The Children's Hospital in Durban

Benoni on the Beachfront

In 2004 a Durban newspaper ran an April fool's day joke about the "sale" of a piece of beachfront real estate to a renowned actor of South African birth. The humour of the story rested upon a widely shared set of assumptions and popular local knowledge about the city's post-Apartheid dreams schemes and planning for the south Durban beachfront.

THE MERCURY

Glamour girl Charlize to build Durban mansion

By Venilla Yoganathan & Greg Ardé

Megastar Charlize Theron is moving to Durban, where she plans to build a Hollywood-style mansion on Durban's beachfront, elated city officials have revealed. South Africa's golden girl has a childhood fascination with the city, coming here from Benoni 15 years ago during school holidays. In an exclusive interview with The Mercury on Wednesday, Mayor Obed Mlaba, Deputy Mayor Logie Naidoo, Municipal Manager Michael Sutcliffe and Durban movie mogul Anant Singh disclosed that Theron would make a massive investment on the beachfront.

Theron has promised to spend R100-million of her recently acquired Oscar fortune revamping the old Children's Hospital on Addington Beach, a site she has been given by the city at no cost. Theron has great plans to turn the five hectare Victorian building into a luxury 10-bedroomed home with indoor pool, theatre with retractable roof, helipad, parking for six cars, an office suite for 10 people and staff quarters for 20. And, in a bizarre twist, Naidoo, a movie buff and ardent Theron fan, said he was resigning to take up a position as Charlize's South African-based projects director."I am besotted with her. My wife teases me because I have DVD copies of all her movies. When she was in South Africa I met her at Madiba's house in Sandton, with Obed, Anant and council speaker Nomusa Dube. She is going to change the face of Durban," said Naidoo. Part of his new job would be to act as a talent scout for Theron.

Singh said when Theron heard about his plans for a movie studio at Natal Command, she was sold on the idea of moving to the city she fell in love with as a child. "The fact that Charlize plans to live here at least six months of the year means her influential and close friends, like Keanu Reeves and Al Pacino, will visit her. This will do wonders for Durban."
Property economist Erwon Roos predicted the Theron purchase would be a huge economic boost. Democratic Alliance council leader Lyn Ploos van Amstel lashed out at the scheme, saying that while she would love Theron to live in Durban, giving the Hollywood star a plum piece of beachfront property in "is downright wrong and smacks of classic African National Congress electioneering".

'She is going to change the face of Durban'

It emerged that Theron signed the deal on Madiba's coffee table during her whirlwind tour of South Africa. At Madiba's house she caught up with an old friend, Sister Jabu u'Nomanga, the nurse who treated the young Theron at the old Children's Hospital when she had a sprained ankle. The injury was sustained when Theron did an impromptu dance down the pier one day, hoping to catch the eye of Durban heartthrob Shaun Thompson during the Gunston surfing competition. Theron's spokesperson in Los Angles, Martin Fibbs, said: "I cannot confirm or deny your story. "All I can say is that Charlize speaks fondly of a beachfront city in South Africa called Durban. I have heard her say that Durban is like Benoni by the sea."[1]

[1] *The Mercury* 1 April 2004, Page 1.

The light comedic presumptions of this piece are easily discerned even by a reader unfamiliar with the new forms of capital and state corruption in the region, and the particular forms of instrumentalist approach taken by city managers, officials and wealthy Durban-eThekwini entrepreneurs, in their approach to this decaying reminder of the region's spent energies around child health.

But a deeper reading is also possible: here the newly corrupted build upon the racial injustice and illegitimate elite and local state forces that shaped Durban in the past. The history of the "whitening" of privileged access to this space and its built environment, and the brutally callous development of a golden pleasure mile in the past, is mocked in this newspaper piece and set alongside the reminder that Durban lost the market-share of the rich to other coastal developments. In the last days of the Apartheid regime the city's beachfront became the *sine qua non* of gauche white inland holiday makers from the Transvaal's white suburbs and east rand mining towns, whose tastes and spending power marked this out as a holiday destination for middle class whites (drawn to the top-end hotels), and lower middle class or protected white working class whites (in budget holiday flats, budget hotels and other rental accommodations).

The piece also evokes another register: of a hospital with a reputation that could indeed inspire a wealthy person whose pain and medical need was met and well recalled. The text is tinged with a rebuke, though without any meaningful threat, to city power brokers.

An interviewing project (collecting oral memories of patient healing journeys, initiated via calls in the local press and on local radio stations, and a set of purposeful interviews with a selection of the staff who worked at the children's hospital in Durban, conducted from July 2009 to December 2010), as well as a collection of over 30 letters and emails from adults who were treated and supported by the hospital and who wrote to describe their memories and healing journey, has underscored what newspaper articles also echo, and attest to, over many decades: this institution is well known to adults across ethnic, linguistic, racial and class divisions in the city. And this is why the April fool's day story "works". There is shame and sadness attached to the hospital and its demise. The struggle to redevelop this hospital, especially heated since July 2009, has revealed that the cards played by opponents of the scheme, (that "this is a 'white elephant' and a reminder of the past"; that "this is the wrong site for a health institution", and most ludicrously, "that there are not enough children in Durban or the region to warrant a dedicated institution") are well worn and seem weak and ineffective against the many plausible and evidence based reasons for its redevelopment.[2]

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[2]These are just some of the responses recorded by Coovadia and Burns in conversations, informal meetings, in cuttings from newspaper articles, in letters and oral responses and in official meetings held with decision makers July 2009 to December 2010. The author thanks those who assisted with the oral history project:- Saajid King, Shannon van Tonder, Elena Aiello, Jerry Coovadia and especially Val Jenkins. These inetrview transcripts are in the possession of the Maternal Adolescent and Child Health Unit, MatCH (a service delivery and research division of the WITS HEALTH CONSORTIUM) and in the possession of the author. KZN C H Boxes Files 1 to 3. See newspaper pieces from June 2010 to January 2011, especially by Barbara Cole and Lyse Comins, in:- THE MERCURY; DAILY NEWS; WITNESS; ILANGA as well as South African news online service IOL.

So why is this hospital still in ruins, a highly visible "eye sore", on one of the most valuable pieces of real estate in the region?[3]

What matters about the past history of the Children's Hospital in Durban?

Writing about the history of children's hospitals in South Africa, and indeed hospitals and health institutions, is part of the struggle of memory against forgetting. The road to create excellent and relevant health and curative services for children in this region has been long and hard. Depending, as they do, on adults to make their case and be heard in society, children have often received the least state support, social respect and justice. The South African post-apartheid state has directed a vast array of resources towards children and their care and has yet to achieve its own bench marks for child health, child safety and child development. The Child Protection Act, the South African Children's Act and 15 years of legislation and policy making tasked with laying the foundations for improving child life on behalf of the children of South Africa. The inequity in state responsibility for child life across the modern history of our country is not enough to convince many people that children should be at the very centre of all civic action and state planning. The recent interventions and impact of the Nelson Mandela Children's Fund, and the work of allied welfare, social development, children's rights and service professionals and groups, is needed now more than ever to protect what we already have, and build from where we stand. The danger is that consumerism, power brokering, and many short term needs will block the voices and needs of people whose value is inherent and not monetary: our country's children. Today as we see the rise of plans for a new Children's Hospital taking form in Johannesburg, under the Nelson Mandela Foundation banner, and as we watch the growth of the Red Cross Children's Hospital in Cape Town, it is particularly painful to regard the wreck next to Addington Hospital on South Beach in Durban, where once a world class Children's Hospital stood and functioned. This paper is an attempt to frame the issues; to trace the history of the massive effort that went into the erection of the hospital in the first place; to reclaim it from a white settler viewpoint; and to provide solid and detailed evidence for health planners concerned with children's vulnerability, their health needs, and their inherent worth and recognised rights.[4]

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[3]Molly Margaretten *Point Taken: Durban's Street Youth and the Creation of Informal Shelters* Chapter from PhD Thesis, Yale University, also presented at the History and African Studies Seminar, June 8 2005, pages 1 to 14. Margaretten makes the point that the then MEC for Transport and Safety in KZN, Bheki Cele, now National Police Commissioner, addressed a meeting of Point power brokers and stake holders about the issues of street children and related subjects in 2004. In his speech he specifically evokes the need to create a viable up market golden mile dream for Durban and echoes uncannily officials through the 20th century.

[4] Note to the reader: in this paper terms such as "Coloured", "African", "White", "Indian" and at times "Black" are not used to denote any actual or real category of persons, but to try to capture, through the pain of memory and historical use, the segregated roles people were assigned in South Africa's past. I have tried to do this with care and respect for the pain these categories continue to cause into the present. Also I have used the term "Durban Children's Hospital" rather than "Addington Children's Hospital" for reasons that I hope become apparent. This is a working paper and I invite criticism and comment.

Health as a Window into South African History

The history of South African health institutions mirrors the history of the region as a whole. Shaped by deep contradictions, tensions, prejudices, and exclusions, as much as by mutuality, sacrifice, and heroic acts of public mindedness, hospitals have been a microcosm of everything open and creative, as well as destructive and narrow, about our past.[5] In KwaZulu-Natal broadly, and in Durban/ eThekwini in particular, the creation of Hospitals was uneven and the intentions of their founders were layered and contested. It was only in the later Victorian era that the colony of Natal saw the erection of hospitals from public monies.

The huge suffering of sick children in industrial cities and living in slum conditions, often close to leading teaching centres and medical schools, began to demand special attention in the mid to late Victorian era. Exacerbated by the rapidity of the impact of colonial rule, industrial capitalism, and huge commercial development, cities such as Durban were challenged by the a rise in the numbers of children with infectious diseases and children suffering from the effects of poor nutrition and lack of healthy spaces to grow and develop. In Johannesburg and Durban in particular grave concerns about child health began to be expressed in the years after the end of the South African War (also known as the second Anglo Boer War of 1899 to 1902), and in the lead up to World War I these voices and concerns became louder. In the 1920s the development of new knowledge and health prevention around immunization, as well as antibiotic treatments, gave new hope. Many secondary conditions kept children in hospitals across the world for great lengths of time and this pressure on hospital space was compounded by the fact that many primary conditions, such as poliomyelitis and its crippling aftermath, were not preventable. Other primary infections which could also not be treated effectively at the time, often leading to secondary impacts, included mastoiditis, following middle ear infections; rheumatic fever or nephritis, often following acute tonsillitis; and osteomyelitis; after a compound fracture. Often because of the heavy pressure on wards by adults in cities, children were only admitted when there ill health was almost terminal. Sadly some of these same issues are back on the agenda in this time of drug treatment resistant TB and its twin, HIV , in South Africa at the start of the 21st century. In the early 20th century paediatric specialists, nurses and many clinical professionals drew on world and local knowledge and articulated the strong view that that successful healing of children in South African hospitals without separate facilities was not widespread. Understandably many parents and children were very fearful of hospital care and they had good reason to be well into the early part of the 20th century.

In the context of the racial politics and power structures of the pre WWII era, the sight of desperately sick children from the white settler communities energised many philanthropists, charity workers and concerned professionals, but the far larger pressures and needs of the black children of these cities and hinterlands also generation growing

[5] With deep thanks to Dr Arthi Ramkisson and especially to: Maria Nomico; Prof Rodney Harber and Ros Harber; to Helen Labuschagne; to the late Prof. Bill Winship, to Prof Jerry Coovadia; to the Architectural Heritage Committee, Durban, for permission to use their huge resources on the Durban Children's Hospital; to Sue Meyer; and to Mwelela Cele and Nellie Somers (of Campbell Collections), for all their support and help.

concern and concomitant pressure, though this was not met with the same attention from the state who looked first to protect the children of its voting constituencies—white males. In Johannesburg post war philanthropic energies resulted in the erection of the Transvaal Memorial Institute for Sick Children in 1923 – a Provincial endeavour, and this no doubt catalysed efforts already underway in Durban. Never a full "Hospital for Children" this important Institute nevertheless supported rehabilitation, child-friendly isolation facilities and a range of other services for acutely and chronically sick children and over the 20th century provided a locus for specialist care and the development of research and knowledge about children's health and needs.

The larger picture of the development of hospitals for children in South Africa, mirrored earlier developments in this area of special care in English-speaking societies the world over. Britain's own hospital systems for children, as well as those of her colonies and the USA, lagged behind several continental French and German speaking societies. Ireland's history of children's health care is noticeably different to that of many of its neighbours and worth mentioning: in 1821 several leading doctors in Ireland who were very concerned about child and infant morbidity and mortality and the complete lack of special nursing or medical services available to sick children of Dublin, founded the city's National Children's Hospital. This Hospital was among the first hospitals in the English-speaking world devoted exclusively to the care and treatment of sick children. Dr. Charles West, one of the hospital's founders, educated in Paris and Bonn where children's health care was far more developed, moved to London thirty years later and helped launch the Great Ormond Street Hospital. Opening on Valentines Day 1852, early supporters of the hospital included Queen Victoria, Lady Byron, and Charles Dickens, who gave readings from his "A Christmas Carol" to help raise money. Soon after, Dr. Francis W. Lewis of Philadelphia, was inspired by his visit to Great Ormond Street and returned to the U.S. to create the Children's Hospital of Philadelphia, which opened in 1855. The first U.S.A school of paediatric nursing was also launched at the Children's Hospital of Philadelphia in 1895.[6]

Thus while it is not surprising that South African Colonies of Britain, the Boer Republics and the independent African polities had created not a single Child Hospital or health site during the course of the 19th century, the pressure to move to this logical next step was evident by the start of Union in 1910. In the Cape, the oldest medical centre of the country, the first Children's Hospital was only built in the post World War Two era. Today the Red Cross Children's Hospital is a regional and continental land-mark of children's care and excellence in health. Its history is currently being written, and the history of its fight to stay open and grow in the face of competing health demands and the vulnerability – even today – of children's health care needs in the face of other demands on state health resources, is a sad tale of the struggle of memory against forgetting.

[6] Early History of Children's Hospitals from the "Introduction", accessed 27 July 2009, in: *Inside.nachri.org/AM/Template.cfm?Section=Site_Map3&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=12693*

Hospitals in South Africa

In South Africa the erection and maintenance of all Hospitals was (and remains) fraught with metropolitan and local claims and counter-arguments about efficacy and fiscal responsibility. Like elites the world over Boer, British, and Missionary settler communities in the region avoided state hospitals for their families and loved ones as much as they could, with few exceptions, into the early 20th century. Hospitals were seen as places for the poor to receive anonymous care for terminal diseases or for isolation and associated with death. It took until the early stages of the 20th century for this view of hospitals to begin to shift in the West and in Southern Africa the timing of this shift was related both to social and medical shifts and advances. The role that the development of nursing care and asepsis played in reorienting quality care and, along with this, negative views of hospitals, cannot be underestimated.

In South Africa too, the rise of hospitals in public estimation, as places of safety, nurture and comfort as well as healing sites, is very closely linked to the rise of a well trained nursing cadre. After the late 1920s the increasing role of African women in this story is central and remains so to this day. To understand the role women played in this history in the region the place of Mission educated women from amaKholwa communities is key, as well as the role of white nurses born in the region as well as from Ireland, Scandinavia, Britain, Germany and the USA. In the 1950s the first South African coloured and Indian nurses began to be trained in numbers, and their impact has also been immense. In addition to the training and development of nurses the history of medical education in general, and its close ties to developments in curative and preventative medicine, is crucial.[7] Published research shows that initially South Africa trained doctors along class, race and gender lines favouring white men in every way over other potential students, although there were notable exceptions to this. White African and Indian women doctors emerged alongside their black male peers in small numbers, but like black male doctors, their impact was much greater than their numbers in the population as a whole. In addition to this national scene Durban-area hospitals, such as McCord Hospital, were sites for the development of the first vibrant and strong peer group of black medical professionals, and the local development of the Durban Medical School, the first Medical School for the education of black doctors in the entire region south of the Zambezi, linked to the University of Natal, cemented this element of regional health politics education and service. To this day many national health planners and professionals in South Africa were associated with one or another Durban-based health institution, and many of these black professionals serve in the South African cabinet and on national or provincial bodies, as well as in highly placed political, business and research positions.

The relationship between this late 19th and early 20th century development of hospitals with their largely western-trained medical professionals, and the tens of thousands of people of Indian origin—many of whom were sugar plantation workers and then coal mining and farm workers well into the 20th century—is a subject of great complexity. In both the case of white settlers and Indian migrants-into-settlers, increasingly nuanced and detailed accounts have been published about the importance these communities attached

[7]See the extensive and rich published work of Julie Parle, Vanessa Noble as well as Anne Digby, Helen Sweet, Shula Marks, Harriet Deacon, Simonne Horwitz and Howard Phillips in this regard.

to folk and family medicine, to religious beliefs and health, and to care from community experts, particularly valuing herbal and medicinal practice in times of dislocation and migration. Settlers of all sorts, and from all places, valued old knowledge in the context of high rates of morbidity and mortality. This was also true in the local Nguni communities, where health practices were highly developed and where surgical, herbal, divinatory and diagnostic work was carved out between various layers of specialists and sub-specialists with great regional variation. But the narratives of migration, war, domination, competition and resistance also produced rich examples of mutuality, interconnection and growth. This is, of course, what terrified the elites of the day and contributed to the fear driving powerful and conservative energies in South African state formation.[8]

Because of these many layers and contradictions health is a fascinating lens through which to view common, as well as separate, South African histories. Both in the case of the practices of newer arrivals, as well as the rich context of the indigenous African polities and communities of the region, health practices began to open and absorb new knowledge as well. Historians have now established that pluralistic and intertwined systems of medical and health knowledge-borrowing and innovation animated health seeking behaviours in the later 19th and early 20th century. In the 21st century the likelihood of the same person seeking simultaneous relief from ill-health with offerings and meditation in, for example, a Temple; in a ritual performed for ancestral intervention after sacrifice; in prayer at a Mosque or a Church; and this, together with a visit to a Health Clinic, a Pharmacy, a Physician's Rooms, or to a Hospital, as well as to a cell phone consultation with a person purporting to be, for example, an East African Professor of Cures, is the reality of medicine and health seeking lived everyday by people of this region.

It is less widely understood that from the very earliest encounters across the fault lines of indigenous, settler, colonial power, imbrication was as central a part of the crafting of medical knowledge and practice as we see before our very eyes today. The tensions between local African social formations and the forces unleashed by colonial wars brought suffering, dislocation, injury and new diseases. Together with the massive social upheavals, economic revolutions, migrations and new political formations of the late 19th century, these conditions generated several crises of sickness and disease. But it was not only mortality and morbidity associated with physical health that distressed the patch-work quilt of peoples caught up in Natal and Zululand in the latter 19th century. The Natal Government Asylum at Town Hill an early mental hospital in the plethora erected as part of the work of making the British Empire, has received an especially rich and layered acount by historian Julie Parle. Families and households from across the class and ethnic spectrum in the Colony approached the institution for help with mentally ill relatives, and its progressive administrators and practitioners created a far less divided space within its enormous grounds than existed in the highly segregated world outside. After Union, and increasingly through the Apartheid era, "Town Hill" became a much more racially divided institution, but this one example from many reveals that specific,

[8]See the work of Flint, Burns, Scorgie, Parle, Mbali, Webber, Twine, Noble, Vahed, Waetjen, Badassy, Mokoena, Hughes, Mayat, O'Neil, Jagarnath, Carton, Majeke, Chetty, Sithole and Vis.

purpose-built institutions, could and did have very specific and nuanced histories.[9] Hospitals of Christian mission origin, such as McCord Hospital, (which recently celebrated its centenary and is the subject of a detailed study), were brought into existence by energy and broad social visions. Initially, and even decades into their existence, they were founded on inclusive, if faith-proclaiming and proselytising principals as well as broader humanitarian aims. For example McCord Hospital became a hospital dominated by care for Zulu-speaking people perhaps more solidly in the discursive field in and around it than in reality. The Hospital drew a large minority of its patient body from local coloured, Indian and white South African communities, though this fact had to be disguised in the late segregation and high Apartheid era. Though shot-through with the power differentials of the time, the staff make-up at McCord Hospital was diverse. State run and managed hospitals were less able to be flexible in their applications of racial, ethnic, religious, gender and class division and practice.

In Durban, a region dominated by the English speaking white elite through most of the 20th century, the segregation impulses of this class were honed by what Maynard Swanson termed "the sanitation syndrome". His work, and the generations of historians who have written in his wake, showed that Durban city and Natal Provincial Authorities articulated a highly charged language of medical and scientific objectives to disguise projects of social, spacial and economic segregation. They distinguished themselves by building upon epidemic and quarantine practice as a basis for the very geography and development of the city and its environs. It is no wonder that medical discourses of control are so heavily charged in this region even today. People outside of the power elite are rightly deeply suspicious of any moves seen as undermining their already fragile or vulnerable stakes in the city and region. The development of the Addington Hospital and the of hospital services in Durban in the past and now often forms a transmission belt for wider social anxieties. Along with working class neighbourhoods, schools and civic facilities, the city and central authorities used racial and social engineering to justify moving clinics and hospitals into newly designated areas, designed for separation of racial and class groups, with a zeal and lack of humanity notorious in mid to late 20th century history. This nightmare now weighs on the present in our time of HIV/AIDS, with the rise of new strains of TB, in the wake of the recent cholera outbreaks, and in the context of the huge remaining economic and continuing racial and ethnic inequity in our society.

Unsurprisingly hospitals built in South African before 1994 have been unable to completely free themselves from the wider social cleavages of the past. Annual Department of health reports as well as the published analyses of public health experts show that South Africa still battles to create hospitals that will serve the widest community with both specialist curative as well as preventative services. Hospital and health planners in South Africa have to take the past into account as we move to create institutions for preventative health support, for healing of disease and distress, and imbue these with justice, care, dignity, professionalism at their core. It is also here that our history re-joins that of the rest of the world, but this is only possible if a detailed

[9] Julie Parle *States of Mind: Searching for Mental Health in Natal and Zululand, 1868–1918.* (Pietermaritzburg: University of KwaZulu-Natal Press, 2007).

historical context of our hospitals and related institutions is available and read. The public and mission hospitals in KwaZulu-Natal are a good example of institutions whose pasts are worth building upon for the future rather, than erasing from view. To be built and staffed and maintained they attracted into their midst people of mediocre as well as outstanding calibre, and had amongst their staff and supporters women and men who stood for justice and for humanity in its widest and radical sense. Living inside of the contradictions of class, racial, religious and gender inequities, the aims and intentions of at least some of the people who built the health institutions of this region are worth close attention. In addition to privileged white South Africans, medically educated abroad or in the racially segregated Universities of the country up to 1994, and the waves of new émigrés of European origin trained in the West, these institutions were also built, maintained and staffed by women and men of colour, drawn from all of ethnically and racially disenfranchised communities of this region. People of colour in Durban gave huge amounts of their intellectual and physical labour to the building, development and staffing of these Hospitals. Many of them sacrificed and struggled, often with parental and familial support, so that they could earn science, medical, nursing and related professional qualifications in South Africa or overseas, and serve their communities. As the histories of Groote Schuur and The Red Cross Children's Hospital in the Cape; the Bridgman Memorial Hospital in Sophiatown; Chris Hani Baragwanath Hospital in Soweto; McCord Hospital in Durban; and Town Hill in Pietermaritzburg reveal[10], they are much more than the sum of their parts. Their impact into the present for South Africans is huge and the future role of those institutions that survived Apartheid is potentially crucial.

Over the last 20 years a new generation of South Africans of medicine and health have began to publish widely and command attention for their commitment to progressive social history as well as incisive analysis of the context and foundations of health in-equality. Leading this field are scholars such as Shula Marks, who has written on hospitals, nursing history, the history of diseases, the history of medical education and the history of Apartheid and health. The work of Marks, and her now extensive community of fellow historians, has been picked up upon by health sociologists; health systems planners and economists; health activists and by public medical professionals across several fields. In turn the work of these historians is constantly enriched with engagements from health practitioners involved in planning and rethinking health resources in the region in the new democratic era.

A few key issues have emerged from this debate: building new health institutions in the 21st century is no less fraught with complex and sometimes competing demands as in the past. The differences between the era before 1994 and now cannot be underestimated but we can learn a great deal from the struggles, failures and successes of the past. While hospitals in this region, and indeed the country, have been places of exclusion and have marked divisions between people and resources during the most painful and vulnerable

[10] These are mentioned because all of these institutions have recently been the subject of detailed historical attention. See the work of H. Phillips; S. Horwitz; A. Digby; H. Sweet; H. Deacon; M. Mbali; J. Parle; V. Noble; S. Zondi; C. Burns; V. Khumalo; S. Couper and of course Shula Marks.

times in their lives, they have also provided South Africa with a platform of enviable health institutions in terms of the continent, and the hemisphere we are in, as a whole.

Addington Hospital and the Development of Hospital Services in Durban

In the 1920s Durban was already emerging from the reed and sand bar settlement of the later 19th century as a highly stratified town on the Indian Ocean.

The British Imperial energies that drew mining speculation, capitalist farming, port, shipping, fishing and mercantile businesses to the region, and the concomitant upheavals in Nguni social formations, had already created a tri-continental frontier out of the Durban region and hinterland. Into this admixture of intertwined people, arrived families searching for toe-holds, some with wealth as security from Europe. Several family's crafted life-projects that laid the basis not only for elite wealth extraction (labour exploitation; property ownership; banking; and taxation as well as the local state), they also strove to create social order and what they deemed a civil society, founded on exclusion and privileged. The provision of reading spaces, libraries, schools, musical, artistic, sporting, scientific, religious, and community institutions were part of their energetic frenzy. Especially from Union in 1910 these local elites left records of their thoughts, beliefs and practices and from these we can understand why health and medicine were such urgent demands of the day.[11]

The Bayside Hospital was the first city funded institution of its kind in the urban ocean settlement of Durban. Like today the city and colonial regional authorities were jointly and severally responsible for the provision of health facilities and services. In the late 1870s the Natal Government decided to relocate the facility towards the ocean-side of a newly laid-out township. Proclaimed in 1850 by Lt. Governor Scott this new area was called Addington Township. Its creation caused an uproar, as already established Durban "worthies" objected to a second "town" between their established urban space and this new development. The interests of private property owners and business people even more than 130 years ago challenged the health needs of the wider public! But this time the state authorities overran objections and the new Hospital, which cost £16, 000, took until 1879 to be erected. With segregated ward facilities, but joint nursing and medical staff, the Hospital was typical of British colonial institutions of the day. New additions in the post-Union decade extended the nursing quarters, created operating theatres, laundries and so on, and occasioned another £40, 000 from public funds. Between 1919 and the last

[11] Sources for this section include: Primary materials at the Killie Campbell Archive Collections and Library in Durban; including "The Family Collection"; the Quested Family Collection"; Campbell's Press Clippings Collection under "Hospitals and Health", "Indian Health", "Durban City", "Bantu (later African) Health and Welfare," "War" and "Depression"; also books by Janie Malherbe *Port Natal: A Pioneer Story* (Cape Town: Timmins, 1965). See dissertations by C. Buys, "Children's Hospital, Durban" 1996, UNISA Art Department; by Andries Botha, Natal Technikon (Art); and the invaluable report for the Architecture Society by architect and architectural historian, Maria Nomico, completed in 2000. In addition to this newspaper collections from the 1980s, 1990s and 2000s have been searched as have the local History Museum in Durban, the Voortrekker/ Msunduzi Museum in Pietermariztburg; and the local and state archives.

years of World War II the Addington Hospital was extended to a 700 bed facility. At the same time black patients (people termed "Native"), as well as most patients called "Indian", "Asian" and "Coloured", were removed from the site to other Hospitals in the region. This process of greater racial spacial and service segregation preceded the election of the National Party Government of 1948.

Thus after 1879 the space around the present day Point area (with a central road now renamed Mahatma Gandhi Road), was committed to health service needs. The Hospital was intended to be a state-supported and run facility for the people of Durban across all racial and class groups—segregated by wards. However the outbreak of the Anglo-Zulu War of the same year occasioned the military take over of the new Hospital and it was under Military use for several years. After the War ended and the aftermath of healing and direct Hospital use was over, Addington was handed over to Civil authorities once again. It was only in the 1890s that a resident House Surgeon was appointed and only in the 1920s that a full visiting staff (of physicians and other specialists) along with the Superintendent of the Hospital and permanent nursing and support staff, was introduced. This commitment, from both the Provincial and City authorities, was crucial in the development of public confidence in these state facilities.

Internationally, in Africa, as well as this region, the impact and exigencies of war-craft drove elements of health service extension. Durban was no exception. The aftermath of World War One drew many of Durban's older elite families into considering the value and vulnerability of young people's lives. With rising expectations of healthy lives, elites all over the world were, by the start of the 20th century, began investing their hopes and expectations in children surviving childhood and moving into stable adulthood with far fewer of the illnesses and early deaths than preceding generations had come to expect and fear. One of the many consequences of World War One was the huge loss of life of male youth in Europe. Durban and the region suffered its share of this pain as men from Nguni communities, Indian South African men, coloured men, white men and some women – especially nurses – found their lives changed forever as a result of their involvement in their role as part of Allied support for the War. Many prominent Durban families lost sons in this War and their reappraisal of the memorials they wanted for their sons after the war led to a new energy around the protection and value of child life.

We can see the impact of this energy into the 1920s and 1930s. The losses felt by white settler families and the concomitant emergence of white women into public life, led to a greater, often maternally organised, civic energy around childhood support. This follows the patters of women's public voice arising in the then Soviet Union, the USA and the West, as well as, for example, Chile, India, Brazil and the rest of Africa. "Women as mothers" opened a space, and carved an activism, that was the foundation of early feminism and women's rights' movements the world over. The history of women's space in the African National Congress, and other local movements for rights and justice, also form part of this international history. This has left marks, both powerful and positive, as well as stereotyping and restrictive, on the role of women in public life today.[12]

[12]The literature on this is vast see a recent outstanding summation:- Sheila Rowbotham *Dreamers of a New Day: Women who invented the Twentieth Century,* (London: Verso, 2010).

In Durban, and the then Province of Natal in the 1920s, white women's words and deeds counted more than the words and deeds of women of colour, despite the rising activism of the latter in anti pass campaigns, union marches and other street demonstrations. They played leadership roles in several areas of City and Provincial life largely because of their racial status, but they were also unusual in their greater commitment to cross-racial and cross-class activism, as compared with their spouses, fathers and sons.[13] Their movement into the space of health, social welfare and child services was felt immediately. At the same time the great majority of Durban's children were black and poor and their right to even call the city "their home" was under threat as their parents and their rights of occupation, schooling, usufruct, state support, business opportunity, employment and land ownership, were curtailed and removed. Much has been written about the rise of more militant forms of civic, trade union and political organisation in the wake of the Union era and the Treaty at the end of World War One, naming international rights to self-determination for all "peoples", was a rallying point for anti colonial movements and parties all over the world. In Durban the Congress movement and the rise of particular Trade Unions, such as the Industrial and Commercial Workers' Union, rustled the calm waters of White elite Durban and created an edgy urban dynamic of change and contestation. Along with these more obviously political and workers' rights-based movements emerged a series of new faith and social movements, (such as the Shembe Church, the Satyagraha Movement, the Amalaita youth gangs, the Manyano Prayer groups, social and sports clubs, literacy and adult learning self-help organisations, and so on).

It was difficult for progressive and radical people at the time to imagine, and bring to life, cross-class and cross-ethnic support networks and organisations. Despite this the local Communist party, many religious groups of various sorts, as well as welfare organisations based in the City, began to work on the basis of issue-specific projects. What we could now call social support more broadly and what was then termed "Child Welfare", was one such area of activism and energy. Prominent people from the African, coloured, and Indian community played a vital role and several white women from the city, mobilising their elite status, their ability to be voted into local government, and, after the 1930s their access to the national franchise, also moved in this field.

It is compelling that many women from communities where people held few formal rights and were treated as subjects not citizens, such as the coloured, Indian and African communities, produced women leaders who found their commitment to development and justice in working to create better lives for children. Together with some dedicated men from many backgrounds they created a quilt of services before the social grant and other state support systems of our modern democracy. Today Durban's services for children are still marked by their legacy. The "Child Welfare, Durban and District" organisation is a composite of the former "Child Family and Community Care Centre of Durban", founded in 1927 by the Indian Women's Association whose role in the development and

[13]Work by graduate students on women's activism in Durban is giving depth and detail to this evident pattern. See the work of Abigail Donaldson, Mwelela Cele, Janet Twine, Suryakanthie Chetty, Lisa Stockman and Anne Shadbolt as well as Vanessa Noble.

extension of this crucial support net for children born into great poverty cannot be underestimated. It is also made up of the ex "Durban Child and Family Welfare Society", founded in 1918/9 whose first acts were the setting up of a crèche and then the employment of social workers. "Mrs Sam Campbell", as she was known, was key to this development. Out of this grew the "Edith Benson Babies Home" and related Homes, and these were opened up by this group in July 1946. In 1952 this Society began work with the Coloured community. By the later 1970s and 1980s this group's mandate had widened and began cooperation and mutual work in earnest across colour lines. In addition to these larger groups the "Umlazi Child and District Child Welfare Society", founded in 1925, and the Durban Bantu, and later, African Child Welfare Society, founded in 1936 were crucial components of child health and welfare work in the City. A progressive stalwart in city and regional politics and later a member of both the Congress of Democrats and the Liberal Party, Mildred Lavoipierre, was a key mover in this Society. The latter Society had already merged with the "Durban Child and Family Welfare Society" by 1990. The "Durban Bantu/African Child Welfare Society", closely connected with the "Durban Child Welfare Society", was created on cross racial management lines and attracted people with stature to work together like this for thirty-seven years, until 1973 when the State prohibited this form of association. In 1981 the State finally relaxed this provision and the Society once again operated as a racially mixed organization until the amalgamation with "Durban Child and Family Welfare Society" in 1990.

In all of these groupings one Durban woman whose energy and zeal could be matched by her access to the elite and her own financial resources, and who deployed this "clout" to great advantage, standing out in the development of many of the city's resources for children and for other civic supports, is the person known in her time as "Mrs Mary Siedle" born Ameila Mary Watson.

Mary Siedle: The Family and the origins of the Durban Children's Hospital

In 1940 at the height of the Second World War, Otto Siedle published a book about his life and the contributions he, and members of his family, had made to the development of Durban and surrounds. By this time Otto Siedle was a very well established shipping magnate, venture capitalist, music and art funder, and generous philanthropist in Durban. A section of his memoir, *Siedle Saga: Reminiscences and Reflection*s, attends to the contribution made by his spouse Ameila Mary Siedle, known as "Mary". He records that Mary was a serving member of the Durban City Council and that she served a term as Deputy Mayor in 1926. In addition to discussions of his sons and their sporting and other achievements he records the death of his eldest son in World War One and laments that the world faced war again as he set about writing his memoirs in the late 1930s. Otto Siedle also records with pride the musical impact of his opera-singing and artist daughter, Perla Siedle Gibson, who later became a popular Durban musical personality in her own right during the Second World War, when she achieved fame as "the lady in white", singing troop ships into the Durban docks at the height of the War.

The Foreword to this memoir, written by Rupert Ellis Brown, Mayor of Durban, and son of the erstwhile first "Mayor Ellis Brown" of Durban, describes Otto as one of the key citizens of Durban and a "doyen of Durban's men of affairs", central to shipping mercantile and other business interests. Ellis Brown Junior goes so far as to say Siedle's contribution was "unparalleled in the annals of Durban" and lists some of his featured work: the Seamen's Institute; Rotary; and many sports and recreation facilities in the city, ending by claiming that Otto Siedle was many times invited to get involved in municipal affairs—which he declined "due to the press of business interests".

Ellis Brown writes:

> ... Work which he, in the pressure of other calls upon his time, could not undertake, was performed by distinction over a period of a number of years by his wife, Mrs Mary Siedle, who became Councillor and eventually Deputy Mayor, rendering her term of office historic by the foundation of the Durban Children's Hospital...[14]

Amelia Mary Watson, whose parents had migrated in 1886 inland to Ladysmith from the coast, met and married Otto in 1887. By the 1920s Mary Siedle had borne and raised 4 children and her eldest, but still teen-aged son, had been killed in World War One. The Siedle memoirs[15] record this great loss as a major contributing factor in her social activism as well as her particular interest in youth and medical services. Several pamphlets and texts written at the time about the history of the Durban Children's Hospital emphasise other dramatic moments behind the founding of the Hospital. One such narrative, reported in The Daily News in 1978 and circulated in other accounts before this time, involved the account of the 10 year old James "Mickey" Freshwater who, sick and near death, trekked from Mayville to Addington in 1920 and who, despite his serious case of dysentery, was turned away because all the wards were already full, only to later die. His teacher, Mrs Kettle was the person who approached Mrs Mary Siedle, and then, as the account goes, Mary Siedle took the energy from this tragic case into the setting up a committee to enquire into a children's hospital in 1922. She had the help of another prominent Durban woman, Edith Benson, whose commitment to child welfare and health eventually lent her name to several institutions for the care of children in Durban, a name that lives on today in the new post-Apartheid social service organisations devoted to children.

The Paper Trail: the Durban Children's Hospital's Development 1920- 1940s

Records of the Durban Council, the Provincial Health Authorities, as well as hand-written meeting minutes, title deeds, plaques, contemporary newspaper articles and interviews, all attest to the rapid development of this seed of an idea into real form. In December

[14]Otto Siedle, *Saga: Reminisances and Reflections*, (Durban: Knox Publishing Company, 1940), "Foreword" by R Ellis Brown, page iii.

[15] Perla Siedle Gibson also wrote her own memoir: Perla Siedle Gibson *Durban's Lady in White: An Autobiography*, (Durban: Purnell, 1964, [republished by Aedificamus, 1991]).

1922 the first children's Hospital Sub-Committee meeting took place, with Mary Siedle at its helm. From the start both City and Provincial Authorities were joined in their support of the idea.

The first site suggested and explored by this Committee for the said Hospital was in the area known as Cato Manor—where a 60 acre site was located. The 21st century reader comes to this fact with a heavy heart given the complex and very painful history of the Cato Manor region of the city subsequent to this era; its dense settlement; its history of poverty, but also vibrant community life; its targeting by police and other state officials,; and then its Apartheid-era clearance and expropriation. The post 1994 history of the Cato Manor area has been marked with greater hope and success in reopening this space to the working classes of the city and the destitute poor, but it remains a difficult and complex space in the city of Durban.

In 1923 the Medical Superintendent of Addington Hospital, Dr Stewart, was interviewed for his views on the establishment of a Children's Hospital, with a possible view to some connection with Addington Hospital. Two possibilities were entertained: an area to the north of the Hospital near to existing hostel accommodation for black male workers; and a three and a half acre site south of Hospital road. This quickly became the preferred site, no doubt partly due to the presence of the Medical Superintendent of Addington but also because of the arguments for cost sharing. Soon discussions of the Cato Manor site ceased as a clearer set of Hospital management objectives and cost-saving measures came into view. The Medical Superintendent proposed that a Children's Hospital, allied to Addington Hospital, would offer substantial cost reduction possibilities. The sharing of nurses accommodation facilities; a laundry; kitchen; stores; an X-ray department; sterilizing and disinfecting section; administration offices and so on could all be shared, as well as an Engineer; some staff and a Matron. From the start the Sub Committee was open to this principal of sharing resources because this came attached to another set of provisos: that public monies be raised to add special value to the Hospital in the form of potentially expensive child-friendly and sensitive physical and medical arrangements and facilities. These special features were part of planning from early 1923. From the start the Sub-Committee planned to draw in a wider set of donors and interested parties to create a world class institution.

In April 1923 the Sub-Committee asked that the following points be considered in drawing up the plans for the Children's Hospital:

1) *Wards to be small in order to control possible outbreaks of infectious diseases and children and infants to be separated;*
2) *So built as to allow for future extensions and to be carried out economically;*
3) *Some "refinements would be provided beyond what is usually possible to extract from official sources", for example a small, one-cot ward with a separate outside entrance to be attached to each ward. In the event of a child dying it could be transferred to this ward and be unobtrusively moved without causing fear or grief or the other occupants of the ward.*

4) *50 cots were considered sufficient for the start.*
5) *Recommended that there be 4 wards with 8 beds each:*

- *1 observation ward with 8 cubicles;*
- *2 wards with 5 cots in each.*
- *Each ward should have a large balcony for open-air treatment, plus toilet and bathrooms, a milk preparation room and a visitors' waiting room. Also recommended were a separate children's operating theatre; a children's gymnasium, and a small plaster room.*[16]

The total cost was estimated to be around £45, 000. Between May and July 1923 the Public Health Committee, the Provincial Secretary and Sub Committee members met and prepared a scheme in which the Hospital would come under the Medical Superintendent of Addington with 50 beds and along the lines discussed in April.

By May the only additions to the plan were an agreement by the Province to buy the extra half acre needed to round off the site, which they duly paid for, a plan for at least 12 cots for infants, and an agreement that 4 beds be set aside for the use of the Child Welfare Department. The Municipality was also asked to come up with land additional to the three and a half acres. In July 1923 the Town Council considered and approved the Sub-Committee's report, after additional input from the Finance Committee. On 27 October 1923 this report was sent to the Provincial Secretary. On 30th November of 1923 the Provincial Administration committed itself to assist with the costs. Between May and February 1924 a series of new Committee members were invited to join the Sub-Committee were formed to provide oversight and leadership and to drive the process. Both Otto and Mary Siedle ended up on the Committee ans Otto was elected as a Community representative. Along with members of the Medical Associations in Durban (both the British Medical Association and the Association for Other Members) there were representatives from the Provincial Administration. Later on, in 1923 and 1924, debates and conflicts arose as one medical doctor member in particular argued against a Hospital which would include beds for infectious cases being placed at the beach-front and alongside Addington and demanded the opening up of the Cato Manor site for discussion again. But his views were eventually over-ruled by other doctors and by the Sub Committee. Other arguments against the movement ahead with the Hospital came from representatives who doubted that the public would come up with at least a third of the cost. They were quickly disproved when by October 1924 the first fund raising activities (a "Hush Club" and a "Children's Hospital Ball"), were already under-way. While the architects and engineers argued and debated about the numbers of sluice rooms needed, the size of the verandahs and other matters and details, the public of Durban, pushed by Mary Siedle and her colleagues, had already raised £9, 425.

There was some delay in 1925 as the central state in Pretoria had set up a Commission into the situation of Hospitals in the Union at large and the feeling was that the Provincial Administrations, at the end of the this Commission, would be tasked with oversight for

[16] 1922-1931 City Council: Durban Children's Hospital Sub-Committee Minutes; hand written and then typed up; in the possession of Campbell Collections and the Architectural Heritage Committee, Durban. Report of 2000; authored and compiled by Maria Nomico.

all Hospitals. This being predicted the Sub Committee believed the Province would need a greater hand in the planning of the Durban Children's Hospital. While this delayed the process somewhat, discussions with plans and for services continued and eventually by the end of 1925 a 66 bed hospital, without a library, but with space for easy additions was agreed and the Province was duly brought into the picture even more fully.

The Durban Children's Hospital is Born

Surrounded by air and space, and a view of the Indian Ocean, gardens and trees were envisaged as key to the milieu of the healing space. To this end a large number of trees were donated for the site. Killie Campbell, then a young Durban woman with huge commitment to local knowledge, to the history of the peoples of the region, and to democratic civic life, began to assist in the planning of envisaged the gardens. She later became one of the most influential people in establishing a view of the a "people's city" with her commitment to anti pass campaigns, her gift of a huge archive and library about African, Indian and settler life to the city and University, and her support for new writing and research into history and politics.

In February 1927 the City and Provincial representatives accepted the tender of the construction firm, of Mr W Cornelius, for £43, 216.

The plans for the Hospital were drawn up by the already very experienced Government Architect, J. S. Cleland, Chief Architect of the Public Works Department. J. S. Cleland's life's work included the design of many South African hospitals and health facilities of great distinction. This Hospital design is regarded by architectural experts as a classic example of Union Period Style. Modelled in some ways on the famous Sir Christopher Wren's Chelsea Hospital, with the use of courtyards, large fenestration to maximise light and air flow, and the use of free-standing Pavilions and towers as focal elements, this Hospital was testimony to a confident vision of a public future.

The plans included several decorative features such as the inclusion of ceramics throughout the building. This was part of a 1920s and 1930s trend internationally to introduce colour and interest into architecture, and the work of ceramicists and artists was central to the final built effect. Already in 1926 orders had been placed with the recently returned award-wining south African artist, Mary Stainbank, back from her stint abroad at the Royal College of Art in London where she was a class peer of Henry Moore. Stainbank returned with a fellow woman artist and close friend, Wilgeford Vann-Hall, and together these two artists threw themselves into their work, creating at the Stainbanks' family estate south of Durban a studio for their work, Today this is being restored as a gallery and heritage site at Coedmore. Together these two women worked on statues, stained glass windows and ceramics, and directed the work another group of women craftists – Galdys Short, Audrey Frank, Joan Methley and Thelma Currie. Wilegforde Vann-Hall was responsible for the design of several stained glass panels depicting nursery rhymes and Alfred Palmer, Nils Anderson and many students at the Durban School of Art painted wall friezes in the wards. Ceramic cot-panels, designed to

go above the cots, acknowledged donor amounts of over £100. Their work was central to the effect, the light, the colour and the aesthetic appeal of the Children's Hospital. Their work on the *della Robbia* styled relief panels and glazed fountains figures—eventually fired and made up at the famous Ceramic Studios at Olifantsfontein—were drafted, modelled and made in a very intense and rapid period of creativity between 1926 and 1930. The support of Mary Siedle and her colleagues for both the practical needs of the Hospital and its gracefulness and appeal to children is most noteworthy. The Siedle family's involvement in the setting up of a School of Art in Durban, and their connection to the wider musical and artistic communities of the region and the world (they were also instrumental in the creation of a local orchestra and their daughter became a noted international artist, musician and singer), played a crucial role in public buildings and services merging of aesthetics and healing. In very recent times a new movement has arisen to consider the healing impact of colour, light, works of art and imagination and the healing process, especially for children and people with chronic illnesses or lengthy stays in Hospitals, Hospices, or places of care. In South Africa this interest has taken the form of new projects in rural settings as well as in large city hospitals, (such as McCord Hospital in Durban and Hlabisa's Africa Centre as well as the hospice in the eastern cape village of Hamburg), where the integration of music, colour, light, texture, spaces for reflection and so on, is increasingly being seen as an integral part of excellent and sucessful medical care. Remarkable with the advantage of hindsight is the emphasis placed in the 1920s by the Durban group organising the Children's Hospital on the lnks between child healing and aesthetic stimulation, on beauty and trustworthiness and on surroundings and civic responsibility. The the architecture was also part of a landscape of carefully arranged flower beds, paths and tree plantings. Despite the world wide depression biting into Durban and the regional economy, and the many challenges this presented by 1930, the planners stuck to their commitments and public and state funds were used frugally but imaginatively and the buildings officially opened on 12 February 1931 the bite of the depression.

Many of the cots were dedicated by donors and the art works above bed heads and on interlinking ward walls and atria reflected this. The impact of the 1914 to 1918 War is inscribed into these art works as many of the dedicated cots are named for military regiments, or for individual young men who died in the War, as well name named for battles where loss of life was immense, such as "Somme 1916", "Ypres, 1917"; "Egypt 1916"; and "Delville Wood". There are also many cots donated by families remembering children who died young, such as "The Henrietta Scott Cot"; The Elizabeth Baker Cot" and so on. Some donors asked to remain anonymous and their donation is recorded in images of plants, sea animals, sports and sporting motifs, or ships. There are also inscriptions that read "Fund Collected for Wee Waifs" and poetry. A colourful frieze of Jesus with children at his feet, inscribed "Suffer little children to come unto me" rises above the main door way of the Hospital. This work occasioned debate by donors from other faiths, but its erection went ahead. Inside the Hospital itself members of the Jewish and non Christian donor families presented bequests with more universalistic motifs about children, nursery rhymes, or simply their organisations' names such as: "The Durban Jewish Ladies' Guild Cot" and "Abraham Andijah Romain Cot". In addition several local state and private schools, women's work clubs, horse gambling companies,

adult sports associations, local businesses, and other collectives raised funds for bequests and these were gifted in wall paintings, stained glass works, as well as statues and mosaic tiled floor sections depicting the maritime themes of the sea frontage.

A fine collection of colour photographs of each and every one of these works, and some copies of plans and drawings, exists in the records of the Architecture Society in Durban, drawn together into one report by local architect and architectural historian, Maria Nomico, and completed in 2000. In addition to this the Voortrekker/ Msunduzi Museum in Pietermaritzburg; and the local and state archives hold many photographs, plans and wax and other models of the works of Mary Stainbank and her collaborators. These are now seen as national treasures, and are treated as such and exhibited for scholarly and historical value, yet the originals deteriorate monthly in the crumbling seafront Hospital.

Capturing the pomp and ceremony of the elite philanthropy involved in the Hospital's creation Otto Siedle's records in his Memoirs:

> … At that time the only accommodation available was at Addington, where child patients were treated in close proximity to adult persons—a most undesirable state of affairs./ … Thanks to Mrs Siedle's strenuous personal efforts, seconded as they were by a band of earnest helpers, the required sum was speedily raised, and the Durban Children's Hospital, erected in a healthy situation on the South Beach, closely neighbouring the main buildings at Addington, became an accomplished fact. The Corporation granted a site of 31/2 acres. The Natal Provincial Council, in addition to providing its agreed share of the cost, undertook the administration and maintenance of the Hospital, which was opened for service some seven years after the inception of the scheme. Since that time additional funds have been subscribed voluntarily and have been used for supplementary equipment. Many people have donated sums of pounds 100 and upwards for the privilege of naming a cot, and there have been certain instances of endowing an entire ward, An X-Ray apparatus was supplied by a generous donor, followed by the provision of other valuable appurtenances. It may be added that after the full amount of £14,000 has been subscribed by the public the collection lists remained open, with the result that further amounts were donated, providing for better equipment for the hospital. All told the public have subscribed over £27,000…. …. The Countess of Clarendon, when formally opening the hospital in July 1931, paid gracious and eloquent tribute to the work my wife had done; but of course the real monument to her efforts is the Hospital itself, which has been a boon and a blessing to the suffering little ones who have been admitted as patients to its bright and happy wards.[17]

As an official tribute to Mary Siedle's work in bringing the Hospital to life, a tablet was placed in the vestibule of the building, bearing the inscription:-

[17] Otto Siedle *Siedle Saga: Reminisances and Reflections*, (Durban: Knox Publishing Company, 1940), pp 52-54.

CHILDREN'S HOSPITAL, DURBAN.
THIS TABLET EWAS ERECTED BY
THE NATAL PROVINCIAL
ADMINISTRATION
AS A MARK OF APPRECIATION OF THE VALU-
ABLE ASSISTANCE RECEIVED IN THE BUILD-
ING AND EQUIPMENT OF THIS HOSPITAL
FROM THE DURBAN CORPORATION AND THE
MANY FRIENDS OF CHILDREN WHO CON-
TRIBUTED AMOUNTS LARGE AND SMALL.
AND FURTHER OF THE ZEALOUS SERVICE OF
COUNCILLOR MARY SIEDLE IN THE INITIA-
TION OF THE SCHEME, THE COLLECTION OF
FUNDS, AND HER UNTIRING EFFORTS TO
BRING THE PROJECT TO A SUCCESSFUL
CONCLUSION.
FEBRUARY, 1931

In 2002, noted Architectural historian D. Redford, lamented the state of the Children's Hospital for architectural, but more vitally for reasons of public spirit, pride and service:

> The Children's Hospital is in its design a remarkable blend of functionalism and classicism. The functional aspects are the large glazed openings facing towards the sea and the east - part of the medical theory then prevailing that sunlight and plenty of ventilation promoted a return to good health. Classicism is present in the symmetry of the building and the small turret that marks the centreline of the beach-front facade. Equally interesting is the main entrance to the building, which is from Prince Street. The whole design reminds us of a period when public buildings were not built on the cheap and good design was not just an efficient circulation pattern.[18]

A new Out-patients section was created at the end of World War Two and this brought children from a wider spectrum of class and ethnic backgrounds to the site. When the 'new' Addington Hospital opened in 1967 the Children's Hospital was increasingly referred to as the "Addington Children's Hospital" and its integration with the latter was made even firmer. But by the 1971 period battles by the Province and the local City Health Authorities, to keep the Hospital under their control, meant that the doctors, nurses, and specialists that dedicated their work to child health and services were coming under threat. In 1971 the Theatres were closed under the guise of "budget cuts and savings", and so one of the first goals of the Siedle initiative began to crumble: dedicated services for children and their needs. We should note here that despite the context of so-called "high Apartheid" the needs of even white children were placed in a secondary position to the louder voices of centralised planning and management-driven care.

[18] Dennis Redford *A Guide to the Architecture of Durban and Pietermaritzburg*, (Cape Town: David Philip Publishers, 2002), p.34.

In 1979 staff at the Hospital managed to open the doors to children of colour in a large-scale way for the first time. But this only exacerbated tensions and debates about the future of the Hospital with planners and managers at City and Provincial level answering to Pretoria. Tragically in 1984, just as South Africa's majority began their final push to democracy with the formation of the UDF just the year before, and the huge international struggle against Apartheid moving up to the highest gear, the wards were closed.

In 1985 a "one man" Commission, typical of the authoritarian and non inclusive style of South Africa state formations at the time, was appointed to look into "the future of the Durban Children's Hospital". The so called "Steyn Report" that followed was presented to the City "EXCO", which in turn declined to release it to the public. This report remained under wraps even in the post-Apartheid era! Between 1986 and 1992 a series of schemes and plans were put forward to the City by interested citizens and people needing services:

- 1986 -- a Coloured Senior Citizens group applied to use wards;
- Sibyl Holz, a local municipal activist, proposed a youth Education Centre be created;
- Rehabilitation Hospital applications came in from all sides, and so on.

Then, in at the close of 1991 and early 1992, as the complex political and constitutional process began to take form to negotiate a new democratic order for South Africa, a group of activist and progressive doctors at the Medical School in Durban formed a collective and began to proffer plans for the reinvigoration and the just and equitable use of this special space for the increasingly urgent needs of the children of the city.

Leading lights in the process was a paediatrician who had served at the Hospital for most of his professional life, Professor Bill Winship, and younger doctors such as the then Dr Hoosen (Jerry) Coovadia, now a recognised Professor of Paedeatrics and award wining HIV clinician and researcher, as well as the Nelson Mandela Medal winner and renowned Paediatric Professor, Dr Miriam Adhikari. Supported by people who went on to attain key posts in health services in democratic era, such as Dr R. Green-Thompson and Dr Z. Mkhize, this group's hopes were raised only to be dashed repeatedly through the 1994 to 2008 period.

Conclusion and way forward:

I must leave it to contemporary analysts to fully parse, and thereby understand, the layers and forces at work in this city and province as well as in local health and hospital planning circles over the last 10 years. IN my closing comments I will outline some tentative conclusions I have reached on the causes for failure and delay. Will this account and the photographs, oral records, newspaper clippings and presentations, letters to the press, meetings and cross sectoral work, form the basis for a concerted and immediate effort to save this national treasure as a useful and living legacy, and turn our attention to the children of our city and region. Their health has never been in more peril.

At a time when South Africa's neonatal and maternal mortality and morbidity worsens, and when our child health outcomes sadly slip down the rung of world-surveyed countries, we need every support we can get in the struggle to provide the best of care for the most important of our citizens. If Mary Siedle could understand this in the 1920s, and rally Durban and regional elites to her cause, what are we saying about our new dispensation that it seems matching, let alone exceeding, these successes of the past seem so out of reach.[19]

[19]In August 2011 the National Treasury confirmed that KZN Health had failed to spend R400 million on Hospital Revitalisation alone resulting in these monies returning to the National Treasury. The estimated costs of a complete renovation of all historical and heritage architecture and art in the Children's Hospital site as well as redevelopment of services for rehabilitation, training, palliate care and more in the new design, is R2.8 million.