



HISTORY OF MEDICINE

ELIM HOSPITAL — THE FIRST 100 YEARS

Part 1

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Anyone only remotely acquainted with the Northern Province knows or has heard of Elim Hospital. This beacon of light and hope in the darkness of the early days of this remote area has a remarkable history.

The aim of this article is to share with the reader some of the events that led to the establishment of this institution and to recount the achievements of its staff through more than 100 years of history. The history of Elim Hospital is indeed the history of medicine in northern South Africa. Burrough's *History of Medicine in South Africa* terminates just as Elim became established, so this important chapter of our medical history is not generally known. The political and social history of the area is so interwoven with the medical history that it is almost impossible to separate them, hence the whole spectrum is reported here.

MISSIONARY MOTIVES

The Swiss Mission Society in South Africa originated from the Protestant revivalist movement, which was formed in response to economic and sociopolitical upheavals and secularisation in 18th century Western Europe. Its adherents sought to evangelise and civilise by personal example.¹

The evangelical revival in Switzerland led to the establishment of the Basel Mission in 1818. In the Canton of Vaud evangelical societies were formed and in 1847 the Free Church of Switzerland of the Canton of Vaud was established, which *inter alia* organised missionary and prayer meetings. Two young missionaries, Ernest Creux and Paul Berthoud, initiated the impetus to establish a missionary society, the 'Mission Vaudoise'. At the Church synod in 1869 they expressed their wish to be sent as missionaries by their own church. The result was that they were sent to Basutoland where the Paris Evangelical Basutoland Mission had been established since 1833.¹

In 1873 a missionary delegation travelled to the Northern Transvaal to explore the missionary possibilities among the Pedi people. In the Soutpansberg area they encountered a

population that had not been evangelised. The idea was to establish this venture in partnership with the Church of Lesotho established by the Paris Mission.² It has to be understood that medical assistance was not a priority for the Swiss at this time.

In 1875 the Swiss Mission decided to send the Reverend Ernest Creux to run a religious and medical centre in this Soutpansberg region. He was accompanied by Reverend Paul Berthoud. In preparation for their missions, Reverend Creux had spent a year in training in an Edinburgh hospital, while Berthoud had spent nearly 3 years studying medicine. So started the first and only medical service to all the peoples of this area. The Tsonga Presbyterian Church thus became established at Valdezia near Elim and for many years the care of the sick was undertaken only at Elim, the congregation founded by Reverend Creux in 1879.²

With the fusion of the various free churches and the joining of groups from the established church, the base of the Mission in Switzerland gradually extended and in 1883 the Mission Vaudoise became the 'Mission Romande'. As the input from the German-speaking areas of Switzerland increased, a mission secretariat was established in Zurich in 1928. The Mission Romande now became the 'Mission Suisse dans l'Afrique du Sud', or Swiss Mission in South Africa.³

Reverend Creux had sent an urgent message to Mr L Calame-Colin at the Mission headquarters in 1897, requesting that a qualified doctor be sent to Elim. The name Elim derives from the second encampment of the Israelites after crossing the Red Sea, a site with 12 sweet-water springs and seven palm trees. Only now did the need for medical care, including a hospital, emerge. The Swiss doctor Georges Liengme and his wife, Bertha, heeded this call. The remarkable story of their arrival in 1891 and the building of the hospital is told in a beautiful French publication entitled *Un Hospital Sud-Africain*, with photos, drawings and page decorations.²

THE LIENGME ERA

Dr and Mrs Liengme arrived in southern Africa in 1891 as the first medical missionaries of the Swiss Mission in this country. They arrived in Mocambique (then Portuguese East Africa) to work among the Gungunyani people. In 1895 the Portuguese overthrew the local chief and Liengme and his wife were expelled from Mocambique. He and his family had to walk about 300 km through uncharted areas, infested with mosquitos, ticks, snakes and lions. They moved to the Swiss Mission station at Shiluvane near Tzaneen and continued later to Elim in 1897.³

Liengme writes that for 1 200 Swiss francs one could travel from Switzerland to Pietersburg, the capital of the district of Soutpansberg in the Northern Transvaal and the end of the railway line at that time. From there it was another 120 km to

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Elim, a 10-hour journey by mule cart. Six mules, changed every 2 hours, transported people to the hospital gate twice a week. This cost 87 francs per person, including hand luggage. The Liengme's main baggage was brought by wagon drawn by 14 donkeys at a cost of three francs per kilometer.³

The first 'hospital' was in temporary quarters at the 'old' mill, but once funds became available the new hospital was erected some 5 km to the north at its present site. This mill was built by Mr Alexis Thomas who was later involved in the building of the hospital. Thomas erected a mill for the milling of grain, mainly mealies, brought in by the local people. The mill was driven by a water wheel using water from a furrow, which derived from an adjacent stream. After powering the mill the furrow water was used to irrigate quite a large area. Thomas later installed a steam engine.

Georges Liengme had a tremendous practice as he was the only doctor in the Northern Transvaal and people came to him from as far afield as the Free State. The old mill was soon hopelessly inadequate as a hospital.

Liengme decided to travel to Switzerland to plead with the Mission Board for a proper hospital. Just before he left President Kruger offered to contribute to a hospital which was also to serve the white population of this distant and neglected area.

In Switzerland a building society raised a loan of 250 000 Swiss francs, and with the help of the Zuid-Afrikaansche Republiek and the local farmers who had promised to help financially, construction work began.

In August 1899 Dr Liengme erected a hospital for black patients (inaugurated in November) near the mission station, while a hospital for whites was inaugurated in November 1900. In this way medical apartheid reached the Northern Transvaal. In the first year 178 blacks were admitted to the one hospital and 87 whites to the other.³

Dr Liengme saw the hospital as an ideal place for education. Here various people came into close and even intimate contact – blacks and whites, patients, staff, cleaners, artisans and visitors. People met there who would not have done so otherwise in an increasingly segregated South Africa.²

During the Anglo-Boer War Dr Liengme was conscripted to the Boer forces and served in the field in several campaigns, which was not only politically correct at the time but should also have served to increase revenue for the hospital. In fact the government never paid for his services and many of his white patients absconded without paying for their treatment (P H Jaques — unpublished data, 1999).

The 'Plakkerswet' of 1887, designed to limit the number of squatters on white farms, forced the Elim Mission, situated close to the hospital, to look for a new domicile for its converts who lived around the mission station. Paul Rosset, one of the missionaries (mentioned later) was asked to establish a new station at Crooks Corner at the confluence of the Limpopo and Letaba rivers where South Africa, Mozambique and Zimbabwe

meet. However, in 1896 rinderpest swept the country and killed all bovines, including the oxen. This was accompanied by a severe drought and subsequent famine. The Rosset family was forced to abandon their plan and walked back to Elim, a distance of over 200 km.

MOTIVES AND SACRIFICES

In June 1905 Dr James Borle and his wife arrived to help. During this time the first hospital commission was established, consisting mainly of Swiss missionaries. Later on individuals representing local interests were included and the governing body was then renamed the Hospital Board of Management.

Mrs Johanna Louise Borle was usually called Jeanne. After her husband's death she worked for a while in an American Methodist mission at Inhambane in Mozambique. She returned to Elim in the late 1950s where she worked as a volunteer until the age of 97 years. 'Kokwane', as she was known, used to go around the wards doing occupational therapy, teaching patients to knit, do beadwork or sew as well as teaching them to read and write. She died at the age of 99 years (P H Jaques — unpublished data, 1999).

It is necessary at this point to consider the motivations of those involved, their interactions with local populations and governments and the changing political developments. The unshakeable conviction of these early missionaries, namely that they had been chosen by God to 'save the heathen native peoples', was so strong that it gave them the strength to overcome impossible physical hardships and to make incredible personal, family and emotional sacrifices. Because of the lack of schools in these remote areas, missionary children were often sent back to Europe for their education. For 7 or 8 years of their formative lives they would be brought up by relative strangers, with only an irregular exchange of letters with their parents, the letters having been written 3 - 6 months earlier. Events such as the joy of a mother on receiving photographs of her children after months without any news are poignantly described in the diaries of these pioneers.

Liengme and his wife left Elim in 1906 and returned to Switzerland. At Vaumarcus near Neuchatel Liengme set up and ran one of the first psychiatric hospitals. His wife Bertha was still living with her daughter in the Elim area in the 1930s. Today their grandson lives near Elim and is very involved in community work.

In 1912 Dr Maximilian (usually called Max) de Ligneris and his wife, Amelie, succeeded Dr Borle. Dr Borle was later a victim of the 1918 influenza and died in Pretoria.

By the time Dr de Ligneris took over, many new buildings had been erected at both hospitals. There was a laboratory, an X-ray facility with darkroom and 12 rondawels.² These rondawels were originally intended to house the companions and families of patients. They were later used for ambulant patients who could get their own food, medicines and



dressings from a central site without having to be waited on by the nurses.

This became part of the 'progressive nursing' system whereby patients progressed from high care wards to lower care units and ultimately to accommodation for ambulant patients. This was a great saving in nursing personnel. It should also be appreciated that many patients who might have been treated as outpatients in an urban setting had to be admitted because they came from far away. More huts were added later and Hut 15 was infamous as the ultimate place for locking up unmanageable mental patients.

A chapel was built in 1921.

In the meantime Mr Thomas had added a generator to his mill on the furrow. This generator supplied electricity to the hospital as well as the entire surrounding area. At that time there was an abundance of water and the streams, which hardly merit the name today, were big rivers. Even up to the 1930s children were often prevented from going to school because of flooded rivers, and malaria was rife.

In the 1920s the missionaries felt increasingly forced to express their views openly with regard to the sociopolitical situation and to change their missionary policies accordingly. Frustration and disillusion among blacks was increasing. The rising black militancy was directed against all whites and the Mission came under severe pressure. The missionaries were no longer seen as role models and they had to change their policy, moulding individual blacks to become Christian role models instead. The training of black women to become nurses was a pivotal part of the new mission policy.¹ Dr de Ligneris called for a reorientation in missionary work and argued that they should focus on schools and hospitals, as these two domains were still sought after by the indigenous peoples.

NURSING TRAINING TAKES OFF

Up to the 1920s the training of nurses was widely opposed in black society. Care of the sick was considered a family duty, and nursing was perceived to be unsuitable for young unmarried women as their labour was needed for domestic duties in their homes.¹

The training of black nurses was also opposed by medical and nursing professional organisations who feared lowering of standards.

It was the 1928 C T Loram Report to Parliament on the training of blacks that promised black nurses a prominent role in the proposed 'Government Native Medical Service'. In order to train black staff as soon as possible, the report suggested using existing training facilities offered by the various mission societies, with a view to minimising costs.¹ Dr de Ligneris was a member of the Commission.

In 1924 Dr de Ligneris started writing to the Mission Society, local black dignitaries, the native commissioners, local farmers, and local authorities asking for suitable candidates to help

train these nurses, and after training, to employ them. It was only in 1930 that he received some encouragement when the Department of Native Affairs held out the possibility of subsidies for training.

The fourth superintendent, Dr Felix Augsberger, arrived in 1926 and left in 1933. Little is known about him and his activities at the hospital.³

The School for African Nurses was built in 1932. Seven students enrolled at the end of 1932 and they attained a hospital certificate after 3 years of training, in September 1935. Only one student failed and the others all found jobs, two at Elim itself. The hospital received £280 from the Native Development Fund for the training school, enabling them to continue.³

Preliminary training for nurses for the national certificate was available at Elim around 1940. After 3 weeks of an intensive course in the theory and practice of nursing, they wrote an entrance examination and were allowed to enter the wards. In 1947 Elim trained 36 nurses for the South African Nursing Council Certificate.³

Some of the Swiss nurses who worked at Elim and who should be mentioned are: Solange de Meuron, who lived to the age of 90 years; Germaine Fogelweid; Germaine Erb, a qualified midwife; Violet Rosset; and Mariette Rauss, who only started training to be a nurse at the age of 26. They came as pioneers before World War II. Hélène Connpiche was the last to return to Switzerland.¹

ENTER THE ROSSETS

The next significant chapter in the history of this remarkable place started in June 1933 with the arrival from Switzerland of Dr Jean-Alfred Rosset and his wife Dr Odette Rosset-Berdez, the latter an ophthalmic surgeon. Under their inspired leadership and thanks to their dedication over 32 years, Elim attained new heights and became a household name in the North.

Jean was the son of the Reverend Paul Rosset and Emile Rosset-Audemar who were among the early missionaries who arrived in this part of the world in the 1880s or early 1890s. They arrived at Elim on 4 May 1892. Reverend Paul Rosset (mentioned earlier) was the missionary sent to Crook's Corner in the Pafuri area to start a mission station for the people of Makuleke and those who might be displaced by the Plakkerswet.

Jean was born in South Africa and studied at Pretoria Boys High School; he did his basic medical training in Lausanne, Switzerland and then did 3 more years in Edinburgh to enable him to register in South Africa. He also obtained the Diploma in Tropical Medicine and Hygiene in London during his British sojourn.

He was a magnificent surgeon with incredible versatility. He was able to do the most intricate operations using the simplest



of instruments. His fame as surgeon and doctor resulted in many patients from as far afield as Natal, the Cape and the Witwatersrand travelling to Elim to see him, even many years after he had left. He died while on holiday in Europe in 1972 (P H Jaques — unpublished data, 1999).

His wife, Emilie, was responsible for the eye hospital at Elim and she made this a very famous institution. Cataract removal was probably the most frequently performed operation. The hospital lies in the trachoma disease belt and there was a tremendous need for eye care to prevent blindness. Many whites travelled all the way to Elim for a variety of eye operations. The name Rosset came to be equated with renewed sight for many people of all races. A separate building, the eye hospital, was needed and this was officially opened in 1949.³

Just as need for accommodation for companions and family had led to the erection of rondawels in the general section, so a second building was added to the eye hospital for accommodation purposes. Blind people almost always came with someone to guide them.

In the 1930s the province started giving financial assistance for capital expenditure on an individual basis; this gradually developed into the 'pound for pound' subsidy. The downside was that building plans had to be approved by Pretoria and this could take up to 2 years. Thus the blocks to obtaining funds often made it impossible to proceed (P H Jaques — unpublished data, 1999).

In May 1938 the main building of the black hospital was inaugurated. It consisted originally of two wings with 53 beds each, including side wards, ablution facilities, offices, a small consulting room and a rudimentary operating theatre. Over the years the configuration changed a number of times according to needs. In the same year the training school for nurses was recognised by the Nursing Council, allowing the students to write the state examination.³

For 45 years Elim was the only hospital catering for whites in the Soutpansberg area. The Louis Trichardt Memorial Hospital was only built in 1944. Profits derived from the white hospital at Elim plus the government subsidy for this part of the service, were used to help finance the black hospital's capital needs.³

This 'white ward' was nonetheless perceived to be a problem by both white and black nurses. The Swiss nurses felt that they had come to South Africa to treat blacks and loathed working in the white ward, with some even resigning because of this. Black nurses were not allowed to work in this ward for political reasons.¹

With the opening of the hospital in Louis Trichardt, the government stopped the subsidy for white paupers and infectious diseases. The white ward remained open for some time but the white 'private' wards were closed and only 25 private beds were available. Staffing remained a problem because of the unwillingness of the Swiss nurses to work in this ward. In the end the ward was used by white patients who could pay for their admission. Poor whites had to go to Louis

Trichardt. Today it is the 'VIP' ward open to all private patients irrespective of colour.¹

Money has always been a prime consideration, not only at Elim, but at all mission hospitals. Many hospitals made good use of donations of medical samples and drugs nearing expiry date given by pharmaceutical firms. Before the days of AIDS it was common practice to do most minor operations without gloves and to reserve gloves for major surgery. Moreover, when the gloves had holes these were patched with bicycle solution and bits of old gloves until they were so stiff that the surgeon could hardly flex his fingers. Leftovers of catgut were carefully saved and re-sterilised and new doctors were taught to tie knots economically (P H Jaques — unpublished data, 1999).

In the year 1949 a total of 4 643 patients were treated at Elim. The black section had 260 beds, the white section 28. Dr Rosset now had a staff of one senior medical officer, two interns and a specialist ophthalmologist (his wife). There were 45 black nurses in training.³

The Indian hospital on the premises was built with funds provided by the Indian community of Louis Trichardt and the Soutpansberg. It was opened by the magistrate of Louis Trichardt on 15 August 1949. Because of the slope of the land, it was built on two levels and was therefore the first double-storey building at Elim. The basement housed stores, maintenance workshops and offices for the maintenance staff. The upper storey consisted of seven large rooms and two smaller rooms for patients, a dining room, kitchen, bathrooms and toilets. The Indian community had attached three conditions: firstly, that each room should be big enough to accommodate a companion or family member as well as the patient; secondly, that dietary preferences should be respected and that patients be allowed to bring in their own food if desired, and that no meat be allowed in the building to accommodate vegetarians; and thirdly, that the bathrooms have squat toilets. These conditions were strictly respected throughout the time this building was used as a hospital. When the hospital was taken over by the state in 1976 a portion of the money paid to the Swiss Mission was returned to the Indian community as compensation for having been expropriated. An addition in 1952 was a separate consulting room as some of the white patients had objected to sharing. The name Kasturbai Ghandi given to this building derived from the wife of Mahatma Ghandi who had spent some years in Louis Trichardt. After the takeover by the government the Rds were converted to offices necessitated by the tremendous increase in bureaucracy.

References

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Part 2 of this article will appear in a future issue of SAMJ.