

Gender, professionalism and power: The rise of the single female medical
missionary in Britain and South Africa, 1875-1925

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ABSTRACT

This essay will examine the recruitment of single British women by leading Protestant missionary societies during the late nineteenth and early twentieth centuries to assess what motivated women to apply and what qualifications and training were required before they were deployed to the mission field. Single female candidates accepted into missionary service negotiated boundaries between gender and class and worked to redefine their position within religious missions, gradually becoming more professionalized as the years progressed. This thesis places particular emphasis on the study of British female medical missionaries. Throughout, it examines key themes regarding gender and professionalism and the interaction between gender and race on the mission field. Using South Africa as a case study to examine the interaction between female medical missionaries and their African trainees, in the final section the paper analyzes how white female medical missionaries defined themselves as professional women in the field.

Cet essai examine le recrutement par les principales sociétés protestantes de missionnaires de femmes britanniques célibataires au cours de la fin du dix-neuvième siècle et du début du vingtième. Il cherche à comprendre ce qui motiva les femmes à postuler, ainsi qu'à découvrir la formation et les qualifications exigées d'elles avant qu'elles ne soient envoyées en mission. Les candidates célibataires qui furent acceptées comme missionnaires eurent à affronter les barrières de classe et de genre, et travaillèrent à redéfinir leurs positions au sein

des missions religieuses, se professionnalisant graduellement au fil des ans. Cette thèse porte un accent particulier sur l'étude des femmes missionnaires britanniques oeuvrant dans le champ médical. Elle accorde une place prépondérante à l'étude de thèmes touchant au genre et au professionnalisme, ainsi qu'à l'interaction entre genre et race sur le terrain des missions. Dans sa dernière section, le texte analyse par le biais d'une étude de cas de l'Afrique du Sud la manière par laquelle les femmes missionnaires ainsi que leurs apprentis africains se définirent en tant que femmes professionnelles sur le terrain des missions.

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INTRODUCTION

This paper provides insight into the recruitment and training of female medical missionaries and analyzes how debates regarding the professional status of working female missionaries evolved between 1875 and 1925. Key themes that are studied within the paper include ideas of gender and professionalism, the interconnections between gender, class and race in British missionary circles, and the evolving themes of inclusion and exclusion between white British women and black African medical assistants on the South African mission field during the late nineteenth and early twentieth centuries. By using South Africa as a case study of female medical missionary involvement on the mission field, this paper attempts to examine the duties of women serving overseas to see how their professional status evolved on the field and away from common challenges and gender barriers present at home in Britain. Female medical missionaries defined themselves, in many ways, as aides and educators of African men and women seeking positions as medical assistants. No longer regarded as the lowest on the professional ladder, female missionaries serving in South Africa relied on the subordinate status of indigenous trainees to define their own importance as professional missionary educators. When indigenous trainees sought to achieve increased professional status by undertaking more education and responsibility as medical educators and qualified supervisors, just as women had struggled to achieve in Britain, most female medical missionaries fought against their inclusion within higher levels of South African health care.

This thesis originally arose from my interest in women's involvement in religious missions in Britain, both domestic and abroad, during the nineteenth century. I have been interested in British history from elementary school and this interest only continued to grow throughout my time as an undergraduate at The University of Western Ontario. In every course I completed where students were given free rein to select their own essay topics for term papers, I always tended to gravitate towards topics involving women, religion and/or medicine. Combining these topics within my M.A. thesis seemed like an exciting and logical progression of my research interests.

My decision to root the study of British female medical missionaries within a case study of their involvement in South African missions during the late nineteenth and early twentieth centuries was an attempt to explore an area, unlike India and China, where few historians have focused on women's contribution to medical missions. Deciding to focus half of my paper on a case study of female missionary involvement within a particular country was an attempt to understand how ideas of professionalism, gender and race evolved once a missionary established roots on the mission field. Away from the challenges and barriers that obstructed women from pursuing professional careers or, if established, limited their ability to successfully practice in a professional field, I was interested to see whether educated and professional women, as these missionaries were, would empathise with the plight of Africans who sought education and promotion to more supervisory roles within the predominately white South African economy. By structuring the second half of the paper as a case study, I was able to bridge

discussion between home and field and analyze traditional stereotypes regarding gender and racial inequality to see if and how these views were maintained on the mission field.

The first chapter of this paper examines a number of the issues addressed above and explores missionary recruitment, qualification requirements and training programs established by leading British missionary societies, such as the London Missionary Society, Church Missionary Society and the Society for the Propagation of the Gospel, specifically directed towards single females interested in pursuing a career as a missionary during the late nineteenth and early twentieth century. Women's participation within missions, both at home and abroad, as a single professional led to a wider acceptance of female spiritual agency within Protestant religious missions worldwide during the late nineteenth century. The chapter explores reasons for the growing employment of single female missionaries in the late nineteenth century and analyzes how British missionary organizations accepted the developing professional status of single women missionaries. While the need for female missionaries was great, British missionary organizations still adhered to strict qualification guidelines and implemented lengthy training programs before the candidate was officially accepted and deployed to the mission field.

The second chapter examines attempts by women to enter into the British medical profession as qualified doctors during the late nineteenth century. The support provided by missionary organizations to equip British women with medical training in order to provide aid to women in foreign countries was a

leading factor that contributed to the eventual inclusion of women within British medical practice during the 1870s and 1880s. The second chapter is very much an extension of the first as female medical missionaries were forced to adhere to the same qualification requirements and undergo the same training procedures as non-medical missionaries, in addition to their specialized studies in medical and nursing care. A discussion regarding the training of female doctors and nurses for medical missions and attempts by missionary organizations to ensure that all women sent overseas received basic training in first-aid and disease prevention before they were deployed to the missionary field is included within this section. The chapter also explores the campaign among trained female medical missionaries to introduce a defined professional policy regulating the term "medical missionary" and its frequent use to describe women with a limited amount of medical training as well as fully qualified nurses and medical physicians. This debate, an example of women's attempts to achieve a more professional status within medicine and religious missions, appears to have only affected female candidates as no male missionary, regardless of whether he was knowledgeable in the area, was considered a medical missionary unless he was a fully qualified medical doctor.

The third chapter begins with a discussion of the work performed by the three groups of British women present in South African missions during the late nineteenth and early twentieth centuries to assess their contribution to medicine and medical missions within the country. These three groups were comprised of the wives and relatives of male missionaries in active service, Anglican sisters and

deaconesses, and single female missionaries. All three groups of women worked independently of men in varying capacities and used their skills to become respected contributors to South African medical missions. It is important to note that all three groups of women, including single female missionaries who actively resisted this generalization in their own lives by becoming professional missionaries, promoted the traditional Western view of women's separate sphere and the importance of domesticity among the women of the indigenous communities they were sent out to reach. Ironically, after negotiating boundaries between gender and race, female missionaries reinforced the same traditional structures of domesticity they were attempting to move away from in Britain within African populations.

Also explored within the third chapter of the paper is the work and achievements of female medical missionaries in the field and looks specifically at the professional missionary careers of two British medical missionaries, Sister Henrietta Stockdale and Dr. Jane Elizabeth Waterston. Stockdale achieved success and was respected throughout South Africa for her pioneering medical work in Kimberley and her training of European nursing recruits. A product of the time in which she lived, Stockdale only fully trained white women for nursing duties. Extremely class conscious, Stockdale worked with various colonization and emigration societies to recruit European nursing trainees of high social and educational backgrounds. In contrast, Jane Waterston, ambitious, outspoken and intent on pursuing a professional career as a missionary physician, was unable to obtain the same success as Stockdale on the missionary register due to her

penchant for stirring up controversy and was forced to abandon her clinic at Lovedale. It was not until Waterston had left her career as a missionary and established a medical practice in urban Cape Town that she became well-known and respected for her skill as a medical physician, while also becoming an advocate for the improvement of conditions among urban minorities and a campaigner for the rights of women. Waterston, unlike Stockdale, lacked station, was vocal about the inferior treatment of female missionaries in British missionary societies compared to male missionaries, and was too interested in improving conditions among poor African and immigrant communities to become an influential leader within the South African missionary fold. Although Waterston was religiously devout and committed to the work of Christian missions overseas, she was far too outspoken and controversial to remain on the South African missionary register. The example of Stockdale and Waterston suggest that, while single female missionaries were independent and achieved a sense of professional autonomy on the mission field, women missionaries who remained in long-term ministry still adhered to and reinforced traditional stereotypes of women's work, stressed the importance of the domestic sphere and believed in the racial and intellectual superiority of Western Europeans.

The final section of the paper is an extension of the discussion undertaken in the third chapter as it examines the recruitment and training of African nurses by female medical missionaries and the growing debate surrounding the inclusion and exclusion of women within the African nursing tradition. Female medical missionaries in South Africa defined themselves, in many ways, as aides and

educators of African women, recruiting them into nursing programs and establishing training schools on mission stations throughout the country. The work of female medical missionaries serving in South Africa in the early twentieth century was particularly significant as they were vital to the establishment of rural hospitals and spearheaded nursing training for women among local indigenous communities. Female medical missionaries within South Africa defined themselves and their significance as professional working women by fulfilling these roles. When their former African trainees increasingly sought to teach new indigenous recruits or desired more specialized training, most female medical missionaries resisted their inclusion just as much as secular European authorities within the country as they feared that their position within South African missions was being threatened.

At the heart of this paper lies an examination of female self-perception and self-presentation within Christian missions. Studying the Candidates Papers and Council Minutes of the London Missionary Society, one gets the distinct sense that most single female applicants were conscious of the qualities and characteristics missionary societies were looking for in a successful female missionary candidate and marketed themselves accordingly in their applications. Advocating for their entry into the medical profession, women publicly used the need for female medical practitioners within Christian missions and the image of Nightingale's "ministering angels" to support the campaign for their inclusion as qualified medical doctors within Britain. Single female missionaries accepted into the missionary fold publicly presented themselves as independent and

professional women who were religiously devout and committed to a life of Christian service overseas. In reality, many women who entered into missionary service married before their contracts expired or worked in overseas missions to pursue professional careers unchallenged by prejudice or gender barriers present in Britain at the time. Many female medical missionaries serving in South Africa defined themselves and their worth as medical missionaries through the successful training of African nurses and medical assistants for service throughout Africa. When African women expressed interest in pursuing supervisory or instructional positions within hospital wards and training programs, many medical missionaries were threatened and actively limited the professional encroachment of indigenous men and women within South African health care.

REVIEW OF THE LITERATURE

This paper is situated within several interweaving strands of historical research. Key historical themes that are studied within this paper include gender and professionalism, women and missions, and missions and Empire. The impact of Christianity on indigenous communities and the interaction between gender and race on the mission field is also analyzed. I am particularly interested in highlighting within this paper debates surrounding the politics of inclusion and exclusion within professional social structures, both at home and abroad, during the late nineteenth and early twentieth century. The first half of this paper is positioned within the growing field of scholarly research that focuses on the interconnections between British social and religious stimuli that inspired the nineteenth century growth of overseas Christian missions, the entrance of single women into the missionary fold and the rise of medical missions. Drawing from themes developed in the first half of the thesis, the second half centres on female medical missionary involvement in South Africa and the interaction of European women with their African trainees, using the country as a case study to further understand the work of female medical missionaries and how they defined themselves as professional working women in the field.

Studying gender in the context of Empire and religious mission involves, according to Philippa Levine, much more than highlighting examples of female subordination or listing the various contributions women have made to work in

the traditionally male-dominated area of overseas missions.¹ In recent years, studies on women's role in colonial projects have become popular and it has been recognized that, in the words of Myra Rutherdale, "Historians, as much as the imperialists they study, have largely overlooked the role of women in the imperial process".² While examining women's contribution to imperialist aims, women's history has progressed to focus less on the study of women without much consideration or analysis of men and more on gendered interactions between the two sexes.³ Comparisons between the treatment of men and women within particular professional fields are now being made and research into how the beliefs and practices of men and women are shaped by differing sexual and gendered perspectives is being pursued.⁴

The study of gender and mission also intersects with themes revolving around class and race. The female missionaries studied within this paper were all British, white, mostly middle-class, and religious. Their gender, nationality, race, class and religion helped to shape these women's traditional perceptions of colonialism and the inferiority of their African counterparts. Although their primary goal within overseas missions was not necessarily to support the aims of colonialism, missionaries have come to be seen as integral to the colonial project, their views regarding gender and race often mirroring those of secular European

¹ Philippa Levine, ed., *The Oxford History of the British Empire Companion Series: Gender and Empire* (Oxford: Oxford University Press, 2004), 1.

² Nupur Chaudhuri, and Margaret Strobel, eds., *Western Women and Imperialism: Complicity and Resistance* (Bloomington: Indiana University Press, 1992).; Myra Rutherdale, *Women and the White Man's God: Gender and Race in the Canadian Mission Field* (Vancouver, UBC Press), xxiv.; Vron Ware, *Beyond the Pale: White Women, Racism, and History* (London: Verso, 1992).

³ Mary Taylor Huber and Nancy C. Lutkehaus, *Gendered Missions: Women and Men in Missionary Discourse and Practice* (Ann Arbor: The University of Michigan Press, 1999).; Claire Midgley, ed., *Gender and Imperialism* (Manchester: Manchester University Press, 1998).

⁴ Levine, *Gender and Empire*, 2.

colonists.⁵ The historical themes of gender, class and race are fluid and intersect and differ depending on where and when in history such nebulous concepts are being studied.

The study of gender and professionalism within women's history has become a well-developed topic of scholarly debate, as numerous histories chronicle women's rise in professional fields such as education, medicine and law.⁶ Historian Jane Haggis argues, "Only the struggle for suffrage has received more attention than the related efforts by women activists to establish the right to economic independence and employment opportunity, particularly for single women".⁷ Religious missions provided single, independent middle-class women with one of the first opportunities to pursue a professional and respected career during the late nineteenth century. Even studied outside of a religious context, research regarding the entrance of single women into the missionary fold is important in order to analyze the struggle for women to become more professionalized in one of the first professional careers available to women in Britain. Recent research has focused less on the contributions of the male middle-class leaders that dominated membership within these organizations until the late

⁵ Rutherford, xxv.

⁶ E. Moberly Bell, *Storming the Citadel: The Rise of the Woman Doctor* (London: Constable & Co., 1953).; Catriona Blake, *The Charge of the Parasols: Women's Entry to the Medical Profession* (London: The Women's Press, 1990).; Eva Gamarnikow, "Nurse or Woman: Gender and Professionalism in Reformed Nursing, 1860-1923", in *Anthropology and Nursing*, ed. by Pat Holden and Jenny Littlewood (London: Routledge, 1991).; F. K. Prochaska, *Women and Philanthropy in Nineteenth Century England* (Oxford: Oxford University Press, 1980).; Elianne Riska and Katarina Weger, ed., *Gender, Work, and Medicine: Women and the Medical Division of Labour* (London: Sage Publications, 1993).; Charlotte Searle, *The History of the Development of Nursing in South Africa, 1652-1960*. (Pretoria: South African Nursing Association, 1965).; Martha Vicinus, *Independent Women: Work and Community for Single Women, 1850-1920* (Chicago: University of Chicago Press, 1985).

⁷ Jane Haggis, "A heart that has felt the love of God and longs for others to know it": Conventions of Gender, Tensions of Self and Constructions of Difference in Offering to be a Lady Missionary," *Women's History Review* 7, no. 2 (1998): 171.

nineteenth century and more on the contribution of minority workers, particularly women, during this time.⁸ Historians such as Rosemary Seton, Stuart Piggin, and C.P. Williams have studied and greatly contributed to the scholarship regarding the recruitment and training of single female missionary candidates by leading British missionary organizations during the late nineteenth century.⁹ Fewer historians have focused on the growth of professionalism within specialized areas of religious missions, such as medicine and education, choosing instead to favour researching the professional history of these specialities among women in the mainstream British workforce and outside of religious missions.¹⁰ Additional research regarding direct comparisons between the recruitment and training of male and female missionaries would also prove beneficial to the field. The study of women in Christian missions and the examination of the contribution of

⁸ Augustus R. Buckland, *Women in the Mission Field: Pioneers and Martyrs* (New York: Thomas Whittaker, 1895).; Sean Gill, *Women and the Church of England: From the Eighteenth Century to the Present* (London: Society for Promoting Christian Knowledge, 1994).; Lesley Orr Macdonald, *A Unique and Glorious Mission: Women and Presbyterianism in Scotland 1830 to 1930* (Edinburgh: John Donald Publishers, 2000).; Emma R. Pitman, *Lady Missionaries in Foreign Lands* (London: S.W. Partridge, 189-).; F.K. Prochaska, *Women and Philanthropy in Nineteenth Century England* (Oxford: Oxford University Press, 1980).; Martha Vicinus, *Independent Women: Work and Community for Single Women, 1850-1920* (Chicago: University of Chicago Press, 1985).; Allan Becher Webb, *Sisterhood Life and Woman's Work, in the Mission-Field of the Church* (London: William Clowes & Sons, 1883).

⁹ Stuart Piggin, *Making Evangelical Missionaries 1789-1858: The Social Background, Motives and Training of British Protestant Missionaries to India* (Appleford: Sutton Courtenay Press, 1984).; Rosemary Seton, "Open Doors for Female Labourers": Women Candidates of the London Missionary Society, 1875-1914," in *Missionary Encounters: Sources and Issues*, ed. by Robert A. Bickers and Rosemary Seton (Richmond: Curzon Press, 1996).; C. Peter Williams, "The Missing Link: The Recruitment of Women Missionaries in some English Evangelical Missionary Societies in the Nineteenth Century," in *Women and Missions: Past and Present*, ed. by Fiona Bowie, Deborah Kirkwood and Shirley Ardener (Providence: Berg Publishers, 1993).

¹⁰ Antoinette Burton, "Contesting the Zenana: The Mission to Make 'Lady Doctors for India,' 1874-1885," *The Journal of British Studies* 35 (1996): 368-397.; Rosemary Fitzgerald, "A Peculiar and Exceptional Measure: The Call for Women Medical Missionaries for India in the Later Nineteenth Century," in *Missionary Encounters: Sources and Issues*, ed. by Robert A. Bickers and Rosemary Seton (Richmond: Curzon Press, 1996).

women to the British colonial project, both domestically and on the mission field, is an important area of study within the history of religious missions.

The historical study of gender and imperialism often ties directly to debates regarding the importance of religious missions in reinforcing and expanding ideas of colonialism. Missions and Empire, as Norman Etherington suggests, is a complex historical topic that encompasses key themes in the study of British overseas missions, such as gender, imperialism, class, communication networks, politics, economics, and race relations within religious missions.¹¹ In the vast history of Christian missions and theology in Britain, little scholarly emphasis has been placed, until recently, on connections between religious missions and the growth of the British Empire. Historians such as Andrew Porter and Brian Stanley have greatly contributed to the scholarly study of this area and have influenced many other historians to follow in their footsteps in recent decades, allowing the field to become well developed.¹²

The study of Christian missions and, more specifically, the history of Christian missions in South Africa have greatly evolved over the twentieth century. Prior to the mid-to-late 1950s, European churchmen who were involved, in varying capacities, with religious missions in the area, mostly authored

¹¹ Norman Etherington, ed., *The Oxford History of the British Empire Companion Series: Missions and Empire* (Oxford: Oxford University Press, 2005).

¹² Clare Midgley, "Can Women Be Missionaries? Envisioning Female Agency in the Early Nineteenth-Century British Empire," *Journal of British Studies* 45 (2006): 335–358.; Andrew Porter, ed. *The Imperial Horizons of British Protestant Missions, 1880-1914* (Grand Rapids: William B. Eerdmans, 2003).; Brian Stanley, *The Bible and the Flag: Protestant Missions and British Imperialism in the Nineteenth and Twentieth Centuries* (Leicester: Apollos, 1990).; Susan Thorne, *Congregational Missions and the Making of an Imperial Culture in Nineteenth-Century England* (Stanford: Stanford University Press, 1999).; C. Peter Williams, "Healing and Evangelism: The Place of Medicine in Later Victorian Protestant Missionary Thinking," *The Church and Healing: Studies in Church History* 19 (1982): 271-285.

histories written about South African missions. These histories advanced the work of white, European missionaries by glorifying their labours, analyzing the success or failure of a particular mission simply by the number of indigenous converts who adopted the Christian faith. Such histories were highly supportive of British imperialism and European colonization within foreign lands and provided little to no discussion of the impact of Christianity and missionary encroachment on indigenous communities.¹³ By the 1960s, a large backlash to past, European-focused histories of the South African mission field occurred and many historians became extremely critical of the missionary impact on African communities, considering missionaries as catalysts of colonization and European conquest.¹⁴ The recent work of Jean and John Comaroff cannot be understated when exploring connections between missions and Empire. Their influential, but controversial study of the Tswana people of Southern Africa earned them both praise and censure by historians for their attack on the missionary aims of the London Missionary Society in the nineteenth century Southern Africa. Suggesting that London Missionary Society mission stations were guilty of, in the

¹³ A.H. Baynes, *South Africa* (London: A.R. Mowbray, 1908).; A.D. Dodd, *Native Vocational Training: A Study of Conditions in South Africa, 1652-1936* (Lovedale: Lovedale Press, 1938).; J. A. Du Plessis, *History of Christian Missions in South Africa* (Cape Town: C. Struik, 1965).; G. B. A. Gerdener, *Recent Developments in the South African Mission Field* (London: Marshall, Morgan & Scott, 1958).; Norman Goodall, *A History of the London Missionary Society: 1895-1945* (London: Oxford University Press, 1951).; C.P. Groves, *The Planting of Christianity in Africa* (London: Lutterworth Press, 1964).; Gordon Hewitt, *The Problems of Success: A History of the Church Missionary Society, 1910-1942* (London: SCM Press, 1971).; Richard Lovett, *The History of the London Missionary Society, 1795-1895* (London: Henry Frowde, 1899).; C. F. Pascoe, *Two Hundred Years of the S.P.G.: An Historical Account of the Society for the Propagation of the Gospel in Foreign Parts, 1701-1900 (Based on a Digest of the Society's Records)* (London: Society for the Propagation of the Gospel in Foreign Parts, 1901).; R. H. W. Shepherd, *Lovedale South Africa: The Story of a Century, 1841-1941* (Lovedale: Lovedale Press, 194-).

¹⁴ Nosipho Majeke, *The Role of the Missionaries in Conquest* (Johannesburg: Society of Young Africa, 1952).; Monica Hunter Wilson, *Reaction to Conquest: Effects of Contact with Europeans on the Pondo of South Africa* (London: Oxford University Press, 1961).

words of Elizabeth Elbourne, "performing civilization, in the hope of educating the Tswana to adopt Western cultural practices through the power of display", the Comaroff's returned to the old historical debate of the 1960s by once again popularizing the image of the missionary-as-imperialist.¹⁵ One of the problems involved in advancing the idea that overseas Christian missions was a form of cultural imperialism is the fact that European missionaries were greatly outnumbered by indigenous missionaries in the field by the late nineteenth century.¹⁶ Much of today's current scholarship on South African missions, partially in response to the work of the Comaroff's, focuses on interconnecting relationships between missionaries, colonial settlers and indigenous communities, as well as indigenous agency and the role that African missionaries and Christian leaders played in the spread of Christianity throughout Africa.¹⁷ Particularly new to the field of missions and empire and a topic relevant to this paper is the study of the relationship between home and field in British religious missions.¹⁸ The study of the interconnections between home and field and, beyond that, the

¹⁵ Elizabeth Elbourne, "Word Made Flesh: Christianity, Modernity and Cultural Colonialism in the Work of Jean and John Comaroff," *American Historical Review* 108 (2003): 453.; Etherington, 4.

¹⁶ Etherington, *Missions and Empire*, 7.

¹⁷ Jeffrey Butler, Richard Elphick and David Welsh, eds., *Democratic Liberalism in South Africa: Its History and Prospect* (Middletown: Wesleyan University Press, 1987).; Elizabeth Elbourne, *Blood Ground: Colonialism, Missions, and the Contest for Christianity in the Cape Colony and Britain, 1799-1853* (Montreal: McGill-Queen's University Press, 2002).; Paul Landau, *The Realm of the Word: Language, Gender and Christianity in a Southern African Kingdom* (Portsmouth: Heinemann, 1995).

¹⁸ Jean Comaroff, *Body of Power, Spirit of Resistance: The Culture and History of a South African People* (Chicago: University of Chicago Press, 1985).; Anne Digby, *Diversity and Division in Medicine: Health Care in South Africa from the 1800s* (Oxford: Peter Lang, 2006).; Martina Egli and Denise Krayner, "Mothers and Daughters": *The Training of African Nurses by Missionary Nurses of the Swiss Mission of South Africa* (Lausanne: Le Fait Missionnaire Cahiers, no. 4, 1997).; Deborah Gaitskell, "Rethinking Gender Roles: The Field Experience of Women Missionaries in South Africa," In *The Imperial Horizons of British Protestant Missions, 1880-1914*, ed. by Andrew Porter (Grand Rapids: William B. Eerdmans, 2003).; Cecillie Swaisland, *Servants and Gentlewomen to the Golden Land: The Emigration of Single Women from Britain to Southern Africa, 1820-1939*. (Providence: Berg Publishers, 1993).; Leonard Thompson, *A History of South Africa* (New Haven: Yale University Press, 1995).

interaction of gender and imperialism in British missions is part of a growing scholarly interest in the history of religious missions and the progression of Christianity.

While I have provided a brief historiographical outline of where this work is situated within the scholarly fields of gender, professionalism and missions, I now turn to acknowledge specific historians who have aided my understanding of this topic and highlight primary works that were used extensively to support the progression of this paper. A number of historians have greatly contributed to my knowledge of leading British missionary organizations and the work of religious missions as a whole. I have used histories published by missionary organizations at the time the paper is situated as well as secondary source books and articles to glean an understanding of the work of Christian missions within Britain during the late nineteenth and early twentieth centuries. As discussed in the above paragraphs, one needs to be aware of the significant bias directed towards the merits of European missionaries in the early twentieth century histories of religious missions. Regardless of their partiality, as this paper primarily discusses the work of British female missionaries, I found earlier histories of South African missions to provide a much more detailed account of European missionary involvement in the area.¹⁹

¹⁹ A.H. Baynes, *South Africa* (London: A.R. Mowbray, 1908).; J. A. Du Plessis, *History of Christian Missions in South Africa* (Cape Town: C. Struik, 1965).; G. B. A. Gerdener, *Recent Developments in the South African Mission Field* (London: Marshall, Morgan & Scott, 1958).; Norman Goodall, *A History of the London Missionary Society: 1895-1945* (London: Oxford University Press, 1951).; Richard Lovett, *The History of the London Missionary Society, 1795-1895* (London: Henry Frowde, 1899).; C. F. Pascoe, *Two Hundred Years of the S.P.G.: An Historical Account of the Society for the Propagation of the Gospel in Foreign Parts, 1701-1900 (Based on a Digest of the Society's Records)* (London: Society for the Propagation of the Gospel in Foreign Parts, 1901).

Although many historians contributed to my knowledge and understanding of gender and professionalism within British religious missions, one book that was frequently consulted, especially in the early stages of my research, was Rhonda Semple's *Missionary Women: Gender, Professionalism and the Victorian Idea of Christian Mission*.²⁰ Semple's research, writing structure and use of case studies from multiple countries throughout her work was invaluable and helped me understand how I could balance this project between the study of religious missions at home in Britain as well as overseas in a case study of female involvement within South Africa.

I have also relied on a series of scholarly works to gain an understanding of the history of medicine within South Africa, the health care situation during the late nineteenth and early twentieth centuries, and the role medical missions played within the country at the time.²¹ Anne Digby's book, *Diversity and Division in Medicine: Health Care in South Africa from the 1800s*, was a valuable aid during the early stages of research and allowed me to develop a broad understanding of the evolution of medical practice in South Africa, as well as the social and racial hierarchical structures present within South African medicine during the late nineteenth and early twentieth centuries.²² Shula Marks' work, *Divided*

²⁰ Rhonda Anne Semple, *Missionary Women: Gender, Professionalism and the Victorian Idea of Christian Mission* (Woodbridge: Boydell & Brewer, 2003).

²¹ Graham Botha, *History of Law, Medicine and Place Names in the Cape of Good Hope* (Cape Town: C. Struik, 1962).; Edmund Burrows, *A History of Medicine in South Africa Up to the End of the Nineteenth Century* (Cape Town: A. A. Balkema, 1958).; Percy Ward Laidler and Michael Gelfand, *South Africa – Its Medical History, 1652-1898: A Medical and Social Study* (Cape Town: C. Struik, 1971).; T. G. Mashaba, *Rising to the Challenge of Change: A History of Black Nursing in South Africa* (Kenwyn, Juta & Co., 1995).; Charlotte Searle, *The History of the Development of Nursing in South Africa, 1652-1960* (Pretoria: South African Nursing Association, 1965).

²² Anne Digby, *Diversity and Division in Medicine: Health Care in South Africa from the 1800s* (Oxford: Peter Lang, 2006).

Sisterhood: Race, Class and Gender in the South African Nursing Field was very helpful in gaining insight into the relationship between female medical missionaries and their African medical trainees.²³

Recent studies have also focused on the impact of Christianity and Christian missions on the indigenous communities British missionaries were sent to reach.²⁴ Although this focus is a relevant and important aspect of historical study, due to the lack of primary source material available on this topic within North America and my inability to undertake a trip to South Africa to research within missionary archives and materials held, most notably, at the University of Witwatersrand, there is a distinct European bias within my paper, and the only insight into the diversity of indigenous reactions to the encroachment of Christian traditions and Western medical practice is provided through secondary sources. In addition, a number of primary source material I have included reflect a strong colonial prejudice, their authors and editors advancing a belief in Britain's religious and intellectual superiority over their indigenous neighbours.²⁵ In one example, a collection of Sister Henrietta Stockdale's letters and diaries, edited upon her death by both her sister and patroness, present an image of Stockdale as

²³ Shula Marks, *Divided Sisterhood: Race, Class and Gender in the South African Nursing Profession* (New York: St. Martin's Press, 1994).

²⁴ Helen Callaway, *Gender, Culture and Empire: European Women in Colonial Nigeria* (London: Macmillan Press, 1987).; Nupur Chaudhuri and Margaret Strobel, eds., *Western Women and Imperialism: Complicity and Resistance* (Bloomington: Indiana University Press, 1992).; Dagmar Engels and Shula Marks, eds., *Contesting Colonial Hegemony: State and Society in Africa and India* (London: British Academic Press, 1994).; Karen Tranberg Hansen, ed. *African Encounters with Domesticity* (New Jersey: Rutgers University Press, 1992).

²⁵ Michael Gelfand, *African Medical Handbook: An Outline of Medicine and Hospital Practice for African Nurses, Orderlies and Medical Assistants* (Cape Town: The African Bookman, 1947).; James W. Jack, *Daybreak in Livingstonia: The Story of the Livingstonia Mission, British Central Africa* (New York: Negro Universities Press, 1969).; John Lowe, *Medical Missions: Their Place and Power* (London: Unwin, 1887).; C. H. Malan, *Rides in the Mission Field of South Africa between the Kei and Bashee Rivers, Kaffraria. Also, A Visit to the Missionary Colleges of Lovedale and Heald Town in British Kaffraria* (London: Morgan and Scott, 187-).

a ministering saint, self-sacrificing and greatly supportive of Britain's civilizing and religious mission within South Africa.²⁶ By writing this paper and including these sources, I do not attempt to glorify or vilify the life and work of specific female missionaries mentioned. My purpose here, and where the true value of the British missionary sources lies, is to reflect upon the significance of the work of female missionaries and to study their relationship with the African nursing students they instructed from a British historical perspective.

The Candidates Papers and Council Minutes of the London Missionary Society provide great insight into the lives and motivations of missionary candidates. It is one of the only collections of primary material within my paper where one may be confident that they are analyzing letters that highlight the unedited opinions of female missionary candidates regarding both themselves and the world at large. What social backgrounds did these women hail from? Who was selected for missionary service, and why? Did women from the lower middle-classes stand a better chance of being accepted for missionary service as the years progressed and the selection system became more professionalized? Provided that one understands that the majority of these women were marketing themselves in a certain way within their applications so as to improve their chances of being accepted, the Candidates Papers reveal reasons why women were motivated to seek professional careers as missionaries in an unedited and original format. The desire to establish a professional career, the struggle between ambition and God's calling to the mission field, as well as the traditional

²⁶ Elizabeth Loch, and Christine Stockdale, eds, *Sister Henrietta, Community of St. Michael and All Angels, Bloemfontein, Kimberley 1874-1911* (London: Longmans, Green and Co., 1914).

beliefs regarding the inferior intellectual abilities and "heathen" qualities of non-European populations held by missionary candidates are examined within the Candidates Papers.

Other primary sources used throughout the paper include numerous articles from leading British journals of the day, such as *The Englishwomen's Journal*, *The Nineteenth Century* and *The Lancet*, as well as proceedings and reports from various British missionary conferences. The *World Missionary Conference* of 1910 is referenced frequently, for, with over 1200 delegates representing Protestant religious missions from all over the world, it was considered one of the largest missionary conferences ever held. Many decisions pertinent to the growth of female religious and medical missions overseas were established during its numerous sessions. The primary source reports most heavily used within the second half of the paper are drawn from the Union of South Africa, *Report of the Committee Appointed to Inquire into the Training of Natives in Medicine and Public Health*, and *Report of the National European-Bantu Conference* of 1929, the medical missionary journal *Mercy and Truth*, and Lovedale's monthly journal, *The Christian Express*, and are used primarily to highlight the evolution of African nursing training programs in South Africa throughout the early twentieth century.²⁷

Two primary sources used in the second half of the paper that deserve particular note are the edited letters and diaries of Henrietta Stockdale and Jane

²⁷ *Report of the National European-Bantu Conference: Cape Town, February 6-9, 1929* (Lovedale: Lovedale Institution Press, 1929).; *Union of South Africa, Report of the Committee Appointed to Inquire into the Training of Natives in Medicine and Public Health: Presented to both Houses of Parliament by Command of His Excellency the Governor-General* (Pretoria: The Government Printing and Stationery Office, 1928).

Elizabeth Waterston.²⁸ The limitations present within the Stockdale source have already been discussed. It is important to recognize that apart from institutional material present within missionary archives, such as the London Missionary Society, Church Missionary Society and the Society for the Propagation of the Gospel, few personal papers regarding the lives, ambitions and personal motivations of female missionaries that served within South Africa are accessible within North America or have even survived today.²⁹ The lack of personal communication and descriptions of the communities in which particular missionaries served reflect, as suggested by Rhonda Semple, a common sense by European missionaries of religious and intellectual superiority over their indigenous neighbours. Although Waterston proves the exception, the majority of personal communication that still exists outside of missionary archives, likely having survived within edited collections published within Britain, survive as detailed communications between fellow Europeans, often expressing the missionary's desire for news from the West and fellowship within a European community.³⁰

This paper is couched, most importantly, within the intersecting historical themes of gender, professionalism, class and race. The paper's contribution to historical scholarship within British missions lies in the discussion of the motivations and opinions of female missionary candidates as evidenced, most directly, through the Candidates Papers of the London Missionary Society.

²⁸ J. Elizabeth Waterston, *The Letters of Jane Elizabeth Waterston, 1866-1905*, ed. by Lucy Bean and Elizabeth Van Heyningen (Cape Town: Van Riebeeck Society, 1983).

²⁹ Gaitskell, "Rethinking Genders Roles," 144.; Semple, 12.

³⁰ Semple, 12.

Another highlight within the paper is the debate regarding professionalism and attempts by trained female nurses and doctors to limit the use of the term "medical missionary" to reference only fully trained and qualified medical practitioners. Finally, the discussion in the last section of the paper regarding the professional inclusion and exclusion of African medical aides within the South African mission field brings issues of professional tension between white female missionaries and their African medical trainees to the forefront. Outside of religious missions, this paper is significant as it highlights the trials and successes of one of the first professional careers open to British women during the late nineteenth and early twentieth centuries.

CHAPTER ONE:

"The unmarried woman careth for the things of the Lord"¹: The Recruitment and Training of Single Female Missionaries within British Protestant Missionary Societies in the Nineteenth and Early Twentieth Century

Women were limited in their ability to find professional employment during the late nineteenth and early twentieth centuries. Few careers, outside of teaching and nursing, were available to middle-class women, as it was believed that the proper place for women was not within the male-dominated sphere of public professional life, but in the home as wife, mother and moral centre of the household. One solution available to young, single middle-class women was to seek work overseas as female missionaries. In the 1860s and 1870s a new emphasis by missionary organizations was placed on the important role single female missionaries filled, both as teachers and as medical aides. The recruitment of female candidates was thus increasingly encouraged by missionary societies throughout Britain, Europe and North America. By the beginning of the twentieth century, the number of single female missionary recruits within British missionary organizations grew from almost nonexistent to several hundred.² While the need for female missionaries was great, missionary organizations still adhered to strict qualification and training procedures for women before a candidate was officially

¹ 1 Cr 7.34 King James Version. "The unmarried woman careth for the things of the Lord, that she may be holy both in body and in spirit."

² Emma R. Pitman, *Lady Missionaries in Foreign Lands* (London: S.W. Partridge, 189-), v-vi.

accepted.³ By the beginning of the twentieth century it was generally accepted by all mission societies that they could not function properly without the use of women, both within their central administration and as missionaries in the field.⁴ Single female missionaries carved out a place for themselves within the male dominated public sphere, achieved economic independence from their families, and established a name for themselves as respectable and professional working women.

The Protestant Church in Britain underwent an evangelical revival during the late eighteenth and early nineteenth century. One of the key changes that occurred as a result of the revival within the Church was an increased emphasis placed on the need for religious missions in foreign countries, the goal being to better spread the message of Christianity and civilization among the "heathen" populations of the world.⁵ Following the direction of the Society for the Propagation of Christian Knowledge and the Society for the Propagation of the Gospel in Foreign Parts, two Anglican-based missionary organizations, founded in 1699 and 1701 respectively, a number of British missionary organizations were established during the late eighteenth and early nineteenth centuries in the midst of evangelical revival. In the early decades following their establishment, charged with the responsibility of spreading the Christian faith to foreign countries and to

³ Alison Hodge, "The Training of Missionaries for Africa: The Church Missionary Society's Training College at Islington, 1900-1915," *Journal of Religion in Africa* 4, no. 2 (1971-1972): 88; Stuart Piggin, *Making Evangelical Missionaries 1789-1858: The Social Background, Motives and Training of British Protestant Missionaries to India* (Appleford: Sutton Courtenay Press, 1984), 22.

⁴ M. M. Underhill, "Women's Work for Foreign Missions: Three Home Base Studies," *International Review of Missions* 15 (1926): 257.

⁵ Brian Stanley, *The Bible and the Flag: Protestant Missions and British Imperialism in the Nineteenth and Twentieth Centuries* (Leicester: Apollos, 1990), 55-57.

raise financial aid for missionaries already in the field, both the Society for the Propagation of Christian Knowledge and the Society for the Propagation of the Gospel in Foreign Parts focused on providing Christian instruction to white, European settlers and seldom reached out to indigenous communities. The Baptist Missionary Society, founded in 1792 by William Carey, was the first new missionary society to be established during the late eighteenth century Christian revival. The London Missionary Society, a non-denominational organization with Congregationalist roots, was established in 1795. Following quickly behind, another Anglican supported organization, the Church Missionary Society, was founded in 1799.⁶ Few opportunities were provided to single women who wished to become involved with religious missions. Miss Rainy, a member of the Free Church of Scotland, stated in 1888 at the *Centenary Conference on the Protestant Missions of the World* that the only position single women could fill during the early nineteenth century was to aid in the "collecting and contributing [of] money, reading Missionary records, and remembering the work in prayer".⁷ Although women could serve on ladies' associations within their local communities in order to promote fundraising and support for the national societies, they were excluded

⁶ Augustus R. Buckland, *Women in the Mission Field: Pioneers and Martyrs* (New York: Thomas Whittaker, 1895), 10-11.; Stanley, 55-57. Other notable missionary societies formed during the late eighteenth and early nineteenth century include the Glasgow Missionary Society (1796), Scottish Missionary Society (1796), Wesleyan Methodist Missionary Society (1816) and Church of Scotland (1824).

⁷ James Johnston, ed., *Report of the Centenary Conference on The Protestant Missions of the World held in Exeter Hall (June 9th-19th), London, 1888* (London: James Nisbet & Co., 1889), 2:143. Single women could marry male missionaries and then be sent overseas as missionary wives, working alongside their husbands on the mission field. Many women married men they barely knew in order to pursue a life in religious missions.

from sitting on the national committees of these foreign missionary organizations until the late nineteenth century.⁸

British missionary societies had long recognized that women were an important and useful aid on the mission field, but their role was relegated to one of support to their missionary husbands, fathers or brothers and, as a result, single women were rarely sent out for missionary service.⁹ While women played an important role in foreign missions as helpmates to their male missionary relatives, it was not until 1858 that British missionary societies began to recruit young, single women for service in the mission field, particularly in countries such as India and China, where strict religious and gender practices made it difficult for men to witness to native women. It is important to note that a few single women were sent by missionary societies before the mid-nineteenth century. The London Missionary Society sent missionary Maria Newell to China in 1827, the only single female to be appointed for missionary duty within that organization before the 1860s. The Church Missionary Society deployed their first single female missionary to West Africa in 1820 and, in 1867, Miss Lawrence, a missionary to Mauritius and later Madagascar, was the first single women to be deployed to the mission field through the Society for the Propagation of the Gospel.¹⁰

⁸ Clare Midgley "Can Women Be Missionaries? Envisioning Female Agency in the Early Nineteenth-Century British Empire," *Journal of British Studies* 45 (2006): 338.

⁹ Rosemary Fitzgerald, "A Peculiar and Exceptional Measure': The Call for Women Medical Missionaries for India in the Later Nineteenth Century," in *Missionary Encounters: Sources and Issues*, edited by Robert A. Bickers and Rosemary Seton (Richmond: Curzon Press, 1996), 178.; Pitman, viii.

¹⁰ Buckland, 13.; Deborah Kirkwood, "Protestant Missionary Women: Wives and Spinsters," in *Women and Missions: Past and Present*, ed. by Fiona Bowie, Deborah Kirkwood and Shirley Ardener (Providence: Berg Publishers, 1993), 33.; Midgley, 338.; Jocelyn Murray, "Anglican and Protestant Missionary Societies in Great Britain: Their Use of Women from the Late 18th to the Late 19th Century," *Exchange* 21, no. 1 (1992): 7.; Jocelyn Murray, "The Role of Women in the

Leaders within the Victorian missionary movement popularized the idea that one of the main reasons limiting the success of overseas missions was that male missionaries were unable to bring the Christian message into the foreign home, a private sphere traditionally associated throughout Britain and North America as the woman's domain.¹¹ Indigenous women were increasingly seen as the key to introducing Christianity into the foreign home and, while native women were often prohibited from interacting with male missionaries, the task of reaching these women with the Christian Gospel fell to missionary wives. European missionary wives, particularly in countries such as China and India, were able to visit and care for women within the zenana, secluded rooms within Indian households where women were required to remain away from the sight of male visitors.¹² Allan Becher Webb, an Anglican Bishop stationed at Grahamstown, South Africa, commented on the service of women within foreign missions, writing in 1883:

We know that home is the centre and fountain of social life; and woman is the centre of home. Such as the women are, such are the homes, and such the civilisation and the Christianity of society. To

CMS, 1799-1917," in *The Church Mission Society and World Christianity, 1799-1999*, ed. by Kevin Ward and Brian Stanley (Grand Rapids: W.B. Eerdmans, 2000), 72.; Rosemary Seton, "'Open Doors for Female Labourers': Women Candidates of the London Missionary Society, 1875-1914," in *Missionary Encounters: Sources and Issues*, edited by Robert A. Bickers and Rosemary Seton (Richmond: Curzon Press, 1996) 51. The years single women were officially recruited by leading British Protestant mission societies are as follows: Wesleyan Methodist Missionary Society (1858), Baptist Missionary Society (1866), London Missionary Society (1875), Church Missionary Society (1887) and Scotland's United Presbyterian Church (1881).

¹¹ *Conference on Missions Held in 1860 at Liverpool: Including the Papers read, the Deliberations, and the Conclusions Reached: with a Comprehensive Index Showing the Various Matters Brought Under Review* (London: J. Nisbet & Co., 1860), 112.

¹² Fitzgerald, 180; Pitman, vi-vii.; Susan Thorne, *Congregational Missions and the Making of an Imperial Culture in Nineteenth-Century England* (Stanford: Stanford University Press, 1999), 94. The image of Indian zenanas, where women were perceived by the British press as trapped and unable to protect or educate themselves, was a popular rallying cry for missions and inspired many women to apply for missionary service.

reach that centre, to purify it and consecrate it for the Kingdom of GOD, is woman's special work.¹³

By the late nineteenth century, government and religious leaders in both India and China slowly became more amenable to the encroachment of Western medicine and education and allowed women and children to undergo medical examination and attend school taught by Western missionaries as long as missionaries adhered to strict gender barriers.¹⁴ Missionary wives were forced to balance the demands of the local female population, while maintaining their home and family as well. While many missionary wives continued to serve the women and children of the indigenous communities their husbands were sent out to reach, it was believed that the primary responsibility for married women, especially married women with children, lay in the care and maintenance of the spiritual and physical wellbeing of her own family. Despite criticism regarding the removal of women from their natural role in the home, missionary groups in Britain gradually became more receptive to the idea of sending young, unattached and educated women for missionary service, although missionary leaders, such as J.N. Murdock, continually cautioned that "Women's work in the foreign field must be careful to recognize the headship of man in ordering the affairs of the Kingdom of God".¹⁵

The fact that missionary wives were overburdened with responsibilities abroad was not the only reason missionary organizations slowly became more

¹³ Allan Becher Webb, *Sisterhood Life and Woman's Work, in the Mission-Field of the Church* (London: William Clowes & Sons, 1883), 3.

¹⁴ Walter R. Lambuth, *Medical Missions: The Twofold Task* (New York: Student Volunteer Movement for Foreign Missions, 1920), 136, 138-139.

¹⁵ Johnston, *Report of the Centenary Conference on The Protestant Missions of the World*, 2: 167.

amenable to the idea of deploying single women for service overseas, as many social changes occurring in Britain during the late nineteenth century also inspired this change in policy. Nineteenth century public opinion regarding the position and place of middle-class women in society was governed by the idea of being a *lady*.¹⁶ This view was adopted by the rising middle-classes and from the advent of industrialization, a large number of middle-class women were sent away by their families to undergo extensive training in the skills believed necessary to become a genteel lady, such as proper deportment and familiarity with languages, music and art.¹⁷ Women increasingly came to be seen as a symbol of their family's economic success and their education was used as a tool to secure marriages that were advantageous to both the woman and her family.

Within the rising middle-classes, men were defined as successful and judged according to their ability to secure respectable employment, while women were valued by how well they maintained family, household and remained subordinate to men within the home.¹⁸ Marriage was regarded as the desired state for all women as few career options were available to women at the time and religiosity, respectability, education and decorum were greatly prized among the

¹⁶ Cecillie Swaisland, "Wanted – Earnest, Self-Sacrificing Women for Service in South Africa: Nineteenth-Century Recruitment of Single Women to Protestant Missions," in *Women and Missions: Past and Present*, ed. by Fiona Bowie, Deborah Kirkwood and Shirley Ardener (Providence: Berg Publishers, 1993), 71.

¹⁷ Rhonda Anne Semple, *Missionary Women: Gender, Professionalism and the Victorian Idea of Christian Mission* (Woodbridge: Boydell & Brewer, 2003), 197.; Swaisland, "Wanted – Earnest, Self-Sacrificing Women for Service in South Africa," 71.

¹⁸ Leonore Davidoff and Catherine Hall, *Family Fortunes: Men and Women of the English Middle Class, 1780-1850* (London: Hutchinson, 1987), 30.

middle-classes of Britain's mid-century.¹⁹ Before the 1850s, the only positions considered somewhat respectable for women to hold outside of the home were as a governess, nurse, or involved in charitable aid. By the 1860s and 1870s, an increasing number of women sought training and employment in the vocations of nursing and teaching, gradually forcing the job market for both occupations to become oversaturated.²⁰ A widely circulated rumour was popularized throughout Britain regarding the large surplus of approximately one million additional women to men. By the 1860s, the majority of women in Britain believed that their sex vastly outnumbered living men within the country and became increasingly concerned that numerous women would be unable to fulfill the traditional prized role of wife and mother.²¹ The inability for women to secure marriages at home in Britain, the opening up of employment for women in fields such as teaching and nursing, and the growing demand for single, female applicants from missionary organizations all contributed to the dramatic increase in the number of British women who applied and were accepted for missionary service in the late nineteenth century.

¹⁹ Davidoff and Hall, 21, 76-77.; Swaisland, "Wanted – Earnest, Self-Sacrificing Women for Service in South Africa," 71, 73. The British public generally resented middle-class women seeking paid labour, even when their families were unable to support them.

²⁰ Swaisland, "Wanted – Earnest, Self-Sacrificing Women for Service in South Africa," 73.

²¹ W.R. Greg, "Why Are Women Redundant?," *National Review* 15, no. 28 (1862): 434-460.; "Women and Work," *Westminster Review* 131 (1889): 272.; Seton, 52.; Swaisland, "Wanted – Earnest, Self-Sacrificing Women for Service in South Africa," 72. The controversial "surplus" of women was blamed on the unwillingness of some men to settle down and fund the expense of caring for a wife and family and the absence of many men overseas in military or trade. An article published in the *National Review* in 1862 contributed greatly to the British women's fear of remaining spinsters throughout their lives. The author, W.R. Greg analyzed the 1851 census and concluded that there was a surplus of 1,248,000 women in England with approximately 1,100,000 of that number within marriageable age. In 1889, a article entitled "Women and work" was published in the *Westminster Review* and argued that, after examining the 1881 census, there were only 65,000 "surplus" females in the country, with the majority of them being elderly widows. The article also stated that among the 15-45 year age group, there were, in fact, 79,000 additional bachelors than available single women.

By the mid-nineteenth century, a number of middle-class women became increasingly vocal about their struggle against the traditional practice of relegating women's importance and worth solely to the home. Middle-class women were steadily participating in the public sphere, or at least, growing more interested and outspoken in their desire to become more involved and increasingly served as organizers of public events and fundraisers for charitable and religious organizations. Many women contributed large sums financially to missionary organizations and, as such, were permitted to voice their opinion regarding the situation of missions both at home and abroad.²²

Middle-class women's growing involvement in Britain's professional workforce inspired renewed female interest in pursuing missionary work as a professional career. Interest in missionary work was again fostered by another religious revival that swept Britain in the 1850s and 1860s.²³ During this revival, women began to entertain a more prominent role in religious preaching and ministry within Protestant denominations and became more heavily involved with the operations of the central administrations of various missionary societies.²⁴ Ladies' Committees, established to promote the recruitment of qualified female missionary candidates, were founded by all major missionary organizations in

²² Seton, 52; Thorne, 97.

²³ Seton, 53.

²⁴ M. C. Gollock, "The Share of Women in the Administrations of Missions," *International Review of Missions* 1 (1912): 675.; Midgley, 338.; C. Peter Williams, "'The Missing Link': The Recruitment of Women Missionaries in some English Evangelical Missionary Societies in the Nineteenth Century", in *Women and Missions: Past and Present*, edited by Fiona Bowie, Deborah Kirkwood and Shirley Ardener (Providence: Berg Publishers, 1993), 62. Prior to this time, female preaching was only supported by a small number of religious denominations such as the Society of Friends and Primitive Methodists, two religious sects that had little influence on foreign missions at the time.

Britain during the 1850s, 60s and 70s.²⁵ Mission boards advertised the need for female medical, educational and evangelical missionaries in popular magazines, journals and newspapers, such as *The Times* and *The Lancet*.²⁶ "Women's work for women" became a popular phrase within missionary societies and the call for increased female involvement was supported both in Britain and North America.²⁷

Although there were few opportunities to do so within the Protestant Church, some women gave themselves over to fulltime religious ministry by joining Anglican sisterhoods. Sisterhoods were established through the encouragement of leaders within the Oxford Movement during the mid-nineteenth century with the intention of providing religious employment for women who remained unmarried, desired to spend their lives devoted to religious vocations, and did not wish to or were unable to live independently or supported by family.²⁸ Anglican sisterhoods were regarded as one of the most important communities for women within the nineteenth century, as these groups were among the first to advocate for the right of women to choose celibacy, live in communion with one another, and to serve in charitable work without being criticized for remaining

²⁵ Williams, "Missing Link," 53. In an effort to list some of the bigger missionary organizations, Ladies' Committees were established within the Wesleyan Methodist Missionary Society (1858), Society for the Propagation of the Gospel (1866), and the Baptist Missionary Society (1868).

²⁶ "Ecclesiastical Intelligence," *The Times*, 12 October 1905; "The Medical Missionary," *The Lancet* 139, no. 3577 (19 March 1892): 650.; Fitzgerald, 178.

²⁷ World Missionary Conference, Report of Commission V, *The Preparation of Missionaries*, (Edinburgh: Oliphant, Anderson & Ferrier, 1910), 150-1.; Fitzgerald, 178.

²⁸ Sean Gill, *Women and the Church of England: From the Eighteenth Century to the Present* (London: Society for Promoting Christian Knowledge, 1994), 148. The Oxford Movement was a religious movement that shook the Church of England in the 1830s and 1840s and was led by a group of High Church Anglicans, most of which were members of the University of Oxford. The goal of these religious reformers was to renew the Anglican Church by reviving various Catholic doctrines and religious traditions within the daily practice of the Established Church.

unmarried.²⁹ The women within Anglican sisterhoods dedicated their lives to charitable works, usually within British urban environments. The first sisterhood, established in 1845 in London, was created with the goal of relieving the city's poor and suffering by assisting in food distribution, hospital duties and prison reform.³⁰ An official deaconess order was established in 1861 for women who desired a religious life but sought a closer relationship within the Anglican Church hierarchy than was fostered within sisterhoods.³¹ Deaconesses, unlike Anglican sisters, were ordained within the Church of England and did not take religious vows. Deaconesses never achieved much power within the hierarchy of the Anglican Church and official guidelines regarding their role and duty within the Church of England were not established until the early 1920s.³²

Anglican sisters trained as nurses and teachers to facilitate the spread of aid among the poor and disadvantaged. The first Anglican sisters to serve overseas accompanied Florence Nightingale as nurses to the Crimea in 1854. Provided that they travelled and worked together, Anglican sisters were among the first single female missionaries to work overseas. Consisting of only 86 in 1861, the number of Anglican sisters grew dramatically and, by 1900,

²⁹ Martha Vicinus, *Independent Women: Work and Community for Single Women, 1850-1920* (Chicago: University of Chicago Press, 1985), 57-58, 83.

³⁰ Gill, *Women and the Church of England*, 148.

³¹ Myra Rutherdale, *Women and the White Man's God: Gender and Race in the Canadian Mission Field* (Vancouver, UBC Press, 2002), 18.; Vicinus, 57.; Webb, 79. In the words of Allan Becher Webb, the difference between deaconesses and sisters lay in the fact that, "The life and business of the "Deaconess" is perhaps more *parochial*. The Deaconesses are assistants of the Clergyman of the Parish. They are not related one to the other as "Sisters" are, unless they practically become Sisters in form and order, associated in Sisterhood *life*, without the *name*. They are more independent, and fulfil their ministry in the Church rather more through parochial agencies. With any change in the Parish, their work may cease. The Sisters have a Charter of their own, which continues; their primary end is the *life*, not the *work*."

³² Vicinus, 58.

approximately two to three thousand British women had taken religious vows.³³

In comparison, there were approximately 180 official deaconesses within the Church of England by 1900.

While comprised of independent and well-educated women, Anglican sisterhoods generally refrained from supporting feminist attempts to secure equality before the law, entertain universal suffrage or secure entry into male-dominated professions such as medicine and law.³⁴ Because of their commitment to charitable labours, sisterhoods were well respected within Britain despite not adhering to the Victorian ideal of married domesticity. Anglican sisters served valuable roles as single female missionaries and their contributions were felt throughout the missionary field. In one example, Henrietta Stockdale, a medical missionary and Anglican sister stationed within South Africa from 1874 to 1911, worked as a nurse, operated her own hospital and committed her life to the training of female nurses in South Africa within the Western medical tradition.³⁵

The motivation for female candidates to apply for missionary positions varied greatly. Missionary work afforded women the opportunity to be involved in professional employment, a luxury that was offered to very few middle-class women at this time.³⁶ Some women, including May Crawford, were encouraged to apply after hearing of the need for volunteers in the field from missionaries on

³³ Gill, 148-149, 152.; Annie Goodenough Pike, "Some Anglican Sisterhoods and Their Homes," *Temple Magazine* 5 (1901): 493. Women who took vows within sisterhoods committed their life to service to the poor and ill with the understanding that the local bishop could release them from their obligation at a later date if they desired. Only women who were over 30 years of age were permitted to take the Anglican sisterhood vows of Obedience, Poverty and Chastity.

³⁴ Vicinus, 48.

³⁵ Swaisland, "Wanted – Earnest, Self-Sacrificing Women for Service in South Africa," 79.

³⁶ J. Rutter Williamson, *The Healing of the Nations: A Treatise on Medical Missions Statement and Appeal* (New York: Student Volunteer Movement for Foreign Missions, 1899), 58.

furlough or announced from the pulpit within their home church.³⁷ As a form of paid employment, there was monetary motivation for some women to pursue a career as a missionary because the paycheque, compared to other potential occupations, was considerable.³⁸ The majority of women who applied for missionary service hailed from Britain's middle-class, and were already employed in vocations such as teaching and retail. In the late nineteenth century, the average salary of a nurse was approximately £20 to £25 per year, a store buyer's yearly salary was approximately £50 per year, a schoolmistress earned approximately £92 and a senior teacher received £120 annually.³⁹ In comparison, in 1887, female missionaries associated with the London Missionary Society earned a stipend of approximately £100 a year.⁴⁰

Many women were motivated to apply for missionary service because they believed they were responding to God's call for them to take up missionary service. Ida Darnton, a candidate for medical missionary service with the London Missionary Society, wrote in her application that serving the women of the zenana was a "splendid way of showing in a practical way our love for those who are heathen".⁴¹ Alice Colebrook, another candidate for employment with the London Missionary Society, wrote of her promise "before God that if it were His will, I would go to tell them what Christ has been to me".⁴² Lizzie Cloutman, applied to

³⁷ E. May Crawford, *By the Equator's Snowy Peak: A Record of Medical Missionary Work and Travel in British East Africa* (London: Church Missionary Society, 1913), 6.

³⁸ Jane Haggis, "A heart that has felt the love of God and longs for others to know it": Conventions of Gender, Tensions of Self and Constructions of Difference in Offering to be a Lady Missionary" *Women's History Review* 7, no. 2 (1998): 179.

³⁹ Seton, 61.; Vicinus, 103.

⁴⁰ Haggis, 179.; Seton, 61.

⁴¹ Council for World Missions, Candidates Papers, 5 October 1892., qtd. in Seton 58.

⁴² Council for World Missions, Candidates Papers, 14 August 1893.

the London Missionary Society in 1881 after she was inspired by reading and re-reading popular accounts of female missionary labours, such as Emma Pitman's *Lady Missionaries in Foreign Lands*.⁴³

Women applying for missionary service also struggled to separate God's call from their own ambitions. London Missionary Society candidate Lucy Bounsell stated in her application of 1876, "I *dread* thrusting myself into work to which He does not call me...my desire for the work is in no way altered but my sense of its importance, and of my responsibility to God, make me anxious not to act according to inclination merely".⁴⁴ Bounsell's application provides insight into the motivation and ambition of a woman who applied to missionary service partly because of the professional opportunities such work afforded European women overseas.

The Ladies' Committee of the London Missionary Society was established in March 1875 and was comprised of 15 women who were related to prominent members of Congregationalist churches within London. Most members, including the President of the Committee, Anna Wardlaw, were wives of male missionaries who were retired or on extended furlough. The Committee was responsible for organizing fundraisers, reading applications, conducting candidate interviews and recommending women for missionary service. The Committee read reports from female missionaries in the field and responded to their requests and needs as they arose. The Ladies' Committee was not permitted to appoint women for service, as the final decision remained the responsibility of the

⁴³ Council for World Missions, Candidates Papers, 10 July 1881.

⁴⁴ Council for World Missions, Candidates Papers, 1 April 1876., qtd. in Haggis 184.

exclusively male Mission Board of the London Missionary Society.⁴⁵ Throughout the 1880s, there was much controversy regarding the limitations placed on the powers of the Ladies' Committee and, in 1891, the London Missionary Society Board of Directors permitted women to sit on the Board.⁴⁶ While unprecedented, this was hardly a victory for women for they were outnumbered dramatically, as a total of only 33 women sat on the Board compared to 262 men.⁴⁷ In exchange for sitting on the Mission Board, the Ladies' Committee relinquished the ability to screen incoming letters from female missionaries and dispense with their requests, and instead adopted the singular role of recommending to the Board suitable women for missionary service. After 1891, the Ladies' Committee became known as the Ladies' Examination Committee and was only responsible for the selection and training of female missionary candidates, and was no longer charged to receive and respond to reports from the mission field as they appeared.⁴⁸ Throughout its history, the Ladies' Committee of the London Missionary Society reviewed over 400 applications and rejected 186.⁴⁹

Most missionary societies established similar policies regarding the recruitment and training of female applicants.⁵⁰ This uniformity is best exemplified within the discussions that took place regarding the preparation and

⁴⁵ Seton, 54. Wardlaw remained President of the Ladies' Committee until her death in 1893.

⁴⁶ Ibid., 68. For example, women associated with the Church Missionary Society were not permitted to sit on an equivalent board until 1917.

⁴⁷ Ibid., 55.

⁴⁸ Ibid., 55-6.

⁴⁹ Haggis, 174; Seton, 55-56. This statistic is questionable as Jane Haggis contends that out of 400 applications reviewed during the history of Ladies' Committee, only 186 applicants were ACCEPTED for missionary service. I chose to use Rosemary Seton's statistic for this paper after conducting a rough estimate when looking at the Candidates Papers of London Missionary Society.

⁵⁰ Semple, 26.

training of women for missions work at the World Missionary Conference, held in Edinburgh in 1910.⁵¹ While missionary societies looked for similar qualities and skills in the women they recruited, it did not mean that certain women rejected by one organization did not try to seek employment with another. In the early 1890s, May Crawford was rejected for service with the Church Missionary Society, as the Mission Board believed that her health was not conducive to work in the East. After working at the home office of the China Inland Mission for a couple of years, Crawford was accepted for mission work in South Africa. Crawford eventually returned to the Church Missionary Society when she married a medical missionary associated with that organization and served for a number of years with her husband in British East Africa.⁵² As indicated within the Candidates Papers and Ladies' Committee Minutes of the London Missionary Society, mission organizations were looking for a very specific type of woman, namely someone young, respectable, healthy and unattached, with considerable education and a strong religious commitment.

The age of female candidates was important as the majority of applicants selected for missionary service were between the age of 21 and 28. Some women over the age of 30 were accepted but this was mostly permitted when the woman applying for service possessed the means to support themselves on the mission field. In 1898, Georgina Gollock, a member of the Church Missionary Society and one of the first women to work within their central administration, defended missionary organizations for often rejecting older women, arguing that it was

⁵¹ World Missionary Conference, *Preparation of Missionaries*, 82-94, 146-154.

⁵² Crawford, 6.

difficult for women over the age of 28 to undergo the preparatory one to two years of training necessary before deployment as their age was already considered advanced.⁵³ The London Missionary Society was particularly fastidious regarding the age of the applicant and generally only accepted young, single women in the early to mid-twenties for missionary service.⁵⁴ In most societies, older women were discouraged from applying because missionary organizations believed that such women possessed too much of an independent spirit to be teachable and were considered unsuitable for ministry. Not every sending society was as strict regarding the age of the female applicant as Scottish missions, such as the Free Church of Scotland, accepted applicants over the age of 30 on a number of occasions.⁵⁵ In 1875, the Church Missionary Society accepted Charlotte Tucker, a respected author and missionary to India, for service at the age of 54.⁵⁶ Throughout all societies, women who were self-supporting and were able to finance all their expenses were often accepted for service regardless of their age.⁵⁷

On certain occasions, while many factors influenced the negative decision of the Ladies Committee, age was sometimes used as the underlying reason for why a missionary candidate's application was not accepted. Agnes Drysdale

⁵³ Georgina A. Gollock, "The Training of Women Missionaries," *Church Missionary Intelligencer* 23 (1898): 40.

⁵⁴ Seton, 62.

⁵⁵ Semple, 28.

⁵⁶ Buckland, 81-82.

⁵⁷ Murray, "The Role of Women in the CMS," 77-78.; Semple, 28.; Seton, 62.; Swaisland, "Wanted – Earnest, Self-Sacrificing Women for Service in South Africa," 76. A handful of self-supporting women travelled to foreign countries without aid or training from British mission organizations, although a number of such women were later adopted by societies that established missions within the areas the women served. Self-supporting women who applied and were accepted for missionary duty with Anglican-based missionary organizations were sometimes considered, in the words of Cecillie Swaisland, "more devout than useful". Historian Rosemary Seton states that, within the London Missionary Society, 5% of candidates were self-supporting. This statistic is low when compared to the 19% of Church Missionary Society female employees who independently supported themselves.

applied for missionary service to the London Missionary Society in 1881, seeking a teaching position in India at the age of 32.⁵⁸ Acknowledging that she was "sensible of [her] own defects," Drysdale was eventually considered for work in Madagascar because of perceived deficiencies in her education and social station.⁵⁹ The Ladies Committee eventually rejected her application altogether on account of her advanced age.⁶⁰ Lucy Spicer, a member of the Ladies Committee sent to interview Drydale, wrote that, although age was a factor, the real reason leading to Drysdale's rejection was due to her lower station, harsh accent and plain features:

In appearance Miss Drysdale is painfully plain, and a little common, like a servant in appearance, and she speaks with a very broad Scotch accent. She is evidently very hardworking and persevering, while not skilled at anything. She seems to have had a poor education but has improved herself as she has gone on...In telling Miss Drysdale that she must not be disappointed if the Ladies of the Committee do not accept her, I put the probability of refusal on the ground of age because you cannot tell anyone she is not a lady.⁶¹

⁵⁸ Council for World Missions, Candidates Papers, 16 May 1881.

⁵⁹ Council for World Missions, Candidates Papers, 26 July 1881.

⁶⁰ Council for World Missions, Ladies' Committee Minutes, 20 September 1881.

⁶¹ Council for World Missions, Candidates Papers, 2 September 1881.

While missionary structures were increasingly becoming more professionalized as the years progressed, and the merits of a missionary candidate's application judged more for the talents and practical skill she could contribute to the mission field than for her family background and social station, the lack of refinement and perceived coarseness in manner and training were still popular grounds for rejection by missionary societies.

The quality of the candidate's health was another important consideration to mission boards when analyzing a candidate's application. The position of mission organizations regarding the health and emotional delicacy of female missionaries is reflected in a published statement from the World Missionary Conference of 1910:

Women are constitutionally – though there are striking exceptions – more emotional and less controlled, more anxious minded, more easily "worried," more given to overtax their strength. Their health is more affected by climate, and it is stated on good authority that they are more careless and less teachable regarding laws of health.⁶²

Before being accepted for a missionary appointment, all female candidates were required to undergo medical examination in order to test the overall physical and emotional health of the applicant. In 1895, Constance Long, a missionary with the London Missionary Society, complained to the Ladies Committee that it was a "little unfair to lady missionaries" to have the required medical examination for missionary service conducted solely by a male doctor.⁶³ Taking Long's distress into consideration, the Ladies Committee and Dr. Pye-Smith, the medical doctor who conducted physicals for London Missionary Society candidates, agreed that

⁶² World Missionary Conference, *Preparation of Missionaries*, 149.

⁶³ Council for World Missions, Candidates Papers, 25 October 1895.

Mary Scharlieb, a missionary wife and doctor, should be hired to provide consult for women who were more comfortable being examined by a female doctor.⁶⁴

Any woman with a history of disease or mental illness within her family was regarded with criticism. For example, Agnes Fredoux, a missionary candidate for the London Missionary Society was initially rejected because both her mother and her mother's sister, a "Mrs. Fredoux" and "Mrs. Livingstone", daughters of Robert Moffat, a well-known missionary to South Africa, were considered "very peculiar" and the Committee feared that problems could arise for Fredoux if she was "sent to a tropical climate...[and developed] any tendency to brain trouble".⁶⁵ A woman's reproductive health was also scrutinized during the medical exam, a procedure somewhat surprising because of the great emphasis placed by mission organizations on the need for female missionaries to remain single during their length of service.⁶⁶ Because of the high number of marriages on the mission field, some societies believed it was important to ensure that a female candidate's childbearing potential was secure, as married women, although wiped from the payroll, could still exemplify the merits of Christian domesticity through the care and rearing of her own family on the mission field.

A critical problem for missionary societies was the issue of training women for missionary service only to have them abandon their training for marriage. Losing a trained female missionary to marriage was a legitimate

⁶⁴ Council for World Missions, Ladies' Committee Minutes, 10 March 1896.

⁶⁵ Council for World Missions, Candidates Papers, Agnes Fredoux, letter from Ralph Warlaw Thompson to Constance Bennett, 16 July 1886, qtd. in Seton 63-64. The "Mrs. Livingstone" described is likely Mary Livingstone, wife of South African missionary, David Livingstone.

⁶⁶ Seton, 64.

problem as many women married missionaries already in the field and were forced to resign from paid service as soon as the marriage took place.⁶⁷ Societies feared that women would use their education and training to secure marriages that could not be attained at home.⁶⁸ A large number of women who were trained and sent out for service to Africa, India and China married fellow missionaries, colonial officials and European merchants they encountered during their travels. Speaking at the Conference on Foreign Missions in London in 1886, the Reverend Canon Hoare apologized on behalf of his "dear son who has been perpetrating a very bad act, and carrying off one of the young lady missionaries" who had been deployed to India, calling the action "a very wrong thing to do".⁶⁹ The situation was so critical by the turn of the century that the issue was discussed at the 1910 World Missionary Conference in Edinburgh. Participants concluded that the marriage of female missionary recruits upon entering field service was a "grave problem", often the result of a "mistaken vocation".⁷⁰ Male missionaries were also discouraged from marrying in the field as missionary societies paid men a salary considered only suitable to support a single man. As men were expected to travel extensively in the field, British missionary organizations argued that, in most circumstances, it was unfair for a male missionary to take a wife. By the late nineteenth century, missionaries took regular furloughs home to Britain in order to raise funds and generate support for the missionary cause. Although somewhat ironic considering the fact that missionary women serving in the field

⁶⁷ World Missionary Conference, *Preparation of Missionaries*, 151.

⁶⁸ Williams, "Missing Link," 62.

⁶⁹ *Proceedings of the Conference on Foreign Missions, Held at the Conference Hall, in Mildmay Park, London, October 5th to 7th, 1886* (London: John F. Shaw, 1886), 181.

⁷⁰ World Missionary Conference, *The Preparation of Missionaries*, 154.

would already be aware of the challenges encountered by living as a missionary wife in a foreign country, male missionaries seeking marriage and companionship were encouraged to find wives at home while on furlough and not among female missionaries working overseas.⁷¹

As women did nonetheless marry in the mission field on a frequent basis, sending societies took active steps to discourage unions. Considering the issue a matter of inadequate moral training, participants of the World Missionary Conference of 1910 discussed solutions to this growing problem and suggested:

If the preparation given at home were such as to make candidates less dependent upon external aids in their spiritual life, and if such a public opinion were formed as should help the young missionary to realise that her offer of service, while in no sense involving a vow (unless such vows are of the genius of the Society), yet is a pledge of special steadfastness of purpose, she would be less susceptible to this particular appeal when addressed to any emotion other than that which alone should lead to marriage.⁷²

Many groups, including the London Missionary Society, implemented contractual agreements between the missionary and sending organization. In exchange for training received before entering the mission field, female candidates were expected to remain unmarried for three to five years upon commencement of their service overseas.⁷³ A similar process within many missionary organizations, women who did not fulfill the requirements of their contract and married were charged for their training and travel on a sliding scale depending on how many years they spent in service.⁷⁴ The potential for female missionary recruits to

⁷¹ Kirkwood, 38.; Williams, "Missing Link," 62.; World Missionary Conference, *Preparation of Missionaries*, 150-1.

⁷² World Missionary Conference, *Preparation of Missionaries*, 151.

⁷³ Kirkwood, 38.

⁷⁴ Haggis, 175.; Williams, "Missing Link," 62.

marry once they had reached the mission field was so high that missionary societies used the issue to justify the lower standard of education and training women received compared to men before entering missionary service.⁷⁵

Social station and the extent of a woman's education were also deciding factors when selecting women for missionary service. Women were readily rejected if their level of education was considered inadequate. In one example, London Missionary Society missionary candidate Mary Hunt was quickly rejected in 1877 based on her lack of formal education and her inability to bring any significant skill to the missionary fold. In a letter concerning Hunt's application and interview in London, Jane Blomfield wrote to another member of the Ladies Committee, "Poor thing...She aspires to that which is far above her".⁷⁶ Writing about the quality of missionary candidate accepted for service within the Church Missionary Society in 1897, David Wilkinson revealed why missionary organizations believed it was so important for applicants to be well educated before they were deployed for missionary service:

Furthermore it is obvious that if a young person, man or woman, between twenty and thirty years of age, cannot express himself in his own language clearly and on the whole grammatically, and cannot spell ordinary words correctly, there is grave cause to fear that he will never so thoroughly acquire another language, of which he at present knows nothing, as to be able to express clearly and forcibly in it truth which are strange to those to whom he tries to speak...Candidates suitable in other ways but deficient in these matters [spelling, writing, and composition] can seldom be accepted.⁷⁷

⁷⁵ Gordon Hewitt, *The Problems of Success: A History of the Church Missionary Society, 1910-1942* (London: SCM Press, 1971), 1:454-454, 457.

⁷⁶ Council of World Mission, Candidates Papers, 20 March 1877.

⁷⁷ David H.D. Wilkinson, "Preparation Classes for Intending Missionary Candidates," *Church Missionary Intelligencer* 48 (1897): 15.

Women who were appointed to the London Missionary Society from privileged backgrounds and were considered to be the best educated were generally sent to India and China, while women who were accepted for mission work and were regarded to be of lower station, possessing only a limited education were sent to areas such as Madagascar and the South Seas.⁷⁸ Education was highly prized by missionary societies because most women were recruited for specific missionary duties such as teaching and medical work. As the years progressed, both male and female middle-class missionary candidates accepted for service overseas were accepted less for their station or family connections and more for their education and the professional skills they brought to the missionary fold.⁷⁹ While their mission was to spread the Gospel among the indigenous locals, public evangelism by female missionaries was regarded as less important on the field.⁸⁰ Women were recruited to show the power and goodness of God through their willingness to dispense ministering aid and literacy and not necessarily to evangelize.⁸¹

Although mission boards emphasized the use of education and various other specialized skills that women could bring to the mission field, all organizations still required the candidate to be well versed in the Bible and basic theology before they were deployed. The religious commitment of candidates is clear from the applications they submitted. Many women believed that God was

⁷⁸ Seton, 59.

⁷⁹ Semple, 197.

⁸⁰ Church Missionary Society, "The Pan-Anglican Meeting for the Nursing Profession," *Mercy and Truth* 10, no.113 (1906): 186; World Missionary Conference, *Preparation of Missionaries*, 83-4.

⁸¹ World Missionary Conference, *Preparation of Missionaries*, 148.

calling them to the mission field to spread His name among the "heathen".⁸² A large number of women who applied were from strongly religious families and were related, if distantly, to missionaries serving overseas.⁸³

Women often applied to sending societies in the hope of assisting a father, brother or uncle on the mission field and it was not unusual to have single women apply for missionary service from families who had served in a particular area of the world for generations.⁸⁴ Women who came from missionary families were particularly desirable candidates for missionary service because they were already equipped with knowledge regarding the difficulties and challenges of living on the mission field. Women who had spent the majority of their childhoods living on mission stations were believed to perform household duties better and were more used to manual labour than most women who hailed from Britain's middle-classes.⁸⁵

Despite the emphasis on prior background, women accepted for missionary service were required to undergo further training before they deployed. The training of female missionaries was taken seriously by all missionary organizations. In 1910, for example, it was established by participating members of the World Missionary Conference in Edinburgh that:

The wives and mothers of one generation are the true moral founders of the whole community of the next; it must be acknowledged that the character and preparation of the women who are commissioned to train them [indigenous women] are matters of the gravest consideration.⁸⁶

⁸² Council for World Missions, Candidates Papers, 5 October 1892.

⁸³ Semple, 38.

⁸⁴ Murray, "The Role of Women in the CMS," 73.

⁸⁵ Swaisland, "Wanted – Earnest, Self-Sacrificing Women for Service in South Africa," 82.

⁸⁶ World Missionary Conference, *Preparation of Missionaries*, 147.

Female missionaries, abandoning their "natural" roles as wives and mothers at home in England in favour of establishing professional careers as overseas missionaries, regarded themselves, in essence, as the mothers and moral guides of the indigenous religious converts they were sent to reach. It was imperative that these women be trained in both general education and theology in order to teach and promote the traditional model of Western domesticity and Christianity overseas. Although women in Britain were seeking professional employment outside of the home and beginning to question the validity of separate spheres and female subordination by the turn of the century, female missionaries underwent extensive training to promote traditional gender roles overseas. Women's growing professionalism in missions was achieved, in part, by teaching traditional gender roles and imparting the idea of female domesticity onto indigenous religious converts.

The length of a female candidate's training varied depending on the missionary organization they were accepted into and how well qualified they were for missionary duties at the time of their application. A number of articles were published in order to help facilitate missionary preparation. Articles such as "Home Preparation of the Foreign Missionary", written in 1899 and published within the American journal, *The Biblical World*, stated that physical training, such as exercising regularly, as well as mental and religious preparation, achieved through frequent meditation on Biblical scriptures were the most prudent ways for

a candidate to prepare, both physically and mentally for life on the mission field.⁸⁷ It is evident from the Candidates Papers of the London Missionary Society that women responded to such articles, as many marketed their skills and preparation within their applications or used poetic language to reflect their religious commitment. Missionary candidate Myfanwy Wood boasted that she was physically fit and could walk twenty-seven miles a day.⁸⁸ Jessie Williamson stated that she possessed the qualities desired in a female missionary as she was "in good health, [had achieved] a good education, and is possessed of some talent which can be of use in the mission field".⁸⁹ Myra Pertwell wrote in her application of her desire to "show forth to poor dark heathen women the wondrous love of God in Christ".⁹⁰ Many single women, eager to pursue a career as a missionary, used certain rhetoric within their applications that suggest that they were well aware of qualities and talents missionary organizations were looking for when recruiting women for field service.

While most societies were likeminded in what they looked for in a successful missionary candidate, the amount of training and preparation differed greatly between men and women. The training of male missionaries was often more regulated and universal throughout all British missionary organizations in comparison to the training of women. By the 1870s, most men entering into

⁸⁷ A. Oltmans, "Home Preparation of the Foreign Missionary," *The Biblical World* 13, no. 3 (1899): 185-188.

⁸⁸ Council for World Missions, Candidates Papers, Myfanwy Wood, medical report, 1 November 1906, as qtd. in Seton, 63.

⁸⁹ Council for World Missions, Candidates Papers, 28 March 1911, qtd. in Semple 45.

⁹⁰ Council for World Missions, Candidates Papers, 5 October 1890.

missionary service needed to be in possession of a university degree.⁹¹ The education requirements for women entering service were much less defined, their training less extensive than male missionaries. In fact, there was a popular debate throughout prominent British missionary organizations regarding how much training a woman missionary should undergo or whether women should receive formal training at all.⁹² By 1910, thirteen Women's Training Institutes were established by various societies to train and prepare women for mission work, yet controversy remained regarding how well prepared women were for work overseas.⁹³ Unlike men who were sent to specific institutions to train at depending on what missionary organizations they were affiliated with, missionary organizations frequently worked together to establish and fund schools to support the training of female candidates from multiple organizations at one time.

Female training institutions were primarily created to equip women for missionary duties and responsibilities within the mission field and were not established with the intention to train women for specialized work such as medicine and education. The length and quality of training differed depending on the missionary society and the previous education of the candidate. The London Missionary Society did not establish its own training institute until 1912, opting instead to send candidates to training schools already in operation through British Baptist and Presbyterian missionary organizations such as the Baptist Missionary

⁹¹ Semple, 191-192. The majority of men who applied and were accepted for service with the London Missionary Society and Free Church of Scotland were only successful if they were ordained ministers.

⁹² G.A. Lahore, "The Pan-Anglican Thankoffering: Female Medical Missions," *The Lancet* 171, no. 4420 (16 May 1908): 1441.

⁹³ World Missionary Conference, *Preparation of Missionaries*, 85.

Society and the Free Church of Scotland.⁹⁴ Prior to 1891, the majority of female candidates affiliated with the Church Missionary Society were trained at The Willows, a female operated training home in London that trained, among others, female Church Missionary Society and Church of England Zenana Missionary Society candidates. By the 1890s, two other training schools were established in Britain to service the needs of the Church Missionary Society, although it was not until 1917 that the organization established a program to train women solely for work with their society.⁹⁵ Women throughout all organizations were trained in courses that ranged from Biblical theology, church and missionary history, vocal methods and geography, to bookkeeping and administration from a period of three months to two years before work in the mission field commenced.⁹⁶ Most societies required women to participate in some type of local fieldwork before missionary training was complete.⁹⁷ Language studies generally did not begin until after the newly appointed missionary was deployed as the candidate received no notification regarding where she was being sent until after all her training was finished.⁹⁸

While societies recognized the importance of female missionary training, women's preparation for missionary service differed greatly from training men received. At the Church Missionary Society's Training College at Islington, women were only required to fulfill, at the very most, two years of training at the

⁹⁴ Seton, 65.

⁹⁵ Guli Francis-Dehqani, "CMS Women Missionaries in Persia: Perceptions of Muslim Women and Islam, 1884-1934," In *The Church Mission Society and World Christianity, 1799-1999*, ed. by Kevin Ward and Brian Stanley (Grand Rapids: W.B. Eerdmans, 2000), 95.; Hewitt, 1:456.

⁹⁶ World Missionary Conference, *Preparation of Missionaries*, 86, 250.

⁹⁷ Haggis, 176.

⁹⁸ Seton, 65.

facility, while men were obligated to study a minimum of three years before they were considered fit for missionary duties.⁹⁹ Examinations at Islington, while mandatory for men, were optional for women. In 1907, for example, the course work established for female candidates was similar to that followed by men, consisting of Old and New Testament theology, Christian doctrine and the history of the Church of England, comparative religion and the principles of teaching. The main goal for female candidates was not, however, to master the material and sit for examinations in each subject, but rather to stimulate independence of thought.¹⁰⁰ The course work created by the London Missionary Society for female candidates was similar to the courses provided through the Church Missionary Society. In contrast to Church Missionary Society practice, by 1891 the London Missionary Society required all female candidates to undergo examinations in their courses before their training was completed.¹⁰¹

By 1910, leaders from the most prominent missionary organizations recognized the need for women to undergo systematic and regulated training similar to the training men received and called for all missionary societies to address this need.¹⁰² Reports generated from the World Missionary Conference of 1910 determined that female missionary training was inferior to that of men and cautioned that the "intellectual standard [of female training] is not yet sufficiently

⁹⁹ Hodge, 88.

¹⁰⁰ Hodge, 88.; Wilkinson, 15-16.

¹⁰¹ Seton, 65.; Hewitt, 1:454. Before they were sent to the field, female candidates associated with the London Missionary Society needed to secure an overall average of 50% on their examinations. Nurses qualified for missionary duty as long as their average was higher than 40%. As late as 1934, leading members of the Church Missionary Society discussed limiting the amount of training women received before being deployed to the field.

¹⁰² World Missionary Conference, *Preparation of Missionaries*, 250.

high".¹⁰³ While the Conference called for missionary societies to improve their training of female candidates in order to better prepare them for the realities of missionary labour, Committee members, comprised of 24 members of prominent missionary societies within Britain, Sweden, Germany, Canada and America, recognized the limitations organizations faced due to the "inadequate intellectual equipment of many of the missionary candidates" purely because they were female.¹⁰⁴ While missionary organizations were able to recruit women from strong educational backgrounds, female missionaries continually had to fight the prevailing idea that their missionary service, even when they were placed in charge of mission stations and hospitals, was considered less important than male contributions to the mission field.

In the period from 1875 to 1925, the movement to recruit and prepare female missionaries for work overseas changed dramatically. Where there had only been a handful of women initially, over a thousand women now served as trained missionaries within British missionary organizations worldwide.¹⁰⁵ In 1873, the Church Missionary Society employed only eleven single women within their missionary workforce and, by 1894, the number of single women serving overseas with the organization had increased to 160.¹⁰⁶ Women within the administration of the London Missionary Society achieved, if in name only,

¹⁰³ Ibid., 89.

¹⁰⁴ Ibid., 83. Four of the 24 members of the Commission were women. The names of the women serving on the Committee are as follows: Miss Maria L. Gibson, Principal, Scarritt Bible and Training School, Kansas City, Missouri, USA; Miss G.A. Gollock, Church Missionary Society, London, England; Mrs. Creighton, London, England; Miss Small, Women's Missionary College, Edinburgh, Scotland.

¹⁰⁵ Haggis, 172.

¹⁰⁶ Buckland, 13. Between 1873 and 1893, female participation in overseas missions within the Church Missionary Society grew from one-twentieth to one-fourth of the entire European staff.

equality with men within the organization when members were permitted to sit with men on the Mission Board. By 1917, female members of the Church Missionary Society were invited to do the same. No longer were women accepted for missionary service based solely on their social station, family background or religious commitment for, as the field became increasingly more professionalized, practical skill and education became more highly valued. Even with the dramatic increase in the number of women serving as missionaries, missionary organizations still actively sought female applications for service, particularly in the specialized field of medical missions.¹⁰⁷ Most women recognized the skills and qualities missionary organizations were looking for in their female missionary candidates and marketed themselves accordingly within their applications. With the development of specialized missionary fields such as medicine and education, attempts were made by women to bring female missionary preparation and training on par with men, forcing the field to increasingly become more defined and professionalized. As will be discussed in the following section, medical missions and the public outcry for qualified female doctors to service the needs of women within foreign countries who were prevented from obtaining medical aid from male doctors, greatly contributed to the movement to allow women's entry into British medical schools by the late 1870s. Many middle-class women, seeking independence and the chance to obtain more responsibility than would be

¹⁰⁷ "Lady Volunteers for Medical Missions," *Medical Missions at Home and Abroad* New Series. 1 (October, 1885-October 1887): 313.; "Medical Missions and the Society for the Propagation of the Gospel," *The Lancet* 173, no. 4469 (24 April 1909): 1195; Buckland, 9.; Herbert Lankester, "Medical Missions." *The Lancet* 144, no. 3700 (28 July 1894): 226. Information regarding the massacre at Ku-Cheng, China of seven British female missionaries in 1895 spread through the British press and led to much criticism regarding the sending of female missionaries overseas. Events such as the massacre at Ku-Cheng discouraged women and their families from applying for missionary service.

available at home in Britain, chose to serve in overseas missions as medical missionaries.

CHAPTER TWO:

"And heal the sick that are therein"¹: Gender, Professionalism and the Rise of British Medical Missions.

Medical missions became a popular and respected field of missionary service around the same time missionary organizations began to recruit single women for service overseas. In 1852, there were only 13 European missionaries serving as medical missionaries overseas. By 1900, the number of European medical missionaries had grown to approximately 650.² This chapter will examine the rise of medical missions in Britain as well as women's struggle to achieve entrance into British medical schools to train as qualified doctors during the late nineteenth century. The need for female medical personnel to serve in Christian missions within countries that prevented male doctors from treating indigenous women was one of the main reasons women were able to achieve professional medical qualifications in Britain by the late 1870s. This chapter discusses the recruitment and training of women for work within the specialized field of medical missions and is, in part, an extension of ideas and themes developed in the first section. Women interested in serving overseas were forced to undergo the same level of scrutiny and training as their non-medical counterparts in addition to their medical training. The chapter concludes with an examination of attempts by qualified female medical missionaries to limit the use

¹ Luk 10.9 KJV. "And heal the sick that are therein, and say unto them, The kingdom of God is come nigh unto you."

² *Report of the Ecumenical Conference of the Foreign Missions held in Carnegie Hall and neighbouring churches, April 21st to May 1st* (New York: A.T.S., 1900), 2:199.; John Lowe, *Medical Missions: Their Place and Power* (London: Unwin, 1887), 204.

of the term "medical missionary" to describe only those who were fully trained in medical care. As the missionary profession became more specialized, women capitalized on these changes and used the relative newness of medical missions to quickly establish themselves within the field.

The idea of medical missions as a separate and specialized field of missionary labour started to become popular in Britain within the 1850s and 1860s. Before the 1860s, qualified medical professionals who were interested in serving in missions were often discouraged from applying to missionary societies as they were considered young and ambitious, their goal to pursue advances in research and science and not to evangelize. Physicians deployed to mission stations were generally not accredited as missionaries, but rather as physicians hired to care for missionaries and their families.³ At the heart of the British Victorian conception of religion lay a deep divide between the soul and the physical body. Most societies argued that the primary goal of international missions was not to heal the body and believed, according to J.B. McCord, a medical missionary and founder of the American Zulu Mission in South Africa, that "faith and prayer were sufficient to insure native health".⁴ With little public support for physicians in missions and the belief, fostered by missionary

³ *Report of the Ecumenical Conference of the Foreign Missions*, 1:410.; Geoffrey Gill and Sean Burrell, "The Liverpool Cholera Epidemic of 1832 and Anatomical Dissection – Medical Mistrust and Civil Unrest," *Journal of the History of Medicine and Allied Sciences* 60, no. 4 (2005): 486.; Wilkinson, 6.; Ellen Ross, *Love and Toil: Motherhood in Outcast London, 1870-1918* (New York: Oxford University Press, 1993), 171.; C. Peter Williams, "Healing and Evangelism: The Place of Medicine in Later Victorian Protestant Missionary Thinking," *The Church and Healing: Studies in Church History* 19 (1982): 272. Surgeons were generally not well regarded in early to mid-Victorian Britain as stories of incompetent and mercenary doctors who took advantage of trusting patients spread among the British public. Public distaste for the medical profession grew in the 1830s when newspapers reported accounts of patients being improperly cared for, even murdered, by physicians who sold their bodies to anatomy schools for dissection.

⁴ J.B. McCord, *My Patients Were Zulus* (New York: Rinehart, 1951), 25.

organizations, that medical work was less important than that of preaching the Gospel to the "heathen" nations, medical missions did not rise in prominence within Britain until after the passage of the Medical Act of 1858.

The 1858 Medical Act was important to the rise of the medical missionary and British medical missions as it helped to police medical practitioners within the country by creating a medical register and providing legal protection only for qualified doctors whose names were present on the register.⁵ A growing belief in the importance of benevolence, frequent requests from missionaries serving in the field, and pressure from colonial and foreign governments, forced most societies to open their doors to medical missionary candidates by the 1870s and 1880s.⁶ Published accounts of the successful and important work of medical missionaries in foreign lands, such as Henry Callaway, David Livingstone and William Lockhart, became widely popular among the British public and helped elevate medical missions to one of the most respected fields of missionary service. Commenting on the importance and philanthropic nature of medical missions, by 1887, John Lowe, former London Missionary Society medical missionary and secretary of the Edinburgh Medical Missionary Society, could state:

It is the welfare of my brother, the welfare of his body, the welfare of his soul – his welfare for time, his welfare for eternity. To hold forth the Word of Life, along with a practical manifestation of the spirit of the Gospel, is therefore the true meaning of "preaching the Gospel" and this is the aim and object of Medical Missions, an enterprise which claims alike the sympathy of the Christian and the Philanthropist.⁷

⁵ E. Moberly Bell, *Storming the Citadel: The Rise of the Woman Doctor* (London: Constable & Co., 1953), 25. Only the names of medical practitioners who were awarded a degree in Medicine from a British university or foreign equivalent were placed on the Register.

⁶ Williams, "Healing and Evangelism," 280.

⁷ Lowe, 10-11.

Male medical doctors who applied for missionary service still did not have to be ordained to evangelize, but were instructed to take courses in theology and religion before being deployed to the mission field.⁸

Women were quick to seize a place within the developing field of medical missions. The movement to permit women to qualify for and legally practice medicine in Britain was a direct result of the need to provide medical service for women in countries such as India, where the local community rarely allowed male physicians to treat female patients.⁹ Again in 1887, John Lowe, advocating for the promotion of female medical missionaries within Britain, argued that unlike male missionaries, women could "gain an entrance for the Gospel into the hearts and homes of her patients".¹⁰ Women eagerly used information provided by missionaries in the field to advocate for their legal entry into medical college.

From the 1850s, pioneering upper class women, such as Elizabeth Blackwell and Elizabeth Garrett Anderson led the struggle to allow women to study and participate in the practice of medicine as fully qualified medical doctors.¹¹ Embroiled in challenges through every step of the process, women fought hard for an opportunity to train and to sit for the same medical

⁸ Williams, "Healing and Evangelism," 283. The only British missionary organization that required all male candidates, including medical missionaries, be ordained before they left for the mission field was the Wesleyan Methodist Missionary Society. Due to their strict guidelines, only two medical missionaries were deployed from the Wesleyan Methodist Missionary Society between 1891-1900.

⁹ Catriona Blake, *The Charge of the Parasols: Women's Entry to the Medical Profession* (London: The Women's Press, 1990), 175-177; Antoinette Burton, "Contesting the Zenana: The Mission to Make 'Lady Doctors for India,' 1874-1885," *The Journal of British Studies* 35, no. 3 (1996): 370; Rosemary Fitzgerald, "'A Peculiar and Exceptional Measure': The Call for Women Medical Missionaries for India in the Later Nineteenth Century," in *Missionary Encounters: Sources and Issues*, edited by Robert A. Bickers and Rosemary Seton (Richmond: Curzon Press, 1996), 174-196; Williamson, 58.

¹⁰ Lowe, 183.

¹¹ Sophia Jex-Blake, "Medical Women," *The Nineteenth Century* 22 (1887): 695.

examinations that were written by men. In 1874, the London School of Medicine for Women was established and lecturers from medical schools who were sympathetic to the plight of female medical students taught courses to help forward their medical education. By 1876, British Parliament passed a bill enabling all university examination boards to permit women to sit for medical exams.¹² Improvement towards easing the path for women seeking medical training continued to progress in 1877 when women were permitted to practice medicine in the wards of the Royal Free Hospital. Although women seeking to practice medicine had achieved some large gains by the 1870s, the medical profession still remained prejudiced regarding their inclusion.

Medical missions provided women with the chance to practice medicine without having to struggle with traditional opinions surrounding their proper role and perceived intellectual abilities. Women who did not have the funds or inclination to establish medical practice within Britain's male-dominated profession often chose to practice within overseas missions in areas that were looking for trained practitioners regardless of their sex. Between 1877 and 1887, the number of women registered as qualified doctors in Britain rose from 9 to 54.¹³ Missionary societies recruited many of these women to take up the call and practice medicine overseas.¹⁴ By 1887, approximately 7-8 fully qualified female

¹² "Women Doctors-Opening of Edinburgh Medical Degrees to Women," *The Englishwoman's Review* 26 (1895): 121-123.; Jex-Blake, 694-695. This bill was only a small victory for women as only one out of 19 examination boards within the country would permit women to sit for examination. All universities within Britain still refused to grant women degrees and it was not until 1878 that the University of London permitted the granting of degrees in medicine to women.

¹³ Jex-Blake, 694-695.

¹⁴ "Women's Medical Missions," *Medical Missions at Home and Abroad* New Series, 1 (October, 1885-October 1887): 259.; James Johnston, ed., *Report of the Centenary Conference on The*

medical doctors were working as medical missionaries in India and China. In 1888, it was reported at the *Centenary Conference on The Protestant Missions of the World*, "Of the sixty women, whose names are on the British Medical register, ten have given themselves to the work of Foreign missions".¹⁵ By the turn of the century, over a quarter of women who qualified as medical doctors within Britain were working overseas in India within medical missions.¹⁶

Qualified female doctors were not the only women recruited by missionary organizations for medical service overseas. Nurses and trained dispensers were also sent by missionary societies on medical missions and received much less resistance to their entry than qualified female doctors.¹⁷ A.B. Le Geyt commented on this problem in an article published in *The Englishwoman's Review*, stating, "Great are the praises bestowed upon women who fill the office of nurse, for it is looked upon as their proper sphere, and no one imagines that any impropriety attaches to it. Why, then, is it said by some that it is improper for women to be doctors?"¹⁸ Female nurses had been prominent within Britain for centuries. The nursing profession was considered only suitable for the lower, uneducated classes and, as a result, middle-class women rarely sought employment in the field until the profession underwent extensive reform in

Protestant Missions of the World held in Exeter Hall (June 9th-19th), London, 1888 (London: James Nisbet & Co., 1889), 2: 150.

¹⁵ Johnston, *Report of the Centenary Conference on The Protestant Missions of the World*, 2:150.

¹⁶ Deborah Gaitskell, "Rethinking Genders Roles: The Field Experience of Women Missionaries in South Africa," in *The Imperial Horizons of British Protestant Missions, 1880-1914*, ed. by Andrew Porter (Grand Rapids: William B. Eerdmans, 2003), 143.

¹⁷ Dispensers were women who underwent a limited amount of medical education, were trained in basic first aid, and were sent by mission societies to help facilitate the operation of medical clinics, assist trained nurses with their duties, and visit local women to share the Christian faith and promote European medical practice.

¹⁸ A.B. Le Geyt, "A Few Words on Medicine as a Profession for Woman," *The Englishwoman's Review* 10 (April 1872): 96.

the 1850s with the arrival of Florence Nightingale and her band of "ministering angels".¹⁹ Nightingale opened the field up to middle-class women who were seeking respected employment outside the home by illustrating how nursing was a mere extension of a woman's domestic, religious and maternal duty to heal the sick and care for the poor and disadvantaged within the community.²⁰ Middle-class women flooded the profession and, by 1893, the number of trained nurses dramatically increased with approximately 20,000 women working in Britain alone.²¹ Hundreds of these nurses were recruited by missionary societies to work as medical missionaries overseas.²²

A problem specific to female medical missionaries was how loosely the term medical missionary applied to women who had limited education with little training in basic first aid and equally to women who were fully qualified medical doctors. The term "medical missionary", when applied to men, was always used to reference fully qualified medical physicians, yet when applied to women, the term referred to any female who served as a medical aide, whether qualified or not.²³ A number of women, frustrated by their inability to secure training due to a lack of funding or prevented by male prejudice, were occasionally sent into service by mission societies without proper qualifications. Elizabeth Beilby, one of the first British women to highlight the need for female medical missionaries in

¹⁹ Martha Vicinus, *Independent Women: Work and Community for Single Women, 1850-1920* (Chicago: University of Chicago Press, 1985), 86.

²⁰ F. K. Prochaska, *Women and Philanthropy in Nineteenth Century England*, (Oxford: Oxford University Press, 1980) 147.; Anne Summers, "Ministering Angels," *History Today* (1989): 32-3.

²¹ Prochaska, 224.

²² Walter R. Lambuth, *Medical Missions: The Twofold Task* (New York: Student Volunteer Movement for Foreign Missions, 1920), 225. The "World Statistics of Christian Missions, 1916", quoted in Lambuth's *Medical Missions*, reported that there were 537 nurses serving in overseas missions.

²³ "Women's Medical Missions," 261.

India, left her training at the London School of Medicine for Women in 1875 when there seemed no possibility of her qualifying as a medical doctor in Britain. Accepted as a missionary by the Church of England's Zenana Mission, Beilby used her limited training to found and operate a small hospital and dispensary in India. Beilby was respected for her work on the mission field, but recognized that she needed to return to England to complete her medical training.²⁴ In another example, Agnes McMicking, a missionary working in India through the London Missionary Society, returned to England in the early 1880s to complete her medical education after she found that "her partial and insufficient knowledge exposed her to many difficulties and troubles".²⁵

Although Beilby and McMicking returned home to complete their studies, a number of women remained overseas as medical missionaries with little to no training to prepare them for their medical duties. As one of the fiercest British supporters of women's entry into medicine, Sophia Jex-Blake, was vocal about the problem of sending unqualified female aid workers to foreign countries. Writing about the situation in India, Jex-Blake stated:

The "Church of England Zenana Missionary Society" is a notorious offender in this respect [sending unqualified women as medical missionaries], for it appears that out of *ten* women who, under its auspices, are doing more or less exclusively medical work (including even in some cases the sole charge of hospitals and dispensaries), but *one* has received a complete medical education, terminating in a registrable qualification! The sister society (non-sectarian), which is, I think, now called the "Zenana Bible and Medical Mission," has, I understand, on the contrary,

²⁴ Bell, 115-116. Upon her return to England, Beilby had an audience with Queen Victoria and explained the need for female medical missionaries. Beilby's testimony, combined with the observations of Mary Scharlieb, a missionary wife and supporter of women's entry into the medical profession, was crucial to the opening up of female medical missions overseas.

²⁵ Council for World Missions, Ladies' Committee Minutes, 20 September 1881.

distinguished itself by the wiser resolution to employ as medical missionaries none but fully qualified women; and, though this will no doubt for the moment limit its power and usefulness, I am sure that in the long run the wisdom of such action will be established.²⁶

Jane Elizabeth Waterston, a medical missionary associated with the Free Church of Scotland missions in South Africa in the 1880s, did not support the outspoken nature and questionable medical skill of Jex-Blake but defended her argument to send only qualified female missionaries to the field:

I [Waterston] simply detest the fashion in which the Edinburgh coterie does its work. They train so-called medical missionaries at some expense and send out continually agents to India, who are just as continually getting married, and then another succession of *raw hands* go out. But when a woman works for some years on a pittance and then spends hundreds on a complete, instead of a sham, medical training and at the end is a woman with a considerable knowledge of life as well as of Mission work, instead of a raw girl with no experience of any kind, there are no funds to send her out. Rawness, greenness and cheapness are the things they want and very dear they have proved to be.²⁷

Trained medical missionaries, regardless of whether they were nurses or doctors, argued that the term "medical missionary" needed to be better defined when used to discuss female participation in missions to include only fully qualified and trained medical professionals within the term. Qualified female doctors tactfully argued that all manner of medical aid was needed on the mission field and that women, whether qualified or not, were necessary and important to the success of medical missions, but that they nonetheless believed the term "medical missionary" should only be applied to women who had completed their training as

²⁶ Jex-Blake, 703.

²⁷ J. Elizabeth Waterston, *The Letters of Jane Elizabeth Waterston, 1866-1905*, ed. by Lucy Bean and Elizabeth Van Heyningen (Cape Town: Van Riebeeck Society, 1983), 77, 128.

a qualified medical doctor or nurse.²⁸ Within the next few decades, as a steady number of legally qualified female doctors flooded onto the mission field in response to the continuous demand for their services, female missionary doctors fought to redefine the term medical missionary, using it only to describe qualified candidates. Missionary nurses and doctors further attempted to restrict the authority and hospital duties of women who were not fully qualified, citing the danger to patients associated with their continued practice.

British mission organizations did not immediately establish guidelines enforcing the mandatory training and qualifications of female medical missionaries in the late nineteenth century, believing that it was more important to send a large number of candidates with limited training than to wait for a small number of women with full qualifications to work as medical practitioners. At the 1886 Conference on Foreign Missions, Dr. William Gauld, a missionary serving with the Church Missionary Society, recognized the value of sending out fully qualified medical missionaries, but stated, "let these men and women [medical missionaries] who go forth to the heathen use whatever knowledge or skill they have acquired to relieve all the misery they can, and may God bless them in doing so".²⁹ In his book, *Medical Missions*, Walter Lambuth, a bishop within the Methodist Episcopal Church of America and an influential contributor to the discourse on medical missions throughout North America and Europe, argued in 1920 that the requirements necessary for becoming a medical missionary candidate included characteristics such as "good digestion", "strong faith in God",

²⁸ "Women's Medical Missions," 261.

²⁹ *Proceedings of the Conference on Foreign Missions*, 111-112.

and the "absence of worry" without mentioning the need to be well trained and qualified.³⁰ Although there was still little consensus on the issue, women advocating for the full education and training of medical missionaries entertained a small victory at the World Missionary Conference of 1910, when a Committee discussing the important role of medical missions, confirmed that only fully trained doctors and nurses should be sent to the field as medical missionaries.³¹

Hindering the attempts of missionary doctors and nurses to ensure that only qualified medical personnel be considered "medical missionaries", most missionary societies believed it was important for every missionary sent to the mission field to possess a limited amount of medical training before deployment by the late nineteenth century. Missionary lecturers argued that it was important for all missionaries to no longer be ignorant about foreign disease, to possess a basic knowledge of first aid and to be aware how one could treat themselves, a colleague, or a member of the local community should an emergency arise.³² At the 1910 World Missionary Conference it was determined that between 1890 and 1908, 561 missionaries, both men and women, had died in the field. Of the 561 missionaries, approximately 60% died from illnesses that would have been easily

³⁰ Lambuth, 221. The only qualification that relates to education and training within Lambuth's list of important characteristics is the requirement of "a trained mind".

³¹ World Missionary Conference, *The History and Records of the Conference together with Addresses Delivered at the Evening Meetings* (Edinburgh: Oliphant, Anderson & Ferrier, 1910), 115-116.; World Missionary Conference, Report of Commission V, *The Preparation of Missionaries*, (Edinburgh: Oliphant, Anderson & Ferrier, 1910), 143-145, 290.

³² "Medical Missions," *The Lancet* 131, no. 3381 (16 June 1888): 1213; Church Missionary Society, "Church Missionary Society – Medical Missions in Bermondsey" *Mercy and Truth* 8, no. 81 (1904): 36-38.; T.W. Drury, "Methods of Training Missionaries," *Church Missionary Intelligencer* 24 (1899): 741.

treatable had the missionary been equipped with a rudimentary understanding of European medicine and proper sanitation methods.³³

In 1899, the Church Missionary Society recognized the importance of equipping all female missionary candidates with a basic knowledge of first aid so that they would be able to assist with medical complaints around the mission field and to treat minor medical issues within the indigenous community as they arose. Because the Church Missionary Society's Medical Mission Committee desired all women candidates to complete a course in medical training, a new institution, named Bermondsey, was opened in South London in 1901 as previously, only a select number of females received basic medical training at Bethnal Green and Mildmay Training Institutions. Bermondsey was used for a dual purpose, both to assist female missionary candidates in their medical training and to serve as a medical mission to the disadvantaged citizens of South London. A qualified nurse and female medical doctor lived on site in order to facilitate training and operate the medical mission. Female missionary candidates, approximately twelve women at a time, lived at Bermondsey and underwent courses in elementary medicine and surgery over a three-month period. A female General Superintendent oversaw the training and operation of the medical mission and made recommendations to the Candidates Department of the Church Missionary Society regarding the number of women who had successfully completed their

³³ World Missionary Conference, *Report of Commission VI, The Home Base of Missions with Supplement: Presentation and Discussion of the Report in the Conference on 23rd June 1910* (Edinburgh: Oliphant, Anderson & Ferrier, 1910), 290.

course of training at the end of each session.³⁴ Dozens of home medical missions were established in Britain during the late nineteenth century to assist missionary training, aid sick poor within the community who had little opportunity to be visited by a physician, and to share the Christian message through medical service and evangelistic methods.³⁵ While not alone, Bermondsey was a unique training school because the primary focus of the institution was not to train men, but women in basic first aid and surgery techniques.³⁶

The struggle to bring qualified female medical aid workers to the mission field was a contentious issue during the late nineteenth century. Female medical doctors who advocated the use of qualified aid workers became more credible by the early twentieth century, when mission training homes, such as Bermondsey, became increasingly criticized within Britain for their lack of medical supervision and the dangerous potential such missions possessed to harm the poor, as women with little training and no qualifications were granted great freedom when diagnosing and treating clinic patients.³⁷ As a result of the problems associated with missionary training missions in Britain and the pressure from female medical doctors to redefine the qualifications necessary for a missionary to be considered a "medical missionary" professional, missionary organizations became

³⁴ Church Missionary Society, "Bermondsey Medical Mission to Women and Children" *Preaching and Healing* (1902-3): 25.; Church Missionary Society, "Bermondsey – What is it?" *Mercy and Truth* 8, no. 87 (1904): 201-202. Church Missionary Society, "The Opening of the Bermondsey Medical Mission," *Mercy and Truth* 5, no. 51 (1901): 64-68.

³⁵ John Wilkinson, *The Coogate Doctors: The History of the Edinburgh Medical Missionary Society, 1841-1991* (Edinburgh: Edinburgh Medical Missionary Society, 1991), 22.

³⁶ Kathleen Heasman, "The Medical Mission and the Care of the Sick Poor in Nineteenth-Century England," *The Historical Journal* 7, no. 2 (1964): 235.

³⁷ *Ibid.*, 239-240.

increasingly fastidious and limited the one-on-one contact training candidates had with vulnerable patients.³⁸

Medical missions continued to grow to become one of the most respected areas of missionary labour throughout the early twentieth century. Women grew in number and prominence within the field and advocated for higher professional standards and qualification guidelines as the years progressed. India and China provided women with the ability to earn public support and praise for their inclusion into the British professional medical sphere. Just as missions opened up career options for women seeking an independent life overseas, religious missions also provided women with the impetus to enter another professional career from which they had previously been barred. Women were often the first to advocate for increased professional standards within medical missions as qualified female medical doctors and nurses worked to limit the use of the term "medical missions" to describe only women who were fully qualified and encouraged women who were working overseas to return home to Britain to undertake full professional qualifications before continuing to practice medicine. While female medical missionaries were most heavily involved in mission work in countries such as India and China, where tradition and cultural barriers prevented male doctors from treating women, qualified female medical missionaries were deployed by British missionary organizations for service throughout the world. The following two chapters will specifically discuss the involvement of British women in South

³⁸ Church Missionary Society, "Missionary Nurses" *Mercy and Truth* 18, no. 215 (1914): 360

African medical missions to assess how women's views regarding gender, race, class and professionalism were maintained on the mission field.

CHAPTER THREE:

"Lift up your eyes, and look on the fields"¹: Women and Medical Missions in South Africa.

The introduction of Western medical practice to the indigenous and immigrant communities of South Africa was regarded as an important part of the British religious and colonial mission within the country during the late nineteenth century, as numerous missionary organizations from all over Europe and North America established medical mission representatives throughout the area.² Female involvement in South African medical missions has often been overlooked by historians in favour of analyzing the female medical missionary movement in countries such as India and China, where European female participants in medical missions were more plentiful. This case study will attempt to analyze the lives of female missionaries in South Africa in order to gain a greater understanding of who these women were, what backgrounds they hailed from, and what type of work they accomplished while serving on the mission field. While it is important to develop an understanding of the lives and work of female medical missionaries in overseas missions, this chapter will also focus on the issue of professionalism and how women negotiated barriers between gender, race and class on the mission field. The type of women who participated in medical missionaries can be split into three distinct groups. Women first became

¹ Jhn 4.35 KJV. "Behold, I say unto you, Lift up your eyes, and look on the fields; for they are white already to harvest".

² H. Sweet, "'Wanted: 16 Nurses of the Better Educated Type': Provision of Nurses to South Africa in the Late Nineteenth and Early Twentieth Centuries," *Nursing Inquiry* 11 (2004): 176.

involved in medical missions as wives and relatives of missionaries in active service and used their limited medical knowledge to aid members of mission staff and ill in outlying indigenous communities as they saw fit. Members of Anglican sisterhoods were also prominent in the improvement of South African health care. Single female medical missionaries who were not affiliated with religious sisterhoods were the last group of women to arrive in South Africa and it is their contribution to medical missions that is most significant. The contribution of female medical missionaries within South African health care in the late nineteenth and early twentieth century was significant as it was predominately women who were the first to establish rural clinics and train African men and women for service as medical assistants within the burgeoning medical clinics, paving the way for male missionaries to build up larger medical practices within the region if the initial plant was successful.

European colonization of South Africa began in 1652 when Dutch settlers immigrated to the Cape of Good Hope to facilitate transportation and trade with the Dutch East India Company.³ The British military captured the Cape of Good Hope from the Dutch in 1795 in order to protect trade routes to and from Australia, China and India during the French Revolutionary War. Although the Cape switched hands between the British and Dutch in the following years, by 1814 the area was permanently ceded to the British through agreements reached at the Congress of Vienna.⁴ Before British colonization, the largest collection of indigenous communities within the Cape Colony consisted of the San Bushmen

³ Sweet, 177.; Leonard Thompson, *A History of South Africa* (New Haven: Yale University Press, 1995), 33.

⁴ Thompson, 52.

and the Khoikhoi.⁵ While smaller pockets of indigenous groups lived within the colony's borders and included the AmaXhosa, AmaZulu, BaPedi, BaSotho and BaTswana, it is important to note that these regional borders were constantly shifting. Although not necessarily completely distinct between communities, each indigenous community possessed its own unique traditions, language, heritage and convictions regarding disease, treatment and healing. In the early years of colonization both British and Dutch settlers accepted and incorporated certain aspects of indigenous medical practice into their daily routines.⁶ However, as the colony became more developed and more European immigrants arrived, African medicine came to be considered barbarous and dangerous to the growing number of immigrating colonists and incoming missionaries.⁷

In the early decades following the British annexation of the Cape, Africa was still considered a missionary backwater, the environment only suitable for hardy and adventurous men.⁸ Attempts to convert indigenous communities of the Cape Colony to Christianity were made from the time the area was first settled by the Dutch in 1652, although it was not until the Moravian Missionary Society established missionaries within the area in 1737 that the work of religious

⁵ Sweet, 176. Invading colonists essentially eliminated the San Bushmen and the Khoikhoi were relegated to subordinate positions within the country after colonization commenced, losing most of their traditions and culture through integration.

⁶ Norman Etherington, "Missionary Doctors and African Healers in Mid-Victorian South Africa," *South African Historical Journal* 19 (1987): 82-85.

⁷ Sweet, 177. Thousands of former Dutch settlers, predominately farmers and traders, named "Afrikaners", emigrated to areas within the Transvaal, Natal and the Orange Free State in response to the British seizure of the Cape and the abolition of the British slave trade, enforced within the Cape Colony by 1834. The British ceded Natal in 1842 in order to improve the security of their Eastern trade routes.

⁸ Catherine Barter, *Alone Among the Zulus: The Narrative of a Journey through the Zulu Country, South Africa*, ed. by Patricia L. Merrett (London: Oxford University Press, 1995), 10.

missions commenced in South Africa.⁹ British missionary societies only began to examine the possibility of commencing mission work within South Africa when the Cape of Good Hope was taken over by the British in 1795. Missionaries from the London Missionary Society arrived at the Cape in 1799, establishing a series of missions within local African communities.¹⁰ The Free Church of Scotland, a prominent participant within South African missions, deployed their first missionaries to the Cape in 1820 through the auspices of the Glasgow Missionary Society, and the Anglican Church, through the Society for the Propagation of the Gospel, established mission stations within South Africa by 1821.¹¹ In 1837, Francis Owen became the first missionary to be sent to South Africa by the Church Missionary Society, erecting a short-lived mission station with the aid of his wife and sister among the settlers and indigenous tribes of the Natal region.¹² During the first half of the nineteenth century, missionary travelers, trading expeditions, widespread immigration and numerous Xhosa wars contributed to the expansion of the Cape Colony and Christian missions within South Africa. With

⁹ Horton Davies and R.H.W. Shepherd, *South African Missions: 1800-1950*. (London: Thomas Nelson, 1954), xii-xiii.

¹⁰ J. Du Plessis, *A History of Christian Missions in South Africa* (Cape Town: C. Struik, 1965), 101-102.; Richard Lovett, *The History of the London Missionary Society, 1795-1895* (London: Henry Frowde, 1899), 1:487-489.; Brian Stanley, *The Bible and the Flag: Protestant Missions and British Imperialism in the Nineteenth and Twentieth Centuries* (Leicester: Apollos, 1990), 93. Johannes Theodorus van der Kemp, Johannes Jacobus Kicherer, John Edmond(s) and William Edwards were the first missionaries deployed to South Africa through the London Missionary Society.

¹¹ Du Plessis, 184.; C. F. Pascoe, *Two Hundred Years of the S.P.G.: An Historical Account of the Society for the Propagation of the Gospel in Foreign Parts, 1701-1900 (Based on a Digest of the Society's Records)* (London: Society for the Propagation of the Gospel in Foreign Parts, 1901) 1:269.

¹² Du Plessis, 237-238.; Davies and Shepherd, xiv-xvii. Other notable British Protestant religious denominations and missionary organizations to establish missions within South Africa include the Wesleyan Methodists and Baptist Missionary Society.

this expansion came more interest in establishing suitable medical aid and facilities to accommodate the growing European population within South Africa.

The 1860s and 1870s were particularly significant decades in South Africa and had a great impact on the work of religious missions in the country. The discovery of gold and diamond rock near Johannesburg generated worldwide interest in South Africa and its natural resources and, consequently, the Southern African economy became less dependent on agricultural income, fostering industrial and mining growth instead.¹³ Large towns and cities, like Johannesburg, Cape Town and Kimberley became major industrial hubs, drawing people from all over the country to urban centres because of high economic and employment prospects, particularly within neighbouring mines. Migrant labourers from all over Southern Africa, including the Transvaal, Lesotho, Mozambique and the Eastern Cape flocked to the urban, European concentrated centres in search of employment, resulting in a large number of displaced African and immigrant labourers and a mass movement from rural communities to urban camps. As a result, rural and predominately non-European communities throughout Southern Africa received little attention in comparison to the dominant, economically viable city centres such as Cape Town and Johannesburg.¹⁴

By the 1870s, the promotion of medical missions and the sending of female missionaries were becoming well established within South Africa. Awareness of high levels of disease, a growing understanding of how illness

¹³ Thompson, 72.

¹⁴ Sweet, 177.

spread through developments in Western scientific medicine, combined with a rising death rate throughout Africa, forced many organizations to re-examine the need for additional medical missionaries and mission clinics in Africa.¹⁵ The mission hospital movement in South Africa gradually developed throughout the 1870s within the larger urban areas of the country. As the African population increased and small villages grew into larger municipalities, the need for rural dispensaries and the decentralization of hospital facilities from large urban and predominately European populated areas was recognized.¹⁶ Medicine furthered the goal of mission societies to evangelize to African communities as it allowed missionaries to spread the Christian message through healing and the promotion of Western medical practice. Many indigenous peoples who were apprehensive about the spiritual teaching of missionaries were much less resistant to treatment and aid through European medicine.¹⁷

The vast majority of Protestant women missionaries present within South Africa at the end of the nineteenth century were unpaid relatives of male missionaries in active service, Anglican sisters and deaconesses within the Church of England, or single female missionaries deployed for service from various religious denominations and missionary organizations. As was the case throughout all missionary fields, European women first contributed to the furthering of religious missions by assisting male missionary relatives in active

¹⁵ Charles M Good, "Pioneer Medical Missions in Colonial Africa," *Social Science and Medicine* 32 (1991): 1.; Union of South Africa, *Report of the Committee Appointed to Inquire into the Training of Natives in Medicine and Public Health: Presented to both Houses of Parliament by Command of His Excellency the Governor-General* (Pretoria: The Government Printing and Stationery Office, 1928), 5.

¹⁶ Percy Ward Laidler and Michael Gelfand, *South Africa – Its Medical History, 1652-1898: A Medical and Social Study* (Cape Town: C. Struik, 1971), 437-38.

¹⁷ Good, 1.

service. Throughout the early decades of the nineteenth century, South Africa was still regarded as dangerous place for European women and few, apart from wives, sisters or daughters of male missionaries, ventured far from the growing towns within the Cape Colony.¹⁸ Writing in 1887, H.H. Johnston, a British government administrator and noted anthropologist, warned the British public about sending women, particularly single women to Africa:

Consider the effect of this ordeal [living in Africa among "immoral" African communities] on a mind innocent of evil, and you will realise that this unwholesome experience must necessarily be acquired at the cost of a certain loss of delicacy, and that just as the fresh bloom of the English complexion disappears in the hot, exhausting climate, so this rude contact with coarse animal natives and their unrestrained display of animal instincts tends imperceptibly to blunt a modest woman's susceptibilities, and even, in time, to tinge her own thoughts and language with an unintentional coarseness. But these already recited disadvantages apply even more forcibly to single than to married women, if they are to be urged as arguments against woman's work in African missions.¹⁹

Bigoted summations of the dangers faced by European women in Africa were prominent in the British press and had a discouraging effect on the application of women missionaries to the African mission field.²⁰

The contribution made by missionary wives was vital to the success of overseas missions in South Africa. Without being trained in medicine, women soon became valuable nursemaids and caregivers to men serving in the field. In one example, noted medical missionary and explorer David Livingstone lamented

¹⁸ C.P Groves, *The Planting of Christianity in Africa* (London: Lutterworth Press, 1964), 2:125.

¹⁹ H. H. Johnston, "British Missions and Missionaries in Africa," *The Nineteenth Century* 22 (1887): 719.

²⁰ Cecillie Swaisland, *Servants and Gentlewomen to the Golden Land: The Emigration of Single Women from Britain to Southern Africa, 1820-1939* (Providence: Berg Publishers, 1993), 31. In the nineteenth and twentieth centuries, South Africa gained the fewest number of British emigrants compared to all other British colonies.

the fact that his wife, Mary, was unable to join him on an expedition in 1858 due to an unexpected pregnancy writing in one journal, "...after her confinement, she [Mary] may rejoin me in 1860. This is a great trial to me, for had she come with us she might have proved of essential service to the Expedition in cases of sickness and otherwise; but it may all turn out for the best".²¹ The sending of missionary wives to Africa was encouraged by all major missionary organizations, as it was believed that their presence contributed to the health, moral order and security of their husbands as well as to the outlying mission community. H.H. Johnston, although critical of the movement to send single European women to Africa, argued that it was particularly important for missionaries deployed to Africa to have their wives accompany them on their travels and cautioned against interracial marriage, stating in 1887, "Married to a wife of his own nation and rank, his whole career may be different...it is better for his health, comfort and disposition".²² Sending missionary wives to Africa was as much as an attempt by missionary organizations to aid in the health and comfort of their male missionary employees as it was to ensure that European men did not bridge barriers of class and race and become involved in sexual relationships with indigenous women.

The work conducted by missionary wives was essential to the overall success of Christian missions in South Africa during the first half of the nineteenth century. By the 1850s, a result of repeated conquest, poverty and disease throughout many African communities, missionaries were better able to

²¹ David Livingstone, *The Zambezi expedition of David Livingstone, 1858-1863*, ed. by J. P. R. Wallis (London: Chatto & Windus Ltd., 1956), 3.

²² Johnston, 717.

recruit school-age children to mission schools, a plan adopted by missionaries in order to promote the educational and vocational training of African students in Western Christian cultural traditions.²³ Writing about the duties of missionary couples, David Livingstone described a typical day in the life of a missionary couple in Africa:

After family worship and breakfast between six and seven, we went to keep school for all who would attend—men, women, and children being all invited. School over at eleven o'clock, while the missionary's wife was occupied in domestic matters...After dinner and an hour's rest, the wife attended her infant-school, which the young, who were left by their parents entirely to their own caprice, liked amazingly, and generally mustered a hundred strong; or she varied that with a sewing-school, having classes of girls to learn the art; this, too, was equally well relished. During the day every operation must be superintended, and both husband and wife must labour till the sun declines.²⁴

Wives of missionaries led sewing circles, prayer meetings and upheld the values of Victorian domesticity, often adhering to traditional gender roles within the family structure and maintaining a clear division of labour to serve as an example for indigenous converts. Missionary wives were important to aid attempts by missionaries to assimilate indigenous communities into Western religious and cultural practices as they were often solely responsible for teaching female students a variety of subjects deemed important to the promotion of traditional Western domestic and housekeeping roles, such as sewing, cooking, cleaning and sanitation.

²³ A.H. Baynes, *South Africa* (London: A.R. Mowbray, 1908), 99-102.; Thompson, 78. Although this scheme was proposed at an earlier stage of Christian missions in South Africa, it was not until the Xhosa Cattle tragedy that a large number of African parents were willing to send their children to mission schools, believing that they would be better provided for at the schools than at home.

²⁴ David Livingstone, *Missionary Travels and Researches in South Africa; Including a Sketch of Sixteen Years' Residence in the Interior of Africa and a Journey from the Cape of Good Hope to Loanda on the West Coast; Thence Across the Continent, Down the River Zambesi, to the Eastern Ocean* (New York: Harper & Brothers Publishers, 1858), 47.

Missionary wives were among the few European women serving in religious missions in South Africa during the early nineteenth century, fulfilling benevolent and evangelical roles among the indigenous women and children within their communities as they saw fit. As the movement to recruit single females for missionary service commenced in Britain and the roles of female missionaries became steadily more professionalized, a new group of female missionaries gained prominence in South Africa, often utilizing specialized training in medicine or education to further missionary goals within the country.²⁵ Writing to *International Review of Missions* in 1914, Agnes Fraser, a Scottish medical physician sponsored by the Free Church of Scotland who established a medical mission station in Malawi with her husband, discussed the transitioning of roles between the married missionary wife and the single female missionary, "In many instances the missionary's wife has singlehanded been attempting to cope with the whole women's work, but she gladly without any feeling of being "shelved" transfers her small beginning to the single woman missionary".²⁶

The first group of single women to arrive in South Africa and contribute to the work of medical missions were members of British Anglican sisterhoods in the 1850s and 1860s. Writing to Edward Gray as early as 1850, Robert Gray, first Bishop of Cape Town, expressed his desire to form an Anglican sisterhood within South Africa, stating, "Would that we had a Miss Sellon and her Sisters. I feel

²⁵ Swaisland, Cecillie Swaisland, "Wanted – Earnest, Self-Sacrificing Women for Service in South Africa: Nineteenth-Century Recruitment of Single Women to Protestant Missions," In *Women and Missions: Past and Present*, ed. by Fiona Bowie, Deborah Kirkwood and Shirley Ardener (Providence: Berg Publishers, 1993), 74.

²⁶ Agnes Fraser, "A Missionary's Wife Among African Women," *International Review of Missions* 3 (1914): 458.

more and more the importance of Sisterhoods. There is much in Cape Town that cannot be done except by a Community. We have some ladies who would do well for the works but we have not the means".²⁷ Established in 1868, the first permanent sisterhood to arrive in South Africa was the St. George's Sisters, a prominent sisterhood that originated in Britain.²⁸ By the 1870s, Anglican sisters were increasingly encouraged to support overseas missions and, within only a few years, the Community of St. Mary the Virgin, the Community of St. Michael and All Angels, the Community of the Resurrection of Our Lord, and the Community of St. John the Divine were established throughout the Cape, Transkei, and Natal regions of South Africa. Although a few female immigrants and daughters of merchants, traders and Church of England clergy living in the Cape Colony, were accepted into sisterhoods while they were living in South Africa, no African women were recruited into Anglican sisterhoods until well into the twentieth century.²⁹ Anglican leaders within South Africa frequently frowned upon interest expressed by indigenous female convents to participate in religious sisterhoods. The mission statement for sisterhoods within South Africa was very similar to their established goals in Britain, as women who emigrated and joined the South

²⁷ Robert Gray, *Life of Robert Gray: Bishop of Cape Town and Metropolitan of Africa*, ed. by Charles Gray (London: Rivingtons, 1876), 1:268.

²⁸ Charlotte Searle, *The History of the Development of Nursing in South Africa, 1652-1960* (Pretoria: South African Nursing Association, 1965), 154.; Swaisland, "Wanted – Earnest, Self-Sacrificing Women for Service in South Africa," 76. Bishop John Colenso established an informal sisterhood, known as the Sisters of Mercy, in 1855. Due to a theological controversy that surrounded the bishop and the fact that most women within the sisterhood married soon upon arrival to South Africa, the sisterhood was disbanded by 1862.

²⁹ Deborah Gaitskell, "Rethinking Gender Roles: The Field Experience of Women Missionaries in South Africa," In *The Imperial Horizons of British Protestant Missions, 1880-1914*, ed. by Andrew Porter (Grand Rapids: William B. Eerdmans, 2003), 137.

African sister groups also devoted themselves to prayer, mediation and charitable vocations, such as penitentiary reform, housekeeping, teaching and nursing.³⁰

The service of women missionaries within Anglican sisterhoods was greatly encouraged by Anglican clergy in South Africa, although problems with keeping Anglican sisterhoods intact did occur. Marriage was a contentious issue among the first members of sisterhoods to arrive in the area, as Anglican sisters recruited to travel to South Africa often married within a few months of arriving in the country.³¹ Marianne Churchill, sister of Joseph Churchill, a merchant trader in the Natal region, described the impact the arrival of an Anglican sisterhood had on the male-dominated community, writing in 1855:

The "Sisters of Mercy", so called, are five in number and dressed in a peculiar costume...Such a dress as this excites much attention, and all the gentlemen are trying their utmost to see and remark upon them as much as possible. Joseph is quite on the *qui vive* and seems very anxious to form an acquaintance with one of them bearing the name of Boulter, who can boast rather a pretty face.³²

Despite the emphasis placed on the obedient and disciplined nature of Anglican sisterhoods, the variety of philanthropic endeavours undertaken by members of

³⁰ Edmund Burrows, *A History of Medicine in South Africa Up to the End of the Nineteenth Century* (Cape Town: A. A. Balkema, 1958), 302.; J. Churchill and M. Churchill, *A Merchant Family in Early Natal: Diaries and Letters of Joseph and Marianne Churchill 1850 to 1880*, ed. by Daphne Child (Cape Town: A.A. Balkema, 1979), 64.; Sweet, 179. The first qualified nurses to arrive in Cape Town were among the St. George's Sisters, a group of eight Anglican sisters brought to the Cape by Anglican bishop Robert Gray. In 1871, they commenced nursing duties at New Somerset Hospital in Cape Town, overtaking the responsibilities of staff or supervising those with rudimentary training, consequently improving the quality of health care within the Cape.

³¹ Swaisland, "Wanted – Earnest, Self-Sacrificing Women for Service in South Africa," 76.; Allan Becher Webb, *Sisterhood Life and Woman's Work, in the Mission-Field of the Church* (London: William Clowes & Sons, 1883), 53-54.

³² Child, 64.

Anglican sisterhoods suggest that women achieved much independence within their religious communities.³³

Sister Henrietta Stockdale was one example of an Anglican Sister who was heavily involved in medical missions during the late nineteenth and early twentieth centuries. Her efforts to secure proper nursing training for qualified female applicants and her decision to advocate for the state registration of nurses within the area have garnered her much respect and acclaim for her work from both within and outside the missionary fold. Stockdale is an interesting character for, although she was a prominent member of South African health care and aided the poor and immigrants communities of Kimberley throughout her lifetime, Stockdale's opinions regarding race and class remained a product of her time as no African medical aides were trained within her nursing school and she remained selective regarding the type of female candidate that was accepted for nursing training. By briefly examining her life and letters, one develops a sense of what female medical missionaries believed regarding race and class and how they established a professional position for themselves within medical missions by adhering to the traditional opinions of the day.

Stockdale arrived in South Africa in 1874 in response to Bishop Allan Becher Webb's plea for additional Anglican sisterhoods to join the Church of England's mission team in Africa. Meeting a group of missionaries returning to England from the Orange Free State as a teenager inspired Stockdale to pursue a career as a missionary nurse. After training as a nurse in two British hospitals for

³³ Webb, 31-33.

a number of months, Stockdale sailed to South Africa with six other women to form the Community of St. Michaels and All Angels.³⁴ Stockdale spent her first months in South Africa working as a maternity nurse among the poor and migrant labourers living in temporary housing and urban camps in an effort to find employment within diamond mines located on the outskirts of Kimberley.³⁵ Charged with the responsibility of operating her own small hospital in Kimberley by 1877, Stockdale became a strong advocate for nurses training and state registration for qualified nurses within the country.³⁶ The Civil Commissioner of Griqualand West, then a Crown Colony, sponsored Carnarvon Hospital under the agreement that it be operated by the sisters and staff of the Anglican mission in Bloemfontein. Under the supervision of Stockdale, the hospital grew into what was considered by the Kimberly community to be one of the "most popular of institutions and was said to be the cheapest and most comfortable hotel on the Diamond Fields".³⁷ Overworked and overwhelmed with patients, Stockdale actively petitioned the government for a larger building but was repeatedly denied and it was not until Griqualand West was annexed by the Cape Colony in 1880

³⁴ Swaisland, "Wanted – Earnest, Self-Sacrificing Women for Service in South Africa," 79. Another prominent member of the Community of St. Michaels and All Angels who served with Stockdale at the same time was Mother Cecile Isherwood, a woman who revolutionized mission education in South Africa in the same way Henrietta Stockdale contributed to changes within nursing.

³⁵ Elizabeth Loch and Christine Stockdale, eds. *Sister Henrietta, Community of St. Michael and All Angels, Bloemfontein, Kimberley 1874-1911* (London: Longmans, Green and Co., 1914), 20, 25-26. On her few return trips home to Britain, Stockdale underwent further nursing training at University College Hospital.

³⁶ Graham Botha, *History of Law, Medicine and Place Names in the Cape of Good Hope* (Cape Town: C. Struik, 1962), 233.; Loch and Stockdale, 24.; Swaisland, "Wanted – Earnest, Self-Sacrificing Women for Service in South Africa," 79. Nursing candidates were considered trained after serving two years in a hospital, or one year in a hospital followed by two years under the supervision of a medical doctor. At the end of the period of training, no examinations were required before unsupervised nursing could commence.

³⁷ Loch and Stockdale, 142.

that changes were made. With Stockdale as the head supervisor of the hospital, the facility grew to consist of seven large wards and employed over 40 nursing staff. The reputation of Carnarvon became, in the words of G.A. Hodgson, "such that patients came from all parts of the country for treatment, successful operations of all kinds were performed, and nurses trained there were sought for as matrons of new hospitals started in other places".³⁸ In 1895, after 18 years of service, Stockdale resigned from her supervisory role and established St. Michael's Home in Kimberley, a mission that encouraged the training of nurses and worked together with emigration societies to help find employment for both local and emigrating qualified nurses and midwives within the region. Serving as a medical missionary in Kimberley throughout the Boer War, Stockdale encouraged the emigration of female missionaries and European women seeking employment within South Africa after the war.³⁹ Sister Henrietta Stockdale died of a cerebral haemorrhage at St. Michael's in 1911 at the age of 64.⁴⁰

Henrietta Stockdale was an example of an independent female medical missionary who remained an unconventional character throughout her lifetime for her decision to take up missionary service in South Africa in the first place, choice to advocate for state registration for all trained nurses, and for her role as supervisor of a non-denominational, Government-sponsored hospital. In August 1891, Cape Colony nurses and midwives became the first in the world to attain state registration under Medical Act. No. 34, a victory achieved mostly through

³⁸ Burrows, 265.; Loch and Stockdale, 154.

³⁹ Loch and Stockdale, 118.; Swaisland, "Wanted – Earnest, Self-Sacrificing Women for Service in South Africa," 79.

⁴⁰ Loch and Stockdale, 36.; Swaisland, *Servants and Gentlewomen*, 152. Upon her death, Stockdale's nursing school lost much of its educational superiority.

the petitioning efforts of Stockdale.⁴¹ Nurses trained under Sister Henrietta were well regarded throughout South Africa and worldwide. In one example, three missionary nurses trained at Kimberley received high praise from the men in their company for making the dangerous trek to the Umtali mission in Mashonaland in 1891 with the intention of establishing a medical clinic for the surrounding villages.⁴²

For a woman who committed herself to religious servitude, Henrietta Stockdale was also unique for establishing a medical practice at a non-denominational hospital at which no religious proselytizing was permitted, as the hospital was not financially supported by the Church of England but through Government aid and public donations.⁴³ Although the religious conviction and dedication of Stockdale cannot be denied, it is clear the opportunities for independence and vocational service within South Africa were great and could have provided women, like Stockdale and a number of Anglican nursing sisters similar to her, with the incentive to participate in overseas missions.

Henrietta Stockdale remained a product of the era she lived in, as she retained her racial and class consciousness as a missionary and based acceptance into her nursing program, in large part, on the quality of a candidate's upbringing and level of higher education. Women travelled from Britain to study under Stockdale, as the vast majority of women trained by her gained employment

⁴¹ Anne Digby, *Diversity and Division in Medicine: Health Care in South Africa from the 1800s* (Oxford: Peter Lang, 2006), 237.; T. G. Mashaba, *Rising to the Challenge of Change: A History of Black Nursing in South Africa* (Kenwyn, Juta & Co., 1995), 9.; Sweet, 179. Natal followed suite and passed a similar Act, Act. No. 21, in 1899.

⁴² Pascoe, 1:366.

⁴³ Loch and Stockdale, 155-157.

within prominent hospitals and health care services, achieving higher wages and increased responsibility because of Stockdale's reputation.⁴⁴ Stockdale only accepted European women with suitable education and references for tutelage within her program.⁴⁵ Noticeably absent from Stockdale's published letters and diaries is any significant discussion regarding interactions with African communities, save small sentences describing her employment of African workers as servants or their participation in convict work gangs. Stockdale negotiated the boundaries of class and race by remaining attentive to class and racial hierarchy and the respectability and background of the nurses under her supervision. Stockdale, in part, ignored issues of race by limiting any significant contact with her indigenous neighbours.

Deaconesses were also a prominent religious feature within the South African mission field, though their numbers were much less than the number of women serving in Anglican sisterhoods.⁴⁶ Julia Gilpin was one example of a female missionary deaconess who served the Johannesburg area from 1907 until her death in 1948. Although she was involved in many projects, such as teaching, deaconess training, and social work, she was a committed and trained nurse and utilized her skills to promote proper health care among the Johannesburg poor. Aloof and intent on maintaining professional boundaries, Gilpin even required her closest European companions to address her by her professional title as

⁴⁴ Swaisland, *Servants and Gentlewomen*, 152.

⁴⁵ *Ibid.*, 151-152.

⁴⁶ Webb, 31-32.

"Deaconess" within frequent correspondence.⁴⁷ Even though she did much to aid members of immigrant and indigenous poor within Johannesburg, Gilpin still maintained a clear professional separation between herself and the lower social and racial classes within the area.⁴⁸

Single women were the last group of female missionaries to arrive in South Africa and it was the contribution of these women that were most heavily felt within South African medical missions. Although the majority of these women trained as nurses, there were women who qualified as medical practitioners and sought to establish medical mission clinics and dispensaries by the turn of the century.⁴⁹ By 1900, single women missionaries were encouraged to consider African missions for, although there was still a great need for additional women to serve in the zenanas and countries like India and China, the need for women to work in African missions was becoming increasingly publicized in Britain. Writing on the need for English female missionaries within Uganda, noted missionary Alexander Mackay, pioneer founder of the Church Missionary Society's Ugandan mission, petitioned for more women within African missionary service:

But the day will surely speedily come when some of the Christian ladies of England will take pity on their black sisters in Central Africa, and we shall have as a powerful adjunct to our work a Missionary agency corresponding to the Zenana Mission in India. Here [Africa] is a vast sphere for usefulness. Someone must be

⁴⁷ Deborah Gaitskell, "Female Faith and the Politics of the Personal: Five Mission Encounters in Twentieth-Century South Africa," *Feminist Review* 65 (2000): 72-73. Before arriving in South Africa, Gilpin served as a nurse within three hospitals in Britain, as a medical missionary in India, and operated a female missionary training school that was sponsored by the Society for the Propagation of the Gospel on the outskirts of London.

⁴⁸ Gaitskell, "Rethinking Gender Roles," 154.

⁴⁹ E.B. Van Heyningen, "Agents of Empire: The Medical Profession in the Cape Colony, 1880-1910," *Medical History* 33 (1989): 456.

bold enough to take the initiative. Many will doubtless find the courage to follow.⁵⁰

As single women entered the mission field in the late nineteenth century, the desire for qualified practitioners with specialized training, such as teaching and nursing, increased dramatically. The majority of single female recruits to the South African mission field specialized in education, teaching African women and girls and providing them with a Western education that would be otherwise unattainable.⁵¹ Dozens of single female missionaries from all religious denominations and missionary organizations arrived in South Africa as qualified medical missionaries. Few women arrived in South Africa in the late nineteenth and early twentieth centuries as qualified missionary doctors. For example, between 1890 and 1910, only ten qualified female medical doctors lived in the Cape Colony and only two of these women served as medical missionaries.⁵²

That there were relatively few women missionary physicians practicing within South Africa by the end of the nineteenth century can be attributed to the fact that the seclusion of women from the society of males, a tradition practiced by women in countries such as India and China, was not prominent in Africa.⁵³ As a result, male medical missionaries were able to medically treat most women freely and without hindrance from local communities because they were of the

⁵⁰ Alfred Tucker, *Eighteen Years in Uganda and East Africa* (London: Edward Arnold, 1908), 1:338.

⁵¹ *The Place of Women in the Church on the Mission Field: Statements prepared by Groups in North America, Great Britain, Germany, Netherlands, France, Switzerland, Denmark, Norway, Sweden, and Finland* (New York: The International Missionary Council, 1927), 62.

⁵² Van Heyningen, 456.

⁵³ Rosemary Seton, "'Open Doors for Female Labourers': Women Candidates of the London Missionary Society, 1875-1914," in *Missionary Encounters: Sources and Issues*, edited by Robert A. Bickers and Rosemary Seton (Richmond: Curzon Press, 1996), 65.

opposite sex.⁵⁴ Another reason there were fewer female doctors recruited for medical missions in Africa was because the African continent was traditionally regarded by missionary societies to be fit for the least desirable of missionary applicants and few female missionary doctors, who usually came from wealthy families of high social standing, were selected for service in Africa unless they specifically requested to serve in African missions. As late as 1914, the London Missionary Society still discouraged sending single women to African because they considered the area too primitive and dangerous for accomplished European females.⁵⁵ Although this belief abated throughout the early twentieth century, statements compiled by the British group of the International Missionary Council in 1927 lamented that there were "few educated women in Africa," and used this fact to explain why African missions lagged behind other mission fields in the education of indigenous women and children.⁵⁶ Although women like Dr. Jane Waterston and Dr. Edith Pellatt proved the exception to the rule, qualified nurses completed the majority of female service in medical missions within South Africa in the late nineteenth and early twentieth century.

Two British female medical missionary physicians serving in South Africa during the late nineteenth century were Edith Pellatt and Jane Elizabeth Waterston. Little information is available regarding the life of Edith Pellatt, an Anglican medical missionary who established a medical practice among the Muslim population of Cape Town in 1896, although it is known that Pellatt was required to close her mission practice by 1903 when blindness forced her to return

⁵⁴ Tucker, 1:339.

⁵⁵ Seton, 65.

⁵⁶ *The Place of Women in the Church on the Mission Field*, 72.

home to England.⁵⁷ Much more information is available regarding the life and medical service of Jane Elizabeth Waterston, a medical missionary who served with the Free Church of Scotland and is credited as being the first female general practitioner in South Africa.⁵⁸ Her life as a medical missionary, unlike the missionary career of Henrietta Stockdale, was filled with hardship and controversy because of her opinions regarding female professionalism, marriage and medicine, as well as her considerable sympathies regarding the treatment of indigenous Africans.

Jane Elizabeth Waterston hailed from lower middle-class Scotland and arrived in South Africa in 1867, dependent on the income generated as a female missionary, to commence work at the Free Church of Scotland's Lovedale mission, a station situated within the Cape Colony and 700 miles north-east of Cape Town. Arriving at the same time as Dr. James Stewart, a noted medical missionary who worked with David Livingstone and served as Principal of the Lovedale mission from 1867 until his death in 1905, Waterston was placed in charge of the newly established boarding school for African girls. Although Waterston was a controversial character and was disliked by many male missionaries for her outspoken views on the rights of women and the importance of female missionaries, she was supported by Stewart and, under him, was granted the freedom and independence to do what she desired with the girls school.⁵⁹ The

⁵⁷ Baynes, 92.; Van Heyningen, 456.

⁵⁸ Margaret R. Barlow, "Woman Doctors of South Africa." *South African Medical Journal* Special Issue (1983): 32.

⁵⁹ Lesley Orr Macdonald, *A Unique and Glorious Mission: Women and Presbyterianism in Scotland 1830 to 1930* (Edinburgh: John Donald Publishers, 2000), 133.; C. H. Malan, *Rides in the Mission Field of South Africa between the Kei and Bashee Rivers, Kaffraria. Also, A Visit to the*

school did well under her leadership, with enrolment rising to over 65 students within the first few years, but Waterston remained unsatisfied with her position as an educational facilitator. Eager to support women's entrance into the medical profession in Britain, Waterston, a trained nurse, left Lovedale in 1873 to study medicine at the London School of Medicine for Women and the King and Queen's College of Physicians of Ireland.⁶⁰

While training in Britain, Waterston was vocal about the poor conditions and treatment afforded to female missionaries and petitioned missionary organizations to raise the annual salary of women serving in the field.⁶¹ Qualifying for her medical licentiate in 1879, Waterston demanded the Free Church of Scotland pay her £200 in advance as well as her travel and expenses, an unheard of agreement made between a female missionary and her sending committee at the time, before she committed to a return to African missions.⁶² The sending committee reluctantly agreed to her terms and Waterston was deployed to the Free Church of Scotland's Malawi mission, named Livingstonia, after signing a five-year contract. Waterston remained at Livingstonia for only a few months before returning to Lovedale, as she found that she was unable to work with the mission director, Dr. Robert Laws. Laws and Waterston, more

Missionary Colleges of Lovedale and Heald Town in British Kaffraria (London: Morgan and Scott, 187-), 134.; Swaisland, *Servants and Gentlewomen*, 146-147.

⁶⁰ Sheila M. Brock, "James Stewart and Lovedale: A Reappraisal of Missionary Attitudes and African response in the Eastern Cape, South Africa, 1870-1905," (Ph.D diss., University of Edinburgh, 1974), 72.; Michael Gelfand, *Christian Doctor and Nurse: The History of Medical Missions in South Africa from 1799-1976* (Sandton: Mariannhill Mission Press, 1984), 42.; Van Heyningen, 456. Waterston studied towards writing examinations for her licentiate at the King and Queen's College of Physicians of Ireland and it was not until 1888 that she was able to obtain full medical credentials by passing examinations to become a qualified M.D. in Brussels.

⁶¹ J. Elizabeth Waterston, *The Letters of Jane Elizabeth Waterston, 1866-1905*, ed. by Lucy Bean and Elizabeth Van Heyningen (Cape Town: Van Riebeeck Society, 1983), 73.

⁶² *Ibid.*, 120.

highly qualified than Laws for medical practice, repeatedly clashed regarding the proper role of women in ministry and medicine. Laws overruled Waterston's attempts to make improvements to the medical mission on a number of occasions.⁶³ Writing to James Stewart, Waterston shared her displeasure, stating, "It is the gun and not the Bible that they rely on...It is a terrible pain to me to find the thing I had looked forward to and worked for turns out to be a very apple of Sodom".⁶⁴ Unable to obtain the independence and freedom to work as a medical practitioner at Livingstonia, Waterston left the mission discouraged and even more disillusioned regarding female professional opportunities available within missionary service.

Returning to Lovedale, Waterston established a dispensary to service the needs of the local indigenous community. The dispensary grew exponentially within the first three years it was in operation and, by 1882, Waterston was managing a caseload of over 7000 patients per year.⁶⁵ Waterston did not receive a salary by the Free Church of Scotland after she left her post at Livingstonia, and was forced to live off the small profits made at the dispensary through patient donations.⁶⁶ In 1883, the Foreign Mission Committee of the Free Church of Scotland refused to support a medical mission at Lovedale and ignored Dr. Stewart's petitions for the necessity of a medical clinic. Waterston was summarily struck from the medical missionary record and forced her to return all travel

⁶³ James W. Jack, *Daybreak in Livingstonia: The Story of the Livingstonia Mission, British Central Africa* (New York: Negro Universities Press, 1969), 331.; Macdonald, 135.; Waterston, *The Letters of Jane Elizabeth Waterston*, 180.

⁶⁴ Waterston, *The Letters of Jane Elizabeth Waterston*, 164, 166

⁶⁵ Jane Elizabeth Waterston, "The Lovedale Dispensary," *The Christian Express* 13, no. 158 (1883): 129-130.

⁶⁶ Gelfand, *Christian Doctor and Nurse*, 42-43.

allowances and expenses she had accrued with the support from the Free Church of Scotland, citing that she had violated the terms of her contract by abandoning her work at Livingstonia.⁶⁷ At the end of 1883, Waterston moved to Cape Town to establish a medical practice and became one of the few European physicians to work among patients from the poorer communities and tent cities that formed within the area.⁶⁸ Writing about the creation of her practice in Cape Town in a letter to James Stewart, Waterston stated "I have had two gentlemen patients today and I am getting more of them. I shall not refuse any without good cause. I am also getting more black patients. They feel, I think, that I treat them like human beings and not *niggers* as the term is here".⁶⁹ Waterston's philanthropic efforts did not end when she left missionary service with the Free Church of Scotland as she pioneered a training program for aspiring midwives within the Cape Colony, established a free dispensary, and was an active fundraiser and public lecturer on the rights of women. Waterston died in Cape Town in 1932 at the age of 89.⁷⁰

Waterston's short career as a missionary reveals a number of challenges faced by female medical missions on the African mission field. Outspoken, independent and a strong advocate for the fair treatment of female missionaries and indigenous Africans, Waterston frequently disagreed with members of the male-dominated profession. Seeking to establish a career for herself as a

⁶⁷ Waterston, *The Letters of Jane Elizabeth Waterston*, 180-181.

⁶⁸ "Obituary: Dr. Jane Waterston," *South African Medical Journal* 6 (1932): 703-704.

⁶⁹ Waterston, *The Letters of Jane Elizabeth Waterston*, 196.

⁷⁰ *Ibid.*, 252-254. Waterston received many honours near the end of her life, including a honorary Doctorate of Laws from the University of Cape Town in 1929 and declined being made a Dame of the British Empire.

missionary, Waterston was often forced to correct assumptions that she was looking for marriage, a situation that frustrated her greatly as she believed that such assumptions were demeaning to her skills and abilities.⁷¹ In a 1895 speech entitled "The Higher Education of Women", Waterston expressed her views on the subject of marriage by stating, "Then there are many women who do not want to marry but they do want to live and to enjoy life too... There are other women again who should not marry just as there are men that should not marry."⁷² Waterston also struggled against the middle-class view of being a *lady* while maintaining a professional career outside of marriage and shared her opinion on the matter at the same public lecture:

The false pride that grants the term to a woman whose end and aim in existence is to live genteely, and who will take no employment, however honest and well paid, that risks losing caste, and denies it to the one who either from taste, or want of early training for better things, takes (say) the head of a business or dressmaking establishment or anything of that sort, is utterly ruinous to any steady progress in the upward path of reform. The term "lady" should mean mental and moral qualities and not be a mere appendage to a state in life which you occupy by no merit of your own.⁷³

Although writing about her miserable experience at Livingstonia, the following quote applies to frustrations experienced throughout her entire career as a medical missionary. Continually perturbed by the subordinate position of women within overseas missions, Waterston wrote to James Stewart:

I was judged fit to teach Anatomy in London. I am thought fit for the Alphabet here...the men say that more patients have come here since I came than ever before and my medical work has been heavy enough lately in all conscience, so much fever among the

⁷¹ Ibid., 162.

⁷² Ibid., 285.

⁷³ Ibid., 287.

natives and if I am trying my hardest to prevent a little child sinking into that horrible coma, I can't at the same time teach A.B.C.⁷⁴

Because African women usually had open access to medical treatment regardless of the sex of the medical practitioner, unlike the situation within the zenanas of India, Waterston and female missionary doctors who followed after her had to fight all the more to secure their position within African medical missions. Although she left missionary service, Waterston continued to advocate for Cape Town's minorities, regardless of their gender or race, and used her skills as an independent medical physician to minister to the urban poor.

Female missionary nurses arrived in South Africa by the end of the nineteenth century to facilitate the growing demand for missionary clinics and dispensaries within rural communities. Because the availability of missionary nurses was greater than the number of missionary physicians practicing in the country, one or two female nurses were frequently the only missions staff initially used to establish rural clinics. Women did everything from erect the medical station, dispense medicine, and visit with local community to diagnose illness and perform minor surgeries as needed. Only when the clinic had been open for a while and the number of patients had grown was it likely for a male doctor to establish a permanent practice in the area.⁷⁵ Writing about London Missionary Society's medical mission work within Southern Africa, historian Norman Goodall credits the work of missionary nurses in the field by stating, "The missionary nurses almost invariably shouldered responsibilities of a kind which

⁷⁴ Ibid., 168, 170.

⁷⁵ Gelfand, *Christian Doctor and Nurse*, 68.

would in more normal circumstances only be carried by doctors".⁷⁶ Two Anglican sisters from the Community of St. Mary the Virgin, who worked and lived within two crudely erected huts, established St. Lucy's Hospital, one of the leading hospitals in the Transkei, as a dispensary in 1906.⁷⁷ June Kjome, an American medical missionary who served in South Africa from 1945 to 1965, wrote of her experiences as a bush nurse on a rural mission station in Zululand. Although she worked as a bush nurse in the 1940s, the account of what she experienced would have been very similar to what missionary nurses faced 30 years earlier:

It wasn't long before I realized the full significance of the statement, "You will be at a small mission hospital without a doctor." As I accompanied Millicent [another missionary nurse] each day, I marvelled at the many jobs she was expected to do. Her biggest responsibility, it seemed to me, was to determine what was wrong with the patients and to start treatment for them. We had no mission doctor, but the government district surgeon usually visited our hospital every other week...Often another two weeks would pass before he came to our hospital.⁷⁸

The female medical missionary was an important contributor to medical missions within Southern Africa, often setting the course of medical missions within a particular rural area depending on how successful and necessary her medical clinic was considered to be by mission boards.

⁷⁶ Norman Goodall, *A History of the London Missionary Society: 1895-1945* (London: Oxford University Press, 1951), 513.

⁷⁷ Stanier Green, *The First Hundred Years, 1873-1973: The Story of the Diocese of St. John's South Africa* (Umtata: Paul's Mission Press, 1974), 121.

⁷⁸ June Kjome, *Back of Beyond: Bush Nurse in South Africa* (Minneapolis: Augsburg Publishing House, 1962), 31.

The first mission hospital established outside the more urban areas of South Africa was Lovedale's Victoria Hospital on July 15, 1898.⁷⁹ After the hospital was forced to close during the Boer War, Lovedale was reopened in 1902 and Dr. Neil Macvicar, a transfer from the Free Church of Scotland's Blantyre mission in Malawi, became the new medical superintendent of Victoria Hospital, serving in that position from 1902 to 1937.⁸⁰ Through the supervision of Macvicar and Mary Balmer, a missionary nurse and matron of Victoria Hospital, the number of patients at the hospital increased each year and African patients frequented Lovedale regularly.⁸¹ Due, in part, to the successful opening of Victoria, the Swiss Mission established Elim Hospital to service rural communities in the Transvaal in 1900 and the American Board for Foreign Missions opened the McCord Hospital in Durban in 1909.⁸² Demand for missionary nurses grew after World War I when two additional hospitals, the Jane Furse Memorial Hospital and the Holy Cross Hospital, were opened in the Transvaal and East Pondoland.⁸³

In the late nineteenth and early twentieth centuries, female medical missionaries, both qualified physicians and trained nurses, established a name for

⁷⁹ "Opening of the Victoria Hospital, Lovedale," *The Christian Express* 28, no. 338 (1898): 113-4.

⁸⁰ Gelfand, *Christian Doctor and Nurse*, 72.

⁸¹ Gelfand, *Christian Doctor and Nurse*, 72-74.; R. H. W. Shepherd, *Lovedale South Africa: The Story of a Century, 1841-1941* (Lovedale: Lovedale Press, 194-), 348. Between 1902 and 1937, the number of inpatient beds at Victoria grew from 20 to 160.

⁸² G. B. A. Gerdener, *Recent Developments in the South African Mission Field* (London: Marshall, Morgan & Scott, 1958), 235.; Sweet, 179.

⁸³ Gelfand, *Christian Doctor and Nurse*, 84-86, 86-88, 96, 116-118, 119.; Gerdener, 235. Other mission hospitals or clinics that were predominately Anglican-based and operated or supported by female missionaries during the late nineteenth and early twentieth centuries include: St. Anne's Hospital (Umlazi Mission Hospital, Durban, est. 1926), St. Barnabas Mission Hospital (West Pondoland, est. 1883), St. Lucy's Hospital (Transkei, est. 1905 by Anglican sisters from the Community of St. Mary the Virgin), St. Mary's Hospital (KwaMagwaza, est. 1886), St. Monica's Home (Cape Town, est. maternity hospital by 1917).

themselves within South African medical missions due to their independence and pioneering efforts to improve health care throughout the country. Anglican sisterhoods improved health care and sanitation by establishing missions among the urban poor and migrant labourers in largely populated areas such as Cape Town, Kimberley and Johannesburg. Through careful petitioning, Sister Henrietta Stockdale achieved state registration for all nurses within the Cape Colony, marking nursing as a professional career within South Africa. Former missionary Jane Elizabeth Waterston became the first woman general practitioner to establish medical practice in the Cape Colony, working together with the religious communities of Cape Town to improve citywide health care, and, increasingly, by the 1890s female missionary nurses were operating medical clinics and dispensaries within rural communities of Southern Africa solely on their own initiative. While these women were independent, many, Waterston excluded, maintained ideas regarding the social and racial inferiority of non-European members within their community. Henrietta Stockdale only trained nurses of European descent and appears to have considered the training of indigenous nurses to be a slight to the level of female medical professionalism within the country, while the majority of other Anglican sisterhoods involved in nursing urban poor serviced European immigrants. As female missionaries became more involved in the establishment of rural missions clinics, they increasingly interacted with local indigenous communities and supported religious converts. Although these were significant actions, the most notable service provided by female medical missionaries was in the training of African nurses for

service within mission and Government-sponsored hospitals throughout the country. As will be discussed in the following chapter, the training of African religious converts for medical aide positions became a defining characteristic of the work of European female medical missionaries within South Africa.

CHAPTER FOUR:

"Look not upon me, because I [am] black"¹: The Politics of Inclusion and Exclusion in the Training of African Medical Assistants in South Africa

Missionaries were among the first to promote the training of African health assistants for service in their growing dispensaries and mission hospital wards during the early twentieth century.² In the 1890s, mission stations began to experience massive religious conversions to Christianity among indigenous communities. A number of these religious converts continued to work closely with missionaries and it is from this group of people and their descendants that medical missionaries selected the majority of African medical aides for training and instruction.³ Many young converts or children of religious parents were sent to mission schools, where a number of high-achieving pupils obtained professional teaching credentials upon completion.⁴ Mission stations began actively to recruit aides within their mission hospitals and dispensaries by the late nineteenth century and established the first professional program for the training of African nurses within South Africa at Lovedale by 1903. Qualified missionary nurses and doctors trained and instructed African medical assistants in Western medical procedures with much success. African men and women were trained by

¹ Sgs 1.6 KJV. "Look not upon me, because I [am] black, because the sun hath looked upon me: my mother's children were angry with me; they made me the keeper of the vineyards; [but] mine own vineyard have I not kept".

² Church Missionary Society, "About Native Doctors" *Mercy and Truth* 14, no. 157 (1910): 12-15; Church Missionary Society, "The Call of Medicine Missions" *Mercy and Truth* 18, no. 215 (1914): 394-398.

³ Jeffrey Butler, Richard Elphick and David Welsh, eds., *Democratic Liberalism in South Africa: Its History and Prospect* (Middletown: Wesleyan University Press, 1987), 70-71.

⁴ James Stewart, *Lovedale Past and Present: A Register of Two Thousand Names* (Lovedale: Lovedale Press, 1887).

missionaries to serve as nurses and medical assistants, also known as aides, orderlies or dressers, to assist European medical staff and perform duties as determined by their European supervisors. Indigenous health assistants were vital to the success of the health care system in South Africa as they served as intermediaries between European medical practitioners and their African patients. African nurses promoted a Western European lifestyle within their communities and discouraged indigenous patients from relying solely on traditional African healing practices. Trained African nurses were recruited by medical officials in South Africa because of the lack of qualified European medical personnel within the country. The fact they could be paid at a much lower salary than European assistants and could serve as mediators between Western medical practitioners and their indigenous patients were also contributing factors that led to their inclusion.

British missionary societies such as the Church Missionary Society, the Society for the Propagation of the Gospel and the Free Church of Scotland encouraged the training of African converts in vocations such as agriculture, industrial labour and education.⁵ Examining the most popular occupations explored by African women after they completed their education at Lovedale, shows that in 1887 the most prominent careers available to African women who sought entry into the white economy, were as domestic servants, housewives or teachers.⁶ The training of African men and women for positions as medical assistants was a natural progression of the "civilizing mission" mentality that was

⁵ A.D. Dodd, *Native Vocational Training: A Study of Conditions in South Africa, 1652-1936* (Lovedale: Lovedale Press, 1938), 11.

⁶ Stewart, *Lovedale Past and Present*, 640-642.

fostered by mission societies among the communities they were sent out to reach.⁷

Dr. Agnes Fraser supported the training of African medical assistants, stating, "Medical skill cannot always be available in Africa. It is consequently of great importance to teach the people to help themselves, both in the prevention of diseases by observing sanitary precautions and in knowing how to treat the simpler forms of disease".⁸ As early as 1878, Dr. John Lowe, advocated for the training of African medical assistants but cautioned that the medical missionary should not devote all of his time to training medical assistants:

He [the medical missionary] should never forget, that, even from a financial point of view, his time is very much more valuable than that of a native. In training his native assistants, Bible teaching and prayer should form the daily morning exercise, and both by precept and example he should constantly seek to impress upon their minds, that their highest aim must ever be the spiritual welfare of their patients.⁹

Not every missionary was as supportive of indigenous medical training. Dr. A.R. Cook, a prominent medical missionary stationed in Uganda and founder of the Mengo Mission Hospital, wrote in 1900 that the "stupidity [of Africans] is often exceedingly exasperating...there are many excuses to be made for them – the mistakes in the language one makes, and their not being used to European ideas...All uncivilized Natives seem to reckon alike".¹⁰ Regardless of the feelings of certain missionaries, as early as 1910, Dr. R.K. Sheperd, a medical missionary who served with the Church Missionary Society in East Africa, wrote to the

⁷ Dodd, 141.

⁸ Agnes Fraser, "A Missionary's Wife Among African Women," *International Review of Missions* 3 (1914): 463.

⁹ *Proceedings of the General Conference on Foreign Missions, Held at the Conference Hall, in Mildmay Park, London, in October, 1878* (London: John F. Shaw, 1879), 82.

¹⁰ A.R. Cook, "Difficulties and Victories," *Mercy and Truth* 4, no. 37 (1900): 9.

missionary journal, *Mercy and Truth*, that he was working with government health officials in the area to train African medical aides for rural service at his mission station.¹¹

The goal of the mission societies who pioneered the training of Africans as medical assistants within Africa was not only to provide vocational opportunities for local citizens and promote the practice of Western medicine but also to recruit Africans for medical missionary service, where each recruit would advance the ideals of the mission station through their medical skill and support the assimilation of their African community to a more Western European lifestyle.¹² Students within mission training schools were required to undergo religious instruction and most institutions made Christian conversion one of the prerequisites for admission. Indigenous medical training schools were established in order that African men and women could assist members of their own community, as many members of the European medical force within South Africa disliked treating indigenous patients and promoted segregation between the two groups.¹³ Under the supervision of European missionary overseers, African medical assistants were trained with the intention of working closely with African patients in segregated indigenous wards, comforting them and explaining to them in their own language the merits of the Western medical practice, religious life and lifestyle.¹⁴

¹¹ R.K. Sheperd, "About Native Doctors," *Mercy and Truth* 14, no. 157 (1910): 13.

¹² Anne Digby, *Diversity and Division in Medicine: Health Care in South Africa from the 1800s* (Oxford: Peter Lang, 2006), 239-240.

¹³ "The Question of the Nursing of Natives in South African Hospitals," *The Christian Express* 37, no. 435 (1907): 10.

¹⁴ "The Training of Native Nurses," *The Christian Express* 37, no. 436 (1907): 30.

European doctors and nurses who served as medical missionaries in South Africa often used African men and women as medical aides and labourers within mission clinics, teaching them the skills necessary to successfully treat members of their community. In South Africa's Cape Colony, Anglican sisterhoods and medical missionaries, such as Jane Elizabeth Waterston and Edith Pellatt, employed African nurses and orderlies in their mission work before medical officials permitted the widespread employment of African orderlies within secular hospitals and clinics.¹⁵ African nurses recruited for training by missionaries were often young, former students of mission schools, from families of high standing in the community, were converts to Christianity, or had become interested in medical education after recovering in mission hospitals as former patients.¹⁶

Lovedale's Dr. Neil Macvicar was a lifelong advocate for African health care and medical training.¹⁷ In 1903, Macvicar, with the aid of Victoria's Hospital's matron, Mary Balmer, established a three-year program for the training of male medical assistants in South Africa following the success of his first male African medical training program at Blantyre. The training of medical orderlies was the first step in Macvicar's plan to establish a South African Native College.¹⁸ Although enrolment was high, Macvicar was forced to close the program and end

¹⁵ Charlotte Searle, *The History of the Development of Nursing in South Africa, 1652-1960* (Pretoria: South African Nursing Association, 1965), 136-7.; E.B. Van Heyningen, "Agents of Empire: The Medical Profession in the Cape Colony, 1880-1910," *Medical History* 33 (1989): 456.; J. Elizabeth Waterston, *The Letters of Jane Elizabeth Waterston, 1866-1905*, ed. by Lucy Bean and Elizabeth Van Heyningen (Cape Town: Van Riebeeck Society, 1983), 253.

¹⁶ John Iliffe, *East African Doctors: A History of the Modern Profession* (Cambridge: Cambridge University Press, 1998), 46.

¹⁷ Michael Gelfand, *Christian Doctor and Nurse: The History of Medical Missions in South Africa from 1799-1976* (Sandtrou: Mariannhill Mission Press, 1984), 71-74.; C.P. Groves, *The Planting of Christianity in Africa* (London: Lutterworth Press, 1964), 4: 295.

¹⁸ Neil Macvicar, "The Question of a Medical Training for Natives of South Africa," *The Lancet* 166, no. 4282 (1905): 909-913.

the promotion of the South African Native College after it became clear that few hospitals or dispensaries would hire graduates of the intensive program. After recounting experiences, at the *National European-Bantu Conference* in 1929, of his early attempts to find employment for trained indigenous medical assistants on completion of their studies at Lovedale, Macvicar stated:

It is unsafe to take the Tropical African experience as a guide to what should be done in South Africa. In Central Africa conditions are still fluid, and experiments [training and employment of Africans for positions as nurses and medical orderlies] on new lines can be tried and may succeed. In South Africa professional standards have become fixed upon European lines and experiments are unwelcome.¹⁹

Macvicar, writing from South Africa's Cape Colony, fought against the more segregationist ideas of both secular medical professionals and missionaries from the other less liberal South African provinces. Medical professionals in Natal, in particular, firmly believed that indigenous medical assistants and African nurses should not be trained to the same standard as European medical assistants and promoted the idea that African aides should only be trained to assist African patients. South African medical professionals feared that indigenous male assistants would, in time, cease taking orders and establish practices of their own and refused to support their inclusion.²⁰ Secular and missionary authorities throughout Africa traditionally trained African male nurses well before indigenous women entered into the profession and, as a result, it was unusual for Macvicar's program to receive such an unenthusiastic response from the South African medical community. The inability for trained, predominately male,

¹⁹ *Report of the National European-Bantu Conference: Cape Town, February 6-9, 1929*, (Lovedale: Lovedale Institution Press, 1929), 175.

²⁰ *Report of the National European-Bantu Conference*, 171-173.; Butler, Elphick and Welsh, 71.

African medical assistants to secure employment in the early twentieth century was particularly bleak in South Africa and was not representative of the situation in other parts of Africa.²¹

Also in 1903, Macvicar and Balmer created a program for African women to train them, over a period of three years, as female nurses and, initially, the program fared no better among the medical community than Lovedale's training program for male orderlies.²² Although Macvicar's attempts to train and employ female African nurses were initially problematic, within a few years the reputation of Lovedale's African nurses was secured and nurses who graduated from Lovedale were in demand throughout South Africa, serving as nurses and matrons within both missionary and government hospitals.²³ In one example, R.D. Aitken, medical superintendent of the Donald Fraser Hospital in the Transvaal wrote of his good fortune in securing an African nurse trained at Lovedale in his book on the establishment of the Donald Fraser Hospital.²⁴ Lovedale nurses, separated into levels depending on how much education they had received prior to entering the nursing program, underwent a three-year training course, solely overseen, in the early twentieth century, by Mary Balmer.²⁵

The preparation and instruction of Lovedale nurses progressed slowly and few women completed all their training, often choosing to pursue a career as a

²¹ *Report of the National European-Bantu Conference*, 175.

²² *Ibid.*, 174-175.

²³ *Report of the National European-Bantu Conference*, 174.; Gelfand, *Christian Doctor and Nurse*, 75.; R. H. W Shepherd, *South African Medical Pioneer: The Life of Neil Macvicar* (Lovedale: Lovedale Press, 1952).

²⁴ R. D. Aitken, *Who is My Neighbour?: The Story of a Mission Hospital in South Africa* (Lovedale: Lovedale Press, 1944), 18.

²⁵ T. G. Mashaba, *Rising to the Challenge of Change: A History of Black Nursing in South Africa* (Kenwyn, Juta & Co., 1995), 9.; Searle, 268-269.

teacher rather than continue the long and difficult nursing program.²⁶ In 1907, Cecilia Makiwane completed her education at Lovedale and passed the final examination for general nurses of the Colonial Medical Council and, in 1908, she became the first professional African registered nurse throughout Africa.²⁷ Makiwane's success and program completion inspired other medical missionaries to pursue the training of female African nurses within mission hospitals and clinics throughout the country.

It was not until the advent of World War I that the promotion of African women for service as nurses and medical aides became an issue of popular debate among medical authorities in South Africa. Many Europeans who had previously served as medical doctors and assistants within South Africa volunteered or were drafted into the war effort, leaving a large void in South African health care.²⁸ After World War I, a number of African colonial governments began to realize that medical services for their non-European populations needed to be dramatically improved.²⁹ Countries such as Nigeria, Kenya and Zimbabwe promoted effective sanitation and hygiene methods and increased medical services for their indigenous public.³⁰ However, throughout Africa, the majority of European secular professionals and missionaries involved in training African medical aides and facilitating the improvement of African health care, regarded indigenous nurses as inferior. In one example, an article published anonymously

²⁶ Mashaba, 13-14.

²⁷ Searle, 269.

²⁸ Graham Botha, *History of Law, Medicine and Place Names in the Cape of Good Hope* (Cape Town: C. Struik, 1962), 232.; Mashaba, 14. The need for trained nurses during World War I was so great that women had to be recruited from Britain to fill vacant positions.

²⁹ Charles M Good, "Pioneer Medical Missions in Colonial Africa," *Social Science and Medicine* 32 (1991): 1.

³⁰ Anne Digby, "Early Black Doctors in South Africa," *Journal of African History* 46 (2005): 433.

in 1927 by a British nursing sister working in Nigeria discussed the perceived limitations of African nurses:

They [African nurses] need very strict supervision even to their administration of castor oil, their own love of it being apt to lead them into the temptation of swallowing it themselves. They love it, and any other drinking medicine as they call it. In many ways they are children, and their brains are undeveloped as ours were when the Romans came to Britain.³¹

Regardless of the prevailing attitude regarding the inferior intellectual aptitude of African medical assistances, by 1917, African women interested in nursing in South Africa could apply for nursing training at a number of mission stations including Victoria Hospital at Lovedale, the non-European Hospital in Johannesburg, and for training in both nursing and midwifery at the McCord Nursing Home in Durban, St. Lucy's Hospital in the Transkei, and St. Monica's Home in Cape Town.³² The majority of women who ran these mission training schools were missionary nurses.

Southern African regional governments were forced to become involved in the promotion of African health care when illness among African populations continually threatened to spread throughout the early twentieth century to the more urban, European concentrated centres. Government officials argued that it was increasingly clear that sickness bred through lack of medical treatment and improper knowledge regarding proper sanitary methods contributed to a loss in

³¹ Helen Callaway, *Gender, Culture and Empire: European Women in Colonial Nigeria* (London: Macmillan Press, 1987), 92.

³² Union of South Africa, *Report of the Committee Appointed to Inquire into the Training of Natives in Medicine and Public Health: Presented to both Houses of Parliament by Command of His Excellency the Governor-General* (Pretoria: The Government Printing and Stationery Office, 1928), 20.; Gelfand, *Christian Doctor and Nurse*, 97; Stanier Green, *The First Hundred Years, 1873-1973: The Story of the Diocese of St. John's South Africa* (Umtata: Paul's Mission Press, 1974), 122..

"national efficiency" and productivity.³³ Tuberculosis and venereal disease were among the most noted illnesses to ravage South Africa in the early twentieth century, infecting white South Africa as readily as it did indigenous members of the community.³⁴ Venereal disease was not the only problem for, as the health care situation in South Africa was so poor among members of indigenous and immigrant communities, sanitation campaigns, particularly attempts to clean up tent cities located outside urban areas, were undertaken to ensure that areas considered "economically viable" were protected from threats of contagion and workforce interruptions. Government leaders feared that if contagion was to break out and force quarantine or drastically limit the number of workers available to maintain quotas in important industries such as mining and shipping, the entire country and most importantly, wealthy South African white urbanites, could be affected. The elimination of urban slum areas, the public outcry for increased crime control, disease prevention and the segregation of black from white because of the perceived threat Africans posed to white South Africans all contributed to the push by white South Africans to segregate urban areas and remove Africans to neighbourhoods separate from whites. A culminating effort that was many years in the making, in 1923, the Natives (Urban Areas) Act was

³³ *Report of the Committee Appointed to Inquire into the Training of Natives in Medicine and Public Health*, 4.

³⁴ Martina Egli and Denise Kraye, *"Mothers and Daughters": The Training of African Nurses by Missionary Nurses of the Swiss Mission of South Africa* (Lausanne: Le Fait Missionnaire Cahiers, no. 4, 1997), 33.

passed to enforce the segregation of black from white populations in urban South Africa.³⁵

The 1928 *Report of the Committee Appointed to Inquire into the Training of Natives in Medicine and Public Health*, also known as the Loram Committee Report, recognized that there was a need for the standardized training of indigenous medical health assistants throughout South Africa in order to ensure the improvement of health care for both the European and African populations of the country.³⁶ The 1928 report is often referred to as the Loram Committee Report in honour of C.T. Loram, who served as the head of the Committee and was the former inspector of education in the South African province of Natal, member of the Joint Councils and long-standing member of the Native Affairs Commission. Loram was a noted academic and expert on the "education of non-whites" within South Africa, a staunch liberal, and a supporter of the campaign to develop an African health care system that was distinct but on par with the European system.³⁷ After years of indecision and debate, the establishment of an

³⁵ Rodney Davenport and Christopher Saunders, *South Africa: A Modern History* (Houndmills: Macmillan Press, 2000), 644-645.

³⁶ *Report of the Committee Appointed to Inquire into the Training of Natives in Medicine and Public Health*, 5, 19-21, 33.; *Report of the National European-Bantu Conference*, 168, 174.; Michael Gelfand, *A Service to the Sick: A History of the Health Services for Africans in Southern Rhodesia (1890-1953)* (Gwelo: Mambo Press, 1976), 141.; Karen Shapiro, "Doctors or Medical Aids – The Debate over the Training of Black Medical Personnel for the Rural Black Population in South Africa in the 1920s and 1930s," *Journal of Southern African Studies* 13 (1987): 235. The only requirements necessary for admission into the program proposed by the Loram Committee were that the applicant be over the age of 19 and have passed the Standard VI examination. The course was to last, on average, three years and proposed training included courses in elementary anatomy, physiology, chemistry, hygiene and sanitation. Students were expected to identify and treat the most common ailments of the day, particularly malaria and venereal disease, and be knowledgeable enough to teach effective sanitation methods for African households, including how best to keep clothing and personal hygiene healthy and clean. A general laboratory program was created to ensure that the nurse could properly collect samples for examination if needed.

³⁷ Richard D. Heyman, "C. T. Loram: A South African Liberal in Race Relations," *The International Journal of African Historical Studies* 5 (1972): 41.

African health service to facilitate the medical needs of indigenous communities throughout South Africa as proposed by the Loram Committee was never realized because of lack of finances and the inability to achieve consensus between liberal and segregationist supporters. Regardless of the eventual outcome, the findings of the Committee led to the establishment of multiple mission nursing schools throughout the country and increased financial support for the work undertaken by mission hospitals and their staff.³⁸

The Loram Committee determined that Government Native health assistants, a term that included female nurses, midwives and male orderlies, would be recruited and trained to serve the African community as a part of a proposed Government Native Medical Service.³⁹ It was estimated that at least 1000 additional doctors were required to effectively service the South African population and promote the adoption of Western medical practice among Africans.⁴⁰ One of the primary concerns among medical officials was that the training of African nurses be uniform in order to ensure that a satisfactory standard of health care was maintained throughout the country. Mission stations trained nurses differently depending on the needs of the particular station and the qualifications of the missionaries who oversaw the training. With the cooperation of mission stations and the guarantee that they would continue to train candidates under new standardized guidelines, the Loram Committee established the job description for indigenous health assistants to encompass everything from

³⁸ Egli and Krayner, 33.

³⁹ *Report of the Committee Appointed to Inquire into the Training of Natives in Medicine and Public Health*, 6.

⁴⁰ *Ibid.*, 4.

"detector of nuisance and reporter of disease," to "first-aid administrant, active health propagandist and general assistant to the medical officer".⁴¹ African medical assistants were recruited for training by medical officials in South Africa due to the growing demand for qualified medical personnel within the country and the fact that indigenous medical aides could be paid at a much lower salary than European health assistants. The Loram Committee also recognized the importance of African medical assistants as they served as intermediaries between Western medical practice and traditional African medicine by acting as "health propagandists", using their knowledge of indigenous practice and the language of their local community to promote the widespread adoption of Western medical practice.

Throughout Africa, but particularly in South Africa, European medical staff fought to ensure that they remained dominant within the medical profession.⁴² Using "scientific" methods to examine indigenous subjects, the popular evolutionist studies movement helped justify racial prejudice by concluding that Africans possessed "primitive" mentalities.⁴³ A number of white female nurses believed that the inclusion of large numbers of African women into the nursing profession, in the words of Lovedale Principal R.H.W. Shepherd, "seemed an invasion by the incompetent on a sphere requiring mental aptitudes which only centuries of civilization could produce".⁴⁴ District surgeons, urban

⁴¹ Ibid., 6.

⁴² G.W. Gale, "The Rural Hospital as an Agent in Native Health Education," *South African Medical Journal* 10 (1936): 541.

⁴³ Digby, *Diversity and Division*, 195.

⁴⁴ R. H. W. Shepherd, *Lovedale South Africa: The Story of a Century, 1841-1941* (Lovedale: Lovedale Press, 194-), 356.

medical professionals and prominent European nurses were threatened by the number of African nursing applicants and many continued to believe that after working in the field for a period of time, African nurses would resent their subordinate position and fight for more prominent positions within the South African nursing profession.⁴⁵ In the introduction to one handbook for African nurses and orderlies the author cautioned:

Every orderly must be respectful of his superiors...The doctor and European sister must be addressed with respect and their orders carried out. The orderly must not argue or try to shirk his duties. Very often he may feel his opinion is a better one, but he should not say so or give his opinion unless asked for it. His views may not be correct.⁴⁶

Such warnings by European medical authorities, both secular and missionary, were common and reflect attempts by medical supervisors to ensure that they remained dominant within South African medical practice. Anything but complete obedience to the orders of a European medical professional was not to be tolerated and indicated that the African nurse was rebellious and unfit for medical service. During the early decades of the twentieth century, African nurses were only permitted to care for non-European patients and were discouraged from seeking employment in the urban, more European concentrated centres of the country.⁴⁷

Another popular debate of the day that was discussed during the Loram Committee meetings was whether the requirements of their training program for

⁴⁵ Shula Marks, *Divided Sisterhood: Race, Class and Gender in the South African Nursing Profession* (New York: St. Martin's Press, 1994), 87.

⁴⁶ Michael Gelfand, *African Medical Handbook: An Outline of Medicine and Hospital Practice for African Nurses, Orderlies and Medical Assistants* (Cape Town: The African Bookman, 1947), 3.

⁴⁷ *Report of the Committee Appointed to Inquire into the Training of Natives in Medicine and Public Health*, 5.; *Report of the National European-Bantu Conference*, 174.

African medical assistants should adhere to a lower educational and professional standard than the established program used to train European nurses in order to ensure the African medical assistant remained subordinate members of the South African medical hierarchy. The Committee eventually concluded that there must be equality between both programs so as to not lower the standard of medical education throughout the country, but supported paying African medical assistants a lower salary than that of their European counterparts.⁴⁸ The European medical profession was so threatened by the encroachment of indigenous medical personnel within South African medical services, that in 1931 the Union Government turned down a proposed £65,000 Rockefeller Foundation donation to establish a training program for African students to pursue work as qualified medical doctors at Johannesburg or Cape Town in attempt to maintain a racial hierarchy present within the medical profession.⁴⁹

One of the most important duties of African nurses within clinics and hospital settings was to serve as an intermediary between Western medicine and traditional African healing. Not every African readily embraced the adoption of Western medicine into African communities and many remained loyal to traditional forms of African healing. Thousands of African healers, known as herbalists, medicine men or witchdoctors, continued to practice their craft within

⁴⁸ *Report of the Committee Appointed to Inquire into the Training of Natives in Medicine and Public Health* Report of the Committee Appointed to Inquire into the Training of Natives in Medicine and Public Health, 7-8.; *Report of the National European-Bantu Conference*, 174.; Marks, 92. Dr. Neil Macvicar argued that in South Africa, the only restrictions preventing indigenous students from succeeding in their course as nurses or orderlies was the quality of their high school education. Macvicar addressed the *National European-Bantu Conference* of 1929 and stated, "After a good High School education, Bantu students can go through the European medical course as successfully as any other students."

⁴⁹ Digby, *Diversity and Division*, 195.; Shapiro, 249.

South Africa during the early twentieth century, a practice missionary societies had long fought against.⁵⁰ In her 1914 article, medical missionary Dr. Agnes Fraser also reported that indigenous health assistants were "necessary to rid the people of their superstitious beliefs regarding illness and to combat the fatalistic attitude they are apt to adopt when confronted by it".⁵¹ Mission stations worked together with government authorities to limit the influence of traditional tribal healers in African health care.⁵² It was difficult to limit the power of African herbalists as they were readily able to obtain a license to practice, needing only a recommendation from a tribal chief, the approval of the local magistrate, and the payment of a licensing fee to freely practice.⁵³ Writing about the high numbers of practicing witchdoctors in the South African province of Natal in 1918, J.B. McCord argued that it was wrong for the government to continue to license African herbalists who lacked any medical qualifications and called for the training of African men and women as health assistants, believing that the "native doctor in Natal is an evil, but the great[er] evil is the lack of something better".⁵⁴ George Gale, a prominent medical physician and teacher, declared in the *South African Medical Record* that indigenous medical assistants were needed in the "task of liberating the Native masses from the ignorance and superstition which shackle them alike in sickness and in health".⁵⁵ In the same article Gale argued that more work was necessary to educate and train African men and women as

⁵⁰ *Report of the Committee Appointed to Inquire into the Training of Natives in Medicine and Public Health*, 5.

⁵¹ Fraser, 464.

⁵² Marks, 79.

⁵³ J.B. McCord, "The Zulu Witch Doctor and Medicine Man," *South African Medical Record* 16 (1918): 117, 119-120.

⁵⁴ McCord, "The Zulu Witch Doctor and Medicine Man," 119.

⁵⁵ Gale, 543.

medical assistants and nursing aides in order to ensure that more African communities may embrace Western medical practice and treatment.⁵⁶

African nurses were vital to the improvement of health services in South Africa not only because they promoted effective sanitation methods and helped to bring the practice of Western medicine to additional rural communities, but also because they assisted European medical staff by serving as translators and comforters to indigenous patients. The majority of European medical staff were predominately English speaking and did not possess a strong command of the various African languages that were prominent within South Africa. As Michael Gelfand stated in his *African Medical Handbook*, published in 1947, "Many of the doctors cannot speak the Native languages and, therefore, a very important part of the orderly's [or nurse's] work is to ask the patient questions put by the doctor and to tell him the patient's replies".⁵⁷ Nurses were expected to use their skills as translators to comfort and assist the patient, aid European doctors in the examination and diagnosis, and explain the difference between "Christian" medicine and witchcraft to the African patient, succinctly articulating why Western medicine was considered superior.⁵⁸ One of the primary responsibilities of indigenous health assistants throughout Africa was to embody, according to historian John Iliffe, "rationality and enlightenment" in all their interactions with African patients.⁵⁹

⁵⁶ Ibid.

⁵⁷ Gelfand, *African Medical Handbook*, 1.

⁵⁸ Iliffe, 49.

⁵⁹ Ibid.

Trained African nurses were necessary for acclimatizing indigenous patients to a clinic or unfamiliar hospital ward. The presence of African nurses helped to ease the fears of many who believed that the hospital was filled with evil spirits that could harm a helpless patient. As it was normal to have at least one family member remain with the patient to act as a general caretaker while in the hospital or clinic, nurses worked closely with the families, serving as an intermediary or translator between the patient's family and European medical staff.⁶⁰ As European doctors and nurses were instructed to maintain a professional distance between the patient and themselves, the comforting of indigenous patients was usually left to an African nurse.⁶¹ Throughout Africa, the mere presence of an African nurse or male orderly working within a dispensary or clinic often contributed to a significant increase in the number of African patients.⁶²

While Government-assisted indigenous medical assistant training programs succeeded in African countries, such as Nigeria, Kenya and Malawi, the training program envisioned in the Loram Committee Report of 1928 did not remain popular in South Africa. Although African nurses continued to be trained through mission stations, securing employment within rural dispensaries, mining hospitals or in urban centres outside of South Africa, racial prejudice and powerful opposition from European medical practitioners still prevented Africans from working at most non-religious medical institutions in 1928.⁶³ African

⁶⁰ Searle, 127-8.

⁶¹ Marks, 57.

⁶² Iliffe, 49.

⁶³ Digby, "Early Black Doctors...", 433.

nurses, predominately trained by female missionary nurses in the early twentieth century, were vital to the promotion of Western medicine among African communities as they served as culture brokers, guiding indigenous patients between the differences in Western or indigenous medicine and promoting sanitary and hygienic practices within their community.⁶⁴ African nurses expedited the spread of Western medicine in the early twentieth century among the African population in South Africa, particularly in rural settings, as they used their social standing in the community, knowledge of the language and respect for traditional African healing practices to comfort and induce African communities to seek treatment and aid through Western medical practice. As the decades progressed, the number of trained African nurses steadily increased, as nursing and teaching were practically the only professional careers open to indigenous women in South Africa until the 1960s.⁶⁵ Although few women attained supervisory status and their salaries remained drastically low in comparison to white nurses practicing in South Africa, African women trained in nursing were well regarded within their communities and achieved a higher social station and lifestyle than African women who did not enter the nursing profession.⁶⁶ Female medical missionaries carved out a niche for themselves within medical missions by facilitating the training of African nurses in Western medical practice. With the aid of secular professionals, the majority of medical missionaries worked to

⁶⁴ Anne Digby, "Nurses as Culture Brokers in Twentieth-Century South Africa," in *Plural Medicine, Tradition and Modernity*, ed. Waltraud Ernst (London: Routledge, 2002), 126. The term "culture brokers" is taken from Anne Digby's article cited above.

⁶⁵ Marks, 100.

⁶⁶ Ibid.

maintain their professional status by ensuring that African trainees remained subordinate and dependent on their educational instruction.

CONCLUSION

This thesis arose from my interest in historical topics relating to religion and gender in Britain during the nineteenth and early twentieth centuries. The first section of the paper examined themes of gender and professionalism within the recruitment and training processes of particular missionary organizations between 1875 and 1925, while the second half used women's participation on the South African mission field firstly, to analyze the lives and duties of female medical missionaries in the field and secondly, to examine how popular ideas regarding race and gender interconnected in a British colony where the professional status of European women was preferred over the entrance of indigenous peoples into the white economy on a professional level.

I began this thesis, then, with an examination of attempts by middle-class women to secure a larger public role for themselves within Britain during the late nineteenth century. The first chapter looked specifically at training and recruitment regimes for single women within the London Missionary Society and Church Missionary Society, two leading Protestant missionary organizations within Britain in the late nineteenth century, to determine what kind of female missionary candidate was sought by these organizations. The chapter explored reasons for the burgeoning employment of single female missionaries in the late nineteenth century and investigated how leading British missionary organizations accepted the growing professional status of single women missionaries. I discussed reasons why British missionary organizations became steadily more amenable to the idea of employing single young women in missions and why

these new recruits became so important to the advance of religious missions overseas. Women's involvement in religious missions in the late nineteenth century, both at home and abroad, led to a wider acceptance of female spiritual agency within Protestant religious missions worldwide. While the need for female missionaries was great, British missionary organizations still adhered to strict qualification guidelines and lengthy training programs before the candidate was officially accepted and deployed to the mission field. Single female candidates accepted into missionary service negotiated boundaries between gender and class and worked to redefine their role in religious missions, gradually becoming more professionalized as the years progressed.

The second chapter began with a brief summary of the rise of medical missions within Britain in the 1850s and 1860s and examined attempts by women to enter into the British medical profession as qualified doctors during the late nineteenth century. One of the main reasons the restrictions placed on women's entry into the medical profession were eased over the 1870s was due to the public outcry for qualified female medical personnel to minister to women in Eastern countries, such as India and China, where prejudice, tradition and custom prohibited the medical treatment of indigenous women by male missionaries. The push by missionary organizations to equip British women with medical training to aid indigenous women in foreign lands was, after gaining the support of Queen Victoria, a factor that led to the inclusion of women as doctors within British medical practice. A discussion regarding the training of female doctors and nurses for medical missions and attempts by missionary organizations to ensure

that all women sent overseas received basic training in first-aid and disease prevention before they were deployed to the missionary field was also included in this section. Finally, the chapter examined the debate within Britain regarding the limited amount of training considered necessary before a female missionary candidate was deployed as a medical missionary overseas. Men entering missionary service, especially within specialized fields of medicine and education, were much more rigidly defined by a certain educational standard than women. This debate appears to have only affected female candidates as no male missionary was considered a medical missionary unless he was fully qualified as a medical doctor.

Chapter three commenced with a brief discussion of the history of Christian missions in South Africa and examined when and where major British Protestant missionary societies, such as the Society for the Propagation of the Gospel, Church Missionary Society, London Missionary Society and Free Church of Scotland established missionary operations within the area. The chapter explored the work of three groups of British women involved in South African missions during the late nineteenth and early twentieth centuries, namely the wives and relatives of male missionaries in active service, Anglican sisters and deaconesses, as well as single female missionaries, to assess their contribution to medicine and medical missions within the country. All three groups of women worked independently of men in varying degrees, utilizing their skills to become respected contributors to South African medical missions. The chapter also used brief biographical sketches of the lives and labours of select female medical

missionaries, such as Henrietta Stockdale and Elizabeth Jane Waterston, to examine the successes and challenges faced by specific women involved in medicine on the South African mission field. Although Stockdale achieved much success in her work as a medical missionary, using her skills and reputation to operate a large, efficient hospital and train female nursing candidates, Jane Waterston was unable to freely practice medicine and promote reform until she was removed from the missionary register and had established her own practice in Cape Town. The examples of Stockdale and Waterston illustrate that, while female missionaries achieved a sense of professional autonomy within the mission field, these women still reinforced traditional Western stereotypes regarding women's work and women's proper place in the home as wife, mother and general helpmate to men.

The final section of the thesis explored ideas surrounding the interaction of gender and race on the mission field and discussed the work of female medical missionaries in the education and training of African nurses for service throughout Africa. The concluding chapter examined professional tensions between female medical missionaries and their African trainees and the growing debate between the inclusion and exclusion of women within the African nursing tradition. The South African government encouraged medical missionaries to establish medical training programs for Africans, and viewed their involvement as an inexpensive way to provide basic health care for indigenous communities in rural areas. The chapter included a discussion of the duties performed by African nurses and the precarious position these women balanced as cultural brokers between the African

and European communities within South Africa during the late nineteenth and early twentieth centuries. Unlike in Britain, British women serving as missionaries to South Africa were not considered to be the bottom of professional ladder, as both male and female members of indigenous African communities were considered by most European immigrants and missionaries to be intellectually and morally inferior to all Europeans. African men and women trained by missionaries were essentially relegated to a position British women, seeking higher education and opportunities to pursue a professional career, had long fought against in their own country. Female British medical missionaries were included into the professional missionary fold in South Africa by limiting opportunities for African men and women to achieve a higher professional status in medicine throughout the early twentieth century, training workers who were significant to the improvement of health care in South Africa, while reinforcing the idea that these trained African workers were only fit to serve as cultural brokers and aid the rural, predominately African communities that were not considered desirable or easily serviceable by European medical personnel.

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