

Cornelis van Proosdij and Loekmono Hadi: History of Leaders of Kudus Hospital

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Abstract: This article discusses two doctors who were directors at Kudus Hospital, Cornelis van Proosdij and Loekmono Hadi. Both are government doctors, but both come from different colleges. Van Proosdij is a doctor who graduated from a European university. In contrast, Loekmono graduated from the *School tot Opleiding Van Indische Artsen* (STOVIA) in the Dutch East Indies, which is considered a different degree. Both also have other characteristics; Van Proosdij is attached to his colonialism, while Loekmono is classified as a nationalist. By using the historical method, this research uses a lot of archival sources and newspaper news published at that time. Specifically related to Loekmono, his research is also equipped with interviews with his children, so the data is extensive, and the review is long. The results of this study indicate that these two figures, although their characteristics are different, are still loved by the community. Another similarity is that both of them are victims of the political situation.

Abstrak: Artikel ini membahas tentang dua orang dokter yang menjabat sebagai direktur di RS Kudus, Cornelis van Proosdij dan Loekmono Hadi. Keduanya adalah dokter pemerintah, tetapi keduanya berasal dari perguruan tinggi yang berbeda. Van Proosdij adalah seorang dokter lulusan universitas Eropa. Sebaliknya, Loekmono lulus dari *School tot Opleiding Van Indische Artsen* (STOVIA) di Hindia Belanda, yang dianggap berbeda gelar. Keduanya juga memiliki karakteristik lain; Van Proosdij lekat dengan kolonialismenya, sedangkan Loekmono tergolong nasionalis. Dengan menggunakan metode sejarah, penelitian ini banyak menggunakan sumber arsip dan berita surat kabar yang terbit pada masa itu. Khusus terkait Loekmono, penelitiannya juga dilengkapi dengan wawancara dengan anak-anaknya, sehingga datanya lebih luas, dan penelaahannya lebih panjang. Hasil penelitian ini menunjukkan bahwa kedua tokoh ini walaupun memiliki sifat yang berbeda, tetap digandrungi oleh masyarakat. Kesamaan lainnya adalah keduanya sama-sama menjadi korban situasi politik.

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INTRODUCTION

In the middle of 2021, the Kudus Regency in Central Java province became a national concern when people exposed to Covid-19 surged in this town. There have been as many as 32 Covid-19 patients at the Kudus Hospital who died in a day. This number does not include patients who died in their residences, which is also massive. This explosion overwhelmed the hospital. The available space is becoming increasingly inadequate with the limited health workforce and equipment they have. Seeing the conditions so worrying, the government has taken several policies, including positive Covid-19 patients in a centralized independent isolation place, such as the Haji Donohudan Dormitory in Boyolali. At the same time, there was an idea about needing a bigger hospital.

Shortly after, the government responded to the idea and stated that a new emergency hospital was still necessary. What should be done is help the Kudus



government in terms of personnel. Minister of Health Budi Gunadi Sadikin sent hundreds of medical personnel after the existing medical personnel of the Lukmono Hadi Regional Public Hospitals were exposed to Covid-19. In addition, the Indonesian National Army (TNI) deployed 450 soldiers from Kodam IV/Diponegoro, the National Police (Polri), and Brimob also deployed 100 personnel from the Central Java Police. They are deployed to villages to help the community (Radar Kudus, 5 June 2021p.1).

Above are a few portraits of Covid-19 handling in Kudus regarding the high and critical cases they faced. Every day many were exposed, and many also died. The sound of obituary announcements from mosques was heard repeatedly. This condition made the central government pay particular attention by sending its high-rank officials to Kudus.

About a century ago, the same milieu hit Kudus. It was when the Spanish flu epidemic shocked the world. The number of people who died made the small hospital around Kudus square unable to accommodate patients. This hospital was more like a clinic, the space and medical personnel needed to be improved. They were unprepared when incidentally, hundreds of people got sick simultaneously, and dozens died suddenly.

The colonial government planned to build a more appropriate hospital in Kudus and several other cities. But it took almost a decade to have that one built. They ran a long process in making decisions, starting from outpouring ideas and holding meetings to building construction.

At the end of the '20s, Kudus Regency finally had a representative hospital. The first leader was Cornelis Proosdij, a pure Dutchman; the second was Loekmono Hadi, a native doctor born in Temanggung, Central Java.

Talking about the world of medicine in Indonesia, Hans Pols has discussed this in his work entitled *Nurturing Indonesia, Medicine, and Decolonization in The Dutch East Indies* (Pols, 2018). The book, published by Cambridge University, has discussed at least three things: medicine, modernity, and decolonization. Among those discussed was Abdul Rifai, a doctor from Minangkabau who views the Bumiputera as being attached to superstition. The problem of modernity is in the lifestyle and mindset.

In addition, other writers, such as Ravando Lie, also discussed a lot about the world of medicine during the Dutch East Indies government. It's just that the specific things that Ravando Lie dis-

cussed related to doctors from ethnic Chinese because they were ignored in Indonesian historiography. Doctors from China, besides having a high sense of humanity, shown by providing free medical treatment to poor patients, are also pro-decolonization. Another exciting thing is that although there are European graduates among the Chinese doctors, there are still Chinese patients who need clarification on the quality of Chinese doctors.

From the discussion between Hans Pols and Ravando, they did not mention much about the missionary doctor who later became a doctor in a government hospital as Van Proosdij did. Likewise, there has yet to be much discussion about the Bumiputera doctor and being a leader in government hospitals. In this paper, we will discuss Proosdij who played a significant role in the early days of the Kudus hospital, while Loekmono became the leader of the Kudus hospital when the Republic of Indonesia was just founded. Both have similarities and differences regarding colonization and decolonization, which is why they need to be discussed.

THE HISTORY OF THE KUDUS HOSPITAL

As mentioned, Kudus hospital was built in the early 20th century through a long winding process. It took years to realize it since it was decided at a meeting in Semarang in 1919. This was due to several things, such as the forwardness of funds from the government, the debate over who would be the manager, whether it was necessary to build a luxurious hospital or just a polyclinic, and so on.

At that time, there was already a hospital building in Kudus Regency. It is located close to the district square or town hall. But the condition of the existing hospital was not feasible. Verschuur, the assistant resident of Kudus, called it: in bad shape. Therefore, when there was a plan to build a new hospital in Kudus, he immediately provided the land in Ploso village, Jati District. (*Algemeen Rijksarchief, Tweede Afdeling, Collectie (256) P.R. W. van Gesseler Verschuur No. 27*).

Besides the government, many parties got involved in the early establishment of the hospital. One of them was a well-known *sendang* figure, namely Bervoets. In addition, a sugar factory owned by a Dutch company that previously operated in Kudus was also considered. It came from the government's policy requiring private companies to care for their surrounding environment. This policy could realize the need for a new hospital in Kudus Central Java.

The policy of building a modern hospital could not be separated from the Spanish flu pandemic that occurred sometime before. Like other areas in general, in Kudus, there was no official record of the death toll caused by the pandemic. But from the book written by Tan Boen Kim, it can be seen that the disease was terrible. In short, the situation can be described as if you got sick in the morning; you would die in the afternoon or vice versa. So that many Kudus residents who were working in factories or home industries were exposed to the Spanish flu virus, and many died (Tan Boen Kim, 1920, pp.1-25).

It is pretty interesting to observe the entry of this epidemic from time to time in the Dutch East Indies. Based on the book *The Forgotten Influenza Pandemic of 1918 in the Dutch East Indies*, in April 1918, the Dutch consulate in Singapore reminded the Dutch East Indies government in Batavia to prevent ships from Hong Kong from docking in Batavia because it was suspected that there had been transmission at the Hong Kong port.

This warning received less attention, so the ship could still dock. Three months later, there were reports from several hospitals in Batavia that they had treated influenza patients (Priyanto, 2009, pp. 95-96).

Several similar reports came from all over the region in the following months. For example, from Mojowarno, East Java, it was reported that in October 1918, the local community began experiencing symptoms of influenza. Likewise, reports from Magelang, Central Java. In the following month, Banjarmasin said that in early November 1918, residents had caught influenza. At the end of November, a report from the assistant resident of Buleleng reported that many people had suddenly died (Priyanto, 2009, pp. 97-99).

Based on the data above, it is known that this disease was only widely discussed in Central Java and East Java in October 1918. Meanwhile, based on Tan Boen Kim's notes, in the same month, many Kudus people died in public places and in their residences. That was why the Chinese group held a spiritual event from mid to late October 1918 by parading the *toapekong* around Kudus city. This was done as a prayer to God so that this plague would soon disappear from Kudus. In other words, while in other cities in Central Java and East Java, this epidemic was just detected, the conditions in Kudus were at their worst.

This sudden and massive death was undoubtedly surprising because, so far, flu and fever

were considered symptoms of a common illness. That is why the United States historian Alex Corby said that several things, such as the lack of doctors and medical personnel, hospital facilities, and the accumulation of hospital patients, supported the high death rate in this epidemic. Although in the case of Java, many people associate this epidemic with black magic, patients do not seek help from doctors or hospitals; instead go to traditional healers (Priyanto, 2009, pp. 57-59).

However, this condition made the government believe that providing a good hospital had become necessary. For this reason, in the Semarang residency, the government planned to build six hospitals in central Java, one of which was in Kudus. Hoping for support from a sugar factory company in the Muria area, the government designed a relatively modern hospital building.

The Spanish flu epidemic had already passed by the time the Kudus hospital was about to be inaugurated. However, at that time, there were at least four infectious diseases concerning the government: smallpox, diphtheria, bubonic plague, and typhoid. Data for Java and Madura in 1928, for example, showed that the total number of reported cases of smallpox was 146, 536 for diphtheria and 1,697 for typhoid. It turns out that more is not written between those who are reported and those who are not. In that year, the Javanese and Madurese who died from the bubonic plague. They reached 4,595 people. Of the four existing infectious diseases, only typhoid was reported in Kudus Regency, with 15 sufferers. Of that number, one person was said to have died. (*Bijlagen van Het Verslag Der Handelingen van de Tweede Kamer Der Staten- Generaal. 1929-1930. Bijlage C. Verslag van bestuur en staat van Nederlandsch-Indie, Suriname en Curaçao van 1929*, p. 317)

In 1930 medical data it was stated that the number of Kudus people who died from the bubonic plague reached 40 people who had never been recorded as suffering from the bubonic plague. The records were precisely about diphtheria; of 11 people reported to be sick, two died. In the Semarang area, typhus is the most contagious infectious disease; out of 146 people who were said to be sick, 30 died. Likewise, in Blora, it was recorded that 22 people were suffering from typhoid, but no one was reported to have died (*Bijlagen van Het Verslag Der Handelingen van de Tweede Kamer Der Staten- Generaal. 1929-1930. Bijlage C. Verslag van bestuur en staat van Nederlandsch-Indie, Suriname en Curaçao van 1930*: 10).

These infectious and dangerous diseases

encourage hospitals in Kudus must be provided with isolation rooms to stem the infections. Thus, it had been relatively complete from the very beginning stage of Kudus hospital building construction planning (*ANRI, Algemene Secretarie, Seri Grote Bundle, Besluit 1891-1942 Volume II No 3045*).

SHORT BIOGRAPHY OF CORNELIS VAN PROOSDIJ

The head of the first Kudus hospital was Cornelis van Proosdij, a missionary doctor who came from the Netherlands and served in Central Java. His wife's name is Catharina Frederika Lijtsman Piernbaum. Proosdij was born in Amsterdam and raised in a religious family (*De Standard*, 9 November 1935, p.16). He was active in religious organizations both when he was a missionary and a government official.

He has several brothers who all use Proosdij as their last names. His father, also named Cornelis Proosdij, was a pastor in Amsterdam. Based on the news in the mass media in the Land of the Windmills, the Proosdij family was entirely respected. Her older sister was an advocate who often wrote in newspapers, while her father's group church also had its mass media, so their names often appeared in newspapers.

Proosdij started his duty as a missionary doctor in Grobogan, Central Java, on April 30, 1920. At that time, he replaced Klarenbeek van Kamp, whose term of office had ended, and chose to return to Europe. It was in this remote area that, during the past decade, Proosdij routinely served in several outpatient clinics organized by missionary groups, such as the Gundih, Godong, and Wirosari clinics (Proosdij et al., 1925, p. 36). These locations must be connected to the rail line from the city of Semarang, which already existed at that time.

Some people see Proosdij's personality as positive because he has adapted to the community environment. What is the character of this doctor like? Some news in the newspaper reported that the person concerned was considered quite good by the community. For example, what happened in early 1928 when he moved to Kudus? People flocked from the villages to the city of Purwodadi, the capital of Grobogan, to let go of their idols' departure to Kudus. This portrait proved that Proosdij was acceptable to the local community (*De Locomotief*, February 1, 1928, p.1).

One of the reasons that people like Proosdij was because he was simple in appearance. Proosdij

was happy to live in a small house. He understood well that, in general, the economy of the people of Grobogan belonged to the lower middle class, so he had to adjust. This attitude brought sympathy and the thought that Proosdij was a friend of low-income people. Because of that, when Proosdij moved assignments, the people of Grobogan suffered a considerable loss. If it is compared to the jargon that is currently rife, it roughly reads, "Proosdij is We." In this case, what has been built in some Grobogan people is a sense of humanity that does not look at their religious and national backgrounds.

His career was quite brilliant; the role of this beard doctor had been prominent up to the level of Central Java Province since he lived in Grobogan. This was inseparable from his position as a member of the Hygiene Commission. His name was proposed for this position in 1925 with two officials from Kudus, Assistant Resident J. van Pelt and the Regent of Kudus Raden Tumenggung Hadinoto (*De Locomotief*, 23 November 1925, p. 2). It was this commission that played a significant role in hospital construction meetings, including the plans for the construction of the Kudus hospital.

When discussing the plans for constructing the Kudus hospital, Proosdij suggested several things; for example, he suggested that the hospital floor should not be made of ordinary cement but of tiles. In addition, he requested that the male and female wards be separated. Considering that many infectious diseases were increasing, Proosdij also suggested that the Kudus Hospital should be equipped with barracks for isolation purposes (*De Locomotief*, 23 April 1926, p.10).

On a different occasion, Proosdij again suggested. This time it is related to the hospital management plan, whether managed alone or in collaboration with a third party. Proosdij suggested that the Kudus hospital later be managed by a third party, such as a missionary or another private sector. This is reflected in the case of Banyumas, in which, when ordered alone, the conditions needed to be more satisfactory. However, Proosdij's two proposals were not approved by the forum.

During his career in the Dutch East Indies, Proosdij took several times off work to meet his family in the Netherlands. He took his first leave after two years of work in Grobogan. During this leave period, his duties were replaced by van Leussen (Proosdij et al., 1925, p. 36). On leave in 1931, during his 13 months off, T.J.G. Derks carried out

his position at the Kudus hospital. Seven years later, he returned home to the Netherlands, and on this occasion, his role was replaced by doctor E.J. Karamoy (Het Nieuws van Den Dag, 7 July 1931, p. 3).

Proosdij's life drastically changed when the Japanese occupied Kudus in March 1942. The Japanese, including the hospital, took all strategic offices in Kudus. Proosdij was captured by the Japanese army, and since then, his life has turned 180 degrees. He experienced various tortures while being held captive by Nippon soldiers. Even though he didn't die, this suffering was quite heavy. When Japan lost, Proosdij was still alive but in poor health for the next few years. The doctor whom the people of Grobogan loved died in Bandung, West Java, at the age of 61 on April 28, 1949. His death was reported in Amsterdam in the Trouw newspaper on April 30, 1949, 29 years after his first assignment in Grobogan.

VAN PROOSDIJ AND KUDUS HOSPITAL

When the Kudus hospital building was finished and ready to operate, at that time, seven people registered as candidates for hospital head, one of whom was van Proosdij. The emergence of the name of the missionary doctor currently on duty in Grobogan is not something new because since the hospital was in the planning process, van Proosdij has been involved.

Regarding filling the director position, the committee requires several things; one of the requirements as an applicant is that the person concerned must be a European graduate doctor. Regarding this requirement, there was a debate about whether the applicant had to be a European graduate doctor.

This debate is closely related to the European community's negative assessment of Bumiputera doctors' quality. In addition, doctors who graduated from universities in the Dutch East Indies were also considered lower in rank than those from Europe. Bumiputera doctors are still considered "setengah matang" doctors because their culture is still thick with superstitious things (Hans, 2018, p. 191).

Of the seven names, two were filtered: Proosdij and J.J. Lanting, a government doctor from Surabaya. The result was that Proosdij was elected as the head of the Kudus hospital, and his first salary was f 1,050 per month. He served from 1 February 1928 (De Locomotief, 22 December 1927, p.9).

The Kudus and Proosdij hospitals then be-

came an inseparable part of the Kudus community and its surroundings, especially related to health services and handling emergency matters (De Locomotief, 27 January 1932, p.7). For example, when a small child was hit by a car in the Jati area, the victim who was seriously injured was then taken to a hospital led by Proosdij (De Locomotief, 16 Januari 1937, p.7). Likewise, when the Meo bus group carrying grade 6 and 7 students from the HIS Kudus school had an accident in Sayung, all the victims were also taken to the Kudus hospital because they suffered severe injuries (De Locomotief, 11 November 1936, p.9).

The hospital led by Proosdij has also been in the spotlight of the mass media for handling the birth of triplets. Unfortunately, the baby from Panjang, Bae, Kudus village was not saved. According to Professor K. de Snoo from the University of Utrecht, the Netherlands, triplets are rare globally, with a ratio of 1:7,300 (De Locomotief, 27 Januari 1937, p.16).

BIOGRAPHY OF LOEKMONO HADI

Lukmono Hadi became the head of the Kudus hospital in 1944 during the Japanese occupation. He was a doctor who graduated from STOVIA, and before serving in Kudus, he had done in various places on the island of Java. Similar to Proosdij, Lukmono was also loved by the public. Lukmono was born in Temanggung, Central Java, on April 17, 1905. He was the eldest of six children. The names of the five other brothers were Armijo, Auris, Azhariyah, Abdul Majid, and Azdikiyatun. In other documents, Lukmono's name was often called Rd., which stands for *raden*.

Lukmono's father, Mochammad Hadi, lived in Kauman, in the Great Mosque neighborhood, Temanggung. Hadi was a penghulu, a position that existed during the Dutch East Indies government in charge of the religious sector. Mochammad Hadi had six children. Their names start with the letter A. Lukmono's childhood name was Abudardo Lukmono, but in the STOVIA diploma document, his name was Lukmono Hadi.

Lukmono's primary education started at *Hollandsch-Inlandsche School* (HIS) in Temanggung and continued to STOVIA. At the campus where Wahidin Soedirohoesodo, Soetomo, and several other students formed the Budi Utomo organization, Lukmono received training.

Indeed, the time gap between Lukmono Hadi entering STOVIA and Wahidin forming the Budi Utomo organization was relatively far. When Budi Utomo was formed, Lukmono was not even

three years old. Including when Soetomo and students from the *Opleiding School Voor Inlandsche Ambtenaren* (OSVIA) Magelang visited the priayi in Temanggung in 1908. At that time, Soetomo was well received by the Regent of Temanggung Tjokrosoetomo, and together with the local elite, Soetomo succeeded in forming the organization Sasongko Purnomo (Nagazumi, 1990, pp. 126-129).

As a student, Loekmono hung out with his friends at STOVIA. This has shaped his character as a doctor and an activist for the national movement. The evidence can be seen in Loekmono's work during independence and Dutch military aggression. When he was still a STOVIA student, not much was known before that Loekmono was friends or at least had a period with several students who would later become national figures.

The May 27, 1924, edition of the *Indische Courant* newspaper reported on the results of the student examinations of the *Nederlandsch Indische Artsen School* (NIAS) and STOVIA. There were three test results categories: passing, repeating, or rejected. In a class of 1A, 17 participants passed the examination, with the exam results two people repeating and six people being left. Among the 17 participants in class 1A was Armijn Pane. Besides studying in STOVIA, this ELS graduate of Bukittinggi, West Sumatra, moved schools several times and finally chose to finish his studies at *Algemeene Middlebare School* (AMS), majoring in western literature in Solo in 1931. Armijn Pane loved this field more, and from literature activities, he was listed as a prominent Indonesian writer (Ricklefs, 2001, p.396).

Next, the exam results in class 1B showed four people repeating and two being rejected, while for class 2A, two people repeated and six people were denied. Likewise, with class 2B, seven people were left, and two were repeated.

In class 3A, there was an examinee whose name was well known because his name was immortalized as the name of a hospital in Surakarta, namely Moewardi. In the exam, the man born in Jakenan, Pati, Central Java, was promoted to the medical department. Participants were kept from repeating the exam in his class, but two people were rejected. Moewardi's service to this nation was beyond any doubt. He was directly involved during the proclamation of August 17, 1945, in Jakarta while Lukmono was serving as the head of Kudus Hospital.

Moewardi was also co-founder of a medical school in Surakarta and a chairman of the *Barisan*

Pelopor in Surakarta, which claimed its membership to reach 10,000 people. For these roles, the doctor born in 1907 was awarded as a national hero. There was one fate in the joint between Lukmono and Moewardi. The two STOVIA graduates were both victims of the Madiun Affair. With his large mass, Moewardi often held huge anti-government meetings, resulting in his arrest by the Pesindo group led by doctor Soedarsono in September 1948. After that, Moewardi never returned (Reid, 1996:242).

Lukmono's following junior, whose name was later well-known, was Abdoel Moeloek. In 1924, After passing the exam from class 3B, he was promoted to the medical department. Four students were rejected from this class (*Indische Courant*, 27 May 1924). When there was a war between Indonesia and Japan in Semarang, Abdoel was a doctor at a hospital in Semarang, later named Kariadi. Abdoel then chose to devote himself to a small village in Lampung. For his services, this STOVIA graduate in 1932 had his name after a hospital in Lampung.

Next, Lukmono still had one friend whose name was quite famous for more than 20 years as a minister in the era of President Soekarno, namely Johannes Leimena. In 1924 they both took their first-year medical examinations for a second-year promotion (*Indische Courant* 27 May 1924 edition). After graduating from STOVIA, his career path was similar to that of Lukmono; they both served at the hospital, which is now Cipto Mangunkusumo Hospital, after which they were both assigned to the Kedu area. Leimena had been active in the organization Jong Ambon and was actively involved in the Youth Pledge of 1928. Several times the cabinet was dismantled, but Leimena's name as health minister needed to be reshuffled. As in the first Hatta Cabinet, he became a minister representing the Christian Party (Kahin, 1995, p. 293).

The May 14, 1926 edition of the *Het Nieuws Van Den Dag* newspaper also announced the results of the STOVIA student exam. In addition to the names already mentioned above, there was another name for Lukmono's friend in STOVIA who played a significant role in the early days of independence: Asaat (*Het Nieuws Van Den Dag*, 14 May 1926).

Lukmono graduated from STOVIA in 1933. His certificate was signed in Batavia on March 11, 1933. With this graduation, Lukmono was allowed to practice medicine, surgery, and midwifery in the Dutch East Indies. His assignment letter was

signed on March 14, 1933, 8206/A. The permit was also announced openly to the public. When he graduated, apart from being a doctor, Lukmono's status was already the head of a household with two children named Ibnul Fatah and Imam Budi Santoso. The two boys were born in Jakarta in 1931 and 1932 from his marriage to Siti Sadjjah, a nurse at the CBZ hospital in Batavia. Sadjjah had plans to continue her studies in midwifery, but that plan failed because Lukmono married her on June 26, 1930.

After graduating from STOVIA, Lukmono was assigned to the CBZ Batavia hospital even though for only a few months. In the same year, he was assigned to Purworejo, Central Java. After about three years of service in a city not far from his homeland, Lukmono was blessed with two more children, named Istidiyati Astoeti and Irson Hadi, who was born in 1934 and 1935. Long after, he was assigned to West Java at the Pelabuhan Ratu, Sukabumi, in 1936. Here the Lukmono-Sadjjah had another child named Iskandi Latifah. Before moving to Kudus, Lukmono was assigned to Bora, which has the longest tenure compared to other cities.

During his tenure as the leader of the Kudus hospital, Loekmono planned to continue his studies abroad. The selected country is England. Their big plan is to become a lecturer after finishing their studies. The program has been drawn up and prepared, and his wife has planned whom the children to bring, and those left behind will be entrusted to whom. Political events in 1948 thwarted his plans. Loekmono Hadi was one of the victims killed in the seizure of the Holy City by the People's Democratic Front (FDR). In FDR, a friend works at the Kudus hospital, Wiroreno.

LOEKMONO LEADS KUDUS HOSPITAL

The Japanese troops entered Kudus from the east using a road trip to the West on March 8, 1942. There was no resistance to the presence of these soldiers, both from the Dutch and the residents. Before entering the territory of Indonesia, Japan had previously established a warm relationship with several groups in Indonesia, among them were Muslim leaders as in Aceh (Ricklefs, 2002, pp. 402-407)

As the rulers changed, this opportunity was used by some Kudus Kulon businessmen to express their aspirations. They want the leader of the Kudus hospital from the Moslem group, considering that most of the Kudus community were Moslems. Two years later, Lukmono was moved from

Bora to Kudus. It was unknown for sure what caused it; Lukmono was arrested and detained by Japan while still the head of the Bora hospital. After being ransomed by his wife, Lukmono was finally released. It was possibly because Lukmono violated Japan's prohibition on communicating using Dutch.

Lukmono moved to Kudus only in 1944, but this doctor, who has a passion for football, had been in contact with the Kudus hospital several years before. Among them was when Lukmono's wife was pregnant with their sixth child. The process of giving birth to the child, who was later named Irawati, could have been smoother and required more complete medical equipment, the closest option from Bora at that time was the Kudus hospital. That is why in the official documents, Irawati's birth was in Kudus when her parents were living in Bora.

Lukmono's tenure in Kudus during the political situation was far different from when he first served in Bora. The economic crisis was relatively more difficult because it was under the shadow of war. Many Bumiputra companies in Kudus were also experiencing difficulties. Nitisemito, the King of Kretek from Kudus, suffered a terrible setback. The factory, which covers acres in Jati Village, was controlled by the Japanese and was used as a headquarters. Also, the Japanese stripped down the iron fence of his house next to the Gelis River to collect materials for making weapons. The fate of other Kudus business people was more or less the same or even worse. This social condition had increasingly grown Lukmono's sense of concern for others.

While on duty in Kudus, Lukmono brought his entire family from Bora, including several of his assistants who have always been loyal to following this family move. Initially, Lukmono lived in the official residence in front of the Kudus Hospital, a facility that the Dutch had carefully prepared since the hospital was in planning. However, Lukmono was not comfortable living in the big house because his family felt that they were they were often disturbed by spirits. They then asked to move to another place. While waiting for their new home, they chose to stay at Hotel Slamet, the grandest hotel in Kudus at that time. Lukmono was then given a place to live in other official residences on Jalan Kudus-Pati near the Rendeng sugar factory. It was also in this house that later Lukmono's last meeting with his family after he was kidnapped by a group of people in 1948.

As the head of the hospital, Lukmono gets

an official vehicle facility used for his work mobility. When in Blora, this vehicle was often needed because he often traveled to sub-district areas relatively far from the district capital. One was Cepu, which Lukmono often visited because his expertise was also required there. Meanwhile, Lukmono often used a gig and a bicycle to visit villages in Kudus. On a visit to Golantepus Village, Mejobo, for example, Lukmono, was given gifts from the villagers in the form of bananas, corn, and so on.

PROOSDIJ AND COLONIZATION

As Hans Pols has discussed, the birth of hospitals in the Dutch East Indies was original because they were intended for military groups and their staff. The high mortality of Europeans in the Dutch East Indies at that time was believed to be due to racial factors and climate differences. At that time, the construction of hospitals for general patients had not become a priority except to deal with infectious diseases that would later threaten Europeans (Pols, 2018, p.7).

In the context of Kudus, the old hospitals, which were already in the 1860s, were mainly used to check the health of female sex workers. It appears that its function is more to the government's efforts to prevent infectious diseases caused by sex outside marriage. Uniquely, comfort women were introduced to a modern way when preventing contagious diseases. Still, for the issue of attractiveness, they used the 'traditional' method, namely putting lipstick on the grave of Raden Ayu Mlati (Amen, 1993, p.240).

The construction of a modern hospital in Kudus is also unique. Apart from that, the government funds this hospital, and the process is closely related to two things, namely, the donor and the director's position. Since the beginning, the plan to build this hospital has always linked it with a sugar factory company. They are what the government hopes to become part of the development donors. The contribution of the Rendeng Kudus sugar factory (PG) and several PGs in the Muria area look very concrete. At the same time, the role of the missionary group is also apparent. The figures of Bervoets and Proosdij, since the hospital was in the planning stage, have played a significant role. What are the criteria for a candidate for director, and the requirements that have led to the Kudus hospital being led by a particular group?

After becoming the head of the Kudus hospital, Proosdij's career did not stop there; in 1930, as the changing status of Kudus hospital changed from regional to the provincial level, he was pro-

moted to the head of the Central Java Provincial Hospital in Kudus. In the same year, fortune was again on his side; he was proposed to be a member of the Central Java Provincial Council along with 22 other people (De Locomotief, October 8, 1929:2).

When Proosdij served as head of the Kudus hospital, he did not only play the role of a doctor who treats patients' illnesses medically. Like he did when he was still in Grobogan, he established relatively good communication with the Kudus community.

In the early years of Proosdij's tenure, he allowed doctors and health workers from Kudus Hospital to hold social service activities organized by the Mardikamoelian Kudus organization led by Raden Ajoe Santoso. The social service takes the form of providing courses on health and child care to the community. This activity was enthusiastically followed by Kudus women, including those who were married. Raden Ajoe Santoso himself is another nickname for Rukmini, Kartini's sister (Vrouwekiesrecht, 3 January 1929, p.5).

Although he did not become a politician in the sense of joining a political party, Proosdij was always involved in non-medical government activities. This event is more directed at strengthening the influence of Queen Wilhelmina and the Kingdom of the Netherlands to improve the network of colonialism in the Dutch East Indies. While serving as the head of the Kudus hospital and as an official initially from the Netherlands, it was clear that Proosdij needed to be kept in his country of origin. Its activities are thick with ceremonial events of a political nature, which can be said that hospitals and their officials are part of the colonial instrument used by the government.

This can be seen from several celebrations related to the Dutch kingdom in Kudus; Proosdij always appears to represent officials from the Netherlands, for example, during the 40th anniversary of Wilhelmina's rule in 1938. At that event, Proosdij was allowed to deliver a speech about his loyalty to Queen Wilhelmina (De Locomotief, 9 September 1938, p. 3).

Interestingly, although Proosdij is a missionary doctor, he seems to be able to get along with anyone, including the Kudus Kulon people, who are predominantly Muslim. One day when J. Douwes Jr. and his fellow missionaries from the Netherlands came, Proosdij took him to Menara Kudus and met with local community leaders. They chatted warmly with the headmaster. Even the leader Proosdij and his entourage were invited

into the tomb but were not pleased (De Standard, 9 November 1935, p.16).

Although Proosdij was familiar with the natives, the colonialist government still appeared to have a discriminatory character. In terms of salary, for example, when he was first appointed as director of the Kudus hospital in 1928, the colonial government had already paid Proosdij 1,050 guilders per month. While Loekmono Hadi was the head of a hospital in Blora in 1941, he was only paid 290 guilders per month in the next few decades.

Meanwhile, while leading the Kudus hospital, Loekmono showed his nationalist characteristics, as will be shown when he was handling victims of the Dutch military aggression in Kudus and activities organized by political parties.

If Proosdij is active in medical and non-medical activities to strengthen colonialism, Loekmono is the opposite. When he was involved in handling war victims and in government politics, he wanted to end colonialism and support the Indonesian government.

As discussed by Hans Pols, the involvement of doctors in non-medical activities is necessary. The choice taken by Loekmono is in line with the nationalist group. Of course, this is one of the antitheses of Proosdij and other Dutch East Indies doctors who chose to become part of the Kingdom of the Netherlands.

LOEKMONO AND DECOLONIZATION

The war history between Indonesia and the Dutch in Kudus occurred after the Proclamation of August 17, 1945. It was when the Dutch carried out the First Military Aggression on July 21, 1947. The Kudus area was one of the targets of the Mustang P-51, a Dutch fighter aircraft. The plane, known as the red beak plane, bombed various strategic places in Kudus, such as the Muriatex factory located in the west of the Kudus hospital, the Kudus Regent's paseban, and Kudus Station (Kodim 0722 Kudus, 1973, pp. 9-12).

Sudden attacks with (at that time) sophisticated fighter planes were horrifying for the people of Kudus. Moreover, the targets of the shooting were crowded places. Kudus Railway Station, for example, had more than 100 "gunshot wounds" on the roof, not to mention the paseban and textile factories whose workers were busy working on Monday.

One of the parties who were very busy due to this attack was medical personnel. Lukmono, the head of health at Kudus Hospital, and other

medical personnel were very busy helping the injured community, and seeing the condition, Sadji'ah's patriotic spirit aroused. Her experience as a nurse at the Batavia hospital was very much needed in such a situation.

As it turned out, Sadji'ah was not only skilled in treating patients, but she was also agile in driving a car. That day she was swamped evacuating Kudus residents to be taken to the hospital using her husband's official vehicle. This husband and wife worked hand in hand to help the Kudus community, who were victims of the war.

Lukmono's involvement in significant events related to independence was not the first time he had done this. In the early days of freedom, he was active in fields other than his activities as a doctor. In late 1945 and early 1946, the political situation in Kudus seemed to be euphoric for freedom. On December 16, 1945, the Kudus Refugee Association was formed in Kudus, a forum accommodating refugees from the battle area. All components of the Kudus community relatively fully supported this forum, from politicians, professionals, business people, and the general public. Next, the movement of the Kudus community to fill independence continued to surge.

Then what was Lukmono's role? Its role was quite strategic. For example, during the celebration of Independence Day in February 1946, Lukmono representing the regent of Kudus, gave a speech after Wali Al Fatah, an envoy from Jogja who came to Kudus (Community, February 19, 1946). The following month Lukmono played the same role; he opened a meeting to celebrate Independence Day. This time, Lukmono's guest at the event, which took place at the regency hall, was a Kudus cigarette entrepreneur. They gave financial aid to the government and fully supported Indonesian independence (Masyarakat, 20 March 1946).

At the end of March 1946, a meeting was held in Kudus District on forming the Indonesian National Committee. The results of the panel agreed that of the 60 available seats, the quota was divided into six parties, namely Masyumi with 16 seats, the Indonesian National Party (PNI) with 12 seats, the Socialist Party with 11 seats, the Indonesian Labor Party (PBI) with ten seats, and the Indonesian Communist Party (PKI) 7 seats, and the Indonesian Christian Party 4 seats (Masyarakat, 30 March 1946). Of the 12 quota seats for the PNI, one of them was occupied by Lukmono. The meeting to determine the name to represent the PNI was chaired by Soedono (Society, April 3, 1946).

The KNI was officially inaugurated on 23 April 1946 at the Kudus Regency Hall. Officials from the Central KNI and several other essential officials were present. Again, Lukmono registered himself as he chaired the historic meeting. At KNI Kudus itself, Lukmono was in the information department (Society, 2 May 1946). In the central government, the Preparatory Committee for Indonesian Independence (PPKI) gave authority to Soekarno and Hatta, on behalf of the president and vice president, to appoint members of the Central KNI. In addition, Soekarno also formed a state party called the Indonesian Nationalist Party, the same name as the party he founded after college in 1927. As a state party, this party was led by Soekarno-Hatta on behalf of the president and vice president (Reid, 1996, p. 49).

CONCLUSION

Responding to the Spanish flu epidemic in 1918, the Dutch colonial government, assisted by private companies, established many hospitals in several areas, one of which was in the Kudus Regency. The government considers the position of the head of the hospital as a strategic position; therefore, it is required that the candidate must be a doctor who graduated from Europe. When he became the head of the Kudus hospital, Cornelis van Proosdij showed that the position was not only in charge of hospital management but had to be able to portray himself as a person loyal to the Dutch kingdom. Proosdij became part of the colonial government carrying out its colonial practices.

No different from doctors in Asia in general, when he became a doctor and led a hospital, Loekmono Hadi was active in non-medical activities. He is involved in politics and even plays an important role in the government of the Kudus Regency. Like other STOVIA graduates, the figure of Loekmono Hadi was much needed by the community, especially during the early days of Indonesia's independence. He is involved in administrative matters and medicine at the hospital, and his thoughts and energy are also needed at government meetings. Loekmono is a nationalist doctor. However, this strategic role in politics is only one of their ultimate goals of Loekmono; he prefers to become an educator on campus.

The political situation and the struggle for power in 1948 made Loekmono, a member of the PNI, seem trapped in a difficult situation. He is mapped politically as the opposite of Wiroreno, a doctor who is also his best friend. Loekmono also became a victim of the FDR group, which includ-

ed Wiroreno. It turns out that the map of hostility only exists in the political space. In real life, the lives of the children of Loekmono and Wiroreno's descendants are filled with love, and they do not hold grudges against each other.

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