This chapter explores the later professionalisation of medicine at the Cape, particularly after the discovery of diamonds and gold, when the number of doctors increased. As the demand for an improved public health system grew, and the Colonial Medical Committee was unable to cope with the more complex demands of the colony, legislation was gradually set in place to transform the practice of medicine. This legislation included a Public Health Act, improved censuses, the registration of births and deaths, and a more effective registration of nurses as well as doctors and pharmacists. By the time the Cape entered the Union in 1910, it possessed modern, well-organised medical structures.

The mineral revolution, sparked by the discovery of diamonds in 1868 and of gold in 1886 (discussed more fully in Chapter 8) penetrated almost every aspect of life in South Africa. Immigration and urbanisation altered the demographic structure of the country. The Cape medical profession and the practice of medicine in the colony did not escape change. The increase in the number of doctors created fiercer competition but promoted the organisation of the profession. In the growing towns mortality rates rose as infectious diseases such as typhoid and diphtheria threatened the lives of the residents, placing new demands on the medical profession. The depression years of the 1860s and the 1870s were a period of limbo as the new influences in the colony took root. It was then that the colony gained greater control over its own affairs. Representative government was granted in 1854, but it was the attainment of responsible government in 1872 which gave the colony much greater financial control over its own affairs, and the ability to institute independent public health measures. While Britain and, to a lesser extent, Australia, were the main models to which the Cape continued
to look, local conditions shaped the decisions which were made and the structures which were established. Broadly speaking, the organisation of the profession and the process of professionalisation were very similar to those of other British colonies, such as that of Victoria in Australia, although the Cape tended to lag both in numbers and in the pace of legislative change.¹

The Colonial Medical Committee and professionalisation
At mid-century, the Colonial Medical Committee, formally established in 1830, continued to have the main responsibility for maintaining standards in the profession, as well as advising the government on sanitary matters.² Throughout its existence the Colonial Medical Committee was a Cape Town-based organisation, drawing its membership from local practitioners; the interests of the Eastern Cape were, in consequence, under-represented in the making of medical policy.

Until the reversion to fixed salaries, much of the work of the Colonial Medical Committee was taken up with vetting the claims of district surgeons and it was through this contact that the Colonial Medical Committee was confronted with the problems of professionalisation in rural practice, particularly in the Eastern Cape which was still dominated by military doctors, and, where there was no military presence, unqualified practitioners tended to find space.³ In the absence of suitable medical practitioners, such men were often appointed as district surgeons by the Colonial Office.⁴ The result, the Colonial Medical Committee complained, was ‘a great injustice both to the public and to the regularly licensed and properly educated medical practitioner’ and it urged the government to ‘render its powerful aid in upholding the dignity and respectability of the Medical Profession... by offering a sufficient inducement to its members to settle in those country districts where none are at present to be found’, rather than allowing unqualified pharmacists to spoil the field.⁵ Nor could the Colonial Medical Committee prevent the widespread sale of drugs by ‘ignorant traders and pedlars’ with £3 licences, who were ‘perfectly ignorant of the composition and nature of medicines’.⁶

From the late 1850s the Colonial Medical Committee made greater efforts to protect the interests of the qualified practitioners. When an enquiry to resident magistrates in 1853 revealed that ‘several persons, of low character and of still lower status of education’ were ‘imposing upon the credulity of the farmers’, and exacting ‘the most exorbitant remuneration’, the Colonial Medical