

The Contribution of Protestant Missions to the Health Services of the Congo

BY

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On May 21st, 1872, David Livingstone wrote in his journal : « I am oppressed with apprehension that after all it may turn out that I have been following the Congo, and who would risk being put into a cannibal pot and converted into a black man for it ? ».

Less than a year later, still searching for the « Fountain of the Nile » he lay exhausted in Chitambo's village near the head waters of the Luapala. On the morning of 1st May, 1873, his boy Susi found him dead on his knees beside his bed. Little wonder that the example of this noble life and heroic death stirred the hearts as it indeed still continues to do, of the youth of the Protestant Churches in Great Britain. In Livingstone's own words the end of the geographical feat was the beginning of the Missionary enterprise. Months before Stanley had emerged at the mouth of the Congo on August 8th, 1877, plans were being made for a chain of Mission stations from the west coast to link up with those in Uganda.

In 1878, the Baptist Missionary Society, led by Grenfell and Comber, and the Livingstone Inland Mission (later called the American Baptist Mission) vied with each other in friendly rivalry to penetrate to the Stanley Pool. It was not till February 10th, 1881 that Bentley and Crudginton of the B.M.S. first sighted the placid waters after an adventurous march of 24 days up the northern bank.

Difficult country and difficult natives were, however, less

of a barrier to penetration into the interior than tropical diseases. Scientists were just beginning to recognise bacteria under the microscope but Laveran had not yet made his discovery of the malarial parasite, nor had anyone any idea of the role of insects as vectors.

In the first five years the Livingstone Inland Mission lost nine pioneers by death.

From 1878 to 1888 the Baptist Missionary Society sent out 38 men and 10 women. Within ten years of arrival 24 of these 48 had died, 13 had been invalided, leaving 11 only on the field. The following tables are instructive showing the progressive amelioration in health since that time :

Baptist Missionaries in Congo.

| Decade. | Recruits. | Fate after ten years : | | |
|-----------|-----------|------------------------|------------|-----------|
| | | Died. | Returned. | Remained. |
| 1878-1887 | 48 | 24 (50 %) | 13 (27 %) | 11 (23 %) |
| 1888-1897 | 55 | 18 (33 %) | 14 (26 %) | 23 (41 %) |
| 1898-1907 | 47 | 10 (21 %) | 13 (28 %) | 24 (51 %) |
| 1908-1917 | 67 | 3 (4,5 %) | 9 (13,5 %) | 55 (82 %) |

The Swedish Mission lost 36 % by death in the first decade, and out of 129 sent out up to 1909, 50 had perished.

The appalling early losses were practically all due to cerebral malaria. Reports of colleagues dying with a temperature of 43° C. which nothing would reduce were all too frequent. Yet Stanley in his book entitled « The Congo and the founding of the Free State » published in 1885 treated the existence of malaria rather as a fable, having satisfied himself that chill was the one sufficient cause of fever. The Boula Matari was jealous of the reputation of the State he was building and in his eagerness to defend it he accused missionaries of being needlessly imprudent and reckless and suffering in consequence.

Accordingly the Baptist Missionary Society published in 1885 two little booklets on Health in the Congo, both written by English physicians — Doctors Prosser James and Roberts. They were full of rather cold comfort for hot climates. Illness

was attributable to the neglect of the ordinary rules of health and almost counted as the victim's own fault. The malaria poison was certainly telluric — earth borne. Any stagnant stratum of air in proximity to decaying vegetation was sure to be the birthplace of fatal malaria. Even a few leaves falling into a tank of water would suffice to set up severe illness. The noxious miasma from a marsh would be deadly and must be kept out of the house at all costs so that houses were to be raised 10 to 12 ft. on piers. Instruction was given for water-proofing of boots and clothes. Dr. Roberts recommended taking quinine from time to time as a preventive as he felt sure that the majority of African fevers were malarial. In this he was in advance of his time and both he and Dr. James advised that all recruits should have had some medical training and that ladies should also have had instructions in nursing.

Dr. James rightly combatted the overdone idea of starving fevers. He advocated boiling water as it was probable that boiling destroys poisons of some specific diseases.

With regard to quinine he wisely insisted on giving it at once in fever and not waiting for a temperature to remit. « I do not recommend you to risk any substitute for quinine » was good advice in those days, however out of date it may seem now.

It was evident that in order to maintain a staff on the field doctors would have to be provided by the Missions. Already in 1882 the famous Dr. Aaron Sims was sent out by the Livingstone Inland Mission. A Scot, he graduated at Aberdeen University and soon became one of the best known figures in the Congo which he served for forty years. At Kintambo and later at Matadi many a raw missionary, including the writer, made the acquaintance of this gruff scolding yet kind-hearted veteran. « Take your quinine regularly and don't be strong men » was one of his bits of epigrammatic advice. To one suffering from his first severe fever he presented a scrap of paper « Here, make your will », before he offered any treatment. But hundreds live to bless the name of Sims. A pioneer Belgian doctor, Dr. Dryepontd gave his testimony to Sims:

« How many of our fellow countrymen has not he saved from death, a man of love and work, absolutely devoted to the sick, an excellent colleague, by night and day at the service of all, Dr. Sims would be acclaimed by all in the Congo as a friend »).

Less fortunate was the B. M. S. for its first medical missionary, Dr. Sidney Comber, who arrived in 1883, died in a little over a year of a pernicious fever. His elder brother, Percy Comber, lived long enough to do a lot of amateur medical work and tells of the goodwill which it created, in 1882, in the heart of such a ferocious savage as the chief of Kinshasa, Nga Liema. Another chief, Makabe, who had been heard to remark about the Kroom boys that they were good because there was plenty of salt in them, was so tickled on being rubbed down with soap liniment for a pain in his back that this ailment became fashionable among his wives and retinue. Comber held a regular outpatient dispensary in Kintambo in 1883. Even Epsom Salts became so popular that he added quinine to make it less palatable but without success.

Sleeping Sickness soon became only too well-known to the early missionaries. Dr. Karl Walfridsson, the first doctor to be sent out by the Swedish Mission found in 1891-1893 at Mukinbungu that half his patients were the victims of this disease. He made careful microscopic examinations of the blood of his cases sending the slides to Sir Patrick Manson in London. From information supplied recently by his widow it seems quite possible that Dr. Walfridsson observed trypanosomes ten years before they were recognised in human blood by Forde.

Natives knew their helplessness and used to carry sufferers to the Mission stations, creating such a serious situation that some of these stations had to be abandoned as dangerous to the health of the vicinity.

In 1890 a Christian chief named Mandombi from the Gombe Lutete region, knowing himself to be a victim, volunteered to travel to England to be experimented on for the good of his people. His courage and devotion were memorialised by a plaque over a bed in the London Hospital in which institution

he eventually died. « Greater love hath no man than this that a man lay down his life for his friends ».

Later Sir Patrick Manson studied two fatal cases among European missionaries in Charing Cross Hospital. In the *Journal of Tropical Medicine* in 1898 he published his findings and suggested that there was a germ acting on the brain and that this was possibly the larvae of the filarial worm *A. perstans*. Dr. Sims was inclined to support this theory especially as it was entertained also by Dr. J. H. Cook who first discovered trypanosomes in the blood of natives in Uganda.

By this time Dr. Broden was already working in the Congo and after the discoveries of Castellani and Bruce in Uganda the identity of *Trypanosoma* fever and Sleeping Sickness was established and the role of the tse-tse recognised.

At the third Conference of Protestant Missions working in the Congo, held at Kinshasa in January 1906, Dr. Royal Dye of the Bolenge Mission presented a statement on Trypanosomes warning missionaries of the danger and suggesting the possibility of prevention by a daily dose of 1/50 grains of arsenic oxide.

Dr. Sims of the American Baptist Mission had been reinforced by two medical colleagues, Dr. W. H. Leslie, and Dr. Catherine Mabie. The former eventually became well-known in the Kwango area, and Dr. Mabie devoted her long life to the training in health and hygiene of students and their wives and families at the Kimpese Training Institute. For this purpose she wrote a book on Physiology in the Ki-Kongo language and also prepared « 40 lessons on Hygiene ». Her wise and capable leadership in this field have been one of the great contributions made by Protestant Missions in the Congo. She recently paid a visit to the Congo (1946).

The existence of sleeping sickness was still causing great alarm, and at the 1911 Missionary Conference Dr. Girling of the Baptist Mission at Bolobo made a strong plea for a hospital equipped with all necessary means for research and treatment of Trypanosomiasis. It was recognised, however, that the Government was already active in this field and could be relied

upon to furnish the Missions with all the information and equipment which was available.

Mission doctors began to apply themselves more seriously to the campaign against the disease. Dr. Georg Palmaer of the Swedish Mission from 1911-1930 played a large part in reducing the incidence in the Maniema. Despite the difficulties of the first world war at the time of the 1918 Conference it was reported that among 53 Protestant Mission stations there were nine hospitals functioning staffed by 21 doctors and 18 nurses. It was pointed out, however, that their equipment was all too meagre and that medical work had not been developed to the same extent as in older Mission fields such as China and India. The American Baptists came forward with funds and proposals for four new hospitals and at the end of the war considerable advance was made all round.

The training of native infirmiers was now seriously commenced in various centres. This enterprise was strongly encouraged by Dr. Rodhain himself who insisted that the men enrolled must be of the highest character.

In addition to qualified doctors there was now a growing number of missionary nurses and lay workers who had availed themselves of the excellent opportunities afforded by the Course in Tropical Medicine provided first in Brussels and later at Institut Prince Leopold at Antwerp. Rev. A. G. Mill of Yakusu was one of the first such to be agree by the Government. The late Mrs. Allan Palmer of Yalamba took special interest in infant welfare which was widely organised among the Missions. Successive « *médecins en chef* » encouraged co-operation with the Government in all these activities and doctors willingly accepted the obligations and modest rewards of agreation.

By the Jubilee Celebration in 1928 there were 35 doctors who in 20 hospitals were treating 150.000 new cases annually with a total of over 1 million visits paid. These figures represented about half as much as the State Medical Service was undertaking itself at that time. Yakusu Hospital had an understanding with the Government Hospital at Stanleyville by

which its students were sent for a final year to the official Ecole pour Infirmiers. The first graduate was George Grenfell who later became qualified as a medical assistant at Leopoldville Official School and has rendered distinguished service in the Congo and during the late war in Burma.

Later on this school was the first to be officially recognised by the Government in 1932 and together with the American Baptist Mission at Sona Bata it now prepares infirmiers for the State examinations. The successful students are employed either by the Mission, commercial firms, or in the Government service.

Our nurses have recently greatly developed the training of midwives and maternity and welfare clinics.

The C.B.M. Mission started medical work in the Lulonga region and the American Missions in Equatorial and Kasai regions greatly extended their medical work. The Bolenge Mission (D. C. C. M.) was admirably served by Drs. Pearson, Barger, Jaggard and Frymire and others while the Presbyterian Mission (A.P.C.M.) counted in 1936 no less than 6 doctors on the staff — Doctors Stixrud, Kellersberger, Cousar, Chapman, Tinsley Smith and Poole. In the Katanga the Garanganze Mission was served by Doctors Patrick Dixon, Hoyte and Tilsley and the Methodists by Doctors Mumpower, Piper, Berry, Lewis and others.

In the North-east Doctors Trout, Becker and Clement Sturton rendered conspicuous service, and most of the smaller Missions had one or two doctors and a number of nurses in their service.

In the mandated territories the Church of England had started a Medical Mission with Doctors Sharp and Stanley Smith and this continued to develop its work after the Eastern Section of Ruanda was rightly returned to Belgium in 1923. They have now eight doctors and seven nurses in Uganda and three in Ruandi.

During World War N° 2 the Missions were encouraged and aided by the Government to maintain and intensify their efforts as the following Statistics demonstrate :

There were 42 doctors and 101 nurses working in 42 hospitals and over 100 dispensaries. They were assisted by over 600 trained personnel, infirmiers, aides-infirmiers or aides-ac-coucheurs. In the 2.000 beds 43.000 new cases were hospitalised annually while the number attending various clinics amounted to nearly 1/2 million who made in all about 3 million visits during the year. There were 30 leper colonies of various sizes caring for 4.226 lepers. In the Sleeping Sickness campaign a total of 164.000 people were examined and over 1.000 treated for the disease. Most Mission Stations have at least a dispensary cared for a trained nurse.

This not inconsiderable volume of work is carried on not as propaganda but as expression of the Love of God for mankind and is part of the Gospel message. A nation whose liberal and humanitarian qualities were less developed than among the Belgians might well have been suspicious of such a considerable participation by strangers in the Public Health Service, but Belgium has been big enough to accept this service rendered to her subjects, both with gratitude and appreciation. Protestant Mission doctors and nurses have, like their colleagues in the Catholic Missions and the State Medical Service gained by their devotion, integrity and skill the goodwill and approval of both black and white in the Congo. They claim to be rendering a community service without distinction of creed or nationality. They look forward to even wider opportunities of collaboration in the future and have always been proud to have the privilege of working under the direction of such men as Dr. J. Rodhain and his distinguished successors.

STATISTIQUE DE L'ŒUVRE MÉDICALE
DES MISSIONS PROTESTANTES AU CONGO BELGE EN 1944.

Les statistiques sont basées sur les rapports fournis par 42 médecins qui dirigent 38 centres d'activité et par 60 infirmières qui dirigent 42 centres d'activité.

Médecins :

| | |
|---|----|
| Les statistiques se rapportent à | 42 |
| Agréés par l'Etat... .. | 30 |
| Porteurs de diplôme tropical | 37 |
| Membres de S. A. D. A. M. ou A. M. I. B. | 24 |

| | |
|---|-----------|
| <i>Infirmières :</i> | |
| Occupées exclusivement à l'œuvre médicale | 101 |
| Agréées par l'Etat | 30 |
| Porteuses de diplôme tropical | 30 |
| Membres de S. A. D. A. M. I. ou A. M. I. B. | 24 |
| <i>Missionnaires :</i> | |
| Occupés à l'œuvre médicale | 3 |
| Agréés par l'Etat... .. | — |
| Porteurs de diplôme tropical | 1 |
| <i>Personnel indigène :</i> | |
| Infirmiers diplômés des Missions | 121 |
| Infirmiers diplômés de l'Etat | 50 |
| Aide-infirmiers diplômés des Missions | 254 |
| Aide-infirmiers diplômés de l'Etat | 115 |
| Aide-accoucheuses diplômées des Missions | 48 |
| Aide-accoucheuses diplômés de l'Etat | 13 |
| <i>Hôpitaux (en matériel permanent)</i> | 42 |
| Dispensaires, en matériel permanent, non ruraux | 63 |
| Dispensaires ruraux | 49 |
| Nombre de lits | 2.092 |
| Nouveaux cas hospitalisés | 43.001 |
| Nouveaux cas non hospitalisés | 315.527 |
| Nombre de jours d'hospitalisation | 699.049 |
| Nombre de consultations des non-hospitalisés | 1.936.165 |
| Nombre d'opérations : majeures | 3.748 |
| mineures | 7.571 |
| <i>Ecoles pour infirmiers (dont 2 agréés à Sona Bata et à Yakusu) ...</i> | 5 |
| Nombre d'élèves : 1 ^{re} année | 32 |
| 2 ^e année | 31 |
| 3 ^e année | 31 |
| Sortis diplômés des Missions | 24 |
| Sortis diplômés de l'Etat | 14 |
| <i>Ecoles pour aide-infirmiers</i> | 12 |
| Nombre d'élèves | 92 |
| Sortis diplômés des Missions | 15 |
| Sortis diplômés de l'Etat | 33 |
| <i>Ecoles pour aide-accoucheuses</i> | 12 |
| Nombre d'élèves | 30 |
| Sorties diplômées des Missions | 12 |
| Sorties diplômées de l'Etat... .. | 4 |
| <i>Consultations pour nourrissons :</i> | |
| Nombre de centres | 82 |
| Nombre d'enfants inscrits | 11.249 |
| Fréquentation moyenne... .. | 6.555 |
| Mortalité | 0.06.15 % |

Consultations prénatales :

| | |
|---|---------|
| Nombre de centres | 65 |
| Nombre de futures mères inscrites | 5.732 |
| Nombre de consultations données... .. | 20.358 |
| Nombre d'accouchements eutociques | 3.430 |
| Nombre d'accouchements dystociques | 406 |
| Nombre de nouveaux cas hospitalisés | 3.776 |
| Nombre de nouveaux cas non-hospitalisés... .. | 105.306 |
| Nombre de jours d'hospitalisation | 65.600 |
| Nombre d'opérations mineures | 1.255 |

Recensement de la population :

| | |
|--------------------------------|---------|
| Population recensée | 164.022 |
| Trypanosés, nouveaux cas | 491 |
| Trypanosés, anciens cas | 697 |

Lazaret :

| | |
|-----------------------------------|-------|
| Pour trypanosés | 4 |
| Pour lépreux | 30 |
| Nombre d'isolés, trypanosés | 232 |
| Nombre d'isolés, lépreux | 4.226 |

Total général de nouveaux cas traités en 1944 467.610

Total général de visites-consultations en 1944... .. 3.180.790