

## Chapter 37 - Nursing

### *Go and do Likewise*

The King William's Town Congregation ceased doing professional nursing at the end of the 19<sup>th</sup> Century when the Sisters returned from Rhodesia. By 1928 civilisation in South Africa had reached the stage when education was fast becoming a "public service", schools being provided for all children, rich and poor, by the State. Mother General Augustine Giesel foresaw that, in time, our private schools would disappear, so she planned to revive nursing and hospitals in her Institute. In this way she would place another work of mercy into the hands of her spiritual daughters by which they might spread god's kingdom in South Africa. A brief glance at the long history of nursing may be useful here:

Care of the sick in hospitals came into its own with the Christian era when devout Christian ladies no longer left the service of the sick to slaves, but personally performed these duties. St Fabiola<sup>1</sup> even brought homeless patients into her own house in order to fulfil Christ's precept of charity, taught in the parable of the Good Samaritan. In the middle ages Christian Monasteries were opened to the sick and religious orders were founded especially to care for them. These attendants were then not called nurses,<sup>2</sup> but guardians of the sick, which they were. The religious were good to the sick, dressing their wounds, feeding them and consoling them, although these attendants had practically no technical training. It required Florence Nightingale's stroke of genius to see that caring for the sick meant nursing them and this art had to be learned; that charity alone was not enough to give an injection correctly.

The nursing history of South Africa began when the first colonists of the Dutch East India Company settled at the foot of Table Mountain in 1652 to start a re-victualing station for the Dutch fleet. Health problems, arising through the unsatisfactory conditions prevailing on the ships as well as through inclement weather, inadequate shelter and shortage of food, soon forced the Burghers to erect a temporary hospital on the shore of South Africa. In Europe, whence the colonists came, only the destitute and homeless went to a hospital; so it became customary also at the Cape Colony for every family with means to do so, to care for its sick at home, assisted by friends and neighbours. The white women, even those of the wealthier classes, all had some knowledge of "home nursing". With regard to midwifery in the early days, the women apparently helped one another, for a "sworn midwife" was not appointed at the Cape of Good Hope for a considerable time. Midwifery beds in hospitals were only provided after the middle of the 19<sup>th</sup> century, and then only for "emergency" cases. Initially it was a domiciliary service practised in the people's homes.

The isolation in which most of the colonists lived on farms in South Africa contributed to the development of Folk Medicine and home nursing. People coming to live in a distant, uninhabited land had to be self-reliant. In this way a medical and nursing tradition was established by the colonists which was later taken to other parts of the sub-continent by the pioneers.<sup>3</sup> Throughout South Africa's history medical practice has made its contribution to the maintenance and development of western civilisation in this part of the continent. At first medical practitioners at the Cape were drawn from various occupations, with the majority being but barber surgeons and only a few having obtained qualifications at a university abroad.<sup>4</sup> All these practitioners were allowed to practise as surgeons, physicians and as accoucheurs, for

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<sup>1</sup> The History of Nursing honours her as the first hospital matron of Christian Times.

<sup>2</sup> The word means: to nourish; to cherish

<sup>3</sup> The writer remembers that her mother always consulted a Nederlands book "Raad in tijd van ziekte" (Counsel in time of illness) when one of the family fell ill. When one of her sisters fell prey to diphtheria, her father, at the dead of night, fetched the doctor from the nearest village, 36 Km away. The physician declared that the child would never have survived had her mother not so promptly applied the effective treatment the "doctors' book!" prescribed for those symptoms.

<sup>4</sup> Demands for medical education may be traced back to 1858, when proposals were made for a Medical School in conjunction with the South African College at Cape Town. In time the University of Edinburgh and others agreed to recognise certain courses in chemistry etc., taken at the S.A. College by students proceeding to study medicine there. First Year medicine was taught at Cape Town from 1904 onwards, but it was only in 1918 that a full medical course was instituted at the University of Cape Town.

the distinction made in European countries between these categories could not be applied in a new, sparsely populated country. As gradually more university educated doctors settled at the Cape, statutory control of the practice of medicine was instituted by 1807 under the "Supreme Medical Committee". Although nursing was not included in this legislation, the principle inherent in the legislative direction of the medical profession was of major significance for the future development of all branches of nursing in South Africa.

With the advent of hospitals for the civilian population and, as the social attitude to hospitals in this country changed, there arose the need for an organised nursing service to staff these hospitals. The coming of the British Settlers in 1820 was to have a profound influence on the development of medical matters in the entire Cape Colony. With the arrival of the Anglican Sisterhoods in South Africa training of nurses was begun at Kimberley by Sister Henrietta Stockdale, an English trained nurse. Through her efforts South Africa was the first country in the world to give statutory recognition to the nursing profession and to grant registration to nurses and midwives by Act No 21 of 1899 which amended the Medical and Pharmacy Act of 1896.

Nursing education in South Africa now became tailored primarily on the apprenticeship pattern of nurse training as it was practised in Great Britain. The state maintained nursing schools solely to provide responsible nursing staffs for its own hospitals. Though nurses were poorly paid and their working conditions very unsatisfactory the training of white nurses expanded rapidly in all parts of the country as dedicated women joined the profession.

It has been mentioned that Black women had received an on-the-job training as elementary nurse-aides since the days of Dr Fitzgerald at King William's Town; however, courses leading to the certification of African women as nurses could not be introduced for a long time. The reason for this is that nurse training could not be built without women who have the desired back-ground, the necessary education and a sense of vocation. Among the African people these were at first lacking; besides this, there were tribal prejudices and the tendency of Bantu parents to give preference to their male children in educational opportunities. All these factors tended to retard the training of African women as professional nurses. The Protestant missionaries at Lovedale, therefore, at first prepared their pupil nurses only for the private certificate issued by their mission hospital. However, in 1907, an outstanding Bantu nurse, Cecilia Makiwane, passed the Final Examination set by the Colonial Medical Council. Thus the first Non-White woman in Africa was admitted to the state register. From then onwards the training of non-white nurses and midwives has gone ahead with leaps and bounds so that they today enjoy the same opportunities of education as their white colleagues.

By 1942 the nurses in this country had become disenchanted with conditions of training and service and they began campaigning for the reorganisation of their profession. The result of this struggle was the establishment of two statutory bodies: The South African Nursing Council and the South African Nursing Association<sup>5</sup> by the Nursing Act of 1944 which empowered our nurses to control their own professional destiny.

In order to keep pace with the needs of the medical and nursing professions the Nursing Association exerted pressure on governmental bodies for the introduction of a wide variety of post basic courses in education, administration, public health and clinical specialities. This has raised the standard of nursing care to the public and nurses are now being prepared at university level which places them on a par academically with the major women's professions in the world.

Through the force of circumstances lay people today dedicate themselves in large numbers to the service of the sick so that the position of the nursing nun is no longer a monopoly; the hospital nun is part of a whole and she must be trained in the field of her profession on which she is to embark.

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<sup>5</sup> As early as 1914 the Trained Nurses of south Africa formed the South African Trained Nurses' Association under the leadership of Dr John Tremble of East London. However, nurses remained subject to the Medical Council of South Africa until 1944.

Mother General Augustine, though not a nurse herself, saw the part her nursing nuns were to play in its true perspective. In accordance with the mind of Pius XI, the “great Pope of the Missions”, she sent her young Sisters to train in recognised courses as nurses and midwives. She knew that one meets admirable doctors and nurses who are not religious, or who are not even Christians; and that pious exhortations, in order to be effective, must be supported by a deep spiritual life. Therefore, she always cautioned her Sisters against becoming pre-occupied with technical ability so that charity is forgotten and religious fervour languishes.

Among patients there are some who have no religion; others have only the most rudimentary Christian ideas, often very confused, and are not prepared to look on their suffering from a spiritual angle. There are lapsed members of the Christian flock, and some are embittered; others again are full of prejudice and would not darken the door of a Catholic institution if there were a bed available in a public hospital; some have no hope of cure and there are, of course, also the dying. Furthermore, infants in danger of death are ensured of baptism under the care of nursing nuns. To all, without exception, the Sisters must show the charity of Christ and direct their glance God-ward, for each one needs to be comforted and to be supported morally and physically, whatever religious affiliation they may profess. The hospital nun’s behaviour can be a sermon without words, but which sinks deep into the hearts of the sick as they observe her going about quite ordinary tasks.

Striking conversions sometimes take place in a hospital and, although the Sisters thank God for them, these incidents are seldom talked about. One case comes to mind which may be cited; that of a young American sailor who was admitted at East London for appendectomy. The illness was not very serious and after an uneventful recovery he returned to America. A year or so later, on honeymoon, he and his bride met with a serious car accident which left him paralysed without hope of cure. Lying helpless for weeks he remembered the nursing nuns in South Africa and prevailed upon a friend to write to them asking for prayers. On the Sisters’ advice he turned to prayer himself after having lived like a pagan for years. Beyond all expectation the patient gradually recovered and the couple became devout Catholics.

Mother Augustine Geisel, like the missionary she was, made no distinction between the various races in South Africa but, when possible provided schools and nursing care for white and non-white people alike: because all persons for whom Christ died were precious to her... And she knew the strategic value of a hospital for the purpose of spreading Christ’s teaching, for many people who never go to church are yet likely to enter a hospital where they often meet the last bastion of Faith and get their final chance of repentance before they meet their Maker.

After 1930 numerous Catholic private nursing homes, mission hospitals and clinics sprang up in South Africa. As medical practice evolved a new type of nurse, able to understand and participate intelligently in the scientific treatment of patients, became necessary. The two statutory nursing bodies<sup>6</sup> of South Africa ensured that the syllabus for the training of nurses and midwives kept pace with the developing standards of medicine. The demands of the syllabus of each type of nursing were the same for all races. The Nursing Council and the Nursing Association of South Africa were always very appreciative of the high professional standard maintained by the nursing nuns and imparted to the pupil nurses in training under them. Proof of the unbiased treatment Catholics have always received from the Council and the Association is the fact that several study bursaries were granted to nursing nuns to enable them to pursue post-basic courses of the profession.

At first our individual Catholic nursing institutions worked in isolation but, in 1947, the South African Catholic Hospital Board came into being with Bishop J.B Rosenthal of Queenstown as the first Director General of our hospitals. Brother Alan Geiger, O.S.B. of Nongoma Hospital, was the first Secretary General. The aim was to unite and co-ordinate the efforts of all our Catholic medical institutions. In 1962

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<sup>6</sup> *The South African Nursing Council controls the standard of nursing in South Africa and the examinations. The Nursing Association furthers the interests of the nurses of the country.*

Sister Ann Cogan, O.P. was appointed as liaison officer and, later, as Organising Secretary of the Catholic Hospital commission, with headquarters at the Catholic Secretariat in Pretoria.

The Catholic nurses of South Africa had been correspondent members of the C.I.C.I.A.M.S. (International Catholic Nurses' Association) for some years and finally became full members in 1974. The aims of this Association are:

- to unite professional Catholic Nurses with a view to ensuring their ethical excellence according to Christian thought in the general professional field on an international level;
- to co-operate in the general development of the profession.

The Duncan-Vale Nursing Home, bordering on Livingstone Road and Chamberlain Street in Queenstown, belonged to a widow, Mrs Annie Vale. She had bought it from Dr Bell who, in turn, acquired it from the original owner, Mr Howard. This property was to become the first nursing home of the "King" Dominicans when Mrs Vale decided to retire in 1931; and it passed into the hands of the Congregation on 27<sup>th</sup> July of that year. Sisters Adeline Mack, Immolata Moerz and Leonarda Leimer moved in and Mrs Lolley remained at the Home as Matron but unfortunately died two months later. Then Mrs Martin acted as Matron and, later, Miss Voisin. In January 1932 came the Superior, Mother Claver Reisch, who was give 13 years of her life to St Catherine's Nursing Home. Sr Seraphine Kaiser,<sup>7</sup> the Congregation's first South African certificated nurse and midwife, was given charge of the little hospital in January 1938. It was a position entailing heavy responsibility and more so for a newly qualified nurse whose sensitive nature shrank from undertaking a task of such magnitude. Nevertheless, for 12 years she fulfilled her duties here efficiently and devotedly.

When the Sisters first started work at St Catherine's the patients were few and far between, but the nuns made inventories and repaired linen in their spare time. The house had been built as a private residence and, although it was two-storeyed, it was not suitable as a nursing home. Stretcher cases could only, with great difficulty and at risk, be carried up its winding stairway. Opposite the main gate was a "dairy"<sup>8</sup> and, though it was kept in good condition for cows, swarms of flies infested the wards which had no fly-screens... When the principal defects of the house had been remedied the cottage hospital of 12 beds proved too small for the requirements of the town and district so the Sisters saw themselves compelled to enlarge it rather extensively. The first new part was added by Mr Ivan Barac in 1944; but only six years later another wing had to be built, so that it finally accommodated 32 patients, providing facilities for medical, surgical and obstetric cases.

To house the staff of Sisters the adjoining property, called "The Palms", with its commodious house and large garden, was acquired in 1946. The nuns who were hitherto inadequately accommodated in a small outhouse, were transferred to this comfortable home which they named "St Joseph's". For a time the roomy lounge served as a chapel until the new one was completed on the upper floor of the new wing in 1951.

As a result of the many radical changes taking place throughout the world and also in South Africa, the history of the congregation is being re-written nowadays. New developments follow one another in rapid succession compelling the superiors to make drastic adjustments even in the peaceful Cape Midlands...

The Frontier Hospital of Queenstown was granted authority to add the training of midwives to its nurses' curriculum and this resulted in a marked decline in the number of maternity cases coming to St Catherine's. In 1972 the Nursing Home's maternity department was set aside for the use of the congregation's retired members who needed hospitalisation and medical surveillance.

In the 46 years of the little hospital's existence the Sisters' labour, prayer and sacrifice have made St Catherine's Nursing Home known far beyond the borders of Queenstown and its district.

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<sup>7</sup> She trained in her native Switzerland in the care of infants, a qualification which gained for her the unique privilege of fulfilling her vocation as a children's nurse in the Vatican Nurse in the Vatican City. For some time she was here a member of the household of the Captain of the Swiss Guards, the only married man in an otherwise celibate society. Sister decided to enter the convent at Schlehdorf in 1929.

<sup>8</sup> In the early years domestic animals were kept in town.