HISTORY OF MEDICINE

ELIM HOSPITAL — THE FIRST 100 YEARS

Part 2

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THE JAQUES ERA

The year 1957 saw the arrival of another giant in the history of Elim Hospital. During this year Dr Pierre Jaques returned from postgraduate work in the UK. This son of the North was actually born at Elim Hospital in September 1928, went to primary school in different local schools and then to King Edward VII High School in Johannesburg. He did his basic medical training at the University of the Witwatersrand (1952), and after internships in surgery, internal medicine and paediatrics at Coronation Hospital, spent 3 years in different surgical units in the UK, after which he returned to Elim as a medical officer.

From time to time Jaques attended refresher courses in London, Johannesburg and Pretoria and in 1971 he obtained the M Med (Dom) degree from the University of Pretoria and the DTM&H and DPH from the University of the Witwatersrand in 1980 and 1981. Immediately after qualifying in 1952, he married Rachel Bertrand, the daughter of Alfred and Jeanne Bertrand, also Swiss missionaries. Alfred Bertrand was responsible for starting and running a carpenter's school in Mozambique where the entire family nearly died of malaria. Rachel was born in Switzerland during a furlough. In 1936 the family moved to Elim where Alfred became works manager and was responsible for planning and erecting many of the buildings at Elim. Rachel did all her schooling in South Africa, eventually qualifying as a secondary school teacher with a BA degree from the University of the Witwatersrand and a higher diploma from the University of Geneva (P H Jaques, unpublished data, 1999).

Pierre Jaques' parents were both born in the Northern Transvaal at Valdezia. His father, Alexandre, was the son of another of the mission pioneers, Numa Jaques, who came to South Africa in the early 1890s. Pierre's mother, Lucy (neé Rosset) was the daughter of Paul and Emilie Rosset (of Crook's Corner fame), and sister of Jean Rosset, later superintendent of Elim Hospital. Like many missionary children, both Alexandre and Lucy were sent back to Switzerland for their education. After obtaining his theology degree in Lausanne, Alexandre returned to South Africa as a missionary. Lucy also came to South Africa independently and they were married in 1926. They started a mission station at Graskop but later moved it to Masana at Bushbuckridge, where there was a large concentration of Shangaan people. Masana was later renamed Mapulaneng when the Shangaans were moved out during the consolidation of the homelands. Alexandre obtained a Masters degree in Education from the University of the Witwatersrand in 1942 and was then appointed as principal at the Lemana High School near Elim, a position he held until his death in 1949. He was an enthusiastic anthropologist and ethnographer and was the author of a number of publications in these fields as well as in the linguistics of the Shangaan and Tsonga languages.

With the drying up of the water sources in the area, Alexis Thomas imported a diesel motor to power his mill and generator. The hospital, which had always received sufficient water from the springs in the hills above the mill, had to look for other sources. From the late 1950s boreholes were sunk which managed to keep the hospital supplied with water, but these eventually also dried up and by the 1980s the Gazankulu government had to undertake major schemes to provide water. As recently as 1998, mainly because of bungling and mismanagement by the Department of Works, the hospital was often without water. Tankers bringing water to the hospital became a common sight (P H Jaques, unpublished data, 1999).

The best years at Elim with regard to medical care were 1954 - 1965 when a number of South African doctors joined the staff. At one time there were up to seven doctors prepared to stay for more than a year or two. It was then possible to move away from crisis management into establishment routines, to draw up protocols and start an outreach programme.

Despite the limitations at Elim, the range of services rendered was surprising. Because of the physical isolation (the nearest academic centre was 550 km away, the nearest specialist about 150 km) referral of acute cases was impossible and doctors were forced to do everything themselves. Before the development of pathology services, many doctors spent their evenings looking at malaria smears and mounting histological sections. The museum is still packed with old pathology slides dating from this time.

The spectrum of surgical procedures performed is even more impressive. Dr Rosset was as at home making burr holes for extradural haematomas as he was doing hysterectomies or bone grafts. A hemi-mandibulectomy for an adamantinoma the size of a rugby football or a pedicle graft to replace a nose bitten off by a hyena were certainly not daily fare, but illustrate the technical capabilities of a generalist compelled by circumstances to do what he could.

Lack of finances led to low salaries for all personnel. Only in the 1960s did the Transvaal Province agree to put mission staff on the same scales as the provincial doctors; but it often took more than a year to adjust the scales whenever there were increases.

The worldwide problem of retaining health personnel in remote rural areas also affected Elim at this time. Increasingly, the more or less permanent South African doctors leaving had to be replaced by doctors from Switzerland, the Netherlands and other countries who generally only stayed a year or two. Continuity suffered tremendously. The black doctors who started to graduate had so many avenues open to them that

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very few offered their services to rural hospitals. Ultimately, standards declined. More and more work was forced upon nurses who had to perform tasks usually done by doctors. This worked well for primary health care but nurses could not replace doctors for planning and performing surgery, handling difficult obstetric interventions or investigating complicated cases (P H Jaques, unpublished data, 1999).

The maternity hospital was built in 1957 with funds from the Governor General's War Fund. This fund had been established from public subscriptions to help the relatives of soldiers who had died during the war. At the entrance to the maternity block is a plaque bearing the names of all the black soldiers from the area who gave their lives for their country. At first the building had 56 beds and 61 cots; however, this building too was modified a number of times over the years. It was officially opened in 1957 by Dr William Nicol, then Administrator of the Transvaal at the same time as a new isolation block of 120 beds, mainly for tuberculosis patients.[3]

Near the maternity ward was a second building known as the 'waiting maternity' where pregnant women waited to go into labour in order to be admitted. They were responsible for their own food and for looking after themselves. Since many of these women did not know their dates and because they often came from far with no reliable transport, they sometimes spent a month or more in the waiting maternity (P H Jaques, unpublished data, 1999).

In 1962 it was reported that 11 545 patients had received treatment in all sections of Elim, including 1 895 surgical and 743 eye operations. There were 572 beds for black patients at that stage and 90 students nurses received training in that year.[3]

In 1965, Pierre Jaques took over as Superintendent from his uncle and aunt, the Rossets, who left Elim during this year after 32 years of faithful and dedicated service. The Rossets left for Westonaria where they worked for a mine hospital and later for the diamond mining enclave at Kleinsee.

During 1965 and 1966 four more black staff nurses were promoted to the status of sister. During this period a school for student midwives was erected.[3]

A much-needed new building was added in 1968. This was a 51-bed general medical ward innovatively designed with four open-plan bays of 10 beds and one of 5 beds plus side wards. It was so designed that it could be heated in winter and cooled in summer by natural means having a sloping ceiling and a clerestorey that used air convection to regulate the temperature. However, a political decision at regional level in 1997 decreed that 10-bed wards were no longer acceptable, so a great deal of money was spent partitioning the bays, thereby effectively destroying the principle of the design. The unit was officially opened in 1969 by the Minister of Bantu Affairs, Mr M C Botha. Because 1969 coincided with the opening of the first Gazankulu legislative assembly, the new ward was named 'Giyani' after the capital of Gazankulu.

APARTHEID RULES!

The effects of apartheid policy must be highlighted. It is difficult to determine when the various effects of apartheid began to be felt. At first the additional financial help from the state and encouragement of the local population to take responsibility for services seemed to improve matters. As time passed, however, it became apparent that the rules and regulations were restrictive and intended to thwart development. While the goverment declared that it would assume responsibility for capital expenses, and later for current expenses as well, it was impossible for those institutions that did not support government policies to obtain subsidies. Elim, which was sometimes openly described as 'a bunch of Communists', fell into this category. For more than 15 years, from about 1968 to 1983, Elim was refused funds for buildings and important equipment, usually with the excuse of insufficient funds. At the same time Dutch Reformed missions were receiving huge grants and hospitals were being built throughout the country.

At this time another threat came from an unexpected quarter. The Swiss Mission embarked on a policy of disengagement from their local Tsonga Presbyterian Church. This was ostensibly to force autonomy on the daughter church and to encourage the development of self reliance and responsibility. However, despite strong denials that these were sanctions against South Africa, the effects were similar. Candidate doctors from Switzerland wanting to work at Elim were actively discouraged and rerouted elsewhere. This, together with the bad press in Europe, meant that where there had previously been a waiting list of doctors, suddenly the medical staff had dwindled to two doctors. Only Drs Jean-Blaise Jaccard and Pierre Jaques remained to run a 600-bed hospital and control many district clinic dispensaries.

The biggest threat to Elim's existence came in 1969 when Minister M C Botha of Bantu Affairs declared that Elim and the population in the area would be moved about 60 km to the east, to the Malamulele area.

Because of Elim's refusal to move, all capital grants were stopped and the Elim authorities were forbidden to make any extensions or improvements to buildings. Elim reacted with a very expensive subterfuge in order to effect major changes to the main building. The entire roof was jacked up onto bluegum poles, the walls were knocked down and new walls inserted under the roof to create spaces that were more useful at the time. All this could be done under 'maintenance' and not 'capital works'. After a number of these modifications the place looked like a rabbit warren, with corridors running off in different directions, but it was surprisingly functional (P H Jaques, unpublished data, 1999).

Many delegations went to Pretoria to argue against the removal to the Malamulele area. Petitions were submitted and many representations from local people, farmers, businessmen and politicians were made. As a part of the strategy a celebration was planned to mark the 70th anniversary of the hospital. Dignitaries of the Swiss Embassy, from all the surrounding homelands, from different ministries of the government and from many different churches attended the event — in all, 300 people. As a result of the pressure, Bantu Affairs reversed the decision and Malamulele Hospital was built at the new site.

In the mid 1970s the government decided to take over all the mission hospitals, mainly because it wanted to rid itself of foreign influences and philosophies inimical to apartheid. The takeover process began in 1973 and continued until 1976. This meant a large increase of funds for Elim and other institutions, but it also quadrupled the bureaucracy.

The South African government bought the land and all the buildings and equipment at Elim and handed them over to the newly created homeland of Gazankulu. Direct governance was shifted to the homeland but all important decisions were still made in Pretoria. Increasing rules and regulations furthered the disempowerment of the local people. This has left a legacy of not wanting to make decisions for fear of repercussions if one tries to be innovative, and of wanting to be a good civil servant who never rocks the boat in order to protect one's pension. This negativity is still very much in evidence today.

With the source of doctors from Europe drying up, new recruits from Eastern Europe, mainly Poland and Yugoslavia, came to work for shorter periods of time. Later, doctors from Burma and the Philippines arrived as well as a horde of graduates from other African countries, namely Congo (Zaire), Nigeria, Zimbabwe and Zambia. More recently, Cubans have been imported to relieve the shortage, but at the same time the Minister of Health has refused volunteers from Western Europe with training very similar to our own. All these foreign graduates brought skills and expertise of varying proficiency. Some may have been excellent in their own environment but had no experience of the rural African situation (P H Jaques, unpublished data, 1999).

In 1975 a ward for surgical patients, identical to Giyani block, was erected and named Valdezia Ward after the first mission station of the Swiss Mission, which was celebrating the centenary of its establishment in the Northern Transvaal in 1875.

By the late 1970s the government was again spending money in the homelands. Various staff houses, a nurses' home and a modern sewage disposal system joined the structures already existing. The year 1985 saw the erection of a new operating theatre with four operating rooms, a central sterilising department, recovery and anaesthetic rooms, changing rooms and all the trimmings and fittings needed in a 'state-of-the-art' operating complex. At the same time a new surgical ward of 40 beds was added close to the theatre block.[3]

THE RECENT YEARS

Dr Gert Maritz took over the superintendency of Elim on the retirement of Pierre Jaques in 1973. He had previously worked at Siloam Hospital, also in the Northern Transvaal. His wife, Cilna, taught for a while at the Lemana High School.

During 1996/97 a massive security fence was erected around the hospital at tremendous cost. It would seem that priorities have changed. In the early years the emphasis was on the provision of clinical care. In 1999 a big double-storey administration block went up. A sign of the times? (P H Jaques, unpublished data, 1999.)

Dr S P S Lakana, the current superintendent, took over from Gert Maritz when the latter left in 1998. Dr Lakana is the wife of Dr Chhaya, a general practitioner in the area, whose family have lived in the North for many years.

Today Elim is a 600-bed medical centre of some renown and has a complement of 17 resident doctors, a school of nursing, a laboratory, X-ray facilities, an isolation ward and an eye hospital. It has a network of field workers and voluntary health care groups.

Dr Jaques, looking back, offers a final word: 'As in other parts of the world, care in the early years consisted mainly of trying to cure diseases in patients presenting at the hospital. There was very little attempt to prevent illness other than occasional poorly organised immunisation campaigns, or to involve the community in health issues. A series of Dutch doctors working in Elim profoundly changed the emphasis. The names Peter Kok, Rien Verhage and Carel Ijsselmuiden will always be linked with the development of a community health service. Dr Erika Sutter, who started at Elim as a laboratory technician and later studied medicine and ophthalmology, took this action a step further. Working in the eye department she soon saw the need to address the trachoma epidemic in a proactive manner. The development of the care groups, starting in 1975, is well documented in a number of publications. These were groups, mainly women, working as volunteers in their own villages and directed and motivated by teams from the hospital. They began by teaching basic hygiene to the villagers, but later diversified into a whole range of health initiatives. This was truly an innovation which had an important effect on the health of the population.

'Just as there has been a change from a curative, hospital-centred medicine to a community, people-centred health service in the first century of Elim's existence, so the second century will be marked by an increasing shift from white Eurocentric initiatives to decentralised-from-central-decision-making actions. People living in the area will be taking full accountability for a service hopefully more appropriate to the needs of the people.'

I extend a very sincere word of thanks to Dr P H Jaques, intimately part of the history described in this article, for his invaluable help and assistance and for all the facts provided from memory. Without his contribution it would not have been possible to write this article. And yet, he declined the offer to be co-author. I am also indebted to Dr G Malan of Jubilee Hospital, who made me aware of and supplied me with reference 1 of this article.

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