This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

Surface Tensions: Race, Photography, and the Making of Universal Medical Knowledge in Segregationist South Africa

MICHAELA CLARK

ABSTRACT: This article uses a close reading of clinical photographs to demonstrate how ambiguities surrounding the ostensibly scopic nature of race—that is, race as both conspicuous and measurable based on surface appearance—functioned in the medical terrain in segregationist South Africa, and beyond. By analyzing both archival and published materials produced and used during the mid-twentieth century at Cape Town's medical school, the author argues that race operated as an "elusive signifier" in that it was simultaneously conspicuous and elided in visual and written form. As such, the material was legible to local South African audiences, situated within a context of increasingly explicit racial segregation, but also able to circulate across the globe as universal medical knowledge. The author shows how the coterminous presence and absence of race aligned with sociopolitical tensions, scientific attitudes, "commonsense" assumptions, and the international aspirations of local medical professionals in the Cape region.

KEYWORDS: clinical photographs, medical knowledge production, race, South Africa

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

Since the eighteenth century, Western scientific enquiry donned an ethos of "blind sight"—a way of seeing that ensured the objective observation and transcription of the material world.[1] This impartiality functioned as what Lorraine Daston and Peter Galison call an "epistemic virtue" of science—vision and visual representation were to be objective, with the observer's influence reduced to nil. As a mechanical tool, the camera was seen to offer a direct transcription of surface appearance.[2] For medicine, the medium embodied a similar way of seeing, ultimately promising that disease too was fundamentally scopic and thus that "diagnosis was possible on the basis of the image alone."[3]

Scholars of medical images in colonial settings have shown that, by identifying and visually capturing "exotic" diseases in equally "exotic" races and places, this material serves to conflate blackness with pathology.[4] In other words, this medical photography conceptually cements difference in terms of disease as well as race. The epistemic, institutional, and depictive practices at work in colonial clinical photographs are understood to frame colonial

---

[1] Lorraine Daston and Peter Galison, *Objectivity* (New York: Zone Books, 2010).

[2] This form of measurement was typical of methods in physical anthropology and eugenics in South Africa as well as abroad. See Anne Maxwell, *Picture Imperfect: Photography and Eugenics, 1870–1940* (Sussex: Sussex Academic Press, 2008); Handri Walters, "Tracing Objects of Measurement: Locating Intersections of Race, Science and Politics at Stellenbosch University" (Ph.D. diss., Stellenbosch University, 2018).

[3] Erin O'Connor, "Camera Medica," *Hist. Photography* 23, no. 3 (1999): 232–44, 234.

[4] Crossing national and disciplinary boundaries, discussions by historians of clinical photography in tropical climates—including Nancy Stepan (with regard to colonial Brazil), Anne Perez Hattori (in terms of colonial Guam), and Stephen Kenny (with regard to the American South)—firmly support this understanding of the medium. In their case studies, it is evident that notions of disease, place, and race were discursively and depictively merged through their visual coding and discursive framing. See Nancy Leys Stepan, *Picturing Tropical Medicine* (London: Reaktion Books, 2001); Anne P. Hattori, "Re-membering the Past: Photography, Leprosy and the Chamorros of Guam. 1898–1924," *J. Pacific Hist.* 46, no. 3 (2011): 293–318; Stephen C. Kenny, "Capturing Racial Pathology: American Medical Photography in the Era of Jim Crow," *Amer. J. Pub. Health* 110, no. 1 (2020): 75–83.

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

medical conditions as well as colonized bodies as fundamentally "other" in contrast to the "the silent norm" of the "temperate world."[5]

This popular reading of colonial clinical images is one that this article seeks to put to the test. Rather than focusing on material with explicit exotic coding of this kind, the discussion here interrogates the uncertain place of race as it emerges in a collection of clinical photographs produced in Cape Town during the twentieth century. The photographic material in question was made and used in segregated teaching hospitals between 1920 and 1967, a period in which racial categorization and race-based segregation were becoming ever more entrenched in state bureaucracy. However, while Cape Town's clinical spaces were both discursively and materially divided along racial lines (as well as those of gender, age, and disease), the photographs addressed here carry little to no overt reference to race in their depictive strategies, organization, or annotations. Instead, they appear to elide this racialized context. They thus complicate existing readings of colonial medical imagery.

The case study presented here is a comprehensive visual repository of clinical photographs produced by the Department of Surgery in the first half of the twentieth century for the education of local surgical students as well as for international publication in presentations, medical journals, and textbooks. In their published form, the photographs circulated internationally and were presented by their authors, Charles Frederick Morris Saint and James Rutherford Morrison, as well as their reviewers as useful to students of surgery across the globe, not just those in South Africa. To make sense of the elisions as well as the subtle and covert references to race in both the archival collection and the photographs in published form, I draw attention to material and ideological factors. These include regional

[5] Stepan, *Picturing Tropical Medicine* (n. 4), 157.

demographic characteristics, national tensions in racial differentiation, global understandings of medicine as a universal science, and the aspirations of locally based medical professionals in this period.

The article treats both the photographs and the surgical textbook as a "literary technology of virtual witnessing."[6] In essence, I take the archival collection and the publications as artifacts or as visual source material to be analyzed. The framing of the photographs and textbooks as vehicles "for constituting matters of fact"[7] is done with the aim of deciphering the local as well as international function of clinical photographs produced at Cape Town's medical school.

This means two modes of situating: First, the production of clinical photographs in a South African institution of academic medicine and the broader context of the segregationist period (1910–1948) is required to provide a glimpse of the race-based dynamics at work. Second, a close reading of the photographs in the archive, as well as their reproduction and circulation, allows for special attention to be given to the parameters of making (universal) medical knowledge through photographs for an international audience. National, regional, and institutional attitudes toward racial differentiation and disease are thus engaged. Ultimately, I argue that avoiding explicit references to race in the visual language and textual description of clinical cases in Cape Town was motivated by a desire for international relevance of medical knowledge acquired locally. For clinical photographs to circulate and serve a broad function of surgical study across the globe, race necessarily operated as what I call an "elusive

---

[6] Steven Shapin and Simon Schaffer, *Leviathan and the Air-Pump: Hobbes, Boyle, and the Experimental Life* (Princeton, N.J.: Princeton University Press, 1985), 61.
[7] Ibid., 60.

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

signifier" in that it is both present and absent and thereby divergently legible in different geopolitical contexts.

"Clinical Teaching Material" at Cape Town's Medical School

The Department of Surgery of Cape Town's burgeoning medical school was established in 1920 and was one of the first three divisions in the country to offer a full clinical curriculum (via the study of living patients). While other British settler colonies, including Australia, New Zealand, and Canada, had established medical schools by the latter half of the nineteenth century, there had remained a hesitancy to embrace local clinical training in South Africa. This, Howard Phillips argues, was largely due to the lack of "the personnel required to provide the necessary training, . . . the facilities for adequate clinical instruction," the fear "that a colonial medical education was inherently third-rate," and concerns that inferior practitioners would "swamp" the medical market.[8] As a result, until the twentieth century, aspiring South African doctors sought medical education overseas, most notably in Edinburgh. However, the early twentieth century saw a call for greater intellectual independence from Britain as evidenced by growing unionism. In this context, scientific endeavors became a vehicle for a form of patriotism in their own right and sought to cut through the personal and political by exposing the universal truths of nature. This understanding of science as objective and value-neutral was harnessed by Prime Minister Jan

[8] Howard Phillips, "Home Taught from Abroad: The Training of the Cape Doctor, 1807–1910," in *The Cape Doctor in the Nineteenth Century: A Social History*, ed. Harriet Deacon, Howard Phillips, and Elizabeth van Heyningen (Amsterdam: Rodopi, 2004), 125–26.

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

Smuts, who, during his tenures (1919–1924 and 1939–1948), used science as an ideological tool and rhetorical device to forge institutional ties across imperial and white ethnic divides.[9]

The founding of Cape Town's medical school was imbedded in these attempts to forge a sense of scientific South Africanism.[10] Advocacy for local medical education fed into a broader quest for a national university and a break from imperial dependency.[11] By incorporating medical training into its fold, it was held that Cape Town's existing South African College (SAC)[12] would be anointed with "academic respectability" due to medicine's status as being at "the very cutting edge of science."[13] However, in order to compensate for concerns about the quality of local education, the country's first medical school modeled itself on the norms of medical education in the metropole but extended the full medical curriculum by a year.[14] In addition, the first heads of all clinical divisions were recruited from Britain in order to imbue the medical school with the intellectual scientific authority of the empire.[15]

Still, the newly established medical school had to contend with concerns that its core teaching facility, the New Somerset Hospital (NSH), offered only a small number and a

---

[9] Saul Dubow, *A Commonwealth of Knowledge: Science, Sensibility, and White South Africa 1820–2000* (Oxford: Oxford University Press, 2006).
[10] Elizabeth van Heyningen, "'Regularly Licensed and Properly Educated Practitioners': Professionalisation 1860–1910," in Deacon et al., *Cape Doctor in the Nineteenth Century* (n. 8), 195–223.
[11] Ibid., 200.
[12] SAC was to become the University of Cape Town (UCT) in 1918. Howard Phillips, *The University of Cape Town 1918–1948: The Formative Years* (Cape Town: UCT Press, 1993).
[13] Phillips, "Home Taught from Abroad" (n. 8), 127.
[14] Phillips, *University of Cape Town* (n. 12), 138.
[15] Anne Digby, "Making a Medical Living: The Economics of Medical Practice in the Cape c. 1860–1910," in Deacon et al., *Cape Doctor in the Nineteenth Century* (n. 8), 249–81; Anne Digby, *Diversity and Division in Medicine: Health Care in South Africa from the 1880s* (Oxford: Peter Lang, 2006); Phillips, *University of Cape Town* (n. 12).

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

limited range of patients for medical students to study.[16] Indeed, the Colonial Medical Council complained outright in 1910 that South Africa "had not the material for teaching, material which, in older countries had been accumulated for ages."[17] This would be confirmed retrospectively by the medical school's first head of surgery, Charles Frederick Morris Saint, who noted that, upon his arrival in Cape Town, "clinical teaching material was at first very sparse."[18]

Saint is a significant figure in the history of South African surgery and was to be a key contributor in bridging this gap in teaching material at South Africa's first medical school.[19] Here he began his local career as surgical chair in March 1920 at the age of thirty-three. Born, raised, and trained in England, Saint (like his fellow clinical heads) brought a British medical pedigree and scientific respectability to Cape Town's local curriculum. Having graduated from Durham in 1908 and worked as house surgeon, surgical registrar, and private assistant to (James) Rutherford Morison, Saint was intimately embroiled in the practices and methods of his mentor—a general practitioner turned surgeon.

Although surgery is often associated with the act of operation and excision, Morison endorsed an approach that emphasized the clinical and pathological dimensions of a surgeon's work. In essence, he highlighted the importance of reading the physical signs of surgical

---

[16] Phillips, "Home Taught from Abroad" (n. 8); Jan H. Louw, *In the Shadow of Table Mountain: A History of the University of Cape Town Medical School and Its Associated Teaching Hospitals Up to 1950* (Cape Town: Struik, 1969).

[17] Phillips, "Home Taught from Abroad" (n. 8), 128.

[18] Charles F. M. Saint, "Some Recollections of the Early Days of the Medical School, Cape Town," *South Afr. Med. J.* 37, no. 3 (1963): 49–51.

[19] Saint gained the moniker of the "father of South African surgery" in this country. In the opinion of Jan "Jannie" Hendrick Louw, by the time of Saint's retirement in 1946, 1,300 students had passed through his hands; Saint's teachings had, in Louw's words, "permeated far through the wide lands of Southern Africa and spread beyond the seas," thus leaving behind "a living memory." Louw, *In the Shadow of Table Mountain* (n. 16), 360–62.

diseases (how pathology was made visually manifest on the outside appearance of the living patient).[20] This study of *clinical surgery* was coupled with the careful study of *surgical pathology* based on identifying gross signs of disease in an excised organ (essentially, the "reverse" of clinical or "bedside" diagnosis).[21]

Surgical practice and pedagogy of this kind were transposed to Cape Town through the figure of Saint. Like his mentor Morison, Saint privileged careful attention to diagnosis and good judgment that would, ideally, exclude the need to operate. As he suggested in his inaugural lecture, operations should be used only as "a last resort,"[22] and rather than "always cutting people up,"[23] Saint argued that the work of a surgeon should first and foremost focus on diagnosis and prognosis—the identification of disease and its progression.

Saint's approach was a fundamentally "holist" one that entailed "a celebration of bedside diagnostic skill"[24] and privileged clinical observation, the naked eye as a key medical instrument, and the deductive reasoning of the clinician.[25] With limited "material" available in the wards of NSH and without a legacy of historical exemplars, Saint actively collected wet

---

[20] The term "surgical disease" was used contemporaneously to denote conditions that could be treated through surgical intervention such as a surgical operation. While the surgical discipline today is often automatically associated with undergoing surgery, general surgery placed significant emphasis on clinical diagnosis or pathological identification of these diseases during the nineteenth and twentieth centuries.

[21] Gross examination includes the study of pathology specimens with the "naked" or rather unaided eye (also referred to as a macroscopic investigation), unlike the apparatus-assisted study of tissue under the microscope (histology).

[22] Charles F. M. Saint, "An Address on Surgery—Good and Bad," *Brit. Med. J.* 2, no. 3122 (1920): 649–53, 651.

[23] Ibid., 649.

[24] Christopher Lawrence, "Still Incommunicable: Clinical Holists and Medical Knowledge in Interwar Britain," *in Greater Than the Parts: Holism in Biomedicine, 1920–1950*, ed. Christopher Lawrence and George Weisz (New York: Oxford University Press, 1008), 94–111, 94.

[25] Ibid., 98, 103.

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

pathology specimens for surgical teaching.[26] It was alongside this collection that his division further initiated the making of clinical photographs to foster a diagnostic skillset for students to examine surgical patients.

Indeed, medical collections—be these in the form of specimens, models, or images—were particularly valuable in new clinical training contexts of this kind. They served to compensate for a lack of "clinical material" (patients and their bodies) and served to bridge medical knowledge learned in theory (in lectures and textbooks) and in practice (in the ward round).[27] In addition to supplementing clinical training, an established collection also demonstrated institutional stature. As Mike Sappol shows, the "availability of anatomical 'material' often decided the success of a medical college" in new medical teaching terrains.[28] In Cape Town, it was Saint in the Department of Surgery who would initiate the making of simultaneously particular and universal clinical teaching material for South Africa's students of surgery.

The photographs produced by Saint's department were created during a period in which emerging segregationist measures were becoming ever more narrowly defined and bureaucratically entrenched within South Africa. Until the 1920s, "race" frequently featured in parliament as a concern about the divide between English and Afrikaans-speaking whites.[29]

---

[26] Louw, *In the Shadow of Table Mountain* (n. 16), 178; Charles F. M. Saint, "The Aphorism in the Teaching of Clinical Surgery as Illustrated in Biliary Attacks and Jaundice," *South Afr. Med. J.* 28, no. 23 (1954): 471–73, 471.

[27] Stephen C. Kenny, "The Development of Medical Museums in the Antebellum American South: Slave Bodies in Networks of Anatomical Exchange," *Bull. Hist. Med.* 87 (2013): 32–62; Erin H. McLeary, "Science in a Bottle: The Medical Museum in North America, 1860–1940" (Ph.D. diss., University of Pennsylvania, 2001).

[28] Michael Sappol, *A Traffic of Dead Bodies: Anatomy and Embodied Social Identity in Nineteenth-Century America* (Princeton, N.J.: Princeton University Press, 2002), 4.

[29] William Beinart and Saul Dubow, *The Scientific Imagination in South Africa: 1700 to the Present* (Cambridge: Cambridge University Press, 2021).

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

During the early twentieth century efforts to secure political independence from Britain and control over the country's mineral wealth were sought by consolidating the region's individual colonies—the Boer Republics of the Orange Free State and Transvaal as well as the British-governed Natal and Cape—into a single state.

Such efforts found expression in calls for solidarity among "the European races in South Africa"[30] in order to overcome linguistic, economic, and political fissures among the white population.[31] Thus, the Union of South Africa was established in 1910 on the principle of white power, the accommodation of both English and Afrikaner interests, and a political rhetoric espousing the benefits of a united settler-colonial front. As greater emphasis was placed on uniting South Africa's "white races," efforts were made to legislatively regulate and ultimately segregate whiteness from blackness across South Africa. An increasing sense of white unity was constructed through new understandings of race, with the 1920s and 1930s witnessing an upsurge of segregationist rhetoric.[32]

However, notions of race remained unstable and race-based divisions permeable into the mid-twentieth century. Racial categorization prior to 1948 was characterized by "rather chaotic legal pluralism" that saw designations variously based on an individual's appearance, ancestry, language use, cultural habits, social acceptance, and residence.[33] Inherent uncertainty surrounding strict differentiation therefore functioned alongside the belief that someone's place within South Africa's racial hierarchy was conspicuous, legible, and obvious. Race was, in Deborah Posel's phraseology, "commonsense" in that it was less

---

[30] Dubow, *Commonwealth of Knowledge* (n. 9), 198.
[31] Saul Dubow, *Racial Segregation and the Origins of Apartheid in South Africa, 1919–36*, (London: Palgrave Macmillan, 1989), 22.
[32] Ibid.
[33] Ibid., 90.

scientific and measurable than it was based on aesthetic impressions, popular assumptions, and a kind of socialized gut instinct.

In the Cape, regional attitudes around race compounded these segregationist uncertainties. Cape Town had historically held a constitutional remit of nonracialism that meant this city's nineteenth-century citizens "believed in the superiority of European civilisation" while holding that "blacks could change and become like whites—and that such a change was necessary for the economic development of the Colony."[34] Often class, rather than race, determined the rights of Capetonians into the first decades of the twentieth century.[35] Racial intermixing and strict separation thus coexisted with segregation often operating in a "de facto" manner.[36]

This too held for the Cape's medical facilities where nineteenth-century hospitals were frequently reorganized according to changing diagnostic, gender, or class requirements.[37] Flexible segregationist tactics of this kind continued to echo in the twentieth-century planning, construction, and operations of the Old Groote Schuur Hospital (OGSH) that was to take over from the NSH as Cape Town's main clinical teaching facility in the late 1930s.

---

[34] Vivian Bickford-Smith, "South African Urban History, Racial Segregation and the Unique Case of Cape Town?," *J. Southern Afr. Stud.* 21, no. 1 (1995): 63–78, 68.
[35] Beinart and Dubow, *Scientific Imagination in South Africa* (n. 29); Dubow, *Racial Segregation and the Origins of Apartheid* (n. 31); Deborah Posel, "Race as Common Sense: Racial Classification in Twentieth-Century South Africa," *Afr. Stud. Rev.* 44 (2001): 87–113.
[36] Both then and now, this is frequently referenced as "the 'great tradition' of Cape liberalism" that saw racial difference in need of constant negotiation in the social, political, and institutional sphere. Bickford-Smith, "South African Urban History" (n. 34), 67.
[37] Harriet Deacon, "Racial Segregation and Medical Discourse in Nineteenth-Century Cape Town," *J. Southern Afr. Stud.* 22 (1996): 287–308; Harriet Deacon, "Racial Categories and Psychiatry in Africa: The Asylum on Robben Island in the Nineteenth Century," in *Race, Science and Medicine, 1700–1960*, ed. Waltraud Ernst and Bernard Harris (London: Routledge, 1999), 101–22; Harriet Deacon, "Racism and Medical Science in South Africa's Cape Colony in the Mid- to Late Nineteenth Century," *Osiris* 15 (2000): 190–206; Johann Louw and Sally Swartz, "An English Asylum in Africa: Space and Order in Valkenberg Asylum," *Hist. Psychol.* 4 (2001): 3–23.

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

Unlike other parts of the country that separated patients of color from white patients by building native hospitals, the design of the OGSH (finalized in 1929) saw it set to house patients across racial divides.

But increasing desire for racial division was taking hold: the hospital's structure was to be "symmetrically and equally divided" into wards for "Europeans" (whites) and "Non-Europeans" (all people of color) with separate entrances to ensure that patients and publics entered without making visual or spatial contact across racial lines.[38] Physical, visual, and bureaucratic differentiation was pervasive, with crockery and blankets color-coded, and patient files bearing clear indications (in text and in color) demarcating race-based divisions.[39]

With the opening of the OGSH in 1938 came the establishment of a fixed and professional space for clinical photographic work.[40] Photographs produced in this context are revealing of photographic practice and aesthetic traits in line with emerging norms of clinical photography in Europe and North America during the first half of the twentieth century. Indeed, until the 1940s, those practicing clinical photography in South Africa would have either been self-trained or studied their specialty overseas, with some even enrolling as members of photographic societies in England and the United States.[41] This global influence is evidenced by the array of journals and textbooks published by photographic companies

---

[38] Louw, *In the Shadow of Table Mountain* (n. 16), 321–22.
[39] Howard Phillips, "White Coats and Stethoscopes: Doctors and Medical Students at GSH," in *At the Heart of Healing: Groote Schuur Hospital, 1938–2008,* ed. Anne Digby, Howard Phillips, Harriet Deacon, and Kirstin Thomson (Johannesburg: Jacana media, 2008), 193–214.
[40] Michaela Clark, "Curating the Clinical: Surgery and the Politics of Photographic Representation in Twentieth-Century Cape Town" (Ph.D. diss., University of Manchester, 2024).
[41] Arthur D. Bensusan, "19th Century Photographers in South Africa," *Africana Notes & News* 15 (1963): 219–52; Arthur D. Bensusan, *Silver Images: History of Photography in Africa* (Cape Town: Howard Timmins, 1966).

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

(such as Kodak and Ilford) present in the OGSH's archive today. But this is also reflected in the visual language of the photographs produced at this facility.

The images show patients evenly lit, with symptoms carefully centered within the image frame. The photographs are taken indoors with patients positioned against a blank backdrop. There is a clear use of an artificial light source (suggesting the use of lighting equipment rather than natural sunlight), significant attention is paid to how bodies are illuminated (how lighting was used), and patients are frequently seen either naked or dressed in hospital-issue attire. In addition, those imaged are repeatedly posed in frontal and profile view, with more than one photograph working together to give a comprehensive impression of the clinical signs described in annotations (figure 1). Image clarity and a consistent use of camera angle further create a standardized visual language.

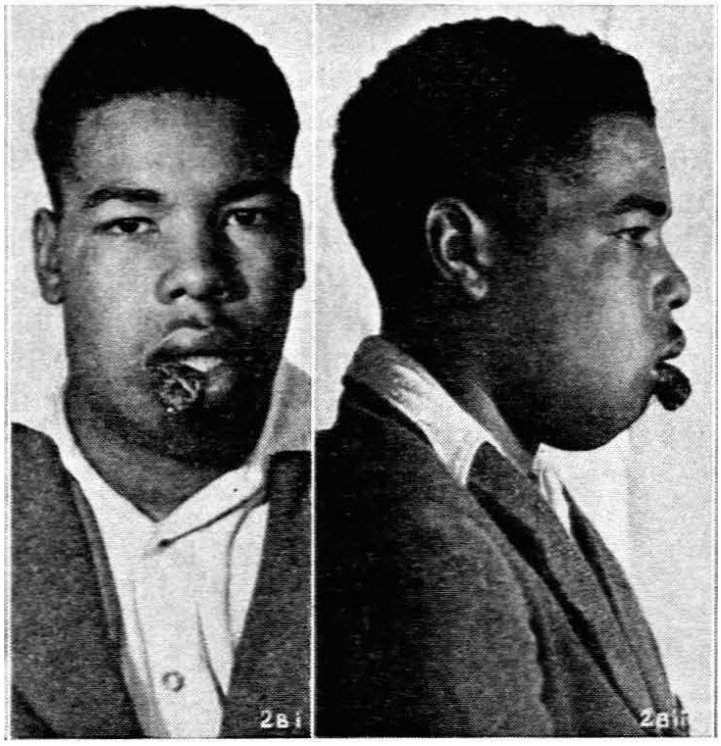

Figure 1. Patient with syphilitic chancre on lip, wearing standard in-patient hospital attire, with decontextualized studio backdrop, and imaged in front and profile view. Published in Charles F. M. Saint, "A Clinical Atlas—Swellings of the Neck: The Submaxillary Triangle," *South African Medical Journal* (1949): 991–99, 992.

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

The standardized style also sees patients stripped of contextual markers. Rather than coded as overtly colonial, decontextualizing and neutralizing procedures of angle, focus, background, and dress serve to limit attention to the symptomatic site. Cultural as well as environmental features were thereby removed from view rather than harnessed or even emphasized to suggest an exotic locale. As such, the material differs significantly from photographs produced and used as colonial case studies within the terrain of tropical medicine.[42]

Situated in the temperate, urban hospital space within the city of Cape Town, the visual language of the Department of Surgery's photographic collection resembles that of material made in the metropole. While race was a notable social, bureaucratic, and political feature at the OGSH, it appears to ebb from pedagogical and diagnostic importance within this material. Instead of highly racialized, the photographs showcase the depictive norms of Western medicine, troubling historiographical frameworks of colonial medical imagery as primarily pathologizing.

This stands in sharp contrast to the increasingly segregationist realities of the country and the Cape at the time of these photographs' making. For one, the photographs indicate that all patients (regardless of race) were imaged in the same studio space, demonstrating that this facility remained largely unsegregated even though the OGSH sought to ensure racial divides.[43] While race was a crucial indicator in the hospital's bureaucratic and material

---

[42] Stepan, *Picturing Tropical Medicine* (n. 4); Hattori, "Re-membering the Past" (n. 4); Kenny, "Capturing Racial Pathology" (n. 4).

[43] Despite clear lines of separation at the level of protocol, there was a sharing of space in facilities that required expensive equipment such as in radiographic centers and operating theaters. Anne Digby, "From Racial Segregation Towards Transformation," in Digby et al., *At the Heart of Healing* (n. 39), 103–32. The handling of a large flow of patients in outpatient departments too led to the informal use of common, unsegregated space (such as hospital hallways) as informal waiting areas. GSH

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

culture, the photographic records also do not bear the marks of racial categorization.[44] The backs (or versos) of the photographs within the archive are frequently annotated with the date, the patient's name and age, and their diagnosis. A patient's racial designation, however, is notably omitted.

This is unusual as racial difference was a fundamental feature of medical literature emerging from South Africa during the mid-twentieth century. For instance, articles published in the local *South African Medical Journal* during the 1930s and 1940s frequently made mention of "Bantu diseases,"[45] while reports emerging from the Cape region honed in on disease occurrence in the so-called Cape Coloured population.[46] Saint himself made mention of race as medically relevant in his various articles as well as in a heavily illustrated textbook discussed later in this paper.

The omission of a racial classification in the photographic collection suggests that the patient's race was deemed self-evident—legible both in the body and in the photographic

---

Committee of Enquiry, "Inquiry into Organisation and Administration of Groote Schuur Hospital: Third and General Report" (1949). This appears to have been the case also in relation to the production of clinical photographs at this institution.

[44] One explanation for this may be that the photographs carry personal as well as clinical and institutional indicators that, together, could have provided an overall impression of a patient's racial designation. These include their name (carrying potential hints at ethnicity) as well as the ward (segregated along lines of race, gender, and medical department) to which those depicted were assigned. Coupled with the patient's general appearance in the photograph, such features may have been enough for the clinical viewer (white staff and students) to confidently deduce the patient's assigned racial group without the need for it to be noted explicitly. In addition to race, sex is also an omitted descriptor despite its clinical significance—similarly suggesting that the information available (in the image and supporting text) was enough to deduce this demographic attribute. It gives credence to my interpretation with regard to the reading of race in the photographs.

[45] Michaela Clark, "Visualising Medical Knowledge: Photographing Patients in Twentieth-Century Cape Town," in *The Politics of Knowledge in the Biomedical Sciences: South/African Perspectives*, ed. Jonathan Jansen and Jess Auerbach (Cham: Springer, 2023), 15–43.

[46] Michaela Clark, "Syphilis, Skin, and Subjectivity: Historical Clinical Photographs in the Saint Surgical Pathology Collection" (M.A. thesis, University of Stellenbosch, 2017).

image. Indeed, a patient's sex is another feature that does not receive a written description on the photographic cards. Coupled with the patient's general appearance in the photograph, both race and sex may have been thought obvious. Neither needed to be noted explicitly—just *seeing* the patient could have been sufficient for the local student of surgery imbricated in the habitus of the hospital and South Africa's racialized norms to deduce whether a patient was from the "European" or "Non-European" wards.

Indeed, while the hospital may have *spatially* separated patients into only two population groups, the state and much of the hospital's paperwork demarcated additional difference along racial lines. In Cape Town, Black Africans were in a demographic minority for much of the nineteenth and twentieth centuries,[47] resulting in the city's medical officials and much medical literature focusing their attention on the "problem" of the colored population.[48] Although politically located as less than "European," those categorized as "Coloured" were not quite "black enough" (both scopically and socially) for the kind of spatial separation, uprooting, and relocation experienced by "Natives" (Black Africans).[49] Indeed, so vague was this racial category that the apartheid government would eventually define a person attributed to this population group as someone "who is not a white person or a native" and who "is generally accepted as a coloured person."[50]

---

[47] For demographic data, see Susanne Klausen, *Race, Maternity, and the Politics of Birth Control in South Africa, 1910–39* (Hampshire: Palgrave Macmillan, 2004), 74.
[48] Clark, "Syphilis, Skin, and Subjectivity" (n. 46).
[49] See Maynard W. Swanson, "The Sanitation Syndrome: Bubonic Plague and Urban Native Policy in the Cape Colony, 1900–1909," *J. Afr. Hist.* 18 (1977): 392–93.
[50] Union of South Africa, Population Registration Act, no. 30, section 1(xv), (x) and (iii). (Government Gazette, 1950), 276–99, 277. For more on the construction of this racial category, see Handri Walters, "Racial Classification and the Spectre that Haunts," in *Race in Educational Contexts*, ed. Gerhard Maré (Stellenbosch: SUN Press, 2019), 111–135, and Cyrill Walters and Jonathan Jansen, "A Troubled Body of Knowledge: The Durability of Racial Science in Human Anatomy Research in South Africa," *Comparative Education Review* 66, no. 1 (2022): 1–18.

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

In this context, in which ideologies of racial difference and practices of racial segregation were becoming ever more explicit, a photographed subject's racial identity was deemed sufficiently obvious to local viewers that overt reference to it was not necessary. Yet this omission not only catered to the understandings of South African medical students but in fact opened the material to a global readership. This becomes clear from a close examination of how the photographs were deployed in medical publications.

Universal or Local: Two Introductions to (Clinical) Surgery

As discussed above, the training of general surgeons in the late nineteenth and early twentieth centuries placed significant emphasis on the clinical and thus diagnostic dimensions of a surgeon's work. A ready advocate for clinical surgery, Saint's mentor, Morison, espoused this method in his publication *An Introduction to Surgery* (1910). This was a text richly illustrated with medical diagrams of organs, detailed color drawings of body parts, X-ray reproductions, histological images, and clinical photographs, all reflecting Morison's experience at Newcastle upon Tyne's Royal Victoria Infirmary.[51]

While produced in a British hospital and medical school, the case studies presented in the book were not to be seen as limited to this context. As the author proclaimed in his text, the visual and written illustrations were to assist students in studying "General Principles" and in understanding the "universal application" thereof.[52] However, the surgical subjects covered and photographs used in *An Introduction to Surgery* (1910) unsurprisingly lean toward European notions of disease. Topics covered include inflammation, bacterial infection, ulcers,

[51] RCS, "Morison, James Rutherford (1853–1939)," in *Royal College of Surgeons of England: Plarr's Lives of the Fellows* (2013).
[52] Rutherford Morison, *An Introduction to Surgery* (Bristol: John Wright and Sons, 1910), preface.

gangrene, contagious and malignant diseases, wounds, the abdomen, and reasons to operate. They also showcase the usefulness of X-ray images for surgical diagnosis. This occurs to the exclusion of "tropical" conditions. In this text, the Western world is the stage for standard notions of both surgical disease and surgical practice, thus forming a universal basis of surgical education drawn from European experience.

In spite of being taken from specific, localized cases, the examples discussed in *An Introduction to Surgery* (1910) were to provide the reader with broad knowledge and a widely applicable skillset from Morison's book. And, indeed, this publication became "the basis of surgical teaching throughout the British Empire."[53] In Cape Town too, Saint introduced this (his mentor's) textbook as a key component of the local medical curriculum.[54] The pedagogical emphasis on clinical signs it espoused was similarly put into practice by Saint via his "Tuesday morning lectures" when sixth-year students presented outpatient cases to their teacher and peers. It was his conversion of a small departmental cupboard into a darkroom that would see his clinical approach first translated into photographic form.[55]

In addition to serving as teaching aids, the photographs produced by the Department of Surgery were to form a fundamental part in the publication record of Saint. Indeed, Saint began to contribute his writing and his South African photographs to later prints of Morison's textbook. Coauthored by Morison and Saint, the third and fourth editions of *An Introduction to Surgery* (published in 1935 and 1948, respectively) include photographs sourced from Cape Town's medical school. These were used in the sections of the book related to "basic

---

[53] Louw, *In the Shadow of Table Mountain* (n. 16), 177.
[54] The publication was one of only five prescribed to Cape Town's surgical students in 1921. University of Cape Town, *University of Cape Town General Prospectus* (Cape Town: Townshend, Taylor and Snashall, 1921), 43.
[55] Saint, "Some Recollections" (n. 18).

principles" and "common conditions" such as shock, infection, fever, as well as venereal and malignant diseases.

Like its previous versions, the 1935 and 1948 editions continue to perpetuate the key aim of its predecessors—to offer a general introduction to surgery for *all* surgical students. Their exposition of surgical diseases demonstrates clear leanings toward Western temperate norms of diagnosis and treatment. However, unlike the former editions of the book that feature scopically white patients, the addition of photographs from Cape Town sees the inclusion of patients spanning racial groups. This includes photographs produced at the NSH (the medical school's first core teaching facility) that were made without access to a designated photographic studio or the professional equipment that the opening of the OGSH in 1938 would bring.

In the earliest images, patients can be seen to have been photographed with a portable commercial handheld roll-film camera outside the outpatient ward or "tin-shanty" of the NSH.[56] The archival images show patients of various shades situated in this context: they are illuminated by natural sunlight and pictured in urban gardens or against walls of corrugated iron, raw brick, or white plaster. They are frequently imaged in their own attire, unbuttoning, hiking up, or otherwise maneuvering their clothes to reveal the afflicted area of their body. All of this is heavily suggestive of the particular clinical locale while also offering hints to a patient's lived experience.[57] As black-and-white images, these technical and contextual

[56] Louw, *In the Shadow of Table Mountain* (n. 16). The hospital had been open earlier and sporadically harnessed for medical training (observing surgery, postmortems), but it became an official teaching institution for the emergent medical school only in 1918.

[57] A close engagement with this dimension of the photographs is beyond the scope of this study. However, scholars such as Katherine Rawling, Caroline Bressey, Rory du Plessis, and Susan Sidlauskas demonstrate the usefulness approach in reading medical photographs against institutional frameworks. Susan Sidlauskas, "Inventing the Medical Portrait: Photography at the 'Benevolent

conditions also render skin color highly ambiguous. The harsh sunlight, dark shadows, irregular gradations of tone and contrast, as well as juxtaposition of flesh and fabric in various colors and textures make associating a racial category with any person depicted highly problematic.

Questions of racial difference and the material's Cape origins do not appear to have been of concern to the authors of *An Introduction to Surgery* (1935, 1948) as neither feature is ever mentioned in the text. Moreover, many of the photographs' contextualizing details were removed for publication purposes. They are carefully cropped to focus attention around the site of pathological interest, to the exclusion of erroneous personal detail. They have also been edited in the darkroom to remove spatial reference points such as shrubbery, textured walls, or glimpses of furniture (see figures 2–3). Through such strategic modes of selection and redaction, the material is decontextualized as patients are depicted as if floating in space—their bodies surrounded by a flat sea of white or gray.

Asylum' of Holloway, c. 1885–1889," *Med. Human.* 39 (2013): 29–37; Katherine D. B. Rawling, "'She Sits All Day in the Attitude Depicted in the Photo': Photography and the Psychiatric Patient in the Late Nineteenth Century," *Med. Human.* 43 (2017): 99–110; Caroline Bressey, "The City of Others: Photographs from the City of London Asylum Archive," *Interdiscip. Stud. Long Nineteenth Cent.*, no. 13 (2011); Rory F. du Plessis, "Beyond a Clinical Narrative: Casebook Photographs from the Grahamstown Lunatic Asylum, c.1890s," *Crit. Arts* 29, no. 1 (2015): 88–103.

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

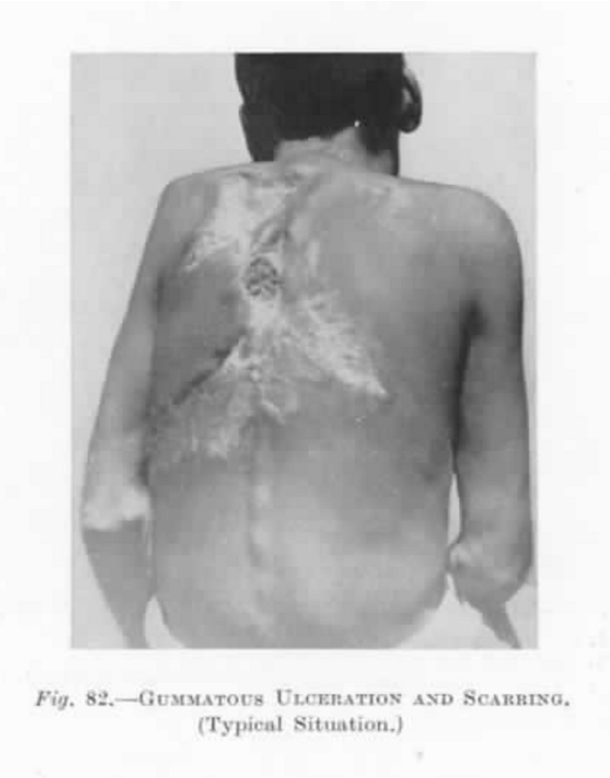

Figure 2. Patient with extensive burn scar with background removed. In Rutherford Morison and Charles F. M. Saint, *An Introduction to Surgery*, 3rd ed. (Bristol: John Wright and Sons, 1935), 162.

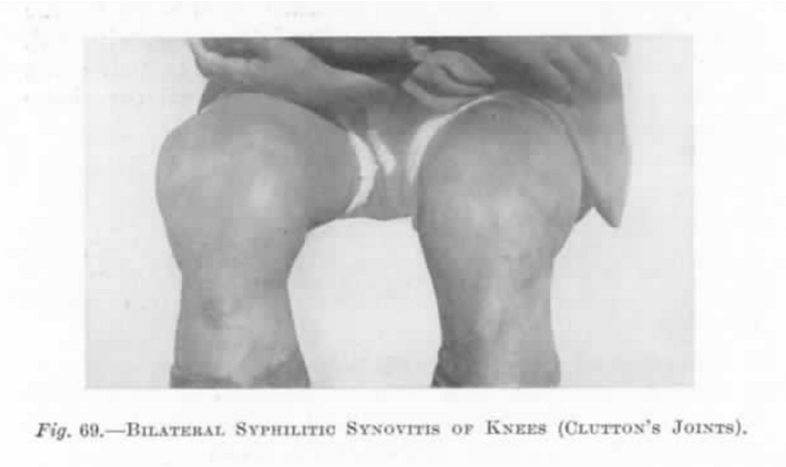

Figure 3. Patient diagnosed with syphilis with background removed. In Rutherford Morison and Charles F. M. Saint, *An Introduction to Surgery*, 3rd ed. (Bristol: John Wright and Sons, 1935), 154.

Editing practices of this kind were not uncommon in medical textbooks. Indeed, ensuring the invisibility of the context concerning a photograph's making was an aesthetic

tool of scientific depiction.[58] It serves to make an image appear timeless and as if it created itself (without human intervention). The resulting published photograph is thus devoid of contextualizing distractions, allowing it to be read as universal, timeless, and thereby objective visual evidence, wielding scientific authority.[59]

In the coauthored *An Introduction to Surgery* (1935, 1948) these strategies similarly offer the visual and textual contents of this text as timeless and outside of either geographical context or social concerns. The surgical cases presented are thereby rendered in apolitical time and space, utterly removed from the racialized origins of the images presented therein. And this is precisely how the text was received: as international reviewers touted, Morison and Saint's text was said to have provided an exceptional outline of "general principles and their application . . . helped by numerous illustrations of a high value."[60] Rather than rooted in the Cape or South Africa, this illustrative material perpetuated a key tenet of twentieth-century medicine—that no matter the origin, clinical evidence was clinical evidence.

However, this is not to say that race was fundamentally ignored. While Saint and Morison's joint textbook sought to actively elide reference to the southern African context from which much of the illustrative material was sourced, race appears to be taken into consideration with regard to the *exclusion* of certain material. This is best illustrated in

---

[58] Daston and Galison, *Objectivity* (n. 1); Barbara Maria Stafford, *Body Criticism: Imagining the Unseen in Enlightenment Art and Medicine* (Cambridge, Mass.: MIT Press, 1997).
[59] John Tagg, *The Burden of Representation: Essays on Photographies and Histories* (Minneapolis: University of Minnesota Press, 1988); Elizabeth Edwards, "Evolving Images: Photography, Race and Popular Darwinism," in *Endless Forms: Darwin, Natural Sciences and the Visual Arts*, ed. Diana Donald and Jane Munro (New Haven, Conn.: Yale University Press, 2009), 167–93; Amos Morris-Reich, *Race and Photography: Racial Photography as Scientific Evidence, 1876–1980* (Chicago: University of Chicago Press, 2016); Brian Wallis, "Black Bodies, White Science: Louis Agassiz's Slave Daguerreotypes," *Amer. Art* 9 (1995): 38–61; Maxwell, *Picture Imperfect* (n. 2).
[60] *PMJ*, review of *An Introduction to Surgery*, by Rutherford Morison and Charles F. M. Saint, *Postgraduate Med. J.* (1936): 29.

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

photographs from the source collection that did *not* make it into *An Introduction to Surgery* (1935, 1948), specifically the case with regard to the discussion of treatment for "malignant disease."

In the archive, there is a sizeable assembly of photographs that were produced at Cape Town's medical school between 1930 and 1934 to capture the effects of radiation treatment. These depict patients across racial groups showcasing cancerous lesions on the face and genitals including "Rodent Ulcers" (basal cell carcinoma) and "Epithelioma" (a malignant skin cancer). The photographs were made in pairs, with the first capturing the severity of the lesion prior to treatment (a "before" image), with a second taken to indicate the successes of radiation therapy (an "after" image). Frequently, these sequential photographs were placed together on the same card not only to articulate the particulars of the patient and their diagnosis but to showcase therapeutic efficacy and, ultimately, cure.

Many of these photographic pairs were published in Saint and Morison's *An Introduction to Surgery* (1935, 1948). However, despite the broad range of patients featured in the source collection, space in the book was reserved for those who are scopically white. The published versions are tightly cropped and positioned to focus the viewer's gaze first on the site of the lesion and then on the site of healing (figure 4). In the "before" images, the pathological site is clearly delineated by the heavy distortion and significant darkening of the skin by disease. The "after" images comparatively demonstrate how this pathological site has become smoothed and lightened as a result of treatment with radiation. Together, this visual pairing succeeds in communicating the return of diseased tissue to a healthy, prediseased state through medical means.

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

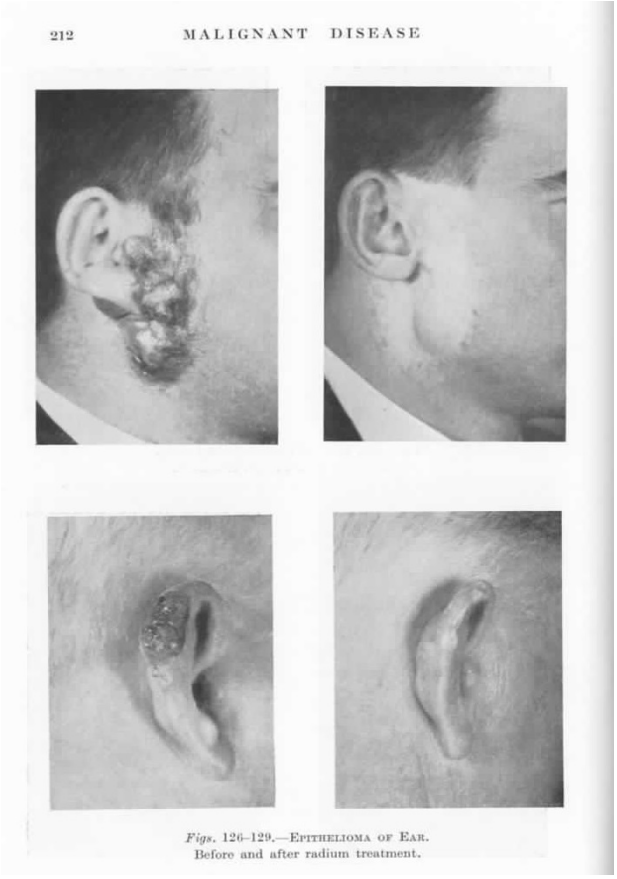

Figure 4. Tightly cropped views of patients diagnosed with and treated for epithelioma of the ear. In Rutherford Morison and Charles F. M. Saint, *An Introduction to Surgery*, 3rd ed. (Bristol: John Wright and Sons, 1935), 212.

Skin color plays a significant role in the ability of these photographs to communicate a return to health and offers an explanation as to why some photographs were selected for publication while others remained within the confines of the archive. One example in the source collection sees a dark-skinned patient showing conspicuous depigmentation of the pathological site after having undergone treatment for epithelioma of the ear.[61] This change in the skin appears to have been generally known, as contemporary publications on radiation therapy noted that such treatment was wont to leave "a markedly pigmented patch" on those

[61] This image is not included due to access restrictions.

with darker features.[62] Instead of a return of the patient's skin to its former pigmented appearance, this black-and-white photograph showcases a clear and somewhat jarring trace of the disease's previous location. There is, this photograph suggests, no return to a predisease state. The narrative of disease-equals-distortion and cure-equals-restoration as demonstrated in Morison and Saint's book can thus play out only in images of those with fair skin.

This use of photographs depicting scopically white patients over those featuring patients of color troubles some scholarly assumptions about colonial clinical photographs that suggest colonized subjects were more readily put on display than those deemed white.[63] As Nancy Leys Stepan argues, unlike the relative care expressed about the demonstration and circulation of photographs depicting European subjects, those patients not of European origins and diagnosed with "tropical" disease tended to be on "quasi-public display." In Stepan's words, these images were produced "in forms and in ways that would have simply been unacceptable had they involved diseased Europeans."[64]

This is not the case in the depiction of malignant disease within the pages of *An Introduction to Surgery* (1935, 1948), however. Here, it is the bodies of fair-skinned patients that are selected for international circulation. This suggests that the choice of photographs for publication sees primacy given to communicating medical success, not conflating race and pathology. But this is not always the case in Saint and Morison's book.

A careful look at the choice of photographs sourced from Cape Town's hospitals demonstrates the kind of bias suggested by Stepan when it comes to stigmatizing illnesses, specifically syphilis. While the first two editions of *An Introduction to Surgery* (1910, 1925)

---

[62] R. J. W. Charlton, "Radium Treatment of Superficial Lesions," *South Afr. Med. J.* 9, no. 24 (1935): 869–72, quotation on 871.
[63] Stepan, *Picturing Tropical Medicine* (n. 4).
[64] Ibid., 153.

feature photographs of venereal disease sourced from Britain, these scopically white patients are not only supplemented but supplanted by photographs of patients with a middling skin tone sourced from Cape Town's medical school. Showcasing severe late-stage or "tertiary" symptoms, including facial deformities, skin ulcers, damage to bones, and conspicuous malformations from birth, the later editions of Saint and Morison's text safeguard both white Europeans and white South Africans from public exposure.

Neither the third edition nor the fourth of *An Introduction to Surgery* (1935, 1948) sees mention made of race with regard to venereal disease or, indeed, any other stigmatizing "social disease." However, the replacement of conspicuously white European syphilis patients with South Africans that read as "Non-European" suggests a racial bias toward who was depicted as a bearer of this disease. While the conflatory rhetoric of race, immorality, and pathology does not appear in Saint and Morison's discussions of syphilis, the selective use of South African images suggests the infiltration of race-based discrepancies related to this disease.

Members of staff at Cape Town's medical school recognized and, indeed, fostered the notion that syphilis was particularly conspicuous in people of color. In South Africa, as elsewhere, syphilis was notoriously linked to questions of social deviance and racial difference, with sexual promiscuity and other forms of "immoral" conduct set up along racial lines. Women of color were deemed to pose a risk in spreading this disease to the country's mining workforce and white domestic population, resulting in the strict policing of those of African descent (in particular) through pass laws and compulsory medical examinations.[65] In

[65] Karen Jochelson, *The Colour of Disease: Syphilis and Racism in South Africa, 1880–1950* (New York: Palgrave, 2001).

Cape Town, this was regularly associated with that vague racialized "Cape Coloured" population that made up the majority of "Non-European" patients in Cape Town's hospitals.[66]

At the OGSH, it was not so much the prevalence as the severity of symptoms of "social diseases" witnessed in the Non-European wards that were remarked upon by a protégé of Saint, Jannie Louw.[67] As Louw vividly reminisced, during his tenure at the medical school

> visitors from Great Britain . . . were always fascinated to see . . . florid manifestations of tuberculosis and syphilis which had disappeared from the hospitals of Great Britain, Northern Europe and the United States of America since the early part of the . . . century. Although [these diseases] were to be seen in the corresponding wards for White patients, the clinical expression was much milder and more "sophisticated.[68]

In South Africa, sociopolitical factors played a fundamental role not only in disease occurrence but also in whose bodies were rendered visible to the public health system and teaching facilities. Indeed, people of color provided the majority of "clinical teaching material" to Cape Town's medical students. This was because, while white students were allowed to look at patients across racial divides, "Non-European" students were limited to the study and treatment "Non-European" patients.[69] In addition, significant overcrowding on this

---

[66] Clark, "Syphilis, Skin, and Subjectivity" (n. 46).

[67] Jan "Jannie" Hendrik Louw is commonly held in local medical circles as South Africa's "father of paediatric surgery." He trained at Cape Town's medical school and worked as head of the Department of Surgery from 1955 to 1981. In addition to his medical publication record, he also wrote the first comprehensive history of the medical school (Louw, *In the Shadow of Table Mountain*, n. 16), which outlines the teleological progress of this institution until 1950.

[68] Louw, *In the Shadow of Table Mountain* (n. 16), 349.

[69] Groote Schuur Hospital Archives (GSHA), Joint Medical Staff Advisory and Executive Committee Minutes, 30.4.1956, LETTER ON THE CONVERSION OF WARD F.4 TO A NON-EUROPEAN SURGICAL WARD (JH Louw), 11.5.1956, 2–3.

side of the hospital meant that an excess of patients (available for pedagogical use) was coupled with the disproportionate delivery of clinical care.[70]

This is made manifest in the books of Saint and Morison. While the racialized context and race-based discrepancies remain unspoken within the pages of *An Introduction to Surgery* (1935, 1948), they appear to play out in the choice of whose bodies are used to showcase stigmatizing disease. In Stepan's words, these images were produced "in forms and in ways that would have simply been unacceptable had they involved diseased Europeans."[71] While not explicitly framed along racial lines in Saint and Morison's text, the exclusive use of South Africa patients to depict syphilitic symptoms suggests a decisive act of selection in terms of whose bodies were made available for stigmatized exposure. As such, the photographs and editorial choices in both the third and fourth editions show instances where the book covertly conveys broader medical discourses that link pathology and race and point to the material realities of disease caused by social inequality in South Africa.

In terms of its reception, however, international reviewers generally remarked that both the third and fourth editions of *An Introduction to Surgery* maintained the ideals set forth in the book's previous versions. Both are presented and accepted as to offer fundamental and ultimately universal knowledge of the surgical discipline. Each denies the geopolitical setting in which the newly included clinical evidence originated. Despite racial discrepancies and selective display, the patients depicted are represented as exemplary "clinical teaching

---

[70] Laurel Baldwin-Ragaven, Jeanelle De Gruchy, and Leslie London, eds., *An Ambulance of the Wrong Colour: Health Professionals, Human Rights and Ethics in South Africa* (Cape Town: University of Cape Town Press, 1999); Digby, "From Racial Segregation" (n. 43); Howard Phillips, "The Waxing and Waning of a Golden Age, 1950–1986," in Digby et al., *At the Heart of Healing* (n. 39), 36–72; Howard Phillips and Kirsten Thomson, "The Gaze from Below: Patient Experiences," in Digby et al., *At the Heart of Healing* (n. 39), 135–57.

[71] Stepan, *Picturing Tropical Medicine* (n. 4), 153.

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

material" for any student, anywhere, studying the features of surgical diseases. And both texts were added to international libraries and reviewed by medical journals in the United Kingdom as well as the United States. The publications thus continued to be treated not as a custodian of exotic colonial examples but rather as a general source befitting European medical norms and thusly legible to an international audience.

The codification of photographs produced at Cape Town's medical school, as clinical and pedagogical resources, can thus be seen to have been fundamentally flexible. Neither scopic hints at racial difference seen in the middling tone of syphilis patients' skin nor the geographical location in the settler-colonial Cape foreclosed the use of any and all bodies for publication. The conflict between race-based and universal medical knowledge could thus be ignored by authors, publishers, and international readers.

Even when racial difference was scopically overt, the published text continued to elide this social marker as well as the geographical origin of the visual material used therein. A case in point is the coupling of three images (figure 5) illustrating a discussion of inexplicable yet significant and highly conspicuous swelling of the abdomen, "idiopathic dilation." The assembly is a triptych, including two clinical photographs each showing a different young male child, naked, their distended middles directed toward the center of the page. These act as near mirror images, providing an opportunity to relate the appearance of each to an affected region (either bladder or colon) and identify differences in the bodily presentation. The material is thereby used to showcase the physical signs that would be evident when engaging a living patient with either of these affected organs.

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

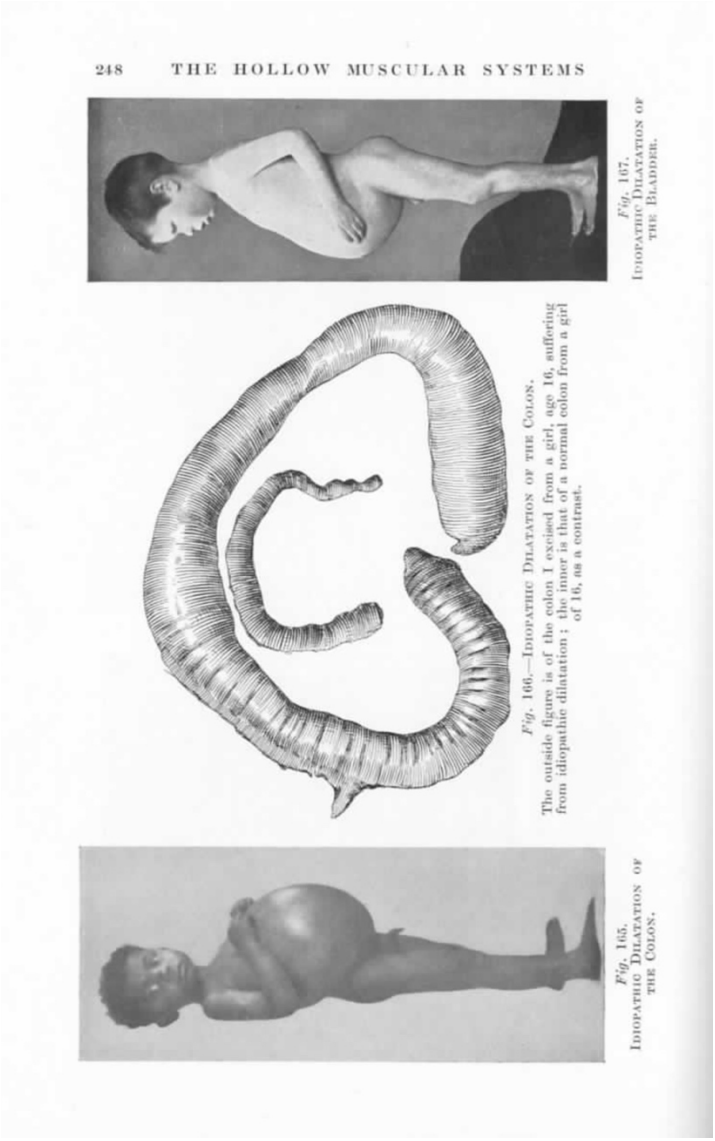

Figure 6. Triptych of patient photographs and an etching of healthy and pathological specimens to demonstrate "Idiopathic Dilation." In Rutherford Morison and Charles F. M. Saint, *An Introduction to Surgery*, 3rd ed. (Bristol: John Wright and Sons, 1935), 248.

As with the photographs discussed above, the backgrounds of these images have been flattened and erased, thus allowing no visual markers to anchor the context of either making.[72]

[72] The photograph on the right was sourced in Newcastle upon Tyne and first published in Morison's initial edition of *An Introduction to Surgery* (1910); the specimen was added to the second edition of the text (in 1925), while the photograph on the left was added to the third (1935) to create this constellation of images. This latter photograph was produced in Cape Town between 1934 and 1935.

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

However, there is a clear difference in the cutaneous appearance of the two children. The child featured on the right is rendered incredibly pale. Standing on an ambiguous black surface before a dark gray background, his skin appears almost translucent as it nears the same shade of white as the paper on which it is printed. In comparison, his partner photograph sees an inversion of this tonal relationship. The entire background (both wall and floor) is rendered a light gray through darkroom editing. The child's skin reads in stark contrast—his body and hair are dark, with the whites of his eyes and the light reflecting off his nose, cheek, upper arm, and belly serving as the brightest points. Together, this conspicuous tonal difference between the two children imaged is highly suggestive of racial difference.

Yet neither in the original photographic records held at Cape Town's medical school nor in the captions and body of *An Introduction to Surgery* (1935) is there any note on race or mention of racial designations. Race is thus present but unacknowledged. While visible, it remains medically elided—allowing the bodies (and the images) of both children to operate as universal clinical material that can be compared and combined to demonstrate a surgical condition.

This omission remains unusual, especially in light of other publications emerging from Cape Town's medical school during this period. Indeed, Saint himself was to follow up his joint publication record (under Morison) with his own manual for clinical surgery that *would* include contextual hints and reference points of a situated and racialized kind. With the majority of his experience gleaned in Cape Town, Saint produced his own textbook, *An Introduction to Clinical Surgery: Surgical Wherefores and Therefores, a Reasoned Explanation of Surgical Notetaking*, published by Cape Town and Johannesburg's Juta & Co. in 1945 and 1949. As made clear in its foreword, this text similarly set out to introduce students of surgery to the fundamental principles of the discipline through the presentation of

case studies. These again were presented by Saint as a means to foster a universal diagnostic skillset for examining surgical patients.

The second edition of this text (published in 1949) features almost five hundred figures, the vast majority of which are photographs sourced from the Department of Surgery in Cape Town. As in the jointly published *An Introduction to Surgery* (1935, 1948), the patients featured herein span racial categories and bear the photographs' decontextualized aesthetic of the professional hospital studio space. In their published form, they are once again heavily cropped, with much of the surrounding detail (the studio equipment, hospital furniture, and even medical staff) removed from view.[73] In this way, they continue to perpetuate a sense of universal clinical evidence.

However, unlike his joint publication with Morison, Saint's *An Introduction to Clinical Surgery* (1945, 1949) bears traces of the context in which his "many years of practical experience"[74] were gleaned. Rather than wholly decontextualized, the text hosts situating romantic flourishes about the sub-Saharan landscape ("open country, plains and deserts" as well as "thick bush and forest")[75] and wildlife ("hunted animals" as well as "game-dogs)[76]—all heavily reminiscent of nineteenth-century travel writing. In addition to these contextualizing embellishments, Saint includes racial and regional references, occasionally tapping into the geographic locale of South Africa with regard to the frequency and likelihood of certain diseases. This relates particularly to the prevalence skin cancers (melanomas and

[73] This image is not included due to copyright restrictions.
[74] Charles F. M. Saint, *An Introduction to Clinical Surgery: Surgical Wherefores and Therefores, a Reasoned Explanation of Surgical Notetaking* (Cape Town and Johannesburg: Juta & Co., 1945), v.
[75] Ibid., 3.
[76] Ibid., 3, 4.

epitheliomas)[77] as well as hydatid disease.[78] The occurrence of Onyalai (a hemorrhagic disease) is said to be "rarely seen" in the Cape region and in patients who are not "native[s]."[79] Similarly, keloids (raised scars) are described as "very common in South Africa, especially in the native population."[80] In other instances, cancers are noted as "common amongst the coloured sections, both mixed and native,"[81] while some swellings are arguably "remarkably common in South Africa, and mostly among the coloured population."[82]

The tendency for medical knowledge gleaned from South Africa to racialize and localize disease presentation and occurrence thus plays out in Saint's solo publication. And yet, despite these contextualizing features, the book was internationally touted as a highly practical guide deemed to be of use to *all* surgical students. Like *An Introduction to Surgery* (1935, 1948), its reach stretched throughout the empire, later the commonwealth (including Canada, Australia, and India), as well as the United Kingdom and the United States, with reviews making virtually no reference to its South African sources or the racially diverse examples it featured. Instead, the book was said to "cover very many points of practical importance" by focusing on "commonly encountered surgical conditions."[83] It was thus deemed to provide "excellent teaching" to surgical students across national contexts.[84]

---

[77] Ibid., 356.
[78] Ibid., 365, 368.
[79] Ibid., 254, 259.
[80] Ibid., 362.
[81] Ibid., 362.
[82] Ibid., 368.
[83] *PMJ*, "Review of *An Introduction to Clinical Surgery*, by Charles FM Saint," *Postgraduate Med. J.* (1946): 183.
[84] *BMJ*, "Review: A Handbook for Surgical Dressers," *Brit. Med. J.* 1 (1946): 763–64, quotation on 764.

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

In terms of the photographs, the *South African Medical Journal* was particularly complementary, stating that the book's second edition was "most magnificently printed on an excellent art paper which does full justice to the magnificent collection of illustrations."[85] Internationally, the *British Journal of Surgery* called the photographs "universally good,"[86] while the local *Postgraduate Medical Journal* noted the "outstanding quality" of the illustrations, stating that "their appositeness, clarity and variety lend great force to the wealth of the informative text."[87] Despite the racialized references and contextual remarks, reviewers both locally and abroad thus appear to have received Saint's book as the author intended—as a custodian of universal knowledge.

Conclusion

Situated in the temperate, urban space of Cape Town, the majority of the photographs produced by this city's medical school resemble those made in the metropole. Rather than coded as colonial, they demonstrate the discursive norm of Western medicine and urbanization. Within the source collection, the lack of clear racial differentiation on the verso of the photographic cards is in stark contrast to the pervasive social, institutional, spatial, and bureaucratic treatment of race at the OGSH, within South African medical discourse, and in the country writ large. Rather than conspicuous and self-evident, race remains a perpetually present but also frequently uncertain feature in this photographic archive.

---

[85] *SAMJ*, "Saint's Introduction to Clinical Surgery," *South Afr. Med. J.* (1949): 1024.
[86] *BJS*, "Review of *An Introduction to Clinical Surgery*, by Charles FM Saint," *Brit. J. Surg.* (1950): 488.
[87] *PMJ*, "Review of *An Introduction to Clinical Surgery*, by Charles FM Saint," *Postgraduate Med. J.* (1950): 237.

This is a preprint of an accepted article scheduled to appear in the *Bulletin of the History of Medicine,* vol. 99, no. 4 (Winter 2025). It has been copyedited but not paginated. Further edits are possible. Please check back for final article publication details.

The photographs featured in Saint and Morison's *An Introduction to Surgery* (1939, 1948) at surface too elide the geopolitical environment or the racialized medical discourses operating in South Africa at the time of their making and publication. Added to international libraries and reviewed by medical journals in the United Kingdom as well the United States, these images served as general texts useful for *all* surgical students. As such, the photographs present disease as fundamentally decontextualized. All patients are depicted as exemplary clinical teaching material for students of surgery. By evading racial distinctions, the clinical photographs thus appear to embody medical universalism despite the highly fraught context of their making.

The reasons for this appear to be a combination of regional factors as well as the personal and professional interests of Morison and Saint. The elision of race and the geographical locale position the authors as experts in the international field. Even when the photographs are situated within the context of South Africa through references to the country (as in Saint's solo publication), this too could go unremarked by local as well as international readers. Saint's use of clinical photographs produced at Cape Town's medical school see this visual material put to dual purposes—as universal exemplars or as situated surgical evidence from the Cape.

In both the archival images and the publications (co)produced by Saint, the conflation of racial difference and disease is thus far less definite than anticipated given the geopolitical origins of this material. The international operations thereof suggest the flexibility of racial signification—that race both could and could not matter in terms of clinical evidence and medical relevance. As I have argued, the reason for this flexibility is because, rather than self-evident, race remains visually elusive and conceptually elastic. The aesthetics of the clinical photographs highlight how difficult it is to identify (or rather project) racial categories, while

the layout, discussion, and general framing of this material similarly shape if and how race features as a medical concern.

As such, the photographs pose a challenge to established scholarship on colonial clinical photography that focuses on material of this kind as instances of overt othering. Rather than self-evident, both the unpublished and the published photographs produced at Cape Town's medical school reveal that the surface of the body is by no means as legible in terms of race as either social, political, or institutional policies of the time desired. This photographic material thus highlights the problems inherent to the scopic nature of race in the flesh as well as in the photograph.

*

MICHAELA CLARK is a Research Associate at the Department of the History, Philosophy and Ethics of Medicine (Institut für Geschichte, Theorie und Ethik der Medizin), Heinrich Heine University (DE) as well as an Honorary Research Fellow at the Centre for the History of Science, Technology and Medicine at the University of Manchester (U.K.). Drawing on a variety of knowledge fields, her research area includes the tracing of institutional histories, technological developments, sociopolitical shifts, professional personas, and the networked nature of visual media in medicine across geopolitical contexts.

ACKNOWLEDGMENTS: This article draws on the author's Ph.D. thesis submitted to the University of Manchester in 2024. Thank you to the anonymous reviewers whose careful reading and advice helped to improve this paper. A special thanks goes out to the editors of this issue, Danelle Van Zyl-Hermann and Rosa Williams, for their exceptional feedback and attention to detail with respect to early drafts of this work. This paper would not exist without the workshop "Photographs as sources for writing histories of medicine, health and healing in colonial and postcolonial Africa" hosted in 2022 by the Centre for African Studies at the University of Basel. My gratitude is further extended to Eleanor Shaw, Handri Walters, Chimwemwe Phiri, Kristin Brig-Ortiz, Jason Bate, Pratik Chakrabarti, and Carsten Timmermann, who served as vital sounding boards as ideas emerged and arguments were formed.