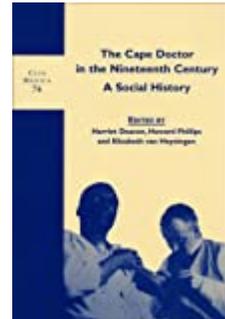




**Harriet Deacon, Howard Phillips, Elizabeth van Heyningen, eds.** *The Cape Doctor in the Nineteenth Century: A Social History*. New York: Rodopi, 2004. 318 pp. \$52.50 (paper), ISBN 978-90-420-1064-2; \$112.50 (cloth), ISBN 978-90-420-1074-1.



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**Published on** H-SAfrica (March, 2005)

## The Professionalization of Doctors in the Nineteenth Century Cape

*The Cape Doctor* is a historical examination of the formalization of the medical profession in the nineteenth century Cape that brings together papers by Harriet Deacon, Elizabeth van Heyningen, Howard Phillips, Anne Digby, Sally Swartz, and Felicity Swanson. The collection addresses the dearth of socio-historical writings about South Africa's medical history and re-evaluates previous whiggish accounts of the Cape's medical history by emphasizing the nonlinear and multifarious practices of practitioners in the nineteenth century.[1] The authors examine how, by the end of the century, civilian, European-trained doctors became the main caregivers of the sick and succeeded other practitioners such as apothecaries, indigenous practitioners, shopkeepers, and military doctors.[2] They show the ambiguous boundaries between "qualified" and "unqualified" practitioners, discuss regional differences, and examine the various international and local influences on the vocation over time. The collection not only offers a glimpse into some of the conditions that led to South Africa's current medical system, but also establishes a foundation for future research.

The book consists of ten chapters roughly organized chronologically and geographically. Most of the authors have contributed to several papers within the collection. The first four chapters offer background into the nature of colonial society and medicine in the late eighteenth and early nineteenth century. In chapters 2 and 3, Deacon examines the emergence of divisions between urban and rural, and western and "alternative" practices at the Cape. She argues that, although previous studies discussed only western-trained doctors in the nineteenth century, the reality was that the medical market also included many "alternative" practitioners. The result was that conflicts existed between druggists, doctors, and shopkeepers, with doctors ultimately dominating medicine in urban Cape Town, and informal practitioners or druggists overseeing the care of those in rural areas. The fourth chapter by Phillips assesses the training of Cape doctors in Britain and continental Europe and shows how in the early part of the century the Colonial Medical Committee purposely delayed the development of local medical schooling because it felt that any training offered in South Africa would be inferior to that offered in Europe. Indeed, throughout the nineteenth

century, Cape doctors continued to associate themselves with British and European medical organizations rather than giving full credence to local medical associations. While these papers discuss how western-trained doctors gradually rose to a higher status than their contemporaries in the early part of the century, they only touch briefly on the socio-historical conditions that enabled them to do so.

The remaining papers delve more into the local historical circumstances that facilitated the professionalization of doctors in the mid to late nineteenth century. Deacon and van Heyningen examine how civilian doctors began to promote themselves over military doctors and alternative practitioners, and services gradually moved to hospitals and district surgeoncies. In chapter 6, van Heyningen discusses more isolated areas in the Eastern Cape in which medicine was practiced, and she effectively shows how Xhosa medicine, Boer remedies, military doctors, civilian medicine, and missionary practitioners developed along with arrival of settlers in the area, which also led to a plurality of medical practices. However, with the emergence of the Grey Hospital and scientific societies, western medicine began to dominate.

After the mineral revolution in the late nineteenth century, the government of the colony became more formalized, and by the time of Union in 1910, western-trained biomedical doctors were also better organized and well established. In the seventh chapter, van Heyningen writes about how legislation on professional registration and public health, in conjunction with larger numbers of doctors moving into the area and higher rates of illness due to increased urbanization and industrialization, enabled qualified doctors to become even more successful in promoting their professional interests. The two penultimate chapters then show how psychiatrists used their appointments to hospitals and district surgeoncies as a means to promote their social status and earn an appropriate income within their own private practices. The eighth chapter by Deacon, van Heyningen, Swartz, and Swanson explains how the mineral revolution not only increased the number of immigrants to the upper Cape, many of whom were doctors seeking their fortune, but also resulted in a higher demand for doctors in private industry, especially those working in insurance companies and for the railways. It was also during this period that private and upper class sanatoriums emerged. Notably, the chapter incorporates a discussion about the move towards specialization in areas like psychiatry. Because the history of psychiatry has often been ignored within many writings of medicine, and doctors in the nineteenth cen-

tury did not initially see their practice as being limited only to somatic conditions, it is apt to see its inclusion within such a collection. Nevertheless, despite the increase in opportunities at the Cape, in the ninth chapter Digby shows that the economy during this period was quite volatile for doctors. The increased competition that arose from the influx of new doctors into the colony forced practitioners to hold numerous appointments within both public and private sectors.

An implicit theme throughout the book is the interconnection between colonial state creation and the rise of formalized medicine. If one, however, is expecting a discussion of the underlying ideologies informing doctors' practices, one will be disappointed. The book is more about doctors' social positions within society and their relationships with other practitioners. Thus, it does little to address doctors' intellectual underpinnings. Although ideas about class, race, and gender superiority were likely used by doctors to play up their status, there is limited discussion about their specific views in this area. At the same time however, as van Heyningen points out, the 1891 Medical and Pharmacy Act did not restrict registration along racial and gender lines (p. 200). Indeed, she writes of the sole female practitioner, Jane Elizabeth Waterston, and three black doctors, William Anderson Soga, Mohammed Omer Dollie, and Abdullah Abdurahman that worked in the Cape. Yet these were the exceptions to the rule and white males dominated the profession. Moreover, Jane Elizabeth Waterston believed that her role as doctor was to promote imperialism and Western ideals and Abdullah Abdurahman also promoted western medicine and acted as an intermediary between the colonial state and the Muslim community. Thus, it was likely that most doctors set up notions of European "civilization" and "scientific superiority" in contrast to supposed makeshift "uncivilized," "unscientific" and "barbaric" practices of "alternative" and indigenous medicines. But as the collection is not concerned with examining doctors' opinions in these areas, one is left with questions about the degree, if any, that their views shaped, or were influenced by, the colonial racist and patriarchal mindset. Because of the fluid nature of the profession and of the colonial process itself, it is not surprising that this question may be difficult to answer.

Despite Digby's brief discussion about patients on pages 264-268, what is noticeably absent, as in much of medical history, is the patient perspective, or at least a discussion about the relationships that existed between patients and practitioners. The collection is meant to be an examination of doctors in the Cape, and this has re-

sulted in a book that is well researched, but, as the editors acknowledge, narrow in scope. An inclusion of patients' views may have revealed a little more about the complex relationship between patients, doctors, practitioners, social organizations, private enterprise and the state. A follow up collection entitled *The Cape Patient* that would examine the medical profession from a patient perspective would be a beneficial complement to this book. Moreover, a discussion of the rise of the professional Cape doctor may insinuate that indigenous healers, apothecaries, military doctors and missionary practitioners simply became obsolete or were not as important as European-trained doctors. As we know, "alternative" practitioners were, and continue to be, the primary caregivers of the majority of South Africans. While some papers offer a

brief overview of these "alternative" practices, more in this area remains to be done.

[1]. These would include E. Burrows, *A History of Medicine in South Africa* (Cape Town: Balkema, 1958); P. Laidler and M. Gelfand, *South Africa: Its Medical History* (Cape Town: Struik, 1971); Charlotte Searle, *A History of the Development of Nursing in South Africa, 1652-1960* (Cape Town: Struik, 1965); and M. Minde, "History of Mental Health Services in South Africa," in fourteen parts, *South African Medical Journal* (1974-1977).

[2]. The book uses the term "doctor" in reference to European-trained, white practitioners and "practitioner" for those in the informal sector. For consistency, this review has done the same.

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**Citation:** Tiffany Jones. Review of Deacon, Harriet; Phillips, Howard; Heyning, Elizabeth van, eds., *The Cape Doctor in the Nineteenth Century: A Social History*. H-SAfrica, H-Net Reviews. March, 2005.

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