

'The Gender Dilemma in Nursing History: The Case of the South African Mine Hospitals'

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It is a commonplace to assert that nursing is a profoundly gendered profession. The term itself derives from women's role as mothers and nurturers. Since the days of Florence Nightingale, the icon of modern professional nursing, nursing leaders have insisted on the intrinsic link between nursing and femininity. Not only has nursing been regarded as quintessentially "women's work"; in contemporary South Africa, as in Britain and America, the public image of the nurse focuses on "those characteristics consensually endorsed as being feminine": This stereotype assumes the existence of "essential" psychological differences between men and women, and assert the peculiar fitness of women for nurturing and nursing, compassion and caring, self-sacrifice and subordination¹.

Yet there have always been men in nursing, or, to be more precise in certain sectors of the profession - in the the army and prisons, in mental asylums and in industrial settings, most notably in the South African case in the mines. The gendered nature of the profession may well be clearer if we look at what happens to men in nursing than if we look at what happens to women. Yet, as Catherine Burns has recently pointed out², men have been curiously invisible in the histories of nursing, especially in South Africa, where their numbers have always been extremely low and the sectors in which they have been employed hidden from the wider public gaze. Indeed many South Africans are amazed to be told that there have always been men in nursing, and that for much of this century they carried the main burden on nursing in the mine hospitals, especially the black mine hospitals, where female nurses have only entered in any number since the 1970s.

If modern nursing is a peculiarly female profession, the mine, as Keith Breckenridge has recently reminded us, is a profoundly male space, a space where "the ideals and practices of manhood that have dominated South Africa in this century" have been forged. "The gold mines", he suggests, "fashioned explicitly racial masculinities and monitored [the] legal, economic and geographical boundary [sic] between them."³ In addition to the violence which was "an essential part of the definition of [these] racial identities", at the heart of the relationship between the black and white underground "was the mutual recognition of what it meant to be a man". This "revolved around physical strength and courage underground."

This paper is an attempt to look at the largely untold story of male nursing on the mines, and to attempt to question the gender stereotypes which have come to characterise nursing in South Africa as elsewhere. These stereotypes are as prevalent among feminists as they are among the general public, yet they are, as Christine

Delphy has pointed out, based on an "essentialist" psychology. This seems to assume that these "feminine" values of caring are shared by all women,

irrespective of the society in which they are geographically located, by all women who have ever lived within the same geographical area whatever the epoch, and by all women who live in the same country at the same time whatever their social background.⁴

Moreover, for historians of colonialism these stereotypes are doubly troubling for, as Delphy adds, what are called "feminine values" are in fact.

a collection of very specific values, which correspond more or less to those of western housewives of the last half century; and they ... then project ... these values on to all the women of the world across all the centuries. In addition these values correspond only "more or less" to those of western housewives, since the authors speak more of the norms than of reality.⁵

These stereotypes are not only essentialist in relation to women's capacities, however; they are equally essentialist in relation to men. If women are uniquely fitted to be nurses - where does that leave men? Are they less caring, by their very nature, less responsible intrinsically, less empathic biologically? Are they really - as a writer in the *Nursing Mirror* asserted in words reminiscent of those so often applied to black female nurses in South Africa - "inferior nurses"?⁶

In many ways the arguments about women's "essential nature" can be addressed by looking at men in nursing, for if we are serious about nursing as a gendered profession then what happens to male providers of nursing care may in fact illuminate these issues quite dramatically. In fact, in the confined and assertively male space of South Africa's black mine hospitals, where black and white men have only relatively recently been replaced as the main providers of health care, the simple binaries of "feminine" and "masculine" attributes give way to complex and differentiated meanings of race, class and gender hierarchies over time.

Exploring these meanings is not a purely academic enterprise. If the numbers of fully qualified black male nurses - on the mines as elsewhere - were always minute, and the role of the trained but un-professionalised but skilled black health workers consistently undervalued, this paper argues that the underrated and unsung black mine orderlies, drawn from the migrant work force and trained on the job, may nevertheless provide important lessons for black nursing in a post-apartheid health service.

In South Africa, as in many other countries, nursing has been and remains - together with teaching - the most important profession for women. Unlike in the teaching profession, however, in nursing women still dominate in numbers and leadership. For much of this century it has provided the main ladder of opportunity for black as well as white women in this South Africa. Moreover, over the past half century there has been a dramatic change in the racial character of the nursing profession in South Africa. In 1948 there were only 800 fully qualified black nurses in the country; today most of the c.175,000 nurses registered with the Nursing Council are black.⁷

Change in the gendered nature of the profession has, however, been far slower: nursing was - and still largely sees itself - as a sisterhood, if a divided one. Thus one aspect of nursing which has remained largely unchallenged from the end of the nineteenth to the end of the twentieth century, has been its gendered nature.

(Overhead 1) This gendered division of labour has been so entrenched that it has been largely taken for granted in the literature for and about nursing as in state discourse. Nor were these gendered stereotypes restricted to settler perceptions. In the 1930s a Transkeian Councillor is reported as saying:

I have never known men trained as nurses. A man is a clumsy thing who does not know how to handle a sick person.... Nursing is the proper profession for women. They are created for that purpose.⁸

For most of this century the number of registered nurses never exceeded 5 per cent of the total, and most of them were white. It is only since the 1980s that the numbers of professional black male nurses have grown very slightly with the dramatic increase in male unemployment in other sectors of the economy.⁹

The small number of black men entering the nursing profession in this century was not a foregone conclusion, however: indeed if the comparison is with the rest of Africa, rather than Europe or America, the absence of African men from nursing is even more surprising. For in most of colonial Africa, the first dispensers, nursing aids and nursing orderlies were young men, not young women, and in the nineteenth-century Cape Colony, too, there were sporadic but in the end abortive attempts to train African male nurses. In most of the British colonies in Africa the establishment of nursing training for women largely post-dates World War 2 or even independence, when new employment opportunities opened up for men and education for African girls became more widely available. Thus the dominance of women in professional nursing in twentieth-century South Africa has to be related both to the gendered model of professionalised nursing imported from the metropole with its resonances in settler society and the particularities of its racialised and gendered political economy. Despite the earlier experiments, it was only in 1931 that an African school teacher, Ramosolo Paul Tsae, passed the South African Medical Council examination for Male Nurses and was duly admitted to the nurses' register.¹⁰

If early experiments at training black men as a professional cadre of nurses soon foundered, in the twentieth century hospitals for black miners provided the most important space for the deployment of male nursing skills. By the early twentieth century mine hospitals were segregated; hospitals run for white miners were generally provided by Benefit Societies, and the nurses were for the most part white and female. Hospitals for black miners were established by the mining industry under pressure from the state, and from the first nursing care was - with a few exceptions as we shall see - provided by black male orderlies working under the instruction of white male supervisors of indeterminate training.

It was in the context of devastating health conditions for miners, black and white, that the first hospitals were established on the gold mines in the early years of the century. As David Rosner and G Markowitz remark in the introduction to their aptly entitled collection on workers' safety and health in twentieth century America, *Dying for Work*, "the exploitation of labor is measured not only in long hours of work and lost

dollars but also in shortened lives, high disease rates and painful injuries...."¹¹ And nowhere was - and is - this more graphically true than in the gold-mining industry of South Africa. Ever since the discovery of vast seams of underground gold on the Witwatersrand in the 1880s the mines have taken a tremendous toll of the bodies of the millions of young men, white and black, employed in digging the refractory ore from the bowels of the earth. From the outset, the deep levels of the ore, intense heat and high dust levels made mining on the Witwatersrand extremely hazardous.¹²

After the South African War of 1899-1902, the British administration which had taken over the Transvaal began to pay some attention to health conditions on the mines, but despite these attempts the mortality and morbidity rates for African miners remained inordinately and shockingly high. It was only after Union, however, when confronted by the very real possibility that their crucial "tropical labour" would be cut off, that the mine magnates began to take the health problems of their black workers more seriously. In the context of concerted state pressure, Rand Mines/ Central Mining, the group with the largest stake on the Rand, decided to invite Major Gorgas who had dramatically reduced yellow fever on the Panama Canal to South Africa in order to advise the mines on how to reduce mortality.¹³

Gorgas's report was scathing and his recommendations wide-ranging. What concerns us here are his recommendations for the improvement of hospital services, and specifically for specialized, full-time medical services, and professional nursing.¹⁴ Although relatively few of Gorgas's recommendations were implemented, the Central Mining-Rand Mines group decided to establish a centralized health service on their mines, and appointed Dr AJ Orenstein as "Sanitary Superintendent" to control it.¹⁵ He was soon to make his mark on the Witwatersrand, and not only because he looked like a Hollywood matinee idol! By 1916 white male nurses were required to have professional qualifications, although the systematic training of black male orderlies had to wait until after the war.¹⁶

With the outbreak of World War 1 the dominance of English-speaking male nurses in the mine hospitals posed a problem: at the very time that the industry was beginning to reform its hospital system, some of its most experienced white male nurses left to join the British army. Faced with this situation, Orenstein, who believed - like many of his contemporaries - that women made far better nurses than men and that female nurses would be better trained and more effective than their male counterparts, advocated the employment of white sisters to train black female probationers on the mines.

The consequent experiment roused a barrage of criticism. As the Secretary of Mines proclaimed indignantly to the Secretary for Native Affairs in response to a letter from an outraged member of the public: "It is thought that the practice of employing female European nurses in native mine hospitals is undesirable beyond dispute."¹⁷ The Minister of Mines and Industries regarded this "as a dangerous experiment which should not in his opinion be repeated until more is known of its practical effects" while, despite the assurances of his civil servants, the Prime Minister insisted nervously that the Director of Native Labour "be good enough to keep a close eye on the experiment and from time to time let us know any new facts or developments which come under his notice".¹⁸

Neither the Secretary for Native Affairs nor the Director of Native Labour, who had the most direct knowledge of the experiment, shared these anxieties. As the Secretary for Native Affairs, the old Cape liberal, Edward Dower, remarked tartly when the alarm was first raised: "I was not aware that there has been any evidence of the danger of so called black peril being accentuated through the employment of white women in nursing Native patients."¹⁹ The Acting Director of Native Labour, H.S. Cooke, was equally reassuring. Aware of possible criticism, he had gone fully into the "the important principles involved in the departure from accepted practice", and had personally inspected the hospital. His report is fascinating not only for the detail it provides of actual nursing care in the hospital, but also for its juxtaposition of gender, racial and class ideology:

It may I think be postulated [he wrote] that the employment of female nurses for the care of the sick and injured, be they European or coloured, has from the medical point of view everything to commend it and that the question must be examined with a view to determine whether the relationship of nurse to native patient is such as would impair the prestige of the European female and directly or indirectly increase the danger of the so-called "black peril".

Lest his superiors fear the effects of "white hands on black bodies", he described the racial and gendered division of nursing labour at Crown Mines at some length:

The staff of the hospital at present consists of a European matron, three European female nurses, two European male assistants and six native female nurses. The European female nurses are in effect supervisors. *As a general practice they do not touch a native patient* [my italics]. Their duties include the general supervision of and responsibility for the cleanliness of the wards and equipment, regular administration of drugs and stimulants, taking of temperatures etc. etc. The actual work in connection with these duties is performed by the native female nurses who are competent native women for the most part trained at the Lovedale Institute, and who fulfil all the duties ordinarily entrusted to nurses at a hospital.

The female staff deals only with the wards in which sick natives and those seriously injured are accommodated. The wards containing convalescent natives and those who have sustained minor injuries are under male control.... The European female nurses live with the matron in quarters outside the hospital and when on night duty are escorted to and from the hospital.

The native female nurses have specially arranged cubicles on the hospital premises, the arrangements made for their supervision and privacy are all that could be desired. They are of a superior class and appear to have a real sense of their status as professional nurses.

The European nurses to whom I have spoken individually have each had considerable experience and training. They informed me that their duties were particularly agreeable to them, that the natives were remarkably docile, respectful and appreciative, and that in no single instance had they been subjected to insult or even discourtesy by the native patients.²⁰

Despite the initial anxieties, the Crown Mines nurses were soon pronounced a great success and by May 1917 General Botha himself was moved to express his "keen interest" in the experiment and his good wishes to the matron and nursing staff; he hoped the venture would "be further developed and extended".²¹ By 1919, two other hospitals also in the Rand Mines group had followed the Crown Mines example, and employed a white matron and sisters to train black probationers.

Quite apart from the stereotypical view of nursing as more appropriately and effectively pursued by women than men, there were real financial incentives to the employment of women in the mine hospitals. In the inter-war years, matrons earned around £25.30 a month, and qualified white sisters between £10 and £15²² White male salaries were far higher at every level. White male superintendents earned between £30 and £37 a month, while even unqualified white male nursing attendants earned considerably more than trained sisters; their starting salaries were normally £17.50 to £20 a month.²³

If white wages were differentiated by gender, this was paralleled by a racial hierarchy in pay. Salaries for black staff were dramatically lower, whether for male orderlies and nurses trained on the job or female probationers and staff nurses.²⁴ In 1938 the wages of uncertificated African male orderlies or "ward boys" were fixed at a starting rate of 1s 8d rising to a maximum of 2s 8d per shift, while those orderlies with certificates or training received 3/- rising by 3d a year to a maximum of 5/-. Both the daily pay and the amount signalled their lowly status in the hospital hierarchy. Nevertheless, by then the top wages of certificated orderlies equalled those of trained African female nurses, who underwent a far longer training.²⁵

Given the economic incentives and the ideology surrounding female nursing - as one medical officer put it succinctly in 1911, "women are born nurses and would in addition be less expensive"²⁶ - it is perhaps somewhat surprising that none of the other mines followed the example of Crown Mines, Modder B or City Main Reef. Wages, it turns out, were not the only cost involved in employing female nurses and in even as cost-conscious an operation as the mining industry it seems there were other considerations.

Not only did the hostility of the white public, many mine managers and African mine-workers towards women on the mines - whether white or black - remain, whatever the economics. There were also practical difficulties in the way of employing female nurses. Separate housing was still regarded as crucial for female nurses, white and black, and transport to the more outlying mines was an additional expense.²⁷ At the same time, the number of trained African women nurses continued to be small in relation to the wider demand for black nurses, and few of the mines were prepared to go to the expense of training their own.

At least as important in focusing the minds of management on the need to take black male nursing care more seriously, however, were their difficulties in disciplining black female nurses. Contrary to the gendered stereotype of greater female tractability, mine hospitals soon discovered that the expectations of the black female nurses they were training were very different to those of the male orderlies, and this made for friction in the hospitals. While the male orderlies were drawn from the migrant labour force, and appreciated that the alternative to the work in the hospital

was a return to the highly hazardous and arduous rockface, black female nurses tended to come from the Christian élite. Many were women who could not find a place in the most prestigious mission hospitals, but who nonetheless came from the same educated families as the "Bantu Nightingales" of Victoria Hospital, Lovedale.²⁸ The mine management could not deal with these women in as summary a fashion as they did with the black male migrants.

A list of "grievances" presented by the "native Nurses at Crown Mines" to the Director of Native Labour in August 1921 vividly illustrates the point: no refreshment between breakfast at 6.30 a.m. and lunch at midday; food indifferently cooked; that cutlery removed from the dining room; poor job prospects and only one hour's daily leave. In a particularly telling example they also charged that the hospital laundry had stopped taking in their personal belongings and only washed uniforms on their behalf.²⁹ Orenstein came to the hospital's defence, in an intervention that precisely captured the class, gender and racial dynamics at work. Like "European nurses", he explained, African nurses were entitled to send their personal washing - uniform, underwear, aprons and bedclothes - to the laundry but

The trouble has been that certain nurses have their own elaborate pillow-slips and bed-spreads, the washing of which cannot be done in our general laundry. Furthermore, the Matron objects to these girls having such articles in their rooms, and I think she is right.³⁰

There was a final problem in this litany. In an early - and unsuccessful - blow for sexual equality, the Crown Mine nurses also pointed out indignantly that when two of their number (one of them the daughter of a minister) were seduced, the women were dismissed, whereas the men concerned were still employed at Crown Mines as a clerk and hospital orderly respectively. While, as we have seen, the presence of small numbers of white women in the midst of thousands of male miners separated from their families for many months roused great anxiety, African nurses were of course far more vulnerable.

The solution proposed by the hospital establishment was "to employ a dependable middle-aged native woman to take charge of the native nurses' quarters, messing arrangements, &c., with a view to generally supervising them ..."³¹ Given the inadequacy of this response to the nurses' complaints it is not surprising that the unrest simmered on, and was dealt with in draconian fashion.³² Over the next dozen or so years, the records are peppered with cases of desertion and discharge for insubordination, indiscipline or pregnancy. However philosophical Orenstein may have appeared in his correspondence with state functionaries, by 1934 he ensured that matrons were empowered to penalise probationers summarily by confining them to their rooms, curtailing their going out, suspending them from duty, or even dismissing them instantly.³³

This seems to have done the trick, for I have come across no further disciplinary reports in the files. Nevertheless, news of these tussles doubtless convinced the remaining mine hospitals that training black nurses was hardly worth the effort, especially as it would also have meant overcoming the resistance of black miners to female nurses, and they declined to follow the example of the three pioneering Rand Mines. Black male orderlies were, after all, unlikely to insist on frilly pillowcases or

cutlery at table. Nor were they likely to fall pregnant; whatever their sexual life, it did not pose quite the same kind of contradiction to the dominant patriarchy.³⁴ At least as important, as migrant workers male orderlies were rightless and, however difficult and poorly paid work in the hospitals may have been, for them it was a distinct improvement over working underground.³⁵ When in 1959 there was a short-lived attempt to organise black male orderlies in an occupational association, this made little headway in the face of the concerted opposition of the mining establishment and the apartheid state.³⁶ Contrary to the usual gender stereotype, black male orderlies were likely to prove more "docile" and "manageable" than their sisters.

It was probably a complete co-incidence that the Mine Medical Officers first wrote to the Chamber of Mines advocating improved training for the black orderlies in August 1921, just as the black female probationers were setting out their grievances. Nevertheless, the timing was fortunate. Even Orenstein, that ardent advocate of female nurses, had been somewhat discouraged by the disciplinary problems at Crown Mines and Modder B.

Despite the unfavourable view of black orderlies held by some of the medical officers in the early years of the century, there is also considerable evidence to suggest that many of the black orderlies were extremely effective in the mine hospitals. Although they had no formal training, many remained in the hospitals long enough to learn the rudiments of nursing on the job. Already in 1911, when the Chamber circulated the medical officers in 34 mining companies asking for their views on the care in the hospitals in their charge, two-thirds responded that "native attendants give satisfaction under white superintendents". Moreover, they pinpointed the outstanding advantages male orderlies had over white employees: "they speak the native languages, understand their [patients'] habits and superstitions, and can be used for work which a white man would not do." They were also very considerably cheaper than their white counterparts. While some physicians complained that black orderlies only worked when under close supervision, and were liable to sleep on night duty, the consensus was that they gave every satisfaction and showed great interest in the work.³⁷

Initially proposed in 1902 and again raised by Gorgas in 1913 and discussed by mine medical officers in 1914, the systematic training of black male orderlies was only successfully undertaken from 1922 by the newly formed Transvaal Mine Medical Officers' Association. Dedicated to the improvement of the professional status of the mine doctors, the Association hoped to do so through the exchange of scientific information and the upgrading of the hospital service. For the latter goal, improving the standard of care provided by black male orderlies was crucial. By 1924 over one hundred African orderlies had been trained and some 74 had passed the Association's examinations and received certificates of competence.³⁸ Over the next decade and a half, hundreds of African orderlies were trained to a level of competence. These years also saw the introduction of first-aid instruction by the Red Cross on the mines. There can be little doubt but that it was through the training of these orderlies, ambulance men and first-aiders that western biomedicine was disseminated and became more acceptable to hundreds of thousands of rural people in southern Africa. They probably played a far more significant role in establishing the hegemony of biomedicine both among the migrant miners and in the countryside more generally than the much vaunted mine medical officers. Indeed it was the proficiency of mine orderlies which

led some Councillors in the Transkei to suggest the extension of nursing training to men in 1942. As Councillor O. Mphomane put it,

The nursing profession has become very important amongst the people and it would be more useful if Native males were trained. I have sen [sic] good service rendered by the mine boys who have returned home with a knowledge of first aid. ... I contend that if there were allowed to undergo full training as nurses it would be a very good thing because it is not good for a man to be treated by a female.³⁹

An interesting contrast to his fellow councillor I quoted earlier participating in the same debate.

By the 1930s many mine orderlies had considerable experience. Thus in 1932 T.D. Oliphant, an orderly in the Modder B Hospital who was looking for work, had eight years' experience in theatre, medical and surgical work and could speak Xhosa, Sesuto, English and Afrikaans, while a couple of years later Esau N. Naapo, who was then at the Pretoria General (Isolation) Hospital but was looking for work on the mines, was certificated and had six years' experience.⁴⁰ Moreover, as this last example suggests there was movement between employment on the mines, in the mental and isolation hospitals, and in the army: all regarded as archetypal male spheres. After World War 2 African men like Jacob Mashoko who had trained as a male nurse in the army were looking for work on the mines, while still others who had trained as an orderlies with the military were looking for further professional training as male nurses.⁴¹ By this stage, some African men were being trained as professional nurses on the mines, although it was only late in the following decade that the mines began to think seriously of doing so on any scale.

Both the proposal to train black men as nurses, and its ultimate failure, were rooted in the crisis in white male nursing in the post-war years.

Male nursing was never a popular option among colonial men, and there were constant complaints about the numbers and competence of white male nurses. The reasons were only partly ideological - or at least the ideology was partly shaped by and in turn reinforced the material conditions of nursing as a profession for white men. Orenstein probably expressed the common view of mine nursing for white men when he wrote to a prospective nursing recruit at the beginning of 1934:

If I may offer advice, I would urge you not to enter this profession, which is already overcrowded, the openings in which are very few, and the ultimate prospects very indifferent, as the highest salary paid to a trained male nurse is not very attractive.⁴²

In general, the supply of white male recruits for nursing in mine hospitals closely followed ups and downs in the economy. Immediately after the world wars, and during the depressions of the early 1920s and the 1930s, the records contain large numbers of rejections to the inquiries from young white men, both within South Africa and without, anxious to find employment as male nurses.

Despite these exceptions, however, for the most part, hospitals in general and mine and mental hospitals in particular were chronically short of suitable male nurses. By the end of 1948, the Transvaal Mine Nurses' Association was bemoaning the "serious shortage of suitable recruits for mine native hospitals" because qualified men were "abandoning the profession in favour of more lucrative employment elsewhere".⁴³ The Group Medical Officers also conceded that there was "a serious shortage of suitable recruits."⁴⁴

Aside from questions of quantity, there was also a question mark over the quality of the male probationers. Thus in 1930 the newly formed South African Medical Association seriously considered ending the training scheme for white male nurses on the mines, as the numbers presenting themselves for examination had so dwindled. Moreover, according to the Medical Council, "The results have been disappointing and few, if any of the male nurse candidates, show a standard of education and training comparable with that of the female nurse." It recommended the simplification of the syllabus and a new designation for successful candidates such as "Native Hospital Attendant."⁴⁵ To this, the Mine doctors were vigorously opposed, on the grounds that this would "necessarily lower the standard of treatment for the mine natives, and render the male nurse incapable of undertaking the skilled nursing which the mine hospitals required. the standard required should be the same as for female nurses."⁴⁶ Instead, it was decided to improve the training for white male mine nurses. Nevertheless, the examination results of male nurses continued to fall below the achievements of female nurses virtually every year.

Matters came to a head after World War 2 when, in terms of the 1944 Nursing Act, the newly-formed and largely female South African Nursing Council took over the responsibility for examining and approving training hospitals from the largely male South African Medical Council. In one of its first attempts to flex its professional muscles, the Nursing Council reviewed all nurses' training and took action to improve standards. In 1946 the mine hospitals were inspected by Charlotte Searle, then Directress of Nursing in the Transvaal, and C.A. Nothard, first President of the Nursing Council. They found the hospitals woefully wanting. Unless their "numerous deficiencies" were remedied, the Chamber was informed, the Council would be "compelled" to withdraw "its recognition of mine hospitals as training schools".⁴⁷

In addition to the inadequacies of the teachers⁴⁸ the Inspectors found that:

Student nurses are treated as supervisors to the native orderlies. Very little basic nursing is done by the student and he acts as a supervisor without the foundation of training in the correct nursing technique. ...⁴⁹

Clearly what happened in the hospitals replicated the division of labour underground: white men - even if they were only students - gave the orders and black men did the work. Not only did the white male probationer never wash a patient so that he was "deprived of the valuable experience in learning how to observe his patient's symptoms and of handling the human being intimately"; he did not make beds, feed patients or give and remove bedpans either. Moreover, in what the industry was pleased to believe were "model hospitals", the Council's Inspectors found sheets in only two institutions, and drawsheets in none. As a consequence, the Council "felt that the student is severely handicapped in his nursing knowledge when he moved

from the mine hospital to other types of hospital" - which presumably did provide sheets for white if not for black patients.⁵⁰

The ultimatum from the Nursing Council was a blow to the mining industry which by the 1940s frequently boasted of having the finest hospitals in Africa.⁵¹ Frantic consultations between the Chamber and the Nursing Council staved off closure for a further five years. In 1952 the Nursing Council withdrew its recognition of all but one of the 25 training hospitals on the mines, although it advised that if "certain conditions were fulfilled" they could apply to be re-established.⁵²

The consistently high failure of the white mine nurses remained a problem for which the mine doctors had their own explanations. On the one hand they believed - as did many physicians, and not only on the mines - that the Nursing Council imposed unrealistically high and rigid standards in its pursuit of professionalism;⁵³ on the other, they blamed the quality of the new recruits. Now it is certainly possible that some of the recruits to mine nursing were less than able; by comparison with the other opportunities for young white men in the 1950s - a period of boom in the South African economy - mine nursing, and indeed male nursing of all kinds - offered poor pay and few prospects, as Orenstein pointed out. Yet this is not the whole explanation. When in 1949 the Executive of SANC discussed the matter with the Gold Producers' Committee, they professed themselves happy with the theoretical training provided, which suggests that the problem was not simply lack of intelligence.

Many of the reports from the early 1940s argued, as did the Nursing Council inspectors, on the contrary, that "the main deficiency is on the practical side as students do not carry out procedures in the wards."⁵⁴ Nevertheless, by 1950 the nursing authorities had come to the perhaps uniquely South African conclusion that the reason the students performed so inadequately was that they were examined in a "European hospital" but were trained in a "native hospital". It was therefore arranged to send student nurses from the mines to the Johannesburg General Hospital so that "European male nurses will be afforded an opportunity to gain practical experience in the nursing of European patients in that hospital on one day per week for four weeks immediately prior to ... the Final Examination."⁵⁵

This proved to be no solution. The mine nurses still failed their examinations. What the racial explanation had failed to recognise was that there was also a gender dimension to the problem. Important as race and the racial division of labour were, for white males the gender division of labour appeared as relevant. Thus by 1954, the Sister Lecturer at the WNLA Hospital - where the Chamber had set up a short-lived centralised training scheme for male nurses - asked for the discontinuance of the arrangement whereby students were sent to the Johannesburg Hospital for a few days before their examination, for practical nursing experience in the wards because she

... had reports from some of the Ward Sisters that some of the mine male nurses are unwilling to carry out such bedside nursing procedures as the removal and emptying of bedpans. I have come to the conclusion that this arrangement is not achieving the purpose for which it was planned and think it should be discontinued ...⁵⁶

The mines now turned to other sources of qualified staff. They proposed a three-year training scheme for training black male mine nurses, "to a standard sufficiently high for mine Native hospitals" and set out proposals for raising the minimum wages of white male nurses in order to attract trained men from the provincial services.⁵⁷ In the event, the nurses' wages were not raised, or at least insufficiently to recruit male nurses whether black or white in the numbers needed. A combination of the uncompetitive wages for educated Africans, the continued reservations of the Nursing Council and the lack of enthusiasm of the mining companies meant that relatively few African men trained as registered nurses: orderlies drawn from the mine recruits remained the main nursing cadre on the mines, although their training was improved and refined. Many were extraordinarily skilled. Dr Oluf Martiny, the retired Superintendent of the WNLA hospital, who had worked there for 36 years talked movingly in interview of their amazingly gentle and dedicated service, many of them capable of nursing demanding tetanus cases with skill and devotion. Interviews with retired and older mine orderlies suggest a cadre of men in tune with their patients, aware of their fears and social concerns, and with a real pride in their skills.⁵⁸

Paradoxically, however, the concern of the Nursing Council for professionalisation and the growth of black female nursing has today largely though not entirely displaced the skilled black orderlies. In the 1960s, as the provincial services began to train more nurses, they supplied the mines with their qualified - largely white - personnel. By the 1960s and 1970s, however, the shortage of white nurses - both male and female - became increasingly serious. And, as in the general hospitals so on the mines, a growing number of the qualified nurses were black women. Whatever the earlier reservations about employing women on the mines this had dissipated in the face of necessity.

How did the male orderlies feel about all this? In 1995 I was fortunate enough to interview a number of black mine orderlies and male nurses. On several occasions, the men referred to being "lucky" in getting jobs as orderlies - they had higher status, better conditions, less dangerous work and more pay than underground workers. To become an orderly a migrant had to approach an induna to get a job in the hospital perhaps as a cleaner and then prove himself trustworthy. A few were directly chosen by the medical officers because of their manifest talent in the First Aid classes given to all miners, but generally an individual could not approach the matron or superintendent directly but had to work his way into the job. It obviously helped if he had a relative already working in the hospital: ethnic and kinship links were important in gaining access to what was clearly a much sought-after job. One man who was now a male sister on the mines entered the profession from the prison service which, in the 1970s, gave men incentives to improve their school qualifications and train as nurses. As the only male among 177 female trainees, he described himself as a "thorn among the roses". Yet he had no problems entering a female profession, for as he remarked twice "they were offering gold" even if his family did look somewhat askance at his occupation. In general, the men I interviewed showed pride in their physical prowess: in their strength and skill, for example, in being able to lift orthopaedic patients, which the female nurses had to call on them to do. Yet what may be happening now that there are more female nurses in the wards is that men are being ousted from the ward work and are once more expected to do "men's work", like lifting heavy loads, or controlling "difficult" patients.

"Why", I asked them, "do you think the white male nurses failed their examinations?" "Oh", they said, "this was simple: it was because we did the work." "But how did you feel about this," I asked, "especially as they were paid so much more than you were?" "No, we were lucky," came the unexpected response. "We were able to learn from them how to do the real nursing." "And how do you feel about the women nurses who are now on the mines?" There was a slightly embarrassed silence. "Well ... in our culture a man does not like to be told by a woman to do this and this and this," one ventured. "But surely", I came back, "that is what the white men were doing?" "Oh no", they answered. "We were men nursing men." "At the time we were just respecting the white colour," said another. "But now the black sisters do the same thing - order the black men around."⁵⁹

In an article in the *Journal of Gender Studies* in 1996, D. Isaacs and M. Poole argued that in nursing the nature of masculinity is challenged. Yet, they maintain, "There are a variety of mediating factors which strengthen the links between gender, occupation and a strong sense of the masculine self."⁶⁰ This would certainly seem to be the case in the context of the mine hospital. Certainly for the male orderlies there was nothing incompatible about being "nurses" and doing the hands-on work of nurses, and having a strong sense of their own masculinity - which they showed in their resentment of being ordered around by women, but not by white men. The white men seem to have had a different concept of their racial and gendered identity. Intimate contact with black bodies was left to black male orderlies. But - as the episode in the Johannesburg hospital reveals - they may have been as reluctant to do the intimate nursing labour on white bodies: this was seen as "women's work". Masculinity in both cases, as Isaacs and Poole suggest, was not held to be "the possession or non possession of certain traits" but had "to do with the maintenance of certain relationships between men and women, and women and men" - and, indeed, in this case, between men and men. In both South Africa and Britain, masculinity contributed to patriarchal relationships, but its content differed in each case.

In the mine hospital masculinity was also mediated through class. The male orderlies had little difficulty in identifying with and caring for their patients; for many white men race was undoubtedly a factor in stigmatising nursing on the mines, but the problematic nature of their nursing seems to have reflected a different attitude to caring in general. Yet, in South Africa we cannot assume that highly professionalised black female nurses are seen as possessing the idealised "feminine virtues" either. Drawn from the Christian educated middle class, they often have an unenviable reputation of "blaming the victim" for his or her illness. Their training - and the appalling conditions which often confront them in the country's overcrowded hospitals - may serve to distance them from their community and their patients. Themselves part of the migrant workforce and trained on the job, black male orderlies in some ways provide an alternative model for a post-apartheid primary health care nursing service. Precisely because they lack professional credentials, however, and precisely because white male nurses cannot provide a role model in the way that the white nurses trained on the Nightingale model could for the upwardly mobile daughters of the black bourgeoisie, by and large the sons of the country's most successful female nurses are not nurses.

1. See, for example, Keith Soothill, Christine Henry and Kevin Kendrick, eds. *Themes and Perspectives in Nursing* (London, New York, Tokyo, Melbourne and Madras, 1992), passim. The words in quotes are on p. 25.
2. Catherine Burns, "'A Man is a Clumsy Thing who does not Know How to Handle a Sick Person': Aspects of the History of Masculinity and Race in the Shaping of Male Nursing in South Africa", *JSAS*, 24, 4, 1998, pp. 695-717. Special Issue on Masculinities in Southern Africa, edited by Robert Morrell. This was published after the presentation of the original version of my paper to the UWC conference on Gender and Colonialism in Southern Africa in January 1997 and, in a slightly different form, to the international nurses' conference, *Nursing at the Cutting Edge* held in Durban in December 1996 and the conference on the history of nursing held at Nottingham in July 1997.
3. Keith Breckenridge, "The Allure of Violence: Men, Race and Masculinity on the South African Goldmines, 1900-1950", *JSAS* 24, 4, 1998, pp. 669-694. Special issue on Masculinities in Southern Africa, edited by Robert Morrell. The quotations are on p.669.
4. Christine Delphy, "Mother's Union?" in *Trouble and Strife* 24 Summer 1992, nos. 12-19, p.18. Cf. also Joan W. Scott, "Gender: a useful category of historical analysis", *Am. Hist. Review*, vol. 91, no. 5 (Dec 1986), pp. 1053-1075.
5. Delphy, "Mothers' Union", p.18.
6. I owe this phrase to Catherine Burns's paper presented to the conference on Masculinities in Pietermaritzburg, July 1997: "'A man is a clumsy thing who does not know how to handle a sick person.' Masculinity and Male nurses in South Africa, 1900-1948", and published in the revised form (without this quotation), *JSAS*, vol.24, no.4, 1998, cited above. She was citing Claire Wallace's article "Danger - Male Nurses" as quoted in Evelyn R. Anderson, *The Role of the Nurse. Views of the Patient, Nurse and Doctor in Some Hospitals in England* (London: Royal College of Nursing, 1973), p.90. For the South African resonances, see my *Divided Sisterhood Race, class and gender in the South African nursing profession* (Basingstoke and Johannesburg 1994), p.146.
7. 'Nursing Catastrophe', *Weekly Mail and Guardian*, September 8 to 14, 2000, p.2. The numbers have dropped since the mid-1990s, when there were about 180,000 (Health Systems Trust, *Update*, no 11, October 1995). The high risk of exposure to HIV positive patients is said to be one of the reasons.
8. Councillor F.U. Soga in minutes of the discussion in the UTTGC 1942, attached to GES [Department of Public Health, Central Archives, Pretoria] 1798 159/29/30, 26 September 1949.
9. C. Searle: *The History of the Development of Nursing in South Africa, 1652-1960* (Epping, Cape, 1965), 308-12; C. Searle, *Towards Excellence. The centenary of state registration for nurses & midwives in South Africa 1891-1991* (Durban, 1991) pp. 188, 220, 253, 301.
10. Searle, *The history*, p. 273. The earlier attempts were by Dr John Fitzgerald at Grey's Hospital in Kingwilliamstown, where in 1892 Enoch Rhai described as 'male native nurse' lost his job when trained white (female) nurses were introduced, and under Dr Neil MacVicar at Victoria Hospital, Alice (Lovedale), who tried to train black male orderlies as well as black female nurses but gave up the attempt in the face of the hostility of the medical profession. (See Cape Archives, Colonial Office, CO 1524, King William's

Town Hospital, 1892, passim, and Rhodes University, Grahamstown, Pr 3085, Macvicar papers: Neil Macvicar, TSS "Memorandum on the training of native medical assistants", c.1937.

11. Bloomington and Indianapolis, 1989, p. ix.
12. For the health effects on white miners, see Elaine Katz, *The White Death. Silicosis on the Witwatersrand Gold Mines, 1886-1910* (Johannesburg, 1994); Randall Packard has dealt with the impact of TB on black miners in his *White Plague, Black Labour. Tuberculosis and the Political Economy of Health and Disease in South Africa* (London and Berkeley, 1989). For the early years on the mines, see J.J. Baker, "The silent crisis. Black labour, disease and the economics and politics of health on the South African Gold Mines, 1902-30", Queen's University, Kingston, Canada, 1989.
13. Cartwright, *Doctors of the Mines*, p.30. I have dealt more fully with this background in an unpublished paper, "'These men are dying like flies': the origins of health care on the mines of the Witwatersrand, 1902-1915", presented to the Social History of Medicine conference on Health in the City, Liverpool, 4-7 September, 1997.
14. Cartwright, *Doctors on the Mines*, pp.35-8.
15. Ibid.
16. Burns, "'A Man is a Clumsy Thing ...'", pp. 704-7, discusses the tortuous debates between 1914 and the late 1920s over the appropriate training for black male health workers.
17. Department of Native Affairs, State Archives, Pretoria: Naturelle Sake NTS 58 2447/15/f75: Sec of Mines to Sec. Native Affairs (SNA) 23-12-1915: nurses on mines, enclosing a letter from Mrs A. Harris protesting against the employment of white nurses on Crown mines.
18. NTS 58 2447/15/f75: Actg Sec. Mines and Industries to SNA, 31 Jan. 16, reporting the views of the Minister of Mines and Industries, F.S. Malan; Under SNA to Director of Native Labour (DNL), 16 Feb. 1916, reporting the views of the Prime Minister (Louis Botha)
19. NTS 58 2447/15/f75: E. Dower, SNA to DNL, 28 Dec. 1915.
20. NTS 58 2447/15/f75: Acting DNLB to SNA 10 Jan. 1916. The respectfulness of African men towards white nurses - by contrast with the attitude of white men - is a constant refrain in the literature of the time: see *Divided Sisterhood*, pp. 55-8.
21. NTS 58 2447/15/f75: SNA, E. Dower, to Genl Manager, Crown Mines, 3 May 1917, conveying Botha's good wishes.
22. Barlow-Rand Archives, Sandton, BRA Box 817, 788 File 4 SNH. Dr H.F.Q. Thompson to the Sec. Rand Mines 13 Jan. 1942. I am immensely grateful to Mrs Maryna Fraser for making my work in these invaluable archives possible.
23. BRA Box 817 file 788 vol.4 SNH 1915 - Answer to questionnaire 9 May 1919; Circ. 116/19 2 Oct. 1919.
24. Ibid. Memo to Sec. City Deep and Modder B, from Orenstein, 10 July 1919.
25. BRA: Box 817 File 788 vol.4 S-NH: Rates of Pay of Native Hospital Employees: 8-12-38.
26. CMA 2310/154: Handwritten summary of replies of Mine Doctors to Chamber's circular on hospitals, April 1911.
27. BRA Box 817 File 788ky Memo from Orenstein to EG Izod and HA Read 19 Mar. 1921.

28. For the class background and aspirations of the African female nurses, see Divided Sisterhood, chapter 4.
29. Government Native Labour Bureau, State Archives, Pretoria, GNLB 387, 33/28. "Alleged Grievances of Native Nurses at Crown Mines Hospital as represented to Director of Native Labour, 22 August 1921".
30. Ibid. Orenstein to HS Cooke 29 Aug. 1921, "Alleged grievances ...".
31. Ibid.
32. See for example GNLB 387 33/28. Orenstein to Taberer, Native Recruiting Corporation (NRC) 16 Jan. 1922: re Crown Mines nurses.
33. Ibid. Orenstein to Senior MOs and Matrons 10 April 1934.
34. For an account of male sexuality on the mines, see Dunbar Moodie with Vivienne Ndatshé, *Going for Gold* (Berkeley and Los Angeles, 1994), chapter 4, and Breckenridge, "The Allure of Violence".
35. See below, p.xx.
36. CMA, Reel 1428, frame 1211ff, Letter to General Manager, Chamber of Mines from Organising Cttee: Proposed Tvl and OFS Mines African Nursing Orderly Association, 7 April 1959; General Manager, C of M: Memo to the Assistant Technical Adviser 29 May 1959; Circular no.26/5, minutes of meeting of Group Medical Officers, 11 May 1959; Memo, Native Labour Organisation to Genl Manager, 26 May 1959.
37. CMA 2310/154: Handwritten summary of replies of Mine Doctors to Chamber's circular on hospitals, April 1911.
38. "President's Report", *Proc. of the TMMOA*, vol. 3, no 12, April 1924, p.1.
39. *Doctors on the Mines*, p.3. For Mphomane's views see 1942 UTTGC Debates attached to GES 1798 159/29/30, cited above. For similar reflections more widely in colonial Africa and in India, see Megan Vaughan, "Health and hegemony: representations of disease and the creation of the colonial subject in Nyasaland", and David Arnold, "Public health and public power: medicine and hegemony in colonial India" in D. Engels and S. Marks, *Contesting Colonial Hegemony* (London, 1994).
40. BRA: Box 817 788 Individuals vol 4 S-NH, Wilson to J.McC Drummond Sec. TMMOA 8 June 1932; Wilson to Mine Medical Officers, 28 March 1934: (Ib 788y)
41. BRA Box 817 788 Wilson to MOs 27-6-46; ib. vol.4 SNH 1915 - Wilson for CMO to J.M. 12 July 46; Cape Archives, Public Hospitals Archive PAH, Prov. Sec. to Director Genl Army Medical Services, 29 May 1945.
42. BRA: Box 817 788y O to Neill Lennard Durban 19 Jan. 1934.
43. CMA, reel 2233, file 2312 ff. Sec. Tvl Mine Male Nurses Association to Sec. Gold Producers' Cttee, 7 Dec. 1948.
44. Ibid. Meeting of Group Medical Officers, 1 Feb. 1949.
45. "European Mine Hospital orderlies", *Proc. of the TMMOA*, vol.10 no 112, July 1930.
46. Ibid.
47. CMA: Reel 1745, frame 0644ff Memo to President Gold Producers' Committee from Group Medical Officers, 5 May 1954.
48. Searle, *The history...*, p.308
49. GES 2811 p.23 South African Nursing Council, General Report on Mine Hospital Training Schools for Male Nurses, Annexure EC29/46 2 Sept. 1946, by C.A. Nothard and C. Searle.
50. Ibid.

51. See, for example, *Witwatersrand Mine Native Wages Commission* (Lansdown Commission), 1943, Evid. Gold Producers' Committee of Tvl C of M: p.14; see also evid. of GPC to *Native Laws Inquiry* (Fagan Commission), 1947, p.41. Statement number 9.
52. CMA, Reel 1675, frame 299: Registrar SANC to Sec. GPC, 12 May 1952. The exception was the training school on Simmer and Jack mine.
53. See *Divided Sisterhood*, pp.168-9.
54. CMA reel 1676, frame 299 SANC to Sec GPC 12 May 1952.
55. CMA reel 1891, frame 0248, "Lack of facilities for training in mine hospitals," Sub-Cttee GMO to Chamber, 7 July 1950.
56. CMA reel 1775, frame 79. Sr S. Towert, Sister Lecturer, WNLA Hospital, to Sec. C of M 3-2-54.
57. *Ibid.*
58. I was fortunate in being able to interview Dr Martiny and a number of orderlies, many of them through his good offices, in September and December 1995 and again in April 1996. The interviews were held at the Rand Mutual Hospital and at the University of the Witwatersrand. I am especially grateful for the insights of Eric Maseti, Dr Martiny's chief assistant, adviser and collaborator; Absalom H. Malikha, who first came to the mines from Malawi in 1946, and had recently retired from the WNLA hospital; and Ishmael Mapanya, who had trained as a nursing auxiliary and assistant physiotherapist and had been Chairman of the Nursing Orderlies of the South African Nursing Association. The Mozambiquan orderlies I interviewed were reluctant to be named. I have therefore turned the interviews into a composite for the purposes of this text. I was also able to interview Benzani Sithole, a qualified male sister, and Bennet Gubula, an assistant radiographer, at the Durban Roodepoort Deep Hospital, on 5 Dec 1995, thanks to Dr B. Mcauley. I am also indebted to Dr B. Mcauley, for sharing his experiences with me, and allowing me free access to the DRD hospital records. On 19 April 1996 in Inhamisse I interviewed Mr Mtlhola Joshua Macamo, who had been an ambulance man in the 1920s, thanks to Dr Luis Covane.
59. For the centrality, complexity and ambiguity of the notion of "respect" on the mines (for which the Xhosa word used was *hlonipha*) see Breckenridge, "The Allure of Violence", pp. 670-1, 687. For the attitude of black men to being "female dominance", see Mashaba, *Rising to the Challenge*, p.72.
60. D. Isaacs and M. Poole, "Being a Man and Becoming a Nurse: three men's stories," *Jnl of Gender Studies*, 5,1,1996, pp. 40-2.

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