

African Auxiliaries, Cultural Translation and Vernacularising Missionary Medicine in Colonial North-western Zambia

Most European medical missionaries on the colonial periphery in the twentieth century were convinced that training Africans in scientific medicine was an effective way of transforming them into useful allies in the crusade to annihilate local medical belief systems and knowledge. Missionaries held that once trained in biomedicine with its microbial understandings of disease, African auxiliaries would no less appreciate the efficacy of the Christian version of modern medicine than assist them to disseminate beyond mission enclaves scientific comprehension of disease and medicine. From this perspective, Christian missionaries hoped that local medical auxiliaries would play a pivotal part in converting fellow Africans to microbial explanations of disease and thus in emasculating ‘pagan’ beliefs around disease, medicine and death, which missionaries perceived as a major obstacle to winning Africans souls for Christ.

To transform auxiliaries into effective agents of cultural destruction, British missionaries who had opened a hospital at Kalene Hill in present-day north-western Zambia as early as 1906 began training Africans in modern medicine in 1923, with fiscal support from the colonial state. Christian Missions in Many Lands (CMML) missionaries and colonial officials were convinced that auxiliaries trained in allopathic medicine would internalise bacteriological theories of disease causation. As a result, they would come to appreciate the ‘superiority’, ‘rationality’ and ‘objectivity’ of the new medicine. The medical training programme for auxiliaries at Kalene was, therefore, designed to demonstrate to them the power of modern medicine. This programme was intended to church out graduates who were well-steeped in biomedical knowledge without, however, enjoying the medical authority of their employers. CMML

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evangelists hoped that such graduates would come to perceive affliction as a function of microbial invasion of the human body rather than the consequence of disruptions in social relations, as most African societies believed. As missionaries’ allies, auxiliaries were to assist their European masters to persuade patients who sought medicine at mission-controlled hospitals that disease was a function of bacteriological invasion and could thus best be treated in isolation from social relationships within which most Africans located human affliction or managed it.

Clearly, then, European healers at Kalene Hill saw the African auxiliary as indispensable to their crusade to decontextualise African illness from its social space, to undermine local medical knowledge and praxis and to draw Africans to Christianity. In this discourse, therefore, African medical workers at Kalene Hill Hospital were to be active agents of cultural annihilation. In that capacity, they would contribute to the Christian evangelical efforts to obliterate the existing medical practices and beliefs and to supplant them with microbial paradigms of disease and healing.

The notion that indigenous medical employees would serve as agents of cultural suppression in Africa was premised on the assumption that they could practise and, more crucially, translate the new system of healing in ways that conformed and meshed with their employers’ expectations. Yet how auxiliaries were to accomplish this feat was more assumed than proved. At Kalene Hill and elsewhere in imperial Africa, European missionaries themselves lacked a ready-made language

through which their local workers could translate modern medicine. Indeed, as demonstrated at length elsewhere, Lunda-speaking auxiliaries employed at Kalene Hill Hospital between 1923 and 1964 came to draw heavily on local, as opposed to scientific medical terms, to translate medical concepts and terms associated with mission medicine.

Strong evidence suggests that to express biomedical concepts in ways that were meaningful to patients, African auxiliaries at Kalene Hill Hospital appropriated pre-existing secular and ritual terms, idioms and grammar through which ‘traditional’ healers in north-western Zambia practised their own medicine and their patients understood or used it. Two examples will suffice. From the secular and sacred vocabulary through which ‘traditional’ medicine was practised, local auxiliaries appropriated the vernacular terms as *yitumbu* (pl. *nyitumbu*) and *kusolola* to gloss the Western ‘medicine’ and ‘diagnosis’, respectively. The expression of ‘medicine’, ‘diagnosis’ and related terms through these local concepts certainly assisted missionaries to construct a communicative bridge across which they interacted with their African interlocutors. However, the uses and meanings Africans read into *yitumbu*, *kusolola* and other local medical concepts were far from identical to those that CMML evangelists associated with ‘medicine’ and ‘diagnosis’. Thus, whereas missionaries perceived ‘medicine’ as the science of treating or preventing illness through the use of drugs, surgery or diet, *yitumbu* was devoid of the scientific connotations missionaries invested in their medicine. *Yitumbu*, to the contrary, consisted of substances, incantations and any ritualised activity believed to have power (*ngovu*) capable of neutralising physical and spiritual affliction from the patient (*muyeji*).

If the term *yitumbu* carried deeper practical and symbolic meanings than its English counterpart, so did the term *kusolola* which auxiliaries borrowed from local sacred medical vocabulary to translate the English 'diagnosis'. To medical missionaries, 'diagnosis' was no less than an art of tracking down pathogens located in the human body by using such modern technologies as the microscope. But *kusolola* connoted more than identifying disease-causing organisms. Derived from the root 'solola' or 'make visible', *kusolola* was a process of unearthing hidden social tensions, grudges and ill-feelings in which the Lunda and other Africans located the causes of disease (*musongo*, pl. *nyisongu*) and other forms of human suffering.

Though inadequate, these examples of vernacular translations serve to show that in crafting the language through which missionaries plied their trade in Africa, local auxiliaries relied on existing medical terms to translate modern medicine. This had far-reaching

implications. For one thing, auxiliaries' imaginative work of cultural translation infused into Christian medicine the same meanings (and uses) Africans perceived in their own medicine that missionaries sought to suppress. Consequently, African patients came to understand Christian therapeutics not as a superior system of healing but a variation of local healing systems. Thus, through translating mission-based medicine using indigenous terms and concepts, auxiliaries wittingly or unwittingly subverted their employers' dream to wean Africans from pre-existing medical knowledge and praxis. In spite of their training in biomedicine, medical auxiliaries, therefore, refused to be simple agents of cultural suppression.

Notes

1. See Harriet Bell, "Midwifery Training and Female Circumcision in the Inter-War Egyptian Sudan," *Journal of African History* 39 (1998), pp. 293-312; Walima T. Kalusa, "Medical Training, African Auxiliaries, and

Social Healing in Colonial Mwinilunga, Northern Rhodesia (Zambia), 1945-1964," in Ryan Johnson and Amna Khalis (eds.), *Public Health in the British Empire: Intermediaries, Subordinates, and the Practice of Public Health* (New York and London: Routledge, 2012), pp. 154-170.

2. Walima T. Kalusa, "Language, Medical Auxiliaries, and the Re-interpretation of Missionary Medicine in Colonial Mwinilunga, Zambia, 1922-1951," *Journal of Eastern African Studies* 1, 1 (2007), pp. 57-78. For contrary views, see Johannes Fabian, "Mission and the Colonization of African Languages: Developments in the former Belgian Congo," *Canadian Journal of African Studies* 17, 2 (1983), pp. 165-187.
3. For fascinating studies on this topic, see Victor Turner, "Lunda Medicine and Treatment," *The Occasional Papers of the Livingstone-Rhodes Museum* 1-16 (1974), pp. 652-719; *Drums of Affliction: A Study of the Religious Process of the Ndembu of Zambia* (Oxford: Clarendon Press, 1968) and *The Forest of Symbols: Aspects of Ndembu Ritual* (Ithaca: Cornell University Press, 19).