
“The Hospital was just like a Home”:¹ Self, Service and the ‘McCord Hospital Family’

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In earlier work on McCord Hospital (MH) we have charted this American Board Mission urban hospital’s establishment, expansion, and its strategies and struggles for survival from inception in 1909 through the decades of segregation and apartheid. We have also explored the links between MH and the emerging black middle classes and leading figures in South Africa’s political and medical establishments. Here, we consider 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 part, this paper is prompted by a review of the recent study of Groote Schuur Hospital which described the ongoing and shared allegiance to the hospital on the part of many who were on its staff, whether cleaners, porters, nurses, or specialist doctors.² In the research for the MH project, similarly, 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 World War 2, so would be a wider and shared sense of a religious or spiritual mission and ‘service’.

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 ‘a 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 our paper focuses on the period from the early twentieth century to the early 1970s, the ‘family and faith’ ethos remains significant for McCord Hospital into the 21st century.



¹ McCord Project (MP), MP Box 7 Series I. Interview with Matron. Zodwa.E. Mageba and Penny Watts, undated (transcribed on 31 Oct 2006). We thank all MP researchers, especially Jo-Anne Tiedt and Kyla O’Neill, for their assistance in the research for this paper.

² Review by Julie Parle of Anne Digby, Howard Phillips, Harriet Deacon and Kirsten Thomson, *At the Heart of Healing: Groote Schuur Hospital, 1938-2008* (Jhb: Jacana, 2008) in *Kronos: Southern African Histories*, 35, 2009, pp. 279-284.

In recent decades critical histories of a number of hospitals in South Africa have brought the analytical and theoretical frameworks of class, race and gender and Foucauldian-inspired insights into biopower, status, and institutions to bear on the power relations between medical professionals and the state, as well as within the space of the hospital itself.³ Several scholars have focused on mission hospitals in South Africa, and it is well known that the region that is now KwaZulu-Natal was amongst the most ‘missionized’ in Africa, and that missionaries - including many closely connected to MH - played a leading role in establishing hospital-based care and treatment; in the provision of nurse and midwife training; in the early sponsorship of black doctors; and in the establishment in the mid-twentieth century, of a medical school for black South Africans.

Unsurprisingly, at MH, as at other mission hospitals, Christian-bolstered patriarchy and paternalism as well as professional and vocational hierarchies were strongly emphasized. MH nurses 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. Under Alan B. Taylor (Superintendent from 1922 to his retirement in 1964) the structured and supervised activities of the nurses, including during their leisure and off-duty times, were extended. Both the founder, James McCord and his successor Alan 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.”⁴ 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”.

It is possible that frequent recourse to the notion of ‘the family’ or even willing allegiance to such an identity served to mute or obscure 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 socialization and perhaps even subjection, particularly of women: feminist scholars in particular have shown just how neat has been the fit between ideologies of gender,

³ In addition to *At the Heart of Healing*, see for instance works by Catherine Burns, Anne Digby, Simonne Horwitz, Nancy Rose Hunt, Shula Marks, Vanessa Noble, Julie Parle, Felicity Swanson, Sally Swart, Helen Sweet, and Megan Vaughan.

⁴ McCord Hospital (MH), uncatalogued ‘Mouldy Box’ (MB) Papers, “McCord Hospital Baird” [sic], pp. 1-4: unsigned document and undated [Edward Njali]?

domesticity, the family and nursing.⁵ Other studies have emphasized racial hierarchies and the operation of power within colonial and 20th century African hospitals, as well as how nursing “also contributed significantly to the establishment and stabilization of the racialised order”⁶

And yet, not only in several important ways did mission hospitals in South Africa permit black nurses greater opportunities for independence and professional promotion,⁷ it is undeniable that the sense of belonging to the ‘McCord Family’ was 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 several attempts to have it closed or forcibly removed from its ‘whites-only’ suburb. Moreover, given the strength and longevity of this allegiance to the concept, 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 internalized 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 essentialize or romanticize - or to ignore the historicity of - families: for they are neither static in their configurations nor egalitarian in their exchanges.

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

⁵ Myra Marx Feree, ‘Beyond Separate Spheres: Feminism and Family Research’, *Journal of Feminism and Family Research*, 52 (4) 1990, pp. 866-884.

⁶ Sheryl Nestel, ‘(Ad)ministering Angels: Colonial Nursing and the Extension of Empire in Africa’, *Journal of Medical Humanities*, 19 (4) 1998, p.257.

⁷ See for recent example, Helen Sweet, ‘Expectations, Encounters and Ecclesiastics: Mission Medicine in Zululand, South Africa’, in Mark Harrison, Margaret Jones and Helen Sweet eds. *From Western Medicine to Global Medicine: The Hospital Beyond the West* (New Delhi: Orient Black Swan, 2009).

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 *kholwa* 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.

Of the first African women to be trained (from 1911) by Margaret McCord and Martha S. MacNeill three, Nomhlaluzi 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 at the age of fourteen she had had an illegitimate “half-caste” child, and had then been rejected as “unsuitable” by the missionaries who had schooled her.⁸ 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.⁹ Beatrice Gcabashe (née Msimang) was the first African registered nurse in Natal to obtain joint general nursing and midwifery registration. The daughter of the 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 and Albert Luthuli 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

⁸ James B McCord, with John Scott Douglas, *My Patients Were Zulus* [hereafter MPWZ] (London: Frederick Muller, 1946), p. 160

⁹ Beatrice Gcabashe (nee 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 an intern at MH in the 1950s.

from “his friends” and passing on news about Luthuli’s daughters, Hilda and Eleanor, who trained as nurses at MH. Taylor kept his tone light-hearted - sharing a joke with Luthuli about their daughters’ attitude to their parents’ weight; neither the Doctor nor the Chief was a slender figure by this time - and reassuring, saying that his daughters were doing well and were happy, though Eleanor did not “... have as bright and happy appearance as Hilda, but [I think that] she is happy inside.”

In these few sentences Taylor manages to convey his own *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.”¹⁰ 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.”¹¹ Soon after this correspondence, Hilda was to marry Thulani Gcabashe at Groutville: white guests were barred from attending the wedding.¹²

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-20th century were black) - while the black, largely female, black nursing, cleaning and other working staff were merely subordinates, or ‘children’. Lived experience, however, was likely far more complex and involved feelings, frictions and reciprocities that were played out and through the notion of being part of ‘a family’. For instance, especially in the late 19th century and the early decades of the 20th, the missionary doctors and their families were also cut off from their own natal and extended families, and in the case of James and Margaret McCord were for a long time not 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

¹⁰ MH, ‘MB’ papers, “Tied Together/Of Special Interest”, p. 151 ff: A B Taylor to ‘Mr A.J.L (Prisoner 6516), Pretoria Gaol’, 25 May 1960.

¹¹ 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 US as nurses, and Frances with a B.Sc. The Luthuli’s eldest daughter, Albertina, qualified as a doctor at the Durban Medical School.

¹² *Jet*, vol XXI, 13, January 18, 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.

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 1918-1919, was the final occasion on which all the McCord family would ever be together, for both Jessie and Laura died in 1919.¹³ 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.¹⁴

One further account of the relationship between James and Margaret McCord and Edna Mzoneli is perhaps suggestive of the ways in which 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."¹⁵ Even so, when during a severe outbreak of measles she addressed the people of her natal family home on basic preventive and 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'."¹⁶

¹³ 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 *The Calling of Katie Makanya* 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.

¹⁴ MPZW, pp. 178-180.

¹⁵ MPWZ, pp. 173-180.

¹⁶ MPWZ, pp. 176-177.

“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 would be “well-balanced”, be “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.”¹⁷ Sixty years later, these sentiments were strongly echoed during interviews with 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 ...”¹⁸ 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.”¹⁹ Thus, discipline applied to both an internal disposition as well as 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.....²⁰

¹⁷ MPWZ, pp. 240-1.

¹⁸ Interview with Mary Jane Molefe and Penny Watts, Durban, 26 July 2006.

¹⁹ Interview with Sister Bongile Dlozi and Penny Watts, Durban, 17 July 2006. Penny Watts. ‘Missionary Institutions, Nursing and Christianity: An Examination of McCord Hospital from 1950-1973’ (UKZN: History Honours Thesis, 2006).

²⁰ McCord Project (MP), Aldyth Lasbrey Papers, Series 1 B, Letter to Dr Lasbrey by E. Ndaba, with the story of Baba Dube as told to him. 22 April 1955.

Particularly under the stewardship of Taylor, discipline could be harsh. As Shula Marks has recorded, in 1945 Taylor wrote:

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 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....²¹

In 1955 one trainee - "Martha the Midwife" - was ejected from her course only three weeks before its end because she was "staying over in Sparks Road 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."²² If as seems likely this letter had been written by one of Martha's peers, it might point to the conservative expectations of many women themselves at the time. Indeed, when, a year earlier, another young woman - we only know her as Fikile - 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 to Taylor thanking him "for all the fatherly trouble [he] had taken in this matter of disgrace to our family."²³

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, for instance in another letter from Taylor, in June 1955, which is full of praises 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

²¹ Shula Marks, *Divided Sisterhood: Race, Class and Gender in the South African Nursing Profession* (Jhb: Witwatersrand University Press, 1994), p. 104, footnote 119.

²² MH, 'MB' papers, "1950s McCord Hospital Baird [sic]", Letter from Dr AB 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, *Divided Sisterhood* p. 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 see Taylor's stance as indeed being patronizing 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.

²³ MH, 'MB' papers, "1950s McCord Hospital Baird [sic]", pp. 20-24. Letter from 'Amy', P/Bag, Durban to Dr A B Taylor, 11 April 1954

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.”²⁴

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 20th 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 Christian faith in healing.²⁵ Although professing to be a “non-denominational” Hospital that did “not restrict staff appointments to professing Christians”,²⁶ in practice during these middle decades of the 20th, the Hospital continued to choose Christian candidates as their first choice as trainees or 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.²⁷

During the 1940s through 1970s, Medical Superintendents Taylor and Orchard were particularly remembered 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

²⁴ MH, ‘MB’ papers, “1950s McCord Hospital Baird [sic]”, Letter from Dr AB Taylor to Dr A Lasbrey, 29 June 1955.

²⁵ KCAL, MZH Board Minutes, 3 Nov 1966.

²⁶ MP Box7 Series II MS Reports 1956 to 1962. Annual Report of the MS MZH 1957.

²⁷ KCAL, MZH Board Minutes, 20 May 1965; MPBox7 Series II Hospital Administration 1975 to 1976. Constitution of the MZH Board (undated).

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.²⁸

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.²⁹

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.³⁰ 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.”³¹ 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;³² appeared on the back covers of nurses’ song books³³ 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 “The ‘heart’ of the Hospital is its religious life. [There are] 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 ...”³⁴ 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:

²⁸ MPWZ: 288-291. See MP Box8 Series III Cecil Orchard Memorials. “In Memoriam: Cecil David Orchard”, *South African Baptist*, July 1986, for a discussion of Orchard’s strong Christian convictions.

²⁹ Vanessa Noble Interview with Prof. Sam Fehrsen, Pretoria, 22 August 2003.

³⁰ Watts, “Missionary Institutions, Nursing and Christianity”, p. 54.

³¹ KCAL, MZH Board Minutes, 9 Nov 1953.

³² MP, Pretoria Disk 2 Doc 65. Annual Report of the Medical Superintendent MZH 1955.

³³ MP Box8 Series I Letters to US Supporters. Letter to “Dear Friends in America” by Lasbrey, MZH, Nov 1960.

³⁴ MP Box7 Series I McCord Project. Advance, May 1966. “Loving Our Neighbour” by Dr. Aldyth Lasbrey.

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 faces 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.³⁵

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.³⁶

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."³⁷ 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.³⁸

To stretch the analogy, such reflections are testament to the inevitable ruptures and conflicts that are the almost daily experience of families. Further confidential

³⁵ MPWZ, pp. 288-291.

³⁶ MH, 'MB' papers, "Of Special Interest, 1959-1962", pp.145-6. Letter from Dr A B Taylor to Mrs Melvin G Smith, Spokane, Washington, 13 June 1960 (commenced 21 May 1960):

³⁷ Ibid.

³⁸ MH, 'MB' papers, "McCord Hospital Baird", p 28, Letter from A B Taylor to 'Henry', 31st March 1955.

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 itemized.³⁹

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 proselytizing; and some nurse trainees objected to the "prison-like"⁴⁰ discipline and regimented structures within the Hospital, regular monthly "weigh-ins" and strict monitoring of their movements and their visitors, which invaded their personal privacy and treated them like children.⁴¹ 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 many references to the Taylors and Orchards as the "parents" or "fathers" and mothers" of the big "McCord family" and MH as their "home"⁴². 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".⁴³ 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 FOSA Tuberculosis Settlement after her nurse training; in the efforts of the young Dr Cecil Orchard, who tried to build a "mini McCords" in Hammanskraal after completing his internship in the 1950s; and Dr Mohammed Mayat, whose private hospital, Shiffa, was created as a "Little McCords".⁴⁴

³⁹ MH, 'MB' papers, "Of Special Interest, 1959-1962", pp. 53-66.

⁴⁰ MP Box8 ALP Series II *Isibuko* I *Isibuko* 1962 Nov No.2. "Opening of Umnini Holiday Camp" by Dr. A.B. Taylor.

⁴¹ Watts, 'Missionary Institutions, Nursing and Christianity', pp. 32-33; 39-42; 45. Even terms such as "boy" and "girl" were used to refer to adult African men and women. See for example, McCord, MPWZ: 306; and KCAL, MZH Board Minutes, 25 Jan 1951.

⁴² MP Box8 ALP Series II *Isibuko* I Letter from Aldyth Lasbrey to Friends of MZH, 21 June 1957; MP Box8 Series III Mary Taylor. "A Tribute to 43 Years of Service to Durban or This is your Life – Mary Taylor"; MP Box8 Series III Cecil Orchard Memorials. "In Memoriam: Cecil David Orchard", *South African Baptist*, July 1986 and "Dr. C.D. Orchard's Memorial Service, 20th May 1986, McCord Zulu Hospital Nurses' Home"; Minutes of the AGM of the MZH Board, 10 Feb 1960; Minutes of the AGM of MZH Board, 12 Feb 1962.

⁴³ MP Box8 ALP Series II *Isibuko* IV *Isibuko* 1987. The Back Page Hero.

⁴⁴ MP Box7 Series II McCord Histories. History of the McCord Zulu Hospital – Mrs Athee Pillay, Matron of F.O.S.A. Tuberculosis Settlement; MPBox7 Series I Speeches and Articles about McCords. 80th Birthday Parties. Handwritten speech unauthored for 80th Birthday of McCord Hospital (1989?); MPBox7 Series I Speeches and Articles about McCords. Evolution of McCord Hospital – The OPD Foundation Stone (1989, Lasbrey?)

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 in a less direct manner in later decades by first Ruth Christofersen and then Mavis Orchard.⁴⁵ While Margaret McCord herself assumed the role of Matron (as well as nurse and fundraiser, and occasionally dispenser and anaesthetist), in part reflecting shifting 20th 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 organizing hospital social functions, such as annual Christmas lunches – where the Medical Superintendent, the Matron, doctors and nurse supervisors acted as waiters to the great delight of the nurses – as well as annual Easter parties and Thanksgiving dinners, regular hamburger suppers and braais (barbeques), Sunday teas, annual prize-giving and candle-lighting services, and many fund-raising events.⁴⁶ 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 in an interview how she 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.⁴⁷ At the 2009 MH Centenary celebrations, Dr. Zweli Mkhize spoke of Mavis Orchard as being “like a mother to us”.

The ‘McCord Family’ construct was built using humour too. For not only did discipline and hard work characterise MH, but so too did – and does – 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 not only from 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 designed with other doctors to make his “contribution in the way of fun to the party”,⁴⁸ but also from the

⁴⁵ Howard Christofersen was Superintendent of MH between 1964 and 1966 and Cecil Orchard from 1966-1986.

⁴⁶ MH, uncatalogued ‘MB’ papers, Family Letters (by Alan) 50-55, Letter from A.B. Taylor to the kids, 27 December 1955; 56-63, Folder 1 [S] Letter from A.B. Taylor to his kids, 22 December 1961.

⁴⁷ 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’ (UKZN: History Honours Thesis, 2008), pp. 3-4; Floyd Interview with Mavis Orchard, 9th October 2008.

⁴⁸ MH, ‘MB’, Family Letters (By Alan) pp. 50-55. Letter from A.B. Taylor to the kids, 4 January 1954.

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, 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 satirized 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.”⁴⁹

These MH “skits” 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.⁵⁰

Moreover, regular holidays were shared by MH doctors and nurses at Umnini Holiday Camp, located about 40 kilometres south of Durban. Opened in September 1952 on Mnini Tribal Trust land and with sponsorship from charitable organizations such as the Rotary Club, this holiday camp, though not exclusively used by MH staff, provided a safe space where MH's doctors and nurses could relax and spend time together outside of the Hospital's walls.⁵¹ Depending on their availability, 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 8:30pm, 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...”⁵²

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 then

⁴⁹ MPWZ, p. 164

⁵⁰ See MPWZ, Chapter 16 ‘One Family with Many Names’ (pp.24-251) for McCord's own discussion of ‘the McCord Family’.

⁵¹ Over time, Umnini Camp developed into a place that provided a cheap seaside holiday for African children and youth groups from across South Africa. MP Box8 ALP Series II *Isibuko I Isibuko* 1952 Nov No.2. “Opening of Umnini Holiday Camp” by Dr. A.B. Taylor.

⁵² MP Box8 ALP Series II *Isibuko II Isibuko* 1953 Feb No 4.

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 ex-employees, to share with their immediate families 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”.⁵³ In addition, the hospital’s historical papers contain many photographs of weddings as well as individual portrait photographs of the nurse probationers.⁵⁴ 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”.⁵⁵

Following Risse, we can see these carefully choreographed “activities and routines” as instances that helped cement MH’s particular family-inspired “organizational culture”, which was so vital to the successful operation of this mission hospital over the long term, with its high patient volumes, long hours of work and low pay.⁵⁶ However, these photo album-building exercises and the multi-racial ‘family’ social get-togethers at MH, or Umnini and, which continued to be accomplished after 1948 in direct contravention of apartheid policies, also importantly helped to build a strong sense of camaraderie, harmony and “team spirit”, which served to chip away or at least deflect some of the worst excess of racial inequalities and tensions that plagued other hospitals at the time.⁵⁷

⁵³ MP Box1 File 1 Penny Watts Lever Arch File. Interview with Mrs Bongi Dlomo at The Garden Shed, 17 July 2006.

⁵⁴ 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.

⁵⁵ See MP Box8 Series I Letters to US Supporters. Letter to “Dear Friends in America” by Aldyth Lasbrey.

⁵⁶ Guenter B. Risse, *Mending Bodies, Saving Souls: A History of Hospitals* (NY and Oxford: OUP, 1999): 4, 7-8.

⁵⁷ MP Box8 ALP Series II *Isibuko* I. Letter from Aldyth Lasbrey to Friends of the MZH, 15 November 1956; MP Box7 Series II MS Reports 1956 to 1962, Annual Report of the MS, 1957 and 1960.

‘The McCord Family’ and Apartheid

The middle decades of the 20th 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 a slew of legislative measures which served to promote 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 party line would feel the full wrath of the law. In the health care sector, these policies did not amount simply to idle threats. For an urban mission hospital like MH, which continued to rely on state subsidies to cover 1/3rd of its annual operating expenses, its managers had to walk a very fine line between promoting their more liberal agendas, and facing subsidy withdrawals and very real threats of closure for being “wrongly sited”⁵⁸ in a white residential area under the Group Areas Act and for violating numerous apartheid policies.⁵⁹

As it steered a course for itself through these choppy waters, like other hospitals in South Africa, MH could not and did not escape 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”.⁶⁰ Black staff and their families not living on the premises were also forced to live in racially and geographically segregated township areas, 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’.⁶¹ In addition, within the Hospital’s corridors, racial inequalities and discriminations were sometimes 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 of having white upper level managers until the 1970s, also kept decision-making power in white hands. References made to adult African men and women employees as “boys” and “girls” respectively in MH documentary evidence also infantilised the staff and were paternalistic.⁶² Furthermore, for

⁵⁸ Durban Medical School Library, Filing Cabinet in file marked “Hospital – Administration”. “McCord Hospital ‘Irreplaceable’”, *Natal Mercury*, 21 May 1964.

⁵⁹ MP Box7 Loose Photocopies in Box. “McCord’s Future under Group Areas Act in Doubt”, *Natal Mercury*, 15 February 1962; and MP Box1 File 3 Newsclippings and Other. “McCord Fears Big Hospital Shutdown”, *Daily News*, 20 March 1972.

⁶⁰ KCAL, MH Board Minutes, 1 May 1959 and MPBox8 Interview with Aldyth Lasbrey 3 August 2004.

⁶¹ Interview with Mary Jane Molefe and Penny Watts, Durban, 26 July 2006.

⁶² MH, ‘MB’, Letters from A.B. Taylor to the kids, 1940s-1960s.

many years, pay discrimination based on racial criteria for the same work done,⁶³ 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.⁶⁴

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 whilst most other mission hospitals were nationalised by the state – enabled it to remain a “School of liberalism” in trying times, which ‘the McCord Family’ ethos helped to sustain.⁶⁵ 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 sick Indian and Coloured patients, 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 1975.⁶⁶ 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.⁶⁷

Although pay discrimination and hurtful racial segregation practices were perpetuated 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. As early as 1959, Taylor persuaded the MH Board to vote in favour of paying all of its first year medical interns on the white salary scale determined by the

⁶³ 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, *Diversity and Division in Medicine*, 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 KCAL, MZH Board Minutes, 23 June 1966.

⁶⁴ See for example, KCAL, MH Board Minutes, 26 April 1950; KCAL, Minutes of the Annual General Meeting of the MH Board, 29 January 1952; and Pretoria Disk 2 Doc 65. Annual Report of the MS of MZH 1955. Also see Interviews with Mrs Bongi Dlomo at The Garden Shed, 17 July 2006; Mavis Orchard, 18 December 2004; Dr. Aldyth Lasbrey, 3 August 2004 and with Z.E. Mageba, 31 October 2006.

⁶⁵ The term is Taylor's. See Pretoria Archives, NTS 2861 7/303, 6 July 1937, From Dr. Alan B. Taylor to the Hon. Mr J.H. Hofmeyr.

⁶⁶ KCAL, MH Board Minutes, 13 March 1975; Report on a Special Meeting of Members of MH Board, 4 March 1975.

⁶⁷ R.E. Stevenson, ‘Hospitals in Natal’ in Medical Association of South Africa, 41st S.A. Medical Congress, 20th Annual Scientific Meeting pamphlet, held at Red Cross House, Old Fort Road, Durban., 16-21 September 1957, 101.

Natal Provincial Administration (NPA).⁶⁸ A few years later, Taylor's equal pay for equal work policy for interns was taken up and extended further 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%, which threatened to provoke staff unrest at MH similar to that which was disrupting health services at other provincial hospitals at the time, Orchard knew that compromises had to be made.⁶⁹ In 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.⁷⁰ Thus, although MH's managers were not able to completely remove the race issue from affecting salaries at their Hospital, 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 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.⁷¹ 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".⁷² By 1958, Taylor could boast: "We have more senior non-Europeans in proportion to the European staff than the Provincial Hospitals", and by 1962,

⁶⁸ 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 KCAL, MH Board Minutes, 13 February 1959

⁶⁹ KCAL, MH Board Minutes, 25 May 1967 and 22 June 1967; O'Reagain, *The Hospital Services of Natal*, 89.

⁷⁰ KCAL, 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.

⁷¹ T.G. Mashaba, *Rising to the Challenge of Change: A History of Black Nursing in South Africa* (Cape Town: Juta and Co., 1995), 19, 29; MP Lever Arch File Mnini Holiday Camp. "Dr Alan Taylor: Footprints upon the Sands of Time" by Zuleikha Mayat.

of the ten Sisters posts available at MH, “seven were held by African Sisters, two by whites and one by an Indian”.⁷³ 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.⁷⁴

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”.⁷⁵ 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.⁷⁶

Sometimes these relationships led to open displays of anti-apartheid solidarity, which included, for example, MH nurses marching together in public protest against the Nursing Act in 1957, and the state's efforts to institute further racial inequalities in the nursing profession, which would bring additional ‘heat’ down on MH managers. By the 1960s, increasingly the Hospitals’ white managers knew that they were being watched by security police, and, as mentioned earlier, threatened on occasion with closure.⁷⁷ 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 lab technician, was arrested for his involvement in anti-apartheid “terrorist” activities and sentenced to three years imprisonment on Robben Island. According to Sister Dlomo:

⁷² Annual Report of the MS, 1955.

⁷³ MP Box 7 Loose Photocopies in Box: A.B. Taylor, “Economy in a Mission Hospital”, *SAMJ*, 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.

⁷⁴ Pretoria Archives (NAR) NTS vol. 2862 Ref. 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.

⁷⁵ MPBox7 Series II MS Reports 1956 to 1962, Report of the MS, 1962.

⁷⁶ Vanessa Noble Interview with Dr ZM, Westville, 11 September 2003.

⁷⁷ Michelle Floyd Interview with Mavis Orchard 9 October 2008.

That is when I appreciated McCord's 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.⁷⁸

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 problems.⁷⁹ 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"⁸⁰ 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, 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".⁸¹

Taylor was very much a family man and worked hard to maintain close links with all his children by writing weekly letters, because as adults, they lived far from their parents either in the USA or Zimbabwe, where his son Boardman went to practice 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 were carefully preserved almost in lieu of a diary. Often composed late at night or in the early hours of the morning, either in his home or in his office, and sometimes waiting to be called in to

⁷⁸ MP Box1 File 1 Penny Watts Lever Arch File. Interview with Mrs Bongi Dlomo at The Garden Shed, 17 July 2006. Bongi Dlomo worked at MZH from 1953 to 1973.

⁷⁹ MH, uncatalogued 'MB' papers, Folder 1 [S] "Dear Friends", pp. 56-63. Annual Letter from Dr. and Mrs. Alan B. Taylor, 10 September 1961.

⁸⁰ Interview with Dr MN, Durban, 14 August 2003. This doctor did his internship at MH in 1985.

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 M. 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...”⁸² These letters kept his children 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 their children 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 fill, to some extent, the deep void left by the absence of their own children, and helped ease their familial longings until the next time they saw their children again.⁸³

What’s 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 ‘newsy’ 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.⁸⁴ 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”.⁸⁵ 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.⁸⁶ The Taylors shared the news of their family’s lives with many people whose lives they regarded as intertwined with their own.

⁸¹ Letter from Ethel Mpanza quoted in MPBox8 Series I Letters to US Supporters. Letter to “Dear Friends in America” by Aldyth Lasbrey, MZH, November 1960.

⁸² MP Box8 ALP Series II *Isibuko* IV *Isibuko*, July 1969.

⁸³ MP Box8 ALP Series II *Isibuko* II *Isibuko* 1958 September No. 24; MPBox7 Series II MS Reports 1956 to 1962. Report of the MS, 1962. Also see MH uncatalogued ‘MB’ papers, “Folder 1 [S]”, pp. 56-63. Letters from A.B. Taylor to his kids, 25 August 1961, 10 September 1961 and 13 June 1962.

⁸⁴ See for example, MP Box8 ALP Series II *Isibuko* II, No. 5, April 1953, No. 7, December 1953, No 36; the Xmas Edition 1962; Minutes of the AGM of the MH Board, 10 February 1960.

⁸⁵ MP Box8 ALP Series II *Isibuko* II *Isibuko* 1962, Xmas Edition No 36.

⁸⁶ MP Box8 ALP Series II *Isibuko* II *Isibuko*, No. 5, April 1953. “A Word to the Family” by Dr. A.B. Taylor.

Many nurses living hundreds if not thousands of kilometres away from MH greatly appreciated this written umbilicus, capturing their internalization 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.⁸⁷ Further a field in London, Muthulumi Pillay, who was doing a 13 month post graduate course in Paediatric Nursing in 1964, wrote how much she enjoyed her time spent with the Taylors who were visiting London at the time, especially “Pop”, who in her opinion, “hasn’t changed a bit”.⁸⁸ 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.⁸⁹ Furthermore, on various trips – including vacations or after Taylor’s retirement in 1964 – the familial affection that the Taylors had helped mould at MH, members of their ‘extended family’ who were employed in jobs in the wider Southern African region greeted them with gusto.⁹⁰ 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.”⁹¹

Finally, although this wide network of correspondence and *Isibuko* circulations 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.⁹² 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

⁸⁷ MP Box8 ALP Series II *Isibuko* II *Isibuko* 1959 Nov No. 27.

⁸⁸ MP Box8 ALP Series II *Isibuko* II 1964 No. 42, also see *Isibuko* 1963 Xmas Edition, no.39.

⁸⁹ MP Box8 ALP Series II *Isibuko* II *Isibuko* 1964 No. 41

⁹⁰ MP Lever Arch File Mnini Holiday Camp. “Dr Alan Taylor: Footprints upon the Sands of Time” by Zuleikha Mayat.

⁹¹ MP Box8 ALP Series II *Isibuko* II 1964 No. 42.

⁹² NAR GES 1391 344/19A, “Report of the Medical Superintendent, 1951”, 22-23 and NAR GES 1391 344/19B, “Report of the Medical Superintendent, 1955”; 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 Hons thesis, Department of History, UKZN: December 2007).

social gatherings hosted at the Hospital or at the Medical Superintendent's home.⁹³ Here Taylor, whose affable personality was legendary, 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 actual material benefits for the Hospital.⁹⁴ 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

In his monumental work on the history of the hospital in the west, Guenter B. Risse remarks:

The generic hospital is an abstraction. In reality, there are only particular hospitals, each with its unique name, patrons and mission, buildings, staff, and patients. The nature of a hospital's organizational "culture" is a reflection of its size, purpose, and mission. Religious affiliation and the socioeconomic status of the patients play equally important roles.... hospitals acquire their own identities ... [E]ach composite personality, moreover, rests in great measure in traditions and staff behaviour. ...Over time, each hospital functions as a unique environment ...⁹⁵

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 emerged first in 'the west' in the 19th 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 colonized regions of the continent) were women.

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. And, as has been

⁹³ MP Box8 Series I Letters to US Supporters for examples of letters to "My Dear Friends in America".

⁹⁴ MH Minutes, "Minutes of Hospital Executive Committee Meeting", 20 May 1965.

⁹⁵ Risse, *Mending Bodies, Saving Souls*, p.4.

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 patronizing behaviours and attitudes.⁹⁶ 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 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.

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 "depoliticized" and "see the individual rather than the social origins of ill health".⁹⁷ 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. Importantly, many patients - whose testimonies are so seldom directly detectable in the records - continue 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 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.⁹⁸

⁹⁶ Marks, *Divided Sisterhood*, p. 209.

⁹⁷ Ibid. These appear to have become more extensive since the 1970s and 1980s; and will be considered in the final two chapters of our book on MH, which are being authored by Catherine Burns.

⁹⁸ 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.

Finally, at a time when both South African state officials at the highest level are calling for a return to "traditional values" in nursing and medicine,⁹⁹ and nursing and management (including human relations) professionals and scholars are investigating how to "build supportive environments" for health care workers and patients¹⁰⁰, in a context of the hyper-commodification of hospital-based care, rather than being irrelevant, or reflection of an out-dated ideology or 'organizational 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.

⁹⁹ The state held a Nursing Summit in April 2011. See numerous media reports, e.g. 'Renewing South Africa's Nursing Profession', 6 April 2011 at <http://www.medioclubsouthafrica.com>. Accessed 23 July 2011.

¹⁰⁰ 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 SA'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 well less publicized, however.