

Medical work and Nyasaland missionaries: reflecting on the life of Dr Pauline Pretorius (née Murray)

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Abstract

Pauline Pretorius, born Murray, worked as a Dutch Reformed Church [DRC] mission doctor in Nyasaland (now Malawi) from 1928–1976, but little has been written about her life and extraordinary career. A disproportionate number of books and articles have been published by or about male DRC missionaries in Nyasaland, while women's stories have been overlooked. This article discusses the significant contributions made by Dr Pauline Murray to improve healthcare practices for women and children in Nyasaland and her efforts to train local midwives in Mlanda, Nyasaland, from 1928–1941. This article argues that recovering female missionaries' stories is important and suggests that Murray's work in Nyasaland can be read as an example of a medical missionary who considered her work an "act of service to others". Many descendants of Andrew Murray Sr worked as (medical) DRC missionaries in Nyasaland and, although this article focuses on the life and work of Pauline Murray, mention is made of the notable contributions made to the field of medicine by members of the extended Murray family.

Keywords

Pauline Murray Pretorius; medical missionaries; Nyasaland medical history; midwifery training; Mlanda; Mkhoma

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Introduction

This article discusses the significant contributions made by Dr Pauline Murray to the development of women and children's healthcare in Nyasaland (now Malawi) from 1928–1941. The early mission work of the Dutch Reformed Church [DRC] is characterised not only by its dedication to preaching the gospel, but to providing education and medical services in remote locations where schools

and hospitals were unavailable or inaccessible.¹ Missionaries usually built these institutions at the earliest opportunity after settling in a particular area. During the third mission conference held in Tambaran (India) in 1938, the purpose of medical missionary work was poetically described in a report as follows: "The scalpel of the doctor was used to open up the land".² Louise Hugo, who worked as a nurse in Nyasaland (Malawi), echoes this sentiment and explains in her biography that hospitals especially precipitated close contact between indigenous populations and missionaries and fostered the formation of relationship, communication and trust between the groups.³ During the nineteenth century and in the first two decades of the twentieth century, the multi-denominational Christian Church and its missionaries considered medical work as a necessary service to provide to the local populace in order to *attract* people to its missionaries and the message of the church. However, a paradigm shift occurred. In examining the discussions and reports of the second world mission conference held in Jerusalem in 1928, it becomes evident that previous missiological approaches that considered the needs of the body and mind as separate were challenged, and eventually jettisoned, to make room for "a comprehensive approach".⁴ A more holistic approach, which was described as promoting a "four-dimensional approach to mission work, namely preaching, education, medical services and socio-economic relief work"⁵ was advocated. After 1928, the importance, goal and perception of medical missionary work was re-evaluated and eventually redefined as "first and foremost an act of service for one's neighbour".⁶ *Service*, and not merely attracting people to the Church's institutions, became the defining aspect of the multi-denominational Christian Church's medical missionary work for the remainder of the twentieth century.

The Murray family is widely associated with the DRC in South Africa and is known for their involvement in missionary work in Southern Africa.⁷ However, as this article illustrates through my discussion of the life and work of Dr Pauline Pretorius née Murray, many descendants of Andrew Murray Sr (1794–1866) were trained as medical practitioners at the tail end of the nineteenth century and the first half of the twentieth century and worked as *medical* missionaries

¹ George Frederick Euvrard Geldenhuys, *Mediese Sending – Vanwaar, Waarheen: 'n Ondersoek na die Herkoms en Toekoms van Mediese Sending* (BD diss., University of Pretoria, 1970), 10.

² Geldenhuys, *Mediese Sending*, 11.

³ Louise Hugo, *My Lewensreis van Nyasaland na Malawi* (self-published, no further publication details available), 175.

⁴ Elmer Uys, *'n Teologiese en Praktiese Herwaardering van die Mediese Sending met Spesiale Verwysing na die Sending van die Nederduitse Gereformeerde Kerk* (BD diss., University of Pretoria, 1994), 11..

⁵ Geldenhuys, *Mediese Sending*, 21. The original text is written in Afrikaans. All translations of this text and other Afrikaans texts are my own, unless otherwise indicated.

⁶ Geldenhuys, *Mediese Sending*. 16. Translated by author.

⁷ M.W. Retief, *William Murray of Nyasaland*, trans. Mary H. Le Roux and M.M. Oberholster-Le Roux (Alice: The Lovedale Press, 1958), 8.

in various parts of Southern Africa. Many of Andrew Murray Sr's grandchildren and great-grandchildren played a notable part in the growth of the DRC mission and Church of Central Africa Presbyterian [CCAP] in Nyasaland.⁸ Reverend Andrew Charles Murray (1862–1936), for example, was the first missionary sent to Nyasaland by the DRC in 1888. With the aid of T.C.B. Vlok, A.C. Murray founded and started building the first mission station, Mvera, on 28 November 1889.⁹ It is interesting to note that A.C. Murray credits his uncle, Andrew Murray Jr, as integral to the conceptualisation of and inspiration for various DRC missionary endeavours that were launched in the late nineteenth century. Andrew Murray travelled to countless congregations in South Africa to deliver sermons at special services, which led to a spiritual revival and numerous conversions in the church, fuelling the Church's missionary vision and endeavours.¹⁰ A.C. Murray was soon joined in Nyasaland by his paternal cousin, reverend William Hoppe Murray (1866–1947). W.H. Murray was one of the pioneer missionaries in Nyasaland and ministered there for 43 years (1894–1937). He served as the chairman of the Mission Council of the Nyasaland DRC for many years and travelled extensively between mission stations and outposts to preach and offer aid.¹¹ Mostly, W.H. Murray is best remembered and revered in parts of Malawi for his concerted effort to translate the Bible into one of the indigenous languages, Cinyanya (now called Chichewa), a labour that required years of dedication (1900–1924) and spanned much of the forty odd years he worked as a missionary (1894–1937).

In terms of medical work, the first two women doctors to work as DRC missionaries in Nyasaland were Jeanette and Pauline Murray.¹² Jeanette was the daughter of the aforementioned A.C. Murray and his wife Lydia Adele, and Pauline the daughter of W.H. and Elizabeth Wilhelmina Murray. The two women doctors were second cousins and second-generation Nyasaland DRC missionaries. The Dutch Reformed Church of South Africa's Archive in Stellenbosch houses the Pauline Murray papers under the title of the Dr P.V. Pretorius private collection, as well as the private collection of her father (and mother), called the Dr W.H. Murray private collection. There is thus a wealth of primary sources to consult regarding Pauline Murray. These archival materials were relied on extensively and used as the basis of this article. Although several archival sources refer to or reference Jeanette Murray, there is no private collection of hers available at the DRC Archives, and unfortunately little is known about her life and work.

⁸ For a more detailed discussion on this topic, see Martin Pauw's article "The role and impact of Andrew Murray Jnr on missions within the DRC and elsewhere" available in this special edition of the *Stellenbosch Theological Journal* 8, no.3 (2022).

⁹ Andrew Charles Murray, *Ons Nyasa-Akker* (Stellenbosch: Pro Ecclesia-Drukkery, 1931), 61–62.

¹⁰ A.C. Murray, *Ons Nyasa-Akker*, 9.

¹¹ Retief, *William Murray of Nyasaland*, 41–63.

¹² Jeanette Murray's employment started in 1925 and she was the first woman medical doctor working in Nyasaland for the DRC Mission. It is lamentable that there is little information available about her life and work due to a lack of available materials since she was a pioneer in various fields.

This article discusses the medical contribution made by Dr Pauline Murray to the DRC mission in Nyasaland but specifically highlights her exceptional efforts to improve the physical and community healthcare of women and children in Nyasaland between 1928–1941. Women missionaries and their contribution to mission work, in general, have mostly been overlooked or omitted, in both Church and secular historiography.¹³ Recovering women's participation in supporting missionary work (like the various South African women's groups and training institutions) and the stories of women who worked as missionaries is crucial to gaining a more balanced, informed and accurate portrayal of DRC Mission history.¹⁴ The first full-length piece reflecting on the life and work of Dr Pauline Murray was written by Isabel Murray and published in 2017 in Afrikaans as "Pauline Murray: Brugbouer tussen kulture". Another publication examining Pauline Murray's contributions in Nyasaland, written in Afrikaans, is "Ervarings as mediese dokters in Nyassaland: Jane Waterston en Pauline Murray Pretorius" (2020).¹⁵ Therefore, one of the aims of this article is to make Dr Murray's story accessible to a larger community by using English as the medium of communication. Furthermore, although this article draws on the work of other scholars and previous publications, an effort was made to source and cite archival materials not utilised by other Pauline Murray scholars to supplement the existing knowledge on the contributions Murray made in Nyasaland. Incidentally, through discussing the life and work of Pauline Murray, it emerges that many other members of the extended Murray family had a significant impact on developing the healthcare system in Nyasaland. Finally, relating the stories of women missionaries like Pauline Murray addresses the existing hiatus in Mission historiography regarding women's contributions and participation.

A brief historical overview: The Mission and medical work

As mentioned above, Reverend AC Murray was the first DRC Missionary to travel to Nyasaland and he founded the first DRC mission station together with T.C.B. Vlok. Shortly after, in 1894, William Hoppe Murray followed in his footsteps. After completing their studies at the Stellenbosch Theological Seminary (then part of Victoria College, now known as Stellenbosch University), both A.C. and W.H. Murray were sent to Edinburgh to complete a short course in medicine.¹⁶ Many of the first DRC missionaries attended Edinburgh or the Livingstone College in London to study tropical medicines. Both A.C. and W.H. Murray were often required to perform medical work and treat African and European patients

¹³ Isabel Murray, "Die stil stem van die vroue in die vroeë sendingwerk van *der Kaapsche Kerk* in Njassaland (1896–1906) Deel I: Uitstuur- of Opleidingskonteks." *Stellenbosch Theological Journal* 3, no 1 (2017): 251–283.

¹⁴ Murray, "Die stil stem," 251–256.

¹⁵ Lizelle Smit, "Ervarings as mediese dokters in Nyassaland: Jane Waterston en Pauline Murray Pretorius," in Lisel Joubert & Isabel Murray (eds.), *Randfigure: Stemme van toe tot nou* (Hartenbos: Red Mouse Publication, 2020), 165–184.

¹⁶ Retief, *William Murray of Nyasaland*, 9; 18.

with sleeping sickness, blackwater fever and other tropical diseases that were rampant at the time.¹⁷

The first medical doctor and missionary the Cape DRC sent to Nyasaland in 1900 was Dr W.A. Murray, brother to A.C. Murray and William Murray's cousin.¹⁸ Dr W.A. Murray built the first DRC mission hospital at Mvera in 1903. The first nurse to arrive in Nyasaland in 1904 was Miss Durant, followed by Miss Laurie in 1905.¹⁹ Dr Murray, however, was often required to travel to mission outposts for medical work and had to perform the work usually carried out by a nurse. Because of his protracted absences from Mvera hospital and a shortage of other medical personnel, he trained African staff to aid his endeavours, most notably Mrs Sara Nabanda, who worked at the hospital for 34 years.²⁰ Pauline Pretorius relates that "Dr. Murray was able to train his African staff and maintained a high standard of work and nursing in his hospital. Very little major surgery was done, but wounds inflicted by leopards, burns, ulcers and fractures and recurring abnormal midwifery were fairly frequent".²¹

Mvera was situated not too far from Lake Malawi and "[s]leeping sickness was prevalent in that area".²² Citing geographical and health factors, in 1913, the mission decided to move their headquarters to a "healthier site at Mkhoma, 30 miles from the present Lilongwe".²³ A hospital was built at Mkhoma in 1915 and was expanded over the years to become the main hospital of the Mission, which is still the case today.²⁴ Mkhoma hospital, especially under the care and stewardship of Dr R.L. Retief (1928–1945), became known for its specialisation in ophthalmology and continued the development of this work for decades after his departure.²⁵

In 1928, apart from fulfilling the day-to-day responsibilities of the doctor, Dr Pauline Murray was appointed at Mlanda to "develop the existing dispensary into a training school for African midwives".²⁶ She also planned and oversaw the extension of the new hospital building in 1930.²⁷ A hospital was also built at Malingunde mission station and from 1932 onwards nurse Benade was in charge of this facility for several decades.²⁸ Quite a few outposts, dispensaries

¹⁷ Retief, *William Murray of Nyasaland*, 18; Christoff Martin Pauw, *Mission and church in Malawi: The history of the Nkhoma Synod of the Church of Central Africa, Presbyterian 1889–1962* (Wellington: Christian Literature Fund, 2016), 144.

¹⁸ Pauw, *Mission and church in Malawi*, 144.

¹⁹ *Ibid.*, 144.

²⁰ *Ibid.*, 144.

²¹ Pauline Pretorius, "Mission hospitals in the Federation: medical work of the Dutch Reformed Church Mission, Nyasaland," *The Central African Journal of Medicine* 2, no. 6 (June 1956): 234.

²² Pretorius, "Mission hospitals in the Federation," 234.

²³ *Ibid.*, 234.

²⁴ Pauw, *Mission and church in Malawi*, 145.

²⁵ *Ibid.*, 146.

²⁶ Pretorius, "Mission hospitals in the Federation", 235.

²⁷ Pauline Murray: Dutch Reformed Church in South Africa: Archive (DRC Archives), Stellenbosch, *Die Koningsbode*, "Werk van die Susters", February 1929, 51.

²⁸ Pretorius, "Mission hospitals in the Federation," 235–236.

and clinics were served by the medical personnel of the Mission, who often travelled far and wide to administer care in rural areas.

From 1900–1956, 13 doctors and 30 nurses had worked as medical missionaries at the various hospitals and clinics run by the Mission. By 1945, Mkhoma hospital was the only hospital with permanent European staff doctors and Mlanda, Mvera, and Malingunde hospitals employed no permanent doctor although the hospitals were still functioning and served the local population.²⁹ In 1958, the training of midwives was moved from Mlanda to Mkhoma hospital where training for general nurses was offered. In 2011, the training of nurses and midwives was transferred to Nkhoma University, but the campus was and still is attached to Nkhoma hospital.

Pauline Murray: a biographical sketch

Pauline Versfeld Murray was born in Mvera, Nyasaland, on 16 September 1901.³⁰ Her younger brother, William Murray, was born roughly two years later. Pauline lived with her parents W.H. and E.W. Murray in Nyasaland for the first five years of her life before she was sent to live with her grandparents in Wellington, South Africa, to complete her schooling. At this stage in the Mission's history, there was no primary school available for the children of missionaries and, thus, children were sent away to attend school in South Africa. Missionaries were allowed a year-long furlough every five years, and relationships between parents and children were mainly maintained through correspondence. The Dr W.H. Murray private collection is a tactile example of missionary-children's relationships since half of the collection is comprised of William and Elizabeth Murray's correspondence with their two children. To aid his translation efforts of the Bible, W.H. Murray raised his children in Chichewa, to listen and learn from their use of first language idiomatic expressions. As a result Pauline could barely speak English or Afrikaans by the age of five. The children at her primary school in South Africa thought she was a "heathen" because she initially spoke to them in an African language they did not understand.³¹

In 1921, Pauline Murray completed her BA degree in languages at the Huguenot College and proceeded to enrol at the University of Cape Town to begin her medical training. In March 1924, she travelled to Edinburgh University in Scotland to complete her medical training, like many missionaries before her. She graduated from Edinburgh and then enrolled for a diploma in tropical medicine at the University of Liverpool.³² By 1928, she returned to the country

²⁹ Pauw, *Mission and church in Malawi*, 146.

³⁰ Retief, *William Murray of Nyasaland*, 74,

³¹ William Hoppe Murray, DRC Archives, Stellenbosch, Dr WH Murray collection, PPV 1480/1/3, 14 June 1904; Pauline Pretorius, DRC Archives, Stellenbosch, Dr. P.V. Pretorius collection, PPV 1494/3/1, "My persoonlike getuienis met die oog op 'n tyd soos hierdie", 2.

³² Isabel Murray, "Pauline Murray: Brugbouer tussen kulture" in *Die hart van God: Verhale van vroue in sending*, eds. Lisel Joubert & Isabel Murray (Wellington: Christelike Lektuurfonds, 2017), 184–188.

of her birth for the first time since leaving to work as a missionary, like her parents before her. Her parents remained stationed at Mkhoma mission station until W.H. Murray's retirement in 1937. It is clear from the letters written between Dr Murray and her parents following this decade that the bond between them grew even stronger and that Pauline relied heavily on her parent's advice and support. Her father was also technically her 'boss',³³ as he was affectionately referred to by both the missionaries and the indigenous population, for the first nine years of her employment.

Dr Murray was stationed at Mlanda's "Drie-Anker Baai Hospital" from 1928–1941. The exceptional work she did to improve the health and education of women and children in Nyasaland will be discussed in detail in the following section. She started working part-time in 1941 at Mkhoma hospital following her marriage to widower Johannes Lou Pretorius and became stepmother to his three children Herlianne, Retha and Johannes. Louise Hugo recalls that Dr Pretorius "raised the children as her own".³⁴ From 1941–1973, after her marriage, Dr Pretorius never worked full-time or permanently but would always fill in when there was a need at Mkhoma hospital or other medical institutions. In his self-published autobiography, Dr Chris Blignaut recalls, for example, an incident after he was forced by the government to leave Malawi, that he had to "leave the hospital's administrative duties to Dr Pauline Pretorius"³⁵, who started working part-time at Nkhoma hospital in 1968 after the death of her husband.

Louise Hugo described Dr Pretorius as an "inspiration"³⁶ to the other women missionaries and stated that the mission women would always say "Let's ask Dr Pauline" when they encountered problems. It appears, Dr Pretorius always gave "good advice", was a "genuine friend", worked hard, and in a non-medical capacity could do everything from cooking to arranging flowers and much more.³⁷

Mlanda Hospital: medical work and midwifery training (1928–1941)

In an effort to respect and protect the traditions and cultural practices surrounding childbirth of the various ethnic groups in Nyasaland, the DRC Mission decided that they had to train older married or widowed women as midwives to assist during childbirth. Dr Murray was specifically tasked with training the midwives at Mlanda when she was employed as a medical missionary in 1928. Murray explains that the Mission had to "adjust to the cultural practices and life cycles of the Malawians"³⁸ and that childbirth was the

³³ Hugo, *My lewensreis van Nyasaland na Malawi*, 308.

³⁴ *Ibid.*, 309.

³⁵ Christiaan Blignaut, *Deur die oog na die hart* (Bloemfontein: Drufoma, 2003), 107.

³⁶ Hugo, *My lewensreis van Nyasaland na Malawi*, 309. Translated by author.

³⁷ *Ibid.*, 251–252; 309. Translated by author.

³⁸ P. Pretorius, DRC Archives, Stellenbosch, Dr. P.V. Pretorius collection, PPV 1494/3/1, "My persoonlike getuienis met die oog op 'n tyd soos hierdie", 4. Translated by author.

terrain of older women. Training the older women and equipping them with medical knowledge would ensure that these women could aid mothers during childbirth while ensuring that “all traditions were followed and respected”.³⁹ It comes to the fore in Murray’s writing that she was a supporter of the holistic approach to medical missionary work which considered the needs of the body as important as the needs of the soul. She wrote: “Humans are *soul and body*, and the invisible for [them] is a reality.”⁴⁰ For Murray, and the Mission in general, respecting indigenous practices and adapting to local traditions was part of the “comprehensive approach” to mission work, as explained in the introduction to this article.

On arrival in Malawi, Murray did not immediately undertake the training responsibilities of the midwives. First, she had to relearn Chichewa, which she had not spoken since her childhood.⁴¹ Secondly, she had to design and oversee the building of a new hospital. When Murray arrived at Mlanda, the hospital was comprised of eight huts. Despite the difficulties associated with performing medical work in such unsophisticated conditions, Murray persevered and even performed complex surgical procedures on patients.⁴² Murray submitted her designs for a new hospital building to the mission council and oversaw the construction, which was completed by December 1929.⁴³ She wrote a letter to the “Mede Sending Arbeidsters”⁴⁴ [MSA] [Women Co-workers of the Mission], a sister organisation of the “Vroue Sendingbond” [Women’s Mission Organisation] and her primary funders, explaining: “it is truly pleasant to draw and make plans for the hospital buildings because I know what I really want to achieve here”.⁴⁵

As a young and inexperienced doctor, Murray enjoyed unprecedented freedoms, and the General Mission Council and missionaries clearly trusted her to perform her job without interference. Considering the treatment of women doctors in South Africa during this particular period in history and the gender discrimination they experienced,⁴⁶ Murray’s situation appears unique. However,

³⁹ P. Pretorius, DRC Archives, Stellenbosch, Dr. P.V. Pretorius collection, PPV 1494/3/1, “My persoonlike getuienis met die oog op ’n tyd soos hierdie”, 4. Translated by author.

⁴⁰ P. Pretorius, DRC Archives, Stellenbosch, Dr. P.V. Pretorius collection, PPV 1494/3/1, “My persoonlike getuienis met die oog op ’n tyd soos hierdie”, 3. Translated by author. Emphasis added.

⁴¹ P. Murray, DRC Archives, Stellenbosch, *Die Koningsbode*, “Werk van die Susters”, February 1929, 52.

⁴² P. Murray, DRC Archives, Stellenbosch, *Die Koningsbode*, “Werk van die Susters”, February 1929, 52.

⁴³ P. Murray, DRC Archives, Stellenbosch, *Die Koningsbode*, “Werk van die Susters: Mlanda Medies Werk”, Nov–Des 1929, 427.

⁴⁴ The *Mede Sending Arbeidsters* was a sister organisation of the *Vroue Sendingbond* that gave younger women in the DRC an opportunity to become involved in the missionary endeavours of the church. As mentioned above, the members of this organisation paid Pauline and Jeanette Murray’s salaries and donated money to other missionary endeavours in various DRC mission fields.

⁴⁵ P. Murray, DRC Archives, Stellenbosch, *Die Koningsbode*, “Werk van die Susters”, February 1929, 51. Translated by author.

⁴⁶ Flora Umoetok, *Does gender impact on female doctors’ experiences in the training and practice of surgery*. (M Med diss., University of KwaZulu-Natal, 2016), 2.

if one considers that between 1928 and 1936, two women doctors,⁴⁷ one male doctor and at least three nurses were working as DRC medical missionaries in Nyasaland at any one time, her experience appears less surprising. Since 1900, the Mission employed many female medical missionaries. Reading some of these women's reminiscences (like Murray's) suggests that they did not experience the same gender discrimination their South African counterparts faced. One possible explanation for this phenomenon was the cultural practices and beliefs of the local Nyasaland populace. Murray explained in a letter to the MSA: "most of the patients are women and children and for some of them it is important that the doctor here is a woman".⁴⁸ She relates how a man who worked in the area for the government brought his wife to see her even though there was a male doctor available at his station. He apparently told her: "Our women are not educated enough to go to a male doctor, they want a female doctor!".⁴⁹ Clearly, the women of Nyasaland preferred to consult a female doctor. Irrespective of local preferences, Murray does, however, mention that Malawians thought her word carried more authority after she married Lou Pretorius.⁵⁰

Recruiting and selecting women to train as midwives was no easy task. The trainees had to meet various criteria and had to navigate a variety of cultural expectations to be able to attend training at Mlanda. The largest ethnic group surrounding Mlanda was the Angoni people, and most of Murray's patients and trainees initially were of this ethnicity. Murray explains the recruitment and training process:

Angoni matrons are also conservative in their attitude towards young girls as midwives. Up to the present only married women have been admitted as students. As the standard of girls' education in the country has been low, it has been difficult to find women of the necessary status as useful village midwives, and who at the same time are more than merely literate. These older women have, however, done very good work in countering village customs.⁵¹

Furthermore, the trainees were only allowed to train as midwives if they were Christian, literate, already had two children, if their husbands agreed to their absence for several months, and if the evangelist of their local church recommended them.⁵² The above-mentioned criteria would have limited Murray's and potential trainees' options, and thus, Murray mentions in her

⁴⁷ P. Pretorius, "Mission hospitals in the Federation", 236.

⁴⁸ P. Murray, DRC Archives, Stellenbosch, *Die Koningsbode*, "Werk van die Susters", February 1929, 53. Translated by author.

⁴⁹ P. Murray, DRC Archives, Stellenbosch, *Die Koningsbode*, "Werk van die Susters", February 1929, 53. Translated by author.

⁵⁰ P. Pretorius, DRC Archives, Stellenbosch, Dr. P.V. Pretorius collection, PPV 1494/3/1, "My persoonlike getuigenis met die oog op 'n tyd soos hierdie", 6.

⁵¹ P. Pretorius, "Mission hospitals in the Federation", 235.

⁵² Hugo, *My lewensreis van Nyasaland na Malawi*, 182.

reminiscences of working in Nyasaland that her first three midwife trainees were all grandmothers.⁵³ For most of the first decade working at Mlanda, Murray only had room to train three women at a time. This number increased to five or six by 1940.⁵⁴ Training initially lasted for six months and was extended to 18 months in 1937.⁵⁵

Murray recalls her earliest experiences working at Mlanda as follows:

[T]oo little of everything – buildings, equipment, medicines, and staff, especially staff. [...] For almost four years, with the exceptions of a few months, I had no trained European nurse to help me, only Malawian workers I trained myself. I was appointed at Mlanda to train midwives, and taught them nursing at the same time. Together we experienced anxious nights of vigil, we prayed together and thanked God for patients who recovered. [...] These experiences wrought an intimate relationship between staff and patients, and one could live intensely with others' woes and wellness, and the message of God's saving grace and love was shared.⁵⁶

As the above quotation illustrates, a deep bond formed between Murray and the women she trained, and her respect for these women is reflected in many of the documents she penned throughout her life. In her letters to the MSA and her annual medical reports to the Mission Council, she frequently referred to the important work performed by the midwives. For example, Murray informs the MSA that the local population has "a lot of respect for [Milika's] medical knowledge",⁵⁷ one of the first midwives she trained. She mentions that, although Milika is a caring medical professional, she is also strict and firm with a no-nonsense manner.⁵⁸ Murray mentions the work of the local staff she trained to assist her in the hospital, as compensation for the lack of a trained nurse:

One wishes one could divide oneself into two, one half as a nurse and the other as doctor. There was enough work last month to keep both halves busy; and the two women, old Mirian the widow, and the young woman Mita had to work hard. Luckily, they are willing to work hard.⁵⁹

⁵³ P. Pretorius, DRC Archives, Stellenbosch, Dr. P.V. Pretorius collection, PPV 1494/3/1, "My persoonlike getuienis met die oog op 'n tyd soos hierdie", 5.

⁵⁴ P. Murray, DRC Archives, Stellenbosch, Sinodale Sending Kommissie, KS 1162, Mediese verslag Mlanda stasie, 1 April 1935–21 March 1936, 2; Jaarverslag Jan–Des 1940, 1.

⁵⁵ Hugo *My lewensreis van Nyasaland na Malawi*, 182; P. Murray, DRC Archives, Stellenbosch, Sinodale Sending Kommissie, KS 1162, Mediese verslag Mlanda stasie, Jaarverslag Jan–Dec 1940, 1.

⁵⁶ P. Pretorius, DRC Archives, Stellenbosch, Dr. P.V. Pretorius collection, PPV 1494/3/1, "My persoonlike getuienis met die oog op 'n tyd soos hierdie", 1. Translated by author.

⁵⁷ P. Murray, DRC Archives, Stellenbosch, *Die Koningsbode*, "Werk van die Susters – Brief van Dr Pauline", June 1931, 223. Translated by author.

⁵⁸ P. Murray, DRC Archives, Stellenbosch, *Die Koningsbode*, "Werk van die Susters – Brief van Dr Pauline", June 1931, 223.

⁵⁹ P. Murray, DRC Archives, Stellenbosch, *Die Koningsbode*, "Werk van die Susters", February 1929, 51. Translated by author.

Murray also advocated on the midwives' behalf. After mentioning that the very "competent"⁶⁰ Birika performs important medical work on her own in a small hut in a rural area, Murray, for example, asked members of the MSA to pray for blessings upon Birika and her work. Furthermore, once Murray learned that the local population did not pay for the services of the midwives, she informed the Mission Council in her yearly report and asked that they remind all the churches of the importance of payment for services rendered. Murray asked that the Mission Council ensured that people were aware that "the women had to be paid, that they were trained to perform this task and that [they had to keep in mind that] uneducated heathen midwives were well-paid for these kinds of services".⁶¹

Murray was not only responsible for Mlanda hospital and the training of the midwives. She also regularly travelled to the outposts and clinics serviced by the hospital. At first, her means of transportation to clinics and the Mpunzi and Malembo mission stations was a donkey, but the MSA eventually provided funds for hospital equipment, and Murray was able to purchase a motorcycle and later a small car.⁶² A clinic for mothers and babies was opened shortly after Murray arrived at Mlanda. In her 1932–1933 yearly report, she mentions that with the arrival of the trained European nurse, Miss Immelman, she was able to travel more to other mission stations and clinics because the nurse could take over the responsibilities of the medical work at Mlanda hospital and the new baby clinic. Murray notes that "good work has been done with the women and children. The Baby clinic now is well attended, and the work is easier after the Drie Anker Baai women donated a strong baby scale [for weighing]".⁶³ In 1936, Murray details the work undertaken in the baby clinic:

The most important part of the work remains the care of the women and children. The prenatal clinic has a high attendance rate of 220, and concerning child welfare, I think mothers themselves now realise the importance of the clinic and understands that it is worth bringing their children because it keeps them healthy. Through the clinic, we try to educate the mothers and teach short courses and the concern we show for their home lives and circumstances, in my opinion, is of more worth than weighing the children; although, the women have a firm belief in the value

⁶⁰ P. Murray, DRC Archives, Stellenbosch, *Die Koningsbode*, "Werk van die Susters", February 1929, 51; "Werk van die Susters", Nov–Des 1929, 427.

⁶¹ P. Murray, DRC Archives, Stellenbosch, Sinodale Sending Kommissie, KS 1162, Mediese verslag Mlanda stasie, Jaarverslag: 1 April 1932–1933, 3. Translated by author.

⁶² P. Murray, DRC Archives, Stellenbosch, *Die Koningsbode*, "Werk van die Susters", February 1929, 51; "Werk van die Susters", Nov–Des 1929, 427.

⁶³ P. Murray, DRC Archives, Stellenbosch, Sinodale Sending Kommissie, KS 1162, Mediese verslag Mlanda stasie, Jaarverslag: 1 April 1932–1933, 1–2. Translated by author.

of the scale. Through visiting the homes of the women on a regular basis, we are able to determine whether they apply what they learn at the clinic.⁶⁴

Due to the exceptional work undertaken by Dr Murray and nurse Immelman to improve the health and safety of mothers and children, the Nyasaland government contributed the sum of £350 to Mlanda hospital to fund and expand their work.⁶⁵ Murray partly credits the success of the hospital, the work of the midwives and the baby clinics to the support received from the local headman N.A. Gomani.⁶⁶ Gomani also used funds he received from the Central Fund Native Administrative to build a rural dispensary and a small maternity hospital, aiding the work of the Mlanda medical personnel.⁶⁷ His support and interest was of "immeasurable"⁶⁸ worth to the missionaries. Murray was also asked to teach "classes in health sciences to headmen" in the area, and these classes "garnered much interest".⁶⁹ Murray continued teaching classes in health sciences throughout her career in Nyasaland, not only to midwives, nurses, and headmen, but also to students studying teaching degrees.⁷⁰

In 1937, the Nyasaland government asked Murray (who was not a government employee) to write and design the national curriculum for midwifery training.⁷¹ A national certificate and accredited training programme for midwives was duly developed, and the Mlanda trainees were some one of first to receive and complete this certificate. Murray mentions that the quality and difficulty level of the qualification was raised once it became a national certificate.⁷² Some strife was associated with the examination process of the midwives in the first year the qualification was offered. Murray writes in a letter to her parents:

Janet Welsh is rampaging because Dr Austin said he couldn't ask me to be present at [the] exam as he can't afford my trav. exs. (Dr [Gunner?] takes up 9/10 of his trav. allowance coming to medical council meetings!!!) She has written the D.M.S. that if I am not to be there, she won't be either as it will

⁶⁴ P. Murray, DRC Archives, Stellenbosch, Sinodale Sending Kommissie, KS 1162, Mediese verslag Mlanda stasie, Jaarverslag Mlanda Hospitaal 1 April 1935–21 March 1936, 2. Translated by author.

⁶⁵ P. Murray, DRC Archives, Stellenbosch, Sinodale Sending Kommissie, KS 1162, Mediese verslag Mlanda stasie, Jaarverslag van die Drie Anker Baai Hospitaal Jan–Des 1938, 2.

⁶⁶ P. Murray, DRC Archives, Stellenbosch, Sinodale Sending Kommissie, KS 1162, Mediese verslag Mlanda stasie, Jaarverslag Mlanda Hospitaal 1 April 1935–21 March 1936, 2.

⁶⁷ P. Murray, DRC Archives, Stellenbosch, Sinodale Sending Kommissie, KS 1162, Mediese verslag Mlanda stasie, Jaarverslag van die Drie Anker Baai Hospitaal Jan–Des 1938, 2.

⁶⁸ P. Murray, DRC Archives, Stellenbosch, Sinodale Sending Kommissie, KS 1162, Mediese verslag Mlanda stasie, Jaarverslag van die Drie Anker Baai Hospitaal Jan–Des 1938, 2. Translated by author.

⁶⁹ P. Murray, DRC Archives, Stellenbosch, Sinodale Sending Kommissie, KS 1162, Mediese verslag Mlanda stasie, Jaarverslag Mlanda Hospitaal 1 April 1935–21 March 1936, 2. Translated by author.

⁷⁰ P. Pretorius, DRC Archives, Stellenbosch, Dr. P.V. Pretorius collection, PPV 1494/3/1, "My persoonlike getuienis met die oog op 'n tyd soos hierdie", 5.

⁷¹ Hugo, *My lewensreis van Nyasaland na Malawi*, 181. Louise Hugo makes this claim about Murray in her autobiography. I was not able to corroborate this information from Murray's personal papers, but there is considerable evidence from her private collection to indicate that she was definitely involved in constructing this training programme.

⁷² P. Murray, DRC Archives, Stellenbosch, Sinodale Sending Kommissie, KS 1162, Mediese verslag Mlanda stasie, Jaarverslag van die Drie Anker Baai Hospitaal Jan–Des 1938, 1.

give her women an advantage over mine. Miss Smith & Jeans was suggested in my place so that was the last straw. Neither Janet not I am going to send in our women to be examined by a nurse [who] doesn't work in a general hosp. & has no abnormal cases.⁷³

Murray noted that, due to educational developments in the country, it became possible and culturally acceptable to train younger women as midwives. In 1940 alone, four of the Mlanda trained midwives received their national certificates.⁷⁴

During WWII, in 1940 and 1941, Murray was in the temporary employment of the Nyasaland government, likely to fill the roles of British doctors who were conscripted to serve in the military.⁷⁵ During this period (1939–1941) at Mlanda hospital and its various clinics, as well as at other medical institutions in the country, a large-scale project was undertaken to address nutrition and the nutritional needs of patients in the hospital. Information on good nutrition and healthy eating practices were included in curricula, taught at baby clinics, and included in general health science lessons to improve the overall health of the population. Murray suggested in her second to last annual medical report for Mlanda hospital that the Mission hospitals should prepare and serve food to their patients to ensure adequate nutrition, a practice that was not yet part of the services offered at the time.⁷⁶ Teaching the importance of a healthy diet at the Mlanda prenatal and baby clinics contributed to the overall health of mothers and children.

The growth of Mlanda mission hospital and the patients treated during Murray's tenure is reflected in the data provided in her yearly reports. Her first written report (which is available at the DRC Archive) for the year 1932–1933⁷⁷ indicates that Mlanda hospital treated 77 patients as well as 2 575 outpatients at other stations and clinics. Furthermore, 33 births were recorded in this year and ±5 000 treatments were administered. In 1941,⁷⁸ eight years later and Murray's last year at Mlanda, these figures were significantly higher. 1 135 patients were treated at Mlanda hospital, 5 406 patients were seen at outposts of the mission,

⁷³ P. Murray: DRC Archives, Stellenbosch, Dr. P.V. Pretorius collection, PPV 1488/2/1, 28 August 1938.

⁷⁴ P. Murray, DRC Archives, Stellenbosch, Sinodale Sending Kommissie, KS 1162, Mediese verslag Mlanda stasie, Jaarverslag Jan–Dec 1940, 1.

⁷⁵ Although Murray's yearly medical reports indicate that she was briefly in Government service, she does not expand on her responsibilities or the nature of the work she performed in this capacity. I use the word 'likely' above with regards to the shortage of medical personnel caused by the war because Murray does not provide reasons in her yearly reports for her absence at Mlanda, apart from mentioning government service.

⁷⁶ P. Murray: DRC Archives, Stellenbosch, Dr. P.V. Pretorius collection, PPV 1488/2/4, Dr. Pauline Pretorius briewe aan ouers Dr. WH & Mev. EW Murray Aug–Okt 1939, 14 August 1939; P. Murray, DRC Archives, Stellenbosch, Sinodale Sending Kommissie, KS 1162, Mediese verslag Mlanda stasie, Jaarverslag 1940 Drie Anker Baai Hospitaal Mlanda, 2.

⁷⁷ P. Murray, DRC Archives, Stellenbosch, Sinodale Sending Kommissie, KS 1162, Mediese verslag Mlanda stasie, Jaarverslag: 1 April 1932–1933, 1. Unfortunately, there are no yearly medical reports available for the years 1928–1932 and this data could not be included.

⁷⁸ P. Murray, DRC Archives, Stellenbosch, Sinodale Sending Kommissie, KS 1162, Mediese verslag Mlanda stasie, Jaarverslag 1940 Drie Anker Baai Hospitaal Mlanda, 1.

a total of 12 967 treatments are indicated, 249 births were recorded and a column for clinics was added. It is noted in the 1941 report that child healthcare clinics received 384 new patients, and 7 838 treatments were administered. Furthermore, prenatal care patients increased to 730, and 3065 prenatal treatments were administered. Comparing the data from between the 1932 and 1941 reports indicate that the number of patients treated per year increased *15-fold*. To put this into perspective, Mlanda registered an unprecedented growth of +1 500% in eight years concerning in-hospital care of patients. Furthermore, the number of births attended to by the hospital increased by more than seven times the amount from 1932 to 1941. Across the board, each annual report indicates that the hospital, outposts, and clinics received more patients and administered more care. To summarise, Martin Pauw writes that Mlanda hospital “gained repute for its training in midwifery and for its child welfare and pre-natal clinic work. The name of Dr Pauline Murray deserves special mention for this”. As this section demonstrates, Murray’s work to improve the health of women and children is noteworthy and is deserving of recognition, but she also made significant contributions to many other aspects of healthcare during her time at Mlanda hospital. The trickle-down effect Murray had on the welfare of women and children because of the number of staff and midwives she trained who continued this work in her stead, is significant and merits special mention.

Marriage and Mkhoma

Pauline Pretorius relocated to Mkhoma in 1941 after marrying widower Johannes Lou Pretorius and continued practising medicine, mostly in a part-time capacity, at Mkhoma hospital until well after her official retirement in 1965. Lou Pretorius served as the Secretary of Education for the Mission and was appointed as the Head of the Normal College (from 1939 to 1948). After teaching at London University for a year (1948–1949), he travelled to America to further his studies. Upon his return, he resumed his position as Education Secretary of the Mission (1950–1954). Lou Pretorius later served as a member of parliament for the Nyasaland Protectorate (1954–1956) and was sent as a representative of the Nyasaland government to Salisbury, Southern Rhodesia (now Zimbabwe), in 1959.⁷⁹ Pauline and Lou Pretorius obtained Malawian citizenship and retired in Blantyre, Malawi, in 1965.⁸⁰ After Lou died in 1968, Pauline returned to Nkhoma and continued working part-time as a doctor until 1974. She eventually retired and lived in Stellenbosch, South Africa, until her death on 17 September 1988. However, even after her second retirement, Pauline returned to Nkhoma to relieve another doctor for a short period in 1976.⁸¹

⁷⁹ Murray: “Pauline Murray: Brugbouer tussen culture,” 188.

⁸⁰ *Ibid.*, 188.

⁸¹ *Ibid.*, 189.

In Pauline Pretorius's letters it emerges that she was under the misconception that after marriage she would be expected to abandon her profession entirely. However, despite a successful and varied career up to this point, she was willing to give up her work to marry the man she loved. She wrote the following letter to her parents, informing them of her decision to marry Lou:

[?] had had some excitement this week. By Tues. a woman came in who needed a caesarean section – had had 3 dead born babies after abdominal [...] & she was in such a state that I decided to remove the uterus as well. I had not done either operation by myself alone before but managed it & the baby is fine. The woman developed pneumonia yesterday unfortunately, but is a bit better today, I am hopeful. I know you will be thinking "what a waste of experience if she is not going to continue in medicine." I am having far more experience and responsibility now than ever before, I think this is the peak of my medical career so far but Dad & Mother, please believe me when I say that I have never been really ambitious medically. Medicine has never filled me wholly, the way it does men Doctors e.g. Baird or exceptional women like Janet Welch, who deliberately chose it instead of marriage. I am admitting these things now because I think it may make it easier for you to reconcile yourselves to any decision to give it up.⁸²

Despite Pretorius's misconceptions concerning marriage and work, she continued working as a doctor for the next 25 years of her life. Because she was not employed in a full-time capacity after her marriage, she was able to assist the hospital and its workers when in need for years to come and was often the only doctor stationed at Mkhoma for months on end. At times, she was required to work full-time for several months before a newly appointed doctor would arrive at the hospital. The yearly medical reports for Mkhoma from 1949–1956⁸³ make frequent mention of Dr Pretorius's efforts to relieve other staff at Mkhoma or Mlanda hospital. She frequently oversaw the management of Mkhoma hospital in the absence of another doctor, relieved doctors who went on vacation, and filled the post of chief medical officer for some months before a newly appointed doctor could arrive. Furthermore, during this period, she travelled to Mlanda monthly to continue training the midwives and assisted with cataract operations performed at Mkhoma hospital. She also served as a member of the Hospital Committee for the Mission and continued with midwifery training after the training facilities were moved from Mlanda to Mkhoma hospital. Pauline Pretorius's work at Mkhoma hospital, relieving staff and helping people and institutions in need even though she no longer served as a full-time DRC employee, is an example of a medical missionary who considered "first and foremost" their work an act of service to others.

⁸² P. Murray, DRC Archives, Stellenbosch, Dr. P.V. Pretorius versameling, PPV 1488.

⁸³ DRC Archives, Stellenbosch, Mediese verslae (Algemeen) 1943–1960, 1965, KS1162.

Conclusion: the Murrays and medical missionary work in Nyasaland

In his investigation of the importance of medical missionary work, Elmer Uys notes:

The pioneer work of DRC medical missionaries in countries like Zimbabwe, Malawi, Mozambique, Kenya and many other places, is definitely work that could be considered as the heartbeat of the church and becomes a living example of what happens when normal human beings not only speak their convictions but acts upon them.⁸⁴

Many members of the Murray family made contributions to the growth of the medical institutions and healthcare in general in Nyasaland, later Malawi. Many and varied medical procedures were performed by A.C. and W.H. Murray before the arrival of Dr W.A. Murray at Mvera. Other members of the Murray family who worked as medical professionals in Nyasaland before 1930 were nurse Isabel Murray (A.C. Murray's sister) and Dr C.L.L. Murray (A.C. Murray's son and Dr Jeanette Murray's brother). If one considers the considerable contributions made to healthcare by a single member of the Murray family (Dr Pretorius in this case), and then combine this with the influence of *all* the Murray medical missionaries, one cannot help but acknowledge the overall effect this family must have had on the medical trajectory of Nyasaland. In addition, apart from the members of the Murray family who worked as medical missionaries, many others served in different capacities in Nyasaland and "[b]y 1931 sixteen Murrays had worked in Malawi".⁸⁵

Telling women's stories, sourced from archives, is important to address the existing hiatus in Church and mission historiography concerning women's contributions to missionary work. Isabel Murray, for example, states that "[a]lthough by 1910 half of the staff of the 'Kaapsche Kerk' in Nyasaland was female, their stories have scarcely been told".⁸⁶ This article examined certain aspects of the life and work of Dr Pauline Pretorius née Murray and determined that: (a) women missionaries did noteworthy work; (b) women participated in the development of healthcare in Nyasaland; (c) despite the fact there were more female medical missionaries than men at certain periods in the DRC missionary history of Nyasaland, many female doctors and nurses' stories remain unknown or unacknowledged in Church history. Pauline Murray's story is one of service to her fellow men and women, and it is a story of life-long dedication to improving healthcare for women and children in Nyasaland.

⁸⁴ Uys, Elmer. *'n Teologiese en Praktiese Herwaardering van die Mediese Sending met Spesiale Verwysing na die Sending van die Nederduitse Gereformeerde Kerk* (Unpublished doctoral dissertation. Pretoria: University of Pretoria, 1994), 25. Translated by author.

⁸⁵ Pauw, "The role and impact of Andrew Murray Jnr on missions within the DRC and elsewhere". [Online]. Available: <https://www.andrewmurraysentrum.co.za/wp-content/uploads/2019/05/MARTIN-PAUW-Murray-influence.pdf> [Accessed: 20 July 2020].

⁸⁶ Murray, "Die stil stem van die vroue," 251.

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