

Chapter 38 – Umlamli Mission Hospital

A Jewel in the Mountains

The Gariep¹ Prefecture was erected by Papal Decree on 21st June 1923 and entrusted to the Society of the Priests of the Sacred Heart. It was formed of the southern portion of the Kimberley and the northern part of the Port Elizabeth Vicariates. Later the Prefecture was raised to the status of a Vicariate and is now the Diocese of Aliwal North.² The territory lies on a plateau with high mountain chains in the south and east. The country, for the most part, is pasture land, has a dry climate and is practically devoid of trees except where these have been planted by individual farmers. Farms are cultivated by white men who raise sheep and grow maize and wheat. One portion of the diocese consists of a Homeland reserved for the Africans where no white man may acquire land.

Half a dozen railway lines run through the diocese and the trains on these travel very slowly owing to the numerous sharp turns round the mountains. As the lines touch comparatively few of the mission stations, not much use can be made of the train by the missionaries and connection between the mission stations is often possible only by motor car, bus or on horseback, while some outposts can be reached only on foot.

Most of the white population in the Aliwal North Diocese are of Dutch and Huguenot origin while a considerable portion are English speaking though many of these are of German, Italian and Lebanese descent. The Black people in the area are Xhosas with a sprinkling of Basutos, as the district borders on Lesotho.

Right Rev Monsignor Francis W Demont S.C.J. regarded medical work as a necessary part of missionary activity and decided to establish a hospital on a rocky projection of the Nojiki³ Mountain and, in so doing, to bring medical assistance to the people of Herschel⁴ District – some 98 Km from Aliwal North. Mr Key, the Magistrate of Herschel, had persuaded the Government to grant the site on which the hospital was to be built by Rev Brothers Bonaventure, Kilian and Lazarus of the Sacred Heart Order. In view of the experimental nature of the Mission Hospital and also because of the hostility of the Native people at first, the building was done on very simple lines. A single-storeyed quadrangle was regarded as a potential protection in that isolated, inhospitable spot. There was, at the time, as yet no telephonic communication with the rest of the world. The mail bag was brought once or twice a week by an African Bus from the village of Sterkspruit and hung on a post at the roadside where one of the Brothers fetched it and brought it to the mission.

Monsignor Demont asked Mother General Geisel at King William's Town for Sisters to staff his proposed mission hospital. Though the Congregation had been working in South Africa for 54 years and already had many branch convents, this would be the first venture with a large hospital. The Prioress General put the matter before the College of the Propagation of the Faith in Rome and the Secretary answered, giving permission to comply with the request. Being in the African Reserve the hospital would have to supply medical, surgical and maternity services. However, as the building had hardly begun, it was thought that only a very small staff could take over at first. Sister Hugolina Geiselhart, a German nurse, arrived on 16th July 1931. She would meanwhile visit the sick in their homes and render them such services as lay in her power; while Sister Agnes Kley,⁵ in the make-shift kitchen, ministered to the material needs of the Brothers engaged in building and of the mission Priest. These pioneers lived in wattle-and-daub huts. One was earmarked as a dispensary, another as a hospital and the third for the

¹ *The Hottentot name for the Orange River which flows through part of the area*

² *A small town founded in 1849 by Governor Sir Harry Smith, commemorating his victory at Aliwal in India.*

³ *A prominent part of the maloti Range.*

⁴ *A hamlet laid out in 1873 in the Cape Province and named after the astronomer Sr J.F.W. Herschel. It lies almost 2000m above sea-level and has a very cold climate*

⁵ *Her generous parents gave nine of their eleven children to the Church in various religious Orders, four of whom joined the 'King' Dominicans.*

Sisters' quarters, while the men shared a tin shack. When the patients did arrive they slept on mats on the floor; there were no chairs, tables, cabinets etc. of any kind at the outset.

Dr Johann Pattis had come from Germany to work in the Herschel District until his tragic death in 1931, of Typhus fever contracted during the course of his duties. Miss Dorothy Laseby, a fifth year medical student from Cape Town who had come to help during vacation, also died of the disease a few weeks after the doctor. Both were buried at Aliwal North.

Dr Anna Heukamp, another missionary of Aliwal North, travelled over sixty miles when she periodically visited the Herschel District, until Dr Martha Dittton arrived in 1932 as resident doctor and Medical Superintendent of Umlamli,⁶ or, more correctly, 'Mlamli', for the first 18 years of its existence, and for which she was awarded the "Pro Ecclesia et Pontifice" Papal Medal.

Want of qualified medical practitioners encouraged Msgr Demont to accept the generous offer of the Swiss Miva to donate a two-seater "Gipsy Moth" with guarantees of all expenses paid for a year. Mr Hans Marti arrived with the little plane but soon there arose the need of a larger machine to carry the pilot, the doctor, a nurse and, in urgent need, a patient. The German Miva offered a "junker" four-seater plane. But this one came to a tragic end in 1934, during its trial flight at East London, killing the zealous pilot.

On 17th January 1933 "all roads let to Umlamli", for the new hospital was to be opened. The Apostolic Delegate Archbishop B.J. Gijlswijk, O.P. came from Bloemfontein to dedicate the new building. As many as eleven priests, headed by Msgr Demont,⁷ were also present. Among the distinguished guests were Very Rev P Termaat, O.P., secretary of the Archbishop; Mr Apthorpe, the Civil Commissioner; Mr Diakson, Magistrate of Aliwal North; Mr Sweeny of Herschel; Mr Botha, M.P.C.; Doctors Sanderman and Heukamp of Aliwal and Dr Millard of Herschel; Mrs Key, widow of the late Magistrate of Herschel and Mother General from King William's Town.

At 3 o'clock His Excellency performed the religious ceremony of blessing the hospital. In his address Msgr Demont expressed his gratitude for the completion of the building which had taken three years of labour at a time when the financial depression was at its greatest.

Mr Apthorpe said a hospital such as this would be fit to grace many a town in the Union. He urged the Africans to make use of the help brought to their doors and he assured them that, if they did that, they would live to bless the Catholic Church for its great work of charity. He impressed upon his hearers that, no matter what their religious affiliation might be, no difference would be made in their treatment at the Hospital. He then referred to the work done for the hospital by the late Mr Key. He also thanked the authorities of the mission for the honour bestowed upon him and the Late Mr Key in naming two of the wards after them. Mr Botha briefly pointed out that the Catholic Church had accomplished what he had been trying to get the Government to do for the last 9 years. Then, amid enthusiastic applause, he ended with: "And now I shall see what can be done about the Kromspruit causeway." (When this was built it was, for many a year, the only bridge in the Herschel District.)

One of the local school children, Francesca Ponuani,⁸ dressed in white, carried a velvet cushion on which rested a silver key. This she presented to Mr Botha, who unlocked the front door and declared the hospital officially open.

The public was amazed at the excellent equipment they found as they viewed the various departments of the hospital. On this day there were already 18 patients in the wards and the visitors saw young African nurses attending to these. When Mrs Lowrey, one of the guests, had completed her tour of the building she said her prayer was that "the rays of light emanating from this jewel set in the mountains of Herschel, may penetrate to the farthest Bantu homes in this district."

⁶ Derived from the Xhosa language and can be translated to mean "helper" or "arbitrator".

⁷ He was ordained Bishop in 1936. His successor, Bishop J Lueck, S.C.J. was consecrated in 1947

⁸ When this girl completed her schooling she returned to Umlamli to train as a nurse. Afterwards she became a Clinical Matron at Baragwanath and later also at Natalspruit Hospital.

Light refreshments were available from 11 a.m. to the hour of the guests' departure at 5 p.m. and lunch was served for those who came from a distance. The broad smiles of the African visitors indicated their complete satisfaction with the catering.

For the first couple of years the hospital was under the direction of a secular matron, Miss E Rischmueller, until a Dominican Sister⁹ qualified in South Africa could take charge. In 1936, Umlamli became a second class training school for State Registered Nurses.¹⁰ A number of girls who qualified here afterwards occupied responsible positions in larger hospitals in the country. Of one of them, Mrs C Searle (later Professor) said, "This is my best nurse though she trained at a bush hospital."

Sister Editha Seiterle had come to Umlamli in 1932 to help tend the sick in the incipient hospital. She was accompanied by Sister Fidelia Grohe who took over the little mission school dedicated to St Kilian. After her Sister Adriana Scheicher¹¹ taught here until, by order of the Government, the mission school was handed over to African teachers. About 130 metres up the slope of the hill a small brick building formed both chapel and school. The nuns would go to the screened-off portion there to say their prayers to the noise of dancing and singing school children. When once the Sisters had a house of their own, they chose its largest room as a little church. Though an improvement on the former chapel, this soon proved too small for the growing African congregation and a roomy pre-fabricated church was then erected.

About half the population of Herschel district, in all over 80.000, are still pagan. Though in the hospital a few Africans had accepted baptism at the point of death, the missionaries had to labour at Umlamli for ten years before their first catechumen, old Mr Samson Mpambani, presented himself for religious instruction. Today there are thousands of Catholics in the district and also many other Christians.

The country in this region is mountainous and some of the finest scenery in South Africa is found here – clear mountain streams, cascading waterfalls and quite exciting Alpine flora. Added to this is the very interesting primitive but colourful Native life and the pastoral scene which often reminds one of a Breughel picture. In fact one sometimes feels that the Holy Land must have been similar in the time of Our Lord: with shepherd boys tending their little flocks of sheep and goats. In the spring the district is a veritable fairyland of peach blossoms, the trees being dotted all over the country in the small fields of green wheat. The autumn tints are even more colourful. At this time of the year the interesting ritual of advancing the young men to the status of manhood takes place. Bands of such youths painted white with clay and clad in beautiful karosses made of lamb skins, spend three weeks in the mountains in isolation fending for themselves and being instructed by their master of ceremonies.

Other intriguing observances are held to celebrate the coming of age of the young women. They are also painted white and hold masks of reed in front of their faces so that no man should see them during this time. These formalities being completed they appear in different garb. Their bodies are now covered in red clay and their hair has the appearance of tight skull caps made of shiny beads. Thus they resemble the most graceful bronze statuary.

It is a magnificent sight to see the Africans threshing millet at night. A bonfire is lit and the white-clad figures can be seen dancing while they thresh the corn which is first stacked in the most attractive way by women, who do all the work in the fields with the exception of ploughing later in the year. Here threshing is still done by hand or by driving oxen over the threshing floor to tread out the grain.

All these customs are unfortunately pagan ritual deeply rooted in the lives of the people. The witch doctors and older women are a great power in this land. Their word is law and, though they undoubtedly know some useful things, they also cause great suffering through their age-old beliefs and ignorance.

Even today it is amazing to think that after so many years of the existence of the hospital in their midst, one sometimes has to spend hours reasoning with patients, for instance advanced tuberculosis, to

⁹ Sister Leonor Fischer – During the war years our Sisters at Umlamli were also privileged to nurse the saintly Edel Quinn, African Envoy of the Legion of Mary.

¹⁰ The training and syllabus are the same as for 1st class schools, except that at this one the term of training was a year longer. This was necessary because of the small number of beds available for the course.

¹¹ One of Sister Adriana's pupils, Gabriel Mweza, became a Catholic and now helps the hospital as ambulance-driver

convince them that the witch doctor would hardly be able to accomplish anything by slaughtering a goat on their behalf. One patient told the mission doctor that a goat had been sacrificed for her. It meant little to her that at least a few hundred Rand had been spent on her during the couple of weeks she had been in the hospital, until it was translated into a large flock of a hundred goats. Two days later, all the same, she absconded during the night to visit the witch doctor...

The grandmothers also cause a great deal of malnutrition amongst the babies by weaning them straight on to a type of sour porridge, regardless of age. This often happens when the infants are only two weeks old. On making enquiries one might find that adequate fresh milk is even available. A most extensive course in grandmother-craft is perhaps the only way of improving the situation. The young mothers themselves have absolutely no say in the matter.

The custom of first babies having to be born at home under the most primitive conditions, one is glad to say, has lost favour at last. The problem then was that the expectant mothers usually came to the hospital a few weeks too soon. However, the way God helps them through difficult spells is really striking and quite apparent to the missionaries. The most unlikely cases recover, and nothing dreadful happens at times when one feels it would not be possible to cope with the situation when various problems seem to present themselves simultaneously.

Fractures are very common in this mountainous place, and so are head injuries which the youths and men inflict on one another when practising stick fighting. The midwifery department also provides quite a number of surgical emergencies. During the winter there are always several cases of severe burns to treat. In the rainy season people are not infrequently struck by lightning. If they are not killed outright they usually recover. One old man was admitted with a lightning burn, which was, however, not very serious. But the man was blind and Dr Fouché was able to restore his sight by means of an operation for cataract. Imagine his joy when he could see his sons, now grown up, for the first time. He said he was particularly delighted to be able to see what he was eating once more, and it was a great day when he set off for the mountains on his horse.

As the district is so mountainous and transport is difficult for the inhabitants, the doctors practising in the undertake tours in a mobile clinic with one or two nurses, going out in various directions on different days to take medical care to the population in remote areas. The Africans know more or less when the mobile clinic is due at various points on the way. Seriously ill people are then carried down the mountain in litters, wheelbarrows, or on the back of horses or donkeys. Usually several patients are brought back to the hospital from these tours. It is sometimes necessary for the missionary to climb the mountain¹² and walk for hours in order to reach a hut to attend to a patient. On these trips some patients are taken to the hospital while others are examined and supplied with the necessary medicine along the way.

A Doctor related a story of an African who used to get intoxicated and then beat his wife. One day her patience came to an end and she planned retribution: she armed herself with a stick and the next time the lord of the house came back inebriated she hit back and fractured his arm. The man, now incapacitated, was furious and laid a charge against the woman at court. While the Mission Doctor was attending patients at a detached clinic this man came along on horseback with his arm in a sling and his wife followed on foot a few paces behind him. He told the Doctor his grievance and that they were on their way to court at Sterkspruit. (These cases are judged according to tribal law). In the afternoon the man called on Doctor again to relate the outcome of the case. "... The Magistrate said the woman did great wrong to bear her husband", and the verdict was she be either imprisoned for ten days or pay a fine of ten shillings. When Doctor said that the woman would now have time to repent of her folly at leisure, the man replied: "Oh no! I could not leave her in jail for there should be no one at home to cook my dinner." He himself had paid the fine, but he was well satisfied that justice had been done: the woman had been sentenced!

¹² When Dr Ditton first came to Umlamli she did not have the luxury of a mobile clinic but visited the distant villages on horseback. One night, while out on a sick call she fell from her pony and sustained a fracture of the pelvis. When she had acquired a motor car she often gave patients a lift to the hospital, which earned her the name of "Matuta", which means "one who conveys people".

As the hospital grew, primitive conditions gave way to more modern amenities. Candles and lanterns were replaced by electricity, produced by the hospital's own generator. The water supply is obtained from the summit of a mountain where a plot of ground containing the spring was enclosed by a fence. The water falls into a natural stone basin whence underground pipes lead it to large reservoirs and from there to the hospital. As the hospital was extended shortage of water became a serious problem. Finally this water supply was supplemented from another spring further away. A mountain stream also fills two dams on the premises and from these the gardens were watered by means of a homemade irrigation scheme.

The garden, retrieved mainly from waste land, contains about three hundred fruit trees, mainly peach, apricot, apple and plum – a real fairyland in the springtime. The first fruit trees were planted there by Fathers A Maennedorfer and P Platten. Laid out, cultivated and tended by Brothers Kilian, Andreas and Ildefonsus of the Sacred Heart Order, the garden was later worked by Africans under the direction of Sister Benedict Wurm, who also acted as sacristan while she supervised the laundry and sewing-room.

God's mercy and grace also worked remarkably in the souls of the sick. Many pagans who had long resisted the Holy Spirit were finally converted at the mission. The author worked some fifteen years in several mission hospitals, yet cannot remember that even one patient died unrepentant.

At Umlamli the medical practitioners have, for the most part, been German Mission Doctors. Fortunately a few South African Doctors have also worked there and have made a valuable contribution to the hospital. Dr Ditton was succeeded by Dr E H Rickard in 1951. This modest but competent young doctor helped also to reorganise Umlamli's finances. Sister Joachim Meerkotter was then appointed full-time secretary of the hospital. With the able assistance of Mr B Whitaker, a Chartered Accountant of East London, she revised the entire bookkeeping system to conform to the requirements of the State Administrative Department and, in so doing, the hospital could claim the full subsidy offered by the South African Government for the maintenance of the hospital. Indeed, it would have been quite impossible to finance a mission hospital without the assistance of the State. At this time, too, Dr W Whelan joined Umlamli's staff and added his share in the concerted effort of raising the general standard of the hospital.

When Umlamli was first built it was not thought that it would have to house more than about forty patients; but as the faith of the Africans in European medicine increased, various additions had to be made to the building. Dr RF Fouché, besides being an experienced medical man, was also helpful in planning the necessary alterations and additions to the hospital. A great deal of building and reconstruction had to be done in order to meet the requirements of public bodies such as the State Health Authorities and the South African Nursing Council. Without Mr H Geigenberger's invaluable services as engineer, builder, electrician and general factotum of the mission, these improvements would not have been possible. Here the Missionaries' gratitude must be recorded for generous donations received from Mines' Recruiting Corporation in South Africa, from Misereor and other German Mission Societies, towards defraying the costs of these developments. As a result of these joint efforts the South African Nursing Council could raise Umlamli to the status of a first class training school for Medical and surgical Nurses in June 1964, when the hospital's bed capacity had grown to well over two hundred. At the end of 1962, when the hospital was quite without a resident medical practitioner, Dr PJ Hitchcock came to the rescue. He also persuaded Dr R Wood to join him in holding the fort for two years while Dr OJ Tinnes furthered her studies at the University of Pretoria before taking up duties at Umlamli.

In the days when the Priests' Seminary was at Aliwal North¹³ several young clerics from the institute were sent for varying periods to serve Umlamli Mission. Among these were Fathers F Ward, J

¹³ At the insistence of Msgr F W Demont, SCJ, a seminary was opened at Indwe in 1928. Two years later it was moved to Aliwal North (where the Convent of the Sacred Heart of Aliwal was housed later.) Here, for the first time, it became possible for aspirants to the priesthood to complete their studies leading to ordination in South Africa. Intended originally for the Aliwal Vicariate only, the seminary soon received students from other parts of the county also: native born South Africans as well as immigrants. About twenty students reached the priesthood here by 1945. However, most South African students still spent some time studying abroad after ordination. When this became impossible owing to World War II, the plan for a National Seminary started to take shape. Through the generosity of Bishop JB Rosenthal, SAC, the seminary was given temporary quarters at Queenstown in a house known as

Maginnes,¹⁴ T Rogers and T Lighton. In 1952 Fathers C Rosenbaum and C Holzenkamp of the Sacred Heart Order came to Umlamli. During the following decades they contributed a substantial share to spreading the Faith among the people of Herschel District.

The South African Government, according to its policy of separate development of peoples, had notified the authorities of all mission hospitals that fall into the areas destined for the various African Homelands that, at some future date the State intended to take complete control of these mission hospitals. The warning had been given in good time. The State, moreover, declared its willingness to compensate the church bodies for buildings and equipment that had been acquired by these hospitals through private resources.

As mentioned before, the State had at first subsidised these hospitals in part, and later paid the entire maintenance costs and also for the erection of some later buildings.

Umlamli belonged to the Ciskei territory until it was recently aligned to the Transkei. So, when the date for Transkeian independence drew near, immediate preparations were made to hand over the hospital to the State. The first great change was the severance of the administration of the hospital from that of the mission. From its inception Umlamli's hospital and mission had been regarded as one concern belonging to the Diocese of Aliwal. From 1st August 1976, however, they were to be administered on strictly separate lines. The land on which the hospital buildings stand was also divided from the ground on which the presbytery and church are situated. Various other alterations were made in order to introduce the new system on which the hospital was henceforth to be managed. The former hospital accounts were now closed and in future all invoices were to be sent to Umtata¹⁵ for all accounts to be paid from the government offices there. All salaries of the hospital employees would also be remitted from Umtata.

With regard to nursing methods and hospital routine no alterations were made. Long before "take-over" the authorities of the mission hospital had been urged gradually to replace the white staff of the hospital with Africans. Our Congregation took notice of this warning and trained African Sisters as nurses and Sister Bernard Fantisi was sent to gain her Diploma in Hospital Administration in order to be the future Matron of Umlamli Hospital.

The community of white sisters have now nearly all left Umlamli except Sister Pirmin Bislin who still manages the Operating Theatre and sister Mary Joseph Mueller who is the nurses' Tutor. Mr Rasmeni, who had worked for a large business firm in Cape Town, was capable of relieving Sister Gilbert Litzel of her responsibilities as hospital secretary. It is indeed to the credit of our Sisters, who have trained the African staff: nurses as well as men and women in the kitchen, laundry and garden that they can carry on the good work so efficiently. As heretofore, the Priest is allowed to remain in his house at the mission and to continue his apostolate in the district among the people of his flock.

"Mayfield", which belonged to the Vicariate. The National Seminary of St John Vianney at Pretoria was finally built and opened by the Archbishop M Lucas, SVD in 1948.

¹⁴ *Fathers Ward and Maginnes were later both Monsignori at Pretoria.*

¹⁵ *The capital of the newly-created Transkei Republic. The name is derived from the African name for a local species of Sneezewood.*