THE ROLE AND CONDITIONS OF SERVICE OF AFRICAN MEDICAL AUXILIARIES IN CATHOLIC MISSION HEALTH INSTITUTIONS IN ZAMBIA: A CASE STUDY OF CHILONGA MISSION HOSPITAL IN MPIKA DISTRICT, 1905-1973

BY

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A Dissertation Submitted to the University of Zambia in Partial Fulfillment of the Requirements for the Degree of Master of Arts in History.

THE UNIVERSITY OF ZAMBIA

LUSAKA

DECLARATION

This dissertation is the result of my own work and has not previously been submitted for a degree at this or any other university and does not incorporate any an unacknowledged published work or material from another dissertation.

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APPROVAL

This dissertation of Godfrey Kabaya Kumwenda is approved as fulfilling the partial requirements for the award of the degree of Master of Arts in History by the University of Zambia.

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ABSTRACT

Many studies on missionary medicine ignore the functions that African medical auxiliaries performed in colonial mission hospitals and clinics. These studies do not also examine the conditions of service under which auxiliaries lived and worked. This is because studies on missionary medicine in Africa focus on the activities and achievements of European doctors and nurses. Such studies push African medical employees to the lowest level of missionary hospital hierarchies and exhort Western doctors. Therefore, there is little knowledge about the role auxiliaries play in mission hospital and about their social and economic life. This study attempts to contribute to the existing literature on studies on missionary medicine by examining the role and conditions of service of African auxiliaries who were employed at Chilonga Mission Hospital in Mpika district in present-day Muchinga Province of Zambia from 1905 to 1973. The study shows that although the mission health centre employed only illiterate and untrained African auxiliaries who mostly performed menial jobs between the early 1900s and the late 1950s, it was these men and women who shaped the context in which missionary medicine was practiced. They maintained hygiene and security at the health institution, and they were also indispensable to maintaining the welfare of African patients. These auxiliaries also acted as interpreters and cultural brokers between European missionaries and African patients. They, therefore, shaped the ways in which medical missionaries and African patients communicated with each other.

Missionaries in Mpika District were conscious of the fact that the success of medical evangelization and the growth of mission medicine in the area depended on training Africans in scientific medicine. They, therefore, began to train medical auxiliaries in the late 1950s. This study examines what kind of training Africans received at mission hospital and what functions trained auxiliaries played at the hospital. The study demonstrates that trained African auxiliaries performed more complex functions than their untrained counterparts. The study concludes that although medical auxiliaries were instrumental to the running of Chilonga Mission Hospital and in the provision of missionary medicine, their remuneration, housing and other conditions of service were generally poor. This was a source of tension between them and their missionary employers.

DEDICATION

This dissertation work is dedicated to my wife, Priscilla Musukwa Kumwenda, who has been a constant source of support and encouragement during the challenges of graduate school and life. I am truly thankful for having her in my life. This work is also dedicated to my beloved children, Kwedzani, Dalitso, Kumbutso, Penyani and Sekelani, who have had to endure two and a half years of my absence from home.

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LIST OF ABBREVIATIONS

BSAC	-	British South Africa Company
DC	-	District Commissioner
DMS	-	Director of Medical Services
FENZA	-	Faith Encounter Zambia
FRY	-	Federation of Rhodesia and Nyasaland
LMS	-	London Missionary Society
MS	-	Medical Superintendent
NAZ	-	National Archives of Zambia
NRG	-	Northern Rhodesia Government
PMO	-	Provincial Medical Officer
PMS	-	Provincial Medical Superintendent
TB	-	Tuberculosis
UNIP	-	United National Independence Party
WF	-	White Fathers

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A MAP SHOWING CHILONGA MISSION

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CHAPTER ONE

INTRODUCTION AND HISTORICAL BACKGROUND

The nineteenth century was a turning point in the history of Africa in general and what later became known as Zambia in particular. Not only did Africans witness the advent of colonialism with its Western forms of education and oppressive system of governance, but they also saw the introduction of missionary medicine. Among the missionaries who pioneered mission medicine in Africa were Roman Catholic priests and nuns. By 1840's, the Catholic Church in Europe had experienced a great revival. This led to the founding of new missionary orders, including the Congregation of the Holy Ghost and the White Fathers (WF) both of which took interest in evangelizing Africans.[1] Consequently, more missionaries came into Africa, often with the encouragement of their home governments which were eager to acquire African territories.[2] From the onset, therefore, Christianity and colonialism were closely associated and European colonial powers acted in many ways that promoted the spread of Christianity to Africa.[3] They also regarded Christian missionaries as agents of European civilization.[4]

The WF arrived in Africa towards the end of the 19th century. This Catholic order was founded in1868 by Cardinal Lavigerie, a French priest who had been appointed Archbishop of Algiers and Primate of Africa.[5] The original aim of the WF was to extend the civilizing influence of the Catholic Church to the Muslim population in North Africa.[6] In 1878, the cardinal was given permission by Pope Leo XIII to send missionaries to East and Central Africa in order to evangelise and provide assistance to Africans in the fields of education, agriculture and health.[7]

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1 Michael Thomas, **History of Religion and Its Influence** (London: Charton and Co. 1987), pp.122-130.
2 Reack Peterson, **The Public Role of Christianity,** (Cambridge: Cambridge University Press, 1989), p. 36.
3 Peterson, **The Public Role of Christianity,** p. 46.
4 Edward Andrews, "Christian Missions and Colonial Empires Reconsidered: A Black Evangelist in Africa, 1766-1816", **Journal of Church and State** 51, 4 (2010), p. 660.
5 Brian Garvey, "Bemba Chiefs and Catholic Missions, 1898-1936," **Journal of African History** 18, 3 (1977), p. 412; Peter Snelson, **Educational Development in Northern Rhodesia** (Lusaka: National Education of Zambia Ltd., 1974), p. 4.
6 Snelson, **Educational Development**, p. 4.
7 Snelson, **Educational Development**, p. 5.

The WF arrived in what is now the Northern Province of Zambia in 1894 and established their religious influence in this part of the country.[8] They set up their first mission station at Kayambi on the borders of the Bemba kingdom. Initially, these Catholic missionaries were unable to penetrate the Bemba territory because of the opposition from the British South Africa Company (BSAC) which was trying to impose its own rule upon the area. The BSAC was initially incredulous of the presence of the missionaries in the area and thought they would be an impediment to their activities. The Company was not certain about the main object of the WF in Lubembaland. Catholic missionaries were also prevented from entering Lubemba by the Bemba paramount chief Chitimukulu Sampa Kapalakasha, who earned a reputation among White Fathers as a cruel, ruthless and fierce ruler.[9] As Henry Meebelo, observes, Chitimukulu Sampa Kapalakasha had given orders to all his sub-chiefs not to allow any white man into Bembaland.[10]

The WF, however, succeeded in establishing a mission station at Chilubula among the Bemba people in 1895 largely because of the cooperation between Chief Mwamba of Ituna, who was sick and wanted to get medical help from the Catholic missionaries and Bishop Joseph Dupont, who headed the Nyasa Vicariate.[11] Apart from Chilubula mission, the WF also founded other mission stations such as Mambwe mission in the Lungu area. Initially, the Bemba were unreceptive to the Christian message. This was because they believed that the presence of missionaries would strengthen the resolve of rival ethnic groups to resist the Bemba rule.[12] in 1895 and 1896, company officials were unable to prevent the establishment of the mission and the penetration of Catholic priests into other parts of the Bemba territory. This is because the Company officials were convinced that missionaries were in the territory primarily to evangelise to the Africans. The Company officials were also at the time preoccupied with extinguishing the slave trade and establishing their own authority in the Bemba chiefdoms of Ituna and Lubemba.[13] Andrew Robert observes that with the death of the Bemba king Chitimukulu Sampa Kapalakasha

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[8] Snelson, **Educational Development**, p. 5.

[9] Brian Garvey, "The Development of the White Fathers' Mission Among the Bemba-Speaking Peoples, 1891- 1964", PhD Thesis: (University of London, 1974), p. 90.

[10] Henry S. Meebelo, **Reaction to Colonialism A Prelude to the Politics of Independence in Northern Zambia , 1893-1939** (Manchester: Manchester University Press, 1971), p. 15.

[11] Meebelo, **Reaction to Colonialism A Prelude to the Politics of Independence in Northern Zambia , 1893-1939,** p. 5.

[12] Meebelo, p. 5

[13] Meebelo, p. 93.

in May 1896 and his replacement by a less antagonistic king, ChitimukuluMubanga Chipoya , the way opened for the Catholic missionaries to establish several mission stations among the Bemba.[14]

In September 1899, Bishop Joseph Dupont decided to open a new mission station among the Bisa in Mpika District to the south of Bemba territory.[15] He chose Father Molinier and Father Foulon to establish the station.[16] In November 1899, the two clergymen arrived in Bisaland, where they at first established a camp in Chief Luchembe's chiefdom.[17] The missionaries were frequently attacked by malaria as the place was mosquito-infested.[18] They, therefore, decided to find a more suitable area where they could set up a station free of malaria. Eventually, the two priests found a healthier place for their mission station on the banks of a small stream called Mpandafishala in the Chilonga area.[19] On 11th February 1900, the Catholic missionaries moved and pitched their tents at the new site. This marked the beginning of the Chilonga Mission Station (See the map on page viii). Chilonga mission was founded to cover the plateau area around Mpandafishala where the Bisa and Bemba groups had settled near the salt pans. From the early days, the WF began to heal the local people with European medicine. This was intended to win their confidence in the missionaries who thought it would be difficult to convert the Bisa to Christianity, for they saw them as pagans and distrustful.[20] Through their medicine, Catholic missionaries believed that Africans would abandon their "pagan" healing beliefs and practices which WF believed to be a barrier to Christian evangelisation.[21]

Catholic missionaries in Mpika tried to minister to the needs of the local population without antagonizing the BSAC administration. In fact, the BSAC eventually welcomed them and viewed their preaching of the Gospel as a means of indoctrinating Africans. Company officials believed that this was essential to making Africans accept white rule.[22] For the same

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[14] Andrew Robert, **A History of Zambia** (London: Heinemann, 1976), p. 23.
[15] John M. Mwanakatwe, **The Growth of Education in Zambia Since Independence,** (Lusaka: Oxford University Press, 1974), p. 8.
[16] Hugo F Hinfelaar, **History of the Catholic Church in Zambia 1895-1995,** (Lusaka: Book World Publishers, 2004), p. 44.
[17] Hinfelaar, **History of the Catholic Church in Zambia 1895-1995,** p. 45.
[18] Hinfelaar, p. 48.
[19] Hinfelaar, p. 54.
[20] Mwanakatwe, **The Growth of Education in Zambia Since Independence,** p. 10.
[21] Hinfelaar, **History of the Catholic Church in Zambia 1895-1995,** p. 45.
[22] Snelson, **Educational Development in Northern Rhodesia,** p. 5.

reason, the BSAC encouraged WF to improve the social welfare of the local people through the provision of education and health care. Thus, as early as 1905, missionaries at Chilonga set up a dispensary as a way of attracting them to Christianity.[23] As a result, the WF invited the Sisters of the Sacred Hearts of Jesus and Mary from England to Mpika to help in dispensing mission medicine to the local people.[24] Because of the large number of patients seeking treatment at the mission dispensary, the mission dispensary also began to recruit untrained African medical auxiliaries who performed menial duties such as sweeping, washing patients, and guarding mission property. As the demand for Catholic medicine grew, it became necessary to employ more African auxiliaries. By the 1920s and 1930s, these auxiliaries had come to outnumber white medical practitioners at the dispensary.

The Chilonga mission dispensary developed into a forty-bed, second-level hospital in about 1952 and a full-fledged hospital in the 1956.[25] After the Second World War, it became as a referral hospital for all the districts in Northern Province, except Kasama which had a government hospital. In 1957, the mission hospital began to train African medical auxiliaries in modern medicine. Like their untrained counterparts, these auxiliaries were to play an important role in the provision of mission medicine and performed more challenging medical tasks than those carried out by untrained auxiliaries. Trained auxiliaries also enjoyed relatively better wages and other conditions of service than their untrained counterparts.

STATEMENT OF THE PROBLEM

Studies on missionary medicine in Africa place emphasis mostly on the medical activities and achievements of European missionary doctors and nurses during the colonial days. These studies are useful because they explain why Christian medical missionaries established clinics and hospitals in Africa and began to heal the local people. But such studies overlook the fact that missionary medicine was mostly dispensed by indigenous medical auxiliaries who not only outnumbered European medical practitioners, but also enjoyed more contact with local patients. Yet little research has been carried out on auxiliaries' roles and functions, their conditions of

[23] Paul Gifford, **African Christianity: Its Public Role,** (Kampala: Fountain Publishers, 1998,) p. 42.
[24] Chilonga Mission 1899-1999, p. 38.
[25] Chilonga Mission 1899-1999,

service and the training they received in missionary health institutions. This study therefore tried to investigate the work that African medical auxiliaries performed and the conditions under which they worked at Chilonga Catholic mission station between 1905 and 1973.

OBJECTIVES

The objectives of the study are:

1. Investigate the roles and functions of African medical auxiliaries at Chilonga Mission Hospital in the provision of missionary medicine.
2. Examine the medical training that medical auxiliaries received at the mission health institution.
3. Discuss the conditions of service of auxiliaries and how such conditions impacted on relations between them and Catholic missionaries.

RATIONALE

This study attempts to contribute to the literature on missionary medicine through examining the significant work that African auxiliaries played in mission clinic and hospitals, an area of study that has received very little scholarly attention. It is hoped that this study will lead to a better appreciation of the importance of local medical workers in the provision of missionary medicine during the colonial days. It is also hoped that the study will stimulate further research on this topic in future.

LITERATURE REVIEW

The existing literature on missionary medicine in Africa neglects the role and conditions of service of African medical auxiliaries who worked in mission hospitals during the colonial

days.[26] Such literature focuses more on European medical missionaries, who opened hospitals and clinics and provided medical services to Africans. As already noted, most of these studies are silent on the important work that African medical auxiliaries employed in colonial mission hospitals.

The earliest studies on missionary medicine in Africa were institutional studies written by such colonial scholars as Michael Gelfand, Lewis Gann and Peter Duignan between the 1940s and the 1960s.[27] These studies discuss the establishment of missionary health institutions and colonial health policies and praise the achievements of medical missionaries in Africa. They portray missionaries as powerful figures who defeated African diseases, local healing beliefs and practices. Furthermore, these studies treat the establishment of colonial and mission hospitals, clinics and dispensaries as a major contribution of European medical missionaries to Africans.[28] For example, Gelfand, in one of his studies, argues that Christian missionaries in Southern Rhodesia were heroes whose medicine freed Africans from tropical diseases, cultural backwardness and other problems.[29] He also argues that Africans possessed no effective medicine and insists that their medical knowledge was irrational.[30] Gelfand also depicts missionary doctors to Africa as people who brought civilization to the continent.[31]

In another study, Michael Gelfand examines the role colonial and missionary doctors played in Southern Rhodesia in combating various diseases, especially leprosy.[32] Gelfand argues that medical missionaries helped the colonial government to defeat leprosy in the rural

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[26] For exceptions, see Ryan Johnson, "*Mantsemei*, Interpreters, and the Successful Eradication of Plague: The 1908 Plague Epidemic in Colonial Accra," in Ryan Johnson and Amna Khalid (eds.), **Public Health in the British Empire: Intermediaries, Subordinates, and Practice of Public Health, 1850-1950** (New York and London: Routledge, 2012), pp. 135-153; Walima T. Kalusa, "Language, Medical Auxiliaries, and the Re-Interpretation of Missionary Medicine in Colonial Mwinilunga, Zambia, 1923-1951," *Journal of Eastern African Studies* 1, 1 (2007), pp. 57-81.

[27] Michael Gelfand, **Tropical Victory: An Account of the Influence of Medicine on the History of Southern Rhodesia 1890-1923,** (Cape Town: Junta and Co. 1954), p. 48; Lewis H. Gann and Peter Duignan, **Burden of Empire: An Appraisal of Western Colonialism in Africa South of the Sahara,** (Stanford: Hoover Institution Press, 1967), p. 283.

[28] Gelfand, **Tropical Victory,** p. 49; Gann and Duignan, **Burden of Empire,** p. 283.

[29] Michael Gelfand, **Medicine at the Christian Missions in Rhodesia 1857-1930,** (London: Basil Blackwell, 1957), p. 35.

[30] Gelfand, **Medicine at the Christian Missions in Rhodesia 1857-1930,** p. 36.

[31] Gelfand, p. 37.

[32] Gelfand, **Tropical Victory**.

communities of the colony through enforcing the compulsory isolation of lepers. Gelfand's studies are important in that they show the contribution of Christian missionaries to the provision of modern medicine and to fight against leprosy and other diseases in Africa. But they do not mention that it was mostly local auxiliaries who actually dispensed mission medicine and who took care of lepers. This study seeks to redress this omission in the literature of missionary medicine by investigating the roles and functions of African workers in the mission dispensary/hospital at Chilonga.

David Clyde agrees with Michael Gelfand by arguing that medical missionaries and other European healers improved the health of Africans through their campaigns against epidemic diseases like smallpox, tropical ulcers and leprosy.[33] Like Gelfand, Clyde acknowledges the important role colonial and missionary medical practitioners played in fighting epidemic diseases. But he overlooks the fact that colonial campaigns against epidemic diseases succeeded only because of the involvement of African auxiliaries who acted as vaccinators and translated missionary medicine in ways that were understood by local patients.

Another scholar who has studied the medical work of Christian missionaries in Africa is E. Dory. Dory praises Christian missionaries in colonial Malawi as angels who saved African lepers from deformity after the victims of leprosy were neglected by their own relatives.[34] Dory's work argues that missionary nurses and doctors were healers who were driven by Christian compassion and treated lepers under difficult working and living conditions and hostility from Africans. Dory, however, is equally silent about the role of local medical workers in the treatment of leprosy patients. But it was these African workers who constituted a larger workforce than Europeans, and it was on the shoulders of these African medical auxiliaries that much of the work of providing health care and nursing patients fell.

Rungano J. Zvobgo's study also depicts missionaries in colonial Zimbabwe as pioneers who established educational and medical centres and hospitals in rural districts as means to

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[33] David Clyde, **History of the Medical Services in Tanganyika**, (Dar-es-salaam: Government Press, 1962); Michael Gelfand, **Lakeside Pioneers: Social Medical Study of Nyasaland 1875-1920,** (Oxford: Basil Blackwell, 1964).

[34] E. Dory, **Leper Country,** (London: Fredrick Miller, 1963), p. 44.

attract African converts to Christianity.[35] Zvobgo argues that missionaries relieved a great deal of suffering among Africans especially in rural areas where, initially, government hospitals and clinics were either very few or non-existent.[36] He further states that the acceptance of Western medicine by Africans did not mean that the local people lost faith in their own traditional "doctors," but that in the treatment of certain illnesses, Western medicine technology proved superior to traditional remedies.[37] Zvobgo's study is important to our study because it highlights why medical missionaries were keen to practise medicine among Africans. But it does not show that it was African auxiliaries who mostly dispensed missionary medicine.

Andrew Selemani Mushingeh examines the history of disease and modern medicine in Botswana. He reconstructs the patterns of disease and responses to diseases by indigenous medical providers and missionaries. His study enlightens us on indigenous therapies that missionaries dismissed as useless and harmful without evaluating their properties scientifically. According to Mushingeh, "the provision of medicine to the Tswana people came to be an important adjunct in the whole process of Christian evangelization."[38] The study also argues that "from the very beginning of the missionary enterprise among the Tswana, a medical-religious conflict arose between Tswana and Western modes of diagnosing and treating disease."[39] Andrew Mushingeh's study is important to our work as it shows that relations between Africans and medical missionaries were not always smooth. However, it also does not explore the functions and conditions of African medical employees who worked in colonial and missionary dispensaries, clinics and hospitals.

More significant to this study is Megan Vaughan's work on European medicine in colonial central Africa. The study shows that African auxiliaries' duties in mission dispensaries and hospitals extended beyond the menial tasks that they were recruited to do.[40] Vaughan shows

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[35] Rungano J. Zvobgo, "Government and Missionary Policies on African Secondary Education in Southern Rhodesia: A Case Study of Anglican and Wesley Methodist Churches 1934-1971", PhD Thesis: University of Edinburgh, 1980), p. 24.

[36] Zvobgo, "Government and Missionary Policies on African Secondary Education in Southern Rhodesia: A Case Study of Anglican and Wesley Methodist Churches 1934-1971", p. 25.

[37] Zvobgo, "Government and Missionary Policies ", p. 25.

[38] Andrew Selemani Mushengeh, "A History of Disease and Medicine in Botswana 1820-1945", PhD Dissertation: Cambridge University Press, 1984, p. 57.

[39] Mushengeh, "A History of Disease and Medicine in Botswana 1820-1945", p. 57.

[40] Megan Vaughan, **Curing Their Ills: Colonial Power and African Illnesses,** (Stanford: Stanford University Press, 1991), p. 65.

that besides washing hospital floors, walls and linen, local auxiliaries were cultural brokers whose work of translation and interpretation bridged the cultural gap between patients and missionaries. According to Vaughan, auxiliaries invented a medical vocabulary through which Africans and missionary doctors communicated and new healing rituals through which local patients understood mission-based medicine. She concludes that auxiliaries' functions were important to the maintenance of mission hospital regimes throughout Africa and shaped how African patients understood Christian medicine.[41]

Lilian Samundengu has also studied modern medicine. Unlike Vaughan, however, Samundengu does not make any reference to Africans on whom missionary and colonial doctors depended to dispense medicine to Africans. In her study, Samundengu focuses more attention on the impact of colonial and missionary medicine in the present-day North Western province of Zambia. She points out that throughout the colonial period, the state, missionaries and other Europeans believed that scientific medicine was more effective than African medicine in coping with human diseases.[42] Colonisers and missionaries, therefore, used their medicine to undermine African healing systems and to boost colonial rule.[43] Samundegu asserts that missionaries openly associated traditional medicine with "heathenism" and excommunicated Christians alleged to be involved in local healing rituals.[44] She, however, is silent on the roles and functions of African auxiliaries played in the missionary medical institutions. She does not also recognize the contribution of African workers to the wellbeing of patients and provision of missionary medicine.

Walima T. Kalusa is one of academics whose studies focus on Africans employed in colonial missionary health institutions and whose works have provided valuable insight to this study.[45] He observes that the silence on African medical auxiliaries derives from the fact that

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[41] Vaughan, **Curing Their Ills: Colonial Power and African Illnesses,** p. 65.

[42] Lilian Samundengu, "The Role and Impact of Western Medicine in the North-Western Province of Zambia 1800- 1963", M A Dissertation: University of Zambia, 1992, p. 4.

[43] Samundengu, "The Role and Impact of Western Medicine in the North-Western Province of Zambia 1800- 1963", p. 5.

[44] Samundengu, p. 5.

[45] Walima T. Kalusa, "Language, Medical Auxiliaries, and the Re-Interpretation of Missionary Medicine"; see also "Medical Training, African Auxiliaries, and Social Healing in Colonial Mwinilunga, Northern Rhodesia (Zambia), 1945-1964", in Ryan Johnson and Amna Khalid (eds.), **Public Health in the British Empire: Intermediaries, Subordinates, and the Practice of Public Health, 1850-1960** (New York and London: Routledge, 2012), pp. 154-170; see also his Kalusa, "Disease and the Remaking of Missionary

colonial and Christian doctors dismissed these African workers as having little or nothing to offer in terms of medical knowledge and technology. According toKalusa, "Christian medics depicted themselves as bearers of a superior system of healing and civilization who could not in any way be scathed by the cultural trade of the people they wished to convert to missionary medicine and ultimately, to the Western way of life."[46]

Kalusa's studies show that medical auxiliaries played an important role in making mission medicine acceptable to Africans. This is because auxiliaries were also interpreters, who used local or invented new medical concepts to translate medical concepts in missionary and other forms of modern medicine.[47] Medical auxiliaries were, therefore, able to shape the language through which patients understood and used Christian medicine.[48] Kalusa further shows that missionary medicine was mostly dispensed by Africans, who outnumbered European missionaries and had more contacts with patients for most of the colonial era.[49] His studies are important to this study because they recognise the presence of auxiliaries in mission health institutions and their active participation in dispensing medical services. But, these works also do not explore the conditions under which African medical employees worked in mission institutions. They, therefore, do not show the tensions that existed between auxiliary employees and their white employers.

Joyce Smit's study on the medical training of nurses in colonial Malawi is also useful to our study because it examines the roles, functions and training of local medical auxiliaries by medical missionaries.[50] Her study points out that Scottish missionaries in Malawi felt that the training of local medical personnel would be one of their most important contributions they would make to the medical services and to the population of the country. As such, they

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Medicine in Colonial North-Western Zambia: A Case of Mwinilunga District, 1902-1964", PhD Thesis: (John Hopkins University, 2003), p. 4.

[46] Kalusa, "Disease and the Remaking of Missionary Medicine p. 3.

[47] Kalusa, "Language, Medical Auxiliaries, and the Re-Interpretation of Missionary Medicine";see also "Medical Training, African Auxiliaries, and Social Healing in Colonial Mwinilunga, Northern Rhodesia (Zambia), 1945-1964", in Ryan Johnson and Amna Khalid (eds.), **Public Health in the British Empire: Intermediaries, Subordinates, and the Practice of Public Health, 1850-1960** (New York and London: Routledge, 2012), pp. 154-170.

[48] Kalusa, "Disease and the Remaking of Missionary Medicine", p. 4.

[49] Kalusa, p. 5.

[50] Joyce Smit, "Training of African Nurses in Nyasaland (Malawi) from 1889 to 1927", PhD Thesis: (University of Stellenbosch, 1988), p. 5.

undertook to train Africans as dressers, ward attendants, midwives, hospital assistants and medical assistants between 1902 and 1927. These trained auxiliaries were deployed in both mission and government clinics and hospitals scattered throughout the country. Smit argues that Africans with good qualifications trained as hospital assistants and obtained posts in Nyasaland, Northern Rhodesia, Southern Rhodesia and Tanganyika.[51] This was because the training for hospital assistants was very competitive and highly reputable.[52] According to Smit, "missionaries in Nyasaland trained married women with children as midwives owing to the fact that such women were more respected in the village, their husbands protected them and they were not jealous of the other women's happiness."[53]

Joyce Smit's study is also useful to our work because it makes reference to some conditions of service available to medical auxiliaries serving for Scottish mission. The study states that hospital orderlies were paid £1 per month while hospital assistants received £3 per month.[54] It was the policy of the Scottish mission in Nyasaland that auxiliaries should live near the hospital or clinic where they worked and that married men and women employed by the mission should live with their spouses and families.[55]

In his book, **The African Poor**, John Iliffe discusses the establishment of a mission station by the London Missionary Society (LMS) in the Northern Province of colonial Zambia among the Mambwe people in 1893 and the provision of medical services.[56] Iliffe's work looks at the efforts of missionaries in trying to assist Africans by providing remedies to the diseases that inflicted them. The work illuminates the reaction of the Mambwe people towards missionary medicine in their area. In another study on African medical workers in colonial east Africa, Iliffe also observes that European medical authorities jealously guarded their authority from the encroachment of their colonial subjects.[57] They, therefore, initially refused to train and delayed the establishment of medical training institutions for Africans. Indeed, after such institutions were established, European authorities employed trained auxiliary workers to

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[51] Smit, "Training of African Nurses in Nyasaland (Malawi) from 1889 to 1927", p. 6.
[52] Smit, p. 6.
[53] Smit, p. 7.
[54] Smit, p. 10.
[55] Smit, p. 12.
[56] John Iliffe, **The African Poor: A History** (Cambridge: Cambridge University Press, 1982), p. 8.
[57] John Iliffe, **East African Doctors: A History of the Modern Profession** (Cambridge: Cambridge University Press,1998), p. 56.

perform menial tasks: These included scrubbing hospital floors, sterilizing surgical instruments, washing and preparing patients for operations, nursing the sick or treating minor illnesses.[58] Iliffe's work is relevant to our study as it sheds light upon the functions of Africans in colonial and mission health centres and the attitude of European medical authorities towards the training of Africans in modern medicine.

Michael Jennings' work in colonial Tanganyika is similarly important to this study. Jennings argues that missionary medicine was not entirely curative, small in scale, nor inappropriate to the health needs of the communities in which it was practiced.[59] Jennings further argues that medical missionaries helped the colonial government in Tanganyika to extend medical services to Africans through opening dispensaries in many rural areas. He also, however, shows that missionaries were underfunded and lacked resources to run their rural dispensaries and hospitals. But Jennings does not show how the lack of resources impacted on the conditions of service of African medical auxiliaries serving in these health institutions.

Clement Masakure's work on the medical training of African nurses in hospitals in Southern Rhodesia is important to this study as it is a source of insights into the medical training of Africans in colonial and missionary health institutions. His study argues that after their training, African nurses took care of the infirm. It also examines the nurses' hopes and aspirations, daily routine, struggles and resilience in the face of the poor conditions under which they lived and worked. Masakure argues that when African women entered colonial healing spaces as State Registered Nurses in the post-Second World War period, they used "the opportunity to showcase their potential, their expertise, to contribute to the well being of their people."[60] Masakure's study shows that African nurses played a more important role than white missionaries in nursing sick bodies in spite of their low wages, inadequate housing and other poor conditions.[61]

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[58] Iliffe, **East African Doctors: A History of the Modern Profession,** p. 56.

[59] Michael Jennings, "Healing of Bodies, Salvation of Soul: Missionary in Colonial Tanganyika 1870-1939" **Journal of Religion in Africa** 38 (2008), p. 27.

[60] Clement Masakure, "On the Frontline of Caring: A History of African Nurses in Colonial and Post-Colonial Zimbabwe 1940-1996", PhD Thesis: University of Minnesota, 2012, p. 35.

[61] Masakure, "On the Frontline of Caring: A History of African Nurses in Colonial and Post-Colonial Zimbabwe 1940-1996", p. 46.

Like Masakure's study, Vanessa Noble's work provides some insights into the medical training and roles of African medical employees in mission and colonial hospitals. Noble argues that a significant criterion for recruiting African medical trainees in mission health institutions in Apartheid South Africa was that they had to be Christians. This prerequisite was essential as these Africans were also charged with the responsibility of spreading the Christian faith and its values to their patients.[62] Noble demonstrates that auxiliaries not only preached to patients awaiting medical treatment but also acted as interpreters of missionary and colonial medicine. They, therefore, played an important intermediary role that helped to bridge the cultural gap between African patients and their missionary doctors and nurses.[63]

An equally important source of significant insights for this work is Catharina Nord's study. Nord's study illuminates the kind of relationships that existed between the white nurses and African medical auxiliaries in northern Namibia when the territory was under South African occupation.[64] Nord asserts that black and white staff members were not allowed to socialise outside working hours and the latter were paid higher salaries than Africans. Moreover, staff accommodation was allocated to employees along racial lines. The wages and housing given to white workers were superior to those allocated to Africans.[65] Catharina shows that this situation raised racial tensions between black and white workers.

RESEARCH METHODOLOGY

This study derives its data from qualitative research and is largely based on information collected from published, unpublished and oral sources. Research at the University of Zambia Main Library yielded books, dissertations and theses with valuable information on mission medical services in colonial Zambia and other parts of Africa. Colonial government publications kept at the Special Collection of the library were also consulted for data on how African workers

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[62] Vanessa Noble, **A School of Struggle: Durban's Medical School and the Education of Black Doctors,** (Scottsville: University of Kwazulu-Natal Press, 2013), p. 26.

[63] Noble, **A School of Struggle: Durban's Medical School and the Education of Black Doctors,** p. 28.

[64] Catharina Nord, **Health Care and Warfare, Medical Space, Mission and Apartheid in Twentieth Century Northern Namibia,** (Medical History, 2014), p. 422.

[65] Nord, **Health Care and Warfare, Medical Space, Mission and Apartheid,** p. 428.

executed their duties, related with missionary doctors and nurses, and coped with the pressure of work at Chilonga Mission Hospital.

Further research took place at the National Archives of Zambia (NAZ) in Lusaka, where I consulted district notebooks, tour and annual reports by district and provincial government officials who visited or corresponded with medical missionaries at Chilonga. Research at NAZ produced information on the work and activities of Africans who were employed at the mission hospital. Archival documents at NAZ also provided useful information on the type of medical training African auxiliaries underwent, their conditions of service, and their relations with missionary employers.

Reports of commissions of inquiry into various aspects of missionary activities in colonial Zambia, particularly Northern Province, were also consulted to extract more data for the study. These reports provided information on a variety of topics such as the working conditions of auxiliaries, their wages, and tensions between them and missionaries. At the WF's Faith Encounter Zambia (FENZA) Library located in Bauleni township in Lusaka, I consulted books, missionary reports and diaries with very useful information on the early history of Chilonga dispensary. These documents also shed light on the transformation and growth of the mission health centre, the recruitment of African auxiliaries, and the duties they performed. These documents also provided data on how Catholic mission health institutions were maintained, the participation of Africans in the running of such institutions, and African living and working conditions of service. Research at Chilonga Mission Hospital also provided data on the roles and functions of local auxiliaries and their relationships with missionaries, patients and patients' relatives. Moreover, this data was an important source of insights into how local medical workers became invaluable to the running of the mission hospital.

I also conducted oral interviews at Chilonga Mission Hospital with retired and serving medical auxiliaries, including nurses, office orderlies, cooks, dressers, ward attendants, hospital orderlies and many others. These informants provided additional information useful to this study. For example, they shared their views on their roles and functions as auxiliaries, conditions of service and relations with the white missionaries. They also supplied data on the tensions and conflicts that arose between them and their European employers due to poor working conditions. Some of the information the informants shared with me was not found in written sources.

ORGANISATION OF THE STUDY

This study consists of five chapters. Chapter One introduces the study and traces the origins of Catholic missionaries in Northern Province and the establishment of Chilonga Mission Hospital. Chapter Two explores why Catholic medical missionaries at Chilonga began to employ African medical auxiliaries. It also discusses the functions of illiterate and other untrained African auxiliaries from the early days of the mission station to the late 1950s when their influence began to diminish as bio-medically trained auxiliaries were employed at the hospital. The chapter shows that even though these medical auxiliaries were not trained in modern medicine and largely carried out menial tasks, they influenced they ways which missionary medicine at Chilonga was practiced and understood by the local people.

Chapter Three examines auxiliaries' medical training, which began at the hospital from in 1957. Besides explaining the rationale behind such training, the chapter shows that trained auxiliaries performed more complex functions than those carried out by untrained employees. Chapter Four explores the conditions of service of local auxiliaries at Chilonga from the earliest days of the mission health centre to the early 1970s. The chapter also assesses the impact such conditions exerted on the relations between auxiliaries and Catholic missionaries. Chapter Five concludes the study.

CHAPTER TWO

AFRICAN MEDICAL AUXILIARIES AND THEIR FUNCTIONS, 1905-1955

INTRODUCTION

The role of African medical auxiliaries in colonial and missionary health institutions has often been overlooked in studies on European medicine in Africa. This is because most of such studies place emphasis on the medical activities of European doctors and nurses.[1] As Edward Andrew observes, Christian missionaries are portrayed as "visible saints, exemplars of ideal piety in a sea of persistent savagery".[2] However, African medical auxiliaries far outnumbered European doctors and had greater contact with local patients.[3] This chapter investigates why Catholic missionaries at Chilonga employed auxiliaries and the functions such employees performed from the early 1900s to the 1950s. The chapter shows that during this time, medical missionaries employed two categories of auxiliaries. The earliest category consisted of illiterate auxiliaries and the second consisted of literate auxiliaries. Neither the illiterate nor literate auxiliaries received medical training in modern medicine.

The chapter first argues that Catholic missionaries began to employ African medical auxiliaries because of the high incidence of disease in Mpika. The chapter then explores the functions of illiterate auxiliaries. It shows that these workers mostly performed menial tasks such as sweeping wards and guarding mission property. However, such auxiliaries also influenced the environment in which missionary medicine was practiced. Medical auxiliaries not only maintained hygiene and security at the dispensary, but they also ensured the welfare of patients through washing and feeding them. As interpreters of Catholic medicine, auxiliaries were further cultural brokers between medical missionaries and African patients. In this way,

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[1] See Walima T. Kalusa, "Disease and the Remaking of Missionary Medicine in Colonial Northwestern Zambia: A Case Study of Mwinilunga District 1902-1964", PhD Thesis: John Hopkins University, 2003, p. 7.

[2] Andrew Edward, "Christian Missions and Colonial Empires Reconsidered: A Black Evangelist in Africa 1766-1916", **Journal of Church and State 51 (4):** 2010, p. 666.

[3] Kalusa, "Disease and the Remaking of Missionary Medicine," p. 12. See also Meghan Vaughan, **Curing Their Ills: Colonial Power and African Illnesses,** (Stanford: Stanford University Press, 1991), p. 65.

they shaped the ways in which medical missionaries and African patients communicated with each other.

This chapter also shows that auxiliaries' functions were not static. It shows that new auxiliary functions were introduced at Chilonga in the 1920s and 1930s when mission station began to recruit literate Africans as employees. Even though the new auxiliaries were also not trained in modern medicine, Catholic missionaries at Chilonga assigned them greater medical responsibilities because of their ability to read. As a result, literate auxiliaries' functions differed from those of their illiterate counterparts. Overall, the chapter shows that both illiterate and literate auxiliaries were indispensable to the provision of missionary medicine at Chilonga mission.

DISEASE AND THE EMPLOYMENT OF ILLITERATE AUXILIARIES

For many years after founding the dispensary in 1905, Catholic missionaries at Chilonga came to depend on illiterate and untrained African medical auxiliaries. The recruitment of these auxiliaries may be understood against a background of the high incidence of diseases in Mpika district and the need by WF to recruit local people to assist them in evangelizing the local people. Many people in the district were afflicted by a large number of diseases. They were susceptible to tropical diseases, particularly malaria, which mostly affected children below the age of five.[4] Indeed, many years after the founding of Chilonga Mission Station, malaria continued to be responsible for high infant mortality rate in the area.[5] The successes scored by the mission dispensary in treating the disease in the early days of the dispensary attracted many African patients seeking medical treatment.[6]

Pneumonia was another common disease that afflicted African communities. According to Chilonga mission records, between 1915 and 1925, about 255 African patients were diagnosed with pneumonia each week.[7] As the missionaries noted, the high incidence of the disease among

[4] Chilonga mission report, November 1915.
[5] The Provincial Medical Officer's report, August 1954.
[6] Chilonga mission dispensary, 1905-1915.
[7] Chilonga mission diary Vol. 2 1915-1925 p. 83.

Africans was a result of their constant exposure to the cold due to lack of warm clothing.[8] Similarly, dysentery was a widespread affliction in the district. For instance, a missionary report of February 1925 indicates that there was a serious outbreak of the disease in villages around Mufubushi, Chalabesa, Kaole and Luchembe.[9] Colonial authorities blamed Africans for the outbreak. They attributed the disease to the failure of African villagers to observe simple rules of hygiene and to their filthy, overcrowded living conditions.[10]

Other diseases were also common. By the end of the Second World War, tuberculosis (TB) had become widely spread in many villages in the district and adjacent areas. It is apparent from colonial reports that returning African migrants were responsible for spreading the disease in the district.[11] These returning migrants seem to have contracted the disease on the line of rail and the Copperbelt, where they had worked as labour migrants.[12] Besides TB, cases of snake bites were also very common in the African community. Some victims of snake bites died on the spot, while others survived because they received medical attention at Chilonga. In 1956, for instance, four members of the same family were resuscitated at the dispensary after they were bitten by a poisonous snake in their hut.[13]

Such health problems were compounded by maternal complications. Although pregnant African women initially preferred traditional treatment to Western medicine,[14] they increasingly brought maternity cases to the attention of missionaries at Chilonga, especially after the Second World War.[15] This was partly a result of the maternity campaign that Catholic missionaries mounted in African villages. This was because missionaries were eager to undermine the influence of local birth attendants and to minimize deaths among expectant African mothers. The failure or delay by pregnant women to seek urgent treatment often resulted in maternal deaths or serious disability. For instance, in July 1957, five women died of severe bleeding at the dispensary after they had delayed seeking medical attention at Chilonga.[16] Christian

[8] District Commissioner's report, March 1920.
[9] Chilonga mission dispensary, February 1925.
[10] Mpika District Commissioner's report, March 1924.
[11] Mpika District Commissioner's report, March 1945.
[12] Mpika District Commissioner's report, March 1945.
[13] Mpika District report, July 1956.
[14] Mpika District Commissioner's Report, 14th November 1961.
[15] Mpika District Commissioner's Report, March 1948.
[16] Provincial Medical Officer's report, 22nd May 1958.

missionaries at Chilonga often expressed concern at the large number of pregnant women brought to the institution after attempts to deliver at home had failed.[17]

Other patients seeking treatment at the mission dispensary were attacked by wild beasts such as elephants, lions, leopards, and hippos.[18] These victims sustained multiple injuries and sought treatment at the dispensary. In 1924, for example, Father Guilleme, a priest at Chilonga mission, cited two separate incidents in which eight seriously wounded Africans were brought to his dispensary after they were attacked in their fields by elephants.[19] Other patients sustained serious injuries because of their involvement in the Chitemene system of farming. This form of agriculture required men to climb trees in order to cut branches. During this activity, some men fell and broke their legs, ribs, necks, spinal cord or other body parts. This sometimes also resulted in instant death or permanent disability. Every year, many such victims were taken to Chilonga for treatment. For instance, between April and July in 1958, the dispensary treated twenty men from Kaole village, sixteen from Mpumba Chibwabwa, fifteen from Mpandafishala and fourteen from Chalabesa all of whom had fallen off trees and sustained serious injuries.[20]

Because of the high rates of morbidity in Mpika, the Chilonga Mission Dispensary was flooded with patients from its early days. The number of patients who sought modern therapy at the dispensary rose from 624 in 1910 to 3,694 in 1918.[21] The figures increased to 9,588 in 1930, 11,735 in 1939 and 38,437 in 1948.[22] By 1956, as many as 4,300 medical cases were being attended to annually at what had now become a referral hospital.[23] The figure jumped to 8,436 by 1960.[24]

Patients at Chilonga were always accompanied by their relatives. This led to overcrowding and poor sanitation at the hospital. A government official who visited the mission station as late as the 1960s noted that:

> One problem which arises directly out of the increase in patients treated… is that of relatives and friends of patients in hospital, who in order to be near their

[17] Chilonga Hospital report No. CH/3/D12/02 of November 1959.
[18] Interview with Prisca Mwaba former hospital orderly, Chilonga Mission Hospital, 20 January 2014.
[19] Chilonga Mission 1899-1999.
[20] Chilonga mission report, September 1959.
[21] Chilonga mission medical dispensary report , November 1924, p. 3.
[22] Chilonga mission medical dispensary report, September 1951-1952, p. 5.
[23] Chilonga mission report No. CH/21/D2 of September 1959.
[24] Chilonga mission report No. CH/21/D3 of November 1960.

> relatives, insist on living and sleeping in the hospital grounds, large numbers crowding into the corridors and covered passages at night after the last medical and nursing rounds have finished. The resultant unhygienic conditions which develop in the hospital grounds, pilfering of food, beddings etc, interfere gravely with the efficiency of the running of the hospital and particularly with the treatment of patients.[25]

In spite of the large numbers of patients and their escorts, the dispensary at Chilonga continued to be under-staffed for many years. Until after the Second World War, there were only three nursing sisters and no qualified medical doctor at the dispensary. This situation lasted up to 1956, when the first medically qualified doctor arrived in Mpika from England.[26] The scarcity of medical staff was a major obstacle in the running of the dispensary and provision of medicine. Because of the lack of trained missionary nurses and doctors, some Catholic priests, who had no training in modern medicine, were in the early days involved in treating patients as a temporary measure.[27]

It was in response to the increasing numbers of patients and large volume of medical work shouldered by missionary nurses at Chilonga began to recruit local medical auxiliaries before 1914.[28] Apart from the need to increase personnel at the dispensary to cope with the heavy workload, missionaries also employed medical auxiliaries to assist them in disseminating the Gospel. Therefore, the earliest African employees were Christian converts who attended the Roman Catholic Church. Before the outbreak of the First World War, missionaries recruited the first two of such auxiliaries. Six more auxiliaries - four males and two females -- were employed during the war itself. [29] These workers were all illiterate and none of them was trained in modern medicine even though they continued to work at Chilonga for many years.[30]

The number of illiterate medical auxiliaries employed at the mission station increased from eight in 1930 to eighteen in 1945.[31] This increase was necessitated by the expansion of the dispensary. By the 1930s, two large rooms were added to what had hitherto been a room-

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[25] Chilonga mission report No. 35 May 1960.
[26] NAZ/MH1/02/107, Chilonga Mission: Staff report, November 1956.
[27] Chilonga mission diary Vol. 2 p. 68.
[28] Chilonga mission diary Vol. 1 1899-1914, p. 22.
[29] Chilonga mission report, June 1915.
[30] Chilonga mission diary Vol. 2, p. 69.
[31] Chilonga mission diary Vol. 1, p. 22.

dispensary to accommodate the increasing numbers of in-patients.[32] With the establishment of the in-patient wards, missionaries began to admit patients with infectious and other diseases.[33] These patients required ward attendants to care for them. The medical services at Chilonga expanded from the 1930s onwards as more essential drugs and equipment became available at the mission health institution, especially after the Great Depression.[34] With the expansion of the dispensary, the workload of white nurses increased tremendously. This necessitated the recruitment of more local medical employees.

The employment of uneducated Africans at Chilonga Mission in the early days may also be explained in terms of the lack of European-style education in Mpika District. When the dispensary was opened in 1905, there was not a single modern school in the whole district. Indeed, it was not until 1926 that the first primary school was established in the area, and it was closed in 1928 due to lack of pupils.[35] This was because Africans then had little knowledge about the value of Western education and were highly skeptical of its usefulness.[36] Like most other people elsewhere in Africa, they saw modern education as an alien institution that would undermine their culture and values.[37] As such, they were reluctant to allow their children to attend the school. Pupil absenteeism and apathy adversely affected the running of the institution even after it was reopened in 1930.[38] Sometimes, only four pupils would attend it, and a few hours later, they would all disappear.[39] In view of this, it was impossible for the missionaries at Chilonga to find literate people in the local community.

Because of their illiteracy, the earliest African medical employees at the dispensary were never allowed to dispense medicine to the sick in the absence of European missionaries and did mostly menial jobs: providing security, cleaning wards, attending to and feeding the sick and maintaining order.[40] But auxiliaries' functions at the dispensary were not restricted to these jobs alone. They also dealt with problems arising from patients and from patients' relatives who

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[32] Chilonga mission 1899-1999.
[33] Chilonga mission 1899-1999.
[34] NAZ/MH1/02/50, Provincial Medical Officer's report, 26th May 1939.
[35] Chilonga mission diary Vol. 1, p. 15.
[36] Chilonga mission diary Vol. 7 1949-1956, p. 209.
[37] Peter Snelson, **Educational Development in Northern Rhodesia 1883-1945,**(Lusaka: National Education Co. LTD, 1974), p. 11.
[38] Chilonga Mission Diary Vol. 7, p. 209.
[39] Chilonga Mission 1899-1999, p. 42.
[40] Interview with Prisca Mwamba, former ward attendant, Chilonga Mission Hospital, 22 January 2014.

often accompanied the sick by relatives and sometimes argued with European medics over treatment. Patients sometimes refused to take medicine according to the prescriptions of white nurses.[41] Moreover, patients' escorts insisted on staying with their sick relatives in the wards or somewhere near.[42] European medics at Chilonga found this situation unacceptable, and they depended on local medical auxiliaries to persuade patients and their escorts to comply with treatment regulations and patients to take drugs according to prescriptions.[43]

In spite of their lack of education, early medical auxiliaries proved useful to missionaries in many different ways. They deterred patients' relatives from staying in the wards beyond visiting time or hovering around the dispensary grounds. They also calmed the sick and their relatives. As late as 1958, European medical authorities at Chilonga and other parts of the colony admitted that it was auxiliaries who calmed the sick and their relatives.[44] This enabled European missionaries to concentrate on dispensing medicine.

From the early days of missionary medicine in Mpika, auxiliaries also maintained order by providing security, guarding mission property, and controlling crowds at the dispensary.[45] They controlled the queues of the patients waiting to be seen by white medical practitioners and protected the dispensary from theft and vandalism. This means that even the safety of the Catholic missionaries themselves and their property such as medical kits and equipment, rested in the hands of these Africans. Therefore, missionaries operated in a safe environment.

Illiterate African medical auxiliaries also acted as messengers and carried out other responsibilities from the beginning of the mission health institution to the late 1950s when their influence began to decline as the missionaries employed more and more trained auxiliaries. They were often sent by missionaries to deliver mails to the Parish, the District Commissioner's office in Mpika and other Europeans.[46] Time and again, auxiliaries collected utensils from the Parish which were used at the dispensary. They also slashed grass around the dispensary, swept it, dusted furniture and, as they gained more experience, sterilized surgical equipment for

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[41] Kalusa, "Disease and the Remaking of Missionary Medicine in Colonial North-Western Zambia", p. 46.
[42] Interview with Majory Mutambo, former auxiliary at Chilonga Mission Hospital, 22 January 2014.
[43] Interview with Majory Mutambo, former auxiliary at Chilonga Mission Hospital.
[44] Northern Rhodesia Government (NRG) Health Department **Annual Report for the Year 1957,** (Lusaka: Government Printers, 1958), p. 11.
[45] NAZ/MH1/02/107, Our Lady's Hospital Chilonga, report by Sister Kieran Marie, August 11958.
[46] NAZ/MH1/02/50, Chilonga mission dispensary: African staff, October 1952.

missionary medical personnel.[47] Apart from mitigating the hardships that their European employers faced in the district, these auxiliaries ensured that missionary medicine was dispensed in a clean environment.[48]

The earliest medical auxiliaries at Chilonga were also responsible for the patients' welfare and dispensary hygiene. It was these workers who saw to it that patients slept on clean beddings.[49] They shaved patients, prepared them for operations, and provided bedpans and urinals to those who could not rise out of their beds or visit the toilet due to illness.[50] Auxiliaries ensured that bedpans and urinals were emptied soon after they were used. In the same vein, they removed soiled linen from the wards, and later washed and packed it neatly in the linen room. Auxiliaries replaced soiled linen with clean sheets weekly or fortnightly.[51] Their volume of work increased greatly with the transformation of the Chilonga dispensary into a referral hospital in the 1950s when the number of patients rose sharply.[52]

As J.M. Mellish and R. Parsons have observed about auxiliaries elsewhere, early African medical employees at Chilonga were involved in providing physical comfort to patients.[53] An informant recalled that auxiliaries repositioned bed-ridden patients who had broken their bones, helped them to get out of their beds and to do simple exercises, and led them around while holding their hands if necessary.[54] In engaging in these exercises, auxiliaries not only contributed to their patients' speedy recovery but also turned the dispensary itself into a hospitable, caring institution, thereby easing local acceptance of missionary medicine.[55]

From the outset of the dispensary, African medical auxiliaries were further assigned to carry out duties that fostered the welfare of the sick in many other ways. Under the supervision of the sister in-charge of the dispensary store, the auxiliaries collected rations from the stores and

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47 NAZ/MH1/02/107, Chilonga Mission Hospital: African employees-duties in the wards, 1957.

48 Chilonga Mission Hospital: water and sanitation, 1958.

49 NAZ/MH1/02/107, African employees and the patients welfare, 1958.

50 Interview with Chola Chilufya, former auxiliary at Chilonga Mission Hospital. January 18 2014.

51 Federation of Rhodesia and Nyasaland, **Annual Report for the Year 1960**. Lusaka Government Printer, p. 16.

52 See footnote 23 and Mpika District Commissioner's report, November 1950.

53 J.M. Mellish, **The Basic History of Nursing** 2nd Edition (Durban: Butterworths, 1990), p. 22; R. Parsons, "Some Aspects of the Report on the Roles and Functions of the Enrolled Nursing in New South Wales", **The Lamp**, 39 (1) 1982, p. 27.

54 Mpika District Commissioner's report on the performance of African workers at Chilonga Mission Hospital, July 1959.

55 Mpika District Commissioner's report on the performance of African workers at Chilonga Mission.

prepared food for patients. They also fed in-patients who were too weak to eat on their own as well as orphaned babies whose mothers had died during delivery.[56] Moreover, African medical auxiliaries ensured that there was enough drinking water in each ward and in the kitchen.[57] These tasks were fundamental to the patients' nutrition and recovery and to popularizing missionary medicine in the district.

As earlier noted, auxiliaries ensured that Christian medicine was practiced in a clean environment. In spite of their illiteracy, auxiliaries at Chilonga dispensary adhered to the policy of hygiene and sanitation enacted by Catholic missionaries to promote good sanitation inside and outside the dispensary itself.[58] It was their duty to dispose off rubbish and to remove corpses from wards after the doctor had certified patients dead. They also buried unclaimed bodies.[59] Auxiliaries' work, therefore, was indispensable to maintaining high standards of hygiene for which the mission dispensary in Mpika became renowned in colonial medical circles.[60] For instance, on 3 January 1951, A. Wittek, the Acting Provincial Medical Officer (PMO) in Northern Province, informed the Matron at Chilonga that the District Commissioner, (DC) in Mpika, was highly impressed with the high level of hygiene and sanitation at the institution.[61] The DC, however, failed to mention that it was African employee who maintained hygiene and sanitation at the health institution.

Early medical auxiliaries further notified the relatives of dead patients and accompanied corpses to the villages of deceased patients.[62] At the same time, they offloaded medicines from carton boxes and arranged them on tables.[63] Evidence suggests that in spite of their illiteracy, auxiliaries often collected the right medicines. This amazed European nursing sisters who often wondered how illiterate auxiliaries were able to recognise the medicines.[64] Illiterate medical

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[56] The Provincial Medical Officer, Kasama, September 1958.

[57] Mpika District Commissioner's report on the sanitation/hygiene in the district, November 1957.

[58] Interview with Veronicah Muntemba, former medical auxiliary at Chilonga Mission Hospital, 20 January 2014.

[59] Chilonga mission diary Vol. 7, p. 210.

[60] NAZ/MH1/02/118, Observations made by the Provincial Medical Officer on his tour of Chilonga Mission dispensary, June 1948.

[61] NAZ/MH1/02/118, A. Wittek Provincial Medical Officer to the Matron of Chilonga Mission Hospital, 3rd January 1951.

[62] Interview with Peter Chola Chilufya, former hospital orderly, Chilonga Mission Hospital, 18 January 2014.

[63] Chilonga Mission Hospital: hygiene and sanitation, 1938.

[64] Mpika District Commissioner's report on the performance of African workers at Chilonga dispensary,

auxiliaries were able to differentiate one type of medicine from the other by merely looking at the shape, size, colour, and sometimes by tasting the drugs on the tip of the tongue, a risky practice that was not permitted by European missionaries.[65] In this manner, auxiliaries mastered medicine containers and rarely made mistakes. Consequently, they won the confidence and trust of their white employers.[66]

Lastly, medical auxiliaries were cultural brokers who translated Christian medicine so that it became understandable to Africans. This point that has also been made by scholars who have recently studied missionary medicine in other parts of Africa.[67] In Mpika, medical auxiliaries appropriated words and terms from the local healing vocabulary to translate modern medical concepts. For example, they appropriate the terms *umuti* and *ukundapa* to express the English words "medicine" and "healing," respectively. They also used such terms like *ukupima* to mean "diagnosing" and *bashing'anga* to mean "doctors" or "nurses".[68] In appropriating local terms to express concepts in modern medicine, these auxiliaries established a means of communication between missionaries and Africans. But they also embedded into mission medicine the same meanings that Africans infused into their own medicine.[69] This meant that patients at Chilonga understood the new medicine in the same way the understood *umuti*.[70]

TRANSFORMATION OF CHILONGA DISPENSARY AND LITERATE MEDICAL AUXILIARIES

In the 1920s and 1930s, the colonial government in Northern Rhodesia began to encourage medical missionaries in the colony to upgrade their dispensaries and clinic in order to improve medical services for Africans in the colony. To do so, Catholic missionaries at

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November 1952.

[65] NAZ/MH1/02/118, Public health: Chilonga dispensary, 1952.

[66] NAZ/MH1/02/107, Our Lady's Hospital Chilonga: medical treatment for Africans, 1956.

[67] See for example Walima T. Kalusa, "Language, Medical Auxiliaries and the Re-Interpretation of Missionary Medicine in Colonial Mwinilunga, Zambia 1922-1951", **Journal of Eastern African Studies**, Vol. 1 No. 1, 2007, pp. 57-81.

[68] Interview with Anthony Chileshe, former auxiliary, Chilonga Mission Hospital, 26 January 2014.

[69] Kalusa, "Language and the Reinterpretation of Missionary Medicine", pp. 56-67. See also Vaughan, **Curing their Ills: Colonial Power and African Illnesses,** pp. 62-65.

[70] For a detailed discussion of this topic, see Kalusa, "Language, Medical Auxiliaries and the Re-Interpretation of Missionary Medicine".

Chilonga mission began to employ literate auxiliaries at the dispensary in the 1920s.[71] But inadequate funding prevented missionaries from employ many literate auxiliaries and from training them in modern medicine. Literate auxiliaries employed at the dispensary, therefore, were outnumbered by illiterate employees and it was not until well up to the late 1950s that medical training began in Mpika.

The need to employ literate increased after the Second World War when the dispensary expanded. In the 1952, the dispensary at Chilonga was upgraded to a forty-bed hospital and renamed as Our Lady's Hospital.[72] In 1956, it became one of the two referral hospitals in the Northern Province.[73] As a result, the new hospital was required to perform more complicated medical tasks and to deal with rising numbers of patients every year. This increased the problem of understaffing and the workload of medical missionaries in Mpika. Therefore, on 14 February 1956, the hospital's Mother Superior asked the Director of Medical Services (DMS) in Lusaka for authority to employ African auxiliaries who would be paid wages by the colonial government.[74] This was because of the poor financial standing of the missionaries at Chilonga. In 1957, the federal government approved the request on condition that such wages were paid only to literate medical auxiliaries. In April 1957, the government began to give Chilonga mission an annual medical grant-in-aid of £160 out of which the wages of literate and trained auxiliaries were to be paid.[75] The grant was increased to £170 in 1959,[76] £245 in 1960[77] and £320 in 1961.[78] The Federal government which assumed power in 1953 also began to defray the costs of drugs, surgical equipment and general equipment for the new hospital.[79] This was a major relief to the missionaries in Mpika who faced increasing pressure of work at the institution. The increase in grants-in-aid enabled Catholic missionaries to employ more literate

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[71] NAZ/MH1/02/50, Chilonga mission dispensary, April 1937.

[72] NAZ/MH1/112/32, Circular Minute No. 16/DS/51/01, January, 1956.

[73] Federation of Rhodesia and Nyasaland **Annual Report for the Year 1957,** (Lusaka: Government Printers, 1958), p. 12.

[74] NAZ/MH1/02/107, Mother Superior to the Director of Medical Services, February 1956.

[75] NAZ/MH1/02/107, Circular minutes No. 4372/M1/D 7th April 1957. See also NAZ/MH103/73,Our Lady's Hospital Chilonga: Training of African auxiliaries, 1960.

[76] NAZ/MH1/01/40, Grants for mission hospitals, 1959.

[77] NAZ/MH1/01/40, Grants for mission hospitals: Our Lady's Hospital, September 1959.

[78] NAZ/MH1/03/73, Chilonga Mission Hospital: training of nursing orderlies, August 1961.

[79] NAZ/MH1/003/73, The Director of Medical Services, Lusaka, to the Matron, Our Lady's Hospital, Chilonga, 16 March 1960.

Africans to beef up the staffing levels at the institution in the late 1950s.[80] In 1960 alone, seven new literate Africans were employed at the institution.[81]

Some factors contributed to the employment of literate Africans as auxiliaries at Chilonga Mission Hospital between the 1930s and 1950s. Firstly, the number of Africans educated in mission schools in Mpika and other parts of the colony began to rise, especially after the Great Economic Depression and the Second World War.[82] Catholic missionaries took advantage of this to recruit educated auxiliaries in order to also lay a ground for the formal medical training of auxiliaries in modern medicine in future.[83] Furthermore, the federal government was willing to pay salaries to educated African medical auxiliaries employed at Our Lady's Hospital and other mission hospitals.[84] This is perhaps because the government wanted to improve the health of Africans to undermine their opposition to the Federation of Rhodesia and Nyasaland. Literate African auxiliaries were also perceived as people who could easily assimilate concepts in modern medicine as they would possess some prior knowledge of science by the time their medical training began. Lastly, Chilonga-based missionaries, like other medical missionaries elsewhere, believed that literate Africans would embrace and appreciate the superiority of Western medical power.[85]

For all these reasons, Catholic missionaries preferred to employ literate blacks even though some illiterate workers continued to work at the dispensary. The missionaries considered Africans with Standard II education as the most suitable candidates for employment. Thus, for example, out of the six new auxiliary workers employed at the hospital in 1962, four were literate.[86] Such auxiliaries at Chilonga performed a number of duties that their illiterate counterparts were not allowed to do. Because they were literate, the new medical auxiliaries were permitted to administer oral medicines to patients even in the absence of missionaries,

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80 NAZ/MH1/118/02, Circular minutes No. 03/DS/14 of April 1959.

81 NAZ/MH1/02/118, Mission grants, August 1960.

82 NAZ/MH1/02/50, Chilonga mission dispensary, April 1937. See also Snelson, **Educational Development**.

83 NAZ/MH1/02/50, Chilonga mission dispensary, April 1937. See also NAZ/MH1/02/118, African staff in mission health institutions, March 1959.

84 NAZ/MH1/02/107, Circular minutes No. 4372/M1/D 7th April 1957.

85 See Walima T. Kalusa, "Medical Training, African Auxiliaries, and Social Healing in Colonial Mwinilunga, Northern Rhodesia Zambia", in Johnson and Khalid (eds.), **Public Health in the British Empire,** p. 155..

86 NAZ/MH1/01/38, A. Wittek to the Director of Medical Services, June 14th, 1962**.**

although this was against the existing code of medical practice in the colony. [87] According to this code, it was illegal for untrained Africans to administer any drug to patients in the absence of a qualified doctor or nurse. This code was reinforced on 15 September 1958, when the Health Secretary forbade African auxiliaries in all health institutions in the colony from carrying out surgical works if a European surgeon was not present.[88]

Literate auxiliaries discharged many other functions which Catholic missionaries at Chilonga did not also permit illiterate employees to do. The former were, for example, allowed to prescribe non-restricted drugs for common diseases such as malaria, headache and the cold.[89] Unlike, uneducated auxiliaries, they also screened patients on arrival at the hospital. It was impossible for most European missionaries in Mpika to screen patients because of the language barrier. Most of them did not speak or understand the local language well. This led to misunderstandings between missionaries and Africans due to their conflicting medical norms and values.[90] During the screening exercise, literate auxiliaries collected background information from the patients, which proved vital to the building up of patients' cases. This information was used by missionary doctors and nurses as a basis for diagnosis and prescription of treatment.[91]

Unlike their uneducated counterparts, literate auxiliaries also observed patient's conditions and interpreted them to the European doctors and nurses, prescribed drugs for patients and explained the basic rules of hospital hygiene.[92] Their other duties from which illiterate workers were excluded included assisting white nurses with patients' admission and writing vital information on patients' admission cards. In addition to this, literate employees assisted white nurses in weighing patients, taking and recording patients' temperature, urine samples, and height and collecting specimens for investigation.[93] Though untrained, these literate auxiliaries also carried out other tasks that need more skill such as terminal disinfection and sterilizing instruments. Both of these jobs were beyond the scope of their jurisdiction literate but informants remembered that such employees performed them well.[94] Hildah Mwamba, a former

[87] NAZ/MH1/02/107, Circular minutes No. 16/03/7DS, 26 August 1958.
[88] NAZ/MH1/08/08, Circular minutes No. 754/03/DS, 15 September 1958.
[89] Chilonga Mission Hospital: African employees, 1959.
[90] Interview with Anthony Chileshe.
[91] NAZ/MH1/02/118, Provincial Medical Officers report to the DMS, Lusaka, May 1962.
[92] NAZ/MH1/01/38, Our Lady's Hospital Chilonga, performance of African employees, September 1962.
[93] NAZ/MH1/02/118, Chilonga Hospital report No. 25, April 1958.
[94] Interview with Mulenga Chandalala, former auxiliary at Chilonga Mission Hospital, 20 January 2014.

literate auxiliary at Chilonga Mission Hospital confirmed this when she remarked that she and several of her acquaintances did many types of jobs that required skills.[95] She remembered that because of these auxiliaries were called "*bachibombebombe*", meaning they were general workers who performed many different tasks on a daily basis.[96] C.T. Rautenbach's makes similar observations in his study of the medical duties of African nurses in South Africa.[97]

There is no doubt that educated African auxiliaries performed more complicated tasks than illiterate ones. For it was their duty to prepare in-patients scheduled for diagnostic and treatment ordeals and to explain to them in advance either individually or in groups about medical procedures at the mission hospital. They explained to them what patients were expected to do or not do. They also closely kept in touch with in-patients until all the diagnostic and operation procedures were completed by European medical missionaries. They then led the in-patients back to their respective wards and submitted their report cards to the nurses for further action. In this context, literate auxiliaries were expected to observe complicated health conditions in patients. For example, they looked for such conditions in patients with swollen scrota, TB and other complications and reported their findings to medical missionaries.[98] These auxiliaries also collected for out-patients medicines prescribed from the pharmacy.

From the early days of their recruitment, literate auxiliaries were also in closer contact with patients than white missionaries. Besides monitoring changes in patients' conditions, auxiliaries also transferred patients to the wards, escorted them to see white nurses and doctors and observed any unusual signs or behaviour among patients towards the nurses.[99] Furthermore, they worked as wound dressers. They cleaned patients' wounds, applied the ointments, pads and bandage. A mission record shows that through observation, imitation and repetition, these auxiliaries became so competent health care givers that there was no need for European nurses to

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[95] Interview with Hildah Mwamba, former medical auxiliary at Chilonga Mission Hospital, 15 February 2014.

[96] Interview with Hildah Mwamba.

[97] C.T. Rautenbach, "A Definition of the Role and Function of Various Categories of Nursing Personnel In the Republic of South Africa and Analysis of the Effectiveness to Fulfill these Functions", PhD Thesis: (University of Port Elizabeth, 1981), p. 58.

[98] Federation of Rhodesia and Nyasaland, **Annual Report for the year 1960** (Lusaka: Government Printers, 1961), p. 18.

[99] Interview with Anthony Chileshe.

supervise them.[100] By the late 1950s, their competence was a source of much delight among their white employers.[101]

Literacy meant that auxiliaries understood medical issues and the operation of the mission hospital better than illiterate auxiliaries. This enabled them to adapt to European medical work regime in the hospital. Since they were able to read and to understand English well, they communicated with missionaries much more easily and effectively than illiterate employees.[102] These auxiliaries read labels on the medicine packs, boxes and bottles, and they were able to follow the instructions on the labels. Time and again, missionary medics stressed the need for auxiliaries, particularly those who handled medicine, to carefully read and adhere to the instructions on medicine containers. Their ability enhanced what Peter Hendricks call as dispenser effectiveness and patient compliance.[103] This means that literate auxiliaries dispensed missionary medicine correctly. This improved the quality of the provision of medicine at Chilonga and won educated African employees the admiration of colonial medical authorities. In 1960, the DMS stated that "there has been … a very great improvement in the quality and capability of African medical auxiliary staff employed in missions and despite a diminution in the total number of this category employed, the volume of work achieved has greatly increased".[104]

Some of the duties of these auxiliaries contributed to the physical comfort to patients. Just like illiterate workers, literate auxiliaries took care of patients' needs at the hospital, and shared their employers' belief that patients' physical comfort was part of the healing process.[105] Peter Chola Chilufya, who worked at Chilonga mission Hospital in the 1950s and 1960s, testified that it was "the core business of every worker, whether Black or White, literate or illiterate, to offer comfort to patients whatever the cost. Should a patient complain, he added, the *Bwana*

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[100] NAZ/MH1/02/107, The Provincial Medical Officer's report on the performance of African workers , Kasama, 15 November 1959.

[101] Our Lady's Hospital Chilonga: quarterly report, June 1959.

[102] Our Lady's Hospital Chilonga, mission medical report, Thursday, 6 May 1960.

[103] Peter Hendricks, **Dispensary Effectiveness and Patient Compliance: Public Health Services,** (London: Institute of Public Health, 1989), p. 59.

[104] Federation of Rhodesia and Nyasaland **Annual Report for the Year 1960,** (Lusaka: Government Printers, 1961), p. 19.

[105] NAZ/MH1/02/118, Our Lady's Hospital Chilonga: minutes No. 1525/DS/6/2, African employees, 30 November 1960.

(white doctor), would not spare anyone".[106] Maintaining the physical comfort of patients was one of the primary functions of auxiliaries. In this way, they offered a valuable contribution to the patients' comfort, which is fundamental to healing.[107]

By the late 1950s, literate auxiliaries were further engaged in disseminating health education and preventive medicine in Mpika district. This involved giving sanitation and hygiene talks in villages.[108] According to Sister Marie, the Matron at Chilonga in 1958, whenever missionary medics toured villages to promote public health care, they were accompanied by these medical auxiliaries.[109] A few weeks after such visits, the auxiliaries were sent back to those villages to assess the progress which such villages had made in terms of maintaining good hygiene. The auxiliaries reported back to European nurses on conditions in the concerned villages. Further visits to the villages by medical missionaries depended largely on the reports they received from auxiliaries, who also made follow up visits to the homes of discharged patients to check on their condition.[110]

Chilonga records show that by the early 1960s, literate auxiliaries made regular visits to places such as Kopa, Chalabesa, Luchembe and other surrounding villages for routine check-ups on former patients.[111] During such visits, the auxiliaries carried with them foodstuffs such as beans, fish, mealie meal, salt, milk and rice, which they distributed to the sick, the aged, children and those with severe handicaps and suspected malnutrition.[112] It is noteworthy that medical auxiliaries also vaccinated villagers against smallpox and other diseases.[113] In all these ways, they contributed to the development of preventive medicine and to the sustenance of missionary therapeutic system beyond the walls of Chilonga Mission Hospital.

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106 Interview with Chola Chilufya.

107 M.S. Bregman, **Assisting the Health Team: An Introduction for the Nurse Assistant,** (St. Louis: Mosby, 1974), p. 64; S.A. Serrentino, **Mosby's Textbook for Nursing Assistants, 2nd Edition,** (St. Louis: Mosby, 1987), p. 35.

108 Observations by Mpika District Commissioner, 26 July 1958.

109 NAZ/MH1/02/107, Sister Kieran Marie, Matron, Chilonga to the Provincial Medical Officer, Kasama, 25 February 1958.

110 NAZ/MH1/02/107, Sister Kieran Marie, Matron, Chilonga to the Provincial Medical Officer, Kasama, 25 February 1958.

111 Chilonga Mission Hospital: tour of villages by medical personnel, 1960.

112 Chilonga Mission Hospital: tour of villages by medical personnel.

113 Chilonga Mission Hospital: public health and care unit, 1962.

Literate African medical auxiliaries were to play very important functions after Zambia became independent in 1964. At independence, the country faced a severe shortage of trained and qualified medical personnel.[114] The shortage of health personnel became acute because many qualified European medical personnel left the country and relocated to Europe, Southern Rhodesia or South Africa.[115] This situation affected both government and mission hospitals. Consequently, more Africans with formal education up to Standard II were recruited by the new African-led government both in government and missionary hospitals, including the one at Chilonga. This led to a sharp increase in a number of literate African auxiliaries employed at the mission hospital.[116] This was meant to fill the gap left by European medical workers. Furthermore, the new government called for the training of all Africans working in mission and government hospitals who had Standard II education[117]

THE SIGNIFICANCE OF UNTRAINED AUXILIARIES

Until the late 1950s, African medical auxiliaries at Chilonga Mission Hospital were not trained in modern medicine. Nonetheless, the importance of their work cannot be denied. Their menial duties such as guarding the hospital and its property, cleaning floor, slashing grass washing and feeding patients, were indispensable to the overall provision of missionary medicine. From the inception of the Chilonga dispensary, their work ensured that mission medicine was provided in a clean, tidy and safe environment. Their work, therefore, was indispensable to the success of missionary healers at the mission facility. Similarly, auxiliaries at Chilonga and other missionary health centres in the colony familiarised what was in fact a foreign system of healing.[118] As cultural brokers, they, as alluded to earlier in this chapter, invented a medical vocabulary that enabled Africa patients and missionaries to communicate. This was important as it contributed toward breaking barriers between the two parties and this encouraged Africans to accept missionary medicine. Furthermore, the employment of medical

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114 Republic of Zambia Health Department **Annual Report for the Year 1964,** (Lusaka: Government Printers, 1965), p. 17**.**

115 Republic of Zambia Health Department **Annual Report for the Year 1964,** p. 18.

116 Interview with Mwansa Mwila, former dresser at Chilonga Mission Hospital, 14th February 2014.

117 NAZ/MH1/08/08, Circular Minute No. MH01/23/DS, 25th November, 1964.

118 Kalusa, "Disease and the Remaking of Missionary Medicine", p. 3.

auxiliaries at Chilonga enabled Catholic missionaries to extend the provision of health services to surrounding villages. This assisted them to reach more Africans and to provide preventive medicine in villages.

Local medical auxiliaries were in fact the first healers African patients contacted at Chilonga and at other modern health centres in other parts of the colony.[119] In other words, before patients were examined and treated white doctors, they interacted with auxiliaries. It was these auxiliaries who calmed patients, explained to them the medical procedures and treated them. This means that patients' experiences of mission medicine were shaped by these African medical auxiliaries. Consequently, these workers influenced how the sick embraced the new form of healing, a topic that has recently attracted much scholarly attention.[120] In this vein, it is indisputable that the successful development and acceptability of the missionary medical regime at Chilonga Mission Hospital depended upon African medical auxiliaries.

CONCLUSION

This chapter has attempted to examine the functions performed by African auxiliaries in the practice of missionary medicine at Chilonga mission hospital from its early years to the 1960s. It has highlighted the roles and functions of early African auxiliaries at hospital and how such roles and functions changed and impacted on the provision of missionary medicine. The chapter has demonstrated that although the earliest African auxiliaries at Chilonga mission were illiterate and untrained, they nonetheless largely influenced how Christian medicine came to be practiced. They not only ensured the welfare of patients but also helped in translating and making mission-based medicine understood by African patients.

From the 1930s, the mission hospital began to employ literate auxiliaries who carried out more complex tasks because of their ability to read. These tasks included administering drugs in the absence of missionaries, giving health and hygiene talks in villages and documenting patients' cases and conditions. Such auxiliaries performed these tasks even though they received no formal medical training. It was among these auxiliaries that emerged the first scientifically-trained auxiliaries in Mpika. The next chapter looks at this topic.

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[119] Vaughan, **Curing Their Ills,** p. 65.

[120] Vaughan, p. 65.

CHAPTER THREE

MEDICAL TRAINING AND FUNCTIONS OF AFRICAN MEDICAL AUXILIARIES, 1956-1973

INTRODUCTION

One of the aims of medical Christian missionaries in Northern Rhodesia was to carry out the benefits of modern medicine to the furthest corners of the territory as early as the 1920s and 1930s.[1] Christian missionaries hoped to achieve this through training Africans in modern medicine and by establishing a system of out-dispensaries which would be manned by medically trained Africans.[2] Lack of funding and qualified European medical instructors, however, prevented Catholic missionaries at Chilonga to train auxiliaries until 1956 when the hospital began an informal medical training programme for Africans. Four years later, they introduced a formal medical training scheme for African auxiliaries. This chapter examines the origins of formal medical training at Chilonga Mission Hospital and explains the rationale behind the training. It argues that the training of auxiliaries was motivated by several factors. These were the acute shortage of white medical staff, the increasing number of African patients seeking biomedical therapy, and the desire by European rulers in the colony to maintain a healthy African population for economic purposes. The chapter further examines the significance of trained African employees in the provision of mission medicine between 1957 and 1973.

The chapter also investigates the kind of medical training Africans received at Chilonga Mission Hospital. This is done by showing the type of the medical curriculum through which auxiliaries were trained. The chapter argues that auxiliaries trained in scientific medicine became the backbone of the provision of missionary medicine. Such employees performed more sophisticated medical functions than those carried out by their untrained counterparts discussed in the last chapter.

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[1] NAZ/MH1/08/02, General missionary conference, 1 September 1939.

[2] NAZ/MH1/08/02, General missionary conference.

THE RATIONALE FOR TRAINING OF AFRICAN MEDICAL AUXILIARIES

Training African auxiliaries in modern medicine at mission hospitals in the colony began as early as the 1920s. For instance, the Christian Missions in Many Lands (CMML) began to train African medical auxiliaries in Mwinilunga as early as the 1920s.[3] Medical missionaries at Chikankata Mission Hospital in Mazabuka in the colony's Southern Province began to train auxiliaries in the 1930s.[4] However, until the 1950s, Catholic missionaries in Mpika district lacked funds for medical training of Africans. They also faced other challenges that prevented them from training local workers. As indicated in the previous chapter, until the 1920s and 1930s, there were no educated Africans in the district who could be trained in medicine as auxiliaries. The lack of medical training infrastructure at Chilonga mission hospital and qualified European medical instructors also delayed the commencement of the training of local auxiliaries at the institution.[5]

The need for trained Africans at Chilonga became very acute in the late 1950s and early 1960s. This is because Catholic missionaries were over-burdened by the pressure of work at the institution since more African patients sought medical attention at the hospital. According to a Chilonga hospital report, daily attendances at the institution rose from 4,300 in 1956[6] to 8,436 in 1960.[7] The few European missionary nurses at the hospital could not cope with the increasing numbers of patients seeking treatment at the institution. In 1956 alone, the hospital had only one doctor and three nurses.[8] This was because of the difficulties the hospital faced in recruiting nurses and doctors from Europe, as the missionaries at the institution did not have financial capacity to manage the cost involved in doing so. This increased the workload of the white nurses. In a letter dated 25 November 1956, the hospital's Matron, Sister Kieran Marie, complained to the Director of Medical Services about the large amount of work she and her two European colleagues had to do daily due to numerous patients.[9]

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[3] Walima T. Kalusa, "Disease and the Remaking of Missionary Medicine in Colonial North-Western Zambia: A Case Study of Mwinilunga District 1902-1964", PhD Thesis, John Hopkins University, 2003, p. 45.

[4] NAZ/MH1/02/50, Training of Africans at Chikankata mission, 1930.

[5] NAZ/MH1/02/107, Staff training and recruitment, July 1958.

[6] Chilonga mission report No. CH/21/D2 of September 1959.

[7] Chilonga mission report No. CH/21/D3 of November 1960.

[8] NAZ/MH1/02/107, Sister Kieran Marie to the Director of Medical Services, 25th November 1956.

[9] Ibid.

In the 1950s, Chilonga Mission hospital was literary flooded with patients seeking medical attention. This sharp increase in the number of African patients at the hospital was caused by the rise in new diseases in the district. After the Second World War, the district had become susceptible to new diseases such as tuberculosis, syphilis, venereal disease and others.[10] Most of these diseases spread to Mpika through returning labour migrants.[11] Victims of these diseases frequented the mission hospital for treatment. This raised the volume of work for the already over-burdened European medics at the medical institution. As a result, the Catholic clergymen with no training in modern medicine continued to assist in dispensing medicine at the institution.[12] These priests attended to numerous patients but could not always be relied on due to their pastoral duties.[13] In this context, it was hoped that training a few Africans would mitigate the dire shortage of medical staff at the hospital.

Training auxiliaries at Chilonga was also intended to fulfill one of the aims of the Christian missionaries. This was to provide health services to the local people beyond the mission hospital. These missionaries believed that this could only be achieved through training of local people as nurses,dressers, hospital orderlies, dispensers and ward attendants who could be sent to run mission dispensaries in villages. This view was also shared by colonial authorities. After the Second World War, colonial authorities saw trained African medical auxiliaries as important to the expansion in the provision of curative and preventive medicine. They agreed with missionaries that trained auxiliaries would play an important role in improving African health.[14] This paved the way for cooperation between colonial rulers and missionaries in training medical auxiliaries at mission stations. These included Chilonga and many other mission health institutions which had not been receiving financial support from the government since the 1920s.

Colonial government became involved in the medical training of Africans because of political and economic reasons. There was a concern among them that indigenous populations in British colonies were dwindling due to industrialization, labour migration and urbanization.[15] This caused anxiety in ruling and missionary circles because it provided ammunition to those

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[10] Mpika District Commissionor's report on the disease pattern in Mpika, February 1952.
[11] NAZ/MH1/03/14, Mpika District Commissioner's report, March 1945.
[12] Interview with Charity Mutambo, former medical auxiliary at Chilonga hospital, 13 January 2014.
[13] Interview with Charity Mutambo.
[14] Kalusa, "Disease and Remaking Missionary Medicine".

[15] Kalusa, "Disease and Remaking Missionary Medicine", p. 145.

who opposed colonialism.[16] European authorities in the colony and other parts of the continent hoped to undermine this criticism by promoting good health in African society.[17] By 1950s, they regarded the training of African medical auxiliaries as inevitably significant and a step in the right direction.

Therefore, European authorities in the territory began to support the training of auxiliaries at Chilonga and other mission stations. They anticipated that Africans trained in scientific medicine would contribute to creating a healthy labour force for European economic ventures in the colony. This view was shared by many Europeans in other colonies.[18] This point is supported by Nadav Davidovitch, who argues that medical training in British colonies was encouraged to promote the economic interests of Britain.[19] It is for these reasons that after the Second World War, authorities in Northern Rhodesia supported the training of local medical auxiliaries and establishment of rural dispensaries where such auxiliaries could work.[20] Catholic missionaries at Chilonga welcomed government support to build new dispensaries and clinic. This was a way by which they would expand the provision of their medicine beyond Chilonga Mission Hospital and evangelise to the rural masses, a move that would enable the WF to attract more Africans to Christianity.[21] With government support, Catholic missionaries opened dispensaries at Kopa, Chalabesa, Luchembe and other places in the district after the war.[22]

In the 1950s, the colonial government began to give financial assistance to missionaries to provide medical training to Africans. The government extended grants-in-aid to mission hospitals that had not been receiving aid for training African auxiliaries before.[23] For example, in 1959, it gave Chilonga Mission Hospital a grant of £180 for training of nursing orderlies and the paying them salaries.[24] Two years later, the government raised the amount to £320 per

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16 Kalusa, "Disease and Remaking Missionary Medicine", p. 145.

17 See Martin Headrick, **Colonialism and Public Health in Sub-Saharan Africa** (London: Preston Books Press 1982.

18 Headrick, **Colonialism and Public Health in Sub-Saharan Africa**, p. 122..

19 Nadav Davidovitch, "Public Health, Culture Medicine: Smallpox and Variolation in Palestine During The British Mandate", PhD Thesis, Cambridge University, 1989, p. 132.

20 Northern Rhodesia Government (NRG), **Health Department Annual Report for the Year 1946**Lusaka: Government Printers, 1947), p. 14.

21 NAZ/MH1/02/107, Public health and sanitation, August 1957.

22 NRG, **Health Department Annual Report for the Year 1946;** See also NAZ/MH1/02/107, Chilonga mission health centre, 1958.

23 See Kalusa, "Disease and Remaking Missionary Medicine".

24 NAZ/MH1/01/40, Grants for mission hospitals, 1959.

annum.[25] In addition to this, each African nursing orderly trainee at the hospital received a salary of £10 per annum.[26] The provision of grants toward the training of auxiliaries cheered missionaries at Chilonga and encouraged them to train local people in scientific medicine.

Medical missionaries at Chilonga Mission Hospital preferred to train candidates with Standard VI education. However, the absence of such candidates in the colony forced Catholic missionaries to admit trainees with Standard II and III education. The availability of trainees with such education in the 1950s resulted from the expansion in the provision of African education during and after the Second World War. As Peter Snelson observes, the expansion in African education was possible due to increasing government revenue from the copper industry during and after the war.[27] At Our Lady's Hospital, missionaries believed that educated auxiliaries were capable of assimilating the norms and values of modern medicine and spreading them to fellow Africans with whom they came into contact.[28] Many of these young people had earlier received mission education at Chilubula, Kasama or in Mpika itself.[29]

MEDICAL TRAINING AT CHILONGA

Medical missionaries at Chilonga began to train African dressers and orderlies informally in 1956.[30] There was no formal curriculum, and the trainees were not given adequate instruction in modern medicine. They were expected to learn by observation, imitation and repetition. This training proved unsatisfactory by modern biomedical standards and was discontinued after three years in preference for formal medical training.[31] Such medical training started with a lot of preparation and correspondence between the hospital and the Department of Health in Lusaka. On 28 November 1957, Sister Marie, the Matron at Chilonga, made a formal request to the Director Medical Services (DMS) in Lusaka asking for authority to commence the training of African medical assistants and nurses at the mission hospital. Below is part of her letter:

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[25] NAZ/MH1/03/73, Chilonga Mission Hospital: training of nursing orderlies, August 1961.
[26] NAZ/MH1/03/73, Chilonga Mission Hospital: training of nursing orderlies, May 1959.
[27] Peter Snelson, **Educational Development in Northern Rhodesia,**(Lusaka: National Education Co. LTD, 1974), p. 16.
[28] Chilonga mission diary Vol. 7, p. 210.
[29] Chilonga mission diary Vol. 7, p. 209.
[30] NAZ/MH1/02/107, Staff training and recruitment, July 1958.
[31] NAZ/MH1/03/73, Chilonga Mission Hospital: training of nursing orderlies, May 1959.

> May I make formal application for this hospital to be recognised as a nurse training school. We have the necessary requirements: A qualified medical practitioner. Three qualified nurses. Accommodation for fifty beds. Trusting this will meet the approval of the Director of Medical Services.[32]

The DMS first turned down the request. Instead, he informed Sister Marie that the mission hospital needed to employ more qualified European nurses and build more training facilities before her request could be accepted.[33] He advised her to do more preparatory work. Sister Marie seems to have complied. In October 1959, A. Wittek, the Acting Provincial Medical Officer (PMO) in Kasama, wrote the following letter to the DMS on behalf of Our Lady's Hospital:

> I am informed that the above hospital will shortly have a doctor on the staff and the Mother Superior and the Matron are once again anxious to obtain permission to form a teaching hospital for African staff. Most of the objections raised in this minute have been overcome. Two extra nursing Sisters have already taken up duties and more are expected shortly. All buildings are now completed. Some African helpers are employed by the Nuns so that they are not as over worked as previously, and would have sufficient time for teaching duties.[34]

But the DMS still refused to permit missionaries at Chilonga Mission Hospital to begin the training of Africans until all training requirements were met. This prompted A. Wittek, on 3 January 1960, to register his displeasure to the DMS over his reluctance to allow the hospital to start training African medical auxiliaries: "The whole programme of medical training at Chilonga", Wittek wrote, "is, I feel, subject to too many known medical pressures, exaggerations and is generally misunderstood."[35] He added that it was illogical to train African nurses outside the territory when they could be locally trained at a lower cost.[36]

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[32] NAZ/MH1/02/107, Sister Marie, Matron Chilonga Mission Hospital to the Director of Medical Services, Lusaka, 28th November 1957.

[33] NAZ/MH1/02/107, The Director of Medical Services, Lusaka, to the Matron, Our Lady's Hospital, Chilonga, May 1958.

[34] NAZ/MH1/02/118, A. Wittek, Provincial Medical Officer, Kasama to The Director of Medical Services, Lusaka, 13th October 1959.

[35] NAZ/MH1/02/118, A. Wittek, Provincial Medical Officer, Kasama to the Director of Medical Services,

In March 1959, the hospital's Matron successfully requested the DMS to send her a copy of the government-approved medical training syllabus used to train African auxiliaries in government health institutions.[37] A year later, R.H. Purnell, the Medical Superintendent (MS) in the Department of Health, sent two copies of the syllabus to the Matron.[38] "I have enclosed," Purnell wrote to the Matron, "two copies of the syllabuses at present in use at the [government] training schools." One of the syllabuses was intended to produce auxiliary assistants such as nurses, orderlies and ward attendants. The other syllabus as for training more qualified personnel called medical assistants who would undertake a more specialized training in modern medicine.[39] R. H. Purnell observed that in government and mission hospitals where auxiliaries were already being trained, "Teaching followed these syllabuses fairly closely, but modifications were made from time to time in the light of experience."[40]

On 28 November, 1960, the DMS finally gave in to pressure and approved the training of Africans at Chilonga.[41] Catholic missionaries started formal medical training as soon as they received the government-approved curriculum. The formal training programme consisted of two courses. The first was a simplified course for hospital assistants, such as dressers and ward attendants. The second and more advanced course was for medical assistants such as nurses. The courses were spread over a three period and trainees were required to have passed Standard VI at recognised schools. It was a requirement for all candidates with lower education to first attend English classes to improve their English before starting their training.[42] The first two years of training were devoted to the theory and practice of nursing, with special emphasis on the practical side.[43] In the third year, the trainees revised the previous two years' work. Those training as medical assistants also received special instructions in midwifery to meet the needs and conditions obtaining in local villages.[44]

Lusaka, 20th October 1962.

36 NAZ/MH1/02/118, A. Wittek, Provincial Medical Officer, Kasama to the Director of Medical Services.

37 NAZ/MH1/03/73, Syllabus of training for assistant nurses at mission hospitals, March 1959.

38 NAZ/MH1/03/73, Training of African medical staff at mission hospitals, March 1960.

39 NAZ/MH1/03/73, Training of African medical staff at mission hospitals.

40 NAZ/MH1/03/73, Training of African medical staff at mission hospitals.

41 NAZ/MH1/08/08, Circular minutes No. 1611/DS/6/2 of 28th November 1960.

42 Chilonga Mission: minutes No. 22/CH/12, February 1960.

43 NAZ/MH1/03/73, Syllabus of training for assistant nurses at mission hospitals, March 1959.

44 NAZ/MH1/03/73, Syllabus of training for assistant nurses at mission hospitals.

In the early days of medical training at Chilonga, the hospital admitted mostly young girls and boys whom they trained as hospital assistants. They were children of parents who were Christian converts. These were boys and girls who had grown up on the mission station and were mostly sons and daughters of early untrained medical auxiliaries at the institution.[45] For instance, in 1960, the missionaries enrolled Chileshe Mwamba and Mwila Mwamba (who had adopted the Christian names of Grace and Charity, respectively, after being baptised in the Catholic faith).[46] They were daughters of Hildah Mwamba, a former auxiliary at Chilonga hospital and had served at the institution for a number of years.[47] These and many other parents of early medical trainees at Chilonga had earlier performed menial works at the station.[48]

Former patients were also potential candidates for training as auxiliaries at Chilonga. Megan Vaughan states that the early missionaries often recruited their assistants from amongst former patients.[49] As Vaughan argues, this was because it was initially very "difficult initially to recruit for work which was frequently regarded as lowly and demeaning."[50] Christian missionaries at Chilonga were interested in training their former patients especially those who had converted to Christianity. Missionaries believed that such auxiliaries would be reliable, honest and trustworthy. They would, therefore, make good and reliable medical students and employees. Additionally, the Catholic missionaries expected all candidates to exhibit such virtues as resourcefulness and to act reasonably in emergencies or difficult situations.[51]

It is important to note that the majority of African trainees at Chilonga were converts who were educated in missionary schools. Some of them were drawn from among literate auxiliaries who had already been employed at Chilonga as untrained auxiliaries.[52] However, only the most capable literate auxiliaries were considered for the training programme. Furthermore, those literate auxiliaries who had undergone informal training were automatically admitted to the new training programme. It was assumed that these trainees, by virtue of their

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[45] Chilonga Mission: minutes No. 22/CH/12, February 1960. See also Meghan Vaughan, **Curing Their Ills: Colonial Power and African Illnesses** (Stanford: Stanford University Press, 1999), p. 65.
[46] Chilonga Mission: minutes No. 22/CH/12, February 1960.
[47] Interview with Hildah Mwamba.
[48] NAZ/MH1/03/73, Training of Africans, 24 March 1958.
[49] Vaughan, **Curing Their Ills,** p. 65.
[50] Vaughan, **Curing Their Ills,** p. 62.
[51] NAZ/MH1/03/73, Training of hospital assistants: Chilonga mission, November 1959.
[52] Chilonga mission diary Vol. 7, p. 206.

earlier informal training, had already acquired some medical knowledge and experience.[53] Like other medical missionaries, Catholic missionaries at Chilonga believed that these auxiliaries would assist them in treating the rising number of patients and undermining local healers and medical beliefs, and would play a role in spreading the gospel beyond the mission ingrate. .[54]

The medical training at the mission hospital was intended to instill into trainees the basic principles of the treatment of common and surgical conditions in patients.[55] The course was very intensive and demanding. During their training, students were tutored in all the basic branches of modern medical. They were taught elementary hygiene, anatomy and physiology, general nursing, principles of cleanliness, care of linen, sterilization of instruments and utensils, laundry work. They also received instruction in preparation of food and personal cleanliness was stressed throughout the training[56]. However, informal medical training at Chilonga was discontinued in 1962 because it did not have the approval of the Department of Health.[57]

The first intake of students in the formal training programme at Chilonga consisted of three males and one female. They were Albert Mutale, Charles Kangwa, Peter Lulambe and Silvia Chikatula and were to be trained as hospital assistants. All the students successfully completed the course and were subsequently deployed at Chilonga hospital itself in 1960.[58] On 16 June 1961, six other trainees commenced training as dressers.[59] Among them were Boyd Mulenga, Bwalya Martin Nsupila, John Mwango and Mary Nsupila, who was the only female student in the group.[60] Bwalya Martin Nsupila and Mary Nsupila were the offspring of Bwalya Witika Nsupila, a former patient who had spent nearly a year in the hospital as a result of a broken spinal cord, and later converted to Christianity.[61] These candidates were trained in the dressing of wounds and the handling of stock medicine. They were given formal instruction in

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53 Chilonga mission diary Vol. 7.

54 Kalusa, "Disease and the Remaking of Missionary Medicine," p. 153; Van Der Merwe, **The Day Star Arises in Mashonaland** (Fort Victoria: Morgenster Mission Press, 1953), p. 46.

55 NAZ/MH1/03/73, Training of hospital assistants: Chilonga mission, November 1959. See also NAZ/MH1/03/73, Training of Africans in mission hospitals, 1962.

56 NAZ/MH1/03/73, Syllabus of training for assistant nurses At mission hospitals, March 1959.

57 NAZ/MH1/03/73, The Director of Medical Services to the Matron Chilonga Mission Hospital, 13 October 1962.

58 NAZ/MH1/03/73, Training of Africans at Chilonga, December, 1960.

59 NAZ/MH1/03/73, Training of Africans, Chilonga Mission Hospital, June 1962.

60 NAZ/MH1/03/73, Chilonga Mission Hospital: training of hospital dressers 1958-1963.

61 Interview with Charity Mutambo.

modern medicine but they learned also by working alongside white nursing sisters in the wards. They also did practical work such as measuring and giving out medicine to patients.[62]

In November 1962, eight African trainees were recruited to train as medical assistants and were very enthusiastic to receive the training in modern scientific medicine.[63] Only female candidates were recruited. Out of the eight, five passed and the rest failed the course.[64] Those who failed the course were, however, employed to work at Chilonga Mission Hospital and in other government health institutions in the colony. [65] In March, 1966, sixteen other girls were accepted for the year's intake.[66] Only ten arrived to take up the course. Three were eliminated from training within seven months.[67] Their failure rate was attributed to inadequate academic standards, as the well qualified girls preferred proceeded to secondary schools to doing medical training.[68] According to V.V. Allies, the Provincial Medical Superintendent (PMS) in Kasama, "It was becoming increasingly difficult to recruit girls of the necessary educational standard for training at Chilonga because most girls of the required standard are now going on to secondary school education."[69]

Students trained as medical assistants were expected to study hygiene, the causes and prevention of infection, and theory and practical nursing. They also received lessons in treating many diseases such as fevers and infections affecting the body.[70] They also learned about diseases of the respiratory, digestive and nervous system.[71] In addition, they were taught about diseases related to lack of proper nourishment, those affecting the skin, surgical diseases, tumors and diseases of the eye.[72] They also learned about elementary surgical techniques and names of instruments.

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62 NAZ/MH1/03/73, Chilonga Mission Hospital: training of dressers, 19162.

63 NAZ/MH1/03/73, Chilonga mission African training report to the Director of Medical Services, 14th November 1962.

64 NAZ/MH1/01/38, Chilonga Mission: training of hospital assistants, 1965.

65 NAZ/MH1/03/73, Training of Africans at Chilonga, 1962; Interviews with Grace Nayame, former Nursing Orderly at Chilonga Mission Hospital, 20th January 2014.

66 NAZ/MH1/03/12, Chilonga mission enrolment report, December 1967.

67 NAZ/MH1/03/12, Chilonga mission enrolment report.

68 NAZ/MH1/03/12, V.V. Allies, Medical Superintendent, Chilonga mission training school report, 12 November 1965.

69 Ibid.; NAZ/MH1/03/12,Chilonga mission enrolment report, 1967.

70 NAZ/MH1/03/73, Syllabus of training for assistant nurses at mission hospitals, March 1959.

71 NAZ/MH1/03/12, Chilonga Mission Hospital: training of nursing orderlies, 1963.

72 NAZ/MH1/03/12, Chilonga Mission Hospital: training of nursing orderlies.

In their final year, medical students learnt practical nursing which involved treatment of wounds and giving injections and giving doses. They also learnt diluting commonly used lotions, testing of urine, keeping records and the administration of common drugs.[73] Moreover, they received lectures in midwifery, elementary pelvic anatomy, diagnosis, pregnancy, and the management of normal labour, antenatal care, pregnancy complications of and treatment of some of such complications.[74] Acquiring practical knowledge of elementary midwifery and personal cleanliness was considered as essential by missionaries throughout the training.[75]

During the medical training, Catholic missionaries also introduced students to treating a number of diseases common in the colony. These were malaria, dysentery, venereal disease, bilharzias, tropical ulcers, scurvy, pellagra, yaws, relapsing fever, trypanosomiasis, helminthes diseases, pneumonia and others.[76] These medical trainees were expected to know how these diseases are contracted and their symptoms in patients, and they learned the causes, diagnosis and treatment of these diseases.[77] Furthermore, they learned simple preventive measures of these diseases. Missionary trainers believed that once trained in these diseases qualified hospital assistants could help their patients to understand how to prevent these diseases.[78]

They were also instructed in several aspects of ward work and general principles of treatment. Practical instructions were given by the ward sisters and senior medical assistants. These instructors were under the general supervision of the Matron of the hospital, who worked in cooperation with the nursing tutors.[79] The ultimate aim was to produce graduates who would serve in a mission hospital or dispensary under minimal supervision.

At Chilonga, missionaries considered discipline to be very important during the entire period of medical training. They wanted trainees to maintain very high standard of discipline. They expected all trainees to be morally upright and to exhibit Christian values. There were few serious cases of indiscipline probably due to the fact that most trainees came from the Catholic background. However, some students were indifferent to the required moral standards. For

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[73] Interviews with Grace Nayame, former hospital assistant at Chilonga Mission Hospital, 16 February 2014.

[74] NAZ/MH1/03/73, Syllabus of training for assistant nurses at mission hospitals, March 1959.

[75] NAZ/MH1/03/73, Syllabus of training for assistant nurses at mission hospitals.

[76] Chilonga mission: training of African assistants, 1962.

[77] Interview with Grace Nayame.

[78] Christian Missionary Conference on the treatment of disease, September 1961.

[79] NAZ/MH1/03/73, Instruction of training: Chilonga Mission Hospital, September 1962.

instance, in 1962, Mary Ngosa Mulenga was expelled for physically assaulting a patient.[80] In the same year, missionaries at the hospital dealt with other acts of indiscipline. These included absconding lectures, returning late to the training school after night duty, and insolence to European staff.[81] In 1964, three students did not return to the school while one was expelled for returning late after the holidays.

According to Catholic missionaries, the year 1964 did not go well because four students were expelled due to indiscipline.[82] Between 1965 and 1973, four other students were also expelled from the institution for various offences such as assault, altercation in the ward over an injection, fighting, absenteeism, falling pregnant and unsuitability for medical training.[83] Some of the cases of indiscipline were a result of the fact that African trainees sometimes challenged the authorities of the White trainers. Such challenges sometimes erupted because of the repressive nature of some of the missionary medics, harsh treatment of trainees and the autocratic tendencies by the missionary authorities.[84]

Generally, however, the conduct of most African medical students was reported to be highly impressive.[85] Medical missionaries at Chilonga attributed the moral uprightness exhibited by most of the trainees to Christian values inculcated in them during the training. The exemplary behaviour portrayed by many medical students was due to the fact that most of them were drawn from Christian homes and were converts in the Catholic faith.[86]

The training of African medical auxiliaries improved staffing levels at at Chilonga Hospital. This made it possible to treat larger number of patients and to carry out other functions at the hospital. The Table below shows the numbers of in-patients, medical operations and maternity case attended to at Chilonga in selected years between 1963 and 1973.

Table I: Figures of in-Patients, Operations and Maternity Cases at Chilonga Hospital, 1963-1974

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80 NAZ/MH1/03/12, Student Discipline, Chilonga Mission, May, 1962.

81 NAZ/MH1/03/12, Student Discipline, Chilonga Mission.

82 NAZ/MH1/03/12, Student discipline, Chilonga mission, 1964.

83 Chilonga Mission hospital, report on the discipline of students, December 1973.

84 Republic of Zambia Ministry of Health **Annual Report for the Year 1973,** Lusaka: Government Printers, 1974, p. 12.

85 Republic of Zambia Ministry of Health **Annual Report for the Year 1973,** p. 12.

86 Republic of Zambia Ministry of Health **Annual Report for the Year 1973,** p. 13.

Year	in-patients	operations	Maternity cases
1963	1,951	796	345
1964	2,735	985	383
1967	8,934	1,867	479
1973	9,264	2,421	652

Source: Chilonga Mission Hospital in-patients statistical report, November 1963-1974.

As the table shows, the number of in-patients treated at the hospital increased from 1,951 in 1963 to 2,735 in 1964, 8,934 in 1967 and 9,264 in 1973. At the same time, the number of operations rose from 796 in 1963 to 985 in 1964, 1,867 in 1967 and 2,421 in 1973. The number in maternity cases attended to at the hospital also increased.

FUNCTIONS OF TRAINED AUXILIARIES

Auxiliaries trained in modern medicine possessed superior medical knowledge and, therefore, came to enjoy greater medical authority than untrained auxiliaries. Even if they performed some of the functions of untrained auxiliaries,[87] they carried out many other duties that needed scientific knowledge that untrained auxiliaries lacked. For example, in 1967, medical missionaries at Chilonga reported that these auxiliaries performed advanced and complicated physiotherapy.[88] Other complicated functions performed by trained auxiliaries included administering intramuscular and intravenous injections to patients, and blood transfusion.[89] Those who worked in maternity wards also helped patients to do antenatal and post-natal exercises.[90] They also performed mouth-to-mouth resuscitation, inserted bladder catheters in patients, vaccinated people against smallpox, treated burns and sutured wounds according to aseptic principles.[91] Trained auxiliaries also drained poisons from wounds caused

[87] Chilonga mission report, 10 August 1968. Some of these duties were also performed by literate but untrained auxiliaries.

[88] Chilonga Mission Hospital: Africans performance report, 17 July 1967.

[89] Interview with Grace Nayame.

[90] Chilonga Mission Hospital: in-patients statistical report, November 1969.

[91] Interviews with Charity Katongo Bwalya, Former Nursing Assistant at Chilonga Mission Hospital,

by snake bites, prevented loss of blood, performed first-aid and identified symptoms of some diseases and effected treatment without being supervised by missionaries.[92] Most of these tasks demanded scientific knowledge acquired only through medical training. These functions show that the medical training at Chilonga succeeded in producing competent auxiliaries. This is why some of them were sent to man Catholic dispensaries at Chalabesa, Luchembe and Kopa, where they worked without the daily supervision Catholic missionaries.[93]

Trained auxiliaries employed at mission hospital itself also needed minimal or no supervision from Europeans. For, example, they managed the wards on their own. Conversely, untrained auxiliaries were never allowed to operate in the wards in the absence of white supervisors. There is evidence that missionaries came to invest trust trained auxiliaries and, therefore, gave them more medical authority. For example, they permitted them to monitor patients' vital signs and to record significant changes in the organs.[94] They also allowed them to monitor patients' blood pressure, pulse, temperature and respiration. This was important in determining the condition and progress of a patient. Trained auxiliaries carried out treatment depending on the observations they made. This is a testimony to the effectiveness of their medical training.

SIGNIFICANCE OF TRAINED AUXILIARIES

The importance of trained medical auxiliaries at Chilonga is not in doubt. They mastered important skills that used them to carry out roles that were earlier done my white missionaries alone. In so doing, African trained in modern medicine reduced the burden of medical work for missionaries. This enabled Catholic medical practitioners to extend their medical work to other parts of Mpika. After 1960, it was these auxiliaries who ran mission dispensaries at Chalabesa, Kopa, Luchembe and Katibunga. Training in scientific medicine allowed the auxiliaries to run these dispensaries effectively and efficiently with minimal

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12 February 2014. See also Joyce Smit, "Training of African Nurses in Nyasaland (Malawi) from 1889-1927".

[92] Chilonga Mission Hospital: record-cards and patients' statistics, 24th September 1967. Chilonga Mission Hospital: In-patients Statistical Report, November 1969.

[93] Interview with Grace Nayame.

[94] Interview with Grace Nayame.

supervision form missionaries. Their work at these dispensaries brought missionary medicine close to the people and won auxiliaries the trust and confidence of their fellow Africans, who frequently referred to them as *bashinganga* (doctors).[95] This increased the fame of missionary medicine among the local people.

Trained auxiliaries were important in the development of missionary medicine in Mpika. Like earlier auxiliaries, they played an important part in patient management and maintaining hospital records. Furthermore, by taking an active role in dispensing medicine, these auxiliaries relieved European nurses and doctors of the burden of their workload. It is also indisputable that these auxiliaries performed some roles that earlier African medical workers were not qualified to do, including laboratory work and working the operation theatre.[96]

African auxiliaries trained modern medicine used their medical knowledge to make mission medical work popular. They became models to other Africans who aspired to train in mission and colonial medicine.[97] despite the significant of the functions they performed at Chilonga Hospital, trained auxiliaries were, like their untrained counterparts, cast by their missionary employers as simple helpers. Therefore, they occupied marginal positions in the hospital medical hierarchy and, as the next chapter shows their conditions of service were generally poor.

CONCLUSION

This chapter has discussed the medical training and functions of African auxiliaries at Chilonga Mission Hospital. The chapter has shown why Catholic missionaries began to train Africans in scientific medicine in the late 1950s and the early 1960s and the curriculum they offered to trainee auxiliaries. The chapter argues that trained auxiliaries acquired scientific medicine that enabled them to perform more advanced functions than their untrained counterparts. They also played an important role in the expansion of medical services beyond the mission hospital because they ran mission dispensaries in other parts of Mpika.

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[95] Interview with Grace Nayame.

[96] Chilonga Mission Hospital: staff record, 1973.

[97] Chilonga Mission Hospital: staff record.

CHAPTER FOUR

AFRICAN MEDICAL AUXILIARIES AND CONDITIONS OF SERVICE, 1905-1973

INTRODUCTION

The last two chapters show that African medical auxiliaries performed important roles at Chilonga Mission Hospital. However, this chapter shows that their living and working conditions, such as rations, salaries and housing were generally poor, even though those of medically trained auxiliaries were slightly better than those of untrained ones. African auxiliaries at Chilonga Mission Hospital continued to be poorly-housed, underpaid and often unappreciated despite the fact that their functions were indispensable to the provision of mission medicine in the district. Catholic missionaries in Mpika were hesitant to improve the working and living conditions of their African employees, and they excluded them from making decisions that affected auxiliaries' economic and social life. Moreover, missionaries did not permit African medical auxiliaries to air their grievances. Any detected sign of acrimony, bitterness or despondency among auxiliaries, expressed individually or collectively, was hastily suppressed.[1] The chapter argues that poor living and working conditions were a source of conflict and tension between the African employees and their white employers. The first section of the chapter deals with conditions of service of untrained employees from the early days of Chilonga mission to the late 1950s. The second section examines the conditions of service of trained auxiliaries after that period.

CONDITIONS OF SERVICE FOR UNTRAINED AFRICAN MEDICAL AUXILIARIES AT CHILONGA

From the early days, conditions of service of illiterate African auxiliaries at Chilonga Mission Hospital were poor and differed from those of literate auxiliaries.[2] These auxiliaries

[1] Interview with Joyce Mwango Bwalya, former midwifery at Chilonga Mission Hospital, 22nd January 2014.

[2] Chilonga mission dispensary report No. C/M/D/02-11/MD, November 1911.

were subjected to long working hours and did tiring physical jobs. According to mission report written by Catholic missionaries at the hospital in 1912, the earliest auxiliaries were required to report for work around five o'clock in the morning and to stay on until late in the evening.[3] They were also paid their wages in kind.[4] Their pay consisted of foodstuffs such as sugar, salt milk, rice, beans and sometimes tinned foods.[5] Meat and fish were added to the rations after the First World War.[6] Auxiliaries received these foodstuffs once every month, and this practice continued up to the 1920s, when monetary payments were introduced.

Auxiliaries' rations were not always readily available at the mission hospital, and the workers received them only when the foodstuffs were available.[7] This problem arose because foodstuffs were obtained from the line of rail and other distant places.[8] Poor transport due to lack of reliable roads and vehicles worsened this problem. This made the delivery of foodstuffs to the hospital very difficult.[9] Food consignments sometimes reached Chilonga too late or not at all.[10] Therefore, African medical employees sometimes worked for months without receiving any rations. In 1916, for example, they worked for six months without receiving mission foodstuffs. This was a clear infringement against the colonial government's policy under which European employers in the colony were obliged to feed their African workers, and an abrogation of their condition of service.

The lack of food at Chilonga Mission Hospital was a source of tension and conflict between Catholic missionaries and Africans. Mission reports show the lack of food caused much resentment among African mission employees against missionaries.[11] They often complained to them against delays in receiving mission rations and against the inadequacy of the rations given

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[3] Chilonga mission dispensary report No. C/M/D/03-12, June 1912.
[4] Chilonga mission report No. CH/07/2 of September 1915.
[5] Chilonga mission diary Vol. 7. 1915-1925.
[6] Chilonga mission diary Vol. 7.
[7] Chilonga mission diary Vol. 7., see also Chilonga mission dispensary: foodstuffs for African workers, February 1914.
[8] Chilonga mission report No. C/M/D/32SD, August 1916.
[9] Chilonga Mission Hospital: food rations for African employees, August 1956 p. 2.
[10] Chilonga Mission Hospital: food rations for African employees, August 1956 p. 2.
[11] Chilonga mission diary Vol. 7.

to auxiliaries.[12] Sometime, auxiliaries even threatened to quit and go back to their former occupations.[13]

The poor supply of foodstuffs at the hospital forced African auxiliaries to grow their own food.[14] According to mission accounts, auxiliaries grew food crops like maize, millet, sorghum, cassava beans and pumpkins and stored them in their barns.[15] In the 1928, a DC in Mpika expressed his satisfaction at the availability of grain in African households around the mission station and in other parts of the district.[16] This suggests that the foodstuffs grown by auxiliaries made up the bulk of the food supplemented what Catholic missionaries gave them.

In February 1936, missionaries at Chilonga introduced the payment of an unspecified food allowance to their African workers.[17] This was in response to a government directive.[18] The rationale behind the payment of the allowance was to cushion their wages, which were generally low.[19] At the beginning of this programme in 1936, only nine out of eighteen employees were eligible for the ration allowance.[20] They were all literate. Among them were six females, two of whom were widows and three men.[21] In April 1938, all medical auxiliaries, whether illiterate or literate, became eligible for a new food allowance. According to a government circular of June 1940, the allowance was to be paid to only employees who were not receiving the cost-of-living-allowances.[22] The payment of the ration allowance was intended to improve nutrition levels among African employees in low income salary scales.[23] After the Second World War, married auxiliaries began to receive more foodstuffs and ration allowances

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[12] Chilonga mission dispensary: salaries/wages for African employees, November 1916.

[13] Interview with Prisca Mwamba, former auxiliary, Chilonga Mission Hospital, 20th January 2013.

[14] NAZ/MH1/02/50, Chilonga mission dispensary: report on African nutrition, November 1922 p. 3.

[15] NAZ/MH1/02/50, Chilonga mission dispensary: report on African nutrition, July 1923, p. 2.

[16] See for example, Mpika District Commissioner's report, August 1928.

[17] NAZ/Mh1/02/50, Chilonga mission dispensary: payment of food rations to African employees, February 1936.

[18] NAZ/02/50, Chilonga mission dispensary: payment of food rations to African employees, April 1938.

[19] Northern Rhodesia Government (NRG) Department of Health **Annual Report for the Year 1939,Lusaka:** Government Printers, 1940, p. 14.

[20] NAZ/02/50, Chilonga mission dispensary: payment of food rations to African workers, August 1936.

[21] NAZ/02/50, Chilonga mission dispensary: payment of food rations to African workers.

[22] NAZ/MH1/02/50, circular No. Ds/24/6, payment of food rations allowance to African employees, June 1940.

[23] Northern Rhodesia Government (NRG)Department of Health **Annual Report for the Year 1942, Lusaka:**
Government Printers, 1943, p. 8.

than their unmarried counterparts in accordance with a new government policy.[24] This policy compelled some unmarried auxiliaries to marry in order to increase their own ration allowances.[25]

The payment of ration allowances did not improve the food situation among medical auxiliaries and their families, even though missionaries believed that this was the case.[26] Since auxiliaries' wages were low and the rations inadequate, some of them exchanged their mission rations for caterpillars, clothes, and locally brewed types of beer, such as *katata* and *chipumu*.[27] This was not allowed by missionaries. Medical auxiliaries also shared rations with their extended families to enhance their social relationships. Additionally, they paid some of the rations they received from missionaries to other people to work in their gardens in order to grow maize, cassava, millet and groundnuts. As missionaries complained in the 1930 and 40s, some of these practices reduced the amount of food African medical workers consumed.[28]

The food situation for most workers did not improve because of low wages or salaries.[29] In the 1920s, each illiterate employee at the hospital was entitled to a wage of £20 per annum.[30] This was £12 lower than what literate mission employees on government payroll were paid.[31] In 1928, Christian missionaries in the colony as a whole resolved to make the salaries of both categories of workers uniform, but the lack of funds at Chilonga Mission Hospital prevented the WF from implementing this reform fully.[32] Thus, at Chilonga only one illiterate female auxiliary, Grace Chibale Witika, was by the late 1920s receiving a salary equivalent to those of literate auxiliaries.[33] This was after her salary was adjusted upwards because she was reportedly hard working, humble, dependable and trustworthy.[34] This condition of service inspired many illiterate auxiliaries to work extra hard in order to have their salaries increased. However, in a

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[24] Northern Rhodesia Government (NRG), **Department of Health Annual Report for the Year 1948, Lusaka: Government Printers, 1949,** p. 8.

[25] NRG, **Department of Health Annual Report for the Year 1952, Lusaka:** Government Printers, 1953, p. 12.

[26] NAZ/MH1/02/107,Chilonga Mission Hospital: Food rations for African employees, 1957, p. 2.

[27] Chilonga mission diary Vol. 7, p. 18.

[28] Chilonga mission diary Vol. 7, p. 18.

[29] Chilonga mission dispensary: African wages and salaries, November 1919.

[30] NAZ/MH1/02/50, Chilonga mission dispensary, salaries for African employees, April 1920.

[31] NAZ/MH1/02/50, salaries for African employees, 1922.

[32] NAZ/MH1/02/50, Christian missionary conference, July 1928.

[33] NAZ/MH1/02/50, Christian missionary conference.

[34] Chilonga mission dispensary report, May 1928 p. 3.

bid to raise their salary scale, illiterate auxiliaries became susceptible to exploitation and abuse by missionaries. Oral accounts show Catholic missionaries made these auxiliaries to work for longer hours beyond their normal working time before raising their salaries.[35]

The year 1939 saw an upward adjustment in the salaries of illiterate auxiliaries. Their salaries were increased from £20 to £32 per annum.[36] The salaries for illiterate auxiliaries remained at this level until 1953 when there was a marginal increment of £5 per annum.[37] After the 1953 increment, auxiliaries worked for several years without any additional pay. This was a clear violation of their conditions of service, as medical auxiliaries in the colony as a whole were entitled to an annual increment as part of their conditions of service.[38]

Salaries for African workers were poor even after they were raised after the Second World War. These salaries failed to cushion the workers from high prices after the war. Thus, tensions between African auxiliaries and Catholic missionaries emerged over low salaries. In April 1959, auxiliaries accused their European employers of being insensitive to their plight.[39] However, instead of looking into the plight of their employees, missionaries threatened to dismiss the workers they saw as ringleaders or agitators.[40]

In the 1950s, the financial situation at Chilonga was so poor that African auxiliaries sometimes went for months without receiving their remunerations.[41] Therefore, towards the end of 1957, missionaries at Our Lady's Hospital requested the DMS to consider initiating a scheme under which African employees at the hospital could be put on the government payroll.[42] This request was accepted but only literate auxiliaries were included on the government payroll.[43]

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35 Interview with Majory Mutambo.

36 Northern Rhodesia Government (NRG) **Annual Report,** p. 15.

37 NAZ/MH1/01/40, salaries for African employees, November 1953.

38 Northern Rhodesia Government (NRG) Department of Health **Annual Report for the Year 1952,** Lusaka:
Government Printers, 1954, p. 14.

39 Mpika District Commissioners's report, April 1959.

40 NAZ/MH1/02/118, Chilonga mission report, March 1959.

41 Chilonga Mission Hospital report on African staff salaries, August 1957.

42 NAZ/MH1/01/38, The Matron of Our Lady's Hospital, Chilonga, to the Director of Medical Services, Lusaka, September 1957.

43 NAZ/MH1/01/38, the Director of Medical Services, Lusaka, to the matron, Our Lady's Hospital, Chilonga, November 1957.

Henceforth, such auxiliaries were paid from a grant that the colonial government sent to Chilonga every month.[44]

Uneducated auxiliaries continued to face challenges with regard to salaries, which remained static for many years. Missionaries at the hospital and elsewhere in the colony were indifferent to such auxiliaries' pleas for salary increments. In 1959, this prompted R.H. Purnell, PMS for Northern Province, to complain to the Matron at Our Lady's Hospital that:

> Since the advent of the [new salary] scale for African employees, it has been for long been apparent that the African medical staff employed by the various subsidized missions are very satisfied with their rate of pay. [But] during the course of every tour I have made this year, I have listened to expressions of dissatisfaction from representative bodies of the [African] staff at nearly every mission visited. Their sense of grievances is enhanced by the fact that missions are in receipt of [new] rates of pay.[45]

Purnell's letter reflects missionaries' resistance to increase the salaries of their African employees even in the face of a government directive to do so. The letter lamented the low salaries African workers at mission hospitals were getting.[46] Purnell, therefore, sought the intervention of the DMS' office.[47] In response, in 1960, R.P. Stephens, the DMS, issued a directive to Sister Susan Milton, the Acting Matron at Chilonga to ensure that auxiliaries' complaints over salaries were redressed.[48] In July 1964, under pressure from the colonial state, the missionaries adjusted the salaries for all their untrained auxiliaries by £3 per annum.[49] However, even this increment failed to resolve the auxiliaries plight.

Poor salaries forced many auxiliaries to engage in various economic activities to supplement their earnings. As already seen, some auxiliaries engaged in food production and

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[44] Chilonga Mission Hospital: a report on the salaries for African employees, March 1958.

[45] NAZ/MH1/02/118, the Provincial Medical Officer Northern Province to the matron of Our Lady's Hospital Chilonga, October 1959.

[46] NAZ/MH1/02/118, the Provincial Medical Officer Northern Province to the matron of Our Lady's Hospital Chilonga.

[47] NAZ/MH1/02/118, the Provincial Medical Officer to the Director of Medical Services, Lusaka, 9th January 1960.

[48] NAZ/MH1/02/118, the Director of Medical Services Lusaka, to the matron of Our Lady's Hospital Chilonga, November 1960.

[49] NRG, **Department of Health Annual Report for the Year 1964**, p. 16.

others traded in European goods. In this way, they were earned money to supplement their mission income. This enabled them to buy European goods such as blankets, shoes, clothes, radios and bicycles using their earnings.[50] These items became a symbol of social status among medical auxiliaries.[51] The extra income auxiliaries earned enabled them to also erect modern houses with corrugated iron sheets and windows with glass panes.

By the early 1950s some African medical auxiliaries were saving money from their income-generating activities to buy bicycles.[52] Often times, these people hired out the bicycles to traders who used the bicycles for transport. An auxiliary named Bwembya Chitoshi, for example, was able to earn a living by hiring out two of his bicycles which he had bought using his own savings.[53] Those who hired Chitoshi's bicycles paid him farm produce which he sold at Mpandafishala. Later, Chitoshi was able to set up a small shop in the area dealing in an assortment of goods and he provided work to two people.[54] Although such economic activities helped business-minded auxiliaries, many mission employees continued to cash-strapped. Only after independence did the new Zambian government began to tackle the question of salaries seriously and to improve other conditions for African health workers in the country. This was intended to attract more people to work in mission and government health institutions.[55]

After the Second World War, African auxiliaries at Chilonga Mission were entitled to free uniforms. Under a government regulation of 1949, Africans employed in both mission and government health institutions were eligible for uniforms.[56] They were issued "3 shirts with collar attached, 2 pairs of shorts and 3 caps, white or khaki."[57] The uniform had to be worn whilst on duty. Any employee "found on duty not wearing the standard uniform would face a disciplinary charge."[58] Auxiliaries were expected to wear clean uniforms whilst on duty. Their their immediate white supervisors checked on the state of the uniform.[59] Supervisors were also

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[50] Mpika District Commissioner's report of April, 1948.
[51] Interview with Prisca Mwamba.
[52] Chilonga Mission Hospital report: African employees, October 1952.
[53] Chilonga Mission 1899-1999.
[54] Chilonga Mission 1899-1999.
[55] The Republic of Zambia, **Department of Health Annual Report for the Year 1966**, p. 22.
[56] NAZ/MH1/02/50, African staff uniform, October 1949.
[57] NAZ/MH1/08/08, circular minutes No. 25, uniform for indoor servants, November 1949.
[58] NAZ/MH1/08/08, circular minutes No. 25, uniform for indoor servants, November 1949.
[59] NAZ/MH1/08/08, circular minutes No. 25, uniform for indoor servants, November 1949.

obliged to go round in the course of duty every day to verify if auxiliaries under their supervision wore clean uniforms.[60]

Some European took advantage of uniform regulations to discipline local medical workers. They often sent them back home on the ground that their uniforms were dirty. Similarly, auxiliaries who lost or misplaced their uniforms were sent back home, or suspended or even dismissed from their jobs. For example, Isaac Simbeye and Peter Chifumbe were dismissed in 1960 for losing their uniforms.[61] Even auxiliaries who wore their uniforms after returning from work faced disciplinary action. For instance, Mwango Chola was suspended for two months because he was found wearing his uniform in his cassava field.[62] His suspension however, seems to have been instigated by a missionary who had differed with Chola at work.[63] In the same year, Kenneth Mulenga, a dresser, was suspended and later dismissed because the hospital's Matron found him in the hospital with his uniform shirt off.[64]

In a similar way, Arnold Sichone, a dispenser-in-charge at the Catholic dispensary at Chalabesa dispensary, was severely reprimanded as he did not wear his uniform while on duty.[65] These suspensions and dismissals infuriated African auxiliaries and aggravated the tensions between the two parties. This was largely because auxiliaries were not given any opportunity to exonerate themselves whenever they were found with a case. Too often, missionary employers took excessive and punitive actions against offenders.

Any attempt by Africans to seek redress over uniforms was turned down.[66] Aggrieved auxiliaries sometimes tried to appeal to the hospital matron to register their displeasure over issues of uniform and other poor conditions of service. Their complaints were, however denied simply dismissed by missionaries. In fact, any attempt by auxiliaries to see the matron over their grievances was deemed disruptive behaviour and did not go unpunished.[67] On 10 May 1960, however, the colonial government issued a circular directing mission hospitals in the colony to

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[60] Chilonga Mission Hospital, uniforms for African employees, September 1960.
[61] NAZ/MH1/02/118, staff discipline: African staff, Our Ladies Hospital Chilonga, 19th November 1960.
[62] NAZ/MH1/02/118, staff discipline: African staff, Our Ladies Hospital Chilonga.
[63] Interview with Chileshe Chibuye former medical auxiliary, Chilonga Mission Hospital, 18th February 2014.
[64] NAZ/MH1/02/118, staff discipline: African staff, Our Ladies Hospital Chilonga, 19th November 1960.
[65] NAZ/MH1/02/118, Chilonga Mission Hospital report, April 1961.
[66] NAZ/MH1/01/38, Chilonga Mission Hospital: African employees, October 1962.
[67] Interview with Anthony Chileshe.

lift all the suspensions slapped on African staff over uniform related cases.[68] This circular was a clear indication that the colonial administration was conscious of the unfair penalties missionaries imposed on their black workers who flouted hospital uniform regulations. But missionaries at Chilonga ignored this circular as uniform-related suspensions and dismissals continued long after the circular was issued. For instance, in July 1961, two African auxiliaries, Alfred Bwalya Chanda and Simutowe Mandashi, were suspended from work for not wearing their uniforms on duty.[69] Three months later, Mandashi was reinstated,[70] but Chanda was dismissed as he did not show any remorse for his action and had other pending disciplinary cases.[71]

Hospital uniforms were, therefore, a source of conflicts between medical auxiliaries and their white employers at Chilonga. However, they were also a source of pride to auxiliaries. This is because uniforms made workers look neat and presentable.[72] They also distinguished them from ordinary people.[73] Therefore, uniforms became a source of prestige to those who wore them.[74] Medical auxiliaries were admired by their contemporaries as uniforms conferred a new status on them.[75] In 1963, government officials attributed the social standing and prestige auxiliaries enjoyed in villages to uniforms.[76] Uniforms enhanced the social respectability of the auxiliaries.[77] Africans who admired auxiliaries' uniform developed enthusiasm for European-employment. It was partly for this reason that some Africans sought employment at Chilonga Mission Hospital.[78]

Although auxiliary employees at Chilonga Mission Hospital were issued with uniforms, they were for many years not provided with accommodation. Until 1956, no compound was established to accommodate African employees at the hospital. As the hospital's matron stated

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[68] NAZ/MH1/08/08, circular minute No. DS12/32/1, uniform for African staff, 10th May 1960.
[69] Chilonga Mission Hospital, staff discipline report, August 1961.
[70] Chilonga Mission Hospital, staff discipline report, p. 2.
[71] Chilonga Mission Hospital, staff discipline report, p. 3.
[72] NAZ/MH1/02/107, Chilonga Mission Hospital: staff uniforms, October 1958.
[73] NRG, **Department of Health Annual Report for the Year 1963**, Lusaka Government Printers, 1964, p. 10.
[74] NAZ/MH1/02/107, Uniforms for African staff, March 1957.
[75] NAZ/MH1/02/107, Uniforms for African staff.
[76] Mpika District Commissioner's report on the state of uniform for African employees, 1963.
[77] Interview with Peter Chola Chilufya.
[78] NAZ/MH1/02/107, Chilonga Mission Hospital: staff uniforms, 1958.

in a letter to the DMS in 1956, the mission station lacked financial capacity to erect houses for its African workers.[79] Therefore, before the 1950s, auxiliaries at Chilonga had to find their own accommodation.[80] Since they were essential workers and were obliged to report for work earlier than any other employees, medical auxiliaries were left with no option but to find or build houses near the mission station. As a result, they left their home villages and settled close to the hospital.[81] Many of them build their houses at Mpandafishala.[82] Most of the houses built by early auxiliaries were made of poles and mud. Their roofs were grass-thatched and had to be replaced every year.[83] The poles and rafters of these houses were collected from the bush and were easily destroyed by termites. The floors and the walls were made of mud. Often times, the floors became dump, especially during the rainy season.[84] Most of these houses were also poorly constructed and a danger to human life during the rainy season.[85]

CONDITIONS OF SERVICE FOR TRAINED AUXILIARIES

Conditions of service for trained African medical auxiliaries at Chilonga were comparatively better than those of untrained workers. Apart from receiving uniforms like other employee, trained auxiliaries, even those who received only informal medical training, were from the early days treated as permanent workers and eligible for salary of £54 per year.[86] This means that they were paid £6 more than untrained auxiliaries, whose annual income was £48.[87] Similarly, trained auxiliaries were housed in better European-style houses, as opposed to the mud-and pole- houses in which most of the untrained auxiliaries lived. This was in compliance with a government circular of 1954 that obliged mission health institutions in the colony to offer

[79] NAZ/MH1/02/107, The matron, Our Lady's Hospital to the Director of Medical Services, 10 February 1956.
[80] NAZ/MH1/02/107, The matron, Our Lady's Hospital to the Director of Medical Services.
[81] Chilonga Mission report No. CH21/1, April 1952.
[82] Hugo F. Hinfelaar, **History of the Catholic Church in Zambia 1895-1995,** (Lusaka: Book World Publishers, 2004), p. 44.
[83] Chilonga Mission Diary Vol. 7.
[84] Chilonga Mission Diary Vol. 7.
[85] NAZ/MH1/08/08, Accommodation for African employees, February 1949.
[86] See NAZ/MH1/01/38, the Director of Medical Services, Lusaka, to the matron, Our Lady's Hospital, Chilonga, November 1957.
[87] NAZ/MH1/08/8, salaries for African employees, 1958-1960.

modern accommodation to educated African workers.[88] According to this circular, missionaries were obliged to provide accommodation to auxiliaries, particularly female workers.[89] African girls had to be accommodated at mission institutions.[90]

After 1957, Catholic missionaries in Mpika started constructing a new compound at Mpandafishala for literate and trained auxiliaries. This was with the assistance of the federal government, which had begun to constructing low-cost houses for Africans employed at medical institutions, including those run by missionaries.[91] Arguably, the federal government's enthusiasm towards erecting houses for Africans was meant to win their support for the Federation of Rhodesia and Nyasaland that European settlers imposed on Africans since 1953. Housing units built at Mpandafishala were all modern houses.

The houses were of higher standards than those earlier built by illiterate employees. They were made of cement bricks, a concrete foundation, and did not collapse during the rainy season.[92] Furthermore, their roofs were covered with iron sheets. They also had standard windows with glass panes. The floors were concrete and were never dump, even when it rained.[93] These houses were also permanent, more spacious and a source prestige to those who occupied them.

Two years after independence, the new government of the United National Independence Party (UNIP) assisted missionaries at Chilonga Mission to construct more housing units at Mpandafishala for African and medical European staff.[94] The new houses were much bigger than those built in the 1950s. They had two large bedrooms and a spacious living room.[95] In 1972, the Zambian government again helped the mission hospital to constructed houses. With this help, the hospital built ten more houses.[96] Six of them were low-cost houses, two medium-

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[88] NAZ/MH1/08/08, Circular minutes No. Ms12/DS32, housing for African workers in mission hospitals, 1954.

[89] NAZ/MH1/02/107, The Secretary, Christian missionary conference, Lusaka, July 1956.

[90] NAZ/MH1/02/107, African Christian conference, 1956.

[91] NAZ/MH1/08/08, accommodation for African staff, March 1957; see also District Commissioner's report, January 1957..

[92] The Provincial Medical Officer, Kasama, July 1958.

[93] Interviewwith Monica Chimfwembe.

[94] NAZ/MH1/01/41, The Provincial Medical Officer's report on the progress of the housing project at Chilonga Mission Hospital, November 1966.

[95] NAZ/MH1/01/41, The Provincial Medical Officer's report on the progress of the housing project at Chilonga Mission Hospital.

[96] Chilonga mission report, October 1972.

cost and other two high-cost houses.[97] Low-cost-houses had one bedroom each, a small living room and a kitchen outside. Medium-and high-cost houses had two bedrooms each, a big living room and a kitchen outside.[98] Each high-cost house had three bedrooms and a very living room and kitchen inside. The UNIP government embarked on the construction of these housing units at Chilonga in a bid to improve staffing levels at the institution.[99]

Initially, low-cost houses were meant for illiterate auxiliaries, medium-cost houses for literate but untrained auxiliaries and high-cost accommodation for only trained auxiliaries. However, after 1972, this arrangement could no longer work due to an increase in the number of trained African auxiliaries in need of houses at the institution.[100] In 1973, the hospital administration stopped allocating houses to untrained workers.[101] In that year, these workers were also evicted and their houses allocated to trained medical employees.[102]

Accommodation was a thorny issue at Chilonga Mission Hospital for many years. Because of inadequate housing units at the hospital, not all auxiliaries were accommodated in the new compound at Mpandafishala. Missionaries carefully scrutinized the Africans eligible for housing units.[103] In allocating housing units, they gave preference to African employees whom they regarded as hard working, humble, honest, trustworthy, reliable, clean and punctual for work.[104] An informant recalled that auxiliaries who did not exhibit these attributes were not provided with accommodation in the new compound and those perceived as trouble-makers were evicted from mission houses.[105]

European employees were not subjected to these conditions. As long as they were employed at Chilonga mission, white employees were entitled to housing regardless of their character or conduct. Some European employees were violent and instigated trouble at the institution, but they were never evicted from mission housing. On 10 June 1959, for example, the matron at Chilonga recommended to the DMS to transfer of Louis Phillips, whom she

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97 Chilonga mission report.

98 Chilonga Mission Hospital: housing units for African employees, November 1972.

99 Republic of Zambia, **Ministry of Health Annual Report for the Years 1972 and 1973,** Lusaka, Government Printers, 1974, p. 9.

100 Republic of Zambia, **Ministry of Health Annual Report for the Years 1972 and 1973,** p. 10.

101 Republic of Zambia, **Ministry of Health Annual Report for the Years 1972 and 1973,** p. 10.

102 Chilonga Mission Hospital: African staff, 1973.

103 Chilonga mission report on staff accommodation, 25th March 1958.

104 NAZ/MH1/02/107, Our Lady's Hospital, staff accommodation, July 1958.

105 Interview with Prisca Mwamba.

accused of being disrespectful, arrogant and quarrelsome.[106] However, the DMS turned down her recommendation and advised her to continue using Phillips' medical expertise.[107] Despite his behaviour, Phillips continued to occupy mission accommodation.

Mission regulations governing the allocation housing units were seen by medical auxiliaries as a "weapon" that Catholic missionaries used to control them. This is because. auxiliaries who antagonized missionaries stood no chance of being accommodated. Those who were accommodated were severely warned or threatened with eviction if they offended missionaries in one way or another.[108] Thus, African employees occupying mission accommodation lived in perpetual fear of being evicted. Some of them, therefore, became submissive and exaggerated their loyalty to Catholic missionaries for fear of eviction.[109]

Medical auxiliaries who were not accommodated strongly resented the attitude and behaviour of accommodated employees. [110] They accused them of being puppets of the "white man" and accused them of giving medical missionaries false reports about other workers in a bid to secure mission houses at Mpandafishala.[111] In this context, quarrels between auxiliaries over accommodation were common. Consequently, some auxiliaries like Bwembya Chitoshi, were dismissed from work over accommodation.[112] Many auxiliaries were outraged by the reprehensible attitude of their European masters.

The construction of housing units for African employees at Mpandafishala did not end the housing problems that many auxiliaries faced. However, the provision of modern houses improved the social status of the employees accommodated at Mpandafishala. These auxiliaries left their makeshift houses made of poles-and-mud and shifted into the new compound.[113] There, they lived in houses with glass windows, concrete floors and corrugated iron sheets. According to the District Commissioner's report of 1962, the new compound conferred prestige on the

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[106] NAZ/MH1/02/118, The matron of Our Lady's Hospital to the Director of Medical Services, Lusaka, June 1959.

[107] NAZ/MH1/02/118, The Director of Medical Services to the matron, Our Lady's Hospital Chilonga, 22nd September 1959. .

[108] Interview with Mulenga Chandalala.

[109] Interview with Mulenga Chandalala.

[110] NAZ/MH1/02/118, accommodation for African employees, November 1959.

[111] Interview with Anthony Chileshe.

[112] NAZ/MH1/02/118, Chilonga Mission Hospital, staff report, July 1959.

[113] interview with Monica Chimfwembe.

accommodated auxiliaries.[114] In particular, the building of high-cost houses for trained auxiliaries raised their social status above that of untrained workers. Missionaries at Chilonga recorded that trained auxiliaries housed in such houses were perceived by their fellow Africans as very fortunate.[115] Therefore, every auxiliary looked forward to being offered accommodation in the compound.[116]

The African compound turned Mpandafishala into a modern residential area.[117] The compound became a mini-trading centre.[118] People from the surrounding villages and auxiliaries' families brought different merchandise to sell at the centre. Such commodities included cassava, sweet potatoes, groundnuts, bananas, pumpkins, mushroom, chickens, fish and goat meat.[119] Most of the merchandise sold at the centre was locally-grown foodstuffs. This enabled the local people to expand their farming activities to satisfy demand for food and to earn money.[120] Women and children also took advantage of the trading centre by gathering consumable wild fruits, which they sold at Mpandafishala to raise money.[121]

CONCLUSION

This chapter has attempted to discuss the living and working conditions of service of African auxiliaries at Chilonga Mission Hospital from the early days to 1973. The chapter has argued that African food, housing and salaries were generally poor and a source of tension and conflict between auxiliaries and their mission employers. This was due to the fact that medical missionaries were indifferent to medical auxiliaries' living and working conditions. Comparatively, however, the conditions of trained auxiliaries were better than those of untrained employees.

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114 Mpika District Commissioner's report on accommodation for African employees at Chilonga Mission Hospital,
May 1962.

115 NAZ/MH1/02/118, Chilonga Mission Hospital: African designated compound, 1962.

116 NAZ/MH1/02/118, Chilonga Mission Hospital: African designated compound.

117 Chilonga Mission 1899-1999.

118 Mpika District Commissioner's report, October 1963.

119 Interview with Prisca Mwamba.

120 NAZ/MH1/01/38, Chilonga Mission, African designated compound, March 1964.

121 Interview with Peter Chola Chilufya.

CHAPTER FIVE

CONCLUSION

This study has investigated the functions of African medical auxiliaries employed at Chilonga Mission Hospital in Mpika from 1905 to 1973. The study also has examined the type of medical training that Catholic missionaries at the hospital offered to African workers and the conditions of service under which the employees lived and worked. The study argues that even if the earliest auxiliaries employed in Mpika were untrained and confined to the lowest level of the medical hierarchy, they influenced the environment in which missionary medicine was practiced. They not only maintained hygiene and provided security at the health institution but also played an important role in maintaining the welfare of patients. They washed the patients, fed them and made sure that the patients took medicines as prescribed by European missionaries. Moreover, these auxiliaries and other auxiliaries worked as interpreters between white missionaries and Africans. Therefore, they were cultural brokers who influenced the ways in which European missionaries and African patients communicated with each other.

The study also reveals that the functions of African medical employees in Mpika were not static. By the 1920s and 1930s, Catholic missionaries were employing literate Africans and assigning them greater medical responsibilities than those performed by illiterate Africans. These functions included dispensing medicine, writing and managing medical records, and treating common diseases. These and other similar functions required ability to read and write and, therefore, not be done by illiterate workers.

The study also shows that after the Second World War, Catholic missionaries at Chilonga Mission Hospital began to offer medical training to Africans. In 1956, they began to informally train medical auxiliaries. However, they later replaced this type of training with a formal medical training programme based on a curriculum approved by the colonial government. Missionaries saw the introduction of formal medical training as important in terms of expanding the provision of their medicine beyond the hospital at Chilonga. The study argues that the training of African auxiliaries as dressers, ward orderlies, ward attendants, and medical assistants was also motivated by other factors. Among these factors were the immense pressure of work which missionaries had to do, the chronic shortage of white medical staff, the increasing number

of African patients seeking mission therapy, and the desire by European rulers in the colony to maintain a healthy African population for economic purposes.

The study demonstrates that Africans trained in mission medicine acquired scientific knowledge and skills that enabled them to perform more complex medical tasks than untrained auxiliaries. They administered intravenous injections and blood transfusion, inserted bladder catheters in patients and drained blood from patients with poisoned wounds. Since untrained auxiliaries lacked scientific knowledge, they were excluded from carrying out these functions. Overall, however, all medical auxiliaries at Chilonga contributed to the smooth running of the mission hospital and the dispensaries that were built after the Second World War in the district.

Although medical auxiliaries were key to the provision of mission medicine in Mpika, this study shows that their conditions of service were generally poor. Illiterate and untrained auxiliaries were subjected to inferior conditions of service compared to those given to trained auxiliaries. They were poorly paid, fed and accommodated. African auxiliaries at Chilonga were also not allowed to air their grievances at their place of work. Thus, even though trained auxiliaries enjoyed better conditions, living and working conditions at the mission hardly improved for the majority of African employees. Therefore, the conditions remained a major source of tension and conflict between auxiliaries and missionaries well after Zambia's independence in 1964.

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All the interviews were conducted in Bemba and to a less extent in English. The list below comprises names of informants with whom I had both formal and informal interviews at Chilonga Mission Hospital:

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Bwalya, Mwango Joyce. Former midwifery, Chilonga Mission Hospital, 22 January 2014.

Chandalala, Mulenga. Former medical auxiliary, Chilonga Mission Hospital, 20 January 2014.

Chibuye, Chileshe. Former medical auxiliary, Chilonga Mission Hospital, 18 February 2014.

Chileshe, Anthony. Former medical auxiliary, Chilonga Mission Hospital, 26 January 2014.

Chilufya, Peter Chola. Former hospital orderly, Chilonga Mission Hospital, 18 January 2014.

Chilufya, Chola. Former medical auxiliary, Chilonga Mission Hospital, 18 January 2014.

Chimfwembe, Monica. Former medical auxiliary, Chilonga Mission Hospital, 27 January 2014.

Chitoloma B. Mwango, former trained ward assistant, Chilonga Mission Hospital, 12 February 2014.

Mulenga, Mpundu. Former dresser, Chilonga Mission Hospital, 20 January 2014.

Mutambo, Charity. Former medical auxiliary, Chilonga Mission Hospital, 18 January 2014.

Mutambo, Majory. Former medical auxiliary, Chilonga Mission Hospital, 22 January 2014.

Mwaba, Monica. Former hospital orderly, Chilonga Mission Hospital, 22 January 2014.

Mwaba, Prisca. Former hospital orderly, Chilonga Mission Hospital, 20 January 2014.

Mwamba, Hildah. Former medical auxiliary, Chilonga Mission Hospital, 15 February 2014.

Mwamba, Prisca. Former ward attendant, Chilonga Mission Hospital, 22 January 2014.

Muntemba, Veronicah. former medical auxiliary, Chilonga Mission Hospital, 20 January 2014.

Mwansa, Mwila. Former dresser, Chilonga Mission Hospital, 14 February 2014.

Nayame, Grace. Former hospital assistant, Chilonga Mission Hospital, 16 February 2014.