% increase respectively, from the 1935 statistics (Figure 1).



Figure 1 Increase in patient numbers, 1935–1945¹¹³

Although in-patient numbers necessarily (given space restrictions and limited bed numbers) grew slowly, the hospital witnessed dramatic increases in out-patients because of the large expansion in district clinic work. Generally speaking, while what today would be termed outreach work was a more extensive and necessary aspect of rural hospitals, urban hospitals were now also providing more of such services.¹¹⁴ The aim of this was to bring biomedical services to more people, especially those living far from hospitals.¹¹⁵

One area of outreach that saw substantial growth during the 1940s and 1950s was provision of district midwifery services, particularly in the nearby Indian and African locations of Sydenham and Chesterville. McCord staff midwives and their pupil midwives, dressed smartly in their McCord uniforms, were sent out to attend to deliveries in these areas.¹¹⁶ Other than helping women to deliver their babies in their homes, this service helped open up beds in the maternity ward at McCords for ‘abnormal and difficult [birthing] cases’ and provided valuable material for the training of its pupil midwives.¹¹⁷

Another area of McCord activities beyond the Berea was the continued existence of the Beatrice Street dispensary.¹¹⁸ In 1942 attendances there, including initial and subsequent visits, stood at 9 820, up from immediate previous years.¹¹⁹ This was probably because in the war years petrol rationing would have made it more difficult and expensive for people to attend the hospital itself, where they would also have to pay fees. By 1950, patient attendances recorded at Beatrice Street had increased to 17 121.¹²⁰

Certainly, by the late 1940s there had been significant expansion in the number of out-patient services provided on the hospital's property, such as VD, TB and Ante-Natal clinics, but also Ear, Nose and Throat, Skin, Orthopaedic, Gynaecological, Post-Natal, Eye, Physiotherapy, Chiropody, Family Planning, Dental and Paediatric. Our analysis of statistics from the hospital's annual reports highlight that these specialist clinics expanded in number from an average of about six in the early- to mid-1940s to about eighteen by the mid- to late-1970s (Figure 2).

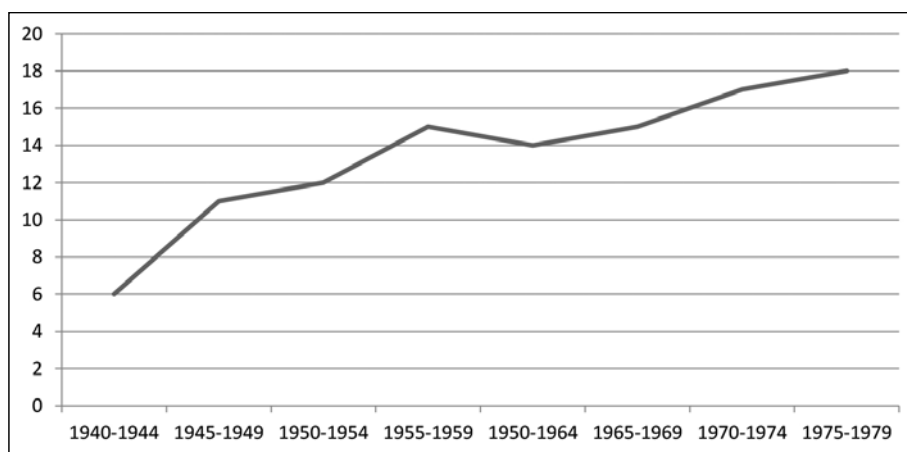


Figure 2 Total out-patient clinics, 1940–1979¹²¹

Running once or twice a week, some of these clinics had both curative and preventative functions and brought medical attention to specific health problems. A vital service, for instance, was the provision of vaccinations, such as for polio, to protect people from infectious diseases.

These clinics also helped with the prediction of potential health problems and earlier treatment of illnesses, both of which served as a 'defence against undue admissions'.¹²² The ante-natal clinic was a good example of this. It served to provide health information for expectant mothers and provided an opportunity for doctors to diagnose pregnancy-related problems that could lead to 'obstetrical disasters in the form of eclampsia or difficult labour'.¹²³

Crucially, the work collectively performed at the clinics reduced the heavy burden faced by staff in the hospital's general out-patient section. The assistance of honorary (and voluntary) medical staff, with skills in various disciplines and working outside the actual Berea buildings, were therefore essential to the functioning of the 'hospital on the hill'.



'Part of our outpatient clinic with Dr Taylor interviewing patients' (CC, MHP, uncatalogued photographs)

Many medical historians highlight similar trends in the increased provision of less costly primary level out-patient clinics by a variety of state-funded and private hospitals worldwide in the post-war years.¹²⁴ These developments were also evident in South Africa, including its large public hospitals in Cape Town, Johannesburg and Durban,¹²⁵ and numerous smaller rural hospitals spearheaded by the State and various missionary bodies.¹²⁶

Indeed, and as has been well documented by many historians, for a short time in the 1940s South Africa was a key site for an early experiment in clinic-based social medicine.¹²⁷ During this period, community health doctors Sidney and Emily Kark created an innovative type of health centre service in a rural African area called Pholela near the Drakensberg. Rather than focusing on curative measures only, the Karks' key strategies included careful examination of the patient's wider social conditions affecting health, as well as extensive community-driven work provided by nurses and medical assistants to reach more people in this poverty-stricken and poorly serviced rural area.

They envisaged an all-encompassing health care service that concentrated as much on preventing the spread of illnesses and promoting good health as on curing already established diseases.¹²⁸ By the mid-1940s, in a period

of wartime reform, the Karks' approach was even used as the model for the intended development of a nationwide network of comprehensive health centres and would spread internationally to inspire those in many other countries, including Israel and the USA.¹²⁹

Unfortunately, promotion of the comprehensive health centre approach did not last long in South Africa. No longer viewed as an innovation, but, rather, as a threatening socialist form of medicine to be quashed in an era of heightened anti-communism, in the 1950s South Africa's health care services returned to a predominantly curative focus.¹³⁰ For example, even though McCord Hospital continued to provide out-patient and clinic services in the 1950s and 1960s, in line with most urban hospitals in South Africa, and even across newly independent countries in Africa more widely, these remained primarily curative in nature.¹³¹

As before, preventative services remained largely the responsibility of municipal and central government health authorities. Ironically, the closure of McCord Hospital's Beatrice Street dispensary in 1964 was due, Taylor argued, to the increasing competition that 'big clinics run free by the government' posed to the dispensary's financial viability as well as to the difficulty of finding permanent staff to run it.¹³²

In the year of its Golden Jubilee celebrations in 1959, the hospital was responsible for 7 713 in-patients and 57 741 out-patients.¹³³ Six years later, in-patient numbers had expanded to 7 925 and out-patient numbers had increased to 67 586.¹³⁴

Figure 3 illustrates notable trends in McCord Hospital's patient numbers between 1940 and the late 1970s: a sharp rise between 1940 and 1944, then a

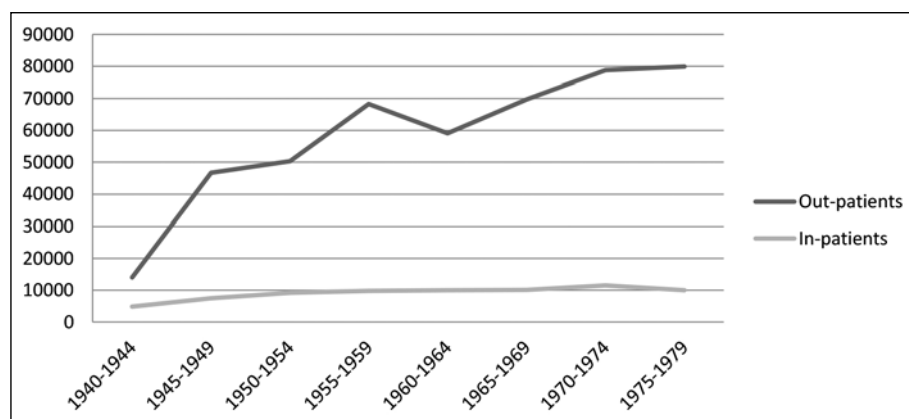


Figure 3 Patient numbers, 1940–1979

plateau period following the end of World War II through to the mid-1950s; then another sharp increase to the end of that decade; thereafter a dip in numbers to 1965 and then a steady rise with a flattening out after 1974. This pattern should be understood in the context of post-World War II South Africa, particularly with its changing demands for black labour, more of which was now needed in the cities and ports, a fact recognised by both the State and capitalist employers.

As we have shown, mission hospitals had, since the previous century, provided essential medical services for Africans and Indians, especially in rural areas, when the State had not done so sufficiently. For four decades or so, McCord Hospital's most distinctive feature was perhaps its character as a mission hospital in an urban location. By the mid-1960s, however, McCords was by no means the only urban hospital serving 'non-European' patients in Natal and Zululand, nor was it the largest to do so.

The 1965 report of the director of Natal's hospital services detailed many mission hospitals, still based mostly in rural areas, serving black patients. These included, for example, Bethesda Hospital in Ubombo (Methodist), Ceza Hospital in Mahlabatini (Lutheran), Charles Johnson Hospital in Nqutu (Anglican), Emmaus Hospital in Winterton (Lutheran), Hlabisa Hospital in Hlabisa (Lutheran), St Mary's Hospital in Mariannhill, Pinetown (Catholic) and Tugela Ferry Hospital in Msinga (Church of Scotland) to mention but a few. Though most were smaller in size than McCords, based on the number of beds and patients treated, this cannot be said for Benedictine Hospital in Nongoma. Founded by the Roman Catholic Church in 1937, it was by the mid-1960s the largest mission hospital in the region with 371 beds, about 50 more than McCords.¹³⁵

Furthermore, McCords was not the only urban hospital available in Durban to treat black patients. St Aidan's (discussed in chapter 2), which had primarily catered for Indian patients, was now treating African and coloured patients as well.¹³⁶ More and larger state hospitals now accepted larger numbers of black patients, albeit in some cases in separate wards. These included the King Edward VIII Hospital, the King George V Hospital (originally for TB), Addington Hospital (which had long had racially separate wards) and Clairwood Hospital.

By the 1960s, King Edward VIII 'Non-European' Hospital, which had opened in 1936 as a general hospital for black patients, was by far the largest hospital in Natal. It had around 2 000 beds, and saw about 70 000 in-patients and 600 000 out-patients annually.¹³⁷ It also offered most of its services free

to patients – in reality subsidised from taxes drawn from black South Africans – though the facilities were blatantly inferior to those at European hospitals.

Yet, while provision of a measure of health care services for ‘non-Europeans’ (particularly Africans) was being accepted as the responsibility of the State and not of missionary or private facilities, the underlying rationale for this was not of shared citizenship or human rights. Rather, policies aimed to provide enough medical facilities to support a labour force that still had its supposed permanent home base in the rural areas. The old, the very young, the chronically sick, the unemployed and the disabled were to have no official place in white-owned areas of South Africa, but were to ‘return’ to their ethnic homelands even if they had been born in a whites-only area.

Apartheid was a system of many contradictions and irresolvable conflicts of interest. This was certainly reflected in the health care sector. One enduring area of confusion, for example, was the question whether it was the provincial administration or national government that should foot the bill for black urban hospital services. Indeed, in unexpected ways, the state of uncertainty caused by this segregated and geographically fragmented provision of medical care created an opening for the expansion of a number of urban mission hospitals. But for McCords, this meant that they were competing with other mission hospitals in Durban for patients.

McCords still charged patient fees and chose to do so. Nonetheless, it remained a popular choice as one of the hospitals most committed to serving the needs of black South Africans. The fact that this hospital tried to run its operations as economically as possible, to provide, as Taylor asserted, ‘such good medical attention – so cheaply – that Non-Europeans [would] want – and be able financially – to come to McCords’, and that ‘the Province could better afford subsidising our beds, than building and maintaining 300 more of its own’ helped its cause, too.¹³⁸

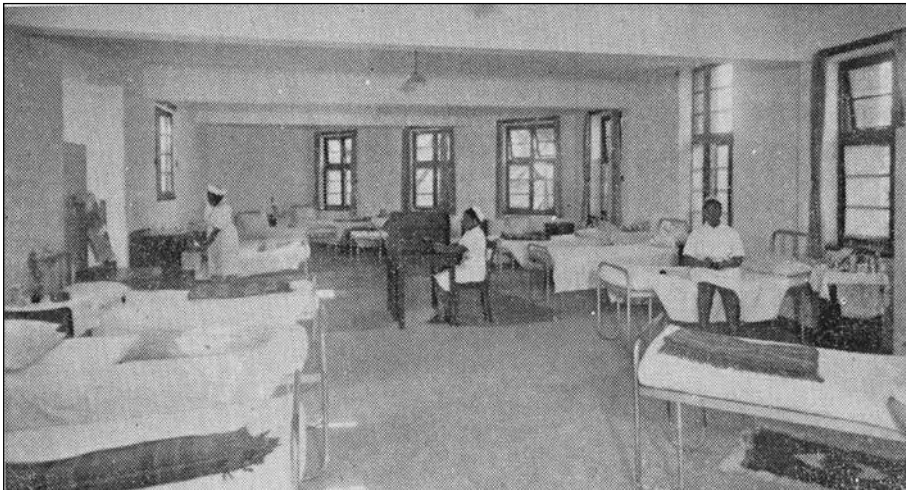
Some of the large extensions to the hospital’s physical plant required the acquisition of new properties on the now financially desirable and racially exclusive Berea. Some of the choices made in their construction were determined not by the hospital’s wishes or needs, but, once again, by the hostility to it from the neighbouring white elite, who were now supported by the dictates of apartheid laws.

The Native Nurses Home, later renamed the Bantu Nurses Home, opened in 1943 and was to be further expanded. At the time of its building (during the stringencies of World War II already discussed in this chapter) the new nursing home also enabled the hospital to re-use the top two floors of the Alan



Taylor Block, previously occupied by nurses, for patients.¹³⁹ This helped alleviate – for a short time anyway – the pressure of increasing in-patient numbers. Later in the same decade, a three-storey block housing a new boiler room, a larger storeroom, and a four-bedroom ‘non-European’ doctors’ house were added; as was the Mahatma Gandhi Ward.¹⁴⁰

Although hospitals were no longer viewed as places where patients inevitably went to die, of course not all recovered. In 1941, a ‘mortuary costing £236.19.1d was made available through a grant from Native Affairs Department’. This, Taylor noted, provided for the ‘preservation of three adult bodies’ and a ‘small chapel’.¹⁴¹ The provision also made it



The Nurses Home, 1940s (top) (CC, MHP, uncatalogued photographs); ‘In well ventilated, sunlit rooms ... more than 100 African nurses find the[ir] rest’: dormitory, Nurses Home, 1959 (above) (CC, MHP, Boxes 7 and 8 (2007) Golden Jubilee. 1909–1959: A Report on McCord Zulu Hospital)

'possible for bodies to be kept until friends (or family) can come from distances in the country' to arrange funerals rather than being buried soon after death; a 'hygienic necessity' before cold storage became available.¹⁴²

During the early 1950s, further major alterations were made. Most of these were financed from money raised by the hospital itself, through donations. There were also capital building grants supplied by the Natal Provincial Administration on a pound-for-pound basis. In October 1952, a Native Men's Hostel was officially opened, providing for the ablutions and accommodation of about sixty male non-medical general workers.¹⁴³

A year later, a new block named for the American Board missionary Reverend Dr Newton Adams, who had founded Adams Mission in the previous century, included an expanded out-patients department (OPD), a new operating theatre block, a drugs dispensary area, an up-to-date Physiotherapy department, a new X-ray department, a more spacious boardroom and library area, and a nurses' rest area and tea room.¹⁴⁴ Due to space limitations prior to the Newton Adams Block's availability, as well as great enthusiasm for using the new facilities, within just a few days of the official opening in August 1953 Taylor noted that 'the building was occupied by department after department' and was already 'being [well] used'.¹⁴⁵

At this opening ceremony, Margaret McCord was reunited with Katie Makanya, a joyous occasion for both as they had not seen each other since the McCords had left South Africa in 1940. Margaret then stayed on in Natal for several months. Her youngest daughter, Peggy McCord-Nixon, was also in Natal doing research for what would eventually become her book, *The Calling of Katie Makanya*. Peggy recorded how surprised and delighted Katie had been to be shown that there was a room named for her at the hospital, next to the new operating theatre.¹⁴⁶ Worryingly, however, Katie herself was not well and Alan Taylor had had to take her aside to suggest she be admitted for treatment; something she was not enthusiastic about in the least.

Building and reconstruction continued sporadically and not always in a carefully approved overall plan. In 1954 the old, early-twentieth century wooden veranda on the front of the original European Staff House was replaced by 'a dignified, durable, concrete structure with louvre windows'. Through this renovation, the hospital could add five bedrooms and five garages for additional staff. There was also 'modernisation of the kitchens in the European Staff House and in the Bantu Nurses' Home'.¹⁴⁷

These extensions were often achieved through generous donations received as bequests from the estates of wealthy individuals and liberal politicians.



Katie Makanya speaking at the opening of the Newton Adams Block, August 1953. Also, from left, Mary Taylor, R.E. Stevenson (director of Natal Provincial Medical and Health Services), Margaret McCord and D.G. Shepstone (Administrator of Natal) (CC, MHP, Box 1 (2007) – McCords 1, File 8, 'Sending her love' Natal Mercury August 1953)

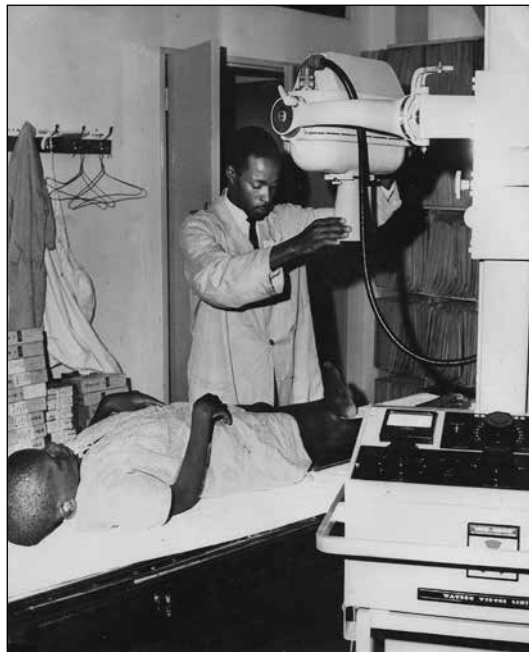
In 1956, a £10 000 bequest from an estate led to a 38-bed extension to the Nurses Home as well as the addition of two classrooms to cater for growing trainee numbers.¹⁴⁸ The following year, the W.P. Bawden Dental Unit, named in honour of a senator who had been for years the chairman of the hospital's Advisory Board, was opened thanks to a legacy from his estate. It was soon reported that this unit was growing 'steadily'. In addition 'to pulling teeth, Dr Abrams is doing good conservative work in filling teeth and preventative work in teaching dental hygiene'.¹⁴⁹

Furthermore, extensions were made to the main laundry building, including the purchase of new industrial-size washing and tumble dryer machines; a necessity to handle the volume of washing. A new lift was installed in the late 1950s to replace the faulty and unreliable one that had been fitted in the late 1930s in the six-storey Alan Taylor Block. A new boiler, with greater capacity and reduced smoke production, was also added during the late 1950s.¹⁵⁰ Even so, restrictive political factors played a primary role in limiting necessary

further enlargements. In 1962, for instance, Taylor described the lacklustre state of the hospital's building projects: 'after many years in which notable additions could be reported year by year, 1962 would appear to have been barren'.¹⁵¹

Yet a slowdown and then cessation of new building projects did not mean the end of growth for McCords. Growth could be measured in other ways. Sometimes it meant smart choices to make better use of existing facilities. Three good examples of this were: the creation in 1949 of a new Physiotherapy Department, which was made up of four cubicles that had been 'cut up' from one of the hospital's rooms; the refashioning in 1950 of another existing room into a special 'incubator room for premature infants'; and the conversion of garages in the early 1960s to accommodate additional ante-natal and post-natal care clinics.¹⁵² At other times it entailed expanding the size of already established buildings by introducing minor extensions that increased their space, such as the extension of the hospital's laboratory facilities in the 1960s.

Moreover, growth could be seen in what Taylor called improvements in the 'more sophisticated diagnosis and treatment of patients'.¹⁵³ As mentioned earlier, steam boilers and laundry equipment were costly and large fixed furniture pieces were added to the hospital during the 1940s to 1960s. Add-ons by way of expensive diagnostic, medical and surgical equipment were also noteworthy in the 1940s to mid-1950s period: 'the addition of several relatively expensive instruments for diagnosis and treatment including a portable X-Ray, a Boyles Davis anaesthetic machine, an electro-cardiogram, a new cystoscope, a portable surgical cautery, an instrument for shock therapy, and an infant resuscitator ... At present on order or being installed ... [is also] a modern X-Ray machine.'¹⁵⁴



X-ray department, November 1966 (CC, MHP, Box 1 (2007) – McCords 1, File 9, Orchard Papers)

While useful in the diagnosis of many diseases already mentioned, these technologies detected and assisted with the treatment of other problems that had been less frequently identified in earlier years. These included, for instance, diabetes, a variety of cancers, heart diseases (including cardiac arrest), appendicitis, bowel obstructions, urological problems, gynaecological and obstetrical conditions, and internal injuries caused by, for example, motor vehicle accidents and assaults.¹⁵⁵

As a result of the availability of more advanced equipment, the expansion in the number of medical staff qualified to perform surgical procedures, and the expanding number of patients treated, McCord annual reports (we have averaged the figures over five-year periods), reveal increases in the actual number of operations performed over the years, including major and minor surgical procedures (Figure 4).

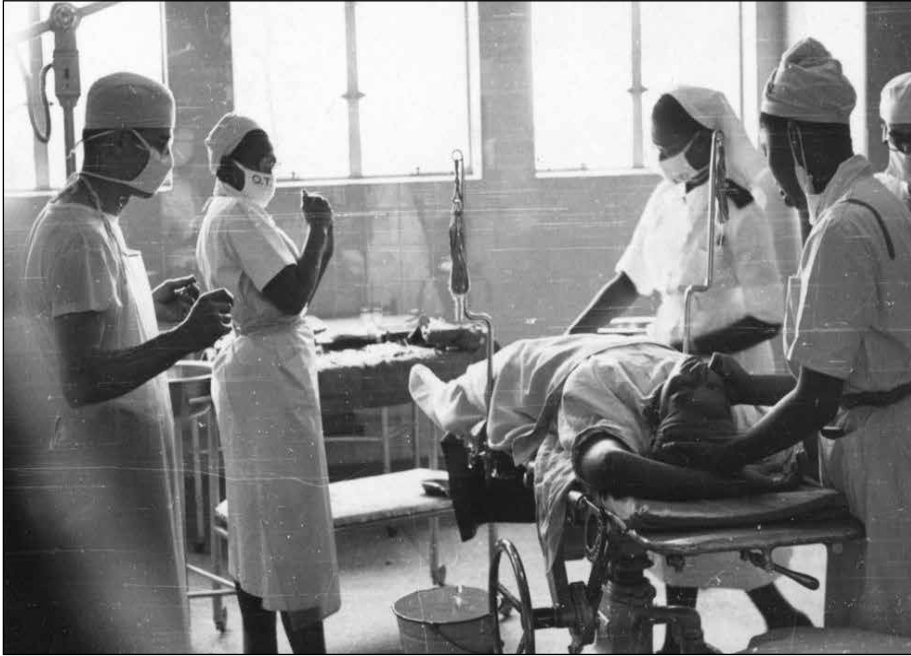
	1940– 1944	1945– 1949	1950– 1954	1955– 1959	1960– 1964	1965– 1969	1970– 1974	1975– 1979
Major	200	422	563	702	876	1 488	1 393	1 258
Minor	1 936	3 660	4 647	5 733	1 906	3 675	3 201	2 594

Figure 4 Surgeries performed, 1940–1979

A good example of a type of major surgery that increased dramatically over the years is that of caesarean sections.¹⁵⁶ These procedures grew in number from 24 in 1940 to 346 in 1970.¹⁵⁷ In the 1940s, important gynaecological research on use of the cutting-edge procedure of spinal anaesthetics in caesarean sections was reported on by a McCord doctor, Pamela Logan.¹⁵⁸ In the 1960s, Cecil Orchard noted how his gynaecologists were ‘very much “with it”’ as they used a small incision to penetrate the abdominal wall to ‘illuminate the secrets of [the peritoneum with] peritoneoscopes’.¹⁵⁹

One trend evident internationally was the greater fragmentation of medicine into a diverse assortment of medical and surgical specialties in the post-war years.¹⁶⁰ At McCords, because of financial restrictions, these were often supplied by the services of honorary specialist consultants who were brought in when necessary, not permanently employed specialists housed in large, well-funded separate departments, which was the case at better-resourced South African hospitals such as Groote Schuur.¹⁶¹

Another development mirroring general international trends was the decreasing amount of time that patients stayed in hospital. At the same time there were greater numbers of in-patients.¹⁶² In fact, looking at the comparative



One of the new operating theatres opened in the 1950s (CC, MHP, uncatalogued photographs)

statistics from the year 1940 when general in-patients stayed for an average of nineteen days (excluding treatment for TB, which required extended patient stays), the number of in-patient days dropped to eight in 1972.¹⁶³

This was no doubt related to the use of more effective diagnostic, medical and surgical options, which produced faster treatment and thus shorter recovery times. However, the need to discharge some patients more quickly because of limited space unfortunately continued to present itself in some years. McCords was not alone in dealing with these difficulties. Even larger, better-resourced state hospitals, such as Baragwanath, Groote Schuur and King Edward VIII had to navigate regularly the quagmire of budgetary constraints and overcrowded facilities, which often saw patients discharged early, forced to sleep on the floor, or turned away if not considered emergency cases.¹⁶⁴

Furthermore, when looking at McCord Hospital's maternity department statistics (Figure 5), particularly comparisons between its live birth rates and the number of caesarean sections performed, one sees a clear increase in use of surgical procedures. This also fits within post-war national and international hospital health care trends in the middle decades of the twentieth century.

	1940– 1944	1945– 1949	1950– 1954	1955– 1959	1960– 1964	1965– 1969	1970– 1974	1975– 1979
Live birth rate	515	1 513	2 255	2 315	2 335	2 163	2 539	1 931
Caesarean sections	28	62	100	153	224	341	404	369

Figure 5 Maternity Department: live births and caesarean sections performed, 1940–1979

In 1960, reflecting on forty years of practice at McCords, Taylor highlighted this growing trend in invasive procedures in childbirth:

Forty years ago we were warned against ‘meddlesome midwifery’ as the doctor’s greatest sin. Today, the emphasis is on the patient’s ‘keeping up to schedule’: if necessary, with the doctor’s help – in the interest of the baby’s better chance of life. The result is an increased number of obstetrical operations, fewer maternal and foetal deaths, and fewer of those tragedies – birth injuries – that formerly haunted obstetricians.¹⁶⁵

Although these developments were ultimately spun in a positive light in his annual reports, because of the fewer birth injuries or deaths these procedures facilitated, there is also evidence of his growing concern that doctors were overusing this procedure. In 1962, Taylor expressed the view that younger generations of doctors were doing too many caesarean procedures, even for



A busy maternity ward with mothers, their new-borns and midwives assisting them (CC, MHP, Box 1 (2007) – McCords 1, File 2, Photograph Album)

women who did not experience difficult births.¹⁶⁶ As a number of medical historians have argued, obstetricians increasingly came to use this surgical procedure for its 'time-efficient' scheduling advantages, which the natural birthing process did not allow.¹⁶⁷ That this imperative was becoming noticeable at McCords patently worried some of the staff.

Nevertheless, while McCords in some ways followed a number of post-war hospital-based therapy trends, in other ways it was quite different. Discussion of these differences, including its Christian environment, its carefully nurtured 'McCord family' ethos, and its resistance to apartheid, will form the subjects of the following two chapters.

ENDNOTES

- 1 J.B. McCord with J.S. Douglas, *My Patients Were Zulus* (New York: Rinehart, 1951): 300, 304–305 (quotation used in chapter title). All references to *My Patients Were Zulus* in this chapter are to the 1951 American edition.
- 2 For more on this wider political context see W. Beinart and S. Dubow (eds), *Segregation and Apartheid in Twentieth Century South Africa* (London: Routledge, 1995).
- 3 Campbell Collections, Durban (hereafter CC) McCord Hospital and History Project Papers (hereafter MHP): Board minutes (AGM), 29 January 1954. For the archival locations of Annual reports, see Bibliography.
- 4 D. Posel, *The Making of Apartheid 1948–1961* (Oxford: Clarendon Press, 1991): 23–24.
- 5 P. Maylam, 'Introduction: the struggle for space in twentieth-century Durban' in *The People's City: African Life in Twentieth-Century Durban* ed. by P. Maylam and I. Edwards (Pietermaritzburg: University of Natal Press, 1996): 16.
- 6 See, for example, R.M. Packard, *White Plague, Black Labour: Tuberculosis and the Political Economy of Health and Disease in South Africa* (Berkeley: University of California Press, 1989) and H.M. Coovadia and S.R. Benatar (eds), *A Century of Tuberculosis: South African Perspectives* (Oxford: Oxford University Press, 1991).
- 7 CC, MHP: Annual Report of the Medical Superintendent 1950: 6.
- 8 See, for example, Annual Report of the Medical Superintendent 1940; 1942. For locations of Annual Reports, which appear in different collections, see the Bibliography.
- 9 A.R. Singh, *A Survey of Hospitals, Clinics and Social Services for the Non-European Community of Durban* (Durban: R.K. Khan Hospital and Dispensary Trust for the South African Institute of Race Relations, 1960): 22; Annual Report of the Medical Superintendent 1949: 15.
- 10 Annual Report of the Medical Superintendent 1948: 11.
- 11 Annual Report of the Medical Superintendent 1941: 10.
- 12 Annual Report of the Medical Superintendent 1949: 13–14; 1952: 21.
- 13 Annual Report of the Medical Superintendent 1941: 10.
- 14 Annual Report of the Medical Superintendent 1952: 21.
- 15 Annual Report of the Medical Superintendent 1940: 7–8; 1942: 7; 1950: 16. Between March 1948 and June 1949, when Taylor was on furlough in the USA, one of the doctors on the hospital's staff, Dr Norman L. Mills, served as the acting Medical Superintendent.
- 16 Annual Report of the Medical Superintendent 1941: 6; 1942: 7.
- 17 Annual Report of the Medical Superintendent 1942: 7.

- 18 Annual Report of the Medical Superintendent 1941: 3.
- 19 Annual Report of the Medical Superintendent 1941: 4, 7, 11; 1942: 5, 9.
- 20 CC, MHP, Mouldy Box donated in 2010 (hereafter MB), File 14 Family Letters 40–50: Letter from Norman Mills to Alan Taylor, 16 April 1948; Annual Report of the Medical Superintendent 1948: 8.
- 21 Annual Report of the Medical Superintendent 1942: 6, 12; CC, MHP, MB, File 8 Dr A.B. Taylor from January 1946, 1947: Letter from Alan Taylor to Mr Ross Thomas, Abbott House, New Nagpada Road, Byculla, Bombay S., 21 June 1946. Comparing pre-war years to the end of 1942, sheet costs rose dramatically from 9/- to 27/-.
- 22 Annual Report of the Medical Superintendent 1942: 5.
- 23 Ibid: 9.
- 24 Ibid.
- 25 Ibid: 12.
- 26 Annual Report of the Medical Superintendent 1941: 12.
- 27 Ibid: 4; CC, MHP, MB, File 14 Family Letters 40–50: Letter from A.B. Taylor to Dr J.B. McCord, 1948.
- 28 R. Porter (ed.), *The Cambridge Illustrated History of Medicine* (Cambridge: Cambridge University Press, 2001): 9. For more on the technological advancements made in hospitals internationally during and after World War II see R. Porter, *The Greatest Benefit to Mankind* (New York: W.W. Norton, 1997): 457–460, 691–692; J.D. Howell, 'Hospitals' in *Medicine in the Twentieth Century* ed. by R. Cooter and J. Pickstone (Amsterdam: Harwood Academic Publishers, 2000).
- 29 A. Digby and H. Phillips with H. Deacon and K. Thomson, *At the Heart of Healing: Groote Schuur Hospital 1938–2008* (Johannesburg: Jacana, 2008): 301. For similar trends in another major South African hospital see S. Horwitz, *Baragwanath Hospital Soweto: A History of Medical Care, 1941–1990* (Johannesburg: Wits University Press, 2013) especially chapter 2.
- 30 Annual Report of the Medical Superintendent 1949: 16; 1953: 14; 1962: 15; CC, MHP, MB, File 1 56–63 folder 1: Letter from A.B. Taylor to his kids, 9 March 1962: 1.
- 31 CC, MHP, Box 8 (2007) McCords 8: Aldyth Lasbrey interviewed by James Colgrove, Durban, 3 August 2004.
- 32 NAR, NTS 2862, 7/303 Part 5 Dr McCords Mission Nursing Home 1944–1949: Unsigned letter/memo from the Medical Superintendent, 26 September 1948: 2.
- 33 Ibid.
- 34 Annual Report of the Medical Superintendent 1962: 15; 1942: 12.
- 35 Annual Report of the Medical Superintendent 1949: 16.
- 36 Annual Report of the Medical Superintendent 1960: 12.
- 37 See also Digby and Phillips, *At the Heart of Healing*: 23–26 for more on people's growing confidence in biomedicine and increased pressures on available South African hospital facilities. For more on the subject of people's use of a range of different therapies and approaches to healing themselves see, for example, A. Digby, *Diversity and Division in Medicine: Health Care in South Africa from the 1800s* (Oxford: Peter Lang, 2006), especially chapter 9 entitled 'Crossovers: patient pluralism'; J. Parle, *States of Mind: Searching for Mental Health in Natal and Zululand, 1868–1918* (Pietermaritzburg: University of KwaZulu-Natal Press, 2007), especially chapter 4 entitled 'In their own hands: the search for solace beyond the asylum walls'.
- 38 Annual Report of the Medical Superintendent 1942: 10.
- 39 Ibid: Letter from A.B. Taylor to Mr D.L. Smit, Secretary of Native Affairs, Pretoria, 25 June 1943 and Letter from A.B. Taylor to Mr D.L. Smit, Secretary of Native Affairs,

- Pretoria, 26 February 1945 re 'Special grant – McCord Hospital'; CC, MHP, MB, File 14 Family Letters 40–50: Letter to the kids, 12 September 1949; CC, MHP: Board minutes, 30 October 1959.
- 40 CC, MHP, MB, File 14 Family Letters 40–50: Letter from Dr N. Mills to Dr A.B. Taylor, 28 April 1948 and letter from A.B. Taylor to Dean G.V. Kidder, University of Vermont, Burlington, Vermont, 8 July 1949; Annual Report of the Medical Superintendent 1955: 9.
 - 41 Annual Report of the Medical Superintendent 1955: 9. See also NAR, NTS 2861, 7/303 Part 3 Dr McCord's Mission Nursing Home 1941–1942: Letter from A.B. Taylor to Mr Smit, Secretary for Native Affairs, Pretoria, 14 January 1942 re 'Grant for Native Nurses' Home at McCord Zulu Hospital'.
 - 42 CC, MHP: Board minutes, 28 October 1958; Annual Report of the Medical Superintendent 1962; CC, MHP, Box 1 (2007) – McCords 1, File 3 Newspaper cuttings, documents and photos: 'Grain of comfort for McCord' *Natal Mercury* 15 April 1966.
 - 43 See M. Gelfand, *Christian Doctor and Nurse: The History of Medical Missions in South Africa from 1799 to 1976* (Sandton: Mariannhill Mission Press, 1984); R. Ingle, *An Uneasy Story: The Nationalising of South African Mission Hospitals 1960–1976: A Personal Account* (Hillcrest: Ronald Ingle, 2010).
 - 44 See, for example, CC, MHP, MB, File 19 McCord Hospital – Africans: Letter from James Mhlongo to A.B. Taylor, 27 December 1948; CC, MHP, MB, File 20 Mills Letters 1949: Letter from Dr Mills to Dr Taylor, 15 February 1949.
 - 45 These are listed for most years in either the Board minutes or the annual reports. See, for example, CC, MHP, Board minutes 12 April 1949, 14 December 1950, 22 April 1955, 8 May 1958 and 27 July 1967; Annual Report of the Medical Superintendent 1955 and 1956; and NAR, NTS 2861 7/303 Part 2 Dr McCord's Mission Nursing Home 1935–1941: Application for hospital grant signed by Dr Alan B. Taylor to the Chief Native Affairs Commissioner, H.C. Lugg, 21 August 1940.
 - 46 NAR, NTS 2862 7/303 Part 5 Dr McCord's Mission Nursing Home 1944–1949: Notes of an interview with Senator Bawden on 10 September 1948 at Cape Town [about] McCord Zulu Hospital: 1–2; McCord with Douglas, *My Patients Were Zulus*: 302–303.
 - 47 CC, MHP, MB, File 14 Family Letters 40–50: Letter to the kids, 6 December 1949; 'The Durban riots' *South African History Online*, <http://www.sahistory.org.za/archive/70-durban-riots-1949> (accessed 20 April 2015).
 - 48 NAR, NTS 2862 7/303 Part 5 Dr McCord's Mission Nursing Home 1944–1949: Letter from Alan B. Taylor to the Native Commissioner, Durban, 30 September 1947 re 'Native mission hospitals: finances and statistics'; Annual Report of the Medical Superintendent 1962: 20; CC, MHP, Board minutes 9 November 1967.
 - 49 CC, MHP, Board minutes 28 October 1958 and 29 April 1960; CC, MHP, Boxes 7 and 8 (2007) ALP Series II: *Golden Jubilee 1909–1959: A Report on McCord Zulu Hospital*.
 - 50 A.B. Taylor, 'Economy in a mission hospital' *South African Medical Journal* 8 March 1958: 275–277.
 - 51 CC, Margaret McCord Papers, Katie Makanya interviewed by Margaret McCord, Adams Mission, Amanzimtoti, 1954.
 - 52 Sam Fehrsen interviewed by Vanessa Noble, Pretoria, 22 August 2003 (in the interviewer's possession).
 - 53 CC, MHP, MB, File 14 Family Letters 40–50: Letter to the kids, 20 September 1949 and File 15 Family Letters (by Alan) 50–55: Letter to the kids, 9 March 1954.
 - 54 CC, MHP, MB, File 6 Dr Taylor up to Dec. 1958: Letter from A.B. Taylor to Dorothy Cushing, Mt Silinda Mission, Rhodesia, 25 June 1958.

- 55 CC, MHP, Box 1 (2007) – McCords 1 File 3 Newspaper cuttings, documents and photos: 'Shortage of staff and funds: Zulu Hospital's problems' *Natal Mercury* 12 December 1967.
- 56 F. Zoia, "'This wrong situation': a critical study of McCord Hospital and the Group Areas Act, 1949–1961' (History honours thesis, University of KwaZulu-Natal, Durban, 2007): 57.
- 57 CC, MHP, Boxes 7 and 8, ALP Series II: 'Natal University graduation ceremony, Pietermaritzburg, 29 March, 1958' *Isibuko* 23 (June 1958).
- 58 CC, MHP, Board Minutes (AGM), 13 February 1962.
- 59 CC, MHP, Board Minutes (AGM), 21 January 1951; Zoia, "'This Wrong Situation'": 60; *Who's Who of Southern Africa, 1964* (Johannesburg: Wootton and Gibson, 1965); CC, MHP, Boxes 7 and 8, ALP Series II: Aldyth H. Lasbrey, 'Dr Alan B. Taylor: footprints upon the sands of time' *Isibuko* IV (1969).
- 60 E.H. Brookes, *A History of the University of Natal* (Pietermaritzburg: University of Natal Press, 1966): 79; Annual Report of the Medical Superintendent 1937: 1.
- 61 CC, MHP, MB, File 1 56–63 folder 2 Loose Papers[S]: Letter from A.B. Taylor to the kids, 29 May 1959.
- 62 CC, MHP, MB, File 6 Dr Taylor up to Dec 1958: 'List of my activities', November 1951.
- 63 CC, MHP, MB, File 6 Dr Taylor up to Dec 1958: Letter from Jordan K. Ngubane (from Inanda, Natal) to Dr Alan Taylor, 6 February 1955 and letter from Taylor to Mrs. M. McCord (Oakham, Mass.), 5 June 1955: 2. See also CC, MHP, MB, File 15 Family Letters (by Alan) 50–55: Letter from Taylor to his kids, 25 January 1955: 1 and letter from Taylor to his kids, 15 February 1955: 1.
- 64 CC, MHP, MB, File 15 Family Letters (by Alan) 50–55: Letter from Taylor to his kids, 17 January 1956: 1 and CC, MHP, MB, File 1 56–63: Annual letter from Taylor to friends, 10 September 1961: 3. See also CC, MHP, MB, File 23 Of Special Interest – Dr Taylor 1959–1962: Letter from Taylor to Dr Marquard de Villiers, Medical Officer, Department of Prisons, Pretoria, 23 June 1960.
- 65 CC, MHP, MB, File 6 Dr Taylor up to Dec. 1958: Letter from Jordan K. Ngubane, Inanda, Natal to Dr A.B. Taylor, 6 February 1955; CC, MHP, MB, File 1 56–63: Letter from A.B. Taylor to his kids, 1 October 1957 and letter from A.B. Taylor to his kids, 1 April 1960.
- 66 For more on the history of Albert Luthuli see S. Couper, *Albert Luthuli: Bound by Faith* (Pietermaritzburg: University of KwaZulu-Natal Press, 2010).
- 67 CC, MHP, MB, File 23 Of Special Interest – Dr Taylor 1959–1962: Letter from Taylor to the Minister of Justice, Cape Town, re 'Health of ex-Chief Luthuli', 19 April 1960 and letter from Dr Marquard de Villiers (physician at the Pretoria prison) to A.B. Taylor re 'Health of ex-Chief Luthuli', 25 April 1960.
- 68 CC, MHP, MB, File 23 Of Special Interest – Dr Taylor 1959–1962: Letter from Taylor to A.J. Luthuli, Prisoner no. 6516, Pretoria Gaol, Pretoria, 25 May 1960.
- 69 CC, MHP, MB, File 23 Of Special Interest – Dr Taylor 1959–1962: Letter from Albert J. Luthuli (Prisoner 6516/60, Pretoria Prison) to Dr A.B. Taylor, posted (franked) 6 June 1960.
- 70 CC, MHP, MB, File 23 Of Special Interest – Dr Taylor 1959–1962: Letter from Albert J. Luthuli to Dr A.B. Taylor, 6 June 1960.
- 71 See, for example, CC, MHP, MB, File 23 Of Special Interest – Dr Taylor 1959–1962: Letter from Taylor to A.J. Luthuli (Prisoner no. 6516, Pretoria Gaol), 25 May 1960 and letter from Taylor to ex-Chief Luthuli (Prisoner no. 6516, Pretoria Gaol), 22 June 1960.
- 72 See, for example, CC, MHP, MB, File 23 Of Special Interest – Dr Taylor 1959–1962: Letter from Luthuli (Groutville Mission) to Taylor, 21 October 1960; letter from Taylor to Luthuli, 26 October 1960; letter from Luthuli to Taylor, 21 September 1961.

- 73 CC, MHP, MB, File 12 Envelope – Luthuli Clippings – Nobel Prize; CC, MHP, MB, File 1 56–63: Letter to the kids, 1 December 1961 and letter to the kids, 16 December 1961.
- 74 CC, MHP, Board Minutes (AGM), 14 February 1961.
- 75 CC, MHP, MB, File 23 Dr Taylor 1962: Letter from Taylor to Miss Dorothy Hampton, Stewardship Council, 1505 Race Street, Philadelphia 2, Pennsylvania, USA, 23 November 1962.
- 76 CC, MHP, MB, File 1 56–63 folder 2 Loose Papers: Letter from A.B. Taylor to the kids, 29 May 1959.
- 77 CC, MHP, MB, File 15 Family Letters (by Alan) 50–55: Letter from A.B. Taylor to the kids, 26 May 1952; CC, MHP, MB, File 23 T1 Dr Taylor Personal, 1959–1960: Letter from Taylor to Dr E.G. Bredenkamp, 28 December 1959: 1; CC, MHP, MB, File 23 Of Special Interest – Dr Taylor 1959–1962: Letter from Taylor to Dr Marquard de Villiers, Medical Officer, Department of Prisons, Pretoria, 23 June 1960.
- 78 A.F. Christofersen, *Adventuring with God: The Story of the American Board Mission in South Africa* (Durban: Inanda Seminary, 1967).
- 79 CC, MHP, Boxes 7 and 8 (2007), ALP Series II: ‘From Howard Christofersen’ *Isibuko* 4 (Easter 1964) and Mavis Orchard interviewed by Michelle Floyd, Durban, 9 October 2008 (in interviewer’s possession).
- 80 For more on the Orchards see CC, MHP, Box 7 (2007) – McCords 7: Mavis Orchard interviewed by James Colgrove, Durban, 18 December 2004. See also Floyd’s interview with Mavis Orchard, Durban, 9 October 2008 and CC, MHP, Box 1 (2007) – McCords 1 File 3 Newspaper cuttings, documents and photos: ‘First S. African superintendent at McCord’ *Natal Mercury* 8 November 1966.
- 81 CC, MHP, Board Minutes: ‘Minutes of Hospital Executive Committee meeting’, 20 May 1965.
- 82 Ibid.
- 83 See Annual Reports of the Medical Superintendent between 1940 and the 1970s.
- 84 For more on this see Annual Report of the Medical Superintendents during the 1940s and 1950s. See also CC, MHP, Board Minutes, 8 September 1955.
- 85 CC, MHP, Board Minutes: ‘Memorandum of meeting of the McCord Hospital Board and Provincial Executive representatives’, 17 February 1950 and ‘Minutes of a meeting of the Executive of McCord Hospital Board’, 9 September 1957.
- 86 CC, MHP, MB, File 1 56–63: Letter from A.B. Taylor to the kids, 5 March 1957.
- 87 CC, MHP, MB, File 6 Dr Taylor up to Dec. 1958: Letter from A.B. Taylor to Dorothy Cushing, Mt Silinda Mission, Rhodesia, 25 June 1958. For more on Mary Taylor see M. Floyd, “‘Not of a nature to swell the historic page’: the lives and work of three American medical missionaries’ wives at McCord Hospital, Durban, 1899–1966” (History honours thesis, University of KwaZulu-Natal, Pietermaritzburg: 2008): 23–27, 46–48; CC, MHP, Box 1 (2007) – McCords 1 File 3 Newspaper cuttings, documents and photos: ‘Dr and Mrs. Taylor: 50 golden years of service’ *Daily News* 20 September 1968.
- 88 Annual Report of the Medical Superintendent 1962: 19–20.
- 89 For more on this subject see Floyd, “‘Not of a nature to swell the historic page’”: 3–4, 27 and Mavis Orchard interviewed by M. Floyd, Durban, 9 October 2008. Floyd was also in email communication with Howard and his son Paul Christofersen in 2008.
- 90 Floyd, “‘Not of a nature to swell the historic page’”: 56–57.
- 91 CC, MHP, Box 7 (2007) McCords 7: Zodwa E. Mageba interviewed by James Colgrove, Durban, 17 August 2004.
- 92 Mavis Orchard interviewed by Michelle Floyd, Durban, 9 October 2008.

- 93 CC, MHP, Boxes 7 and 8, ALP Series II: 'Extracts from letters' *Isibuko* 26 (1959): 27; *Isibuko* (Xmas 1963): 42; CC, MHP, MB, File 6 Dr Taylor up to Dec. 1958: Letter to the relatives and friends of Mr and Mrs Alan Taylor from John A. Reuling, Secretary for Africa, A.B.C.F.M., Boston, Massachusetts, 11 February 1958; CC, MHP, Board Minutes, 10 February 1960: 'Chairman's remarks'.
- 94 CC, MHP, Box 8 (2007) McCords 8: Aldyth Lasbrey interviewed by James Colgrove, Durban, 3 August 2004; CC, MHP, Boxes 7 and 8 ALP, Series III Mary Taylor Memorials: 'A tribute to 43 years of service to Durban or This is your Life – Mary Taylor' [written by Dr Lasbrey and Miss Chambers?], 1974. See also CC, MHP, Box 7 (2007) McCords 7: Mavis Orchard interviewed by James Colgrove, Durban, 18 December 2004.
- 95 CC, MHP, MB, File 15 Family Letters (by Alan) 50–55: Letter to the kids, 15 June 1954; and File 23 T1 Dr Taylor Personal 1959–1960: Letter from A.B. Taylor to 'Friends in America and elsewhere', 16 May 1959.
- 96 CC, MHP, Box 7 (2007) McCords 7, Mary Jane Molefe interviewed by James Colgrove, Durban, 5 August 2004.
- 97 See, for example, CC, MHP, Annual Report of the Medical Superintendent 1947: 14.
- 98 Floyd, "Not of a nature to swell the historic page": 54.
- 99 Ibid.
- 100 CC, MHP, Boxes 7 and 8 ALP, Series II: Mrs Magill, 'Farewell and thanks to Mrs. Christofersen and Mrs Parsons' *Isibuko* (1966).
- 101 CC, MHP, MB, File 15 Family Letters (by Alan) 50–55: Letter from Taylor to his kids, 13 November 1950.
- 102 Annual Report of the Medical Superintendent 1956: 13.
- 103 Mavis Orchard interviewed by Michelle Floyd, Durban, 9 October 2008.
- 104 Floyd, "Not of a nature to swell the historic page": 49.
- 105 See CC, MHP, MB, File 6 Dr Taylor up to Dec. 1958: Letter to the relatives and friends of Mr and Mrs Alan Taylor from John A. Reuling, Secretary for Africa, A.B.C.F.M., Boston, Mass., 11 February 1958 and Mavis Orchard interviewed by Michelle Floyd, Durban, 9 October 2008.
- 106 CC, MHP, MB, File 14 Family Letters 40–50: Letter from A.B. Taylor to the kids, 12 March 1950. See also Floyd, "Not of a nature to swell the historic page": 17, 44, 46.
- 107 CC, MHP, MB, File 15 Family Letters (by Alan) 50–55: Letter from A.B. Taylor to the kids, 22 July 1953.
- 108 CC, MHP, MB, File 15 Family Letters (by Alan) 50–55: Letter from A.B. Taylor to the kids, 30 June 1953.
- 109 Pietermaritzburg Archives Repository (PAR) NPA (Prov. Sec.) file no. 4/3947, Box 544 Native Nurses – McCord Zulu Hospital: 'McCord Zulu Hospital' from the Director of Provincial Medical and Health Services addressed to the Executive Committee, 21 December 1949. See also CC, KCN 31, News book 30: 'Rapid growth of the McCord Hospital' *Natal Mercury* 12 June 1946 and Annual Report of the Medical Superintendent 1956: 9.
- 110 CC, MHP, Boxes 7 and 8, ALP Series II: 'McCord's 1946' brochure.
- 111 Other than the 1940s brochure, see also NAR NTS 2862 7/303 Part 5 Dr McCord's Mission Nursing Home 1944–1949: Unsigned letter/memo from Alan B. Taylor, 26 September 1948: 1 and letter from the Medical Superintendent to the Native Affairs Commissioner re 'Native mission hospitals: finances and statistics', 30 September 1947.
- 112 Data collated from CC, MHP, Boxes 7 and 8 ALP, Series II: 'McCord's 1946' brochure.

- 113 CC, MHP, Boxes 7 and 8 ALP Series II: ‘McCord’s 1946’ brochure. The out-patient numbers reflect both the patients seen in clinics on the hospital’s premises and in its district clinics.
- 114 Mary O’Reagain, *The Hospital Services of Natal* (Durban: University of Natal, 1970): 75–78.
- 115 See for example, Gelfand, *Christian Doctor and Nurse* and Anthony Barker, *Giving and Receiving: An Adventure in African Medical Practice* (London: Faith Press, 1959).
- 116 See NAR, NTS 2862 7/303: Letter/memo from Medical Superintendent, Alan B. Taylor, 26 September 1948: 3; Annual Report of the Medical Superintendent 1949: 17 and 1960: 13; CC, MHP, MB, File 1 56–63: Letter from A.B. Taylor to his kids, 1 March 1962: 1.
- 117 Annual Report of the Medical Superintendent 1948: 15.
- 118 CC, MHP, Boxes 7 and 8, ALP Series II: Aldyth Lasbrey, ‘Down-town dispensary’ *Isibuko* 1 (October 1952): 6.
- 119 Annual Report of the Medical Superintendent 1942: 11.
- 120 Annual Report of the Medical Superintendent 1950: 17.
- 121 Figure 2, and the others that follow in this chapter, draws on data from McCord Hospital’s annual reports between 1940 and 1979. Unless indicated otherwise, all figures are averaged across five-year periods since data is missing in the records for some years. Our thanks go to Noleen Loubser for assistance in extrapolating and interpreting this data.
- 122 Annual Report of the Medical Superintendent 1949: 17 and 1955: 15.
- 123 Annual Report of the Medical Superintendent 1941: 8, 11.
- 124 See, for example L. Doyal with I. Pennell, *The Political Economy of Health* (London: Pluto Press, 1991), chapter 5 entitled ‘The National Health Service in Britain’: 177–214; J.H. Geiger, ‘Community-oriented primary care: the legacy of Sidney Kark’ *American Journal of Public Health* 83(7) July 1993: 946–947; S. and E. Kark, *Promoting Community Health: From Pholela to Jerusalem* (Johannesburg: Witwatersrand University Press, 1999), chapter 14 entitled ‘The WHO-Israel Social Medicine Project (1959) and further developments’: 204–225.
- 125 Digby and Phillips, *At the Heart of Healing*: 24–25; Digby, *Diversity and Division in Medicine*: 256–266; Horwitz, *Baragwanath Hospital Soweto*: 62–63; and O’Reagain, *The Hospital Services of Natal*: 75–78.
- 126 Gelfand, *Christian Doctor and Nurse*, especially chapters II, II and IV; Digby, *Diversity and Division in Medicine*: 120–124; A. Digby, ‘Medicine and witchcraft in South Africa: initiatives at Victoria Hospital, Lovedale’ and H. Sweet, ‘Expectations, encounters and ecclesiastics: mission medicine in Zululand, South Africa’ both in *From Western Medicine to Global Medicine: The Hospital Beyond the West* ed. by M. Harrison, M. Jones and H. Sweet (Hyderabad: Orient Blackswan, 2009).
- 127 S. Marks, ‘South Africa’s early experiment in social medicine: its pioneers and politics’ *American Journal of Primary Health* 87(3) March 1997: 452–459. For more on the history of the international aspects of the social medicine movement see S. Marks, ‘Social medicine in South Africa in the mid-twentieth century: the international context’ (WISER paper, University of the Witwatersrand, 17 July 2006).
- 128 For more on the work of the Karks see S.L. Kark and G. Steuart (eds), *A Practice of Social Medicine: A South African Team’s Experiences in Different African Communities* (Edinburgh: E. and S. Livingstone, 1962) and S. and E. Kark, *Promoting Community Health*.
- 129 S. and E. Kark, *Promoting Community Health*: chapters 13 and 14.

- 130 For more on the failure of the Gluckman Commission to develop a new national health service for South Africa in the 1940s and 1950s see C. de Beer, *The South African Disease: Apartheid Health and Health Services* (Johannesburg: South African Research Service, 1984): 15–30 and S. Marks and N. Andersson, 'Industrialisation, rural health and the 1944 National Health Services Commission in South Africa' in *The Social Basis of Health and Healing in Africa* ed. by S. Feierman and J.M. Janzen (Berkeley: University of California Press, 1992).
- 131 De Beer, *The South African Disease*, chapter 3 entitled 'Rhetoric and reality: urban health and state policies': 37–39. For a similar trend in the broader Africa context see B. McPake, 'Hospital policy in sub-Saharan Africa and post-colonial development impasse' *Social History of Medicine* 22(2) 2009: 341–360.
- 132 CC, MHP, Board Minutes, 18 February 1964; CC, MHP, MB, File 1 56–63: Letter from A.B. Taylor to his kids, 11 January 1963: 1. See also Annual Report of the Medical Superintendent 1962: 16.
- 133 Annual Report of the Medical Superintendent 1960: 12–13; CC, MHP, Boxes 7 and 8, ALP Series II: *Golden Jubilee 1909–1959: A Report on McCord Zulu Hospital*.
- 134 CC, MHP, Box 1 (2007) – McCords 1, File 6: Province of Natal, 'Report of the Director of Hospital Services 1965' (photocopies PAR NOP 6/6/2/1): 17–18.
- 135 Ibid.
- 136 For more on St Aidan's see CC, MHP, Box 1 (2007) – McCords 1, File 6: Province of Natal, 'Report of the Director of Hospital Services 1965': 18; Singh, *A Survey of Hospitals*: 24 and Gelfand, *Christian Doctor and Nurse*: 57–61.
- 137 For more on the history of King Edward VIII Hospital see I. Gordon, 'King Edward VIII Hospital: the teaching hospital of the Durban Medical School' *South African Medical Journal* 2 December 1961: 1001–1002; 'Hospital serves non-whites' *South African Panorama* February 1962; and C. Dyer et al., 'Fifty years at King Edward VIII Hospital, Durban' *South African Medical Journal* 22 (November 1986): 684–687.
- 138 Annual Report of the Medical Superintendent 1962: 20.
- 139 NAR NTS 2861 7/303 Part 3 Dr McCords Mission Nursing Home 1941–1942: Report of the Medical Superintendent ending December 1941: 5 and NTS 2861 7/303 Part 3: Letter from Alan B. Taylor to Mr D.L. Smit, Secretary for Native Affairs, Pretoria, 14 January 1942 're Grant for Native Nurses' Home at McCord Zulu Hospital'.
- 140 Annual Report of the Medical Superintendent 1947: 10; 1948: 15.
- 141 Annual Report of the Medical Superintendent 1941: 4–5.
- 142 Annual Report of the Medical Superintendent 1940: 13.
- 143 Annual Report of the Medical Superintendent 1952: 9; and 1955: 9.
- 144 Annual Report of the Medical Superintendent 1953: 8 and 1955: 9.
- 145 Annual Report of the Medical Superintendent 1953: 8; 1954: 9–10.
- 146 M. McCord, *The Calling of Katie Makanya* (Cape Town: David Philip, 1995): 247–248. See also Annual Report of the Medical Superintendent 1954: 8.
- 147 Annual Report of the Medical Superintendent 1954: 10 and 1955: 9.
- 148 Annual Report of the Medical Superintendent 1955: 18; 1956: 10.
- 149 Annual Report of the Medical Superintendent 1957: 10–11.
- 150 Annual Report of the Medical Superintendent 1956: 10.
- 151 Annual Report of the Medical Superintendent 1962: 10. See also comments made about these issues in Annual Report of the Medical Superintendent 1957: 21 and 1960: 10.
- 152 For more on these issues see Annual Report of the Medical Superintendent 1949: 9, 1950: 21 and 1962: 10, 14; CC, MHP, Board Minutes, 20 January 1966; CC, MHP, Box 1 (2007)

- McCords 1 File 3 Newspaper cuttings, documents and photos: ‘McCord is R27,000 “in the red”’ *Natal Mercury* 14 December 1966.
- 153 See Annual Report of the Medical Superintendent 1960: 10, 12 and 1962: 14.
- 154 Annual Report of the Medical Superintendent 1955: 9. Analysis of Annual Reports in the 1960s and 1970s highlight other advanced equipment additions. See, for example, Annual Report of the Medical Superintendent 1969: 9 and 1972: 7–8.
- 155 Annual Report of the Medical Superintendent 1947: 16, 1951: 13, 1953: 14–15, 1955: 13–14 and 1971: 6.
- 156 CC, MHP, MB, File 23 T1 Dr Taylor Personal 1959–1960: Letter from Taylor to Dr W.B. Lawson and Professor D.B. Stewart, Department of Obstetrics and Gynaecology, University College, Ibadan, Nigeria, 7 October 1960.
- 157 Annual Report of the Medical Superintendent 1940: 8 and 1971: ‘Statistics’ page.
- 158 F.P. Logan, ‘Spinal anaesthesia in caesarian sections and operative vaginal deliveries’ *South African Medical Journal* 21 (11 September 1948) 560–564; CC, MHP, Box 2 (2010) McCords 11, ALP: ‘A study of the relative merits and scope for vacuum extraction, as opposed to forceps delivery’ [n.d.].
- 159 Annual Report of the Medical Superintendent 1969: 9.
- 160 See, for example, Porter, *The Greatest Benefit to Mankind*: 384–388; R. Porter (ed.), *The Cambridge History of Medicine* (Cambridge: Cambridge University Press, 2006), especially chapter 5 entitled ‘Medical science’ and chapter 6 entitled ‘Hospitals and surgery’; and G.B. Risse, *Mending Bodies, Saving Souls: A History of Hospitals* (Oxford: Oxford University Press, 1999), especially sections 5, 6, 7 and 11, which deal with developments surrounding the ‘modern’ hospital.
- 161 Digby and Phillips, *At the Heart of Healing*, especially chapters 3, 11 and 12.
- 162 For more on this downward trend in Western hospitals see, for example, Howell, ‘Hospitals’: 514–515 and Digby and Phillips, *At the Heart of Healing*: 23, 77.
- 163 Annual Report of the Medical Superintendent 1942: 6; 1972: 7.
- 164 See Horwitz, *Baragwanath Hospital*, especially chapter 6 entitled ‘Chronic contradictions: the struggle of Baragwanath’; Digby and Phillips, *At the Heart of Healing*: 24, 38–40 and V. Noble, *A School of Struggle: Durban’s Medical School and the Education of Black Doctors in South Africa* (Pietermaritzburg: University of KwaZulu-Natal Press, 2013), especially chapter 5 entitled ‘King Edward VIII Hospital and clinical training difficulties’.
- 165 Annual Report of the Medical Superintendent 1960: 15.
- 166 Annual Report of the Medical Superintendent 1962: 10.
- 167 For more on this subject see O. Moscucci, *The Science of Woman: Gynaecology and Gender in England, 1800–1929* (Cambridge: Cambridge University Press, 1990) for an international perspective, and C.E. Burns, ‘Reproductive labours: the politics of women’s health in South Africa, 1900 to 1960’ (PhD thesis, Northwestern University, Chicago, 1995) for a discussion of the situation as it developed in South Africa.

‘NO ONE PERSON IS McCORD ZULU HOSPITAL’¹: A COMPLEX CHRISTIAN COMMUNITY OF CARE

McCORD HOSPITAL MANAGED to grow, and at times flourish, as a Christian-centred medical institution at a time when faith-based hospital services were in decline, both in South Africa and internationally. As we have seen, the 1950s through to the 1970s were times of steeply growing expenses and thus financial difficulties for hospitals, and this was especially challenging for non-profit mission hospitals.² Many formerly independent hospitals were obliged to accept greater subsidies – and interference – from state authorities. There could also be open hostility towards ‘foreign’ mission-based medical facilities. For instance, after World War II foreign missionaries were forced to leave both China and India.³

The ‘importance of the spiritual: McCord Hospital’s Christian environment

Similarly, the conservative apartheid government strove during these decades to nationalise mission hospitals in South Africa through increased, and then total, funding packages. The State aimed, through these means, to gain direct control over the large number of independent mission hospitals serving ‘non-Europeans’.⁴ This was especially the case for those located in or near African ‘reserves’ or bantustans whose authorities, it was argued, would eventually take responsibility for their administration. Although some mission hospitals were able to resist this takeover process for several years, most were eventually forced, through political pressure and financial constraints, to hand over their operations to government administrators, who ran these hospitals as publicly funded institutions under state management.

During this period, however, McCord Hospital, an urban hospital not situated within a bantustan, was not nationalised, and did not fall into line with the state-driven trend propelling the idea of a modern hospital environment as strictly scientific and secular, healing the body and with no necessary regard for the soul.⁵ Instead, it resisted surrendering its status as a *state-aided* not *state-controlled* institution, limited its reliance on state subsidies, and

operated under its own Hospital Board as far as it was legally and politically able. Moreover, and unlike several other hospitals, it was also able to hold steadfastly to its Christian ethos. McCords proved flexible, however, and identified itself as a non-denominational hospital that did 'not restrict staff appointments to professing Christians' and over time did hire many people from a wide range of faiths, who had a strong sense of service, or a calling. In the mid-twentieth century, however, McCord's medical superintendents and matrons (who were themselves professed Christians), did continue to choose, where possible, Christian employees and trainees.⁶

During the four decades as medical superintendent, Alan B. Taylor unceasingly worked to build upon the hospital's Christian foundations. In fact, Taylor probably placed even greater emphasis on Christian faith in healing than his predecessor. This is captured in *My Patients Were Zulus*, when James McCord reflected on the character and work of the man who had succeeded him:

Dr Taylor's ... religion, you could see, wasn't something accepted on Sunday and shed on Monday. It was part of [his] way of life ... [A]nd when he took charge of the hospital, religion and healing went hand in hand ... [He] allowed religion to play an even larger role in the hospital ... Without question his influence ... ma[de] the nurses and the staff look upon their work as both spiritual and medical.⁷

Taylor, who 'actually lived what he believed in',⁸ wanted to encourage the 'importance of the Spiritual' in everything at McCords, including positive Christian 'habits' of life, such as 'courtesy to all regardless of class or race, patience ... co-operation; to say nothing of those of hard work' and prudence.⁹

This he promoted by introducing regularised Christian practices into the hospital's routine, such as early morning Friday 'quiet hours' of reflection for those not on duty. At these sessions he would pass around pieces of paper with scriptural issues or questions from the Bible for attendees to contemplate and discuss. Taylor also encouraged daily 8.00 am religious services for medical and nursing staff; ward services for patients; Zulu prayer sessions for the non-medical support staff; and Sunday evening services in the Nurses Home. Many of these activities were continued by his successors, helping to sustain the hospital's missionary character.

In addition, McCord managers encouraged the ministering activities of visiting pastors who came from a variety of denominations – Presbyterian, Methodist and Congregational – to give sermons at the hospital on Sunday evenings. Christian evangelists had been welcomed from the very inception

of the hospital, as well as at the Beatrice Street dispensary and the McCords' cottage hospital. In the 1950s, a full-time post was created for Annie Nyembezi.

Born into a Zulu-speaking Wesleyan Methodist family who lived near Pietermaritzburg in 1897, Nyembezi had trained as a teacher at Adams Mission College before moving to Hope Foundation Mission near Bulawayo in Southern Rhodesia (Zimbabwe) where she worked for 38 years. After returning to Durban in the mid-1950s, she was encouraged by McCord doctors, such as Taylor and Aldyth Lasbrey, to work at the hospital as its evangelist.

For seventeen years (until she was well into her seventies) she gave daily religious services for patients in each of the hospital's wards and its OPD. In 1968 she wrote: 'I conduct prayers for the patients every day except on Sunday. We start from 7.30 am to 4 pm. There are 27 wards, in which I have to bring the Word of God each day. My work inspires me to help those who believe in Christ and those who do not.'¹⁰ She also provided support and spiritual advice to patients' families and to many of the hospital's staff and trainees.¹¹

The practices of preaching and praying continued at the hospital well after Nyembezi's retirement as other evangelists, including Winston Mkhize and 'Aunty' Hilda Ncayiyane were appointed to continue her work.¹² To be sure, by the 1970s medicine was still viewed by those in charge of this hospital as a 'handmaiden to the Gospel' and the Christian desire to 'heal the soul' remained as significant as healing a patient's physical body.

For people at the helm of McCords, running the hospital could entail a balancing act, however: promoting a strong Christian ethos *and* 'keeping step with a progressing world' of modern scientific advancements.¹³ It took a special type of commitment and character, especially of those in charge, to ensure that the hospital continued to deliver high-quality, mission-inspired modern medicine.



*Mrs Annie Nyembezi,
McCord Hospital's evangelist
(CC, MHP, uncatalogued
photographs)*

The expansion of general nurse and midwife training programmes

As noted in earlier chapters, McCord Hospital had blazed a trail in providing general nursing and midwifery training for African women in Natal from the early twentieth century. This continued in the middle decades of the twentieth century. By the 1940s, nursing had become one of the very few professions legally accessible for African women wishing to enter the job market. The serious shortage of white nurses experienced in South African hospitals during World War II made the country's authorities, especially those in control of 'non-European' health care services, eager to train more African nurses to alleviate the critical personnel shortage.

The altered political climate after the election of an apartheid-led government in 1948 ironically also bolstered African nurse trainee numbers. This government promoted laws, such as the 1953 Bantu Education Act, which increased the number of Africans – including women – who were taught at the high school level. This helped facilitate the entry of larger numbers of Africans into professional training careers such as nursing, with the State hoping to funnel staff into racially segregated health care services.¹⁴

General nurse enrolments at McCords increased from an average of about 42 per annum in the mid- to late-1940s to about 52 by the mid- to late-1960s. Although it is difficult to quantify these figures precisely, we can see by looking at photographs that the number of general nursing trainees increased.



*Medical, nursing and administrative staff, May 1959 (excluding domestic workers and 20 pupil nurses on holiday at the time the photograph was taken)
(CC, MHP, uncatalogued photographs. This photograph also appears in
Golden Jubilee, 1909–1959: A Report on McCord Zulu Hospital)*

Yet, while nursing had by the 1940s become a respected occupation for African women, it took longer for South African Indian women to enter the profession. When they did so, and for reasons that echo those of African nurse trainees before World War II, it was McCord Hospital that was chosen by families and by the women themselves as the most suitable place to train. The first such woman began her training in 1947.¹⁵

Shula Marks has argued that Indian women in South Africa began training later than African women because nursing was historically viewed as a stigmatised 'lower-caste occupation carried out by men'.¹⁶ During the 1940s and 1950s, Indian women who worked as teachers could also earn higher salaries than did African men or women. Together with the promise of regular school holidays, this made teaching a more attractive professional choice for Indian women. McCord-trained Kamala Nayiager also highlighted the problem of what she called the 'crippling possessiveness ... inherent in [South African] Indian family life', which reduced the number of Indian women who applied to study nursing.

In a letter written to Dr Lasbrey in 1955, Nayiager discussed how overly protective parents often discouraged their children from venturing far from



Indian nurses and midwives, named as (left to right) Tholsie, Duya, Kamala [Moonsamy], Kamala [Nayiager] and Thilkama, 1950s (CC, MHP, Box 1 (2007) – McCords 1, File 9, Orchard Papers)

their natal homes, taking it, she argued, 'rather badly when they needed to separate' from their children, even for educational purposes.¹⁷ What is more, conservative patriarchal ideas about a woman's 'proper place' meant early marriage and aspirations to start families of their own, not education, for many women.

Thus it was only in 1949, more than ten years after government hospitals had tried to initiate Indian nurse training, that Savantharay Pillay graduated from McCords, becoming the first South African Indian woman to qualify and be registered to practise as a general nurse in this country.¹⁸ In that same year, there were four more young Indian women in training at McCords; and by 1955 there were fourteen. Indian trainee numbers would increase slowly over the next few years, though their numbers remained small compared to the number of African women. St Aidan's also became an important training site for Indian nurses in the second half of the twentieth century.¹⁹

Very few women designated coloured trained as nurses at McCords.²⁰ Historically, the hospital had reserved most of its training opportunities for African women with 'a certain number of vacancies' for Indian women.²¹ When questioned about this in 1946, Taylor said that he felt that the need to train African nurses was greater in a country with a majority African population. It was also the case that there were fewer coloured people who lived and sought training in Natal. Furthermore, Taylor highlighted another race-related problem that deterred McCords from accepting many coloured trainees. In his view these women, not brought up in African families, felt 'cut off' from African trainees. As a result, many of these candidates did not 'easily fit' at McCords as they did not want to be 'degraded by having to train at a [primarily] Native [Nurse] Training School'.²²

From 1940, McCord Hospital was one of only three mission hospitals in the country to open a Preliminary Training School.²³ As described in Chapter 3, this aimed to expand the number of nurse probationers in training and to improve the overall knowledge and skill set of those progressing into general training.

McCords was also one of the first hospitals in South Africa to use the 'block system' of general nurse training, from 1944. This followed Groote Schuur Hospital which started such training in 1943. Through a rotation system, it divided the training into periods, or blocks, in which some nurses gave 'their undivided attention to study' while others 'put into practice their newly acquired knowledge on the wards'.²⁴ In a letter to D.L. Smit, the Secretary for Native Affairs, in February 1945, Taylor explained that this was done to address 'the urgent need of training nurses and midwives in increasing numbers', while



Pupil nurses being taught about scarlet fever by their nurse tutor in the classroom
(CC, MHP, uncatalogued photographs)

also 'improving the standard of training' offered. This system enabled more students to be accepted for training each year: different groups of students were admitted at different times of the year as spaces became available when trainees graduated, left or dropped out.

Between the 1940s and 1960s, the training of midwives expanded, too, from roughly 30 persons per year, to about 55 by the mid-1960s. Unlike the general nurse trainees, most of whom had applied to study at McCords straight out of high school, pupil midwives were all already general nurse graduates. They had applied to the hospital from across the country to complete the six months' diploma course in order to earn a further improvement in their qualifications.²⁵ They provided essential services as midwives in the hospital's expanding maternity wards and in district level services to patients who had chosen to give birth in their homes.

Mazo Sybil Tembekile Buthelezi, author of *African Nurse Pioneers in KwaZulu-Natal*, called McCords one of South Africa's 'Nylon Hospitals'.²⁶ Her reference is to the stockings nurses wore as part of their uniform, identifying them as both respectable and modern young women. It captures, too, the popular perception of the hospital as an attractive choice for professional education and nursing as a desirable career for black women. Buthelezi, who

trained at McCords as a nurse and midwife between 1957 and 1961, argued that many women, including her, were drawn to McCords because of its advanced training programmes and its reputation as a 'First World' hospital for black patients.

Another pull to McCords was its carefully structured Christian environment. As had been the case early in the century, this was particularly attractive for the parents of young trainees who were coming to study and live in the city for the first time. In 1961, the perspective of a nurse's mother was captured in an *Isibuko* newsletter:

McCord Hospital is to me a very safe hospital for girls. I like the Christian influence pervading the whole hospital, which is not only felt by the nurses but also by the patients and visitors. I had the privilege of visiting the hospital daily for at least a month last year when my late husband was ill. I was greatly impressed by the way in which the hospital is run, the conducting of prayers in the hospital as a whole, and of Miss Nyembezi conducting it in the wards.²⁷

Since most who applied to study nursing had grown up in Christian families, some felt that going to McCords was a religious calling.²⁸ As a result, many came willingly to this institution even knowing they would be paid lower salaries than those at state and private facilities.

In interviews, nurses remembered how their three and a half years of training was 'filled with religious activity' to nurture within them a robust sense of Christian devotion.²⁹ It could be argued that since these trainees lived on the premises, they were a captive audience for religious teachings and involvement in religious activities. The religious routines were recalled by Matron Mary Jane Molefe, who had trained in the late 1950s:

At 8 o'clock there was a service at out-patients for the whole hospital. It was a rule that each ward must send a few nurses. We took turns in the wards. If I went to prayers today, somebody else must go for prayers the next day. So we all assembled in out-patients, just for about 15 minutes. A word was delivered by either Dr Taylor or a visiting minister, or one of the doctors or one of the hospital workers.³⁰

Christian themes and stories often formed the core component of the *Isibuko* and a key element of annual plays and other entertainments. Christian messages also formed the cornerstone of the hospital's candle-lighting services held annually as part of the graduation ceremony at the Nurses Home.³¹ Christmas and Easter holidays and other celebrations were always accompanied by worship and often by the singing of hymns by the nurses' choir.



Nurse and midwife graduation and candle-lighting ceremonies were a highlight of the year (CC, MHP, Box 1 (2007) – McCords 1, File 9, Orchard Papers)

Yet, this did not signify two separate worlds, of the African *amakholwa* Christian and the 'traditional African'. In many ways, McCord nurses served as cultural brokers in the mission medical world.³² As Katie Makanya had been in earlier decades, these later generations of McCord Hospital nurses were vital intermediaries both within the hospital environment and while out of its grounds in their district and clinic work. In addition to being major conduits of religion as their daily work on the wards brought patients into contact with Christianity through example, they provided essential communication (especially translation) skills for doctors and their patients.

Indeed, Anne Digby has argued that many nurses made their black patients 'feel at home within the alien surroundings of the western hospital by acting as the patient's advocate, diplomat and facilitator between different cultures'.³³ This can be seen in the words of a McCords senior nurse in 1941:

In the wards the patients we nurse need our help at all times, while they are so sick and helpless. Some do not understand and are not used to some of the 'new' treatments. Therefore as a senior nurse I find it necessary to spend time in explaining our different ways to them in order to make them understand how much benefit can be obtained from our care.³⁴

Over time, their words and deeds helped facilitate the spread of biomedicine, winning many patients over to this form of healing.

The effort to straddle different cultural worlds was by no means an easy undertaking, however. On occasion, as Digby has described, nurses felt alienated from both their medical colleagues and their patients. For example, straying too far into the realm of 'traditional' beliefs to explain complex medical problems and treatments might have been frowned upon by less tolerant colleagues, while pushing a 'Western' and Christian approach might have made it more difficult to relate to their non-Christian patients.³⁵

Recognition of the value of McCords as a site for high-quality nurse and midwife training spread far beyond the region of what is today KwaZulu-Natal. Trainees came from as far afield as the Eastern Cape, the Transkei and Ciskei, Lesotho and Swaziland, as well as beyond South Africa's northern borders.

While apartheid-era job reservation and restrictions on residency of black persons in urban areas meant that no black nurses were officially appointed to the very highest positions at McCord Hospital, in reality they had since the days of Edna Mzoneli done just that. From the 1930s, African women were in senior positions at McCords. It was, for instance, from 1933 onwards one of the first hospitals in South Africa to employ Africans as staff nurses. The number of McCords nurses increased from 22 (an average figure for the period 1945 to 1949) to 31 between 1960 and 1964, though numbers show a decline to 27 between 1970 and 1974.

Buthelezi notes that many of the McCords nurses with whom she had trained remembered with fondness some of their American Board appointed teachers, such as Miss Flavell who was 'lovingly called *Manyonyoba* (she who has light steps)'.³⁶ Recalled many years later, her highly inspired and dramatised teaching style and vivid demonstrations did much to help her trainees. Some trainees were so motivated by Flavell that they went on to study further to become nurse educators like their mentor. In the 1940s and 1950s, McCords became one of the first institutions to use African nurse tutors to teach courses independently from white tutors.

During the 1950s and 1960s, McCord Hospital continued its active promotion of qualified black women into upper level nursing positions, while their contemporaries remained stonewalled in government hospitals. In 1953 Fikile Siywela (née Goba) was appointed Durban's first African theatre sister. She took charge of the new operating theatres opened in the Newton Adams Block.³⁷ Two years later, it was noted that McCords had African sisters who were in charge of 'a) two of the major wards, b) the operating theatre, c) the out-patients department, d) the whole hospital at night, and e) two midwifery

districts'.³⁸ Certainly, by 1958, Alan Taylor could boast: 'We have more senior non-Europeans in proportion to the European staff than the Provincial Hospitals'.³⁹ In 1962, of the ten sisters posts available at the hospital, 'seven were held by African Sisters, two by whites and one by an Indian'.⁴⁰

After completing their training, many nurses returned to their places of origin in South Africa; but some also left the country to work, often in countries beyond its northern borders, at allied mission hospitals. In 1969, for instance, the *Isibuko* noted that the hospital 'had sent back North [to Zambia and Zimbabwe] over the years more than one hundred McCord nursing graduates to be the back-bone of rapidly developing African hospital services in these countries'.⁴¹

Usually, McCord Hospital graduates were described in management reports as being highly respected for their responsibility, efficiency and reliability and were often chosen by employers ahead of their government-trained peers because of the hospital's reputation.⁴² In April 1972, four former nurses from McCords achieved high positions when they were appointed as matrons-in-chief in Lesotho, Botswana, Zambia and Swaziland.⁴³

'My reason for choosing McCord's ... I want[ed] to work in a Christian environment'⁴⁴: doctors and interns

Another essential component were its 'medical residents'. This general term covers the Medical Superintendent, senior doctors, as well as junior doctors and interns. They diagnosed and treated a wide array of medical problems and performed a variety of surgical procedures, from the removal of cancerous tumours to dental surgery. With almost 2 500 babies born a year by 1960, McCord offered plenty of teaching material for medical students and interns.⁴⁵

The expansion of the hospital from the 1940s meant that more doctors were gradually employed to serve growing numbers of patients (Figure 6). The greatest increase came in the immediate post-war period as a result of those returning from the war and because of the recruitment of new black doctors who began graduating during this period.

	1940– 1944	1945– 1949	1950– 1954	1955– 1959	1960– 1964	1965– 1969	1970– 1974	1975– 1979
Medical residents	4	12	17	26	23	18	22	20

Figure 6 Medical residents, 1940–1979⁴⁶

From 1957, part-time doctors were also listed as a separate additional category of medical staff in the annual reports. Their numbers increased from two to eighteen by 1969.⁴⁷ Furthermore, McCord Hospital also relied heavily in these years on the services of honorary private consultants, whose numbers expanded over the years (Figure 7).

	1940– 1944	1945– 1949	1950– 1954	1955– 1959	1960– 1964	1965– 1969	1970– 1974	1975– 1979
Honorary doctors	8	12	18	25	32	35	38	40

Figure 7 Honorary doctors, 1940–1979

In a hospital that could not afford to create separate departments for growing numbers of specialties these honorary consultants, most of whom assisted voluntarily, provided additional expertise in areas that had long been well represented at the hospital, but also in areas where McCord doctors had less proficiency. These included: Surgery, Medicine, Obstetrics and Gynaecology; but also Paediatrics, Orthopaedics, Dentistry, Dermatology, Urology, Radiology, Ophthalmology, Psychiatry, Chiropody, Thoracic Surgery, Plastic Surgery and Neuro-Surgery.⁴⁸ They also assisted McCords by running out-patients clinics; assisted with the training of interns; and provided invaluable support when the hospital found itself short staffed.⁴⁹

This growing expertise would prove invaluable in the clinical training of interns who came to the hospital. From the 1940s, McCords was also one of the earliest hospitals in the country to accept black undergraduate students from the medical schools of the universities of the Witwatersrand in Johannesburg (Wits) and Cape Town (UCT). They came to McCords for Obstetrics and Gynaecology rotations due to the insufficient training material – a consequence of inadequate provision of segregated clinical training facilities in these provinces – for black students.⁵⁰

Given racial restrictions on the practical training of black doctors in South Africa during this period, McCord Hospital was in fact one of only a few places to accept black medical graduates for their internship training. J.L. Njongwe, for example, one of the first African medical doctors to graduate from Wits (in 1946) took up his internship at McCords.⁵¹ Njongwe would later move to New Brighton outside Port Elizabeth to establish his own medical practice and there he became highly active in liberation politics.⁵² He would go on to lead the African National Congress in the Eastern Cape during the anti-apartheid Defiance Campaign of the early 1950s and was a leader of the Youth League.

His wife, Constance Mancoba, a McCords trained nurse, also 'threw herself into the campaign and led a batch of women defiers' at this time.⁵³

Another doctor, who did his internship at McCords in 1946 was K.N. Pillay. Pillay, whose family had been patients at McCords for many years, had been aided by Taylor to obtain a Rotary scholarship, which enabled him to complete his degree at Wits.⁵⁴ He was not alone and over the years a number of medical students received financial assistance to complete their degrees, either from the hospital itself or from one of Taylor's many contacts.⁵⁵ Many were deeply grateful: in 1961, medical graduate Moses Khutsoane and his wife named their first son after Alan Taylor to honour him for the assistance he had given to Moses over the years.⁵⁶

Other interns followed and McCords celebrated another first in 1948 when Mary Malahlela, another Wits graduate, did her internship there.⁵⁷ Remembered for being 'just under 5' [foot] in height and quite a charming little lady' whom 'the nurses loved', she became the first African woman in South Africa to qualify as a doctor.⁵⁸



J.L. Njongwe, 1946, the first African resident medical officer at McCords (CC, MHP, Photograph Collection. Also in Golden Jubilee, 1909–1959)



Mary Malahlela, the first African woman to qualify in the country as a medical doctor, reading up on a medical procedure (undated photograph reproduced with permission of the Alan Paton Centre and Struggle Archives, University of KwaZulu-Natal, Pietermaritzburg)

Ralph Hendrickse, a coloured doctor from the Cape, graduated from UCT with his MBChB degree in 1948 before heading to McCords to start his internship in 1949.⁵⁹ He was accompanied by his wife, Begum (née Abdurahman), a certified midwife who worked in the hospital's maternity ward. By the late 1940s, Hendrickse was just one of a culturally diverse assortment of doctors working at McCords. This was aptly captured by Taylor in a letter to friends in the early 1950s:

Assisting me have been Dr Mayet [*sic*], an Indian Mohammedan with pale blue eyes, fair skin and a charming manner added to a great deal of ability and capacity for work. He gets up regularly once or twice at night to see the maternity cases ... Dr Hendrickse of mixed Cape parentage is responsible as a senior intern for the Dispensary at Beatrice Street and for the supervision of the children's ward and the medical wards ... he is a missionary doctor ... The rest of our staff is made up of junior residents, two being Afrikaans, two Indian Hindus and three Africans. Dr Gearing the twelfth, a charming young mother who combines the duty of home and hospital, is a devout Catholic. One might say that the hospital has gone as far as it well can from its New England, Congregational tradition!⁶⁰

Even Boardman Taylor, Alan and Mary Taylor's eldest son, joined this racially mixed staff as an intern in 1953, having completed his degree at Wits the year before. This marked 'a big step forward' as Taylor noted 'in his parents' dream for him'.⁶¹ Boardman remained on the staff for a few years after his internship to get further practical experience before leaving with his family in the late 1950s to work as a doctor in the copper mining area of Zambia.

Between 1946 and 1959, 79 'non-European' graduates served as interns at McCords.⁶² To Taylor's delight, from 1958 there were also medical interns from the Durban Medical School after it began graduating 'non-European' doctors.

As we have seen in previous chapters, James McCord and Alan Taylor had made it their mission over many decades to provide a medical education for black South Africans.⁶³ From 1943 to 1950, when the question of establishing a black medical school was revisited by the State, Taylor, who had never given up the hope of establishing such a school in Durban, created a lobby group to win the bid for his city.⁶⁴

On more than one occasion Taylor personally headed delegations to Pretoria to gain support for this idea from influential Union Party government ministers, such as J.H. Hofmeyr (minister of education and finance) and Henry Gluckman (minister of health); and hosted and chaired meetings in his home, at the hospital and in other public venues to further this cause.

Despite many financial concerns, but also a change of government that took place in May 1948 and unfortunately further delayed the decision, the National Party government, determined to promote its 'separate development' policies, eventually decided in 1949 to establish a new medical school for 'non-Europeans' in Durban.⁶⁵ It was to fall under the aegis of the University of Natal and be built next to the province's largest 'non-European' hospital – King Edward VIII Hospital – envisaged as the training site for black students in their clinical and intern years.

Taylor was closely associated with the foundation of this medical school. In fact, he became so centrally involved in its staffing, early curriculum development and opening that he was nominated as the first acting, part-time dean from August 1950; a position he held while still carrying the full load of Medical Superintendent! He held this position until 1952 when a full-time dean was found to replace him.

Thereafter, Taylor remained an active member of the medical school's faculty board. He also held an appointment on the teaching staff as an honorary lecturer in the Obstetrics and Gynaecology department until his retirement, ensuring that McCords remained an important training site for students who needed to complete this rotation.⁶⁶ To honour Taylor's work in furthering the cause of black medical education in South Africa, in addition to bestowing upon him an honorary degree of Doctor of Philosophy in the Faculty of Medicine in 1958 when the first class of Durban graduates were capped, the university named its first medical students' residence after him.⁶⁷

Unfortunately, conditions at Alan Taylor Residence developed in ways never intended by Taylor. Over the years, it became an inadequate and overcrowded space and even hazardous to students' health due to its poorly sited location so close to one of Durban's most polluted industrial areas. From the late 1960s, new generations of student doctors, including people who are today well-known public figures, such as Mamphela Ramphele, Steve Biko (though Biko did not graduate), Malegapuru Makgoba and Zweli Mkhize to name but a few, lived and studied at this residence. The hardships they experienced, but also the many discussions and close friendships that developed there, helped mould their political beliefs and fed into student anti-apartheid challenges to the State and the university that developed in the 1970s and 1980s.⁶⁸

Furthermore, women doctors, whose overall numbers in South Africa were still low in the late 1940s, also received employment and promotion opportunities at McCords. A good example is Aldyth Lasbrey. Having qualified from UCT's medical school in 1945, she worked for a year in Cape Town

and then got a position at McCords. There, she worked closely with Taylor and other senior doctors and took charge of the Obstetrics and Gynaecology department. One of the longest-serving members of staff, Lasbrey spent almost thirty years of her life working at McCords. 'Without her advice and help' and 'tremendous capacity for work', Taylor wrote in his 1956 Medical Superintendent's report, 'the burden' of running the hospital 'would have been unbearable'.⁶⁹



Aldyth Lasbrey, affectionately called 'Auntie' by all (CC, MHP, uncatalogued photographs)

A deeply spiritual person, Lasbrey's Christian beliefs were essential in bolstering the religious character of McCords. Until her retirement, she remained a regular contributor to the early morning 'quiet hour' sessions; leading prayers for staff at the start of their work days; and helped organise and attend Sunday evening services. Even though she formally retired in 1976, she remained on the staff in a part-time capacity, relieving doctors working in the busy OPD. She also continued for several years after this as a member of the Hospital Board.⁷⁰ Until illness sadly claimed her memories, she played a pivotal role in collecting together materials on the history of the hospital, upon which so much of this book is based.

Several other women doctors were also employed at McCord Hospital in the late 1940s, including Dr Prema Royeppen, one of the first Indian woman doctors in South Africa to follow the formidable Dr Kesaveloo Goonam. Taylor, and later Christofersen and Orchard it seems, were supportive of the work of women doctors and encouraged their achievements, though it would not be until the 1990s that a woman, Helga Holst, would fill the highest role – that of Medical Superintendent.⁷¹

Some members of the medical staff found time to conduct research into conditions that affected their patients at McCords. We have already noted the work of Dr Pamela Logan in the previous chapter. Research on 'Africa's infantile scourge', malignant malnutrition, was also carried out at McCords in 1954 by Drs Walt, Hendrickse and G. Naidoo who worked in Paediatrics, in

collaboration with Professor J. Brock from UCT.⁷² Several years later, Lasbrey, together with the controversial Derk Crichton, a professor of Obstetrics and Gynaecology at the University of Natal's medical school, and Cecil Orchard also conducted an important study on vacuum extraction as opposed to forceps delivery in the 1960s.⁷³

Although, over time, other 'non-European' public hospitals would accept black interns for their training, McCords remained a popular choice for medical interns of all backgrounds for a variety of reasons. First, it offered them practical learning experiences in diverse areas of medicine. This included the medical, surgical, obstetrics, children's and TB wards, as well as in out-patients and in the administration of anaesthetics. This gave interns the confidence needed to later practise as well-rounded general doctors.⁷⁴

In a speech at the hospital's 80th birthday celebrations in 1989, Lasbrey recalled that during her time at McCords many doctors led the way in their chosen medical fields:



Dr Mehlomakulu (left) with other doctors and a sister on a ward round at McCord Hospital (CC, MHP, Box 1 (2007) – McCords 1, File 9, Orchard Papers)

Dr Vawda became our Ear, Nose and Throat Honorary Consultant – the first non-white to hold such a post in a Natal Hospital. With Dr Hooper he pioneered operations on the middle ear tympanoplasty, and many who were deaf had hearing restored. Dr Mayat was the first non-white lecturer at the Durban Medical School, and the first to read a paper at a South African Medical Congress.⁷⁵

Second, McCord doctors who mentored these interns were remembered fondly for the time they took to teach their interns properly. For example, Sam Fehrsen, a UCT graduate who completed his internship and worked at McCords in the 1960s, remembered with awe the unrelenting commitment of Taylor that so inspired his own work ethic:

He would spend double as long doing something so that we would be taught how to do it. Rather than just getting it over with himself. So he'd get up at 2 o'clock in the morning and basically held our hands and stayed out of bed for so much longer ... [and] he was in his 70s then. So I think the one thing that we got from him was his dedication to the patients and to the building up of the junior staff.⁷⁶

This was in stark contrast to state hospitals, such as King Edward VIII, where the teaching staff were overwhelmed with more patients than McCords and worked in deteriorating conditions that stemmed from under-resourcing and being under staffed.⁷⁷



M.G.H. Mayat at McCords, a leading gynaecologist who was later superintendent of Shifa Hospital in Durban, before his untimely death in a car crash in March 1979 (CC, MHP, Photograph Collection)

Third, unlike many hospitals where less experienced doctors felt little valued, and often made to do the menial work for their seniors, at McCords junior doctors had greater responsibility thrust upon them as fast as they could handle it. This was a clear memory for Howard Christoferson, who remembered being told by Dr Ted Germond during his first year at McCords that he had to watch three caesarean sections and the fourth one he had to do himself.⁷⁸

Yet, in this mission hospital help was never far from hand when junior doctors found themselves in trouble. Later, Dr M.G.H. Mayat, who had been taught by Taylor, spoke of his invaluable mentorship in the operating theatre. He recalled how he had accidentally snipped

one of his patient's femoral veins, which produced a sudden pool of blood. When he called for Taylor to help him, he came to his aid but not in the way he originally hoped:

To my astonishment, instead of scrubbing up and taking over, he stood behind me and indicated step by step what I should do. At first I had fearful visions of the patient having a very painful leg afterwards; but as he guided me he did two things, both of which have been memorable lessons. Firstly, he gave me confidence in myself so that in the future, in similar circumstances, I could meet such an emergency alone; and secondly, as surgeon in charge of the operation that morning, I actually remained captain of the ship because of his action. I did not lose face with the nurses, interns and registrar who were with me in the theatre ... Since then I have been at many other hospitals in South Africa and overseas and know that usually when a junior surgeon gets into difficulties the chief comes in, takes over completely, finishes the job and with a great flourish walks away. Dr Taylor was different. His purpose was to guide those who were under him and to build up their self-confidence. This particular incident illustrates how magnanimous he was and the concern he showed for the interests of those working under him, and perhaps explains their continual loyalty to him.⁷⁹

Fourth, this institution worked to encourage a strong sense of community among staff.⁸⁰ At a time when racial segregation served to keep people from different race groups apart, those who worked at McCords remember it as a place that encouraged mutual respect, friendship and, importantly, inter-racial unity.

'All of us have our jobs to do'⁸¹: allied health workers and other support staff

Among those working at McCords who quietly – at least in terms of their archival presence – went about their business were the allied health workers, such as physiotherapists, X-ray technicians, occupational therapists, social workers, speech and audiology therapists, pharmacists, and others. Their activities and perspectives were not tracked in as much detail, possibly because they made up only a small proportion of staff during the 1940s to 1970s era. This contrasts with their larger number at hospitals in more recent times. In fact, much of this work was organised into fully fledged professions during the latter half of the twentieth century; and only then slowly added to the hospital's recognised categories of staff.⁸²

When discussed at all in hospital records, allied health workers were usually referred to in passing, linked to staffing or salary related issues, or mentioned in discussions about where to accommodate their services. For example, in 1949 the creation of the first Physiotherapy Department was described as the

hospital's 'latest adventure'. Under the 'skilful hands' of Frank Britton, Taylor commented that 'it seem[ed] to be a lusty baby with considerable promise'. He also noted that in time it 'should pay its way through the shortening of in-patient days and quicker return to full duty' of patients.⁸³ Unfortunately, shortly after starting this service Britton became ill, requiring the hospital to appoint replacement staff to carry on 'a work' that had already become 'a necessary part of the hospital programme' by 1951.⁸⁴

We can see from the hospital's official statistics that the services offered by allied health workers increased slowly from an average of about five between the mid- to late-1940s, to an average of about ten in the mid-1970s. They provided a range of essential technical, therapeutic, diagnostic and rehabilitative services both in the wards and at out-patient clinics, which were crucial supplemental services provided to patients by doctors and nurses.

Some of this work was provided on a voluntary basis, too. During the 1950s, for instance, the annual reports list numerous mentions of thanks to a 'Mrs MacKenzie and her helpers'. Although we do not learn anything specific about these individuals, it was documented that their occupational therapy services had proved 'a blessing for chronically ill patients to help them escape the boredom and to help them achieve constructive living activities while recovering' from diseases such as TB.⁸⁵



TB Ward: occupational therapy (CC, MHP, Box 1 (2007) – McCords 1, File 2, Photograph Album)

Another group of support staff, who made up a much larger collection of employees, were the hospital's non-medical or general workers. Little recognised in official records for their contributions, other than a few words of thanks, they worked largely behind the scenes to enable the hospital to function on a daily basis.⁸⁶

These included administrative staff: for example, secretaries, clerks, book-keepers or accountants, switchboard operators, receptionists, almoners (fee collectors) and storekeepers. They were the people who 'labour[ed] on doing the routine yet vital tasks e.g. making purchases, keeping records, paying accounts, almoners, handling telephone calls, seeing to our pay etc.'⁸⁷ As can be seen in Figure 8, their numbers also expanded over the years.

	1945– 1949	1950– 1954	1955– 1959	1960– 1964	1965– 1969	1970– 1974	1975– 1979
Administrative staff	12	17	16	18	31	28	31

Figure 8 Administrative staff, 1945–1979

The largest increase in staff came after 1964. Although we could not find a definitive reason to explain this dramatic increase, it was most probably related to different approaches adopted by Taylor's successors, who opted to expand the administrative staff to cater for the growing amount of hospital office work that developed in these later years.



Photograph labelled as 'Mr Ndaba [left] and Mr Mkhize', hospital administrative staff in the 1950s and 1960s (CC, MHP, Box 1 (2007) – McCords 1, File 9, Orchard Papers)

We are fortunate to have the thoughts and opinions of one administrator, Miss Joyce Baird, which were captured in her letters to Taylor in 1948 and 1949. Having served for several years as Taylor's secretary, Baird wrote frequently to him while he was on furlough in the USA. In these letters, she updated him on general matters affecting the hospital, as well as on salary disputes and tensions that had surfaced between some staff members. She also discussed being 'snowed under' with work and the stresses produced by appointing new office staff.⁸⁸ Sometimes she mentioned more personal things, such as her strong religious convictions, and always signed her letters with 'love' or 'love to all', demonstrating her close attachment to the Taylor family.

More often, information about administrative staff was noted by the superintendents in the Board minutes or annual reports, especially when new staff were introduced or people left to go on leave or retire. They were also mentioned when the hospital's Board was informed of a death of a staff member.⁸⁹ In addition to reporting the comings and goings of old and new staff, there were deliberations about salary increases for these workers, about how to deal with 'back-logs of work' and about revising the division of work responsibilities among administrative workers.⁹⁰

This is evident in August 1964, when Christofersen mentioned the long-time service of F.V. Dugmore, a senior office worker who had come to McCords in the late 1940s.⁹¹ A man with 'private means' and thus not in search of a high salary when interviewed, he apparently sought a less stressful job at McCords compared to the '30 outside lines and 120 extensions' switchboard job he had done previously at Johannesburg General Hospital during World War II.⁹² Although he worked at McCords for fifteen years, Dugmore's contributions only popped up occasionally, most notably on an occasion when he was physically attacked and later in his working life when illness hampered his ability to continue doing his work related to in-patient accounts and the switchboard.⁹³ Eventually, we can track his retirement to June 1965 because, as the Board minutes record, illness had made him 'very frail and unable to work'.⁹⁴

Even more difficult to identify are the voices and opinions of McCord Hospital's African administrators. Fortunately, we were able to find a letter written by James Mhlongo to Taylor in December 1948.⁹⁵ Another long-serving member of staff, Mhlongo served as a clerk and almoner at the hospital between the 1940s and 1960s. From his letter we are able to glean something about his good working relationships with his racially mixed office colleagues, including 'two Europeans and four Africans' who 'worked nicely' together.

It also captures his less than happy feelings about the difficulties he faced collecting fees from indigent patients. Sometimes these occasions became heated, which increased his stress levels. Recalling one occasion, he wrote that 'several times during the argument with a patient' he had to force himself to 'cool down and take things easy to avoid trouble. Sometimes I get a case who is a hard nut to crack'. He likened the process of fee collection for such patients to getting 'blood out of a stone'.



James Mhlongo (left) and two other, unnamed, members of the administrative staff (CC, MHP, Box 1 (2007) – McCords 1, File 9, Orchard Papers)

McCord Hospital's non-medical staff included the kitchen staff, the cleaning and laundry staff, the maintenance staff, and its drivers. The majority of these workers, though not usually the supervisory staff, were drawn from Natal's Zulu-speaking working class. By November 1956, this workforce numbered 'approximately a hundred unskilled and semi-skilled African ... people who work for the hospital – cleaning, washing, sewing, cooking, painting, building, gardening and serving in various other ways'.⁹⁶

Yet, even this large collection of general workers was not captured in their entirety in the hospital's archives. When searching for their presence in the annual reports, we did not find their full names nor in fact the total numbers per year of those engaged in the lower ranks of these job categories. It was usually only those working at the supervisory level whose names were recorded.⁹⁷

By 1962, the records showed approximately 130 workers, at least 36 of whom were working in the laundry, while the others were employed in various wards, kitchens and other hospital buildings. The records also mention that this large staff was supervised by an *induna* or compound manager, Willard Mthembu, to whom we shall refer again in the next chapter.⁹⁸

When mentioned, these workers were usually discussed in passing, too: in relation to staff and salary issues; or when the Medical Superintendent provided a general thank you to 'all [those unnamed] hospital staff' at all



General hospital workers, 1950s or early 1960s (CC, MHP, uncatalogued photographs)

levels for the support given to me in maintaining the work and purpose of McCords'.⁹⁹ Occasionally, supervisory level or long-serving members of the maintenance staff were mentioned in a bit more detail. For instance, we learn of the retirement of A.V. Poole, an electrician, who left the hospital 'quietly' after twenty years of service.¹⁰⁰ He had worked in a team of engineers, electricians, plumbers, carpenters, handymen, together with their assistants, who provided invaluable services in terms of repairs to broken equipment or fixtures in the hospital, as well as ensuring general upkeep.¹⁰¹

Since most of the general workers were formally unskilled, and many were not literate and unable to capture their own experiences in writing, we as historians often have to rely on insights into their lives from other individuals who wrote about them. The writings of Aldyth Lasbrey give us such snippets of information about these otherwise 'voiceless' members of the 'McCord family'. She wrote to friends in November 1956:

I wish you could meet Miss Hallstrom, a tall fair Swede, who has been supervisor of the kitchen, supplying meals for 300 patients and all the 100 workers for many years. Even-tempered and happy with twinkling blue eyes, she goes on day by day quietly and capably undertaking a job which would in many hospitals be done by at least three highly qualified dietitians. Tuesday evenings see her in the common room of the Men's Hostel where she holds a weekly service for the workers. Her knowledge of the Zulu language is very limited, but local African clergymen and friends help her.¹⁰²

In the same letter, which was influenced by a strong Christian leitmotif, Lasbrey wrote about 'Old Enoch whose smile is as bright as the floors he polishes in the Nurses' Home [and] Frank [a.k.a. Baba] Dube, for forty years the "Pied Piper" of McCord Road ... a [Zulu] gardener in blue overalls ... whose life and work bear witness to the fact that they know and serve the Master'.

Dube, who had joined the McCord staff sometime during World War I and was 66 years old, was also celebrated in the November 1952 edition of *Isibuko* when he was given 'the rare honour ... as the oldest staff member at McCords [and] as a gesture of appreciation' for his long 'faithful service' of participating in the opening of the African male worker hostel.¹⁰³



A gardener named only as 'Elias' at work
(CC, MHP, uncatalogued photographs)

Although little is known about the hostel workers, a careful analysis of annual reports and Lasbrey's letters provided intimations about the lives of McCord's young African male general workers. They suggest that before the opening of the hostel, which could accommodate sixty workers, they were forced to live in 'slum conditions on hospital property' as the number of such employees increased.¹⁰⁴ It is also clear from the records that such men had to harden quickly when they came to the city in search of jobs:

Then there are those to whom this is still a very strange bewildering world. Young men who have come to town to seek work and find themselves at McCord Hospital. Many from traditional homes unable to read and write, because of boyhood spent herding cattle with but spasmodic attendance at rural schools. Among the workers too, are a few of a different type, hardened to town life who drink illicit alcohol – it is almost impossible to find out, yet inevitably it happens – and they are also part of the 'McCord Family'.¹⁰⁵

In 1941, McCords had a total staff of 126. A decade later this figure had reached 307 'ranging from doctors to the humblest of the servants'.¹⁰⁶ In 1962, Taylor noted that 'for every ten patients, there are approximately 15 individuals on the staff contributing to their ease and comfort' and that they are 'all included in the responsibility for the hospital's successes'.¹⁰⁷ From doctors to domestic

workers, they all had a role to play in McCord Hospital's complex community of care.

The 'reason for [our] being'¹⁰⁸: the patients

As with all other hospitals, archival records give prominence to one side of the healing encounter at McCords: the contributions and opinions of the hospital's literate medical staff, especially its doctors. The records they have left reflect at times the language with which they referred to patients. In common with similar records at other medical facilities, there are many highly medicalised references made by doctors to their unnamed patients, whose clinical conditions excited, challenged or worried them.¹⁰⁹ In part this was a way of coping with the overwhelming workload of often desperately ill patients and the necessity to keep a certain measure of emotional and psychological distance.

Even so, it is jarring to see in records that patients were often referred to not as individual people; but, rather, *as* their ailments: 'the peptic ulcer', 'the gastric perforation' or 'the ectopic pregnancies'.¹¹⁰ In 1964, for instance, the otherwise sensitive and kindly Howard Christofersen, recalling his early years at McCords, wrote how appalled he was 'by the severity of the cases I saw', including 'the kwashiorkor [case] that Ralph Hendrickse helped me with' and 'the six pints of pus Dr T.P. Naidoo and I aspirated from the "living skeleton" on A-2, the endless stream of infants with gastro-enteritis that Dr Lasbrey and I saw at Beatrice Street'.¹¹¹



Sister Funeka (left) and an unnamed doctor performing a lumbar puncture on a patient (CC, MHP, Box 1 (2007) – McCords 1, File 9, Orchard Papers)

If we look more closely, however, these kinds of records can do much more than just provide us with brief, seemingly depersonalised case descriptions. Rather, they highlight broader negative socio-economic issues affecting many South Africans. Certainly, the comments above about 'the endless stream of infants with gastro-enteritis' helps us to describe a situation of much preventable ill-health in Durban's unhygienic and poverty-stricken black townships, which required severely dehydrated patients to be brought in regularly for treatment at McCords.¹¹²

The dire housing and living conditions in Durban, and beyond, at this time are well substantiated in many other sorts of documents. Often, the medical superintendents noted having to 'write off' accounts as losses because indigent patients could not afford to pay their fees;¹¹³ or how the hospital had to deal repeatedly with the theft of linen, which provided a 'thriving business for the poor'.¹¹⁴

Sometimes, a sense of hopelessness was evident in the words of doctors, relaying the overwhelming hardships faced by their patients. In 1954, Taylor wrote in his annual report: 'Our hearts ache when we realise the needs of some patients and our limitations as regards giving to them what they need in the way of security, suitable home conditions, knowledge of hygiene, different outlooks on life, transport to distant homes, a home nursing service, suitable home follow-up services, [and] proper food.'¹¹⁵

Many of McCords' patients needed much more than the 'band-aid'-type of curative services that this hospital, and many other hospitals in South Africa, could provide. It was of course this realisation that had inspired the vision and efforts of people such as the Karks in their push for social medicine in the 1940s and 1950s.

Even such stark data as the statistical records of in- and out-patient numbers enable us to track the expansion of patient numbers over time and, in turn, the hospital's growing patient numbers attest to the increasing importance of McCords as one of the healing choices for black patients in Natal. In support of these statistical records, statements made by hospital staff highlight how patients became increasingly 'clinic or hospital conscious' over time with people 'swarming' in daily to seek help or make use of the hospital's many out-patient clinics.¹¹⁶

Careful analysis of the records may also yield examples of positive experiences that brought patients to McCords, some of them on many occasions over the course of a lifetime. The hospital's homely atmosphere and its high-quality service meant many patients felt valued and cared for. One



In-patients in a male ward (CC, MHP, uncatalogued photographs)

example is shown by the drive for donations for the Mahatma Gandhi Ward in the late 1940s, spearheaded by an Indian businessman in gratitude for the ‘exceptional’ treatment received by his wife who had convalesced as a patient at McCords.¹¹⁷

In the records for 1958, one also finds a rare extract of a letter from a patient in the hospital’s newsletter: ‘I wish, in this letter, to express to you and your nursing staff my thanks for all the good ways I was treated in the wards – From the first day I entered the hospital I landed into good, sympathetic and efficient hands’.¹¹⁸ Presumably included in *Isibuko* to highlight the gratitude of patients, it would also have served as a useful motivator to the staff, as was the letter, reproduced below, written by Ed Ndaba in November 1962. It was kept by the staff and in fact pinned to the bulletin board of the staff house to inspire those living there:

McCord Hospital
Durban
1 November 1962

Dear Dr Taylor,

My recovery would be incomplete if I failed to express my deep debt of gratitude to the Hospital, doctors and nursing staff for the skill and kindness shown during my recent illness.

People like myself whose work is rather removed from the sick, tend to lose sight of the fact that a struggle against pain and suffering is in progress day and night right in their midst. May I join the thousands, scattered all over the country, who in sincere appreciation, are, and will forever be, grateful to the existence of our hospital.

Yours sincerely,
Ed Ndaba¹¹⁹

Beyond the staff's 'sympathetic and efficient' treatment, it was its 'wonderful [Christian] spirit', as noted by a patient, that was also a significant drawcard for some of the patients as well as the staff.¹²⁰ This is captured in a 1959 extract from another patient's letter published in *Isibuko*: 'The Christian atmosphere which pervades your hospital, plus a personal interest in each patient are among those things which go a long way towards upholding your patients and gives McCord Hospital a character of its own'.¹²¹

Of course, negative experiences or comments on McCords and its staff are unlikely to have been preserved in the records gathered by Taylor, Lasbrey and others, or published in *Isibuko*. Moreover, relief and temporary emotional biases may have coloured these patients' accounts with a positive spin because of successful treatment experiences at the hospital. Even so, unsuccessful or painful treatments did produce some unsatisfactory views that have left faint traces in the records. For example, 'vocal objections' to painful treatments, such as injections, which were noted in doctors' records, ensure that a patient's voice was heard, even if only through exclamations and interruptions in the writings of another person.¹²²

Another example shows how patients could be disappointed when ailments could not be cured, turning elsewhere in hope of success. In James Mhlongo's letter of 1948, for instance, we can see how this clerk, who also experienced the hospital as a patient, voiced frustration to Taylor about his 'miserable' health, especially an itchy skin condition on his legs that had not responded to biomedical treatment.¹²³ As a result, he had 'fallen to' what he called 'chemist mixtures' to try to relieve his discomfort.¹²⁴

Moreover, sometimes the hospital's overtly Christian atmosphere did not resonate well with its patients. For instance, some patients refused to listen to the preaching of evangelists in their wards.¹²⁵ In 1968, Annie Nyembezi noted that 'in this work, one meets some patients who fight at the mention of having to leave their ungodly ways'. In fact, some 'cover[ed] their heads' with their sheets as soon as they heard her 'talking about confessing Christ. They shut their eyes and pretend to be fast asleep'.¹²⁶

With growing numbers of patients seeking biomedical care, accommodation and staffing was often inadequate to keep up with the growing demand. This could produce negative experiences. Evidence of patients' hardships, though usually only hinted at, can be found in a variety of documents penned by the medical staff. In various accounts we find mention made of patients being turned away or forced to sleep on the floor due to lack of space; or pregnant women having to climb four or five flights of stairs to reach the delivery wards when the old lift was not working.¹²⁷

We also read of patients 'shivering in the wind, rain and cold' waiting to see a doctor before the new OPD was opened.¹²⁸ A major hardship experienced by patients was the long waiting times and queues they had to tolerate in the hospital's OPD even after the new department opened in 1953.¹²⁹ This busy department treated people of 'all ages, all colours, all walks of life and most of the complaints known to man.'¹³⁰ Although we do not have a patient's account of his or her experiences in this department, Taylor's recollections in his 1957 annual report provide useful insights into its sometimes chaotic conditions that patients would have encountered at the OPD and elaborates more on the types of people who made their way there for treatment. His description also captures the long wait times that many patients had to endure:



A rare quiet moment in the out-patients department (CC, MHP, Box 1 (2007) – McCords 1, File 9, Orchard Papers)

To get some idea of the primary work of the Hospital you must come with me to the Out-Patient Department ... Wives and children have come to Durban from the country ... Women from Cato Manor with their friends and children have come with what may be left of the week's wages, with the cuts, bruises, hangovers and accumulation of aches and pains from the Saturday before. Employers have returned from weekends off to find their servants ill. All are there in addition to the normal number who come day after day. Young and old, smartly dressed – blanket covered, clad in work suits, saris – they form a complex human, moving picture as they wait, wait, wait. They wait for the receptionist to give them a ticket, for a nurse to give them a place in a long queue – for the doctor to examine them, for the dressing room nurse to dress a wound or give an injection, for the almoner to take their fee and issue a receipt, and for the dispenser finally to give the prescribed medicine. As they wait, more and more arrive, more and more babies add their wails in sympathy with those who are objecting to injections by the nurse. Add to these the doctors with furrowed brows listening to employers, relatives, nurses – and answering phones as they try to concentrate on the patients' signs and symptoms, history of illness and treatment. Add the nurses each trying to do several things at once, the employers impatiently waiting for servants to be attended to, and you have what seems to be chaos and confusion spelled with a capital 'C'. In reality it is not however, for by midnight all is quiet and cleared again. To those of us who work there it is ... fantastic with its bustle and thronging drama. From 8 a.m. to 10 p.m. it goes on, then there is gradually peace except for the arrival of the occasional ambulance or car bringing emergency cases.¹³¹

Although this describes a number of key issues related to and affecting patients, it is also useful as it hints at a final significant aspect of McCords' broader community of care; in other words, the patients' wider care networks or those people who supported their convalescence both within and beyond the hospital's walls.

Employers, for instance, could form a key aspect of this support network. Some white employers transported their sick employees – many of whom were domestic workers or gardeners – to and from the hospital, as well as sometimes waiting with them and also often paying for their treatment. Some even fought for their ailing employees when they felt that they had received sub-standard care. This was made apparent in a letter written by D. Martin to Dr Taylor in 1946, in which he complained about a painful tooth extraction that he felt was carelessly handled in the hospital's busy OPD and had caused his employee much subsequent pain.¹³²

Usually, however, it was family and friends who made up a patient's support network. Shula Marks has touched on this complex subject and argues that in most parts of the world 'the nursing of the sick and elderly was not the responsibility of the professionally trained, but was carried out in the home by female members of the family, part of a network of reciprocal rights and

obligations of kinship'.¹³³ One glimpse of these networks of support and familial responsibilities can be found in the hospital's annual report of 1950:

We who have the privilege of doing the clinical work of the hospital are often too busy to properly stop and ask ourselves what our work means in terms of human happiness other than the mere alleviation of pain. Relatives and friends have access to patients from 8am to 8pm. We see them there but it is only when the occasional relative stops to thank a doctor for his services or alternatively lets herself go in a paroxysm of grief when told that her husband or baby has died, that we think in terms of all those beyond who look to the hospital.¹³⁴

While very little is known about these people from the hospital's records, we can extrapolate from this and the earlier OPD-focused account that it was they who cared for sufferers before they sought hospital care, who brought them to hospital for treatment, who waited with them to see a doctor or nurse.

Additionally, they were the people who visited patients when they were admitted to hospital, who returned to fetch them when they were discharged, and ultimately cared for them once again at home. They were also the people who mourned when a loved one died at the hospital and occasionally sued for malpractice.¹³⁵ We also learn from the records that McCords practised a generous 'open-door' policy when it came to visitors.¹³⁶ Although they contributed to the chaos and congestion, it was encouraged as the managers felt that it supported patients in their efforts to recover.

ENDNOTES

- 1 Campbell Collections, Durban (hereafter CC), McCord Hospital and McCord History Project Papers (hereafter MHP), Boxes 7 and 8 (2007) ALP Series I: 'From Dr Howard Christoffersen' *Isibuko* 4 (Easter 1964).
- 2 See, for example, D. Hardiman, 'The mission hospital, 1880–1960' in *From Western Medicine to Global Medicine: The Hospital Beyond the West* ed. by M. Harrison, M. Jones and H. Sweet (Hyderabad: Orient Blackswan, 2009): 217–218 and M. Gelfand, *Christian Doctor and Nurse: The History of Medical Missions in South Africa from 1799 to 1976* (Sandton: Mariannhill Mission Press, 1984).
- 3 Hardiman, 'The mission hospital, 1880–1960': 217–218.
- 4 CC, MHP, Board Minutes, 15 May 1975. For more on this subject see Gelfand, *Christian Doctor and Nurse*: 296–313 and R. Ingle, *An Uneasy Story: The Nationalising of South African Mission Hospitals, 1960–1976: A Personal Account* (Hillcrest: Ronald Ingle, 2010).
- 5 Gelfand, *Christian Doctor and Nurse*: 253–265.
- 6 Annual Report of the Medical Superintendent 1951: 20 and 1957: 18. Also see CC, MHP, Board Minutes, 20 May 1965 and CC, MHP, Boxes 7 and 8 (2007), ALP Series II Hospital Administration 1975–1976: 'Constitution of the McCord Zulu Hospital Board'.
- 7 J.B. McCord with J.S. Douglas, *My Patients Were Zulus* (New York: Rinehart, 1951): 288–291. All references to *My Patients Were Zulus* in this chapter use the American 1951 edition.

- 8 Sam Fehrson interviewed by Vanessa Noble, Pretoria, 22 August 2003 (in the interviewer's possession). Similar points were made by Mavis Orchard interviewed by Michelle Floyd, Durban, 9 October 2008 (in the interviewer's possession).
- 9 Annual Report of the Medical Superintendent 1954: 21.
- 10 CC, MHP, Boxes 7 and 8 (2007), ALP Series III Annie Nyembezi: A.D. Nyembezi, 'Daily prayer meeting for the patients at McCord Z. Hospital', 26 September 1968.
- 11 CC, MHP, Boxes 7 and 8 (2007) ALP Series III Annie Nyembezi: 'Annie D. Nyembezi, 11 February 1983, Durban (86 years old)'; CC, MHP, Boxes 7 and 8 (2007), ALP Series I Speeches and Articles about McCords, 80th Birthday Parties: 'We salute Auntie Nyembezi'; and Annual Report of the Medical Superintendent 1969: 10.
- 12 See CC, MHP, Board Minutes, 14 June 1973, 24 July 1975 and 8 February 1979.
- 13 Annual Report of the Medical Superintendent 1949: 23 and 1954: 21.
- 14 Shula Marks, *Divided Sisterhood: Race, Class and Gender in the South African Nursing Profession* (Johannesburg: Witwatersrand University Press, 1994) and T.G. Mashaba, *Rising to the Challenge of Change: A History of Black Nursing in South Africa* (Cape Town: Juta, 1995).
- 15 CC, KCN 36, News book 35: 'Indian and bantu girls make history by becoming nurses', newspaper [?], 30 October 1947.
- 16 Marks, *Divided Sisterhood*: 172. See also CC, MHP, Boxes 7 and 8 (2007), ALP Series I Correspondence: Letter from Kamala Moonsamy at the Bantu Nurses' Home to Dr Aldyth Lasbrey, 12 February 1955.
- 17 Ibid.
- 18 Marks, *Divided Sisterhood*: 172.
- 19 For more on the history of St Aidan's Hospital see Gelfand, *Christian Doctor and Nurse*: 57–61.
- 20 For more on the training of coloured nurses in the Cape see Marks, *Divided Sisterhood*: 170–171.
- 21 CC, MHP, Mouldy Box – donated in 2010 (hereafter MB), File 8 Dr A.B. Taylor From January 1946, 1947: Letter from Taylor to Mrs G.H. Cohen, The Castle, Umkomaas, 6 June 1946 'Re training of coloured nurses in Natal'.
- 22 Ibid.
- 23 CC, KCN 36, News book 35: 'McCord Hospital sets example: new training school for non-European nurses', 22 January 1940; M.S.T. MaDlamini Buthelezi, *African Nurse Pioneers in KwaZulu-Natal, 1920–2000* (Victoria, BC: Trafford Publishing, 2004): 286.
- 24 National Archives Repository, Pretoria (NAR) Secretary of Native Affairs (NTS) 2862 7/303 Part 5 Dr McCords Mission Nursing Home 1944–1949: Letter from Alan B. Taylor to Mr D.L. Smit, Secretary for Native Affairs, Pretoria, 'Re: Supplemental grant', 13 February 1945.
- 25 CC, MHP, MB, File 1 56–63: Letter from A.B. Taylor to his kids, 1 March 1962: 1.
- 26 Buthelezi, *African Nurse Pioneers in KwaZulu-Natal*: 116.
- 27 CC, MHP, Boxes 7 and 8 (2007), ALP Series II: *Isibuko* (Xmas 1961).
- 28 NAR NTS 2862 7/303 Part 5 Dr McCords Mission Nursing Home 1944–1949: Unsigned letter/memo from the Medical Superintendent, 26 September 1948: 3; CC, MHP, Boxes 7 and 8 (2007), ALP Series II: 'Called to serve' *Isibuko* 2 (November 1952): 5.
- 29 CC, MHP, Boxes 7 and 8 (2007), ALP Series II: *Isibuko* 1 (October 1952): 12.
- 30 CC, MHP, Box 7 (2007) – McCords 7: Mary Jane Molefe interviewed by James Colgrove, Durban, 5 August 2004. For more on the singing encouraged in the hospital see also Annual Report of the Medical Superintendent 1950: 22.
- 31 Annual Report of the Medical Superintendent 1955: 19.

- 32 For more on the work of cultural brokers in the health sphere see, for example, A. Digby and H. Sweet, 'Nurses as cultural brokers in twentieth century South Africa' in *Plural Medicine, Tradition and Modernity, 1800–2000* ed. by W. Ernst (London: Routledge, 2001): 113–129; C. Burns, 'Louisa Mvemve: a woman's advice to the public on the cure of various diseases' *Kronos: Journal of Cape History* 23 (November 1996): 108–134.
- 33 A. Digby, *Diversity and Division in Medicine: Health Care in South Africa from the 1800s* (Oxford: Peter Lang, 2006): 270.
- 34 CC, MHP, Boxes 7 and 8 (2007), ALP Series II: 'Nursing in hospital (from a senior nurse's point of view)' *Isibuko* (December 1941): 8.
- 35 For more on this complex subject see Digby, *Diversity and Division in Medicine*, chapter 8 entitled 'Crossing boundaries: practitioner eclecticism': 333–372.
- 36 Buthelezi, *African Nurse Pioneers*: 289–290.
- 37 CC, MHP, Boxes 2 and 3 (2007) – McCords 2 and 3, Lever Arch File Mnini Holiday Camp: Zuleikha Mayat, 'Dr Alan Taylor: footprints upon the sands of time', 1969.
- 38 Annual Report of the Medical Superintendent 1955: 17.
- 39 A.B. Taylor, 'Economy in a mission hospital' *South African Medical Journal* 8 March 1958: 275–277.
- 40 CC, MHP, MB, File 16 Loose Newspapers 2: Bobby Harrypersadh, 'Will McCord's die: for it's the people's hospital they can't kick out!' *Post* (Natal edition) 24 February 1963.
- 41 CC, MHP, Box 1 (2007) – McCords I File 3 Newspaper cuttings, documents and photos: A.L. Lasbrey, 'Dr Alan B. Taylor: footprints upon the sands of time' *Isibuko* (July 1969).
- 42 McCord with Douglas, *My Patients Were Zulus*: 305–306.
- 43 For more on the achievements of McCords-trained nurses see various Annual Reports of the Medical Superintendent between the 1950s and 1970s.
- 44 Mfanyana 'Joe' Ndlovu interviewed by Vanessa Noble, Durban, 14 August 2003 (in the interviewer's possession).
- 45 Annual Report of the Medical Superintendent 1960: 16.
- 46 Data collated from Annual Reports 1940–1979. All the figures in this chapter are based on data drawn from McCord Hospital annual reports calculated as an average over five-year periods.
- 47 See Annual Report of the Medical Superintendent 1957: 1–2 and 1969: 1–2.
- 48 See the lists of honorary doctors thanked in Annual Reports 1940–1979.
- 49 See Annual Report of the Medical Superintendent 1949: 19, 1950: 22, 1953: 13 and 1969: 6.
- 50 Annual Report of the Medical Superintendent 1947: 17.
- 51 Ibid: 11 and CC, MHP, Box 2 (2010) – McCords 11, ALP: Zuleikha Mayat, 'Dr Alan Taylor: footprints upon the sands of time' *Leader* 18 July 1969.
- 52 A. Digby, 'Early black doctors in South Africa' *Journal of African History* 46(3) November 2005: 427–428.
- 53 'James Lowell Zwelinzima Njongwe', http://www.sahistory.org.za/people/dr_james_lowell_zwelinzima_njongwe (accessed 11 March 2011).
- 54 CC, MHP, Box 1 (2012) – McCords 24, History: 'McCord's 80th birthday' [speech written by Dr Aldyth Lasbrey]: 5.
- 55 CC, MHP, MB, File 1 56-63: Annual Letter from Taylor to friends, 10 September 1961: 3 and Letter from A.B. Taylor to his kids, 24 November 1961: 1.
- 56 CC, MHP, MB, File 23 Of Special Interest – Dr Taylor 1959–1962: Letter from Mrs Mabel Khutsoane, Maseru, Basutoland to Taylor, 28 July 1961.
- 57 Annual Report of the Medical Superintendent 1947: 11 and 1948: 12–13.

- 58 Annual Report of the Medical Superintendent 1947: 11; NAR, NTS 2862 7/303 Part 5 Dr McCord's Mission Nursing Home 1944–1949: Correspondence from McCord Hospital, 26 September 1948; CC, MHP, Box 1 (2012) – McCords 24, History: 'McCord's 80th birthday' [speech written by Dr Aldyth Lasbrey]: 5.
- 59 CC, MHP, MB, File 14 Family Letters 40–50: Letter to the kids, 29 March 1950.
- 60 CC, MHP, MB, File 6 Dr Taylor up to Dec. 1958: Letter from A.B. Taylor to friends, 3 February 1951. Dr Mayat died an untimely death in 1979 because of injuries sustained in a car crash. For more on this see 'In memoriam: Mohamed Goolam Hoosen Mayat' *South African Medical Journal* 15 September 1979: 499.
- 61 Annual Report of the Medical Superintendent 1952: 22.
- 62 CC, MHP, Boxes 7 and 8 (2007), ALP Series I: *Golden Jubilee 1909–1959: A Report on McCord Zulu Hospital*.
- 63 McCord with Douglas, *My Patients Were Zulus*: 240.
- 64 *The University of Natal Durban Medical School: A Response to the Challenge of Africa* (Durban: Hayne and Gibson, 1954): 7–9; CC, MHP, MB, File 6 Dr Taylor up to Dec. 1958: 'Citation as given by the Orator, recommending an award of Ph.D. Honoris Causa to Dr Alan Boardman Taylor, 29 March 1958'; E.H. Brookes, *A History of the University of Natal* (Pietermaritzburg: University of Natal Press, 1966): 81–82.
- 65 For discussion of the broader context of the 1940s and some of the complex reasons for the establishment of this medical school in Durban in the early 1950s see V. Noble, *A School of Struggle: Durban's Medical School and the Education of Black Doctors in South Africa* (Pietermaritzburg: University of KwaZulu-Natal Press, 2013), especially chapter 2.
- 66 CC, MHP, Boxes 7 and 8 (2007), ALP Series II: 'Letter from Aldyth Lasbrey to friends of the McCord Hospital, 15 May 1956' *Isibuko* I; CC, MHP, MB, File 23 Dr Taylor Personal 1959–1960: Letter from Taylor to Dr W.B. Lawson and Professor D.B. Stewart, Department of Obstetrics and Gynaecology, University College, Ibadan, Nigeria, 7 October 1960.
- 67 CC, MHP, Boxes 7 and 8 (2007), ALP Series II: 'Natal University graduation ceremony, Pietermaritzburg, March 29th, 1958' *Isibuko* 23 (June 1958).
- 68 See Noble, *A School of Struggle*, especially chapters 4, 6 and 7.
- 69 Annual Report of the Medical Superintendent 1956: 8.
- 70 Annual Report of the Medical Superintendent 1976: 4.
- 71 CC, MHP, MB, File 23 T1 Dr Taylor Personal 1959–1960: Letter from A.B. Taylor to Mr and Mrs Henry Stick, South Amherst, Ohio, 5 August 1959.
- 72 Annual Report of the Medical Superintendent 1953: 23.
- 73 See CC, MHP, Box 2 (2010) – McCords 11, ALP: 'Report by Derk Crichton, C.D. Orchard and A.H. Lasbrey, 'Relative merits and scope for vacuum extraction, as opposed to forceps delivery', n.d. Crichton would later be involved in a medical scandal about illegal abortion in South Africa: see S.M. Klausen, "'The trial the world is watching": the 1972 prosecution of Derk Crichton and James Watts, politics of abortion and regulation of the medical profession in apartheid South Africa' *Medical History* 58(2) April 2014: 210–229.
- 74 Annual Report of the Medical Superintendent 1960: 10 and 1948: 12.
- 75 CC, MHP, Box 1 (2012) – McCords 24, History: 'McCord's 80th birthday' [speech written by Dr Aldyth Lasbrey]: 5.
- 76 Sam Fehrsen interviewed by Vanessa Noble, Pretoria, 22 August 2003.
- 77 'King Edward's daily nightmare' *Daily News* 25 June 1974; 'The war zone that is King Edward: if you're critically ill the service is excellent' *Sunday Tribune* 16 August 1987; Mfanyana 'Joe' Ndlovu interviewed by Vanessa Noble, Durban, 14 August 2003. Dr Ndlovu completed his internship at McCords in the 1980s.

- 78 CC, MHP, Boxes 7 and 8 (2007), ALP Series I: 'From Dr Howard Christofersen' *Isibuko* 4 (Easter 1964).
- 79 CC, MHP, Box 3 (2007) – McCords 3 Mnini Holiday Camp: Address given by Dr M. Mayat, n.d. (included with material dated 15 July 1969).
- 80 See for example, CC, MHP, MB, File 8 Dr A.B. Taylor From January 1946, 1947: Letter from Dr David Streeton to Dr and Mrs Taylor, 14 January 1946; Interviews conducted by Vanessa Noble with Steve Reid, Hillcrest, 24 May 2003 and Z.M., Durban, 11 September 2003 (in the interviewer's possession). Z.M. preferred to remain anonymous.
- 81 CC, MHP, Boxes 7 and 8 (2007), ALP Series I: 'From Dr Howard Christofersen' *Isibuko* 4 (Easter 1964).
- 82 For more on the historical development of allied health professions in South Africa see A. Digby and H. Deacon, 'Knocking at the door: allied health professionals' in A. Digby and H. Phillips with H. Deacon and K. Thomson, *At the Heart of Healing: Groote Schuur Hospital 1938–2008* (Johannesburg: Jacana, 2008), chapter 9.
- 83 Annual Report of the Medical Superintendent 1949: 9.
- 84 Annual Report of the Medical Superintendent 1950: 18 and 1951: 15.
- 85 See, for example, Annual Report of the Medical Superintendent 1956: 13 and 1957: 18.
- 86 Annual Report of the Medical Superintendent 1951: 10 and 1953: 11. For more on the history of general hospital workers in South Africa see A. Digby and K. Thomson, 'General hospital workers' in A. Digby and H. Phillips with H. Deacon and K. Thomson, *At the Heart of Healing: Groote Schuur Hospital 1938–2008* (Johannesburg: Jacana, 2008), chapter 10.
- 87 Annual Report of the Medical Superintendent 1974: 6. See also Annual Report of the Medical Superintendent 1970: 6.
- 88 See, for example, CC, MHP, MB, File 2 1948 – Joyce Letters to Dr Taylor, 1940s: Letter from Joyce Baird to Dr Taylor, Mrs Taylor and Chan, 19 March 1948 and Letter from Joyce Baird to Dr Taylor, 9 May 1949.
- 89 CC, MHP, Board Minutes, 12 June 1961, 31 August 1962, 30 April 1964, 14 August 1964, 28 October 1965, 23 June 1966; Annual Report of the Medical Superintendent 1951: 10, 1953: 11, 1957: 11 1973: 6.
- 90 CC, MHP, Board Minutes, 28 October 1965.
- 91 CC, MHP, Board Minutes, 14 August 1964.
- 92 CC, MHP, MB, File 2 1948 – Joyce Letters to Dr Taylor, 1940s: Letter from Joyce Baird to Dr Taylor, Mrs Taylor and Chan, 19 March 1948.
- 93 CC, MHP, Board Minutes, 14 August 1964.
- 94 CC, MHP, Board Minutes, 30 April 1964 and 18 June 1965.
- 95 CC, MHP, MB, File 19 McCord Hospital – Africans: Letter from James Mhlongo to Taylor, 27 December 1948.
- 96 CC, MHP, Boxes 7 and 8 (2007), ALP Series II: 'Letter from AL 15.05.1956' and 'Letter from Aldyth Lasbrey to friends, 15 November 1956' *Isibuko* I.
- 97 Annual Report of the Medical Superintendent 1956: 3 and 1962: 11.
- 98 CC, MHP, Box 1 (2010) – McCord 10: 'Survey Report, October 1962'.
- 99 Annual Report of the Medical Superintendent 1952: 12 and 1972: 8, 10.
- 100 Annual Report of the Medical Superintendent 1973: 6.
- 101 CC, MHP, Board Minutes, 4 May 1972, 10 August 1972; Annual Report of the Medical Superintendent year ending 31st March 1977: 6–7. See also Annual Report of the Medical Superintendent 1970: 7 and 1972: 8.
- 102 CC, MHP, Boxes 7 and 8 (2007), ALP Series II: 'Letter from AL 15.05.1956' and 'Letter from Aldyth Lasbrey to friends, 15 November 1956' *Isibuko* I.

- 103 CC, MHP, Boxes 7 and 8, ALP Series II: *Isibuko* 2 (November 1952): 11. Also see Annual Report of the Medical Superintendent 1952: 10.
- 104 Ibid.
- 105 CC, MHP, Boxes 7 and 8 (2007), ALP Series II: 'Letter from AL 15.05.1956' and 'Letter from Aldyth Lasbrey to friends, 15 November 1956' *Isibuko* I.
- 106 Annual Report of the Medical Superintendent 1941: 4 and 1952: 12.
- 107 Annual Report of the Medical Superintendent 1962: 19.
- 108 Annual Report of the Medical Superintendent 1960: 11.
- 109 See, for example, CC, MHP, MB, File 15 Family Letters (by Alan) 50–55: Letters from Taylor to his kids, 9 October 1951 and 1 February 1954; CC, MHP, MB, File 1 56–63: Letter from Taylor to his kids, 2 February 1962.
- 110 CC, MHP, MB, File 15 Family Letters (by Alan) 50–55: Letters from Taylor to his kids, 9 October 1951, 22 May 1954 and 4 January 1955.
- 111 CC, MHP, Boxes 7 and 8 (2007), ALP Series I: 'From Dr Howard Christofersen' *Isibuko* 4 (Easter 1964).
- 112 See also Annual Report of the Medical Superintendent 1957: 13.
- 113 See, for example, Annual Report of the Medical Superintendent 1960: 19–20.
- 114 CC, MHP, MB, File 20 Mills Letters – 1949: Letter from Mills to Taylor, 14 September 1948. See also CC, MHP, MB, File 1 56–63: Letter from A.B. Taylor to his kids, 9 April 1957: 2.
- 115 Annual Report of the Medical Superintendent 1954: 14. For a similar comment see also Annual Report of the Medical Superintendent 1957: 12–13.
- 116 Annual Report of the Medical Superintendent 1940: 9, 1942: 6–7, and 1948: 11, 1949: 16–17, 1950: 17–18, 1960: 11–12, 1972: 7 and 1974: 6.
- 117 NAR NTS 2862 7/303 Dr McCords Mission Nursing Home 1944–1949: Notes of an interview with Senator Bawden on 10 September 1948 at Cape Town: 1–2.
- 118 CC, MHP, Boxes 7 and 8 (2007), ALP Series II: *Isibuko* 23 (June 1958).
- 119 CC, MHP, MB, File 23 Dr Taylor 1962: Letter from Ed Ndaba to Dr Taylor, 1 November 1962.
- 120 CC, MHP, Boxes 7 and 8 (2007), ALP Series II: *Isibuko* 24 (September 1958).
- 121 CC, MHP, Boxes 7 and 8 (2007), ALP Series II: *Isibuko* 26 (March 1959).
- 122 Annual Report of the Medical Superintendent 1955: 16. See also Annual Report of the Medical Superintendent 1957: 12.
- 123 CC, MHP, MB, File 19 McCord Hospital Africans: Letter from James Mhlongo to Taylor, 27 December 1948.
- 124 For more on this subject see L. Swartz, 'Practitioners and their work' in *Culture and Mental Health: A Southern African Perspective* (Cape Town: Oxford University Press, 1998): 77–94.
- 125 CC, MHP, MB, File 19 MB McCord Hospital – Africans: Letter to Dr Taylor from Hilda Kumalo[?], King Edward VIII Hospital, Durban, 16 February 1948.
- 126 CC, MHP, Boxes 7 and 8 (2007), ALP Series III Annie Nyembezi: A.D. Nyembezi, 'Daily prayer meeting for the patients at McCord Z. Hospital', 26 September 1968. For more on this see also CC, MHP, Boxes 7 and 8 (2007), ALP Series I Letters to American Supporters 1956–1971: Letter from Aldyth Lasbrey to friends in America, November 1960.
- 127 NAR NTS 2861 7/303 Part 3 Dr McCords Mission Nursing Home 1941–1942; Annual Report of the Medical Superintendent 1941: 5 and Letter from Alan B. Taylor to D.L. Smit, Secretary for Native Affairs, Pretoria, 14 January 1942 re 'Grant for Native Nurses' Home at McCord Zulu Hospital'.

- 128 Annual Report of the Medical Superintendent 1954: 11 and CC, MHP, MB, File 15 Family Letters (by Alan) 50–55: Letter from Taylor to his kids, 26 October 1954.
- 129 Annual Report of the Medical Superintendent 1941: 7–8, and 1948: 11, 1950: 17–18; CC, MHP, MB, File 15 Family Letters (by Alan) 50–55: Letter from Taylor to his kids, 10 January 1956: 1; CC, MHP, Board Minutes, 10 February 1960.
- 130 Annual Report of the Medical Superintendent 1950: 17–18.
- 131 Annual Report of the Medical Superintendent 1957: 12–13.
- 132 CC, MHP, MB, File 15 Family Letters (by Alan) 50–55: Letter from Taylor to his kids, 20 March 1955. See also CC, MHP, MB, File 8 Dr A.B. Taylor From January 1946, 1947: Letter from Mr D. Martin, 21 Palm Grove, Durban to the Medical Superintendent, 20 January 1946.
- 133 Marks, *Divided Sisterhood*: 78.
- 134 Annual Report of the Medical Superintendent 1950: 15.
- 135 CC, MHP, Board Minutes, 13 February 1959 and 1 May 1959.
- 136 See Annual Report of the Medical Superintendent 1940: 12, 1955: 16, 1957: 13 and 1960: 13–14, 19.

6

FIGHTING ‘A GOOD FIGHT’¹: THE ‘McCord Family’ AND THE STRUGGLE AGAINST APARTHEID, 1940s–1970s

STRUGGLING TO SURVIVE in an increasingly race-conscious society, the middle decades of the twentieth century were turbulent times for McCord Hospital. In the years after 1948 the main elements of apartheid’s social engineering policies were put into place by the National Party government, which remained in power until 1994. These included the 1950 Group Areas Act and the 1951 Bantu Authorities Act, which together entrenched the process of racial classification and residential segregation of earlier decades, as well as rural to urban influx control measures. They were bolstered by the passage of the 1952 Urban Areas Act, which greatly restricted the movement and economic opportunities of black South Africans. Laws such as the Reservation of Separate Amenities Act of 1953, specified the provision of separate facilities, buildings and services for so-called ‘white’ and ‘non-white’ groups. Even at the most intimate level, a person’s choice of partner was regulated by the State, through the passage, in 1950, of the Population Registration Act and the Prohibition of Mixed Marriages Act. The Suppression of Communism Act also gave the State the power to stamp out forcibly any political resistance.²

McCords could not escape the effects of these and other laws. However, because of its status as a state-aided but not state-controlled institution, it did manage to maintain a freedom of action that enabled it to continue to operate, to a large extent, on its own terms. At times this meant the open flouting of apartheid policies. By the 1970s, however, the sustained hostility from the hospital’s opponents had taken a great toll and McCords’ future hung in the balance.

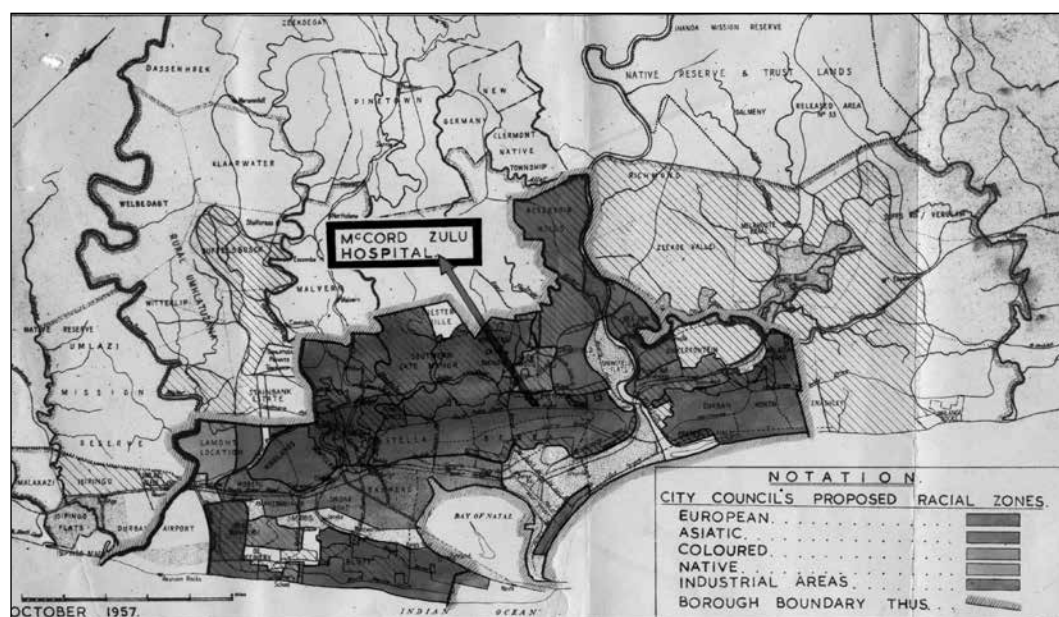
The apartheid challenge

McCord Hospital’s ability to resist the effects of the National Party government’s race-focused policies was hampered by numerous and compounding factors. A growing reliance on state subsidies was one of these. By the 1950s the State covered one third of the hospital’s annual operating costs and this meant that it had no option but to accept some state meddling in its affairs. There were other

mounting difficulties. For instance, it became almost impossible to obtain building permits to extend the property, now officially and anomalously zoned in a whites-only area of Durban under the Group Areas Act.³

Other laws obstructed the hospital's recruitment of nurse trainees. In 1954, Taylor reported that a government 'ban [had been] imposed on African young women seeking to enter the Union for Nurse's training' and this included 'the Rhodesias'. This severely limited McCord Hospital's ability to encourage mission-educated women to join its nursing programme.⁴

Race also permeated professional and medical admission practices and personal interactions. Patient intake was largely determined, not by medical need, but by racial classification. 'No white patients' were accepted for treatment 'except the odd missionary or people specifically affiliated with the hospital, like a staff member'.⁵ Although these criteria had been set by the hospital (which was private property) long prior to government intervention, the intentions of McCords had been very different to those of the apartheid state. In the early 1900s they declined to admit whites because they would soon have crowded out black patients. By the late 1940s, however, it seemed that this racially exclusive admission policy was an admission of support for



The 'wrongly sited' McCord Hospital's location within the Durban City Council's proposed racial zones, October 1957 (NAR, BAO 7364, P122/1171/1, McCord Zulu Hospital Durban 1950–1961)

government separate development policies that gave inferior care to black patients. This was not so.

Racialised categories of employment were evident too in the number of 'Europeans' and 'non-Europeans' employed at McCords.⁶ Although it operated as a 'non-European' hospital in practice, until the 1970s at least all upper-level medical and nursing managers, including most members of its Advisory Board, were white, which kept decision-making power in 'European' hands.⁷ As we saw in previous chapters, a benevolent paternalism and a less than radical liberalism characterised hospital management. In practice many senior positions had been occupied by black staff from its early days. Salaries had also been equal, or differences had been negligible. Significant disparities in pay, status and the right of access to facilities – including social spaces – were now, however, written into and required by law.

It is not clear when it began, but pay discrimination had become a reality at McCords by the 1940s. It would also have been determined by provincial pay rates and subsidies and was in line with many other hospitals.⁸ Questioned on the subject of unequal nurse salaries at McCords by Frank Drewe, a missionary doctor from Holy Cross Hospital in the Transkei in 1948, for instance, Alan Taylor explained that nursing sister salaries at McCords were dependent on two things, qualifications being equal: 'a) What one is worth from the standard of work one does; [and, as laid down by law] b) What one requires to maintain an average standard of living consistent with that of the other people in the same social group'.⁹

This meant that regulations determined that a black sister received about 70% of what 'her European counterpart [was] getting'. Salaries were also negatively affected by the limited finances available. McCords had struggled for years to equal provincial salary scales. As a result, by the 1960s black nurses were earning, depending on their qualifications, only 47% to 59% of white nurses' salaries.¹⁰

Mavis Orchard also recalled how in 1966, when her husband Cecil became Medical Superintendent, the salaries for doctors, arguably the most highly skilled professionals at McCords, were 'paid on three scales: the whites were one scale, the Indians were another scale and the blacks [Africans] were another scale' with the amounts also descending in that order.¹¹ This is confirmed in a 1970 survey, which found that up to December 1965, 'non-white' doctors in the province of Natal could at a maximum only earn up to 90% of the salaries paid to white doctors with comparable qualifications and experience.¹²

For many years, hurtful everyday petty apartheid practices operated at South African hospitals, including McCords. These comprised separate residence, dining and toilet facilities for white and black colleagues, which created and then reinforced, and even made seem natural, divisions between different 'racial groups'.¹³ Now retired, long-service staff members also remember the existence of separate eating facilities at McCords in the 1950s. As Sister Bongi Dlomo, who worked at McCords between 1953 and 1973, explained: 'there was a time, even at McCord's, where the whites would have tea on their own, and you know sisters and staff would have their own'. She added that this was accepted 'as the policy of the time' and as 'normal almost' under apartheid.¹⁴

In another interview, Matron Zodwa Mageba, who had also trained and worked at this hospital during the apartheid years, concurred. She told Penny Watts that 'there was a white dining room, a black dining room' and even white and black toilets.¹⁵ In addition, a quick glance through the hospital's Board minutes and annual reports shows the expansion or renovation of a number of racially separate residences for staff on the property. These included the Non-European Doctors Quarters, the European Staff House, the Native Men's Hostel and the Native/Bantu Nurses Home.¹⁶



Segregated dining room, McCord Hospital Nurses Home, 1950s
(CC, MHP, uncatalogued photographs)



F.V. Dugmore, McCord Hospital's long-time switchboard operator
(CC, MHP, uncatalogued photographs)

Furthermore, people working at McCords were affected by apartheid policies in other ways. Some were forced to endure hostile attitudes and the actions of bigoted outsiders. Occasionally, white staff and their families also became the targets of racial abuse and assault because they, or someone they knew, worked at this hospital. Aldyth Lasbrey recalled how 'one of the Christofersen boys' was 'badly hurt by South African school children because his father was working at this hospital'.¹⁷ In another case, in 1959, F.V. Dugmore, then a senior office worker and switchboard operator, was 'assaulted down-town because he worked in a Kaffir [*sic*] hospital'.¹⁸

More often than not, however, it was the hospital's black employees who experienced the brunt of these racialised attacks. For instance, in 1959 an African driver was 'accosted', as Taylor summarised, 'by two Afrikaans-speaking youths and threatened because he was working at the hospital'.¹⁹ In addition, this driver was told that 'he would be chased out of Durban along with other Africans at the hospital' if he remained an employee.

Although a few black employees, such as on-call nurse trainees and some cleaning and maintenance staff, were able to stay on the premises, as the staff complement grew the majority of the hospital's employees and their families

could not. They may not have wished to, but even if they had they could not as they were required, under the conditions of influx control legislation, to live in urban locations or townships away from European areas and, if aged over 16, to carry a pass at all times.

The *dompas* (passbook) was a type of identity document that listed their particulars, including their employment history, as well as the relevant permits that allowed them into white-zoned urban areas. Since the 'poverty-stricken and squalid townships [were] located several miles out of town' employees had to spend much time travelling to and from work.²⁰

And it was usually on their way to and from work when many Africans, including McCord Hospital's employees, suffered humiliating treatment at the hands of white officials and the police. Undeniably some were assaulted or harassed, or arrested by the police, for breaking laws. These included the violation of night-time curfew restrictions or forgetting their passes.²¹ For instance, police harassment was evident in an incident described by Sister Dlomo in 2006. She recalled being rudely awoken at 4.00 am on one occasion by loud banging on her door in Lamontville. A common intimidation tactic used by the police, this visit was to serve Dlomo with an eviction notice by the Durban City Council. She was to be relocated to Umlazi, a less desirable African township located outside the municipal area and further away from McCords.²² This had occurred because her husband, a Chemistry laboratory technician at Durban's Medical School, had been arrested under the Suppression of Communism Act and then sentenced to three years in prison for participating in banned ANC 'terrorist activities'.²³ Under section 10(b) of the Urban Areas Act, municipalities had the right to restrict any African from living in an urban area if that person, or a person associated with them, had been sentenced to more than six months' imprisonment.

This type of harassment was not an extraordinary occurrence. Matron Mageba also recalled a similar incident when her colleague, Sibongile Mhlongo, had once not reported for duty at McCords because she had been forcibly taken from her home by the police during the night. Her husband had been arrested and sent to Robben Island for activities regarded as opposition to the government.²⁴

Nor could McCord Hospital employees escape the effects of wider events going on around them. One case in point was the riots that engulfed Durban in January 1949. Frustrations amongst Africans over limited access to urban resources and economic competition with Indians had boiled over into physical attacks on people and property. These events impinged on McCords.

The well-known woman doctor and political activist Dr Kesaveloo Goonam referred many of the injured there. Closer to home, the father of a man known as Rodgers, a maintenance man at the hospital, was seriously injured during the riots while waiting for a bus. Although immediately brought to McCords for treatment, he later died from his fractured skull injury.²⁵

Although the then acting Medical Superintendent, Dr Norman Mills, tried to downplay the 'tense' atmosphere and 'ill feeling' between Africans and Indians so as not to worry Taylor who was away on furlough, he did hint at things being 'most unsettled' at McCords.²⁶ A few weeks after the riots, he described, in the infantilising language of many white South Africans at the time, how Rodgers had experienced 'one or two lots of trouble with his boys here'.²⁷ He went on to explain that the African workers 'obviously ... resent[ed] an Indian being in charge of them'. In part this may have been because Indians were allocated higher salaries at the hospital. The annual report in 1949 recorded a slight drop in patient admissions as many 'sick Africans' apparently had 'chosen to remain at home' to avoid getting caught up in the unrest on the streets.²⁸

During periods of police repression against protesters in the townships conditions would have been intensely frightening and dangerous for McCord Hospital staff living or working in those areas.²⁹ A good illustration of this was in June 1959 when groups of disgruntled African women started a riot in the informal settlement of Cato Manor. In addition to avoiding groups of protesting women 'brandishing sticks', some hospital employees had to elude the police.³⁰ Mazo Buthelezi, a midwifery trainee at the time, recalled how she was forced to hide in a 'rickety shack toilet' on her way to visit patients, where she could literally 'hear the bullets tattooing adjacent buildings' around her when the police opened fire on the rioters.³¹

In the early 1960s, tensions were again heightened with the police massacre of 69 anti-pass demonstrators in Sharpeville. This led, in Taylor's words, 'to eruptions all over the country', including Durban. This was followed by the declaration of a state of emergency.³² South Africa effectively became a police state with the deployment of defence force units to reinforce the police services, the banning of anti-apartheid organisations, and the arrest of numerous people labelled as 'terrorists'.

In a letter to his family a few weeks after Sharpeville, Taylor noted that 'there have been massive raids in the native locations' as a show of police strength.³³ A year later, after declaration of the Republic on 31 May 1961, the tensions had not simmered down. In May and June, Taylor described in other letters how troops and police stationed in Durban and its surrounds 'prowled

everywhere with big search lights ... up the streets to ensure that nothing out of the way was happening', and to 'intimidate [all] lawless elements'.³⁴

Besides the physical and psychological scarring sustained under these circumstances, staff absenteeism rose. Analysis of the hospital's records highlights disruptions to transport that interrupted work routines and employees' concerns about safety.³⁵ For instance, on 1 April 1960 it was noted that laundry women had not arrived for work twice in the last week of March. This occurred first on a Monday 'because of intimidation and because they were called upon to stay away as a day of mourning by Chief Luthuli' in support of those massacred at Sharpeville. And on the Thursday 'they couldn't come because during the night men had gone from door to door threatening those who went to work with violence'.³⁶ These troubling times also meant a decline in the hospital's in- and out-patient numbers as recorded in annual reports from the late 1950s to early 1960s (see Chapter 4).

The value of being a state-aided not state-controlled institution?

While it is necessary to recognise that some practices at McCords did align with apartheid-dictated policies, it is also significant to identify where they diverged. Crucially, between the 1950s and 1970s McCord Hospital's status as a state-subsidised, but not state-controlled, institution helped give it some leeway to do things that were not possible, or were forbidden outright, in fully state-controlled public facilities. In some ways, McCords was also able to challenge apartheid policies directly.

This can be seen in its admissions policies. Certainly, they were based on racial criteria. If we look closely, however, it can be seen that they actually flouted the state's separate development plans in several ways. While the McCords had started this hospital to serve 'Zulu' patients, in practice over the years African patients from all ethnicities were admitted for treatment. And, much to the chagrin of the State, it also treated growing numbers of Indian and coloured patients. Between 1950 and 1975, the number of in-patients classified as Indian/Asiatic and coloured actually increased dramatically: from 11% to around 40%.³⁷ By the 1960s, and unlike many state hospitals that were strictly run on a segregated basis, McCord Hospital's wards remained mixed, enabling its African, Indian and coloured patients, and its diverse staff and trainees, to fraternise more freely.

Professional staff at McCords also sometimes encouraged principled public displays of anti-apartheid solidarity. Echoing Margaret McCord's support of Katie Makanya and other black women marching against pass laws in the

1930s, in 1957 Matron Marie Denis encouraged nurses to participate in protest marches against the Nursing Act. This Act required the Nursing Council to keep separate racial registers for nurses, and prescribed different training and work opportunities based on designated race as well as unequal salaries.³⁸ The anger this generated was keenly remembered by Sister Dlomo:

when apartheid was introduced into the nursing profession ... separation of registers, separation of association ... white, you know, blacks and so on ... we fought ... The matron at McCords was very good and she also fought ... [S]everal protest marches took place ... and Matron encouraged [us] ... [S]he would say as many nurses as possible should go [and march] ... They saw the injustices and they supported those who were brave enough to ... stand up against [apartheid].³⁹

In June 1957, Taylor also wrote in support of the non-violent, 'parading' actions that brought approximately 200 nurses from McCords out onto the streets to demonstrate against this Nursing Act: 'They walked two by two on either side of the street carrying burning candles and placards about ten yards apart so they could not be accused of obstructing traffic. The whole thing went off very well. One hopes that it will arouse public sympathy without at the same time provoking a counter reaction by those in authority.'⁴⁰ This Act, he said, was 'wrong' as it placed a 'ceiling on the heights to which blacks can go and ma[de] colour not quality the distinguishing mark between different classes of nurses'.



Matron Denis's farewell. She was Matron of McCord Hospital, 1949–1964 (CC, MHP, Box 1 (2007) – McCords 1, File 9, Orchard Papers)

More often, the support that McCord Hospital's managers gave its staff was achieved through less public means, including the quiet and gradual eradication of discriminatory petty apartheid practices. Shula Marks points out that this would enable Taylor to compare McCords favourably with many other hospitals in South Africa because of what he termed 'harmonious relationships' at McCords.⁴¹

A key matter that Taylor and his successors did tackle was the removal of pay discrimination for doctors and nurses. This contentious issue led to explosive disruptions in many hospital environments during the apartheid period.⁴² For example, in 1949 and during the late 1960s respectively, nurses' strikes over many grievances at Lovedale Hospital, and doctors' strikes over wages at King Edward VIII hospital, made headline news.⁴³

In 1959, in an unprecedented and remarkable move, hoping to encourage racial harmony, Taylor successfully convinced the hospital's Board to support the payment of all first year interns at the NPA's higher white salary scale. Then, to enable McCords to balance its books, he *reduced* to the NPA's 'non-European' salary scale the salaries of all interns who had stayed on for a second year.⁴⁴

In 1966, the 'equal pay for equal work' policy for interns was furthered by Cecil Orchard when he became Medical Superintendent. His policy now ensured that all doctors at McCords who had the same qualifications and experience were paid at the NPA's middle salary range, which had usually been reserved for Indian doctors.⁴⁵ Furthermore, all nurses were paid at the NPA's rates set for African nurses to ensure equal salaries. Even though there were very few white nurses at McCords, this was a determined commitment to exercise parity in salary payments.

'Happy members of a large family'⁴⁶: fun, friends and festivities

Another way McCord Hospital stood apart from most of its South African contemporaries was its distinctive ethos, which was consciously driven by the ideal of family.⁴⁷ The identification with family was not unique to this institution and was common to many other social groupings such as schools, military units, girl guides groups and scout troops.⁴⁸ McCord Hospital managers had always worked hard to cultivate and celebrate a sense of 'McCord family',⁴⁹ and togetherness through common 'activities and routines', which helped to cement their 'organisational culture'.⁵⁰

They did this through a variety of means. The managers of McCords kept a personal interest in their staff and trainees. They were not just faces



*The 'McCord family' portraits: interns and nurse trainees
(CC, MHP, uncatalogued photographs)*

in a crowd, but most often known by name and developments (both successes and misfortunes) in their careers and personal lives – marriages, the birth of children, illnesses and bereavements were followed. Brief snippets about the whereabouts and activities of alumni were published regularly in the hospital's *Isibuko* so as to keep staff (both past and present) connected.⁵¹

Another way that Taylor in particular nurtured a sense of family belonging involved the taking of individual portrait photographs of the staff and trainees.⁵² These were then displayed on the walls of the hospital in a similar way to that done on the walls of a home by proud parents. Aldyth Lasbrey wrote to friends in the USA in 1960 that: 'In [our hospital the nurse] matters as an individual. She is known by name. Dr Taylor has photographed her. She knows that her picture is mounted in his gallery of McCord nurses, and he has given her a print to keep or send home to her parents'.⁵³



*Edward and Amelia Jali on
their wedding day (CC, MHP,
uncatalogued photographs)*

Taylor also made time in his already busy schedule to write letters addressed to 'the McCord family', which were then published in *Isibuko*. For example, in 1962 he wrote in an editorial about the strong bond members of this family shared, even if far apart from one another: 'It is a grand feeling to know that though we may, some of us, have left the Hospital, we have not left the family and so wherever you are this Christmas-time I would like to wish you a very Happy Christmas'.⁵⁴ These newsletters were distributed to staff and trainees, keeping them informed about matters affecting 'their' hospital. They were also, importantly, sent to those who had trained or worked there in the past, as well as other supporters of the hospital based in different parts of South Africa and overseas.⁵⁵

Some of Taylor's *Isibuko* letters also tried to keep the 'McCord family' informed of developments in his and Mary's own family, including careers, marriages and grandchildren.⁵⁶ The Taylors' two daughters – Doris and Aileen – were both educated in the USA and raised their own families there. Boardman's medical qualification and later marriage, fatherhood and move to Northern Rhodesia (Zambia) were all recounted. Their youngest son, Chandler, attended Kearsney College at Botha's Hill and later trained as a soldier in the United States Marine Corps. He was killed in action in 1950 in Korea.

Especially unusual for the times and much enjoyed by many were the short holiday trips staff and trainees took together to Umnini Holiday Camp. Founded by McCord Hospital in September 1952, this camp was on approximately seven acres of the Mnini Tribal Trust land. It was sponsored by charitable organisations such as the Rotary Club. This seaside holiday club was located about 40 kilometres south of Durban. It was not exclusively used by McCords staff and over the years it was managed as a welfare organisation, developing into a low-cost seaside holiday destination for African school and church groups from across South Africa.

The Umnini camp became an important fixture on the hospital's calendar. It provided a rare safe space where, in knowing and open defiance of apartheid laws, McCord doctors, nurses, trainees and other guests could relax and spend time away together.⁵⁷ Weekend getaways were scheduled there to celebrate special occasions, such as the end-of-year nurse trainee results, and also to encourage relaxation away from the pressures of work or bonding time. Even though they were closely supervised and their time fairly strictly structured, nurses enjoyed their experiences there immensely, as Martha Diaho remembered:



Defying apartheid and having fun in the sun at Umnini holiday camp, Natal South Coast (CC, MHP, uncatalogued photographs)

We certainly enjoyed our swim times! ... It was fun to see Baba Taylor trussed up in his life saving gear, waiting for one of us to drown! In the evening we played games by the seaside until 8:30 pm, after which we had our evening prayers and sang choruses ... It really was a very pleasant weekend and ... we would love to repeat the experience.⁵⁸

As mentioned in Chapter 2 and dating back to the years of the hospital's foundation, annual skits and plays also helped construct a sense of togetherness among the employees as they rehearsed or watched the shows together. These often parodied the more serious parts of hospital life. On these occasions, nurses mimicked doctors, which delighted audiences.⁵⁹ In the late 1930s and early 1940s, male medical aides also participated in such events, impersonating nurses.⁶⁰

Doctors contributed to the jocular atmosphere at some of these events, too. In 1953, at the New Year's Eve festivities, Taylor borrowed and wore his wife's dress and a wig in a 'sketch' he had designed with other doctors to make 'his contribution in the way of fun to the party'.⁶¹ Sometimes more biting commentary on the characteristics of senior staff, these sketches permitted a release of professional and personal tensions between staff members through teasing and laughter.



Hospital Christmas play: McCords was a place for skits, plays, spoofs and laughter as well as of medicine and service (CC, MHP, uncatalogued photographs)

Much effort was made to get McCords staff together at Easter parties, American-inspired Thanksgiving dinners and annual nurse prize-giving and candle-lighting services. Particularly special were the Christmas festivities. On these occasions, the usual hierarchies of hospital life were temporarily inverted as Taylor recalled in a December 1959 letter: 'the Europeans assist as waiters and waitresses for the domestic servants at noon and again for the African nurses and staff-nurses in the evening'.⁶² These celebrations were vividly remembered by Matron Mageba many years later: 'Christmastime was the most exciting time, there was a time when, as nurses, we just sat down and the doctors would look after us and serve us, it started from the Superintendent and his wife and everybody would ... just greet people and give them Christmas caps and then they will serve us all the meals.'⁶³ Besides enjoying delicious food and soft drinks, games were played and carols were sung together, and 'Father Christmas distributed to each a gift from the hospital'.⁶⁴

McCords managers also worked to create a sense of fun and family-belonging for the hospital's patients and their supporters. This was shown for instance in efforts to promote entertainment for patients when the new

OPD was opened in 1953. At least once a month the OPD waiting room was converted into a large bioscope (cinema).⁶⁵

An (un)happy family?: tensions and tussles within the 'McCord family'

Of course, not everyone identified or experienced this ethos in the same manner. Disparities of power among employees, not to mention between staff and patients, meant that being a completely happy family was an impossible ideal.⁶⁶ To be sure, all families, even hospital ones, are contentious social entities with deeply rooted tensions and inequalities within them. As Stephanie Coontz has argued, 'families [usually] have not only joint interests', and some members have particular kinds of privileges, 'but [have] also internal conflicts over resources, power, autonomy and choices' that affect them.⁶⁷

Certainly, a Christian-bolstered sense of patriarchy and paternalism, which overlapped with vocational hierarchies, was strongly emphasised at McCords. This is clearly evident in the conceptualisation of Taylor's role as patriarch of the 'McCord family' in a letter he addressed to his 'kids' overseas in 1954. He wrote: 'The worries of a medical sup[erintendent] here are those of a father with many children'.⁶⁸

Some inequalities within hospitals are professional and intended to facilitate co-ordinated and regulated medical, nursing and paramedical services for patients. Others played out in highly gendered and racialised ways. For instance, for much of McCord Hospital's history it was only fellow missionaries and other formally appointed senior staff, such as (white) matrons and a few black doctors, who could function as social equals. The largely black nursing, cleaning and maintenance staff were usually somewhat subordinate, even viewed as 'children'.

Even after World War II, McCord Hospital remained a site of conservative socialisation, strict discipline and even, one might argue, the subjection of young women in particular. The working lives of young nurse trainees, all of whom were women, continued to be highly regimented by their superiors while their personal lives remained as strictly regulated as they had been during earlier decades. McCords was not alone in this, as a number of historians have revealed for other long-standing mission hospitals, such as Victoria Hospital in Lovedale.⁶⁹ This strict discipline and the rules had been created by people whose expectations about acceptable behaviour were bound up with efforts to protect the Christian virtues of young, unmarried women in rapidly changing times.⁷⁰

Marks argued that 'all nurses', though this was the situation to a much lesser extent for those at state hospitals who did not also have religious values influencing them, 'suffered the regulation of the most intimate aspects of their lives ... For many young girls the discipline ... of the training hospitals was ... intimidating, and rules dominated the lives of probationers ... Black nurses were even taught how to walk – "always on the left – look alert" – and the regimentation of the nursing hierarchy was formidable.'⁷¹

McCord nurses and trainees endured careful policing of almost every aspect of their lives. Nursing supervisors even tracked probationer movements during their off-duty hours. Mazo Buthelezi recalls how student nurses could, once a week, sign out for only three hours at a time, either between 9.30 am and 12.30 pm or from 2.00 pm to 5.00 pm. This was a huge frustration for many, as Buthelezi remembered:

That time was not enough for getting to a movie and back so that student nurses were obliged to leave the cinemas before the movies got to the end. Trouble erupted when the Elvis Presley movies came to the city. Many student nurses flocked to town and got back to the Nurses' Home late. They got into trouble because Miss Denise [*sic*] did not care about the Elvis craze.⁷²

Monthly 'weigh-ins', 'peeping' Nurses Home mothers and chaperoned visits continued in this period, too.⁷³ This was experienced as restrictive or even suffocating by some, as these kinds of surveillance invaded their privacy and infantilised them.⁷⁴ Though 'weigh-ins' were done to track bodily changes that came with serious illnesses, such as TB, in a strict Christian mission hospital such measuring techniques could also alert nurse supervisors to illegitimate pregnancies, which remained strictly forbidden among unmarried trainees and the staff.

Depending on the nature of the infringement, such as returning to the Nurses Home late from off-duty hours, sneaking out at night or being caught fraternising with boys, punishments meted out varied. They might range from having nurses write letters of apology; the public shaming of individuals by displaying their 'crimes' on notice boards; and forcing nurses to forfeit future off-duty hours.⁷⁵ Instant dismissal was reserved for those individuals who found themselves pregnant. This was illustrated in 1955 when a midwife was expelled just three weeks before the end of her course 'for staying over ... with a boyfriend and [she] was already pregnant'.⁷⁶ In a letter written at the time Taylor explained that he had not made this decision lightly, but felt compelled to take action because of the trainee's refusal to show remorse.

Interestingly, management had been alerted to the midwife's predicament by an anonymous letter that had reported 'the misbehaviour of one of our nurses who was shaming herself, the hospital and her fellow nurses'. If, as seems likely, this letter had been written by one of her peers, it points to the conservative expectations of many women themselves, who embraced the same values as Taylor and policed one another's morality and sexuality. When, a year earlier, another young woman had been sent home from the hospital when Taylor discovered that she had married 'a man that has a wife', a female relative wrote thanking him 'for all the fatherly trouble [he] had taken in this matter of disgrace to our family'.⁷⁷

Aware of the penalty for being pregnant out of wedlock, some nurses and probationers quietly disappeared from the hospital rather than face the harsh consequences of their actions.⁷⁸ Others tried to solve their problem by procuring an abortion. However, the costs of clumsy, self-induced or backstreet terminations could be tragic and some McCord women trainees died following complications, such as excessive bleeding and septicaemia.⁷⁹

Recourse to the 'McCord family' did not necessarily eliminate strains amongst employees at the hospital either. Indeed, analysis of hospital records highlights numerous conflicts or tensions. There were tussles between nurse probationers and their overbearing Nurses Home mothers over the strict rules; and complaints about food, limited off-duty hours and cramped living conditions. There were a number of wrangles that emerged between staff nurses, as well as between staff nurses and their probationers.⁸⁰

For example, in March 1948 Dr Norman Mills wrote of 'a heated argument' and 'very nearly a free fight' that had broken out on the ward between two sisters. This argument was triggered when the night sister discovered that the sister on day duty had tried to interfere in the assignment of duties for her night staff.⁸¹

A few months later, another 'bit of upset' was reported on the Maternity Ward A.3 between Sister Tapson and some of the midwives who felt that they were being 'treat[ed] ... like children instead of ... trained nurses'. When confronted by her superiors for what a doctor had witnessed as her 'rude and officious' behaviour and instructed to apologise, she promptly resigned.⁸² Of course, not all conflicts ended in dismissals. A similar disagreement between two white sisters and a group of African nurses in June 1955 was handled more amicably when Sister Evard agreed to apologise to Nurse Sarah Keswa for something she had done and then they had all 'prayed together'.⁸³

Tensions between McCord Hospital-trained nurses and pupil midwives who had done their general nurse training at secular state hospitals could also produce difficulties. In 1957, Taylor described how these midwives 'never seem[ed] to be quite part of the family here'.⁸⁴ He also relayed how he continually struggled to make effective interventions that would 'make them feel a part of us'. Having previously had fewer rules to abide by during training, many midwives who then came to McCords were not co-operative in a number of areas such as donating blood, a time-honoured tradition at McCords. Their refusal to attend compulsory Sunday night church services also produced ill-feeling among staff.

Tensions among nurses of different social, ethnic and linguistic backgrounds could be another source of friction. In 1948, Mills recorded 'some ill feeling among some of the Staff Nurses' especially towards '[Nurse] Charity not being Zulu and a foreigner to some of them', which was 'upsetting them somewhat'.⁸⁵ During her training in the 1950s, Mazo Buthelezi noted, too, how some 'Zulu trainees did not mix easily' with Indian, coloured and international students in her nursing programme.⁸⁶

It was not always smooth sailing among general workers either. In the early 1960s, Taylor described how 'traditional beliefs about witchcraft amongst his staff, even the semi-educated', were still alive and well and giving him 'headaches'.⁸⁷ On another occasion, Mr Scooby an engineer on the maintenance staff, had stirred up discord amongst his African colleagues when he accused them of 'poisoning him' with some kind of *muti* (traditional medicine). This, he said, had led to 'intense rhinitis and conjunctivitis' and later 'vomiting, dermatitis on his arms, and an itchy body'. Scooby threatened to retaliate by 'see[ing] to it' that the workers 'had their troubles too'. Taylor dismissed him for his 'irresponsible' claims and baseless accusations.⁸⁸

A more dramatic event, set around general worker disagreements, literally exploded onto the scene a year later. The dispute centred on the reappointment of a long-service induna, Willard Mthembu, who had been away for a few years to try (unsuccessfully) to run his own business.⁸⁹ McCords management was happy to take him back because his successor had not 'worked out satisfactorily', but this caused much 'unrest' in the labour force.⁹⁰ Many workers disliked him for his opposition to their trade union activities and his strict discipline. These disputes eventually led to the explosion of a pipe-bomb and a fire near the induna's room in January 1963. Fortunately, no one was hurt, but it led to the arrest and trial of two men as well as the dismissal of several others for 'conspiring against the Hospital'.⁹¹

Wage disputes were typically rare at McCords before the 1970s, but there were occasional instances of upsets amongst midwives and general workers in this earlier period. For example, in 1948 Mills had to find additional money in the already stretched budget to address the grievances of angry midwives 'threatening to walk out unless they were paid salaries'.⁹² Indeed, McCords had for years not paid salaries to pupil midwives despite the fact that most were already fully trained general nurses whose counterparts at other hospitals were remunerated. A year later, the Medical Superintendent also reported that African general hospital workers were 'rather upset' over the 'question of salaries' and that 'everything is most unsettled'.⁹³ This matter was addressed by increasing salaries, but 'dissension' was sparked again in 1961 around the issue of a low minimum wage.⁹⁴

Only in the 1970s, when more militant labour unrest engulfed many parts of Durban, did requests to increase wages become a regular issue faced by management. Early in 1973, 75 general workers boycotted the hospital until their demands for increases were met.⁹⁵ Just a few months later much 'unhappiness' was noted amongst student midwives over wages, which also brought a lot of 'unrest' including protest action and employee absenteeism at the hospital.⁹⁶ After lengthy negotiations with these employees and the NPA, their wages were increased, but only after the NPA had agreed to provide an additional subsidy.⁹⁷ This was by no means the end of the upsets of the 1970s. In 1976, Cecil Orchard noted that a worrying broader 'spirit of unrest ... prevailed at the Hospital' over the wages issue.⁹⁸

As with all families, the 'McCord family' harboured secrets that, when discovered, could lead to anxieties and even dismissals. In a telling letter penned in 1955, Taylor wrote of the centrality of prayer and quiet time in his own life; and also revealed some of the 'problems presenting here in the Hospital', which he was forced to confront:

Yesterday I had occasion to count up and realised that last year among eleven (interns) there were seven who were real problems outside of their work ... To be more explicit, two got into taking dope, three got into triangles [tangles?] and two others got involved in a love affair that shook the hospital. It was a case of praying for them and for myself at nearly every Quiet Time. It is these decisions that have to be taken as an executive affecting others that I find hardest ... [especially] harden[ing] my heart and cut[ting] people off from the hospital.⁹⁹

McCords nurses and doctors were prey to the full range of social troubles that are the experience of many families. In 1961, letters to and from Taylor and Paul Keen, a doctor based at Johannesburg's Non-European Hospital,

identified worrying details of drug addiction linked to 'disappearance of drugs', such as pethidine (an opioid pain medication), as well as overdoses, marijuana possession, alcohol abuse and suicides at both these hospitals.¹⁰⁰

Another key issue was the question of intimate relationships, which were forbidden, because of the hospital's strict moral code. In 1954, Taylor wrote of his concern about a complicated love affair that had developed between 'a young Chinese male [doctor]' and 'a white sister'. Aside from 'ruining the peace of mind of a young Chinese lady doctor who is in love with him', what worried the Medical Superintendent most was the risk he ran of 'getting mixed up with the law' that banned 'mixed racial relationships' and which could bring unwanted attention both to themselves and the hospital.¹⁰¹ A few years later, he again relayed the story of another illicit affair that had rocked the hospital. This involved a relationship between 'a nice staff nurse' and an X-ray technician. Both absconded from their duties, never to return.¹⁰²

By the 1960s, management also had to deal with the disappearance of staff they thought might be involved in underground, anti-apartheid activities. In November 1962, Taylor wrote: 'Yesterday two more of our younger African staff disappeared mysteriously making four in all. Rumour has it that they have gone underground and may have been spirited out of the country for training somewhere'.¹⁰³

McCords was not immune to fraud or theft either. For instance, in 1954 Taylor learned, via rumour, of the suspicious activities of 'a very senior responsible member of our staff' who was then investigated for 'irregular conduct with regard to hospital time and property'.¹⁰⁴ Feeling 'sick at the pit of his stomach' for this violation of trust, Taylor went on to note that this would 'probably mean' the dismissal of at least two members of staff the hospital could 'ill afford to lose'. Theft of food, linen and other items led to dismissals, too.¹⁰⁵

Finally, tensions could emerge from the sacrifices that individuals made to the 'McCord family'. For example, heavy workloads and reduced staff often required doctors to work a great deal of overtime, which limited time they could spend with their own families. Mavis Orchard recalled this scenario in her own experience with her husband in an interview with James Colgrove in December 2004:

He was the sort of person, when he was on duty he wouldn't leave the hospital ... He said that if he was on duty he had to be near enough to save a life ... You know, we lived next door so he could run up the steps and he used to run up like mad. He was very devoted,

sometimes, well, we used to say as a family that he was married to the hospital ... He used to be away a lot.¹⁰⁶

Mavis also noted that many spouses, particularly wives, visited her over the years to express their frustration at their husbands 'always being on duty'. One problem centred on marital loneliness, which was conveyed by Aldyth Lasbrey about Mary Taylor too.¹⁰⁷ Another related to strained parent-child relationships. This was especially the case for some children who grew up feeling disconnected from a parent when they were repeatedly 'pushed aside' by work.¹⁰⁸

The above examples are testament to unequal power relations, the inevitable ruptures and conflicts, as well as heightened emotions that are the common experiences of families. Yet, while this 'McCord family' was not perfect, its tensions and schisms did not nullify the effects of the ethos on the experiences of many who worked, studied and convalesced there.

'A place in which one feels that one belongs and is a part': care, community and camaraderie

Undeniably, however, the 'McCord family' spirit was much more than a strategy of management for seniors to control the nursing and working staff. It was not simply an ideological construct. Ample documentary and oral testimony exists to show how this ideal was felt and aspired to by numerous individuals at all levels of the hospital. It was a very real binding and enduring experience. The 'McCord family' was often openly promoted and moulded by those at the top of the institution. Taylor's sense of familial attachment is evident in this moving letter he composed to the hospital's staff in March 1948 while on board the *SS African Star*, a passenger liner bound for the USA:

This is to be the first of, I hope, a good many letters which will keep you in touch with us during the many months that we are away from you ... Now that it is all over we aren't so sorry that we had to leave in the rush that we did for it cut short the agony of getting separated from those we love so much ... There was a deep feeling of unreality with all of us as we drove down to the boat and spent the hours saying 'goodbye' and waiting for the boat to leave.¹⁰⁹

For Taylor, who had worked at McCords for more than a quarter of a century by the time of this letter, this hospital was no longer 'just a place to work', but his 'home'. As he expressed it, it was 'a place to breathe and be alive and happy, a place in which one feels that one belongs and is a part'.

For foreign-born missionaries like Taylor, building a wide network of friends and colleagues often provided a surrogate family. Undoubtedly, it was

affirming and supportive for those new to the city, or far from their homes. Investments they made in getting to know their staff helped them to become more entrenched in their adopted country and provided a greater sense of rootedness and connection to those with whom they interacted. This was essential when their children were sent abroad for their schooling or left their natal homes.

Additionally, the 'McCord family' was crucial for medical missionaries when trying to overcome the death of loved ones. For James and Margaret McCord, this had been especially important when they had to get through the unexpected deaths of their daughters, Jessie and Laura, in 1919. Similarly, the wide support the Taylors received on hearing the devastating news of the death of Chandler in Korea in October 1950 was that of those who had very deep affection for them and their immediate family. Taylor's letter to his overseas-based 'kids' of 24 October permits us a poignant glimpse into both the Taylors' family life and also that of the 'McCord family', which were clearly intertwined:

A rascal painter by the name of Khan whom I fired several times, taking him back because he was so plausible came to see your mother and have a cry with her. He had several stories of Chan when he was a small boy. Chan used to go over to the hospital to see him when Khan was sick in bed. He would then take him sweets and bits of food and fruit from our house. One day Khan said 'but what I really want Chan are cigarettes'. Chan disappeared and came back a little [*sic*] with six pence and said 'here is some money to buy them with'. Several nurses have written or told us that Chan often brought them food which they suspected had come from our refrigerator. These stories all bring him back to us ... [and give us] a sense of pride in what he has given, a feeling that this life with its many problems cannot now remove him from us ... [These] letters brought us acute pain and joy.¹¹⁰

A year later, his letter described the combined candle-lighting ceremony and memorial service at McCords, which meant so much to him:

There were more than 300 people in the dining room including the guests and nurses in training and staff. Afterwards we were packed so closely in the lounge standing for tea that it was almost impossible to move about. There was no apartheid there and no-one seemed to mind it. Rev. Christofersen acted as the chairman for the Memorial Service. Joyce Baird from our office, Mr Reece, Chan's headmaster at Kearsney, and Sister Fikile Goba from our staff spoke about Chan and his happiness and how he made others happy ... The speeches were mostly telling of Chan's love of fun and teasing. Only once or twice were the references such as to make tears come to my eyes.¹¹¹

Present at the candle-lighting ceremony were 'all the old nurses whom we could get back along with our own graduates who are on our staff'. Also

participating by lighting candles or giving short speeches were Katie Makanya, Beatrice Msimang Gcabashe, Constance Makanya ('our most outstanding midwife graduate'), Sister Flavell, Sister Cooper, Aldyth Lasbrey, staff nurse Angeline Mbambo and Savantharay Pillay, 'our first Indian graduate'.

Although one could dismiss Taylor's viewpoint as the biased perspective of a hospital manager deeply invested in the very ethos he actively championed, his perception of McCords as a family-oriented hospital was shared by generations of doctors, nurses and many others associated with the hospital. Familial terms of endearment were often extended by employees and trainees to long-serving and senior members of staff, and also to their spouses, such as the Taylors and Orchards. They were commonly referred to with genuine affection as the 'parents' or 'fathers and mothers' of the big 'McCord family', while many letters also referred to McCord Hospital as their 'home'.¹¹² Just a few years before Alan Taylor's retirement, Nurse Zamazulu Nkosi wrote this to him:

[I would like] to express my heartfelt gratitude for all you have been to our family. For the fatherly care and guidance and your never failing memory of all McCord trainee nurses however old they are. It always brings about such a happy and homely feeling that Doctor Taylor as a father never forgets us even though we have grown years older than we were when we trained. It is a thrill to think that all of us three girls in our family were trained in this institute. May God bless you and your family.¹¹³

Similarly, and as recently as May 2009, at the McCord Hospital centenary celebrations held in Durban, Dr Zweli Mkhize, premier of the province of KwaZulu-Natal, and at the time of writing treasurer-general of the ANC, who did his internship at McCords in the early 1980s, spoke of Mavis Orchard as being 'like a mother to us'.¹¹⁴ Another instance of this was reserved for Aldyth Lasbrey, whom many on the staff, including Mkhize, affectionately called 'Auntie'.¹¹⁵

Certainly, countless records point to a wide variety of people who claimed, celebrated with pride, and endorsed their membership of the 'McCord family'. For some, studying or working at McCords was their first experience of living away from home. Albeit paternalistic, the 'McCord family' helped create a sense of emotional connection, as well as a sense of belonging to a close-knit community.

Support for staff often extended beyond what one would expect from their employers, and should be understood as in line with the effort one would invest in family members. Over the years, the McCords, Taylors and Orchards were invited to many funerals, sharing their colleagues' moments of great personal

loss. Thoughtful letters of condolence were also written to provide support. In 1960, Nurse Ethel Mpanza wrote the following in reply to a condolence letter written by Taylor on the occasion of her father's death:

I must say that the contents not only consoled me but made me feel very honoured, for, knowing what your duties entail as Medical Superintendent of our beloved McCords, it was difficult to imagine how you were able to find time to write to me; but, thanks to the privilege I have had of training at McCords, and getting to know you personally – your thoughtfulness, your kindness, the interest you take in all of us and our individual problems ... indeed so many other things which have made so many of us feel that in you, Sir, we not only have a Superintendent in charge of us, but also a father who cares for us ... In closing may I again say, thank you very, very much for all you are to us.¹¹⁶

On many other occasions, McCord Hospital staff participated in times of happy celebration. Kitchen tea parties and weddings were held on hospital property or at the Medical Superintendent's home. In November 1950, for instance, the Taylors organised a wedding for their 'young Englishman' electrician, Mr Smith, and his fiancée, as they could not afford to do so themselves. Taylor described his sense of excitement at hosting such an event. It was for him perhaps a substitute for his own children's weddings, which he had not been able to arrange:

We are having a wedding here this week and all of us are getting quite thrilled with the thought of it. We weren't able to do either your weddings [Doris/Aileen] or Boardman's so this is one which we do for you ... [T]hey are going to the registry office on Friday at noon, then are coming up here for a religious wedding and after that a wedding luncheon. The staff will all be present. The wedding will be in our big living room, the luncheon in the garden.¹¹⁷

Sister Bongi Dlomo remembered, too, how the McCord Hospital nurses' choir sang at her wedding in 1961 and how 'Dr Taylor was one of the guest speakers on my behalf on this joyful occasion'. Furthermore, what made it very special for her was that 'most of the staff members came ... so it was really a family'.¹¹⁸ Managers and staff also often went out of their way to support colleagues who went through difficult times in their personal lives. In addition to providing emotional support when a loved one died, loans were given sometimes to cash-strapped staff to assist them with 'family emergencies' such as buying school uniforms, paying school fees or doing repairs to a home.¹¹⁹

Moreover, Taylor often extended help to those whom he regarded as unfairly treated. The staff nurse who had fallen pregnant and whom Taylor had felt it was necessary to send away because, he said, of the precedent this would set had in fact been raped. While Taylor could not bend sufficiently to allow her to stay in work at McCords, he did secure her a temporary position

at another hospital until her baby had been born and was then willing to have her reinstated.¹²⁰ Indeed, we learn from one of his letters of his commitment to giving this 'fine person a chance', saying:

If it is only a question of money that would keep you from employing her I would pay part of her salary out of my own pocket gladly for I feel about her as about one of my own daughters. She has always so far as I have known, tried to do what we expected of her on and off duty. Now I want to stand by her.¹²¹

Beyond the rules and walls of the hospital, managers and staff provided valuable support, too, for individuals who were arrested for violating apartheid laws. There are examples of the Medical Superintendents posting bail to free employees as well as providing legal assistance.¹²² Sister Mary Jane Molefe, for instance, recalled at least 'two instances where Dr Taylor had to go and get nurses from jail for being out dancing after ten'.¹²³ Of a more frightening situation, Bongi Dlomo remembered feeling 'very supported' by her 'family' at McCords when her husband was arrested for his anti-apartheid activities:

At the time he was detained, McCord [Hospital] would give ... transport [for concerned staff] to take food down or take him, you know, a change of clean clothing. And during the trial, they would make sure I attended without saying, you know, 'you must pay back the time' ... And it proved that as a family they were very, very supportive in problems like that ... they supported those people that were in trouble, that had problems like me.¹²⁴

The deep effect this family atmosphere had on some individuals extended to attempts to propagate it elsewhere, such as Athee Pillay when she worked at the Friends of the Sick Association (FOSA) Tuberculosis Settlement after she completed her nursing training at McCords.¹²⁵ In addition, it was evident in the efforts made by the young Dr Cecil Orchard, who tried to build a 'mini McCords' in the rural district of Hammanskraal after completing his internship in the 1950s; and Dr Mohammed Mayat, whose private Indian hospital, Shifa, in Durban, was created as a 'little McCords'.¹²⁶

This 'McCord family' ethos could be so powerful that it also extended beyond McCords' immediate employees to incorporate those who had moved away from the hospital. By the 1950s, these included hundreds of nurses, midwives and doctors who had left their McCord Hospital 'home' to take up jobs elsewhere or further their studies at other institutions in the country or overseas.¹²⁷

An extensive network of letter writing, both to and from the hospital, ensured the continued circulation of news and the preservation for those far away of a sense of connection with their 'beloved McCords'.¹²⁸ For instance,

in 1959 Mavis Zondi (née Ndaba) wrote how she still regarded McCords as her 'home' despite starting a new life at a hospital in Pietermaritzburg, a city located 90 kilometres away.¹²⁹

Further afield, Josephine Matondo, writing from Luanshya Hospital, Zambia, wrote how much she and other McCord Hospital-trained nurses in the area had enjoyed visits from the Taylors who were holidaying after Alan's retirement. She wrote: 'We were so delighted to see Dr and Mrs Taylor before they left and it was very kind of them to visit the family so widely spread here in Rhodesia and Zambia'.¹³⁰ In this same year, Muthulumi Pillay, doing a postgraduate course in paediatric nursing in London, wrote how much she relished seeing the Taylors when they visited London, especially 'Pop', who in her opinion, 'hasn't changed a bit'.¹³¹ As we saw in the last chapter, the 'wonderful spirit' of the hospital even affected patients, many of whom felt 'happy', as one put it in 1959, to recuperate in this harmonious community of care.¹³²

Finally, in a divisive apartheid context, where segregation policies worked to keep people apart, the 'McCord family' ethos, which also tried to 'break down colour bars little by little', promoted professional development and assisted to build bridges amongst its racially diverse staff.¹³³ For many doctors, but also medical aides, working and training at McCords was both personally and professionally a life-changing experience. It was influenced by a sense of close community and family belonging that profoundly moulded their sense of self.¹³⁴ This was captured in the words of an African doctor, who trained as an intern under Cecil Orchard in the early 1980s:

Everybody was community; nobody was seeing each other as different ... [I]t was ... not better, it was ideal! I cannot think of a better situation for one to have worked in than McCord's ... because there was no racial issue at all. Even the number of interns they took was a balance of all races ... [I]t was because of the leadership of the Hospital ... since Orchard was intentional about making sure that he created an environment that is as close to normal as possible, and he did well.¹³⁵

This view was later shared by Dr Mfanyana 'Joe' Ndlovu, a University of Natal graduate and an intern at McCords. For Ndlovu, working at McCords was 'a lot better' than at the large state hospitals such as King Edward VIII, as this smaller hospital produced a strong 'sense of family, a sense of being very intimate, and a lot of comradeship among the interns'.¹³⁶

In addition to creating a more meaningful, positive experience for individuals, the 'McCord family' ethos did valuable work for the hospital, bringing tangible, material benefits. It was, for instance, a powerful allegiance-

building tool that generated a high level of staff commitment. For most of the period covered by this book, McCord Hospital staff earned much less than colleagues working at other South African hospitals; yet, repeatedly, we see in the records strong staff dedication to their hospital.¹³⁷

Certainly, many chose to continue working at McCords, sometimes for decades, in spite of low salaries, high patient volumes and long working hours. The fact that labour disputes were not a serious feature of the McCord Hospital landscape until the 1970s and 1980s says much about the sense of duty, loyalty, as well as deep bonds forged by 'family', in building overall staff harmony and longevity of service.

While over time, this supportive and unifying familial environment worked to chip away at racial barriers, or at least to deflect some of the worst excesses of racial tension that plagued many other hospitals in South Africa, it did not result in plain sailing for those who headed the hospital. In this last section we shall see how the choppy waters of apartheid battered its island shores and tested the 'McCord family' to its limits.

'The Sword of Damocles is hanging over our hospital!': struggles to survive

During the 1950s, the effects of apartheid were felt in numerous ways at McCords, but in later decades stricter implementation of legislation made life even more difficult for those managing and working at this hospital.¹³⁸ In the 1960s, public demands to have this 'black spot' removed from the white Berea residential area became more strident.¹³⁹ As a result, it became almost impossible for McCords to secure the necessary permission, or the funding, to extend the property through building projects. Board minutes recorded that 'We have been told the hospital cannot grow'.¹⁴⁰ McCords was not alone in its frustrations. King Edward VIII Hospital, also built before the promulgation of group areas legislation, faced a similar moratorium when the Umbilo Road area was re-zoned as white in the 1950s and this compounded overcrowding in the wards.¹⁴¹

The management of McCords was confronted with louder and more threatening calls for 'solutions' to what the National Party government labelled a 'wrongly sited institution'.¹⁴² Hostility towards the hospital came from very high up – from Hendrik Verwoerd, then Under Secretary of Native Affairs and infamous apartheid architect, himself. In a February 1958 memorandum he stated: this 'native institution cannot remain' where it was, and that the government urgently needed to solve McCord Hospital's 'wrong situation'.¹⁴³

Although there had been some discussion in earlier years, at provincial and national levels, about the possibility of converting McCords into a large maternity hospital for black patients, or phasing out African patients to make it into a centre for the treatment of Indian patients, by 1960, under Verwoerd's influence, the focus shifted dramatically.¹⁴⁴ He wanted McCords to become an 'African-only' hospital, and, importantly, 'removed to another area ... more suitable,' he claimed, for the treatment of African patients.¹⁴⁵ The NPA was given until 1963 to implement this plan.

Given this ominous situation, McCord Hospital managers now had to come up with innovative strategies just to survive. The strong sense of Christian devotion and 'family' ethos that helped motivate and unify its staff was tested and not found wanting. There were other carefully conceived tactics that they exploited, too, and without a doubt the extensive network of friends was indispensable. The hope was that some of these individuals could lobby on its behalf; and provide it with valuable insider information or legal advice as well as financial support.¹⁴⁶ In 1959, Taylor wrote about the value of this tactic, he and Mary having just hosted a large social gathering at his home: 'How much of what was said will ever filter through to the men at the top we do not know. I hope that enough does so that they will not think it worthwhile to place McCords on the altar of party politics having in mind the effect it will have on others than our staff and the non-European people.'¹⁴⁷

In an effort to win Durban's white residents to the hospital's cause, Taylor developed shrewd medical and economic arguments. For instance, in articles written for local newspapers he focused on whites' fears that diseases knew 'no racial colour bars', and thus could spread between different 'racial groups'.¹⁴⁸ He went further, arguing that McCords needed to remain where it was as the treatment of black patients would, by extension, protect the health of the white residents themselves. In other contexts he lauded the hospital as a cost-effective option for the NPA and for taxpayers as its semi-private status meant that it operated more cheaply than a fully subsidised public hospital.¹⁴⁹

Meanwhile, popular support for McCords was also mobilised. In February 1963 the Durban newspaper *Post* asked on its front page: 'Will McCord's die?' It went on to express the support of thousands of families of all colours, creeds and ages, proclaiming that McCords was Durban's 'people's hospital they can't kick out!'¹⁵⁰

This was not enough, however, and to delay 'the whole question of moving McCords its managers and supporters skilfully exploited loopholes in the law, particularly the Group Areas Act.¹⁵¹ For example, during the 1950s and 1960s,

NATAL EDITION
POST
5c Registered at the G.P.O. as a newspaper FEBRUARY 24, 1963

Life's work at stake

Will McCord's die? For it's the...
PEOPLE'S HOSPITAL
THEY CAN'T KICK OUT!

By **BOBBY HARRYPERSADH** — Durban

MCCORD, the Durban hospital that's proved most racist theories to be **ALL WRONG**, could never be transplanted successfully to an African township or reserve.

Dr. Alan B. Taylor, medical superintendent at the McCord Hospital, who will retire soon after 42 years' service, said this in his annual report last week: "We pointed out that the Durban hospital staff could claim: — a fight against sickness, ignorance and racial prejudice. We have kept the faith, and now we are ready to be offered up if there is no longer need of our services in Durban."

But what he said immediately seven were held by African sisters, two by Whites and one by an Indian.

Understanding
● The doctors at the hospital

'Will McCords die?': newspaper headline highlighting McCord Hospital's struggles to resist forced closure under the Group Areas Act (Post (Natal edition) 24 February 1963)

based on advice from lawyer friends, Taylor was able to claim protection for the hospital under the Act's private property clause. This had given white property owners protection from 'unlawful eviction'.¹⁵² Having been registered as a European-owned and run private mission hospital in earlier decades, they could turn the law against its intentions and claim legal protection from forced removal from the white-zoned Berea area. Also, under this law they could claim the right as white property owners to employ and house black workers on the property.

In 1957 amendments to the Group Areas Act were consolidated. The new version of the law contained a clause intended to facilitate the creation of neutral buffer zones between different group areas. In a further clever move, McCords was able to manipulate this provision in its own favour.¹⁵³ The clause gave legal protection to certain businesses and public services located in areas close to two or more 'group areas', which could not, for practical or other reasons, be segregated by race. It was pointed out to the authorities that

McCord Hospital fitted this criterion perfectly since it was located on land that closely bordered 'Indian areas', including Sydenham and Springfield, and white areas such as the Berea.

Another tactic involved taking advantage of disagreements and divisions between officials working at provincial and national government levels. This was evident in 1959 when Taylor contacted NPA official and McCord Hospital Board member E.C. Wilks to advise him on the way forward for McCords after Verwoerd's pronouncements. With a measure of hope, Wilks told him that: 'The feeling was that there were almost insurmountable difficulties in carrying out the policy of the [national] Government insofar as getting all non-European hospitals out of the European areas'.¹⁵⁴

The NPA did not have the resources (an estimated £250 000) to buy McCord Hospital outright, nor did it have the funds to relocate the hospital, or any other 'non-European' hospital for that matter (in fact there were six other hospitals that were 'incorrectly situated' at the time) to 'more appropriate' group areas.¹⁵⁵ Furthermore, Wilks maintained that the NPA did not have the funds to create replacement beds for those that would be lost if they moved the hospital out of Durban. Actually, the NPA needed McCords to alleviate the burden the province already faced with its overloaded public health care system.¹⁵⁶ He said that moving McCords was a drastic step that could not be rushed and, if it went ahead, it would require 'years of negotiation and work'.¹⁵⁷

Although communication with Wilks would have provided some reassurance to McCords' managers, they continued to strategise, explore possibilities and approach other friends to discuss further options. For instance, in February 1961 the Board discussed the possibility of sending a delegation to Pretoria to discuss the hospital's future with the minister of native affairs. In the minutes it was noted that 'two quite high-up', but unnamed friends 'in the National Party had said they would be happy to go with our deputation to see the Minister in person'.¹⁵⁸

After consulting with another unnamed official in November 1961, however, Mr P. Hind, then serving as chairman, advised the Board that they should 'just sit tight' and not push for an interview with the minister. He argued, as had Wilks, that 'if McCords must be moved, then King Edward VIII and King George V hospitals must also be moved – and that such action seemed unlikely'.¹⁵⁹ Moreover, Taylor informed the Board that he had been advised 'by friends in Pretoria not to move until it became evident who the new Minister of Bantu Affairs might be'. The hope was that the appointment of a new minister might provide a less extreme perspective than his predecessor.



An aerial photograph showing the expansion of McCord Hospital by 1959, taken for the 1959 Golden Jubilee brochure (CC, MHP, Boxes 7 and 8 (2007), Golden Jubilee 1909–1959: A Report on McCord Zulu Hospital)

At the end of 1963, the deadline set for the removal of McCords from the Berea passed without incident. Stressing a realistic ‘common sense point of view’, the Administrator of Natal T.J.A. Gerdener reaffirmed in 1966, just a few months before Verwoerd was assassinated, that the NPA’s position regarding McCords was that ‘it would be “quite a few years” before the implementation of Group Areas would necessitate the removal of the hospital elsewhere.’¹⁶⁰

Three years later, on 11 July 1969, Taylor died unexpectedly of a heart attack while he and Mary were visiting their daughters in the USA. His death, which brought to an end the second major era at McCords, was an enormous personal and civic loss for the thousands of friends, colleagues, associates and patients who had come to know him as the Superintendent of McCord Hospital for 42 years.

After his retirement in 1964, he and Mary had been granted permission by the American Board of Missions to remain in South Africa and he continued to be involved with McCord Hospital and the wider Durban community in a less formal manner. He would even, at times, come in to assist for a couple of hours a day in the OPD when there was a shortage of staff.¹⁶¹ After his death, Mary chose to return to South Africa to live out the rest of her days 'in the country ... and the environment she loved'.¹⁶² She died in Durban on 29 June 1974.

There were many tributes to Alan Taylor's life and work, but this extract from a speech made by Sister Edith Jali (née Hlatshwayo and wife of Edward Jali) at a service held at the Nurses Home a few days after his death well encapsulates the loss felt by his 'McCord family':

He was great and yet simple, to such an extent that he was loved by all: the rich and the poor, the old and the young, the literate and the illiterate. He is gone! His works and spirit remain. The McCord Hospital as a Nurses training institution and treatment centre for the alleviation of pain and suffering, as well as the Medical School for the training of doctors, shall always stand as living monuments to remind us of Dr Taylor's praiseworthy life ... Dear father Dr Taylor: thank you very much for all you did for us and our people. We shall never forget you. You fought a good fight, sleep on now and take your well-deserved perfect rest. May your dear soul rest in peace. *Siyabonga baba, siyokukhumbula njalo, lala uphumule*. Amen. [Thank you father, we shall miss you always, rest in peace. Amen].¹⁶³



Alan and Mary Taylor near retirement, early 1960s (CC, MHP, Box 1 (2007) – McCords 1, File 9, Orchard Papers)

'McCord fears big hospital shutdown':¹⁶⁴ the early 1970s

The use of multiple strategies had helped McCords fend off attacks during early years of National Party rule, yet those who headed this hospital in the late 1960s and through the 1970s did not believe that their struggles were over. To be sure, for Howard Christofersen and then Cecil Orchard taking up the reins as Medical Superintendent after Taylor's retirement meant an anxious waiting game to see what new challenges, and perhaps threats, would be thrown at them next.

Although by 1974, McCord Hospital continued to show substantial growth in patient numbers (its in-patient numbers had increased from 7 713 in 1959 to 8 978 in 1974, while its out-patient attendances had ballooned from 57 741 to 87 666), moving forward into an uncertain future was difficult.¹⁶⁵ In February 1966, this uncertain state of affairs, as well as the unease it caused, was captured poignantly in the minutes of the hospital's annual general meeting: 'The Sword of Damocles is hanging over our hospital as we do not know how long we are going to stay here, but we shall do our job as faithfully and honestly until such time as we may be closed down'.¹⁶⁶ They were right to worry. The respite won by the mid-1960s was short-lived, with even darker storm clouds on the horizon.

These fresh threats to McCord Hospital came from many directions. Some were familiar problems, while others were novel. One set centred on 'the spiralling cost of hospitalisation' and limited hospital finances.¹⁶⁷ Those in charge of accounts frequently reported at Board meetings 'the seriousness' of inadequate finances to cover annual running costs, which landed its accounts repeatedly 'in the red'.¹⁶⁸ By November 1967 the situation had become so bad that the chairman of the Board noted that if 'adequate financial support cannot be obtained there was a strong possibility that the hospital would have to consider closing down' unless additional private funds, or a higher state subsidy, could be arranged.¹⁶⁹

Another set of problems related to the 'difficulty' the hospital experienced in obtaining sufficient full-time senior nursing and medical staff.¹⁷⁰ Referring specifically to the doctor shortage in January 1967, Orchard noted grimly that

[T]here were now only three senior Medical Officers – which is inadequate – the number of seniors required is really eight ... [I]t was really impossible to run the Hospital effectively with this gross shortage of staff, the care of patients, the supervision and training of interns and the overall running of the Hospital being affected. Every effort had been made to obtain staff.¹⁷¹

This included posting advertisements in both local and international Christian and medical journals. In March 1967, Aldyth Lasbrey wanted noting in the Board minutes her extreme concern for Orchard 'who would be strained almost beyond his limits in the months to come'.¹⁷²

The recruitment problem was the consequence of a number of factors. The salaries were uncompetitive and boycotts by some countries of South Africa discouraged international staff from applying for posts or even volunteering their services.¹⁷³ For example, in the 1970s a Dr McKechnie reported to the hospital's Board that 'the British Medical Journal refused to publish advertisements for hospital posts in South Africa because of racial salary discrimination'.¹⁷⁴ With 'rumours circulating – that McCord Zulu Hospital was going to close down' or be moved from Durban, it is no wonder that potential applicants felt discouraged.¹⁷⁵

The possibility of removal and also, even more worrying, rumours of a forced complete closure of McCords were certainly not exaggerated.¹⁷⁶ Undoubtedly, the State's appropriation or closure of other mission institutions, including other American Board of Missions facilities such as Adams Mission College in 1953 and Bridgman Memorial Hospital (closed by the Transvaal Provincial Administration in 1965), were stark realities in the mid-1960s.¹⁷⁷

By the late 1960s and 1970s, the process of nationalisation of mission hospitals by the State was well under way.¹⁷⁸ No parallel or foreign challenges to its authority were countenanced. These included non-compliant religious organisations, missionaries and theologians. By this time the American Board of Missions in South Africa had merged with the ecumenical United Congregational Church of Southern Africa (UCCSA), which was increasingly vocally critical of the apartheid state. Some representatives of the UCCSA officials and their families were harassed by the apartheid government.

The UCCSA continued to hold an interest in the McCord Hospital Trust through to recent times. Its first representative was its Natal regional treasurer and director, Howard Wells Trumbull. Trumbull, who had lived in South Africa since 1961, like Alan B. Taylor, was a personal friend of both Alan Paton and Albert Luthuli. In 1971 his offices were raided by the security police, after which he and his family were ordered to leave the country.¹⁷⁹ A successor on the McCord Hospital Trust was the redoubtable Reverend B.K. Dlodla, who served on the hospital's Advisory Board well into the 2000s.¹⁸⁰

McCord Hospital managed ultimately to escape the government's takeover plan. It did so because it was able to continue to raise two thirds of its own funding costs; and second, because it was not located in or very near to a rural

reserve or bantustan area. Even so, the turmoil all this generated was extreme. It was abundantly clear that mission hospital affairs were now under greater scrutiny by the State than ever before.¹⁸¹ Provincial administrators were also placed under pressure to toe the national government's separate development policy line.

Indeed, during the 1970s the NPA 'suddenly' switched tactics in its dealings with McCords.¹⁸² A changing state health care environment had much to do with this. Now, rather than ignoring the plight of millions of South Africans, or refusing to provide facilities for their medical care, the national government committed itself to funding the creation of brand new hospitals in the Natal region that would cater to 'different races in their own group areas'.¹⁸³

Accordingly, R.K. Khan Hospital for Indians was opened in Chatsworth in the early 1970s and the Umlazi State Hospital (later renamed the Prince Mshiyeni Hospital) for Africans was opened in the late 1970s. Furthermore, the State planned to make the older Wentworth Hospital, which had developed as a 'multi-racial super-specialist' Cardio-Thoracic Surgery, Neurosurgery and Radiotherapy Institute, into a general hospital for coloured patients and to move them out of Addington Hospital, finally fully segregating it.¹⁸⁴

As a result of these changes, the NPA questioned McCord Hospital's continued usefulness to and place in the city. No longer provided with insider information by Wilks, who had long been replaced on the NPA executive, those at the helm felt more in the dark than ever about their hospital's prospects of survival. Then, in early 1975, managers were handed an unexpected instruction by the NPA that added immensely to their difficulties. Continued subsidisation was now to be dependent on the 'phase out' of treatment for all Indian and coloured patients who should be catered for on a segregated basis in hospitals elsewhere.¹⁸⁵

This policy directive placed McCords in a serious quandary. It posed two equally unpalatable options, both of which would constitute a serious threat to its financial viability. The first would require them to go along with the State and refuse to treat people who were classified as Indian and coloured. By this time, such patients made up about 40% of their in- and out-patient numbers. They also paid higher fees, which kept the hospital afloat as it was then possible to subsidise the lower fee paying African patients.¹⁸⁶

To lose Indian and coloured patients would, to all intents and purposes, make McCords totally dependent on the apartheid state and the NPA. This enforced racial segregation would mean, therefore, both financial ruin and a betrayal of all the hospital stood for. Indeed, under the new form of administrative

management from 1969, the McCord Hospital Trust, McCords declared itself dedicated to '*the non-European peoples in the Republic of South Africa* [albeit] with a priority always being given to the Bantu race [*sic*]'.¹⁸⁷ The second, and very risky, option was to refuse to co-operate with the NPA, which would also result in losing their much needed government subsidy.

Plagued by concern with their poor financial prospects, and overwhelmed by great 'uncertainty with regard to the future', in April 1975, after much soul searching and discussion, managers at McCords came to a decision.¹⁸⁸ In the face of probably the most serious set of challenges in an already long history of immense difficulties, the hospital's Board reluctantly agreed, under these circumstances, that it should 'work towards closure of the Hospital in mid-1977'.¹⁸⁹

Under Cecil Orchard's watch, however, McCord Hospital managed to outlive the threat of subsidy withdrawal that accompanied the 1975 NPA directive to make it an 'African-only' hospital. In true McCords style, its managers negotiated, sat tight, delayed, and made some unpalatable compromises where they felt them to be unavoidable. Medical treatment for Indian and coloured people continued after 1975, but at first this had to be in secret so as to ensure at least a semblance of compliance with state policies. Later, after a grace period had been negotiated with the NPA, McCords was once more permitted to treat all black patients, but only until the new racially dedicated state hospitals became fully operational.¹⁹⁰

The turbulent times of high apartheid in the late 1970s and 1980s brought intensified political repression and expansion of the powers of the police and military to interrogate, arrest and arbitrarily detain people. Mavis Orchard told us that suspicions flourished from the late 1960s as the hospital's management became aware that they were being watched.¹⁹¹ Not sure by whom, though most likely the police or private citizens working on their behalf, she believed that this was done either as an intimidation tactic or to enable them to record some infraction that would serve to justify the hospital's closure.

These were also times of growing worker solidarity, strikes (those in Durban in 1973 were particularly important) and militancy; the radicalisation of youth and students by the Black Consciousness Movement; and student uprisings. Then came the rise of broad-based non-racial organisations such as the United Democratic Front (UDF) in the early 1980s. Even so, conflicts became increasingly violent. In Natal and the fragmented bantustan areas of KwaZulu these conflicts escalated into a virtual state of war, which was fuelled by third force state operatives, though often portrayed as being driven

by ethnic rivalries, such as those between ANC-aligned groups and the Inkatha Freedom Party.

Those working at McCord Hospital could not be shielded from these events. If not directly touched by this growing turbulence themselves, most were still deeply affected and drawn into the turmoil of the times. Undeniably, many had families, friends and neighbours who were detained or attacked. Perhaps inevitably, from the 1970s and certainly in the 1980s, tensions also rose to the surface more openly within the hospital itself.

One important set of new pressures stemmed from the legitimate demands of staff members, bolder and more outspoken, who had been influenced by defiant Black Consciousness ideologies as well as by labour and student activism. Alert to the hardships in their wider communities, the calls to end black worker exploitation, and material aspirations to attain higher wages a new generation of health care workers and support staff began mobilising themselves to push for improvements in their salaries and basic service conditions. Unrest linked to worker issues would shake the carefully constructed 'McCord family' to its core, too.¹⁹²

As the country entered a new phase following the Soweto student uprising and riots around the country in 1976, so too did the dynamics within the hospital, taking it into a time in which the depth of the hospital's foundations – not only material but also spiritual and humanitarian – would have to be drawn upon to enable it to endure some of Durban's, and South Africa's, darkest days.

How McCord Hospital managed to survive these trying late twentieth century decades – a host of old problems, but also new ones such as providing care for patients suffering from devastating new diseases, especially HIV/AIDS; the transition to democracy; as well as how they came to operate under a new post-apartheid political dispensation – are the complicated subjects of another book.

ENDNOTES

- 1 Campbell Collections, Durban (hereafter CC), McCord Hospital and McCord History Project Papers (MHP), Mouldy Box - donated 2010 (hereafter MB), File 16 Loose Newspapers 2: Bobby Harrypersadh, 'Will McCord's die: for it's the people's hospital they can't kick out!' *Post* (Natal edition) 24 February 1963.
- 2 For more on apartheid laws see, for example, D. Posel, *The Making of Apartheid 1948–1961* (Oxford: Clarendon Press, 1991) and W. Beinart and S. Dubow (eds), *Segregation and Apartheid in Twentieth Century South Africa* (London: Routledge, 1995).
- 3 Annual Report of the Medical Superintendent 1951: 1. See also CC, MHP, Board Minutes, 13 September 1973.
- 4 Annual Report of the Medical Superintendent 1954: 1.

- 5 CC, MHP, Box 8 (2007) – McCords 8: Aldyth Lasbrey interviewed by James Colgrove, Durban, 3 August 2004.
- 6 Annual Report of the Medical Superintendent 1941: 4.
- 7 CC, MHP, MB, File 14 Family Letters 40–50: Letter from Mills to Taylor, 14 May 1948: 2; CC, MHP, Board Minutes, 28 October 1965.
- 8 CC, MHP, MB, File 14 Family Letters 40–50: Letter from Mills to Taylor, 7 March 1949. For more on pay discrimination at other hospitals in South Africa see, for example, S. Marks, *Divided Sisterhood: Race, Class and Gender in the South African Nursing Profession* (Johannesburg: Witwatersrand University Press, 1994): 172–175 and A. Digby, *Diversity and Division in Medicine: Health Care in South Africa from the 1800s* (Oxford: Peter Lang, 2006): 235–236, 249.
- 9 CC, MHP, MB, File 9 Dr Taylor's Personal File [1945–1948?]-1950: Letter from Taylor to Dr Frank Drewe, Holy Cross Hospital, 9 February 1948.
- 10 For more on this, see also CC, MHP, Board Minutes, 2 October 1969 and Annual Report of the Medical Superintendent 1973: Budget.
- 11 CC, MHP, Box 7 (2007) – McCords 7: Mavis Orchard interviewed by James Colgrove, Durban, 18 December 2004. For more on this see CC, MHP, Board Minutes, 23 June 1966.
- 12 M. O'Reagain, *The Hospital Services of Natal* (Durban: University of Natal, 1970): 89.
- 13 Marks, *Divided Sisterhood*: 175.
- 14 CC, MHP, Box 1 (2007) – McCords 1 Penny Watts Lever Arch File: Bongi Dlomo interviewed by P. Watts, Durban, 17 July 2006.
- 15 CC, MHP, Box 7 (2007) – McCords 7: Zodwa E. Mageba interviewed by James Colgrove, Durban, 17 August 2004. Matron Mageba started her nurse training at McCord Hospital in 1964.
- 16 See, for example, CC, MHP, Board Minutes, 26 April 1950 and NAR, GES 1391 344/19A Board Minutes (AGM), 29 January 1952; Annual Report of the Medical Superintendent 1955: 9.
- 17 CC, MHP, Box 8 (2007) – McCords 8: Aldyth Lasbrey interviewed by James Colgrove, Durban, 3 August 2004.
- 18 CC, MHP, Board Minutes, 1 May 1959.
- 19 CC, MHP, MB, File 1 56–63, Folder 2, Loose Papers [S]: Letter from A.B. Taylor to the kids, 1 May 1959. See also CC, MHP, Board Minutes, 1 May 1959: 'New business'.
- 20 Marks, *Divided Sisterhood*: 175–176.
- 21 For more on these issues see CC, MHP, MB, File 1 56–63: Letters from A.B. Taylor to his kids, 9 July 1957, 8 October 1957 and 12 May 1961; CC, MHP, Box 7 (2007) – McCords 7: Mary Jane Molefe interviewed by James Colgrove, Durban, 5 August 2004.
- 22 CC, MHP, Box 1 (2007) – McCords 1 Penny Watts Lever Arch File: Bongi Dlomo interviewed by Penny Watts, Durban, 17 July 2006.
- 23 CC, MHP, Box 1 (2007) – McCords 1 File 3 Newspaper cuttings, documents and photos: 'Nurse told to quit home' *Daily News* n.d.
- 24 CC, MHP, Box 7 (2007) – McCords 7: Zodwa E. Mageba interviewed by James Colgrove, Durban, 17 August 2004.
- 25 CC, MHP, MB, File 20 Mills Letters – 1949: Letters from N.L. Mills to A.B. Taylor, 18 January 1949 and 15 February 1949; CC, MHP, MB, File 19 McCord Hospital – Africans: Letter from Dr M. Mayat, Durban to Dr and Mrs Taylor, Aurburndale, Mass., USA, 21 January 1949.
- 26 CC, MHP, MB, File 20 Mills Letters – 1949: Letter from N.L. Mills to A.B. Taylor, 7 March 1949.

- 27 CC, MHP, MB, File 20 Mills Letters – 1949: Letters from N.L. Mills to A.B. Taylor, 15 February 1949 and 7 March 1949.
- 28 Annual Report of the Medical Superintendent 1949: 14–15.
- 29 CC, MHP, MB, File 1 56–63: Letters from A.B. Taylor to the kids, 1 and 15 April 1960.
- 30 CC, MHP, MB, File 23 T1 Dr Taylor Personal 1959–1960: Letter from Taylor to Mr Ralph Baldwin, 100 Mercer S.E., Grand Rapids, Michigan, 17 August 1959 (dict. 14th).
- 31 M.S.T. MaDlamini Buthelezi, *African Nurse Pioneers in KwaZulu-Natal, 1920–2000* (Victoria, BC: Trafford Publishing, 2004): 295.
- 32 CC, MHP, MB, File 1 56–63: Letters from A.B. Taylor to his kids, 1 April, 22 April, 29 April 1960.
- 33 CC, MHP, MB, File 1 56–63: Letter from A.B. Taylor to his kids, n.d. (probably May 1960).
- 34 CC, MHP, MB, File 1 56–63: Letters from A.B. Taylor to the kids, 26 May and 1 June 1961.
- 35 CC, MHP, MB, File 1 56–63: Letter from A.B. Taylor to his kids, 15 April 1960.
- 36 CC, MHP, MB, File 1 56–63: Letter from A.B. Taylor to his kids, 1 April 1960.
- 37 CC, MHP, Board Minutes, 13 March 1975, 'Report on a Special Meeting of Members of MH Board, 4 March 1975'.
- 38 For more on the 1957 Nursing Act, see T.G. Mashaba, *Rising to the Challenge of Change: A History of Black Nursing in South Africa* (Cape Town: Juta, 1995): 49–51.
- 39 CC, MHP, Box 1 (2007) – McCords 1 Penny Watts Lever Arch File: Bongi Dlomo interviewed by Penny Watts, Durban, 17 July 2006.
- 40 CC, MHP, MB, File 1 56–63: Letter from A.B. Taylor to his kids, 11 June 1957.
- 41 Marks, *Divided Sisterhood*: 175.
- 42 CC, MHP, Board Minutes, 25 May 1967, 22 June 1967 and 6 March 1969.
- 43 Marks, *Divided Sisterhood*: 107–110; O'Reagain, *The Hospital Services of Natal*: 89; University of KwaZulu-Natal Medical School Archives (hereafter UKZNMSA), 'Non-white doctors in big pay revolt: whites get rise they get nothing' *Natal Mercury* 11 July 1968.
- 44 CC, MHP, Board Minutes, 13 February 1959.
- 45 CC, MHP, Board Minutes, 22 June 1967.
- 46 Annual Report of the Medical Superintendent 1951: 15.
- 47 S. Coontz, 'Historical perspectives on family studies' *Journal of Marriage and Family* 62(2) 2000: 283–297.
- 48 Many hospitals' staff similarly evoked a sense of family when describing their experiences. For Groote Schuur, for example, see A. Digby and H. Phillips with H. Deacon and K. Thomson, *At the Heart of Healing: Groote Schuur Hospital, 1938–2008* (Johannesburg: Jacana, 2008): xxv, 228, 252 and 258.
- 49 Annual Report of the Medical Superintendent 1962: 19.
- 50 The term 'organisational culture' is taken from G.B. Risse, *Mending Bodies, Saving Souls: A History of Hospitals* (New York: Oxford University Press, 1999): 4, 7–8. For a more in-depth discussion of the theoretical literature around such hospital ideologies and identities, see V. Noble and J. Parle, "'The hospital was just like a home": self, service and the McCord Hospital family' *Medical History* 58(2) April 2014: 188–209.
- 51 See copies of *Isibuko* for more on this: CC, MHP, Boxes 7 and 8 (2007), ALP Series II.
- 52 CC, MHP, MB, File 1 56–63: Letter from A.B. Taylor to his kids, 29 April 1960 and Folder 2 Loose Papers [S]: Letter from A.B. Taylor to the kids, 26 June 1959.
- 53 CC, MHP, Boxes 7 and 8 (2007), ALP Letters to American Supporters: Letter from Aldyth Lasbrey to friends in America, November 1960.

- 54 CC, MHP, Boxes 7 and 8 (2007), ALP Series II: A.B. Taylor, 'Greetings to the McCord family everywhere' *Isibuko* 36 (Xmas 1962).
- 55 CC, MHP, Boxes 7 and 8 (2007), ALP Series II: *Isibuko* 5 (April 1953), 7 (December 1953) and 36 (Xmas 1962); as well as CC, MHP, Board Minutes (AGM), 10 February 1960.
- 56 CC, MHP, Boxes 7 and 8 (2007), ALP Series II: A.B. Taylor, 'A word to the family' *Isibuko* 5 (April 1953).
- 57 CC, MHP, Boxes 7 and 8 (2007), ALP Series II: A.B. Taylor, 'Opening of Umnini Holiday Camp' *Isibuko* 2 (November 1952); CC, MHP, MB, File 15 Family Letters (by Alan) 50–55: Letter from Taylor to his kids, 1 June 1954; P. Watts, 'Missionary institutions, nursing and Christianity: an examination of McCord Hospital from 1950–1973' (History honours thesis, University of KwaZulu-Natal, 2006): 32–33, 39–42, 45.
- 58 CC, MHP, Boxes 7 and 8 (2007), ALP Series II: *Isibuko* 4 (February 1953).
- 59 J.B. McCord with J.S. Douglas, *My Patients Were Zulus* (London: Frederick Muller, 1951): 254.
- 60 CC, MHP, Boxes 7 and 8 (2007), ALP Series II: *Isibuko* 1941: 2; CC, MHP, Annual Report of the Medical Superintendent 1940: 11 and 1942: 10.
- 61 CC, MHP, MB, File 15 Family Letters (by Alan) 50–55: Letter from A.B. Taylor to the kids, 4 January 1954.
- 62 CC, MHP, MB, File 23 T1 Dr Taylor Personal 1959–1960: Letter from A.B. Taylor to Mrs Marion Anderson, La Grange, Illinois, USA, 24 December 1959. See also CC, MHP, MB, File 15 Family Letters (by Alan) 50–55: Letter from A.B. Taylor to the kids, 27 December 1955.
- 63 CC, MHP, Box 7 (2007) – McCords 7: Zodwa E. Mageba interviewed by James Colgrove, Durban, 17 August 2004.
- 64 CC, MHP, Boxes 7 and 8 (2007), ALP Series II: 'Letter from AL 15.05.1956' and 'Letter from Aldyth Lasbrey to friends, 15 November 1956' in *Isibuko* I. See also CC, MHP, MB, File 19 McCord Hospital – Africans: Letter from Priscilla Nqonyama for Nurses Christian Fellowship to 'father' [A.B. Taylor], 12 January 1949.
- 65 Annual Report of the Medical Superintendent 1953: 22 and 1954: 3.
- 66 CC, MHP, MB, File 1 56–63: Dr A.B. Taylor's annual letter to friends, 10 September 1961.
- 67 Coontz, 'Historical perspectives on family studies': 284, 286.
- 68 CC, MHP, MB, File 15 Family Letters (by Alan) 50–55: Letter from A.B. Taylor to the kids, 22 May 1954.
- 69 For more on the similarly strict disciplinary measures at other South African hospitals, see A. Digby, 'Medicine and witchcraft in South Africa: initiatives at Victoria Hospital, Lovedale' in *From Western Medicine to Global Medicine: The Hospital Beyond the West* ed. by M. Harrison, M. Jones and H. Sweet (New Delhi: Orient Black Swan, 2009): 223–224, 243–244; Digby, *Diversity and Division in Medicine*: 250–256 and Marks, *Divided Sisterhood*: 81–84.
- 70 Ibid: 48, 72–73, 77, 81–84, 103.
- 71 Ibid.
- 72 Buthelezi, *African Nurse Pioneers*: 287.
- 73 CC, MHP, MB, File 1 56–63. Letter to A.B. Taylor from the McCord Nurses, n.d. [among letters dated 1961–1962].
- 74 CC, MHP, Box 1 (2007) – McCords 1 Penny Watts Lever Arch File: Florence Madlala interviewed by Penny Watts, Durban, 5 July 2006. See also CC, MHP, Box 7 (2007) – McCords 7: Zodwa E. Mageba interviewed by James Colgrove, Durban, 17 August 2004; CC, MHP, MB, File 1 56–63, Letter to the Medical Superintendent from the Bantu Nurses

- Home, undated [1961/1962?]; CC, MHP, Boxes 7 and 8 (2007), ALP Series II: A.B. Taylor, 'Opening of Umnini Holiday Camp' *Isibuko* 2 (November 1962).
- 75 CC, MHP, MB, File 20 Mills Letters – 1949: Letter from Mills to Taylor, 12 November 1948; CC, MHP, MB, File 1 56–63: Letter from A.B. Taylor to his kids, 12 March 1957; CC, MHP, MB, File 15 Family Letters (by Alan) 50–55: Letters from A.B. Taylor to the kids, 22 May 1954 and 21 and 28 June 1955; Letter from A.B. Taylor to Bill [?], 17 September 1953; CC, MHP, MB, File 1 56–63: Letter from A.B. Taylor to the kids, 12 March 1957.
- 76 CC, MHP, MB, File 3 1950s McCord Hospital Baird [*sic*]: Letter from A.B. Taylor to A. Lasbrey, 3 March 1955; Letter from Amy [?], P/Bag, Durban to Dr A.B. Taylor, 11 April 1954.
- 77 Ibid.
- 78 CC, MHP, MB, File 14 Family Letters 40–50: Letter from Mills to Taylor, 14 May 1948; CC, MHP, MB, File 15 Family Letters (by Alan 50–55): Letter from Taylor to his kids, 22 May 1954; CC, MHP, MB, File 1 56–63: Letter from A.B. Taylor to his kids, n.d. [probably August 1962].
- 79 CC, MHP, MB, File 14 Family Letters 40–50: Letter from Taylor to his kids, 20 December 1949; CC, MHP, MB, File 14 Family Letters (by Alan 50–55): Letter from Taylor to his kids, 1 June 1954.
- 80 CC, MHP, MB, File 14 Family Letters 40–50: Letters from Mills to Taylor, 14 May 1948, 22 May 1948 and 2 July 1948; CC, MHP, MB, File 1 56–63: Letter to A.B. Taylor from the McCord nurses, n.d. [among letters 1961–1962]; CC, MHP, Board Minutes, 21 January and 18 March 1965, 13 September 1973.
- 81 CC, MHP, MB, File 14 Family Letters 40–50: Letter from Mills to Taylor, Auburndale, Boston, 18 March 1948. See also CC, MHP, MB, File 20 Mills Letters – 1949: Letter from Mills to Taylor, 12 November 1948. For a similar incident between a sister and the matron see CC, MHP, MB, File 20 Mills Letters – 1949: Letter from Mills to Taylor, 15 February 1949.
- 82 See CC, MHP, MB, File 14 Family Letters 40–50: Letter from Mills to Taylor, 9 September 1948 and CC, MHP, MB, File 2 1948 – Joyce Letters to Dr Taylor, 1940s: Letter from Pam Logan to Taylor, 20 September 1948 (actual page entry 25 September 1948: 6).
- 83 CC, MHP, MB, File 3 1950s – McCord Hospital Baird [*sic*]: Letter from A.B. Taylor to A. Lasbrey, 29 June 1955.
- 84 CC, MHP, MB, File 1 56–63 Folder 2 Loose Papers[S]: Letter from A.B. Taylor to the kids, 22 January 1957.
- 85 CC, MHP, MB, File 14 Family Letters 40–50: Letter N.L. Mills to A.B. Taylor, Auburndale, Boston, 18 March 1948.
- 86 Buthelezi, *African Nurse Pioneers*: 286–287.
- 87 CC, MHP, MB, File 1 56–63: Letters from A.B. Taylor to his kids, 29 December 1961 and 13 January 1962.
- 88 CC, MHP, MB, File 1 56–63: Letters from A.B. Taylor to his kids, 13 January 1962 and 9 and 16 March 1962.
- 89 CC, MHP, MB, File 1 56–63: Letter from A.B. Taylor to his kids, 3 January 1963.
- 90 CC, MHP, MB, File 1 56–63: Letter from A.B. Taylor to his kids, 25 January 1963.
- 91 CC, MHP, MB, File 1 56–63: Letters from A.B. Taylor to his kids, 18 January 1963, 14 February 1963 and 1 March 1963. See also CC, MHP, MB, File 22, Newspapers and documents (originally unnamed): 'Explosion case: two remanded' no title, n.d. [probably January 1963].
- 92 CC, MHP, MB, File 14 Family Letters 40–50: Letter from N.L. Mills to A.B. Taylor, 2 July 1948.

- 93 CC, MHP, MB, File 14 Family Letters 40–50: Letter from N.L. Mills to A.B. Taylor, 7 March 1949.
- 94 CC, MHP, Board Minutes, 15 August 1961 and 7 November 1961.
- 95 CC, MHP, Board Minutes, 8 February 1973.
- 96 CC, MHP, Board Minutes, 10 May 1973.
- 97 CC, MHP, Board Minutes, 24 May 1973 and 16 August 1973.
- 98 CC, MHP, Board Minutes, 14 October 1976.
- 99 CC, MHP, MB, File 3 1950s – McCord Hospital Baird [*sic*]: Letter from A.B. Taylor to Henry [?], 31 March 1955.
- 100 CC, MHP, MB, File 23 Of Special Interest – Dr Taylor 1959–1962: Letter from Dr Paul Keen, Non-European Hospital, Hospital St., Johannesburg to A.B. Taylor, 1 June 1961. For more on these issues, see also CC, MHP, MB, File 20 Mills Letters – 1949: Letter from Mills to Taylor, 15 February 1949; CC, MHP, MB, File 15 Family Letters (by Alan) 50–55: Letters from Taylor to his kids, 13 November 1950, 22 May, 30 November and 28 December 1954; CC, MHP, MB, File 23 Of Special Interest – Dr Taylor 1959–1962: Letter from Taylor to Dr Paul Keen, Non-European Hospital, Hospital St., Johannesburg, 5 September 1961; CC, MHP, MB, File 1 56–63: Letters from A.B. Taylor to his kids, n.d. [probably September 1961] and n.d. [probably August 1962]; CC, MHP, MB, File 1 56–63: Letter from A.B. Taylor to his kids, 1 March 1963; CC, MHP, Board Minutes, 12 October 1972.
- 101 CC, MHP, MB, File 15 Family Letters (by Alan) 50–55: Letter from A.B. Taylor to his kids, 22 May 1954.
- 102 CC, MHP, MB, File 1 56–63: Letter from A.B. Taylor to his kids, n.d. [probably August 1962].
- 103 CC, MHP, MB, File 1 56–63: Letter from A.B. Taylor to his kids, 9 November 1962.
- 104 CC, MHP, MB, File 15 Family Letters (by Alan) 50–55: Letter from Taylor to his kids, 30 November 1954.
- 105 CC, MHP, Box 1 (2007) – McCords 1 File 4, McCord Minutes, Financial Statements and Correspondence 1949–1975: 1949.06.14 Financial Statements: McCord Zulu Hospital balance sheet as at 30th April 1949; CC, MHP, MB, File 1 56–63: Letters from A.B. Taylor to his kids, 11 June 1957 and 11 October 1962.
- 106 CC, MHP, Box 7 (2007) – McCords 7: Mavis Orchard interviewed by James Colgrove, Durban, 18 December 2004.
- 107 CC, MHP, Boxes 7 and 8 (2007), ALP Series III Mary Taylor Memorials: Aldyth Lasbrey, 'Tribute to Mary Taylor: the final tapestry of her life'.
- 108 CC, MHP, Box 7 (2007) – McCords 7: Mavis Orchard interviewed by James Colgrove, Durban, 18 December 2004.
- 109 CC, MHP, MB, File 14 Family Letters 40–50: Letter from A.B. Taylor on the *SS African Star* to friends at McCords, 11 March 1948.
- 110 CC, MHP, MB, File 15 Family Letters (by Alan) 50–55: Letter from A.B. Taylor to the kids, 24 October 1950.
- 111 CC, MHP, MB, File 15 Family Letters (by Alan) 50–55: Letter from A.B. Taylor to the kids, 29 October 1951.
- 112 CC, MHP, Boxes 7 and 8 (2007), ALP Series II: 'Letter from Aldyth Lasbrey to friends, 21 June 1957' *Isibuko* I; CC, MHP, Boxes 7 and 8 (2007), ALP Series II: 'Extracts from letters' from Josephine Matondo writing from Luanshya Hospital, Zambia *Isibuko* 39 (Xmas 1963); 'Extracts from letters' from Muthulumi Pillay writing from London *Isibuko* 41 and 42 (1964); CC, MHP, Boxes 7 and 8 (2007) Series III Mary Taylor Memorials:

- 'A tribute to 43 years of service to Durban or this is your life – Mary Taylor'; CC, MHP, Boxes 7 and 8 Series III Cecil Orchard Memorials: 'In memoriam: Cecil David Orchard' *South African Baptist* July 1986 and 'Dr C.D. Orchard's memorial service, 20th May 1986, McCord Zulu Hospital Nurses' Home'.
- 113 CC, MHP, MB, File 23 Of Special Interest – Dr Taylor 1959–1962: Letter from Zamazulu Nkosi to A.B. Taylor, n.d.
- 114 Both authors were in attendance at the centenary anniversary event held at the Durban City Hall in May 2009 and witnessed Mkhize's speech.
- 115 CC, MHP, Boxes 7 and 8 (2007), ALP Series II: 'The back page hero' *Isibuko* 4 (1987).
- 116 This extract of a letter from Ethel Mpanza was quoted in a letter from Aldyth Lasbrey to friends in America, November 1960. See CC, MHP, Boxes 7 and 8 (2007), ALP Series I, Letters to American Supporters, 1956–1971.
- 117 CC, MHP, MB, File 15 Family Letters (by Alan) 50–55: Letter from Taylor to his kids, 13 November 1950.
- 118 CC, MHP, Box 1 (2007) – McCords 1 Penny Watts Lever Arch File: Bongzi Dloomo interviewed by Penny Watts, Durban, 17 July 2006.
- 119 CC, MHP, Board Minutes, 8 November 1960, 'Report on salaries, allowances etc. paid to employees, McCord Zulu Hospital'; Annual Report of the Medical Superintendent 1960: 20; CC, MHP, MB, File 1 56–63: Letter from A.B. Taylor to his kids, n.d. [probably September 1961] and letter from A.B. Taylor to his kids, 28 September 1962.
- 120 CC, MHP, MB, File 15 Family Letters (by Alan) 50–55: Letter from Taylor (unaddressed), 3 September 1953 and letter from A.B. Taylor to Bill [?], 17 September 1953.
- 121 CC, MHP, MB, File 15 Family Letters (by Alan) 50–55: Letter from A.B. Taylor to Bill [?], 17 September 1953.
- 122 CC, MHP, MB, File 1 56–63: Letters from A.B. Taylor to his kids, 9 July 1957 and 12 May 1961; CC, MHP, Board Minutes, 12 October 1972.
- 123 CC, MHP, Box 7 (2007) – McCords 7: Mary Jane Molefe interviewed by James Colgrove, Durban, 5 August 2004.
- 124 CC, MHP, Box 1 (2007) – McCords 1 Penny Watts Lever Arch File: Bongzi Dloomo interviewed by Penny Watts, Durban, 17 July 2006. Similar points were raised in an interview with Sam Fehrsen, Pretoria, conducted by Vanessa Noble, 22 August 2003 (in interviewer's possession).
- 125 CC, MHP, Boxes 7 and 8 (2007), ALP Series II McCord Histories: 'History of the McCord Zulu Hospital – Mrs Athee Pillay, Matron of F.O.S.A. Tuberculosis Settlement'.
- 126 CC, MHP, Boxes 7 and 8 (2007), ALP Series I Speeches and Articles about McCords: '80th birthday parties: handwritten speech, authored for 80th birthday of McCord Hospital'; CC, MHP, Boxes 7 and 8 (2007) Series I. Speeches and Articles about McCords: 'Evolution of McCord Hospital – the OPD foundation stone' [1989?].
- 127 CC, MHP, Boxes 7 and 8 (2007), ALP Series II: *Isibuko* 41 (1964).
- 128 Letter from Ethel Mpanza quoted in CC, MHP, Boxes 7 and 8 (2007), ALP Series I, Letters to American Supporters, 1956–1971: Letter from Aldyth Lasbrey to friends in America, November 1960.
- 129 CC, MHP, Boxes 7 and 8 (2007), ALP Series II: *Isibuko* 27 (November 1959).
- 130 CC, MHP, Boxes 7 and 8 (2007), ALP Series II: *Isibuko* 42 (1964).
- 131 Ibid. See also *Isibuko* 39 (Xmas 1963) for a similar perspective.
- 132 Annual Report of the Medical Superintendent 1951: 21; CC, MHP, Boxes 7 and 8 (2007), ALP Series II: 'Extracts from letters: a patient from A.1' *Isibuko* 25 (September 1958) and 'Extracts from an ex-patient' *Isibuko* 26 (March 1959).

- 133 CC, MHP, MB, File 14 Family Letters 40–50: Letter from A.B. Taylor to his family, 16 April 1948; CC, MHP, MB, File 1 56–63: Annual letter from A.B. Taylor to friends, 10 September 1961 and letter from A.B. Taylor to the kids, 15 April 1960; Annual Report of the Medical Superintendent 1960: 21 and 1962: 13.
- 134 Steve Reid interviewed by Vanessa Noble, Hillcrest, 24 May 2003 (in possession of the author).
- 135 Z.M. interviewed by Vanessa Noble, Durban, 11 September 2003 (in the interviewer's possession). This doctor preferred to remain anonymous. For other examples of similar comments see CC, MHP, MB, File 8 Dr A.B. Taylor – From January 1946, 1947: Letter from Dr David Streeton to Dr and Mrs Taylor, 14 January 1946; and Steve Reid interviewed by Vanessa Noble, Hillcrest, 24 May 2003 (in the interviewer's possession).
- 136 Mfanyana 'Joe' Ndlovu interviewed by Vanessa Noble, Durban, 14 August 2003 (in the interviewer's possession).
- 137 A.B. Taylor, 'Economy in a mission hospital' *South African Medical Journal* 8 March 1958: 275–277; CC, MHP, Board Minutes, 18 March 1965, 5 February 1970 and 10 May 1973.
- 138 For more on the early and later apartheid phases see Posel, *The Making of Apartheid*.
- 139 See, for example, UKZNMSA, Hospital – Administration: 'McCord Hospital "irreplaceable"' *Natal Mercury* 21 May 1964; CC, MHP, Box 1 (2007) – McCords 1 File 3 Newspaper cuttings, documents and photos: 'Hospital now a "nuisance of first order"' *Natal Mercury* 22 February 1966.
- 140 CC, MHP, Board Minutes, 30 October 1959 and Board Minutes (AGM), 10 February 1960. For more on this moratorium on building see, for example, CC, MHP, Board Minutes, 13 September 1973, 11 October 1973 and 15 November 1973.
- 141 Noble, *A School of Struggle*: 174; UKZNMSA, Hospitals, Natal, King Edward Hospital: 'It's no go on hospital expansion' *Natal Mercury* 29 July 1971.
- 142 NAR BAO 7364 P122/1171/1: Letter from the Secretary for Bantu Administration and Development to the Chief Bantu Affairs Commissioner, Pietermaritzburg, 'Durban: McCord Zulu Hospital', 14 May 1960.
- 143 NAR BAO 7364 P122/1171/1: Memorandum from Under Secretary to Native Affairs Department, 'McCord Zulu Hospital, Durban', 17 February 1958.
- 144 CC, MHP, Board Minutes, 8 September 1949; Pietermaritzburg Archives Repository (PAR), Natal Provincial Secretary 4/3947, 544, 'McCord Zulu Hospital' from the Director of Provincial Medical and Health Services addressed to the Executive Committee, 21 December 1949; CC, MHP, Board Minutes (AGM), 30 January 1950 and CC, MHP, Board Minutes, 2 April 1959.
- 145 CC, MHP, Board Minutes, 30 October 1959 and Board Minutes (AGM), 10 February 1960; NAR BAO 7364 P122/1171/1: Letter from the Secretary for Bantu Administration and Development to the Chief Bantu Affairs Commissioner, Pietermaritzburg, 'Durban: McCord Zulu Hospital', 18 March 1960.
- 146 CC, MHP, Board Minutes, 20 May 1965.
- 147 CC, MHP, MB, File 1 56–63 Folder 2 Loose Papers [S], page 163: Letter from A.B. Taylor to the kids, 11 December 1959.
- 148 CC, MHP, Boxes 7 and 8 (2007) Series IV Press Clippings 1950–54: Alan B. Taylor, 'McCord Hospital has right to stay where it is' [letter to the editor], no title and n.d.
- 149 Taylor, 'Economy in a mission hospital'; Annual Report of the Medical Superintendent 1960: 21.
- 150 CC, MHP, MB, File 16 Loose Newspapers 2: Bobby Harrypersadh, 'Will McCord's die: for it's the people's hospital they can't kick out!' *Post* (Natal edition) 24 February 1963.

- 151 CC, MHP, Board Minutes, 1 May 1959. See also Board Minutes, 19 June 1959.
- 152 CC, KCN 66, News book 66: 'McCord Zulu Hospital is European-occupied, says Tenure Board' *Daily News* 25 October 1951; CC MHP Box 1 (2007) – McCords 1, File 8: 'McCord's future under Group Areas Act in doubt' *Natal Mercury* 15 February 1962.
- 153 CC, MHP, Board Minutes, 2 April 1959; F. Zoia, "'This wrong situation': a critical study of McCord Hospital and the Group Areas Act, 1949–1961' (History honours thesis, University of KwaZulu-Natal, 2007): 26–28.
- 154 CC, MHP, Board Minutes, 22 April 1959, 'Memorandum from the Medical Superintendent of McCord Zulu Hospital, Dr Alan B. Taylor on notes on discussions with Mr Wilks'.
- 155 NAR, BAO, 7364, P122/1171/1: Memorandum from Senior Bantu Commissioner (General Section) to Native Affairs Department, 'McCord Zulu Hospital vir nie-blankes: Durban', 1959. These hospitals included King Edward VIII, St Aidan's, Wentworth, Point Non-European, King George V Tuberculosis Hospital and Clairwood Hospital.
- 156 UKZNMSA, Hospitals, Natal, King Edward Hospital: 'It's no go on hospital expansion' *Natal Mercury* 29 July 1971; 'King Edward's daily nightmare' *Daily News* 25 June 1974; and 'King of hospitals is begging for funds' *Natal Mercury* 25 November 1986.
- 157 CC, MHP, Board Minutes, 22 April 1950, 'Memorandum from the Medical Superintendent of McCord Zulu Hospital, Dr Alan B. Taylor on notes on discussions with Mr Wilks'.
- 158 CC, MHP, Board Minutes (AGM), 14 February 1961.
- 159 CC, MHP, Board Minutes, 7 November 1961.
- 160 CC, MHP, Box 1 (2007) – McCords 1 File 3 Newspaper cuttings, documents and photos: 'Grain of comfort for McCord' *Natal Mercury* 15 April 1966.
- 161 CC, MHP, Board Minutes, 30 March 1967.
- 162 M. Floyd, "'Not of a nature to swell the historic page": the lives and work of three American medical missionaries' wives at McCord Hospital, Durban, 1899–1966' (History honours thesis, University of KwaZulu-Natal, Durban, 2008): 62.
- 163 CC, MHP, Boxes 7 and 8 (2007), ALP Series II: *Isibuko* IV (July 1969).
- 164 CC, MHP, Box 1 (2007) – McCords 1 File 3 Newspaper cuttings, documents and photos: 'McCord fears big hospital shutdown' *Daily News* 20 March 1972.
- 165 Annual Report of the Medical Superintendent 1974: 'Statistics' page.
- 166 CC, MHP, Board Minutes (AGM), 24 February 1966. For more on discussions about the uncertain future of McCords see CC, MHP, Board Minutes, 6 February 1969, 6 March 1969, 10 April 1969, 17 March 1970, 5 May 1970, 12 October 1972, 4 March 1975, 12 June 1975.
- 167 CC, MHP, Board Minutes, 17 March 1970.
- 168 CC, MHP, Board Minutes, 9 November 1967. See also 2 March and 7 December 1967, 7 March 1968, 4 September 1969, 5 February 1970, 18 November 1971.
- 169 CC, MHP, Board Minutes, 9 November 1967.
- 170 CC, MHP, Board Minutes, 17 March 1970. See also 27 July 1967, 9 April 1970, 10 June 1971, 18 November 1971, 10 February, 9 March, 13 April and 4 May 1972, 8 February 1973 and 13 March 1975 for more on this issue.
- 171 CC, MHP, Board Minutes, 26 January 1967.
- 172 CC, MHP, Board Minutes, 30 March 1967.
- 173 CC, MHP, Board Minutes, 15 May 1975.
- 174 CC, MHP, Board Minutes, 12 October 1972.
- 175 CC, MHP, Board Minutes, 2 March 1967 and 9 April 1970.
- 176 CC, MHP, Board Minutes (AGM), 24 February 1966; CC MHP Box 1 (2007) – McCords 1 File 3 Newspaper cuttings, documents and photos: 'McCord chief says: "we're definitely not closing"' no title, 3 February 1967; CC, MHP, Board Minutes, 6 February 1969.

- 177 See, for example, CC, MHP, MB, File 15 Family Letters (by Alan) 50–55: Letter from A.B. Taylor to the kids, 24 August 1954 and File 1 56–63: Letter from A.B. Taylor to the kids, 3 January 1963.
- 178 Gelfand, *Christian Doctor and Nurse*: 256, 264, 271, 292, 313–314.
- 179 Global Ministries, 'Global Ministries is saddened to learn of the death of Howard Trumbull (December 19, 1921–December 27, 2014)' available at http://www.globalministries.org/howard_trumbull (accessed 14 November 2016).
- 180 Reverend Dlodla was also chair of the Inanda Seminary's governing council from the 1960s to the 1980s.
- 181 CC, MHP, Board Minutes, 15 May 1975.
- 182 CC, MHP, Board Minutes, 4 March 1975.
- 183 CC, MHP, Box 1 (2007) – McCords 1 File 3 Newspaper cuttings, documents and photos: 'McCord fears big hospital shutdown' *Daily News* 20 March 1972; CC, MHP, Board Minutes, 10 April 1975; O'Reagain, *The Hospital Services of Natal*, chapter 8 entitled 'Plans for non-white hospitals': 165–180.
- 184 O'Reagain, *The Hospital Services of Natal*: 174–175.
- 185 CC, MHP, Board Minutes, 4 and 13 March 1975; CC, MHP, Boxes 7 and 8 (2007) Series II Hospital Administration 1975–1976: Cecil Orchard, 'Some comments re the current crisis facing the hospital', 1 April 1975; M.S. Mills, 'Notes on Dr Orchard's comments from 1 April 1975', 10 April 1975.
- 186 CC, MHP, MB, File 23 T1 Dr Taylor Personal 1959–1960: Letter from A.B. Taylor to Mrs Elizabeth Cornelison, Honolulu, Hawaii, 17 December 1959; CC, MHP, Board Minutes, 4 and 13 March 1975.
- 187 PAR, MSCE, 'McCord Trust', 1968 and 1969. Emphasis added.
- 188 CC, MHP, Board Minutes, 13 March and 24 July 1975.
- 189 CC, MHP, Board Minutes, 13 March and 10 April 1975.
- 190 CC, MHP, Board Minutes, 15 May and 12 June 1975.
- 191 Mavis Orchard interviewed by Michelle Floyd, Durban, 9 October 2008 (in the interviewer's possession).
- 192 CC, MHP, Board Minutes, 8 February 1973, 10 and 23 May 1973. For more on these issues see CC, MHP, Board Minutes, 1970s–1994.

EPILOGUE AND CONCLUSION

IN 2013 AS WE were drawing our research for this book to a close, South African media forums were suddenly filled with news that was shocking to all but a few, and deeply distressing and worrying for many. Just four years after its centenary celebrations, headlines such as ‘Funding cut to close old hospital’, ‘McCord’s [*sic*] future in the balance’, ‘Cutting the McCord: Durban’s hospital finally loses the battle’ and ‘McCord expected to close its doors’ appeared in the country’s leading newspapers and on many internet sites, broadcasting uncertainty about even McCord Hospital’s immediate future and catching national attention.¹

Astonishingly, this seemingly indomitable hospital was about to close its doors. A critical precipitating factor was the drying up of vital international donor funding for its HIV/AIDS programmes. This came at the same time that the South African government stated that it would also cut the hospital’s annual subsidy by about R70 million, which was about 50% of its R141 million operational budget in the previous fiscal year.²

These 2013 headlines were eerily similar to statements in the media in earlier decades: ‘McCord’s future under Areas Act in doubt’, ‘Will McCord’s die?’, ‘McCord fears big hospital shutdown’, and ‘McCord Zulu Hospital faces close-down after 68 years’.³ Certainly, throughout its history McCord Hospital had repeatedly found itself at a crossroads and had to face the very real possibility of having to shut down. Only two years after its opening in 1909, for instance, it had had to be closed for a year while its only doctor, James B. McCord, returned with his family on furlough leave to the USA. It was also closed again briefly during World War I, but thereafter managed to keep its doors open for almost a century.

Reflecting on the first seventy or so years of the hospital’s existence, it is striking just how routinely those who ran this regionally, nationally and later internationally important institution faced the road ahead with more faith than certainty, often in the face of extremely challenging circumstances. In the words of Dr Cecil Orchard, Medical Superintendent of McCords in 1977, ‘a future unknown’ was the common refrain of McCord Hospital managers, staff and patients. Indeed, some would say that it had actually been a continuous state of being for people working at a hospital that, from its inception, had not only faced great financial difficulties, but also direct opposition from the Durban City Council, from its neighbours and from the elitist segregated

medical profession. From the early 1950s, it was identified by no less a figure than Hendrik Verwoerd as 'wrongly sited' in a white residential area in apartheid South Africa.

Throughout this book, we have discussed stories of the hospital's many significant achievements in its first seven decades. We have also tried to identify factors that made McCords different. One of these is that unlike most mission hospitals, which were usually in rural areas, McCord Hospital was constructed high on the ridge of Durban's Berea. Initially on the city's outskirts, Durban's suburbs – some upmarket, others not – soon expanded to surround the hospital's grounds, bringing more people who lived and worked in its vicinity and who had a keen interest in its activities. At the intersection of Overport, Berea and Springfield, it was able, despite growing protests and objections from white residents, to provide low-cost, good quality health care services to growing numbers of black South Africans.

In fact, by 1994 this hospital was one of only a handful of mission-inspired medical institutions in South Africa that had survived apartheid state pressure to move it to another location or to close it down altogether. By 2011, what had started out a century before as a small self-funded hospital capable of caring for only twelve patients, with no locally qualified nurses or doctors, had expanded to a semi-private institution with 140 beds and was reporting monthly figures of more than 13 000 out-patient visits, with an additional 5 000 patients monthly attending its path-breaking and internationally renowned HIV/AIDS centre, Sinikithemba (We give hope).

McCord Hospital has indeed been a source of hope as an affordable and accessible biomedical facility for generations of patients and their families, many of whom were not able to pay for the high costs of private health, even where these were available to black South Africans. It was a much preferred subsidised alternative to those wanting to avoid the overcrowded, under-resourced and medically inferior 'non-European' state hospital system. Commenting in 2013, the South African Medical Association argued that this plucky, prudent and principled hospital should be commended for providing valuable services for countless South Africans. It added, moreover, that in terms of the quality of service compared to other public health facilities, it had 'showed a performance far better than most public facilities, earning [much] community respect accordingly'.⁴

Over decades, it strove to draw support and funding not only from international and national missionary, medical, nursing, educational and civic bodies, but also the South African Indian business community, white

progressives and many generations of working-class men and women of the city of Durban and its hinterland. By the 1960s, McCords was being called 'the People's Hospital', a 'Durban Hospital that's proved most racist theories to be ALL WRONG'.⁵

The hospital was also attended and defended by some of South Africa's greatest political figures, including leaders of the African National Congress, the Indian congresses, the trade union movement and other liberation struggle and activist groups. It was also the preferred hospital for many members of the Zulu Royal House and Zulu nationalist figures. Mangosuthu Buthelezi's children were all delivered at McCords, for instance. A political party-neutral place, McCords and its staff were sometimes, literally, caught between warring factions, more particularly after South Africa entered its final violent decades of apartheid in the late 1970s to 1994.

Looking back at the history of McCords, inevitably there were some internal complications and frictions. Some of these were associated with paternalistic attitudes, racial prejudice, and religious and gender restrictions on the activities of nurse and midwife trainees and staff, as this book has shown. What is more, analysis of the hospital's development demonstrates that the creation of what became a sizeable, modern hospital was never easy. Sometimes there were periods of stagnation; and often it was a very hard struggle for managers and staff to fulfil their vision and vocations.

While McCords was not unique in South Africa with its nineteenth-century missionary origins and Christian orientation, as the twentieth century unfolded those at its head and at its heart worked hard to retain Christianity as the core of its ethos. Increasingly, they did so in a context of diverse religious beliefs, and, by the 1950s, the growing secularisation worldwide in the profession of medicine. Going against the tide of efforts to reduce the influence of religion in the field of medicine, McCords instead continued to embrace and to enhance respect between people of diverse outlooks. In other words, it created an important space for persons of conscience – including patients and employees of diverse outlooks – to connect and communicate with one another, often in bright contrast to the socio-cultural and political barriers that segregation and the apartheid state and society worked so hard to build. These personal connections could have a powerfully political and symbolic significance, which extended far beyond the hospital's grounds.

One seemingly unrelenting set of pressures concerned finding ways to enlarge and modernise the hospital. Not only were there diseases such as

tuberculosis, malaria, influenza, and polio to be combated, there was also ill-health arising from poverty, malnutrition and poor sanitation.

Demand for competent and compassionate nursing, effective surgery and safe childbirth meant there were ever-growing numbers of patients seeking biomedical options. In part this was because this era saw some of the most spectacular advancements made in modern medicine, surgery and pharmacology. Straining hospital workers and finances to the limit, however, more funds and space had constantly to be found to accommodate larger numbers of patients, staff and trainees, and for the purchase and storage of advanced medical equipment and supplies for diagnostics and treatments.

By the mid-twentieth century, 'Western medicine' was an important option among the many healing and therapeutic strategies available in South Africa. Even so, *The People's Hospital* has not been a simple account of one approach to healing being forced on passive people. Rather, it has been in part concerned to show how many people in this region came to accept, embrace and ultimately influence the development of scientific medicine. We would argue that the adoption of biomedicine, which took place at or through McCords Hospital, was a key aspect in the forging of new modern 'Zulu' and black identities in twentieth-century South Africa. In other words, black South Africans themselves (whether as patients, nurses, doctors or other professionals) have been active agents, and not merely bystanders, in incorporating 'Western medicine' into our dynamic, medically plural society.

Also significant for our history were changing attitudes towards gender and paid work: in the years before World War I, the McCords found it difficult to attract black women into the nursing profession and it was unusual for women to qualify and practise as medical doctors. By the 1970s, nursing was one of the few avenues of professional training for African women, and McCords had played an immeasurably important part in the provision of nurse and midwifery training in South Africa. By the 1970s, South African Indians were also entering the health professions in growing numbers.

Financial and racial constraints were both constant and intertwined and, inevitably, shaped the course of McCord Hospital's development. From its earliest days, McCords determined to charge its patients only minimal fees. Without substantial monetary support from the American Board of Commissioners, the Congregationalist Church, or the government, until the 1960s the hospital was subsidised by private loans and donations and by any tiny profits made from the Beatrice Street dispensary. Of necessity, it became increasingly dependent on government subsidies. Over time, this placed

McCords in an ambiguously awkward position in its relationship to the State, one that was becoming more and more hostile.

A complex issue to consider is how, under these circumstances, those responsible for running McCord Hospital rationalised their continued reliance on state funds, a situation that required its managers sometimes to compromise their moral, if not their political principles. We might also ask whether they went far enough in terms of resisting and opposing segregationist and apartheid laws. It is clear that the years covered by this book highlight how managers often had to walk a tightrope, attempting to balance the interests of their hospital and their own convictions with the State's racialised discriminatory funding provisions, which came with policy directives attached.

Arguably, most (if not all) of McCord Hospital's decision makers during the years covered by this book had a classically liberal perspective.⁶ In 1937 Alan B. Taylor described McCord Zulu Hospital as a 'school in liberalism and inter-racial co-operation'. Well aware of the many inequalities and the discrimination faced by black South Africans, they were however, and of necessity, pragmatists who knew that compromises had to be made to survive at all. As James McCord asserted, 'chastening experience' had taught him and his colleagues well 'that it was wiser to move slowly than to ... make no progress at all'.⁷ They also felt that it was better to try to work within and around barriers and to improvise or even compromise in the hope of exploiting opportunities where they could, rather than refusing absolutely to work with a ruling establishment that could ruthlessly crush them, as it had not hesitated to destroy others with similar aims.

Even while McCords could not escape the influence of segregation and later apartheid laws, importantly as a semi-private institution it *was* able to maintain some degree of freedom to operate on its own terms. On many occasions rules were bent, flouting separate development policies in big and small ways. Sometimes activities there also actively contravened state laws designed to keep the four 'race groups' apart. This is evident in efforts to bypass state instructions to treat only certain categories of patient. McCord Hospital also continued to provide path-breaking professional training, as well as work opportunities, for 'non-Europeans' from a variety of racial backgrounds.

Although James McCord and Alan Taylor's dreams of establishing a local, fully accredited medical school for black students were resisted and frustrated on more than one occasion, it was in the role as an incubator of the first generations of black doctors that McCord Hospital deserves recognition as one of this country's most important institutions. In our view, it is no exaggeration

to say that if McCords can be said to have helped to revolutionise medical training in South Africa, it may also be said that many of its doctors and nurses helped to mould the actions and vision of the generations of activists who brought about the democratic dispensation of 1994.

In contrast to the increasing racial tensions that boiled over in other institutions, on the whole in the period up to the 1970s McCord Hospital's multi-racial gradualist approach led to a greater measure of harmony than was the case at most other South African hospitals, and often to a lively camaraderie. The vast majority of staff were clearly deeply committed to the hospital and motivated even in the face of difficult work conditions such as overcrowded wards, long working hours and low salaries.

The famous 'McCord family' ethos also helped offset many other professional, gendered and class inequalities and tensions. As one former McCord doctor, later world-leading cardiologist Professor Krishna Somers, wrote to us in 2014 of his time on the staff in the 1950s, for many McCord Hospital 'was a haven'.⁸ Even so, the tensions related to difficult work conditions and low salaries could not be contained forever and this gradualist and accommodating approach became more difficult to sustain in the later apartheid years. As will be fully explored in the second volume, however, McCords would continue to stand again in the face of battering from many forces, not least in its courageous defiance of AIDS denialism at a time when South Africa had a democratically elected government.

The year 2013 was extremely difficult for McCord Hospital's managers, staff and patients. These were months of uncertainty.⁹ Key issues centred on whether the ageing and financially fragile institution could be rescued or resuscitated or whether it would have finally to close its doors. At the crux of the matter was the issue of whether McCords should continue to operate as a 'third way'¹⁰ or middle ground for the development and funding of health institutions in a post-apartheid South Africa. This would have meant that working in partnership with other sectors, including local, national and international donor partners, its services could be accommodated between the planned new, fully state-driven National Health Insurance public hospitals scheme on the one hand, and increasingly expensive private health care facilities on the other.

Several options were explored, but in a context of drastically reduced international funding, as well as state determination to extricate itself from

subsidising semi-private facilities, the delicate financial balancing act that had kept McCords going for over a century, proved impossible to maintain. As they had in the 1970s, in September 2013 the managing Board of the hospital once again made the reluctant decision – seemingly permanently this time – to close their landmark institution.¹¹

Many health care professionals, health worker unions, nurse and doctor associations, and many staff, workers, former patients and local community representatives came out in strong public support against the closure.¹² McCords' ability to survive, despite the odds, for over a century; its accessibility in one of South Africa's major, bustling cities; and its identity as a 'home', a place with a conscience and a soul, built up by generations of committed people as a caring, high-quality and affordable family hospital, they urged, were simply too important to lose.

Perhaps surprised by the broad-based groundswell of support, discussions, some of which drew in McCords' medical alumni now in highly placed government and political office and who had personally experienced its unique hospital culture, were entered into with the hospital's Board in the final months of 2013 and early 2014. Protracted, heated and sometimes deeply painful negotiations eventually led, not to full closure of McCords, but to a provincial government takeover agreement, which took effect on 1 February 2014.¹³

In a democratic South Africa, the success of public hospitals and health care now lies firmly in the hands of the government and its people. It is our hope that this history of McCord Hospital can offer important cautionary lessons for current and future policy makers in their deliberations about how compassionate, affordable and high-quality health care services can be achieved. For, as *The People's Hospital* has clearly shown, health policies and structures were as politically controversial in the colonial and apartheid eras as they are today. And, while it is surely desirable for the State to take responsibility for the health care needs of its citizens, McCord Hospital's integrity and hard-fought operational independence empowered it, for so many years, to defy racism, segregation and apartheid.

The second decade of the twenty-first century thus marks a new phase for this hospital. It will no doubt have to navigate cross currents and choppy waters as it has done in the past, and whether it will attract the same sort of dedication and commitment of staff, gratitude of patients, and provide the same sort of high-quality service and training as its predecessor remains to be seen. One imagines, however, that although it is not a general hospital, but rather a specialist referral facility, as the McCords Provincial Eye Hospital,¹⁴ with 100

beds, which offers psychological counselling, social welfare services, theatre and X-ray facilities,¹⁵ it still embodies some of the most important aspects of the original vision of the hospital's founders and carries on the good work of the very many people – the 'many hands over many years' – who did the work of making a people's hospital, located at 28 McCord Road, Overport, Durban.

ENDNOTES

- 1 'Funding cut to close old hospital' *Sunday World* 21 January 2013; K. Patel, 'Cutting the McCord: Durban's hospital finally loses the battle' *Daily Maverick* 23 January 2013; S. Mlambo, 'McCord's future in the balance' *Daily News* 24 January 2013; and C. Dardagan, 'McCord expected to close its doors' *Mercury* 17 September 2013.
- 2 'McCord Hospital to close' *IOL News* 20 January 2013 and T. Kahn, 'McCord Hospital chiefs to meet MEC to determine its future' *Business Day* 22 January 2013. In 2012, as part of broader policy changes involving public funding, the major post-apartheid international funder for the hospital's HIV/AIDS programmes, the US President's Plan for AIDS Relief (PEPFAR), cut its funding to the hospital's Sinikithemba HIV/AIDS clinic. The South African government cut funding to McCords as part of its drive to bolster public health services in line with the country's future change over to the National Health Insurance system.
- 3 Campbell Collections (hereafter CC), McCord Hospital Papers (hereafter MHP) Box 1 (2007) – McCords 1, File 8: 'McCord's future under Areas Act in doubt' *Natal Mercury* 15 February 1962; CC, MHP, Mouldy Box – donated in 2010 (hereafter MB), File 16 Loose Newspapers 2: Bobby Harrypersadh, 'Will McCord's die: for it's the people's hospital they can't kick out!' *Post* (Natal edition) 24 February 1963; 'McCord fears big hospital shutdown' *Daily News* 20 March 1972 and 'McCord Zulu Hospital faces close-down after 68 years' *Sunday Tribune* 15 June 1975.
- 4 South African Medical Association, Corporate Communications, 'Med-e-mail: KZN handling of McCord Hospital subsidy issue concerning – SAMA', 23 January 2013.
- 5 CC, MHP, MB, File 16 Loose Newspapers 2: Harrypersadh, 'Will McCord's die'.
- 6 P. Rich, *White Power and the Liberal Conscience: Racial Segregation and South African Liberalism, 1921–60* (Manchester: Manchester University Press, 1984) and P. Rich, *Hope and Despair: English-Speaking Intellectuals and South African Politics, 1896–1976* (London: British Academic Press, 1993).
- 7 J.B. McCord with J.S. Douglas, *My Patients Were Zulus* (New York: Rinehart, 1951): 268.
- 8 'McCord Hospital – painstaking study', email correspondence from Professor K. Somers to Vanessa Noble, 16 July 2014.
- 9 Kahn, 'McCord Hospital chiefs to meet MEC to determine its future', *Business Day* 22 January 2013.
- 10 C.E. Burns, 'McCord Hospital: defending a legacy of healthcare integrity' *Mail & Guardian* 8 February 2013.
- 11 Dardagan, 'McCord expected to close its doors'.
- 12 'McCord Hospital's fate turns again' *Mail and Guardian* 25 September 2013; J. Parle, 'After over a century of service, has this become the people's hospital they can kick out?' *Witness* 25 January 2013; Burns, 'McCord Hospital'.
- 13 I. Skosana, 'Government to take over Durban's McCord Hospital' *Mail and Guardian* 7 October 2013; 'McCord Hospital survives' *City Press* 1 November 2013; 'Durban's McCord

- Hospital taken over by Health Department' *Timeslive* 1 February 2014; Nce Mkhize, 'Government offers lifeline to embattled Durban hospital' *Business Day* 7 February 2014.
- 14 'McCords to be centre of eye health excellence' *KZN Health Bulletin* August 2014; Nce Mkhize, 'New role for Durban's McCord Hospital as specialist eye centre' *Business Day* 9 September 2014.
- 15 'McCord Provincial Eye Hospital', <http://www.kznhealth.gov.za/McCord-hospital.htm> (accessed 15 November 2016).

BIBLIOGRAPHY

A. PRIMARY SOURCES

1. National Archives Repository, Pretoria (NAR)

- (a) Secretary of Native Affairs (NTS): includes Annual Report of the [McCords] Medical Superintendent 1940, 1941 and 1942
NTS 2861, 7/303 Dr McCords Mission Nursing Home, 1921–1935
NTS 2862, 7/303 Dr McCords Mission Nursing Home, 1942–1949
NTS 2891, 120/303 Durban, American Zulu Mission Hospital, 1935
- (b) Department of Native Administration and Development (BAO)
BAO 7364, P122/1171/1 McCord Zulu Hospital, Durban, 1950–1961
- (c) Department of Health (GES): includes Annual Report of the [McCords] Medical Superintendent 1951, 1952, 1953 and 1955
GES 1390, 344/19A McCord Zulu Mission Hospital, Durban, 1939–1950
GES 1391, 344/19A McCord Zulu Mission Hospital, Durban, 1949–1954
GES 1391, 344/19B McCord Zulu Mission Hospital, Durban, 1954–1960
- (d) Decisions of the Executive Council, 1910–1985 (URU)
URU 2396, 545 National Health Council, 1947

2. Pietermaritzburg Archives Repository (PAR)

- (a) American Board Mission Collection (A 608)
A/2/12–A/2/14 Correspondence Received (General)
A/2/27–A/2/33 Correspondence Received (Between Missionaries)
A/3/39–A/3/40 Correspondence Dispatched to the Board (Letters)
A/4/61 Internal Historical and Biographical
- (b) Master of the Supreme Court (MSCE)
MSCE T5011/1968 McCord Trust, 1968 and 1969
- (c) Natal Provincial Secretary (NPA)
NPA 544, 4/3937–4/3947 McCord Zulu Hospital, 1922–1950
- (d) Pietermaritzburg Corporation (PC)
PC 3/PMB, 4/4/2/6 Correspondence
PC 3/PMB, 4/5/294 Correspondence

3. Houghton Library, Harvard College, Harvard University

American Board of Commissioners for Foreign Missions: African Mission Records (variously listed in this book as American Board [of] Commissioners (ABC), American Board of Missions (ABM) and/or American Zulu Mission (AZM))

- 15.4, Southern Africa, General letters, 1834–1949, reels
 - 17 Zulu mission, 1890–1899
 - 22 Zulu and Rhodesian branches, 1900–1909, 2, Documents
 - 23 Zulu and Rhodesian branches, 1900–1909, 3, Documents
 - 27 Zulu and Rhodesian branches, 1900–1909, 7, Letters
 - 29 South Africa mission, 1910–1919, Zulu Branch, 1, Documents
 - 30 South Africa mission, 1910–1919, 2, Letters A–L
 - 31 South Africa mission, 1910–1919, 3, Letters M–Z
 - 48 Zulu mission, 1909–1929, Supplementary
- 15.5, 3 Southern Africa, Women's Board

4. University of KwaZulu-Natal Medical School Archives, Durban (UKZNMSA)

Hospital Administration
Hospitals, Natal, King Edward Hospital

5. Campbell Collections, Durban (CC)

- (a) Margaret McCord Papers
CC KCM 99/66 Margaret McCord: Transcripts of interviews with Katie Makanya by Margaret McCord, Adams Mission, Amanzimtoti, 1954
- (b) News Books
CC KCN 31: News Book 30
CC KCN 36: News Book 35
CC KCN 66: News Book 66
- (c) McCord Hospital Papers and McCord History Project Papers (uncatalogued MSS: MHP)

The documents, slides, photographs and other items in this set of papers are an amalgamation of several different informal collections gathered or created by researchers for the McCord History (Health Pioneers) Project between 2006 and 2012. Also included are several groups of associated materials donated to the McCord Hospital, or directly to Campbell Collections, during the same period. Some of these were individual items (photograph albums for instance) and others were larger, comprising many unsorted papers. They were recorded on an ongoing basis from 2006 onwards. One substantial set of donations was made to the project in 2007 and a second in 2010. The writing of this book occurred in several stages with chapter endnotes referenced according to the then current working inventory. Following the formal donation of the various materials to Campbell Collections in 2013, by which time this manuscript had been almost completed, all these sources were consolidated and a new, albeit still provisional, box list was made. These changes have meant that in compiling the bibliography for the publication of this book, there was a dilemma as some documents had been re-ordered or re-boxed, making earlier primary source listings no longer entirely accurate. However, it was not practical to reconcile every endnote to ensure that it aligned with the new inventory. There are therefore discrepancies between some chapter endnotes and the current (2017) provisional inventory. Moreover, the arduous work of completing a final inventory is not yet complete and further inconsistencies might yet arise. Listed here are the relevant identifiers from the in-progress inventory while the authors have endeavoured to ensure that the information correlates sufficiently with the endnotes to facilitate easy tracing of these sources by future researchers. It should be noted that only once the work of fully cataloguing the McCord Hospital and History Project Papers has been completed will the whole collection be readily available for general consultation.

Box 1 (2007) – McCords 1

File 1: Various from History Department, UKZN

File 2: Photo album

File 3: Newspaper cuttings, documents and photos

File 4: Minutes of Executive/Board of McCord [Zulu] Hospital, Financial Statements and Correspondence, 1932–1975 (includes minutes of some AGMs, 1949–1984, incomplete, often summarised in the Executive/Advisory Board meeting minutes)

File 5: TB and McCord papers encountered at Pietermaritzburg Archives

File 6: Province of Natal Report, Director of Hospital Services, 1965

- File 7: Miss Sarah Borgen
- File 8: Various: originally from photograph box
- File 9: Photographs, many identified, donated by Mavis Orchard; and handwritten account of J.B. McCord
- File 10: Newspaper cuttings scrapbook on McCord Hospital and Cecil Orchard, 9 December 1965–1973[?] donated by Mavis Orchard
- File 11: David Agate photographs
- File 12: Pietermaritzburg Archives Repository: American Board Mission A608, Inventory of American Board Mission Collection; Appendix: inventory of photographs and inventory of Natal provincial publications
- Penny Watts Lever Arch File: transcripts of interviews, Durban, 2006
- Box 2 (2007) – McCords 2
 - Mnini Holiday Camp
 - Rotary Black Community Service Committee Minute Book, 1980s
 - Correspondence on Budgets and Fundraising, 1970s and 1980s
 - Mnini Holiday Camp Correspondence and Minutes, 1960s
 - Mnini Minute Book, 1980s
- Box 3 (2007) – McCords 3
 - Mnini Holiday Camp
 - Mnini Minutes, 1960s
 - Correspondence
- Boxes 4, 5 and 6 (2007) – McCords 4, 5 and 6
 - Photographs and slides
- Boxes 7 and 8 (2007) – McCords 7 and 8
 - Aldyth Lasbrey Papers sorted by James Colgrove of Columbia University, August 2004
 - Series I: Aldyth Lasbrey Documents, Professional and Personal
 - Series II: McCord Hospital Documents including Annual Report of the Medical Superintendent 1956–1962
 - Series III: McCord Staff
 - Series IV: Miscellaneous
 - Loose: Interview tapes and transcripts by James Colgrove, Durban, 2004
- Box 1 (2010) – McCords 10
 - Various documents found at the Hospital in 2010:
 - AGMs 1992–1995, 1998
 - Annual Reports 1969–1979
 - McCord Zulu Hospital Balance Sheet and Accounts as at 13 December 1950
 - Survey Report, October 1962
 - Miscellaneous file pertaining to records (including financial) of Maintenance Department 1974 and 1976 (formerly attached to annual reports of same years)
 - Pamphlets: McCord Mission Hospital and Health
 - Correspondence
 - Newspapers and cuttings
- Box 2 (2010) – McCords 11
 - Aldyth Lasbrey Papers: unsorted collection with detailed inventory
- Boxes 1–8 (comboxes, 2010) – McCords 12–23 (also formerly known as the Mouldy Box files that were treated for mould and water damage)
 1. 56–63: Letters and documents of Dr Alan Taylor, 1956–1963
 2. 1948 Joyce: Letters to Dr Taylor, 1940s

3. 1950s: McCord Hospital 'Baird'
4. 1957 Yearbook
5. 1992 Odd notes as data for my book on MZH
6. Dr Taylor up to December 1958
7. Dr A.B. Taylor
8. Dr A.B. Taylor from January 1946, 1947
9. Dr Taylor's Personal File [1945 or 1948?] – 1950
10. Early Plays, Talks Etc., Sketches
11. Eclipse Pen Carbon Book
12. Envelope: Luthuli Clippings – Nobel prize
13. Envelope: Photos
14. Family Letters 40–50
15. Family Letters (by Alan) 50–55
16. Loose newspapers 2
17. Loose papers in a roll
18. McCord Annual Reports and Balance Sheets and Accounts (includes 1948, 1949, 1950–1954)
19. McCord Hospital: Africans
20. Mills Letters, 1949
21. Newspapers and pamphlets
22. Newspapers and documents (originally unnamed)
23. Files of papers that were tied together:
 - T1: Dr Taylor personal, 1959–1960
 - Dr Taylor, 1961
 - Dr Taylor, 1962
 - Of special interest: Dr Taylor 1959–1962
- Box 1 (2012) – McCords 24
 - History Project: Documents relating to the McCord History Health Pioneers
 - Project history
- McCords 25
 - Assorted uncatalogued photographs

6. Interviews

- (a) Conducted by Penny Watts, Durban, 2006
 - McCord Nurses (group interview), Durban, 28 April
 - McCord Nurses (group interview), Durban, 26 July
 - Florence Madlala, Durban, 5 July
 - Bongi Dlomo, Durban, 17 July and 19 October
 - Mary Jane Molefe, Durban, 26 July 2006
- (b) Conducted by Michelle Maguire (née Floyd), 2008
 - Mavis Orchard, Durban, 9 October

7. Newspapers

Business Day
City Press
Daily Maverick
Daily News
Ilanga lase Natal
IOLnews
KZN Health Bulletin

Leader
Mail & Guardian
Natal Mercury
Post (Natal edition)
Sunday Tribune
Sunday World
Timeslive
Witness

8. Websites

http://www.health24.com/medical/Condition_centres/777-792-811-1705,16641.asp
 (accessed 15 September 2009)
<http://www.ascleiden.nl/Pdf/workingpaper77.pdf> (accessed 21 September 2009)
http://history.ukzn.ac.za/seminar_archive?op0=contains&filter0=Zondi (accessed 21 September 2009)
http://www.archive.org/stream/historisketch00ireliala/historisketch00ireliala_djvu.txt (accessed 21 September 2009)
<http://www.oberlin.edu/external/EOG/Dube/Dube.htm> (accessed 25 September 2009)
<http://www.sahistory.org.za/people/pixley-ka-isaka-seme> (accessed 25 November 2009)
<http://www.sahistory.org.za/pages/governance-projects/organisations/ICU/icu-history.htm> (accessed 21 December 2009)
http://www.sahistory.org.za/people/dr_james_lowell_zwelinzima_njongwe (accessed 11 March 2011)
<http://www.sahistory.org.za/archive/70-durban-riots-1949> (accessed 20 April 2015)
<http://www.mg.co.za/article/2006-10-09-the-hooligan-of-empire> (accessed 25 November 2016)
<http://www.sahistory.org.za/topic/history-and-politics> (accessed 15 August 2016)
http://www.pelteret.co.za/content000156/Lancelot_Parker_Booth.pdf (accessed 28 November 2016)
<http://www.sahistory.org.za/people/charles-templeman-loram> (accessed 26 November 2016)
<http://www.hst.org.za/publications/South%20African%20Health%20Reviews/sahr95.pdf> (accessed 16 November 2016)
http://www.globalministries.org/howard_trumbull (accessed 14 November 2016)
<http://www.kznhealth.gov.za/McCord-hospital.htm> (accessed 15 November 2016)

B. SECONDARY SOURCES

Barker, A. *Giving and Receiving: An Adventure in African Medical Practice* (London: Faith Press, 1959).
 Beinart, W. and Dubow, S. (eds). *Segregation and Apartheid in Twentieth Century South Africa* (London: Routledge, 1995).
 Brookes, E.H. *A History of the University of Natal* (Pietermaritzburg: University of Natal Press, 1966).
 Burns, C. 'Louisa Mvemve: a woman's advice to the public on the cure of various diseases' *Kronos: Journal of Cape History* 23 (November 1996): 108–134.
 ———. 'Reproductive labors: the politics of women's health in South Africa, 1900–1960' (PhD dissertation, Northwestern University, 1995).

- Buthlezi, M.S.T. *African Nurse Pioneers of KwaZulu-Natal, 1920–2000* (Victoria, BC: Trafford Publishing, 2004).
- Carton, B. 'The forgotten compass of death: apocalypse then and now in the social history of South Africa' *Journal of Social History* 37(1) 2003: 199–218.
- Carton, B., Laband, J. and Sithole, J. (eds). *Zulu Identities: Being Zulu, Past and Present* (Pietermaritzburg: University of KwaZulu-Natal Press, 2008).
- Cele, F.M. 'An inyanga's opinion' *Journal of the Medical Association of South Africa* 4, 13 September 1930: 539.
- Christofersen, A.F. *Adventuring with God: The Story of the American Board Mission in South Africa* (Durban: Inanda Seminary, 1967).
- Coontz, S. 'Historical perspectives on family studies' *Journal of Marriage and Family* 62(2) 2000: 283–297.
- Coovadia, H.M. and Benatar, S.R. (eds). *A Century of Tuberculosis: South African Perspectives* (Oxford: Oxford University Press, 1991).
- Coplan, D. *In Township Tonight!: South Africa's Black City Music and Theatre* (London: Longman, 1985).
- Couper, S. *Albert Luthuli: Bound by Faith* (Pietermaritzburg: University of KwaZulu-Natal Press, 2010).
- De Beer, C. *The South African Disease: Apartheid Health and Health Services* (Johannesburg: South African Research Service, 1984).
- Digby, A. *Diversity and Division in Medicine: Health Care in South Africa from the 1800s* (Oxford: Peter Lang, 2006).
- . 'Early black doctors in South Africa' *Journal of African History* 46(3) November 2005: 427–454.
- . 'Medicine and witchcraft in South Africa: initiatives at Victoria Hospital, Lovedale' in *From Western Medicine to Global Medicine: The Hospital Beyond the West* ed. by M. Harrison, M. Jones and H. Sweet (Hyderabad: Orient Blackswan, 2009): 221–248.
- . 'Pioneer black doctors in South Africa' *South African Medical Journal* 94(4) 2007: 252–254.
- Digby, A. and Deacon, H. 'Knocking at the door: allied health professionals' in A. Digby and H. Phillips with H. Deacon and K. Thomson, *At the Heart of Healing: Groote Schuur Hospital 1938–2008* (Johannesburg: Jacana, 2008): 215–240.
- Digby, A. and Phillips, H. with Deacon, H. and Thomson, K. *At the Heart of Healing: Groote Schuur Hospital 1938–2008* (Johannesburg: Jacana, 2008).
- Digby, A. and Sweet, H. 'Nurses as culture brokers in twentieth-century South Africa' in *Plural Medicine, Tradition and Modernity, 1800–2000* ed. by W. Ernst (London: Routledge, 2002): 113–129.
- Digby, A. and Thomson, K. 'General hospital workers' in A. Digby and H. Phillips with H. Deacon and K. Thomson, *At the Heart of Healing: Groote Schuur Hospital 1938–2008* (Johannesburg: Jacana, 2008): 241–265.
- Doyal, L. with Pennell, I. *The Political Economy of Health* (London: Pluto Press, 1991).
- Dubow, S. *Racial Segregation and the Origins of Apartheid in South Africa, 1919–36* (New York: Palgrave Macmillan, 1989).
- Dyer, C. et al. 'Fifty years at King Edward VIII Hospital, Durban' *South African Medical Journal* 22 (November 1986): 684–687.
- Etherington, N. 'An American errand into the South African wilderness' *Church History* 39(1) 1970: 62–71.

- . 'Kingdoms of this world and the next: Christian beginnings among Zulu and Swazi' in *Christianity in South Africa: A Political, Cultural and Social History* ed. by R. Elphick and R. Davenport (Berkeley: University of California Press, 1997): 89–106.
- Evans, M. *Black and White in South East Africa: A Sociological Study* (London: Longmans, 1916).
- Flint, F. *Healing Traditions: African Medicine, Cultural Exchange and Competition in South Africa, 1820–1948* (Athens, Ohio: Ohio University Press, 2008).
- Floyd, M. "'Not of a nature to swell the historic page": the lives and work of three American medical missionaries' wives at McCord Hospital, Durban, 1899–1966' (History honours thesis, University of KwaZulu-Natal, Pietermaritzburg, 2008).
- Geiger, J.H. 'Community-oriented primary care: the legacy of Sidney Kark' *American Journal of Public Health* 83(7) July 1993: 946–947.
- Gelfand, M. *Christian Doctor and Nurse: The History of Medical Missions in South Africa* (Sandton: Mariannhill Mission Press, 1984).
- Gewald, J-B. 'Spanish influenza in Africa: some comments regarding source material and future research' *African Studies Centre, Leiden, Working Paper* 77/2007.
- Gordon, I. 'King Edward VIII Hospital: the teaching hospital of the Durban Medical School' *South African Medical Journal* 2 December 1961: 1001–1002.
- Hardiman, D. 'The mission hospital, 1880–1960' in *From Western Medicine to Global Medicine: The Hospital Beyond the West* ed. by M. Harrison, M. Jones and H. Sweet (Hyderabad: Orient Blackswan, 2009): 198–220.
- Hardiman, D. (ed.). *Healing Bodies, Saving Souls: Medical Missions in Asia and Africa* (Amsterdam: Rodopi, 2006).
- Harrison, M., Jones, M. and Sweet, H. (eds). *From Western Medicine to Global Medicine: The Hospital Beyond the West* (New Delhi: Orient Black Swan, 2009).
- Horwitz, S. *Baragwanath Hospital, Soweto: A History of Medical Care 1941–1990* (Johannesburg: Wits University Press, 2013).
- 'Hospital serves non-whites' *South African Panorama* February 1962.
- Howell, J.D. 'Hospitals' in *Medicine in the Twentieth Century* ed. by R. Cooter and J. Pickstone (Amsterdam: Harwood Academic Publishers, 2000): 503–517.
- Hughes, H. "'A lighthouse for African womanhood": Inanda Seminary, 1869–1945' in *Women and Gender in Southern Africa to 1945* ed. by C. Walker (Cape Town: David Philip, 1990): 197–220.
- Hunt, N.R. *A Colonial Lexicon: Of Birth Ritual, Medicalisation and Mobility in the Congo* (Durham, NC: Duke University Press, 1999).
- 'In memoriam: Cecil David Orchard' *South African Baptist* July 1986.
- 'In memoriam: Mohamed Goolam Hoosen Mayat' *South African Medical Journal* 15 September 1979: 499.
- Ingle, R. *An Uneasy Story: The Nationalising of South African Mission Hospitals 1960–1976: A Personal Account* (Hillcrest: Ronald Ingle, 2010).
- Ireland, W. 'Historical sketch of the Zulu mission, in South Africa, as also of the Gaboon mission in Western Africa (1865)' (Boston: American Board of Commissioners for Foreign Missions, 1865).
- Kark, S. and Kark, E. *Promoting Community Health: From Pholela to Jerusalem* (Johannesburg: Witwatersrand University Press, 1999).
- Kark, S.L. and Steuart, G. (eds). *A Practice of Social Medicine: A South African Team's Experiences in Different African Communities* (Edinburgh: E. and S. Livingstone, 1962).

- Klausen, S.M. "“The trial the world is watching”: the 1972 prosecution of Derek Crichton and James Watts, politics of abortion and regulation of the medical profession in apartheid South Africa' *Medical History* 58(2) April 2014: 210–229.
- Logan, F.P. 'Spinal anaesthesia in caesarian sections and operative vaginal deliveries' *South African Medical Journal* 21 (11 September 1948): 560–564.
- Mahoney, M.R. *The Other Zulus: The Spread of Zulu Ethnicity in Colonial South Africa* (Durham, NC: Duke University Press, 2012).
- Marks, S. *Divided Sisterhood: Race, Class and Gender in the South African Nursing Profession* (Johannesburg: Witwatersrand University Press, 1994).
- . *Reluctant Rebellion: The 1906–1908 Disturbances in Natal* (Oxford: Clarendon Press, 1970).
- . 'South Africa's early experiment in social medicine: its pioneers and politics' *American Journal of Primary Health* 87(3) March 1997: 452–459.
- Marks, S. and Andersson, N. 'Industrialisation, rural health and the 1944 National Health Services Commission in South Africa' in *The Social Basis of Health and Healing in Africa* ed. by S. Feierman and J.M. Janzen (Berkeley: University of California Press, 1992): 104–130.
- Mashaba, T. *Rising to the Challenge of Change: A History of Black Nursing in South Africa* (Cape Town: Juta, 1995).
- Maylam, P. 'Introduction: the struggle for space in twentieth-century Durban' in *The People's City: African Life in Twentieth-Century Durban* ed. by P. Maylam and I. Edwards (Pietermaritzburg: University of Natal Press, 1996): 1–30.
- McCord, J.B. 'Medical missionary work among the Zulus of Natal, South Africa' *American Journal of Nursing* 11(1) 1910: 40–42.
- . 'The Zulu witch doctor and medicine man' *South African Medical Record* 16(4) 1918: 116–122.
- McCord, J.B. with Douglas, J.S. *My Patients Were Zulus* (London: Frederick Muller, 1946 and 1951; New York: Rinehart, 1951; and Panther, 1957).
- McCord, M. *The Calling of Katie Makanya* (Cape Town: David Philip, 1995).
- McPake, B. 'Hospital policy in sub-Saharan Africa and post-colonial development impasse' *Social History of Medicine* 22(2) 2009: 341–360.
- Moscucci, O. *The Science of Woman: Gynaecology and Gender in England 1800–1929* (Cambridge: Cambridge University Press, 1990).
- Noble, V. *A School of Struggle: Durban's Medical School and the Education of Black Doctors in South Africa* (Pietermaritzburg: University of KwaZulu-Natal Press, 2013).
- Noble, V. and Parle, J. "“The hospital was just like a home”: self, service and the McCord Hospital family' *Medical History* 58(2) 2014: 188–209.
- O'Reagain, M. *The Hospital Services of Natal* (Durban: University of Natal, 1970).
- Packard, R.M. *White Plague, Black Labour: Tuberculosis and the Political Economy of Health and Disease in South Africa* (Berkeley: University of California Press, 1989).
- Parle, J. *States of Mind: Searching for Mental Health in Natal and Zululand, 1868–1918* (Pietermaritzburg: University of KwaZulu-Natal Press, 2007).
- Pearson, M.G. 'History of government hospitals in Durban, 1858–1945' *South African Medical Journal* 35(3) 1961: 448–450 (reprinted from *South African Medical Congress Brochure*, 1946).
- Phillips, H. 'South Africa's worst demographic disaster: the Spanish influenza epidemic of 1918' *South African Historical Journal* 20(1) 1988: 57–73.
- Porter, R. *The Greatest Benefit to Mankind* (New York: W.W. Norton, 1997).

- Porter, R. (ed.). *The Cambridge History of Medicine* (Cambridge: Cambridge University Press, 2006).
- . *The Cambridge Illustrated History of Medicine* (Cambridge: Cambridge University Press, 2001).
- Posel, D. *The Making of Apartheid 1948–1961* (Oxford: Clarendon Press, 1991).
- Rich, P. *Hope and Despair: English-Speaking Intellectuals and South African Politics, 1896–1976* (London: British Academic Press, 1993).
- . *White Power and the Liberal Conscience: Racial Segregation and South African Liberalism, 1921–60* (Manchester: Manchester University Press, 1984).
- Risse, G.B. *Mending Bodies, Saving Souls: A History of Hospitals* (Oxford: Oxford University Press, 1999).
- Shapiro, K.A. '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: 234–258.
- Singh, A.R. *A Survey of Hospitals, Clinics and Social Services for the Non-European Community of Durban* (Durban: R.K. Khan Hospital and Dispensary Trust for the South African Institute of Race Relations, 1960).
- Swanson, M. 'The Asiatic menace: creating segregation in Durban, 1870–1900' *International Journal of African Historical Studies* 16(3) 1983: 401–421.
- . 'The sanitation syndrome: bubonic plague and urban native policy in the Cape Colony, 1900–1909' *Journal of African History* 18(3) 1977: 387–410.
- Swartz, L. 'Practitioners and their work' in *Culture and Mental Health: A Southern African Perspective* (Cape Town: Oxford University Press, 1998): 77–94.
- Sweet, H. 'Expectations, encounters and ecclesiastics: mission medicine in Zululand, South Africa' in *From Western Medicine to Global Medicine: The Hospital Beyond the West* ed. by M. Harrison, M. Jones and H. Sweet (Hyderabad: Orient Blackswan, 2009): 330–359.
- Taylor, A.B. 'Economy in a mission hospital' *South African Medical Journal* 8 March 1958: 275–277.
- Twine, J.L. "'I'm just an ordinary nurse": a life history of Matron Bongiwe Bolani' (History honours thesis, University of Natal, Durban, 1997).
- The University of Natal Durban Medical School: A Response to the Challenge of Africa* (Durban: Hayne and Gibson, 1954).
- Van Rensburg, H.C. et al. 'History of health policy' *South African Health Review* 1995: 95–118.
- Walshe, P. *The Rise of African Nationalism in South Africa: The African National Congress, 1912–1952* (London: C. Hurst, 1970).
- Watts, P. 'Missionary institutions, nursing and Christianity: an examination of McCord Hospital, 1950–1973' (History honours thesis, University of KwaZulu-Natal, Durban, 2006).
- Who's Who of Southern Africa, 1964* (Johannesburg: Wootton and Gibson, 1965).
- Zoia, F. "'This wrong situation": a critical study of McCord Hospital and the Group Areas Act, 1949–1961' (History honours thesis, University of KwaZulu-Natal, Durban, 2007).
- Zondi, S. 'African demand and missionary charity: the development of mission health services in Kwazulu to 1919', paper presented to the History and African Studies Seminar at the Department of History, University of Natal, 14 September 1999.

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