

Dr. Kenneth and Ms. Eileen Fraser, the Lui Hospital and the Beginning of Modern Health System in the Greater Mundri Counties



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Introduction

In Greater Mundri¹, erstwhile Amadi District, the Lui Hospital and modern health system came into being as from 1921. Dr. Kenneth Grant Fraser (Scottish), his wife Eileen Charlotte Fraser (Irish) and his sister-in-law Alice Galbraith (Irish) were members of the Church Missionary Society (CMS). Their coming to Lui was inspired early in their lives before they were married. For Dr. Fraser it was the ambition to emulate Dr. David Livingstone² the famous missionary doctor who gave his life to healing of Africans in southern Africa. For Eileen it was to fulfil a childhood dream of teaching black African children. This story covers their pioneer works in the introduction of modern medicine to a health system in Greater Mundri, together with their successors until the Hospital was taken over by the Sudan Government in 1958.

After qualifying in their respective fields, they were married but before they could settle down as a couple they had to go to the war, the World War I. Fraser as a medic in Turkey and Eileen as a volunteer nurse in France. After the War, Fraser specialized as a surgeon and both joined the CMS and went to the Sudan. Before sailing Fraser succeeded to obtain medical equipment and medicines from friends sufficient to start healing immediately.

In the Sudan they were directed by the missionary-in-charge to go and start work in Amadi District (Moru land) which fell in the CMS Sphere of Operation²



Figure 1. Kenneth (Dr.) and Eileen Fraser in front of their house at Lui

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- 1 Formerly Amadi District. The area is congruent with the ECSS Internal Province of Amadi. It has an area of 16,444square kilometers and a population estimated at 140,000
 - 2 In order to avoid the problems that happened in Uganda where quarrels occurred between the Catholic and Protestant missionaries, the Condominium Government divided Southern Sudan into three 'Spheres of Operation' for the missionary societies, Catholics, Anglicans and Presbyterians. Amadi District fell in the middle of the Anglican (CMS) Sphere of Operations.

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but had had no missionary activity. In the District they arrived at Lui, the village of Sub-chief Yilu on 22 December 1920. At the time of their arrival there were still no roads, except tracks; no schools; no health service in the District and therefore modern western medicine was unheard. The subsequent story relies heavily on the book by Mrs. Eileen Fraser *“The Doctor Comes to Lui.”*

The First Medical Treatment

Immediately after settling down, the first thing Dr. Fraser did was to build a house for themselves out of daub and wattle. Sub-Chief Yilu, who had befriended them, mobilized the workers to build the house. But as they were thatching the roof, a message arrived to one of them saying that his wife had been badly mauled by a lion and was not expected to live for long. On hearing about it, Dr. Fraser asked the worker to bring the wounded woman to him. The worker duly brought the woman. As the very first patient, Dr. Fraser and his companions prayed for the treatment he was going to give to be successful, because, they knew that if it were not successful, then his medical work would be an uphill battle. According to his wife Eileen, *“the doctor operated on her that night and the curious onlookers saw the marvel of chloroform for the first time. We had to use our dining table for the operation, as most of our equipment had not yet arrived. Next day, Chief Girima came to us and said that, ‘If this woman recovers, we shall know this doctor was sent by God for no one has ever recovered from such wounds’. We felt it was a test case and that much of our future work might depend on it. So, we prayed very earnestly for God’s healing hand to be laid on her. To our great joy in a week or so she was better and in six weeks she was able to walk again. In this, the greatest marvel was the effect of anaesthesia, which at that time was done using chloroform”*. The people believed strongly that the patient actually dies but was brought back to life by Dr. Fraser. For that reason, the Moru used the verb ‘fu’, literally ‘kill’, to denote the sedation by anaesthesia for surgical operations. Dr. Fraser’s next patients were a boy and a girl who were badly burnt by fire. Soon the news of Dr. Fraser’s miracle healing was spreading like wild fire and patients, even those with terminal conditions, were brought to him.

The First Hospital

At the beginning, they used the tent they had come with as a surgical room and the verandah of their house for treatment of the patients. But as the number of patients grew, they built the first hospital house out of grass and wattle. That hospital was opened on 15 March 1921, 83 days after their arrival.

On its opening day, they had 31 patients, additionally on that same day the first injection of Salvarsan (Arsphenamine antibiotic) was administered for yaws which was very common among the people. There were no cupboards and tables as no one knew how to make them and so Dr. Fraser had to make



Figure 2. The old hospital, Lui

them out of the packing materials they came with. The beds were local bamboo structures.

Subsequently, Fraser had to deal with a greater number of patients from the District as well as from other parts of the then Mongalla Province bringing along a variety of diseases, ranging from the physical, septic wounds, yaws, scabies, hernia and injuries by wild animals like buffaloes, lions and leopards; to psychological cases. One such patient was Sub-Chief Yilu's Headman (Mukungu) Gyila Tädu whose septic wound was cured 'miraculously' after the administration of antibiotics. The Dr. also had to deal with psychological cases, especially because of rampant superstition. One such patient claimed that he was full of beetles, probably believing that they were placed in him by evil doers. His cure came when Dr. Fraser got the beetle and placed it under a magnifying glass under the sun. As the magnifying glass focused the rays on the beetle, it heated up and exploded to the patient's great joy that he had been healed. Another patient came and said that he had been possessed by the spirits but there was nothing physically wrong with him. Dr. Fraser decided to give him an anaesthetic. After sedation he woke up in the ward and, like the beetle man, he shouted for joy that the spirit had gone. Other patients were lepers whose conditions were beyond curing and since he couldn't send them back to their homes, he built some huts for them near the hospital. That began Dr. Fraser's work with the lepers.

To begin with Dr. Fraser, and wife Eileen, were the only hospital workers. Eileen's nursing skills which she had acquired in France during the War came in handy. Sub-Chief Yilu assisted them in those very early days. He assisted Dr. Fraser in the administration of chloroform during the surgical operations.

So, the Sub-Chief became the first health worker. But six months later, Warile Toongwa, later baptized Matayo, came to assist them; and thereafter, Sub-Chief Yilu went back to his duties as chief of the area.

Physical Upgrading of the Hospital's infrastructures and Capabilities

Obviously, the hospital they built in 1921 wasn't the best for keeping clean from dust. A boost came when in 1926, the sisters Alice and Eileen, who had inherited their brother Alexander Norman Galbraith's army pension, offered it for the construction of a permanent concrete hospital. Work started in the same year and in 1927 it was completed.

Alexander Norman Galbraith, officer of the British Army, who died during the First World War in a car accident in Egypt. His pension was given by his sisters Alice and Eileen for constructing the main Lui Hospital building.

The building was named Alexander Norman Memorial Hospital. Another boost to the Hospital came in 1929. Previously there had been no ward and maternity room for the women, when a Miss Simpson, donated £200 sterling. The money was used for the construction of a female ward and named 'the Simpson Ward'. These two buildings are still being used today.



Figure 3. Dr Fraser, Eileen Fraser and Matayo Warile with patients wounded by lions in 1923

Water and Light

Although Lui was selected by the Frasers for the availability of water during the dry season, soon the demand for water for the growing population and services out-stripped the available sources. In 1928, while in England, Dr. Fraser found that for £600 he could get a water pump, piping and tank which could supply the Hospital and the Leper Colony. He convinced the British Empire Leprosy Relief Association (BELRA) to pay half and the CMS, through its Medical Mission Auxiliary to pay the other half. So, a water system of reservoir, pump, tank and piping to the Leper Colony, Station and Hospital was established to the great relief of the work and the residents.

In 1931 Dr. Fraser thought of getting electricity for the Hospital. He was given a system but it did not work well. In 1934, during his last vacation in England, he obtained a Stuart generator and was pleased that a reliable source of light would be available to the Hospital. Unfortunately, he passed on before it was installed.

Diagnostic Competence

In 1936, after the death of Dr. Fraser, Dr. Manwell, who replaced him, enhanced the diagnostic capacity of the Hospital by building a laboratory, and training a laboratory technician Mr. Elizala Menje to run it. This greatly improved the diagnostic capacity of Hospital. Furthermore, in mid 1940s, an out-patient facility was constructed in front of the main building and later a child welfare block. Those buildings are still in use today.

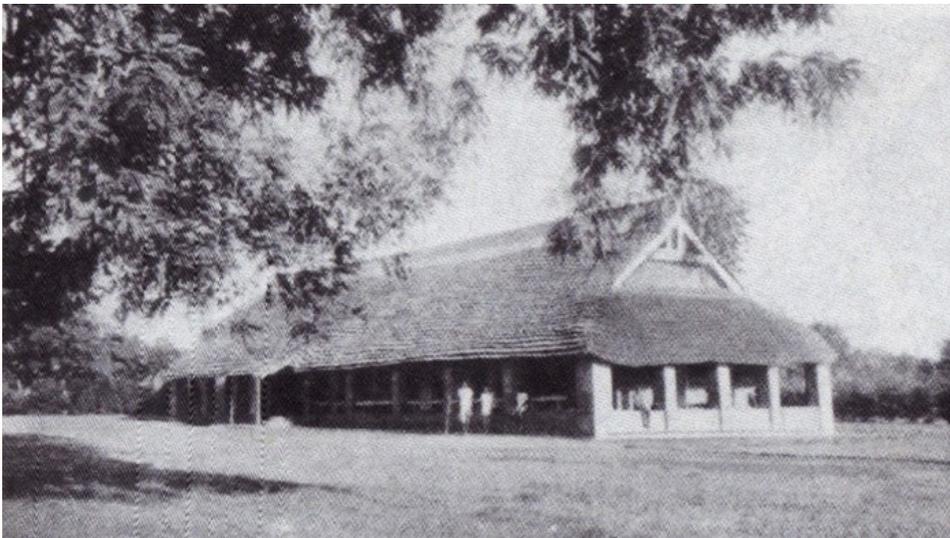


Figure 4. The new hospital (the Norman Alexander Hospital 1926)

Some Statistics

News of Dr. Fraser's 'miracle' healing had travelled far and wide. According to Eileen, it was such that when a man was cured by an operation for cataract, he would go home and reappear a month or two later with all the blind people he could find. There was a deluge of patients to the extent that on 29 November, Dr. Fraser and his wife Eileen saw and treated 433 patients that day; in the period between 1921 and 1934, they dealt with 41,000 cases. Additionally 1,000 major surgical operations, mainly of hernia were conducted; and 10,000 injections of NAD were given for yaws. According to Eileen, Dr. Fraser estimated that about 80% of the people at that time were suffering from yaws but that by 1934, the percentage had dropped by half.

Subsequent statistics supplied by Dr. Casson for Lui Hospital in the years 1936 to 1939 are shown in Table 1.

The Lepers

As mentioned earlier, Dr. Fraser had to build some huts for the incurable lepers, whom he could not send back home, because he wanted to continue to dress their wounds. Later, as their numbers grew, he succeeded in bringing together three institutions to help him to establish a Leper Colony which was duly established to the east of the Hospital in the site of the present National Girls' Secondary School. Those institutions were: The BELRA which funded the establishment of the Colony, installed a water system for the camp and built a concrete dispensary; the Sudan Government granted annual funds for the upkeep of the inmates; and the Mission to Lepers supported a European officer to administer and manage the Colony. According to his wife Eileen, Dr. Fraser's idea was to have in the camp (1) boys and girls in the early stages and for whom there was good hope of recovery; (2) the highly infectious cases who were a menace to the community; (3) the hopelessly mutilated cases. In the period 1926 to 1934, some thirty-six of the less advanced cases went back to their villages symptom free.

Table 1. Numbers of patients and operations by year

Year	1936	1937	1938	1939
In patients	405	499	554	607
Out patients (new cases)	2,912	3,900	5,260	7,070
Attendance	-	13,260	22,709	26,390
Operations	193	133	160	196



After Dr. Fraser, satellite Leper Colonies were established in almost all the villages of the nine Chiefs of the District from which leprosy teams operated to examine the local people for the disease. As a result, lepers from those areas did not have to come to Lui for treatment. Hence the main Colony at Lui catered for inmates from the other Districts such as Terekeka, Juba, Yei, Mvolo and others

District-wide Expansion of the Health Program

From 1921 up to 1927, the health work was only confined to Lui. The Frasers used this interval for building the capacity in preparation for extending the work (Triple Mission³) outside of Lui, using the first boys who had completed Class 4 at the school. The strategy was to train the boys in first aid, teaching methods and evangelism. So before being sent out, those boys were given training in first aid and health, by Dr. Fraser; teaching methods by Eileen; and evangelization by both of them. In 1927, the first batch of the trained boys were ready and they were sent to the villages of Sub-Chief Märägä Wulä at Royi, in October 1927; Sub-Chief Kamonde at Ma'di'ba in November 1928; and Chief Grima Lorola at Lanyi in November 1928. They were equipped with both medical and school kits to open new out stations, where they started schools and began to treat the people from simple ailments as well as dress wounds. Those early health services were Dr. Fraser's own initiative to extend enlightenment and health services outside of Lui. However, in 1929, the Government requested Dr. Fraser to undertake a health program in the whole of Amadi District and he was happy about it. Hence, his plan was now to implement a comprehensive health delivery system in the District.

Strategy Adopted for Expansion

In preparation for this, his strategy was to open outstations, first in the villages of the nine Chiefs and later in the village of the Sub-Chiefs every 10 to 15 miles along the roads in the District. Those outstations would consist of a dispensary and a school; and they would also serve as a center for evangelization. For the staffing, the plan was to post in each outstation one teacher, who would have had some training in simple nursing; and one nurse who also would have had some training in teaching methods. It was conceived that both teacher and nurse would help each other out in each other's work. That is the teacher assisting the nurse in the early morning hours and the nurse helping the teacher out with the lower classes when classes began at 10:00 am. For the supply of medicines to those outlying dispensaries, the authority of the Chiefs and Sub-Chiefs was harnessed. That was, the Chief and Sub-Chief was required to send a carrier on foot to Lui once the nurse indicated that the supply of medicines was running low. In this way and with no vehicles, Dr. Fraser was able to create a sustainable health delivery system in the District that was equal to none in the then Southern Sudan.

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Because the mission of the Frasers combined health, education and Christianization, it has often been referred to as the "Triple Mission"



Table 2. Number of attendances and dispensaries by year

Years	1936	1937	1938	1939
Attendance	27,323	27,423	40,397	-
Attendance	-	65,000	103,971	142,562
Dispensaries	12	14	16	17
Dressers (Nurses)	25	27	28	30

The Late Sayed Hilary Logali in his yet unpublished memoirs had this to say about the work of Dr. Fraser: "In Moru country, a Scotsman, a Dr. Fraser was the missionary in charge. He was able to with the money he brought to establish in all Moru land, covering a chain of 'CMS school and dispensary", covering almost every village Medicines in these dispensaries and at the headquarters at Lui Hospital established by him did not exist in the government hospitals. Fraser was a medical doctor and he established in Moru country what no Sudan Government and Regional Government subsequently was able to do in the Southern Sudan." Table 2 provided by Dr Casson attests to the performance of the dispensaries (Outstations) in the years from 1936 to 1939 and it conveys the acceptability and impact of Dr. Fraser's medical work in the District.

Other recognition of Dr. Fraser's work is mentioned by Drs. Alex Dimiti and Paul Tingwa in the Centenary Book of the ECSS Internal Province of Amadi that: "Dr. Fraser and successors laid down the foundation of sound and comprehensive health system, incorporating some of the contemporary Health concepts like curative and preventive services; the development of the human resource for primary health care; health management information system; and multi-tasking Some of those concepts were operationalized decades (by Fraser), before being universally accepted and adopted.

The Death of the Frasers

Unfortunately, before he could complete his plans, Dr. Fraser died on 10 January 1935, just after the last but one outstation in the village of Chief Roba was opened. On his death bed and with his wife, Anderea Apaya, Solomo Miako, Matayo Warile and Dawidi Manyango he lamented his work by crying out loud: "Oh Dear! Oh Dear! My Work!" In his absence, his wife Eileen ably continued with the programme of opening schools and dispensaries in the villages of the Sub-Chiefs. In addition to this, in 1935, the Mvolo (Jur) area was incorporated into Amadi District and the Government asked the missionaries at Lui to extend the same services to the new Jur area and it also handed over the running of its dispensary at Mvolo to the missionaries. Thus, the area in which the missionaries were to deliver health and education services was doubled. Unfortunately, after completing the program of opening outstations in the villages of the Sub-Chiefs and in the newly incorporated areas, Eileen



Figure 5. Lui Hospital nurses, Matayo Warile in middle of front row

Fraser also died in 1946 in Nairobi. But by this time, health services (dispensaries) had completely covered the whole areas of the current East and West Mundri Counties but only partial in Mvolo County. That is, the three dispensaries, co-located with schools, could be found at every 10 to 15 miles along the roads, depending on the density of the population.

Work After the Frasers

With the passing of the Frasers, the work now shifted to their successors. They continued on what Dr. Fraser had already established; improving and expanding them; and adding new ones. In all areas of health, education and Christianization.

The Expatriate Staff, Successors to the Frasers

In the field of health, several CMS expatriate staff worked in Lui Hospital from the date of the death of Dr. Fraser until 1958, the year the Government took over the Hospital from the Missionaries. Beginning with Dr. Fraser and wife Eileen, a total of eight doctors, five sisters, one hospital administrator and four Mission to the Lepers officers worked in the Hospital and the health program in the district. All of them did excellent work and made Lui Hospital an outstanding hospital, which attracted patients from many districts, like Rumbek, Yirol, Terekeka and even Juba. They also contributed very substantially to the delivery of health services in the Greater Mundri. In addition to Dr. Fraser and his wife Eileen, those who made the greatest contributions were: Dr. Manwell, who established the diagnostic laboratory; Dr. Arthur Casson, who started the proper training of the health workers as well as the child welfare

program; and Sister Betty Reade who began the training of the female nurses in nursing, midwifery and child welfare.

The Indigenous Staff and their Training

The success of Lui Hospital and the health program in the District also depended on the enthusiasm and quick learning of modern western medicine by the local staff as well as their dedication to the work. As mentioned earlier, when the work began it was Dr. Fraser and his wife Eileen who did all the work. Then Sub-Chief Yilu began to assist them. He helped Dr. Fraser in the administration of chloroform (anaesthesia). He thus became the first local health worker. Six months later, Chief Yilu was followed by Warile, later baptized Matayo. Though he didn't attend regular school Matayo learned how to read and write, speak English, mastered the medical jargon, could perform minor surgeries so that by the time he retired in 1947, he had become the chief medical assistant in the Hospital. Matayo was later joined by Musa Toto Moŋgala and two others. Those were illiterate persons who learnt the skill on the job.

Dr. Fraser was a strong believer in sustainability through building local capacities, be it in the Church, schools or health service. Thus by 1924, when the school began to produce literate boys, he took the older boys and trained them on the job as male nurses (dressers). He accelerated this program



Figure 6. Sisters Betty Reade (left) and Faith Streathfield (right) with some of the nurses



when in 1929, the Government requested him to conduct a health delivery system in the District. This sustainability was evident to him when, according to Eileen, “early in 1931, the doctor sent out a team of boys to vaccinate the people on the south road. It was a round journey of about 120 miles from Lui. The driver of the lorry and three orderlies (nurses) with him were all Lui-trained boys, and the work was done promptly and efficiently without any European supervision at all. Later that year, the station was unavoidably left for three months without any white missionary. However, the native Christians bravely shouldered the burden, taking services and continuing on with the hospital, station and school.”

After his death, Dr. Manwell, who took over from him, improved on Fraser’s training program but it was Dr. Arthur Casson who in 1937, organized a proper training program for the health workers. The course included lectures and practical work. That nurse training program of Dr. Casson in fact became the first formal training program for nurses in Southern Sudan; and since the Lui Hospital and health program in the District could not use all of them, they were readily absorbed by the government hospitals and dispensaries in Southern Sudan, in places like Maridi, Rumbek, Juba, Malakal, Bor and many other hospitals, especially in the Upper Nile.

Much later in 1941, Sister Betty Read arrived and a program for training female nurses was begun in the areas of nursing, midwifery and child welfare. Soon, that training program began to receive trainees from Yei and Yambio.

At this juncture it must be mentioned that the nurses in Lui Hospital and in the dispensaries were receiving less salaries than their equivalents working in the Government hospitals, though they used to get one petrol tin of dura (sorghum grain) monthly to supplement the salary. Several times they complained about this disparity but they were often told that part of what they were doing was service to God. Because of this, many left to work in Government hospitals. Also, in later years this was the reason why the nurses in Lui Hospital agitated and were happy with the takeover of the Hospital by the Government

Achievements

Dr. Fraser worked a total of 14 years and his wife spent 25 years while CMS missionaries in Greater Mundri (also the Internal Province of Amadi of the Episcopal Church of South Sudan, the Church which the Frasers founded). At its operational height, treatment in Lui Hospital was by far more superior than the surrounding Government hospitals in Maridi, Rumbek, Yei and even Juba. Several persons used to come from those areas seeking treatment at Lui. Additionally, over the years, substantial achievements were made in the District in the elimination the endemic diseases which Dr. Fraser found in the 1920s like yaws, leprosy, tropical ulcers among others. Awareness about hygiene, nutrition and child welfare also increased substantially. Furthermore, Dr. Fraser’s spirit of healing imbued the people so much so



that they went in droves into the medical field. Lastly, Dr. Fraser's spirit of self-reliance passed on to the people as a legacy.

The End of the Pioneering Era

By the beginning of the 1950s, although the highly technical work was being run by expatriate doctors and sisters, the local staff had gained much experience to do the work themselves. Those years, however, marked the end of the medical work and health system as conceived and laid down by Dr. Fraser. After independence of the Sudan in 1956, the policies of the new Muslim-dominated Government in Khartoum began to seriously affect the Hospital at Lui. Partly because of their mistrust of the Christian missionaries and the Church, the Government began to take over the schools as well as health services from the missionaries and Church. That was welcomed by the nurses in the Hospital because that would now enable them to get equal pay with their colleagues in the Government hospitals. Hence in 1957, the last expatriate missionary doctor Dr. Peter White left the Hospital. He was replaced by a Muslim doctor. In 1958, the last expatriate hospital sister Joan Bradford also left, leaving the hospital now as one of the many Government hospitals.

In the hands of the Government, performance in the Hospital and the health services in the District began to drop very drastically. The third Government doctor, an Abu Samara, took it upon himself to intimidate the nurses to embrace Islam and some did. After two years or so, the Government failed to post any doctor to the Hospital and so it was run by medical assistants. Indiscipline crept in, cleanliness disappeared and even bed bugs infested the wards. Dr. Fraser and his successors would have cringed at the sight that all what they had toiled to build had come to that end.

Postscript

The Hospital continued to work as a government hospital until it closed as on 20 June 1965, as a result of the Anyanya War. It was rehabilitated in 1973 after the Addis Ababa Agreement but had to close again ten years later as a result of the SPLM/A War but was revived by the Church in 1997 in partnership with the NGO Samaritans Purse International. As of today, it is continuing to function as a Church hospital in partnership with an Italian medical NGO Medici Con l' Africa (CUAMM).



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