

‘The Hospital was just like a Home’: Self, Service and the ‘McCord Hospital Family’

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Abstract: For more than a century, McCord Hospital, a partly private and partly state-subsidised mission hospital has provided affordable health-care services, as well as work and professional training opportunities for thousands of people in Durban, a city on the east coast of South Africa. This article focuses on one important aspect of the hospital’s longevity and particular character, or ‘organisational culture’: the ethos of a ‘McCord Family’, integral to which were faith and a commitment to service. While recognising that families – including ‘hospital families’ like that at McCord – are contentious social constructs, with deeply embedded hierarchies and inequalities based on race, class and gender, we also consider however how the notion of ‘a McCord family’ was experienced and shared in complex ways. Indeed, during the twentieth century, this ethos was avidly promoted by the hospital’s founders and managers and by a wide variety of employees and trainees. It also extended to people at a far geographical remove from Durban. Moreover, this ethos became so powerful that many patients felt that it shaped their convalescence experience positively. This article considers how this ‘family ethos’ was constructed and what made it so attractive to this hospital’s staff, trainees and patients. Furthermore, we consider what ‘work’ it did for this mission hospital, especially in promoting bonds of multi-racial unity in the contexts of segregation and apartheid society. More broadly, it suggests that critical histories of the ways in which individuals, hospitals, faith and ‘families’ intersect may be of value for the future of hospitals as well as of interest in their past.

Keywords: Durban, Faith, Family, Health-care, McCord Hospital, Organisational culture

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‘The Hospital was just like a Home’ was said by Matron Zodwa E. Mageba. See Campbell Collections (CC), Durban, McCord Project (MP), Box 7, Series I, Penny Watts’ interview with Matron Zodwa E. Mageba, Durban, undated (transcribed on 31 October 2006).

There are a number of people we would like to thank for assisting us with this article. Firstly, we acknowledge the tremendous support we received from the then CEO of McCord Hospital, Dr Helga Holst, who made the hospital’s archival records available to us. Secondly, we thank all McCord Project researchers who assisted us, especially Catherine Burns (who is the third author of a forthcoming book on this institution), and Jo-Anne Tiedt and Kyla O’Neill. We also gained from comments made by three anonymous reviewers and made by participants at the ‘Health Care in Africa: Actors, Experiences and Perspectives in the Twentieth Century’ conference held at the University of Basel, Switzerland 12–14 September 2011, and at the History and African Studies Seminar held at the University of KwaZulu-Natal on 9 November 2011.

In January 2013, it was announced that in the absence of continued government subsidies one of South Africa's most important health-care institutions, McCord Hospital of the city of Durban in the Province of KwaZulu-Natal, the epicentre of the world's deadliest modern pandemic disease, would have to close. There was an immediate outcry in the media, from health professionals, patients and unions,¹ all protesting that this 104-year-old institution should be assisted further by the South African state, enabling it to continue to offer a 'third way', or middle ground between a new National Health Insurance public hospitals scheme on the one hand, and expensive private health-care facilities on the other.² In a statement, which was highly critical of the government's decision, the South African Medical Association declared that

the 'McCord debacle' was driven by an 'utterly insensitive attitude', caring less about the implications of the decisions on the employees of the hospital and worse, members of the communities that preferred McCord's as their *family* base hospital – the closure of a facility that showed performance far better than most public facilities, earning community respect accordingly.³

Stung by these criticisms and perhaps surprised by the groundswell of support for this ageing hospital, on 30 January 2013, Member of the Executive Council of the Province, Dr Sibongiseni Dhlomo, announced that McCord Hospital would not be closed, and instead, rather than being a state-aided non-profit organisation, would become a fully state-funded provincial hospital.

Thus, at the time of writing (March 2013), it seems possible that McCord Hospital will continue to serve as a locus of health-care in the foreseeable future, though how it will be financed is not yet certain. Whatever its future, many of this institution's defining characteristics – a committed Christian ethos, a particularly hard-won operational independence that on several occasions in the past gave it the ability to stand in defiance of misguided or iniquitous state public health policies, and a sense of 'family' invoked by its supporters – are likely to be eroded, however.

In a wider project, we chart this American Board Mission urban hospital's establishment, expansion, and strategies and struggles for survival from inception in 1909 through the decades of segregation and apartheid.⁴ Here, we focus on how the notion of 'the McCord Family' – an identity claimed and shared by its nurses, doctors, patients and many others – was constructed and experienced. In the research for the McCord Hospital (hereafter, MH) project, documentary sources and interviewees frequently invoked the image of a 'McCord Family', citing this as an important motivation for working at the hospital or being a patient there. The 'McCord Family' also extended to people at a far geographical remove from Durban. Central to this notion of 'the McCord Family' was Christianity, especially Congregationalism, but increasingly after the Second World War, so would be a wider and shared sense of a religious or spiritual mission and 'service'.

¹ These are NEHAWU (National Education, Health and Allied Workers' Union) and the Democratic Nurses' Association of South Africa respectively. With 142 beds and more than 400 staff, McCord Hospital is one of the largest in the region. In 2011, the hospital reported more than 13 000 outpatient visits per month. Around 5 000 patients attended its Sinikithemba HIV/AIDS Centre monthly before the Centre was obliged to close in 2012.

² See Julie Parle, 'After over a Century of Service, Has this become the People's Hospital They Can Kick Out?' *The Witness*, 25 January 2013, and Catherine Burns, 'McCord Hospital: Defending a Legacy of Healthcare Integrity', *Mail & Guardian*, 8 February 2013.

³ Our emphasis. See South African Medical Association, Corporate Communications, 'Med-e-mail: KZN handling of McCord Hospital subsidy issue concerning – SAMA', 23 January 2013. See also <http://www.medicchronicle.co.za/files/2013/02/MC-0213optimised.pdf> (accessed 18 February 2013).

⁴ See forthcoming book, co-authored with Catherine Burns of the Witwatersrand Institute for Social and Economic Research (WiSER) at the University of the Witwatersrand in Johannesburg.

Of course, the identification with ‘a family’ is common to and can be found in the chronicles of many groups: military units, Girl Guide troops and schools, for instance. In the context of the history of hospitals in South Africa, however, with their legislated gender and racial divisions and hierarchies, taking seriously and thinking through the significance of the notion of ‘family’ assists us in glimpsing some of the multiple ways in which identities (class, gendered, professional and personal) were forged, claimed and negotiated, and how these may have shaped the histories of particular hospitals. Although we focus here on the period from the 1910s to the early 1970s, and concentrate largely on those who managed or who worked at this hospital, the ethos of ‘family and faith’ has remained significant into the present, and has been cited by many, including former patients, who believe that it enabled a better standard and experience of hospital care than other, especially state, hospitals in South Africa.⁵

In recent decades, scholars working on the history of hospitals in Africa have produced valuable research. In addition to consideration of the shifting and contested roles played by different hospital institutions in colonial and post-colonial contexts,⁶ important analytical and theoretical frameworks of class, race and gender, but also Foucauldian-inspired insights into biopower, status, and institutions have been brought to bear on the power relations between health professionals and the state, as well as within the space of the hospital itself.⁷ This article is set within this historiography. It also conceptualises hospitals as complex institutions that both reflected and influenced the societies within which they were established. For MH, this entailed operating within the broader racial context of segregationist and later apartheid South Africa.⁸

Furthermore, mission hospital histories, an important sub-field within the richly developed missionary history field more generally, have provided a useful historiography to draw from in this article.⁹ Indeed, it is well known that the South African region that is now KwaZulu-Natal was amongst the most ‘missionised’ in Africa, and that missionaries – including many closely connected to MH – played a leading role in establishing hospital-based care and treatment; provision of nurse and midwife training; and in the early sponsorship and education of black doctors. Unsurprisingly, at MH, as at other

⁵ MH’s archival records are now housed at the University of KwaZulu-Natal’s Campbell Collections. Although these were invaluable for our research, like most comparable sources, they focus on institutional matters and on those who worked at and managed this institution, not the hospital’s patients. See note 109 for reference to how social networks are now giving greater access to ‘patients’ voices’.

⁶ Mark Harrison *et al.* (eds), *From Western Medicine to Global Medicine: The Hospital Beyond the West* (New Delhi: Orient Black Swan, 2009); Nancy Rose Hunt, *A Colonial Lexicon: of Birth Ritual, Medicalisation and Mobility in the Congo* (Durham, NC: Duke University Press, 1999); Julie Parle, *States of Mind: Searching for Mental Health in Natal and Zululand, 1868–1918* (Pietermaritzburg: University of KwaZulu-Natal Press, 2007); and Simonne Horwitz, *Baragwanath Hospital Soweto: A History of Medical Care 1941–1990* (Johannesburg: Witwatersrand University Press, 2013).

⁷ Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception* (New York: Vintage Books, c.1973, 1994) and Megan Vaughan, *Curing Their Ills: Colonial Power and African Illness* (Stanford, CA: Stanford University Press, 1991).

⁸ The subject of race and health in South Africa has received much attention in recent years. See, for example, Shula Marks, *Divided Sisterhood: Race, Class and Gender in the South African Nursing Profession* (Johannesburg: Witwatersrand University Press, 1994); Anne Digby, *Diversity and Division in Medicine: Health Care in South Africa from the 1800s* (Oxford: Peter Lang, 2006); and Vanessa 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).

⁹ See, for example, Michael Gelfand, *Christian Doctor and Nurse: The History of Medical Missions in South Africa* (Sandton, South Africa: Mariannhill Mission Press, 1984) and David Hardiman (ed.), *Healing Bodies, Saving Souls: Medical Missions in Asia and Africa* (Amsterdam: Rodopi, 2006).

mission hospitals, Christian-bolstered patriarchy and paternalism as well as professional and vocational hierarchies were strongly emphasised. MH nurses, until recently all of whom were female,¹⁰ were expected to behave with utmost virtue both on the job and off and through to the 1960s at least, were chaperoned, weighed monthly, and obliged to attend church and early morning prayers. Where possible, even their leisure and off-duty times were filled with structured and supervised activities, and they were subject to surveillance.

Following Guenter B. Risse's monumental work on the history of the hospital in the West, these carefully choreographed 'activities and routines' were instances that helped cement MH's particular 'organisational culture'.¹¹ So too were familial naming practices. Both the founder, James B. McCord and his successor Alan B. Taylor regarded themselves as 'father figures' to the growing numbers of nurses, doctors and other employees of the hospital. Taylor was popularly called 'Pop' and 'Baba', and, by Zulu-speaking patients as 'Dr McCord's son' since he 'carried out his (McCord's) plans' and continued his work in making MH 'a home for the Zulus'.¹² Taylor especially was openly evangelical and at times puritanical, particularly with regards to sexual morality, and he reiterated McCord's conviction that those who worked in the hospital were in many senses 'his children' and that they had been 'entrusted to his care'. Although MH was not unique in promoting an ethos centred on the Christian family,¹³ it was a powerful allegiance-building tool that helped secure its operational longevity.

Of course, it is possible that frequent recourse to the notion of 'the family', or even willing adherence to such an identity, muted or obscured tensions and frictions within MH. And it would not be difficult to situate such a narrative of the history of McCord Hospital within the broader literature which shows how hospitals were sites of conservative socialisation and perhaps even subjection, particularly of women: feminist scholars in particular have shown just how neat has been the fit between ideologies of gender, domesticity, the family and nursing.¹⁴ The 'sexual and psychological vulnerabilities' of single women were particularly vexing for many missionaries, who, paternalistically, tried

¹⁰ Unlike many other African contexts, the nursing profession in South Africa developed as a predominantly female one. See Marks, *op. cit.* (note 8); and Catherine Burns, "'A Man is A Clumsy Thing Who Does Not Know How To Handle A Sick Person": Aspects of The History of Masculinity and Race in The Shaping Of Male Nursing in South Africa, 1900–50', *Journal of Southern African Studies* 24, 4 (December 1998), 695–717.

¹¹ Guenter B. Risse, *Mending Bodies, Saving Souls: A History of Hospitals* (New York: Oxford University Press, 1999), 4 and 7–8.

¹² CC, McCord Hospital (MH), uncatalogued 'Mouldy Box' (MB) Papers, 'McCord Hospital Baird', (sic), 1–4: unsigned document and undated, possibly authored by Edward Jali.

¹³ For instance, see Jean and John Comaroff, 'Home-made hegemony: modernity, domesticity, and colonialism in South Africa' in Karen Tranberg Hansen (ed.), *African Encounters with Domesticity* (New Brunswick, NJ: Rutgers University Press, 1992); Anne Digby *et al.*, *At the Heart of Healing: Groote Schuur Hospital, 1938–2008* (Johannesburg: Jacana, 2008); and Anne Digby, 'Medicine and witchcraft in South Africa: initiatives at Victoria Hospital, Lovedale' in Harrison *et al.*, *op. cit.* (note 6) The construction of networks inspired by family ideologies and practices amongst missionaries and settlers in imperial contexts has also produced much interesting work in recent years. See Zoe Laidlaw, *Colonial Connections, 1815–45: Patronage, the Information Revolution and Colonial Government* (Manchester: Manchester University Press, 2012); and Emily J. Manktelow, *Missionary Families: Race, Gender and Generation on the Spiritual Frontier* (Manchester: Manchester University Press, 2013).

¹⁴ Myra Marx Fereee, 'Beyond Separate Spheres: Feminism and Family Research', *Journal of Feminism and Family Research*, 52, 4 (1990), 866–84; Anne Witz, *Professions and Patriarchy* (London and New York: Routledge, 1992); and Elianne Riska and Katarina Weger (eds), *Gender, Work and Medicine: Women and the Medical Division of Labour* (London: Sage Publications, 1993).

to develop ‘surrogate families’ to ‘protect’ them.¹⁵ Other studies have emphasised racial hierarchies and the operation of power within colonial and twentieth century African hospitals, as well as how nursing ‘also contributed significantly to the establishment and stabilisation of the racialised order. . .’.¹⁶

And yet, mission hospitals in South Africa permitted black nurses opportunities for independence and professional promotion,¹⁷ and it is undeniable that the sense of belonging to the ‘McCord Family’ was actively embraced and reinforced by generations of black doctors, nurses and many others. It may also be argued that the strong family ethos at MH assisted it to resist the apartheid state’s attempts to have it closed or forcibly removed from its “whites-only” suburb. Moreover, given the strength and longevity of this allegiance to discourse of the family, it surely cannot be sufficient to regard this merely as an experience of ‘false consciousness’ (from Engels-Marx); or, to draw from Foucault, the repressive operations of biopower; or that black *and* white nurses, doctors, administrators or patients had fully internalised a deep ‘habitus’ (to think here of Bourdieu’s elaboration of the quotidian practices of self and status); but rather that this sense of belonging to a ‘family’ had both affective and material value for those who invested in it. This of course is not to essentialise or romanticise – or to ignore the historicity of – families: for they are neither static in their configurations nor egalitarian in their exchanges. Indeed, and as a historian of families, both biological and social, Stephanie Coontz comments: ‘families have not only joint interests’, which confer particular kinds of privileges, ‘but also internal conflicts over resources, power, autonomy, and choices’, which produce inequalities.¹⁸ Taking seriously these complex dynamics within families is essential.

McCord Hospital and Family (Dis)Connections

In some important ways, MH both replaced and replicated the social and economic networks that families, at their most basic level, constitute. Nineteenth-century missionaries were slow to make converts of Zulu-speakers and some of the earliest to come to the mission stations and undergo baptism were those who had fled from or been rejected by their families, homesteads or communities. Nor were African patriarchs and matriarchs immediately keen for their daughters to become nurses, for their labour was needed for homestead production, and guarantees of their virtue uncertain outside the direct control of the family, including peer groups who provided companionship, and who monitored sexuality and reproduction. The first converts – *amakholwa* – often stressed in similar ways to their ‘western’ counterparts the gendered propriety of conduct of sons and daughters and it is not surprising therefore that it was the first and second generations of *khohwa* families which would encourage their daughters to take up schooling and then, as positions gradually opened, the professions of teaching and nursing. Thus, from the first intake of trainee nurses in 1909 to the 1960s, the majority of MH nurses were recruited from Inanda Seminary, the American Board’s ground-breaking school for girls.

¹⁵ Nancy Rose Hunt, ‘Colonial fairy tales and the knife and fork doctrine in the heart of Africa’, in Karen Tranberg Hansen (ed), *African Encounters with Domesticity* (New Brunswick, NJ: Rutgers University Press, 1992), 159–160.

¹⁶ Sheryl Nestel, ‘(Ad)ministering Angels: Colonial Nursing and the Extension of Empire in Africa’, *Journal of Medical Humanities*, 19, 4 (1998), 257–77; and Digby *et al.*, *op. cit.* (note 15).

¹⁷ See for a recent example, Helen Sweet, ‘Expectations, encounters and ecclesiastics: mission medicine in Zululand, South Africa’, in Harrison *et al.*, *op. cit.* (note 6), 330–60.

¹⁸ Stephanie Coontz, ‘Historical Perspectives on Family Studies’, *Journal of Marriage and Family*, 62, 2 (2000), 284 and 286.

Of the first African women to be trained (from 1911) by Margaret McCord and Martha S. MacNeill three, Nomhlutuzi Bhengu, Julia Magwaza and Edna Mzoneli, had been pupils at Inanda Seminary. The first nurse recruit, Elizabeth Njapa however, had been brought to the notice of the McCords earlier, since she had been forced to leave school when it was discovered that she had at the age of fourteen had an illegitimate 'half-caste' child, and who was then rejected as 'unsuitable' by the missionaries who had schooled her.¹⁹ While Elizabeth's experience – rejection by natal family or 'adopted community' and subsequent acceptance at a new mission-based site, though with the requirement of submitting to the authority of a new familial order – echoed that of many of the first converts, other nurse trainees increasingly came from 'lineages' of prominent *kholwa* families, whose fathers were preachers within the Congregationalist churches (after 1897 the Zulu Congregational Church), or lawyers, teachers, traders and artisans, and later, doctors and political leaders.

Amongst the most prominent of these families by the 1940s were those of Goba, Ngcobo, Gcabashe, Msimang, and Luthuli. Beatrice Gcabashe (née Msimang) was the first African registered nurse in Natal to obtain joint general nursing and midwifery registration. The daughter of a prominent politically active *amakholwa* family, she was at MH from 1927. Her son, Dr V M Gcabashe, was later an intern at MH in the 1950s. To further illustrate the interconnections between such families and MH, Selby Ncgobo (a political activist and academic who received a master's degree from Yale University in 1940 and a PhD in Economics from the University of London in 1964) and Chief Albert Luthuli (who is most well-known for his role as President-General of the African National Congress from 1952 to 1967) were both members of the MH Board by 1946 and Taylor and Luthuli shared a close relationship. When the latter went to Oslo in December 1961 to receive the Nobel Peace Prize, it was Taylor who lent him a warm coat. During Luthuli's detention in Pretoria the previous year, Taylor had applied for permission to write to him. When this was granted, and after Taylor's suggestion that Luthuli be transferred to MH for treatment was declined, Taylor confined the content of his letter to assurances of support for Luthuli from 'his friends' and passing on news about Luthuli's daughters, Hilda and Eleanor, who trained as nurses at MH.

In his letters, Taylor manages to convey his own *in loco parentis* role and the wider support for Luthuli in Natal's liberal circles: 'They have taken your trouble very well', he added, 'and – like the rest of us – look forward to your return in time'.²⁰ In a letter franked by the prison authorities on 6 June, after sending personal greetings to Dr and Mrs Taylor and asking that these be extended to the MH staff and to the Mission Council of Churches and 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'.²¹ Soon after this correspondence, Hilda was to marry Thulani Gcabashe at Groutville. White guests were barred from attending the wedding, however.²²

¹⁹ James B. McCord with John Scott Douglas, *My Patients Were Zulus* (London: Frederick Muller, 1946), 160.

²⁰ CC, MH, 'MB' papers, Tied Together/Of Special Interest, 151 *idem*: A.B. Taylor to 'Mr AJL (Prisoner 6516), Pretoria Gaol', 25 May 1960.

²¹ *Ibid.* Letter from Albert J. Luthuli to Dr A.B. Taylor, 6 June 1960. The Taylors had three daughters: Doris, Frances and Aileen, two of whom qualified in the USA as nurses, and Frances with a BSc. The Luthuli's eldest daughter, Albertina, qualified as a doctor at the Durban Medical School.

²² *Jet*, XXI, 13, 18 January (1962), 44. Accessed via Google Books on 13 July 2011. Thulani Gcabashe was training as a lawyer: he was the son of Beatrice Gcabashe and brother of Dr M.V. Gcabashe.

It could be argued that the notion of ‘the McCord Family’ was hierarchically constructed and in practice recognised as equals only fellow missionaries, and other formally appointed senior staff – matrons, later additional doctors and health professionals (none of whom until the mid-twentieth century were black) – while the largely female, black nursing, cleaning and other staff were merely subordinates, or ‘children’. Lived experience, however, was far more complex and involved feelings, frictions and reciprocities that were played out through the notion of being part of ‘a family’. For instance, especially in the late nineteenth and early decades of the twentieth century, the missionary doctors and their families were also cut off from their own natal and extended families. Nor, for many years after their arrival, were James and Margaret McCord welcomed into Durban’s elitist and racist professional or social circles. While an instant ‘community’ could be found with their fellow missionaries and Congregationalists, these circles were not without their difficulties and rivalries. Thus, (re)-creating a sense of ‘family’ was significant for the McCords themselves as well as for the young women who came to train as nurses, the first group of whom were more-or-less the same age as the McCords’ elder daughters, who had not lived with their parents for some years. As was the practice at the time, the McCords’ children (except their youngest, also Margaret, or Peggy) were sent ‘home’ to the USA for their education. In 1911 for instance, the McCords’ return to Durban after their first furlough leave was saddened by leaving their three eldest children, Jessie, Mary and Robert, behind to receive their schooling. Their next home leave, in 1918–19, was the final occasion on which all the McCord family would ever be together, for both Jessie and Laura died in 1919.²³ Although according to Katie Makanya’s reminiscences neither James nor Margaret ever mentioned their dead daughters again, it is impossible to read James’s account of the death of Edna Mzoneli of influenza, during the McCords’ absence from Durban, without imagining that this poignant description was in part drawn from the death of his own daughters.²⁴

One further account of the relationship between James and Margaret McCord and Edna Mzoneli is suggestive of how the close association between these self-identified parental figures and young person could be influential in the moulding of a sense of self. As a school girl and young woman, Edna who had a cast in one eye, was regarded by both missionaries and her own father as ‘weak’ and ‘stupid’, and she was subject to bouts of hysteria. After an outburst that was so extreme that Edna seemed ‘demented’, Margaret physically shook her and then instructed her to go to her room and not to return until she could behave ‘as a nurse’. Thereafter, Edna devoted herself to her studies and was later appointed assistant matron at MH. There, she saved her wages and in a remarkable statement of affirmation told Margaret: ‘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’.²⁵ Even so, when during a severe outbreak of measles she addressed the people of her natal family home on basic preventive and

²³ We do not know the cause of their deaths: it is possible that they – or Jessie at least – was a victim of the Great Influenza Pandemic. Children were often the conduits of adults’ affections, too. As well as helping to raise Peggy McCord and her siblings, Katie Makanya recalled how Peggy had played with her children when they were of the same age. The problematics of white/black woman auto/biography have been explored elsewhere. If read with attention to the emotional discourse of Margaret McCord’s *The Calling of Katie Makanya* (Cape Town and Johannesburg: David Philip, 1995), however, one may detect a more nuanced and complex set of affective and social relations at play that go beyond that of the ‘black nanny’ and white child and also of (white) employer and (black) employee/servant.

²⁴ James B. McCord, *My Patients Were Zulus*, 178–80.

²⁵ *Ibid.*

hygiene measures she felt it necessary to subdue this sense of personhood: "This is not Edna speaking," she said firmly. "I am the voice of Dr McCord"²⁶

'What made McCord different? (1) Prayer; (2) Staff selection; (3) Discipline.'

In the closing chapters of his memoir, *My Patients Were Zulus*, James McCord devotes some pages to considering the significance of 'the McCord Family'. Central to this, he believed was 'the McCord nurse', a 'composite picture' of whom, he said, was a woman who is 'well-balanced. . . conscious of her duty to her patients' (and) 'of her own personal dignity'. Indeed, 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'.²⁷ Sixty years later, these sentiments were strongly echoed during interviews with the researcher Penny Watts. For instance, in 2006 Sister Mary Jane Molefe spoke for many MH nursing staff when she stated that in her view 'what made McCord different was (1) Prayer; (2) Staff selection; (3) Discipline . . .'.²⁸ In their view, MH's staff selection – of nurses largely from Inanda Seminary, and later of medical and surgical staff who may have been of faiths other than Christian, but who nonetheless had a strong sense of spiritual calling and service – made for a dedicated and hard-working staff complement in which nurses were valued and who valued themselves. Sister Molefe went on to add that (at Inanda in the 1950s and 1960s) ' . . . they did not just give us academics but they were able to give us ammunition to be assertive, to work hard, the ethos of standing up . . . you know Inanda Seminary gave us that'.²⁹ Thus, discipline applied both to an internal disposition and to outward manifestations of control, and both McCord's memoir and the oral testimony of long-service MH senior nurses, record a strong sense of pride in being a MH nurse, and an active embrace of its moral and behavioural codes.

As at other hospitals, discipline was predictably strict, went hand-in-hand with spiritual instruction and was intimately connected to the vision of MH as a 'family'. For instance in 1955 long-time MH gardener and sometime patient aide, Baba Dube recalled that:

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. . . .³⁰

Particularly under the stewardship of Taylor, discipline could be harsh. In a letter written by Taylor to friends dated 16 December 1945, quoted in Shula Marks's book *Divided Sisterhood*:

Mine is more than the medical superintendent to nurse relationship. It is that and it is the father-daughter relationship as well. . . It has numerous ramifications which I would gladly pass on to the matron if we had

²⁶ *Ibid.*, 176–7.

²⁷ *Ibid.*, 240–1.

²⁸ CC, MP, Box 7, Series I, Penny Watts' interview with Mary Jane Molefe, Durban, 26 July 2006.

²⁹ CC, MP, Box 1, File 1, Penny Watts' Lever Arch File. Penny Watts' interview with Sister Bongzi Dlomo, Durban, 17 July 2006; Penny Watts, 'Missionary Institutions, Nursing and Christianity: An Examination of McCord Hospital from 1950–1973' (unpublished History Honours Thesis: University of KwaZulu-Natal, 2006).

³⁰ CC, McCord Project (MP), Aldyth Lasbrey Papers (ALP), Series 1 B, 'Letter to Dr Lasbrey by E. Ndaba, with the story of Baba Dube as told to him', 22 April 1955.

one who knew the language and customs as well as I do. With 125 daughters all potentially amorous and capable of making a bad match, to watch one comes perforce either a cynic or a philosopher or a better Christian. . . .³¹

In 1955 one trainee – ‘Martha the Midwife’ – was expelled from her course only three weeks before its end because she was ‘staying over . . . with a boyfriend and was already pregnant’ Taylor explained that he had not done this lightly and, he said, would have preferred ‘to work something out’, but that he and the Matron felt they had little alternative since Martha expressed no contrition or ‘signs of change of heart’. Tellingly, however, Martha’s condition had only come to their notice after an anonymous letter had reported ‘the misbehaviour of one of our nurses who was shaming herself, the hospital and her fellow nurses’.³² If, as seems likely, this letter had been written by one of Martha’s peers, it points to the conservative expectations of many women themselves at the time. Indeed, when, a year earlier, another young woman had been sent home from MH by Taylor when he discovered that she had married ‘a man that has a wife’, her mother (or sister; it is unclear which) wrote thanking him ‘for all the fatherly trouble (he) had taken in this matter of disgrace to our family’.³³

Dismissal and discipline were not however necessarily MH’s immediate or only means of interacting with wayward or fractious staff; and nor were more senior white women always favoured over their black subordinates. We can see this in another letter from Taylor, in June 1955, which is full of praise for several nurses, and then goes on to describe how he had intervened in a disagreement between two white Sisters and a number of African nurses. After this, Sister Evard had agreed to apologise to Nurse Sarah Keswa and they had then all ‘prayed together’. The same afternoon, he noted, he was called to ‘another *indaba*’, this time between nurses Mary Mselku, Mildred Mnene, Miriam Ngidi and Atchison Kuzwayo. He ‘lectured’ them he said, but was pleased that these ‘interviews ended on a higher note than treats [*sic* possibly he meant “threats”] and punishments’.³⁴

Even before the hospital itself had been built, prayer – the third element identified by Sister Molefe as being central to MH – had been a part of daily practice. In the early years of the twentieth century, Zulu-speaking evangelists worked with the McCords at their cottage hospital and dispensary in the centre of Durban to persuade sometimes dubious patients of the value of biomedicine. The practices of preaching and praying continued even after the hospital had been established and expanded, with evangelists and nurses also leading prayers in the Out Patients’ Department and wards. In turn, this Christian ethos did much to help build the unifying ‘McCord Family’ atmosphere. Going against the growing trend towards secularisation underway in many other mission hospitals in South Africa during the 1950s and 1960s, where the mission’s goal of healing the soul had become secondary to the growing pressures of providing professional medical services to heal the body, MH continued to place as much, if not more emphasis, on the importance of the

³¹ Marks, *op. cit* (note 8), 104 n. 119.

³² CC, MH, ‘MB’ papers, ‘1950s McCord Hospital Baird (sic)’, Letter from Dr A.B. Taylor to Dr A. Lasbrey, 3 March 1955; Letter from ‘Amy’, P/Bag, Durban to Dr A.B. Taylor, 11 April 1954. See also Marks, *op. cit* (note 8), 104 for commentary on the shared concerns amongst missionaries, administrators and African Christians about the virginity of young African women. While amplifying Marks’ point, we do indeed see Taylor’s stance as patronising but we also suggest that many young women themselves actively embraced the same values; and that on occasion they also policed one another’s morality and sexuality.

³³ CC, MH, ‘MB’ papers, ‘1950s McCord Hospital Baird (sic)’, 20–4. Letter from ‘Amy’, P/Bag, Durban to Dr A.B. Taylor, 11 April 1954.

³⁴ CC, MH, ‘MB’ papers, ‘1950s McCord Hospital Baird (sic)’, Letter from Dr A.B. Taylor to Dr A. Lasbrey, 29 June 1955. *Indaba* can be loosely translated as a ‘discussion’ or ‘conference’.

Christian faith in healing.³⁵ Although professing to be a 'non-denominational' hospital that did 'not restrict staff appointments to professing Christians',³⁶ in practice during these middle decades of the twentieth century, the hospital continued to choose Christian candidates as their preferred trainees and employees. From the election of Hospital Board members for their 'Christian backgrounds', who started and ended every meeting with prayers; to the appointment of Christian Medical Superintendents, as well as medical and nursing staff; to a Hospital Constitution, which emphasised the hospital's duty to 'carry on a ministry of health and healing . . . to make known to hospital workers and patients by word and by life, the gospel of Christ', Christianity remained a driving force shaping the identity and work of the hospital.³⁷

During the 1940s through to the 1970s, Medical Superintendents Taylor and Orchard were particularly responsible for the strong Christian influences they brought to the hospital. Of Taylor, McCord wrote that his religion:

wasn't something (he) accepted on Sunday and shed on Monday. It was part of (his) life. . . . and when he took charge of the hospital, religion and healing went hand in hand. We had always had religious services for the staff . . . and he continued this, but he also 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. This outlook created a strong feeling of harmony in the hospital.³⁸

Professor Sam Fehrsen, a doctor who had worked at MH during the early 1960s, concurred. For him, the strong Christian family ethos was created by the senior staff, who he said 'actually lived what they believed in', who infused Christianity into the hospital's daily routines, and importantly, their long periods of service provided the continuity needed to nurture and sustain this Christian culture.³⁹

In addition to the efforts of these Medical Superintendents, as Watts argues, MH's nurses – who formed the majority of the staff, who had the most interaction with patients on a daily basis, and many of whom worked for decades at MH – formed the backbone of the expanding Christian mission at MH.⁴⁰ Indeed, the Medical Superintendents, Matrons and Nurse Tutors devoted much effort to nurturing and sustaining within their nurse trainees a deep sense of Christian devotion and 'every morning before classes commenced, prayers were held'.⁴¹ Christian messages, themes and stories, including those about the importance of family, were published in *Isibuko* newsletters; formed the core of plays and other entertainment events;⁴² appeared on the back covers of nurses' song books,⁴³ and formed a cornerstone of the candle-lighting service at the graduation ceremony held annually at the Nurses' Home.

Christian beliefs were also extended to patients and other workers and medical staff. In 1966 for instance, Dr Lasbrey described how

³⁵ CC, MH Board Minutes, 3 November 1966.

³⁶ CC, MP, Box 7, Series II, MS Reports 1956–1962, Annual Report of the MS MZH, 1957.

³⁷ CC, MH Board Minutes, 20 May 1965; MP, Box 7, Series II, Hospital Administration 1975–1976, Constitution of the MZH Board (undated).

³⁸ James B McCord, *My Patients Were Zulus*, 288–91. CC, MP, Box 8, Series III, Cecil Orchard Memorials. 'In Memoriam: Cecil David Orchard', *South African Baptist*, July 1986, for a discussion of Orchard's strong Christian convictions.

³⁹ Vanessa Noble interview with Professor Sam Fehrsen, Pretoria, 22 August 2003.

⁴⁰ Watts, 'Missionary Institutions, Nursing and Christianity', 54.

⁴¹ CC, MH Board Minutes, 9 November 1953.

⁴² CC, MP, Pretoria Disk 2 Doc 65, Annual Report of the Medical Superintendent MZH, 1955.

⁴³ CC, MP, Box 8, Series I, Letters to US Supporters. Letter to 'Dear Friends in America' by Lasbrey, November 1960.

The 'heart' of the Hospital is its religious life. Zulu prayers for workers, ward services for patients, and a service in the Out-Patient Department for Nurses and staff, are held every morning. Then there are the Sunday Night Services in the Nurses' Home, the Staff Fellowship, the Nurses' Christian Fellowship and Quiet Time for prayer. . . .⁴⁴

Quiet Time (or Hour) was introduced by Taylor in the 1930s; it was held at 5:30 a.m. on a weekday and, as McCord recounted:

Dr. Taylor would pass around slips with perhaps five scriptural questions from one of the books of the Bible. For fifteen minutes, while the room glowed brighter with the rising sun, the staff and nurses would meditate on the questions; then for another quarter hour discuss problems they had raised. Prayers closed the meeting at six, and the nurses would then slip from the room, their faced composed and at peace. . . . Attendance at Quiet Hour was optional, but any of the staff, medical aides or nurses not on duty were expected to be present at the (daily) eight o'clock morning services. . . . The staff and nurses left (these morning services) with an inner calm and a spirit of friendship for each other and for their patients.⁴⁵

What this passage does not relate is how such sessions were also spaces in which staff and nurses could explore their own spiritual and individual identities, even to raise questions about their faith or public or private conduct. One nurse asked the following existential, political and spiritual questions out loud during Quiet Time in May 1960:

"Why?" Why am I what I am? Why not an insect – a flower – a tree: if I am to be a person then why not a white, or a brown, or yellow person? Or if I am to be an African, why not an African in Angola or in the Congo? If I am to be an African in South Africa, then why not a man – or a rich person – or a school teacher, etc.?⁴⁶

According to Taylor, she concluded, 'I cannot find the answer to my "Why's" – I can only believe God knows, and that He has a plan for my happiness, and through me, for the happiness of others'.⁴⁷ Taylor himself was a staunch, but soul-searching, Christian and, perhaps more so in his later years, neither immune to self-doubt nor the need to identify his own short-comings. In one letter, he wrote of the centrality of prayer and Quiet Time in his own life as well as revealing some of the strains experienced within 'the McCord Family':

more than anything else were the times I had to go to God to get the answers to the problems presenting here in the hospital. Yesterday I had occasion to count up and realized that last year among eleven (interns) there were seven who were real problems outside of their work To be more explicit two got to 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. Formerly, I could harden my heart and cut people off from the hospital without too much trouble. (Now) there is always a sense of conviction of failure if that has to be done.⁴⁸

To stretch the analogy, such reflections are testament to the inevitable ruptures and conflicts that are the almost daily experience of families. Further confidential correspondence reveals too how MH nurses and doctors were just as prey to the full range of social and individual troubles as anyone else. In letters between Taylor and Dr Paul Keen of the "Non-European Hospital" in Johannesburg written in 1961, harrowing details of drug addictions, overdoses, alcoholism and suicides amongst black doctors, nurses and midwives – several of them MH graduates – are itemised.⁴⁹

⁴⁴ CC, MP, Box 7, Series I, McCord Project, *Advance*, May 1966, 'Loving Our Neighbour' by Dr Aldyth Lasbrey.

⁴⁵ James B. McCord, *My Patients Were Zulus*, 288–91.

⁴⁶ CC, MH, 'MB' papers, 'Of Special Interest, 1959–1962', 145–6, Letter from Dr A.B. Taylor to Mrs Melvin G. Smith, Spokane, Washington, 13 June 1960 (commenced 21 May 1960).

⁴⁷ *Ibid.*

⁴⁸ CC, MH, 'MB' papers, 'McCord Hospital Baird (sic)', 28, Letter from A.B. Taylor to 'Henry', 31 March 1955.

⁴⁹ CC, MH, 'MB' papers, 53–66, 'Of Special Interest, 1959–1962'.

For a small number of staff and patients who came to train or work, or convalesce at MH, the pervasive conservative Christian orientation was experienced as restrictive, even suffocating. Not all patients in particular succumbed to the proselytising; and some nurse trainees objected to the 'prison-like'⁵⁰ discipline and regimented structures within the hospital, as well as regular monthly 'weigh-ins' and strict monitoring of their movements and their visitors, which invaded their personal privacy and treated them like children.⁵¹ Although 'weigh-ins' were ostensibly to track bodily changes that could suggest serious illnesses, such as tuberculosis, in a strict Christian mission hospital, such measuring techniques could also alert nurse supervisors to illegitimate pregnancies, which remained strictly forbidden amongst MH staff.

On the other hand, there is much evidence in correspondence, Board Minutes, *Isibuko* newsletters and interviews that many of MH trainees and staff actively embraced this ethos. This is apparent in the numerous references to the Taylors and Orchards as the 'parents' or 'fathers and mothers' of the big 'McCord Family' and MH as their 'home'.⁵² Familial terms of endearment were also extended to another long-serving senior doctor on the staff, Dr Aldyth Lasbrey, who was affectionately known as 'Auntie'.⁵³ The deep effect this family atmosphere had on some individuals who trained at MH, even extended to attempts to propagate it elsewhere, such as Mrs Athee Pillay when she worked at the Friends of the Sick Association (FOSA) Tuberculosis Settlement after her nurse training; in the efforts of the young Dr Cecil Orchard, who tried to build a 'mini McCords' in the rural district of Hammanskraal in the then Transvaal after completing his internship in the 1950s; and Dr Mohammed Mayat, whose private hospital, Shifa, was created as a 'Little McCords'.⁵⁴

A 'Sense of Belonging': Fun, Friends and Family

If James McCord and Alan B. Taylor were patriarchs tasked with the spiritual, moral, educational and physical well-being of their staff, a complementary role as 'mother' was often fulfilled by their marital counterparts, Margaret McCord and Mary Taylor, and arguably in a less direct manner in later decades by Ruth Christofersen and then Mavis Orchard.⁵⁵ While Margaret McCord herself assumed the role of Matron (as well as nurse and fund-raiser, and occasionally dispenser and anaesthetist), in part reflecting shifting twentieth-century ideologies of the appropriate role of middle class wives, Mary, Ruth and Mavis worked in other, though equally important ways, to build 'the McCord Family'. These included organising hospital social functions, such as annual Christmas lunches – where the Medical Superintendent, the Matron, doctors and nurse supervisors acted as

⁵⁰ CC, MP Box 8, ALP Series II, *Isibuko* 1, *Isibuko*, 2, Nov (1962), 2, 'Opening of Umnini Holiday Camp by Dr A.B. Taylor'.

⁵¹ Watts, 'Missionary Institutions, Nursing and Christianity', 32–3; 39–42; 45. Even terms such as 'boy' and 'girl' were used to refer to adult African men and women. See, for example, McCord, *My Patients Were Zulus*, 306; and CC, MZH Board Minutes, 25 January 1951.

⁵² CC, MP, Box 8, ALP Series II, *Isibuko* 1, Letter from Aldyth Lasbrey to Friends of MZH, 21 June 1957; MP, Box 8, Series III, Mary Taylor, 'A Tribute to 43 Years of Service to Durban or This is your Life – Mary Taylor'; MP, Box 8, Series III, Cecil Orchard Memorials, 'In Memoriam: Cecil David Orchard', *South African Baptist*, July 1986, and 'Dr C D Orchard's Memorial Service, 20 May 1986, McCord Zulu Hospital Nurses' Home'; Minutes of the AGM of the MZH Board, 10 February 1960'; Minutes of the AGM of MZH Board, 12 February 1962.

⁵³ CC, MP, Box 8, ALP, Series II, *Isibuko* 4, *Isibuko* 1987, 'The Back Page Hero'.

⁵⁴ CC, MP, Box 7, Series II, McCord Histories, 'History of the McCord Zulu Hospital – Mrs Athee Pillay, Matron of F.O.S.A. Tuberculosis Settlement'; MP Box 7, Series I, Speeches and Articles about McCords. '80th Birthday Parties. Handwritten speech, authored for 80th Birthday of McCord Hospital' (1989?); MP, Box 7, Series I, Speeches and Articles about McCords, 'Evolution of McCord Hospital – The OPD Foundation Stone' (1989?).

⁵⁵ Howard Christofersen was Superintendent of MH between 1964 and 1966 and Cecil Orchard from 1966–86.

waiters to the great delight of the nurses – as well as annual Easter parties and USA-inspired Thanksgiving dinners, regular hamburger suppers and braais (barbeques), Sunday teas, annual prize-giving and candle-lighting services, and many fund-raising events.⁵⁶ Often, these events were hosted in the homes or gardens of the incumbent Superintendent and his wife. Indeed, as recently, as 2009, Mavis Orchard recalled how she had frequently ‘worked herself to a frazzle’ in entertaining the numerous visitors who came to MH, as well as the hospital’s staff who were often invited to their home so as to ‘create a family atmosphere’.⁵⁷ At the 2009 MH Centenary celebrations, Dr Zweli Mkhize, spoke of Mavis Orchard as being ‘like a mother to us’.⁵⁸

The ‘McCord Family’ construct was built using humour too. For, not only did discipline and hard work characterise MH, but so, too, did the regular expression of gratitude, grace, joy and celebration. While these were often articulated via religious commemoration, the hospital has long had a vibrant culture of levity. This dates back at least to both the McCords’ and Taylors’ own sometimes jocular and sometimes wry sense of fun, which on occasion, such as the New Year’s Eve festivities in 1953, saw Alan Taylor wearing 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’,⁵⁹ and also from the interactions between MH’s first Superintendent of Nurses – Martha S. MacNeill – and the first nurse trainees. Not much older than her charges when she took her position at MH in 1911, James B. McCord described ‘Mac’ as sometimes being ‘more likely than the probationers to giggle at amusing mishaps; she relieved discipline by mischievous pranks; and she was more effective than an older, more dignified superintendent would have been with young girls’. To lighten routine, Mac staged plays that frequently satirised the more serious parts of hospital life. And she planned and rehearsed plays and other entertainments with fully as much zest as the student nurses.⁶⁰

While the humour displayed in these MH ‘skits’ on hospital life may be part of what Mikhail Bakhtin has dubbed the ‘carnavalesque’ release of tensions, in a context where few other avenues existed to release personal and larger structurally-induced tensions between different people,⁶¹ they also highlight a close sense of familiarity and certain level of comfort between staff members, which enabled them to tease and laugh at each other. These became traditions within the hospital and while decorous by most standards, they permitted both light-hearted and sometimes more trenchant commentary on the characteristics – even the prudishness – of the senior staff, most especially the Superintendents.⁶²

⁵⁶ CC, MH, uncatalogued ‘MB’ papers, Family Letters (by Alan) 50–5, ‘Letter from Dr A.B. Taylor to the kids’, 27 December 1955; 5–63, Folder 1 [S] ‘Letter from Dr A.B. Taylor to his kids’, 22 December 1961.

⁵⁷ Michelle 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’ (unpublished History Honours thesis: University of KwaZulu-Natal, 2008), 3–4; Floyd interview with Mavis Orchard, 9 October 2008.

⁵⁸ Dr Zweli Mkhize was the Premier of the Province of KwaZulu-Natal 2009 to 2013, Chancellor of the University of KwaZulu-Natal, and at the time of writing, Treasurer-General of the African National Congress. He served his medical internship at McCord Hospital in the early 1980s.

⁵⁹ CC, MH, ‘MB’, Family Letters (By Alan) 50–5, ‘Letter from A.B. Taylor to the kids’, 4 January 1954.

⁶⁰ James B. McCord, *My Patients Were Zulus*, 186.

⁶¹ See his book *Rabelais and His World* (Bloomington, IN: Indiana University Press, 2009). For discussion of the controversial subject of mimicry in colonial contexts, see Homi Bhabha, ‘Of mimicry and man: the ambivalence of colonial discourse’, in Frederick Cooper and Ann Laura Stoler (eds), *Tensions of Empire: Colonial Cultures in a Bourgeois World* (Berkeley, CA: University of California Press, 1997).

⁶² See McCord, *My Patients Were Zulus*, ch. 16, ‘One Family with Many Names’ (278–91) for McCord’s own discussion of ‘the McCord Family’.

A bolder form of challenge to authority was exercised when regular holidays were shared by MH doctors and nurses at Umnini Holiday Camp, located about 40 km south of Durban. Opened in September 1952 on Mnini Tribal Trust land and with sponsorship from charitable organisations such as the Rotary Club, this seaside holiday camp, though not exclusively used by MH staff, provided a safe space where, in defiance of racially separatist apartheid laws, MH's doctors and nurses could relax and spend time away together.⁶³ Staff members would spend weekends there to mark special occasions, such as the end of year nurse trainee results, or to encourage bonding amongst new nurse recruits. Though their leisure time was structured and supervised, such as being 'given a lecture on Fractures by Dr Taylor', nurses enjoyed their experiences there immensely, as Nurse Martha Diaho remembered:

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. . . .⁶⁴

While the number of staff remained relatively small, the Medical Superintendents and Nurse Supervisors kept a personal interest in all of their trainees, who were known by name and whose families, careers, marriages (hospital romances were no less frequent than now, perhaps more so given the limited opportunities for young people from 'respectable' conservative families to meet eligible partners), children, illnesses and fortunes were tracked. The McCords and Taylors, as well as other MH members of staff, were often invited to funerals and weddings of existing or former employees, to share in their sense of loss but also moments of happy celebration. Bongi Dlomo, who worked at MH between 1953 and 1973 asserted that when she got married 'the McCord nurses' choir sang . . . Dr Taylor was one of the guest speakers on my behalf and most of the staff members came . . . so it was really a family . . . it was special'.⁶⁵ In addition, the hospital's historical papers contain many photographs of weddings as well as individual portrait photographs of the nurse probationers.⁶⁶ This was a deliberate way in which Taylor nurtured a sense of family-belonging and involved taking and keeping photographs of each of his staff, as a proud father would do of each of his children, as Dr Aldyth Lasbrey wrote of the nurses in one of her letters to her friends in America: 'In (our Hospital) she *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'.⁶⁷

These carefully planned and implemented activities and routines did much to strengthen MH's particular family-inspired 'organisational culture', which was so vital to the functioning of this mission hospital over the long term, with its high patient volumes, long hours of work and low pay. However, these photograph album-building exercises and

⁶³ Over time, Umnini Camp developed into a place that provided a low-cost seaside holiday for African children and youth groups from across South Africa. CC, MP Box 8, ALP, Series II, *Isibuko* 1, *Isibuko* 2, Nov, (1952). 'Opening of Umnini Holiday Camp', by Dr A.B. Taylor.

⁶⁴ CC, MP Box 8, ALP, Series II, *Isibuko* 11, *Isibuko*, 4, February 1953.

⁶⁵ CC, MP Box 1, File 1, Penny Watts Lever Arch File, 'Interview with Mrs Bongi Dlomo, Durban', 17 July 2006.

⁶⁶ CC, MH, 'MB' papers, 56–63, Folder 1 [S] '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.

⁶⁷ See CC, MP Box 8, Series I, Letters to US Supporters, 'Letter to Dear Friends in America' by Aldyth Lasbrey, November 1960.

the multi-racial ‘family’ social get-togethers at MH, or Umnini, also importantly helped to build a strong sense of camaraderie, harmony and ‘team spirit’, which, many felt, served to chip away, or at least deflect, some of the worst excesses of racial inequalities and tensions that plagued other hospitals at the time.⁶⁸

‘The McCord Family’ and Apartheid

The middle decades of the twentieth century were turbulent ones for MH as it had to weather the storm of political change that accompanied the election of a more conservative government, which after 1948, promulgated legislative measures which promoted the greater segregation of the country’s ‘race groups’, worsened race relations, and worked to oppress and further control the country’s black majority. Individuals and organisations which did not toe the apartheid-party line would feel the full wrath of the law. In the health care sector, these policies did not amount simply to idle threats.

During this period, only about one-third of MH’s total annual expenses were covered by government grants and subsidies;⁶⁹ a scenario very different from most other mission hospitals whose heavy or complete reliance on state subsidies led to their being nationalised and thus losing their operational independence. Even partial reliance on government funding was not uncomplicated for this urban hospital. In addition to placing enormous strain on the hospital’s managers to continue finding the money from other sources to cover expenses, they were also forced to walk a fine line between promoting a more liberal agenda, and facing state subsidy withdrawals if they went too far.⁷⁰ On several occasions during the 1960s and early 1970s, MH faced very real threats of closure under the notorious Group Areas Act for being ‘wrongly sited’⁷¹ in a white residential area, and for violating numerous apartheid policies.⁷²

Nor was MH immune from the negative effects of race-based policies. Sometimes, white staff and their families were made targets of racial abuse and even assault because they or someone they knew worked at this ‘Kaffir hospital’.⁷³ Black staff and their families not living on the premises had no option but to live in segregated townships, far from their work place and in inferior, under-serviced accommodation, and were often harassed, humiliated and even arrested by the police if they did not carry their ‘passes’.⁷⁴ In addition, within the hospital’s corridors, racial inequalities and discriminations were replicated. This is evident in numerous ways. As a black hospital, though one established many years prior to apartheid and with different humanitarian aims, its race-based admissions policies dove-tailed with the state’s separate development aims. Its practice, until the 1970s, of having white upper-level managers also kept decision-making power in white

⁶⁸ CC, MP, Box 8, ALP Series II, *Isibuko* 1, ‘Letter from Aldyth Lasbrey to Friends of the MZH’, 15 November 1956; MP Box 7, Series II, ‘MS Reports 1956 to 1962, Annual Report of the MS’, 1957 and 1960.

⁶⁹ CC, MH Board Minutes, 28 October 1958; Report of the Medical Superintendent 1962; MP, Box 1, File 3, Newsclippings and Other, ‘Grain of Comfort for McCord’, *Mercury*, 15 April 1966.

⁷⁰ CC, MP, Box 7, Loose Photocopies in Box, A.B. Taylor, ‘Economy in a Mission Hospital’, *South African Medical Journal*, 8 March 1958.

⁷¹ Durban Medical School Library, File in Filing Cabinet labelled “Hospital – Administration”. ‘McCord Hospital Irreplaceable’, *Natal Mercury*, 21 May 1964.

⁷² CC, MP, Box 7, Loose Photocopies in Box, ‘McCord’s Future under Group Areas Act in Doubt’, *Natal Mercury*, 15 February 1962; and MP, Box 1, File 3, Newsclippings and Other, ‘McCord Fears Big Hospital Shutdown’, *Daily News*, 20 March 1972.

⁷³ CC, MH Board Minutes, 1 May 1959, and MP Box 8, ‘Interview with Aldyth Lasbrey’, 3 August 2004.

⁷⁴ Watts, ‘Interview with Mary Jane Molefe’, 26 July 2006.

hands. Paternalistic references made to adult African men and women employees as 'boys' and 'girls' respectively in MH documentary evidence also infantilised the staff.⁷⁵ Furthermore, for many years, differential salary scales based on racial criteria,⁷⁶ as well as the perpetuation of hurtful racial segregation practices, including the existence of separate residential, dining and toilet facilities for black and white staff members, operated at MH.⁷⁷

However, MH's greater operational independence as a state-aided *not* state-controlled institution – a status it was able to maintain throughout the apartheid era – enabled it to remain a 'School of liberalism' in trying times.⁷⁸ With regard to race-based admissions, MH was also able to flout rigid apartheid policies. Although it had started out with the aim to serve 'Zulu' patients, MH quickly accepted and treated African patients from a variety of ethnic backgrounds, as well as patients who were legally classified as being 'Indian' and 'Coloured', much to the chagrin of the state. In 1950 11% of its in-patients were made up of 'Indians' and 'Coloureds': and this had increased dramatically to about 40% by 1975.⁷⁹ Occasionally, white patients were also treated, such as members of missionary families. And, unlike other provincial hospitals that were run on a racially-segregated basis, MH's wards remained racially-mixed, enabling its patients to fraternise across racial lines.⁸⁰

Although discrimination in pay and in some other policies remained in place during the segregation and early apartheid years, by the 1960s, MH managers worked hard to achieve parity in the doctors' and nurses' salary scales across racial lines, and tried to eliminate petty apartheid practices in the hospital, such as segregated eating and ablution facilities. In fact, in 1959, Taylor had persuaded the MH Board to vote in favour of paying all of its first year medical interns on the Natal Provincial Administration (NPA)-determined 'white salary scale'.⁸¹ Taylor's 'equal pay for equal work' policy for interns was taken up and extended by Dr Cecil Orchard when he took over as Medical Superintendent in 1965. Balancing limited hospital finances and a contentious 1966 NPA decision to increase the salaries of white interns and doctors by 20% (a move which threatened to provoke staff unrest at MH similar to that which was disrupting health services at other provincial hospitals at the time), Orchard, however, knew that compromises had to be made.⁸² In

⁷⁵ CC, MH, 'MB', 'Letters from A.B. Taylor to the kids, 1940s-1960s'.

⁷⁶ For example, as of 1972, 'Coloured' and 'Indian' Sisters earned 59% of white Sisters' salaries, and African Sisters earned only 47%. See SAIRR, *The African Homelands of South Africa, 1973*, quoted in Digby, *op. cit.* (note 8), 236. For doctors, up to December 1965, "non-white" doctors earned up to 90% of the salary paid to white doctors. In 1966, salaries paid to white doctors were increased by 20% while those for "non-whites" remained the same. See Mary O'Reagain, *The Hospital Services of Natal* (Durban: UN Natal Regional Survey, 1970), 89. Also see CC, MZH Board Minutes, 23 June 1966.

⁷⁷ See, for example, CC, MH Board Minutes, 26 April 1950; and Minutes of the Annual General Meeting of the MH Board, 29 January 1952; and CC, MP, 'Pretoria Disk 2', Doc 65, 'Annual Report of the MS of MZH 1955'. Also see Watts' interviews with Mrs Bongzi Dlomo at Durban, 17 July 2006; Floyd with Mavis Orchard, 18 December 2004; and James Colgrove's interview with Dr. Aldyth Lasbrey, 3 August 2004 (MP, Box 8, Interview with Aldyth Lasbrey, 3 August 2004, HIVAN Offices, Durban, South Africa); and Watts' interview with Z.E. Mageba, 31 October 2006.

⁷⁸ The term is Taylor's. See National Archives Repository (NAR), Pretoria, NTS 2861 7/303, 6 July 1937, 'From Dr. Alan B. Taylor to the Hon. Mr J.H. Hofmeyr'.

⁷⁹ CC, MH Board Minutes, 13 March 1975, 'Report on a Special Meeting of Members of MH Board, 4 March 1975'.

⁸⁰ R.E. Stevenson, 'Hospitals in Natal', in Medical Association of South Africa, 41st S.A. Medical Congress, Twentieth Annual Scientific Meeting pamphlet, held at Red Cross House, Old Fort Road, Durban, 16–21 September 1957, 101.

⁸¹ Since many interns stayed on for a second year to gain further experience, fiscally, this policy was balanced out by paying those who stayed on at the "non-European" scale. See CC, MH Board Minutes, 13 February 1959.

⁸² CC, MH Board Minutes, 25 May 1967 and 22 June 1967; O'Reagain, *The Hospital Services of Natal*, 89.

June 1967, he persuaded the Hospital Board to accept the middle figure salary scale that had been stipulated by the NPA for Indian medical employees, for *all* interns and doctors working at MH. For its nurses, who were mostly made up of African women, the hospital decision-makers decided to follow the scale set out by the NPA for African nurses.⁸³ Thus, although MH's managers were not able to remove the race issue from affecting salaries at their hospital completely, their carefully thought-out salary compromises, which resulted in the same salaries paid for the same levels of qualification and work done, helped prevent the divisive race issue from having an all-determining effect, allowing for the development of closer interracial staff working relationships.

What is more, captured in numerous official hospital documents, but also in the words and opinions of countless staff members employed at various levels of the hospital's hierarchy, was a sense of belonging and value they felt as employees in a hospital that provided an inclusive and supportive space where opportunities abounded for both professional promotions and friendships. Following 1930s and 1940s "firsts", such as the appointment of one of the first African Sisters in the country to assume responsibility for a major hospital ward, and using an African Sister tutor to conduct nurse training, in 1953 MH appointed Durban's first African Theatre Sister.⁸⁴ Two years later, MH had 'African Sisters in charge of the whole hospital at night, of the children's ward, of one of the two maternity wards, of the operating theatres, of the large out-patient department . . . and all district midwifery services'.⁸⁵ By 1958, Dr Taylor could boast: 'We have more senior non-Europeans in proportion to the European staff than the Provincial Hospitals', and by 1962, of the ten Sisters posts available at MH, 'seven were held by African Sisters, two by whites and one by an Indian'.⁸⁶ MH was also one of the first hospitals in the country to open up internship positions and employment opportunities for black interns and doctors from the late 1940s onwards.⁸⁷

For many medical interns and doctors, the work experiences they had at MH were life-changing. In 1962, Taylor wrote: 'again and again, interns tell us they leave (or later), how much their year at McCords has meant to them – not only professionally, but in achieving racial understanding and goodwill'.⁸⁸ Having come from different cultural backgrounds, often from diverse locations across the country, and having been brought up in racially-segregated environments, many doctors and nurses remember establishing some of their first close friendships across racial lines at MH. As one African doctor who did his internship in 1981 aptly captured it:

at McCords. . . everybody was community, nobody was seeing each other as different and it was. . . ideal. I can't think of a better situation for one to have worked in than McCords. . . because there was no racial issue at all. Even the number of interns they took was a balance of all the races. They consciously did that. . . Orchard was intentional about making sure that he created an environment that (was) as close to normal as possible and he did well.⁸⁹

⁸³ CC, MH Board Minutes, 22 June 1967. By this date, salary scales for the hospital's non-medical workers had also been brought into line with salaries and wages being paid in other NPA hospitals.

⁸⁴ T.G. Mashaba, *Rising to the Challenge of Change: A History of Black Nursing in South Africa* (Cape Town: Juta, 1995), 19, 29; CC, MP, Lever Arch File, Mnini Holiday Camp, 'Dr Alan Taylor: Footprints upon the Sands of Time', by Zuleikha Mayat.

⁸⁵ CC, MP, Pretoria Disk 2: Doc 65, Annual Report of the MS, 1955.

⁸⁶ CC, MP, Box 7, 'Loose Photocopies in Box, A.B. Taylor, 'Economy in a Mission Hospital', *South African Medical Journal*, 8 March 1958, and Bobby Harrypersadh, 'Will McCord's Die: For it's the People's Hospital they Can't Kick Out!' *The Post* (Natal Edition), 24 February 1962.

⁸⁷ NAR, NTS 2862, 7/303, 'Part 5 Dr. McCord's Mission Nursing Home 1944–1949', Correspondence from MZH, 26 September 1948; and 'Annual Report of the MS', 1955, 11.

⁸⁸ CC, MP, Box 7, Series II, MS Reports 1956 to 1962, 'Report of the MS', 1962.

⁸⁹ Vanessa Noble interview with Dr Z. M., Durban, 11 September 2003. This interviewee did not want his name used.

Sometimes these relationships led to open displays of anti-apartheid solidarity, such as MH nurses marching together in public protest against the Nursing Act in 1957, which instituted further racial inequalities in the nursing profession, and which would bring additional 'heat' down on MH managers. By the 1960s, increasingly the hospital's white managers knew that they were being watched by security police, and, threatened on occasion with closure.⁹⁰ At times, the development of interracial friendships led to deep personal levels of support for individuals going through difficult times in their private lives. During the 1960s, Sister Bongi Dlomo's husband, a laboratory technician, was arrested for his involvement in anti-apartheid 'terrorist' activities and sentenced to three years' imprisonment on Robben Island. According to Sister Dlomo:

That is when I appreciated McCord's (be)cause they (MH supervisors) were very, very supportive . . . at the time he was detained, McCord (Hospital) would give . . . transport to take food down (to the jail) 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.⁹¹

International visitors remarked how McCord staff: 'seemed to be members of a "happy family"' and that MH's "family ethos" provided a possible 'answer to South Africa's (race) problem. . .'⁹² That staff strikes, industrial disputes or serious disciplinary measures were not a serious feature of the MH landscape until the 1970s, says much about the strength of bonds forged by 'family' loyalty, Christianity and friendship in building overall staff harmony.

'Extended family' Networks

This 'sense of family'⁹³ also extended beyond MH staff to incorporate many people who appeared to have tenuous links to the hospital, because of actual distance or because they no longer worked or trained at this institution. By the 1940s, however, by which time several hundred nurse and midwife trainees, as well as a number of medical interns had been trained at MH and had moved on to live and work in other places, the close in-person 'family' connections initially built within the walls of the Hospital could no longer be maintained so intimately; something which was lamented by the McCords and Taylor in their correspondence and reminiscences. Nonetheless, 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 an interest and concern for their 'beloved McCords'.⁹⁴

Taylor was very much a 'family man' and worked hard to maintain close links with all his biological children by writing weekly letters, because as adults, they lived far from their parents either in the USA or Rhodesia (now Zimbabwe), where his son Boardman went to practise as a doctor. His value of these family-building letter-writing exercises can be seen in his weekly 'Letters to the kids', which amount to hundreds of pages which he carefully preserved almost in lieu of a diary. Often composed late at night or in the early hours of

⁹⁰ Michelle Floyd interview with Mavis Orchard, Durban, 9 October 2008.

⁹¹ CC, MP, Box 1, File 1, Watts Interview with Mrs Bongi Dlomo, Durban, 17 July 2006. Bongi Dlomo worked at MZH from 1953 to 1973.

⁹² CC, MH, uncatalogued 'MB' papers, 56–63, Folder 1 [S] 'Dear Friends', Annual Letter from Dr. and Mrs. Alan B. Taylor, 10 September 1961.

⁹³ Vanessa Noble interview with Dr MN, Durban, 14 August 2003. This doctor did his internship at MH in 1985.

⁹⁴ Letter from Ethel Mpanza quoted in CC, MP, Box 8, Series I, 'Letters to US Supporters', 'Letter to Dear Friends in America', by Aldyth Lasbrey, MZH, November 1960.

the morning, either in his home or in his office, and sometimes waiting to be called in to perform a surgery, these letters were written whenever he could carve a moment to write in his busy schedule. In 1969, reflecting back on his working with Dr Taylor, Dr Mohammed Mayat highlighted how

many a time as I crept exhausted to bed after a hard day's work with Dr Taylor, doing many operations, I would notice the light in his office still burning and see him setting up the typewriter trying to catch up with correspondence he had had no time to attend to in the day...⁹⁵

These letters kept his family informed of the people and goings-on at MH, including people they had met as children growing up in Durban. However, they also served to show how despite missing them enormously, both he and their mother had managed to become part of a surrogate 'McCord Family' at the hospital, which helped them to feel a sense of belonging too. The familial investments they placed on getting to know their staff, and their conceptualisation of staff doctors and nurses as their 'sons' and 'daughters', helped soften, to some extent, their feelings of loss of their own sons and daughters.

What is more, during the 1950s and 1960s, Dr Taylor wrote many letters addressed to 'the McCord Family' in the hospital's *Isibuko* newsletter, which accompanied other 'newsworthy' articles, stories and interest pieces to keep graduates, ex-employees and other supporters of the hospital – around the country and overseas – informed about matters affecting the hospital.⁹⁶ For example, in 1962, Taylor wrote in an editorial entitled 'Greetings to the McCord Family Everywhere' about the strong bonds members of 'the McCord Family' shared, despite the distance: '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'.⁹⁷ Some of his letters also made a concerted effort to keep 'the McCord Family' informed of developments in his own family, including career achievements, marriages and the arrival of new grandchildren.⁹⁸ The Taylors shared the news of their family's lives with many people whose lives they regarded as intertwined with their own.

Many nurses living hundreds if not thousands of kilometres away from MH greatly appreciated this written umbilicus, capturing their internalisation of 'the McCord Family' ethos in their numerous supportive 'Letters to the Editor' section in successive editions of the *Isibuko*. For example, in 1959, Mavis Zondi (nee Ndaba) wrote how she still regarded MH as her 'home', despite starting a new life as a Sister in a small hospital in Pietermaritzburg, some ninety kilometres (fifty-five miles) away.⁹⁹ Further afield, in London, Muthulumi Pillay, who was undertaking a post-graduate course in Paediatric Nursing, wrote in 1964 of how much she had enjoyed seeing the Taylors who were visiting London at the time, especially 'Pop', who in her opinion, 'hasn't changed a bit'.¹⁰⁰ For many of these nurses, while making them '... feel home sick remembering all the happy days ... spent at McCords', reception of regular copies of this MH newsletter provided them with a vital connection to this hospital.¹⁰¹ Furthermore, on various trips, including

⁹⁵ CC, MP, Box 8, ALP, Series II, *Isibuko* IV, *Isibuko*, July 1969.

⁹⁶ See, for example, CC, MP, Box 8, ALP Series II *Isibuko* II, no. 5, April 1953; no. 7, December 1953; and no. 36, Xmas Edition 1962; as well as CC, Minutes of the AGM of the MH Board, 10 February 1960.

⁹⁷ CC, MP, Box 8, ALP Series II, *Isibuko* II, no. 36, Xmas Edition 1962.

⁹⁸ CC, MP, Box 8, ALP Series II, *Isibuko* II, no. 5, April 1953, 'A Word to the Family, by Dr A.B. Taylor.

⁹⁹ CC, MP, Box 8, ALP Series II, *Isibuko* II, no. 27, November 1959.

¹⁰⁰ CC, MP Box 8, ALP Series II, *Isibuko* II, no 42, 1963. Also see no. 39, Xmas Edition 1963, for a similar perspective.

¹⁰¹ CC, MP Box 8 ALP Series II, *Isibuko* II, no 41, 1964.

after their retirement in 1964, the familial affection that the Taylors had helped mould at MH saw members of their 'extended family' (by then working across the wider Southern African region) greet them with gusto.¹⁰² Josephine Matondo, writing from Luanshya Hospital, Zambia, in a 1964 edition of the *Isibuko* exclaimed: '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'.¹⁰³

Finally, although this wide network helped to preserve for many an interest in MH, its purpose was not only the communication of news or the ideological extension of 'the McCord Family' ethos. Over the years, the McCords and Taylors actively crafted an extensive network of personal and professional 'friends' for MH, some of whom were wealthy and influential, such as government officials, legal or financial experts and powerful business-people.¹⁰⁴ The Taylors particularly built and maintained many friendships with various people both in South Africa and overseas by writing numerous 'Letters to Friends', and, for those based in the Durban region, or visiting the Durban area, inviting them to formal or informal social gatherings hosted at the hospital or at the Medical Superintendent's home.¹⁰⁵ Here Taylor, whose affable personality was often noted, served to charm innumerable guests to the work he and his staff were doing at MH. Carefully chosen because of their interest in 'non-European' affairs, in Christian missionary work, or because they could 'assist the hospital in their professional capacities'; some of these McCord 'friends' also provided considerable material support for the hospital.¹⁰⁶ Receipts of private donations from sponsors, as well as the provision of political and legal support services when needed, were just some of the actual benefits accrued. Having an 'extended family' of loyal supporters played an enormous role in enabling the hospital to survive and expand in difficult times.

Conclusion

For more than a century, McCord Hospital has self-consciously moulded its own identity – and that of those who have studied, worked and been tended to there – in Christianity and in public service. It has also actively constructed and nurtured a skein of relationships that were based on the ethos of the middle-class family that had first emerged in 'the west' in the nineteenth century. Within this familial order, gender, generation and rank were to be observed and there was great investment in creating the belief that the family and the home were 'private spheres', distinct from the public world of politics and power. Similarly, hospitals and their hierarchies were strongly influenced by the ideology of the domestic, particularly with regard to the position and value of nurses, most of whom in South Africa (but unlike much of other colonised regions of the continent) were women.

¹⁰² CC, MP, Lever Arch File, Mnini Holiday Camp, 'Dr Alan Taylor: Footprints upon the Sands of Time' by Zuleikha Mayat.

¹⁰³ CC, MP Box 8, ALP Series II, *Isibuko* II no 42, 1964.

¹⁰⁴ NAR, GES 1391, 344/19A, 'Report of the Medical Superintendent, 1951', 22–3 and NAR, GES 1391 344/19B, 'Report of the Medical Superintendent, 1955'; CC, MH Minutes, 'Minutes of a Meeting of the Executive of McCord Hospital Board', 8 September 1955. Also, Fabio Zoia "'This Wrong Situation": A Critical Study of McCord Hospital and the Group Areas Act, 1949–1961', (unpublished Honours thesis, Department of History: University of KwaZulu-Natal, December 2007).

¹⁰⁵ CC, MP, Box 8, Series I, See 'Letters to US Supporters' for examples of letters to 'My Dear Friends in America'.

¹⁰⁶ CC, MH Minutes, 'Minutes of Hospital Executive Committee Meeting', 20 May 1965.

Over the last several decades however, historians have shown just how intimately connected were the public and the private; they have demonstrated too that hospitals – in Africa as elsewhere – reflected and reinforced the wider social orders of which they were a part. And, as has been observed by Marks, amongst others, in South Africa’s missionary-initiated hospitals and nurse training programmes, this world could be deeply conservative and reinforcing of patriarchal and patronising behaviours and attitudes.¹⁰⁷ We would not disagree with that view. We have however argued that in considering the different ways in which the notion of ‘the McCord Family’ has been experienced it seems that the world *within* MH was more complex. Generally more respectful of the value of professional service and individual human dignity than was usually the case at state hospitals where ‘black hands’ were not permitted to touch ‘white bodies’ and where working conditions were highly discriminatory and exploitative, McCord Hospital also offered to many a space and an identity where they could feel part of a larger ‘family’, and feel a sense of belonging.

While MH has certainly not been without its internal inequalities, frictions, frauds, strikes, protests, rivalries, tragedies, and critics – some of whom regard it as having a conservative ethos (or being prepared to work closely with those who do; for instance, PEPFAR under George W. Bush) – this does not mean that the majority of doctors or nurses were or are ‘depoliticised’ and ‘see the individual rather than the social origins of ill health’.¹⁰⁸ Rather, MH management and medical staff have long been at the forefront of progressive health care in the region; and with its ‘extended family’ this impact has been wider still. Even as the discourse of ‘the family’ with its implications of a naturalised sense of hierarchy has increasingly, in recent decades, given way to that of ‘the team’ with its own resonances of professionalised equals competing with their peers, importantly, it is clear that even many patients – whose testimonies are so seldom directly detectable in the records – have continued to identify with the central tenets of MH, of Christianity and family. As one wrote recently:

Thank you kindly for the extremely positive experience that we had with McCord Hospital on Monday, 8 February 2010. Contact with McCord was pleasant and welcome from the moment we arrived. We experienced all the staff as supportive and friendly. This was visible from the security guards at the parking entrance and right through to our site visit in the hospital. . . . R. stated that there was an ambience. In effect we both experienced a feeling of ‘being home’. McCord definitely displays a calmness, being contended, working together for a larger cause, helping one another and care as a heart matter. Being both reborn Christians, our visit to McCord brought us back to basics.¹⁰⁹

With the impending state takeover of MH, it is these ‘basics’ that many now fear will be lost. Significantly, however, at a time when both South African government officials at the highest level are calling for a return to ‘traditional values’ in nursing and medicine,¹¹⁰ and nursing and management (including human relations) professionals and scholars are investigating how to ‘build supportive environments’ for health care workers and

¹⁰⁷ Marks, *Divided Sisterhood*, 209.

¹⁰⁸ *Ibid.* These appear to have become more extensive since the 1970s and 1980s; and will be considered in the final two chapters of the forthcoming book on MH. PEPFAR is the widely known acronym of the US President’s Emergency Plan for AIDS Relief, inaugurated under George W. Bush in 2003. In its early phases it was criticised in many quarters for its moralistic stance on abortion, contraception and sex work.

¹⁰⁹ McCord Hospital website (<http://www.mccord.org.za>) – ‘What Our Patients Say About Us’, accessed 23 July 2010. McCord Hospital also has a Facebook account: these new social media networks hold the promise – and ethical and evidentiary perils – for historians of being able to access patients’ ‘voices’ more easily than has historically been the case.

¹¹⁰ The state held a Nursing Summit in April 2011. See media reports, e.g. ‘Renewing South Africa’s Nursing Profession’, 6 April 2011 at <http://www.mediaclubsouthafrica.com> (accessed 23 July 2011).

patients,¹¹¹ in a context of the hyper-commodification of hospital-based care, rather than being irrelevant, or a reflection of an out-dated ideology or 'organisational culture', it may be that a critical history of the ways in which individuals, hospitals, faith and 'families' intersect may be of value for the future of hospitals in Africa as well as of interest in their past.

¹¹¹ Many of these, especially in the public sector, appear to re-inscribe the discourses of selflessness, service and vocation that feminist historians of nursing in particular have critiqued. The poor employee conditions in South Africa's state hospital sector are well known, but the pressures on staff in private hospitals – where exhortations to improve the 'hospital culture' are often geared towards 'efficiency' and the avoidance of law suits – are less publicised, however.