

## The Medical Contribution and Influence of the Evangelical Presbyterian Church in the Limpopo Province

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### Abstract

In South Africa the origin and spread of formal education in one of the once neglected areas during apartheid era, the Limpopo Province is attributed to the arrival of the missionaries who laboured among the Blacks. At first all the missionary societies were interested in mainly Christianizing the indigenous people, i.e. winning souls for the Kingdom of God. The Evangelical Presbyterian Church Missionaries were no exception in this regard. They started by establishing mission stations all over South Africa including the Limpopo Province. Medical missions became an integral part of the Evangelization process, for in the areas where the missionaries settled there were no medical practitioners. The Evangelical Presbyterian Church missionaries who were in the process of preaching the Gospel, found it necessary and unavoidable to educate the illiterate and heal the indigenous people. This article explores and illustrates how the Evangelical Presbyterian Church medical missions became efficient institutions, despite their constraints, shortcomings in the Limpopo Province.

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**Keywords:** missionary societies, indigenous people, presbyterian church, medical missions, traditional healers.

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### INTRODUCTION

The Evangelical Presbyterian Church Missionaries were among those missionaries who took missionary work a step further by building primary schools, secondary schools, teacher training institutions as well as extra-institutional health services in South Africa and including the Limpopo Province (Mashaba 1982 & Ravhudzulo 1992). According to Searle (1965), as women joined the mission services, they assisted in the medical work by visiting the sick in their huts and by teaching the families how to give the necessary assistance to the sick.

In the first half of the nineteenth century the nursing care which these missionaries provided was of the folk-nursing type, that is, health education and training based on hygiene, prevention measures and treatment of minor ailments, but with the arrival of the Evangelical Presbyterian Church Missionaries the establishment of dispensaries (clinics) and hospitals as part of the missionary effort was introduced (Ravhudzulo 1999). In teaching the indigenous people hygiene practices, the Evangelical Presbyterian Church Missionaries hoped that they would assume responsibility for their physical and mental health as well as their spiritual growth. In the process of recovering from illness the patient would not only regain health, but would also learn to take care of his/her own health and impart the knowledge to his/her family members (Mashaba 1982 and Ravhudzulo 1992). The Evangelical Presbyterian Church Missionaries carried their medical work with courage and faith under difficult conditions. They founded, erected, financed, maintained and administered their ventures without moral or financial

support from the state (Mphahlele and Mminele, 1997). Lack of proper facilities spell that the provision of medical and nursing care became a test of the resourcefulness, courage and faith of medical workers (Searle 1965).

### AIMS AND GOALS OF MEDICAL MINISTRY

The introduction of the medical ministry was meant to be a means rather than an end. It was meant to be a means of establishing the early converts in faith, and the realization that salvation for the soul and the health for the body are inseparable. It was to serve as an open door of opportunity for the message of full salvation (Bedwell 1953 and Yates 1967). Nkuna (1986) argues that it was also aimed at helping in weaning the indigenous people from the evil powers of the witchdoctors, in this case, traditional healers. Marambana (1987) maintains that medical ministry was meant to bring enlightenment and superior health care to the primitive and ignorant indigenous people. The Evangelical Presbyterian Church Missionaries realized that the zeal power of the traditional healers stemmed from their ability to treat common ailments. Traditional healers covered their ignorance with superstition and fear (Mabunda 1995 and Ravhudzulo 1999).

### METHODOLOGY

In this article, the researcher used the historical educational research. Venter and Van Heerden (1989) state that the historical educational research method incorporates the problem, historical and the themalogical methods of research. Gay (1976) defines the historical research method as the systematic collection and objective evaluation of data

related to past occurrence in order to test hypothesis concerning cause, effects, or trends of those events which may help to explain present events and anticipate future events. Cohen and Manion (1994) define historical educational research method as the systematic and objective location, evaluation and synthesis of evidence in order to establish facts and draw conclusions about past events.

The approach applied within the bounds of this research was thematic research dealing with the Evangelical Presbyterian Church in the Limpopo Province.

The following primary sources were consulted: Correspondences, church reports, circulars, letters, memoranda, records of clinics and hospitals and commission reports were used to gather the medical activities of the Evangelical Presbyterian Church in most of their operations. Primary sources of data are what the researcher observed at selected Evangelical Presbyterian Church clinics and hospitals and interviews with former students, nurses, staff members, administration clerks and community members who had contacts or worked with the early Evangelical Presbyterian Church Missionaries. In addition to the foregoing, inspection in *loco* was conducted. The researcher visited and inspected all the buildings found in the relevant areas, and perused all the available records and documents found therein.

Secondary sources were in the form of various textbooks, dictionaries, encyclopedia, research articles, dissertations and theses. Concerning hermeneutics or internal source criticism, the sources were scientifically interpreted and evaluated. Evidence which appeared authentic, for example, mission reports, quarterly and annual reports, constitutions of governing bodies and correspondences, were inspected. Doubtful sources such as newspapers, diaries and friendly letters were thoroughly inspected and examined in the light of contemporary evidence before they were finally accepted. In as far as oral evidence was concerned; the information was confirmed by interviewing two or three competent eye-witnesses before it could be accepted. Conclusions were therefore drawn as a result of the mix of information from the different sources of data which were triangulated and to arrive at critical analysis.

#### **ACHIEVEMENTS OF MEDICAL MISSIONS**

Despite lack of moral or financial support from the state, the educational achievements of medical missions were immense. Gelfand (1984) notes that as a result of the founding of these medical (centres) institutions through the initiative and the aid of the churches, a comprehensive health service came into being much earlier in regions and provinces in which

it would have started much later if it had not been for the belief in Christian healing.

#### **❖ Considerable increase of patients in medical institutions**

One of the most important successes achieved by the medical missions was the considerable increase in the number of patients in the hospitals and outstation clinics. Fihla (1962) contends that hospitalization and the use of medicine has been one of the most potent factors that have helped to break down the influence of superstition among the indigenous people. Health education and the tenets of Western medical care had started to reach the hearts of the indigenous people. The missionaries endeavoured to provide the sick with the medical service which would ensure a return to good health (Ravhudzulo 1992).

#### **❖ Training of Blacks as nurses**

Another valuable service rendered by the medical missions was in the field of nurses training. The local training of Black women as nurses made it possible to staff more and more mission hospitals with Black women nurses. This led to further expansion of nurses' services.

At Elim Mission Hospital a school for black nurses was started in 1932. At Masana Mission Hospital nurse aides were trained as early as in 1944. This became the catalyst to promote Western and Christian ideas (Gelfand 1984 and Ravhudzulo 1992). A further innovation attributed to the Evangelical Presbyterian Church mission hospitals, was the idea of training male persons as nurses. Traditionally, nursing the sick was the sole responsibility of female members of the community. The indigenous people gradually accepted the arrangement that men should also be trained as nurses. These nursing assistants did a great deal towards breaking down superstition and fears of the indigenous people and removing the prejudice which still existed against hospital treatment (Burrows 1958 and Nkuna 1986).

#### **❖ Recruitment of Black doctors**

The Black doctor who stayed the longest at Masana Mission Hospital was Dr. S.C. Khoza who joined the staff in 1971 and left in 1978. During his stay at Masana Mission Hospital he acted as Superintendent, and very ably carried out his duties (Mabunda 1995). Most of the white patients preferred to consult Dr. Khoza personally than the other doctors on the staff. Through his determination, intelligence and tact. Dr Khoza gained the respect and confidence of the local population, both Black and white (Mabunda 1995).

#### **❖ Development of visiting centres into clinics**

Right from the start, the Evangelical Presbyterian Church Missionaries developed most of the early visiting centres into clinics. All the clinics were in the African (Black) territories. The Evangelical Presbyterian church Missionaries believed that

medical help must be brought to the indigenous people with reasonable distance of their kraal, that is, walking distance (Nkuna 1986). The clinics were placed under the charge of Black assistants. These nurses succeeded greatly. All the clinics were visited fortnightly by a doctor from the hospital. These visits also made the white doctors and central mission hospitals (Elim, Masana and Shiluvane) better known throughout the districts in the Limpopo Province (Ravhudzulo 1999).

Maternity work became increasingly important and the practice of coming to hospitals and clinics for confinement grew steadily. Expectant mothers were encouraged to visit their nearest clinics for pre and post natal treatments. Mission hospitals and clinics made a definite contribution to the enlightenment and upliftment of the indigenous people of South Africa in terms of medical and living standard (Taylor 1970).

#### **Medical Missions Became Efficient Institutions**

Gelfand (1984) notes that these medical missions took a long time, that is, two or three decades to become efficient institutions. The following buildings were added to the inadequately equipped mission hospitals.

##### **❖ 4.5.1. Dispensary department**

For many years the Evangelical Presbyterian Church medical institutions did not have fully qualified dispensaries. The medical superintendents or one of the doctors were in charge, as nursing sisters were not supposed to work in the dispensary. Clinics and numerous visiting centres were supplied with medicines regularly.

##### **❖ 5.2. 4X-Ray and Laboratory Departments**

Gelfand (1984) states that the introduction of an X-ray plant meant that the traumatic work could be done much more expeditiously as it would help to recognize pulmonary and cardiac disorder better. A microscope was also used by doctors and a laboratory department was set up helping in the more ready recognition of the many ineffective diseases.

#### **Constraints Facing Medical Missions**

The medical institutions established by the Evangelical Presbyterian Church experienced many and varied formidable problems which contributed to the slow development of medical services. The following are some of the constraints:

##### **❖ 5.1. Financial constraints**

Although a shortage of money was high on the list of problems facing the Evangelical Presbyterian church Missionaries, these men and women never stopped planning and praying for the development of medical services. Their determination and dedication to their Master's Service (God) dictated to them, more than the availability of funds. Lack of funds frustrated and sometimes ended their efforts (Mashaba 1982 and Nkuna 1986). The early medical institutions were

maintained purely by donations, voluntary gifts and fees paid by patients. Most of these patients were poor and therefore, sometimes unable to pay. The main source of income consisted of random fundraising campaign in Switzerland (Yates 1967 and Esselsteyn 1974). Friends abroad were persuaded to contribute in money and in kind. In the same way the medical missionaries received all their needed commodities, that is, bandages, sheets, blankets, towels, dressings and even nurses' uniforms (Bourquin S.A 1980 and White 1987).

##### **❖ 5.2. Poor means of communication and transportation**

A further deterrent to medical missions was caused by the poor means of communication and transportation in the districts and the province. The districts were very big and the roads were few and bad, and yet the indigenous people were scattered over a wide area. There were no telephones, nor radios, no bridges across the swollen streams and rivers. The only available transport at Masana Mission Hospital was a cart and two white mules (Mashaba 1982). With this mule cart the doctor visited all the mission's outstations and made contacts with the chiefs and their people (Searle 1965).

##### **❖ 5.3. Lack of suitable accommodation for the patients**

Mission hospitals lacked suitable accommodations for the patients. There were no proper hospital buildings at first. The increase in patients created a real problem. The patients who did not find accommodation in the hospital buildings often camped in their wagons. Some had to be accommodated in tents, others in the stationary old bus. Because of lack of accommodation, the patients slept on the mats under and between the beds and went about during the day or rested outside on their mats. At first most of the hospital buildings were huts in which patients stayed while undergoing treatment. This type of accommodation was indeed quite unsuitable for patients who were seriously ill.

##### **❖ Ignorance, superstition and belief in witchcraft**

Traditionally the Black people relied on the witchdoctors (traditional healers) in times of illness and viewed "white" medicine with suspicion. The Black people were therefore, unwilling to the medical institutions for their health needs, or willingly allowed themselves to be hospitalized (Ravhudzulo 1999). Ignorance, superstition and particularly belief in witchcraft made the indigenous people not to visit hospitals and clinics. The indigenous people were not prepared to receive medical treatment at the hospital. This fear was spread by returning labourers (Ravhudzulo 1999). Fear of dying in the hospital was also a powerful factor in keeping many patients from entering the hospital. In fact, most Blacks preferred to die at home rather than trust the white doctor (Schemetzenbach 1986 and Nwandula 1987).

Aitken (1945) reports that in a primitive rural community such as the then Northern Transvaal (the present Limpopo Province), the fear of a hospital and particularly of surgical treatment deterred many indigenous people from availing themselves of such services. This further made the indigenous people believe in the powers and medicine of the traditional healers.

#### **DISCUSSIONS, SUMMARY AND CRITICAL ANALYSIS**

The aim of this article was to assess and illustrates how the Presbyterian Church Medical Missions became efficient in promoting Health Education in the Limpopo Province. Before the arrival of the Evangelical Presbyterian Church Missionaries, the Black people of South Africa relied on the traditional healers in times of illness. The Black people had some knowledge of the medicinal value of local herbs, barks, roots and wild fruits. They knew how to cure many illnesses of young and old, to lance abscesses, to extract teeth, set fractures, deal with burns, wounds, insects and snakes bites, counteract poisons which had been ingested and many could attend to women childbirth.

Most of the mission doctors and nurses started to practice without a hospital, possessing at the most, a dispensary. Nurses often visited the sick in the outlying villages. Village nurses were sent out by the church to look after the church members, school children and to treat the sick in the area.

Medical missions succeeded because of the unfailing support and understanding which has been given to the medical mission institutions by a number of organizations, non-governmental bodies, Native Commissioner, officials of the Native Affairs Department, donations from friends overseas, farmers and shopkeepers living around the mission stations. All these gave smaller but steady and quiet substantial help to the South African Nurses. With the assistance and co-operation of all these small institutions, the medical institutions were able to lay the foundation of medical services for the indigenous people in South Africa especially in the Limpopo Province.

#### **CONCLUSION**

The Evangelical Presbyterian Church Missionaries were one of the pioneers of medical institutions in South Africa. During the 19<sup>th</sup> Century Western medicine and healing practices penetrated the remote areas of South Africa. The missionaries who were in the process of preaching the Gospel, found it necessary and unavoidable to educate the illiterate and heal the indigenous people (Searle 1965 and Mashaba 1984).

Through the missionary endeavours, the South African government has realized that Western medicine and civilization have been important forces which helped the indigenous people to advance individually and collectively in the social, health, political and economic fields, (Ravhudzulo 1999). Finally, Mphahlele and Mminele (1997) conclude that it is they (missionaries) who had given the Black people the light of Christian civilization and thus enabled them to be co-opted with the Europeans (Whites) in the development of South Africa's industry and commerce.

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