

**Christian Missions and Healthcare in Basutoland: The Case  
of St. Joseph's Hospital in Roma, 1937-1966**

**BY**

**BOHLOKOA KHANYETSI**

**A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT FOR THE**

**DEGREE OF**

**MASTERS OF HISTORY**

**In the**

**FACULTY OF HUMANITIES**

**At the**

**NATIONAL UNIVERSITY OF LESOTHO**

**SUPERVISOR: Dr. G. Hove**

**August 2023**

## **DECLARATION**

I, Bohlokoa Khanyetsi, declare that this dissertation entitled CHRISTIAN MISSIONS AND HEALTHCARE IN BASUTOLAND: THE CASE OF ST. JOSEPH'S HOSPITAL IN ROMA, 1937-1966 is the result of my independent work. To the best of my knowledge, this contains no material that has been previously submitted. I have made an effort to indicate where contributions of others are involved.

**CERTIFICATION**

This is to certify that the candidate has met all the requirements for the award of the Master of Arts in Historical Studies, under the Department of Historical studies at the National University of Lesotho in September 2023.

Supervisor .....	Date
External Supervisor.....	Date
Head of Department.....	Date

## **ACKNOWLEDGEMENTS**

Firstly, I thank God for the strength, courage, and wisdom which I received in times of depression and a sense of defeat during the course of dissertation writing journey. For stimulating discussion and timely feedback on my work, and demands for clarity and precision, I am thankful to my supervisor, Dr. Godfrey Hove. I am profoundly grateful. To St. Joseph's Hospital management, I would like to express my sincere gratitude to all staff members who made this arduous task manageable. I thank you all for that.

It goes without saying that my parents also deserve all the good blessings from heaven. Dear Mom, Dr. 'Mabohlokoa Khotso Khanyetsi, and Dad, Mr. 'Moora Khanyetsi, thank you so much for holding my hand throughout this journey. My siblings, Moipone, Naleli and Makoae have also supported me, and for that I am grateful. My daughter Katleho, cannot go without mention, for always encouraging me *"Mommy ha u tsoha u etse mosebetsi oa sekolo."*, I am thankful.

Lastly, I want to thank Mme 'Maselloane Maseka's family at large, for voluntarily taking care of my daughter Katleho while I went to school for two years. I would also like to thank *"mokhotsi"* for his unwavering support and my two classmates with whom we shared this journey. May the Lord bless you all.

## **DEDICATION**

I dedicate this work to my late grandfather Tlali John Khotso and grandmother Nthabiseng Khotso.

May their souls rest in peace.

## **ABSTRACT**

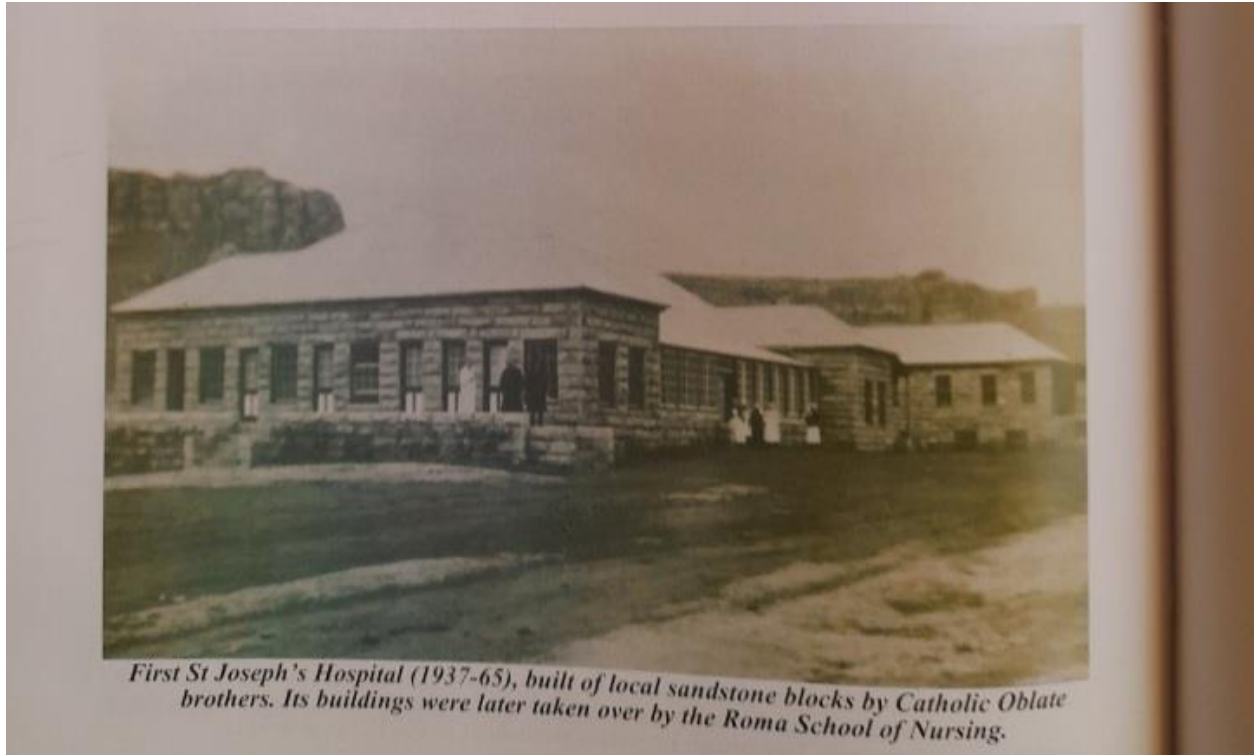
The central aim of this study is to explore the history of St. Joseph's Mission Hospital in Roma, Lesotho within the context of the larger role of Catholic Missions in the health care system of Lesotho during the colonial era. Thus, the thesis examines the origins, development, and operations of the hospital within the broader religious, political, and socio-economic context of the colonial period. This study joins broader historiography conversations on the role of the church, and missionaries in African societies, particularly scholarly points of view regarding circumstances that led to their involvement in the African health sector. When St. Joseph's Hospital was established in 1937, it started as a small clinic but developed into a well-established hospital serving the Roma community and other neighboring communities as well. The study argues that the mission's agenda, from its inception, was to use the hospital as a tool for converting Basotho to Catholicism. This thesis further argues that the hospital was established to fulfill the responsibilities of Holy Family Sisters and Oblates Fathers whose main goal was to offer health services as an inroad to converting patients to their Church. The study concluded that there were minimal political ambitions in the establishment and operations of the hospital during the period under review.

## Contents

<b>DECLARATION</b> .....	i
<b>CERTIFICATION</b> .....	ii
<b>ACKNOWLEDGEMENTS</b> .....	iii
<b>DEDICATION</b> .....	iv
<b>ABSTRACT</b> .....	v
<b>CHAPTER 1</b> .....	1
<b>INTRODUCTION</b> .....	1
<b>Background of the Study</b> .....	2
<b>Aim</b> .....	3
<b>Research Objectives</b> .....	3
<b>Research Questions</b> .....	4
<b>Literature Review</b> .....	4
<b>Ethical considerations</b> .....	21
<b>CHAPTER 2</b> .....	24
<b>MISSIONARY ACTIVITIES IN AFRICA AND LESOTHO: AN OVERVIEW</b> .....	24
<b>Introduction</b> .....	24
<b>Missionaries’ Educational Activities in Africa</b> .....	25
<b>Mission Healthcare in Africa</b> .....	32
<b>A Brief History of Missionary Works in Lesotho</b> .....	39
<b>Conclusion</b> .....	48
<b>CHAPTER 3</b> .....	50
<b>ORIGINS OF ST JOSEPH’S HOSPITAL</b> .....	50
<b>Introduction</b> .....	50
<b>Circumstances leading led to the establishment of St. Joseph’s Hospital</b> .....	50
<b>The Founding of St. Joseph’s Hospital</b> .....	52
<b>Conclusion</b> .....	62
<b>CHAPTER 4 THE STATE, LOCAL COMMUNITY AND ST. JOSEPH’S HOSPITAL</b> .....	64
<b>Introduction</b> .....	65
<b>Roma Health Services before Western Medicine</b> .....	65
<b>Management</b> .....	70
<b>Finances</b> .....	71

<b>Human Resources</b> .....	73
<b>Services provided by St. Joseph’s Hospital during the colonial period</b> .....	76
<b>The State and St. Joseph’s Hospital</b> .....	79
<b>Community and St. Joseph’s Hospital</b> .....	80
<b>Conclusion</b> .....	83
<b>CHAPTER 5</b> .....	86
<b>CONCLUSIONS</b> .....	86
<b>BIBLIOGRAPHY</b> .....	90





**Figure 1 The first building of St. Joseph's Hospital**

Source: Photo extracted from the book entitled *Life in Three Worlds: Reminiscences* by S. Talukdar and David Ambrose, House 9 Publications & Mohokare Trust, 2018.p.294.

## **CHAPTER 1**

### **INTRODUCTION**

The main role of the church during the colonial period was to spread Christianity to the world, but, historically, the church also spread its tentacles to other ‘secular’ aspects of society such as education and healthcare in African colonies. A significant number of schools were built by the Catholic Church from elementary level to tertiary institutions. Catholic missions also introduced new methods of farming which improved the agricultural sector. The church further contributed in the development of the health sector in most African societies by constructing dispensaries, hospitals, clinics and nursing colleges. Historically, the church has played a pivotal role in shaping African political, social, and economic societies. Since the pre-colonial period through to the colonial and post-colonial eras, the church has been an ever-present phenomenon in societies. Indeed, there have been robust scholarly debates across disciplines focused on the impact of the church and mission schools and hospitals in the socio-economic and political structures of African societies through time and space.

This study explores the role played by the Roman Catholic Church in the development of the health sector in Lesotho from 1937 to 1966. The study uses St Joseph Hospital as an analytical lens to study the role of the church and/or religion in shaping the political economy of African societies, particularly the health sector. It examines the ideological, religious and political imperatives that shaped the Roman Catholic church's entrance into the health sector by discussing the origins, growth and impact of St Joseph's Hospital in Roma, Lesotho from 1937 to 1966. By focusing on the colonial period, the study seeks to explore the change and continuities over time regarding the socio-economic and political imperatives that shaped the origins and operations of the mission

hospital, and the impact thereof. The study makes a nuanced study on a local scale with the intention of joining broader historiography debates on the role and place of the church in the African colonial and post-colonial political economy.

### **Background of the Study**

As previously mentioned, the Catholic Church has contributed significantly in the development of most African countries on education and health. For instance, the Christian missionaries of different missionary societies made a tremendous contribution to education in South Africa.<sup>1</sup> Their arrival in South Africa was aimed particularly at spreading the ‘Word of God’. They, therefore, set about to achieve this through the introduction of formal education among the African people. They started building mission schools, translating scriptural and non-scriptural books as well as writing readers for elementary classes.<sup>2</sup> In Kenya, the church contributed to the development of African education in the last quarter of the nineteenth-century when Christian missionaries came to the Kenyan coast to convert Africans to Christianity. To fulfill this aim, they concentrated their efforts on teaching Africans Western education and translated portions of the Bible into African dialects. Missionaries inculcated the values of European civilization in the minds of Africans through formal education.<sup>3</sup> On the subject of health, the missionaries established mission hospitals in Southern Africa to provide medical facilities, both for missionary families and the indigenous communities among whom the hospitals were built.<sup>4</sup> The hospital was a way of attracting potential

---

<sup>1</sup> Tlhabane, Ranamane D., “The contribution of the missionaries to the development of Setswana as a written language.” *South African Journal of African Languages* 32, no.1 (2012): 27-33.

<sup>2</sup> Ibid. p. 27-33.

<sup>3</sup> Ogutu, Owino Joseph., Jumaa, Kazungu Joseph and Odundo. Paul Amolloh., “Contribution of Church Missionary Society in developing Western education in Kaloleni District in Colonial Kenya (1890-1950): Historical perspective.” *International Journal of Social Sciences and Humanities* invention 4, n0.8 (2017): 3756-37660.

<sup>4</sup> Stauqard, Frants., “Traditional healers”. Ipelegeng Publishers: Gaborone, 1985, p. 20-21.

converts to Christianity.<sup>5</sup>The mission societies sought to acquire a sphere of influence among the communities around the mission station and hospital facility.<sup>6</sup> In light of this, the study intends to trace the origins, and circumstances that led to the establishment of St Joseph's Hospital and also discuss the role of Roman Catholic Church in the development of this hospital.

## **Aim**

This study uses the St. Joseph's Hospital to examine the religious, political and socio-economic factors that shaped the Catholic Church's involvement in Lesotho's health sector, and the impact this had on Basotho society between 1937 and 1966.

## **Research Objectives**

- To trace the history of the Catholic Church in Basotho society, especially the health sector in Lesotho from 1937 to 1966.
- To examine the circumstances that led to the involvement of Catholic Church in Lesotho's health sector using St Joseph's Hospital as a lens.
- To explore the activities and operations of the Catholic Church at St Joseph's Hospital from 1937 to 1966.

---

<sup>5</sup> Michael, Gelfand., *Christian Doctor and Nurse: The History of Medical Missions in South Africa from 1799-1976*. Marriannahill Press: Marrrianhill, 1984, p.20.

<sup>6</sup>Mgadla, P.T., "Who used whom in the establishment of Medical Spheres of Influence in the Bechuanaland Protectorate? The case of the seventh day Adventists and Moffat Hospitals in Kanye 1922-1959." *Aspects of the history of the church in Botswana, Pietermaritzburg: Cluster Publications* (2007): 114-159.

## **Research Questions**

- What was the role of the Catholic Church in Basotho's health sector from 1937 to 1966?
- What were the circumstances that led to the involvement of Catholic Church in Lesotho's health sector?
- What were the activities and operations of the Catholic Church at St Joseph's Hospital from 1937 to 1966?

## **Statement of the Problem**

A lot of scholarly work has been done to address the contributions of the missionaries in the development of various African sectors such as education, politics, agriculture, economy and health. Unfortunately, in Lesotho the history and the role of missionary medical institutions has been neglected. In light of the above, the present study intends to contribute to these scholarly works on missionaries' contributions towards the development of the African continent through an exploration of the role of the Catholic Church in the development of Lesotho's health sector. The study uses St. Joseph's Hospital as an analytical lens to study the role of the church and or religion in shaping the political economy of African societies, particularly the health sector.

## **Literature Review**

Various researchers have made attempts to establish the role of missionaries in the development of African countries. The literature that has been reviewed on different activities undertaken by missionaries in Africa includes Christianity, education, politics, and health. It is noteworthy to mention that Christianity was the main purpose for the missionaries to come to Africa. All these

other activities which they eventually got involved in were directly or indirectly related to gaining converts.

At this point it is worth mentioning that some scholars have written a great deal on the issue of Christianity as the main missionaries' objective for coming to Africa. Kathryn and Viera acknowledged that the missionaries came to Africa to spread Christianity. Kathryn states that in the Belgian Congo, Catholic missionaries – specifically the Society of Missionaries of Africa or White Fathers – played an especially important role as agents of evangelization and European civilization.<sup>7</sup> Viera shows that Christian missionary enterprise was no doubt of prime importance in the Westernization of Africa. The third phase of the missionary movement in Africa, which started from the end of the eighteenth century and continued throughout the nineteenth century, in twentieth century Africa led to the dramatic expansion of Christianity called “the 4<sup>th</sup> great age of Christian expansion.”<sup>8</sup> These studies show that the primary aim of missionaries for coming to Africa was to spread Christianity. This study examines the circumstances that led to the missionaries to get involved in developmental activities in Africa which studies above did not discuss.

With regards to Christianity, some scholars took a different perspective by presenting effects of Christianity on African societies. Scholars like Emma, Isichei, Julia & Rueda and Giuliana present the idea that Christianity had some effects on African societies. Emma studied modern African missionaries, by exploring a reassessment of their impact in Uganda from the 1890s to the 1920s.

---

<sup>7</sup>Kathryn Rountree, *Catholic missionaries in Africa: The White Fathers in the Belgian Congo 1950-1955* (2009) Louisiana State University and Agricultural & Mechanical College. Master's Thesis. 2009.

<sup>8</sup>Viera P.A, “Christian missions in Africa and their role in the transformation of African societies.” *Asian and African studies* 16, no.2 (2007): 249-260.

There was thus an exploration of the roles of the African protestant missionaries in the modern era. It was stated that many committed African Christians understood themselves to be missionaries and those who called themselves missionaries evangelized outside their own ethnic group.<sup>9</sup> Isichei shows how Christian Egypt and North Africa produced some of the influential intellectuals of the time.<sup>10</sup>

Julia and Rueda studied the effects of the Christian missionaries and how Christianity expanded throughout African countries from the middle of the 19<sup>th</sup> century.<sup>11</sup> They claim that it was not the aim of Christian missionaries to establish any political rule in foreign lands, although they played a central role in shaping some institutions, in particular through the abolition of slavery. Their primary objective can be interpreted as a form of spiritual imperialism, achieved by bringing Christianity into all the newly colonized territories. Giuliana studied the origins of economic development after World War 2. This article demonstrated that the post-World War 2 boom in economic development had European origins as well and that it originated as a joint response to the Cold War and to the unraveling of European empires. Emphasis is placed on the little-studied contribution of a French Catholic activist who helped redefine economic development in the late 1950s and early 1960s.<sup>12</sup> Remi *et al* differ from above mentioned scholars because their approach to the issue of Christianity in Africa presents different strategies the missionaries used to enlarge

---

<sup>9</sup> Emma Wild-Wood, "Modern African Missionaries. A Reassessment of Their Impact in Uganda 1890s-1920s." *Exchange* 50, n0.3-4 (2021):270-288.

<sup>10</sup>Isichei Elizabeth, *A history of Christianity in Africa: From antiquity to the present*. Wm. B. Eerdmans Publishing, 1995.

<sup>11</sup> Cage Julia, and Rueda Valeria, "The devil is in the detail: Christian missions' heterogeneous effects on development in Sub-Saharan Africa." *The Long Economic and Political Shadow of History*, vol.11. Africa and Asia (2017):98.

<sup>12</sup> Giuliana Chamedes, "The Catholic origins of economic development after World War 2." *French Politics, Culture & Society* 33, no.2 (2015): 55-75.

their Christian territory. Their findings showed that missions were established in healthier, more accessible and richer places before expanding to less developed places.<sup>13</sup>

Landau and Jean & Comaroff point to the impact of Christianity on Southern African politics. In this book which is a study of mission Christianity in Southern Africa as a coherent whole, the authors describe how African Christians constructed a political realm of power. The authors argue that evangelization succeeded because of a complex social alliance between Ngwato royalty, the clergy (missionaries from the London Missionary Society) and Tswana women. The ideologies and practices of Christianity emerged as inseparable features of the socio-political construction of power in central Botswana, premised not on Western hegemony, but on Tswana self-rule.<sup>14</sup> These different studies on the impact of Christianity in Africa are relevant to this study because they provide valuable information on the involvement of missionaries in development programs. The present seeks to examine the impact that St. Joseph's Hospital had on Roma community from its inception to 1966 as one of the health developmental activities that Catholic missionaries got involved in since their arrival in Lesotho in January 1862.

Jean and Comaroff are of the view that Christian Evangelists were intimately involved in the colonial process in Southern Africa. This essay distinguishes dimensions of their historical role, each associated with a different form of power. In domain of formal political processes of the concrete exercise of power, the effect of the nonconformist mission to the Tswana, as elsewhere

---

<sup>13</sup> Remi Jedwab, Selhausen Felix Meir zu, and Moradi Alexander, "The economics of missionary expansion: evidence from Africa and implications for development." *Journal of Economic Growth* 27, no.2 (2022): 149-192.

<sup>14</sup> Landau Paul S, "The realm of the word: Language, gender, and Christianity in Southern African Kingdom." (1995).



in Africa, was inherently ambiguous.<sup>15</sup> These studies give another circumstance that led to the missionaries' involvement in development activities in Africa. They suggest that the motive behind being engaged in these activities was that the missionaries were agents of colonists. That is, through the introduction of schools and hospitals, missionaries were softening Africans' hearts, so that it could be easy when colonists arrived to carry out their colonialism mission.

Aluoch & Nyakwakwa and Viera suggest reasons as to why the missionaries got involved in the development of African education. Their take on missionaries' participation in African education is that it was part of pushing the Christianity agenda. They admit that the missionaries did an incredible job by introducing "formal education" and opening up schools in Africa yet their emphasis is on the view that this was part and parcel of the game of spreading Christianity in Africa.<sup>16</sup>

Viera explored the Christian missions in Africa and their role in the transformation of African societies. His focus was on how the missionaries expanded Christianity in Africa. She states that in their (missionaries) attempt to spread the Christian faith, win converts and transform African societies, Christian missions of all denominations opened schools and disseminated education.<sup>17</sup> While Aluoch and Nyakwakwa claimed that provision of formal education became a popular method of enticing potential converts when colonialism took root as Africans then began flocking mission station in search of education to survive colonial economy. They further state that Mary

---

<sup>15</sup> Jean Comaroff, and Comaroff John, "Christianity and colonialism in South Africa." *American ethnologist* 13, no.1 (1986): 1-22.

<sup>16</sup>Aluoch Okello Belindah, and Nyakwakwa Dorothy, "Missionaries' Rivalry in Kenya and the Establishment of St. Mary's School Yala." *African and Asian Studies* 15, no.4 (2016): 372-392.

<sup>17</sup>Viera P.A, "Christian missions in Africa and their role in the transformation of African societies." *Asian and African Studies* (2007).

School Yala begun by the Mill Hill missionaries was an incentive to attract potential African converts to Catholicism.<sup>18</sup>

Pawlikova-Vilhanova and Rountree consent to Viera and Aluoch & Nyakwakwa's notion that missionaries' activities in Africa were not only for development but were also a way of softening the hearts of Africans so that they could be easily converted into Christians. He avers that catholic missionary played an important role in the colonial scramble of Africa and subsequent years. They served as educators and medical support for the state in many cases. The state relied on missionaries to staff schools, educate the population, and aid in the civilization of Africans. In the Belgian Congo, Catholics missionaries – specifically the society of missionaries of Africa or White Fathers – played an especially important role as agents of Evangelization and European civilization.<sup>19</sup> According to Pawlikova-Vilhanova, in virtually all regions of sub-Saharan Africa outside the reach of Islam, Africans were introduced to written literature through Christian propaganda.<sup>20</sup> The above mentioned scholars argue that the missionaries established schools in Africa because they were pushing Christianity agenda. They show that schools were used as a facility that speeds up the process of spreading Christianity. These studies are relevant to the present study because they shed light on the circumstances that led to the missionaries' involvement in other activities other than spreading Christianity, which this study seeks to find, using St. Joseph's Hospital as an example of a health facility in Lesotho established by Catholic missionaries.

---

<sup>18</sup>Aluoch Okello Belindah, and Nyakwakwa, Dorothy, "Missionaries' Rivalry in Kenya and the Establishment of St. Mary's School Yala," *African and Asian Studies* 15, no.4 (2016): 372-392.

<sup>19</sup>Kathryn Rountree, "Catholic missionaries in Africa: The White Fathers in the Belgian Congo 1950-1955." Louisiana State University and Agricultural & Mechanical College. (2009).

<sup>20</sup>Viera Pawlikova-Vilhanova, "The role of early" Missionaries of Africa "OR" White Fathers" In the study and development of African languages." *Asian & African Studies* (13351257) 20, no.2 (2011).

Scholars like Lekhetho and Pearce attest the notion that the missionaries were the pioneers of formal education in Africa. They believe that the missionaries contributed significantly towards the development of African education by opening up most of the schools that are found in Africa today. They emphasized that for many parts of Africa formal schooling began under the influence of European ideas and European missionaries. The missionaries provided the money and the manpower for educational efforts and they were given a virtual free rein.<sup>21</sup> These studies show another perspective on the issue of establishment of schools by missionaries in Africa. They show that these schools were part of developing Africa. The studies are relevant to the present study because they show the positive side of the circumstances that led to missionaries getting involved in these activities, which is that of developing Africa.

Scholars such as Van de Walt, Ndlovu, Ntombana and Mokotso showed a different perspective with regards to education by presenting missionary education and its impact on African societies. They still acknowledge the fact that missionaries did a great job by introducing “formal education” in Africa but they also elaborate on the impacts this western education on African societies. Van de Walt noted that two approaches to missionary education in South Africa can be distinguished: a facts and figures approach featuring mainly the historical facts, statistics and other data concerning this period in education and a rather more critical approach intended to prove the point that missionary education as instrumental in alienating the blacks from their traditional cultural heritage and in employing black labor in the class-dominated capitalist society of South Africa.<sup>22</sup>

---

<sup>21</sup>Mapheleba Lekhetho, “The Impact of free primary education on access and quality of primary education in Lesotho.” *International Journal of Educational Sciences* 5, no.4 (2013): 397-405.

<sup>22</sup> Van der Walt J.L, “The culturo-historical and personal circumstances of some 19<sup>th</sup> century missionaries teaching in South Africa,” *Koers-Bulletin for Christian Scholarships* 57, no.1 (1992). 75-86.

The present study intends to find the impact that St. Joseph's Hospital had on the Roma community. These above discussed studies help the present study by providing valuable information on the impact that western education had on African communities.

Ndlovu discussed missionary education in South Africa in general and in Bushbuckridge area in particular, during the period 1910-1973. He also investigated and highlighted how missionaries from various church denominations from Europe and the United States of America spread the 'Word of God' in South Africa. The research revealed that the missionaries founded and provided educational assistance to illiterate black people in order to enable them to read the bible, which would effectively help them in realizing their goals of Christianization, evangelization, and civilization. The investigation indicates that missionary education removed Black culture and traditional religious beliefs, and inculcated Western culture and Christian religious beliefs.<sup>23</sup> This study shows that as much as the missionaries' involvement in developmental activities brought change in Africa, they had a negative impact on Africans. The study suggests that these activities removed black culture and traditional beliefs while they introduced western culture and beliefs. Therefore, the link between this study and the present study is that it shows the impacts of these developmental activities introduced by missionaries on Africans.

Chistie also suggests that the negative impact of the introduction of western education in Africa is that the British wanted to ensure the spread of the British Empire across the world. In South Africa, the British set up a system of government that was similar to that of British colonies in other parts of Africa. The British education system was colonial by nature. The British wanted to use

---

<sup>23</sup>Ndlovu Ntshamatiko Boy Elliot, "A historical educational investigation into missionary education in South Africa with special reference to mission schools in Bushbuckridge." PhD diss., 2002.

education as a way of spreading their languages and traditions in the colony and also as a means of social control.<sup>24</sup> Luvuyo and Mokotso elaborate the impact of missionary education in Africa, particularly Lesotho by suggesting that the current primary and high school curriculum in Lesotho is not much different from the colonial project. They suggest that although Lesotho is now a free country, the current curriculum still promotes Christianity over other religions. For instance, in “Christian schools” one of the subjects taught is Religious Studies or Bible Studies. Students at these schools are expected to practice Christianity cultures such as praying, and going to church every Sunday. In this manner, Christianity gets promoted faster than any other religions as Luvuyo and Mokotso suggest.<sup>25</sup> With respect to the issue of politics, there are also scholarly works on missionaries’ contributions to African politics. The following scholars presented their views from a positive point of view. That is, they attest that the missionaries’ involvement in African politics had positive impacts. Such scholars are Ousmane, Patrick, Paul and Richard.

Ousmane focused on contemporary Turuq in West Africa. He argues that these networks, which contributed a great deal to the spread of Islam in black Africa, make tension less likely, while their absence actually makes it more likely. The chapter discusses the context in which the Turuq emerged as a sociopolitical community in West Africa.<sup>26</sup> Patrick examined how a group of Swiss missionaries spread a set of protestants reading practices and texts in late nineteenth and early twentieth century south-east Africa. It argued that their experience at home led them to view literacy as a revolutionary tool for the transformation of society. The fourth section ties these ways

---

<sup>24</sup> Pam Christie, “Changing regimes Govern mentality and education policy in post-apartheid South Africa.” *International Journal of Educational Development* 26, no.4 (2006), pp.373-381.

<sup>25</sup> Luvuyo Ntombana, and Mokotso R., “God is not Christian.” A Case of decolonizing of Religious Education for inclusive Education in Lesotho Schools.”, *Pharos Journal of Theology* 99 (2018):1-13.

<sup>26</sup> Ousmane Kane, “Muslim missionaries and African States.” *In Transnational religion and fading states.* Pp.47-62. Routledge, 2018.

of reading to the interpretation of texts and local networks of power, and the final part examines literacy as a sign and source of power employed by a new class of national politicians.<sup>27</sup>

Paul states that in the late 1980s, towards the time of the end of the cold war, Africa experienced the beginning of a second liberation, as the peoples of Africa tried to throw off the political systems that had come to serve them so badly. The struggle was not the same everywhere, but one of its common features was the significant role played by the churches.<sup>28</sup> In Francophone Africa, the struggle took a particular form, citizens' groups forced the dictators to convene a national conference, at which a wide range of groups debated the nation's future. The dictators, vulnerable and deserted by their previously supportive Western backers, had to give way, at least in the short term.<sup>29</sup> Richard states that from the beginning of the nineteenth century through to 1960, Protestant missionaries were the most important intermediaries between South African's ruling white minority and its black majority. The missionaries articulated a Universalist and egalitarian ideology derived from New Testament teachings that rebuked the racial hierarchy's endemic to South African society.<sup>30</sup> On the other hand, Judith, Maudeni and Tlohang have written about the negative impacts of the missionaries' involvement in African politics.

Judith is of the view that in the conventional wisdom, Western influence has emancipated African women through the weakening of kinship bonds and provision of free choice in Christian monogamous marriage, the suppression of barbarous practices, the opening of schools, the

---

<sup>27</sup> Patrick Harries. "Missionaries, Marxists and magic: Power and the politics of literacy in South-East African." *Journal of Southern African Studies* 27, no.3 (2001).

<sup>28</sup> Ibid.

<sup>29</sup> Gifford Paul, "Some recent developments in African Christianity." *African Affairs* 93, no.373 (1994):513-534.

<sup>30</sup> Elphick Richard, *The equality of believers: Protestant missionaries and the racial politics of South Africa*. University of Virginia Press, 2012.

introduction of modern medicine and hygiene and sometimes, of female suffrage. The experience of Igbo women under British colonialism shows that Western influence can sometimes weaken or destroy women's traditional autonomy and power in exchange. The actions of administrators weakened and, in some cases, destroyed women's bases strength.<sup>31</sup> Maundeni considers Lesotho's political history and culture, a political history characterized by rebellious chiefs who had rejected Christianity and who were heavily armed and fought numerous wars against their black and white neighbors. Its argument is that the statuesque's dysfunctionality in small Lesotho is a result of a political culture and history of armed resistance, producing rebellious political elites who fended between themselves against the colonial establishment and against the post-colonial government.<sup>32</sup>

Tlohang examined the role played by Christian churches in political conflict in Lesotho. He argues that Christianity has played changing roles in the conflict that has characterized Lesotho politics since 1970. At first, the two largest Christian denominations the Roman Catholic Church and Lesotho Evangelical Church were associated with the rival Basotho National Party and Basotho Congress Party (and its offshoots) respectively.<sup>33</sup> Lastly, concerning the issue of politics, Comaroff and Jean, Elphick and Sekoati share the same sentiments that indeed the missionaries played an important role in African politics. Comaroff and Jean, state that Christian evangelists were intimately involved in the colonial process in Southern Africa. The essay distinguished two dimensions of the historical role, each associated with a different form of power. In the domain of formal political processes, of the concrete exercise of power, the effect of the nonconformist

---

<sup>31</sup> Judith Van Allen, "Sitting on a man": colonialism and the lost political institutions of Igbo women." *Canadian Journal of African Studies/ La Revue Canadienne des etudes africaines* 6, no.2 (1972): 165-181.

<sup>32</sup> Zibani Maundeni, "Political culture as a source of political instability.: The case of Lesotho." *African Journal of Political Science and International Relations* 4, no.4 (2010): 128-139.

<sup>33</sup> Tlohang Letsie, "The role of Christian churches in political conflict in Lesotho." *African Security Review* 24, no.1 (2015): 75-88.

mission to the Tswana, as elsewhere in Africa, was inherently ambiguous.<sup>34</sup> These studies show that the missionaries were also involved in African politics. Therefore, their relevance to the current study is that they show that missionaries were not only involved in health activities but also politics.

Elphick *et al*, in their constructed and vigorously written book, a collaboration of thirty specialists working in seven countries situates Christianity for the first time in broad political, social, and economic content of South African History. It also traces a variety of religious movements and their histories both before and during apartheid.<sup>35</sup> This study again shows how the missionaries used Christianity to influence Southern African politics. Still, the current study is different because it shows the factors that influenced Catholic mission into Lesotho's health sector. Sekoati shows that the missionaries got involved in the politics of Lesotho. He points this out through his study on the second chapter which dealt with the socio-political involvement of the Catholic Church in Lesotho.<sup>36</sup> He states that through the school system the missionaries of the Catholic Church extended their control over Basotho society.

Ultimately, there are scholars who worked on establishing the missionaries' contributions in the development of health sector in Africa, Southern Africa and in Lesotho. Barasa, Doyle, Good, Nord, Rennick, Shobana, and Thomas are of the same view that the missionaries were pioneers of health facilities in Africa. They contributed significantly towards the development of African

---

<sup>34</sup> Comaroff Jean, and Comaroff John, "Christianity and colonialism in South Africa." *American ethnologist* 13, no.1 (1986):1-22.

<sup>35</sup> Richard Elphick Davenport, Rodneyand Davenport, T.R.H eds. *Christianity in South Africa: A political, social and cultural history*. Vol.55. University of California Press.1997.

<sup>36</sup> Sekoati, S.M. "The history of the Roman Catholic Church in Lesotho, 1862-1989." (2001).



health. Barasa also agrees with Good that the missionaries played a crucial role in the development of African health sector. He asserts that Health sector in Kenya has grown rapidly. The cornerstone of this growth was laid by the early Christian missionaries who combined evangelization with education and health. The church's education health functional strategy cemented this milestone leading to the growth of a vibrant health care sector in Kenya. This has culminated in a well-coordinated church government partnership in the implementation of health programs. Today Kenya is the leading country in the East African region in the delivery of well-established and functional health care system.<sup>37</sup>

Doyle states that maternal and child health was another area pioneered by missions in Africa. In Uganda for example missionaries began training indigenous women as midwives and nurses as early as 1918. By 1932 the church missionary society alone had established twenty-three maternity and child warfare centers, mostly in Central Uganda. Both catholic and protestant clinics operated an impressive referral system channeling high-risk case to the major maternity hospitals in Kampala so efficiently that by the 1930s the rural centers recorded maternal and child mortality rates similar to those found in England and Wales.<sup>38</sup> Good states that Protestant and Roman Catholic missions pioneered Western medicine and public health in much of Africa decades of health services provided by colonial governments. A century later church-based hospitals and health care programs continue to account for 25% to 50% of available services in most African countries.<sup>39</sup>

---

<sup>37</sup> Barasa Francis, O. *The Church and the Functional Analysis of Its Development through Evangelization*, vol.5, Issue 9, (2020).

<sup>38</sup>Shane Doyle, "Missionary medicine and primary health care in Uganda: implications for universal health care in Africa." *Health for all: the journey of universal health coverage. Hyderabad: Orient Blackswan* (2015): 73-6.

<sup>39</sup> Good Charles M., "Pioneer medical missions in colonial Africa." *Social science & medicine* 32, no.1 (1991): 1-10.

Nord shows that in the year 1966, the first government hospital, Oshakati hospital, was inaugurated in northern South-West Africa. It was constructed by the apartheid regime of South Africa which was occupying territory. Prior to this inauguration, Finnish missionaries had, for 65 years provided healthcare facilities of which Onandjokwe hospital was the most important.<sup>40</sup> Teresa also carried out an innovative investigation of pluralism in health care. Using both extensive Archival material and oral histories it examines relationships between indigenous healing, missionary medicine and western biomedicine.<sup>41</sup>

Rennick discusses the early mission medical activities in the Malawi region. She compares the policies and practices of three missions, Livingstone, Blantyre and the UMCA between 1875 and 1914, from pioneering medical provision through to the establishment of hospitals and participation in large scale public health campaigns.<sup>42</sup> Markku's focus was on relations between colonial medical service and major British missions in early colonial Malawi. (c.1891-1940). It focuses on networks that connected missions with the medical service and cooperation between the two-information sharing, public health campaigns and medical training of African staff.<sup>43</sup>

Shobana argues that emirs modernized and enhanced their authority through cooperation with Christian missions in the anti-leprosy campaign in colonial Hausaland in the 1930s. New

---

<sup>40</sup>Catharina, Nord, "Healthcare and warfare. Medical space, mission and apartheid in twentieth century northern Namibia." *Medical history* 58, no.3 (2014): 422-446.

<sup>41</sup> Teresa Barnes, "The history of South African health care-diversity and division in medicine: Health Care in South Africa from the 1800s. By Anne Digby. *Studies in the History of Medicine*5. Oxford: Peter Lang, 2006. Pp.504. 55, paperback (ISBN 978-303910-715-5)> *The Journal of African History* 50, no.3 (2009): 449-451.

<sup>42</sup> Rennick Agnes, "Church and medicine: the role of medical missionaries in Malawi 1875-1914." PhD diss., University of Stirling, 2003.

<sup>43</sup>Markku Hokkanen, "The government medical service and British missions in colonial Malawi, c.1891-1940: crucial collaboration, conflicts." In *Beyond the state*, pp.39-63. Manchester University Press, 2019.

documentary and oral sources detail how native administrations and Sudan Interior mission workers together established leprosia that were important beyond religious interactions.<sup>44</sup> Thomas states that the 19<sup>th</sup> century was a turning point in the history of Africa in general and what later became known as Zambia in particular. Not only did Africans witness the advent of colonialism with its Western forms of education and oppressive system of governance but they also saw the introduction of missionary medicine. Among the missionaries who pioneered mission medicine in Africa were Roman Catholic priests and nuns. By 1840s the Catholic Church in Europe had experienced a great revival. This led to the founding of new missionary orders including the congregation of the Holy Ghost and White Fathers both of which took interest in evangelizing Africans.<sup>45</sup> Since the focal point of the present study is Lesotho's health sector, the above studies are relevant because they give insightful information to the present study. They show that the missionaries did not only establish hospitals in Lesotho but also in other African countries.

On the other hand, scholars like Chipo, Green *et al*, Markku and Teresa have written from a different point of view from the above scholars. They looked at the mission health facilities' relations with other sectors such as religion, government, indigenous healing, colonial medical service and British mission. Chipo carried out a study which was a part of a baseline research within African Religious Health Assets Programme ongoing studies into the relationship between religion and public health. It examined the nature and function of religious health assets that were identified through the activities of mission Aviation Fellowship-Lesotho. The basic findings were the critical role Faith Based Organizations activities play in the provision of health care in

---

<sup>44</sup>Shobana Shankar, "Medical missionaries and modernizing emirs in colonial Hausaland: Leprosy control and native authority in the 1930s." *The Journal of African History* 48, no.1 (2007):45-68.

<sup>45</sup> Michael Thomas, *History and Religion and Its influence* (London) Charton and Co.1987, pp 122-130.

Lesotho.<sup>46</sup> Green *et al* review the relationships between government and church health providers within Sub-Saharan Africa with a particular focus on East and Southern Africa. The article provides a historical overview of the development and emerging role of church health services within this changing environment.<sup>47</sup>

Teresa also carried out an innovative investigation of pluralism in health care. Using both extensive Archival material and oral histories it examines relationships between indigenous healing, missionary medicine, and western biomedicine.<sup>48</sup> Loewenberg reports that, missionaries have played a long running part in the history of African health care but now they are more widespread and diverse than ever before. He further states that little noticed in this flurry of recent attention is that the missionaries never left. In fact, they are more widespread and diverse than ever before. Now Catholics, Lutherans, Evangelicals and Pentecostals all vie for territory and converts. They are joined by a wide range of Islamic groups playing catch-up-many seek to spread their faith through medical services, emergency food aid and development programs.<sup>49</sup>

The importance of the above literature to the present study is that it informs the present study about different relations. They show how the hospitals related with other sectors such as government and

---

<sup>46</sup> Vera Evelyn Hope Chipo. "The practices and perceptions of religious health assets in Lesotho: a study of mission aviation fellowship." PHD diss., 2010.

<sup>47</sup> Andrew Green, Shaw Jane, Dimmock Frank, and Conn, Cath. "A shared mission? Changing relationships between government and church health services in Africa." *The International journal of health planning and management* 17, no.4 (2002):333-353.

<sup>48</sup>Teresa Barnes, "The History of South African Health care-diversity and division in medicine: Health Care in South Africa from the 1800s. By Anne Digby. Studies in the History of Medicine5. Oxford: Peter Lang, 2006. Pp.504. 55, paperback (ISBN 978-303910-715-5)> "The Journal of African History 50, no.3 (2009): 449-451.

<sup>49</sup> Samuel Loewenberg, "Medical missionaries deliver faith and health care in Africa." *The Lancet* 373, no.9666 (2009):795-796.

indigenous communities around the hospital. These studies are relevant and essential to this work, because it also seeks to find how the hospital related with the government and the community.

## **Methodology**

This study is largely qualitative: which textual analysis was used as an effective research method to gain an in-depth understanding of the Catholic Church's involvement in health activities. Primary sources including annual reports were examined. The reports were able to show that the colonial government contributed financially towards the growth of the hospital, through the subsidy funds it provided the hospital with. The weakness of these reports is that they were not detailed; they just showed the amount of money the government gave the hospital.

This study has also benefited from oral interviews with selected purposive sample and snow ball sample. The hospital's nursing manager was interviewed, and former hospital nurse, who is also a member of Holy Family Sisters, was also interviewed. They provided insightful information on the planning of the hospital, that is, circumstances that led to the establishment of the hospital, its establishment, and its operations from 1937 to 1966. The shortcoming of these interviews is that, both interviews relied on memory of the hospital's stories, and memory cannot always be accurate. The story could either be exaggerated or downplayed.

The archival material was also useful in giving information on the historical background of the arrival of missionaries in Lesotho as well as missionary works in Lesotho, and those were gathered from Morija archives. The National University of Lesotho archives were used with regard to information pertaining the missionaries in Lesotho. Secondary sources such as scholarly books,

articles, and internet sources were used eminently to gain information about missionaries in Africa and Lesotho.

In summary, the sources that were used to write this dissertation were not enough to make a solid argument. The biggest challenge was that the hospital itself did not have enough written primary sources. Efforts to have interviews with people who worked at the hospital from 1937 to 1966 were in vain because most of them if not all died. This section lays out there search approach and data collection techniques. This study adopts a qualitative approach in which textual analysis will be used to gain an in-depth understanding of the origins and role of the Roman Catholic Church in the Basotho society of Roma. Secondary sources such as books were used to collect data and internet sources were of great help.

### **Ethical Considerations**

Ethics essentially set out the standards for what is or is not legitimate to do or what “moral” research procedure involves. In light of this, ethics were adhered to for the simple reason of always avoiding potential for harm, stress and anxiety, and a myriad other negative consequence which among research participants. Confidentiality of the issues under discussion was assured before proceeding with discussions and was necessary, pseudo names were used for some participants as a way of assuring their security. Formal permission was sought before undertaking interviews from the relevant authorities and other independent respondents. Upon the attainment of the permission, all the potential and actual participants were engaged to outline the implications of participating in the study.

## **Thesis Outline**

Chapter one introduces the study. This chapter includes the background of the study, statement of the problem, research objectives, research questions, justification of the study, literature review, methodology of the study and the proposed structure for the research. The second chapter gives a historical background, capturing missionary activities in Africa before zooming on Lesotho. Thus, it gives a broader contextual background development of health services in Lesotho before the involvement and emergence of the Catholic Church. This, therefore, sets a foundation upon which the origins of St. Joseph Hospital and its operations during the colonial period in Lesotho were established.

Chapter three traces the origins of St. Joseph's Hospital. In the process the chapter examines the circumstances that led to the establishment of St. Joseph's Hospital. It also assesses the major players in the establishment of the hospital. Chapter four examines the operations of the hospital from 1937-1966. It explores the management of the hospital from 1937 to 1966, finances, staffing, services, colonial government relations and the relationship between the community and the hospital from 1937 to 1966. The fifth chapter, final chapter of the study presents the conclusions of the study. It reiterates some of the main arguments made in the thesis, and also points potential areas for further research.





## CHAPTER 2

### MISSIONARY ACTIVITIES IN AFRICA AND LESOTHO: AN OVERVIEW

#### Introduction

From the sixteenth to the early twentieth century, Christian missionaries settled across Sub-Saharan Africa to spread Christianity. As part of the conversion strategy, missionaries invested in various forms of human and social capital, which impacted the religious, cultural, and economic conditions of the areas they settled in. The most notable investment was the construction of schools to increase literacy and encouraging reading the religious texts. Missions also provided health care, built health facilities, and were the first to bring modern medicine to the continent. Other investments include the introduction of the printing press and newspapers, changes to political and social organizations, and greater inclusivity.<sup>50</sup>

Within this context, this chapter offers a background to the establishment of mission hospitals in Africa. It discusses missionaries' activities such as education and health in Africa and the factors that shaped their involvement in these activities. The first section looks at education and the second one explores healthcare activities done by missionaries in Africa. It is also worth mentioning that the chapter will cover the circumstances that forced the missionaries to go all out of their Christian mission and start establishing health facilities together with schools from primary level to tertiary

---

<sup>50</sup>Emily Lyrons, and Chicoine Luke, "The Long-Term Effects of Christian Missions on Family Formation in Sub-Saharan Africa," 9 April 2019.

level in some other countries like Lesotho. Lastly, this chapter gives a historical background to the establishment of St. Joseph's Hospital in Roma, and the circumstances that led to its establishment.

### **Missionaries' Educational Activities in Africa**

The arrival of missionaries in Africa marked the beginning of a new era in Africa. An introduction of Western education in Africa, whereby schools were open and people went for what was claimed to be a formal education. It has already been mentioned earlier that there are different interpretations of the circumstances that led to the missionaries being involved in education while they were first known for coming to Africa to spread Christianity. Therefore, this section assesses different reasons that forced the missionaries to open schools while spreading Christianity.

The first impression of missionaries' arrival in African countries was the spread of Christianity. They were known for spreading the gospel; however, it is argued that failure to attract more converts to Christianity, they resorted into strategies that were able to help them attract converts to their mission stations. Agbeti supports this by stating that, to ensure the commitment of new converts to Christianity, another strategy was the introduction of formal education. He further states that early mission schools were built out of the desire to spread the gospel.<sup>51</sup> The more people went to schools, the more they were introduced to Christianity and this was the fastest way in which Christianity expanded throughout Africa.

---

<sup>51</sup> Agbeti John K., *West African Church History: Christian Missions and Church Foundations 1482-1999*. Leiden: E. J. Brill, 1986.

The same sentiments were also shared by Fankema and Doyle where they stated that the introduction of Western education and the opening of mission schools in Africa was a way of speeding up the process of converting Africans into Christians. They further state that the process of African mass conversion was facilitated by vast Christian missionary efforts. Throughout the colonial era, missions provided the bulk of formal education and healthcare.<sup>52</sup> It was unquestionable that Christianity could grow and expand faster through these schools because it is where Bible and Religious studies were taught together with other subjects. Eventually students became Christians.

It is further believed that as much as the establishment of schools in Africa was regarded as a developmental activity, there was a hidden agenda of Christianity. For instance, missionaries introduced mission schools in South Africa for a multiplicity of reasons such as converting blacks to Christianity, and change of morality and standards of behaviour. Some of these reasons were hidden while others were open.<sup>53</sup> It is also arguable that the establishment of schools by missionaries had a hidden agenda. The Christian missionaries in different societies made a tremendous contribution to education in South Africa. Their arrival in South Africa was aimed particularly at spreading Christianity. They, therefore, set about to achieve this through introduction of formal education among the Batswana people. They started building mission schools, translating scriptural and non-scriptural books as well as writing readers for elementary classes.<sup>54</sup> This implies that since it was not easy for Africans to understand Christianity and easily

---

<sup>52</sup> Shane Doyle, "Missionary medicine and primary health care in Uganda: implications for universal health care in Africa." *Health for all: the journey of universal health coverage. Hyderabad: Orient Blackswan* (2015): 73-6.

<sup>53</sup> Lebeloane Lazarus, "Missionaries and mission Schools: Experiences of Children (former learners)." (2006).

<sup>54</sup> Ranamane Tlhabane D., "The Contribution of the missionaries to the development of Setswana as a written language." *South African Journal of African Languages*. 32, no.1 (2012): 27-33.

walk away from their beliefs, missionaries had to find ways in which they could soften Africans' hearts, so that they could easily pass the message of God as they claimed. It is therefore, argued that in their attempt to spread the "word of God", Christian missions of all denominations opened schools and disseminated education. Scientifically very important was their pioneer work in African languages. By producing grammars, dictionaries, textbooks and translations of religious texts missionaries laid the foundations for literature in African languages.

Before the arrival of missionaries in Africa, there was still education whereby boys and girls at the certain age could go to initiation, where they were taught several numbers of things which included life skills. However, some scholars on the other hand acknowledge missionaries' activities in a positive light by stating that West Africa owes to the Christian missionaries not only a new religious faith which has changed the beliefs and life of millions of people, but also the foundation of Western education. They claim that the greatest service of the missionaries was the promotion of western education and development of vernacular literature.<sup>55</sup>

To illustrate how much of a great deal missionary have developed Africa through the introduction of Western education, Samuel and Ampadu illustrate how the missionaries contributed towards education in Sierra Leone, Ghana, Nigeria and Gambia. They stated that perhaps the greatest service of the missionaries was the promotion of western education and development of vernacular literature. They further indicate that in Sierra Leone, among the earliest higher institutions which

---

<sup>55</sup>Adu-Gyamfi Samuel, and Ampadu Benjamin Kye, 'Christian Missionary Activities in West Africa' *History Textbook: West African Senior School Certificate Examination*. National Library of Gambia, p.98 (2018).

the Christian Missionary Society opened was the Christian Institute, established in 1814 for the training of teachers, Catechists and priests.<sup>56</sup>

Additionally, as happened in other colonial territories, the government did not show great interest in the promotion of education in Ghana until the missionaries had extended their services throughout the country and set up primary schools and a few secondary schools and training colleges. The first higher institution in Ghana, now the Presbyterian Training College at Akuapem Akropon, was established in 1848, first a centre for training catechists, and later to train teachers as well as ministers of the Presbyterian Church.<sup>57</sup>

Moreover, the first school in Nigeria was started by the Methodist missionaries at Badagry in 1842. This was the work of the great missionary, Thomas Birch Freeman, who placed two missionaries, Mr and Mrs de Craft, in charge of the school. Soon after the Methodist experiment, the church missionary society set up their own school at Badagry. Lastly, in Gambia, as happened in other territories, the Christian missionaries did not confine their work to the spread of the Gospel alone. Besides education, they cared for the sick. Thus, as early as 1823, the Roman Catholic sisters started a clinic for the sick and for children in Banjul. The churches opened primary schools both in the capital and in the rural communities. Their greatest legacy in the field of education was the foundation which the Methodist laid for what is today the Gambia High School.<sup>58</sup>

---

<sup>56</sup>Ibid. p.98.

<sup>57</sup>Ampadu B.K Notes on History of Ghana for Senior High Schools. NUUT Co. Ltd. Kumasi, Ghana, 2011.

<sup>58</sup>Ibid.

There are other opinions that the missionaries were the first to recognise the educational needs of the Black South Africans. They provided the people with a preliminary religious education background by teaching them to read and write through the Bible. Missionaries were the greatest force for the change in the lives of the Blacks, and the contemporary philosophy of life and practice is an indication of the influence of the church missionaries' enterprises as a controlling factor for Bantu education.<sup>59</sup> In other words, the missionaries opened schools because there was a need for Africans to get education, although it has already been mentioned earlier that before missionaries came and introduced "western education" there was education in Africa. That is, the interpretation that the missionaries were responding to the "need" for education by Africans is debatable.

An example which illustrates this point of missionaries opening schools because they were paving way for colonialists is that in Kaloleni, the Giriama were not eager to embrace Christianity and western practices.<sup>60</sup> A number of reasons can be advanced for their reluctance to convert to Christianity. First, the Giriama never wanted to abandon their customs and traditions. Second, Africans perceived missionaries as an integral part of the European groups, and agents of colonization and oppression.<sup>61</sup> Moreover, the Giriama suspected missionaries to be slave raiders. In light of these challenges, missionaries hurriedly trained many Africans catechists and teachers and sent them to go preaching to the Giriama on their behalf.<sup>62</sup> with the problem of language barrier and the need for the use of interpreters.<sup>63</sup> The missionaries soon turned the difficulty of communication into an opportunity for many Africans to be literate. The ex-slaves were very

---

<sup>59</sup>Pelaelo Lekhela Ernest, *The development of Bantu education in the North Western Cape 1840-1947: A Historical Survey.* PhD diss., University of South Africa. 1991

<sup>60</sup>Morad S., *"The Beginnings of Christianity in Kenya."* New York: Wiley. 1999.

<sup>61</sup>Thompson A.R., and Franken Jan. *Church and Education in East Africa.* Nairobi: East African Publishing House, 1976.

<sup>62</sup>M. J. Kamango, personal communication, Sept. 24, 2013.

<sup>63</sup>Jordan J. P., *Autobiography of a missionary.* 1972.

useful at this point as they facilitated the development of dictionaries, grammar and primers for the Study of various vernaculars.<sup>64</sup>

The introduction of education in Africa is interpreted as another very important instrument that was employed to bring the Batswana under the influence of colonialism. It determined the course and nature of African responses to colonial conquest. Its impact softened the hearts of Batswana towards Europeans and consequently brought them under their power and influence. Missionary education was used as a great weapon to confuse the people's minds. In preparation for the colonizers, the missionaries taught English to those who were to be colonized by the English, so that they could later provide the needed service as officers.<sup>65</sup>

Moreover, the missionaries helped in the colonization of East Africa. The missionaries were tasked by their home governments to preach ideas of love, respect, brotherhood, forgiveness, tolerance, and non-violence so that when colonialism came, they would meet less resistance from the East Africans. Christian missionaries were also influential in establishing educational institutions and training efficient classes of Africa clergy (catechists) who were close and more understandable to the local communities. This helped and enhanced the propaganda of faith. They also acted as front runners in the colonization process.<sup>66</sup>

---

<sup>64</sup>Ibid.

<sup>65</sup>Fidelis Nkomazana, and Setume Senzokuhle Doreen, "Missionary colonial mentality and the expansion of Christianity in Bechuanaland Protectorate, 1800 to 1900." *Journal for the Study of Religion* 29, no.2 (2016): 29-55.

<sup>66</sup><https://www.atikaschool.org/kcsehistorynotes/christian-missionaries-in-east-africa> [accessed on 23 April 25, 2023]

It is also believed that missionaries' schools often adopted an evangelical and heavily denominational approach to religious education, with the intention of producing new teachers and religious leaders to propagate Christianity among the local population.<sup>67</sup> Berman states that missionary's primary intention was to convert Africans to Christianity. Mission societies viewed the provision of formal education as the most effective way of attracting new Christians, thus much of their efforts went into establishing schools.<sup>68</sup>

In conclusion, the fact that the introduction of schools by missionaries was to some extent of a great help to Africans, does not rub out the fact the missionaries had hidden agendas which have already been discussed in this section. Clinton supports this notion by stating that, though the missionaries' primary aim was to bring the gospel to Africans, some Africans consider Christianity a "White man's religion" that was used to subdue and control them in the process of colonization.<sup>69</sup> The missionaries through their activities introduced education, civilization, the building up of the Christian medical service. The medical services clearly occupied a second place in missionary activity. Education was considered a direct response to Christ's commission, "Go and teach all nations"; healing diseases seemed to have been an activity used mostly to support Christ's own teaching mission.<sup>70</sup>

---

<sup>67</sup>Strayer Robert W., "The Making of Mission Schools in Kenya: A Microcosmic Perspective". *Comparative Education Review*. 17, no.3 (1973): 313-330.

<sup>68</sup>Berman 1974 (Additional mission conversion strategies encompassed the provision of healthcare to Africans (Doyle et al, 2019; Cage and Rueda 2019).

<sup>69</sup>Viera P. A., "Christian Missions in Africa and their Role in the transformation of African Societies" *Asian and African Studies* 16, no.2 (2007): 249-260.

<sup>70</sup>John Baur, "Years of Christianity in Africa." *An African history, 1962-1992* (2000).



## **Mission Healthcare in Africa**

This section like the previous section explores missionary activities in health sector in Africa. As it has been mentioned previously, missionaries came to Africa to spread Christianity but while they were at it, they opened schools and hospitals. Therefore, this section assesses the circumstances that forced missionaries to get engaged in health issues. Firstly, it is argued that the missionaries established health facilities to push their Christianity agenda. The provision of healthcare services was not only about medicine, but also about religious ambitions and proselytizing. Providing medicines that could heal attracted locals to the missionary hospital where the missionaries soon approached them with their religious aims. For instance, in Catholic hospitals every morning before the services starts, there is prayer session that is held, this is done inconsiderate of whether every person present at the hospital is a Christian or not. This strategy succeeded in the long term. Even people who wanted to have little to do with missionaries in general could be approached by means of medical care.<sup>71</sup> Secondly, it is indicated that the introduction of medical services in Christian mission stations contributed a great deal to the good of health enjoyed by African converts to Christianity, particularly because their integrated approach to health care also eliminated the many epidemics which historically, had ravaged the African population. Missionaries made a point of ensuring that hospitals and other health facilities were erected in their area of missionary activity.<sup>72</sup>

It is further indicated that the opening of mission health facilities in Africa was part of Christianity agenda. France states that the purpose of the missionaries was twofold. First, they were part of a

---

<sup>71</sup> Kalle Kananoja, "The Finnish Medical Mission in Owambo and Kavango, 1900-2010." *Intertwined Histories* (2019): 92.

<sup>72</sup> Mkandawire Austin C., "David Livingstone's medical dimension in Malawi and how it is connected to his vision 150 years after his death." *The Society Malawi Journal* 62 (1), 62-65.

larger scheme by white people to colonise Africa. Second, they were part of a religious movement that competed for growth of their church beliefs in Africa.<sup>73</sup> The Dutch Reformed Church was one of them. Both purposes were motivated by the colonial belief that African ways of life should be replaced with white ways. But the hidden and main mission was to colonise the people in the area, and ultimately colonise Zimbabwe with the help of people like Cecil John Rhodes. For several years, the missionaries decimated African society, disrespected African ways of life, and separated believers from their community.<sup>74</sup>

An example that shows that hospitals were opened with a hidden agenda of Christianity is that, when Chitokoloki mission was established in 1914, the hospital started as a dispensary constructed to meet the healthcare needs of the local people but later on became the pinnacle of medical services in Zambezi district and the peripherals. The mission's agenda from its inception, was to use the hospital as a tool for converting Africans to Christianity.<sup>75</sup> Another example is the establishment of Mpongwe Baptist Association in 1974, which was to run the work of the churches that had been planted by mission. Mpongwe Baptist Association's focal areas are evangelism, discipleship training, leadership training, mission work and planting new churches.<sup>76</sup>

Mission hospitals in Africa were a force of attraction towards Christianity. Christian missionaries established medical missions both because they regarded the ministry of healing as an integral part

---

<sup>73</sup>Pretorius Shirley Frances, "A history of the Dutch Reformed Church in Zimbabwe: with special reference to the Chinhoyi Congregation." PhD diss., 1999.

<sup>74</sup>Christopher Munikwa, and Hendriks Jurgens H., "The Binga outreach: a critical reflection on the Reformed Church in Zimbabwe CRZ's cross-cultural ministry" *Missionalia*, 41, no. 3 (2013): 290-306.

<sup>75</sup>Muombo Oggy Kelvin, "A History of Chitokoloki mission hospital in Zambezi district of the North-Western province of Zambia, 1914-2014." PhD diss., The University of Zambia, 2021.

<sup>76</sup><http://mpongwe.com/history-and-future/> Accessed on 16 April 16, 2023.

of the Christian witness and because they viewed medical missions as an important evangelical agency.<sup>77</sup> For these reasons, at some mission stations where a trained doctor was not available, some missionaries practiced as amateur doctors.<sup>78</sup> The opening of health facilities in Africa was a strategic plan of spreading Christianity. Alubo shows that missionaries established health services in East Africa. They for example established sight by wings in Lugala-Tanzania that offered specialised eye treatment to people in Tanzania and East Africa at large. The health services in East Africa were pioneered by the Christian missionaries just as they did with education sector in the region. It is worth noting that, the early Christian missionaries in East Africa considered health services to be very necessary to establish themselves and to the people of East Africa in order to make way for the rapid spread of Christianity in the region.

There were about a dozen medical missionaries worldwide in 1850. In Africa, this was the time of David Livingstone, the Scottish explorer and missionary and Cardinal Charles Lavigerie, a brilliant Catholic mission strategist, who in the 1860s sent African medical students to study Western medicine at the University of Malta. Even the earliest missionaries found that having the capability to meet the medical needs of indigenous populations opened up new towns and villages “to the messengers of the gospel.”<sup>79</sup> In some cases, the reason for the establishment of mission hospital was religious. For instance, “The purpose of Mukinge Hospital is to reflect the glory of God by following the pattern of spreading the Gospel established by the Lord Jesus namely; Teaching, Preaching and Healing.”<sup>80</sup> Wilson adds by stating that Mwami Adventist Hospital on the other

---

<sup>77</sup> Zvobgo Chengetai J., “Aspects of interaction between Christianity and African culture in colonial Zimbabwe, 1893-1934”, *Zambezia* 13, No.1 (1986): 43-57.

<sup>78</sup> Brigg H.O., “The missionary as amateur doctor.” *The Foreign Field of the Wesleyan Methodist Church (1917-18)*, 147-9.

<sup>79</sup> Alubo Sylvester Ogoh, “The political economy of health and medical care in Nigeria.” (1984).

<sup>80</sup> <https://www.mukinge.com/j/about-us> Accessed on 16 April 2023.

hand was established as an extension of medical missionary work conducted at Malamulo Mission in Malawi.<sup>81</sup>

Medical Mission Reports in 1895 shows that the Madagascar hospital had become indispensable to the London Missionary Society effort on Madagascar. It not only provided medical aid, but its popularity coupled with an explicit Christian message had created an important symbol. The reason went beyond the medical services. The hospital had become a key focal point in the missionary movement, which combined all the elements that missionaries professed to bring to the island: civilisation through the knowledge of Christianity and science. Once admitted as a patient to the hospital, a Malagasy entered a controlled setting. Inside the hospital Christian teaching was essential. It was here that patients and those who came to visit were subject to Christian teachings. Patients were often taught how to read the Bible. Hymns were sung. And in the ward patients participated in a “short” church service” before they are seen and prescribed for directly and compulsorily, correlating physical and spiritual health.<sup>82</sup>

Apart from Christianity agenda, it is arguable that the missionaries established hospitals in Africa to respond to the physical needs of Africans. It is stated that from the disposal of the Cape Sanatorium by the African Division in 1925, there lingered a desire to establish a major hospital that would cater to the medical needs of the blacks in South Africa. The desired ideal by the Division in Africa was that each union mission should directly or indirectly have a training school

---

<sup>81</sup>Wilson N.C., “South East African Union: News Notes.” The African Division Outlook. November 15, 1927,3.

<sup>82</sup>Medical Mission Report, 1895, FFMA Archives; Davidson letter in W. Burns Thomson, “Madagascar: Its first Medical Mission and Medical Missionary College” in Reminiscences of Missionary Work, 158.

and a major hospital.<sup>83</sup> Previously it had been felt that the medical work was one of the weakest links in the church's missionary work in South Africa, and therefore it was hoped that this new hospital would strengthen the missionary work and that its effect would be far-reaching.<sup>84</sup>

This notion is supported by Dailor by stating that although the care of the sick has been a charisma of Catholic community since the beginning, and hospitals as we know them have developed since the fourth century, religious orders began to develop hospitals as part of their mission work during the colonial expansion of the seventeenth century. These early efforts, however, were primarily a response to the needs of the colonists as well as recognition that the poor who were sick required care in these regions.<sup>85</sup>

In some cases, the mission hospitals were established because there was a need of a health care facility in that place, hence the aim of the hospital was to provide medicine to the local people. Kanye Adventist Hospital in Botswana is a mission hospital owned by the seventh day Adventist Church and currently operated in partnership between church and the Government of Botswana. The hospital was started in 1922 by a missionary Doctor Arthur Kretchmar with the aim of providing western medicine to the Bangwaketse tribe as an entering wedge for the gospel.<sup>86</sup> From the disposal of the Cape Sanatorium by the African Division in 1925, there lingered a desire to establish a major hospital that would cater to the medical needs of the blacks in South Africa. The

---

<sup>83</sup> Thompsons Ronald Charles Lloyd, "A History of the Growth and Development of the seventh-day Adventist Church in Southern Africa, 1920-1960," Ph. D. Diss. Rhodes University, October 1977, 183.

<sup>84</sup>Tarr A.F., "An Extraordinary Privilege [sic], "The Southern African Division Outlook", Dec. 15, 1936, 2.

<sup>85</sup>Dailor Ellen M, "A History of Development of Medical Missions and Catholic Evangelization in Sub-Saharan Africa from the Early Twentieth Century to the Present: Training Some Representative Founders and Orders in the Context of the Twentieth Century Church." *The Linacre Quarterly* 88, no.4 (2021).

<sup>86</sup><https://ghi.llu.edu/partnerships/startegic-patner-sites/kanye-adventist-hospital> Accessed on 14 April 2023.

desired ideal by the Division in Africa was that each union mission should directly or indirectly have a training school and a major hospital.<sup>87</sup>

Another perspective regarding the opening of hospitals in Africa by the missionaries is that the missionaries contributed significantly towards the development of Africa's health sector. Charles states that Protestant and Roman Catholic missions pioneered Western medicine and public health in much of Africa decades in advance of health services provided by colonial governments. A century later church-based hospitals and health care programs continue to account for 25% to 50% of available services in most African countries.<sup>88</sup> Inspired by Doctor David Livingstone, they felt a special calling to bring the Church, education, and medical care to rural Africans. To deliver services across a huge, remote area, the Universities' Mission to Central Africa relied on steamer ships that were sent from England and then reassembled on Lake Malawi.<sup>89</sup>

Moreover, a significant missionary development in South Africa was the establishment of the South African Mission Field in 1799.<sup>90</sup> Hinchliff states that the mission Field partnered with foreign mission boards on several ways, including sending its own missionaries to accompany missionary inductees on their forward journey to the north. Henry Callaway, the founder of the first mission hospital in South Africa established the Lovedale Mission Institution that "became the first place in the country at which Africans could be fully trained as nurses."<sup>91</sup>

---

<sup>87</sup> Thompson Ronald Charles Lloyd, "A History of the Growth and Development of the seventh-day Adventist Church in Southern Africa, 1920-1960," Ph. D. Diss. Rhodes University, October 1979, 183.

<sup>88</sup> Good Charles M., "Pioneer medical missions in colonial Africa." *Social science & medicine* 32, no.1 (1991):1-10.

<sup>89</sup> Good Charles M., *The steamer parish: the rise and fall of missionary medicine on an African frontier*. Vol. 244. University of Chicago Press, 2004.

<sup>90</sup> Villa- Vicencio Charles, "Martin Prozesky and John, de Grouchy, 47-70. New York. St. Martin's Press. 1995.

<sup>91</sup> Hinchliff Peter, *The Church in South Africa*. SPCK, 1968.

David indicates that prominent among the faith-based institutions that provide health care in Sub-Saharan Africa are mission hospitals established by Christian missionaries from the late nineteenth century to the present, as well as hospitals established by Africans as part of the legacy of Christian missions. In Uganda, for example, the Catholic Church and a small collection of protestant denominations manage not only 47 hospitals, but more than 500 lower-level health facilities, many of them providing the only available care for Uganda's predominately rural population.<sup>92</sup> Moreover, Charles states that a significant missionary development in South Africa was the establishment of the South African Mission Field in 1799.<sup>93</sup>

Lastly, there is a notion that missionaries were agents of colonisers. That is, they did all the mission work to pave way for colonisers. Andrews states that Africans regarded Christian missionaries as agents of European civilisation.<sup>94</sup> Peterson adds: The nineteenth century was a turning point in the history of Africa in general and what later became known as Zambia in particular. Not only did African witness the advent of colonialism with its Western forms of education and oppressive system of governance, but they also saw the introduction of missionary medicine. Among the missionaries who pioneered mission medicine in Africa were Roman Catholic priests and nuns. Consequently, more missionaries came into Africa, often with the encouragement of their home governments which were eager to acquire African territories.<sup>95</sup>

---

<sup>92</sup>Toole David, *The Role of Mission Hospitals in African Health Systems: Case studies from the Nile River Basin*.

<sup>93</sup>Villa- Vicencio Charles, "Martin Prozesky and John de Grouchy, 47-70. New York. St. Martin's Press. 1995.

<sup>94</sup>Edward Andrews, "Christian Missions and Colonial Empires Reconsidered: A Black Evangelist in West Africa, 1766-1816" *Journal of Church and State* 51,4 (2009), p.660.

<sup>95</sup>Reack Peterson, *The Public Role of Christianity*, Cambridge: Cambridge University Press, 1989, p. 36.

From onset, therefore, Christianity and colonialism were closely associated, and European colonial power acted in many ways that promoted the spread of Christianity to Africa.<sup>96</sup>They also regarded Christian missionaries as agents of European civilisation.<sup>97</sup>The Dutch Reformed Church was one of the missionaries who were motivated by the colonial belief that African ways of life should be replaced with white ways. But the hidden and main mission was to colonise the people in the area, and ultimately colonise Zimbabwe with the help of people like Cecil John Rhodes. For several years, the missionaries decimated African society, disrespected African ways of life, and separated believers from their community.<sup>98</sup>

### **A Brief History of Missionary Works in Lesotho**

It has already been indicated that the missionaries came to Africa with a primary aim of spreading Christianity. They made their way in many African countries including Lesotho. The first missionaries arrived in Lesotho in 1833 and they were Paris Evangelical Missionary Society. Like in other countries, they got involved in developmental activities such as education and health. Therefore, this section briefly gives a history of missionaries' arrival in Lesotho and the activities that they got engaged in since their arrival. It is worth mentioning that the missionaries that this section covers are Paris Evangelical Missionaries, Anglican Missionaries, Roman Catholic Missionaries and Adventist Missionaries because the mission schools and hospitals found in Lesotho today are under the management of these mission authorities.

---

<sup>96</sup>Ibid. p.36.

<sup>97</sup>Edward Andrews, "Christian Missions and Colonial Empires Reconsidered: A Black Evangelist in Africa, 1766-1816" *Journal of Church and State* 51,4 (2010), p.660.

<sup>98</sup>Christopher Munikwa, and Jurgens H., "The Binga outreach: a critical reflection on the Reformed Church in Zimbabwe CRZ's cross-cultural ministry" *Missionalia*, 41, no.3, (2013): 290-306.



The origins of missionary work in Lesotho can be traced to 1833 when the first missionaries arrived in Lesotho. The first missionary society, Paris Evangelical Missionary Societies (PEMS), in the persons of Thomas Arbousset, Eugene Casalis and Constant Gosselin from France, arrived in Lesotho in 1833 through the invitation of Morena Moshoeshoe, who was 47 years old at that time. Moshoeshoe gave them a site for a mission station at Makhoarane, which they renamed Morija-Moiriah in Hebrew, meaning “God will provide”<sup>99</sup> Moshoeshoe took the missionaries south of Thaba-Bosiu to the mountain of Boleka in search of a suitable place to establish a mission.<sup>100</sup> Within a short time huts were erected near the mission and a school would also be erected for the education of the children.<sup>101</sup>

The land allotted to the Paris mission was used to establish mission stations and schools. All mission stations had schools attached to them; the schools were the responsibility of the missionaries’ wives. The school of the station of Beersheba was a model. Elizabeth Rolland, who was in charge of it, was a teacher by profession.<sup>102</sup> In later years the work of the mission grew, and more institutions were established, namely the printing press, the book depot, the normal school, the Bible school for evangelists or deacons, the theological school, the industrial school, and the girls' school.<sup>103</sup> Although the reason for the establishment of schools is not clearly stated, it could be concluded that it was used as a pull factor for Christianity converts. This is because at such

---

<sup>99</sup>Ellenberger Victor, “A Century of Mission Work in Basutoland (1833-1933).” (*No Title*) (1938).

<sup>100</sup>Peter Sanders, “Moshoeshoe: Chief of the Sotho.” 49; Casalis, *My Life in Basutoland*, 188.

<sup>101</sup> Ambrose, David Percy. *The Role of Missionary Wives and Daughters in the early French Mission in Lesotho: Eugene Casalis Symposium, Morija, Lesotho 29-31 October 2012*. House 9 Publications, 2012.

<sup>102</sup>Ellenberger A., *Century of Mission Work in Basutoland*, 188,189; Ambrose, “The Role of Missionary Wives and Daughters.” p. 49.

<sup>103</sup>Ambrose, “The Role of Missionary Wives and Daughters.” 126, 190, 192, 193, 219.

schools Bible or religious studies were and are still compulsory. It is compulsory for students to behave like Christians, whether they believe in Christ or not. Every student has to attend church whether they are Christians or non-Christians. With all these compulsory activities, a conclusion could be made that those schools were used to speed up the process of spreading Christianity.

Since the early missionary days, the church (Lesotho Evangelical Church in Southern Africa) has been a leader in a variety of ministries including education, evangelism, printing and health care. Today the church has approximately 580 primary and secondary/high schools, two vocational training institutions, one school of nursing, a seminary and bible school, two hospitals, one health centre, a major printing works and the most important museum in the whole country.<sup>104</sup>In relation to health issues, the Paris Evangelical Missionaries Society contributed significantly towards the development of Lesotho health sector. The first hospital they established was Scott Hospital in Morija. According to Kganyapa, some of the early missionaries helped communities with home nursing care and dental problems before a health centre opened. It was developed into a general hospital in 1938 established and run on Christian principles delivering services not only to the communities around Morija but also to patients from many parts of Lesotho.<sup>105</sup>

A businessman, William Scott from Mafeteng, generously donated funds for the establishment of Scott Hospital in the premises of the mission in 1937. This was the first mission hospital and was headed by Doctor. A.C. Jaques up to 1952, followed by Doctor Ken Dyke up to 1954 who was

---

<sup>104</sup><https://ccl.org.ls/hoc/lecsa/> Accessed on 15 April 2023.

<sup>105</sup>Kganyapa Leonard Tsidiso, "The Struggle of the Lesotho Evangelical Church in Southern Africa (LECSA)/ Paris Evangelical Missionary Society (PEMS) in Meadowlands, Soweto, in becoming a missional ecclesia in a local context." PhD diss., University of Pretoria, 2016.

replaced by Doctor Ted Germond up to 1982 and many other doctors thereafter.<sup>106</sup> Scott Hospital has since been in the forefront of the healing mission curing, preventing disease and rehabilitating the sick. Its wings have spread to cover a catchment area of 220 000 people in a health service area including Matelile, Kolo, Ribaneng and Ha Mofoka. It has also school of nursing which adds a fairly big dimension to the human resources of the health sector.<sup>107</sup>

The Paris Evangelical Missionary Society also established Tebellong hospital and Mohlanapeng Clinic Establishment: Another full period in the expansion of the healing arm of the Christian mission occurred as health had been shifted to the rear of the church's priorities. Then, a wakeup call came, described by J. Zimmerman<sup>108</sup>, that the church had forgotten its healing mission. He recalled that in 1946 the Missionary Conference had already considered the possibility of establishing a T.B Hospital in Orange River valley, but that had never been implemented. In addition to the two hospitals, it should be remembered that another mountain health facility (a clinic/ dispensary) was established as early as 1952 at Mohlanapeng after the Missionary Conference committed itself to develop the facility in 1948. Its progress was greatly facilitated by the ardent work of a Medical Assistant, Mt. Jean- Claude Morel.<sup>109</sup>

A conclusion can be made based on the information above; “then a wakeup call, described by Zimmerman that the church had forgotten its healing mission... two hospitals were established”, that the missionaries or church got engaged in establishment hospitals in Lesotho because it was

---

<sup>106</sup> Ibid.

<sup>107</sup> Malahleha Gershon G. Mojaki, ed. *Mekolokotoane Kerekeng Ea Evangeli Lesotho: Jubilee Highlights, 1833-2008*. Morija Museum & Archives, 2009.

<sup>108</sup> See various articles dealing with The Healing Church in the journal *Basutoland Witness* (No.70) December 1967.

<sup>109</sup> Malahleha Gershon G. Mojaki, ed. *Mekolokotoane Kerekeng Ea Evangeli Lesotho: Jubilee Highlights 1833-2008*. Morija Museum and Archives, 2009.

part of its mission to heal the sick just as Christ has instructed the Christians to do. The second reason was that the hospital was a way of attracting potential converts to Christianity, third and lastly, the mission societies sought to acquire a sphere of influence among the communities around the mission station and hospital facility.<sup>110</sup>

The Anglican mission also made its way into the kingdom of Lesotho from 1863 to 1876. They also carried out different activities such as establishing churches, schools, and hospitals as part of their ministry. The very first contact of the Anglican Church with Basotho occurred in 1850 when Bishop Gray of Cape Town passed the borders of the country on one of his tours but was unable to meet King Moshoeshoe 1 as he had wished. The King heard about Bishop Gray's visit and subsequently sent emissaries to Bishop Gray saying that the (King Moshoeshoe 1) would be happy to have the "Queen's Church" in his country and would welcome missionaries to establish the Anglican Church in what was then Basutoland.<sup>111</sup>

In 1863 when the Diocese of Bloemfontein was established, Bishop Gray remembered the King Moshoeshoe's request, and asked the new Bishop of Bloemfontein, Bishop Edward Twells to visit the King. Bishop Twells visited King Moshoeshoe 1 at Thaba-Bosiu, and in the same year, 1863, the first Anglican Church service was held in the country. King Moshoeshoe repeated his request for Anglican missionaries to come to the then Basutoland, with his famous saying, "Here is my country, it lies before you." In 1875, an Irish priest, Reverend Stenson was sent to work in the then Basutoland, as the first Anglican resident priest. He was mostly operating from Maseru, but in

---

<sup>110</sup> Michael Gelfand, *Christian Doctor and Nurse: The History of Medical Missions in South Africa from 1799-1976*. Marrinhill Press: Marriamnnhill, 1984, p.20.

<sup>111</sup><https://www.dol.org.ls/blog/a-short-history-of-the-anglican-church-in-lesotho.html>

1876 he settled at Mohale's Hoek in the south of the country and started the mission which later became known as St. Stephen's Mission. In the same year, 1876, an English Priest, Reverend John Widdicombe started the mission at Leribe in the north of the country, which was to be known as St. Saviour's Mission. The Reverend Widdicombe would later become the Rural Dean of Basutoland and Canon of Bloemfontein.<sup>112</sup>

In 1877, another Irishman, Reverend Richard Francis Balfour, started mission work at Sekubu in Botha-Bothe in the North of the country, now known as the church of the Epiphany. Sekubu is the third oldest Anglican Mission in Lesotho after St. Stephen's in Mohale's Hoek and St. Saviours at Hlotse. The Reverend Baffour would also later be elected Canon of Bloemfontein, then Archdeacon of Basutoland, and then Assistant Bishop of Bloemfontein with exclusive responsibility for Basutoland. In 1878, Reverend Richard Francis Baffour was joined by Revd. Thomas Woodman, an English priest who started the mission at Masite in the Maseru district, known as St. Barnabas Mission. We are told that when Reverend. Thomas Woodman first arrived in the then Basutoland, he stayed in a hut that had been built especially for him by Chief Bereng, son of King Letsie 1, who was the eldest son of King Moshoeshoe 1.<sup>113</sup>

As has been mentioned previously, the Anglican mission also contributed significantly in Lesotho healthcare. The Anglican Church established the hospital in Mantsonyane in 1962. The idea of establishing St. James hospital in Mantsonyane originated in 1951 when the local chief in the Ha Chooko village asked the Anglican Church in Lesotho to open a hospital in the area. The Anglican Church liked the idea and started the process that would lead to the opening of St. James over a

---

<sup>112</sup>ibid.

<sup>113</sup><https://www.dol.org.ls/blog/a-short-history-of-the-anglican-church-in-lesotho.html>

decade later. One of the first steps to opening the hospital was finding funding. The Diocese contacted The United Society for the Propagation of the Gospel. (USPG) now called US, to help with the initial cost of the hospital. US has been a partner with St. James ever since.

The planning stage for the hospital lasted through the rest of the 1950s and early 1960's. USPG found and recruited a doctor straight out of medical school to be the first resident doctor at St. James. The team arrived in June 1961 and quickly set up a makeshift clinic in a stone and mud thatched roof hut in Ha Chooko. Doctor Luckman and Mr. Skelton, a nurse, began assessing the medical needs of the people in the Mantsonyane area while Mr Garraway, a contractor, began the process of building the hospital structure. A site was chosen just across the river from Ha Chooko and the foundation of the first phase of the hospital was laid in March of 1962.<sup>114</sup>

The Anglican Diocese of Lesotho now ministers to about 12% of the total Christian population of the country, with close to 300, 000 communities in 47 parishes throughout the country. The Diocese further has 210 primary and High Schools in the country and one mission hospital called St. James Anglican Mission Hospital situated at Mantsonyane in the mountains of Lesotho. The Anglican Church in Lesotho is a founding member of the Christian Council of Lesotho (CCL), and the Christian Health Association of Lesotho (CHAL), and has active programmes in poverty eradication, HIV/AIDS prevention and counselling, gender issues, the protection of orphans and vulnerable children (OVCs), youth programmes, and many more.<sup>115</sup> In short, the Anglican Church

---

<sup>114</sup><https://hospital.tacosa.org/About%20Us/our-history.html>

<sup>115</sup><https://www.dol.org.ls/blog/a-short-hiistory-of-the-anglican-church-in-lesotho.html>  
2023

Accessed on 12 April

got involved in health sector by establishing St. James Hospital in Matsonyane because the local chief on behalf of his community requested the church to build a hospital for that area.

In 1896, the Adventist message arrived in Lesotho (then called Basutoland) when Stephen Haskell visited the small village of Kolo. Haskell teamed up with David Kalaka, a Mosotho man who became interested in Adventism but not yet a baptised member of seventh day Adventist church. In 1899, Adventist missionaries J. M. Freeman and his wife came to Basutoland to establish the first Adventist mission.<sup>116</sup>The Adventist missionaries in Lesotho were very much interested in contributing to the health and education sectors of the country. In 1910, Emmerson travelled to the North of the Basutoland to search for land with the hope of establishing another mission station. Emmerson secured land by God's intervention. The principal chief Jonathan of Leribe had a dream that prepared his heart for Emmerson's visit. Chief Jonathan welcomed Emmerson and gave 25 acres of land for the new Adventist mission.<sup>117</sup> The new mission station was named Emmanuel Mission, and H. C. Olmstead took charge of this new mission.<sup>118</sup> The church established children's home, a school, and a clinic at the Emmanuel Mission. Adventist mission health institutions in Lesotho are as follows: Emmanuel Mission Clinic was established in 1910, Maseru Adventist Clinic was established in 1910 as well, and Tsoinyane or Pitseng Clinic was established in 1910, Kolo Mission Clinic in 1940, Maluti Adventist Hospital in 1951.<sup>119</sup>

---

<sup>116</sup> Virgil E. Robinson, *Third Angel Over Africa* (the Ellen G. White Research Centre Archives, Helderberg College, Cape Town, South Africa. Unpublished manuscript, 126.

<sup>117</sup>Freeman, J.M. "Basutoland Mission, South Africa", ARH, March 10, 1904, 17.

<sup>118</sup>*Ibid.* p.17.

<sup>119</sup> <https://encyclopedia.adventist.org/article?id=6DCS>

In 1862 Roman Catholic Mission arrived at Thaba-Bosiu and stayed for ten days and on the 21<sup>st</sup> they left to Tloutle, where they arrived the same day. From Thaba-Bosiu they were accompanied by Matsoso and Ntsane, and also Khaboliso Maieane from Ha Sekonyela. All these people were men sent by Moshoeshoe to accompany the missionaries to Roma. They pitched their tent at the place where the village of Mafefoane is now built. Bishop Allard, Father Gerard, and Brother Bernard began building their first house which was twenty feet long by fifteen wide but they were satisfied that it was going to accommodate them and their possessions. Their intention was to build this house first and they were going to hold church services outside, and when they had a little number of converts, they would begin building the church. While they were building, they were also learning Sesotho, so that when they began, teaching, it would be in Sesotho. <sup>120</sup>

When Bishop Allard saw the hospitality of the Basotho, he left the mission of St. Michael in Natal and in 1863 he ordered Father LeBihan to come to Lesotho, but unfortunately his journey became too long because he did not know where Lesotho was. On the 17 February 1864, Fathers Hedien and Bartholomew left France for Lesotho. There were two brothers and six sisters whose superior was sister Mary-Joseph Aiggot. They arrived at Roma on the 26 April 1865. When the sisters came to Roma, they found that their house was already built. They had two rooms; and were satisfied with this. <sup>121</sup>

Upon their arrival, they learned Sesotho, while Fr. Joseph Gerard taught them Sesotho language, they helped him with cleaning, doing laundry, sewing some clothes and working in the gardens. Immediately when they could now speak Sesotho and understood the language, they started doing

---

<sup>120</sup>Sekoati S. M., "The History of the Roman Catholic Church in Lesotho, 1862-1989." (2001).

<sup>121</sup>Ibid.



outreach duties whereby they visited the Roma community after church services to teach them church hymns created by Fr. Gerard. They also visited sick people and took care of them. On the 20<sup>th</sup> September 1865, the Holy Family Sisters opened St. Mary's High School with only eight girls. Sister Mary Joseph was the principal until 1878 when she was succeeded by Sister Trinity. Their main purpose of coming to Roma was to teach Basotho women how to read and write but most importantly to teach them manual work. They taught them Home Economics (cooking, and sewing).<sup>122</sup> Their mission work expanded beyond Roma. In February 1869, the second group of Holy Family Sisters arrived in Lesotho. They arrived in a place called "Motho o tsoakae!" where they found women and children suffering from the flu-cholera pandemic that had hit that place around that time. They helped these people by taking care of them.

On 18 December 1869, two sisters were sent to establish Holy Family Sisters Convent at St. Michael. They started their mission work by teaching Catholic Church Catechism, they visited sick people nearby. In 1870, some other sisters arrived in Koro-Koro where they continued their mission work of teaching children Catholic Catechism, visiting and taking care of sick people, and looking after old people. In 1881 after gun-war Holy Family Sisters went to Thabana-Morena Ha Khobotle to help Father LeBihan. In terms of education St. Mary's was followed by Holy Family High School, Dahon and Morapeli High School. Maqhaka and Leshoboro Primary were opened in 1871 upon the chief Leshoboro Majara's request.<sup>123</sup>

## **Conclusion**

This chapter has demonstrated that the missionaries contributed significantly towards African development especially on healthcare and education sector. Missionaries were pioneers of

---

<sup>122</sup>Sister Crestina et al., Holy Family Sisters Lesotho 125 years, Maseru, Epic Printers, 1990. p.6.

<sup>123</sup>Ibid. p.6.

different healthcare facilities in most African countries in addition to the provision of education facilities at all levels. In African countries most healthcare facilities are still under the management of mission authorities. This chapter has also discussed different debates surrounding the establishment of mission schools and hospitals. It has also highlighted divergent schools of thought regarding the issue of opening of these mission schools and hospitals. In establishing schools and hospitals in Africa, missionaries were responding to need as they saw it. Second missionaries were pushing Christianity agenda through those schools and hospitals. Their aim was thus to win converts as people went to schools and hospitals. The third and last reason was that the missionaries were agents of colonists hence they were paving ways for colonial rulers, they wanted to make the process of colonization easy by softening African hearts through providing them with healthcare and education facilities. This chapter has given a brief background of missionary activities in Lesotho with special reference to healthcare mission. It had shown that like any other African countries the missionaries were the pioneers of western healthcare in Lesotho

## **CHAPTER 3 ORIGINS OF ST JOSEPH'S HOSPITAL**

### **Introduction**

This chapter examines the origins of St. Joseph's Hospital in Roma, Lesotho. It assesses the circumstances that led to the establishment of the hospital. It shows how the establishment of the hospital was mainly done to push Christianity agenda while also providing the health services to Roma community. This chapter also analyses the roles played by major characters in the opening of the hospital. It shows how the Catholic Church through its representatives played an important role in the establishment of the hospital.

### **Circumstances leading led to the establishment of St. Joseph's Hospital**

There were different motivations that compelled missionaries to be involved in various developmental activities. Schulpen suggested that some of the motivations of the missionaries to be involved in developmental activities included compassion for the people in need and out of pure Christian charity.<sup>124</sup> Another motivation was for missionaries to get into contact with the population where verbal communication was difficult. The missionaries also wanted to look after the health of their own missionaries, among others.<sup>125</sup> In light of the above, this section discusses in detail the circumstances that led to the establishment of St. Joseph's Hospital, Roma, Lesotho.

The first circumstance that led to the establishment of St. Joseph's Hospital in Roma was a response to the physical needs of Roma community at time. It has been mentioned earlier that in

---

<sup>124</sup>Schulpen Timotheus Wilhelmus Josef. "Integration of Church and Government Medical Services in Tanzania: Effects at District Level." PhD diss., Nairobi: African Medical and Research Foundation, 1975.

<sup>125</sup> Ibid.

the 1930s, there was severe draught in Lesotho, which resulted to high rates of death. This affected mostly babies as they died due to poor malnutrition. It was further indicated that when Sister Ursula, a key person in the establishment of the hospital came to Roma, found this desperate situation of babies dying, she therefore made efforts to open a health facility so that the babies and everybody else who was affected could be healed.<sup>126</sup> It is therefore against this background that a conclusion can be made that, the first circumstance that led to the opening of St. Joseph's Hospital was a response to the need to have a health facility in Roma to help mitigate the problem that was prevailing at that time.

The second reason for the establishment of the hospital was for the fulfilment of the Sisters' responsibilities. Sister Hyacintha Moopisa stated that among Holy Family Sisters' responsibilities, they had to take care of sick people. They helped people from different angles in line with health issues until 1937 when the hospital was established. The hospital was established with the intention of bringing all sick people in one place for easy accessibility.<sup>127</sup> She further stated that “mosebetsi o mong oa bo ‘me’ nakong eo, ene ele ho fetisa molaetsa oa Morena Molimo ka pholiso” which literally translates to “Holy Family Sisters had the responsibility to pass the message of God through healing.”

The last circumstance was that; the establishment of St. Joseph's Hospital was part of the Catholic Church's agenda to spread Christianity. It is stated that, when Bishop Bonhomme arrived in Lesotho, he found sick nuns at Maseru hospital. He did not like the idea of sick nuns being cared

---

<sup>126</sup> Moshoeshoe-Chadzingwa M., Mochai-Mafereka M.P., & Maama L.M., St. Joseph's Hospital 74<sup>th</sup> Anniversary 1937-2012. p. 1.

<sup>127</sup>Sister Hycintha Moopisa, 'Matlo a kokelo a lelapa a 10 kajeno' in *Holy Family Sisters Lesotho*,<sup>125</sup>, *Sisters of the Holy Family*, Epic Printers, 1990, p.23.

for in a government facility. Furthermore, he wanted the sisters to be the ones who took care of sick people so that they could “lead them to God by encouraging them to care for the sick people and die after accepting the Holy Communion.”<sup>128</sup> To prove this further that indeed the hospital was established with a hidden agenda of Christianity, it was stated that, initially, when the babies were born, they were baptised by the priest and given a Christian name.<sup>129</sup> This shows that while the hospital was offering health services, they were also pushing Christianity agenda.

### **The Founding of St. Joseph’s Hospital**

A key person in the founding of St. Joseph’s Hospital was a British Holy Family Sister named Sister Ursula Maxwell. She was a qualified nurse whose experience had included nursing soldiers in the First World War. As already indicated earlier in this chapter, she came to Lesotho during the drought of 1933, which resulted in the starvation that plagued Lesotho to the extent that babies were dying of malnutrition.<sup>130</sup> There was a convergence of these experiences with the efforts of the then Bishop Bonhomme to establish a hospital at Roma. Weisfelder and Fulton wrote

In 1933 Bishop Joseph Cyprien Bonhomme replaced Monsignor Martin, ushering a new era of progressive reforms. Bonhomme brought in five orders of nuns during the 1930s and placed a greater emphasis on Basotho’s advancement in the church. In 1934, he proposed the establishment of a college in Basutoland and eleven years later, his vision was completed with the opening of Pius XII. Other efforts at this time included the opening of hospitals in Roma, Paray and Ntaote. Thus, under his leadership the Roman Catholic Church made headway into education, medical services, and Basotho advancement...<sup>131</sup>

---

<sup>128</sup>Ibid. p.23.

<sup>129</sup>Interview with the Hospital Nursing Manager, St. Joseph’s Hospital, Roma,16 January 2023.

<sup>130</sup>Moshoeshoe-Chadzingwa, M., Mochai-Mafereka, M.P., & Maama, LM., St. Joseph’s Hospital 74<sup>th</sup> Anniversary 1937-2012. p.1.

<sup>131</sup>Rosenberg S., Richard F. Weisfelder, and Michelle Frisbie-Fulton (2004) Historical Dictionary of Lesotho, New edition: African Historical Dictionaries, No.90, Oxford: Scarecrow Press.

This extract explains the significant contribution of Bishop Bonhomme in the establishment of St. Joseph's Hospital, not only that, but also in the development of Lesotho's education and health sector.

The site chosen for the construction of St. Joseph's Hospital was on the far side of St. Mary's agricultural field, which then stretched right down to the river. Nursing was provided by the Holy Family Sisters, who in the first thirty years of the hospital's existence were Canadian, Irish, Spanish and Basotho. The hospital was opened on 1<sup>st</sup> February 1937; Doctor Antoine Blais from Quebec, Canada was the first doctor.<sup>132</sup> Based on the sources used, it could be concluded that the hospital was established in Roma, because when the Catholic missionary sisters arrived in Roma babies were dying due to poor malnutrition, therefore there was a need for a hospital facility to help the babies.<sup>133</sup> Another reason could be that the hospital was established in Roma because it was the first place that the Roman Catholic missionaries settled in.<sup>134</sup>

It has already been mentioned that St. Joseph's Hospital was founded by the Catholic Church through its Oblates Fathers and Holy Family Sisters, which technically makes them the major players in the establishment of St. Joseph's Hospital. This section discusses in detail who these people are, their backgrounds and what they sought to achieve. For a long time in history, the Catholic Church through its different religious orders has engaged into developmental activities. This section therefore, examines what the Catholic Church is and what its mandates are. The Catholic Church, also known as the Roman Catholic Church, is the largest Christian church with

---

<sup>132</sup> Moshoeshoe-Chadzingwa, M., Mochai-Mafereka, M.P., & Maama, L.M., St. Joseph's Hospital 74<sup>th</sup> Anniversary 1937-2012. p.1.

<sup>133</sup> Ibid.

<sup>134</sup> Ibid.

1.3 billion baptized Catholics worldwide as of 2019.<sup>135</sup> It is among the world's oldest and largest international institutions. The Catholic Church has played a prominent role in the history and development of Western civilization.<sup>136</sup> The core beliefs of Catholicism are found in the Nicene Creed. The Catholic Church maintains and practices the original Christian faith taught by the apostles, preserving the faith infallibly through scripture and sacred tradition as authentically interpreted through the magisterial of the church.<sup>137</sup>

Catholic social teaching emphasized voluntary support for the sick, the poor, and the afflicted through the corporal and spiritual works of mercy. The Catholic church operates tens of thousands of Catholic schools, universities and colleges, hospitals, and orphanages around the world. It is the largest non-government provider of education and health care in the world.<sup>138</sup> The hierarchy of the Catholic Church consists of its bishops, priests and deacons.<sup>139</sup> The explanation above explains why the church is engaged in developmental activities. It demonstrates that it continues to practice the Christian faith taught by the apostles that the sick must be healed, hence the establishment of health facilities such as the St. Joseph's Hospital. According to the Catholic Church mandate is that the poor should be supported and taken care of, thus its initiative of opening of orphanage homes.

The Oblates of Mary Immaculate (Priests) laid a solid foundation for St. Joseph's Hospital. They paved the way for the Holy Family Sisters as mentioned earlier in this study that when the Sisters

---

<sup>135</sup>Mary Martin E., "Roman Catholicism" Encyclopedia Britannica, 29 April 2021. Retrieved 17 June 2021.

<sup>136</sup> Mark A. Noll, *The New Shape of World Christianity: How American experience reflects global faith*. Intervarsity Press, 2009.

<sup>137</sup>Catechism of the Catholic Church (2<sup>nd</sup> ed.). Libreria Editrice Vatican, 2019. Paragraph 890.

<sup>138</sup>Agnew, John (12 February 2010). "Eeus Vult: The Geopolitics of Catholic Church. *Geopolitics*.15 (1): 39-61.

<sup>139</sup>Catechism of the Catholic Church, 873, 6 September 2010 the Wayback Machine.

came to Lesotho, they found their house already built and Father Gerard taught them Sesotho. They are the first Catholic missionaries to arrive in Lesotho in 1862. They were Bishop Allard, Father Gerard and Brother Bernard. Their mission is teaching ministry, youth ministry, hospital Chaplaincy and Prison Chaplaincy.<sup>140</sup> Despite its small size, the missionaries were satisfied that it was going to accommodate them and their possessions. Their intention was to build this house first and they were going to hold church services outside. When they had a small number of converts, they would begin building the church. While they were building, they were also learning Sesotho, so that when they began teaching, it would be in Sesotho.<sup>141</sup>

Holy Family Sisters were a second major player in the establishment of St. Joseph's Hospital in Roma. Holy Family Sisters is a Catholic religious order that was formed by Father Peter Bienvenu Noailles from France-Bordeaux in 1820.<sup>142</sup> Peter Bienvenu Noailles was a very innovative person; an intelligent man who possessed leadership skills.<sup>143</sup> An association of Holy Family Sisters was formed by nine ladies under Fr. Peter's supervision on 28 May 1820 on a Holy Sunday. Their house was called Lady of Loretto.<sup>144</sup> Although Father Peter formed this association with good intentions, he did not get support from anyone; instead people started criticizing him for having formed this order. Some people did not understand the idea of a "priest" being surrounded by so many young ladies who were committed to serving the Lord. Father Peter was never discouraged by the "gossipers" because he went ahead with this idea. Another challenge was lack of funds. On

---

<sup>140</sup> Ibid.

<sup>141</sup> Records from 1864-1866:9.

<sup>142</sup> Ibid.

<sup>143</sup> Ibid.

<sup>144</sup> Ibid.



some days the ladies never had food and had no idea where their next meal would come from but “God always provided”. Some good Samaritans would also assist.<sup>145</sup>

The Holy Family Sisters came to Lesotho through Bishop Allard’s invitation. According to Sister Molopo, Holy Family Sisters came to Lesotho to uplift a Mosotho holistically from the darkness of not believing and instil the religious life in his or her work.<sup>146</sup> These Holy Family Sisters came from France. The purpose of an invitation was for them to come and help Bishop Allard to do the “Lord’s work.”<sup>147</sup> After receiving this invitation, Sister Marie de la Croix, the Family’s supervisor accepted the invitation and sent out Sister Mary Joseph Angot, Sister Paul Geny, Sr. Mary Jesu Vaillant, Sr. Louis Gonzaque Raba, Sr. St. Pierre Renaudat and Sr. Augustin Gachin. They left Bordeaux on 26 January 1864 and they were accompanied by their superior Sister Mari de la Croix.<sup>148</sup> They boarded on a ship on 17 February 1864 where Sister Marie de la Croix was left behind. They were going to Cape Town-Simon’s Bay and arrived there on 8 May 1864. On 16 May they left for KwaZulu Natal and arrived on 27 May 1864. They left Natal on 18 February 1865 and they were accompanied by Bishop Allard. They arrived in Roma on 26 April 1865.<sup>149</sup> A week after Holy Family Sisters arrived in Roma, Mr Seseinyane from Matsikeng handed over to them two of her daughters Matseliso and Ntsutheleng. He gave Holy Family Sisters her daughter to help them. These two girls became the first students at St. Mary’s High School.<sup>150</sup>

---

<sup>145</sup> Ibid.

<sup>146</sup> Sister Alix Maria Molapo in Holy Family Sisters Lesotho, 125, Sisters Of the Holy Family, Epic Printers, 1990. p.6.

<sup>147</sup> Ibid.

<sup>148</sup> Ibid.

<sup>149</sup> Ibid

<sup>150</sup> Ibid

It has already been stated that Holy Family sisters came to Lesotho to uplift Mosotho from darkness of not believing and instil the religious life in his or her work.<sup>151</sup> However, the Basotho had their own ways of connecting with God and ancestors. For the sisters, when the Basotho had no knowledge of Christ, it was like the Basotho did not know about God. Sister Molapo states that immediately after the Sisters arrived in Roma, they learned Sesotho. They were taught the language by Father Joseph Gerard. The Sisters carried out different daily duties such as washing, sewing, gardening and cleaning the church. Sister Augustine learned Sesotho faster than all these other Sisters. When they were able to speak and understand Sesotho, they started visiting people in the villages where they taught them Catechism and church hymns. They took care of sick people and victims of Seqiti war.<sup>152</sup> On 20 September 1865 Holy Family Sisters opened St. Mary's high school with only eight girls. Sister Mary Joseph became the principal until 1878 when Sister Trinity succeeded her. Holy Family Sisters came to Lesotho to teach a Mosotho woman how to read and write and to also teach vocational skills. The subjects taught at this school were Home Economics (baking and cleaning) and sewing.<sup>153</sup>

It has been mentioned earlier that the Catholic Church's ministries include not only health but also education. Hence in most mission stations the priests and nuns established schools together with hospitals or dispensaries. In passing, this section highlights the works of Holy Family Sisters in education sector, to show the circumstances that led the church again to be involved in education as one of the developmental activities. According to Sister Alix, St. Mary's High School was the first school opened by Holy Family Sisters in Roma, followed by Holy Family High School, Dahon

---

<sup>151</sup> Sister Alix Maria Molapo in Holy Family Sisters Lesotho, 125, Sisters of the Holy Family, Epic Printers, 1990. p.6.

<sup>152</sup> Ibid. p.6.

<sup>153</sup> Ibid. p.6.

and Morapeli High School. Maqhaka and Leshoboro primary were opened in 1971 upon the request of Morena Leshoboro Majara.<sup>154</sup> A conclusion could be made here that one of the reasons for the missionaries to get involved in developmental activities was because local people requested them to as it is stated that Leshoboro primary was opened by Holy Family Sisters upon the request of Chief Leshoboro.

The first group of Holy Family Sisters established St. Mary's High School on 20 October 1865 where students were taught how to read and write. Towards the end of the year (after two years) ten girls were baptized.<sup>155</sup> This is another example that illustrates that the opening of both hospitals and schools had a hidden agenda of Christianity. The girls were taught at St. Mary's High School but at the end of the year they were "baptized". This gives an impression of the school being used to facilitate conversion. Following St. Mary's, Holy Family High School was opened on 17 September 1877.<sup>156</sup> When Father Gerard came across some challenges at Ha Molapo Leribe where he opened a mission station in 1876 (St. Monica), he asked Sister Mary Joseph to send Holy Family Sisters to go and help him. Sister Pierre, Sister Alphonse, and Sister Xavier Makhaba were sent. Weeks later after their arrival, they opened Holy Family High School on 14 September 1877 as mentioned earlier. The school started off with twelve girls. In 1956 they started secondary school right at St. Monica Primary School with twenty-five Form A students. The school was known as St. Monica Secondary School. In 1968 the school moved to the next level of High School and in 1969 students sat for C.O.S C final exams.<sup>157</sup>

---

<sup>154</sup>Sister Alix Maria Molapo in Holy Family Sister Lesotho, 125, Sisters of the Holy Family, Epic Printers, 1990, p.21.

<sup>155</sup> Sister Angelina Tsepe in Holy Family Sisters Lesotho, 125, Sisters of the Holy Family, Epic Printers, 1990. p.9.

<sup>156</sup> Sister Crescentia Lelimo in Holy Family Sisters Lesotho, 125, Sisters Of the Holy Family, Epic Printers, 1990. p.6.

<sup>157</sup>Ibid.

Another Holy Family Sister's project in terms of education was Dahon High School, which came after Holy Family High School in 1971. In this year the government of Lesotho through Ministry of Education build some several high schools due to high rate of students who were completing primary level and needed to move to Secondary level. Dahon High School was opened upon the request by chief of Sione Christians at Mapoteng. The request for this school started in 1955 but permission was granted towards the end of 1969 and the school started in 1970.<sup>158</sup>The preparations for this school took long and the school only started operating in 1971 with about seventy students. The management of the school was a committee elected by Christians together with the principal and the priest was the church's representative. A big challenge for the school was the struggle to find qualified teachers.<sup>159</sup> It has already been discussed that in some cases the church got involved in these developmental activities because the community through their chiefs requested them to.

Another educational project by the Holy Family Sisters was Morapeli High School. It is stated that, due to the high rate of students who completed their primary level and needed to venture into High School, the Nazareth community planned to establish what was called Continuous School. They asked Ntate Guegen O.M.I (Rasekoabetlane) to help them establish the school. Ntate Guegen took the request to the government of Lesotho.<sup>160</sup>The governors did not approve the request to construct another school because they said Nazareth was very close to John Mound High School. However, in January 1971 Mr Sebastiane Nomo who was the principal of Nazareth Primary School at that time resigned and volunteered to start Form A at Morapeli High School. In 1973 through

---

<sup>158</sup>Ibid.

<sup>159</sup> Sister Veronica Sehlabo in Holy Family Sisters Lesotho,125, Sisters Of the Holy Family, Epic Printers, 1990. P.6.

<sup>160</sup>Sister Theresia Noosi in Holy Family Sisters Lesotho, 125, Sisters of Holy Family, Epic Printers, 1990. P.15.

the help of Father Marcel Feragne who was St. Michael's priest assisted in the establishment of Morapeli High School.<sup>161</sup>

Furthermore, Sister Veronica Sehlabo states that Maqhaka Primary school was the initiative of the paramount chief of Berea, Chief Majara Leshoboro who requested Holy Family Sisters to come to his place to spread Christianity. This request came when Holy Family Sisters were still considering helping unemployed and less privileged people by establishing a big school for girls, boys, and adults. Therefore, in 1971 Holy Family Sisters accepted the request and accepted a site that was allocated to them by Chief of Maqhaka. Their first job was to plant various fruits trees. A professional in this field was Sister Marie de Jesus (M'aJesu).<sup>162</sup> Holy Family Sisters got donations from Natal from Brother Andrew of Ma-Servites. He heard that Holy Family Sisters were very much dedicated in doing the Lord's work at Maqhaka and on one of the good days he brought rafters and trees. Within a short time, a shelter where Holy Family Sisters stayed was built. When they continued working in Maqhaka, Sister Marie de Villiers, St. Mary's teacher did a great job which attracted aid and they were given money for sanitation and electricity.<sup>163</sup>

Maqhaka Primary School was established by Sister Thersilla Bulane in 1977. She went into the village, where she collected about fifty children and she told 'me' Gabriel, provincial superior that she intends to start a school, permission was granted and she went on. In 1977 Sister Virginia arrived and helped by teaching thirty students. In 1979, Mateboho, who just completed her Junior Certificate in Mapoteng came and helped with teaching. In 1982 the school was registered with

---

<sup>161</sup>Ibid. p.16.

<sup>162</sup> Sister Veronica Sehlabo in Holy Family Sisters Lesotho, 125, Sisters of the Holy Family, Epic Printers, 1990. p.13.

<sup>163</sup>Ibid.

the government of Lesotho.<sup>164</sup>The vocational school was opened by Sister Mary Moholle who had an experience of working with people in different places, she taught them money-saving strategies, cooking, and others. In 1979 Sister Justina Maria Manyatsela came and taught cooking, tie and dye, and braiding. Unfortunately, the school closed when Holy Family Sisters left.<sup>165</sup>

This section continues to show the works of Holy Family Sisters and how they went beyond Roma, even though they were invited to come and do the “Lord’s work” in Roma. The “Lord’s work” in this context has the implication of doing developmental activities the same way Jesus has commanded his disciples to do in the Bible.<sup>166</sup> Zvobgo contended that Christian missionaries established medical missions because they regarded the ministry of healing as an integral part of the Christian witness and because medical missions as an important evangelistic agency.<sup>167</sup>It can be concluded here that through the expansion of the Holy Family Sisters’ works, Christianity was also able to expand faster. In February 1869, the second group of Holy Family Sisters arrived in Lesotho. They arrived at a place called “Where does this person come from?” They came at the time of an epidemic of stomach flu. They assisted those people by taking care of them.<sup>168</sup> This shows that the major responsibility of the Holy Family Sisters was to take care of sick people. On 18 December, two Holy Family Sisters were sent to start the second house of Holy Family Sisters at St. Michael, where they established a school and taught Catechism.

---

<sup>164</sup> Ibid.

<sup>165</sup> Ibid.

<sup>166</sup> Matthew Chapter 10: Verse 8.

<sup>167</sup> Zvobgo Chengetal J., “Medical missions: A neglected theme in Zimbabwe’s history, 1893-1957.” *Zambezia* 13, no.2 (1986): 109-118.

<sup>168</sup> Holy Family Sisters Lesotho 125, Sisters of the Holy Family, Epic Printers, 1990. P.8.

They also visited sick people in the villages nearby. In 1870 some Holy Family Sisters were sent to Koro-Koro where they taught children Catechism, visited sick and old people. Sister Mary Joseph went to Natal with Sister Bernard Ntobe and two girls from St. Mary's High School. In 1875 Sister Xavier went to St. Michael and Sr. St. Jean Thomas was left at Roma to teach Holy students at St. Augustine.<sup>169</sup>In 1877 Holy Family Sisters went to 'Mamosa (Leribe) to help Father Gerard to do the "Lord's work". In 1881, after Gun war, Holy Family Sisters went to Thabana-Morena Ha Khotle to help Father Le Bihan.<sup>170</sup>In 1885 Holy Family Sisters arrived in Gethsemane to help Father Benard, they were Sister Xavier Makhaba, Louis de Gonzague and St. Augustine. In 1886 they went to Matsekheng Ha Peete. In 1893 they went to Massabiella Ha Tsiu, 1897 to Loretto Qoaling, 1914 St. Louis Matsieng, 1927 Bethany Ha 'Matholoana, 1931, Mazonod That'a-Moli. In 1937 a hospital was established in Roma by Sister Ursula. Theodora and others.<sup>171</sup>

Through the Holy Family Sisters' works in the education sector, two conclusions could be drawn. The first conclusion could be, the church through its representative; the Holy Family Sisters, got involved in these developmental activities due to the local community's request to do so. Another conclusion could be that the church got engaged in these activities because they wanted to use either hospitals or schools to spread Christianity as has been discussed above.

## **Conclusion**

This chapter has traced the origins of St. Joseph's Hospital. It has discovered that the origins of St. Joseph's Hospital date way back to 1862 when the first Catholic missionaries came to Lesotho. It

---

<sup>169</sup> Sister Alix Maria Molapo in Holy Family Sisters Lesotho, 125, Sisters Of the Holy Family, Epic Printers, 1990. P.8.

<sup>170</sup> Ibid.

<sup>171</sup> Ibid. p.8.

has shown that the missionaries were members of the Oblates of Immaculate from Canada. The chapter has discussed what the Catholic Church is, since the hospital is a Catholic owned facility. It has shown the mandates, and visions of the church. Additionally, it has explained what Oblates of Immaculate are and their responsibilities. This chapter has shown how Father Gerard and Bishop Allard paved way for the Holy Family Sisters who came to Lesotho in 1865 and established the hospital in 1937. It has been stated that when Holy Family Sisters arrived in Lesotho through Bishop Allard's invitation, they were taught Sesotho by Father Gerard. It is therefore concluded that the abovementioned Oblates priests have also contributed significantly towards the birth of St. Joseph's Hospital. This chapter has also shown that later in the 1930s Bishop Bonhomme initiated that the hospital should be established. It was stated that when he came to Lesotho in 1930s, he found sick Holy Family Sisters at Maseru, he did not like the idea of the Sisters being taken care of in Maseru, hence he made a call for the hospital to be established in Roma, therefore, he took credit for having suggested that St. Joseph's Hospital should be opened in Roma.

Moreover, this chapter has illustrated that the circumstances that led to the establishment of the hospital had everything to do with Christianity. The idea of establishing a mission hospital was to ensure that when sick, the religious would be taken care of in their own facilities. The other reason was that the nuns were supposed to spearhead healing and by extension, facilitate conversion into Catholicism. Bishop Bonhomme wanted Christianity to spread and expand through the use of the hospital. Providing medicines that could heal attracted locals to the missionary hospital where the missionaries soon approached them with their religious aims.



These early efforts, however, were primarily a response to the needs of the colonists as well as recognition that the poor who were sick required care in these regions. The chapter has also discussed in detail who the major players in the establishment of the hospital are. It has explained what the Catholic Church is. This was done because it is indicated that the hospital is “Catholic Church” owned facility, therefore, it was found necessary to explain what it is. The second major players in the origins and establishment of the hospital are Holy Family Sisters. In the same manner, a detailed discussion of who they are, and their developmental activities in Lesotho have been made.

#### **CHAPTER 4 THE STATE, LOCAL COMMUNITY AND ST. JOSEPH’S HOSPITAL**

## **Introduction**

Prior to the introduction of cosmopolitan medicine, traditional medicine used to be the dominant medical system available in Africa in both rural and urban communities. In indigenous African communities, the traditional doctors were well known for treating patients holistically. Traditional doctors were well known for treating patients holistically. Traditional doctors usually attempted to reconnect the social and emotional equilibrium of patients based on community rules and relationships.<sup>172</sup> However, the arrival of the Europeans marked a significant turning point in the history of this age-long tradition and culture. This chapter therefore, examines the manner in which the hospital related with the community from 1937 to 1966. It assesses the relationship between the religious mission of the church and health, also explores the relationship between the hospital and the colonial state. This chapter explores the operations of St. Joseph's Hospital during the colonial period that is from 1937 to 1966. The operations of the hospital include management, finances, staffing, and services provided by the hospital. This chapter demonstrates how the hospital management has been and how each member of the management played their role. The chapter also highlights the finances of the hospital and sources of income for the hospital, and it illustrates how the hospital has been getting a lot of donations from different organisations, which assisted in the rapid growth of the hospital in terms of infrastructure and equipment. It further goes on to show the human resource of the hospital and the services that were provided at the hospital. References are drawn around the world to write this chapter.

## **Roma Health Services before Western Medicine**

The purpose of medical mission was to relieve suffering, in the example of healing ministry of Jesus, to reflect the compassion and love of the church; and to preach that the only effective remedy

---

<sup>172</sup>Hillenbrand Emily, "Improving Traditional Conventional Medicine Collaboration: Perspectives from Cameroonian Traditional Practitioners." *Nordic Journal of African Studies*, 15, (1): 1-15. (2006).

for sin and suffering was Christianity. It had both an evangelisation purpose, and indirect social impact through its example.<sup>173</sup> Stirling was appointed as medical doctor to Mosasi Diocese; he asked the Bishop, as a doctor, he could help the spread the Gospel. The Bishop replied: “A mission carpenter spreads the Gospel by being a good carpenter... just be a good doctor.”<sup>174</sup> Missionaries’ central objective was to convert the local population to the Christian faith, and to some extent, missionary medicine was considered by some as instrumental toward this goal. The notion of healing the body and is deeply rooted in the Christian dogma. For instance, the Gospel of Matthew, Chapter 10, verse 1 reads: Jesus called his twelve disciples to him and gave them authority to drive out impure spirits and to heal every disease and sickness.<sup>175</sup>

As in most societies, early medical services were performed by traditional healers, and in the case of Roma valley such healers still exist and provide a service. An outstanding healer in the 19<sup>th</sup> century was Maqakatsa.<sup>176</sup> The herbalist’s main tasks ranged from treatment to making referrals to other specialists. Attention was paid to symptoms elaborated by the patients as well as a narrative of how the disease came about. An observation was also made “on the patient’s body by the sight, touch and taste.”<sup>177</sup> The herbalist was therefore the *equivalent* of the physician, because despite the herbalist diagnostic skill not being deep as his healing abilities, patients were often referred to the diviner by the family in order that cure could be tailored to specific causative agents. In a manner similar to that with which the present-day medical laboratory scientist carries out qualitative and quantitative test procedures on biological samples to generate diagnostic, curative,

---

<sup>173</sup> Harding H.G., *Manual on Medical Missions*. London: Church Missionary Society. 1920.

<sup>174</sup> Lasker Judith N., “The Role of Health Services in Colonial Rule.” *Culture, Medicine and Psychiatry*. 1977.

<sup>175</sup> Hardiman David, ed., *Healing bodies, saving souls: medical missions in Asia and Africa*. Vol. 80. Rodopi, 2006.

<sup>176</sup> Lebotsa Tseliso & Ambrose David, *Village histories from Roma, Lesotho*. Roma & Ladybrand: House 9 Publications (March 2010), pp.6-8.

<sup>177</sup> Pearce Tola O., “Medical Systems and the Nigerian Society.” *Studies in Third World Societies* 19 (1982).

prognostic and preventive knowledge,<sup>178</sup> before the advent of western medicine in Africa, there was a viable endogenous health care, and the practitioners were consulted by the sick for their healing art.<sup>179</sup> Africans still had their way of healing diseases even before the missionaries' arrival.

When missionaries got engaged in health sector through their western practitioners of medicine they had a mandate: that of catering to the health needs of the African communities without regard to the concentration of melanin in their skins.<sup>180</sup> In Algeria, for instance, doctors and even professors of medicine were leaders of colonialist movements in Algeria. This helps explain why it was easy for physicians and pharmacists to comply with the directive of the colonial regime in reporting patients with suspicious looking wounds and in the withholding of the sale of injections and penicillin to the native respectively in the anti-colonial struggles.<sup>181</sup> In the case of Roma as it has already been mentioned earlier in this study, the catholic church came to Roma in 1862, but at the time, Roma had no medical missionaries. For many years, however, Doctor Georges Hertig (1872-1929), a Lausanne-trained Swiss doctor, resident at Morija from 1899, had five outstation clinics including Roma. He apparently rode over to Roma monthly, using as a clinic a building close to the boundary of what is today St. Mary's High School and the village of Ha Mafefoane.<sup>182</sup> Lebotsa and Ambrose state that early medical services were performed by traditional healers, and in the 19<sup>th</sup> century was Maqakatsa, a contemporary of Moshoeshoe, a Mosia by clan. He lived for a long period in the Roma Valley, and was also an accomplished ironsmith. His medical and metallurgical

---

<sup>178</sup> Afolabi Michael O.S., "Laboratory Science and Social Change: Implications for the Health use Patterns of Nigerians." In CODESRIA Interfaculty Seminar Series on The Human Sciences and Social Change in a Developing Society, pp. 9-11. 2007.

<sup>179</sup> Bonsi S. Kofi. "Traditional Medicine and Social Change in the West Africa Sub region." *Studies in Third World Societies* 19 (1982): 99-114.

<sup>180</sup> Fanon Frantz, and Adolfo Gilly, *Medicine and Colonialism*. 1965.

<sup>181</sup> *Ibid.*

<sup>182</sup> Lebotsa T., and Ambrose D., *Village histories from Roma*, Lesotho. Roma & Ladybrand: House 9 Publications (March 2010), pp.6-8.

skills were so much in demand that he became wealthy through payments, which of course at the time were made with animals.<sup>183</sup>

It is stated that it cost sixpence a day to stay in the hospital, but there were relatively few patients. People were afraid to come, and often were admitted only when they were very sick.<sup>184</sup> This implies that the relationship between the community and the hospital during the early days of its inception was not good. It could be concluded that this was a new concept amongst the people in Roma, people were used to consulting their traditional doctors when they were sick, so for them to go to St. Joseph's Hospital now was something which took them some time to adapt to. Eventually people accepted the hospital and started going for consultations when they fell sick. This is shown in the annual reports from 1937 to the 1960s, they show a rapid increase in the number of beds in mission hospitals, St. Joseph included, from inception to 1960s.<sup>185</sup>

Despite the presence of St. Joseph's Hospital, there were still traditional healers in Roma, whom some people still go to for healing. This clearly demonstrates that the Roma community did not abandon their cultural beliefs completely. They thus maintained their social and cultural hegemony. This brings about clashes between the community and the hospital because the hospital discourages the use of traditional herbs, which people get from their traditional doctors. In an interview with the Manager of Hospital Nursing, she indicated that people are discouraged to use traditional herbs, especially pregnant women. She said this is because the herbs might be very

---

<sup>183</sup> Ibid.

<sup>184</sup> Sister Theodore Vaughn, Personal Testimonies in St. Joseph's Hospital 75<sup>th</sup> Anniversary 1937-2012, A commemorative booklet compiled by Mesdames M.M., Moshoeshoe-Chadzingwa, M.P., Mochai-Mafereka & L.M Maama. 30 November 2013. p.10.

<sup>185</sup> Annual Colonial Reports, 1937-1960s.

harmful to unborn babies and the disadvantage of using traditional herbs is that they do not have any scientific measurements. She further stated that they still encounter a challenge of patients who decide to use traditional herbs, but resort to the hospital when they have problems.<sup>186</sup>

According to Hassim *et al* the introduction of Western medicine and culture gave rise to “cultural-ideological clash” which had hitherto created an unequal power-relation that practically undermined and stigmatised the traditional health care system in Africa because of the over-riding power of the Western medicine. He further states that a century of colonialism, cultural imperialism and apartheid in South Africa have held back the development of African traditional healthcare in general and medicines in particular.<sup>187</sup> During several centuries of conquest and invasion, European systems of medicine were introduced by colonisers. Pre-existing African systems were stigmatised and marginalised. Indigenous knowledge systems were denied the chance to systematise and develop.<sup>188</sup> In some extreme cases, traditional medicine was outrightly banned. For instance, the South African Medical Association outlawed traditional medical system in South Africa in 1953. In addition, the Witchcraft Suppression Amendment Act of 1970 also declared traditional medicine unconstitutional thereby disallowing the practitioners from doing their business in South Africa.<sup>189</sup> The ban of traditional medicine was historically embedded in “witchcraft reinforces backwardness”, “superstition” and “dark continent”<sup>190</sup> In Lesotho it could be concluded that the impact of western medicine was that it discouraged the practices and norms of indigenous people as it has already been indicated that people were told not to use traditional

---

<sup>186</sup> Interview with Hospital Nursing Manager, St. Joseph’s Hospital, Roma. 16 January 2023.

<sup>187</sup>Hassi Adila, Mark Heywood, and Jonathan Berger. “Health and democracy: a guide to human rights, health law and policy in post-apartheid South Africa.” (2014).

<sup>188</sup> *Ibid.*

<sup>189</sup> *Ibid.*

<sup>190</sup> *Ibid.*

herbs at the hospital. This makes the relationship between the hospital and the community a little bit uncomfortable, because now it gives an impression that African medicine is inferior while Western medicine is superior. However, the hospital had a positive relationship with the Roma community, because it provided people with employment. For instance, Mrs Maria-Louisa Kota from Ha Tsoinyane Roma worked with Doctor Sigmund cooking for the patients and also in-charge of other employees.<sup>191</sup> Ntate Ezakiel Maruping also worked at the hospital with Doctor Sigmund from 1938 to 1967.<sup>192</sup>

## **Management**

For smooth operations of any institution, there has to be management. With that being said, this section discusses the management of St. Joseph's Hospital during the colonial period, 1937-1966. St. Joseph's Hospital has been a private non-profit-making mission hospital owned by Holy Family Sisters missionaries from 1937 to the 1960s. As a Roman Catholic Hospital, all the members of staff were expected to practice their professions in accordance with the teachings of the church.<sup>193</sup> The implication of this is that, the hospital is used as a health facility while on the other hand it is used to spread Christianity. The hospital was opened by Sister Ursula and she was the first hospital superintendent, her deputizing colleagues were Sister Theodore Vaughan. Their successors were Sister Alphonse, Sister Gerard, Laurence, Patricia Tsiki, and Sister Eleonora. Later the second group of Holy Family Sisters arrived and joined the hospital. They were Sister Lucille Thomas and Sister Nella Levesque. They worked with Doctor Anthony Blais from Canada

---

<sup>191</sup> Sister Theodore Vaughn, Personal Testimonies In: St. Joseph's Hospital 75<sup>TH</sup> Anniversary 1937-2012.

<sup>192</sup> Holy Family Sisters Lesotho, 125, Epic Printers, 1990, p.23.

<sup>193</sup> Sister Hycintha Moopisa in Holy Family Sisters Lesotho, 125, Sisters of the Holy Family, Epic Printers, 1990. p.23.

until 1946. In 1947 Doctor Richard from England arrived and in 1949 Doctor Sigmunt from Austria also joined the hospital until 1970.<sup>194</sup>

From 1937 until the late 1960s, the hospital has been run and managed by Holy Family Sisters. They worked very hard during the day and night, taking care of sick people. One of their notable responsibilities was to write to their native countries and ask for donations for the hospital. Some were financially supported by their own families and different organisations in their own countries. The hospital survived mostly through those donations which were negotiated by those Holy Family Sisters.<sup>195</sup> The sources which were used do not show any formal management or organisational structure during the colonial period. It is only stated that for thirty years the hospital has been run and managed by Holy Family Sisters.

## **Finances**

Finances play a most important role in the establishment and the running of a hospital or any other medical facility. They cover medical and surgical needs, salaries of personnel from nurses and doctors to administrative crew, and maintenance needs among others. As was the case with other missionary ventures like schools and churches, the mission societies at least in the beginning often carried a hundred percentage of the financial obligation of the hospitals they established.<sup>196</sup> Taking note of the above, this section discusses the finances of the hospital from 1937 to 1966. It demonstrates how the hospital has been responding to its financial needs. It also shows how different organizations helped the hospital financially during the colonial period. It shows how the

---

<sup>194</sup>Sister Hycintha Moopisa in Holy Family Sisters Lesotho, 125, Sisters of the Holy Family, Epic Printers, 1990.p.23.

<sup>195</sup>Ibid.

<sup>196</sup>Mogashoa Humphrey. "South African Baptists and Finance Matters (1820-1948)." Unpublished PhD Thesis, University of Natal, 2002.



hospital also depended on patients' fees to respond to some of its needs, and how the colonial government contributed to the growth of the hospital financially.

Without donations from different organisations, the hospital would not have made it this far. Sister Hycintha said.<sup>197</sup> St. Joseph's Hospital has been receiving financial support from different organizations since its inception. Often times donations came from Holy Family Sisters' native countries. Back in the day, Holy Family Sisters would ask for financial aid from their countries. Also, doctors who worked at the hospital had financial backups from their home countries from different doctors' associations.<sup>198</sup> She also indicated that the hospital had financial support from countries like Canada, France, Germany, and Swiss doctors. Sister also stated that another source of income for the hospital was patients' fees. Patients paid sixpence a day to stay in the hospital.<sup>199</sup>

As has been mentioned earlier that those doctors at the hospital also contributed financially through their different efforts, it has been stated in St. Joseph's Hospital's booklet which was written in celebration of the hospital 75 anniversary, that Doctor Sigmund negotiated with the newly-founded German Catholic organisation MISEREOR for a project to build a new hospital as well as provide support for primary health care. The organisations provided nurses, a second doctor, social workers, and outstations to build a new hospital. The old hospital was at the time used to house these many German workers.<sup>200</sup>

---

<sup>197</sup>Interview with Sister Hycintha Moopisa, Member of Holy Family Sisters, Maseru District, Roma, on 01 March 2023.

<sup>198</sup>Ibid.

<sup>199</sup>Ambrose D., and Talukdar, S. *Life in Three Worlds: Reminiscences*, House 9 Publications & Mohokare Trust, 2018.

<sup>200</sup>Moshoeshoe-Chadzingwa, M., Mochai-Mafereka, M.P., and Maama, L.M., St. Joseph's Hospital 75<sup>th</sup> Anniversary 1937-2012. p.3.

Another financial source of income for the hospital was the colonial government. According to the annual colonial report of 1946, there were three mission hospitals situated at Roma, Morija, and Thaba-Tseka, with forty, twenty-eight, and eighteen beds respectively. Since April 1945, these hospitals have been subsidised by the government according to the number of beds, trained European nurses, trained African nurses, African nurses, African probationers in training, cost of drugs, and doctor's salary. In 1945 the sum of E947 was paid to the hospitals and E884 in 1946.<sup>201</sup>The reports show that the government has been subsidising the mission hospitals from 1945 until 1963. It is stated in the 1954 annual colonial report that "because of awards totalling E43 000 from Governor General's National War Fund, the mission hospitals have been able to undertake certain improvements and enlargements to their buildings."<sup>202</sup>

## **Human Resources**

Working staff play an important role in the life of any given institution or workplace. Without staff there would be no workplace. St. Joseph's Hospital like any other workplace had staff members. St. Joseph hospital was opened on 1<sup>st</sup> February 1937, with Doctor Antoine Blais from Quebec, Canada as the first doctor.<sup>203</sup> It was established by Sister Ursula. She was the first medical superintendent. Her deputizing colleague was Sister Theodore Vaughan from Phuthatswana. Following them was 'Me' Alphonse deputizing with Sister Gerard, Laurence, Patricia from Irish, Patricia Tsiki, and Sister Eleanora from Phuthatswana. Later the sisters from Canada arrived, they were Sister Cecile Gonthier, and Sister Lucille Thomas, and Sister Nella Levesque. Doctor Anthony Blais from Canada worked with Holy Family Sisters until 1946. From 1947 Doctor

---

<sup>201</sup>Annual Colonial Report, 1946.

<sup>202</sup>Ibid.

<sup>203</sup>Moshoeshoe-Chadzingwa, M., Mochai-Mafereka M.P and Maama, LM., St. Joseph's Hospital 75<sup>th</sup> Anniversary 1937-2012. p.1.

Richard from England worked with the sisters and in 1949 Doctor Sigmunt from Austria arrived and worked with the sisters until March 1970.<sup>204</sup>

Sister Theodore Vaughan recalled that at the beginning the staff included Sister Gerard and Sister Mary Joseph who were nurses, while Sister Isabelle was responsible for the kitchen. A fourth sister in 1937 was Sister Henry from Johannesburg, but unfortunately, she fell from her horse on the way to St. Michael's and was so injured that she was unable to continue to work at Roma.<sup>205</sup> She further stated that these nuns came from outside Lesotho, but most of the trainee nurses were from Lesotho. The first nurses were named Eva, Catherine Molomo, Anacletta Makara, Agnes Majoro, and Theodora Vaughn. Two assistants worked in the kitchen and were called Francisca.<sup>206</sup>

Sister went on to explain that in this early period, the hospital remained small, but in 1938, a full-time Matron, Sister Emma Grant, was appointed. Doctor Blais stayed right through the period of the war, and left Roma in 1946. When Doctor Blais and his family left in 1946, he was replaced by Doctor Richard from Johannesburg, who was the doctor for three years. He was succeeded in 1949 by Doctor Martha Sigmund, the famous Maretha, who was the longest serving of all the hospital's doctors.<sup>207</sup> Another notable staff member of the hospital was 'me' Maria Louisa Kota/ 'me' 'Maforomo from Ha-Tsunyane. She was born in 1926 and she was eleven years when the hospital was established. She worked with Doctor Martha Sigmund cooking for patients and was also in charge of other employees. She had a passion for patients and also always encouraged other

---

<sup>204</sup>Sister Hycintha Moopisa in Holy Family Sisters Lesotho, 125, Sisters of the Holy Family, Epic Printers, 1990 p.23.

<sup>205</sup>Personal Testimonies from Sister Theodore Vaughan in St. Joseph's Hospital 75<sup>th</sup> Anniversary 1937-2012. p. 9.

<sup>206</sup>Ibid.p.9.

<sup>207</sup>Ibid. p.10.

employees to have the same sentiments for the patients. She regarded 'Me' Maretha as her mentor and was consequently popular with patients.<sup>208</sup>

According to Green (et al) staffing of mission hospitals has been a challenge since the inception of mission medicine. Despite the high levels of mortality among missionaries and the population, most missionaries acted slowly in recognizing the need for training local medical personnel.<sup>209</sup> For instance, at St. Joseph's Hospital a College of Nursing was only opened in 1972 to train local nurses and it was stated that non-Holy Family Sisters workers joined. They only started joining the hospital after 1965, practically after independence.<sup>210</sup> Olakanmi and Phillip indicate that earlier, mission hospitals were mostly staffed by a single doctor and his or her assistant.<sup>211</sup> This was the case with St. Joseph as it has been stated that Doctor Anthony Blais worked until 1946, from 1947 Doctor Richard arrived and in 1949 Doctor Sigmunt arrived and worked until 1970. Olakanmi and Phillip continue to show that, over the years, mission hospitals relied on local people as staff to deliver healthcare services to the indigenous population.<sup>212</sup> At St. Joseph's Hospital, it was stated that Ntate Ezakiel Maruping worked from 1938-1965. He used to accompany Doctor Sigmund to remote areas outside Roma to take care of sick people in those places and to also vaccinate children.<sup>213</sup> The first doctor was Doctor Anthony Blais from Quebee, and he began working with two religious sisters who were also nurses, and five trainee nurses, four of whom were Basotho. Drinking water was brought on the heads of the nurses from St. Mary's or else from a spring in

---

<sup>208</sup>Ibid. p. 10-11.

<sup>209</sup> Andrew Green, Shaw Jane, Dimmock Frank, Cath Conn, Shared Mission? Changing relationships between government and the church health services in Africa. *Int J Health Plan Mgt.* 2002.Nov; (17): 333-353.

<sup>210</sup>Sister Crestina et al., *Holy Family Sisters Lesotho 125 years*, Epic Printers, 1990.

<sup>211</sup>Olakanmi O.P., Phillip A., *Medical volunteerism in Africa: an historical sketch virtual mentor.* *AMA J Ethics.* 2006 Dec;8 (12).

<sup>212</sup>Ibid.

<sup>213</sup>Sister Crestina et al. *Holy Family Sisters Lesotho 125 years*, Epic Printers,1990.

the river bank opposite to the hospital. Lighting was with paraffin lanterns and patients paid sixpence a day to stay in the hospital. The first hospital matron, Sister Emma Grant was appointed in 1938.<sup>214</sup>

### **Services Provided by St. Joseph's Hospital during the Colonial Period**

The hospital was opened with the intention of providing health services to the Roma community. It is therefore worthy to explore the services that the hospital provided during the colonial period, 1937-1966. According to Sister Hycintha Moopisa, the first hospital service during the colonial period was Maternity services, whereby Holy Family Sisters would help pregnant women give birth and immediately after birth, the Sisters would wash the babies.<sup>215</sup> Another service that the Sisters provided at the hospital was that of raising babies whose mothers passed away during or after birth.<sup>216</sup> The annual colonial reports from 1948 to 1963 also show that the hospital provided surgery or operations services. The reports indicate that in 1948 major operations were three while minor operations were one hundred and twelve. The reports further indicate that number of operations increased each year and in 1957 major operations were sixty-five while minor operations were two hundred and sixty-five.<sup>217</sup>

Another service that was provided by the hospital during the colonial period was vaccination. The annual colonial reports from 1948 to 1963 show that mission hospitals, St. Joseph included, provided injections for syphilis. The reports indicate from 1948 to 1963, the number of injections

---

<sup>214</sup>Ibid.

<sup>215</sup>Sister Hycintha Moopisa in Holy Family Sisters Lesotho 125 years, Epic Printers, 1990.

<sup>216</sup>Ibid. p. 23.

<sup>217</sup>Annual Colonial Reports, dated 1948-1954.

increased rapidly, from 629 in 1948 to 1844 in 1957.<sup>218</sup> Sister Hycintha Moopisa stated that Ntate Ezakiel Maruping who worked at the hospital from 1938 to 1967 used to accompany Doctor Sigmunt to remote areas outside Roma to take care of sick people in those areas and to vaccinate children.<sup>219</sup> Additionally, the hospital provided nursing services. It is indicated that nursing was provided by the Holy Family Sisters, who in the first 30 years of the hospital were Canadian, Irish, Spanish, and Basotho.<sup>220</sup> It is also stated that, as the Holy Family Sisters Association grew in Lesotho, Sister Patricia Tsiki and Sister Alix Maria Molapo were given an opportunity in 1950 to go and study nursing at the hospital in Glen Grey Cape province. Sister Alix Maria studied midwifery and successfully completed the course and came back to St. Joseph in 1956.<sup>221</sup>

Furthermore, in 1961 Sister Elizabeth Mary and Sister Maria Goretti, Tloboro Marianhill were also sent to study nursing, they were sent together with Sister Marie de Lourdes Mbele to Nongoma. In 1963 Sister Augustina Tsilo was also sent and in that year Sister Marie de Lourdes had finished her studies in nursing midwifery. Sister Goretti and Marie de Lourdes were awarded Nurse Clinician certificates therefore they managed to supervise some mission clinics in the remote areas of Lesotho where doctors were not able to reach.<sup>222</sup> Sister Ambrosina, Sister Lucia Ntlhamotse, Innocentia, and Germina were trained in pharmacology at St. Joseph's Hospital. They were trained by Sister Alix Maria Molapo. They were later granted permission to issue out medication at different mission stations after being tested by the government.<sup>223</sup>

---

<sup>218</sup>Ibid.

<sup>219</sup>Sister Hycintha Moopisa in Holy Family Sisters Lesotho, 125, Sisters of the Holy Family, Epic Printers, 1990 p.23.

<sup>220</sup> Moshoeshoe-Chadzingwa, M., Mochai-Mafereka, M.P., and Maama, L.M., St. Joseph Hospital 75<sup>th</sup> Anniversary 1937-2012. p.2.

<sup>221</sup>Ibid.

<sup>222</sup>Ibid.

<sup>223</sup>Ibid.

Moreover, as part of improving the services provided at St. Joseph's Hospital, important developments during Doctor Sigmund's tenure included the purchase of an X-ray machine in 1954, the building of an operating theatre, and a wing for TB patients. Amongst incidents during this period was an outbreak of smallpox, and with a vaccine from the Government Health Department in Maseru and with the help of volunteers, mainly from Pius XII college (NUL predecessor), the whole area around the hospital was vaccinated, and smallpox never again became a serious threat in Roma.<sup>224</sup>

The following are oral histories from local people of Roma who gave their personal testimonies about the services that were provided at the hospital from 1937 to 1966. The first woman was 'Me' Maletsoso Tsunyane, the second one was 'Matseviso Maharasoia from Ha Mafefoane and the last one was Nkhono Mamohlabana Tsunyane. In their personal testimonies, they tell the stories of how the hospital has been of great help in their lives, through the services it provided during that time. 'Me' Maletsoso's first born was delivered at the hospital in 1962 assisted by Sister Saint John. She stayed at the hospital for about two weeks and affirmed that it was the best "botsoetse" which literally translates to, it was the best motherhood experience ever in her life, due to the quality care she got from St. Joseph's hospital.<sup>225</sup> 'Me' Matseviso Maharasoia for Ha Mafefoane was born at the hospital in 1941 during the time of Doctor Martha Sigmund. While the nurses were Sister Camilla and Sister Alix-Maria of the Holy Family Sisters. Doctor Sigmund was assisted in

---

<sup>224</sup>Ibid.

<sup>225</sup>Ibid.

most of her journeys by Mr Ezekiel Maruping. The hospital was in many respects an attractive and valuable service in the neighbourhood.<sup>226</sup>

Lastly, Nkhono 'Mamohlabana Tsuinyane (narrated by grand-children who used to hear from her) says, "I had had a long tiring day hoeing in the fields. As I lazily walked home and crossed the rivulet to Ha Mafefooane, my leg was pierced by a sharp object, and spontaneously I saw an unusual type of snake that ferociously spit at my face. I screamed and fell. Thereafter I do not know what happened. I became conscious already at St. Joseph's hospital; Maretha by the side of my bed; jokingly telling 'me' you would be dead by now... Apparently the "Thamaha" (a viper-class) snake whose venom had left the right eye of Nkhono 'Mamohlabana impaired. But Doctor Sigmund diligent attention and expertise at this hospital had saved her life."<sup>227</sup>

### **The State and St. Joseph's Hospital**

The relationship between the government and church health services is that Christian mission did not represent the only religion to be involved in healthcare, but their relationship with the colonial state and their status as major providers of health services created a politicised and engaged faith sector, capable of making demands upon the colonial government. By the mid-1940s missions became formal partners in the delivery of healthcare. In return for accepting greater government oversight of mission facilities and a requirement to meet state-set standards and targets, missionary medicine was to be financially supported by the colonial state and granted privileged access to

---

<sup>226</sup>Ibid.

<sup>227</sup>Moshoeshoe-Chadzingwa, M., Mochai-Mafereka, M.P., and Maama, L.M., St. Joseph's Hospital 75<sup>th</sup> Anniversary 1937-2012. p.11-12.



policy-making and policy-setting structures.<sup>228</sup> Among the practitioners of African Traditional Religions are the Bantu of Southern Africa who believe that the ancestors play a significant role in health or lack of it. All the African Traditional Religions are inextricably connected to the spiritual realm, where some major causes of disease and the cures are supposed to originate.<sup>229</sup> From 1937 to 1945, St. Joseph was run by Holy Family Sisters through the help of donations from different organisations. According to Annual Colonial Report of 1946, since April 1945, the mission hospitals, St. Joseph's Hospital included, were subsidised by the government according to the number of beds, trained European nurses, trained African nurses, African probationers in training, cost of drugs and doctors' salary. In 1945 the sum of \$947 was paid to the hospitals and \$884 in 1946.<sup>230</sup>

### **Community and St. Joseph's Hospital**

This section assesses how the hospital related to the community from its inception until 1966. It shows how Roma was before the coming of the missionaries and the establishment of the mission hospital. It demonstrates how the presence of the hospital changed the lives of Roma people. The Catholic Church came to Roma in 1862, but at the time had no medical missionaries. For many years, however, Doctor Georges Hertig (1872-1929), a Lausanne-trained Swiss doctor, resident at Morija from 1899, had five outstation clinics including Roma. He apparently rode over to Roma

---

<sup>228</sup> Jennings Michael, "Cooperation and competition: missions, the colonial state and constructing a health system in colonial Tanganyika." In *Beyond the state*, pp. 153-173. Manchester University Press, 2019.

<sup>229</sup> Digby Anne. *Diversity and Division in Medicine: Healthcare in South Africa from 1800s*, vol.5. Peter Lang: Oxford, 2006, p.278.

<sup>230</sup> Annual Colonial Report, 1946.

monthly, using as a clinic a building close to the boundary of what is today St. Mary's High School and the village of Ha Mafefoane.<sup>231</sup>

Abdullahi states that, prior to the introduction of cosmopolitan medicine, traditional medicine used to be the dominant medical system available to millions of people in Africa in both rural and urban communities. However, the arrival of the Europeans marked a significant turning point in the history of this age-long tradition and culture.<sup>232</sup> In the case of Roma, Lebotsa and Ambrose state that early medical services were performed by traditional healers, and in the case of Roma Valley such healers still exist and provide a service. An outstanding healer in the 19<sup>th</sup> century was Maqakatsa, a contemporary of Moshoeshoe, and a Mosia by clan. He lived for a long period in the Roma Valley, and was also an accomplished ironsmith. His medical and metallurgical skills were so much in demand that he became wealthy through payments, which of course at the time were made with animals.<sup>233</sup>

Despite the presence of St. Joseph's Hospital, there were still traditional healers in Roma whom some people still went to for healing. However, Sister Theodore indicated that, it cost sixpence a day to stay in the hospital,<sup>234</sup> but people were afraid to come, and often were admitted only when they were very sick indeed.<sup>235</sup> This shows that the relationship between the community and the hospital during its early days of its inception was not good probably because this was a new form

---

<sup>231</sup> Lebotsa T., and Ambrose D., *Village histories from Roma, Lesotho*. Roma & Ladybrand: House 9 Publications (March 2010), pp.6-8.

<sup>232</sup>Abdullahi Arazeem, Ali, "Trends and challenges of traditional medicine in Africa." *African journal of traditional, complementary and alternative medicines* 8, no.5 (2011).

<sup>233</sup>Lebotsa T., and Ambrose D., *Village histories from Roma, Lesotho*. Roma& Ladybrand: House 9 Publications (March 2010), pp. 6-8.

<sup>234</sup>Sister Theodore Vaughn in St. Joseph's Hospital 75<sup>th</sup> Anniversary 1937-2012. p.10.

<sup>235</sup>Ibid. p.10.

of healing that people were not used to, hence it took them time to adapt and go to the hospital when they fell sick. Eventually there was an increase in the number of beds in mission hospitals, St. Joseph included, from inception to 1960s.<sup>236</sup> This shows that now people had adapted to this new form of healing whereby a sick person goes to the western medicine practitioner and gets healed.

According to Hassim *et al* the introduction of Western medicine and culture gave rise to the “cultural-ideological clash” which had hitherto created an unequal power-relation that practically undermined and stigmatised the traditional health care system in Africa because of the over-riding power of the Western medicine.<sup>237</sup> He further states that in some extreme cases, traditional medicine was outrightly banned. For instance, the South African Medical Association outlawed traditional medical system in South Africa in 1953. In addition, the Witchcraft Suppression Act of 1957 and the Witchcraft Suppression Amendment Act of 1970 also declared medicine unconstitutional thereby disallowing the practitioners from doing their business in South Africa.<sup>238</sup> In the case of Roma, there was that “cultural clash” that Hassim *et al* argues about. It was stated that St. Joseph’s Hospital from its inception discouraged people to use traditional herbs from their traditional doctors. They were told that the disadvantage of traditional herbs is that they do not have scientific measurements; hence they can be harmful to human body.<sup>239</sup> The idea of discouraging people to stop using traditional herbs could be interpreted as a way of demolishing African beliefs and traditions while promoting Western practices.

---

<sup>236</sup> Annual Colonial Reports, 1937-1960s.

<sup>237</sup>Hassim Adila Heywood, Mark. And Berger Jonathan, “Health and Democracy: a guide to human rights, health law and policy in post-apartheid South Africa.” (2014).

<sup>238</sup>*Ibid.*

<sup>239</sup>Interview with Hospital Nursing Manager, St. Joseph’s Hospital, 16 January 2023.

Nevertheless, the hospital had a positive impact on Roma community as it provided local people with employment, which obviously changed their economic status positively. It was indicated that Mme Maria Louisa Kota from Ha Tsoinyane Roma was employed at the hospital and worked with Doctor Sigmund to cook for patients, and she was also in charge of other employees.<sup>240</sup> Another notable local employee at the hospital was Ntate Ezakiel Maruping who worked at the hospital from 1937 to 1967. He worked closely with Doctor Sigmund, he used to accompany her to the remote areas to vaccinate children and take care of other sick people in those areas.<sup>241</sup>

## **Conclusion**

The chapter has explored how the Roma community used to deal with their health issues before the introduction of Western medicine by Catholic missionaries in Roma. It has established that before the introduction of western medicine in Roma, there were traditional ways in which people responded to their health needs. It was stated that people went to consult their traditional doctors, who used to give them traditional herbs to use for their condition and they could be healed. However, the chapter has discovered that the establishment of St. Joseph's Hospital in Roma in 1937 marked a turning point of the history of medicine in Roma. It has established that the presence of the hospital in Roma had a negative impact on Roma community. It was stated that there was a cultural differentiation between the two beliefs. It was indicated that Roma people were used to consult their traditional doctors, who gave them traditional herbs to take in and they were healed, while the western belief encouraged people to go to the hospital where a western doctor could prescribe the medication for them to take and would be healed. The western belief discouraged the

---

<sup>240</sup>Sister Theodore Vaughn in: St. Joseph's Hospital 75<sup>th</sup> Anniversary 1937-2012. P.10.

<sup>241</sup>Sister Crestina et al., Holy Family Sister Lesotho, 125, Epic Printers, 1990. p.23.

used of traditional herbs and promoted the use of their western medicine, which could be interpreted as demolishing African beliefs while promoting Western beliefs.

However, the chapter has also discovered that the hospital had a positive impact on Roma community, because it provided them with jobs, which contributed positively towards their economic status. This chapter has also explored the operations of the hospital which included the management of the hospital, finances, staffing and the services which were provided at the hospital during the colonial period (1937-1966). It has established that the hospital was managed by Holy Family Sisters who were nurses, and also recruited donations from their countries and different organisations. From the sources that were used, it is not clearly stated as to how the management of the hospital was built during the colonial period, who held which position, and so on. We are only told that the Holy Family Sisters ran and managed the hospital from 1937-1960s. Additionally, this chapter has discussed the finances of the hospital during the colonial period, it has shown that the hospital depended on patients' fees and donations. Later in 1945, the colonial government started subsidizing the hospital. Furthermore, this chapter has also shown that during the colonial period, the staff members of the hospital were Holy Family Sisters and a few foreign doctors except Ntate Ezekiel Maruping, who worked at the hospital from 1938 to 1960s closely with Doctor Sigmund-Maretha.

Lastly, this chapter has examined the services that were provided at the hospital from 1937-1966. It was discovered that maternity and surgery services were also available because there was a surgeon. The hospital was "self-sufficient" at that time, sister Hycintha said. Lastly, this chapter has discussed the state involvement in the running of the hospital and has established that its role

was to subsidize all mission hospitals, St. Joseph's Hospital included. This chapter finally showed the community involvement and the hospital from its inception. It was discovered that the community responded positively towards the hospital, as it was stated that, the number of beds increased rapidly, which shows that the community had accepted and acknowledged that their "healing" shall come from the mission hospital, even though in the early days of the hospital people were afraid to go to the hospital. However, it was indicated that there are still some challenges of people who use traditional herbs, which are totally discouraged and run to the hospital when they fall sick from the traditional herbs. This also shows that people did not abandon their cultural practices as much as they appreciated the power of Western medicine or healing.

## CHAPTER 5

### CONCLUSIONS

This chapter provides the conclusion on the history on St. Joseph's Hospital as a mission hospital owned by the Catholic Church in Lesotho. While the contribution of Christian missionaries to African education and Western medicine in both colonial and post-colonial Africa has been the subject of several academic debates, not enough attention has been paid to the history of mission hospitals in Lesotho. This study focused on St. Joseph's Hospital, giving the history of the hospital during the colonial period (1937-1966). The study has found that the history of St. Joseph's Hospital originates from 1865 when the first Catholic nuns; Holy Family Sisters came to Lesotho. They came upon Bishop Allard's invitation to Lesotho. He invited them to come and help him to do the Lord's work in Lesotho. When they arrived, he taught them Sesotho so that they could be able to interact with local community. The Sisters helped Father Allard to clean, cook, teach people church hymns and catechism. Among the major responsibilities of the sisters was to take care of sick people. They visited people in the villages and took care of them. In 1930s a key person in the founding of the hospital, Sister Ursula came to Lesotho. There was draught which resulted in dying of babies, hence sister Ursula initiated the opening of the hospital so that the Sisters could be able to take care of those babies and heal them. The study has also discovered that, Bishop Bonhomme; a member of Catholic Oblates priests has also played an important role in the establishment of the hospital.

It has been indicated that when Bishop Bonhomme came to Lesotho in the 1930s, he found sick Holy Family Sisters at Maseru hospital, and he did not like that. He made efforts for the hospital

to be established in Roma so that the Sisters can come and take care of sick people in Roma while they preached to the people the message of God. This chapter has also examined the circumstances that led to the involvement of the Catholic Church in Lesotho's health sector. The first circumstance which was discovered was that the church wanted to push its Christianity agenda. They used the hospital to help them speed the spread of Christianity in a sense that when people went for health services, they were approached with Christianity gospel. The second circumstance was that the hospital was a physical need for Roma community since there was already drought that resulted in the death of babies and other people during the 1930s. The hospital was established in response to solve the already mentioned problem. The last circumstance that was discovered was that the Catholic Church through Holy Family Sisters was imitating Jesus Christ way of life, where he instructed his disciples to heal people like he used to. Therefore the Church health care services rejoiced in the challenge to be Christ healing compassion in the world and see their ministry not only as an effort to restore and preserve health but also as a spiritual service and a sign of that final healing that will one day bring about the new creation that is the ultimate first of Jesus' ministry and God's love for humanity.<sup>242</sup>

Moreover, this study has assessed how the health system was before the introduction of western medicine in Roma. It has been discovered that people still had their traditional way of healing, whereby they used to consult their traditional doctors, who recommended the herbs to them. However, when the hospital was opened, they were told to abandon their traditional way of healing, they should stop using traditional herbs, which could be concluded that the impact of the western medicine was that it demolished the local beliefs, while promoting western beliefs. Another

---

<sup>242</sup>National Conference of Catholic Bishops. Committee on Doctrine. "Ethical and religious directives for Catholic health care services." United States Conference of Catholic, Bishops, 2001.



discovery was that it took people some time to go to the hospital when they were sick, they were probably afraid to go the hospital, because this was a new norm to them. But eventually they adapted the culture of going to the hospital when they fell sick, hence the number of beds at the hospital increased. This study has also established that the hospital had a positive impact on the community because it provided them with employment.

This study has also assessed the religious mission of the church and health. It has discovered that the church draws its motivation to provide health care services to people from its founder Jesus Christ. It is stated that Jesus used to heal people and he instructed his followers to heal the sick.<sup>243</sup> Therefore the church imitates Him and also does what He instructed them to do. This study has also explored the relationship between the colonial state and the hospital. It has established that the hospital had no relations to the state from 1937 until April 1945 when the government started subsidising the mission hospital in Lesotho. Since April 1945, the government covered the salaries of the nurses and doctors at the hospital. Lastly, this study has assessed the operations of the hospital from 1937 to 1966. It has established that the operations of the hospital included the management, finances, human resource and the services which were provided at the hospital during the colonial period (1937-1966). This study has discovered that from 1937 to the late 1960s, the hospital was run and managed by the Holy Family Sisters, who were very hard to take care of sick people. It was also indicated that they also recruited donors from different countries to help the hospital financially. Their work at the hospital included mid-wifery services and raising babies whose mothers passed away during or after birth. The study has established that the finances were playing a crucial role in the provision of services by the hospital. It was indicated that the hospital

---

<sup>243</sup>Matthew Chapter 10, Verse 8.

had three sources of income, which were patients' fees, donations and government subvention. This study has further discovered that for human resource, the hospital depended mostly on Holy Family Sisters, who also worked together with a few local members of Roma community. Lastly, the study has established that the major service which was provided at the hospital during colonial period was vaccinating babies and maternity services.

## **BIBLIOGRAPHY**

### **INTERVIEWS**

Interview with Hospital Nursing Manager, St. Joseph's Hospital, 16 January 2023.

Interview with Sister Hycintha Moopisa, Member of Holy Family Sisters, worked at St. Joseph's Hospital in the 1980s. Holy Family Sisters Convent Roma. 01 March 2023.

Interview with Sister Hycintha Moopisa, Member of Holy Family Sisters, who worked at St. Joseph's Hospital in the 1980s. Holy Family Sisters Convent Roma. 03 June 2023.

### **UNPUBLISHED MATERIAL**

Albert Nqheku, Mohale oa Lesotho, Ntate LeBihan, O.M.I 1833-1916, p.26-36).

David Ambrose, The Role of Missionary Wives and Daughters in the early French Mission in Ellenberger, A Century of Mission Work in Basutoland, 188,189; Ambrose, "The Role of Missionary Wives and Daughters."

Harding, H.G. Manual on Medical Missions. London: Church Missionary Society. 1920.

Helderberg College, Cape Town, South Africa. Unpublished manuscript, 126.

James Cairns FRCS OBE, The History of Saint Francis' Hospital.

Lelapa Le Halalelang, Sisters of Holy Family, Epic Printers, 1990.

Lesotho (House of Publications 2012).

Moshoeshoe-Chadzingwa M.M., Mochai-Mafereka, M.P., & Maama, M., St. Joseph's Hospital 75<sup>th</sup> Anniversary 1937-2012. p.2

Records from 1864-1866:9.

Sanders, Moshoeshoe Chief of the Sotho, 49; Casalis, My Life in Basutoland, 188.

Sister Theodore Vaughn in St. Joseph's Hospital 75<sup>th</sup> Anniversary 1937-2012. p.10.

Virgil E. Robinson, *Third Angel Over Africa* (the Ellen G. White Research Centre Archives).

## **DISSERTATIONS**

Kganyapa, Leonard Tsidiso. “The Struggle of the Lesotho Evangelical Church in Southern Africa (LECSA)/ Paris Evangelical Missionary Society (PEMS) in Meadowlands, Soweto, in becoming a mission ecclesia in a local context.” PhD diss., University of Pretoria, 2016.

Lekhela, E. P. *The development of Bantu education in the North Western Cape 1840-1947*. Pretoria. (Dissertation (M.ED.) University of South Africa. 1958.

Mogashoa, Humphrey. “South African Baptists and Finance Matters (1820-1948).” Unpublished PhD Thesis, University of Natal, 2002.

Muombo Oggy Kelvin, “A History of Chitokoloki mission hospital in Zambezi district of the North-Western province of Zambia, 1914-2014.” PhD diss., The University of Zambia, 2021.

Ndlovu Ntshamatiko Boy Elliot. “A historical educational investigation into missionary education in South Africa with special reference to mission schools in Bushbuckridge.” PhD diss., 2002.

Ntsimane, Radikobo Phillip. “An Historical evaluation of the Lutheran medical mission services in Southern Africa with special emphasis on four hospitals: 1930s-1978.” PhD diss., 2012.

Pretorius, Shirley Frances (1999) *A history of the Dutch Reformed Church in Zimbabwe: with special refence to the Chinhoyi Congregation*, University of South Africa, Pretoria.

Rennick, Agnes. “Church and medicine: the role of medical missionaries in Malawi 1875-1914.” PhD diss., University of Stirling, 2003.

Ronald. L Thompson, “A History of the Growth and Development of the seventh-day Adventist Church in Southern Africa, 1920-1960, “PhD. Diss. Rhodes University, October 1977, 183.

Rountree, Kathryn. *Catholic missionaries in Africa: The White Fathers in the Belgian Congo 1950-1955*. Louisiana State University and Agricultural & Mechanical College, 2009.

Schulpen Timotheus Wilhelmus Josef. "Integration of Church and Government Medical Services in Tanzania: Effects at District Level." PhD diss., Nairobi: African Medical and Research Foundation, 1975.

Vera, Evelyn Hope Chipo. "The practices and perceptions of religious health assets in Lesotho: a study of mission aviation fellowship." PhD diss; 2010.

### Published Books

A. F. Tarr, "An Extraordinary Privilege [sic], "The Southern African Division Outlook, Dec. 15, 1936, 2.

Afolabi Michael O.S., "Laboratory Science and Social Change: Implications for the Health use Patterns of Nigerians." In CODESRIA Interfaculty Seminar Series on The Human Sciences and Social Change in a Developing Society, pp. 9-11. 2007.

Alubo Sylvester Ogoh, "The political economy of health and medical care in Nigeria." (1984).

Berman 1974 (Additional mission conversion strategies encompassed the provision of healthcare to Africans (Doyle et al, 2019; Cage and Rueda 2019).

Bonsi, S. Kofi. "Traditional Medicine and Social Change in the West Africa Subregion." Studies in Third World Societies 19 (1982): 99-114.

Doyle, Shane. "Missionary medicine and primary health care in Uganda: implications for universal health care in Africa." *Health for all: the journey of universal health coverage. Hyderabad: Orient Blackswan* (2015): 73-6.

Edward Andrews, "Christian Missions and Colonial Empires Reconsidered: A Black Evangelist in Africa, 1766-1816" *Journal of Church and State* 51,4 (2010), p.660.

Emily Lyrons, Prof. Luke Chicoine, Senior Economics Capstone, Butes College, The Long-Term Effects of Christian Missions on Family Formation in Sub-Saharan Africa. 9 April 2019.

Falk, Peter. *The Growth of the Church in Africa*, Grand Rapids, MI: Zondervan, 1979.

Fanon, Frantz, and Adolfo Gilly. *Medicine and Colonialism*. 1965.

Frants Stauquard, *Traditional healers*, Ipelegeng Publishers: Gaborone, 1985.

Freeman J. M, "Basutoland Mission, South Africa", *ARH*, March 10, 1904, 17.

Freeman, J.M. "Basutoland Mission, South Africa", *ARH*, March 10, 1904, 17.

H. O. Brigg. "The missionary as amateur doctor." *The Foreign Field of the Wesleyan Methodist Church* (1917-18).

Hassim Adila, Mark Heywood, and Jonathan Berger. "Health and democracy: a guide to human rights, health law and policy in post-apartheid South Africa." (2014).

Hokkanen, Markku. "The government medical service and British missions in colonial Malawi, c.1891-1940: crucial collaboration, conflicts." *Beyond the state*, pp.39-63. Manchester University Press, 2019.

Isichei, Elizabeth. *A history of Christianity in Africa: From antiquity to the present*. Wrn. B. Eerdmans Publishing, 1995.

John, Baur. "Years of Christianity in Africa." *An African history, 1962-1992* (2000).

Kane, Ousmane. "Muslim missionaries and African States." in *Transnational religion and fading states*." Pp.47-62. Routledge,2018.

Kathryn Rountree, "Catholic missionaries in Africa: The White Fathers in the Belgian Congo 1950-1955." Louisiana State University and Agricultural & Mechanical College. (2009).

Landau, Paul S., *The realm of the word: Language, gender, and Christianity in Southern African Kingdom*. (1995).

Lebotsa T., and Ambrose, D., *Village histories from Roma, Lesotho*. Roma & Ladybrand: House 9 Publications (March 2010).

Malahleha Gershon G. Mojaki, ed. *Mekolokotoane Kerekeng Ea Evangeli Lesotho: Jubilee Highlights, 1833-2008*. Moriija Museum & Archives, 2009.

Maudeni, Zibani. *Political culture as a source of political instability: The case of Lesotho*. (2010).

Mcllwaine, John. *Life in Three Worlds: Reminiscences, by Sumitra Talukdar with David Ambrose*, Roma, Lesotho, House 9 Publications & Mohokare Trust, 2018. vi, 410pp.

Michael Thomas, *History and Religion and Its influence* (London) Charton and Co.1987

Morad, S. *The Beginnings of Christianity in Kenya*. New York: Wiley. 1999.

Mphahlele, M. G. I. *Emphasis on relevance in Black Education*. Pietersburg: University of the North. 1982.

N. C. Wilson, "South East African Union: News Notes." *The African Division Outlook*. November 15, 1927, 3.

Part Mgadla, "Who used whom in the establishment of Medical Spheres of Influence in the Bechuanaland Protectorate. The case of the seventh day Adventists.

Peter Hinchliff, *The Church in South Africa, Church History Outlines*. Edited by V. H.H. Green. London: S. P. C. K for the Church Historical Society, 1968.

Reack Peterson, *The Public Role of Christianity*, Cambridge: Cambridge University Press, 1989.

Richard E. *The equality of believers: Protestant missionaries and the racial politics of South Africa*, University of Virginia Press, 2012.

Richard, E.,Davenport, R.and T.R.H. Davenport, eds. *Christianity in South Africa: A political, social, and cultural history*. Vol.55. University of California Press, 1997.

Sekoati, S. M. "The history of the Roman Catholic Church in Lesotho, 1862-1989." (2001).

Thompson, AR, and Franken Jan. *Church and Education in East Africa*. Nairobi: East African Publishing House, 1976.

Toole David, *The Role of Mission Hospitals in African Health Systems: Case studies from the Nile River Basin*.

Villa- Vicencio, Charles. Martin Prozesky and John, de Grouchy, New York. St. Martin's Press. 1995.

### **Journal Articles**

Adu-Gyamfi, Samuel and Ampadu, Benjamin Kye. *Christian Missionary Activities in West Africa*.



Agnew, John (12 February 2010). "Eeus Vult: The Geopolitics of Catholic Church. *Geopolitics*.15 (1): 39-61.

Aluoch Okello Belindah, and Nyakwakwa, Dorothy, "Missionaries' Rivalry in Kenya and the Establishment of St. Mary's School Yala," *African and Asian Studies* 15, no.4 (2016): 372-392.

Anne Digby, *Diversity and Division in Medicine: Healthcare in South Africa from 1800s*, vol.5. Peter Lang: Oxford, 2006, p.278.

Barnes, Teresa. "THE HISTORY OF SOUTH AFRICAN HEALTH CARE-Diversity and Division in Medicine: Health Care in South Africa from the 1800s. By Anne Digby. *Studies in the History of Medicine*. Oxford: Peter Lang, 2006. Pp.504. 55, "The Journal of African History 50, no.3 (2009): 449-451.

C.J. Zvobgo, "Aspects of interaction between Christianity and African culture in colonial Zimbabwe, 1893-1934", *Zambezia* (1986), X111,54.

Christie Pam, "Changing regimes Govern mentality and education policy in post-apartheid South Africa." *International Journal of Educational Development* 26, no.4 (2006), pp.373-381.

Christopher and Hendriks, H Jurgens. (2013). The Binga outreach: a critical reflection on the Reformed Church in Zimbabwe CRZ's cross-cultural ministry- *Missionalia*, 41(3), 290-306. Columbia, Mo: University of Missouri- Columbia; 1983: 111.

Comaroff Jean and John Comaroff. "Christianity and colonialism in Southern Africa." *American ethnologist* 13, no.1 (1986): 1-22.

Dailor, Ellen M. "A History of Development of Medical Missions and Catholic Evangelization in Sub-Saharan Africa from the Early Twentieth Century to the Present: Training Some Representative Founders and Orders in the Context of the Twentieth Century Church." *The Linacre Quarterly* 88, no.4 (2021): 381-390.

Edward Andrews, "Christian Missions and Colonial Empires Reconsidered: A Black Evangelist in Africa, 1766-1816" *Journal of Church and State* 51, 4 (2010).

Francis O. Barasa, *The Church and the Functional Analysis of Its Development through Evangelization*, vol.5, Issue 9, (2020).

Gaitskell, Deborah. "The imperial tie: obstacle or asset for SA's women suffragists before 1930?" *South African Historical Journal* 47, no.1 (2002) :1-23.

Gelfand, Michael. *Christian Doctor and Nurse: The History of Medical Missions in South Africa from 1799-1976*, Marriannahill Press: Marrriannahill, 1984.

Giuliana Chamedes, "The Catholic origins of economic development after World War 2." *French Politics, Culture & Society* 33, no.2 (2015): 55-75.

Good, Charles M. "Pioneer medical missions in colonial Africa." *Social science & medicine* 32, no.1 (1991): 1-10.

Good, Charles M. *The steamer parish: the rise and fall of missionary medicine on an African frontier*. Vol. 244. University of Chicago Press, 2004.

Green A, Shaw J, Dimmock F, Conn C.A. Shared Mission? Changing relationships between government and the church health services in Africa. *Int J Health Plan Mgt.* 2002.Nov; (17): 333-353.

Green, Andrew, Jane Shaw, Frank Dimmock, and Cath Conn. "A shared mission? Changing relationships between government and church health services in Africa." *The International journal of health planning and management* 17, no.4 (2002):333-353.

Hardiman, David, ed. *Healing bodies, saving souls: medical missions in Asia and Africa*. Vol. 80. Rodopi, 2006.

Harries Patrick. "Missionaries, Marxists and magic: Power and the politics of literacy in South-East African." *Journal of Southern African Studies* 27, no.3 (2001).

Hillenbrand, E., "Improving Traditional Conventional Medicine Collaboration: Perspectives from Cameroonian Traditional Practitioner." *Nordic Journal of African Studies*, 15, (1): 1-15.

Hokkanen, Markku. "The government medical service and British missions in colonial Malawi, c.1891-1940: crucial collaboration, conflicts." In *Beyond the state*, pp.39-63. Manchester University Press, 2019.

Jedwab Remi, Felix Meier zu Selhausen, and Alexander Moradi. "The economics of missionary expansion: evidence from Africa and implications for development." *Journal of Economic Growth* 27, no.2 (2022): 149-192.

Jennings, Michael. "Cooperation and competition: missions, the colonial state and constructing a health system in colonial Tanganyika." In *Beyond the state*, pp. 153-173. Manchester University Press, 2019.

Julia Cage and Valeria Rueda" "The devil is in the detail: Christian missions' heterogeneous effects on development in Sub-Saharan Africa." *The Long Economic and Political Shadow of History*, vol.11. Africa and Asia (2017):98.

Lasker, J. "The Role of Health Services in Colonial Rule." *Culture, Medicine and Psychiatry*. 1977. 277-297.

Lebeloane, Lazarus. "Missionaries and mission Schools: Experiences of Children (former learners)." (2006).

Lekhetho Mapheleba. "The Impact of free primary education on access and quality of primary education in Lesotho." *International Journal of Educational Sciences* 5, no.4 (2013): 397-405.

Letsie Tlohang. "The role of Christian churches in political conflict in Lesotho." *African Security Review* 24, no.1 (2015): 75-88.

Loewenberg, Samuel. "Medical missionaries deliver faith and health care in Africa." *The Lancet* 373, no.9666 (2009):795-796.

Mark A. Noll. *The New Shape of World Christianity: How American experience reflects global faith*. InterVarsity Press, 2009.

Medical Mission Report, 1895, FFMA Archives; Davidson letter in W. Burns Thomson, "Madagascar: Its first Medical Mission and Medical Missionary College" in *Reminiscences of Missionary Work*, 158.

Mkandawire, AC. David Livingstone's medical dimension in Malawi and how it is connected to his vision 150 years after his death. *The Society Malawi Journal* 62 (1), 62-65.

Nkomazana, Fidelis, and Senzokuhle Doreen Setume. "Missionary colonial mentality and the expansion of Christianity in Bechuanaland Protectorate, 1800 to 1900." *Journal for the Study of Religion* 29, n0.2 (2016): 29-55.

Nord, Catharina. "Healthcare and warfare. Medical space, mission and apartheid in twentieth century northern Namibia." *Medical history* 58, no.3 (2014): 422-446.

Ntombana Luvuyo, and Mokotso R., "God is not Christian." A Case of decolonizing of Religious Education for inclusive Education in Lesotho Schools.", *Pharos Journal of Theology* 99 (2018):1-13.

Okello, Belindah Aluoch, and Dorothy Nyakwakwa. "Missionaries' Rivalry in Kenya and the Establishment of St. Mary's School Yala." *African and Asian Studies* 15, no.4 (2016): 372-392.

Olakanmi OP, Phillip A. Medical volunteerism in Africa: an historical sketch virtual mentor. *AMA J Ethics*. 2006 Dec;8 (12): 873-70.

Owino Joseph Ogutu, Kazungu Joseph Jumaa, and Paul Amolloh Odundo. "Contribution of Church Missionary Society in Developing Western Education in Kaloleni District in Colonial Kenya (1890-1950): Historical Perspective." (2017).

Pawlikova-Vilhanova, Viera. "The Role of Early" Missionaries of Africa "or" White Fathers" in The Study Andand Development Of African Languages." *Asian & African Studies* (13351257) 20, no.2 (2011).

Pearce, Tola O. "Medical Systems and the Nigerian Society." *Studies in Third World Societies* 19 (1982): 115-134.

Ramanamane, Tlhabane D. "The contribution of the missionaries to the development of Setswana as a written language." *South African Journal of African Languages* 32, no.1 (2012): 27-33.

Rosenberg, S. Richard F. Weisfelder and Michelle Frisbie-Fulton (2004) Historical Dictionary of Lesotho, New edition: *African Historical Dictionaries*, No.90, Oxford: Scarecrow Press.

Rountree, Kathryn. *Catholic missionaries in Africa: The White Fathers in the Belgian Congo 1950-1955*. Louisiana State University and Agricultural & Mechanical College. (2009).

Shankar, Shobana. "Medical missionaries and modernizing emirs in colonial Hausaland: Leprosy control and native authority in the 1930s." *The Journal of African History* 48, no.1 (2007):45-68.

Soe various articles dealing with The Healing Church in the journal Basutoland Witness (No.70) December 1967.

Strayer, R (1993). "The Making of Mission Schools in Kenya: A Microcosmic Perspective". *Comparative Education. Review.* 17 (3): 313-330.

Thabane, Motlatsi. "Public mental health care in colonial Lesotho: themes emerging from archival material, 1918-35." *History of Psychiatry* 32, no.2 (2021):146-161.

Van Allen, Judith. "Sitting on a man": colonialism and the lost political institutions of Igbo women." *Canadian Journal of African Studies/ La Revue Canadienne des etudes africaines* 6, n0.2 (1972): 165-181.

Van der Walt, J.L, "The culturo-historical and personal circumstances of some 19<sup>th</sup> century missionaries teaching in South Africa." *Koers-Bulletin for Christian Scholarships* 57, n0.1 (1992). 75-86.

Viera P.A., "Christian missions in Africa and their role in the transformation of African societies." *Asian and African Studies* (2007).

Viera Poliakova- Vilhanova, "Christian Missions in Africa and their Role in the transformation of African Societies" *Asian and African Studies* 16, no.2 (2007): 249-260.

Wild –Wood Emma, "Modern African Missionaries. A Reassessment of Their Impact in Uganda 1890s-1920s." *Exchange* 50, n0.3-4 (2021):270-288.

Zvobgo Chengetai J., "Aspects of interaction between Christianity and African culture in colonial Zimbabwe. 1893-1934", *Zambezia* 13, No.1 (1986): 43-57.

## **INTERNET SOURCES**

<https://encyclopedia.adventist.org/article?id=6DCS>

<https://ghi.llu.edu/patnerships/startegic-patner-sites/kanye-adventist-hospital> Accessed on 14 April 2023.

<https://hospital.tacosa.org/About%20Us/our-history.html>

<https://www.atikaschool.org/kcsehistorynotes/christian-missionaries-in-east-africa> [accessed on 23 April 25, 2023]

<https://www.dol.org.ls/blog/a-short-hiistory-of-the-anglican-church-in-lesotho.html> Accessed on 12 April 2023

<https://www.dol.org.ls/blog/a-short-history-of-the-anglican-church-in-lesotho.html>

<http://mpongwe.com/history-and-future/> Accessed on 16 April 16, 2023

<https://ccl.org.ls/hoc/lecsa/> Accessed on 15 April 2023.

<https://www.mukinge.com/j/about-us> Accessed on 16 April 2023.

<https://omils.org/> Accessed on 19 June 2023.

## **Reports**

Annual Colonial Report 1946

Annual Colonial Reports 1937-1960s

Annual Reports dated 1948