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MEDICAL MISSIONS: A NEGLECTED THEME IN ZIMBABWE'S HISTORY, 1893-1957

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WHILE THE CONTRIBUTION of Christian missionaries to African education in colonial Zimbabwe has been the subject of several doctoral theses,¹ not enough attention has been paid to the role played by Christian missionaries in the field of African health in colonial Zimbabwe. This is all the more surprising especially when considered in the light of the fact that the medical missionary relieved a great deal of suffering among Africans in colonial Zimbabwe, particularly in the rural areas where, initially, Government hospitals and clinics were either very few or non-existent. This article focuses on this relatively neglected theme in Zimbabwe's history.² I will confine myself to the medical contribution of four major mission hospitals: Mount Selinda, Morgenster, Nyadiri and Mnene.

Christian missionaries established medical missions both because they regarded the ministry of healing as an integral part of the Christian witness and because they viewed medical missions as an important evangelistic agency.³ For these reasons, at some mission stations where a trained doctor was not available, some missionaries practised as amateur doctors.⁴ The first permanent medical mission staffed by a medical doctor began when Dr W. L. Thompson, a medical missionary of the American Congregational Church, opened a dispensary at Mount Selinda in 1893. A fellow American medical missionary, of the American Board of Commissioners for Foreign Missions, Dr William T. Lawrence, opened a small hospital at Chikore mission in 1900.⁵ The dispensary at

¹ See, for example, R. J. Zvobgo, 'Government and Missionary Policies on African Secondary Education in Southern Rhodesia with Special Reference to the Anglican and Wesleyan Methodist Churches, 1934-1971' (Edinburgh, Univ. of Edinburgh, Ph.D. thesis, 1980); J. N. Hostetter, 'Mission Education in a Changing Society: Brethren In Christ Mission Education in Southern Rhodesia, Africa, 1899-1959' (Buffalo, State Univ. of New York, D.Ed. thesis, 1967); J. G. Kamusikiri, 'African Education under the American Methodist Episcopal Church in Rhodesia: Objectives, Strategy and Impact, 1898-1966' (Los Angeles, Univ. of California, Ph.D. thesis, 1978).

² Although the late Prof. Gelfand has done some work on this, on the whole the theme has been neglected. See M. Gelfand, 'Medicine and the Christian missions in Rhodesia, 1857-1930', in J. A. Dachs (ed.), *Christianity South of the Zambezi, I* (Gwelo, Mambo Press, 1973); M. Gelfand, *A Service to the Sick: A History of the Health Services for Africans in Southern Rhodesia (1890-1953)* (Gwelo, Mambo Press, 1976), ch. 13.

³ C. J. Zvobgo, 'Aspects of interaction between Christianity and African culture in colonial Zimbabwe, 1893-1934', *Zambezia* (1986), XIII, 54.

⁴ H. O. Brigg, 'The missionary as an amateur doctor', *The Foreign Field of the Wesleyan Methodist Church* (1917-18), 147-9.

⁵ Gelfand, 'Medicine and the Christian missions in Rhodesia', 115.

Mount Selinda was gradually expanded until it became a full-fledged hospital — the Willis F. Pierce Memorial Hospital — which was formally opened in 1912.

In the Victoria Province, Christian medical missions were pioneered by missionaries of the Dutch Reformed Church. A hospital was erected at Morgenster mission when the first medical missionary, Dr John T. Helm, arrived in 1894. In addition to his medical work at Morgenster Hospital, Dr Helm started a leper settlement at Chikarudzo on Morgenster mission farm in 1899. In 1903, after discussions between the Medical Director, Dr Andrew Fleming, and Dr Helm, an agreement was reached whereby the District Surgeon, Victoria, would make periodic visits, on behalf of the Government, to inspect the settlement. Accordingly, in January 1903, the Acting Medical Director asked Dr Williams, District Surgeon, Victoria, to visit the settlement and furnish the Government with a general report on the settlement and on the conditions of the inmates.⁶ In July 1914, the Government approved the appointment of Dr Helm as Medical Superintendent of the Leper Settlement at Morgenster at a salary of £200 per annum, and the appointment of Mr I. Botha as his assistant at a salary of £180 per annum.⁷ By 31 December 1916 the Leper Settlement at Morgenster had a total of 76 inmates, 54 of whom were males and 22 were females.⁸ In 1923 the Government took over the Leper Settlement at Morgenster and in 1927 transferred it to Ngomahuru. For twenty years Dr Helm treated the sick until his departure in 1914 due to failing health. After his departure, the Revds H. W. Murray and G. S. Murray — who, as licensed ministers, had both attended a brief six months' course in tropical medicine at Livingstone College, London — rendered medical assistance until the arrival of Dr M. H. Steyn in 1924.⁹

In 1928 the Government decided to give grants for the first time to missionary societies engaged in medical work among Africans. Government Notice No. 543 of 10 August 1928 stated that 'in future and until further notice', Government would give grants to 'missionary societies employing qualified medical missionaries and/or certificated nurses engaged in *bona fide* medical work' among Africans towards: (a) salaries of medical missionaries and nurses; (b) maintenance of mission hospitals; (c) establishment of training schools for African probationer-nurses, male and female; and (d) purchase of drugs and dressings, including the upkeep of outdoor dispensaries.¹⁰ In addition, the Government would pay: half the salary of every registered medical practitioner

⁶ N[ational] A[rchives of] Z[imbabwe], HM/1/1 (Public Health Department, Morgenster Leper Settlement: Correspondence: General, 28 June 1902–4 Apr. 1917), Acting Medical Director to Helm, 27 Jan. 1903.

⁷ *Ibid.*, Fleming to Helm, 7 July 1914.

⁸ *Ibid.*, Helm, Annual Report on Leper Settlement, Morgenster Mission, 1916.

⁹ W. J. van der Merwe, *From Mission Field to Autonomous Church in Zimbabwe* (Pretoria, N. G. Kerkboekhandel, 1981), 84–5.

¹⁰ Southern Rhodesia, *Government Gazette* (10 Aug. 1928), Govt. Notice No. 543, para. 1.

employed as a medical missionary to a maximum of £200 per annum; £30 per annum to every missionary society in respect of every missionary employed by such missionary society who had attended a special training course in tropical disease at any of the recognized British universities, colleges, hospitals or training schools;¹¹ and a maximum of £40 in respect of every approved certificated nurse or sister employed by a mission in medical work among the Africans.¹² Grants would also be paid to mission hospitals engaged in training African nurses provided that the probationer, prior to admission for training, had passed Standard IV, and provided that the period of training was three years.¹³ Further, in respect of every approved medical mission, Government would refund half the cost of all drugs and dressings used, whether in hospitals or dispensaries, but the Government's contribution would not exceed £100 in any year for any mission station.¹⁴ These grants enabled missionary societies to recruit more medical staff and to train African nurses at their mission hospitals.

At Mount Selinda, a three year-training course for African nurses, with Standard IV as the minimum entrance qualification, was launched in 1930 with seven student nurses in training.¹⁵ A detailed course and syllabus were unveiled in 1931.¹⁶ In 1934 there were nine student nurses in training. In 1936 Dr Willis H. Willis joined Dr Lawrence at Mount Selinda hospital. In addition to the two doctors, there were three trained nurses from the United States of America — Miss Minnie A. Tontz, Miss Edith J. Fuller and Miss Nellie Myers — and eleven African student nurses in training, five of whom completed the three-year training course in nursing.¹⁷ During the year, 858 in-patients and 1,689 out-patients were treated and 57 operations were performed. There were also seven lepers undergoing treatment at the hospital. Serious cases treated by Dr Lawrence included hookworm, syphilis, bilharzia, yaws, measles, influenza, dysentery, roundworm, chickenpox, pneumonia, tuberculosis and black-water fever.¹⁸ On 15 December, 1938 Miss Theresa Buck, who had trained as a nurse at Peter Bent Brigham Hospital in Boston, Massachusetts, joined the staff of Mount Selinda hospital.¹⁹ In 1940, 796 in-patients and 2,902 out-patients were treated,²⁰ while

¹¹ *Ibid.*, para. 4.

¹² *Ibid.*, para. 5.

¹³ *Ibid.*, para. 8.

¹⁴ *Ibid.*, para. 10.

¹⁵ NAZ, S2014/6 [Ministry of Health: Correspondence, General, 28 Feb. 1916–25 Apr. 1958: Missions] 2–3 [American Board Mission, Mount Selinda, 27 July 1925–30 Oct. 1947], Lawrence to Medical Director, 14 Nov. 1930.

¹⁶ *Ibid.*

¹⁷ *Ibid.*, Lawrence, Medical Missions: Mount Selinda, Claims under Government Notice 543 of 1928, year ending 31 Dec. 1936.

¹⁸ NAZ, S1563 [Native Affairs Department, C[hief] N[ative] C[ommissioner] Annual Reports, Reports of CNCs and NCs, 1934–1948], NC, Chipinga, 31 Dec. 1936.

¹⁹ NAZ, S2014/6/2–3, Willis to Medical Director, 7 Jan. 1939.

²⁰ NAZ, S1563, NC, Chipinga, 31 Dec. 1940.

in 1941, 765 in-patients and 2,297 out-patients were treated at the Willis F. Pierce Memorial Hospital.²¹ The number increased to 910 in-patients and 2,593 out-patients treated in 1942.²² By October, 1944 the Willis F. Pierce Memorial Hospital had an operating theatre and X-ray equipment.²³

Meanwhile, at Morgenster, the John Helm Memorial Hospital was completed in 1930 with beds for thirty in-patients.²⁴ A three-year training course for African student nurses was also introduced. In 1934 the staff consisted of Dr Steyn, two qualified nurses, three African orderlies and eight African student nurses.²⁵ In 1935 the hospital had twenty-four beds, out-patient rooms, a dispensary and an operating theatre. During the year, 386 in-patients and 4,137 out-patients were treated and 136 operations were performed.²⁶ In 1936, 430 in-patients and 4,732 out-patients were treated and 176 operations were performed. The cases most commonly treated were: malaria, bilharzia, syphilis, dysentery, various ulcers, eye cases, and infectious diseases such as whooping cough, measles and mumps.²⁷

In 1941 it was proposed to build the Cinie Louw Memorial Hospital as an extension of the main hospital at Morgenster. It was to consist of twelve maternity beds with labour wards and bathroom, twelve beds for children and eighteen beds for adult males and females.²⁸ After discussions with the Chief Native Commissioner, the Native Commissioner, Victoria District, felt that the proposed extension was fully warranted because, besides Africans of the Victoria District, many Africans from adjoining Districts were also treated at Morgenster hospital. 'One aspect of the matter which appeals to me particularly', the Chief Native Commissioner wrote to the Medical Director, 'is the provision of additional facilities for training native women in general nursing and midwifery'.²⁹ In 1943 the Cinie Louw Memorial Hospital — named after the wife of the founder of Morgenster mission, the Revd A. A. Louw — was completed, with wards specially for women and babies. By the end of 1943 Morgenster hospital had sixty beds for in-patients. In December 1952 an out-patient building was opened at Morgenster Hospital, by which time the hospital had ninety beds for in-patients.

²¹ Ibid., NC, Chipinga, 31 Dec. 1941.

²² Ibid., NC, Chipinga, 31 Dec. 1942.

²³ NAZ, S2014/6/2-3, W. F. Wynne [Supervisor of Hospital] to Medical Director, 2 Oct. 1944.

²⁴ Van der Merwe, *The Day Star Arises in Mashonaland* (Fort Victoria, Morgenster Mission Press, 1953), 46.

²⁵ NAZ, S1050 [Native Affairs Department, NC, Victoria: Reports: Annual: 1933-1940], NC, Victoria, 31 Dec. 1934.

²⁶ Ibid., Report of the NC, Fort Victoria, 31 Dec. 1935.

²⁷ Ibid., Report of the NC, Fort Victoria, 31 Dec. 1936.

²⁸ NAZ, S2014/6/13-14 (Morgenster, 12 Aug. 1927-29 Sept. 1942), H. W. Murray to Medical Director, 11 Nov. 1941.

²⁹ Ibid., CNC to Medical Director, 3 Dec. 1941.

In addition, there were forty female and twelve male student nurses in training. In 1952, 1,951 in-patients were treated, 996 operations were performed and 345 maternity cases were attended to.³⁰ In 1957 a hospital with fifty-two beds for tuberculosis patients was added to the main hospital at Morgenster.³¹ Patients came from all over Southern Rhodesia, as well as from Mozambique, Northern Rhodesia, Nyasaland, Bechuanaland and the Transvaal, for treatment.³² According to van der Merwe, there were two main reasons why patients came to Morgenster from different areas and countries: 'Firstly, they were attracted by the medical service rendered in love. Secondly, this service was offered by men and women who were professionally capable.'³³ In 1951 Dr Steyn was awarded the MBE in recognition of his medical work at Morgenster hospital. 'More important,' according to Daneel, 'the Africans in the rural areas honoured him with the title "nganga huru yenyika" (the great "diviner" of the country).'³⁴ A second hospital with twenty-five beds was built at Gutu mission. In 1952, 1,196 in-patients were treated, 510 operations were performed and 138 maternity cases were attended to at Gutu mission hospital.³⁵ Clinics were also established at smaller mission stations. Altogether, of the 1,015 beds available in mission hospitals in 1950, about ten per cent were provided by the Dutch Reformed Church.³⁶

The Wesleyan Methodists began medical work among Africans in colonial Zimbabwe when they opened their first hospital at Kwenda mission in 1913. The Government offered £200 towards the cost of building the hospital. The Government undertook not only to pay the doctor's salary as soon as he arrived at Kwenda mission but also to defray the cost of drugs, surgical instruments and general equipment. A medical missionary, Dr Sidney Osborn, arrived at Kwenda mission in May 1913. The hospital, with accommodation for eighteen in-patients, was completed during the year; a dispensary was attached to it.³⁷ By 15 December 1913, 128 patients had been treated at the hospital.

The first few years at Kwenda hospital were very difficult because, among other things, patients repeatedly put off calling for medical assistance until the disease had become so chronic that it required months to cure or until it had such a hold on them that all Dr Osborn could do was to ease the last few hours of the

³⁰ Van der Merwe, *The Day Star Arises in Mashonaland*, 46-8.

³¹ Van der Merwe, *From Mission Field to Autonomous Church in Zimbabwe*, 86.

³² Van der Merwe, *The Day Star Arises in Mashonaland*, 48.

³³ Van der Merwe, *From Mission Field to Autonomous Church in Zimbabwe*, 87.

³⁴ M. L. Daneel, *Old and New in Southern Shona Independent Churches, I* (The Hague, Mouton, 1971), 231.

³⁵ Van der Merwe, *The Day Star Arises in Mashonaland*, 48.

³⁶ *Ibid.*, 46.

³⁷ Wesleyan Methodist Missionary Society, *The One-Hundredth Report of the Wesleyan Methodist Missionary Society (1914)* . . . (London, The Society, 1914), 150.

patient's life.³⁸ After three years the situation had not changed. Dr Osborn was getting only a few out-patients daily and very seldom an in-patient at all. In fact, the in-patients were so few that by April 1916 Dr Osborn was using the largest ward as a day school for children. By June 1916 the situation had still not changed; the Shona were still reluctant to come for medical treatment. Under the circumstances, the Government felt that it was pointless to continue to support Dr Osborn's services and withdrew its grant to the hospital.³⁹ In May 1917 Dr and Mrs Osborn terminated their services at the hospital and left the country. They were forbidden to return on medical grounds.⁴⁰

After Dr Osborn's departure, the missionaries who remained at Kwenda hospital continued to give medical treatment as best they could. Between April and September 1917, over 500 out-patients were treated. The hospital was formally closed in December 1917. In spite of the closure of the Kwenda hospital, the Wesleyans did not abandon the ministry of healing. They began medical work at Waddilove Training Institution when Sister Madge Dry arrived in May 1927 to train African nurses.⁴¹ The only 'hospital' available when she arrived was the verandah of a small house which had been offered to the Church. Her bedroom was her ward. 'For the first year or so', she later wrote,

I had to do all the nursing myself and only had a girl for cleaning and cooking. Then three girls from the school who had passed Standard 6 asked if they could come to the hospital and learn some nursing. I had so little to offer them but felt it was worth trying, so I made out a simple syllabus and had regular classes. At the end of three years I felt the girls must have some recognition of their training, so I wrote to the Medical Department and asked if they would kindly send us a qualified person to come and examine them. This they did and were satisfied with the results. We were able to give the nurses a certificate signed by the Waddilove Superintendent, the Examiner and myself. This was the beginning of the Nursing Assistant training in the country.⁴²

During the year, the Synod of the Wesleyan Methodist Church in Southern Rhodesia requested a grant of £200 from the Missionary Committee in London towards the cost of building a dispensary and a small hospital at Waddilove. The scheme was estimated to cost £500; the balance was to be raised locally. The Missionary Committee agreed to the request and the hospital was opened on 23

³⁸ S. Osborn, 'A doctor in difficulties', *The Foreign Field of the Wesleyan Methodist Church* (1914-15), 304.

³⁹ 'News from our mission fields', *The Foreign Field of the Wesleyan Methodist Church* (1917-18), 39.

⁴⁰ Wesleyan Methodist Church, *Directory of the Rhodesian District* (Salisbury, The Church, 1918), 2.

⁴¹ NAZ, S2014/6/28 [Waddilove, 27 Feb. 1925-5 May 1939], White to Medical Director, 31 Aug. 1927.

⁴² Sr M. Dry, 'Waddilove Hospital story', *Waddilove Review* (1963), 11-13.

November 1927. The opening of the Waddilove hospital enabled Sister Dry to treat patients who could not get to the District Surgeon. According to the Revd John White, it was 'distinctly a case of half a loaf being better than no bread'.⁴³

In 1928, four student nurses — Esther Maketo, Barbara Benn, Dinah Mgugu and Lilian Tyeza — began a training course in nursing at Waddilove hospital.⁴⁴ At the end of the year, they all passed their examination, which was conducted by Dr T.G. Burnett of the Bulawayo General Hospital. 'Considered as a whole', he wrote,

the result of this examination reflects great credit on the instructress — Nurse M. P. Dry — and suggests much care and patience. . . . The training of native girls in Nursing should be given every encouragement and should prove of great benefit, not only in the women's wards of Native Hospitals, but in the kraals to which some of these girls will return.⁴⁵

In 1929 Sister Dry sent the Medical Director a detailed syllabus of the three-year training course in nursing at Waddilove hospital.⁴⁶ At the end of the year, five student nurses sat for their examination, which was conducted by Miss Rees, Matron-in-Chief of the Southern Rhodesia Nursing Service, and all passed. 'The girls', she wrote, 'showed great interest and enthusiasm. The practical work was of very good standard, and the theoretical side, while not carrying the same high percentage of marks as last year, is very good indeed'.⁴⁷ The Government, however, did not recognize Waddilove hospital as a training school for orderlies and nurses, firstly because there was no medical practitioner attached to the mission, and secondly because as the hospital was very small with a limited range of diseases treated, it was not considered that an efficient and comprehensive training could be given.⁴⁸

In spite of the failure to get recognition of Waddilove hospital as a training school for African nurses, medical facilities were expanded at Waddilove hospital. Shortly before his death in August 1933 the Revd John White bequeathed funds for the extension of medical work at Waddilove.⁴⁹ In 1937 the Synod decided to proceed with the Memorial Hospital at Waddilove, allocating £700 for a men's ward,⁵⁰ and in 1939, the John White Memorial Hospital,

⁴³ NAZ, S2014/6/28, White to Medical Director, 15 June 1928.

⁴⁴ *Ibid.*, P. Searle, Principal, Medical Missions, Waddilove Report for Year Ending 31 Dec. 1928.

⁴⁵ *Ibid.*, Burnett, Waddilove Training Institution, Report of Examination in Nursing, 7 Dec. 1928.

⁴⁶ *Ibid.*, Dry to Medical Director, 29 Aug. 1929.

⁴⁷ *Ibid.*, Dry, Report on Nengubo Hospital [Waddilove Training Institution], 1930 [enclosing report by Miss Rees].

⁴⁸ *Ibid.*, Medical Director to Principal, Waddilove Training Institution, 31 May 1932.

⁴⁹ M. P. Dry, 'The "John White Memorial Hospital" at Waddilove Institution', *The Kingdom Overseas* (1939), 195.

⁵⁰ 'Around the district', *The Rhodesian Methodist* (1937-8), XIII, iii, 5.

consisting of a women's general ward, maternity ward, a labour ward and a babies' nursery, was officially opened.⁵¹ The Hospital served not only the Waddilove community but also the people of the neighbouring Chihota Reserve.

The American Methodist Episcopal Church started medical work at Nyadiri mission when Dr Samuel Gurney, a medical missionary, arrived in 1923. He worked for over a year with an African assistant he had trained. When Dr Gurney died in 1924, he was succeeded by Dr Montgomery, who arrived in 1925. A small five-roomed cottage was converted into a hospital. Miss Ona Parmenter, a trained nurse, was appointed to Nyadiri mission in 1926. She served from 1926 to 1931, taking care of in-patients and helping to train a few African girls in practical nursing.⁵² When she left in 1931, she was succeeded by Miss Alice Whitney,⁵³ who had a General Nursing Certificate from Los Angeles General Hospital and a Nursing Certificate from the London Hospital for Tropical Diseases.⁵⁴ During the year, 2,005 out-patients were treated at Nyadiri mission hospital.⁵⁵

In 1940, Dr A. G. Anderson MD, a graduate of Northwestern University, was transferred from Korea to Nyadiri mission.⁵⁶ In October 1941 a new hospital, comprising eighteen beds, a room for clinical work, a surgical theatre and an obstetric ward, was nearing completion at Nyadiri mission.⁵⁷ One of the diseases which Dr Anderson and his staff treated at Nyadiri hospital was bilharzia which was widespread among the students due to the fact that the students had nowhere to wash except in the nearby river.⁵⁸

In October 1941 Dr Anderson applied to the Government for authority to train African nurses at Nyadiri mission hospital beginning in 1942.⁵⁹ The Government was prepared to grant such authority provided that the entrants to the course had passed Standard VI at some recognized education centre.⁶⁰ When Dr Anderson assured the Medical Director that the mission was able to comply with the educational standard required of entrants to the course and that he had already received applications from two girls who had passed Standard VI,⁶¹

⁵¹ Dry, 'The "John White Memorial Hospital"', 195-6.

⁵² E. Ashby, 'The medical work at Nyadiri Mission', *The Central African Journal of Medicine* (1956), II, 444.

⁵³ NAZ, S2014/6/16 (Nyadiri, 12 Feb. 1929-8 Dec. 1945), Whitney to Medical Director, 23 May 1931.

⁵⁴ *Ibid.*, A. G. Anderson to Medical Director, 27 Oct. 1941.

⁵⁵ *Ibid.*, Annual Report, Nyadiri Mission, 1931.

⁵⁶ *Ibid.*, W. H. Buchanan (Registrar) to Medical Director, 1 Aug. 1941.

⁵⁷ *Ibid.*, Anderson to Medical Director, 27 Oct. 1941.

⁵⁸ *Ibid.*, Anderson to Medical Director, 26 Aug. 1941.

⁵⁹ *Ibid.*, Anderson to Medical Director, 27 Oct. 1941.

⁶⁰ *Ibid.*, G. A. Taylor (for Medical Director) to Anderson, 17 Dec. 1941.

⁶¹ *Ibid.*, Anderson to Medical Director, 8 Dec. 1941.

authority to train African nurses at Nyadiri hospital was granted in December 1941.⁶² Accordingly, training of African nurses at Nyadiri mission hospital began in 1942 when five girls — Margret Marange, Annie Gezi, Naomi Manyarara, Eunice Denga and Constance Chieza — arrived. They graduated in 1944 after taking an examination, set by the Government Health Department, for Nursing Assistants and each received a certificate.⁶³ When Miss Whitney left Nyadiri hospital in 1945 she was succeeded by Miss Elma Ashby. In 1956 Nyadiri mission hospital had fifty-six beds and thirty students in the Nursing School.⁶⁴

The Church of Sweden opened its first hospital at Mnene mission, the second at Masase and a clinic at Manama. The first qualified Swedish nurse arrived at Mnene in 1915, ten years before the first medical missionary, Dr T.N. Tilander, arrived in 1925.⁶⁵ Dr Tilander, who was in charge of both Mnene and Masase hospital, was assisted by five trained nurses, three at Mnene and two at Masase. In 1931 Mnene hospital had a laboratory, operating theatre and X-ray equipment. During the year, three additional wards capable of accommodating up to a hundred more beds were nearing completion. According to the Native Commissioner, Belingwe, the main purpose of Mnene and Masase hospitals was to combat venereal disease which was rife in the Belingwe District, it being estimated that seventy-five per cent of the indigenous African population of the District suffered from this disease. In 1930, for example, of the 1,355 patients treated at Mnene hospital, 634 were treated for venereal disease, 66 for leprosy and the rest for general diseases. At Mnene hospital, of the 1,128 patients treated in 1930, 877 were treated for venereal disease and 241 for other diseases.⁶⁶ In 1936 Dr Tilander left for Sweden and was replaced by Dr Olof Nordesjo. During the year, 683 in-patients and 101 out-patients were treated for venereal disease at Mnene hospital while 657 in-patients and 213 out-patients were treated for venereal disease at Masase hospital. Of the patients treated for general diseases, 566 in-patients and 389 out-patients were treated at Mnene hospital while 250 in-patients and 310 out-patients were treated at Masase hospital.⁶⁷

In 1940, twenty-three lepers were treated at Mnene hospital. Commenting on the medical work carried out at Mnene hospital, the Native Commissioner, Belingwe, wrote: 'I cannot speak too highly of the medical work of this Mission.

⁶² *Ibid.*, Taylor (for Medical Director) to Anderson, 17 Dec. 1941.

⁶³ Ashby, 'The medical work at Nyadiri Mission', 444.

⁶⁴ *Ibid.*, 445.

⁶⁵ H. Albrektson, 'The Church of Sweden mission', in P. S. King, *Missions in Southern Rhodesia* (Cape Town, The Citadel Press, 1959), 66-7.

⁶⁶ NAZ, S2014/6/9-10[Mnene, 11 Feb. 1924-26 Mar. 1947], NC, Belingwe, to Superintendent of Natives, Bulawayo, 10 Mar. 1931.

⁶⁷ NAZ, S1563, NC, Belingwe, 31 Dec. 1936.

No trouble is too great, no journey too arduous or too long if medical aid is needed'.⁶⁸

In 1941, a three-year training course in nursing was launched at Mnene hospital with fifteen African student nurses in training.⁶⁹ In 1942, twenty-six lepers were treated at Mnene hospital.⁷⁰ During the year, the number of patients treated for venereal disease at Mnene and Masase hospitals considerably increased. According to Dr Nordesjo, the disease was contracted in the towns and mine compounds by African labourers who then spread it to the rural areas during their visits home. 'If we do not get a better control on the Natives, especially in the Mine compounds,' he wrote,

we will never get rid of this plague of Rhodesia. A first step in the right direction would be to examine regularly everybody at the mines, employees as well as visitors, and to give everyone suffering from V-D, treatment on the spot so that they do not lose any days of their work. I think that is the reason why many hide their ailments.⁷¹

In 1945 there were 36 student nurses in training at Mnene hospital.⁷² In 1946, of the 36 student nurses in training at Mnene hospital, all passed the General Nursing examination and were deployed throughout the country. During the year, 5,830 in-patients and 1,546 out-patients were treated at the hospital.⁷³ A well-deserved tribute to the medical work carried out at Mnene and Masase hospital was made by the Native Commissioner, Belingwe District, in 1931. 'The reputation of these hospitals', he wrote, 'has extended far beyond the borders of this District and Natives of many other districts attend at Mnene for treatment . . . I think no praise is too high for the work done at these hospitals'.⁷⁴

It should be clear from this study that medical missionaries not only relieved a great deal of suffering among Africans in colonial Zimbabwe especially in the rural areas where initially Government hospitals and clinics were either very few or non-existent but also trained African nurses and orderlies at their mission hospitals. The work of Dr John Helm among the lepers at Morgenster was a shining example of Christian compassion for the outcasts of African society in colonial Zimbabwe. The acceptance of Western medicine by Africans in colonial Zimbabwe did not mean that the Africans of Zimbabwe had lost faith in their traditional doctors but that in the treatment of certain illnesses Western medical technology proved superior to traditional remedies.

⁶⁸ *Ibid.*, NC, Belingwe, 31 Dec. 1940.

⁶⁹ *Ibid.*, NC, Belingwe, 31 Dec. 1941.

⁷⁰ NAZ, S2014/6/9-10, O. Nordesjo, Report on leprosy work done at Mnene, 1942.

⁷¹ *Ibid.*, Nordesjo, Report on the medical work carried out by Church of Sweden Mission in Belingwe and Gwanda Districts in the year 1942.

⁷² *Ibid.*, Nordesjo, Mnene Nurses Training School, 8 July 1946.

⁷³ NAZ, S1563, NC, Belingwe, 31 Dec. 1946.

⁷⁴ NAZ, S2014/6/9-10, NC, Belingwe, to Superintendent of Natives, Bulawayo, 10 Mar. 1931.