

Book Reviews

Shula Marks, *Divided sisterhood: race, class and gender in the South African nursing profession*, Basingstoke, St Martin's Press, 1994, pp. xiii, 306, £40.00 (0-312-10643-2).

The history of nursing in South Africa is one to which only an historian of ability can do justice. This unpromising topic—at least to South African eyes—encapsulates all the contradictions and ambiguities of life in a complex and divided society.

Modern professional nursing developed late in South Africa, only after the discovery of diamonds attracted to disease-ridden Kimberley South Africa's "Florence Nightingale", Sister Henrietta Stockdale. The history of nursing in South Africa is dominated by two formidable women, Stockdale herself, and Charlotte Searle. Both white, both middle class, both cherishing visions of nurses as "ladies", both were successful ultimately because they conformed to the norms of the ruling establishment. In the case of Stockdale this was patriarchal British imperialism; for Searle it was the equally male-dominated policy of apartheid. The result was to create and mould a profession which accepted subordination to an authoritarian medical profession as well as the poor wages and exhausting conditions commonly accorded to working women, reinforced by a class and race-bound hierarchy. Only in 1944 did South African nursing begin to gain control over its profession, in circumstances fraught with ambiguities.

This untenable situation created great tension within the nursing profession. The issue of gently-bred white "ladies" nursing black men opened the doors to the training of black women; a shortage of English-speaking women paved the way for working-class Afrikaans nurses. Both groups found themselves second-class citizens within the profession. Afrikaans women resented their exclusion from the ruling councils. For black women nursing was even more problematic. Deliberately trained as "self-conscious harbingers of modernity" to their own people, they were trapped in two worlds, accepting and

promoting western values on the one hand, but excluded both by race and gender from participation in westernized South African society. Yet cutting across these divisions were the universalist and internationalist values of nursing, which even deeply conservative nurses like Searle wished to uphold. The history of nursing in South Africa often echoed developments abroad, but South African conditions reinforced the class and race divisions of the country. South African nursing is fortunate in having the historian of ambiguity in South African society to explore these contradictions.

There are omissions. Black nurses, particularly, are shadowy figures. The last part of the book is largely an analysis of changes in the profession within the context of degenerating apartheid. This is not a criticism. The writing of social history in South Africa is a difficult task. Secondary sources are scanty and, as in the case of Searle's history of nursing, mythologizing and uncritical. Vast areas, like that of the provincial administrations which were responsible for health care in South Africa, are entirely unresearched. The voices of women, especially black women, are even more "lost" than is the case in western countries. This is a pioneering work which can only excite the reader and challenge historians to further research in the field.

Elizabeth van Heyningen,
University of Cape Town

Russell G Smith, *Medical discipline: the professional conduct jurisdiction of the General Medical Council, 1858–1990*, Oxford Socio-Legal Studies, Oxford, Clarendon Press, 1994, pp. xlvi, 397, £40.00 (0-19-825795-3).

The General Medical Council is a spectral body in the history of British medicine. It commands attention, excites interest, but remains essentially mysterious. That it should do so must be due in part to the inaccessibility of the archive materials the Council can be